Danyelza (naxitamab-gqgk)
PAM – 040

Iowa Medicaid Program	Prior Authorization	**Effective Date**	07/01/2021
Revision Number	6	**Last Reviewed**	10/16/2026
Reviewed By	Medicaid Medical Director	**Next Review**	10/15/2027
Approved By	Medicaid Clinical Advisory Committee	**Approved Date**	10/15/2021

Overview

Medication: [1]	naxitamab-gqgk
Brand Name:	Danyelza®
Pharmacologic Category:	Antineoplastic agent; glycolipid disialoganglioside (GD2)-binding monoclonal antibody
FDA-Approved Indication(s):	Indicated, in combination with granulocyte-macrophage colony-stimulating factor (GM-CSF), for the treatment of pediatric patients 1 year of age and older and adult patients with relapsed or refractory high-risk neuroblastoma in the bone or bone marrow who have demonstrated a partial response, minor response, or stable disease to prior therapy. ▶ Accelerated Approval: This indication is approved under accelerated approval based on overall response rate and duration of response. Continued approval for this indication may be contingent upon verification and description of clinical benefit in a confirmatory trial(s).
How Supplied:	Single-dose vial, 40 mg/10 mL (4 mg/mL)
Dosage and Administration:	• Administer via intravenous (IV) infusion • 3 mg/kg/day (up to 150 mg/day) administered on Days 1, 3, and 5 of each treatment cycle • Cycles are repeated every 4 weeks until complete response or partial response, followed by 5 additional cycles every 4 weeks • Subsequent cycles may be repeated every 8 weeks • Refer to product prescribing information for GM-CSF dosing • Continue treatment until disease progression or unacceptable toxicity
Benefit Category:	Medical

BOXED WARNING: SERIOUS INFUSION-RELATED REACTIONS AND NEUROTOXICITY

Serious Infusion-Related Reactions

- Danyelza® can cause serious infusion reactions, including cardiac arrest, anaphylaxis, hypotension, bronchospasm, and stridor. Infusion reactions of any Grade occurred in 94-100% of patients. Severe infusion reactions occurred in 32-68% and serious infusion reactions occurred in 4 - 18% of patients in Danyelza® clinical studies.
- Premedicate prior to each Danyelza® infusion as recommended and monitor patients for at least 2 hours following completion of each infusion. Reduce the rate, interrupt infusion, or permanently discontinue Danyelza® based on severity.

BOXED WARNING: SERIOUS INFUSION-RELATED REACTIONS AND NEUROTOXICITY

Neurotoxicity

- Danyelza® can cause severe neurotoxicity, including severe neuropathic pain, transverse myelitis, and reversible posterior leukoencephalopathy syndrome (RPLS). Pain of any Grade occurred in 94-100% of patients in Danyelza® clinical studies.
- Premedicate to treat neuropathic pain as recommended. Permanently discontinue Danyelza® based on the adverse reaction and severity.

Descriptive Narrative

Neuroblastoma is a rare, almost exclusively pediatric cancer that arises in cells derived from the neural crest, and tumors can develop at any site in the sympathetic nervous system. It is the most common extracranial solid tumor in children, with approximately 800 cases diagnosed per year in the United States. The majority of patients are diagnosed before 2 years of age (60 percent), and almost all are diagnosed before 10 years of age (97 percent). More than 50 percent of these patients present with distant metastasis (Stage 4) at the time of diagnosis, typically in the bone and bone marrow.[2]

The degree of differentiation and stromal component of neuroblastoma tumors can be predictive of outcome and is used in the determination of Children's Oncology Group risk category for treatment. Clinical course and patient outcome are linked to the patient's risk categorization at the time of diagnosis (low-, medium-, or high-risk).[3,4] Patients diagnosed with low- or intermediate-risk have high survival rates, exceeding 95 percent. However, less than 50 percent of patients with high-risk disease achieve long-term survival. Among patients with high-risk neuroblastoma, 10 to 50 percent do not achieve a remission after induction/consolidation and are classified as refractory and 50 to 60 percent of those who complete treatment relapse.

For high-risk neuroblastoma with relapse after induction/consolidation therapy, the most common relapse sites are bone and bone marrow (which is associated with a poor prognosis). The time to disease progression is another important predictor of outcome; in a follow-up analysis of relapsed patients, London et al. reported that patients at the highest risk of death were those who relapsed between 6 and 18 months after initial diagnosis.[5]

Patients most commonly at the highest risk for disease progression and mortality are those who are older than 18 months of age and have either disseminated disease or localized disease with unfavorable markers (such as amplification of the oncogene MYCN). Overexpression of the oncogene MYCN results in persistently high levels of the MYCN protein, a DNA binding transcription factor known to cause malignant transformation in both in vitro and in vivo tumor models. A 50- to 400-fold amplification of MYCN is found in approximately 25 percent of neuroblastomas and is an indicator of poor prognosis.[6]

Guidelines

The National Comprehensive Cancer Network (NCCN) Clinical Practice Guidelines in Oncology document evidence-based, consensus-driven management to ensure that all patients receive preventive, diagnostic, treatment, and supportive services that are most likely to lead to optimal outcomes. The guidelines are developed and updated by 63 individual panels, comprising over 1,900 clinicians and oncology researchers from the 33 NCCN Member Institutions. The categories for recommendations are based on both the level of clinical evidence available and the degree of consensus within the NCCN Guidelines Panel.

The library of NCCN Guidelines® currently apply to more than 97 percent of people living with cancer or anyone at risk for a diagnosis of cancer in the United States. The guidelines incorporate real-time updates in keeping with the rapid advancements in the field of cancer research and management and are intended to assist all individuals who impact decision-making in cancer care, including physicians, nurses, pharmacists, payers, patients and their families, and others.

The NCCN Guidelines® provide recommendations based on the best evidence available at the time they are derived. Because new data are published continuously, it is essential that the NCCN Guidelines also be continuously updated and revised* to reflect new data and clinical information that may add to or alter current clinical practice standards.[7,8]

The information referenced at the time of this policy writing/revision (note version number and effective date) is from the NCCN Guidelines® for:[9]

- Neuroblastoma (v.2.2026 – April 28, 2026)

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Criteria

Prior authorization is required.

Danyelza® is considered medically necessary when **ALL** of the following are met:

1. Diagnosis of high-risk neuroblastoma; **AND**
2. Disease is relapsed or refractory, and occurring in the bone or bone marrow; **AND**
3. Member has demonstrated a partial response, minor response, or stable disease prior to therapy; **AND**
4. Member is 1 year of age or older; **AND**
5. Danyelza® will be used in combination with a granulocyte-macrophage colony-stimulating factor (GM-CSF) (e.g., sargramostim); **AND**
6. Prescribed by, or in consultation with, a hematologist or oncologist; **AND**
7. Request meets one of the following (a or b):
    a. Regimen prescribed does not exceed 3 mg/kg/day (up to 150 mg/day) administered on Days 1, 3, and 5 of each treatment cycle; or,
    b. Regimen is supported by clinical practice guidelines (i.e., must be recommended in NCCN Guidelines®). Supporting clinical documentation must be provided with any request for which regimen prescribed does not align with FDA-approved labeling.

Danyelza® is considered medically necessary for continuation of therapy when **ALL** of the following are met:

1. Member is currently receiving medication through the Iowa Medicaid benefit or has previously met initial approval criteria; **AND**
2. Documentation of positive clinical response to therapy, as demonstrated by tumor response or lack of disease progression, and an acceptable toxicity profile; **AND**
3. Prescribed by, or in consultation with, a hematologist or oncologist; **AND**
4. Request meets one of the following (a or b):
    a. Regimen prescribed does not exceed 3 mg/kg/day (up to 150 mg/day) administered on Days 1, 3, and 5 of each treatment cycle; or,
    b. Regimen is supported by clinical practice guidelines (i.e., must be recommended in NCCN Guidelines®). Supporting clinical documentation must be provided with any request for which regimen prescribed does not align with FDA-approved labeling.

Approval Duration and Quantity Limits

	Initial Authorization	Subsequent Authorization(s)
Approval Duration	6 months	12 months
Quantity Limits	• 3 mg/kg/day for 3 days per cycle • Maximum of 150 mg/day (450 mg per treatment cycle)	

Dosing Notes
- Cycles are repeated every 4 weeks until complete response or partial response, followed by 5 additional cycles every 4 weeks. Subsequent cycles may be repeated every 8 weeks.
- Discontinue for disease progression or unacceptable toxicity.

Coding and Product Information

The following list(s) of codes and product information are provided for reference purposes only and may not be all inclusive. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment, nor does the exclusion of a code imply that its association to the HCPCS code is inappropriate.

HCPCS	Description
J9348	Injection, naxitamab-gqgk, 1 mg

ICD-10	Description
C74.0	Malignant neoplasm of cortex of adrenal gland
C74.1	Malignant neoplasm of medulla of adrenal gland
C74.9	Malignant neoplasm of unspecified part of adrenal gland

NDC (Strength)	Labeler	Dosage	Pkg Size	Pkg Qty	Units /Pkg
73042-0201-01 (40 mg/10 mL)	Y-mAbs Therapeutics, Inc. (73042)	1 mg	1	EA	40

Compliance

1. Should conflict exist between the policy and applicable statute, the applicable statute shall supersede.
2. Federal and State law, as well as contract language, including definitions and specific contract provisions or exclusions, take precedence over medical policy and must be considered first in determining eligibility for coverage.
3. Medical technology is constantly evolving, and Iowa Medicaid reserves the right to review and update medical policy on an annual or as-needed basis.

Medical necessity guidelines have been developed for determining coverage for member benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. Medical necessity guidelines are developed for selected physician-administered medications found to be safe and proven to be effective in a limited, defined population or clinical circumstances. They include concise clinical coverage criteria based on current

literature review, consultation with practicing physicians in the service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. Criteria are revised and updated annually, or more frequently if new evidence becomes available that suggests needed revisions.

References

[1] Danyelza® prescribing information (08/2025). Y-mAbs Therapeutics, Inc.: Princeton, NJ. Available online: danyelzahcp.com. Accessed July 28, 2026.

[2] Chung C, Boterberg T, Lucas J, Panoff J, Valteau-Couanet D, Hero B, Bagatell R, Hill-Kayser CE. Neuroblastoma. Pediatr Blood Cancer. 2021 May;68 Suppl 2:e28473. PMID: 33818884.

[3] Irwin MS, Naranjo A, Zhang FF, Cohn SL, London WB, Gastier-Foster JM, Ramirez NC, Pfau R, Reshmi S, Wagner E, Nuchtern J, Asgharzadeh S, Shimada H, Maris JM, Bagatell R, Park JR, Hogarty MD. Revised Neuroblastoma Risk Classification System: A Report From the Children's Oncology Group. J Clin Oncol. 2021 Jul 28. Epub ahead of print. PMID: 34319759.

[4] Shohet JM, Nuchtern JG. Epidemiology, pathogenesis, and pathology of neuroblastoma. Shah SM, ed. UpToDate. Waltham, MA: UpToDate Inc. www.uptodate.com. Accessed July 28, 2026.

[5] NDA/BLA Multi-disciplinary Review and Evaluation: Application Number 761171. Naxitamab-gqgk (Hu3F8). U.S. Food and Drug Administration: Office of Oncologic Diseases. Available online at www.accessdata.fda.gov. Accessed September 27, 2021.

[7] National Comprehensive Cancer Network (NCCN). Guidelines Process: About Clinical Practice Guidelines. Available online at www.nccn.org. Accessed October 20, 2025.

[8] National Comprehensive Cancer Network (NCCN). Guidelines Process: Development and Update of Guidelines. Available online at www.nccn.org. Accessed October 20, 2025.

[9] NCCN Clinical Practice Guidelines in Oncology. The NCCN Guidelines® are continuously updated and revised to reflect new data and clinical information that may add to or alter current clinical practice standards. To view the most recent and complete version, go online to NCCN.org. NCCN Guidelines® referenced at time of this revision (note version number and effective date):

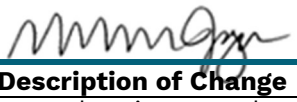
- Neuroblastoma (v.2.2026 – April 28, 2026)

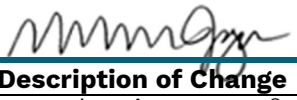
Development of utilization management criteria may also involve research into other state Medicaid programs, other payer policies, consultation with experts and review by the Medicaid Clinical Advisory Committee (CAC). These sources may not be referenced individually unless they are specifically published and are otherwise applicable to the criteria at issue.

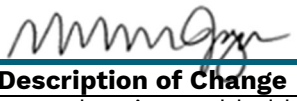
Criteria Change History

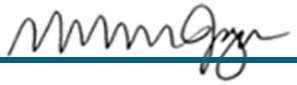
Change Date	Changed By	Description of Change	Version
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Signature			

Change Date	Changed By	Description of Change	Version
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Signature			

Change Date	Changed By	Description of Change	Version
10/16/2026	CAC	Annual review. Updated references. Policy format update: Removed current NCCN Guidelines recommendations, as guidelines may change more frequently than the review cadence of this document. Will continue to reference NCCN when writing criteria, and include the specific version referenced at the time of the policy writing/revision.	6
Signature William (Bill) Jagiello, DO			

Change Date	Changed By	Description of Change	Version
10/17/2025	CAC	Annual review. No changes to indication, criteria, or dosing.	5
Signature William (Bill) Jagiello, DO			

Change Date	Changed By	Description of Change	Version
10/18/2024	CAC	Annual review. NCCN® now has published guidelines for neuroblastoma. Reviewed and Danyelza® not mentioned yet.	4
Signature William (Bill) Jagiello, DO			

Change Date	Changed By	Description of Change	Version
10/20/2023	CAC	Annual review. Added boxed warning to Overview section (serious infusion-related reactions and neurotoxicity). Added dosing to criteria. Updated references.	3
Signature William (Bill) Jagiello, DO			

Criteria Change History (continued)

Change Date	Changed By	Description of Change	Version
10/21/2022	CAC	Added standard language to continuation criteria: "1. Member is currently receiving medication through the Iowa Medicaid benefit or has previously met initial approval criteria;". Updated references.	2

Signature
William (Bill) Jagiello, DO 

Change Date	Changed By	Description of Change	Version
10/15/2021	CAC	Criteria implementation.	1

Signature
William (Bill) Jagiello, DO 

CAC = Medicaid Clinical Advisory Committee