OncoHealth

Xgeva (denosumab)

Effective Date: 4/1/2024
Revision Date(s): 10/04/2021, 10/04/2023, 4/25/2024
Review Date: 4/25/2024
Policy type: Medical Necessity
Line of Business: Commercial

Authorizations are for 12 months, after which time they may be reviewed for efficacy, safety, and tolerability.

Preference	Requires Prior Auth	Drug Name	HCPCS Code	Description
Preferred	No	**Zoledronic Acid (Zometa)**	**J3489**	Injection, zoledronic acid, 1 mg
Non-Preferred**	Yes	**Denosumab (Xgeva)**	**J0897**	Injection, denosumab, 1 mg
**Does not apply in the setting of Prostate or Breast Cancer. Members must have documentation of a contraindication, failure, or intolerance to the preferred agent prior to approval of a non-preferred product.				

Universal Criteria:

- Administration and monitoring of calcium and vitamin D as needed to treat or prevent hypocalcemia.; **AND**
- Denosumab may not be administered concurrently with bisphosphonate therapy.; **AND**
- Dose and frequency should be consistent with FDA labeling, NCCN, or indication specific peer-reviewed literature.; **AND**
- In the instance that a request is made for drug(s) that was (were) previously tried (including in the same pharmacologic class or with the same mechanism of action) and such drug(s) was (were) discontinued due to a lack of efficacy or effectiveness, diminished effect, or an adverse event, the request may be subject to an off-label review for medical necessity unless supported by the NCCN or high quality literature (prospective phase 2 or 3 studies published as full manuscripts in a CMS-supported journal).

Universal Approval Criteria:

Unless otherwise noted above the review criteria used by OncoHealth to determine medical necessity for anticancer treatments and supportive agents include, but is not limited to:

- New drugs or regimens (combinations of drugs) approved by the United States Food and Drug Administration (FDA).
- Drugs and biologics may be used off-label if they are considered medically accepted or necessary if supported by any of the following 5 compendia below.
    - NCCN Drugs & Biologics Compendium® (Category 1 and 2a)

  - Clinical Pharmacology (Strong For)
  - American Hospital Formulary Service Drug Information (AHFS DI) (Level 1)
  - Thompson Micromedex DrugDex® (Class I and IIa)
  - Wolters Kluwer Lexi-Drugs® (Level A)
- Other use of drugs and biologics may be considered medically accepted if supported as safe and effective according to peer-reviewed articles from one of the following journals
  - American Journal of Medicine; Annals of Internal Medicine; Annals of Oncology; Annals of Surgical Oncology; Biology of Blood and Marrow Transplantation; Blood; Bone Marrow Transplantation; British Journal of Cancer; British Journal of Hematology; British Medical Journal; Cancer; Clinical Cancer Research; Drugs; European Journal of Cancer (formerly the European Journal of Cancer and Clinical Oncology); Gynecologic Oncology; International Journal of Radiation, Oncology, Biology, and Physics; The Journal of the American Medical Association, Journal of Clinical Oncology; Journal of the National Cancer Institute; Journal of the National Comprehensive Cancer Network (NCCN); Journal of Urology; Lancet; Lancet Oncology; Leukemia; The New England Journal of Medicine; Radiation Oncology
  - **Meeting abstracts and case reports are excluded from consideration.**
- Non-standard protocols may be approved based on unique clinical circumstances.

Billing

Drug Name	HCPCS Code	Description
Xgeva	J0897	Injection., denosumab, 1 mg
Zoledronic Acid	J3489	Injection, zoledronic acid, 1 mg

References

1. Xgeva® [package insert]. Amgen, Inc., Thousand Oaks, CA. Available at: https://www.pi.amgen.com/~/media/amgen/repositorysites/pi-amgen-com/xgeva/xgeva_pi.pdf
2. Denosumab (Xgeva®). NCCN Drugs & Biologics Compendium. Available at: https://www.nccn.org/professionals/drug_compendium/content/
3. Zoledronic Acid [package insert]. Hospira, Inc., Lake Forest, IL. Available at: https://labeling.pfizer.com/ShowLabeling.aspx?id=5947
4. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®). National Comprehensive Cancer Network, Inc. 2024. All rights reserved. Accessed April 25th, 2024. To view the most recent and complete version of the guideline, go online to NCCN.org.
5. Fizazi K, Carducci M, Smith M, et al. Denosumab versus zoledronic acid for treatment of bone metastases in men with castration-resistant prostate cancer: A randomised, double-blind study. Lancet. 2011 Mar;377(9768):813-822. doi: 10.1016/s0140-6736(10)62344-6.
6. Henry DH, Costa L, Goldwasser F, et al. Randomized, double-blind study of denosumab versus zoledronic acid in the treatment of bone metastases in patients with advanced cancer (excluding breast and prostate cancer) or multiple myeloma. J Clin Oncol. 2011;29:1125-1132. doi: 10.1200/jco.2010.31.3304.
7. Hu MI, Glezerman IG, Leboulleux S, et al. Denosumab for treatment of hypercalcemia of malignancy. J Clin Endocrinol Metab. 2014 Sep;99(9):3144–3152. doi: 10.1210/jc.2014-1001.
8. Raje N, Terpos E, Willenbacher W, et al. Denosumab versus zoledronic acid in bone disease treatment of newly diagnosed multiple myeloma: an international, double-blind, double-dummy,

randomised, controlled, phase 3 study. Lancet Oncol. 2018 Mar;19:370–381. doi: 10.1016/s1470-2045(18)30072-x.
9. Stopeck AT, Lipton A, Body JJ, et al. Denosumab compared with zoledronic acid for the treatment of bone metastases in patients with advanced breast cancer: A randomized, double-blind study. J Clin Oncol. 2010;28(35):5132-5139. doi: 10.1200/jco.2010.29.7101.
10. Thomas D, Henshaw R, Skubitz K, et al. Denosumab in patients with giant-cell tumour of bone: an open-label, phase 2 study. Lancet Oncol. 2010 Mar;11:275-80. doi: 10.1016/s1470-2045(10)70010-3.

Disclaimer

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 or 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. OncoHealth reserves the right to request medical documentation as needed to validate medical necessity determinations.

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 OncoHealth, Inc.

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Revision History

Date	Updates
5/2/2022	*Added preferred products and recommended step-therapy options.* *Added monitoring of Vitamin D and Calcium per FDA/prescribing information.* *Added to not be given concurrently with bisphosphonate therapy as per NCCN.* *Added Albumin corrected calcium calculation* *Added language regarding intolerance and contraindication to bisphosphonate therapy as per NCCN*
07/28/2022	*Removed System Mastocytosis as per scope*
10/2/2023	*Addition of step therapy*
4/25/2024	*Annual review; Update step therapy table formatting, Universal Criteria, References*