09-J4000-98

Original Effective Date: 11/15/24

Reviewed: 10/09/24

Revised: 04/01/25

Subject: Axatilimab (Niktimvo™) Injection

THIS MEDICAL COVERAGE GUIDELINE IS NOT AN AUTHORIZATION, CERTIFICATION, EXPLANATION OF BENEFITS, OR A GUARANTEE OF PAYMENT, NOR DOES IT SUBSTITUTE FOR OR CONSTITUTE MEDICAL ADVICE. ALL MEDICAL DECISIONS ARE SOLELY THE RESPONSIBILITY OF THE PATIENT AND PHYSICIAN. BENEFITS ARE DETERMINED BY THE GROUP CONTRACT, MEMBER BENEFIT BOOKLET, AND/OR INDIVIDUAL SUBSCRIBER CERTIFICATE IN EFFECT AT THE TIME SERVICES WERE RENDERED. THIS MEDICAL COVERAGE GUIDELINE APPLIES TO ALL LINES OF BUSINESS UNLESS OTHERWISE NOTED IN THE PROGRAM EXCEPTIONS SECTION.

DESCRIPTION:

Axatilimab-csfr (Niktimvo™) is FDA-approved for the treatment of chronic graft-versus-host disease (cGVHD) after failure of at least two prior lines of systemic therapy in adult and pediatric patients weighing at least 40 kilograms. Chronic GVHD is associated with significant morbidity in patients following allogeneic hematopoietic stem cell transplantation (HSCT) and occurs when the transplanted cells induce an immune response in the recipient. Symptoms occur in various organ systems and common manifestations include immune cytopenia, dermal and mucosal reactions, gastrointestinal ulcerations, and bronchiolar obliterans. Axatilimab-csfr reduces inflammation and fibrosis in affected organs by inhibiting colony stimulating factor-1 receptors (CSF-1R) expressed on monocytes and macrophages.

The efficacy of axatilimab-csfr was evaluated in an open-label, randomized, multicenter trial, which enrolled patients with cGVHD who had received at least 2 previous lines of systemic therapy and required additional treatment. Patients with the following lab requirements were included: platelet greater than or equal to 50 $x10^9$/L, absolute neutrophil count greater than or equal to 1 x 10^9/L, ALT and AST less than or equal to 2.5 x upper limit of normal (ULN) (or less than or equal to 5 x ULN if liver cGVHD present), total bilirubin less than or equal to 1.5 x ULN, and creatinine clearance greater than or equal to 30 mL/min. Combined therapy with GVHD prophylaxis and standard therapy (corticosteroids, calcineurin inhibitors, everolimus/sirolimus) could be continued if the patient was on a stable dose for at least 2 weeks prior to study. Treatment with supportive care therapies was permitted during the study. The median number of prior lines of therapy was 4 which included those previously receiving the following prior cGVHD treatments (n,%): ruxolitinib (57, 72%), ibrutinib (27, 34%), and belumosudil (16, 20%).

Axatilimab 0.3 mg/kg was administered IV every 2 weeks until disease progressed, if there was no efficacy by 9 months, or unacceptable toxicity. The primary endpoint was overall response which

included complete or partial response according to the 2014 NIH Response Criteria. The overall response rate (ORR) was achieved in fifty-nine or 75% of patients (all partial responses). In addition, there were 56% of patients who experienced a clinically meaningful improvement in a Quality-of-Life assessment (Lee Symptom Scale). The most common (≥ 15%) adverse reactions included increased AST/ALT, decreased phosphate, decreased hemoglobin, infections, increased GGT, musculoskeletal pain, increased lipase, fatigue, increased amylase, increased calcium, increased CPK, increased ALP, nausea, headache, diarrhea, cough, pyrexia, and dyspnea.

The NCCN guidelines for hematopoietic stem cell transplant (HSCT) provide guidance of the use of axatilimab for chronic graft-versus-host disease (cGVHD) as additional therapy in conjunction with systemic corticosteroids following failure (steroid-refractory disease) to two or more prior lines of systemic therapy.

POSITION STATEMENT:

Initiation of Axatilimab-csfr (Niktimvo™) **meets the definition of medical necessity** for the following indications when all of the associated criteria are met:

1. Chronic graft-versus-host disease (cGVHD)
    a. The member is diagnosed with cGVHD following an allogeneic hematopoietic stem cell transplant
    b. Member's disease is refractory to an adequate trial of at least two systemic agents for the treatment of cGVHD (e.g., corticosteroids, tacrolimus, cyclosporine, mycophenolate mofetil, ibrutinib, ruxolitinib, methotrexate, sirolimus, belumosudil)
    c. Member meets the following in the past 6 months: platelet greater than or equal to 50 $x10^9$/L, absolute neutrophil count greater than or equal to 1 x 10^9/L, ALT and AST less than or equal to 2.5 x upper limit of normal (ULN) (or less than or equal to 5 x ULN if liver cGVHD present), total bilirubin less than or equal to 1.5 x ULN, and creatinine clearance greater than or equal to 30 mL/min
2. Dosage does not exceed 0.3 mg/kg (maximum 35 mg) for adults or pediatric patients greater than or equal to 40 kg every 2 weeks

Approval duration: 6 months

Continuation of axatilimab-csfr (Niktimvo™) **meets meets the definition of medical necessity** when **ALL** of the following criteria are met:

1. An authorization or reauthorization for axatilimab-csfr has been previously approved by Florida Blue or another health plan in the past 2 years for the treatment of cGVHD, **OR** the member has previously met **ALL** indication-specific criteria.
2. The member has a beneficial response to treatment with axatilimab-csfr (e.g., improvement of cGVHD symptoms) – documentation must be submitted
3. Dosage does not exceed 0.3 mg/kg (maximum 35 mg) for adults or pediatric patients greater than or equal to 40 kg every 2 weeks

Approval duration: 12 months

DOSAGE/ADMINISTRATION:

For the treatment of chronic graft-versus-host disease (cGVHD) after failure of at least two prior lines of systemic therapy in adult and pediatric patients weighing at least 40 kg: 0.3 mg/kg (maximum 35 mg) every 2 weeks in adult and pediatric patients weighing 40 kg and above.

Administer as an IV infusion over 30 minutes. See prescribing information for dosage adjustment for adverse reactions.

Drug availability: 50 mg/ml solution in a single-dose vial

PRECAUTIONS:

Contraindications: none

Precautions/Warnings:

Infusion-related reactions: Interrupt, slow the rate, or permanently discontinue for infusion-related reactions based on severity.

Embryo-fetal toxicity: Can cause fetal harm. Advise females of reproductive potential of risk to fetus and use effective contraception.

BILLING/CODING INFORMATION:

HCPCS Coding

J9038	Injection, axatilimab-csfr, 0.1 mg

ICD-10 Diagnosis Codes That Support Medical Necessity

D89.811	Chronic graft-versus-host disease

REIMBURSEMENT INFORMATION:

Refer to section entitled **POSITION STATEMENT**.

PROGRAM EXCEPTIONS:

Federal Employee Program (FEP): Follow FEP guidelines.

State Account Organization (SAO): Follow SAO guidelines.

Medicare Part D: Florida Blue has delegated to Prime Therapeutics authority to make coverage determinations for the Medicare Part D services referenced in this guideline.

Medicare Advantage: No National Coverage Determination (NCD) and/or Local Coverage Determination (LCD) were found at the time of the last guideline review date.

If this Medical Coverage Guideline contains a step therapy requirement, in compliance with Florida law 627.42393, members or providers may request a step therapy protocol exemption to this requirement if based on medical necessity. The process for requesting a protocol exemption can be found at Coverage Protocol Exemption Request.

DEFINITIONS:

None

RELATED GUIDELINES:

Brentuximab (Adcetris) Injection, 09-J1000-53

OTHER:

None

REFERENCES:

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COMMITTEE APPROVAL:

This Medical Coverage Guideline (MCG) was approved by the Florida Blue Pharmacy Policy Committee on 10/09/24.

GUIDELINE UPDATE INFORMATION:

11/15/24	New Medical Coverage Guideline.
04/01/25	Revision: Added HCPCS code J9038 and deleted code J9999.