Clinical Policy: Ramucirumab (Cyramza)

Reference Number: PA.CP.PHAR.119
Effective Date: 01/18
Last Review Date: 07/18

Coding Implications
Revision Log

Description
The intent of the criteria is to ensure that patients follow selection elements established by Pennsylvania Health and Wellness® clinical policy for ramucirumab (Cyramza®).

FDA Approved Indication(s)
Cyramza is indicated:

- As a single agent or in combination with paclitaxel, for treatment of advanced gastric or gastro-esophageal junction adenocarcinoma, with disease progression on or after prior fluoropyrimidine- or platinum-containing chemotherapy.
- In combination with docetaxel, for treatment of metastatic non-small cell lung cancer with disease progression on or after platinum-based chemotherapy. Patients with EGFR or ALK genomic tumor aberrations should have disease progression on FDA-approved therapy for these aberrations prior to receiving Cyramza.
- In combination with FOLFIRI (irinotecan, folinic acid, and 5-fluorouracil), for the treatment of metastatic colorectal cancer with disease progression on or after prior therapy with bevacizumab, oxaliplatin, and a fluoropyrimidine

Policy/Criteria
It is the policy of health plans affiliated with Pennsylvania Health and Wellness that Cyramza is **medically necessary** when the following criteria are met:

I. Initial Approval Criteria

A. Esophageal/Esophagogastric Junction/Gastric Cancer (must meet all):
1. Diagnosis of esophagogastric junction or gastric cancer;
2. Prescribed by or in consultation with an oncologist;
3. Age ≥ 18 years;
4. Meets (a or b):
   a. FDA approved use: Progression on or after fluoropyrimidine- or platinum-containing therapy;
   b. NCCN recommended use: Prescribed for palliative therapy;
5. Will be used as a single agent or in combination with paclitaxel;
6. Request meets one of the following (a or b):
   a. Dose does not exceed 8 mg/kg every 2 weeks;
   b. Dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (prescriber must submit supporting evidence).

Approval duration: 6 months

B. Non-Small Cell Lung Cancer (must meet all)**:**
1. Diagnosis of metastatic non-small cell lung cancer;
2. Prescribed by or in consultation with an oncologist;
3. Age ≥ 18 years;

4. Progression on or after platinum-based chemotherapy;
5. Prescribed in combination with docetaxel;
6. Dose does not exceed 10 mg/kg on day 1 of a 21-day cycle.

Approval duration: 6 months

C. Colorectal Cancer (must meet all):
1. Diagnosis of metastatic colorectal cancer;
2. Prescribed by or in consultation with an oncologist;
3. Age ≥ 18 years;
4. Disease progression on or after bevacizumab, oxaliplatin and fluoropyrimidine;
5. Prescribed in combination with FOLFIRI (irinotecan, folinic acid, and 5-fluorouracil);
6. Dose does not exceed 8 mg/kg every 2 weeks.

Approval duration: 6 months

D. Other diagnoses/indications: Refer to PA.CP.PMN.53

II. Continued Approval

A. All Indications Listed in Section I (must meet all)**:**
1. Currently receiving medication via Pennsylvania Health and Wellness benefit or member has previously met all initial approval criteria or the Continuity of Care policy (PA.LTSS.PHAR.01) applies;
2. Documentation of positive response to therapy (e.g.: no disease progression, not experiencing unacceptable toxicity).
3. If request is for a dose increase, request meets one of the following (a, b or c):
   a. Esophageal/gastric cancer: New dose not exceed 8 mg/kg every 2 weeks;
   b. Non-small cell lung cancer: New dose does not exceed 10 mg/kg on day 1 of a 21-day cycle;
   c. Colorectal cancer: New dose does not exceed 8 mg/kg every 2 weeks.

Approval duration: 12 months

B. Other diagnoses/indications (must meet 1 or 2)**:**
1. Currently receiving medication via Pennsylvania Health and Wellness benefit and documentation supports positive response to therapy or the Continuity of Care policy (PA.LTSS.PHAR.01) applies.
   Approval duration: Duration of request or 6 months (whichever is less); or
2. Refer to PA.CP.PMN.53

**Examples of fluoropyrimidines: Capecitabine, floxuridine, fluorouracil (5-FU); examples of platinums: cisplatin, oxaliplatin, carboplatin; examples of fluoropyrimidine-based regimens: 5-FU/LV (fluorouracil, leucovorin);*

FOLFOX (5-FU, leucovorin, oxaliplatin); FOLFIRI (5-FU, leucovorin, irinotecan); FOLFOXIRI (5-FU, leucovorin, oxaliplatin, irinotecan); CapeOX (capecitabine, oxaliplatin).

Background

Description/Mechanism of Action:

Ramucirumab is a recombinant human IgG1 monoclonal antibody that specifically binds to vascular endothelial growth factor receptor 2. Ramucirumab is a vascular endothelial growth factor receptor 2 antagonist that specifically binds VEGF Receptor 2 and blocks binding of VEGFR ligands, VEGF-A, VEGF-C, and VEGF-D. As a result, ramucirumab inhibits ligand-stimulated activation of VEGF Receptor 2, thereby inhibiting ligand-induced proliferation, and migration of human endothelial cells. Ramucirumab inhibited angiogenesis in an in vivo animal model.

Formulations:

Injection: 100 mg/10 mL (10 mg per mL) solution, single-dose vial 500 mg/50 mL (10 mg per mL) solution, single-dose vial

Appendices

Appendix A: Abbreviation Key

5-FU/LV: fluorouracil, leucovorin
5-FU: fluorouracil
ALK: anaplastic lymphoma kinase
CapeOX: capecitabine, oxaliplatin
EGFR: epidermal growth factor receptor
FOLFIRI: fluorouracil, leucovorin, irinotecan
FOLFOX: fluorouracil, leucovorin, oxaliplatin
FOLFOXIRI: fluorouracil, leucovorin, oxaliplatin, irinotecan
NSCLC: non-small cell lung cancer
VEGF: vascular endothelial growth factor
VEGFR: vascular endothelial growth factor receptor

Coding Implications

Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

HCPCS Codes	Description
J9308	Injection, ramucirumab, 5mg

Reviews, Revisions, and Approvals	Date	Approval Date
Age, dosing, specialist added. NCCN recommendations removed for lung and colon cancer. References reviewed and updated.	02/18	

References

1. Cyramza Prescribing Information. Indianapolis, IN: Eli Lilly and Company; March 2017. Available at http://uspl.lilly.com/cyramza/cyramza.html. Accessed November 2017.

2. Ramucirumab. In: National Comprehensive Cancer Network Drugs and Biologics Compendium. Available at nccn.org. Accessed November 2017.
3. Esophageal and esophagogastric junction cancers (Version 1.2017). In: National Comprehensive Cancer Network Guidelines. Available at nccn.org. Accessed November 2017.
4. Gastric cancer (Version 5.2017). In: National Comprehensive Cancer Network Guidelines. Available at nccn.org. Accessed November 2017.
5. Non-small cell lung cancer (Version 9.2017). In: National Comprehensive Cancer Network Guidelines. Available at nccn.org. Accessed November 2017.
6. Colon cancer (Version 2.2017). In: National Comprehensive Cancer Network Guidelines. Available at nccn.org. Accessed November 2017.
7. Rectal cancer (Version 3.2017). In: National Comprehensive Cancer Network Guidelines. Available at nccn.org. Accessed November 2017.