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MEDICAL POLICY

Lantidra (donislecel-jujn)

NOTICE

This policy contains information which is clinical in nature. The policy is not medical advice. The information in this policy is used by Wellmark to make determinations whether medical treatment is covered under the terms of a Wellmark member's health benefit plan. Physicians and other health care providers are responsible for medical advice and treatment. If you have specific health care needs, you should consult an appropriate health care professional. If you would like to request an accessible version of this document, please contact customer service at 800-524-9242.

BENEFIT APPLICATION

Benefit determinations are based on the applicable contract language in effect at the time the services were rendered. Exclusions, limitations or exceptions may apply. Benefits may vary based on contract, and individual member benefits must be verified. Wellmark determines medical necessity only if the benefit exists and no contract exclusions are applicable. This medical policy may not apply to FEP. Benefits are determined by the Federal Employee Program.

This Medical Policy document describes the status of medical technology at the time the document was developed. Since that time, new technology may have emerged or new medical literature may have been published. This Medical Policy will be reviewed regularly and be updated as scientific and medical literature becomes available

DESCRIPTION

Lantidra (donislecel-jujn) is an allogeneic pancreatic islet cellular therapy indicated for the treatment of adults with Type 1 diabetes who are unable to approach target HbA1c because of current repeated episodes of severe hypoglycemia despite intensive diabetes management and education. Lantidra should be used in conjunction with concomitant immunosuppression to prevent islet graft rejection.

Limitations of Use according to the Food and Drug Administration (FDA) label:

When considering the risks associated with the infusion procedure and long-term immunosuppression, there is no evidence to show a benefit of administration of Lantidra in patients whose diabetes is well-controlled with insulin therapy or patients with hypoglycemic unawareness who are able to prevent current repeated severe hypoglycemic events (neuroglycopenia requiring active intervention from a third party) using intensive diabetes management (including insulin, devices, and education). Repeated intraportal islet infusions are not recommended in patients who have experienced prior portal thrombosis, unless the thrombosis was limited to second- or third-order portal vein branches. There is no evidence to support the safe and effective use of Lantidra in patients with liver disease, renal failure, or who have received a renal transplant.

POLICY

Lantidra (donislecel-jujn) is considered **not medically necessary** for all indications, including the treatment for Type 1 diabetes, due to insufficient evidence to determine clinical efficacy and significant safety concerns.

CLINICAL RATIONALE

Lantidra (donislecel-jujn), an allogeneic pancreatic islet cellular therapy for the treatment of adults with type 1 diabetes (T1D) who are unable to achieve target blood glucose levels because of frequent episodes of severe hypoglycemia despite aggressive medical intervention. Lantidra is made from deceased donor pancreatic cells and is usually administered as a single infusion into the hepatic portal vein. Up to two additional infusions may be administered depending on the patient's response to the first dose.

Lantidra was studied in two open-label, single-arm clinical studies (UIH-001 and UIH-002) that included a total of 30 patients with T1D and hypoglycemia unawareness (HU). Patients received one to three infusions. Overall, 25 patients achieved insulin independence: 4 (13.3%) were insulin-independent for less than 1 year, 12 (36.7%) for 1 to 5 years, and 9 (33.3%) for greater than 5 years. The mean period of insulin-independence was 5.1 years in the first study and 3.2 years in the second study. Five patients, however, did not achieve any days of insulin independence.

Patients received immunosuppression per the modified Edmonton Protocol beginning immediately pretransplant. Afterwards, maintenance immunosuppression was continued permanently to prevent islet graft rejection. The immunosuppression regimen typically includes a combination of a calcineurin inhibitor and an mTOR inhibitor, or appropriate alternatives. Lifelong immunosuppression is a significant drawback of Lantidra therapy.

The most common adverse reactions included nausea, fatigue, anemia, diarrhea, and abdominal pain. A majority of participants experienced at least one serious adverse reaction related to the procedure for infusing Lantidra into the hepatic portal vein and the use of immunosuppressive medications needed to maintain islet cell viability. Adverse events related to immunosuppression such as URTIs, UTIs, and herpes zoster reactivation, were common and often graded as severe. New malignancy, most commonly squamous cell carcinoma, was reported by 37% of subjects. This occurrence of skin cancers is consistent with those reported after whole pancreas transplants. The FDA noted that some serious adverse reactions required discontinuation of immunosuppressive medications, which resulted in the loss of islet cell function and insulin independence. This occurred in 27% of the patients.

Although an FDA advisory committee voted 12 to 4 in favor of approval of Lantidra (1 abstention), the committee found significant gaps in the available data, including a lack of a comparison group receiving current standard of care glucose monitoring and insulin dosing, a lack of clear inclusion/exclusion criteria, a failure to report other efficacy outcomes of interest such as glycemic control, hypoglycemic episodes or diabetes-related sequelae, and a lack of a clear and consistent treatment and follow-up protocol. The review found a high-rate of complications, including 2 deaths and other life-threatening adverse reactions. Many of the serious adverse events were likely related to immunosuppression, and concerns remain over the risk of long-term, immunosuppression-related complications.

PROCEDURES AND BILLING CODES

To report provider services, use appropriate CPT* codes, Alpha Numeric (HCPCS level 2) codes, Revenue codes, and/or ICD diagnostic codes.

- C9399 – Unclassified drugs or biologicals
- J3590 – Unclassified biologics

REFERENCES

- Lantidra (donislecel-jujn). [Prescribing Information]. CellTrans. Chicago, IL. June 2023.
- ClinicalTrials.gov. Islet Transplantation in Type 1 Diabetic Patients Using the University of Illinois at Chicago (UIC) Protocol. NCT03791567.
- ClinicalTrials.gov. Islet Transplantation in Type 1 Diabetic Patients Using the University of Illinois at Chicago (UIC) Protocol. NCT00679042.
- U.S. Food & Drug Administration. FDA approves first cellular therapy to treat patients with type 1 diabetes. Updated 06/29/2023. Accessed 7/26/2023.
- IPD Analytics: New Drug Review - Lantidra (donislecel-jujn). August 2023.

POLICY HISTORY

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Current Effective Date: November 30, 2023