

Bavencio[®] (avelumab) (Intravenous)



Last Review Date: 08/01/2024 Date of Origin: 01/07/2019 Dates Reviewed: 01/2019, 04/2019, 07/2019, 10/2019, 01/2020, 04/2020, 07/2020, 09/2020, 01/2021, 04/2021, 07/2021, 10/2021, 01/2022, 05/2022, 07/2022, 10/2022, 01/2023, 05/2023, 07/2023, 10/2023, 01/2024, 05/2024, 08/2024

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]:
- Bavencio 200 mg/10mL single-dose vial: 4 vials per 14 days
- B. Max Units (per dose and over time) [HCPCS Unit]:
- 80 billable units (800 mg) every 14 days (all indications)

III. Initial Approval Criteria¹

Coverage is provided in the following conditions:

• Patient is at least 18 years of age, unless otherwise indicated; AND

Universal Criteria

• Patient has not received previous therapy with a programmed death (PD-1/PD-L1)-directed therapy (e.g., nivolumab, pembrolizumab, dostarlimab, atezolizumab, durvalumab, cemiplimab, nivolumab/relatlimab, retifanlimab, tislelizumab, toripalimab, etc.), unless otherwise specified ^A; **AND**

Merkel Cell Carcinoma (MCC) $\dagger \ddagger \Phi$ ^{1,2,4,5,1e,2e}

- Patient is at least 12 years of age; AND
- Used as single-agent therapy; AND
 - Patient has primary locally advanced disease **‡**; AND

- Both curative surgery and curative radiation therapy are not feasible; **OR**
- Patient has distant metastatic disease

Urothelial Carcinoma (Bladder Cancer) † ‡ 1,4,6,8,16

- Used as single-agent therapy; AND
 - Patient has one of the following diagnoses:
 - Locally advanced or metastatic urothelial carcinoma **†**
 - Muscle invasive bladder cancer with local recurrence or persistent disease in a preserved bladder treated with curative intent ‡
 - Metastatic or local bladder cancer recurrence post cystectomy treated with curative intent ‡
 - Metastatic upper genitourinary (GU) tract tumors **‡**
 - Metastatic urothelial carcinoma of the prostate **‡**
 - Recurrent or metastatic primary carcinoma of the urethra (*excluding* recurrence of stage T3-4 disease or palpable inguinal lymph nodes) *‡*;
 AND
 - Used for disease that progressed during or following platinum-containing chemotherapy*; OR
 - Used as first-line maintenance treatment; AND
 - Patient has locally advanced or metastatic urothelial carcinoma (inclusive of bladder, upper GU tract, urethra, and/or prostate cancer); AND
 - Patient has not progressed with first-line platinum-containing chemotherapy

* Note: 6,17,20

If patient was progression-free for > 12 months after platinum therapy, consider re-treatment with platinum-based therapy if the patient is still platinum eligible (see below for cisplatin- or platinum-ineligible comorbidities).

- Cisplatin-ineligible comorbidities may include the following: CrCl < 60 mL/min, ECOG PS ≥ 2 or KPS <70%hearing loss of ≥ 25 decibels (dB) at two contiguous frequencies, or grade ≥ 2 peripheral neuropathy, or NYHA Heart Failure class ≥ 3. Carboplatin may be substituted for cisplatin particularly in those patients with a CrCl < 60 mL/min or an ECOG PS of 2.
- Platinum-ineligible comorbidities may include the following: CrCl < 30 mL/min, ECOG PS ≥ 3, grade ≥ 2 peripheral neuropathy, or NYHA Heart Failure class > 3, etc.

Renal Cell Carcinoma (RCC) † ‡ 1,4,9,14

- Used in combination with axitinib; **AND**
- Used as first-line therapy; AND
- Used for the treatment of advanced, relapsed, or stage IV disease and clear cell histology



Preferred therapies and recommendations are determined by review of clinical evidence. NCCN category of recommendation is taken into account as a component of this review. Regimens deemed equally efficacious (i.e., those having the same NCCN categorization) are considered to be therapeutically equivalent.

au FDA Approved Indication(s); au Compendia Recommended Indication(s); au Orphan Drug

IV. Renewal Criteria^{Δ1}

Coverage may be renewed based upon the following criteria:

- Patient continues to meet the universal and other indication-specific relevant criteria identified in section III; **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: severe or life-threatening infusion-related reactions, severe immune-mediated adverse reactions (e.g., pneumonitis, hepatotoxicity/hepatitis, colitis, endocrinopathies, nephritis with renal dysfunction, dermatitis/dermatologic adverse reactions, etc.), major adverse cardiovascular events (MACE) when used in combination with axitinib, complications of allogeneic hematopoietic stem cell transplantation (HSCT), etc.

$\Delta \underline{Notes}$:

• Patients whose tumors, upon re-biopsy, demonstrate a change in actionable mutation (e.g., MSS initial biopsy; MSI-H subsequent biopsy) may be eligible to re-initiate PD-directed therapy and will be evaluated on a case-by-case basis.

V. Dosage/Administration ^{1,13,18}

Indication	Dose
All indications	Administer 800 mg intravenously every 14 days, until disease progression or unacceptable toxicity

Dosing should be calculated using actual body weight and not flat dosing (as applicable) based on the following:

<u>Weight is ≤ 66 kg∶</u>

• Use 600 mg (10mg/kg) IV every 2 weeks

Note: This information is not meant to replace clinical decision making when initiating or modifying medication therapy and should only be used as a guide. Patient-specific variables should be taken into account.

VI. Billing Code/Availability Information

HCPCS Code:

• J9023 – Injection, avelumab, 10 mg; 1 billable unit = 10 mg

BAVENCIO[®] -E- (avelumab) Prior Auth Criteria



• Bavencio 200 mg/10 mL single-dose vial: 44087-3535-xx

VII. References (STANDARD)

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ICD-10	ICD-10 Description	
C4A.0	Merkel cell carcinoma of lip	
C4A.10	Merkel cell carcinoma of eyelid, including canthus	
C4A.111	Merkel cell carcinoma of right upper eyelid, including canthus	
C4A.112	Merkel cell carcinoma of right lower eyelid, including canthus	
C4A.121	Merkel cell carcinoma of left upper eyelid, including canthus	
C4A.122	Merkel cell carcinoma of left lower eyelid, including canthus	
C4A.20	Merkel cell carcinoma of unspecified ear and external auricular canal	
C4A.21	Merkel cell carcinoma of right ear and external auricular canal	
C4A.22	Merkel cell carcinoma of left ear and external auricular canal	
C4A.30	Merkel cell carcinoma of unspecified part of face	
C4A.31	Merkel cell carcinoma of nose	
C4A.39	Merkel cell carcinoma of other parts of face	
C4A.4	Merkel cell carcinoma of scalp and neck	
C4A.51	Merkel cell carcinoma of anal skin	
C4A.52	Merkel cell carcinoma of skin of breast	
C4A.59	Merkel cell carcinoma of other part of trunk	
C4A.60	Merkel cell carcinoma of unspecified upper limb, including shoulder	
C4A.61	Merkel cell carcinoma of right upper limb, including shoulder	
C4A.62	Merkel cell carcinoma of left upper limb, including shoulder	

Appendix 1 – Covered Diagnosis Codes

BAVENCIO® -E- (avelumab) Prior Auth Criteria

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ICD-10	ICD-10 Description	
C4A.70	Merkel cell carcinoma of unspecified lower limb, including hip	
C4A.71	Merkel cell carcinoma of right lower limb, including hip	
C4A.72	Merkel cell carcinoma of left lower limb, including hip	
C4A.8	Merkel cell carcinoma of overlapping sites	
C4A.9	Merkel cell carcinoma, unspecified	
C61	Malignant neoplasm of prostate	
C64.1	Malignant neoplasm of right kidney, except renal pelvis	
C64.2	Malignant neoplasm of left kidney, except renal pelvis	
C64.9	Malignant neoplasm of unspecified kidney, except renal pelvis	
C65.1	Malignant neoplasm of right renal pelvis	
C65.2	Malignant neoplasm of left renal pelvis	
C65.9	Malignant neoplasm of unspecified renal pelvis	
C66.1	Malignant neoplasm of right ureter	
C66.2	Malignant neoplasm of left ureter	
C66.9	Malignant neoplasm of unspecified ureter	
C67.0	Malignant neoplasm of trigone of bladder	
C67.1	Malignant neoplasm of dome of bladder	
C67.2	Malignant neoplasm of lateral wall of bladder	
C67.3	Malignant neoplasm of anterior wall of bladder	
C67.4	Malignant neoplasm of posterior wall of bladder	
C67.5	Malignant neoplasm of bladder neck	
C67.6	Malignant neoplasm of ureteric orifice	
C67.7	Malignant neoplasm of urachus	
C67.8	Malignant neoplasm of overlapping sites of bladder	
C67.9	Malignant neoplasm of bladder, unspecified	
C68.0	Malignant neoplasm of urethra	
C7B.1	Secondary Merkel cell carcinoma	
D09.0	Carcinoma in situ of bladder	
Z85.51	Personal history of malignant neoplasm of bladder	
Z85.59	Personal history of malignant neoplasm of other urinary tract organ	
Z85.821	Personal history of Merkel cell carcinoma	

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 selfadministered. The following link may be used to search for NCD, LCD, or LCA documents: <u>https://www.cms.gov/medicare-coverage-database/search.aspx</u>. 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			
E (1)	CA, HI, NV, AS, GU, CNMI	Noridian Healthcare Solutions, LLC			
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC			
5	KS, NE, IA, MO	Wisconsin Physicians Service Insurance Corp (WPS)			
6	MN, WI, IL	National Government Services, Inc. (NGS)			
H (4 & 7)	LA, AR, MS, TX, OK, CO, NM	Novitas Solutions, Inc.			
8	MI, IN	Wisconsin Physicians Service Insurance Corp (WPS)			
N (9)	FL, PR, VI	First Coast Service Options, Inc.			
J (10)	TN, GA, AL	Palmetto GBA			
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA			
L (12)	DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in	Novitas Solutions, Inc.			
K (13 & 14)	NY, CT, MA, RI, VT, ME, NH	National Government Services, Inc. (NGS)			
15	KY, OH	CGS Administrators, LLC			

Medicare Part B Covered Diag	<u>gnosis Codes (applicable to existin</u>	g NCD/LCD/LCA): N/A

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