Mass General Brigham
Health Plan

Loqtorzi (toripalimab-tpzi)
Effective 07/01/2024

Plan	☒ MassHealth UPPL ☐Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☐ Pharmacy Benefit ☒ Medical Benefit		
Specialty Limitations	N/A		
Contact Information	**Medical and Specialty Medications** All Plans | Phone: 877-519-1908 | Fax: 855-540-3693 **Non-Specialty Medications** All Plans | Phone: 800-711-4555 | Fax: 844-403-1029		
Exceptions	N/A		

Overview
Loqtorzi is indicated:

- in combination with cisplatin and gemcitabine, for the first-line treatment of adults with metastatic or with recurrent, locally advanced nasopharyngeal carcinoma (NPC)
- 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

Coverage Guidelines
Authorization may be granted for members when all the following criteria are met:

1. Diagnosis of nasopharyngeal carcinoma (NPC)
2. Prescriber is an oncologist
3. Dosing is appropriate within the FDA labeling
4. Member is ≥ 18 years of age
5. ONE of the following:
    a. BOTH of the following:
        i. Member has metastatic or recurrent, locally advanced NPC
        ii. Requested agent will be used as first-line treatment with cisplatin and gemcitabine
    b. ALL of the following:
        i. Member has recurrent unresectable or metastatic NPC
        ii. Member has had disease progression on or after a platinum-containing chemotherapy
        iii. Requested agent will be used as monotherapy

<u>Continuation of Therapy</u>
Prescriber will infer a positive response to therapy.

Limitations

1. Initial approvals will be granted for 6 months.
2. Reauthorizations will be granted for 1 year.

Appendix

Availability and Dosage

Loqtorzi (toripalimab-tpzi) Single use vial for infusion: 240 mg/6 mL vial	<u>First-line treatment of metastatic or recurrent, locally advanced NPC:</u> Injection: 240 mg every three weeks until disease progression, unacceptable toxicity, or up to 24 months <u>Recurrent NPC:</u> Injection: 3 mg/kg every two weeks until disease progression or unacceptable toxicity *Refer to package insert for dose modifications for adverse reactions*

References

Loqtorzi® [package insert]. Redwood City (CA): Coherus BioSciences, Inc.; 2023 Nov.

Review History

06/12/24 – Created for P&T. Adopted MH criteria. New drug, Loqtorzi, added to MH's Oncology Immunotherapies guideline requiring PA through MBO. Effective 7/1/24