BlueCross BlueShield of North Carolina

An independent licensee of the Blue Cross and Blue Shield Association

Corporate Medical Policy

PD-L1 Inhibitors

File Name:	pd_l1_inhibitors
Origination:	11/2017
Last CAP Review:	8/2018
Next CAP Review:	8/2019
Last Review:	8/2018

Description of Procedure or Service

PD-L1 inhibitors are a group of drugs that act to inhibit the association of the programmed death-ligand 1 (PD-L1) with its receptor, programmed cell death protein 1 (PD-1). The interaction of these cell surface proteins is involved in the suppression of the immune system and occurs following infection to limit the killing of bystander host cells and prevent autoimmune disease. This immune checkpoint is also active in pregnancy, following tissue allografts and in different types of cancer.

Avelumab (Bavencio®) is a programmed death-ligand 1 (PD-L1) blocking antibody indicated for the treatment of adults and pediatric patients 12 years and older with metastatic Merkel cell carcinoma. It is also indicated for the treatment of patients with locally advanced or metastatic urothelial carcinoma.

Durvalumab (Imfinzi®) is a programmed death-ligand 1 (PD-L1) blocking antibody indicated for the treatment of patients with locally advanced or metastatic urothelial carcinoma and for the treatment of patients with unresectable, Stage III non-small cell lung cancer (NSCLC).

******Note: This Medical Policy is complex and technical. For questions concerning the technical language and/or specific clinical indications for its use, please consult your physician.***

Policy

BCBSNC will provide coverage for PD-L1 Inhibitors when it is determined to be medically necessary because the medical criteria and guidelines shown below are met.

Benefits Application

This medical policy relates only to the services or supplies described herein. Please refer to the Member's Benefit Booklet for availability of benefits. Member's benefits may vary according to benefit design; therefore member benefit language should be reviewed before applying the terms of this medical policy.

When PD-L1 Inhibitors are covered

Avelumab (Bavencio) is considered medically necessary for the treatment of Merkel Cell carcinoma in patients:

- 12 years of age or older; **AND**
- who have not received treatment with another PD-1 or PD-L1 inhibitor.

Avelumab (Bavencio) is considered medically necessary for the treatment of patients with locally advanced or metastatic urothelial carcinoma who:

- have disease progression while on or after platinum-containing chemotherapy; **OR**
- have disease progression within 12 months of neoadjuvant or adjuvant treatment with platinum-containing chemotherapy; **AND**
- have not taken nor are currently on immunotherapy (i.e. PD1 or PD-L1 inhibitors).

Durvalumab (Imfinzi) is considered medically necessary for the treatment of patients with locally advanced or metastatic urothelial carcinoma who:

- have disease progression while on or after platinum-containing chemotherapy; **OR**
- have disease progression within 12 months of neoadjuvant or adjuvant treatment with platinum-containing chemotherapy; **AND**
- have not taken nor are currently on immunotherapy (i.e. PD1 or PD-L1 inhibitors).

Durvalumab (Imfinzi) is considered medically necessary for the treatment of unresectable, Stage III non-small cell lung cancer (NSCLC) in patients who:

- have not progressed following concurrent platinum-based chemotherapy and radiation therapy; **AND**
- have not taken nor are currently on immunotherapy (i.e. PD1 or PD-L1 inhibitors).

Use of a PD-L1 Inhibitor may be considered medically necessary for clinical indications not listed above when the drug is prescribed for the treatment of cancer either:

- In accordance with FDA label (when clinical benefit has been established, see Policy Guidelines); **OR**
- In accordance with specific strong endorsement or support by nationally recognized compendia, when such recommendation is based on strong/high levels of evidence, and/or uniform consensus of clinical appropriateness has been reached.

When PD-L1 Inhibitors are not covered

PD-L1 inhibitors are considered investigational when used for indications outside of FDA labeling and nationally recognized compendia recommendations with the highest level of evidence (i.e. Level 1, 2A, 2B).

PD-L1 inhibitors are considered investigational when used for:

1. Non-cancer indications; **OR**

2. When criteria are not met regarding FDA labeling **OR** strong endorsement/support by nationally recognized compendia, as stated under "When PD-1 Inhibitors are covered."

Policy Guidelines

Drugs prescribed for treatment of cancer in accordance with FDA label may be considered medically necessary when clinical benefit has been established, and should not be determined to be investigational as defined in Corporate Medical Policy (CMP), "Investigational (Experimental) Services."

Please refer to CMP "Investigational (Experimental) Services" for a summary of evidence standards from nationally recognized compendia.

Billing/Coding/Physician Documentation Information

This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross Blue Shield of North Carolina web site at www.bcbsnc.com. They are listed in the Category Search on the Medical Policy search page.

Applicable service codes: C9399, J3490, J3590, J9023, J9173, J9999, S0353, S0354

BCBSNC may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful, but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.

Scientific Background and Reference Sources

US Food and Drug Administration (FDA). Center for Biologics Evaluation and Research. Available at:
https://www.accessdata.fda.gov/drugsatfda_docs/label/2017/761049s000lbl.pdf
Accessed May 22, 2017.

US Food and Drug Administration (FDA). Available at:
https://www.accessdata.fda.gov/drugsatfda_docs/label/2017/761069s000lbl.pdf
Accessed May 22, 2017.

Medical Director review 5/2017

US Food and Drug Administration (FDA). Center for Biologics Evaluation and Research. Available at:
https://www.accessdata.fda.gov/drugsatfda_docs/label/2017/761049s000lbl.pdf
Accessed November 8, 2017.

US Food and Drug Administration (FDA). Available at:
https://www.accessdata.fda.gov/drugsatfda_docs/label/2017/761069s000lbl.pdf
Accessed November 8, 2017.

AstraZeneca Pharmaceuticals LP. Imfinzi (durvalumab) injection for intravenous use. Prescribing Information. Wilmington, DE:AstraZeneca; Revised 2/2018. Available at: https://www.azpicentral.com/imfinzi/imfinzi.pdf#page=1. Accessed May 2018.

EMD Serono, Inc. and Pfizer Inc. Bavencio (avelumab) injection, for intravenous use. Prescribing Information. Rockland, MA. Revised 10/2017. Available at: https://www.emdserono.com/content/dam/web/corporate/non-images/country-specifics/us/pi/bavencio-pi.pdf. Accessed October 2018.

Specialty Matched Consultant Advisory Panel 8/2018

Policy Implementation/Update Information

12/29/17 New policy issued. PD-L1 Inhibitors are considered medically necessary when medical criteria and guidelines are met. References added. HCPCS code J9023 added to Billing/Coding section. Notification given 12/29/17 for effective date 3/29/18. (lpr)

6/8/18 New indication added to "When Covered" section for unresectable, Stage III non-small cell lung cancer (NSCLC). Description section updated to reflect addition of new indication. Updated "When Covered" section for clarity regarding criteria for locally advanced or metastatic urothelial carcinoma. Reference added. (krc)

10/26/18 New indication added to "When Covered" section for avelumab (Bavencio) for treatment of patients with locally advanced or metastatic urothelial carcinoma. Description section updated to reflect addition of new indication. References added. Specialty Matched Consultant Advisory Panel 8/22/2018. (krc)

12/31/18 Added HCPCS code J9173 to Billing/Coding section and deleted code C9492 effective 1/1/19. (krc)