

## Harvard Pilgrim Health Care – Pharmacy Prior Authorization Guideline

<b>Guideline Name</b>	Antineoplastics
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### 1. Criteria

<p><b>Product Name:</b> Brand Afinitor, generic everolimus, Alecensa, Alunbrig, Ayvakit, Balversa, Bosulif, Braftovi, Brukinsa, Cabometyx, Calquence, Cometriq, Copiktra, Cotellic, Daurismo, Emcyt, Erivedge, Erleada, Farydak, Fotivda, Gavreto, Gilotrif, Ibrance, Iclusig, Idhifa, Imbruvica, Inlyta, Inqovi, Inrebic, Jakafi, KISQALI, KISQALI Femara, Koselugo, Lenvima, Lonsurf, Lorbrena, Lumakras, Lynparza, Mektovi, Nerlynx, Ninlaro, Nubeqa, Odomzo, Onureg, Orgovyx, Pemazyre, Piqray, Pomalyst, Qinlock, Retevmo, Revlimid, Rozlytrek, Rubraca, Rydapt, Stivarga, TAbrecta, Tagrisso, Talzena, Tazverik, Tepmetko, Tibsovo, Truseltiq, Tukysa, Turalio, Ukoniq, Venclexta, Verzenio, Vitrakvi, Vizimpro, Xalkori, Xospata, Xpovio, Xtandi, Yonsa, Zejula, Zydelig, Brand Zytiga^, generic abiraterone^</p>	
Approval Length	Approve indefinitely (12/31/2039)*
Guideline Type	Prior Authorization, Non-Formulary
<p><b>Approval Criteria</b></p> <p>1 - Prescribed by (or in consultation with) an oncologist, or another appropriate prescriber (e.g., hematologist)</p> <p style="text-align: center;"><b>AND</b></p> <p>2 - Prescribed for at least ONE of the following:</p> <p style="padding-left: 20px;">2.1 - A Food and Drug Administration (FDA)-approved indication</p> <p style="text-align: center;"><b>OR</b></p> <p style="padding-left: 20px;">2.2 - A diagnosis supported by at least ONE of the following:</p> <ul style="list-style-type: none"> <li>• National Comprehensive Cancer Network (NCCN) guidelines</li> <li>• Standard reference compendia (see examples in the Appendix within the Background Section)</li> <li>• Peer-reviewed published medical literature submitted by the prescriber (see examples in the Appendix within the Background Section)</li> </ul> <p style="text-align: center;"><b>AND</b></p> <p>3 - For brand name requests, trial and failure with OR clinical rationale to avoid use with the therapeutically equivalent generic (if available)</p>	
Notes	<p>*Generic approvals should be entered for "MSC=Y" only.          ^Please approve Zytiga at GPI List Name HPHCZYTIGA &amp; generic abiraterone at GPI List Name HPHCZYTIGA &amp; MSC=Y only.</p>

## 2. Background

### Benefit/Coverage/Program Information

#### **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.

#### **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

Created: 07/18

Revised:

- Annual review (effective: 1/1/20)
- 1/10/20 - Added Nubeqa, Rozlytrek, Inrebic, Turalio (effective: 2/1/20)
- 2/5/20 - Updated to include generic everolimus (effective: 3/15/20)
- 3/9/20 - Updated to address brand name requests to require a step through generic equivalent; Added Ayvakit and Brukinsa (effective: 4/1/20)
- 8/6/20 - Annual review: Added Gilotrif, Pemazyre, Qinlock, Retevmo, Tabrecta, Tazverik, and Tukysa (effective: 1/1/21)
- 12/4/20 - Added Gavreto, Onureg, and Inqovi (effective: 2/1/21)
- 2/9/21 - Added Koselugo and Orgovyx (effective: 4/15/21)
- 6/1/21 - Added Fotivda, Tepmetko, and Ukoniq (effective: 8/1/21)
- 8/11/21 - Annual review: Added Truseltiq and Lumakras

P&T Approval: 12/13/21

Effective: 11/1/21