

POLICY: Oncology – Ixempra® (ixabepilone injection for intravenous use – R-Pharm US)

DATE REVIEWED: 12/18/2019

OVERVIEW

Ixempra, a microtubule inhibitor, is indicated in combination with capecitabine for the treatment of patients with metastatic or locally advanced breast cancer resistant to treatment with an anthracycline and a taxane, or whose cancer is taxane resistant and for whom further anthracycline therapy is contraindicated.¹ Ixempra is indicated as monotherapy for the treatment of metastatic or locally advanced breast cancer in patients whose tumors are resistant or refractory to anthracyclines, taxanes, and capecitabine.

Anthracycline resistance is defined as progression while on therapy or within 6 months in the adjuvant setting or 3 months in the metastatic setting.¹ Taxane resistance is defined as progression while on therapy or within 12 months in the adjuvant setting or 4 months in the metastatic setting.

Guidelines

The National Comprehensive Cancer Network (NCCN) breast cancer (Version 3.2019 – September 6, 2019) clinical practice guidelines recommend Ixempra as a single agent for recurrent or stage IV human epidermal growth factor receptor 2 (HER2)-negative disease and in combination with trastuzumab for HER2-positive disease.^{2,3}

POLICY STATEMENT

Prior authorization is recommended for medical benefit coverage of Ixempra. Approval is recommended for those who meet the Criteria and Dosing for the listed indication(s). Extended approvals are allowed if the patient continues to meet the Criteria and Dosing. Requests for doses outside of the established dosing documented in this policy will be considered on a case-by-case basis by a clinician (i.e., Medical Director or Pharmacist).

Because of the specialized skills required for evaluation and diagnosis of patients treated with Ixempra as well as the monitoring required for adverse events and long-term efficacy, approval requires Ixempra to be prescribed by or in consultation with a physician who specializes in the condition being treated.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Ixempra is recommended in those who meet the following criteria:

FDA-Approved Indications

1. **Breast Cancer.** Approve for 1 year if the patient meets the following criteria (A and B):

- A) The patient has recurrent or metastatic disease; AND
- B) Ixempra is prescribed by or in consultation with an oncologist.

Dosing. Approve one of the following dosing regimens (A or B):

- A) Each dose must not exceed 40 mg/m² administered intravenously given once in each 21-day cycle;¹
- OR
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- B) Each dose must not exceed 16 mg/m² administered intravenously given up to three times in each 28-day cycle.^{4,5}

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Ixempra has not been shown to be effective, or there are limited or preliminary data or potential safety concerns that are not supportive of general approval for the following conditions.

1. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

REFERENCES

1. Ixempra® injection for intravenous use [prescribing information]. Princeton, NJ: R-Pharm US; January 2016.
2. The NCCN Drugs & Biologics Compendium. © 2019 National Comprehensive Cancer Network, Inc. Available at: <http://www.nccn.org>. Accessed on November 25, 2019. Search term: ixabepilone.
3. The NCCN Breast Cancer Clinical Practice Guidelines (Version 3.2019 – September 6, 2019). © 2019 National Comprehensive Cancer Network, Inc. Available at: <http://www.nccn.org>. Accessed November 25, 2019.
4. Rugo HS, Campone M, Amadori D, et al. A randomized, phase II, three-arm study of two schedules of ixabepilone or paclitaxel plus bevacizumab as first-line therapy for metastatic breast cancer. *Breast Cancer Res Treat.* 2013;139:411-419.
5. Rugo HS, Barry WT, Moreno-Aspitia A, et al. Randomized phase III trial of paclitaxel once per week compared with nanoparticle albumin-bound Nab-paclitaxel once per week or ixabepilone with bevacizumab as first-line chemotherapy for locally recurrent or metastatic breast cancer: CALGB 40502/NCCTG N063H (Alliance). *J Clin Oncol.* 2015;33:2361-2369.

HISTORY

Type of Revision	Summary of Changes	Date Reviewed
New Policy	--	12/18/2019