## DeanHealthPlan by@Medica.

## Aliqopa® (copanlisib) (Intravenous)

Document Number: IC-0321

Last Review Date: 11/05/2024 Date of Origin: 09/19/2017 Dates Reviewed: 09/2017, 07/2018, 10/2018, 11/2019, 11/2020, 11/2021, 11/2022, 11/2023, 11/2024

## I. Length of Authorization

Coverage will be provided for 6 months and may be renewed.

## **II. Dosing Limits**

- A. Quantity Limit (max daily dose) [NDC Unit]:
  - Aliqopa 60 mg single-dose vial: 3 vials per 28 day supply

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

• 180 billable units every 28 days

## III. Initial Approval Criteria<sup>1</sup>

Coverage is provided in the following conditions:

Patient is at least 18 years of age; AND

#### Universal Criteria<sup>1</sup>

• Used as a single agent; AND

#### Follicular Lymphoma<sup>1</sup>

- Used as subsequent therapy after at least two (2) prior therapies; AND
- Patient has relapsed disease

**†** FDA Approved Indication(s); **‡** Compendia Recommended Indication(s); **Φ** Orphan Drug

## IV. Renewal Criteria<sup>1</sup>

Coverage can be renewed based upon the following criteria:

- Patient continues to meet universal and other indication-specific relevant criteria such as concomitant therapy requirements (not including prerequisite therapy), performance status, etc. identified in section III; **AND**
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: serious infections (e.g., pneumocystis jiroveci pneumonia [PJP] of any grade, cytomegalovirus

[CMV] infection), uncontrolled hyperglycemia, uncontrolled hypertension, non-infectious pneumonitis, neutropenia (i.e., ANC <  $0.5 \times 10^3$  cells/mm<sup>3</sup>), severe cutaneous reactions (i.e., Grade 3 or 4), etc.; **AND** 

 Disease response with treatment as defined by stabilization of disease or decrease in size of tumor or tumor spread

## V. Dosage/Administration<sup>1</sup>

Indication	Dose
	Administer 60 mg as an intravenous infusion on Days 1, 8, and 15 of a 28-day cycle. Continue treatment until disease progression or unacceptable toxicity.

## VI. Billing Code/Availability Information

#### HCPCS Code:

• J9057 – Injection, copanlisib, 1 mg; 1 billable unit = 1 mg

NDC:

• Aliqopa 60 mg single-dose vial: 50419-0385-xx

#### **VII.** References

- 1. Aliqopa [package insert]. Whippany, NJ; Bayer HealthCare Pharmaceuticals Inc.; September 2023. Accessed September 2024.
- Dreyling M, Santoro A., Mollica L, et al. (2017) COPANLISIB IN PATIENTS WITH RELAPSED OR REFRACTORY INDOLENT B-CELL LYMPHOMA (CHRONOS-1). Hematological Oncology, 35(S2): 119–120. doi: 10.1002/hon.2437\_107.
- 3. Dreyling M, Santoro A, Mollica L, et al. Updated Safety and Efficacy from the Copanlisib CHRONOS-1 Trial in Patients with Relapsed or Refractory Indolent B-Cell Lymphoma: Low Incidence of Late-Onset Severe Toxicities. Blood, 130(Suppl 1), 2777.
- 4. Martin Dreyling, Armando Santoro, Luigina Mollica, et al. Phosphatidylinositol 3-Kinase Inhibition by Copanlisib in Relapsed or Refractory Indolent Lymphoma. J Clin Oncol 2017; 35: 3898-3905.
- Dreyling M, Panayiotidis P, Egyed M, et al. Efficacy of Copanlisib Monotherapy in Patients with Relapsed or Refractory Marginal Zone Lymphoma: Subset Analysis from the CHRONOS-1 Trial [abstract]. Blood 2017;130:Abstract 4053.

## Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description	
C82.00	Follicular lymphoma grade I, unspecified site	
C82.01	Follicular lymphoma grade I, lymph nodes of head, face and neck	
C82.02	Follicular lymphoma, grade I, intrathoracic lymph nodes	
C82.03	Follicular lymphoma grade I, intra-abdominal lymph nodes	

Page 2

#### Medical Necessity Criteria

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ICD-10	ICD-10 Description	
C82.04	Follicular lymphoma grade I, lymph nodes of axilla and upper limb	
C82.05	Follicular lymphoma grade I, lymph nodes of inguinal regional and lower limb	
C82.06	Follicular lymphoma grade I, intrapelvic lymph nodes	
C82.07	Follicular lymphoma grade I, spleen	
C82.08	Follicular lymphoma grade I, lymph nodes of multiple sites	
C82.09	Follicular lymphoma grade I, extranodal and solid organ sites	
C82.10	Follicular lymphoma grade II, unspecified site	
C82.11	Follicular lymphoma grade II, lymph nodes of head, face and neck	
C82.12	Follicular lymphoma, grade II, intrathoracic lymph nodes	
C82.13	Follicular lymphoma grade II, intra-abdominal lymph nodes	
C82.14	Follicular lymphoma grade II, lymph nodes of axilla and upper limb	
C82.15	Follicular lymphoma grade II, lymph nodes of inguinal region and lower limb	
C82.16	Follicular lymphoma grade II, intrapelvic lymph nodes	
C82.17	Follicular lymphoma grade II, spleen	
C82.18	Follicular lymphoma grade II, lymph nodes of multiple sites	
C82.19	Follicular lymphoma grade II, extranodal and solid organ sites	
C82.20	Follicular lymphoma grade III, unspecified, unspecified site	
C82.21	Follicular lymphoma grade III, unspecified, lymph nodes of head, face and neck	
C82.22	Follicular lymphoma, grade III, unspecified, intrathoracic lymph nodes	
C82.23	Follicular lymphoma grade III, unspecified, intra-abdominal lymph nodes	
C82.24	Follicular lymphoma grade III, unspecified, lymph nodes of axilla and upper limb	
C82.25	Follicular lymphoma grade III, unspecified, lymph nodes of inguinal region and lower limb	
C82.26	Follicular lymphoma grade III, unspecified, intrapelvic lymph nodes	
C82.27	Follicular lymphoma grade III, unspecified, spleen	
C82.28	Follicular lymphoma grade III, unspecified, lymph nodes of multiple sites	
C82.29	Follicular lymphoma grade III, unspecified, extranodal and solid organ sites	
C82.30	Follicular lymphoma grade IIIa, unspecified site	
C82.31	Follicular lymphoma grade IIIa, lymph nodes of head, face and neck	
C82.32	Follicular lymphoma, grade IIIa, intrathoracic lymph nodes	
C82.33	Follicular lymphoma grade IIIa, intra-abdominal lymph nodes	
C82.34	Follicular lymphoma grade IIIa, lymph nodes of axilla and upper limb	
C82.35	Follicular lymphoma grade IIIa, lymph nodes of inguinal region and lower limb	
C82.36	Follicular lymphoma grade IIIa, intrapelvic lymph nodes	
C82.37	Follicular lymphoma grade IIIa, spleen	
C82.38	Follicular lymphoma grade IIIa, lymph nodes of multiple sites	
C82.39	Follicular lymphoma grade IIIa, extranodal and solid organ sites	



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ICD-10	ICD-10 Description	
C82.40	Follicular lymphoma grade IIIb, unspecified site	
C82.41	Follicular lymphoma grade IIIb, lymph nodes of head, face and neck	
C82.42	Follicular lymphoma, grade IIIb, intrathoracic lymph nodes	
C82.43	Follicular lymphoma grade IIIb, intra-abdominal lymph nodes	
C82.44	Follicular lymphoma grade IIIb, lymph nodes of axilla and upper limb	
C82.45	Follicular lymphoma grade IIIb, lymph nodes of inguinal region and lower limb	
C82.46	Follicular lymphoma grade IIIb, intrapelvic lymph nodes	
C82.47	Follicular lymphoma grade IIIb, spleen	
C82.48	Follicular lymphoma grade IIIb, lymph nodes of multiple sites	
C82.49	Follicular lymphoma grade IIIb, extranodal and solid organ sites	
C82.50	Diffuse follicle center lymphoma, unspecified site	
C82.51	Diffuse follicle center lymphoma, lymph nodes of head, face, and neck	
C82.52	Diffuse follicle center lymphoma, intrathoracic lymph nodes	
C82.53	Diffuse follicle center lymphoma, intra-abdominal lymph nodes	
C82.54	Diffuse follicle center lymphoma, lymph nodes of axilla and upper limb	
C82.55	Diffuse follicle center lymphoma, lymph nodes of inguinal region and lower limb	
C82.56	Diffuse follicle center lymphoma, intrapelvic lymph nodes	
C82.57	Diffuse follicle center lymphoma, spleen	
C82.58	Diffuse follicle center lymphoma, lymph nodes of multiple sites	
C82.59	Diffuse follicle center lymphoma, extranodal and solid organ sites	
C82.60	Cutaneous follicle center lymphoma, unspecified site	
C82.61	Cutaneous follicle center lymphoma, lymph nodes of head, face, and neck	
C82.62	Cutaneous follicle center lymphoma, intrathoracic lymph nodes	
C82.63	Cutaneous follicle center lymphoma, intra-abdominal lymph nodes	
C82.64	Cutaneous follicle center lymphoma, lymph nodes of axilla and upper limb	
C82.65	Cutaneous follicle center lymphoma, lymph nodes of inguinal region and lower limb	
C82.66	Cutaneous follicle center lymphoma, intrapelvic lymph nodes	
C82.67	Cutaneous follicle center lymphoma, spleen	
C82.68	Cutaneous follicle center lymphoma, lymph nodes of multiple sites	
C82.69	Cutaneous follicle center lymphoma, extranodal and solid organ sites	
C82.80	Other types of follicular lymphoma, unspecified site	
C82.81	Other types of follicular lymphoma, lymph nodes of head, face, and neck	
C82.82	Other types of follicular lymphoma, intrathoracic lymph nodes	
C82.83	Other types of follicular lymphoma, intra-abdominal lymph nodes	
C82.84	Other types of follicular lymphoma, lymph nodes of axilla and upper limb	
C82.85	Other types of follicular lymphoma, lymph nodes of inguinal region and lower limb	

Page 4

#### Medical Necessity Criteria



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ICD-10	ICD-10 Description	
C82.86	Other types of follicular lymphoma, intrapelvic lymph nodes	
C82.87	Other types of follicular lymphoma, spleen	
C82.88	Other types of follicular lymphoma, lymph nodes of multiple sites	
C82.89	Other types of follicular lymphoma, extranodal and solid organ sites	
C82.90	Follicular lymphoma, unspecified, unspecified site	
C82.91	Follicular lymphoma, unspecified, lymph nodes of head, face and neck	
C82.92	Follicular lymphoma, unspecified, intrathoracic lymph nodes	
C82.93	Follicular lymphoma, unspecified, intra-abdominal lymph nodes	
C82.94	Follicular lymphoma, unspecified, lymph nodes of axilla and upper limb	
C82.95	Follicular lymphoma, unspecified lymph nodes of inguinal region and lower limb	
C82.96	Follicular lymphoma, unspecified, intrapelvic lymph nodes	
C82.97	Follicular lymphoma, unspecified, spleen	
C82.98	Follicular lymphoma, unspecified, lymph nodes of multiple sites	
C82.99	Follicular lymphoma, unspecified, extranodal and solid organ sites	

## Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

The preceding information is intended for non-Medicare coverage determinations. Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determinations (NCDs) and/or Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. Local Coverage Articles (LCAs) may also exist for claims payment purposes or to clarify benefit eligibility under Part B for drugs which may be self-administered. The following link may be used to search for NCD, LCD, or LCA documents: <a href="https://www.cms.gov/medicare-coverage-database/search.aspx">https://www.cms.gov/medicare-coverage-database/search.aspx</a>. Additional indications, including any preceding information, may be applied at the discretion of the health plan.

Medicare Part B Administrative Contractor (MAC) Jurisdictions Jurisdiction **Applicable State/US Territory** Contractor CA, HI, NV, AS, GU, CNMI Noridian Healthcare Solutions, LLC E (1) F (2 & 3) Noridian Healthcare Solutions, LLC AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ KS, NE, IA, MO Wisconsin Physicians Service Insurance Corp (WPS) 5 MN, WI, IL National Government Services, Inc. (NGS) H (4 & 7) LA, AR, MS, TX, OK, CO, NM Novitas Solutions, Inc. MI, IN Wisconsin Physicians Service Insurance Corp (WPS) 8 N (9) FL, PR, VI First Coast Service Options, Inc. TN, GA, AL J (10) Palmetto GBA

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD/LCA): N/A

Page 5





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Medicare Part B Administrative Contractor (MAC) Jurisdictions					
Jurisdiction	Applicable State/US Territory	Contractor			
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA			
· · ·	DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in VA)	Novitas Solutions, Inc.			
K (13 & 14)	NY, CT, MA, RI, VT, ME, NH	National Government Services, Inc. (NGS)			
15	КҮ, ОН	CGS Administrators, LLC			

Page 6

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