



## MEDICAL COVERAGE POLICY

### SERVICE: Cancer Chemotherapy/Therapy Guidelines

Policy Number:	219
Effective Date:	06/01/2021
Last Review:	05/27/2021
Next Review Date:	05/27/2022

#### Important note

Unless otherwise indicated, this policy will apply to all lines of business. Even though this policy may indicate that a particular service or supply may be considered medically necessary and thus covered, this conclusion is not based upon the terms of your particular benefit plan. Each benefit plan contains its own specific provisions for coverage and exclusions. Not all benefits that are determined to be medically necessary will be covered benefits under the terms of your benefit plan. You need to consult the Evidence of Coverage (EOC) or Summary Plan Description (SPD) to determine if there are any exclusions or other benefit limitations applicable to this service or supply. If there is a discrepancy between this policy and your plan of benefits, the provisions of your benefits plan will govern. However, applicable state mandates will take precedence with respect to fully insured plans and self-funded non-ERISA (e.g., government, school boards, church) plans. Unless otherwise specifically excluded, Federal mandates will apply to all plans. With respect to Medicare-linked plan members, this policy will apply unless there are Medicare policies that provide differing coverage rules, in which case Medicare coverage rules supersede guidelines in this policy. Medicare-linked plan policies will only apply to benefits paid for under Medicare rules, and not to any other health benefit plan benefits. CMS's Coverage Issues Manual can be found on the CMS website. Similarly, for Medicaid-linked plans, the Texas Medicaid Provider Procedures Manual (TMPPM) supersedes coverage guidelines in this policy where applicable.

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**PRIOR AUTHORIZATION:** Not applicable.

**POLICY:** This policy provides criteria for medical benefit coverage of oncology medications (A9600 - A9699 and J9000 - J9999) and other select medications and interventions used for oncologic conditions when that review is NOT performed by vendor, Oncology Analytics.

**For Medicaid plans,** please confirm coverage as outlined in the Texas Medicaid TMPPM. Texas Mandate HB1584 is applicable for Medicaid plans.”

Unless otherwise contractually constrained, SWHP generally recognizes indications and uses of oncology medications and therapies listed in the National Comprehensive Cancer Network (NCCN) Drugs & Biologics Compendium with Category of Evidence and Consensus of 1 or 2A as proven and medically necessary. Category of Evidence and Consensus 2B, a non-uniform consensus rating with low level evidence, will be subject to a detailed review of the medical literature by SWHP before a coverage determination is made as to whether the medication is proven and medically necessary. Category of Evidence and Consensus 3 is unproven and not medically necessary.

The following resources may be used during the review of a therapy for medical necessity:

Additional compendia beyond NCCN:

- Micromedex DrugDex - medically necessary if Class I, Class IIa, or Class IIb
- Clinical Pharmacology - medically necessary if narrative text is supportive
- American Hospital Formulary Service - Drug Information (AHFS-DI) - medically necessary if narrative text is supportive
- Wolters Kluwer Lexi-Drugs - medically necessary if listed as Use: Off-Label and rated as Evidence Level A.

Peer-reviewed medical literature demonstrating that a particular use of a drug or drugs is safe and effective, published in full text within one of the following journals (Abstracts are excluded from consideration):

American Journal of Medicine; Annals of Internal Medicine; Annals of Oncology; Annals of Surgical Oncology; Biology of Blood and Marrow Transplantation; Blood; Bone Marrow Transplantation; British Journal of Cancer; British Journal of Hematology; British Medical Journal; Cancer; Clinical Cancer



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Research; Drugs; European Journal of Cancer (formerly the European Journal of Cancer and Clinical Oncology); Gynecologic Oncology; International Journal of Radiation, Oncology, Biology, and Physics; The Journal of the American Medical Association; Journal of Clinical Oncology; Journal of the National Cancer Institute; Journal of the National Comprehensive Cancer Network (NCCN); Journal of Urology; Lancet; Lancet Oncology; Leukemia; The New England Journal of Medicine; or Radiation Oncology

For oncology drugs being used for non-oncology indications, please refer to policy 215 Medications Covered Under Medical Insurance Policy.

### ADDITIONAL INFORMATION:

The NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) are a comprehensive set of treatment guidelines applicable to about 97% of all patients with cancer. They also address supportive care issues. The guidelines are developed and updated by 48 individual panels, composed of more than 950 clinicians and oncology researchers from the 26 NCCN member institutions and their affiliates.

#### NCCN Categories of Evidence and Consensus

- Category 1: The recommendation is based on high-level evidence (i.e., high-powered randomized clinical trials or meta-analyses), and the panel has reached uniform consensus that the recommendation is indicated. In this context, uniform means near unanimous positive support with some possible neutral positions.
- Category 2A: The recommendation is based on lower level evidence, but despite the absence of higher level studies, there is uniform consensus that the recommendation is appropriate. Lower level evidence is interpreted broadly, and runs the gamut from phase II to large cohort studies to case series to individual practitioner experience. Importantly, in many instances, the retrospective studies are derived from clinical experience of treating large numbers of patients at a member institution, so panel members have first-hand knowledge of the data. Inevitably, some recommendations must address clinical situations for which limited or no data exist. In these instances the congruence of experience-based opinions provides an informed if not confirmed direction for optimizing patient care. These recommendations carry the implicit recognition that they may be superseded as higher level evidence becomes available or as outcomes-based information becomes more prevalent.
- Category 2B: The recommendation is based on lower level evidence, and there is non-uniform consensus that the recommendation should be made. In these instances, because the evidence is not conclusive, institutions take different approaches to the management of a particular clinical scenario. This non-uniform consensus does not represent a major disagreement rather it recognizes that given imperfect information, institutions may adopt different approaches. A Category 2B designation should signal to the user that more than one approach can be inferred from the existing data.
- Category 3: The recommendation has engendered a major disagreement among the panel members. Several circumstances can cause major disagreements. For example, if substantial data exist about two interventions but they have never been directly compared in a randomized trial, adherents to one set of data may not accept the interpretation of the other side's results. Another situation resulting in a Category 3 designation is when experts disagree about how trial data can be generalized. A Category 3 designation alerts users to a



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major interpretation issue in the data and directs them to the manuscript for an explanation of the controversy.

**SUPPORTING DATA:**

**CODES:**

**Important note:**

*CODES: Due to the wide range of applicable diagnosis codes and potential changes to codes, an inclusive list may not be presented, but the following codes may apply. Inclusion of a code in this section does not guarantee that it will be reimbursed, and patient must meet the criteria set forth in the policy language.*

CPT Codes:	
CPT Not Covered:	
HCCPS Codes:	A9600 - A9699 J9000 - J9999
ICD10 codes:	
ICD10 Not covered:	

**CMS:**

**POLICY HISTORY:**

<b>Status</b>	<b>Date</b>	<b>Action</b>
New	12/17/2015	New policy
Updated	09/29/2016	Corrected Prior Authorization statement
Reviewed	11/17/2016	No changes
Reviewed	10/24/2017	Redefined coverage criteria.
Reviewed	03/20/2018	Added resource list
Reviewed	04/25/2019	Changed coverage criteria to include NCCN categories 1 & 2A
Reviewed	04/24/2020	No changes
Updated	04/22/2021	Medicaid instructions added
Updated	05/27/2021	Refer to policy 215 for non-oncology indication review

**REFERENCES:**

The following scientific references were utilized in the formulation of this medical policy. SWHP will continue to review clinical evidence related to this policy and may modify it at a later date based upon the evolution of the published clinical evidence. Should additional scientific studies become available and they are not included in the list, please forward the reference(s) to SWHP so the information can be reviewed by the Medical Coverage Policy Committee (MCPC) and the Quality Improvement Committee (QIC) to determine if a modification of the policy is in order.

1. NCCN Guidelines at <http://www.nccn.org/professionals/default.aspx>