Vyxeos® (daunorubicin and cytarabine – liposome) (Intravenous)

Document Number: IC-0314

Last Review Date: 04/01/2026
Date of Origin: 08/29/2017
Dates Reviewed: 08/2017, 07/2018, 07/2019, 07/2020, 09/2020, 04/2021, 07/2022, 07/2023, 07/2024, 04/2025, 04/2026

I. Length of Authorization

- Initial: Prior authorization validity will be provided for a maximum of 2 cycles of induction (5 doses total) and 2 cycles of consolidation (4 doses total) within 6 months (180 days).
- Renewal: Prior authorization validity may not be renewed.

II. Dosing Limits

Max Units (per dose and over time) [HCPCS Unit]:

- 1012 billable units per 155 days

III. Initial Approval Criteria [1]

Prior authorization validity is provided in the following conditions:

- Member is at least 1 year of age (unless otherwise specified); **AND**
- Baseline left ventricular ejection fraction (LVEF) is within normal limits and will be reassessed prior to consolidation and as clinically required; **AND**
- Cumulative lifetime anthracycline dose does not exceed 550 mg/m^2 (or 400 mg/m^2 in members who received radiation to the mediastinum); **AND**
- Will not be used in combination with other chemotherapy; **AND**

Acute Myeloid Leukemia (AML) † ‡ Φ [1-3]

- Member has therapy-related acute myeloid leukemia (t-AML) OR cytogenetic changes consistent with MDS (previously classified as AML-MRC) †; **AND**
  - Used as induction therapy for newly diagnosed disease; **OR**
  - Used as re-induction therapy after cytarabine-based induction therapy; **OR**
  - Used as consolidation therapy; **OR**
- Member has antecedent myelodysplastic syndrome/chronic myelomonocytic leukemia (antecedent MDS/CMML) ‡; **AND**
  - Member is at least 18 years of age; **AND**

- Used as induction therapy for members who are candidates for intensive induction therapy; **OR**
- Used as re-induction therapy after cytarabine-based induction therapy; **AND**
  - Member has residual disease; **OR**
- Used as consolidation therapy; **OR**

- Member has poor-risk AML with and without TP53-mutation or del17p abnormality ‡; **AND**
  - Member is at least 18 years of age; **AND**
  - Used as consolidation therapy

† FDA Approved Indication(s); ‡ Compendia Recommended Indication(s); Φ Orphan Drug

IV. Renewal Criteria [1,3]

Duration of authorization has not been exceeded (*refer to Section I*).

V. Dosage/Administration [1,3]

Indication	Dose

Acute Myeloid Leukemia (AML)	<u>First Induction</u>
	• daunorubicin 44 mg/m^2 and cytarabine 100 mg/m^2 liposome intravenously days 1, 3 and 5 for 1 cycle
	• ***<u>NOTE:</u>*** *Only applies to t-AML, antecedent MDS/CMML, or cytogenetic changes consistent with MDS (previously classified as AML-MRC)*
	<u>Re-Induction (Second Induction)</u>
	• daunorubicin 44 mg/m^2 and cytarabine 100 mg/m^2 liposome intravenously days 1 and 3 for 1 cycle
	  ○ Only for members who fail to respond to the first induction cycle
	  ○ May be administered 2 to 5 weeks after the first induction cycle if there was no unacceptable toxicity
	• ***<u>NOTE:</u>*** *Only applies to t-AML, antecedent MDS/CMML, or cytogenetic changes consistent with MDS (previously classified as AML-MRC)*
	<u>Consolidation</u>
	• daunorubicin 29 mg/m^2 and cytarabine 65 mg/m^2 liposome intravenously days 1 and 3 for 1 to 2 cycles
	  ○ Administer the first consolidation cycle 5 to 8 weeks after the start of the last induction cycle
	  ○ Administer the second consolidation cycle 5 to 8 weeks after the start of the first consolidation cycle if there was no unacceptable toxicity or disease progression

VI. Billing Code/Availability Information

<u>HCPCS Code:</u>

- J9153 – Injection, liposomal, 1 mg daunorubicin and 2.27 mg cytarabine; 1 billable unit = 1 mg daunorubicin and 2.27 mg cytarabine

NDC:

- Vyxeos (44 mg daunorubicin and 100 mg cytarabine) liposome, single-dose vial: 68727−0745−xx

VII. References

1. Vyxeos [package insert]. Palo Alto, CA; Jazz Pharmaceuticals, Inc., January 2026. Accessed March 2026.
2. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) for cytarabine/daunorubicin liposome. National Comprehensive Cancer Network, 2026. The NCCN Compendium® is a derivative work of the NCCN Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Compendium, go online to NCCN.org. Accessed March 2026.
3. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) Acute Myeloid Leukemia. Version 3.2026. National Comprehensive Cancer Network, 2025. The NCCN Compendium® is a derivative work of the NCCN Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Compendium, go online to NCCN.org. Accessed March 2026.
4. Lin TL, Ryan RJ, Fadert S, et al. Outcomes in older patients with high-risk/secondary AML who achieved remission with CPX-351 versus 7+3 but did not undergo transplant: Phase 3 exploratory analysis. J Clin Onco; DOI: 10.1200/JCO.2020.38.15_suppl.7537 Journal of Clinical Oncology38, no. 15_suppl(May 20, 2020)7537-7537.

Appendix A – Non-Quantitative Treatment Limitations (NQTL) Factor Checklist

Non-quantitative treatment limitations (NQTLs) refer to the methods, guidelines, standards of evidence, or other conditions that can restrict how long or to what extent benefits are provided under a health plan. These may include things like utilization review or prior authorization. The utilization management NQTL applies comparably, and not more stringently, to mental health/substance use disorder (MH/SUD) Medical Benefit Prescription Drugs and medical/surgical (M/S) Medical Benefit Prescription Drugs. The table below lists the factors that were considered in designing and applying prior authorization to this drug/drug group, and a summary of the conclusions that Prime's assessment led to for each.

Factor	Conclusion
Indication	Yes: Consider for PA
Safety and efficacy	Yes: Consider for PA

Potential for misuse/abuse	No: PA not a priority
Cost of drug	Yes: Consider for PA

Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
C92.00	Acute myeloblastic leukemia not having achieved remission
C92.01	Acute myeloblastic leukemia in remission
C92.50	Acute myelomonocytic leukemia not having achieved remission
C92.51	Acute myelomonocytic leukemia in remission
C92.60	Acute myeloid leukemia with 11q23-abnormality not having achieved remission
C92.61	Acute myeloid leukemia with 11q23-abnormality in remission
C92.A0	Acute myeloid leukemia with multilineage dysplasia not having achieved remission
C92.A1	Acute myeloid leukemia with multilineage dysplasia in remission
C93.00	Acute monoblastic/monocytic leukemia not having achieved remission
C93.01	Acute monoblastic/monocytic leukemia in remission

Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

The preceding information is intended for non-Medicare coverage determinations. Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determinations (NCDs) and/or Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. Local Coverage Articles (LCAs) may also exist for claims payment purposes or to clarify benefit eligibility under Part B for drugs which may be self-administered. The following link may be used to search for NCD, LCD, or LCA documents: https://www.cms.gov/medicare-coverage-database/search.aspx. Additional indications, including any preceding information, may be applied at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD/LCA): N/A

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	**Applicable State/US Territory**	**Contractor**
E (1)	CA, HI, NV, AS, GU, CNMI	Noridian Healthcare Solutions, LLC
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC
5	KS, NE, IA, MO	Wisconsin Physicians Service Insurance Corp (WPS)
6	MN, WI, IL	National Government Services, Inc. (NGS)
H (4 & 7)	LA, AR, MS, TX, OK, CO, NM	Novitas Solutions, Inc.
8	MI, IN	Wisconsin Physicians Service Insurance Corp (WPS)
N (9)	FL, PR, VI	First Coast Service Options, Inc.
J (10)	TN, GA, AL	Palmetto GBA

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	**Applicable State/US Territory**	**Contractor**
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA
L (12)	DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in VA)	Novitas Solutions, Inc.
K (13 & 14)	NY, CT, MA, RI, VT, ME, NH	National Government Services, Inc. (NGS)
15	KY, OH	CGS Administrators, LLC