

Drug Policy:

Tagrisso™ (osimertinib)

POLICY NUMBER UM ONC_1287	SUBJECT Tagrisso™ (osimertinib)		DEPT/PROGRAM UM Dept	PAGE 1 OF 3
DATES COMMITTEE REVIEWED 03/23/16, 01/11/17, 01/10/18, 01/09/19, 12/11/19, 02/12/20, 11/11/20, 10/13/21, 11/15/21, 05/11/22, 06/08/22, 05/10/23, 03/13/24, 11/13/24	APPROVAL DATE November 13, 2024	EFFECTIVE DATE November 29, 2024	COMMITTEE APPROVAL DATES 03/23/16, 01/11/17, 01/10/18, 01/09/19, 12/11/19, 02/12/20, 11/11/20, 10/13/21, 11/15/21, 05/11/22, 06/08/22, 05/10/23, 03/13/24, 11/13/24	
PRIMARY BUSINESS OWNER: UM		COMMITTEE/BOARD APPROVAL Evolut Specialty Services Clinical Guideline Review Committee		
NCQA STANDARDS UM 2		ADDITIONAL AREAS OF IMPACT		
CMS REQUIREMENTS	STATE/FEDERAL REQUIREMENTS		APPLICABLE LINES OF BUSINESS Commercial, Exchange, Medicaid	

I. PURPOSE

To define and describe the accepted indications for Tagrisso (osimertinib) usage in the treatment of cancer, including FDA approved indications, and off-label indications.

Evolut is responsible for processing all medication requests from network ordering providers. Medications not authorized by Evolut may be deemed as not approvable and therefore not reimbursable.

The use of this drug must be supported by one of the following: FDA approved product labeling, CMS-approved compendia, National Comprehensive Cancer Network (NCCN), American Society of Clinical Oncology (ASCO) clinical guidelines, or peer-reviewed literature that meets the requirements of the CMS Medicare Benefit Policy Manual Chapter 15.

II. INDICATIONS FOR USE/INCLUSION CRITERIA

A. Continuation requests for a not-approvable medication shall be exempt from this Evolut policy provided:

1. The requested medication was used within the last year, **AND**
2. The member has not experienced disease progression and/or no intolerance to the requested medication, **AND**
3. Additional medication(s) are not being added to the continuation request.

B. Non-Small Cell Lung Cancer (NSCLC)

1. The member has recurrent or metastatic, EGFR positive NSCLC (Exon 19 deletion or Exon 21 L858R point mutation) and Tagrisso (osimertinib) is being used with or without platinum-based chemotherapy for first line therapy **OR**

2. As subsequent therapy for EGFR T790M mutation-positive disease following progression on Tarceva (erlotinib), Gilotrif (afatinib), Iressa (gefitinib), or Vizimpro (dacomitinib) **OR**
3. The member has EGFR positive (Exon 19 deletion or Exon 21 L858R point mutation), stage IB-IIIa Non-Small Cell Lung Cancer, that has been completely resected and Tagrisso (osimertinib) is being used as adjuvant therapy (with or without adjuvant chemotherapy). Maximum duration of such adjuvant therapy with Tagrisso (osimertinib) is up to 3 years.
4. Tagrisso (osimertinib) may be used in adult members with locally advanced, unresectable (stage III) non-small cell lung cancer (NSCLC) whose disease has not progressed during or following concurrent or sequential platinum-based chemoradiation therapy and whose tumors have EGFR exon 19 deletions or exon 21 L858R mutations.

III. EXCLUSION CRITERIA

- A. Concurrent use with anti-cancer therapy. Use with adjuvant chemotherapy for stage IB-IIIa completely resected, EGFR positive NSCLC is allowed.
- B. Dosing exceeds single dose limit of 80 mg.
- C. Member has an uncommon EGFR Exon 20 insertion mutation.
- D. Lack of documentation for EGFR mutation confirmed by a standard test.
- E. Treatment exceeds the monthly maximum limit of 30 (80 mg) tablets or 30 (40 mg) tablets.
- F. Investigational use of Tagrisso (osimertinib) with an off-label indication that is not sufficient in evidence or is not generally accepted by the medical community. Sufficient evidence that is not supported by CMS recognized compendia or acceptable peer reviewed literature is defined as any of the following:
 1. Whether the clinical characteristics of the patient and the cancer are adequately represented in the published evidence.
 2. Whether the administered chemotherapy/biologic therapy/immune therapy/targeted therapy/other oncologic therapy regimen is adequately represented in the published evidence.
 3. Whether the reported study outcomes represent clinically meaningful outcomes experienced by patients. Generally, the definitions of Clinically Meaningful outcomes are those recommended by ASCO, e.g., Hazard Ratio of less than 0.80 and the recommended survival benefit for OS and PFS should be at least 3 months.
 4. Whether the experimental design, considering the drugs and conditions under investigation, is appropriate to address the investigative question. (For example, in some clinical studies, it may be unnecessary or not feasible to use randomization, double blind trials, placebos, or crossover).
 5. That non-randomized clinical trials with a significant number of subjects may be a basis for supportive clinical evidence for determining accepted uses of drugs.
 6. That case reports are generally considered uncontrolled and anecdotal information and do not provide adequate supportive clinical evidence for determining accepted uses of drugs.
 7. That abstracts (including meeting abstracts) without the full article from the approved peer-reviewed journals lack supporting clinical evidence for determining accepted uses of drugs.

IV. MEDICATION MANAGEMENT

- A. Please refer to the FDA label/package insert for details regarding these topics.

V. APPROVAL AUTHORITY

- A. Review – Utilization Management Department
- B. Final Approval – Utilization Management Committee

VI. ATTACHMENTS

- A. None

VII. REFERENCES

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- B. Lu S, et al; LAURA Trial Investigators. Osimertinib after Chemoradiotherapy in Stage III *EGFR*-Mutated NSCLC. *N Engl J Med*. 2024 Aug 15;391(7):585-597. doi: 10.1056/NEJMoa2402614
- C. Planchard D, et al. FLAURA2 Clinical Trial. Osimertinib with or without Chemotherapy in EGFR-Mutated Advanced NSCLC. *N Engl J Med*. 2023; 389:1935-1948. DOI: 10.1056/NEJMoa2306434
- D. Wu YL, et al. ADAURA Clinical Trial. Osimertinib in Resected EGFR-Mutated Non-Small-Cell Lung Cancer. *N Engl J Med*. 2020 Oct 29;383(18):1711-1723.
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- F. Tagrisso prescribing information AstraZeneca Pharmaceuticals LP. Wilmington, DE 2024.
- G. Clinical Pharmacology Elsevier Gold Standard 2024.
- H. Micromedex® Healthcare Series: Micromedex Drugdex Ann Arbor, Michigan 2024.
- I. National Comprehensive Cancer Network. Cancer Guidelines and Drugs and Biologics Compendium 2024.
- J. AHFS Drug Information. American Society of Health-Systems Pharmacists or Wolters Kluwer Lexi-Drugs. Bethesda, MD 2024.
- K. Ellis LM, et al. American Society of Clinical Oncology perspective: Raising the bar for clinical trials by defining clinically meaningful outcomes. *J Clin Oncol*. 2014 Apr 20;32(12):1277-80.
- L. Medicare Benefit Policy Manual Chapter 15 Covered Medical and Other Health Services: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf>.