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.

PRESCRIBI	ER		PATIENT:					
Name:								
Ward:			NHI:					
Lenvatini	b							
	ment r	requi ick b	red after 6 months oxes where appropriate)					
or	O Patient is currently on treatment with lenvatinib and met all remaining criteria prior to commencing treatment or							
	(and	C	The patient has locally advanced or metastatic differentiated thyroid cancer					
		or	O Patient must have symptomatic progressive disease prior to treatment O 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	or or or	A lesion without iodine uptake in a RAI scan Receiving cumulative RAI greater than or equal to 600 mCi Experiencing disease progression after a RAI treatment within 12 months Experiencing disease progression after two RAI treatments administered within 12 months of each other					
	and (and (and (and (and)))	Patient has thyroid stimulating hormone (TSH) adequately supressed Patient is not a candidate for radiotherapy with curative intent Surgery is clinically inappropriate Patient has an ECOG performance status of 0-2					
Re-assessr Prerequisi	ment r tes (ti	requi ick b	evidence of disease progression					

I confirm that the above details are correct:

C:	D-1	
Signed.	Date:	
Oigilica.	 Daic.	

HOSPITAL MEDICINES LIST RESTRICTIONS CHECKLIST

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.

PRES	CRIBER	PATIENT:				
Name:		Name:				
Ward:		NHI:				
Lenva	atinib - continued					
Re-as	TION – unresectable hepatocellular carcinoma sessment required after 6 months quisites (tick boxes where appropriate)					
CONT Re-as	No disease progression since initiation of atezo CINUATION – unresectable hepatocellular carcinoma sessment required after 6 months quisites (tick box where appropriate)	city from treatment with atezolizumab with bevacizumab				
	There is no evidence of disease progression TION – renal cell carcinoma					
	sessment required after 4 months quisites (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 fol and The patient has an ECOG performance status of 0-2 and Lenvatinib is to be used in combination with everolim					
or						
Re-as	INUATION – renal cell carcinoma sessment required after 4 months quisites (tick box where appropriate) There is no evidence of disease progression					
l confir	confirm that the above details are correct:					

Signed: Date: