MEDICATION POLICY

Generic Name: Crizotinib

Therapeutic Class or Brand Name: Xalkori®

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

Date of Origin: 2/1/13 **Date Last Reviewed/Revised:** 10/6/16

GPI Code: 2153401500

Prior Authorization Criteria (may be considered medically necessary when criteria I through IV are met):

I. Documented diagnosis of locally advanced or metastatic (stage III or IV) 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).

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.

MEDICATION POLICY

Appendix:

N/A

References:

1. http://blue.regence.com/trgmedpol/drugs/dru265.pdf.
2. Medi-Span.
3. http://labeling.pfizer.com/showlabeling.aspx?id=676.

MEDICATION POLICY

Historical Tracking Of Changes Made To Policy	
10/6/2016	1. **Changed** "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)" **under Prior Authorization Criteria**.
4/21/2015	1. Policy reviewed: no changes made.
12/4/2013	1. **Adapted policy to new format.** 2. **Added GPI Code**. 3. **Updated references** to include Medi-Span.