Geisinger

POLICIES AND PROCEDURE MANUAL

Policy: MBP 164.0

Section: Medical Benefit Pharmaceutical Policy

Subject: Vyxeos (daunorubicin/cytarabine liposomal)

I. Policy:
Vyxeos (daunorubicin/cytarabine liposomal)

II. Purpose/Objective:
To provide a policy of coverage regarding Vyxeos (daunorubicin/cytarabine liposomal)

III. Responsibility:
A. Medical Directors
B. Medical Management
C. Pharmacy Department

IV. Required Definitions
1. Attachment – a supporting document that is developed and maintained by the policy writer or department requiring/authoring the policy.
2. Exhibit – a supporting document developed and maintained in a department other than
3. the department requiring/authoring the policy.
4. Devised – the date the policy was implemented.
5. Revised – the date of every revision to the policy, including typographical and grammatical changes.
6. Reviewed – the date documenting the annual review if the policy has no revisions necessary.

V. Additional Definitions
Medical Necessity or Medically Necessary means Covered Services rendered by a Health Care Provider that the Plan determines are:

a. appropriate for the symptoms and diagnosis or treatment of the Member's condition, illness, disease or injury;
b. provided for the diagnosis and the direct care and treatment of the Member's condition, illness disease or injury;
c. in accordance with current standards good medical treatment practiced by the general medical community;
d. not primarily for the convenience of the Member, or the Member's Health Care Provider; and
e. the most appropriate source or level of service that can safely be provided to the Member. When applied to hospitalization, this further means that the Member requires acute care as an inpatient due to the nature of the services rendered or the Member's condition, and the Member cannot receive safe or adequate care as an outpatient

Medicaid Business Segment
Medically Necessary — A service, item, procedure, or level of care compensable under the Medical Assistance program that is necessary for the proper treatment or management of an illness, injury, or disability is one that:

i. Will, or is reasonably expected to, prevent the onset of an illness, condition, injury or disability.
ii. Will, or is reasonably expected to, reduce or ameliorate the physical, mental or developmental effects of an illness, condition, injury or disability.
iii. Will assist the Member to achieve or maintain maximum functional capacity in performing daily activities, taking into account both the functional capacity of the Member and those functional capacities that are appropriate for Members of the same age.

DESCRIPTION:
Vyxeos (daunorubicin/cytarabine liposomal) is a combination product with a fixed 1:5 (daunorubicin:cytarabine) molar ratio; this ratio has been shown to have synergistic effects in killing leukemia cells in vitro and in animal models. Daunorubicin (conventional) inhibits DNA and RNA synthesis by intercalation between DNA base pairs and by steric obstruction. Daunomycin intercalates at points of local uncoiling of the double helix. Although the exact mechanism is unclear, it appears that direct binding to DNA (intercalation) and inhibition of DNA repair (topoisomerase II inhibition) result in blockade of DNA and RNA synthesis and fragmentation of DNA. Cytarabine (conventional) is a pyrimidine analog and is incorporated into DNA; however, the primary action is inhibition of DNA polymerase resulting in decreased DNA synthesis and repair. The degree of cytotoxicity correlates linearly with incorporation into DNA; therefore, incorporation into the DNA is responsible for drug activity and toxicity. Cytarabine is specific for the S phase of the cell cycle (blocks progression from the G1 to the S phase).

CRITERIA FOR USE: Requires Prior Authorization by Medical Director or Designee

Vyxeos (daunorubicin/cytarabine liposomal) will be considered medically necessary for the commercial, exchange, CHIP and Medicaid lines of business when ALL of the following criteria are met:

Acute Myeloid Leukemia (AML)

- Prescription written by a hematologist/oncologist **AND**
- Medical record documentation of age of ≥ 1 year **AND**
- Medical record documentation of one of the following diagnoses:
    - Newly-diagnosed therapy-related acute myeloid leukemia (t-AML) OR
    - AML with myelodysplasia-related changes (AML-MRC)

  AND
- Medical record documentation of rationale why 7+3 (cytarabine + daunorubicin) is not a medically appropriate treatment for the member (i.e. Unable to tolerate 7+3 regimen due to performance status or age, unable to administer full dose 7+3 regimen without exceeded maximum lifetime cumulative anthracycline dose, etc.)

QUANTITY LIMIT: Vyxeos should not exceed four (4) cycles or the patient's maximum lifetime cumulative anthracycline dosage, whichever comes first.

AUTHORIZATION DURATION: If approved, initial approval should be for a period of six (6) months. Subsequent approvals will be for an additional six (6) months and will require medical record documentation of continued disease improvement or lack of disease progression. The medication will no longer be covered if the member experiences unacceptable toxicity or worsening of disease.

Authorization of Vyxeos should not exceed four (4) cycles or the patient's maximum lifetime cumulative anthracycline dosage, whichever comes first. For requests exceeding the above limits, medical record documentation of the following is required:

- Peer-reviewed literature citing well-designed clinical trials to indicate that the member's healthcare outcome will be improved by dosing beyond the FDA-approved treatment duration and/or maximum cumulative anthracycline dose.

Note: For Medicaid (GHP Family), any requests for services that do not meet criteria set in the PARP will be evaluated on a case-by-case basis.

Vyxeos (daunorubicin/cytarabine liposomal) will be considered medically necessary for the Medicare line of business when ALL of the following criteria are met:

Acute Myeloid Leukemia (AML)

- Prescription written by a hematologist/oncologist **AND**
- Medical record documentation of age of ≥ 1 year **AND**
- Medical record documentation of one of the following diagnoses:
    - Newly-diagnosed therapy-related acute myeloid leukemia (t-AML) OR
    - AML with myelodysplasia-related changes (AML-MRC)

QUANTITY LIMIT: Vyxeos should not exceed four (4) cycles or the patient's maximum lifetime cumulative anthracycline dosage, whichever comes first.

AUTHORIZATION DURATION: If approved, initial approval should be for a period of six (6) months. Subsequent approvals will be for an additional six (6) months and will require medical record documentation of continued disease improvement or lack of disease progression. The medication will no longer be covered if the member experiences unacceptable toxicity or worsening of disease.

Authorization of Vyxeos should not exceed four (4) cycles or the patient's maximum lifetime cumulative anthracycline dosage, whichever comes first. For requests exceeding the above limits, medical record documentation of the following is required:

- Peer-reviewed literature citing well-designed clinical trials to indicate that the member's healthcare outcome will be improved by dosing beyond the FDA-approved treatment duration and/or maximum cumulative anthracycline dose.

LINE OF BUSINESS:
Eligibility and contract specific benefit limitations and/or exclusions will apply. Coverage statements found in the line of business specific benefit document will supersede this policy.

This policy will be revised as necessary and reviewed no less than annually**.**

Devised: 1/16/18

Revised: 5/18/21 (age), 3/31/23 (LOB carve out, Medicaid business segment)

Reviewed: 10/31/18, 8/29/19, 8/26/20, 5/2/22 (Medicaid PARP statement)