Reference number(s)
2745-A

STANDARD MEDICARE PART B MANAGEMENT

LARTRUVO (olaratumab)

POLICY

I. 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 Indication
Lartruvo is indicated, in combination with doxorubicin, for the treatment of adult patients with soft tissue sarcoma (STS) with a histologic subtype for which an anthracycline-containing regimen is appropriate and which is not amenable to curative treatment with radiotherapy or surgery.

All other indications will be assessed on an individual basis. Submissions for indications other than those enumerated in this policy should be accompanied by supporting evidence from Medicare approved compendia.

II. CRITERIA FOR INITIAL APPROVAL

Initiating therapy with olaratumab (Lartruvo) in new members is considered experimental/investigational and is not a covered benefit.

In January 2019, Eli Lilly and Company reported that the results of ANNOUNCE did not confirm the clinical benefit of olaratumab in combination with doxorubicin as compared to doxorubicin. Specifically, the study did not meet the primary endpoints of overall survival (OS) in the full study population or in the leiomyosarcoma (LMS) sub-population; there was no difference in survival between the study arms for either population.

III. CONTINUATION OF THERAPY

All members (including new members) requesting authorization for continuation of therapy must be currently receiving therapy with the requested agent.

Authorization for 6 months may be granted when all of the following criteria are met:
A. The member is currently receiving therapy with Lartruvo.
B. Lartruvo is being used to treat soft tissue sarcomas.
C. The member is receiving benefit from therapy or has not experienced an unacceptable toxicity.

IV. REFERENCES

1. Lartruvo [package insert]. Indianapolis, IN: Eli Lilly and Company; August 2018.