Enquiries to Ministry of Health
0800 855 066

APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

Form SA2687
December 2026

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

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

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

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

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 is clinically benefiting from treatment and continued treatment remains appropriate
- **and**
- ☐ Sunitinib is to be discontinued at disease progression

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