

APPLICANT (stamp or sticker acceptable)	PATIENT NHI:	REFERRER Reg No:
Reg No:	First Names:	First Names:
Name:	Surname:	Surname:
Address:	DOB:	Address:
.....	Address:	
.....		
Fax Number:		Fax Number:

Lenvatinib

Initial application — thyroid cancer

Applications from any relevant practitioner. Approvals valid for 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

Renewal — thyroid cancer

Current approval Number (if known):.....

Applications from any relevant practitioner. Approvals valid for 6 months.

Prerequisites(tick box where appropriate)

- ☐ There is no evidence of disease progression

I confirm the above details are correct and that in signing this form I understand I may be audited.

Signed: Date:

Post application to Ministry of Health, Private Bag 3015, Wanganui – email: customerservice@health.govt.nz

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Lenvatinib - continued

Initial application — unresectable hepatocellular carcinoma

Applications from any relevant practitioner. Approvals valid for 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

Renewal — unresectable hepatocellular carcinoma

Current approval Number (if known):.....

Applications from any relevant practitioner. Approvals valid for 6 months.

Prerequisites(tick box where appropriate)

- ☐ There is no evidence of disease progression

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Lenvatinib - continued

Initial application — renal cell carcinoma

Applications from any relevant practitioner. Approvals valid for 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

Renewal — renal cell carcinoma

Current approval Number (if known):.....

Applications from any relevant practitioner. Approvals valid for 4 months.

Prerequisites(tick box where appropriate)

- ☐ There is no evidence of disease progression

I confirm the above details are correct and that in signing this form I understand I may be audited.

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