Clinical Policy Title:	repotrecitinib
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