POLICY NUMBER UM ONC_1288	SUBJECT Fusilev™/Khapzory™ (levoleucovorin)		DEPT/PROGRAM UM Dept	PAGE 1 OF 2
DATES COMMITTEE REVIEWED 04/13/16, 02/06/17, 02/01/18, 02/13/19, 12/11/19, 02/12/20	APPROVAL DATE February 12, 2020	EFFECTIVE DATE March 01, 2020	COMMITTEE APPROVAL DATES (latest version listed last) 04/13/16, 02/06/17, 02/01/18, 02/13/19, 12/11/19, 02/12/20	
PRIMARY BUSINESS OWNER: UM APPROVED BY: Dr. Andrew Hertler		COMMITTEE/BOARD APPROVAL Utilization Management Committee		
URAC STANDARDS HUM 1		NCQA STANDARDS UM 2	ADDITIONAL AREAS OF IMPACT	
CMS REQUIREMENTS	STATE/FEDERAL REQUIREMENTS		APPLICABLE LINES OF BUSINESS All	

I. PURPOSE

To define and describe the accepted indications for Fusilev/Khapzory (levoleucovorin) usage in the treatment of cancer, including FDA approved indications, and off-label indications.

New Century is responsible for processing all medication requests from network ordering providers. Medications not authorized by New Century may be deemed as not approvable and therefore not reimbursable.

The use of this drug must be supported by one of the following: FDA approved product labeling, CMS-approved compendia, National Comprehensive Cancer Network (NCCN), American Society of Clinical Oncology (ASCO) clinical guidelines, or peer-reviewed literature that meets the requirements of the CMS Medicare Benefit Policy Manual Chapter 15.

II. INDICATIONS FOR USE/INCLUSION CRITERIA

1. **Osteosarcoma**
    a. The member has osteosarcoma or dedifferentiated chondrosarcoma and Fusilev/Khapzory is being used only when Leucovorin is not available at the office and the shortage is reported on FDA drug shortage website[1] **AND**
    b. Fusilev/Khapzory (if there are contraindications/intolerance/failure to Fusilev) is being used following administration of high-dose methotrexate > 500 mg/m2 over < 4 hours **OR** > 1 g/m2 over >4 hours **AND**
    c. Is administered 24 hours after start of methotrexate infusion so that it does not interfere with the therapeutic effect of methotrexate.
2. **Colorectal Cancer**
    a. The member has advanced colorectal cancer and Fusilev/Khapzory (if there are contraindications/intolerance/failure to Fusilev) is being used only when Leucovorin is not available at the office and the shortage is reported on FDA drug shortage website[1] **AND**
    b. Fusilev/Khapzory (if there are contraindications/intolerance/failure to Fusilev) is being used in combination with fluorouracil-based regimens in **ONE** of the following conditions:
        i. For potentiation of fluorouracil therapy in the treatment of colorectal cancer
        ii. For the first-line treatment of colorectal cancer in combination regimen consisting of fluorouracil, leucovorin, and either irinotecan and/or oxaliplatin.
3. **Overdosages of Folic Acid Antagonists**

a. Fusilev/Khapzory (if there are contraindications/intolerance/failure to Fusilev) is being used only when Leucovorin is not available at the office and the shortage is reported on FDA drug shortage website[1] **AND**

b. Fusilev/Khapzory (if there are contraindications/intolerance/failure to Fusilev) is being used to diminish the toxicity and counteract the effects of impaired methotrexate elimination and of inadvertent overdosages of methotrexate in **ONE** of the following conditions:

   i. Used in combination with cerebral spinal fluid (CSF) exchange and dexamethasone for intrathecal methotrexate overdose

   ii. Used in combination with forced diuresis and alkalization of urine to prevent potentially toxic blood levels of methotrexate

   iii. Used as high dose for methotrexate-induced nephrotoxicity.

III. EXCLUSION CRITERIA

1. Fusilev/Khapzory (levoleucovorin) is being used in member with pernicious or megaloblastic anemia.
2. Dosing exceeds single dose limit of Fusilev/Khapzory (levoleucovorin) 200 mg/m^2.
3. Treatment in colorectal cancer exceeds the maximum 24 weeks duration limit.
4. Indications not supported by CMS recognized compendia or acceptable peer reviewed literature.

IV. MEDICATION MANAGEMENT

Please refer to the FDA label/package insert for details regarding these topics.

V. APPROVAL AUTHORITY

1. Review – UM Department
2. Final Approval – UM Committee

VI. ATTACHMENTS

None

VII. REFERENCES

1. Current and Resolved Drug Shortages and Discontinuations Reported to the FDA:

   http://www.accessdata.fda.gov/scripts/drugshortages/default.cfm

2. Fusilev PI prescribing information. Acrotech Biopharma LLC. Irvine, CA. 2020.
3. Khapzory PI prescribing information. Acrotech Biopharma LLC. Irvine, CA. 2019.
4. Clinical Pharmacology Elsevier Gold Standard. 2020.
5. Micromedex® Healthcare Series: Thomson Micromedex, Greenwood Village, Co. 2020.
6. National Comprehensive Cancer Network. Cancer Guidelines and Drugs and Biologics Compendium. 2020.
7. AHFS Drug Information. American Society of Health-Systems Pharmacists or Wolters Kluwer Lexi-Drugs. Bethesda, MD. 2020.