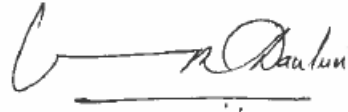


Prior Authorization Review Panel

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: 11/01/2021 |
| Policy Number: : PA.CP.PHAR.151 | Effective Date: 01/2018 Revision Date: 10/2021 |
| Policy Name: Levoleuovorin (Fusilev, Khapzory) | |
| <p>Type of Submission – <u>Check all that apply:</u></p> <p> <input type="checkbox"/> New Policy <input checked="" type="checkbox"/> Revised Policy* <input type="checkbox"/> Annual Review - No Revisions <input type="checkbox"/> Statewide PDL - <i>Select this box when submitting policies for Statewide PDL implementation and when submitting policies for drug classes included on the Statewide PDL.</i> </p> | |
| <p>*All revisions to the policy <u>must</u> be highlighted using track changes throughout the document.</p> <p>Please provide any changes or clarifying information for the policy below:</p> <p>4Q 2021 annual review: contraindications updated to include leucovorin products; change the language to be consistent with FDA labeling (change patients to adults): the treatment of adults with metastatic colorectal cancer in combination with 5-fluorouracil (5-FU); references reviewed and updated.</p> | |
| Name of Authorized Individual (Please type or print): Venkateswara R. Davuluri, MD | Signature of Authorized Individual:  |

Clinical Policy: Levoleucovorin (Fusilev, Khapzory)

Reference Number: PA.CP.PHAR.151

Effective Date: 01/18

Last Review Date: 10/2021

[Coding Implications](#)[Revision Log](#)

Description

Levoleucovorin (Fusilev®, Khapzory™) is a folate analog.

FDA Approved Indication(s)

Fusilev is indicated:

- For rescue after high-dose methotrexate (MTX) therapy in adult and pediatric patients with osteosarcoma
- For diminishing the toxicity with overdosage of folic acid antagonists or impaired methotrexate elimination in adult and pediatric patients
- For the treatment of adults with metastatic colorectal cancer in combination with 5-fluorouracil (5-FU)

Khapzory is indicated:

- For rescue after high-dose MTX therapy in patients with osteosarcoma
- For diminishing the toxicity associated with overdosage of folic acid antagonists or impaired methotrexate elimination
- For the treatment of adults with metastatic colorectal cancer in combination with fluorouracil

Limitation(s) of use: Fusilev and Khapzory are not approved for pernicious anemia and megaloblastic anemias secondary to the lack of vitamin B₁₂. Improper use may cause a hematologic remission while neurologic manifestations continue to progress.

Policy/Criteria

It is the policy of health plans affiliated with Pennsylvania Health and Wellness that Fusilev is **medically necessary** when the following criteria are met:

I. Initial Approval Criteria:

A. Methotrexate/Folic Acid Antagonist Toxicity Prophylaxis (must meet all)

1. Prescribed for one of the following uses (a, b, or c):
 - a. Rescue after MTX therapy for osteosarcoma or an NCCN-recommended cancer (*see Appendix D*);
 - b. Antidote for impaired MTX elimination;
 - c. Antidote for accidental overdose of folic acid antagonists (including MTX);
2. Request is for Fusilev or Khapzory;
3. Age ≥ 6 years;
4. Member meets one of the following (a or b):
 - a. Documentation supports contraindication or clinically significant adverse effects to leucovorin;
 - b. Leucovorin is not available for use due to a national drug shortage documented on the FDA's Drug Shortages Index (*see Appendix D*);
5. Request meets one of the following (a or b):*

- a. For Fusilev or Khapzory: Dose is appropriate and will be adjusted as necessary per section V;
- b. For Fusilev or Khapzory: Dose is supported by practice guidelines or peer-reviewed literature for the relevant use (*prescriber must submit supporting evidence*).

**Prescribed regimen must be FDA-approved or recommended by NCCN*

Approval duration:

Impaired elimination/accidental overdose: 1 month

High-dose MTX therapy rescue: 6 month

B. Combination Chemotherapy with 5-FU (must meet all):

1. Prescribed for use in a fluorouracil-based chemotherapy treatment regimen for colorectal cancer or an NCCN-recommended cancer (*see Appendix D*);
2. Prescribed by or in consultation with an oncologist;
3. Request is for Fusilev or Khapzory;
4. Age ≥ 6 years;
5. Prescribed in combination with 5-FU;
6. Member meets one of the following (a or b):
 - a. Documentation supports contraindication or clinically significant adverse effects to leucovorin;
 - b. Leucovorin is not available for use due to a national drug shortage documented on the FDA's Drug Shortages Index (*see Appendix D*);
7. Request meets one of the following (a or b):*
 - a. For Fusilev or Khapzory: Colorectal cancer: dose does not exceed regimen in section V;
 - b. For Fusilev or Khapzory: Dose is supported by practice guidelines or peer-reviewed literature for the relevant use (*prescriber must submit supporting evidence*).

**Prescribed regimen must be FDA-approved or recommended by NCCN*

Approval duration: 6 months

C. Other diagnoses/indications: Refer to PA.CP.PMN.53

II. Continued Approval

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

1. Member meets one of the following (a or b):
 - a. Currently receiving medication via Pennsylvania Health and Wellness benefit or member has previously met all initial approval criteria, or the Continuity of Care Policy (PA.LTSS.PHAR.01) applies;
 - b. Documentation supports that member is currently receiving the requested drug for high-dose MTX rescue as part of chemotherapy or combination chemotherapy with 5-FU and has received this medication for at least 30 days;
2. Request is for Fusilev or Khapzory;
3. Member is responding positively to therapy;
4. Documentation supports contraindication or clinically significant adverse effects to leucovorin, or leucovorin continues to be unavailable due to a national drug shortage;
5. If request is for a dose increase, request meets one of the following (a or b):*
 - a. For Fusilev or Khapzory: New dose does not exceed regimen in section V;

- b. For Fusilev or Khapzory: New dose is supported by practice guidelines or peer-reviewed literature for the relevant use (*prescriber must submit supporting evidence*).

**Prescribed regimen must be FDA-approved or recommended by NCCN*

Approval duration:

Impaired elimination/accidental overdose: 1 month

All other indications: 12 months

B. Other diagnoses/indications (must meet 1 or 2):

1. Currently receiving medication via Pennsylvania Health and Wellness benefit and documentation supports positive response to therapy or the Continuity of Care Policy (PA.LTSS.PHAR.01) applies; or
2. Refer to PA.CP.PMN.53

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 policies – PA.CP.PMN.53;
- B. Pernicious or megaloblastic anemia.

IV. Appendices/General Information

Appendix A: Abbreviation/Acronym Key

5-FU: 5-fluorouracil

FDA: Food and Drug Administration

MTX: methotrexate

NCCN: National Comprehensive Cancer Network

Appendix B: Therapeutic Alternatives

This table provides a listing of preferred alternative therapy recommended in the approval criteria. The drugs listed here may not be a formulary agent for all relevant lines of business and may require prior authorization.

| Drug Name | Dosing Regimen | Dose Limit/ Maximum Dose |
|------------|--|-----------------------------|
| leucovorin | <p>MTX rescue 15 mg (~10 mg/m²) PO, IM, or IV given 24 hrs after MTX infusion, then every 6 hrs for 10 doses until MTX level is < 0.05 µM (dose may be adjusted based on elimination rates)</p> <p>Folic acid antagonist overdose 5 to 15 mg PO QD</p> <p>Colorectal cancer (or other combination chemotherapy with 5-FU*) Varies</p> | Varies |

Therapeutic alternatives are listed as Brand name[®] (generic) when the drug is available by brand name only and generic (Brand name[®]) when the drug is available by both brand and generic.

**Off-label*

Appendix C: Contraindications/Boxed Warnings

- Contraindication(s): previous allergic reactions attributed to leucovorin products, folic acid, or folinic acid
- Boxed warning(s): none reported

Appendix D: General Information

- The FDA's Drug Shortages Index can be found at:
www.accessdata.fda.gov/scripts/drugshortages/default.cfm.
- Per NCCN, 400 mg/m² of leucovorin is equivalent to 200 mg/m² of levoleucovorin.
- The NCCN guidelines recommend the combination use of levoleucovorin with methotrexate as a rescue for the following cancers (2A recommendation) when leucovorin is not available:
 - Acute lymphoblastic leukemia
 - T-cell lymphomas (including peripheral T-cell lymphomas, adult T-cell leukemia/lymphoma, extranodal NK/T-cell lymphoma [nasal type])
 - Bone cancer (including osteosarcoma, dedifferentiated chondrosarcoma, high-grade undifferentiated pleomorphic sarcoma, soft tissue sarcomas)
 - CNS cancer (including primary CNS lymphoma, brain metastases, leptomeningeal metastases)
 - B-cell lymphomas (including mantle cell lymphoma, AIDS-related B-cell lymphoma, Burkitt lymphoma, follicular lymphomas, high grade B-cell lymphomas, diffuse large B-cell lymphoma)
 - Gestational trophoblastic neoplasia
 - Chronic lymphocytic leukemia and acute lymphoblastic leukemia
- The NCCN guidelines recommend the combination use of levoleucovorin with fluorouracil-based regimens for the following cancers (2A recommendation) when leucovorin is not available:
 - Thymomas and thymic carcinomas
 - Occult primary adenocarcinoma or squamous cell carcinoma
 - Mucinous carcinoma
 - Colon cancer
 - Gastric cancer
 - Esophageal and esophagogastric junction cancers
 - Anal carcinoma
 - Poorly differentiated (high grade)/large or small cell neuroendocrine and adrenal tumors
 - Cervical cancer
 - Leptomeningeal metastases
 - Rectal cancer
 - Hepatobiliary carcinoma
 - Pancreatic adenocarcinoma
 - Bladder cancer (non-urothelial and urothelial with variant histology)
 - Ovarian, fallopian tube, primary peritoneal cancer

V. Dosage and Administration

| Indication | Dosing Regimen | Maximum Dose |
|--|---|--------------|
| Rescue after high-dose MTX therapy in osteosarcoma | <p>7.5 mg (approximately 5 mg/m²) IV every 6 hours for 10 doses starting 24 hours after beginning of MTX infusion; adjust or extend rescue based on the following clinical situation and laboratory findings:</p> <p><u>Normal MTX elimination (serum MTX 10 µM at 24 hours, 1 µM at 48 hours, and < 0.2 µM at 72 hours after administration):</u> 7.5 mg IV every 6 hours for 60 hours (10 doses starting 24 hours after start of MTX infusion)</p> <p><u>Delayed late MTX elimination (serum MTX > 0.2 µM at 72 hours and > 0.05 µM at 96 hours after administration):</u> 7.5 mg IV every 6 hours until MTX < 0.05 µM</p> <p><u>Delayed early MTX elimination and/or evidence of acute renal injury (serum MTX ≥ 50 µM at 24 hours, ≥ 5 µM at 48 hours, or ≥ 100% increase in serum creatinine at 24 hours after MTX administration):</u> 75 mg IV every 3 hours until MTX < 1 µM; then 7.5 mg IV every 3 hours until MTX < 0.05 µM</p> <p>If significant clinical toxicity is observed, Fusilev or Khapzory therapy should be extended for an additional 24 hours (total of 14 doses over 84 hours) in subsequent course of therapy.</p> | See regimen |
| Inadvertent MTX overdose | <p>Administer as soon as possible after overdose and within 24 hours of MTX administration if there is delayed excretion: 7.5 mg (approximately 5 mg/m²) IV every 6 hours until serum MTX is < 5 x 10⁻⁸ M.</p> <p>Increase to 50 mg/m² IV every 3 hours if one of the following:</p> <ul style="list-style-type: none"> • 24 hour serum creatinine has increased 50% over baseline • 24 hour MTX level is > 5 x 10⁻⁶ M • 48 hour level is > 9 x 10⁻⁷ M | See regimen |
| Colorectal cancer | <p>Regimens used historically include:</p> <ul style="list-style-type: none"> • 100 mg/m² IV followed by 5-FU 370 mg/m² IV; or • 10 mg/m² IV followed by 5-FU 425 mg/m² IV <p>Administer Fusilev or Khapzory, and 5-FU separately. Repeat Fusilev or Khapzory daily for 5 day course. Courses</p> | See regimen |

| Indication | Dosing Regimen | Maximum Dose |
|------------|--|--------------|
| | may be repeated at 4 week intervals for 2 courses, then repeated at 4 to 5 week intervals. | |

VI. Product Availability

| Drug Name | Availability |
|------------------------------|--|
| Fusilev (levoleucovorin) | <ul style="list-style-type: none"> Single-use vial with powder for reconstitution: 50 mg Single-use vial with solution: 175 mg/17.5 mL, 250 mg/25 mL |
| Khapzory (levoleucovorin) | Single-use vial with powder for reconstitution: 175 mg and 300 mg |

VII. References

1. Fusilev Prescribing Information. East Windsor, NJ: Acrotech Biopharma LLC; November 2020. Available at <http://www.fusilev.com>. Accessed July 1, 2021.
2. Khapzory Prescribing Information. East Windsor, NJ: Acrotech Biopharma LLC; March 2020. Available at <https://www.khapzory.com/wp-content/uploads/2019/11/PI-KHAPZORY-092019.pdf>. Accessed July 1, 2021.
3. National Comprehensive Cancer Network Drugs and Biologics Compendium. Available at: http://www.nccn.org/professionals/drug_compendium. Accessed July 1, 2021.
4. National Comprehensive Cancer Network. Colon Cancer Version 2.2021. Available at: https://www.nccn.org/professionals/physician_gls/pdf/colon.pdf. Accessed July 1, 2021.
5. National Comprehensive Cancer Network. Rectal Cancer Version 1.2021. Available at: https://www.nccn.org/professionals/physician_gls/pdf/rectal.pdf. Accessed July 1, 2021.
6. National Comprehensive Cancer Network. Bone Cancer Version 1.2021. Available at: https://www.nccn.org/professionals/physician_gls/pdf/bone.pdf. Accessed July 1, 2021.
7. DRUGDEX® System [Internet database]. Greenwood Village, Colo: Thomson Healthcare. Updated periodically. Accessed July 1, 2021.

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 |
|-------------|---|
| J0641 | Injection, levoleucovorin calcium, 0.5 mg |

| Reviews, Revisions, and Approvals | Date | Approval Date |
|---|-------|---------------|
| 4Q 2018 annual review: specialist requirement added for combo use with 5-FU; added NCCN off-label recommended uses; summarized NCCN- and FDA-approved uses for improved clarity; added COC for 5-FU chemo combo use; references reviewed and updated. | 08/18 | |

| Reviews, Revisions, and Approvals | Date | Approval Date |
|--|----------|---------------|
| 4Q 2019 annual review: No changes per Statewide PDL implementation 01-01-2020 | 10/30/19 | |
| 4Q 2020 annual review: additional cancers amenable to rescue therapy added to Appendix D per NCCN; added Khapzory to policy; updated FDA approved indications for addition of pediatric use; references reviewed and updated. | 10/2020 | |
| 4Q 2021 annual review: contraindications updated to include leucovorin products; change the language to be consistent with FDA labeling (change patients to adults): the treatment of adults with metastatic colorectal cancer in combination with 5-fluorouracil (5-FU); references reviewed and updated. | 10/2021 | |