

PRIOR AUTHORIZATION POLICY

POLICY: Oncology – Lenvima™ (lenvatinib capsules – Eisai)

TAC APPROVAL DATE: 04/17/2019; selected revision 10/09/2019

OVERVIEW

Lenvima, a kinase inhibitor, is indicated for the treatment of patients with locally recurrent or metastatic, progressive, radioactive iodine (RAI)-refractory differentiated thyroid cancer (DTC).¹ Lenvima is also indicated, in combination with Afinitor® (everolimus tablets), for the treatment of patients with advanced renal cell carcinoma (RCC) following one prior anti-angiogenic therapy. In addition, it is also indicated for the first-line treatment of patients with unresectable hepatocellular carcinoma (HCC). Lenvima, in combination with Keytruda (pembrolizumab for injection), is indicated for the treatment of patients with advanced endometrial carcinoma that is not microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR), who have disease progression following prior systemic therapy and are not candidates for curative surgery or radiation. This indication is approved under accelerated approval based on tumor response rate and durability of response.

Guidelines

According to the National Comprehensive Cancer Network (NCCN) guidelines on thyroid carcinoma (version 1.2019 – March 28, 2019), first-line treatment for DTC is surgery, whenever possible, followed by RAI therapy in selected patients, and levothyroxine therapy in all patients.² Systemic therapy options include cytotoxic chemotherapy and kinase inhibitors. Multitargeted kinase inhibitors are recommended in current guidelines for select patients with DTC. The guidelines state that for progressive and/or symptomatic disease, Lenvima (preferred) or Nexavar® (sorafenib tablets) should be considered (Category 2A). It is noted that the majority of the NCCN panel considered Lenvima to be preferred agent in this patient population based on the response rate observed in clinical trials. Lenvima can be considered for treatment of progressive or symptomatic medullary thyroid disease if clinical trials, Caprelsa, or Cometriq are not available or appropriate, or if there is progression on Caprelsa or Cometriq.² Lenvima is also listed as “useful under certain circumstances” for anaplastic thyroid carcinoma if there is no curative option and if the patient is not tolerating or has no response to recommended therapies.⁴ The compendium notes that Lenvima can be used either first-line for aggressive metastatic disease or as subsequent therapy.

The NCCN kidney cancer guidelines (version 3.2019 – February 6, 2019) recommends Lenvima + Afinitor as one of the “other recommended regimens” (category 1) for relapse or stage IV subsequent therapy for clear cell histology. It is also a recommended combination therapy (category 2A) listed as “useful under certain circumstances” for non-clear cell histology.

The NCCN endometrial carcinoma guidelines (version 4.2019 – September 16, 2019) recommends Lenvima with Keytruda combination therapy for recurrent, metastatic, or high-risk disease. This combination is a category 2B recommendation under “Other Recommended Regimens”.

POLICY STATEMENT

Prior authorization is recommended for prescription benefit coverage of Lenvima. All approvals are provided for the duration noted below.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Lenvima is recommended in those who meet the following criteria:

FDA-Approved Indications

- 1. Differentiated (i.e., Papillary, Follicular, and Hürthle) Thyroid Carcinoma.** Approve for 3 years if the disease is refractory to radioactive iodine therapy.
- 2. Renal Cell Carcinoma (Clear Cell or Non-Clear Cell).** Approve for 3 years if the patient meets the following criteria (A, B, and C):
 - A)** The patient has relapsed or Stage IV disease; AND
 - B)** If disease is predominant clear-cell histology, then the patient has tried one antiangiogenic therapy (e.g., Inlyta[®] [axitinib tablets], Votrient[®] [pazopanib tablets], Sutent[®] [sunitinib capsules], or Cabometyx[®] [cabozantinib tablets]); AND
 - C)** Lenvima is used in combination with Afinitor[®] (everolimus tablets)/Afinitor[®] Disperz[™] (everolimus tablets for oral suspension) therapy.
- 3. Hepatocellular Carcinoma, Unresectable – First-Line Treatment.** Approve for 3 years.
- 4. Endometrial Carcinoma.** Approve for 3 years if the patient meets the following criteria (A, B, C, and D):
 - A)** The patient has advanced endometrial carcinoma that is not microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR); AND
 - B)** The medication is used in combination with Keytruda (pembrolizumab for intravenous injection); AND
 - C)** The disease has progressed on at least one prior systemic therapy.
Note: Examples of systemic therapy are carboplatin, paclitaxel, docetaxel, cisplatin, doxorubicin, ifosfamide, everolimus, letrozole; AND
 - D)** The patient is not a candidate for curative surgery or radiation.

Other Uses with Supportive Evidence

- 5. Medullary Thyroid Carcinoma.** Approve for 3 years if the patient has tried Caprelsa (vandetanib tablets) or Cometriq (cabozantinib capsules).
- 6. Anaplastic Thyroid Carcinoma.** Approve for 3 years if the disease does not have a curative option.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Lenvima has not been shown to be effective, or there are limited or preliminary data or potential safety concerns that are not supportive of general approval for the following conditions. Rationale for non-coverage for these specific conditions is provided below. (Note: This is not an exhaustive list of Conditions Not Recommended for Approval.)

1. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

REFERENCES

1. Lenvima™ capsules [prescribing information]. Woodcliff Lake, NJ: Eisai Inc.; September 2019.
2. The NCCN Thyroid Carcinoma Clinical Practice Guidelines in Oncology (Version 3.2019 – March 28, 2019). © 2019 National Comprehensive Cancer Network, Inc. Available at: <http://www.nccn.org>. Accessed April 15, 2019.
3. The NCCN Kidney Cancer Clinical Practice Guidelines in Oncology (Version 3.2019 – February 6, 2019). © 2019 National Comprehensive Cancer Network, Inc. Available at: <http://www.nccn.org>. Accessed April 15, 2019.
4. The NCCN Drugs and Biologics Compendium. © 2019 National Comprehensive Cancer Network, Inc. Available at: <http://www.nccn.org>. Accessed April 15, 2019. Search term: lenvatinib.
5. The NCCN Endometrial Carcinoma Clinical Practice Guidelines in Oncology (Version 4.2019 – September 16, 2019). © 2019 National Comprehensive Cancer Network, Inc. Available at: <http://www.nccn.org>. Accessed October 4, 2019.

History

| Type of Revision | Summary of Changes* | TAC Approval Date |
|-------------------|--|-------------------|
| Annual Revision | Added approval criteria for use of Lenvima for renal cell carcinoma. Simplified approval criteria for differentiated thyroid cancer, similar to other tyrosine kinase inhibitor policies (e.g., Nexavar). | 03/16/2016 |
| Selected Revision | Moved RCC indication to FDA-approved use for Lenvima. Criteria changed to only allow for combination use with Afinitor based on the approval and reviewer feedback. | 06/01/2016 |
| Selected revision | Added approval criteria for Lenvima + Afinitor combination therapy for non-clear cell histology RCC based on NCCN guidelines. | 10/12/2016 |
| Annual revision | Deleted Hepatocellular Carcinoma from Conditions Not Recommended for Approval due to pending positive Phase III data results. Also deleted Melanoma from the same section. | 03/15/2017 |
| Annual revision | For Renal Cell Carcinoma indication, deleted “Nexavar” from list of examples and added “Cabometyx” instead, based on guidelines. Deleted Medullary Thyroid Carcinoma from Conditional Not Recommended for Approval and moved it to approval conditions under Other Uses with Supportive Evidence, based on thyroid carcinoma guidelines/compendium. Added Hepatocellular Carcinoma as an approval condition under Other Uses based on the published Phase III study comparing it with Nexavar. Deleted Endometrial Cancer and Non-Small Cell Lung Cancer from Conditions Not Recommended for Approval due to lack of new data. | 04/11/2018 |
| Selected revision | Moved Hepatocellular Cancer to FDA-approved indications. Added qualifier “First-Line Treatment” based on approved indication. | 09/05/2018 |
| Annual revision | Added qualifier “(Clear Cell or Non-Clear Cell)” to renal cell carcinoma indication. Deleted “advanced” from condition qualifier; instead added criteria the patient has relapsed or stage IV disease as per guidelines. Deleted separate criteria for clear cell and non-clear cell; instead noted that “if disease is predominant clear cell histology” then patient has tried prior therapy. Added approval for anaplastic thyroid carcinoma if the disease does not have curative option based on guidelines/compendium. | 04/17/2019 |
| Selected revision | Added new approval condition for endometrial carcinoma based on FDA approval. | 10/09/2019 |

TAC – Therapeutic Assessment Committee; * For a summary of criteria changes, refer to respective TAC minutes available at: <http://esidepartments/sites/Dep043/Committees/TAC/Forms/AllItems.aspx>; DEU – Drug Evaluation Unit; NCCN – National Comprehensive Cancer Network; NA – Not applicable; RCC – Renal cell carcinoma.