Prior Authorization Review Panel

CHC-MCO Policy Submission

A separate copy of this form must accompany each policy submitted for review.
Policies submitted without this form will not be considered for review.

Plan: PA Health & Wellness	**Submission Date: 11/01/2022**
Policy Number: PA.CP.PHAR.358	**Effective Date: 01/2020** **Revision Date: 10/2022**
Policy Name: Gemtuzumab Ozogamicin (Mylotarg)	

Type of Submission – Check all that apply:

- ☐ **New Policy**
- ✓ **Revised Policy***
- ☐ **Annual Review - No Revisions**
- ☐ **Statewide PDL -** *Select this box when submitting policies for Statewide PDL implementation and when submitting policies for drug classes included on the Statewide PDL.*

***All revisions to the policy must be highlighted using track changes throughout the document.**

Please provide any changes or clarifying information for the policy below:

4Q 2022 annual review: max recommended number of doses removed from approval duration and clarified within section I/II; references reviewed and updated.

Name of Authorized Individual (Please type or print): **Venkateswara R. Davuluri, MD**	**Signature of Authorized Individual:**

Clinical Policy: Gemtuzumab Ozogamicin (Mylotarg)

Reference Number: PA.CP.PHAR.358
Effective Date: 10/2017
Last Review Date: 10/2022

Revision Log

Description
Gemtuzumab ozogamicin (Mylotarg™) is a CD33 directed antibody and cytotoxic drug conjugate.

FDA Approved Indication(s)
Mylotarg is indicated for the treatment of:

- Newly-diagnosed CD33-positive acute myeloid leukemia (AML) in adults and pediatric patients 1 month and older
- Relapsed or refractory CD33-positive AML in adults and in pediatric patients 2 years and older

Policy/Criteria
Provider must submit documentation (which may include office chart notes and lab results) supporting that member has met all approval criteria

It is the policy of PA Health & Wellness that Mylotarg is **medically necessary** when the following criteria are met:

I. Initial Approval Criteria

A. Acute Myeloid Leukemia (must meet all)**:**

1. Diagnosis of CD33-positive AML;
2. Prescribed by or in consultation with an oncologist or hematologist;
3. Member meets (a or b):
   a. Age ≥ 1 month with newly diagnosed disease;
   b. Age ≥ 2 years with relapsed or refractory disease;
4. Mylotarg is prescribed as one of the following (a, b, c or d):
   a. As combination therapy with daunorubicin and cytarabine (adults) for newly diagnosed disease: up to 5 doses;
   b. As combination therapy with standard chemotherapy (pediatric: 1 month or older) for newly diagnosed disease: up to 2 doses;
   c. As single-agent therapy for newly diagnosed disease: up to 10 doses;
   d. As single-agent therapy for relapsed or refractory disease: up to 3 doses;
5. Request meets one of the following (a, b, c, d, or e):
   a. Age 1 month to < 18 years: Newly diagnosed disease as combination therapy with standard chemotherapy (i and ii):
      i. Induction - 1 cycle (1 vial): dose does not exceed 0.1 mg/kg (body surface area [BSA] < 0.6 m^2) or 3 mg/m^2 (BSA ≥ 0.6 m^2) given once;

ii. Intensification - 1 cycle (1 vial): dose does not exceed 0.1 mg/kg (BSA < 0.6 m^2) or 3 mg/m^2 (BSA ≥ 0.6 m^2) given once;

b. Age ≥ 18 years: Newly diagnosed disease as combination therapy with daunorubicin and cytarabine (i and ii):
   i. Induction - 1 cycle (3 vials): dose does not exceed 3 mg/m^2 on Days 1, 4, and 7;
   ii. Consolidation - 2 cycles (2 vials): dose does not exceed 3 mg/m^2 on Day 1 of each cycle;

c. Age ≥ 18 years: Newly diagnosed disease as single-agent therapy (i and ii):
   i. Induction - 1 cycle: dose does not exceed 6 mg/m^2 on Day 1, and 3 mg/m^2 on Day 8;
   ii. Continuation therapy - 8 cycles: dose does not exceed 2 mg/m^2 on Day 1 of each cycle;

d. Age ≥ 2 years: Relapsed or refractory disease (single-agent regimen): single course: dose does not exceed 3 mg/m^2 on Days 1, 4, and 7 (3 vials);

e. Dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence*).

Approval duration: 12 months

B. Acute Promyelocytic Leukemia (off-label) (must meet all):

1. Diagnosis of acute promyelocytic leukemia;
2. Prescribed by or in consultation with an oncologist or hematologist;
3. Age ≥ 18 years;
4. Dose is within FDA maximum limit for any FDA-approved indication or is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence*).

Approval duration: 12 months

C. Other diagnoses/indications

1. Refer to PA.CP.PHAR.53 if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized).

II. Continued Therapy

A. All Indications in Section I (must meet all)**:**

1. Currently receiving medication via PA Health & Wellness benefit or member has previously met all initial approval criteria or the Continuity of Care Policy (PA.LTSS.PHAR.01) applies;
2. Member is responding positively to therapy;
3. For AML, member has NOT received the maximum recommended doses as described below (a, b, c or d):
   a. As combination therapy with daunorubicin and cytarabine (adults) for newly diagnosed disease: up to 5 doses;
   b. As combination therapy with standard chemotherapy (pediatric: 1 month or older) for newly diagnosed disease: up to 2 doses;
   c. As single-agent therapy for newly diagnosed disease: up to 10 doses;
   d. As single-agent thearpy for relapsed or refractory disease: up to 3 doses;

4. For acute promyelcytic leukemia, Dose is within FDA maximum limit for any FDA-approved indication or is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence*).

5. If request is for a dose increase, request meets one of the following (a, b, c, d, or e):
   a. Age 1 month to < 18 years: Newly diagnosed disease as combination therapy with standard chemotherapy (i and ii):
      i. Induction - 1 cycle (1 vial): dose does not exceed 0.1 mg/kg (body surface area [BSA] < 0.6 m^2) or 3 mg/m^2 (BSA ≥ 0.6 m^2) given once;
      ii. Intensification - 1 cycle (1 vial): dose does not exceed 0.1 mg/kg (BSA < 0.6 m^2) or 3 mg/m^2 (BSA ≥ 0.6 m^2) given once;
   b. Age ≥ 18 years: Newly diagnosed disease as combination therapy with daunorubicin and cytarabine (i and ii):
      i. Induction - 1 cycle (3 vials): dose does not exceed 3 mg/m^2 on Days 1, 4, and 7;
      ii. Consolidation - 2 cycles (2 vials): dose does not exceed 3 mg/m^2 on Day 1 of each cycle;
   c. Age ≥ 18 years: Newly diagnosed disease as single-agent therapy (i and ii):
      i. Induction - 1 cycle: dose does not exceed 6 mg/m^2 on Day 1, and 3 mg/m^2 on Day 8;
      ii. Continuation therapy - 8 cycles: dose does not exceed 2 mg/m^2 on Day 1 of each cycle;
   d. Age ≥ 2 years: Relapsed or refractory disease (single-agent regimen): single course: dose does not exceed 3 mg/m^2 on Days 1, 4, and 7 (3 vials);
   e. Dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence*).

   Approval duration: 12 months

B. Other diagnoses/indications (must meet 1 or 2)**:**
1. Currently receiving medication via PA Health &Wellness benefit or member has met all initial approval criteria or the Continuity of Care Policy (PA.LTSS.PHAR.01) applies;
   Approval duration: Duration of request or 6 months (whichever is less); or
2. Refer to PA.CP.PHAR.53 if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized).

III. Diagnoses/Indications for which coverage is NOT authorized:

A. Non-FDA approved indications, which are not addressed in this policy, unless there is sufficient documentation of efficacy and safety according to the off label use policy – PA.CP.PHAR.53 or evidence of coverage documents.

IV. Appendices/General Information

Appendix A: Abbreviation/Acronym Key
AML: acute myeloid leukemia
BSA: body surface area
FDA: Food and Drug Administration

NCCN: National Comprehensive Cancer Center

Appendix B: General Information
Not applicable

Appendix C: Contraindications/Boxed Warnings
- Contraindication(s): hypersensitivity to Mylotarg or any of its components
- Boxed warning(s): hepatotoxicity

V. Dosage and Administration

Indication	Dosing Regimen	Maximum Dose
AML newly-diagnosed (combination regimen)	Adults: *Induction:* 3 mg/m^2 IV (up to one 4.5 mg vial) on Days 1, 4, and 7 in combination with daunorubicin and cytarabine. If a second induction cycle is required, do NOT administer Mylotarg. *Consolidation:* 3 mg/m^2 IV on Day 1 (up to one 4.5 mg vial) in combination with daunorubicin and cytarabine for 2 cycles. Pediatric patients > 1 month: • BSA ≥ 0.6 m^2: 3 mg/m^2 IV • BSA < 0.6 m^2 : 0.1 mg/kg IV	*Induction:* 4.5 mg/dose (1 cycle) *Consolidation:* 4.5 mg/dose (2 cycles) *Induction pediatric*: 1 cycle *Consolidation pedaitric*: 1 cycle
AML newly-diagnosed (single-agent regimen)	Adults: *Induction:* 6 mg/m^2 IV on Day 1 and 3 mg/m^2 on Day 8 for 1 cycle *Continuation:* 2 mg/m^2 IV on Day 1 every 4 weeks for up to 8 cycles	*Induction:* 6 mg/m^2/dose (1 cycle) *Maintenance:* 2 mg/m^2/dose every 4 weeks (8 cycles)
AML relapsed or refractory (single-agent regimen)	Age ≥ 2 years: 3 mg/m^2 IV (up to one 4.5 mg vial) on Days 1, 4, and 7 for 1 cycle	4.5 mg/dose (1 cycle)

VI. Product Availability
Single-dose vial: 4.5 mg

VII. References
1. Mylotarg Prescribing Information. Wyeth Pharmaceuticals Inc.; Philadelphia, PA. June 2020. Available at: https://www.pfizerpro.com/product/mylotarg. Accessed August 1, 2022.
2. National Comprehensive Cancer Network Drugs and Biologics Compendium. Available at: http://www.nccn.org/professionals/drug_compendium. Accessed August 1, 2022.

3. National Comprehensive Cancer Network. Acute Myeloid Leukemia Version 2.2022. Available at: https://www.nccn.org/professionals/physician_gls/pdf/aml.pdf. Accessed August 1, 2022.

Coding Implications
Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

HCPCS Codes	Description
J9203	Injection, gemtuzumab ozogamicin, 0.1 mg

Reviews, Revisions, and Approvals	Date	P&T Approval Date
New policy created	07/2018	
3Q 2019 annual review: No changes per Statewide PDL implementation 01/01/2020	07/2019	
4Q 2019 annual review: No changes per Statewide PDL implementation 01-01-2020	10/2019	
4Q 2020 annual review: for acute promyelocytic leukemia, added age limit and removed requirement for use only for relapse as NCCN compendia include use for induction and consolidation; FDA/NCCN dosage limitations added; updated age limit to 1 month from 18 years for new diagnosed AML as per FDA label; references reviewed and updated	08/2020	
4Q 2021 annual review: updated age limit for acute promyelocytic leukemia as per NCCN; updated section V dosing; references reviewed and updated.	10/2021	
4Q 2022 annual review: max recommended number of doses removed from approval duration and clarified within section I/II; references reviewed and updated.	10/2022	