

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:

Sunitinib

Initial application — RCC

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)

<input type="checkbox"/> The patient has metastatic renal cell carcinoma of predominantly clear cell histology
and
<input type="checkbox"/> The patient is treatment naive
or
<input type="checkbox"/> The patient has only received prior cytokine treatment
or
<input type="checkbox"/> 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
<input type="checkbox"/> The patient has discontinued pazopanib within 3 months of starting treatment due to intolerance
and
<input type="checkbox"/> The cancer did not progress whilst on pazopanib
and
<input type="checkbox"/> The patient has an ECOG performance score of 0-2
and
<input type="checkbox"/> 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)

<input type="checkbox"/> The patient has unresectable or metastatic malignant gastrointestinal stromal tumour (GIST)
and
<input type="checkbox"/> The patient's disease has progressed following treatment with imatinib
or
<input type="checkbox"/> The patient has documented treatment-limiting intolerance, or toxicity to, imatinib

Renewal — RCC

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

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Sunitinib - continued

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.

Signed: Date:

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