

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: .....

**Temozolomide**

**INITIATION – gliomas**

Re-assessment required after 12 months

**Prerequisites** (tick box where appropriate)

- ☐ Patient has a glioma

**CONTINUATION – gliomas**

Re-assessment required after 12 months

**Prerequisites** (tick box where appropriate)

- ☐ Treatment remains appropriate and patient is benefitting from treatment

**INITIATION – Neuroendocrine tumours**

Re-assessment required after 9 months

**Prerequisites** (tick boxes where appropriate)

- ☐ Patient has been diagnosed with metastatic or unresectable well-differentiated neuroendocrine tumour\*
- and
- ☐ Temozolomide is to be given in combination with capecitabine
- and
- ☐ Temozolomide is to be used in 28 day treatment cycles for a maximum of 5 days treatment per cycle at a maximum dose of 200 mg/m<sup>2</sup> per day
- and
- ☐ Temozolomide to be discontinued at disease progression

**CONTINUATION – Neuroendocrine tumours**

Re-assessment required after 6 months

**Prerequisites** (tick boxes where appropriate)

- ☐ No evidence of disease progression
- and
- ☐ The treatment remains appropriate and the patient is benefitting from treatment

**INITIATION – ewing's sarcoma**

Re-assessment required after 9 months

**Prerequisites** (tick box where appropriate)

- ☐ Patient has relapse or refractory Ewing's sarcoma

**CONTINUATION – ewing's sarcoma**

Re-assessment required after 6 months

**Prerequisites** (tick boxes where appropriate)

- ☐ No evidence of disease progression
- and
- ☐ The treatment remains appropriate and the patient is benefitting from treatment

Note: Indication marked with a \* is an unapproved indication. Temozolomide is not funded for the treatment of relapsed high grade glioma.

I confirm that the above details are correct:

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