

| Market Applicability |    |          |        |        |    |    |    |    |    |    |    |    |    |    |
|----------------------|----|----------|--------|--------|----|----|----|----|----|----|----|----|----|----|
| Market               | DC | FL & FHK | FL MMA | FL LTC | GA | KS | KY | MD | NJ | NV | NY | TN | TX | WA |
| Applicable           | X  | X        | NA     | NA     | X  | NA | X  | X  | X  | X  | X  | NA | NA | X  |

\*FHK- Florida Healthy Kids

# Mylotarg (gemtuzumab ozogamicin)

DRUG.00112

| Override(s)         | Approval Duration |
|---------------------|-------------------|
| Prior Authorization | 1 Year            |

| Medications                      | Quantity Limit                    |
|----------------------------------|-----------------------------------|
| Mylotarg (gemtuzumab ozogamicin) | May be subject to quantity limits |

## APPROVAL CRITERIA

- I. Requests for Mylotarg (gemtuzumab ozogamicin) may be approved for the treatment of the following indications:
  - A. Newly-diagnosed CD33-positive acute myeloid leukemia (AML) in adults greater than or equal to 18 years of age; **OR**
  - B. Relapsed or refractory CD33-positive AML in adults and in children 2 years of age and older; **OR**
  - C. Acute promyelocytic leukemia (APL) in high-risk individuals who are ineligible for treatment with anthracycline.

Requests for Mylotarg (gemtuzumab ozogamicin) may **not** be approved when the criteria above have not been 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   |

1. National Cancer Institute (NCI). Available at: <https://www.cancer.gov/types/leukemia/hp/adult-aml-treatment-pdq>. Accessed on September 1, 2017
  - Adult Acute Myeloid Leukemia Treatment (PDQ®)–Health Professional Version. Modified January 20, 2017.
2. Mylotarg™ [Product Information], Philadelphia, PA. Wyeth Pharmaceuticals Inc. Updated on September 1, 2017. Available at: [https://www.accessdata.fda.gov/drugsatfda\\_docs/label/2017/761060lbl.pdf](https://www.accessdata.fda.gov/drugsatfda_docs/label/2017/761060lbl.pdf). Accessed on September 11, 2017.
3. NCCN Clinical Practice Guidelines in Oncology© 2017 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: <http://www.nccn.org>. Accessed on March 31, 2017.
  - Acute Myeloid Leukemia (V3.2017). Revised June 6, 2017.

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New Program Date 02/16/2018

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.

| Market Applicability |    |                |           |           |    |    |    |    |    |    |    |    |    |    |
|----------------------|----|----------------|-----------|-----------|----|----|----|----|----|----|----|----|----|----|
| Market               | DC | FL<br>&<br>FHK | FL<br>MMA | FL<br>LTC | GA | KS | KY | MD | NJ | NV | NY | TN | TX | WA |
| Applicable           | X  | X              | NA        | NA        | X  | NA | X  | X  | X  | X  | X  | NA | NA | X  |

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- Southwest Oncology Group. A phase III study of the addition of gemtuzumab ozogamicin (Mylotarg®) during induction therapy versus standard induction with daunomycin and cytosine arabinoside followed by consolidation and subsequent randomization to post-consolidation therapy with gemtuzumab ozogamicin (Mylotarg®) or no additional therapy for patients under age 61 with previously untreated de novo acute myeloid leukemia (AML). NLM Identifier: NCT00085709; SWOG Identifier S0106. Last updated on September 25, 2015. Available at: <https://clinicaltrials.gov/ct2/show/results/NCT00085709>. Accessed on September 1, 2017.

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