

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Alectinib (Alecensa)

Notes:

- Quantity Limits: Yes
- * Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation

Initiation (new start) criteria: Non-formulary alectinib (Alecensa) will be covered on the prescription drug benefit for when the following criteria are met:

- Prescribed by an Oncology/Hematology provider
- Patients have a diagnosis of ALK-positive metastatic, non-small cell lung cancer
- Patient has a diagnosis of resected ALK-positive stage IIIA non-small cell lung cancer – AND- completed adjuvant chemotherapy

Criteria for *current Kaiser Permanente members already taking the medication who have not been reviewed previously*: Non-formulary alectinib (Alecensa) will be covered on the prescription drug benefit for when the following criteria are met:

- Prescribed by an Oncology/Hematology provider
- Patients have a diagnosis of ALK-positive metastatic, non-small cell lung cancer
- Patient has a diagnosis of resected ALK-positive stage IIIA non-small cell lung cancer – AND- completed adjuvant chemotherapy

Criteria for *new members entering Kaiser Permanente already taking the medication who have not been reviewed previously*: Non-formulary alectinib (Alecensa) will be covered on the prescription drug benefit for when the following criteria are met:

- Prescribed by an Oncology/Hematology provider
- Patients have a diagnosis of ALK-positive metastatic, non-small cell lung cancer
- Patient has a diagnosis of resected ALK-positive stage IIIA non-small cell lung cancer – AND- completed adjuvant chemotherapy