BlueCross BlueShield Federal Employee Program.

LENVIMA
(lenvatinib)

Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age or older

Diagnoses

Patient must have **ONE** of the following:

1. Differentiated thyroid cancer (DTC)
    a. Locally recurrent or metastatic disease
    b. Progression after radioactive iodine therapy (radioactive iodine-refractory)

2. Advanced renal cell carcinoma (RCC) **AND ONE** of the following:
    a. Used in combination with pembrolizumab as first-line treatment
    b. Used in combination with everolimus
        i. Progression after one prior anti-angiogenic therapy

3. Unresectable hepatocellular carcinoma (HCC) **AND ONE** of the following:
    a. Used as first-line treatment
    b. Used as subsequent-line therapy
        i. Patient must be Child-Pugh Class A

4. Advanced endometrial carcinoma (EC)
    a. Used in combination with pembrolizumab
    b. Patient is **ONE** of the following:
        i. Mismatch repair proficient (pMMR), as determined by an FDA-approved test
        ii. **NOT** microsatellite instability-high (MSI-H)
    c. Disease progression following prior systemic therapy
    d. **NOT** a candidate for curative surgery or radiation

Prior - Approval Limits

Reference

Diagnosis	Recommended Dosing
Differentiated Thyroid Cancer (DTC)	24 mg once daily
Renal Cell Carcinoma (RCC) - First-Line	20 mg orally once daily, in combination

Treatment of Patients with Advanced RCC	with 200 mg pembrolizumab administered as IV infusion over 30 minutes every 3 weeks
Renal Cell Carcinoma (RCC) – Previously Treated RCC	18 mg in combination with 5 mg everolimus once daily
Hepatocellular Carcinoma (HCC)	12 mg once daily for patients greater than or equal to 60 kg or 8 mg once daily for patients less than 60 kg
Endometrial carcinoma	20 mg orally once daily, in combination with 200 mg pembrolizumab administered as IV infusion over 30 minutes every 3 weeks

Lenvima comes in cartons of 6 blister cards. Each card contains a 5 day supply of medication. Each carton therefore contains a 30 day supply.

Strength	How Supplied
4 mg	One 4 mg capsule / Five 4 mg capsules per card
8 mg	Two 4 mg capsules / Ten 4 mg capsules per card
10 mg	One 10 mg capsule / Five 10 mg capsules per card
12 mg	Three 4 mg capsules / Fifteen 4 mg capsules per card
14 mg	One 10 mg capsule and one 4 mg capsule / Five 10 mg capsules and five 4 mg capsules per card
18 mg	One 10 mg capsule and two 4 mg capsules / Five 10 mg capsules and ten 4 mg capsules per card
20 mg	Two 10 mg capsules / Ten 10 mg capsules per card
24 mg	Two 10 mg capsules and one 4 mg capsule / Ten 10 mg capsules and five 4 mg capsules per card

Duration 12 months

Prior – Approval *Renewal* Requirements

Age 18 years of age or older

Diagnoses

Patient must have **ONE** of the following:

1. Differentiated Thyroid Cancer (DTC)
2. Advanced Renal Cell Carcinoma (RCC)
3. Unresectable hepatocellular carcinoma (HCC)

4. Advanced endometrial carcinoma (EC)
    a. Used in combination with (pembrolizumab)

AND ALL of the following:

a. **NO** disease progression
b. **NO** unacceptable toxicity. Examples include:
    i. life-threatening hypertension
    ii. severe cardiac dysfunction
    iii. hepatotoxicity
    iv. nephrotic syndrome
    v. renal failure/impairment
    vi. gastrointestinal perforation/fistula formation
    vii. severe QT prolongation (grade 3 or 4)
    viii. Reversible Posterior Leukoencephalopathy Syndrome (RPLS)
    ix. arterial thromboembolic events and severe hemorrhage

Prior - Approval *Renewal* Limits

Same as above