Denosumab (Xgeva®)

Prior Authorization Drug Coverage Policy

Effective Date: 3/1/2021
Revision Date: n/a
Review Date: 10/4/2021
Lines of Business: Commercial
Policy type: Prior Authorization

This Drug Coverage Policy provides parameters for the coverage of denosumab (Xgeva®). Consideration of medically necessary indications are based upon U.S. Food and Drug Administration (FDA) indications, recommended uses within the Centers of Medicare & Medicaid Services (CMS) five recognized compendia, including the National Comprehensive Cancer Network (NCCN) Drugs & Biologics Compendium (Category 1 and 2A recommendations), and peer-reviewed scientific literature eligible for coverage according to the CMS, Medicare Benefit Policy Manual, Chapter 15, section 50.4.5 titled, "Off-Label Use of Anti-Cancer Drugs and Biologics." This policy evaluates whether the drug therapy is proven to be effective based on published evidence-based medicine.

Drug Description[1]

Xgeva® binds to RANKL, a transmembrane or soluble protein essential for the formation, function, and survival of osteoclasts, the cells responsible for bone resorption, thereby modulating calcium release from bone. Increased osteoclast activity, stimulated by RANKL, is a mediator of bone pathology in solid tumors with osseous metastases. Similarly, giant cell tumors of bone consist of stromal cells expressing RANKL and osteoclast-like giant cells expressing RANK receptor, and signaling through the RANK receptor contributes to osteolysis and tumor growth. Xgeva® prevents RANKL from activating its receptor, RANK, on the surface of osteoclasts, their precursors, and osteoclast-like giant cells.

FDA Indications[1]

Denosumab (Xgeva®) is FDA indicated for the following:

- Prevention of skeletal-related events in patients with multiple myeloma and in patients with bone metastases from solid tumors.
- Treatment of adults and skeletally mature adolescents with giant cell tumor of bone that is unresectable or where surgical resection is likely to result in severe morbidity.
- Treatment of hypercalcemia of malignancy refractory to bisphosphonate therapy.

NCCN Compendium Supported Indications[2]

- Systemic Mastocytosis

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Coverage Determinations

Denosumab (Xgeva®) will require prior authorization. This agent is considered medically necessary for the following oncology-related indications if all criteria below are met:

Bone metastases from solid tumors or multiple myeloma

- The member has a diagnosis of multiple myeloma OR
- The member has a diagnosis of a solid tumor cancer AND
  The member must have documented bone metastases

Recommended dosage: 120 mg by subcutaneous injection every 4 weeks.

Giant cell tumor of bone

- The member has a diagnosis of Giant cell tumor of the bone

Recommended dosage: 120 mg by subcutaneous injection every 4 weeks with additional 120 mg doses on days 8 and 15 of the first month of therapy.

Hypercalcemia of malignancy

- The member has hypercalcemia of malignancy, defined as an albumin-corrected calcium level of greater than 12.5 mg/dL **AND**
- Prior therapy refractory treatment to bisphosphonate therapy

Recommended dosage: 120 mg by subcutaneous injection every 4 weeks with additional 120 mg doses on days 8 and 15 of the first month of therapy.

Systemic Mastocytosis

- The member has a diagnosis of Systemic mastocytosis **AND**
- Osteopenia or osteoporosis with documented bone pain

Recommended dosage: 120 mg by subcutaneous injection every 4 weeks.

All indications:

- Denosumab will be approved through clinical review for up to a 12-month determination.

Coverage Limitations

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Treatment with denosumab is not considered medically necessary for members with the following concomitant conditions:

- The member has uncorrected preexisting hypocalcemia.
- The member is being treated with concurrent bisphosphonates (e.g., 7 days or greater must have elapsed prior to dosing with denosumab).
- Indications not supported by NCCN category 2A or higher recommendations may not be considered medically necessary.

Contraindications/Warnings/Precautions[1]

- Contraindications: known clinically significant hypersensitivity to denosumab or any component of the formulation; pre-existing hypocalcemia.
- Warnings/Precautions:
    - Renal impairment:
        - Monitor patients with severe impairment (CrCl <30 mL/minute or on dialysis) closely due to increased risk of hypocalcemia. Ensure adequate calcium and vitamin D intake/supplementation.
    - Same Active Ingredient
    - Hypersensitivity
    - Hypocalcemia
    - Osteonecrosis of the Jaw
    - Atypical Femoral Fracture
    - Hypercalcemia Following Treatment Discontinuation in Patients with Giant Cell Tumor of Bone and in Patients with Growing Skeletons
    - Multiple Vertebral Fractures Following Treatment Discontinuation
    - Embryo-Fetal Toxicity

For specific recommendations on contraindications, warnings and precautions, patient monitoring, and on dose adjustments and discontinuation, please refer to the current prescribing information.

Billing

- **Description**: inj., denosumab, 120 mg
    - HCPCS: J0897

Disclaimer

Drug Coverage Policies are developed as needed, regularly reviewed, updated at least annually, and are subject to change. Other policies and coverage determination guidelines may apply. Federal and state regulatory requirements and member specific benefit plan documents, if applicable, must be reviewed prior to this Drug Coverage Policy. This Drug Coverage Policy is for informational purposes only and does not constitute medical advice or dictate how providers should practice medicine. This policy should not be reproduced, stored in a retrieval system, or altered from its original form without written permission from Oncology Analytics, Inc.

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