

## DRUG POLICY

---

# Hepzato Kit™ (melphalan; hepatic delivery system)

## BENEFIT APPLICATION

Benefit determinations are based on the applicable contract language in effect at the time the services were rendered. Exclusions, limitations or exceptions may apply. Benefits may vary based on contract, and individual member benefits must be verified. Wellmark determines medical necessity only if the benefit exists and no contract exclusions are applicable. This medical policy may not apply to FEP. Benefits are determined by the Federal Employee Program.

## DESCRIPTION

The intent of the policy is to provide coverage consistent with product labeling, FDA guidance, standards of medical practice, evidence-based drug information, and/or published guidelines. The indications below including FDA-approved indications and compendial uses are considered covered benefits provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

### FDA-Approved Indications

- For adult patients with uveal melanoma with unresectable hepatic metastases affecting less than 50% of the liver and no extrahepatic disease, or extrahepatic disease limited to the bone, lymph nodes, subcutaneous tissues, or lung that is amenable to resection or radiation

## POLICY

### Required Documentation

Submission of the following information is necessary to initiate the prior authorization review:

1. Chart notes or medical records documenting diagnosis of uveal melanoma and histologically or cytologically-proven ocular melanoma metastases affecting less than 50% of the parenchyma of the liver
2. Chart notes or medical records documenting Eastern Cooperative Oncology Group (ECOG) performance status, Child-Pugh class, and New York Heart Association functional classification

### Criteria for Initial Approval

#### **Uveal Melanoma with Unresectable Hepatic Metastases**

Authorization of 6 months may be granted when all of the following are met:

1. Patient has a diagnosis of uveal melanoma

2. Patient has histologically or cytologically-proven ocular melanoma metastases affecting less than 50% of the parenchyma of the liver and no extrahepatic disease, or extrahepatic disease limited to the bone, lymph nodes, subcutaneous tissues, or lungs that is amenable to resection or radiation.
3. Patient is  $\geq 18$  years of age
4. Patient has an Eastern Cooperative Oncology Group (ECOG) performance status of 0 or 1 (Appendix A)
5. Patient does not have Child-Pugh Class B or C cirrhosis (Appendix B)
6. Patient does not have New York Heart Association (NYHA) functional classification II, III, or IV active cardiac conditions (Appendix C)
7. Procedure team members (i.e., interventional radiologist, perfusionist, anesthesiologist) have completed Hepzato Kit REMS training and enrollment
8. Dose will not exceed a maximum absolute dose of 220 mg during a single treatment and treatment intervals will be 6 weeks at a minimum
9. Patient will not exceed a maximum of 6 infusions

#### Continuation of Therapy

##### **Uveal Melanoma with Unresectable Hepatic Metastases**

Authorization of 6 months may be granted for continued treatment in patients requesting reauthorization and patient meets ALL initial authorization criteria and there is no evidence of unacceptable toxicity or disease progression while on the current regimen.

#### Other

Hepzato Kit (melphalan; hepatic delivery system) is considered **not medically necessary** for members who do not meet the criteria set forth above.

#### Dosing and Administration

Approvals may be subject to dosing limits in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines.

#### Appendices

##### **Appendix A: ECOG Performance Status Scale**

| Grade | ECOG Performance Status                                                                                                                                  |
|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| 0     | Fully active, able to carry on all pre-disease performance without restriction                                                                           |
| 1     | Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g., light housework, office work |
| 2     | Ambulatory and capable of all selfcare but unable to carry out any work activities; up and about more than 50% of waking hours                           |
| 3     | Capable of only limited selfcare; confined to bed or chair more than 50% of waking hours                                                                 |
| 4     | Completely disabled; cannot carry on any selfcare; totally confined to bed or chair                                                                      |
| 5     | Dead                                                                                                                                                     |

##### **Appendix B: Child-Pugh Classification of Severity of Cirrhosis**

| Parameter           | Points Assigned                |                                           |                                |
|---------------------|--------------------------------|-------------------------------------------|--------------------------------|
|                     | 1                              | 2                                         | 3                              |
| Ascites             | Absent                         | Slight                                    | Moderate                       |
| Bilirubin           | <2 mg/dL<br>(<34.2 micromol/L) | 2 to 3 mg/dL<br>(34.2 to 51.3 micromol/L) | >3 mg/dL<br>(>51.3 micromol/L) |
| Albumin             | >3.5 g/dL (35 g/L)             | 2.8 to 3.5 g/dL (28 to 35 g/L)            | <2.8 g/dL (<28 g/L)            |
| Prothrombin time or | <4                             | 4 to 6                                    | >6                             |

|                                      |      |              |              |
|--------------------------------------|------|--------------|--------------|
| International normalized ratio (INR) | <1.7 | 1.7 to 2.3   | >2.3         |
| Encephalopathy                       | None | Grade 1 to 2 | Grade 3 to 4 |

Modified Child-Pugh classification of the severity of liver disease according to the degree of ascites, the serum concentrations of bilirubin and albumin, the prothrombin time, and the degree of encephalopathy. A total Child-Pugh score of 5 to 6 is considered Child-Pugh class A (well-compensated disease), 7 to 9 is class B (significant functional compromise), and 10 to 15 is class C (decompensated disease).

#### Appendix C: New York Heart Association Functional Classification

| Class | Patient Symptoms                                                                                                                                              |
|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| I     | No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, palpitation, dyspnea (shortness of breath).                      |
| II    | Slight limitation of physical activity. Comfortable at rest. Ordinary physical activity results in fatigue, palpitation, dyspnea (shortness of breath).       |
| III   | Marked limitation of physical activity. Comfortable at rest. Less than ordinary activity causes fatigue, palpitation, or dyspnea.                             |
| IV    | Unable to carry on any physical activity without discomfort. Symptoms of heart failure at rest. If any physical activity is undertaken, discomfort increases. |

## PROCEDURES AND BILLING CODES

To report provider services, use appropriate CPT\* codes, Alpha Numeric (HCPCS level 2) codes, Revenue codes, and/or ICD diagnostic codes.

- J9248 – Injection, melphalan (Hepzato), 1 mg

## REFERENCES

- Hepzato prescribing information 2023. Delcath Systems, Inc. Queensbury, NY 12804
- Zager JS, Orloff MM, Ferrucci PF, et al. FOCUS phase 3 trial results: Percutaneous hepatic perfusion (PHP) with melphalan for patients with ocular melanoma liver metastases. *A J Clin Oncol*. 2022;40;16S

## POLICY HISTORY

**Policy #:** 05.05.43

**Original Effective Date:** August 16, 2024

**Reviewed:** August 2026

**Revised:**

**Current Effective Date:** August 16, 2024