

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:

Gefitinib

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

Patient is treatment naive
or

The patient has discontinued erlotinib due to intolerance
and
 The cancer did not progress whilst on erlotinib

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

Renewal — pandemic circumstances
Current approval Number (if known):.....
Applications from any relevant practitioner. Approvals valid for 6 months.
Prerequisites(tick boxes where appropriate)

The patient is clinically benefiting from treatment and continued treatment remains appropriate
and
 Gefitinib to be discontinued at progression
and
 The regular Special Authority renewal requirements cannot be met due to COVID-19 constraints on the health sector

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