

# Criteria-Based Consultation Prescribing Program

## CRITERIA FOR DRUG COVERAGE

### Cabozantinib (Cometriq)

**Initiation (new start) criteria:** Non-formulary **cabozantinib (Cometriq)** will be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Prescribed by an Oncologist or Hematologist
- Patient age is 18 years or older
- Patient does not have a recent history of severe hemorrhage (*bleeding*)
- Patient does not have a recent history of gastrointestinal perforations and/or fistula
- Patient has one of the following diagnoses:
  - 1) Medullary thyroid carcinoma which is either:
    - Progressive, or metastatic **-OR-**
    - Is unresectable, symptomatic, or progressive locoregional disease
  - OR-**
  - 2) Follicular, Hürthle Cell or Papillary thyroid carcinoma which is both:
    - Progressive and/or symptomatic iodine-refractory disease - **AND-**
    - Unresectable recurrent, persistent, or metastatic disease
  - OR-**
  - 3) Non-small cell lung cancer that is Positive for RET gene rearrangement

**Continued use criteria 12 months after initiation:** Non-formulary **cabozantinib (Cometriq)** will continue to be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Patient does not show evidence of progressive disease while on cabozantinib therapy
- Absence of unacceptable toxicity associated with cabozantinib