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.

PRESCRIBE	R PATIENT:
Name:	
Ward:	
Pazopanib	
Pazopanib INITIATION Re-assessm Prerequisite	ent required after 3 months se (tick boxes where appropriate) The patient has metastatic renal cell carcinoma of predominantly clear cell histology 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
•	The patient has metastatic renal cell carcinoma The patient has discontinued sunitinib within 3 months of starting treatment due to intolerance The cancer did not progress whilst on sunitinib Pazopanib to be used for a maximum of 3 months
Prerequisite	ent required after 3 months es (tick box where appropriate) evidence of disease progression

I confirm that the above details are correct:

Signed: Date: