Blue Cross Blue Shield Blue Care Network of Michigan

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Medical benefit drug policies are a source for BCBSM and BCN 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.

RETIRED
Effective Date: 04/11/2024

Danyelza® (naxitamab-gqgk)

HCPCS: J9348

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. High risk neuroblastoma is defined as any of the following
      i. Any child who is stage 2A or 2B, older than 1 year, whose cancer has extra copies of the MYCN gene and unfavorable histology
      ii. Any child who is stage 3, not yet 1 year old, whose cancer has extra copies of the MYCN gene
      iii. Any child who is stage 3, older than 1 year, whose cancer has extra copies of the MYCN gene
      iv. Any child who is stage 3, older than 18 months, whose cancer has unfavorable histology
      v. Any child who is stage 4, whose cancer has extra copies of the MYCN gene regardless of age
      vi. Any child who is stage 4 and older than 18 months
      vii. Any child who is stage 4 and between 12 and 18 months old whose cancer has extra copies of the MYCN gene, unfavorable histology, and/or normal DNA ploidy (a DNA index of 1)
      viii. Any child who is stage 4S (not yet 1 year old), whose cancer has extra copies of the MYCN gene
   d. Must be used in combination with granulocyte-macrophage colony-stimulating factor (GM-CSF)
   e. Must have achieved a partial response, minor response, or stable disease to prior therapy
   f. Trial and failure, contraindication, OR intolerance to the preferred drugs as listed in BCBSM/BCN'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 disease progression or unacceptable toxicity

***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:

- Danyelza is a GD2-binding monoclonal antibody indicated, in combination with granulocyte-macrophage colony-stimulating factor (GM-CSF), for the treatment of pediatric patients 1 year of age and older and adult patients with relapsed or refractory high-risk neuroblastoma in the bone or bone marrow who have demonstrated a partial response, minor response, or stable disease to prior therapy.

- High-risk neuroblastoma is defined by the Childrens Oncology Group as one of the following:

    - Any child who is stage 2A or 2B, older than 1 year, whose cancer has extra copies of the MYCN gene and unfavorable histology

    - Any child who is stage 3, not yet 1 year old, whose cancer has extra copies of the MYCN gene

    - Any child who is stage 3, older than 1 year, whose cancer has extra copies of the MYCN gene

    - Any child who is stage 3, older than 18 months, whose cancer has unfavorable histology

    - Any child who is stage 4, whose cancer has extra copies of the MYCN gene regardless of age

    - Any child who is stage 4 and older than 18 months

    - Any child who is stage 4 and between 12 and 18 months old whose cancer has extra copies of the MYCN gene, unfavorable histology, and/or normal DNA ploidy (a DNA index of 1)

    - Any child who is stage 4S (not yet 1 year old), whose cancer has extra copies of the MYCN gene

- Safety and efficacy were evaluated in study 201 and study 12-230, two single-arm, open label trials of 60 patients with relapsed or refractory neuroblastoma in the bone or bone marrow that demonstrated a partial response, minor response, or stable disease to prior therapy. All patients received at least one systemic therapy to treat disease outside of the bone or bone marrow prior to enrollment. Patients with progressive disease were excluded. Patients received Danyelza 9 mg/kg/cycle administered as three separate intravenous infusions of 3 mg/kg on days 1, 3 and 5 of each cycle. Patients received GM-CSF subcutaneously at 250 $\mu g/m^2$/day on days -4 to 0 and at 500 $\mu g/m^2$/day on days 1 to 5. The primary endpoint of study 201, overall response rate, was 45% (95% CI: 24%, 68%) with a complete response seen in 36% of patients. In study 12-230, the overall response rate was 34% (95% CI: 20%, 51%) and the percent of responders with a duration of response greater than or equal to 6 months was 23%.

References:

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3. Clinicaltrials.gov. A pivotal phase 2 trial of antibody naxitamab (hu3F8) and granulocyte-macrophage colony stimulating factor (GM-CSF) in high-risk neuroblastoma patients with primary refractory disease or incomplete response to salvage treatment in bone and/or bone marrow (NCT03363373). Available at: https://clinicaltrials.gov/ct2/show/NCT03363373?term=NCT03363373&draw=2&rank=1. Accessed on November 30, 2020.
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5. Park JR, Kreissman SG, London WB, et al. Effect of tandem autologous stem cell transplant vs single transplant on event-free survival in patients with high-risk neuroblastoma: a randomized clinical Trial. JAMA. 2019; 322: 746 - 55.
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13. Mody R, Naranjo A, Van Ryn C, et al. Irinotecan-temozolomide with temsirolimus or dinutuximab in children with refractory or relapsed neuroblastoma (COG ANBL1221): an open-label, randomized, phase 2 trial. Lancet Oncol. 2017; 18: 946 - 57.
14. Mody R, Yu AL, Naranjo A, et al. Irinotecan, temozolomide, and dinutuximab with GM-CSF in children with refractory or relapsed neuroblastoma: a report from the children's oncology group. J Clin Oncol. 2020; 38: 2160 - 9.

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<tr><th colspan="3">Policy History</th></tr>
<tr><th>#</th><th>Date</th><th>Change Description</th></tr>
<tr><td>1.5</td><td>Effective Date: 04/11/2024</td><td>Policy being retired and Danyelza will be added to the Medical Oncology Drug Class Policy</td></tr>
<tr><td>1.4</td><td>Effective Date: 02/08/2024</td><td>Annual review of criteria was performed, no changes were made</td></tr>
<tr><td>1.3</td><td>Effective Date: 02/02/2023</td><td>Updated approval length to allow for FDA recommended dosing for at least 60 days and up to 6 months at a time</td></tr>
<tr><td>1.2</td><td>Effective Date: 02/10/2022</td><td>Annual review of criteria was performed, no changes were made</td></tr>
<tr><td>1.1</td><td>Effective Date: 04/22/2021</td><td>UM medical management system update for BCBS, BCN, MAPPO, and BCNA
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<tr><th>Line of Business</th><th>PA Required in Medical Management System (Yes/No)</th></tr>
<tr><td>BCBS</td><td>Yes</td></tr>
<tr><td>BCN</td><td>Yes</td></tr>
<tr><td>MAPPO</td><td>Yes</td></tr>
<tr><td>BCNA</td><td>Yes</td></tr>
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<tr><td>1.0</td><td>Effective Date: 02/04/2021</td><td>New policy
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<tr><td>BCBS</td><td>No</td></tr>
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<tr><td>MAPPO</td><td>No</td></tr>
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** 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.*