

Generic Name: : Entrectinib

Applicable Drugs: Rozlytrek®

Preferred: N/A

Non-preferred: N/A

Date of Origin: 9/24/2019

Date Last Reviewed / Revised: 12/6/2023

PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria I through IV are met)

- I. Documented diagnosis of one of the following conditions A through B and must meet criteria listed under the applicable diagnosis:
 - A. Advanced, recurrent, or metastatic non-small cell lung cancer (NSCLC).
 - i. Age \geq 18 years old with documentation of C-ros oncogene (ROS1) positive tumor biomarker testing.
 - B. Solid cancer tumors (see table 1 in appendix for solid cancer tumor types) which are unresectable, metastatic, recurrent, or without satisfactory alternative therapy.
 - i. Age \geq 1 month old with documentation of positive neurotrophic tyrosine receptor kinase (NTRK) gene fusion biomarker testing without a known acquired resistance mutation.
- II. Prescriber is an oncologist or a hematologist.
- III. Documentation of assessment of left ventricular ejection fraction (LVEF) In patients with symptoms or known risk factors for congestive heart failure.
- IV. Medication is prescribed in accordance with FDA labeling or current clinical practice guidelines.

EXCLUSION CRITERIA

- Pregnancy
- Lactation
- Severe renal impairment (CrCl < 30 mL/min)
- Moderate (total bilirubin > 1.5 to 3 times the upper limit of normal (ULN) or severe (total bilirubin > 3 times ULN) hepatic impairment.

OTHER CRITERIA

N/A

QUANTITY / DAYS SUPPLY RESTRICTIONS

- Adults: ninety 200 mg capsules per 30 days .
- Pediatrics: sufficient capsules or pellets to comprise required daily dose per 30 days.
 - Age 1 month to 6 months: 250 mg/m² once daily
 - Age >6 months:
 - ≤0.50 m²: 300 mg/ m² once daily
 - 0.51 to 0.80 m²: 200 mg once daily
 - 0.81 to 1.10 m²: 300 mg once daily
 - 1.11 to 1.50 m²: 400 mg once daily
 - BSA ≥1.51 m²: 600 mg once daily
- Rozlytrek is available in 100 mg and 200 mg capsules, as well as oral pellets (50 mg per packet).

APPROVAL LENGTH

- **Authorization:** 1 year.
- **Re-Authorization:** Updated progress notes showing current medical necessity criteria are met, appropriate monitoring for toxicities as specified per FDA labeling (e.g., liver function tests, QT prolongation, vision disorders, hyperuricemia, and LVEF) are completed, and that the medication is effective with acceptable toxicities.

APPENDIX

Table 1. Entrectinib indications for the treatment of NTRK gene fusion positive solid cancer tumor types

NTRK gene fusion positive solid cancer tumor types	Indications ¹⁻²¹
Breast Cancer	<ul style="list-style-type: none"> • Local or regional recurrent unresectable or metastatic disease
Central Nervous System Cancers	<ul style="list-style-type: none"> • Circumscribed Glioma: Recurrent or progressive disease • Glioblastoma: recurrent or progressive disease • Brain metastases of NTRK gene fusion tumors
Cervical Cancer	<ul style="list-style-type: none"> • Recurrent or metastatic disease <ul style="list-style-type: none"> ○ second-line or subsequent therapy
Colon Cancer	<ul style="list-style-type: none"> • Advanced or metastatic disease <ul style="list-style-type: none"> ○ subsequent therapy

Esophageal and Esophagogastric Junction Cancers	<ul style="list-style-type: none"> • Unresectable locally advanced, metastatic, or recurrent disease <ul style="list-style-type: none"> ○ second-line or subsequent therapy
Gastric Cancer	<ul style="list-style-type: none"> • Unresectable locally advanced, metastatic, or recurrent disease <ul style="list-style-type: none"> ○ second-line or subsequent therapy
Gastrointestinal Stromal Tumors	<ul style="list-style-type: none"> • Unresectable, recurrent, or metastatic disease <ul style="list-style-type: none"> ○ first-line therapy
Head and Neck Cancer	<ul style="list-style-type: none"> • Salivary gland tumors <ul style="list-style-type: none"> ○ unresectable, recurrent, or metastatic disease
Hepatocellular Carcinoma and Biliary Tract Cancers	<ul style="list-style-type: none"> • Gallbladder or cholangiocarcinoma <ul style="list-style-type: none"> ○ unresectable or metastatic • Hepatocellular carcinoma <ul style="list-style-type: none"> ○ unresectable or metastatic: subsequent systemic therapy
Melanoma: Cutaneous	<ul style="list-style-type: none"> • Unresectable or metastatic disease <ul style="list-style-type: none"> ○ second-line or subsequent therapy
Non-small cell lung cancer	<ul style="list-style-type: none"> • Advanced, recurrent, or metastatic (NTRK 1/2/3)
Ovarian Cancer/Fallopian Tube Cancer/Primary Peritoneal Cancer	<ul style="list-style-type: none"> • Ovarian, fallopian tube, or primary peritoneal cancers <ul style="list-style-type: none"> ○ recurrent
Neuroendocrine and Adrenal Tumors	<ul style="list-style-type: none"> • Extrapulmonary poorly differentiated neuroendocrine carcinoma/large or small cell carcinoma/mixed neuroendocrine-non-neuroendocrine neoplasm <ul style="list-style-type: none"> ○ locoregional, unresectable or metastatic disease: subsequent therapy
Pancreatic Adenocarcinoma	<ul style="list-style-type: none"> • Locally advanced disease: subsequent therapy • Recurrent or metastatic disease
Rectal Cancer	<ul style="list-style-type: none"> • Advanced or metastatic disease <ul style="list-style-type: none"> ○ subsequent therapy
Small Bowel Adenocarcinoma	<ul style="list-style-type: none"> • Advanced or metastatic disease <ul style="list-style-type: none"> ○ subsequent therapy

Soft Tissue Sarcoma	<ul style="list-style-type: none"> • Pleomorphic rhabdomyosarcoma or soft tissue sarcoma of nonspecific histology <ul style="list-style-type: none"> ○ advanced or metastatic: first line
Thyroid Carcinoma	<ul style="list-style-type: none"> • Anaplastic carcinoma <ul style="list-style-type: none"> ○ locoregional: neoadjuvant ○ metastatic disease • Follicular carcinoma <ul style="list-style-type: none"> ○ unresectable recurrent or persistent locoregional disease, or distant metastases: not amenable to treatment with radioactive iodine • Hürthle cell carcinoma <ul style="list-style-type: none"> ○ persistent locoregional disease, unresectable recurrent disease, or distant metastases: not amenable to treatment with radioactive iodine • Papillary carcinoma <ul style="list-style-type: none"> ○ persistent locoregional disease, unresectable recurrent disease, or distant metastases: not amenable to treatment with radioactive iodine
Vulvar Cancer	<ul style="list-style-type: none"> • Advanced, recurrent, or metastatic disease <ul style="list-style-type: none"> ○ second-line therapy

Abbreviations: neurotrophic tyrosine receptor kinase, NTRK.

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DISCLAIMER: Medication Policies are developed to help ensure safe, effective and appropriate use of selected medications. They offer a guide to coverage and are not intended to dictate to providers how to practice medicine. Refer to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgement in providing the most appropriate care for their patients.