

Levoleucovorin (Khapzory™)

Place of Service
Home Infusion Administration
Office Administration
Outpatient Facility Infusion
Administration
Infusion Center Administration

HCPCS: J0642 per 0.5 mg

Condition(s) listed in policy (see criteria for details)

- [In combination with 5FU for metastatic colorectal cancer, and for other NCCN supported oncology uses](#)
- [Reduction of toxicity due to impaired elimination or inadvertent overdose with folic acid antagonists](#)
- [Rescue after high-dose methotrexate therapy in adults and pediatric patients with osteosarcoma, and for other NCCN supported oncology uses](#)

AHFS therapeutic class: Antidote/chemotherapy rescue

Mechanism of action: Folate analog

(1) Special Instructions and Pertinent Information

Covered under the Medical Benefit, please submit clinical information for prior authorization review via fax.

(2) Prior Authorization/Medical Review is required for the following condition(s)

All requests for Khapzory™ (levoleucovorin) must be sent for clinical review and receive authorization prior to drug administration or claim payment.

In combination with 5FU for colorectal cancer, metastatic and for other NCCN supported oncology uses

1. One of the following NCCN-supported cancer types: Ampullary adenocarcinoma, Anal cancer, Appendiceal adenocarcinoma, Biliary tract cancers (cholangiocarcinoma, gallbladder cancer), Bladder cancer, Cervical Cancer, Colon cancer, Esophageal and Esophagogastric junction cancers, Gastric cancer, Neuroendocrine and adrenal tumors, Occult primary cancer, Ovarian cancer (including fallopian, primary peritoneal cancer), Pancreatic cancer, Rectal cancer, Small bowel adenocarcinoma, or Thymoma/Thymic carcinoma, **AND**
2. Used in combination with 5-fluorouracil, **AND**
3. Patient has had intolerable side effects to the use of leucovorin that would not also be expected with levoleucovorin, **AND**
4. Patient had an intolerable side effect to Fusilev or its generic formulation that would not also be expected with Khapzory

Covered Doses

Up to 250 mg/m² IV injection per dose

Coverage Period

Cover for number of chemotherapy cycles requested

ICD-10:

Ampullary adenocarcinoma: C24.1, Z85.09
 Anal cancer: C21.0, C21.1, C21.2, C21.8
 Appendiceal adenocarcinoma: C18.1, Z85.038
 Biliary Tract cancers - cholangiocarcinoma, gallbladder: C22.1, C24.8, C24.9, C24.0, C24.8, C24.9
 Bladder cancer: C67.0-C67.9, D09.0, Z85.51
 Cervical cancer: C53.0, C53.1, C53.8, C53.9
 Colon cancer: C18.0, C18.2-C18.9, C78.00-C78.02, C78.6, C78.7, Z85.038
 Esophageal and Esophagogastric junction cancers: C15.3-C15.5, C15.8, C15.9, C16.0, D37.8, D37.9, Z85.00, Z85.01
 Gastric cancer: C16.0-C16.6, C16.8, C16.9, D37.1, Z85.00, Z85.028
 Neuroendocrine tumors: C7A.1, C7A.8, C7A.098, C7B.00-C7B.04, C7B.09, C7B.8, E16.1, E16.3, E16.8, Z85.07, Z85.858
 Occult primary cancer: C80.0, C80.1
 Ovarian cancer/Fallopian cancer/Primary peritoneal cancer: C48.1, C48.2, C48.8, C56.1, C56.2, C56.3, C56.9, C57.00-C57.02, C57.10-C57.12, C57.20-C57.22, C57.3, C57.4, C57.7-C57.9, Z85.43
 Pancreatic cancer: C25.0-C25.3, C25.7-C25.9, Z85.07
 Rectal cancer: C19, C20, C21.8, C78.00-C78.02, C78.7
 Small bowel adenocarcinoma: C17.0, C17.1, C17.2, C17.3, C17.8, C17.9, Z85.068
 Thymoma/Thymic carcinoma: C37, D15.0, D38.4, Z85.238

Reduction of toxicity due to impaired elimination or inadvertent overdose with folic acid antagonists

1. Patient has had intolerable side effects to the use of leucovorin that would not also be expected with levoleucovorin, **AND**
2. Patient had an intolerable side effect to Fusilev or its generic formulation that would not also be expected with Khapzory

Covered Doses

Up to 7.5 mg (approximately 5 mg/m²) IV every 6 hours until the methotrexate level is less than 0.05 micromolar

Coverage Period

Cover for number of chemotherapy cycles requested

ICD-10:

T45.1X1

Rescue after high-dose methotrexate therapy in osteosarcoma, and for other NCCN supported oncology uses

1. One of the following NCCN-supported cancer types: Acute lymphoblastic leukemia, Acute myeloid leukemia, B-cell Lymphomas (Mantle Cell, DLBCL, High Grade B-cell, Burkitt, HIV-related, Post-transplant lymphoproliferative disorders, Bone cancer (osteosarcoma), Central nervous system cancers (brain metastases, leptomeningeal metastases), Chronic lymphocytic leukemia, Gestational trophoblastic neoplasia, Pediatric Aggressive Mature B-Cell Lymphomas (Burkitts Lymphoma, DLBCL, Primary Mediastinal Large B-cell Lymphoma), Primary CNS lymphoma, Small lymphocytic lymphoma, T-Cell lymphoma, or Waldenstrom Macroglobulinemia/ Lymphoplasmacytic Lymphoma, **AND**
2. For rescue after high-dose methotrexate therapy, **AND**

3. Patient has had intolerable side effects to the use of leucovorin that would not also be expected with levoleucovorin, **AND**
4. Patient had an intolerable side effect to Fusilev or its generic formulation that would not also be expected with Khapzory

Covered Doses

Up to 75 mg IV every 3 hours until methotrexate level is < 0.05 micromolar

Coverage Period

Cover for number of chemotherapy cycles requested

ICD-10:

ALL: C83.50-C83.59, C91.00-C91.02

AML: C86.4

B-cell Lymphomas: B20, C83.10-C83.19, C83.30-C83.39, C83.70-C83.79, C83.80-C83.99, C85.10-C85.29, C85.80-C85.89, D47.Z1

Bone cancer - osteosarcoma: C40.00-C40.02, C40.10-C40.12, C40.20-C40.22, C40.30-C40.32, C40.80-C40.82, C40.90-C40.92, C41.0-C41.4, C41.9, Z85.830

Central nervous system cancers: C79.31, C79.32

CLL/SLL: C83.00-C83.09, C91.10, C91.12

Gestational trophoblastic neoplasia: D39.2, C58, O01.9

Pediatric Aggressive Mature B-Cell Lymphomas: C85.20-C85.29, C83.30-C83.39, C83.70-C83.79

Primary CNS lymphoma: C83.30, C83.39, C83.80, C83.89, C85.89, C85.99

T-Cell lymphoma: C84.40-C84.49, C84.60-C84.69, C84.70-C84.79, C84.90-C84.99, C84.Z0-C84.Z9, C86.0, C86.1, C86.2, C86.5, C91.50, C91.51, C91.52

WM/LL: C88.0

(3) The following condition(s) DO NOT require Prior Authorization/Preservice

All requests for Khapzory™ (levoleucovorin) must be sent for clinical review and receive authorization prior to drug administration or claim payment.

(4) This Medication is NOT medically necessary for the following condition(s)

Coverage for a Non-FDA approved indication, requires that criteria outlined in Health and Safety Code § 1367.21, including objective evidence of efficacy and safety are met for the proposed indication.

Please refer to the Provider Manual and User Guide for more information.

(5) Additional Information

How supplied:

175 mg, 300 mg (single-dose vials)

(6) References

- AHFS®. Available by subscription at <http://www.lexi.com>
- DrugDex®. Available by subscription at <http://www.micromedexsolutions.com>
- Khapzory (levoleucovorin) [Prescribing information]. East Windsor, NJ: Acrotech Biopharma LLC; 3/2020.
- National Comprehensive Cancer Network Drugs and Biologics Compendium. Khapzory (2024). Available at <http://www.nccn.org>.

(7) Policy Update

Date of last review: 2Q2024

Date of next review: 2Q2025

Changes from previous policy version:

- No clinical change to policy following routine annual review.

*BSC Drug Coverage Criteria to Determine Medical Necessity
Reviewed by P&T Committee*