BlueCross BlueShield Arizona

An Independent Licensee of the Blue Cross Blue Shield Association

EVIDENCE-BASED CRITERIA	**ORIGINAL EFFECTIVE DATE: 11/16/23**
SECTION: SPECIALTY MEDICAL DRUGS	**LAST REVIEW DATE:**
	CURRENT EFFECTIVE DATE: 11/16/23
	LAST CRITERIA REVISION DATE:
NEXT ANNUAL REVIEW DATE: 4TH QTR 2024	**ARCHIVE DATE:**

OMISIRGE® (omidubicel-onlv)

Non-Discrimination Statement is located at the end of this document.

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Evidence-Based Criteria must be read in its entirety to determine coverage eligibility, if any.

This Evidence-Based Criteria provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide BCBSAZ complete medical rationale when requesting any exceptions to these guidelines.

The section identified as "Description" defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as "Criteria" defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Evidence-Based Criteria are subject to change as new information becomes available.

For purposes of this Evidence-Based Criteria, the terms "experimental" and "investigational" are considered to be interchangeable.

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Criteria:

Refer to FDA website for current indications and dosage.

- Omisirge (omidubicel-onlv) is considered ***experimental or investigational*** and will not be covered when any **ONE** or more of the following criteria are met:

1. Lack of final approval from the appropriate governmental regulatory bodies (e.g., Food and Drug Administration); or
2. Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes; or
3. Insufficient evidence to support improvement of the net health outcome; or
4. Insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives; or
5. Insufficient evidence to support improvement outside the investigational setting.

These indications include, *but are not limited to:*

- Treatment with dosing, frequency, or duration outside the FDA-approved dosing, frequency, and duration

Description:

Hematopoietic Cell Transplantation (HCT) are transplantations of allogeneic (donor) or autologous stem cells to reestablish hematopoietic function in individuals whose bone marrow or immune system is damaged or defective, most commonly from hematologic malignancies. Cells can be harvested from bone marrow, peripheral blood, or umbilical cord blood and placenta shortly after delivery of neonates.

Immunologic compatibility is not an issue in an autologous HCT but is a critical factor in allogeneic HCTs. Compatibility is determined by comparing and matching human leukocyte antigens (HLA). For individuals, without a closely matched donor, umbilical cord blood (UCB) may be an option. Additionally, UCB transplants offer advantages including rapid cell procurement and lower incidence of chronic graft versus host disease (GVHD). A major disadvantage of UCB is the low stem cell dose in cord blood which can delay engraftment and is associated with higher risk for graft failure, higher risk of infection and higher cost for procurement.

Omisirge (omidubicel-onlv) is a nicotinamide (NAM) modified allogeneic hematopoietic progenitor cell (HPC) therapy derived from cord blood indicated for use in adults and pediatric patients 12 years and older with hematologic malignancies who are planned for umbilical cord blood transplantation following myeloablative conditioning to reduce the time to neutrophil recovery and incidence of infection. NAM technology overcomes the induction of accelerated proliferation, differentiation, cellular stress and signaling pathways that are typically activated when HPCs are removed from their natural environment.

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In clinical trials, omidubicel showed a faster time to neutrophil and platelet engraftment and a lower rate of infections. However, there were no differences in overall survival, disease free survival, or treatment-related morbidity. The evidence is insufficient to determine that omidubicel results in a net health outcome compared to umbilical cord transplant without NAM.

History:	**Date:**	**Activity:**
Pharmacy and Therapeutics Committee	11/16/23	Approved guideline
Clinical Pharmacist	08/17/23	Development

Coding:

HCPCS: C9399, J3590

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Resources:

Literature reviewed 11/16/23. We do not include marketing materials, poster boards and non-published literature in our review.

1. Anand S, Thomas S, Hyslop T, et al. Transplantation of Ex Vivo Expanded Umbilical Cord Blood (NiCord) Decreases Early Infection and Hospitalization. Biol Blood Marrow Transplant. Jul 2017; 23(7): 1151-1157.

2. Chao NJ. Selection of an umbilical cord blood graft for hematopoietic cell transplantation. In: UpToDate, Negrin RS, Rosmarin AG (Eds). UpToDate, Waltham, MA.: Available at http://uptodate.com. Topic last updated April 7, 2022. Accessed September 14, 2023.

3. Horwitz ME, Chao NJ, Rizzieri DA, et al. Umbilical cord blood expansion with nicotinamide provides long-term multilineage engraftment. *J Clin Invest. Jul 2014*; 124(7): 3121-8.

4. Horwitz ME, Stiff PJ, Cutler C, et al. Omidubicel vs standard myeloablative umbilical cord blood transplantation: results of a phase 3 randomized study. Blood. Oct 21, 2021; 138(16): 1429-1440.

5. Kanate AS, Majhail NS, Savani BN, et al. Indications for Hematopoietic Cell Transplantation and Immune Effector Cell Therapy: Guidelines from the American Society for Transplantation and Cellular Therapy. *Biol Blood Marrow Transplant.* Jul 2020; 26(7): 1247-1256.

6. Lin C, Sajeev G, Stiff PJ, et al. Health-Related Quality of Life Following Allogeneic Hematopoietic Cell Transplantation with Omidubicel versus Umbilical Cord Blood. Transplant Cell Ther. Jan 2023; 29(1): 52.e1-52.e9.

7. National Comprehensive Cancer Network (NCCN). NCCN clinical practice guidelines in oncology: Acute Lymphoblastic Leukemia. Version 2.2023. Updated 07/28/2023; https://www.nccn.org. Accessed September 13, 2023.

8. National Comprehensive Cancer Network (NCCN). NCCN clinical practice guidelines in oncology: B-Cell Lymphomas. Version 5.2023. Updated 07/7/2023; https://www.nccn.org. Accessed September 13, 2023.

9. National Comprehensive Cancer Network (NCCN). NCCN clinical practice guidelines in oncology: Chronic Myeloid Leukemia. Version 1.2024. Updated 08/01/2023. https://www.nccn.org. Accessed September 13, 2023.

10. National Comprehensive Cancer Network (NCCN). NCCN clinic al practice guidelines in oncology: Hematopoietic Cell Transplantation (HCT). Version 1.2023. Updated 03/31/2023; https://www.nccn.org. Accessed September 13, 2023.

11. National Comprehensive Cancer Network (NCCN). NCCN clinical practice guidelines in oncology: Hodgkin Lymphoma. Version 2.2023. Updated 11/08/2023; https://www.nccn.org. Accessed September 13, 2023.

12. National Comprehensive Cancer Network (NCCN). NCCN clinical practice guidelines in oncology: Myelodysplastic Syndromes. Version 1.2023. Updated September 12, 2022. https://www.nccn.org. Accessed September 13, 2023.

13. Omisirge (omidubicel-onlv). Prescribing information. Gamida Cell LTD.; April 2023 at DailyMed http://dailymed.nlm.nih.gov. Accessed May 12, 2023.

14. Saiyin T, Kirkham AM, Bailey AJM, et al. Clinical Outcomes of Umbilical Cord Blood Transplantation Using Ex Vivo Expansion: A Systematic Review and Meta-Analysis of Controlled Studies. *Transplant Cell Ther*. Feb 2023; 29(2): 129.e1-129.e9.

15. Shearer WT, Lubin BH, Cairo MS, et al. Cord Blood Banking for Potential Future Transplantation. *Pediatrics.* Nov 2017; 140(5).

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Non-Discrimination Statement:

Blue Cross Blue Shield of Arizona (BCBSAZ) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BCBSAZ provides appropriate free aids and services, such as qualified interpreters and written information in other formats, to people with disabilities to communicate effectively with us. BCBSAZ also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, call (602) 864-4884 for Spanish and (877) 475-4799 for all other languages and other aids and services.

If you believe that BCBSAZ has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: BCBSAZ's Civil Rights Coordinator, Attn: Civil Rights Coordinator, Blue Cross Blue Shield of Arizona, P.O. Box 13466, Phoenix, AZ 85002-3466, (602) 864-2288, TTY/TDD (602) 864-4823, crc@azblue.com. You can file a grievance in person or by mail or email. If you need help filing a grievance BCBSAZ's Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1–800–368–1019, 800–537–7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html