DRUG QUANTITY MANAGEMENT POLICY – PER RX

POLICY: Oncology – Rozlytrek Drug Quantity Management Policy – Per Rx
- Rozlytrek® (entrectinib capsules and oral pellets – Genentech)

REVIEW DATE: 01/10/2024

INSTRUCTIONS FOR USE

THE FOLLOWING COVERAGE POLICY APPLIES TO HEALTH BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. CERTAIN CIGNA COMPANIES AND/OR LINES OF BUSINESS ONLY PROVIDE UTILIZATION REVIEW SERVICES TO CLIENTS AND DO NOT MAKE COVERAGE DETERMINATIONS. REFERENCES TO STANDARD BENEFIT PLAN LANGUAGE AND COVERAGE DETERMINATIONS DO NOT APPLY TO THOSE CLIENTS. COVERAGE POLICIES ARE INTENDED TO PROVIDE GUIDANCE IN INTERPRETING CERTAIN STANDARD BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. PLEASE NOTE, THE TERMS OF A CUSTOMER'S PARTICULAR BENEFIT PLAN DOCUMENT [GROUP SERVICE AGREEMENT, EVIDENCE OF COVERAGE, CERTIFICATE OF COVERAGE, SUMMARY PLAN DESCRIPTION (SPD) OR SIMILAR PLAN DOCUMENT] MAY DIFFER SIGNIFICANTLY FROM THE STANDARD BENEFIT PLANS UPON WHICH THESE COVERAGE POLICIES ARE BASED. FOR EXAMPLE, A CUSTOMER'S BENEFIT PLAN DOCUMENT MAY CONTAIN A SPECIFIC EXCLUSION RELATED TO A TOPIC ADDRESSED IN A COVERAGE POLICY. IN THE EVENT OF A CONFLICT, A CUSTOMER'S BENEFIT PLAN DOCUMENT ALWAYS SUPERSEDES THE INFORMATION IN THE COVERAGE POLICIES. IN THE ABSENCE OF A CONTROLLING FEDERAL OR STATE COVERAGE MANDATE, BENEFITS ARE ULTIMATELY DETERMINED BY THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT. COVERAGE DETERMINATIONS IN EACH SPECIFIC INSTANCE REQUIRE CONSIDERATION OF 1) THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT IN EFFECT ON THE DATE OF SERVICE; 2) ANY APPLICABLE LAWS/REGULATIONS; 3) ANY RELEVANT COLLATERAL SOURCE MATERIALS INCLUDING COVERAGE POLICIES AND; 4) THE SPECIFIC FACTS OF THE PARTICULAR SITUATION. EACH COVERAGE REQUEST SHOULD BE REVIEWED ON ITS OWN MERITS. MEDICAL DIRECTORS ARE EXPECTED TO EXERCISE CLINICAL JUDGMENT AND HAVE DISCRETION IN MAKING INDIVIDUAL COVERAGE DETERMINATIONS. COVERAGE POLICIES RELATE EXCLUSIVELY TO THE ADMINISTRATION OF HEALTH BENEFIT PLANS. COVERAGE POLICIES ARE NOT RECOMMENDATIONS FOR TREATMENT AND SHOULD NEVER BE USED AS TREATMENT GUIDELINES. IN CERTAIN MARKETS, DELEGATED VENDOR GUIDELINES MAY BE USED TO SUPPORT MEDICAL NECESSITY AND OTHER COVERAGE DETERMINATIONS.

CIGNA NATIONAL FORMULARY COVERAGE:

OVERVIEW

Rozlytrek, a kinase inhibitor, is indicated for the following uses:[1]

- **Non-small cell lung cancer** (NSCLC), in adults with *ROS1*-positive metastatic disease, as detected by an FDA-approved test.
- **Solid tumors**, in patients ≥ 1 month of age that:
  - Have a neurotrophic tyrosine receptor kinase (*NTRK*) gene fusion, as detected by an FDA-approved test without a known acquired resistance mutation; AND
  - Are metastatic or where surgical resection is likely to result in severe morbidity; AND
  - Have either progressed following treatment or have no satisfactory alternative therapies.

Dosing

ROS1-Positive NSCLC

- Adults: 600 mg once daily (QD) with or without food until disease progression or unacceptable toxicity.

NTRK Gene Fusion-Positive Solid Tumors

- Adults: 600 mg QD with or without food until disease progression or unacceptable toxicity.

Pediatric patients: dose based on body surface area (BSA) [refer to Table 1 below].

Table 1. Rozlytrek Dosing in Pediatric Patients > 6 months of Age.[1]

Age	BSA	Recommended Dose
Patients > 6 months	≥ 1.51 m^2	600 mg QD
	1.11 to 1.50 m^2	400 mg QD
	0.81 to 1.10 m^2	300 mg QD
	0.51 to 0.80 m^2	200 mg QD
	≤ 0.50 m^2	300 mg/m^2 QD
1 month to ≤ 6 months	Any	250 mg/m^2 QD

BSA – Body surface area; QD – Once daily.

To manage adverse events (AEs), dose modifications may be required (Table 2). If more than two dose reductions are needed, permanently discontinue Rozlytrek.

Table 2. Rozlytrek Dose Adjustments to Manage AEs.[1]

AEs – Adverse events.

Starting Daily Dose	Daily Dose for First Dose Reduction	Daily Dose for Second Dose Reduction
250 mg/m^2 300 mg/m^2	Two-thirds of the starting dose	One-third of the starting dose
200 mg	150 mg	100 mg
300 mg	200 mg	100 mg
400 mg	300 mg	200 mg
600 mg	400 mg	200 mg

Rozlytrek should not be administered with moderate or strong cytochrome P450 (CYP)3A inhibitors.[1] However, if coadministration cannot be avoided, reduce the dose (Table 3) and limit coadministration to 14 days or less. The patient may resume their previous Rozlytrek dose 3 to 5 elimination half-lives following discontinuation of a strong or moderate CYP3A inhibitor.

Table 3. Rozlytrek Dose Adjustments to Manage Concomitant Use with Moderate or Strong CYP3A Inhibitors for Patients ≥ 2 Years of Age.[1]

Starting Daily Dose	Moderate CYP3A Inhibitor Daily Dose	Strong CYP3A Inhibitor Daily Dose
200 mg	50 mg	50 mg on alternate days
300 mg	100 mg	50 mg
400 mg	200 mg	50 mg

600 mg	200 mg	100 mg

CYP – Cytochrome P450.

Availability/Administration

Rozlytrek is available as 100 mg capsules (bottles of 30 capsules), 200 mg capsules (bottles of 90 capsules), and 50 mg oral pellets in packets (cartons of 42 packets).[1] Rozlytrek capsules may be swallowed whole or opened and prepared as an oral suspension. Rozlytrek pellets are used for patients who have difficulty or unable to swallow capsules but can swallow soft food and whose doses are multiples of 50 mg. Pellets should not be used for preparation of the suspension. For dosing in increments of 10 mg, capsules prepared as an oral suspension should be used

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of Rozlytrek. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration.

Drug Quantity Limits

Product	Strength and Form	Retail Maximum Quantity per Rx	Home Delivery Maximum Quantity per Rx
Rozlytrek® (entrectinib capsules)	50 mg pellet packets	42 packets	84 packets
	100 mg capsules	30 capsules	90 capsules
	200 mg capsules	90 capsules	270 capsules

Oncology – Rozlytrek Drug Quantity Management Policy – Per Rx product(s) is(are) covered as medically necessary when the following criteria is(are) met. Any other exception is considered not medically necessary.

CRITERIA

Rozlytrek 50 mg oral pellets

1. If the patient has difficulty or is unable to swallow capsules but can swallow soft food and the requested daily dose is a multiple of 50 mg, approve the requested quantity, not to exceed 336 packets per dispensing at retail or 1,008 packets per dispensing at home delivery.
   Note: For daily doses that are not multiples of 50 mg, the patient should use Rozlytrek capsules to make an oral suspension.

Rozlytrek 100 mg capsules

1. If the patient requires a dose of 300 mg daily, approve 90 capsules per dispensing at retail or 270 capsules per dispensing at home delivery.
Note: For doses of 400 mg or 600 mg daily, the patient should use the 200 mg capsules.

2. If the patient requires a dose of 500 mg daily, approve 150 capsules per dispensing at retail or 450 capsules per dispensing at home delivery.
Note: For doses of 400 mg or 600 mg daily, the patient should use the 200 mg capsules.

Rozlytrek 200 mg capsules
No overrides recommended.

REFERENCES

1. Rozlytrek™ capsules and oral pellets [prescribing information]. South San Francisco, CA: Genentech; October 2023.

HISTORY

Type of Revision	Summary of Changes	Review Date
Annual Revision	Policy was updated to reflect the existing quantity limits when a product is obtained via home delivery. No criteria changes.	06/15/2023
Early Annual Revision	**Rozlytrek 50 mg pellet packets:** A new quantity limit of 42 packets per dispensing at retail and 84 packets per dispensing at home delivery was added to the policy. If a patient has difficulty or is unable to swallow capsules but can swallow soft food and the requested daily dose is a multiple of 50 mg, an override is provided for the requested quantity, not to exceed 336 packets per dispensing at retail or 1,008 packets per dispensing at home delivery.	01/10/2024