

**Generic Name:** Crizotinib

**Therapeutic Class or Brand Name:** Xalkori

**Applicable Drugs (if Therapeutic Class):** N/A

**GPI Code:** 2153401500

**Preferred:** N/A

**Non-preferred:** N/A

**Date of Origin:** 2/1/2013

**Date Last Reviewed / Revised:** 7/31/2019

## PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria I through IV are met)

- I. Documented diagnosis of locally advanced or metastatic non-small cell lung cancer (NSCLC).
- II. Documentation that the tumor expresses one of the following criteria A or B:
  - A. An anaplastic lymphoma kinase (ALK) translocation (the tumor is ALK-positive) as detected from an FDA-approved test.
  - B. A ROS1 rearrangement (the tumor is ROS1-positive) as detected from an FDA-approved test.
- III. Minimum age requirement: 18 years old.
- IV. Prescriber is an oncologist.

## EXCLUSION CRITERIA

- N/A

## OTHER CRITERIA

- N/A

## QUANTITY / DAYS SUPPLY RESTRICTIONS

- 60 capsules per 30 days

## APPROVAL LENGTH

- **Authorization:** 1 year.
- **Re-Authorization:** An updated letter of medical necessity or progress notes showing current medical necessity criteria are met and that the medication is effective.

## APPENDIX

N/A

## REFERENCES

1. National Comprehensive Cancer Network (NCCN). Non-Small Cell Lung Cancer. Version 5.2019. Updated June 7, 2019. Available at: [https://www.nccn.org/professionals/physician\\_gls/pdf/nscl.pdf](https://www.nccn.org/professionals/physician_gls/pdf/nscl.pdf).
2. Medi-Span.
3. Xalkori® [Package insert] New York, NY: Pfizer; June 2019. Available at: <http://labeling.pfizer.com/showlabeling.aspx?id=676>.

## HISTORICAL TRACKING OF CHANGES MADE TO POLICY

Date	Notes/Changes
7/31/2019	<ol style="list-style-type: none"> <li>1. <b>Removed</b>                      "https://regence.myprime.com/content/dam/prime/memberportal/forms/AuthorForms/Cambia/Program_Summaries/dru265reg.pdf." <b>Added</b>                      "https://www.nccn.org/professionals/physician_gls/pdf/nscl.pdf" <b>under References.</b></li> </ol>
11/2/2018	<ol style="list-style-type: none"> <li>1. <b>Removed</b> "http://blue.regence.com/trgmedpol/drugs/dru265.pdf." <b>Added</b>                      "https://regence.myprime.com/content/dam/prime/memberportal/forms/AuthorForms/Cambia/Program_Summaries/dru265reg.pdf" <b>under References.</b></li> </ol>
12/13/2017	<ol style="list-style-type: none"> <li>1. Policy reviewed: no changes made.</li> </ol>
10/6/2016	<ol style="list-style-type: none"> <li>1. <b>Changed</b> "II. Documentation that the tumor expresses an anaplastic lymphoma kinase (ALK) translocation (the tumor is ALK-positive) as detected from an FDA-approved test" to "II. Documentation that the tumor expresses one of the following criteria A or B: A. An anaplastic lymphoma kinase (ALK) translocation (the tumor is ALK-positive) as detected from an FDA-approved test; B. A ROS1 rearrangement (the tumor is ROS1-positive)" <b>under Prior Authorization Criteria.</b></li> </ol>
4/21/2015	<ol style="list-style-type: none"> <li>1. Policy reviewed: no changes made.</li> </ol>
12/4/2013	<ol style="list-style-type: none"> <li>1. <b>Adapted policy to new format.</b></li> <li>2. <b>Added GPI Code.</b></li> <li>3. <b>Updated references</b> to include Medi-Span.</li> </ol>

**DISCLAIMER:** Medication Policies are developed to help ensure safe, effective and appropriate use of selected medications. They offer a guide to coverage and are not intended to dictate to providers how to practice medicine. Refer to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgement in providing the most appropriate care for their patients.