Clinical Policy: Eribulin Mesylate (Halaven)

Reference Number: PA.CP.PHAR.318
Effective Date: 01/18
Last Review Date: 11/17

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®).

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. Meets a or b:
   a. FDA approved use:
      i. Prescribed for metastatic disease and member has a positive history for all of the following therapies:
         a) At least 2 chemotherapeutic regimens in the metastatic setting;
         b) An anthracycline in the adjuvant* or metastatic setting;
         c) A taxane in the adjuvant* or metastatic setting;
   b. Off-label NCCN recommended use:
      i. Prescribed for metastatic or recurrent disease in one of the following ways (a or b):
         a) As single-agent therapy for human epidermal growth factor receptor 2 (HER2)-negative disease characterized by (1, 2 or 3):
            1) Presence of symptomatic visceral disease or visceral crisis;
            2) Hormone receptor-negative disease**;
            3) Hormone receptor-positive disease** that is endocrine therapy refractory†;
         b) In combination with trastuzumab for HER2-positive trastuzumab-exposed disease characterized by (1, 2 or 3):
            1) Presence of symptomatic visceral disease or visceral crisis;
            2) Hormone receptor-negative disease**;
            3) Hormone receptor-positive disease** that is endocrine therapy refractory†;
3. Negative history for congenital long QT syndrome.

**Adjuvant therapy (therapy administered after the main treatment to help decrease the risk of cancer recurring).*
***Hormone receptor-negative disease (estrogen receptor [ER] - and progesterone receptor [PR]-negative disease); hormone receptor-positive disease (ER- or PR-positive disease).*
†Examples of endocrine therapies include anastrozole, letrozole, exemestane, fulvestrant, tamoxifen, toremifene, megestrol acetate, fluoxymesterone, ethinyl estradiol.

Approval duration: 3 months

B. Soft Tissue Sarcoma (must meet all):
1. Meets a or b:
   a. FDA approved use:
      i. Diagnosis of liposarcoma (soft tissue sarcoma [STS] subtype)*, and (a and b);
         a) Disease is unresectable or metastatic;
         b) Positive history for prior treatment with an anthracycline-containing regimen (e.g., a regimen containing doxorubicin or epirubicin);
   b. Off-label NCCN recommended use:
      i. Angiosarcoma or pleomorphic rhabdomyosarcoma as single-agent palliative therapy;
      ii. Retroperitoneal/intraabdominal STS as single-agent palliative therapy for unresectable or progressive disease;
      iii. Extremity/superficial trunk or head/neck STS as single-agent palliative therapy for Stage IV or recurrent disease with disseminated metastases;
2. History negative for congenital long QT syndrome.

**More than 50 STS histologic subtypes have been identified. Different subtypes have different propensities to spread to different locations. Location, histology and other variables are considerations around which therapy is organized.*

Approval duration: 3 months

C. Other diagnoses/indications: Refer to PA.CP.PHAR.57 - Global Biopharm Policy.
1. The following NCCN recommended uses for Halaven, meeting NCCN categories 1, 2a, or 2b, are approved per the PA.CP.PHAR.57 Global Biopharm Policy:
   a. Uterine sarcoma.

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.

Approval duration: 6 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.PHAR.57 - Global Biopharm Policy**.**

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.

FDA Approved Indications:
Halaven is a microtubule inhibitor/intravenous formulation indicated:

- Metastatic breast cancer
  - Halaven is indicated for the treatment of patients with metastatic breast cancer 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.
- Liposarcoma
  - Halaven is indicated for the treatment of patients with unresectable or metastatic liposarcoma who have received a prior anthracycline-containing regimen.

Appendices

Appendix A: Abbreviation Key

CTCAE: Common terminology criteria for adverse events
ER: Estrogen receptor
HER2: Human epidermal growth factor receptor 2
PR: Progesterone receptor
STS: Soft tissue sarcoma

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

References

1. Halaven prescribing information. Woodcliff Lake, NJ: Eisai, Inc.; October 2016. Available at http://www.halaven.com/pdfs/HALAVEN-Full-Prescribing-Information.pdf. Accessed January 30, 2017.
2. Eribulin myesylate. National Comprehensive Cancer Network Drugs and Biologics Compendium. Available at NCCN.org. Accessed January 30, 2017.
3. Breast cancer (Version 2.2016). National Comprehensive Cancer Network Guidelines. Available at NCCN.org. Accessed January 30, 2017.
4. Soft tissue sarcoma (Version 1.2017). National Comprehensive Cancer Network Guidelines. Available at NCCN.org. Accessed January 30, 2017.