APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

Form SA2442
December 2026

APPLICANT (stamp or sticker acceptable)

Reg No: .....

Name: .....

Address: .....

.....

.....

.....

PATIENT NHI: .....

First Names: .....

Surname: .....

DOB: .....

Address: .....

.....

.....

.....

REFERRER Reg No: .....

First Names: .....

Surname: .....

Address: .....

.....

.....

.....

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 supressed

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

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

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

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

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

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