Medical Policy:

Mylotarg® (gemtuzumab ozogamicin) Intravenous

POLICY NUMBER	LAST REVIEW	ORIGIN DATE
MG.MM.PH.56	March 17, 2025	

The treating physician or primary care provider must submit to EmblemHealth, or ConnectiCare, as applicable (hereinafter jointly referred to as "EmblemHealth"), the clinical evidence that the member meets the criteria for the treatment or surgical procedure. Without this documentation and information, EmblemHealth will not be able to properly review the request preauthorization or post-payment review. The clinical review criteria expressed below reflects how EmblemHealth determines whether certain services or supplies are medically necessary. This clinical policy is not intended to pre-empt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. Health care providers are expected to exercise their medical judgment in rendering appropriate care.

EmblemHealth established the clinical review criteria based upon a review of currently available clinical information (including clinical outcome studies in the peer reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). EmblemHealth expressly reserves the right to revise these conclusions as clinical information changes and welcomes further relevant information. Each benefit program defines which services are covered. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered and/or paid for by EmblemHealth, as some programs exclude coverage for services or supplies that EmblemHealth considers medically necessary.

If there is a discrepancy between this guideline and a member's benefits program, the benefits program will govern. Identification of selected brand names of devices, tests and procedures in a medical coverage policy is for reference only and is not an endorsement of any one device, test or procedure over another. In addition, coverage may be mandated by applicable legal requirements of a state, the Federal Government or the Centers for Medicare & Medicaid Services (CMS) for Medicare and Medicaid members. All coding and web site links are accurate at time of publication.

EmblemHealth may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. The MCG™ Care Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice. EmblemHealth Services Company, LLC, has adopted this policy in providing management, administrative and other services to EmblemHealth Plan, Inc., EmblemHealth Insurance Company, EmblemHealth Services Company, LLC, and Health Insurance Plan of Greater New York (HIP) related to health benefit plans offered by these entities. ConnectiCare, an EmblemHealth company, has also adopted this policy. All of the aforementioned entities are affiliated companies under common control of EmblemHealth Inc.

Definitions

Mylotarg (gemtuzumab ozogamicin) is a humanized CD33 directed monoclonal antibody-drug conjugate, which is composed of the IgG4 kappa antibody gemtuzumab linked to a cytotoxic calicheamicin derivative. The cytotoxic agent is a small molecule, N-acetyl gamma calicheamicin, and the antibody portion, hP67.6, recognizes human CD33 antigen. CD33 is expressed on leukemic cells in over 80% of patients with acute myeloid leukemia (AML). Gemtuzumab ozogamicin binds to the CD33 antigen and forms a complex that is internalized by the tumor cell. Once internalized, the calicheamicin derivative is released and activated, causing DNA double-strand breaks, cell cycle arrest, and apoptotic cell death.

Mylotarg (gemtuzumab ozogamicin) is indicated for the treatment of newly-diagnosed CD33-positive acute myeloid leukemia (AML) in patients 1 month of age or older, and for the treatment of relapsed or refractory CD33-positive AML in adults and pediatric patients 2 years of age or older.

Dosing Limits [Medical Benefit]

Max Units (per dose and over time):

AML:

- Induction: 135 billable units on Day 1, 90 billable units on Day 4, 90 billable units on Day 7 of a 28-day cycle (1 cycle only)
- Consolidation/Continuation: 225 billable units every 28 days

Guideline

Mylotarg (gemtuzumab ozogamicin) is considered medically necessary for the following indications when subsequent criteria are met:

1. **Newly diagnosed AML:**
   A. The patient is 1 month of age or older; **AND**
   B. The patient has CD33-positive disease

2. **Relapsed or refractory AML:**
   A. The patient is 2 years of age or older; **AND**
   B. The patient has CD33-positive disease

Coverage for Mylotarg (gemtuzumab ozogamicin) may be renewed for the following indications when subsequent criteria are met:

1. **Newly diagnosed AML:**
   A. Patient will receive no more than 8 cycles of continuation therapy; **AND**
   B. Disease response; **AND**
   C. Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include the following: severe infusion related reactions, hemorrhage, hepatotoxicity including hepatic veno-occlusive disease (VOD)/sinusoidal obstruction syndrome (SOS), tumor lysis syndrome, symptomatic QTc prolongation, etc.

Limitations/Exclusions

1. Approval will be granted for 1 month (1 cycle) for a diagnosis of relapsed or refractory AML, and may not be renewed
2. Approval will be granted for 6 months for newly diagnosed AML and may be renewed once

Applicable Procedure Codes

Code	Description
J9203	Injection, gemtuzumab ozogamicin, 0.1 mg

Applicable NDCs

Code	Description
00008-4510-01	Mylotarg 4.5mg Solution Reconstituted

ICD-10 Diagnoses

Code	Description
C92.00	Acute myeloblastic leukemia, not having achieved remission
C92.01	Acute myeloblastic leukemia, in remission
C92.02	Acute myeloblastic leukemia, in relapse

Revision History

Company(ies)	DATE	REVISION
EmblemHealth & ConnectiCare	3/17/2025	Annual Review: Updated dosing limits and ICD-10 codes. Initial criteria: Removed: "The patient has de novo disease AND Mylotarg (gemtuzumab ozogamicin) will be used in combination with daunorubicin and cytarabine; OR Mylotarg (gemtuzumab ozogamicin) will be used as a single agent" Renewal criteria: Newly diagnosed AML: Removed: "Patient does NOT have de novo disease; AND" Limitations/Exclusions Removed: "Approval will be granted for 3 months (3 cycles) for newly diagnosed de novo AML and may not be renewed"
EmblemHealth & ConnectiCare	2/1/2024	Annual Review: Updated dosing limits, no criteria changes
EmblemHealth & ConnectiCare	06/02/2023	Annual Review: added ICD-10 codes: C92.A0, C92.A1, C92.A2, C93.00, C93.01, C93.02 Newly diagnosed AML: removed "Patients with hyperleukocytosis (leukocyte count greater than or equal to 30 Gi/L) will undergo cytoreductive treatment prior to administration of Mylotarg (gemtuzumab ozogamicin); AND" Relasped or Refractory AML: removed: "Patients with hyperleukocytosis (leukocyte count greater than or equal to 30 Gi/L) will undergo cytoreductive treatment prior to administration of Mylotarg (gemtuzumab ozogamicin); AND Mylotarg (gemtuzumab ozogamicin) will be used as a single agent"
EmblemHealth & ConnectiCare	09/12/2022	Transferred policy to new template
EmblemHealth & ConnectiCare	11/01/2019	Under limitations/exclusions, updated second bullet point - Approval will be granted for 3 months (3 cycles) for newly diagnosed de novo AML and may not be renewed
EmblemHealth & ConnectiCare	6/23/2020	Updated age restriction to 1 month of age or older for New onset AML

References

1. Mylotarg™ [Product Information], Philadelphia, PA. Wyeth Pharmaceuticals Inc. Updated on September 1, 2017. Available at: https://www.accessdata.fda.gov/drugsatfda_docs/label/2017/761060lbl.pdf. Accessed on Nov 01, 2019.
2. National Cancer Institute (NCI). Available at: https://www.cancer.gov/types/leukemia/hp/adult-aml-treatment-pdq. Accessed on July 12, 2018
3. Adult Acute Myeloid Leukemia Treatment (PDQ®)–Health Professional Version. Modified January 20, 2017.
4. NCCN Clinical Practice Guidelines in Oncology© 2018 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: http://www.nccn.org. Accessed on Nov 01, 2019. Acute Myeloid Leukemia (V2.2020). Revised September 3, 2019.
5. Abaza Y, Kantarjian H, Garcia-Manero G, et al. Long-term outcome of acute promyelocytic leukemia treated with all-trans-retinoic acid, arsenic trioxide, and gemtuzumab. Blood. 2017; 129(10):1275-1283.