STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

ALECTINIB

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
ALECTINIB HCL	ALECENSA	42895		GPI-10 (2153050710)	

GUIDELINES FOR USE

1. Does the patient have a diagnosis of metastatic non-small cell lung cancer (NSCLC) **AND** meet the following criterion?
   - Patient is positive for anaplastic lymphoma kinase (ALK) fusion oncogene as detected by an FDA-approved test

   If yes, **approve for 12 months by HICL or GPI-10 with a quantity limit of #240 per 30 days.**
   If no, do not approve.
   DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

   Our guideline named **ALECTINIB (Alecensa)** requires the following rules be met for approval:
   1. You have a diagnosis of metastatic non-small cell lung cancer (NSCLC; type of cancer that has spread)
   2. You are positive for anaplastic lymphoma kinase (ALK; gene mutation) fusion oncogene as detected by an FDA (Food and Drug Administration) -approved test

   Your doctor told us [INSERT PT SPECIFIC INFO PROVIDED]. We do not have information showing you [INSERT UNMET CRITERIA]. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Alcensa.

REFERENCES

- Alecensa [Prescribing Information]. South San Francisco, CA: Genentech, Inc. May 2019.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A
Commercial Effective: 04/10/21

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P&T Approval: 01/18