Criteria Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

lenvatinib (Lenvima)

**Initial approval criteria:** Non-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
- **AND**
- 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)

**Continued use criteria:** Non-formulary *lenvatinib (Lenvima)* will continue to be covered on the prescription drug benefit for 12 months when the following criteria are met:

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