

PRIOR AUTHORIZATION POLICY

- POLICY:** Immune Globulin – Atgam Prior Authorization Policy
- Atgam® (lymphocyte immune globulin, anti-thymocyte globulin [equine] intravenous infusion – Pfizer)

REVIEW DATE: 12/14/2022

OVERVIEW

Atgam, an immune globulin, is indicated for the following uses:¹

- **Allograft rejection**, for the management of allograft rejection in renal transplant patients. When administered with conventional therapy at the time of rejection, Atgam increases the frequency of resolution of the acute rejection episode.
- **Aplastic anemia**, for the treatment of moderate to severe aplastic anemia in patients unsuitable for bone marrow transplantation. The usefulness of Atgam has not been demonstrated in patients with aplastic anemia who are suitable candidates for bone marrow transplantation or in patients with aplastic anemia secondary to neoplastic disease, storage disease, myelofibrosis, Fanconi's syndrome, or in patients known to have been exposed to myelotoxic agents or radiation.

Guidelines

The use of Atgam is supported in clinical guidelines in a number of situations:²⁻⁹

- **Acute cellular rejection:** The Kidney Disease Improving Global Outcomes (KDIGO) Clinical Practice Guideline for the Care of Kidney Transplant Recipients (2009), recommend anti-thymocyte globulin (ATG) as a treatment option for induction therapy, given prior to, at the time of, or immediately after transplant.² The KDIGO guidelines recommend ATG for the treatment of acute cellular rejection unresponsive to corticosteroids, recurrent acute cellular rejection, and for acute antibody-mediated rejection.
- **Aplastic anemia:** The British Society of Haematology guidelines for the diagnosis and management of aplastic anemia recommends immunosuppressive therapy with Atgam (equine ATG) plus cyclosporine for the first-line treatment of patients with non-severe aplastic anemia requiring treatment, severe or very severe aplastic anemia in those who lack a matched sibling donor, and severe or very severe aplastic anemia patients aged > 35 – 50 years of age.^{3,4} A second course of Atgam is recommended following a relapse after the first course of therapy, or after failure to respond to the first course if the patient is ineligible for a matched unrelated donor hematopoietic stem cell transplant. In addition, Atgam is included in conditioning regimens for bone marrow transplantation.⁵
- The National Comprehensive Cancer Network (NCCN) guidelines:⁶⁻⁹
 - **Graft-vs-host disease:** The NCCN Hematopoietic Cell Transplantation Clinical Practice Guidelines (version 2.2022 – September 28, 2022) recommend ATG as additional therapy in conjunction with corticosteroids for the management of acute steroid-refractory disease.⁹
 - **Immunotherapy-related cardiovascular toxicity:** The NCCN Guidelines for the Management of Immunotherapy-Related Toxicities (version 1.2022 – February 28, 2022), recommend Atgam as additional treatment for severe or life-threatening myocarditis, pericarditis, arrhythmias, or impaired ventricular function, or conduction abnormalities if no improvement within 24 hours of starting pulse-dose methylprednisolone.^{6,7}
 - **Myelodysplastic syndrome:** The NCCN Clinical Practice Guidelines (version 1.2023 – September 12, 2022) recommend Atgam as a treatment option for the management of lower risk disease.^{7,8} Treatment with Atgam alone or in combination with cyclosporine and/or

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Promacta® (eltrombopag olamine tablets) is recommended for select patients with clinically relevant thrombocytopenia, neutropenia, or increased marrow blasts; or for select patients with symptomatic anemia.

Other Uses With Supportive Evidence

One case report has been published which summarized the use of equine ATG for the treatment of a patient with fulminant myocarditis secondary to Opdivo® (nivolumab intravenous infusion) therapy.¹⁰ Equine ATG was administered according to the local protocol for acute cellular rejection and consisted of 500 mg on Day 1 and the dose was titrated by 250 mg daily to maintain a CD2/3 level of 50 – 100/ μ L for a total of 5 days of treatment. Resolution of ventricular arrhythmias occurred within 3 days of beginning ATG and cardiac enzymes normalized by Day 5. Cardiac biopsy 10 days after beginning ATG treatment revealed histologic improvement with significantly less myocyte necrosis.

Atgam has been utilized as a component of induction therapy for heart and lung transplantation.¹¹⁻¹⁵ In a retrospective review of 163 consecutive patients undergoing lung transplantation, 65 patients received Atgam and 98 received daclizumab as a component of induction therapy.¹¹ At two years after transplantation, more patients treated with Atgam had acute rejection (28% vs. 9%, respectively) and bronchiolitis obliterans (23% vs. 6.4%). In another retrospective analysis of lung transplantation in pediatric patients (n = 330), approximately half of the patients received induction therapy and 30% of these patients received horse or rabbit ATG.¹² Overall survival in the patients who received induction therapy was numerically, but not significantly longer than the patients who did not receive induction therapy (77.4 months vs. 50.8 months, respectively). An article reviewing immunosuppression in lung transplantation states that approximately 20% of the centers that utilize induction therapy use ATG (horse or rabbit).¹³ In a clinical trial, patients undergoing heart transplantation were randomized to Atgam (n = 15) or daclizumab (n = 15) as a component of induction therapy.¹⁴ There were no differences in rejection, infection, or malignancy between groups. In addition, 1 year survival was similar between groups (87% in both groups). In a prospective trial, the safety and efficacy of Atgam (n = 21) was compared with OKT3 (n = 20) in patients undergoing heart transplantation.¹⁵ Survival at 12 months, time to first rejection episode, and rejection rate was similar between the two groups. However, viral infections (1.6 vs. 0.8) and adverse events were significantly more common with OKT3 compared with Atgam.

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of Atgam. All approvals are provided for the duration noted below. In cases where the approval is authorized in months, 1 month is equal to 30 days. Because of the specialized skills required for evaluation and diagnosis of patients treated with Atgam as well as the monitoring required for adverse events and long-term efficacy, approval requires Atgam to be prescribed by or in consultation with a physician who specializes in the condition being treated.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Atgam is recommended in those who meet one of the following criteria:

FDA-Approved Indications

1. **Allograft Rejection in Solid Organ Transplant.** Approve for 1 month if the patient meets the following criteria (A and B):
 - A) Patient meets one of the following (i or ii):
 - i. Atgam is used for induction therapy, prior to, at the time of, or immediately following transplantation; OR
 - ii. Atgam is used for the treatment of acute rejection; AND
 - B) The medication is prescribed by or in consultation with a transplant specialist physician or a physician associated with a transplant center.

2. **Aplastic Anemia.** Approve for 1 month if the patient meets the following criteria (A, B, and C):
 - A) Patient has moderate to severe disease; AND
 - B) Patient is unsuitable for bone marrow transplantation; AND
 - C) The medication is prescribed by or in consultation with a hematologist or a physician who specializes in the treatment of aplastic anemia.

Other Uses with Supportive Evidence

3. **Allogeneic Hematopoietic Stem Cell Transplantation.** Approve for 1 month if the patient meets the following criteria (A and B):
 - A) Atgam is used as part of a conditioning regimen beginning prior to allogeneic hematopoietic stem cell transplantation; AND
 - B) The medication is prescribed by or consultation with an oncologist or a physician who specializes in allogeneic hematopoietic stem cell transplantation.

4. **Graft-Versus-Host Disease.** Approve for 1 month if the patient meets the following criteria (A, B, and C):
 - A) Patient has acute disease; AND
 - B) Patient's disease is refractory or resistant to corticosteroid therapy; AND
 - C) The medication is prescribed by or consultation with an oncologist or a physician who specializes in allogeneic hematopoietic stem cell transplantation.

5. **Immune Checkpoint Inhibitor-Related Toxicities.** Approve for 1 month if the patient meets the following criteria (A, B, C, and D):
 - A) Patient has received at least one immune checkpoint inhibitor; AND
Note: Immune checkpoint inhibitors include Opdivo (nivolumab intravenous infusion), Keytruda (pembrolizumab intravenous infusion), Tecentriq (atezolizumab intravenous infusion), Bavencio (avelumab intravenous infusion), Imfinzi (durvalumab intravenous infusion), Yervoy (ipilimumab intravenous infusion).
 - B) Patient has life-threatening myocarditis, pericarditis, arrhythmias, or impaired ventricular function, according to the prescriber; AND
 - C) Patient has not improved within 24 hours of starting pulse-dose methylprednisolone; AND
 - D) The medication is prescribed by or consultation with a cardiologist, oncologist or a physician who specializes in the treatment of immune checkpoint inhibitor-related toxicity.

6. **Myelodysplastic Syndrome.** Approve for 1 month if the patient meets the following criteria (A, B, and C):
 - A) Patient has lower risk disease; AND

Note: Lower risk disease is defined as International Prognostic Scoring System (IPSS) risk of low or intermediate-1; IPSS-Revised (IPSS-R) risk of very low, low, or intermediate; World Health Organization Prognostic Scoring System (WPSS) risk of very low, low, or intermediate.

- B)** Patient has one of the following according to the prescriber (i, ii, iii, or iv):
- i.** Clinically relevant thrombocytopenia; OR
 - ii.** Clinically relevant neutropenia; OR
 - iii.** Increased marrow blasts; OR
 - iv.** Symptomatic anemia; and
- C)** The medication is prescribed by or in consultation with an oncologist.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Atgam is not recommended in the following situations:

1. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

REFERENCES

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