

“What’s New” Medical Pharmaceutical Policy April 2019 Updates

MBP 95.0 Erwinaze (asparaginase)- Updated policy

Erwinaze (asparaginase) will be considered medically necessary when all of the following criteria are met:

1. Diagnosis of acute lymphoblastic leukemia (ALL), in combination with other chemotherapeutic agents who have developed hypersensitivity to *E. coli*-derived asparaginase and pegaspargase.
- AND**
2. Prescribed by a hematologist or oncologist.

AUTHORIZATION DURATION: Initial approval will be for 12 months or less if the reviewing provider feels it is medically appropriate. Subsequent approvals will be for an additional 12 months or less if the reviewing provider feels it is medically appropriate and will require medical record documentation of continued disease improvement or lack of disease progression. The medication will no longer be covered if patient experiences toxicity or worsening of disease.

MBP 102.0 Synribo (omacetaxine mepesuccinate)- Updated policy

Synribo (omacetaxine mepesuccinate) will be considered medically necessary when all of the following criteria are met:

1. Chronic Myeloid Leukemia (CML)
 - Prescribed by a hematologist/oncologist; and
 - Physician documentation of chronic or accelerated phase chronic myeloid leukemia (CML); and
 - Physician documentation of therapeutic failure on, intolerance to, or contraindication to two or more tyrosine kinase inhibitors (eg., Gleevec, Iclusig, Sprycel, Tasigna, or Bosulif)

AUTHORIZATION DURATION: Initial approval will be for ~~6~~ 12 months or less if the reviewing provider feels it is medically appropriate. Subsequent approvals will be for an additional ~~6~~ 12 months or less if the reviewing provider feels it is medically appropriate and will require medical record documentation of continued disease improvement or lack of disease progression. The medication will no longer be covered if patient experiences toxicity or worsening of disease.

The following policies were reviewed with no changes:

- MBP 13.0 Viscosupplementation
- MBP 54.0 Soliris (eculizumab)
- MBP 67.0 Supprelin LA (histrelin acetate implant)
- MBP 86.0 Kalbitor (ecallantide)
- MBP 92.0 Off-label Drug Use for Oncologic Indications
- MBP 99.0 Sandostatin LAR (Octreotide acetate)
- MBP 100.0 Elelyso (taliglucerase alfa)
- MBP 101.0 Zaltrap (ziv-aflibercept)
- MBP 102.0 Synribo (omacetaxine mepesuccinate)
- MBP 116.0 Aveed (testosterone undecanoate)
- MBP 124.0 Ruconest (C1 esterase inhibitor, recombinant)
- MBP 129.0 Iluvien (fluocinolone acetonide) PARP
- MBP 165.0 Rituxan Hycela (rituximab-hyaluronidase)
- MBP 171.0 Varubi IV (rolapitant)