GEORGIA MEDICAID FEE-FOR-SERVICE
TYROSINE KINASE INHIBITORS (TKI) FOR THYROID CANCER PA SUMMARY

<table>
<thead>
<tr>
<th>Preferred</th>
<th>Non-Preferred</th>
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<tbody>
<tr>
<td>Cometriq (cabozantinib)</td>
<td>Caprelsa (vandetanib)</td>
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<tr>
<td>Lenvima (lenvatinib)</td>
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<tr>
<td>Nexavar (sorafenib)*</td>
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*PA not required

LENGTH OF AUTHORIZATION: 1 Year

NOTES:
- Prior authorization (PA) is not required for Nexavar.
- Special consideration taken for members with stage IV advanced metastatic cancer.

PA CRITERIA:

**Caprelsa**
- Approvable for members with a diagnosis of symptomatic or progressive medullary thyroid cancer that is unresectable locally advanced or metastatic
- Prescriber and pharmacy must be enrolled in the Caprelsa Risk Evaluation and Mitigation Strategy (REMS) program.

**Cometriq**
- Approvable for members with a diagnosis of symptomatic or progressive medullary thyroid cancer that is unresectable locally advanced or metastatic.

**Lenivma**
- Approvable for members with a diagnosis of locally recurrent/persistent or metastatic differentiated thyroid cancer that is progressive or symptomatic and refractory to radioactive iodine therapy.
- Approvable for members with a diagnosis of symptomatic or progressive medullary thyroid cancer that is unresectable locally advanced or metastatic who have progressed on or are not a candidate for vandetanib (Caprelsa) or cabozantinib (Cometriq).
- Approvable for members with a diagnosis of unresectable hepatocellular carcinoma (HCC).
- Approvable for members with a diagnosis of advanced or metastatic renal cell carcinoma (RCC, kidney cancer), when used in combination with everolimus (Afinitor), whose cancer has relapsed or is in stage IV
- Member has previously received one of the following: axitinib (Inlyta), cabozantinib (Cabometyx), pazopanib (Votrient), sorafenib (Nexavar) or sunitinib (Sutent).

Revised 2/9/2019
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 http://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, highlight Pharmacy and click on Other Documents, then select the most recent quarters QLL List.