

## Vitrakvi® (larotrectinib) (Oral)

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### I. Length of Authorization

Coverage will be provided for three months and may be renewed.

### II. Dosing Limits

#### A. Quantity Limit (max daily dose) [Pharmacy Benefit]:

- Vitrakvi 25 mg capsule: 3 capsules per day
- Vitrakvi 100 mg capsules: 2 capsules per day
- Vitrakvi 20 mg/mL oral solution: 10 mL per day

#### B. Max Units (per dose and over time) [Medical Benefit]:

- 200 mg daily

### III. Initial Approval Criteria

#### Solid Tumors with NTRK gene fusion †

- Patient must have tried and failed treatment with Rozlytrek or a contraindication exists; **AND**
- Patient is 1 month or older; **AND**
- Patient has one of the following solid tumors§: soft tissue sarcoma, salivary gland, infantile fibrosarcoma, thyroid, lung, or gastrointestinal stromal tumors; **AND**
- Tumor has a neurotrophic receptor tyrosine kinase (NTRK) gene fusion or fusion partner in ETV6-NTRK3 or TPM3-NTRK1\* without any known acquired resistance mutations; **AND**
- Patient has metastatic disease or locally advanced disease and is not a candidate for surgery due to the potential of causing severe morbidity; **AND**
- Patient has no satisfactory alternative treatments or disease has progressed following treatment; **AND**
- The healthcare provider must attest that they will comply with the requirements of the Vitrakvi Commitment Program, including the following:
  - Complete the attestation form for patients who stop taking Vitrakvi due to a lack of clinical benefit within 90 days of treatment initiation; **AND**

- Submit the attestation form within 120 days of last prescription fulfilled within the program eligibility period

*\*An FDA-approved test for the detection of NTRK gene fusion is not currently available. NTRK gene fusions can be identified by means of the following testing methodologies: next-generation sequencing (NGS), fluorescence in situ hybridization (FISH), or reverse transcription-polymerase chain reactions (RT-PCR), etc.*

*§ Note: Requests for other NTRK fusion partners (e.g., LMNA-NTRK1, IRF2BP2-NTRK1, etc.) and/or solid tumors (e.g., melanoma, colon, cholangiocarcinoma, appendix, breast, pancreas, etc.), other than those specified, will be evaluated on a case-by-case basis.*

† FDA approved indication(s)

#### IV. Renewal Criteria

Coverage can be renewed based on the following criteria:

- Patient continues to meet the criteria identified in Section III; **AND**
- Disease response with treatment as defined by stabilization of disease or decrease in size of tumor or tumor spread; **AND**
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include the following: severe neurotoxicity, hepatotoxicity, etc.; **AND**
- Provider attests that the patient is receiving clinical benefit from therapy (refer to the above regarding Vitrakvi commitment program requirements)

#### V. Dosage/Administration

Indication	Dose
Solid Tumor with NTRK gene fusion	<b><u>BSA ≥ 1.0 m<sup>2</sup></u></b> Administer 100 mg orally twice daily, without regard to food, until disease progression or until unacceptable toxicity.
	<b><u>BSA &lt; 1.0 m<sup>2</sup></u></b> Administer 100 mg/m <sup>2</sup> orally twice daily, without regard to food, until disease progression or until unacceptable toxicity.

#### VI. Billing Code/Availability Information

HCPCS code:

- J8999 – prescription drug, oral, chemotherapeutic, nos
- C9399 – Unclassified drug or biologicals

NDC:

- Vitrakvi 25 mg capsules: 71777-0390-xx
- Vitrakvi 100 mg capsules: 71777-0391-xx
- Vitrakvi 20 mg/mL oral solution: 71777-0392-xx

## VII. References

1. Vitrakvi [package insert]. Stamford, CT; Loxo Onco, Inc.; November 2018. Accessed April 2019.
2. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) larotrectinib. National Comprehensive Cancer Network, 2019. The NCCN Compendium® is a derivative work of the NCCN Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Compendium, go online to NCCN.org. Accessed April 2019.
3. Amatu A, Sartore-Bianchi A, Siena S. *NTRK* gene fusions as novel targets of cancer therapy across multiple tumour types. *ESMO Open*. 2016 Mar 18;1(2):e000023.
4. Lartigue J. TRK inhibitors advance rapidly in “tumor agnostic” paradigm. August 4, 2017. <http://www.onclive.com/publications/oncology-live/2017/vol-18-no-15/trk-inhibitors-advance-rapidly-in-tumoragnostic-paradigm>. Accessed January 29, 2018.
5. Meldolesi J. Neurotrophin Trk receptors: new targets for cancer therapy. *Rev Physiol Biochem Pharmacol*. 2017 Sep 8. doi: 10.1007/112\_2017\_6.
6. Stransky N, Cerami E, Schalm S, Kim JL, Lengauer C. The landscape of kinase fusions in cancer. *Nat Commun*. 2014 Sep 10;5:4846.
7. Cocco E. *et al* *NTRK* fusion- positive cancers and TRK inhibitor therapy; Nature Reviews Nature Reviews Clinical Oncology volume 15, pages731–747 (2018)

## Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
C07	Malignant neoplasm of parotid gland
C08.0	Malignant neoplasm of submandibular gland
C08.1	Malignant neoplasm of sublingual gland
C08.9	Malignant neoplasm of major salivary gland, unspecified
C33	Malignant neoplasm of trachea
C34.00	Malignant neoplasm of unspecified main bronchus
C34.01	Malignant neoplasm of right main bronchus
C34.02	Malignant neoplasm of left main bronchus
C34.10	Malignant neoplasm of upper lobe, unspecified bronchus or lung
C34.11	Malignant neoplasm of upper lobe, right bronchus or lung
C34.12	Malignant neoplasm of upper lobe, left bronchus or lung
C34.2	Malignant neoplasm of middle lobe, bronchus or lung
C34.30	Malignant neoplasm of lower lobe, unspecified bronchus or lung
C34.31	Malignant neoplasm of lower lobe, right bronchus or lung

### VITRAKVI® (larotrectinib) Prior Auth Criteria

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ICD-10	ICD-10 Description
C34.32	Malignant neoplasm of lower lobe, left bronchus or lung
C34.80	Malignant neoplasm of overlapping sites of unspecified bronchus or lung
C34.81	Malignant neoplasm of overlapping sites of right bronchus and lung
C34.82	Malignant neoplasm of overlapping sites of left bronchus and lung
C34.90	Malignant neoplasm of unspecified part of unspecified bronchus or lung
C34.91	Malignant neoplasm of unspecified part of right bronchus or lung
C34.92	Malignant neoplasm of unspecified part of left bronchus or lung
C47.0	Malignant neoplasm of peripheral nerves of head, face and neck
C47.10	Malignant neoplasm of peripheral nerves of unspecified upper limb, including shoulder
C47.11	Malignant neoplasm of peripheral nerves of right upper limb, including shoulder
C47.12	Malignant neoplasm of peripheral nerves of left upper limb, including shoulder
C47.20	Malignant neoplasm of peripheral nerves of unspecified lower limb, including hip
C47.21	Malignant neoplasm of peripheral nerves of right lower limb, including hip
C47.22	Malignant neoplasm of peripheral nerves of left lower limb, including hip
C47.3	Malignant neoplasm of peripheral nerves of thorax
C47.4	Malignant neoplasm of peripheral nerves of abdomen
C47.5	Malignant neoplasm of peripheral nerves of pelvis
C47.6	Malignant neoplasm of peripheral nerves of trunk, unspecified
C47.8	Malignant neoplasm of overlapping sites of peripheral nerves and autonomic nervous system
C47.9	Malignant neoplasm of peripheral nerves and autonomic nervous system, unspecified
C48.0	Malignant neoplasm of retroperitoneum
C48.1	Malignant neoplasm of specified parts of peritoneum
C48.2	Malignant neoplasm of peritoneum, unspecified
C48.8	Malignant neoplasm of overlapping sites of retroperitoneum and peritoneum
C49.A0	Gastrointestinal stromal tumor unspecified site
C49.A1	Gastrointestinal stromal tumor of esophagus
C49.A2	Gastrointestinal stromal tumor of stomach
C49.A3	Gastrointestinal stromal tumor of small intestine
C49.A4	Gastrointestinal stromal tumor
C49.A5	Gastrointestinal stromal tumor
C49.A9	Gastrointestinal stromal tumor of other sites
C49.0	Malignant neoplasm of connective and soft tissue of head, face and neck
C49.10	Malignant neoplasm of connective and soft tissue of unspecified upper limb, including shoulder
C49.11	Malignant neoplasm of connective and soft tissue of right upper limb, including shoulder

ICD-10	ICD-10 Description
C49.12	Malignant neoplasm of connective and soft tissue of left upper limb, including shoulder
C49.20	Malignant neoplasm of connective and soft tissue of unspecified lower limb, including hip
C49.21	Malignant neoplasm of connective and soft tissue of right lower limb, including hip
C49.22	Malignant neoplasm of connective and soft tissue of left lower limb, including hip
C49.3	Malignant neoplasm of connective and soft tissue of thorax
C49.4	Malignant neoplasm of connective and soft tissue of abdomen
C49.5	Malignant neoplasm of connective and soft tissue of pelvis
C49.6	Malignant neoplasm of connective and soft tissue of trunk, unspecified
C49.8	Malignant neoplasm of overlapping sites of connective and soft tissue
C49.9	Malignant neoplasm of connective and soft tissue, unspecified
C53.0	Malignant neoplasm of endocervix
C54.0	Malignant neoplasm of isthmus uteri
C54.1	Malignant neoplasm of endometrium
C54.2	Malignant neoplasm of myometrium
C54.3	Malignant neoplasm of fundus uteri
C54.8	Malignant neoplasm of overlapping sites of corpus uteri
C54.9	Malignant neoplasm of corpus uteri, unspecified
C55	Malignant neoplasm of uterus, part unspecified
C73	Malignant neoplasm of thyroid gland
C78.00	Secondary malignant neoplasm of unspecified lung
C78.01	Secondary malignant neoplasm of right lung
C78.02	Secondary malignant neoplasm of left lung
Z80.49	Family history of malignant neoplasm of other genital organs
Z85.118	Personal history of other malignant neoplasm of bronchus and lung
Z85.831	Personal history of malignant neoplasm of soft tissue

## Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD) and Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. They can be found at: <http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx>. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD): N/A

### Medicare Part B Administrative Contractor (MAC) Jurisdictions

Jurisdiction	Applicable State/US Territory	Contractor
E (1)	CA, HI, NV, AS, GU, CNMI	Noridian Healthcare Solutions, LLC
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC
5	KS, NE, IA, MO	Wisconsin Physicians Service Insurance Corp (WPS)
6	MN, WI, IL	National Government Services, Inc. (NGS)
H (4 & 7)	LA, AR, MS, TX, OK, CO, NM	Novitas Solutions, Inc.
8	MI, IN	Wisconsin Physicians Service Insurance Corp (WPS)
N (9)	FL, PR, VI	First Coast Service Options, Inc.
J (10)	TN, GA, AL	Palmetto GBA, LLC
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA, LLC
L (12)	DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in VA)	Novitas Solutions, Inc.
K (13 & 14)	NY, CT, MA, RI, VT, ME, NH	National Government Services, Inc. (NGS)
15	KY, OH	CGS Administrators, LLC