Ramucirumab (Cyramza®)	Place of Service Office Administration Home Infusion Administration Outpatient Facility Infusion Administration Infusion Center Administration HCPCS: J9308 per 5 mg

Conditions listed in policy (*see criteria for details*)

- Appendiceal cancer
- Colorectal cancer
- Esophagogastric junction adenocarcinoma, esophageal adenocarcinoma or gastric cancer
- Hepatocellular carcinoma
- Mesothelioma: Pleural
- Non-small cell lung cancer

AHFS therapeutic class: Antineoplastic

Mechanism of action: Vascular endothelial growth factor receptor 2 (VEGFR2) antagonist

(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 ramucirumab (Cyramza®) must be sent for clinical review and receive authorization prior to drug administration or claim payment.

Appendiceal or Colorectal cancer, advanced or metastatic

1. Either of the following:
    a. Advanced or metastatic appendiceal or colorectal cancer and all the following:
        i. Patient has progressed on or after prior systemic treatment for advanced or metastatic disease, **AND**
        ii. Patient has not received a prior irinotecan-containing regimen, **AND**
        iii. Used in combination with FOLFIRI (leucovorin, fluorouracil, irinotecan) OR in

combination with irinotecan **AND**

iv. Medical rationale why patient is unable to undergo treatment with FOLFIRI plus bevacizumab, or another bevacizumab -containing regimen

OR

b. Metachronous metastatic colorectal cancer and all the following:

i. Patient has received prior adjuvant treatment with FOLFOX or CapeOx, **AND**

ii. Being used only in combination with FOLFIRI (leucovorin, fluorouracil, irinotecan) OR in combination with irinotecan, **AND**

iii. Medical rationale why patient is unable to undergo treatment with FOLFIRI plus bevacizumab, or another bevacizumab -containing regimen

Covered dose:
Up to 8 mg/kg IV every 2 weeks

Coverage period:
Indefinite

ICD-10:
C17.0-C17.2, C17.8, C17.9, C18.0-C18.9, C78.00-C78.02, C78.6, C78.7, Z85.038 (Colon)
C19, C20, C21.8, C78.00-C78.02, C78.7 (Rectal)

<u>Esophagogastric junction adenocarcinoma, Esophageal adenocarcinoma or Gastric cancer</u>

1. Patient is not a surgical candidate, or has unresectable locally advanced, recurrent, or metastatic disease, **AND**
2. Being used a one of the following:
   a. Single agent therapy, or
   b. In combination with paclitaxel, or
   c. In combination with irinotecan and with or without fluorouracil, **AND**
3. Being used as subsequent therapy for advanced disease

Covered dose:
Up to 8 mg/kg IV every 2 weeks

Coverage period:
Indefinite

ICD-10:
C18.1, Z85.038 (Appendiceal)
C16.0-C16.6, C16.8, C16.9, D37.1, Z85.00, Z85.028 (Gastric)
C15.3-C15.5, C15.8, C15.9, C16.0, D37.8, D37.9, Z85.00, Z85.01 (Esophageal and Esophagogastric Junction)

<u>Hepatocellular carcinoma (HCC)</u>

1. Disease has progressed on or after prior systemic therapy for HCC, **AND**
2. Being used as a single agent

Covered dose:
Up to 8 mg/kg IV every 2 weeks

Coverage period:

Indefinite

ICD-10:
C22.0, C22.9

Mesothelioma: Pleural

1. Being used in combination with gemcitabine for subsequent therapy

Covered dose:
Up to 10 mg/kg IV on day 1 of 21-day cycles

Coverage period:
Indefinite

ICD-10:
C45.0, C45.2, C45.7, C45.9

Non-small cell lung cancer (NSCLC)

1. Recurrent, advanced, or metastatic disease, **AND**
2. Being used only in combination with docetaxel or erlotinib

Covered dose:
Up to 10 mg/kg IV on day 1 of 21-day cycles (Prior to docetaxel), or
Up to 10mg/kg IV every 2 weeks (In combination with daily erlotinib)

Coverage period:
Indefinite

ICD-10:
C33, C34.00-C34.02, C34.10-C34.12, C34.2, C34.30-C34.32, C34.80-C34.82, C34.90-C34.92, Z85.118

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

All requests for ramucirumab (Cyramza®) 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:
100 mg (single-use)
500 mg (single-use)

(6) References

- AHFS®. Available by subscription at http://www.lexi.com
- Cyramza® (ramucirumab) [Prescribing Information]. Indianapolis, IN: Eli Lilly and Company;

3/2022.
- DrugDex®. Available by subscription at http://www.micromedexsolutions.com.
- National Comprehensive Cancer Network Drugs & Biologics Compendium. Cyramza (2023). Available by subscription at: www.nccn.org.
- National Comprehensive Cancer Network. Colon Cancer (Version 1.2023). Available at http://www.nccn.org.
- http://www.micromedexsolutions.com/home/dispatch
- National Comprehensive Cancer Network. Esophageal and Esophagogastric Junction Cancers (Version 2.2023). Available at http://www.nccn.org.
- National Comprehensive Cancer Network. Gastric Cancer (Version 1.2023). Available at http://www.nccn.org.
- National Comprehensive Cancer Network. Hepatocellular Carcinoma. (Version 1.2023). Available at http://www.nccn.org.
- National Comprehensive Cancer Network. Non-Small Cell Lung Cancer (Version 2.2023). Available at http://www.nccn.org.
- National Comprehensive Cancer Network. Rectal Cancer (Version 1.2023). Available at http://www.nccn.org.

(7) Policy Update

Date of last review: 2Q2023

Date of next review: 2Q2024

Changes from previous policy version:

- New indication in Section (2): Added coverage for mesothelioma – pleural.
  Rationale: NCCN category 2A support

BSC Drug Coverage Criteria to Determine Medical Necessity
Reviewed by P&T Committee