## ConnectiCare.

### Commercial/Healthcare Exchange PA Criteria

Effective: May 2016

Prior Authorization: Cometriq

**Products Affected:** Cometriq (cabozantinib) oral capsules

#### Medication Description:

Cometriq is a kinase inhibitor indicated for the treatment of patients with progressive, metastatic medullary thyroid cancer. *In vitro* biochemical and/or cellular assays have shown that Cometriq inhibits tyrosine kinase activity of RET, MET, VEGFR-1, -2 and -3, KIT, TRKB, FLT-3, AXL, ROS1, TYRO3, MER, 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. Medullary thyroid cancer.

#### Exclusion Criteria:

Cometriq has not been shown to be effective, or there are limited or preliminary data or potential safety concerns that are not supportive of general approval in the following circumstances.

1. Thyroid cancer that is resectable.

#### **Required Medical Information:**

- 1. Documentation of progressive, locally recurrent or metastatic disease
- 2. Previous medications tried/failed
- 3. Dose and frequency

#### Age Restrictions: N/A

**<u>Prescriber Restrictions</u>**: Prescribed by, or in consultation with, an Oncologist.

#### Coverage Duration: 3 years

#### <u>Other Criteria:</u>

#### 1. Medullary thyroid cancer

- A) The patient has symptomatic or progressive medullary thyroid cancer AND;
- B) The patient has unresectable locally advanced or metastatic disease.

#### <u>References</u>:

- 1. Cometriq [prescribing information]. San Francisco, CA: Exelixis Inc; May 2016.
- 2. The NCCN Thyroid Carcinoma Clinical Practice Guidelines in Oncology (Version 2.2015).
- National Comprehensive Cancer Network, Inc. Available at: http://www.nccn.org. Accessed on May 31, 2016.



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Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	05/31/2016
2	Update	Update	Coverage Duration: Update to 3 years	07/01/2019
3	Update	Adopted EH policy and template	All	6/30/2020



