Gamifant® (Emapalumab-lzsg)

| Last Review Date: September 23, 2019 | Number: MG.MM.PH.188 |

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**Definition**

Gamifant is an interferon gamma blocking antibody used for the treatment of primary hemophagocytic lymphohistiocytosis (HLH) in adult and pediatric patients with refractory, recurrent, or progressive disease or intolerance to conventional HLH therapy. Primary HLH is a rare and life-threatening condition that typically affects children. In patients with HLH, the body’s immune cells do not function properly. The cells become overactive, leading to inflammation and damage to the body's organs, including the liver, brain, and bone marrow. Patients with primary HLH usually develop symptoms, which may include fever, enlarged liver or spleen, and cytopenia, within the first months or years of life. Emapalumab was studied in a clinical trial of 27 pediatric patients (median age 1 year old) with suspected or confirmed primary HLH with either refractory, recurrent, or progressive disease during conventional therapy or who were intolerant to conventional therapy. The overall response rate, defined as achievement of either a complete or partial response or HLH improvement, was 63% (95% CI: 0.42, 0.81; p = 0.013) at the end of treatment. Additionally, 70% (19/27) of patients proceeded to hematopoietic stem cell transplantation (HSCT). Infections were the most common adverse reaction reported during the clinical trial. Prior to treatment, evaluate patients for latent tuberculosis and administer prophylaxis to patients at risk for tuberculosis. Additionally, administer prophylaxis for Herpes Zoster, Pneumocystis jirovecii, and fungal infections prior to emapalumab initiation. During emapalumab treatment, routine monitoring for tuberculosis, adenovirus, Epstein-Barr virus, and cytomegalovirus is recommended.

**Length of Authorization**

Coverage will be provided for 6 months and may be renewed.

**Dosing Limits**

Max Units (per dose and over time) [Medical Benefit]:

- 2300 mg weekly
I. INITIAL APPROVAL CRITERIA

**Gamifant** may be considered medically necessary if the below condition is met **AND** use is consistent with the medical necessity criteria that follows:

1. Hemophagocytic Lymphohistiocytosis (HLH)
   a. Confirmation of a gene mutation known to cause primary HLH (e.g., PRF1, UNC13D); **OR**
   b. Confirmation that 5 of the following clinical characteristics are present:
      i. Fever ≥ 101.3°F
      ii. Splenomegaly
      iii. **Two** of the following cytopenias in the peripheral blood:
         1. Hemoglobin <9 g/dL; **OR**
         2. Platelet count <100 x 10⁹/L; **OR**
         3. Neutrophils <1 x 10⁹/L
      iv. **One** of the following
         1. Hypertriglyceridemia defined as fasting triglycerides ≥3 mmol/L or ≥265 mg/dL; **OR**
         2. Hypofibrinogenemia defined as fibrinogen ≤1.5 g/L
      v. Hemophagocytosis in bone marrow or spleen or lymph nodes with no evidence of malignancy
      vi. Low or absent natural killer cell activity (according to local laboratory reference)
      vii. Ferritin ≥ 500 mg/L
      viii. Soluble CD25 (i.e., soluble IL-2 receptor) ≥2,400 U/ml
   c. Patient has refractory, recurrent or progressive disease or intolerance with conventional HLH therapy (i.e., etoposide + dexamethasone); **AND**
   d. Emalulamub will be administered with dexamethasone; **AND**
   e. Patient is a candidate for stem cell transplant; **AND**
   f. Emalulamub is being used as part of the induction or maintenance phase of stem cell transplant, which is to be discontinued at the initiation of conditioning for stem cell transplant; **AND**
   g. Dosing is in accordance with the United States Food and Drug Administration approved labeling

Limitations/Exclusions

1. Coverage is not recommended for circumstances not listed in the Initial Approval Criteria. Criteria will be updated as new published data are available.
2. Emalulamub is not proven or medically necessary for the treatment of secondary HLH.

II. RENEWAL CRITERIA

- Extended approvals are allowed if the patient continues to meet the initial approval criteria and dosing (see above).

Dosage/Administration
Indication | Dose
---|---
**Hemophagocytic Lymphohistiocytosis** | The initial starting dose of Gamifant is 1 mg/kg over 1 hour twice weekly (once every 3 to 4 days). Dose increases up to a maximum 10 mg/kg twice weekly may be considered for subsequent doses if there is unsatisfactory improvement in clinical condition and laboratory parameters. Refer to the Gamifant prescribing information for recommended dose titration schedule and criteria.

**Applicable Procedure Codes**

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<td>J9210</td>
<td>Injection, emapalumab-lzsg, 1 mg, effective 10/01/2019</td>
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<td>C9050</td>
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**Applicable NDCs**

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<td>Gamifant 10 mg/2 mL single dose vial</td>
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<tr>
<td>72171-0505-01</td>
<td>Gamifant 50 mg/10 mL single dose vial</td>
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**Applicable Diagnosis Codes**

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<td>D76.1</td>
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**Revision History**

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<tr>
<td>7/1/2019</td>
<td>Removed unclassified code C9399. Added new Code C9050</td>
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<tr>
<td>4/1/2019</td>
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**References**