

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:

Erlotinib

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
 There is documentation confirming that the disease expresses activating mutations of EGFR tyrosine kinase
and
 Patient is treatment naive
or
 The patient has discontinued gefitinib due to intolerance
and
 The cancer did not progress while on gefitinib
and
 Erlotinib 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
 Erlotinib 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
 Erlotinib 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: