

Clinical Pharmacy Program Guidelines for Cometriq

Program	Prior Authorization
Medication	Cometriq [®] (cabozantinib)
Issue Date	7/2013
Pharmacy and Therapeutics Approval Date	6/2017
Effective Date	8/2017

1. Background:

Cometriq[®] (cabozantinib) is a kinase inhibitor indicated for the treatment of patients with progressive, metastatic medullary thyroid cancer (MTC).¹

In addition, the National Cancer Comprehensive Network (NCCN) recommends Cometriq for the treatment of medullary, follicular, hürthle, and papillary thyroid carcinomas. NCCN also recommends Cometriq for the treatment of non-small cell lung cancer (NSCLC) with RET gene rearrangement.²

2. Coverage Criteria:

A. Thyroid Cancer

1. Initial Authorization

a. **Cometriq** will be approved based on the following criterion:

(1) Diagnosis of one of the following:

- (a) Medullary carcinoma
- (b) Follicular carcinoma (off-label)
- (c) Hürthle cell carcinoma (off-label)
- (d) Papillary carcinoma (off-label)

Authorization will be issued for 12 months.

2. Reauthorization

a. **Cometriq** will be approved based on the following criterion:

(1) Patient does not show evidence of progressive disease while on Cometriq therapy

Authorization will be issued for 12 months.

B. Non-Small Cell Lung Cancer (NSCLC) (off-label)

1. Initial Authorization

a. **Cometriq** will be approved based on **both** of the following criteria:

(1) Diagnosis of non-small cell lung cancer (NSCLC)

-AND-

(2) Positive for RET gene rearrangements

Authorization will be issued for 12 months.

2. Reauthorization

a. **Cometriq** will be approved based on the following criterion:

(1) Patient does not show evidence of progressive disease while on Cometriq therapy

Authorization will be issued for 12 months.

3. References:

1. Cometriq [prescribing information]. South San Francisco, CA: Exelixis, Inc.; May 2016.
2. The NCCN Drugs and Biologics Compendium (NCCN Compendium™). Available at http://www.nccn.org/professionals/drug_compendium/content/contents.asp. Accessed May 4, 2017.

Program	Prior Authorization - Cometriq (cabozantinib)
Change Control	
7/2013	Review of clinical criteria. No change to coverage. Updated formatting.
8/2014	Annual review. Added coverage for NSCLC, clarified thyroid cancer, updated formatting, Background and References.
8/2015	Annual review with no change to clinical criteria. Increased authorization and reauthorization from 11 months to 12 months for all indications. Updated references.
6/2016	Updated policy template. Updated clinical criteria to align with Employer and Individual except for the <19 criteria.
6/2017	Changed MTC clinical criteria to Thyroid Cancer to include

	NCCN expanded thyroid cancer indications. Updated background and references.
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