

**APPLICANT** (stamp or sticker acceptable)      **PATIENT NHI:** .....      **REFERRER** Reg No: .....

Reg No: .....      First Names: .....      First Names: .....

Name: .....      Surname: .....      Surname: .....

Address: .....      DOB: .....      Address: .....

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Fax Number: .....      Fax Number: .....

**Crizotinib**

**Initial application**

Applications from any relevant practitioner. Approvals valid for 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

**Renewal**

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

Applications from any relevant practitioner. Approvals valid for 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 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)