

**POLICY:** Oncology – Vyxeos (daunorubicin and cytarabine liposome for injection – Jazz Pharmaceuticals)

**APPROVAL DATE:** 10/16/2019

## **OVERVIEW**

Vyxeos is a liposomal combination of daunorubicin, an anthracycline topoisomerase inhibitor, and cytarabine, a nucleoside metabolic inhibitor, is indicated for the treatment of adults with newly-diagnosed therapy-related acute myeloid leukemia (AML) or AML with myelodysplasia-related changes.<sup>1</sup>

## **Dosing Information**

Vyxeos is supplied in single-dose vials containing 44 mg daunorubicin and 100 mg cytarabine.<sup>1</sup> The recommended induction cycle dose is one vial/m<sup>2</sup> (daunorubicin 44 mg/m<sup>2</sup> and cytarabine 100 mg/m<sup>2</sup>) administered intravenously on Days 1, 3, and 5. A second course of induction therapy (one vial/m<sup>2</sup>) can be administered 2 to 5 weeks after the first induction cycle in patients who do not achieve remission with the first course. The second cycle of induction therapy is administered intravenously on Days 1 and 3. Consolidation therapy can begin 5 to 8 weeks after induction and the dose is 0.65 vials/m<sup>2</sup> (daunorubicin 29 mg/m<sup>2</sup> and cytarabine 65 mg/m<sup>2</sup>) administered intravenously on Days 1 and 3. A second course of consolidation therapy (0.65 vials/m<sup>2</sup>) can be given 5 to 8 weeks after the first cycle of consolidation therapy.

## Guidelines

The National Comprehensive Cancer Network guidelines for acute myeloid leukemia recommend Vyxeos for induction and post-remission therapy for patients with therapy-related AML, antecedent myelodysplastic syndrome/chronic myelomonocytic leukemia, and AML with myelodysplasia-related changes.<sup>2,3</sup>

## **POLICY STATEMENT**

Prior authorization is recommended for medical benefit coverage ofVyxeos. 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). All approvals are provided for the duration noted below. In cases where the approval is authorized in months, 1 month is equal to 30 days.

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

## **RECOMMENDED AUTHORIZATION CRITERIA**

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

## **FDA-Approved Indications**

# 1. Acute Myeloid Leukemia. Approve for 6 months if the patient meets the following criteria (A, B, and C):

- A) The patient is  $\geq 18$  years of age; AND
- **B**) The patient meets one of the following (i or ii):
  - i. The patient has therapy-related acute myeloid leukemia; OR
  - ii. The patient has secondary acute myeloid leukemia.
    <u>(Note:</u> Examples include antecedent myelodysplastic syndrome/chronic myelomonocytic leukemia and acute myeloid leukemia with myelodysplasia-related changes); AND
- C) Vyxeos is prescribed by or in consultation with an oncologist.

**Dosing.** Approve the following dosing regimens (A <u>and</u> B):

- **A)** Induction: Each individual dose must not exceed one vial/m<sup>2</sup> (daunorubicin 44 mg/m<sup>2</sup> and cytarabine 100 mg/m<sup>2</sup>) administered intravenously up to three times in each cycle; AND
- **B**) Consolidation: Each individual dose must not exceed 0.65 vials/m<sup>2</sup> (daunorubicin 29 mg/m<sup>2</sup> and cytarabine 65 mg/m<sup>2</sup>) administered intravenously up to two times in each cycle.

## CONDITIONS NOT RECOMMENDED FOR APPROVAL

Vyxeos 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. Vyxeos liposome for injection [prescribing information]. Palo Alto, CA: Jazz Pharmaceuticals; August 2017.
- 2. The NCCN Drugs & Biologics Compendium. © 2019 National Comprehensive Cancer Network, Inc. Available at: <u>http://www.nccn.org</u>. Accessed on September 26, 2019. Search term: Vyxeos.
- 3. The NCCN Acute Myeloid Leukemia Clinical Practice Guidelines in Oncology (Version 2.2020 September 3, 2019). © 2019 National Comprehensive Cancer Network, Inc. Available at: <u>http://www.nccn.org</u>. Accessed on September 26, 2019.

#### HISTORY

Type of Revision	Summary of Changes	Approval Date
New Policy		10/16/2019