

Niktimvo (axatilimab)

Disclaimer

Clinical guidelines are developed and adopted to establish evidence-based clinical criteria for utilization management decisions. Clinical guidelines are applicable according to policy and plan type. The Plan may delegate utilization management decisions of certain services to third parties who may develop and adopt their own clinical criteria.

Coverage of services is subject to the terms, conditions, and limitations of a member's policy, as well as applicable state and federal law. Clinical guidelines are also subject to in-force criteria such as the Centers for Medicare & Medicaid Services (CMS) national coverage determination (NCD) or local coverage determination (LCD) for Medicare Advantage plans. Please refer to the member's policy documents (e.g., Certificate/Evidence of Coverage, Schedule of Benefits, Plan Formulary) or contact the Plan to confirm coverage.

Niktimvo (axatilimab)	1
Summary	2
Definitions	2
Clinical Indications	3
Medical Necessity Criteria for Clinical Review	3
General Medical Necessity Criteria	3
Medical Necessity Criteria for Initial Clinical Review	3
Initial Indication-Specific Criteria	3
Chronic Graft-Versus-Host Disease (cGVHD)	3
Medical Necessity Criteria for Subsequent Clinical Review	5
Subsequent Indication-Specific Criteria	5
Chronic Graft-Versus-Host Disease (cGVHD)	5
Experimental / Investigational, unproven	5
Applicable Billing Codes	5
References	6
Clinical Guideline Revision / History Information	7

Summary

Chronic graft-versus-host disease (cGVHD) is a serious complication of allogeneic hematopoietic stem cell transplantation (HSCT), occurring in 30-70% of patients, and is a major cause of morbidity and mortality after HSCT. Risk factors include degree of human leukocyte antigen (HLA) mismatch, older age of donor, sex-disparity between donor and recipient, history of pregnancy or transfusions in the donor, the source of the graft (e.g., peripheral blood precursor cell grafts have a higher risk than bone marrow or umbilical cord blood), a history of acute graft-versus-host disease (aGVHD), and a history of splenectomy, cytomegalovirus or Epstein-Barr virus. It is a complex, multisystem disorder characterized by immune dysregulation, leading to fibrosis and organ dysfunction. cGVHD can affect various organs, including the skin, eyes, mouth, lungs, gastrointestinal tract, liver, and musculoskeletal system.

Treatment options for cGVHD include systemic corticosteroids (e.g., prednisone) as first-line therapy, followed by various immunosuppressive agents such as calcineurin inhibitors (e.g., cyclosporine, tacrolimus), mycophenolate mofetil, sirolimus, and targeted therapies like Imbruvica (ibrutinib), ReZurock (belumosudil mesylate) and Jakafi (ruxolitinib). Despite these options, many experience inadequate response or intolerance to multiple lines of therapy. Approximately half of those treated with systemic steroids will become steroid-refractory - including those who do not have an adequate response to the recommended dose of systemic steroid, those who are unable to taper off of the steroid, or those who experience intolerance or unacceptable complications from steroid use.

Niktimvo (axatilimab) is a colony stimulating factor-1 receptor (CSF-1R)-blocking antibody indicated for the treatment of cGVHD in adult and pediatric individuals weighing at least 40 kg after failure of at least two prior lines of systemic therapy.

Definitions

“Allogeneic hematopoietic stem cell transplantation (HSCT)” is a procedure in which an individual receives blood-forming stem cells from a genetically similar, but not identical, donor.

“Chronic graft-versus-host disease (cGVHD)” is a complex, multisystem disorder that occurs following allogeneic hematopoietic stem cell transplantation, characterized by immune dysregulation and fibrosis affecting various organs occurring beyond 100 days post transplant.

“Cushingoid features” refers to Cushing Syndrome-like symptoms including weight gain and redistribution of fat including abdominal obesity, buffalo hump (i.e., fat distributed on the upper back between the shoulder blades), and a round moon face.

“Documentation” refers to written information, including but not limited to:

- Up-to-date chart notes, relevant test results, and/or relevant imaging reports to support diagnoses; or
- Prescription claims records, and/or prescription receipts to support prior trials of formulary alternatives.

“Human leukocyte antigen (HLA)” are genes that help code for proteins that help the immune system differentiate between self and non-self.

“Hypothalamic-pituitary-adrenal axis (HPA) suppression” refers to a reduction or disruption in the normal functioning of the hypothalamus, pituitary and adrenal glands - which work together to adequately supply the body with cortisol. Exogenous (i.e., prescription) glucocorticoids can disrupt this system causing a significant reduction in cortisol levels. Side effects include fatigue, body aches, low blood pressure, nausea, weakened immune system, and mood and sleep disturbances. It is recommended that those on exogenous glucocorticoids slowly taper off of the medication to reduce the risk of withdrawal symptoms due to HPA suppression.

“Steroid-refractory cGVHD” refers to disease that fails to improve despite treatment with prednisone at ≥ 1 mg/kg/day for at least 1 week or persists without improvement despite continued treatment with prednisone at ≥ 0.5 mg/kg/day or 1 mg/kg every other day for at least 4 weeks.

“[s]” indicates state mandates may apply.

Clinical Indications

Medical Necessity Criteria for Clinical Review

General Medical Necessity Criteria

The Plan considers Niktimvo (axatilimab) medically necessary when ALL of the following criteria are met:

1. The medication is prescribed by or in consultation with a hematologist, oncologist, or transplant specialist; *AND*
2. The member weighs at least 40 kg; *AND*
3. Niktimvo (axatilimab) will not be used in conjunction with other targeted therapies (e.g., Jakafi [ruxolitinib phosphate], Rezurock [belumosudil mesylate], Imbruvica [ibrutinib], Orencia [abatacept]); *AND*
4. Niktimvo (axatilimab) is being prescribed at a dose and frequency that is within FDA approved labeling *OR* is supported by compendia or evidence-based published dosing guidelines for the requested indication; *AND*
5. The member meets the applicable [Medical Necessity Criteria for Initial Clinical Review](#) or [Subsequent Clinical Review](#) listed below.

Medical Necessity Criteria for Initial Clinical Review

Initial Indication-Specific Criteria

Chronic Graft-Versus-Host Disease (cGVHD)

The Plan considers Niktimvo (axatilimab) medically necessary when ALL of the following criteria are met:

6. The member meets the above [General Medical Necessity Criteria](#); *AND*
7. The member has a diagnosis of chronic graft-versus-host disease (cGVHD); *AND*
8. The member has chronic graft-versus-host disease (cGVHD) that is steroid-refractory, defined as ONE (1) of the following:
 - a. Lack of response or disease progression after administration of prednisone (*or equivalent dose of another corticosteroid*¹) at ≥ 1 mg/kg/day for at least 1 week; *or*
 - b. Disease persistence without improvement despite continued treatment with prednisone (*or equivalent dose of another corticosteroid*²) at ≥ 0.5 mg/kg/day or 1 mg/kg every other day for at least 4 weeks; *or*
 - c. Provider indicates that cGVHD symptoms and/or site involvement warrant(s) shorter or longer duration of steroid therapy that differ from the above criteria; *or*
 - d. Inability to taper steroid without return of symptoms (e.g., repeated symptom flares); *or*
 - e. Member experiences intolerable side effects or is experiencing steroid toxicity (e.g. hypothalamic-pituitary-adrenal axis suppression, hyperglycemia, cushingoid features, weight gain, fluid retention, hypertension, gastrointestinal complications, osteoporosis or osteopenia, mood and/or sleep disturbances, ocular side effects, immunosuppression, elevated white blood cell count) which precludes them from continuing the steroid; *AND*

¹*e.g., for dexamethasone, an equivalent dose is considered to be ≥ 0.15 mg/kg/day.*

²*e.g., for dexamethasone, an equivalent dose is considered to be ≥ 0.075 mg/kg/day or ≥ 0.15 mg/kg every other day.*
9. The member has tried and failed TWO (2) prior lines of systemic therapy for cGVHD, defined as ALL of the following:
 - a. Systemic corticosteroids (e.g., prednisone)^[s]; *and*
 - b. Jakafi (ruxolitinib), unless the member is unable to use Jakafi (ruxolitinib) then the member has tried and failed ONE (1) other systemic therapy for cGVHD^[s]. Prior therapies may include, but are not limited to:
 - i. Calcineurin inhibitors (e.g., tacrolimus, cyclosporine); *and/or*
 - ii. Campath or Lemtrada (alemtuzumab); *and/or*
 - iii. Enbrel (etanercept); *and/or*
 - iv. Extracorporeal photopheresis; *and/or*
 - v. Gleevec (imatinib); *and/or*
 - vi. hydroxychloroquine (Plaquenil); *and/or*
 - vii. Imbruvica (ibrutinib); (Imbruvica); *and/or*
 - viii. Interleukin-2 (IL-2), such as Simulect (basiliximab); *and/or*
 - ix. Low-dose methotrexate; *and/or*
 - x. mTOR inhibitors (e.g., sirolimus, everolimus); *and/or*
 - xi. mycophenolate mofetil; *and/or*
 - xii. Nipent (pentostatin); ; *and/or*
 - xiii. Orencia (abatacept); *and/or*

- xiv. Rezurock (belumosudil) ; *and/or*
 - xv. Rituximab; *AND*
10. Documentation of specific therapies tried, duration of treatment, and reason for discontinuation (e.g., lack of efficacy, adverse effects) is provided.

If the above prior authorization criteria are met, the requested product will be authorized for up to 6-months.^[s]

Continued Care

Medical Necessity Criteria for Subsequent Clinical Review

Subsequent Indication-Specific Criteria

Chronic Graft-Versus-Host Disease (cGVHD)

The Plan considers Niktimvo (axatilimab) medically necessary when ALL of the following criteria are met:

1. The member meets the above applicable **General Medical Necessity Criteria** and/or **Initial Clinical Review**; *AND*
2. The member has experienced clinical benefit from therapy as evidenced by at least ONE of the following:
 - a. Improvement in cGVHD symptoms; *or*
 - b. Reduction in immunosuppressive medication requirements; *or*
 - c. Improvement in performance status.

If the above reauthorization criteria are met, the requested product will be authorized for up to 12-months.^[s]

Experimental / Investigational, unproven^[s]

Niktimvo (axatilimab) for any other indication or use is considered experimental, investigational, or unproven. Non-covered indications include, but are not limited to, the following:

- The treatment of acute graft-versus-host disease.
- The treatment of cGVHD in those weighing less than 40 kg.
- The treatment of cGVHD as first- or second-line therapy. Niktimvo (axatilimab) has only been studied in those who have failed two prior lines of therapy.
- The treatment of any condition other than cGVHD. As of this time, there have not been any studies supporting the safety and efficacy of Niktimvo (axatilimab) for any condition other than cGVHD.

Applicable Billing Codes

Table 1
CPT/HCPCS Codes considered medically necessary if criteria are met:

<i>Code</i>	<i>Description</i>
96365	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour
96366	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)
96413	Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial drug
J9038	Injection, axatilimab-csfr, 0.1 mg

Table 2	
ICD-10 codes considered medically necessary with Table 1 (CPT/HCPCS) codes if criteria are met:	
<i>Code</i>	<i>Description</i>
D89.811	Chronic graft-versus-host disease
D89.812	Acute on chronic graft-versus-host disease
D89.813	Graft-versus-host disease, unspecified
T86.09	Other complications of bone marrow transplant

References

1. Bos S, Murray J, Marchetti M, et al. ERS/EBMT clinical practice guidelines on treatment of pulmonary chronic graft-versus-host disease in adults. *Eur Respir J*. 2024 Mar 28;63(3):2301727. doi: 10.1183/13993003.01727-2023.
2. Kitko CL, Arora M, DeFilipp Z, et al. Axatilimab for Chronic Graft-Versus-Host Disease After Failure of at Least Two Prior Systemic Therapies: Results of a Phase I/II Study. *J Clin Oncol*. 2023 Apr 1;41(10):1864-1875. doi: 10.1200/JCO.22.00958. Epub 2022 Dec 2.
3. Morishita T, Martin PJ, Inamoto Y. Treatment Response in Individual Organs Affected by Chronic Graft-Versus-Host Disease. *Cells*. 2025 Feb 7;14(4):238. doi: 10.3390/cells14040238.
4. National Comprehensive Cancer Network. NCCN Clinical Practice Guidelines in Oncology: Hematopoietic Cell Transplantation. Version 2.2026. Published April 3, 2026. Accessed June 3, 2026. <https://www.nccn.org/>.
5. Niktimvo (axatilimab) [prescribing information]. Wilmington, DE: Incyte Corporation; August 2024.
6. Pavletic SZ, Martin P, Lee SJ, et al. Measuring therapeutic response in chronic graft-versus-host disease: National Institutes of Health Consensus Development Project on Criteria for Clinical Trials in Chronic Graft-versus-Host Disease: IV. Response Criteria Working Group report. *Biol Blood Marrow Transplant*. 2006 Mar;12(3):252-66. doi: 10.1016/j.bbmt.2006.01.008.
7. Penack O, Marchetti M, Aljurf M, et al. Prophylaxis and management of graft-versus-host disease after stem-cell transplantation for haematological malignancies: updated consensus recommendations of the European Society for Blood and Marrow Transplantation. *Lancet*

Haematol. 2024 Feb;11(2):e147-e159. doi: 10.1016/S2352-3026(23)00342-3. Epub 2024 Jan 3. PMID: 38184001.

8. Penack O, Marchetti M, Ruutu T, Aljurf M, et al. Prophylaxis and management of graft versus host disease after stem-cell transplantation for haematological malignancies: updated consensus recommendations of the European Society for Blood and Marrow Transplantation. *Lancet Haematol.* 2020 Feb;7(2):e157-e167. doi: 10.1016/S2352-3026(19)30256-X. PMID: 32004485.
9. Salhotra A, Defilipp Z, Hamadani M, et al. Efficacy and safety of axatilimab at 3 different doses in patients with chronic graft-versus-host disease (cGVHD) and related bronchiolitis obliterans syndrome (BOS): results of a pivotal phase 2 study. *Eur Respir J.* 2024: 64(suppl 68):PA4778. Doi: <https://doi.org/10.1183/13993003.congress-2024.PA4778>.
10. Wolff D, Cutler C, Lee SJ, et al. Axatilimab in Recurrent or Refractory Chronic Graft-versus-Host Disease. *N Engl J Med.* 2024 Sep 19;391(11):1002-1014. doi: 10.1056/NEJMoa2401537.
11. Zeiser R, Polverelli N, Ram R, Hashmi SK, Chakraverty R, Middeke JM, Musso M, Giebel S, Uzay A, Langmuir P, Hollaender N, Gowda M, Stefanelli T, Lee SJ, Teshima T, Locatelli F; REACH3 Investigators. Ruxolitinib for Glucocorticoid-Refractory Chronic Graft-versus-Host Disease. *N Engl J Med.* 2021 Jul 15;385(3):228-238. doi: 10.1056/NEJMoa2033122. PMID: 34260836.

Clinical Guideline Revision / History Information

Original Date: 10/29/2024

Reviewed/Revised: 10/01/2025, 08/03/2026