Paclitaxel (Protein-Bound Particles) (Abraxane®)

NDC CODE(S) 68817-0134-XX ABRAXANE 100MG Suspension Reconstituted (CELGENE CORP)

DESCRIPTION

Paclitaxel is a natural product with antitumor activity. Obtained from *Taxus media or Taxus baccata*, a variety of the Western yew tree, it is highly lipophilic and insoluble in water. Paclitaxel is an anti-microtubule agent which induces abnormal arrays or "bundles" of microtubules during the cell cycle and inhibits vital interphase and mitotic cellular functions.

By reformulating paclitaxel as albumin-bound nanoparticles, the protein-bound paclitaxel has improved solubility over conventional paclitaxel which requires the use of toxic solvents such as polyoxyethylated castor oil and ethanol in its production. This allows infusion of the agent to be made in a shorter time, reduces the risk of hypersensitivity reactions and eliminates the need for premedication with dexamethasone, diphenhydramine, and cimetidine. It is important to note that protein-bound paclitaxel is not a substitute for conventional paclitaxel and should not be used with other paclitaxel formulations. It has been proven that protein-bound paclitaxel does not have the identical biochemical systemic reaction as paclitaxel

POLICY

- Paclitaxel (protein-bound) for the treatment of the following is considered ***medically necessary*** if the medical appropriateness criteria are met. **(See Medical Appropriateness below.)**
  - Breast Cancer
  - Hepatobiliary Cancer
  - Kaposi Sarcoma
  - Melanoma
  - Non-Small Cell Lung cancer
  - Ovarian cancer
  - Pancreatic Adenocarcinoma
  - Small Bowel Adenocarcinoma/Advanced Ampullary Cancer
  - Uterine Cancer
- Paclitaxel (protein-bound) for the treatment of other conditions/diseases is considered ***investigational.***

MEDICAL APPROPRIATENESS

INITIAL APPROVAL CRITERIA

- Patient is at least 18 years of age; **AND**

Breast Cancer

- Patient failed on combination chemotherapy for metastatic disease or relapsed within 6 months of adjuvant therapy; **AND**
  - Previous chemotherapy included an anthracycline unless clinically contraindicated; **OR**
- Patient has recurrent unresectable (local or regional) or metastatic (stage IV [M1]) disease; **AND**
  - Used as a single agent OR in combination with carboplatin in patients with high tumor burden, rapidly progressing disease, and visceral crisis; **AND**
    - Disease is HER2-negative; **AND**
      - Disease is hormone receptor-negative; **OR**

- Disease is hormone receptor-positive and patient is refractory to endocrine therapy or has a visceral crisis; **OR**
- Used as third line or greater therapy in combination with trastuzumab for disease that is HER2-positive; **AND**
  - Disease is hormone receptor-negative; **OR**
  - Disease is hormone receptor positive and used with or without endocrine therapy; **OR**
- Used in combination with atezolizumab or pembrolizumab for PD-L1 positive triple-negative disease; **OR**

- May be substituted for paclitaxel or docetaxel if patient has experienced hypersensitivity reactions despite premedication or the patient has contraindications to standard hypersensitivity premedication

Non-Small Cell Lung Cancer (NSCLC)

- Used as first-line therapy for locally advanced or metastatic disease, in combination with carboplatin, in patients who are not candidates for curative surgery or radiation therapy; **OR**
- May be substituted for paclitaxel or docetaxel if patient has experienced hypersensitivity reactions despite premedication or the patient has contraindications to standard hypersensitivity premedication; **OR**
- Used for recurrent, advanced, or metastatic disease (excluding locoregional recurrence or symptomatic local disease without evidence of disseminated disease) or mediastinal lymph node recurrence with prior radiation therapy; **AND**
  - Used as first-line therapy; **AND**
    - Used in combination with carboplatin AND pembrolizumab (for squamous cell histology) or atezolizumab (for non-squamous histology); **AND**
      - Used in patients with EGFR, ALK, ROS1, BRAF, NTRK1/2/3, MET exon 14 skipping mutation, and RET rearrangement negative* tumors; **AND**
        - PD-L1 <1% with performance status (PS) score of ≤1; **OR**
        - PD-L1 expression positive (≥1%) tumors with PS ≤2; **OR**
      - Used in patients with BRAF V600E-mutation, NTRK1/2/3 gene fusion, or MET exon 14 skipping mutation, AND PS score of ≤1; **OR**;
    - Used in combination with carboplatin in patients with contraindications to PD-1 or PD-L1 inhibitors (PS score of ≤2) or as a single agent (PS 2); **AND**
      - Used in patients with EGFR, ALK, ROS1, BRAF, NTRK1/2/3, MET exon 14 skipping mutation, and RET rearrangement negative* tumors AND PD-L1 <1%; **OR**
      - Used in patients with BRAF V600E-mutation, NTRK1/2/3 gene fusion, MET exon 14 skipping mutation, or RET rearrangement positive tumors; **OR**
  - Used as subsequent therapy; **AND**
    - Used in combination with carboplatin AND pembrolizumab (for squamous cell histology) or atezolizumab (for non-squamous histology) in patients with PS score of ≤1; **AND**
      - Used in patients with BRAF V600E-mutation, NTRK1/2/3 gene fusion, MET exon 14 skipping mutation positive tumors; **OR**
      - Used in patients with ROS1 rearrangement positive tumors who received prior targeted therapy**§** for those aberrations; **OR**
    - Used in combination with carboplatin in patients with contraindications to PD-1 or PD-L1 inhibitors (PS score of ≤2) or as a single agent (PS 2); **AND**
      - Used in patients with BRAF V600E-mutation, NTRK1/2/3 gene fusion, MET exon 14 skipping mutation, or RET rearrangement positive tumors; **OR**
      - Used in patients with EGFR, ALK, or ROS1 rearrangement positive tumors who received prior targeted therapy§ for those aberrations; **OR**
      - Used in patients with PD-L1 expression-positive (≥1%) tumors that are EGFR, ALK, ROS1, BRAF, NTRK1/2/3, MET exon 14 skipping mutation, and RET rearrangement negative* with prior PD-1/PD-L1 inhibitor therapy but no prior platinum-doublet chemotherapy

** Note: If there is insufficient tissue to allow testing for all of the EGFR, ALK, ROS1, BRAF, MET, and RET, repeat biopsy and/or plasma testing should be done. If these are not feasible, treatment is guided by available results and, if unknown, these patients are treated as though they do not have driver oncogenes.*

Ovarian Cancer (Epithelial Ovarian/Fallopian Tube/Primary Peritoneal)

- Patient has recurrent or persistent disease; **AND**
- Patient is not experiencing an immediate biochemical relapse (i.e., rising CA-125 without radiographic evidence of disease); **AND**
  - Used as a single agent; **AND**
    - Patient has platinum-resistant disease; **AND**
      - Used for progression on primary, maintenance, or recurrence therapy; **OR**
      - Used for stable or persistent disease if not currently on maintenance therapy; **OR**
      - Used for relapsed disease <6 months following complete remission from prior chemotherapy; **OR**
    - Patient has platinum-sensitive disease; **AND**
      - Used for radiographic and/or clinical relapse ≥6 months after complete remission from prior chemotherapy; **OR**
  - Used in combination with carboplatin for platinum-sensitive disease with confirmed taxane hypersensitivity; **AND**
    - Used for relapse ≥6 months after complete remission from prior chemotherapy

Pancreatic Adenocarcinoma

- Used in combination with gemcitabine; **AND**
  - Patient has locally advanced or metastatic disease; AND
    - Used as first-line therapy; **OR**
    - Used as induction therapy followed by chemoradiation (locally advanced disease only); **OR**
    - Used as subsequent therapy after progression with a fluoropyrimidine-based therapy; **OR**
  - Patient has recurrent disease in the pancreatic operative bed or metastatic disease, post-resection; **AND**
    - Used ≥6 months after completion of primary therapy; **OR**
    - Used <6 months from completion of primary therapy with a fluoropyrimidine-based regimen; **OR**
  - Used as neoadjuvant therapy; **AND**
    - Patient has resectable disease with high-risk features (i.e., very highly elevated CA 19-9, large primary tumors, large regional lymph nodes, excessive weight loss, extreme pain); **OR**
    - Patient has biopsy positive borderline resectable disease

Melanoma

- Patient has cutaneous melanoma; **AND**
  - Used as a single agent or in combination with carboplatin for metastatic or unresectable disease; **AND**
    - Used as subsequent therapy for disease progression; **OR**
    - Used after maximum clinical benefit from BRAF targeted therapy; **OR**
- Patient has uveal melanoma; **AND**
  - Used as a single agent for distant metastatic disease

Uterine Cancer

- Used as single agent therapy; **AND**

- Patient has tried paclitaxel and treatment with paclitaxel was not tolerated due to a documented hypersensitivity reaction, despite use of recommended premedication or there is a documented medical contraindication to recommended premedication; **AND**
  - Patient has endometroid adenocarcinoma; **AND**
    - Used as primary treatment of disease NOT suitable for primary surgery; **AND**
      - —Patient has suspected or gross cervical involvement (excluding patients using as chemotherapy alone); **OR**
      - —Patient has locoregional extrauterine disease; **OR**
      - —Patient has distant metastases; **OR**
    - Used as primary treatment of disease suitable for primary surgery; **AND**
      - —Used preoperatively for abdominal/pelvic confined disease; **OR**
      - —Patient has distant metastases; **OR**
    - Used as adjuvant treatment for stage III-IV disease; **OR**
    - Used for locoregional recurrence or disseminated metastases; **OR**
  - Patient has carcinosarcoma, clear cell carcinoma, serous carcinoma, or un-/dedifferentiated carcinoma; **AND**
    - Used as additional treatment of disease suitable for primary surgery; **OR**
    - Used as primary treatment of disease NOT suitable for primary surgery

Hepatobiliary Adenocarcinoma (Intrahepatic/Extrahepatic Cholangiocarcinoma, Gallbladder)

- Used in combination with gemcitabine for unresectable or metastatic disease; **AND**
  - Used as primary treatment; **OR**
  - Use as subsequent treatment for progression on or after systemic therapy

Small Bowel Adenocarcinoma/Advanced Ampullary Cancer

- Patient has advanced or metastatic disease; **AND**
- Used as single agent or in combination with gemcitabine; **AND**
  - Used as subsequent therapy; **OR**
  - Patient has had prior adjuvant oxaliplatin exposure, or a contraindication to oxaliplatin; **AND**
    - Used as initial therapy; **OR**
    - Used as subsequent therapy in patients who previously received initial therapy with nivolumab with or without ipilimumab, or pembrolizumab

Kaposi Sarcoma

- Used as subsequent therapy; **AND**
  - Used as a single agent for patients that do not have HIV; **OR**
  - Used in combination with antiretroviral therapy (ART) for patients with HIV; **AND**
- Patient has relapsed/refractory advanced, cutaneous, oral, visceral, or nodal disease; **AND**
- Disease has progressed on or not responded to first-line therapy; **AND**
- Disease has progressed on alternate first-line therapy

Genomic Aberration/Mutational Driver Targeted Therapies
(Note: *not all inclusive, refer to guidelines for appropriate use*)

Sensitizing *EGFR* mutation-positive tumors – Afatinib – Erlotinib – Dacomitinib – Gefitinib – Osimertinib
ALK rearrangement-positive tumors – Alectinib – Brigatinib – Ceritinib – Crizotinib – Lorlatinib
ROS1 rearrangement-positive tumors – Ceritinib – Entrectinib
BRAF V600E-mutation positive tumors – Dabrafenib ± Trametinib – Vemurafenib
NTRK Gene Fusion positive tumors – Larotrectinib – Entrectinib
PD-1/PD-L1 expression-positive tumors (≥1%) – Pembrolizumab – Atezolizumab – Nivolumab ± ipilimumab
MET Exon-14 skipping mutations – Capmatinib – Crizotinib – Tepotinib
RET rearrangement-positive tumors – Selpercatinib – Cabozantinib – Vandetanib – Pralsetinib

RENEWAL CRITERIA

- Patient continues to meet indication-specific relevant criteria such as concomitant therapy requirements (not including prerequisite therapy), performance status, etc. identified in the Initial Approval Criteria; **AND**
- Disease response with treatment as defined by stabilization of disease or decrease in size of tumor or tumor spread; **AND**
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: bone marrow suppression (e.g., severe neutropenia [absolute neutrophil count < 1,500 cell/mm3] or thrombocytopenia), sensory neuropathy, sepsis, pneumonitis, severe hypersensitivity reactions including anaphylactic reactions, etc.

DOSAGE/ADMINISTRATION

INDICATION	DOSE
Breast Cancer	260 mg/m² intravenously every 21 days until disease progression or unacceptable toxicity OR 100 mg/m² OR 125 mg/m² intravenously days 1, 8, and 15 of a 28-day cycle until disease progression or unacceptable toxicity ***NOTE: If substituted for weekly paclitaxel or docetaxel, the weekly dose of albumin-bound paclitaxel should not exceed 125 mg/m²*
NSCLC	100 mg/m² intravenously days 1, 8, and 15 of a 21-day cycle until disease progression or unacceptable toxicity
Melanoma and Ovarian Cancer	100 mg/m² intravenously days 1, 8, and 15 of a 28-day cycle until disease progression or unacceptable toxicity
Kaposi Sarcoma	100 mg (fixed dose) intravenously days 1, 8, and 15 of a 28-day cycle until disease progression or unacceptable toxicity
Pancreatic Adenocarcinoma and Hepatobiliary Cancer	125 mg/m² intravenously days 1, 8, and 15 of a 28-day cycle until disease progression or unacceptable toxicity
Small Bowel Adenocarcinoma/ Advanced Ampullary Cancer	220 – 260 mg/m² intravenously every 21 days as a single agent until disease progression or unacceptable toxicity OR 125 mg/m² intravenously days 1, 8, and 15 of a 28-day cycle in combination with gemcitabine until disease progression or unacceptable toxicity
All other indications	260 mg/m² intravenously every 21 days until disease progression or unacceptable toxicity OR 100 mg/m² intravenously days 1, 8, and 15 of a 21-day cycle until disease progression or unacceptable toxicity

LENGTH OF AUTHORIZATION

Coverage is provided for 6 months and may be renewed.

DOSING LIMITS

Max Units (per dose and over time) [HCPCS Unit]:

Kaposi Sarcoma
- 300 billable units per 28 days

All other indications
- 900 billable units per 21 days

APPLICABLE TENNESSEE STATE MANDATE REQUIREMENTS

BlueCross BlueShield of Tennessee's Medical Policy complies with Tennessee Code Annotated Section 56-7-2352 regarding coverage of off-label indications of Food and Drug Administration (FDA) approved drugs when the off-label use is recognized in one of the statutorily recognized standard reference compendia or in the published peer-reviewed medical literature.

IMPORTANT REMINDER

We develop Medical Policies to provide guidance to Members and Providers. This Medical Policy relates only to the services or supplies described in it. The existence of a Medical Policy is not an authorization, certification, explanation of benefits or a contract for the service (or supply) that is referenced in the Medical Policy. For a determination of the benefits that a Member is entitled to receive under his or her health plan, the Member's health plan must be reviewed. If there is a conflict between the Medical Policy and a health plan, the express terms of the health plan will govern.

ADDITIONAL INFORMATION

For appropriate chemotherapy regimens, dosage information, contraindications, precautions, warnings, and monitoring information, please refer to one of the standard reference compendia (e.g., the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) published by the National Comprehensive Cancer Network®, Drugdex Evaluations of Micromedex Solutions at Truven Health, or The American Hospital Formulary Service Drug Information).

SOURCES

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EFFECTIVE DATE 9/30/2021

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