

<b>APPLICANT</b> (stamp or sticker acceptable)	<b>PATIENT NHI:</b> .....	<b>REFERRER</b> Reg No: .....
Reg No: .....	First Names: .....	First Names: .....
Name: .....	Surname: .....	Surname: .....
Address: .....	DOB: .....	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 cell 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)  
**and**  
**or**  
 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. Approvals valid for 4 months.

**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 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.

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

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

Post application to Health New Zealand, Private Bag 3015, Wanganui – email: [customerservice@health.govt.nz](mailto:customerservice@health.govt.nz)

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**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)

<input type="checkbox"/> The patient has unresectable or metastatic malignant gastrointestinal stromal (GIST)
<b>and</b>
<input type="checkbox"/> The patient is clinically benefiting from treatment and continued treatment remains appropriate
<b>and</b>
<input type="checkbox"/> Sunitinib is to be discontinued at progression
<b>and</b>
<input type="checkbox"/> 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.**

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