Drug Policy:

Vyxeos™ (daunorubicin and cytarabine liposomal)

POLICY NUMBER UM ONC_1326	SUBJECT Vyxeos™ (daunorubicin and cytarabine liposomal)		DEPT/PROGRAM UM Dept	PAGE 1 of 3
DATES COMMITTEE REVIEWED 09/13/17, 09/21/18, 08/14/19, 12/11/19, 08/12/20, 04/14/21, 11/15/21, 04/13/22, 05/11/22, 08/10/22, 12/14/22, 03/08/23, 05/10/23, 12/13/2023	APPROVAL DATE December 13, 2023	EFFECTIVE DATE December 22, 2023	COMMITTEE APPROVAL DATES 09/13/17, 09/21/18, 08/14/19, 12/11/19, 08/12/20, 04/14/21, 11/15/21, 04/13/22, 05/11/22, 08/10/22, 12/14/22, 03/08/23, 05/10/23, 12/13/2023	
PRIMARY BUSINESS OWNER: UM		COMMITTEE/BOARD APPROVAL Utilization Management Committee		
NCQA STANDARDS UM 2		ADDITIONAL AREAS OF IMPACT		
CMS REQUIREMENTS	STATE/FEDERAL REQUIREMENTS		APPLICABLE LINES OF BUSINESS Commercial, Exchange, Medicaid	

I. PURPOSE

To define and describe the accepted indications for Vyxeos (daunorubicin and cytarabine liposomal) usage in the treatment of cancer, including FDA approved indications, and off-label indications.

New Century Health (NCH) is responsible for processing all medication requests from network ordering providers. Medications not authorized by NCH may be deemed as not approvable and therefore not reimbursable.

The use of this drug must be supported by one of the following: FDA approved product labeling, CMS-approved compendia, National Comprehensive Cancer Network (NCCN), American Society of Clinical Oncology (ASCO) clinical guidelines, or peer-reviewed literature that meets the requirements of the CMS Medicare Benefit Policy Manual Chapter 15.

II. INDICATIONS FOR USE/INCLUSION CRITERIA

A. Continuation requests for a not-approvable medication shall be exempt from this NCH policy provided:

1. The requested medication was used within the last year, AND
2. The member has not experienced disease progression and/or no intolerance to the requested medication, AND
3. Additional medication(s) are not being added to the continuation request.

B. Acute Myeloid Leukemia (AML)

1. Vyxeos (daunorubicin and cytarabine liposomal) may be used for induction and consolidation therapy for adult members aged 60 years or older, with one of the following 5 subtypes of newly diagnosed AML:

a. Therapy related AML

b. AML with a history of MDS – No prior HMA (Hypomethylating Agent Therapy, e.g., azacitidine)

c. AML with a history of MDS - Treated with prior HMA (Hypomethylating Agent Therapy received, e.g., azacitidine)

d. AML with a history of CMML (Chronic Myelo-Monocytic Leukemia)

e. De-Novo AML with MDS - related cytogenetic abnormalities

NOTE: Vyxeos (daunorubicin and cytarabine liposomal) is not supported by Evolent Vyxeos Policy as induction treatment in adult members less than 60 years of age with newly diagnosed AML. This policy position is based on the lack of Level 1 evidence (randomized phase III trials and/or meta-analyses) to show superior outcomes with Vyxeos compared to regimens containing conventional formulations of daunorubicin and cytarabine. Other Evolent recommended agents/regimens, in members younger than 60 years of age (including but not limited to regimens) are available at http://pathways.newcenturyhealth.com.

2. Vyxeos (daunorubicin and cytarabine liposomal) may be used for induction and consolidation therapy for pediatric members 1-17 years of age, who have therapy-related AML or AML with MDS-associated cytogenetic abnormalities.

III. EXCLUSION CRITERIA

A. Members without one of the 5 types of AML described in Section B, paragraph 1a-e, above.

B. Members with Acute Promyelocytic Leukemia.

C. Members with t(8;21) positive or inversion 16 positive (Core Binding Factor positive) AML.

D. CNS Leukemia.

E. Dosing exceeds single dose limit of Vyxeos: 44 mg/m^2 daunorubicin liposomal and 100 mg/m^2 cytarabine liposomal (for induction) or 29 mg/m^2 daunorubicin liposomal and 65 mg/m^2 cytarabine liposomal (for consolidation).

F. Investigational use of Vyxeos (daunorubicin and cytarabine liposomal) with an off-label indication that is not sufficient in evidence or is not generally accepted by the medical community. Sufficient evidence that is not supported by CMS recognized compendia or acceptable peer reviewed literature is defined as any of the following:

1. Whether the clinical characteristics of the patient and the cancer are adequately represented in the published evidence.
2. Whether the administered chemotherapy/biologic therapy/immune therapy/targeted therapy/other oncologic therapy regimen is adequately represented in the published evidence.
3. Whether the reported study outcomes represent clinically meaningful outcomes experienced by patients. Generally, the definitions of Clinically Meaningful outcomes are those recommended by ASCO, e.g., Hazard Ratio of less than 0.80 and the recommended survival benefit for OS and PFS should be at least 3 months.
4. Whether the experimental design, considering the drugs and conditions under investigation, is appropriate to address the investigative question. (For example, in some clinical studies, it may be unnecessary or not feasible to use randomization, double blind trials, placebos, or crossover).

5. That non-randomized clinical trials with a significant number of subjects may be a basis for supportive clinical evidence for determining accepted uses of drugs.
6. That case reports are generally considered uncontrolled and anecdotal information and do not provide adequate supportive clinical evidence for determining accepted uses of drugs.
7. That abstracts (including meeting abstracts) without the full article from the approved peer-reviewed journals lack supporting clinical evidence for determining accepted uses of drugs.

IV. MEDICATION MANAGEMENT

A. Please refer to the FDA label/package insert for details regarding these topics.

V. APPROVAL AUTHORITY

A. Review – Utilization Management Department

B. Final Approval – Utilization Management Committee

VI. ATTACHMENTS

A. None

VII. REFERENCES

A. Lancet JE, et al. CPX-351 (cytarabine and daunorubicin) Liposome for Injection Versus Conventional Cytarabine Plus Daunorubicin in Older Patients With Newly Diagnosed Secondary Acute Myeloid Leukemia. J Clin Oncol. 2018 Sep 10;36(26):2684-2692.

B. Vyxeos prescribing information. Jazz Pharmaceuticals, Inc. Palo Alto, CA 2022.

C. Clinical Pharmacology Elsevier Gold Standard 2023.

D. Micromedex® Healthcare Series: Micromedex Drugdex Ann Arbor, Michigan 2023.

E. National Comprehensive Cancer Network. Cancer Guidelines and Drugs and Biologics Compendium 2023.

F. AHFS Drug Information. American Society of Health-Systems Pharmacists or Wolters Kluwer Lexi-Drugs. Bethesda, MD 2023.

G. Ellis LM, et al. American Society of Clinical Oncology perspective: Raising the bar for clinical trials by defining clinically meaningful outcomes. J Clin Oncol. 2014 Apr 20;32(12):1277-80.

H. Medicare Benefit Policy Manual Chapter 15 Covered Medical and Other Health Services: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf.

I. NCQA UM 2023 Standards and Elements.