

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:

Crizotinib

INITIATION

Re-assessment required after 6 months

Prerequisites (tick boxes where appropriate)

- Patient has locally advanced or metastatic, unresectable, non-squamous non-small cell lung cancer
- and There is documentation confirming that the patient has a ROS1 rearrangement using an appropriate ROS1 test
- and Patient has ECOG performance score of 0-3
- and Baseline measurement of overall tumour burden is documented clinically and radiologically

CONTINUATION

Re-assessment required after 6 months

Prerequisites (tick boxes where appropriate)

- Response to treatment has been determined by comparable radiological assessment following the most recent treatment period
- and No evidence of disease progression.

I confirm that the above details are correct:

Signed: Date: