

SPECIALTY GUIDELINE MANAGEMENT

HYCAMTIN CAPSULES (topotecan)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

A. FDA-Approved Indication

Hycamtin capsules are indicated for the treatment of relapsed small cell lung cancer (SCLC) in patients with a prior complete or partial response and who are at least 45 days from the end of first-line chemotherapy.

B. Compendial Use
SCLC

All other indications are considered experimental/investigational and are not a covered benefit.

II. CRITERIA FOR INITIAL APPROVAL

Small cell lung cancer (SCLC)

Authorization of 12 months may be granted for treatment of SCLC.

III. CONTINUATION OF THERAPY

All members (including new members) requesting authorization for continuation of therapy must meet all initial authorization criteria.

IV. REFERENCES

1. Hycamtin Capsules [package insert]. East Hanover, NJ: Novartis Pharmaceuticals Corp ; June 2015.
2. The NCCN Drugs & Biologics Compendium® © 2017 National Comprehensive Cancer Network, Inc. Available at: <http://www.nccn.org>. Accessed February 27, 2017.
3. The NCCN Clinical Practice Guidelines in Oncology® Small Cell Lung Cancer (Version 3.2017). © 2017 National Comprehensive Cancer Network, Inc. <http://www.nccn.org>. Accessed February 27, 2017.