

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: .....

**Osimertinib**

**INITIATION – NSCLC – first line**

Re-assessment required after 4 months

**Prerequisites** (tick boxes where appropriate)

- Patient has locally advanced or metastatic, incurable, non-squamous non-small cell lung cancer (NSCLC)
- and
- Patient is treatment naïve
- or
- Patient has received prior treatment in the adjuvant setting and/or while awaiting EGFR results
- or
- The patient has discontinued gefitinib or erlotinib due to intolerance
- and
- The cancer did not progress while on gefitinib or erlotinib
- and
- There is documentation confirming that the cancer expresses activating mutations of EGFR
- and
- Patient has an ECOG performance status 0-3
- and
- Baseline measurement of overall tumour burden is documented clinically and radiologically

**CONTINUATION – NSCLC – first line**

Re-assessment required after 6 months

**Prerequisites** (tick box where appropriate)

- Response to or stable disease with treatment in target lesions has been determined by comparable radiologic assessment following the most recent treatment period

**INITIATION – NSCLC – second line**

Re-assessment required after 4 months

**Prerequisites** (tick boxes where appropriate)

- Patient has locally advanced or metastatic, incurable, non-squamous non-small cell lung cancer (NSCLC)
- and
- Patient has an ECOG performance status 0-3
- and
- The patient must have received previous treatment with erlotinib or gefitinib
- and
- There is documentation confirming that the cancer expresses T790M mutation of EGFR following progression on or after erlotinib or gefitinib
- and
- The treatment must be given as monotherapy
- and
- Baseline measurement of overall tumour burden is documented clinically and radiologically

**CONTINUATION – NSCLC – second line**

Re-assessment required after 6 months

**Prerequisites** (tick box where appropriate)

- Response to treatment in target lesions has been determined by comparable radiologic assessment following the most recent treatment period

I confirm that the above details are correct:

Signed: ..... Date: .....