

Lenvima (for Maryland only)
Prior Authorization Request

Send completed form to: Case Review Unit, CVS Caremark Prior Authorization Fax: 1-866-249-6155

CVS Caremark administers the prescription benefit plan for the patient identified. This patient's benefit plan requires prior authorization for certain medications in order for the drug to be covered. To make an appropriate determination, providing the most accurate diagnosis for the use of the prescribed medication is necessary. **Please respond below and fax this form to CVS Caremark toll-free at 1-866-249-6155.** If you have questions regarding the prior authorization, please contact CVS Caremark at **1-866-814-5506**. For inquiries or questions related to the patient's eligibility, drug copay or medication delivery; please contact the Specialty Customer Care Team: CaremarkConnect® 1-800-237-2767.

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Patient's Name: _____ **Date:** _____
Patient's ID: _____ **Patient's Date of Birth:** _____
Physician's Name: _____ **NPI#:** _____
Specialty: _____ **Physician Office Fax:** _____
Physician Office Telephone: _____
Request Initiated For: _____

1. What is the patient's diagnosis?
 Differentiated thyroid carcinoma Renal cell carcinoma (advanced or relapsed) Other

2. What is the ICD-10 code? _____
3. Would the prescriber like to request an override of the step therapy requirement? Yes No
4. Has the member received the medication through a pharmacy or medical benefit within the past 180 days?
 Yes No **ACTION REQUIRED: Please provide documentation to substantiate the member had a prescription paid for within the past 180 days (i.e. PBM medication history, pharmacy receipt, EOB etc.)**
5. Is the medication effective in treating the member's condition? Yes No *Continue to diagnosis section.*

Complete the following section based on the patient's diagnosis, if applicable.

Section A: Differentiated Thyroid Carcinoma

6. What is the tumor's histology? Papillary Hürthle cell Follicular Medullary Other

7. Is the disease iodine-refractory? Yes No

Section B: Renal Cell Carcinoma

8. Will Lenvima be used in combination with everolimus (Afinitor)? Yes No
9. What is the intent of treatment?
 First-line therapy First-line systemic therapy Subsequent therapy Other

10. What is the tumor's histology? Predominantly clear cell Predominantly non-clear cell, *no further questions*

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11. Has the disease progressed on prior anti-angiogenic therapy (e.g., bevacizumab [Avastin], sunitinib [Sutent], sorafenib [Nexavar])? Yes No

I attest that this information is accurate and true, and that documentation supporting this information is available for review if requested by CVS Caremark or the benefit plan sponsor.

X _____

Prescriber or Authorized Signature

Date (mm/dd/yy)