

## SPECIALTY GUIDELINE MANAGEMENT

### Eloxatin (oxaliplatin) oxaliplatin (generic)

#### POLICY

##### A. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

##### FDA-Approved Indications

Oxaliplatin, used in combination with infusional 5-fluorouracil/leucovorin, is indicated for:

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

##### Compendial Uses

1. Colorectal cancer
2. Esophagus or esophagogastric junction cancers
3. Gastric cancer
4. Hepatobiliary cancers
  - Extrahepatic cholangiocarcinoma
  - Intrahepatic cholangiocarcinoma
  - Gallbladder cancer
5. Neuroendocrine tumors of the pancreas
6. Non-Hodgkin's lymphoma
7. Occult primary cancer
8. Ovarian cancer (epithelial), fallopian tube cancer, primary peritoneal cancer, and mucinous carcinoma
9. Pancreatic adenocarcinoma
10. Testicular cancer
11. Non-Urothelial and Urothelial cancer with variant histology
12. Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma (CLL/SLL)
13. Anal carcinoma

All other indications are considered experimental/investigational and are not a covered benefit.

##### B. CRITERIA FOR INITIAL APPROVAL

###### 1. Colon and Rectal Cancer

Authorization of 12 months may be granted for the treatment of colon and rectal cancers.

###### 2. Pancreatic Adenocarcinoma

Authorization of 12 months may be granted for the treatment of pancreatic adenocarcinoma.

###### 3. Esophageal and Esophagogastric Junction Cancers

Authorization of 12 months may be granted for the treatment of esophageal and esophagogastric junction cancers.

Reference number(s)
2041-A

**4. Gastric Cancer**

Authorization of 12 months may be granted for the treatment of gastric cancer.

**5. Intrahepatic and Extrahepatic Cholangiocarcinoma and Gallbladder Cancer**

Authorization of 12 months may be granted for the treatment of intrahepatic and extrahepatic cholangiocarcinoma and gallbladder cancer.

**6. Neuroendocrine Tumors of the Pancreas**

Authorization of 12 months may be granted for the treatment of neuroendocrine tumors of the pancreas.

**7. Non-Hodgkin's Lymphoma (NHL)**

Authorization of 12 months may be granted for the treatment of NHL.

**8. Occult Primary Tumors (cancer of unknown primary)**

Authorization for 12 months may be granted for the treatment of occult primary tumors.

**9. Epithelial Ovarian Cancer, Fallopian Tube Cancer, Primary Peritoneal Cancer, and Mucinous Carcinoma**

Authorization of 12 months may be granted for the treatment of epithelial ovarian cancer, fallopian tube cancer, primary peritoneal cancer, and mucinous carcinoma.

**10. Testicular Cancer**

Authorization of 12 months may be granted for the treatment of testicular cancer.

**11. Non-Urothelial and Urothelial cancer with variant histology**

Authorization of 12 months may be granted for the treatment of non-urothelial and urothelial cancer with variant histology.

**12. Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma (CLL/SLL)**

Authorization of 12 months may be granted for the treatment of CLL/SLL.

**13. Anal Carcinoma**

Authorization of 12 months may be granted for the treatment of anal cancer.

**C. CONTINUATION OF THERAPY**

All members (including new members) requesting authorization for continuation of therapy must meet ALL initial authorization criteria.

**D. REFERENCES**

1. Eloxatin [package insert]. Bridgewater, NJ: Sanofi-aventis U.S. LLC; October 2015.
2. Oxaliplatin [package insert]. North Wales, PA: Teva Pharmaceuticals USA, Inc.; August 2016.
3. The NCCN Drugs & Biologics Compendium® © 2017 National Comprehensive Cancer Network, Inc. Available at: <http://www.nccn.org>. July 20, 2017.