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.

PRESCRIE	BER		PATIENT:			
Name:						
Ward:			NHI:			
Lenvatin	ib					
	ment i	requi	d cancer 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					
	and	ر —	The patient has locally advanced or metastatic differentiated thyroid cancer			
			O Patient must have symptomatic progressive disease prior to treatment			
		or	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 (and (and (and (and (and	or or or O i	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 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-assess Prerequis	ment i	requi ick b	evidencer red after 6 months ox where appropriate) evidence of disease progression			

C:	D-1	
Signed.	Date:	
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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.

PRESCRIBE	ER .	PATIENT:				
Name:		Name:				
Ward:		NHI:				
Lenvatinik	O - continued					
Re-assessn	- unresectable hepatocellular carcinoma nent required after 6 months es (tick boxes where appropriate) Patient has unresectable hepatocellular carcinoma Patient has preserved liver function (Childs-Pugh A) Transarterial chemoembolisation (TACE) is unsuitable					
and and	Patient has an ECOG performance status of 0-2					
	O Patient has not received prior systemic therapy for their or					
	Patient has experienced treatment-limiting toxicity and No disease progression since initiation of atezoliz	from treatment with atezolizumab with bevacizumab umab with bevacizumab				
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)						
or	Patient has experienced treatment limiting toxicity from and	or the second line treatment of metastatic renal cell carcinoma				
	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: