LENVIMA®
(lenvatinib) capsules | 10 mg and 4 mg

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 LENVIMACopay.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 INTAKE FORM

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

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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