Custom Criteria for
BlueCross Blue Shield of Rhode Island Commercial

COMETRIQ (cabozantinib)

GPI CODING:

2153401310****

DESCRIPTION:

Cometriq is approved for the treatment of progressive, metastatic medullary thyroid cancer.

APPROVAL DURATION:

Approval duration: 3 years

CRITERIA FOR COMETRIQ

1. Patient has a diagnosis of progressive, metastatic medullary thyroid cancer
2. All others if considered medically acceptable in one or more of the following compendia (i.e., Micromedex DrugDex, AHFS, Clinical Pharmacology, and NCCN.) A use is identified by a compendium as medically accepted if the:
    a. Indication is a Category 1 or 2A in NCCN,
    b. Indication is a Class I, Class IIa or Class IIb in DrugDex,
    c. Narrative text in AHFS or Clinical Pharmacology is supportive; or
    d. The use is supported by clinical research in 2 or more peer-reviewed medical journals