

APPLICANT (stamp or sticker acceptable) **PATIENT NHI:** **REFERRER** Reg No:

Reg No: First Names: First Names:

Name: Surname: Surname:

Address: DOB: Address:

..... Address:

.....

Fax Number: Fax Number:

Erlotinib

Initial application

Applications only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 4 months.

Prerequisites(tick boxes where appropriate)

Patient has locally advanced or metastatic, unresectable, non-squamous Non Small Cell Lung Cancer (NSCLC)

and There is documentation confirming that the disease expresses activating mutations of EGFR tyrosine kinase

and Patient is treatment naive

or The patient has discontinued gefitinib due to intolerance

and The cancer did not progress while on gefitinib

and Erlotinib is to be given for a maximum of 3 months

Renewal

Current approval Number (if known):.....

Applications only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 6 months.

Prerequisites(tick box where appropriate)

Radiological assessment (preferably including CT scan) indicates NSCLC has not progressed

I confirm the above details are correct and that in signing this form I understand I may be audited.

Signed: Date:

Post application to Ministry of Health, Private Bag 3015, Wanganui – email: customerservice@health.govt.nz