

# Temporary Supply Program Form

## Eisai Patient Support

Through the LENVIMA Temporary Supply Program, eligible patients may receive up to a 30-day supply of LENVIMA (dispensed in up to three 10-day increments) while awaiting a coverage determination from their insurance provider. If the pharmacy to which the patient or prescriber submitted a prescription for LENVIMA does not receive a coverage determination from an insurer within five business days and the patient meets the program eligibility criteria, the patient's prescriber may complete this form and submit it to Eisai Patient Support to assess eligibility and dispense a temporary supply of LENVIMA to the patient at no cost.

► **To receive LENVIMA through the Temporary Supply Program, please fill out the form below and fax to 1-855-246-5192.**

### Specialty Pharmacy

**Phone**
**Fax**

### ► Patient Information

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

### ► Prescription

Eligible patients may receive up to a 30-day supply of LENVIMA in three 10-day increments while their insurance coverage is being determined. This temporary supply of LENVIMA will be shipped to the patient's home address.

**Medication Name:** LENVIMA capsules    **Diagnosis Code:** \_\_\_\_\_

Dose*†	Daily Capsules in Blister Card	Quantity for 10-Day Supply
<input type="checkbox"/> 24 mg	10 mg, 10 mg, 4 mg	#20 caps of 10-mg; #10 caps of 4-mg
<input type="checkbox"/> 20 mg	10 mg, 10 mg	#20 caps of 10-mg
<input type="checkbox"/> 18 mg	10 mg, 4 mg, 4 mg	#10 caps of 10-mg; #20 caps of 4-mg
<input type="checkbox"/> 14 mg	10 mg, 4 mg	#10 caps of 10-mg; #10 caps of 4-mg
<input type="checkbox"/> 12 mg	4 mg, 4 mg, 4 mg	#30 caps of 4-mg
<input type="checkbox"/> 10 mg	10 mg	#10 caps of 10-mg
<input type="checkbox"/> 8 mg	4 mg, 4 mg	#20 caps of 4-mg
<input type="checkbox"/> 4 mg	4 mg	#10 caps of 4-mg

\*LENVIMA is available in 4-mg and 10-mg capsules.

†LENVIMA capsules are provided in 5-day blister cards.

**Sig:** \_\_\_\_\_

**Quantity:** 10-day supply     **Initial fill**

**Refill**    **Refills:** 2    **Physician Phone Number:** \_\_\_\_\_

**Physician Signature:** \_\_\_\_\_    **Date:** \_\_\_\_\_

(no stamps)

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

# Temporary Supply Program Form

## ▶ Patient Information

<b>Patient Name</b>	<b>Date of Birth</b>
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## ▶ Physician Information

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

### Terms and Conditions:

- To be eligible for the LENVIMA Temporary Supply Program, a patient must: (1) have been prescribed LENVIMA by a licensed healthcare provider for an FDA-approved indication; (2) have insurance; and (3) have experienced a delay in a coverage determination of at least five business days.
- No patient, pharmacy, or payer should be billed for the temporary supply of LENVIMA. Patient must not submit any claim for reimbursement for product dispensed pursuant to this program to any third-party payer, including Medicare, Medicaid, or any other federal or state healthcare program. Patient cannot apply the value of the free product received through this program toward any government insurance benefit out-of-pocket spending calculations such as Medicare Part D True Out-Of-Pocket Costs (TrOOP).
- The temporary supply of LENVIMA is not contingent on any past or future purchases of LENVIMA or other products manufactured or marketed by Eisai Inc.
- Limit of one enrollment (up to a 30-day supply) per patient.
- Eisai reserves the right to rescind, revoke, or amend the LENVIMA Temporary Supply Program at any time without notice.
- Additional terms and conditions and eligibility criteria apply. Contact Eisai Patient Support for additional information.

## ▶ 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.

In addition, I have confirmed that this patient is experiencing a delay in a coverage determination for LENVIMA of at least five business days and meets program eligibility criteria. I understand that Eisai Patient Support will reach out to the pharmacy listed above to confirm.

**Physician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(no stamps)