

alectinib (ALECENSA)

Diagnosis Considered for Coverage:

- Advanced Non-Small Cell Lung Cancer (NSCLC)
- Histiocytic Neoplasms of Erdheim-Chester Disease
- ALK-positive Anaplastic Large Cell Lymphoma (ALCL)
- Uterine Sarcoma
- ALK-positive anaplastic large b-cell lymphoma (ALBCL)
- Soft tissue sarcoma

Coverage Criteria:

For Non-Small Cell Lung Cancer:

- Presence of anaplastic lymphoma kinase (ALK) gene mutation, **and**
- Being used as single agent therapy, **and**
- Dose does not exceed 1200 mg per day.

For anaplastic large cell lymphoma:

- Presence of anaplastic lymphoma kinase (ALK) gene mutation, **and**
- Being used for relapsed or refractory disease, **and**
- Being used as single agent therapy.

For Histiocytic Neoplasms of Erdheim-Chester Disease:

- Presence of anaplastic lymphoma kinase (ALK) gene mutation, **and**
- Being used as single agent therapy.

For uterine sarcoma:

- Disease is advanced, recurrent/metastatic, or inoperable, **and**
- Being used for inflammatory myofibroblastic tumor (IMT) with ALK translocation, **and**
- Being used as single agent therapy.

For large B-cell lymphoma:

- Presence of anaplastic lymphoma kinase (ALK) gene mutation, **and**
- Being used for relapsed or refractory disease, **and**
- Being used as a single agent therapy.

For soft tissue sarcoma:

- Being used for inflammatory myofibroblastic tumor (IMT) with ALK translocation, **and**
- Being used as single agent therapy.

Coverage Duration: one year

Effective Date: 8/30/2023