UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2024 P 1297-6
Program	Prior Authorization/Notification
Medication	Rozlytrek™ (entrectinib)
P&T Approval Date	10/2019, 10/2020, 10/2021, 10/2022, 1/2023, 1/2024
Effective Date	4/1/2024

1. Background:

Rozlytrek (entrectinib) is a kinase inhibitor indicated for the treatment of:
- Adult patients with ROS1-positive metastatic non-small cell lung cancer (NSCLC).
- Adult and pediatric patients 1 month of age and older with solid tumors that:
  - have a neurotrophic tyrosine receptor kinase (NTRK) gene fusion without a known acquired resistance mutation,
  - are metastatic or where surgical resection is likely to result in severe morbidity, and
  - have progressed following treatment or have no satisfactory alternative therapy.

This indication is approved under accelerated approval based on tumor response rate and durability of response. Continued approval for this indication may be contingent upon verification and description of clinical benefit in the confirmatory trials.

Coverage Information:
Members will be required to meet the criteria below for coverage. For members under the age of 19 years, the prescription will automatically process without a coverage review.

Some states mandate benefit coverage for off-label use of medications for some diagnoses or under some circumstances. Some states also mandate usage of other Compendium references. Where such mandates apply, they supersede language in the benefit document or in the notification criteria.

2. Coverage Criteria[a]:

A. <u>Patients less than 19 years of age</u>

1. **Rozlytrek** will be approved based on the following criterion:

   a. Patient is less than 19 years of age

   Authorization will be issued for 12 months.

B. <u>Non-small cell lung cancer (NSCLC)</u>

1. **<u>Initial Authorization</u>**

   a. **Rozlytrek** will be approved based on **<u>all</u>** of the following criteria:

      (1) Diagnosis of metastatic non-small cell lung cancer (NSCLC)

-AND-

(2) Disease is *ROS1*-positive

Authorization will be issued for 12 months.

2. **Reauthorization**

a. **Rozlytrek** will be approved based on the following criterion:

(1) Patient does not show evidence of progressive disease while on Rozlytrek therapy

Authorization will be issued for 12 months.

C. Solid Tumors

1. **Initial Authorization**

a. **Rozlytrek** will be approved based on **all** of the following criteria:

(1) Presence of solid tumors (e.g., sarcoma, NSCLC, salivary, breast, thyroid, colorectal, neuroendocrine, pancreatic, gynecological, cholangiocarcinoma, etc.)

-AND-

(2) Disease is positive for neurotrophic receptor tyrosine kinase (NTRK) gene fusion (e.g., *ETV6-NTRK3*, *TPM3-NTRK1*, *LMNA-NTRK1*, etc.)

-AND-

(3) Disease is without a known acquired resistance mutation [e.g., TRKA G595R substitution, TRKA G667C substitution, or other recurrent kinase domain (solvent front and xDFG) mutations]

-AND-

(4) Disease is **one** of the following:

(a) Metastatic
(b) Unresectable

Authorization will be issued for 12 months.

2. **Reauthorization**

a. **Rozlytrek** will be approved based on the following criterion:

(1) Patient does not show evidence of progressive disease while on Rozlytrek therapy

Authorization will be issued for 12 months.

D. NCCN Recommended Regimens

The drug has been recognized for treatment of the cancer indication by The National Comprehensive Cancer Network (NCCN) Drugs and Biologics Compendium with a Category of Evidence and Consensus of 1, 2A, or 2B.

Authorization will be issued for 12 months.

[a] State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.

3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits may be in place.

4. References:

1. Rozlytrek [package insert]. Genentech USA, Inc.: South San Francisco, CA; October 2023.
2. The NCCN Drugs and Biologics Compendium (NCCN Compendium™). Available at http://www.nccn.org/professionals/drug_compendium/content/contents.asp. Accessed November 7, 2023.

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Change Control	
10/2019	New program.
10/2020	Annual review. No changes to clinical criteria.
10/2021	Annual review with no changes to clinical criteria. Updated references.
10/2022	Annual review with no changes to clinical criteria. Added state mandate footnote. Updated references.
1/2023	Removed criteria requiring previous treatment progression or no alternative therapy based on first line recommendations per NCCN for certain cancers. Updated reference.
1/2024	Annual review with update to background. No changes to clinical criteria. Updated references.