



Aliqopa® (copanlisib) (Intravenous)

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Document Number: IC-0492

Last Review Date: 12/07/2023 Date of Origin: 06/03/2019

Dates Reviewed: 06/2019, 12/2019, 12/2020, 12/2021, 12/2022, 12/2023

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]:
 - Aliqopa 60 mg single-dose vial: 3 vials per 28 day supply
- B. Max Units (per dose and over time) [HCPCS Unit]:
 - 180 billable units every 28 days

III. Initial Approval Criteria ¹

Coverage is provided in the following conditions:

• Patient is at least 18 years of age; AND

Universal Criteria 1,3

• Used as a single agent; **AND**

B-Cell Lymphomas 1,3,1e

- Used as subsequent therapy after at least two (2) prior therapies including anti-CD20 monoclonal antibody (e.g., rituximab, obinutuzumab, etc.) AND an alkylating agent (e.g., cyclophosphamide, bendamustine, etc.); **AND**
- Patient has one of the following diagnoses:
 - \circ Follicular Lymphoma (FL) that is relapsed, refractory, or progressive $\dagger \Phi$
 - Extranodal Marginal Zone Lymphoma of Nongastric Sites (Noncutaneous) that is relapsed, refractory, or progressive ‡
 - Extranodal Marginal Zone Lymphoma of the Stomach that is relapsed, refractory, or progressive ‡



- o Nodal Marginal Zone Lymphoma that is relapsed, refractory, or progressive ‡
- Splenic Marginal Zone Lymphoma that is relapsed or refractory ‡

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.

† FDA Approved Indication(s); ‡ Compendia Recommended Indication(s); ♠ Orphan Drug

IV. Renewal Criteria 1,3

Coverage can be renewed based upon the following criteria:

- Patient continues to meet universal and other indication-specific relevant criteria such as concomitant therapy requirements (not including prerequisite therapy), performance status, etc. identified in section III; AND
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: serious infections (e.g., pneumocystis jiroveci pneumonia [PJP] of any grade, cytomegalovirus [CMV] infection), uncontrolled hyperglycemia, uncontrolled hypertension, non-infectious pneumonitis, neutropenia (i.e., ANC < 0.5 x 10³ cells/mm³), severe cutaneous reactions (i.e., Grade 3 or 4), etc.; AND
- Disease response with treatment as defined by stabilization of disease or decrease in size of tumor or tumor spread

V. Dosage/Administration ¹

Indication	Dose
	Administer 60 mg as an intravenous infusion on Days 1, 8, and 15 of a 28-day cycle. Continue treatment until disease progression or unacceptable toxicity.

VI. Billing Code/Availability Information

HCPCS Code:

• J9057 – Injection, copanlisib, 1 mg; 1 billable unit = 1 mg

NDC:

• Aliqopa 60 mg single-dose vial: 50419-0385-xx

VII. References (STANDARD)

1. Aliqopa [package insert]. Whippany, NJ; Bayer HealthCare Pharmaceuticals Inc.; September 2023. Accessed October 2023.



- 2. Dreyling, M, Santoro, A, Mollica, L, et al. (2017) COPANLISIB IN PATIENTS WITH RELAPSED OR REFRACTORY INDOLENT B-CELL LYMPHOMA (CHRONOS-1). Hematological Oncology, 35(S2): 119–120. doi: 10.1002/hon.2437_107.
- 3. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) Copanlisib. National Comprehensive Cancer Network, 2023. The NCCN Compendium® is a derivative work of the NCCN Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Compendium, go online to NCCN.org. Accessed October 2023.
- 4. Dreyling, M, Santoro, A, Mollica, L, et al. Updated Safety and Efficacy from the Copanlisib CHRONOS-1 Trial in Patients with Relapsed or Refractory Indolent B-Cell Lymphoma: Low Incidence of Late-Onset Severe Toxicities. Blood, 130(Suppl 1), 2777.
- 5. Martin Dreyling, Armando Santoro, Luigina Mollica, et al. Phosphatidylinositol 3-Kinase Inhibition by Copanlisib in Relapsed or Refractory Indolent Lymphoma. J Clin Oncol 2017; 35: 3898-3905.
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VIII. References (ENHANCED)

- 1e. McLaughlin P, Grillo-López AJ, Link BK, et al. Rituximab chimeric anti-CD20 monoclonal antibody therapy for relapsed indolent lymphoma: half of patients respond to a four-dose treatment program. J Clin Oncol. 1998 Aug;16(8):2825-33.
- 2e. Sehn LH, Chua N, Mayer J, et al. Obinutuzumab plus bendamustine versus bendamustine monotherapy in patients with rituximab-refractory indolent non-Hodgkin lymphoma (GADOLIN): a randomised, controlled, open-label, multicentre, phase 3 trial. Lancet Oncol. 2016 Aug;17(8):1081-1093.
- 3e. Dreyling, M, Santoro, A, Mollica, L, et al. Long-Term Efficacy and Safety from the Copanlisib CHRONOS-1 Study in Patients with Relapsed or Refractory Indolent B-Cell Lymphoma. Blood. 2018;132:1595.
- 4e. Czuczman MS, Fayad L, Delwail V, et al. Ofatumumab monotherapy in rituximab-refractory follicular lymphoma: results from a multicenter study. Blood. 2012 Apr 19;119(16):3698-704.



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- 6e. Locke FL, Neelapu SS, Bartlett NL, et al. Phase 1 Results of ZUMA-1: A Multicenter Study of KTE-C19 Anti-CD19 CAR T Cell Therapy in Refractory Aggressive Lymphoma. Mol Ther. 2017 Jan 4;25(1):285-295.
- 7e. Morschhauser F, Tilly H, Chaidos A, et al. Tazemetostat for patients with relapsed or refractory follicular lymphoma: an open-label, single-arm, multicentre, phase 2 trial. Lancet Oncol 2020;21:1433-1442.
- 8e. Fowler NH, Dickinson M, Dreyling M, et al. Tisagenlecleucel in adult relapsed or refractory follicular lymphoma: the phase 2 ELARA trial. Nat Med. 2022 Feb;28(2):325-332. doi: 10.1038/s41591-021-01622-0.
- 9e. Budde LE, Sehn LH, Matasar M, et al. Safety and efficacy of mosunetuzumab, a bispecific antibody, in patients with relapsed or refractory follicular lymphoma: a single-arm, multicentre, phase 2 study. Lancet Oncol. 2022 Aug;23(8):1055-1065.
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Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description	
C82.00	Follicular lymphoma grade I, unspecified site	
C82.01	Follicular lymphoma grade I, lymph nodes of head, face and neck	
C82.02	Follicular lymphoma, grade I, intrathoracic lymph nodes	
C82.03	Follicular lymphoma grade I, intra-abdominal lymph nodes	
C82.04	Follicular lymphoma grade I, lymph nodes of axilla and upper limb	
C82.05	Follicular lymphoma grade I, lymph nodes of inguinal regional and lower limb	
C82.06	Follicular lymphoma grade I, intrapelvic lymph nodes	
C82.07	Follicular lymphoma grade I, spleen	
C82.08	Follicular lymphoma grade I, lymph nodes of multiple sites	
C82.09	Follicular lymphoma grade I, extranodal and solid organ sites	
C82.10	Follicular lymphoma grade II, unspecified site	
C82.11	Follicular lymphoma grade II, lymph nodes of head, face and neck	
C82.12	Follicular lymphoma, grade II, intrathoracic lymph nodes	
C82.13	Follicular lymphoma grade II, intra-abdominal lymph nodes	
C82.14	Follicular lymphoma grade II, lymph nodes of axilla and upper limb	
C82.15	Follicular lymphoma grade II, lymph nodes of inguinal region and lower limb	
C82.16	Follicular lymphoma grade II, intrapelvic lymph nodes	
C82.17	Follicular lymphoma grade II, spleen	



C82.18	Follicular lymphoma grade II, lymph nodes of multiple sites		
C82.19	Follicular lymphoma grade II, extranodal and solid organ sites		
C82.20	Follicular lymphoma grade III, unspecified, unspecified site		
C82.21	Follicular lymphoma grade III, unspecified, lymph nodes of head, face and neck		
C82.22	Follicular lymphoma, grade III, unspecified, intrathoracic lymph nodes		
C82.23	Follicular lymphoma grade III, unspecified, intra-abdominal lymph nodes		
C82.24	Follicular lymphoma grade III, unspecified, lymph nodes of axilla and upper limb		
C82.25	Follicular lymphoma grade III, unspecified, lymph nodes of inguinal region and lower limb		
C82.26	Follicular lymphoma grade III, unspecified, intrapelvic lymph nodes		
C82.27	Follicular lymphoma grade III, unspecified, spleen		
C82.28	Follicular lymphoma grade III, unspecified, lymph nodes of multiple sites		
C82.29	Follicular lymphoma grade III, unspecified, extranodal and solid organ sites		
C82.30	Follicular lymphoma grade IIIa, unspecified site		
C82.31	Follicular lymphoma grade IIIa, lymph nodes of head, face and neck		
C82.32	Follicular lymphoma, grade IIIa, intrathoracic lymph nodes		
C82.33	Follicular lymphoma grade IIIa, intra-abdominal lymph nodes		
C82.34	Follicular lymphoma grade IIIa, lymph nodes of axilla and upper limb		
C82.35	Follicular lymphoma grade IIIa, lymph nodes of inguinal region and lower limb		
C82.36	Follicular lymphoma grade IIIa, intrapelvic lymph nodes		
C82.37	Follicular lymphoma grade IIIa, spleen		
C82.38	Follicular lymphoma grade IIIa, lymph nodes of multiple sites		
C82.39	Follicular lymphoma grade IIIa, extranodal and solid organ sites		
C82.40	Follicular lymphoma grade IIIb, unspecified site		
C82.41	Follicular lymphoma grade IIIb, lymph nodes of head, face and neck		
C82.42	Follicular lymphoma, grade IIIb, intrathoracic lymph nodes		
C82.43	Follicular lymphoma grade IIIb, intra-abdominal lymph nodes		
C82.44	Follicular lymphoma grade IIIb, lymph nodes of axilla and upper limb		
C82.45	Follicular lymphoma grade IIIb, lymph nodes of inguinal region and lower limb		
C82.46	Follicular lymphoma grade IIIb, intrapelvic lymph nodes		
C82.47	Follicular lymphoma grade IIIb, spleen		
C82.48	Follicular lymphoma grade IIIb, lymph nodes of multiple sites		
C82.49	Follicular lymphoma grade IIIb, extranodal and solid organ sites		
C82.50	Diffuse follicle center lymphoma, unspecified site		
C82.51	Diffuse follicle center lymphoma, lymph nodes of head, face, and neck		
C82.52	Diffuse follicle center lymphoma, intrathoracic lymph nodes		
C82.53	Diffuse follicle center lymphoma, intra-abdominal lymph nodes		
C82.54	Diffuse follicle center lymphoma, lymph nodes of axilla and upper limb		
C82.55	Diffuse follicle center lymphoma, lymph nodes of inguinal region and lower limb		



C82.57 Diffuse C82.58 Diffuse C82.59 Diffuse C82.60 Cutane C82.61 Cutane C82.62 Cutane C82.63 Cutane C82.64 Cutane C82.65 Cutane C82.66 Cutane C82.67 Cutane C82.68 Cutane C82.69 Cutane C82.80 Other t C82.81 Other t C82.82 Other t C82.83 Other t C82.84 Other t	follicle center lymphoma, intrapelvic lymph nodes follicle center lymphoma, spleen follicle center lymphoma, lymph nodes of multiple sites follicle center lymphoma, extranodal and solid organ sites ous follicle center lymphoma, unspecified site ous follicle center lymphoma, lymph nodes of head, face, and neck ous follicle center lymphoma, intrathoracic lymph nodes ous follicle center lymphoma, intra-abdominal lymph nodes ous follicle center lymphoma, lymph nodes of axilla and upper limb ous follicle center lymphoma, lymph nodes of inguinal region and lower limb ous follicle center lymphoma, intrapelvic lymph nodes ous follicle center lymphoma, spleen ous follicle center lymphoma, lymph nodes of multiple sites ous follicle center lymphoma, extranodal and solid organ sites ypes of follicular lymphoma, lymph nodes of head, face, and neck
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C82.85 Other t	ypes of follicular lymphoma, lymph nodes of axilla and upper limb
	ypes of follicular lymphoma, lymph nodes of inguinal region and lower limb
C82.86 Other t	ypes of follicular lymphoma, intrapelvic lymph nodes
C82.87 Other t	ypes of follicular lymphoma, spleen
C82.88 Other t	ypes of follicular lymphoma, lymph nodes of multiple sites
C82.89 Other t	ypes of follicular lymphoma, extranodal and solid organ sites
C82.90 Follicul	lar lymphoma, unspecified, unspecified site
C82.91 Follicul	lar lymphoma, unspecified, lymph nodes of head, face and neck
C82.92 Follicul	lar lymphoma, unspecified, intrathoracic lymph nodes
C82.93 Follicul	lar lymphoma, unspecified, intra-abdominal lymph nodes
C82.94 Follicul	lar lymphoma, unspecified, lymph nodes of axilla and upper limb
C82.95 Follicul	lar lymphoma, unspecified lymph nodes of inguinal region and lower limb
C82.96 Follicul	lar lymphoma, unspecified, intrapelvic lymph nodes
C82.97 Follicul	lar lymphoma, unspecified, spleen
C82.98 Follicul	lar lymphoma, unspecified, lymph nodes of multiple sites
C82.99 Follicul	lar lymphoma, unspecified, extranodal and solid organ sites
C83.00 Small c	eell B-cell lymphoma, unspecified site
C83.07 Small c	eell B-cell lymphoma, spleen
C83.08 Small c	ell B-cell lymphoma, lymph nodes of multiple sites
C83.80 Other n	non-follicular lymphoma, unspecified site



Other non-follicular lymphoma, lymph nodes of head, face and neck	
Other non-follicular lymphoma, intrathoracic lymph nodes	
Other non-follicular lymphoma, intra-abdominal lymph nodes	
Other non-follicular lymphoma, lymph nodes of axilla and upper limb	
Other non-follicular lymphoma, lymph nodes of inguinal region and lower limb	
Other non-follicular lymphoma, intrapelvic lymph nodes	
Other non-follicular lymphoma, spleen	
Other non-follicular lymphoma, lymph nodes of multiple sites	
Other non-follicular lymphoma, extranodal and solid organ sites	
Other specified types of non-Hodgkin lymphoma, spleen	
Extranodal marginal zone B-cell lymphoma of mucosa-associated lymphoid tissue (MALT-lymphoma)	

Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

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 Determination (NCD), Local Coverage Determinations (LCDs), and Local Coverage Articles (LCAs) may exist and compliance with these policies is required where applicable. They can be found at: https://www.cms.gov/medicare-coverage-database/search.aspx. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD/LCA): N/A

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, LLC		
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA, LLC		
L (12)	DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in VA)	Novitas Solutions, Inc.		
K (13 & 14)	NY, CT, MA, RI, VT, ME, NH	National Government Services, Inc. (NGS)		
15	KY, OH	CGS Administrators, LLC		

