Policy Type: PA/SP Pharmacy Coverage Policy: EOCCO143

Description

Omacetaxine mepesuccinate (Synribo) is a reversible protein synthesis inhibitor which binds to the A-site cleft of the ribosomal subunit to interfere with chain elongation and inhibit protein synthesis. It acts independently of BCR-ABL1 kinase-binding activity, and has demonstrated activity against tyrosine kinase inhibitor-resistant BCR-ABL mutations.

Length of Authorization

- Initial: Six months
- Renewal: 12 months

Quantity Limits

Product Name	Dosage Form	Indication	Quantity Limit
omacetaxine mepesuccinate (Synribo)	3.5 mg vial	Chronic or accelerated phase CML	Initial: 28 vials/28 days Maintenance: 14 vials/28 days

Initial Evaluation

I. Omacetaxine mepesuccinate (Synribo) may be considered medically necessary when the following criteria below are met:
   A. Medication is prescribed by, or in consultation with, an oncologist or hematologist; **AND**
   B. Medication will not be used in combination with other oncologic medications (i.e., will be used as monotherapy); **AND**
   C. A diagnosis of **chronic myelogenous leukemia (CML)** when the following are met:
      1. CML is in chronic or accelerated phase; **AND**
      2. Member has a complete blood count preformed routinely during treatment; **AND**
      3. Treatment with at least TWO of the below tyrosine kinase inhibitors (TKI) has been ineffective, contraindicated, or not tolerated:
         i. imatinib (Gleevec)
         ii. bosutinib (Bosulif)
         iii. nilotinib (Tasigna)
         iv. dasatinib (Sprycel)

II. Omacetaxine mepesuccinate (Synribo) is considered investigational when used for all other conditions.

Renewal Evaluation

I. Member has received a previous prior authorization approval for this agent through this health plan; **AND**
II. Member is not continuing therapy based off being established on therapy through samples, manufacturer coupons, or otherwise. Initial policy criteria must be met for the member to qualify for renewal evaluation through this health plan; **AND**
III. Medication is prescribed by, or in consultation with, an oncologist or hematologist; **AND**
IV. Medication will not be used in combination with other oncologic medications (i.e., will be used as monotherapy); **AND**
V. Clinical documentation of response to treatment, such as stabilization of disease or decrease in tumor size or spread is provided

Supporting Evidence

I. Omacetaxine mepesuccinate (Synribo) is indicated for the treatment of chronic or accelerated phase CML in patients resistant and/or intolerant to at least two tyrosine kinase inhibitors.
II. Myelosuppression with Grade 3/4 neutropenia, thrombocytopenia, and anemia commonly occur; generally reversible, although may require treatment delay and/or a reduction in the number of treatment days with future cycles. Myelosuppression may rarely be fatal. Blood counts should be monitored in induction and maintenance cycles.
III. Non-hematologic toxicities include Grade 3 or 4 hyperglycemia. Avoid use of omacetaxine mepesuccinate (Synribo) in the setting of poorly controlled diabetes.
IV. Within the pivotal trial, disease progression was defined as reduction of cells expressing Philadelphia chromosome mutation, normalization of white blood cells, or until patient is no longer achieving clinical treatment benefit.
V. Dosing with omacetaxine mepesuccinate (Synribo) in the initial phase is 1.25 mg/m2 subcutaneously twice daily for 14 consecutive days every 28 days, over a 28-day cycle. This cycle is repeated at this dosing every 28 days until patients achieve a hematologic response. Following hematologic response, the maintenance dosing regimen is initiated, which is 1.25 mg/m2 subcutaneously twice daily for 7 consecutive days every 28 days, over a 28-day cycle.

Investigational or Not Medically Necessary Uses

I. There is limited to no evidence to support the use of omacetaxine mepesuccinate (Synribo) in any other condition.

References

1. Synribo [Prescribing Information]. North Wales, PA: Teva Pharmaceuticals USA Inc; November 2019.
2. Nicolini FE, Lipton JH, Kantarjian H, et al. Subcutaneous omacetaxine mepesuccinate in patients with chronic phase (CP) or accelerated phase (AP) chronic myeloid leukemia (CML) resistant/intolerant to two or three approved tyrosine-kinase inhibitors (TKIs) [abstract]. J Clin Oncol. 2012;30(suppl):abstract 6513.
3. Cortes J, Digumarti R, Parikh PM, et al. Phase 2 study of subcutaneous omacetaxine mepesuccinate for chronic-phase chronic myeloid leukemia patients resistant to or intolerant of tyrosine kinase inhibitors. Am J Hematol. 2013;88(5):350-4.
4. NCCN Clinical Practice Guideline in Oncology: Chronic Myeloid Leukemia. Version 2.2020. National Comprehensive Cancer Network. Available at https://www.nccn.org/professionals/physician_gls/PDF/cml.pdf. Updated September 25, 2019.

Policy Implementation/Update:

Date Created	February 2013
Date Effective	February 2013
Last Updated	December 2019
Last Reviewed	12/2019

Action and Summary of Changes	**Date**
Prior authorization criteria transitioned to policy format. Extend approval duration to six months for initial approvals and 12 months for renewals. Required agent be used as monotherapy and not in combination with other oncologic medications.	12/2019