Reference number(s)
4212-A

STANDARD MEDICARE PART B MANAGEMENT

FUSILEV (levoleucovorin) powder/solution
KHAPZORY (levoleucovorin) powder
levoleucovorin solution

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

A. FDA-Approved Indications
1. Levoleucovorin/Fusilev/Khapzory is indicated for rescue after high-dose methotrexate therapy in osteosarcoma.
2. Levoleucovorin/Fusilev/Khapzory is indicated for diminishing the toxicity associated with overdosage of folic acid antagonists or impaired methotrexate elimination in adult and pediatric patients.
3. Levoleucovorin/Fusilev/Khapzory is indicated for the treatment of adults with metastatic colorectal cancer in combination with fluorouracil.

B. Compendial Uses
1. Rescue treatment after high-dose methotrexate therapy
2. Combination with fluorouracil-based chemotherapy regimens

All other indications will be assessed on an individual basis. Submissions for indications other than those enumerated in this policy should be accompanied by supporting evidence from Medicare approved compendia.

II. CRITERIA FOR INITIAL APPROVAL

Authorization of 12 months may be granted for any of the settings listed below when leucovorin is not an appropriate/available option at this time:
1. Rescue treatment after high-dose methotrexate therapy
2. Treatment of a folate antagonist overdose or impaired methotrexate elimination
3. Combination therapy with fluorouracil-based chemotherapy regimens

III. CONTINUATION OF THERAPY

All members (including new members) requesting authorization for continuation of therapy must be currently receiving therapy with the requested agent.

Authorization for 12 months may be granted when all of the following criteria are met:
A. The member is currently receiving therapy with the requested medication.
B. The requested medication is being used to treat an indication enumerated in Section II.
C. Leucovorin is not an appropriate/available option at this time.
D. The member is receiving benefit from therapy. Benefit is defined as:
    1. No evidence of unacceptable toxicity while on the current regimen and
    2. No evidence of disease progression while on the current regimen

IV. SUMMARY OF EVIDENCE

The contents of this policy were created after examining the following resources:
1. The prescribing information for Fusilev, Khapzory, and levoleucovorin.
2. The available compendium
    a. National Comprehensive Cancer Network (NCCN) Drugs and Biologics Compendium
    b. Micromedex DrugDex
    c. American Hospital Formulary Service- Drug Information (AHFS-DI)
    d. Lexi-Drugs
    e. Clinical Pharmacology

After reviewing the information in the above resources, the FDA-approved indications listed in the prescribing information for Fusilev, Khapzory, and levoleucovorin are covered in addition to the following:
1. Rescue treatment after high-dose methotrexate therapy
2. Combination with fluorouracil-based chemotherapy regimens

V. EXPLANATION OF RATIONALE

Support for FDA-approved indications can be found in the manufacturer's prescribing information.

Support for using Fusilev, Khapzory, and levoleucovorin when leucovorin is not available can be found in the NCCN Drugs and Biologics Compendium. Use of information in the NCCN Drugs and Biologics Compendium for off-label use of drugs and biologicals in an anti-cancer chemotherapeutic regimen is supported by the Medicare Benefit Policy Manual, Chapter 15, section 50.4.5 (Off-Label Use of Drugs and Biologicals in an Anti-Cancer Chemotherapeutic Regimen).

VI. REFERENCES

1. Fusilev [package insert]. East Windsor, NJ: Acrotech Biopharma LLC; November 2020.
2. Levoleucovorin injection [package insert]. Princeton, NJ: Sandoz Inc.; December 2020.
3. Khapzory [package insert]. East Windsor, NJ: Acrotech Biopharma LLC; March 2020.
4. The NCCN Drugs & Biologics Compendium® © 2022 National Comprehensive Cancer Network, Inc. Available at: https://www.nccn.org. Accessed July 8, 2022.

