Medical Policy

Pepaxto® (melphalan flufenamide)	
MEDICAL POLICY NUMBER	Med_Clin_Ops_072
CURRENT VERSION EFFECTIVE DATE	January 1, 2024
APPLICABLE PRODUCT AND MARKET	*Individual Family Plan:* All Plans *Small Group*: All Plans *Medicare Advantage:* All Plans

Brand New Day/Central Health Medicare Plan develops policies and makes coverage determinations using credible scientific evidence including but not limited to MCG™ Health Guidelines, the ASAM Criteria™, and other third party sources, such as peer-reviewed medical literature generally recognized by the relevant medical community, physician specialty society recommendations, and expert opinion as relevant to supplement those sources. Brand New Day/Central Health Medicare Plan Medical Policies, MCG™ Guidelines, and the ASAM Criteria™ are not intended to be used without the independent clinical judgment of a qualified health care provider considering the individual circumstances of each member's case. The treating health care providers are solely responsible for diagnosis, treatment, and medical advice. Members may contact Brand New Day/Central Health Medicare Plan Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions about this Brand New Day/Central Health Medicare Plan Medical Policy may contact the Health Plan. Brand New Day/Central Health Medicare Plan policies and practices are compliant with federal and state requirements, including mental health parity laws.

If there is a difference between this policy and the member specific plan document, the member benefit plan document will govern. For Medicare Advantage members, Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), govern. Refer to the CMS website at http://www.cms.gov for additional information.

Brand New Day/Central Health Medicare Plan medical policies address technology assessment of new and emerging treatments, devices, drugs, etc. They are developed to assist in administering plan benefits and do not constitute an offer of coverage nor medical advice. Brand New Day/Central Health Medicare Plan medical policies contain only a partial, general description of plan or program benefits and do not constitute a contract. Brand New Day/Central Health Medicare Plan does not provide health care services and, therefore, cannot guarantee any results or outcomes. Treating providers are solely responsible for medical advice and treatment of members. Our medical policies are updated based on changes in the evidence and healthcare coding and therefore are subject to change without notice. CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). MCG™ and Care Guidelines® are trademarks of MCG Health, LLC (MCG).

PURPOSE

To promote consistency between reviewers in clinical coverage decision-making by providing the criteria that generally determine the medical necessity of Pepaxto® (melphalan flufenamide) therapy.

POLICY/CRITERIA

Prior Authorization and Medical Review is required.

Coverage for Pepaxto will be provided for 12 months and may be renewed.

1. Patient is 18 years of age or older; **AND**
2. Pepaxto is prescribed by, or in consultation with, an oncologist; **AND**
3. Patient has a documented diagnosis of multiple myeloma; **AND**
4. Patient has relapsed or refractory disease; **AND**
5. Patient has received at least four prior lines of systemic chemotherapy; **AND**
6. Patient's disease is refractory to **at least one of each** of the following therapies:
    a. Proteasome inhibitor (e.g., Velcade [bortezomib], Kyprolis [carfilzomib], Ninlaro

[ixazomib]); **AND**

b. Immunomodulatory agent (e.g., Revlimid [lenalidomide], Pomalyst [pomalidomide], Thalomid [thalidomide]); **AND**
c. CD38-directed monoclonal antibody (e.g., Darzalex [daratumumab], Darzalex Faspro [daratumumab and hyaluronidase-fihj], or Sarclisa [isatuximab-irfc]); **AND**

7. Pepaxto will be administered in combination with dexamethasone.

LIMITATIONS/EXCLUSIONS

1. Any indication other than those listed above due to insufficient evidence of therapeutic value
2. Patients with a history of serious hypersensitivity reaction to melphalan flufenamide or melphalan
3. Use as a conditioning regimen for transplant outside of controlled clinical trials

BACKGROUND

PEPAXTO is indicated in combination with dexamethasone for the treatment of adult patients with relapsed or refractory multiple myeloma who have received at least four prior lines of therapy and whose disease is refractory to at least one proteasome inhibitor, one immunomodulatory agent, and one CD38-directed monoclonal antibody.

This indication is approved under accelerated approval based on response rate. Continued approval for this indication may be contingent upon verification and description of clinical benefit in confirmatory trial(s).

DEFINITIONS

1. PEPAXTO® (melphalan flufenamide) for injection, for intravenous use. Initial U.S. Approval: 2021
    a. PEPAXTO is a white to off-white lyophilized powder for reconstitution (after reconstitution the solution is clear and colorless to light yellow) supplied in a 50 mL single dose vial containing 20 mg melphalan flufenamide.
    b. Each 20 mg vial is packaged in a single carton (NDC 73657-020-01).

CODING

Applicable NDC Codes	
73657-0020-01	Pepaxto (melphalan flufenamide) 20 mg/50 ml single-dose vial

Applicable Procedure Code	
J3490	Unclassified drugs (When utilized for Pepaxto [melphalan flufenamide])
J9999	Not otherwise classified, antineoplastic drugs

Applicable ICD-10 Codes

C90	Multiple myeloma and malignant plasma cell neoplasms
C90.0	Multiple myeloma
C90.00	Multiple myeloma not having achieved remission
C90.02	Multiple myeloma in relapse

EVIDENCE BASED REFERENCES

1. Product Information: PEPAXTO(R) intravenous injection, melphalan flufenamide intravenous injection. Oncopeptides Inc (per FDA), Waltham, MA, 2021.

POLICY HISTORY

Original Effective Date	July 19, 2021
Revised Date	• November 1, 2021 - Added J-Code (J9247): Injection, melphalan flufenamide, 1mg. Effective date: 10/01/2021 • November 8, 2022 – Annual Review and approval (no policy revisions made) • March 01, 2023 – Adopted by MA UMC (no policy revisions made) • January 1, 2024 - Updated to Brand New Day/Central Health Medicare Plan (no policy revisions made)
Approval Body	Pharmacy and Therapeutics Committee

Approved by Pharmacy and Therapeutics 11/8/2022