RXADVANCE
2 Park Central Drive
Southborough, MA 01772

Clinical Policy Title:	neratinib
Policy Number:	RxA.245
Drug(s) Applied:	Nerlynx®
Original Policy Date:	02/07/2020
Last Review Date:	09/14/2020
Line of Business Policy Applies to:	All lines of business

Background

Neratinib (Nerlynx®) is a kinase inhibitor indicated:

- As a single agent, for the extended adjuvant treatment of adult patients with early stage HER2-positive breast cancer, to follow adjuvant trastuzumab-based therapy;
- In combination with capecitabine, for the treatment of adult patients with advanced or metastatic HER2-positive breast cancer who have received two or more prior anti-HER2 based regiments in the metastatic setting.

Dosing Information

Drug Name	Indication	Dosing Regimen	Maximum Dose
Neratinib (Nerlynx)	Breast cancer	240 mg PO once daily	240 mg/day

Dosage Forms

- Tablet: 40 mg

Clinical Policy

Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

I. Initial Approval Criteria

A. Breast Cancer (must meet all):

1. Diagnosis of HER2 positive breast cancer;
2. Prescribed by or in consultation with an oncologist;
3. Age ≥ 18 years;
4. Prescribed in one of the following ways (a or b):
   a. In combination with capecitabine for advanced or metastatic HER2-positive breast cancer who have

received two or more prior anti-HER2 based regimens in metastatic setting

b. Given as extended adjuvant treatment of early stage HER2-overexpressed/amplified breast cancer used following 1 year of adjuvant trastuzumab based therapy

5. Request meets one of the following (a or b):
   a. Dose does not exceed 240 mg (6 tablets) per day;
   b. Dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (prescriber must submit supporting evidence).
   **Prescribed regimen must be FDA-approved or recommended by NCCN*

Approval Duration
Commercial: 6 months
Medicaid: 6 months

II. Continued Therapy Approval

A. Breast Cancer (member meets all):

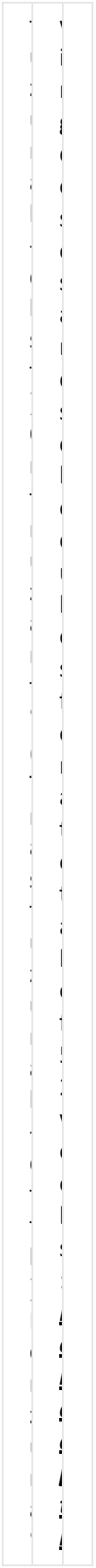
1. Member is currently receiving medication that has been authorized by RxAdvance or documentation supports that member is currently receiving Nerlynx® for breast cancer and has received this medication for at least 30 days;
2. Member is responding positively to therapy;
3. If request is for a dose increase, request meets one of the following (a or b):
   a. New dose does not exceed 240 mg (6 tablets) per day;
   b. New dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence*).
   **Prescribed regimen must be FDA-approved or recommended by NCCN*

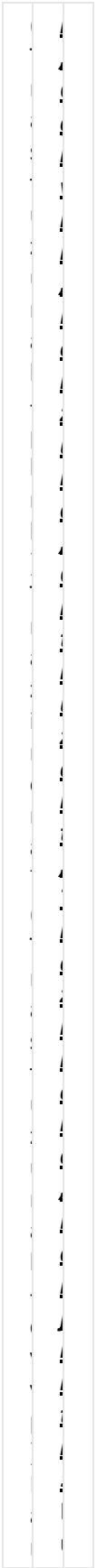
Approval Duration
Commercial: 12 months
Medicaid: 12 months

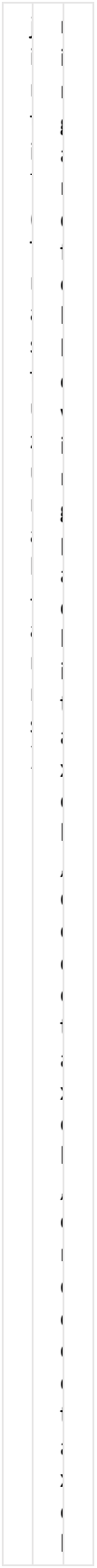
III. Appendices

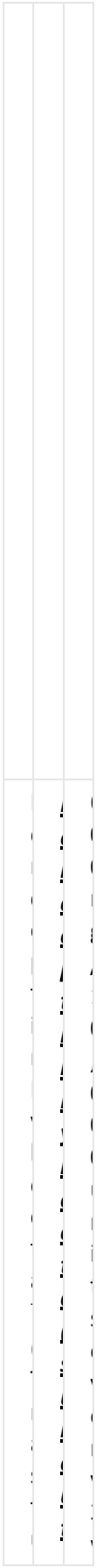
APPENDIX A: Abbreviation/Acronym Key
FDA: Food and Drug Administration
HER: human epidermal growth factor receptor
NCCN: National Comprehensive Cancer Network
HER2: Human epidermal growth receptor 2

APPENDIX B: Therapeutic Alternatives
This table provides a listing of preferred alternative therapy recommended in the approval criteria. The drugs listed here may not be a formulary agent for all relevant lines of business and may require prior authorization.









Therapeutic alternatives are listed as Brand name only and generic (Brand name®) when the drug is available by brand and generic.

APPENDIX C: Contraindications/Boxed Warnings

- Contraindication(s):
  - None
- Boxed Warning(s):
  - None

APPENDIX D: General Information

Per the Nerlynx® prescribing information, antidiarrheal prophylaxis is recommended during the first 2 cycles (56 days) of Nerlynx® treatment and should be initiated with the first dose of Nerlynx® in order to address the risk of treatment discontinuation due to diarrhea, as was seen in the pivotal ExteNET trial.

Nerlynx® is FDA-approved for a one year total duration of therapy as it was only administered for one year in the pivotal ExteNET trial; however, the NCCN does not recommend any specific length of treatment.

References

1. Nerlynx® Prescribing Information. Los Angeles, CA: Puma Biotechnology, Inc.; February,2020 Available at: https://nerlynx.com/pdf/full-prescribing-information.pdf . Accessed July 13, 2020.
2. National Comprehensive Cancer Network. Breast Cancer (Version 4.2020)-May 8,2020. Available at: https://www.nccn.org/professionals/physician_gls/pdf/breast.pdf. Accessed July 14, 2020.
3. National Comprehensive Cancer Network Drugs and Biologics Compendium. Available at: http://www.nccn.org/professionals/drug_compendium. Accessed July 13, 2020; February 25, 2020.
4. National Comprehensive Cancer Network. Central Nervous System Cancers (Version 2.2020)-April 30, 2020. Available at: https://www.nccn.org/professionals/physician_gls/pdf/cns.pdf Accessed July 13, 2020.

Review/Revision History	Review/Revised Date	P&T Approval Date
Policy established.	01/2020	02/07/2020
Policy was reviewed: 1. Policy description table updated 2. Background information, indication was updated per latest prescribing information 3. Initial therapy criteria I.A.4a. was updated and I.A.4b was added per latest prescribing information 4. Continuation therapy criteria II.A.1. was rephrased to "Member is currently receiving medication that has been authorized by RxAdvance"Appendix A was updated to include "HER2" 5. Appendix C,	07/13/2020	09/14/2020

contraindications/boxed warnings was rephrased to “none” 6. References were updated		