

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:

Pemetrexed

INITIATION – Mesothelioma

Re-assessment required after 8 months

Prerequisites (tick boxes where appropriate)

- ☐ Patient has been diagnosed with mesothelioma
and
☐ Pemetrexed to be administered at a dose of 500 mg/m² every 21 days in combination with cisplatin or carboplatin for a maximum of 6 cycles

CONTINUATION – Mesothelioma

Re-assessment required after 8 months

Prerequisites (tick boxes where appropriate)

- ☐ No evidence of disease progression
and
☐ The treatment remains appropriate and the patient is benefitting from treatment
and
☐ Pemetrexed to be administered at a dose of 500mg/m² every 21 days for a maximum of 6 cycles

INITIATION – Non small cell lung cancer

Re-assessment required after 8 months

Prerequisites (tick boxes where appropriate)

- ☐ Patient has locally advanced or metastatic non-squamous non-small cell lung carcinoma
and
☐ Patient has chemotherapy-naïve disease
and
☐ Pemetrexed is to be administered at a dose of 500 mg/m² every 21 days in combination with cisplatin or carboplatin for a maximum of 6 cycles
or
☐ Patient has had first-line treatment with platinum based chemotherapy
and
☐ Patient has not received prior funded treatment with pemetrexed
and
☐ Pemetrexed is to be administered at a dose of 500 mg/m² every 21 days for a maximum of 6 cycles

CONTINUATION – Non small cell lung cancer

Re-assessment required after 8 months

Prerequisites (tick boxes where appropriate)

- ☐ No evidence of disease progression
and
☐ The treatment remains appropriate and the patient is benefitting from treatment
and
☐ Pemetrexed is to be administered at a dose of 500mg/m² every 21 days

I confirm that the above details are correct:

Signed: Date: