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	PATIENT:		
Name:	Name:		
Ward:	NHI:		
Lenvatinib			
INITIATION – thyroid cancer Re-assessment required after 6 months Prerequisites (tick boxes where appropriate)			
O Patient is currently on treatment with lenvatinib and met all re	maining criteria prior to commencing treatment		
The patient has locally advanced or metastatic different	tiated thyroid cancer		
O Patient must have symptomatic progressive disea	O Patient must have symptomatic progressive disease prior to treatment		
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  O A lesion without iodine uptake in a RAI scan or O Receiving cumulative RAI greater than or equal to 600 mCi or O Experiencing disease progression after a RAI treatment within 12 months or O Experiencing disease progression after two RAI treatments administered within 12 months of each other  and O Patient has thyroid stimulating hormone (TSH) adequately supressed and O Patient is not a candidate for radiotherapy with curative intent and O Surgery is clinically inappropriate  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			

I confirm that the above details are correct:	

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

## 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.

PRESCRIBER	PATI	ENT:
Name:	Nam	э:
Ward:	NHI:	
Lenvatinib -	- continued	
Re-assessmer	unresectable hepatocellular carcinoma nt required after 6 months s (tick boxes where appropriate)	
Re-assessmer Prerequisites	Patient has unresectable hepatocellular carcinoma  Patient has preserved liver function (Childs-Pugh A)  Transarterial chemoembolisation (TACE) is unsuitable  Patient has an ECOG performance status of 0-2  Patient has not received prior systemic therapy for their disease of the patient has experienced treatment-limiting toxicity from th	reatment with atezolizumab with bevacizumab
INITIATION – I	renal cell carcinoma nt required after 4 months s (tick boxes where appropriate)	
an an an	The disease is of predominant clear-cell histology  The patient has documented disease progression following on and  The patient has an ECOG performance status of 0-2	e previous line of treatment
	Patient has experienced treatment limiting toxicity from treatm  C Lenvatinib is to be used in combination with everolimus	
Prerequisites	s (tick box where appropriate) re is no evidence of disease progression	
I confirm that the	ne above details are correct:	

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