

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**

**PATIENT:**

Name: .....

Name: .....

Ward: .....

NHI: .....

**Pazopanib**

**INITIATION**

Re-assessment required after 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 discontinued sunitinib within 3 months of starting treatment due to intolerance

and

The cancer did not progress whilst on sunitinib

and

The patient has good performance status (WHO/ECOG grade 0-2)

and

The disease is of predominant clear cell histology

and

Lactate dehydrogenase level > 1.5 times upper limit of normal

and

Haemoglobin level < lower limit of normal

and

Corrected serum calcium level > 10 mg/dL (2.5 mmol/L)

and

Interval of < 1 year from original diagnosis to the start of systemic therapy

and

Karnofsky performance score of less than or equal to 70

and

2 or more sites of organ metastasis

**CONTINUATION**

Re-assessment required after 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: Pazopanib 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.

I confirm that the above details are correct:

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