

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

**Erlotinib**

**Initial application**

Applications from any relevant practitioner. 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)
<b>and</b>	
<input type="checkbox"/>	There is documentation confirming that the disease expresses activating mutations of EGFR
<b>and</b>	
<input type="checkbox"/>	Patient is treatment naive
<b>or</b>	
<input type="checkbox"/>	Patient has received prior treatment in the adjuvant setting and/or while awaiting EGFR results
<b>or</b>	
<input type="checkbox"/>	The patient has discontinued osimertinib or gefitinib due to intolerance
<b>and</b>	
<input type="checkbox"/>	The cancer did not progress while on osimertinib or gefitinib

**Renewal**

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

Applications from any relevant practitioner. 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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**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](mailto:customerservice@health.govt.nz)