Oscar Clinical Guideline: Niktimvo (axatilimab) (PG252, Ver. 2)

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.

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.

"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 slower 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.

Medical Necessity Criteria for Initial Authorization

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. The member has a diagnosis of chronic graft-versus-host disease (cGVHD); *AND*
4. 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.
5. 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); *AND*
    b. Jakafi (ruxolitinib), unless the member is unable to use Jakafi (ruxolitinib) then the member meets ONE (1) of the following:
        i. ONE (1) other systemic therapy for cGVHD. Prior therapies may include, but are not limited to:
            1. Orencia (abatacep)t; *and/or*
            2. Rezurock (belumosudil) (Rezurock); *and/or*
            3. Calcineurin inhibitors (e.g., tacrolimus, cyclosporine); *and/or*
            4. Extracorporeal photopheresis; *and/or*
            5. Hydroxychloroquine (Plaquenil); *and/or*
            6. Imbruvica (ibrutinib); (Imbruvica); *and/or*
            7. Gleevec (Imatinib) (Gleevec); *and/or*
            8. Interleukin-2 (IL-2), such as Simulect (basiliximab) (Simulect); *and/or*
            9. Low-dose methotrexate; *and/or*
            10. mTOR inhibitors (e.g., sirolimus, everolimus); *and/or*
            11. Mycophenolate mofetil; *and/or*
            12. Nipent (Pentostatin) (Nipent); *AND*

6. Niktimvo (axatilimab) will not be used in conjunction with other targeted therapies such as Jakafi (ruxolitinib phosphate), Rezurock (belumsudil mesylate), Imbruvica (ibrutinib), or Orencia (Abatacept); *AND*
7. 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.

Medical Necessity Criteria for Reauthorization

Reauthorization for up to 12-months will be granted if the member has recent (within the last 3-months) clinical chart documentation demonstrating ALL of the following criteria:

1. The requested medication is prescribed by or in consultation with a hematologist, oncologist, or transplant specialist*; 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.

Experimental or Investigational / Not Medically Necessary

Niktimvo (axatilimab) for any other indication or use is considered not medically necessary by the Plan, as it is deemed to be 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 Niktimbo (axatilimab) for any other indication other than cGVHD.

Applicable Billing Codes (HCPCS/CPT Codes)

Service(s) name	
CPT/HCPCS Codes considered medically necessary if criteria are met:	
Code	*Description*

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
ICD-10 codes considered medically necessary if criteria are met:	
Code	*Description*
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

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Clinical Guideline Revision / History Information

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