

## PRIOR AUTHORIZATION POLICY

**POLICY:** Oncology – Alecensa Prior Authorization Policy

- Alecensa® (alectinib capsules – Genentech)

**REVIEW DATE:** 03/02/2022

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### OVERVIEW

Alecensa, a tyrosine kinase inhibitor, is indicated for the treatment of patients with **anaplastic lymphoma kinase (ALK)-positive, metastatic non-small cell lung cancer (NSCLC)**, as detected by an FDA-approved test.<sup>1</sup>

### GUIDELINES

Alecensa has been addressed in National Comprehensive Cancer Network (NCCN) guidelines:<sup>2,3</sup>

- **Non-Small Cell Lung Cancer:** Guidelines (version 1.2022 – December 7, 2021) recommend Alecensa as a preferred first-line therapy (category 1) for the treatment of ALK-positive NSCLC.<sup>2</sup> Alecensa is also recommended for use as a subsequent therapy for patients who progress on first-line therapy. NCCN recommends testing for ALK fusions in patients with metastatic nonsquamous NSCLC.
- **T-Cell Lymphomas:** Guidelines (version 1.2022 – December 22, 2021) recommend Alecensa as initial palliative intent therapy for ALK-positive anaplastic large cell lymphoma (ALCL).<sup>3</sup> Alecensa is also recommended as second-line and subsequent therapy for ALK-positive ALCL.

### POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of Alecensa. All approvals are provided for the duration noted below.

**Automation:** None.

### RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Alecensa is recommended in those who meet one of the following criteria:

#### FDA-Approved Indication

1. **Non-Small Cell Lung Cancer.** Approve for 3 years if the patient meets the following criteria (A, B, and C):
  - A) Patient is  $\geq 18$  years of age; AND
  - B) Patient has metastatic disease; AND
  - C) Patient has anaplastic lymphoma kinase (ALK)-positive non-small cell lung disease.

#### Other Uses with Supportive Evidence

2. **Anaplastic Large Cell Lymphoma.** Approve for 3 years if the patient meets the following criteria (A and B):
    - A) Patient is  $\geq 18$  years of age; AND
    - B) Patient has anaplastic lymphoma kinase (ALK)-positive disease.
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### **CONDITIONS NOT RECOMMENDED FOR APPROVAL**

Coverage of Alecensa is not recommended in the following situations:

1. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

### **REFERENCES**

1. Alecensa<sup>®</sup> capsules [prescribing information]. South San Francisco, CA: Genentech; September 2021.
  2. The NCCN Non-Small Cell Lung Cancer Clinical Practice Guidelines in Oncology (version 1.2022 – December 7, 2021). © 2021 National Comprehensive Cancer Network, Inc. Available at: <http://www.nccn.org>. Accessed on February 28, 2022.
  3. The NCCN T-Cell Lymphoma Clinical Practice Guidelines in Oncology (version 1.2022 – December 22, 2021). © 2021 National Comprehensive Cancer Network, Inc. Available at: <http://www.nccn.org>. Accessed on February 28, 2022.
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