

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

Nerlynx (neratinib)

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

Medications	Quantity Limit
Nerlynx (neratinib)	May be subject to quantity limit

APPROVAL CRITERIA

Requests for Nerlynx (neratinib) may be approved if the following criteria are met:

- I. Individual has a diagnosis of early stage HER2-overexpressed/amplified breast cancer; **AND**
- II. Individual has previously completed adjuvant trastuzumab-based therapy;

OR

- III. Individual has a diagnosis of Central Nervous System Cancers; **AND**
- IV. Individual has recurrent disease for brain metastases (limited or extensive) if active against the primary tumor (breast cancer) (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.

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New Program Date 09/12/2017

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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Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	NA	NA	X

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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.

The NCCN Drugs & Biologics Compendium (NCCN Compendium™) © 2018 National Comprehensive Cancer Network, Inc. Available at: NCCN.org. Updated periodically.

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