Chemotherapy: NSCLC Cancer Drugs

Rybrevant (amivantamab-vmjw) J9061, Alimta/Pemfexy (pemetrexed) J9305, Cyramza (ramucirumab) J9308, Imfinzi (durvalumab) J9173

Prior Authorization Request
Medicare Part B Form

*Instructions: * Indicates required information – Form may be returned if required information is not provided. Please fax this request to the appropriate fax number listed at the bottom of the page.*

☐	**NEW START - Start Date:**_____	☐	**Continuation** (within 365 days)**:** Date of last treatment _____
☐	Date Requested _____		
	Requestor _____ Clinic name: _____ Phone / Fax		

MEMBER INFORMATION

*Name:_____ *ID#:_____ *DOB:_____

PRESCRIBER INFORMATION

*Name:_____ ☐MD ☐FNP ☐DO ☐NP ☐PA *Phone:_____

*Address:_____ *Fax:_____

DISPENSING PROVIDER / ADMINISTRATION INFORMATION

*Name:_____ Phone:_____

*Address:_____ Fax:_____

PROCEDURE / PRODUCT INFORMATION

HCPC Code	Name of Drug ☐ Self-administered	Dose (Wt: _____ kg Ht:_____)	Frequency	End Date if known

☐Chart notes attached. **Other important information:**_____

Diagnosis: ICD10: _____ **Description**: _____

☐ Provider attests the diagnosis provided is an FDA-Approved indication for this drug

CLINICAL INFORMATION

☐ New Start or Initial Request: (Clinical documentation required for all requests)

☐ **Provider has reviewed the attached "Criteria for Approval" and attests the member meets ALL required PA criteria.**

If not, please provide **clinical rationale** for formulary exception: _____

_____

☐ Continuation Requests: (Clinical documentation required for all requests)

☐ **Provider has reviewed the attached "Criteria for Continuation" and attests the member meets ALL required PA Continuation criteria.**

☐ Patient had an adequate response or significant improvement while on this medication.

If not, please provide clinical rationale for continuing this medication: _____

_____

ACKNOWLEDGEMENT

Request By (Signature Required): _____**Date:**_____ /____ /____

Any person who knowingly files a request for authorization of coverage of a medical procedure or service with the intent to injure, defraud or deceive any insurance company by providing materially false information or conceals material information for the purpose of misleading, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. **THIS AUTHORIZATION IS NOT A GUARANTEE OF PAYMENT.** PAYMENT IS BASED ON BENEFITS IN EFFECT AT THE TIME OF SERVICE, MEMBER ELIGIBILITY AND MEDICAL NECESSITY.

For questions or assistance, please contact Customer Service at 1-877-672-8620, daily, 8am – 8pm (PST) (TTY users should call 1-800-735-2900).

Prior Authorization Group – Oncology: NSCLC Meds PA

Drug Name(s):
ALIMTA
PEMFEXY
CYRAMZA
IMFINZI
RYBREVANT

Criteria for approval of Prior Authorization Drug:
1. Prescribed for an approved FDA diagnosis (as listed below):
2. Prescribed by, or in consultation with an oncologist or other cancer specialist related to the diagnosis.
3. Drug is being used appropriately per CMS recognized compendia, authoritative medical literature, evidence-based guidelines and/or accepted standards of medical practice.
4. Member does not have any clinically relevant contraindications, or CMS/Plan exclusions, to the requested drug.

- If the member meets all these criteria, they may be approved by the Plan for the requested drug.
- Quantity limits and Tiering will be determined by the Plan.

Exclusion Criteria:
Cannot be prescribed for experimental or investigational use.

Prescriber Restrictions:
Oncologist or other cancer specialist

Coverage Duration:
New Start: Approval will be for 6 months
Continuation: Approval will be for 12 months

FDA Indications:
Alimta, Pemfexy

- Malignant mesothelioma of pleura, First-line treatment, in combination with cisplatin in patients whose disease is unresectable or who are not otherwise candidates for curative surgery
- Nonsquamous non-small cell lung cancer, Locally advanced or metastatic, first-line treatment in combination with cisplatin
- Nonsquamous non-small cell lung cancer, Locally advanced or metastatic disease, maintenance therapy as a single agent following 4 cycles of platinum-based first-line chemotherapy
- Nonsquamous non-small cell lung cancer, Metastatic disease, first-line treatment in combination with pembrolizumab and platinum chemotherapy, with no EGFR or ALK genomic tumor aberrations
- Nonsquamous non-small cell lung cancer, Recurrent, metastatic disease after prior chemotherapy.

Cyramza

- Esophagogastric cancer, Advanced or metastatic, monotherapy or in combination with paclitaxel, progressing after treatment with fluoropyrimidine- or platinum-containing chemotherapy
- Gastric cancer, Advanced or metastatic, monotherapy or in combination with paclitaxel, progressing after treatment with fluoropyrimidine- or platinum-containing chemotherapy
- Liver carcinoma, Who have an alpha fetoprotein (AFP) of at least 400 nanograms/mL and have been treated with sorafenib

- Metastatic colorectal cancer, In combination with fluorouracil, folinic acid, irinotecan (FOLFIRI), in patients whose disease progressed during or after first-line therapy with bevacizumab, oxaliplatin, and a fluoropyrimidine
- Non-small cell lung cancer, Metastatic, first-line in combination with erlotinib, in patients with EGFR exon 19 deletions or exon 21 (L858R) substitution mutations
- Non-small cell lung cancer, Metastatic, in combination with docetaxel after progression on or after platinum-based chemotherapy; patients with EGFR or ALK genomic tumor aberrations should have disease progression on FDA-approved therapy for these aberrations prior to receiving ramucirumab; Adjunct

Imfinzi

- Extensive stage small cell lung cancer, First-line, in combination with etoposide and CISplatin or CARBOplatin
- Non-small cell lung cancer, Unresectable Stage III, without progression following concurrent platinum-based chemotherapy and radiation therapy

Rybrevant

- Ext Non-small cell lung cancer, Locally advanced or metastatic, with EGFR exon 20 insertion mutations, following progression on or after platinum-based chemotherapy
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Off-Label Uses:

ALIMTA/PEMFEXY

- Malignant mesothelioma of pleura
- Nonsquamous non-small cell lung cancer, Stage IIIB/IV or recurrent, continuation maintenance therapy in combination with bevacizumab following platinum-based, first-line therapy
- Ovarian cancer, Recurrent

CYRAMZA

- Metastatic urothelial carcinoma, Or advanced, with progression after platinum-containing chemotherapy

Age Restrictions:

Safety and effectiveness not established in pediatric patients

Other Clinical Considerations:

Cancer diagnoses: Criteria as per NCCN or other FDA-approved cancer related guidelines.

Resources:

https://www.micromedexsolutions.com/micromedex2/librarian/CS/BC9046/ND_PR/evidencexpert/ND_P/evidencexpert/DUPLICATIONSHIELDSYNC/9B6F95/ND_PG/evidencexpert/ND_B/evidencexpert/ND_AppProduct/evidencexpert/ND_T/evidencexpert/PFActionId/evidencexpert.DoIntegratedSearch?SearchTerm=Pemetrexed&UserSearchTerm=Pemetrexed&SearchFilter=filterNone&navitem=searchGlobal#

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