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5.21.099

Section:	Prescription Drugs	**Effective Date:**	January 1, 2025
Subsection:	Antineoplastic Agents	**Original Policy Date:**	August 18, 2017
Subject:	Vyxeos	**Page:**	1 of 5

Last Review Date: December 13, 2024

Vyxeos

Description

Vyxeos (daunorubicin and cytarabine)

Background
Vyxeos is a cancer agent that is a liposomal combination of daunorubicin, an anthracycline topoisomerase inhibitor, and cytarabine, a nucleoside metabolic inhibitor. Vyxeos is indicated for the treatment of newly-diagnosed therapy-related acute myeloid leukemia (t-AML) or AML with myelodysplasia-related changes (AML-MRC) which is a rapidly progressing cancer that forms in the bone marrow and results in an increased number of abnormal white blood cells in the bloodstream and bone marrow. Therapy-related acute myeloid leukemia (t-AML) occurs as a complication of chemotherapy or radiation AML-MRC is characterized by a history of certain blood disorders and other significant mutations within cancer cells (1).

Regulatory Status
FDA-approved indication: Vyxeos is a liposomal combination of daunorubicin, an anthracycline topoisomerase inhibitor, and cytarabine, a nucleoside metabolic inhibitor, that is indicated for the treatment of newly-diagnosed therapy-related acute myeloid leukemia (t-AML) or AML with myelodysplasia-related changes (AML-MRC) in adults and pediatric patients 1 year and older (1).

Vyxeos has a boxed warning for not interchanging with other daunorubicin and/or cytarabine containing products (1).

Vyxeos contains the anthracycline daunorubicin, which has a known risk of cardiotoxicity. Prior therapy with anthracyclines, pre-existing cardiac disease, previous radiotherapy to the mediastinum, or concomitant use of cardiotoxic drugs may increase the risk of daunorubicin induced cardiac toxicity. Prior to administering Vyxeos, obtain an electrocardiogram (ECG) and assess cardiac function by multi-gated radionuclide angiography (MUGA) scan or echocardiography (ECHO) (1).

Reconstituted Vyxeos contains 5 mg/mL copper gluconate, of which 14% is elemental copper. The maximum theoretical total exposure of copper under the recommended Vyxeos dosing regimen is 106 mg/m^2. Monitor total serum copper, serum non-ceruloplasmin bound copper, 24-hour urine copper levels and serial neuropsychological examinations (1).

The safety and effectiveness of Vyxeos in pediatric patients less than 1 year of age have not been established (1).

Related policies

Policy

This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.

Vyxeos may be considered **medically necessary** if the conditions indicated below are met.

Vyxeos may be considered **investigational** for all other indications.

Prior-Approval Requirements

Age 1 year of age and older

Diagnoses

Patient must have **ONE** of the following:

1. Therapy-related acute myeloid leukemia (t-AML)
2. Acute myeloid leukemia with Myelodysplasia-related changes (AML-MRC)

AND ALL of the following:

a. Inadequate response, intolerance (high risk for relapse) or contraindication to the use of daunorubicin and cytarabine separately
b. Prescriber agrees **NOT** to interchange with other daunorubicin and/or cytarabine containing products
c. Prescriber agrees to do an electrocardiogram (ECG) and assess cardiac function by multi-gated radionuclide angiography (MUGA) scan or echocardiography (ECHO) prior to administering Vyxeos
d. Prescriber agrees to monitor complete blood counts and urine copper levels on a regular basis

Prior – Approval *Renewal* Requirements

Age 1 year of age and older

Diagnoses

Patient must have **ONE** of the following:

1. Therapy-related acute myeloid leukemia (t-AML)
2. Acute myeloid leukemia with Myelodysplasia-related changes (AML-MRC)

AND ALL of the following:

a. **NO** disease progression or unacceptable toxicity
b. Prescriber agrees **NOT** to interchange with other daunorubicin and/or cytarabine containing products
c. Prescriber agrees to monitor complete blood counts and urine copper levels on a regular basis

Policy Guidelines

Pre - PA Allowance

None

Prior - Approval Limits

Duration 12 months

Prior – Approval *Renewal* Limits

Same as above

Rationale

Summary

Vyxeos is indicated for the treatment of newly-diagnosed therapy-related acute myeloid leukemia (t-AML) or AML with myelodysplasia-related changes (AML-MRC) which is a rapidly progressing cancer that forms in the bone marrow and results in an increased number of abnormal white blood cells in the bloodstream and bone marrow. The safety and effectiveness of Vyxeos in pediatric patients less than 1 year of age have not been established (1).

Prior approval is required to ensure the safe, clinically appropriate, and cost-effective use of Vyxeos while maintaining optimal therapeutic outcomes.

References

1. Vyxeos [package insert]. Palo Alto, CA: Jazz Pharmaceuticals, Inc.; September 2022.
2. NCCN Drugs & Biologics Compendium® Daunorubicin/Cytarabine 2024. National Comprehensive Cancer Network, Inc. Accessed on October 3, 2024.

Policy History

Date	Action
August 2017	Addition to PA
September 2017	Annual review
December 2017	Annual editorial review Addition of prescriber agreeing to monitor complete blood counts and urine copper levels on a regular basis per SME
March 2018	Annual editorial review Clarification to add intolerance (high risk for relapse) or contraindication to the use of daunorubicin and cytarabine separately
June 2019	Annual review
June 2020	Annual review and reference update
April 2021	Age requirement reduced to 1 year and older from 18 and older
June 2021	Annual review and reference update

December 2022	Annual review and reference update. Changed policy number to 5.21.099
March 2023	Annual review and reference update
December 2023	Annual review and reference update
December 2024	Annual review and reference update

Keywords

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on December 13, 2024 and is effective on January 1, 2025.