



PRIOR AUTHORIZATION POLICY

- POLICY:** Oncology – Lonsurf Prior Authorization Policy
- Lonsurf® (trifluridine and tipiracil tablets – Taiho Oncology)

REVIEW DATE: 02/07/2024

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

Lonsurf, a combination of trifluridine, a nucleoside metabolic inhibitor, and tipiracil, a thymidine phosphorylase inhibitor, is indicated for the following uses:¹

- **Colorectal cancer**, metastatic, in adults who have been previously treated with oxaliplatin-, fluoropyrimidine-, and irinotecan-based chemotherapy, an anti-vascular endothelial growth factor (VEGF) biological therapy, and if RAS wild-type, an anti-epidermal growth factor receptor (EGFR) therapy, as a single agent or in combination with bevacizumab.
- **Gastric or gastroesophageal junction adenocarcinoma**, metastatic, in adults previously treated with at least two lines of chemotherapy that included a fluoropyrimidine, a platinum, either a taxane or irinotecan, and if appropriate, human epidermal growth factor receptor 2 (HER2)/neu-targeted therapy.

Guidelines

Lonsurf is addressed in National Comprehensive Cancer Network guidelines:

- **Colon cancer** (version 1.2024 – January 29, 2024) and **rectal cancer** (version 1.2024 – January 29, 2024) guidelines recommend Lonsurf as subsequent therapy as a single agent or in combination with bevacizumab for

advanced or metastatic disease not previously treated with Lonsurf. This recommendation is for patients who have progressed through all available regimens, besides Lonsurf with or without bevacizumab, Fruzaqla (fruquintinib capsules), or Stivarga® (regorafenib tablets).^{2,3,6}

- **Gastric cancer** (version 3.2023 – January 26, 2024), and **esophageal and esophagogastric junction cancers** (version 4.2023 – January 26, 2024) guidelines recommend Lonsurf as a single agent for third line or subsequent therapy for locoregional disease in patients who are not surgical candidates or have unresectable locally advanced, recurrent, or metastatic gastric and esophagogastric junction adenocarcinoma and Karnofsky performance score \geq 60% or Eastern Cooperative Oncology Group performance status of \leq 2 (category 1).⁴⁻⁶

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of Lonsurf. All approvals are provided for the duration noted below.

- **Lonsurf® (trifluridine and tipiracil tablets (Taiho Oncology)**

is(are) covered as medically necessary when the following criteria is(are) met for FDA-approved indication(s) or other uses with supportive evidence (if applicable):

FDA-Approved Indications

1. Colon, Rectal, or Appendiceal Cancer. Approve for 1 year if the patient meets the following (A, B, C, and D):

A) Patient has been previously treated with a fluoropyrimidine; AND

Note: Examples of fluoropyrimidines include capecitabine and 5-fluorouracil (5-FU).

B) Patient has been previously treated with oxaliplatin; AND

C) Patient has been previously treated with irinotecan; AND

D) If the patient's tumor or metastases are wild-type *RAS* (*KRAS* wild-type and *NRAS* wild-type) [that is, the tumors or metastases are *KRAS* and *NRAS* mutation negative], Erbitux (cetuximab intravenous infusion) or Vectibix (panitumumab intravenous infusion) has been tried.

2. Gastric or Gastroesophageal Junction Adenocarcinoma. Approve for 1 year if the patient has been previously treated with at least two chemotherapy regimens for gastric or gastroesophageal junction adenocarcinoma.

Note: Example chemotherapy regimens containing one or more of the following agents: capecitabine, 5-fluorouracil [5-FU], oxaliplatin, paclitaxel, docetaxel, and irinotecan.

CONDITIONS NOT COVERED

- **Lonsurf® (trifluridine and tipiracil tablets (Taiho Oncology)**

is(are) considered experimental, investigational or unproven for ANY other use(s).

REFERENCES

1. Lonsurf® tablets [prescribing information]. Princeton, NJ: Taiho Oncology; August 2023.
2. The NCCN Colon Cancer Clinical Practice Guidelines in Oncology (version 1.2024 – January 29, 2024). © 2024 National Comprehensive Cancer Network. Available at: <http://www.nccn.org>. Accessed on: January 30, 2024.
3. The NCCN Rectal Cancer Clinical Practice Guidelines in Oncology (version 1.2024 – January 29, 2024). © 2024 National Comprehensive Cancer Network. Available at: <http://www.nccn.org>. Accessed on: January 30, 2024.
4. The NCCN Gastric Cancer Clinical Practice Guidelines in Oncology (version 3.2023 – January 26, 2024). © 2024 National Comprehensive Cancer Network. Available at: <http://www.nccn.org>. Accessed on: January 30, 2024.
5. The NCCN Esophageal and Esophagogastric Junction Cancers Clinical Practice Guidelines in Oncology (version 4.2023 – January 26, 2024). © 2024 National Comprehensive Cancer Network. Available at: <http://www.nccn.org>. Accessed on: January 30, 2024.
6. The NCCN Drugs and Biologics Compendium. © 2024 National Comprehensive Cancer Network. Available at: <http://www.nccn.org>. Accessed on January 29, 2024. Search term: trifluridine/tipiracil.

HISTORY

Type of Revision	Summary of Changes	Review Date
Annual Revision	Colon, Rectal, or Appendiceal Cancer: Added appendiceal to the condition of approval.	02/15/2023
Annual Revision	Colon, Rectal, or Appendiceal Cancer: Moved examples of fluoropyrimidines into a Note. Gastric or Gastroesophageal Junction Adenocarcinoma: Moved examples of chemotherapy regimens into a Note.	02/07/2024

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