



Lenvima

**Express Scripts  
Prior Authorization  
Phone 1-844-424-8886  
Fax 1-877-251-5896**

To start your Part D Coverage Determination request, you (or your representative or your doctor or other prescriber) should contact Express Scripts, Inc (ESI):

- You may Call ESI at 1-844-424-8886, 24 hours a day, 7 days a week, TTY users: 1-800-716-3231
- You may Fax your request to: 1-877-251-5896 (Attention: Medicare Reviews)
- You may also send your request via email to: [medicarepartdparequests@express-scripts.com](mailto:medicarepartdparequests@express-scripts.com)

Member's Last Name:	Member's First Name:
SCAN ID number:	Date of Birth:
Prescriber's Name:	Contact Person:
Office phone:	Office Fax:

Medication:	Diagnosis:
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**SECTION A** Please answer the following questions

1.     Yes    No    Is the member currently taking the requested medication?
2.     Yes    No    Is the medication indicated for the treatment of patients locally recurrent or metastatic, progressive, radioactive iodine-refractory differentiated thyroid cancer?
3.     Yes    No    Is Lenvima being used for treatment of patients with unresectable hepatocellular carcinoma (HCC)?
4.     Yes    No    Is the medication indicated for the treatment of advanced renal cell cancer, as first line treatment or in combination with pembrolizumab?
5.     Yes    No    Is the diagnosis or indication for treatment of advanced endometrial carcinoma that is not microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR)?
6.     Yes    No    Will Lenvima be used in combination with pembrolizumab for patients who have disease progression following prior systemic therapy and are not candidates for curative surgery or radiation?
7.     Yes     No    Is Lenvima being prescribed or recommended by an Oncologist?

**Please document the symptoms and/or any other information important to this review:**

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**SECTION B**    Physician Signature

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PHYSICIAN SIGNATURE

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DATE

**FAX COMPLETED FORM TO: 1-877-251-5896**

Our response time for prescription drug coverage standard requests is 72 hours. If you or your prescriber believe that waiting 72 hours for a standard decision could seriously harm your life, health, or ability to regain maximum function, you can ask for an expedited (fast) decision. If your prescriber indicates that waiting 72 hours could seriously harm your health, we will automatically give you a decision within 24 hours. If you do not obtain your prescriber's support for an expedited request, we will decide if your case requires a fast decision. You cannot request an expedited coverage determination if you are asking us to pay you back for a drug you already received. View our formulary and Prior Authorization criteria online at <http://www.scanhealthplan.com>