

Dose Exchange Program Enrollment Form

Eisai Patient Support

 Phone: 1-866-61-EISAI (1-866-613-4724) • Fax: 1-855-246-5192 • www.lenvimoreimbursement.com

► For Patients Taking LENVIMA and Requiring Dose Reduction

Due to adverse reactions, there may be times when a patient's dose of LENVIMA needs to be reduced before they have finished their current supply. The LENVIMA Dose Exchange Program allows eligible patients who require a dose reduction to exchange up to 15 unused doses for the same number of doses at the reduced dose strength at no additional cost.

► How It Works



Review and complete this entire form. Prescriber must sign and date at the bottom of sections 3 and 4

Fax this entire form to Eisai Patient Support at:
1-855-246-5192

We will contact the patient within 24 business hours of receiving the completed form to confirm eligibility and schedule shipment of the new LENVIMA dose

Sonexus Health Pharmacy* will ship the new LENVIMA dose and provide a pre-addressed envelope for the patient to return all unused doses

***To provide the dose at no charge, this program is dispensed by Sonexus Health Pharmacy rather than the in-office dispensary or the Specialty Pharmacy that is currently dispensing the patient's prescription.**

► Eligibility Requirements

To be eligible for the LENVIMA Dose Exchange Program, a patient must:

- Have an eligible LENVIMA prescription (an eligible LENVIMA prescription is a prescription for 20 mg or 10 mg of LENVIMA for an FDA-approved indication) and a recommended dose reduction from 20 mg to 14 mg, or 10 mg to 8 mg
- Be 18 years of age or older
- Be a resident of the United States or Puerto Rico
- Have at least 5 doses from a current eligible prescription
- Return unused doses in the provided pre-addressed envelope and according to the instructions provided by Sonexus Health Pharmacy

► Section 1. Prescriber Information

Name		Practice	
Address			
Office Contact		Preferred Method of Contact <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Phone	Fax	Email	
NPI #	State License #	Tax ID #	DEA #

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▶ Section 2. Patient Information

Name	DOB (mm/dd/yyyy)
Address	Phone
Caregiver or Authorized Representative Name	Phone

▶ Section 3. Prescription

New Dose <input type="checkbox"/> 14 mg/day <input type="checkbox"/> 8 mg/day	Number of Unused 20-mg or 10-mg Doses to be Returned	
Quantity Prescribed for New Dose: <input type="checkbox"/> 5-day supply (1 blister card) <input type="checkbox"/> 10-day supply (2 blister cards) <input type="checkbox"/> 15-day supply (3 blister cards)	Prescriber to choose quantity based on the amount of product that the patient returns. Quantity must not exceed the doses to be returned (maximum of 15).	
Sig	Diagnosis/ICD Code	

Prescriber Signature

Date

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

▶ Section 4. Terms and Conditions

- The LENVIMA Dose Exchange Program is available at no charge to a patient prescribed LENVIMA at the 20-mg or 10-mg dose strength for an FDA-approved indication where their original prescription packaging will not allow for the reduced dose now recommended.
- Each patient is eligible for a maximum of one dose exchange in a calendar quarter.
- The quantity to be exchanged will be 5, 10, or 15 days per exchange and will not exceed a 15-day supply per dose reduction.
- Because LENVIMA is packaged in 5-day compliance packaging, prescribed quantities will be provided in 5-day increments to ensure intact compliance daily dose package can be dispensed.
- Patients who do not return their unused doses are not eligible for additional dose exchange dispenses.
- Product provided pursuant to this program is intended only for the patient listed on this form. It may not be given to any other patient, or be sold, traded, or distributed for sale.
- The prescriber, prescriber's institution, pharmacy, pharmacist, or any other person (including the patient) may not seek payment or accept reimbursement from any patient, any third-party payer (including any state or federal entity, or any private or other insurance plan), or from any other person or entity, for LENVIMA supplied under this program, regardless of whether the payer subsequently determines it will cover the product.
- If a patient is enrolled in a Medicare Part D plan, the prescriber must notify the patient that they must not attempt to have this prescription or any costs associated with it counted as any portion of true out-of-pocket ("TrOOP") cost for prescription drug calculations.
- Eisai reserves the right to change or end the program at any time without notice.

Prescriber: I certify that I understand and agree:

- 1) That I have explained to my patient that they must return the unused drug according to the instructions provided by Eisai Patient Support; 2) That I am choosing the amount that is no more than the program quantity limit and the quantity of unused doses that the patient has remaining; 3) To the Terms and Conditions of the LENVIMA Dose Exchange Program; and 4) That my patient meets the patient eligibility requirements of the LENVIMA Dose Exchange Program.

Prescriber Signature

Date