

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: .....