



© Copyright 2012 Oregon State University. All Rights Reserved

**Drug Use Research & Management Program**

Oregon State University, 500 Summer Street NE, E35  
Salem, Oregon 97301-1079

College of Pharmacy **Phone** 503-947-5220 | **Fax** 503-947-1119



## Prior Authorization Criteria Update: Oncology

### Purpose of the Update:

This update identifies antineoplastic drugs recently approved by the FDA to add to the oncology policy (see **Table 1**).

**Table 1.** New oncology drugs

<u>Generic Name</u>	<u>Brand Name</u>
Dostarlimab-gxly	JEMPERLI
Idecabtagene vicleucel	ABECMA
Loncastuximab tesirine-lpyl	ZYNLONTA
Melphalan flufenamide	PEPAXTO
Tivozanib	FOTIVDA

### Recommendation:

- PA was modified to include new, recently approved antineoplastic drugs.

Appendix 1. Proposed Prior Authorization Criteria

## Oncology Agents

**Goal(s):**

To ensure appropriate use for oncology medications based on FDA-approved and compendia-recommended (i.e., National Comprehensive Cancer Network® [NCCN]) indications.

**Length of Authorization:**

- Up to 1 year

**Requires PA:**

Initiation of therapy for drugs listed in **Table 1** (applies to both pharmacy and physician administered claims). This does not apply to oncologic emergencies administered in an emergency department or during inpatient admission to a hospital.

**Covered Alternatives:**

- Current PMPDP preferred drug list per OAR 410-121-0030 at [www.orpdl.org](http://www.orpdl.org)
- Searchable site for Oregon FFS Drug Class listed at [www.orpdl.org/drugs/](http://www.orpdl.org/drugs/)

Approval Criteria		
1. What diagnosis is being treated?	Record ICD10 code.	
2. Is the request for treatment of an oncologic emergency (e.g., superior vena cava syndrome [ICD-10 I87.1] or spinal cord compression [ICD-10 G95.20]) administered in the emergency department?	<b>Yes:</b> Approve for length of therapy or 12 months, whichever is less.	<b>No:</b> Go to #3
3. Is the request for any continuation of therapy?	<b>Yes:</b> Approve for length of therapy or 12 months, whichever is less.	<b>No:</b> Go to #4
4. Is the diagnosis funded by OHP?	<b>Yes:</b> Go to #5	<b>No:</b> Pass to RPh. Deny; not funded by the OHP.

## Approval Criteria

<p>5. Is the indication FDA-approved for the requested drug?</p> <p><u>Note:</u> This includes all information required in the FDA-approved indication, including but not limited to the following as applicable: diagnosis, stage of cancer, biomarkers, place in therapy, and use as monotherapy or combination therapy.</p>	<p><b>Yes:</b> Pass to RPh. Approve for length of therapy or 12 months, whichever is less.</p>	<p><b>No:</b> Go to #6</p>
<p>6. Is the indication recommended by National Comprehensive Cancer Network (NCCN) Guidelines® for the requested drug?</p> <p><u>Note:</u> This includes all information required in the NCCN recommendation, including but not limited to the following as applicable: diagnosis, stage of cancer, biomarkers, place in therapy, and use as monotherapy or combination therapy.</p>	<p><b>Yes:</b> Pass to RPh. Approve for length of therapy or 12 months, whichever is less.</p>	<p><b>No:</b> Go to #7</p>
<p>7. Is there documentation based on chart notes that the patient is enrolled in a clinical trial to evaluate efficacy or safety of the requested drug?</p>	<p><b>Yes:</b> Pass to RPh. Deny; medical appropriateness.</p> <p>Note: The Oregon Health Authority is statutorily unable to cover experimental or investigational therapies.</p>	<p><b>No:</b> Go to #8</p>
<p>8. Is the request for a rare cancer which is not addressed by National Comprehensive Cancer Network (NCCN) Guidelines® and which has no FDA approved treatment options?</p>	<p><b>Yes:</b> Go to #9</p>	<p><b>No:</b> Pass to RPh. Deny; medical appropriateness.</p>

## Approval Criteria

9. All other diagnoses must be evaluated for evidence of clinical benefit.

The prescriber must provide the following documentation:

- medical literature or guidelines supporting use for the condition,
- clinical chart notes documenting medical necessity, and
- documented discussion with the patient about treatment goals, treatment prognosis and the side effects, and knowledge of the realistic expectations of treatment efficacy.

RPh may use clinical judgement to approve drug for length of treatment or deny request based on documentation provided by prescriber. If new evidence is provided by the prescriber, please forward request to Oregon DMAP for consideration and potential modification of current PA criteria.

**Table 1. Oncology agents which apply to this policy (Updated 05/03/2021)**

New Antineoplastics are immediately subject to the policy and will be added to this table at the next P&T Meeting

Generic Name	Brand Name
abemaciclib	VERZENIO
abiraterone acet,submicronized	YONSA
abiraterone acetate	ZYTIGA
acalabrutinib	CALQUENCE
ado-trastuzumab emtansine	KADCYLA
afatinib dimaleate	GILOTRIF
alectinib HCl	ALECENSA
alpelisib	PIQRAY
apalutamide	ERLEADA
asparaginase (Erwinia chrysanthemi)	ERWINAZE
atezolizumab	TECENTRIQ
avapritinib	AYVAKIT
avelumab	BAVENCIO
axicabtagene ciloleucel	YESCARTA
axitinib	INLYTA
azacitidine	ONUREG
belantamab mafodotin-blmf	BLENREP

Generic Name	Brand Name
belinostat	BELEODAQ
bendamustine HCl	BENDAMUSTINE HCL
bendamustine HCl	TREANDA
bendamustine HCl	BENDEKA
binimetinib	MEKTOVI
blinatumomab	BLINCYTO
bosutinib	BOSULIF
brentuximab vedotin	ADCETRIS
brexucabtagene autoleucel	TECARTUS
brigatinib	ALUNBRIG
cabazitaxel	JEVTANA
cabozantinib s-malate	CABOMETYX
cabozantinib s-malate	COMETRIQ
calaspargase pegol-mknl	ASPARLAS
capmatinib	TABRECTA
carfilzomib	KYPROLIS
cemiplimab-rwlc	LIBTAYO
ceritinib	ZYKADIA

Generic Name	Brand Name
cobimetinib fumarate	COTELLIC
copanlisib di-HCl	ALIQOPA
crizotinib	XALKORI
dabrafenib mesylate	TAFINLAR
dacomitinib	VIZIMPRO
daratumumab	DARZALEX
daratumumab/hyaluronidase-fihj	DARZALEX FASPRO
darolutamide	NUBEQA
decitabine and cedazuridine	INQOVI
degarelix acetate	FIRMAGON
dostarlimab-gxly	JEMPERLI
dinutuximab	UNITUXIN
durvalumab	IMFINZI
duvelisib	COPIKTRA
elotuzumab	EMPLICITI
enasidenib mesylate	IDHIFA
encorafenib	BRAFTOVI
enfortumab vedotin-ejfv	PADCEV
entrectinib	ROZLYTREK
enzalutamide	XTANDI
erdafitinib	BALVERSA
eribulin mesylate	HALAVEN
everolimus	AFINITOR
everolimus	AFINITOR DISPERZ
fam-trastuzumab deruxtecan-nxki	ENHERTU
fedratinib	INREBIC
gilteritinib	XOSPATA
glasdegib	DAURISMO
ibrutinib	IMBRUVICA
idecabtagene vicleucel	ABECMA
idelalisib	ZYDELIG
ingenol mebutate	PICATO

Generic Name	Brand Name
inotuzumab ozogamicin	BESPONSA
ipilimumab	YERVOY
Isatuximab	SARCLISA
ivosidenib	TIBSOVO
ixazomib citrate	NINLARO
larotrectinib	VITRAKVI
lenvatinib mesylate	LENVIMA
lisocabtagene maraleucel	BREYANZI
loncastuximab tesirine-lpyl	ZYNLONTA
lorlatinib	LORBRENA
lurbinectedin	ZEPZELCA
lutetium Lu 177 dotate	LUTATHERA
margetuximab-cmkb	MARGENZA
melphalan flufenamide	PEPAXTO
midostaurin	RYDAPT
moxetumomab pasudotox-tdfk	LUMOXITI
naxitamab-gqgk	DANYELZA
necitumumab	PORTRAZZA
neratinib maleate	NERLYNX
niraparib tosylate	ZEJULA
nivolumab	OPDIVO
obinutuzumab	GAZYVA
ofatumumab	ARZERRA
olaparib	LYNPARZA
olaratumab	LARTRUVO
olatuzumab vedotin-piiq	POLIVY
omacetaxine mepesuccinate	SYNRIBO
osimertinib mesylate	TAGRISSO
palbociclib	IBRANCE
panobinostat lactate	FARYDAK
pazopanib HCl	VOTRIENT
pembrolizumab	KEYTRUDA
pemigatinib	PEMAZYRE

Generic Name	Brand Name
pertuzumab	PERJETA
pertuzumab/trastuzumab/hyaluronidase-zzxf	PHEGO
pexidartinib	TURALIO
polatuzumab vedotin-piiq	POLIVY
pomalidomide	POMALYST
ponatinib	ICLUSIG
pralatrexate	FOLOTYN
pralsetinib	GAVRETO
ramucirumab	CYRAMZA
regorafenib	STIVARGA
relugolix	ORGOVYZ
ribociclib succinate	KISQALI
ribociclib succinate/letrozole	KISQALI FEMARA CO-PACK
ripretinib	QINLOCK
romidepsin	ISTODAX
romidepsin	ROMIDEPSIN
rucaparib camsylate	RUBRACA
ruxolitinib phosphate	JAKAFI
sacituzumab govitecan-hziy	TRODELVY
selinexor	XPOVIO
selpercatinib	RETEVMO
siltuximab	SYLVANT
sipuleucel-T/lactated ringers	PROVENGE
sonidegib phosphate	ODOMZO
tafasitamab-cxix	MONJUVI
tagraxofusp-erzs	ELZONRIS

Generic Name	Brand Name
talazoparib	TALZENNA
talimogene laherparepvec	IMLYGIC
tazemetostat	TAZVERIK
tepotinib	TEPMETKO
tisagenlecleucel	KYMRIAH
tivozanib	FOTIVDA
trabectedin	YONDELIS
trametinib dimethyl sulfoxide	MEKINIST
trastuzumab-anns	KANJINTI
trastuzumab-dkst	OGIVRI
trastuzumab-dttb	ONTRUZANT
trastuzumab-hyaluronidase-oysk	HERCEPTIN HYLECTA
trastuzumab-pkrb	HERZUMA
trastuzumab-qyyp	TRAZIMERA
trifluridine/tipiracil HCl	LONSURF
trilaciclib	COSELA
tucatinib	TUKYSA
umbralisib	UKONIQ
vandetanib	VANDETANIB
vandetanib	CAPRELSA
vemurafenib	ZELBORAF
venetoclax	VENCLEXTA
venetoclax	VENCLEXTA STARTING PACK
vismodegib	ERIVEDGE
zanubrutinib	BRUKINSA
ziv-aflibercept	ZALTRAP

P&T/DUR Review: 6/2020 (JP)  
Implementation: 10/1/20