

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Lenvatinib (Lenvima)

Initiation (new start) criteria: Formulary **lenvatinib (Lenvima)** will be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Prescribed by an Oncologist or Hematologist
- Patient has one of the following diagnoses:
 - 1) Differentiated (i.e., Follicular, Hürthle, Papillary) thyroid carcinoma (DTC) **-AND-**
 - Patient has locally recurrent or metastatic, progressive DTC **-AND-**
 - DTC is refractory to radioactive iodine**-OR-**
 - 2) Diagnosis of advanced renal cell cancer **-AND-**
 - History of failure, contraindication, or intolerance to at least one prior antiangiogenic therapy (e.g., bevacizumab [Avastin], pazopanib [Votrient], sunitinib [Sutent], sorafenib [Nexavar]) **-AND-**
 - Lenvatinib is used in combination with everolimus (Afinitor)**-OR-**
 - 3) Diagnosis of advanced hepatocellular carcinoma, unresectable **-AND-**
 - No other antineoplastic therapies have been tried (lenvatinib used as first line treatment)**-OR-**
 - 4) Diagnosis of advanced endometrial carcinoma **-AND-**
 - Documented status of **NOT** microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR) **-AND-**
 - Documented progression following prior systemic therapy **-AND-**
 - Patient is not a candidate for curative surgery or radiation **-AND-**
 - Lenvatinib is used in combination with pembrolizumab (Keytruda)

Continued use criteria for patients previously approved per the above criteria who are currently stable on the medication: Formulary **lenvatinib (Lenvima)** will continue to be covered on the prescription drug benefit when the following criteria are met:

- Patient does not show evidence of progressive disease while on Lenvatinib therapy