

Market Applicability							
Market	DC	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X	X

Khapzory (levoleucovorin)

Override(s)	Approval Duration
Prior Authorization	1 year

Medications
Khapzory (levoleucovorin) 175 mg, 300 mg vial

APPROVAL CRITERIA

Requests for Khapzory (levoleucovorin) may be approved when the following criteria are met:

- I. As a component of high-dose methotrexate therapy in osteosarcoma; **OR**
- II. As a treatment of impaired methotrexate elimination; **OR**
- III. As a treatment of inadvertent over-dosage of folic acid antagonists; **OR**
- IV. In combination chemotherapy with fluorouracil-based regimens to treat colorectal adenocarcinoma; **OR**
- V. When used in combination chemotherapy for any of the following cancers (NCCN 2A):
 - A. Acute lymphoblastic leukemia (ALL); **OR**
 - B. Anal Carcinoma; **OR**
 - C. B-Cell Lymphoma - Mantle Cell Lymphoma, AIDS-Related B-Cell Lymphomas or Burkitt Lymphoma; **OR**
 - D. Bladder Cancer; **OR**
 - E. Bone Cancer; **OR**
 - F. Central nervous system (CNS) Cancers-Primary CNS Lymphoma, Limited Brain Metastases, Extensive Brain Metastases or Leptomeningeal Metastases; **OR**
 - G. Cervical Cancer; **OR**
 - H. Colon Cancer; **OR**
 - I. Esophageal and Esophagogastric Junction Cancers; **OR**
 - J. Gastric Cancer; **OR**
 - K. Gestational Trophoblastic Neoplasia; **OR**
 - L. Neuroendocrine and Adrenal Tumors-Poorly Differentiated (High Grade)/Large or Small Cell; **OR**
 - M. Occult Primary; **OR**
 - N. Ovarian Cancer/Fallopian Tube Cancer/Primary Peritoneal Cancer - Mucinous Carcinoma; **OR**
 - O. Pancreatic Adenocarcinoma; **OR**
 - P. Rectal Cancer; **OR**

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

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- Q. T-Cell Lymphomas - Peripheral T-Cell Lymphomas, Adult T-Cell Leukemia/Lymphoma or Extranodal NK/T-Cell Lymphoma, nasal type; **OR**
R. Thymomas and Thymic Carcinomas.

Requests for levoleucovorin agents (Khapzory) may not be approved when the above criteria are not met and for all other indications.

State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
N/A	N/A	N/A

Key References:

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2019. URL: <http://www.clinicalpharmacology.com>. Updated periodically.
2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: July 25, 2019.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2019; Updated periodically.
5. NCCN Clinical Practice Guidelines in Oncology™. © 2019 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: <http://www.nccn.org/index.asp>. Accessed on July 25, 2019.
 - a. Acute Lymphoblastic Leukemia. V2.2019. Revised May 15, 2019.
 - b. Anal Carcinoma. V1.2019. Revised March 15, 2019.
 - c. B-Cell Lymphomas. V4.2019. Revised June 18, 2019.
 - d. Bladder Cancer. V4.2019. Revised July 10, 2019.
 - e. Bone Cancer. V2.2019. Revised August 3, 2018.
 - f. Central Nervous System Cancers. V1.2019. Revised March 5, 2019.
 - g. Cervical Cancer. V4.2019. Revised March 29, 2019.
 - h. Colon Cancer. V2.2019. Revised May 15, 2019.
 - i. Esophageal and Esophagogastric Junction Cancers. V2.2019. Revised May 29, 2019.
 - j. Gastric Cancer. V2.2019. Revised June 3, 2019.
 - k. Gestational Trophoblastic Neoplasia. V2.2019. Revised May 6, 2019.
 - l. Neuroendocrine and Adrenal Tumors. V1.2019. Revised March 5, 2019.
 - m. Occult Primary. V2.2019. Revised January 23, 2019.
 - n. Ovarian Cancer Including Fallopian Tube Cancer and Primary Peritoneal Cancer. V1.2019. Revised March 8, 2019.
 - o. Pancreatic Adenocarcinoma. V3.2019. Revised July 2, 2019.
 - p. Rectal Cancer. V2.2019. Revised May 15, 2019.
 - q. T-Cell Lymphomas. V2.2019. Revised December 17, 2018.
 - r. Thymomas and Thymic Carcinomas. V2.2019. Revised March 11, 2019.

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6. Tsimberidou AM, Kantarjian HM, et al. Fractionated cyclophosphamide, vincristine, liposomal daunorubicin, and dexamethasone plus rituximab and granulocyte-macrophage-colony stimulating factor (GM-CSF) alternating with methotrexate and cytarabine plus rituximab and GM-CSF in patients with Richter syndrome or fludarabine-refractory chronic lymphocytic leukemia. *Cancer* 2003; 97:1711-20.
7. Pappo AS, Bowman LC, et al. A phase II trial of high-dose methotrexate in previously untreated children and adolescents with high-risk unresectable or metastatic rhabdomyosarcoma. *J Pediatr Hematol Oncol* 1997;19:438-42.

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