

# Medicare Advantage Medical Benefit Drug Policy



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**Effective Date: 08/12/2021**

## Medical Benefit Oncology Drug Class Policy

**FDA approval:** Multiple

**HCPCS:** See below

**Benefit:** Medical

### Policy:

*Requests must be supported by submission of chart notes and patient specific documentation.*

### I. Coverage Criteria:

Coverage of the requested drug is provided when all of the criteria are met. Coverage requests must be supported by submission of chart notes and patient specific documentation.

#### A. Criteria:

- a. Coverage of the requested drug is provided for FDA approved indications  
OR
- b. When use is aligned with NCCN guidelines category 1 or 2A  
OR
- c. When use is aligned with NCCN guidelines category 2B recommendations when there is not a higher-rated NCCN category recommendation available  
AND
- d. When ALL of the following criteria are met:
  - i. Prescriber is an oncologist/hematologist OR another board-certified prescriber with qualifications to treat the specified malignancy.
  - ii. Genetic testing results support use based on package labeling/FDA requirements. Consideration may also be given to genetic testing as recommended by NCCN guidelines.
  - iii. Trial of medications and treatments supported by the NCCN guidelines and/or package labeling as prior lines of therapy.
  - iv. If appropriate, trial and failure of the preferred products as specified in the BCBSNE Part B drugs prior authorization list

#### B. Quantity Limitations, Authorization Period and Renewal Criteria

- a. Quantity Limits: Align with FDA recommended dosing or NCCN guidelines
- b. Initial Authorization Period: 6 months
- c. Renewal Criteria: No evidence of disease progression or unacceptable toxicity
- d. Renewal Authorization Period: 6 months

\*\*\*Note: Coverage may differ for Medicare Part B members based on any applicable criteria outlined in Local Coverage Determinations (LCD) or National Coverage Determinations (NCD) as determined by Center for Medicare and Medicaid Services (CMS). See the CMS website at <http://www.cms.hhs.gov/>. Determination of coverage of Part B drugs is based on medically accepted indications which have supported citations included or approved for inclusion determined by CMS approved compendia.

## II. Therapeutic considerations:

### A. FDA Approved Indication/Diagnosis

*\*Please refer to most recent prescribing information.*

### B. Background Information

- a. Definition of an oncology medication: Any drug (chemotherapy, hormone therapy, gene therapy, biological therapy, or other drug) which is used to treat a cancer (a malignant growth or tumor resulting from the division of abnormal cells) diagnosis. Supportive therapy used for cancer is not in scope of this policy.
- b. The medications added to the Oncology Drug Class Policy go through a detailed review by a pharmacist to determine if the policy covers the intended criteria for the drug. Each drug is evaluated on the following:
  - i. Indication
  - ii. Place in therapy
  - iii. Category based on uniform NCCN guidance or category 1 and 2A recommendations
  - iv. Cost of the medication
  - v. Safety of the medication
  - vi. Genetic testing requirements

### C. Efficacy

*\*Please refer to most recent prescribing information.*

### D. Medication Safety Considerations

*\*Please refer to most recent prescribing information.*

### E. Dosing and administration

*\*Please refer to most recent prescribing information*

### F. How supplied

*\*Please refer to most recent prescribing information.*

## References:

1. NCCN guidelines for the specific disease state. Available at: [https://www.nccn.org/professionals/physician\\_gls/f\\_guidelines.asp](https://www.nccn.org/professionals/physician_gls/f_guidelines.asp). Accessed October 23, 2017.
2. Drug specific package labeling. Available at: <https://www.accessdata.fda.gov/scripts/cder/daf/index.cfm>. Accessed October 23, 2017.

Policy History		
#	Date	Change Description
1.3	Effective Date: 08/12/2021	Added Rybrevant
1.2	Effective Date: 06/10/2021	Added Zynlonta
1.1	Effective Date: 02/04/2021	Added Asparlas and Elzonris
1.0	Effective Date: 10/08/2020	Medical policy established.

\* The prescribing information for a drug is subject to change. To ensure you are reading the most current information it is advised that you reference the most updated prescribing information by visiting the drug or manufacturer website or <http://dailymed.nlm.nih.gov/dailymed/index.cfm>.

Appendix A

Medications covered by this policy include, but not limited to the following:

Medication Name	Benefit	HCPCS
Adcentris (brentuximab)	Medical	J9042
Adriamycin (doxorubicin)	Medical	J9000
Alimta (pemetrexed)	Medical	J9305
Asparlas (calaspargase pegol-mknl)	Medical	J9118
Beleodaq (belinostat)	Medical	J9032
Dacarbazine	Medical	J9130
Doxil (liposomal doxorubicin)	Medical	Q2050
Elzonris (tagraxofusp-erzs)	Medical	J9269, C9049
Erbitux (cetuximab)	Medical	J9055
Evomela (melphalan)	Medical	J9246
Imlygic (talimogene laherparepvec)	Medical	J9325
Istodax (romidepsin)	Medical	J9315, C9065
Ixempra (ixabepilone)	Medical	J9207
Jelmyto (mitomycin)	Medical	J9281, C9064
Lartruvo (olaratumab)	Medical	J9285
Lipodox (liposomal doxorubicin)	Medical	Q2049
Mylotarg (gemtuzumab ozogamicin)	Medical	J9203
Oncovin (vincristine)	Medical	J9370
Padcev	Medical	J9177
Pemetrexed	Medical	J9305
Polivy	Medical	J3590
Portrazza (necitumumab)	Medical	J9295
Proleukin (aldesleukin)	Medical	J9015
Romidepsen	Medical	J3490
Rubex (doxorubicin)	Medical	J9000
Rybrevant (amivantamab-vmjw)	Medical	J3590
Sarclisa (isatuximab-irfc)	Medical	J3590
Sylvant (situximab)	Medical	J2860
Synribo (omacetaxine)	Medical	J9262
Torisel (temsirolimus)	Medical	J9330
Trodelvy (sacituzumab govitecan-hziy)	Medical	J9317, C9066
Velcade (bortezomib)	Medical	J9041
Vyxeos (daunorubicin and cytarabine)	Medical	J9150, J9098
Yondelis (trabectedin)	Medical	J9352
Zepzelca (lurbinectedin)	Medical	J9223
Zynlonta (loncastuximab tesirine-lpyl)	Medical	J3590