

Clinical Policy Title:	repotrectinib
Policy Number:	RxA.810
Drug(s) Applied:	Augtyro™
Original Policy Date:	5/29/2024
Last Review Date:	5/29/2024
Line of Business Policy Applies to:	All lines of business (except Medicare)

Criteria

I. Initial Approval Criteria

A. Non-Small Cell Lung Cancer (NSCLC)

1. Diagnosis of locally advanced or metastatic NSCLC.
2. Patient has ROS1 mutation.

Approval duration

All Lines of Business (except Medicare): 6 months, subject to split fill

II. Continued Therapy Approval

A. Non-Small Cell Lung Cancer (NSCLC)

1. Auto-approval based on lookback functionality within the past 120 days as a proxy for member responding positively to therapy
2. Member is responding positively to therapy as evidenced by the provider continuing to prescribe the medication.

Approval duration

All Lines of Business (except Medicare): 12 months

References

1. Drilon, Alexander et al. "Repotrectinib in *ROS1* Fusion-Positive Non-Small-Cell Lung Cancer." The New England journal of medicine vol. 390,2 (2024). <https://pubmed.ncbi.nlm.nih.gov/38197815/>. Accessed May 29, 2024.
2. Augtyro Package Insert. Princeton, NJ: Bristol-Myers Squibb. 2023. Accessed May 29, 2024

Review/Revision History	Review/Revised Date	P&T Approval Date
Policy established.	5/29/2024	5/29/2024

This clinical policy has been developed to authorize, modify, or determine coverage for individuals with similar conditions. Specific care and treatment may vary depending on individual need and benefits covered by the plan. This policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. This document may contain prescription brand name drugs that are trademarks of pharmaceutical manufacturers that are not affiliated with RxAdvance.