{{PANUMCODE}}

Lenvima

Prior Authorization Request

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: {{MEMFIRST}} {{MEMLAST}} **Date**: {{TODAY}}
Patient's ID: {{MEMBERID}} **Patient's Date of Birth:** {{MEMBERDOB}}
Physician's Name: {{PHYFIRST}} {{PHYLAST}}
Specialty: ________________________________, **NPI#:** ___________________________
Physician Office Telephone: {{PHYSICIANPHONE}} **Physician Office Fax:** {{PHYSICIANFAX}}
Request Initiated For: {{DRUGNAME}}

1. What is the patient's diagnosis?
   ❑ Papillary thyroid carcinoma
   ❑ Follicular thyroid carcinoma
   ❑ Hurthle cell thyroid carcinoma
   ❑ Medullary thyroid carcinoma
   ❑ Anaplastic thyroid carcinoma
   ❑ Renal cell carcinoma
   ❑ Hepatocellular carcinoma
   ❑ Endometrial carcinoma
   ❑ Other ____

2. What is the ICD-10 code? _____________

3. Is this a request for continuation of therapy with the requested drug?
   ❑ Yes ❑ No *If No, skip to diagnosis section.*

4. Is there evidence of unacceptable toxicity or disease progression on the current regimen?
   ❑ Yes ❑ No *No further questions*

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

Section A: Papillary Thyroid Cancer, Follicular Thyroid Cancer, Hurthle Cell Thyroid Cancer

5. Is the thyroid carcinoma not amenable to radioactive iodine (RAI) therapy? ❑ Yes ❑ No

Section B: Medullary Thyroid Cancer

6. Has the patient progressed on vandetanib (Caprelsa) or cabozantinib (Cometriq)?
   If Yes, no further questions ❑ Yes ❑ No

7. Is treatment with vandetanib (Caprelsa) and cabozantinib (Cometriq) inappropriate for this patient?
   ❑ Yes ❑ No

Section C: Anaplastic Thyroid Carcinoma

8. Is the disease metastatic? ❑ Yes ❑ No

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Section D: Renal Cell Carcinoma

9. Is the disease advanced, relapsed, or stage IV? ❑ Yes ❑ No
10. Will the requested drug be used in combination with everolimus (Afinitor)? ❑ Yes ❑ No *If No, skip to #13*
11. What is the classification of the renal cell carcinoma?
    ❑ Predominantly clear cell
    ❑ Non-clear cell, *no further questions*
12. Has the patient used prior therapy for renal cell carcinoma? ❑ Yes ❑ No
13. Will the requested drug be used in combination with pembrolizumab (Keytruda)? ❑ Yes ❑ No

Section E: Hepatocellular Carcinoma

14. Is the disease unresectable or inoperable by performance status or comorbidity?
    If Yes, no further questions ❑ Yes ❑ No
15. Does the patient have local disease? *If Yes, no further questions* ❑ Yes ❑ No
16. Does the patient have metastatic disease or extensive liver tumor burden? ❑ Yes ❑ No

Section F: Endometrial Carcinoma

17. Is the disease advanced or recurrent? ❑ Yes ❑ No
18. Is the disease microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR)?
    ACTION REQUIRED: If No, Please attach documentation of MSI-H or dMMR tumor status. ❑ Yes ❑ No
19. Will the requested drug be used in combination with pembrolizumab? ❑ Yes ❑ No
20. Has the patient experienced disease progression following prior systemic therapy? ❑ Yes ❑ No
21. Is the patient a candidate for curative surgery or radiation? ❑ 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)**

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

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