

## Folotyn® (pralatrexate) (Intravenous)

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### I. Length of Authorization

Coverage will be provided for 6 months and may be renewed.

### II. Dosing Limits

#### A. Quantity Limit (max daily dose) [NDC unit]:

- 480 mg every 49 days

#### B. Max Units (per dose and over time) [HCPCS Unit]:

All indications

- 80 billable units weekly x 6 doses in a 7-week cycle

### III. Initial Approval Criteria <sup>1</sup>

Coverage is provided in the following conditions:

- Patient is at least 18 years of age; **AND**

#### Adult T-Cell Leukemia/Lymphoma ‡ <sup>2</sup>

- Used as subsequent therapy as a single agent in patients who did not respond to first-line therapy for acute or lymphoma subtypes

#### Mycosis Fungoides/Sezary Syndrome ‡ <sup>2</sup>

- Patient does NOT have stage IA-IIA disease with B1 bloodinvolvement

#### Hepatosplenic Gamma-Delta T-Cell Lymphoma ‡ <sup>2</sup>

- Used as a single agent as subsequent therapy; **AND**
- Used for disease that is refractory to two previous first-line therapy regimens

#### Breast Implant-Associated Anaplastic Large Cell Lymphoma (ALCL) ‡ <sup>2</sup>

- Used as subsequent therapy; **AND**
- Used as single agent therapy for relapsed or refractory disease

### Extranodal NK/T-Cell Lymphoma ‡ <sup>2</sup>

- Patient has nasal type disease; **AND**
- Used as single agent therapy for relapsed or refractory disease; **AND**
- Used as subsequent treatment following additional therapy with an alternate asparaginase-based combination chemotherapy regimen that was not previously used

### Peripheral T-Cell Lymphoma (PTCL) † $\Phi$ <sup>1,2</sup>

- Used as a single agent for relapsed or refractory disease; **AND**
- Patient has one of the following PTCL sub-types:
  - Anaplastic large cell lymphoma
  - Peripheral T-cell lymphoma not otherwise specified
  - Angioimmunoblastic T-cell lymphoma
  - Enteropathy-associated T-cell lymphoma
  - Monomorphic epitheliotropic intestinal T-Cell lymphoma
  - Nodal peripheral T-Cell lymphoma with TFH phenotype
  - Follicular T-Cell lymphoma

### Primary Cutaneous CD30+ T-Cell Lymphoproliferative Disorders ‡ <sup>2</sup>

- Used as a single agent as primary treatment or for relapsed or refractory disease; **AND**
  - Patient has primary cutaneous anaplastic large cell lymphoma (ALCL) with multifocal lesions; **OR**
  - Patient has cutaneous ALCL with regional node (N1) (*NOTE: excludes systemic ALCL*)

† FDA Approved Indication(s); ‡ Compendia recommended indication(s);  $\Phi$  Orphan Drug

## IV. Renewal Criteria <sup>1</sup>

Coverage can be renewed based upon the following criteria:

- Patient continues to meet indication-specific relevant criteria such as concomitant therapy requirements (not including prerequisite therapy), performance status, etc. identified in section III; **AND**
- Disease response with treatment as defined by stabilization of disease or decrease in size of tumor or tumor spread; **AND**
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: myelosuppression (e.g., neutropenia, anemia, and/or thrombocytopenia), mucositis, severe dermatologic reactions, tumor lysis syndrome (TLS), increased risk of toxicity (e.g., toxic epidermal necrolysis, mucositis, etc.) in patients with severe renal impairment, hepatic toxicity, etc.

## V. Dosage/Administration <sup>1,4-7</sup>

Indication	Dose
Peripheral T-Cell Lymphoma (PTCL)	30 mg/m <sup>2</sup> intravenously once weekly x 6 doses in 7 week cycles until progressive disease or unacceptable toxicity.
All Other Indications	15 mg/m <sup>2</sup> intravenously once weekly x 3 doses in 4 week cycles until progressive disease or unacceptable toxicity. -OR- 30 mg/m <sup>2</sup> intravenously once weekly x 6 doses in 7 week cycles until progressive disease or unacceptable toxicity.

## VI. Billing Code/Availability Information

### HCPSC Code:

- J9307: injection, pralatrexate, 1 mg; 1 billable unit = 1 mg.

### NDC:

- Folutyn 20 mg/mL solution for injection, single-dose vial: 72893-0003-xx
- Folutyn 40 mg/2 mL solution for injection, single-dose vial: 72893-0005-xx

## VII. References

1. Folutyn [package insert]. East Windsor, NJ; Acrotech Biopharma LLC, September 2020. Accessed November 2021.
2. Referenced with permission from the NCCN Drugs and Biologics Compendium (NCCN Compendium<sup>®</sup>) pralatrexate. National Comprehensive Cancer Network, 2021. The NCCN Compendium<sup>®</sup> is a derivative work of the NCCN Guidelines<sup>®</sup>. NATIONAL COMPREHENSIVE CANCER NETWORK<sup>®</sup>, NCCN<sup>®</sup>, and NCCN GUIDELINES<sup>®</sup> are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Compendium, go online to NCCN.org. Accessed November 2021.
3. O'Connor OA, Pro B, Pinter-Brown L, et al. Pralatrexate in patients with relapsed or refractory peripheral T-cell lymphoma: results from the pivotal PROPEL study. J Clin Oncol. 2011 Mar 20;29(9):1182-9. doi: 10.1200/JCO.2010.29.9024. Epub 2011 Jan 18.
4. Foss F, Horwitz SM, Coiffier B, et al. Pralatrexate is an effective treatment for relapsed or refractory transformed mycosis fungoides: a subgroup efficacy analysis from the PROPEL study. Clin Lymphoma Myeloma Leuk. 2012 Aug;12(4):238-43. doi: 10.1016/j.clml.2012.01.010. Epub 2012 Apr 26.
5. Horwitz SM, Kim YH, Foss F, et al. Identification of an active, well-tolerated dose of pralatrexate in patients with relapsed or refractory cutaneous T-cell lymphoma. Blood. 2012 May 3;119(18):4115-22. doi: 10.1182/blood-2011-11-390211. Epub 2012 Mar 6.

6. Lunning MA, Gonsky J, Ruan J, et al. Pralatrexate in Relapsed/Refractory HTLV-1 Associated Adult T-Cell Lymphoma/Leukemia: A New York City Multi-Institutional Experience. *Blood* 120(21):2735-2735. November 2012.
7. Talpur R, Thompson A, Gangar P et al. Pralatrexate alone or in combination with bexarotene: long-term tolerability in relapsed/refractory mycosis fungoides. *Clin Lymphoma Myeloma Leuk*. 2014 Aug;14(4):297-304. doi: 10.1016/j.clml.2014.01.010. Epub 2014 Feb 4.

## Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
C84.00	Mycosis fungoides, unspecified site
C84.01	Mycosis fungoides, lymph nodes of head, face, and neck
C84.02	Mycosis fungoides, intrathoracic lymph nodes
C84.03	Mycosis fungoides, intra-abdominal lymph nodes
C84.04	Mycosis fungoides, lymph nodes of axilla and upper limb
C84.05	Mycosis fungoides, lymph nodes of inguinal region and lower limb
C84.06	Mycosis fungoides, intrapelvic lymph nodes
C84.07	Mycosis fungoides, spleen
C84.08	Mycosis fungoides, lymph nodes of multiple sites
C84.09	Mycosis fungoides, extranodal and solid organ sites
C84.10	Sézary disease, unspecified site
C84.11	Sézary disease, lymph nodes of head, face, and neck
C84.12	Sézary disease, intrathoracic lymph nodes
C84.13	Sézary disease, intra-abdominal lymph nodes
C84.14	Sézary disease, lymph nodes of axilla and upper limb
C84.15	Sézary disease, lymph nodes of inguinal region and lower limb
C84.16	Sézary disease, intrapelvic lymph nodes
C84.17	Sézary disease, spleen
C84.18	Sézary disease, lymph nodes of multiple sites
C84.19	Sézary disease, extranodal and solid organ sites
C84.40	Peripheral T-cell lymphoma, not classified, unspecified site
C84.41	Peripheral T-cell lymphoma, not classified, lymph nodes of head, face, and neck
C84.42	Peripheral T-cell lymphoma, not classified, intrathoracic lymph nodes
C84.43	Peripheral T-cell lymphoma, not classified, intra-abdominal lymph nodes
C84.44	Peripheral T-cell lymphoma, not classified, lymph nodes of axilla and upper limb
C84.45	Peripheral T-cell lymphoma, not classified, lymph nodes of inguinal region and lower limb
C84.46	Peripheral T-cell lymphoma, not classified, intrapelvic lymph nodes

ICD-10	ICD-10 Description
C84.47	Peripheral T-cell lymphoma, not classified, spleen
C84.48	Peripheral T-cell lymphoma, not classified, lymph nodes of multiple sites
C84.49	Peripheral T-cell lymphoma, not classified, extranodal and solid organ sites
C84.60	Anaplastic large cell lymphoma, ALK-positive, unspecified site
C84.61	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of head, face, and neck
C84.62	Anaplastic large cell lymphoma, ALK-positive, intrathoracic lymph nodes
C84.63	Anaplastic large cell lymphoma, ALK-positive, intra-abdominal lymph nodes
C84.64	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of axilla and upper limb
C84.65	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of inguinal region and lower limb
C84.66	Anaplastic large cell lymphoma, ALK-positive, intrapelvic lymph nodes
C84.67	Anaplastic large cell lymphoma, ALK-positive, spleen
C84.68	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of multiple sites
C84.69	Anaplastic large cell lymphoma, ALK-positive, extranodal and solid organ sites
C84.70	Anaplastic large cell lymphoma, ALK-negative, unspecified site
C84.71	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of head, face, and neck
C84.72	Anaplastic large cell lymphoma, ALK-negative, intrathoracic lymph nodes
C84.73	Anaplastic large cell lymphoma, ALK-negative, intra-abdominal lymph nodes
C84.74	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of axilla and upper limb
C84.75	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of inguinal region and lower limb
C84.76	Anaplastic large cell lymphoma, ALK-negative, intrapelvic lymph nodes
C84.77	Anaplastic large cell lymphoma, ALK-negative, spleen
C84.78	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of multiple sites
C84.79	Anaplastic large cell lymphoma, ALK-negative, extranodal and solid organ sites
C84.90	Mature T/NK-cell lymphomas, unspecified, unspecified site
C84.91	Mature T/NK-cell lymphomas, unspecified, lymph nodes of head, face and neck
C84.92	Mature T/NK-cell lymphomas, unspecified, intrathoracic lymph nodes
C84.93	Mature T/NK-cell lymphomas, unspecified, intra-abdominal lymph nodes
C84.94	Mature T/NK-cell lymphomas, unspecified, lymph nodes of axilla and upper limb
C84.95	Mature T/NK-cell lymphomas, unspecified, lymph nodes of inguinal region and lower limb
C84.96	Mature, T/NK-cell lymphomas, unspecified, intrapelvic lymph nodes
C84.97	Mature T/NK-cell lymphomas, unspecified, spleen
C84.98	Mature T/NK-cell lymphomas, unspecified, lymph nodes of multiple sites
C84.99	Mature T/NK-cell lymphomas, unspecified, extranodal and solid organ sites
C84.Z0	Other mature T/NK-cell lymphomas, unspecified site
C84.Z1	Other mature T/NK-cell lymphomas, lymph nodes of head, face and neck
C84.Z2	Other mature T/NK-cell lymphomas, intrathoracic lymph nodes

ICD-10	ICD-10 Description
C84.Z3	Other mature T/NK-cell lymphomas, intra-abdominal lymph nodes
C84.Z4	Other mature T/NK-cell lymphomas, lymph nodes of axilla and upper limb
C84.Z5	Other mature T/NK-cell lymphomas, lymph nodes of inguinal region and lower limb
C84.Z6	Other mature T/NK-cell lymphomas, intrapelvic lymph nodes
C84.Z7	Other mature T/NK-cell lymphomas, spleen
C84.Z8	Other mature T/NK-cell lymphomas, lymph nodes of multiple sites
C84.Z9	Other mature T/NK-cell lymphomas, extranodal and solid organ sites
C86.0	Extranodal NK/T-cell lymphoma nasal type
C86.1	Hepatosplenic T-cell lymphoma
C86.2	Enteropathy-type (intestinal) T-cell lymphoma
C86.5	Angioimmunoblastic T-cell lymphoma
C86.6	Primary cutaneous CD30-positive T-cell proliferations
C91.50	Adult T-cell lymphoma/leukemia (HTLV-1-associated) not having achieved remission
C91.52	Adult T-cell lymphoma/leukemia (HTLV-1-associated) , in remission

## Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD), Local Coverage Article (LCAs) and Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. They can be found at: <https://www.cms.gov/medicare-coverage-database/search.aspx>. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD/Article): N/A

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	Applicable State/US Territory	Contractor
E (1)	CA, HI, NV, AS, GU, CNMI	Noridian Healthcare Solutions, LLC
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC
5	KS, NE, IA, MO	Wisconsin Physicians Service Insurance Corp (WPS)
6	MN, WI, IL	National Government Services, Inc. (NGS)
H (4 & 7)	LA, AR, MS, TX, OK, CO, NM	Novitas Solutions, Inc.
8	MI, IN	Wisconsin Physicians Service Insurance Corp (WPS)
N (9)	FL, PR, VI	First Coast Service Options, Inc.
J (10)	TN, GA, AL	Palmetto Government Benefit Administrators, LLC
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA, LLC
L (12)	DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in VA)	Novitas Solutions, Inc.
K (13 & 14)	NY, CT, MA, RI, VT, ME, NH	National Government Services, Inc. (NGS)

**Medicare Part B Administrative Contractor (MAC) Jurisdictions**

<b>Jurisdiction</b>	<b>Applicable State/US Territory</b>	<b>Contractor</b>
15	KY, OH	CGS Administrators, LLC