

APPLICANT (stamp or sticker acceptable)	PATIENT NHI:	REFERRER Reg No:
Reg No:	First Names:	First Names:
Name:	Surname:	Surname:
Address:	DOB:	Address:
.....	Address:
.....
Fax Number:	Fax Number:

Erlotinib

Initial application

Applications only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 4 months.

Prerequisites(tick boxes where appropriate)

<input type="checkbox"/>	Patient has locally advanced or metastatic, unresectable, non-squamous Non Small Cell Lung Cancer (NSCLC)
and	<input type="checkbox"/>
	There is documentation confirming that the disease expresses activating mutations of EGFR tyrosine kinase
and	<input type="checkbox"/>
	Patient is treatment naive
or	<input type="checkbox"/>
	The patient has discontinued gefitinib due to intolerance
and	<input type="checkbox"/>
	The cancer did not progress while on gefitinib
and	<input type="checkbox"/>
	Erlotinib is to be given for a maximum of 3 months

Renewal

Current approval Number (if known):.....

Applications only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 6 months.

Prerequisites(tick box where appropriate)

<input type="checkbox"/>	Radiological assessment (preferably including CT scan) indicates NSCLC has not progressed
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Renewal — pandemic circumstances

Current approval Number (if known):.....

Applications from any relevant practitioner. Approvals valid for 6 months.

Prerequisites(tick boxes where appropriate)

<input type="checkbox"/>	The patient is clinically benefiting from treatment and continued treatment remains appropriate
and	<input type="checkbox"/>
	Erlotinib to be discontinued at progression
and	<input type="checkbox"/>
	The regular Special Authority renewal requirements cannot be met due to COVID-19 constraints on the health sector

I confirm the above details are correct and that in signing this form I understand I may be audited.

Signed: Date:

Post application to Ministry of Health, Private Bag 3015, Wanganui – email: customerservice@health.govt.nz