

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:

Gefitinib

INITIATION

Re-assessment required after 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

CONTINUATION

Re-assessment required after 6 months

Prerequisites (tick boxes where appropriate)

- Radiological assessment (preferably including CT scan) indicates NSCLC has not progressed
- and
- Gefitinib is to be given for a maximum of 3 months

CONTINUATION – pandemic circumstances

Re-assessment required after 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 renewal requirements cannot be met due to COVID-19 constraints on the health sector

I confirm that the above details are correct:

Signed: Date: