Medicaid Services Manual
Transmittal Letter

December 30, 2024

To: Custodians of Medicaid Services Manual

From: Casey Angres
Chief of Division Compliance

Subject: Medicaid Services Manual Changes
Chapter 1200 – Prescribed Drugs

Background And Explanation

Revisions to Medicaid Services Manual (MSM) Chapter 1200 – Prescribed Drugs are being proposed based on the recommendations approved at the July 18, 2024, Drug Utilization Review (DUR) Board Meeting.

Throughout the chapter, grammar, punctuation and capitalization changes were made, duplications removed, acronyms used and standardized, and language reworded for clarity. Renumbering and re-arranging of sections was necessary.

These changes are effective January 6, 2024.

Material Transmitted	Material Superseded
MTL N/A Chapter 1200 – Prescribed Drugs	MTL N/A Chapter 1200 – Prescribed Drugs

Manual Section	Section Title	Background and Explanation of Policy Changes, Clarifications and Updates
Appendix A Section OO	**Osteoporosis Agents**	Deleted and moved the section to Appendix B Section T.
Appendix B Section B	**Anti-PD-1 Monoclonal Antibodies**	Added tislelizumab to the criteria and updated the recertification criteria within Bavencio® section. Added tislelizumab to the criteria; added Vaginal Cancer and updated recertification request and prior authorization (PA) guidelines for Libtayo®. Updated criteria under Biliary Tract Cancers, added criteria under Esophageal Cancer and Esophagogastric/Gastroesophageal Junction Cancers, Gastric Cancer, Hepatocellular

Manual Section	Section Title	Background and Explanation of Policy Changes, Clarifications and Updates
		Carcinoma, and Cutaneous Melanoma. under Opdivo®. Renamed Malignant Peritoneal Mesothelioma (MPeM) to Peritoneal Mesothelioma (PeM). Renamed Malignant Pleural Mesothelioma (MPM) to Pleural Mesothelioma (PM). Updated Opdivo® Dosage Limits – Max Units (per dose and over time) [HCPCS Unit]. Added new criteria for Opdivo® Recertification request and added Vaginal and Gastric Cancer. Added new PA Guidelines for Opdivo®. Added new criteria for Tecentriq® (atezolizumab) – HCC and Cervical Cancer. Updated Tecentriq® (atezolizumab) – Dosage Limits. Added Tecentriq® (atezolizumab) – Recertification Request – Continuation Maintenance Therapy for Cervical Cancer.
Appendix B Section L	**Aranesp®**	Added <30% to Initiation of Therapy. Updated criteria to Anemia Due to Myelodysplastic Syndrome (MDS) and Anemia due to Chemotherapy Treatment. Added new Prior Authorization Guidelines.
Appendix B Section M	**Colony Stimulating Factors Pegfilgrastim**	Renamed the section to "Long-Acting Granulocyte Colony Stimulating Factors (LA-gCSF): Neulasta®; Fulphila®; Udenyca®; Ziextenzo®; Nyvepria™; Stimufend®. Updated Pegfilgrastim criteria; added Recertification Requests criteria; and added PA Guidelines.
Appendix B Section N	**Pemetrexed**	Renamed the section to Pemetrexed, Alimta®; Pemfexy™; Pemetrexed.

Manual Section	Section Title	Background and Explanation of Policy Changes, Clarifications and Updates
	Alimta®, Pemfexy™, Pemrydi RTU®, Pemetrexed	Removed Pemfexy™, Pemetrexed and Pemrydi RTU® N.2(a) Dosage Limits – Quantity Limit.
Appendix B Section Q	**Selective Immunosuppressants**	Updated Soliris® - Q.1(a) – removed REMS Program. Updated Soliris® (eculizumab) Universal Criteria. Updated Q.1(a)(4) – Paroxysmal Nocturnal Hemoglobinuria (PNH). Updated Q.1(a)(7)– Neuromyelitis Optica Spectrum Disorder (NMOSD). Updated Soliris® (eculizumab) recertification criteria. Removed Soliris® (eculizumab) coverage criteria. Updated age requirements and coverage for Ultomiris® (ravulizumab-cwvz). Added and revised Ultomiris® Universal Criteria. Added Ultomiris® PNH – Age requirement. Added Ultomiris® aHUS – Age requirement and added plasma exchange/infusion requirement. Removed age requirement From gMG. Addition of new section NMOSD. Updated Recertification Request under PNH and aHUS. Added NMOSD to Recertification Request. Added Switch Therapy from eculizumab to ravulizumab.
Appendix B Section T	**Osteoporosis Agents**	Moved from Appendix A Section OO.

OO. Reserved for future use. ~~Osteoporosis Agents~~

~~Therapeutic Class: Bone Resorption Inhibitors (Osteoporosis Agents)~~
~~Last Reviewed by DUR Board: April 18, 2024~~

~~Osteoporosis agents are subject to PA based on the Application of Standards in Section 1927 of the SSA and/or approved by the DUR Board.~~

~~1. Coverage and Limitations~~

~~a. Evenity® (romosozumab-aqqg)~~

~~1. Approval will be given if all criteria are met and documented:~~

~~a. The recipient has a diagnosis of postmenopausal osteoporosis or osteopenia; and~~

~~b. One of the following:~~

~~1. Both the following:~~

~~a. The recipient's Bone Mineral Density (BMD) T-score is -2.5 or lower in the lumbar spine, femoral neck, total hip, or radius (one-third radius site); and~~

~~b. One of the following:~~

~~1. The recipient has documented history of low-trauma fracture of the hip, spine, proximal humerus, pelvis, or distal forearm; or~~

~~2. The recipient has documented trial and failure, contraindication, or intolerance to one anti-resorptive treatment (e.g., alendronate, risedronate, zoledronic acid, Prolia® [denosumab]); or~~

~~c. Both the following:~~

~~1. The recipient has a BMD T-score between -1.0 and -2.5 in the lumbar spine, femoral neck, total hip, or radius (one-third radius site); and~~

~~2. One of the following:~~

~~a. The recipient has a documented history of low-trauma fracture of the~~

hip, spine, proximal humerus, pelvis, or distal forearm; or

b. Both the following:

1. The recipient has a documented trial and failure, contraindication, or intolerance to one anti-resorptive treatment (e.g., alendronate, risedronate, zoledronic acid, Prolia® [denosumab]); and

2. One of the following Fracture Risk Assessment Tool (FRAX) 10-year probabilities:

a. The recipient has a major osteoporotic fracture at 20% or more in the U.S., or the country-specific threshold in other countries or regions.

b. The recipient has a hip fracture at 3% or more in the U.S., or the country-specific threshold in other countries or regions; and

c. The recipient has a documented trial and failure, contraindication, or intolerance to one of the following:

1. Forteo® (teriparatide)

2. Tymlos® (abaloparatide); and

d. Treatment duration of Evenity® (romosozumab-aqqg) has not exceeded a total of 12 months during the recipient's lifetime.

2. PA Guidelines:

a. PA approval will be given for 12 months.

b. Prolia®; Xgeva® (denosumab)

1. Criteria for Physician Administered Drugs (PAD) and Point of Sale (POS)

2. Prolia®

Universal Criteria

a. Recipient must be supplementing with 1,000 mg of calcium and at least 400 IU of vitamin D daily; and

b. Recipient must not have hypocalcemia; and

c. Coverage is provided in the following conditions:

1. Recipient is at least 18 years of age; and

2. Recipient must be at a high risk for fracture; and

3. Pregnancy ruled out prior to starting therapy in women of childbearing potential; and

3. Osteoporosis in Men and Women

a. Women only: Recipient must be post-menopausal; and

b. Recipient has a documented diagnosis of osteoporosis indicated by one or more of the following:

1. Hip/femur DXA (femoral neck or total hip) or lumbar spine T-score ≤-2.5 and/or forearm DXA at the 33% (one-third) radius site; or

2. T-score ≤-1 or low bone mass and a history of fragility fracture to the hip or spine; or

3. T-score between -1 and -2.5 with a FRAX 10-year probability for major fracture ≥20% or hip fracture ≥3%; and

c. Recipient has one of the following:

1. Documented treatment failure or ineffective response to a minimum 12-month trial on previous therapy with bisphosphonates (oral or intravenous (IV)) such as alendronate, risedronate, ibandronate, or zoledronic acid; or

2. Recipient has a documented contraindication or intolerance to both oral bisphosphonates and IV bisphosphonates such as alendronate, risedronate, ibandronate, or zoledronic acid.

4. Glucocorticoid-Induced Osteoporosis

a. Recipient will be initiating or is continuing systemic glucocorticoid therapy at a daily dosage equivalent to ≥7.5 mg of prednisone and is expected to remain on glucocorticoid therapy for at least six months; and

b. Recipient has a documented contraindication or intolerance to both oral bisphosphonates and IV bisphosphonates such as alendronate, risedronate, ibandronate, or zoledronic acid.

5. Osteoporosis treatment and prevention in prostate cancer patients

a. Documented Hip DXA (femoral neck or total hip) or lumbar spine T-score ≤ -1 (or patient meets the diagnostic criteria for osteoporosis above); and

b. Recipient must be receiving androgen deprivation therapy for non-metastatic prostate cancer.

6. Osteoporosis treatment and prevention in breast cancer recipients

a. Recipient must be receiving adjuvant aromatase inhibitor therapy for breast cancer.

c. Xgeva®

Universal Criteria

1. Administer calcium and vitamin D as necessary to treat or prevent hypocalcemia; and

2. Recipient must not have hypocalcemia; and

Coverage is provided in the following conditions:

Prevention of skeletal-related events in patients with multiple myeloma or bone metastases from solid tumors.

1. Recipient is at least 18 years of age; and

a. Recipient must try and have an inadequate response, contraindication, or intolerance to at least a three-month trial of zoledronic acid, or

b. Recipient has metastatic breast cancer, metastatic castration-resistant prostate cancer, or metastatic lung cancer (both SCLC and NSCLC).

2. Giant Cell Tumor of the Bone

a. Recipient must be an adult or at least 12 years of age and skeletally mature; and

1. Disease is unresectable or surgical resection is likely to result in severe morbidity; or

2. Disease is localized, recurrent, or metastatic and

a. Used as a single agent; or

b. Used in combination with serial embolization and/or radiation therapy.

3. Hypercalcemia of malignancy

a. Recipient is at least 18 years of age; and

b. Recipient must have a diagnosis of cancer (malignancy); and

1. Recipient must have a diagnosis of refractory hypercalcemia of malignancy defined as an albumin-corrected calcium of >12.5 mg/dL (3.1 mmol/L) despite treatment with a minimum seven day trial on previous therapy with IV bisphosphonates such as ibandronate or zoledronic acid; or

2. Patient has a documented contraindication or intolerance to IV bisphosphonates such as ibandronate or zoledronic acid.

4. Systemic Mastocytosis

a. Recipient has osteopenia or osteoporosis and coexisting bone pain; and

b. Used as second line therapy; and

1. Recipient is not responding to bisphosphonate therapy; or

2. Recipient is not a candidate for bisphosphonate therapy due to renal insufficiency.

c. PA Guidelines:

1. Coverage will be provided for 12 months and may be renewed.

5. Dosing Limits

a. Quantity Limit (max daily dose) [NDC Unit]:

1. Prolia® 60 mg/1 mL single-dose prefilled syringe: 1 syringe every six months.

2. Xgeva® 120 mg/1.7 mL single-dose vial:

a. Load: 4 vials for one 28-day cycle.

b. Maintenance: 1 vial monthly.

b. Max Units (per dose and over time) [NDC Unit]:

1. Prolia® All indications:

a. 60 billable units every six months.

2. Xgeva® Giant Cell Tumor of Bone & Hypercalcemia of Malignancy.

a. Loading Dose:
120 billable units on days 1, 8, 15, and 29.

b. Maintenance:
120 billable units every four weeks.

3. Xgeva® Bone metastases from solid tumors, Multiple Myeloma, & Systemic Mastocytosis.

a. 120 billable units every four weeks.

6. Recertification Request:

a. Coverage can be renewed based on the following criteria:

1. Recipient 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

2. Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: severe symptomatic hypocalcemia, osteonecrosis of the jaw, atypical femoral fractures, dermatological adverse reactions, severe infection, severe hypersensitivity/anaphylaxis, musculoskeletal pain, etc.; and

b. Prolia®

1. Disease response as indicated by one or more of the following:

a. Absence of fractures.

b. Increase in bone mineral density compared to pretreatment baseline; and

Osteoporosis in Men and Women only:

a. After five years of treatment, Recipient will have a repeat DXA performed; and

1. Recipients with low-to moderate risk disease will have therapy changed to an oral or IV bisphosphonate unless there is a contraindication or intolerance to both dosage forms.

c. Xgeva®

1. Disease response as indicated by the following:

a. Multiple Myeloma or Bone metastases from solid tumors: absence/delay in skeletal-related events (e.g., pathologic fracture, radiation therapy to bone, surgery to bone, or spinal cord compression).

b. Giant Cell Tumor of the Bone: stabilization of disease or decrease in size of tumor or spread of tumor.

c. Hypercalcemia of Malignancy: corrected serum calcium ≤11.5 mg/dL (2.9 mmol/L).

d. Systemic Mastocytosis: improvement or resolution of bone pain as compared to pretreatment baseline.

d. Forteo® (teriparatide)

1. For Postmenopausal Osteoporosis or Osteopenia, or Men with Primary or Hypogonadal Osteoporosis or Osteopenia at High Risk for Fracture

a. Approval will be given if all criteria are met and documented:

1. The recipient has a diagnosis of postmenopausal osteoporosis or osteopenia, or primary or hypogonadal osteoporosis or osteopenia; and

2. One of the following:

a. Both the following:

1. The recipient has a BMD T-score of -2.5 or lower in the lumbar spine, femoral neck, total hip, or radius (one-third radius site); and

2. One of the following

a. The recipient has documented history of low-trauma fracture of the hip, spine, proximal humerus, pelvis, or distal forearm; or

b. Documented trial and failure, contraindication intolerance to one osteoporosis treatment (e.g., alendronate, risedronate, zoledronic acid, Prolia® [denosumab]); or

b. Both the following:

1. The recipient has a BMD T-score between -1.0 and -2.5 in the lumbar spine, femoral neck, total hip, or radius (one-third radius site); and

2. One of the following:

a. Recipient has documented history of low-trauma fracture of the hip, spine, proximal humerus, pelvis, or distal forearm; or

b. Both the following:

1. Recipient has a documented trial and failure, contraindication, or intolerance to one osteoporosis treatment (e.g., alendronate, risedronate, zoledronic acid, Prolia® [denosumab]); and

2. One of the following FRAX 10-year probabilities:

a. Major osteoporotic fracture at 20% or more in the U.S., or the country-specific

threshold in other countries or regions; or

b. Hip fracture at 3% or more in the U.S., or the country-specific threshold in other countries or regions; and

3. Recipient's treatment duration of parathyroid hormones (e.g., teriparatide, Tymlos® [abaloparatide]) has not exceeded a total of 24 months during the patient's lifetime.

2. For Glucocorticoid-Induced Osteoporosis at High Risk for Fracture

a. Approval will be given if all criteria are met and documented:

1. The recipient has a diagnosis of glucocorticoid-induced osteoporosis; and

2. The recipient has documented history of prednisone or its equivalent at a dose ≥5 mg/day for ≥3 months; and

3. One of the following:

a. BMD T-score ≤2.5 based on BMD measurements from lumbar spine, femoral neck, total hip, or radius (one-third radius site); or

b. The recipient has one of the following FRAX 10-year probabilities:

1. Major osteoporotic fracture at 20% or more in the U.S., or the country-specific threshold in other countries or regions; or

2. Hip fracture at 3% or more in the U.S., or the country-specific threshold in other countries or regions; or

c. The recipient has documented history of one of the following fractures resulting from minimal trauma:

1. Vertebral compression fracture

2. Fracture of the hip

3. Fracture of the distal radius

4. Fracture of the pelvis

5. Fracture of the proximal humerus; and

4. Documented trial and failure, contraindication, or intolerance to one bisphosphonate (e.g., alendronate); and

5. The recipient's treatment duration of parathyroid hormones (e.g., teriparatide, Tymlos® [abaloparatide]) has not exceeded a total of 24 months during the patient's lifetime.

3. PA Guidelines:

a. PA approval will be for 24 months.

e. Tymlos® (abaloparatide)

1. Approval will be given if all criteria are met and documented:

a. The recipient has a diagnosis of postmenopausal osteoporosis or osteopenia; and

b. One of the following:

1. Both the following:

a. BMD T-score of -2.5 or lower in the lumbar spine, femoral neck, total hip, or radius (one-third radius site); and

b. One of the following:

1. Documented history of low-trauma fracture of the hip, spine, proximal humerus, pelvis, or distal forearm; or

2. Documented trial and failure, contraindication, or intolerance to one osteoporosis treatment (e.g., alendronate, risedronate, zoledronic acid, Prolia® [denosumab]); or

2. Both the following:

a. Recipient has a BMD T-score between -1.0 and -2.5 in the lumbar spine, femoral neck, total hip, or radius (one-third radius site); and

b. One of the following:

1. Recipient has a documented history of low-trauma fracture of the hip, spine, proximal humerus, pelvis, or distal forearm; or

2. Both the following:

a. Documented trial and failure, contraindication, or intolerance to one osteoporosis treatment (e.g., alendronate, risedronate, zoledronic acid, Prolia® [denosumab]); and

b. The recipient has one of the following FRAX 10-year probabilities:

1. Major osteoporotic fracture at 20% or more in the U.S., or the country-specific threshold in other countries or regions; or

2. Hip fracture at 3% or more in the U.S., or the country-specific threshold in other countries or regions; and

c. Recipient's treatment duration of parathyroid hormones (e.g., teriparatide, Tymlos® [abaloparatide]) has not exceeded a total of 24 months during their lifetime.

2. PA Guidelines:

a. PA approval will be for 24 months.

X

Y

Z

2. MEDICATIONS WITH GENDER/AGE EDITS

A. Prenatal Vitamins

1. Payable only for female recipients.

2. Exemption to the above gender edits:

A diagnosis of Gender Dysphoria (formerly known as Gender Identity Disorder) will bypass the gender edit if the appropriate International Classification of Diseases (ICD) code is documented on the prescription and transmitted on the claim.

B. Oral/Topical Contraceptives

1. Payable only for female recipients.

2. Exemption to the above gender edits:

A diagnosis of Gender Dysphoria (formerly known as Gender Identity Disorder) will bypass the gender edit if the appropriate ICD code is documented on the prescription and transmitted on the claim.

C. Gender Edits

1. Hormones

a. Estrogen – payable only for female recipients.

b. Progestins – payable only for female recipients.

c. Estrogen and Androgen Combinations – payable only for female recipients.

d. Estrogen and Progestin Combinations – payable only for female recipients.

e. Contraceptive Hormones – payable only for female recipients.

f. Testosterone – payable only for male recipients.

g. Androgen Hormone Inhibitor – payable only for male recipients.

2. Exception to the above gender edits:

A diagnosis of Gender Dysphoria (formerly known as Gender Identity Disorder) will bypass the gender edit if the appropriate ICD code is documented on the prescription and transmitted on the claim.

D. Vitamins with Fluoride

1. Payable only for recipients up to age 21 years.

3. ANTIRETROVIRALS

Antiretrovirals for the treatment of Human Immunodeficiency Virus (HIV)/Acquired Immune Deficiency Syndrome (AIDS) are a covered benefit for Nevada Medicaid recipients. The Food and Drug Administration (FDA) approved antiretrovirals whose manufacturers participate in the federal Drug Rebate Program and are not Drug Efficacy Study and Implementation (DESI) drugs, are covered.

4. DIABETIC SUPPLY PROGRAM

Diabetic Supplies are subject to prior authorization (PA) and quantity limitations based on the Application of Standards in Section 1927 of the Social Security Act (SSA) and/or approved by the Drug Use Review (DUR) Board. Refer to the Nevada Medicaid and Check Up Pharmacy Manual for specific quantity limits.

PA is required for preferred and non-preferred diabetic products (including insulin delivery system and Continuous Glucose Monitor [CGM] receivers and readers).

Preferred (including sensors and transmitters) and nonpreferred (including tubing, reservoirs for pumps and transmitters and sensors for CGM's) diabetic supplies do not require a prior authorization. These items require a documented diagnosis of Diabetes Mellitus Type I (DM1), Diabetes Mellitus Type II (DM2) (if applicable), or gestational diabetes and recipients must meet all age restrictions stated on the manufacturer's label.

Pharmacy benefit allows a 100-day supply for insulin system and CGM supplies.

A. Preferred Insulin Delivery System

1. Approval will be given if the following criteria are met and documented:

a. Recipient must have a documented diagnosis of DM1 or Gestational Diabetes; and

b. The product must be prescribed by or in consultation with an endocrinologist; and

c. The recipient must meet all age restrictions stated in the manufacturer's label; and

d. The recipient must have been compliant on their current antidiabetic regimen for at least the last six months and this regimen must include multiple day injections of insulin (requiring at least three injections per day); and

e. One of the following:

1. Documented history of recurring hypoglycemia; or

2. Wide fluctuations in pre-meal blood glucose, history of severe glycemic excursions or experiencing "Dawn" phenomenon with fasting blood glucose exceeding 200 milligram (mg)/dL, or

3. Prior use of an insulin pump with documented frequency of glucose self-testing of at least four times per day in the month immediately prior to the request.

2. PA Guidelines

a. Initial PA approval will be for one year.

3. Recertification Request

a. Recertification of PA approval will be given if the recipient has documented positive clinical response to the product (including current HbA1C).

b. Recertification PA approval will be for one year.

B. Non-Preferred Insulin Delivery System

1. Approval will be given if the following criteria are met and documented:

a. In addition to meeting the "Preferred Insulin Delivery System" criteria, the recipient must also meet the following:

1. The recipient must have been trained to use the non-preferred product; and

2. The recipient must have benefited from use of the non-preferred product; and

3. The recipient must have one of the following reasons/special circumstances:

4. Recipient has had an allergic reaction to a preferred product or related supply; or

5. Recipient has a visual impairment which requires the use of a non-preferred product; or

6. Recipient has medical necessity justification (e.g. mental or physical limitation) which requires them to stay on their current product.

C. Preferred CGMs

1. Approval will be given if the following criteria are met and documented:

a. Recipient must have a documented diagnosis of DM1, DM2, or Gestational Diabetes; and

b. Recipient must meet all age restrictions stated in the manufacturer's label; and

c. Recipient must have been compliant on their current antidiabetic regimen for at least the last six months and this regimen must include multiple daily injections of insulin (requiring at least three injections per day); and

d. One of the following:

1. Documented history of recurring hypoglycemia; or

2. Wide fluctuations in pre-meal blood glucose, history of severe glycemic excursions or experiencing "Dawn" phenomenon with fasting blood glucose exceeding 200 mg/dL; or

3. Recipient is currently using insulin pump therapy while continuing to need frequent dosage adjustments or experiencing recurring episodes of severe hypoglycemia (50 mg/dL).

2. PA Guidelines

a. Initial PA approval will be for one year.

D. Non-Preferred CGM

1. Approval will be given if the following criteria are met and documented:

a. In addition to meeting the Preferred CGM criteria, the recipient must also meet the following:

1. Recipient has had an allergic reaction to a preferred product or related supply; or

2. Recipient has a visual impairment which requires the use of a non-preferred product; or

3. Recipient has medical necessity justification (e.g. mental or physical limitation) which requires them to stay on their current product; or

4. The recipient must have been trained to use the non-preferred product; and

5. The recipient must have benefited from use of the non-preferred product.

E. Test Strips and Lancets

Blood Glucose monitors with special features (e.g. voice synthesizers) require a prior authorization. For special blood glucose monitors, a diagnosis and a statement from the physician documenting the impairment is required with a prior authorization.

5. PHYSICIAN ADMINISTERED DRUGS (PADs) REQUIRING PA AND/OR QUANTITY LIMITATIONS

A. Abraxane®; paclitaxel albumin bound

Therapeutic Class: Taxane Chemotherapy
Last Reviewed by the DUR Board: April 18, 2024

Physician Administered Drugs (PAD) are subject to PA and quantity limitations based on the Application of Standards in Section 1927 of the SSA Act and/or approved by the DUR Board. Refer to the Nevada Medicaid and Check Up Pharmacy Manual for specific quantity limits.

1. Approval will be given if the following criteria are met and documented:

a. Recipient is at least 18 years of age; and

b. Breast Cancer

1. Recipient failed on combination chemotherapy for metastatic disease or relapsed within six months of adjuvant therapy; and

a. Used as a single agent; and

b. Previous chemotherapy included an anthracycline unless clinically contraindicated; or

2. Recipient has recurrent unresectable (local or regional) or metastatic (Stage IV [M1]) disease or inflammatory breast cancer with no response to preoperative systemic therapy; and

a. Disease is HER2-negative hormone receptor positive disease; and

1. Used as one of the following:

a. As a single agent

b. In combination with carboplatin in recipient with high tumor burden, rapidly progressing disease, or visceral crisis; and

b. Used in one of the following treatment settings:

1. First-line therapy if no germline BRCA 1/2 mutation

2. Second-line therapy if not a candidate for fam-trastuzumab-deruxtecan-nxki

3. Third-line therapy and beyond; or

3. Patient has triple negative breast cancer (TNBC); and

   a. Used in combination with pembrolizumab for PD-L1 positive (PD-L1 CPS ≥10) disease; or

   b. Used as a single agent; and

      1. Used as first-line therapy if PD-L1 CPS <10 and no germline BRCA 1/2 mutation; or

      2. Used as subsequent therapy; or

   c. Used in combination with carboplatin in patients with high tumor burden, rapidly progressing disease, or visceral crisis; and

      1. Used as first-line therapy if PD-L1 CPS <10 and no germline BRCA 1/2 mutation; or

      2. Used as subsequent therapy; or

4. Recipient has HER2-positive disease; and

   a. Used as fourth-line therapy and beyond in combination with trastuzumab; or

5. May be substituted for paclitaxel or docetaxel if the patient has experienced hypersensitivity reactions despite premedication or the patient has contraindications to standard hypersensitivity premedication.

c. Non-Small Cell Lung Cancer (NSCLC)

1. Used as first-line therapy for locally advanced or metastatic disease, in combination with carboplatin, in patients who are not candidates for curative surgery or radiation therapy; or

2. May be substituted for paclitaxel or docetaxel if the recipient has experienced hypersensitivity reactions despite premedication or the recipient has contraindications to standard hypersensitivity premedication; or

3. Used for recurrent, advanced, metastatic disease (excluding locoregional recurrence or symptomatic local disease without evidence or disseminated disease), or mediastinal lymph node recurrence with prior radiation therapy; and

   a. Used as first-line therapy; and

      1. Used in one of the following:

a. Recipients with a performance status (PS) 0-1 who have tumors that are negative for actionable molecular biomarkers (may be KRAS G12C mutation positive) and PD-L1 <1%

b. Recipients with a PS 0-2 who have tumors that are negative for actionable molecular biomarkers (may be KRAS G12C mutation positive) and PD-L1 expression positive (≥1%)

c. Recipients with a PS 0-1 who have tumors that are positive for one of the following molecular mutations: EGFR exon 20, BRAF V600E, NTRK1/2/3 gene fusion, MET exon-14 skipping, RET rearrangement, or ERBB2 (HER2); and

2. Used in combination with carboplatin and pembrolizumab for squamous cell histology or

3. Used in combination with carboplatin and atezolizumab for non-squamous histology; and

4. Used in combination with tremelimumab-actl, durvalumab, and carboplatin (excluding use in patients with PD-L1 ≥50%); or

5. Used in combination with carboplatin in patients with contraindications to PD-1 or PD-L1 inhibitors (PS 0-2) or as a single agent (PS 2); and

a. Used in recipients with tumors that have negative actionable molecular biomarkers (may be KRAS G12C mutation positive) and PD-L1≥%; or

b. Used in patients with tumors that are negative for actionable molecular biomarkers (may be KRAS G12C mutation positive) and PD-L1<1%; or

c. Used in patients with tumors that are positive for one of the following molecular mutations: EGFR exon 20, BRAF V600E, NTRK1/2/3 gene fusion, MET exon 14 skipping, RET rearrangement, or ERBB2 (HER2); or

b. Used as subsequent therapy; and

1. Used in one of the following:

a. Patients with a PS 0-1 who are positive for one of the following molecular mutations: BRAF V600E, NTRK1/2/3 gene fusion, MET exon-14 skipping, or RET rearrangement

b. Patients with a PS 0-1 who are positive for one of the following molecular mutations and have received prior targeted therapy for those aberrations: EGFR exon 19 deletion or exon 21 L858R tumors, EGFR S768I, L861Q, and/or G719X mutation, ALK rearrangement, or ROS1 rearrangement; and

c. Used in combination with carboplatin and pembrolizumab for squamous cell histology or

d. Used in combination with carboplatin and atezolizumab for non-squamous histology or

e. Used in combination with tremelimumab-actl, durvalumab, and carboplatin; or

2. Used in combination with carboplatin in patients with contraindications to PD-1 or PD-L1 inhibitors (PS 0-2); and

c. Used in recipients with tumors that are positive for one of the following molecular mutations: BRAF V600E, NTRK1/2/3 gene fusion, MET exon 14 skipping, or RET rearrangement; or

d. Used in recipients with tumors that are positive for one of the following molecular mutations and have received prior targeted therapy for those aberrations: EGFR exon 19 deletion or exon 21 L858R tumors, EGFR S768I, L861Q, and/or G719X mutation, ALK rearrangement, or ROS1 rearrangement; or

e. Used in patients with PD-L1 expression-positive (≥1%) tumors that are negative for actionable molecular biomarkers with prior PD-1/PD-L1 inhibitor therapy but no prior platinum-containing chemotherapy; or

4. Used as a single agent; and

a. Used for first progression after initial systemic therapy (if not previously used) in recipients with a PS 0-2; or

b. Used in recipients with a PS 2 who are positive for one of the following molecular mutations: BRAF V600E, NTRK1/2/3 gene fusion, MET exon 14 skipping, or RET rearrangement; or

c. Used in recipients with a PS 2 who are positive for one of the following molecular mutations and have received prior targeted therapy for those aberrations: EGFR exon 19 deletion or exon 21 L858R tumors, EGFR S768I, L861Q, and/or G719X mutation, ALK rearrangement, or ROS1 rearrangement; or

d. Used in recipients with a PS 2 and PD-L1 expression-positive (≥1%) tumors that are negative for actionable molecular biomarkers with prior PD-1/PD-L1 inhibitor therapy but no prior platinum-containing chemotherapy.

d. Ovarian, Fallopian Tube, and Primary Peritoneal Cancer

1. Recipient has Grade 1 Endometrioid Carcinoma, Carcinosarcoma (Malignant Mixed Müllerian Tumors), Mucinous Carcinoma of the Ovary, Epithelial Ovarian/Fallopian Tube/Primary Peritoneal Cancer, Clear Cell Carcinoma of the Ovary; and

a. Recipient has recurrent or persistent disease; and

b. Recipient is not experiencing an immediate biochemical relapse (i.e., rising CA-125 without radiographic evidence of disease); and

c. Used a single agent; and

1. Recipient has platinum-resistant disease; and

2. Used in combination with carboplatin for platinum-sensitive disease with confirmed taxane hypersensitivity; and

d. Recipient has one of the following:

1. Platinum-resistant disease; and

a. Used for progression on primary, maintenance, or recurrence therapy; or

b. Used for stable or persistence disease if not currently on maintenance therapy; or

c. Used for complete remission and relapse <6 months after completing chemotherapy; or

2. Platinum-sensitive disease; and

a. Used for complete remission and relapse ≥6 months after completing chemotherapy; or

3. Recipient has low-grade serous carcinoma; and

a. Patient has recurrent platinum-sensitive or platinum-resistant disease; and

1. Used as a single agent; or

2. Used in combination with carboplatin in recipients with confirmed taxane hypersensitivity; or

4. May be substituted for paclitaxel if the recipient has experienced hypersensitivity reactions despite premedication or the recipient has contraindications to standard hypersensitivity premedication.

e. Pancreatic Adenocarcinoma

1. Used in combination with gemcitabine; and

a. Recipient has locally advanced or metastatic disease; and

1. Used as first-line therapy; or

2. Used an induction therapy followed by chemoradiation (locally advanced disease only); or

3. Used as subsequent therapy after progression with a fluoropyrimidine-based therapy; or

b. Recipient has local recurrent in the pancreatic operative bed or recurrent metastatic disease, post-resection; and

1. Used ≥6 months after completion of primary therapy; or

2. Used <6 months from completion of primary therapy with a fluoropyrimidine-based regimen; or

c. Used as neoadjuvant therapy; and

1. Recipient has resectable disease; or

2. Recipient has biopsy positive borderline resectable disease; or

2. Used in combination with gemcitabine and cisplatin; and

a. Recipient has metastatic disease; and

b. Recipient has ECOG PS 0-1; and

c. Used as first-line therapy.

f. Cutaneous Melanoma

1. Patient has metastatic or unresectable disease; and

2. Used as a subsequent therapy as a single agent or in combination with carboplatin; and

3. Used for disease progression, intolerance, and/or projected risk of progression with BRAF-targeted therapy (e.g., dabrafenib/trametinib, vemurafenib/cobimetinib, encorafenib/binimetinib, etc.).

g. Uveal Melanoma

1. Used as a single agent for metastatic or unresectable disease.

h. Endometrial Carcinoma (Uterine Neoplasms)

1. Used as a single agent therapy; and

2. Used as subsequent therapy for recurrent disease; and

3. Recipient has tried paclitaxel and treatment paclitaxel was not tolerated due to a documented hypersensitivity reaction, despite use of recommended premedication, or there is a documented medical contraindication to recommended premedication; and

4. Patient has a negative skin test to paclitaxel (if available).

i. Biliary Tract Cancers (Gallbladder Cancer or Intra-/Extra-Hepatic Cholangiocarcinoma)

1. Used in combination with gemcitabine for unresectable, resected gross residual (R2) or metastatic disease; and

a. Used as a primary treatment; or

b. Used as a subsequent treatment for progression on or after systemic therapy.

j. Small Bowel Adenocarcinoma

1. Recipient has advanced or metastatic disease; and

2. Used as single agent or in combination with gemcitabine; and

a. Used as initial therapy after previous FOLFOX/CAPOX in the adjuvant setting within past 12 months or contraindication; or

b. Used as subsequent therapy; or

c. Recipient has had prior adjuvant oxaliplatin exposure, or a contraindication to oxaliplatin; and

k. Kaposi Sarcoma

1. Used as subsequent therapy in recipients intolerant to paclitaxel; and

2. Recipient has relapsed/refractory advanced cutaneous, oral, visceral, or nodal disease; and

3. Disease has progressed on or not responded to first-line systemic therapy; and

a. Used as a single agent for patients that do not have HIV; or

b. Used in combination with antiretroviral therapy (ART) for recipients with HIV; and

4. Disease has progressed on alternative first-line systemic therapy.

a. Used as a single agent for patients that do not have HIV; or

b. Used in combination with ART for patients with HIV

l. Ampullary Adenocarcinoma

1. Used in combination with gemcitabine; and

2. Recipient has pancreatobiliary and mixed type disease; and

a. Used as neoadjuvant therapy for localized disease in high-risk recipients (i.e., equivocal or indeterminate imaging findings, markedly elevated CA 19-9, markedly elevated carcinoembryonic antigen [CEA], large primary tumors, large regional lymph nodes, excessive weight loss, extreme pain); or

b. Used as first-line therapy for unresectable localized or metastatic disease; or

c. Used as subsequent therapy for disease progression.

m. Cervical Cancer

1. Used as a single agent as subsequent therapy; and

a. Recipient has persistent, recurrent, or metastatic small cell neuroendocrine carcinoma of the cervix (NECC); or

b. Patient has recurrent or metastatic disease.

2. Dosing Limits

a. Quantity Limit (max daily dose) [National Drug Code (NDC) Unit]:

1. Abraxane®/Paclitaxel albumin-bound 100 mg powder for injection single dose vial: 9 vials per 21-day supply

2. Max Units (per dose and over time) [Health Care Financing Administration (HCFA) Common Procedural Coding System (HCPCS) Unit]:

a. Kaposi Sarcoma

1. 300 billable units per 28 days

b. Breast Cancer, Small Bowel Adenocarcinoma, Endometrial Cancer, Fallopian Tube & Primary Peritoneal Cancer, NSCLC, & Ovarian Cancer

1. 900 billable units per 21 days

c. Cutaneous & Uveal Melanoma, Pancreatic Adenocarcinoma, Cervical Cancer, Biliary Tract Cancers, & Ampullary Adenocarcinoma

1. 900 billable units per 28 days

3. Recertification Request:

Coverage may be renewed based upon the following criteria:

a. Recipient continues to meet indication-specific relevant criteria such as concomitant therapy requirements (not including prerequisite therapy), performance status, etc. identified in Section III; and

b. Disease response with treatment as defined by stabilization of disease or decrease in size of tumor or tumor spread; and

c. Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: severe myelosuppression (e.g., severe neutropenia [absolute neutrophil count <1,500 cell/mm3] or thrombocytopenia), sensory neuropathy, sepsis, pneumonitis, severe hypersensitivity reactions [including anaphylactic reactions] hepatic impairment, etc.

4. PA Guidelines:

a. Coverage is provided for six months and may be renewed.

B. Anti-PD-1 Monoclonal Antibodies

Therapeutic Class: Anti-PD-1 Monoclonal Antibodies
Last Reviewed by the DUR Board: ~~April 18, 2024~~July 19, 2024

Anti-PD-1 Monoclonal Antibodies are subject to PA and quantity limitations based on the Application of Standards in Section 1927 of the SSA Act and/or approved by the DUR Board. Refer to the Nevada Medicaid and Check Up Pharmacy Manual for specific quantity limits.

1. Bavencio® (avelumab)

   a. Coverage is provided in the following conditions:

      1. Recipient is at least 18 years of age, unless otherwise indicated; and

      2. Universal Criteria

         a. Recipient has not received previous therapy with a programmed death (PD-1/PD-L1)-directed therapy (e.g., nivolumab, pembrolizumab, dostarlimab, atezolizumab, durvalumab, cemiplimab, nivolumab/relatlimab-rmbw, retifanlimab, tislelizumab, toripalimab, etc.), unless otherwise specified; and

      3. Merkel Cell Carcinoma (MCC)

         a. Recipient is at least 12 years of age; and

         b. Used as single-agent therapy; and

            1. Recipient has primary locally advanced disease; and

               a. Both curative surgery and curative radiation therapy are not feasible; or

               b. Recipient has had disease progression on neoadjuvant nivolumab therapy; or

            2. Recipient has metastatic disease.

            3. Recipient has recurrent locally advanced or recurrent regional disease; and

               a. Both curative surgery and curative radiation therapy are not feasible.

      4. Urothelial Carcinoma (Bladder Cancer).

         a. Used as single-agent therapy; and

1. Recipient has one of the following diagnoses:

   a. Locally advanced or metastatic urothelial carcinoma

   b. Muscle invasive bladder cancer with local recurrence or persistent disease in a preserved bladder treated with curative intent

   c. Metastatic or local bladder cancer recurrence post cystectomy treated with curative intent

   d. Metastatic upper genitourinary (GU) tract tumors

   e. Metastatic urothelial carcinoma of the prostate

   f. Recurrent or metastatic primary carcinoma of the urethra (excluding recurrence of stage T3-4 disease or palpable inguinal lymph nodes); and

2. Used for disease that progressed during or following platinum-containing chemotherapy; or

3. Used as second-line treatment after chemotherapy other than a platinum; or

b. Used for first-line maintenance treatment; and

1. Recipient has locally advanced or metastatic urothelial carcinoma (inclusive of bladder, upper GU tract, urethra, and/or prostate cancer); and

2. Recipient has not progressed with first-line platinum-containing chemotherapy.

5. Renal Cell Carcinoma (RCC)

   a. Used in combination with axitinib; and

   b. Used as first-line therapy; and

   c. Used for the treatment of advanced, relapsed, or stage IV disease and clear cell histology.

6. Gestational Trophoblastic Neoplasia

   a. Used a single-agent therapy for multiagent chemotherapy-resistant disease; and

1. Recipient has intermediate placental site trophoblastic tumor (PSTT) or epithelioid trophoblastic tumor (ETT); and

   a. Recipient has recurrent or progressive disease; or

2. Recipient has high-risk disease (i.e., prognostic score ≥7 or FIGO stage IV disease).

7. Endometrial Carcinoma (Uterine Neoplasms)

   a. Used as single-agent therapy; and

   b. Recipient has recurrent disease; and

   c. Used as subsequent therapy treatment for microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR) tumors.

b. Dosing Limits

1. Quantity Limit (max daily dose) [NDC Unit]:

   a. Bavencio® 200 mg/10 mL single dose vial: four vials per 14 days

2. Max Units (per dose and over time) [HCPCS Unit]:

   a. 80 billable units (800 mg) every 14 days (all indications)

c. Recertification Request

1. Recipient continues to meet the universal and other indication-specific relevant criteria identified in section III; and

2. Disease response with treatment as defined by stabilization of disease or decrease in size of tumor or tumor spread; and

3. Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: severe or life-threatening infusion-related reactions, ~~hepatotoxicity,~~ severe immune-mediated adverse reactions (e.g., pneumonitis, hepatotoxicity/hepatitis, colitis, endocrinopathies, nephritis with renal dysfunction, dermatitis/dermatologic adverse reactions, etc.), major adverse cardiovascular events (MACE) when used in combination with axitinib, complications of allogeneic hematopoietic stem cell transplantation (HSCT), etc.

d. PA Guidelines:

1. Coverage will be provided for six months and may be renewed.

2. Imfinzi® (durvalumab)

a. Coverage is provided in the following conditions:

1. Recipient is at least 18 years of age; and

b. Universal Criteria

1. Recipient has not received previous therapy with a programmed death (PD-1/PD-L1)- directed therapy (e.g., nivolumab, pembrolizumab, atezolizumab, avelumab, cemiplimab, dostarlimab, nivolumab/relatlimab-rmbw, retifanlimab, toripalimab, tislelizumab, etc.) unless otherwise specified; and

2. NSCLC

a. Recipient has unresectable stage II-III disease; and

1. Recipient has a performance status (PS) of 0-1; and

2. Used as a single agent as consolidation therapy; and

3. Disease has not progressed after definitive concurrent or sequential chemoradiation; or

b. Recipient has recurrent, advanced, or metastatic disease (excluding locoregional recurrence or symptomatic local disease without evidence of disseminated disease) or mediastinal lymph node recurrence with prior radiation therapy; and

1. Used as first-line therapy; and

a. Used for one of the following:

1. ~~Patients~~ Recipients with tumors that are negative for actionable molecular biomarkers and PD-L1 ≥1% to 49%

2. ~~Patients~~ Recipients with PS of 0-1 who have tumors that are negative for actionable molecular biomarkers and PD-L1 <1%

3. ~~Patients~~ Recipients with PS of 0-1 who are positive for one of the following molecular biomarkers: EGFR exon 20, BRAF V600E, NTRK1/2/3 gene fusion, MET exon 14

skipping, RET rearrangement, or ERBB2 (HER2); and

b. Used in combination with tremelimumab albumin-bound paclitaxel and carboplatin; or

c. Used in combination with tremelimumab, pemetrexed, and either carboplatin or cisplatin for nonsquamous cell histology; or

d. Used in combination with tremelimumab, gemcitabine, and either carboplatin or cisplatin for squamous cell histology; or

2. Used as subsequent therapy; and

a. Used for one of the following:

1. Recipient with PS of 0-1 who are positive for one of the following molecular biomarkers: BRAF V600E, NTRK1/2/3 gene fusion, MET exon 14 skipping, or RET rearrangement

2. Recipient with PS of 0-1 who are positive for one of the following molecular biomarkers and received prior targeted therapy: EGFR exon 19 deletion or exon 21 L858R tumors, EGFR S768I, L861Q, and/or G719X mutation, ALK rearrangement, or ROS1 rearrangement; and

b. Used in combination with tremelimumab, albumin-bound paclitaxel, and carboplatin; or

c. Used in combination with tremelimumab, pemetrexed, and either carboplatin or cisplatin for nonsquamous cell histology; or

d. Used in combination with tremelimumab, gemcitabine, and either carboplatin or cisplatin for squamous cell histology; or

3. Used as continuation maintenance therapy in recipients who have achieved a tumor response or stable disease following initial therapy; and

a. Used as a single agent following a first-line regimen with durvalumab and tremelimumab plus chemotherapy; or

b. Used in combination with pemetrexed following a first-line regimen with durvalumab, tremelimumab, pemetrexed and either carboplatin or cisplatin for nonsquamous cell histology.

4. Small Cell Lung Cancer (SCLC)

a. Recipient has extensive stage disease (ES-SCLC); and

1. Used as first-line therapy in combination with etoposide and either carboplatin or cisplatin; or

2. Used as single-agent maintenance therapy after initial therapy with etoposide and either carboplatin or cisplatin.

5. Biliary Tract Cancers (Gallbladder Cancer or Intra-/Extra-Hepatic Cholangiocarcinoma)

a. Used in combination with cisplatin and gemcitabine; and

1. Used as primary treatment for unresectable, R2, locally advanced, or metastatic disease; or

2. Used for recurrent disease >6 months after surgery with curative intent and >6 months after completion of adjuvant therapy; or

3. Used as subsequent treatment for progression on or after systemic treatment for unresectable, R2, or metastatic disease; or

4. Used as neoadjuvant therapy for resectable locoregionally ~~locally~~ advanced disease (Note: Only applies to Gallbladder Cancer); and

a. ~~Patient~~ Recipient has incidental finding of suspicious mass during surgery where hepatobiliary surgery expertise is unavailable; or

b. Recipient has incidental finding on pathologic review (cystic duct node positive); or

c. Recipient has mass on imaging.

6. Hepatocellular Carcinoma (HCC)

a. Used a first-line therapy in combination with tremelimumab; and

1. Recipient has unresectable disease; or

2. Recipient has extrahepatic/metastatic disease and is deemed ineligible for resection, transplant, or locoregional therapy; ~~Recipient has liver-confirmed disease that is inoperable by performance status, comorbidity, or with minimal or uncertain extrahepatic disease; or~~

~~3. Recipient has metastatic disease or extensive liver tumor burden; or~~

b. Used as first-line therapy as a single agent; and

1. Recipient has liver-confined, unresectable disease and is deemed ineligible for ~~not a~~ transplant~~ candidate~~; or~~and~~

2. Recipient has extrahepatic/metastatic disease and is deemed ineligible for resection, transplant, or locoregional therapy.~~liver-confined disease that is inoperable by performance status, comorbidity, or with minimal or uncertain extrahepatic disease; or~~

~~3. Recipient has metastatic disease or extensive liver tumor burden.~~

7. Ampullary Adenocarcinoma

a. Used as first-line therapy in combination with gemcitabine and cisplatin; and

b. Recipient has good performance status (e.g., ECOG 0-1, with good biliary drainage and adequate nutritional intake); and

c. Recipient has pancreatobiliary or mixed type disease; and

1. Recipient has unresectable localized disease; or

2. Recipient has stage IV resected ampullary cancer; or

3. Recipient has metastatic disease at initial presentation.

8. Cervical Cancer

a. Recipient has small cell NECC; and

~~b.~~1. Used as first-line or subsequent therapy (if not used previously as first-line therapy) for persistent, recurrent, or metastatic disease; and

~~c.~~a. Used in combination with etoposide and either cisplatin or carboplatin~~;~~. or

b. Used as single-agent maintenance therapy after initial therapy with durvalumab, etoposide and either carboplatin or cisplatin.

9. Esophageal Cancer and Esophagogastric Junction Cancers

a. Used as neoadjuvant therapy in combination with tremelimumab; and

b. Recipient has MSI-H or dMMR disease as determined by an FDA-approved or Clinical Laboratory Improvement Act (CLIA)-compliant test; and

c. Recipient has adenocarcinoma; and

d. Used as primary treatment for recipients who are medically fit for surgery with cT2, N0 (high-risk lesions: lymphovascular invasion, ≥3cm, poorly differentiated), cT1b-cT2, N+ or cT3-cT4a, Any N disease.

10. Gastric Cancer

a. Used as neoadjuvant therapy in combination with tremelimumab; and

b. Recipient has MSI-H or dMMR disease as determined by an FDA-approved or CLIA-compliant test; and

c. Recipient has adenocarcinoma; and

d. Used as primary treatment for potentially resectable locoregional disease (cT2 or higher, any N) in recipients who are medically fit for surgery.

11. Endometrial Cancer

a. Recipient has primary advanced or recurrent disease; and

b. Recipient has dMMR disease; and

1. Used in combination with carboplatin and paclitaxel; or

2. Used as single agent maintenance therapy after initial therapy with durvalumab, carboplatin, and paclitaxel.

b. Dosage Limits

1. Quantity Limits (max daily dose) [NDC Unit]:

a. Imfinzi® 120 mg/2.4 mL single dose vial: four vials per 14 days

b. Imfinzi® 500 mg/10 mL single dose vial: two vials per 14 days

2. Max Units (per dose and over time) [HCPCS Unit]:

a. NSCLC, SCLC: 672 billable units (6,720 mg) every 84 days.

~~1. 112 billable units (1,120 mg) every 14 days~~

~~2. 150 billable units (1,500 mg) every 21 days x five doses, then 150 billable units (1,500 mg) every 28 days~~

~~b. SCLC: 150 billable units (1,500 mg) every 21 days x six doses, then 150 billable units (1,500 mg) every 28 days~~

~~c.~~b. Gastric Cancer, Esophageal Cancer and Esophagogastric Junction Cancers: 150 billable units (1,500 mg) every 28 days for three doses

~~d.~~c. Biliary Tract Cancer: 150 billable units (1,500 mg) every 21 days x eight doses, then 150 billable units (1,500 mg) every 28 days

~~e.~~d. Hepatocellular Carcinoma (HCC): 150 billable units (1,500 mg) every 28 days

~~f.~~e. Cervical Cancer: 150 billable units (1,500 mg) every 21 days x four doses, then 150 billable units (1,500 mg) every 28 days

f. Endometrial Cancer: 112 billable units (1,120 mg) every 21 days x six doses, then 150 billable units (1,500 mg) every 28 days

c. Recertification Request

Coverage may be renewed based upon the following criteria:

1. Recipient continues to meet the universal and other indication-specific relevant criteria identified in section III; and

2. Disease response with treatment as defined by stabilization of disease or decrease in size of tumor or tumor spread; and

3. Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include severe or life-threatening infusion-related reactions, immune-mediated adverse reactions (e.g., pneumonitis, hepatitis, colitis, endocrinopathies, nephritis with renal dysfunction, dermatology reactions, pancreatitis, etc.), complications of allogeneic HCST, etc.; and

4. NSCLC (single agent use as consolidation therapy)

   a. Recipient has not exceeded a maximum of 12 months of therapy

5. Continuation Maintenance Therapy for NSCLC

   a. Refer to Section III for criteria.

6. HCC

   a. Cases for recipients with HCC who use treatment as part of STRIDE and experience disease progression but who are clinically stable and still deriving clinical benefit will be reviewed on a case-by-case basis.

7. Continuation Maintenance Therapy for SCLC

   a. Refer to Section III for criteria.

8. Esophageal Cancer and Esophagogastric Junction Cancers

   a. Coverage may not be renewed

9. Gastric Cancer

   a. Coverage may not be renewed

10. Continuation Maintenance Therapy for Cervical Cancer

    a. Refer to Section 2 for Criteria

11. Continuation Maintenance Therapy for Endometrial Cancer

    a. Refer to Section 2 for Criteria

d. PA Guidelines:

1. Coverage will be provided for six months and may be renewed (unless otherwise specified).

a. Gastric Cancer, Esophageal Cancer and Esophagogastric Junction Cancers: Coverage will be provided for three doses

b. NSCLC (single agent use as consolidation therapy): Coverage will be provided for six months and may be renewed up to a maximum of 12 months of therapy.

3. Libtayo® (cemiplimab-rwlc)

a. Coverage is provided for the following conditions:

1. Recipient is at least 18 years of age; and

2. Universal Criteria

a. Recipient has not received previous therapy with a programmed death (PD-1/PD-L1)-directed therapy (e.g., avelumab, pembrolizumab, atezolizumab, durvalumab, nivolumab, dostarlimab, nivolumab/relatlimab-rmbw, retifanlimab, tislelizumab, toripalimab, etc.), unless otherwise specified; and

3. Cutaneous Squamous Cell Carcinoma (cSCC)

a. Used as a single agent; and

1. Recipient has metastatic, locally advanced, or recurrent disease; and

a. Recipient is not a candidate for curative surgery or curative radiation therapy; or

2. Used as neoadjuvant therapy; and

a. Recipient has borderline resectable disease, unresectable disease, or surgery may carry a high morbidity; or

b. Used for one of the following:

1. Tumor has very rapid growth

2. In-transit metastasis

3. Lymphovascular invasion

4. Surgery alone may not be curative or may result in significant functional limitation; and

c. Recipient has very high-risk disease; or

d. Recipient has locally advanced disease.

4. Cervical Cancer

a. Used as a single agent as subsequent therapy; and

b. Recipient has recurrent or metastatic disease.

5. Basal Cell Carcinoma

a. Used as a single agent; and

1. Recipient has locally advanced or metastatic disease; or

2. Recipient has nodal disease and surgery is not feasible.

6. NSCLC

a. Recipient has recurrent, advanced, or metastatic disease (excluding locoregional recurrence or symptomatic local disease with no evidence of disseminated disease) or mediastinal lymph node recurrence with prior radiation therapy; and

1. Used in combination with platinum-based chemotherapy (e.g., paclitaxel and either carboplatin or cisplatin, or pemetrexed and either carboplatin or cisplatin); and

a. Used as first-line therapy for one of the following:

1. Recipients with a PS 0-1 who have tumors that are negative for actionable molecular biomarkers and PD-L1 expression <1%
2. Recipients with a PS 0-1 who are positive for one of the following molecular biomarkers: EGFR exon 20, BRAF V600E, NTRK1/2/3 gene fusion, MET exon 14 skipping, RET rearrangement, or ERBB2 (HER2)
3. PD-L1 expression-positive (PD-L1 ≥1%) tumors that are negative for actionable molecular biomarkers; or

b. Used as subsequent therapy for one of the following:

1. Recipients with a PS 0-1 who are positive for one of the following molecular biomarkers and have received prior targeted therapy§: EGFR exon 19 deletion or exon 21 L858R

tumors, EGFR S768I, L861Q, and/or G719X, ALK rearrangement, or ROS1 rearrangement

2. Recipients with a PS 0-1 who are positive for one of the following molecular biomarkers: BRAF V600E, NTRK1/2/3 gene fusion, MET exon 14 skipping, or RET rearrangement; or

2. Used in combination with pemetrexed; and

a. Used as continuation maintenance therapy in recipients who have achieved a tumor response or stable disease after first-line therapy with cemiplimab, pemetrexed, and either carboplatin or cisplatin for non-squamous cell histology; or

3. Used as a single agent; and

a. Recipient has tumors that are negative for actionable molecular biomarkers and high PD-L1 expression (Tumor Proportion Score [TPS] ≥50%) as determined by an FDA-approved or CLIA compliant test; and

1. Used as first-line therapy; or

2. Used as continuation maintenance therapy in ~~patients~~ recipients who achieved a tumor response or stable disease after first-line therapy with cemiplimab as monotherapy or as part of combination therapy; or

b. Recipient has tumors with PD-L1 expression <1% or ≥1%-49%; and

1. Used as continuation maintenance therapy in recipients who have achieved a tumor response or stable disease following initial therapy with cemiplimab combination therapy.

7. Vaginal Cancer

a. Used as a single agent as subsequent therapy; and

b. Recipient has recurrent or metastatic therapy; and

~~6.~~8. Vulvar Cancer

a. Used as a single agent as subsequent therapy; and

b. ~~Patient~~ Recipient has advanced or recurrent/metastatic disease

b. Dosage Limits

1. Quantity Limits (max daily dose) [NDC Unit]:

a. Libtayo® 350 mg/7 mL single-dose vial: one vial per 21 days.

2. Max Units (per dose and over time) [HCPCS Unit]: All indications -

a. 350 billable units (350 mg) every 21 days.

c. Recertification Request

Coverage may be renewed based on the following criteria:

1. Recipient continues to meet the universal and other indication-specific relevant criteria such as concomitant therapy requirements (not including prerequisite therapy), performance status, etc. identified in Section III; and

2. Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include severe infusion-related reactions, severe and fatal immune-mediated adverse reactions (e.g., pneumonitis, colitis, hepatitis, endocrinopathies, nephritis with renal dysfunction, dermatologic adverse reactions, etc.), complications of allogeneic HSCT, etc.; and

3. Disease response with treatment as defined by stabilization of disease or decrease in size of tumor or tumor spread; and

a. NSCLC (continuation maintenance therapy):

1. Refer to Section III for criteria

b. cSCC (neoadjuvant therapy):

1. Coverage may not be renewed

c. cSCC (metastatic, locally advanced, or recurrent disease

1. ~~Patient~~ Recipient has not exceeded a maximum of 24 months of therapy

d. Cervical Cancer

1. ~~Patient~~ Recipient has not exceeded a maximum of 96 weeks of therapy

e. Basal Cell Carcinoma

1. ~~Patient~~ Recipient has not exceeded a maximum of 24 months of therapy

f. Vaginal Cancer

1. Recipient has not exceeded a maximum of 96 weeks of therapy.

~~f.~~g. Vulvar Cancer

1. ~~Patient~~ Recipient has not exceeded a maximum of ~~24 months~~96 weeks of therapy

d. PA Guidelines

Coverage will be provided for six months and may be renewed, unless otherwise specified.

1. Neoadjuvant therapy in cSCC can be authorized up to a maximum of four doses and cannot be renewed.

2. Treatment for metastatic, locally advanced, or recurrent cSCC, ~~Vulvar Cancer,~~ and Basal Cell Carcinoma (BCC) can be renewed up to a maximum of 24 months of therapy (35 doses).

3. Treatment for recurrent or metastatic Cervical Cancer, recurrent or metastatic Vaginal Cancer and advanced, recurrent, or metastatic Vulvar Cancer can be authorized up to a maximum of 96 weeks of therapy (32 doses)

4. Ocrevus® (ocrelizumab)

a. Coverage is provided in the following conditions:

1. Recipient is at least 18 years of age (unless otherwise specified); and

2. Recipient has been screened for the presence of HBV prior to initiating treatment and does not have active disease (i.e., positive HBsAg and anti-HBV tests); and

3. Recipient has had baseline serum immunoglobulins assessed; and

4. Universal Criteria

a. Recipient will not receive live or live-attenuated vaccines while on therapy or within four weeks prior to initiation of treatment; and

b. Recipient does not have an active infection; and

c. Must be used as single agent therapy; and

d. Recipient has not received a dose of ocrelizumab or ublituximab within the past five months; and

5. Multiple Sclerosis (MS)

a. Recipient must have a confirmed diagnosis of MS as documented by laboratory report (i.e., MRI); and

1. Recipient has diagnosis of relapsing form of MS [i.e., relapsing-remitting MS (RRMS), active secondary progressive disease (SPMS), or clinically isolated syndrome (CIS); or

2. Recipient has a diagnosis of primary progressive MS (PPMS); and

a. Recipient is <65 years; and

b. Recipient has an expanded disability status scale (EDSS) score of ≤6.5.

b. Dosage Limits

1. Quantity Limit (max daily dose) [NDC Unit]:

a. Ocrevus® 300 mg single-dose vial: two vials in first two weeks, then two vials per six months.

2. Max Units (per dose and over time) [HCPCS Unit]:

a. Initial Dose

1. 300 billable units (300 mg) on day one and day 15.

b. Subsequent Doses

1. 600 billable units (600 mg) every six months.

c. Recertification Request

Coverage can be renewed based on the following criteria:

1. Recipient continues to meet the universal and other indication-specific relevant criteria identified in Section III; and

2. Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include severe infusion reactions, severe infections, progressive multifocal leukoencephalopathy malignancy, hypogammaglobulinemia, immune-mediated colitis, etc.; and

3. Continuous monitoring of response to therapy indicates a beneficial response [manifestations of MS disease activity include, but are not limited to, an increase in annualized relapse rate (ARR), development of new/worsening T2 hyperintensities or enhancing lesions on brain/spinal MRI, and progression of sustained impairment as evidenced by EDSS, timed 25-foot walk (T25-FW), nine-hole peg test (9-HPT].

   a. Inadequate response, in those who have been adherent and receiving therapy for sufficient time to realize the full treatment effect, is defined as ≥1 relapse, ≥2 unequivocally new MRI-detected lesions, or increased disability on examination over a one-year period.

4. PPMS

   a. Recipient continues to be ambulatory, defined as an EDSS score of <7.5.

d. PA Guidelines

   1. Coverage will be provided for six months and may be renewed.

5. Opdivo® (nivolumab)

a. Coverage is provided for the following conditions:

   1. Recipient is at least 18 years of age (unless otherwise specified); and

   2. Universal Criteria

      a. Recipient has not received previous therapy with a programmed death (PD-1/PD-L1)-directed therapy (e.g., cemiplimab, avelumab, pembrolizumab, atezolizumab, durvalumab, dostarlimab, nivolumab/relatlimab-rmbw, retifanlimab, tislelizumab toripalimab, etc.), unless otherwise specified; and

   3. Ampullary Adenocarcinoma

a. Recipient's disease is MSI-H or dMMR disease as determined by an FDA approved or CLIA-compliant test; and

b. Used in combination with ipilimumab; and

1. Used as first-line therapy for unresectable or metastatic intestinal type disease; or

2. Used as subsequent therapy for disease progression.

4. Anal Carcinoma

a. Recipient has metastatic squamous cell disease; and

b. Used as a single agent for subsequent therapy.

5. Biliary Tract Cancers (Gallbladder Cancer or Intra-/Extra-Hepatic Cholangiocarcinoma)

a. ~~Patient~~ Recipient has tumor mutational burden-high (TMB-H) [≥10 mutations/megabase (mut/Mb)] disease as determined by an FDA-approved or CLIA-compliant test; and

b. Used in combination with ipilimumab; and

1. Used as subsequent treatment for progression on or after systemic treatment for unresectable, R2, or metastatic disease; and

a. Disease is refractory to standard therapies or there are no standard treatment options available.

2. Used as neoadjuvant therapy for resectable locoregionally advanced disease (Note: Only applies to Gallbladder Cancer); and

a. Recipient has incidental finding of suspicious mass during surgery where hepatobiliary surgery expertise is unavailable; or

b. Recipient has incidental finding on pathologic review (cystic duct nod positive); or

c. Recipient has mass on imaging.

~~b.a. Used in combination with ipilimumab; and~~

~~c.a. Disease is refractory to standard therapies or there are no standard treatment options available.~~

6. Urothelial Carcinoma (Bladder Cancer)

a. Used as a single agent; and

1. Used for disease that progressed during or following platinum-containing chemotherapy or as a second-line treatment after chemotherapy other than a platinum; and

a. Recipient has one of the following diagnoses:

1. Locally advanced or metastatic urothelial carcinoma

2. Muscle invasive bladder cancer with local recurrence or persistent disease in a preserved bladder

3. Metastatic or local bladder cancer recurrence post-cystectomy

4. Recurrent or metastatic primary carcinoma of the urethra; and

a. Recipient does not have recurrence of stage T3-4 disease or palpable inguinal lymph nodes

5. Metastatic upper GU tract tumors

6. Metastatic urothelial carcinoma of the prostate; or

2. Used as adjuvant therapy; and

a. Recipient has urothelial carcinoma of the bladder, bulbar urethra, prostate with stromal invasion, ureter, or renal pelvis; and

b. Recipient underwent radical surgical resection; and

c. Recipient is at high risk for disease recurrence; or

b. Used in combination with cisplatin and gemcitabine followed by nivolumab maintenance therapy; and

1. Used as first-line systemic therapy in cisplatin eligible recipient; and

a. Recipient has one of the following diagnoses:

1. Locally advanced or metastatic urothelial carcinoma

2. Muscle invasive bladder cancer with local recurrence or persistent disease in a preserved bladder

3. Metastatic or local bladder cancer recurrence post-cystectomy

4. Recurrent or metastatic primary carcinoma of the urethra; and

a. ~~Patient~~ Recipient does not have recurrence of stage T3-4 disease or palpable inguinal lymph nodes

5. Metastatic upper GU tract tumors

6. Metastatic urothelial carcinoma of the prostate.

7. Bone Cancers

a. Recipient has one of the following: Ewing sarcoma, chondrosarcoma (excluding mesenchymal chondrosarcoma), osteosarcoma, or chordoma; and

b. Recipient has TMB-H tumors [≥10 mut/Mb] as determined by an FDA-approved or CLIA-compliant test; and

c. Used in combination with ipilimumab; and

d. Recipient has unresectable or metastatic disease that progressed following prior treatment; and

e. Recipient has no satisfactory alternative treatment options.

8. Adult Central Nervous System (CNS) Cancers

a. Used in one of the following treatment settings:

1. Used as initial treatment in recipients with small asymptomatic brain metastases

2. Used for relapsed limited brain metastases with either stable systemic disease or reasonable systemic treatment options

3. Recipient has recurrent limited brain metastases

4. Used for recurrent extensive brain metastases with stable systemic disease or reasonable systemic treatment options; and

b. Used as a single-agent or in combination with ipilimumab for the treatment of brain metastases in recipients with BRAF non-specific melanoma; or

c. Used as a single-agent for the treatment of brain metastases in recipients with PD-L1 (TPS ≥1%) positive NSCLC.

9. Pediatric CNS Cancers

a. Recipient is ≤18 years of age; and

b. Recipient has hypermutated diffuse high-grade glioma; and

1. Used for recurrent or progressive disease as a single agent (excluding oligodendroglioma, IDH-mutant and 1p/19q co-deleted or astrocytoma IDH-mutant); or

2. Used as adjuvant therapy (excluding diffuse midline glioma, H3 K27-altered or pontine location); and

a. Recipient is <3 years of age and used as a single agent; or

b. Recipient is ≥3 years of age and used following standard brain radiation therapy (RT) with or without concurrent temozolomide.

10. Cervical Cancer

a. Used as subsequent therapy as a single agent; and

b. Recipient has recurrent, or metastatic disease; and

c. Tumor expressed PD-L1 (e.g., CPS ≥1) as determined by an FDA-approved or CLIA-compliant test.

11. Colorectal Cancer

    a. Recipient is at least 12 years of age; and

    b. Recipient's disease is MSI-H/dMMR disease or polymerase epsilon/delta (POLE/POLD1) mutation as determined by and FDA-approved or CLIA-compliant test; and

    c. Used as a single agent or in combination with ipilimumab; and

        1. Used as subsequent therapy and

            a. Recipient has metastatic, unresectable, or medically inoperable disease; or

        2. Used as primary or initial treatment; and

            a. Used for isolated pelvic/anastomotic recurrence of rectal cancer; or

            b. Recipient has T3, N Any; T1-2, N1-2; T4, N Any rectal cancer; or

            c. Recipient has metastatic, unresectable, or medically inoperable disease; or

        3. Used as neoadjuvant therapy; and

            a. Recipient has clinical T4b colon cancer (for dMMR/MSI-H disease only); or

            b. Recipient has resectable liver and/or lung metastases; or

            c. Recipient has T3, N Any; T1-2. N1-2; T4, N Any locally unresectable, or medically inoperable rectal cancer (single agent therapy for dMMR/MSI-H disease only).

12. Appendiceal Adenocarcinoma – Colon Cancer

    a. Recipient has MSI-H/dMMR disease or POLE/POLD1 mutation as determined by and FDA-approved or CLIA-compliant test; and

    b. Used as a single agent or in combination with ipilimumab; and

    c. Recipient has advanced or metastatic disease.

1. Used as primary or initial treatment; or

2. Used as subsequent treatment; or

13. Esophageal Cancer and Esophagogastric/Gastroesophageal Junction Cancers

a. Used as first-line therapy; and

1. Recipient has squamous cell carcinoma; and

a. Recipient is not a surgical candidate or has unresectable advanced, recurrent, or metastatic disease; and

1. Used in combination with ipilimumab; or

2. Used in combination with fluoropyrimidine- and platinum-containing chemotherapy; or

b. Recipient has adenocarcinoma; and

1. Recipient is not a surgical candidate or has unresectable, advanced, recurrent, or metastatic disease; and

a. Used in combination with fluoropyrimidine- and platinum-containing chemotherapy; or

b. Used in combination with ipilimumab; and

1. Recipient has MSI-H or dMMR disease as determined by an FDA-approved or CLIA-compliant test; or

b. Used as subsequent therapy; and

1. Recipient has squamous cell carcinoma; and

a. Recipient is not a surgical candidate or has unresectable advanced, recurrent, or metastatic disease; and

1. Used as a single agent; or

2. Used in combination with ipilimumab; and

3. Recipient has MSI-H or dMMR disease as determined by and FDA-approved or CLIA-compliant test; or

2. Recipient has adenocarcinoma; and

a. Recipient is not a surgical candidate or has unresectable locally advanced, recurrent, or metastatic disease; and

b. Used in combination with ipilimumab; and

c. Recipient has MSI-H or dMMR disease as determined by and FDA-approved or CLIA-compliant test; or

c. Used as adjuvant treatment of completely resected disease; and

1. Used as a single agent in recipient with residual disease following neoadjuvant chemoradiotherapy (CRT).

d. Used as neoadjuvant or perioperative therapy; and

1. Recipient has MSI-H or dMMR disease as determined by an FDA-approved or CLIA-compliant test; and

2. Recipient has adenocarcinoma; and

a. Used in combination with ipilimumab; and

1. Used as primary treatment for ~~patients~~ recipients who are medically fit for surgery with cT2, N0 (high-risk lesions: lymphovascular invasion, ≥3cm, poorly differentiated), cT1b-cT2, N+ or cT3-cT4a, Any N disease; or

b. Used as a single agent; and

1. Used as postoperative management following R0 resection in ~~patients~~ recipients who have received preoperative therapy with nivolumab and ipilimumab~~;~~. or

e. Used as induction systemic therapy for relieving dysphagia; and

1. Recipient is medically fit and planned for esophagectomy with cT2, N0 (high-risk lesions: lymphovascular invasion, ≥3 cm, poorly differentiated), cT1b-cT2, N+ or cT3-cT4a, Any N disease; and

a. Used in combination with ipilimumab; and

1. Recipient has MSI-H or dMMR disease as determined by an FDA-approved or CLIA-compliant test; or

b. Used in combination with oxaliplatin and capecitabine or fluorouracil; and

1. Recipient has MSI-H or dMMR disease as determined by an FDA-approved or CLIA-compliant test; or

2. Tumor expresses PD-L1 (e.g., CPS ≥5) as determined by an FDA-approved or CLIA-compliant test.

14. Gastric Cancer

a. Used as first-line therapy; and

1. Recipient is not a surgical candidate or has unresectable, advanced, recurrent, or metastatic disease; and

a. Used in combination with fluoropyrimidine- and platinum-containing chemotherapy; or

b. Used in combination with ipilimumab; and

1. Recipient has MSI-H or dMMR disease as determined by an FDA-approved or CLIA-compliant test; or

b. Used as subsequent therapy; and

1. Recipient is not a surgical candidate or has unresectable locally advanced, recurrent, or metastatic disease; and

2. Used in combination with ipilimumab; and

3. Recipient has MSI-H or dMMR disease as determined by an FDA-approved or CLIA-compliant test; or

c. Used as neoadjuvant or perioperative therapy; and

1. Recipient has MSI-H or dMMR disease as determined by an FDA-approved or CLIA-compliant test; and

a. Used in combination with ipilimumab; and

1. Used as primary treatment prior to surgery for potentially resectable locoregional disease (cT2 or higher, any N) in recipient who are medically fit for surgery; or

b. Used as a single agent; and

1. Used as postoperative management following R0 resection in ~~patients~~ recipients who have received preoperative therapy with nivolumab and ipilimumab~~;~~. or

d. Used as systemic therapy for early-stage disease; and

1. Recipient has endoscopic features suggestive of deep submucosal invasion including converging folds, irregular surface pattern, and ulceration in a large gastric mass with favorable histology; and

2. Recipient has completed an endoscopic resection; and

a. Used in combination with ipilimumab; or

1. Recipient has MSI-H or dMMR disease as determined by an FDA-approved or CLIA-compliant test; or

b. Used in combination with oxaliplatin and fluorouracil or capecitabine; and

1. Recipient has MSI-H or dMMR disease as determined by an FDA-approved or CLIA-compliant test; or

2. Tumor expresses PD-L1 (e.g., CPS ≥5) as determined by an FDA-approved or CLIA-compliant test.

15. Gestational Trophoblastic Neoplasia

a. Used as single-agent therapy for multiagent chemotherapy-resistant disease; and

1. Recipient has intermediate PSTT or ETT; and

a. Recipient has recurrent or progressive disease; and

2. Recipient has high risk disease (i.e., ≥7 Prognostic score or stage IV disease).

16. Squamous Cell Carcinoma of the Head and Neck (SCCHN)

a. Recipient has Cancer of the Nasopharynx; and

1. Used in combination with cisplatin and gemcitabine for oligometastatic or metastatic disease; or

b. Recipient has very advanced Head and Neck Cancer; and

1. Recipient has nasopharyngeal cancer; and

a. Used in combination with cisplatin and gemcitabine for recipients with performance status 0-1; and

b. Used for one of the following:

1. Unresectable locoregional recurrence with prior RT

2. Unresectable second primary with prior RT

3. Unresectable persistent disease with prior RT

4. Recurrent/persistent disease with distant metastases; or

2. Recipient has non-nasopharyngeal cancer; and

a. Used as a single agent; and

1. Recipient has unresectable, recurrent, persistent, or metastatic disease; and

2. Disease has progressed on or after platinum-containing chemotherapy.

b. Used in combination with cetuximab for recipients with PS 0-1; and

1. Used for one of the following:

   a. Metastatic disease at initial presentation

   b. Recurrent/persistent disease with distant metastases

   c. Unresectable locoregional recurrence with prior RT

   d. Unresectable second primary with prior RT

   e. Unresectable persistent disease with prior RT.

17. HCC

   a. Used as subsequent therapy; and

   b. Used as a single agent or in combination with ipilimumab; and

   ~~a.~~c. Used for one of the following:

      1. Recipient was previously treated with sorafenib (for use in combination with ipilimumab only)

      2. Recipient has liver confined, unresectable disease and ~~is not a~~deemed ineligible for transplant ~~candidate~~

      ~~3. Recipient has liver-confined disease that is inoperable by performance status, comorbidity, or with minimal or uncertain extrahepatic disease~~

      ~~4.~~3. Recipient has extrahepatic/metastatic disease and deemed ineligible for resection, transplant, or locoregional therapy.~~or extensive liver tumor burden; and~~

   ~~b. Used in combination with ipilimumab; and~~

      ~~1. Recipient has Child-Pugh Class A hepatic impairment; and~~

      ~~2. Used as subsequent therapy for progressive disease; or~~

   ~~c. Used as a single agent; and~~

      ~~1. Patient has Child-Pugh Class B hepatic impairment~~

18. Adult Classical Hodgkin Lymphoma (cHL)

    a. Used as a single agent; and

        1. Recipient has relapsed or progressive disease after autologous HSCT and brentuximab vedotin; or

        2. Used for disease that is refractory to at least three prior lines of therapy ~~including autologous HSCT~~; or

        3. Used as palliative therapy in recipient >60 years of age or with poor performance status or with substantial comorbidities; and

            a. Recipient has relapsed or refractory disease; or

    b. Used in combination with brentuximab vedotin or ifosfamide, carboplatin, etoposide (ICE) in ~~patients~~ recipients 18 to 60 years of age; and

        1. Used as second-line therapy for relapsed or refractory disease; or

        2. Used as subsequent therapy (if not previously used) for relapse or refractory disease; and

            a. Recipient has a Deauville scale score of 4 or 5 following restaging with FDG-PET/CT.

19. Pediatric cHL

    a. Recipient is ≤18 years of age; and

    b. Recipient has relapsed or refractory disease; and

    c. Used in recipients heavily pretreated with platinum or anthracycline-based chemotherapy or if a decrease in cardiac function was observed; and

        1. Used as subsequent therapy (if not previously used); and

            a. Used as a single agent or in combination with brentuximab vedotin; or

        2. Used as re-induction therapy; and

            a. Used in combination with brentuximab vedotin; or

b. Used in combination with brentuximab vedotin and radiation therapy (ISRT) in highly favorable recipients who may avoid autologous stem cell rescue (ASCR) (i.e., initial stage other than IIIB or IVB, no prior exposure to RT, duration of CR1 >1 year, absence of extranodal disease or B symptoms at relapse).

20. Kaposi Sarcoma

a. Used in combination with ipilimumab as subsequent therapy; and

b. Recipient has classic disease; and

c. Used for relapsed/refractory advanced cutaneous, oral, visceral, or nodal disease; and

d. Disease has progressed on or not responded to first-line therapy; and

e. Disease has progressed on alternate first-line therapy

21. Renal Cell Carcinoma (RCC)

a. Used in combination with ipilimumab; and

1. Recipient has clear cell histology; and

a. Used as first-line therapy in recipients with poor or intermediate risk advanced, relapsed, or stage IV disease; or

b. Used as first-line therapy in recipients with favorable risk relapsed or stage IV disease; or

c. Used as subsequent therapy in recipients with relapsed or stage IV disease; or

b. Used as a single agent; and

1. Used as subsequent therapy in recipients with advanced, relapsed, or stage IV disease and clear cell histology; or

2. Recipient has relapsed or stage IV disease and non-clear cell histology; or

c. Used in combination with cabozantinib (Cabometyx® only); and

1. Recipient has clear cell histology; and

a. Used as first-line therapy for advanced, relapsed, or stage IV disease; or

b. Used as subsequent therapy in recipients with relapsed or stage IV disease; or

2. Recipient has non-clear cell histology; and

a. Recipient has relapsed or stage IV disease.

22. Cutaneous Melanoma

a. Used as first-line therapy for unresectable or metastatic disease; and

1. Recipient is at least 12 years of age; and

2. Used as a single agent or in combination with ipilimumab; or

~~b. Used as initial therapy for limited resectable disease; and~~

~~1. Used as single agent; and~~

~~a. Recipient has stage III disease with clinical satellite/in-transit metastases; or~~
~~b. Recipient has local satellite/in-transit recurrence; or~~

b. ~~c.~~ Used as subsequent therapy for unresectable or metastatic disease; and

1. Recipient is at least 12 years of age; and

a. Used a re-induction therapy in recipients who experienced disease control (i.e., complete or partial response or stable disease) and no residual toxicity from prior anti-PD-1 immunotherapy, but subsequently have disease progression/relapse >3 months after treatment discontinuation; and

1. Used as a single agent or in combination with ipilimumab; or

b. Used after disease progression, intolerance, and/or projected risk of progression with BRAF-targeted therapy (e.g., dabrafenib/trametinib,

vemurafenib/cobimetinib, encorafenib/binimetinib, etc.); and

1. Used as a single agent or in combination with ipilimumab if anti-PD-1 was not previously used; or

2. Used in combination with ipilimumab for disease progression on single agent anti-PD-1 therapy; or

c. ~~d.~~ Used as adjuvant treatment; and

1. Used as a single agent; and

a. Recipient is at least 12 years of age; and

b. Recipient has stage IIB, stage IIC, or metastatic disease and has undergone complete resection; or

c. Recipient has stage III disease; and

1. Recipient has undergone complete resection; or

2. Recipient has sentinel node positive disease either during observation without additional nodal surgery and with mandatory radiographic nodal surveillance or after complete lymph node dissection (CLND); or

3. Recipient has clinically positive node(s) following wide excision of the primary tumor and therapeutic lymph node dissection (TLND) ~~or following neoadjuvant therapy~~; or

4. Recipient has clinical satellite/in-transit metastases and has no evidence of disease (NED) after complete excision; or

5. Used following wide excision alone (stage IIIB/C/D disease only); or

6. Used following wide excision with negative sentinel lymph node biopsy; or

7. Used for disease that is sentinel lymph node negative or sentinel lymph node biopsy not performed (stage IIIB/C/D disease only); or

~~e.~~d. Recipient has local satellite/in-transit recurrence and has NED after complete excision; or

~~f.~~e. Recipient has resectable disease limited to nodal recurrence following excision and complete TLND or following neoadjuvant therapy; or

~~g.~~f. Recipient has oligometastatic disease and NED following metastasis-directed therapy (i.e., TVEC/intralesional therapy, stereotactic ablative therapy or complete resection) or systemic therapy followed by resection; or

~~h.~~g. Used in combination with ipilimumab; and

1. Recipient has oligometastatic disease and no evidence of disease following metastasis- directed therapy (i.e., complete resection, stereotactic ablative therapy or T-VEC/intralesional therapy) or systemic therapy followed by resection; or

~~i.~~h. Used as neoadjuvant therapy; and

~~j.~~i. Used as a single agent or in combination with ipilimumab; and

1. Recipient has stage III disease; and

a. Used as a primary treatment for clinically positive, resectable nodal disease; or

b. Used for limited resectable disease with clinical satellite/in-transit metastases; or

~~k.~~j. Recipient has limited resectable local satellite/in-transit recurrence; or

~~l.~~k. Recipient has resectable disease limited to nodal recurrence.

23. Uveal Melanoma

a. Recipient has distant metastatic or resectable disease; and

b. Used as a single agent or in combination with ipilimumab.

24. Merkel Cell Carcinoma

a. Used as neoadjuvant treatment; and

1. Used as a single agent; and

a. Recipient is a surgical candidate with primary clinical N0 locally advanced disease where curative surgery and curative radiation therapy were originally deemed not feasible; or

b. Recipient has primary clinical N+, M0 regional disease with biopsy positive draining nodal basin; or

b. Used for M1 disseminated disease; and

1. Used as a single agent; or

2. Used in combination with ipilimumab; and

a. Recipient progressed on anti-PD-L1 or anti-PD-1 therapy or anti-PD-L1 or anti-PD-1 therapy is contraindicated.

25. ~~Malignant~~ Peritoneal Mesothelioma (~~M~~PeM)

a. Used as a single agent or in combination with ipilimumab as subsequent therapy (if chemotherapy was administered first-line); or

b. Used in combination with ipilimumab as first-line therapy; and

1. ~~Patient~~ Recipient has unicavitary disease with epithelioid histology; and

a. Used as adjuvant treatment for medically operable disease following cytoreductive surgery (CRS) and hyperthermic intraperitoneal chemotherapy (HIPEC); and

1. ~~Patient~~ Recipient has surgical or pathologic high-risk features and no neoadjuvant therapy was given; or

b. ~~Patient~~ Recipient has medically inoperable disease and/or complete cytoreduction not achieved (including high-risk features); or

c. ~~Patient~~ Recipient has disease recurrence after prior CRS and HIPEC if no previous adjuvant systemic therapy was given; or

2. ~~Patient~~ Recipient has biphasic/sarcomatoid histology; ~~and~~or

a. ~~Patient has b~~Bicavitary disease.~~; or~~

~~b. Patient has disease recurrence after prior CRS and HIPEC.~~

26. ~~Malignant~~ Pleural Mesothelioma (~~M~~PM)

a. Used as a single agent or in combination with ipilimumab as subsequent therapy (if chemotherapy was administered first-line); or

b. Used in combination with ipilimumab as first-line therapy; and

1. ~~Patient~~ Recipient has clinical stage IIIB or IV disease; or

2. ~~Patient~~ Recipient has sarcomatoid or biphasic histology; or

3. Disease is medically inoperable or unresectable; or

4. ~~Patient~~ Recipient has clinical stage I-IIIA disease with epithelioid histology and did not receive induction chemotherapy.

27. NSCLC

a. Used as neoadjuvant therapy for resectable (tumors ≥4 cm or node positive) disease; and

1. Used in combination with platinum-doublet chemotherapy (e.g., cisplatin/carboplatin in combination with paclitaxel, pemetrexed, or gemcitabine); and

2. Recipient is negative for EGFR or ALK rearrangements; or

b. Used for recurrent, advanced, or metastatic disease (excluding locoregional recurrence or symptomatic local disease without evidence of disseminated disease) or mediastinal lymph node recurrence with prior radiation therapy; and

1. Used as first-line therapy; and

a. Used for one of the following:

1. Recipients with a PS 0-1 who have tumors that are negative for actionable molecular biomarkers; and PD-L1 expression <1%

2. Recipients with a PS 0-1 who are positive for one of the following molecular biomarkers: EGFR exon 20, KRAS G12C, BRAF V600E, NTRK1/2/3 gene fusion, MET exon 14 skipping, RET rearrangement, or ERBB2 (HER2)

3. PD-L1 expression-positive (PD-L1 ≥1%) tumors, as detected by an FDA or CLIA compliant test, that are negative for actionable molecular biomarkers; and

b. Used in combination with ipilimumab; or

c. Used in combination with ipilimumab and platinum-doublet chemotherapy (e.g., pemetrexed and either carboplatin or cisplatin for nonsquamous cell histology, or paclitaxel and carboplatin for squamous cell histology, etc.); or

c. Used as subsequent therapy; and

1. Used as a single agent; or

2. Used for one of the following:

a. ~~Patients~~ Recipients with a PS 0-1 who are positive for one of the following molecular biomarkers and have received prior targeted therapy: EGFR exon 19 deletion or exon 21 L858R tumors, EGFR S768I, L861Q, and/or G719X, ALK rearrangement, or ROS1 rearrangement

b. ~~Patients~~ Recipients with a PS 0-1 who are positive for one of the following molecular biomarkers: BRAF V600E, NTRK1/2/3 gene fusion, MET exon 14 skipping, or RET rearrangement; and

d. Used in combination with ipilimumab; or

e. Used in combination with ipilimumab, pemetrexed, and either carboplatin or cisplatin for nonsquamous cell histology; or

f. Used in combination with ipilimumab, paclitaxel, and carboplatin for squamous cell histology; or

g. Used as continuation maintenance therapy in combination with ipilimumab; and

1. Recipient has achieved a response or stable disease following first-line therapy with nivolumab and ipilimumab with or without chemotherapy.

28. Pediatric Aggressive Mature B-Cell Lymphomas – Primary Mediastinal Large B-Cell Lymphoma (PMBCL)

a. Recipient is ≤18 years of age; and

1. Used in combination with brentuximab vedotin; and

a. Used as consolidation/additional therapy if a partial response was achieved after therapy for relapsed or refractory disease; or

2. Used as a single agent for relapsed or refractory disease

29. Small Bowel Adenocarcinoma

a. Recipient has advanced or metastatic disease that is MSI-H or dMMR or POLE/POLD1 mutation as determined by an FDA-approved or CLIA-compliant test; and

b. Used as a single agent or in combination with ipilimumab.

30. SCLC

a. Used as subsequent systemic therapy as a single agent; and

b. There has been a chemotherapy-free interval of ≤6 months; and

1. Recipient has relapsed disease following a complete or partial response or stable disease after primary treatment; or

2. Recipient has primary progressive disease.

31. Soft Tissue Sarcoma

a. Extremity/Body Wall, Head/Neck or Retroperitoneal/Intra-Abdominal

1. Used as a single agent or in combination with ipilimumab; and

2. Used as subsequent therapy; and

a. Recipient has myxofibrosarcoma, undifferentiated pleomorphic sarcoma (UPS), dedifferentiated

liposarcoma, cutaneous angiosarcoma, or undifferentiated sarcomas; or

b. Recipient has TMB-H [≥10 mut/Mb] disease as determined by an FDA-approved or CLIA-compliant test; and

1. ~~Patient —~~Recipient has no satisfactory alternative treatment options

b. Pleomorphic Rhabdomyosarcoma

1. Used as a single agent or in combination with ipilimumab; and

2. Used as subsequent therapy; and

3. Recipient has TMB-H [≥10 mut/Mb] disease as determined by an FDA-approved or CLIA-compliant test; and

4. Recipient has no satisfactory alternative treatment options.

c. Angiosarcoma

1. Used in combination with ipilimumab.

32. Extranodal NK/T-Cell Lymphomas

a. Used as a single agent for relapsed or refractory disease; and

b. Used following additional therapy with an alternative asparaginase-based chemotherapy regimen not previously used; and

c. Participation in a clinical trial is unavailable.

33. Endometrial Carcinoma (Uterine Neoplasms)

a. Used as a single agent; and

b. Used as second-line therapy for recurrent disease; and

c. Recipient has MSI-H or dMMR disease as determined by an FDA-approved or CLIA-compliant test.

34. Vulvar Cancer

a. Used as single agent; and

b. Recipient has adenocarcinoma or squamous cell carcinoma; and

c. Used as subsequent therapy for HPV-related advanced, recurrent, or metastatic disease.

35. Thyroid Carcinoma

a. Used as a single agent; and

b. Used for stage IVC (metastatic) anaplastic carcinoma.

36. Vaginal Cancer

a. Used as subsequent therapy as single agent; and

b. Recipient has recurrent or metastatic disease; and

c. Tumor expresses PD-L1 (e.g., CPS ≥1) as determined by an FDA-approved or CLIA-compliant test. Tumor expresses PD-L1 (e.g., CPS ≥1) as determined by an FDA-approved or CLIA-compliant test,

b. Dosage Limits

1. Quantity Limit (max daily dose) [NDC Unit]:

a. Opdivo® 40 mg/4 mL single-dose vial: two vials per 14 days

b. Opdivo® 100 mg/10 mL single-dose vial: three vials per 14 days

c. Opdivo® 120 mg/12 mL single-dose vial: three vials per 14 days

d. Opdivo® 240 mg/24 mL single-dose vial: four vials per 14 days.

2. Max Units (per dose and over time) [HCPCS Unit]:

Extranodal NK/T-Cell Lymphoma~~CNS Cancer, HCC, Cutaneous Melanoma, Uveal Melanoma, & MCC 120~~ 80 BU: 2~~8~~1 days

Biliary, Bone, cHL, Cutaneous Melanoma, Gastric, Gestational Trophoblastic Neoplasia (GTN), Head and Neck, HCC, Kaposi Sarcoma, RCC, Soft Tissue Sarcoma, Thyroid Carcinoma, Vulvar Cancer, Vaginal Cancer, and Cervical Cancer~~Anal Cancer, Biliary Tract Cancer (Gallbladder Cancer or Intra-/Extra-Hepatic Cholangiocarcinoma), Bladder/Urothelial Cancer, Bone Cancer, CRC, Appendiceal Adenocarcinoma, Esophageal Cancer, GEJ Cancer, Gastric, GTN, SCCHN, HCC, cHL, Kaposi Sarcoma, RCC, MPM, MPeM, Cutaneous Melanoma, MCC, NSCLC, SBA, STS, Vulvar Cancer, & Cervical Cancer, Thyroid Carcinoma 2~~1440 BU: ~~18~~4 days

Uveal Melanoma~~Ampullary Adenocarcinoma, Anal Carcinoma, CNS Cancer, CRC, Appendiceal Adenocarcinoma, Esophageal Cancer, MPM, MPeM, Uveal Melanoma, MCC, Cutaneous Melanoma, PMBCL, SBA, SCLC, & Endometrial Carcinoma (Uterine Neoplasms) 340~~ 6960 BU: ~~18~~4 days

Endometrial Carcinoma ~~Ampullary Adenocarcinoma, CRC, Appendiceal Adenocarcinoma, cHL, RCC, & SBA~~ Initial 340 BU: ~~2~~14 days x eight doses Maintenance 480 BU: 28 days

Ampullary Adenocarcinoma~~Esophageal Cancer, GEJ Cancer, Gastric Cancer, MPM, MPeM, & NSCLC 36~~ Initial 340 BU: 21 days Maintenance 680 BU: 28 days

Urothelial Carcinoma (Bladder Cancer)~~Anal Carcinoma, Urothelial (Bladder) Cancer, Bone Cancer, CRC, Appendiceal Adenocarcinoma, Esophageal Cancer, GEJ Cancer, GTN, SCCHN, HCC, cHL, RCC, Cutaneous Melanoma, NSCLC, SBA, STS, & Endometrial Carcinoma (Uterine Neoplasms) 48~~ Initial 60 BU: 28 days
~~Uveal Melanoma 1140 BU: 14 days~~

~~Extranodal NK/T-Cell Lymphoma 40 BU: 14 days~~

c. Recertification Request

Coverage may be renewed based upon the following criteria:

1. Recipient continues to meet the universal and other indication-specific relevant criteria such as concomitant therapy requirements (not including prerequisites therapy), performance status, etc. identified in Section III; and

2. Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include severe infusion-related reactions, complications of allogeneic HSCT, severe immune-mediated adverse reactions (i.e., pneumonitis, colitis, hepatitis/hepatotoxicity, endocrinopathies, nephritis/renal dysfunction, adverse skin reactions/rash, etc.), etc.; and

3. Disease response with treatment as defined by stabilization of disease or decrease in size of tumor or tumor spread; and

4. For the following indications, recipient has not exceeded a maximum of two years of therapy:

   a. Biliary Tract Cancer

   b. Bone Cancer~~; or~~

c. Cervical Cancer~~; or~~

d. Esophagogastric/Gastroesophageal Junction Cancer (first-line therapy or induction therapy for relieving dysphagia)~~; or~~

e. MSI-H/dMMR ~~Gastric~~, Esophageal, and Esophagogastric/ Gastroesophageal Junction Cancer (first-line therapy, ~~and~~ subsequent therapy, or induction therapy for relieving dysphagia)

f. Gastric Cancer (first-line therapy, subsequent therapy, or early stage disease following endoscopic resection~~in combination with fluoropyrimidine and platinum-containing chemotherapy or ipilimumab~~)

g. Kaposi Sarcoma

h. Renal Cell Carcinoma (in combination with cabozantinib)

i. ~~M~~PM (initial therapy in combination with ipilimumab)

j. ~~M~~PeM (initial therapy in combination with ipilimumab)

k. NSCLC (in combination with ipilimumab with or without platinum-doublet chemotherapy)

l. Vaginal Cancer

~~l.~~m. Vulvar Cancer

~~m.~~n. Urothelial Carcinoma (first line systemic therapy in combination with gemcitabine and cisplatin, followed by nivolumab maintenance therapy).

5. Urothelial Carcinoma (adjuvant therapy)

a. Recipient has not exceeded a maximum of one year of therapy.

6. Esophageal and Esophagogastric/Gastroesophageal Junction Cancer (adjuvant therapy)

a. Recipient has not exceeded a maximum of one year of therapy.

7. MSI-H/dMMR ~~Gastric~~, Esophageal, and Esophagogastric/ Gastroesophageal Junction Cancer (neoadjuvant or perioperative therapy)

a. Recipient has not exceeded a maximum of 12 weeks of pre-operative therapy (six doses), followed by a maximum of 36 weeks (nine doses) of postoperative therapy after surgery

8. Gastric Cancer (neoadjuvant or perioperative therapy)

a. Recipient has not exceeded a maximum of 12 weeks of pre-operative therapy (six doses), followed by a maximum of 36 weeks (nine doses) of postoperative therapy after surgery

~~8.~~9. Classical Hodgkin Lymphoma (in combination with brentuximab vedotin)

a. Recipient has not exceeded a maximum of 12 weeks of therapy (four doses).

~~9.~~10. Classical Hodgkin Lymphoma (in combination with ICE)

a. Recipient has not exceeded a maximum of 12 weeks of therapy (six doses).

~~10.~~11. Cutaneous Melanoma (adjuvant therapy as a single agent)

a. Recipient has not exceeded a maximum of one year of therapy.

~~11.~~12. Cutaneous Melanoma (adjuvant therapy in combination with ipilimumab)

a. ~~Patient~~ Recipient has not exceeded a maximum of four doses

~~12.~~13. Cutaneous Melanoma (re-induction therapy)

a. Refer to Section III for criteria (see Cutaneous Melanoma – Used for retreatment of disease as re-induction)

~~13.~~14. Cutaneous Melanoma (neoadjuvant therapy as a single agent)

a. ~~Patient~~ Recipient has not exceeded a maximum of four doses

~~14.~~15. Cutaneous Melanoma (neoadjuvant therapy in combination with ipilimumab)

a. ~~Patient~~ Recipient has not exceeded a maximum of ~~three~~ two doses

~~15.~~16. Merkel Cell Carcinoma (neoadjuvant therapy)

a. Recipient has not exceeded a maximum of two doses.

~~16.~~17. NSCLC (neoadjuvant therapy in combination with platinum-doublet chemotherapy)

a. Recipient has not exceeded a maximum of three doses.

~~17.~~18. NSCLC (maintenance therapy)

a. Refer to Section III for criteria.

d. PA Guidelines

Coverage will be provided for six months and may be renewed (unless otherwise specified)

1. Use in the treatment of Classical Hodgkin Lymphoma:

a. In combination with brentuximab vedotin can be authorized up to a maximum of 12 weeks of therapy (four doses) and may not be renewed; and

b. In combination with ICE can be authorized up to a maximum of 12 weeks of therapy (six doses) and may not be renewed.

2. Neoadjuvant or Perioperative Therapy of MSI-H/dMMR ~~Gastric~~, Esophageal, and Esophagogastric/Gastroesophageal Junction Cancer can be authorized for a maximum of 12 weeks of pre-operative therapy (six doses), followed by a maximum of 36 weeks (nine doses) of postoperative therapy after surgery

3. Neoadjuvant or Perioperative Therapy of Gastric Cancer can be authorized for a maximum of 12 weeks of pre-operative therapy (six doses), followed by a maximum of 36 weeks (nine doses) of post-operative therapy after surgery.

~~3.~~4. Neoadjuvant treatment of Merkel Cell Carcinoma can be authorized up to a maximum of two doses and may not be renewed

~~4.~~5. Neoadjuvant treatment of NSCLC in combination with platinum-doublet chemotherapy may be authorized for a maximum of three cycles and may not be renewed

~~5.~~6. Neoadjuvant treatment of Cutaneous Melanoma in combination with ipilimumab may be authorized for a maximum of ~~three~~ two doses and may not be renewed.

~~6.~~7. Neoadjuvant treatment of Cutaneous Melanoma as a single agent may be authorized for a maximum of four doses and may not be renewed.

~~7.~~8. Adjuvant treatment of Cutaneous Melanoma in combination with ipilimumab may be authorized for a maximum of four doses and may not be renewed.

~~8.~~9. Adjuvant treatment of the following indications may be renewed up to a maximum of one year of therapy:

a. Cutaneous Melanoma (single agent)

b. Esophageal and Esophagogastric/Gastroesophageal Junction Cancer

c. Urothelial Carcinoma.

~~9.~~10. The following indications may be renewed up to a maximum of two years of therapy:

a. Biliary Tract Cancer

b. Bone Cancer

c. Cervical Cancer

d. Esophageal and Esophagogastric/Gastroesophageal Junction Cancer (first-line therapy or induction therapy for relieving dysphagia)

e. MSI-H/dMMR ~~Gastric~~, Esophageal, and Esophagogastric/ Gastroesophageal Junction Cancer (first-line or subsequent therapy)

f. Gastric Cancer (first-line therapy, subsequent therapy, or early-stage disease following endoscopic resection~~in combination with fluoropyrimidine- and platinum-containing chemotherapy or ipilimumab~~)

g. Kaposi Sarcoma

h. RCC (in combination with cabozantinib)

i. ~~M~~PM (initial therapy in combination with ipilimumab)

j. ~~M~~PeM (initial therapy in combination with ipilimumab)

k. NSCLC (in combination with ipilimumab with or without platinum-doublet chemotherapy)

l. Vaginal Cancer

~~l.~~m. Vulvar Cancer

~~m.~~n. Urothelial Carcinoma (first line systemic therapy in combination with gemcitabine and cisplatin, followed by nivolumab maintenance therapy).

6. Tecentriq® (atezolizumab)

a. Coverage is provided in the following conditions:

1. Recipient is at least 18 years of age (unless otherwise specified); and

2. Universal Criteria

a. Recipient has not received previous therapy with a programmed death (PD-1/PD-L1) = - directed therapy (e.g., nivolumab, pembrolizumab, durvalumab, avelumab, cemiplimab, dostarlimab, nivolumab/relatlimab-rmbw, etc.); and

3. NSCLC

a. Used for recurrent, advanced, or metastatic disease (excluding locoregional recurrence or symptomatic local disease without evidence of disseminated disease) or mediastinal lymph node recurrence with prior radiation therapy; and

1. Used as first-line therapy; and

a. Used as a single agent; and

1. Recipients with PS 0-2 who have tumors that are negative for actionable molecular markers (may be KRAS G12C mutation positive) and PD-L1 ≥50% (PD-L1 stained ≥50% of tumor cells [TC ≥50%] or PD-L1 stained tumor-infiltrating immune cells [IC] covering ≥10% of the tumor area [IC ≥10%]), as determined by an FDA-approved test or CLIA-compliant test; or

2. Recipients with PS 3 who have tumors that are negative for actionable molecular biomarkers (may be KRAS G12C mutation positive) regardless of PD-L1 status; or

3. ~~Patients~~ Recipients with PS 3 who have tumors positive for one of the following molecular biomarkers: EGFR exon 20,

BRAF V600E, NTRK1/2/3 gene fusion, MET exon-14 skipping, RET rearrangement, ERBB2 (HER2); or

b. Used in combination with one of the following:

1. Carboplatin, paclitaxel, and bevacizumab

2. Carboplatin and albumin-bound paclitaxel; and

c. Used for non-squamous disease; and

1. Recipients with PS 0-1 who have tumors that are negative for actionable molecular markers (may be KRAS G12C mutation positive) and PD-L1 <1%; or

2. ~~Patients~~ Recipients with PS 0-2 who have tumors that are negative for actionable molecular biomarkers (may be KRAS G12C mutation positive) and PD-L1 expression positive tumors (PD-L1 ≥1%); or

3. Recipients with PS 0-1 who are positive for one of the following molecular mutations: EGFR exon 20, BRAF V600E, NTRK1/2/3 gene fusion, MET exon-14 skipping, RET rearrangement, or ERBB2 (HER2); or

2. Used as subsequent therapy; and

a. Used as a single agent; and

1. ~~Patients~~ Recipients with PS 0-2; or

2. ~~Patients~~ Recipients with PS 3 who are positive for one of the following molecular biomarkers: BRAF V600E, NTRK1/2/3 gene fusion, MET exon-14 skipping, RET rearrangement; or

3. ~~Patients~~ Recipients with PS 3 who are positive for one of the following molecular biomarkers and received prior targeted therapy: EGFR exon 19 deletion or exon 21 L858R, EGFR S768I, L861Q and/or G719X,

ALK rearrangement, or ROS1 rearrangement; or

b. Used in combination with one of the following:

1. Carboplatin, paclitaxel, and bevacizumab;

2. Carboplatin and albumin-bound paclitaxel; and

c. Used for non-squamous disease; and

1. ~~Patients~~ Recipients with PS 0-1 who are positive for one of the following molecular biomarkers: BRAF V600E, NTRK1/2/3 gene fusion, MET exon 14 skipping, or RET rearrangement; or

2. ~~Patients~~ Recipients with PS 0-1 who are positive for one of the following molecular biomarkers and received prior targeted therapy: EGFR exon 19 deletion or exon 21 L858R tumors, EGFR S768I, L861Q, and/or G719X mutation, ALK rearrangement, or ROS1 rearrangement; or

3. Used as continuation maintenance therapy in recipients who have achieved a tumor response or stable disease following initial therapy; and

a. Used in combination with bevacizumab following a first-line regimen with atezolizumab, carboplatin, paclitaxel, and bevacizumab for non-squamous histology; or

b. Used as a single agent following a first-line regimen with atezolizumab, carboplatin, and albumin-bound paclitaxel for non-squamous histology; or

c. Used as a single agent following a first-line regimen with single agent atezolizumab; or

4. Used as adjuvant therapy as a single agent; and

a. Tumor expresses PD-L1 ≥1% as determined by an FDA-approved test or CLIA-compliant test; and

b. Used following resection and previous adjuvant chemotherapy; and

1. ~~Patient~~ Recipient has stage II to IIIA disease; or

2. ~~Patient~~ Recipient has stage IIIB (T3, N2) disease; and

a. Disease is negative for EGFR exon 19 deletion or exon 21 L858R mutations, or ALK rearrangements.

4. SCLC

a. Recipient has extensive stage disease (ES-SCLC); and

1. Used as first-line therapy in combination with etoposide and carboplatin; or

2. Used as single-agent maintenance therapy after initial therapy with atezolizumab, etoposide, and carboplatin.

5. HCC

a. Used ~~as first-line therapy~~ in combination with bevacizumab; and

1. Used as first-line therapy for unresectable or metastatic disease; or~~Recipient has unresectable or metastatic disease; or~~

2. Used as adjuvant therapy following resection or ablation; and~~Recipient has liver confined disease that is inoperable by performance status, comorbidity, or with minimal or uncertain extrahepatic disease; or~~

a. Patient is at high risk of recurrence (defined as size > 5 cm, > 3 tumors, macrovascular invasion or micro vessel invasion on histology or grade 3/4 histology)~~Recipient has Child-Pugh Class A hepatic impairment; and~~

~~3. Recipient has extensive liver tumor burden.~~

~~a. Patient has Child-Pugh Class A or B hepatic impairment~~

6. ~~M~~PeM

a. Used as subsequent therapy in combination with bevacizumab.

7. Cutaneous Melanoma

a. Recipient has BRAF V600 mutation-positive disease as detected by an FDA approved or CLIA compliant test; and

b. Used in combination with cobimetinib and vemurafenib; and

c. Recipient has unresectable or metastatic disease; and

1. Used as first-line therapy; or

2. Used as subsequent therapy for disease progression or intolerance if BRAF/MEK and/or PD(L)-1 checkpoint inhibition not previously used; or

3. Used as re-induction therapy in ~~patients~~ recipients who experienced disease control (i.e., complete response, partial response, or stable disease with no residual toxicity) from prior combination BRAF/MEK + PD(L)-1 checkpoint inhibitor therapy, but subsequently have disease progression/relapse >3 months after treatment discontinuation.

8. Alveolar Soft Part Sarcoma (ASPS)

a. Recipient is at least two years of age; and

b. Used as a single agent; and

9. Cervical Cancer

a. ~~Patient~~ Recipient has small cell NECC; and

~~b.~~1. Used as first-line or subsequent therapy (if not used previously as first-line therapy) for persistent, recurrent, or metastatic disease; and

~~c.~~a. Used in combination with etoposide and either cisplatin or carboplatin

2. Used as a single agent maintenance therapy after initial therapy with atezolizumab, etoposide, and either carboplatin or cisplatin.

b. Dosage Limits

1. Quantity Limit (max daily dose) [NDC Unit]:

a. Tecentriq® 1,200 mg single-use vial: one vial per 21 days.

b. Tecentriq® 840 mg single-use vial: ~~one~~ two vials per ~~14~~28 days.

2. Max Units (per dose and over time) [HCPCS Unit]:

a. ~~M~~PeM (including pericardial and tunica vaginalis testis mesothelioma)~~ and Cervical Cancer~~: 120 billable units every 21 days.

b. All other indications:

1. ~~168~~ 504 billable units every ~~28~~ 84 days.

~~2. 120 billable units every 21 days.~~

~~3. 84 billable units every 14 days.~~

c. Recertification Request

Coverage can be renewed based upon the following criteria:

1. Recipient 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

2. Disease response with treatment as defined by stabilization of disease or decrease in size of tumor or tumor spread; and

3. Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: immune-mediated adverse reactions (e.g., pneumonitis, hepatitis, colitis, endocrinopathies, nephritis/renal dysfunction, rash/dermatitis, including Stevens-Johnson syndrome (SJS), drug rash with eosinophilia and systemic symptoms (DRESS), and toxic epidermal necrolysis (TEN)] myocarditis, pericarditis, vasculitis, solid organ transplant rejection etc.), severe infusion-related reactions, complications of allogeneic HSCT, etc.

4. Cutaneous Melanoma (re-induction therapy)

a. Refer to Section III for criteria

5. Continuation Maintenance Therapy for NSCLC or SCLC

a. Refer to Section III for criteria

6. NSCLC (adjuvant treatment)

a. Recipient has not exceeded a maximum of twelve months of therapy

7. Continuation Maintenance Therapy for Cervical Cancer

a. Refer to Section III for criteria

d. PA Guidelines

1. Coverage will be provided for six months and may be renewed (unless otherwise specified).

2. Adjuvant therapy in NSCLC can be renewed up to a maximum of 12 months of therapy.

C. Beovu® (brolucizumab-dbll)

Therapeutic Class: Ophthalmic-Macular Degeneration
Last Reviewed by the DUR Board: April 18, 2024

Beovu® (brolucizumab-dbll) are subject to PA and quantity limitations based on the Application of Standards in Section 1927 of the SSA Act and/or approved by the DUR Board. Refer to the Nevada Medicaid and Check Up Pharmacy Manual for specific quantity limits.

1. Coverage is provided in the following conditions:

   a. Recipient is at least 18 years of age; and

   b. Universal Criteria

      1. Recipient is free of ocular and/or peri-ocular infections; and

      2. Recipient does not have active intraocular inflammation; and

      3. Therapy will not be used with other ophthalmic VEGF inhibitors (i.e., aflibercept, ranibizumab, bevacizumab, faricimab-svoa, etc.); and

      4. Recipients best corrected visual acuity (BCVA) is measured at baseline and periodically during treatment; and

      5. Recipient has a definitive diagnosis of the following:

         a. Neovascular (Wet) Age-Related Macular Degeneration (AMD)

         b. Diabetic Macular Edema (DME)

2. Dosing Limits

   a. Quantity Limit (max daily dose) [NDC Unit]

      1. Neovascular AMD:

         a. 6 mg single-dose vial or pre-filled syringe for injection: one vial/syringe per eye every 25 days for three doses initially, then one vial/syringe every eight weeks

      2. DME

         a. 6 mg single-dose vial or pre-filled syringe for injection: one vial/syringe per eye every six weeks for five doses initially, then one vial/syringe every eight weeks.

      3. Neovascular AMD

a. MU for Initial Dosing

1. 12 billable units every 25 days x three doses

b. MU for Maintenance Dosing

1. 12 billable units every 56-84 days

4. DME

a. MU for Initial Dosing

1. 12 billable units every six weeks x five doses

b. MU for Maintenance Dosing

1. 12 billable units every 56-84 days

3. Recertification Request

Coverage can be renewed based upon the following criteria:

a. Recipient continues to meet the universal and indication-specific relevant criteria as identified in Section III; and

b. Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity: endophthalmitis and retinal detachment, increase in intraocular pressure, arterial thromboembolic events, retinal vasculitis, and/or retinal vascular occlusion etc.; and

c. Continued administration is necessary for the maintenance treatment of the condition; and

d. Neovascular (Wet) AMD

1. Recipient has had a beneficial response to therapy (e.g., improvement in the BCVA, etc.); and

2. Decreasing the interval of maintenance doses from 12 weeks to eight weeks will be allowed if the recipient has received all three-loading doses and has evidence of disease activity, indicated by one of the following, at (or beyond) treatment week 16:

a. Decrease in BCVA of ≥5 letters compared to baseline; or

b. Decrease in BCVA of ≥3 letters and central subfield thickness (CST) increase ≥75 microns compared with week 12; or

c. Decrease in BCVA of ≥5 letters due to neovascular AMD disease activity compared with week 12; or

d. New or worsening intra-retinal cysts or fluid compared with week 12.

e. DME

1. Recipient has had a beneficial response to therapy (e.g., improvement in the baseline BCVA, etc.); and

2. Decreasing the interval or maintenance doses from 12-weeks to eight-weeks will be allowed if the recipient has received all five loading doses and has evidence of disease activity, indicated by one of the following, at (or beyond) treatment week 28:

a. Decrease in BCVA of ≥5 letters compared to baseline; and

b. Increase in central subfield thickness compared to baseline.

4. PA Guidelines:

a. Coverage will be provided annually and may be renewed.

D. Avastin®; Mvasi®; Zirabev™; Alymsys®; Vegzelma™; Avzivi® (bevacizumab)

Therapeutic Class: ANP -Human Vascular Endothelial Growth Factor Inhib Rec-MC Antibody
Last Reviewed by the DUR Board: April 18, 2024

Avastin®; Mvasi®; Zirabev™; Alymsys®; Vegzelma™; Avzivi®(bevacizumab) are subject to PA and quantity limitations based on the Application of Standards in Section 1927 of the SSA Act and/or approved by the DUR Board. Refer to the Nevada Medicaid and Check Up Pharmacy Manual for specific quantity limits.

1. Coverage is provided in the following conditions:

   a. Recipient is at least 18 years of age, unless otherwise specified; and

   b. Universal Criteria

      1. Recipient has no recent history of hemoptysis (i.e., the presence of ≥2.5mL of blood in sputum); and

      2. Recipient must not have had a surgical procedure within the preceding 28 days or have a surgical wound that has not fully healed; and

   c. Ampullary Adenocarcinoma

      1. Used in combination with a fluoropyrimidine (e.g., 5-fluorouracil/ 5-FU or capecitabine) based regimen for intestinal type disease; and

         a. Used as first-line therapy for unresectable localized or metastatic disease or

         b. Used for disease progression.

   d. Adult Central Nervous System (CNS) Cancers

      1. Used as single-agent short-course therapy symptom management related to radiation necrosis, poorly controlled vasogenic edema, or mass effect; and

         a. Recipient has a diagnosis of one of the following CNS cancers

            1. Circumscribe Glioma

            2. Primary CNS Lymphoma

            3. Meningiomas

            4. Brain or Spine metastases

5. Medulloblastoma

6. Glioblastoma/Gliosarcoma/H3-mutated high-grade glioma

7. IDH-mutant Astrocytoma (World Health Organization (WHO) Grade 2-4)

8. IDH-mutant, 1p19q co-deleted Oligodendroglioma (WHO Grade 2 or 3)

9. Intracranial or Spinal Ependymoma (excluding subependymoma); or

2. Used for recurrent disease or progressive disease; and

a. Recipient has a diagnosis of one of the following CNS cancers:

1. IDH-mutant, 1p19q co-deleted Oligodendroglioma (WHO Grade 3)

2. Glioblastoma/Gliosarcoma/H3-mutated high-grade glioma

3. IDH-mutant Astrocytoma (WHO Grade 3 or 4); and

b. Used as a single agent; or

c. Used in combination with carmustine, lomustine, or temozolomide; and

1. Recipient has failed bevacizumab monotherapy; or

3. Used as a single agent for Intracranial or Spinal Ependymoma (excluding subependymoma) after prior radiation therapy; or

4. Used as a single agent for surgically inaccessible Meningioma when radiation is not possible.

e. Cervical Cancer

1. Disease has adenocarcinoma, adenosquamous, or squamous cell carcinoma histology; and

a. Recipient has recurrent, or metastatic disease; and

1. Used in combination with paclitaxel and either cisplatin, carboplatin, or topotecan; or

2. Used in combination with pembrolizumab, paclitaxel, and cisplatin or carboplatin; and

a. Tumor expresses PD-L1 (Combined Positive Score [CPS] ≥1) as determined by an FDA-approved or CLIA compliant test; or

3. Used as a single agent as subsequent therapy; or

b. Recipient has small cell NECC; and

1. Recipient has persistent, recurrent, or metastatic disease; or

a. Used in combination with paclitaxel and topotecan; or

b. Used as a single agent as subsequent therapy.

f. Colorectal Cancer (CRC)

1. Will not be used as part of adjuvant treatment; and

a. Used in combination with a fluoropyrimidine (e.g., 5-fluorouracil/5-FU or capecitabine) based regimen as first-line or subsequent therapy for metastatic, unresectable (or medically inoperable), or advanced disease; and

1. Recipient has proficient mismatch repair/microsatellite-stable (pMMR/MSS) disease; or

2. Recipient has dMMR/MSI-H disease or POLE/POLD1 mutation and

a. Recipient is not eligible for or has progressed on checkpoint inhibitor immunotherapy; or

b. Used in combination with irinotecan as initial treatment for unresectable metastatic disease; and

1. Recipient has pMMR/MSS disease; and

2. Recipient received previous FOLFOX or CAPOX within the past 12 months; or

c. Used in combination irinotecan as subsequent therapy for advanced metastatic disease; and

1. Recipient has pMMR/MSS disease; or

2. Recipient has dMMR/MSI-H disease or POLE/POLD1 mutation; and

a. Recipient is not eligible for or has progressed on checkpoint inhibitor immunotherapy; or

d. Used in combination with a fluoropyrimidine-irinotecan-or fluoropyrimidine-oxaliplatin-based regimen (not used first line) as second-line therapy for metastatic disease that has progressed on a first-line bevacizumab-containing regimen; or

e. Used in combination with trifluridine and tipiracil as subsequent therapy for advanced or metastatic disease; and

1. Recipient progressed through all available regimens (e.g., oxaliplatin-based therapy, irinotecan-based therapy, fluoropyrimidine-based therapy, etc.); and

2. Recipient has pMMR/MSS disease; or

3. Recipient has dMMR/MSI-H disease or POLE/POLD1 mutation; and

4. Recipient is not eligible for or has progressed on checkpoint inhibitor immunotherapy; or

f. Used as primary treatment for T3, N Any; T1-2, N1-2; T4, N Any rectal cancer; and

1. Used in combination with a fluoropyrimidine- (e.g., 5-fluorouracil/5-FU or capecitabine) based regimen; and

a. Used if resection is contraindicated following total neoadjuvant therapy; and

1. Recipient has pMMR/MSS disease; or

2. Recipient has dMMR/MSI-H disease or POLE/POLD1 mutation; and

a. Recipient is not eligible for or has progressed on checkpoint inhibitor immunotherapy; or

2. Used if resection is contraindicated following neoadjuvant/definitive immunotherapy; and

a. Recipient is not eligible for or has progressed on checkpoint inhibitor immunotherapy; or

g. Appendiceal Adenocarcinoma – Colon Cancer

1. Used as initial therapy for advanced or metastatic disease; and

a. Used in combination with a fluoropyrimidine (e.g., 5-fluorouracil/5-FU or capecitabine) based regimen; or

1. Recipient has pMMR/MSS disease; or

2. Recipient has dMMR/MSI-H disease or POLE/POLD1 mutation; and

a. Recipient is not eligible for or has progressed on checkpoint inhibitor immunotherapy; or

2. Used as subsequent therapy for progression of advanced or metastatic disease; and

a. Used in combination with a fluoropyrimidine (e.g., 5-fluorouracil/ 5-FU or capecitabine) or irinotecan-based regimen following previous oxaliplatin-irinotecan-and/or fluoropyrimidine-based therapy; and

1. Recipient has pMMR/MSS disease; or

2. Recipient has dMMR/MSI-H disease or POLE/POLD1 mutation; and

a. Recipient is not eligible for or has progressed on checkpoint inhibitor immunotherapy; or

b. Used in combination with trifluridine and tipiracil and

1. Recipient progressed through all available regimens (e.g., oxaliplatin-based therapy, irinotecan-based therapy, therapy without irinotecan or oxaliplatin, etc.); and

a. Recipient has pMMR/MSS disease; or

b. Recipient has dMMR/MSI-H disease or POLE/POLD1 mutation; and

1. Recipient is not eligible for or has progressed on checkpoint inhibitor immunotherapy.

h. Endometrial Carcinoma (Uterine Neoplasms)

1. Recipient has recurrent disease; and

a. Used as a single agent; and

1. Used as subsequent therapy for disease that has progressed on prior cytotoxic chemotherapy; or

2. Used as continuation maintenance therapy following use in combination with carboplatin and paclitaxel; or

b. Used in combination with carboplatin and paclitaxel.

i. HCC

1. Used as first-line therapy in combination with atezolizumab; and

a. Recipient has unresectable or metastatic disease; or

b. Recipient has liver-confined disease that is inoperable by performance status, comorbidity, or with minimal or uncertain extrahepatic disease; and

1. Recipient has Child-Pugh Class A or B hepatic impairment; or

c. Recipient has extensive liver tumor burden; and

1. Recipient has Child-Pugh Class A or B hepatic impairment.

j. Peritoneal Mesothelioma (PeM)

1. Used as adjuvant therapy; and

a. Used in combination with pemetrexed and either cisplatin or carboplatin (if cisplatin ineligible); and

b. Recipient has unicavitary disease with epithelioid histology; and

2. Used as first-line therapy; and

a. Used in combination with pemetrexed and either cisplatin or carboplatin (if cisplatin ineligible); and

1. Recipient has biphasic/sarcomatoid histology or bicavitary disease; or

2. Recipient has unicavitary disease with epithelioid histology; and

a. Recipient is medically inoperable and/or complete cytoreduction is not achievable (including high-risk features); or

b. Patient has recurrent disease after prior cytoreductive surgery (CRS) + hyperthermic intraperitoneal (IP) chemotherapy (HIPEC) and no previous adjuvant systemic therapy was given; or

3. Used as subsequent therapy; and

a. Used in combination with pemetrexed and either cisplatin or carboplatin (if cisplatin ineligible); and

1. Immunotherapy was administered as first-line treatment; or

2. Used as a rechallenge if pemetrexed-based treatment was administered first-line with good response; or

4. Used in combination with atezolizumab; and

a. Recipient has not received previous therapy with immune checkpoint inhibitors (e.g., nivolumab, pembrolizumab, durvalumab, avelumab, cemiplimab, dostarlimab, nivolumab/relatlimab, retifanlimab, toripalimab, etc.)

k. Pleural Mesothelioma (PM)

1. Used as first-line therapy; and

a. Used in combination with pemetrexed and either cisplatin or carboplatin (if cisplatin ineligible); and

1. Recipient has clinical stage I-IIIA disease and epithelioid histology; or

2. Recipient has clinical stage IIIB or IV disease, sarcomatoid or biphasic histology, or medically inoperable tumors; or

2. Used as subsequent therapy; and

a. Used in combination with pemetrexed and either cisplatin or carboplatin (if cisplatin ineligible); and

1. Immunotherapy was administered as first-line treatment; or

2. Used as a rechallenge if pemetrexed-based treatment with administered first-line with good response.

l. Non-Squamous NSCLC

1. Used for recurrent, advanced, or metastatic disease (excluding locoregional recurrence or symptomatic local disease with no evidence of disseminated disease) or mediastinal lymph node recurrence with prior radiation therapy; and

a. Used as first-line therapy; and

1. Used in combination with erlotinib for EGFR exon 19 deletion or exon 21 L858R mutations; or

2. Used for one of the following:

a. Recipients with a PS ≤1who have tumors that are negative for actionable molecular biomarkers (may be KRAS G12C mutation positive) and PD-L1 expression <1%; or

b. PD-L1 expression positive (PD-L1 ≥1%) that are negative for actionable molecular biomarkers (may be KRAS G12C mutation positive); or

c. Recipients with a PS 0-1 who are positive for one of the following molecular biomarkers: EGFR exon 20, BRAF V600E, NTRK1/2/3 gene fusion, MET exon 14 skipping, RET rearrangement, or ERBB2 (HER2); and

3. Used in combination with one of the following:

a. Carboplatin and paclitaxel; or

b. Pemetrexed and either carboplatin or cisplatin in recipients with contraindications to PD-1 or PD-L1 inhibitors

c. Atezolizumab, carboplatin, and paclitaxel; or

b. Used for subsequent therapy in recipients with a PS ≤1; and

1. Used for one of the following:

a. EGFR exon 19 deletion or exon 21 L858R mutation, EGFR S7681, L861Q, and/or G719X

mutation, ALK rearrangement, or ROS1 rearrangement positive tumors and recipient received prior targeted therapy for those aberration

b. BRAF V600E mutation, NTRK1/2/3 gene fusion, MET exon 14 skipping mutation or RET rearrangement positive tumors

c. PD-L1 expression-positive (PD-L1 ≥1%) tumors that are negative for actionable molecular biomarkers after prior PD-1/PD-L1 inhibitor therapy but no prior platinum-containing chemotherapy; and

2. Used in combination with one of the following:

a. Carboplatin and paclitaxel in recipient with contraindications to PD-1 or PD-L1 inhibitors

b. Pemetrexed and either carboplatin or cisplatin in recipients with contraindications to PD-1 or PD-L1 inhibitors

c. Atezolizumab, carboplatin, and paclitaxel (excluding use in recipients who have received prior PD-1/PD-L1 inhibitor therapy); or

c. Used as continuation maintenance therapy in recipients who achieved a tumor response or stable disease after first-line systemic therapy; and

1. Used as a single agent (bevacizumab must have been included in the first-line regimen); or

2. Used in combination with pemetrexed following a first-line bevacizumab/pemetrexed/platinum chemotherapy regiment; or

3. Used in combination with atezolizumab following a first line atezolizumab/carboplatin/paclitaxel/bevacizumab regimen; or

d. Used as continuation of therapy following disease progression on erlotinib with bevacizumab; and

1. Recipient has asymptomatic disease, symptomatic brain lesions, or symptomatic systemic limited progression; and

2. Recipient has T790M negative disease.

m. Ovarian Cancer/Fallopian Tube Cancer/Primary Peritoneal Cancer

1. Recipient has malignant stage II-IV sex cord-stromal tumors

a. Used a single agent therapy for clinically relapsed disease; or

2. Recipient has epithelial ovarian, fallopian tube, or primary peritoneal cancer; and

a. Recipient has persistent or recurrent disease; and

1. Bevacizumab has not been used previously; and

2. Recipient is not experiencing an immediate biochemical relapse (i.e., rising CA-125 without radiographic evidence of disease); and

a. Recipient has platinum sensitive disease; and

1. Used as a single agent; or

2. Used in combination with carboplatin and either gemcitabine, paclitaxel, or liposomal doxorubicin; or

b. Recipient has platinum resistant disease; and

1. Used as a single agent; or

2. Used in combination with one of the following: oral cyclophosphamide, gemcitabine, liposomal doxorubicin, paclitaxel, or topotecan; or

3. Used in combination with oral cyclophosphamide and pembrolizumab; or

4. Used in combination with mirvetuximab soravtansine-gynx (in folate receptor-alpha expressing tumors); or

5. Used in combination with carboplatin and either gemcitabine, paclitaxel, or liposomal doxorubicin; or

3. Used in combination with paclitaxel and carboplatin for rising CA-125 levels or clinical relapse in recipients who have received no prior chemotherapy (mucinous, clear cell, carcinosarcoma, endometrioid, and high-grade serous histology only); or

4. Used in combination with paclitaxel and carboplatin for recurrence in recipients who have received no prior chemotherapy (low-grade serous histology only); or

5. Used as maintenance therapy; and

a. Used for stage II-IV disease following primary therapy including bevacizumab; and

1. Used as a single agent in recipients that are BRCA1/2 wild-type or unknown and homologous recombination (HR) proficient, HR deficient, or status unknown (grade 2/3 endometrioid and high-grade serous histology only); or

2. Used in combination with olaparib or niraparib (if unable to tolerate olaparib); and

a. Recipient is BRCA1/2 wild-type or unknown and HR deficient (grade 2/3 endometrioid and high-grade serous histology only), or

b. Recipient has a germline or somatic BRCA1/2 mutation (grade 2/3 endometrioid, high grade serous, clear cell, carcinosarcoma histology only), or

3. Used a single agent following recurrence therapy with chemotherapy plus bevacizumab for platinum-sensitive disease; or

4. Used as continued treatment for stable disease following neoadjuvant therapy (endometrioid and serous histology only); and

a. Used in combination with carboplatin and paclitaxel or docetaxel;

b. Used in combination with oxaliplatin and docetaxel; or

b. Used as neoadjuvant therapy (endometrioid and serous histology only); and

1. Used in combination with one of the following:

   a. Carboplatin and paclitaxel or docetaxel

   b. Oxaliplatin and docetaxel; and

2. Recipient is a poor surgical candidate or has a low likelihood of optimal cytoreduction; or

c. Used as adjuvant therapy; and

1. Used in combination with oxaliplatin and docetaxel; and

   a. Recipient has pathologic stage II-IV disease (mucinous, clear cell, carcinosarcoma, grade 2/3 endometrioid, and high-grade serous histology only); or

   b. Used following interval debulking surgery (IDS) in patients with a response or stable disease to neoadjuvant therapy (endometrioid and serous histology only); and

      1. Recipient is a poor surgical candidate or has a low likelihood of optimal cytoreduction; or

2. Used in combination with carboplatin and paclitaxel or docetaxel; and

   a. Recipient has pathologic stage II-IV disease; or

   b. Used following IDS in patients with a response or stable disease to neoadjuvant therapy (endometrioid and serous histology only); and

      1. Recipient is a poor surgical candidate or has a low likelihood of optimal cytoreduction

n. Pediatric CNS Cancers

1. Recipient is ≤18 years of age; and

2. Recipient has diffuse high-grade glioma (excluding oligodendroglioma, IDH-mutant and 1p/19q co-deleted or astrocytoma IDH-mutant); and

3. Used for palliation of recurrent or progressive disease.

o. RCC

1. Used in combination with interferon alfa for metastatic disease; or

2. Recipient has relapsed or metastatic disease with non-clear cell histology; and

a. Used as a single agent; or

b. Used in combination with everolimus; or

c. Used in combination with erlotinib for advanced papillary disease including hereditary leiomyomatosis and renal cell carcinoma (HLRCC)-associated RCC.

p. Small Bowel Adenocarcinoma

1. Recipient has advanced or metastatic disease; and

2. Used in combination with fluoropyrimidine-(e.g., 5-fluorouracil/5-FU or capecitabine) based regimen.

q. Soft Tissue Sarcoma

1. Used as a single agent for angiosarcoma; or

2. Used in combination with temozolomide for solitary fibrous tumor.

r. Vulvar Cancer

1. Used in combination with paclitaxel and cisplatin; and

2. Recipient has squamous cell carcinoma or adenocarcinoma; and

3. Recipient has advanced, recurrent, or metastatic disease.

2. Dosage Limits

a. Quantity Limit (max daily dose) [NDC Unit]:

Avastin®, Mvasi®, Zirabev™, Alymsys®, Vegzelma™, Avzivi®:

1. 100 mg/4 mL single-dose vial: three vials 21 days

2. 400 mg/16 mL single-dose vial: four vials per 21 days

b. Max Units (per dose and over time) [HCPCS Unit]:

1. Oncology Indications (J9035/Q5107/Q5118/ Q5126/Q5129):

a. CRC & Appendiceal Adenocarcinoma, CNS Cancers, RCC:

1. 120 billable units per 14 days

b. Small Bowel Adenocarcinoma/Ampullary Adenocarcinoma:

1. 90 billable units per 14 days

c. NSCLC, Cervical Cancer, HCC, Vulvar Cancer, PM, & PeM:

1. 170 billable units per 21 days

d. All other indications:

1. 170 billable units per 14 days

3. Recertification Request:

Coverage may be renewed based upon the following criteria

a. Recipient continues to meet the universal and other indication-specific relevant criteria such as concomitant therapy requirements (not including prerequisite therapy), performance status, etc. identified in Section III; and

b. Disease response with treatment as defined by stabilization of disease or decrease in size of tumor or tumor spread; and

c. Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: gastrointestinal perforations and fistulae, surgical/wound healing complications, necrotizing fasciitis, hemorrhage, arterial and venous thromboembolic events (ATE & VTE), uncontrolled hypertension, posterior reversible encephalopathy syndrome (PRES), nephrotic syndrome, proteinuria, severe infusion-related reactions, ovarian failure, congestive heart failure (CHF), etc.; and

d. Adult CNS Cancers – symptom management (short-course therapy):

1. Coverage may not be renewed

e. Adult CNS Cancers (in combination with carmustine, lomustine, or temozolomide):

1. Refer to Section III for criteria

f. Colorectal Cancer (after first-line bevacizumab-containing regimen):

1. Refer to Section III for criteria

g. MPeM (combination therapy with atezolizumab):

1. Refer to Section III for criteria

h. Non-Squamous NSCLC (maintenance therapy or continuation therapy in combination with erlotinib):

1. Refer to Section III for criteria

i. Ovarian Cancer (maintenance therapy):

1. Refer to Section III for criteria

4. PA Guidelines:

a. Coverage will be provided for six months and may be renewed (unless otherwise specified).

b. Adult CNS Cancers (symptom management), coverage will be provided for 12 weeks and may not be renewed.

E. Darzalex® (daratumumab)

Therapeutic Class: Antineoplastic
Last Reviewed by the DUR Board: April 18, 2024

Darzalex® (daratumumab) are subject to PA and quantity limitations based on the Application of Standards in Section 1927 of the SSA Act and/or approved by the DUR Board. Refer to the Nevada Medicaid and Check Up Pharmacy Manual for specific quantity limits.

1. Coverage is provided in the following conditions:

   a. Recipient is at least 18 years of age (unless otherwise specified); and

   b. Universal Criteria

      1. Therapy will not be used in combination with other anti-CD38 therapies (i.e., daratumumab and hyaluronidase-fihj, isatuximab, etc.,); and

   c. Multiple Myeloma

      1. Used in the treatment of newly diagnosed disease in recipients who are eligible for autologous stem cell transplant (ASCT) in combination with one of the following regimens:

         a. Lenalidomide and dexamethasone; or

         b. Bortezomib, melphalan, and prednisone; or

         c. Cyclophosphamide, bortezomib, and dexamethasone; or

      2. Used in the treatment of newly diagnosed disease in recipient who are eligible for ASCT in combination with one of the following regimens:

         a. Bortezomib, lenalidomide, and dexamethasone; or

         b. Bortezomib, thalidomide, and dexamethasone (VTD); or

         c. Carfilzomib, lenalidomide, and dexamethasone (ixazomib may be substituted for carfilzomib; or

         d. Cyclophosphamide, bortezomib, and dexamethasone; or

      3. Used for disease relapse after six months following primary induction therapy with the same regimen in combination with one of the following regiments:

         a. Lenalidomide and dexamethasone for non-transplant candidates; or

b. Cyclophosphamide, bortezomib, and dexamethasone; or

4. Used as subsequent therapy for relapsed or refractory/progressive disease in combination with dexamethasone and one of the following:

a. Lenalidomide; or

b. Bortezomib; or

c. Carfilzomib; or

d. Cyclophosphamide and bortezomib; or

e. Selinexor; or

f. Venetoclax (for patients with t(11;14) only); or

5. Used in combination with pomalidomide and dexamethasone after therapy including lenalidomide and a proteasome inhibitor (bortezomib, carfilzomib, etc.); or

6. Used as single agent therapy; and

a. Recipient received at least three prior lines of therapy including a proteasome inhibitor (e.g., bortezomib, carfilzomib, etc.) and an immunomodulatory agent (e.g., lenalidomide, pomalidomide, etc.); or

b. Recipient is double refractory to a proteasome inhibitor and immunomodulatory agent; or

7. Used as maintenance therapy for symptomatic disease in transplant candidates; and

a. Used as single agent therapy or in combination with lenalidomide; and

1. Used after response to primary myeloma therapy; or

2. Used for response or stable disease following an autologous HCT; or

3. Used for response or stable disease following a tandem autologous or allogeneic HCT for high-risk patients.

d. Systemic Light Chain Amyloidosis

1. Used as single agent therapy; and

a. Used for the treatment of relapsed/refractory disease.

b. Used for newly diagnosed disease; and

1. Recipient has significant neuropathy; or

2. Recipient has stage IIIb disease with no significant neuropathy.

e. Pediatric Acute Lymphoblastic Leukemia (ALL)

1. Recipient age ≥1 and ≤30 years; and

2. Recipient has relapsed/refractory T-cell all; and

3. Used in combination with vincristine, pegaspargase/calaspargase, doxorubicin, and prednisone/dexamethasone.

2. Dosage Limits

a. Quantity Limit (max daily dose) [NDC Unit]:

1. Darzalex® 100 mg single dose vial for injection: up to three vials per dose

a. Weekly, Weeks one to eight, then every two weeks, Weeks 9-24, then every four weeks-Week 25 onwards; or

2. Darzalex® 400 mg single dose vial for injections: up to four vial per dose

a. Weekly, Weeks one to eight, then every two weeks, Weeks 9-24, then every four weeks – Week 25 onwards; or

b. Max Units (per dose and over time) [HCPCS Unit]:

1. Up to 180 billable units per dose

a. Weekly, Weeks one to eight, then every two weeks, Weeks 9-24, then every four weeks – Week 25 onwards.

3. Recertification Request

Coverage can be renewed based upon the following criteria:

a. Recipient 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

b. Disease response with treatment as defined by stabilization of disease or decrease in size of tumor or tumor spread; and

c. Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: severe infusion reactions including anaphylactic reactions, neutropenia, thrombocytopenia, etc.; and

d. Multiple Myeloma

1. Use for newly diagnosed disease in combination with bortezomib, thalidomide, and dexamethasone may not be renewed.

2. Use for newly diagnosed disease in combination with bortezomib, lenalidomide and dexamethasone may be renewed for up to a maximum of two years of maintenance therapy.

3. Use for newly diagnosed or relapsed or refractory/progressive multiple myeloma in combination with cyclophosphamide, bortezomib, and dexamethasone may be renewed for up to a maximum of 80 weeks (32 weeks of induction therapy and 48 weeks of maintenance therapy).

4. Use for newly diagnosed disease in combination with carfilzomib, lenalidomide, and dexamethasone may be renewed for up to a maximum of 32 weeks.

5. Use as maintenance therapy for multiple myeloma in combination with lenalidomide may be renewed for up to a maximum of two years.

e. Pediatric ALL

1. May not be renewed.

4. PA Guidelines:

Coverage will be provided for six months and may be renewed (unless otherwise specified).

a. Use for newly diagnosed multiple myeloma in combination with bortezomib, thalidomide, and dexamethasone may not be renewed.

b. Use for newly diagnosed multiple myeloma in combination with bortezomib, lenalidomide and dexamethasone may be renewed for up to a maximum of two years of maintenance therapy.

c. Use for newly diagnosed or relapsed multiple myeloma in combination with cyclophosphamide, bortezomib and dexamethasone may be renewed for up to a maximum of 80 weeks (32 weeks of induction therapy and 48 weeks of maintenance therapy).

d. Use for newly diagnosed multiple myeloma in combination with carfilzomib, lenalidomide, and dexamethasone may be renewed for up to a maximum of 32 weeks.

e. Use as maintenance therapy for multiple myeloma in combination with lenalidomide may be renewed for up to a maximum of two years.

f. Use for pediatric acute lymphoblastic leukemia may not be renewed.

g. Initial approval will be given for six months.

h. Recertification will be given for six months.

F. Darzalex Faspro® (daratumumab and hyaluronidase-fihj)

Therapeutic Class: Antineoplastic – CD38 Specific Recombinant Monoclonal Antibody Agent
Last Reviewed by the DUR Board: N/A

Darzalex Faspro® (daratumumab and hyaluronidase-fihj) are subject to PA and quantity limitations based on the Application of Standards in Section 1927 of the SSA Act and/or approved by the DUR Board. Refer to the Nevada Medicaid and Check Up Pharmacy Manual for specific quantity limits.

1. Approval will be given if the following criteria are met and documented:

   a. Recipient is at least 18 years of age; and

   b. Universal Criteria

      1. Therapy will not be used in combination with other anti-CD38 therapies (i.e., daratumumab, isatuximab, etc.); and

   c. Multiple Myeloma

      1. Used in the treatment of newly diagnosed disease in recipients who are ineligible for ASCT in combination with one of the following regimens:

         a. Lenalidomide and dexamethasone; or

         b. Bortezomib, melphalan and prednisone; or

         c. Cyclophosphamide, bortezomib, and dexamethasone; or

      2. Used in the treatment of newly diagnosed disease in recipients who are eligible for ASCT in combination with one of the following regiments:

         a. Bortezomib, lenalidomide, and dexamethasone; or

         b. VTD; or

         c. Carfilzomib, lenalidomide, and dexamethasone; or

         d. Cyclophosphamide, bortezomib, and dexamethasone; or

      3. Used for disease relapse after six months following primary induction therapy with the same regimen in combination with one of the following regimens:

         a. Lenalidomide and dexamethasone for non-transplant candidates; or

         b. Cyclophosphamide, bortezomib, and dexamethasone; or

4. Used as subsequent therapy for relapsed or refractory/progressive disease in combination with dexamethasone and one of the following:

   a. Lenalidomide; or

   b. Bortezomib; or

   c. Carfilzomib; or

   d. Cyclophosphamide and bortezomib; or

   e. Selinexor; or

5. Used in combination with pomalidomide and dexamethasone after prior therapy with lenalidomide and a proteasome inhibitor (bortezomib, carfilzomib); or

6. Used as singe agent therapy; and

   a. Recipient received at least three prior lines of therapy including a proteasome inhibitor (e.g., bortezomib, carfilzomib, etc.) and an immunomodulatory agent (e.g., lenalidomide, pomalidomide, etc.); or

   b. Recipient is double refractory to a proteasome inhibitor and an immunomodulatory agent.

d. Systemic Light Chain Amyloidosis

   a. Recipient must not have NYHA Class IIIB or Class IV, or Mayo Stage IIIB cardiac disease; and

      1. Used in combination with bortezomib, cyclophosphamide and dexamethasone (D-VCD); and

         a. Used for newly diagnosed disease; or

         b. Used as a repeat of initial therapy for relapsed/refractory disease if the recipient has been relapse-free for several years; or

      2. Used as single agent therapy for the treatment of relapsed/refractory disease.

2. Dosage Limits

   a. Quantity Limit (max daily dose) [NDC Unit]:

1. Darzalex Faspro® 1,800 mg/30,000-unit single dose vial for injection: 1 vial per dose

    a. Weekly Weeks one to eight, then every two weeks Weeks 9-24, then every four weeks Week 25 onwards.

b. Max Units (per dose and over time) [HCPCS Unit]:

    1. Up to 180 billable units per dose

        a. Weekly Weeks one to eight, then every two weeks Weeks 9-24, then every four weeks Week 25 onwards.

3. Recertification Request

    a. Recipient continues to meet universal and other indication-specific relevant criteria such as concomitant therapy requirement (not including prerequisite therapy), performance status, etc. identified in Section III; and

    b. Disease response with treatment as defined by stabilization of disease and decrease in size of tumor of tumor spread; and

    c. Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: hypersensitivity and other administration reactions (e.g., systemic administration-related reactions, local injection-site reactions, etc.), neutropenia, thrombocytopenia, cardiac toxicity, etc.; and

    d. Multiple Myeloma

        1. Used for newly diagnosed disease in combination with bortezomib, thalidomide and dexamethasone may not be renewed.

        2. Used for newly diagnosed disease in combination with bortezomib, lenalidomide and dexamethasone may be renewed for up to a maximum of two years of maintenance therapy.

        3. Use for newly diagnosed or relapsed disease in combination with cyclophosphamide, bortezomib and dexamethasone may be renewed for up to a maximum of 80 weeks (32 weeks of induction therapy and 48 weeks of maintenance therapy).

        4. Use for newly diagnosed disease in combination with carfilzomib, lenalidomide, and dexamethasone may be renewed for a maximum of 32 weeks.

    e. Systemic Light Chain Amyloidosis (newly diagnosed disease)

1. Use for newly diagnosed disease or repeat of initial therapy for relapsed/refractory disease (after being relapse-free for several years) in combination with D-VCD may be renewed for a maximum of two years of therapy.

4. PA Guidelines:

a. Initial approval will be given for six months.

b. Recertification will be given for six months.

c. Use for newly diagnosed multiple myeloma in combination with bortezomib, thalidomide, and dexamethasone may not be renewed.

d. Used for newly diagnosed multiple myeloma in combination with bortezomib, lenalidomide, and dexamethasone may be renewed for a maximum of 32 weeks.

e. Use for newly diagnosed or repeat of initial therapy for relapsed/refractory (after being relapse-free for several years) systemic light chain amyloidosis in combination with bortezomib, cyclophosphamide and dexamethasone may be renewed for up to a maximum of two years.

G. Elaprase® (idursulfase)

Therapeutic Class: Lysosomal Enzymes
Last Reviewed by the DUR Board: April 18, 2024

Elaprase® (idursulfase) are subject to PA and quantity limitations based on the Application of Standards in Section 1927 of the SSA Act and/or approved by the DUR Board. Refer to the Nevada Medicaid and Check Up Pharmacy Manual for specific quantity limits.

1. Coverage is provided in the following conditions:

   a. Recipient is at least 16 months of age; and

   b. Documented baseline age-appropriate values for one or more of the following have been obtained:

      1. Recipients five years of age or greater: six-minute walk test (6-MWT), percent predicted forced vital capacity (FVC), joint range of motion, left ventricular hypertrophy, growth, quality of life (CHAQ/HAQ/MPS HAQ), and/or urinary glycosaminoglycan (uGAG); or

      2. Recipients 16 months to <5 years of age: spleen volume, liver volume, FVC, 6-MWT, and/or uGAG; and

   c. Universal Criteria

      1. Therapy is being used to treat non-central nervous system manifestations of the disease and patient does not have severe, irreversible cognitive impairment; and

      Hunter syndrome (Mucopolysaccharidosis II; MPS II)

      1. Recipient has a definitive diagnosis of MPS II as confirmed by one of the following:

         a. Deficient or absent iduronate 2-sulfate (I2S) enzyme activity in white cells, fibroblasts, or plasma in the presence of normal activity of at least one other sulfatase; or

         b. Detection of pathogenic mutations in the IDS gene by molecular genetic testing.

2. Dose Limits

   a. Quantity Limit (max daily dose) [NDC Unit]:

      1. Elaprase® 6 mg/3 mL vial: 10 vials per seven days.

b. Max Units (per dose and over time) [HCPCS Unit]:

1. 60 billable units every seven days.

3. Recertification Request

a. Recipient continues to meet the universal and other indication-specific relevant criteria such as concomitant therapy requirements (not including prerequisite therapy), performance status, etc. identified in Section III; and

b. Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include severe hypersensitivity reactions including anaphylaxis, antibody development and serious adverse reactions in Hunter Syndrome recipients with severe genetic mutations, acute respiratory complications, acute cardiorespiratory failure, etc.; and

c. Recipient has demonstrated a beneficial response to therapy compared to pretreatment age-appropriate baseline values in one or more of the following:

1. Recipients five years of age or greater: stabilization or improvement in percent predicted FVC and/or 6-MWT, increased joint range of motion, decreased left ventricular hypertrophy, improved growth, improved quality of life (clinically meaningful change in the CHAQ/HAQ/MPS HAQ disability index), and/or reduction in uGAG levels; or

2. Recipients 16 months to <5 years of age: reductions in spleen volume and/or liver volume stabilization/improvement in FVC and/or 6-MWT, and/or reduction in uGAG levels.

4. PA Guidelines:

a. Coverage will be provided for 12 months and may be renewed.

H. Anti-Angiogenic Ophthalmic Agents: Eylea®; Eylea® HD (intravitreal)

Therapeutic Class: Anti-angiogenic ophthalmic agents
Last Reviewed by the DUR Board: April 18, 2024

Anti-angiogenic Ophthalmic Agents are subject to PA and quantity limitations based on the Application of Standards in Section 1927 of the SSA Act and/or approved by the DUR Board. Refer to the Nevada Medicaid and Check Up Pharmacy Manual for specific quantity limits.

1. Eylea®

a. Coverage is provided in the following conditions:

1. Recipient is at least 18 years of age; and

2. Universal Criteria

a. Recipient is free of ocular and/or peri-ocular infections; and

b. Recipient does not have active intraocular inflammation; and

c. Therapy will not be used with other ophthalmic VEGF inhibitors (i.e., brolucizumab-dbll, ranibizumab, pegaptanib, bevacizumab, faricimab-svoa, etc.); and

d. Recipients BCVA is measured at baseline and periodically during treatment; and

e. Recipient has a definitive diagnosis of one of the following:

1. Neovascular (Wet) AMD

2. Macular Edema following Retinal Vein Occlusion (RVO)

3. DME

4. Diabetic Retinopathy (DR)

5. Retinopathy of Prematurity (ROP)

f. Recipient is a premature infant with a maximum gestational age at birth of 32 weeks or a birth weight of >800 to 1500g.

b. Dosage Limit

1. Quantity Limit (max daily dose) [NDC Unit]:
<u>Eylea®;</u>

a. 2 mg/0.05 mL injection: one vial/pre-filled syringe per eye every 28 days.

Eylea HD®:

a. 8 mg/0.07 mL injection: one vial/kit per eye every 28 days

2. Max Units (per dose and over time) [HCPCS Unit]:

a. Diagnosis

1. Neovascular AMD

a. MU for Initial Dosing

1. Four units every 28 days x three doses.

a. MU for Maintenance Dosing

1. Four units every 28-56 days.

2. Macular edema following RVO

a. MU for Initial Dosing

1. Four units every 28 days.

a. MU for Maintenance Dosing

1. Four units every 28 days.

3. DME/DR

a. MU for Initial Dosing

1. Four units every 28 days x five doses.

a. MU for Renewal Dosing

1. Four units per pivotal trial.

4. ROP

a. MU for Initial Dosing

1. Two doses (one dose per eye).

a. MU for Initial Dosing

1. Four units every 28-56 days.

c. Recertification Request:

Coverage can be renewed based upon the following criteria:

1. Recipient continues to meet the universal and indication-specific requirements relevant criteria as identified in Section III; and

2. Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: endophthalmitis and retinal detachments, increase in intraocular pressure, arterial thromboembolic events: and

a. ROP (Eylea® Only)

1. Patient still has the presence of active ROP requiring treatment; and

2. At least 10 days have elapsed since receiving initial treatment

b. All Other Indications

1. Recipient has had a beneficial response to therapy (e.g., improvement in the baseline BCVA, etc.) and continued administration is necessary for the maintenance treatment of the condition.

d. PA Guidelines:

1. Coverage will be provided annually and may be renewed, unless otherwise specified.

2. Coverage for ROP will be provided initially for a total of two doses (one dose per eye) and may be renewed as re-treatment for up to an additional four doses (two doses per eye)

2. Lucentis®; Byooviz™; Cimerli™ (ranibizumab)

a. Coverage is provided in the following conditions:

1. Recipient is at least 18 years of age; and

2. Universal Criteria

a. Recipient is free of ocular and/or peri-ocular infections; and

b. Therapy will not be used with other ophthalmic VEGF inhibitors (i.e., aflibercept, pegaptanib, brolucizumab, bevacizumab, ranibizumab via ocular implant, etc.); and

c. Recipient's BCVA is measured at baseline and periodically during treatment; and

d. Recipient has a definitive diagnosis of one of the following:

1. Neovascular (Wet) AMD

2. DME (Lucentis® and Cimerli™ Only)

3. DR (Lucentis® and Cimerli™ Only)

4. Macular Edema following Rental Vein Occlusion (RVO)

5. Myopic Choroidal Neovascularization (mCNV).

b. Dosage Limits

1. Quantity Limit (max daily dose) [NDC Unit]:

a. 0.3 mg vial/prefilled syringe for injection: one vial/syringe per eye every 28 days

b. 0.5 mg vial/prefilled syringe for injection: one vial/syringe per eye every 28 days.

2. Max Units (per dose and over time) [HCPCS Unit]:

a. Neovascular AMD/Macular Edema following RVO/mCNV

1. Ten billable units every 28 days

b. DME/DR – (Lucentis® and Cimerli™ Only)

1. Six billable units every 28 days.

c. Recertification Request

Coverage can be renewed based upon the following criteria:

1. Recipient continues to meet the universal and indication-specific relevant criteria as identified in Section III; and

2. Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include the following: endophthalmitis and retinal detachments, increase in intraocular pressure, arterial thromboembolic events, etc.; and

a. Recipient has had a beneficial response to therapy (e.g., improvement in the baseline BCVA, etc.) and continued administration is necessary for the maintenance treatment of the condition; or

b. Myopic choroidal neovascularization only: continued administration is necessary due to disease activity (i.e., drop in vision, visual symptoms (e.g., metamorphopsia), or the presence of intra-/sub/retinal fluid or active leakage).

d. PA Guidelines

1. Coverage for mCNV will be provided for three months and may be renewed.

2. Coverage for all other indications will be provided annually and may be renewed.

3. Susvimo® (ranibizumab)

a. Approval will be given if the following criteria are met and documented

1. Recipient is at least 18 years of age; and

2. Universal Criteria

a. Recipient is free of ocular and/or peri-ocular infections; and

b. Recipient does not have ocular inflammation; and

c. Therapy will not be used with other ophthalmic VEGF inhibitors (e.g., aflibercept, pegaptanib, brolucizumab, bevacizumab, ranibizumab, faricimab-svoa, etc.) unless supplemental treatment is necessary (see below); and

d. Recipient has not required removal of a Susvimo implant in the past; and

e. Recipient does not have a hypersensitivity to other ranibizumab products (i.e., Lucentis®, Byooviz™, Cimerli ™, etc.); and

f. Recipient's BCVA is measured at baseline and periodically during treatment; and

3. Neovascular (Wet) AMD

a. Recipient has previously responded to at least two intravitreal injections of a VEGF inhibitor medication (e.g., aflibercept, pegaptanib, brolucizumab, bevacizumab, ranibizumab).

b. Dosage and Limits

1. Quantity Limit (max daily dose) [NDC Unit]:

a. Susvimo 100 mg/mL solution for injection SDV: one vial per eye every 24 weeks.

2. Max Units (per dose and over time) [HCPCS Unit]:

a. Neovascular AMD

1. 40 billable units (4 mg) every 24 weeks.

c. Recertification Request

1. Recipient continues to meet the universal and indication-specific relevant criteria as identified in Section III; and

2. Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: endophthalmitis, rhegmatogenous retinal detachment, implant dislocation, septum dislodgement, vitreous hemorrhage, conjunctival erosion, conjunctival retraction, and conjunctival blebs, etc.; and

a. Recipient has had a beneficial response to therapy (e.g., improvement in the baseline BCVA, etc.) and continued administration is necessary for the maintenance treatment of the condition; or

b. Supplemental treatment only: Recipient has had an insufficient response during initial or maintenance therapy with Susvimo administered every 24 weeks and requires supplemental treatment with intravitreal ranibizumab.

d. PA Guidelines

1. Initial approval will be given for six months.

2. Recertification will be given for six months.

I. Immune Globulins (immunoglobin):
Asceniv™; Alyglo™; Bivigam®; Flebogamma®; Gamunex-C®; Gammagard® Liquid; Gammagard® S/D; Gammaked™; Gammaplex®; Octagam®; Privigen®; Panzyga®; Yimmugo®

Therapeutic Class: Immune Globulin
Last Reviewed by DUR Board: April 18, 2024, and July 18, 2024

Immune Globulins (immunoglobulin) are subject to PA and quantity limitations based on the Application of Standards in Section 1927 of the SSA Act and/or approved by the DUR Board. Refer to the Nevada Medicaid and Check Up Pharmacy Manual for specific quantity limits.

1. Immune Globulins

a. Coverage is provided for the following conditions:

1. Baseline values for BUN and serum creatinine within 30 days of request; and

2. Primary immunodeficiency (PID)

a. Such as: Wiskott-Aldrich syndrome, x-linked agammaglobulinemia, common variable immunodeficiency, transient hypogammaglobulinemia of infancy, antibody deficiency with near normal immunoglobulin levels, and combined deficiencies (severe combined immunodeficiencies, ataxia-telangiectasia, x-linked lymphoproliferative syndrome) [list not all inclusive].

1. Recipient has an IgG level <200 mg/dL or:

2. Recipient meets both of the following:

a. Recipient has a history of multiple hard to treat infections as indicated by at least one of the following:

1. Four or more ear infections within one year; or

2. Two or more serious sinus infections within one year; or

3. Two or more months of antibiotics with little effect; or

4. Two or more pneumonias within one year; or

5. Recurrent or deep skin abscesses; or

6. Persistent thrush in the mouth of fungal infections on the skin

7. Need for intravenous antibiotics to clear infections; or

8. Two or more deep-seated infections including septicemia; or

9. Family history of PID; and

b. The recipient has a deficiency in producing antibodies in response to vaccination; and

1. Titers were drawn before challenging with vaccination; and

2. Titers were drawn between four and eight weeks of vaccination.

3. IgG Subclass Deficiency

a. Recipient's IgG level is <400 mg/dL; and

b. Recipient has a history of recurrent infections; and

c. Recipient is receiving prophylactic antibiotic therapy.

4. Immune Thrombocytopenia/Idiopathic Thrombocytopenia Purpura (ITP)

a. For acute ITP:

1. Used to manage acute bleeding due to severe thrombocytopenia (platelet count <30 x 10(9)/L); or

2. Used to increase platelet counts prior to invasive surgical procedures such as splenectomy (platelet count <100 x 10(9)/L).

3. Recipient has severe thrombocytopenia (platelet count <20 x 10(9)/L.

4. Authorization will be given for one month only and cannot be renewed.

b. For chronic ITP:

1. Recipient is at increased risk for bleeding as indicated by a platelet count <30 x 10(9)/L; and

2. Recipient has a history of failure, contraindication, or intolerance to corticosteroids; and

3. Duration of illness >6 months

5. Chronic Inflammatory Demyelination Polyneuropathy (CIDP)

a. Recipient's disease course is progressive or relapsing and remitting for >2 months; and

b. Recipient has abnormal or absent deep tendon reflexes in upper or lower limbs; and

c. Electrodiagnostic testing indicating demyelination:

1. Partial motor conduction block in at least two motor nerves or in one nerve plus one other demyelination criterion listed here in at least one other nerve; or

2. Distal Compound Muscle Action Potential (CMAP) duration increase in at least one nerve plus one other demyelination criterion listed here in at least one other nerve; or

3. Abnormal temporal dispersion conduction must be present in at least two motor nerves; or

4. Reduced motor conduction velocity in at least two motor nerves; or

5. Prolonged distal motor latency in at least two motor nerves; or

6. Absent F wave in at least two motor nerves plus one other demyelination criterion listed here in at least one other nerve; or

7. Prolonged F wave latency in at least two motor nerves; and

d. Recipient is refractory or intolerant to corticosteroids (e.g., prednisolone, prednisone, etc.) given in therapeutic doses over at least three months; and

e. Baseline in strength/weakness has been documented using an objective clinical measuring tool (e.g., inflammatory neuropathy cause and treatment (INCAT), Medical Research Council (MRC), muscle strength, 6-MWT, Rankin, Modified Rankin, etc.).

f. Initial authorization will be given for three months.

6. Guillain-Barre Syndrome (Acute inflammatory polyneuropathy)

a. Recipient has severe disease (i.e., recipient requires assistance to ambulate); and

b. Onset of symptoms are recent (i.e., <1 month); and

c. Recipient has abnormal or absent deep tendon reflexes in upper or lower limbs; and

d. Recipient's diagnosis is confirmed using a cerebrospinal fluid (CSF) analysis; and

e. Approval will be granted for a maximum of two courses of therapy within six weeks of onset.

f. Authorization is valid for two months only and cannot be renewed.

7. Multifocal Motor Neuropathy (for Gammagard® Liquid)

a. Recipient has progressive, focal, asymmetric limb weakness (without sensory symptoms) for >1 month; and

b. Recipient has complete or partial conduction block or abnormal temporal dispersion conduction in at least two motor nerves; and

c. Recipient has normal sensory nerve conduction on all nerves tested: and

d. Baseline in strength/weakness has been documented using an objective clinical measuring tool (e.g., INCAT, MRC, muscle strength, 6-MWT, Rankin, Modified Rankin, etc.).

e. Initial authorization is valid for three months.

8. HIV Infected Children: Bacterial Control or Prevention

a. Recipient ≤13 years of age; and

b. Recipients IgG level <400 mg/dL.

9. Myasthenia Gravis

   a. Recipient has a positive serologic test for anti-acetylcholine receptor (AChR) antibodies; and

   b. Recipient has an acute exacerbation resulting in impending myasthenic crisis (i.e., respiratory compromise, acute respiratory failure, and/or bulbar compromise); and

   c. Recipient is failing on conventional immunosuppressant therapy alone (e.g., corticosteroids, azathioprine, cyclosporine, mycophenolate, methotrexate, tacrolimus, cyclophosphamide, etc.); and

   d. Recipient will be on combination therapy with corticosteroids or other immunosuppressant (e.g., azathioprine, mycophenolate, cyclosporine, methotrexate, tacrolimus, cyclophosphamide, etc.).

   e. Authorization is valid for one course (one month) only and cannot be renewed.

10. Dermatomyositis (for Octagam® 10%)/Polymyositis

   a. Recipient has severe active disease; and

   b. Recipient has proximal weakness in all upper and/or lower limbs; and

   c. Diagnosis has been confirmed by muscle biopsy; and

   d. Recipient has failed a trial of corticosteroids (i.e., prednisone); and

   e. Recipient has failed a trial of an immunosuppressant (e.g., methotrexate, azathioprine, etc.); and

   f. Recipient will be on combination therapy with corticosteroids or other immunosuppressants; and

   g. Recipient has a documented baseline physical exam and muscular strength/function.

   h. Initial authorization is valid for three months.

11. Complications of Transplanted Solid Organ (kidney, liver, lung, heart, pancreas), and Bone Marrow Transplant

   a. Coverage is provided for one or more of the following (list not all inclusive):

1. Suppression of panel reactive anti-human leukocyte antigen (HLA) antibodies prior to transplantation.

2. Treatment of antibody-mediated rejection of solid organ transplantation.

3. Prevention or treatment of viral infections (e.g., cytomegalovirus, Parvo B-19 virus, and Polyoma BK virus, etc.).

12. Stiff-Person Syndrome

a. Recipient has anti-glutamic acid decarboxylase (GAD) antibodies; and

b. Recipient has failed ≥2 of the following treatments: benzodiazepines (e.g., diazepam, clonazepam, alprazolam, lorazepam, oxazepam, temazepam, etc.), anti-spasticity agents, (e.g., baclofen, tizanidine, etc.), or anti-epileptics (e.g., gabapentin, valproate, tiagabine, or levetiracetam, etc.); and

c. Recipient has a documented baseline on physical exam.

13. Allogeneic Bone Marrow or Stem Cell Transplant

a. Used for prevention of Acute Graft-Versus-Host-Disease (aGVHD) or infection; and

b. Recipient's bone marrow transplant (BMT) or HSCT was allogeneic; and

c. Recipient has an IgG level <400 mg/dL.

d. Initial authorization is valid for three months.

14. Kawasaki's Disease

a. Authorization is valid for one course (one month) only and cannot be renewed.

15. Fetal Alloimmune Thrombocytopenia (FAIT)

a. Recipient has a history of one or more of the following:

1. Previous FAIT pregnancy; or

2. Family history of the disease.

3. Screening reveals platelet alloantibodies.

b. Authorization is valid through the delivery date only and cannot be renewed.

16. Neonatal Alloimmune Thrombocytopenia (NAIT)

a. Authorization is valid for one course (one month) only and cannot be renewed.

17. Auto-immune Mucocutaneous Blistering Diseases

a. Recipient has been diagnosed with one of the following:

1. Pemphigus Vulgaris

2. Pemphigus Foliaceus

3. Bullous Pemphigoid

4. Mucous Membrane Pemphigoid (a.k.a. Cicatricial Pemphigoid)

5. Epidermolysis bullosa acquisita

6. Pemphigus gestationis (Herpes gestationis)

7. Linear IgA dermatosis; and

b. Recipient has severe disease that is extensive and debilitating; and

c. Diagnosis has been confirmed by biopsy; and

d. Recipient has progressive disease; and

e. Disease is refractory to a trial of conventional therapy with corticosteroids and concurrent immunosuppressive treatment (e.g., azathioprine, cyclophosphamide, mycophenolate mofetil, etc.); and

f. Recipient has a documented baseline on physical exam.

18. Acquired Immune Deficiency Secondary to ALL or Multiple Myeloma

a. Used for prevention of infection; and

b. Recipient has an IgG level <400 mg/dL.

19. Acquired Immune Deficiency Secondary to Chronic Lymphocytic Leukemia (CLL) or Small Lymphocytic Lymphoma (SLL)

a. Recipient has an IgG level <200 mg/dL; or

b. Recipient has an IgG level >500 mg/dL; and

1. Recipient has recurrent sinopulmonary infections requiring IV antibiotics or hospitalization; or

2. Recipient meets both of the following:

a. Recipient has a history of multiple hard to treat infections as indicated by at least one of the following:

1. Four or more ear infections within one year; or

2. Two or more serious sinus infections within one year; or

3. Two or more months of antibiotics with little effect; or

4. Two or more pneumonias within one year; or

5. Recurrent or deep skin or organ abscesses; or

6. Persistent thrush in the mouth or fungal infections on the skin; or

7. Need for intravenous antibiotics to clear infections; or

8. Two or more deep-seated infections including septicemia; and

3. The recipient has a deficiency in producing antibodies in response to vaccination: and

a. Titers were drawn before challenging with vaccination; and

b. Titers were drawn between four and eight weeks of vaccination.

c. Other secondary immunodeficiencies resulting in hypogammaglobulinemia and/or B-cell aplasia will be evaluated on a case-by-case basis.

20. Toxic Shock Syndrome

a. Authorization is valid for one course (one month) only and cannot be renewed.

21. Management of Immune-Checkpoint-Inhibitor Related Toxicity

a. Recipient has been receiving therapy with immune checkpoint inhibitor (e.g., nivolumab, pembrolizumab, atezolizumab, avelumab, durvalumab, cemiplimab, ipilimumab, dostarlimab, tremelimumab, retifanlimab, etc.); and

b. Recipient has one of the following toxicities related to their immunotherapy:

1. Severe (G3) or life-threatening (G4) bullous dermatitis as an as an adjunct to rituximab

2. SJS

3. TEN

4. Severe (G3-4) myasthenia gravis

5. Demyelinating disease (optic neuritis, transverse myelitis, acute demyelinating encephalomyelitis)

6. Myocarditis as further intervention if no improvement within 24-48 hours of starting pulse-dose methylprednisolone

7. Moderate (G2) or severe (G3-4) Guillain-Barre Syndrome or severe (G3-4) peripheral neuropathy used in combination with pulse-dose methylprednisolone

8. Moderate (G2) pneumonitis if no improvement after 48-72 hours of corticosteroids

9. Severe (G3-4) pneumonitis if no improvement after 48 hours of methylprednisolone

10. Encephalitis used in combination with high-dose methylprednisolone for severe or progressing symptoms

11. Moderate, severe, or life-threatening steroid-refractory myositis (proximal muscle weakness, neck flexor weakness, with or without myalgias) for significant dysphagia, life-threatening situations, or cases refractory to corticosteroids.

22. Management of CAR T-Cell-Related Toxicity

a. Recipient has been receiving treatment with anti-CD19 CAR T-cell therapy (e.g., axicabtagene ciloleucel, brexucabtagene autoleucel, lisocabtagene maraleucel, tisagenlecleucel, etc.); and

1. Used for the management of G4 cytokine release syndrome that is refractory to high-dose corticosteroids and anti-IL-6 therapy (e.g., tocilizumab); or

2. Recipient has hypogammaglobulinemia as confirmed by serum IgG levels <600 mg/dL and serious, persistent, or recurrent infections; or

b. Recipient has received treatment with BCMA-targeted CAR T-cell therapy (e.g., idecabtagene vicleucel, ciltacabtagene autoleucel, etc.); and

1. Used for the management of G4 cytokine release syndrome (CRS) that is refractory to high dose corticosteroids and anti-IL-6 therapy (e.g., tocilizumab); or

2. Recipient has hypogammaglobulinemia as confirmed by serum IgG levels ≤400 mg/dL; or

c. Used as prophylactic therapy prior to receiving treatment with anti-CD19 or BCMA-targeted CAR T-cell therapy (e.g., axicabtagene ciloleucel, brexucabtagene autoleucel, idecabtagene vicleucel, lisocabtagene maraleucel, tisagenlecleucel, ciltacabtagene autoleucel, etc.); and

1. Recipient has hypogammaglobulinemia as confirmed by serum IgG levels ≤400 mg/dL and serious, persistent, or recurrent bacterial infections.

23. Supportive Care after Rethymic transplant

a. Used as immunoglobulin replacement therapy in pediatric recipients with congenital athymia after surgical implantation of Rethymic; or

b. Used as re-initiation of treatment two months after stopping immunoglobulin replacement therapy in pediatric recipients who have an IgG trough level lower than normal range for age.

24. Recertification Request (Unless otherwise specified, renewal authorizations are provided for one year):

a. Coverage can be renewed based upon the following criteria:

1. Recipient continues to meet indication-specific relevant criteria identified in Section III; and

2. Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include renal dysfunction and acute renal failure, thrombosis, hemolysis, severe hypersensitivity reactions, pulmonary adverse reactions/transfusion-related acute lung injury (TRALI), hyperproteinemia, increased serum viscosity, hyponatremia, aseptic meningitis syndrome, hypertension, volume overload, etc.; and

3. BUN and serum creatinine have been obtained within the last six months and the concentration and rate of infusion have been adjusted accordingly; and

4. PID

a. Disease response as evidence by one or more of the following:

1. Decrease in the frequency of infection.

2. Decrease in the severity of infection.

5. IgG Subclass Deficiency

a. Disease response as evidenced by one or more of the following:

1. Decrease in the frequency of infection

2. Decrease in the severity of infection; and

b. Continued treatment is necessary to decrease the risk of infection.

6. Immune Thrombocytopenia/ ITP

a. Acute ITP

1. May not be renewed.

b. Chronic ITP

1. Disease response as indicated by the achievement and maintenance of a platelet count of ≥30 X 109/L and at least doubling the baseline platelet count

7. Chronic Inflammatory Demyelinating Polyneuropathy

a. Renewals will be authorized for recipients that have demonstrated a clinical response to therapy based on an objective clinical measuring tool (e.g., INCAT, MRC, muscle strength, 6-MWT, Rankin, Modified Rankin, etc.).

8. Guillain-Barre Syndrome (Acute Inflammatory polyneuropathy)

a. May not be renewed.

9. Multifocal Motor Neuropathy

a. Renewals will be authorized for recipients that have demonstrated a clinical response to therapy based on an objective clinical measuring tool (e.g., INCAT, MRC muscle strength, 6-MWT, Rankin, Modified Rankin, etc.).

10. HIV infected children: Bacterial Control or Prevention

a. Disease response as evidenced by one or more of the following:

1. Decrease in the frequency of infection.

2. Decrease in the severity of infection; and

b. Recipient continues to be at an increased risk of infection necessitating continued therapy as evidenced by an IgG level <400 mg/dL.

11. Myasthenia Gravis

a. May not be renewed.

12. Dermatomyositis/Polymyositis

a. Recipient had an improvement from baseline on physical exam and/or muscular strength and function.

b. Renewal authorizations are provided for six months.

13. Complications of Transplanted Solid Organ (kidney, liver, lung, heart, pancreas), and Bone Marrow Transplant

a. Disease response as evidenced by one or more of the following:

1. Decrease in the frequency of infection.

2. Decrease in the severity of infection; and

b. Continued treatment is necessary to decrease the risk of infection.

14. Stiff Person Syndrome

a. Documented improvement from baseline on physical exam.

15. Allogeneic Bone Marrow or Stem Cell Transplant

a. Recipient continues to be at an increased risk of infection necessitating continued therapy as evidenced by an IgG level <400 mg/dL.

b. Renewal authorizations are provided for three months.

16. Kawasaki's Disease

a. May not be renewed.

17. FAIT

a. Authorization is valid through the delivery date only and cannot be renewed.

18. Neonatal Alloimmune Thrombocytopenia

    a. May not be renewed.

19. Auto-Immune Mucocutaneous Blistering Diseases

    a. Documented improvement from baseline on physical exam.

    b. Renewal authorizations are provided for six months.

20. Acquired Immune Deficiency Secondary to ALL, CLL, SLL or Multiple Myeloma (MM)

    a. Disease response as evidenced by one or more of the following:

        1. Decrease in the frequency of infection.

        2. Decrease in the severity of infection; and

    b. Continued treatment is necessary to decrease the risk of infection.

21. Toxic Shock Syndrome

    a. May not be renewed.

22. Management of Immune Checkpoint Inhibitor Related Toxicity

    a. May not be renewed.

23. Management of CAR T-Cell-Related Toxicity

    a. Recipient has received treatment with anti-CD19 CAR T-cell therapy (e.g., axicabtagene ciloleucel, brexucabtagene autoleucel, lisocabtagene maraleucel, tisagenlecleucel, etc.); and

        1. Recipient has serum IgG levels <600 mg/dL; or

    b. Recipient has received treatment with BCMA-targeted CAR T-cell therapy (e.g., idecabtagene vicleucel, ciltacabtagene autoleucel, etc.); and

1. Recipient has serum IgG levels <400 mg/dL

24. Supportive Care after Rethymic transplant

a. Renewals for use as initial immunoglobulin replacement therapy will be authorized until all of the following criteria are met:

1. Recipient is no longer on immunosuppression (at least 10% of CD3+ T cells are naïve in phenotype); and

2. Recipient is at least nine months post-treatment; and

3. Recipient's phytohemagglutinin (PHA) response within normal limits; or

b. Renewals for use as re-initiation of treatment after stopping immunoglobulin replacement therapy for recipients with an IgG trough level lower than normal range will be continued for one year before being retested using the above guidelines.

b. PA Guidelines:

1. Initial and renewal authorization periods vary by specific covered indication.

2. Unless otherwise specified, the initial authorization will be provided for six months and may be renewed annually.

2. SCIG (immunoglobulin SQ): Hizentra®, Gammagard® Liquid, Gamunex®-C, Gammaked®, HyQvia®, Cuvitru®, Cutaquig®, Xembify®

a. Coverage is provided in the following conditions:

1. Baseline values for BUN and serum creatinine obtained within 30 days of request; and

2. PID

a. Such as: Wiskott-Aldrich Syndrome, x-linked agammaglobulinemia, common variable immunodeficiency, transient hypogammaglobulinemia of infancy, IgG subclass deficiency with or without IgA deficiency, antibody deficiency with near normal immunoglobulin levels) and combined

deficiencies (severe combined immunodeficiencies, ataxia-telangiectasia, x-linked lymphoproliferative syndrome)

1. Recipient is at least two years of age; and

   a. Recipient has an IgG level <200 mg/dL or

   b. Recipient meets both of the following:

      1. Recipient has a history of multiple hard to treat infections as indicated by at least one of the following:

         a. Four or more ear infections within one year

         b. Two or more serious sinus infections within one year

         c. Two or more serious months of antibiotics within little effect

         d. Two or more pneumonias within one year

         e. Recurrent or deep skin abscesses

         f. Persistent thrush in the mouth or fungal infection on the skin

         g. Need for intravenous antibiotics to clear infections

         h. Two or more deep-seated infections including septicemia

         i. Family history of PID; and

   c. The recipient has a deficiency in producing antibodies in response to vaccination; and

      1. Titers were drawn before challenging with vaccination; and

      2. Titers were drawn between four and eight weeks of vaccination.

3. Chronic Inflammatory Demyelinating Polyneuropathy (CIDP) [Hizentra® and HyQvia® Only]

   a. Recipient is at least 18 years of age; and

   b. Physician has assessed baseline disease severity utilizing an objective measure/tool (e.g., INCAT, MRC muscle strength, 6-MWT, Rankin, Modified Rankin, etc.); and

      1. Used as initial maintenance therapy for prevention of disease relapses after treatment and stabilization with intravenous immunoglobulin (IVIG); or

      2. Used for re-initiation of maintenance therapy after experiencing a relapse and requiring pre-induction therapy with IVIG (see Section IV for criteria).

4. Acquired Immune Deficiency Secondary to CLL/SLL

   a. Recipient has an IgG level <200 mg/dL or

   b. Recipient has an IgG level <500 mg/dL; and

      1. Recipient has recurrent sinopulmonary infections requiring IV antibiotics or hospitalization; or

   c. Recipient meets both of the following:

      1. Recipient has a history of multiple hard to treat infections as indicated by at least one of the following:

         a. Four or more ear infections within one year

         b. Two or more serious sinus infections within one year

         c. Two or more months of antibiotics with little effect

         d. Two or more pneumonias within one year

         e. Recurrent or deep skin or organ abscesses

         f. Persistent thrush in the mouth or fungal infection on the skin

         g. Need for intravenous antibiotics to clear infections

         h. Two or more deep-seated infections including septicemia; and

2. The recipient has a deficiency in producing antibodies in response to vaccination; and

a. Titers were drawn before challenging with vaccination; and

b. Titers were drawn between four and eight weeks of vaccination.

b. Dosage/Administration

1. Dosing should be calculated using adjusted body weight if one or more of the following criteria are met:

a. Recipient's body mass index (BMI) is 30 kg/m2 or more; or

b. Recipient's actual body weight is 20% higher than his or her ideal body weight (IBW)

c. Recertification Request

1. Coverage may be renewed based upon the following criteria:

a. Recipient continues to meet the indication-specific relevant criteria identified in Section III; and

b. Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: severe hypersensitivity/anaphylaxis, thrombosis, aseptic meningitis syndrome, hemolytic anemia, hyperproteinemia, acute lung injury, etc.; and

c. BUN and serum creatinine obtained within the last six months and the concentration and rate of infusion have been adjusted accordingly; and

d. PID

1. Disease response as evidenced by one or more of the following:

a. Decrease in the frequency of infection.

b. Decrease in the severity of infection.

2. CIDP [Hizentra® and HyQvia® Only]

a. Renewals will be authorized for recipients that have demonstrated a beneficial clinical response to maintenance therapy, without relapse, based on an objective clinical measuring tool (e.g., INCAT, MRC muscle strength, six-MWT, Rankin, Modified Rankin, etc.); or

b. Recipient is re-initiating maintenance therapy after experiencing a relapse while on Hizentra® or HyQvia®; and

1. Recipient improved and stabilized on IVIG treatment; and

2. Recipient was not receiving maximum dosing or Hizentra or HyQvia prior to relapse.

3. Acquired Immune Deficiency secondary to CLL/SLL

a. Disease response as evidenced by one or more of the following:

1. Decrease in the frequency of infection

2. Decrease in the severity of infection; and

b. Continued treatment is necessary to decrease the risk of infection.

d. PA Guidelines

1. Initial coverage will be provided for six months and may be renewed annually thereafter.

J. Antineoplastic-Anti-Programmed Cell Death Receptor-1 (PD-1)

Therapeutic Class: Antineoplastic-Anti-Programmed Cell Death Receptor-1 (PD-1)
Last Reviewed by DUR Board: April 18, 2024, and July 18, 2024

Antineoplastic-Anti-Programmed Cell Death Receptor-1 (PD-1) are subject to PA and quantity limitations based on the Application of Standards in Section 1927 of the SSA Act and/or approved by the DUR Board. Refer to the Nevada Medicaid and Check Up Pharmacy Manual for specific quantity limits.

1. Jemperli® (dostarlimab-gxly)

   a. Coverage is provided in the following conditions:

      1. Recipient is at least 18 years of age; and

      2. Universal Criteria

         a. Recipient has not received previous therapy with a programmed death (PD-1/PD-L1)-directed therapy (e.g., cemiplimab, avelumab, nivolumab, atezolizumab, durvalumab, pembrolizumab, nivolumab/relatlimab-rmbw, tislelizumab, toripalimab, etc.), unless otherwise specified; and

      3. Endometrial Carcinoma (Uterine Neoplasms)

         a. Used in combination with carboplatin and paclitaxel, followed by single agent maintenance therapy; and

            1. Used as primary treatment for recipients with stage III-IV tumors; or

            2. Used as adjuvant therapy for recipients with stage III-IV tumors; or

            3. Used as first-line therapy for recurrent disease; and

               a. Recipient does not have isolated metastases; or

            4. Used as subsequent therapy for recurrent disease

      4. dMMR/ MSI-H Cancer

         a. Recipient has dMMR or MSI-H cancer as determined by an FDA-approved or CLIA-compliant test; and

1. Used in combination with carboplatin and paclitaxel, followed by single agent therapy; and

    a. Recipient has primary advanced or recurrent endometrial cancer; or

b. Used as a single agent; and

1. Used as subsequent therapy for unresectable or medically inoperable, advanced, recurrent, persistent, or metastatic disease; and

    a. Recipient has endometrial cancer that has progressed on or following prior treatment with a platinum-containing regimen in any setting; or

    b. Recipient has solid tumors that have progressed on or following prior treatment; or

2. Used as induction systemic therapy for relieving dysphagia (applies to Esophageal and Esophagogastric Junction Cancers only); and

    a. Recipient is medically fit and planned for esophagectomy with cT2, N0 (high-risk lesions; lymphovascular invasion, ≥3cm, poorly differentiated), cT1b-cT2, N+ or cT3-cT4a, Any N disease; or

3. Used in initial therapy; and

    a. Recipient has one of the following cancers:

        1. Advanced or metastatic Appendiceal Adenocarcinoma

        2. Advanced or metastatic Colon Cancer

        3. Esophageal and Esophagogastric Junction Cancers

4. Gastric Cancer

5. Advanced or metastatic Rectal Cancer

6. Advanced or metastatic Small Bowel Adenocarcinoma; and

a. Recipient has had previous FOLFOX/CAPEOX in the adjuvant setting within the past 12 months or has contraindication to FOLFOX/CAPEOX use; or

7. Endometrial Carcinoma (Uterine Neoplasms) (excluding recipients with isolated metastases); or

c. Used as neoadjuvant therapy; and

1. Recipient has advanced or metastatic Appendiceal Adenocarcinoma, Colon Cancer, or Rectal Cancer

5. POLE/POLD1 Mutation Cancer

a. Used as a single agent; and

1. Recipient has advanced or metastatic Appendiceal Adenocarcinoma, Colon Cancer, or Rectal Cancer; or

2. Recipient has advanced or metastatic Small Bowel Adenocarcinoma; and

a. Used as initial Therapy if recipient has had previous FOLFOX/CAPEOX in the adjuvant setting within the past 12 months or has a contraindication to FOLFOX/CAPEOX use; or

b. Used as subsequent therapy.

b. Dosage Limits

1. Quantity Limit (max daily dose) [NDC Unit]:

a. Jemperli® 500 mg/10 mL single-dose vial:

1. Initial: one vial every 21 days for six doses

2. Subsequent: two vials every 42 days.

c. Recertification Request:

1. Coverage may be renewed based upon the following criteria:

a. Recipient continues to meet the universal and other indication-specific relevant criteria identified in Section III; and

b. Disease response with treatment as defined by stabilization of disease or decrease in size of tumor or tumor spread; and

c. Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: severe infusion-related reactions, severe immune-mediated adverse reactions (e.g., pneumonitis, hepatitis, colitis, endocrinopathies, nephritis with renal dysfunction, dermatologic adverse reactions/rash), complications of allogeneic HSCT, etc.

d. PA Guidelines:

1. Coverage will be provided for six months and may be renewed, unless otherwise specified.

2. Endometrial Carcinoma (Uterine Neoplasms) and MSI-H/dMMR Endometrial Cancer: Use in combination with carboplatin and paclitaxel may be renewed for up to a maximum of three years of therapy (30 doses).

e. Endometrial Carcinoma (Uterine Neoplasms) and MSI-H/dMMR Endometrial Cancer (in combination with carboplatin and paclitaxel).

2. Keytruda® (pembrolizumab)

a. Coverage is provided in the following conditions:

1. Recipient is at least 18 years of age (unless otherwise specified); and

2. Universal Criteria

a. Recipient has not received previous therapy with a programmed death (PD-1/PD-L1)-directed therapy (e.g., cemiplimab, avelumab, nivolumab, atezolizumab, durvalumab, dostarlimab, nivolumab/relatlimab, retifanlimab, toripalimab, tislelizumab, etc.), unless otherwise specified; and

3. Anal Carcinoma

a. Recipient has metastatic squamous cell carcinoma; and

b. Used as a single agent for subsequent therapy.

4. Primary Mediastinal Large B-Cell Lymphoma (PMBCL)

a. Used as single agent; and

1. Recipient is at least six months of age; and

2. Recipient has relapsed or refractory disease; and

3. Recipient does not require urgent cytoreductive therapy; or

b. Used in combination with brentuximab vedotin; and

1. Recipient is at least six months to 39 years of age; and

2. Used as consolidation/additional therapy in recipients who achieve a partial response after therapy for relapsed or refractory disease.

5. Biliary Tract Cancers (Gallbladder Cancer or Intra-/Extra-Hepatic Cholangiocarcinoma)

a. Used in combination with gemcitabine and cisplatin

1. Recipient has unresectable, R2, or metastatic disease; or

2. Recipient has resectable locoregionally advanced disease (Note: Only applies to Gallbladder Cancer) and

a. Used as neoadjuvant therapy; and

1. Recipient has incidental finding of suspicious mass during surgery where hepatobiliary surgery expertise is unavailable; or

2. Recipient has incidental finding of pathologic review (cystic duct node positive); or

3. Recipient has mass on imaging.

6. Urothelial Carcinoma (Bladder Cancer)

a. Used in combination with enfortumab-vedotin; and

1. Used as first line therapy; and

2. Recipient has one of the following diagnoses:

a. Locally advanced or metastatic urothelial carcinoma;

b. Muscle invasive bladder cancer with local recurrence or persistent disease in a preserved bladder treated with curative intent

c. Metastatic or local bladder cancer recurrence post-cystectomy treated with curative intent

d. Metastatic primary carcinoma of the urethra

e. Metastatic upper GU tract tumors

f. Metastatic urothelial carcinoma of the prostate; and

b. Used as a single agent; and

1. Recipient has Bacillus Calmette-Guerin (BCG)-unresponsive, high-risk, non-muscle invasive bladder cancer (NMBIC) and:

a. Recipient has carcinoma in situ (CIS); and

b. Recipient is ineligible for or has elected not to undergo cystectomy; or

2. Recipient has one of the following diagnoses:

a. Locally advanced or metastatic urothelial carcinoma; or

b. Muscle invasive bladder cancer with local recurrence or persistent disease in a preserved bladder treated with curative intent; or

c. Metastatic or local bladder cancer recurrence post-cystectomy treated with curative intent; or

d. Recurrent or metastatic primary carcinoma of the urethra (excluding recurrence of stage T3-4 disease or palpable inguinal lymph nodes);

e. Primary carcinoma of the urethra that is stage T3-4 cN1-2 or cN1-2 with palpable inguinal lymph nodes (first-line therapy only)

f. Metastatic upper GU tract tumors

g. Metastatic urothelial carcinoma of the prostate; and

3. Used for disease that progressed during or following platinum-containing chemotherapy; or

4. Used as second-line treatment after chemotherapy other than a platinum; or

5. Used as first-line therapy in cisplatin-ineligible recipients; and

a. Recipient is not eligible for any platinum-containing chemotherapy (i.e., both cisplatin and carboplatin-ineligible).

7. Triple-Negative Breast Cancer (TNBC)

a. Recipient has recurrent unresectable or metastatic disease or inflammatory breast cancer with no response to preoperative systemic therapy; and

1. Used in combination with chemotherapy; and

2. Tumor expresses PD-L1 (combined positive score [CPS] ≥10) as determined by an FDA-approved or CLIA-compliant test; or

b. Recipient has high-risk early-stage disease (i.e., stage II-III); and

1. Used as neoadjuvant therapy in combination with chemotherapy; or

2. Used as adjuvant therapy as a single agent following use as neoadjuvant therapy in combination with chemotherapy.

8. Adult CNS Cancer

a. Used as a single agent; and

b. Primary tumor is due to BRAF non-specific melanoma or PD-L1 positive (TPS ≥1%) NSCLC; and

1. Used as initial treatment in recipients with small asymptomatic brain metastases; or

2. Used for relapsed limited brain metastases with either stable systemic disease or reasonable systemic treatment options; or

3. Used for recurrent limited brain metastases; or

4. Used for recurrent extensive brain metastases with stable systemic disease or reasonable systemic treatment options.

9. Pediatric CNS Cancers

a. Recipient is ≤18 years of age; and

b. Recipient has hypermutated diffuse high-grade glioma; and

1. Used for recurrent or progressive disease as a single agent (excluding oligodendroglioma, IDH-mutant and 1p/19q co-deleted or astrocytoma IDH-mutant); or

2. Used as adjuvant therapy (excluding diffuse midline glioma, H3 K27-altered or pontine location); and

a. Recipient is <3 years of age and used as a single agent; or

b. Recipient is ≥3 years of age and used following standard brain RT with or without concurrent temozolomide.

10. Cervical Cancer

a. Recipient has FIGO 2014 Stage III-IVA disease; and

1. Used in combination with chemoradiotherapy (CRT); or

b. Tumor expressed PD-L1 (CPS ≥1) as determined by an FDA-approved or CLIA-compliant test; and

1. Used as a single agent; and

a. Used as subsequent therapy for recurrent or metastatic disease; or

2. Used in combination with chemotherapy, with or without bevacizumab; and

a. Recipient has persistent, recurrent, or metastatic disease.

c. Pembrolizumab may be continued as maintenance therapy.

11. Esophageal Cancer and Esophagogastric/Gastroesophageal Junction Cancer:

a. Recipient is medically fit and planned for esophagectomy; and

1. Used as induction systemic therapy for relieving dysphagia; and

2. Recipient has cT2, N0 (high-risk lesions: lymphovascular invasion, ≥3 cm, poorly differentiated), Ct1b-cT2, N+ or cT3-cT4, Any N disease; and

a. Tumor expresses PD-L1 (CPS ≥10) as determined by an FDA approved or CLIA compliant test; and

1. Used in combination with platinum and fluoropyrimidine-based chemotherapy; or

b. Recipient has HER2-positive adenocarcinoma; and

1. Used in combination with trastuzumab, fluoropyrimidine- and platinum-containing chemotherapy; and

2. Tumor expresses PD-L1 (CPS ≥1) as determined by an FDA-approved or CLIA compliant test; or

b. Recipient is not a surgical candidate or has unresectable locally advanced, recurrent, or metastatic disease; and

1. Used as first-line therapy and

a. Recipient has HER2-positive adenocarcinoma; and

1. Used in combination with trastuzumab, fluoropyrimidine- and platinum-containing chemotherapy; and

b. Tumor expresses PD-L1 (CPS ≥1) as determined by an FDA approved or CLIA compliant test; or

c. Recipient has HER2-negative adenocarcinoma; and

1. Used in combination with platinum- and fluoropyrimidine-based chemotherapy; or

d. Recipient has squamous cell carcinoma; and

1. Used in combination with platinum- and fluoropyrimidine-based chemotherapy; and

2. Tumor expresses PD-L1 (CPS ≥10) as determined by an FDA-approved or CLIA Compliant test; or

2. Used as subsequent therapy; and

a. Used as a single agent; and

b. Recipient has squamous cell carcinoma; and

c. Tumor expresses PD-L1 (CPS ≥10) as determined by an FDA-approved or CLIA-compliant test.

12. Gastric Cancer

a. Recipient is not a surgical candidate or has unresectable locally advanced, recurrent, or metastatic disease; and

b. Used as first-line therapy; and

1. Recipient has HER2-positive adenocarcinoma; and

a. Used in combination with trastuzumab, fluoropyrimidine- and platinum-containing chemotherapy; and

b. Tumor expresses PD-L1 (CPA ≥1) as determined by an FDA approved or CLIA compliant test; or

2. Recipient has HER2-negative carcinoma; and

a. Used in combination with fluoropyrimidine- and platinum-containing chemotherapy.

13. Gestational Trophoblastic Neoplasia

a. Used as a single agent for multiagent chemotherapy-resistant disease; and

1. Recipient has intermediate placental site trophoblastic (PSTT) or epithelioid trophoblastic tumor (ETT); and

a. Used for recurrent or progressive disease; or

2. Recipient has high risk disease (i.e., ≥7 prognostic score or stage IV disease).

14. Squamous Cell Carcinoma of the Head and Neck (SCCHN)

a. Recipient has Cancer of the Nasopharynx; and

1. Used in combination with cisplatin and gemcitabine; and

2. Used for oligometastatic or metastatic disease; or

b. Recipient has Very Advanced Head and Neck Cancer; and

1. Recipient has nasopharyngeal cancer; and

a. Recipient has a PS 0-1; and

b. Used in combination with cisplatin and gemcitabine; and

c. Used for one of the following:

1. Unresectable locoregional recurrence with prior RT

2. Unresectable second primary with prior RT

3. Unresectable persistent disease with prior RT

4. Recurrent/persistent disease with distant metastases; or

2. Recipient has non-nasopharyngeal cancer; and

a. Recipient is unfit for surgery or has T4b, N0-3, M0 disease; and

1. Used as a single agent as first-line therapy in recipients with a PS 3; and

2. Tumor expresses PD-L1 (CPS ≥1) as determined by an FDA-approved or CLIA-compliant test; or

b. Recipient has unresectable, recurrent, persistent, or metastatic disease; and

1. Used as a single agent; and

   a. Tumor expresses PD-L1 (CPS ≥1) as determined by an FDA-approved or CLIA-compliant test; or

   b. Used as subsequent therapy for disease that has progressed on or after platinum-containing chemotherapy; or

2. Used in combination with cetuximab; and

   a. Recipient has a PS 0-1; or

3. Used in combination with carboplatin or cisplatin and either fluorouracil, docetaxel, or paclitaxel; and

   a. Recipient has a PS 0-1

15. HCC

   a. Used as a single agent; and

      1. Disease is secondary to hepatitis B; and

         a. Recipient has received prior systemic therapy other than a PD-1/PD-L1-containing regimen; or

      2. Used as subsequent therapy for progressive disease; and

         a. Recipient has liver-confined unresectable disease and deemed ineligible for transplant; or

         b. Recipient has extrahepatic/metastatic disease and deemed ineligible for resection, transplant, or locoregional therapy.

16. Adult Classical Hodgkin Lymphoma (cHL)

   a. Recipient has relapsed or refractory disease; and

      1. Used as a single agent; or

2. Used in combination with gemcitabine, vinorelbine, liposomal doxorubicin (GVD) or ifosfamide, carboplatin, etoposide (ICE); and

a. Recipient ≥60 years of age

17. Pediatric Classical Hodgkin Lymphoma

a. Recipient is at least six months of age; and

b. Used as a single agent; and

1. Recipient has refractory disease; or

2. Recipient has relapsed disease; and

a. Used after two or more prior lines of therapy; or

b. Used as subsequent therapy in recipients heavily pretreated with platinum or anthracycline-based chemotherapy; or

c. Used as subsequent therapy in recipients with an observed decrease in cardiac function.

18. Kaposi Sarcoma

a. Used as a single agent as subsequent therapy; and

b. Recipient has endemic or classic disease; and

c. Used for relapsed/refractory advanced cutaneous, oral, visceral, or nodal disease; and

d. Disease has progressed on or has not responded to first-line systemic therapy; and

e. Disease has progressed on alternate first-line systemic therapy; and

f. Recipient does not have multicentric Castleman disease (MCD) or KSHV-associated inflammatory cytokine syndrome (KICS).

19. RCC

a. Recipient has clear cell histology; and

1. Used in combination with axitinib or lenvatinib; and

a. Used as first-line therapy for advanced, relapsed, or stage IV disease; or

b. Used as subsequent therapy for relapsed or stage IV disease; or

2. Used as a single agent; and

a. Used as adjuvant therapy; and

1. Recipient has undergone a nephrectomy prior to receiving treatment; and

a. Recipient has stage II disease with grade four tumors (with or without sarcomatoid features); or

b. Recipient has stage III disease; or

2. Recipient has undergone a metastasectomy with complete resection of disease within one year of having undergone a nephrectomy for relapsed or stage IV disease; or

b. Recipient has non-clear cell histology; and

1. Used as single agent for relapsed or stage IV disease.

20. Cutaneous Melanoma

a. Used as first-line therapy as a single agent for unresectable or metastatic disease; or

b. Used as subsequent therapy; and

1. Used for metastatic or unresectable disease with progression following treatment with anti PD-1/PD-L1-based therapy. Including in combination with anti-CTLA04 (e.g., ipilimumab) for ≥2 doses; and

a. Used in combination with lenvatinib; or

2. Used for metastatic or unresectable disease with disease progression or intolerance if BRAF/MEK and/or PD(L)-1 checkpoint inhibition not previously used; and

a. Recipient has BRAF V600 activating mutation positive disease; and

b. Used in combination with trametinib and dabrafenib; or

3. Used for disease progression or relapse following treatment with BRAF/MEK + PD(L)-1 checkpoint inhibitor therapy; and

a. Recipient has BRAF V600 activating mutation positive disease; and

b. Used in combination with trametinib and dabrafenib; and

c. Used as re-induction therapy in who experienced disease control (i.e., complete response, partial response, or stable disease) and no residual toxicity from prior combination BRAF/MEK + PD(L)-1 checkpoint inhibitor therapy, but subsequently have disease progression/relapse >3 months after treatment discontinuation; or

4. Used for metastatic or unresectable disease with progression or relapse following treatment with anti-PD-1 therapy; and

a. Used as a single agent; and

b. Used as re-induction therapy in recipients who experienced disease control (i.e., complete response, partial response, or stable disease) and no residual toxicity from prior anti-PD-1 therapy, but subsequently have disease progression/relapse >3 months after treatment discontinuation; or

5. Used for metastatic or unresectable disease with progression, intolerance, and/or projected risk of progression with BRAF-targeted therapy (e.g., dabrafenib/trametinib, vemurafenib/cobimetinib, encorafenib/binimetinib, etc.); and

6. Used as a single agent; and

a. Anti-PD-1 therapy was not previously used; or

b. Used as re-induction therapy in recipients who experienced disease control (i.e., complete response, partial response, or stable disease) and no residual toxicity from prior anti-PD-1 therapy, but subsequently have disease progression/relapse >3 months after treatment discontinuation; or

7. Used in combination with ipilimumab; and

a. Used after progression on single-agent anti-PD-1 therapy and combination ipilimumab/anti-PD-1 therapy was not previously used; or

b. Used as re-induction therapy in recipients who experienced disease control (i.e., complete response, partial response, or stable disease) and no residual toxicity from prior combination ipilimumab/anti-PD-1 therapy, but subsequently have disease progression/relapse >3 months after treatment discontinuation; or

c. Used as a single agent for neoadjuvant treatment; and

1. Recipient has stage III disease; and

a. Used as primary treatment for clinically positive, resectable nodal disease; or

b. Used for limited resectable disease with clinical satellite/in-transit metastases; or

2. Recipient has limited resectable local satellite/in-transit occurrence; or

3. Recipient has resectable disease limited to nodal recurrence; or

d. Used as a single agent for adjuvant treatment; and

1. Recipient has stage IIB or IIC melanoma following complete resection; and

a. Recipient is at least 12 years of age; or

2. Recipient has stage III disease; and

a. Used following complete resection; and

1. Recipient is at least 12 years of age; or

b. Recipient has resected sentinel node positive disease either during radiographic surveillance or after complete lymph node dissection (CLND); or

c. Recipient has clinically positive node(s) following wide excision of the primary tumor and TLND; or

d. Recipient has clinical satellite/in-transit metastases and has NED after complete excision; or

3. Recipient has local satellite/in-transit recurrence and has NED after complete excision to clear margins; or

4. Recipient has resectable disease limited to nodal recurrence following excision and complete TLND; or

5. Recipient has oligometastatic disease and NED after receiving metastasis-directed therapy (e.g., complete resection, stereotactic ablative therapy, T-VEC/intralesional therapy) or systemic therapy followed by resection.

21. Uveal Melanoma

a. Used as a single agent; and

b. Recipient has metastatic or unresectable disease.

22. Merkel Cell Carcinoma (MCC)

a. Recipient is at least six months of age; and

b. Used as a single agent; and

1. Recipient has primary locally advanced disease; and

a. Both curative surgery and curative radiation therapy are not feasible; or

b. Recipient has had disease progression on neoadjuvant nivolumab therapy; or

2. Recipient has recurrent locally advanced or metastatic disease.

23. Adrenal Gland Tumors

    a. Recipient has locoregional unresectable or metastatic adrenocortical carcinoma (ACC); and

    b. Used with or without mitotane.

24. NSCLC

    a. Used for stage III disease; and

        1. Used as a first-line therapy as a single-agent in recipients who are not candidates for surgical resection or definitive chemoradiation; and

        2. Used in recipients with tumors expressing PD-L1 (TPS ≥1%) as determined by an FDA-approved or CLIA compliant test and with no EGFR or ALK genomic tumor aberrations; or

    b. Used as neoadjuvant therapy; and

        1. Recipient has resectable disease (tumors ≥4 cm or node positive); and

        2. Used in combination with platinum-containing chemotherapy and then continued as a single agent as adjuvant treatment after surgery; or

    c. Used as adjuvant therapy; and

        1. Used as a single agent; and

            a. Used following resection and previous adjuvant chemotherapy; and

                1. Recipient has stage IB (T2A ≥4 cm), II, or IIIA disease; or

                2. Recipient has stage IIIB (T3, N2) disease; and

                    a. Disease is negative for EGFR exon 19 deletion or exon 21 L858R mutations, or ALK rearrangements; or

b. Used following previous neoadjuvant pembrolizumab plus chemotherapy and resection; or

d. Used for recurrent, advanced, or metastatic disease (excluding locoregional recurrence or symptomatic local disease without evidence of disseminated disease) or mediastinal lymph node recurrence with prior radiation therapy; and

1. Used as first-line therapy; and

a. Used for one of the following:

1. PD-L1 expression-positive (TPS ≥1%) tumors, as detected by an FDA-approved or CLIA compliant test, that are negative for actionable molecular biomarkers

2. Recipients with PS 0-1 who have tumors that are negative for actionable molecular biomarkers and PD-L1 expression <1%

3. Recipients with PS 0-1 who are positive for one of the following molecular biomarkers: EGFR exon 20, BRAF V600E, NTRK1/2/3 gene fusion, MET exon 14 skipping, RET rearrangement, or ERBB2 (HER2); and

b. Used in combination with pemetrexed and either carboplatin or cisplatin for non-squamous cell histology; or

c. Used in combination with carboplatin and either paclitaxel or albumin-bound paclitaxel for squamous cell histology; or

d. Used as single agent therapy (for PD-L1 expression-positive tumors only); or

2. Used as subsequent therapy; and

a. Used in recipients with tumors expressing PD-L1 (TPS ≥1%) as determined by an FDA-approved or CLIA compliant test; and

1. Used as single agent therapy; or

b. Used for one of the following:

1. Recipients with PS 0-1 who are positive for one of the following molecular biomarkers and have received prior targeted therapy; EGFR exon 19 deletion or L858R tumors, EGFR S768I, L861Q and/or G719x-, ALK rearrangement, or ROS1 rearrangement

2. Recipients with PS 0-1 who are positive for one of the following molecular mutations: BRAF V600E, NTRK1/2/3 gene fusion, MET Exon 14 skipping, or RET rearrangement; and

c. Used in combination with carboplatin and either paclitaxel or albumin-bound paclitaxel for squamous cell histology; or

d. Used in combination with pemetrexed and either carboplatin or cisplatin for non-squamous cell histology; or

3. Used as continuation maintenance therapy in recipients who have achieved tumor response or table disease following initial systemic therapy; and

a. Used in combination with pemetrexed following a first-line pembrolizumab/pemetrexed/(carboplatin or cisplatin) regimen for non-squamous cell histology; or

b. Used as a single agent following a first-line pembrolizumab/carboplatin/(paclitaxel or albumin-bound paclitaxel) regimen for squamous cell histology; or

c. Used as a single agent following a first line pembrolizumab monotherapy regimen.

25. Ovarian, Fallopian Tube, and Primary Peritoneal Cancer

a. Recipient has epithelial ovarian, fallopian tube, or primary peritoneal cancer; and

b. Used in combination with oral cyclophosphamide and bevacizumab; and

c. Recipient has platinum-resistant disease; and

1. Recipient has persistent or recurrent disease; and

a. Recipient is not experiencing an immediate biochemical relapse (i.e., rising CA-125 without radiographic evidence of disease); or

2. Recipient has recurrent disease (low-grade serous carcinoma only).

26. Primary Cutaneous Lymphomas

a. Used as a single agent systemic therapy; and

1. Recipient has Mycosis Fungoides/Sezary Syndrome; and

a. Used as primary therapy or as subsequent therapy for relapsed or persistent disease; and

1. Recipient has stage IIB Mycosis Fungoides with generalized tumor lesions (for primary therapy only); or

2. Recipient has stage III Mycosis Fungoides; or

3. Recipient has stage IV Sezary Syndrome; or

4. Recipient has generalized cutaneous or extracutaneous lesions with large cell transformation (LCT); or

b. Used as subsequent therapy for disease refractory to multiple previous therapies (excluding use in recipients with stage IA Mycosis Fungoides); or

2. Recipient has primary cutaneous CD30+ T-Cell lymphoproliferative disorders; and

a. Used for relapsed or refractory disease; and

b. Used for primary cutaneous anaplastic large cell lymphoma (ALCL) with multifocal lesions, or cutaneous ALCL with regional node (N1) (excludes systemic ALCL).

27. SCLC

a. Used as subsequent therapy as a single agent; and

b. Recipient has had a chemotherapy-free interval of ≥6 months; and

1. Recipient has relapsed disease following a complete or partial response or stable disease with primary treatment; or

2. Recipient has primary progressive disease.

28. Soft Tissue Sarcoma

a. Used in combination with axitinib; and

1. Recipient has alveolar soft part sarcoma (ASPS); or

b. Used as a single agent; and

1. Recipient has ASPS; or

2. Recipient has cutaneous angiosarcoma; or

3. Recipient has myxofibrosarcoma, undifferentiated pleomorphic sarcoma (UPS), dedifferentiated liposarcoma, cutaneous angiosarcoma, or undifferentiated sarcomas; and

a. Used as subsequent therapy for advanced/metastatic disease with disseminated metastases (Note: only applies to Extremity/Body Wall. Head/Neck); or

b. Used as alternative systemic therapy for unresectable or progressive disease after initial therapy for unresectable localized disease (Note: only applies to Retroperitoneal/Intra-Abdominal); or

c. Used as subsequent therapy for stage IV disease with disseminated metastases (Note; only applies to Retroperitoneal/Intra-Abdominal).

29. Cutaneous Squamous Cell Carcinoma (cSCC)

a. Used as a single agent; and

1. Recipient has locally advanced, recurrent, or metastatic disease that is not curable by surgery or radiation.

30. Extranodal NK/T-Cell Lymphomas

    a. Used as a single agent;

    b. Used for relapsed or refractory disease following additional therapy with an alternate asparaginase-based combination chemotherapy regimen not previously used; and

    c. Participation in a clinical trial is unavailable.

31. Thymic Carcinoma

    a. Used as a single agent: and

        1. Recipient is unable to tolerate first-line combination regimens; and

            a. Used as preoperative systemic therapy for surgically resectable disease if R0 resection is considered uncertain; or

            b. Used as postoperative treatment after R1 (microscopic residual tumor) or R2 (macroscopic residual tumor) resection; or

            c. Used as first-line therapy for recurrent, advanced, or metastatic disease; or

        2. Used as second-line therapy; and

            a. Recipient has unresectable or metastatic disease.

32. Thyroid Carcinoma (Anaplastic Carcinoma)

    a. Used as a single agent or in combination with lenvatinib; and

    b. Recipient has stage IVC disease; and

        1. Used as aggressive first-line therapy; or

        2. Used as second-line therapy

33. Endometrial Carcinoma (Uterine Neoplasms)

    a. Used in combination with lenvatinib; and

1. Disease is pMMR as determined by an FDA-approved or CLIA-compliant test or not MSI-H; and

    a. Used as first-line therapy for recurrent disease after prior platinum-based therapy (excluding use in recipients with isolated metastases); or

    b. Used as subsequent therapy for advanced, recurrent, or metastatic disease; or

b. Used in combination with carboplatin and paclitaxel, followed by single agent maintenance therapy; and

1. Used as adjuvant treatment; and

    a. Recipient has Stage III or IV endometrioid adenocarcinoma; or

2. Used as primary treatment (excluding use in recipients with carcinosarcoma); and

    a. Recipient has Stage III or IV disease; or

3. Used for recurrent disease (excluding use in recipients with carcinosarcoma; or

c. Used as a single agent as maintenance therapy following treatment with pembrolizumab in combination with carboplatin and paclitaxel.

34. Vaginal Cancer

a. Tumor expresses PD-L1 (CPS ≥1) as determined by an FDA-approved or CLIA-compliant test; and

b. Recipient has recurrent or metastatic disease; and

1. Used as a single agent as subsequent therapy; or

2. Used in combination with cisplatin or carboplatin, paclitaxel, and with or without bevacizumab; and

    a. Used as first-line therapy; or

    b. Used as subsequent therapy (if not previously used as first-line)

35. Vulvar Cancer

    a. Used as a single agent; and

    b. Recipient has adenocarcinoma or squamous cell carcinoma; and

    c. Recipient has advanced, recurrent, or metastatic disease; and

    d. Tumor expresses PD-L1 (CPS ≥1) as determined by an FDA-approved or CLIA-compliant test; and

    e. Used as second-line therapy for disease progression on or after chemotherapy.

36. MSI-H or dMMR Cancer

    a. Recipient is at least six months of age; and

    b. Recipient has MSI-H or dMMR solid tumors, as determined by an FDA approved or CLIA compliant test; and

    c. Recipient has unresectable or medically inoperable, advanced, recurrent, persistent, or metastatic solid tumors; and

        1. Used as a single agent; and

            a. Used for disease progression following prior treatment; or

            b. Used as initial therapy; and

                1. Recipient has one of the following cancers:

                    a. Ampullary Adenocarcinoma

                    b. Biliary Tract Cancers (Gallbladder Cancer, Intra-/Extra-hepatic Cholangiocarcinoma)

                    c. Appendiceal Adenocarcinoma – Colon Cancer

                    d. Colorectal Cancer

                    e. Esophageal Cancer or Esophagogastric/Gastroesophageal Junction Cancer

f. Gastric Cancer

g. Salivary Gland Tumors

h. Very Advanced Squamous Cell Carcinoma of the Head and Neck (non-nasopharyngeal-type)

i. Occult Primary/Cancer of Unknown Primary (CUP)

j. Pancreatic Adenocarcinoma

k. Small Bowel Adenocarcinoma

l. Endometrial Carcinoma (Uterine Neoplasms) (excluding recipients with isolated metastases); or

a. Used as induction systemic therapy to relieve dysphagia; and

b. Recipient has Esophageal Cancer or Esophagogastric/Gastroesophageal Junction Cancer; and

c. Recipient is medically fit and planned for esophagectomy with cT2, N0 (high-risk lesions: lymphovascular invasion, ≥3cm, poorly differentiated), cT1b-cT2, N+ or cT3-cT4a, Any N disease; or

1. Used as neoadjuvant therapy; and

a. Recipient has one of the following cancers:

1. Colorectal Cancer

2. Esophageal or Esophagogastric/Gastroesophageal Junction Adenocarcinoma

3. Gastric Cancer; or

4. Biliary Tract Cancers (Gallbladder Cancer only) (excluding recipients with disease presenting as jaundice); or

2. Used as postoperative management; and

a. Used following R0 resection in recipients who have received preoperative therapy with pembrolizumab; and

b. Recipient has one of the following cancers:

1. Esophageal or Esophagogastric/Gastroesophageal Junction Adenocarcinoma

2. Gastric Cancer; or

d. Used in combination with oxaliplatin and either fluorouracil or capecitabine; and

1. Recipient has esophageal or Esophagogastric/Gastroesophageal Junction Cancer; and

a. Used as first-line therapy; or

b. Used as induction systemic therapy to relieve dysphagia; and

1. Recipient is medically fit and planned for esophagectomy with cT2, N0 (high-risk lesion; lymphovascular invasion, ≥3 cm, poorly differentiated), cT1b-cT2, N+ or cT3-cT4a, Any N disease; or

2. Recipient has Gastric Cancer; and

a. Used as first-line therapy

37. POLE/POLD1 Mutation Cancer

a. Used as a single agent; and

1. Recipient has advanced or metastatic Appendiceal Adenocarcinoma, Small Bowel Adenocarcinoma, Colon Cancer, or Rectal Cancer

38. TMB-H Cancer

a. Recipient is at least six months of age; and

b. Recipient has tumor mutational burden-high (TMB-H0 [≥10 mut/Mb] solid tumors as determined by an FDA-approved or CLIA-compliant test; and

c. Used as a single agent; and

d. Pediatric recipients must not have a diagnosis of TMB-H central nervous system cancer; and

e. Recipient has unresectable or medically inoperable, advanced, recurrent, persistent, or metastatic solid tumors; and

1. Used for disease progression following prior treatment; or

2. Used as initial therapy; and

a. Recipient has one of the following cancers:

b. Ampullary Adenocarcinoma

c. Salivary Gland Tumors

d. Very Advanced Squamous Cell Carcinoma of the Head and Neck (non-nasopharyngeal type)

e. Occult Primary/CUP

f. Pancreatic Adenocarcinoma

g. Medullary Thyroid Carcinoma

h. Follicular, Oncocytic, or Papillary Thyroid Carcinoma (only applicable to recipients not amenable to radioactive iodine therapy)

i. Endometrial Carcinoma (Uterine Neoplasms) (excluding recipients with isolated metastases)

b. Dosage Limits

1. Keytruda® 100 mg/4 mL single use vial: 12 vials per 14-day supply.

c. Recertification Requests:

Coverage will be provided for six months and may be renewed (unless otherwise specified).

1. Recipient continues to meet the universal and other indication-specific relevant criteria identified in Section 2a; and

2. Disease response with treatment as defined by stabilization of disease or decrease in size of tumor or tumor spread; and

3. Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: severe infusion-related reactions, severe immune-mediated adverse reactions (e.g., pneumonitis, hepatitis, colitis, endocrinopathies, nephritis with renal dysfunction, dermatologic adverse reactions/rash, etc.), hepatotoxicity when used in combination with axitinib, complications of allogeneic HSCT, etc.; and

4. For the following indications, recipient has not exceeded a maximum of 24 months of therapy:

a. Adrenal Gland Tumors

b. Anal Carcinoma

c. Bladder Cancer/Urothelial Carcinoma

d. Cervical Cancer

e. cHL

f. CNS Cancer

g. Cutaneous Melanoma (in combination with ipilimumab, lenvatinib, or trametinib and dabrafenib only)

h. Cutaneous Squamous Cell Carcinoma (cSCC)

i. Endometrial Carcinoma

j. Esophageal Cancer and Esophagogastric/Gastroesophageal Junction Cancer (first-line or subsequent therapy)

k. Gastric Cancer (first-line therapy)

l. HCC

m. MCC

n. MSI-H/dMMR Cancer excluding post operative therapy for MSI-H/dMMR Esophageal, Esophagogastric/Gastroesophageal Junction and Gastric Cancer

o. NSCLC (first-line or subsequent therapy)

p. POLE/POLD1 Mutation Cancer

q. Primary Cutaneous Lymphomas

r. Primary Mediastinal Large B-Cell Lymphoma (PMBCL)

s. RCC (first-line or subsequent therapy)

t. SCLC

u. Squamous Cell Carcinoma of the Head and Neck (SCCHN)

v. Thymic Carcinoma

w. Thyroid Carcinoma (Anaplastic Carcinoma)

x. TMB-H Cancer

y. Triple Negative Breast Cancer (recurrent unresectable or metastatic disease)

z. Uveal Melanoma

aa. Vaginal Cancer

bb. Vulvar Cancer

5. Kaposi Sarcoma

a. Coverage may not be renewed.

6. MSI-H/dMMR Esophageal, Esophagogastric/Gastroesophageal Junction, and Gastric Cancer (postoperative therapy)

a. Recipient has not exceeded a maximum of 48 weeks (16 doses) of postoperative therapy after surgery.

7. NSCLC (adjuvant treatment)
a. Recipient has not exceeded a maximum of 12 months of therapy

8. NSCLC (resectable disease)

a. Recipient has not exceeded a maximum of 12 weeks of neoadjuvant therapy and 39 weeks of adjuvant therapy

9. Renal Cell Carcinoma (adjuvant treatment)

a. Recipient has not exceeded a maximum of 12 months of therapy

10. Triple Negative Breast Cancer (neoadjuvant treatment)

a. Recipient has not exceeded a maximum of 24 weeks of therapy

11. Triple Negative Breast Cancer (adjuvant treatment)

a. Recipient has not exceeded a maximum of 27 weeks of therapy

12. Cutaneous Melanoma (subsequent treatment after prior anit-PD-1 immunotherapy or BRAF/MEK + anti-PD-1 immunotherapy)

a. Refer to Section 2a for criteria

13. Cutaneous Melanoma (adjuvant treatment)

a. Recipient has not exceeded a maximum of 12 months of therapy

14. Endometrial Carcinoma (continuous maintenance treatment)

a. Refer to Section 2a for criteria

15. Cervical Cancer (continuous maintenance treatment)

a. Refer to Section 2a for criteria

d. PA Guidelines:

1. Coverage will be provided for six months and may be renewed (unless otherwise specified).

   a. Adrenal Gland Tumors, Anal Carcinoma, Biliary Tract Cancer (Gallbladder Cancer or Intra-/Extra-Hepatic Cholangiocarcinoma), Bladder Cancer/Urothelial Carcinoma, Cervical Cancer, cHL, CNS Cancer, Cutaneous Melanoma (in combination with ipilimumab, lenvatinib, or trametinib and dabrafenib), cSCC, Endometrial Carcinoma (Uterine Neoplasms), Esophageal and Esophagogastric/Gastroesophageal Junction Cancer (first-line or subsequent therapy), Gastric Cancer (first-line therapy), HCC, MCC, MSI-H/dMMR Cancer, NSCLC (first-line or subsequent therapy), PMBCL, POLE/POLD1 Mutation Cancer, Primary Cutaneous Lymphomas, RCC (first-line or subsequent therapy), SCCHN, SCLC, Thymic Carcinoma, Thyroid Carcinoma (Anaplastic), TMB-H Cancer, TNBC (recurrent unresectable or metastatic disease), Uveal Melanoma, Vaginal Cancer and Vulvar Cancer can be authorized up to a maximum of 24 months of therapy.

   b. Kaposi Sarcoma may not be renewed.

   c. Therapy for MSI-H/dMMR Esophageal, Esophagogastric/Gastroesophageal Junction, and Gastric Cancer can be authorized for a maximum of 48 weeks (16 doses) of postoperative therapy after surgery.

   d. Adjuvant therapy in NSCLC and RCC can be authorized up to a maximum of 12 months of therapy.

   e. Therapy for resectable NSCLC can be authorized for up to a maximum of 12 weeks of neoadjuvant therapy and 39 weeks of adjuvant therapy.

   f. Therapy for Cutaneous Melanoma can be authorized for up to a maximum of eight weeks of neoadjuvant therapy (three doses), followed by a maximum of 44 weeks (15 doses) of adjuvant therapy.

   g. Adjuvant therapy in Cutaneous Melanoma (if no previous neoadjuvant pembrolizumab was used) can be authorized up to a maximum of 12 months of therapy.

   h. Neoadjuvant therapy in TNBC can be authorized up to a maximum of 24 weeks of therapy.

i. Adjuvant therapy in TNBC can be authorized up to a maximum of 27 weeks of therapy.

K. Kadcyla® (ado-trastuzumab emtansine)

Therapeutic Class: Antineoplastic-Antibody Drug Conjugates (ADCs)
Last Reviewed by DUR Board: April 18, 2024

Kadcyla® (ado-trastuzumab emtansine) are subject to PA and quantity limitations based on the Application of Standards in Section 1927 of the SSA Act and/or approved by the DUR Board. Refer to the Nevada Medicaid and Check Up Pharmacy Manual for specific quantity limits.

1. Coverage is provided in the following conditions:

   a. Recipient is at least 18 years of age; and

   b. Universal Criteria

      1. LVEF is within normal limits prior to initiating therapy and will be assessed at regular intervals (e.g., every three months) during treatment; and

      2. Used as a single agent; and

      3. Therapy will not be substituted with or for any trastuzumab-based formulation (i.e., trastuzumab [or trastuzumab biosimilar product], fam-trastuzumab deruxtecan-nxki, trastuzumab-hyaluronidase, pertuzumab/trastuzumab and hyaluronidase-zzxf, etc.); and

   c. Breast Cancer

      1. Recipient has HER2-positive disease as determined by an FDA-approved or CLIA-compliant test; and

         a. Used as adjuvant therapy; and

            1. Recipient has locally advanced or node positive disease; and

               a. Used for residual disease following completion of planned chemotherapy and mastectomy or breast-conserving surgery (BCS); or

               b. Used in recipients not considering pre-operative systemic therapy; or

            2. Recipient has inflammatory breast cancer; and

a. Used in recipients who had a response to preoperative systemic therapy, followed by surgery, and needs to complete planned chemotherapy; or

b. Recipient has residual disease following preoperative therapy; or

3. Recipient has early breast cancer with residual invasive disease after neoadjuvant taxane and trastuzumab-based therapy; or

b. Recipient has metastatic or recurrent unresectable disease or inflammatory breast cancer with no response to preoperative systemic therapy; and

1. Used as second-line therapy and beyond; or

c. Recipient has metastatic disease that recurred during or within six months of completing adjuvant therapy; and

1. Recipient previously received trastuzumab and a taxane, separately or in combination.

d. CNS Cancer

1. Recipient has HER2-positive disease as determined by an FDA approved or CLIA-compliant test; and

2. Used for the treatment of brain metastases in recipients with breast cancer; and

a. Used as initial treatment in recipients with small asymptomatic brain metastases; or

b. Used for relapsed limited brain metastases with either stable systemic disease or reasonable systemic treatment options; or

c. Recipient has recurrent limited brain metastases; or

d. Used for recurrent extensive brain metastases with stable systemic disease or reasonable systemic treatment options.

e. NSCLC

1. Recipient has ERBB2 (HER2) mutation positive disease as determined by an FDA-approved or CLIA-compliant test; and

2. Used as subsequent therapy; and

3. Recipient has recurrent, advanced, or metastatic disease (excluding locoregional recurrence or symptomatic local disease without evidence of disseminated disease) or mediastinal lymph node recurrence with prior radiation therapy.

f. Head and Neck Cancer

1. Recipient has HER2-positive disease as determined by an FDA-approved or CLIA-compliant test; and

2. Recipient has salivary gland tumors; and

3. Used for one of the following:

a. Recurrent disease with distant metastases

b. Unresectable locoregional recurrence with prior RT

c. Unresectable second primary with prior RT.

2. Dosing Limits

a. Quantity Limit (max daily dose) [NDC Unit]:

1. Kadcyla® 100 mg single-dose vial: one vial every 21 days.

2. Kadcyla® 160 mg single-dose vial: three vials every 21 days.

b. Max Units (per dose and over time) [HCPCS Unit]:

1. 480 billable units every 21 days.

3. Renewal Criteria:

Coverage may be renewed based upon the following criteria:

a. Recipient continues to meet the universal and other indication-specific relevant criteria such as concomitant therapy requirements (not including prerequisite therapy), performance status, etc. identified in Section III; and

b. Disease response with treatment as defined by stabilization of disease or decrease in size of tumor or tumor spread; and

c. Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: left ventricular dysfunction, hepatotoxicity, pulmonary toxicity (i.e., interstitial lung disease, pneumonitis), thrombocytopenia, neurotoxicity, infusion-related and hypersensitivity reactions, hemorrhage, extravasation at infusion site, etc.; and

d. Left ventricular ejection fraction (LVEF) obtained within the previous three months as follows:

1. Metastatic or Recurrent Breast Cancer: LVEF is >45% or LVEF is 40% to ≤45% and absolute decrease is <10% from baseline; or

2. All other indications: LVEF is ≥50% or LVEF is 45% to <50% and absolute decrease is <10% from baseline; and

e. Breast Cancer (adjuvant treatment)

1. Recipient has not exceeded a maximum of 14 cycles of therapy (42 weeks total). (May be given up for up to 17 cycles in recipients who did not receive preoperative therapy).

4. PA

a. Coverage will be provided for six months and may be renewed, unless otherwise specified.

b. Adjuvant treatment in breast cancer is limited to 14 cycles (42 weeks total). (May be given for up to 17 cycles in recipients who did not receive preoperative therapy).

L. Aranesp® (darbepoetin alfa)

Therapeutic Class: Recombinant Human Erythropoietins
Last Reviewed by DUR Board: ~~January 19, 2023~~ July 18, 2024

Aranesp® (darbepoetin alfa) are subject to PA and quantity limitations based on the Application of Standards in Section 1927 of the SSA Act and/or approved by the DUR Board. Refer to the Nevada Medicaid and Check Up Pharmacy Manual for specific quantity limits.

1. ~~Approval will be given if the following criteria are met and documented~~Coverage is provided in the following conditions:

   a. Recipient is at least 18 years of age (unless otherwise specified); and

   b. Initiation of therapy Hb <10 g/dL and/or Hct <30%; and

   c. Universal Criteria

      1. Lab values are obtained within 30 days of the date of administration (unless otherwise indicated); and

      2. Recipient has adequate iron stores as demonstrated by serum ferritin ≥100 ng/mL (mcg/L) and transferrin saturation (TSAT) ≥20% (measured within the previous three months for renewal); and

      3. Other causes of anemia (e.g. hemolysis, bleeding, vitamin deficiency, etc.) have been ruled out; and

      4. Recipient does not have uncontrolled hypertension; and

   d. Anemia Due to Myelodysplastic Syndrome (MDS)

      1. ~~Endogenous serum erythropoietin level of ≤500 units/mL~~Recipient has symptomatic anemia; and

         a. Recipient has lower risk disease (defined as IPSS [Low/Intermediate-1]); and

            1. Used as a single agent for del(5q) mutation (excluding use in patients with cytogenetic abnormality involving chromosome 7); or

         b. ~~2.~~ Recipient has lower risk disease (i.e., defined by IPSS-R [Very Low, Low, Intermediate]); and

            1. Recipient does not have del(5q) mutation; and

a. Recipient has a serum erythropoietin (EPO) ≤ 500 mU/mL; and

1. Recipient has ring side oblasts <15% (or <5% with an SF3B1 mutation); and

a. Used as a single agent; or

b. Used in combination with either lenalidomide or a granulocyte-colony stimulating factor (G-CSF) following no response (despite adequate iron stores) or erythroid response followed by loss of response to an erythropoiesis-stimulating agent (ESA) alone; or

2. Recipient has ring side oblasts ≥15% (or ring side oblasts ≥5% with an SF3B1 mutation); and

a. Used as a single agent; or

b. Used in combination with a G-CSF

~~3. Recipient has symptomatic anemia.~~

e. Anemia Due to Myeloproliferative Neoplasms (MPN) – Myelofibrosis

1. Endogenous serum erythropoietin level of <500 units/mL.

f. Anemia Due to Chemotherapy Treatment

1. Recipient is receiving concomitant myelosuppressive chemotherapy for a non-myeloid malignancy; and

2. Recipient's chemotherapy is not intended to cure their disease (i.e., palliative treatment); and

3. There are a minimum of two additional months of planned chemotherapy.

g. Anemia Due to Chronic Kidney Disease (CKD) (Non-Dialysis Recipients)

1. Recipient at least one month of age.

2. Dosage Limits

a. Quantity Limits (max daily dose) [NDC Unit]

1. Aranesp® 10 mcg prefilled syringe: one syringe up to every seven days

2. Aranesp® 25 mcg vial or prefilled syringe: one vial or syringe up to every seven days

3. Aranesp® 40 mcg vial or prefilled syringe: one vial or syringe up to every seven days

4. Aranesp® 60 mcg vial or prefilled syringe: one vial or syringe up to every seven days

5. Aranesp® 100 mcg vial or prefilled syringe: one vial or syringe up to every seven days

6. Aranesp® 150 mcg prefilled syringe: one syringe up to every seven days

7. Aranesp® 200 mcg vial or prefilled syringe: one vial or syringe up to every seven days

8. Aranesp® 300 mcg vial or prefilled syringe: one vial or syringe up to every 14 days (MPN may be as frequent as every seven days)

9. Aranesp® 500 mcg prefilled syringe: one syringe up to every 14 days

b. Max Units (per dose and over time) [HCPCS Unit]:

1. MDS (J0881 only): 500 billable units every 14 days

2. MPN (J0881 only): 300 billable units every seven days

3. CKD (Non-Dialysis Recipients):

a. Initial: 100 billable units every 14 days

b. Maintenance: 600 billable units every 28 days

4. Chemotherapy-induced: 600 billable units every 21 days

3. Recertification Requests:

a. Coverage can be renewed based upon the following criteria:

1. ~~a.~~ Recipient continues to meet universal and other indication-specific relevant criteria identified in Section III; and

2. ~~b.~~ Previous dose was administered within the past 60 days; and

3. ~~c.~~ Disease response with treatment as defined by improvement in anemia compared to pretreatment baseline; and

4. ~~d.~~ Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: pure red cell aplasia, severe allergic reactions (anaphylaxis, angioedema, bronchospasm, etc.), severe cardiovascular events (stroke, myocardial infarction, congestive heart failure, thromboembolism, etc.), uncontrolled hypertension, seizures, increased risk of tumor progression/recurrence in recipients with cancer, severe cutaneous reactions (erythema multiforme, SJS/TEN, etc.), etc.; and

5. ~~e.~~ Anemia Due to MDS:

   a. ~~1.~~ Hb <12 g/dL and/or Hct <36%

6. ~~f.~~ Anemia Due to MPN – Myelofibrosis:

   a. ~~1.~~ Hb <10 g/dL and/or Hct <30%

7. ~~g.~~ Anemia Due to Chemotherapy Treatment:

   a. ~~1.~~ Refer to Section III for criteria

8. ~~h.~~ Anemia Due to CKD (Non-Dialysis Recipients):

   a. ~~1.~~ Pediatric recipients: Hb <12 g/dL and/or Hct <36%

   b. ~~2.~~ Adult recipients: Hb <11 g/dL and/or Hct <33%.

4. PA Guidelines:

   a. Initial approval will be given for 45 days and may be renewed.

   ~~b.~~ ~~Recertification will be given for 45 days.~~

M. Long-Acting Granulocyte Colony Stimulating Factors (LA-gCSF) ~~– Pegfilgrastim~~:
Neulasta®; Fulphila®; Udenyca®; Ziextenzo®; Nyvepria™; Fylnetra®; Stimufend®

Therapeutic Drug Class: Colony Stimulating Factors
Last Reviewed by DUR Board: ~~April 18~~ July 19, 2024

Colony Stimulating Factors are subject to PA and quantity limitations based on the Application of Standards in Section 1927 of the SSA Act and/or approved by the DUR Board. Refer to the Nevada Medicaid and Check Up Pharmacy Manual for specific quantity limits.

1. Pegfilgrastim

a. Coverage is provided in the following conditions:

1. Prophylactic use in recipients with solid tumors or non-myeloid malignancy

a. Recipient is undergoing myelosuppressive chemotherapy with an expected incidence of febrile neutropenia of >20%; or

b. Recipient is undergoing myelosuppressive chemotherapy with an expected incidence of febrile neutropenia of 10% to 20% and one or more ~~of the following co-morbidities~~ recipient related risk factors~~:~~

~~1. Age ≥65 years receiving full dose intensity chemotherapy~~

~~2. Extensive prior exposure to chemotherapy~~

~~3. Previous exposure of pelvis, or other areas of large amounts of bone marrow, to radiation~~

~~4. Persistent neutropenia (ANC ≤1000/mm (3))~~

~~5. Bone marrow involvement by tumor~~

~~6. Recipient has a condition that can potentially increase the risk of serious infection (i.e., HIV/AIDS with low CD4 counts)~~

~~7. Recent surgery and/or open wounds~~

~~8. Poor performance status~~

~~9. Renal dysfunction (creatinine clearance <50 mL/min)~~

~~10. Liver dysfunction (elevated bilirubin >2.0 mg/dL)~~

~~11. Chronic immunosuppression in the post-transplant setting, including organ transplant~~

2. Recipient who experience a neutropenic complication from a prior cycle of the same chemotherapy

3. Recipients acutely exposed to myelosuppressive doses from radiation (Hematopoietic Acute Radiation Syndrome [H-ARS])

4. BMT failure or engraftment delay (Neulasta®, Fulphila®, Udenyca®, Ziextenzo®, Nyvepria™, Fylnetra®, and Stimufend® only)

5. Peripheral blood progenitor cell (PBPC) mobilization and transplant (Neulasta®, Fulphila®, Udenyca®, Ziextenzo®, Nyvepria™, Fylnetra®, and Stimufend® only)

6. Wilms Tumor (Nephroblastoma) (Neulasta®, Fulphila®, Udenyca®, Ziextenzo®, Nyvepria™, Fylnetra®, and Stimufend® only)

   a. Recipient has favorable histology disease; and

   b. Used in combination with a cyclophosphamide-based chemotherapy regimen (i.e., Regimen M or I only)

b. Dosage Limits

   1. Quantity Limit (max daily dose) [NDC Unit]:

      a. Neulasta® 6 mg single-dose prefilled syringe: one syringe per 14 days

      b. Neulasta® 6 mg single-dose prefilled syringe Onpro kit: one kit per 14 days

      c. Fulphila® 6 mg single-dose prefilled syringe: one syringe per 14 days

      d. Udenyca® 6 mg single-dose prefilled syringe: one syringe per 14 days

      e. Udenyca® 6 mg single-dose prefilled autoinjector: one autoinjector per 14 days

      f. Udenyca® 6 mg single-dose prefilled syringe ONBODY kit: one kit per 14 days

      g. Ziextenzo® 6 mg single-dose prefilled syringe: one syringe per 14 days

h Nyvepria™ 6 mg single-dose prefilled syringe: one syringe per 14 days

i. Fylnetra® 6 mg single-dose prefilled syringe: one syringe per 14 days

j. Stimufend® 6 mg single-dose prefilled syringe: one syringe per 14 days

2. Max Units (per dose and over time) [HCPCS Unit]:

a. Acute Radiation Exposure

1. 12 billable units weekly x two doses

2. 12 billable units x two doses

b. BMT failure or engraftment delay/PBPC mobilization and transplant

1. 12 billable units x two doses

c. All other indications:

1. 12 billable units per 14 days

c. Recertification Requests:

~~Coverage for use in BMT failure or engraftment delay and PBPC mobilization and transplant may not be renewed.~~

1. Coverage for all other indications can be renewed based upon the following criteria:

a. Recipient continues to meet indication-specific relevant criteria such as concomitant therapy requirements (not including prerequisite therapy), performance status, etc. identified in Section III; and

b. Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: splenic rupture, acute respiratory distress syndrome (ARDS), serious allergic reactions/anaphylaxis, sickle cell crisis, glomerulonephritis, leukocytosis, thrombocytopenia, capillary leak syndrome, potential for tumor growth stimulation of malignant cells, aortitis, myelodysplastic syndrome and acute myeloid leukemia in recipients with breast and lung cancer, etc.; and

c. BMT failure or engraftment delay (Neulasta®, Fulphila®, Udenyca®, Ziextenzo®, Nyvepria™, Fylnetra®, and Stimufend® only)

1. Coverage may not be renewed.

d. Peripheral blood progenitor cell (PBPC) mobilization and transplant (Neulasta®, Fulphila®, Udenyca®, Ziextenzo®, Nyvepria™, Fylnetra®, and Stimufend® only)

1. Coverage may not be renewed.

e. Acute exposure to myelosuppressive doses of radiation (Hematopoietic Acute Radiation Syndrome [H-ARS])

1. Coverage may not be renewed.

d. PA Guidelines:

1. BMT failure or engraftment delay: Coverage will be provided for one dose only and may not be renewed.

2. PBPC mobilization and transplant: Coverage will be provided for one dose only and may not be renewed.

3. Acute exposure to myelosuppressive doses of radiation (H-ARS): Coverage will be provided for two doses and may not be renewed.

4. All other indications: Coverage will be provided for four months and may be renewed unless otherwise specified.

N. Pemetrexed
Alimta®; Pemfexy™; ~~Pemrydi RTU®;~~ Pemetrexed

Therapeutic Drug Class: Antimetabolites
Last Reviewed by DUR Board: April 18, 2024

Antimetabolites are subject to PA and quantity limitations based on the Application of Standards in Section 1927 of the SSA Act and/or approved by the DUR Board. Refer to the Nevada Medicaid and Check Up Pharmacy Manual for specific quantity limits.

1. Coverage is provided in the following conditions:

   a. Recipient is at least 18 years of age; and

   b. CNS Cancers

      1. Used as single agent: and

         a. Recipient has Primary CNS Lymphoma; and

            1. Used as induction therapy in recipients unsuitable for or intolerant to high-dose methotrexate (MTX); or

            2. Used for relapsed or refractory disease.

         b. Recipient has leptomeningeal metastases from EGFR mutation-positive NSCLC; and

            1. Used as primary treatment in recipient with good risk status (i.e. KPS ≥60, no major neurologic deficits, minimal systemic disease, and reasonable systemic treatment options if needed); or

            2. Used as maintenance treatment in recipients with negative CSF cytology or in clinically stable recipients with persistently positive CSF cytology

   c. Cervical Cancer

      1. Used as subsequent therapy for recurrent or metastatic disease; and

      2. Recipient has squamous cell carcinoma, adenocarcinoma, or adenosquamous carcinoma; and

      3. Used as a single agent.

   d. MPeM

1. Used as adjuvant therapy; and

   a. Recipient has unicavitary disease with epithelioid histology; and

   b. Recipient has surgical/pathologic high-risk features, and no neoadjuvant therapy was given; and

      1. Used as a single agent or in combination with cisplatin or carboplatin (if cisplatin ineligible); or

      2. Used in combination with bevacizumab and either cisplatin or carboplatin (if cisplatin ineligible); or

2. Used as first-line therapy; and

   a. Used in combination with bevacizumab and either cisplatin or carboplatin (if cisplatin ineligible); or

   b. Used as a single agent or in combination with cisplatin or carboplatin (if cisplatin ineligible); or

3. Used as subsequent therapy; and

   a. Used as a single agent or used in combination with cisplatin or carboplatin (if cisplatin ineligible), with or without bevacizumab,

      1. Immunotherapy (i.e., nivolumab/ipilimumab) was administered as first-line treatment; or

      2. Used as rechallenge if pemetrexed was administered first-line with good response.

e. MPM

1. Used as induction therapy; and

   a. Used in combination with cisplatin or carboplatin (if cisplatin ineligible) in recipients with clinical stage I-IIIA disease and epithelioid histology; or

2. Used as first-line therapy; and

   a. Used in combination with bevacizumab and either cisplatin or carboplatin (if cisplatin ineligible); or

   b. Used as a single agent; or in combination with cisplatin or carboplatin (if cisplatin ineligible); or

c. Used in combination with cisplatin or carboplatin (if cisplatin ineligible), with or without bevacizumab, if immunotherapy was administered as first-line treatment; or

3. Used as subsequent therapy; and

a. Used as a single agent or in combination with cisplatin or carboplatin (if cisplatin ineligible), with or without bevacizumab; and

1. Immunotherapy (i.e., nivolumab/ipilimumab) was administered as first-line treatment; or

2. Used as rechallenge if pemetrexed was administered first-line with a good response.

f. Non-Squamous Non-Small Cell Lung Cancer (NS-NSCLC)

1. Used in combination with carboplatin or cisplatin-containing regimen; or

2. Used in combination with bevacizumab, pembrolizumab, cemiplimab, or durvalumab for continuation maintenance therapy if previously used first-line and recipient achieved a tumor response or stable disease following initial therapy; or

3. Used as a single agent; and

a. Recipient has recurrent, advanced, or metastatic disease (excluding locoregional recurrence or symptomatic local disease without evidence of disseminated disease) or mediastinal lymph node recurrence with prior radiation therapy; and

1. Used as first-line therapy for tumors that are negative for actionable molecular biomarkers; or

2. Used as first-line therapy for EGFR exon 20 mutation, BRAF V600E-mutation, NTRK1/2/3 gene fusion, MET exon-14 skipping mutation, EGFR exon 20 mutation, KRAS G12C mutation, or RET rearrangement, or ERBB2 (HER2) mutation positive tumors; or

3. Used as subsequent therapy; or

4. Used continuation or switch maintenance therapy in recipients who have achieved tumor response or stable disease following initial therapy.

g. Thymomas/Thymic Carcinoma

1. Used as a single agent; and

a. Recipient is unable to tolerate first-line combination regimens; and

1. Used as preoperative systemic therapy for surgically resectable disease if R0 resection is considered uncertain; or

2. Used as postoperative treatment after R1 (microscopic residual tumor) or R2 (macroscopic residual tumor) resection

3. Used as first-line therapy for recurrent, advanced, or metastatic disease; or

b. Used as second-line therapy; and

1. Recipient has unresectable or metastatic disease.

h. Ovarian Fallopian Tube, and Primary Peritoneal Cancer

1. Used as single agent; and

a. Recipient has recurrent or persistent Grade 1 Endometrioid Carcinoma, Carcinosarcoma (Malignant Mixed Müllerian Tumors), Mucinous Carcinoma of the Ovary, Epithelial Ovarian/Fallopian Tube/Primary Peritoneal Cancer, or Clear Cell Carcinoma of the Ovary; and

1. Recipient is not experiencing an immediate biochemical relapse (i.e., rising CA-125 without radiographic evidence of disease); or

a. Recipient is not experiencing an immediate biochemical relapse (i.e., rising CA-125 without radiographic evidence of disease); or

b. Recipient has recurrent Low-Grade Serous Carcinoma.

2. Dosage Limits

a. Quantity Limit (max daily dose) [NDC Unit]:

1. Alimta® 100 mg powder for injection in a single-use vial: four vials every 21 days

2. Alimta® 500 mg powder for injection in a single-use vial: four vials every 21 days

~~3. Pemfexy™ 500 mg solution for injection in a multi-dose vial: four vials every 21 days~~

~~4. Pemetrexed 750 mg powder for injection: two vials every 21 days~~

~~5. Pemetrexed 1000 mg powder for injection: two vials every 21 days~~

~~6. Pemetrexed 100 mg/4 mL solution for injection: four vials every 21 days~~

~~7. Pemetrexed 500 mg/20 mL solution for injection: four vials every 21 days~~

~~2. Pemetrexed 850 mg/34 mL solution for injection: two vials every 21 days~~

~~3. Pemetrexed 1000 mg/40 mL solution for injection: two vials every 21 days.~~

~~4. Pemrydi RTU® 100 mg/10 mL solution for injection: four vials every 21 days~~

~~5. Pemrydi RTU® 500 mg/50 mL solution for injection: four vials every 21 days~~

~~6. Pemrydi RTU® 1000 mg/100 mL solution for injection: two vials every 21 days~~

b. Max Units (per dose and over time) [HCPCS Unit]:

1. Pemfexy™ (500 mg MDV):

a. Primary CNS Lymphoma, Cervical Cancer, and Ovarian Cancer: 225 billable units every 21 days

b. Leptomeningeal Metastases from NSCLC: five billable units every 28 days

c. Thymomas/Thymic Carcinoma: 125 billable units every 21 days for six cycles

d. All other indications: 125 billable units every 21 days

2. Pemetrexed (Bluepoint) (100 mg, 500 mg, 750 mg, and 1000 mg SDV):

a. Primary CNS Lymphoma, Cervical Cancer, and Ovarian Cancer 225 billable units every 21 days

b. Leptomeningeal Metastases from NSCLC: 10 billable units every 28 days

c. Thymomas/Thymic Carcinoma: 125 billable units every 21 days for six cycles

d. All other indications: 125 billable units every 21 days

3. Pemrydi RTU (100 mg, 500 mg, and 1000 mg SDV):

a. Primary CNS Lymphoma, Cervical Cancer, and Ovarian Cancer: 230 billable units every 21 days

b. Leptomeningeal Metastases from NSCLC: 10 billable units every 28 days

c. Thymomas/Thymic Carcinoma: 130 billable units every 21 days for six cycles

d. All other indications: 130 billable units every 21 days

4. All other manufacturers (100 mg, 500 mg, 850 mg, and 1000 mg SDV):

a. Primary CNS Lymphoma, Cervical Cancer, and Ovarian Cancer: 230 billable units every 21 days

b. Leptomeningeal Metastases from NSCLC: 10 billable units every 28 days

c. Thymomas/Thymic Carcinoma: 130 billable units every 21 days for six cycles

d. All other indications: 130 billable units every 21 days.

3. Recertification Request

Coverage may be renewed based upon the following criteria:

a. Recipient continues to meet indication-specific relevant criteria such as concomitant therapy requirements (not including prerequisite therapy), performance status, etc. identified in Section III; and

b. Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: myelosuppression (e.g., neutropenia, febrile neutropenia, thrombocytopenia, anemia), renal toxicity (CrCL <45 mL/min), bullous and exfoliative skin toxicity (e.g., SJS/TEN), interstitial pneumonitis, radiation recall, etc.; and

c. Disease response with treatment as defined by stabilization of disease or decrease in size of tumor or tumor spread; and

d. MPeM and MPM

1. Coverage may not be renewed when used in combination with bevacizumab and either cisplatin or carboplatin.

e. Thymomas/Thymic Carcinoma

1. Coverage may not be renewed

4. PA Guidelines

a. Coverage will be provided for six months and may be renewed, unless otherwise specified.

1. Thymomas/Thymic Carcinoma: Coverage will be provided for six cycles and may not be renewed

2. MPeM and MPM in combination with bevacizumab and either cisplatin or carboplatin: Coverage will be provided for six cycles and may not be renewed.

b. Recertification will be approved for six months.

O. HER2 Inhibitors

Therapeutic Drug Class: HER2 Inhibitors
Last Reviewed by DUR Board: April 18, 2024

HER2 Inhibitors are subject to PA and quantity limitations based on the Application of Standards in Section 1927 of the SSA Act and/or approved by the DUR Board. Refer to the Nevada Medicaid and Check Up Pharmacy Manual for specific quantity limits.

1. Perjeta® (pertuzumab)

    a. Coverage is provided in the following conditions:

        1. Recipient is at least 18 years of age; and

        2. Universal Criteria

            a. LVEF is within normal limits prior to initiating therapy and will be assessed at regular intervals (e.g., every three months) during treatment; and

            b. Recipient has HER2-positive disease as determined by an FDA-approved or CLIA-compliant test; and

            c. Therapy will not be used in combination with pertuzumab/trastuzumab and hyaluronidase-zzxf (Phesgo); and

        3. Breast Cancer

            a. Used as neoadjuvant or preoperative therapy; and

                1. Recipient has locally advanced, node positive, or inflammatory disease; and

                2. Used in combination with trastuzumab and chemotherapy; or

            b. Used as adjuvant therapy; and

                1. Recipient has locally advanced, node positive, or inflammatory disease; and

                    a. Used in combination with trastuzumab and chemotherapy; or

                    b. Used in combination with trastuzumab; or

c. Used for recurrent unresectable or metastatic disease or inflammatory breast cancer with no response to preoperative systemic therapy; and

1. Used as first-line therapy in combination with trastuzumab and either paclitaxel or docetaxel; or

2. Used as subsequent therapy in combination with trastuzumab with or without cytotoxic therapy; and

a. Recipient was previously treated with trastuzumab and chemotherapy; and

b. Recipient has not previously received pertuzumab.

4. CNS Cancer

a. Used for the treatment of brain metastases in recipients with breast cancer; and

b. Used in combination with trastuzumab; and

1. Used as initial treatment in recipients with small asymptomatic brain metastases; or

2. Used for relapsed limited brain metastases with either stable systemic disease or reasonable systemic treatment options; or

3. Recipient has recurrent limited brain metastases; or

4. Used for recurrent extensive brain metastases with stable systemic disease or reasonable systemic treatment options.

5. Colorectal Cancer (CRC)

a. Used for RAS and BRAF wild-type (WT) disease in combination with trastuzumab; and

1. Used as initial treatment for unresectable metastatic disease and previous FOLFOX or CAPOX within the past 12 months; and

a. Recipient has pMMR/MSS disease; or

2. Used as primary treatment for unresectable (or medically inoperable) or metastatic disease if intensive therapy is not recommended; and

a. Recipient has not previously received HER2-targeted therapy; and

b. Used in one of the following:

1. Recipient has pMMR/MSS disease; or

2. Recipient has dMMR/MSI-H disease or POLE/POLD1 mutation; and

3. Used as primary treatment for T3, N Any; T1-2, N1-2; T4, N Any; or unresectable (or medically inoperable) rectal cancer if intensive therapy is not recommended; and

a. Used if resection is contraindicated following total neoadjuvant therapy; and

1. Recipient has pMMR/MSS disease; or

2. Recipient has dMMR/MSI-H disease or POLE/POLD1 mutation; and

a. Recipient is not eligible for or has progressed on checkpoint inhibitor immunotherapy; or

b. Used if resection is contraindicated following neoadjuvant/definitive immunotherapy; and

1. Recipient has dMMR/MSI-H disease; or

4. Used as subsequent therapy for progression of advanced or metastatic disease; and

a. Recipient has not previously received HER2-targeted therapy; and

b. Used in one of the following:

1. Recipient has pMMR/MSS disease; or

2. Recipient has dMMR/MSI-H disease or POLE/POLD1 mutation; and

a. Recipient is not eligible for or has progressed on checkpoint inhibitor immunotherapy

6. Appendiceal Adenocarcinoma – Colon Cancer

a. Used for RAS and BRAF WT disease in combination with trastuzumab; and

b. Recipient has not previously received HER2-targeted therapy; and

c. Used for one of the following

1. Used as initial therapy for advanced or metastatic disease if intensive therapy is not recommended; or

2. Used as subsequent therapy for progression of advanced or metastatic disease; and

d. Used in one of the following:

1. Recipient has pMMR/MSS disease; or

2. Recipient has dMMR/MSI-H disease or POLE/POLD1 mutation; and

a. Recipient is not eligible for or has progressed on checkpoint inhibitor immunotherapy

7. Head and Neck Cancer

a. Recipient has salivary gland tumors; and

b. Used in combination with trastuzumab; and

c. Used for one of the following:

1. Recurrent disease with distant metastases

2. Unresectable locoregional recurrence with prior RT

3. Unresectable second primary with prior RT.

8. Biliary Tract Cancers (Gallbladder Cancer or Intra-/Extra-Hepatic Cholangiocarcinoma

a. Used as subsequent treatment for progression on or after systemic treatment for unresectable, R2, or metastatic disease; and

b. Used in combination with trastuzumab.

b. Dosage Limits

1. Quantity Limit (max daily dose) [NDC Unit]:

    a. Perjeta® 420 mg/14 mL solution for injection:

        1. Loading Dose: two vials

        2. Maintenance Dose: one vial every 21 days.

2. Max Units (per dose and over time) [HCPCS Unit]:

    a. Loading Dose: 840 billable units x one dose

    b. Maintenance Dose: 420 billable units every 21 days.

c. Recertification Request

Coverage may be renewed based upon the following criteria:

1. Recipient continues to meet the universal and other indication-specific relevant criteria such as concomitant therapy requirements (not including prerequisite therapy), performance status, etc. identified in Section III; and

2. Disease response with treatment as defined by stabilization of disease or decrease in size of tumor or tumor spread; and

3. Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: left ventricular dysfunction, severe infusion-related reactions, hypersensitivity reactions/anaphylaxis, etc.; and

4. LVEF obtained within the previous three months as follows:

    a. Neoadjuvant and adjuvant treatment of breast cancer: LVEF is ≥50% or LVEF has had an absolute decrease of <10% from baseline

    b. All other indications: LVEF is >45% or LVEF is 40% to 45% and absolute decrease is <10% from baseline.

5. Breast Cancer (neoadjuvant or adjuvant therapy)

    a. Recipient has not exceeded a maximum of one year or treatment (total of 18 cycles).

d. PA Guidelines

1. Coverage is provided for six months and may be renewed (unless otherwise specified).

2. Neoadjuvant and adjuvant treatment in Breast Cancer may be authorized up to a maximum of one year of treatment [18 cycles].

2. Herceptin®; Ogivri®; Kanjinti™; Trazimera™; Herzuma®; Ontruzant® (trastuzumab)

a. Coverage is provided in the following conditions:

1. Recipient is at least 18 years of age; and

2. Universal Criteria

a. LVEF is within normal limits prior to initiating therapy and will be assessed at regular intervals (e.g., every three months) during treatment; and

b. Recipient has HER2-positive disease as determined by an FDA-approved or CLIA-compliant test; and

c. Therapy will not be substituted with or for ado-trastuzumab emtansine (Kadcyla®) or fam-trastuzumab deruxtecan-nxki (Enhertu®); and

d. Therapy will not be used in combination with trastuzumab and hyaluronidase-oysk (Herceptin Hylecta®) or pertuzumab/trastuzumab and hyaluronidase-zzxf (Phesgo®); and

3. Breast Cancer

a. Used as adjuvant therapy; and

1. Recipient has locally advanced, node positive, or inflammatory disease; and

a. Used in combination with taxane-based regimen (e.g., docetaxel, paclitaxel, etc.) with or without pertuzumab; or

b. Used as a single agent; or

c. Used in combination with pertuzumab; or

b. Used as neoadjuvant or preoperative therapy; and

1. Recipient has locally advanced, node positive, or inflammatory disease; and

2. Used in combination with a taxane-based regimen (e.g., docetaxel, paclitaxel, etc.) with or without pertuzumab; or

c. Used for recurrent unresectable or metastatic disease or inflammatory breast cancer; and

1. Used as a single agent in recipients who have received one or more prior chemotherapy regimens for metastatic disease; or

2. Used in combination with one of the following:

a. Paclitaxel as first-line therapy for metastatic disease; or

b. Endocrine therapy (e.g., tamoxifen, fulvestrant, or aromatase inhibition with or without lapatinib) in recipients with hormone-receptor positive disease; and

1. Recipient is post-menopausal; or

2. Recipient is pre-menopausal and is treated with ovarian ablation/suppression; or

3. Recipient is pre-menopausal and will not receive ovarian ablation/suppression (with tamoxifen only); or

4. Recipient is a male (sex assigned at birth).

c. Pertuzumab and a taxane (e.g., docetaxel, paclitaxel) as first-line therapy

d. Capecitabine and tucatinib as second-line therapy and beyond

e. Cytotoxic chemotherapy as fourth-line therapy and beyond

f. Lapatinib (without cytotoxic therapy) as fourth-line therapy and beyond

g. Pertuzumab with or without cytotoxic therapy as subsequent therapy in recipients previously treated with chemotherapy and trastuzumab (without pertuzumab).

4. CNS Cancer

a. Recipient has leptomeningeal metastases from breast cancer; and

1. Trastuzumab will be administered intrathecally; or

a. Used as primary treatment in recipients with good risk status (i.e., KPS ≥60, no major neurologic deficits, minimal systemic disease, or reasonable systemic treatment options); or

b. Used as maintenance therapy; or

b. Recipient has brain metastases from breast cancer; and

1. Used in combination with one of the following:

a. Pertuzumab

b. Capecitabine and tucatinib in recipients previously treated with at least one HER2-directed regimen; and

2. Used in one of the following treatment settings:

a. Used as initial treatment in recipients with small asymptomatic brain metastases; or

b. Recipient has recurrent limited brain metastases; or

c. Recipient has recurrent extensive brain metastases with stable systemic disease or reasonable systemic treatment options; or

d. Recipient has relapsed limited brain metastases with either stable systemic disease or reasonable systemic treatment options.

5. Gastric, Esophageal, and Esophagogastric Junction Cancers

a. Recipient is not a surgical candidate or has unresectable locally advanced, recurrent, or metastatic adenocarcinoma; and

b. Used as first-line therapy; and

1. Used in combination with chemotherapy; or

2. Used in combination with pembrolizumab, fluoropyrimidine-and platinum-containing chemotherapy; and

a. Tumor expresses PD-L1 (CPS ≥1) as determined by an FDA-approved or CLIA compliant test

6. Endometrial Carcinoma – Uterine Neoplasms

a. Used in combination with carboplatin and paclitaxel, followed by single agent maintenance therapy; and

b. Recipient has uterine serous carcinoma or carcinosarcoma; and

1. Recipient has stage III/IV disease; or

2. Recipient has recurrent disease and has not received prior trastuzumab therapy.

7. Colorectal Cancer (CRC)

a. Recipient has RAS and BRAF WT disease; and

b. Used in combination with pertuzumab, lapatinib, or tucatinib; and

1. Used as initial treatment for unresectable metastatic disease and previous FOLFOX or CAPOX within the past 12 months; and

a. Recipient has pMMR/MSS disease; or

2. Used as primary treatment for unresectable (or medically inoperable) or metastatic disease if intensive therapy is not recommended; and

a. Recipient has not previously received HER2-directed therapy; and

1. Recipient has pMMR/MSS disease; or

2. Recipient has dMMR/MSI-H disease or POLE/POLD1 mutation; and

a. Recipient is not eligible for or has progressed on checkpoint inhibitor immunotherapy; or

3. Used as primary treatment for T3, N Any; T1-2, N1-2; T4, N Any; or unresectable (or medically inoperable) rectal cancer if intensive therapy is not recommended; and

a. Used if resection is contraindicated following total neoadjuvant therapy; and

1. Recipient has pMMR/MSS disease; or

2. Recipient has dMMR/MSI-H disease or POLE/POLD1 mutation; and

b. Recipient is not eligible for or has progressed on checkpoint inhibitor immunotherapy; or

c. Used if resection is contraindicated following neoadjuvant/definitive immunotherapy; and

1. Recipient has dMMR/MSI-H disease; or

4. Used as subsequent therapy for progression of advanced or metastatic disease; and

a. Recipient has not previously received HER2-directed therapy; and

1. Recipient has pMMR/MSS disease; or

2. Recipient has dMMR/MSI-H disease or POLE/POLD1 mutation; and

a. Recipient is not eligible for or has progressed on checkpoint inhibitor immunotherapy

8. Appendiceal Adenocarcinoma – Colon Cancer

a. Recipient has RAS and BRAF WT disease; and

b. Used in combination with pertuzumab, lapatinib or tucatinib; and

b. Recipient has not previously received HER2-targeted therapy; and

c. Used for one of the following:

1. Used as initially therapy for advanced or metastatic disease if intensive therapy is not recommended; or

2. Used as subsequent therapy for progression of advanced or metastatic disease; and

d. Used in one of the following:

1. Recipient has pMMR/MSS disease; or

2. Recipient has dMMR/MSI-H disease or POLE/POLD1 mutation; and

a. Recipient is not eligible for or has progressed on checkpoint inhibitor immunotherapy.

9. Head and Neck Cancer

a. Recipient has salivary gland tumors; and

b. Used as a single agent or in combination with either docetaxel or pertuzumab; and

c. Recipient has recurrent disease with one of the following:

1. Distant metastases

2. Unresectable locoregional recurrence with prior RT

3. Unresectable second primary with prior RT.

10. Biliary Tract Cancers (Gallbladder Cancer or Intra-/Extra-Hepatic Cholangiocarcinoma)

a. Used as subsequent treatment for progression on or after systemic treatment for unresectable, R2, or metastatic disease; and

b. Used in combination with pertuzumab.

b. Dosage Limits

a. Quantity Limit (max daily dose) [NDC Unit]:

a. 150 mg single-dose vial: six vials day one, then five vials every 21 days thereafter

b. 420 mg multiple-dose vial: three vials day one, then two vials every 21 days thereafter.

b. Max Units (per dose and over time) [HCPCS Unit]:

a. Herceptin (150 mg SDV):

1. Gastric, Esophageal, and Esophagogastric Junction Cancer:

   a. Load: 90 billable units x one dose

   b. Maintenance: 75 billable units every 14 days

2. CNS Cancer: 300 billable units every 28 days

3. Breast Cancer, Colorectal Cancer & Appendiceal Adenocarcinoma, All other indications: 90 billable units every 21 days

b. Ogivri, Kanjinti, Trazimera, Herzuma, Ontruzant (420 mg MDV):

1. Gastric, Esophageal, and Esophagogastric Junction Cancer:

   a. Load: 92 billable units x one dose

   b. Maintenance: 69 billable units every 14 days

2. CNS Cancer: 276 billable units every 28 days

3. Breast Cancer, Colorectal Cancer & Appendiceal Adenocarcinoma, All other indications: 92 billable units every 21 days

c. Recertification Request

Coverage may be renewed based upon the following criteria:

1. Recipient continues to meet the universal and other indication-specific relevant criteria such as concomitant therapy requirements (not including prerequisites therapy), performance status, etc. identified in Section III; and

2. Disease response with treatment as defined by stabilization of disease or decrease in size of tumor or tumor spread; and

3. Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: cardiomyopathy (e.g., left ventricular cardiac dysfunction, arrhythmias, cardiac failure, etc.), pulmonary toxicity (e.g., dyspnea, interstitial pneumonitis, pulmonary infiltrates, pleural effusions, etc.), severe or febrile neutropenia, severe infusion-related reactions, etc.; and

4. LVEF obtained within the previous three months as follows:

a. LVEF is within the institutional normal limits, and has not had an absolute of ≥16% from pre-treatment baseline; or

b. LVEF is below the institutional lower limits of normal and has not had an absolute decrease of ≥10% from pre-treatment baseline; and

5. Breast Cancer (neoadjuvant and adjuvant therapy)

a. Recipient has not exceeded a maximum of 52 weeks of treatment.

d. PA Guidelines

1. Coverage is provided for six months and may be renewed (unless otherwise specified).

a. Neoadjuvant and adjuvant treatment in Breast Cancer may be authorized up to a maximum of 52 weeks of treatment.

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P. CD20 Monoclonal Antibodies

Therapeutic Class: Antirheumatic, CD20 Monoclonal Antibodies
Last Reviewed by the DUR Board: April 18, 2024

CD20 Monoclonal Antibodies are subject to PA and quantity limitations based on the Application of Standards in Section 1927 of the SSA Act and/or approved by the DUR Board. Refer to the Nevada Medicaid and Check Up Pharmacy Manual for specific quantity limits.

1. Rituxan®, Truxima®, Ruxience™, Riabni™ (rituximab)

   a. Coverage is provided in the following conditions:

      1. Recipient is at least 18 years of age (unless otherwise specified); and

      2. Universal Criteria

         a. Recipient does not have a severe, active infection; and

         b. Recipient has been screened for the presence of HBV infection (i.e., HBsAg and anti-HBc) prior to initiating therapy and recipients with evidence of current or prior HBV infection will be monitored for HBV reactivation during treatment; and

         c. Recipient has not received a live vaccine within 28 days prior to starting treatment and live vaccines will not be administered concurrently while on treatment; and

      3. Oncology Indications

         a. Recipient CD20 antigen expression is positive (excluding use for cGVHD, Hematopoietic Cell Transplantation, and Management of Immunotherapy-Related Toxicity); and

      4. Pediatric Mature B-Cell Acute Leukemia

         a. Recipient is at least six months of age; and

         b. Used in combination with chemotherapy for previously untreated disease

      5. Adult ALL

         a. Recipient has Philadelphia chromosome-positive (Ph+) disease; and

            1. Used in combination with a tyrosine kinase inhibitor (TKI)-based regimen; and

a. Recipient is <65 years of age without significant comorbidities; or

2. Used in combination with methotrexate, vincristine, pegaspargase, dexamethasone (MOpAD) for TKI-refractory disease; or

b. Recipient has Philadelphia chromosome-negative (Ph-) disease; and

1. Used as a component of a multiagent chemotherapy

6. CNS Cancer

a. Recipient has leptomeningeal metastases from lymphomas; and

b. Recipient has primary CNS lymphoma; and

1. Used for induction therapy; and

a. Used as a single agent or in combination with a methotrexate-containing regimen, temozolomide, or lenalidomide; or

b. Recipient has CSF positive or spinal MRI positive disease; or

2. Used for consolidation (monthly maintenance) therapy; and

a. Used as continuation of induction regimen in recipients with complete response or complete response unconfirmed (CRu) to induction therapy; and

1. Used as a single agent; or

2. Used in combination with dose methotrexate; or

3. Used for relapsed or refractory disease; and

a. Used as a single agent, or in combination with systemic therapy in recipients with prior whole brain radiation therapy; and

1. Recipient has CSF positive or spinal MRI positive disease; or

b. Used as a single agent or in combination with either temozolomide, lenalidomide, or high-dose methotrexate.

7. Adult Hodgkin Lymphoma

a. Recipient has nodular lymphocyte-predominant disease.

8. CLL/SLL

a. Used in combination with fludarabine and cyclophosphamide (FC); or

b. Recipient has disease without del (17p)/TP53 mutation; and

1. Used as first-line therapy in combination with bendamustine (excluding use in frail recipients); or

2. Used as subsequent therapy in combination with one of the following:

a. Bendamustine (recipients <65 years of age without significant comorbidities; excluding use in frail recipients)

b. Idelalisib

c. Lenalidomide

d. Venetoclax; or

c. Recipient has disease with del(17p)/TP53 mutation; and

1. Used as first-line therapy in combination with high-dose methylprednisolone; or

2. Used as subsequent therapy in combination with one of the following:

a. Alemtuzumab

b. High-dose methylprednisolone

c. Idelalisib

d. Lenalidomide

e. Venetoclax; or

3. Used as first-line therapy for histologic (Richter's) transformation to diffuse large B-cell lymphoma; and

a. Used in combination with cyclophosphamide, doxorubicin, and vincristine-based regimens or as a component of oxaliplatin, fludarabine, cytarabine, and rituximab (OFAR).

9. Waldenstrom's Macroglobulinemia/Lymphoplasmacytic Lymphoma

10. Adult B-Cell Lymphomas

a. HIV-Related B-Cell Lymphoma

1. Disease is related to Burkitt lymphoma, diffuse large B-cell lymphoma (DLBCL), HHV8-positive DLBCL (not otherwise specified), or primary effusion lymphoma (PEL)

b. Burkitt Lymphoma

1. Used in combination with chemotherapy

2. DLBCL

3. Low-Grade (grade 1-2) or Follicular Lymphoma

4. Extranodal Marginal Zone Lymphoma (EMZL) of the Stomach & Nongastric Sites (Noncutaneous)

5. Nodal & Splenic Marginal Zone Lymphoma

6. High-Grade B-Cell Lymphomas

7. Mantle Cell Lymphoma

8. Histologic Transformation of Indolent Lymphomas to DLBCL

9. Post-Transplant Lymphoproliferative Disorders (PTLD) (B-Cell type)

c. Castleman Disease

1. Recipient has multicentric disease; or

2. Recipient has unicentric disease; and

a. Used as second-line therapy for relapsed or refractory disease; or

b. Used for unresectable disease or symptomatic disease after incomplete resection

11. Primary Cutaneous B-Cell Lymphomas

12. Pediatric Aggressive Mature B-Cell Lymphomas (Primary Mediastinal Large B-Cell Lymphoma, Diffuse Large B-Cell Lymphoma, Burkitt Lymphoma, and Burkitt-like Lymphoma)

a. Recipient is at least six months of age; and

b. Used in combination with chemotherapy.

13. Hairy Cell Leukemia

a. Used as a single agent; and

1. Used for less than complete responses or relapsed disease in recipients unable to receive purine analogs (i.e., cladribine or pentostatin); or

b. Used in combination with cladribine; or

c. Used in combination with pentostatin; and

1. Used for less than complete response or relapsed disease; or

d. Used in combination with vemurafenib; and

1. Used as initial therapy in recipients unable to tolerate purine analogs (i.e., cladribine or pentostatin) including frail recipients and those with active infection; or

2. Used for less than complete response or relapse within two years of complete response following initial treatment with cladribine or pentostatin; or

3. Used for progression after therapy for relapsed or refractory disease; and

4. Recipient had disease resistance to BRAF inhibitor therapy

14. Histiocytic Neoplasms – Rosai-Dorfman Disease

a. Used as a single agent for nodal, immune-cytopenia, or immunoglobulin G4 (IgG4) diseases; and

1. Used for symptomatic unresectable unifocal disease; or

2. Used for symptomatic multifocal disease; or

3. Used for relapsed/refractory disease.

15. Pediatric Hodgkin Lymphoma

a. Recipient is ≤18 years of age; and

b. Recipient has nodular lymphocyte-predominant; and

c. Used in combination with cyclophosphamide, vinblastine, prednisone (CVbP); and

d. Used as primary treatment for stage IA or IIA disease (incomplete resection and non-bulky disease).

16. Chronic Graft-Versus-Host Disease (cGvHD)

a. Recipient is post-allogeneic hematopoietic cell transplant (generally three or more months); and

b. Used as additional therapy in combination with corticosteroids; and

c. Recipient has no response (e.g., steroid-refractory disease) to first-line therapy options; and

17. Hematopoietic Cell Transplantation

a. Used as conditioning for allogeneic transplant as part of a non-myeloablative regimen in combination with cyclophosphamide and fludarabine.

18. Management of Immunotherapy-Related Toxicities

a. Recipient has been receiving therapy with an immune checkpoint inhibitor (e.g., cemiplimab, nivolumab, pembrolizumab, atezolizumab, avelumab, durvalumab, ipilimumab, dostarlimab, nivolumab/relatlimab-rmbw, etc.); and

1. Recipient has non-viral encephalitis related to immunotherapy; and

a. Recipient is autoimmune-encephalopathy-antibody positive; or

b. Recipient has had limited to no improvement after seven to 14 days on high-dose corticosteroids with or without intravenous immunoglobulin (IVIG); or

2. Recipient has bullous dermatitis related to immunotherapy; and

a. Used as additional therapy for moderate (G2), severe (G3) or life-threatening (G4) disease; or

3. Recipient has moderate or severe steroid-refractory myositis (proximal muscle weakness, neck flexor weakness, with or without myalgias) related to immunotherapy; and

a. Used for significant dysphagia, life-threatening situations, or cases refractory to corticosteroids; or

4. Recipient has myasthenia gravis related to immunotherapy; and

a. Used as additional therapy for severe (G3-4) disease that is refractory to plasmapheresis or IVIG.

19. Non-Oncology Indications

a. Recipient is not on concurrent treatment with another CD20-directed therapy, TNF-inhibitor, IL-inhibitor, biologic response modifier or other non-biologic agent (i.e., apremilast, tofacitinib, baricitinib, upadacitinib, deucravacitinib, etc.); and

20. Rheumatoid Arthritis (RA)

a. Physician has assessed baseline disease severity utilizing an objective measure/tool; and

b. Documented moderate to severe active disease; and

c. Used in combination with methotrexate unless the recipient has contraindication or intolerance; and

d. Recipient tried and failed at least three-month trial with one oral disease modifying anti-rheumatic drug (DMARD) (e.g.,

methotrexate, azathioprine, auranofin, hydroxychloroquine, penicillamine, sulfasalazine, leflunomide, etc.); and

e. Previous failure with one or more preferred TNF antagonists at least one of which should be a self-injectable; and

f. Physician has assessed baseline disease severity utilizing an objective measure/tool; and

g. Recipient has not had treatment with rituximab in the previous four months.

21. Pemphigus Vulgaris

a. Recipient has a diagnosis of pemphigus vulgaris as determined by the following:

1. Recipient has one or more of the following clinical features:

a. Appearance of lesions, erosions and/or blisters

b. Nikolsky sign (induction of blistering via mechanical pressure at the edge of a blister or on normal skin)

c. Characteristic scarring and lesion distribution; and

b. Histopathologic confirmation by skin/mucous membrane biopsy; and

c. Positive direct immunofluorescence (DIF) microscopy result or presence of autoantibodies as detected by indirect immunofluorescence (IIF) or enzyme-linked immunosorbent assay (ELISA); and

d. Recipient has moderate to severe disease as assessed utilizing an objective measure tool (i.e., PDAI, PSS, ABSIS, etc.); and

e. Used in combination with glucocorticoids (e.g., prednisone, prednisolone, etc.); and

f. Other causes of blistering or erosive skin and mucous membrane diseases have been ruled out.

22. Granulomatosis with Polyangiitis (GPA) (Wegener's Granulomatosis) and Microscopic Polyangiitis (MPA)

a. Recipient is at least two years of age; and

b. Used in combination with glucocorticoids (e.g., prednisone, methylprednisolone, etc.).

23. Thrombocytopenic Purpura

a. Diagnosis includes one of the following:

1. Primary thrombocytopenia or idiopathic (immune) thrombocytopenia purpura (ITP).

2. Evans syndrome; and

b. Recipient has previously failed or has a contraindication or intolerance to therapy with corticosteroids; and

c. Recipient is at increased risk for bleeding as indicated by platelet count (within the previous 28 days) <30 x 109/L (30,000mm (3)); and

24. Thrombotic Thrombocytopenic Purpura (TTP)

a. Recipient has immune-mediated or acquired disease with ADAMTS13-deficiency; and

1. Used in combination with corticosteroids and therapeutic plasma exchange (TPE); or

2. Used as a single agent as prophylactic therapy for recipients in remission.

25. MS

a. Recipient must have a confirmed diagnosis of MS as documented by laboratory report (i.e., MRI); and

b. Recipient has a diagnosis of a relapsing form of MS [i.e., RRMS, active SPMS, or CIS]

26. Autoimmune Hemolytic Anemia (AIHA)

a. Recipient has warm-reactive disease refractory to or dependent on glucocorticoids; or

b. Recipient has cold agglutinin disease with symptomatic anemia, transfusion-dependence and/or disabling circulatory symptoms.

27. Systemic Lupus Erythematosus (SLE)

a. Recipient has a confirmed diagnosis of SLE as evidenced by all of the following:

1. Confirmed SLE classification criteria score >10 (Note: must include clinical and immunologic domains criteria)

2. Anti-nuclear antibody (ANA) titer of >1:80 measured via indirect immunofluorescence (IIF) on human epithelial (HEp-2) cells (or an equivalent ANA positive test) at least once; and

b. Recipient has failed to respond adequately to at least two standard therapies such as anti-malarials (i.e. hydroxychloroquine, chloroquine), corticosteroids, non-steroidal anti-inflammatory drugs (NSAIDs), aspirin, immunosuppressives (i.e. azathioprine, methotrexate, calcineurin inhibitors [cyclosporine, tacrolimus, voclosporin], oral cyclophosphamide, or mycophenolate); and

c. Recipient has moderate to severe active disease defined as a PGA score of >1 and one of the following:

1. Systemic Lupus Erythematosus Disease Activity Index 2000 (SLEDAI 2K) score of >6

2. Disease activity with >2 systems with British Isles Lupus Assessment Group-2004 (BILAG) B scores

3. >1 system(s) with BILAG A score(s)

28. Lupus Nephritis

a. Recipient has disease that is non-responsive or refractory to standard first-line therapy (e.g., mycophenolate mofetil, mycophenolic acid, cyclophosphamide, calcineurin inhibitors [e.g., tacrolimus, voclosporin, cyclosporine, etc.]); and

b. Used as a single agent or add-on therapy in combination with mycophenolate mofetil, mycophenolic acid, cyclophosphamide.

29. Myasthenia Gravis (unrelated to immunotherapy-related toxicity)

a. Recipient has muscle-specific tyrosine kinase (MuSK)-antibody positive disease; and

b. Recipient is refractory to standard first-line therapy (e.g., glucocorticoids, azathioprine, mycophenolate mofetil, etc.)

30. Complications of Transplanted Solid Organ (kidney, liver, lung, heart, pancreas) in Adult and Pediatric Recipients

    a. Used for suppression of panel reactive anti-human leukocyte antigen (HLA) antibodies prior to transplantation; or

    b. Used for treatment of antibody-mediated rejection of solid organ transplantation.

31. Neuromyelitis Optica Spectrum Disorder (NMOSD)

    a. Recipient has confirmed diagnosis based on the following:

        1. Recipient is seropositive for aquaporin-4 (AQP-4) IgG antibodies; and

            a. Recipient has at least one core clinical characteristic; and

            b. Alternative diagnoses have been excluded (e.g., myelin oligodendrocyte glycoprotein (MOG) antibody disease (MOGAD), MS, sarcoidosis, cancer, chronic infection, etc.); or

        2. Recipient is seronegative for AQP-4 IgG antibodies or has unknown AQP-4-IgG status; and

            a. Recipient has at least two core clinical characteristics occurring as a result of one or more clinical attacks; and

            b. Recipient experienced all of the following:

                1. At least one core clinical characteristic must be optic neuritis, acute myelitis with LETM, or area postrema syndrome

                2. Fulfillment of additional MRI requirements for each area affected; and

            c. Alternative diagnoses have been excluded (e.g., MOGAD, MS, sarcoidosis, cancer, chronic infection, etc.); and

    b. Used as a single agent or in combination with immunosuppressive therapy (e.g., azathioprine, methotrexate, mycophenolate, etc.).

32. Antisynthetase Syndrome-Related Interstitial Lung Disease

a. Recipient has antisynthetase antibody positive disease (e.g., anti-Jo-1, -PL-7, -PL-12, -OJ, -EJ, etc.); and

b. Physician has assessed baseline disease severity utilizing an objective measure (i.e., baseline glucocorticoid use, pulmonary function testing [i.e., forced vital capacity (FVC%), total lung capacity (TLC%), diffusing capacity of the lungs for carbon monoxide (DLCO%)], or chest CT scan); and

c. Recipient has documented severe active disease; and

d. Recipient has recurrent or progressive disease despite treatment with glucocorticoids and/or other immunosuppressive agents (e.g., azathioprine, mycophenolate mofetil, cyclophosphamide, tacrolimus, etc.); and

e. Will be used in combination with glucocorticoids or other immunosuppressive agents (e.g., azathioprine, mycophenolate mofetil, cyclophosphamide, tacrolimus, etc.), unless the recipient has a contraindication or intolerance

33. Idiopathic Membranous Nephropathy

a. Recipient has a documented diagnosis of idiopathic (primary) membranous nephropathy; and

b. Secondary causes of membranous nephropathy have been ruled out [e.g., infections, autoimmune diseases, malignancies, nutritional supplements (e.g., lipoic acid, etc.), NSAIDs, etc.]; and

1. Used as first-line therapy in recipient with any of the following moderate to high risk factors for progressive disease:

a. Proteinuria >3.5 g/day and no decrease >50% after six months of therapy with an angiotensin converting enzyme inhibitor (ACEi) or angiotensin II receptor blocker (ARB); or

b. eGFR <60 mL/min/1.73m2; or

c. Proteinuria >8 g/d for >6 months; or

d. Recipient has experienced serious complications of nephrotic syndrome (e.g., acute kidney injury, infection, thromboembolic events, etc.); or

2. Used for initial disease relapse following remission on first-line therapy with rituximab, a calcineurin inhibitor (e.g., tacrolimus, cyclosporine, etc.) or cyclophosphamide in combination with glucocorticoids; or

3. Used for treatment-resistance to first-line therapy with rituximab, a calcineurin inhibitor (e.g., tacrolimus, cyclosporine, etc.) or cyclophosphamide in combination with glucocorticoids; and

a. Recipient has a stable eGFR; and

b. Will be used in combination with a calcineurin inhibitor if previously treated with rituximab alone in the first-line setting; or

4. Used for disease recurrence following kidney transplant; and

1. Recipient has proteinuria >1 g/d

34. Pediatric Idiopathic Nephrotic Syndrome

a. Recipient is 12 years of age or younger

b. Recipient has symptomatic disease (i.e., nephrotic-range proteinuria and either hypoalbuminemia or edema when albumin level is not available)

c. Recipient has been diagnosed with one of the following:

1. Frequently relapsing nephrotic syndrome (FRNS) with at least four relapses per year or at least two relapses within six months of initial presentation

2. Steroid dependent nephrotic syndrome (SDNS) with two consecutive relapses during steroid tapering or within 14 days of cessation of therapy

3. Steroid resistant nephrotic syndrome (SRNS) with failure to achieve complete remission within a 4-6-week course of daily corticosteroids; and

d. Recipient has failed an adequate trial with at least one other steroid-sparing agent (e.g., cyclophosphamide, calcineurin inhibitor [e.g., tacrolimus, cyclosporine, etc.], mycophenolate mofetil, etc.)

35. IgG4-Related Disease

a. Physician has assessed baseline disease severity utilizing an objective measure/tool (e.g., IgG4-RD Responder Index score, PGA, amount of glucocorticoid or other immunosuppressive use, incidence of disease flares, serum IgG4 level, etc.); and

b. Other conditions that mimic IgG4-related disease have been ruled out (e.g., malignancy, infection, other autoimmune disorders, etc.); and

c. Recipient has documented active disease; and

d. Documented failure or ineffective response to an adequate trial with glucocorticoids, unless there is a contraindication or intolerance to use

b. Dosage Limits

1. Quantity Limit (max daily dose) [NDC Unit]:

a. Rituxan 100 mg/10 mL single dose vial for injection: 12 vials per 28-day supply

b. Rituxan 500 mg/50 mL single dose vial for injection: eight vials per 28-day supply

c. Truxima 100 mg/10 mL single dose vial for injection: 12 vials per 28-day supply

d. Truxima 500 mg/50 mL single dose vial for injection: eight vials per 28-day supply

e. Ruxience 100 mg/10 mL single dose vial for injection: 12 vials per 28-day supply

f. Ruxience 500 mg/50 mL single dose vial for injection: eight vials per 28-day supply

g. Riabni 100 mg/10 mL single dose vial for injection: 12 vials per 28-day supply

h. Riabni 500 mg/50 mL single dose vial for injection: eight vials per 28-day supply.

2. Max units (per dose and over time) [HCPCS Unit]:

a. Oncology Indications

1. CLL)/SLL:

a. Initial therapy:

1. Loading dose: 100 billable units x one dose

2. Subsequent doses: 130 billable units every 28 days x five doses per six months

b. Renewal therapy: 130 billable units every eight weeks.

2. ALL

a. 100 billable units twice weekly x 18 doses.

3. Hairy Cell Leukemia

a. 100 billable units weekly x eight doses, 100 billable units every 14 days x eight doses, then 100 billable units every 28 days x four doses.

4. Histiocytic Neoplasms – Rosai-Dorfman Disease

a. 130 billable units weekly x six doses in a six-month period.

5. Pediatric Hodgkin Lymphoma

a. 100 billable units x three doses.

6. cGVHD

a. 100 billable units weekly x eight doses.

7. Hematopoietic Cell Transplantation

a. Initial dose: 100 billable units x one dose before transplant

b. Subsequent doses: 250 billable units x three doses after transplant.

8. All other oncology indications:

a. Initial therapy: 100 billable units weekly x eight doses per six months

b. Renewal therapy: 100 billable units x four doses per six months.

b. Non-Oncology Indications

1. RA:

a. 100 billable units every 14 days x two doses in an 18-week period.

2. MS:

a. 100 billable units every 14 days x two doses every six months.

3. Pemphigus Vulgaris:

a. Initiation: 100 billable units weekly x four doses in a 12-month period

b. Maintenance: 50 billable units every 16 weeks.

4. GPA(WG)/MPA:

a. Induction: 100 billable units weekly x four doses in a 20-week period

b. Initial Maintenance: 50 billable units x two doses in a six-month period

c. Subsequent Maintenance: 50 billable units every six months.

5. All other non-oncology indications:

a. 100 billable units weekly x four doses in a six-month period.

c. Recertification Request

Coverage may be renewed based upon the following criteria:

1. Recipient continues to meet the universal and other indication-specific relevant criteria such as concomitant therapy requirements (not including prerequisite therapy), performance status, etc. identified in Section III; and

2. Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: severe infusion-related reactions, tumor lysis syndrome (TLS), severe mucocutaneous reactions, progressive multifocal leukoencephalopathy (PML), HPV reactivation, serious infections (bacterial, fungal, or viral), cardiovascular adverse reactions (e.g., ventricular fibrillation, myocardial infarction, cardiogenic shock, cardiac arrhythmias), renal toxicity, bowel obstruction or perforation, etc.; and

3. Oncology Indications

    a. Recipient has not exceeded dosing or duration limits as defined in Section I, II, and V; and

4. Adult ALL

    a. Treatment response or stabilization of disease as indicated by CBC, bone marrow cytogenic analysis, QPCR, or FISH

5. Pediatric B-Cell Acute Leukemia and Aggressive Mature B-Cell Lymphomas (induction or consolidation therapy)

    a. Coverage may not be renewed

6. Pediatric Hodgkin Lymphoma

    a. Coverage may not be renewed

7. cGvHD

    a. Coverage may not be renewed

8. Hematopoietic Cell Transplantation

    a. Coverage may not be renewed

9. Management of Immunotherapy-Related Toxicities

    a. Coverage for use in the treatment of myalgias/myositis/myasthenia gravis/encephalitis may not be renewed

b. Coverage for use in bullous dermatitis: Recipient has not exceeded a maximum of 18 months of therapy (four total doses)

10. All Other Oncology Indications

a. Disease response with treatment as defined by stabilization of disease or decrease in size of tumor or tumor spread

11. Non-Oncology Indications

a. RA

1. Disease response as indicated by improvement in signs and symptoms compared to baseline such as the number of tender and swollen joint counts, reduction of C-reactive protein, improvement of recipient global assessment, and/or an improvement on a disease activity scoring tool [e.g. an improvement on a composite scoring index such as Disease Activity Score-28 (DAS28) of 1.2 points or more of a ≥20% improvement on the American College of Rheumatology-20 (ARC20) criteria]; and

2. Dose escalation (up to the maximum dose and frequency specified below) may occur upon clinical review on a case-by-case basis provided that the recipient has:

a. Shown an initial response to therapy; and

b. Received a minimum of one maintenance dose at the dose and interval specified below; and

c. Responded to therapy with subsequent loss of response

b. Thrombocytopenic Purpura (ITP or Evan's Syndrome)

1. Disease response as indicated by the achievement and maintenance of a platelet count of at least 50 x 10(9)/L as necessary to reduce the risk for bleeding

c. TTP

1. Disease response as indicated by an increase in ADAMTS13 activity with a reduction in thrombotic risk

d. MS

1. Continuous monitoring of response to therapy indicates a beneficial response [manifestations of MS disease activity include, but are not limited to, an increase in ARR, development of new/worsening T2 hyperintensities or enhancing lesions on brain/spinal MRI, and progression of sustained impairment as evidenced by EDSS, T25-FW, 9-HPT]

e. GPA (Wegener's granulomatosis) and MPA

1. Disease response as indicated by disease control and improvement in signs and symptoms of condition compared to baseline; and

2. Decreased frequency in the occurrence of major relapse (defined by the reappearance of clinical and/or laboratory signs of vasculitis activity that could lead to organ failure or damage, or could be life threatening)

f. Pemphigus Vulgaris

1. Recipient is currently receiving tapering doses of corticosteroids or has discontinued use of corticosteroids; and

a. Disease response as indicated by one of the following:

1. Complete epithelialization of lesions and improvement in signs and symptoms of condition compared to baseline

2. Recipient has not developed new lesions and established lesions begin to heal

3. For Relapses only: Recipient previously achieved disease control; and

a. Recipient has the appearance of three or more new lesions a month that do not heal spontaneously within one week, or by the extension of established lesions

g. AIHA

1. Disease response as indicated by improvement in signs of anemia (e.g., dyspnea, fatigue, etc.); and

2. Recipient has had an improvement in laboratory values (e.g. hemoglobin, hematocrit, etc.), reduced transfusion needs, and/or reduced glucocorticoid use

h. SLE

1. Adequate documentation of disease stability and/or improvement as indicated by one or more of the following when compared to pre-treatment baseline:

a. Improvement in the SELENA-SLEDAI-2K; or

b. Reduction of baseline BILAG-2004 from A to B or from B to C/D, and no BILAG-2004 worsening in other organ systems, as defined by ≥2 new BILAG-2004 B; or

c. No worsening (<0.30 points increase) in PGA score; or

d. Seroconverted (negative)

i. Lupus Nephritis

1. Coverage may only be renewed in recipients experiencing a disease relapse (e.g., increased serum creatinine, increase in protein urine excretion, decrease in eGFR, etc.)

j. Myasthenia Gravis (unrelated to immunotherapy-related toxicity)

1. Disease response as indicated by a decrease in the daily dose of corticosteroids and/or an improvement in signs and symptoms compared to baseline

k. Complications of transplanted solid organ

1. Coverage may not be renewed

l. NMOSD

1. Disease response as indicated by stabilization/improvement in any of the following:

a. Decrease in acute relapses or improvement of stability

b. Reduced hospitalizations

c. Reduction/discontinuation in plasma exchange treatments

d. Reduction/discontinuation of corticosteroids without relapse.

m. Antisynthetase Syndrome-Related Interstitial Lung Disease

i. Disease response as indicated by stabilization/improvement in any of the following:

a. Reduction or stabilization of glucocorticoid use from baseline

b. Improvement or stabilization of pulmonary function testing (i.e., improvement defined as >10% increase in FVC%, TLC%, or DLCO%; stabilization defined as <10% decrease in FVC%, TLC%, or DLCO%)

c. Improvement or stabilization of chest CT score (improvement defined as >10% decrease in CT score, stabilization defined as a <10% increase in CT score)

n. Idiopathic Membranous Nephropathy

1. Recipient experienced beneficial disease response with improvement in symptoms and/or other objective measures compared to baseline (e.g., reduction in proteinuria, increase and/or normalization of serum albumin, improvement/stability of serum creatinine and/or eGFR, decrease in anti-PLA2R antibody levels, etc.); or

2. Recipient has resistant disease following first-line therapy with rituximab; and

a. Recipient has stable eGFR; and

b. Will be used in combination with a calcineurin inhibitor if previously treated with rituximab alone in the first line setting

o. Pediatric Idiopathic Nephrotic Syndrome

1. Recipient previously achieved beneficial disease response from the prior course of therapy; and

2. Recipient is experiencing signs and symptoms of recurrent active disease necessitating additional doses (e.g., recurrence of nephrotic-range proteinuria with a dipstick >3+ [>300 mg/dL] for three consecutive days or urinary protein creatinine ratio [UPCR] ≥200 mg/mmol [≥2 mg/mg] on a spot urine sample on three consecutive days, with or without reappearance of edema in a child who had previously achieved complete remission)

p. IgG4-Related Disease

1. Recipient experienced beneficial disease response with improvement in involved organ-related symptoms and/or other objective measures compared to baseline (e.g. improvement in the IgG4-RD Responder Index score of >2 points, improvement in the PGA, reduction in glucocorticoid or other immunosuppressive use, reduction of disease flares, reduction in serum IgG4 level, etc.); and

2. Recipient meets one of the following:

a. Ongoing maintenance therapy is required due to recipient having a high-risk of relapse

b. Recipient is experiencing signs and symptoms of relapsed active disease necessitating an additional course of therapy.

d. PA Guidelines

Coverage will be provided for six months (12 months initially for pemphigus vulgaris) and may be renewed at six-month intervals for oncology indications and at 12-month intervals for non-oncology indications, unless otherwise specified.

1. Maintenance therapy for oncology indications may be renewed for up to a maximum of two years, unless otherwise specified:

a. Adult ALL may be renewed for a maximum of 18 doses.

b. Mantle Cell Lymphoma may be renewed until disease progression or intolerable toxicity.

c. Hairy Cell Leukemia may be renewed for up to a maximum of 12 doses.

d. Induction/Consolidation of Pediatric B-Cell Acute Leukemia and Aggressive Mature B-Cell Lymphomas may not be renewed.

e. Pediatric Hodgkin Lymphoma may not be renewed

2. Management of Immunotherapy-Related Toxicities:

a. Myositis/Myasthenia Gravis/Encephalitis may not be renewed.

b. Bullous Dermatitis may be renewed for a maximum of 18 months (four total doses).

3. Relapse therapy for Pemphigus Vulgaris must be at least 16 weeks past a prior infusion.

4. cGvHD may not be renewed.

5. HCT may not be renewed.

6. Lupus Nephritis and Pediatric Idiopathic Nephrotic Syndrome may be renewed only in recipient experiencing a disease relapse.

7. Complications of Transplanted Solid Organ may not be renewed

2. Rituxan Hycela® (rituximab and hyaluronidase human)

a. Approval will be given if the following criteria are met and documented:

1. Recipient is at least 18 years of age; and

2. Universal Criteria

a. Recipient does not have a severe, active infection; and

b. Recipient has been screened for the presence of HBV infection (i.e., HBsAg and anti-HBc) prior to initiating therapy and recipients with evidence of current or prior HBV infection will be monitored for HBV reactivation during treatment; and

c. Recipient is CD20 antigen expression positive; and

d. Recipient has received at least one full dose of a rituximab product by intravenous infusion prior to initiating therapy; and

e. Rituxan Hycela will not be used with intravenous chemotherapy agents; and

f. Recipient has not received a live vaccine within 28 days prior to starting treatment and live vaccines will not be administered concurrently while on treatment; and

3. CLL/SLL

4. B-Cell Lymphomas

a. Follicular Lymphoma (FL)

b. DLBCL

c. High Grade B-Cell Lymphomas

d. Castleman Disease

e. Gastric & Non-gastric MALT Lymphoma

f. Mantle Cell Lymphoma

g. Nodal and Splenic Marginal Zone Lymphoma

h. Histologic transformation of Nodal Marginal Zone Lymphoma to DLBCL

i. PTL)

5. Hairy Cell Leukemia

6. Primary Cutaneous B-Cell Lymphoma

7. Waldenstrom's Macroglobulinemia/Lymphoplasmacytic Lymphoma.

b. Dosage Limits

1. Quantity Limit (max daily dose) [NDC Unit]:

a. Rituxan Hycela 1,400 mg/23,400 Units per 11.7 mL single-dose vial: four vials per 28-day supply

b. Rituxan Hycela 1,600 mg/26,800 Units per 13.4 mL single-dose vial: one vial per 28-day supply.

2. Max Units (per dose and over time) [HCPCS Unit]:

a. FL:

1. Relapsed-Refractory

a. 1,400 mg/23,400 U (140 billable units) weekly up to seven doses

2. Previously Untreated

a. 1,400 mg/23,400 U (140 billable units) every 21 days x seven doses

b. 1,400 mg/23,400 U (140 billable units) every 21 days x seven doses

3. Non-progressing after first line CVP chemotherapy

a. 1,400 mg/23,400 U (140 billable units) weekly x three doses at six months intervals (up to a maximum of 15 doses).

b. DLBCL:

1. 1,400 mg/23,400 U (140 billable units) every 14-or 21-days x seven doses

c. CLL/SLL:

1. 1,600 mg/26,800 U (160 billable units) every 28 days x five doses

d. Hairy Cell Leukemia:

1. 1,400 mg/23,400 U (140 billable units) weekly up to seven doses

e. Other indications:

1. 1,400 mg/23,400 U (140 billable units) weekly for x seven doses in a six-month period; or

2. 1,400 mg/23,400 U (140 billable units) every eight weeks (maintenance treatment).

c. Recertification Request

1. Recipient 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

2. Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: severe hypersensitivity or other administration reactions (i.e., local cutaneous reactions), tumor lysis syndrome (TLS), severe mucocutaneous reactions, progressive multifocal leukoencephalopathy (PML), HBV reactivation, serious bacterial, fungal, or viral infections, cardiac adverse reactions, renal toxicity, bowel obstructions or perforation, etc.; and

3. Disease response with treatment as defined by stabilization of disease or decrease in size of tumor or tumor spread; and

4. Recipient has not exceeded dosing or duration limits as defined in Sections I, II, and V.

d. PA Guidelines

1. Initial approval will be given for six months

2. Recertification will be given for six months

3. Maintenance therapy for mantle cell lymphoma may be renewed until disease progression or intolerable toxicity

4. Hairy Cell Leukemia may not be renewed

5. Maintenance therapy for all other indications may be renewed for up to a maximum of two years.

Q. Selective Immunosuppressants

Therapeutic Class: Selective Immunosuppressants
Last Reviewed by the DUR Board: ~~April 18~~July 19, 2024

Selective Immunosuppressants are subject to PA and quantity limitations based on the Application of Standards in Section 1927 of the SSA Act and/or approved by the DUR Board. Refer to the Nevada Medicaid and Check Up Pharmacy Manual for specific quantity limits.

1. Soliris® (eculizumab)

a. Coverage is provided in the following conditions:

1. Recipient is at least 18 years of age (unless otherwise specified); and

~~2. Prescriber is enrolled in the Soliris® Risk Evaluation and Mitigation Strategy (REMS) program; and~~

2. ~~3.~~ Universal Criteria

a. Recipient must be vaccinated against meningococcal ~~disease~~ infection (serogroups A, C, W, Y, and B) according to current Advisory Committee on Immunization Practices (ACIP) recommendations at least two weeks prior to initiation of therapy and will continue to revaccinate in accordance with ACIP recommendations~~according to current medical guidelines for vaccine use~~ (if urgent Soliris® therapy is indicated in a~~n unvaccinated~~ recipient who is not up-to-date with meningococcal vaccines according to ACIP recommendations, ~~administer meningococcal vaccine(s) as soon as possible and~~ provide the recipient~~s~~ with ~~two weeks of~~ antibacterial drug prophylaxis and administer the vaccines as soon as possible); and

b. Recipient does not have an unresolved, serious systemic infection (e.g., Neisseria meningitidis, etc.); and

c. Will not be used in combination with other immunomodulatory biologic therapies (i.e., efgartigimod, efgartigimod-hyaluronidase, ravulizumab, pegcetacoplan, satralizumab, tocilizumab, inebilizumab, rozanolixizumab, rituximab, zilucoplan, pozelimab, etc.).

3. ~~4.~~ Paroxysmal Nocturnal Hemoglobinuria (PNH)

a. Diagnosis must be accompanied by detection of PNH clones of at least 10% by flow cytometry diagnostic testing; and

1. ~~Demonstrate the presence of~~Recipient has at least two different glycosylphosphatidylinositol (GPI) protein deficiencies (e.g., CD55, CD59, etc.) within at least two different cell lines (e.g., granulocytes, monocytes, erythrocytes); and

b. Recipient has laboratory evidence of significant intravascular hemolysis (i.e., LDH ≥1.5 x ULN) with symptomatic disease and at least one other indication for therapy from the following (regardless of transfusion dependence):

1. Recipient has symptomatic anemia (i.e., hemoglobin <7 g/dL or hemoglobin <10 g/dL, in at least two independent measurements in a recipient with cardiac symptoms

2. Presence of a thrombotic event related to PNH

3. Presence of organ damage secondary to chronic hemolysis (i.e., renal insufficiency pulmonary insufficiency/hypertension)

4. Recipient is pregnant and potential benefit outweighs potential fetal risk

5. Recipient has disabling fatigue

6. Recipient has abdominal pain (requiring admission or opioid analgesia), dysphagia, or erectile dysfunction; and

c. Documented baseline values for one or more of the following (necessary for renewal): serum lactate dehydrogenase (LDH), hemoglobulin level, packed RBC transfusion requirement, and history of thrombotic events; and

d. Recipient had an inadequate response, contraindication, or intolerance to a trial of ravulizumab (Ultomiris®).

4. ~~5.~~ Atypical Hemolytic Uremic Syndrome (aHUS)

a. Recipient is at least two months of age; and

b. Recipient shows signs of thrombotic microangiopathy (TMA) (e.g., changes in mental status, seizures, angina, dyspnea, thrombosis, increasing blood pressure, decreased platelet count, increased serum creatinine, increased LDH, etc.); and

c. TTP has been ruled out by evaluating ADAMTS-13 level (i.e., ADAMTS-13 activity level ≥10%); and

d. Shiga toxin E. coli related hemolytic uremic syndrome (STEC-UHS) has been ruled out; and

e. Other causes have been ruled out such as coexisting diseases or conditions (e.g., bone marrow transplantation, solid organ transplantation, malignancy, autoimmune disorder, drug-induced, malignant hypertension, HIV infection, Streptococcus pneumoniae sepsis or known genetic defect in cobalamin C metabolism, etc.); and

f. Documented baseline values for one or more of the following (necessary for renewal): serum LDH, serum creatinine/eGFR, platelet count, and plasma exchange/infusion requirement; and

g. Recipient had an inadequate response, contraindication, or intolerance to a trial of ravulizumab (Ultomiris®).

5. ~~6.~~ Generalized Myasthenia Gravis (gMG)

a. Recipient has Myasthenia Gravis Foundation of America (MGFA) Clinical Classification of Class II to IV disease; and

b. Recipient has a positive serologic test for AChR antibodies; and

c. Recipient has had a thymectomy (Note: Applicable only to recipients with thymomas or non-thymomatous recipients who are 50 years of age or younger); and

d. Physician has assessed objective signs of neurological weakness and fatiguability on a baseline neurological examination (e.g., including, but not limited to, the Quantitative Myasthenia Gravis (QMG) score, etc.); and

e. Recipient has a MG-Activities of Daily Living (MG-ADL) total score of ≥6; and

1. Recipient had an inadequate response after a minimum one-year trial of concurrent use with two or more immunosuppressive therapies (e.g., corticosteroids plus an immunosuppressant such as azathioprine, cyclosporine, mycophenolate, etc.); or

2. Recipient required chronic treatment with plasmapheresis or plasma exchange (PE) or IVIG in addition to immunosuppressant therapy

f. Recipient will avoid or use with caution medications known to worsen or exacerbate symptoms of MG (e.g., certain antibiotics, beta-blockers, botulinum toxins, hydroxychloroquine, etc.); and

g. Recipient had an inadequate response, contraindication, or intolerance to a trial of ravulizumab (Ultomiris®).

6. ~~7.~~ Neuromyelitis Optica Spectrum Disorder (NMOSD)

a. Recipient has a confirmed diagnosis based on the following:

1. Recipient was found to be seropositive for AQP4 IgG antibodies; and

2. Recipient has at least one core clinical characteristics; and

3. Alternative diagnoses have been excluded (e.g., MS, sarcoidosis, cancer, chronic infection, etc.); and

b. Recipient has a history of at least two relapses in the last 12 months or three relapses in the 24 months, with at least one relapse in the last 12 months; and

c. Recipient has an EDSS of ≤7 ~~(i.e., presence of at least limited ambulation with aid)~~; and

d. Recipient is receiving concurrent corticosteroid therapy of 20 mg per day or less and those receiving immunosuppressive therapy (e.g., azathioprine, glucocorticoids, mycophenolate, etc.) are on a stable dose regimen; and

e. Recipient has not received therapy with rituximab or mitoxantrone in the last three months; and

f. Received has not received IVIG in the last three weeks; and

g. Recipient had an inadequate response, or has a contraindication or intolerance, to rituximab or inebilizumab (Uplizna®);~~,~~ and

~~h. Recipient will not concomitantly receive therapy with any of the following:~~

~~1. IL6-inhibitor (e.g., satralizumab); and~~

~~2. Anti-CD20-directed antibody (e.g., rituximab); and~~

~~3. Anti-CD19-directed antibody (e.g., inebilizumab).~~

b. Dosage Limits

1. Quantity Limit (max daily dose) [NDC Unit]:
Soliris® 300 mg/30 mL single-dose vials

a. Loading Doses:

1. Three vials Days one, eight, 15 and 22; then four vials Day 29

b. Maintenance Doses:

1. Four vials every 14 days.

2. Max Units (per dose and over time) [HCPCS Unit]:

a. Indication: PNH

1. Loading Doses: 60 billable units Days one, eight, 15, and 22; then 90 billable units Day 29

2. Maintenance Dose: 90 billable units every 14 days

b. Indication: aHUS, gMG, NMOSD

1. Loading Doses: 90 billable units Day one, eight, 15, and 22; then 120 billable units Day 29

2. Maintenance Dose: 120 billable units every 14 days.

c. Recertification Request

Coverage may be renewed based upon the following criteria:

1. Recipient continues to meet the universal and other indication-specific relevant criteria identified in Section III; and

2. Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: serious meningococcal infections (septicemia and/or meningitis), infusion reactions, serious infections, etc.; and

3. PNH

a. Recipient has not developed severe bone marrow failure syndrome (i.e., aplastic anemia or myelodysplastic syndrome) or experienced a spontaneous disease remission or received curative allogeneic stem cell transplant; and

b. Disease response compared to pre-treatment baseline as indicated by one or more of the following:

1. Decrease in serum LDH ~~from pretreatment baseline~~

2. Stabilization/improvement in hemoglobin level ~~from pretreatment baseline~~

~~2. Stabilization/improvement in hemoglobin level from pretreatment baseline~~

3. ~~3.~~ Decrease in packed RBC transfusion requirement ~~from pretreatment baseline~~ (i.e., reduction of at least 30%)

4. ~~4.~~ Reduction in thromboembolic events.

4. aHUS

a. Disease response compared to pre-treatment baseline as indicated by one or more of the following:

1. Decrease in serum LDH ~~from pretreatment baseline~~

2. Stabilization/improvement in serum creatinine/eGFR ~~from pretreatment baseline~~

3. Increase in platelet count ~~from pretreatment baseline~~

4. Decrease in plasma exchange/infusion requirement ~~from pretreatment baseline~~.

5. gMG

a. Recipient experienced an improvement (i.e., reduction) of at least one-point from baseline in the MG-ADL total score; and

b. Improvement in muscle strength testing with fatigue maneuvers as evidenced on neurologic examination when compared to baseline.

6. NMOSD

a. Disease response as indicated by stabilization and/or improvement ~~of neurologic symptoms as evidenced by~~in one or more of the following:

1. Neurologic symptoms as evidenced by a decrease in acute relapses, improvement of stability, or improvement in EDSS~~Decrease in acute relapses~~

~~2. Improvement in EDSS~~

2. ~~3.~~ Reduced hospitalizations

3. ~~4.~~ Reduction/discontinuation in plasma exchange treatments

c. PA Guidelines

1. PNH and aHUS: Initial approval will be given for 12 months and may be renewed.

2. gMG and NMOSD: Initial approval will be given for six months and may be renewed annually thereafter,

2. Ultomiris® (ravulizumab-cwvz)

a. Coverage is provided in the following conditions:

1. Recipient is at least ~~one month~~18 years of age (unless otherwise specified); and

2. ~~Prescribed is enrolled in the Ultomiris® REMS program~~Confirmation that recipient does not have an unresolved serious Neisseria meningitidis infection prior to initiating therapy; and

3. Universal Criteria

a. Prescriber is enrolled in the Ultomiris® and Soliris® Risk Evaluation and Mitigation Strategy (REMS) program; and

b. Recipient~~s~~ must be ~~administered~~ vaccinated ~~a~~ against meningococcal infection (serogroups A, C, W, Y and B) according to current ACIP recommendations ~~vaccine~~ at least two weeks prior to initiation of therapy and will continue to be revaccinated in accordance~~ing~~ with ACIP recommendations~~to current medical guidelines for vaccine use~~ (Note: If urgent Ultomiris® therapy is indicated in a~~n unvaccinated~~ recipient who is not up-to-date with meningococcal vaccines according to ACIP recommendations, ~~administer meningococcal vaccine(s) as soon as possible and~~ provide the recipient~~s~~ with ~~two weeks of~~ antibacterial drug prophylaxis and administer these vaccines as soon as possible); and

c. ~~b.~~ Will not be used in combination with other immunomodulatory biologic therapies (i.e., efgartigimod, efgartigimod-hyaluronidase, eculizumab, pegcetacoplan, satralizumab, tocilizumab, inebilizumab, rozanolixizumab, rituximab, zilucoplan, pozelimab, etc.); and

4. PNH

a. Recipient is at least one month of age; and

b. Used as switch therapy; and

1. Recipient is currently receiving treatment with eculizumab and has shown a beneficial disease response and absence of unacceptable toxicity while on therapy; or

c. ~~b.~~ Recipient is complement inhibitor treatment-naïve; and

1. Diagnosis must be accompanied by detection of PNH clones of at least 5% by flow cytometry diagnostic testing; and

a. Recipient has at least two different GPI protein deficiencies (e.g., CD55, CD59, etc.) within at least two different cell lines (e.g., granulocytes, monocytes, erythrocytes); and

b. Recipient has laboratory evidence of significant intravascular hemolysis (i.e., LDH ≥1.5 x ULN) with symptomatic disease and at least one other indication for therapy from the following (regardless of transfusion dependence):

1. Recipient has symptomatic anemia (i.e., hemoglobin <7 g/dL or hemoglobin <10 g/dL, in at least two independent measurements in a recipient with cardiac symptoms

2. Presence of a thrombotic event related to PNH

3. Presence of organ damage secondary to chronic hemolysis (i.e., renal insufficiency, pulmonary insufficiency/hypertension)

4. Recipient is pregnant and potential benefit outweighs potential fetal risk

5. Recipient has disabling fatigue

6. Recipient has abdominal pain (requiring admission or opioid analgesia), dysphagia, or erectile dysfunction; and

c. Documented baseline values for one or more of the following (necessary for renewal); serum LDH, hemoglobin level, packed RBC transfusion requirement, and history of thrombotic events.

5. aHUS

a. Recipient is at least one month of age; and

b. Used as switch therapy; and

1. Recipient is currently receiving treatment with eculizumab and has shown a beneficial disease response and absence of unacceptable toxicity while on therapy; or

c. ~~b.~~ Recipient is complement inhibitor treatment-naïve; and

1. Recipient shows signs of thrombotic microangiopathy (TMA) (e.g., changes in mental status, seizures, angina, dyspnea, thrombosis, increasing blood pressure, decreased platelet count, increased serum creatinine, increased LDH, etc.); and

2. TTP has been ruled out by evaluating ADAMTS-13 level (ADAMTS-13 activity level ≥10%); and

3. Shiga toxin E. Coli related hemolytic uremic syndrome (STEC-HUS) has been ruled out; and

4. Other causes have been ruled out such as coexisting diseases or conditions (e.g., bone marrow transplantation, solid organ transplantation, malignancy, autoimmune disorder, drug-induced, malignant hypertension, HIV infection, Streptococcus pneumoniae sepsis or known genetic defect in cobalamin C metabolism, etc.); and

5. Documented baseline values for one or more of the following (necessary for renewal); serum LDH, serum

creatinine/eGFR, platelet count, and plasma exchange/infusion ~~dialysis~~ requirement.

6. gMG

a. Used as switch therapy; and

~~1. Recipient is at least 18 years of age; and~~

1. ~~2.~~ Recipient is currently receiving treatment with eculizumab and has shown a beneficial disease response and absence of unacceptable toxicity while on therapy; or

b. Recipient is complement inhibitor treatment-naïve; and

1. Recipient is at least 18 years of age; and

2. Recipient has MGFA Clinical Classification of Class II to IV disease; and

3. Recipient has a positive serologic test for anti-acetylcholine receptor (AChR) antibodies; and

4. Recipient has had a thymectomy (Note: Applicable only to recipients with thymomas or non-thymomatous recipients who are 50 years of age or younger); and

5. Physician has assessed objective signs of neurological weakness and fatiguability on a baseline neurological examination (e.g., including, but not limited to, the QMG score, etc.); and

6. Recipient has a MG-ADL total score of ≥6; and

a. Recipient has had an inadequate response after a minimum one-year trial of concurrent use with two or more immunosuppressive therapies (e.g., corticosteroids plus an immunosuppressant such as azathioprine, cyclosporine, mycophenolate, etc.); or

b. Recipient required chronic treatment with plasmapheresis or PE or IVIG in addition to immunosuppressant therapy; and

7. Recipient will avoid or use with caution medications known to worsen or exacerbate symptoms of MG (e.g.,

certain antibiotics, beta-blockers, botulinum toxins, hydroxychloroquine, etc.).

7. Neuromyelitis Optica Spectrum Disorder (NMOSD)

a. Used as switch therapy; and

1. Recipient is currently receiving treatment with eculizumab and has shown a beneficial disease response and absence of unacceptable toxicity while on therapy; or

b. Recipient is complement inhibitor treatment-naïve; and

1. Recipient has a confirmed diagnosis based on the following:

a. Recipient was found to be seropositive for aquaporin-4 (AQP4) IgG antibodies; and

b. Recipient has at least one core clinical characteristic (Note: some core clinical characteristics require both clinical and typical MRI findings); and

c. Alternative diagnoses have been excluded [e.g., myelin oligodendrocyte glycoprotein (MOG) antibody disease (MOGAD), MS, sarcoidosis, cancer, chronic infection, etc.]; and

2. Recipient has a history of at least one relapse in the last 12 months; and

3. Recipient has an EDSS of ≤7.0; and

4. Recipients who are receiving concurrent immunosuppressive therapy (e.g., corticosteroids, azathioprine, mycophenolate mofetil, methotrexate, tacrolimus, etc.) are on a stable dose regimen; and

5. Recipient has not received therapy with rituximab or mitoxantrone in the last three months; and

6. Recipient has not received IVIG in the last three weeks.

b. Dosage Limits

1. Quantity Limit (max daily dose) [NDC Unit]:

a. Ultomiris 10 mg/mL – 30 mL SDV: 10 vials on day zero followed by 13 vials starting on day 14 and every eight weeks thereafter

b. Ultomiris 100 mg/mL – 3 mL SDC: 10 vials on day zero followed by 13 vials starting on day 14 and every eight weeks thereafter

c. Ultomiris 100 mg/mL – 11 mL SDV: three vials on day zero followed by three vials starting on day 14 and every eight weeks thereafter

d. Ultomiris 245 mg/3.5 mL single-dose cartridge on-body delivery system: two on-body delivery systems weekly.

2. Max Units (per dose and over time) [HCPCS Unit]:

a. Ultomiris IV

1. PNH/aHUS/gMG: 300 units on Day 0 followed by 360 units on Day 14 and every eight weeks thereafter

b. Ultomiris SQ

1. PNH/aHUS: 49 units weekly.

c. Recertification Request

Coverage may be renewed based upon the following criteria:

1. Recipient continues to meet the universal and other indication-specific relevant criteria identified in Section III; and

2. Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: serious meningococcal infections (septicemia and/or meningitis), infusion-related reactions, other serious infections, etc.; and

3. PNH

a. Recipient has not developed severe bone marrow failure syndrome (i.e., aplastic anemia or myelodysplastic syndrome) or experienced a spontaneous disease remission or received curative allogeneic stem cell transplant; and

b. Disease response compared to pre-treatment baseline as indicated by one or more of the following:

1. Decrease in serum LDH ~~from pretreatment baseline~~

2. Stabilization/improvement in hemoglobin level ~~from pretreatment baseline~~

3. Decrease in packed RBC transfusion requirement ~~from pretreatment baseline~~ (i.e., reduction of at least 30%)

4. Reduction in thromboembolic events.

4. aHUS

a. Disease response compared to pre-treatment baseline indicated by one or more of the following:

1. Decrease in serum LDH ~~from pretreatment baseline~~

2. Stabilization/improvement in serum creatinine/eGFR ~~from pretreatment baseline~~

3. Increase in platelet count ~~from pretreatment baseline~~

4. Decrease in plasma exchange/infusion requirement ~~from pretreatment baseline~~.

5. Generalized Myasthenia Gravis (gMG)

a. Recipient experienced an improvement (i.e., reduction) of at least one-point from baseline in the MG-ADL total score; and

b. Improvement in muscle strength testing with fatigue maneuvers as evidenced on neurologic examination when compared to baseline

6. Switch therapy from eculizumab to ravulizumab

a. Refer to Section III for criteria

7. NMOSD

a. Disease response as indicated by stabilization/improvement in one or more of the following:

1. Neurologic symptoms as evidenced by a decrease in acute relapses, improvement of stability, or improvement in EDSS

2. Reduced hospitalization

3. Reduction/discontinuation in plasma exchange treatments

d. PA Guidelines

1. Initial approval will be given for 12 months and may be renewed.

R. Yervoy® (ipilimumab)

Therapeutic Class: Anti-CLTA-4 Monoclonal Antibodies
Last Reviewed by the DUR Board: April 18, 2024, and July 18, 2024

Yervoy® (ipilimumab) are subject to PA and quantity limitations based on the Application of Standards in Section 1927 of the SSA Act and/or approved by the DUR Board. Refer to the Nevada Medicaid and Check Up Pharmacy Manual for specific quantity limits.

A. Approval will be given if the following criteria are met and documented:

Coverage is provided in the following conditions

1. Recipient is at least 18 years of age, unless otherwise specified; and

2. Ampullary Adenocarcinoma

a. Recipient has MSI-H or dMMR disease as determined by an FDA-approved or CLIA compliant test; and

b. Used in combination with nivolumab; and

1. Used as first-line therapy for unresectable or metastatic intestinal type disease; or

2. Used as subsequent therapy for disease progression.

3. Biliary Tract Cancers (Gallbladder Cancer or Intra-/Extra-Hepatic Cholangiocarcinoma)

a. Used in combination with nivolumab; and

b. Recipient has tumor mutational burden-high (TMB-H) [≥10 mut/Mb] disease as determined by an FDA-approved or CLIA-compliant test; and

1. Used as subsequent treatment for progression on or after systemic treatment for unresectable, R2, or metastatic disease; and

2. Disease is refractory to standard therapies or there are no standard treatment options available

c. Used as neoadjuvant therapy for resectable locoregionally advanced (Note: Only applies to Gallbladder Cancer); and

1. Recipient has incidental finding of suspicious mass during surgery where hepatobiliary surgery expertise is unavailable; or

2. Recipient has incidental finding on pathologic review (cystic duct node positive); or

3. Recipient has mass on imaging

4. Bone Cancer

a. Recipient has one of the following: Ewing sarcoma, Chondrosarcoma (excluding mesenchymal chondrosarcoma), Osteosarcoma, or Chordoma; and

b. Recipient has TMB-H tumors [≥10 mut/Mb] as determined by an FDA-approved or CLIA-compliant test; and

c. Used in combination with nivolumab; and

d. Recipient has unresectable or metastatic disease that progressed following prior treatment; and

e. Recipient has no satisfactory alternative treatment options.

5. CNS Cancer

a. Used for the treatment of brain metastases in recipients with BRAF non-specific melanoma; and

b. Used in combination with nivolumab or as a single agent; and

1. Used as initial treatment in recipients with small asymptomatic brain metastases; or

2. Used for relapsed limited brain metastases with either stable systemic disease or reasonable systemic treatment options; or

3. Recipient has recurrent limited brain metastases; or

4. Used for recurrent extensive brain metastases with stable systemic disease or reasonable systemic treatment options.

6. CRC

a. Recipient is at least 12 years of age; and

b. Recipient's disease is MSI-H/ dMMR disease or POLE/POLD1 mutation as determined by an FDA-approved or CLIA-compliant test; and

c. Used in combination with nivolumab; and

1. Used as subsequent therapy; and

   a. Recipient has metastatic, unresectable, or medically inoperable disease; or

2. Used as primary or initial treatment; and

   a. Used for isolated pelvic/anastomotic recurrence of rectal cancer; or

   b. Recipient has T3, N Any; T1-2, N1-2; T4, N Any rectal cancer; or

   c. Recipient has metastatic, unresectable, or medically inoperable disease; or

3. Used as neoadjuvant therapy; and

   a. Recipient has clinical T4b colon cancer (dMMR/MSI-H disease only); or

   b. Recipient has resectable liver and/or lung metastases

7. Appendiceal Adenocarcinoma – Colon Cancer

   a. Recipient has MSI-H/dMMR disease or POLE/POLD1 mutation as determined by an FDA approved or CLIA-compliant test; and

   b. Used in combination with nivolumab; and

   c. Used for advanced or metastatic disease; and

      1. Used as primary or initial treatment; or

      2. Used as subsequent treatment.

8. Esophageal Cancer and Esophagogastric/Gastroesophageal Junction Cancers

   a. Used in combination with nivolumab; and

      1. Used as first-line therapy; and

         a. Recipient has squamous cell carcinoma; and

            1. Recipient is not a surgical candidate or has unresectable advanced, recurrent, or metastatic disease.

b. Recipient has adenocarcinoma; and

1. Recipient is not a surgical candidate or has unresectable advanced, recurrent, or metastatic disease; and

2. Recipient has MSI-H or dMMR disease as determined by an FDA-approved or CLIA-compliant test; or

2. Used as subsequent therapy; and

a. Recipient is not a surgical candidate or has unresectable locally advanced, recurrent, or metastatic disease; and

b. Recipient has MSI-H or dMMR disease as determined by an FDA-approved or CLIA-compliant test; or

3. Used as neoadjuvant or perioperative therapy; and

a. Recipient has adenocarcinoma; and

b. Used as primary treatment for recipient who are medically fit for surgery with cT2, N0 (high-risk lesions: lymphovascular invasion, ≥3cm, poorly differentiated), cT1b-cT2, N+ or cT3-cT4a, Any N disease; and

c. Recipient has MSI-H or dMMR disease as determined by an FDA-approved or CLIA-compliant test

4. Used as induction systemic therapy for relieving dysphagia; and

a. Recipient has MSI-H or dMMR disease as determined by and FDA approved or CLIA-compliant test; and

b. Recipient is medically fit and planned for esophagectomy with cT2, N0 (high-risk lesions: lymphovascular invasion, ≥3 cm, poorly differentiated), cT1b-cT2, N+ or cT3-cT4a, Any N disease

9. Gastric Cancer

a. Used in combination with nivolumab; and

b. Recipient has MSI-H or dMMR disease as determined by an FDA-approved or CLIA-compliant test; and

1. Used as first-line or subsequent therapy; and

2. Recipient is not a surgical candidate or has unresectable locally advanced, recurrent, or metastatic disease; or

3. Used as neoadjuvant or perioperative therapy; and

   a. Used as primary treatment prior to surgery for potentially resectable locoregional disease (cT2 or higher, any N) in recipients who are medically fit for surgery

4. Used as systemic therapy for early-stage disease; and

   a. Recipient has endoscopic features suggestive of deep submucosal invasion including converging folds, irregular surface pattern, and ulceration in a large gastric mass with favorable histology; and

   b. Recipient has completed an endoscopic resection.

10. HCC

    a. Used in combination with nivolumab; and

    b. Used as subsequent therapy; and

       1. Recipient was previously treated with sorafenib; or

       2. Recipient has liver-confined, unresectable disease and is deemed ineligible for a transplant; or

       3. Recipient has extrahepatic/metastatic disease and deemed ineligible for resection, transplant, or locoregional therapy.

11. Kaposi Sarcoma

    a. Used in combination with nivolumab as subsequent therapy; and

    b. Recipient has classic disease; and

    c. Used for relapsed/refractory advanced cutaneous, oral, visceral, or nodal disease; and

    d. Disease progressed on or did not respond to first-line therapy; and

    e. Disease progressed on alternate first-line therapy

12. RCC

    a. Used in combination with nivolumab for clear cell histology; and

        1. Used as first-line therapy in recipients with poor or intermediate risk advanced, relapsed, or stage IV disease; or

        2. Used as first-line therapy in recipients with favorable risk relapsed or stage IV disease; or

        3. Used as subsequent therapy in recipients with relapsed or stage IV disease.

13. Peritoneal Mesothelioma (PeM)

    a. Used in combination with nivolumab; and

        1. Used as subsequent therapy (if chemotherapy was administered first-line); or

        2. Used as first-line therapy; and

            a. Recipient has unicavitary disease with epithelioid histology; and

                1. Used as adjuvant treatment for medically operable disease, following cytoreductive surgery (CRS) and hyperthermic intraperitoneal chemotherapy (HIPEC); and

                    a. Recipient has surgical or pathologic high-risk features, and no neoadjuvant therapy was given; or

                2. Recipient has medically inoperable disease and/or complete cytoreduction not achieved (including high-risk features); or

                3. Recipient has disease recurrence after prior CRS + HIPEC if no previous adjuvant systemic therapy was given; or

            b. Recipient has biphasic/sarcomatoid histology or bicavitary disease.

14. Pleural Mesothelioma (PM)

a. Used in combination with nivolumab; and

1. Used as subsequent therapy (if chemotherapy was administered first-line); or

2. Used as first-line therapy; and

a. Recipient has clinical stage IIIB or IV disease; or

b. Recipient has sarcomatoid or biphasic histology; or

c. Disease is medically inoperable or unresectable; or

d. Recipient has clinical stage I-IIIA disease with epithelioid histology and did not receive induction chemotherapy

15. Cutaneous Melanoma

a. Used as first-line therapy for unresectable or metastatic disease; and

1. Recipient is at least 12 years of age; and

2. Used as a single agent or in combination with nivolumab; or

b. Used as subsequent therapy for unresectable or metastatic disease; and

1. Used after disease progression, intolerance, and/or projected risk of progression with BRAF-targeted therapy (e.g., dabrafenib/trametinib, vemurafenib/cobimetinib, encorafenib/binimetinib, etc.); and

a. Used as a single agent in recipients at least 12 years of age if not previously used alone or in combination with anti-PD-1 therapy; or

b. Used in combination with nivolumab in recipient at least 12 years of age if not previously used or for recipients who progress on single agent anti-PD-1 therapy; or

c. Used in combination with pembrolizumab, if not previously used alone or in combination with anti-PD-1 therapy, for recipients who progress on single agent anti-PD-1 therapy; or

2. Used as re-induction therapy in recipients who experienced disease control (i.e., complete or partial response or stable disease) and no

residual toxicity from prior use, but subsequently have disease progression/relapse >3 months after treatment discontinuation; and

a. Used as single agent or in combination with anti-PD-1 therapy; and

b. Recipient has completed initial induction ipilimumab therapy (i.e., completion of four cycles within a 16-week period); or

c. Used as adjuvant therapy; and

1. Used as a single agent; and

a. Recipient has pathologic involvement of regional lymph nodes of more than 1 mm and has undergone complete resection including total lymphadenectomy; or

b. Recipient has prior exposure to anti-PD-1 therapy (e.g., nivolumab or pembrolizumab); and

1. Recipient has local satellite/in-transit recurrence and has NED after complete excision; or

2. Recipient has resectable disease limited to TLND or following neoadjuvant therapy; or

3. Recipient has oligometastatic disease and NED following metastasis-directed therapy (i.e., complete resection, stereotactic ablative therapy or T-VEC/intralesional therapy) or following systemic therapy followed by resection; or

2. Used in combination with nivolumab; and

a. Recipient has oligometastatic disease and NED following metastasis-directed therapy (i.e., complete resection, stereotactic ablative therapy or T-VEC/intralesional therapy) or following systemic therapy followed by resection

d. Used as neoadjuvant therapy; and

1. Used in combination with nivolumab; and

a. Recipient stage III disease; and

1. Used as primary treatment for clinically positive, resectable nodal disease; or

2. Used for limited resectable disease with clinical satellite/in-transit metastases; or

b. Recipient has limited resectable local satellite/in-transit recurrence; or

c. Recipient has resectable disease limited to nodal recurrence.

16. Uveal Melanoma

a. Used as a single agent or in combination with nivolumab; and

b. Recipient has metastatic or unresectable disease.

17. Merkel Cell Carcinoma

a. Used for M1 disseminated disease; and

b. Used as a single agent or in combination with nivolumab; and

c. Recipient progressed on anti-PD-L1 or anti-PD-1 therapy or anti-PD-L1 or anti-PD-1 therapy is contraindicated

18. NSCLC

a. Used for recurrent, advanced, or metastatic disease (excluding locoregional recurrence or symptomatic local disease without evidence of disseminated disease) or mediastinal lymph node recurrence with prior radiation therapy; and

1. Used as first-line therapy; and

a. Used for one of the following:

1. Recipients with a PS 0-1 who have tumors that are negative for actionable molecular biomarkers and PD-L1 <1%

2. Recipients with a PS 0-1 who are positive for one of the following molecular biomarkers: EGFR exon 20, KRAS G12C, BRAF V600E, NTRK 1/2/3 gene fusion, MET exon 14 skipping, RET rearrangement, or ERBB2 (HER2)

3. PD-L1 expression positive (PD-L1 ≥1%) tumors, as detected by an FDA or CLIA compliant test, that are negative for actionable molecular biomarkers; and

2. Used in combination with one of the following:

a. Nivolumab

b. Nivolumab and platinum-doublet chemotherapy (e.g., pemetrexed and either carboplatin or cisplatin for non-squamous cell histology, or paclitaxel and carboplatin for squamous cell histology, etc.); or

3. Used as subsequent therapy; and

a. Used for one of the following:

1. Recipients with a PS 0-1 who are positive for one of the following molecular biomarkers and have received prior target therapy: EGFR exon 19 deletion or L858R tumors, EGFR S7681, L861Q, and/or G719X, ALK rearrangement, or ROS1 rearrangement; or

2. Recipients with a PS 0-1 who are positive for one of the following molecular biomarkers: BRAF V600E, NTRK 1/2/3 gene fusion, MET exon 14 skipping, or RET rearrangement; and

b. Used in combination with one of the following:

1. Nivolumab

2. Nivolumab, pemetrexed, and either carboplatin or cisplatin for non-squamous cell histology

3. Nivolumab, paclitaxel and carboplatin for squamous cell histology; or

4. Used as continuation maintenance therapy in combination with nivolumab; and

a. Recipient has achieved a response or stable disease following first-line therapy with nivolumab and ipilimumab with or without chemotherapy.

19. Small Bowel Adenocarcinoma (SBA)

    a. Recipient has advanced or metastatic disease that is MSI-H or dMMR or POLE/POLD1 mutation as detected by an FDA or CLIA compliant test; and

    b. Used in combination with nivolumab

20. Soft Tissue Sarcoma

    a. Extremity/Body Wall, Head/Neck or Retroperitoneal/Intra-Abdominal

        1. Used in combination with nivolumab; and

        2. Used as subsequent therapy; and

            a. Recipient has myxofibrosarcoma, UPS, dedifferentiated liposarcoma, cutaneous angiosarcoma, or undifferentiated sarcomas; or

            b. Recipient has TMB-H [≥10 mut/Mb] disease as determined by an FDA-approved or CLIA-compliant test; and

                1. Recipient has no satisfactory alternative treatment options.

21. Pleomorphic Rhabdomyosarcoma

    a. Used in combination with nivolumab; and

    b. Used as subsequent therapy; and

    c. Recipient has TMB-H [≥10 mut/Mb] disease as determined by an FDA-approved or CLIA-compliant test; and

    d. Recipient has no satisfactory alternative treatment options

22. Angiosarcoma

    a. Used in combination with nivolumab

B. Dosage Limits

1. Quantity Limit (max daily dose) [NDC Unit]:

    a. Yervoy 200 mg/40 mL injection:

1. Five vials per 84 days (initially up to five vials per 21 days x four doses)

b. Yervoy 50 mg/10 mL injection:

1. Three vials per 84 days (initially up to three days per 21 days x four doses).

C. Recertification Request

Coverage may be renewed based upon the following criteria:

1. Recipient continues to meet the universal and other indication-specific relevant criteria such as concomitant therapy requirements (not including prerequisite therapy), performance status, etc. identified in Section III; and

2. Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: severe immune-mediated adverse reactions (e.g., colitis, hepatitis, dermatitis/rash, pneumonitis, nephritis/renal dysfunction, endocrinopathies, etc.), severe infusion-related reactions, complications of allogeneic HSCT, etc.; and

3. Disease response with treatment as defined by stabilization of disease or decrease in size of tumor or tumor spread; and

4. Coverage may not be renewed for the following indications:

a. Ampullary Adenocarcinoma

b. Colorectal Cancer (subsequent therapy)

c. Appendiceal Adenocarcinoma (subsequent therapy)

d. CNS Cancer (combination therapy with nivolumab)

e. MSI-H/dMMR Gastric, Esophageal, and Esophagogastric/ Gastroesophageal Junction Cancer

f. Gastric Cancer

g. HCC

h. RCC

i. Cutaneous Melanoma (first-line or subsequent therapy)

j. Cutaneous Melanoma (neoadjuvant therapy in combination with nivolumab)

k. Small Bowel Adenocarcinoma

l. Uveal Melanoma

5. For the following indications, recipient has not exceeded a maximum of two years of therapy (18 doses):

a. Biliary Tract Cancer

b. Bone Cancer

c. Esophageal and Esophagogastric/Gastroesophageal Junction Cancer (first-line therapy for squamous cell carcinoma)

d. NSCLC

e. Kaposi Sarcoma

f. PeM (initial therapy)

g. PM (initial therapy)

6. Cutaneous Melanoma (re-induction therapy)

7. Cutaneous Melanoma (adjuvant treatment – maintenance therapy)

a. Recipient has not exceeded a maximum of three years of therapy (17 doses total [initial and maintenance doses combined])

8. NSCLC (continuation maintenance therapy).

D. PA Guidelines

1. Coverage will be provided for six months and may be renewed (unless otherwise specified).

2. The following indications may be authorized up to a maximum of 12 weeks of therapy (four doses) and may not be renewed (coverage may be extended to 16 weeks if four doses were not administered within the 12-week time frame)

a. Ampullary Adenocarcinoma

b. Colorectal Cancer (subsequent therapy/disease progression)

c. Appendiceal Adenocarcinoma (subsequent therapy/disease progression)

d. CNS Cancer (combination therapy with nivolumab)

e. HCC

f. RCC

g. Cutaneous Melanoma (first-line or subsequent therapy)

h. Cutaneous Melanoma (adjuvant therapy in combination with nivolumab)

i. Small Bowel Adenocarcinoma

j. Uveal Melanoma

3. The following indications may be renewed up to a maximum of two years of therapy (18 doses):

a. Biliary Tract Cancer

b. Bone Cancer

c. Esophageal and Esophagogastric/Gastroesophageal Junction Cancer (first-line therapy for squamous cell carcinoma)

d. Kaposi Sarcoma

e. NSCLC

f. PeM (initial therapy)

g. PM (initial therapy)

4. Gastric Cancer

a. Coverage will be provided for a maximum of 12 weeks (two doses) and may not be renewed for neoadjuvant or perioperative therapy.

b. Coverage will be provided for a maximum of 16 weeks (three doses) and may not be renewed for early-stage disease following endoscopic resection, first line therapy, or subsequent therapy.

5. MSI-H/dMMR, Esophageal, and Esophagogastric/Gastroesophageal Junction Cancer

a. Coverage will be provided for a maximum of 12 weeks of therapy (two doses) and may not be renewed for neoadjuvant or perioperative therapy.

b. Coverage will be provided for a maximum of 16 weeks (three doses) and may not be renewed for relieving dysphagia, first line therapy, or subsequent therapy.

6. Cutaneous Melanoma (single agent adjuvant treatment)

   a. Coverage will be provided for six months and may be renewed for up to a maximum of three years of maintenance therapy (17 doses total [initial and maintenance doses combined]).

7. Cutaneous Melanoma (neoadjuvant treatment in combination with nivolumab)

   a. Coverage will be provided for a maximum of six weeks of therapy (two doses) and may not be renewed.

S. Zynlonta® (loncastuximab tesirine-lpyl)

Therapeutic Class: Miscellaneous Antineoplastics
Last Reviewed by the DUR Board: N/A

Miscellaneous Antineoplastics are subject to PA and quantity limitations based on the Application of Standards in Section 1927 of the SSA Act and/or approved by the DUR Board. Refer to the Nevada Medicaid and Check Up Pharmacy Manual for specific quantity limits.

A. Approval will be given if the following criteria are met and documented

1. Recipient is at least 18 years old; and

2. Recipient advised to minimize or avoid exposure to direct natural or artificial sunlight including exposure through glass windows; and

3. Universal Criteria

a. Used as single agent therapy; and

b. Recipient has not received prior anti-CD19 therapy, (e.g., tafasitamab, CAR-T) or recipient previously received anti-CD19 therapy and re-biopsy indicates CD-19 positive disease; and

c. Recipient does not have active graft-versus-host disease; and

d. Recipient has not had an autologous stem cell transplant (ASCT) within 30 days or allogeneic stem cell transplant (AlloSCT) with 60 days, prior to start of therapy; and

e. Recipient does not have active CNS lymphoma (includes leptomeningeal disease); and

f. Recipient does not have a clinically significant active infection (e.g., Grade 3 or 4 infections); and

g. Recipient does not have any clinically significant third space fluid accumulation (i.e., ascites requiring drainage or pleural effusion that is either requiring drainage or associated with shortness of breath); and

4. Large B-Cell Lymphoma

a. Recipient has relapsed or refractory disease (includes DLBCL not otherwise specified, DLBCL arising from low grade lymphoma, and high-grade B-cell lymphoma); and

b. Recipient has received at least two prior lines of therapy.

B. Dosage Limits

1. Quantity Limit (max daily dose) [NDC Unit]:

a. Zynlonta 10 mg powder for injection: two vials every 21 days for the first two doses followed by one vial every 21 days thereafter.

2. Max Units (per dose and over time) [HCPCS Unit]:

a. Relapsed or Refractory B-Cell Lymphoma

1. Cycle 1-2

a. 230 billable units (17.25 mg) per each 21-day cycle

2. Subsequent Cycles

a. 115 billable units (8.63 mg) per each 21-day cycle.

C. Recertification Request

1. Recipient continues to meet universal and other indication-specific relevant criteria such as concomitant therapy requirement (not including prerequisite therapy), performance status, etc. identified in Section III; and

2. Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include severe effusion and edema (e.g., pleural effusion, pericardial effusion, ascites, peripheral edema, and general edema), myelosuppression, infections, severe cutaneous reactions (e.g., photosensitivity, rash), etc.; and

3. Disease response with treatment defined by stabilization of disease or decrease in size of tumor or tumor spread.

D. PA Guidelines

1. Initial approval will be given for six months.

2. Recertification will be given for six months.

T. Osteoporosis Agents

Therapeutic Class: Bone Resorption Inhibitors (Osteoporosis Agents)
Last Reviewed by DUR Board: April 18, 2024

Osteoporosis agents are subject to PA based on the Application of Standards in Section 1927 of the SSA and/or approved by the DUR Board.

1. Coverage and Limitations

a. Evenity® (romosozumab-aqqg)

1. Approval will be given if all criteria are met and documented:

a. The recipient has a diagnosis of postmenopausal osteoporosis or osteopenia; and

b. One of the following:

1. Both the following:

a. The recipient's Bone Mineral Density (BMD) T-score is -2.5 or lower in the lumbar spine, femoral neck, total hip, or radius (one-third radius site); and

b. One of the following:

1. The recipient has document history of low-trauma fracture of the hip, spine, proximal humerus, pelvis, or distal forearm; or

2. The recipient has documented trial and failure, contraindication, or intolerance to one anti-resorptive treatment (e.g., alendronate, risedronate, zoledronic acid, Prolia® [denosumab]); or

c. Both the following:

1. The recipient has a BMD T-score between -1.0 and-2.5 in the lumbar spine, femoral neck, total hip, or radius (one-third radius site); and

2. One of the following:

a. The recipient has a document history of low-trauma fracture of the hip, spine, proximal humerus, pelvis, or distal forearm; or

b. Both the following:

1. The recipient has a document trial and failure, contraindication, or intolerance to one anti-resorptive treatment (e.g., alendronate, risedronate, zoledronic acid, Prolia® [denosumab]); and

2. One of the following Fracture Risk Assessment Tool (FRAX) 10-year probabilities:

a. The recipient has a major osteoporotic fracture at 20% or more in the U.S., or the country-specific threshold in other countries or regions.

b. The recipient has a hip fracture at 3% or more in the U.S., or the country-specific threshold in other countries or regions; and

c. The recipient has a documented trial and failure, contraindication, or intolerance to one of the following:

1. Forteo® (teriparatide)

2. Tymlos® (abaloparatide); and

d. Treatment duration of Evenity® (romosozumab-aqqg) has not exceeded a total of 12 months during the recipient's lifetime.

2. PA Guidelines:

a. PA approval will be given for 12 months.

b. Prolia®; & Jubbonti® ~~Xgeva®~~ (denosumab)

1. Criteria for PAD and Point of Sale (POS)

2. Prolia®

a. Coverage is provided in the following conditions:

1. Recipient is at least 18 years of age; and

b. Universal Criteria

~~a.~~1. Recipient must be supplementing with 1,000 mg of calcium and at least 400 IU of vitamin D daily; and

~~b.~~2. Recipients must not have hypocalcemia; and

3. Recipients with advanced kidney disease (i.e., eGFR <30 mL/min/1.73 m2 and including dialysis-dependent recipients) will be monitored for the presence of chronic kidney disease mineral and bone disorder (CKD-MBD) with intact parathyroid hormone (iPTH), serum calcium, 25(OH) vitamin D, and 1.25 (OH)2 vitamin D prior to decisions regarding denosumab treatment; and

~~c. Coverage is provided in the following conditions~~

~~1. Recipient is at least 18 years of age; and~~

~~2. Recipient must be at high risk for fracture; and~~

4. Pregnancy is ruled out prior to ~~starting therapy~~administration in ~~women~~ biological females of childbearing potential; and

5. Will not be used in combination with other denosumab products, bisphosphonates, romosozumab, or parathyroid hormone analogs/related peptides; and

3. Osteoporosis in Men and Women

a. Biological female recipient ~~Women only: Recipient~~ must be post-menopausal; and

b. Recipient must be at a high risk for fracture; and

~~b.~~c. Recipient has a documented diagnosis of osteoporosis indicated by one or more of the following:

1. T-score by DXA of ≤-2.5 measured at the lumbar spine, femoral neck, total hip, or forearm at the 33% (one-third) radius site; or~~Hip/femur DXA (femoral neck or total hip) or lumbar spine T-score ≤2.5 and/or forearm DXA at the 33% (one-third) radius site; or~~

2. History of fragility fracture to the hip or spine, regardless of T-score; or~~T-score ≤ -1 or low bone mass and a history of fragility fracture to the hip or spine; or~~

3. T-score by DXA between -1.0 and -2.5 measured at the lumbar spine, femoral neck, total hip, or forearm at the 33% (one-third) radius site; and~~T-score between -1 and -2.5 with a FRAX 10-year probability for major fracture ≥20% or hip fracture ≥3%; and~~

a. History of fracture of proximal humerus, pelvis, or distal forearm; or

b. FRAX 10-year probability for major fracture ≥20% or hip fracture ≥3%; and

~~c.~~d. Recipient has one of the following:

1. Documented treatment failure or ineffective response to a minimum 12-month trial on previous therapy with bisphosphonates (oral or IV such as alendronate, risedronate, ibandronate, or zoledronic acid; or

2. Recipient has a documented contraindication or intolerance to both oral bisphosphonates and IV bisphosphonates such as alendronate, risedronate, ibandronate, or zoledronic acid.

4. Glucocorticoid-Induced Osteoporosis

a. Recipient will be initiating or is continuing systemic glucocorticoid therapy at a daily dosage equivalent to ≥~~7.5~~ 2.5mg of prednisone and is expected to remain on glucocorticoid therapy for at least ~~six~~ three months; and

b. Recipient must be at an increased risk for fracture; and

1. Documented treatment failure or ineffective response to a minimum 12-month trial on previous therapy with bisphosphonates (oral or IV) such as alendronate, risedronate, ibandronate, or zoledronic acid; or

~~b.~~2. Recipient has a documented contraindication or intolerance to both oral bisphosphonates and IV bisphosphonates such as alendronate, risedronate, ibandronate, or zoledronic acid.

5. Osteoporosis treatment and prevention in prostate cancer patients

~~a. Documented Hip DXA (femoral neck or total hip) or lumbar spine T-score ≤ -1 (or patient meets the diagnostic criteria for osteoporosis above); and~~

a. Recipient must be receiving androgen deprivation therapy ~~for non-metastatic prostate cancer.~~ and

b. Recipient must be at a high-risk for fracture

6. Osteoporosis treatment and prevention in breast cancer recipients

a. Recipient must be receiving adjuvant aromatase inhibitor therapy for breast cancer.

c. Xgeva® & Wyost®

1. Coverage is provided in the following conditions:

a. Universal Criteria

1. ~~Administer~~ Recipient will receive calcium and vitamin D as necessary to treat or prevent hypocalcemia (Note: excludes when use is for hypercalcemia of malignancy); and

2. Recipient must not have hypocalcemia; and

3. Will not be used in combination with other denosumab products, bisphosphonates, romosozumab, or parathyroid hormone analogs/related peptides; and

~~Coverage is provided in the following conditions:~~

b. Prevention of skeletal-related events in ~~patients~~ recipients with multiple myeloma or bone metastases from solid tumors.

1. Recipient is at least 18 years of age; and

a. Recipient must try and have an inadequate response, contraindication, or intolerance to at least a three-month trial of zoledronic acid, or

b. Recipient has metastatic breast cancer, metastatic castration-resistant prostate cancer, or metastatic lung cancer (both SCLC and NSCLC).

2. Giant Cell Tumor of the Bone

a. Recipient must be an adult or at least 12 years of age and skeletally mature; and

1. Disease is unresectable or surgical resection is likely to result in severe morbidity; or

2. Disease is localized, recurrent, or metastatic and

a. Used as a single agent; or

b. Used in combination with serial embolization and/or radiation therapy.

3. Hypercalcemia of malignancy

a. Recipient is at least 18 years of age; and

b. Recipient must have a diagnosis of cancer (malignancy); and

1. Recipient must have a diagnosis of refractory hypercalcemia of malignancy defined as an albumin-corrected calcium of >12.5 mg/dL (3.1 mmol/L) despite treatment with a minimum seven-day trial on previous therapy with IV bisphosphonates such as ibandronate or zoledronic acid; or

2. ~~Patient~~ Recipient has a documented contraindication or intolerance to IV bisphosphonates such as ibandronate or zoledronic acid.

4. Systemic Mastocytosis

a. Recipient has osteopenia or osteoporosis and coexisting bone pain; and

b. Used as second line therapy if the recipient is~~; and~~

1. ~~Recipient is n~~Not responding to bisphosphonate therapy; or

2. Recipient is not a candidate for bisphosphonate therapy due to renal insufficiency.

c. PA Guidelines:

1. Coverage will be provided for 12 months and may be renewed.

5. Dosing Limits

a. Quantity Limit (max daily dose) [NDC Unit]:

1. Prolia® 60 mg/1 mL single-dose prefilled syringe: one syringe every six months.

2. Xgeva® 120 mg/1.7 mL single-dose vial:

a. Load: four vials for one 28-day cycle.

b. Maintenance: 1 vial monthly.

b. Max Units (per dose and over time) [NDC Unit]:

1. Prolia® – All indications:

a. 60 billable units every six months.

2. Xgeva® – Giant Cell Tumor of Bone & Hypercalcemia of Malignancy.

a. Loading Dose:
120 billable units on days 1, 8, 15, and 29.

b. Maintenance:
120 billable units every four weeks.

3. Xgeva® –Bone metastases from solid tumors, Multiple Myeloma, & Systemic Mastocytosis.

a. 120 billable units every four weeks.

6. Recertification Request:

a. Coverage can be renewed based on the following criteria:

1. Recipient 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

2. Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: severe symptomatic hypocalcemia, osteonecrosis of the jaw, atypical femoral fractures, dermatological adverse reactions, severe infection, severe hypersensitivity/anaphylaxis, musculoskeletal pain, etc.; and

b. Prolia® & Jubbonti®

1. Beneficial ~~D~~disease response as indicated by one or more of the following:

a. Absence of fractures.

b. Increase in bone mineral density compared to pretreatment baseline; and

2. Osteoporosis in Men and Women only:

a. After five years of treatment, Recipient will have a repeat DXA performed; and

1. Recipients with low-to moderate risk disease will have therapy changed to an oral or IV bisphosphonate unless there is a contraindication or intolerance to both dosage forms.

3. Glucocorticoid-Induced Osteoporosis

a. After two years of treatment, recipient will have a repeat DXA performed; and

b. Recipients with low to moderate risk disease will have therapy changed to an oral or IV bisphosphonate unless there is a contraindication or intolerance to both dosage forms.

c. Xgeva® & Wyost®

1. Beneficial ~~D~~disease response as indicated by the following:

a. Multiple Myeloma or Bone metastases from solid tumors: absence/delay in skeletal-related events (e.g., pathologic fracture, radiation therapy to bone, surgery to bone, or spinal cord compression).

b. Giant Cell Tumor of the Bone: stabilization of disease or decrease in size of tumor or spread of tumor.

c. Hypercalcemia of Malignancy: corrected serum calcium ≤11.5 mg/dL (2.9 mmol/L).

d. Systemic Mastocytosis: improvement or resolution of bone pain as compared to pretreatment baseline.

d. Forteo® (teriparatide)

1. For Postmenopausal Osteoporosis or Osteopenia, or Men with Primary or Hypogonadal Osteoporosis or Osteopenia at High Risk for Fracture

a. Approval will be given if all criteria are met and documented:

1. The recipient has a diagnosis of postmenopausal osteoporosis or osteopenia, or primary or hypogonadal osteoporosis or osteopenia; and

2. One of the following:

a. Both the following:

1. The recipient has a BMD T-score of -2.5 or lower in the lumbar spine, femoral neck, total hip, or radius (one-third radius site); and

2. One of the following

a. The recipient has documented history of low-trauma fracture of the hip, spine, proximal humerus, pelvis, or distal forearm; or

b. Documented trial and failure, contraindication intolerance to one osteoporosis treatment (e.g., alendronate, risedronate, zoledronic acid, Prolia® [denosumab]); or

b. Both the following:

1. The recipient has a BMD T-score between -1.0 and -2.5 in the lumbar spine, femoral neck, total hip, or radius (one-third radius site); and

2. One of the following:

a. Recipient has documented history of low-trauma fracture of the hip, spine, proximal humerus, pelvis, or distal forearm; or

b. Both the following:

1. Recipient has a documented trial and failure, contraindication, or intolerance to one osteoporosis treatment (e.g., alendronate, risedronate, zoledronic acid, Prolia® [denosumab]); and

2. One of the following FRAX 10-year probabilities:

a. Major osteoporotic fracture at 20% or more in the U.S., or the country-specific threshold in other countries or regions; or

b. Hip fracture at 3% or more in the U.S., or the country-specific threshold in other countries or regions; and

3. Recipient's treatment duration of parathyroid hormones (e.g., teriparatide, Tymlos® [abaloparatide]) has not exceeded a total of 24 months during the ~~patient~~recipient's lifetime.

2. For Glucocorticoid-Induced Osteoporosis at High Risk for Fracture

a. Approval will be given if all criteria are met and documented:

1. The recipient has a diagnosis of glucocorticoid-induced osteoporosis; and

2. The recipient has documented history of prednisone or its equivalent at a dose ≥5 mg/day for ≥3 months; and

3. One of the following:

a. BMD T-score ≤2.5 based on BMD measurements from lumbar spine, femoral neck, total hip, or radius (one-third radius site); or

b. The recipient has one of the following FRAX 10-year probabilities:

1. Major osteoporotic fracture at 20% or more in the U.S., or the country-specific threshold in other countries or regions; or

2. Hip fracture at 3% or more in the U.S., or the country-specific threshold in other countries or regions; or

c. The recipient has documented history of one of the following fractures resulting from minimal trauma:

1. Vertebral compression fracture

2. Fracture of the hip

3. Fracture of the distal radius

4. Fracture of the pelvis

5. Fracture of the proximal humerus; and

4. Documented trial and failure, contraindication, or intolerance to one bisphosphonate (e.g., alendronate); and

5. The recipient's treatment duration of parathyroid hormones (e.g., teriparatide, Tymlos® [abaloparatide]) has not exceeded a total of 24 months during the ~~patient~~recipient's lifetime.

3. PA Guidelines:

a. PA approval will be for 24 months.

e. Tymlos® (abaloparatide)

1. Approval will be given if all criteria are met and documented:

a. The recipient has a diagnosis of postmenopausal osteoporosis or osteopenia; and

b. One of the following:

1. Both the following:

   a. BMD T-score of -2.5 or lower in the lumbar spine, femoral neck, total hip, or radius (one-third radius site); and

   b. One of the following:

      1. Documented history of low-trauma fracture of the hip, spine, proximal humerus, pelvis, or distal forearm; or

      2. Documented trial and failure, contraindication, or intolerance to one osteoporosis treatment (e.g., alendronate, risedronate, zoledronic acid, Prolia® [denosumab]); or

2. Both the following:

   a. Recipient has a BMD T-score between -1.0 and -2.5 in the lumbar spine, femoral neck, total hip, or radius (one-third radius site); and

   b. One of the following:

      1. Recipient has a documented history of low-trauma fracture of the hip, spine, proximal humerus, pelvis, or distal forearm; or

      2. Both the following:

         a. Documented trial and failure, contraindication, or intolerance to one osteoporosis treatment (e.g., alendronate, risedronate, zoledronic acid, Prolia® [denosumab]); and

         b. The recipient has one of the following FRAX 10-year probabilities:

            1. Major osteoporotic fracture at 20% or more in the U.S., or the country-specific threshold in other countries or regions; or

2. Hip fracture at 3% or more in the U.S., or the country-specific threshold in other countries or regions; and

c. Recipient's treatment duration of parathyroid hormones (e.g., teriparatide, Tymlos® [abaloparatide]) has not exceeded a total of 24 months during their lifetime.

2. PA Guidelines:

a. PA approval will be for 24 months.