

**Lenvima (lenvatinib)**  
**Effective 01/01/2021**

<b>Plan</b>	<input type="checkbox"/> MassHealth <input checked="" type="checkbox"/> MassHealth (PUF) <input type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input checked="" type="checkbox"/> Prior Authorization <input checked="" type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Benefit</b>	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		
<b>Specialty Limitations</b>	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
<b>Contact Information</b>	<b>Specialty Medications</b>		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	<b>Non-Specialty Medications</b>		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	<b>Medical Specialty Medications (NLX)</b>		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
<b>Exceptions</b>	N/A		

### Overview

LENVIMA is a prescription medicine that is used to treat the following kinds of cancer:

- Differentiated thyroid cancer (DTC), a type of thyroid cancer that can no longer be treated with radioactive iodine and is progressing
- Advanced renal cell carcinoma (RCC), a type of kidney cancer, after one course of treatment with another anti-cancer medicine
- Hepatocellular carcinoma (HCC) when it cannot be removed by surgery

### Coverage Guidelines

Authorization may be reviewed on a case by case basis for members new to AllWays Health Partners who are currently receiving treatment with Lenvima, excluding when the product is obtained as samples or via manufacturer's patient assistance programs

**OR**

Authorization may be granted if the member meets **ALL** following criteria and documentation has been submitted:

Advanced renal cell carcinoma

Prescriber provides documentation of **ALL** of the following:

1. Appropriate diagnosis
2. Prescriber is an oncologist
3. Appropriate dosing (quantity requested is  $\leq 3$  capsules/day) \*
4. Requested regimen includes everolimus
5. **ONE** of the following:



- a. Tumor is clear cell histology and physician documented inadequate response or adverse reaction to **ONE** or contraindication to **ALL** first-line therapies (pazopanib, sunitinib, temsirolimus, axitinib monotherapy or in combination with pembrolizumab, ipilimumab + nivolumab, cabozantinib, high-dose IL-2, sorafenib)
- b. Tumor is non-clear cell histology and physician documented inadequate response or adverse reaction to **ONE** or contraindication to **ALL** systemic therapies (e.g., sunitinib, axitinib, bevacizumab or biosimilar, cabozantinib, erlotinib, everolimus, nivolumab, pazopanib, sorafenib, temsirolimus)

**Differentiated thyroid cancer (DTC)**

Prescriber provides documentation of **ALL** of the following:

1. Appropriate diagnosis
2. Prescriber is an oncologist
3. Appropriate dosing (quantity requested is  $\leq$  3 capsules/day) \*

**Endometrial Carcinoma**

Prescriber provides documentation of **ALL** of the following:

1. Appropriate diagnosis
2. Prescriber is an oncologist
3. Appropriate dosing (quantity requested is  $\leq$  2 capsules/day) \*
4. Inadequate response or adverse reaction to one prior line of systemic therapy or contraindication to systemic therapy (Examples of systemic therapy for endometrial carcinoma include carboplatin, paclitaxel, doxorubicin, docetaxel, cisplatin, ifosfamide, and bevacizumab. These may be used as monotherapy or as combination therapy)
5. Requested agent will be used in combination with Keytruda® (pembrolizumab)

**Unresectable Hepatocellular Carcinoma (HCC)**

Prescriber provides documentation of **ALL** of the following:

1. Diagnosis of unresectable and metastatic HCC
2. Prescriber is an oncologist
3. Appropriate dosing (quantity requested is  $\leq$  3 capsules/day) \*

**Continuation of Therapy**

Reauthorization requires physician attestation of continuation of therapy and positive response to therapy.

**Limitations**

1. Initial approvals and reauthorizations will be granted for 12 months
2. The following quantity limits apply:

Lenvima 4 mg	30 capsules per 30 days
Lenvima 8 mg	60 capsules per 30 days
Lenvima 10 mg	30 capsules per 30 days
Lenvima 12 mg	90 capsules per 30 days
Lenvima 14 mg	60 capsules per 30 days
Lenvima 18 mg	90 capsules per 30 days
Lenvima 20 mg	60 capsules per 30 days
Lenvima 24 mg	90 capsules per 30 days

\*Any requests for over the quantity limit must be reviewed against the Global Quantity Limit criteria.

**References**

1. Lenvima [package insert]. Woodcliff Lake, NJ: Eisai Inc.; September 2020.

**Review History**

10/9/2020: Created criteria to be in compliance with the Masshealth partial unified formulary requirements effective 1/1/21.

**Disclaimer**

AllWays Health Partners complies with applicable federal civil rights laws and does not discriminate or exclude people on the basis of race, color, national origin, age, disability, or sex.