AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name:	Loqtorzi	Page:	1 of 2
Effective Date:	8/1/2024	Last Review Date:	7/2024

Applies to:	☐Illinois	☐Florida	☐Florida Kids
	☐New Jersey	☒Maryland	☐Michigan
	☐Pennsylvania Kids	☐Virginia	☐Arizona
	☐Kentucky PRMD		

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Loqtorzi under the patient's prescription drug benefit.

Description:

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indications

A. Loqtorzi is indicated, in combination with cisplatin and gemcitabine, for first-line treatment
of adults with metastatic or with recurrent locally advanced nasopharyngeal carcinoma (NPC).
B. Loqtorzi is indicated, as a single agent, for the treatment of adults with recurrent unresectable
or metastatic NPC with disease progression on or after a platinum-containing chemotherapy.

All other indications are considered experimental/investigational and not medically necessary.

Applicable Drug List:

Loqtorzi

Policy/Guideline:

Exclusions:
Coverage will not be provided for members who have experienced disease progression while on PD-1 or PD-L1 inhibitor therapy.

Criteria for Initial Approval:
Nasopharyngeal carcinoma (NPC)
Authorization of 6 months may be granted when either of the following criteria are met:

A. The requested medication will be used in combination with cisplatin and gemcitabine for the first-line treatment of metastatic or recurrent locally advanced NPC.

i. The requested medication will be used as a single agent for treatment of recurrent unresectable or metastatic NPC with disease progression on or after a platinum-containing chemotherapy.

Continuation of Therapy:
Authorization of 6 months (for up to 24 months total when being used as first line therapy) may be granted for continued treatment in members requesting reauthorization for an indication listed in criteria for initial approval when there is no evidence of unacceptable toxicity or disease progression while on the current regimen.

Approval Duration and Quantity Restrictions:

Approval: 6 months

References:

1. Loqtorzi [package insert]. Redwood City, CA: Coherus BioSciences, Inc; October 2023.