MASSACHUSETTS

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Pharmacy Medical Policy
Quality Care Cancer Program (Medical Oncology)

Policy Number: 099

BCBSA Reference Number: N/A
NCD/LCD: N/A
Effective Date: July 1, 2021

Related Policies

- Oncology Drugs (mostly on Retail Pharmacy side), #409
- Supportive Care Treatments for Patients with Cancer, #105

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Overview:

Effective July 1, 2021, BCBSMA has delegated utilization management of Medical Oncology services listed below to AIM Specialty Health® (AIM), an independent company, for Commercial and Medicare Advantage (HMO Blue and PPO Blue) products.

This document addresses oncology drug treatment regimens for individual patients, which may include cytotoxic chemotherapy, biologic agents, immunotherapy, and other targeted therapies used to treat cancer. These treatments may be given by subcutaneous or intramuscular injection or by intravenous infusion. A regimen is the overall set of agents used to treat a given clinical scenario and may consist of a single drug or include two or more agents and any type or combination of routes. A treatment regimen may be appropriately used according to U.S. Food and Drug Administration (FDA) label and also for an off-label indication. Chemotherapy may be utilized as an adjunct to local treatment (neoadjuvant, adjuvant), primary treatment in both the curative and palliative setting or as a radio sensitizing agent when used in conjunction with radiation.

This guideline does **NOT** address:

- Drugs used to treat side effects, (for example, vomiting), toxicities (for example, anemia or low blood counts), or adverse events (for example, infections) that may occur as a result of the treatment. See **Medical Policy #105, Supportive Care Treatments for Patients with Cancer**.
- Investigational agents or existing drugs given in a novel context in the setting of a clinical trial.
- Exceptions to evidence-based care standards based on precision medicine rationale related to genetic or molecular profiling.

The FDA approves drugs for specific use(s) that are listed in the drug's product information label. Off-label or "unlabeled" drug use is the use of an FDA-approved drug for indications other than those specifically listed or detailed in the package labeling, including combinations or patient populations not specified in the approval documentation.

This guideline addresses both FDA -labeled indications and the supported off-label use of these cancer treatment options.

Many off-label uses are effective, well documented in the peer-reviewed literature, supported by nationally recognized guidelines, and widely and appropriately administered.

- Any treatment-specific health plan medical policy or benefit determination which addresses a specific agent included in a regimen or criteria for a specific regimen supersedes this guideline.
- Any cancer treatment-related state requirement supersedes this guideline.
- This document shall not be construed to require coverage for any drug when the FDA has determined its use to be contraindicated.

Dosing and administration schedule for different regimens may require adjustment and refinement based on individual factors such as age, end-organ function, comorbidity and/or toxicity. Every effort should be made to maintain the integrity of the regimen in accordance with FDA package insert, off-label guideline recommendations, or (peer-reviewed) published literature.

Policy and Clinical Indications:

An oncology agent/treatment may be **medically necessary** when **ALL** of the following criteria are met:

1. The agent(s) in the regimen is (are) approved by the FDA for use in humans; **AND**
2. The treatment regimen is being prescribed to treat an individual with cancer for whom treatment is medically appropriate; **AND**
3. The treatment is supported by one or more of the following for the specific clinical situation under review (e.g., stage of disease, prior treatment, performance status, comorbid conditions, or absence of contraindications):
    a. FDA label, in accordance with the specific indication.
    b. Accepted off-label use based on Category 1 or 2A designation found in the most recent edition of the National Comprehensive Cancer Network® (NCCN®) Drugs & Biologics Compendium (NCCN Compendium®) or NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®)
4. The individual has not experienced disease progression or unacceptable toxicity on the same agent/treatment or during treatment with another drug from the same drug class in a prior line of therapy **UNLESS** there is literature support for use beyond progression in a different combination.

Continuation of an oncology agent/treatment is considered **medically necessary** if **ALL** of the following criteria are met:

1. The individual has not experienced disease progression or unacceptable toxicity while receiving or following treatment with the same regimen.
2. The individual's treatment has not exceeded label- or supported off-label-recommended quantity or timeframe limits.

The following medications **may be approved when there is a contraindication or an adverse reaction** to the use of **TWO** of the Preferred agents listed in the table below:

Preferred Biosimilar Agents / Step 1	Non-preferred Agents / Step 2
Mvasi™ (bevacizumab-awwb) **Zirabev™** (bevacizumab-bvzr)	**Avastin**® (bevacizumab)
Herzuma® (trastuzumab-pkrb) **Kanjinti**® (trastuzumab-anns) **Ogivri**® (trastuzumab-dkst) **Ontruzant**® (trastuzumab-dttb) **Trazimera**® (trastuzumab-qyyp)	**Herceptin**® (trastuzumab) **Herceptin Hylecta (trastuzumab-**hyaluronidase-oysk
Ruxience™ (rituximab-pvvr) **Truxima**® (rituximab-abbs)	**Rituxan**® (rituximab) **Riabni** (rituximab-arrx) **Rituxan Hycela** (Rituximab Hyaluronidase Human)**

****For the rituximab and hyaluronidase product (Rituxan Hycela), the trial of a preferred rituximab product (rituximab-pvvr (Ruxience) and rituximab-abbs (Truxima) is required only for the CLL diagnosis**

Drug	Status	Utilization Management status
Abraxane® (Nab-paclitaxel)	**Preferred / Step 1**	Prior authorization **is required** through AIM Specialty Health.
Adcetris® (brentuximab Vedotin)	**Preferred / Step 1**	Prior authorization **is required** through AIM Specialty Health.
Arzerra® (ofatumumab)	**Preferred / Step 1**	Prior authorization **is required** through AIM Specialty Health.
Avastin® (bevacizumab)	**Nonpreferred / Step 2**	Prior authorization **is required** through AIM Specialty Health.
Bavencio® (Avelumab)	**Preferred / Step 1**	Prior authorization **is required** through AIM Specialty Health.
Blenrep (Belantamab Mafodotin-blmf)	**Preferred / Step 1**	Prior authorization **is required** through AIM Specialty Health.
Cosela (trilaciclib)	**Preferred / Step 1**	Prior authorization **is required** through AIM Specialty Health
Cyramza® (ramucirumab)	**Preferred / Step 1**	Prior authorization **is required** through AIM Specialty Health.
Danyelza (naxitamab)	**Preferred / Step 1**	Prior authorization **is required** through AIM Specialty Health
Darzalex® (daratumumab)	**Preferred / Step 1**	Prior authorization **is required** through AIM Specialty Health.
Darzalex® **Faspro™** (Daratumumab and hyaluronidase-fijh)	**Preferred / Step 1**	Prior authorization **is required** through AIM Specialty Health.
Doxil/Lipodox® (doxorubicin liposomal)	**Preferred / Step 1**	Prior authorization **is required** through AIM Specialty Health.
Elzonris (Tagraxofusp-erzs)	**Preferred / Step 1**	Prior authorization **is required** through AIM Specialty Health.
Empliciti™ (elotuzumab)	**Preferred / Step 1**	Prior authorization **is required** through AIM Specialty Health.
Enhertu® (fam-trastuzumab deruxtecan-nxki)	**Preferred / Step 1**	Prior authorization **is required** through AIM Specialty Health
Erbitux® (cetuximab)	**Preferred / Step 1**	Prior authorization **is required** through AIM Specialty Health.
Fusilev® (levoleucovorin calcium)	**Preferred / Step 1**	Prior authorization **is required** through AIM Specialty Health.
Gazyva® (obinutuzumab)	**Preferred / Step 1**	Prior authorization **is required** through AIM Specialty Health.
Halaven® (eribulin)	**Preferred / Step 1**	Prior authorization **is required** through AIM Specialty Health.

Drug	Status	Utilization Management status
Herceptin® (trastuzumab)	**Nonpreferred / Step 2**	Prior authorization **is required** through AIM Specialty Health
Herceptin Hylecta™ (trastuzumab-hyaluronidase-oysk)	**Nonpreferred / Step 2**	Prior authorization **is required** through AIM Specialty Health.
Herzuma® (Trastuzumab-pkrb)	**Preferred / Step 1**	Prior authorization **is required** through AIM Specialty Health
Imfinzi™ (durvalumab)	**Preferred / Step 1**	Prior authorization **is required** through AIM Specialty Health.
Ixempra® (ixabepilone)	**Preferred / Step 1**	Prior authorization **is required** through AIM Specialty Health.
Jelmyto™ (Mitomycin Gel)	**Preferred / Step 1**	Prior authorization **is required** through AIM Specialty Health.
Jemperli ® (dostarlimab)	**Preferred / Step 1**	Prior authorization **is required** through AIM Specialty Health.
Jevtana® (cabazitaxel)	**Preferred / Step 1**	Prior authorization **is required** through AIM Specialty Health.
Kadcyla® (ado-trastuzumab)	**Preferred / Step 1**	Prior authorization **is required** through AIM Specialty Health.
Kanjinti® (trastuzumab-anns)	**Preferred / Step 1**	Prior authorization **is required** through AIM Specialty Health
Keytruda® (pembrolizumab)	**Preferred / Step 1**	Prior authorization **is required** through AIM Specialty Health.
Khapzory™ (levoleucovorin)	**Preferred / Step 1**	Prior authorization **is required** through AIM Specialty Health.
Kimmtrak ® (tebentafusp**)**	**Preferred / Step 1**	Prior authorization is required through AIM Specialty Health.
Kyprolis® (carfilzomib)	**Preferred / Step 1**	Prior authorization **is required** through AIM Specialty Health.
Margenza (margetuximab-cmkb)	**Preferred / Step 1**	Prior authorization **is required** through AIM Specialty Health.
Monjuvi (Tafasitamab-cxix)	**Preferred / Step 1**	Prior authorization **is required** through AIM Specialty Health.
Mvasi™ (bevacizumab-awwb)	**Preferred / Step 1**	Prior authorization **is required** through AIM Specialty Health.
Ogivri ® (Trastuzumab-dkst)	**Preferred / Step 1**	Prior authorization **is required** through AIM Specialty Health
Onivyde ® (irinotecan liposome)	**Preferred / Step 1**	Prior authorization **is required** through AIM Specialty Health.
Ontruzant ® (Trastuzumab-dttb)	**Preferred / Step 1**	Prior authorization **is required** through AIM Specialty Health.
Opdivo ® (nivolumab)	**Preferred / Step 1**	Prior authorization **is required** through AIM Specialty Health.
Padcev™ (Enfortumab vedotin-ejfv)	**Preferred / Step 1**	Prior authorization **is required** through AIM Specialty Health
Pepaxto (melphalan flufenamide)	**Preferred / Step 1**	Prior authorization **is required** through AIM Specialty Health.
Perjeta® (pertuzumab)	**Preferred / Step 1**	Prior authorization **is required** through AIM Specialty Health.
Phesgo (Pertuzumab-Trastuzumab-Hyaluronidase-zzxf)	**Preferred / Step 1**	Prior authorization **is required** through AIM Specialty Health.
Poteligeo ® (mogamulizumab-kpkc)	**Preferred / Step 1**	Prior authorization **is required** through AIM Specialty Health.
Proleukin® (aldesleukin)	**Preferred / Step 1**	Prior authorization **is required** through AIM Specialty Health.
Provenge ® (sipulevucel-T)	**Preferred / Step 1**	Prior authorization **is required** through AIM Specialty Health.

Drug	**Preferred / Nonpreferred Status**	**Utilization Management status**
Riabni (rituximab-arrx)	**Nonpreferred / Step 2**	Prior authorization **is required** through AIM Specialty Health
Rituxan® (rituximab)	**Nonpreferred / Step 2**	Prior authorization **is required** through AIM Specialty Health
Rituxan- Hycela® (Rituximab-Hyaluronidase Human)	**Nonpreferred / Step 2****	Prior authorization **is required** through AIM Specialty Health.
Ruxience™ (rituximab-pvvr)	**Preferred / Step 1**	Prior authorization **is required** through AIM Specialty Health
Rybrevant ™ (amivantamab)	**Preferred / Step 1**	Prior authorization **is required** through AIM Specialty Health
Sarclisa® (isatuximab)	**Preferred / Step 1**	Prior authorization **is required** through AIM Specialty Health.
Tecentriq® (atezolizumab)	**Preferred / Step 1**	Prior authorization **is required** through AIM Specialty Health.
Trazimera® (trastuzumab-qyyp)	**Preferred / Step 1**	Prior authorization **is required** through AIM Specialty Health
Trodelvy™ (Sacituzumab-govitecan)	**Preferred / Step 1**	Prior authorization **is required** through AIM Specialty Health
Truxima® (rituximab-abbs)	**Preferred / Step 1**	Prior authorization **is required** through AIM Specialty Health
Vectibix® (panitumumab)	**Preferred / Step 1**	Prior authorization **is required** through AIM Specialty Health.
Yervoy® (ipilimumab)	**Preferred / Step 1**	Prior authorization **is required** through AIM Specialty Health.
Zirabev™ (bevacizumab-bvzr)	**Preferred / Step 1**	Prior authorization **is required** through AIM Specialty Health.
Zepzelca (Lurbinectedin)	**Preferred / Step 1**	Prior authorization **is required** through AIM Specialty Health.
Zynlonta ™ (loncastuximab tesirine)	**Preferred / Step 1**	Prior authorization **is required** through AIM Specialty Health.

****For the rituximab and hyaluronidase product (Rituxan Hycela), the trial of a preferred rituximab product (rituximab-pvvr (Ruxience) and rituximab-abbs (Truxima) is required only for the CLL diagnosis**

Requesting Prior Authorization Information through AIM Specialty Health:

Prior Authorization will be required when the medications are administered using a member's **medical benefit** in these settings:

- A clinician's or physician's office
- A home health care provider
- Outpatient hospital and dialysis settings
- Surgical day care.

To request prior authorization for the following products: Commercial Managed Care (HMO and POS), Commercial PPO/EPO and Medicare Advantage (HMO Blue and PPO Blue), please see instructions below.

1. Through the Blue Cross Blue Shield of Massachusetts website:
   - Log in to your Blue Cross Blue Shield of Massachusetts Provider Central account at www.bluecrossma.com/provider.
   - Click **eTools>AIM Specialty Health**
   - Press **Go Now**
2. Going directly to AIM's *ProviderPortal*℠ (registration required)
   - Go to www.providerportal.com
   - Or calling 1-866-745-1783 (when applicable).

Requesting Prior Authorization Information through BCBSMA for Medicare Advantage (HMO Blue and PPO Blue) under Part D Pharmacy Coverage Benefit:

- All requests for outpatient retail pharmacy for indications listed and not listed on the medical policy guidelines may be submitted to BCBSMA Clinical Pharmacy Operations by completing the Prior Authorization Form on the last page of this document.
- Physicians may also call BCBSMA Pharmacy Operations department at (800) 366-7778 to request a prior authorization/formulary exception verbally.
- Patients must have pharmacy benefits under their subscriber certificates.

Note: Commercial does not provide any pharmacy retail coverage for medications in this policy.

Sources of Clinical Criteria for Review of Requests for Medicare

When considering the multiple sources of clinical criteria for review of requests for Medicare Advantage members, AIM utilizes the following hierarchy to prioritize the criteria applicable to a given request:

- **First: National Coverage Determinations and other CMS guidance** (e.g., Medicare Policy Benefit Manual, Medicare Managed Care Manual, Medicare Claims Processing Manual, and the Medicare Learning Network.)
- **Second: Local Coverage Determinations:** If there is no NCD, the clinical reviewers shall apply any applicable LCD. If there is an NCD but also a more specific LCD, then the LCD should be used to determine the medical necessity of the request. Any LCAs containing reasonable and medically necessary indications for a particular item or service will be used along with their associated LCDs in order to make a determination.
- **Third: Health Plan Medical Policy:** If there is no applicable Coverage Determination, the clinical staff will apply any applicable Health Plan Medical Policy.
- **Fourth: Evidence-Based Medical Necessity Criteria:** In the absence of any of the above criteria or where the existing guidance provides insufficient clinical detail to help ensure that all approved services are reasonable and necessary, the physician reviewer will make a determination of medical necessity using objective, evidence-based criteria. AIM Guidelines are an internal resource available for commonly requested services.

Discussion/General Information:

Cancer treatment is highly complex and individualized, and the variability of patient factors and preferences must be considered when formulating a treatment plan. In the majority of clinical scenarios, an attempt should be made to adhere to the FDA labeled indication; however, in some cases, there is insufficient data to support a single preferred treatment option. In these cases, individual providers, institutional, or regional variance may result in selection of different drug combinations or schedules. This may lead to an “off-label” use of drugs in a treatment regimen. Several factors influence the decision of which drug or drug regimen to select for use in a given scenario. These factors may include:

- The type and often the subtype (histology) of cancer
- The stage of the cancer (how far it has spread)
- Associated molecular targets of the cancer (special cell markers, or biomarkers)
- The patient's age
- The patient's overall health
- Other serious health problems (such as heart, liver or kidney diseases)
- Types of cancer treatments given in the past
- Other specific patient factors and preferences.

The FDA approves drugs for specific use(s) that are listed in the drug's product information label. Off-label or "unlabeled" drug use is the utilization of an FDA-approved drug for uses other than those listed in the FDA approved labeling or in treatment regimens or populations that are not included in approved labeling. Many off-label uses are effective, well documented in the peer-reviewed literature and widely used.

The drug label approved by the FDA is the official description of a drug product, including information regarding indications, appropriate population, side effects, instructions, and safety information. (FDA, 2012).

The terms "off-label drug" or "unlabeled drug" refer to the prescription and use of a drug for an indication that is not stated in the approved FDA labeling.

The National Comprehensive Cancer Network (NCCN) is an alliance of 28 cancer centers in the United States, working in a collaborative effort to develop treatment guidelines for most cancers. The NCCN has developed a comprehensive set of evidence-based and consensus-driven guidelines, detailing recommendations for the evaluation, management, and interventions for cancer patients. The National Comprehensive Cancer Network® (NCCN) Drug & Biologics Compendium® is a listing of appropriate uses of agents as defined in and derived from the NCCN Clinical Guidelines in Oncology®. The compendium lists both FDA-approved uses and NCCN designated off-label indications. According to the NCCN, the identified off-label indications are based upon evaluation of evidence from scientific literature integrated with expert judgment in an evidence-based process. Indications are categorized in a systematic approach that describes the type of evidence available for and the degree of consensus underlying each recommendation. For the purposes of this guideline, any treatment indication listed in the NCCN Drug & Biologics Compendium with a Category of Evidence and Consensus level 1 (high-level evidence-based) or 2A (consensus-based) is considered an appropriate off-label indication. See below for further details regarding the NCCN Categories of Evidence and Consensus.

National Comprehensive Cancer Network (NCCN) Categories of Evidence and Consensus

Category 1	Based upon high-level evidence, there is uniform NCCN consensus that the intervention is appropriate.
Category 2A	Based upon lower-level evidence, there is uniform NCCN consensus that the intervention is appropriate.
Category 2B	Based upon lower-level evidence, there is NCCN consensus that the intervention is appropriate.
Category 3	Based upon any level of evidence, there is major NCCN disagreement that the intervention is appropriate.

The Company takes into account credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community. "Peer-reviewed medical literature" does not include publications or supplements to publications that are sponsored to a significant extent by a pharmaceutical manufacturing company or health carrier.

Definitions:

Drug: A substance intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease; a substance (other than food) intended to affect the structure or any function of the body; biological products are included within this definition and are generally covered by the same laws and regulations, but differences exist regarding their manufacturing processes (chemical process versus biological process).
Label: The FDA approved label is the official description of a drug product which includes indication (what the drug is used for); who should take it; adverse events (side effects); instructions for uses in pregnancy, children, and other populations; and safety information for the patient. Labels are often found inside drug product packaging.
Off-label: Describes the legal use of a prescription drug to treat a disease or condition for which the drug has not been approved by the U.S. Food and Drug Administration.
Targeted therapy: While technically considered “chemotherapy,” targeted therapy drugs attack cancer cells by affecting the cancer cells’ inner workings—the programming that sets them apart from normal, healthy cells. For example, targeted therapies may block enzymes that stimulate a cancer cell to grow, they may directly attach or bind to a cancer cell and cause cell death, or they may interfere with the blood supply to a cancer.
Treatment regimen: A treatment plan that specifies the dosage, the schedule, and the duration of chemotherapy or biologic therapy. In modern oncology, many regimens combine several drugs.
Performance status: A measure of how well a patient is able to perform ordinary tasks and carry out daily activities, typically expressed as a numerical value, as an attempt to evaluate and quantify an individual’s overall level of functioning.

ECOG (Eastern Cooperative Oncology Group) Performance Status: A scale used to determine the individual's level of functioning. This scale may also be referred to as the WHO (World Health Organization) or Zubrod score based on the following scale:

0	Fully active, able to carry on all pre-disease performance without restriction
1	Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature
2	Ambulatory and capable of all self-care but unable to carry out any work activities. Up and about more than 50% of waking hours
3	Capable of only limited self-care, confined to bed or chair more than 50% of waking hours
4	Completely disabled and unable to provide any self-care. Totally confined to bed or chair
5	Dead

Karnofsky Score: A measure of the individual's overall physical health, judged by their level of activity; the score uses the following scale:

100%	Normal, no complaints, no signs of disease
90%	Capable of normal activity, few symptoms or signs of disease
80%	Normal activity with some difficulty, some symptoms or signs
70%	Caring for self, not capable of normal activity or work
60%	Requiring some help, can take care of most personal requirements
50%	Requires help often, requires frequent medical care
40%	Disabled, requires special care and help
30%	Severely disabled, hospital admission indicated but no risk of death
20%	Very ill, urgently requiring admission, requires supportive measures or treatment
10%	Moribund, rapidly progressive fatal disease processes
0%	Death

Policy History

Date	Action
4/2022	Updated to add Kimmtrak to the policy after P & T review.
10/2021	Updated to include Jemperli, Rybrevant and Zynlonta to the policy.
6/2021	Special early launch of the new policy Quality Care Cancer Program (Medical Oncology) implemented. Effective 7/1/2021.

Disclaimer:

Coverage is subject to applicable benefit contract. Specific benefits may vary by product and/or employer group. Please reference appropriate member materials (e.g., Benefit Handbook, Certificate of Coverage) for member-specific benefit information.

Member's medical records must document that services are medically necessary for the care provided. BCBS MA maintains the right to audit the services provided to our members, regardless of the participation status of the provider. All documentation must be available upon request. Failure to produce the requested information may result in denial or retraction of payment.

References:

1. National Comprehensive Cancer Network®. NCCN Drugs & Biologic Compendium™ (electronic version). For additional information visit the NCCN website: http://www.nccn.org/index.asp. Accessed on January 10, 2019.
2. United States Food and Drug Administration (FDA). Drugs at FDA Glossary of Terms. Revised November 14, 2017. Available at: http://www.fda.gov/drugs/informationondrugs/ucm079436.htm. Accessed on January 10, 2019.
3. American Cancer Society. Chemotherapy Drugs: How They Work. Revised February 15, 2016. Available at: https://cancer.org/treatment/treatments-and-side-effects/treatment-types/chemotherapy/how-chemotherapy-drugs-work.html?_ga=2.40006177.2071377565.1547216139-1593852916.1547216139 Accessed on January 10, 2019.
4. National Cancer Institute (NCI) Dictionary of Cancer Terms. Available at: http://www.cancer.gov/publications/dictionaries/cancer-terms. Accessed on January 10, 2019.
5. American Cancer Society. Targeted Therapy. Available at: https://www.cancer.org/treatment/treatments-and-side-effects/treatment-types/targeted-therapy/what-is.html. Accessed January 10, 2019.