

Prior Authorization Protocol

Medicare Part D – 2016

Prior Authorization Group Description:

LENVIMA

Covered Uses:

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria:

Required Medical Information:

Age Restrictions:

Prescriber Restrictions:

Coverage Duration:

Length of Benefit.

Other Criteria:

Renal Cell Carcinoma: Failure or clinically significant adverse effects to one of the following: Sutent, Nexavar, Votrient, Inlyta, Avastin in combination with Intron-A, Proleukin, Torisel AND Failure or clinically significant adverse effects to Opdivo or Cabometyx AND Must be used in combination with everolimus (Afinitor).