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

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: .....