# Medical Policy:

## Proleukin® (aldesleukin)

| POLICY NUMBER | LAST REVIEW | ORIGIN DATE |
|---|---|---|
| MG.MM.PH.161 | February 25, 2025 | July 15th 2019 |



The treating physician or primary care provider must submit to EmblemHealth, or ConnectiCare, as applicable (hereinafter jointly referred to as "EmblemHealth"), the clinical evidence that the member meets the criteria for the treatment or surgical procedure. Without this documentation and information, EmblemHealth will not be able to properly review the request preauthorization or post-payment review. The clinical review criteria expressed below reflects how EmblemHealth determines whether certain services or supplies are medically necessary. This clinical policy is not intended to pre-empt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. Health care providers are expected to exercise their medical judgment in rendering appropriate care.

EmblemHealth established the clinical review criteria based upon a review of currently available clinical information (including clinical outcome studies in the peer reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). EmblemHealth expressly reserves the right to revise these conclusions as clinical information changes and welcomes further relevant information. Each benefit program defines which services are covered. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered and/or paid for by EmblemHealth, as some programs exclude coverage for services or supplies that EmblemHealth considers medically necessary.

If there is a discrepancy between this guideline and a member's benefits program, the benefits program will govern. Identification of selected brand names of devices, tests and procedures in a medical coverage policy is for reference only and is not an endorsement of any one device, test or procedure over another. In addition, coverage may be mandated by applicable legal requirements of a state, the Federal Government or the Centers for Medicare & Medicaid Services (CMS) for Medicare and Medicaid members. All coding and web site links are accurate at time of publication.

EmblemHealth may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. The MCG™ Care Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice. EmblemHealth Services Company, LLC, has adopted this policy in providing management, administrative and other services to EmblemHealth Plan, Inc., EmblemHealth Insurance Company, EmblemHealth Services Company, LLC, and Health Insurance Plan of Greater New York (HIP) related to health benefit plans offered by these entities. ConnectiCare, an EmblemHealth company, has also adopted this policy. All of the aforementioned entities are affiliated companies under common control of EmblemHealth Inc.

## Definitions

**Proleukin (aldesleukin):** is an antineoplastic agent and is in the class of response biologic modifiers. It is a recombinant formulation of interleukin-2 (IL-2). Proleukin (aldesleukin) is a nonglycosylated biosynthetic interleukin-2 (also known as T-cell growth factor), which differs only slightly in amino acid sequence from the natural compound.

Proleukin (aldesleukin) interacts with the high-affinity IL-2 receptor expressed on cells of the immune system and stimulates a cytokine cascade involving various interferons, interleukins, and tumor necrosis factors. Proleukin (aldesleukin) along with other cytokines induce proliferation and differentiation of B and T-cells, monocytes, macrophages, and cytotoxic lymphocytes which include natural killer (NK) cells, cytotoxic T-cells, tumor-infiltrating lymphocytes (TIL), and lymphokine-activated killer (LAK) cells. Proleukin (aldesleukin)'s antitumor activity is believed to result from activation of cytotoxic lymphocytes, however, the exact mechanism is unknown. Whether Proleukin (aldesleukin) acts directly or through second messengers is also unclear, however, Proleukin (aldesleukin) does elevate production of interleukin-1, tumor necrosis factors alpha and beta, interferon gamma, and interleukin-6.

## Length of Authorization

Coverage will be provided for 6 months and may be renewed.

## Guideline

### I. Initial Approval Criteria

***Proleukin*** *may be considered medically necessary when any of the following selection criteria is met:*

1. **Renal Cell Carcinoma**
    A. The member has a diagnosis of metastatic renal cell carcinoma; **AND**
    B. The member is at least 18 years of age **AND**
    C. Proleukin is being used as a high-dose single agent, for member with predominant clear cell histology

2. **Melanoma**
    A. The member has diagnosis of metastatic/unresectable melanoma; **AND**
    B. The member is at least 18 years of age **AND**
    C. Proleukin is being used as second line or subsequent therapy as high-dose single agent.

### Limitations/Exclusions

Proleukin is not considered medically necessary for when any of the following selection criteria is met:

1. High dose Proleukin (aldesleukin) is being used in member with active, untreated brain metastases.
2. High dose Proleukin (aldesleukin) is being administered outside a hospital setting.
3. Dosing exceeds single dose limit of Proleukin (aldesleukin) 600,000 International Units/kg or 16.8 MIU/kg (28 doses) per cycle.
4. Indications not supported by CMS recognized compendia or acceptable peer reviewed literature may be deemed as not approvable and therefore not reimbursable.

### II. Renewal Criteria

1. Patient continues to meet INITIAL APPROVAL CRITERIA; **AND**
2. Disease response with treatment as defined by decrease in tumor size; **AND**
3. Absence of unacceptable toxicity from the drug.

### Dosage/Administration

| Indication | Dose |
|---|---|
| All indications | 600,000 IU/kg (0.037 mg/kg) administered every 8 hours by a 15-minute IV infusion for a maximum of 14 doses.<br><br>Each course of treatment consists of two 5-day treatment cycles separated by a rest period.<br><br>Following 9 days of rest, the schedule is repeated for another 14 doses, for a maximum of 28 doses per course, as tolerated. |

## Applicable Procedure Codes

| Code | Description |
|---|---|
| J9015 | Injection, aldesleukin, 1 billable unit = 1 single use vial |

## Applicable NDCs

| Code | Description |
|---|---|
| 76310-0022-xx | Proleukin 22 million IU single-dose vial |
| 73776-0022-01 | Proleukin 22 million IU single-dose vial |

## ICD-10 Diagnoses

| Code | Description |
|---|---|
| C43.0 | Malignant melanoma of lip |
| C43.10 | Malignant melanoma of unspecified eyelid, including canthus |
| C43.11 | Malignant melanoma of right eyelid, including canthus |
| C43.12 | Malignant melanoma of left eyelid, including canthus |
| C43.20 | Malignant melanoma of unspecified ear and external auricular canal |
| C43.21 | Malignant melanoma of right ear and external auricular canal |
| C43.22 | Malignant melanoma of left ear and external auricular canal |
| C43.30 | Malignant melanoma of unspecified part of face |
| C43.31 | Malignant melanoma of nose |
| C43.39 | Malignant melanoma of other parts of face |
| C43.4 | Malignant melanoma of scalp and neck |
| C43.51 | Malignant melanoma of anal skin |
| C43.52 | Malignant melanoma of skin of breast |
| C43.59 | Malignant melanoma of other part of trunk |
| C43.60 | Malignant melanoma of unspecified upper limb, including shoulder |
| C43.61 | Malignant melanoma of right upper limb, including shoulder |
| C43.62 | Malignant melanoma of left upper limb, including shoulder |
| C43.70 | Malignant melanoma of unspecified lower limb, including hip |
| C43.71 | Malignant melanoma of right lower limb, including hip |
| C43.72 | Malignant melanoma of left lower limb, including hip |
| C43.8 | Malignant melanoma of overlapping sites of skin |
| C43.9 | Malignant melanoma of skin, unspecified |
| C64.1 | Malignant neoplasm of right kidney, except renal pelvis |
| C64.2 | Malignant neoplasm of left kidney, except renal pelvis |
| C64.9 | Malignant neoplasm of unspecified kidney, except renal pelvis |
| C65.1 | Malignant neoplasm of right renal pelvis |
| C65.2 | Malignant neoplasm of left renal pelvis |
| C65.9 | Malignant neoplasm of unspecified renal pelvis |

## Revision History

| Company(ies) | DATE | REVISION |
|---|---|---|
| EmblemHealth & ConnectiCare | 2/25/2025 | Annual Review: Added: 73776-0022-01, removed C80, C80.1, Z85.528 and Z85.820. No criteria changes. |
| EmblemHealth & ConnectiCare | 1/16/2024 | Annual Review: No criteria changes |

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|---|---|---|
| EmblemHealth & ConnectiCare | 5/19/2023 | Annual Review: removed NDC: 65483-0116-xx, added NDC: 76310-0022-xx<br>Initial Criteria: Renal Cell Carcinoma: removed: "The member has PS ≤ 1; AND Proleukin is being used as first line therapy, with medically unresectable stage IV disease."<br>Melanoma: removed: "The member has PS 0-2" |
| EmblemHealth & ConnectiCare | 1/11/2023 | Transfer to New Template |
| EmblemHealth & ConnectiCare | 7/15/2019 | New Policy |

## References


1. Proleukin® prescribing information. Prometheus Laboratories Inc. San Diego, CA.2014.
2. Clinical Pharmacology Elsevier Gold Standard. 2018.
3. Micromedex® Healthcare Series: Thomson Micromedex, Greenwood Village, Co. 2018.
4. National Comprehensive Cancer Network. Cancer Guidelines and Drugs and Biologics Compendium. 2018