

## PRIOR AUTHORIZATION POLICY

**POLICY:** Oncology (Injectable) – Padcev Prior Authorization Policy

- Padcev® (enfortumab vedotin-ejfv intravenous infusion – Astellas and Seagen)

**REVIEW DATE:** 01/10/2024

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### OVERVIEW

Padcev, an antibody-drug conjugate, is indicated for the treatment of locally advanced or metastatic **urothelial cancer** in adults who:<sup>1</sup>

- Have previously received a programmed death receptor-1 (PD-1) or programmed death-ligand 1 (PD-L1) inhibitor, and platinum-containing chemotherapy, as a single agent.
- Are ineligible for cisplatin-containing chemotherapy and have previously received  $\geq$  one prior line of therapy, as a single agent.
- In combination with Keytruda® (pembrolizumab intravenous infusion).

### Guidelines

The National Comprehensive Cancer Network (NCCN) **bladder cancer** clinical practice guidelines (version 3.2023 – May 25, 2023) recommend Padcev for the subsequent treatment of locally advanced or metastatic urothelial carcinoma of the bladder, upper genitourinary tract, prostate, and urethra.<sup>2,3</sup> Patients should have previously received platinum-containing chemotherapy, a checkpoint inhibitor, platinum-containing chemotherapy plus a checkpoint inhibitor, or first-line therapy with agents other than platinum or a checkpoint inhibitor. In addition, NCCN recommends Padcev, in combination with Keytruda, for the first-line and subsequent treatment of locally advanced or metastatic urothelial carcinoma of the bladder, upper genitourinary tract, prostate, and urethra.

### POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of Padcev. All approvals are provided for the duration noted below. Because of the specialized skills required for evaluation and diagnosis of patients treated with Padcev as well as the monitoring required for adverse events and long-term efficacy, approval requires Padcev to be prescribed by or in consultation with a physician who specializes in the condition being treated.

**Automation:** None.

### RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Padcev is recommended in those who meet the following criteria:

#### FDA-Approved Indication

- 1. Urothelial Carcinoma.** Approve for 1 year if the patient meets ALL of the following (A, B, C, and D):
  - A) Patient is  $\geq$  18 years of age; AND
  - B) Patient has locally advanced or metastatic disease; AND
  - C) Patient meets ONE of the following (i or ii):
    - i. Patient meets BOTH of the following (a and b):

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- a) Padcev is used as first-line therapy; AND
- b) Padcev is used in combination with Keytruda (pembrolizumab intravenous infusion); OR
- ii. Padcev is used as subsequent therapy; AND
- D) Padcev is prescribed by or in consultation with an oncologist.

#### **CONDITIONS NOT RECOMMENDED FOR APPROVAL**

Coverage of Padcev is not recommended in the following situations:

1. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

#### **REFERENCES**

1. Padcev® intravenous infusion [prescribing information]. Northbrook, IL: Astellas Pharma; December 2023.
2. The NCCN Bladder Cancer Clinical Practice Guidelines in Oncology (version 3.2023 – May 25, 2023). © 2023 National Comprehensive Cancer Network. Available at: <http://www.nccn.org>. Accessed on January 3, 2024.
3. The NCCN Drugs and Biologics Compendium. © 2024 National Comprehensive Cancer Network. Available at: <http://www.nccn.org>. Accessed on January 3, 2024. Search term: enfortumab.