Medical Policy:
Padcev™ (enfortumab vedotin-ejfv)

POLICY NUMBER	LAST REVIEW	ORIGIN DATE
MG.MM.PH.200	January 23, 2024	December 21, 2019

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

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

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

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

Definitions

Enfortumab vedotin-ejfv is an antibody-drug conjugate (ADC). The antibody is a human IgG1 directed against Nectin-4, an adhesion protein located on the surface of cells. The small molecule, MMAE, is a microtubule-disrupting agent, attached to the antibody via a protease-cleavable linker. Nonclinical data suggest that the anticancer activity of enfortumab vedotin-ejfv is due to the binding of the ADC to Nectin-4-expressing cells, followed by internalization of the ADC-Nectin-4 complex, and the release of MMAE via proteolytic cleavage. Release of MMAE disrupts the microtubule network within the cell, subsequently inducing cell cycle arrest and apoptotic cell death.

Length of Authorization

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

Dosing Limits [Medical Benefit]

Max Units (per dose and over time):

Maximum dose of 125 mg given as an intravenous infusion over 30 minutes on Days 1, 8 and 15 of a 28-day cycle (500 billable units (125 mg) x 3 doses every 28 days)

Guideline

I. Initial Approval Criteria

Padcev (enfortumab vedotin-ejfv) may be considered medically necessary if one of the below conditions are met **AND** use is consistent with the medical necessity criteria that follows:

1. **Locally advanced or metastatic urothelial cancer**
   A. For patients 18 years of age and older; **AND**
   B. Patient has locally advanced or metastatic disease; **AND**
   C. Patient meets **ONE** of the following (i or ii):
      i. Patient meets **BOTH** of the following (a and b):
         a. Padcev is used as first-line therapy; **AND**
         b. Padcev is used in combination with Keytruda (pembrolizumab intravenous infusion); **OR**
      ii. Padcev is used as subsequent therapy; **AND**
   D. Padcev is prescribed by or in consultation with an oncologist.

Limitations/Exclusions

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

1. Indications not supported by CMS recognized compendia or acceptable peer reviewed literature may be deemed as not approvable and therefore not reimbursable.

II. Renewal Criteria

1. Patient continues to meet INITIAL APPROVAL CRITERIA; **AND**
2. Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include reactions (including anaphylaxis), severe hyperglycemia or diabetic ketoacidosis, severe pneumonitis/interstitial lung disease (ILD), severe peripheral neuropathy, ocular disorders including vision changes, severe skin reactions (e.g., Steven Johnson syndrome, toxic epidermal necrolysis, etc.), infusion site extravasation, etc; **AND**
3. Disease stabilization or improvement

Dosage/Administration

Indication	Dose
Locally advanced or metastatic urothelial cancer	Starting dose 1.25 mg/kg up to 125 mg as an intravenous infusion over 30 minutes on Days 1, 8 and 15 of a 28-day cycle until disease progression or unacceptable toxicity First dose reduction 1.0 mg/kg up to 100 mg Second dose reduction 0.75 mg/kg up to 75 mg Third dose reduction 0.5 mg/kg up to 50 mg

Applicable Procedure Codes

Code	Description

J9177	Injection, enfortumab vedotin-ejfv, 0.25 mg (Padcev)

Applicable NDCs

Code	Description
51144-020-01	PADCEV (Enfortumab Vedotin-Ejfv) Single Use Vial; 20 mg Powder For Injection
51144-030-01	PADCEV (Enfortumab Vedotin-Ejfv) Single Use Vial; 30 mg Powder For Injection

ICD-10 Diagnoses

Code	Description
C65.1	Malignant neoplasm of right renal pelvis
C65.2	Malignant neoplasm of left renal pelvis
C65.9	Malignant neoplasm of unspecified renal pelvis
C66.1	Malignant neoplasm of right ureter
C66.2	Malignant neoplasm of left ureter
C66.9	Malignant neoplasm of unspecified ureter
C67.0	Malignant neoplasm of trigone of bladder
C67.1	Malignant neoplasm of dome of bladder
C67.2	Malignant neoplasm of lateral wall of bladder
C67.3	Malignant neoplasm of anterior wall of bladder
C67.4	Malignant neoplasm of posterior wall of bladder
C67.5	Malignant neoplasm of bladder neck
C67.6	Malignant neoplasm of ureteric orifice
C67.8	Malignant neoplasm of overlapping sites of bladder
C67.9	Malignant neoplasm of bladder, unspecified
C68.0	Malignant neoplasm of urethra

Revision History

Company(ies)	DATE	REVISION
EmblemHealth & ConnectiCare	1/23/2024	Annual Review: Initial Criteria: Removed: For patients whom have previously received a programmed death receptor-1 (PD-1); OR a programmed death-ligand 1 (PD-L1) inhibitor; AND Patient has previously received a platinum-containing chemotherapy in the neoadjuvant/adjuvant, locally advanced or metastatic setting; OR Used as subsequent therapy in patients ineligible for cisplatin-containing chemotherapy" Replaced with: "Patient has locally advanced or metastatic disease; AND Patient meets ONE of the following (i or ii): i. Patient meets BOTH of the following (a and b): a. Padcev is used as first-line therapy; AND b. Padcev is used in combination with Keytruda (pembrolizumab intravenous infusion); OR ii. Padcev is used as subsequent therapy; AND Padcev is prescribed by or in consultation with an oncologist." Updated examples of unacceptable toxicity in renewal criteria

EmblemHealth & ConnectiCare	5/24/2023	Annual Review: Locally advanced Urethral cancer: added "Used as subsequent therapy in patients ineligible for cisplatin-containing chemotherapy"
EmblemHealth & ConnectiCare	09/19/2022	Transferred policy to new template
EmblemHealth & ConnectiCare	12/30/2020	Annual review: no policy changes
EmblemHealth & ConnectiCare	06/11/2020	Added J-Code (J9177): Injection, enfortumab vedotin-ejfv, 0.25 mg (Padcev). Effective Date: 07/01/2020
EmblemHealth & ConnectiCare	12/21/2019	New Medical Policy (approved in Medical Policy Subcommittee on 02/06/2020)

References

1. Padcev [package insert]. Astellas/Seattle Genetics; December 2019. Accessed December 2019. https://astellas.us/docs/PADCEV_label.pdf
2. "OSHA Hazardous Drugs." OSHA. http://www.osha.gov/SLTC/hazardousdrugs/index.html