

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 Health New Zealand, 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)

<input type="checkbox"/>	Patient has unresectable hepatocellular carcinoma
and	
<input type="checkbox"/>	Patient has preserved liver function (Childs-Pugh A)
and	
<input type="checkbox"/>	Transarterial chemoembolisation (TACE) is unsuitable
and	
<input type="checkbox"/>	Patient has an ECOG performance status of 0-2
and	
<input type="checkbox"/>	Patient has not received prior systemic therapy for their disease in the palliative setting
or	
<input type="checkbox"/>	Patient has experienced treatment-limiting toxicity from treatment with atezolizumab with bevacizumab
and	
<input type="checkbox"/>	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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