BlueCross BlueShield Federal Employee Program

XALKORI
(crizotinib)

RATIONALE FOR INCLUSION IN PA PROGRAM

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).

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.
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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.