

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: Name:

Ward: NHI:

Sunitinib

INITIATION – RCC

Re-assessment required after 4 months

Prerequisites (tick boxes where appropriate)

The patient has metastatic renal cell carcinoma
and
 The patient has not previously received funded sunitinib

CONTINUATION – RCC

Re-assessment required after 4 months

Prerequisites (tick box where appropriate)

No evidence of disease progression

INITIATION – GIST

Re-assessment required after 3 months

Prerequisites (tick boxes where appropriate)

The patient has unresectable or metastatic malignant gastrointestinal stromal tumour (GIST)
and
 The patient's disease has progressed following treatment with imatinib
or
 The patient has documented treatment-limiting intolerance, 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 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

CONTINUATION – GIST pandemic circumstances

Re-assessment required after 6 months

Prerequisites (tick boxes where appropriate)

The patient has unresectable or metastatic malignant gastrointestinal stromal tumour (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 renewal requirements cannot be met due to COVID-19 constraints on the health sector

I confirm that the above details are correct:

Signed: Date:

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PREScriBER

Name:

Ward: NHI:

Sunitinib - continued

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: