



Medical Affairs Policy & Procedure

Title/Service: Medical Treatment of Oncology Conditions

Implemented	12/13/11
Revised	
Reviewed	
Developed	11/4/2011
Policy Committee Approval	11/18/2011

Drugs Included at Time of Publishing:

Note: This list is accurate as of the time of publishing. Other drugs (eg. newly approved drugs) may be subject to this policy, but not listed below. To verify if a drug is subject to this policy, please contact 1-800-333-5003

Abraxane, Alimta, Arranon, Arzerra, Avastin, Bexxar, Campath, Camptosar, Cerubidine, Dacogen, Ellence, Eloxatin, Erbitux, Faslodex, Folutyn, Gemzar, Gleevec, Halaven, Herceptin, Hycamtin, Iressa, Istodax, Ixempra, Jevtana, Lupron, Mozobil, Nexavar, Oforta, Ontak, Plenaxis, Proleukin, Provenge, Revlimid, Rituxan, Sprycel, Sutent, Tarceva, Tasigna, Taxol, Taxotere, Temodar, Thalomid, Treanda, Tykerb, Vectibix, Velcade, Vidaza, vinblastine, Votrient, Xalkori, Xeloda, Yervoy, Zelboraf, Zoladex,

Description:

To create a global policy regarding the coverage of oncology drugs including supportive therapy.

Policy:

WPS will follow the National Comprehensive Cancer Network guidelines - where uniform consensus exists - when reviewing treatment for coverage (www.nccn.org). Accordingly, WPS will allow coverage for NCCN category 1 and 2A recommendations for chemotherapy and supportive drugs.

Procedure:

1. Ensure drug is not subject to a separate WPS policy.
2. If no unique policy for the requested drug exists, and it is being requested for an hematology/oncology-related condition, this policy will apply.
3. Identify the drug(s) in question using the NCCN guidelines. If category 2B or 3, deny as experimental/investigational.

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.
4. If category 1 or 2A, ensure requested treatment is consistent with patient's stage of care. If so, approve, if not, deny as not medically necessary.
 5. If drug(s) in question have oncology and non-oncology uses, NCCN solely applies when the drug is being used for oncology-related conditions.
 6. In all instances that plan language permits, the most cost effective place of service that allows for safe treatment will be approved. A less cost effective place of service would be considered not medically necessary.

Limitations of Coverage:

Review contract and endorsements for exclusions and prior authorization or benefit requirements.

Documentation Required:

- Office notes including comprehensive history and examination
- Pathology reports
- Laboratory data
- Operative reports

References:

1. National Comprehensive Cancer Network Clinical Practice Guidelines in Oncology. Available at: <http://www.nccn.org>.

Approved by the Medical Director