# PRIOR AUTHORIZATION POLICY

**POLICY:** Oncology – Rozlytrek Prior Authorization Policy
- Rozlytrek® (entrectinib capsules and oral pellets – Genentech)

**REVIEW DATE:** 10/16/2024

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***INSTRUCTIONS FOR USE***

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## CIGNA NATIONAL FORMULARY COVERAGE:

## OVERVIEW

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

- **Non-small cell lung cancer (NSCLC)**, with *ROS1*-positive metastatic disease, as detected by an FDA-approved test, in adults.
- **Solid tumors**, in adult and pediatric 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 surgical resection of the tumor is likely to result in severe morbidity; AND
  - Have either progressed following treatment or there are no satisfactory alternative therapies.

## Guidelines

Rozlytrek is addressed in guidelines by the National Comprehensive Cancer Network (NCCN):[2,3]

- **NSCLC.** Guidelines (version 10.2024 – September 23, 2024) recommend Rozlytrek as a "Preferred" first-line treatment option for patients with *ROS1* rearrangement-positive NSCLC (category 2A).[2] Rozlytrek is also recommended as a preferred first-line treatment option for patients with *NTRK* gene fusion-positive NSCLC (category 2A).

- **Solid tumors.** The NCCN Drugs and Biologics Compendium notes the use of Rozlytrek for *NTRK* gene fusion-positive tumors associated with the following cancers: ampullary adenocarcinoma, breast cancer, central nervous system cancers (e.g., glioma, glioblastoma, brain metastases), cervical cancer, colon cancer, esophageal and esophagogastric junction cancers, gastric cancer, gastrointestinal stromal tumors, head and neck cancers (e.g., salivary gland tumors), hepatobiliary cancers, histiocytic neoplasms, melanoma (cutaneous), non-small cell lung cancer, ovarian cancer/fallopian tube cancer/primary peritoneal cancer, pancreatic cancer, rectal cancer, small bowel adenocarcinoma, soft tissue sarcomas, thyroid carcinoma, uterine neoplasms, and vulvar cancer.[3] Rozlytrek is a category 2A recommendation for most of these cancers. Rozlytrek is recommended for use as a first line and/or second-line treatment option for these cancers.
- **Pediatric Central Nervous System Cancers.** Guidelines (version 1.2024 – February 26, 2024) recommend Rozlytrek as adjuvant therapy and for recurrent or progressive disease (category 2A for both), for *TRK* fusion-positive pediatric diffuse high-grade gliomas.[4]

## POLICY STATEMENT

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

- **Rozlytrek® (entrectinib capsules and oral pellets – Genentech)**

**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. **Non-Small Cell Lung Cancer.** Approve for 1 year if the patient meets ALL of the following (A, B, C, and D):
   Note: If the patient has non-small cell lung cancer with neurotrophic receptor tyrosine kinase (*NTRK*) gene fusion, see **Solid Tumors** indication.
   **A)** Patient is ≥ 18 years of age; AND
   **B)** Patient has metastatic disease; AND
   **C)** Patient has *ROS1*-positive disease; AND
   **D)** The mutation was detected by an approved test.

2. **Solid Tumors.** Approve for 1 year if the patient meets ALL of the following (A, B, and C):
   Note: Examples of solid tumors include breast cancer, colorectal cancer, head/neck cancer, hepatocellular carcinoma, biliary cancer, histiocytic neoplasm, non-small cell lung cancer (*NTRK* gene fusion-positive), ovarian cancer, pancreatic cancer, salivary gland tumors, sarcoma, thyroid cancer, adult glioma.
   **A)** Patient is ≥ 1 month of age; AND
   **B)** The tumor is positive for neurotrophic receptor tyrosine kinase (*NTRK*) gene fusion; AND
   **C)** Patient meets ONE of the following (i or ii):
      **i.** The tumor is metastatic; OR
      **ii.** Surgical resection of tumor will likely result in severe morbidity.

## Other Uses with Supportive Evidence

3. **Pediatric Diffuse High-Grade Gliomas.** Approve for 1 year if the patient meets ALL of the following (A, B, and C):
   **A)** Patient is < 18 years of age; AND
   **B)** The tumor is positive for neurotrophic receptor tyrosine kinase (*NTRK*) gene fusion; AND
   **C)** Patient meets ONE of the following (i or ii):
      **i.** The medication is used as adjuvant therapy; OR
      **ii.** The medication is used for recurrent or progressive disease.

## CONDITIONS NOT COVERED

- **Rozlytrek® (entrectinib capsules and oral pellets – Genentech)**

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

## REFERENCES


1. Rozlytrek® capsules and oral pellets [prescribing information]. South San Francisco, CA: Genentech; January 2024.
2. The NCCN Non-Small Cell Lung Cancer Clinical Practice Guidelines in Oncology (version 10.2024 – September 23, 2024). © 2024 National Comprehensive Cancer Network. Available at: http://www.nccn.org. Accessed on October 14, 2024.
3. The NCCN Drugs & Biologics Compendium. © 2024 National Comprehensive Cancer Network. Available at: http://www.nccn.org. Accessed on October 14, 2024. Search term: entrectinib.
4. The NCCN Pediatric Central Nervous System Cancers Clinical Practice Guidelines in Oncology (version 1.2024 – February 26, 2024). © 2024 National Comprehensive Cancer Network. Available at: http://www.nccn.org. Accessed on October 14, 2024.


## HISTORY

| Type of Revision | Summary of Changes | Review Date |
|---|---|---|
| Annual Revision | **Non-Small Cell Lung Cancer:** Added Note to refer to Solid Tumors indication if the patient has non-small cell lung cancer with neurotrophic receptor tyrosine kinase (NTRK) gene fusion.<br>**Solid Tumors:** In the list of examples of solid tumors, separated hepatobiliary cancers into hepatocellular carcinoma and biliary cancer. Specified lung cancer to state "non-small cell lung cancer (*NTRK* gene fusion-positive)." Also added "adult glioma" due to the addition of the new indication (see below).<br>**Pediatric Diffuse High-Grade Gliomas:** Added new approval condition and criteria under "Other Uses with Supportive Evidence" based on NCCN Compendium recommendation for NTRK gene fusion pediatric gliomas. | 09/27/2023 |
| Selected Revision | Added oral pellets dosage form to the policy.<br>**Solid Tumors:** Rozlytrek received expanded age indication for use in patients ≥ 1 month of age. Previously it was indicated in patients ≥ 12 years of age. | 11/22/2023 |

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| Annual Revision | No criteria changes | 10/16/2024 |

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