

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: Name:

Ward: NHI:

Everolimus

INITIATION

Re-assessment required after 3 months

Prerequisites (tick boxes where appropriate)

Prescribed by, or recommended by a neurologist or oncologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.

and

Patient has tuberous sclerosis

and

Patient has progressively enlarging sub-ependymal giant cell astrocytomas (SEGAs) that require treatment

CONTINUATION

Re-assessment required after 12 months

Prerequisites (tick boxes where appropriate)

Prescribed by, or recommended by a neurologist or oncologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.

and

Documented evidence of SEGAs reduction or stabilisation by MRI within the last 3 months

and

The treatment remains appropriate and the patient is benefiting from treatment

and

Everolimus to be discontinued at progression of SEGAs

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

Everolimus is to be used in combination with lenvatinib

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

Everolimus is to be used in combination with lenvatinib

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: