Drug Policy:

Trisenox™ (arsenic trioxide)

POLICY NUMBER UM ONC_1069	**SUBJECT** Trisenox™ (arsenic trioxide)	**DEPT/PROGRAM** UM Dept	**PAGE 1 OF 2**
DATES COMMITTEE REVIEWED 07/14/21	**APPROVAL DATE** July 14, 2021	**EFFECTIVE DATE** July 30, 2021	**COMMITTEE APPROVAL DATES** 07/14/21
PRIMARY BUSINESS OWNER: UM		**COMMITTEE/BOARD APPROVAL** Utilization Management Committee	
URAC STANDARDS HUM 1	**NCQA STANDARDS** UM 2	**ADDITIONAL AREAS OF IMPACT**	
CMS REQUIREMENTS	**STATE/FEDERAL REQUIREMENTS**	**APPLICABLE LINES OF BUSINESS** Commercial, Exchange, Medicaid	

I. PURPOSE

To define and describe the accepted indications for Trisenox (arsenic trioxide) usage in the treatment of cancer, including FDA approved indications, and off-label indications.

New Century Health (NCH) is responsible for processing all medication requests from network ordering providers. Medications not authorized by NCH may be deemed as not approvable and therefore not reimbursable.

The use of this drug must be supported by one of the following: FDA approved product labeling, CMS-approved compendia, National Comprehensive Cancer Network (NCCN), American Society of Clinical Oncology (ASCO) clinical guidelines, or peer-reviewed literature that meets the requirements of the CMS Medicare Benefit Policy Manual Chapter 15.

II. INDICATIONS FOR USE/INCLUSION CRITERIA

A. PREFERRED MEDICATION GUIDANCE FOR INITIAL REQUEST:

1. When health plan Medicaid coverage provisions—including any applicable PDLs (Preferred Drug Lists)—conflict with the coverage provisions in this drug policy, health plan Medicaid coverage provisions take precedence per the Preferred Drug Guidelines OR
2. When health plan Exchange coverage provisions-including any applicable PDLs (Preferred Drug Lists)-conflict with the coverage provisions in this drug policy, health plan Exchange coverage provisions take precedence per the Preferred Drug Guidelines OR

3. For Health Plans that utilize NCH UM Oncology Clinical Policies as the initial clinical criteria, the Preferred Drug Guidelines shall follow NCH L1 Pathways when applicable, otherwise shall follow NCH drug policies AND
4. Continuation requests of previously approved, non-preferred medication are not subject to this provision AND
5. When applicable, generic alternatives are preferred over brand-name drugs.

B. Acute Promyelocytic Leukemia (APL)

1. Trisenox (arsenic trioxide) may be used for the treatment of members with Acute Promyelocytic Leukemia (APL)-regardless of the APL Risk Category-as induction and/or consolidation therapy, either as a single agent OR in combination with one or more of the following agents: ATRA (all-trans-retinoic-acid), Gemtuzumab Ozogamicin, and an anthracycline (daunorubicin or idarubicin).

III. EXCLUSION CRITERIA

A. Dosing exceeds single dose limit of Trisenox (arsenic trioxide) 0.15 mg/kg.

B. Total induction doses of Trisenox (arsenic trioxide) exceed 60 doses.

C. Total maintenance/consolidation doses of Trisenox (arsenic trioxide) exceed 25 doses up to 5 weeks.

D. Indications not supported by CMS recognized compendia or acceptable peer reviewed literature.

IV. MEDICATION MANAGEMENT

A. Please refer to the FDA label/package insert for details regarding these topics.

V. APPROVAL AUTHORITY

A. Review – Utilization Management Department

B. Final Approval – Utilization Management Committee

VI. ATTACHMENTS

A. None

VII. REFERENCES

A. Trisenox prescribing information. Cephalon, Inc. Frazer, PA. 2020.

B. Clinical Pharmacology Elsevier Gold Standard 2021.

C. Micromedex® Healthcare Series: Thomson Micromedex, Greenwood Village, CO 2021.

D. National Comprehensive Cancer Network. Cancer Guidelines and Drugs and Biologics Compendium 2021.

E. AHFS Drug Information. American Society of Health-Systems Pharmacists or Wolters Kluwer Lexi-Drugs. Bethesda, MD 2021.