



MEMORANDUM

TO: Valued STAR and CHIP Providers

FROM: El Paso Health

DATE: 12/14/2023

RE: Coverage of Adstiladrin Begins Jan. 2024; Prior Authorization Effective Feb. 2024

On Jan. 1, 2024, Adstiladrin will become a benefit of Medicaid and CHIP. HHSC will require prior authorization for Adstiladrin (procedure code J9029) for Medicaid and CHIP, effective Feb. 1, 2024.

Adstiladrin (nadofaragene firadenovec-vncg) is an adenoviral vector-based gene therapy indicated to treat adult clients with high-risk Bacillus Calmette-Guérin (BCG)-unresponsive nonmuscle invasive bladder cancer (NMIBC) with carcinoma in situ (CIS) with or without papillary tumors.

Additional Information:

- Prior authorization is required for Adstiladrin (nadofaragene firadenovec-vncg)
- Initial therapy for Adstiladrin may be approved for a 6-month duration if all the following criteria are met:
 - ❖ Client is at least 18 years or older.
 - ❖ Client has a confirmed diagnosis of non-muscle invasive bladder cancer (NMIBC) with carcinoma in situ (CIS) with or without papillary tumors.
 - ❖ Client's disease is high-risk and BCG-unresponsive, defined as persistent disease following adequate BCG therapy, disease recurrence after an initial tumor-free state following adequate BCG therapy, or T1 disease following a single induction course of BCG.
 - ❖ Client does not have any have metastatic urothelial carcinoma.
 - ❖ Client does not have a hypersensitivity to interferon alfa.



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- ❖ Client is not immunocompromised or immunodeficient
- For renewal or continuation therapy client must meet the following requirements:
 - ❖ Client continues to meet the requirements listed above and has been treated with Adstiladrin with no adverse reactions.
 - ❖ Client has no signs of unacceptable toxicity (e.g., risk of disseminated adenovirus infection) while on treatment with Adstiladrin.

Refer to the **Outpatient Drug Services Handbook** of the Texas Medicaid Provider Procedure Manual for more details on the clinical policy and prior authorization requirements. [Texas Medicaid Provider Procedures Manual | TMHP](#)

If you have any questions regarding this communication please contact our Provider Relations team at 915-532-3778 or email us at ProviderRelationsDG@elpasohealth.com