



Federal Employee Program.

COMETRIQ
PRIOR APPROVAL REQUEST

Send completed form to:
Service Benefit Plan
Prior Approval
P.O. Box 52080 MC 139
Phoenix, AZ 85072-2080
Attn. Clinical Services
Fax: 1-877-378-4727

Additional information is required to process your claim for prescription drugs. Please complete the patient portion, and have the prescribing physician complete the physician portion and submit this completed form.

Form with Patient Information and Provider Information sections, including fields for Date, Patient Name, Date of Birth, Sex, Street Address, City, State, Zip, Patient ID, Provider Name, Specialty, NPI, Office Phone, Office Fax, Office Street Address, City, State, Zip, and Physician Signature.

Cometriq (cabozantinib)

\*Check www.fepblue.org/formulary to confirm which medication is part of the patient's benefit

NOTE: Form must be completed in its entirety for processing

Is this request for brand or generic? [ ] Brand [ ] Generic

1. What is the patient's diagnosis?

[ ] Medullary Thyroid Cancer (MTC)

a. Is the Medullary thyroid cancer progressive and/or metastatic? [ ] Yes [ ] No

[ ] Non-small cell lung cancer (NSCLC)

[ ] Other (please specify): \_\_\_\_\_

2. Has the patient been on this medication continuously for the last 6 months excluding samples? Please select answer below:

[ ] NO - this is INITIATION of therapy, please answer the following questions:

a. Does the patient have a recent history of hemorrhage or hemoptysis? [ ] Yes [ ] No

b. Does the prescriber agree to discontinue therapy if gastrointestinal (GI) perforation or fistula formation occurs? [ ] Yes [ ] No

[ ] YES - this is a PA renewal for CONTINUATION of therapy, please answer the following questions:

a. Does the patient have hemorrhage or hemoptysis? [ ] Yes [ ] No

b. Does the patient have gastrointestinal (GI) perforations or fistula? [ ] Yes [ ] No



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Message:

Attached is a Prior Authorization request form.

For your convenience, there are 3 ways to complete a Prior Authorization request:

<p><b>Electronically Online</b> (ePA) Results in 2-3 minutes <b>FASTEST AND EASIEST</b></p>	<p>Now you can get responses to drug Prior Authorization requests <b>securely</b> online. <b>Online</b> submissions may receive <b>instant</b> responses and do not require faxing or phone calls. Requests can be made 24 hours a day, 7 days a week. For more information on electronic prior authorization (ePA) and to register, go to <b>Caremark.com/ePA.</b></p>
<p><b>Phone</b> (4-5 minutes for response)</p>	<p>The FEP Clinical Call Center can be reached at <b>(877)-727-3784</b> between the hours of 7AM-9PM Eastern Time. A live representative will assist with the Prior Authorization, asking for the same information contained on the attached form. Please review the form and have your answers ready for faster service. The process over the phone takes on average between 4 and 5 minutes.</p>
<p><b>Fax</b> (3-5 days for response)</p>	<p>Fax the attached form to <b>(877)-378-4727.</b> Requests sent via fax will be processed and responded to within 5 business days. The form must be filled out completely, if there is any missing information the Prior Authorization request cannot be processed. <b><u>Please only fax the completed form once as duplicate submissions may delay processing times.</u></b></p>

faster...  
easier...  
better...

Introducing ePA! Online Prior Authorizations in minutes through [Caremark.com/ePA](http://Caremark.com/ePA). Sign up today!

**CVS/caremark** 