BlueCross BlueShield
Federal Employee Program
Blue Cross Blue Shield Association
750 9th St NW, Suite 900
Washington, D.C. 20001
1-800-624-5060
Fax 1-877-378-4727

5.21.012

Section:	Prescription Drugs	**Effective Date:**	April 1, 2025
Subsection:	Antineoplastic Agents	**Original Policy Date:**	February 24, 2012
Subject:	Xalkori	**Page:**	1 of 7

Last Review Date: March 7, 2025

Xalkori

Description

Xalkori (crizotinib)

Background
Xalkori (crizotinib) is an inhibitor of receptor tyrosine kinases including anaplastic lymphoma kinase (ALK), Hepatocyte Growth Factor Receptor (HGFR, c-Met), ROS1 (c-ros), and Recepteur d'Origine Nantais (RON).Rearrangements of the ALK gene can cause dysregulation of gene expression and signaling, leading to oncogenic fusion proteins potentially contributing to increased tumor cell proliferation and survival (1).

Regulatory Status
FDA-approved indications: Xalkori is a kinase inhibitor indicated for the treatment of: (1)

- patients with metastatic non-small cell lung cancer (NSCLC) whose tumors are ALK or ROS1-positive as detected by an FDA-approved test
- pediatric patients 1 year of age and older and young adults with relapsed or refractory, systemic anaplastic large cell lymphoma (ALCL) that is ALK-positive
- adult and pediatric patients 1 year of age and older with unresectable, recurrent, or refractory inflammatory myofibroblastic tumor (IMT) that is ALK-positive

Limitations of Use: The safety and efficacy of Xalkori have not been established in older adults with relapsed or refractory, systemic ALK-positive ALCL (1).

Off-Label Uses: (2-4)

1. Recurrence of non-small cell lung cancer (NSCLC) with ALK-positive tumors

2. NSCLC with MET amplification or MET exon 14 skipping mutation
3. Inflammatory myofibroblastic tumor (IMT) with ALK translocation

Drug-induced hepatotoxicity with fatal outcome has occurred. Temporarily suspend, dose reduce, or permanently discontinue Xalkori as indicated (1).

Xalkori has been associated with severe, life-threatening, or fatal treatment-related pneumonitis. Xalkori should be permanently discontinued in patients diagnosed with treatment-related pneumonitis. Complete blood counts including differential white blood cell counts should be monitored monthly and as clinically indicated, with more frequent repeat testing if Grade 3 or 4 abnormalities are observed, or if fever or infection occurs (1).

Xalkori should be avoided in patients with congenital long QT syndrome. In patients with congestive heart failure, bradyarrhythmias, electrolyte abnormalities, or who are taking medications that are known to prolong the QT interval, periodic monitoring with electrocardiograms (ECGs) and electrolytes should be considered (1).

Severe visual loss has been reported. Permanently discontinue Xalkori in patients with severe visual loss unless another cause is identified through ophthalmological evaluation (1).

Xalkori can cause fetal harm when administered to a pregnant woman based on its mechanism of action. Advise female patients of reproductive potential to use effective contraception during treatment with Xalkori and for at least 45 days following the final dose. Advise male patients with female partners of reproductive potential to use condoms during treatment with Xalkori and for at least 90 days after the final dose (1).

The safety and effectiveness of Xalkori have not been established in pediatric patients less than 12 months of age with ALCL or in any pediatric patients with NSCLC (1).

Related policies

Alecensa, Alunbrig, Augtyro, Lorbrena, Zykadia

Policy

This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.

Xalkori may be considered **medically necessary** if the conditions indicated below are met.

Xalkori may be considered **investigational** for all other indications.

Prior-Approval Requirements

Diagnoses

Patient must have **ONE** of the following:

1. Recurrent or metastatic non-small cell lung cancer (NSCLC)
    a. 18 years of age or older
    b. Patient must have **ONE** of the following:
        i. Tumor is positive for ALK mutation as determined by an FDA-approved test
        ii. Tumor is positive for ROS-1 mutation, as determined by an FDA-approved test
        iii. Tumor has MET amplification or MET exon 14 skipping mutation

2. Inflammatory myofibroblastic tumor (IMT)
    a. 18 years of age or older
    b. Tumor is positive for ALK mutation

3. Unresectable, recurrent, or refractory inflammatory myofibroblastic tumor (IMT)
    a. 1 year of age or older
    b. Tumor is positive for ALK mutation

4. Relapsed or refractory, systemic anaplastic large cell lymphoma (ALCL)
    a. 1 to 21 years of age
    b. Tumor is positive for ALK mutation

AND ALL of the following for **ALL** indications:

1. Ophthalmology examination at baseline and periodically throughout treatment
2. Females of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Xalkori and for at least 45 days after the last dose

3. Males with female partners of reproductive potential **only**: patient will be advised to use condoms during treatment with Xalkori and for at least 90 days after the last dose

Prior – Approval *Renewal* Requirements

Diagnoses

Patient must have **ONE** of the following:

1. Recurrent or metastatic non-small cell lung cancer (NSCLC)
    a. 18 years of age or older
2. Inflammatory myofibroblastic tumor (IMT)
    a. 18 years of age or older
3. Unresectable, recurrent, or refractory inflammatory myofibroblastic tumor (IMT)
    a. 1 year of age or older
4. Relapsed or refractory, systemic anaplastic large cell lymphoma (ALCL)
    a. 1 to 21 years of age

AND ALL of the following for **ALL** indications:

1. **NO** symptoms indicative of treatment-related pneumonitis
2. Ophthalmology examinations are done periodically throughout treatment
3. Females of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Xalkori and for at least 45 days following the last dose
4. Males with female partners of reproductive potential **only**: patient will be advised to use condoms during treatment with Xalkori and for at least 90 days after the last dose

Policy Guidelines

Pre - PA Allowance

None

Prior - Approval Limits

Quantity	360 capsules per 90 days **OR** 720 oral pellets per 90 days
Duration	12 months

Prior – Approval *Renewal* Limits

Same as above

Rationale

Summary

Xalkori (crizotinib) is an inhibitor of receptor tyrosine kinases including anaplastic lymphoma kinase (ALK), Hepatocyte Growth Factor Receptor (HGFR, c-Met), ROS1 (c-ros), and Recepteur d'Origine Nantais (RON). Xalkori has been associated with severe, life-threatening, or fatal treatment-related pneumonitis/ interstitial lung disease (ILD), hepatotoxicity, QT interval prolongation, and is contraindicated in pregnancy. The safety and effectiveness of Xalkori have not been established in pediatric patients less than 12 months of age with ALCL or in any pediatric patients with NSCLC (1-4).

Prior authorization is required to ensure the safe, clinically appropriate, and cost-effective use of Xalkori while maintaining optimal therapeutic outcomes.

References

1. Xalkori [package insert]. New York, NY: Pfizer Inc.; September 2023.
2. NCCN Drugs & Biologics Compendium®. Crizotinib 2025. National Comprehensive Cancer Network, Inc. Accessed on January 14, 2025.
3. NCCN Clinical Practice Guidelines in Oncology® Non-Small Cell Lung Cancer (Version 3.2025). National Comprehensive Cancer Network, Inc. January 2025. Accessed on January 14, 2025.
4. NCCN Clinical Practice Guidelines in Oncology® Soft Tissue Sarcoma (Version 4.2024). National Comprehensive Cancer Network, Inc. November 2024. Accessed on January 14, 2025.

Policy History

Date	Action

December 2011	New policy
March 2013	Annual editorial review and reference update
June 2013	Labeled indications update and review.
December 2013	Annual editorial review and update
September 2014	Annual editorial review and update
December 2015	Annual editorial review and reference update
April 2016	Addition of recurrent non-small cell lung cancer (NSCLC) with one of the following: tumor is positive for ALK mutation, tumor is positive for ROS-1 mutation, or tumor has MET amplification or MET exon 14 skipping mutation; and in patient with soft tissue sarcoma - inflammatory myofibroblastic tumor (IMT) who have a tumor that is positive for ALK mutation; genetic mutations must be detected by FDA-approved test; ophthalmology examination at baseline and periodically throughout treatment; if patient or their partner are of child bearing age, the patient has been or will be instructed to practice effective contraception during therapy and for 2 months after stopping therapy Policy number changed from 5.04.12 to 5.21.12
June 2016	Annual review
June 2017	Annual editorial review and reference update. Addition age requirement to the renewal section Changed the use of effective contraception from 2 months after stopping therapy to 3 months after stopping therapy.
September 2017	Annual review Added quantity limits
June 2018	Annual editorial review and reference update
March 2019	Annual editorial review and reference update
June 2020	Annual review and reference update
February 2021	Addition of indication: relapsed or refractory, systemic anaplastic large cell lymphoma (ALCL). Revised pregnancy requirements. Revised requirements so that only mutations with FDA-approved tests require it to be detected by an FDA-approved test
March 2021	Annual review
March 2022	Annual editorial review and reference update
July 2022	Editorial review and reference update. Addition of indication: unresectable, recurrent, or refractory inflammatory myofibroblastic tumor (IMT) that is ALK-positive
September 2022	Annual review and reference update
October 2023	Addition of oral pellets
March 2024	Annual review and reference update
December 2024	Annual review and reference update

March 2025	Annual review and reference update

Keywords

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on March 7, 2025 and is effective on April 1, 2025.