

# Criteria-Based Consultation Prescribing Program

## CRITERIA FOR DRUG COVERAGE

### Taletrectinib (Ibtrozi)

#### Notes:

- Quantity Limits: Yes

**Initiation (new start) criteria, current Kaiser Permanente members already taking the medication who have not been reviewed previously, and criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously:** Non-formulary **taletrectinib (Ibtrozi)** will be covered on the prescription drug benefit when the following criteria are met:

- Prescribed by a hematologist/oncologist
- Age greater than or equal to 18 years of age
- Patients have a diagnosis of non-small cell lung cancer, locally advanced or metastatic
- That is proto-oncogene tyrosine-protein kinase ROS (ROS1) fusion gene mutation positive