

## PRIOR AUTHORIZATION POLICY

**POLICY:** Oncology – Xospata Prior Authorization Policy

- Xospata® (gilteritinib tablets – Astellas)

**REVIEW DATE:** 12/02/2020

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### OVERVIEW

Xospata, an inhibitor of tyrosine kinases including FMS-like tyrosine-kinase 3 (FLT3), is indicated for the treatment of relapsed or refractory **acute myeloid leukemia** (AML) in adults with an FLT3 mutation as detected by an FDA-approved test.<sup>1</sup>

### Disease Overview

AML is a heterogeneous hematologic malignancy that is hallmarked by clonal expansion of myeloid blasts in the peripheral blood, bone marrow, and/or other tissues.<sup>2</sup> It is a rather common form of acute leukemia in adults and it has the largest number of annual deaths from leukemias in the US. Around 19,940 people will be diagnosed with AML in 2020, and 11,180 patients will die from the condition. The median age at diagnosis is 68 years of age. Over one-half and approximately one-third of patients receive the diagnosis at  $\geq 65$  and  $\geq 75$  years of age, respectively. The incidence of AML, along with myelodysplastic syndrome (MDS) is rising as patients become older. Environmental factors play a role and include prolonged exposure to petrochemicals; solvents such as benzene; pesticides, and ionizing radiation. Also, two cytotoxic agents that are associated with therapy-related MDS/AML are alkylating agents (e.g., cyclophosphamide) and topoisomerase inhibitors (e.g., doxorubicin). Antimetabolite therapy, notably fludarabine, has also been associated with MDS/AML in patients with lymphoproliferative disorders, especially when given in combination with alkylating agents. Treatment of AML can involve the following modalities at various stages: chemotherapy, radiation therapy, chemotherapy with stem cell transplant, and other drug therapy. Molecular or karyotypic abnormalities can also be identified, of which FLT3 is noted. The two major classes of activating FLT3 mutations are internal tandem duplications (ITD) and tyrosine kinase domain (TKD) point mutations. FLT3-ITD mutations occur in around 30% of cases and are more common than FLT3-TKD mutations, which occur in approximately 10% of patients. Prognosis can be worse in patients with certain types of FLT3 mutations (e.g. shorter remissions, decreased overall survival).

### Guidelines

The National Comprehensive Cancer Network (NCCN) has various guidelines that address Daurismo.<sup>2,3</sup>

- **Acute Myeloid Leukemia:** NCCN guidelines for AML (version 2.2021- November 12, 2020) recommended Xospata in patients  $\geq 18$  years of age for therapy for relapsed or refractory disease for patients with the FLT3-ITD and FLT3-TKD mutation (category 1 for both).<sup>2</sup>
- **Myeloid/Lymphoid Neoplasms:** NCCN guidelines for myeloid/lymphoid neoplasms with eosinophilia and tyrosine kinase fusion genes (version 3.2021 – August 21, 2020) recommend Xospata in various clinical scenarios involving lymphoid, myeloid or mixed lineage neoplasms with eosinophilia and FLT3 rearrangement (category 2A).<sup>3</sup>

### **Safety**

Xospata has a Boxed Warning regarding differential syndrome, which can be fatal if not treated. If differentiation syndrome is suspected, initiate corticosteroid therapy and hemodynamic monitoring until resolution of symptoms.

### **POLICY STATEMENT**

Prior Authorization is recommended for prescription benefit coverage of Xospata. All approvals are provided for the duration noted below.

**Automation:** None.

### **RECOMMENDED AUTHORIZATION CRITERIA**

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

#### **FDA-Approved Indications**

1. **Acute Myeloid Leukemia (AML).** Approve for 3 years if the patient meets the following criteria (A, B, and C).
  - A) Patient is  $\geq 18$  years of age; AND
  - B) Patient has relapsed or refractory disease; AND
  - C) Disease is *FLT3*-mutation positive as detected by an approved test.

#### **Other Uses with Supportive Evidence**

2. **Lymphoid, Myeloid, or Mixed Lineage Neoplasms.** Approve for 3 years if the patient meets the following criteria (A, B, and C):
  - A) Patient is  $\geq 18$  years of age; AND
  - B) Patient has eosinophilia; AND
  - C) Disease is *FLT3*-mutation positive as detected by an approved test.

### **CONDITIONS NOT RECOMMENDED FOR APPROVAL**

Coverage of Xospata is not recommended in the following situations:

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

### **REFERENCES**

1. Xospata<sup>®</sup> tablets [prescribing information]. Northbrook, IL: Astellas Pharma; May 2019.
2. The NCCN Acute Myeloid Leukemia Clinical Practice Guidelines in Oncology (version 2.2021 – November 12, 2020). © 2020 National Comprehensive Cancer Network, Inc. Available at: <http://www.nccn.org>. Accessed on November 23, 2020.
3. The NCCN Myeloid/Lymphoid Neoplasms with Eosinophilia and Tyrosine Kinase Fusion Genes Clinical Practice Guidelines in Oncology (version 3.2021 – August 21, 2020). © 2020 National Comprehensive Cancer Network, Inc. Available at: <http://www.nccn.org>. Accessed on November 23, 2020.