

**Generic Name:** Topotecan

**Therapeutic Class or Brand Name:** Hycamtin®

**Applicable Drugs (if Therapeutic Class):** N/A

**Preferred:** N/A

**Non-preferred:** N/A

**Date of Origin:** 2/1/2013

**Date Last Reviewed / Revised:** 6/24/2024

## PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria I through VI are met)

- I. Documented diagnosis of relapsed small cell lung cancer.
- II. Patient has relapsed after a complete or partial response at least 45 days from the end of first-line chemotherapy.
- III. Minimum age requirement: 18 years old.
- IV. Treatment must be prescribed by or in consultation with an oncologist.
- V. Request is for a medication with the appropriate FDA labeling, or its use is supported by current clinical practice guidelines.
- VI. Refer to plan document for the list of preferred products. If requested agent is not listed as a preferred product, must have a documented failure, intolerance, or contraindication to the preferred product(s).

## EXCLUSION CRITERIA

- N/A

## OTHER CRITERIA

- N/A

## QUANTITY / DAYS SUPPLY RESTRICTIONS

- The recommended dose of Hycamtin® capsules is 2.3 mg/m<sup>2</sup>/day once daily for 5 consecutive days repeated every 21 days. The calculated oral daily dose should be rounded to the nearest 0.25 mg, and the minimum number of 1 mg and 0.25 mg capsules should be prescribed. The same number of capsules should be prescribed for each of the 5 dosing days. The quantity is limited to a maximum of a 30-day supply per fill.

## APPROVAL LENGTH

- **Authorization:** 1 year

- **Re-Authorization:** An updated letter of medical necessity or progress notes showing current medical necessity criteria are met and that the medication is effective.

## APPENDIX

N/A

## REFERENCES

1. Hycamtin. Prescribing information. Novartis Pharmaceuticals; 2018. Accessed June 24, 2024. 18, 2023. [https://www.novartis.com/us-en/sites/novartis\\_us/files/hycamtin\\_caps.pdf](https://www.novartis.com/us-en/sites/novartis_us/files/hycamtin_caps.pdf).
2. NCCN Clinical Practice Guidelines in Oncology: Small Cell Lung Cancer V.3.2024. Updated June 11, 2024. Accessed June 24, 2024. [https://www.nccn.org/professionals/physician\\_gls/pdf/sclc.pdf](https://www.nccn.org/professionals/physician_gls/pdf/sclc.pdf).

**DISCLAIMER:** Medication Policies are developed to help ensure safe, effective and appropriate use of selected medications. They offer a guide to coverage and are not intended to dictate to providers how to practice medicine. Refer to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgement in providing the most appropriate care for their patients.