

## Xospata<sup>®</sup> (gilteritinib) (Oral)

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### I. Length of Authorization

- Coverage will be provided for 6 months and may be renewed.

### II. Dosing Limits

#### A. Quantity Limit (max daily dose) [NDC Unit]:

- Xospata 40 mg tablets: 3 tablets per day

#### B. Max Units (per dose and over time) [HCPCS Unit]:

- All indications: 120 mg per day

### III. Initial Approval Criteria <sup>1</sup>

Coverage is provided in the following conditions:

- Patient is at least 18 years of age; **AND**
- Patient has had a baseline electrocardiogram (ECG); **AND**

#### Universal Criteria <sup>1</sup>

- Will not be used in combination with other FMS-like tyrosine kinase (FLT)-inhibitors (e.g., midostaurin, sorafenib, quizartinib, etc.); **AND**
- Patient will avoid concomitant therapy with all of the following:
  - Coadministration with combined P-gp and strong CYP3A inducers (e.g., carbamazepine, phenytoin, rifampin, etc.); **AND**
  - Coadministration with strong CYP3A inhibitors (e.g., clarithromycin, ketoconazole, nefazodone, etc.), or if therapy is unavoidable, the patient will be monitored closely for adverse reaction and/or dose modifications will be implemented; **AND**

#### Acute Myeloid Leukemia (AML) † ‡ ◊ <sup>1-3</sup>

- Patient must be diagnosed with AML (excluding acute promyelocytic leukemia); **AND**

- Patient has FLT3 mutation-positive (FLT3+) (*including ITD or TKD positive mutations*) disease, as confirmed by an FDA-approved or CLIA-compliant, test❖; **AND**
- Used as single-agent therapy for relapsed or refractory disease

#### Myeloid/Lymphoid Neoplasms with Eosinophilia and Tyrosine Kinase Fusion Genes ‡<sup>2,5</sup>

- Patient has eosinophilia with FLT3 rearrangement; **AND**
  - Patient has chronic or blast phase myeloid or lymphoid neoplasms; **AND**
    - Used as a single agent; **OR**
  - Patient has blast phase lymphoid, myeloid, or mixed lineage neoplasms; **AND**
    - Used in combination with ALL- or AML-type induction chemotherapy followed by allogeneic HCT (if eligible)

❖ *If confirmed using an immunotherapy assay – <http://www.fda.gov/companiondiagnostics>*

† FDA Approved Indication(s); ‡ Compendia Recommended Indication(s); Ⓢ Orphan Drug

## IV. Renewal Criteria<sup>1</sup>

Coverage may be renewed based on the following criteria:

- Patient continues to meet universal and other indication-specific relevant criteria such as concomitant therapy requirements (not including prerequisite therapy), performance status, etc. identified in section III; **AND**
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: differentiation syndrome, posterior reversible encephalopathy syndrome (PRES), prolonged QT-interval (i.e., QTc interval > 500 msec), pancreatitis, etc.; **AND**

#### Acute Myeloid Leukemia (AML)<sup>3</sup>

- Disease stabilization or improvement as evidenced by a complete response [CR] (i.e., morphologic, cytogenetic or molecular complete response CR), complete hematologic response or a partial response by CBC, bone marrow cytogenetic analysis, QPCR, or FISH

#### Myeloid/Lymphoid Neoplasms with Eosinophilia and Tyrosine Kinase Fusion Genes<sup>5</sup>

- Disease response as evidenced by at least one of the following:
  - Decrease in spleen size or improvements in other myelofibrosis symptoms (such as weakness, fatigue, cough, dyspnea, myalgias, angioedema, rash, fever, rhinitis, etc.)
  - Stabilization or improvement as evidenced by a complete response [CR] (i.e., morphologic, cytogenetic or molecular complete response CR), complete hematologic response or a partial response by CBC, bone marrow cytogenetic analysis, QPCR, or FISH

## V. Dosage/Administration<sup>1,5</sup>

Indication	Dose
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All Indications	Administer 120 mg (three 40 mg tablets) orally once daily (for at least six months) until disease progression or unacceptable toxicity
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## VI. Billing Code/Availability Information

### HCPCS Code(s):

- J8999: Prescription drug, oral, chemotherapeutic, nos
- C9399: Unclassified drugs or biologicals

### NDC:

- Xospata 40 mg tablets: 00469-1425-xx

## VII. References

1. Xospata [package insert]. Northbrook, IL; Astellas Pharma US, Inc. Updated January 2022. Accessed March 2024.
2. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) gilteritinib. National Comprehensive Cancer Network, 2024. The NCCN Compendium® is a derivative work of the NCCN Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Compendium, go online to NCCN.org. Accessed March 2024.
3. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) Acute Myeloid Leukemia. Version 1.2024. National Comprehensive Cancer Network, 2024. The NCCN Compendium® is a derivative work of the NCCN Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Compendium, go online to NCCN.org. Accessed March 2024.
4. Perl AE, Martinelli G, Cortes JE, et al. Gilteritinib or Chemotherapy for Relapsed or Refractory FLT3-Mutated AML. *N Engl J Med.* 2019 Oct 31;381(18):1728-1740. doi: 10.1056/NEJMoa1902688.
5. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) Myeloid/Lymphoid Neoplasms with Eosinophilia and Tyrosine Kinase Fusion Genes. Version 1.2024. National Comprehensive Cancer Network, 2024. The NCCN Compendium® is a derivative work of the NCCN Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Compendium, go online to NCCN.org. Accessed March 2024.

## Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
C92.00	Acute myeloblastic leukemia not having achieved remission
C92.02	Acute myeloblastic leukemia, in relapse
C92.50	Acute myelomonocytic leukemia not having achieved remission
C92.52	Acute myelomonocytic leukemia, in relapse
C92.60	Acute myeloid leukemia with 11q23-abnormality not having achieved remission
C92.62	Acute myeloid leukemia with 11q23-abnormality in relapse
C92.A0	Acute myeloid leukemia with multilineage dysplasia not having achieved remission
C92.A2	Acute myeloid leukemia with multilineage dysplasia, in relapse
C93.00	Acute monoblastic/monocytic leukemia not having achieved remission
C93.02	Acute monoblastic/monocytic leukemia, in relapse
C94.8	Other specified leukemias
C94.80	Other specified leukemias not having achieved remission
C94.81	Other specified leukemias, in remission
C94.82	Other specified leukemias, in relapse
C95.1	Chronic leukemia of unspecified cell type
C95.10	Chronic leukemia of unspecified cell type not having achieved remission
C95.11	Chronic leukemia of unspecified cell type, in remission
C95.12	Chronic leukemia of unspecified cell type, in relapse
C96.Z	Other specified malignant neoplasms of lymphoid, hematopoietic and related tissue
C96.9	Malignant neoplasm of lymphoid, hematopoietic and related tissue, unspecified

## Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

The preceding information is intended for non-Medicare coverage determinations. Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determinations (NCDs) and/or Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. Local Coverage Articles (LCAs) may also exist for claims payment purposes or to clarify benefit eligibility under Part B for drugs which may be self-administered. The following link may be used to search for NCD, LCD, or LCA documents: <https://www.cms.gov/medicare-coverage-database/search.aspx>. Additional indications, including any preceding information, may be applied at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD/LCA): N/A

### Medicare Part B Administrative Contractor (MAC) Jurisdictions

Jurisdiction	Applicable State/US Territory	Contractor
E (1)	CA, HI, NV, AS, GU, CNMI	Noridian Healthcare Solutions, LLC
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC
5	KS, NE, IA, MO	Wisconsin Physicians Service Insurance Corp (WPS)
6	MN, WI, IL	National Government Services, Inc. (NGS)
H (4 & 7)	LA, AR, MS, TX, OK, CO, NM	Novitas Solutions, Inc.
8	MI, IN	Wisconsin Physicians Service Insurance Corp (WPS)
N (9)	FL, PR, VI	First Coast Service Options, Inc.
J (10)	TN, GA, AL	Palmetto GBA
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA
L (12)	DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in VA)	Novitas Solutions, Inc.
K (13 & 14)	NY, CT, MA, RI, VT, ME, NH	National Government Services, Inc. (NGS)
15	KY, OH	CGS Administrators, LLC