



## Yondelis® (trabectedin) (Intravenous)

Document Number: IC-0257

Last Review Date: 09/01/2020

Date of Origin: 12/04/2015

Dates Reviewed: 12/2015, 07/2016, 02/2017, 05/2017, 08/2017, 11/2017, 02/2018, 05/2018, 09/2018, 12/2018, 03/2019, 06/2019, 09/2019, 12/2019, 03/2020, 06/2020, 09/2020

### I. Length of Authorization

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

### II. Dosing Limits

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

- 1 mg vial for injection: 4 vials every 21 days

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

- 40 billable units every 21 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>

- Left ventricular ejection fraction (LVEF) is within normal limits prior to initiating therapy and will be assessed at regular intervals (e.g., every 3 months) during treatment; **AND**
- Used as single agent therapy; **AND**

#### Soft Tissue Sarcoma (STS) ‡ Φ <sup>1-4</sup>

- Patient has unresectable or metastatic liposarcoma or leiomyosarcoma ‡; **AND**
  - Used as subsequent therapy after an anthracycline-containing regimen (e.g., doxorubicin, etc.); **OR**
- Used as palliative therapy; **AND**
  - Patient has a diagnosis of one of the following sub-types of soft tissue sarcoma:
    - Angiosarcoma
    - Rhabdomyosarcoma; **AND**

- Used as subsequent therapy for advanced or metastatic pleomorphic rhabdomyosarcoma; **OR**
- Used for non-pleomorphic rhabdomyosarcoma
- Retroperitoneal/Intra-abdominal; **AND**
  - Used as subsequent therapy for recurrent unresectable or stage IV disease
- Extremity/Body Wall, Head/Neck; **AND**
  - Used as subsequent therapy for advanced or metastatic disease with disseminated metastases
- Solitary Fibrous Tumor
- Undifferentiated Pleomorphic Sarcoma

#### Uterine Sarcoma †<sup>2,5</sup>

- Patient has uterine leiomyosarcoma; **AND**
- Used as subsequent therapy after an anthracycline-containing regimen (e.g., doxorubicin, etc.); **AND**
  - Patient has unresectable, metastatic or recurrent disease; **OR**
  - Patient has disease that is not suitable for primary surgery

† FDA approved indication(s); ‡ Compendia recommended indication(s); Ⓞ Orphan Drug

## IV. Renewal Criteria <sup>1</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: cardiomyopathy, rhabdomyolysis, hepatotoxicity and/or severe hepatic impairment, capillary leak syndrome (CPS), severe neutropenia/neutropenic sepsis, extravasation resulting in tissue necrosis, etc.; **AND**
- Left ventricular ejection fraction (LVEF) has not had an absolute decrease of  $\geq 15\%$  from baseline **OR** is not below the lower limit of normal (LLN) with an absolute decrease of  $\geq 5\%$  (LVEF results must be within the previous 3 months)

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

Indication	Dose
All indications	1.5 mg/m <sup>2</sup> administered intravenously (IV) every 21 days, until disease progression or unacceptable toxicity

## VI. Billing Code/Availability Information

### HCPCS Code:

- J9352 - Injection, trabectedin, 0.1 mg: 1 billable unit = 0.1 mg

### NDC:

- Yondelis 1 mg vial for injection: 59676-0610-xx

## VII. References

1. Yondelis [package insert]. Horsham, PA; Janssen Products, LP; June 2020. Accessed August 2020.
2. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium<sup>®</sup>) trabectedin. National Comprehensive Cancer Network, 2020. The NCCN Compendium<sup>®</sup> is a derivative work of the NCCN Guidelines<sup>®</sup>. NATIONAL COMPREHENSIVE CANCER NETWORK<sup>®</sup>, NCCN<sup>®</sup>, and NCCN GUIDELINES<sup>®</sup> are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Compendium, go online to NCCN.org. Accessed August 2020.
3. Demetri GD, von Mehren M, Jones RL, et al. Efficacy and Safety of Trabectedin or Dacarbazine for Metastatic Liposarcoma or Leiomyosarcoma After Failure of Conventional Chemotherapy: Results of a Phase III Randomized Multicenter Clinical Trial. *J Clin Oncol.* 2016;34(8):786-793.
4. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines<sup>®</sup>) for Soft Tissue Sarcoma Version 2.2020. National Comprehensive Cancer Network, 2020. NATIONAL COMPREHENSIVE CANCER NETWORK<sup>®</sup>, NCCN<sup>®</sup>, and NCCN GUIDELINES<sup>®</sup> are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Guidelines, go online to NCCN.org. Accessed August 2020.
5. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines<sup>®</sup>) for Uterine Neoplasms Version 2.2020. National Comprehensive Cancer Network, 2020. NATIONAL COMPREHENSIVE CANCER NETWORK<sup>®</sup>, NCCN<sup>®</sup>, and NCCN GUIDELINES<sup>®</sup> are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Guidelines, go online to NCCN.org. Accessed August 2020.
6. Palmetto GBA. Local Coverage Article (LCA): Billing and Coding: Chemotherapy (A56141). Centers for Medicare & Medicaid Services, Inc. Updated on 05/26/2020 with effective date 4/30/2020. Accessed August 2020.

## Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
C22.3	Angiosarcoma of liver
C47.0	Malignant neoplasm of peripheral nerves of head, face and neck
C47.10	Malignant neoplasm of peripheral nerves of unspecified upper limb, including shoulder
C47.11	Malignant neoplasm of peripheral nerves of right upper limb, including shoulder
C47.12	Malignant neoplasm of peripheral nerves of left upper limb, including shoulder
C47.20	Malignant neoplasm of peripheral nerves of unspecified lower limb, including hip
C47.21	Malignant neoplasm of peripheral nerves of right lower limb, including hip
C47.22	Malignant neoplasm of peripheral nerves of left lower limb, including hip
C47.3	Malignant neoplasm of peripheral nerves of thorax
C47.4	Malignant neoplasm of peripheral nerves of abdomen
C47.5	Malignant neoplasm of peripheral nerves of pelvis
C47.6	Malignant neoplasm of peripheral nerves of trunk, unspecified
C47.8	Malignant neoplasm of overlapping sites of peripheral nerves and autonomic nervous system
C47.9	Malignant neoplasm of peripheral nerves and autonomic nervous system, unspecified
C48.0	Malignant neoplasm of retroperitoneum
C48.1	Malignant neoplasm of specified parts of peritoneum
C48.2	Malignant neoplasm of peritoneum, unspecified
C48.8	Malignant neoplasm of overlapping sites of retroperitoneum and peritoneum
C49.0	Malignant neoplasm of connective and soft tissue of head, face and neck
C49.10	Malignant neoplasm of connective and soft tissue of unspecified upper limb, including shoulder
C49.11	Malignant neoplasm of connective and soft tissue of right upper limb, including shoulder
C49.12	Malignant neoplasm of connective and soft tissue of left upper limb, including shoulder
C49.20	Malignant neoplasm of connective and soft tissue of unspecified lower limb, including hip
C49.21	Malignant neoplasm of connective and soft tissue of right lower limb, including hip
C49.22	Malignant neoplasm of connective and soft tissue of left lower limb, including hip
C49.3	Malignant neoplasm of connective and soft tissue of thorax
C49.4	Malignant neoplasm of connective and soft tissue of abdomen
C49.5	Malignant neoplasm of connective and soft tissue of pelvis
C49.6	Malignant neoplasm of connective and soft tissue of trunk, unspecified
C49.8	Malignant neoplasm of overlapping sites of connective and soft tissue
C49.9	Malignant neoplasm of connective and soft tissue, unspecified
C53.0	Malignant neoplasm of endocervix
C54.0	Malignant neoplasm of isthmus uteri

ICD-10	ICD-10 Description
C54.1	Malignant neoplasm of endometrium
C54.2	Malignant neoplasm of myometrium
C54.3	Malignant neoplasm of fundus uteri
C54.8	Malignant neoplasm of overlapping sites of corpus uteri
C54.9	Malignant neoplasm of corpus uteri, unspecified
C55	Malignant neoplasm of uterus, part unspecified
C78.00	Secondary malignant neoplasm of unspecified lung
C78.01	Secondary malignant neoplasm of right lung
C78.02	Secondary malignant neoplasm of left lung
Z85.831	Personal history of malignant neoplasm of soft tissue

## 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.

### Medicare Part B Administrative Contractor (MAC) Jurisdictions

Jurisdiction	Applicable State/US Territory	Contractor
K (13 & 14)	NY, CT, MA, RI, VT, ME, NH	National Government Services, Inc. (NGS)
15	KY, OH	CGS Administrators, LLC