



**GEORGIA MEDICAID FEE-FOR-SERVICE  
CABOMETYX PA SUMMARY**

Preferred	Non-Preferred
Cabometyx (cabozantinib)	N/A

**LENGTH OF AUTHORIZATION:** 1 Year

**NOTE:** Special consideration given for members who have stage IV advanced metastatic cancer.

**PA CRITERIA:**

- ❖ Approvable for members with a diagnosis of advanced renal cell carcinoma (RCC, kidney cancer) whose cancer has relapsed or is in stage IV.
- ❖ Approvable for members with a diagnosis of hepatocellular carcinoma (HCC) with Child Pugh A liver impairment only who have been previously treated with sorafenib (Nexavar).

**EXCEPTIONS:**

- Exceptions to these conditions of coverage are considered through the prior authorization process.
- The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

**PREFERRED DRUG LIST:**

- For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

**PA AND APPEAL PROCESS:**

- For online access to the PA process, please go to [www.dch.georgia.gov/prior-authorization-process-and-criteria](http://www.dch.georgia.gov/prior-authorization-process-and-criteria) and click on Prior Authorization (PA) Request Process Guide.

**QUANTITY LEVEL LIMITATIONS:**

- For online access to the current Quantity Level Limits (QLL), please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL List.