Enquiries to Ministry of Health
0800 855 066

APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

Form SA2547
January 2026

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

Crizotinib

Initial application
Applications from any relevant practitioner. Approvals valid for 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 an initial Special Authority approval for 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

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 Health New Zealand, Private Bag 3015, Wanganui – email: customerservice@health.govt.nz