SmartPA Criteria Proposal

Drug/Drug Class:	Gamifant Clinical Edit
First Implementation Date:	October 17, 2019
Revised Date:	November 2, 2023
Prepared for:	MO HealthNet
Prepared by:	MO HealthNet/Conduent
Criteria Status:	☒Existing Criteria ☐Revision of Existing Criteria ☐New Criteria

Executive Summary

Purpose: Ensure appropriate utilization and control of Gamifant® (emapalumab-lzsg) injection

Why Issue Selected: On November 20, 2018, Gamifant® (emapalumab-lzsg) injection was FDA approved for the treatment of adult and pediatric patients with primary hemophagocytic lymphohistiocytosis (HLH) with refractory, recurrent or progressive disease or intolerance with conventional HLH therapy. Primary HLH is a predominately pediatric, ultra-rare, rapidly progressive, hyperinflammatory syndrome caused by massive hyperproduction of interferon gamma that may lead to organ failure and death if not appropriately treated. Gamifant is a monoclonal antibody that binds to and neutralizes interferon gamma. It is the first and only FDA approved treatment specifically developed for primary HLH; steroids and chemotherapy are conventionally used off-label to treat HLH and decrease the body's overwhelming inflammatory response prior to hematopoietic stem-cell transplantation. Dexamethasone should be administered concomitantly with Gamifant. HLH affects 1 in 100,000 persons younger than 18 years. The manufacturer has indicated that fewer than 100 cases of HLH are diagnosed in the US each year. Due to Gamifant's highly specific indication, challenges in diagnosis, and place in therapy behind standard HLH therapies, MO HealthNet will impose criteria to ensure appropriate utilization.

Program-Specific Information:

Date Range FFS 4-1-22 to 3-31-23			
Drug	**Claims**	**Spend**	**Avg Spend per Claim**
GAMIFANT 10MG/2ML VIAL	0	-	-
GAMIFANT 50MG/10ML VIAL	0	-	-
GAMIFANT 100MG/20ML VIAL	0	-	-

Type of Criteria:
☐ **Increased risk of ADE**
☒ **Appropriate Indications**
☐ **Preferred Drug List**
☒ **Clinical Edit**

Data Sources:
☐ **Only Administrative Databases**
☒ **Databases + Prescriber-Supplied**

Setting & Population

- Drug class for review: Gamifant® (emapalumab-lzsg) injection
- Age range: All appropriate MO HealthNet participants

Approval Criteria

Initial Therapy:

- Diagnosis of primary hemophagocytic lymphohistiocytosis based on a molecular diagnosis **or** family history consistent with primary HLH **or** if no diagnosis then 5 out of the following 8 criteria fulfilled:
  - Fever
  - Splenomegaly
  - Cytopenias affecting 2 of 3 lineages in the peripheral blood: hemoglobin < 9, platelets < 100 x 10^9/L, neutrophils <1 x 10^9/L
  - Hypertriglyceridemia (fasting triglycerides > 3 mmol/L or ≥ 265 mg/dL) and/or hypofibrinogenemia (≤1.5 g/L)
  - Hemophagocytosis in bone marrow, spleen, or lymph nodes with no evidence of malignancy
  - Low or absent NK-cell activity
  - Ferritin ≥ 500 mcg/L
  - Soluble CD 25 ≥ 2400 U/mL
- Administered concomitantly with dexamethasone **AND**
- Refractory, recurrent, or progressive disease with conventional HLH therapy **or** intolerance to conventional HLH therapy **AND**
- Participant does not have active infections caused by specific pathogens favored by interferon gamma neutralization (e.g., mycobacteria and Histoplasma Capsulatum) **AND**
- Demonstration of need required for dosages ≥ 6mg/kg per assessment by provider and at least one of the following:
  - Persistent or recurrent fever
  - Platelet count
    - baseline < 50,000/mm^3 and no improvement to >50,000/mm^3
    - baseline > 50,000/mm^3 and less than 30% improvement
    - baseline > 100,000/mm^3 and decrease to < 100,000/mm^3
  - Neutrophil count
    - baseline < 500/mm^3 and no improvement to > 500/mm^3
    - baseline > 500 - 1000/mm^3 and decrease to < 500/mm^3
    - baseline 1000 - 1500/mm^3 and decrease to < 1000/mm^3
  - Ferritin
    - baseline ≥ 3000 ng/mL and < 20% decrease
    - baseline < 3000 ng/mL and any increase to > 3000 ng/mL
  - Worsening splenomegaly
  - Coagulopathy (both D-Dimer and Fibrinogen must apply)
    - D-Dimer: abnormal at baseline and no improvement
    - Fibrinogen:
      - baseline levels ≤ 100 mg/dL and no improvement
      - baseline levels > 100 mg/dL and any decrease to < 100 mg/dL

Continuation of Therapy:

- Initial approval of prior authorization is 3 months
- Reassessment after the first initial 8 weeks of therapy demonstrating stabilization of disease or absence of disease progression as defined by improvement in 3 or more of the criteria listed above for diagnosis is required for renewal of prior authorization at 12 weeks

Denial Criteria

- Therapy will be denied if all approval criteria are not met.

Required Documentation

Laboratory Results:	X	Progress Notes:	
MedWatch Form:		Other:	X

Disposition of Edit

Denial: Exception code “0682” (Clinical Edit)
Rule Type: CE

Default Approval Period

3 months

References

- GAMIFANT® (emapalumab-lzsg) injection [package insert]. Waltham, MA: Sobi Inc; May 2022.
- IPD Analytics. Rx Insights New Drug Approval Review: Gamifant. November 2018
- A Study to Investigate the Safety and Efficacy of an Anti-IFNy mAb in Children Affected by Primary Haemophagocytic Lymphohistiocytosis. U.S. National Library of Medicine. https://clinicaltrials.gov/ct2/show/NCT01818492. Accessed May 16, 2022.