Commercial/Healthcare Exchange PA Criteria

Effective: June 2016

Prior Authorization: Cabometyx

Products Affected: Cabometyx (cabozantinib) Oral Tablet

Medication Description: Cabozantinib inhibits the tyrosine kinase activity of MET, VEGFR-1, -2 and -3, AXL, RET, ROS1, TYRO3, MER, KIT, TRKB, FLT-3, and TIE-2. These receptor tyrosine kinases are involved in both normal cellular function and pathologic processes such as oncogenesis, metastasis, tumor angiogenesis, drug resistance, and maintenance of the tumor microenvironment.

Covered Uses:

1. Renal Cell Carcinoma
2. Hepatocellular Carcinoma

Exclusion Criteria: N/A

Required Medical Information:

1. Diagnosis
2. Previous therapies tried

Age Restrictions: 18 years or older

Prescriber Restrictions: Prescribed by, or in consultation with, an Oncologist.

Coverage Duration: 3 years

Other Criteria:

Renal Cell Carcinoma

1. Patient has advanced disease

Hepatocellular Carcinoma

1. Patient has been previously treated with sorafenib

References:

1. Cabometyx™ [prescribing information]. San Francisco, CA: Exelixis Inc; June, 2016.
2. The NCCN Kidney Cancer Clinical Practice Guidelines in Oncology (Version 2.2016). © 2015 National Comprehensive Cancer Network, Inc. Available at: http://www.nccn.org. Accessed June 2, 2016.

Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	6/29/2016
2	Update	Criteria changed to match Updated FDA Label	Other Criteria	10/03/2018
3	Update	Update	Coverage Duration: Update to 3 years	07/01/2019
4	Update	Adopted EH Policy and Template, removed from CCI Oncology Policy Updated medication description For RCC: removed criteria requiring prior antiangiogenic therapy to match FDA label	All	6/30/2020