



December 29, 2021

**RE: Cabometyx<sup>®</sup>, Herceptin<sup>®</sup>**

**Cabometyx<sup>®</sup>**

Effective January 17, 2022, Cabometyx<sup>®</sup> will require prior authorization (PA). Members currently using Cabometyx<sup>®</sup> will be approved for continuation of therapy. The PA criteria for reimbursement is as follows:

Cabometyx<sup>®</sup> (cabozantinib) Approval Criteria:

1. For cabozantinib monotherapy:
  - a. Diagnosis of advanced renal cell carcinoma (RCC); or
  - b. Diagnosis of advanced hepatocellular carcinoma (HCC); and
    - i. Member has previously received sorafenib; or
  - c. Diagnosis of locally advanced or metastatic differentiated thyroid cancer (DTC) in adults and pediatric members 12 years of age and older; and
    - i. Disease has progressed following prior vascular endothelial growth factor (VEGF)-targeted therapy; and
    - ii. Disease is radioactive iodine-refractory or member is ineligible for radioactive iodine; or
2. For cabozantinib in combination with nivolumab:
  - a. Diagnosis of relapsed or surgically unresectable stage 4 disease in the initial treatment of members with advanced RCC; and
  - b. Nivolumab, when used in combination with cabozantinib for RCC, will be approved for a maximum duration of 2 years.

**Herceptin<sup>®</sup>**

Effective January 17, 2022, Herceptin<sup>®</sup> will require PA. All trastuzumab products will require a PA to ensure appropriate use, including the preferred trastuzumab biosimilar products. The preferred trastuzumab products are Ogivri<sup>®</sup> (trastuzumab-dkst), Ontruzant<sup>®</sup> (trastuzumab-dttb), and Trazimera<sup>™</sup> (trastuzumab-qyyp). If a SoonerCare member is currently on therapy with Herceptin<sup>®</sup>, the medication will be approved for continuation of therapy.

The specific PA requirements for Cabometyx<sup>®</sup> and the trastuzumab products are located on the OHCA website at <https://oklahoma.gov/ohca/providers/types/pharmacy/pharmacy.html> in the "Oncologic" therapeutic category. A drug-specific PA form is required for Cabometyx<sup>®</sup> and for all trastuzumab products. The trastuzumab (Herceptin<sup>®</sup>, Herzuma<sup>®</sup>, Kanjinti<sup>®</sup>, Ogivri<sup>®</sup>, Ontruzant<sup>®</sup>, and Trazimera<sup>™</sup>) PA form, PHARM-133, and the Cabometyx<sup>®</sup> PA form, PHARM-197, can be found on the OHCA website at <https://oklahoma.gov/ohca/providers/forms/rxforms.html>.

Thank you for the services you provide to Oklahomans insured by SoonerCare!

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**SOONERCARE PHARMACY SERVICES • PHARMACY MANAGEMENT CONSULTANTS**



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**WEBSITES**

[oklahoma.gov/ohca](https://oklahoma.gov/ohca)  
[mysoonerCare.org](https://mysoonerCare.org)



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