

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: .....

**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: .....