CLINICAL GUIDELINES FOR MEDICAL NECESSITY

MEDICAL POLICY

Nogapendekin Alfa Inbakicept-pmln (Anktiva®)

Version: 1.1

EFFECTIVE DATE: 5/27/2025

NantHealth® | Eviti®

Please note the following:

For Medicare members/enrollees, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Please refer to the CMS website at http://www.cms.gov for additional information.

For Medicaid members/enrollees, circumstances when state Medicaid coverage provisions conflict with the coverage provisions within this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Nogapendekin Alfa Inbakicept-pmln (Anktiva®)

Discussion

Nogapendekin alfa inbakicept-pmln is an interleukin-15 (IL-15) receptor agonist. IL-15 interacts with a receptor composed of three subunits: the common gamma chain (γc), the beta chain (βc), and the IL-15-specific alpha subunit (IL-15 receptor α). IL-15 is presented by the IL-15 receptor α to the shared IL-2/IL-15 receptor on the surface of CD4+ and CD8+ T cells and NK cells. Binding of nogapendekin alfa inbakicept-pmln to its receptor results in proliferation and activation of NK, CD8+, and memory T cells without proliferation of immunosuppressive regulatory T cells (Treg cells).[1,2,3]

Nogapendekin alfa inbakicept adverse reactions, including laboratory test abnormalities, are increased creatinine, dysuria, hematuria, urinary frequency, micturition urgency, urinary tract infection, increased potassium, musculoskeletal pain, chills, and pyrexia.[2]

The Food and Drug Administration (FDA) and National Comprehensive Cancer Network (NCCN) endorse nogapendekin alfa inbakicept-pmln for the treatment of bladder cancer.[1,2]

Definitions

- **Food and Drug Administration (FDA)** - The FDA is responsible for protecting the public health by assuring the safety, efficacy, and security of human and veterinary drugs, biological products, medical devices, our nation's food supply, cosmetics, and products that emit radiation.[4]
- **National Comprehensive Cancer Network (NCCN)** - An alliance of more than 30 leading cancer centers devoted to patient care, research, and education. The NCCN guidelines are utilized for Radiation Therapy and Medical Oncology standards. NCCN consensus clinical standards are periodically updated, and NantHealth, Inc. reviews these and updates its policies in a timely manner.[5]
- **Interleukin-15 (IL-15)** - A cytokine growth factor that plays a crucial role in the regulation of lymphocyte function and homeostasis. IL-15 is involved in the activation and proliferation of natural killer (NK) cells, CD8+ T cells, and memory T cells, making it a promising candidate for cancer immunotherapy.[2,3]

Policy

Coverage will be considered for FDA approved indications and for NCCN category 1, 2A, or 2B recommendations when all criteria are met:

Bladder Cancer

1. At least 18 years of age; AND
2. Prescribed by or in consultation with an oncologist; AND

For **FDA** required criteria coverage:

3. Patients with Bacillus Calmette-Guérin (BCG) unresponsive, non-muscle invasive bladder cancer (NMIBC) with carcinoma in situ (CIS) with or without papillary tumors;[2] OR

For **NCCN** required criteria coverage:

4. Patients with BCG-unresponsive, high-risk non-muscle invasive bladder cancer (NMIBC) with carcinoma in situ (CIS) (with or without papillary) tumors in combination with BCG for one of the following:
   a) Initial management
   b) Cytology-positive, imaging- and cystoscopy-negative, bladder positive recurrent or persistent high-risk disease.[6]

Authorization Period and Renewal Criteria

1. Initial Authorization Period: 12 months
2. Renewal Criteria: No evidence of disease progression or unacceptable toxicity
3. Renewal Authorization Period: 12 months

Coding (CPT®, ICD 10 and HCPCS)

Procedure codes appearing in medical policy documents are only included as a general reference. This list may not be all-inclusive and is subject to updates. In addition, the codes listed are not a guarantee of payment. CPT codes are available through the AMA.

Code	Description
C67	Malignant neoplasm of bladder
J9028	Injection, nogapendekin alfa inbakicept-pmln, for intravesical use

Revision and Review History

No.	Description	Date(s)
1	Original Effective Date:	6/1/2024
2	Policy Annual Review Dates:	5/21/2025
3	Department Owner:	Medical Affairs
4	NH Advisory Committee Approval Dates:	6/13/2024, 5/27/25
5	Revision Changes:	5/21/2025 Added adverse reactions; v.1.1

References

[1] Chamie K, Chang SS, Kramolowsky E, et al. IL-15 Superagonist NAI in BCG-Unresponsive Non-Muscle-Invasive Bladder Cancer. *NEJM Evid*. 2023;2(1):EVIDoa2200167. https://pubmed.ncbi.nlm.nih.gov/38320011/. Accessed April 18, 2025.

[2] Anktiva (Nogapendekin alfa inbakicept-pmln) [package insert]. https://www.accessdata.fda.gov/drugsatfda_docs/label/2024/761336s000lbl.pdf. Accessed May 2, 2025.

[3] Fehniger TA, Cooper MA, Caligiuri MA. Interleukin-2 and interleukin-15: immunotherapy for cancer. *Cytokine Growth Factor Rev*. 2002;13(2):169-183. https://pubmed.ncbi.nlm.nih.gov/11900992/. Accessed April 18, 2025.

[4] U.S. Food & Drug Administration. https://www.fda.gov/about-fda/what-we-do. Accessed April 23, 2025.

[5] National Comprehensive Cancer Network. https://www.nccn.org/home. Accessed April 23, 2025.

[6] National Comprehensive Cancer Network. NCCN Guidelines: Bladder Cancer. https://www.nccn.org/professionals/physician_gls/pdf/bladder.pdf. Accessed May 2, 2025.