Mass General Brigham
Health Plan

Oncology Immunotherapies
Loqtorzi (toripalimab-tpzi)
Effective 07/01/2025

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 reviewed on a case by case basis for members who are new to the plan currently receiving treatment with requested medication excluding when the product is obtained as samples or via manufacturer's patient assistance programs.

OR

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

Continuation of Therapy

Resubmission by 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.

References

1. Loqtorzi [package insert]. Redwood City (CA): Coherus BioSciences, Inc.; 2024 Oct.

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
06/11/25 – Reviewed and updated for P&T. Part of annual UM review. Updated formatting and references. Effective 7/1/25