

Clinical Policy Title:	topotecan
Policy Number:	RxA.838
Drug(s) Applied:	Hycamtin®
Original Policy Date:	10/11/2024
Last Review Date:	12/11/2025
Line of Business Policy Applies to:	All lines of business (except Medicare)

Criteria

I. Initial Approval Criteria

A. Small Cell Lung Cancer (must meet all):

1. Diagnosis of relapsed small cell lung cancer in patients with a prior complete or partial response and who are at least 45 days from the end of first-line chemotherapy

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. Hycamtin Prescribing Information. East Hanover, NJ: Novartis; October 2019. Available at: <https://dailymed.nlm.nih.gov/dailymed/fda/fdaDrugXsl.cfm?setid=eeee060c-a9ec-423e-a374-8484009f8524&type=display> . Accessed October 11, 2024.

Review/Revision History	Review/Revision Date	P&T Approval Date
Policy established.	10/11/2024	12/05/2024
Policy reviewed.	12/11/2025	12/11/2025

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.