Commercial/Healthcare Exchange PA Criteria

Effective: November 2, 2016

Prior Authorization: Matulane

Products Affected: Matulane (procarbazine) oral capsules

Medication Description:

Matulane is indicated for use in combination with other anticancer drugs for the treatment of Stage III and IV Hodgkin's disease. Matulane is used as part of the MOPP (nitrogen mustard, vincristine, procarbazine, prednisone) regimen.

The precise mode of cytotoxic action of Matulane has not been clearly defined. The drug may act by inhibition of protein, RNA, and DNA synthesis. Studies have suggested that Matulane may inhibit transmethylation of methyl groups of methionine into t-RNA. The absence of functional t-RNA could cause the cessation of protein synthesis and consequently DNA and RNA synthesis. In addition, Matulane may directly damage DNA. Hydrogen peroxide, formed during the auto-oxidation of the drug, may attack protein sulfhydryl groups contained in residual protein, which is tightly bound to DNA.

Covered Uses:

1. Hodgkin's Disease, Stage III and IV

Exclusion Criteria: Patients with inadequate marrow reserve as demonstrated by bone marrow aspiration

Required Medical Information:

1. Diagnosis
2. Previous therapies tried
3. Dose and frequency

Age Restrictions: None

Prescriber Restrictions: None

Coverage Duration: 12 months

Other Criteria:

1. **Hodgkin's Disease, Stage III and IV.** Approve if the patient meets the following criteria (A and B).
   a. Patient has a diagnosis of Stage III or IV Hodgkin's disease; AND
   b. Patient is being treated with the MOPP regimen.

References:

1. Matulane [prescribing information]. Gaithersburg,MD: sigma-tau Pharmaceuticals, Inc.; August 2016.
2. The NCCN Hodgkin Lymphoma Clinical Practice Guidelines in Oncology (Version 3.2016). © 2015 National Comprehensive Cancer Network, Inc. Available at: http://www.nccn.org. Accessed on August 23, 2016.

Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	08/23/2016
2	Update Policy	CCI adopted EH Policy- removed from Oncology Policy Added Exclusion criteria to match the FDA Label	Exclusion Criteria	10/15/2019