UnitedHealthcare Community Plan

Clinical Pharmacy Program Guidelines for Hycamtin

Program	Prior Authorization
Medication	Hycamtin® (topotecan hydrochloride)
Issue Date	9/2013
Pharmacy and Therapeutics Approval Date	11/2017
Effective Date	1/2018

1. Background:

Hycamtin® (topotecan hydrochloride) is a topoisomerase inhibitor indicated for the treatment of relapsed small cell lung cancer in patients with a prior complete or partial response and who are at least 45 days from the end of first-line chemotherapy.[1]

2. Coverage Criteria:

A. Small cell lung cancer (SCLC)

1. Initial Authorization

Hycamtin will be approved based on **all** of the following criteria:

(1) Diagnosis of small cell lung cancer (SCLC)

-AND-

(2) Patient has experienced a partial or complete response with first-line chemotherapy (e.g., cisplatin with etoposide)

-AND-

(3) Patient has relapsed at least 45 days from the end of first-line chemotherapy

Authorization will be issued for 12 months.

2. Reauthorization

a. **Hycamtin** will be approved based on the following criterion:

(1) Patient does not show evidence of progressive disease while on Hycamtin therapy

Authorization will be issued for 12 months.

3. References:

1. Hycamtin [package insert]. Research Triangle Park, NC: GlaxoSmithKline; June 2015.
2. The NCCN Drugs and Biologics Compendium (NCCN Compendium™). Available at http://www.nccn.org/professionals/drug_compendium/content/contents.asp. Accessed October 11, 2017.
3. NCCN Clinical Practice Guideline (NCCN Guideline™). Small Cell Lung Cancer v2.2017. Available at: http://www.nccn.org/professionals/physician_gls/f_guidelines.asp#sclc. Accessed October 11, 2017.

Program	Prior Authorization –Hycamtin (topotecan hydrochloride)
Change Control	
Date	Change
9/2013	New guideline
12/2015	Annual Review
10/1/2016	Removed prescriber requirement. Added patient has experienced a partial or complete response with first-line chemotherapy and that patient has relapsed at least 45 days from the end of first-line chemotherapy. Changed all authorization to 12 months.
12/2016	Annual review. Updated references.
11/2017	Annual review. Updated references.