

Medicare Part D – 2016**Prior Authorization Group Description:**

CABOMETYX

Covered Uses:

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria:**Required Medical Information:****Age Restrictions:****Prescriber Restrictions:****Coverage Duration:**

Length of Benefit.

Other Criteria:

Failure or clinically significant adverse effects to one of the following: Sutent, Nexavar, Votrient, Inlyta, Avastin in combination with Intron-A, Proleukin, Torisel