

Alecensa (alectinib)

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Quantity Limit
Alecensa (alectinib)	May be subject to quantity limit

APPROVAL CRITERIA

Requests for Alecensa (alectinib) may be approved if the following criteria are met:

- I. Individual is under 19 years of age;

OR

- II. Individual has a diagnosis of non-small cell lung cancer (NSCLC) (Label, NCCN 1, 2A);
AND
- III. Disease is anaplastic lymphoma kinase (ALK)-positive;

OR

- IV. Individual has a diagnosis of metastatic NSCLC with brain metastases (NCCN 2A);
AND
- V. Individual has a primary diagnosis of ALK-positive NSCLC;

OR

- VI. Individual has a diagnosis of anaplastic large cell lymphoma (ALCL) (NCCN 2A); **AND**
- VII. Disease is anaplastic lymphoma kinase (ALK)-positive; **AND**
- VIII. Individual is using for second-line, subsequent therapy, or palliative therapy;

OR

- IX. Individual has a diagnosis of relapsed or refractory diffuse large B-cell lymphoma (DLBCL) (NCCN 2A); **AND**
- X. Disease is anaplastic lymphoma kinase (ALK)-positive;

OR

- XI. Individual has a diagnosis of Erdheim-Chester Disease (ECD) (NCCN 2A); **AND**
- XII. Disease is anaplastic lymphoma kinase (ALK)-positive; **AND**
- XIII. Disease is symptomatic, relapsed, or refractory; **AND**
- XIV. Individual is using as single agent therapy;

OR

- XV. Individual has a diagnosis of uterine sarcoma; **AND**

- XVI. Individual has an inflammatory myofibroblastic tumor (IMT); **AND**
- XVII. Disease is anaplastic lymphoma kinase (ALK)-positive (NCCN 2A);**AND**
- XVIII. Individual is using as a single-agent treatment;

OR

- XIX. Individual has a diagnosis of Soft Tissue Sarcoma; **AND**
- XX. Disease is anaplastic lymphoma kinase (ALK)-positive (NCCN 2A); **AND**
- XXI. Individual is using as a single-agent treatment;

OR

- XXII. Individual has a diagnosis of pediatric diffuse high-grade glioma (NCCN 2A); **AND**
- XXIII. Disease is anaplastic lymphoma kinase (ALK)-positive; **AND**
- XXIV. Individual is using for adjuvant treatment or for recurrent or progressive disease.

Key References:

1. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Updated periodically.
2. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
3. Fukano R, Mori T, Sekimizu M, et al. Alectinib for relapsed or refractory anaplastic lymphoma kinase-positive anaplastic large cell lymphoma: An open-label phase II trial. *Cancer Sci*. 2020;111(12):4540-4547. doi:10.1111/cas.14671 Available at <https://www.ncbi.nlm.nih.gov.uc.idm.oclc.org/pmc/articles/PMC7734006/pdf/CAS-111-4540.pdf>. Accessed October 5, 2022.
4. Kemps PG, Picarsic J, Durham BH, et al. ALK-positive histiocytosis: a new clinicopathologic spectrum highlighting neurologic involvement and responses to ALK inhibition. *Blood*. 2022;139(2):256-280. doi:10.1182/blood.2021013338 Available at <https://www.ncbi.nlm.nih.gov.uc.idm.oclc.org/pmc/articles/PMC8759533/>. Accessed October 5, 2022.
5. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2025; Updated periodically.
6. Reed DR, Hall RD, Gentzler RD, Volodin L, Douvas MG, Portell CA. Treatment of Refractory ALK Rearranged Anaplastic Large Cell Lymphoma With Alectinib. *Clin Lymphoma Myeloma Leuk*. 2019;19(6):e247-e250. doi:10.1016/j.clml.2019.03.001
7. Tomlinson SB, Sandwell S, Chuang ST, Johnson MD, Vates GE, Reagan PM. Central nervous system relapse of systemic ALK-rearranged anaplastic large cell lymphoma treated with alectinib. *Leuk Res*. 2019;83:106164. doi:10.1016/j.leukres.2019.05.014
8. NCCN Clinical Practice Guidelines in Oncology™. © 2025 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: <http://www.nccn.org/index.asp>. Accessed October 1, 2025.
 - a. B-Cell Lymphomas. V3.2025. Revised August 18, 2025.
 - b. Central Nervous System Cancers. V2.2025. Revised August 28, 2025.
 - c. Histiocytic Neoplasms. V1.2025. Revised June 20, 2025.
 - d. Non-Small Cell Lung Cancer. V8.2025. Revised August 15, 2025.
 - e. Pediatric Central Nervous System Cancers. V3.2025. Revised September 2, 2025.
 - f. Soft Tissue Sarcoma. V1.2025. Revised May 2, 2025.
 - g. T-Cell Lymphomas. V2.2025. Revised May 28, 2025.
 - h. Uterine Neoplasms. V3.2025. Revised March 7, 2025.

Federal and state laws or requirements, contract language, and Plan utilization management programs or policies may take precedence over the application of this clinical criteria.

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