

# Jurisdiction Specific Medicare Part B

## Xofigo

### 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
Xofigo	radium RA 223 dichloride

### Covered Uses

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

Castration-Resistant Prostate Cancer

All other indications will be assessed on an individual basis. Submissions for indications other than those listed in this criteria should be accompanied by supporting evidence from Medicare approved compendia.

### Coverage Criteria

#### Castration-Resistant Prostate Cancer

Authorization of 6 months may be granted for treatment of castration-resistant prostate cancer when all of the following criteria are met:

- The member has symptomatic bone metastases
- The member does not have visceral metastatic disease

Reference number(s)
5261-A

## Dosage and Administration

The recommended dose and schedule for Xofigo is 55 kBq/kg (1.49 microcuries/kg) administered by slow intravenous injection over 1 minute every 4 weeks for 6 doses.

## References

1. Billing and Coding: Xofigo Billing Instructions (A54559) Version R7. Available at: <https://www.cms.gov/medicare-coverage-database/indexes/national-and-local-indexes.aspx>. Accessed August 12, 2024.
2. Xofigo [package insert]. Whippany, NJ: Bayer HealthCare Pharmaceuticals Inc; December 2019.