



Aetna Better Health of Texas PROVIDER NOTIFICATION

Dear Valued Provider,

Prior Authorization Criteria for Axatilimab-csfr (Niktimvo) Effective October 25, 2025

Effective for dates of service on October 25, 2025, providers must request prior authorization for axatilimab-csfr (Niktimvo), procedure code J9038.

Prior Authorization Requirements for Axatilimab-csfr (Niktimvo)

Axatilimab-csfr (Niktimvo) is an intravenous infusion and a colony-stimulating factor-1 receptor (CSF-1R)-blocking antibody that is indicated for clients who meet the following requirements:

- The client weighs at least 40 kilograms (88 pounds).
- The client has a confirmed diagnosis of chronic graft-versus-host disease (cGVHD) (diagnosis codes D89811 and D89812).
- The client has undergone allogeneic stem cell transplantation.
- The client has previously had at least two failed systemic therapies for cGVHD.
- The prescribing provider attests to counseling female clients of childbearing age regarding the use of an effective method of contraception to prevent pregnancy during treatment with axatilimab-csfr (Niktimvo) and for 30 days after the last dose of therapy.

Requests for Renewal or Continuation of Therapy

To renew or continue with axatilimab-csfr (Niktimvo) therapy:

- The client must meet the initial requirements for prior authorization.
- The client must be undergoing treatment with axatilimab-csfr (Niktimvo) with the absence of unacceptable toxicity (such as severe infusion-related reactions).
- The client must experience a positive clinical response to therapy.

Required Monitoring Parameters

Clients who take axatilimab-csfr (Niktimvo) must be monitored:

- Before starting axatilimab-csfr (Niktimvo) therapy.
- Every two weeks for the first month of axatilimab-csfr (Niktimvo) therapy.
- One to two months after completing axatilimab-csfr (Niktimvo) therapy.

Providers will monitor the client for the following:

- Aspartate aminotransferase (AST)
- Alanine aminotransferase (ALT)
- Alkaline phosphatase (ALP)

- Creatine phosphokinase (CPK)
- Amylase
- Lipase

Please refer to the provider pre-authorization tool for the most up to date listing of codes requiring a prior authorization <https://www.aetnabetterhealth.com/texas/providers/prior-authorization.html>

Please note: This new process may result in a change in how your practice is reimbursed for these services. We urge you to thoroughly review the information in this document and in the attached policy.

CHIP

Bexar area

1-866-818-0959 **(TTY: 711)**

Tarrant area

1-800-245-5380 **(TTY: 711)**

STAR (Medicaid)

Bexar area

1-800-248-7767 **(TTY: 711)**

Tarrant area

1-800-306-8612 (TTY: 711)

STAR Kids

Dallas and Tarrant areas

1-844-787-5437 **(TTY: 711)**

Thank you for your valued partnership in caring for our Aetna Better Health Members.

Sincerely,

Provider Services and Chief Medical Officer
Aetna Better Health of Texas