Clinical Policy: Eribulin Mesylate (Halaven)

Reference Number: PA.CP.PHAR.318
Effective Date: 01/18
Last Review Date: 10/30/2019

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 eribulin mesylate for injection (Halaven®).

FDA Approved Indication(s)
Halaven is indicated for the treatment of:

- Metastatic breast cancer in patients 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
- Unresectable or metastatic liposarcoma in patients who have received a prior anthracycline-containing regimen

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

I. Initial Approval Criteria

A. Breast Cancer (must meet all):

1. Diagnosis of breast cancer;
2. Prescribed by or in consultation with an oncologist;
3. Disease is metastatic or recurrent;
4. Prescribed in one of the following ways (a or b):
   a. In combination with trastuzumab for human epidermal growth factor receptor 2 (HER2)-positive disease;
   b. As a single agent for HER2-negative disease;
5. Request meets one of the following (a or b):
   a. Dose does not exceed 1.4 mg/m^2 on days 1 and 8 of a 21-day cycle;
   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. Soft Tissue Sarcoma (must meet all):

1. Diagnosis of one of the following soft tissue sarcoma (STS) subtypes (a, b, or c):
   a. Unresectable, metastatic or recurrent extremity/superficial trunk and head/neck STS;
   b. Unresectable, metastatic or progressive retroperitoneal/intra-abdominal STS;
   c. Angiosarcoma or pleomorphic rhabdomyosarcoma (off-label);
2. Prescribed by or in consultation with an oncologist;
3. Prescribed as a single agent;
4. Request meets one of the following (a or b):

a. Dose does not exceed 1.4 mg/m^2 on days 1 and 8 of a 21-day cycle;
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

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

II. Continued Approval

A. All Indications (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. Member is responding positively to therapy.
3. If request is for a dose increase, request meets one of the following (a or b):
   a. New dose does not exceed 1.4 mg/m^2 on days 1 and 8 of a 21-day cycle;
   b. New dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use *(prescriber must submit supporting evidence).*

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; or
2. Refer to PA.CP.PMN.53

Background

Description/Mechanism of Action:
Halaven contains eribulin mesylate, a microtubule dynamics inhibitor. Eribulin mesylate is a synthetic analogue of halichondrin B, a product isolated from the marine sponge *Halichondria okadai*. Eribulin inhibits 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. In addition, eribulin treatment of human breast cancer cells caused changes in morphology and gene expression as well as decreased migration and invasiveness in vitro. In mouse xenograft models of human breast cancer, eribulin treatment was associated with increased vascular perfusion and permeability in the tumor cores, resulting in reduced tumor hypoxia, and changes in the expression of genes in tumor specimens associated with a change in phenotype.

Formulations:
Halaven is available as follows:
- Injection: 1 mg/2 mL, in a single-use vial. One vial per carton.

Appendices

Appendix A: Abbreviation/Acronym Key

FDA: Food and Drug Administration
HER2: human epidermal growth factor receptor 2
NCCN: National Comprehensive Cancer Network
STS: soft tissue sarcoma

Appendix B: Therapeutic Alternatives

Not applicable

Appendix C: Contraindications/Boxed Warnings

- Contraindication(s): none reported
- Boxed warning(s): none reported

Appendix D: General Information

- The NCCN recommends the use of Halaven as a single agent (for HER2-negative disease) or in combination with trastuzumab (for HER2-positive disease) for the treatment of metastatic or recurrent breast cancer:
  - With symptomatic visceral disease or visceral crisis, or
  - That is hormone receptor-negative, or hormone receptor-positive and endocrine therapy refractory.
- There are over 50 different histologic STS subtypes. While Halaven is only FDA-approved for the treatment of one subtype (liposarcomas), the NCCN recommends Halaven for STS with extremity/superficial trunk, head/neck, and retroperitoneal/intra-abdominal origins, as well as angiosarcoma and pleomorphic rhabdomyosarcoma. For all subtypes, the NCCN recommends Halaven to be used only as palliative therapy (category 1 for liposarcoma; 2A for all other subtypes).

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
J9179	Injection, eribulin mesylate, 0.1 mg

Reviews, Revisions, and Approvals	Date	Approval Date
4Q 2018 annual review: no significant changes; summarized NCCN and FDA-approved uses for improved clarity; added specialist involvement in care; added COC; references reviewed and updated.	07/18	
4Q 2019 annual review: No changes per Statewide PDL implementation 01-01-2020	10/30/19	

References

1. Halaven Prescribing Information. Woodcliff Lake, NJ: Eisai, Inc.; October 2016. Available at http://www.halaven.com. Accessed July 5, 2018.
2. National Comprehensive Cancer Network Drugs and Biologics Compendium. Available at: http://www.nccn.org/professionals/drug_compendium. Accessed July 5, 2018.
3. National Comprehensive Cancer Network. Breast Cancer Version 1.2018. Available at: https://www.nccn.org/professionals/physician_gls/pdf/breast.pdf. Accessed July 5, 2018.
4. National Comprehensive Cancer Network. Soft Tissue Sarcoma Version 2.2018. Available at: https://www.nccn.org/professionals/physician_gls/pdf/sarcoma.pdf. Accessed July 5, 2018.