

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: .....

Ward: .....

**PATIENT:**

Name: .....

NHI: .....

**Lenvatinib**

**INITIATION – thyroid cancer**

Re-assessment required after 6 months

**Prerequisites** (tick boxes where appropriate)

- ☐ Patient is currently on treatment with lenvatinib and met all remaining criteria prior to commencing treatment
- or
- ☐ The patient has locally advanced or metastatic differentiated thyroid cancer
- and
- ☐ Patient must have symptomatic progressive disease prior to treatment
- or
- ☐ 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
- ☐ A lesion without iodine uptake in a RAI scan
- or
- ☐ Receiving cumulative RAI greater than or equal to 600 mCi
- or
- ☐ Experiencing disease progression after a RAI treatment within 12 months
- or
- ☐ Experiencing disease progression after two RAI treatments administered within 12 months of each other
- and
- ☐ Patient has thyroid stimulating hormone (TSH) adequately suppressed
- and
- ☐ Patient is not a candidate for radiotherapy with curative intent
- and
- ☐ Surgery is clinically inappropriate
- and
- ☐ 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: .....

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**PRESCRIBER**

Name: .....

Ward: .....

**PATIENT:**

Name: .....

NHI: .....

**Lenvatinib - continued**

**INITIATION – unresectable hepatocellular carcinoma**

Re-assessment required after 6 months

**Prerequisites** (tick boxes where appropriate)

- ☐ Patient has unresectable hepatocellular carcinoma  
**and**  
☐ Patient has preserved liver function (Childs-Pugh A)  
**and**  
☐ Transarterial chemoembolisation (TACE) is unsuitable  
**and**  
☐ Patient has an ECOG performance status of 0-2  
**and**  
☐ Patient has not received prior systemic therapy for their disease in the palliative setting  
**or**  
☐ Patient has experienced treatment-limiting toxicity from treatment with atezolizumab with bevacizumab  
**and**  
☐ No disease progression since initiation of atezolizumab 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)

- ☐ 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**  
☐ Lenvatinib is to be used in combination with everolimus  
**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**  
☐ 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: .....