Xgeva

Description

Xgeva (denosumab)

Background
Xgeva is indicated for the prevention of skeletal-related events in patients with multiple myeloma and in patients with bone metastases from solid tumors and for treatment of giant cell tumor of bone. Xgeva binds to the protein essential for the formation, function, and survival of osteoclasts, the cells responsible for bone resorption. Increased osteoclast activity is a mediator of solid tumor bone metastases. Similarly, giant cell tumors of bone and osteoclast-like giant cells contribute to osteolysis and [bone] tumor growth. Xgeva prevents activation of osteoclasts, their precursors, and osteoclast-like giant cells (1).

Regulatory Status
FDA-approved indications: Xgeva is a RANK ligand (RANKL) inhibitor indicated for: (1)

- Prevention of skeletal-related events in patients with multiple myeloma and in patients with bone metastases from solid tumors
- Treatment of adults and skeletally mature adolescents with giant cell tumor of bone that is unresectable or where surgical resection is likely to result in severe morbidity
- Hypercalcemia of malignancy refractory to bisphosphonate therapy

Xgeva is contraindicated in patients with hypocalcemia. Pre-existing hypocalcemia must be corrected prior to initiating therapy with Xgeva (1).
Xgeva may increase risks for osteonecrosis of the jaw, hypocalcemia, and atypical femoral fracture (1).

**Related policies**

Prolia

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**Policy**

This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.

Xgeva may be considered **medically necessary** in patients 13 years and older for the treatment of giant cell tumor of bone whose tumor is unresectable or for whom surgical resection is not recommended; and if the conditions indicated below are met.

Xgeva may also be considered **medically necessary** in patients 18 years of age and older who have bone metastases from solid tumors, multiple myeloma or hypercalcemia due to malignancy; and if the conditions indicated below are met.

Xgeva may be considered **investigational** for all other patients and for all other indications.

**Prior-Approval Requirements**

**Age**

13 years of age or older

**Diagnosis**

Patient must have the following:

1. Giant cell tumor of bone
   a. Tumor is unresectable or surgical resection is not recommended
   b. Pre-existing hypocalcemia must be corrected prior to initiating therapy
   c. **NO** concurrent use with another RANKL-inhibitor (see Appendix 1)

**Age**

18 years of age or older

**Diagnoses**

Patient must have **ONE** of the following:
1. Bone metastases from solid tumors

2. Multiple myeloma

   AND ALL of the following for BOTH indications:
   a. At high risk for skeletal-related events
   b. Pre-existing hypocalcemia must be corrected prior to initiating therapy
   c. Inadequate treatment response, intolerance, or contraindication to
      ONE of the following:
      i. IV Bisphosphonate
      ii. Pamidronate
      iii. Zoledronic acid

3. Hypercalcemia of malignancy
   a. Disease must have relapsed or progressed after bisphosphonate
      therapy

   AND the following for ALL indications:
   a. NO concurrent use with another RANKL-inhibitor (see Appendix 1)

Prior – Approval Renewal Requirements

Age  13 years of age or older

Diagnosis

Patient must have the following:

1. Giant cell tumor of bone
   a. NO concurrent use with another RANKL-inhibitor (see Appendix 1)

Age  18 years of age or older

Diagnoses

Patient must have ONE of the following:
1. Bone metastases from solid tumors
2. Multiple myeloma
3. Hypercalcemia of malignancy

**AND** the following for **ALL** indications:
   a. **NO** concurrent use with another RANKL-inhibitor (see Appendix 1)

**Policy Guidelines**

**Pre - PA Allowance**

None

**Prior – Approval Limits**

**Quantity**
5 vials per 84 days

**Duration**
3 months

**Prior – Approval ** **Renewal Limits**

**Quantity**
3 vials per 84 days

**Duration**
12 months

**Rationale**

**Summary**

Xgeva an osteoclast inhibitor is used to treat complications of bone metastases in patients with multiple myeloma and in patients with solid tumor cancers, for treatment of giant cell tumor of bone and for hypercalcemia of malignancy refractory to bisphosphonate therapy. Xgeva may increase risks for osteonecrosis of the jaw, hypocalcemia, and atypical femoral fracture. The safety and efficacy of Xgeva have not been established in pediatric patients except in skeletally mature adolescents with giant cell tumor of bone (1).

Prior authorization is required to ensure the safe, clinically appropriate and cost effective use of Xgeva while maintaining optimal therapeutic outcomes.

**References**

Section: Prescription Drugs  Effective Date: October 1, 2019
Subsection: Endocrine and Metabolic Drugs  Original Policy Date: March 13, 2015
Subject: Xgeva  Page: 5 of 6

Policy History

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<thead>
<tr>
<th>Date</th>
<th>Action</th>
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<tbody>
<tr>
<td>March 2015</td>
<td>Addition to PA</td>
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<tr>
<td></td>
<td>Annual editorial review and reference update</td>
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<tr>
<td></td>
<td>Added new indication hypercalcemia of malignancy</td>
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<tr>
<td>June 2015</td>
<td>Annual editorial review and reference update</td>
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<tr>
<td>December 2015</td>
<td>Annual editorial review and reference update</td>
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<td>Addition to the bone metastases of inadequate treatment response, intolerance, or contraindication to one of the following: IV bisphosphonate, pamidronate, or zoledronic acid and addition of quantity limits and change to initial PA duration to 3 months per PMPC</td>
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<tr>
<td>March 2016</td>
<td>Annual review</td>
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<tr>
<td></td>
<td>Policy number changed from 5.07.18 to 5.30.18</td>
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<tr>
<td>September 2016</td>
<td>Annual review</td>
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<tr>
<td>December 2017</td>
<td>Annual editorial review and reference update</td>
</tr>
<tr>
<td></td>
<td>Addition of age requirement to renewal section</td>
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<tr>
<td>January 2018</td>
<td>Addition of multiple myeloma indication</td>
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<tr>
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<td>Removal of the requirement of no concurrent diagnosis of multiple myeloma</td>
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<tr>
<td>March 2018</td>
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<tr>
<td>September 2019</td>
<td>Annual review and reference update</td>
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Keywords

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on September 13, 2019 and is effective on October 1, 2019.
### Appendix 1 - List of RANKL Inhibitors

<table>
<thead>
<tr>
<th>Generic Name</th>
<th>Brand Name</th>
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<tbody>
<tr>
<td>denosumab</td>
<td>Prolia</td>
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<tr>
<td>denosumab</td>
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