

Use this checklist to determine if a patient meets the restrictions for funding in the **hospital setting**. For more details, refer to [Section H](#) of the Pharmaceutical Schedule. For community funding, see the [Special Authority Criteria](#).

PRESCRIBER

Name:

Ward:

PATIENT:

Name:

NHI:

Temozolomide

INITIATION – High grade gliomas

Re-assessment required after 12 months

Prerequisites (tick boxes where appropriate)

- Patient has newly diagnosed glioblastoma multiforme
or
 Patient has newly diagnosed anaplastic astrocytoma*

and

- Temozolomide is to be (or has been) given concomitantly with radiotherapy

and

- Following concomitant treatment temozolomide is to be used for a maximum of 5 days treatment per cycle at a maximum dose of 200 mg/m² per day

CONTINUATION – High grade gliomas

Re-assessment required after 12 months

Prerequisites (tick boxes where appropriate)

- Patient has glioblastoma multiforme
and
 The treatment remains appropriate and the patient is benefitting from treatment

or

- Patient has anaplastic astrocytoma*
and
 The treatment remains appropriate and the patient is benefitting from treatment
and
 Adjuvant temozolomide is to be used for a maximum of 24 months

INITIATION – Neuroendocrine tumours

Re-assessment required after 9 months

Prerequisites (tick boxes where appropriate)

- Patient has been diagnosed with metastatic or unresectable well-differentiated neuroendocrine tumour*
and
 Temozolomide is to be given in combination with capecitabine
and
 Temozolomide is to be used in 28 day treatment cycles for a maximum of 5 days treatment per cycle at a maximum dose of 200 mg/m² per day
and
 Temozolomide to be discontinued at disease progression

CONTINUATION – Neuroendocrine tumours

Re-assessment required after 6 months

Prerequisites (tick boxes where appropriate)

- No evidence of disease progression
and
 The treatment remains appropriate and the patient is benefitting from treatment

I confirm that the above details are correct:

Signed: Date:

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PRESCRIBER

Name:

Ward:

PATIENT:

Name:

NHI:

Temozolomide - continued

INITIATION – ewing’s sarcoma

Re-assessment required after 9 months

Prerequisites (tick box where appropriate)

- Patient has relapse or refractory Ewing’s sarcoma

CONTINUATION – ewing’s sarcoma

Re-assessment required after 6 months

Prerequisites (tick boxes where appropriate)

- No evidence of disease progression
and
 The treatment remains appropriate and the patient is benefitting from treatment

Note: Indication marked with a * is an unapproved indication. Temozolomide is not funded for the treatment of relapsed high grade glioma.

I confirm that the above details are correct:

Signed: Date: