

## SPECIALTY GUIDELINE MANAGEMENT

### COMETRIQ (cabozantinib)

#### POLICY

##### I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

A. FDA-Approved Indication

Treatment of progressive, metastatic medullary thyroid cancer (MTC).

B. Compendial Uses

1. Renal cell carcinoma
2. Non-small cell lung cancer

All other indications are considered experimental/investigational and are not a covered benefit.

##### II. CRITERIA FOR INITIAL APPROVAL

A. **Medullary thyroid cancer (MTC)**

Authorization of 12 months may be granted for the treatment of medullary thyroid cancer.

B. **Renal cell carcinoma**

Authorization of 12 months may be granted for the treatment of relapsed or advanced disease and EITHER of the following criteria is met:

1. For disease that is of non-clear histology, Cometriq will be used as first-line systemic therapy.
2. For disease that is of predominantly clear cell histology, Cometriq will be used for disease that has progressed on prior anti-angiogenic therapy (e.g., bevacizumab, sunitinib, sorafenib).

C. **Non-small cell lung cancer (NSCLC)**

Authorization of 12 months may be granted for the treatment of NSCLC with RET gene rearrangements.

##### III. CONTINUATION OF THERAPY

All members (including new members) requesting authorization for continuation of therapy must meet all initial authorization criteria.

##### IV. REFERENCES

1. Cometriq [package insert]. South San Francisco, CA: Exelixis; May 2016.
2. The NCCN Drugs & Biologics Compendium® © 2016 National Comprehensive Cancer Network, Inc. Available at: <http://www.nccn.org>. Accessed November 29, 2016.
3. National Comprehensive Cancer Network. NCCN Clinical Practice Guidelines in Oncology® Thyroid Carcinoma (Version 1.2016). <http://www.nccn.org>. Accessed December 15, 2016.
4. National Comprehensive Cancer Network. NCCN Clinical Practice Guidelines in Oncology® Kidney Cancer (Version 2.2017). <http://www.nccn.org>. Accessed December 12, 2016.

5. National Comprehensive Cancer Network. NCCN Clinical Practice Guidelines in Oncology® Non-Small Cell Lung Cancer (Version 3.2017). <http://www.nccn.org>. Accessed December 15, 2016.