

# Specialty Guideline Management

## Ibuprofen

### Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Ibuprofen	ibuprofen

### Indications

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<sup>1</sup>

Treatment of adult patients with locally advanced or metastatic ROS1-positive non-small cell lung cancer (NSCLC)

#### Compendial Uses<sup>2</sup>

NSCLC, recurrent, advanced or metastatic ROS1 rearrangement-positive tumors

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

### Documentation

Submission of the following information is necessary to initiate the prior authorization review: ROS1 status (where applicable).

Reference number(s)
7050-A

# Coverage Criteria

## Non-Small Cell Lung Cancer<sup>1,2</sup>

Authorization of 12 months may be granted for treatment of recurrent, advanced, or metastatic ROS1-positive non-small cell lung cancer as a single agent.

# Continuation of Therapy

## ROS1-positive Non-Small Cell Lung Cancer (NSCLC)<sup>1,2</sup>

Authorization of 12 months may be granted for continued treatment of ROS1-positive non-small cell lung cancer (NSCLC) in members requesting reauthorization when there is no evidence of unacceptable toxicity while on the current regimen.

# References

1. Ibtrozi [package insert]. Burlington, MA: Nuvation Bio Inc.; June 2025.
2. The NCCN Drugs & Biologics Compendium® © 2025 National Comprehensive Cancer Network, Inc. Available at: <https://www.nccn.org>. Accessed June 23, 2025.