Medical Policy

Healthcare Services Department

Policy Name	Policy Number	Scope
Avelumab (Bavencio®)	MP-RX-FP-09-23	☒ MMM MA ☒ MMM Multihealth

Service Category

☐ Anesthesia
☐ Surgery
☐ Radiology Procedures
☐ Pathology and Laboratory Procedures
☐ Medicine Services and Procedures
☐ Evaluation and Management Services
☐ DME/Prosthetics or Supplies
☒ Part B Drugs

Service Description

This document addresses the use of Avelumab (Bavencio®), a programmed death ligand-1 (PD-L1) blocking antibody approved by the Food and Drug Administration (FDA) for the treatment of certain patients with Markle Cell Carcinoma (MCC), Urothelial Carcinoma (UC), and Renal Cell Carcinoma (RCC).

Background Information

The FDA approved indications for Bavencio include metastatic Merkel cell carcinoma and locally advanced or metastatic urothelial carcinoma. Merkel cell carcinoma is a rare, aggressive type of skin cancer. It is considered to be aggressive because it can grow quickly and spread and it returns after treatment. Primary treatment for Merkel cell carcinoma is surgery. Urothelial carcinoma is the most common type of bladder cancer and occurs in the urinary tract system, involving the bladder and related organs. The FDA also approved for use in advanced renal cell carcinoma as first-line therapy in combination with axitinib (Inlyta).

NCCN Compendia and guidelines recommend the use of Bavencio as a 2A recommendation in endometrial cancer as a single agent as second-line treatment in recurrent or metastatic microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR) tumors. There are no references, but approval was based on extrapolation from the studies of prior FDA approved indications.

NCCN Compendia and guidelines recommend the use of Bavencio in metastatic (stage IV) bladder cancer, specifically primary carcinoma of the urethra as a first-line maintenance regimen (NCCN 1) if there is no progression on first-line platinum containing chemotherapy (Powles 2020). NCCN Compendia also recommends as a NCCN 1 recommendation for the use of Bavencio in metastatic bladder cancer as monotherapy, in second-line therapy for those who are post-platinum therapy or who received a therapy other than platinum or a checkpoint inhibitor in first-line therapy (Apolo 2017).

Definitions and Measures

- Disease Progression: Cancer that continues to grow or spread.
- ECOG or Eastern Cooperative Oncology Group Performance Status: A scale and criteria used by doctors and researchers to assess how an individual's disease is progressing, assess how the disease affects the daily living abilities of the individual, and determine appropriate treatment and prognosis. This scale may also be referred to as the WHO (World Health Organization) or Zubrod score which is based on the following scale:

- 0 = Fully active, able to carry on all pre-disease performance without restriction
- 1 = Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, for example, light house work, office work
- 2 = Ambulatory and capable of all self-care but unable to carry out any work activities. Up and about more than 50% of waking hours
- 3 = Capable of only limited self-care, confined to bed or chair more than 50% of waking hours
- 4 = Completely disabled. Cannot carry on any self-care. Totally confined to bed or chair
- 5=Dead

- Immune checkpoint inhibitor: A type of drug that blocks certain proteins made by some types of immune system cells, such as T cells, and some cancer cells. When these proteins are blocked, the "brakes" on the immune system are released and T cells are able to kill cancer cells better. Examples of checkpoint proteins found on T cells or cancer cells include programmed death (PD)-1, PD-ligand 1 (PD-L1), and cytotoxic T-lymphocyte–associated antigen (CTLA)-4/B7-1/B7-2.
- Merkel cell carcinoma: A rare, aggressive skin cancer.
- Metastasis: The spread of cancer from one part of the body to another; a metastatic tumor contains cells that are like those in the original (primary) tumor and have spread.
- Monoclonal antibody: A protein developed in the laboratory that can locate and bind to specific substances in the body and on the surface of cancer cells.
- Programmed death (PD)-1 proteins: PD-1 proteins are found on T-cells and attach to PD ligands (PD-L1) found on normal (and cancer) cells (see immune checkpoint inhibitor above). Normally, this process keeps T-cells from attacking other cells in the body. However, this can also prevent T-cells from attacking cancer cells in the body. Examples of FDA approved anti-PD-1 agents include Keytruda (pembrolizumab), Opdivo (nivolumab), and Libtayo (cemiplimab).
- Programmed death ligand (PD-L)-1: The ligands found on normal (and cancer) cells to which the PD-1 proteins attach (see immune checkpoint inhibitor above). Cancer cells can have large amounts of PD-L1 on their surface, which helps them to avoid immune attacks. Examples of FDA approved anti-PD-L1 agents include Bavencio (avelumab), Tecentriq (atezolizumab), and Imfinzi (durvalumab).
- Urothelial carcinoma: A type of bladder cancer which occurs in the urinary tract system.

Approved Indications

Bavencio's FDA-approved indications include:

- Metastatic Merkel Cell Carcinoma (MCC) in patients 12 years and older.
- locally advanced or metastatic Urothelial Carcinoma (UC)
  - As maintenance treatment for locally advanced or metastatic UC that has not progressed with first-line platinum-containing chemotherapy.
  - In patients with locally advanced or metastatic UC who:
    - Have disease progression during or following platinum-containing chemotherapy.

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- Have disease progression within 12 months of neoadjuvant or adjuvant treatment with platinum-containing chemotherapy.

- As first-line treatment, in combination with axitinib, of patients with advanced Renal Cell Carcinoma (RCC)

Other Uses

The National Comprehensive Cancer Network (NCCN) gives a category 2A recommendation for Bavencio as useful in certain circumstances as single-agent therapy for multiagent chemotherapy-resistant gestational trophoblastic neoplasia. At this time, there is insufficient evidence to recommend such addition (You B, et al 2020).

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

HCPCS	Description
J9023	Injection, avelumab, 10 mg [Bavencio]

ICD-10	Description
C4A.0-C4A.9	Merkel cell carcinoma
C54.1	Malignant neoplasm of endometrium
C61	Malignant neoplasm of prostate
C64.1-C64.9	Malignant neoplasm of kidney
C65.1-C65.9	Malignant neoplasm of renal pelvis
C66.1-C66.9	Malignant neoplasm of ureter
C67.0-C67.9	Malignant neoplasm of bladder
C68.0	Malignant neoplasm of urethra
C7B.1	Secondary Merkel cell carcinoma
Z85.51	Personal history of malignant neoplasm of bladder
Z85.59	Personal history of malignant neoplasm of other urinary tract organ

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Medical Necessity Guidelines

When a drug is being reviewed for coverage under a member's medical benefit plan or is otherwise subject to clinical review (including prior authorization), the following criteria will be used to determine whether the drug meets any applicable medical necessity requirements for the intended/prescribed purpose.

Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

Avelumab (Bavencio®)

A. Criteria For Initial Approval

i. Individual is 12 years of age or older; **AND**
   - A. Individual has a diagnosis of metastatic Merkel cell carcinoma (Label NCCN 2A); **AND**
   - B. Individual has a current ECOG performance status of 0-2**; AND**
   - C. Individual has not received treatment with another anti-PD-1 or anti-PD-L1 agent; **AND**
   - D. Individual is not receiving therapy for an autoimmune disease or chronic condition requiring treatment with a systemic immunosuppressant;

OR

ii. Individual has a diagnosis of locally advanced or metastatic Urothelial Carcinoma (Label, NCCN 1); **AND**
   - A. Individual is using agent as monotherapy; **AND**
   - B. Individual has a current ECOG performance status of 0-2; **AND**
   - C. Individual meets *one* of the following:
     1. Individual is using after platinum-containing chemotherapy (either as subsequent therapy after disease progression during or following platinum regimen, ***or*** as maintenance therapy following completion of platinum regimen with no evidence of disease progression); **OR**
     2. Has confirmed disease progression within 12 months of receiving neoadjuvant or adjuvant treatment with platinum-containing chemotherapy;

   AND
   - D. Individual has not received treatment with another anti-PD-1 or anti-PD-L1 agent; **AND**
   - E. Individual is not receiving therapy for an autoimmune disease or chronic condition requiring treatment with a systemic immunosuppressant;

OR

iii. Individual has a diagnosis of endometrial carcinoma (NCCN 2A); **AND**
   - A. Individual is using for recurrent or metastatic microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR) tumors; **AND**
   - B. Individual is using as monotherapy; **AND**
   - C. Individual is using as second-line treatment or subsequent therapy; **AND**
   - D. Individual has a current ECOG performance status of 0-2; **AND**

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E. Individual has not received treatment with another anti-PD1 or anti-PD-L1 agent; **AND**
F. Individual is not receiving therapy for an autoimmune disease or chronic condition requiring treatment with a systemic immunosuppressant;

OR

iv. Individual has a diagnosis of advanced Renal Cell Carcinoma (RCC) (Label, NCCN 2A); **AND**
   A. Individual is using as first-line therapy; **AND**
   B. Individual is using in combination with axitinib (Inlyta); **AND**
   C. Individual has histological confirmation of RCC with clear cell component; **AND**
   D. Individual has a current ECOG performance status of 0-2; **AND**
   E. Individual has not received treatment with another anti-PD-1 or anti-PD-L1 agent; **AND**
   F. Individual is not receiving therapy for an autoimmune disease or chronic condition requiring treatment with a systemic immunosuppressant.

B. Criteria For Continuation of Therapy

i. MMM considers continuation of Avelumab (Bavencio®) therapy medically necessary in members requesting reauthorization for an indication listed in Section A above (Criteria for Initial Approval) when there is no evidence of an unacceptable toxicity or disease progression while on the current regimen. The following information should be submitted for reauthorization:
   A. A current oncology note documenting the patient's response to treatment showing no progression of disease.
   B. Current imaging studies and other objective measures, as appropriate, showing no progression of disease when compared with previous results.

C. Authorization Duration

i. Initial Approval Duration: Up to 6 months
ii. Reauthorization Approval Duration: Up to 6 months

D. **Conditions Not Covered**

Any other use is considered experimental, investigational, or unproven, including the following (this list may not be all inclusive):

i. Requests for Bavencio (avelumab) may not be approved when the above criteria (Section A: Criteria for Initial Approval) are not met and for all other indications.

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Limits or Restrictions

A. Quantity Limitations

Approvals may be subject to dosing limits in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines. The chart below includes dosing recommendations as per the FDA-approved prescribing information.

Use	Recommended Dosing Schedule
Merkel Cell Carcinoma (MCC)	800 mg i.v. every 2 weeks until disease progression or unacceptable toxicity.
Urothelial Carcinoma (UC)	800 mg i.v. every 2 weeks until disease progression or unacceptable toxicity.
Renal Cell Carcinoma (RCC)	800 mg i.v. every 2 weeks [in combination with axitinib 5 mg orally taken twice daily (12 hours apart)] until disease progression or unacceptable toxicity.
Exceptions	
None	

Reference Information

Policy History

Revision Type	Summary of Changes	P&T Approval Date	MPCC Approval Date
Policy Adoption	Elevance Health's Medical Policy adoption.	N/A	11/30/2023

Revised: 11/12/2023