Market Applicability								
Market	GA	KY	MD	NJ	NY	WA		
Applicable	Х	Χ	Χ	Χ	Х	Х		

# **Cometriq (cabozantinib)**

Override(s)	Approval Duration		
Prior Authorization	1 year		
Quantity Limit	-		

Medications	Quantity Limit
Cometriq (cabozantinib) 60mg daily-dose pack	1 dose pack (84 capsules per 28 days)
Cometriq (cabozantinib) 100mg daily-dose pack	1 dose pack (56 capsules per 28 days)
Cometriq (cabozantinib) 140mg daily-dose pack	1 dose pack (112 capsules per 28 days)

## **APPROVAL CRITERIA**

Requests for Cometriq (cabozantinib) capsules may be approved if the following criteria are met:

I. Individual has a diagnosis of progressive, metastatic medullary thyroid cancer (MTC);

#### OR

- II. Individual has a diagnosis of Follicular, Papillary, or Hurthle Cell thyroid carcinomas (NCCN 2A); **AND**
- III. Other systemic therapies or clinical trials are not available or appropriate for treatment of progressive and/or symptomatic iodine-refractory disease (NCCN 2A);

#### OR

- IV. Individual has a diagnosis of Non-Small Lung Cancer with RET gene rearrangements (NCCN 2A); **AND**
- V. Individual has not received treatment with another RET-targeted agent (for example, selpercatinib).

**Note**: Do not substitute Cometriq capsules with cabozantinib tablets.

**Note:** Cometriq (cabozantinib) has black box warnings for perforations and fistulas and hemorrhage. Gastrointestinal (GI) perforations, fistula formation, and severe hemorrhage have occurred in individuals treated with Cometriq. Discontinue therapy for GI perforation or fistula

PAGE 1 of 2 11/06/2020

#### CRX-ALL-0614-20

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

Market Applicability								
Market	GA	KY	MD	NJ	NY	WA		
Applicable	Х	Х	Х	Х	Х	Х		

formation. Monitor individuals for bleeding, and do not administer in individuals with severe hemorrhage.

### **Key References**:

- Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2020. URL: http://www.clinicalpharmacology.com. Updated periodically.
- 2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. http://dailymed.nlm.nih.gov/dailymed/about.cfm. Accessed: June 14, 2020.
- 3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
- 4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2020; Updated periodically.
- 5. NCCN Clinical Practice Guidelines in Oncology™. © 2019 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: http://www.nccn.org/index.asp. Accessed on July 18, 2020.
  - a. Thyroid Carcinoma. V2.2020. Revised July 15, 2020.
  - b. Non-small cell lung cancer. V6.2020. Revised June 15, 2020.

Federal and state laws or requirements, contract language, and Plan utilization management programs or polices may take precedence over the application of this clinical criteria.

No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from the health plan.

PAGE 2 of 2 11/06/2020

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.