



# Self-Administered Oncology Agents Prior Authorization Program Summary

## POLICY REVIEW CYCLE

**Effective Date**  
5/29/2023

**Date of Origin**

## FDA APPROVED INDICATIONS AND DOSAGE

See package insert for FDA prescribing information: <https://dailymed.nlm.nih.gov/dailymed/index.cfm>

## CLINICAL RATIONALE

| CLINICAL RATIONALE                     | For the purposes of the Self-Administered Oncology Agents criteria, indications deemed appropriate are those approved in FDA labeling and/or supported by NCCN Drugs & Biologics compendia with a category 1 or 2A recommendation, AHFS, or DrugDex with level of evidence of 1 or 2A.   |  |          |                     |  |  |                      |      |                       |      |                       |      |                        |      |  |   |                     |                               |                        |      |                         |      |                          |      |                           |      |                       |                             |                         |      |                      |      |
|--|--|--|----------|---------------------|--|--|----------------------|------|-----------------------|------|-----------------------|------|------------------------|------|--|---|---------------------|-------------------------------|------------------------|------|-------------------------|------|--------------------------|------|---------------------------|------|-----------------------|-----------------------------|-------------------------|------|----------------------|------|
| SAFETY(3-111)                          | <table border="1"> <thead> <tr> <th data-bbox="235 934 592 976">Agent(s)</th> <th data-bbox="592 934 1529 976">Contraindication(s)</th> </tr> </thead> <tbody> <tr> <td data-bbox="235 976 592 1039">Afinitor/Afinitor Disperz (everolimus)</td> <td data-bbox="592 976 1529 1039">Hypersensitivity to everolimus, to other rapamycin derivatives</td> </tr> <tr> <td data-bbox="235 1039 592 1123">Alecensa (alectinib)</td> <td data-bbox="592 1039 1529 1123">None</td> </tr> <tr> <td data-bbox="235 1123 592 1165">Alunbrig (brigatinib)</td> <td data-bbox="592 1123 1529 1165">None</td> </tr> <tr> <td data-bbox="235 1165 592 1207">Ayvakit (avapritinib)</td> <td data-bbox="592 1165 1529 1207">None</td> </tr> <tr> <td data-bbox="235 1207 592 1249">Balversa (erdafitinib)</td> <td data-bbox="592 1207 1529 1249">None</td> </tr> <tr> <td data-bbox="235 1249 592 1438">BESREMi (ropeginterferon alfa-2b-njft)</td> <td data-bbox="592 1249 1529 1438">Existence of, or history of severe psychiatric disorders, particularly severe depression, suicidal ideation, or suicide attempt; Hypersensitivity to interferons including interferon alfa-2b or any of the inactive ingredients of BESREMi; Moderate (Child-Pugh B) or severe (Child-Pugh C) hepatic impairment; History or presence of active serious or untreated autoimmune disease; Immunosuppressed transplant recipients</td> </tr> <tr> <td data-bbox="235 1438 592 1543">Bosulif (bosutinib)</td> <td data-bbox="592 1438 1529 1543">Hypersensitivity to bosutinib</td> </tr> <tr> <td data-bbox="235 1543 592 1585">Braftovi (encorafenib)</td> <td data-bbox="592 1543 1529 1585">None</td> </tr> <tr> <td data-bbox="235 1585 592 1627">Brukinsa (zanubrutinib)</td> <td data-bbox="592 1585 1529 1627">None</td> </tr> <tr> <td data-bbox="235 1627 592 1711">Cabometyx (cabozantinib)</td> <td data-bbox="592 1627 1529 1711">None</td> </tr> <tr> <td data-bbox="235 1711 592 1753">Calquence (acalabrutinib)</td> <td data-bbox="592 1711 1529 1753">None</td> </tr> <tr> <td data-bbox="235 1753 592 1837">Caprelsa (vandetanib)</td> <td data-bbox="592 1753 1529 1837">Congenital long QT syndrome</td> </tr> <tr> <td data-bbox="235 1837 592 1921">Cometriq (cabozantinib)</td> <td data-bbox="592 1837 1529 1921">None</td> </tr> <tr> <td data-bbox="235 1921 592 1961">Copiktra (duvelisib)</td> <td data-bbox="592 1921 1529 1961">None</td> </tr> </tbody> </table> |  | Agent(s) | Contraindication(s) | Afinitor/Afinitor Disperz (everolimus) | Hypersensitivity to everolimus, to other rapamycin derivatives | Alecensa (alectinib) | None | Alunbrig (brigatinib) | None | Ayvakit (avapritinib) | None | Balversa (erdafitinib) | None | BESREMi (ropeginterferon alfa-2b-njft) | Existence of, or history of severe psychiatric disorders, particularly severe depression, suicidal ideation, or suicide attempt; Hypersensitivity to interferons including interferon alfa-2b or any of the inactive ingredients of BESREMi; Moderate (Child-Pugh B) or severe (Child-Pugh C) hepatic impairment; History or presence of active serious or untreated autoimmune disease; Immunosuppressed transplant recipients | Bosulif (bosutinib) | Hypersensitivity to bosutinib | Braftovi (encorafenib) | None | Brukinsa (zanubrutinib) | None | Cabometyx (cabozantinib) | None | Calquence (acalabrutinib) | None | Caprelsa (vandetanib) | Congenital long QT syndrome | Cometriq (cabozantinib) | None | Copiktra (duvelisib) | None |
| Agent(s)                               | Contraindication(s)  |  |          |                     |  |  |                      |      |                       |      |                       |      |                        |      |  |   |                     |                               |                        |      |                         |      |                          |      |                           |      |                       |                             |                         |      |                      |      |
| Afinitor/Afinitor Disperz (everolimus) | Hypersensitivity to everolimus, to other rapamycin derivatives   |  |          |                     |  |  |                      |      |                       |      |                       |      |                        |      |  |   |                     |                               |                        |      |                         |      |                          |      |                           |      |                       |                             |                         |      |                      |      |
| Alecensa (alectinib)                   | None   |  |          |                     |  |  |                      |      |                       |      |                       |      |                        |      |  |   |                     |                               |                        |      |                         |      |                          |      |                           |      |                       |                             |                         |      |                      |      |
| Alunbrig (brigatinib)                  | None   |  |          |                     |  |  |                      |      |                       |      |                       |      |                        |      |  |   |                     |                               |                        |      |                         |      |                          |      |                           |      |                       |                             |                         |      |                      |      |
| Ayvakit (avapritinib)                  | None   |  |          |                     |  |  |                      |      |                       |      |                       |      |                        |      |  |   |                     |                               |                        |      |                         |      |                          |      |                           |      |                       |                             |                         |      |                      |      |
| Balversa (erdafitinib)                 | None   |  |          |                     |  |  |                      |      |                       |      |                       |      |                        |      |  |   |                     |                               |                        |      |                         |      |                          |      |                           |      |                       |                             |                         |      |                      |      |
| BESREMi (ropeginterferon alfa-2b-njft) | Existence of, or history of severe psychiatric disorders, particularly severe depression, suicidal ideation, or suicide attempt; Hypersensitivity to interferons including interferon alfa-2b or any of the inactive ingredients of BESREMi; Moderate (Child-Pugh B) or severe (Child-Pugh C) hepatic impairment; History or presence of active serious or untreated autoimmune disease; Immunosuppressed transplant recipients  |  |          |                     |  |  |                      |      |                       |      |                       |      |                        |      |  |   |                     |                               |                        |      |                         |      |                          |      |                           |      |                       |                             |                         |      |                      |      |
| Bosulif (bosutinib)                    | Hypersensitivity to bosutinib  |  |          |                     |  |  |                      |      |                       |      |                       |      |                        |      |  |   |                     |                               |                        |      |                         |      |                          |      |                           |      |                       |                             |                         |      |                      |      |
| Braftovi (encorafenib)                 | None   |  |          |                     |  |  |                      |      |                       |      |                       |      |                        |      |  |   |                     |                               |                        |      |                         |      |                          |      |                           |      |                       |                             |                         |      |                      |      |
| Brukinsa (zanubrutinib)                | None   |  |          |                     |  |  |                      |      |                       |      |                       |      |                        |      |  |   |                     |                               |                        |      |                         |      |                          |      |                           |      |                       |                             |                         |      |                      |      |
| Cabometyx (cabozantinib)               | None   |  |          |                     |  |  |                      |      |                       |      |                       |      |                        |      |  |   |                     |                               |                        |      |                         |      |                          |      |                           |      |                       |                             |                         |      |                      |      |
| Calquence (acalabrutinib)              | None   |  |          |                     |  |  |                      |      |                       |      |                       |      |                        |      |  |   |                     |                               |                        |      |                         |      |                          |      |                           |      |                       |                             |                         |      |                      |      |
| Caprelsa (vandetanib)                  | Congenital long QT syndrome  |  |          |                     |  |  |                      |      |                       |      |                       |      |                        |      |  |   |                     |                               |                        |      |                         |      |                          |      |                           |      |                       |                             |                         |      |                      |      |
| Cometriq (cabozantinib)                | None   |  |          |                     |  |  |                      |      |                       |      |                       |      |                        |      |  |   |                     |                               |                        |      |                         |      |                          |      |                           |      |                       |                             |                         |      |                      |      |
| Copiktra (duvelisib)                   | None   |  |          |                     |  |  |                      |      |                       |      |                       |      |                        |      |  |   |                     |                               |                        |      |                         |      |                          |      |                           |      |                       |                             |                         |      |                      |      |

|  |  |
|--|--|
| Cotellic (cobimetinib)   | None   |
| Daurismo (glasdegib)   | None   |
| Erivedge (vismodegib)  | None   |
| Erleada (apalutamide)  | None   |
| Exkivity (mobocertinib)  | None   |
| Farydak (panobinostat)   | None   |
| Fotivda (tivozanib)  | None   |
| Gavreto (pralsetinib)  | None   |
| Gilotrif (afatinib)  | None   |
| Gleevec<br>(imatinib)  | None   |
| Hycamtin<br>(topotecan)  | Severe hypersensitivity to topotecan                       |
| Ibrance (palbociclib)  | None   |
| Iclusig (ponatinib)  | None   |
| Idhifa (enasidenib)  | None   |
| Imbruvica (ibrutinib)  | None   |
| Inlyta (axitinib)  | None   |
| Inqovi (decitabine/<br>cedazuridine)                             | None   |
| Inrebic (fedratinib)   | None   |
| Iressa (gefitinib)   | None   |
| Jakafi<br>(ruxolitinib)  | None   |
| Jayprica (pirtobrutinib)   | None   |
| Kisqali (ribociclib)   | None   |
| Kisqali Femara Pack<br>(ribociclib and letrozole<br>co-packaged) | Hypersensitivity to letrozole, or any excipients of Femara |
| Koselugo (selumetinib)   | None   |
| Krazati (adagrasib)  | None   |
| Lenvima (lenvatinib)   | None   |
| Lonsurf<br>(trifluridine/tipiracil)                              | None   |

|                             |   |
|-----------------------------|---|
| Lorbrena (lorlatinib)       | Concomitant use with a strong CYP3A inducer, due to potential for serious hepatotoxicity  |
| Lumakras (sotorasib)        | None  |
| Lynparza (olaparib) tablets | None  |
| Lysodren<br>(mitotane)      | None  |
| Lytgobi (futibatinib)       | None  |
| Matulane<br>(procarbazine)  | Known hypersensitivity to procarbazine, inadequate marrow reserve   |
| Mekinist (trametinib)       | None  |
| Mektovi (binimetinib)       | None  |
| Nerlynx (neratinib)         | None  |
| Nexavar (sorafenib)         | Known severe hypersensitivity to sorafenib or its components, use in combination with carboplatin and paclitaxel in patients with squamous cell lung cancer |
| Ninlaro (ixazomib)          | None  |
| Nubeqa (darolutamide)       | None  |
| Odomzo (sonidegib)          | None  |
| Onureg (azacitidine)        | Known severe hypersensitivity to azacitidine or its components  |
| Orgovyx (relugolix)         | None  |
| Orserdu (elacestrant)       | None  |
| Pemazyre (pemigatinib)      | None  |
| Piqray (alpelisib)          | Severe hypersensitivity to Piqray or to any of its components   |
| Pomalyst (pomalidomide)     | Pregnancy, severe hypersensitivity to pomalidomide or any of the excipients   |
| Qinlock (ripretinib)        | None  |
| Retevmo (selpercatinib)     | None  |
| Revlimid (lenalidomide)     | Pregnancy, severe hypersensitivity to lenalidomide  |
| Rezlidhia (olutasidenib)    | None  |
| Rozlytrek (entrectinib)     | None  |
| Rubraca (rucaparib)         | None  |
| Rydapt (midostaurin)        | Hypersensitivity to midostaurin or any of the excipients  |
| Scemblix (asciminib)        | None  |
| Sprycel (dasatinib)         | None  |
| Stivarga (regorafenib)      | None  |
| Sutent                      | None  |

|                                    |  |
|------------------------------------|--|
| (sunitinib)                        |  |
| Tabrecta (capmatinib)              | None   |
| Tafinlar (dabrafenib)              | None   |
| Tagrisso (osimertinib)             | None   |
| Talzenna (talazoparib)             | None   |
| Tarceva<br>(erlotinib)             | None   |
| Targretin (bexarotene)<br>capsules | Pregnancy; known serious hypersensitivity to bexarotene or other components of the product                   |
| Targretin (bexarotene) gel         | known serious hypersensitivity to bexarotene or other components of the product                              |
| Tasigna<br>(nilotinib)             | Hypokalemia, hypomagnesemia, long QT syndrome  |
| Tazverik (tazemetostat)            | None   |
| Temodar (temozolomide)             | Hypersensitivity to dacarbazine (DTIC) or Temodar components   |
| Tepmetko (tepotinib)               | None   |
| Thalomid (thalidomide)             | Pregnancy, hypersensitivity to thalidomide or its components   |
| Tibsovo (ivosidenib)               | None   |
| Tretinoin (oral)                   | known hypersensitivity to tretinoin, any of its components, or other retinoids; sensitivity to parabens      |
| Truseltiq (infigratinib)           | None   |
| Tukysa (tucatinib)                 | None   |
| Turalio (pexidartinib)             | None   |
| Tykerb<br>(lapatinib)              | Known hypersensitivity to lapatinib or its components  |
| Venclexta (venetoclax)             | Concomitant use with strong CYP3A inhibitors at initiation and during ramp-up phase in patients with CLL/SLL |
| Verzenio (abemaciclib)             | None   |
| Vittrakvi (larotrectinib)          | None   |
| Vizimpro (dacomitinib)             | None   |
| Vonjo (pacritinib)                 | Concomitant use of a strong CYP3A4 inhibitor or inducer  |
| Votrient (pazopanib)               | None   |
| Welireg (belzutifan)               | None   |

|                             |   |
|-----------------------------|---|
| Xalkori (crizotinib)        | None  |
| Xeloda (capecitabine)       | Severe renal failure, hypersensitivity to capecitabine or any of its components, hypersensitivity to 5-fluorouracil |
| Xospata (gilteritinib)      | Hypersensitivity to gilteritinib or any of the excipients   |
| Xpovio (selinexor)          | None  |
| Xtandi (enzalutamide)       | None  |
| Yonsa (abiraterone acetate) | None  |
| Zejula (niraparib)          | None  |
| Zelboraf (vemurafenib)      | None  |
| Zolinza (vorinostat)        | None  |
| Zydelig (idelalisib)        | History of serious allergic reactions including anaphylaxis and toxic epidermal necrolysis                          |
| Zykadia (ceritinib)         | None  |
| Zytiga (abiraterone)        | None  |

## REFERENCES

| Number | Reference  |
|--------|--|
| 1      | Sacco Jj, Botten J, Macbeth F, et al. The average body surface area of adult cancer patients in the UK: A multicentre retrospective study. <i>PLoS ONE</i> 5(1):e8933. Doi:10.1371/journal.pone.0008933. |
| 2      | Verbraecken J et al. Body surface area in normal-weight, overweight, and obese adults. A Comparison study. <i>Metabolism Clinical and Experimental</i> 2006;55:515-524.                                  |
| 3      | Afinitor/Afinitor Disperz prescribing information. Novartis. February 2022.  |
| 4      | Alecensa prescribing information. Hoffmann-La Roche. September 2021.   |
| 5      | Alunbrig prescribing information. Takeda Pharms USA. February 2022.  |
| 6      | Ayvakit prescribing information. Blueprint Medicines Corp. June 2021.  |
| 7      | Balversa prescribing information. Janssen Pharmaceutical Companies. April 2022.  |
| 8      | BESREMi prescribing information. Pharmaessentia Corp. November 2021.   |
| 9      | Bosulif prescribing information. Pfizer Inc. May 2021.   |
| 10     | Braftovi prescribing information. Array BioPharma Inc. February 2022.  |
| 11     | Brukinsa prescribing information. BeiGene, Ltd. September 2021.  |
| 12     | Cabometyx prescribing information. Exelixis Inc. July 2022.  |
| 13     | Calquence prescribing information. AstraZeneca. March 2022.  |
| 14     | Caprelsa prescribing information. AstraZeneca Pharmaceuticals. March 2022.   |
| 15     | Cometriq prescribing information. Exelixis, Inc. October 2020.   |
| 16     | Copiktra prescribing information. Verastem, Inc. February 2022.  |

| Number | Reference   |
|--------|---|
| 17     | Cotellic prescribing information. Genentech. January 2018.                          |
| 18     | Daurismo prescribing information. Pfizer Inc. March 2020.                           |
| 19     | Erivedge prescribing information. Genentech. July 2020.                             |
| 20     | Erleada prescribing information. Janssen Ortho LLC. February 2023.                  |
| 21     | Exkivity prescribing information. Takeda Pharms USA. September 2021.                |
| 22     | Farydak prescribing information. Novartis. December 2017.                           |
| 23     | Fotivda prescribing information. Aveo Pharmaceuticals, Inc. March 2021.             |
| 24     | Gavreto prescribing information. Genentech Inc. February 2022.                      |
| 25     | Gilotrif prescribing information. Boehringer Ingelheim Pharmaceuticals. April 2022. |
| 26     | Gleevec prescribing information. Novartis. March 2022.                              |
| 27     | Hycamtin prescribing Information. Novartis. September 2018.                         |
| 28     | Ibrance prescribing information. Pfizer. November 2019.                             |
| 29     | Iclusig prescribing Information. Takeda Pharms USA. February 2022.                  |
| 30     | Idhifa prescribing information. Celgene. November 2020.                             |
| 31     | Imbruvica prescribing information. Pharmacyclics, Inc. August 2022.                 |
| 32     | Inlyta prescribing information. Pfizer. New York, NY. June 2020.                    |
| 33     | Inqovi prescribing information. Otsuka Pharmaceutical Co., LTD. March 2022.         |
| 34     | Inrebic prescribing information. Impact Biomedicines, Inc. December 2021.           |
| 35     | Iressa prescribing information. AstraZeneca. May 2021.                              |
| 36     | Jakafi prescribing information. Incyte. September 2021.                             |
| 37     | Kisqali Femara Pack prescribing information. Novartis. December 2021.               |
| 38     | Kisqali prescribing information. Novartis. December 2021.                           |
| 39     | Koselugo prescribing information. AstraZeneca. December 2021.                       |
| 40     | Lenvima prescribing information. Eisai. December 2021.                              |
| 41     | Lonsurf prescribing information. Taiho Oncology. January 2020.                      |
| 42     | Lorbrena prescribing information. Pfizer Inc. March 2021.                           |
| 43     | Lumakras prescribing information. Amgen Inc. May 2021.                              |
| 44     | Lynparza tablets prescribing information. AstraZeneca. March 2022.                  |
| 45     | Lysodren prescribing Information. E.R. Squibb & Sons, L.L.C. June 2021.             |
| 46     | Matulane prescribing Information. Sigma-tau. August 2018.                           |
| 47     | Mekinist prescribing information. Novartis. June 2022.                              |
| 48     | Mektovi prescribing information. Array BioPharma Inc. January 2019.                 |
| 49     | Nerlynx prescribing information. Puma Biotech. June 2021.                           |
| 50     | Nexavar prescribing information. Bayer. May 2021.                                   |
| 51     | Ninlaro prescribing information. Millennium. April 2022.                            |
| 52     | Nubeqa prescribing information. Bayer HealthCare Pharmaceuticals Inc. January 2021. |
| 53     | Odomzo prescribing information. Sun Pharm. May 2019.                                |
| 54     | Onureg prescribing information. Celgene Corporation. May 2021.                      |
| 55     | Orgovyx prescribing information. Myovant Sciences, Inc. December 2020.              |
| 56     | Pemazyre prescribing information. Incyte Corp. February 2021.                       |
| 57     | Piqray prescribing information. Novartis Pharmaceuticals Corp. May 2022.            |
| 58     | Pomalyst prescribing information. Celgene Corporation. October 2021.                |
| 59     | Qinlock prescribing information. Deciphera Pharmaceuticals, LLC. June 2021.         |
| 60     | Retevmo prescribing information. Lilly USA, LLC. January 2021.                      |

| Number | Reference  |
|--------|--|
| 61     | Revlimid prescribing information. Celgene Corporation. May 2022.                                       |
| 62     | Rozlytrek prescribing information. Genentech USA, Inc. November 2021.                                  |
| 63     | Rubraca prescribing information. Clovis Oncology. June 2022.   |
| 64     | Rydapt prescribing information. Novartis. November 2021.   |
| 65     | Scemblix prescribing information. Novartis Pharms Corp. October 2021.                                  |
| 66     | Sprycel prescribing information. E.R. Squibb & Sons, L.L.C. June 2021.                                 |
| 67     | Stivarga prescribing information. Bayer Healthcare Pharmaceuticals. December 2020.                     |
| 68     | Sutent prescribing information. CPPI CV. August 2021.  |
| 69     | Tabrecta prescribing information. Novartis Pharmaceuticals Corp. January 2022.                         |
| 70     | Tafinlar prescribing information. Novartis. June 2022.   |
| 71     | Tagrisso prescribing information. AstraZeneca. January 2022.   |
| 72     | Talzenna prescribing information. Pfizer Inc. September 2021.  |
| 73     | Tarceva prescribing information. Genentech. October 2016.  |
| 74     | Targretin capsule prescribing information. Valeant. April 2020.  |
| 75     | Targretin gel prescribing information. Bausch Health US, LLC. February 2020.                           |
| 76     | Tasigna prescribing information. Novartis. September 2021.   |
| 77     | Tazverik prescribing information. Epizyme Inc. January 2020.   |
| 78     | Temodar prescribing Information. Merck Sharp & Dohme Corp. November 2020.                              |
| 79     | Tepmetko prescribing information. EMD Serono, Inc. February 2021.                                      |
| 80     | Thalomid prescribing information. Celgene Corporation. February 2021.                                  |
| 81     | Tibsovo prescribing information. Agios Pharmaceuticals, Inc. May 2022.                                 |
| 82     | Tretinoin prescribing information. Glenmark Pharmaceuticals, Inc. January 2018.                        |
| 83     | Truseltiq prescribing information. QED Therapeutics Inc. May 2021.                                     |
| 84     | Tukysa prescribing information. Seattle Genetics. April 2020.  |
| 85     | Turalio prescribing information. Daiichi Sankyo, Inc. October 2021.                                    |
| 86     | Tykerb prescribing information. GSK. March 2022.   |
| 87     | <del>Ukoniq prescribing information. TG Therapeutics. February 2021. Reference is no longer used</del> |
| 88     | Venclexta prescribing information. AbbVie Inc. June 2022.  |
| 89     | Verzenio prescribing information. Eli Lilly and Company. October 2021.                                 |
| 90     | Vittrakvi prescribing information. Loxo Oncology, Inc. March 2021.                                     |
| 91     | Vizimpro prescribing information. Pfizer Inc. December 2020.   |
| 92     | Votrient prescribing information. GSK. December 2021.  |
| 93     | Welireg prescribing information. Merck Sharp & Dohme Corp. August 2021.                                |
| 94     | Xalkori prescribing information. Pfizer. July 2022.  |
| 95     | Xeloda prescribing information. Hoffmann La Roche. May 2021.   |
| 96     | Xospata prescribing information. Astellas Pharma Inc. January 2022.                                    |
| 97     | Xpovio prescribing information. Karyopharm Therapeutics Inc. March 2022.                               |
| 98     | Xtandi prescribing information. Astellas Pharma US, Inc. January 2022.                                 |
| 99     | Yonsa prescribing information. Sun Pharmaceuticals Inc. March 2022.                                    |
| 100    | Zejula prescribing information. GSK. July 2021.  |
| 101    | Zelboraf prescribing information. Genentech, USA. May 2020.  |
| 102    | Zolinza prescribing information. Merck Sharp & Dohme Corp. December 2018.                              |
| 103    | Zydelig prescribing information. Gilead Sciences, Inc. October 2020.                                   |
| 104    | Zykadia prescribing information. Novartis Pharmaceuticals. October 2021.                               |

| <b>Number</b> | <b>Reference</b>  |
|---------------|---|
| 105           | Zytiga prescribing information. Janssen Biotech, Inc. August 2021.              |
| 106           | Vonjo prescribing information. CTI Biopharma Corp. February 2022.               |
| 107           | Lytgobi prescribing information. Taiho Pharmaceutical Co., LTD. September 2022. |
| 108           | Rezlidhia prescribing information. Rigel Pharmaceuticals, Inc. December 2022.   |
| 109           | Krazati prescribing information. Mirati Therapeutics, Inc. December 2022.       |
| 110           | Jaypirca prescribing information. Eli Lilly and Company. January 2023.          |
| 111           | Orserdu prescribing information. Stemline Therapeutics, Inc. January 2023.      |



## POLICY AGENT SUMMARY PRIOR AUTHORIZATION

| Target Brand Agent(s)   | Target Generic Agent(s)                                 | Strength                                 | Targeted MSC  | Available MSC | Final Age Limit | Preferred Status |
|---|---|--|---------------|---------------|-----------------|------------------|
| Verzenio  | abemaciclib tab   | 100 MG ; 150 MG ; 200 MG ; 50 MG         | M ; N ; O ; Y | N             |                 |                  |
| Yonsa   | abiraterone acetate micronized tab                      | 125 MG                                   | M ; N ; O ; Y | N             |                 |                  |
| Zytiga  | abiraterone acetate tab                                 | 250 MG ; 500 MG                          | M ; N ; O ; Y | O ; Y         |                 |                  |
| Calquence   | acalabrutinib cap                                       | 100 MG                                   | M ; N ; O ; Y | N             |                 |                  |
| Calquence   | acalabrutinib maleate tab                               | 100 MG                                   | M ; N ; O ; Y | N             |                 |                  |
| Krazati   | adagrasib tab   | 200 MG                                   | M ; N ; O ; Y | N             |                 |                  |
| Gilotrif  | afatinib dimaleate tab                                  | 20 MG ; 30 MG ; 40 MG                    | M ; N ; O ; Y | N             |                 |                  |
| Alecensa  | alectinib hcl cap                                       | 150 MG                                   | M ; N ; O ; Y | N             |                 |                  |
| Piqray 200mg daily dose ;<br>Piqray 250mg daily dose ;<br>Piqray 300mg daily dose | alpelisib tab pack ;<br>alpelisib tab therapy pack      | 150 MG ; 200 & 50 MG ; 200 MG            | M ; N ; O ; Y | N             |                 |                  |
| Erleada   | apalutamide tab   | 240 MG ; 60 MG                           | M ; N ; O ; Y | N             |                 |                  |
| Scemblix  | asciminib hcl tab                                       | 20 MG ; 40 MG                            | M ; N ; O ; Y | N             |                 |                  |
| Ayvakit   | avapritinib tab   | 100 MG ; 200 MG ; 25 MG ; 300 MG ; 50 MG | M ; N ; O ; Y | N             |                 |                  |
| Inlyta  | axitinib tab  | 1 MG ; 5 MG                              | M ; N ; O ; Y | N             |                 |                  |
| Onureg  | azacitidine tab   | 200 MG ; 300 MG                          | M ; N ; O ; Y | N             |                 |                  |
| Welireg   | belzutifan tab  | 40 MG                                    | M ; N ; O ; Y | N             |                 |                  |
| Targretin   | bexarotene cap  | 75 MG                                    | M ; N ; O ; Y | O ; Y         |                 |                  |
| Targretin   | bexarotene gel  | 1 %                                      | M ; N ; O ; Y | O ; Y         |                 |                  |
| Mektovi   | binimetinib tab   | 15 MG                                    | M ; N ; O ; Y | N             |                 |                  |
| Bosulif   | bosutinib tab   | 100 MG ; 400 MG ; 500 MG                 | M ; N ; O ; Y | N             |                 |                  |
| Alunbrig  | brigatinib tab ; brigatinib tab initiation therapy pack | 180 MG ; 30 MG ; 90 & 180 MG ; 90 MG     | M ; N ; O ; Y | N             |                 |                  |
| Cometriq  | cabozantinib s-mal cap ; cabozantinib s-malate cap      | 20 MG ; 3 x 20 MG & 80 MG ; 80 & 20 MG   | M ; N ; O ; Y | N             |                 |                  |
| Cabometyx   | cabozantinib s-malate tab                               | 20 MG ; 40 MG ; 60 MG                    | M ; N ; O ; Y | N             |                 |                  |
| Xeloda  | capecitabine tab  | 150 MG ; 500 MG                          | M ; N ; O ; Y | O ; Y         |                 |                  |
| Tabrecta  | capmatinib hcl tab                                      | 150 MG ; 200 MG                          | M ; N ; O ; Y | N             |                 |                  |
| Zykadia   | ceritinib tab   | 150 MG                                   | M ; N ; O ; Y | N             |                 |                  |
| Cotellic  | cobimetinib fumarate tab                                | 20 MG                                    | M ; N ; O ; Y | N             |                 |                  |
| Xalkori   | crizotinib cap  | 200 MG ; 250 MG                          | M ; N ; O ; Y | N             |                 |                  |
| Tafinlar  | dabrafenib mesylate cap                                 | 50 MG ; 75 MG                            | M ; N ; O ; Y | N             |                 |                  |

| Target Brand Agent(s) | Target Generic Agent(s)                                      | Strength   | Targeted MSC  | Available MSC | Final Age Limit | Preferred Status |
|-----------------------|--|--|---------------|---------------|-----------------|------------------|
| Vizimpro              | dacomitinib tab  | 15 MG ; 30 MG ; 45 MG                                | M ; N ; O ; Y | N             |                 |                  |
| Nubeqa                | darolutamide tab   | 300 MG   | M ; N ; O ; Y | N             |                 |                  |
| Sprycel               | dasatinib tab  | 100 MG ; 140 MG ; 20 MG ; 50 MG ; 70 MG ; 80 MG      | M ; N ; O ; Y | N             |                 |                  |
| Inqovi                | Decitabine-Cedazuridine Tab ; decitabine-cedazuridine tab    | 0 ; 35-100 MG  | M ; N ; O ; Y | N             |                 |                  |
| Copiktra              | duvelisib cap  | 15 MG ; 25 MG  | M ; N ; O ; Y | N             |                 |                  |
| Orserdu               | elacestrant hydrochloride tab                                | 345 MG ; 86 MG                                       | M ; N ; O ; Y | N             |                 |                  |
| Idhifa                | enasidenib mesylate tab                                      | 100 MG ; 50 MG                                       | M ; N ; O ; Y | N             |                 |                  |
| Braftovi              | encorafenib cap  | 75 MG  | M ; N ; O ; Y | N             |                 |                  |
| Rozlytrek             | entrectinib cap  | 100 MG ; 200 MG                                      | M ; N ; O ; Y | N             |                 |                  |
| Xtandi                | enzalutamide cap ; enzalutamide tab                          | 40 MG ; 80 MG  | M ; N ; O ; Y | N             |                 |                  |
| Balversa              | erdafitinib tab  | 3 MG ; 4 MG ; 5 MG                                   | M ; N ; O ; Y | N             |                 |                  |
| Tarceva               | erlotinib hcl tab  | 100 MG ; 150 MG ; 25 MG                              | M ; N ; O ; Y | N ; O ; Y     |                 |                  |
| Afinitor              | everolimus tab   | 10 MG ; 2.5 MG ; 5 MG ; 7.5 MG                       | M ; N ; O ; Y | O ; Y         |                 |                  |
| Afinitor disperz      | everolimus tab for oral susp                                 | 2 MG ; 3 MG ; 5 MG                                   | M ; N ; O ; Y | O ; Y         |                 |                  |
| Inrebic               | fedratinib hcl cap   | 100 MG   | M ; N ; O ; Y | N             |                 |                  |
| Lytgobi               | futibatinib tab therapy pack                                 | 4 MG   | M ; N ; O ; Y | N             |                 |                  |
| Iressa                | gefitinib tab  | 250 MG   | M ; N ; O ; Y | O ; Y         |                 |                  |
| Xospata               | gilteritinib fumarate tablet                                 | 40 MG  | M ; N ; O ; Y | N             |                 |                  |
| Daurismo              | glasdegib maleate tab  | 100 MG ; 25 MG                                       | M ; N ; O ; Y | N             |                 |                  |
| Imbruvica             | ibrutinib cap ; ibrutinib oral susp ; ibrutinib tab          | 140 MG ; 280 MG ; 420 MG ; 560 MG ; 70 MG ; 70 MG/ML | M ; N ; O ; Y | N             |                 |                  |
| Zydelig               | idelalisib tab   | 100 MG ; 150 MG                                      | M ; N ; O ; Y | N             |                 |                  |
| Gleevec               | imatinib mesylate tab  | 100 MG ; 400 MG                                      | M ; N ; O ; Y | O ; Y         |                 |                  |
| Truseltiq             | infigratinib phos cap pack ; infigratinib phos cap ther pack | 100 & 25 MG ; 100 MG ; 25 MG                         | M ; N ; O ; Y | N             |                 |                  |
| Tibsovo               | ivosidenib tab   | 250 MG   | M ; N ; O ; Y | N             |                 |                  |
| Ninlaro               | ixazomib citrate cap   | 2.3 MG ; 3 MG ; 4 MG                                 | M ; N ; O ; Y | N             |                 |                  |
| Tykerb                | lapatinib ditosylate tab                                     | 250 MG   | M ; N ; O ; Y | N ; O ; Y     |                 |                  |
| Vitrakvi              | larotrectinib sulfate cap ; larotrectinib sulfate oral soln  | 100 MG ; 20 MG/ML ; 25 MG                            | M ; N ; O ; Y | N             |                 |                  |
| Revlimid              | lenalidomide cap ; lenalidomide caps                         | 10 MG ; 15 MG ; 2.5 MG ; 20 MG ; 25 MG ; 5 MG        | M ; N ; O ; Y | O ; Y         |                 |                  |

| Target Brand Agent(s)  | Target Generic Agent(s)                                | Strength   | Targeted MSC  | Available MSC | Final Age Limit | Preferred Status |
|--|--|--|---------------|---------------|-----------------|------------------|
| Lenvima 10 mg daily dose ; Lenvima 12mg daily dose ; Lenvima 14 mg daily dose ; Lenvima 18 mg daily dose ; Lenvima 20 mg daily dose ; Lenvima 24 mg daily dose ; Lenvima 4 mg daily dose ; Lenvima 8 mg daily dose | lenvatinib cap ther pack ; lenvatinib cap therapy pack | 10 & 4 MG ; 10 MG ; 10 MG & 2 x 4 MG ; 2 x 10 MG & 4 MG ; 4 MG | M ; N ; O ; Y | N             |                 |                  |
| Lorbrena   | lorlatinib tab   | 100 MG ; 25 MG   | M ; N ; O ; Y | N             |                 |                  |
| Rydapt   | midostaurin cap  | 25 MG  | M ; N ; O ; Y | N             |                 |                  |
| Lysodren   | mitotane tab   | 500 MG   | M ; N ; O ; Y | N             |                 |                  |
| Exkivity   | mobocertinib succinate cap                             | 40 MG  | M ; N ; O ; Y | N             |                 |                  |
| Nerlynx  | neratinib maleate tab                                  | 40 MG  | M ; N ; O ; Y | N             |                 |                  |
| Tasigna  | nilotinib hcl cap                                      | 150 MG ; 200 MG ; 50 MG  | M ; N ; O ; Y | N             |                 |                  |
| Zejula   | niraparib tosylate cap                                 | 100 MG   | M ; N ; O ; Y | N             |                 |                  |
| Lynparza   | olaparib tab   | 100 MG ; 150 MG  | M ; N ; O ; Y | N             |                 |                  |
| Rezlidhia  | olutasidenib cap                                       | 150 MG   | M ; N ; O ; Y | N             |                 |                  |
| Tagrisso   | osimertinib mesylate tab                               | 40 MG ; 80 MG  | M ; N ; O ; Y | N             |                 |                  |
| Vonjo  | pacritinib citrate cap                                 | 100 MG   | M ; N ; O ; Y | N             |                 |                  |
| Ibrance  | palbociclib cap  | 100 MG ; 125 MG ; 75 MG  | M ; N ; O ; Y | N             |                 |                  |
| Ibrance  | palbociclib tab  | 100 MG ; 125 MG ; 75 MG  | M ; N ; O ; Y | N             |                 |                  |
| Farydak  | panobinostat lactate cap                               | 10 MG ; 15 MG ; 20 MG  | M ; N ; O ; Y | N             |                 |                  |
| Votrient   | pazopanib hcl tab                                      | 200 MG   | M ; N ; O ; Y | N             |                 |                  |
| Pemazyre   | pemigatinib tab  | 13.5 MG ; 4.5 MG ; 9 MG  | M ; N ; O ; Y | N             |                 |                  |
| Turalio  | pexidartinib hcl cap                                   | 125 MG ; 200 MG  | M ; N ; O ; Y | N             |                 |                  |
| Jaypirca   | pirtobrutinib tab                                      | 100 MG ; 50 MG   | M ; N ; O ; Y | N             |                 |                  |
| Pomalyst   | pomalidomide cap                                       | 1 MG ; 2 MG ; 3 MG ; 4 MG                                      | M ; N ; O ; Y | N             |                 |                  |
| Iclusig  | ponatinib hcl tab                                      | 10 MG ; 15 MG ; 30 MG ; 45 MG                                  | M ; N ; O ; Y | M ; N         |                 |                  |
| Gavreto  | pralsetinib cap  | 100 MG   | M ; N ; O ; Y | N             |                 |                  |
| Matulane   | procarbazine hcl cap                                   | 50 MG  | M ; N ; O ; Y | N             |                 |                  |
| Stivarga   | regorafenib tab  | 40 MG  | M ; N ; O ; Y | N             |                 |                  |
| Orgovyx  | relugolix tab  | 120 MG   | M ; N ; O ; Y | N             |                 |                  |
| Kisqali femara 200 dose ; Kisqali femara 400 dose ; Kisqali femara 600 dose  | ribociclib   | 200 & 2.5 MG   | M ; N ; O ; Y | N             |                 |                  |
| Kisqali  | ribociclib succinate tab pack                          | 200 MG   | M ; N ; O ; Y | N             |                 |                  |
| Qinlock  | ripretinib tab   | 50 MG  | M ; N ; O ; Y | N             |                 |                  |
| Besremi  | ropeginterferon alfa-                                  | 500 MCG/ML   | M ; N ; O ; Y | N             |                 |                  |
| Rubraca  | rucaparib camsylate tab                                | 200 MG ; 250 MG ; 300 MG                                       | M ; N ; O ; Y | N             |                 |                  |

| Target Brand Agent(s)   | Target Generic Agent(s)             | Strength   | Targeted MSC  | Available MSC | Final Age Limit | Preferred Status |
|---|-------------------------------------|--|---------------|---------------|-----------------|------------------|
| Jakafi  | ruxolitinib phosphate tab           | 10 MG ; 15 MG ; 20 MG ; 25 MG ; 5 MG             | M ; N ; O ; Y | N             |                 |                  |
| Xpovio ; Xpovio 100 mg once weekly ; Xpovio 40 mg once weekly ; Xpovio 40 mg twice weekly ; Xpovio 60 mg once weekly ; Xpovio 60 mg twice weekly ; Xpovio 80 mg once weekly ; Xpovio 80 mg twice weekly | selinexor tab therapy pack          | 20 MG ; 40 MG ; 50 MG ; 60 MG                    | M ; N ; O ; Y | N             |                 |                  |
| Retevmo   | selpercatinib cap                   | 40 MG ; 80 MG                                    | M ; N ; O ; Y | N             |                 |                  |
| Koselugo  | selumetinib sulfate cap             | 10 MG ; 25 MG                                    | M ; N ; O ; Y | N             |                 |                  |
| Odomzo  | sonidegib phosphate cap             | 200 MG   | M ; N ; O ; Y | N             |                 |                  |
| Nexavar   | sorafenib tosylate tab              | 200 ; 200 MG                                     | M ; N ; O ; Y | O ; Y         |                 |                  |
| Lumakras  | sotorasib tab                       | 120 MG ; 320 MG                                  | M ; N ; O ; Y | N             |                 |                  |
| Sutent  | sunitinib malate cap                | 12.5 MG ; 25 MG ; 37.5 MG ; 50 MG                | M ; N ; O ; Y | O ; Y         |                 |                  |
| Talzenna  | talazoparib tosylate cap            | 0.25 MG ; 0.5 MG ; 0.75 MG ; 1 MG                | M ; N ; O ; Y | N             |                 |                  |
| Tazverik  | tazemetostat hbr tab                | 200 MG   | M ; N ; O ; Y | N             |                 |                  |
| Temodar   | temozolomide cap                    | 100 MG ; 140 MG ; 180 MG ; 20 MG ; 250 MG ; 5 MG | M ; N ; O ; Y | O ; Y         |                 |                  |
| Tepmetko  | tepotinib hcl tab                   | 225 MG   | M ; N ; O ; Y | N             |                 |                  |
| Thalomid  | thalidomide cap                     | 100 MG ; 150 MG ; 200 MG ; 50 MG                 | M ; N ; O ; Y | N             |                 |                  |
| Fotivda   | tivozanib hcl cap                   | 0.89 MG ; 1.34 MG                                | M ; N ; O ; Y | N             |                 |                  |
| Hycamtin  | topotecan hcl cap                   | 0.25 MG ; 1 MG                                   | M ; N ; O ; Y | N             |                 |                  |
| Mekinist  | trametinib dimethyl sulfoxide tab   | 0.5 MG ; 2 MG                                    | M ; N ; O ; Y | N             |                 |                  |
|   | tretinoin cap                       | 10 MG  | M ; N ; O ; Y | Y             |                 |                  |
| Lonsurf   | trifluridine-tipiracil tab          | 15-6.14 MG ; 20-8.19 MG                          | M ; N ; O ; Y | N             |                 |                  |
| Tukysa  | tucatinib tab                       | 150 MG ; 50 MG                                   | M ; N ; O ; Y | N             |                 |                  |
| Caprelsa  | vandetanib tab                      | 100 MG ; 300 MG                                  | M ; N ; O ; Y | N             |                 |                  |
| Zelboraf  | vemurafenib tab                     | 240 MG   | M ; N ; O ; Y | N             |                 |                  |
| Venclexta   | venetoclax tab                      | 10 MG ; 100 MG ; 50 MG                           | M ; N ; O ; Y | N             |                 |                  |
| Venclexta starting pack   | venetoclax tab therapy starter pack | 10 & 50 & 100 MG                                 | M ; N ; O ; Y | N             |                 |                  |
| Erivedge  | vismodegib cap                      | 150 MG   | M ; N ; O ; Y | N             |                 |                  |
| Zolinza   | vorinostat cap                      | 100 MG   | M ; N ; O ; Y | N             |                 |                  |
| Brukinsa  | zanubrutinib cap                    | 80 MG  | M ; N ; O ; Y | N             |                 |                  |

## CLIENT SUMMARY – PRIOR AUTHORIZATION

| Target Brand Agent Name(s) | Target Generic Agent Name(s)                            | Strength                                 | Client Formulary             |
|----------------------------|---|--|------------------------------|
|                            | tretinoin cap   | 10 MG                                    | Commercial ; HIM ; ResultsRx |
| Afinitor                   | everolimus tab  | 10 MG ; 2.5 MG ; 5 MG ; 7.5 MG           | Commercial ; HIM ; ResultsRx |
| Afinitor disperz           | everolimus tab for oral susp                            | 2 MG ; 3 MG ; 5 MG                       | Commercial ; HIM ; ResultsRx |
| Alecensa                   | alectinib hcl cap                                       | 150 MG                                   | Commercial ; HIM ; ResultsRx |
| Alunbrig                   | brigatinib tab ; brigatinib tab initiation therapy pack | 180 MG ; 30 MG ; 90 & 180 MG ; 90 MG     | Commercial ; HIM ; ResultsRx |
| Ayvakit                    | avapritinib tab   | 100 MG ; 200 MG ; 25 MG ; 300 MG ; 50 MG | Commercial ; HIM ; ResultsRx |
| Balversa                   | erdafitinib tab   | 3 MG ; 4 MG ; 5 MG                       | Commercial ; HIM ; ResultsRx |
| Besremi                    | ropeginterferon alfa-                                   | 500 MCG/ML                               | Commercial ; HIM ; ResultsRx |
| Bosulif                    | bosutinib tab   | 100 MG ; 400 MG ; 500 MG                 | Commercial ; HIM ; ResultsRx |
| Braftovi                   | encorafenib cap   | 75 MG                                    | Commercial ; HIM ; ResultsRx |
| Brukinsa                   | zanubrutinib cap  | 80 MG                                    | Commercial ; HIM ; ResultsRx |
| Cabometyx                  | cabozantinib s-malate tab                               | 20 MG ; 40 MG ; 60 MG                    | Commercial ; HIM ; ResultsRx |
| Calquence                  | acalabrutinib cap                                       | 100 MG                                   | Commercial ; HIM ; ResultsRx |
| Calquence                  | acalabrutinib maleate tab                               | 100 MG                                   | Commercial ; HIM ; ResultsRx |
| Caprelsa                   | vandetanib tab  | 100 MG ; 300 MG                          | Commercial ; HIM ; ResultsRx |
| Cometriq                   | cabozantinib s-mal cap ; cabozantinib s-malate cap      | 20 MG ; 3 x 20 MG & 80 MG ; 80 & 20 MG   | Commercial ; HIM ; ResultsRx |
| Copiktra                   | duvelisib cap   | 15 MG ; 25 MG                            | Commercial ; HIM ; ResultsRx |
| Cotellic                   | cobimetinib fumarate tab                                | 20 MG                                    | Commercial ; HIM ; ResultsRx |
| Daurismo                   | glasdegib maleate tab                                   | 100 MG ; 25 MG                           | Commercial ; HIM ; ResultsRx |
| Erivedge                   | vismodegib cap  | 150 MG                                   | Commercial ; HIM ; ResultsRx |
| Erleada                    | apalutamide tab   | 240 MG ; 60 MG                           | Commercial ; HIM ; ResultsRx |
| Exkivity                   | mobocertinib succinate cap                              | 40 MG                                    | Commercial ; HIM ; ResultsRx |
| Farydak                    | panobinostat lactate cap                                | 10 MG ; 15 MG ; 20 MG                    | Commercial ; HIM ; ResultsRx |
| Fotivda                    | tivozanib hcl cap                                       | 0.89 MG ; 1.34 MG                        | Commercial ; HIM ; ResultsRx |
| Gavreto                    | pralsetinib cap   | 100 MG                                   | Commercial ; HIM ; ResultsRx |
| Gilotrif                   | afatinib dimaleate tab                                  | 20 MG ; 30 MG ; 40 MG                    | Commercial ; HIM ; ResultsRx |
| Gleevec                    | imatinib mesylate tab                                   | 100 MG ; 400 MG                          | Commercial ; HIM ; ResultsRx |
| Hycamtin                   | topotecan hcl cap                                       | 0.25 MG ; 1 MG                           | Commercial ; HIM ; ResultsRx |
| Ibrance                    | palbociclib cap   | 100 MG ; 125 MG ; 75 MG                  | Commercial ; HIM ; ResultsRx |
| Ibrance                    | palbociclib tab   | 100 MG ; 125 MG ; 75 MG                  | Commercial ; HIM ; ResultsRx |
| Iclusig                    | ponatinib hcl tab                                       | 10 MG ; 15 MG ; 30 MG ; 45 MG            | Commercial ; HIM ; ResultsRx |

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| Target Brand Agent Name(s)   | Target Generic Agent Name(s)                              | Strength   | Client Formulary             |
|--|---|--|------------------------------|
| Idhifa   | enasidenib mesylate tab                                   | 100 MG ; 50 MG   | Commercial ; HIM ; ResultsRx |
| Imbruvica  | ibrutinib cap ; ibrutinib oral susp ; ibrutinib tab       | 140 MG ; 280 MG ; 420 MG ; 560 MG ; 70 MG ; 70 MG/ML           | Commercial ; HIM ; ResultsRx |
| Inlyta   | axitinib tab  | 1 MG ; 5 MG  | Commercial ; HIM ; ResultsRx |
| Inqovi   | Decitabine-Cedazuridine Tab ; decitabine-cedazuridine tab | 0 ; 35-100 MG  | Commercial ; HIM ; ResultsRx |
| Inrebic  | fedratinib hcl cap  | 100 MG   | Commercial ; HIM ; ResultsRx |
| Iressa   | gefitinib tab   | 250 MG   | Commercial ; HIM ; ResultsRx |
| Jakafi   | ruxolitinib phosphate tab                                 | 10 MG ; 15 MG ; 20 MG ; 25 MG ; 5 MG                           | Commercial ; HIM ; ResultsRx |
| Jaypirca   | pirtobrutinib tab   | 100 MG ; 50 MG   | Commercial ; HIM ; ResultsRx |
| Kisqali  | ribociclib succinate tab pack                             | 200 MG   | Commercial ; HIM ; ResultsRx |
| Kisqali femara 200 dose ; Kisqali femara 400 dose ; Kisqali femara 600 dose  | ribociclib  | 200 & 2.5 MG   | Commercial ; HIM ; ResultsRx |
| Koselugo   | selumetinib sulfate cap                                   | 10 MG ; 25 MG  | Commercial ; HIM ; ResultsRx |
| Krazati  | adagrasib tab   | 200 MG   | Commercial ; HIM ; ResultsRx |
| Lenvima 10 mg daily dose ; Lenvima 12mg daily dose ; Lenvima 14 mg daily dose ; Lenvima 18 mg daily dose ; Lenvima 20 mg daily dose ; Lenvima 24 mg daily dose ; Lenvima 4 mg daily dose ; Lenvima 8 mg daily dose | lenvatinib cap ther pack ; lenvatinib cap therapy pack    | 10 & 4 MG ; 10 MG ; 10 MG & 2 x 4 MG ; 2 x 10 MG & 4 MG ; 4 MG | Commercial ; HIM ; ResultsRx |
| Lonsurf  | trifluridine-tipiracil tab                                | 15-6.14 MG ; 20-8.19 MG  | Commercial ; HIM ; ResultsRx |
| Lorbrena   | lorlatinib tab  | 100 MG ; 25 MG   | Commercial ; HIM ; ResultsRx |
| Lumakras   | sotorasib tab   | 120 MG ; 320 MG  | Commercial ; HIM ; ResultsRx |
| Lynparza   | olaparib tab  | 100 MG ; 150 MG  | Commercial ; HIM ; ResultsRx |
| Lysodren   | mitotane tab  | 500 MG   | Commercial ; HIM ; ResultsRx |
| Lytgobi  | futibatinib tab therapy pack                              | 4 MG   | Commercial ; HIM ; ResultsRx |
| Matulane   | procarbazine hcl cap                                      | 50 MG  | Commercial ; HIM ; ResultsRx |
| Mekinist   | trametinib dimethyl sulfoxide tab                         | 0.5 MG ; 2 MG  | Commercial ; HIM ; ResultsRx |
| Mektovi  | binimetinib tab   | 15 MG  | Commercial ; HIM ; ResultsRx |
| Nerlynx  | neratinib maleate tab                                     | 40 MG  | Commercial ; HIM ; ResultsRx |
| Nexavar  | sorafenib tosylate tab                                    | 200 ; 200 MG   | Commercial ; HIM ; ResultsRx |
| Ninlaro  | ixazomib citrate cap                                      | 2.3 MG ; 3 MG ; 4 MG   | Commercial ; HIM ; ResultsRx |
| Nubeqa   | darolutamide tab  | 300 MG   | Commercial ; HIM ; ResultsRx |
| Odomzo   | sonidegib phosphate cap                                   | 200 MG   | Commercial ; HIM ; ResultsRx |
| Onureg   | azacitidine tab   | 200 MG ; 300 MG  | Commercial ; HIM ; ResultsRx |
| Orgovyx  | relugolix tab   | 120 MG   | Commercial ; HIM ; ResultsRx |

| Target Brand Agent Name(s)  | Target Generic Agent Name(s)                                 | Strength   | Client Formulary             |
|---|--|--|------------------------------|
| Orserdu   | elacestrant hydrochloride tab                                | 345 MG ; 86 MG                                   | Commercial ; HIM ; ResultsRx |
| Pemazyre  | pemigatinib tab  | 13.5 MG ; 4.5 MG ; 9 MG                          | Commercial ; HIM ; ResultsRx |
| Piqray 200mg daily dose ; Piqray 250mg daily dose ; Piqray 300mg daily dose | alpelisib tab pack ; alpelisib tab therapy pack              | 150 MG ; 200 & 50 MG ; 200 MG                    | Commercial ; HIM ; ResultsRx |
| Pomalyst  | pomalidomide cap   | 1 MG ; 2 MG ; 3 MG ; 4 MG                        | Commercial ; HIM ; ResultsRx |
| Qinlock   | ripretinib tab   | 50 MG  | Commercial ; HIM ; ResultsRx |
| Retevmo   | selpercatinib cap  | 40 MG ; 80 MG                                    | Commercial ; HIM ; ResultsRx |
| Revlimid  | lenalidomide cap ; lenalidomide caps                         | 10 MG ; 15 MG ; 2.5 MG ; 20 MG ; 25 MG ; 5 MG    | Commercial ; HIM ; ResultsRx |
| Rezlidhia   | olutasidenib cap   | 150 MG   | Commercial ; HIM ; ResultsRx |
| Rozlytrek   | entrectinib cap  | 100 MG ; 200 MG                                  | Commercial ; HIM ; ResultsRx |
| Rubraca   | rucaparib camsylate tab                                      | 200 MG ; 250 MG ; 300 MG                         | Commercial ; HIM ; ResultsRx |
| Rydapt  | midostaurin cap  | 25 MG  | Commercial ; HIM ; ResultsRx |
| Scemblix  | asciminib hcl tab  | 20 MG ; 40 MG                                    | Commercial ; HIM ; ResultsRx |
| Sprycel   | dasatinib tab  | 100 MG ; 140 MG ; 20 MG ; 50 MG ; 70 MG ; 80 MG  | Commercial ; HIM ; ResultsRx |
| Stivarga  | regorafenib tab  | 40 MG  | Commercial ; HIM ; ResultsRx |
| Sutent  | sunitinib malate cap   | 12.5 MG ; 25 MG ; 37.5 MG ; 50 MG                | Commercial ; HIM ; ResultsRx |
| Tabrecta  | capmatinib hcl tab   | 150 MG ; 200 MG                                  | Commercial ; HIM ; ResultsRx |
| Tafinlar  | dabrafenib mesylate cap                                      | 50 MG ; 75 MG                                    | Commercial ; HIM ; ResultsRx |
| Tagrisso  | osimertinib mesylate tab                                     | 40 MG ; 80 MG                                    | Commercial ; HIM ; ResultsRx |
| Talzenna  | talazoparib tosylate cap                                     | 0.25 MG ; 0.5 MG ; 0.75 MG ; 1 MG                | Commercial ; HIM ; ResultsRx |
| Tarceva   | erlotinib hcl tab  | 100 MG ; 150 MG ; 25 MG                          | Commercial ; HIM ; ResultsRx |
| Targretin   | bexarotene cap   | 75 MG  | Commercial ; HIM ; ResultsRx |
| Targretin   | bexarotene gel   | 1 %  | Commercial ; HIM ; ResultsRx |
| Tasigna   | nilotinib hcl cap  | 150 MG ; 200 MG ; 50 MG                          | Commercial ; HIM ; ResultsRx |
| Tazverik  | tazemetostat hbr tab   | 200 MG   | Commercial ; HIM ; ResultsRx |
| Temodar   | temozolomide cap   | 100 MG ; 140 MG ; 180 MG ; 20 MG ; 250 MG ; 5 MG | Commercial ; HIM ; ResultsRx |
| Tepmetko  | tepotinib hcl tab  | 225 MG   | Commercial ; HIM ; ResultsRx |
| Thalomid  | thalidomide cap  | 100 MG ; 150 MG ; 200 MG ; 50 MG                 | Commercial ; HIM ; ResultsRx |
| Tibsovo   | ivosidenib tab   | 250 MG   | Commercial ; HIM ; ResultsRx |
| Truseltiq   | infigratinib phos cap pack ; infigratinib phos cap ther pack | 100 & 25 MG ; 100 MG ; 25 MG                     | Commercial ; HIM ; ResultsRx |
| Tukysa  | tucatinib tab  | 150 MG ; 50 MG                                   | Commercial ; HIM ; ResultsRx |
| Turalio   | pexidartinib hcl cap   | 125 MG ; 200 MG                                  | Commercial ; HIM ; ResultsRx |

| Target Brand Agent Name(s)  | Target Generic Agent Name(s)                                | Strength                         | Client Formulary             |
|---|---|----------------------------------|------------------------------|
| Tykerb  | lapatinib ditosylate tab                                    | 250 MG                           | Commercial ; HIM ; ResultsRx |
| Ukoniq  | umbralisib tosylate tab                                     | 200 MG                           | Commercial ; HIM ; ResultsRx |
| Venclexta   | venetoclax tab  | 10 MG ; 100 MG ; 50 MG           | Commercial ; HIM ; ResultsRx |
| Venclexta starting pack   | venetoclax tab therapy starter pack                         | 10 & 50 & 100 MG                 | Commercial ; HIM ; ResultsRx |
| Verzenio  | abemaciclib tab   | 100 MG ; 150 MG ; 200 MG ; 50 MG | Commercial ; HIM ; ResultsRx |
| Vittrakvi   | larotrectinib sulfate cap ; larotrectinib sulfate oral soln | 100 MG ; 20 MG/ML ; 25 MG        | Commercial ; HIM ; ResultsRx |
| Vizimpro  | dacomitinib tab   | 15 MG ; 30 MG ; 45 MG            | Commercial ; HIM ; ResultsRx |
| Vonjo   | pacritinib citrate cap                                      | 100 MG                           | Commercial ; HIM ; ResultsRx |
| Votrient  | pazopanib hcl tab   | 200 MG                           | Commercial ; HIM ; ResultsRx |
| Welireg   | belzutifan tab  | 40 MG                            | Commercial ; HIM ; ResultsRx |
| Xalkori   | crizotinib cap  | 200 MG ; 250 MG                  | Commercial ; HIM ; ResultsRx |
| Xeloda  | capecitabine tab  | 150 MG ; 500 MG                  | Commercial ; HIM ; ResultsRx |
| Xospata   | gilteritinib fumarate tablet                                | 40 MG                            | Commercial ; HIM ; ResultsRx |
| Xpovio ; Xpovio 100 mg once weekly ; Xpovio 40 mg once weekly ; Xpovio 40 mg twice weekly ; Xpovio 60 mg once weekly ; Xpovio 60 mg twice weekly ; Xpovio 80 mg once weekly ; Xpovio 80 mg twice weekly | selinexor tab therapy pack                                  | 20 MG ; 40 MG ; 50 MG ; 60 MG    | Commercial ; HIM ; ResultsRx |
| Xtandi  | enzalutamide cap ; enzalutamide tab                         | 40 MG ; 80 MG                    | Commercial ; HIM ; ResultsRx |
| Yonsa   | abiraterone acetate micronized tab                          | 125 MG                           | Commercial ; HIM ; ResultsRx |
| Zejula  | niraparib tosylate cap                                      | 100 MG                           | Commercial ; HIM ; ResultsRx |
| Zelboraf  | vemurafenib tab   | 240 MG                           | Commercial ; HIM ; ResultsRx |
| Zolinza   | vorinostat cap  | 100 MG                           | Commercial ; HIM ; ResultsRx |
| Zydelig   | idelalisib tab  | 100 MG ; 150 MG                  | Commercial ; HIM ; ResultsRx |
| Zykadia   | ceritinib tab   | 150 MG                           | Commercial ; HIM ; ResultsRx |
| Zytiga  | abiraterone acetate tab                                     | 250 MG ; 500 MG                  | Commercial ; HIM ; ResultsRx |

## PRIOR AUTHORIZATION CLINICAL CRITERIA FOR APPROVAL

| Module | Clinical Criteria for Approval               |                              |  |                        |
|--------|--|------------------------------|--|------------------------|
| PA     | Preferred agents are as follows:             |                              |  |                        |
|        | Indication(s)                                | Number of Preferred Required | Preferred Agent(s)                     | Non-Preferred Agent(s) |
|        | Advanced or metastatic breast cancer         | 1 preferred agent            | Kisqali, Kisqali Femara Pack, Verzenio | Ibrance                |
|        | Newly diagnosed adult and pediatric patients | 1 preferred agent            | Imatinib (generic), Sprycel            | Bosulif, Tassigna      |



| Module   | Clinical Criteria for Approval |                |  |          |
|--|--------------------------------|----------------|--|----------|
| with Philadelphia chromosome positive chronic myeloid leukemia in chronic phase                              |                                |                |  |          |
| Philadelphia chromosome-positive chronic myeloid leukemia (Ph+ CML) in chronic phase with the T315I mutation | 1 preferred agent              | Iclusig        |  | Scemblix |
| Polycythemia Vera  | 1 preferred agent              | Peginterferon* |  | BESREMi  |

NOTE: brand Gleevec to be managed through generic before brand requirement

\*- preferred agent targeted in another utilization management program and requires Prior Authorization

**Initial Evaluation**

**Target Agent(s)** will be approved when ONE of the following is met:

1. ONE of the following:
  - A. Information has been provided that indicates the patient is currently being treated with the requested agent within the past 180 days **OR**
  - B. The prescriber states the patient is currently being treated with the requested agent within the past 180 days AND is at risk if therapy is changed **OR**
  - C. ALL of the following:
    1. ONE of the following:
      - A. The patient has an FDA approved indication for the requested agent **OR**
      - B. The patient has an indication that is supported by NCCN 1 or 2A recommended use, AHFS, or DrugDex level of evidence of 1 or 2A [i.e., this indication must be supported by ALL requirements in the compendia (e.g., performance status, disease severity, previous failures, monotherapy vs combination therapy, etc.)] for the requested agent **AND**
    2. ONE of the following:
      - A. The patient's age is within FDA labeling for the requested indication for the requested agent **OR**
      - B. The prescriber has provided information in support of using the requested agent for the patient's age **AND**
    3. ONE of the following:
      - A. ALL of the following:
        1. The requested indication requires genetic/specific diagnostic testing per FDA labeling or compendia (NCCN 1 or 2A recommended use, AHFS, DrugDex level of evidence of 1 or 2A) for the requested agent **AND**
        2. Genetic/specific diagnostic testing has been completed **AND**
        3. The results of the genetic/specific diagnostic testing indicate therapy with the requested agent is appropriate **OR**
      - B. The requested indication does NOT require specific genetic/diagnostic testing per FDA labeling or compendia (NCCN 1 or 2A recommended use, AHFS, DrugDex level of evidence of 1 or 2A) for the requested agent **AND**

| Module   | Clinical Criteria for Approval  |  |                               |  |
|--|---|--|-------------------------------|--|
|  | <p>4. ONE of the following:</p> <ul style="list-style-type: none"> <li>A. The requested agent being used as monotherapy AND is approved for use as monotherapy in the FDA labeling or compendia (NCCN 1 or 2A recommended use, AHFS, DrugDex level of evidence of 1 or 2A) for the requested indication <b>OR</b></li> <li>B. The requested agent will be used as combination therapy with all agent(s) and/or treatments (e.g., radiation) listed for concomitant use in the FDA labeling or compendia (NCCN 1 or 2A recommended use, AHFS, DrugDex level of evidence of 1 or 2A) for the requested indication <b>AND</b></li> </ul> <p>5. ONE of the following:</p> <ul style="list-style-type: none"> <li>A. The requested agent will be used as a first-line agent AND is FDA labeled or supported by compendia (NCCN 1 or 2A recommended use, AHFS, DrugDex level of evidence of 1 or 2A) as a first-line agent for the requested indication <b>OR</b></li> <li>B. The patient has tried and had an inadequate response to the appropriate number and type(s) of prerequisite agent(s) listed in the FDA labeling or compendia (NCCN 1 or 2A recommended use, AHFS, DrugDex level of evidence of 1 or 2A) for the requested indication <b>OR</b></li> <li>C. The patient has an intolerance, FDA labeled contraindication, or hypersensitivity to the first-line agent(s) for the requested indication <b>AND</b></li> </ul> <p>6. ONE of the following:</p> <ul style="list-style-type: none"> <li>A. The requested agent is a preferred agent for the requested indication <b>OR</b></li> <li>B. The requested agent is a non-preferred agent for the requested indication (as determined by the client), AND ONE of the following: <ul style="list-style-type: none"> <li>1. The patient’s medication history indicates use of a preferred agent for the requested indication <b>OR</b></li> <li>2. The patient has an intolerance or hypersensitivity to a preferred agent(s) for the requested indication <b>OR</b></li> <li>3. The patient has an FDA labeled contraindication to ALL preferred agent(s) for the requested indication <b>OR</b></li> <li>4. BOTH of the following: <ul style="list-style-type: none"> <li>A. NCCN does NOT specify the plan preferred agent(s) as a preferred regimen for the requested indication <b>AND</b></li> <li>B. NCCN specifies the requested agent as a preferred regimen for the requested indication <b>OR</b></li> </ul> </li> <li>5. The prescriber has provided information in support of use of the non-preferred agent over the preferred agent(s) for the requested indication <b>OR</b></li> <li>6. If the requested agent is Bosulif or Tassigna for CML, the patient has been previously treated with either Bosulif OR Tassigna for the requested indication <b>AND</b></li> </ul> </li> </ul> |  |                               |  |
| <b>Indication(s)</b>   | <b>Number of Preferred Required</b>   | <b>Preferred Agent(s)</b>              | <b>Non-Preferred Agent(s)</b> |  |
| Advanced or metastatic breast cancer   | 1 preferred agent   | Kisqali, Kisqali Femara Pack, Verzenio | Ibrance                       |  |
| Newly diagnosed adult and pediatric patients with Philadelphia chromosome positive chronic myeloid leukemia in chronic phase | 1 preferred agent   | Imatinib (generic), Sprycel            | Bosulif, Tassigna             |  |

| Module   | Clinical Criteria for Approval |                |          |       |                    |          |            |                  |            |         |          |        |           |         |           |           |            |         |              |        |           |        |              |        |             |
|--|--------------------------------|----------------|----------|-------|--------------------|----------|------------|------------------|------------|---------|----------|--------|-----------|---------|-----------|-----------|------------|---------|--------------|--------|-----------|--------|--------------|--------|-------------|
| Philadelphia chromosome-positive chronic myeloid leukemia (Ph+ CML) in chronic phase with the T315I mutation   | 1 preferred agent              | Iclusig        | Scemblix |       |                    |          |            |                  |            |         |          |        |           |         |           |           |            |         |              |        |           |        |              |        |             |
| Polycythemia Vera  | 1 preferred agent              | Peginterferon* | BESREMi  |       |                    |          |            |                  |            |         |          |        |           |         |           |           |            |         |              |        |           |        |              |        |             |
| <p>7. If the requested agent is Imbruvica 140 mg or 280 mg tablets, ONE of the following:</p> <ul style="list-style-type: none"> <li>A. The patient has tried and had an inadequate response to Imbruvica 140 mg capsules <b>OR</b></li> <li>B. The patient has an intolerance or hypersensitivity to Imbruvica capsules that is not expected to occur with Imbruvica tablets <b>OR</b></li> <li>C. The patient has an FDA labeled contraindication to Imbruvica capsules that is not expected to occur with Imbruvica tablets <b>AND</b></li> </ul> <p>8. If the requested agent is Zytiga/abiraterone 500 mg, ONE of the following:</p> <ul style="list-style-type: none"> <li>A. The patient has tried and had an inadequate response to generic abiraterone 250 mg tablets <b>OR</b></li> <li>B. The patient has an intolerance or hypersensitivity to generic abiraterone 250 mg tablets that is not expected to occur with the requested agent <b>OR</b></li> <li>C. The patient has an FDA labeled contraindication to generic abiraterone 250 mg tablets that is not expected to occur with the requested agent <b>AND</b></li> </ul> <p>2. If the requested agent is for one of the following brand agents with a generic equivalent (listed below), ONE of the following:</p> <ul style="list-style-type: none"> <li>A. The patient has an intolerance or hypersensitivity to the generic equivalent that is not expected to occur with the requested brand agent <b>OR</b></li> <li>B. The patient has an FDA labeled contraindication to the generic equivalent that is not expected to occur with the requested brand agent <b>OR</b></li> <li>C. The prescriber has provided information to support the use of the requested brand agent over the generic equivalent <b>AND</b></li> </ul> <table border="1" data-bbox="526 1234 1122 1650" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th>Brand</th> <th>Generic Equivalent</th> </tr> </thead> <tbody> <tr><td>Afinitor</td><td>everolimus</td></tr> <tr><td>Afinitor Disperz</td><td>everolimus</td></tr> <tr><td>Gleevec</td><td>imatinib</td></tr> <tr><td>Sutent</td><td>sunitinib</td></tr> <tr><td>Tarceva</td><td>erlotinib</td></tr> <tr><td>Targretin</td><td>bexarotene</td></tr> <tr><td>Temodar</td><td>temozolomide</td></tr> <tr><td>Tykerb</td><td>lapatinib</td></tr> <tr><td>Xeloda</td><td>capecitabine</td></tr> <tr><td>Zytiga</td><td>abiraterone</td></tr> </tbody> </table> <p>3. The patient does not have any FDA labeled contraindications to the requested agent <b>AND</b></p> <p>4. The patient does not have any FDA labeled limitation(s) of use for the requested agent that is otherwise not supported in NCCN to the requested agent <b>AND</b></p> <p>5. ONE of the following:</p> <ul style="list-style-type: none"> <li>A. The requested quantity (dose) is within FDA labeled dosing for the requested indication <b>OR</b></li> <li>B. BOTH of the following: <ul style="list-style-type: none"> <li>1. The requested quantity (dose) is not within FDA labeled dosing for the requested indication <b>AND</b></li> </ul> </li> </ul> |                                |                |          | Brand | Generic Equivalent | Afinitor | everolimus | Afinitor Disperz | everolimus | Gleevec | imatinib | Sutent | sunitinib | Tarceva | erlotinib | Targretin | bexarotene | Temodar | temozolomide | Tykerb | lapatinib | Xeloda | capecitabine | Zytiga | abiraterone |
| Brand  | Generic Equivalent             |                |          |       |                    |          |            |                  |            |         |          |        |           |         |           |           |            |         |              |        |           |        |              |        |             |
| Afinitor   | everolimus                     |                |          |       |                    |          |            |                  |            |         |          |        |           |         |           |           |            |         |              |        |           |        |              |        |             |
| Afinitor Disperz   | everolimus                     |                |          |       |                    |          |            |                  |            |         |          |        |           |         |           |           |            |         |              |        |           |        |              |        |             |
| Gleevec  | imatinib                       |                |          |       |                    |          |            |                  |            |         |          |        |           |         |           |           |            |         |              |        |           |        |              |        |             |
| Sutent   | sunitinib                      |                |          |       |                    |          |            |                  |            |         |          |        |           |         |           |           |            |         |              |        |           |        |              |        |             |
| Tarceva  | erlotinib                      |                |          |       |                    |          |            |                  |            |         |          |        |           |         |           |           |            |         |              |        |           |        |              |        |             |
| Targretin  | bexarotene                     |                |          |       |                    |          |            |                  |            |         |          |        |           |         |           |           |            |         |              |        |           |        |              |        |             |
| Temodar  | temozolomide                   |                |          |       |                    |          |            |                  |            |         |          |        |           |         |           |           |            |         |              |        |           |        |              |        |             |
| Tykerb   | lapatinib                      |                |          |       |                    |          |            |                  |            |         |          |        |           |         |           |           |            |         |              |        |           |        |              |        |             |
| Xeloda   | capecitabine                   |                |          |       |                    |          |            |                  |            |         |          |        |           |         |           |           |            |         |              |        |           |        |              |        |             |
| Zytiga   | abiraterone                    |                |          |       |                    |          |            |                  |            |         |          |        |           |         |           |           |            |         |              |        |           |        |              |        |             |

| Module           | Clinical Criteria for Approval  |       |                    |          |            |                  |            |         |          |        |           |         |           |           |            |         |              |        |           |        |              |        |             |
|------------------|---|-------|--------------------|----------|------------|------------------|------------|---------|----------|--------|-----------|---------|-----------|-----------|------------|---------|--------------|--------|-----------|--------|--------------|--------|-------------|
|                  | <p data-bbox="469 180 1346 237">2. The prescriber has provided information in support of therapy with a higher dose for the requested indication</p> <p data-bbox="232 336 846 365"><b>Length of Approval:</b> Up to 3 months for Vitrakvi</p> <p data-bbox="256 403 699 432">Up to 12 months for all other agents</p> <p data-bbox="232 592 500 621"><b>Renewal Evaluation</b></p> <p data-bbox="232 657 1081 686"><b>Target Agent(s)</b> will be approved when ALL of the following are met:</p> <ol data-bbox="280 724 1414 1157" style="list-style-type: none"> <li data-bbox="280 724 1354 781">1. The patient has been previously approved for the requested agent through the plan's Prior Authorization process <b>AND</b></li> <li data-bbox="280 783 1390 926">2. ONE of the following: <ol data-bbox="354 812 1390 926" style="list-style-type: none"> <li data-bbox="354 812 1390 898">A. The requested agent is Vitrakvi AND the patient has experienced clinical benefit (i.e., partial response, complete response, or stable disease) with the requested agent <b>OR</b></li> <li data-bbox="354 900 927 926">B. The requested agent is NOT Vitrakvi <b>AND</b></li> </ol> </li> <li data-bbox="280 928 1414 1157">3. If the requested agent is for one of the following brand agents with a generic equivalent (listed below), ONE of the following: <ol data-bbox="354 987 1414 1157" style="list-style-type: none"> <li data-bbox="354 987 1414 1043">A. The patient has an intolerance or hypersensitivity to the generic equivalent that is not expected to occur with the requested brand agent <b>OR</b></li> <li data-bbox="354 1045 1414 1102">B. The patient has an FDA labeled contraindication to the generic equivalent that is not expected to occur with the requested brand agent <b>OR</b></li> <li data-bbox="354 1104 1414 1157">C. The prescriber has provided information to support the use of the requested brand agent over the generic equivalent <b>AND</b></li> </ol> <table border="1" data-bbox="526 1199 1122 1612"> <thead> <tr> <th data-bbox="526 1199 824 1232">Brand</th> <th data-bbox="824 1199 1122 1232">Generic Equivalent</th> </tr> </thead> <tbody> <tr> <td data-bbox="526 1234 824 1268">Afinitor</td> <td data-bbox="824 1234 1122 1268">everolimus</td> </tr> <tr> <td data-bbox="526 1270 824 1304">Afinitor Disperz</td> <td data-bbox="824 1270 1122 1304">everolimus</td> </tr> <tr> <td data-bbox="526 1306 824 1339">Gleevec</td> <td data-bbox="824 1306 1122 1339">imatinib</td> </tr> <tr> <td data-bbox="526 1341 824 1375">Sutent</td> <td data-bbox="824 1341 1122 1375">sunitinib</td> </tr> <tr> <td data-bbox="526 1377 824 1411">Tarceva</td> <td data-bbox="824 1377 1122 1411">erlotinib</td> </tr> <tr> <td data-bbox="526 1413 824 1446">Targretin</td> <td data-bbox="824 1413 1122 1446">bexarotene</td> </tr> <tr> <td data-bbox="526 1449 824 1482">Temodar</td> <td data-bbox="824 1449 1122 1482">temozolomide</td> </tr> <tr> <td data-bbox="526 1484 824 1518">Tykerb</td> <td data-bbox="824 1484 1122 1518">lapatinib</td> </tr> <tr> <td data-bbox="526 1520 824 1554">Xeloda</td> <td data-bbox="824 1520 1122 1554">capecitabine</td> </tr> <tr> <td data-bbox="526 1556 824 1589">Zytiga</td> <td data-bbox="824 1556 1122 1589">abiraterone</td> </tr> </tbody> </table> </li> </ol> <ol data-bbox="280 1654 1414 1908" style="list-style-type: none"> <li data-bbox="280 1654 1414 1684">4. The patient does not have any FDA labeled contraindications to the requested agent <b>AND</b></li> <li data-bbox="280 1686 1414 1743">5. The patient does not have any FDA labeled limitation(s) of use that is otherwise not supported in NCCN to the requested agent <b>AND</b></li> <li data-bbox="280 1745 1414 1908">6. ONE of the following: <ol data-bbox="354 1774 1414 1908" style="list-style-type: none"> <li data-bbox="354 1774 1414 1831">A. The requested quantity (dose) is within FDA labeled dosing for the requested indication <b>OR</b></li> <li data-bbox="354 1833 1414 1908">B. BOTH of the following: <ol data-bbox="469 1862 1414 1908" style="list-style-type: none"> <li data-bbox="469 1862 1414 1908">1. The requested quantity (dose) is not within FDA labeled dosing for the requested indication <b>AND</b></li> </ol> </li> </ol> </li> </ol> | Brand | Generic Equivalent | Afinitor | everolimus | Afinitor Disperz | everolimus | Gleevec | imatinib | Sutent | sunitinib | Tarceva | erlotinib | Targretin | bexarotene | Temodar | temozolomide | Tykerb | lapatinib | Xeloda | capecitabine | Zytiga | abiraterone |
| Brand            | Generic Equivalent  |       |                    |          |            |                  |            |         |          |        |           |         |           |           |            |         |              |        |           |        |              |        |             |
| Afinitor         | everolimus  |       |                    |          |            |                  |            |         |          |        |           |         |           |           |            |         |              |        |           |        |              |        |             |
| Afinitor Disperz | everolimus  |       |                    |          |            |                  |            |         |          |        |           |         |           |           |            |         |              |        |           |        |              |        |             |
| Gleevec          | imatinib  |       |                    |          |            |                  |            |         |          |        |           |         |           |           |            |         |              |        |           |        |              |        |             |
| Sutent           | sunitinib   |       |                    |          |            |                  |            |         |          |        |           |         |           |           |            |         |              |        |           |        |              |        |             |
| Tarceva          | erlotinib   |       |                    |          |            |                  |            |         |          |        |           |         |           |           |            |         |              |        |           |        |              |        |             |
| Targretin        | bexarotene  |       |                    |          |            |                  |            |         |          |        |           |         |           |           |            |         |              |        |           |        |              |        |             |
| Temodar          | temozolomide  |       |                    |          |            |                  |            |         |          |        |           |         |           |           |            |         |              |        |           |        |              |        |             |
| Tykerb           | lapatinib   |       |                    |          |            |                  |            |         |          |        |           |         |           |           |            |         |              |        |           |        |              |        |             |
| Xeloda           | capecitabine  |       |                    |          |            |                  |            |         |          |        |           |         |           |           |            |         |              |        |           |        |              |        |             |
| Zytiga           | abiraterone   |       |                    |          |            |                  |            |         |          |        |           |         |           |           |            |         |              |        |           |        |              |        |             |

| Module | Clinical Criteria for Approval  |
|--------|---|
|        | <p data-bbox="469 180 1349 237">2. The prescriber has provided information in support of therapy with a higher dose for the requested indication</p> <p data-bbox="232 338 719 369"><b>Length of Approval:</b> Up to 12 months</p> <p data-bbox="232 470 1349 537">FDA Companion Diagnostics: <a href="https://www.fda.gov/medical-devices/vitro-diagnostics/list-cleared-or-approved-companion-diagnostic-devices-vitro-and-imaging-tools">https://www.fda.gov/medical-devices/vitro-diagnostics/list-cleared-or-approved-companion-diagnostic-devices-vitro-and-imaging-tools</a></p> |