Reference number(s)
4198-A

STANDARD MEDICARE PART B MANAGEMENT

CYRAMZA (ramucirumab)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

A. FDA-Approved Indications

1. **Gastric Cancer**
   Cyramaza is indicated as a single agent or in combination with paclitaxel, for treatment of advanced or metastatic gastric or gasro-esophageal junction adenocarcinoma with disease progression on or after prior fluoropyrimidine- or platinum-containing chemotherapy.
2. **Non-Small Cell Lung Cancer (NSCLC)**
   Cyramza, in combination with erlotinib, is indicated for the first-line treatment of patients with metastatic non-small cell lung cancer (NSCLC) whose tumors have epidermal growth factor receptor (EGFR) exon 19 deletions or exon 21 (L858R) substitution mutations.
   Cyramza, in combination with docetaxel, is indicated for the treatment of patients with metastatic NSCLC with disease progression on or after platinum-based chemotherapy. Patients with epidermal growth factor receptor (EGFR) or anaplastic lymphoma kinase (ALK) genomic tumor aberrations should have disease progression on FDA-approved therapy for these aberrations prior to receiving Cyramza.
3. **Colorectal Cancer**
   Cyramza, in combination with FOLFIRI (irinotecan, folinic acid, and fluorouracil), is indicated for the treatment of patients with metastatic colorectal cancer with disease progression on or after prior therapy with bevacizumab, oxaliplatin, and a fluoropyrimidine.
4. **Hepatocellular Carcinoma**
   Cyramza as a single agent, is indicated for the treatment of hepatocellular carcinoma in patients who have an alpha fetoprotein of ≥400 ng/mL and have been treated with sorafenib.

B. Compendial Uses

1. Esophageal adenocarcinoma
2. Colorectal cancer, advanced
3. NSCLC, EGFR mutation positive, in combination with erlotinib
4. Metastatic urothelial carcinoma, or advanced, with progression after platinum-containing chemotherapy

All other indications will be assessed on an individual basis. Submissions for indications other than those enumerated in this policy should be accompanied by supporting evidence from Medicare approved compendia.

II. CRITERIA FOR INITIAL APPROVAL

A. Gastric, Gastro-esophageal Junction (EGJ), and Esophageal Adenocarcinoma
Authorization of 12 months may be granted for treatment of gastric, gastro-esophageal junction (EGJ), and esophageal adenocarcinoma for members who are not surgical candidates or who have unresectable locally advanced, recurrent or metastatic disease, when used as subsequent therapy as a single agent, in combination with paclitaxel, or in combination with fluorouracil and irinotecan.

B. Non-Small Cell Lung Cancer (NSCLC)
Authorization of 12 months may be granted for treatment of recurrent, advanced or metastatic NSCLC when either of the following criteria is met:
1. Used in combination with docetaxel as subsequent therapy.
2. Used in combination with erlotinib for EGFR mutation positive disease.

C. Colorectal Cancer
Authorization of 12 months may be granted for treatment colorectal cancer if either of the following criteria is met:
1. Used for advanced or metastatic colorectal cancer in combination with FOLFIRI (irinotecan, folinic acid, and 5-fluorouracil) or irinotecan.
2. Used as adjuvant treatment in combination with FOLFIRI (fluorouracil, leucovorin, and irinotecan) or irinotecan for unresectable metachronous metastases that converted to resectable disease after primary treatment.

D. Hepatocellular Carcinoma
Authorization of 12 months may be granted for treatment of hepatocellular carcinoma as subsequent therapy as a single agent in patients who have an alpha fetoprotein (AFP) of greater than or equal to 400 ng/mL.

E. Urothelial Carcinoma
Authorization of 12 months may be granted for treatment of advanced or metastatic urothelial carcinoma when all of the following criteria is met:
1. Used in combination with docetaxel.
2. Disease progression within 12 months after platinum-containing chemotherapy.

III. CONTINUATION OF THERAPY

All members (including new members) requesting authorization for continuation of therapy must be currently receiving therapy with the requested agent.

Authorization for 12 months may be granted when all of the following criteria are met:
A. The member is currently receiving therapy with Cyramza
B. Cyramza is being used to treat an indication enumerated in Section II
C. The member is receiving benefit from therapy. Benefit is defined as:
    1. No evidence of unacceptable toxicity while on the current regimen and
    2. No evidence of disease progression while on the current regimen

IV. REFERENCES

1. Cyramza [package insert]. Indianapolis, IN: Eli Lilly and Company; July 2020.
2. The NCCN Drugs & Biologics Compendium® © 2021 National Comprehensive Cancer Network, Inc. Available at: https://www.nccn.org. Accessed January 26, 2021.
3. Cyramza. Micromedex® (electronic version). IBM Watson Health, Greenwood Village, Colorado, USA. Available at: https://www.micromedexsolutions.com. Accessed January 26, 2021.