



Cabometyx

**Express Scripts**  
**Prior Authorization**  
**Phone 1-844-424-8886**  
**Fax 1-877-251-5896**

To start your Part D Coverage Determination request, you (or your representative or your doctor or other prescriber) should contact Express Scripts, Inc (ESI):

- You may Call ESI at 1-844-424-8886, 24 hours a day, 7 days a week,  
TTY users: 1-800-716-3231
- You may Fax your request to: 1-877-251-5896 (Attention: Medicare Reviews)
- You may also send your request via email to: [medicarepartdparequests@express-scripts.com](mailto:medicarepartdparequests@express-scripts.com)

Member's Last Name:	Member's First Name:
SCAN ID number:	Date of Birth:
Prescriber's Name:	Contact Person:
Office phone:	Office Fax:
Medication:	Diagnosis:

**SECTION A**Please answer the following questions

1. ☐ Yes    ☐ No    Is the member currently taking the requested medication?
2. ☐ Yes    ☐ Yes    Will Cabometyx be used in combination with nivolumab as first-line treatment of advanced renal cell carcinoma? *(if YES, skip to question 7)*
3. ☐ Yes    ☐ No    Is the diagnosis or indication for the treatment of advanced renal cell carcinoma?
4. ☐ Yes    ☐ No    Is the diagnosis or indication for the treatment of hepatocellular carcinoma (HCC) in patients previously treated with sorafenib (Nexavar)?
5. ☐ Yes    ☐ No    Is the diagnosis or indication for the treatment of locally advanced or metastatic differentiated thyroid cancer that has progressed following prior vascular endothelial growth factor receptors (VEGFR)-targeted therapy and who are radioactive iodine-refractory or ineligible?
6. ☐ Yes    ☐ No    Has the member used Lenvima or sorafenib prior to the initiation of Cabometyx?
7. ☐ Yes    ☐ No    Does the member have a recent history of hemorrhage or hemoptysis?
8. ☐ Yes    ☐ No    Does the member have severe hepatic impairment?
9. ☐ Yes    ☐ No    Does the member have severe uncontrolled hypertension?
10. ☐ Yes    ☐ No    Is the prescription written or recommended by an oncologist?

***Please document the symptoms and/or any other information important to this review:***

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**SECTION B**Physician Signature

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**PHYSICIAN SIGNATURE**

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**DATE****FAX COMPLETED FORM TO: 1-877-251-5896**

Our response time for prescription drug coverage standard requests is 72 hours. If you or your prescriber believe that waiting 72 hours for a standard decision could seriously harm your life, health, or ability to regain maximum function, you can ask for an expedited (fast) decision. If your prescriber indicates that waiting 72 hours could seriously harm your health, we will automatically give you a decision within 24 hours. If you do not obtain your prescriber's support for an expedited request, we will decide if your case requires a fast decision. You cannot request an expedited coverage determination if you are asking us to pay you back for a drug you already received. View our formulary and Prior Authorization criteria online at <http://www.scanhealthplan.com>