Cigna National Formulary Coverage Policy



Effective Date	. 2/1/2023
Next Review Date	. 2/1/2024

Prior Authorization Oncology – Zykadia[®] (ceritinib capsules and tablets)

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INSTRUCTIONS FOR USE

The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

National Formulary Medical Necessity

Cigna covers ceritinib (Zykadia®) as medically necessary when the following criteria are met for FDA Indications or Other Uses with Supportive Evidence:

Prior Authorization is recommended for prescription benefit coverage of Zykadia. All approvals are provided for the duration noted below.

FDA Indication(s)

- 1. Non-Small Cell Lung Cancer (NSCLC) Anaplastic Lymphoma Kinase (*ALK*)-Positive. Approve for 1 year if the individual meets the following criteria (A, B, C, <u>and</u> D):
 - A) Individual is ≥ 18 years of age; AND
 - B) Individual has advanced or metastatic disease: AND
 - C) Individual has anaplastic lymphoma kinase (ALK)-positive disease; AND
 - **D)** The mutation is detected by an approved test.

Other Uses with Supportive Evidence

- 2. Erdheim-Chester Disease. Approve for 1 year if the individual meets the following criteria (A and B):
 - A) Individual is ≥ 18 years of age; AND
 - B) Individual has an aplastic lymphoma kinase (ALK) rearrangement/fusion-positive disease.
- **3. Inflammatory Myofibroblastic Tumor.** Approve for 1 year if the individuals meets the following criteria (A, B, and C):
 - A) Individual is ≥ 18 years of age; AND
 - B) Individual has anaplastic lymphoma kinase (ALK)-positive disease; AND
 - C) Individual meets one of the following criteria (i or ii):
 - i. Individual has advanced, recurrent, or metastatic disease; OR
 - ii. The tumor is inoperable.
- **4. Non-Small Cell Lung Cancer with** *ROS1* **Rearrangement.** Approve for 1 year if the individual meets the following criteria (A, B, and C):
 - A) Individual is ≥ 18 years of age; AND
 - B) Individual has advanced or metastatic disease; AND
 - C) Individual has ROS1 rearrangement-positive disease.

Conditions Not Covered

Ceritinib (Zykadia®) are considered experimental, investigational or unproven for ANY other use.

Background

Overview

Zykadia, a kinase inhibitor, is indicated for the treatment of adults with metastatic **non-small cell lung cancer** (NSCLC) whose tumors are anaplastic lymphoma kinase (*ALK*)-positive as detected by an FDA-approved test.¹

Guidelines

Zykadia is addressed in National Comprehensive Cancer Network (NCCN) guidelines:²⁻⁵

- **Histiocytic Neoplasms:** Guidelines (version 1.2022 May 20, 2022) recommend Zykadia as a "useful in certain circumstances" treatment option for *ALK*-positive Erdheim-Chester Disease (category 2A).³
- NSCLC: Guidelines (version 1.2023 December 22, 2023) recommend testing for biomarkers (e.g., ALK rearrangement, ROS proto-oncogene 1 (ROS1) gene rearrangement) in eligible patients with NSCLC.⁴
 - ALK rearrangement-positive NSCLC: If ALK rearrangement is discovered prior to first-line systemic therapy, Zykadia is an "other recommended therapy" (category 1). If ALK rearrangement is discovered during first-line systemic therapy, options are to complete the planned systemic therapy (including maintenance therapy) or to interrupt the systemic therapy and treat with Zykadia (category 2A) or another ALK inhibitor. NCCN recommendations for patients with disease progression often include continuing the first-line targeted therapy, depending on type of progression.
 - o ROS1 rearrangement-positive NSCLC: If ROS1 rearrangement is discovered prior to first-line systemic therapy, Zykadia is an "other recommended" first-line treatment option (category 2A). If ROS1 rearrangement is discovered during first-line systemic therapy, options are to complete the planned systemic therapy (including maintenance therapy) or interrupt and treat with Zykadia (category 2A). For patients who progress on treatment, if they are asymptomatic, they may continue to receive the treatment they were previously receiving (including Zykadia) or switch to Lorbrena® (lorlatinib tablets). There are different recommendations for patients who are symptomatic, depending on type of progression.
- Inflammatory Myofibroblastic Tumor (IMT): NCCN Soft Tissue Sarcoma guidelines (version 2.2022 May 17, 2022) and NCCN Uterine Neoplasms guidelines (version 1.2023 December 22, 2022) recommend Zykadia as a treatment option for IMT with ALK translocation.^{5,6}

References

- 1. Zykadia® capsules and tablets [prescribing information]. East Hanover, NJ: Novartis; October 2021.
- 2. The NCCN Drugs & Biologics Compendium. © 2022 National Comprehensive Cancer Network. Available at: http://www.nccn.org. Accessed on July 5, 2022. Search terms: ceritinib.
- The NCCN Histiocytic Neoplasms Clinical Practice Guidelines in Oncology (version 1.2022 May 20, 2022).
 2022 National Comprehensive Cancer Network. Available at: http://www.nccn.org. Accessed on July 7, 2022.
- The NCCN Non-Small Cell Lung Cancer Clinical Practice Guidelines in Oncology (version 1.2023 –
 December 22, 2022). © 2022 National Comprehensive Cancer Network. Available at: http://www.nccn.org.
 Accessed on January 9, 2023.
- The NCCN Soft Tissue Sarcoma Clinical Practice Guidelines in Oncology (version 2.2022 May 17, 2022).
 ©2022 National Comprehensive Cancer Network. Available at: http://www.nccn.org. Accessed on July 5, 2022.
- 6. The NCCN Uterine Neoplasms Clinical Practice Guidelines in Oncology (version 1.2023 December 22, 2022) © 2022 National Comprehensive Cancer Network. Available at: http://www.nccn.org. Accessed on January 9, 2023.

Revision History

Type of Revision	Summary of Changes	Approval Date
Annual	Erdheim-Chester Disease. This new condition of approval was added to the	07/13/2022
Revision	policy.	
	Inflammatory Myofibroblastic Tumor. The condition name was changed to as	
	listed; previously, the condition was titled Soft Tissue Sarcoma – Inflammatory	
	Myofibroblastic Tumor (IMT).	
	Non-Small Cell Lung Cancer with ROS1 Rearrangement. The criterion	
	"Patient is receiving Zykadia as first-line treatment" was removed.	
Selected	Inflammatory Myofibroblastic Tumor: The requirement that the disease is	01/11/2023
Revision	advanced, recurrent, or metastatic, or the tumor is inoperable was added.	

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