



**GEORGIA MEDICAID FEE-FOR-SERVICE
TYROSINE KINASE INHIBITORS (TKI) FOR
NON-SMALL CELL LUNG CANCER (NSCLC) PA SUMMARY**

Preferred	Non-Preferred
Alecensa (alectinib) Gilotrif (afatinib) Iressa (gefitinib) Tagrisso (osimertinib) Xalkori (crizotinib) Zykadia (ceritinib)	n/a

LENGTH OF AUTHORIZATION: 1 Year

NOTE: Criteria for Tarceva is located in the Tarceva PA Summary.

PA CRITERIA:

Alecensa and Zykadia

- ❖ Approvable for locally advanced or metastatic non-small cell lung cancer (NSCLC) when the member has tested positive for anaplastic lymphoma kinase (ALK) NSCLC as detected by a Food and Drug Administration (FDA)-approved test or other validated test performed in a Clinical Laboratory Improvement Amendments (CLIA)-approved facility

AND

- ❖ Member has disease progression or intolerable side effects with crizotinib (Xalkori).

Gilotrif

- ❖ Approvable for metastatic NSCLC when the member has tested positive for epidermal growth factor receptor (EGFR) exon 19 deletions or exon 21 (L858R) substitution mutations as detected by a FDA-approved test or other validated test performed in a CLIA-approved facility.
- ❖ Approvable for metastatic squamous non-small cell lung cancer (NSCLC) when member has disease progression after platinum-based chemotherapy.

Iressa

- ❖ Approvable for metastatic NSCLC when the member has tested positive for EGFR exon 19 deletion or exon 21 (L858R) substitution mutations as detected by a FDA-approved test or other validated test performed in a CLIA-approved facility.

Tagrisso

- ❖ Approvable for metastatic NSCLC when the member has tested positive for EGFR T790M mutation as detected by a FDA-approved test or other validated test performed in a CLIA-approved facility

AND

- ❖ Member has disease progression on or after EGFR tyrosine kinase inhibitor (TKI) therapy (erlotinib [Tarceva], afatinib [Gilotrif], gefitinib [Iressa]).



Xalkori

- ❖ Approvable for locally advanced or metastatic NSCLC when the member has tested positive for anaplastic lymphoma kinase (ALK) or ROS1 NSCLC as detected by a FDA-approved test or other validated test performed in a CLIA-approved facility.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

PREFERRED DRUG LIST:

- ❖ For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.