

**Centers for Medicare & Medicaid Services (CMS)  
Healthcare Common Procedure Coding System (HCPCS) Public Meeting Agenda  
Drugs, Biologicals and Radiopharmaceuticals  
Tuesday, May 16, 2017 9:00 am – 5:00 pm  
CMS Auditorium  
7500 Security Boulevard  
Baltimore, Maryland 21244-1850**

**8:15 a.m.**      Arrival and sign-in

**9:00 a.m.**      Background and purpose of meeting  
Meeting Format and Ground Rules

**For each agenda item, a written overview of the request and CMS' preliminary coding decision is provided. Preliminary decisions are not final or binding upon any payer, and are subject to change. Meeting participants will hear presentations about the agenda item from the registered primary speaker and other speakers (if any). Presentations will be followed by an opportunity for questions regarding that particular agenda item. The public meetings provide an opportunity for the general public to provide additional input related to requests to modify the HCPCS code set. Final decisions are not made at the public meetings. Applicants will be notified of final decisions in late November.**

**The agenda includes a summary of each HCPCS code application on the agenda. The information provided in each summary reflects claims made by the applicant and should not be construed as a statement of fact or an endorsement by the federal government.**

## **Agenda Item # 1**

### **APPLICATION# 17.012**

Request to establish a new Level II HCPCS code to identify ocrelizumab; Trade name: OCREVUS.

Applicant's suggested language is: "JXXXX - Injection, ocrelizumab, 1 mg".

## **Agenda Item # 2**

### **APPLICATION# 17.002**

1. Request to establish a new Level II HCPCS code to identify STELARA® (ustekinumab) for intravenous infusion.

Applicant's suggested language: JXXXX: Injection, ustekinumab, 130 mg (one vial), for intravenous infusion.

2. Request to revise existing HCPCS code J3357 which currently reads: " Injection, ustekinumab, 1 mg" to instead read: " Injection, ustekinumab, 1 mg, for subcutaneous injection to clearly distinguish its use from the code for the IV formulation. Specifically,

Applicant's suggested language: J3357 "Injection, ustekinumab, 1mg, for subcutaneous injection" to replace the prior description, "Injection, ustekinumab, 1mg."

## **Agenda Item # 3**

### **APPLICATION# 17.025**

Request to revise the dose descriptor of existing HCPCS code A9587 which currently reads: "Gallium Ga-68, dotatate, diagnostic, 0.1 mCi"; to instead read: "A9587, Gallium Ga-68, dotatate, diagnostic, to per study dose, up to 5.4 mCi".

## **Agenda Item # 4**

### **APPLICATION# 17.061**

Request to revise existing HCPCS code A9588 which currently reads: "fluciclovine 18F, diagnostic 1 mCi," to instead read: "Fluciclovine F-18, diagnostic, per study dose". Trade Name: Axumin.

## **Agenda Item # 5**

### **APPLICATION# 17.033**

Request to establish a new Level II HCPCS code to identify aminolevulinic acid hydrochloride, Trade Name: Ameluz.

Applicant's suggested language: "Ameluz (aminolevulinic acid hydrochloride) gel, 10%, for topical use".

## **Agenda Item # 6**

### **APPLICATION# 17.007**

Request to establish a new HCPCS Level II code to identify a levonorgestrel-releasing intrauterine system, 19.5 mg. Trade Name: Kyleena

Applicant's suggested language: "JXXXX: levonorgestrel-releasing intrauterine contraceptive system (Kyleena), 19.5".

## **Agenda Item # 7**

### **APPLICATION# 17.009**

Request to establish a new HCPCS code to identify Hydroxyprogesterone Caproate Injection;

Applicant's suggested language "JXXXX - Hydroxyprogesterone Caproate Injection, USP 250mg/mL".

## **Agenda Item # 8**

### **APPLICATION# 17.013**

Request to establish a new Level II HCPCS code to identify Immune Globulin Subcutaneous (Human) 20% Solution, Trade Name: CUVITRU.

Applicant's suggested language: JXXXX "Injection, immune globulin (CUVITRU), 100 mg".

## **Agenda Item # 9**

### **APPLICATION# 17.014**

Request to establish a new Level II HCPCS code to identify bezlotoxumab; Trade name ZINPLAVA.

Applicant's suggested language: JXXXX -" Injection, bezlotoxumab, 10 mg".

## **Agenda Item # 10**

### **APPLICATION# 17.023**

Request to establish a new Level II HCPCS code to identify atezolizumab, Trade Name: TECENTRIQ.

Applicant's suggested language: "Injection, atezolizumab, 10 mg"

## **Agenda Item # 11**

### **APPLICATION# 17.047**

Request to establish a new level II HCPCS code to identify olaratumab injection for intravenous use, Trade Name: LARTRUVO.

Applicant's suggested language: JXXXX, "injection, olaratumab, 1mg".

## **Agenda Item # 12**

### **APPLICATION# 17.028**

Request to establish a new Level II HCPCS code to identify eteplirsen injection, Trade Name: EXONDYS 51™.

Applicant's suggested language: JXXXX, EXONDYS 51™ (eteplirsen) injection, for intravenous use, per 1 mg.

## **Agenda Item # 13**

### **APPLICATION# 17.043**

Request to revise existing HCPCS code S1090.

Applicant's suggested language: Revise existing S code S1090, which currently reads, "Mometasone furoate sinus implant, 370 micrograms", to instead be a J code and read, "Mometasone furoate sinus implant".

## **Agenda Item # 14**

### **APPLICATION# 17.024**

Request to establish a new Level II HCPCS code to identify granisetron extended-release injection, for subcutaneous use; Trade Name: Sustol®.

Applicant's suggested language: JXXXX, "Injection, granisetron extended-release, for subcutaneous use (SUSTOL), 1 mg."

## **Agenda Item # 15**

### **APPLICATION# 17.060**

Request to establish a new Level II HCPCS code to identify avelumab, Trade Name: BAVENCIO.

Applicant's suggested language, "JXXXX, Injection, avelumab, 10 mg".

## **HCPCS Public Meeting Agenda Item # 1**

### **Application# 17.012**

#### **TOPIC**

Request to establish a new Level II HCPCS code to identify ocrelizumab; Trade name: OCREVUS.

Applicant's suggested language is: "JXXXX - Injection, ocrelizumab, 1 mg".

#### **BACKGROUND**

Genetech has requested a new Level II HCPCS code to identify ocrelizumab; Trade name OCREVUS. According to the applicant, OCREVUS is a recombinant humanized monoclonal antibody indicated for the treatment of patients with relapsing or primary progressive forms of multiple sclerosis.

OCREVUS selectively targets CD20-expressing B-cells. The precise mechanism through which OCREVUS exerts its clinical effects in MS is not fully elucidated but presumed to involve immunomodulation through the reduction in the number and function of CD20-expressing B-cells. Following surface binding, OCREVUS selectively depletes CD20-expressing B-cells through antibody-dependent cellular phagocytosis, antibody-dependent cellular cytotoxicity, complement-dependent cytotoxicity, and apoptosis. The capacity of B-cell reconstitution and preexisting humoral immunity are preserved. In addition, innate immunity and total T-cell numbers are not affected. The recommended dose of OCREVUS is 600 mg administered as an intravenous infusion every 6 months. The initial 600mg dose is split into two separate 300mg IV infusions to be administered two weeks apart.

OCREVUS injection for intravenous infusion is supplied as 30 mg/mL ocrelizumab in 20 mM sodium acetate, 106 mM trehalose dihydrate and 0.02% (w/v) polysorbate 20 at pH 5.3. The drug product is supplied at a volume of 10 mL in a 15 mL glass vial. Each carton contains one 300 mg/10 mL single-use vial.

The applicant comments that a new code is needed because OCREVUS is a new, unique biological compound not identified by existing codes.

#### **PRELIMINARY HCPCS CODING RECOMMENDATION**

Establish JXXXX, "Injection, ocrelizumab, 1 mg". Effective 1/1/18.

## HCPCS Public Meeting Agenda Item # 2

### Application# 17.002

#### TOPIC

1. Request to establish a new Level II HCPCS code to identify STELARA® (ustekinumab) for intravenous infusion.

Applicant's suggested language: JXXXX: Injection, ustekinumab, 130 mg (one vial), for intravenous infusion.

2. Request to revise existing HCPCS code J3357 which currently reads: " Injection, ustekinumab, 1 mg" to instead read: " Injection, ustekinumab, 1 mg, for subcutaneous injection to clearly distinguish its use from the code for the IV formulation. Specifically,

Applicant's suggested language: J3357 "Injection, ustekinumab, 1mg, for subcutaneous injection" to replace the prior description, "Injection, ustekinumab, 1mg."

#### BACKGROUND

Janseen Biotech, Inc., submitted a request to establish a new Level II HCPCS code to identify STELARA® (ustekinumab), for intravenous infusion, and to revise existing code J3357 to distinguish it from the IV formulation. According to the applicant, STELARA is a human interleukin-12 and -23 antagonist indicated as an induction dose for treatment of patients with severe active Crohn's disease (CD) who have failed or were intolerant to treatment with immunomodulators or corticosteroids, but never failed a tumor necrosis factor (TNF) blocker or failed or were intolerant to treatment with one or more TNF blockers. STELARA® (ustekinumab) is a biological for intravenous infusion and has no other useful purpose in the absence of illness. Patients are treated by subcutaneous injections. These induction doses must be administered as one-hour intravenous doses.

STELARA® is for use as an intravenous infusion and is available as 130 mg of ustekinumab in 26mL, supplied as a single use 30mL vial.

The applicant comments that a new code to identify the IV formulation is warranted, due to the IV's product's larger loading dose, its lower cost, and its single FDA approved use for induction therapy. The first key clinical distinction is that STELARA® IV has one clinical purpose, induction therapy for treatment of patients with Crohn's disease. The induction therapy quickly raises the initial blood levels so that the IL-17 and IL-13 blockade is most effective. The initial blockade is not obtained with subcutaneous administration.



## **PRELIMINARY HCPCS CODING RECOMMENDATION**

- 1) Established Q9989, "Ustekinumab, For Intravenous Injection, 1mg." Effective 7/1/17.
- 2) Discontinue Q9989. Effective 12/31/17.
- 3) Establish new code JXXXX with same language as Q9989, "Ustekinumab, For Intravenous Injection, 1mg." Effective 1/1/18.

New code Q9989 adequately describes STELARA

## HCPCS Public Meeting Agenda Item # 3

### **Application# 17.025**

#### **TOPIC**

Request to revise the dose descriptor of existing HCPCS code A9587 which currently reads: "Gallium Ga-68, dotatate, diagnostic, 0.1 mCi"; to instead read: "A9587, Gallium Ga-68, dotatate, diagnostic, to per study dose, up to 5.4 mCi".

#### **BACKGROUND**

Advanced Accelerator Applications, USA, Inc., submitted a request to identify a kit for preparation of Gallium-68 dotatate injection, Trade Name: NETSPOT. According to the applicant, NETSPOT is an agent for positron emission tomography imaging for localization of neuroendocrine tumors. Ga 68 dotate has a high affinity for somatostatin subtype 2 receptors. Gallium-68 is a B+ emitting radionuclide with a 68-minute half-life, and a high emission yield, properties favorable to PET imaging.

The recommended dose is 2 MBq/kg body weight (0.054 mCi/kg) up to 200 MBq (5.4 mCi). Although doses smaller than 5.4 mCi may be ordered, the price is the same per unit dose because one kit must be used per dose. NETSPOT is supplied as a single-dose kit for direct preparation of Gallium-Ga-68, dotate, injection with dotatate and Gallium-68 chloride solution eluted from a Germanium-68/Gallium-68 generator (supplied separately) and with a reaction buffer.

The applicant comments that the current descriptor (0.1 mCi) requires providers to submit claims with up to 54 units while the product is purchased as a single unit regardless of the radioactivity. Additionally, the delivered dose can be +/- 10% of the prescribed dose, which could lead to errors on claims and unnecessary administrative burden.

#### **PRELIMINARY HCPCS CODING RECOMMENDATION**

This request to revise the descriptor of existing code A9587 has not been approved. The requested change does not improve the code. The existing descriptor of A9587, which reads, "Gallium ga-68, dotatate, diagnostic, 0.1 millicurie", adequately describes the product that is the subject of this request and is available for assignment by insurers if they deem appropriate.

## **HCPCS Public Meeting Agenda Item # 4**

### **Application# 17.061**

#### **TOPIC**

Request to revise existing HCPCS code A9588 which currently reads: "fluciclovine 18F, diagnostic 1 mCi," to instead read: "Fluciclovine F-18, diagnostic, per study dose". Trade Name: Axumin.

#### **BACKGROUND**

Blue Earth Diagnostics submitted a request to revise the dose descriptor of existing code A958 for fluciclovine, Trade Name: Axumin.

According to the applicant, Axumin is a radioactive diagnostic agent for PET imaging for men with suspected prostate cancer reoccurrence. It is an amino acid transporter across mammalian cell membranes by amino acid transporters for imaging patients with a biochemical reoccurrence of prostate cancer. Axumin PET imaging of men with reoccurrence may identify sites of reoccurrence based upon elevated blood levels of PSA following initial therapy.

Axumin has a physical half-life of 109.7 minutes. It is supplied as a 10mCi patient-ready dose at the time of calibration. The recommended dose is 370MBq (10mCi) administered as an IV bolus injection.

The applicant comments that the current code descriptor does not adequately describe the product because Axumin is never prescribed in 1mCi increments. A "per study dose" would reduce confusion surrounding billing of activity of more or less than 10mCi.

#### **PRELIMINARY HCPCS CODING RECOMMENDATION**

This request to revise A9588 has not been approved. The requested revision does not improve the code. Existing code A9588 "Fluciclovine f-18, diagnostic, 1 millicurie" adequately describes the product that is the subject of this request and is it available for assignment by insurers if they deem appropriate.

## **HCPCS Public Meeting Agenda Item # 5**

### **Application# 17.033**

#### **TOPIC**

Request to establish a new Level II HCPCS code to identify aminolevulinic acid hydrochloride, Trade Name: Ameluz.

Applicant's suggested language: "Ameluz (aminolevulinic acid hydrochloride) gel, 10%, for topical use".

#### **BACKGROUND**

Biofrontera, Inc., submitted a request to establish a new HCPCS code to identify AMELUZ. According to the applicant, AMELUZ is an antineoplastic agent, Ameluz (5-aminolevulinic acid hydrochloride) for topical use for lesion-directed and field-directed photodynamic therapy (PDT) of actinic keratosis of mild to moderate intensity on the face and scalp.

AMELUZ is administered topically. Gel should be applied approximately 1mm thick and include approximately 5mm of the surrounding skin. The application area should not exceed 20cm<sup>2</sup> and no more than 2 grams of AMELUZ (one tube). It is supplied in a 2 gram tube.

The applicant comments that there are no current HCPCS codes that describe AMELUZ and that there is a precedent for creating separate HCPCS codes for drugs used with PDT to treat Actinic Keratoses.

#### **PRELIMINARY HCPCS CODING RECOMMENDATION**

Establish JXXXX, "Aminolevulinic Acid HCL For Topical Administration, 10%, 1 mg".  
Effective 1/1/18.

## **HCPCS Public Meeting Agenda Item # 6**

### **Application# 17.007**

#### **TOPIC**

Request to establish a new HCPCS Level II code to identify a levonorgestrel-releasing intrauterine system, 19.5 mg. Trade Name: Kyleena

Applicant's suggested language: "JXXXX: levonorgestrel-releasing intrauterine contraceptive system (Kyleena), 19.5".

#### **BACKGROUND**

Bayer Healthcare Pharmaceuticals, Inc., describes Kyleena, a levonorgestrel-releasing intrauterine system, 19.5 mg as an intrauterine contraceptive device indicated to prevent pregnancy for up to five years in nulliparous and parous women.

Kyleena contains 19.5 mg of levonorgestrel and prevents pregnancy for up to 5 years.

The local mechanism by which continuously released levonorgestrel contributes to contraceptive effectiveness of Kyleena has not been conclusively demonstrated. Kyleena is supplied in a carton of one sterile unit, which includes one Kyleena contained within an inserter. Kyleena consist of a T-shaped polyethylene frame (T-body) with a steroid reservoir (hormone elastomer core) containing 19.5 mg of levonorgestrel around the vertical stem. A ring composed of 99.5% pure silver is located at the top of the vertical stem close to the horizontal arms and is visible by ultrasound. The inserter, which is used for placement of Kyleena into the uterine cavity consists of a symmetric two-sided body and slider that are integrated with flange, lock, pre-bent insertion tube and plunger.

According to the applicant, Kyleena is similar to other IUDs manufactured by Bayer which include Mirena and Skyla. It is also similar to Liletta manufactured by Allergan. Each of these IUDs differ significantly in indication, dosage, and duration of use. Differentiation of the four products is needed in order to ensure appropriate identification and payment.

Kyleena is currently billed using existing code J3490. The applicant comments that there is no existing HCPCS code that adequately describes Kyleena since it contains 19.5 mg of levonorgestrel and prevents pregnancy for up to 5 years.

#### **PRELIMINARY HCPCS CODING RECOMMENDATION**

1) Establish Q9984 "Levonorgestrel-releasing Intrauterine Contraceptive System, (Kyleena), 19.5 mg". Effective 7/1/17.

2) Discontinue Q9984, Effective 12/31/17.

3) Establish Jxxxx, "Levonorgestrel-releasing Intrauterine Contraceptive System, (Kyleena), 19.5 mg". Effective 1/1/18.

New code Q9984 adequately describes Kyleena.

## **HCPCS Public Meeting Agenda Item # 7**

### **Application# 17.009**

#### **TOPIC**

Request to establish a new HCPCS code to identify Hydroxyprogesterone Caproate Injection;

Applicant's suggested language "JXXXX - Hydroxyprogesterone Caproate Injection, USP 250mg/mL".

#### **BACKGROUND**

ANI Pharmaceuticals, Inc., requested a new Level II HCPCS J code to identify Hydroxyprogesterone Caproate Injection. According to the applicant, this drug is used to treat advanced adenocarcinoma of the uterine corpus; manage amenorrhea and abnormal uterine bleeding due to hormonal imbalance in the absence of organic pathology; to test for endogenous estrogen production; and to produce secretory endometrium and desquamation.

Hydroxyprogesterone is a potent, long-acting, progestational steroid ester which transforms proliferative endothelium into secretory endothelium, induces mammary gland duct development, and inhibits the production and/or release of gonadotropic hormone; it also shows slight estrogenic, androgenic, or corticoid effects as well, but should not be relied upon for these effects. In advanced adenocarcinoma of the uterine corpus, Hydroxyprogesterone Caproate Injection in a dosage of 1,000 mg or more, one or more times each week, often induces regressive changes.

Hydroxyprogesterone caproate Injection USP is available in vials providing hydroxyprogesterone caproate with a potency of 2250 mg per mL. The product is available as multiple dose, 5 mL vials containing hydroxyprogesterone caproate 250 mg/mL.

The applicant comments that the existing reimbursement codes are for miscellaneous products and for a product that has a much higher cost than this requested product.

#### **PRELIMINARY HCPCS CODING RECOMMENDATION**

- 1) Establish Q9985, "Injection, Hydroxyprogesterone Caproate, Not Otherwise Specified, 10 mg". Effective 7/1/17.
- 2) Establish Q9986, "Injection, Hydroxyprogesterone Caproate, (Makena), 10 mg". Effective 7/1/17.
- 3) Discontinue Q9985. Effective 12/31/17.

4) Discontinue Q9986. Effective 12/31/17.

5) Establish JXXXX, "Injection, Hydroxyprogesterone Caproate, Not Otherwise Specified, 10 mg". Effective 1/1/18

6) Establish JXXXX, "Injection, Hydroxyprogesterone Caproate, (Makena), 10 mg". Effective 1/1/18.

7) Change Medicare coverage indicator for existing code J1725 to "i". Effective 7/1/17.

New code Q9985, "Injection, Hydroxyprogesterone Caproate, Not Otherwise Specified, 10 mg" adequately describes the product that is the subject of this request.



## **HCPCS Public Meeting Agenda Item # 8**

### **Application# 17.013**

#### **TOPIC**

Request to establish a new Level II HCPCS code to identify Immune Globulin Subcutaneous (Human) 20% Solution, Trade Name: CUVITRU.

Applicant's suggested language: JXXXX "Injection, immune globulin (CUVITRU), 100 mg".

#### **BACKGROUND**

Shire Pharmaceuticals, Inc. submitted a request to establish a new Level II HCPCS code to identify Cuvitru. According to the applicant, Cuvitru [Immune Globulin Subcutaneous (human)] 20% Solution is a subcutaneous immunoglobulin (SCIG) replacement therapy for primary humoral immunodeficiency (PI) in adults and children 2 years of age and older. Cuvitru supplies a broad spectrum of opsonizing and neutralizing IgG antibodies against a wide variety of bacterial and viral agents. Cuvitru also contains a spectrum of antibodies capable of interacting with and altering the activity of cells of the immune system as well as antibodies capable of reacting with cells such as erythrocytes. The role of these antibodies and the mechanisms of action on IgG in Cuvitru have not been fully elucidated.

The dose, dose frequency, and number of sites is individualized based on the patient's pharmacokinetic and clinical response. Cuvitru is supplied as a 200 mg/mL (20%) protein solution for subcutaneous infusion, and is available in 5 mL (1 gram protein); 10 mL (2 grams protein); 20 mL (4 grams protein); and 40 mL (8 grams protein) vials.

Suggested areas for subcutaneous infusion of Cuvitru are abdomen, thighs, upper arms, or lateral hip. Cuvitru may be infused into multiple infusion sites. Use up to 4 sites simultaneously. Infusion sites should be at least four inches apart, avoiding bony prominences. Rotate sites with each administration.

The applicant comments that Cuvitru is a newly approved biologic approved via a unique BLA and that no current Level II HCPCS code adequately describes Cuvitru.

#### **PRELIMINARY HCPCS CODING RECOMMENDATION**

Establish JXXXX, "Injection, Immune Globulin (CUVITRU), 100 mg". Effective 1/1/18.

## **HCPCS Public Meeting Agenda Item # 9**

### **Application# 17.014**

#### **TOPIC**

Request to establish a new Level II HCPCS code to identify bezlotoxumab; Trade name ZINPLAVA.

Applicant's recommended language: "JXXXX - Injection, bezlotoxumab, 10 mg".

#### **BACKGROUND**

Merck, and Co., submitted a request to establish a Level II HCPCS code to identify ZINPLAVA. According to the applicant, ZINPLAVA is a human monoclonal antibody that binds to *Clostridium difficile* toxin B and neutralizes its effects. ZINPLAVA is indicated for use to reduce *Clostridium Difficile* Infection (CDI), recurrence in adults who are receiving antibacterial drug treatment for CDI and who are at high risk for CDI recurrence. It is not indicated for the treatment of the presenting episode of CDI and is not an antibacterial drug. ZINPLAVA should only be used in conjunction with CDI antibacterial treatment.

The recommended dose of ZINPLAVA is 10 mg/kg. It is administered as an intravenous infusion over 60 minutes as a single dose. ZINPLAVA is provided in a single-dose 50 mL vial that contains 1000 mg of bezlotoxumab in 40 mL of solution (25 mg/mL).

The applicant comments that there is no HCPCS codes that currently describes bezlotoxumab. Currently, bezlotoxumab is billed with an unspecified HCPCS code.

#### **PRELIMINARY HCPCS CODING RECOMMENDATION**

Establish JXXXX, "Injection, Bezlotoxumab, 10 mg. Effective 1/1/18".

## **HCPCS Public Meeting Agenda Item # 10**

### **Application# 17.023**

#### **TOPIC**

Request to establish a new Level II HCPCS code to identify atezolizumab, Trade Name: TECENTRIQ.

Applicant's suggested language: "Injection, atezolizumab, 10 mg"

#### **BACKGROUND**

Genentech, Inc. submitted a request to establish a new Level II HCPCS code to identify TECENTRIQ. According to the applicant, TECENTRIQ is a humanized programmed death-ligand 1 (PD-L1) blocking antibody. TECENTRIQ is indicated for the treatment of patients with locally advanced or metastatic urothelial carcinoma who have disease progression during or following platinum-containing chemotherapy or have disease progression within 12 months of adjuvant treatment; or patients with metastatic non-small cell lung cancer who have disease progression during or following platinum-containing chemotherapy. TECENTRIQ binds to PD-L1 expressed on tumor cells and/or tumor-infiltrating immune cells and blocks interactions with the PD-1 and B7.1 receptors on T cells and antigen presenting cells. This releases the PD-L1/PD-1 mediated inhibition of the immune response, including the activation of the antitumor immune response without inducing antibody-dependent cell-mediated cytotoxicity (ADCC).

The recommended dose of TECENTRIQ is 1200 mg administered as an intravenous infusion over 60 minutes every 3 weeks until disease progression or unacceptable toxicity. TECENTRIQ is supplied as a single-use vial containing 1200 mg in 20 mL (60 mg/mL) for infusion.

The applicant comments that no existing code identifies TECENTRIQ.

#### **PRELIMINARY HCPCS CODING RECOMMENDATION**

Establish JXXXX, "Injection, Atezolizumab, 10 mg". Effective 1/1/18.

## **HCPCS Public Meeting Agenda Item # 11**

### **Application# 17.047**

#### **TOPIC**

Request to establish a new level II HCPCS code to identify olaratumab injection for intravenous use, Trade Name: LARTRUVO.

Applicant's suggested language: J9XXX, "injection, olaratumab, 1mg".

#### **BACKGROUND**

Eli Lilly, LLC, submitted a request for LARTRUVO. According to the applicant, LARTRUVO is a recombinant human IgG1 monoclonal blocking antibody that binds specifically to human platelet-derived growth factor receptor alpha (PDGFR- $\alpha$ )<sup>2</sup>. It is used in combination with doxorubicin for the treatment of adult patients with soft tissue sarcoma (STS), with a histologic subtype for which an anthracycline-containing regimen is appropriate and which is not amenable to curative treatment with radiotherapy or surgery.

LARTRUVO is supplied in 500mg/50mL (10mg/mL) single-dose vials. The recommended dose for LARTRUVO is 15 mg/kg administered as an intravenous infusion over 60 minutes on Days 1 and 8 of each 21-day cycle until disease progression or unacceptable toxicity.

The applicant comments that no existing HCPCS codes describe LARTRUVO.

#### **PRELIMINARY HCPCS CODING RECOMMENDATION**

Establish JXXXX, "Injection, Olaratumab, 10 mg". Effective 1/1/18.

## **HCPCS Public Meeting Agenda Item # 12**

### **Application# 17.028**

#### **TOPIC**

Request to establish a new Level II HCPCS code to identify eteplirsen injection, Trade Name: EXONDYS 51™.

Applicant's suggested language: JXXXX, EXONDYS 51™ (eteplirsen) injection, for intravenous use, per 1 mg.

#### **BACKGROUND**

Sarepta Therapeutics, Inc. submitted a request to establish a new Level II HCPCS code to identify EXONDYS 51. According to the applicant, EXONDYS 51 is an antisense oligonucleotide for the treatment of Duchenne muscular dystrophy (DMD) in patients who have confirmed mutation of the DMD gene that is amenable to exon 51 skipping.

Eteplirsen is designed to bind to exon 51 of dystrophin pre-mRNA, resulting in exclusion of this exon during this exon mRNA processing in patients with genetic mutations that are amenable to exon 51 skipping. Exon skipping is intended to allow for production of an internally truncated dystrophin protein.

The recommended dose of EXONDYS 51 is 30 mg/kg body weight administered as an IV infusion over 35-60 minutes, once weekly. Each milliliter of EXONDYS 51 contains 50 mg eteplirsen, 0.2 mg potassium phosphate monobasic, 8 mg sodium chloride, and 1.14 mg sodium phosphate dibasic, anhydrous, in water for injection. The product may contain hydrochloric acid or sodium hydroxide to adjust pH. EXONDYS 51 injection is supplied in single-dose vials. The solution is clear and colorless, and may have some opalescence. It is available in single-dose vials containing 100 mg/2 mL (50 mg/mL) eteplirsen as well as in single-dose vials containing 500 mg/10 mL (50 mg/mL) eteplirsen.

The applicant comments that no existing HCPCS J-codes describe EXONDYS 51.

#### **PRELIMINARY HCPCS CODING RECOMMENDATION**

Establish JXXXX, "Injection, Eteplirsen, 10 mg". Effective 1/1/18.

## **HCPCS Public Meeting Agenda Item # 13**

### **Application# 17.043**

#### **TOPIC**

Request to revise existing HCPCS code S1090.

Applicant's suggested language: Revise existing S code S1090, which currently reads, "Mometasone furoate sinus implant, 370 micrograms", to instead be a J code and read, "Mometasone furoate sinus implant".

#### **BACKGROUND**

Intersect ENT has requested a revision to existing code S1090. According to the applicant, PROPEL and PROPEL Mini (known collectively as PROPEL) to provide sustained release of mometasone furoate via a bioabsorbable sinus implant. PROPEL is used in patients with chronic sinusitis to deliver steroids to the sinus mucosa and maintain sinus patency following endoscopic sinus surgery.

Currently, the most specific code for PROPEL is S1090, but S codes are not reportable to Medicare or many other payers. Medicare instructs separate outpatient hospital reporting of code C2625 (Stent, non-coronary, temporary, with delivery system) for PROPEL but this code cannot be billed by an ASC or physician office.

The applicant comments that transitioning S1090 to a J code would facilitate uniform billing for all payers and settings. In addition, changing the descriptor to "each implant" would conform to other drug implants and accommodate future dosage modifications.

#### **PRELIMINARY HCPCS CODING RECOMMENDATION**

Existing code S1090 "Mometasone Furoate Sinus Implant, 370 Micrograms" adequately describes the product that is the subject of this request. Existing code C2625 "Stent, non-coronary, temporary, with delivery system" is available for use for procedures performed in HOPPS and ASC.

## **HCPCS Public Meeting Agenda Item # 14**

### **Application# 17.024**

#### **TOPIC**

Request to establish a new Level II HCPCS code to identify granisetron extended-release injection, for subcutaneous use; Trade Name: Sustol®.

Applicant's suggested language: JXXXX, "Injection, granisetron extended-release, for subcutaneous use (SUSTOL), 1 mg."

#### **BACKGROUND**

Heron Therapeutics, Inc. submitted a request to establish a new Level II HCPCS code to identify Sustol. According to the applicant, Sustol is a novel, extended-release polymer formulation of granisetron that, when administered subcutaneously, forms a depot that slowly releases granisetron in a consistent, predictable manner, maintaining therapeutic concentrations over a period of 5 days or more. Sustol extended-release injection is an extended-release serotonin-3(5-HT#) receptor antagonist indicated in combination with other antiemetics in adults for the prevention of acute and delayed nausea and vomiting associated with initial and repeat courses of MEC or AC combination chemotherapy regimens.

The recommended dosage is 10 mg administered as a single subcutaneous injection at least 30 minutes before the start of MEC or AC combination chemotherapy on day 1. Sustol requires slow, sustained injection, which may take up to 20 to 30 seconds. Sustol should not be administered more frequently than once every 7 days. Use of Sustol with successive chemotherapy cycles for more than 6 months is not recommended.

Sustol, 10 mg granisetron/0.4mL, is supplied in a single-use, pre-filled syringe for subcutaneous injection. Each syringe contains 10 mg granisetron incorporated in an extended-release polymer formulation.

The applicant comments that a new code is warranted because no existing HCPCS J-codes specifically describe Sustol, which is the only extended-release injectable formulation of granisetron. Miscellaneous HCPCS codes J3490 and C9399 are inadequate because they do not permit the appropriate identification of an extended-release injectable formulation of granisetron.

#### **PRELIMINARY HCPCS CODING RECOMMENDATION**

Establish JXXXX, "Injection, Granisetron, Extended-Release, 0.1 mg". Effective 1/1/18.

## **HCPCS Public Meeting Agenda Item # 15**

### **Application# 17.060**

#### **TOPIC**

Request to establish a new Level II HCPCS code to identify avelumab, Trade Name: BAVENCIO.

Applicant's suggested language, "JXXXX, Injection, avelumab, 10 mg".

#### **BACKGROUND**

EMD Serono, Inc. submitted a request to establish a new Level II HCPCS code to identify BAVENCIO. According to the applicant BAVENCIO is a fully human monoclonal antibody directed against programmed death ligand 1 (PD-L1). BAVENCIO binds PD-L1 and blocks the interaction between PD-L1 and the programmed death 1 (PD-1) and B7.1 receptors. By inhibiting PD-L1 interactions, BAVENCIO enables the activation of T-cells and the adaptive immune system.

The recommended dose of BAVENCIO is 10mg/kg administered as an IV infusion over 60 minutes every 2 weeks until disease progression or unacceptable toxicity. BAVENCIO Injection is a sterile, preservative-free, and clear, colorless to slightly yellow solution for intravenous infusion supplied as a single-dose vial of 200 mg/10mL (20 mg/mL), individually packaged in a carton.

The applicant comments that a new code is warranted because there are currently no permanent or temporary HCPCS codes that describe BAVENCIO. According to the applicant, a unique HCPCS code is needed to recognize the expected approval of BAVENCIO under a unique BLA and ensure appropriate payment under Section 1847A of the Social Security Act.

#### **PRELIMINARY HCPCS CODING RECOMMENDATION**

Establish JXXXX, "Injection, Avelumab, 10 mg". Effective 1/1/18.



