

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