

**CRITERIA FOR PRIOR AUTHORIZATION**

Oncology Agents

**BILLING CODE TYPE** For drug coverage and provider type information, see the [KMAP Reference Codes webpage](#).

**MANUAL GUIDELINES** Prior authorization will be required for all current and future dose forms available. All medication-specific criteria will be reviewed according to the criteria below.

<u>Brand Name</u>	<u>Generic Name</u>	<u>Brand Name</u>	<u>Generic Name</u>
Abraxane	(paclitaxel protein-bound)	Daurismo	(glasdegib)
Adcetris	(brentuximab vedotin)	Doxil	(doxorubicin)
Afinitor	(everolimus)	Elzonris	(tagraxofusp-erzs)
Alecensa	(alectinib hcl)	Empliciti	(elotuzumab)
Alimta	(pemetrexed)	Enhertu	(fam-trastuzumab deruxtecan)
Aliqopa	(copanlisib)	Erbitux	(cetuximab)
Alunbrig	(brigatinib)	Erivedge	(vismodegib)
Arranon	(nelarabine)	Erleada	(apalutamide)
Arzerra	(ofatumumab)	Erwinaze	(asparaginase erwinia chrysanthemi)
Asparlas	(calaspargase pegol-mknl)	Evomela	(melphalan)
Ayvakit	(avapritinib)	<u>Exkivity</u>	<u>(mobocertinib)</u>
Azedra	(iobenguane I-131)	Farydak	(panobinostat)
Balversa	(erdafitinib)	Folotyn	(pralatrexate)
Bavencio	(avelumab)	Fotivda	(tivozanib)
Beleodaq	(belinostat)	<u>Fyarro</u>	<u>(sirolimus)</u>
Belrapzo	(bendamustine)	Gavreto	(pralsetinib)
Bendeka	(bendamustine)	Gazyva	(obinutuzumab)
Besponsa	(inotuzumab ozogamicin)	Gilotrif	(afatinib)
Bicnu	(carmustine)	Gleevec	(imatinib mesylate)
Blenrep	(belantamab mafodotin-blmf)	Halaven	(eribulin mesylate)
Blinicyto	(blinatumomab)	Herceptin	(trastuzumab)
Bosulif	(bosutinib)	Herceptin Hylecta	(trastuzumab and hyaluronidase-oysk)
Braftovi	(encorafenib)	Herzuma	(trastuzumab)
Brukinsa	(zanubrutinib)	Ibrance	(palbociclib)
Cabometyx	(cabozantinib)	Iclusig	(ponatinib hcl)
Calquence	(acalabrutinib)	Idhifa	(enasidenib)
Clolar	(clofarabine)	Imbruvica	(ibrutinib)
Cometriq	(cabozantinib)	Imfinzi	(durvalumab)
Cotellic	(cobimetinib)	Infugem	(gemcitabine)
Cyramza	(ramucirumab)	Inlyta	(axitinib)
<u>Cytalux</u>	<u>(pafolacianine)</u>	Inqovi	(decitabine-cedazuridine)
Danyelza	(naxitamab-gqgk)	Inrebic	(fedratinib)
Darzalex	(daratumumab)	Istodax	(romidepsin)
Darzalex Faspro	(daratumumab and hyaluronidase)		

<b><u>Brand Name</u></b>	<b><u>Generic Name</u></b>	<b><u>Brand Name</u></b>	<b><u>Generic Name</u></b>
Ixempra	(ixabepilone)	Portrazza	(necitumumab)
Jakafi	(ruxolitinib phosphate)	Poteligeo	(mogamulizumab-kpkc)
Jelmyto	(mitomycin pyelocalyceal)	Provenge	(sipuleucel-T)
<b><u>Jemperli</u></b>	<b><u>(dostarlimab)</u></b>	Qinlock	(ripretinib)
Jevtana	(cabazitaxel)	Retevmo	(selpercatinib)
Kadcyla	(ado-trastuzumab)	Revlimid	(lenalidomide)
Kanjinti	(trastuzumab)	Riabni	(rituximab)
Keytruda	(pembrolizumab)	Rituxan	(rituximab)
Khapzory	(levoleucovorin)	Rituxan Hycela	(rituximab and hyaluronidase human)
Kisqali	(ribociclib)		
Kisqali Femara	(ribociclib-letrozole)	Rozlytrek	(entrectinib)
Kyprolis	(carfilzomib)	Rubraca	(rucaparib)
Lartruvo	(olaratumab)	Ruxience	(rituximab)
Lenvima	(lenvatinib)	Rybrevant	(amivantamab)
Libtayo	(cemiplimab-rwlc)	Rydapt	(midostaurin)
Lonsurf	(trifluridine-tipiracil)	Rylaze	(asparaginase erwinia chrysanthemi, recombinant)
Lorbrena	(lorlatinib)		
Lumoxiti	(moxetumomab pasudotox)	Sarclisa	(isatuximab-irfc)
<b><u>Lumakras</u></b>	<b><u>(sotorasib)</u></b>	<b><u>Scemblix</u></b>	<b><u>(asciminib)</u></b>
Lutathera	(lutetium)	Somatuline Depot	(lanreotide)
Lynparza	(olaparib)	Sprycel	(dasatinib)
Margenza	(margetuximab-cmkb)	Stivarga	(regorafenib)
Marqibo	(vincristine)	Sutent	(sunitinib malate)
Matulane	(procarbazine)	Synribo	(omacetaxine)
Mekinist	(trametinib)	Tabrecta	(capmatinib)
Mektovi	(binimetinib)	Tafinlar	(dabrafenib)
Monjuvi	(tafasitamab-cxix)	Tagrisso	(osimertinib)
Mvasi	(bevacizumab-awwb)	Talzenna	(talazoparib tosylate)
Nerlynx	(neratinib maleate)	Tarceva	(erlotinib)
Nexavar	(sorafenib tosylate)	Tasigna	(nilotinib hcl)
Ninlaro	(ixazomib)	Tazverik	(tazemetostat)
Nubeqa	(darolutamide)	Tecentriq	(atezolizumab)
Ogivri	(trastuzumab)	Tepmetko	(tepotinib)
Oncaspar	(pegaspargase)	Tibsovo	(ivosidenib)
Onivyde	(irinotecan liposome)	Tivdak	(tisotumab vedotin)
Ontruzant	(trastuzumab)	Trazimera	(trastuzumab)
Onureg	(azacitidine)	Treanda	(bendamustine)
Opdivo	(nivolumab)	Trelstar	(triptorelin)
Orgovyx	(relugolix)	Trodelyv	(sacituzumab govitecan)
Padcev	(enfortumab vedotin)	Truseltiq	(infigratinib)
Pemazyre	(pemigatinib)	Truxima	(rituximab)
Pemfexy	(pemetrexed)	Tukysa	(tucatinib)
<b><u>Pepaxto</u></b>	<b><u>(melphalan flufenamide)</u></b>	Turalio	(pexidartinib hcl)
Perjeta	(pertuzumab)	Tykerb	(lapatinib ditosylate)
Phesgo	Pertuzumab, trastuzumab and hyaluronidase-zzxf)	Ukoniq	(umbralisib)
		Unituxin	(dinutuximab)
Photofrin	(porfimer sodium)	Valstar	(valrubicin)
Piqray	(alpelisib)	Vectibix	(panitumumab)
Polivy	(polatuzumab vedotin- pii)	Velcade	(bortezomib)
Pomalyst	(pomalidomide)	Venclexta	(venetoclax)
		Verzenio	(abemaciclib)

<u>Brand Name</u>	<u>Generic Name</u>	<u>Brand Name</u>	<u>Generic Name</u>
Vitakvi	(larotrectinib)	Zaltrap	(ziv-aflibercept)
Votrient	(pazopanib hcl)	Zejula	(niraparib)
Vyxeos	(daunorubicin/cytarabine)	Zelboraf	(vemurafenib)
Welireg	(belzutifan)	Zepzelca	(lurbinectedin)
Xalkori	(crizotinib)	Zirabev	(bevacizumab-bvzr)
Xofigo	(radium Ra 223 dichloride)	Zolinza	(vorinostat)
Xospata	(gilteritinib fumarate)	Zydelig	(idelalisib)
Xpovio	(Selinexor)	Zykadia	(ceritinib)
Xtandi	(enzalutamide)	Zynlonta	(loncastuximab tesirine)
Yervoy	(ipilimumab)	Zytiga	(abiraterone acetate)
Yondelis	(trabectedin)		
Yonsa	(abiraterone acetate)		

**CRITERIA FOR INITIAL APPROVAL FOR ALL PRODUCTS (MUST MEET ALL OF THE FOLLOWING):**

- Medication requested must be prescribed according to the FDA-approved indication, age, dose, and pre-requisite treatments located in the package insert.

**CRITERIA FOR RENEWAL FOR ALL PRODUCTS:**

- Prescriber must attest that the patient has experienced a positive clinical response from continuous treatment with the requested medication and is able to tolerate therapy.
- Patient must continue to meet the criteria required for initial approval.

LENGTH OF APPROVAL: 12 MONTHS

**FOR DRUGS THAT HAVE A CURRENT PA REQUIREMENT, BUT NOT FOR THE NEWLY APPROVED INDICATIONS, FOR OTHER FDA-APPROVED INDICATIONS, AND FOR CHANGES TO AGE REQUIREMENTS NOT LISTED WITHIN THE PA CRITERIA:**

- **THE PA REQUEST WILL BE REVIEWED BASED UPON THE FOLLOWING PACKAGE INSERT INFORMATION: INDICATION, AGE, DOSE, AND ANY PRE-REQUISITE TREATMENT REQUIREMENTS FOR THAT INDICATION.**