Aliqopa® (copanlisib)

(Intravenous)

Document Number: IC-0321

Last Review Date: 10/24/2022 Date of Origin: 09/19/2017

Dates Reviewed: 09/2017, 07/2018, 10/2018, 11/2019, 11/2020, 11/2021, 11/2022

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]:
 - Aliqopa 60 mg single-dose vial: 3 vials per 28 day supply
- B. Max Units (per dose and over time) [HCPCS Unit]:
 - 60 billable units on Days 1, 8, & 15 of a 28-day cycle

III. Initial Approval Criteria ¹

Coverage is provided in the following conditions:

• Patient is at least 18 years of age; AND

Universal Criteria 1,3

• Used as a single agent; AND

B-Cell Lymphomas 1,3

- Used as subsequent therapy after at least two (2) prior therapies; AND
- Patient has one of the following diagnoses:
 - o Follicular Lymphoma (FL) that is relapsed, refractory, or progressive † **\Pi**; **OR**
 - o Nongastric (Noncutaneous) MALT Lymphoma that is relapsed or refractory \$\pm\$; **OR**
 - o Gastric MALT Lymphoma that is relapsed, refractory, or progressive ‡; OR
 - o Nodal Marginal Zone Lymphoma that is relapsed, refractory, or progressive ‡; OR
 - o Splenic Marginal Zone Lymphoma that is relapsed or refractory ‡

† FDA-labeled indication(s); ‡ Compendia recommended indication(s); Φ Orphan Drug

IV. Renewal Criteria 1,3

Coverage can be renewed based upon 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
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: serious infections (e.g., pneumocystis jiroveci pneumonia [PJP] of any grade), uncontrolled hyperglycemia, uncontrolled hypertension, non-infectious pneumonitis, neutropenia (i.e., ANC < 0.5 x 10³ cells/mm³), severe cutaneous reactions (i.e., Grade 3 or 4), etc.; **AND**
- Disease response with treatment as defined by stabilization of disease or decrease in size of tumor or tumor spread

V. Dosage/Administration ¹

Indication	Dose	
B-Cell Lymphomas	Administer 60 mg as an intravenous infusion on Days 1, 8, and 15 of a 28-day	
	cycle. Continue treatment until disease progression or unacceptable toxicity.	

VI. Billing Code/Availability Information

HCPCS Code:

• J9057 - Injection, copanlisib, 1 mg: 1 billable unit = 1 mg

NDC:

• Aliqopa 60 mg single-dose vial: 50419-0385-xx

VII. References

- 1. Aliqopa [package insert]. Whippany, NJ; Bayer HealthCare Pharmaceuticals Inc.; February 2022. Accessed September 2022.
- 2. Dreyling M, Santoro A., Mollica L, et al. (2017) COPANLISIB IN PATIENTS WITH RELAPSED OR REFRACTORY INDOLENT B-CELL LYMPHOMA (CHRONOS-1). Hematological Oncology, 35(S2): 119–120. doi: 10.1002/hon.2437_107.
- 3. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) Copanlisib. National Comprehensive Cancer Network, 2022. The NCCN Compendium® is a derivative work of the NCCN Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® 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 September 2022.
- 4. Dreyling M, Santoro A, Mollica L, et al. Updated Safety and Efficacy from the Copanlisib CHRONOS-1 Trial in Patients with Relapsed or Refractory Indolent B-Cell Lymphoma: Low Incidence of Late-Onset Severe Toxicities. Blood, 130(Suppl 1), 2777.

- 5. Martin Dreyling, Armando Santoro, Luigina Mollica, et al. Phosphatidylinositol 3-Kinase Inhibition by Copanlisib in Relapsed or Refractory Indolent Lymphoma. J Clin Oncol 2017; 35: 3898-3905.
- 6. Dreyling M, Panayiotidis P, Egyed M, et al. Efficacy of Copanlisib Monotherapy in Patients with Relapsed or Refractory Marginal Zone Lymphoma: Subset Analysis from the CHRONOS-1 Trial [abstract]. Blood 2017;130:Abstract 4053.

Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description	
C82.00	Follicular lymphoma grade I, unspecified site	
C82.01	Follicular lymphoma grade I, lymph nodes of head, face and neck	
C82.02	Follicular lymphoma, grade I, intrathoracic lymph nodes	
C82.03	Follicular lymphoma grade I, intra-abdominal lymph nodes	
C82.04	Follicular lymphoma grade I, lymph nodes of axilla and upper limb	
C82.05	Follicular lymphoma grade I, lymph nodes of inguinal regional and lower limb	
C82.06	Follicular lymphoma grade I, intrapelvic lymph nodes	
C82.07	Follicular lymphoma grade I, spleen	
C82.08	Follicular lymphoma grade I, lymph nodes of multiple sites	
C82.09	Follicular lymphoma grade I, extranodal and solid organ sites	
C82.10	Follicular lymphoma grade II, unspecified site	
C82.11	Follicular lymphoma grade II, lymph nodes of head, face and neck	
C82.12	Follicular lymphoma, grade II, intrathoracic lymph nodes	
C82.13	Follicular lymphoma grade II, intra-abdominal lymph nodes	
C82.14	Follicular lymphoma grade II, lymph nodes of axilla and upper limb	
C82.15	Follicular lymphoma grade II, lymph nodes of inguinal region and lower limb	
C82.16	Follicular lymphoma grade II, intrapelvic lymph nodes	
C82.17	Follicular lymphoma grade II, spleen	
C82.18	Follicular lymphoma grade II, lymph nodes of multiple sites	
C82.19	Follicular lymphoma grade II, extranodal and solid organ sites	
C82.20	Follicular lymphoma grade III, unspecified, unspecified site	
C82.21	Follicular lymphoma grade III, unspecified, lymph nodes of head, face and neck	
C82.22	Follicular lymphoma, grade III, unspecified, intrathoracic lymph nodes	
C82.23	Follicular lymphoma grade III, unspecified, intra-abdominal lymph nodes	
C82.24	Follicular lymphoma grade III, unspecified, lymph nodes of axilla and upper limb	
C82.25	Follicular lymphoma grade III, unspecified, lymph nodes of inguinal region and lower limb	
C82.26	Follicular lymphoma grade III, unspecified, intrapelvic lymph nodes	
C82.27	Follicular lymphoma grade III, unspecified, spleen	
C82.28	Follicular lymphoma grade III, unspecified, lymph nodes of multiple sites	

C82.29	Follicular lymphoma grade III, unspecified, extranodal and solid organ sites	
C82.30	Follicular lymphoma grade IIIa, unspecified site	
C82.31	Follicular lymphoma grade IIIa, lymph nodes of head, face and neck	
C82.32	Follicular lymphoma, grade IIIa, intrathoracic lymph nodes	
C82.33	Follicular lymphoma grade IIIa, intra-abdominal lymph nodes	
C82.34	Follicular lymphoma grade IIIa, lymph nodes of axilla and upper limb	
C82.35	Follicular lymphoma grade IIIa, lymph nodes of inguinal region and lower limb	
C82.36	Follicular lymphoma grade IIIa, intrapelvic lymph nodes	
C82.37	Follicular lymphoma grade IIIa, spleen	
C82.38	Follicular lymphoma grade IIIa, lymph nodes of multiple sites	
C82.39	Follicular lymphoma grade IIIa, extranodal and solid organ sites	
C82.40	Follicular lymphoma grade IIIb, unspecified site	
C82.41	Follicular lymphoma grade IIIb, lymph nodes of head, face and neck	
C82.42	Follicular lymphoma, grade IIIb, intrathoracic lymph nodes	
C82.43	Follicular lymphoma grade IIIb, intra-abdominal lymph nodes	
C82.44	Follicular lymphoma grade IIIb, lymph nodes of axilla and upper limb	
C82.45	Follicular lymphoma grade IIIb, lymph nodes of inguinal region and lower limb	
C82.46	Follicular lymphoma grade IIIb, intrapelvic lymph nodes	
C82.47	Follicular lymphoma grade IIIb, spleen	
C82.48	Follicular lymphoma grade IIIb, lymph nodes of multiple sites	
C82.49	Follicular lymphoma grade IIIb, extranodal and solid organ sites	
C82.50	Diffuse follicle center lymphoma, unspecified site	
C82.51	Diffuse follicle center lymphoma, lymph nodes of head, face, and neck	
C82.52	Diffuse follicle center lymphoma, intrathoracic lymph nodes	
C82.53	Diffuse follicle center lymphoma, intra-abdominal lymph nodes	
C82.54	Diffuse follicle center lymphoma, lymph nodes of axilla and upper limb	
C82.55	Diffuse follicle center lymphoma, lymph nodes of inguinal region and lower limb	
C82.56	Diffuse follicle center lymphoma, intrapelvic lymph nodes	
C82.57	Diffuse follicle center lymphoma, spleen	
C82.58	Diffuse follicle center lymphoma, lymph nodes of multiple sites	
C82.59	Diffuse follicle center lymphoma, extranodal and solid organ sites	
C82.60	Cutaneous follicle center lymphoma, unspecified site	
C82.61	Cutaneous follicle center lymphoma, lymph nodes of head, face, and neck	
C82.62	Cutaneous follicle center lymphoma, intrathoracic lymph nodes	
C82.63	Cutaneous follicle center lymphoma, intra-abdominal lymph nodes	
C82.64	Cutaneous follicle center lymphoma, lymph nodes of axilla and upper limb	
C82.65	Cutaneous follicle center lymphoma, lymph nodes of inguinal region and lower limb	
C82.66	Cutaneous follicle center lymphoma, intrapelvic lymph nodes	

C82.67	Cutaneous follicle center lymphoma, spleen		
C82.68	Cutaneous follicle center lymphoma, lymph nodes of multiple sites		
C82.69	Cutaneous follicle center lymphoma, extranodal and solid organ sites		
C82.80	Other types of follicular lymphoma, unspecified site		
C82.81	Other types of follicular lymphoma, lymph nodes of head, face, and neck		
C82.82	Other types of follicular lymphoma, intrathoracic lymph nodes		
C82.83	Other types of follicular lymphoma, intra-abdominal lymph nodes		
C82.84	Other types of follicular lymphoma, lymph nodes of axilla and upper limb		
C82.85	Other types of follicular lymphoma, lymph nodes of inguinal region and lower limb		
C82.86	Other types of follicular lymphoma, intrapelvic lymph nodes		
C82.87	Other types of follicular lymphoma, spleen		
C82.88	Other types of follicular lymphoma, lymph nodes of multiple sites		
C82.89	Other types of follicular lymphoma, extranodal and solid organ sites		
C82.90	Follicular lymphoma, unspecified, unspecified site		
C82.91	Follicular lymphoma, unspecified, lymph nodes of head, face and neck		
C82.92	Follicular lymphoma, unspecified, intrathoracic lymph nodes		
C82.93	Follicular lymphoma, unspecified, intra-abdominal lymph nodes		
C82.94	Follicular lymphoma, unspecified, lymph nodes of axilla and upper limb		
C82.95	Follicular lymphoma, unspecified lymph nodes of inguinal region and lower limb		
C82.96	Follicular lymphoma, unspecified, intrapelvic lymph nodes		
C82.97	Follicular lymphoma, unspecified, spleen		
C82.98	Follicular lymphoma, unspecified, lymph nodes of multiple sites		
C82.99	Follicular lymphoma, unspecified, extranodal and solid organ sites		
C83.00	Small cell B-cell lymphoma, unspecified site		
C83.07	Small cell B-cell lymphoma, spleen		
C83.08	Small cell B-cell lymphoma, lymph nodes of multiple sites		
C83.80	Other non-follicular lymphoma, unspecified site		
C83.81	Other non-follicular lymphoma, lymph nodes of head, face and neck		
C83.82	Other non-follicular lymphoma, intrathoracic lymph nodes		
C83.83	Other non-follicular lymphoma, intra-abdominal lymph nodes		
C83.84	Other non-follicular lymphoma, lymph nodes of axilla and upper limb		
C83.85	Other non-follicular lymphoma, lymph nodes of inguinal region and lower limb		
C83.86	Other non-follicular lymphoma, intrapelvic lymph nodes		
C83.87	Other non-follicular lymphoma, spleen		
C83.88	Other non-follicular lymphoma, lymph nodes of multiple sites		
C83.89	Other non-follicular lymphoma, extranodal and solid organ sites		
C85.87	Other specified types of non-Hodgkin lymphoma, spleen		
C88.4	Extranodal marginal zone B-cell lymphoma of mucosa-associated lymphoid tissue (MALT-lymphoma)		

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: https://www.cms.gov/medicare-coverage-database/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): N/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	КҮ, ОН	CGS Administrators, LLC			