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5.21.069

Section:	Prescription Drugs	**Effective Date:**	April 1, 2024
Subsection:	Antineoplastic Agents	**Original Policy Date:**	December 4, 2015
Subject:	Tagrisso	**Page:**	1 of 6

Last Review Date: March 8, 2024

Tagrisso

Description

Tagrisso (osimertinib)

Background
Tagrisso (osimertinib) is an oral medication used to treat patients with non-small cell lung cancer (NSCLC) that has certain abnormal epidermal growth factor receptor (EGFR) genes. The most common type of lung cancer, NSCLC occurs when cancer cells form in the tissues of the lung. The EGFR gene is a protein involved in the growth and spread of cancer cells. Tagrisso is a kinase inhibitor indicated for patients whose tumors have certain mutant forms of EGFR (T790M, L858R, and exon 19 deletions) as detected by an FDA-approved test (1).

Regulatory Status
FDA-approved indications: Tagrisso is a kinase inhibitor indicated for: (1)

1. Adjuvant therapy after tumor resection in adult patients with non-small cell lung cancer (NSCLC) whose tumors have epidermal growth factor receptor (EGFR) exon 19 deletions or exon 21 L858R mutations, as detected by an FDA-approved test
2. First-line treatment of patients with metastatic NSCLC whose tumors have epidermal growth factor receptor (EGFR) exon 19 deletions or exon 21 L858R mutations, as detected by an FDA-approved test
3. The treatment of patients with metastatic epidermal growth factor receptor (EGFR) T790M mutation-positive NSCLC, as detected by an FDA-approved test, whose disease has progressed on or after EGFR TKI therapy

Tagrisso can cause severe interstitial lung disease (ILD) and pneumonitis. Withhold Tagrisso and promptly investigate for ILD in any patient who presents with worsening of respiratory symptoms which may be indicative of ILD (e.g., dyspnea, cough, and fever). Permanently discontinue Tagrisso if ILD is confirmed (1).

Monitor electrocardiograms and electrolytes in patients who have a history or predisposition for QTc prolongation, or those who are taking medications that are known to prolong the QTc interval. Withhold then restart at a reduced dose or permanently discontinue Tagrisso. Tagrisso can also cause cardiomyopathy. Assess left ventricular ejection fraction (LVEF) before treatment and then every 3 months thereafter (1).

Patients in the adjuvant setting should be treated with Tagrisso until disease recurrence, unacceptable toxicity, or for up to 3 years (1).

Tagrisso can cause fetal harm. Advise females of potential risk to the fetus and to use effective contraception during treatment with Tagrisso and for 6 weeks after final dose. Advise males to use effective contraception for 4 months after the last dose of Tagrisso (1).

Safety and effectiveness of Tagrisso in pediatric patients have not been established (1).

Related policies
Erlotinib, Exkivity, Gilotrif, Iressa, Vizimpro

Policy

This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.

Tagrisso may be considered **medically necessary** if the conditions indicated below are met.

Tagrisso may be considered **investigational** for all other indications.

Prior-Approval Requirements

Age 18 years of age or older

Diagnosis

Patient must have the following:

Non-small cell lung cancer (NSCLC)

AND ONE of the following:

1. Tumor must have epidermal growth factor receptor (EGFR) exon 19 deletions or exon 21 L858R mutations as detected by an FDA-approved test
    a. First line treatment for metastatic NSCLC **OR**
    b. Adjuvant therapy after tumor resection
2. Tumor must have epidermal growth factor receptor (EGFR) T790M mutation-positive as detected by an FDA-approved test
    a. Metastatic NSCLC
    b. Disease progression following EGFR TKI (tyrosine kinase inhibitor) therapy

AND ALL of the following:

1. Left ventricular ejection fraction (LVEF) is above 50%
2. Monitor electrocardiograms and electrolytes in patients who have a history or predisposition for QTc prolongation
3. Patient must **NOT** have a diagnosis of clinically significant (symptomatic or debilitating) interstitial lung disease (ILD)
4. Females of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Tagrisso and for 6 weeks after the final dose
5. Males with female partners of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Tagrisso and for 4 months after the final dose

Prior – Approval *Renewal* Requirements

Age 18 years of age or older

Diagnosis

Patient must have the following:

Non-small cell lung cancer (NSCLC)

AND ALL of the following:

1. **NO** disease progression or unacceptable toxicity
2. **NO** symptoms of new or worsening interstitial lung disease (ILD)
3. Left ventricular ejection fraction (LVEF) is above 50%
4. Monitor electrocardiograms and electrolytes in patients who have a history or predisposition for QTc prolongation
5. Females of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Tagrisso and for 6 weeks after the final dose
6. Males with female partners of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Tagrisso and for 4 months after the final dose
7. Adjuvant therapy **only**: treatment with Tagrisso has not exceeded 3 years

Policy Guidelines

Pre - PA Allowance

None

Prior - Approval Limits

Quantity	40mg	180 tablets per 90 days **OR**
	80mg	90 tablets per 90 days
Duration	12 months	

Prior – Approval *Renewal* Limits

Quantity	40mg	180 tablets per 90 days **OR**
	80mg	90 tablets per 90 days
Duration	12 months	**(Adjuvant therapy is limited to 2 renewals)**

Rationale

Summary

Tagrisso is a kinase inhibitor indicated for patients whose tumors have a specific epidermal growth factor receptor (EGFR) mutation (T790M) and whose disease has gotten worse after treatment with other EGFR-blocking therapy, and adjuvant therapy after tumor resection or first-

line treatment of patients with metastatic NSCLC whose tumors have epidermal growth factor receptor (EGFR) exon 19 deletions or exon 21 L858R mutations. Tagrisso may cause serious side effects, including inflammation of the lungs and injury to the heart. It also may cause harm to a developing fetus. The safety and efficacy of Tagrisso in pediatric patients have not been established (1).

Prior approval is required to ensure the safe, clinically appropriate, and cost-effective use of Tagrisso while maintaining optimal therapeutic outcomes.

References

1. Tagrisso [package insert]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; June 2023.
2. NCCN Drugs & Biologics Compendium® Osimertinib 2024. National Comprehensive Cancer Network, Inc. Accessed on January 16, 2024.

Policy History

Date	Action
December 2015	Addition to PA
March 2016	Annual review Policy number changed from 5.04.69 to 5.21.69
June 2016	Annual editorial review and reference update Change of the assessment of left ventricular ejection fraction (LVEF) by echocardiogram or multigated acquisition (MUGA) scan before initiation and every 3 months to left ventricular ejection fraction (LVEF) is above 50% per SME
September 2016	Annual review
June 2017	Annual editorial review and reference update Addition of age to renewal section
September 2017	Annual Review
June 2018	Annual editorial review and reference update Addition of indication: tumor must have epidermal growth factor receptor (EGFR) exon 19 deletions or exon 21 L858R mutations as detected by an FDA-approved test
March 2019	Annual review and reference update
June 2020	Annual review and reference update
January 2021	Addition of new indication: Adjuvant treatment of NCSLC after tumor resection. Updated renewal requirements indicating that adjuvant therapy is only eligible for 2 renewals (3 years of therapy). Added contraception requirements
March 2021	Annual review and reference update

March 2022	Annual review and reference update
December 2023	Annual review and reference update. Changed policy number to 5.21.069
March 2024	Annual review and reference update

Keywords

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on March 8, 2024 and is effective on April 1, 2024.