CareFirst Family of health care plans

CVS caremark™

SPECIALTY GUIDELINE MANAGEMENT

ALECENSA (alectinib)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

A. FDA-Approved Indication
Alecensa is indicated for the treatment of patients with anaplastic lymphoma kinase (ALK)-positive, metastatic non-small cell lung cancer (NSCLC).

B. Compendial Uses
1. Recurrent NSCLC, ALK positive
2. Brain metastases from ALK-positive NSCLC

All other indications are considered experimental/investigational and are not a covered benefit.

II. CRITERIA FOR INITIAL APPROVAL

Non-Small Cell Lung Cancer (NSCLC)
Authorization of 12 months may be granted for the treatment of recurrent or metastatic anaplastic lymphoma kinase (ALK)-positive NSCLC (including brain metastases from NSCLC).

IV. CONTINUATION OF THERAPY

All members (including new members) requesting authorization for continuation of therapy must meet all initial authorization criteria.

VI. REFERENCES

1. Alecensa [package insert]. South San Francisco, CA: Genentech USA, Inc.; November 2017.
2. The NCCN Drugs & Biologics Compendium® © 2018 National Comprehensive Cancer Network, Inc. http://www.nccn.org. Accessed March 20, 2018.
3. The NCCN Clinical Practice Guidelines in Oncology® Non-Small Cell Lung Cancer Version 3.2018. National Comprehensive Cancer Network, Inc. http://www.nccn.org. Accessed March 20, 2018.
4. The NCCN Clinical Practice Guidelines in Oncology® Central Nervous System Cancers Version 1.2018. ©2018 National Comprehensive Cancer Network, Inc. http://www.nccn.org. Accessed March 22, 2018.