



# Sunitinib malate

## Gastrointestinal stromal tumour

### PBS authority application

#### Important information

You must lodge this form for a patient starting **initial** PBS subsidised treatment with sunitinib malate for metastatic or unresectable malignant gastrointestinal stromal tumour after failure of imatinib mesylate treatment due to resistance or intolerance.

Patients who have failed to respond or are intolerant to imatinib mesylate are no longer eligible to receive PBS subsidised imatinib mesylate.

Patients must receive treatment with sunitinib malate as monotherapy and must have a World Health Organization (WHO) performance status of two or less.

Sunitinib malate is not PBS subsidised for the treatment of patients with resectable malignant gastrointestinal stromal tumours. Patients who develop progressive disease on sunitinib malate are no longer eligible for PBS subsidised sunitinib malate treatment.

All applications must be in writing and include sufficient information to determine the patient's eligibility according to the PBS criteria.

The information on this form is correct at the time of publishing and is subject to change.

#### Acknowledgements

The patient and prescriber acknowledgements must be signed in front of a witness (over 18 years of age).

#### Authority prescription form

A completed authority prescription form must be attached to this form.

The medical indication section of the authority prescription form does not need to be completed when submitted with this form.

#### Phone approvals

Under no circumstance will phone approvals be granted for initial authority applications or for treatment that would otherwise extend the treatment period.

#### Applications for continuing treatment

All applications for continuing treatment, for patients who do not have progressive disease, may be made by calling **1800 700 270** (call charges may apply) and select option 3, between 8.00 am and 5.00 pm EST, Monday to Friday.

#### Assistance

If you need assistance completing this form or need more information call **1800 700 270** (call charges may apply) and select option 3, between 8.00 am and 5.00 pm EST, Monday to Friday, or go to [www.medicareaustralia.gov.au](http://www.medicareaustralia.gov.au) > For health professionals > PBS > Specialised drugs (PBS) A-I > Gastrointestinal stromal tumour – sunitinib malate

#### Lodgement

Send the completed authority application form and a completed authority prescription form to:

**Medicare Australia**  
**Prior written approval of specialised drugs**  
**Reply Paid 9826**  
**Hobart TAS 7001**

Print in **BLOCK LETTERS**

Tick where applicable



## Sunitinib malate Gastrointestinal stromal tumour Initial PBS authority application

### Patient's details

**1** Medicare/DVA card number  
 -  -  Ref no.

**2** Mr  Mrs  Miss  Ms  Other   
 Family name  
  
 First given name

**3** Date of birth  
 /  /

### Patient's acknowledgement

**4** I acknowledge that PBS subsidised treatment with sunitinib malate for gastrointestinal stromal tumour will stop if:

- my disease progresses.

My prescriber has explained the nature of the ongoing monitoring and testing required in order to demonstrate an adequate response to therapy.

Patient's signature  
 Date  /  /

### Prescriber's details

**5** Prescriber number

**6** Family name  
  
 First given name

**7** Work phone number  
 ( )

Alternative phone number

Fax number  
 ( )

### Prescriber's declaration and acknowledgement

**8** I declare that I have explained to the patient:

- the circumstances governing PBS subsidised treatment with sunitinib malate for gastrointestinal stromal tumour.

**I acknowledge that:**

- if disease progression occurs I will cease treatment with sunitinib malate.

I believe these to be understood and accepted by the patient.

Prescriber's signature  
 Date  /  /

### Witness's acknowledgement

**9** I have witnessed the signatures of **BOTH** the patient and the prescriber.

Witness's full name (over 18 years of age)

Witness's signature  
 Date  /  /

### Conditions and criteria

**10** To qualify for PBS authority approval under this criterion the following conditions must be met.

The patient:

- has failed treatment with imatinib mesylate due to resistance or intolerance
- will be treated with sunitinib malate as monotherapy for metastatic or unresectable malignant gastrointestinal stromal tumour
- has a WHO performance status of two or less

### Prescriber's declaration

**11** I declare that:

- the information on this form is correct.

Prescriber's signature  
 Date  /  /

### Privacy note

The information provided on this form will be used to assess eligibility of a nominated person to receive PBS subsidised treatment. The collection of this information is authorised by the *National Health Act 1953*. This information may be disclosed to the Department of Health and Ageing, Department of Veterans' Affairs or as authorised or required by law.