

Lazcluze (lazertinib)

Disclaimer

Clinical guidelines are developed and adopted to establish evidence-based clinical criteria for utilization management decisions. Clinical guidelines are applicable according to policy and plan type. The Plan may delegate utilization management decisions of certain services to third parties who may develop and adopt their own clinical criteria.

Coverage of services is subject to the terms, conditions, and limitations of a member's policy, as well as applicable state and federal law. Clinical guidelines are also subject to in-force criteria such as the Centers for Medicare & Medicaid Services (CMS) national coverage determination (NCD) or local coverage determination (LCD) for Medicare Advantage plans. Please refer to the member's policy documents (e.g., Certificate/Evidence of Coverage, Schedule of Benefits, Plan Formulary) or contact the Plan to confirm coverage.

Summary

Non-small cell lung cancer (NSCLC) is the most common type of lung cancer, accounting for about 80-85% of all cases. NSCLC can be further classified based on genetic mutations, with approximately 10-15% of cases in Western populations and 30-40% in Asian populations harboring mutations in the epidermal growth factor receptor (EGFR) gene. The most common EGFR mutations are exon 19 deletions and exon 21 L858R substitutions, which account for about 85-90% of all EGFR mutations in NSCLC.

Treatment options for EGFR-mutated NSCLC have evolved significantly in recent years. The standard first-line treatment has been EGFR tyrosine kinase inhibitors (TKIs), with osimertinib being the preferred option due to its efficacy and ability to penetrate the blood-brain barrier. However, resistance to EGFR TKIs eventually develops in almost all patients.

Lazcluze (lazertinib) is indicated in combination with amivantamab (Rybrevant) for the first-line treatment of adult patients with locally advanced or metastatic non-small cell lung cancer (NSCLC) with epidermal growth factor receptor (EGFR) exon 19 deletions or exon 21 L858R substitution mutations, as detected by an FDA-approved test.

Definitions

"**EGFR**" is the Epidermal Growth Factor Receptor, a protein on the surface of cells that, when mutated, can lead to uncontrolled cell growth in some cancers.

"**Locally advanced**" refers to cancer that has spread from where it started to nearby tissue or lymph nodes.

"**Metastatic**" is cancer that has spread from its original site to other parts of the body.

"**NSCLC**" refers to Non-Small Cell Lung Cancer, a type of lung cancer that includes adenocarcinoma, squamous cell carcinoma, and large cell carcinoma.

"**RECIST criteria**" refers to Response Evaluation Criteria in Solid Tumors, a standard way to measure how well a cancer patient responds to treatment.

"**Tyrosine Kinase Inhibitor (TKI)**" is a type of targeted therapy that blocks specific enzymes called tyrosine kinases, which are involved in cancer cell growth and survival.

Medical Necessity Criteria for Initial Authorization

The Plan considers Lazcluze (lazertinib) medically necessary when **ALL** of the following criteria are met:

1. The medication is prescribed by or in consultation with an oncologist; **AND**
2. The member is 18 years of age or older; **AND**
3. The member has a diagnosis of locally advanced or metastatic non-small cell lung cancer (NSCLC); **AND**
4. The member has EGFR exon 19 deletions or exon 21 L858R substitution mutations, as confirmed by FDA-approved testing⁷; **AND**

⁷Information on FDA-approved tests is available at: <http://www.fda.gov/CompanionDiagnostics>.

5. **ONE** of the following:

- a. First-line therapy for members with EGFR exon 19 deletion or exon 21 L858R mutations discovered prior to initiating systemic therapy; **or**
 - b. Therapy for members with EGFR exon 19 deletion or exon 21 L858R mutations discovered during the course of first-line systemic therapy; **or**
 - c. Treatment of locoregional recurrence or symptomatic local disease (excluding mediastinal lymph node recurrence with prior radiation therapy) with no evidence of disseminated disease; **or**
 - d. Treatment consistent with other NCCN category 1, 2A, or 2B recommendations for EGFR-mutated NSCLC; **AND**
6. Lazcluze (lazertinib) will be used in combination with amivantamab (Rybrevant); **AND**
 7. Lazcluze (lazertinib) is being prescribed at a dose and frequency that is within FDA approved labeling **OR** is supported by compendia or evidence-based published dosing guidelines for the requested indication.

If the above prior authorization criteria are met, the requested product will be authorized for 6-months

Medical Necessity Criteria for Reauthorization

Reauthorization for 12-months will be granted if the member has recent (within the last 3 months) clinical chart documentation demonstrating **ALL** of the following criteria:

1. The requested medication is prescribed by or in consultation with an oncologist; **AND**
2. The member has experienced a documented clinical benefit from therapy, as evidenced by at least **ONE** of the following:
 - a. Tumor response with a decrease in tumor size or tumor burden; **or**
 - b. Stable disease (no disease progression); **or**
 - c. Improvement in cancer-related symptoms; **or**
 - d. Improvement in Eastern Cooperative Oncology Group (ECOG) performance status;**AND**
3. There is no clinical evidence indicating disease progression, as defined by RECIST (Response Evaluation Criteria in Solid Tumors) criteria or other standardized criteria for NSCLC progression; **AND**
4. Lazcluze continues to be used in combination with amivantamab (Rybrevant); **AND**
5. Lazcluze is being prescribed at a dose and frequency that is within FDA approved labeling **OR** is supported by compendia or evidence-based published dosing guidelines for the requested indication.

Experimental or Investigational / Not Medically Necessary

Lazcluze (lazertinib) for any other indication or use is considered not medically necessary by the Plan, as it is deemed to be experimental, investigational, or unproven. Non-covered indications include, but are not limited to, the following:

- Used as monotherapy for the treatment of NSCLC.
- Used in combination with therapies other than amivantamab (Rybrevant) for the first-line treatment of EGFR-mutated NSCLC, unless supported by high-quality clinical evidence and recommended by clinical practice guidelines.
- Used for the treatment of NSCLC without confirmed EGFR exon 19 deletions or exon 21 L858R substitution mutations.
- Used for the treatment of other types of cancer or non-cancer conditions, unless supported by high-quality clinical evidence and recommended by clinical practice guidelines.
- Used in pediatric members (under 18 years of age), as safety and efficacy have not been established in this population.
- Used at doses exceeding the FDA-approved maximum dose of 240 mg once daily.

References

1. Cho et al; MARIPOSA Investigators. Amivantamab plus Lazertinib in Previously Untreated EGFR-Mutated Advanced NSCLC. *N Engl J Med*. 2024 Jun 26. doi: 10.1056/NEJMoa2403614. Epub ahead of print. PMID: 38924756.
2. Lazcluze (lazertinib) tablets [prescribing information]. Horsham, PA: Janssen Biotech Inc; August 2024.
3. NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines). Non-Small Cell Lung Cancer. Version 11.2024 — October 15, 2024. National Comprehensive Cancer Network. Available at: https://www.nccn.org/professionals/physician_gls/pdf/nscl.pdf. Accessed October 10, 2024.

Clinical Guideline Revision / History Information

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