

Cometriq (cabozantinib)

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

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 or 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.

Key References:

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2021. 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: July 14, 2021.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2021; Updated periodically.
5. NCCN Clinical Practice Guidelines in Oncology™. © 2021 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: <http://www.nccn.org/index.asp>. Accessed on July 14, 2021.

- a. Thyroid Carcinoma. V1.2021. Revised April 9, 2021.
- b. Non-small cell lung cancer. V5.2021. Revised June 15, 2021.

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

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