Subject:	Istodax (romidepsin)		
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Table of Contents

Overview

This document addresses the use of Istodax (romidepsin), an intravenously administered histone deacetylase (HDAC) inhibitor. HDAC inhibitors are useful as antineoplastic agents as they cause accumulation of acetylated histones, inducing cell cycle arrest and/or apoptosis of some transformed cells. It is used to treat a certain subset of non-hodgkins lymphoma (NHL) known as T-Cell lymphomas. T-cell lymphomas account for approximately 15% of all non-Hodgkin lymphoma in the United States.

NHLs are a broad and diverse group of malignancies affecting both B- and T-lymphocytes. T-Cell Lymphomas can broadly be classified as cutaneous or non-cutaneous. Istodax is currently FDA approved for cutaneous T-cell lymphoma in patients that have received at least one prior therapy. The National Comprehensive Cancer Network® (NCCN) provides additional recommendations with a category 2A level of evidence for the use of Istodax as primary treatment for Mycosis Fungoides/Sezary Syndrome and for the cutaneous form of anaplastic large cell lymphoma (ALCL), known as primary cutaneous ALCL. NCCN also recommends Istodax in other types of T-cell lymphoma including Hepatosplenic T-cell lymphoma, Extranodal NK/T-cell lymphoma, Peripheral T-cell lymphoma [PTCL] (including PTCL not otherwise specified, enteropathy-associated T-cell lymphoma, monomorphic epitheliotropic intestinal T-cell lymphoma, angioimmunoblastic T-cell lymphoma, including nodal peripheral T-cell lymphoma with TFH phenotype and follicular T-cell lymphoma, or anaplastic large cell lymphoma), and Breast Implant-Associated anaplastic large cell lymphoma.

Definitions and Measures

Mycosis fungoides/ Sézary Syndrome (MF/SS): Cutaneous T-cell Lymphomas (CTCLs) are a group of NHLs of mature T-cells that primarily present in the skin, and at times progress to involve lymph nodes, blood, and visceral organs. MF is the most common subtype with primary cutaneous involvement and SS is an erythrodermic, leukemic variant of CTCL that is characterized by significant blood involvement and lymphadenopathy.

Refractory Disease: Illness or disease that does not respond to treatment.

Relapse or recurrence: After a period of improvement, during which time a disease (for example, cancer) could not be detected, the return of signs and symptoms of illness or disease. For cancer, it may come back to the same place as the original (primary) tumor or to another place in the body.

Clinical Criteria

When a drug is being reviewed for coverage under a member's medical benefit plan or is otherwise subject to clinical review (including prior authorization), the following criteria will be used to determine whether the drug meets any applicable medical necessity requirements for the intended/prescribed purpose.

Istodax (romidepsin)

Requests for Istodax (romidepsin) may be approved if the following criteria are met:

I. Individual has a diagnosis of ~~cutaneous~~ T-cell lymphoma; **AND**
II. Individual is using for relapsed or refractory disease following at least one prior systemic therapy;
OR
III. Individual has a diagnosis of Mycosis Fungoides or Sézary Syndrome (NCCN 2A);

Requests for Istodax (romidepsin) may not be approved when the above criteria are not met and for all other indications.

Coding

The following codes for treatments and procedures applicable to this document are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

HCPCS

J9318	Injection, romidepsin, nonlyophilized, 0.1 mg [Istodax]
J9319	Injection, romidepsin, lyophilized, 0.1 mg [Istodax]

ICD-10 Diagnosis

C84.00	Mycosis fungoides, unspecified site
C84.01	Mycosis fungoides, lymph nodes of head, face, and neck
C84.02	Mycosis fungoides, intrathoracic lymph nodes
C84.03	Mycosis fungoides, intra-abdominal lymph nodes
C84.05	Mycosis fungoides, lymph nodes of inguinal region and lower limb
C84.06	Mycosis fungoides, intrapelvic lymph nodes
C84.07	Mycosis fungoides, spleen
C84.08	Mycosis fungoides, lymph nodes of multiple sites
C84.09	Mycosis fungoides, extranodal and solid organ sites
C84.10	Sézary disease, unspecified
C84.11	Sezary disease, lymph nodes of head, face, and neck
C84.12	Sezary disease, intrathoracic lymph nodes
C84.13	Sezary disease, intra-abdominal lymph nodes
C84.14	Sezary disease, lymph nodes of axilla and upper limb
C84.15	Sezary disease, lymph nodes of inguinal region and lower limb
C84.16	Sezary disease, intrapelvic lymph nodes
C84.17	Sezary disease, spleen
C84.18	Sezary disease, lymph nodes of multiple sites
C84.19	Sezary disease, extranodal and solid organ sites
C84.40	Peripheral T-cell lymphoma, not classified
C84.41	Peripheral T-cell lymphoma, not classified, lymph nodes of head, face, and neck
C84.42	Peripheral T-cell lymphoma, not classified, intrathoracic lymph nodes
C84.43	Peripheral T-cell lymphoma, not classified, intra-abdominal lymph nodes
C84.44	Peripheral T-cell lymphoma, not classified, lymph nodes of axilla and upper limb
C84.45	Peripheral T-cell lymphoma, not classified, lymph nodes of inguinal region and lower limb
C84.46	Peripheral T-cell lymphoma, not classified, intrapelvic lymph nodes
C84.47	Peripheral T-cell lymphoma, not classified, spleen
C84.48	Peripheral T-cell lymphoma, not classified, lymph nodes of multiple sites
C84.49	Peripheral T-cell lymphoma, not classified, extranodal and solid organ sites
C84.60	Anaplastic large cell lymphoma, ALK-positive, unspecified site
C84.61	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of head, face, and neck
C84.62	Anaplastic large cell lymphoma, ALK-positive, intrathoracic lymph nodes
C84.63	Anaplastic large cell lymphoma, ALK-positive, intra-abdominal lymph nodes
C84.64	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of axilla and upper limb
C84.65	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of inguinal region and lower limb

C84.66	Anaplastic large cell lymphoma, ALK-positive, intrapelvic lymph nodes
C84.67	Anaplastic large cell lymphoma, ALK-positive, spleen
C84.68	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of multiple sites
C84.69	Anaplastic large cell lymphoma, ALK-positive, extranodal and solid organ sites
C84.70	Anaplastic large cell lymphoma, ALK-negative, unspecified site
C84.71	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of head, face, and neck
C84.72	Anaplastic large cell lymphoma, ALK-negative, intrathoracic lymph nodes
C84.73	Anaplastic large cell lymphoma, ALK-negative, intra-abdominal lymph nodes
C84.74	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of axilla and upper limb
C84.75	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of inguinal region and lower limb
C84.76	Anaplastic large cell lymphoma, ALK-negative, intrapelvic lymph nodes
C84.77	Anaplastic large cell lymphoma, ALK-negative, spleen
C84.78	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of multiple sites
C84.79	Anaplastic large cell lymphoma, ALK-negative, extranodal and solid organ sites
C86.2	Enteropathy-type (intestinal) T-cell lymphoma
C86.5	Angioimmunoblastic T-cell lymphoma
C86.6	Primary cutaneous CD30-positive T-cell proliferations
Z85.72	Personal history of non-Hodgkin lymphomas

Document History

Revised: 08/19/2022
Document History:

- 08/19/2022 – Annual Review: Remove requirement for “cutaneous” T-cell lymphoma to allow other types per NCCN. Coding reviewed: Removed ICD-10-CM C84.A0-C84.A9., C84.00-C84.09, C84.10-C84.19, C84.40-C84.49, C84.60-C84.79. Added ICD-10-CM C84.00, C84.01, C84.02, C84.03, C84.04, C84.05, C84.06, C84.07, C84.08, C84.09, C84.10, C84.11, C84.12, C84.13, C84.14, C84.15, C84.16, C84.17, C84.18, C84.19, C84.40, C84.41, C84.42, C84.43, C84.44, C84.45, C84.46, C84.47, C84.48, C84.49. C84.60, C84.61, C84.62, C84.63, C84.64, C84.65, C84.66, C84.67, C84.67, C84.68, C84.69, C84.70, C84.71, C84.72, C84.73, C84.74, C84.75, C84.76, C84.77, C84.78, C84.79.
- 09/13/2021 – Select Review: Update criteria to specify cutaneous T-cell lymphomas to align with updated FDA indication.. Coding reviewed: Added HCPCS J9318, J9319. Removed HCPCS J9315, C9065.
- 08/20/2021 – Annual Review: No Changes. Coding reviewed: No changes.
- 08/21/2020 – Annual Review: No Changes. Coding reviewed: Added HCPCS C9065. Effective 6/9/2021 Do not terminate C9065. Removed HCPCS J9314 per Medicare update 7/1/2021.
- 11/15/2019 – Annual Review: No Changes. Coding reviewed: No changes
- 05/17/2019 – Annual Review: First review of Istodax clinical criteria. Add reference for off-label criteria. Coding eviewed: No changes.

References

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6. Bachy E, Camus V, Thieblemont C, et al. Romidepsin Plus CHOP Versus CHOP in Patients with Previously Untreated Peripheral T-Cell Lymphoma: Results of the Ro-CHOP Phase III Study (Conducted by LYSA). J Clin Oncol 2022; 40:242-251.
7. NCCN Clinical Practice Guidelines in Oncology™. © 2022 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: http://www.nccn.org/index.asp. Accessed on June 27, 2022.
    a. Primary Cutaneous Lymphomas. V2.2022. Revised June 8, 2022.
    b. T-Cell Lymphomas. V2.2022. Revised March 7, 2022.

Federal and state laws or requirements, contract language, and Plan utilization management programs or polices may take precedence over the application of this clinical criteria.