

<b>APPLICANT</b> (stamp or sticker acceptable)	<b>PATIENT NHI:</b> .....	<b>REFERRER</b> 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)

<input type="checkbox"/>	Individual has locally advanced or metastatic, unresectable, non-squamous non-small cell lung cancer
<b>and</b>	
<input type="checkbox"/>	The individual has not received entrectinib
<b>or</b>	
<input type="checkbox"/>	The individual has received an initial Special Authority approval for entrectinib and has discontinued entrectinib due to intolerance
<b>and</b>	
<input type="checkbox"/>	The cancer did not progress while the individual was on entrectinib
<b>and</b>	
<input type="checkbox"/>	There is documentation confirming that the patient has a ROS1 rearrangement using an appropriate ROS1 test
<b>and</b>	
<input type="checkbox"/>	Individual has ECOG performance score of 0-3
<b>and</b>	
<input type="checkbox"/>	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)

<input type="checkbox"/>	Response to treatment has been determined by comparable radiological assessment following the most recent treatment period
<b>and</b>	
<input type="checkbox"/>	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](mailto:customerservice@health.govt.nz)