

PHARMACY PRE-AUTHORIZATION CRITERIA

DRUG (S)	<p><u>Oncology Medications:</u> Afinitor (everolimus) Caprelsa (vandetanib) Gilotrif (afatinib dimaleate) Gleevec (imatinib mesylate) Ibrance (palbociclib) Idhifa (enasidenib) Iressa (gefitinib) Kisqali (ribociclib) Lenvima (lenvatinib) Nerlynx (neratinib) Nexavar (sorafenib) Ninlaro (ixazomib) Odomzo (sonidegib)</p>	<p>Sprycel (dasatinib) Stivarga (regorafenib) Sutent (sunitinib) Tarceva (erlotinob) Temodar (temozolomide) Tepadina (thiotepa) Thalomid (thalidomide) Vantas (histrelin acetate) Venclexta (venetoclax) Verzenio (abemaciclib) Vidaza (azacitidine) Votrient (pazopanib) Xalkori (crizotinib) Xeloda (capecitabine) Zydelig (idelalisib) Zykadia (certinib) Zytiga (abiraterone acetate)</p>
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POLICY #	21107
CRITERIA	<p>The above medications are covered when the following criteria are met:</p> <ol style="list-style-type: none"> 1. Ordered by an oncologist or hematologist <p>AND</p> <ol style="list-style-type: none"> 2. All FDA Approved Indications <p>OR</p> <ol style="list-style-type: none"> 3. Chemo agent is listed in an accepted Compendia for treatment of cancer type, OR <ul style="list-style-type: none"> - National Comprehensive Cancer Network (NCCN) Drugs and Biologics Compendium, level of evidence 1, 2A, or 2B - Thomson Micromedex DrugDex - Chemo agent is recommended for cancer type in formal clinical studies published in at least 2 peer reviewed professional medical journals, published in the United States or Great Britain <p>Coverage Duration: Initial: 3 months Continuation: 6 months. Afinitor, Gilotrif, Gleevec, Ibrance, Idhifa, Iressa, Kisqali, Lenvima, Nexavar, Ninlaro, Odomzo, Sprycel, Stivarga, Sutent, Tarceva, Temodar, Thalomid, Venclexta, Verzenio, Votrient, Xalkori, Zejula, Zydelig, Zykadia may be approved for up to 3 years</p>
REFERENCES	<ol style="list-style-type: none"> 1. Facts & Comparisons Online 2. National Comprehensive Cancer Network (NCCN) Drugs and Biologics Compendium, level of evidence 1, 2A, or 2B 3. Thomson Micromedex DrugDex
P&T REVIEW HISTORY	11/15, 2/16, 8/16, 2/17, 5/17, 8/17, 11/17, 1/18
REVISION RECORD	<p>2/16, 8/16, 5/17, 8/17, 11/17, 12/17, 1/18, 1/19, 5/19</p> <p>6/19- removed Tagrisso-adopted EH Policy</p> <p>11/19 – removed Clolar, Dacogen, Farydak, Hycamtin, Lonsurf, Matulane, Toisel– adopted EH Policy</p> <p>12/19 – removed Sylatron, Nilutamide – adopted EH policy</p> <p>1/20 – removed Bosulif, Xtandi, adopted EH policy</p> <p>5/20 – removed Lynparza, Pomalyst, Revlimid, Valchlor adopted EH policy</p> <p>6/20-Removed Rubraca, adopted EH policy</p> <p>6/20-Removed Alecensa (alectinib), Cabometyx, adopted EH policy</p> <p>8/20 – Removed Zejula, Cotellic, Zelboraf adopted EH policy</p>