

<b>APPLICANT</b> (stamp or sticker acceptable)	<b>PATIENT</b> NHI: .....	<b>REFERRER</b> Reg No: .....
Reg No: .....	First Names: .....	First Names: .....
Name: .....	Surname: .....	Surname: .....
Address: .....	DOB: .....	Address: .....
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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 Health New Zealand, Private Bag 3015, Wanganui – email: [customerservice@health.govt.nz](mailto: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.

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

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