

<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: .....
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Fax Number: .....	.....	Fax Number: .....

## Sunitinib

### Initial application — RCC

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 only received prior treatment with an investigational agent within the confines of a bona fide clinical trial which has Ethics Committee approval

or

☐ The patient has discontinued pazopanib within 3 months of starting treatment due to intolerance

and

☐ The cancer did not progress whilst on pazopanib
- 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
- ☐ Sunitinib to be used for a maximum of 2 cycles

### Initial application — GIST

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 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

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)

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**Sunitinib** - continued

**Renewal — RCC**

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: Sunitinib 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

**Renewal — GIST**

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

Applications only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 6 months.

**Prerequisites**(tick boxes where appropriate)

**The patient has responded to treatment or has stable disease as determined by Choi's modified CT response evaluation criteria as follows:**

- ☐ The patient has had a complete response (disappearance of all lesions and no new lesions)
- or
- ☐ The patient has had a partial response (a decrease in size of 10% or more or decrease in tumour density in Hounsfield Units (HU) of 15% or more on CT and no new lesions and no obvious progression of non measurable disease)
- or
- ☐ The patient has stable disease (does not meet criteria the two above) and does not have progressive disease and no symptomatic deterioration attributed to tumour progression

- and
- ☐ The treatment remains appropriate and the patient is benefiting from treatment

Note: 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.

**Renewal — GIST pandemic circumstances**

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

Applications from any relevant practitioner. Approvals valid for 6 months.

**Prerequisites**(tick boxes where appropriate)

- ☐ The patient has unresectable or metastatic malignant gastrointestinal stromal (GIST)
- and
- ☐ The patient is clinically benefiting from treatment and continued treatment remains appropriate
- and
- ☐ Sunitinib is to be discontinued at progression
- and
- ☐ The regular Special Authority renewal requirements cannot be met due to COVID-19 constraints on the health sector

I confirm the above details are correct and that in signing this form I understand I may be audited.

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