Enquiries to Ministry of Health 0800 855 066

APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

Page 1 Form SA2452 November 2025

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 from any relevant practitioner. Approvals valid for 4 months. Prerequisites(tick boxes where appropriate)			
The patient has metastatic renal c	ell carcinoma		
and The patient has not previously received funded sunitinib			
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)			
The patient's disease has progressed following treatment with imatinib			
The patient has documented treatment-limiting intolerance, or toxicity to, imatinib			
Renewal — RCC			
Current approval Number (if known): Applications from any relevant practitioner. Approv			
Prerequisites(tick box where appropriate)			
There is no evidence of disease progression			
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 treatme follows:	ent or has stable disease as determined by Choi's	modified CT response evaluation criteria as	
	lete response (disappearance of all lesions and no ne	ew lesions)	
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`´	use (does not meet criteria the two above) and does n	,	
deterioration attributed to tur		,	
and The treatment remains appropriate	e 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.			

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

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Reg No:	First Names:	First Names:	
Name:	Surname:	Surname:	
Address:	DOB:	Address:	
	Address:		
Fax Number:		Fax Number:	
Sunitinib - continued			
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)			
The patient is clinically benifiting from treatment and continued treatment remains appropriate			
	and Sunitinib is to be discontinued at progression		
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.