

Specialty Guideline Management

Cabometyx

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Cabometyx	cabozantinib

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.

FDA-approved Indications¹

Cabometyx is indicated for the treatment of patients with:

- Advanced renal cell carcinoma (RCC)
- Advanced renal cell carcinoma (RCC), as a first-line treatment in combination with nivolumab
- Hepatocellular carcinoma (HCC) who have been previously treated with sorafenib
- Locally advanced or metastatic differentiated thyroid cancer (DTC) that has progressed following prior VEGFR-targeted therapy and who are radioactive iodine-refractory or ineligible (adult and pediatric patients 12 years of age and older)
- Previously treated, unresectable, locally advanced or metastatic, well-differentiated pancreatic neuroendocrine tumors (pNET) (adult and pediatric patients 12 years of age and older)
- Previously treated, unresectable, locally advanced or metastatic, well-differentiated extra-pancreatic neuroendocrine tumors (epNET) (adult and pediatric patients 12 years of age and older)

Compendial Uses²

- Relapsed or stage IV renal cell carcinoma
- Non-small cell lung cancer with RET (rearranged during transfection) gene rearrangement
- Hepatocellular carcinoma as subsequent treatment
- Ewing Sarcoma
- Osteosarcoma
- Gastrointestinal Stromal Tumor (GIST)
- Endometrial carcinoma
- Soft tissue sarcoma
- Neuroendocrine and Adrenal Gland Tumors

All other indications are considered experimental/investigational and not medically necessary.

Documentation

Submission of RET gene rearrangement documentation is necessary to initiate the prior authorization review for the indication of non-small cell lung cancer.

Coverage Criteria

Renal Cell Carcinoma^{1,2}

Authorization of 12 months may be granted for treatment of advanced, relapsed, or stage IV renal cell carcinoma (including brain metastases) when used in either of the following settings:

- As a single agent.
- In combination with nivolumab.

Hepatocellular Carcinoma^{1,2}

Authorization of 12 months may be granted as a single agent for subsequent treatment of hepatocellular carcinoma.

Non-small Cell Lung Cancer²

Authorization of 12 months may be granted as a single agent for treatment of recurrent, advanced, or metastatic non-small cell lung cancer with RET gene rearrangement following progression on first-line pralsetinib (Gavreto) or selpercatinib (Retevmo).

Ewing Sarcoma²

Authorization of 12 months may be granted for treatment of Ewing sarcoma as a single agent for subsequent therapy.

Osteosarcoma²

Authorization of 12 months may be granted for treatment of osteosarcoma as a single agent for subsequent therapy.

Soft Tissue Sarcoma²

Authorization of 12 months may be granted for treatment of alveolar soft part sarcoma (ASPS), epithelioid hemangioendothelioma, or extraskeletal myxoid chondrosarcoma as a single agent.

Gastrointestinal Stromal Tumor (GIST)²

Authorization of 12 months may be granted for treatment of GIST when all of the following criteria are met:

- Member has residual, unresectable, tumor rupture, or recurrent/metastatic disease
- Member has failed at least four FDA-approved therapies (e.g., imatinib, sunitinib, regorafenib, ripretinib)
- The requested medication will be used as a single agent

Thyroid Carcinoma¹

Authorization of 12 months may be granted for treatment of follicular, oncocytic/Hürthle cell, or papillary thyroid carcinoma when all of the following criteria are met:

- Member has locally advanced or metastatic disease
- Disease has progressed after VEGFR-targeted therapy (e.g., lenvatinib and sorafenib)
- Disease is not amenable to radioactive iodine therapy (RAI)
- Member is at least 12 years old

Endometrial Carcinoma²

Authorization of 12 months may be granted for treatment of recurrent endometrial carcinoma as a single agent for subsequent therapy.

Neuroendocrine and Adrenal Gland Tumors^{1,2}

Authorization of 12 months may be granted for treatment of neuroendocrine and adrenal gland tumors for recurrent, locoregional advanced, unresectable or metastatic when used as a single agent.

Reference number(s)
2212-A

Continuation of Therapy

GIST²

Authorization of 12 months may be granted for continued treatment of GIST when there is no evidence of unacceptable toxicity while on the current regimen.

All Other Indications

Authorization of 12 months may be granted for continued treatment in members requesting reauthorization for all other indications listed in the coverage criteria when there is no evidence of unacceptable toxicity or disease progression while on the current regimen.

References

1. Cabometyx [package insert]. Alameda, CA: Exelixis, Inc.; March 2025.
2. The NCCN Drugs & Biologics Compendium® © 2025 National Comprehensive Cancer Network, Inc. <http://www.nccn.org>. Accessed May 13, 2025.