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.

ESCRIBER	PATIENT:
me:	
rd:	NHI:
nitinib	
	CC required after 3 months tick boxes where appropriate)
O 1	The patient has metastatic renal cell carcinoma
or	O The patient is treatment naive
or	O The patient has only received prior cytokine treatment
or	O 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
	The patient has discontinued pazopanib within 3 months of starting treatment due to intolerance and
	O The cancer did not progress whilst on pazopanib
and	The patient has good performance status (WHO/ECOG grade 0-2) The disease is of predominant clear cell histology
and	O Lactate dehydrogenase level > 1.5 times upper limit of normal
and	O Haemoglobin level < lower limit of normal
and	O Corrected serum calcium level > 10 mg/dL (2.5 mmol/L)
and	O Interval of < 1 year from original diagnosis to the start of systemic therapy
	O Karnofsky performance score of less than or equal to 70
and	O 2 or more sites of organ metastasis
and	Sunitinib to be used for a maximum of 2 cycles
e: RCC - Sui	nitinib treatment should be stopped if disease progresses. 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.
	N – RCC required after 3 months tick boxes where appropriate)
_	No evidence of disease progression
and	The treatment remains appropriate and the patient is benefiting from treatment
	The treatment remains appropriate and the patient is benefiting from treatment

I confirm that the above details are correct:

Signed: Date:

HOSPITAL MEDICINES LIST RESTRICTIONS CHECKLIST

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:
Sunitinib - continued	
INITIATION – GIST Re-assessment required after 3 months Prerequisites (tick boxes where appropriate)	
The patient has unresectable or metastatic malignant gastroir and	ntestinal stromal tumour (GIST)
The patient's disease has progressed following treatme	nt with imatinib
O The patient has documented treatment-limiting intolerar	nce, or toxicity to, imatinib
CONTINUATION – GIST Re-assessment required after 6 months Prerequisites (tick boxes where appropriate)	
The patient has responded to treatment or has stable disease a follows:	as determined by Choi's modified CT response evaluation criteria as
or (HU) of 15% or more on CT and no new lesions and no	ize of 10% or more or decrease in tumour density in Hounsfield Units obvious progression of non-measurable disease) ne two above) and does not have progressive disease and no
The treatment remains appropriate and the patient is benefiting	ng from treatment
CONTINUATION – GIST pandemic circumstances Re-assessment required after 6 months Prerequisites (tick boxes where appropriate)	
The patient has unresectable or metastatic malignant gastroir and The patient is clinically benefiting from treatment and continue and Sunitinib is to be discontinued at progression and The regular renewal requirements cannot be met due to COV	ed treatment remains appropriate

Note: GIST - 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.

I confirm that the above details are correct:	
Signed:	Date: