

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: .....

**Sunitinib**

**INITIATION – RCC**

Re-assessment required after 4 months

**Prerequisites** (tick boxes where appropriate)

- The patient has metastatic renal cell carcinoma  
**and**  
 The patient has not previously received funded sunitinib

**CONTINUATION – RCC**

Re-assessment required after 4 months

**Prerequisites** (tick box where appropriate)

- No evidence of disease progression

**INITIATION – GIST**

Re-assessment required after 3 months

**Prerequisites** (tick boxes where appropriate)

- The patient has unresectable or metastatic malignant gastrointestinal stromal tumour (GIST)  
**and**  
 The patient's disease has progressed following treatment with imatinib  
**or**  
 The patient has documented treatment-limiting intolerance, or toxicity to, imatinib

**CONTINUATION – GIST**

Re-assessment required after 6 months

**Prerequisites** (tick boxes where appropriate)

- The patient is clinically benefiting from treatment and continued treatment remains appropriate  
**and**  
 Sunitinib is to be discontinued at disease progression

Note: GIST - It is recommended that response to treatment be assessed using Choi's modified CT response evaluation criteria (J Clin Oncol, 2007, 25:1753-1759). Progressive disease is defined as either: an increase in tumour size of 10% or more and not meeting criteria of partial response (PR) by tumour density (HU) on CT; or: new lesions, or new intratumoral nodules, or increase in the size of the existing intratumoral nodules.

I confirm that the above details are correct:

Signed: ..... Date: .....