Utilization Review Policy 224

POLICY: Oncology (Injectable) – Padcev Utilization Management Medical Policy

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

EFFECTIVE DATE: 1/1/2021
LAST REVISION DATE: 01/07/2026

COVERAGE CRITERIA FOR: All Aspirus Medicare Plans

OVERVIEW

Padcev, a Nectin-4-directed antibody and microtubule inhibitor conjugate, is indicated for the following:[1]

- **Urothelial cancer** in adults:
  - 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 for the treatment of locally advanced or metastatic disease
  - Are ineligible for cisplatin-containing chemotherapy and have previously received ≥ one prior line of therapy, as a single agent for the treatment of locally advanced or metastatic disease.
  - In combination with Keytruda® (pembrolizumab intravenous infusion) or Keytruda Qlex® (pembrolizumab and berahyaluronidase alfa-pmph intravenous infusion) for the treatment of locally advanced or metastatic disease.
- **Muscle invasive bladder cancer (MIBC)**, in combination with Keytruda® (pembrolizumab intravenous infusion) or Keytruda Qlex® (pembrolizumab and berahyaluronidase alfa-pmph intravenous infusion) as neoadjuvant treatment and then continued after cystectomy as adjuvant treatment of adults who are ineligible for cisplatin-containing chemotherapy.

Guidelines

The National Comprehensive Cancer Network (NCCN) **bladder cancer** clinical practice guidelines (version 3.2025 – December 19, 2025) recommend Padcev for the subsequent treatment of locally advanced or metastatic urothelial carcinoma of the bladder, upper genitourinary tract, prostate, and urethra (category 2A).[2,3] 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 (category 1) and subsequent (category 2B) treatment of locally advanced or metastatic urothelial carcinoma of the bladder, upper genitourinary tract, prostate, and urethra.

POLICY STATEMENT

Prior Authorization is recommended for medical benefit coverage of Padcev. Approval is recommended for those who meet the **Criteria** and **Dosing** for the listed indication. Extended approvals are allowed if the patient continues to meet the Criteria and Dosing. Requests for doses outside of the established

dosing documented in this policy will be considered on a case-by-case basis by a clinician (i.e., Medical Director or Pharmacist). 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 ≥ 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):
    - **a)** The medication is used as first-line therapy; AND
    - **b)** The medication is used in combination with Keytruda (pembrolizumab intravenous infusion) or Keytruda Qlex® (pembrolizumab and berahyaluronidase alfa-pmph intravenous infusion); OR
  - **ii.** The medication is used as subsequent therapy; AND
- **D)** The medication is prescribed by or in consultation with an oncologist.

Dosing. Approve ONE of the following dosing regimens (A or B):
- **A)** Approve up to 125 mg administered intravenously no more frequently than three times in each 28-day cycle; OR
- **B)** Approve up to 125 mg administered intravenously no more frequently than twice in each 21-day cycle.

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; November 2025.
2. The NCCN Bladder Cancer Clinical Practice Guidelines in Oncology (version 3.2025 – December 19, 2025). © 2025 National Comprehensive Cancer Network. Available at: http://www.nccn.org. Accessed on December 30, 2025..
3. The NCCN Drugs and Biologics Compendium. © 2025 National Comprehensive Cancer Network. Available at: http://www.nccn.org. Accessed on December 30, 2025. Search term: enfortumab.

HISTORY

Type of Revision	Summary of Changes	Review Date
Annual Revision	No criteria changes.	12/21/2022
Annual Revision	**Urothelial Carcinoma:** Removed requirement that patient has tried at least one other systemic therapy. Added requirement that the Padcev is used as first-line therapy in combination with Keytruda (pembrolizumab intravenous infusion) OR Padcev is used as subsequent therapy. Added dosing regimen of up to 125 mg administered intravenously no more frequently than twice in each 21-day cycle.	01/10/2024
Aspirus P&T Review	Policy reviewed and approved by Aspirus P&T committee. Annual review process	09/16/2024
Annual Revision	No criteria changes.	01/29/2025
Aspirus P&T Review	Policy reviewed and approved by Aspirus P&T committee. Annual review process	09/15/2025
Annual Revision	**Urothelial Carcinoma:** The requirement that Padcev is used in combination with Keytruda (pembrolizumab intravenous infusion) was modified to Padcev is used in combination with Keytruda (pembrolizumab intravenous infusion) or Keytruda Qlex® (pembrolizumab and berahyaluronidase alfa-pmph intravenous infusion).	01/07/2026