

<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: .....

**Alectinib**

**Initial application**

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

**Prerequisites**(tick boxes where appropriate)

<input type="checkbox"/>	Patient has locally advanced, or metastatic, unresectable, non-small cell lung cancer
<b>and</b>	
<input type="checkbox"/>	There is documentation confirming that the patient has an ALK tyrosine kinase gene rearrangement using an appropriate ALK test
<b>and</b>	
<input type="checkbox"/>	Patient has an ECOG performance score of 0-2

**Renewal**

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

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

**Prerequisites**(tick boxes where appropriate)

<input type="checkbox"/>	No evidence of progressive disease according to RECIST criteria
<b>and</b>	
<input type="checkbox"/>	The patient is benefitting from and tolerating treatment

**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)