

# **PRIOR AUTHORIZATION POLICY**

**POLICY:** Oncology – Augtyro Prior Authorization Policy

• Augtyro<sup>™</sup> (repotrectinib capsules – Bristol-Myers Squibb Company)

**REVIEW DATE:** 11/29/2023

#### **OVERVIEW**

Augtyro, a kinase inhibitor, is indicated for the treatment of locally advanced or metastatic *ROS1*-positive non-small cell lung cancer (NSCLC) in adults.<sup>1</sup>

### Guidelines

The National Comprehensive Cancer Network (NCCN) NSCLC guidelines (version 1.2024 – December 21, 2023) recommend Augtyro, Rozlytrek® (entrectinib capsules and oral pellets), and Xalkori® (crizotinib capsules) as "Preferred" first-line treatment options (all category 2A) for patients with *ROS1* rearrangement-positive NSCLC.² Zykadia® (ceritinib capsules and tablets) is also an option under "Other Recommended" therapy (category 2A) in the first-line setting.

#### **POLICY STATEMENT**

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

**Automation:** None.

### RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Augtyro is recommended in those who meet the following criteria:

### FDA-Approved Indication

- 1. Non-Small Cell Lung Cancer. Approve for 1 year if the patient meets the following (A, B, C, and D):
  - A) Patient is  $\geq 18$  years of age; AND
  - B) Patient has locally advanced or metastatic disease; AND
  - C) Patient has ROS1-positive non-small cell lung cancer; AND
  - **D)** The mutation was detected by an approved test.

### CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Augtyro is not recommended in the following situations:

1. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

#### REFERENCES

1. Augtyro<sup>™</sup> capsules [prescribing information]. Princeton, NJ: Bristol-Myers Squibb Company; November 2023.

# Oncology – Augtyro PA Policy Page 2

2. The NCCN Non-Small Cell Lung Cancer Clinical Practice Guidelines in Oncology (version 1.2024 – December 21, 2023). © 2023 National Comprehensive Cancer Network. Available at: <a href="http://www.nccn.org">http://www.nccn.org</a>. Accessed on January 5, 2024.

# **HISTORY**

Type of Revision	Summary of Changes	Review Date
New Policy		11/29/2023
Update	01/05/2024: Updated guidelines section addressing Augtyro.	