

# NOGAPENDEKIN ALFA INBAKICEPT-PMLN INTRAVESICAL



Included Products: Anktiva (nogapendekin alfa inbakicept-pmln)

Created: 07/11/2024    Revised: 07/11/2024    Reviewed: 07/11/2024    Updated: 08/01/2024

*Nonformulary for outpatient benefit. PA required on medical benefit.*

All Diagnoses			
Initial Criteria: All Diagnoses		If yes	If no
1.	Is the treatment being prescribed or supervised by a hematologist or oncologist, as appropriate, for the type of cancer?	Continue to #2.	Do not approve.
2.	Is the treatment supported for the diagnosis in the NCCN guidelines?	Continue to #4.	Continue to #3.
3.	Is the treatment being used according to the FDA indication?	Continue to #4.	Request external specialty review.
4.	Does the request meet criteria for treatment coverage specified in Guideline Note 12 of the Prioritized List of Health Services, considering treatment of cancer with little or no benefit?	Continue to #5.	Do not approve.
5.	Is there a reason Adstiladrin (nadofaragene firadenovec) cannot be used?	Continue to #6.	Do not approve.
6.	Is Anktiva to be used along with BCG?	Continue to #7.	Do not approve.
7.	Approve 12 months.		
Renewal Criteria		If yes	If no
1.	Has there been evidence of tumor response?	Continue to #2.	Do not approve.
2.	Approve for 12 months.		