

Specialty Guideline Management

Adstiladrin

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Adstiladrin	nadofaragene firadenovec-vncg

Indications

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indications¹

Adstiladrin is indicated for the treatment of adult patients with high-risk *Bacillus Calmette-Guerin* (BCG)-unresponsive non-muscle invasive bladder cancer (NMIBC) with carcinoma in situ (CIS) with or without papillary tumors.

All other indications are considered experimental/investigational and not medically necessary.

Coverage Criteria

Bladder Cancer¹

Authorization of 12 months may be granted for treatment of bladder cancer when all of the following criteria are met:

Reference number(s)
5711-A

- The member has non-muscle invasive bladder cancer (NMIBC) with carcinoma in situ (CIS)
- The disease is high-risk
- The disease is Bacillus Calmette-Guerin (BCG)-unresponsive

Continuation of Therapy

Authorization of 12 months may be granted for continued treatment in members requesting reauthorization for an indication listed in the coverage criteria section when there is no evidence of unacceptable toxicity or disease recurrence while on the current regimen.

References

1. Adstiladrin [package insert]. Kastrup, Denmark: Ferring Pharmaceuticals; August 2024.