Medical Policy Bulletin

Title:
Axatilimab-csfr (Niktimvo™) for Intravenous Use
Policy #:
MA08.180

The Company makes decisions on coverage based on the Centers for Medicare and Medicaid Services (CMS) regulations and guidance, benefit plan documents and contracts, and the member's medical history and condition. If CMS does not have a position addressing a service, the Company makes decisions based on Company Policy Bulletins. Benefits may vary based on contract, and individual member benefits must be verified. The Company determines medical necessity only if the benefit exists and no contract exclusions are applicable. Although the Medicare Advantage Policy Bulletin is consistent with Medicare's regulations and guidance, the Company's payment methodology may differ from Medicare.

When services can be administered in various settings, the Company reserves the right to reimburse only those services that are furnished in the most appropriate and cost-effective setting that is appropriate to the member's medical needs and condition. This decision is based on the member's current medical condition and any required monitoring or additional services that may coincide with the delivery of this service.

This Policy Bulletin document describes the status of CMS coverage, medical terminology, and/or benefit plan documents and contracts at the time the document was developed. This Policy Bulletin will be reviewed regularly and be updated as Medicare changes their regulations and guidance, scientific and medical literature becomes available, and/or the benefit plan documents and/or contracts are changed.

Policy

Coverage is subject to the terms, conditions, and limitations of the member's Evidence of Coverage.

In the absence of coverage criteria from applicable Medicare statutes, regulations, NCDs, LCDs, CMS manuals, or other Medicare coverage documents, this policy uses internal coverage criteria developed by the Company in consideration of peer-reviewed medical literature, clinical practice guidelines, and/or regulatory status.

The Company reserves the right to reimburse only those services that are furnished in the most appropriate and cost-effective setting that is appropriate to the member's medical needs and condition.

MEDICALLY NECESSARY

Axatilimab-csfr (Niktimvo™), administered via an intravenous (IV) route, is considered medically necessary and, therefore, covered for the treatment of chronic graft-versus-host disease (cGVHD) in adults and pediatric individuals weighing at least 40 kg when **ALL** of the following are met:

- The individual has a documented diagnosis of cGVHD
- Failure (steroid-refractory disease) of at least two prior lines of systemic therapy
- Used as additional therapy in conjunction with systemic corticosteroids

EXPERIMENTAL/INVESTIGATIONAL

All other uses for axatilimab-csfr (Niktimvo) are considered experimental/investigational and, therefore, not covered unless the indication is supported as an accepted off-label use, as defined in the Company medical policy on off-label coverage for prescription drugs and biologics.

REQUIRED DOCUMENTATION

The individual's medical record must reflect the medical necessity for the care provided. These medical records may include, but are not limited to: records from the professional provider's office, hospital, nursing home, home health agencies, therapies, and test reports.

The Company may conduct reviews and audits of services to our members, regardless of the participation status of

the provider. All documentation is to be available to the Company upon request. Failure to produce the requested information may result in a denial for the drug.

Guidelines

BENEFIT APPLICATION

Subject to the terms and conditions of the applicable Evidence of Coverage, axatilimab-csfr (Niktimvo) is covered under the medical benefits of the Company's Medicare Advantage products when the medical necessity criteria listed in this medical policy are met.

NATIONAL INSTITUTES OF HEALTH CHRONIC GRAFT-VERSUS-HOST DISEASE CRITERIA

The National Institutes of Health (NIH) has developed criteria for diagnosing and classifying chronic graft-versus-host disease (cGVHD). Diagnosing cGVHD is complex and requires a histological examination of tissue, laboratory results, and also a complete examination of the individual. Shulman et al. (2015) included in-depth details of the histological findings with cGVHD, by organ system, in their discussion of the NIH criteria. In addition to discussing the histological criteria, Jagasia et al. (2015) discussed the physical examination findings that could result in a diagnosis of cGVHD in their discussion of the NIH criteria.

US FOOD AND DRUG ADMINISTRATION STATUS

The US Food and Drug Administration (FDA) approved axatilimab-csfr (Niktimvo) on August 14, 2024, for the treatment of cGVHD after failure of at least two prior lines of systemic therapy in adults and pediatric individuals weighing at least 40 kg.

PEDIATRIC USE
The safety and effectiveness of axatilimab-csfr (Niktimvo) in pediatric individuals weighing less than 40 kg have not been established.

Description

CHRONIC GRAFT-VERSUS-HOST DISEASE

A hematopoietic cell transplantation (HCT) can be used as a treatment for hematological disorders such as lymphoma, leukemia, or bone marrow failure. Immune cells in the donated transplanted material (graft) can recognize the recipient as a foreign body and thus attack the recipient’s immune system (host) resulting in graft-versus-host disease (GVHD). GVHD can be classified as either being acute, chronic, or both (overlap syndrome). Acute GVHD (aGVHD) usually occurs within the first 3 months after the HCT, but may also start later, and is often milder in severity. The usually affected organs include the skin, gastrointestinal (GI) tract, and the liver. Chronic GVHD (cGVHD) usually occurs more than 3 months after the HCT, but may start sooner as well, and is often more severe in nature. The list of organs that can be affected include the skin, GI tract, and liver, but also can include the mouth, lungs, muscles, joints, and genitals. The incidence of developing cGVHD is approximately 40 percent after the HCT. There are multiple risk factors associated with the development of cGVHD that can include HLA mismatch, older age of either the donor and/or the recipient, mismatched sex of the donor and recent, a donor who has previously been pregnant, the source of the graft (bone marrow or umbilical cord blood pose less risk than peripheral blood precursor cells), splenectomy, previously experiencing aGVHD, and the presence of cytomegalovirus (CMV) or Epstein-Barr virus (EBV) seropositivity. The risk of developing cGVHD increases with the number of risk factors present in the host individual. The diagnosis of cGVHD is usually made on the basis of the results of a physical examination, laboratory tests, and tissue biopsy. To prevent GVHD, immunosuppressive agents, or other medications (e.g., cyclophosphamide, anti–T-lymphocyte globulin), are ordered as prophylaxis. If the cGVHD is mild, then localized or topical treatments can be used. Corticosteroids are the first systemic treatment ordered if the mild cGVHD is widespread, or at the time of moderate or severe cGVHD onset. If those treatments are unsuccessful at keeping cGVHD in check, other medications can be ordered (e.g., ruxolitinib, belumosudil, ibrutinib) or extracorporeal photopheresis can be used.

AXATILIMAB-CSFR (NIKTIMVO)

Axatilimab-csfr (Niktimvo) is a humanized immunoglobulin 4 (IgG4; kappa light chain) monoclonal antibody that acts as a colony stimulating factor-1 receptor (CSF-1R) blocking agent. Axatilimab-csfr (Niktimvo) binds to CSF-1Rs expressed on monocytes and macrophages, resulting in reduced levels of the circulating proinflammatory and profibrotic monocytes and monocyte-derived macrophages, which inhibits their activity in tissues.

CLINICAL TRIAL INFORMATION
The efficacy and safety of axatilimab-csfr (Niktimvo) was evaluated in a randomized, open-label, multicenter phase II study (NCT04710576) that included adult and pediatric individuals with recurrent or refractory cGVHD who had received at least two prior lines of systemic treatment. A total of 241 individuals were enrolled and randomly assigned 1:1:1 into three cohorts. Cohort 1 received a dose of 0.3 mg/kg intravenously (IV) every 2 weeks. Cohort 2 received a dose of 1 mg/kg IV every 2 weeks. Cohort 3 received 3 mg/kg IV every 4 weeks. Treatment continued until the occurrence of cGVHD progression, unacceptable toxicity, lack of a response by 9 months of treatment, or withdrawal of consent. The primary endpoint was an overall response rate (ORR; included complete or partial responses) that exceeded 30 percent of individuals before the beginning of cycle 7 of treatment. A key secondary endpoint included the number of participants with a clinically significant improvement in normalized score (reduction of more than 5 points) on the modified Lee Symptom Scale, along with safety measures.

All three cohorts achieved the primary endpoint. The ORR for Cohort 1 was 74 percent, for Cohort 2 was 67 percent, and for Cohort 3 was 50 percent. Of the individuals who experienced a response, 60 percent in Cohort 1, 60 percent in Cohort 2, and 53 percent in Cohort 3 had a durable response at 12 months. The percentage of individuals who achieved a clinically significant improvement on the modified Lee Symptom Scale was 60 percent, 69 percent, and 41 percent, respectively, in Cohorts 1, 2, and 3. The percentage of individuals who experienced a Grade 3 or greater adverse event was 49, 60, and 71 in Cohorts 1, 2, and 3, respectively. The most common adverse events were transient laboratory abnormalities. Adverse events leading to the discontinuation of treatment occurred in 6 percent, 22 percent, and 18 percent of individuals in Cohorts 1, 2, and 3, respectively. Fatal adverse events occurred in 1 percent, 9 percent, and 8 percent of individuals in Cohorts 1, 2, and 3, respectively. Based on these results, a dosage of 0.3 mg/kg every 2 weeks was determined to be the safest and efficacious dosage for treatment.

OFF-LABEL INDICATIONS

There may be additional indications contained in the Policy section of this document due to evaluation of criteria highlighted in the Company's off-label policy, and/or review of clinical guidelines issued by leading professional organizations and government entities.

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Coding

Inclusion of a code in this table does not imply reimbursement. Eligibility, benefits, limitations, exclusions, precertification/referral requirements, provider contracts, and Company policies apply.

The codes listed below are updated on a regular basis, in accordance with nationally accepted coding guidelines. Therefore, this policy applies to any and all future applicable coding changes, revisions, or updates.

In order to ensure optimal reimbursement, all health care services, devices, and pharmaceuticals should be reported using the billing codes and modifiers that most accurately represent the services rendered, unless otherwise directed by the Company.

The Coding Table lists any CPT, ICD-10, and HCPCS billing codes related only to the specific policy in which they appear.

CPT Procedure Code Number(s)
N/A

ICD - 10 Procedure Code Number(s)
N/A

ICD - 10 Diagnosis Code Number(s)
Report the most appropriate diagnosis code in support of medically necessary criteria as listed in the policy.

HCPCS Level II Code Number(s)
XX

Revenue Code Number(s)
J9038 Injection, axatilimab-csfr, 0.1 mg

Policy History

MA08.180

09/16/2025	The policy will become effective 09/16/2025. The following new policy has been developed to communicate the Company's coverage criteria for axatilimab-csfr (Niktimvo™) for intravenous use.

Version Effective Date:
09/16/2025
Version Issued Date:
N/A
Version Reissued Date:
N/A