

Market Applicability/Effective Date															
Market	FL & FHK	FL MMA	FL LTC	GA	IND	KS	KY	LA	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	NA	NA	X	X	NA	X	X	X	X	X	X	NA	NA	X

*FHK- Florida Healthy Kids

Hycamtin (topotecan) capsules

Override(s)	Approval Duration
Prior Authorization	1 year

Medications	Quantity Limit
Hycamtin (topotecan) capsules	N/A

APPROVAL CRITERIA

Requests for Hycamtin (topotecan) capsules may be approved for the following indications, when accompanying criteria are met:

- I. Relapsed small cell lung cancer (SCLC).

Note: Hycamtin (topotecan) capsules have a black box warning regarding the potential for dose limiting toxicity of bone marrow suppression including neutropenia and thrombocytopenia. Because of this, Hycamtin should be administered only to individuals with adequate bone marrow reserves as defined as a baseline neutrophil count of greater than or equal to 1,500 cells/mm³ and platelet count greater than or equal to 100,000 cells/mm³. Frequent monitoring of peripheral blood cell counts should be instituted during treatment.

State Specific Mandates		
N/A	N/A	N/A

Key References:

Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2015. URL: <http://www.clinicalpharmacology.com>. Updated periodically.

DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed April 21, 2015.

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

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Applicable	X	NA	NA	X	X	NA	X	X	X	X	X	X	NA	NA	X

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DrugPoints® System (electronic version). Truven Health Analytics, Greenwood Village, CO. Updated periodically.

Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2015; Updated periodically.

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WEB-PEC-0434-16