



Mylotarg® (gemtuzumab ozogamicin)

Last Review Date: July 25th, 2018

Number: MG.MM.PH.56

Medical Guideline Disclaimer

Property of EmblemHealth. 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 members. All coding and web site links are accurate at time of publication. EmblemHealth Services Company LLC, ("EmblemHealth") has adopted the herein policy in providing management, administrative and other services to HIP Health Plan of New York, HIP Insurance Company of New York, Group Health Incorporated and GHI HMO Select, related to health benefit plans offered by these entities. All of the aforementioned entities are affiliated companies under common control of EmblemHealth Inc.

Definitions

Mylotarg (gemtuzumab ozogamicin) is a humanized CD33 directed monoclonal antibody-drug conjugate, which is composed of the IgG4 kappa antibody gemtuzumab linked to a cytotoxic calicheamicin derivative. The cytotoxic agent is a small molecule, N-acetyl gamma calicheamicin, and the antibody portion, hP67.6, recognizes human CD33 antigen. CD33 is expressed on leukemic cells in over 80% of patients with acute myeloid leukemia (AML). Gemtuzumab ozogamicin binds to the CD33 antigen and forms a complex that is internalized by the tumor cell. Once internalized, the calicheamicin derivative is released and activated, causing DNA double-strand breaks, cell cycle arrest, and apoptotic cell death.

Mylotarg (gemtuzumab ozogamicin) is indicated for the treatment of newly-diagnosed CD33-positive acute myeloid leukemia (AML) in adults and for the treatment of relapsed or refractory CD33-positive AML in adults and pediatric patients 2 years of age or older.

Dosing

Max Units (per dose and over time):

- Newly diagnosed AML:
 - Induction: 135 billable units on day 1, and 68 billable units on day 8 of a 28 day cycle
 - Consolidation: 45 billable units on day 1 of a 28 day cycle
- Newly diagnosed de novo AML:
 - Induction: 45 billable units on day 1, 4, and 7 of a 28 day cycle
 - Consolidation: 45 billable units on day 1 of a 28 day cycle
- Relapsed or refractory AML:
 - 45 billable units on day 1, 4, and 7 of a 28 day cycle

Guideline

Mylotarg (gemtuzumab ozogamicin) is considered medically necessary for the following indications when subsequent criteria are met:

Newly diagnosed AML:

- The patient is 18 years of age or older; **AND**
- The patient has CD33-positive disease; **AND**
- Patients with hyperleukocytosis (leukocyte count greater than or equal to 30 Gi/L) will undergo cytoreductive treatment prior to administration of Mylotarg (gemtuzumab ozogamicin); **AND**
- The patient has de novo disease **AND** Mylotarg (gemtuzumab ozogamicin) will be used in combination with daunorubicin and cytarabine; **OR**
- Mylotarg (gemtuzumab ozogamicin) will be used as a single agent

Relapsed or refractory AML:

- The patient is 2 years of age or older; **AND**
- The patient has CD33-positive disease; **AND**
- Patients with hyperleukocytosis (leukocyte count greater than or equal to 30 Gi/L) will undergo cytoreductive treatment prior to administration of Mylotarg (gemtuzumab ozogamicin); **AND**
- Mylotarg (gemtuzumab ozogamicin) will be used as a single agent

Coverage for Mylotarg (gemtuzumab ozogamicin) may be renewed for the following indications when subsequent criteria are met:

Newly diagnosed AML:

- Patient does not have de novo disease; **AND**
- Patient has received no more than 8 cycles of continuation therapy; **AND**
- Disease response; **AND**
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include the following: severe infusion related reactions, hemorrhage, hepatotoxicity including hepatic veno-occlusive disease (VOD)/sinusoidal obstruction syndrome (SOS), tumor lysis syndrome, symptomatic QTc prolongation, etc.

Limitations/Exclusions

- Approval will be granted for 1 month (1 cycle) for a diagnosis of relapsed or refractory AML, and may not be renewed
- Approval will be granted for 4 months (4 cycles) for newly diagnosed de novo AML and may not be renewed
- Approval will be granted for 6 months for newly diagnosed AML and may be renewed once

Applicable Procedure Codes

| | |
|-------|--|
| J9203 | Injection, gemtuzumab ozogamicin, 0.1 mg |
|-------|--|

Applicable Diagnosis Codes

| | |
|--------|--|
| C92 | Myeloid leukemia |
| C92.0 | Acute myeloblastic leukemia |
| C92.00 | Acute myeloblastic leukemia, not having achieved remission |
| C92.01 | Acute myeloblastic leukemia, in remission |
| C92.02 | Acute myeloblastic leukemia, in relapse |
| C92.4 | Acute promyelocytic leukemia |
| C92.40 | Acute promyelocytic leukemia, not having achieved remission |
| C92.41 | Acute promyelocytic leukemia, in remission |
| C92.42 | Acute promyelocytic leukemia, in relapse |
| C92.5 | Acute myelomonocytic leukemia |
| C92.50 | Acute myelomonocytic leukemia, not having achieved remission |
| C92.51 | Acute myelomonocytic leukemia, in remission |
| C92.52 | Acute myelomonocytic leukemia, in relapse |
| C92.6 | Acute myeloid leukemia with 11q23-abnormality |
| C92.60 | Acute myeloid leukemia with 11q23-abnormality, not having achieved remission |
| C92.61 | Acute myeloid leukemia with 11q23-abnormality, in remission |
| C92.62 | Acute myeloid leukemia with 11q23-abnormality, in relapse |

References

1. Mylotarg™ [Product Information], Philadelphia, PA. Wyeth Pharmaceuticals Inc. Updated on September 1, 2017. Available at: https://www.accessdata.fda.gov/drugsatfda_docs/label/2017/761060lbl.pdf. Accessed on July 12, 2018.
2. National Cancer Institute (NCI). Available at: <https://www.cancer.gov/types/leukemia/hp/adult-aml-treatment-pdq>. Accessed on July 12, 2018
3. Adult Acute Myeloid Leukemia Treatment (PDQ®)—Health Professional Version. Modified January 20, 2017.
4. NCCN Clinical Practice Guidelines in Oncology© 2018 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: <http://www.nccn.org>. Accessed on July 12, 2018. Acute Myeloid Leukemia (V1.2018). Revised February 7, 2018.
5. Abaza Y, Kantarjian H, Garcia-Manero G, et al. Long-term outcome of acute promyelocytic leukemia treated with all-trans-retinoic acid, arsenic trioxide, and gemtuzumab. *Blood*. 2017; 129(10):1275-1283.