

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: NHI:

Crizotinib

INITIATION

Re-assessment required after 6 months

Prerequisites (tick boxes where appropriate)

Individual has locally advanced or metastatic, unresectable, non-squamous non-small cell lung cancer
and
 The individual has not received entrectinib
or
 The individual has received treatment with entrectinib and has discontinued entrectinib due to intolerance
and
 The cancer did not progress while the individual was on entrectinib

and
 There is documentation confirming that the patient has a ROS1 rearrangement using an appropriate ROS1 test

and
 Individual 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: