DRUG DETERMINATION POLICY

Title: DDP-52 Oncology Products

Effective Date: 4/24/24

Physicians Health Plan
PHP Insurance Company
PHP Service Company

Important Information - Please Read Before Using This Policy

The following policy applies to health benefit plans administered by PHP and may not be covered by all PHP plans. Please refer to the member's benefit document for specific coverage information. If there is a difference between this general information and the member's benefit document, the member's benefit document will be used to determine coverage. For example, a member's benefit document may contain a specific exclusion related to a topic addressed in a coverage policy.

Benefit determinations for individual requests require consideration of:

1. The terms of the applicable benefit document in effect on the date of service.
2. Any applicable laws and regulations.
3. Any relevant collateral source materials including coverage policies.
4. The specific facts of the situation.

Contact PHP Customer Service to discuss plan benefits more specifically.

1.0 Policy:

This policy describes the determination process for coverage of specific drugs.

This policy does not guarantee or approve benefits. Coverage depends on the specific benefit plan. Drug Determination Policies are not recommendations for treatment and should not be used as treatment guidelines.

2.0 Background or Purpose:

Oncology products are reviewed for clinical appropriateness and benefit placement. Additionally, Medications for risk reduction of primary breast cancer are specialty drugs covered through the outpatient prescription drug benefit in compliance with the ACA. These criteria were developed and implemented to ensure appropriate use for the intended diagnoses and mitigation of toxicity, if possible.

3.0 Clinical Determination Guidelines:

I. Appropriate Medication Use [must meet both listed below]:

   A. FDA approval status [must meet one listed below]:

      1. FDA-approved: product, indication, and/or dosage regimen.

      2. Non-FDA-approved: compendium support (Lexicomp®, NCCN) for use of a drug for a non-FDA-approved indication or dosage regimen.

   B. Place in therapy: sequence of therapy supported by national or international accepted guidelines and/or studies [must meet one listed below]:

      1. Oncology: National Comprehensive Cancer Network (NCCN) category of evidence and consensus 2A (based upon lower-level evidence, there is uniform NCCN consensus that the intervention is appropriate).

II. Antineoplastics

A. Prescriber: oncologist.

B. Diagnosis and severity [must meet both listed below]:

   1. Genetic testing: diagnosis is confirmed by appropriate genetic testing (if applicable) for medications with Food and Drug Administration (FDA) specified mutational target.

   2. Tumor type/stage: clinically diagnosed with cancer stage and tumor type consistent with FDA-approved indication for the requested medication.

C. Appropriate medication use [must meet both listed below]:

   1. FDA approval status [must meet one listed below]:

      a. FDA-approved: product, indication, and/or dosage regimen.

      b. Non-FDA-approved: compendium support (Lexicomp®, NCCN) for use of a drug for a non-FDA-approved indication or dosage regimen.

   2. Place in therapy: sequence of therapy supported by national or international accepted guidelines and/or studies [must meet one listed below]:

      a. Oncology: National Comprehensive Cancer Network (NCCN) category of evidence and consensus 2A (based upon lower-level evidence, there is uniform NCCN consensus that the intervention is appropriate).

D. Dose rounding [if applicable must meet one listed below]:

   1. Medication requests may be automatically rounded up or down by 10% of the requested dose in order to fit the nearest manufacturer's strength of the requested medication for patients weighing above 10 kg.

   2. Medications with rounding otherwise specified per Health Plan Benefit Coverage Policies (BCPs) and/or Drug Determination Policies (DDPs).

E. Wastage [if applicable, must meet both listed below]:

   1. Indication: if a drug or biological is only available in a single-use vial or single-use package that remains after rounding (if applicable) and administering a dose and/or quantity.

   2. Prior authorization/approval unit calculation: separately identify wastage and/or dose as well as the duration of the prior authorization.

      a. Billing: Bill the wastage separately using the JW modifier.

F. Approval:

   1. Initial: six months duration.

   2. Re-approval: six months duration [must meet all listed below]:

      a. Patients must continue to meet the criteria required for initial approval.

      b. Patient has experienced a positive clinical response from continuous treatment with the requested therapy.

      c. Patient has been able to tolerate the therapy.

III. Chemotherapy-Induced Myelosuppression Agents

A. Granulocyte colony-stimulating factor (GCS-F agents).

1. Filgrastim subcutaneous (Nivestym SQ).

a. Prescription drug benefit coverage:

i. Preferred specialty agent: Nivestym.

ii. Excluded filgrastim products: Granix, Neupogen, Releuko, Zarxio.

(a) Trials of all preferred formulary agents are required unless contraindicated. Trials must result in an inadequate response or severe adverse reaction.

b. Medical benefit coverage: billing through the outpatient prescription drug benefit only.

c. Quantity limits:

i. Covered without prior authorization: ten syringes per 24 days.

ii. Prior authorization required: more than ten syringes per 24 days.

2. Pegfilgrastim subcutaneous (Ziextenzo SQ and Nyvepria SQ).

a. Prescription drug benefit coverage

i. Preferred specialty agents: Ziextenzo and Nyvepria.

ii. Excluded specialty agents: Fulphilia, Fylnetra, Neulasta, Neulasta Onpro, Stimufend, Udenyca.

(a) Trials of all preferred formulary agents are required unless contraindicated. Trials must result in an inadequate response or severe adverse reaction.

b. Medical benefit coverage: billing through the outpatient prescription drug benefit only.

c. Quantity limits.

i. Covered without prior authorization: one syringe per 18 days.

ii. Prior authorization required: more than one syringe per 18 days.

3. Approval.

a. Initial and re-approval: six months or less, depending on the number of cycles requested.

B. Cyclin-Dependent Kinase (CDK) Inhibitor: Cosela intravenous (trilaciclib IV).

1. Age: at least 18 years.

2. Diagnosis and severity [must meet all listed below]:

a. Extensive stage small cell lung cancer.

b. Used to decrease the incidence of chemo-induced myelosuppression.

c. Chemo regimen: platinum/etoposide-containing regimen or topotecan-containing regimen.

3. Other therapies: none.

4. Dosage regimen:

a. Cosela intravenous (trilaciclib IV): 240 mg/m^2 per dose given four hours prior to the specifically indicated chemo regimen; repeat on each day chemotherapy is given.

b. Timing: The interval between sequential trilaciclib doses should not be above 28 hours; if discontinued, allow 96 hours after the last trilaciclib dose before resuming chemotherapy.

5. Approval.

a. Initial and re-approval: six months or less, depending on the number of cycles requested.

6. Exclusions.

a. Concomitant medications: use in conjunction with granulocyte colony-stimulating factor agents or erythropoiesis-stimulating agents.

IV. Breast Cancer Prevention Agents

A. Document the following with chart notes.

1. General guidelines [must meet all listed below]:

a. Gender and age: women at least 35 years of age.

b. Indication: primary prevention of invasive breast cancer because the patient is deemed at high risk.

c. Disease status: no prior history of a diagnosis of breast cancer, ductal carcinoma in situ (DCIS), or lobular carcinoma (LCIS).

d. Drugs: tamoxifen, raloxifene.

2. Risk assessment:

a. Risk Assessment Tool: http://www.cancer.gov/bcrisktool/ (see Appendix II).

b. Five-year high risk for breast cancer: at least 3% (United States Preventive Services Task Force (USPSTF) assessment for women at least 50 years of age).

3. Coverage at pre-deductible, no member cost share if criteria 1. and 2. above are met:

a. Approval and re-approval duration: one year.

b. Tamoxifen: liquid formulation only if one cannot swallow or has difficulty swallowing tamoxifen tablets.

c. Raloxifene: all dose formulations.

4.0 Coding:

None.

5.0 References, Citations, Resources & Associated Documents:

1. Treatment by Cancer Type. NCCN Guidelines. http://www.nccn.org/guidelines/category_1. Accessed August 1, 2021.
2. Drugs@FDA: FDA-Approved Drugs. Accessdata.fda.gov. http://www.accessdata.fda.gov/scripts/cder/daf/. Accessed August 1, 2021.
3. Dose Rounding of Biological and Cytotoxic Anticancer Agents: A position Statement of the Hematology/Oncology Pharmacy Association 2017.
4. Lexicomp Online®, Lexi-Drugs®, Hudson, Ohio: Lexi-Comp, Inc.; filgrastim, perfilgrastim and Cosela accessed June 2021.
5. Online®, Lexi-Drugs®, Hudson, Ohio: Lexi-Comp, Inc.; pegfilgrastim, accessed March 2021.
6. National Comprehensive Cancer Network® (NCCN), "NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®)," Hematopoietic Growth Factors
7. ASCO Recommendations for the Use of WBC Growth Factors: American Society of Clinical Oncology Clinical Practice Guidelines Update, July 2015
8. ESI Health Care Reform June 2014. PPACA Preventative Items & Services: Medications for Risk Reduction of Primary Breast Cancer.
9. National Cancer Institute: Breast Cancer Risk Assessment Tool http://www.cancer.gov/bcrisktool/
10. Tamoxifen, Soltamox Drug Facts and Comparisons. [database online] Wolters Kluwer Health Inc; 2014.
11. Evista Drug Facts and Comparisons. [Database online] Wolters Kluwer Health Inc; 2014.

6.0 Appendices:

See pages 6-7.

7.0 Revision History

Original Effective Date: 05/10/2024

Next Review Date: 05/01/2025

Revision Date	Reason for Revision
10/22	Annual review: Added reference
2/23	Annual review, added breast ca prevention policy and chemotherapy-induced myelosuppression policy to Oncology policy
7/23	Off-cycle review: added Nyvepria due to shortages with Ziextenzo causing member disruption. New to-market excluded agents added to exclusion sections: Fylnetra, Stimufend, Releuko. Clarified other therapies' language.
2/24	Annual review: pegfilgrastim quantity limit changed to allow 1 syringe per 18 days without prior authorization. Removed Appendix III Patient Safety and Monitoring.

Appendix I: Risk Assessment for chemotherapy-induced Neutropenia

According to the American Society of Clinical Oncology (ASCO) and the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®): Evaluate the risk of FN and administer primary CSF prophylaxis in first and subsequent cycles for patients at > 20% risk[1,2]

When assessing risk, evaluate both chemotherapy regimen and patient risk factors[2]

Select chemotherapy regimens associated with a HIGH RISK OF FN
Breast cancer
• TAC (docetaxel + doxorubicin + cyclophosphamide) Q3W[2,3,*]
• TC (docetaxel + cyclophosphamide) Q3W[2,4,*]
• TCH*± P† (docetaxel + carboplatin + trastuzumab with or without pertuzumab)[2,5,6]
Non-Hodgkin's lymphoma
• BR (bendamustine + rituximab)[7,†]
• CHOP*,† ± R† (cyclophosphamide + doxorubicin + vincristine + prednisolone with or without rituximab) Q3W[2,8,9]
Non-small cell lung cancer
• Carboplatin + paclitaxel Q3W[10,†]
Small cell lung cancer
• Topotecan[2,*]

Select chemotherapy regimens associated with an INTERMEDIATE RISK OF FN
Breast cancer
• AC (doxorubicin + cyclophosphamide) + sequential docetaxel[11,†]
Non-small cell lung cancer
• Cisplatin + etoposide[2,*]
• Cisplatin + docetaxel[2,12,*]
• Carboplatin + docetaxel[13,†]
Prostate cancer
• Cabazitaxel[2,*]
• Docetaxel + prednisone[14,†]
Small cell lung cancer
• Carboplatin + etoposide[2,*]

Even one of these select risk factors can increase risk:[2,§]

- Baseline cytopenias[16,17]
- Poor performance status (ECOG ≥ 2)[18]
- Age ≥ 65 years[17]
- COPD[19,**]
- Chronic immunosuppression in the post-transplant setting, including organ transplant[16]
- Liver disease[20]
- Renal disease[17]
- Cardiovascular disease[17,**]
- Diabetes[21,**]
- Prior chemotherapy[22]
- Prior radiotherapy[16]
- Poor nutritional status[23,**]
- Decreased serum albumin[23,**]
- Open wounds/recent surgery[24]
- Active infections[25,**]
- HIV[20]
- Metastatic[18,**]
- Elevated lactate dehydrogenase[23,**]

§The patient risk factors included here have been identified through published literature and clinical guidelines. This list is not exhaustive. There may be other risk factors that apply based on available research and the clinical judgment of the treating physicians. These risk factors in addition to high or intermediate risk chemotherapy regimens can increase the risk of infection.

**Risk factors not listed by the NCCN.

COPD, chronic obstructive pulmonary disease; ECOG, Eastern Cooperative Oncology Group; HIV, human immunodeficiency virus.

Appendix II: Estimating Risk of Breast Cancer (check the answer to the following questions)

1. Does the woman have a medical history of any breast cancer (CA) or of ductal carcinoma in situ (DCIS) or lobular carcinoma in situ (LCIS) or has she received previous radiation therapy to the chest for treatment of Hodgkin Lymphoma?

   ___ Yes ___ No

2. Does the woman have a mutation in either the *BRCA1* or *BRCA2* gene, or a diagnosis of a genetic syndrome that may be associated with an elevated risk of breast cancer?

   ___ Unknown ___ Yes ___ No

3. What is the woman's age? (≥35 years)

   _____ Years

4. What was the woman's age at the time of her first menstrual period? (in years)

   ___ Unknown ___ 7-11 ___12-13 ___ ≥14

5. What was the woman's age at the time of her first live birth of a child?

   ___ Unknown ___ No births ___ <20 ___ 20-24 ___ 25-29 ___ ≥30

6. How many of the woman's 1st-degree relatives (mother/sisters/daughters), have had breast CA?

   ___ Unknown ___ 0 ___ 1 ___ >1

7. Has the woman ever had a breast biopsy?

   ___ Unknown ___ No ___ Yes

   a. How many breast biopsies (positive or negative) has the woman had?

      ___ 1 ___ >1

   b. Has the woman had at least one breast biopsy with atypical hyperplasia?

      ___ Unknown ___ No ___ Yes

8. What is the woman's race/ethnicity?

   ___ White ____ African American ___ Hispanic ___ Asian-American

   ___ American Indian/Alaskan Native ___ Unknown

   a. What is the sub race/ethnicity of the Asian-American?

      ___ Chinese ___ Japanese ___ Filipino ___ Hawaiian

      ___ Other Pacific Islander ___ Other Asian-American