## Criteria-Based Consultation Prescribing Program CRITERIA FOR DRUG COVERAGE

## Selumetinib (Koselugo)

**Initiation (new start) criteria**: Non-Formulary **selumetinib (Koselugo)** will be covered on the prescription drug benefit when the following criteria are met:

- Between 2 and 17 years of age
- A diagnosis of neurofibramotosis type 1 (NF1)
- Symptomatic, inoperable plexiform neurofibromas (PN)

<u>Criteria</u> for current Kaiser Permanente members already taking the medication who have not been reviewed previously: Non-formulary selumetinib (Koselugo) will be covered on the prescription drug benefit when the following criteria are met:

- Two years of age or greater
- A diagnosis of neurofibramotosis type 1 (NF1)

<u>Criteria for new members entering Kaiser Permanente already taking the</u> <u>medication who have not been reviewed previously</u>: Non-formulary selumetinib (Koselugo) will be covered on the prescription drug benefit when the following criteria are met:

- Two years of age or greater
- A diagnosis of neurofibramotosis type 1 (NF1)

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