Synribo® (omacetaxine)

Last Review Date: July 15, 2019
Number: MG.MM.PH.168

Medical Guideline Disclaimer

All rights reserved. The treating physician or primary care provider must submit to EmblemHealth the clinical evidence that the patient meets the criteria for the treatment or surgical procedure. Without this documentation and information, EmblemHealth will not be able to properly review the request for prior authorization. The clinical review criteria expressed below reflects how EmblemHealth determines whether certain services or supplies are medically necessary. EmblemHealth established the clinical review criteria based upon a review of currently available clinical information (including clinical outcome studies in the peer-reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). EmblemHealth expressly reserves the right to revise these conclusions as clinical information changes, and welcomes further relevant information. Each benefit program defines which services are covered. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered and/or paid for by EmblemHealth, as some programs exclude coverage for services or supplies that EmblemHealth considers medically necessary. If there is a discrepancy between this guideline and a member’s benefits program, the benefits program will govern. In addition, coverage may be mandated by applicable legal requirements of a state, the Federal Government or the Centers for Medicare & Medicaid Services (CMS) for Medicare and Medicaid programs. In the event of a discrepancy, coverage will be provided for 6 months and may be renewed.

Definition

Synribo (omacetaxine): is a cephalotaxine ester derived from the evergreen tree, Cephalotaxus harringtonia. Omacetaxine inhibits protein synthesis by binding to the A-site in the peptidyl-transferase center of the large ribosomal subunit. It reduces protein levels of Bcr-Abl and Mcl-1 independent of direct Bcr-Abl binding. Omacetaxine may induce apoptosis through mitochondrial disruption and cytochrome c release leading to caspase-9 and caspase-3 activation in certain myeloid leukemia cell lines (i.e., HL60, HL60/MRP). Apoptosis may also be facilitated by a down-regulation of Mcl-1 and activation of PARP and caspase-8. The Bcr-Abl kinase is essential for the initiation, maintenance, and progression of chronic myelogenous leukemia (CML). A Bcr-Abl mutation that exchanges the amino acids threonine and isoleucine at position 315 (T315I mutation) represents a mechanism of resistance for the tyrosine kinase inhibitors (TKI). Omacetaxine has demonstrated activity in wild-type and T315I mutated Bcr-Abl in mice models and efficacy in CML patients with the T315I mutation who had failed previous TKI therapy.

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]:

- Induction:
  - 9,800 billable units every 28 days until hematologic response is achieved, then begin maintenance
- Maintenance:
  - 4,900 billable units every 28 days
I. Initial Approval Criteria

**Synribo** may be considered medically necessary when any of the following selection criteria is met:

1. Chronic Myelogenous Leukemia
   a. The member has chronic phase or accelerated phase CML OR is post-transplant; AND
   b. The member is Philadelphia chromosome or BCR-ABL positive; AND
   c. Has disease progression due to resistance and/or intolerance to two or more of the following tyrosine kinase inhibitors: Gleevec (imatinib), Tasigna (nilotinib), or Bosulif (bosutinib) OR
   d. The member has a T315I mutation.

Limitations/Exclusions

Synribo is not considered medically necessary for when any of the following selection criteria is met:

1. Disease progression while taking Synribo (omacetaxine).
2. Concurrent use with Gleevec (imatinib), Sprycel (dasatinib), Tasigna (nilotinib), or Bosulif (bosutinib).
3. Dosing exceeds single dose limit of Synribo (omacetaxine) 1.25 mg/m^2.
4. Indications not supported by CMS recognized compendia or acceptable peer reviewed literature may be deemed as not approvable and therefore not reimbursable.

II. Renewal Criteria

Patient continues to meet criteria in INITIAL APPROVAL CRITERIA.

Dosage/Administration

<table>
<thead>
<tr>
<th>Indication</th>
<th>Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic myelogenous leukemia</td>
<td>– Induction dose: 1.25mg subcutaneously twice daily for 14 days repeated every 28 days until a hematologic response is achieved.</td>
</tr>
<tr>
<td></td>
<td>– Maintenance dose: 1.25 mg/m^2 subcutaneously twice daily for 7 days repeated every 28 days for as long as a clinical benefit is observed.</td>
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</tbody>
</table>

Applicable Procedure Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>J9262</td>
<td>Injection, omacetaxine mepesuccinate, 0.01 mg, 1 billable unit = 0.01 mg</td>
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</tbody>
</table>

Applicable NDCs

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>63459-0177-xx</td>
<td>Synribo 3.5 mg single-use vial for injection</td>
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Applicable Diagnosis Codes

<table>
<thead>
<tr>
<th>ICD-10</th>
<th>ICD-10 Description</th>
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<tbody>
<tr>
<td>C92.10</td>
<td>Chronic myeloid leukemia, BCR/ABL-positive, not having achieved remission</td>
</tr>
<tr>
<td>C92.11</td>
<td>Chronic myeloid leukemia, BCR/ABL-positive, in remission</td>
</tr>
<tr>
<td>C92.12</td>
<td>Chronic myeloid leukemia, BCR/ABL-positive, in relapse</td>
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References