



Please complete ALL information below and fax your request to 1-888-671-5285

### Cabometyx® Prior Authorization Request Form

DO NOT COPY FOR FUTURE USE. FORMS ARE UPDATED FREQUENTLY AND MAY BE BARCODED

Member Information (required)			Provider Information (required)		
Member Name:			Provider Name:		
Insurance ID#:			NPI#:	Specialty:	
Date of Birth:			Office Phone:		
Street Address:			Office Fax:		
City:	State:	Zip:	Office Street Address:		
Phone:			City:	State:	Zip:

Medication Information (required)		
Medication Name:	Strength:	Dosage Form:
<input type="checkbox"/> Check if <b>generic substitution</b> is acceptable		Directions for Use:
<input type="checkbox"/> Check if request is for <b>continuation of therapy</b>		

### Clinical Information (required)

**Select the diagnosis below:**

Hepatocellular carcinoma (HCC)

Renal cell carcinoma (RCC)

Other diagnosis: \_\_\_\_\_ ICD-10 Code(s): \_\_\_\_\_

**For hepatocellular carcinoma (HCC), answer the following:**

Has the patient had a trial and failure or intolerance to Nexavar (sorafenib tosylate)?  Yes  No

Does the patient have metastatic disease?  Yes  No

Does the patient have extensive liver tumor burden?  Yes  No

Is the patient inoperable by performance status or comorbidity (local disease or local disease with minimal extrahepatic disease only)?  Yes  No

Is the patient's disease unresectable?  Yes  No

Select if Cabometyx is prescribed by or in consultation with one of the following specialists:

Gastroenterologist

Hepatologist

Oncologist

**For renal cell carcinoma (RCC), answer the following:**

Does the patient have advanced disease?  Yes  No

Is Cabometyx prescribed by or in consultation with an oncologist?  Yes  No

**Reauthorization:**

**If this is a reauthorization request, answer the following:**

Has the patient experienced disease progression while on Cabometyx therapy?  Yes  No

Are there any other comments, diagnoses, symptoms, medications tried or failed, and/or any other information the physician feels is important to this review?

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Please note: This request may be denied unless all required information is received.