

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:

Entrectinib

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 crizotinib

or

The individual has received an initial Special Authority approval for crizotinib and has discontinued crizotinib due to intolerance

and

The cancer did not progress while the individual was on crizotinib

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