## 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. Follicular, Hurthle cell, and papillary thyroid carcinoma
- 2. Non-small cell lung cancer with RET gene arrangements

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

### II. CRITERIA FOR INITIAL APPROVAL

### A. Thyroid carcinoma

Authorization of 12 months may be granted for the treatment of medullary, follicular, Hurthle cell, or papillary thyroid carcinoma

### B. Non-small cell lung cancer (NSCLC)

pharmaceutical manufacturers that are not affiliated with CVS Caremark.

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

### III. CONTINUATION OF THERAPY

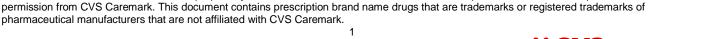
All members (including new members) requesting authorization for continuation of therapy must meet all initial authorization criteria.

### **IV. REFERENCES**

- 1. Cometriq [package insert]. South San Francisco, CA: Exelixis; October 2017.
- 2. The NCCN Drugs & Biologics Compendium<sup>®</sup> © 2017 National Comprehensive Cancer Network, Inc. Available at: http://www.nccn.org. Accessed November 24, 2017.
- 3. National Comprehensive Cancer Network, NCCN Clinical Practice Guidelines in Oncology® Thyroid Carcinoma (Version 1.2016). http://www.nccn.org. Accessed November 27, 2017.
- 4. National Comprehensive Cancer Network. NCCN Clinical Practice Guidelines in Oncology® Non-Small Cell Lung Cancer (Version 1.2018). http://www.nccn.org. Accessed November 27, 2017.

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