MEDICAL MUTUAL®

Drug Policy

Policy:	Rydapt (midostaurin)	Annual Review Date: 05/21/2020 Last Revised Date: 05/21/2020

OVERVIEW

Rydapt is a tyrosine kinase inhibitor (TKI) indicated in combination with standard cytarabine + daunorubicin induction and cytarabine consolidation chemotherapy, for the treatment of adult patients with newly diagnosed acute myeloid leukemia (AML) who are FMS-like tyrosine kinase 3 (*FLT3*) mutation-positive, as detected by an FDA-approved test. Rydapt is not indicated as a single-agent induction therapy for the treatment of patients with AML. Rydapt is also indicated for the treatment of adult patients with aggressive systemic mastocytosis (ASM), systemic mastocytosis with associated hematological neoplasm (SM-AHN), or mast cell leukemia (MCL).

POLICY STATEMENT

This policy involves the use of Rydapt. Prior authorization is recommended for pharmacy benefit coverage of Rydapt. Approval is recommended for those who meet the conditions of coverage in the **Criteria and Initial/Extended Approval** for the diagnosis provided. **Conditions Not Recommended for Approval** are listed following the recommended authorization criteria. Requests for uses not listed in this policy will be reviewed for evidence of efficacy and for medical necessity on a case-by-case basis.

Because of the specialized skills required for evaluation and diagnosis of patients treated with Rydapt as well as the monitoring required for adverse events and long-term efficacy, initial approval requires Rydapt be prescribed by or in consultation with a physician who specializes in the condition being treated. In order to be considered for coverage, Rydapt must be prescribed by or in consultation with a hematologist or oncologist. All approvals for initial therapy are provided for the initial approval duration noted below.

RECOMMENDED AUTHORIZATION CRITERIA

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

1. <u>Acute Myeloid Leukemia (AML) that is *FLT3*-Mutation Positive</u>

Criteria. *Patient must meet the following criteria (A <u>and</u> B):*

1. The patient is *FLT3*-mutation positive AML as detected by an approved test; AND
2. The patient is receiving Rydapt in one of the following settings (a, b, c, <u>or</u> d):
    a. Induction therapy in combination with cytarabine and daunorubicin; OR
    b. After standard-dose cytarabine induction/reinduction, along with cytarabine and daunorubicin; OR
    c. Post remission or consolidation therapy in combination with cytarabine; OR
    d. Maintenance therapy.

2. **Aggressive Systemic Mastocytosis (ASM)**
   Criteria. *Approve.*

3. **Systemic Mastocytosis Associated with Acute Hematologic Neoplasm (SM-AHN)**
   Criteria. *Approve.*

4. **Mast Cell Leukemia (MCL)**
   Criteria. *Approve.*

Initial Approval/ Extended Approval.
A) *Initial Approval:* 365 days
B) *Extended Approval:* 365 days

OTHER USES WITH SUPPORTIVE EVIDENCE

5. **Patients with another indication that is not listed but is cited in the National Comprehensive Cancer Network (NCCN) guidelines as a category 1, 2A, or 2B recommendation**
   Criteria. *Prescriber will provide specific diagnosis for documentation. Approve.*

6. **Patient has been started on Rydapt**
   Criteria. *Approve for an indication or condition addressed as an approval in this document.*

Initial Approval/ Extended Approval.
A) *Initial Approval:* 365 days
B) *Extended Approval:* 365 days

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Rydapt 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. (Note: This is not an exhaustive list of Conditions Not Recommended for Approval).

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

Documentation Requirements:

The Company reserves the right to request additional documentation as part of its coverage determination process. The Company may deny reimbursement when it has determined that the drug provided or services performed were not medically necessary, investigational or experimental, not within the scope of benefits afforded to the member and/or a

pattern of billing or other practice has been found to be either inappropriate or excessive. Additional documentation supporting medical necessity for the services provided must be made available upon request to the Company. Documentation requested may include patient records, test results and/or credentials of the provider ordering or performing a service. The Company also reserves the right to modify, revise, change, apply and interpret this policy at its sole discretion, and the exercise of this discretion shall be final and binding.

REFERENCES

1. Rydapt® capsules [prescribing information]. East Hanover, NJ: Novartis; April 2017.
2. Stone RM, Mandrekar S, Sanford BL, et al. The multi-kinase inhibitor midostaurin (M) prolongs survival compared with placebo (P) in combination with daunorubicin (D)/cytarabine (C) induction (ind), high-dose C consolidation (consol), and as maintenance (maint) therapy in newly diagnosed acute myeloid leukemia (AML) patients (pts) Age 18-60 with FLT3 mutations (muts): An international prospective randomized (rand) P-controlled double-blind trial (CALGB 10603/RATIFY [Alliance]) [Poster 6]. Presented at: the American Society of Hematology (ASH) 57th Annual Meeting and Exposition; Orlando, FL; December 6, 2015.
3. Data on file. Formulary Submission Dossier for Rydapt® (midostaurin) capsules. Novartis; May 2017.
4. The NCCN Acute Myeloid Leukemia Clinical Practice Guidelines in Oncology (Version 2.2019). © 2019 National Comprehensive Cancer Network, Inc. Available at: http://www.nccn.org. Accessed May 8, 2019.
5. Novartis. Media Release. Novartis receives FDA approval for Rydapt® in newly diagnosed *FLT3*-mutated acute myeloid leukemia (AML) and three types of systemic mastocytosis (SM). April 28, 2016. Available at: https://www.novartis.com/news/media-releases/novartis-receives-fda-approval-rydaptr-newly-diagnosed-flt3-mutated-acute. Accessed on 17 June 2018.
6. National Cancer Institute. Types of cancer: Mastocytosis. Available at: http://www.cancer.net/cancer-types/mastocytosis. Accessed on 17 June 2018.
7. Tremblay D, Carreau N, Kremyanskaya M, and Mascarenhas J. Systemic mastocytosis: Clinical update and future directions. *Clinical Lymphoma, Myeloma & Leukemia*. 2015;15(12):728-738.
8. Midostaurin. In: DRUGDEX [online database]. Truven Health Analytics. Greenwood Village, CO. Last updated 19 April 2019. Accessed 8 May 2019.