



MEMORANDUM

TO: Valued CHIP, STAR & STAR+PLUS Providers

FROM: El Paso Health

DATE: 11/13/2024

RE: Prior Authorization Criteria for Anktiva Effective Nov. 1, 2024

On Oct. 1, 2024, Anktiva became a benefit of Medicaid and CHIP. Effective for dates of service on or after Nov. 1, 2024, prior authorization is required for Anktiva (procedure code C9169) for Medicaid and CHIP.

Anktiva (Nogapendekin Alfa Inbakicept-pmln) is an interleukin-15 (IL-15) receptor agonist indicated to treat adult clients with Bacillus Calmette-Guérin (BCG)-unresponsive non-muscle invasive bladder cancer (NMIBC) with carcinoma in situ (CIS) with or without papillary tumors.

Initial therapy for Anktiva may be approved for a 6-month duration if all the following criteria are met:

- The client is 18 years or older.
- The client has a confirmed diagnosis of NMIBC with CIS with or without papillary tumors.
- The 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.
- Nogapendekin alfa inbakicept-pmln (Anktiva) is used in combination with BCG.
- The client has undergone transurethral resection of bladder tumor (TURBT) to remove all resectable disease (Ta and T1 components).
- The client does not have any metastatic urothelial carcinoma.

Requests for Renewal or Continuation of Therapy

For renewal or continuation of therapy of nogapendekin alfa inbakicept-pmln (Anktiva), the client must meet the following requirements:

- The client continues to have a diagnosis as listed in the initial therapy criteria above and has been treated with nogapendekin alfa inbakicept-pmln (Anktiva) in the past with no adverse reactions.
- The client has no signs of unacceptable toxicity (e.g., hematuria, dysuria, or micturition urgency) while on treatment with nogapendekin alfa inbakicept-pmln (Anktiva).



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

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.