



Federal Employee Program.

LENVIMA
PRIOR APPROVAL REQUEST

Additional information is required to process your claim for prescription drugs. Please complete the patient portion, and have the prescribing physician complete the physician portion and submit this completed form.

Send completed form to:
Service Benefit Plan
Prior Approval
P.O. Box 52080 MC 139
Phoenix, AZ 85072-2080
Attn: Clinical Services
Fax: 1-877-378-4727

Patient Information (required)				Provider Information (required)		
Date:				Provider Name:		
Patient Name:				Specialty:		NPI:
Date of Birth:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Office Phone:		Office Fax:
Street Address:				Office Street Address:		
City:		State:	Zip:	City:		State: Zip:
Patient ID: R <input type="text"/>				Physician Signature:		
PHYSICIAN COMPLETES						

Lenvima (lenvatinib)

****Check www.fepblue.org/formulary to confirm which medication is part of the patient's benefit**

NOTE: Form must be completed in its **entirety for processing**

1. Has the patient been on Lenvima continuously for the last **6 months, excluding samples**? **Please select answer below:**

☐ **YES** – this is a PA renewal for **CONTINUATION** of therapy, please answer the questions on **PAGE 2**

☐ **NO** – this is **INITIATION** of therapy, please answer the questions below:

2. Is this request for brand or generic? ☐ Brand ☐ Generic

3. What is the patient's diagnosis?

☐ Advanced Endometrial Carcinoma (EC)

a. Will Lenvima be used in combination with pembrolizumab (Keytruda)? ☐ Yes ☐ No

b. Is the patient's advanced endometrial carcinoma mismatch repair proficient (pMMR), as determined by an FDA-approved test, or not microsatellite instability-high (MSI-H)? ☐ Yes ☐ No

c. Has the patient experienced disease progression following prior systemic therapy? ☐ Yes ☐ No

d. Is the patient a candidate for curative surgery or radiation? ☐ Yes ☐ No

☐ Differentiated Thyroid Cancer (DTC)

a. Is the differentiated thyroid cancer locally recurrent? ☐ Yes ☐ No*

***If NO**, is the differentiated thyroid cancer metastatic? ☐ Yes ☐ No

b. Has the patient had disease progression after radioactive iodine therapy (radioactive iodine-refractory)? ☐ Yes ☐ No

☐ Renal Cell Carcinoma (cancer) (RCC)

a. Does the patient have advanced renal cell carcinoma (kidney cancer)? ☐ Yes ☐ No

b. Will Lenvima be used in combination with pembrolizumab (Keytruda) as a first-line treatment? ☐ Yes ☐ No

c. Has the patient had disease progression after one prior anti-angiogenic therapy? ☐ Yes* ☐ No

***If YES**, will Lenvima be used in combination with everolimus (Afinitor)? ☐ Yes ☐ No

☐ Unresectable Hepatocellular Carcinoma (HCC)

a. Will Lenvima be used as first-line treatment? ☐ Yes ☐ No

b. Will Lenvima be used as subsequent-line therapy? ☐ Yes* ☐ No

***If YES**, does the patient have Child-Pugh score of Class A (mild hepatic impairment)? ☐ Yes ☐ No

☐ Other diagnosis (**please specify**): _____

PAGE 1 of 2



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Date:				Provider Name:			
Patient Name:				Specialty:		NPI:	
Date of Birth:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Office Phone:		Office Fax:	
Street Address:				Office Street Address:			
City:		State:	Zip:	City:		State:	Zip:
Patient ID: R				Physician Signature:			
PHYSICIAN COMPLETES							

CONTINUATION OF THERAPY (PA RENEWAL)

Lenvima (lenvatinib)

*Check www.fepblue.org/formulary to confirm which medication is part of the patient's benefit

NOTE: Form must be completed in its **entirety** for processing

- Has the patient been on Lenvima continuously for the last **6 months**, excluding samples? *Please select answer below:*
☐ **NO** – this is **INITIATION** of therapy, please answer the questions on **PAGE 1**
☐ **YES** – this is a PA renewal for **CONTINUATION** of therapy, please answer the questions below:
- Is this request for brand or generic? ☐ Brand ☐ Generic
- What is the patient's diagnosis?
☐ Advanced Endometrial Carcinoma (EC)
a. Will Lenvima be used in combination with pembrolizumab (Keytruda)? ☐ Yes ☐ No
☐ Differentiated Thyroid Cancer (DTC)
☐ Renal Cell Carcinoma (cancer) (RCC)
a. Does the patient have advanced renal cell carcinoma (kidney cancer)? ☐ Yes ☐ No
☐ Unresectable Hepatocellular Carcinoma (HCC)
☐ Other diagnosis (*please specify*): _____
- Has the patient experienced disease progression while on Lenvima? ☐ Yes ☐ No
- Has the patient experienced unacceptable toxicity while on Lenvima (examples include: life-threatening hypertension, severe cardiac dysfunction, hepatotoxicity, nephrotic syndrome, renal failure/impairment, gastrointestinal perforation/fistula formation, severe QT prolongation (grade 3 or 4), Reversible Posterior Leukoencephalopathy Syndrome (RPLS), or arterial thromboembolic events and severe hemorrhage)? ☐ Yes ☐ No



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Message:

Attached is a Prior Authorization request form.

For your convenience, there are 3 ways to complete a Prior Authorization request:

Electronically Online (ePA) Results in 2-3 minutes FASTEST AND EASIEST	Now you can get responses to drug Prior Authorization requests securely online. Online submissions may receive instant responses and do not require faxing or phone calls. Requests can be made 24 hours a day, 7 days a week. For more information on electronic prior authorization (ePA) and to register, go to Caremark.com/ePA .
Phone (4-5 minutes for response)	The FEP Clinical Call Center can be reached at (877)-727-3784 between the hours of 7AM-9PM Eastern Time. A live representative will assist with the Prior Authorization, asking for the same information contained on the attached form. Please review the form and have your answers ready for faster service. The process over the phone takes on average between 4 and 5 minutes.
Fax (3-5 days for response)	Fax the attached form to (877)-378-4727 . Requests sent via fax will be processed and responded to within 5 business days. The form must be filled out completely, if there is any missing information the Prior Authorization request cannot be processed. <u>Please only fax the completed form once as duplicate submissions may delay processing times.</u>

faster...	Introducing ePA! Online Prior Authorizations in minutes through Caremark.com/ePA . Sign up today!
easier...	
better...	
CVS/caremark 	