

Rozlytrek[®] (entrectinib) (Oral)

Document Number: IC-0491

Last Review Date: 09/01/2022

Date of Origin: 09/09/2019

Dates Reviewed: 09/2019, 07/2020, 07/2021, 07/2022, 09/2022

I. Length of Authorization

Coverage will be provided for 6 months and may be renewed.

II. Dosing Limits

A. Quantity Limit (max daily dose) [NDC Unit]:

- Rozlytrek 100 mg capsule: 5 capsules per day
- Rozlytrek 200 mg capsule: 3 capsules per day

B. Max Units (per dose and over time) [HCPCS Unit]:

- 600 mg daily

III. Initial Approval Criteria ¹

Coverage is provided in the following conditions:

- Patient is at least 18 years of age (*unless otherwise specified*); **AND**
- Patients with symptoms or known risk factors for congestive heart failure (CHF) have had left ventricular ejection fraction (LVEF) assessed prior to therapy; **AND**
- Patient does not have signs and symptoms of hyperuricemia as evidenced by a baseline serum acid level as tested prior to initiation of therapy; **AND**

Universal Criteria ¹

- Will not be used in combination with another *NTRK*-inhibitor (i.e., larotrectinib) or ROS1-directed (e.g., crizotinib, etc.) therapy; **AND**
- Patient will have an electrocardiogram (ECG) at baseline and will be assessed periodically during therapy; **AND**
- Patient will avoid concomitant therapy with all of the following:
 - Coadministration with drugs that prolong QT/QTc interval (e.g., amiodarone, sotalol, levofloxacin, venlafaxine, quetiapine, sumatriptan, etc.); **AND**
 - Coadministration with moderate or strong CYP3A inducers (e.g., rifampin, carbamazepine, St. John's Wort, bosentan, etc.); **AND**

- Coadministration with moderate or strong CYP3A inhibitors (e.g., erythromycin, itraconazole, fluconazole, grapefruit juice, etc.), or if therapy is unavoidable, the patient will be monitored closely for adverse reaction and/or dose modifications will be implemented (Note: Complete avoidance must be implemented in pediatric patients with BSA $\leq 1.50\text{m}^2$); **AND**

Solid Tumors with *NTRK* gene fusion † ‡ Φ

- Patient is at least 12 years of age; **AND**
- Tumor has a neurotrophic tyrosine receptor kinase (NTRK) gene fusion without a known acquired resistance mutation, as detected by an FDA-approved or CLIA compliant test❖; **AND**
- Used as single agent therapy; **AND**
- Patient has, but is not limited to*, one of the following solid tumors:
 - Breast Cancer ^{1,2,8,10}
 - Patient has no satisfactory alternative treatments or disease has progressed following treatment; **AND**
 - Patient has recurrent unresectable (local or regional) or stage IV (M1) disease; **OR**
 - Patient has not responded to preoperative systemic therapy
 - Central Nervous System Cancers ^{2,8,9,14}
 - Patient has recurrent or progressive low-grade (WHO grade 1) glioma; **AND**
 - Patient is at least 18 years of age; **AND**
 - Patient has received prior fractionated external beam radiation therapy; **OR**
 - Patient has recurrent glioblastoma; **OR**
 - Patient has brain metastases from NTRK-gene fusion positive tumors*; **AND**
 - Used as initial treatment in patients with small, asymptomatic brain metastases; **OR**
 - Used for relapsed disease in patients with limited brain metastases and stable systemic disease or reasonable systemic treatment options; **OR**
 - Patient has recurrent limited brain metastases; **OR**
 - Used for recurrent disease in patients with extensive brain metastases and stable systemic disease or reasonable systemic treatment options; **OR**
 - Patient has oligodendroglioma; **AND**
 - Patient is at least 18 years of age; **AND**
 - Patient has IDH-mutant, 1p19q co-deleted disease; **AND**
 - Patient has recurrent WHO grade 3; **OR**
 - Patient has recurrent or progressive WHO grade 2; **AND**

- Patient has received prior fractionated external beam radiation therapy; **OR**
 - Patient has astrocytoma; **AND**
 - Patient is least 18 years of age; **AND**
 - Patient has IDH-mutant disease; **AND**
 - Patient has recurrent WHO grade 3 or 4; **OR**
 - Patient has recurrent or progressive WHO grade 2; **AND**
 - Patient has received prior fractionated external beam radiation therapy
- Colorectal Adenocarcinoma ^{2,8}
 - Used as subsequent therapy for progression of metastatic disease
- Cutaneous Melanoma ²
 - Used for unresectable or metastatic disease; **AND**
 - Used as subsequent therapy for disease progression or after maximum clinical benefit from BRAF targeted therapy
- Gastric Adenocarcinoma OR Esophageal/Esophagogastric Junction (GEJ) Adenocarcinoma/Squamous Cell Carcinoma ^{2,8}
 - Used palliatively as subsequent therapy; **AND**
 - Patient has unresectable (or is not a surgical candidate) locally advanced, recurrent or metastatic disease
- Gastrointestinal Stromal Tumors (GIST) ^{2,15}
 - Used first line for unresectable, recurrent/progressive, or metastatic disease
- Head and Neck Cancer ^{2,8,11}
 - Patient has salivary gland tumors; **AND**
 - Used for one of the following:
 - Recurrent disease with distant metastases; **OR**
 - Unresectable locoregional recurrence with prior radiation therapy (RT); **OR**
 - Unresectable second primary with prior RT
- Hepatobiliary Cancer ^{2,8}
 - Patient has gallbladder cancer or cholangiocarcinoma (Intra/Extra – hepatic); **AND**
 - Patient has unresectable or metastatic disease; **OR**
 - Patient has hepatocellular carcinoma; **AND**
 - Used as subsequent treatment for progressive disease; **AND**
 - Patient has unresectable disease and is not a transplant candidate; **OR**
 - Patient has metastatic disease or extensive liver tumor burden; **OR**
 - Patient has liver-confined disease that is inoperable by performance status, comorbidity, or with minimal or uncertain extrahepatic disease

- Histiocytic Neoplasms – Langerhans Cell Histiocytosis (LCH)²
 - Patient has multisystem LCH with symptomatic or impending organ dysfunction; **OR**
 - Patient has pulmonary LCH; **OR**
 - Patient has multifocal single system bone disease not responsive to treatment with a bisphosphonate and >2 lesions; **OR**
 - Patient has CNS lesions; **OR**
 - Patient has relapsed/refractory disease
- Histiocytic Neoplasms – Erdheim-Chester Disease (ECD)²
 - Patient has symptomatic or relapsed/refractory disease
- Histiocytic Neoplasms – Rosai-Dorfman Disease²
 - Patient has symptomatic unresectable unifocal disease; **OR**
 - Patient has symptomatic multifocal disease; **OR**
 - Patient has relapsed/refractory disease
- Ovarian Cancer (Epithelial Ovarian/Fallopian Tube/Primary Peritoneal Cancer)^{2,8}
 - Patient is not experiencing an immediate biochemical relapse (i.e., rising CA-125 without evidence of radiographic disease); **AND**
 - Patient has persistent, relapsed, or recurrent disease
- Pancreatic Adenocarcinoma^{2,8}
 - Used as subsequent therapy for locally advanced, metastatic, progressive or recurrent disease
- Small Bowel Adenocarcinoma²
 - Used as subsequent therapy for metastatic disease
- Ampullary Adenocarcinoma²
 - Used as first-line therapy for unresectable or metastatic disease; **AND**
 - Patient has poor performance status (ECOG PS 2); **OR**
 - Used as subsequent therapy for disease progression
- Soft Tissue Sarcoma^{2,8,12}
 - Will not be used as adjuvant therapy for non-metastatic disease; **AND**
 - Used as first-line therapy for one of the following:
 - Advanced or metastatic pleomorphic rhabdomyosarcoma
 - Advanced, unresectable, recurrent, or metastatic disease of the extremity/body wall/head-neck
 - Advanced, unresectable, or metastatic disease or post-operatively for sarcoma of the retroperitoneal or intra-abdominal area
- Thyroid Carcinoma^{2,8,13}
 - Patient has Follicular, Hürthle Cell, or Papillary carcinoma; **AND**

- Patient has unresectable locoregional recurrent or persistent disease OR metastatic disease; **AND**
- Disease is not susceptible to radioactive iodine (RAI) therapy; **OR**
- Patient has Anaplastic carcinoma; **AND**
 - Patient has metastatic disease

Non-Small Cell Lung Cancer † Φ ^{1,2,8}

- Used for recurrent, advanced, or metastatic disease (excluding locoregional recurrence or symptomatic local disease without evidence of disseminated disease) or mediastinal lymph node recurrence with prior radiation therapy; **AND**
- Used as a single-agent; **AND**
 - Patient's tumor is *ROS1*-positive as detected by an FDA-approved or CLIA compliant test❖; **OR**
 - Patient has NTRK1/2/3 gene fusion-positive disease as detected by an FDA-approved or CLIA compliant test❖; **AND**
 - Patient is at least 12 years of age; **AND**
 - Used as first line therapy OR as subsequent therapy following progression on first-line systemic therapy in patients who did not receive an NTRK1/2/3-targeted regimen in a previous line of therapy

** Note: Solid tumors not listed, that are NTRK gene fusion positive without any known acquired resistance mutation, will be reviewed on a case-by-case basis and considered medically necessary when all other relevant medication and indication specific criteria are met.*

❖ *If confirmed using an immunotherapy assay* <http://www.fda.gov/companiondiagnostics>

† FDA approved indication(s); ‡ Compendia recommended indication(s); Φ Orphan Drug

IV. Renewal Criteria ¹

Coverage can be renewed based upon the following criteria:

- Patient continues to meet universal and other indication-specific relevant criteria such as concomitant therapy requirements (not including prerequisite therapy), performance status, etc. 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: congestive heart failure, hepatotoxicity, CNS effects (e.g., cognitive impairment, mood disorders, dizziness, and sleep disturbances), skeletal fractures, hyperuricemia, QT-interval prolongation, visual disturbances, etc.

V. Dosage/Administration ¹

Indication	Dose
------------	------

ROZLYTREK® (entrectinib) Prior Auth Criteria

Proprietary Information. Restricted Access – Do not disseminate or copy without approval.

©2022, Magellan Rx Management

MagellanRx
MANAGEMENT™

<i>ROS1</i> -Positive NSCLC	600 mg orally once daily
<i>NTRK</i> Gene Fusion-Positive Solid Tumors	<p>Adult Patients 600 mg orally once daily</p> <p>Pediatric Patients ≥ 12 years of age</p> <ul style="list-style-type: none"> – BSA > 1.50 m²: 600 mg orally once daily – BSA 1.11 to 1.50 m²: 500 mg orally once daily – BSA 0.91 to 1.10 m²: 400 mg orally once daily
Rozlytrek is taken with or without food until disease progression or unacceptable toxicity	

VI. Billing Code/Availability Information

HCPCS Code:

- J8999 – prescription drug, oral, chemotherapeutic, not otherwise specified
- C9399 – Unclassified drugs or biologicals (*Hospital Outpatient Use ONLY*)

NDC(s):

- Rozlytrek 100 mg capsules: 50242-0091-xx
- Rozlytrek 200 mg capsules: 50242-0094-xx

VII. References

1. Rozlytrek [package insert]. South San Francisco, CA; Genentech, Inc.; July 2022. Accessed July 2022.
2. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) entrectinib. National Comprehensive Cancer Network, 2022. 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 June 2022.
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, Scaltriti M, Drilon A. *NTRK* fusion-positive cancers and TRK inhibitor therapy. *Nat Rev Clin Oncol*. 2018 Dec;15(12):731-747. doi: 10.1038/s41571-018-0113-0.

8. Demetri GD, Paz-Ares L, Farago AF, et al. Efficacy and safety of entrectinib in patients with NTRK fusion-positive tumours: pooled analysis of STARTRK-2, STARTRK-1 and ALKA-372-001. ESMO 2018 Congress Presentation. October 21, 2018.
9. Siena S, Doebele RC, Shaw AT, et al. Efficacy of entrectinib in patients with solid tumors and central nervous system metastases: integrated analysis from three clinical trials. *J Clin Oncol* 2019;37:3017.
10. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Breast Cancer Version 4.2022. National Comprehensive Cancer Network, 2022. 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 Guidelines, go online to NCCN.org. Accessed June 2022.
11. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Head and Neck Cancers Version 2.2022. National Comprehensive Cancer Network, 2022. 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 Guidelines, go online to NCCN.org. Accessed June 2022.
12. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Soft Tissue Sarcoma Version 2.2022. National Comprehensive Cancer Network, 2022. 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 Guidelines, go online to NCCN.org. Accessed June 2022.
13. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Thyroid Carcinoma Version 2.2022. National Comprehensive Cancer Network, 2022. 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 Guidelines, go online to NCCN.org. Accessed June 2022.
14. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Central Nervous System Cancers Version 1.2022. National Comprehensive Cancer Network, 2022. 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 Guidelines, go online to NCCN.org. Accessed June 2022.
15. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Gastrointestinal Stromal Tumors (GISTs) Version 1.2022. National Comprehensive Cancer Network, 2022. 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 Guidelines, go online to NCCN.org. Accessed June 2022.

Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
C06.9	Malignant neoplasm of mouth, unspecified
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
C15.3	Malignant neoplasm of upper third of esophagus
C15.4	Malignant neoplasm of middle third of esophagus
C15.5	Malignant neoplasm of lower third of esophagus
C15.8	Malignant neoplasm of overlapping sites of esophagus
C15.9	Malignant neoplasm of esophagus, unspecified
C16.0	Malignant neoplasm of cardia
C16.1	Malignant neoplasm of fundus of stomach
C16.2	Malignant neoplasm of body of stomach
C16.3	Malignant neoplasm of pyloric antrum
C16.4	Malignant neoplasm of pylorus
C16.5	Malignant neoplasm of lesser curvature of stomach, unspecified
C16.6	Malignant neoplasm of greater curvature of stomach, unspecified
C16.8	Malignant neoplasm of overlapping sites of stomach
C16.9	Malignant neoplasm of stomach, unspecified
C17.0	Malignant neoplasm of duodenum
C17.1	Malignant neoplasm of jejunum
C17.2	Malignant neoplasm of ileum
C17.3	Meckel's diverticulum, malignant
C17.8	Malignant neoplasm of overlapping sites of small intestine
C17.9	Malignant neoplasm of small intestine, unspecified
C18.0	Malignant neoplasm of cecum
C18.1	Malignant neoplasm of appendix
C18.2	Malignant neoplasm of ascending colon
C18.3	Malignant neoplasm of hepatic flexure
C18.4	Malignant neoplasm of transverse colon
C18.5	Malignant neoplasm of splenic flexure

ROZLYTREK® (entrectinib) Prior Auth Criteria

Proprietary Information. Restricted Access – Do not disseminate or copy without approval.

©2022, Magellan Rx Management

ICD-10	ICD-10 Description
C18.6	Malignant neoplasm of descending colon
C18.7	Malignant neoplasm of sigmoid colon
C18.8	Malignant neoplasm of overlapping sites of colon
C18.9	Malignant neoplasm of colon, unspecified
C19	Malignant neoplasm of rectosigmoid junction
C20	Malignant neoplasm of rectum
C21.8	Malignant neoplasm of overlapping sites of rectum, anus and anal canal
C22.0	Liver cell carcinoma
C22.1	Intrahepatic bile duct carcinoma
C22.8	Malignant neoplasm of liver, primary, unspecified as to type
C22.9	Malignant neoplasm of liver, not specified as primary or secondary
C23	Malignant neoplasm of gallbladder
C24.0	Malignant neoplasm of extrahepatic bile duct
C24.1	Malignant neoplasm of ampulla of Vater
C24.8	Malignant neoplasm of overlapping sites of biliary tract
C24.9	Malignant neoplasm of biliary tract, unspecified
C25.0	Malignant neoplasm of head of pancreas
C25.1	Malignant neoplasm of body of the pancreas
C25.2	Malignant neoplasm of tail of pancreas
C25.3	Malignant neoplasm of pancreatic duct
C25.7	Malignant neoplasm of other parts of pancreas
C25.8	Malignant neoplasm of overlapping sites of pancreas
C25.9	Malignant neoplasm of pancreas, 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
C34.32	Malignant neoplasm of lower lobe, left bronchus or lung

ICD-10	ICD-10 Description
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
C43.0	Malignant melanoma of lip
C43.10	Malignant melanoma of unspecified eyelid, including canthus
C43.11	Malignant melanoma of right eyelid, including canthus
C43.12	Malignant melanoma of left eyelid, including canthus
C43.111	Malignant melanoma of right upper eyelid, including canthus
C43.112	Malignant melanoma of right lower eyelid, including canthus
C43.121	Malignant melanoma of left upper eyelid, including canthus
C43.122	Malignant melanoma of left lower eyelid, including canthus
C43.20	Malignant melanoma of unspecified ear and external auricular canal
C43.21	Malignant melanoma of right ear and external auricular canal
C43.22	Malignant melanoma of left ear and external auricular canal
C43.30	Malignant melanoma of unspecified part of face
C43.31	Malignant melanoma of nose
C43.39	Malignant melanoma of other parts of face
C43.4	Malignant melanoma of scalp and neck
C43.51	Malignant melanoma of anal skin
C43.52	Malignant melanoma of skin of breast
C43.59	Malignant melanoma of other part of trunk
C43.60	Malignant melanoma of unspecified upper limb, including shoulder
C43.61	Malignant melanoma of right upper limb, including shoulder
C43.62	Malignant melanoma of left upper limb, including shoulder
C43.70	Malignant melanoma of unspecified lower limb, including hip
C43.71	Malignant melanoma of right lower limb, including hip
C43.72	Malignant melanoma of left lower limb, including hip
C43.8	Malignant melanoma of overlapping sites of skin
C43.9	Malignant melanoma of skin, unspecified
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

ICD-10	ICD-10 Description
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 of large intestine
C49.A5	Gastrointestinal stromal tumor of rectum
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
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

ICD-10	ICD-10 Description
C49.9	Malignant neoplasm of connective and soft tissue, unspecified
C50.011	Malignant neoplasm of nipple and areola, right female breast
C50.012	Malignant neoplasm of nipple and areola, left female breast
C50.019	Malignant neoplasm of nipple and areola, unspecified female breast
C50.021	Malignant neoplasm of nipple and areola, right female breast
C50.022	Malignant neoplasm of nipple and areola, left female breast
C50.029	Malignant neoplasm of nipple and areola, unspecified female breast
C50.111	Malignant neoplasm of central portion of right female breast
C50.112	Malignant neoplasm of central portion of left female breast
C50.119	Malignant neoplasm of central portion of unspecified female breast
C50.121	Malignant neoplasm of central portion of right male breast
C50.122	Malignant neoplasm of central portion of left male breast
C50.129	Malignant neoplasm of central portion of unspecified male breast
C50.211	Malignant neoplasm of upper-inner quadrant of right female breast
C50.212	Malignant neoplasm of upper-inner quadrant of left female breast
C50.219	Malignant neoplasm of upper-inner quadrant of unspecified female breast
C50.221	Malignant neoplasm of upper-inner quadrant of right male breast
C50.222	Malignant neoplasm of upper-inner quadrant of left male breast
C50.229	Malignant neoplasm of upper-inner quadrant of unspecified male breast
C50.311	Malignant neoplasm of lower-inner quadrant of right female breast
C50.312	Malignant neoplasm of lower-inner quadrant of left female breast
C50.319	Malignant neoplasm of lower-inner quadrant of unspecified female breast
C50.321	Malignant neoplasm of lower-inner quadrant of right male breast
C50.322	Malignant neoplasm of lower-inner quadrant of left male breast
C50.329	Malignant neoplasm of lower-inner quadrant of unspecified male breast
C50.411	Malignant neoplasm of upper-outer quadrant of right female breast
C50.412	Malignant neoplasm of upper-outer quadrant of left female breast
C50.419	Malignant neoplasm of upper-outer quadrant of unspecified female breast
C50.421	Malignant neoplasm of upper-outer quadrant of right male breast
C50.422	Malignant neoplasm of upper-outer quadrant of left male breast
C50.429	Malignant neoplasm of upper-outer quadrant of unspecified male breast
C50.511	Malignant neoplasm of lower-outer quadrant of right female breast
C50.512	Malignant neoplasm of lower-outer quadrant of left female breast
C50.519	Malignant neoplasm of lower-outer quadrant of unspecified female breast

ICD-10	ICD-10 Description
C50.521	Malignant neoplasm of lower-outer quadrant of right male breast
C50.522	Malignant neoplasm of lower-outer quadrant of left male breast
C50.529	Malignant neoplasm of lower-outer quadrant of unspecified male breast
C50.611	Malignant neoplasm of axillary tail of right female breast
C50.612	Malignant neoplasm of axillary tail of left female breast
C50.619	Malignant neoplasm of axillary tail of unspecified female breast
C50.621	Malignant neoplasm of axillary tail of right male breast
C50.622	Malignant neoplasm of axillary tail of left male breast
C50.629	Malignant neoplasm of axillary tail of unspecified male breast
C50.811	Malignant neoplasm of overlapping sites of right female breast
C50.812	Malignant neoplasm of overlapping sites of left female breast
C50.819	Malignant neoplasm of overlapping sites of unspecified female breast
C50.821	Malignant neoplasm of overlapping sites of right male breast
C50.822	Malignant neoplasm of overlapping sites of left male breast
C50.829	Malignant neoplasm of overlapping sites of unspecified male breast
C50.911	Malignant neoplasm of unspecified site of right female breast
C50.912	Malignant neoplasm of unspecified site of left female breast
C50.919	Malignant neoplasm of unspecified site of unspecified female breast
C50.921	Malignant neoplasm of unspecified site of right male breast
C50.922	Malignant neoplasm of unspecified site of left male breast
C50.929	Malignant neoplasm of unspecified site of unspecified male breast
C56.1	Malignant neoplasm of right ovary
C56.2	Malignant neoplasm of left ovary
C56.3	Malignant neoplasm of bilateral ovaries
C56.9	Malignant neoplasm of unspecified ovary
C57.00	Malignant neoplasm of unspecified fallopian tube
C57.01	Malignant neoplasm of right fallopian tube
C57.02	Malignant neoplasm of left fallopian tube
C57.10	Malignant neoplasm of unspecified broad ligament
C57.11	Malignant neoplasm of right broad ligament
C57.12	Malignant neoplasm of left broad ligament
C57.20	Malignant neoplasm of unspecified round ligament
C57.21	Malignant neoplasm of right round ligament
C57.22	Malignant neoplasm of left round ligament

ICD-10	ICD-10 Description
C57.3	Malignant neoplasm of parametrium
C57.4	Malignant neoplasm of uterine adnexa, unspecified
C57.7	Malignant neoplasm of other specified female genital organs
C57.8	Malignant neoplasm of overlapping sites of female genital organs
C57.9	Malignant neoplasm of female genital organ, unspecified
C71.0	Malignant neoplasm of cerebrum, except lobes and ventricles
C71.1	Malignant neoplasm of frontal lobe
C71.2	Malignant neoplasm of temporal lobe
C71.3	Malignant neoplasm of parietal lobe
C71.4	Malignant neoplasm of occipital lobe
C71.5	Malignant neoplasm of cerebral ventricle
C71.6	Malignant neoplasm of cerebellum
C71.7	Malignant neoplasm of brain stem
C71.8	Malignant neoplasm of overlapping sites of brain
C71.9	Malignant neoplasm of brain, unspecified
C72.0	Malignant neoplasm of spinal cord
C72.9	Malignant neoplasm of central nervous system, 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
C78.6	Secondary malignant neoplasm of retroperitoneum and peritoneum
C78.7	Secondary malignant neoplasm of liver and intrahepatic bile duct
C79.31	Secondary malignant neoplasm of brain
C96.Z	Other specified malignant neoplasms of lymphoid, hematopoietic and related tissue
C96.0	Multifocal and multisystemic (disseminated) Langerhans-cell histiocytosis
C96.2	Malignant mast cell neoplasm
C96.5	Multifocal and unisystemic Langerhans-cell histiocytosis
C96.6	Unifocal Langerhans-cell histiocytosis
C96.9	Malignant neoplasm of lymphoid, hematopoietic and related tissue, unspecified
D37.1	Neoplasm of uncertain behavior of stomach
D37.8	Neoplasm of uncertain behavior of other specified digestive organs
D37.9	Neoplasm of uncertain behavior of digestive organ, unspecified
D43.0	Neoplasm of uncertain behavior of brain, supratentorial

ICD-10	ICD-10 Description
D43.1	Neoplasm of uncertain behavior of brain, infratentorial
D43.2	Neoplasm of uncertain behavior of brain, unspecified
D43.4	Neoplasm of uncertain behavior of cranial nerves
D43.9	Neoplasm of uncertain behavior of central nervous system, unspecified
D76.3	Other histiocytosis syndromes
Z85.00	Personal history of malignant neoplasm of unspecified digestive organ
Z85.01	Personal history of malignant neoplasm of esophagus
Z85.07	Personal history of malignant neoplasm of pancreas
Z85.028	Personal history of other malignant neoplasm of stomach
Z85.038	Personal history of other malignant neoplasm of large intestine
Z85.43	Personal history of malignant neoplasm of ovary
Z85.068	Personal history of other malignant neoplasm of small intestine
Z85.118	Personal history of other malignant neoplasm of bronchus and lung
Z85.841	Personal history of malignant neoplasm of brain

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), Local Coverage Article (LCAs), and Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. They can be found at: <https://www.cms.gov/medicare-coverage-database/search.aspx>. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCA/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.

ROZLYTREK® (entrectinib) Prior Auth Criteria

Proprietary Information. Restricted Access – Do not disseminate or copy without approval.

©2022, Magellan Rx Management

Medicare Part B Administrative Contractor (MAC) Jurisdictions

Jurisdiction	Applicable State/US Territory	Contractor
K (13 & 14)	NY, CT, MA, RI, VT, ME, NH	National Government Services, Inc. (NGS)
15	KY, OH	CGS Administrators, LLC