Pharmacy Policy Bulletin: J-0914 FGFR Kinase Inhibitors – Commercial and Healthcare Reform	
Number: J-0914	**Category:** Prior Authorization
Line(s) of Business: ☒ Commercial ☒ Healthcare Reform ☐ Medicare	**Benefit(s):** **Commercial:** **Prior Authorization (1.):** **1.** Miscellaneous Specialty Drugs Oral = Yes w/ Prior Authorization **Healthcare Reform:** Not Applicable
Region(s): ☒ All ☐ Delaware ☐ New York ☐ Pennsylvania ☐ West Virginia	**Additional Restriction(s):** None
Version: J-0914-012	**Original Date:** 05/01/2019
Effective Date: 04/25/2025	**Review Date:** 04/09/2025

Drugs Product(s):	• Balversa (erdafitinib) • Lytgobi (futibatinib) • Pemazyre (pemigatinib)

FDA-Approved Indication(s):	• Balversa
	  ○ Treatment of adult patients with locally advanced or metastatic urothelial carcinoma (mUC) with susceptible *FGFR3* genetic alterations whose disease has progressed on or after at least one line of prior systemic therapy.
	• Lytgobi
	  ○ Treatment of adult patients with previously treated, unresectable, locally advanced or metastatic intrahepatic cholangiocarcinoma harboring *FGFR2* gene fusions or other rearrangements.
	• Pemazyre
	  ○ Treatment of adults with previously treated, unresectable locally advanced or metastatic cholangiocarcinoma with a *FGFR2* fusion or other rearrangement as detected by an FDA-approved test.
	  ○ Treatment of adults with relapsed or refractory myeloid/lymphoid neoplasms (MLNs) with *FGFR1* rearrangement.

Background:	• Balversa and Pemazyre are kinase inhibitors that bind to and inhibit the enzymatic activity of several *FGFR* genetic alterations, leading to cancer cell death. • Lytgobi covalently binds FGFR and inhibits FGFR phosphorylation and downstream signaling, leading to decreased cell viability in cancer cell lines with FGFR alterations. • Myeloid/lymphoid neoplasms are rare and malignant diseases involving clonal proliferation of myeloid and/or lymphoid precursors which harbor translocations or insertions involving the chromosome band 8p11 and the *FGFR1* gene. • The National Comprehensive Cancer Network (NCCN) Biliary Tract Cancers guideline includes durvalumab plus gemcitabine plus cisplatin and pembrolizumab plus gemcitabine plus cisplatin as category 1, preferred regimens for primary treatment of unresectable and metastatic

	cholangiocarcinoma. Other regimens (including, but not limited to, gemcitabine plus cisplatin; capecitabine plus oxaliplatin) may also be utilized.
	• NCCN Bladder Cancer guidelines provide recommendations for first-line systemic therapy for locally advanced or metastatic disease in patients who are cisplatin eligible (including, but not limited to, pembrolizumab and enfortumab vedotin-ejfv; gemcitabine + cisplatin followed by avelumab maintenance therapy; dose-dense methotrexate + vinblastine + adriamycin + cisplatin [DDMVAC] with growth factor support followed by avelumab maintenance therapy) or cisplatin ineligible (including, but not limited to, pembrolizumab + enfortumab vedotin-ejfv; gemcitabine + carboplatin followed by avelumab maintenance therapy).
	• Balversa is not recommended for the treatment of patients who are eligible for and have not received prior programmed cell death protein 1 (PD-1) (for example, pembrolizumab, nivolumab) or programmed death ligand 1 (PD-L1) (for example, avelumab) inhibitor therapy.
	• Select patients for treatment with Balversa based on an FDA-approved companion diagnostic. An FDA-approved test for detection of *FGFR2* gene fusions or other rearrangements for Lytgobi is not available. Select patients for +treatment of locally advanced or metastatic cholangiocarcinoma with Pemazyre based on the presence of an *FGFR2* fusion or rearrangement as detected by an FDA-approved test. An FDA-approved test for detection of *FGFR1* rearrangement in patients with relapsed or refractory myeloid/lymphoid neoplasm for selecting patients for treatment with Pemazyre is not available.
	• Companion diagnostic tests FDA-approved for genetic testing include for Balversa the *therascreen* FGFR RGQ RT-PCR kit; and for Pemazyre the FoundationOneCDx. For additional information regarding FDA-approved companion diagnostics, please visit: https://www.fda.gov/medical-devices/vitro-diagnostics/list-cleared-or-approvedcompanion-diagnostic-devices-vitro-and-imaging-tools.
	• Prescribing Considerations:
	  ○ Kinase inhibitors should be prescribed under the supervision of a hematologist/oncologist.
	  ○ The presence of *FGFR2* fusion or other rearrangement should be detected by an FDA-approved test. Qualifying in-frame fusions and other rearrangements were predicted to have a breakpoint within intron 17/exon 18 of the *FGFR2* gene leaving the FGFR2 kinase domain intact.
	  ○ Balversa, Lytgobi, and Pemazyre carry warnings and precautions for ocular disorders, hyperphosphatemia, and embryo-fetal toxicity.

Approval Criteria

I. Initial Authorization

A. Balversa

When a benefit, coverage of Balversa may be approved when all of the following criteria are met **(1. through 5.):**

1. The member is 18 years of age or older.

2. The member has a diagnosis of locally advanced or metastatic urothelial carcinoma (ICD-10: C67, C68).

3. The member has a susceptible *FGFR3* genetic alteration, as detected by an FDA-approved test.

4. The member has experienced disease progression on or after at least one (1) line of prior systemic therapy.

5. If the member has not received prior PD-1 or PD-L1 inhibitor therapy, the prescriber attests that the member is not eligible for treatment with PD-1 or PD-L1 inhibitor therapy.

B. Lytgobi

When a benefit, coverage of Lytgobi may be approved when all of the following criteria are met **(1. through 4)**:

1. The member is 18 years of age or older.
2. The member has a diagnosis of unresectable, locally advanced or metastatic intrahepatic cholangiocarcinoma (ICD-10: C22.1).
3. Disease harbors *FGFR2* gene fusions or other rearrangements.
4. The member has experienced therapeutic failure or intolerance to at least one (1) prior therapy.

C. Pemazyre

1. Cholangiocarcinoma

When a benefit, coverage of Pemazyre may be approved when all of the following criteria are met **(a. through d.)**:

- **a.** The member is 18 years of age or older.
- **b.** The member has a diagnosis of unresectable locally advanced or metastatic cholangiocarcinoma (ICD-10: C22.1).
- **c.** Disease harbors an *FGFR2* fusion or other rearrangement (for example, non-fusion rearrangement) as detected by an FDA-approved test.
- **d.** The member has experienced therapeutic failure or intolerance to at least one (1) prior therapy.

2. Myeloid/Lymphoid Neoplasms (MLNs)

When a benefit, coverage of Pemazyre may be approved when all of the following criteria are met **(a., b., and c.)**:

- **a.** The member is 18 years of age or older.
- **b.** The member has a diagnosis of relapsed or refractory MLN (ICD-10 D47.1).
- **c.** Disease harbors an *FGFR1* rearrangement.

II. Reauthorization

When a benefit, reauthorization of a FGFR kinase inhibitor may be approved when the following criterion is met **(A.)**:

A. The prescriber attests that the member is tolerating therapy and has experienced a therapeutic response defined as one (1) of the following **(1. or 2.)**:

1. Disease improvement
2. Delayed disease progression

III. An exception to some or all of the criteria above may be granted for select members and/or circumstances based on state and/or federal regulations.

IV. Coverage of oncology medications listed in this policy may be approved on a case-by-case basis per indications supported in the most current NCCN guidelines.

Limitations of Coverage

I. Coverage of drug(s) addressed in this policy for disease states outside of the FDA-approved indications should be denied based on the lack of clinical data to support effectiveness and safety in other conditions unless otherwise noted in the approval criteria.

II. For Commercial or HCR members with a closed formulary, a non-formulary product will only be approved if the member meets the criteria for a formulary exception in addition to the criteria outlined within this policy.

Authorization Duration

- Commercial and HCR Plans: If approved, up to a 12 month authorization may be granted.

Automatic Approval Criteria

None

References:

1. Balversa [package insert]. Horsham, Pennsylvania: Janssen Pharmaceutical Companies; October 2024.
2. Lytgobi [package insert]. Princeton, NJ: Taiho Oncology, Inc.; April 2024.
3. Pemazyre [package insert]. Wilmington, Delaware: Incyte Corporation; August 2022.
4. NCCN Guidelines Bladder Cancer v.6.2024. National Comprehensive Cancer Network. Available at: https://www.nccn.org/professionals/physician_gls/pdf/bladder.pdf. Accessed February 3, 2025.
5. NCCN Guidelines. Biliary Tract Cancers v.6.2024. National Comprehensive Cancer Network. Available at: https://www.nccn.org/professionals/physician_gls/pdf/btc.pdf. Accessed February 3, 2025.
6. U.S Food & Drug Administration. List of Cleared or Approved Companion Diagnostic Devices (In Vitro and Imaging Tools). Available at: https://www.fda.gov/medical-devices/vitro-diagnostics/list-cleared-or-approved-companion-diagnostic-devices-vitro-and-imaging-tools. Accessed August 30, 2022.
7. Javle M, Lowery M, Shroff RT, et al. Phase II Study of BGJ398 in Patients With FGFR-Altered Advanced Cholangiocarcinoma. *J Clin Oncol*. 36:276-282.
8. Orphanet. Myeloid/lymphoid neoplasm associated with FGFR1 rearrangement. Available at: https://www.orpha.net/consor/cgi-bin/OC_Exp.php?lng=EN&Expert=168953. Accessed February 3, 2025.