Chemotherapy: Drugs E-O Policy

Page updated: November 2021

This section contains policy related to billing for injection services, listed in alphabetical order by generic drug name or drug type. For general billing policy information regarding injections services, refer to the *Chemotherapy: An Overview* section in this manual. Additional policy information for chemotherapy drug services can be found in the *Chemotherapy: Drugs A-D Policy and Chemotherapy: Drugs P-Z Policy* sections in this manual.

‹‹Elotuzumab (Empliciti®)››

Elotuzumab is a humanized IgG1 monoclonal antibody that specifically targets the SLAMF7 (signaling lymphocytic activation molecule family member 7) protein. SLAMF7 is expressed on myeloma cells independent of cytogenetic abnormalities. SLAMF7 is also expressed on natural killer cells, plasma cells and at lower levels on specific immune cell subsets of differentiated cells within the hematopoietic lineage.

Elotuzumab directly activates natural killer cells through both the SLAMF7 pathway and Fc receptors. Elotuzumab also targets SLAMF7 on myeloma cells and facilitates the interaction with natural killer cells to mediate the killing of myeloma cells through antibody-dependent cellular cytotoxicity (ADCC).

‹‹Indications

All FDA-approved indications

Dosage

FDA-approved dosages

TAR Requirement

No *Treatment Authorization Request* (TAR) is required for reimbursement.››

Billing

HCPCS code J9176 (injection, elotuzumab, 1 mg)

‹‹Suggested ICD-10 Diagnosis Codes

C90.00, C90.02, C90.10, C90.12, C90.20, C90.22, C90.30 and C90.32››

Enfortumab vedotin-ejfv for injection (PADCEV)

Enfortumab vedotin-ejfv is an antibody-drug conjugate (ADC). The antibody is a human IgG1 directed against Nectin-4, an adhesion protein located on the surface of cells. The small molecule, MMAE, is a microtubule-disrupting agent, attached to the antibody via a protease-cleavable linker. Nonclinical data suggest that the anticancer activity of enfortumab vedotin-ejfv is due to the binding of the ADC to Nectin-4-expressing cells, followed by internalization of the ADC-Nectin-4 complex, and the release of MMAE via proteolytic cleavage. Release of MMAE disrupts the microtubule network within the cell, subsequently inducing cell cycle arrest and apoptotic cell death.

Indications

All FDA-approved indications

Dosage

FDA-approved dosages

TAR Requirement

An approved *Treatment Authorization Request* (TAR) is required for reimbursement.

TAR Criteria

Padcev will be considered medically necessary when all of the following criteria are met:

- Must be prescribed for FDA-approved indications and dosing regimens
- Patient must be 18 years of age or older
- Patient must have a diagnosis of locally advanced or metastatic urothelial cancer
- Failure of both of the following in the neoadjuvant/adjuvant, locally advanced or metastatic setting:
  a. A programmed death receptor-1 (PD-1) or programmed death-ligand 1 (PD-L1) inhibitor. Examples of these are avelumab, atezolizumab, durvalumab, nivolumab, and pembrolizumab; and
  b. A platinum-containing chemotherapy (cisplatin or carboplatin based)

Approval duration: six months

Continued Therapy

i. Patient continues to meet initial approval criteria
ii. Patient is responding positively to therapy with improvement or stabilization of disease
iii. Patient has no unacceptable toxicity such as severe hyperglycemia, severe peripheral neuropathy, thrombosis, pancreatitis, etc.

Reauthorization is for six months

Age Limits

Must be 18 years of age or older

Billing

HCPCS code J9177 (injection, enfortumab vedotin-ejfv, 0.25 mg)

Suggested ICD-10 Diagnosis Codes

C65.1, C65.2, C65.9, C66.1, C66.2, C66.9, C67.0, C67.1, C67.2, C67.3, C67.4, C67.5, C67.6, C67.8, C67.9, C68.0

Prescribing Restrictions

Frequency of billing equals125 mg/500 units on days 1, 8 and 15 of a 28-day cycle

Maximum billing unit(s) equals 125 mg/500 units

Epirubicin

Epirubicin is an anthracycline cytotoxic agent. Although it is known that anthracyclines can interfere with a number of biochemical and biological functions within eukaryotic cells, the precise mechanisms of epirubicin's cytotoxic and/or antiproliferative properties have not been completely elucidated.

Indications

For the treatment of:

- Breast cancer
- Gastric cancer
- Soft tissue sarcomas
- Non-Hodgkin lymphoma

Documentation Requirements

Providers must document in the *Remarks* field (Box 80)/*Additional Claim Information* field (Box 19) of the claim, or on an attachment, that the body surface area is in excess of 2.5 m^2 to justify reimbursement of more than 275 mg. Claims for more than 275 mg without proper documentation will be denied.

Billing

HCPCS code J9178 (injection, epirubicin HCl, 2 mg)

Dosage

The maximum dosage is 275 mg per day.

Eribulin Mesylate

Eribulin mesylate is a synthetic analog of halichondrin B, a product isolated from the marine sponge Halichondria okadai. It is a non-taxane inhibitor of the growth phase of microtubules without affecting the shortening phase and sequesters tubulin into nonproductive aggregates. Eribulin exerts its effects via a tubulin-based antimitotic mechanism leading to G2/M cell-cycle block, disruption of mitotic spindles and ultimately, apoptotic cell death after prolonged mitotic blockage.

Indications

For the treatment of patients with metastatic breast cancer who have previously received at least two chemotherapeutic regimens for the treatment of metastatic disease. Prior therapy should have included an anthracycline and a taxane in either the adjuvant or metastatic setting.

Required Codes

ICD-10-CM diagnosis codes C50.011 thru C50.929

Dosage

The recommended dose is 1.4 mg/m^2 administered intravenously over two to five minutes on days one and eight of a 21-day cycle. A dose in excess of 3 mg is reimbursable with documentation of body surface area larger than 2 m^2.

Billing

HCPCS code J9179 (injection, eribulin mesylate, 0.1 mg)

Fam-trastuzumab Deruxtecan-nxki (Enhertu®)

Fam-trastuzumab deruxtecan-nxki is a HER2-directed antibody-drug conjugate. The antibody is a humanized anti-HER2 IgGI. The small molecule, DXd, is a topoisomerase I inhibitor attached to the antibody by a cleavable linker. Following binding to HER2 on tumor cells, fam-trastuzumab deruxtecan-nxki undergoes internalization and intracellular linker cleavage by lysosomal enzymes. Upon release, the membrane-permeable DXd causes damage and apoptotic cell death.

Indications

All FDA-approved indications

Dosage

FDA-approved dosages

TAR Requirement

No *Treatment Authorization Request* (TAR) is required for reimbursement.

Age Limits

Must be 18 years of age or older

Billing

HCPCS code J9358 (injection, fam-trastuzumab deruxtecan-nxki,1 mg)

Prescribing Restriction

Frequency of billing equals 5.4 mg/kg every three weeks

Fludarabine

Fludarabine phosphate is the fluorinated nucleotide analog of the antiviral agent vidabarine. After metabolization it appears to act by inhibiting DNA polymerase alpha, ribonucleodtide reductase and DNA primase, thus inhibiting DNA synthesis. The mechanism of action is not completely characterized and may be multi-faceted.

Indications

Fludarabine may be used in the treatment of any of the following:

- Chronic lymphocytic leukemia
- Waldenstrom's macroglobulinemia
- Non-Hodgkin lymphoma
- Acute myeloid leukemia

Dosage

The usual dose is 25 mg/m^2 daily for five consecutive days with each five-day course of treatment commencing every 28 days.

Billing

HCPCS code J9185 (injection, fludarabine phosphate, 50 mg).

Fosnetupitant-Palonosetron

Fosnetupitant-Palonosetron 235 mg/0.25 mg is a combination solution for intravenous (IV) administration. Fosnetupitant is a substance P/neurokinin-1 (NK-1) receptor antagonist, and palonosetron is a serotonin-3 (5-HT3) receptor antagonist.

Indications

Fosnetupitant-Palonosetron 235 mg/0.25 mg is indicated in combination with dexamethasone to prevent acute and delayed nausea and vomiting associated with initial and repeat courses of highly-emetogenic cancer chemotherapy.

Age

18 years and older

Dosage

A single dose of 235 mg fosnetupitant/0.25 mg palonosetron is administered by IV infusion over 30 minutes starting 30 minutes before chemotherapy. Dexamethasone 12 mg should also be administered 30 minutes prior to chemotherapy, followed by dexamethasone 8 mg once daily for three additional days.

Authorization

No *Treatment Authorization Request* (TAR) is generally required for this service.

Required Codes

The following ICD-10-CM diagnosis code is required for reimbursement:

- Z51.11 (Encounter for antineoplastic chemotherapy)

Billing

HCPCS code J1454 (injection, fosnetupitant 235 mg and palonosetron 0.25 mg)

One (1) unit of J1454 equals fosnetupitant 235 mg and palonosetron 0.25 mg

Fulvestrant

Fulvestrant is an estrogen receptor antagonist that binds to the estrogen receptor in a competitive manner with affinity comparable to that of estradiol and downregulates the estrogen receptor protein in human breast cancer cells.

Indications

Fulvestrant is indicated for the treatment of hormone receptor-positive, metastatic breast cancer in postmenopausal women with disease progression following anti-estrogen therapy.

Dosage

The recommended dose is 250 mg, administered intramuscularly into each buttock (for a total dose of 500 mg), on days 1, 15, 29 and once monthly thereafter.

For patients with moderate hepatic impairment, the total dose is reduced to 250 mg, administered into one buttock, on days 1, 15, 29 and once monthly thereafter.

Billing

HCPCS code J9395 (injection, fulvestrant, 25 mg)

Gemcitabine

Gemcitabine is a nucleoside metabolic inhibitor that exhibits anti-tumor activity. It kills cells undergoing DNA synthesis and blocks the progression of cells through the G1/S-phase boundary.

Indications

For the treatment of:

- Gallbladder and extrahepatic bile ducts
- Pancreas
- Bronchus and lung
- Breast
- Ovary and other uterine adnexa
- Bladder
- Lymphatic and hematopoietic tissue

Dosage

The dose varies according to the disease being treated. Please see the appropriate medical literature for specifics.

Billing

HCPCS code J9201 (injection, gemcitabine HCl, 200 mg)

Gemcitabine is reimbursable when billed in conjunction with CPT® code 96413 (chemotherapy administration, intravenous infusion technique; up to one hour, single or initial substance/drug).

Gemcitabine (Infugem)

Infugem is the First Formulation of Premixed, Ready-to-Administer Intravenous Chemotherapy. Gemcitabine kills cells undergoing DNA synthesis and blocks the progression of cells through the G1/S-phase boundary. Gemcitabine is metabolized by nucleoside kinases to diphosphate (dFdCDP) and triphosphate (dFdCTP) nucleosides. Gemcitabine diphosphate inhibits ribonucleotide reductase, an enzyme responsible for catalyzing the reactions that generate deoxynucleoside triphosphates for DNA synthesis, resulting in reductions in deoxynucleotide concentrations, including dCTP. Gemcitabine triphosphate competes with dCTP for incorporation into DNA. The reduction in the intracellular concentration of dCTP by the action of the diphosphate enhances the incorporation of gemcitabine triphosphate into the DNA (self-potentiation). After the gemcitabine nucleotide is incorporated into DNA, only one additional nucleotide is added to the growing DNA strands, which eventually results in the initiation of apoptotic cell death.

Indications

All FDA-approved indications

Dosage

FDA-approved dosages

TAR Requirement

No *Treatment Authorization Request* (TAR) is required for reimbursement.

Billing

HCPCS code J9198 (injection, gemcitabine hydrochloride (infugem), 100 mg

Gemtuzumab Ozogamicin

Gemtuzumab ozogamicin (Mylotarg™) is an antibody-drug conjugate (ADC) composed of the CD33-directed monoclonal antibody (hP67.6; recombinant humanized immunoglobulin [Ig] G4, kappa antibody produced by mammalian cell culture in NS0 cells) that is covalently linked to the cytotoxic agent N-acetyl gamma calicheamicin.

Gemtuzumab ozogamicin is a CD33-directed antibody-drug conjugate (ADC). The antibody portion (hP67.6) recognizes human CD33 antigen. The small molecule, N-acetyl gamma calicheamicin, is a cytotoxic agent that is covalently attached to the antibody via a linker. Nonclinical data suggest that the anticancer activity of gemtuzumab ozogamicin is due to the binding of the ADC to CD33-expressing tumor cells, followed by internalization of the ADC-CD33 complex, and the intracellular release of N-acetyl gamma calicheamicin dimethyl hydrazide via hydrolytic cleavage of the linker. Activation of N-acetyl gamma calicheamicin dimethyl hydrazide induces double-strand DNA breaks, subsequently inducing cell cycle arrest and apoptotic cell death.

Indications

Gemtuzumab ozogamicin is indicated for:

- Treatment of newly diagnosed CD33-positive acute myeloid leukemia (AML) in patients 18 years and older
- Treatment of relapsed or refractory CD33-positive AML in adults and in pediatric patients 2 years and older

Dosage

Newly-diagnosed, de novo AML (combination regimen):

- Induction: 3 mg/m^2 (up to one 4.5 mg vial) on days one, four and seven in combination with daunorubicin-cytarabine
- Consolidation: 3 mg/m^2 on day one (up to 4.5 mg vial) in combination with daunorubicin-cytarabine

Newly-diagnosed AML (single-agent regimen):

- Induction: 6 mg/m^2 on day one and 3 mg/m^2 on day eight
- Continuation: For patients without evidence of disease progression following induction, up to eight continuation courses of Mylotarg mg/m^2 on day one every four weeks

Relapsed or refractory AML (single-agent regimen):

- 3 mg/m^2 on days one, four and seven

Pre-medicate with a corticosteroid, antihistamine and acetaminophen one hour prior to Mylotarg.

Required Codes

ICD-10-CM diagnosis codes C92.00, C92.01, C92.A1, C92.A0 and C92.02

Billing

HCPCS code J9203 (injection, gemtuzumab ozogamicin, 0.1 mg)

Ibritumomab Tiuxetan

For HCPCS codes A9542 and A9453, refer to the *Radiology: Oncology* section in this manual for information about diagnostic and treatment applications of this radiopharmaceutical injection.

Idecabtagene Vicleucel (Abecma®)

Abecma is a chimeric antigen receptor (CAR)-positive T cell therapy targeting B-cell maturation antigen (BCMA), which is expressed on the surface of normal and malignant plasma cells. The CAR construct includes an anti-BCMA scFv-targeting domain for antigen specificity, a transmembrane domain, a CD3-zeta T cell activation domain and a 4-1BB costimulatory domain. Antigen-specific activation of Abecma results in CAR-positive T cell proliferation, cytokine secretion, and subsequent cytolytic killing of BCMA-expressing cells.

Indications

All FDA-approved indications

Dosage

FDA-approved dosages

TAR Requirement

An approved *Treatment Authorization Request* (TAR) is required for reimbursement.

TAR Criteria

The TAR must include clinical documentation that demonstrates the following:

- Must be used for FDA-approved indications and dosages
- Patient must be 18 years of age or older
- Must be prescribed by or in consultation with an oncologist or a hematologist
- Patient must have a diagnosis of relapsed and refractory multiple myeloma (RRMM)
- Patient has received four or more myeloma treatment regimens including a proteasome inhibitor (for example, bortezomib, carfilzomib, ixazomib), an immunomodulatory agent (for example, lenalidomide, pomalidomide, thalidomide) and an anti-CD38 antibody (for example, (daratumumab, daratumumab/hyaluronidase,isatuximab)
- Eastern Cooperative Oncology Group (ECOG) performance status of less than or equal to 2
- Patient has no history of CNS disease (e.g., seizure or cerebrovascular ischemia)
- Patient must have creatinine clearance greater than 30 mL/min
- Patient has left ventricular ejection fraction of 45 percent or more
- Patient has no active infection or inflammatory disorders
- Patient must not have any of the following:
  - Aspartate aminotransferase (AST) and/or Alanine Aminotransferase (ALT) greater than 2.5x upper limit of normal (ULN)
  - Absolute neutrophil count (ANC) less than 1000cells/mm3 and platelet count less than 50,000/mm3
- Patient has not been previously treated with CAR-T therapy in RRMM
- Abecma will not be used concurrently with another CAR-T therapy
- Abecma must be administered at a healthcare facility certified by the manufacturer based on the Risk Evaluation and Mitigation Strategy (REMS) requirements defined by the FDA

Initial approval is for three months (one treatment only).

Reauthorization: Repeat treatment is not approvable.

Abecma REMS

Because of the risk of Cytokine Release Syndrome (CRS) and neurologic toxicities, Abecma is available only through a restricted program under a Risk Evaluation and Mitigation Strategy (REMS) called the Abecma REMS.

- The required components of the Abecma REMS are:
- Healthcare facilities that dispense and administer Abecma must be enrolled and comply with the REMS requirements.
- Certified healthcare facilities must have on-site, immediate access to tocilizumab.
- Ensure that a minimum of two doses of tocilizumab are available for each patient for infusion within two hours after Abecma infusion, if needed for treatment of CRS.
- Certified healthcare facilities must ensure that healthcare providers who prescribe, dispense, or administer Abecma are trained in the management of CRS and neurologic toxicities.
- Further information is available at www.AbecmaREMS.com or contact Bristol-Myers Squibb at 1-888-423-5436.

Age Limits

Must be 18 years of age or older

Billing

HCPCS code C9081 (idecabtagene vicleucel, up to 460 million autologous anti-bcma car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose)

Important Instructions for Billing

Due to systems limitations, providers are to take the following steps when submitting claims for Abecma:

1. Submit and receive back an approved *Treatment Authorization Request* (TAR)/Service Authorization Request (SAR)
2. Bill using C9081 (idecabtagene vicleucel, up to 460 million autologous anti-bcma car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose).
3. Completion of claim forms:
   - Outpatient claims may be billed by paper claim using *CMS-1500* or electronically using ASC X12N 837P v.5010.
   - Providers must submit one (1) service line on the TAR/SAR request and enter "5" in the Units box.
   - On the 837P or *CMS-1500* claim form, providers must submit one claim line to represent one (1) service.
     - ❖ Claims submitted with more than one claim line will be denied.
   - Providers must submit an invoice for reimbursement.
   - This process will ensure that the total reimbursement paid for the quantity of five (5) is no more than the paid price on the provider submitted invoice.
   - Abecma must be billed on its own with no other drug or biological.
4. For instructions regarding physician claim form completion, refer to the Forms page on the Medi-Cal Providers website, for completion of 837P and *CMS-1500* claim forms.

Suggested ICD-10 Diagnosis Codes

C90.00, C90.02

Prescribing Restrictions

Frequency of billing equals one dose per lifetime.

Ifosfamide

Ifosfamide is chemically related to the nitrogen mustards and a synthetic analog of cyclophosphamide.

Indications

For the treatment of:

- Cervical cancer
- Hodgkin lymphoma
- Non-Hodgkin lymphoma
- Non-small cell lung cancer
- Osteogenic sarcoma
- Ovarian cancer
- Small cell lung cancer
- Soft tissue sarcoma
- Testicular cancer
- Uterine cancer

Dosage

Recommended dosages cannot be provided because they vary widely depending on the malignancy being treated. The maximum dose is 15 grams. Increased dose is allowed for more than 15 grams if there is documentation that the patient body surface area is more than 2.0 meters^2.

Billing

HCPCS code J9208 (injection, ifosfamide, 1 gm)

Inotuzumab Ozogamicin

Inotuzumab ozogamicin is a CD22-directed antibody-drug conjugate (ADC) for intravenous (I.V.) administration.

Indications

Inotuzumab ozogamicin is used for the treatment of patients with relapsed or refractory B-cell precursor acute lymphoblastic leukemia (ALL).

Age

18 years and older

Dosage

A full course of inotuzumab ozogamicin consists of a single induction cycle followed by a maximum of 5 consolidation cycles:

- For induction: a dose of 0.8 mg/m^2 IV is administered on treatment day #1, followed by a dose of 0.5 mg/m^2 on days #8 and 15. The cycle length is 21 days.
- For consolidation: a dose of 0.5 mg/m^2 IV is administered on treatment days #1, 8, and 15. The cycle length is 28 days, up to a maximum of 6 consolidation cycles.
- The recommended dose and number of treatment cycles varies based on the patient's response to treatment and whether or not the patient will proceed to a hematopoietic stem cell transplant (HSCT).

Authorization

An approved *Treatment Authorization Request* (TAR) is required for reimbursement.

The TAR must include clinical documentation that demonstrates the following:

- The service is medically necessary to treat relapsed or refractory B-cell precursor ALL.
- Alternative treatments have been tried or considered, have failed, or are contraindicated.
- The physician's legible, complete, and signed treatment plan/chemotherapy order for inotuzumab ozogamicin.

Billing

HCPCS code J9229 (injection, inotuzumab ozogamicin, 0.1 mg)

One (1) unit of J9229 equals 0.1 mg inotuzumab ozogamicin

Ipilimumab (Yervoy®)

Ipilimumab is a recombinant, human monoclonal antibody that binds to the cytotoxic T-lymphocyte-associated antigen 4 (CTLA-4), a molecule on T cells that suppresses the immune response. Blockade of CTLA-4 has been shown to augment T-cell activation and proliferation, including the activation and proliferation of tumor infiltrating T-effector cells. Inhibition of CTLA-4 signaling can also reduce T-regulatory cell function, which may contribute to a general increase in T cell responsiveness, including the anti-tumor immune response.

Indications

All FDA-approved indications

Dosage

FDA- approved dosages

Authorization

No *Treatment Authorization Request* (TAR) is required for reimbursement

Age Limits

Must be 12 years of age or older

Billing

HCPCS code J9228 (injection, ipilimumab, 1 mg)

One (1) unit of J9228 equals 1 mg of ipilimumab

Irinotecan

Irinotecan is used in the treatment of patients with metastatic cancer of the colon or rectum, small cell lung cancer or cervical cancer.

Required Codes

Providers may be reimbursed for irinotecan when billed in conjunction with one of the following ICD-10-CM diagnosis codes:

C18.0 thru C20

C34.00 thru C34.92

C53.0 thru C53.9

Billing

HCPCS code J9206 (injection, irinotecan, 20 mg)

CPT codes 96413 and 96415 may be billed in conjunction with irinotecan and are separately reimbursable.

For additional information about billing CPT codes 96413 and 96415, refer to “Intravenous Infusion” in the *Chemotherapy: An Overview* section in this manual.

Irinotecan Liposome

Irinotecan liposome is a topoisomerase 1 inhibitor encapsulated in a lipid bilayer vesicle or liposome. Topoisomerase 1 relieves torsional strain in DNA by inducing single-strand breaks. Irinotecan liposome and its active metabolite SN-38 bind reversibly to the topoisomerase 1-DNA complex and prevent re-ligation of the single-strand breaks, leading to exposure time-dependent double-strand DNA damage and cell death.

Indication

Irinotecan liposome is indicated, in combination with fluorouracil (5-FU) and leucovorin (LV), for the treatment of patients ages 18 years or older with metastatic adenocarcinoma of the pancreas after disease progression following gemcitabine-based therapy.

Irinotecan liposome is not indicated as a single agent for the treatment of patients with metastatic adenocarcinoma of the pancreas.

Authorization

An approved TAR is required for reimbursement. The TAR must state that the treatment is for a patient with metastatic adenocarcinoma of the pancreas after disease progression following gemcitabine-based therapy.

Dosage

The recommended dose of irinotecan liposome is 70 mg/m^2 intravenous infusion over 90 minutes every two weeks, administered prior to LV and 5-FU. The recommended starting dose of irinotecan liposome in patients known to be homozygous for the UGT1A1*28 allele is 50 mg/m^2 administered by intravenous infusion over 90 minutes.

Required Codes

ICD-10-CM diagnosis codes C25.4 and C25.9.

Billing

HCPCS code J9205 (injection, irinotecan liposome, 1 mg)

Isatuximab-irfc (Sarclisa®)

Isatuximab-irfc is an IgG1-derived monoclonal antibody that binds to CD38 expressed on the surface of hematopoietic and tumor cells, including multiple myeloma cells. Isatuximab-irfc induces apoptosis of tumor cells and activation of immune effector mechanisms including antibody-dependent cell-mediated cytotoxicity (ADCC), antibody-dependent cellular phagocytosis (ADCP), and complement dependent cytotoxicity (CDC). Isatuximab-irfc inhibits the ADP-ribosyl cyclase activity of CD38. Isatuximab-irfc can activate natural killer (NK) cells in the absence of CD38-positive target tumor cells and suppresses CD38-positive T-regulatory cells. The combination of isatuximab-irfc and pomalidomide enhanced ADCC activity and direct tumor cell killing compared to that of isatuximab-irfc alone in vitro, and enhanced antitumor activity compared to the activity of isatuximab-irfc or pomalidomide alone in a human multiple myeloma xenograft model.

Indications

All FDA-approved indications

Dosage

FDA-approved dosages

TAR Requirement

No *Treatment Authorization Request* (TAR) is required for reimbursement.

Age Limits

Must be 18 years of age or older.

Billing

HCPCS code J9227 (injection, isatuximab-irfc, 10 mg)

Suggested ICD-10-CM Diagnosis Codes

C90.00, C90.01, C90.02

Prescribing Restrictions

Frequency of billing equals 10 mg/kg every week for 4 weeks followed by every 2 weeks

Ixabepilone

Ixabepilone is covered for patients with malignant neoplasm of the breast; providers must document in the *Remarks* field (Box 80)/*Additional Claim Information* field (Box 19) of the claim that one of the following conditions was met:

- In combination with capecitabine for the treatment of metastatic or locally advanced breast cancer after failure of an anthracycline and a taxane; or
- As monotherapy for the treatment of metastatic or locally advanced breast cancer after failure of an anthracycline, taxane and capecitabine

Dosage

The maximum daily dosage is 90 mg unless documentation provided notes that the body surface area is greater than 2.25 m^2. Claims billed for quantities exceeding the daily limitation require appropriate documentation for payment.

Required Codes

Claims must include an ICD-10-CM diagnosis code in the range of C50.011 thru C50.929.

Billing

HCPCS code J9207 (injection, ixabepilone, 1 mg)

Leucovorin Calcium

Leucovorin is one of several active, chemically reduced derivatives of folic acid. Leucovorin is a mixture of the diastereoisomers of the 5-formyl derivative of tetrahydrofolicacid. The biologically active compound of the mixture is the (-)-l-isomer, known as Citrovorum factor, or (-)-folinic acid.

Administration of leucovorin can counteract the therapeutic and toxic effects of folic acid antagonists such as methotrexate, which act by inhibiting dihydrofolate reductase.

In contrast, leucovorin can enhance the therapeutic and toxic effects of fluoropyrimidines used in cancer therapy, such as 5-fluorouracil. Concurrent administration of leucovorin does not appear to alter the plasma pharmacokinetics of 5-fluorouracil. 5-fluorouracil is metabolized to fluorodeoxyuridylic acid, which binds to and inhibits the enzyme thymidylate synthase (an enzyme important in DNA repair and replication).

Indications

Leucovorin is indicated for:

- Leucovorin calcium rescue is indicated after high dose methotrexate therapy in osteosarcoma.
- Leucovorin calcium is indicated in the treatment of megaloblastic anemias due to folic acid deficiency when oral therapy is not feasible.
- Leucovorin calcium is indicated for use in combination with 5-fluorouracil to prolong survival in the palliative treatment of patients with advanced colorectal cancer.

Required Codes

One of the following ICD-10-CM codes is required for reimbursement:

C18.0 thru C20

C40.00 thru C41.9

Dosage

The recommended dosage varies according to the clinical condition being treated. See the appropriate literature for dosing schedules.

The maximum allowable dose is 400 mg daily. A dose greater than 400 mg will be allowed if documentation shows that the body surface area is greater than 2 m^2.

Billing

HCPCS code J0640 (injection, leucovorin calcium, up to 50 mg)

Leuprolide Acetate Depot Suspension

Leuprolide acetate, a gonadotropin releasing hormone (GnRH) agonist, acts as a potent inhibitor of gonadotropin secretion when given continuously in therapeutic doses. Animal and human studies indicate that after an initial stimulation, chronic administration of leuprolide acetate results in suppression of testicular and ovarian steroidogenesis.

Indications

For the palliative treatment of advanced prostate cancer.

Dosage

The recommended dosing schedule is as follows:

- 7.5 mg monthly
- 22.5 mg every three months
- 30 mg every four months
- 45 mg every six months

Required Code

ICD-10-CM diagnosis code C61

Billing

HCPCS Code J9217 (Leuprolide acetate [for depot suspension] per 7.5 mg)

Note: This is the only HCPCS code that should be used when billing leuprolide acetate (depot suspension) for prostate cancer treatment.

Leuprolide Acetate Implant

Leuprolide acetate implant is reimbursable when used in the treatment of malignant neoplasm of the prostate (ICD-10-CM diagnosis code C61) for male patients 21 years of age or older. The implant is placed under the skin of the patient's upper inner arm and must be removed and replaced with a new implant every 12 months.

Billing

HCPCS code J9219 (leuprolide acetate implant, 65 mg)

Reimbursement for code J9219 is limited to once in 12 months.

Levoleucovorin

Levoleucovorin is the pharmacologically active isomer of 5 formyl tetrahydrofolic acid. Levoleucovorin does not require reduction by the enzyme dihydrofolate reductase in order to participate in reactions utilizing folates as a source of “onecarbon” moieties. Administration of levoleucovorin can counteract the therapeutic and toxic effects of folic acid antagonists such as methotrexate, which act by inhibiting dihydrofolate reductase.

Indications

All FDA-approved indications

Dosage

FDA-approved dosages

TAR Requirement

No *Treatment Authorization Request* (TAR) is required for reimbursement.

Age Limits

Must be six years of age or older

Billing

HCPCS code J0641 (injection, levoleucovorin, 0.5 mg)

Lisocabtagene Maraleucel (Breyanzi®)

Breyanzi is a CD19-directed genetically modified autologous T-cell immunotherapy that involves reprogramming a patient’s own T cells with a transgene encoding a chimeric antigen receptor (CAR) to identify and eliminate CD19-expressing malignant and normal cells. Following anti-CD19 CAR T-cell engagement with CD19-expressing target cells, the CD28, 4-1BB (CD137), and CD3-zeta co-stimulatory domains activate downstream signaling cascades that lead to T-cell activation, proliferation, acquisition of effector functions, and secretion of inflammatory cytokines and chemokines. This cascade of events leads to killing of CD19-expressing cells.

Indications

All FDA-approved indications

Dosage

FDA-approved dosages

TAR Requirement

An approved *Treatment Authorization Request* (TAR) is required for reimbursement.

TAR Criteria

- Breyanzi is considered medically necessary when all of the following criteria are met:
- Must be used for FDA-approved indications and dosages
- Patient must be 18 years of age or older
- Patient must have a diagnosis of one of the following large B-cell lymphoma subtypes (LBCL):
  - Diffuse large B-cell lymphoma (DLBCL) not otherwise specified, including:
    - de novo DLBCL
    - DLBCL, transformed from indolent lymphoma
  - High-grade B-cell lymphoma
  - Primary mediastinal large B-cell lymphoma
  - Follicular lymphoma, grade 3B
- Patient has relapsed or refractory disease after receiving 2 or more lines of systemic therapy
  - Patients may have received prior autologous or allogeneic Hematopoietic stem cell transplantation (HSCT)
- Eastern Cooperative Oncology Group (ECOG) performance status equal to or less than 2
- Creatinine clearance equal to or greater than 30 mL/min
- Alanine aminotransferase (ALT) equal to or less than 5 times the upper limit of normal
- Left ventricular ejection fraction equal to or greater than 40 percent
- Adequate bone marrow function, as determined by the treating physician
- No primary central nervous system (CNS) lymphoma
  - Authorized patients may include those with secondary CNS lymphoma involvement
- No active infection or inflammatory disorders
- No prior CAR T-cell therapy in relapsed or refractory (R/R) LBCL
- Must be administered in a healthcare facility certified by the manufacturer based on the Risk Evaluation and Mitigation Strategy (REMS) called the Breyanzi REMS Program

Initial authorization is for three months (1 dose only).

Reauthorization

Reauthorization is not approvable.

Breyanzi REMS Requirements

- All hospitals and their associated clinics must be certified and enrolled in the Breyanzi REMS to be able to infuse Breyanzi.
- All relevant staff involved in the prescribing, dispensing, or administering of Breyanzi are trained on Breyanzi REMS requirements, and must successfully complete the Breyanzi REMS Knowledge Assessment.

Age Limits

Must be 18 years of age or older

Billing

HCPCS code Q2054 (lisocabtagene maraleucel, up to 110 million autologous anti-cd19 car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose)

Important Instructions for Billing

Due to systems limitations, providers are to take the following steps when submitting claims for Breyanzi:

1. Submit and receive back an approved *Treatment Authorization Request* (TAR)/Service Authorization Request (SAR)
2. Bill using Q2054 (lisocabtagene maraleucel, up to 110 million autologous anti-cd19 car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose)
3. Completion of claim forms:
   - Outpatient claims may be billed by paper claim using *CMS-1500* or electronically using ASC X12N 837P v.5010.
   - Providers must submit one (1) service line on the TAR/SAR request and enter “5” in the Units box.
   - On the 837P or *CMS-1500* claim form, provider must submit one claim line to represent one (1) service.
     - ❖ Claims submitted with more than one claim line will be denied.
   - Providers must submit an invoice for reimbursement.
   - This process will ensure that the total reimbursement paid for the quantity of five (5) is no more than the paid price on the provider submitted invoice.
   - Breyanzi must be billed on its own with no other drug or biological.
4. For instructions regarding physician claim form completion, refer to the Forms page on the Medi-Cal Providers website, for completion of 837P and *CMS-1500* claim forms

Suggested ICD-10-CM Diagnosis Codes

C83.30 thru C83.39, C83.90 thru C83.99, C82.40 thru C82.59, C85.20 thru C85.29

Prescribing Restriction(s)

Frequency of billing is once in a lifetime.

Loncastuximab Tesirine-lpyl (Zynlonta™)

Loncastuximab tesirine-lpyl is an antibody-drug conjugate (ADC) targeting CD19. The monoclonal IgG1 kappa antibody component binds to human CD19, a transmembrane protein expressed on the surface of cells of B-lineage origin. The small molecule component is SG3199, a PBD dimer and alkylating agent.

Upon binding to CD19, loncastuximab tesirine-lpyl is internalized followed by release of SG3199 via proteolytic cleavage. The released SG3199 binds to the DNA minor groove and forms highly cytotoxic DNA interstrand crosslinks, subsequently inducing cell death. Loncastuximab tesirine-lpyl had anticancer activity in animal models of lymphoma.

Indications

All FDA-approved indications

Dosage

FDA-approved dosages

TAR Requirement

An approved *Treatment Authorization Request* (TAR) is required for reimbursement.

Age Limits

Must be 18 years of age or older

Billing

HCPCS code C9084 (injection, loncastuximab tesirine-lpyl, 0.1 mg)

Suggested ICD-10-CM Diagnosis Codes

C83.30 thru C83.39

Prescribing Restrictions

Frequency of billing equals 0.15 mg/kg every three weeks for two cycles, then 0.075 mg/kg every three weeks for subsequent cycles.

Lurbinectedin (Zepzelca)

Lurbinectedin is an alkylating drug that binds guanine residues in the minor groove of DNA, forming adducts and resulting in a bending of the DNA helix towards the major groove. Adduct formation triggers a cascade of events that can affect the subsequent activity of DNA binding proteins, including some transcription factors, and DNA repair pathways, resulting in perturbation of the cell cycle and eventual cell death.

Lurbinectedin inhibited human monocyte activity in vitro and reduced macrophage infiltration in implanted tumors in mice.

Indications

All FDA-approved indications

Dosage

FDA-approved dosages

TAR Requirement

An approved *Treatment Authorization Request* (TAR) is required for reimbursement.

TAR Criteria

The TAR must include clinical documentation that demonstrates all of the following:

- Must be used for FDA-approved indications and dosages
- Patient must be 18 years of age or older
- Patient must have a diagnosis of small cell lung cancer (SCLC)
- Patient has experienced disease progression or relapse following initial platinum-based chemotherapy (i.e., cisplatin, carboplatin, etc.)
- Patient must have an Eastern Cooperative Oncology Group (ECOG) performance status (PS) less than or equal to 2
- Patient must not be a pregnant or breast-feeding female
- Patient does not have central nervous system (CNS) involvement
- Patient does not have active infection such as HIV (human immunodeficiency virus), Hepatitis B, Hepatitis C, etc.

Initial authorization is for six months

Continued therapy:

- Patient continues to meet initial coverage criteria
- Patient does not have unacceptable toxicity such as severe hypersensitivity reactions, severe hepatic toxicity or severe myelosuppression
- Patient shows positive clinical benefit as evidenced by lack of disease progression, disease stabilization, or reduction in tumor size or spread

Reauthorization is for 12 months

Age Limits

Must be 18 years of age or older

Billing

HCPCS code J9223 (injection, lurbinectedin, 0.1 mg)

Suggested ICD-10-CM Diagnosis Codes

C33, C34.00 thru C34.02, C34.10 thru C34.12, C34.2, C34.30 thru C34.32, C34.80 thru C34.82, C34.90 thru C34.92

Prescribing Restrictions

Frequency of billing equals 3.2 mg/m^2 every 21 days

Lutetium Lu 177 dotatate

Lutetium Lu 177 dotatate is a radiolabeled somatostatin analog for intravenous (I.V.) infusion.

Indications

Lutetium Lu 177 dotatate is reimbursable when used to treat somatostatin receptor-positive gastroenteropancreatic neuroendocrine tumors (GEP-NETs), including foregut, midgut, and hindgut neuroendocrine tumors in adults.

Age

18 years and older

Dosage

7.4 GBq (200 mCi) given I.V. every 8 weeks for a total of 4 doses.

Authorization

An approved *Treatment Authorization Request* (TAR) is required for reimbursement.

The TAR must include clinical documentation that demonstrates the following:

- The service is medically necessary to treat progressive, advanced/inoperable or metastatic somatostatin receptor-positive gastroenteropancreatic neuroendocrine tumor(s);
- Somatostatin receptors are present on the tumor based on diagnostic imaging such as a Gallium Ga-68 dotatate PET/CT scan or by somatostatin receptor scintigraphy (octreotide scan);
- The physician’s legible, complete, and signed treatment plan/order for Lutetium Lu 177 dotatate I.V. infusion.

Billing

HCPCS code A9513 (Lutetium Lu 177, dotatate, therapeutic, 1 mCi)

One (1) unit of A9513 equals 1 mCi of Lutetium Lu 177, dotatate injection solution

Margetuximab-cmkb (Margenza™)

Margetuximab-cmkb binds to the extracellular domain of the human epidermal growth factor receptor 2 protein (HER2). Upon binding to HER2-expressing tumor cells, margetuximab-cmkb inhibits tumor cell proliferation, reduces shedding of the HER2 extracellular domain and mediates antibody-dependent cellular cytotoxicity (ADCC). In vitro, the modified Fc region of margetuximab-cmkb increases binding to activating Fc receptor FCGR3A (CD16A) and decreases binding to inhibitory Fc receptor FCGR2B (CD32B). These changes lead to greater in vitro ADCC and NK cell activation.

Indications

All-FDA-approved indications

Dosage

FDA-approved dosages

TAR Requirement

No *Treatment Authorization Request* (TAR) is required for reimbursement.

Age Limits

Must be 18 years of age or older

Billing

HCPCS code: J9353, (injection, margetuximab-cmkb, 5 mg)

Prescribing Restriction(s)

Frequency of billing equals15 mg/kg for the initial dose, then every 3 weeks for all subsequent doses

Medroxyprogesterone

Medroxyprogesterone acetate is indicated for adjunctive therapy and palliative treatment of inoperable, recurrent and metastatic endometrial carcinoma.

Dosage

If improvement is noted and the disease appears to be stabilized, it may be possible to maintain improvement with as little as 400 mg per month.

Authorization

For doses greater than 1,000 mg per day, an approved *Treatment Authorization Request* (TAR) is required for reimbursement.

Billing

HCPCS code J1050 (injection, medroxyprogesterone acetate, 1 mg)

Melphalan Flufenamide (Pepaxto®)

Melphalan flufenamide is a peptide conjugated alkylating drug. Due to its lipophilicity, melphalan flufenamide is passively distributed into cells and thereafter enzymatically hydrolyzed to melphalan. Similar to other nitrogen mustard drugs, cross-linking of DNA is involved in the antitumor activity of melphalan flufenamide. In cellular assays, melphalan flufenamide inhibited proliferation and induced apoptosis of hematopoietic and solid tumor cells. Additionally, melphalan flufenamide showed synergistic cytotoxicity with dexamethasone in melphalan resistant and non-resistant multiple myeloma cell lines.

Indication

All FDA-approved indications

Dosage

FDA-approved dosages

TAR Requirement

No *Treatment Authorization Request* (TAR) is required for reimbursement.

Age Limits

Must be 18 years of age or older

Billing

HCPCS code J9247 (injection, melphalan flufenamide hydrochloride, 1 mg)

Suggested ICD-10 Diagnosis Codes

C90.00, C90.02

Prescribing Restriction(s)

Frequency of billing equals 40 mg/40 units on day 1 of each 28-day cycle

Maximum billing unit(s) equals 40 mg/40 units

Melphalan for Injection (Evomela®)

Melphalan is an alkylating agent of the bischloroethylamine type. As a result, its cytotoxicity appears to be related to the extent of its interstrand cross-linking with DNA, probably by binding at the N7 position of guanine. Like other bifunctional alkylating agents, it is active against both resting and rapidly dividing tumor cells.

Indications

All FDA-approved indications

Dosage

FDA-approved dosages

TAR Requirement

An approved *Treatment Authorization Request* (TAR) is required for reimbursement.

TAR Criteria

Evomela will be considered medically necessary when all of the following criteria are met:

- Must be prescribed for FDA-approved indications and dosing regimens
- Patient must be 18 years of age or older
- Patient is taking this as:
  i. A high-dose conditioning treatment prior to hematopoietic progenitor (stem) cell transplantation
     a. Must document approval of stem cell transplantation and tentative procedure date; or
  ii. A palliative treatment when oral therapy is not appropriate

Approval duration: one month for stem cell transplant and six months for palliative treatment

Continued Therapy

I. Patient continues to meet initial approval criteria
II. Patient is responding positively to therapy with improvement or stabilization of disease
III. Patient has no unacceptable toxicity such as anaphylaxis

Reauthorization is for 12 months for palliative treatment

Age Limits

Must be 18 years of age or older

Billing

HCPCS code J9246 (injection, melphalan (evomela), 1 mg)

Melphalan Hydrochloride Injection, Not Otherwise Specified (NOS)

Melphalan is an alkylating agent which is a derivative of mechlorethamine that inhibits DNA and RNA synthesis via formation of carbonium ions; cross-links strands of DNA; acts on both resting and rapidly dividing tumor cells.

Indications

All FDA-approved indications

TAR Requirement

An approved *Treatment Authorization Request* (TAR) is required for reimbursement

TAR Criteria

Melphalan hydrochloride will be considered medically necessary when all of the following criteria are met:

- Must be prescribed for FDA-approved indications and dosing regimens
- Patient must be 18 years of age or older
- Patient must have a diagnosis of multiple myeloma

- Patient is taking this as palliative treatment
- Patient is unable to take oral therapy

Approval duration is six months

Continued Therapy

I. Patient continues to meet initial approval criteria

II. Patient is responding positively to therapy with improvement or stabilization of disease

III. Patient has no disease progression or unacceptable toxicity

Reauthorization is for 12 months

Age

Must be 18 years of age or older

Billing

HCPCS code J9245 (injection, melphalan hydrochloride, not otherwise specified, 50 mg)

Prescribing Restriction

Frequency of billing equals 16 mg/m² every 14 days for four doses, then every four weeks

Methotrexate

Injectable methotrexate is reimbursable when used in the treatment of both malignant and non-malignant diseases.

Dosage

Due to the wide variety of diseases and dosages in which methotrexate is used, a usual, recommended or maximum dose cannot be stated.

Billing

HCPCS code J9260 (methotrexate sodium, 50 mg)

One (1) unit equals 50 mg

Note: If less than 50 mg is administered, one unit may be submitted on the claim form.

Mitomycin (Jelmyto™)

Jelmyto is for pyelocalyceal use only. Mitomycin inhibits the synthesis of deoxyribonucleic acid (DNA). The guanine and cytosine content correlates with the degree of mitomycin-induced cross-linking. At high concentrations of the drug, cellular RNA and protein synthesis are also suppressed.

Indications

All FDA-approved indications.

Dosage

All FDA-approved dosages.

TAR Requirement

No *Treatment Authorization Request* (TAR) is required for reimbursement.

Age Limits

Must be 18 years of age or older.

Billing

HCPCS code J9281 (mitomycin pyelocalyceal instillation, 1 mg)

Suggested ICD-10-CM Diagnosis Codes

C65.1, C65.2, C65.9

Prescribing Restrictions

Frequency of billing equals initially, 60 mg/ 60 units weekly for six weeks. After 3 months, maintenance monthly dose of 60 mg/ 60 units for a maximum of 11 additional doses.

Maximum billing unit(s) equals 60 mg/60 units

Mitoxantrone

Injectable mitoxantrone is a synthetic antineoplastic anthracenedione that intercalates into deoxyribonucleic acid causing crosslinks and strand breaks. It also interferes with ribonucleic acid (RNA) and is a potent inhibitor of topoisomerase II, an enzyme responsible for uncoiling and repairing damaged DNA. It has a cytocidal effect on both proliferating and non-proliferating cultured human cells, suggesting lack of cell cycle phase specificity.

Refer to “mitoxantrone” in the *Injections: Drugs I-M Policy* section of this manual for the use of mitoxantrone in non-malignant conditions.

Indications

For the treatment of:

- Acute myeloid leukemia
- Hodgkin lymphoma
- Non-Hodgkin lymphoma
- Prostate cancer

Dosage

The recommended dose varies depending on the disease being treated.

The maximum dosage is 38 mg per day.

Billing

HCPCS code J9293 (injection, mitoxantrone HCl, per 5 mg)

Mitoxantrone may be billed in conjunction with CPT code 96413 (chemotherapy administration, intravenous infusion technique; up to one hour, single or initial substance/drug).

Mogamulizumab-kpkc (Poteligeo)

Mogamulizumab-kpkc is a defucosylated, humanized lgG1 kappa monoclonal antibody that binds to CCR4, a G protein-coupled receptor for CC chemokines that is involved in the trafficking of lymphocytes to various organs. Non-clinical in vitro studies demonstrate mogamulizumab-kpkc binding targets a cell for antibody-dependent cellular cytotoxicity (ADCC) resulting in depletion of the target cells. CCR4 is expressed on the surface of some Tcell malignancies and is expressed on regulatory T-cells (Treg) and a subset of Th2 T-cells.

Indications

All FDA-approved indications

Dosage

FDA-approved dosages

TAR Requirement

No *Treatment Authorization Request* (TAR) is required for reimbursement.

Age Limits

Must be 18 years of age or older

Billing

HCPCS code J9204 (injection, mogamulizumab-kpkc, 1 mg)

Prescribing Restriction(s)

Frequency of billing = Every 28 days (4 doses in the first 28 day-cycle, then 2 doses every 28 days thereafter).

Maximum billing unit(s) = 908 mg/ 908 units

Moxetumomab pasudotox-tdfk (Lumoxiti)

Moxetumomab pasudotox is a CD22-directed cytotoxin composed of a recombinant murine immunoglobulin genetically fused to truncated Pseudomonas exotoxin (PE38). Moxetumomab pasudotox binds CD22 on the cell surface of B-cells and is internalized. Moxetumoman pasudotox internalization results in ADP-ribosylation of elongation factor 2, inhibition of protein synthesis, and apoptotic cell death.

Indications

All FDA-approved indications

Dosage

FDA-approved dosages

TAR Requirement

No *Treatment Authorization Request* (TAR) is required for reimbursement.

Recommendations

It is recommended that:

- Patient has received at least two prior systemic therapies, including treatment with a purine nucleoside analog
- Patient is greater than or equal to 18 years of age
- Patient has not previously received six or more cycles of treatment with Lumoxiti
- Patient must not have severe renal impairment (CrCl is less than or equal to 29 mL/min)

Age Limits

Must be 18 years of age or older

Billing

HCPCS code J9313 (injection, moxetumomab pasudotox-tdfk, 0.01 mg)

Prescribing Restrictions

Frequency of billing equals On days 1, 3 and 5 of each 28-day cycle for six cycles

Maximum Billing units equals 9.1 mg equals 910 units

Naxitamab-gqgk (Danyelza®)

Naxitamab-gqgk binds to the glycolipid GD2. GD2 is a disialoganglioside that is overexpressed on neuroblastoma cells and other cells of neuroectodermal origin, including the central nervous system and peripheral nerves. In vitro, naxitamab-gqgk was able to bind to cell surface GD2 and induce complement dependent cytotoxicity (CDC) and antibody dependent cell-mediated cytotoxicity (ADCC).

Indications

All FDA-approved indications

Dosage

FDA-approves dosages

TAR Requirement

An approved *Treatment Authorization Request* (TAR) is required for reimbursement

TAR Criteria

The TAR must include clinical documentation that demonstrates the following:

- Must be used for FDA-approved indications and dosages
- Patient must be 1 year of age or older
- Patient must have a diagnosis of high-risk, refractory or relapsed neuroblastoma (NB) in the bone or bone marrow
- Patient has a partial response, minor response, or stable disease to prior therapy
- Patient is resistant to standard therapy
- Patient has been off chemotherapy and immunotherapy for a minimum of three weeks
- Must be used in combination with granulocyte-macrophage colony-stimulating factor (GM- CSF) for example: sargramostim
- Patient is not a pregnant female

Authorization is for 6 months

Continuation of therapy**:**

- Patient continues to meet initial approval criteria
- Patient has shown positive clinical benefit as evidenced by lack of disease progression or reduction in tumor size or spread
- Absence of unacceptable toxicity such as neurotoxicity (peripheral neuropathy, neurological disorders of the eye, and prolonged urinary retention) or severe hypertension.

Reauthorization is for 6 months

Age Limit

Must be 1 year of age or older

Billing

HCPCS code J9348, (injection, naxitamab-gqgk, 1 mg)

Suggested ICD-10 Diagnosis Codes

C74.0 thru C74.92.

Prescribing Restriction(s)

Frequency of billing equals 3 mg/kg/dose IV x1 on days 1, 3, 5 of 28-day cycle until complete or partial response achieved, then give x5 additional cycles q28 days, then may give subsequent cycles q56 days.

‹‹Necitumumab (Portrazza™)››

Necitumumab is a recombinant human lgG1 monoclonal antibody that binds to the human epidermal growth factor receptor (EGFR) and blocks the binding of EGFR to its ligands. Expression and activation of EGFR has been correlated with malignant progression, induction of angiogenesis and inhibition of apoptosis. Binding of necitumumab induces EGFR internalization and degradation in vitro. ‹‹In vitro, binding of necitumumab also led to antibody-dependent cellular cytotoxicity (ADCC) in EGFR-expressing cells.

In in vivo studies using xenograft models of human cancer, including non-small cell lung carcinoma, administration of necitumumab to implanted mice resulted in increased antitumor activity in combination with gemcitabine and cisplatin as compared to mice receiving gemcitabine and cisplatin alone.››

Indications

‹‹All FDA-approved indications.››

Dosage

‹‹FDA-approved dosages.››

TAR Requirement

‹‹No *Treatment Authorization Request* (TAR) is required for reimbursement.››

Billing

HCPCS code J9295 (injection, necitumumab, 1 mg)

‹‹Required ICD-10-CM Diagnosis Codes

C25.4 and C25.9››

Nelarabine

Nelarabine is reimbursable for treatment of patients with lymphosarcoma or acute lymphoid leukemia.

Dosage

The maximum daily dosage on days one, three and five is 4,050 mg unless documented body surface area (BSA) is greater than 2.7 m^2. Treatment may be repeated in 21 days.

Required Codes

Nelarabine is reimbursable only when billed in conjunction with ICD-10-CM diagnosis codes C83.50 thru C83.59 or C91.00 thru C91.02.

Billing

HCPCS code J9261 (injection, nelarabine, 50 mg)

Nivolumab

Nivolumab is a programmed death receptor-1 (PD-1)-blocking antibody solution for intravenous (IV) administration.

Indications

Nivolumab is used for the treatment of adult patients with the following:

- Melanoma
  - Unresectable or metastatic disease.
  - Cutaneous disease with pathologic involvement of regional lymph nodes of more than 1 mm who have undergone complete resection, adjuvant treatment.
- Non-Small Cell Lung Cancer
  - Metastatic disease with progression on or after platinum-based chemotherapy.
- Small Cell Lung Cancer
  - Metastatic disease with progression on or after platinum-based chemotherapy and at least one other line of therapy.

- Renal Cell Carcinoma
  - Advanced disease, previously treated with anti-angiogenic therapy or previously untreated with intermediate or poor risk, in combination with ipilimumab.
- Hodgkin's Lymphoma
  - Relapsed or with progression after autologous hematopoietic stem cell transplantation (HSCT) and brentuximab vedotin or after three or more lines of systemic therapy that includes autologous HSCT.
- Squamous Cell Carcinoma, Head and Neck
  - Metastatic or recurrent disease with progression on or after platinum-based chemotherapy.
- Urothelial Carcinoma
  - Metastatic or locally advanced disease with progression during or following platinum-containing chemotherapy or progression within 12 months of neoadjuvant or adjuvant treatment with platinum-containing chemotherapy.
- Hepatocellular Carcinoma
  - Metastatic or locally advanced disease with progression or intolerance to sorafenib.

Nivolumab is used for the treatment of adolescent and adult patients with the following:

- Colorectal Cancer
  - Metastatic disease, microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR) with progression, as a single agent or in combination with ipilimumab.

Age

12 years and older

Dosage

The recommended dosage varies based on the treatment condition.

Authorization

An approved *Treatment Authorization Request* (TAR) is required for reimbursement.

- The TAR must include clinical documentation that demonstrates the following:
- The service is medically necessary.
- Alternative treatments have been tried or considered, have failed, or are contraindicated.
- The physician's legible, complete, and signed treatment plan/order for nivolumab.

Billing

HCPCS code J9299 (injection, nivolumab, 1 mg)

One (1) unit of J9229 equals 1 mg of nivolumab

Obinutuzumab

Obinutuzumab is a monoclonal antibody that targets the CD20 antigen expressed on the surface of pre B- and mature B-lymphocytes. Upon binding to CD20, obinutuzumab mediates B-cell lysis through:

- Engagement of immune effector cells
- Directly activating intracellular death signaling pathways, and/or
- Activation of the complement cascade

The immune effector cell mechanisms include antibody-dependent cellular cytotoxicity and antibody-dependent cellular phagocytosis.

Indications

In combination with chlorambucil for the treatment of patients 18 years of age and older with previously untreated chronic lymphocytic leukemia.

Dosage

Recommended dose for six cycles (28-day cycles):

- Day 1, cycle 1: 100 mg
- Day 2, cycle 1: 900 mg
- Days 8 and 15, cycle 1: 1,000 mg
- Day 1, cycles 2 through 6: 1,000 mg

The maximum recommended dose is 1,000 mg per day.

Authorization

An approved *Treatment Authorization Request* (TAR) is required for reimbursement.

Billing

HCPCS code J9301 (injection, obinutuzumab, 10 mg)

Ofatumumab

Ofatumumab is an IgG1 human monoclonal antibody which binds specifically to both the small and large extracellular loops of the CD20 molecule. The CD20 molecule is expressed on normal B lymphocytes and on B-cells of chronic lymphocytic leukemia. The binding of ofatumumab to the CD20 molecule results in B-cell lysis in vitro. Data suggest that possible mechanisms of cell lysis include complement-dependent cytotoxicity and antibody-dependent, cell-mediated cytoxicity.

Indications

For the treatment of patients with chronic lymphocytic leukemia refractory to fludarabine and alemtuzumab.

Diagnosis Restrictions

Restricted to ICD-10-CM diagnosis code C91.10 or C91.12.

Dosage

The recommended dose and schedule is 12 doses administered as follows:

- Dose 1: 300 mg initial dose, followed seven days later by
- Doses 2 through 8: 2,000 mg weekly for seven doses, followed four weeks later by
- Doses 9 through 12: 2,000 mg every 4 weeks for four doses

The maximum daily dosage on days one, three and five is 4,050 mg unless documented body surface area (BSA) is greater than 2.7 m^2. Treatment may be repeated in 21 days.

Billing

HCPCS Code J9302 (injection, ofatumumab, 10 mg)
One billing unit equals 10 mg

Olaratumab

Olaratumab (Lartruvo™) is a platelet-derived growth factor receptor alpha (PDGFR-α) blocking antibody indicated, in combination with doxorubicin, for the treatment of adult patients with soft tissue sarcoma (STS) with a histologic subtype for which an anthracycline-containing regimen is appropriate and which is not amenable to curative treatment with radiotherapy or surgery.

Indications

Olaratumab is indicated for the treatment of adult patients with STS.

Authorization

An approved *Treatment Authorization Request* (TAR) is required for reimbursement. The TAR must state that the patient has STS with a histologic subtype for which an anthracycline-containing regimen is appropriate and which is not amenable to curative treatment with radiotherapy or surgery.

Dosage

Administer olaratumab at 15 mg/kg as an intravenous infusion over 60 minutes on days one and eight of each 21-day cycle until disease progression or unacceptable toxicity.

For the first eight cycles, olaratumab:

- Is administered with doxorubicin. Pre-medicate with diphenhydramine and dexamethasone intravenously prior to Lartruvo on day one of cycle one.
- Is for intravenous infusion only.
- Is not to be administered as an intravenous push or bolus.

Billing

HCPCS code J9285 (injection, olaratumab, 10 mg)

Oxaliplatin

Oxaliplatin is a platinum-based antineoplastic agent.

Indications

Oxaliplatin is indicated in the treatment of advanced colorectal cancer, stage III colon cancer (adjuvant) and gastric cancer.

Dosage

Advanced colorectal cancer: 85 mg/m^2 every 14 days until disease progression or unacceptable toxicity

Stage III colon cancer (adjuvant): 85 mg/m^2 every 14 days for a total of six months (12 cycles)

Gastric cancer: 100 mg/m^2 every 14 days

Required Codes

Oxaliplatin is reimbursable only when billed in conjunction with one of the following ICD-10-CM diagnosis codes: C16.0 thru C16.9 and C18.0 thru C20.

Billing

HCPCS code J9263 (injection, oxaliplatin, 0.5 mg)

Legend

Symbols used in the document above are explained in the following table.

Symbol	Description
‹‹	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
››	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.