

Drug Policy:

Abraxane™ (nab-paclitaxel)

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| POLICY NUMBER UM ONC_1179 | SUBJECT Abraxane™ (nab-paclitaxel) | | DEPT/PROGRAM UM Dept | PAGE 1 OF 4 |
| DATES COMMITTEE REVIEWED 09/09/11, 12/12/12, 01/02/13, 01/08/14, 06/10/15, 06/08/16, 11/08/16, 02/06/17, 01/10/18, 02/13/19, 12/11/19, 02/12/20, 04/08/20, 06/10/20, 05/12/21, 09/08/21, 11/15/21, 04/13/22 | APPROVAL DATE April 13, 2022 | EFFECTIVE DATE April 29, 2022 | COMMITTEE APPROVAL DATES 09/09/11, 12/12/12, 01/02/13, 01/08/14, 06/10/15, 06/08/16, 11/08/16, 02/06/17, 01/10/18, 02/13/19, 12/11/19, 02/12/20, 04/08/20, 06/10/20, 05/12/21, 09/08/21, 11/15/21, 04/13/22 | |
| PRIMARY BUSINESS OWNER: UM | | COMMITTEE/BOARD APPROVAL Utilization Management Committee | | |
| URAC STANDARDS HUM 1 | NCQA STANDARDS UM 2 | | ADDITIONAL AREAS OF IMPACT | |
| CMS REQUIREMENTS | STATE/FEDERAL REQUIREMENTS | | APPLICABLE LINES OF BUSINESS Commercial, Exchange, Medicaid | |

I. PURPOSE

To define and describe the accepted indications for Abraxane (nab-paclitaxel) usage in the treatment of cancer, including FDA approved indications, and off-label indications.

New Century Health (NCH) is responsible for processing all medication requests from network ordering providers. Medications not authorized by NCH may be deemed as not approvable and therefore not reimbursable.

The use of this drug must be supported by one of the following: FDA approved product labeling, CMS-approved compendia, National Comprehensive Cancer Network (NCCN), American Society of Clinical Oncology (ASCO) clinical guidelines, or peer-reviewed literature that meets the requirements of the CMS Medicare Benefit Policy Manual Chapter 15.

II. INDICATIONS FOR USE/INCLUSION CRITERIA

A. PREFERRED MEDICATION GUIDANCE FOR INITIAL REQUEST:

1. When health plan Medicaid coverage provisions—including any applicable PDLs (Preferred Drug Lists)—conflict with the coverage provisions in this drug policy, health plan Medicaid coverage provisions take precedence per the [Preferred Drug Guidelines](#) OR

2. When health plan Exchange coverage provisions-including any applicable PDLs (Preferred Drug Lists)-conflict with the coverage provisions in this drug policy, health plan Exchange coverage provisions take precedence per the [Preferred Drug Guidelines](#) OR
3. For Health Plans that utilize NCH UM Oncology Clinical Policies as the initial clinical criteria, the [Preferred Drug Guidelines](#) shall follow [NCH L1 Pathways](#) when applicable, otherwise shall follow NCH drug policies AND
4. Continuation requests of previously approved, non-preferred medication are not subject to this provision AND
5. When applicable, generic alternatives are preferred over brand-name drugs.

B. Breast Cancer

1. NOTE: Per NCH Pathway & NCH Policy, Abraxane (nab-paclitaxel) is a non-preferred drug for the treatment of recurrent unresectable or metastatic breast cancer. This recommendation is based on the lack of Level 1 Evidence (randomized clinical trial and/or meta-analyses) to show superior outcomes compared to Taxol (paclitaxel) or Taxotere (docetaxel) therapies. The use of solvent based Taxol (paclitaxel) or Taxotere (docetaxel) is preferred over Abraxane (nab-paclitaxel) unless there is a history of a severe allergic reaction/anaphylaxis to solvent-based Taxol (paclitaxel) or Taxotere (docetaxel). Please refer to NCH Pathway for the preferred therapies recommended for use in the treatment of breast cancer.

C. Pancreatic Adenocarcinoma

1. Abraxane (nab-paclitaxel) may be used in combination with gemcitabine as neoadjuvant therapy for borderline resectable or locally advanced disease OR
2. Abraxane (nab-paclitaxel) may be used in combination with gemcitabine for first or subsequent line therapy for recurrent/metastatic disease for members who have not received/progressed on prior Abraxane (nab-paclitaxel).

D. Non-Small Cell Lung Cancer (NSCLC)

1. NOTE: Per NCH Pathway & NCH Policy, Abraxane (albumin-bound paclitaxel) +/- carboplatin +/- pembrolizumab (for squamous histology)/atezolizumab (for nonsquamous histology) are Non-Preferred regimens for initial or subsequent treatment of NSCLC. The use of solvent based Taxol (paclitaxel) or Taxotere (docetaxel) is preferred over Abraxane (nab-paclitaxel) unless there is a history of a severe allergic reaction/anaphylaxis to solvent-based Taxol (paclitaxel) or Taxotere (docetaxel). This recommendation is based on the lack of Level 1 evidence (randomized trials and/or meta-analyses) to show superior outcomes with Abraxane (nab-paclitaxel) compared to Taxol (paclitaxel) or Taxotere (docetaxel). Please refer to NCH Pathway for the most current recommended regimens/agents for Non-Small Cell Lung Cancer.

III. EXCLUSION CRITERIA

- A. Disease progression while receiving Abraxane (nab-paclitaxel) or an Abraxane containing regimen.
- B. Dosing exceeds single dose limit of Abraxane (nab-paclitaxel) 260 mg/m² if given every 3 weeks.
- C. Investigational use of Abraxane (nab-paclitaxel) with an off-label indication that is not sufficient in evidence or is not generally accepted by the medical community. Sufficient evidence that is not supported by CMS recognized compendia or acceptable peer reviewed literature is defined as any of the following:

1. Whether the clinical characteristics of the patient and the cancer are adequately represented in the published evidence.
2. Whether the administered chemotherapy/biologic therapy/immune therapy/targeted therapy/other oncologic therapy regimen is adequately represented in the published evidence.
3. Whether the reported study outcomes represent clinically meaningful outcomes experienced by patients. Generally, the definition of Clinically Meaningful outcomes are those recommended by ASCO, e.g., Hazard Ratio of < 0.80 and the recommended survival benefit for OS and PFS should be at least 3 months.
4. Whether the experimental design, in light of the drugs and conditions under investigation, is appropriate to address the investigative question. (For example, in some clinical studies, it may be unnecessary or not feasible to use randomization, double blind trials, placebos, or crossover).
5. That non-randomized clinical trials with a significant number of subjects may be a basis for supportive clinical evidence for determining accepted uses of drugs.
6. That case reports are generally considered uncontrolled and anecdotal information and do not provide adequate supportive clinical evidence for determining accepted uses of drugs.
7. That abstracts (including meeting abstracts) without the full article from the approved peer-reviewed journals lack supporting clinical evidence for determining accepted uses of drugs.

IV. MEDICATION MANAGEMENT

- A. Please refer to the FDA label/package insert for details regarding these topics.

V. APPROVAL AUTHORITY

- A. Review – Utilization Management Department
- B. Final Approval – Utilization Management Committee

VI. ATTACHMENTS

- A. None

VII. REFERENCES

- A. Schmid P, et al. IMpassion130 Trial. Atezolizumab and Nab-Paclitaxel in Advanced Triple-Negative Breast Cancer. *N Engl J Med*. 2018 Nov 29;379(22):2108-2121.
- B. Paz-Ares L, et al. KEYNOTE-407 Trial. Pembrolizumab plus Chemotherapy for Squamous Non-Small-Cell Lung Cancer. *N Engl J Med*. 2018 Nov 22;379(21):2040-2051.
- C. Von Hoff DD, et al. Increased survival in pancreatic cancer with nab-paclitaxel plus gemcitabine. *N Engl J Med*. 2013 Oct 31;369(18):1691-703.
- D. Sohal DPS, et al. Metastatic Pancreatic Cancer: ASCO Guideline Update. *J Clin Oncol*. 2020 Aug 5;JCO2001364.
- E. Abraxane prescribing information. Abraxis BioScience, LLC Bridgewater, NJ 2021.
- F. Clinical Pharmacology Elsevier Gold Standard 2022.
- G. Micromedex® Healthcare Series: Thomson Micromedex, Greenwood Village, CO 2022.

- H. National Comprehensive Cancer Network. Cancer Guidelines and Drugs and Biologics Compendium 2022.
- I. AHFS Drug Information. American Society of Health-Systems Pharmacists or Wolters Kluwer Lexi-Drugs. Bethesda, MD 2022.
- J. Ellis LM, et al. American Society of Clinical Oncology perspective: Raising the bar for clinical trials by defining clinically meaningful outcomes. J Clin Oncol. 2014 Apr 20;32(12):1277-80.
Medicare Benefit Policy Manual Chapter 15 Covered Medical and Other Health Services:
<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf>.