

**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: .....

**Pazopanib**

**Initial application**

Applications only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 3 months.

**Prerequisites**(tick boxes where appropriate)

The patient has metastatic renal cell carcinoma  
**and**

The patient is treatment naive  
**or**  
 The patient has only received prior cytokine treatment  
**or**

The patient has discontinued sunitinib within 3 months of starting treatment due to intolerance  
**and**  
 The cancer did not progress whilst on sunitinib

**and**  
 The patient has good performance status (WHO/ECOG grade 0-2)  
**and**  
 The disease is of predominant clear cell histology  
**and**

**The patient has intermediate or poor prognosis defined as:**

Lactate dehydrogenase level > 1.5 times upper limit of normal  
**or**  
 Haemoglobin level < lower limit of normal  
**or**  
 Corrected serum calcium level > 10 mg/dL (2.5 mmol/L)  
**or**  
 Interval of < 1 year from original diagnosis to the start of systemic therapy  
**or**  
 Karnofsky performance score of less than or equal to 70  
**or**  
 2 or more sites of organ metastasis

**and**  
 Pazopanib to be used for a maximum of 3 months

**Renewal**

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

Applications only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 3 months.

**Prerequisites**(tick boxes where appropriate)

No evidence of disease progression  
**and**  
 The treatment remains appropriate and the patient is benefiting from treatment

Note: Pazopanib treatment should be stopped if disease progresses.  
Poor prognosis patients are defined as having at least 3 of criteria 5.1-5.6. Intermediate prognosis patients are defined as having 1 or 2 of criteria 5.1-5.6.

**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)