Clinical Policy: Enfortumab Vedotin-ejfv (Padcev)

Reference Number: ERX.SPA.377
Effective Date: 03.01.20
Last Review Date: 02.22
Line of Business: Commercial, Medicaid

Revision Log

See Important Reminder at the end of this policy for important regulatory and legal information.

Description
Enfortumab vedotin-ejfv (Padcev™) is a Nectin-4-directed antibody and microtubule inhibitor conjugate.

FDA Approved Indication(s)
Padcev is indicated for the treatment of adult patients with locally advanced or metastatic urothelial cancer who:

- have previously received a programmed death receptor-1 (PD-1) or programmed death-ligand 1 (PD-L1) inhibitor, and a platinum-containing chemotherapy, or
- are ineligible for cisplatin-containing chemotherapy and have previously received one or more prior lines of therapy.

Policy/Criteria
Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

Health plan approved formularies should be reviewed for all coverage determinations. Requirements to use preferred alternative agents apply only when such requirements align with the health plan approved formulary.

It is the policy of health plans affiliated with Envolve Pharmacy Solutions™ that Padcev is **medically necessary** when the following criteria are met:

I. Initial Approval Criteria

A. Urothelial Carcinoma (must meet all)**:**

1. Diagnosis of recurrent, locally advanced, or metastatic (stage IV) urothelial carcinoma;
2. Prescribed by or in consultation with an oncologist;
3. Age ≥ 18 years;
4. Member meets one of the following (a or b):
   a. Failure of both of the following (i and ii):
      i. Platinum-containing chemotherapy (s*ee Appendix B*);
      ii. PD-1 or PD-L1 inhibitor (s*ee Appendix B*);
   b. Member is ineligible for cisplatin-containing chemotherapy and has previously received one or more prior lines of therapy (s*ee Appendix B*);
5. Request meets one of the following (a or b):*
   a. Dose does not exceed 1.25 mg/kg (up to 125 mg) on Days 1, 8, and 15 of a 28-day cycle;
   b. Dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (prescriber must submit supporting evidence).
   **Prescribed regimen must be FDA-approved or recommended by NCCN*

Approval duration: 6 months

B. Other diagnoses/indications

1. Refer to ERX.PA.01 if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized).

II. Continued Therapy

A. Urothelial Carcinoma (must meet all):

1. Currently receiving medication via a health plan affiliated with Envolve Pharmacy Solutions, or documentation supports that member is currently receiving Padcev for a covered indication and has received this medication for at least 28 days;
2. Member is responding positively to therapy;
3. If request is for a dose increase, request meets one of the following (a or b):*
   a. New dose does not exceed 1.25 mg/kg (up to 125 mg) on Days 1, 8 and 15 of a 28-day cycle;
   b. New dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence*).

**Prescribed regimen must be FDA-approved or recommended by NCCN*

Approval duration: 12 months

B. Other diagnoses/indications (must meet 1 or 2)**:**

1. Currently receiving medication via a health plan affiliated with Envolve Pharmacy Solutions and documentation supports positive response to therapy.
   Approval duration: Duration of request or 6 months (whichever is less); or
2. Refer to ERX.PA.01 if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized).

III. Diagnoses/Indications for which coverage is NOT authorized:

A. Non-FDA approved indications, which are not addressed in this policy, unless there is sufficient documentation of efficacy and safety according to the off-label use policy – ERX.PA.01 or evidence of coverage documents.

IV. Appendices/General Information

Appendix A: Abbreviation/Acronym Key

FDA: Food and Drug Administration
NCCN: National Comprehensive Cancer Network
PD-1: programmed death receptor-1
PD-L1: programmed death-ligand

Appendix B: Therapeutic Alternatives

This table provides a listing of preferred alternative therapy recommended in the approval criteria. The drugs listed here may not be a formulary agent and may require prior authorization.

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
Examples of platinum-containing regimens		
DDMVAC (dose-dense methotrexate, vinblastine, doxorubicin, and cisplatin)	Varies	Varies
gemcitabine with either cisplatin or carboplatin	Varies	Varies
Examples of PD-1 inhibitors		
Keytruda® (pembrolizumab)	Varies	Varies
Opdivo® (nivolumab)	Varies	Varies
Examples of PD-L1 inhibitors		
Tecentriq® (atezolizumab)	Varies	Varies
Imfinzi® (durvalumab)	10 mg/kg IV infusion every 2 weeks	Varies
Bavencio® (avelumab)	800 mg IV infusion once every 2 weeks	Varies
Other recommended regimens		
gemcitabine	Varies	Varies
gemcitabine and paclitaxel	Varies	Varies
ifosfamide, doxorubicin, gemcitabine	Varies	Varies

Therapeutic alternatives are listed as Brand name® (generic) when the drug is available by brand name only and generic (Brand name®) when the drug is available by both brand and generic.

Appendix C: Contraindications/Boxed Warnings
- Contraindication(s): none reported
- Boxed warning(s): serious skin reactions

V. Dosage and Administration

Indication	Dosing Regimen	Maximum Dose
Urothelial cancer	1.25 mg/kg (up to a maximum dose of 125 mg) given as an IV infusion over 30 minutes on Days 1, 8 and 15 of a 28-day cycle until disease progression or unacceptable toxicity	See dosing regimen

VI. Product Availability

Single-dose vials for injection: 20 mg, 30 mg

VII. References

1. Padcev Prescribing Information. Northbrook, IL: Astellas Pharma US, Inc; July 2021. Available at: https://www.padcev.com. Accessed October 18, 2021.
2. National Comprehensive Cancer Network Drugs and Biologics Compendium. Available at: http://www.nccn.org/professionals/drug_compendium. Accessed October 18, 2021.
3. National Comprehensive Cancer Network. Bladder Cancer Version 4.2021. Available at: https://www.nccn.org/professionals/physician_gls/pdf/bladder.pdf. Accessed October 18, 2021.
4. Micromedex® Healthcare Series [Internet database]. Greenwood Village, Colo: Thomson Healthcare. Updated periodically. Accessed October 18, 2021.

Reviews, Revisions, and Approvals	Date	P&T Approval Date
Policy created	01.14.20	02.20
1Q 2021 annual review: recurrent UC added and trial settings (e.g., neoadjuvant) removed to encompass NCCN recommended uses; references reviewed and updated.	11.10.20	02.21
RT4: added additional urothelial cancer indication in patients ineligible for cisplatin-containing chemotherapy and have previously received one or more prior lines of therapy	07.28.21	
1Q 2022 annual review: no significant changes; updated Appendix C with new boxed warning; references reviewed and updated.	10.18.21	02.22

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information.

This Clinical Policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members.

be bound by the foregoing terms and conditions, in addition to the Site Use Agreement for Health Plans associated with Envolve Pharmacy Solutions.