



ACCESS AND SUPPORT INFORMATION



ACCESSING LENVIMA®

SPECIALTY PHARMACIES

LENVIMA is available through certain Specialty Pharmacies, which will mail the medication directly to patients. Please visit www.LenvimaSpecialtyPharmacy.com for a complete list of the mail-order Specialty Pharmacies that dispense Lenvima.

PHYSICIAN OFFICE/CLINIC OR HOSPITAL PHARMACIES

LENVIMA can also be dispensed through eligible physician offices, clinics or hospital pharmacies. Please contact your preferred distributor for more information, including eligibility requirements.

FINANCIAL ASSISTANCE



With the LENVIMA Co-Pay Program, eligible commercially insured patients may pay as little as \$0 per month.* Annual limits apply. Depending on your insurance plan, you could have additional financial responsibility.

See www.eisaipatientsupport.com/lenvima for complete terms and conditions.



For assistance with the LENVIMA Co-Pay Program, call 1-855-347-2448 or visit LENVIMACopy.com to enroll eligible patients.

*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.eisaipatientsupport.com/lenvima for complete terms and conditions.

ASSISTANCE FOR PATIENTS PRESCRIBED LENVIMA

PATIENT SUPPORT

Eisai Patient Support offers access and reimbursement support for eligible patients, including:



- Benefits Investigation
- Financial assistance information via the LENVIMA Co-pay Program
- Dose Exchange Program
- The LENVIMA Patient Assistance Program for patients who need help paying for LENVIMA
- The Temporary Supply Program for eligible patients to receive up to a 30-days' supply of LENVIMA while awaiting a coverage determination from their insurance provider

For program and eligibility information, please visit www.eisaipatientsupport.com/lenvima or call: 1-866-61-EISAI (1-866-613-4724).



You can enroll your patients by downloading the LENVIMA Eisai Patient Support Enrollment Form and faxing it to 1-855-246-5192, or by calling 1-866-61-EISAI between 8am and 8pm ET, Monday through Friday. For more information visit www.eisaipatientsupport.com/lenvima. Please note that your patient's signature is required to complete enrollment. Patients can sign the form electronically at LENVIMAConsent.com.



You can also send an electronic prescription for LENVIMA directly to Eisai Patient Support Pharmacy, which will facilitate the enrollment process into Eisai Patient Support. Eisai Patient Support Pharmacy is categorized as a retail pharmacy in EMR/ EHR systems and is located at 2730 S. Edmonds Lane, #400A, Lewisville, TX 75067; the e-prescribe ID number is 5942176.

LENVIMA WELCOME KIT

The LENVIMA Welcome Kit includes key LENVIMA educational materials and helpful resources for patients receiving therapy. Patients may receive a LENVIMA Welcome Kit through their specialty pharmacy, Eisai Patient Support, or certain in-office dispensing pharmacies. For more information, contact Eisai Patient Support.

Eisai Patient Support Pharmacy is operated by Sonexus Health Pharmacy Services, LLC

LENVIMA® DOSE EXCHANGE PROGRAM



Through the LENVIMA Dose Exchange Program, eligible patients that require a dose reduction may exchange unused 20-mg doses for 14-mg doses or 10-mg doses for 8-mg doses.

For additional information, including complete terms and conditions, please visit www.eisaipatientsupport.com/lenvima.

FORMS

FORMS THAT MAY ASSIST PATIENTS WITH ACCESS TO LENVIMA® (lenvatinib)

Please visit www.eisaipatientsupport.com/lenvima or speak with your Eisai Representative to obtain additional copies of the LENVIMA Intake Form and LENVIMA Eisai Patient Support Enrollment Form.

LENVIMA
Eisai R&D Management Co., Ltd.

Specialty Pharmacy Intake Form

Phone: 1-888-451-8141 (1-888-451-8141)
Fax: 1-888-546-1882
Monday-Friday 9 a.m. to 5 p.m. ET

> Specialty Pharmacies

To request LENVIMA through a Specialty Pharmacy and to enroll in patient support, please complete this form and submit it to your preferred Specialty Pharmacy. Visit www.LenvimaSpecialtyPharmacy.com for the list of authorized Specialty Pharmacies that we provide to dispense LENVIMA.

> Physician Information

Physician Name: _____ Date of Birth: _____
Street Address: _____ City: _____ State: _____ Zip: _____
Office Address: _____ Telephone Number: _____
Fax: _____ Office Email: _____
Date of Birth: _____ Sex: _____
Date of Birth: _____ Sex: _____

> Patient Information

Patient Name: _____ Date of Birth: _____
Street Address: _____ City: _____ State: _____ Zip: _____
Patient Phone Number: _____ Cell Phone Number: _____
Alternate Contact Name: _____ Relationship to Patient: _____
Alternate Contact Telephone: _____
Allergies: _____ Current Medications: _____

> Patient Diagnosis Information

Diagnosis/ICD Code: _____
ICD Code: _____
ICD Code: _____
ICD Code: _____

☐ YES, my patient would be interested in the LENVIMA Co-pay Program.
Visit www.LenvimaCoPayProgram.com for complete details and terms. The program may vary by state. Annual limits apply. Maximum benefit and eligibility. Depending on the insurance plan, patients could receive additional financial responsibility for any amounts not fully covered by insurance. For complete details, please visit www.LenvimaCoPayProgram.com or contact your insurance provider. See www.LenvimaCoPayProgram.com for complete details and terms.

LENVIMA INTAKE FORM

This form is used to request LENVIMA through a Specialty Pharmacy.

LENVIMA
Eisai R&D Management Co., Ltd.

Eisai Patient Support Enrollment Form

Phone: 1-888-451-8141 (1-888-451-8141)
Fax: 1-888-546-1882
Monday-Friday 9 a.m. to 5 p.m. ET

Section 1: Complete this form

For completed form and copy of the patient's insurance card, please send to: Eisai Patient Support, 10000 Westpark Drive, Suite 100, Houston, TX 77036. For more information, please visit www.eisaipatientsupport.com/lenvima.

Section 2: Send an prescription to Eisai Patient Support Pharmacy

Send an electronic prescription for LENVIMA directly to Eisai Patient Support Pharmacy, which will enroll the patient in the program. The enrollment process will take approximately 10 business days. Once enrolled, the patient will receive LENVIMA capsules at no cost. The patient's insurance will continue to cover the cost of the capsules. The patient's insurance will continue to cover the cost of the capsules. The patient's insurance will continue to cover the cost of the capsules.

Section 3: Patient Information

Patient Name: _____ Date of Birth: _____
Street Address: _____ City: _____ State: _____ Zip: _____
Patient Phone Number: _____ Cell Phone Number: _____
Alternate Contact Name: _____ Relationship to Patient: _____
Alternate Contact Telephone: _____
Allergies: _____ Current Medications: _____

Section 4: Insurance Information

Primary Insurance: _____ Secondary Insurance: _____
Insurance Type: _____ Insurance Type: _____
Insurance Type: _____ Insurance Type: _____
Insurance Type: _____ Insurance Type: _____

Section 5: Enrollment Information

Enrollment Type: _____ Enrollment Type: _____
Enrollment Type: _____ Enrollment Type: _____
Enrollment Type: _____ Enrollment Type: _____

LENVIMA EISAI PATIENT SUPPORT ENROLLMENT FORM

This form is used to enroll patients in EPS and to apply to the Eisai Patient Assistance Program (PAP).



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