



American Society of Neuroradiology

December 2, 2024

Arkansas BCBS
Mark Jansen, MD
VP and Chief Medical Officer

RE: Gadopiclenol (A9573)

Dear Dr. Jansen,

The American Society of Neuroradiology (ASNR) represents over 5,000 physicians specializing in the field of Neuroradiology. As the preeminent society concerned with diagnostic imaging and image-guided intervention of diseases of the brain, spine, and head and neck, we appreciate the opportunity to comment on Coverage Policy Manual Policy # 2022013. Specifically, we would like to share our comments on HCPCS code A9573: Injection, gadopiclenol, 1 ml.

It has recently come to our attention that Blue Cross Blue Shield of Arkansas has listed Gadopiclenol (A9573) as a Non-Covered Service stating that it is considered investigational.

Gadopiclenol has been approved by the FDA for use in MRI of the CNS, and MRI of the body (including head & neck, thorax [including breast], abdomen, pelvis and musculoskeletal). The approved dose for these applications is 0.05 mmol/kg, which is half that of all other GBCA approved for use in CNS MRI. It is well-covered by large commercial insurance companies throughout the country, as well as Medicare.

Gadopiclenol is a gadolinium-based contrast agent (GBCA) that has demonstrated excellent performance in diagnostic imaging and safety profiles, supported by robust clinical evidence. It is critical to clarify that gadopiclenol is not an investigational drug, but a thoroughly studied and validated agent.

Several studies have established gadopiclenol as an equivalent GBCA compared to other agents, including gadobutrol, but at significantly lower gadolinium doses:

1. Demonstrated Non-Inferiority in Phase III Clinical Trials:

The PICTURE study, a pivotal Phase III trial, confirmed that gadopiclenol (0.05 mmol/kg) is not inferior to gadobutrol (0.1 mmol/kg) for CNS lesion visualization. This finding underscores its efficacy while requiring only half the gadolinium dose (Loevner et al., 2023).

2. Higher Relaxivity for Enhanced Diagnostic Performance:

Gadopiclenol exhibits higher relaxivity than that of currently approved GBCAs. This property allows for lower doses of gadolinium to achieve similar or superior contrast enhancement, a critical benefit for patients requiring repeated imaging (Loevner et al., 2023; Robic et al., 2019).



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3. Superior Quantitative Performance:

- Quantitative analysis showed significantly higher enhancement percentages with gadopiclesol in two out of three reading groups compared to gadobutrol (Kuhl et al., 2023).
- Objective metrics in the PICTURE study demonstrated higher lesion-to-background ratio (LBR), percentage of contrast enhancement, and contrast-to-noise ratio (CNR) with gadopiclesol at half the dose of gadobutrol (Loevner et al., 2023).

4. Favorable Safety Profile: A pooled safety analysis of 1047 participants showed a favorable safety profile for gadopiclesol. Comparative studies showed that the incidence and nature of adverse drug reactions with gadopiclesol were comparable to those observed with other GBCAs. Importantly, no significant safety concerns were identified in pediatric and elderly patients, as well as in patients with renal impairment (Hao et al., 2024).

The ability of gadopiclesol to achieve equivalent or superior diagnostic efficacy at half the gadolinium dose presents a critical safety advantage. Reducing gadolinium exposure mitigates the potential risks associated with gadolinium retention.

The substantial body of evidence supporting gadopiclesol demonstrates that it is a clinically validated, effective, and safe option for MRI imaging. Its FDA approval and the robust data from Phase I to Phase III trials affirm its status as a standard-of-care agent rather than an investigational drug.

We urge Arkansas BCBS to reconsider its current position on gadopiclesol coverage. Doing so aligns with evidence-based practices and coverage policies throughout the country, while prioritizing patient safety and diagnostic accuracy.

Thank you for your attention to this matter. I am available to discuss the supporting data further and provide additional documentation if needed.

Respectfully Submitted,

A handwritten signature in black ink, appearing to read 'Max Wintermark', is written in a cursive, flowing style.

Max Wintermark, MD
President
ASNR 2024-2025



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CC: Melissa Chen MD, Chair, Health Policy Committee

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