

**HARVARD PILGRIM HEALTH CARE
RECOMMENDED MEDICATION REQUEST GUIDELINES**

ANTINEOPLASTICS

Generic	Brand	HICL	GCN	Exception/Other
ABEMACICLIB	VERZENIO	44537		
ABIRATERONE ACETATE	ZYTIGA	37571		
ABIRATERONE ACETATE	YONSA	44946		
ACALABRUTINIB	CALQUENCE	44607		
ALECTINIB HCL	ALECENSA	42895		
APALUTAMIDE	ERLEADA	44773		
AXITINIB	INLYTA	38446		
BINIMETINIB	MEKTOVI	45040		
BOSUTINIB	BOSULIF	39590		
BRIGATINIB	ALUNBRIG	44226		
CABOZANTINIB S-MALATE	CABOMETYX	39815		
CABOZANTINIB S-MALATE	COMETRIQ	39815		
COBIMETINIB FUMARATE	COTELLIC	42796		
CRIZOTINIB	XALKORI	37916		
DACOMITINIB	VIZIMPRO	45283		
DUVELISIB	COPIKTRA	45269		
ENASIDENIB MESYLATE	IDHIFA	44450		
ENCORAFENIB	BRAFTOVI	45039		
ENZALUTAMIDE	XTANDI	39580		
ESTRAMUSTINE PHOSPHATE SODIUM	EMCYT	03924		
EVEROLIMUS	AFINITOR	32975		
GILTERITINIB FUMARATE	XOSPATA	45506		
GLASDEGIB MALEATE	DAURISMO	45502		
IBRUTINIB	IMBRUVICA	40745		
IDELALISIB	ZYDELIG	41297		
IVOSIDENIB	TIBSOVO	45096		
IXAZOMIB CITRATE	NINLARO	42826		
LAROTRECTINIB SULFATE	VITRAKVI	45494		
LENALIDOMIDE	REVLIMID	33412		
LENVATINIB MESYLATE	LENVIMA	41756		
LORLATINIB	LORBRENA	45448		
MIDOSTAURIN	RYDAPT	44227		
NERATINIB MALEATE	NERLYNX	44421		
NIRAPARIB TOSYLATE	ZEJULA	44177		
OLAPARIB	LYNPARZA	41642		
OSIMERTINIB MESYLATE	TAGRISSO	42803		
PALBOCICLIB	IBRANCE	41725		
PANOBINOSTAT LACTATE	FARYDAK	41794		
POMALIDOMIDE	POMALYST	39996		
PONATINIB HCL	ICLUSIG	39859		
REGORAFENIB	STIVARGA	39665		
RIBOCICLIB SUCCINATE	KISQALI	44151		
RIBOCICLIB SUCCINATE /LETROZOLE	KISQALI FEMARA	44246		
RUCAPARIB CAMSYLATE	RUBRACA	44002		
RUXOLITINIB PHOSPHATE	JAKAFI	38202		

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SONIDEGIB PHOSPHATE	ODOMZO	42369		
TALAZOPARIB TOSYLATE	TALZENNA	45368		
TRIFLURIDINE/TIPIRACIL HCL	LONSURF	42544		
VENETOCLAX	VENCLEXTA	43284		
VISMODEGIB	ERIVEDGE	38455		

GUIDELINES FOR USE

1. Is the medication prescribed by (or in consultation with) an oncologist, or another appropriate prescriber (e.g., hematologist)?

If yes, continue to #2.

If no, do not approve. Please use status code #238 and the denial text provided.

DENIAL TEXT: Per your health plan's ANTINEOPLASTICS guideline, this medication is only covered when prescribed by (or in consultation with) an oncologist or another appropriate prescriber (e.g., hematologist). Your provider did not indicate that he or she is an oncologist or a specialist, or is in consultation with an oncologist or specialist, and therefore your request was not approved.

2. Is the requested medication being prescribed for at least **ONE** of the following?

- an FDA approved indication
- a diagnosis supported by at least **ONE** of the following:
 - National Comprehensive Cancer Network (NCCN) guidelines
 - standard reference compendia (see examples in the Appendix below)
 - peer-reviewed published medical literature submitted by the prescriber (see examples in the Appendix below)

If yes, **approve open-ended by HICL.** (Quantity limits for select drugs are hard-coded in the system).

If no QLs, please use status code #050 and the approval text provided.

APPROVAL TEXT: Your request for _____ has been approved.

If QLs apply, please use status code #056 and the approval text provided.

- **ALUNBRIG 180 MG TABLET:** (The quantity is hard-coded for 1 tablet for 1 day.)
- **ALUNBRIG 30 MG TABLET:** (The quantity is hard-coded for 6 tablets for 1 day.)
- **ALUNBRIG 90 MG TABLET:** (The quantity is hard-coded for 2 tablets for 1 day.)
- **ALUNBRIG 90MG-180MG TAB DS PK:** (The quantity is hard-coded for 1 tablet pack for 1 day.)
- **CABOMETYX 20, 40, 60 MG TABLETS:** (The quantity is hard-coded for 1 tablet for 1 day.)
- **CALQUENCE 100 MG CAPSULE:** (The quantity is hard-coded for 2 capsules for 1 day.)
- **COPIKTRA 15 G, 25 MG CAPSULES:** (The quantity is hard-coded for 56 capsules for 28 days.)

(Approval directions continued on next page)

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ANTINEOPLASTICS

GUIDELINES FOR USE (CONTINUED)

- **DAURISMO 25 MG TABLET:** (The quantity is hard-coded for 2 tablets for 1 day.)
- **DAURISMO 100 MG TABLET:** (The quantity is hard-coded for 1 tablet for 1 day.)
- **KISQALI 200, 400, 600 MG/DAY TABLETS:** (The quantity is hard-coded for 63 tablets for 28 days.)
- **LORBRENA 25 MG TABLET:** (The quantity is hard-coded for 3 tablets for 1 day.)
- **LORBRENA 100 MG TABLET:** (The quantity is hard-coded for 1 tablet for 1 day.)
- **RYDAPT 25 MG CAPSULE:** (The quantity is hard-coded for 8 capsules for 1 day.)
- **TALZENNA 0.25 MG CAPSULE:** (The quantity is hard-coded for 3 capsules for 1 day.)
- **TALZENNA 1 MG CAPSULE:** (The quantity is hard-coded for 1 capsule for 1 day.)
- **VITRAKVI 20 MG/ML ORAL SOLUTION:** (The quantity is hard-coded for 10 mL for 1 day.)
- **VITRAKVI 25 MG CAPSULE:** (The quantity is hard-coded for 6 capsules for 1 day.)
- **VITRAKVI 100 MG CAPSULE:** (The quantity is hard-coded for 2 capsules for 1 day.)
- **XALKORI 200, 250 MG CAPSULES:** (The quantity is hard-coded for 2 capsules for 1 day.)
- **XOSPATA 40 MG TABLET:** (The quantity is hard-coded for 3 tablets for 1 day.)
- **ZEJULA 100 MG CAPSULE:** (The quantity is hard-coded for 3 capsules for 1 day.)

APPROVAL TEXT (if quantity limits apply): Your request for _____ has been approved with a quantity limit of [x tablets/capsules/unit of use] per [x day/month] supply.

If no, do not approve. Please use status code #238 and the denial text provided.

DENIAL TEXT: Per your health plan's ANTINEOPLASTICS guideline, this medication is only covered when prescribed for a Food and Drug Administration (FDA) approved indication or a diagnosis supported by the National Comprehensive Cancer Network (NCCN) guidelines, standard reference compendia, or peer-reviewed published medical literature. Your provider did not indicate that you have an FDA-approved indication or a diagnosis supported by the National Comprehensive Cancer Network (NCCN) guidelines, standard reference compendia, or peer-reviewed published medical literature and therefore your request was not approved.

RATIONALE

To promote the appropriate use of antineoplastic medications based on FDA-approved or NCCN-recognized indications or indications supported by standard reference compendia or peer-reviewed published medical literature.

FDA APPROVED INDICATIONS

Please refer to the prescribing information for product FDA-approved indications.

REFERENCES

Please refer to the prescribing information for references.

- Facts and Comparisons. www.factsandcomparisons.com accessed 11/08/2018.

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APPENDIX

Standard Reference Compendia:

- American Hospital Formulary Service Drug Information (AHFS-DI)
- Drugdex

Centers for Medicare and Medicaid Services (CMS) Recognized Peer-Reviewed Published Medical Literature:

- American Journal of Medicine
- Annals of Internal Medicine
- Annals of Oncology
- Annals of Surgical Oncology
- Biology of Blood and Marrow Transplantation
- Blood
- Bone Marrow Transplantation
- British Journal of Cancer
- British Journal of Hematology
- British Medical Journal
- Cancer
- Clinical Cancer Research
- Drugs
- European Journal of Cancer (formerly the European Journal of Cancer and Clinical Oncology)
- Gynecologic Oncology
- International Journal of Radiation, Oncology, Biology, and Physics
- The Journal of the American Medical Association
- Journal of Clinical Oncology
- Journal of the National Cancer Institute
- Journal of the National Comprehensive Cancer Network (NCCN)
- Journal of Urology
- Lancet
- Lancet Oncology
- Leukemia
- The New England Journal of Medicine
- Radiation Oncology

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