# Clinical Policy: Topotecan (Hycamtin)

Reference Number: ERX.SPA.74
Effective Date: 03.01.14
Last Review Date: 05.20
Line of Business: Commercial, Medicaid

Revision Log

**See Important Reminder at the end of this policy for important regulatory and legal information.**

**Description**
Topotecan (Hycamtin®) is a topoisomerase inhibitor.

**FDA Approved Indication(s)**
Hycamtin capsules are indicated for the treatment of relapsed small cell lung cancer in patients with a prior complete or partial response and who are at least 45 days from the end of first-line chemotherapy.

Hycamtin for injection is indicated:
- As a single agent for the treatment of patients with metastatic carcinoma of the ovary after disease progression on or after initial or subsequent chemotherapy
- As a single agent for the treatment of patients with small cell lung cancer with platinum-sensitive disease who progressed at least 60 days after initiation of first line chemotherapy
- In combination with cisplatin for the treatment of patients with Stage IV-B, recurrent, or persistent carcinoma of the cervix not amenable to curative treatment

**Policy/Criteria**
*Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.*

*Health plan approved formularies should be reviewed for all coverage determinations. Requirements to use preferred alternative agents apply only when such requirements align with the health plan approved formulary.*

It is the policy of health plans affiliated with Envolve Pharmacy Solutions™ that Hycamtin is **medically necessary** when the following criteria are met:

**I. Initial Approval Criteria**

**A. Ovarian Cancer** (must meet all)**:**
1. Diagnosis of ovarian cancer;
2. Request is for topotecan for injection;
3. Prescribed by or in consultation with an oncologist;
4. Age ≥ 18 years;
5. Disease progression on or after initial or subsequent chemotherapy;
6. Request meets one of the following (a or b):*
   a. Dose does not exceed 1.5 mg/m$^2$ per day for 5 consecutive days every 21 days;
   b. Dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use *(prescriber must submit supporting evidence)*.

**Prescribed regimen must be FDA-approved or recommended by NCCN*

**Approval duration:**
**Commercial** – 6 months (injection), Length of Benefit (capsules)
**Medicaid** – 6 months

**B. Small Cell Lung Cancer** (must meet all)**:**
1. Diagnosis of small cell lung cancer;
2. Prescribed by or in consultation with an oncologist;
3. Age ≥ 18 years;
4. Member has received prior chemotherapy;

5. Request meets one of the following (a or b):*
   a. Dose does not exceed the following (i or ii):
      i. Injection: 1.5 mg/m$^2$ per day IV for 5 consecutive days every 21 days;
      ii. Capsule: 2.3 mg/m$^2$ per day orally for 5 consecutive days every 21 days;
   b. Dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use *(prescriber must submit supporting evidence).*

**Prescribed regimen must be FDA-approved or recommended by NCCN*

**Approval duration:**
**Commercial** – 6 months (injection), Length of Benefit (capsules)
**Medicaid** – 6 months

**C. Cervical Cancer** (must meet all)**:**
1. Diagnosis of cervical cancer;
2. Request is for topotecan for injection;
3. Prescribed by or in consultation with an oncologist;
4. Age ≥ 18 years;
5. Request meets one of the following (a or b):*
   a. Dose does not exceed 0.75 mg/m$^2$ on days 1-3 every 21 days;
   b. Dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use *(prescriber must submit supporting evidence).*

**Prescribed regimen must be FDA-approved or recommended by NCCN*

**Approval duration:**
**Commercial** – 6 months (injection), Length of Benefit (capsules)
**Medicaid** – 6 months

**D. NCCN Recommended Uses (off-label)** (must meet all)**:**
1. Prescribed for one of the following diagnoses:
   a. Request is for topotecan for injection:
      i. Ewing sarcoma;
      ii. Osteosarcoma;
      iii. Primary CNS lymphoma;
      iv. Leptomeningeal metastases, and route of administration is intrathecal;
      v. Rhabdomyosarcoma;
      vi. Endometrial carcinoma;
   b. Request is for topotecan for injection or topotecan capsules:
      i. Merkel cell carcinoma, and member has contraindications to checkpoint immunotherapy (e.g., avelumab, pembrolizumab, nivolumab);
2. Prescribed by or in consultation with an oncologist;
3. Age ≥ 18 years;
4. Dose is within FDA maximum limit for any FDA approved indication or is supported by practice guidelines or peer-reviewed literature for the relevant off-label use *(prescriber must submit supporting evidence).**

**Prescribed regimen must be FDA-approved or recommended by NCCN*

**Approval duration:**
**Commercial** – 6 months (injection), Length of Benefit (capsules)
**Medicaid** – 6 months

**E. Other diagnoses/indications**
1. Refer to ERX.PA.01 if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized).

**II. Continued Therapy**

**A. All Indications in Section I** (must meet all)**:**
1. Currently receiving medication via a health plan affiliated with Envolve Pharmacy Solutions, or documentation supports that member is currently receiving Hycamtin for a covered indication and has received this medication for at least 30 days;

2. Member is responding positively to therapy;
3. If request is for a dose increase, request meets one of the following (a or b):*
   a. New dose does not exceed the following (i, ii, or iii):
      i. Ovarian cancer: 1.5 mg/m$^2$ per day IV for 5 consecutive days every 21 days;
      ii. Small cell lung cancer: 1.5 mg/m$^2$ per day IV *or* 2.3 mg/m$^2$ per day orally for 5 consecutive days repeated every 21 days;
      iii. Cervical cancer: 0.75 mg/m$^2$ IV on days 1-3 every 21 days;
   b. New dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use *(prescriber must submit supporting evidence).*

**Prescribed regimen must be FDA-approved or recommended by NCCN*

**Approval duration:**
**Commercial** – 12 months (injection), Length of Benefit (capsules)
**Medicaid** – 12 months

**B. Other diagnoses/indications** (must meet 1 or 2)**:**
1. Currently receiving medication via a health plan affiliated with Envolve Pharmacy Solutions and documentation supports positive response to therapy.
   **Approval duration: Duration of request or 6 months (whichever is less)**; or
2. Refer to ERX.PA.01 if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized).

## III. Diagnoses/Indications for which coverage is NOT authorized:

**A.** Non-FDA approved indications, which are not addressed in this policy, unless there is sufficient documentation of efficacy and safety according to the off-label use policy – ERX.PA.01 or evidence of coverage documents.

## IV. Appendices/General Information

*Appendix A: Abbreviation/Acronym Key*
FDA: Food and Drug Administration
IV: intravenous
NCCN: National Comprehensive Cancer Network

*Appendix B: Therapeutic Alternatives*
Not applicable

*Appendix C: Contraindications/Boxed Warnings*
- Contraindication(s): history of severe hypersensitivity reactions to topotecan
- Boxed warning(s): myelosuppression

## V. Dosage and Administration

| Indication | Dosing Regimen | Maximum Dose |
|---|---|---|
| Ovarian cancer | IV infusion dosage:<br>1.5 mg/m$^2$ IV over 30 minutes daily for 5 consecutive days, starting on Day 1 of a 21-day course | Refer to dosing regimen |
| Small cell lung cancer | IV infusion dosage:<br>1.5 mg/m$^2$ IV over 30 minutes daily for 5 consecutive days, starting on Day 1 of a 21-day course<br><br>Oral dosage: 2.3 mg/m$^2$/day orally once daily for 5 consecutive days repeated every 21 days | Refer to dosing regimen |
| Cervical cancer | IV infusion dosage:<br>0.75 mg/m$^2$ IV over 30 minutes on Days 1, 2, and 3 repeated every 21 days in combination with cisplatin 50 mg/m$^2$ on Day 1 | Refer to dosing regimen |

## VI. Product Availability

- Capsules: 0.25 mg, 1 mg
- Lyophilized powder in single use vial for injection: 4-mg (free base)

## VII. References

1. Hycamtin for Injection Prescribing Information. Research Triangle Park, NC: GlaxoSmithKline; October 2019. Available at: https://dailymed.nlm.nih.gov/dailymed/. Accessed February 10, 2020.
2. Hycamtin capsules Prescribing Information. Research Triangle Park, NC: GlaxoSmithKline; September 2018. Available at: https://dailymed.nlm.nih.gov/dailymed/. Accessed February 10, 2020.
3. National Comprehensive Cancer Network Drugs and Biologics Compendium. Available at nccn.org. Accessed February 10, 2020.

| Reviews, Revisions, and Approvals | Date | P&T Approval Date |
|---|---|---|
| Policy created | 02.14 | 03.14 |
| Policy converted to new template. Removed safety criteria and requests for lab documentation. Shortened the initial approval period to 3 months in support of monitoring and efficacy requirements/guidelines. Added FDA approved indications of cervical cancer and ovarian cancer. Edited lung cancer criteria to more closely align with PI language. All NCCN compendium uses added. | 07.16 | 09.16 |
| Converted to new template.<br>All off-label uses are referred to the off-label use policy.<br>Added dosing criterion for both FDA and off-label NCCN uses.<br>Increased initial/continued approval from 3/6 months to 6/12 months, respectively. | 07.17 | 08.17 |
| 2Q 2018 annual review: Ovarian cancer, small cell lung cancer, and cervical cancer: combined FDA approved and NCCN recommended uses that overlap; Added specialist requirement; Added age as safety and effectiveness in pediatric patients have not been established; Added off-label NCCN category 2A recommended uses; Allowed COC for FDA approved and listed NCCN category 2A indications in continued approval; References reviewed and updated. | 01.25.18 | 05.18 |
| 2Q 2019 annual review: capsules added as an option for Merkel cell carcinoma and intrathecal route notated for leptomeningeal metastasis per NCCN; references reviewed and updated. | 12.19.19 | 05.19 |
| 2Q 2020 annual review: no significant changes; added Length of Benefit approval durations for capsules for Commercial line of business; added Medicaid line of business with 6/12 month approval durations; references reviewed and updated. | 02.11.20 | 05.20 |

**Important Reminder**

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information.

This Clinical Policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members.