

## Cyramza® (ramucirumab) (Intravenous)

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### I. Length of Authorization

Coverage will be provided for 6 months and may be renewed.

### II. Dosing Limits

#### A. Quantity Limit (max daily dose) [NDC Unit]:

- Cyramza 100 mg/10 mL: 4 vials per 14 days
- Cyramza 500 mg/50 mL: 2 vials per 14 days

#### B. Max Units (per dose and over time) [HCPCS Unit]:

Gastric, Gastroesophageal, HCC, and Colorectal Cancer:

- 180 billable units every 14 days

NSCLC:

- 240 billable units every 14 days

### III. Initial Approval Criteria <sup>1</sup>

Coverage is provided in the following conditions:

- Patient is at least 18 years of age; **AND**

#### Universal Criteria <sup>1</sup>

- Patient does not have uncontrolled severe hypertension; **AND**
- Patient must not have had a surgical procedure within the preceding 28 days or have a surgical wound that has not fully healed; **AND**

#### Gastric, Esophageal, and Gastro-esophageal Junction Adenocarcinoma † $\Phi$ <sup>1-3,5-7,14,15</sup>

- Used as subsequent therapy; **AND**
- Used as a single agent OR in combination with paclitaxel; **AND**
  - Patient has advanced, recurrent, or metastatic disease; **OR**

- Used as palliative therapy for locoregional disease in patients who are not surgical candidates

### Non-Small Cell Lung Cancer †<sup>1,3,8,12,13</sup>

- Patient has recurrent, advanced, or metastatic disease; **AND**
  - Used as subsequent therapy following progression on a first-line cytotoxic regimen; **AND**
    - Used in combination with docetaxel; **AND**
    - Patient has not previously been treated with docetaxel or ramucirumab; **OR**
  - Used in combination with erlotinib for EGFR mutation-positive disease (excluding locoregional recurrence or symptomatic local disease without evidence of disseminated disease, except for mediastinal lymph node recurrence with prior radiation therapy) ‡; **AND**
    - Used as first-line therapy; **OR**
    - Used for continuation of therapy following disease progression on combination erlotinib and ramucirumab therapy for asymptomatic disease, symptomatic brain lesions, or isolated systemic lesions

### Colorectal Adenocarcinoma †<sup>1,3,9-11</sup>

- Used in combination with FOLFIRI (irinotecan, folinic acid/leucovorin, and 5-fluorouracil) for metastatic disease that progressed on or after therapy with bevacizumab, oxaliplatin, and a fluoropyrimidine †; **OR**
- Used in combination with irinotecan or FOLFIRI; **AND**
  - Used as first-line therapy for metastatic disease after adjuvant therapy with FOLFOX (fluorouracil, folinic acid/leucovorin, and oxaliplatin) or CapeOX (capecitabine and oxaliplatin) within the previous 12 months ‡; **OR**
  - Used as subsequent therapy for advanced or metastatic disease ‡; **AND**
    - Patient has not previously been treated with irinotecan-based therapy

### Hepatocellular Carcinoma (HCC) † Φ<sup>1,3,4,16</sup>

- Used as single agent therapy; **AND**
- Used as subsequent therapy for progressive disease; **AND**
- Patient must have an alfa-fetoprotein (AFP) level of  $\geq 400$  ng/mL; **AND**
  - Patient was previously treated with sorafenib †; **OR**
  - Patient has unresectable disease and is not a transplant candidate ‡; **OR**
  - Patient is inoperable by performance status or comorbidity ‡; **OR**
  - Patient has local disease or local disease with minimal extrahepatic disease only ‡; **OR**
  - Patient has metastatic disease or extensive liver tumor burden ‡

† FDA Approved Indication(s); ‡ Compendia recommended indication(s); Φ Orphan Drug

#### IV. Renewal Criteria<sup>1,3,13</sup>

Authorizations can be renewed based on the following criteria:

- Patient continues to meet universal and other indication-specific relevant criteria such as concomitant therapy requirements (not including prerequisite therapy), performance status, etc. identified in section III; **AND**
- Disease response with treatment as defined by stabilization of disease or decrease in size of tumor or tumor spread; **AND**
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: hemorrhage, arterial thromboembolic events, uncontrolled hypertension, infusion-related reactions, severe proteinuria (> 3g/24h)/nephrotic syndrome, gastrointestinal perforations, impaired wound healing, posterior reversible encephalopathy syndrome (PRES), thyroid dysfunction, worsening of pre-existing hepatic impairment, etc.; **AND**

**Non-Small Cell Lung Cancer (continuation of therapy in combination with erlotinib following disease progression):**

- *Refer to Section III for criteria*

#### V. Dosage/Administration<sup>1,12</sup>

| Indication  | Dose   |
|---|--|
| Gastric, gastroesophageal, hepatocellular carcinoma and colorectal cancer | 8 mg/kg intravenously every 14 days until disease progression or unacceptable toxicity   |
| NSCLC   | <u>In combination with docetaxel</u> : 10 mg/kg intravenously every 21 days until disease progression or unacceptable toxicity<br><u>In combination with erlotinib</u> : 10 mg/kg intravenously every 14 days until disease progression or unacceptable toxicity |

#### VI. Billing Code/Availability Information

HCPCS code:

- J9308 – Injection, ramucirumab, 5 mg: 1 billable unit = 5 mg

NDC:

- Cyramza 100 mg/10 mL solution, single dose vial: 00002-7669-xx
- Cyramza 500 mg/50 mL solution, single dose vial: 00002-7678-xx

#### VII. References

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## Appendix 1 – Covered Diagnosis Codes

| ICD-10 | ICD-10 Description                              |
|--------|---|
| C15.3  | Malignant neoplasm of upper third of esophagus  |
| C15.4  | Malignant neoplasm of middle third of esophagus |
| C15.5  | Malignant neoplasm of lower third of esophagus  |

| ICD-10 | ICD-10 Description   |
|--------|--|
| C15.8  | Malignant neoplasm of overlapping sites of esophagus                   |
| C15.9  | Malignant neoplasm of esophagus, unspecified                           |
| C16.0  | Malignant neoplasm of cardia   |
| C16.1  | Malignant neoplasm of fundus of stomach                                |
| C16.2  | Malignant neoplasm of body of stomach                                  |
| C16.3  | Malignant neoplasm of pyloric antrum                                   |
| C16.4  | Malignant neoplasm of pylorus  |
| C16.5  | Malignant neoplasm of lesser curvature of stomach, unspecified         |
| C16.6  | Malignant neoplasm of greater curvature of stomach, unspecified        |
| C16.8  | Malignant neoplasm of overlapping sites of stomach                     |
| C16.9  | Malignant neoplasm of stomach, unspecified                             |
| C17.0  | Malignant neoplasm duodenum  |
| C17.1  | Malignant neoplasm jejunum   |
| C17.2  | Malignant neoplasm ileum   |
| C17.8  | Malignant neoplasm of overlapping sites of small intestines            |
| C17.9  | Malignant neoplasm of small intestine, unspecified                     |
| C18.0  | Malignant neoplasm of cecum  |
| C18.1  | Malignant neoplasm of appendix   |
| C18.2  | Malignant neoplasm of ascending colon                                  |
| C18.3  | Malignant neoplasm of hepatic flexure                                  |
| C18.4  | Malignant neoplasm of transverse colon                                 |
| C18.5  | Malignant neoplasm of splenic flexure                                  |
| C18.6  | Malignant neoplasm of descending colon                                 |
| C18.7  | Malignant neoplasm of sigmoid colon                                    |
| C18.8  | Malignant neoplasm of overlapping sites of large intestines            |
| C18.9  | Malignant neoplasm of colon, unspecified                               |
| C19    | Malignant neoplasm of rectosigmoid junction                            |
| C20    | Malignant neoplasm of rectum   |
| C21.8  | Malignant neoplasm of overlapping sites of rectum, anus and anal canal |
| C22.0  | Liver cell carcinoma   |
| C22.8  | Malignant neoplasm of liver, primary, unspecified as to type           |
| C22.9  | Malignant neoplasm of liver, not specified as primary or secondary     |
| C33    | Malignant neoplasm of trachea  |
| C34.00 | Malignant neoplasm of main bronchus                                    |
| C34.01 | Malignant neoplasm of right main bronchus                              |

| ICD-10  | ICD-10 Description   |
|---------|--|
| C34.02  | Malignant neoplasm of left main bronchus                                 |
| C34.10  | Malignant neoplasm of upper lobe, unspecified bronchus or lung           |
| C34.11  | Malignant neoplasm of upper lobe, right bronchus or lung                 |
| C34.12  | Malignant neoplasm of upper lobe, left bronchus or lung                  |
| C34.2   | Malignant neoplasm of middle lobe, bronchus or lung                      |
| C34.30  | Malignant neoplasm of lower lobe, unspecified bronchus or lung           |
| C34.31  | Malignant neoplasm of lower lobe, right bronchus or lung                 |
| C34.32  | Malignant neoplasm of lower lobe, left bronchus or lung                  |
| C34.80  | Malignant neoplasm of overlapping sites of unspecified bronchus and lung |
| C34.81  | Malignant neoplasm of overlapping sites of right bronchus and lung       |
| C34.82  | Malignant neoplasm of overlapping sites of left bronchus and lung        |
| C34.90  | Malignant neoplasm of unspecified part of unspecified bronchus or lung   |
| C34.91  | Malignant neoplasm of unspecified part of right bronchus or lung         |
| C34.92  | Malignant neoplasm of unspecified part of left bronchus or lung          |
| C78.00  | Secondary malignant neoplasm of lung                                     |
| C78.01  | Secondary malignant neoplasm of lung                                     |
| C78.02  | Secondary malignant neoplasm of lung                                     |
| C78.6   | Secondary malignant neoplasm of retroperitoneum and peritoneum           |
| C78.7   | Secondary malignant neoplasm of liver and intrahepatic bile duct         |
| D37.1   | Neoplasm of uncertain behavior of stomach                                |
| D37.8   | Neoplasm of uncertain behavior of other specified digestive organs       |
| D37.9   | Neoplasm of uncertain behavior of digestive organ, unspecified           |
| Z85.00  | Personal history of malignant neoplasm of unspecified digestive organ    |
| Z85.01  | Personal history of malignant neoplasm of esophagus                      |
| Z85.028 | Personal history of other malignant neoplasm of stomach                  |
| Z85.038 | Personal history of malignant neoplasm of large intestine                |
| Z85.068 | Personal history of other malignant neoplasm of small intestine          |
| Z85.118 | Personal history of other malignant neoplasm of bronchus and lung        |

## Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD), Local Coverage Determinations (LCDs), and Local Coverage Articles (LCAs) may exist and compliance with these policies is required where applicable. They can be found at: <http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx>. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD/LCA):

|   |   |
|---|---|
| <b>Jurisdiction(s):</b> J & M   | <b>NCD/LCD/LCA Document (s):</b> A56141 |
| <a href="https://www.cms.gov/medicare-coverage-database/search/article-date-search.aspx?DocID=A56141&amp;bc=gAAAAAAAAAAAA">https://www.cms.gov/medicare-coverage-database/search/article-date-search.aspx?DocID=A56141&amp;bc=gAAAAAAAAAAAA</a> |   |

| Medicare Part B Administrative Contractor (MAC) Jurisdictions |   |   |
|---|---|---|
| Jurisdiction  | Applicable State/US Territory   | Contractor  |
| E (1)   | CA, HI, NV, AS, GU, CNMI  | Noridian Healthcare Solutions, LLC                |
| F (2 & 3)   | AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ  | Noridian Healthcare Solutions, LLC                |
| 5   | KS, NE, IA, MO  | Wisconsin Physicians Service Insurance Corp (WPS) |
| 6   | MN, WI, IL  | National Government Services, Inc. (NGS)          |
| H (4 & 7)   | LA, AR, MS, TX, OK, CO, NM  | Novitas Solutions, Inc.                           |
| 8   | MI, IN  | Wisconsin Physicians Service Insurance Corp (WPS) |
| N (9)   | FL, PR, VI  | First Coast Service Options, Inc.                 |
| J (10)  | TN, GA, AL  | Palmetto GBA, LLC                                 |
| M (11)  | NC, SC, WV, VA (excluding below)  | Palmetto GBA, LLC                                 |
| L (12)  | DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in VA) | Novitas Solutions, Inc.                           |
| K (13 & 14)   | NY, CT, MA, RI, VT, ME, NH  | National Government Services, Inc. (NGS)          |
| 15  | KY, OH  | CGS Administrators, LLC                           |