

▶ To receive LENVIMA through a Specialty Pharmacy and automatically enroll in all patient support services,* please select your preferred Specialty Pharmacy.†

accredo[®]
 Phone: 1-844-693-0156
 Fax: 1-877-247-4847

Biologics
 Phone: 1-800-850-4306
 Fax: 1-800-823-4506

CVS specialty[™]
 Phone: 1-800-799-0692
 Fax: 1-855-296-0210

Onco360
ONCOLOGY PHARMACY
 Phone: 1-877-662-6633
 Fax: 1-877-662-6355

OPTUM[®]
 Phone: 1-877-719-6349
 Fax: 1-877-719-6362

US Bioservices
AmerisourceBergen
 Phone: 1-877-757-0667
 Fax: 1-888-899-0067

*Patients may opt out of receiving patient support services at any time.

†If payer requirements mandate the use of a specific Specialty Pharmacy, patient will still have his/her prescription filled.

▶ **Physician Information**

Physician Name		Site/Facility Name		
Street Address		City	State	Zip
Office Contact		Telephone Number		
Fax		Office Email		
State License #	Tax ID #	NPI #		

▶ **Patient Information**

Patient Name		Date of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F	SSN
Street Address		City	State	Zip
Patient Phone Number	Cell Phone Number	Email		Primary Language
Alternate Contact Name		Relationship to Patient	Alternate Contact Telephone	
Allergies		Current Medications		

▶ **Patient Diagnosis Information**

Diagnosis/ICD Code		
Height	Weight	Baseline Blood Pressure

Eisai Assistance Program Phone: 1-866-61-EISAI (1-866-613-4724) Fax: 1-855-246-5192

YES, my patient would be interested in the LENVIMA \$0 Co-Pay Program

With the LENVIMA \$0 Co-Pay Program, eligible commercially insured patients will pay as little as \$0 out-of-pocket for each prescription. Eisai will pay up to a maximum of \$40,000 per year to assist with the out-of-pocket costs for LENVIMA.‡

‡**Maximum benefit and eligibility:** Depending on the insurance plan, patients could have additional financial responsibility for any amounts over Eisai's maximum liability. **Not available to patients enrolled in state or federal health care programs, including Medicare, Medicaid, Medigap, VA, DoD, or TRICARE.** Offer only available to patients with private, commercial insurance. See www.LENVIMAREIMBURSEMENT.com for complete terms and conditions.



► Patient Insurance Information

1	Primary Medical Insurance	Telephone Number	Policy ID #
	BIN	PCN	Group #
	Policyholder Name		Policyholder Date of Birth
2	Secondary Medical Insurance	Telephone Number	Policy ID #
	BIN	PCN	Group #
	Policyholder Name		Policyholder Date of Birth

► Prescription

With confirmation of insurance coverage, medication will be shipped via Specialty Pharmacy to the patient's home address unless otherwise indicated by the prescriber.

Medication Name: _____ LENVIMA capsules _____ Medication Dose*†: _____

Dose	Daily Capsules in Blister Card	Quantity for 30 Days Supply
24 mg	10 mg, 10 mg, 4 mg	#60 caps of 10 mg; #30 caps of 4 mg
20 mg	10 mg, 10 mg	#60 caps of 10 mg
18 mg	10 mg, 4 mg, 4 mg	#30 caps of 10 mg; #60 caps of 4 mg
14 mg	10 mg, 4 mg	#30 caps of 10 mg; #30 caps of 4 mg
12 mg	4 mg, 4 mg, 4 mg	#90 caps of 4 mg
10 mg	10 mg	#30 caps of 10 mg
8 mg	4 mg, 4 mg	#60 caps of 4 mg
4 mg	4 mg	#30 caps of 4 mg

*LENVIMA is available in 4 mg and 10 mg capsules.
 †LENVIMA capsules are supplied in cartons of 6 cards. Each card is a 5-day blister card.

Sig: _____

Quantity: _____ Refills: _____

Physician Signature: _____ Date: _____

Prescriber: Please attach a separate prescription if this section does not comply with your state's prescription law.

► Physician Declaration

The provided information is complete and accurate to the best of my knowledge. I have prescribed LENVIMA based on my independent professional judgment of medical necessity and have taken into account relevant patient safety considerations and the full prescribing information.

Physician Signature: _____ Date: _____
 (no stamps)

