Enquiries to Ministry of Health
0800 855 066

APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

Form SA2117
July 2024

APPLICANT (stamp or sticker acceptable)	**PATIENT** NHI:	**REFERRER** Reg No: .....
Reg No:	First Names:	First Names: .....
Name:	Surname:	Surname: .....
Address:	DOB:	Address: .....
.....	Address:	.....
.....	.....	.....
Fax Number:	.....	Fax Number: .....

Sunitinib

Initial application — RCC
Applications only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 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 only received prior treatment with an investigational agent within the confines of a bona fide clinical trial which has Ethics Committee approval

or

- ☐ The patient has discontinued pazopanib within 3 months of starting treatment due to intolerance

and

- ☐ The cancer did not progress whilst on pazopanib

and

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

and

- ☐ The disease is of predominant clear cell histology

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

and

- ☐ Sunitinib to be used for a maximum of 2 cycles

Initial application — GIST
Applications only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 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

I confirm the above details are correct and that in signing this form I understand I may be audited.

Signed: ..... Date: .....
Post application to Ministry of Health, Private Bag 3015, Wanganui – email: customerservice@health.govt.nz

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Sunitinib *- continued*

Renewal — RCC

Current approval Number (if known):.....

Applications only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 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: Sunitinib 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

Renewal — GIST

Current approval Number (if known):.....

Applications only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 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

Note: 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.

Renewal — GIST pandemic circumstances

Current approval Number (if known):.....

Applications from any relevant practitioner. Approvals valid for 6 months.

Prerequisites(tick boxes where appropriate)

- ☐ The patient has unresectable or metastatic malignant gastrointestinal stromal (GIST)

and

- ☐ The patient is clinically benifiting from treatment and continued treatment remains appropriate

and

- ☐ Sunitinib is to be discontinued at progression

and

- ☐ The regular Special Authority renewal requirements cannot be met due to COVID-19 constraints on the health sector

I confirm the above details are correct and that in signing this form I understand I may be audited.

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

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