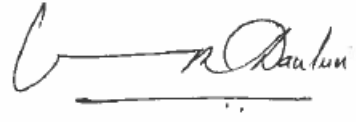


## Prior Authorization Review Panel

### 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.

|  |  |
|--|--|
| <b>Plan: PA Health &amp; Wellness</b>  | <b>Submission Date: 02/01/2022</b>   |
| <b>Policy Number: PA.CP.PHAR.204</b>   | <b>Effective Date: 01/01/2018</b><br><b>Revision Date: 01/2022</b>   |
| <b>Policy Name: Trabectedin (Yondelis)</b>   |  |
| <p><b>Type of Submission – <u>Check all that apply:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> New Policy</li> <li><input checked="" type="checkbox"/> Revised Policy*</li> <li><input type="checkbox"/> Annual Review - No Revisions</li> <li><input type="checkbox"/> <b>Statewide PDL</b> - <i>Select this box when submitting policies for Statewide PDL implementation and when submitting policies for drug classes included on the Statewide PDL.</i></li> </ul> |  |
| <p><b>*All revisions to the policy <u>must</u> be highlighted using track changes throughout the document.</b></p> <p><b>Please provide any changes or clarifying information for the policy below:</b></p> <p>1Q 2022 annual review: added myxoid LPS indication supported as category 2A in NCCN compendium; added Appendix D with STS examples; references reviewed and updated.</p>  |  |
| <b>Name of Authorized Individual (Please type or print):</b><br><br>Venkateswara R. Davuluri, MD   | <b>Signature of Authorized Individual:</b><br><br> |

## Clinical Policy: Trabectedin (Yondelis)

Reference Number: PA.CP.PHAR.204

Effective Date: 01/2018

Last Review Date: 01/2022

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

### Description

Trabectedin (Yondelis®) is an alkylating drug.

### FDA Approved Indication(s)

Yondelis is indicated for the treatment of patients with unresectable or metastatic liposarcoma (LPS) or leiomyosarcoma (LMS) who received a prior anthracycline-containing regimen.

### Policy/Criteria

It is the policy of Pennsylvania Health and Wellness that Yondelis is **medically necessary** when the following criteria are met:

#### I. Initial Approval Criteria

##### A. Soft Tissue Sarcoma (must meet all):

1. Diagnosis of one of the following soft tissue sarcomas (STS) (a, b, c, d or e):
  - a. STS that is unresectable, advanced or metastatic;
  - b. Leiomyosarcoma;
  - c. Angiosarcoma;
  - d. Solitary fibrous tumor;
  - e. Myxoid liposarcoma (LPS) that is resectable or high risk for metastatic disease or local recurrence;
2. Prescribed by or in consultation with an oncologist;
3. Age  $\geq$  18 years;
4. If uterine leiomyosarcoma (uLMS), member has received a prior anthracycline-containing regimen (e.g., doxorubicin);
5. Request meets one of the following (a or b):
  - a. Dose does not exceed 1.5 mg/m<sup>2</sup> body surface area every 3 weeks;
  - b. Dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence*).

**Approval duration: 6 months**

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

#### II. Continued Approval

##### A. Soft Tissue Sarcoma (must meet all):

1. 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 ;
2. Member is responding positively to therapy;
3. If request is for a dose increase, request meets one of the following (a or b):
  - a. New dose does not exceed 1.5 mg/m<sup>2</sup> body surface area every 3 weeks;
  - b. New 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 Pennsylvania Health and Wellness benefit and documentation supports positive response to therapy 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.PMN.53

**III. Appendices/General Information**

*Appendix A: Abbreviation/Acronym Key*

FDA: Food and Drug Administration

LMS: leiomyosarcoma

LPS: liposarcoma

STS: soft tissue sarcoma

uLMS: uterine leiomyosarcoma

*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 |
|---|----------------|--------------------------|
| uLMS - examples of anthracycline-containing regimens: doxorubicin ± gemcitabine, olaratumab, fosfamide, or dacarbazine; epirubicin; liposomal doxorubicin | Varies         | 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.*

*Appendix C: Contraindications/Boxed Warnings*

- Contraindication(s): Known hypersensitivity to trabectedin
- Boxed warning(s): None reported

*Appendix D: Types and Examples of STSs*

Examples are drawn from the National Comprehensive Center Network (NCCN) Soft Tissue Sarcoma Guideline, which cites the 2020 World Health Organization classification of tumors, and the Yondelis compendium.

- Smooth muscle tumors - LMS
- Vascular tumors - angiosarcoma
- Myo/fibroblastic tumors - solitary fibrous tumor
- Skeletal muscle tumors - rhabdomyosarcoma
- Adipocytic tumors – myxoid LPS
  - Begin in the adipose cells, usually occurring in the thigh and sometimes in the outer torso or buttocks
  - Myxoid LPS has a higher risk of metastasis to the spine compared to other STSs

**IV. Dosage and Administration**

| Indication | Dosing Regimen   | Maximum Dose |
|------------|--|--------------|
| LPS, LMS   | 1.5 mg/m <sup>2</sup> (body surface area) as a 24-hour IV infusion every 21 days (3 weeks), until disease progression or unacceptable toxicity | Varies       |

#### V. Product Availability

Single-dose vial with powder for injection: 1 mg

#### VI. References

1. Yondelis Prescribing Information. Horsham, PA: Janssen Products, LP; June 2020. Available at: <http://www.yondelis.com>. Accessed November 9, 2021.
2. National Comprehensive Cancer Network Drugs and Biologics Compendium. Available at: [www.nccn.org](http://www.nccn.org). Accessed November 9, 2021.
3. National Comprehensive Cancer Network. Soft Tissue Sarcoma Version 2.2021. Available at: [www.nccn.org](http://www.nccn.org). Accessed November 9, 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                    |
|-------------|--------------------------------|
| J9352       | Injection, trabectedin, 0.1 mg |

| Reviews, Revisions, and Approvals   | Date  | Approval Date |
|---|-------|---------------|
| Added age requirement as safety and efficacy have not been established in pediatric patients. Removed criteria around specific FDA/NCCN uses that are under the purview of the provider, and added prescriber requirement to ensure appropriate use. Require that use be for palliative therapy or for metastatic or unresectable disease Re-auth: Modified requirement for no disease progression or unacceptable toxicity to requirement for positive response to therapy. Added max dosing criteria. References reviewed and updated |       |               |
| 1Q 2019 annual review; coverage of STS is expanded to encompass STS subtypes of non-specific histologies per NCCN; references reviewed and updated.   | 01/19 |               |
| 1Q 2020 annual review: references reviewed and updated.   | 01/20 |               |
| 1Q 2021 annual review: references reviewed and updated.   | 01/21 |               |
| 1Q 2022 annual review: added myxoid LPS indication supported as category 2A in NCCN compendium; added Appendix D with STS examples; references reviewed and updated.  | 01/22 |               |