CLINICAL GUIDELINES FOR MEDICAL NECESSITY

MEDICAL POLICY

Sacituzumab govitecan-hziy (Trodelvy®)

Version: 1.0

EFFECTIVE DATE: 1/1/2024

NantHealth® | Eviti®

Please note the following:

Sacituzumab govitecan-hziy (Trodelvy®)

Note: 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.

Note: 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.

Sacituzumab govitecan-hziy (Trodelvy): Discussion

Sacituzumab govitecan-hziy is an antibody-drug conjugate (ADC) which is a substance that binds to a specific protein or receptor found on certain types of cells, including cancer cells. It has 3 parts: an antibody that looks for Trop-2 proteins, an anticancer drug, and a linker that connects the antibody to the drug. As an ADC, sacituzumab govitecan-hziy is designed to work differently than traditional chemotherapy and to deliver powerful anticancer medicine directly into cells with Trop-2 proteins. Tumor cells in certain cancers have a higher number of Trop-2 proteins for sacituzumab govitecan-hziy to link to. This link leads to cell death.[1]

The use of sacituzumab govitecan-hziy may cause severe, life-threatening, or fatal neutropenia. Severe diarrhea may also occur.

Sacituzumab govitecan-hziy is a Trop-2-directed antibody and topoisomerase inhibitor conjugate endorsed by the FDA and indicated for the treatment of adult patients with one of the following:

1. Unresectable locally advanced or metastatic triple-negative breast cancer (mTNBC) who have received two or more prior systemic therapies, at least one of them for metastatic disease
2. Unresectable locally advanced or metastatic hormone receptor (HR)- positive, human epidermal growth factor receptor 2 (HER2)-negative (IHC 0, IHC 1+ or IHC 2+/ISH–) breast cancer who have received endocrine-based therapy and at least two additional systemic therapies in the metastatic setting
3. Locally advanced or metastatic urothelial cancer (mUC) who have previously received platinum-containing chemotherapy and either programmed death receptor-1 (PD-1) or programmed death-ligand 1 (PDL1) inhibitor.

Note: This indication is approved under accelerated approval based on tumor response rate and duration of response. [2]

The National Comprehensive Cancer Network (NCCN) endorses sacituzumab govitecan-hziy in the following cancer types: bladder cancer and breast cancer. [3,4]

Sacituzumab govitecan-hziy: Definitions

- **Antibody Drug Conjugate (ADC) -** A substance that binds to a specific protein or receptor found on certain types of cells, including cancer cells. [1]
- **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.
- **National Comprehensive Cancer Network (NCCN) -** An alliance of thirty-two 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 within a timely manner.
- **Topoisomerase inhibitor -** Chemotherapeutic agents that interfere with the topoisomerase enzymes (topoisomerase I and II), which control changes in DNA structure. [5]
- **Trop-2 proteins -** TROP-2 is a glycoprotein first described as a surface marker of trophoblast cells, but subsequently shown to be increased in many solid cancers, with lower expression in certain normal tissues. It regulates cancer growth, invasion and spread by several signaling pathways, and has a role in stem cell biology and other diseases. [6]

Sacituzumab govitecan-hziy: Policy

Sacituzumab govitecan-hziy will be considered for coverage when the following criteria are met:

Bladder Cancer (Urothelial Carcinoma)

1. At least 18 years of age; AND
2. Prescribed by or in consultation with an oncologist; AND
3. Used as subsequent-line systemic therapy as a single agent for patients who received first-line platinum-containing chemotherapy followed by avelumab maintenance therapy for one of the following:
    a) Stage II (cT2, N0) disease or stage IIIA (cT3, N0; cT4a, N0; cT1-T4a, N1) disease if the tumor is present following reassessment of tumor status in 2-3 months after primary treatment with concurrent bladder preserving chemoradiotherapy and maximal transurethral resection of bladder tumor (TURBT)
    b) Stage IIIB (cT1-T4a, N2,3) disease following a partial response or progression after primary treatment with downstaging systemic therapy or concurrent chemoradiotherapy

c) Stage IVA (cT4b, any N, M0) disease if the tumor is present following reassessment of the tumor status after primary treatment with first-line systemic therapy or concurrent chemoradiotherapy
d) Stage IVA (any T, any N, M1a) disease if stable disease or progression is noted following reassessment of the tumor status after primary treatment with first-line systemic therapy
e) Metastatic stage IVB (any T, any N, M1b) disease
f) Muscle invasive local recurrence or persistent disease in a preserved bladder treated with curative intent
g) Metastatic or local recurrence post cystectomy treated with curative intent [3]

Note: Patients should have already received platinum and a checkpoint inhibitor, if eligible.

Prostate and Renal Pelvis and Ureter (Urothelial Carcinoma)

1. At least 18 years of age; AND
2. Prescribed by or in consultation with an oncologist; AND
3. Used as a single agent as subsequent-line systemic therapy for metastatic disease in patients who received a first-line platinum-containing chemotherapy followed by avelumab maintenance therapy [3]

Primary Carcinoma of the Urethra (Urothelial Carcinoma)

1. At least 18 years of age; AND
2. Prescribed by or in consultation with an oncologist; AND
3. Used as a single agent for recurrent or metastatic disease as subsequent-line systemic therapy for patients who received a first-line platinum-containing chemotherapy followed by avelumab maintenance therapy [3]

Breast Cancer

1. At least 18 years of age; AND
2. Prescribed by or in consultation with an oncologist; AND
3. Second-line therapy as a single agent for one of the following:
    a) For patients with no response to preoperative systemic therapy (inflammatory only), recurrent unresectable (local or regional) or stage IV (M1) hormone receptor-positive and human epidermal growth factor receptor 2 (HER2)-negative cancers in patients who have received prior treatment including endocrine therapy, a CDK4/6 inhibitor, and at least two lines of chemotherapy (including a taxane) at least one of which was in the metastatic setting, and not a candidate for fam-trastuzumab deruxtecan-nxki
    b) For patients with no response to preoperative systemic therapy (inflammatory only), recurrent unresectable (local or regional) or stage IV (M1) triple-negative breast cancer (TNBC) in patients who have received at least two prior therapies, with at least one line for metastatic disease [4]

Note for 3b: Sacituzumab govitecan-hziy may be considered for a later line of treatment if not used as second-line therapy.

Note: Coverage of sacituzumab govitecan-hziy will be provided for an FDA-approved indication or National Comprehensive Cancer Network (NCCN) guidelines when it is a Category 1, 2A, or 2B recommendation or when all criteria are met.

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

Sacituzumab govitecan-hziy: References

1. Trodelvy – Design to Deliver Anticancer Medicine Where It Can Matter. https://www.trodelvy.com/patient/mtnbc/how-it-works. Accessed July 19, 2023.
2. Sacituzumab govitecan-hziy (Trodelvy) Package Insert. https://www.accessdata.fda.gov/drugsatfda_docs/label/2023/761115s035lbl.pdf. Accessed July 19, 2023.
3. National Comprehensive Cancer Network Guidelines. Bladder Cancer (Version 3.2023). https://www.nccn.org/professionals/physician_gls/pdf/bladder.pdf. Accessed July 19, 2023.
4. National Comprehensive Cancer Network Guidelines. Breast Cancer (Version 4.2023). https://www.nccn.org/professionals/physician_gls/pdf/breast.pdf. Accessed July 19, 2023.
5. Topoisomerase Inhibitor. https://www.sciencedirect.com/topics/neuroscience/topoisomerase-inhibitor. Accessed July 20, 2023.
6. The emergence of trophoblast cell-surface antigen 2 (TROP-2) as a novel cancer target. https://www.oncotarget.com/article/25615/text/. Accessed July 25, 2023.

Sacituzumab govitecan-hziy: 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
C50.9	Malignant neoplasm of breast of unspecified site
C61	Urothelial Carcinoma of the Prostate
C65.9	Malignant neoplasm of unspecified renal pelvis
C66.9	Malignant neoplasm of unspecified ureter
C67.9	Malignant neoplasm of bladder, unspecified
C68.0	Malignant neoplasm of urethra
J9317	Sacituzumab govitecan-hziy (Trodelvy)

Sacituzumab govitecan-hziy: Revision and Review History

No.	Description	Date(s)
1	Original Effective Date:	1/1/2024
2	Policy Review Dates:	7/27/2023
3	Policy Revision Dates:	
4	Department Owner:	Medical Affairs
5	NH Advisory Committee Approval Dates:	10/12/2023
6	Revision Changes:	