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.

PRESCRI	BER		PATIENT:				
Name:			Name:				
Ward:			NHI:				
Lenvatin	ib						
	sment	requ	d cancer uired after 6 months poxes where appropriate)				
or	Ог	Patie	ent is currently on treatment with lenvatinib and met all remaining criteria prior to commencing treatment				
	and	0	The patient has locally advanced or metastatic differentiated thyroid cancer				
		or	O Patient must have symptomatic progressive disease prior to treatment				
		OI.	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	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				
			O Experiencing disease progression after two RAI treatments administered within 12 months of each other				
	and	0	Patient has thyroid stimulating hormone (TSH) adequately supressed				
	and	$\bigcirc$	Patient is not a candidate for radiotherapy with curative intent				
	and	$\bigcirc$	Surgery is clinically inappropriate				
			Patient has an ECOG performance status of 0-2				
Re-asses	sment	requ	hyroid cancer uired after 6 months pox where appropriate)				
0	O 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	PATIENT:				
Name:					
Ward:	NHI:				
Lenvatinib - continued					
INITIATION – unresectable hepatocellular carcinoma Re-assessment required after 6 months Prerequisites (tick boxes where appropriate)					
and Patical Pa	ent has unresectable hepatocellular carcinoma ent has preserved liver function (Childs-Pugh A) issarterial chemoembolisation (TACE) is unsuitable ent has an ECOG performance status of 0-2  Patient has not received prior systemic therapy for their disease in the palliative setting  Patient has experienced treatment-limiting toxicity from treatment with atezolizumab with bevacizumab  No disease progression since initiation of atezolizumab with bevacizumab  unresectable hepatocellular carcinoma uired after 6 months box where appropriate) o evidence of disease progression				
INITIATION – renal cell carcinoma Re-assessment required after 4 months Prerequisites (tick boxes where appropriate)					
and and and and	The patient has metastatic renal cell carcinoma  The disease is of predominant clear-cell histology  The patient has documented disease progression following one previous line of treatment  The patient has an ECOG performance status of 0-2  Lenvatinib is to be used in combination with everolimus				
	Patient has received funded treatment with nivolumab for the second line treatment of metastatic renal cell carcinoma  Patient has experienced treatment limiting toxicity from treatment with nivolumab  Lenvatinib is to be used in combination with everolimus  There is no evidence of disease progression  renal cell carcinoma uired after 4 months				
Prerequisites (tick box where appropriate)  O There is no evidence of disease progression					
I confirm that the above details are correct:					

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