



**Mylotarg® (gemtuzumab ozogamicin)**  
Effective 08/01/2022

<b>Plan</b>	<input checked="" type="checkbox"/> MassHealth <input type="checkbox"/> MassHealth UPPL <input type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Benefit</b>	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		
<b>Specialty Limitations</b>	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
<b>Contact Information</b>	<b>Specialty Medications</b>		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	<b>Non-Specialty Medications</b>		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	<b>Medical Specialty Medications (NLX)</b>		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
<b>Exceptions</b>	N/A		

**Overview**

Mylotarg® (gemtuzumab ozogamicin) is a CD33-directed antibody-drug conjugate (ADC) indicated for the treatment of newly-diagnosed CD33-positive acute myeloid leukemia (AML) in adults and pediatric patients one month and older (as combination therapy and as monotherapy) and the treatment of relapsed or refractory CD33-positive AML in adults and in pediatric patients two years and older (as monotherapy).

No PA	Drugs that require PA
Cytarabine	Mylotarg® (gemtuzumab ozogamicin)
Daunorubicin	
Please refer to the NCCN guidelines for the treatment of AML for complete treatment regimens.	

AML=acute myeloid leukemia, NCCN=National Comprehensive Cancer Network

**Coverage Guidelines**

Authorization may be granted for members who are currently receiving treatment with Mylotarg, excluding when the product is obtained as samples or via manufacturer’s patient assistance programs  
**OR**

Authorization may be granted for members when all the following criteria are met, and documentation is provided:

Newly-diagnosed CD33-positive AML in adults and pediatric patients 1 month and older



Prescriber documents **ALL** of the following:

1. Appropriate diagnosis
2. Prescriber is an oncologist or hematologist
3. Member  $\geq 1$  month of age
4. Appropriate dosing
5. **ONE** of the following:
  - a. Physician documentation that requested agent will be used in combination with cytarabine and daunorubicin or fludarabine
  - b. Clinical rationale why combination therapy with cytarabine and daunorubicin or fludarabine is not appropriate
  - c. If member is  $\geq 60$  years of age and requested agent will be used as a single agent therapy with gemtuzumab ozogamicin

Relapsed or refractory CD33-positive AML in adults and in pediatric patients two years and older

Prescriber documents **ALL** of the following:

1. Appropriate diagnosis
2. Prescriber is an oncologist or hematologist
3. Appropriate dosing
4. Member  $\geq 2$  years of age
5. **ONE** of the following:
  - a. Documentation of relapsed or refractory AML
  - b. Physician documentation of prior therapy for the treatment of AML with one systemic therapy (*refer to Appendix for common AML treatment regimens*)

**Limitations**

1. Initial approvals:
  - a. Newly-diagnosed CD33-positive AML in adults and pediatric patients 1 month and older: Three cycles
  - b. Relapsed or refractory CD33-positive AML in adults and in pediatric patients two years and older: One treatment cycle
2. Reauthorizations for newly-diagnosed CD33-positive AML in adults and pediatric patients 1 month and older for monotherapy: maximum of one cycle of induction and eight cycles of continuation
3. Dosing

Drug	Dosing
Mylotarg® (gemtuzumab ozogamicin)  Vial: 4.5 mg	<u>Newly-diagnosed de novo CD33-positive AML in adults (combination regimen):</u>  <i>A treatment course consists of one induction cycle and two consolidation cycles.</i> <ul style="list-style-type: none"> <li>• Induction cycle: 3 mg/m<sup>2</sup> (up to one 4.5 mg vial) on days one, four and seven in combination with daunorubicin and cytarabine (for patients requiring a second induction cycle, do NOT administer gemtuzumab ozogamicin during the second induction cycle)</li> <li>• Consolidation cycle: 3 mg/m<sup>2</sup> on day one (up to one 4.5 mg vial)</li> </ul>

	<p><u>Newly-diagnosed de novo CD33-positive AML in pediatric patients one month and older (combination regimen):</u></p> <ul style="list-style-type: none"> <li>• 3 mg/m<sup>2</sup> for patients with BSA greater than or equal to 0.6 m<sup>2</sup></li> <li>• 0.1 mg/kg for patients with BSA less than 0.6 m<sup>2</sup></li> <li>• For Induction 1, given once in combination with standard chemotherapy. No dose is given in the second induction cycle</li> <li>• No dose is given in the first or third intensification cycles. For Intensification 2, dose is given once in combination with standard chemotherapy.</li> <li>• Consider the risks and potential benefits before giving the agent during Intensification 2</li> </ul> <p><u>Newly-diagnosed CD33-positive AML (single-agent regimen):</u> <i>A treatment course consists of one cycle of induction and up to eight cycles of continuation therapy.</i></p> <ul style="list-style-type: none"> <li>• Induction cycle: 6 mg/m<sup>2</sup> (not limited to one 4.5 mg vial) on day one and 3 mg/m<sup>2</sup> (not limited to one 4.5 mg vial) on day eight</li> <li>• Continuation cycle: 2 mg/m<sup>2</sup> (not limited to one 4.5 mg vial) on day one every four weeks</li> </ul> <p><u>R/R CD33-positive AML (single-agent regimen):</u> <i>Maximum one treatment course.</i> 3 mg/m<sup>2</sup> (up to one 4.5 mg vial) on days 1, 4, and 7</p>
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## Appendix

### Common AML Treatment Regimens

#### Treatment Induction Regimens

- Patients <60 Years of Age
  - Cytarabine 1.5 to 3 g/m<sup>2</sup> every 12 hours X6 days
  - Standard-dose cytarabine with idarubicin or daunorubicin
  - Standard-dose cytarabine with daunorubicin or oral midostaurin (FLT3 mutated)
  - Dual drug liposomal encapsulation of cytarabine and daunorubicin
- Patients ≥60 Years of Age
  - Standard-dose cytarabine (100 to 200 mg/m<sup>2</sup> x seven days) with idarubicin 12 mg/m<sup>2</sup> or daunorubicin 60 to 90 mg/m<sup>2</sup> x three days or mitoxantrone 12 mg/m<sup>2</sup> x three days
  - Low-intensity therapies: azacytidine, decitabine
  - Dual-drug liposomal encapsulation of daunorubicin 44 mg/m<sup>2</sup> and cytarabine 100 mg/m<sup>2</sup> on days one, three and five for one cycle (category 1)
  - Standard dose cytarabine 200 mg/m<sup>2</sup> x seven days with daunorubicin 60 mg/m<sup>2</sup> x three days and oral midostaurin 50 mg every 12 hours, days 8 to 21 (FLT3-mutated AML)
  - Venetoclax once daily by mouth and decitabine 20 mg/m<sup>2</sup> (days one to five of each 28 day cycle)
  - Venetoclax once daily by mouth and azacytidine 75 mg/m<sup>2</sup> (days one to seven of each 28-day cycle)
  - Venetoclax once daily by mouth and low-dose cytarabine 20 mg/m<sup>2</sup>/day (days 1 to 10 of each 28-day cycle)



- Standard-dose cytarabine 200 mg/m<sup>2</sup> x seven days with daunorubicin 60 mg/m<sup>2</sup> x three days and a single dose of gemtuzumab ozogamicin 3 mg/m<sup>2</sup> given on day one, or day two, or day three, or day four; alternatively, three total doses may be given on days one, four and seven (CD33-positive)

## References

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## Review History

5/18/2022 – Created and Reviewed June P&T; matched MH UPPL. Created criteria to be in compliance with Masshealth criteria. Effective 8/1/22.

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