

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

PATIENT:

Name:

Ward: NHI:

Cetuximab

INITIATION

Prerequisites (tick boxes where appropriate)

Prescribed by, or recommended by a medical oncologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.

and

Patient has locally advanced, non-metastatic, squamous cell cancer of the head and neck

and

Patient is contraindicated to, or is intolerant of, cisplatin

and

Patient has good performance status

and

To be administered in combination with radiation therapy

I confirm that the above details are correct:

Signed: Date: