

Use this checklist to determine if a patient meets the restrictions for funding in the **hospital setting**. For more details, refer to [Section H](#) of the Pharmaceutical Schedule. For community funding, see the [Special Authority Criteria](#).

PRESCRIBER

Name:

Ward:

PATIENT:

Name:

NHI:

Lenvatinib

INITIATION – thyroid cancer

Re-assessment required after 6 months

Prerequisites (tick boxes where appropriate)

Patient is currently on treatment with lenvatinib and met all remaining criteria prior to commencing treatment

or

The patient has locally advanced or metastatic differentiated thyroid cancer

and

Patient must have symptomatic progressive disease prior to treatment

or

Patient must progressive disease at critical anatomical sites with a high risk of morbidity or mortality where local control cannot be achieved by other measures

and

A lesion without iodine uptake in a RAI scan

or

Receiving cumulative RAI greater than or equal to 600 mCi

or

Experiencing disease progression after a RAI treatment within 12 months

or

Experiencing disease progression after two RAI treatments administered within 12 months of each other

and

Patient has thyroid stimulating hormone (TSH) adequately suppressed

and

Patient is not a candidate for radiotherapy with curative intent

and

Surgery is clinically inappropriate

and

Patient has an ECOG performance status of 0-2

CONTINUATION – thyroid cancer

Re-assessment required after 6 months

Prerequisites (tick box where appropriate)

There is no evidence of disease progression

INITIATION – unresectable hepatocellular carcinoma

Re-assessment required after 6 months

Prerequisites (tick boxes where appropriate)

Patient has unresectable hepatocellular carcinoma

and

Patient has preserved liver function (Childs-Pugh A)

and

Transarterial chemoembolisation (TACE) is unsuitable

and

Patient has an ECOG performance status of 0-2

and

Patient has not received prior systemic therapy for their disease in the palliative setting

I confirm that the above details are correct:

Signed: Date:

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PRESCRIBER

Name:

Ward:

PATIENT:

Name:

NHI:

Lenvatinib - continued

CONTINUATION – unresectable hepatocellular carcinoma

Re-assessment required after 6 months

Prerequisites (tick box where appropriate)

- There is no evidence of disease progression

INITIATION – renal cell carcinoma

Re-assessment required after 4 months

Prerequisites (tick boxes where appropriate)

- The patient has metastatic renal cell carcinoma
- and The disease is of predominant clear-cell histology
- and The patient has documented disease progression following one previous line of treatment
- and The patient has an ECOG performance status of 0-2
- and Lenvatinib is to be used in combination with everolimus

or

- Patient has received funded treatment with nivolumab for the second line treatment of metastatic renal cell carcinoma
- and Patient has experienced treatment limiting toxicity from treatment with nivolumab
- and Lenvatinib is to be used in combination with everolimus
- and There is no evidence of disease progression

CONTINUATION – renal cell carcinoma

Re-assessment required after 4 months

Prerequisites (tick box where appropriate)

- There is no evidence of disease progression

I confirm that the above details are correct:

Signed: Date: