

Market Applicability														
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	KY	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	NA	NA	X

*FHK- Florida Healthy Kids

Alecensa (alectinib)

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Quantity Limit
Alecensa (alectinib)	May be subject to quantity limit

APPROVAL CRITERIA

Requests for Alecensa (alectinib) may be approved if the following criteria are met:

- I. Individual has recurrent or metastatic non-small cell lung cancer (NSCLC); **AND**
 - A. Disease is anaplastic lymphoma kinase (ALK)-positive; **OR**
 - B. Individual has progressed on or is intolerant to Xalkori (crizotinib) (NCCN2A);

OR

- II. Individual has a diagnosis of Central Nervous System cancer; **AND**
 - A. Individual has recurrent or newly diagnosed brain metastases (limited or extensive) if active against primary tumor [(ALK)-positive NSCLC] (NCCN 2A).

State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
N/A	N/A	N/A

Key References:

Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2018.
URL: <http://www.clinicalpharmacology.com>. Updated periodically.

DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: 4/2018

DrugPoints® System (electronic version). Truven Health Analytics, Greenwood Village, CO. Updated periodically.

Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2018; Updated periodically.

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

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