09-J1000-00

Original Effective Date: 05/15/09

Reviewed: 04/09/14

Revised: 02/15/24

Subject: Oxaliplatin (Eloxatin®) Injection

THIS MEDICAL COVERAGE GUIDELINE IS NOT AN AUTHORIZATION, CERTIFICATION, EXPLANATION OF BENEFITS, OR A GUARANTEE OF PAYMENT, NOR DOES IT SUBSTITUTE FOR OR CONSTITUTE MEDICAL ADVICE. ALL MEDICAL DECISIONS ARE SOLELY THE RESPONSIBILITY OF THE PATIENT AND PHYSICIAN. BENEFITS ARE DETERMINED BY THE GROUP CONTRACT, MEMBER BENEFIT BOOKLET, AND/OR INDIVIDUAL SUBSCRIBER CERTIFICATE IN EFFECT AT THE TIME SERVICES WERE RENDERED. THIS MEDICAL COVERAGE GUIDELINE APPLIES TO ALL LINES OF BUSINESS UNLESS OTHERWISE NOTED IN THE PROGRAM EXCEPTIONS SECTION.

DESCRIPTION:

Oxaliplatin (Eloxatin®) is a third generation platinum analog that demonstrates a wide spectrum of anti-cancer activity including colorectal cancer, ovarian cancer, pancreatic cancer, non-Hodgkin's lymphoma, and breast cancer. It has distinct biochemical, pharmacologic and cytotoxic properties that are different than other platinum compounds, including cisplatin and carboplatin. Importantly, when compared to other platinum compounds, it has a different toxicity profile and different mechanisms of resistance. As such, it lacks cross-resistance with these compounds and confers activity in the setting of platinum insensitive tumor types.

Oxaliplatin was originally approved in August 2002 by the US Food and Drug Administration (FDA) as second-line therapy for metastatic colorectal cancer. Two years later the approval was expanded to include treatment of advanced colorectal cancer (in combination with infusional 5-FU and leucovorin) and for adjuvant treatment of stage III colorectal cancer. In addition to its FDA-approved indications, oxaliplatin is used off-label for the treatment of a variety of other cancers. It is usually used in combination with other agents including capecitabine (Xeloda) and 5-FU/leucovorin.

POSITION STATEMENT:

Oxaliplatin (Eloxatin®) IV **meets the definition of medical necessity** when administered for **ANY** of the following indications and the dosage does not exceed 130 mg/meter squared:

1. Adult T-cell Leukemia/Lymphoma
2. Ampullary Adenocarcinoma
3. Anal Carcinoma

4. Appendiceal Adenocarcinoma
5. Bladder Cancer
6. Breast Implant-Associated ALCL
7. Chronic Lymphocytic Leukemia
8. Classic Hodgkin Lymphoma
9. Colon Cancer
10. Diffuse Large B-cell Lymphoma
11. Esophageal and Esophagogastric Junction Cancer
12. Extrahepatic Cholangiocarcinoma
13. Extranodal NK/T-cell Lymphomas
14. Follicular Lymphoma
15. Gallbladder Cancer
16. Gastric Cancer
17. Head and Neck Cancer
18. High-grade B-cell Lymphomas
19. HIV-Related B-Cell Lymphoma
20. Hepatobiliary Cancer
21. Hepatosplenic T-cell Lymphoma
22. Intrahepatic Cholangiocarcinoma
23. Mantle Cell Lymphoma
24. Mycosis Fungoides/Sezary Syndrome
25. Neuroendocrine Tumors
26. Non-Hodgkin's Lymphoma
27. Occult Primary Cancer
28. Ovarian Cancer [including Fallopian Tube cancer/Primary peritoneal cancer, and less common histologies (carcinosarcoma (malignant mixed Mullerian tumors), clear cell carcinoma, endometrioid carcinoma, low-grade serous carcinoma, malignant germ cell tumors, mucinous carcinoma of the ovary)
29. Pancreatic Adenocarcinoma
30. Peripheral T-cell Lymphomas
31. Primary Cutaneous CD30+ T-cell Lymphoproliferative Disorders
32. Post-transplant Lymphoproliferative Disorders
33. Rectal Cancer
34. Small Bowel Adenocarcinoma

35. Small Lymphocytic Lymphoma
36. Testicular Cancer
37. FDA-label or NCCN diagnosis (not previously listed) and **ONE** of the following is met:
    a. Member is diagnosed with a condition that is consistent with an indication listed in the product's FDA-approved prescribing information (or package insert) **AND** member meets any additional requirements listed in the "Indications and Usage" section of the FDA-approved prescribing information (or package insert)
    b. Indication **AND** usage is recognized in NCCN Drugs and Biologics Compendium as a Category 1 or 2A recommendation

Approval duration: 1 year

DOSAGE/ADMINISTRATION:

THIS INFORMATION IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY AND SHOULD NOT BE USED AS A SOURCE FOR MAKING PRESCRIBING OR OTHER MEDICAL DETERMINATIONS. PROVIDERS SHOULD REFER TO THE MANUFACTURER'S FULL PRESCRIBING INFORMATION FOR DOSAGE GUIDELINES AND OTHER INFORMATION RELATED TO THIS MEDICATION BEFORE MAKING ANY CLINICAL DECISIONS REGARDING ITS USAGE.

FDA-approved: oxaliplatin is FDA-approved for use in combination with infusional 5-flourouracil/leucovorin for the treatment of the following:

1. Adjuvant treatment of stage III colon cancer in persons who have undergone complete resection of the primary tumor
2. Treatment of advanced colorectal cancer.

Oxaliplatin is used off-label in several other cancers. The recommended oxaliplatin dose is dependent on the type of cancer it is used to treat and the regimen used. In general, the dose ranges from 85 mg/m^2 to 130 mg/m^2.

Dose Adjustments

1. Renal Impairment
    a. Creatinine clearance [CrCl] 30 ml/min or greater: exercise caution and closely monitor
    b. CrCl less than 30 ml/min: reduce the starting dose to 65 mg/m^2.
2. Toxicity: reduce the dose of oxaliplatin to 75 mg/m^2 (adjuvant setting) or 65 mg/m^2 (advanced colorectal cancer) when
    a. There are persistent grade 2 neurosensory events that do not resolve
    b. After recover from grade 3 or 4 gastrointestinal toxicities (despite prophylactic treatment) or grade 4 neutropenia or grade 3 or 4 thrombocytopenia. Delay next dose until neutrophils are at least 1.5 x 10^9/L and platelets are at least 75 x 10^9/L.

Drug Availability

Oxaliplatin is supplied as a single-use vial in the following strengths: 50- or 100 mg. The vial is a sterile, perseverative-free, aqueous solution at a concentration of 5 mg/mL.

PRECAUTIONS:

Boxed Warning

- Anaphylactic reactions have been reported and may occur within minutes of oxaliplatin administration; epinephrine, corticosteroids, and antihistamines have been used to alleviate symptoms.

Contraindications

- Oxaliplatin is contraindicated in persons known to have an allergy to oxaliplatin or other platinum containing compounds.

Warnings/Precautions

- Allergic reactions: monitor for development of rash, urticaria, erythema, pruritus, bronchospasm, and hypotension
- Neuropathy: reduce the dose or discontinue oxaliplatin if necessary
- Severe neutropenia: Delay until neutrophils are at least 1.5 x 10^9/L. Withhold for sepsis.
- Pulmonary toxicity: may require discontinuation of therapy until interstitial lung disease or pulmonary fibrosis are excluded
- Hepatotoxicity: monitor liver function tests
- Cardiovascular toxicity: correct hypokalemia or hypomagnesemia prior to initiating.
- Rhabdomyolysis: discontinue if rhabdomyolysis occurs.
- Pregnancy category D: fetal harm can occur when administered to pregnant women. Women should be apprised of the potential harm to the fetus.

BILLING/CODING INFORMATION:

HCPCS Coding:

J9263	Injection, oxaliplatin, 0.5 mg

ICD-10 Diagnosis Codes That Support Medical Necessity:

B20	Human immunodeficiency virus [HIV] disease
C15.3 – C15.9	Malignant neoplasm of esophagus
C16.0 – C16.9	Malignant neoplasm of stomach
C17.0 – C17.9	Malignant neoplasm of small intestine
C18.0 – C18.9	Malignant neoplasm of colon
C19	Malignant neoplasm of rectosigmoid junction
C20	Malignant neoplasm of rectum
C21.0 – C21.8	Malignant neoplasm of overlapping sites of rectum, anus and anal canal
C22.1	Intrahepatic bile duct carcinoma
C23	Malignant neoplasm of gallbladder
C24.0 – C24.9	Malignant neoplasm of other and unspecified parts of biliary tract

C25.0 – C25.9	Malignant neoplasm of pancreas
C38.4	Malignant neoplasm of pleura
C48.1	Malignant neoplasm of specified parts of peritoneum
C48.2	Malignant neoplasm of peritoneum, unspecified
C48.8	Malignant neoplasm of overlapping sites of retroperitoneum and peritoneum
C56.1 – C57.9	Malignant neoplasm of ovary, fallopian tube, broad ligament, round ligament, parametrium and uterine adnexa, other or unspecified female genital organ
C62.00 – 62.92	Malignant neoplasm of testis
C67.0 – C67.9	Malignant neoplasm of bladder
C7B.00 – C7B.09	Secondary carcinoid tumors
C78.00 – 78.02	Secondary malignant neoplasm of lung
C78.6	Secondary malignant neoplasm of retroperitoneum and peritoneum
C78.7	Secondary malignant neoplasm of liver and intrahepatic bile duct
C7A.1 – C7A.8	Malignant neuroendocrine tumors
C7B.1 – C7B.8	Secondary neuroendocrine tumors
C80.0	Disseminated malignant neoplasm, unspecified
C80.1	Malignant (primary) neoplasm, unspecified
C81.10 – C81.99	Hodgkin lymphoma
C82.00 – C83.99	Follicular lymphoma, unspecified, extranodal and solid organ sites, unspecified, lymph nodes of head, face, and neck, unspecified, intrathoracic lymph nodes, unspecified, intra-abdominal lymph nodes, unspecified, lymph nodes of axilla and upper limb, unspecified, lymph nodes of inguinal region and lower limb, unspecified, intrapelvic lymph nodes, unspecified, spleen and unspecified, lymph nodes of multiple sites, small cell b-cell lymphoma, mantle cell lymphoma, diffuse large B-cell lymphoma, lymphoblastic (diffuse) lymphoma, other non-follicular lymphoma
C84.00 – C84.99	Mycosis fungoides, unspecified site, extranodal and solid organ sites, lymph nodes of head, face, and neck, intrathoracic lymph nodes, intra-abdominal lymph nodes, lymph nodes of axilla and upper limb, lymph nodes of inguinal region and lower limb, intrapelvic lymph nodes, spleen and lymph nodes of multiple sites, peripheral T-cell lymphoma, anaplastic large cell lymphoma, other mature T/NK-cell lymphomas, Mature T/NK-cell lymphomas, other specified types of non-Hodgkin lymphomas
C86.0 – C86.6	Other specified types of T/NK-cell lymphomas
C88.4	Extranodal marginal zone B-cell lymphoma of mucosa-associated lymphoid tissue [MALT – lymphoma]
C91.10	Chronic lymphocytic leukemia of B-cell type not having achieved remission
C91.12	Chronic lymphocytic leukemia of B-cell type in relapse
C91.50	Adult T-cell lymphoma/leukemia (HTLV-1-associated) not having achieved remission
C91.52	Adult T-cell lymphoma/leukemia (HTLV-1-associated) in relapse
C91.90	Lymphoid leukemia, unspecified not having achieved remission
C91.92	Lymphoid leukemia, unspecified, in relapse
D09.0	Carcinoma in situ of bladder
D37.1	Neoplasm of uncertain behavior of stomach

D37.2	Neoplasm of uncertain behavior of small intestine
D37.4	Neoplasm of uncertain behavior of colon
D37.5	Neoplasm of uncertain behavior of rectum
D37.8	Neoplasm of uncertain behavior of other specified digestive organs
D37.9	Neoplasm of uncertain behavior of digestive organ, unspecified
D47.Z1	Post-transplant lymphoproliferative disorder (PTLD)
E34.0	Carcinoid syndrome

REIMBURSEMENT INFORMATION:

Refer to section entitled **POSITION STATEMENT**.

PROGRAM EXCEPTIONS:

Federal Employee Program (FEP): Follow FEP guidelines.

State Account Organization (SAO): Follow SAO guidelines.

Medicare Advantage Products: No National Coverage Determination (NCD) was found at the time of the last guideline revised date. The following Local Coverage Determination (LCD) located at www.fcso.com was reviewed on the last guideline revised date: Oxaliplatin (Eloxatin), (L33729).

DEFINITIONS:

No guideline specific definitions apply.

RELATED GUIDELINES:

Bortezomib (Velcade®) IV, 09-J0000-92
Carboplatin (Paraplatin®) IV, 09-J0000-93
Docetaxel (Taxotere®) IV, 09-J0000-95
Doxorubicin HCl Liposome (Doxil®) IV, 09-J0000-91
Fulvestrant (Faslodex®) IM, 09-J1000-04
Gemcitabine (Gemzar®) IV, 09-J0000-96
Gonadotropin Releasing Hormone Analogs and Antagonists, 09-J0000-48
Granulocyte Colony Stimulating Factors, 09-J0000-62
Human EGFR Inhibitors (cetuximab; panitumumab) IV, 09-J0000-94
Irinotecan HCl (Camptosar®) IV, 09-J0000-99
Paclitaxel and Paclitaxel (protein-bound) IV, 09-J1000-05
Rituximab (Rituxan®), 09-J0000-59
Trastuzumab (Herceptin®) Injection, 09-J0000-86
Vinorelbine Tartrate (Navelbine®) IV, 09-J1000-03

OTHER:

None applicable.

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2. Eloxatin (oxaliplatin) [package insert]. Sanofi-Aventis LLC. Bridewater (NJ): October 2015.
3. Ingenix HCPCS Level II, Expert 2012.
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5. Micromedex® Healthcare Series [Internet Database]. Greenwood Village, Colo: Thomson Healthcare. Updated periodically. Accessed 11/7/16.
6. National Comprehensive Cancer Network. Cancer Guidelines. Cancer Guidelines and Drugs and Biologics Compendium. Accessed 01/11/24.
7. Oxaliplatin. In: McEvoy GK, editor. AHFS drug information 2014 [monograph on the Internet]. Bethesda (MD): American Society of Health-System Pharmacists; 2014 [cited 2014 Feb 18]. Available from: http://online.statref.com. Subscription required to view.

COMMITTEE APPROVAL:

This Medical Coverage Guideline (MCG) was approved by the Florida Blue Pharmacy Policy Committee on 04/09/14.

GUIDELINE UPDATE INFORMATION:

05/15/09	New Medical Coverage Guideline.
10/01/09	Revision; consisting of modifying the maximum dosage.
10/15/09	Revision; consisting of updating coding.
01/15/10	Revision; consisting of updating coding.
04/15/10	Revision; consisting of updating coding.
06/15/10	Review and revision; consisting of updating references.
08/01/10	Revision; consisting of updating coding.
06/15/11	Review and revision to guideline; consisting of updating references and coding.
06/15/12	Review and revision to guideline; consisting of updating dosage, coding and references.
02/15/13	Revision to guideline: consisting of updating coding.
05/15/13	Review and revision to guideline; consisting of revising and reformatting position statement; reformatting and revising description, dosage/administration, and precautions section; updated coding and references.
05/15/14	Review and revision to guideline; consisting of reformatting position statement, updating program exceptions, coding, and references.
10/01/15	Revision consisting of update to Program Exceptions section.
11/01/15	Revision: ICD-9 Codes deleted.
10/01/16	Revision to guideline; consisting of updating ICD10 codes.
12/15/16	Revision to guideline; consisting of updating position statement and coding.
10/01/21	ICD-10 coding update.
11/15/22	Revision to guideline; consisting of updating the position statement to include NCCN 1 or 2A indications.
02/15/24	Revision to guideline; consisting of updating position statement and coding.