Mass General Brigham
Health Plan

Gamifant (emapalumab-lzsg)
Effective 01/01/2023

Plan	☒ MassHealth UPPL ☐Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☒ Medical Benefit		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy when obtained through the pharmacy benefit.		
Contact Information	**Medical and Specialty Medications** All Plans | Phone: 877-519-1908 | Fax: 855-540-3693		
	Non-Specialty Medications All Plans | Phone: 800-711-4555 | Fax: 844-403-1029		
Exceptions			

Overview
Gamifant (emapalumab-lzsg) is an interferon gamma (IFNγ) blocking antibody indicated for the treatment of adult and pediatric (newborn and older) patients with primary hemophagocytic lymphohistiocytosis (HLH) with refractory, recurrent or progressive disease or intolerance with conventional HLH therapy.

No PA	Drugs that require PA
	Gamifant® (emapalumab-lzsg)

Coverage Guidelines
Authorization may be reviewed on a case by case basis for members who are new to the plan currently receiving treatment with requested medication excluding when the product is obtained as samples or via manufacturer's patient assistance programs.
OR
Authorization may be granted for members when **ALL** the following criteria are met, and documentation is provided:

1. The member has a diagnosis primary hemophagocytic lymphohistiocytosis (HLH)
2. Prescriber is a specialist (e.g., hematologist and oncologist) or consult notes from a specialist are provided
3. **ONE** of the following:
    a. Molecular tests confirming diagnosis of primary HLH
    b. Presence of at least **5** of the following:
        i. Fever
        ii. Splenomegaly
        iii. Cytopenias defined by 2 of the following: hemoglobin < 9 g/dL, platelets < 100 x 10^9/L, neutrophils < 1 x 10^9/L)
        iv. Hypertriglyceridemia (fasting triglyceride ≥ 265 mg/dL OR > 3mmol/L) and/or hypofibrinogenemia (≤ to 150 mg/dL)
        v. Hemophagocytosis in bone marrow, spleen, or lymph nodes

vi. Low or absent natural killer (NK) cell activity based on laboratory reference
vii. Ferritin ≥ 500 mcg/L
viii. Soluble CD25 (soluble IL-2 receptor alpha) level ≥ 2400 U/mL

4. Member has active disease
5. Member does not have active infections caused by specific pathogens favored by IFNγ neutralization (e.g., mycobacteria, Histoplasma Capsulatum, Shigella, salmonella, campylobacter, leishmanial infections)
6. Provider documented of inadequate response, adverse reaction or contraindication to conventional HLH therapy (chemotherapy and/or systemic corticosteroids and/or immunosuppressive therapy) *(See Appendix)*
7. **ONE** of the following:
    a. Dexamethasone will be administered concurrently
    b. Clinical rationale for not using dexamethasone
8. **ONE** of the following:
    a. Anticipated HSCT (haematopoietic stem cell transplantation) date
    b. Member is not a candidate for HSCT
9. Baseline clinical parameters and laboratory values including presence of fever, presence of splenomegaly, presence of CNS symptoms, hemoglobin, platelets, neutrophils, fasting triglycerides, fibrinogen, D-dimer, presence of hemophagocytosis, NK-cell activity, ferritin, and soluble CD25
10. Appropriate dosing

Continuation of Therapy

Prescriber provides documentation of **ALL** of the following:

1. Positive response to therapy as evidenced by **ONE** of the following *(evaluate clinical parameters and laboratory values – see appendix for HLH abnormalities)*:
    a. Complete response: normalization of all HLH abnormalities
    b. Partial response: normalization of ≥ 3 HLH abnormalities
    c. HLH improvement: ≥ 3 HLH abnormalities improved by at least 50% from baseline
2. **ONE** of the following:
    a. Dexamethasone will be administered concurrently
    b. Clinical rationale for not using dexamethasone
3. **ONE** of the following:
    a. Anticipated HSCT date
    b. Member is not a candidate for HSCT

Limitations

1. Initial approvals and reauthorizations will be granted for 6 months.

Drug	Dosing
Gamifant® (emapalumab-lzsg) **Single-dose vial:** 10 mg/2 mL 50 mg/10 mL 100 mg/20 mL	Primary Hemophagocytic Lymphohistiocytosis (HLH): 1 mg/kg over on hour twice per week with dose modification based on response up to 10 mg/kg (administer until HSCT or unacceptable toxicity)

Appendix

Conventional HLH Therapies Examples
Conventional HLH therapy regimens include, but are not limited to:

1. Etoposide and dexamethasone 2. Methotrexate and hydrocortisone 3. Anti-thymocyte globulin, corticosteroids, cyclosporine, and methotrexate 4. Etoposide, dexamethasone, and cyclosporine 5. Cyclophosphamide, vincristine, and prednisone 6. Cyclophosphamide, doxorubicin, vincristine, and prednisolone (CHOP) 7. Doxorubicin, etoposide, and methylprednisolone (DEP)
HLH Abnormalities and Normalization Values for Recertification
1. No presence of fever 2. No presence of splenomegaly 3. No presence of CNS symptoms 4. Platelets ≥ 100 x 10^9/L 5. Neutrophils ≥ 1 x 10^9/L 6. Ferritin < 2,000 mcg/L 7. Fibrinogen > 1.5 g/L 8. D-dimer < 500 mcg/mL 9. Soluble CD25 > 2-fold from baseline

References

1. Gamifant® [package insert] Waltham (MA): Sobi Inc; 2020 Jun.
2. FDA approves first treatment specifically for patients with rare and life-threatening type of immune disease [press release on the Internet]. 2018 Nov 20 [cited 2022 Jan 26]. Available from: https://www.fda.gov/news-events/press-announcements/fda-approves-first-treatment-specifically-patients-rare-and-life-threatening-type-immune-disease.
3. Hemophagocytic Lymphohistiocytosis (HLH) [database on the Internet]: National Organization of Rare Diseases; 2018 [cited 2022 Jan 26]. Available from: https://rarediseases.org/rare-diseases/hemophagocytic-lymphohistiocytosis/.
4. McClain JL. Treatment and prognosis of hemophagocytic lymphohistiocytosis. In Basow DS (Ed). UpToDate [database on the Internet]. Waltham (MA): UpToDate; 2020 May 11 [cited 2022 Jan 26]. Available from: http://www.utdol.com/utd/index.do.
5. Daver Naval, McClain K, Allen C, et al. A consensus review on malignancy-associated hemophagocytic lymphohistiocytosis in adults. Cancer. 2017 September 01; 123(17): 3229–3240.
6. Lehmberg K, Nichols KE, Henter JI, et al. Consensus recommendations for the diagnosis and management of hemophagocytic lymphohistiocytosis associated with malignancies. Haematologica. 2015 Aug;100(8):997-1004.
7. Locatelli F, Jordan MB, Allen C, Cesaro S, Rizzari C, Rao A, et al. Emapalumab in Children with Primary Hemophagocytic Lymphohistiocytosis N Engl J Med. 2020 May 7;382(19):1811-1822.
8. Gamifant® (emapalumab-lzsg) formulary dossier. Sobi Inc, Data on file.

Review History

09/21/22 – Created for Sept P&T; matched MH UPPL.