## Khapzory (levoleucovorin)

Override(s)	Approval Duration
Prior Authorization	1 year

## Medications

Khapzory (levoleucovorin) 175 mg, 300 mg vial

## **APPROVAL CRITERIA**

Requests for Khapzory (levoleucovorin) may be approved when the following criteria are met:

- I. As a component of high-dose methotrexate therapy in osteosarcoma; **OR**
- II. As a treatment of impaired methotrexate elimination; OR
- III. As a treatment of inadvertent over-dosage of folic acid antagonists; **OR**
- IV. In combination chemotherapy with fluorouracil-based regimens to treat colorectal adenocarcinoma; **OR**
- V. When used in combination chemotherapy for any of the following cancers (NCCN 2A):
  - A. Acute lymphoblastic leukemia (ALL); OR
  - B. Acute Myeloid Leukemia (AML) including Blastic Plasmacytoid Dendritic Cell Neoplasm (BPDCN); **OR**
  - C. Anal Carcinoma; OR
  - D. Ampullary adenocarcinoma; OR
  - E. B-Cell Lymphoma, including Follicular Lymphoma (grade 1-2), Diffuse Large B-Cell Lymphoma, High Grade B-Cell Lymphomas, High-Grade B-Cell Lymphomas (NOS), Post-Transplant Lymphoproliferative Disorders, Mantle Cell Lymphoma, AIDS-Related B-Cell Lymphomas or Burkitt Lymphoma; **OR**
  - F. Bladder Cancer; OR
  - G. Central nervous system (CNS) Cancers-Primary CNS Lymphoma, Limited Brain Metastases, Extensive Brain Metastases or Leptomeningeal Metastases; **OR**
  - H. Cervical Cancer; OR
  - I. Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma; OR
  - J. Lymphoplasmacytic Lymphoma; **OR**
  - K. Esophageal and Esophagogastric Junction Cancers; OR
  - L. Gastric Cancer; OR
  - M. Gestational Trophoblastic Neoplasia; OR
  - N. Hepatobiliary Cancers, Biliary Tract Cancers; OR
  - O. Neuroendocrine and Adrenal Tumors, including Well Differentiated Grade 3 NET, Poorly Differentiated (High Grade)/Large or Small Cell, Pancreas; **OR**
  - P. Occult Primary; OR
  - Q. Ovarian Cancer/Fallopian Tube Cancer/Primary Peritoneal Cancer, including Mucinous Carcinoma; **OR**
  - R. Pancreatic Adenocarcinoma; OR

- S. Pediatric Aggressive Mature B-Cell Lymphomas; OR
- T. Pediatric Acute Lymphoblastic Leukemia; OR
- U. Rectal Cancer; OR
- V. Small Bowel Adenocarcinoma; OR
- W. T-Cell Lymphomas, including Hepatosplenic Gamma-Delta, Peripheral T-Cell Lymphomas, Adult T-Cell Leukemia/Lymphoma or Extranodal NK/T-Cell Lymphoma, nasal type; **OR**
- X. Thymomas and Thymic Carcinomas.

Requests for levoleucovorin agents (Khapzory) may not be approved when the above criteria are not met and for all other indications.

## Key References:

- 1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2023. URL: http://www.clinicalpharmacology.com. Updated periodically.
- 2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. http://dailymed.nlm.nih.gov/dailymed/about.cfm. Updated periodically.
- 3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
- 4. Lexi-Comp ONLINE<sup>™</sup> with AHFS<sup>™</sup>, Hudson, Ohio: Lexi-Comp, Inc.; 2023; Updated periodically.
- 5. NCCN Clinical Practice Guidelines in Oncology™. © 2022 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: http://www.nccn.org/index.asp. Accessed on June 21, 2023.
  - a. Acute Lymphoblastic Leukemia. V1.2023. Revised May 31, 2023.
  - b. Acute Myeloid Leukemia. V3.2023. Revised April 5, 2023.
  - c. Ampullary Adenocarcinoma. V1.2023. Revised April 27, 2023.
  - d. Anal Carcinoma. V2.2023. Revised April 28, 2023.
  - e. B-Cell Lymphomas. V4.2023. Revised June 2, 2023.
  - f. Bladder Cancer. V3.2023. Revised May 25, 2023.
  - g. Biliary Tract Cancers. V2.2023. Revised May 10, 2023.
  - h. Bone Cancer. V3.2023. Revised April 4, 2023.
  - i. Central Nervous System Cancers. V1.2023. Revised March 24, 2023.
  - j. Cervical Cancer. V1.2023. Revised April 28, 2023.
  - k. Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma. V3.2023. Revised June 12, 2023.
  - I. Colon Cancer. V2.2023. Revised April 25, 2023.
  - m. Esophageal and Esophagogastric Junction Cancers. V2.2023. Revised March 10, 2023.

- n. Gastric Cancer. V1.2023. Revised March 10, 2023.
- o. Gestational Trophoblastic Neoplasia. V1.2023. Revised December 20, 2022.
- p. Neuroendocrine and Adrenal Tumors. V2.2022. Revised December 21, 2022.
- q. Occult Primary. V3.2023. Revised December 21, 2022.
- r. Ovarian Cancer Including Fallopian Tube Cancer and Primary Peritoneal Cancer. V2.2023. Revised June 2, 2023.
- s. Pancreatic Adenocarcinoma. V2.2023. Revised June 2, 2023.
- t. Pediatric Acute Lymphoblastic Leukemia. V2.2023. Revised March 10, 2023.
- u. Pediatric Aggressive Mature B-Cell Lymphomas. V1.2023. Revised April 4, 2023.
- v. Rectal Cancer. V3.2023. Revised May 26, 2023.
- w. Small Bowel Adenocarcioma. V1.2023. Revised January 9, 2023.
- x. T-Cell Lymphomas. V1.2023. Revised January 5, 2023.
- y. Thymomas and Thymic Carcinomas. V1.2023. Revised December 15, 2022.
- z. Waldenstrom Macroglobulinemia/Lymphoplasmacytic Lymphoma. V1.2023. Revised July 6, 2022.
- Tsimberidou AM, Kantarjian HM, et al. Fractionated cyclophosphamide, vincristine, liposomal daunorubicin, and dexamethasone plus rituximab and granulocyte-macrophage-colony stimulating factor (GM-CSF) alternating with methotrexate and cytarabine plus rituximab and GM-CSF in patients with Richter syndrome or fludarabine-refractory chronic lymphocytic leukemia. Cancer 2003; 97:1711-20.
- 7. Pappo AS, Bowman LC, et al. A phase II trial of high-dose methotrexate in previously untreated children and adolescents with high-risk unresectable or metastatic rhabdomyosarcoma. J Pediatr Hematol Oncol 1997;19:438-42.

Federal and state laws or requirements, contract language, and Plan utilization management programs or polices may take precedence over the application of this clinical criteria.

No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from the health plan.