

## Eribulin (Halaven®)

**Place of Service**  
Office Administration  
Home Health Administration  
Outpatient Facility  
Administration  
Infusion Center Administration

HCPCS: J9179 per 0.1 mg

### Condition(s) listed in policy (see criteria for details)

- [Breast cancer](#)
- [Soft tissue sarcoma](#)

**AHFS therapeutic class:** Antineoplastic agent

**Mechanism of action:** Eribulin is an anticancer drug that acts as a nontaxane microtubule dynamics inhibitor

### **(1) Special Instructions and Pertinent Information**

**Covered under the Medical Benefit,** please submit clinical information for prior authorization review via fax.

### **(2) Prior Authorization/Medical Review is required for the following condition(s)**

All requests for Halaven® (eribulin) NOT listed in section 3 must be sent for clinical review and receive authorization prior to drug administration or claim payment.

#### Breast cancer

1. Either of the following:
  - a. Inflammatory breast cancer with no response to preoperative therapy, OR
  - b. Recurrent, unresectable (local or regional), or metastatic disease

#### **Covered Doses**

Up to 1.4 mg/m<sup>2</sup> IV on days 1 and 8 every 21 days

#### **Coverage Period**

Indefinite

#### **ICD-10:**

C50.011, C50.012, C50.019, C50.021, C50.022, C50.029, C50.111, C50.112, C50.119, C50.121, C50.122, C50.129, C50.211, C50.212, C50.219, C50.221, C50.222, C50.229, C50.311, C50.312, C50.319, C50.321, C50.322, C50.329, C50.411, C50.412, C50.419, C50.421, C50.422, C50.429, C50.511, C50.512, C50.519, C50.521, C50.522, C50.529, C50.611, C50.612, C50.619, C50.621, C50.622, C50.629, C50.811, C50.812, C50.819, C50.821, C50.822, C50.829, C50.911, C50.912, C50.919, C50.921, C50.922, C50.929, Z85.3

#### Soft tissue sarcoma (STS)

1. Diagnosis of one of the following:
  - a. Soft tissue sarcomas of the extremities, superficial/trunk, head and neck, or retroperitoneal/intra-abdominal (with non-specific histologies)
  - b. Rhabdomyosarcoma (RMS): pleomorphic
  - c. Angiosarcoma
  - d. Liposarcoma

- e. Leiomyosarcoma
- f. Solitary fibrous tumor

**AND**

- 2. Unresectable or metastatic disease, **AND**
- 3. Used as single agent therapy

**Covered Doses**

Up to 1.4 mg/m<sup>2</sup> IV on days 1 and 8 every 21 days

**Coverage Period:**

Indefinite

**ICD-10:**

C47.0, C47.10-C47.12, C47.20-C47.22, C47.3-C47.6, C47.8, C47.9, C48.0-C48.2, C48.8, C49.0, C49.10-C49.12, C49.20-C49.22, C49.3, C49.4-C49.6, C49.8, C49.9, Z85.831

**(3) The following condition(s) DO NOT require Prior Authorization/Preservice**

All requests for Halaven® (eribulin) must be sent for clinical review and receive authorization prior to drug administration or claim payment.

**(4) This Medication is NOT medically necessary for the following condition(s)**

Coverage for a Non-FDA approved indication, requires that criteria outlined in Health and Safety Code § 1367.21, including objective evidence of efficacy and safety are met for the proposed indication.

Please refer to the Provider Manual and User Guide for more information.

**(5) Additional Information**

How supplied:

1 mg (single-use vial)

**(6) References**

- AHFS®. Available by subscription at <http://www.lexi.com>
- DrugDex®. Available by subscription at <http://www.micromedexsolutions.com/home/dispatch>
- Halaven (eribulin) [Prescribing information]. Nutley, NJ: Eisai; 9/2022.
- National Comprehensive Cancer Network. Breast Cancer (Version 4.2022). Available at [www.nccn.org](http://www.nccn.org).
- National Comprehensive Cancer Network. Soft Tissue Sarcoma (Version 2.2023). Available at [www.nccn.org](http://www.nccn.org).
- National Comprehensive Cancer Network. Uterine Neoplasms. (Version 2.2023). Available at [www.nccn.org](http://www.nccn.org).

**(7) Policy Update**

Date of last review: 3Q2023

Date of next review: 3Q2024

Changes from previous policy version:

No clinical change to policy following routine annual review.

