Reference number(s)
2257-A

SPECIALTY GUIDELINE MANAGEMENT

LARTRUVO (olaratumab)

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
Lartruvo is indicated, in combination with doxorubicin, for the treatment of adult patients with soft tissue sarcoma (STS) with a histologic subtype for which an anthracycline-containing regimen is appropriate and which is not amenable to curative treatment with radiotherapy or surgery.

This indication is approved under accelerated approval. Continued approval for this indication may be contingent upon verification and description of clinical benefit in the confirmatory trial.

B. Compendial Use
Lartruvo is indicated, in combination with doxorubicin, for the treatment of adult patients with uterine sarcoma.

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

II. CRITERIA FOR INITIAL APPROVAL

A. Soft Tissue Sarcoma
Authorization of 12 months may be granted for treatment of soft tissue sarcoma (STS) when Lartruvo is used in combination with doxorubicin.

B. Uterine Sarcoma
Authorization of 12 months may be granted for the treatment of uterine sarcoma when Lartruvo is used in combination with doxorubicin.

III. CONTINUATION OF THERAPY

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

IV. REFERENCES

1. Lartruvo [package insert]. Indianapolis, IN: Eli Lilly and Company; February 2017.
2. The NCCN Drug & Biologics Compendium ™ © 2018 National Comprehensive Cancer Network, Inc. http://www.nccn.org. Accessed July 18, 2018.