Enquiries to Ministry of Health
0800 855 066

APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

Form SA2429
February 2025

APPLICANT (stamp or sticker acceptable)	**PATIENT** NHI:	**REFERRER** Reg No: .....
Reg No:	First Names:	First Names: .....
Name:	Surname:	Surname: .....
Address:	DOB:	Address: .....
.....	Address:	.....
.....	.....	.....
Fax Number:	.....	Fax Number: .....

Pazopanib

Initial application
Applications only from a relevant specialist or any relevant 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 of predominantly clear cell histology

and

- ☐ The patient is treatment naive

or

- ☐ The patient has only received prior cytokine treatment

and

- ☐ The patient has an ECOG performance score of 0-2

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

or

- ☐ The patient has metastatic renal cell carcinoma

and

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

and

- ☐ The cancer did not progress whilst on sunitinib

and

- ☐ Pazopanib to be used for a maximum of 3 months

Renewal

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

Applications only from a relevant specialist or any relevant practitioner on the recommendation of a relevant specialist. Approvals valid for 3 months.
Prerequisites(tick box where appropriate)

- ☐ There is 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 Ministry of Health, Private Bag 3015, Wanganui – email: customerservice@health.govt.nz