PRIOR AUTHORIZATION POLICY

POLICY: Oncology – Cabometyx Prior Authorization Policy
- Cabometyx® (cabozantinib tablets – Exelixis)

REVIEW DATE: 03/20/2024

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CIGNA NATIONAL FORMULARY COVERAGE:

OVERVIEW

Cabometyx, a kinase inhibitor, is indicated for the following uses:[1]
- **Differentiated thyroid cancer**, for the treatment of locally advanced or metastatic disease that has progressed following prior vascular endothelial growth factor receptor (VEGFR)-targeted therapy in patients ≥ 12 years of age who are radioactive iodine-refractory or ineligible.
- **Hepatocellular carcinoma,** for the treatment of patients who have been previously treated with sorafenib.
- **Renal cell carcinoma**, advanced, as monotherapy or in combination with Opdivo® (nivolumab intravenous infusion) as first-line treatment.

Guidelines

Cabometyx is discussed in guidelines from the National Comprehensive Cancer Network (NCCN):[2]
- **Bone cancer:** NCCN guidelines (version 2.2024 – March 12, 2024) recommend Cabometyx as one of the "other recommended regimens" for second-line (relapsed/refractory or metastatic disease) for Ewing sarcoma and osteosarcoma (category 2A).[3]
- **Gastrointestinal stromal tumors:** NCCN guidelines (version 1.2024 – March 8, 2024) recommend Cabometyx as one of the options after progression

on approved therapies as "useful in certain circumstances" (category 2A).[2,4] The approved therapies are imatinib and Ayvakit® (avapritinib tablets; for *PDGFRA* mutation) as first-line therapy; sunitinib or Sprycel® (dasatinib tablets; for *PDGFRA* exon 18 mutations that are insensitive to imatinib (including the *PDGFRA D842V* mutation) as second-line therapy; Stivarga® (regorafenib tablets) as third-line therapy; and Qinlock® (ripretinib tablets) as fourth-line therapy.[4]

- **Hepatocellular carcinoma:** NCCN guidelines (version 2.2023 – September 14, 2023) recommend Cabometyx (Child-Pugh Class A only; Category 1) as a subsequent therapy option, along with many other agents.[5]
- **Kidney cancer:** NCCN guidelines (version 3.2024 – March 11, 2024) state that the "preferred regimens" for first-line therapy in favorable risk patients with relapsed or Stage IV renal cell carcinoma (RCC) with predominant clear cell histology are: Inlyta® (axitinib tablets) + Keytruda® (pembrolizumab intravenous infusion), Cabometyx + Opdivo, Lenvima® (lenvatinib capsules) + Keytruda (all category 1). Cabometyx (category 2B) is one of the "other recommended regimens" in this setting.[6] For patients in the poor/intermediate risk grouping, the "preferred regimens" are Inlyta + Keytruda; Cabometyx + Opdivo; Yervoy (ipilimumab intravenous infusion) + Opdivo; Lenvima + Keytruda (all category 1); Cabometyx monotherapy is also recommended (category 2A). Subsequent therapy is categorized based on prior immune-oncology (IO) therapy status. There are no preferred regimens. Cabometyx is listed under "other recommended regimens" for both IO therapy naïve and with prior IO therapy; Cabometyx + Opdivo is also an option (both category 2A) under "Useful in Certain Circumstances". For patients with non-clear cell histology RCC, Cabometyx, and enrollment in clinical trials are noted as preferred therapies (category 2A, preferred); Keytruda, Opdivo, Opdivo + Cabometyx, and Lenvima + everolimus are under "Other Recommended Regimens" (all category 2A). Many other agents are listed as "useful in certain circumstances."
- **Non-small cell lung cancer:** NCCN guidelines (version 3.2024 – March 12, 2024) recommend Cabometyx for *RET* rearrangement positive tumors (category 2A).[7]
- **Uterine neoplasms:** NCCN guidelines (version 2.2024 – March 6, 2024) recommend Cabometyx as one of the "Other Recommended Regimens" for second or subsequent line of therapy for recurrent endometrial carcinoma (category 2A).[8]
- **Thyroid carcinoma**: NCCN guidelines (version 2.2024 – March 12, 2024) state that Cabometyx can be considered if patient has progression after Lenvima or sorafenib for the treatment of locally recurrent, advanced, and/or metastatic disease that is not amendable to radioactive iodine therapy. This recommendation is for follicular, oncocytic (formerly Hürthle cell), and papillary cancer subtypes (all category 1).[9]

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of Cabometyx. All approvals are provided for 1 year in duration unless otherwise noted below.

- **Cabometyx® (cabozantinib tablets (Exelixis)**

is(are) covered as medically necessary when the following criteria is(are) met for FDA-approved indication(s) or other uses with supportive evidence (if applicable):

FDA-Approved Indications

1. **Hepatocellular Carcinoma.** Approve for 1 year if the patient meets the following (A and B):
   A) Patient is ≥ 18 years of age; AND
   B) Patient has been previously treated with at least one systemic regimen.
   Note: Examples of a systemic regimen include one of the following drugs: Tecentriq (atezolizumab intravenous infusion), bevacizumab, Imjudo (tremelimumab intravenous infusion), Imfinzi (durvalumab intravenous infusion), sorafenib, Lenvima (lenvatinib capsules), or Opdivo (nivolumab intravenous infusion).

2. **Renal Cell Carcinoma.** Approve for 1 year if the patient meets both of the following (A and B):
   A) Patient is ≥ 18 years of age; AND
   B) Patient has relapsed or stage IV disease.

3. **Thyroid Carcinoma, Differentiated.** Approve for 1 year if the patient meets the following (A, B, C, and D):
   A) Patient is ≥ 12 years of age; AND
   B) Patient has differentiated thyroid carcinoma; AND
   Note: Examples of differentiated thyroid carcinoma include papillary, follicular, and oncocytic carcinoma (formerly Hürthle cell carcinoma).
   C) Patient is refractory to radioactive iodine therapy; AND
   D) Patient has tried Lenvima (lenvatinib capsules) or sorafenib.

Other Uses with Supportive Evidence

4. **Bone Cancer.** Approve for 1 year if the patient meets the following (A and B):
   A) Patient meets ONE of the following (i or ii):
      i. Patient has Ewing sarcoma; OR
      ii. Patient has osteosarcoma; AND
   B) Patient has tried at least one previous systemic regimen.
   Note: Examples of a systemic regimen include one of the following: vincristine, doxorubicin, cyclophosphamide, topotecan, irinotecan, cisplatin, ifosfamide, Stivarga (regorafenib tablets), sorafenib.

5. **Endometrial Carcinoma.** Approve for 1 year if the patient meets the following (A and B):
   A) Patient is ≥ 18 years of age; AND
   B) Patient has tried one systemic regimen.

Note: Examples of a systemic regimen include one of the following: carboplatin, paclitaxel, trastuzumab, docetaxel, doxorubicin, cisplatin, and topotecan.

6. **Gastrointestinal Stromal Tumors.** Approve for 1 year if the patient meets the following (A and B):
   A) Patient is ≥ 18 years of age; AND
   B) Patient has tried each of the following (i, ii, iii, and iv):
      i. One of imatinib or Ayvakit (avapritinib tablets); AND
      ii. One of sunitinib or Sprycel (dasatinib tablets); AND
      iii. Stivarga (regorafenib tablets); AND
      iv. Qinlock (ripretinib tablets).

7. **Non-Small Cell Lung Cancer.** Approve for 1 year if the patient meets the following (A and B):
   A) Patient is ≥ 18 years of age; AND
   B) Patient has a *RET* rearrangement positive tumor.

CONDITIONS NOT COVERED

- **Cabometyx® (cabozantinib tablets (Exelixis)**

is(are) considered experimental, investigational or unproven for ANY other use(s) including the following (this list may not be all inclusive; criteria will be updated as new published data are available):

1. **Metastatic Castration-Resistant Prostate Cancer (mCRPC).** Results from the COMET-1 Phase III pivotal study with Cabometyx 60 mg tablets in men with mCRPC are published.[10] Patients included in the study had disease progression after treatment with docetaxel as well as abiraterone acetate and/or Xtandi® (enzalutamide capsules). The study failed to meet its primary endpoint of demonstrating statistically significant increase in overall survival (OS) compared with prednisone. The median OS with Cabometyx was 11.0 months vs. 9.8 months with prednisone, which was not statistically significant. Based on these results, the second Phase III study, COMET-2 has been discontinued.[11] In another small phase 1/2 study (n = 13), treatment with cabozantinib + docetaxel + prednisone vs. docetaxel + prednisone alone improved the median time to progression and overall survival.[13] There is an ongoing Phase III, randomized, open-label study (CONTACT-02) of cabozantinib + Tecentriq (atezolizumab for intravenous injection) in various tumor types, including CRPC.[12]

REFERENCES

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3. The NCCN Bone Cancer Clinical Practice Guidelines in Oncology (version 2.2024 – March 12, 2024). © 2024 National Comprehensive Cancer Network. Available at: http://www.nccn.org. Accessed March 18, 2024.

4. The NCCN Gastrointestinal Stromal Tumors (GISTs) Clinical Practice Guidelines in Oncology (version 1.2024 – March 8, 2024). © 2024 National Comprehensive Cancer Network. Available at: http://www.nccn.org. Accessed March 18, 2024.
5. The NCCN Hepatocellular Carcinoma Clinical Practice Guidelines in Oncology (version 2.2023 – September 14, 2023). © 2023 National Comprehensive Cancer Network. Available at: http://www.nccn.org. Accessed March 18, 2024.
6. The NCCN Kidney Cancer Clinical Practice Guidelines in Oncology (version 3.2024 – March 11, 2024). © 2024 National Comprehensive Cancer Network. Available at: http://www.nccn.org. Accessed March 18, 2024.
7. The NCCN Non-Small Cell Lung Cancer Clinical Practice Guidelines in Oncology (version 3.2024 – March 12, 2024). © 2024 National Comprehensive Cancer Network. Available at: http://www.nccn.org. Accessed March 18, 2024.
8. The NCCN Uterine Neoplasms Clinical Practice Guidelines in Oncology (version 2.2024 – March 6, 2024). © 2024 National Comprehensive Cancer Network. Available at: http://www.nccn.org. Accessed March 16, 2023.
9. The NCCN Thyroid Carcinoma Clinical Practice Guidelines in Oncology (version 2.2024 – March 12, 2024). © 2024 National Comprehensive Cancer Network. Available at: http://www.nccn.org. Accessed March 18, 2024.
10. Smith M, De Bono J, Sternberg C, et al. Phase III study of cabozantinib in previously treated metastatic castration-resistant prostate cancer: COMET-1. *J Clin Oncol.* 2016;34:3005-3013.
11. Exelixis. Study of cabozantinib (XL184) versus mitoxantrone plus prednisone in men with previously treated symptomatic castration-resistant prostate cancer (COMET-2). In: ClinicalTrials.gov [Internet]. Bethesda (MD): National Library of Medicine (US). 2000- [cited 2024 March 18]. Available from: http://www.clinicaltrials.gov/ct2/show/NCT01522443?term=NCT01522443&rank=1. NLM identifier: NCT01522443 (terminated).
12. Exelixis. Study of cabozantinib in combination with atezolizumab to subjects with locally advanced or metastatic solid tumors. In: ClinicalTrials.gov [Internet]. Bethesda (MD): National Library of Medicine (US). 2000- [cited 2024 March 18]. Available from: https://clinicaltrials.gov/ct2/show/NCT03170960. NLM identifier: NCT03170960.
13. Madan RA, Karzai FH, Al Harthy M, et al. Cabozantinib plus docetaxel and prednisone in metastatic castration-resistant prostate cancer. *BJU Int*. 2021;127(4):435-444.

HISTORY

Type of Revision	Summary of Changes	Review Date
Annual Revision	**Bone Cancer:** Clarified criteria to state patient has "tried" at least one previous systemic regimen. Added a Note with examples of systemic therapy regimens.	03/22/2023
Annual Revision	**Thyroid Carcinoma, Differentiated:** For examples of thyroid carcinoma, changed Hürthle cell carcinoma name to "oncocytic carcinoma (formerly Hürthle cell carcinoma)" based on guideline changes.	03/20/2024