

Use this checklist to determine if a patient meets the restrictions for funding in the **hospital setting**. For more details, refer to [Section H](#) of the Pharmaceutical Schedule. For community funding, see the [Special Authority Criteria](#).

PRESCRIBER

Name:

Ward:

PATIENT:

Name:

NHI:

Imatinib mesilate - Tab 100 mg

INITIATION

Re-assessment required after 12 months

Prerequisites (tick boxes where appropriate)

- Patient has diagnosis (confirmed by an oncologist) of unresectable and/or metastatic malignant gastrointestinal stromal tumour (GIST)
and
 Maximum dose of 400 mg/day

CONTINUATION

Re-assessment required after 12 months

Prerequisites (tick box where appropriate)

- Adequate clinical response to treatment with imatinib (prescriber determined)

Note: The Glivec brand of imatinib mesilate (supplied by Novartis) remains fully subsidised under Special Authority for patients with unresectable and/or metastatic malignant GIST, see SA1460 in Section B of the Pharmaceutical Schedule.

I confirm that the above details are correct:

Signed: Date: