HOSPITAL MEDICINES LIST RESTRICTIONS CHECKLIST

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	PATIENT:
Name:	Name:
Ward:	NHI:

Cetuximab

	N – head and neck cancer, locally advanced sites (tick boxes where appropriate)
and	O Patient has locally advanced, non-metastatic, squamous cell cancer of the head and neck
and	O Cisplatin is contraindicated or has resulted in intolerable side effects
and	O Patient has an ECOG performance score of 0-2
	O To be administered in combination with radiation therapy
Re-assess	N – colorectal cancer, metastatic sment required after 6 months sites (tick boxes where appropriate)
and	O Patient has metastatic colorectal cancer located on the left side of the colon (see Note)
and	m O There is documentation confirming disease is RAS and BRAF wild-type
and	O Patient has an ECOG performance score of 0-2

 $O\,$ Patient has not received prior funded treatment with cetuximab and

O Cetuximab is to be used in combination with chemotherapy

 ${\cal J}\,$ Chemotherapy is determined to not be in the best interest of the patient based on clinician assessment

CONTINUATION – colorectal cancer, metastatic Re-assessment required after 6 months Prerequisites (tick box where appropriate)

or

O No evidence of disease progression

Note: Left-sided colorectal cancer comprises of the distal one-third of the transverse colon, the splenic flexure, the descending colon, the sigmoid colon, or the rectum.

Signed: Date: