

## Vitrakvi® (larotrectinib) (Oral)

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### I. Length of Authorization

Coverage will be provided for 6 months and may be renewed.

### II. Dosing Limits

#### A. Quantity Limit (max daily dose) [NDC Unit]:

- Vitrakvi 25 mg capsule: 3 capsules per day
- Vitrakvi 100 mg capsule: 2 capsules per day
- Vitrakvi 20 mg/mL oral solution: 10 mL per day

#### B. Max Units (per dose and over time) [HPCS Unit]:

- 200 mg daily

### III. Initial Approval Criteria<sup>1</sup>

Coverage is provided in the following conditions:

- Patient must have tried and failed treatment with Rozlytrek or a contraindication exists;  
**AND**
- Patient is at least 1 month of age, unless otherwise specified; **AND**

#### Universal Criteria<sup>1</sup>

- Will not be used in combination with another NTRK-inhibitor (i.e., entrectinib); **AND**
- Used as single agent therapy, unless otherwise specified; **AND**
- Patient will avoid concomitant therapy with all of the following, or if therapy is unavoidable, the patient will be monitored closely for adverse reaction and/or dose modifications will be implemented:
  - Coadministration with strong or moderate CYP3A4 inducers (e.g., rifampin, carbamazepine, St. John's Wort, bosentan, efavirenz, etc.); **AND**
  - Coadministration with strong or moderate CYP3A4 inhibitors (e.g., itraconazole, clarithromycin, nefazodone, grapefruit products, fluconazole, ciprofloxacin, etc.); **AND**

## Solid Tumors with *NTRK* Gene Fusion † ‡ Φ <sup>1,2</sup>

- Patient has a neurotrophic receptor tyrosine kinase (*NTRK*) gene fusion or fusion partner positive solid tumor without any known acquired resistance mutation as detected by an FDA-approved or CLIA compliant test❖; **AND**
  - Patient has metastatic disease or is not a candidate for surgical resection due to the potential of causing severe morbidity †; **AND**
    - Patient has no satisfactory alternative treatments; **OR**
    - Disease has progressed following treatment; **OR**
  - Patient has, but is not limited to\*, one of the following tumor types ‡:
    - Ampullary Adenocarcinoma <sup>2,17</sup>
      - Used as first-line therapy for unresectable or metastatic disease; **OR**
      - Used as subsequent therapy for disease progression
    - Biliary Tract Cancers (Gallbladder Cancer or Intra-/Extra-Hepatic Cholangiocarcinoma) <sup>1,2,8,9</sup>
      - Patient has unresectable, resected gross residual (R2), or metastatic disease; **OR**
      - Used as neoadjuvant therapy for resectable locoregionally advanced gallbladder cancer; **AND**
        - Patient has incidental finding of suspicious mass during surgery where hepatobiliary surgery expertise is unavailable; **OR**
        - Patient has incidental finding on pathologic review (cystic duct node positive); **OR**
        - Patient has mass on imaging
    - Breast Cancer <sup>1,2,8-10</sup>
      - Patient has no satisfactory alternative treatments OR disease has progressed following treatment; **AND**
      - Patient has recurrent unresectable (local or regional) OR inflammatory disease with no response to preoperative systemic therapy; **AND**
        - Used as third-line therapy and beyond for hormone receptor positive and HER2-negative disease with visceral crisis or endocrine therapy refractory; **OR**
        - Used as third-line therapy and beyond for triple negative breast cancer (TNBC) Ψ; **OR**
        - Used as fourth-line and beyond for HER2-positive disease
    - Adult Central Nervous System Cancers <sup>1,2,14</sup>
      - Patient is at least 18 years of age; **AND**
        - Patient has recurrent or progressive glioblastoma; **OR**

- Patient has recurrent or progressive circumscribed glioma; **AND**
  - Patient has received prior fractionated external beam radiation therapy; **OR**
- Patient has brain metastases from *NTRK*-gene fusion positive tumors as detected by an FDA-approved or CLIA compliant test❖; **AND**
  - Used as initial treatment in patients with small asymptomatic brain metastases; **OR**
  - Used for relapsed disease in patients with limited brain metastases and either stable systemic disease or reasonable systemic treatment options; **OR**
  - Patient has recurrent limited brain metastases; **OR**
  - Used for recurrent disease in patients with extensive brain metastases and stable systemic disease or reasonable systemic treatment options
- Pediatric Central Nervous System Cancers <sup>2</sup>
  - Patient has Diffuse High-Grade Glioma; **AND**
    - Used as adjuvant therapy (*excluding diffuse midline glioma, H3 K27-altered or pontine location*); **AND**
      - Patient is < 3 years of age; **OR**
      - Patient is ≥ 3 years of age and used following standard brain radiation therapy (RT) with or without concurrent temozolomide; **OR**
    - Used for recurrent or progressive disease (*excluding oligodendroglioma, IDH-mutant, and 1p/19q co-deleted or astrocytoma IDH-mutant*)
- Cervical Cancer <sup>1,2</sup>
  - Used as subsequent therapy for recurrent or metastatic disease
- Appendiceal Adenocarcinoma <sup>1,2</sup>
  - Used as subsequent therapy for progression of advanced disease; **AND**
    - Patient has mismatch repair proficient/microsatellite-stable (pMMR/MSS) disease; **OR**
    - Patient has mismatch repair deficient/microsatellite instability-high (dMMR/MSI-H) disease or polymerase epsilon/delta (POLE/POLD1) mutation; **AND**
      - Patient is not eligible for or has progressed on checkpoint inhibitor immunotherapy
- Colorectal Adenocarcinoma <sup>1,2,8,9</sup>
  - Used as subsequent therapy for progression of advanced disease; **AND**

- Patient has mismatch repair proficient/microsatellite-stable (pMMR/MSS) disease; **OR**
- Patient has mismatch repair deficient/microsatellite instability-high (dMMR/MSI-H) disease or polymerase epsilon/delta (POLE/POLD1) mutation; **AND**
  - Patient is not eligible for or has progressed on checkpoint inhibitor immunotherapy
- Cutaneous Melanoma <sup>1,2,8,9,15</sup>
  - Used for unresectable or metastatic disease; **AND**
  - Used as subsequent therapy for disease progression, intolerance, or projected risk of progression with BRAF targeted therapy (e.g., dabrafenib/trametinib, vemurafenib/cobimetinib, encorafenib/binimetinib, etc.)
- Gastric Adenocarcinoma OR Esophageal/Esophagogastric Junction (GEJ) Adenocarcinoma/Squamous Cell Carcinoma <sup>1,2,8,9</sup>
  - Used palliatively as subsequent therapy; **AND**
  - Patient is not a surgical candidate or has unresectable locally advanced, recurrent, or metastatic disease
- Gastrointestinal Stromal Tumors <sup>1,2,16</sup>
  - Used as first-line therapy for gross residual (R2 resection), unresectable primary, recurrent, or metastatic disease OR tumor rupture; **OR**
  - Used as neoadjuvant therapy to decrease surgical morbidity for resectable disease with significant morbidity; **OR**
  - Used as continued treatment for limited progression
- Head and Neck Cancer <sup>1,2,8,11</sup>
  - Patient has salivary gland tumors; **AND**
  - Patient has recurrent disease with one of the following:
    - Distant metastases; **OR**
    - Unresectable locoregional recurrence with prior radiation therapy (RT); **OR**
    - Unresectable second primary with prior RT
- Hepatocellular Carcinoma <sup>2</sup>
  - Used as subsequent treatment for progressive disease; **AND**
    - Patient has extrahepatic/metastatic disease and deemed ineligible for resection, transplant, or locoregional therapy; **OR**
    - Patient has liver-confined, unresectable disease and deemed ineligible for transplant
- Histiocytic Neoplasms – Langerhans Cell Histiocytosis (LCH) <sup>2</sup>

- Patient has multisystem LCH with symptomatic or impending organ dysfunction or critical organ involvement; **OR**
- Patient has single-system lung LCH; **OR**
- Patient has multifocal single system bone disease not responsive to treatment with a bisphosphonate; **OR**
- Patient has CNS lesions; **OR**
- Patient has relapsed/refractory disease
- Histiocytic Neoplasms – Erdheim-Chester Disease (ECD) <sup>2</sup>
  - Patient has symptomatic or relapsed/refractory disease
- Histiocytic Neoplasms – Rosai-Dorfman Disease <sup>2</sup>
  - Patient has symptomatic unresectable (bulky/site of disease) unifocal disease; **OR**
  - Patient has symptomatic multifocal disease; **OR**
  - Patient has relapsed/refractory disease
- Non-Small Cell Lung Cancer <sup>1,2,8,9</sup>
  - Patient does not have locoregional recurrence or symptomatic local disease without evidence of disseminated disease) or mediastinal lymph node recurrence with prior radiation therapy; **AND**
    - Used for metastatic disease as first line therapy; **OR**
    - Used for recurrent or advanced disease; **AND**
      - Used as first line therapy; **OR**
      - Used as subsequent therapy following progression on first-line systemic therapy in patients who did not receive an NTRK1/2/3-targeted regimen in a previous line of therapy
- Ovarian, Fallopian Tube, and Primary Peritoneal Cancer <sup>1,2</sup>
  - Patient has recurrent or persistent Grade 1 Endometrioid Carcinoma, Carcinosarcoma (Malignant Mixed Müllerian Tumors), Mucinous Carcinoma of the Ovary, Epithelial Ovarian/Fallopian Tube/Primary Peritoneal Cancer, or Clear Cell Carcinoma of the Ovary; **AND**
    - Patient is not experiencing an immediate biochemical relapse (i.e., rising CA-125 without radiographic evidence of disease); **OR**
  - Patient has recurrent Low-Grade Serous Carcinoma
- Pancreatic Adenocarcinoma <sup>1,2,8,9</sup>
  - Used as first-line therapy; **AND**
    - Patient has locally advanced disease (excluding use if poor performance status ECOG PS 3); **OR**
    - Patient has metastatic disease; **OR**
  - Used as subsequent therapy for locally advanced or metastatic disease; **OR**

- Used as alternative systemic therapy, if not previously used; **AND**
  - Patient has local recurrence in the pancreatic bed after resection; **OR**
  - Patient has recurrent metastatic disease
- Small Bowel Adenocarcinoma <sup>1,2,8,9</sup>
  - Used as subsequent therapy for advanced or metastatic disease
- Soft Tissue Sarcoma <sup>1,2,8,12</sup>
  - Will not be used as neoadjuvant or adjuvant therapy for non-metastatic disease; **AND**
  - Patient does not have angiosarcoma or pleomorphic rhabdomyosarcoma; **AND**
    - Used as first-line advanced/metastatic therapy for one of the following:
      - Sarcoma of the extremity/body wall/head/neck§
      - Sarcoma of the retroperitoneal or intra-abdominal area§§; **OR**
    - Used as an alternative systemic therapy for unresectable or progressive disease after initial therapy for unresectable localized disease for sarcoma of the retroperitoneal or intra-abdominal area§§

§ For atypical lipomatous tumor/well-differentiated liposarcoma (ALT/WDLs) extremity, abdominal wall, trunk: if disease that was initially diagnosed as ALT/WDLPS shows evidence of de-differentiation, treat as other soft tissue sarcomas.

§§ Treat well-differentiated liposarcoma (WDLPS-retroperitoneum, paratesticular) with or without evidence of de-differentiation as other soft tissue sarcomas.
- Thyroid Carcinoma <sup>2,8,13</sup>
  - Patient has Follicular, Oncocytic, or Papillary Carcinoma; **AND**
    - Patient has unresectable locoregional recurrent or persistent disease **OR** metastatic disease; **AND**
    - Patient has progressive and/or symptomatic disease that is not amenable to radioactive iodine (RAI) therapy; **OR**
  - Patient Anaplastic Carcinoma; **AND**
    - Patient has metastatic disease
- Uterine Neoplasms – Endometrial Carcinoma <sup>2</sup>
  - Patient has carcinosarcoma, clear cell carcinoma, endometrioid adenocarcinoma, serous carcinoma, undifferentiated/dedifferentiated carcinoma; **AND**
  - Used as subsequent therapy for recurrent disease
- Uterine Neoplasms – Uterine Sarcoma <sup>2</sup>
  - Patient has adenosarcoma, endometrial stromal sarcoma (ESS), PEComa, undifferentiated uterine sarcoma (UUS), or leiomyosarcoma (LMS); **AND**
  - Patient has advanced, recurrent/metastatic, or inoperable disease; **AND**

- Used as first-line therapy; **OR**
- Used as subsequent therapy if not used previously
- Vaginal Cancer <sup>2</sup>
  - Used as subsequent therapy for recurrent or metastatic disease
- Vulvar Cancer <sup>2,8,9</sup>
  - Used as subsequent therapy for advanced or recurrent/metastatic disease

***\*Note:** Solid tumors not listed, that are NTRK gene fusion or fusion partner positive without any known acquired resistance mutation, will be reviewed on a case-by-case basis and considered medically necessary when all other relevant medication and indication specific criteria are met.*

❖ If confirmed using an immunotherapy assay-<http://www.fda.gov/CompanionDiagnostics>

† FDA Approved Indication(s); ‡ Compendia Recommended Indication(s); Ⓢ Orphan Drug

<b>Ψ ER Scoring Interpretation</b> (following ER testing by validated IHC assay)	
<b>Results</b>	<b>Interpretation</b>
– 0% – <1% of nuclei stain	– ER-negative
– 1%–10% of nuclei stain	– ER-low-positive*
– >10% of nuclei stain	– ER-positive
<i>*Note: Patients with cancers with ER-low-positive (1%–10%) results are a heterogeneous group with reported biologic behavior often similar to ER-negative cancers; thus, as such these cancers inherently behave aggressively and may be treated similar to triple-negative disease. Individualized consideration of risks versus benefits should be incorporated into decision-making.</i>	

#### IV. Renewal Criteria <sup>1</sup>

Coverage can be renewed based upon the following criteria:

- Patient continues to meet universal and other indication-specific relevant criteria such as concomitant therapy requirements (not including prerequisite therapy), performance status, etc. identified in section III; **AND**
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: central nervous system effects (e.g., dizziness, cognitive impairment, mood disorders, sleep disturbances, etc.), skeletal fractures, hepatotoxicity, etc.; **AND**
- Disease response with treatment as defined by stabilization of disease or decrease in size of tumor or tumor spread ±

± **NTRK-Positive Gastrointestinal Stromal Tumors (continuation of therapy following disease progression)**

- Refer to Section III for criteria



## V. Dosage/Administration <sup>1</sup>

Indication	Dose
Solid Tumor with <i>NTRK</i> gene fusion	<b><u>BSA ≥ 1.0 m<sup>2</sup></u></b> Administer 100 mg orally twice daily
	<b><u>BSA &lt; 1.0 m<sup>2</sup></u></b> Administer 100 mg/m <sup>2</sup> orally twice daily
<i>For all indications, treatment is to be continued until disease progression or unacceptable toxicity, unless otherwise specified ±.</i>	

## VI. Billing Code/Availability Information

### HCPCS Code(s):

- J8999 – Prescription drug, oral, chemotherapeutic, not otherwise specified
- C9399 – Unclassified drug or biologicals

### NDC(s):

- Vitrakvi 25 mg capsules: 50419-0390-xx
- Vitrakvi 100 mg capsules: 50419-0391-xx
- Vitrakvi 20 mg/mL oral solution: 50419-0392-xx

## VII. References

1. Vitrakvi [package insert]. Whippany, NJ; Bayer HealthCare Pharmaceuticals Inc.; November 2023. Accessed April 2024.
2. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) larotrectinib. National Comprehensive Cancer Network, 2024. The NCCN Compendium® is a derivative work of the NCCN Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Compendium, go online to NCCN.org. Accessed April 2024.
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11. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Head and Neck Cancers Version 3.2024. National Comprehensive Cancer Network, 2024. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Guidelines, go online to NCCN.org. Accessed April 2024.
12. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Soft Tissue Sarcoma Version 1.2024. National Comprehensive Cancer Network, 2024. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Guidelines, go online to NCCN.org. Accessed April 2024.
13. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Thyroid Carcinoma Version 2.2024. National Comprehensive Cancer Network, 2024. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Guidelines, go online to NCCN.org. Accessed April 2024.
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## Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
C06.9	Malignant neoplasm of mouth, unspecified
C07	Malignant neoplasm of parotid gland
C08.0	Malignant neoplasm of submandibular gland
C08.1	Malignant neoplasm of sublingual gland
C08.9	Malignant neoplasm of major salivary gland, unspecified
C15.3	Malignant neoplasm of upper third of esophagus
C15.4	Malignant neoplasm of middle third of esophagus
C15.5	Malignant neoplasm of lower third of esophagus
C15.8	Malignant neoplasm of overlapping sites of esophagus
C15.9	Malignant neoplasm of esophagus, unspecified
C16.0	Malignant neoplasm of cardia
C16.1	Malignant neoplasm of fundus of stomach
C16.2	Malignant neoplasm of body of stomach
C16.3	Malignant neoplasm of pyloric antrum
C16.4	Malignant neoplasm of pylorus
C16.5	Malignant neoplasm of lesser curvature of stomach, unspecified
C16.6	Malignant neoplasm of greater curvature of stomach, unspecified
C16.8	Malignant neoplasm of overlapping sites of stomach
C16.9	Malignant neoplasm of stomach, unspecified
C17.0	Malignant neoplasm of duodenum
C17.1	Malignant neoplasm of jejunum
C17.2	Malignant neoplasm of ileum

ICD-10	ICD-10 Description
C17.3	Meckel's diverticulum, malignant
C17.8	Malignant neoplasm of overlapping sites of small intestine
C17.9	Malignant neoplasm of small intestine, unspecified
C18.0	Malignant neoplasm of cecum
C18.1	Malignant neoplasm of appendix
C18.2	Malignant neoplasm of ascending colon
C18.3	Malignant neoplasm of hepatic flexure
C18.4	Malignant neoplasm of transverse colon
C18.5	Malignant neoplasm of splenic flexure
C18.6	Malignant neoplasm of descending colon
C18.7	Malignant neoplasm of sigmoid colon
C18.8	Malignant neoplasm of overlapping sites of colon
C18.9	Malignant neoplasm of colon, unspecified
C19	Malignant neoplasm of rectosigmoid junction
C20	Malignant neoplasm of rectum
C21.8	Malignant neoplasm of overlapping sites of rectum, anus and anal canal
C22.0	Liver cell carcinoma
C22.1	Intrahepatic bile duct carcinoma
C22.8	Malignant neoplasm of liver, primary, unspecified as to type
C22.9	Malignant neoplasm of liver, not specified as primary or secondary
C23	Malignant neoplasm of gallbladder
C24.0	Malignant neoplasm of extrahepatic bile duct
C24.1	Malignant neoplasm of ampulla of Vater
C24.8	Malignant neoplasm of overlapping sites of biliary tract
C24.9	Malignant neoplasm of biliary tract, unspecified
C25.0	Malignant neoplasm of head of pancreas
C25.1	Malignant neoplasm of body of the pancreas
C25.2	Malignant neoplasm of tail of pancreas
C25.3	Malignant neoplasm of pancreatic duct
C25.7	Malignant neoplasm of other parts of pancreas
C25.8	Malignant neoplasm of overlapping sites of pancreas
C25.9	Malignant neoplasm of pancreas, unspecified
C33	Malignant neoplasm of trachea
C34.00	Malignant neoplasm of unspecified main bronchus

ICD-10	ICD-10 Description
C34.01	Malignant neoplasm of right main bronchus
C34.02	Malignant neoplasm of left main bronchus
C34.10	Malignant neoplasm of upper lobe, unspecified bronchus or lung
C34.11	Malignant neoplasm of upper lobe, right bronchus or lung
C34.12	Malignant neoplasm of upper lobe, left bronchus or lung
C34.2	Malignant neoplasm of middle lobe, bronchus or lung
C34.30	Malignant neoplasm of lower lobe, unspecified bronchus or lung
C34.31	Malignant neoplasm of lower lobe, right bronchus or lung
C34.32	Malignant neoplasm of lower lobe, left bronchus or lung
C34.80	Malignant neoplasm of overlapping sites of unspecified bronchus or lung
C34.81	Malignant neoplasm of overlapping sites of right bronchus and lung
C34.82	Malignant neoplasm of overlapping sites of left bronchus and lung
C34.90	Malignant neoplasm of unspecified part of unspecified bronchus or lung
C34.91	Malignant neoplasm of unspecified part of right bronchus or lung
C34.92	Malignant neoplasm of unspecified part of left bronchus or lung
C43.0	Malignant melanoma of lip
C43.111	Malignant melanoma of right upper eyelid, including canthus
C43.112	Malignant melanoma of right lower eyelid, including canthus
C43.121	Malignant melanoma of left upper eyelid, including canthus
C43.122	Malignant melanoma of left lower eyelid, including canthus
C43.20	Malignant melanoma of unspecified ear and external auricular canal
C43.21	Malignant melanoma of right ear and external auricular canal
C43.22	Malignant melanoma of left ear and external auricular canal
C43.30	Malignant melanoma of unspecified part of face
C43.31	Malignant melanoma of nose
C43.39	Malignant melanoma of other parts of face
C43.4	Malignant melanoma of scalp and neck
C43.51	Malignant melanoma of anal skin
C43.52	Malignant melanoma of skin of breast
C43.59	Malignant melanoma of other part of trunk
C43.60	Malignant melanoma of unspecified upper limb, including shoulder
C43.61	Malignant melanoma of right upper limb, including shoulder
C43.62	Malignant melanoma of left upper limb, including shoulder
C43.70	Malignant melanoma of unspecified lower limb, including hip

ICD-10	ICD-10 Description
C43.71	Malignant melanoma of right lower limb, including hip
C43.72	Malignant melanoma of left lower limb, including hip
C43.8	Malignant melanoma of overlapping sites of skin
C43.9	Malignant melanoma of skin, unspecified
C47.0	Malignant neoplasm of peripheral nerves of head, face and neck
C47.10	Malignant neoplasm of peripheral nerves of unspecified upper limb, including shoulder
C47.11	Malignant neoplasm of peripheral nerves of right upper limb, including shoulder
C47.12	Malignant neoplasm of peripheral nerves of left upper limb, including shoulder
C47.20	Malignant neoplasm of peripheral nerves of unspecified lower limb, including hip
C47.21	Malignant neoplasm of peripheral nerves of right lower limb, including hip
C47.22	Malignant neoplasm of peripheral nerves of left lower limb, including hip
C47.3	Malignant neoplasm of peripheral nerves of thorax
C47.4	Malignant neoplasm of peripheral nerves of abdomen
C47.5	Malignant neoplasm of peripheral nerves of pelvis
C47.6	Malignant neoplasm of peripheral nerves of trunk, unspecified
C47.8	Malignant neoplasm of overlapping sites of peripheral nerves and autonomic nervous system
C47.9	Malignant neoplasm of peripheral nerves and autonomic nervous system, unspecified
C48.0	Malignant neoplasm of retroperitoneum
C48.1	Malignant neoplasm of specified parts of peritoneum
C48.2	Malignant neoplasm of peritoneum, unspecified
C48.8	Malignant neoplasm of overlapping sites of retroperitoneum and peritoneum
C49.A0	Gastrointestinal stromal tumor unspecified site
C49.A1	Gastrointestinal stromal tumor of esophagus
C49.A2	Gastrointestinal stromal tumor of stomach
C49.A3	Gastrointestinal stromal tumor of small intestine
C49.A4	Gastrointestinal stromal tumor
C49.A5	Gastrointestinal stromal tumor
C49.A9	Gastrointestinal stromal tumor of other sites
C49.0	Malignant neoplasm of connective and soft tissue of head, face and neck
C49.10	Malignant neoplasm of connective and soft tissue of unspecified upper limb, including shoulder
C49.11	Malignant neoplasm of connective and soft tissue of right upper limb, including shoulder
C49.12	Malignant neoplasm of connective and soft tissue of left upper limb, including shoulder
C49.20	Malignant neoplasm of connective and soft tissue of unspecified lower limb, including hip
C49.21	Malignant neoplasm of connective and soft tissue of right lower limb, including hip

ICD-10	ICD-10 Description
C49.22	Malignant neoplasm of connective and soft tissue of left lower limb, including hip
C49.3	Malignant neoplasm of connective and soft tissue of thorax
C49.4	Malignant neoplasm of connective and soft tissue of abdomen
C49.5	Malignant neoplasm of connective and soft tissue of pelvis
C49.6	Malignant neoplasm of connective and soft tissue of trunk, unspecified
C49.8	Malignant neoplasm of overlapping sites of connective and soft tissue
C49.9	Malignant neoplasm of connective and soft tissue, unspecified
C50.011	Malignant neoplasm of nipple and areola, right female breast
C50.012	Malignant neoplasm of nipple and areola, left female breast
C50.019	Malignant neoplasm of nipple and areola, unspecified female breast
C50.021	Malignant neoplasm of nipple and areola, right female breast
C50.022	Malignant neoplasm of nipple and areola, left female breast
C50.029	Malignant neoplasm of nipple and areola, unspecified female breast
C50.111	Malignant neoplasm of central portion of right female breast
C50.112	Malignant neoplasm of central portion of left female breast
C50.119	Malignant neoplasm of central portion of unspecified female breast
C50.121	Malignant neoplasm of central portion of right male breast
C50.122	Malignant neoplasm of central portion of left male breast
C50.129	Malignant neoplasm of central portion of unspecified male breast
C50.211	Malignant neoplasm of upper-inner quadrant of right female breast
C50.212	Malignant neoplasm of upper-inner quadrant of left female breast
C50.219	Malignant neoplasm of upper-inner quadrant of unspecified female breast
C50.221	Malignant neoplasm of upper-inner quadrant of right male breast
C50.222	Malignant neoplasm of upper-inner quadrant of left male breast
C50.229	Malignant neoplasm of upper-inner quadrant of unspecified male breast
C50.311	Malignant neoplasm of lower-inner quadrant of right female breast
C50.312	Malignant neoplasm of lower-inner quadrant of left female breast
C50.319	Malignant neoplasm of lower-inner quadrant of unspecified female breast
C50.321	Malignant neoplasm of lower-inner quadrant of right male breast
C50.322	Malignant neoplasm of lower-inner quadrant of left male breast
C50.329	Malignant neoplasm of lower-inner quadrant of unspecified male breast
C50.411	Malignant neoplasm of upper-outer quadrant of right female breast
C50.412	Malignant neoplasm of upper-outer quadrant of left female breast
C50.419	Malignant neoplasm of upper-outer quadrant of unspecified female breast

ICD-10	ICD-10 Description
C50.421	Malignant neoplasm of upper-outer quadrant of right male breast
C50.422	Malignant neoplasm of upper-outer quadrant of left male breast
C50.429	Malignant neoplasm of upper-outer quadrant of unspecified male breast
C50.511	Malignant neoplasm of lower-outer quadrant of right female breast
C50.512	Malignant neoplasm of lower-outer quadrant of left female breast
C50.519	Malignant neoplasm of lower-outer quadrant of unspecified female breast
C50.521	Malignant neoplasm of lower-outer quadrant of right male breast
C50.522	Malignant neoplasm of lower-outer quadrant of left male breast
C50.529	Malignant neoplasm of lower-outer quadrant of unspecified male breast
C50.611	Malignant neoplasm of axillary tail of right female breast
C50.612	Malignant neoplasm of axillary tail of left female breast
C50.619	Malignant neoplasm of axillary tail of unspecified female breast
C50.621	Malignant neoplasm of axillary tail of right male breast
C50.622	Malignant neoplasm of axillary tail of left male breast
C50.629	Malignant neoplasm of axillary tail of unspecified male breast
C50.811	Malignant neoplasm of overlapping sites of right female breast
C50.812	Malignant neoplasm of overlapping sites of left female breast
C50.819	Malignant neoplasm of overlapping sites of unspecified female breast
C50.821	Malignant neoplasm of overlapping sites of right male breast
C50.822	Malignant neoplasm of overlapping sites of left male breast
C50.829	Malignant neoplasm of overlapping sites of unspecified male breast
C50.911	Malignant neoplasm of unspecified site of right female breast
C50.912	Malignant neoplasm of unspecified site of left female breast
C50.919	Malignant neoplasm of unspecified site of unspecified female breast
C50.921	Malignant neoplasm of unspecified site of right male breast
C50.922	Malignant neoplasm of unspecified site of left male breast
C50.929	Malignant neoplasm of unspecified site of unspecified male breast
C51.0	Malignant neoplasm of labium majus
C51.1	Malignant neoplasm of labium minus
C51.2	Malignant neoplasm of clitoris
C51.8	Malignant neoplasm of overlapping sites of vulva
C51.9	Malignant neoplasm of vulva, unspecified
C52	Malignant neoplasm of vagina
C53.0	Malignant neoplasm of endocervix



ICD-10	ICD-10 Description
C53.1	Malignant neoplasm of exocervix
C53.8	Malignant neoplasm of overlapping sites of cervix uteri
C53.9	Malignant neoplasm of cervix uteri, unspecified
C54.0	Malignant neoplasm of isthmus uteri
C54.1	Malignant neoplasm of endometrium
C54.2	Malignant neoplasm of myometrium
C54.3	Malignant neoplasm of fundus uteri
C54.8	Malignant neoplasm of overlapping sites of corpus uteri
C54.9	Malignant neoplasm of corpus uteri, unspecified
C55	Malignant neoplasm of uterus, part unspecified
C56.1	Malignant neoplasm of right ovary
C56.2	Malignant neoplasm of left ovary
C56.3	Malignant neoplasm of bilateral ovaries
C56.9	Malignant neoplasm of unspecified ovary
C57.00	Malignant neoplasm of unspecified fallopian tube
C57.01	Malignant neoplasm of right fallopian tube
C57.02	Malignant neoplasm of left fallopian tube
C57.10	Malignant neoplasm of unspecified broad ligament
C57.11	Malignant neoplasm of right broad ligament
C57.12	Malignant neoplasm of left broad ligament
C57.20	Malignant neoplasm of unspecified round ligament
C57.21	Malignant neoplasm of right round ligament
C57.22	Malignant neoplasm of left round ligament
C57.3	Malignant neoplasm of parametrium
C57.4	Malignant neoplasm of uterine adnexa, unspecified
C57.7	Malignant neoplasm of other specified female genital organs
C57.8	Malignant neoplasm of overlapping sites of female genital organs
C57.9	Malignant neoplasm of female genital organ, unspecified
C7A.1	Malignant poorly differentiated neuroendocrine tumors
C7A.8	Other malignant neuroendocrine tumors
C7B.8	Other secondary neuroendocrine tumors
C71.0	Malignant neoplasm of cerebrum, except lobes and ventricles
C71.1	Malignant neoplasm of frontal lobe
C71.2	Malignant neoplasm of temporal lobe

ICD-10	ICD-10 Description
C71.3	Malignant neoplasm of parietal lobe
C71.4	Malignant neoplasm of occipital lobe
C71.5	Malignant neoplasm of cerebral ventricle
C71.6	Malignant neoplasm of cerebellum
C71.7	Malignant neoplasm of brain stem
C71.8	Malignant neoplasm of overlapping sites of brain
C71.9	Malignant neoplasm of brain, unspecified
C72.0	Malignant neoplasm of spinal cord
C72.1	Malignant neoplasm of cauda equina
C72.9	Malignant neoplasm of central nervous system, unspecified
C73	Malignant neoplasm of thyroid gland
C78.00	Secondary malignant neoplasm of unspecified lung
C78.01	Secondary malignant neoplasm of right lung
C78.02	Secondary malignant neoplasm of left lung
C78.6	Secondary malignant neoplasm of retroperitoneum and peritoneum
C78.7	Secondary malignant neoplasm of liver and intrahepatic bile duct
C79.31	Secondary malignant neoplasm of brain
C80.0	Disseminated malignant neoplasm, unspecified
C80.1	Malignant (primary) neoplasm, unspecified
C96.Z	Other specified malignant neoplasms of lymphoid, hematopoietic and related tissue
C96.0	Multifocal and multisystemic (disseminated) Langerhans-cell histiocytosis
C96.5	Multifocal and unisystemic Langerhans-cell histiocytosis
C96.6	Unifocal Langerhans-cell histiocytosis
C96.9	Malignant neoplasm of lymphoid, hematopoietic and related tissue, unspecified
D37.1	Neoplasm of uncertain behavior of stomach
D37.8	Neoplasm of uncertain behavior of other specified digestive organs
D37.9	Neoplasm of uncertain behavior of digestive organ, unspecified
D43.0	Neoplasm of uncertain behavior of brain, supratentorial
D43.1	Neoplasm of uncertain behavior of brain, infratentorial
D43.2	Neoplasm of uncertain behavior of brain, unspecified
D43.4	Neoplasm of uncertain behavior of spinal cord
D43.9	Neoplasm of uncertain behavior of central nervous system, unspecified
D76.3	Other histiocytosis syndromes
Z85.00	Personal history of malignant neoplasm of unspecified digestive organ

ICD-10	ICD-10 Description
Z85.01	Personal history of malignant neoplasm of esophagus
Z85.028	Personal history of other malignant neoplasm of stomach
Z85.038	Personal history of other malignant neoplasm of large intestine
Z85.068	Personal history of other malignant neoplasm of small intestine
Z85.07	Personal history of malignant neoplasm of pancreas
Z85.09	Personal history of malignant neoplasm of other digestive organs
Z85.118	Personal history of other malignant neoplasm of bronchus and lung
Z85.3	Personal history of malignant neoplasm of breast
Z85.42	Personal history of malignant neoplasm of other parts of uterus
Z85.43	Personal history of malignant neoplasm of ovary
Z85.831	Personal history of malignant neoplasm of soft tissue
Z85.841	Personal history of malignant neoplasm of brain
Z85.848	Personal history of malignant neoplasm of other parts of nervous tissue
Z85.850	Personal history of malignant neoplasm of thyroid
Z85.858	Personal history of malignant neoplasm of other endocrine glands

## Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

The preceding information is intended for non-Medicare coverage determinations. Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determinations (NCDs) and/or Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. Local Coverage Articles (LCAs) may also exist for claims payment purposes or to clarify benefit eligibility under Part B for drugs which may be self-administered. The following link may be used to search for NCD, LCD, or LCA documents: <https://www.cms.gov/medicare-coverage-database/search.aspx>. Additional indications, including any preceding information, may be applied at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD/LCA): N/A

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	Applicable State/US Territory	Contractor
E (1)	CA, HI, NV, AS, GU, CNMI	Noridian Healthcare Solutions, LLC
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC
5	KS, NE, IA, MO	Wisconsin Physicians Service Insurance Corp (WPS)
6	MN, WI, IL	National Government Services, Inc. (NGS)
H (4 & 7)	LA, AR, MS, TX, OK, CO, NM	Novitas Solutions, Inc.
8	MI, IN	Wisconsin Physicians Service Insurance Corp (WPS)
N (9)	FL, PR, VI	First Coast Service Options, Inc.

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Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	Applicable State/US Territory	Contractor
J (10)	TN, GA, AL	Palmetto GBA
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA
L (12)	DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in VA)	Novitas Solutions, Inc.
K (13 & 14)	NY, CT, MA, RI, VT, ME, NH	National Government Services, Inc. (NGS)
15	KY, OH	CGS Administrators, LLC