

Xgeva (denosumab)

Effective Date: 4/1/2024

Revision Date(s): 10/04/2021, 10/04/2023, 4/25/2024, 1/1/2025

Review Date: 10/24/2024 Policy type: Medical Necessity Line of Business: Commercial

Authorizations are issued for 6 (six) months, unless the ordering physician requests a different timespan or the patients' unique circumstance or condition supports the medical necessity for a different authorization timeframe. Reauthorization requests are 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.

- Member must have documentation of a history of use of at least one preferred product resulting in substandard response to therapy OR member must have documentation of a contraindication, failure, or intolerance to any of the preferred agents prior to approval of a non-preferred product.
- Preferred product requirements apply to ALL requests, both new starts and reauthorizations.
- Step Therapy applies to all overlapping compendia supported indications/regimens.

Indication Specific Criteria:

Hypercalcemia of Malignancy AND Prevention of skeletal-related events in patients with multiple myeloma and in patients with bone metastases from solid tumors

- 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.

Universal Approval Criteria:

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

- National Comprehensive Cancer Network® (NCCN) use consistent with NCCN recommendations carrying a Category 1 or 2A level of evidence; OR
- United States Food and Drug Administration (FDA) labeling new drugs or regimens (combinations
 of drugs) consistent with all components of the product labeling; OR



- Indications not included in the official FDA labeling or recommended by NCCN (Category 1 or 2A level of evidence) may be considered if determined to be medically necessary per one or more of the following compendia:
 - Clinical Pharmacology (Strong For); OR
 - Wolters Kluwer Lexi-Drugs® (Level A); OR
- Other uses of drugs and biologics may be considered medically necessary 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;
- Dose and frequency should be consistent with United States Food and Drug Administration (FDA)
 labeling, National Comprehensive Cancer Network® (NCCN), or indication specific peer-reviewed
 literature;
- 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 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).

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://www.accessdata.fda.gov/drugsatfda_docs/label/2018/021223s041lbl.pdf
- 4. <u>Zoledronic acid (Zometa®)</u>. NCCN Drugs & Biologics Compendium. Available at: https://www.nccn.org/professionals/drug compendium/content/
- 5. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®). National Comprehensive Cancer Network, Inc. 2024. All rights reserved. Accessed



- October 24, 2024. To view the most recent and complete version of the guideline, go online to NCCN.org.
- 6. 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.
- 7. 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.
- 8. 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.
- 9. 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.
- 10. 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.
- 11. 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.

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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	
40/2/2022	Address Calcada and	
10/2/2023	Addition of step therapy	
4/25/2024	Annual review; Update step therapy table formatting, Universal Criteria,	
	References	



10/24/2024	For 1/1/2025 - Updated Universal Criteria. Removed step only applying to new
	starts. Will now apply to all requests.