

Market Applicability							
Market	DC	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X	X

Koselugo (selumetinib)

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Quantity Limit
Koselugo (selumetinib)	May be subject to quantity limit

APPROVAL CRITERIA

Requests for Koselugo (selumetinib) may be approved if the following criteria are met:

- I. Individual is 2 years of age or older; **AND**
- II. Individual has a diagnosis neurofibromatosis type 1 (NF1); **AND**
- III. Individual has symptomatic, inoperable plexiform neurofibromas (PN).

Requests for Koselugo (selumetinib) may not be approved for the following:

- I. Individual has retinal vein occlusion (RVO) or retinal pigment epithelial detachment (RPED); **OR**
- II. Individual has rhabdomyolysis.

Key References:

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2020. URL: <http://www.clinicalpharmacology.com>. Updated periodically.
2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: April 14, 2020.
3. Dombi E, Baldwin A, Marcus LJ, et al. Activity of Selumetinib in Neurofibromatosis Type 1-Related Plexiform Neurofibromas. N Engl J Med. 2016;375(26):2550–2560. doi:10.1056/NEJMoa1605943.

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This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

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Market	DC	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X	X

4. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
5. Gross AM, Wolters PL, Dombi E, et al. Selumetinib in Children with Inoperable Plexiform Neurofibromas. N Engl J Med. 2020;382(15):1430–1442. doi:10.1056/NEJMoa1912735.
6. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2020; Updated periodically.

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