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Medical benefit drug policies are a source for WyoBlue Advantage medical policy information only. These documents are not to be used to determine benefits or reimbursement. Please reference the appropriate certificate or contract for benefit information. This policy may be updated and therefore subject to change.

Effective Date: 10/03/2024

Adstiladrin® (nadofaragene firadenovec-vncg)

HCPCS: J9029

Policy:

Requests must be supported by submission of chart notes and patient specific documentation.

A. Coverage of the requested drug is provided when all the following are met:
   a. FDA approved indication
   b. FDA approved age
   c. Prescribed by or in consultation with an oncologist or urologist
   d. Must be Bacillus Calmette-Guérin (BCG) unresponsive defined as:
      i. Having received at least 2 previous courses of BCG within a 12-month period defined as
         1. At least 5 of 6 induction BCG instillations and at least 2 out of 3 instillations of maintenance BCG
            OR
         2. At least two of six instillations of a second induction course where maintenance BCG is not given
      ii. Recurrence of high-grade Ta or T1 non-muscle-invasive bladder cancer within 6 months of disease-free state after BCG therapy
      iii. Recurrence of carcinoma in situ (CIS) within 12 months of disease-free state after BCG therapy
      iv. Persistent high-grade Ta or CIS or progression to T1 disease after BCG therapy
   e. ECOG performance score less than or equal to 2
   f. Trial and failure, contraindication, OR intolerance to the preferred drugs as listed in WyoBlue Advantage's utilization management medical drug list

B. Quantity Limitations, Authorization Period and Renewal Criteria
   a. Quantity Limits: Align with FDA recommended dosing
   b. Authorization Period: Aligns with FDA recommended or guideline supported treatment duration and provided for at least 60 days and up to 6 months at a time
   c. Renewal Criteria: Continue until unacceptable toxicity or recurrent high-grade (HG) non-muscle invasive bladder cancer (NMIBC)

***Note: Coverage and approval duration may differ for Medicare Part B members based on any applicable criteria outlined in Local Coverage Determinations (LCD) or National Coverage Determinations (NCD) as determined by Center for Medicare and Medicaid Services (CMS). See the CMS website at http://www.cms.hhs.gov/. Determination of

coverage of Part B drugs is based on medically accepted indications which have supported citations included or approved for inclusion determined by CMS approved compendia.

Background Information:

- Bladder cancer is one of the more common forms of cancer. Approximately 75% - 80% of newly diagnosed bladder cancers are classified as NMIBC – a type of cancer that has grown through the lining of the bladder but hasn't yet invaded the muscle layer. This type of cancer is associated with high rates of recurrence (between 30 to 80%) and the risk of progression to invasive and metastatic disease.

- Treatment and care of patients with high-risk NMIBC, including those with CIS, often involves removing the tumor followed by BCG bladder instillation therapy to reduce the risk of recurrence. Few effective treatment options exist for patients who develop BCG-unresponsive disease. The failure to achieve a complete response, or the disappearance of all signs of cancer as seen on cystoscopy, biopsied tissue, and urine, is associated with an increased risk of death or a disease-worsening event.

- Adstiladrin is a non-replicating adenoviral vector-based gene therapy indicated for the treatment of adult patients with high-risk BCG-unresponsive NMIBC with CIS with or without papillary tumors. It offers an additional treatment option in a historically limited space.

- The 2024 National Comprehensive Cancer Network Bladder Cancer Treatment Guidelines recommend TURBT for staging followed by a single dose of intravesicular mitomycin or gemcitabine as the first step in treatment. Following the tumor evaluation, if the tumor is considered high-grade, BCG is the preferred adjuvant therapy and intravesicular mitomycin or gemcitabine provide additional options to those who aren't candidates for BCG therapy. BCG is typically given weekly for 6 weeks at induction followed by maintenance of 3 weekly instillations at month 3, 6, 12, 18, 24, 30, and 36. Two 6-week BCG induction courses should be completed before the patient is considered non-responsive to the therapy. If patients have had recurrence or are considered non-responsive to BCG therapy, cystectomy, Keytruda®, Anktiva®, or Adstiladrin are currently recommended as second-line therapies.

- Safety and efficacy were evaluated in CS-003, an open-label, multicenter, single-arm trial in 157 adults with BCG-unresponsive, high-risk, NMIBC with CIS with or without papillary tumors following transurethral resection, of whom 98 were considered evaluable for response. BCG-unresponsive high-risk NMIBC was defined as persistent disease following adequate BCG therapy, disease recurrence after an initial tumor-free state following adequate BCG therapy, or T1 disease following a single induction course of BCG. Adequate BCG was defined as the administration of at least five of six doses of an initial induction course plus either at least two of three doses of maintenance therapy or at least two of six doses of a second induction course. Patients were excluded from the trial if they had an ECOG score greater than 2 or had concomitant upper tract urothelial carcinoma or urothelial carcinoma within the prostatic urethra. All visible papillary tumors were resected and those with persistent T1 disease on TURBT should undergo an additional re-TURBT within 14 to 60 days prior to beginning therapy. Patients received Adstiladrin once every three months for up to 12 months, until unacceptable toxicity, or recurrent high-grade NMIBC. Overall, 51% of enrolled patients using Adstiladrin therapy achieved a complete response and median duration of response was 9.7 months. Forty-six percent of responding patients remained in complete response for at least one year.

References:

1. Adstiladrin [prescribing information]. Kastrup, Denmark: Ferring Pharmaceuticals; August 2024.
2. Boorjian SA, Alemozaffar M, Konet 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 Jan; 22 (1): 107 - 17.
3. National Comprehensive Cancer Network. Baldder cancer (Version 4.2024). 2024 May 9. Available at: https://www.nccn.org/professionals/physician_gls/pdf/bladder.pdf. Accessed on August 20, 2024.

Policy History		
#	Date	Change Description
1.0	Initial Effective Date: 01/01/2026	New policy

** The prescribing information for a drug is subject to change. To ensure you are reading the most current information it is advised that you reference the most updated prescribing information by visiting the drug or manufacturer website or http://dailymed.nlm.nih.gov/dailymed/index.cfm.*