

Market Applicability						
Market	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X

Cabometyx (cabozantinib)

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

Medications	Quantity Limit
Cabometyx (cabozantinib) Tablets	May be subject to quantity limit

APPROVAL CRITERIA

Requests for Cabometyx (cabozantinib) may be approved if the following criteria are met:

I. Individual has a diagnosis of advanced renal cell carcinoma;

OR

II. Individual has a diagnosis of advanced hepatocellular carcinoma; **AND**
Individual has disease progression on or after sorafenib;

OR

III. Individual has a diagnosis of Non-Small Cell Lung Cancer with RET gene rearrangements (NCCN 2A); **AND**

IV. Individual has not received treatment with another RET-targeted agent (for example, seliperatinib).

Note: Do not substitute Cabometyx tablets with cabozantinib capsules.

Key References:

- Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2020. URL: <http://www.clinicalpharmacology.com>. Updated periodically.
- DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: June 14, 2020.
- DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
- Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2020; Updated periodically.
- NCCN Clinical Practice Guidelines in Oncology™. © 2019 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: <http://www.nccn.org/index.asp>. Accessed on July 18, 2020.
 - Non-small cell lung cancer. V6.2020. Revised June 15, 2020.
 - Kidney Cancer. V1.2021. Revised July 15, 2020.
 - Hepatobiliary Cancers. V4.2020. Revised June 19, 2020.

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

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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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