

Clinical Policy Title:	Iomustine
Policy Number:	RxA.836
Drug(s) Applied:	Gleostine®
Original Policy Date:	10/11/2024
Last Review Date:	12/05/2024
Line of Business Policy Applies to:	All lines of business (except Medicare)

Criteria

I. Initial Approval Criteria

A. Brain Tumors (must meet all):

1. Diagnosis of primary and metastatic brain tumor

Patient has already received surgical or radiotherapeutic procedures **Approval Duration**

All Lines of Business (except Medicare): 12 months

B. Hodgkin's Lymphoma (must meet all):

1. Diagnosis of Hodgkin's lymphoma;

Prescribed in combination with other agents for the treatment of Hodgkin disease in patients who have relapsed during or failed to respond to primary therapy **Initial Approval Duration**

All Lines of Business (except Medicare): 12 months

II. Continued Therapy Approval

A. All Indications in Section I (must meet all):

1. Auto-approval based on lookback functionality within the past 120 days as a proxy for member responding positively to therapy.

Approval Duration

All Lines of Business (except Medicare): 12 months

References

1. Gleostine Prescribing Information. NextSource Biotechnology, LLC. Available at: <https://dailymed.nlm.nih.gov/dailymed/fda/fdaDrugXsl.cfm?setid=7f77526b-4c40-409c-82ea-d0f934d89cc2&type=display> . Accessed October 11, 2024.

Review/Revision History	Review/Revision Date	P&T Approval Date
Policy established.	10/11/2024	12/05/2024

This clinical policy has been developed to authorize, modify, or determine coverage for individuals with similar conditions. Specific care and treatment may vary depending on individual need and benefits covered by the plan. This policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. This document may contain prescription brand name drugs that are trademarks of pharmaceutical manufacturers that are not affiliated with RxAdvance.