Medical Necessity Guidelines

Medical Benefit Drug

Adstiladrin® (nadofaragene firadenovec-vncg)

Effective: January 1, 2024

Prior Authorization Required If REQUIRED, submit supporting clinical documentation pertinent to service request.	Yes ☒ No ☐

Applies to:

Commercial Products

☒ Harvard Pilgrim Health Care Commercial products; Fax 617-673-0988
☒ Tufts Health Plan Commercial products; Fax 617-673-0988
CareLink℠ – Refer to CareLink Procedures, Services and Items Requiring Prior Authorization

Public Plans Products

☒ Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product); Fax 617-673-0988
☐ Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans; Fax 617-673-0939
☒ Tufts Health RITogether – A Rhode Island Medicaid Plan; Fax 617-673-0939
☐ Tufts Health One Care-- A dual-eligible product; Fax 617-673-0956

Senior Products

☐ Harvard Pilgrim Health Care Stride Medicare Advantage; Fax 617-673-0956
☐ Tufts Health Plan Senior Care Options (SCO), (a dual-eligible product); Fax 617-673-0956
☐ Tufts Medicare Preferred HMO, (a Medicare Advantage product); Fax 617-673-0956
☐ Tufts Medicare Preferred PPO, (a Medicare Advantage product); Fax 617-673-0956

Note: While you may not be the provider responsible for obtaining prior authorization, as a condition of payment you will need to ensure that prior authorization has been obtained.

Overview

Food and Drug Administration (FDA) Approved Indications:

- Adstiladrin (nadofaragene firadenovec-vncg) is a non-replicating adenoviral vector-based gene therapy indicated for the treatment of adult patients with high-risk Bacillus Calmette-Guérin (BCG)-unresponsive non-muscle invasive bladder cancer (NMIBC) with carcinoma in situ (CIS) with or without papillary tumors.

Intravesical instillation of Adstiladrin is performed every 3 months in the office setting in consultation with urologist or oncologist. Adstiladrin is retained in the bladder for one hour, with repositioning of the individual approximately every 15 minutes to maximize bladder surface exposure.

Clinical Guideline Coverage Criteria

The Plan may cover initial dose for Adstiladrin when **all** the following clinical criteria are met:

1. Member is 18 years or older; **and**
2. Member has confirmed diagnosis of non-muscle invasive bladder cancer (NMIBC) with carcinoma in situ (CIS), with or without papillary tumors; **and**
3. Member has high-risk NMIBC unresponsive to Bacillus Calmette-Guérin (BCG):
    a. Persistent disease following adequate BCG therapy, defined as:
    When at least five of six doses of an initial BCG induction course; **and**
        i. at least two of three doses of maintenance therapy; **or**

ii. at least two of six doses of a second induction course has been completed;
OR

b. Disease recurrence after an initial tumor-free state following adequate BCG therapy, defined as:
When at least five of six doses of an initial BCG induction course; **and**
i. at least two of three doses of maintenance therapy; **or**
ii. at least two of six doses of a second induction course has been completed;
OR

c. Stage T1 [1] disease following a single induction course of BCG; **and**

4. Prior to treatment, member has undergone transurethral resection of bladder tumor (TURBT) for removal of all resectable disease; **and**
5. Member is ineligible for or has elected not to undergo cystectomy; **and**
6. Member has an Eastern Cooperative Oncology Group (ECOG) performance status ≤2; **and**
7. Member does not have extra-vesical (i.e., urethra, ureter, or renal pelvis), muscle invasive (T2-T4)[8,9], or metastatic urothelial carcinoma; **and**
8. Member has no current or previous evidence of muscle invasive or metastatic disease; **and**
9. Member is not currently receiving systemic therapy for bladder cancer; **and**
10. Member has not received prior treatment with adenovirus-based therapies

Reauthorization Criteria

The Plan may authorize coverage for Adstiladrin every 90 days when all the following criteria are met:

1. Initial criteria continues to be met; **and**
2. There is no evidence of unacceptable toxicity; **and**
3. At 90,180 and 270 days reauthorization, there is no evidence of high-grade disease recurrence (negative urine cytology and cystoscopy); **or**
At 360 days reauthorization, there is no evidence of high-grade disease recurrence (negative urine cytology, cystoscopy and biopsy of the bladder).

NOTE: Due to the increased risk of developing muscle-invasive or metastatic bladder cancer with delay in cystectomy, if individual with CIS does not have a complete response to treatment with Adstiladrin after 3 months or if CIS recurs, cystectomy should be considered.

Complete response is defined as urine cytology reported as normal, atypical, degenerative, reactive, inflammatory, or nonspecific **and** cystoscopy reported as normal or with findings that do not include evidence of low-grade or high-grade recurrence **and** bladder biopsy, if performed, demonstrates an absence of low-grade or high-grade recurrence.

Appendix:

Eastern Cooperative Oncology Group (ECOG) performance status

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

Limitations

- Initial authorizations will be provided for a duration of 90 days. Reauthorizations are valid for 90 days.
- The Plan will not authorize Adstiladrin when:
  - Member has upper urinary tract disease, urothelial carcinoma within the prostatic urethra, lymphovascular invasion, micropapillary disease, or hydronephrosis

[1]Stage I is a form of non-muscle-invasive bladder cancer that has spread into the connective tissue but has not reached the muscle layers of the bladder

- Member is immunocompromised or has immunodeficiency
- Member has suspected hypersensitivity to interferon alpha

Codes

The following code(s) require prior authorization:

Table 1: HCPCS Codes

HCPCS Codes	Description
J9029	Injection, nadofaragene firadenovec-vncg, per therapeutic dose

References:

1. United States Food and Drug Administration. Package Insert-ADSTILADRIN. Available at fda.gov. Last accessed June 26, 2023.
2. Black, P, et. al. Management of recurrent or persistent non-muscle invasive bladder cancer. UpToDate. Updated April 2023. Accessed June 23, 2023. https://www.uptodate.com/contents/management-of-recurrent-or-persistent-non-muscle-invasive-bladder-cancer
3. U.S. Food & Drug Administration. FDA approves first gene therapy for the treatment of high-risk, non-muscle-invasive bladder cancer. December 16, 2022. Accessed June 23, 2023. https://www.fda.gov/news-events/press-announcements/fda-approves-first-gene-therapy-treatment-high-risk-non-muscle-invasive-bladder-cancer
4. Kassouf W, Black, P. Treatment of primary non-muscle invasive urothelial bladder cancer UpToDate. Updated June 2022. Accessed June 23, 2023. https://www.uptodate.com/contents/management-of-recurrent-or-persistent-non-muscle-invasive-bladder-cancer
5. Boorjian SA, Alemozaffar M, Konety BR, et al. Intravesical nadofaragene firadenovec gene therapy for BCG-unresponsive non-muscle-invasive bladder cancer: a single-arm, open-label, repeat-dose clinical trial. *Lancet Oncol*. 2021;22(1):107-117. doi:10.1016/S1470-2045(20)30540-4
6. Azam F, Latif MF, Farooq A, et al. Performance Status Assessment by Using ECOG (Eastern Cooperative Oncology Group) Score for Cancer Patients by Oncology Healthcare Professionals. *Case Rep Oncol*. 2019;12(3):728-736. Published 2019 Sep 25. doi:10.1159/000503095
7. Carmack AJ, Soloway MS. The diagnosis and staging of bladder cancer: from RBCs to TURs. *Urology*. 2006;67(3 Suppl 1):3-10. doi:10.1016/j.urology.2006.01.026
8. American Cancer Society. Bladder Cancer Early Detection, Diagnosis, and Staging. Accessed June 26, 2023. Bladder Cancer Staging | Bladder Cancer Stages
9. Bladder Cancer Stages. National Cancer Institute. Accessed August 16, 2023. Bladder Cancer Stages - NCI

Approval And Revision History

August 16, 2023: Reviewed by the Medical Policy Approval Committee (MPAC) effective October 1, 2023

Subsequent endorsement date(s) and changes made:

- November 16, 2023: Reviewed by MPAC, renewed without changes
- November 2023: No longer applicable to MATogether effective December 6, 2023, moved to MATogether Unified Policies MNG
- November 2023: Rebranded Unify to One Care effective January 1, 2024

Background, Product and Disclaimer Information

Medical Necessity Guidelines are developed to determine coverage for benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. We make coverage decisions using these guidelines, along with the Member's benefit document, and in coordination with the Member's physician(s) on a case-by-case basis considering the individual Member's health care needs.

Medical Necessity Guidelines are developed for selected therapeutic or diagnostic services found to be safe and proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in our service area who are medical experts in the

field, FDA and other government agency policies, and standards adopted by national accreditation organizations. We revise and update Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Medical Necessity Guideline and a self-insured Member's benefit document, the provisions of the benefit document will govern. For Tufts Health Together (Medicaid), coverage may be available beyond these guidelines for pediatric members under age 21 under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefits of the plan in accordance with 130 CMR 450.140 and 130 CMR 447.000, and with prior authorization.

Treating providers are solely responsible for the medical advice and treatment of Members. The use of this guideline is not a guarantee of payment, or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to eligibility and benefits on the date of service, coordination of benefits, referral/authorization, utilization management guidelines when applicable, and adherence to plan policies, plan procedures, and claims editing logic.