Overview Statement

The purpose of these clinical guidelines is to assist healthcare professionals in selecting the medical service that may be appropriate and supported by evidence to improve patient outcomes. These clinical guidelines neither preempt clinical judgment of trained professionals nor advise anyone on how to practice medicine. The healthcare professionals are responsible for all clinical decisions based on their assessment. These clinical guidelines do not provide authorization, certification, explanation of benefits, or guarantee of payment, nor do they substitute for, or constitute, medical advice.

Federal and State law, as well as member benefit contract language, including definitions and specific contract provisions/exclusions, take precedence over clinical guidelines and must be considered first when determining eligibility for coverage. All final determinations on coverage and payment are the responsibility of the health plan. Nothing contained within this document can be interpreted to mean otherwise.

Medical information is constantly evolving, and HealthHelp reserves the right to review and update these clinical guidelines periodically.

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Acute Myeloid Leukemia

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1. Induction therapy for Acute Myeloid Leukemia per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates BOTH of the following:
   - Age less than 60 years;
   - Normal cardiac function.

 **ASSOCIATED CHEMOTHERAPY REGIMENS**

- Azacitidine
- Cytarabine
- Cytarabine + Daunorubicin
- Cytarabine + Clofarabine
- Cytarabine + Daunorubicin + Cladribine
- Cytarabine + Mitoxantrone
- Decitabine
High-dose Cytarabine
High-dose Cytarabine + Daunorubicin
High-dose Cytarabine + Fludarabine
High-dose Cytarabine + Fludarabine + Idarubicin
High-dose Cytarabine + Idarubicin
Hydroxyurea

2. Induction therapy for Acute Myeloid Leukemia per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates ALL of the following.
   - Age between 60 and 74 years;
   - Better-risk cytogenetics;
   - Normal cardiac function.

ASSOCIATED CHEMOTHERAPY REGIMENS

Azacitidine
Cytarabine
Cytarabine + Daunorubicin
Cytarabine + Idarubicin
Cytarabine + Mitoxantrone
Decitabine
3. Induction therapy for Acute Myeloid Leukemia per the drug regimen shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates BOTH of the following:
   ◦ 75 years of age or older;
   ◦ Normal cardiac function.

   ASSOCIATED CHEMOTHERAPY REGIMENS

   Hydroxyurea

4. Induction therapy for Acute Myeloid Leukemia per the drug regimen shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates BOTH of the following:
   ◦ Age between 60 and 74 years;
   ◦ Normal cardiac function.

   ASSOCIATED CHEMOTHERAPY REGIMENS

   Clofarabine

5. Induction therapy for Acute Myeloid Leukemia per the drug regimen shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates the following:
   ◦ Age less than or equal to 60 years;

   ASSOCIATED CHEMOTHERAPY REGIMENS

   High-dose Cytarabine + Topotecan
6. Induction therapy for Acute Myeloid Leukemia per the drug regimen shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates BOTH of the following:
   ◦ Not a candidate for intensive Anthracyclin and Cytarabine induction therapy;
   ◦ Normal cardiac function.

   **ASSOCIATED CHEMOTHERAPY REGIMENS**
   
   Cytarabine + Clofarabine

7. Post-Remission Therapy for Acute Myeloid Leukemia per the drug regimen shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates ALL of the following:
   ◦ Age less than 60 years;
   ◦ Post-induction therapy;
   ◦ Better-risk cytogenetics.

   **ASSOCIATED CHEMOTHERAPY REGIMENS**
   
   High-dose Cytarabine
8. Post-Remission Therapy for Acute Myeloid Leukemia per the drug regimen shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates ALL of the following:

- Age less than 60 years;
- Post-induction therapy;
- Normal cardiac function.

ASSOCIATED CHEMOTHERAPY REGIMENS
Cytarabine + Idarubicin

9. Post-Remission Therapy for Acute Myeloid Leukemia per the drug regimen shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates ALL of the following:

- Age less than 60 years;
- Post-induction therapy;
- Intermediate-risk cytogenetics.

ASSOCIATED CHEMOTHERAPY REGIMENS
Cytarabine
10. Post-Remission Therapy for Acute Myeloid Leukemia per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates BOTH of the following:
   ◦ Age 60 years or older;
   ◦ Post-induction therapy.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

Azacitidine

Decitabine

11. Post-Remission Therapy for Acute Myeloid Leukemia per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates BOTH of the following:
   ◦ Age less than 60 years;
   ◦ Post-induction therapy

**ASSOCIATED CHEMOTHERAPY REGIMENS**

Azacitidine

Decitabine

12. Post-Remission Therapy for Acute Myeloid Leukemia per the drug regimen shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates ALL of the following:
   ◦ Age 60 years or older;
   ◦ Post-induction therapy;
Normal cardiac function.

ASSOCIATED CHEMOTHERAPY REGIMENS

Cytarabine + Daunorubicin

13. Post-Remission Therapy for Acute Myeloid Leukemia per the drug regimen shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates BOTH of the following:
   - Age less than 60 years;
   - Patient has complete response.

ASSOCIATED CHEMOTHERAPY REGIMENS

High-dose Cytarabine

14. Post-Remission Therapy for Acute Myeloid Leukemia per the drug regimen shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates BOTH of the following:
   - Age 60 years or older;
   - Patient has complete response.

ASSOCIATED CHEMOTHERAPY REGIMENS

Azacitidine

Decitabine
15. Salvage Therapy for Acute Myeloid Leukemia per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates ALL of the following:

- Age less than 60 years;
- Normal cardiac function;
- Induction failure;
- Late relapse (greater than 12 months).

**ASSOCIATED CHEMOTHERAPY REGIMENS**

- Azacitidine
- Azacitidine + Sorafenib
- Cladribine + High-dose Cytarabine
- Cladribine + High-dose Cytarabine + Idarubicin
- Cladribine + High-dose Cytarabine + Mitoxantrone
- Clofarabine + Cytarabine + Idarubicin
- Clofarabine + High-dose Cytarabine
- Clofarabine + Idarubicin
- Cytarabine
- Decitabine
- Decitabine + Sorafenib
- Etoposide + High-dose Cytarabine
Fludarabine + High-dose Cytarabine

Fludarabine + High-dose Cytarabine + Idarubicin

High-dose Cytarabine + Daunorubicin

High-dose Cytarabine + Idarubicin

Mitoxantrone + Etoposide + High-dose Cytarabine (MEC)

16. Salvage Therapy for Acute Myeloid Leukemia per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates ALL of the following:

- Age less than 60 years;
- Normal cardiac function;
- Induction failure;
- Early relapse (less than 12 months).

ASSOCIATED CHEMOTHERAPY REGIMENS

Cladribine + High-dose Cytarabine

Cladribine + High-dose Cytarabine + Idarubicin

Cladribine + High-dose Cytarabine + Mitoxantrone

Clofarabine + Cytarabine + Idarubicin

Clofarabine + High-dose Cytarabine

Clofarabine + Idarubicin
Cytarabine

Fludarabine + High-dose Cytarabine

Fludarabine + High-dose Cytarabine + Idarubicin

High-dose Cytarabine + Daunorubicin

High-dose Cytarabine + Idarubicin

Mitoxantrone + Etoposide + High-dose Cytarabine (MEC)

17. Salvage Therapy for Acute Myeloid Leukemia per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates ALL of the following:
   ◦ Age between 60 and 74 years;
   ◦ Normal cardiac function;
   ◦ Induction failure.

ASSOCIATED CHEMOTHERAPY REGIMENS

Azacitidine

Azacitidine + Sorafenib

Cladribine + High-dose Cytarabine

Cladribine + High-dose Cytarabine + Mitoxantrone

Clofarabine + Cytarabine + Idarubicin

Clofarabine + High-dose Cytarabine
18. Salvage Therapy for Acute Myeloid Leukemia per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates the following:

- Central Nervous System (CNS) disease.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

- Cytarabine
- Liposomal Cytarabine
- Methotrexate
REFERENCES


Anal Cancer

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Medical Oncology treatments may be medically appropriate and supported by evidence to improve patient outcomes for the following indications and regimens. Unless otherwise stated, patients should demonstrate physical capability and appropriate clinical status as evidenced by either an Eastern Cooperative Oncology Group (ECOG) Performance Status Grade of 2 or less OR a Karnofsky Performance Status (KPS) Grade of 70 or greater.

1. Metastatic Anal Cancer per the drug regimen shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates the following:
   - Metastatic disease

   **ASSOCIATED CHEMOTHERAPY REGIMENS**

   5-Fluorouracil (5-FU) + Cisplatin

2. Non-Metastatic Anal Cancer per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates ANY of the following:
   - Nodal involvement;
   - Stage T1 or T2;
   - Stage T3 or T4.
ASSOCIATED CHEMOTHERAPY REGIMENS

5-Fluorouracil (5-FU) + Mitomycin

Capecitabine + Mitomycin
REFERENCES

Antiemetic

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Antiemetic treatments used in conjunction with Medical Oncology may be medically appropriate and supported by evidence to improve patient outcomes for the following indications and regimens.

1. Utilization of antiemetic's may be reasonable and appropriate when the patient's medical record demonstrates EITHER of the following:
   - Emetic risk level for prescribed chemotherapy regimen matches the level of utilization for the prescribed antiemetic requested.
   - Emetic risk level for prescribed chemotherapy regimen does not match the level of utilization for the prescribed antiemetic requested; and EITHER of the following:
     - Patient is 65 years of age or older;
     - Prior exposure to the same chemotherapy regimen resulted in nausea and vomiting and the patient has comorbidities.
REFERENCES

Bladder Cancer

HealthHelp utilizes internal Medical Oncology Regimen codes to identify guideline-supported standard regimens. Regimen codes and their description details can be viewed through HealthHelp’s WebConsult online tool. If you do not have access to HealthHelp’s WebConsult, please contact HealthHelp’s Program Support Team at 1-800-546-7092.

Medical Oncology treatments may be medically appropriate and supported by evidence to improve patient outcomes for the following indications and regimens. Unless otherwise stated, patients should demonstrate physical capability and appropriate clinical status as evidenced by either an Eastern Cooperative Oncology Group (ECOG) Performance Status Grade of 2 or less OR a Karnofsky Performance Status (KPS) Grade of 70 or greater.

1. First-line Radiosensitizing Chemotherapy for Bladder Cancer per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates ALL of the following:
   - Stage T3 or T4;
   - Complete removal of visible tumor;
   - Creatinine level normal;
   - Adjuvant therapy.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

- Cisplatin
- Cisplatin + 5-Fluorouracil (5-FU)
- Cisplatin + Paclitaxel
2. First-line Radiosensitizing Chemotherapy for Bladder Cancer per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates ALL of the following:

- Complete removal of visible tumor;
- Ts/Muscle invasion;
- Creatinine level normal;
- Definitive therapy;
- Not a surgical candidate.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

- Cisplatin
- Cisplatin + 5-Fluorouracil (5-FU)
- Cisplatin + Paclitaxel

3. First-line Radiosensitizing Chemotherapy for Bladder Cancer per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates ALL of the following:

- Complete removal of visible tumor;
- Ts/Muscle invasion;
- Definitive therapy;
- Not a surgical candidate.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

- Mitomycin + 5-Fluorouracil (5-FU)
- Gemcitabine
4. First-line Radiosensitizing Chemotherapy for Bladder Cancer per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates BOTH of the following:
   - Complete removal of visible tumor;
   - Adjuvant therapy.

   **ASSOCIATED CHEMOTHERAPY REGIMENS**

   - Mitomycin + 5-Fluorouracil (5-FU)
   - Gemcitabine

5. First-line Radiosensitizing Chemotherapy with Conventionally Fractioned Radiation for Bladder Cancer per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates ALL of the following:
   - Stage T3 or T4;
   - Complete removal of visible tumor;
   - Ts/Muscle invasion;
   - Creatinine level normal;
   - Definitive therapy;
   - Not a surgical candidate.

   **ASSOCIATED CHEMOTHERAPY REGIMENS**

   - 5-Fluorouracil (5-FU)
   - 5-Fluorouracil (5-FU) + Mitomycin
   - Capecitabine
   - Cisplatin
Docetaxel

Gemcitabine

Paclitaxel

6. First-Line Therapy for Locally Advanced or Metastatic Bladder Cancer per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates the following:
   - Normal creatinine level.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

Dose-dense Methotrexate + Vinblastine + Doxorubicin + Cisplatin (DDMVAC)

- Gemcitabine + Cisplatin
- Paclitaxel + Carboplatin
- Gemcitabine + Docetaxel
- Doxetaxel + Carboplatin
7. First-Line Therapy for Locally Advanced or Metastatic Bladder Cancer per the drug regimens shown in the table below may be reasonable and appropriate:

**ASSOCIATED CHEMOTHERAPY REGIMENS**

- Bacillus Calmette-Guerin (BCG)
- Gemcitabine + Carboplatin
- Gemcitabine + Paclitaxel

8. Second-Line Therapy (Palliative) for Locally Advanced or Metastatic Bladder Cancer per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates the following:
   - Metastatic disease

**ASSOCIATED CHEMOTHERAPY REGIMENS**

- Albumin-bound Paclitaxel
- Atezolizumab
- Docetaxel
- Dose-dense Methotrexate + Vinblastine + Doxorubicin + Cisplatin (DDMVAC)
- Gemcitabine
- Gemcitabine + Cisplatin
- Gemcitabine + Paclitaxel
- Ifosfamide + Mesna
9. Second-Line Therapy (Palliative) for Locally Advanced or Metastatic Bladder Cancer per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates the following:

- Second-line treatment; and EITHER of the following:
  - Disease progression during or after platinum-based chemotherapy;
  - Disease progression 12 months after platinum-based neoadjuvant or adjuvant chemotherapy.

ASSOCIATED CHEMOTHERAPY REGIMENS

- Atezolizumab
- Nivolumab
10. Second-Line Therapy (Palliative) for Locally Advanced or Metastatic Bladder Cancer per the drug regimen shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates the following:
   - Intravesicular treatment of BCG refractory bladder carcinoma in situ.

   **ASSOCIATED CHEMOTHERAPY REGIMENS**

   - Valrubicin

11. Second-Line Therapy (Palliative) for Locally Advanced or Metastatic Bladder Cancer per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates the following:
   - Recurrent disease

   **ASSOCIATED CHEMOTHERAPY REGIMENS**

   - Albumin-bound Paclitaxel
   - Docetaxel
   - Gemcitabine
   - Gemcitabine + Cisplatin
   - Ifosfamide + Mesna
   - Methotrexate
   - Mitomycin
   - Paclitaxel
Pemetrexed
Valrubicin

12. Second-Line Therapy (Palliative) for Locally Advanced or Metastatic Bladder Cancer per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates the following:
   
   - Persistent disease

   **ASSOCIATED CHEMOTHERAPY REGIMENS**
   
   Mitomycin
   Valrubicin

13. Perioperative Chemotherapy (Neoadjuvant/Adjuvant) for Bladder Cancer per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates BOTH of the following.

   - Creatinine level normal;
   - Adjuvant/neoadjuvant therapy; and EITHER of the following:
     - Stage Tis (any grade);
     - Stage T2 with a Transurethral resection surgery having been performed.

   **ASSOCIATED CHEMOTHERAPY REGIMENS**
   
   Bacillus Calmette-Guerin (BCG)
   Mitomycin
14. Perioperative Chemotherapy (Neoadjuvant/Adjuvant) for Bladder Cancer per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates BOTH of the following.

- Creatinine level normal;
- Adjuvant/neoadjuvant therapy; and EITHER of the following:
  - Stage T3 or T4;
  - Node positive.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

- Cisplatin + Methotrexate + Vinblastine (CMV) + Leucovorin
- Dose-dense Methotrexate + Vinblastine + Doxorubicin + Cisplatin (DDMVAC)

15. Perioperative Chemotherapy (Neoadjuvant/Adjuvant) for Bladder Cancer per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates ALL of the following.

- Ts/Muscle invasion;
- Creatinine level normal;
- Adjuvant/neoadjuvant therapy.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

- Cisplatin + Methotrexate + Vinblastine (CMV) + Leucovorin
- Dose-dense Methotrexate + Vinblastine + Doxorubicin + Cisplatin (DDMVAC)
- Gemcitabine + Cisplatin
REFERENCES

Bone Cancer

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1. Chemotherapy for Chordoma per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates ALL of the following:
   - Advanced or metastatic disease;
   - Age less than 70 years;
   - First-line treatment.

   **ASSOCIATED CHEMOTHERAPY REGIMENS**

   Erlotinib
Imatinib

Imatinib + Cisplatin

Imatinib + Sirolimus

Sorafenib

Sunitinib

2. Chemotherapy for Chordoma per the drug regimen shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates the ALL of the following:
   ◦ Advanced or metastatic disease;
   ◦ Age less than 70 years;
   ◦ First-line treatment;
   ◦ Positive Epidermal Growth Factor Receptor (EGFR).

   ASSOCIATED CHEMOTHERAPY REGIMENS

   Lapatinib

3. First-Line Therapy for Ewing's Sarcoma and Mesenchymal Chondrosarcoma per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates ALL of the following:
   ◦ Normal cardiac function;
   ◦ Age less than 70 years;
First-line treatment (Primary/Neoadjuvant/Adjuvant); and EITHER of the following:

- Ewing's sarcoma;
- Mesenchymal chondrosarcoma.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

VAC + IE

VAIA

VIDE

**4. Primary Therapy for Metastatic Disease at Initial Presentation for Ewing's Sarcoma and Mesenchymal Chondrosarcoma** per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates ALL of the following:

- Normal cardiac function;
- Age less than 70 years;
- Advanced or metastatic disease;
- First-line treatment; and EITHER of the following:
  - Ewing's sarcoma;
  - Mesenchymal Chondrosarcoma.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

VAC + IE

VAIA

VIDE
Vincristine + Cyclophosphamide + Dactinomycin (CVD)

Vincristine + Cyclophosphamide + Doxorubicin (CVD)

5. Second-Line Therapy for Ewing’s Sarcoma and Mesenchymal Chondrosarcoma per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates ALL of the following:

- Advanced or metastatic disease;
- Age less than 70 years;
- Second-line treatment; and EITHER of the following:
  - Ewing’s sarcoma;
  - Mesenchymal chondrosarcoma.

ASSOCIATED CHEMOTHERAPY REGIMENS

Carboplatin + Ifosfamide + Mesna + Etoposide

Cyclophosphamide + Topotecan

Docetaxel + Gemcitabine

Ifosfamide + Mesna + Etoposide

Irinotecan + Temozolomide

Cyclophosphamide + Sirolimus
6. Chemotherapy for Giant Cell Tumor of the Bone per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates BOTH of the following:
   - Age less than 70 years;
   - Locally advanced and/or unresectable tumor.

   **ASSOCIATED CHEMOTHERAPY REGIMENS**

   Denosumab

   Interferon alfa

7. First-Line Chemotherapy for Osteosarcoma per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates the following:
   - Advanced or metastatic disease in a member who is less than 70 years of age with high grade, clear cell or extra-compartmental disease; and EITHER of the following:
     - First-line treatment; and EITHER of the following:
       - Neoadjuvant chemotherapy;
       - Adjuvant therapy;
     - Dedifferentiated tumor.

   **ASSOCIATED CHEMOTHERAPY REGIMENS**

   Doxorubicin + Cisplatin

   Epirubicin + Cisplatin + Ifosfamide + Mesna

   MAP

   Methotrexate + Cisplatin + Doxorubicin + Ifosfamide + Mesna
8. Second-Line Therapy Chemotherapy for Osteosarcoma per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates ALL of the following:

- Age less than 70 years;
- Relapsed disease;
- Relapse, refractory, advanced, or metastatic disease;
- Second-line treatment; and EITHER of the following:
  - High grade, clear cell, or extra-compartmental tumor;
  - Dedifferentiated tumor.

ASSOCIATED CHEMOTHERAPY REGIMENS

<table>
<thead>
<tr>
<th>Drug Regimen</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carboplatin + Ifosfamide + Mesna + Etoposide</td>
<td>Chemotherapy regimen</td>
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<tr>
<td>Cyclophosphamide + Etoposide</td>
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<tr>
<td>Cyclophosphamide + Topotecan</td>
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<td>Gemcitabine</td>
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<td>Gemcitabine + Docetaxel</td>
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<tr>
<td>Ifosfamide + Mesna + Etoposide</td>
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<tr>
<td>Methotrexate + Etoposide + Ifosfamide + Mesna</td>
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</tr>
<tr>
<td>Sorafenib</td>
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</tbody>
</table>


REFERENCES


Brain Cancer

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1. Adjuvant Treatment for Supratentorial Astrocytoma or Oligodendroglioma per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates EITHER of the following:
   ◦ Unresectable tumor;
   ◦ Status post resection (adjuvant) and recurrent disease.

   ASSOCIATED CHEMOTHERAPY REGIMENS

   PCV

   Temozolomide
2. Adjuvant Treatment for Supratentorial Astrocytoma or Oligodendroglioma per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates BOTH of the following:

   - Status post resection (adjuvant);
   - 1pQ19 deletion.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

- Temozolomide

3. Chemotherapy for Recurrent or Progressive, Low Grade Supratentorial Astrocytoma or Oligodendroglioma per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates the following:

   - First-line treatment, and EITHER of the following:
     - Recurrent disease;
     - Unresectable tumor.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

- Carboplatin
- Carboplatin + Teniposide
- Carmustine
- Cisplatin + Etoposide
- Lomustine
- PCV
- Temozolomide
4. Systemic Adjuvant Therapy for Anaplastic Gliomas per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates the following:
   - Age less than 70 years; and EITHER of the following:
     - Adjuvant treatment post resection with 1pQ19 deletion;
     - Recurrent disease.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

- PCV
- Temozolomide

5. Systemic Recurrent Therapy for Anaplastic Gliomas per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates ALL of the following:
   - Age less than 70 years;
   - Recurrent disease;

**ASSOCIATED CHEMOTHERAPY REGIMENS**

- Bevacizumab
- Bevacizumab + Carboplatin
- Bevacizumab + Fotemustine
- Bevacizumab + Irinotecan
6. Systemic Adjuvant Therapy for Anaplastic Oligoastrocytoma per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates BOTH of the following:

- Age less than 70 years;
- Adjuvant treatment post resection.

ASSOCIATED CHEMOTHERAPY REGIMENS

PCV
7. Systemic Adjuvant Therapy for Glioblastoma per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates BOTH of the following:
   ◦ Age less than 70 years;
   ◦ Adjuvant treatment post resection.

ASSOCIATED CHEMOTHERAPY REGIMENS

Temozolomide

8. Systemic Recurrent Therapy for Glioblastoma per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates ALL of the following:
   ◦ Age less than 70 years;
   ◦ Recurrent disease;

ASSOCIATED CHEMOTHERAPY REGIMENS

Bevacizumab

Bevacizumab + Carboplatin

Bevacizumab + Fotemustine

Bevacizumab + Irinotecan

Carboplatin

Carboplatin + Teniposide
Carmustine

Cisplatin + Etoposide

Cyclophosphamide

Lomustine

PCV

Temozolomide

9. Systemic Recurrent Treatment for Intracranial and Spinal Ependymoma (excluding Supependymoma) per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates ALL of the following:

- Age less than 70 years;
- Recurrent or advanced disease;
- First-line treatment.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

Bevacizumab

Carboplatin

Carboplatin + Teniposide

Cisplatin + Etoposide

Etoposide

Temozolomide
10. Systemic Adjuvant Therapy for Adult Medulloblastoma and Supratentorial Primitive Neuroectodermal Tumor (PNET) per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates the following:

- Age less than 70 years; and EITHER of the following:
  - Adjuvant treatment post resection;
  - Recurrent disease.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

- Cisplatin + Cyclophosphamide + Vincristine
- Cisplatin + Lomustine + Vincristine

11. Systemic Recurrent Therapy for Adult Medulloblastoma and Supratentorial Primitive Neuroectodermal Tumor (PNET) per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates the following:

- Age less than 70 years; and EITHER of the following:
  - Adjuvant treatment post resection;
  - Recurrent disease.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

- Carboplatin + Thiotepa + Etoposide
- Etoposide
- Temozolomide
12. Primary Treatment for CNS Lymphoma per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates BOTH of the following:
  ◦ Age 70 years or less;
  ◦ First-line treatment.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

- Glucarpidase
- Methotrexate
- Methotrexate + Cytarabine
- Methotrexate + Ifosfamide + Mesna
- Methotrexate + Vincristine + Procarbazine + Cytarabine
- Methotrexate + Vincristine + Procarbazine + Rituximab + Cytarabine
- Rituximab + Temozolomide
- Temozolomide
- Methotrexate + Rituximab

13. For Recurrent or Progressive CNS Lymphoma, the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates ALL of the following:
  ◦ Age less than 70 years;
  ◦ Recurrent disease;
14. For Meningioma, the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates ALL of the following:

- Age less than 70 years;
- Recurrent disease;
- Unresectable.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

- Interferon-Alfa
- Octreotide acetate LAR
- Sunitinib
15. Systemic Therapy for Metastatic Lesions per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates ALL of the following:

- Age less than 70 years;
- Multiple sites of involvement;
- Recurrent disease;
- First-line treatment.

### ASSOCIATED CHEMOTHERAPY REGIMENS

- Capecitabine
- Capecitabine + Lapatinib
- Capecitabine + Temozolomide
- Cisplatin + Etoposide
- Dabrafenib
- Ipilimumab
- Methotrexate
- Methotrexate + Cytarabine + Procarbazine
- Topotecan
- Vemurafenib
16. Therapy for Leptomeningeal Metastases per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates BOTH of the following:

- Age less than 70 years;
- Multiple sites of involvement.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

- Cytarabine
- Cytarabine + Rituximab
- Cytarabine Liposomal
- Erlotinib
- Etoposide
- Interferon-Alfa
- Methotrexate
- Topotecan
- Trastuzumab
REFERENCES


- Topotecan (Hycamtin) [prescribing information]. Research Triangle Park, NC: GlaxoSmithKline. 2015.


Breast Cancer

HealthHelp utilizes internal Medical Oncology Regimen codes to identify guideline-supported standard regimens. Regimen codes and their description details can be viewed through HealthHelp's WebConsult online tool. If you do not have access to HealthHelp's WebConsult, please contact HealthHelp's Program Support Team at 1-800-546-7092.

Medical Oncology treatments may be medically appropriate and supported by evidence to improve patient outcomes for the following indications and regimens. Unless otherwise stated, patients should demonstrate physical capability and appropriate clinical status as evidenced by either an Eastern Cooperative Oncology Group (ECOG) Performance Status Grade of 2 or less OR a Karnofsky Performance Status (KPS) Grade of 70 or greater.

1. Medical Oncology for Recurrent or Metastatic Breast Cancer per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates ALL of the following:
   - Age 60 years or older;
   - Metastatic disease is present;
   - Pathology is consistent with ductal, lobular, mixed, or metaplastic breast cancer;
   - Bilateral oophorectomy has been performed.

ASSOCIATED CHEMOTHERAPY REGIMENS

Fulvestrant
Palbociclib + Letrozole

2. Medical Oncology for Recurrent or Metastatic Breast Cancer per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates ALL of the following:
   - Metastatic disease is present;
   - Second-line endocrine therapy;
   - Failed an aromatase inhibitor;
   - Pathology is consistent with ductal, lobular, mixed, or metaplastic breast cancer;
   - Bilateral oophorectomy has been performed; and EITHER of the following:
     - Age 60 years or older;
     - Amenorrhea for more than twelve (12) months in the absence of tamoxifen, chemotherapy, or ovarian suppression with Follicle Stimulating Hormone (FSH) and estradiol that are in postmenopausal range in a patient who is less than 60 years of age.

ASSOCIATED CHEMOTHERAPY REGIMENS

Megestrol Acetate

Everolimus + Exemestane

3. Medical Oncology for Recurrent or Metastatic Breast Cancer per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates ALL of the following:
   - Age less than 60 years;
◦ Metastatic disease is present;
◦ Pathology is consistent with ductal, lobular, mixed, or metaplastic breast cancer;
◦ Bilateral oophorectomy has been performed;
◦ Amenorrhea for more than twelve (12) months in the absence of tamoxifen, chemotherapy, or ovarian suppression;
◦ Follicle Stimulating Hormone (FSH) and estradiol are in the postmenopausal range.

ASSOCIATED CHEMOTHERAPY REGIMENS

Fulvestrant

Palbociclib + Letrozole

4. Medical Oncology for Recurrent or Metastatic Breast Cancer per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates ALL of the following:
◦ Metastatic disease is present;
◦ Pathology is consistent with ductal, lobular, mixed, or metaplastic breast cancer;
◦ Negative HER2.

ASSOCIATED CHEMOTHERAPY REGIMENS

Albumin-bound Paclitaxel

Capecitabine

Carboplatin

Cisplatin
5. Medical Oncology for Recurrent or Metastatic Breast Cancer per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates ALL of the following:
   - Pathology is consistent with ductal, lobular, mixed, or metaplastic breast cancer;
   - Negative HER2;
   - Standard chemotherapy regimen containing Doxorubicin + Cyclophosphamide;
Subsequent treatment of Neoadjuvant/Adjuvant chemotherapy (maintenance regimen); and EITHER of the following:
- Metastatic disease is present;
- Recurrence occurred greater than twelve (12) months after treatment.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

Paclitaxel

6. Medical Oncology for Recurrent or Metastatic Breast Cancer per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates ALL of the following:
- Metastatic disease is present;
- Negative HER2;
- Pathology is consistent with ductal, lobular, mixed, or metaplastic breast cancer;
- Normal cardiac function.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

5-Fluorouracil + Doxorubicin + Cyclophosphamide (FAC)
5-Fluorouracil + Epirubicin + Cyclophosphamide (FEC)
Cyclophosphamide + Doxorubicin + 5-Fluorouracil (CAF)
Doxorubicin
Doxorubicin + Cyclophosphamide (AC)
Epirubicin
Epirubicin + Cyclophosphamide (EC)
Pegylated Liposomal Doxorubicin

Paclitaxel (subsequent cycles)

Cyclophosphamide + Epirubicin + Fluorouracil (CEF)

7. Medical Oncology for Recurrent or Metastatic Breast Cancer per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates ALL of the following:
   ◦ Stage III or Stage IV disease;
   ◦ First-line treatment;
   ◦ Normal cardiac function;
   ◦ Hormone Receptor positive;
   ◦ HER2 positive;
   ◦ Patient is postmenopausal.

ASSOCIATED CHEMOTHERAPY REGIMENS

Anastrozole + Trastuzumab

8. Medical Oncology for Recurrent or Metastatic Breast Cancer per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates ALL of the following:
   ◦ Stage III or Stage IV disease;
   ◦ First-line treatment;
   ◦ Normal cardiac function;
   ◦ HER2 positive;
9. Medical Oncology for Recurrent or Metastatic Breast Cancer per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates ALL of the following:

- Stage III or Stage IV disease;
- First-line treatment;
- Hormone Receptor positive;
- HER2 negative;
- Patient is postmenopausal
- Failure of previous treatment with Letrozole or Anastrozole.

ASSOCIATED CHEMOTHERAPY REGIMENS

Pertuzumab + Trastuzumab

10. Medical Oncology for Recurrent or Metastatic Breast Cancer per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates ALL of the following:

- Stage III or Stage IV disease;
- First-line treatment;
- Hormone Receptor positive;
- HER2 positive;
- Patient is postmenopausal.
ASSOCIATED CHEMOTHERAPY REGIMENS

Lapatinib + Letrozole

11. Medical Oncology for Recurrent or Metastatic Breast Cancer per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates ALL of the following:
   - Stage III or Stage IV disease;
   - First-line treatment;
   - Hormone Receptor positive;
   - HER2 negative;
   - Patient is postmenopausal.

ASSOCIATED CHEMOTHERAPY REGIMENS

Palbociclib + Letrozole

Ribociclib + Letrozole

12. Medical Oncology for Recurrent or Metastatic Breast Cancer per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates ALL of the following:
   - Pathology is consistent with ductal, lobular, mixed, or metaplastic breast cancer;
   - Positive HER2;
   - First-line treatment;
   - Normal cardiac function;
   - Recurrence occurred greater than 12 months after treatment.
ASSOCIATED CHEMOTHERAPY REGIMENS

Paclitaxel + Carboplatin + Trastuzumab
Paclitaxel + Trastuzumab
Pertuzumab + Trastuzumab + Paclitaxel
Pertuzumab + Trastuzumab + Docetaxel
Trastuzumab + Capecitabine
Trastuzumab + Docetaxel
Trastuzumab + Vinorelbine

13. Medical Oncology for Recurrent or Metastatic Breast Cancer per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates ALL of the following:
- Metastatic disease is present;
- Pathology is consistent with ductal, lobular, mixed, or metaplastic breast cancer;
- Positive HER2;
- First-line treatment;
- Normal cardiac function.

ASSOCIATED CHEMOTHERAPY REGIMENS

Paclitaxel + Carboplatin + Trastuzumab
Paclitaxel + Trastuzumab
Trastuzumab + Capecitabine
14. Medical Oncology for Recurrent or Metastatic Breast Cancer per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates ALL of the following:

- Pathology is consistent with ductal, lobular, mixed, or metaplastic breast cancer;
- Positive HER2;
- Recurrence occurred less than twelve (12) months after treatment;
- Second-line treatment (previous exposure to Trastuzumab);
- Normal cardiac function.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

Ado-Trastuzumab Emtansine (T-DM1)

15. Medical Oncology for Recurrent or Metastatic Breast Cancer per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates EITHER of the following:

- Patient is experiencing osteoporosis related to breast cancer;
- Patient is experiencing hypercalcemia related to breast cancer.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

Zoledronic Acid

Denosumab
16. Medical Oncology for Recurrent or Metastatic Breast Cancer per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates ALL of the following:

- Pathology is consistent with ductal, lobular, mixed, or metaplastic breast cancer;
- Positive HER2;
- Third-line treatment (previous exposure to Traztuzumab and TDM-1);
- Normal cardiac function; and EITHER of the following:
  - Metastatic disease is present;
  - Recurrence occurred less than twelve (12) months after treatment.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

- Lapatinib + Capecitabine
- Trastuzumab + Capecitabine
- Trastuzumab + Lapatinib

17. Adjuvant or Neoadjuvant Chemotherapy for Breast Cancer per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates ALL of the following:

- High risk score on validated recurrence score calculators;
- Pathology is consistent with ductal, lobular, mixed, or metaplastic breast cancer;
- Tumor 0.6-1.0 cm;
- Node positive;
- Negative HER2;
- Hormone receptor positive (estrogen or progesterone);
- Neoadjuvant chemotherapy;
- Normal cardiac function.
ASSOCIATED CHEMOTHERAPY REGIMENS

Dose-Dense Doxorubicin + Cyclophosphamide (AC)

Doxorubicin + Cyclophosphamide (AC)

18. Adjuvant or Neoadjuvant Chemotherapy for Breast Cancer per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates ALL of the following:

- High risk score on validated recurrence score calculators;
- Pathology is consistent with ductal, lobular, mixed, or metaplastic breast cancer;
- Tumor 0.6-1.0 cm;
- Negative HER2;
- Hormone receptor positive (estrogen or progesterone);
- Adjuvant chemotherapy;
- Normal cardiac function.

ASSOCIATED CHEMOTHERAPY REGIMENS

5-Fluorouracil + Doxorubicin + Cyclophosphamide (FAC) + Paclitaxel

Cyclophosphamide + Methotrexate + 5-Fluorouracil (CMF)

Docetaxel + Cyclophosphamide (TC)

Dose-Dense Doxorubicin + Cyclophosphamide (AC) + Paclitaxel

Epirubicin + Cyclophosphamide (EC)
19. Adjuvant or Neoadjuvant Chemotherapy for Breast Cancer per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates ALL of the following:
   ◦ High risk score on validated recurrence score calculators;
   ◦ Pathology is consistent with ductal, lobular, mixed, or metaplastic breast cancer;
   ◦ Negative HER2;
   ◦ Normal cardiac function.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

AC + Albumin-bound Paclitaxel

20. Adjuvant or Neoadjuvant Chemotherapy for Breast per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates ALL of the following:
   ◦ Pathology is consistent with ductal, lobular, mixed, or metaplastic breast cancer;
   ◦ Tumor greater than or equal to 0.5 cm;
   ◦ Node negative;
   ◦ Negative HER2;
   ◦ Hormone receptor negative (estrogen or progesterone);
   ◦ Neoadjuvant chemotherapy;
   ◦ Normal cardiac function.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

Dose-Dense Doxorubicin + Cyclophosphamide (AC)

Doxorubicin + Cyclophosphamide (AC)
21. Adjuvant or Neoadjuvant Chemotherapy for Breast Cancer per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates ALL of the following:

- Pathology is consistent with ductal, lobular, mixed, or metaplastic breast cancer;
- Tumor greater than or equal to 0.5 cm;
- Node negative;
- Negative HER2;
- Adjuvant chemotherapy;
- Normal cardiac function.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

Doxorubicin + Cyclophosphamide (AC) + Docetaxel

22. Adjuvant or Neoadjuvant Chemotherapy for Breast Cancer per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates ALL of the following:

- Pathology is consistent with ductal, lobular, mixed, or metaplastic breast cancer;
- Tumor greater than or equal to 0.5 cm;
- Positive HER2;
- Adjuvant chemotherapy;
- Normal cardiac function.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

Docetaxel + Carboplatin + Trastuzumab (TCH)

Dose-Dense Doxorubicin + Cyclophosphamide (AC) + Paclitaxel + Trastuzumab
Doxorubicin + Cyclophosphamide (AC) + Docetaxel + Trastuzumab

Doxorubicin + Cyclophosphamide (AC) + Paclitaxel + Trastuzumab

Doxorubicin + Cyclophosphamide (AC) + Pertuzumab + Trastuzumab + Docetaxel

Doxorubicin + Cyclophosphamide (AC) + Pertuzumab + Trastuzumab + Paclitaxel

TCH + Pertuzumab

23. Adjuvant or Neoadjuvant Chemotherapy for Breast Cancer per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates ALL of the following:

- Pathology is consistent with ductal, lobular, mixed, or metaplastic breast cancer;
- Tumor greater than or equal to 0.5 cm;
- Positive HER2;
- Neoadjuvant chemotherapy;
- Normal cardiac function.

ASSOCIATED CHEMOTHERAPY REGIMENS

Docetaxel + Cyclophosphamide + Trastuzumab

Doxorubicin + Cyclophosphamide (AC) + Docetaxel + Trastuzumab

Doxorubicin + Cyclophosphamide (AC) + Pertuzumab + Trastuzumab + Paclitaxel
24. Adjuvant or Neoadjuvant Chemotherapy for Breast Cancer per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates ALL of the following:

- Pathology is consistent with ductal, lobular, mixed, or metaplastic breast cancer;
- Tumor greater than or equal to 0.5 cm;
- Negative HER2;
- Hormone receptor negative (estrogen or progesterone);
- Locally advanced or inflammatory breast cancer;
- Normal cardiac function.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

5-Fluorouracil + Doxorubicin + Cyclophosphamide (FAC) + Paclitaxel

25. Adjuvant or Neoadjuvant Chemotherapy for Breast Cancer per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates ALL of the following:

- Pathology is consistent with ductal, lobular, mixed, or metaplastic breast cancer;
- Tumor greater than or equal to 0.5 cm;
- Negative HER2;
- Hormone receptor negative (estrogen or progesterone);
- Adjuvant chemotherapy;
- Normal cardiac function.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

Cyclophosphamide + Methotrexate + 5-Fluorouracil (CMF)

Docetaxel + Cyclophosphamide (TC)
Dose-Dense Doxorubicin + Cyclophosphamide (AC)
Dose-Dense Doxorubicin + Cyclophosphamide (AC) + Paclitaxel
Doxorubicin + Cyclophosphamide (AC)
Epirubicin + Cyclophosphamide (EC)

26. Adjuvant or Neoadjuvant Chemotherapy for Breast Cancer per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates ALL of the following:

- Pathology is consistent with ductal, lobular, mixed, or metaplastic breast cancer;
- Tumor greater than or equal to 0.5 cm;
- Negative HER2;
- Hormone receptor negative (estrogen or progesterone);
- Neoadjuvant chemotherapy;
- Normal cardiac function.

ASSOCIATED CHEMOTHERAPY REGIMENS

5-Fluorouracil + Doxorubicin + Cyclophosphamide (FAC) + Paclitaxel
Cyclophosphamide + Methotrexate + 5-Fluorouracil (CMF)
Epirubicin + Cyclophosphamide (EC)

27. Adjuvant or Neoadjuvant Chemotherapy for Breast Cancer per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates ALL of the following:
Clinical Guidelines for Medical Necessity Review of Medical Oncology Services.

- Pathology is consistent with ductal, lobular, mixed, or metaplastic breast cancer;
- Tumor greater than or equal to 0.5 cm;
- Negative HER2;
- Neoadjuvant chemotherapy;
- Normal cardiac function.

ASSOCIATED CHEMOTHERAPY REGIMENS

Doxorubicin + Cyclophosphamide (AC) + Docetaxel

28. Adjuvant or Neoadjuvant Chemotherapy for Breast Cancer per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates ALL of the following:

Pathology is consistent with ductal, lobular, mixed, or metaplastic breast cancer;

Node positive;

Positive HER2;

Normal cardiac function; and EITHER of the following:

Adjuvant chemotherapy;

Neoadjuvant chemotherapy.

ASSOCIATED CHEMOTHERAPY REGIMENS

5-Fluorouracil + Epirubicin + Cyclophosphamide (FEC) + Pertuzumab + Trastuzumab + Docetaxel
5-Fluorouracil + Epirubicin + Cyclophosphamide (FEC) + Pertuzumab + Trastuzumab + Paclitaxel

Docetaxel + Carboplatin + Trastuzumab (TCH)

Docetaxel + Cyclophosphamide + Trastuzumab

Dose-Dense Doxorubicin + Cyclophosphamide (AC) + Paclitaxel + Trastuzumab

Doxorubicin + Cyclophosphamide (AC) + Docetaxel + Trastuzumab

Doxorubicin + Cyclophosphamide (AC) + Paclitaxel + Trastuzumab

Doxorubicin + Cyclophosphamide (AC) + Pertuzumab + Trastuzumab + Docetaxel

Doxorubicin + Cyclophosphamide (AC) + Pertuzumab + Trastuzumab + Paclitaxel

Paclitaxel + Trastuzumab

Pertuzumab + Trastuzumab + Docetaxel + 5-Fluorouracil (5-FU) + Epirubicin + Cyclophosphamide (FEC)

Pertuzumab + Trastuzumab + Paclitaxel + 5-Fluorouracil + Epirubicin + Cyclophosphamide (FEC)

TCH + Pertuzumab

29. Adjuvant or Neoadjuvant Chemotherapy for Breast Cancer per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates ALL of the following:

- Pathology is consistent with ductal, lobular, mixed, or metaplastic breast cancer;
- Node positive;
- Negative HER2;
- Adjuvant chemotherapy;
- Normal cardiac function.

ASSOCIATED CHEMOTHERAPY REGIMENS

5-Fluorouracil + Doxorubicin + Cyclophosphamide (FAC) + Paclitaxel

Cyclophosphamide + Methotrexate + 5-Fluorouracil (CMF)

Docetaxel + Cyclophosphamide (TC)

Dose-Dense Doxorubicin + Cyclophosphamide (AC)

Dose-Dense Doxorubicin + Cyclophosphamide (AC) + Paclitaxel

Doxorubicin + Cyclophosphamide (AC)

Epirubicin + Cyclophosphamide (EC)

30. Adjuvant or Neoadjuvant Chemotherapy for Breast Cancer per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates ALL of the following:

- Pathology is consistent with ductal, lobular, mixed, or metaplastic breast cancer;
- Node positive;
- Negative HER2;
- Neoadjuvant chemotherapy;
- Normal cardiac function.
ASSOCIATED CHEMOTHERAPY REGIMENS

- 5-Fluorouracil + Doxorubicin + Cyclophosphamide (FAC) + Paclitaxel
- Cyclophosphamide + Methotrexate + 5-Fluorouracil (CMF)
- Dose-Dense Doxorubicin + Cyclophosphamide (AC)
- Doxorubicin + Cyclophosphamide (AC)
- Doxorubicin + Cyclophosphamide (AC) + Docetaxel
- Epirubicin + Cyclophosphamide (EC)

31. Adjuvant or Neoadjuvant Chemotherapy for Breast Cancer per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates ALL of the following:

- Pathology is consistent with ductal, lobular, mixed, or metaplastic breast cancer;
- Node negative;
- Negative HER2;
- Adjuvant chemotherapy;
- Normal cardiac function.

ASSOCIATED CHEMOTHERAPY REGIMENS

- Doxorubicin + Cyclophosphamide (AC) + Docetaxel

32. Adjuvant or Neoadjuvant Chemotherapy for Breast Cancer per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates ALL of the following:
Pathology is consistent with ductal, lobular, mixed, or metaplastic breast cancer;
- Negative HER2;
- Locally advanced or inflammatory breast cancer;
- Neoadjuvant chemotherapy;
- Normal cardiac function.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

- 5-Fluorouracil + Doxorubicin + Cyclophosphamide (FAC) + Paclitaxel
- Docetaxel + Cyclophosphamide (TC)
- Dose-Dense Doxorubicin + Cyclophosphamide (AC)
- Dose-Dense Doxorubicin + Cyclophosphamide (AC) + Paclitaxel
- Doxorubicin + Cyclophosphamide (AC)
- Doxorubicin + Cyclophosphamide (AC) + Docetaxel
- Epirubicin + Cyclophosphamide (EC)

**33. Adjuvant or Neoadjuvant Chemotherapy for Breast Cancer**

Adjuvant or Neoadjuvant Chemotherapy for Breast Cancer per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates ALL of the following:
- Pathology is consistent with ductal, lobular, mixed, or metaplastic breast cancer;
- Negative HER2;
- Subsequent treatment of Neoadjuvant/Adjuvant chemotherapy (maintenance regimen);
Standard chemotherapy regimen containing 5-FU + Epirubicin + Cyclophosphamide;
- Normal cardiac function.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

Paclitaxel (Subsequent Cycles)

34. Adjuvant or Neoadjuvant Chemotherapy for Breast Cancer per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates ALL of the following:
- Positive HER2;
- Subsequent treatment of Neoadjuvant/Adjuvant chemotherapy (maintenance regimen);
- Normal cardiac function.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

Trastuzumab (Subsequent cycles)

35. Adjuvant or Neoadjuvant Chemotherapy for Breast Cancer per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates ALL of the following:
- Pathology is consistent with ductal, lobular, mixed, or metaplastic breast cancer;
- Negative HER2;
- Subsequent treatment of Neoadjuvant/Adjuvant chemotherapy (maintenance regimen);
○ Standard chemotherapy regimen containing 5-FU + Doxorubicin + Cyclophosphamide;
○ Normal cardiac function.

ASSOCIATED CHEMOTHERAPY REGIMENS

Paclitaxel (Subsequent Cycles)

36. Adjuvant Endocrine Chemotherapy for Breast Cancer per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates ALL of the following:

○ Adjuvant therapy; and ANY of the following:
  ▪ Age 60 years or older
  ▪ Amenorrhea for more than twelve (12) months in the absence of tamoxifen, chemotherapy, or ovarian suppression with Follicle Stimulating Hormone (FSH) and estradiol that are in postmenopausal range in a patient who is less than 60 years of age.
  ▪ Bilateral oophorectomy has been performed;
  ▪ Pathology is consistent with ductal, lobular, mixed, or metaplastic breast cancer;
  ▪ Node positive;
  ▪ Tumor greater than 0.5 cm;

ASSOCIATED CHEMOTHERAPY REGIMENS

Anastrozole
Exemestane
Letrozole
37. Adjuvant Endocrine Chemotherapy for Breast Cancer per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates ALL of the following:

- Age less than 60 years;
- Amenorrhea for more than twelve (12) months in the absence of tamoxifen, chemotherapy, or ovarian suppression;
- Pathology is consistent with ductal, lobular, mixed, or metaplastic breast cancer;
- Node positive;
- Adjuvant therapy;
- FSH and estradiol are in the postmenopausal range.

### ASSOCIATED CHEMOTHERAPY REGIMENS

- Anastrozole
- Exemestane
- Letrozole
- Denosumab
- Zoledronic Acid

38. Adjuvant Endocrine Chemotherapy for Breast Cancer per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates ALL of the following:

- Pathology is consistent with ductal, lobular, mixed, or metaplastic breast cancer;
- Tumor greater than 0.5 cm;
- Adjuvant therapy.
ASSOCIATED CHEMOTHERAPY REGIMENS

Tamoxifen

39. Adjuvant Endocrine Chemotherapy for Breast Cancer per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates either of the following:

◦ Patient is experiencing osteoporosis related to breast cancer;
◦ Patient is experiencing hypercalcemia related to breast cancer.

ASSOCIATED CHEMOTHERAPY REGIMENS

Zoledronic Acid

Denosumab

40. Adjuvant Endocrine Chemotherapy for Breast Cancer per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates ALL of the following:

◦ Pathology is consistent with ductal, lobular, mixed, or metaplastic breast cancer;
◦ Node positive;
◦ Adjuvant therapy.

ASSOCIATED CHEMOTHERAPY REGIMENS

Anastrozole

Exemestane

Letrozole

Tamoxifen
41. GnRH Agonist Therapy for Breast Cancer per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates ALL of the following:

- Age 40 years or less;
- Premenopausal;
- Pathology is consistent with ductal, lobular, mixed, or metaplastic breast cancer;
- Adjuvant therapy; and EITHER of the following:
  - Tumor greater than 0.5 cm;
  - Node positive

**ASSOCIATED CHEMOTHERAPY REGIMENS**

- Goserelin
- Leuprolide Depot
- Tamoxifen + Leuprolide Depot
REFERENCES


Cervical Cancer

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Medical Oncology treatments may be medically appropriate and supported by evidence to improve patient outcomes for the following indications and regimens. Unless otherwise stated, patients should demonstrate physical capability and appropriate clinical status as evidenced by either an Eastern Cooperative Oncology Group (ECOG) Performance Status Grade of 2 or less OR a Karnofsky Performance Status (KPS) Grade of 70 or greater.

1. First-Line Therapy for Recurrent or Metastatic Cervical Cancer per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates the following:
   - Advanced disease.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

- Carboplatin + Paclitaxel
- Cisplatin + Gemcitabine
- Cisplatin + Paclitaxel + Bevacizumab
- Cisplatin + Topotecan
- Paclitaxel + Carboplatin + Bevacizumab
Paclitaxel + Cisplatin

Topotecan + Paclitaxel

Topotecan + Paclitaxel + Bevacizumab

2. First-Line Therapy for Recurrent or Metastatic Cervical Cancer per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates BOTH of the following:
   ◦ Advanced disease;

History of Cerebrovascular Accident (CVA) or Myocardial Infarction (MI).

ASSOCIATED CHEMOTHERAPY REGIMENS

Carboplatin + Paclitaxel

Cisplatin + Gemcitabine

Cisplatin + Topotecan

Paclitaxel + Cisplatin
3. First-Line Therapy for Recurrent or Metastatic Cervical Cancer per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates the following:
   - History of Cerebrovascular Accident (CVA) or Myocardial Infarction (MI).

   **ASSOCIATED CHEMOTHERAPY REGIMENS**
   - Carboplatin
   - Cisplatin
   - Paclitaxel

4. Second-Line Therapy for Recurrent or Metastatic Cervical Cancer per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates the following:
   - Advanced disease.

   **ASSOCIATED CHEMOTHERAPY REGIMENS**
   - Albumin-bound Paclitaxel
   - Bevacizumab
   - Docetaxel
   - Gemcitabine
   - Ifosfamide + Mesna
   - Irinotecan
Leucovorin + 5-Fluorouracil (5-FU)

Mitomycin

Pemetrexed

Topotecan

Vinorelbine

5. First-Line Therapy with Radiotherapy for Locally Advanced Cervical Cancer per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates EITHER of the following:

- Stage 1B1, 2A1 with intermediate or high risk features, such as presence of positive nodes, positive surgical margins, or positive parametrium;
- Stage 1B2, 2A2, 2B- 4A.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

Cisplatin

Cisplatin + 5-Fluorouracil (5-FU)

Cisplatin + 5-Fluorouracil (5-FU) + Hydroxyurea

Cisplatin + Gemcitabine

6. First-Line Therapy with Radiotherapy for Locally Advanced Cervical Cancer per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates BOTH of the following:
• Stage 1B1, 2A1;
• Intermediate or high risk features, such as presence of positive nodes, positive surgical margins, or positive parametrium.

ASSOCIATED CHEMOTHERAPY REGIMENS

Cisplatin

Cisplatin + 5-Fluorouracil (5-FU)
REFERENCES


Chronic Myeloid Leukemia

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1. Primary Therapy for Chronic Myeloid Leukemia (CML) per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates the following:
   - Ph positive or BCR-ABL1 positive and chronic phase CML.

<table>
<thead>
<tr>
<th>ASSOCIATED CHEMOTHERAPY REGIMENS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dasatinib</td>
</tr>
<tr>
<td>Imatinib</td>
</tr>
<tr>
<td>Nilotinib</td>
</tr>
</tbody>
</table>
2. Primary Therapy for Chronic Myeloid Leukemia per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates BOTH of the following:

- Ph positive or BCR-ABL1 positive and chronic phase CML;
- Cytogenetic relapse.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

- Bosutinib
- Dasatinib
- Imatinib
- Nilotinib
- Omacetaxine
- Omacetaxine (Maintenance Cycles)
- Ponatinib
3. Primary Therapy for Chronic Myeloid Leukemia per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates the following:
   - Ph positive or BCR-ABL1 positive and accelerated phase.

   **ASSOCIATED CHEMOTHERAPY REGIMENS**
   - Bosutinib
   - Dasatinib
   - Imatinib
   - Nilotinib
   - Ponatinib

4. Primary Therapy for Chronic Myeloid Leukemia per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates the following:
   - Ph positive or BCR-ABL1 positive and chronic phase CML; and EITHER of the following:
     - Blast Crisis-lymphoid;
     - Blast Crisis-myeloid.

   **ASSOCIATED CHEMOTHERAPY REGIMENS**
   - Ponatinib
5. Primary Therapy for Chronic Myeloid Leukemia per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates ALL of the following:

- Ph positive or BCR-ABL1 positive and accelerated phase;
- Resistance and/or intolerance to tyrosine-kinase inhibitor (TKI);
- Post Allogenic Hematopoietic stem cell transplantation with or without CCyR (Complete Cytogenic Response);
- Unable to tolerate tyrosine-kinase inhibitor (TKI) as initial treatment (i.e., Imatinib, Nilotinib, Dasatinib, Bosutinib, Ponatinib).

**ASSOCIATED CHEMOTHERAPY REGIMENS**

Omacetaxine

Omacetaxine (Maintenance Cycles)
REFERENCES

Clinical Guidelines for Medical Necessity Review of Medical Oncology Services.
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16945 Northchase Dr #1300, Houston, TX 77060 (281) 447-7000

Colon Cancer

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1. For Advanced or Metastatic Colon Cancer, the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates ALL of the following:
   - Metastatic disease is present;
   - Unresectable metachronous metastases;
   - First-line treatment.

   ASSOCIATED CHEMOTHERAPY REGIMENS

   5-Fluorouracil (5-FU) + Leucovorin (LV5FU2)

   Capecitabine

   Capecitabine + Bevacizumab
CapeOx

CapeOx + Bevacizumab

FOLFIRI

FOLFIRI + Bevacizumab

FOLFIRI + Cetuximab

FOLFIRI + Panitumumab

FOLFIRI + Ramucirumab

FOLFIRI + Ziv-Aflibercept

FOLFOXIRI

FOLFOXIRI + Bevacizumab

Irinotecan

Irinotecan + Oxaliplatin (IROX)

Leucovorin + 5-Fluorouracil (5-FU) (Roswell Park)

mFOLFOX6

mFOLFOX6 + Bevacizumab

mFOLFOX6 + Panitumumab

sLV5FU2
2. For Advanced or Metastatic Colon Cancer, the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates BOTH of the following:

  ◦ KRAS mutation;
  ◦ First-line treatment.

ASSOCIATED CHEMOTHERAPY REGIMENS

5-Fluorouracil (5-FU) + Leucovorin (LV5FU2)

Capecitabine

Capecitabine + Bevacizumab

CapeOx

CapeOx + Bevacizumab

FOLFIRI

FOLFIRI + Bevacizumab

FOLFIRI + Ramucirumab

FOLFIRI + Ziv-Aflibercept

FOLFOXIRI

FOLFOXIRI + Bevacizumab

Irinotecan

Irinotecan + Oxaliplatin (IROX)

Leucovorin + 5-Fluorouracil (5-FU) (Roswell Park)
mFOLFOX6
mFOLFOX6 + Bevacizumab
sLV5FU2

3. For Advanced or Metastatic Colon Cancer, the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates ALL of the following:
   ◦ Metastatic disease is present;
   ◦ Unresectable metachronous metastases;

ASSOCIATED CHEMOTHERAPY REGIMENS

5-Fluorouracil (5-FU) + Leucovorin (LV5FU2)

Capecitabine
Capecitabine + Bevacizumab
CapeOx
CapeOx + Bevacizumab
FOLFIRI
FOLFIRI + Bevacizumab
FOLFIRI + Cetuximab
FOLFIRI + Panitumumab
FOLFIRI + Ramucirumab
FOLFIRI + Ziv-Aflibercept
FOLFOXIRI
FOLFOXIRI + Bevacizumab
Irinotecan
Irinotecan + Oxaliplatin (IROX)
Leucovorin + 5-Fluorouracil (5-FU) (Roswell Park)
mFOLFOX6
mFOLFOX6 + Bevacizumab
mFOLFOX6 + Cetuximab
mFOLFOX6 + Panitumumab
sLV5FU2
Panitumumab
Cetuximab
Cetuximab + Irinotecan

4. For Advanced or Metastatic Colon Cancer, the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates BOTH of the following:
KRAS mutation;

ASSOCIATED CHEMOTHERAPY REGIMENS

5-Fluorouracil (5-FU) + Leucovorin (LV5FU2)
- Capecitabine
- Capecitabine + Bevacizumab
- CapeOx
- CapeOx + Bevacizumab
- FOLFIRI
- FOLFIRI + Bevacizumab
- FOLFIRI + Ramucirumab
- FOLFIRI + Ziv-Aflibercept
- FOLFOXIRI
- FOLFOXIRI + Bevacizumab
- Irinotecan
- Irinotecan + Oxaliplatin (IROX)
- Leucovorin + 5-Fluorouracil (5-FU) (Roswell Park)
- mFOLFOX6
5. For Advanced or Metastatic Colon Cancer, the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates BOTH of the following:
   ◦ Metastatic disease;
   ◦ Third-line treatment.

   **ASSOCIATED CHEMOTHERAPY REGIMENS**

   - Regorafenib

6. For Advanced or Metastatic Colon Cancer, the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates ALL of the following:
   ◦ Metastatic disease;
   ◦ KRAS mutation;

First-line treatment.
ASSOCIATED CHEMOTHERAPY REGIMENS

- Cetuximab
- Cetuximab + Irinotecan
- FOLFIRI + Cetuximab
- FOLFIRI + Panitumumab
- FOLFOXIRI
- FOLFOXIRI + Bevacizumab
- mFOLFOX6 + Cetuximab
- mFOLFOX6 + Panitumumab
- Panitumumab
- Irinotecan
- IROX
- LVSFU2
- svsfu2

For Advanced or Metastatic Colon Cancer, the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates ALL of the following:

- Metastatic disease;
7. Neoadjuvant or Adjuvant Therapy for Colon Cancer per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates EITHER of the following:

- Node positive; and ANY of the following:
  - Stage T1;
  - Stage T2;
  - Stage 3;
  - Stage T4; and ANY of the following:
    - Bowel obstruction;
    - Less than 12 lymph nodes examined;
    - Perineural invasion;

**ASSOCIATED CHEMOTHERAPY REGIMENS**

- Cetuximab
- Cetuximab + Irinotecan
- FOLFIRI + Cetuximab
- FOLFIRI + Panitumumab
- FOLFOX + Cetuximab
- mFOLFOX6 + Panitumumab
- Panitumumab
• Localized perforation;
• Close, indeterminate, or positive margins.

ASSOCIATED CHEMOTHERAPY REGIMENS

Capecitabine

CapeOx

FLOX

Leucovorin + 5-Fluorouracil (5-FU) (Roswell Park)

mFOLFOX6

sLV5FU2

8. Neoadjuvant or Adjuvant Therapy for Colon Cancer per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates BOTH of the following:
   ◦ Node positive;
   ◦ Stage 4.

ASSOCIATED CHEMOTHERAPY REGIMENS

Capecitabine

CapeOx

FLOX

Leucovorin + 5-Fluorouracil (5-FU) (Roswell Park)
9. Neoadjuvant or Adjuvant Therapy for Colon Cancer per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates the following:

- Stage T4; and EITHER of the following:
  - Poorly differentiated histology;
  - Lymphovascular invasion (LVI).

**ASSOCIATED CHEMOTHERAPY REGIMENS**

- **FLOX**
- **mFOLFOX6**
- **Capecitabine**
- **CapeOx**
- Leucovorin + 5-Fluorouracil (5-FU) (Roswell Park)
- **sLV5FU2**
REFERENCES

- Venook AP, Niedzwiecki D, Lenz H, et al. CALGB/SWOG 80405: Phase III trial of irinotecan/5-FU/leucovorin (FOLFIRI) or oxaliplatin/5-FU/leucovorin (mFOLFOX6) with bevacizumab or cetuximab for patients with KRAS wild-type untreated metastatic adenocarcinoma of the colon or rectum [abstract]. ASCO Meeting Abstracts 2014;32:LBA3.


Endometrial Cancer

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1. Systemic Chemotherapy for Recurrent, Metastatic, or High-Risk Endometrial Carcinoma per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates the following:
   ◦ Distant metastases.

<table>
<thead>
<tr>
<th>ASSOCIATED CHEMOTHERAPY REGIMENS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bevacizumab</td>
</tr>
<tr>
<td>Carboplatin</td>
</tr>
<tr>
<td>Carboplatin + Docetaxel</td>
</tr>
</tbody>
</table>
2. Systemic Chemotherapy for Recurrent, Metastatic, or High-Risk Endometrial Carcinoma per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates the following:
   - Local/regional recurrence.

   **ASSOCIATED CHEMOTHERAPY REGIMENS**

   - Bevacizumab
   - Carboplatin
3. Systemic Chemotherapy for Recurrent, Metastatic, or High-Risk Endometrial Carcinoma per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates the following:

- Adjuvant therapy; and ANY of the following:
  - Stage 1B, G3;
  - Stage 2, G3;
  - Stage 3A;
  - Stage 3B or 3C;
  - Stage 4.

<table>
<thead>
<tr>
<th>Drug Regimen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carboplatin + Docetaxel</td>
</tr>
<tr>
<td>Carboplatin + Paclitaxel</td>
</tr>
<tr>
<td>Cisplatin</td>
</tr>
<tr>
<td>Cisplatin + Doxorubicin</td>
</tr>
<tr>
<td>Cisplatin + Doxorubicin + Paclitaxel</td>
</tr>
<tr>
<td>Doxorubicin</td>
</tr>
<tr>
<td>Liposomal Doxorubicin</td>
</tr>
<tr>
<td>Paclitaxel</td>
</tr>
<tr>
<td>Temsirolimus</td>
</tr>
<tr>
<td>Topotecan</td>
</tr>
</tbody>
</table>
4. Systemic Chemotherapy for Recurrent, Metastatic, or High-Risk Endometrial Carcinoma per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates the following:
   - Adjuvant therapy.

   **ASSOCIATED CHEMOTHERAPY REGIMENS**

   Carboplatin
   Carboplatin + Docetaxel
   Carboplatin + Paclitaxel
   Cisplatin
   Cisplatin + Doxorubicin
   Cisplatin + Doxorubicin + Paclitaxel

5. Systemic Hormonal Therapy for Recurrent, Metastatic, or High-Risk Endometrial Carcinoma per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates the following:
• Endometrioid histology, hormone receptor positive, and low grade; and EITHER of the following:
  • Distant metastases;
  • Local/regional recurrence.

ASSOCIATED CHEMOTHERAPY REGIMENS

  Anastrazole
  Medroxyprogesterone Acetate
  Medroxyprogesterone Acetate + Tamoxifen
  Megestrol Acetate + Tamoxifen
  Tamoxifen
REFERENCES


Esophageal Cancer

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1. Preoperative Chemoradiation for Esophageal Cancer per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates the following:
   - Neoadjuvant or Adjuvant therapy; and EITHER of the following:
     - Squamous cell carcinoma with the primary tumor located in the cervical esophagus;
     - Adenocarcinoma with the primary tumor located in the non-cervical esophagus.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

- 5-Fluorouracil (5-FU) + Leucovorin + Oxaliplatin (FOLFOX)
- Cisplatin + 5-Fluorouracil (5-FU)
2. Preoperative Chemoradiation for Esophageal Cancer per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates the following:
   - Squamous cell carcinoma; and EITHER of the following:
     - Unresectable locally advanced or metastatic disease;
     - Neoadjuvant or Adjuvant therapy for a primary tumor located in the cervical esophagus.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

- Irinotecan + Cisplatin
- Paclitaxel + 5-Fluorouracil (5-FU)
- Paclitaxel + Capecitabine
- Paclitaxel + Carboplatin

- Cisplatin + Capecitabine
- Irinotecan + Cisplatin
- Oxaliplatin + 5-Fluorouracil (5-FU)
- Oxaliplatin + Capecitabine
- Paclitaxel + 5-Fluorouracil (5-FU)
- Paclitaxel + Capecitabine
3. Preoperative Chemoradiation for Esophageal Cancer per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates EITHER of the following:
   ◦ Unresectable locally advanced or metastatic adenocarcinoma;
   ◦ Neoadjuvant or Adjuvant therapy for a primary tumor located in the cervical esophagus.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

- Irinotecan + Cisplatin
- Paclitaxel + 5-Fluorouracil (5-FU)
- Paclitaxel + Capecitabine

4. Preoperative Chemoradiation for Esophageal Cancer per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates ANY of the following:
   ◦ Neoadjuvant or Adjuvant therapy for the treatment of Adenocarcinoma;
   ◦ Location of the primary tumor is in the cervical esophagus; and EITHER of the following:
     ▪ Unresectable locally advanced or metastatic disease;
     ▪ Non-surgical candidate;
   ◦ Location of the primary tumor is in the non-cervical esophagus; and EITHER of the following:
     ▪ Unresectable locally advanced or metastatic disease;
     ▪ Non-surgical candidate.
ASSOCIATED CHEMOTHERAPY REGIMENS

5-Fluorouracil (5-FU) + Leucovorin + Oxaliplatin (FOLFOX)

Cisplatin + 5-Fluorouracil (5-FU)

Cisplatin + Capecitabine

Oxaliplatin + 5-Fluorouracil (5-FU)

Oxaliplatin + Capecitabine

Paclitaxel + Carboplatin

---

5. Perioperative Chemoradiation (including Esophagogastric junction) for Esophageal Cancer per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates the following:
   - Adenocarcinoma; and EITHER of the following:
     - Unresectable locally advanced or metastatic disease;
     - Adjuvant/Neoadjuvant for treatment of primary tumor is in the non-cervical esophagus therapy StageT3-4, N0/N+, M0,R0 resection;

ASSOCIATED CHEMOTHERAPY REGIMENS

Cisplatin + 5-Fluorouracil (5-FU)

Epirubicin + Cisplatin + 5-Fluorouracil (5-FU) (ECF)

Epirubicin + Oxaliplatin + 5-Fluorouracil (5-FU) (EOF)

Epirubicin + Oxaliplatin + Capecitabine (ECX)
6. Postoperative Chemoradiation for Esophageal Cancer (Adenocarcinoma or Gastroesophageal Junction Only) per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates ALL of the following:

- Adenocarcinoma;
- Location of the primary tumor is in the non-cervical esophagus;
- Adjuvant/Neoadjuvant therapy; and EITHER of the following:
  - R1/R2 resection;
  - StageT3-4, N0/N+, M0, R0 resection.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

<table>
<thead>
<tr>
<th>Regimen Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-Fluorouracil (5-FU)</td>
</tr>
<tr>
<td>5-Fluorouracil (5-FU) + Leucovorin</td>
</tr>
<tr>
<td>Capecitabine</td>
</tr>
</tbody>
</table>
7. Definitive Chemoradiation (Non-Surgical) for Esophageal Cancer per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates BOTH of the following:
   - Squamous cell carcinoma;
   - Non-surgical candidate; and EITHER of the following:
     - Location of the primary tumor is in the cervical esophagus;
     - Location of the primary tumor is in the non-cervical esophagus.

ASSOCIATED CHEMOTHERAPY REGIMENS

5-Fluorouracil (5-FU) + Leucovorin + Oxaliplatin (FOLFOX)

Cisplatin + 5-Fluorouracil (5-FU)

Cisplatin + Capecitabine

Docetaxel + Cisplatin

Irinotecan + Cisplatin

Oxaliplatin + 5-Fluorouracil (5-FU)

Oxaliplatin + Capecitabine

Paclitaxel + 5-Fluorouracil (5-FU)

Paclitaxel + Capecitabine

Paclitaxel + Carboplatin

Paclitaxel + Cisplatin
8. Chemoradiation (Non-Surgical) for Esophageal Cancer per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates ALL of the following:
   - Adenocarcinoma;
   - Location of the primary tumor is in the non-cervical esophagus;
   - Non-surgical candidate.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

5-Fluorouracil (5-FU) + Leucovorin + Oxaliplatin (FOLFOX)

Cisplatin + 5-Fluorouracil (5-FU)

Cisplatin + Capecitabine

Docetaxel + Cisplatin

Irinotecan + Cisplatin

Oxaliplatin + 5-Fluorouracil (5-FU)

Oxaliplatin + Capecitabine

Paclitaxel + 5-Fluorouracil (5-FU)

Paclitaxel + Capecitabine

Paclitaxel + Carboplatin

Paclitaxel + Cisplatin
9. First-Line Therapy for Metastatic or Locally Advanced Esophageal Cancer per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates ALL of the following:
   - Adenocarcinoma;
   - Unresectable locally advanced or metastatic disease;
   - Positive HER2.

   **ASSOCIATED CHEMOTHERAPY REGIMENS**

   Trastuzumab

   Trastuzumab + Cisplatin + 5-Fluorouracil (5-FU)

   Trastuzumab + Cisplatin + Capecitabine

10. First-Line Therapy for Metastatic or Locally Advanced Esophageal Cancer per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates ALL of the following:
   - Non-surgical candidate;
   - Adenocarcinoma;
   - Unresectable locally advanced or metastatic disease.

   **ASSOCIATED CHEMOTHERAPY REGIMENS**

   5-Fluorouracil (5-FU)

   5-Fluorouracil (5-FU) + Leucovorin + Oxaliplatin (mFOLFOX6)

   Capecitabine

   Capecitabine + Oxaliplatin (CapeOx)
Cisplatin + 5-Fluorouracil (5-FU)

Cisplatin + Capecitabine

Cisplatin + Leucovorin + 5-Fluorouracil (5-FU)

DCF

Docetaxel

Docetaxel + Cisplatin

Docetaxel + Irinotecan

ECF

ECX

EOF

EOX

Irinotecan + Leucovorin + 5-Fluorouracil (5-FU)

Leucovorin + 5-Fluorouracil (5-FU)

Modified DCF

Oxaliplatin + Leucovorin + 5-Fluorouracil (5-FU)

Paclitaxel

Paclitaxel + Carboplatin

Paclitaxel + Cisplatin
11. First-Line Therapy for Metastatic or Locally Advanced Esophageal Cancer per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates ALL of the following:

- Non-surgical candidate;
- Squamous cell carcinoma;
- Unresectable locally advanced or metastatic disease.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

- 5-Fluorouracil (5-FU)
- 5-Fluorouracil (5-FU) + Leucovorin + Oxaliplatin (mFOLFOX6)
- Capecitabine
- Capecitabine + Oxaliplatin (CapeOx)
- Cisplatin + 5-Fluorouracil (5-FU)
- Cisplatin + Capecitabine
- Cisplatin + Leucovorin + 5-Fluorouracil (5-FU)
- DCF
- Docetaxel
- Docetaxel + Cisplatin
- Docetaxel + Irinotecan
- ECF
- ECX
12. Second-Line Therapy for Esophageal Cancer per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates ALL of the following:

- Adenocarcinoma;
- Second-line chemotherapy;
- Unresectable locally advanced or metastatic disease.
ASSOCIATED CHEMOTHERAPY REGIMENS

Docetaxel

Docetaxel + Irinotecan

Irinotecan

Irinotecan + Cisplatin

Irinotecan + Leucovorin + 5-Fluorouracil (5-FU) (FOLFIRI)

Paclitaxel

Ramucirumab

Ramucirumab + Paclitaxel

13. Second-Line Therapy for Esophageal Cancer per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates ALL of the following:
   ◦ Squamous cell carcinoma;
   ◦ Second-line chemotherapy;
   ◦ Unresectable locally advanced or metastatic disease.

ASSOCIATED CHEMOTHERAPY REGIMENS

Docetaxel

Docetaxel + Irinotecan

Irinotecan
Irinotecan + Cisplatin

Irinotecan + Leucovorin + 5-Fluorouracil (5-FU) (FOLFIRI)

Paclitaxel


Sharma R, Yang GY, Nava HR, et al. A single institution experience with neoadjuvant chemoradiation (CRT) with irinotecan (I) and cisplatin (C) in locally advanced esophageal carcinoma (LAEC), J Clin Oncol. 2009;27 (suppl 15): Abstract e15619.


• Shankaran V, Mulcahy MF, Hochster HS, et al. Docetaxel, oxaliplatin and 5-fluorouracil for the treatment of metastatic or unresectable gastric or gastroesophageal junction (GE) adenocarcinomas: preliminary results of a phase II study [abstract]. Presented at the Gastrointestinal Cancers Symposium 2009;Abstract 47.


Gastric Cancer

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Medical Oncology treatments may be medically appropriate and supported by evidence to improve patient outcomes for the following indications and regimens. Unless otherwise stated, patients should demonstrate physical capability and appropriate clinical status as evidenced by either an Eastern Cooperative Oncology Group (ECOG) Performance Status Grade of 2 or less OR a Karnofsky Performance Status (KPS) Grade of 70 or greater.

1. Preoperative Chemoradiation for Gastric Cancer (Esophagogastric Junction and Gastric Cardia) may be reasonable and appropriate when the patient's medical record demonstrates the following:
   - Stage T2 or higher, any N; and EITHER of the following:
     - Tumor is potentially resectable;
     - Unresectable tumor.

ASSOCIATED CHEMOTHERAPY REGIMENS

5-Fluorouracil (5-FU) + Leucovorin + Oxaliplatin (FOLFOX)

Cisplatin + 5-Fluorouracil (5-FU)

Cisplatin + Capecitabine
Oxaliplatin + 5-Fluorouracil (5-FU)

Oxaliplatin + Capecitabine

Paclitaxel + 5-Fluorouracil (5-FU)

Paclitaxel + Capecitabine

Paclitaxel + Carboplatin

2. Perioperative Chemoradiation for Gastric Cancer (Esophagogastric Junction and Gastric Cardia) may be reasonable and appropriate when the patient’s medical record demonstrates the following:
   - Stage T2 or higher, any N; and EITHER of the following
     - Tumor is potentially resectable;
     - Unresectable tumor.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

5-Fluorouracil (5-FU) + Cisplatin

Epirubicin + Cisplatin + 5-Fluorouracil (5-FU) (ECF)

Epirubicin + Cisplatin + Capecitabine (ECX)

Epirubicin + Oxaliplatin + 5-Fluorouracil (5-FU) (EOF)

Epirubicin + Oxaliplatin + Capecitabine (EOX)

Oxaliplatin + Leucovorin + 5FU
Capecitabine + Oxaliplatin

3. Postoperative Chemoradiation for Gastric Cancer (Including Esophagogastric Junction) may be reasonable and appropriate when the patient's medical record demonstrates EITHER of the following:
   - Stage T3 or T4 or node positive;
   - Stage T1s or T1 with a margin positive resection.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

5-Fluorouracil (5-FU)

5-Fluorouracil (5-FU) + Leucovorin

Capecitabine

Capecitabine + Oxaliplatin

Capecitabine + Cisplatin

4. First-Line Therapy for Metastatic or Locally Advanced Gastric Cancer may be reasonable and appropriate when the patient's medical record demonstrates the following:
   - First-line treatment.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

5-Fluorouracil (5-FU) + Cisplatin

5-Fluorouracil (5-FU) + Cisplatin + Leucovorin
Capecitabine + Cisplatin

Capecitabine + Oxaliplatin (CapeOx)

Docetaxel + Carboplatin + 5-Fluorouracil (5-FU) (Modified DCF)

Docetaxel + Cisplatin + Leucovorin + 5-Fluorouracil (5-FU) (Modified DCF)

Docetaxel + Oxaliplatin + 5-Fluorouracil (5-FU) (Modified DCF)

Epirubicin + Cisplatin + 5-Fluorouracil (5-FU) (ECF)

Epirubicin + Cisplatin + Capecitabine (ECX)

Epirubicin + Oxaliplatin + 5-Fluorouracil (5-FU) (EOF)

Epirubicin + Oxaliplatin + Capecitabine (EOX)

Oxaliplatin + Leucovorin + 5-Fluorouracil (5-FU) (mFOLFOX6)

Trastuzumab + Cisplatin + 5-Fluorouracil (5-FU)

Trastuzumab + Cisplatin + Capecitabine

5. First-Line Therapy for Metastatic or Locally Advanced Gastric Cancer may be reasonable and appropriate when the patient’s medical record demonstrates the following:
   ◦ Evidence of measurable disease on imaging.

ASSOCIATED CHEMOTHERAPY REGIMENS

5-Fluorouracil (5-FU) + Leucovorin

Capecitabine
6. Second-Line Therapy for Metastatic or Locally Advanced Gastric Cancer may be reasonable and appropriate when the patient’s medical record demonstrates the following:
   - Evidence of measurable disease on imaging.

ASSOCIATED CHEMOTHERAPY REGIMENS

- Docetaxel
- Irinotecan
- Paclitaxel
- Ramucirumab
- Ramucirumab + Paclitaxel
7. Second-Line Therapy for Metastatic or Locally Advanced Gastric Cancer may be reasonable and appropriate when the patient's medical record demonstrates the following:
   ◦ Evidence of measurable disease on imaging;

**ASSOCIATED CHEMOTHERAPY REGIMENS**

- Docetaxel + Irinotecan
- Irinotecan + Cisplatin
- Irinotecan + Leucovorin + 5-Fluorouracil (5-FU)
- Irinotecan + Capecitabine

8. Second-Line Therapy Metastatic or Locally Advanced Gastric Cancer may be reasonable and appropriate when the patient’s medical record demonstrates the following:
   ◦ Progressive disease after two (2) or more prior lines of therapy including fluoropyrimidine and platinum based chemotherapy; and EITHER of the following:
     ▪ Second or Third line therapy with deficient mismatched repair (dMMR) or microsatellite instability is high (MSI-H);
     ▪ Second or Third line therapy with PD-L1 expression, combined positive score (CPS) greater than or equal to 1%.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

- Pembrolizumab
REFERENCES

- Sharmar R, Yang GY, Ngwogu CE at al. A single institution experience with neoadjuvant chemoradiation (CRT) with irinotecan (I) and cisplatin (C) in locally advanced esophageal carcinoma (LAEC) [abstract]. J Clin Oncol. 2009;27(Suppl 15): Abstract e15619.


• Shankaran V, Mulcahy MF, Hochster HS, et al. Docetaxel, oxaliplatin, and 5-fluorouracil for the treatment of metastatic or unresectable gastric or gastroesophageal junction (GE) adenocarcinomas: Preliminary results of a phase II study [abstract 47]. Presented at the 2009 Gastrointestinal Cancers Symposium.


Growth Factor Support

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Growth Factor Support treatments may be medically appropriate and supported by evidence to improve patient outcomes for the following indications and regimens.

1. White Blood Cell Support for Primary Prophylaxis per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates the following:
   - Febrile Neutropenia (FN) is greater than or equal to 20 percent; and ANY of the following:
     - Age is 65 years or older;
     - Documented neutropenic event on a previous cycle of chemotherapy;
     - Bone marrow involvement by tumor causing neutropenia.

ASSOCIATED CHEMOTHERAPY REGIMENS

   Filgrastim (Neupogen)

   PegFilgrastim (Neulasta)
2. White Blood Cell Support for Primary Prophylaxis per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates BOTH of the following:
   - Febrile Neutropenia (FN) is between 10 and 20 percent;
   - Patient cannot tolerate Filgrastim (Neupogen); and ANY of the following:
     - Age is 65 years or older;
     - Documented neutropenic event on a previous cycle of chemotherapy;
     - Bone marrow involvement by tumor causing neutropenia.

   **ASSOCIATED CHEMOTHERAPY REGIMENS**
   - Tbo-Filgrastim (Granix)
   - Filgrastim Biosimilar (Zarxio)

3. White Blood Cell Support for Primary Prophylaxis per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates the following:
   - Febrile Neutropenia (FN) is between 10 and 20 percent; and ANY of the following:
     - Poor nutritional status (Albumin less than 3.5 g/dL);
     - Poor renal function or liver dysfunction (increased total bilirubin);
     - Extensive prior treatment including large radiation therapy ports;
     - Other serious comorbidities (COPD, CVD).

   **ASSOCIATED CHEMOTHERAPY REGIMENS**
   - Filgrastim (Neupogen)
   - PegFilgrastim (Neulasta)
4. **White Blood Cell Support for Primary Prophylaxis: Nutritional Status and Prior Treatment** per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates BOTH of the following:
   - Febrile Neutropenia (FN) is between 10 and 20 percent;
   - Patient cannot tolerate Filgrastim (Neupogen); and ANY of the following:
     - Poor nutritional status (Albumin less than 3.5 g/dL);
     - Poor renal function or liver dysfunction (increased total bilirubin);
     - Extensive prior treatment including large radiation therapy ports;
     - Other serious comorbidities (COPD, CVD).

   **ASSOCIATED CHEMOTHERAPY REGIMENS**

   Tbo-Filgrastim (Granix)

   Filgrastim Biosimilar (Zarxio)

5. **White Blood Cell Support for Primary Prophylaxis: Chemotherapy Treatment** per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates ANY of the following:
   - Intermittent dosing in selected MDS patients with no del (5q) with severe neutropenia and recurrent infection with other serious comorbidities (COPD, CVD)
   - Patient is being treated with dose-dense chemotherapy regimen;
   - Patient has diffuse aggressive lymphoma and to receive curative intent regimen;
   - Post-initial induction or first post-remission course of chemotherapy for Acute Lymphoblastic Leukemia
   - Patient who older than 55 years of age is receiving post-induction or post-remission chemotherapy for treatment of Acute Myeloid Leukemia (AML).
ASSOCIATED CHEMOTHERAPY REGIMENS

Filgrastim (Neupogen)

PegFilgrastim (Neulasta)

6. White Blood Cell Support for Primary Prophylaxis: Chemotherapy Treatment per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates the following:
   - Patient cannot tolerate Filgrastim (Neupogen); and ANY of the following:
     - Intermittent dosing in selected MDS patients with no del (5q) with severe neutropenia and recurrent infection with other serious comorbidities (COPD, CVD);
     - Patient is being treated with dose-dense chemotherapy regimen;
     - Patient has diffuse aggressive lymphoma and to receive curative intent regimen;
     - Post-initial induction or first post-remission course of chemotherapy for Acute Lymphoblastic Leukemia;
     - Patient who is greater than 55 years of age is receiving post-induction or post-remission chemotherapy for treatment of Acute Myeloid Leukemia (AML).

ASSOCIATED CHEMOTHERAPY REGIMENS

Tbo-Filgrastim (Granix)

Filgrastim Biosimilar (Zarxio)
7. White Blood Cell Support for Secondary Prophylaxis per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates EITHER of the following:
   ◦ Prior episode of neutropenia was dose-limiting (dose reduction on chemotherapy compromises patient’s outcome and overall or disease-free survival);
   ◦ Documented neutropenic event on a previous cycle of chemotherapy.

   **ASSOCIATED CHEMOTHERAPY REGIMENS**
   
   Filgrastim (Neupogen)
   
   PegFilgrastim (Neulasta)

8. White Blood Cell Support for Secondary Prophylaxis per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates the following:
   ◦ Patient cannot tolerate Filgrastim; and EITHER of the following:
     ▪ Prior episode of neutropenia was dose-limiting (dose reduction on chemotherapy compromises patient’s outcome and overall or disease-free survival);
     ▪ Documented neutropenic event on a previous cycle of chemotherapy;

   **ASSOCIATED CHEMOTHERAPY REGIMENS**
   
   Tbo-Filgrastim (Granix)
   
   Filgrastim Biosimilar (Zarxio)
9. White Blood Cell Support for Therapeutic Use as Adjunctive Treatment of Febrile Neutropenia per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates ALL of the following:

- Patient is febrile with single temperature greater than or equal to 38.3 Celsius or 100.9 Fahrenheit orally; or greater than or equal to 38.0 Celsius or 100.4 Fahrenheit sustained over 1 hour;
- Absolute Neutrophil Count (ANC) is less than 500/mcL or less than 1000/mcL with predicted decline to less than or equal to 500/mcL over the next 48 hours;
- Patient has one or more of the following risk factors for infectious related complications: hypotension; sepsis syndrome or multiorgan dysfunction; severe neutropenia with Absolute Neutrophil Count (ANC) less than 100/mcL; prolonged neutropenia greater than or equal to 10 days; invasive fungal infection or other documented infection; pneumonia; development of Febrile Neutropenia (FN) as inpatient; leukemia or lymphoma; uncontrolled malignancy.

ASSOCIATED CHEMOTHERAPY REGIMENS

Filgrastim (Neupogen)
PegFilgrastim (Neulasta)

10. White Blood Cell Support for Therapeutic Use as Adjunctive Treatment of Febrile Neutropenia per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates ALL of the following:

- Patient is febrile with single temperature greater than or equal to 38.3 Celsius or 100.9 Fahrenheit orally; or greater than or equal to 38.0 Celsius or 100.4 Fahrenheit sustained over 1 hour;
- Absolute Neutrophil Count (ANC) is less than 500/mcL or less than 1000/mcL with predicted decline to less than or equal to 500/mcL over the next 48 hours;
Patient has one or more of the following risk factors for infectious related complications: hypotension; sepsis syndrome or multiorgan dysfunction; severe neutropenia with Absolute Neutrophil Count (ANC) less than 100/mcL; prolonged neutropenia greater than or equal to 10 days; invasive fungal infection or other documented infection; pneumonia; development of Febrile Neutropenia (FN) as inpatient; leukemia or lymphoma; uncontrolled malignancy; Patient cannot tolerate Filgrastim (Neupogen).

**ASSOCIATED CHEMOTHERAPY REGIMENS**

- Tbo-Filgrastim (Granix)
- Filgrastim Biosimilar (Zarxio)

11. Red Blood Cell Support for Therapeutic use as adjunctive treatment of febrile neutropenia per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates BOTH of the following:
   - Patient is receiving chemotherapy;
   - Hematocrit less than 30% at initiation of therapy.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

- Darbepoetin Alfa (Aranesp)
- Epoetin Alfa (Epogen, Procrit)

12. Red Blood Cell Support for Therapeutic use as adjunctive treatment of febrile neutropenia per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates the following:
- Severe aplastic anemia (SAA) for patients who fail to respond adequately to at least 1 prior immunosuppressive therapy.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

Eltrombopag Olamine (Promacta)

13. Red Blood Cell Support for Therapeutic use as adjunctive treatment of febrile neutropenia per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates the following:

- Chronic immune (Idiopathic) thrombocytopenia (ITP) with insufficient response to corticosteroids, immunoglobulins, or splenectomy.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

Eltrombopag Olamine (Promacta)

Romiplostim (Nplate)

14. Red Blood Cell Support for Therapeutic use as adjunctive treatment of febrile neutropenia per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates BOTH of the following:

- Patient at severe risk of thrombocytopenia; AND
- Patient’s platelet count is less than the normal 150,000/microL.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

Oprelvekin (Neumega)
15. Stem Cell Transplant Support per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates ALL of the following:
   ◦ Patient has Non-Hodgkin Lymphoma or Multiple Myeloma;
   ◦ Patient is undergoing mobilization of hematopoietic stem cells to the peripheral blood for collection and subsequent autologous transplantation;
   ◦ Patient concurrently will receive Filgrastim (Neupogen) or Filgrastin biosimilar (Zarxio) or Tbo-Filgrastim (Granix).

ASSOCIATED CHEMOTHERAPY REGIMENS

Plerixafor (Mozobil)

16. Stem Cell Transplant Support per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates ANY of the following:
   ◦ Patient is undergoing mobilization of hematopoietic stem cells to the peripheral blood for collection and subsequent autologous transplantation;
   ◦ Myeloid reconstitution following allogenic or autologous bone marrow transplant;
   ◦ Post-initial induction or first post-remission course of chemotherapy for Acute Lymphoblastic Leukemia;

ASSOCIATED CHEMOTHERAPY REGIMENS

Sargramostim (Leukine)
17. Stem Cell Transplant Support per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates BOTH of the following:

- Patient has Non-Hodgkin Lymphoma or Multiple Myeloma;
- Patient is undergoing mobilization of hematopoietic stem cells to the peripheral blood for collection and subsequent autologous transplantation.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

- Filgrastim (Neupogen) + Plerixafor (Mozobil)
- Filgrastim Biosimilar (Zarxio) + Plerixafor (Mozobil)
- Tbo-Filgrastim (Granix) + Plerixafor (Mozobil)
REFERENCES

Head and Neck Cancers

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1. Primary Systemic Therapy with Concurrent Radiotherapy for Squamous Cell Cancer in the Head and Neck region per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates the following:
   - Locally advanced disease; and EITHER of the following:
     - Laryngeal cancer T3-T4, N0-3;
     - Stage T4b, unresectable, or unfit for surgery.

ASSOCIATED CHEMOTHERAPY REGIMENS

- 5-Fluorouracil (5-FU) + Hydroxyurea
- Carboplatin + 5-Fluorouracil (5-FU)
2. Primary Chemotherapy with Postoperative Chemoradiation for Squamous Cell Cancer in the Head and Neck region per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates EITHER of the following:
   - Locally advanced disease; and EITHER of the following:
     - Laryngeal cancer T3-T4, N0-3;
     - Stage T4b, unresectable, or unfit for surgery;
     - Adjuvant chemoradiation with extracapsular spread or positive margins.

   ASSOCIATED CHEMOTHERAPY REGIMENS

   Cisplatin

3. Induction Chemotherapy / Sequential Chemotherapy for Cancer in the Head and Neck region per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates EITHER of the following:
   - Squamous cell Stage T4b, unresectable, or unfit for surgery;
   - Squamous cell disease which is locally advanced.
4. Induction Chemotherapy / Sequential Chemotherapy for Cancer in the Head and Neck region per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates BOTH of the following:
   ◦ Nasopharynx cell;
   ◦ Locally advanced disease; and ANY of the following:
     - Stage T1, N1-3;
     - Stage T2-T4, any N;
     - Unresectable or unfit for surgery.

5. Chemoradiation followed by Adjuvant Chemotherapy for Nasopharynx Cancer per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates ANY of the following:
   ◦ Locally advanced disease which is unresectable or unfit for surgery;
6. For Recurrent, Unresectable, or Metastatic Cancer in the Head and Neck region, the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates EITHER of the following:
   - Locally advanced disease which is unresectable or unfit for surgery
   - Metastatic disease; and EITHER of the following
     - First-line treatment;

**ASSOCIATED CHEMOTHERAPY REGIMENS**

- 5-Fluorouracil (5-FU)
- Bleomycin
- Capecitabine
Carboplatin

Carboplatin + 5-Fluorouracil (5-FU) + Cetuximab

Cetuximab

Cetuximab (Maintenance Cycles)

Cetuximab + Carboplatin

Cisplatin

Cisplatin + 5-Fluorouracil (5-FU)

Cisplatin + 5-Fluorouracil (5-FU) + Cetuximab

Cisplatin + Cetuximab

Cisplatin + Cetuximab (Subsequent Cycles)

Cisplatin + Gemcitabine

Cisplatin + Paclitaxel

Cisplatin + Paclitaxel (Initial Cycles)

Docetaxel

Docetaxel + Carboplatin

Docetaxel + Cisplatin + Cetuximab (Initial Cycles)

Gemcitabine

Gemcitabine + Vinorelbine
Ifosfamide + Mesna

Methotrexate

Paclitaxel

Vinorelbine
REFERENCES

Hepatobiliary Cancer

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Medical Oncology treatments may be medically appropriate and supported by evidence to improve patient outcomes for the following indications and regimens. Unless otherwise stated, patients should demonstrate physical capability and appropriate clinical status as evidenced by either an Eastern Cooperative Oncology Group (ECOG) Performance Status Grade of 2 or less OR a Karnofsky Performance Status (KPS) Grade of 70 or greater.

1. For Gallbladder Cancer and Cholangiocarcinoma, the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates EITHER of the following:
   - First-line treatment; and EITHER of the following
     - Unresectable and locally advanced disease;
     - Metastatic disease;
     - Adjuvant therapy.

ASSOCIATED CHEMOTHERAPY REGIMENS

5-Fluorouracil (5-FU)

Capecitabine
Gemcitabine

Gemcitabine + Cisplatin

GemOx

Oxaliplatin + Leucovorin + 5-Fluorouracil (5-FU)

2. For Hepatocellular Carcinoma (HCC), the drug regimen shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates the following:
   - Tumor is locally advanced or metastatic.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

Sorafenib
REFERENCES

- Macdonald OK, Crane CH. Palliative and postoperative radiotherapy in biliary tract cancer. Surg Oncol Clin N Am. 2002
Hodgkin Lymphoma

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Medical Oncology treatments may be medically appropriate and supported by evidence to improve patient outcomes for the following indications and regimens. Unless otherwise stated, patients should demonstrate physical capability and appropriate clinical status as evidenced by either an Eastern Cooperative Oncology Group (ECOG) Performance Status Grade of 2 or less OR a Karnofsky Performance Status (KPS) Grade of 70 or greater.

1. First-Line Therapy for Classical Hodgkin Lymphoma per the drug regimen shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates the following:
   - Classical Hodgkin Lymphoma including: nodular sclerosis (NSHL), mixed cellularity (MCHL), lymphocyte depleted (LDHL) and lymphocyte rich (LRHL); and either of the following:
     - Stage 1A or 2A with no unfavorable risk factors;
     - Stage 1 or 2, unfavorable and non-bulky.

   **ASSOCIATED CHEMOTHERAPY REGIMENS**

   ABVD
2. First-Line Therapy for Classical Hodgkin Lymphoma per the drug regimen shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates the following:

- Classical Hodgkin Lymphoma including: nodular sclerosis (NSHL), mixed cellularity (MCHL), lymphocyte depleted (LDHL) and lymphocyte rich (LRHL); and

  - Stage 1A or 2A with unfavorable risk factors: bulky mediastinal disease (greater than 10 cm), B symptoms, ESR greater than 50, or greater than 3 sites of disease;
  - Stage 3 or 4.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

- **ABVD**
- Escalated BEACOPP
- Stanford V

3. Second-Line Therapy for Classical Hodgkin Lymphoma per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates EITHER of the following:

- Stage 3 or 4 Classical Hodgkin Lymphoma including: nodular sclerosis (NSHL), mixed cellularity (MCHL), lymphocyte depleted (LDHL) and lymphocyte rich (LRHL) with or without local/regional recurrence
- Stage 1A or 2A Classical Hodgkin Lymphoma including: nodular sclerosis (NSHL), mixed cellularity (MCHL), lymphocyte depleted (LDHL) and lymphocyte rich (LRHL) with unfavorable risk factors: bulky mediastinal disease (greater than 10 cm), B symptoms, ESR greater than 50, or greater than 3 sites of disease
ASSOCIATED CHEMOTHERAPY REGIMENS

- Brentuximab
- C-MOPP
- DHAP
- ESHAP
- Everolimus
- Gemcitabine + Carboplatin + Dexamethasone (GCD)
- Gemcitabine + Vinorelbine + Liposomal Doxorubicin (GVD)
- Ifosfomide + Carboplatin + Etoposide (ICE)
- IGEV
- MINE
- Mini-BEAM

4. Third-Line Therapy for Classical Hodgkin Lymphoma per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates the following:
   - Classical Hodgkin Lymphoma including: nodular sclerosis (NSHL), mixed cellularity (MCHL), lymphocyte depleted (LDHL) and lymphocyte rich (LRHL); and EITHER of the following:
- Stage 1A or 2A with unfavorable risk factors: bulky mediastinal disease (greater than 10 cm); B symptoms; ESR greater than 50; greater than 3 sites of disease;
- Stage 3 or 4.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

Bendamustine

Lenalidomide

5. Third-Line Therapy for Classical Hodgkin Lymphoma per the drug regimen shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates BOTH of the following:
   - Classical Hodgkin Lymphoma including: nodular sclerosis (NSHL), mixed cellularity (MCHL), lymphocyte depleted (LDHL) and lymphocyte rich (LRHL);
   - Local/regional recurrence.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

Lenalidomide

6. Third-Line Therapy for Classical Hodgkin Lymphoma per the drug regimen shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates the following:
   - Local/regional recurrence.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

Bendamustine
7. Third-Line Therapy for Classical Hodgkin Lymphoma per the drug regimen shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates EITHER of the following:
   ◦ High-dose therapy with autologous stem cell rescue (HDT/ASCR) treatment failure;
   ◦ At least two previous chemotherapy treatment failures and not a candidate for high-dose therapy with autologous stem cell rescue (HDT/ASCR).

   ASSOCIATED CHEMOTHERAPY REGIMENS

   Brentuximab

8. Third-Line Therapy for Classical Hodgkin Lymphoma per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates ALL of the following:
   ◦ Third-line treatment;
   ◦ High-dose therapy with autologous stem cell rescue (HDT/ASCR) treatment failure;
   ◦ Brentuximab vedotin therapy treatment failure.

   ASSOCIATED CHEMOTHERAPY REGIMENS

   Nivolumab
   Pembrolizumab
9. First-Line Therapy for Nodular Lymphocyte-Predominant Hodgkin Lymphoma (NLPHL) per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates BOTH of the following:

- Nodular lymphocyte predominant Hodgkin lymphoma (NLPHL);
- First-line treatment; and ANY of the following:
  - Stage 1A or 2A with unfavorable risk factors: bulky mediastinal disease (greater than 10 cm); B symptoms; ESR greater than 50; greater than 3 sites of disease;
  - Stage 1A or 2A with no unfavorable risk factors;
  - Stage 1 or 2, unfavorable and non-bulky.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

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<tr>
<td>ABVD</td>
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<tr>
<td>CHOP</td>
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<tr>
<td>CHOP + Rituximab</td>
</tr>
<tr>
<td>Cyclophosphamide + Vinblasine + Prednisolone (CVP)</td>
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<tr>
<td>Cyclophosphamide + Vinblasine + Prednisolone (CVP) + Rituximab</td>
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10. First-Line Therapy for Nodular Lymphocyte-Predominant Hodgkin Lymphoma (NLPHL) per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates ALL of the following:

- Nodular lymphocyte predominant Hodgkin lymphoma (NLPHL);
- Stage 3 or 4;
• Unfavorable risk factors: bulky mediastinal disease (greater than 10 cm); B symptoms; ESR greater than 50; greater than 3 sites of disease.

ASSOCIATED CHEMOTHERAPY REGIMENS

ABVD
ABVD + Rituximab
CHOP
CHOP + Rituximab

11. First-Line Therapy for Nodular Lymphocyte-Predominant Hodgkin Lymphoma (NLPHL) per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates BOTH of the following:

• Nodular lymphocyte predominant Hodgkin lymphoma (NLPHL);
• Maintenance therapy.

ASSOCIATED CHEMOTHERAPY REGIMENS

Rituximab
12. First-Line Therapy for Nodular Lymphocyte-Predominant Hodgkin Lymphoma (NLPHL) per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates the following:
   - Nodular lymphocyte predominant Hodgkin lymphoma (NLPHL).

   **ASSOCIATED CHEMOTHERAPY REGIMENS**

   Cyclophosphamide + Vinblasine + Prednisolone (CVP)

   Cyclophosphamide + Vinblasine + Prednisolone (CVP) + Rituximab

13. Second-Line Therapy for Nodular Lymphocyte Predominant Hodgkin Lymphoma (NLPHL) per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates BOTH of the following:
   - Nodular lymphocyte predominant Hodgkin lymphoma (NLPHL);
   - Second-line treatment; and ANY of the following:
     - Local/regional recurrence;
     - Unfavorable risk factors: bulky mediastinal disease (greater than 10 cm); B symptoms; ESR greater than 50; greater than 3 sites of disease;
     - Stage 1 or 2, unfavorable and non-bulky;
     - Stage 1A or 2A;
     - Stage 3 or 4.

   **ASSOCIATED CHEMOTHERAPY REGIMENS**

   C-MOPP

   C-MOPP + Rituximab

   DHAP
DHAP + Rituximab

ESHAP

ESHAP + Rituximab

Gemcitabine + Carboplatin + Dexamethasone (GCD)

Gemcitabine + Carboplatin + Dexamethasone (GCD) + Rituximab

Gemcitabine + Vinorelbine + Liposomal Doxorubicin (GVD)

Gemcitabine + Vinorelbine + Liposomal Doxorubicin (GVD) + Rituximab

Ifosfomide + Carboplatin + Etoposide (ICE)

Ifosfomide + Carboplatin + Etoposide (ICE) + Rituximab

IGEV

IGEV + Rituximab

MINE

MINE + Rituximab

Mini-BEAM

Mini-BEAM + Rituximab
14. Second-Line Therapy for Nodular Lymphocyte Predominant Hodgkin Lymphoma (NLPHL) per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates BOTH of the following:

- Nodular lymphocyte predominant Hodgkin lymphoma (NLPHL);
- Maintenance therapy.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

Rituximab
REFERENCES


Kidney Cancer

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1. First-Line Therapy for Kidney Cancer with Clear Cell Histology per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates BOTH of the following:
   - Good risk (normal LDH and normal Hg);
   - Clear cell histology.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

- Axitinib
- Bevacizumab + Interferon Alfa
- Interleukin-2
Pazopanib
Sorafenib
Sunitinib

2. First-Line Therapy for Kidney Cancer with Clear Cell Histology per the drug regimen shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates the following:
   - Clear cell histology; and EITHER of the following:
     - Good risk (normal LDH and normal Hg);
     - Intermediate risk (elevated LDH but normal Hg).

ASSOCIATED CHEMOTHERAPY REGIMENS

Sunitinib

3. First-Line Therapy for Kidney Cancer with Clear Cell Histology per the drug regimen shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates BOTH of the following:
   - Poor risk (elevated LDH and Low Hg or Ca higher than 10 mg/dL);
   - Clear cell histology.

ASSOCIATED CHEMOTHERAPY REGIMENS

Temsirolimus
4. Subsequent Therapy for Kidney Cancer with Clear Cell Histology per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates the following:

- Second-line treatment; and EITHER of the following:
  - Patient has had prior tyrosine-kinase inhibitor (TKI);
  - Patient previously treated with cytokine therapy.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

- Axitinib
- Bevacizumab
- Cabozantinib
- Everolimus
- Interleukin-2
- Lenvatinib + Everolimus
- Nivolumab
- Pazopanib
- Sorafenib
- Sunitinib
- Temsirolimus
5. Subsequent Therapy for Kidney Cancer with Clear Cell Histology per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates BOTH of the following:
   ◦ Second-line treatment;
   ◦ Patient has had prior tyrosine-kinase inhibitor (TKI); and EITHER of the following
     ▪ Patient has renal cell carcinoma (RCC) with predominant sarcomatoid features;
     ▪ Patient previously treated with cytokine therapy.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

- Gemcitabine + Doxorubicin
- Gemcitabine + Sunitinib

6. Systemic Therapy for Kidney Cancer with Non-Clear Cell Histology per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates ALL of the following:
   ◦ Good risk (normal LDH and normal Hg);
   ◦ Non-clear cell histology;
   ◦ First-line treatment.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

- Axitinib
- Bevacizumab
- Carboplatin + Paclitaxel
- Erlotinib
Everolimus

Gemcitabine + Carboplatin

Gemcitabine + Cisplatin

Gemcitabine + Doxorubicin

Gemcitabine + Sunitinib

Pazopanib

Sorafenib

Sunitinib

Temsirolimus
REFERENCES


Myelodysplastic Syndrome

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Medical Oncology treatments may be medically appropriate and supported by evidence to improve patient outcomes for the following indications and regimens. Unless otherwise stated, patients should demonstrate physical capability and appropriate clinical status as evidenced by either an Eastern Cooperative Oncology Group (ECOG) Performance Status Grade of 2 or less OR a Karnofsky Performance Status (KPS) Grade of 70 or greater.

1. For Myelodysplastic Syndrome, the drug regimen shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates BOTH of the following:
   - International Prognostic Scoring System (IPSS) Low/Intermediate- less than or equal to 1;
   - 5q deletion present.

   **ASSOCIATED CHEMOTHERAPY REGIMENS**

   - Lenalidomide
2. For Myelodysplastic Syndrome, the drug regimen shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates BOTH of the following:

- International Prognostic Scoring System (IPSS) Low/Intermediate- less than or equal to 1;
- International Prognostic Scoring System (IPSS) High/Intermediate- greater than or equal to 2.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

- Azacitadine
- Decitabine
- Decitabine
REFERENCES


Melanoma

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1. For Advanced or Metastatic Melanoma, the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates BOTH of the following:
   - Advanced and unresectable disease with measurable lesions on imaging;
   - First-line treatment.

   **ASSOCIATED CHEMOTHERAPY REGIMENS**

   - Albumin-Bound Paclitaxel
   - Cisplatin + Vinblastine + Dacarbazine (CVD)
   - Cisplatin + Vinblastine + Dacarbazine + Interleukin-2 + Interferon Alpha-2b
Clinical Guidelines for Medical Necessity Review of Medical Oncology Services.

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Cisplatin + Vinblastine + Temozolomide

Cisplatin + Vinblastine + Temozolomide + Interleukin-2 + Interferon Alpha-2b

Dacarbazine

Interleukin-2

Ipilimumab

Nivolumab

Paclitaxel

Paclitaxel + Carboplatin

Pembrolizumab

Temozolomide

2. For Advanced or Metastatic Melanoma, the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates ALL of the following:

- Advanced and unresectable disease with measurable lesions on imaging;
- First-line treatment;
- BRAF mutation.

ASSOCIATED CHEMOTHERAPY REGIMENS

Dabrafenib

Dabrafenib + Trametinib
For Advanced or Metastatic Melanoma, the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates ALL of the following:

- Advanced and unresectable disease with measurable lesions on imaging;
- First-line treatment;
- C-KIT mutation.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

Imatinib

3. Adjuvant Therapy for Melanoma per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates the following:

- Adjuvant therapy; and EITHER of the following:
  - Stage 2B or 2C;
  - Stage 3 with a wide local excision including or excluding lymph nodes having been performed.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

Interferon Alfa-2b

Peginterferon Alfa-2b
REFERENCES

- Robert C, Karaszewska B, Schachter J, et al. COMBI-v: A randomised, open-label, phase III study comparing the combination of dabrafenib (D) and trametinib (T) to vemurafenib (V) as first-line therapy in patients (pts) with unresectable or metastatic BRAF V600E/K mutation-positive cutaneous melanoma [abstract]. Ann Oncol. 2014;25(Suppl 4):Abstract LBA4.
Mesothelioma

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Medical Oncology treatments may be medically appropriate and supported by evidence to improve patient outcomes for the following indications and regimens. Unless otherwise stated, patients should demonstrate physical capability and appropriate clinical status as evidenced by either an Eastern Cooperative Oncology Group (ECOG) Performance Status Grade of 2 or less or a Karnofsky Performance Status (KPS) Grade of 70 or greater.

1. First-Line Therapy for Mesothelioma per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates the following:
   a. Patient is receiving chemotherapy alone; and ANY of the following:
      i. Medically inoperable;
      ii. Stage 4;
      iii. Sarcomatoid histology.

   **ASSOCIATED CHEMOTHERAPY REGIMENS**
   
   - Gemcitabine + Cisplatin
   - Pemetrexed
2. First-Line Therapy for Mesothelioma per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates the following:
   ○ Maintenance therapy following Pemetrexed + Cisplatin + Bevacizumab treatment.

   ASSOCIATED CHEMOTHERAPY REGIMENS

   Bevacizumab Maintenance

3. Second-Line Therapy for Mesothelioma per the drug regimen shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates ALL of the following:
   ○ Extensive stage disease;
   ○ Chemotherapy previously administered as first-line treatment;
   ○ Relapse greater than 6 months.

   ASSOCIATED CHEMOTHERAPY REGIMENS

   Pemetrexed
4. Second-Line Therapy for Mesothelioma per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates ALL of the following:
   - Extensive stage disease;
   - Progression of disease while on Pemetrexed and Platinum-based therapy;
   - Unresectable lesion;
   - PD-L1 expression, tumor proportion score (TPS) greater than or equal to 1%.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

- Nivolumab
- Nivolumab + Ipilimumab

5. Second-Line Therapy for Mesothelioma per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates ALL of the following:
   - Extensive stage disease;
   - PD-L1 expression, tumor proportion score (TPS) greater than or equal to 1%.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

- Pembrolizumab

6. Second-Line Therapy for Mesothelioma per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates the following:
   - Extensive stage disease
ASSOCIATED CHEMOTHERAPY REGIMENS

Gemcitabine

Vinorelbine
REFERENCES

Multiple Myeloma

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Medical Oncology treatments may be medically appropriate and supported by evidence to improve patient outcomes for the following indications and regimens. Unless otherwise stated, patients should demonstrate physical capability and appropriate clinical status as evidenced by either an Eastern Cooperative Oncology Group (ECOG) Performance Status Grade of 2 or less OR a Karnofsky Performance Status (KPS) Grade of 70 or greater.

1. Primary Therapy for Multiple Myeloma per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates ALL of the following:
   ◦ Patient has smoldering symptomatic myeloma;
   ◦ Patient is transplant candidate;
   ◦ Clonal bone marrow plasma cells less than or equal to 10% or biopsy proven bony or extramedullary plasmacytoma; and ANY of the following:
     ▪ Clonal bone marrow plasma cells greater than 60%;
     ▪ One or more osteolytic bone lesions on skeletal imaging;
     ▪ More than one focal lesions on MRI studies greater than 5 mm;
     ▪ Abnormal serum free light chain (FLC) ratio;
     ▪ Patient has anemia;
- Calcium greater than 0.25 mmol/L higher than the upper limit of normal or less than 2.75 mmol/L (greater than 11 mg/dl);
- Renal inefficiency or creatinine clearance is less than 40 mL/min.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

Bortezomib + Cyclophosphamide + Dexamethasone (BCD)

- Bortezomib + Dexamethasone
- Bortezomib + Doxorubicin + Dexamethasone
- Bortezomib + Lenalidomide + Dexamethasone (RVD)
- Bortezomib + Thalidomide + Dexamethasone
- Carfilzomib + Lenalidomide + Dexamethasone (CRD)
- Lenalidomide + Dexamethasone

2. Primary Therapy for Multiple Myeloma per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates ALL of the following:
   - Patient has smoldering symptomatic myeloma;
   - Patient is not transplant candidate;
   - Clonal bone marrow plasma cells less than or equal to 10% or biopsy proven bony or extramedullary plasmacytoma; and ANY of the following:
     - Clonal bone marrow plasma cells greater than 60%;
     - One or more osteolytic bone lesions on skeletal imaging;
     - More than one focal lesions on MRI studies greater than 5 mm;
     - Abnormal serum free light chain (FLC) ratio;
• Patient has anemia;
• Calcium greater than 0.25 mmol/L higher than the upper limit of normal or less than 2.75 mmol/L (greater than 11 mg/dl);
• Renal inefficiency or creatinine clearance is less than 40 mL/min.

ASSOCIATED CHEMOTHERAPY REGIMENS

Bortezomib + Dexamethasone

Ixazomib + Lenalidomide + Dexamethasone

Lenalidomide + Dexamethasone

3. Maintenance Therapy for Multiple Myeloma per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates EITHER of the following:
   ◦ Good response after initial therapy; and EITHER of the following:
     ▪ Stable disease;
     ▪ Patient waiting for stem cell transplant;
   ◦ Stable disease, Post stem cell transplant with Relapsed Disease.

ASSOCIATED CHEMOTHERAPY REGIMENS

Bortezomib

Lenalidomide
4. For Prior Line of Therapy Ineffective for Multiple Myeloma, the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates ANY of the following:

- Relapsed Multiple Myeloma after initial therapy or after stem cell transplant;
- Patient has symptomatic Myeloma with no response to initial therapy;
- Patient has received at least three prior lines of therapy including a proteasome inhibitor (PI) and immunomodulatory agent or double-refractory PI and immunomodulatory agent;
- Patient has received between one and three prior therapies.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

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<td>Bendamustine</td>
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<td>Bendamustine + Bortezomib + Dexamethasone</td>
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<td>Bendamustine + Lenalidomide + Dexamethasone</td>
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<tr>
<td>Bortezomib + Cyclophosphamide + Dexamethasone (BCD)</td>
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<td>Bortezomib + Liposomal Doxorubicin</td>
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<td>Carfilzomib + Lenalidomide + Dexamethasone (Initial Cycle)</td>
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<td>Carfilzomib + Lenalidomide + Dexamethasone (Subsequent Cycles 12+)</td>
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<td>Carfilzomib + Lenalidomide + Dexamethasone (Subsequent Cycles)</td>
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<td>Cyclophosphamide (Initial Cycles)</td>
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</table>
Cyclophosphamide (Subsequent Cycles)

Cyclophosphamide + Lenalidomide + Dexamethasone

Daratumumab + Bortezomib + Dexamethasone

Daratumumab + Lenalidomide + Dexamethasone

DCEP

DT-PACE

Elotuzumab + Bortezomib + Dexamethasone

Elotuzumab + Lenalidomide + Dexamethasone (Initial Cycles)

Elotuzumab + Lenalidomide + Dexamethasone (Subsequent Cycles)

Lenalidomide + Dexamethasone

Panobinostat + Bortezomib + Dexamethasone (Subsequent Cycles)

Panobinostat + Bortezomib + Dexamethasone (Initial Cycles)

Panobinostat + Carfilzomib

Pomalidomide + Bortezomib + Dexamethasone

Pomalidomide + Carfilzomib + Dexamethasone

Pomalidomide + Cyclophosphamide + Dexamethasone

Pomalidomide + Dexamethasone

VTD-PACE (Consolidation 1)
VTD-PACE (Consolidation 2)

VTD-PACE (Induction)

VTD-PACE Interim Cycle
REFERENCES

Non-Hodgkin: Adult T-Cell Leukemia/Lymphoma

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1. Adult-T-Cell Therapy per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates ALL of the following:
   - First-line treatment;
   - Normal cardiac function;
   - ALK-positive ALCL (Anaplastic Lymphoma Kinase positive Anaplastic Large Cell Lymphoma).

ASSOCIATED CHEMOTHERAPY REGIMENS

CHOEP

CHOP
2. Adult-T-Cell Therapy per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates BOTH of the following:
   - First-line treatment;
   - Normal cardiac function; and ANY of the following:
     - Peripheral T-cell lymphoma not otherwise specified (PTCL-NOS);
     - Angioimmunoblastic T-cell lymphoma (AITL);
     - Natural killer (NK)/T-cell lymphoma, Adult T-cell leukemia/lymphoma (ATTL);
     - ALK-negative ALCL (Anaplastic Lymphoma Kinase negative Anaplastic Large Cell Lymphoma);

   **ASSOCIATED CHEMOTHERAPY REGIMENS**

   - CHOEP
   - CHOP
   - DA-EPOCH
   - HyperCVAD (Even Cycles)
   - HyperCVAD (Odd Cycles)

3. Adult-T-Cell Therapy per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates the following:
First-line treatment; and ANY of the following:

Peripheral T-cell lymphoma not otherwise specified (PTCL-NOS);

Angioimmunoblastic T-cell lymphoma (AITL);

Natural killer (NK)/T-cell lymphoma, Adult T-cell leukemia/lymphoma (ATTL).

ASSOCIATED CHEMOTHERAPY REGIMENS

Zidovudine + Interferon alpha (Induction Therapy)

Zidovudine + Interferon alpha (Maintenence Therapy)

Zidovudine + Interferon alpha (Maintenence Therapy)
REFERENCES


Non-Hodgkin: Diffuse Large B-Cell Lymphoma

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1. First-Line Systemic Therapy for DLBCL per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates the following:
   - Induction therapy; and ANY of the following:
     - Stage 1 or 2, non-bulky disease;
     - Stage 1 or 2, bulky disease (>10 cm);
     - Stage 3 or 4.
ASSOCIATED CHEMOTHERAPY REGIMENS

Dose-Adjusted R-EPOCH

RCHOP

RCHOP-14

2. First-Line Systemic Therapy for DLBCL per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates the following:
   ◦ Induction therapy;
   ◦ HIV positive.

ASSOCIATED CHEMOTHERAPY REGIMENS

Dose-Adjusted R-EPOCH

3. First-Line Systemic Therapy for DLBCL per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates ALL of the following:
   ◦ Poor left ventricular function or very frail;
   ◦ Induction therapy;
   ◦ Poor candidate for high-dose therapy; and ANY of the following:
     ▪ Stage 1 or 2, non-bulky disease;
     ▪ Stage 1 or 2, bulky disease (greater than 10cm);
4. First-Line Systemic Therapy for DLBCL per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates BOTH of the following:
   ◦ Induction therapy;
   ◦ Poor candidate for high-dose therapy; and ANY of the following:
     ▪ Stage 1 or 2, non-bulky disease;
     ▪ Stage 1 or 2, bulky disease (greater than 10cm);
     ▪ Stage 3 or 4.

ASSOCIATED CHEMOTHERAPY REGIMENS

CDOP + Rituximab
CEPP + Rituximab
Dose-Adjusted R-EPOCH
RCEOP

5. First-Line Systemic Therapy for DLBCL per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates ALL of the following:
   ◦ Central nervous system (CNS) involvement;

ASSOCIATED CHEMOTHERAPY REGIMENS

Mini-RCHOP
6. First-Line Systemic Therapy for DLBCL per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates BOTH of the following:
   - Parenchymal disease;
   - Induction therapy.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

- RCHOP + Methotrexate

7. First-Line Systemic Therapy for DLBCL per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates BOTH of the following:
   - Paranasal sinus, testicular, or epidural involvement; bone marrow with large cell lymphoma; HIV lymphoma (especially EBER+); greater than or equal to two (2) extra-nodal sites and elevated LDH;
   - Leptomeningeal.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

- Cytarabine
- High Dose Methotrexate + Leucovorin
- Methotrexate
- Methotrexate + Cytarabine
8. First-Line Systemic Therapy for DLBCL per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates the following:
   ◦ Poor left ventricular function or very frail.

ASSOCIATED CHEMOTHERAPY REGIMENS

ICE

9. First-Line Systemic Therapy for DLBCL per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates ALL of the following:
   ◦ Central nervous system (CNS) involvement;
   ◦ Leptomeningeal;
   ◦ Induction therapy.

ASSOCIATED CHEMOTHERAPY REGIMENS

Cytarabine

High Dose Methotrexate + Leucovorin

Methotrexate
Methotrexate + Cytarabine

10. Second-Line Systemic Therapy for DLBCL per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates the following:
   - Intent to proceed with autologous stem cell transplant.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

- DHAP
- DHAP + Rituximab
- ESHAP
- ESHAP + Rituximab
- GDP
- GDP + Rituximab
- GemOx
- GemOx + Rituximab
- ICE
- ICE + Rituximab
- MINE
- MINE + Rituximab
11. Second-Line Systemic Therapy for DLBCL per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates the following:

- Poor candidate for high-dose therapy.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

- CEOP
- CEPP
- CEPP + Rituximab
- Dose-Adjusted EPOCH
- Dose-Adjusted R-EPOCH
- GDP
- GDP + Rituximab
- GemOx
- GemOx + Rituximab
- Lenalidomide
- Lenalidomide + Rituximab
- RCEOP
- Rituximab
12. Second-Line Systemic Therapy for DLBCL per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates BOTH of the following:
   ◦ Poor candidate for high-dose therapy;
   ◦ CD30 positive lymphoma (CD 30+).

ASSOCIATED CHEMOTHERAPY REGIMENS

Bendamustine

Bendamustine + Rituximab

Brentuximab Vedotin
REFERENCES

• Gopal A, Press O, Pagel J. Efficacy and Safety of Gemcitabine (G), Carboplatin ©, Dexamethasone (D), and Rituximab in Patients with Relapsed/Refractory Lymphoma: A Prospective Multi-center Phase II Study of by the Puget Sound Oncology Consortium (PSOC). Leuk Lymphoma. 2010;51:1523–1529.
- Rituxan® (rituximab) [package insert]. Genentech, Inc. South San Francisco, CA.
Non-Hodgkin: Follicular Lymphoma

HealthHelp utilizes internal Medical Oncology Regimen codes to identify guideline-supported standard regimens. Regimen codes and their description details can be viewed through HealthHelp's WebConsult online tool. If you do not have access to HealthHelp's WebConsult, please contact HealthHelp's Program Support Team at 1-800-546-7092.

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1. First-Line, Consolidation, or Extended Dosing for Follicular Lymphoma per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates the following:
   - Grade 1 or 2; and ANY of the following:
     - Symptoms attributable to follicular lymphoma;
     - Threatened end-organ function;
     - Cytopenia secondary to lymphoma;
     - Bulky disease (1 greater than 7 cm, or 3 or more greater than 3 cm);
     - Steady progression of disease; and ANY of the following:
       - Stage 2 bulky disease;
       - Stage 3;
       - Stage 4.
ASSOCIATED CHEMOTHERAPY REGIMENS

90Yttrium-Ibritumomab-Tiuxetan

Bendamustine + Rituximab

Chlorambucil + Rituximab

Lenalidomide

Lenalidomide + Rituximab

RCHOP

RCVP

Rituximab

2. First-Line, Consolidation, or Extended Dosing for Follicular Lymphoma per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates BOTH of the following:

- Stage 2;
- Grade 1 or 2; and ANY of the following:
  - Symptoms attributable to follicular lymphoma;
  - Threatened end-organ function;
  - Cytopenia secondary to lymphoma;
  - Bulky disease (1 greater than 7 cm, or 3 or more greater than 3 cm);
  - Steady progression of disease.

ASSOCIATED CHEMOTHERAPY REGIMENS

90Yttrium-Ibritumomab-Tiuxetan

Chlorambucil + Rituximab
3. First-Line, Consolidation, or Extended Dosing for Follicular Lymphoma per the drug
regimens shown in the table below may be reasonable and appropriate when the
patient's medical record demonstrates the following:
   - Partial or complete response to first-line treatment; and ANY of the following:
     - Symptoms attributable to follicular lymphoma;
     - Threatened end-organ function;
     - Cytopenia secondary to lymphoma;
     - Bulky disease (1 greater than 7 cm, or 3 or more greater than 3 cm);
     - Steady progression of disease; and ANY of the following:
       - Stage 2 bulky disease;
       - Stage 3;
       - Stage 4.

ASSOCIATED CHEMOTHERAPY REGIMENS

Rituximab + 90Yttrium-Ibritumomab-Tiuxetan

Rituximab Maintenance

4. First-Line, Consolidation, or Extended Dosing for Follicular Lymphoma per the drug
regimens shown in the table below may be reasonable and appropriate when the
patient's medical record demonstrates the following:
   - Grade 3 or 4; and ANY of the following:
     - Symptoms attributable to follicular lymphoma;
     - Threatened end-organ function;
     - Cytopenia secondary to lymphoma;
     - Bulky disease (1 greater than 7 cm, or 3 or more greater than 3 cm);
     - Steady progression of disease.
ASSOCIATED CHEMOTHERAPY REGIMENS

RCHOP

5. Second-Line, Subsequent, or Extended Dosing for Follicular Lymphoma per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates the following:
   - Partial or complete response to second-line treatment; and ANY of the following:
     - Symptoms attributable to follicular lymphoma;
     - Threatened end-organ function;
     - Cytopenia secondary to lymphoma;
     - Bulky disease (1 greater than 7 cm, or 3 or more greater than 3 cm);
     - Steady progression of disease; and ANY of the following:
       - Stage 2 bulky disease;
       - Stage 3;
       - Stage 4.

ASSOCIATED CHEMOTHERAPY REGIMENS

Rituximab Maintenance

6. Second-Line, Subsequent, or Extended Dosing for Follicular Lymphoma per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates ANY of the following:
   - Symptoms attributable to follicular lymphoma;
   - Threatened end-organ function;
   - Cytopenia secondary to lymphoma;
• Bulky disease (1 greater than 7 cm, or 3 or more greater than 3 cm);
• Steady progression of disease; and ANY of the following:
  • Stage 2 bulky disease;
  • Stage 3;
  • Stage 4.

ASSOCIATED CHEMOTHERAPY REGIMENS

Fludarabine + Rituximab

FND + Rituximab

Idelalisib

Lenalidomide

Lenalidomide + Rituximab

Rituximab

Rituximab + 90Yttrium-lbritumomab-Tiuxetan
REFERENCES

Non-Small Cell Lung Cancer

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1. Neoadjuvant or Adjuvant Chemotherapy for NSCLC per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates BOTH of the following:
   - Stage 1B with high risk features: poorly differentiated tumors, lymphovascular invasion, wedge resection, tumors greater than 4 cm, visceral pleural involvement, incomplete lymph node sampling;
   - Adjuvant chemotherapy.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

- Cisplatin + Pemetrexed
- Cisplatin + Vinorelbine
2. Neoadjuvant or Adjuvant Chemotherapy for NSCLC per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates BOTH of the following:
   ◦ Stage 2 or 3a;
   ◦ Adjuvant chemotherapy.

   ASSOCIATED CHEMOTHERAPY REGIMENS
   
   Cisplatin + Docetaxel
   Cisplatin + Etoposide
   Cisplatin + Gemcitabine
   Cisplatin + Pemetrexed
   Cisplatin + Vinblastine
   Cisplatin + Vinorelbine

3. Neoadjuvant or Adjuvant Chemotherapy for NSCLC per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates BOTH of the following:
   ◦ Stage 3 or locally advanced;
   ◦ Adjuvant chemotherapy.

   ASSOCIATED CHEMOTHERAPY REGIMENS
   
   Cisplatin + Docetaxel
   Cisplatin + Gemcitabine
4. Neoadjuvant or Adjuvant Chemotherapy for NSCLC per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates the following:
   - Preoperative chemotherapy; and EITHER of the following:
     - Stage 2 or 3a;
     - Stage 3 or locally advanced.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

- Cisplatin + Docetaxel
- Cisplatin + Gemcitabine
- Cisplatin + Pemetrexed

5. Neoadjuvant or Adjuvant Chemotherapy for NSCLC per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates the following:
   - Adjuvant chemotherapy for a patient with Cisplatin intolerance; and EITHER of the following:
     - Stage 1B with high risk features: poorly differentiated tumors, lymphovascular invasion, wedge resection, tumors greater than 4 cm, visceral pleural involvement, incomplete lymph node sampling;
6. Neoadjuvant or Adjuvant Chemotherapy for NSCLC per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates the following:
   - Mediastinoscopy reveals N2 (ipsilateral mediastinal or subcarinal lymph nodes).

   **ASSOCIATED CHEMOTHERAPY REGIMENS**
   - Cisplatin + Vinorelbine

7. Concurrent Chemoradiation Therapy for NSCLC per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates ANY of the following:
   - Adjuvant chemotherapy for Stage 2 or 3a;
   - Positive margin;
   - Stage 2 or 3a Preoperative chemotherapy;
   - Stage 3 or locally advanced.
ASSOCIATED CHEMOTHERAPY REGIMENS

Cisplatin + Etoposide

Cisplatin + Vinblastine

8. Concurrent Chemoradiation Therapy for NSCLC per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates EITHER of the following:
   ◦ Stage 2 or 3a with Non-Squamous histology; and EITHER of the following:
     ▪ Preoperative chemotherapy;
     ▪ Adjuvant chemotherapy with positive margin;
   ◦ Preoperative chemotherapy for Stage 3 or locally advanced disease with Non-Squamous histology.

ASSOCIATED CHEMOTHERAPY REGIMENS

Carboplatin + Pemetrexed

Cisplatin + Pemetrexed

9. Concurrent Chemoradiation Therapy for NSCLC per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates the following:
   ◦ Preoperative chemotherapy; and EITHER of the following:
     ▪ Stage 2 or 3a;
     ▪ Stage 3 or locally advanced.

ASSOCIATED CHEMOTHERAPY REGIMENS

Paclitaxel + Carboplatin
10. Sequential Chemoradiation Therapy for NSCLC per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates EITHER of the following:
   - Stage 2 or 3a; and EITHER of the following:
     - Preoperative chemotherapy;
     - Adjuvant chemotherapy with positive margin;
   - Preoperative chemotherapy for Stage 3 or locally advanced disease.

ASSOCIATED CHEMOTHERAPY REGIMENS

- Cisplatin + Vinblastine
- Paclitaxel + Carboplatin

11. For Advanced Disease NSCLC, the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates ALL of the following:
   - Advanced or metastatic disease;
   - Positive Epidermal Growth Factor Receptor (EGFR);
   - First-line treatment.

ASSOCIATED CHEMOTHERAPY REGIMENS

- Afatinib
- Erlotinib
- Gefitinib
12. For Advanced Disease NSCLC, the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates ALL of the following:

- Advanced or metastatic disease;
- Positive Epidermal Growth Factor Receptor (EGFR);

**ASSOCIATED CHEMOTHERAPY REGIMENS**

- Afatinib
- Gefitinib

13. For Advanced Disease NSCLC, the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates ALL of the following:

- Advanced or metastatic disease;
- Positive Anaplastic Lymphoma Kinase (ALK);

**ASSOCIATED CHEMOTHERAPY REGIMENS**

- Ceritinib
- Crizotinib

14. For Advanced Disease NSCLC, the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates ALL of the following:
Clinical Guidelines for Medical Necessity Review of Medical Oncology Services.

ASSOCIATED CHEMOTHERAPY REGIMENS

Ceritinib

15. For Advanced Disease NSCLC, the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates ALL of the following:

- Advanced or metastatic disease;
- Second-line treatment;
- Squamous histology.

ASSOCIATED CHEMOTHERAPY REGIMENS

Ramucirumab + Docetaxel

16. For Advanced Disease NSCLC, the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates ALL of the following:

- Advanced or metastatic disease;
- First-line treatment;
- Non-Squamous histology.

ASSOCIATED CHEMOTHERAPY REGIMENS

Bevacizumab
Bevacizumab + Paclitaxel + Carboplatin
Bevacizumab + Pemetrexed + Carboplatin
Bevacizumab + Pemetrexed + Cisplatin
Cisplatin + Pemetrexed
Docetaxel
Pemetrexed
Pemetrexed + Bevacizumab
Pemetrexed + Carboplatin
Pembrolizumab + Carboplatin + Pemetrexed

17. For Advanced Disease NSCLC, the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates BOTH of the following:
   ◦  Advanced or metastatic disease;

ASSOCIATED CHEMOTHERAPY REGIMENS

Albumin-bound Paclitaxel
Albumin-bound Paclitaxel + Cisplatin
Carboplatin + Gemcitabine
Cisplatin + Docetaxel
Cisplatin + Etoposide
Cisplatin + Gemcitabine
Cisplatin + Vinorelbine
Docetaxel
Docetaxel + Carboplatin
Erlotinib
Etoposide + Carboplatin
Gefitinib
Gemcitabine
Gemcitabine + Docetaxel
Paclitaxel
Paclitaxel + Cisplatin
Vinorelbine + Gemcitabine
Carboplatin + Albumin-bound Paclitaxel
Paclitaxel + Carboplatin
18. For Advanced Disease NSCLC, the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates BOTH of the following:

- Advanced or metastatic disease;
- First-line treatment.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

- Albumin-bound Paclitaxel
- Albumin-bound Paclitaxel + Cisplatin
- Carboplatin + Gemcitabine
- Cisplatin + Docetaxel
- Cisplatin + Etoposide
- Cisplatin + Gemcitabine
- Cisplatin + Vinorelbine
- Docetaxel + Carboplatin
- Etoposide + Carboplatin
- Gemcitabine + Docetaxel
- Paclitaxel
- Paclitaxel + Cisplatin
- Vinorelbine + Gemcitabine
- Paclitaxel + Carboplatin
Carboplatin + Albumin-bound Paclitaxel

19. For Advanced Disease NSCLC, the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates BOTH of the following:
   - Advanced or metastatic disease;

**ASSOCIATED CHEMOTHERAPY REGIMENS**

- Gemcitabine

20. For Advanced Disease NSCLC, the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates BOTH of the following:
   - Stage 4 or 3B with malignant pleural effusion; A
   - Positive Epidermal Growth Factor Receptor (EGFR).

**ASSOCIATED CHEMOTHERAPY REGIMENS**

- Erlotinib
- Gefitinib

21. For Advanced Disease NSCLC, the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates ALL of the following:
Advanced or metastatic disease;
- Positive Anaplastic Lymphoma Kinase (ALK);
- Disease progression on or intolerant to Crizotinib (TKI) therapy;

**ASSOCIATED CHEMOTHERAPY REGIMENS**

Afatinib + Cetuximab

Brigatinib

**22.** For Advanced Disease NSCLC, the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates ALL of the following:
- Advanced or metastatic disease;
- Disease progression during or after platinum-based chemotherapy;

**ASSOCIATED CHEMOTHERAPY REGIMENS**

Afatinib + Cetuximab

Atezolizumab

**23.** For Advanced Disease NSCLC, the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates ALL of the following:
- Advanced or metastatic disease;
- Positive Epidermal Growth Factor Receptor (EGFR);
- Disease progression on FDA approved therapy for Epidermal Growth Factor Receptor (EGFR) or Anaplastic Lymphoma Kinase (ALK) genomic tumor aberrations;

**ASSOCIATED CHEMOTHERAPY REGIMENS**

- Afatinib + Cetuximab
- Atezolizumab
- Osimertinib

24. For Advanced Disease NSCLC, the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates ALL of the following:
- Advanced or metastatic disease;
- Positive Anaplastic Lymphoma Kinase (ALK);
- First-line treatment.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

- Crizotinib

25. Advanced Disease NSCLC, the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates ALL of the following:
° Advanced or metastatic disease;
° Positive Anaplastic Lymphoma Kinase (ALK);
° Disease progression on FDA approved therapy for Epidermal Growth Factor Receptor (EGFR) or Anaplastic Lymphoma Kinase (ALK) genomic tumor aberrations;

ASSOCIATED CHEMOTHERAPY REGIMENS

Atezolizumab

26. For Advanced NSCLC, the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates ALL of the following:
° Advanced or metastatic disease;
° First-line treatment;
° No EGFR or ALK genomic tumor aberrations;
° High PD-L1 expression, TPS score greater than or equal to 50%.

ASSOCIATED CHEMOTHERAPY REGIMENS

Pembrolizumab

27. For Advanced NSCLC, the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates of the following:
° Second-line treatment; and ANY of the following:
- Disease progression during or after platinum based chemotherapy with PD-L1 expression, TPS greater than or equal to 1%
- Disease progression on FDA approved therapy for EGFR or ALK genomic tumor aberrations and either EGFR is positive or ALK rearrangement is present with PD-L1 expression, TPS greater than or equal to 1%.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

Pembrolizumab

28. For Advanced NSCLC, the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates BOTH of the following:
- Stage III or locally advanced NSCLC;
- No disease progression after two (2) or more cycles of definitive chemoradiation.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

Durvalumab

29. For Advanced NSCLC, the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates ALL of the following:
- Advanced or metstatic disease;
- BRAF V600E positive;
- First-line treatment.
Dabrafenib + Trametinib

Dabrafenib

Vemurafenib

30. For Advanced NSCLC, the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates EITHER of the following:

- Osteoporosis related to NSCLC;
- Hypercalcemia related to NSCLC.

ASSOCIATED CHEMOTHERAPY REGIMENS

Zoledronic Acid

Denosumab
REFERENCES


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Occult Primary Tumors

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1. For Adenocarcinoma, Squamous Cell Carcinoma, and Unspecified Occult Primary Tumors, the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates EITHER of the following:
   - Squamous cell carcinoma
   - Advanced or unresectable with distant metastases; and EITHER of the following:
     - First-line treatment;

**ASSOCIATED CHEMOTHERAPY REGIMENS**

CapeOX

Cisplatin + 5-Fluorouracil (5-FU)
Docetaxel + Carboplatin

Docetaxel + Cisplatin

Docetaxel + Cisplatin + 5-Fluorouracil (5-FU)

Gemcitabine + Cisplatin

Gemcitabine + Docetaxel

mFOLFOX6

Paclitaxel + Carboplatin

Paclitaxel + Carboplatin + Etoposide

Paclitaxel + Cisplatin

2. For Adenocarcinoma, Squamous Cell Carcinoma, and Unspecified Occult Primary Tumors, the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates ALL of the following:

- Adenocarcinoma;
- Advanced or unresectable with distant metastases;
- First-line treatment.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

CapeOX

Cisplatin + 5-Fluorouracil (5-FU)

Docetaxel + Carboplatin
3. For Adenocarcinoma, Squamous Cell Carcinoma, and Unspecified Occult Primary Tumors, the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates ALL of the following:

- Adenocarcinoma;
- Advanced or unresectable with distant metastases;

**ASSOCIATED CHEMOTHERAPY REGIMENS**

- CapeOX

  - Cisplatin + 5-Fluorouracil (5-FU)
Docetaxel + Carboplatin

Docetaxel + Cisplatin

Gemcitabine + Cisplatin

Gemcitabine + Docetaxel

Irinotecan + Carboplatin

Irinotecan + Gemcitabine

mFOLFOX6

Paclitaxel + Carboplatin

Paclitaxel + Carboplatin + Etoposide

Paclitaxel + Cisplatin
REFERENCES

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1. Primary or Adjuvant Therapy for Ovarian Cancer per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates the following:
   - Mucinous ovarian tumor; and ANY of the following:
     - Stage 1C;
     - Stage 1A or 1B Grade 2;
     - Stage 1A or 1B Grade 3.

   **ASSOCIATED CHEMOTHERAPY REGIMENS**

   - Capecitabine + Oxaliplatin
   - Leucovorin + Oxaliplatin + 5-Fluorouracil (5-FU)
2. Primary or Adjuvant Therapy for Ovarian Cancer per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates BOTH of the following:
   - Stage 1C;
   - Borderline epithelial carcinoma and low grade (-1) serous endometrial.

   **ASSOCIATED CHEMOTHERAPY REGIMENS**

   - Anastrozole
   - Tamoxifen

3. Primary or Adjuvant Therapy for Ovarian Cancer per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates the following:
   - Malignant germ cell and Findings: Malignant sex cord stromal tumor of ovary; and ANY of the following:
     - Stage 1C;
     - Stage 1A or 1B Grade 2;
     - Stage 1A or 1B Grade 3.

   **ASSOCIATED CHEMOTHERAPY REGIMENS**

   - Bleomycin + Etoposide + Cisplatin (BEP)
   - Paclitaxel
4. Primary or Adjuvant Therapy for Ovarian Cancer per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates the following:
   - Malignant germ cell tumor of ovary; and ANY of the following:
     - Stage 1C;
     - Stage 1A or 1B Grade 2;
     - Stage 1A or 1B Grade 3.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

Carboplatin + Etoposide

5. Primary or Adjuvant Therapy for Ovarian Cancer per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates ANY of the following:
   - Stage 1A or 1B; and ANY of the following:
     - Grade 2;
     - Grade 3;
     - Clear cell histology;
     - Stage 1C;
     - Stage 2;
     - Stage 3;
     - Stage 4;
     - Optimally debulked with no mass greater than 1 cm.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

Docetaxel + Carboplatin

Dose-dense Paclitaxel + Carboplatin
Paclitaxel + Carboplatin

Paclitaxel + Cisplatin

6. Primary or Adjuvant Therapy for Ovarian Cancer per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates the following:
   - Ovarian carcinosarcoma; and EITHER of the following:
     - Stage 1C;
     - Stage 1A or 1B; and EITHER of the following:
       - Grade 2;
       - Grade 3.

ASSOCIATED CHEMOTHERAPY REGIMENS

   Carboplatin + Ifosfamide + Mesna

   Cisplatin + Ifosfamide + Mesna

   Paclitaxel + Ifosfamide + Mesna

7. Primary or Adjuvant Therapy for Ovarian Cancer per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates ALL of the following:
   - Stage 1A or 1B;
   - Grade 2;
8. Primary or Adjuvant Therapy for Ovarian Cancer per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates ALL of the following:
   - Stage 1A or 1B;
   - Grade 3;
   - Borderline epithelial carcinoma and low grade (-1) serous endometrial.

   ASSOCIATED CHEMOTHERAPY REGIMENS

   - Anastrozole
   - Leuprolide Acetate
   - Tamoxifen

9. Primary or Adjuvant Therapy for Ovarian Cancer per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates the following:

   ASSOCIATED CHEMOTHERAPY REGIMENS

   - Anastrozole
   - Letrozole
   - Leuprolide Acetate
   - Tamoxifen
Stage 4 Grade 3.

ASSOCIATED CHEMOTHERAPY REGIMENS

Bevacizumab

Paclitaxel + Carboplatin + Bevacizumab

10. For Recurrent Ovarian Cancer, the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates the following:
   - Relapse greater than 6 months after platinum therapy.

ASSOCIATED CHEMOTHERAPY REGIMENS

Carboplatin

Carboplatin + Gemcitabine + Bevacizumab

Cisplatin

Docetaxel + Carboplatin

Dose-dense Paclitaxel + Carboplatin

Gemcitabine + Carboplatin

Gemcitabine + Cisplatin

Liposomal Doxorubicin + Carboplatin

Paclitaxel + Carboplatin
Paclitaxel + Carboplatin + Bevacizumab

Paclitaxel + Cisplatin

11. For Recurrent Ovarian Cancer, the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates the following:

- Relapse less than 6 months after platinum therapy.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

Albumin-bound Paclitaxel

- Altretamine
- Bevacizumab
- Capecitabine
- Cyclophosphamide
- Docetaxel
- Doxorubicin
- Etoposide
- Gemcitabine
- Ifosfamide + Mesna
- Irinotecan
| Drug Regimen | 12.
For Recurrent Ovarian Cancer, the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates BOTH of the following:
- Progression after two consecutive regimens;
- Relapse greater than 6 months after platinum therapy; and EITHER of the following:
  - Malignant germ cell tumor;
  - Malignant sex cord stromal tumor. |
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<td>Liposomal Doxorubicin</td>
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<td>Vinorelbine</td>
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</tbody>
</table>
ASSOCIATED CHEMOTHERAPY REGIMENS

Leuprolide Acetate
Megestrol Acetate
Pazopanib
Tamoxifen

13. For Recurrent Ovarian Cancer, the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates the following:
   - Malignant germ cell tumor.

ASSOCIATED CHEMOTHERAPY REGIMENS

Anastrozole

Cisplatin + Etoposide
Etoposide + Ifosfamide + Cisplatin (VIP) + Mesna
Paclitaxel + Gemcitabine
Paclitaxel + Ifosfamide + Cisplatin (TIP) + Mesna
Paclitaxel + Ifosfamide + Mesna
Vinblastine + Ifosfamide + Cisplatin (VelP) + Mesna
Vincristine + Dactinomycin + Cyclophosphamide (VAC)
14. For Recurrent Ovarian Cancer, the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates the following:

- Malignant sex cord stromal tumor.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

Megestrol Acetate
REFERENCES


- Pignata S, Scambia G, Katsaros D, et al; Multicentre Italian Trials in Ovarian cancer (MITO-7); Groupe d'Investigateurs Nationaux pour l'Étude des Cancers Ovariens et du sein (GINECO); Mario Negri Gynecologic Oncology (MaNGO); European Network of Gynaecological Oncological Trial Groups (ENGOT-OV-10); Gynecologic Cancer InterGroup (GCIG) Investigators. Carboplatin plus paclitaxel once a week versus every 3 weeks in patients with advanced ovarian cancer (MITO-7): a randomised, multicentre, open-label, phase 3 trial. Lancet Oncol. 2014;15:396–405.


Penile Cancer

HealthHelp utilizes internal Medical Oncology Regimen codes to identify guideline-supported standard regimens. Regimen codes and their description details can be viewed through HealthHelp's WebConsult online tool. If you do not have access to HealthHelp's WebConsult, please contact HealthHelp's Program Support Team at 1-800-546-7092.

Medical Oncology treatments may be medically appropriate and supported by evidence to improve patient outcomes for the following indications and regimens. Unless otherwise stated, patients should demonstrate physical capability and appropriate clinical status as evidenced by either an Eastern Cooperative Oncology Group (ECOG) Performance Status Grade of 2 or less OR a Karnofsky Performance Status (KPS) Grade of 70 or greater.

1. Primary Adjuvant Therapy for Penile Cancer per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates ALL of the following:
   - High risk (T1b or greater);
   - Adjuvant therapy;
   - Palpable bulky or non-bulky inguinal lymph node with prior inguinal lymph node dissection (ILND) or pelvic lymph node dissection (PLND);

**ASSOCIATED CHEMOTHERAPY REGIMENS**

- Paclitaxel + Mesna + Ifosfamide + Cisplatin (TIP)
- Cisplatin + 5FU
2. Primary Neoadjuvant Therapy for Penile Cancer per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates the following:
   - Tumor is potentially resectable; and EITHER of the following:
     - Palpable bulky inguinal lymph node with no prior ILND or PLND;
     - Enlarged pelvic lymph node.

   **ASSOCIATED CHEMOTHERAPY REGIMENS**
   - Paclitaxel + Mesna + Ifosfamide + Cisplatin (TIP)

3. Recurrent Penile Cancer per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates BOTH of the following:
   - First or Second-line therapy;
   - Prior ILND or PLND.

   **ASSOCIATED CHEMOTHERAPY REGIMENS**
   - Paclitaxel + Mesna + Ifosfamide + Cisplatin (TIP)
   - Cisplatin + 5FU
   - Paclitaxel

4. Recurrent Penile Cancer per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates BOTH of the following:
   - Chemoradiation;
5. Metastatic Penile Cancer per the drug regimens shown in the table below may be reasonable and appropriate.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

Paclitaxel

Paclitaxel + Mesna + Ifosfamide + Cisplatin (TIP)

Cisplatin + 5FU

Paclitaxel

6. Chemoradiation for Penile Cancer per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates ANY of the following:

- High-risk (T1b or greater) with palpable non-bulky inguinal lymph node and prior ILND or PLND;
- Unresectable tumor with enlarged pelvic lymph node and no prior ILND or PLND;
- Recurrent disease with prior ILND or PLND;
- Metastatic disease.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

Cisplatin
Cisplatin + 5FU (chemoradiation)

Mitomycin + 5FU

Capecitabine
REFERENCES

- American Joint Committee on Cancer.. Penis.. In: American Joint Committee on Cancer, 7, Edge SB, Byrd DR, Compton CC (Eds), Springer, New York 2010, p.447.
Pancreatic Cancer

HealthHelp utilizes internal Medical Oncology Regimen codes to identify guideline-supported standard regimens. Regimen codes and their description details can be viewed through HealthHelp's WebConsult online tool. If you do not have access to HealthHelp's WebConsult, please contact HealthHelp's Program Support Team at 1-800-546-7092.

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1. Adjuvant Therapy for Pancreatic Cancer per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates the following:
   - Adjuvant therapy;
   - Borderline resectable/locally advanced;
   - First-line treatment for metastatic disease;
   - Second-line treatment for metastatic disease.

   **ASSOCIATED CHEMOTHERAPY REGIMENS**
   - 5-Fluorouracil (5-FU)
   - 5-Fluorouracil (5-FU) + Leucovorin
2. Concurrent Chemotherapy or Radiation Therapy for Pancreatic Cancer per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates EITHER of the following:

- Adjuvant therapy;
- Borderline resectable/locally advanced; and EITHER of the following:
  - First-line treatment;

**ASSOCIATED CHEMOTHERAPY REGIMENS**

- 5-Fluorouracil (5-FU)
  - Capecitabine
  - Gemcitabine

3. Chemotherapy for Advanced or Metastatic Pancreatic Cancer per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates EITHER of the following:

- Metastatic disease; and EITHER of the following:
  - First-line treatment;
  - Second-line treatment;
- Borderline resectable/locally advanced; and EITHER of the following:
  - First-line treatment;

ASSOCIATED CHEMOTHERAPY REGIMENS

Albumin-bound Paclitaxel + Gemcitabine

Capecitabine

CapeOX

FOLFIRINOX

Gemcitabine

Gemcitabine + Capecitabine

Gemcitabine + Cisplatin

Gemcitabine + Docetaxel + Capecitabine (GTX)

Gemcitabine + Erlotinib

Leucovorin + 5-Fluorouracil (5-FU) + Oxaliplatin
REFERENCES

Prostate Cancer

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Medical Oncology treatments may be medically appropriate and supported by evidence to improve patient outcomes for the following indications and regimens. Unless otherwise stated, patients should demonstrate physical capability and appropriate clinical status as evidenced by either an Eastern Cooperative Oncology Group (ECOG) Performance Status Grade of 2 or less OR a Karnofsky Performance Status (KPS) Grade of 70 or greater.

1. First-Line Therapy for Prostate Cancer per the drug regimen shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates ALL of the following:
   ◦ Symptomatic bone metastases and bone predominant disease;
   ◦ Metastatic disease;
   ◦ No known visceral metastasis;
   ◦ Castration resistant.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

Radium-223
2. First-Line Therapy for Prostate Cancer per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates BOTH of the following:
   - Metastatic disease;
   - Castration resistant.

   **ASSOCIATED CHEMOTHERAPY REGIMENS**
   - Abiraterone Acetate + Prednisone
   - Docetaxel + Prednisone
   - Enzalutamide

3. First-Line Therapy for Prostate Cancer per the drug regimen shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates ALL of the following:
   - Metastatic disease;
   - Castration resistant;
   - Normal cardiac function.

   **ASSOCIATED CHEMOTHERAPY REGIMENS**
   - Mitoxantrone + Prednisone
4. First-Line Therapy for Prostate Cancer per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates BOTH of the following:
   - Metastatic disease;
   - Not castration resistant.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

- Leuprolide
- Bicalutamide
- Degarelix
- Triptorelin
- Histrelin
- Goserelin
- Goserelin + Nilutamide
- Histrelin + Nilutamide
- Leuprolide + Nilutamide
- Triptorelin + Nilutamide
- Goserelin + Flutamide
- Histrelin + Flutamide
- Leuprolide + Flutamide
- Triptorelin + Flutamide
5. First-Line Therapy for Prostate Cancer per the drug regimen shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates ALL of the following:
   ◦ Patient is low risk (T1c-T2a, Gleason less than or equal to 6);
   ◦ Life expectancy of greater than 5 years;
   ◦ Not castration resistant.

ASSOCIATED CHEMOTHERAPY REGIMENS

Triptorelin
6. First-Line Therapy for Prostate Cancer per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates BOTH of the following:
   ◦ Adjuvant/Neoadjuvant therapy;
   ◦ Not castration resistant; and ANY of the following:
     ▪ Patient is intermediate risk (T2b-T2c, Gleason 7);
     ▪ Patient is high risk (T3a, Gleason 8-10);
     ▪ Patient is very high risk (T3b-T4).

ASSOCIATED CHEMOTHERAPY REGIMENS

Leuprolide
Triptorelin
Histrelin
Goserelin
Goserelin + Nilutamide
Histrelin + Nilutamide
Leuprolide + Nilutamide
Triptorelin + Nilutamide
Goserelin + Flutamide
Histrelin + Flutamide
Leuprolide + Flutamide
Triptorelin + Flutamide
Goserelin + Bicalutamide
Histrelin + Bicalutamide
Leuprolide + Bicalutamide
Triptorelin + Bicalutamide
Goserelin + Enzalutamide
Histrelin + Enzalutamide
Leuprolide + Enzalutamide
Triptorelin + Enzalutamide
Abiraterone + Enzalutamide

7. First-Line Therapy for Prostate Cancer per the drug regimen shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates ALL of the following:
   ◦ Patient is intermediate risk (T2b-T2c, Gleason 7);
   ◦ Life expectancy of greater than 5 years;
   ◦ Not castration resistant.

ASSOCIATED CHEMOTHERAPY REGIMENS

Leuprolide
Histrelin
Goserelin
Goserelin + Nilutamide
Histrelin + Nilutamide
Leuprolide + Nilutamide
Triptorelin + Nilutamide
Goserelin + Flutamide
Histrelin + Flutamide
Leuprolide + Flutamide
Triptorelin + Flutamide
Goserelin + Bicalutamide
Histrelin + Bicalutamide
Leuprolide + Bicalutamide
Triptorelin + Bicalutamide
Goserelin + Enzalutamide
Histrelin + Enzalutamide
Leuprolide + Enzalutamide
Triptorelin + Enzalutamide
Abiraterone + Enzalutamide
8. First-Line Therapy for Prostate Cancer per the drug regimen shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates BOTH of the following:
   - Surgical Castration;
   - Metastatic Disease.

   **ASSOCIATED CHEMOTHERAPY REGIMENS**
   - Goserelin + Nilutamide
   - Histrelin + Nilutamide
   - Leuprolide + Nilutamide
   - Triptorelin + Nilutamide

9. Subsequent Therapy for Prostate Cancer per the drug regimen shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates BOTH of the following:
   - Symptomatic bone metastases and bone predominant disease; and EITHER of the following:
     - High-volume metastatic disease (4 or more sites of bone metastasis);
     - Low-volume metastatic disease (less than 4 sites of bone metastasis)
   - Castration resistant; and EITHER of the following:
     - Previously treated with Enzalutamide or Abiraterone;
     - Previously treated with Docetaxel

   **ASSOCIATED CHEMOTHERAPY REGIMENS**
   - Radium-223
10. Subsequent Therapy for Prostate Cancer per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates ALL of the following:

- High-volume metastatic disease (4 or more sites of bone metastasis);
- Castration resistant;
- Previously treated with Enzalutamide or Abiraterone.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

- Abiraterone Acetate + Prednisone
- Docetaxel + Prednisone
- Enzalutamide
- Radium-223
- Sipuleucel-T

11. Subsequent Therapy for Prostate Cancer per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates ALL of the following:

- High-volume metastatic disease (4 or more sites of bone metastasis);
- Castration resistant;
- Previously treated with Docetaxel.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

- Abiraterone Acetate + Prednisone
- Cabazitaxel + Prednisone
12. Subsequent Therapy for Prostate Cancer per the drug regimen shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates ALL of the following:
   ◦ Normal cardiac function;
   ◦ Castration resistant;
   ◦ Previously treated with Docetaxel; and EITHER of the following:
     ▪ High-volume metastatic disease (4 or more sites of bone metastasis);
     ▪ Low-volume metastatic disease (less than 4 sites of bone metastasis).

ASSOCIATED CHEMOTHERAPY REGIMENS

Mitoxantrone + Prednisone

13. Subsequent Therapy for Prostate Cancer per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates ALL of the following:
   ◦ Low-volume metastatic disease (less than 4 sites of bone metastasis);
   ◦ Castration resistant;
   ◦ Previously treated with Enzalutamide or Abiraterone.

ASSOCIATED CHEMOTHERAPY REGIMENS

Mitoxantrone + Prednisone
14. Subsequent Therapy for Prostate Cancer per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates EITHER of the following:

- Osteoporosis;
- Hypercalcemia.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

- Zoledronic Acid
- Denosumab

15. Subsequent Therapy for Prostate Cancer per the drug regimen shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates Osteoporosis:

**ASSOCIATED CHEMOTHERAPY REGIMENS**

- Alendronate
16. Subsequent Therapy for Prostate Cancer per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates surgical castration and EITHER of the following:
   - High-volume metastatic disease (4 or more sites of bone metastasis);
   - Low-volume metastatic disease (less than 4 sites of bone metastasis).

**ASSOCIATED CHEMOTHERAPY REGIMENS**

Nilutamide

Goserelin + Nilutamide

Histrelin + Nilutamide

Leuprolide + Nilutamide

Triptorelin + Nilutamide

Goserelin + Flutamide

Histrelin + Flutamide

Leuprolide + Flutamide

Triptorelin + Flutamide

17. Subsequent Therapy for Prostate Cancer per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates castration resistance and EITHER of the following:
   - High-volume metastatic disease (4 or more sites of bone metastasis);
   - Low-volume metastatic disease (less than 4 sites of bone metastasis).
18. Subsequent Therapy for Prostate Cancer per the drug regimes shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates EITHER of the following:

- High-volume metastatic disease (4 or more sites of bone metastasis);
- Low-volume metastatic disease (less than 4 sites of bone metastasis).

ASSOCIATED CHEMOTHERAPY REGIMENS

Enzalutamide
Histrelin
Goserelin
Goserelin + Enzalutamide
Histrelin + Enzalutamide
Leuprolide + Enzalutamide
Triptorelin + Enzalutamide
Abiraterone + Enzalutamide

ASSOCIATED CHEMOTHERAPY REGIMENS

Bicalutamide
Flutamide
Goserelin + Bicalutamide
Histrelin + Bicalutamide
19. For Small Cell Carcinoma Pancreatic Cancer, the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates ALL of the following:

- Small cell histology on biopsy;
- Metastatic disease;
- Disease progression on medical or surgical castration.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

- Carboplatin + Etoposide
- Cisplatin + Etoposide
- Docetaxel + Carboplatin
- Docetaxel + Prednisone

20. Castration-Sensitive Metastatic Therapy for Prostate Cancer per the drug regimen shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates BOTH of the following:

- Patient has visceral metastases;
- High-volume metastatic disease (4 or more sites of bone metastasis).

**ASSOCIATED CHEMOTHERAPY REGIMENS**

- Docetaxel
REFERENCES

- Provenge [prescribing information]. Seattle, WA: Dendreon Corp.; 2011.
Rectal Cancer

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1. For Advanced or Metastatic Rectal Cancer, the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates EITHER of the following:
   ◦ Unresectable metachronous metastatic disease previously treated with neoadjuvant therapy; and EITHER of the following:
     ▪ First-line treatment;
   ◦ First-line treatment where KRAS mutation is present;

ASSOCIATED CHEMOTHERAPY REGIMENS

5-Fluorouracil (5-FU) + Leucovorin
5-Fluorouracil (5-FU) + Leucovorin (LV5FU2)

5-Fluorouracil (5-FU) + Leucovorin (sLV5FU2)

Capecitabine

Capecitabine + Bevacizumab

CapeOX

CapeOX + Bevacizumab

FOLFIRI

FOLFIRI + Bevacizumab

FOLFIRI + Cetuximab

FOLFIRI + Panitumumab

FOLFIRI + Ramucirumab

FOLFIRI + Ziv-Aflibercept

FOLFOXIRI

FOLFOXIRI + Bevacizumab

Irinotecan

Irinotecan + Oxaliplatin (IROX)

mFOLFOX6

mFOLFOX6 + Bevacizumab
mFOLFOX6 + Cetuximab

mFOLFOX6 + Panitumumab

2. For Advanced or Metastatic Rectal Cancer, the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates the following:
   ◦ Second-line treatment where KRAS mutation is present.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

5-Fluorouracil (5-FU) + Leucovorin

5-Fluorouracil (5-FU) + Leucovorin (LV5FU2)

5-Fluorouracil (5-FU) + Leucovorin (sLV5FU2)

Capecitabine

Capecitabine + Bevacizumab

CapeOX

CapeOX + Bevacizumab

FOLFIRI

FOLFIRI + Bevacizumab

FOLFIRI + Ramucirumab

FOLFIRI + Ziv-Aflibercept
3. For Advanced or Metastatic Rectal Cancer, the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates the following:
   - Third-line treatment for metastatic disease.

   **ASSOCIATED CHEMOTHERAPY REGIMENS**

   Regorafenib

4. For Advanced or Metastatic Rectal Cancer, the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates ALL of the following:
   - Metastatic disease;
   - KRAS mutation;
   - Patient previously received neoadjuvant therapy; and EITHER of the following:
     - Second-line treatment;
     - Third-line treatment
ASSOCIATED CHEMOTHERAPY REGIMENS

Cetuximab

Cetuximab + Irinotecan

FOLFIRI + Cetuximab

FOLFIRI + Panitumumab

mFOLFOX6 + Cetuximab

mFOLFOX6 + Panitumumab

Panitumumab

5. For Advanced or Metastatic Rectal Cancer, the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates EITHER of the following:

• Third-line treatment for metastatic disease when patient was previously treated with either fluoropyrimidine-oxaliplatin (FOLFOX) or irinotecan (FOLFIRI) based chemotherapy and received vascular endothelial growth factor (VEGF) therapy

• RAS wild type colorectal cancer with metastatic disease present when the patient was previously treated with either fluoropyrimidine-oxaliplatin (FOLFOX) or irinotecan (FOLFIRI) based chemotherapy and has received anti-epidermal growth factor receptor (EGFR) therapy.

ASSOCIATED CHEMOTHERAPY REGIMENS

Trifluridine + Tipiracil
Post-Operative Adjuvant Chemotherapy for Patients with Rectal Cancer Not Receiving Preoperative Therapy per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates EITHER of the following:

- Node positive; and ANY of the following:
  - Stage T1;
  - Stage T2;
  - Stage T3;
  - Stage T4;
- Stage T4; and ANY of the following:
  - Poorly differentiated histology;
  - Lymphovascular invasion (LVI);
  - Bowel obstruction;
  - Less than 12 lymph nodes examined;
  - Perineural invasion;
  - Localized perforation;
  - Close, indeterminate, or positive margins.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

5-Fluorouracil (5-FU) + Leucovorin

5-Fluorouracil (5-FU) + Leucovorin (sLV5FU2)

Capecitabine

CapeOX

mFOLFOX6
6. Neoadjuvant or Concurrent Therapy for Rectal Cancer per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates EITHER of the following:
   
   ◦ Nodal involvement;
   ◦ Stage T3 or T4.

   **ASSOCIATED CHEMOTHERAPY REGIMENS**

   5-Fluorouracil (5-FU)

   5-Fluorouracil (5-FU) + Leucovorin

   Capecitabine
REFERENCES

- Venook AP, Niedzwiecki D, Lenz H-J, et al. CALGB/SWOG 80405: Phase III trial of irinotecan/5-FU/leucovorin (FOLFIRI) or oxaliplatin/5-FU/leucovorin (mFOLFOX6) with bevacizumab or cetuximab for patients with KRAS wild-type untreated...


Small Cell Lung Cancer

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1. Primary or Adjuvant Therapy for SCLC per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates BOTH of the following:

   ◦ Patient has extensive stage disease;
   ◦ Patient is receiving chemotherapy alone; and EITHER of the following:
     ▪ First-line treatment;
     ▪ Second-line treatment for relapse after more than 6 months.

   ASSOCIATED CHEMOTHERAPY REGIMENS

   Carboplatin + Etoposide
   Carboplatin + Irinotecan
Cisplatin + Etoposide
Cisplatin + Irinotecan

2. Primary or Adjuvant Therapy for SCLC per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates BOTH of the following:
   - Patient has limited stage disease;
   - First-line treatment; and EITHER of the following:
     - Patient is receiving chemotherapy alone;
     - Patient undergoing concurrent radiation therapy

ASSOCIATED CHEMOTHERAPY REGIMENS

Carboplatin + Etoposide
Cisplatin + Etoposide

3. For Relapse of SCLC, the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates ALL of the following:
   - Patient has limited stage disease;
   - Relapse is greater than or equal to 6 months;
   - Patient is receiving chemotherapy alone;

ASSOCIATED CHEMOTHERAPY REGIMENS

Carboplatin + Etoposide
Cisplatin + Etoposide
4. For Relapse of SCLC, the drug regimen shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates ALL of the following:
   ○ Patient has extensive stage disease;
   ○ Relapse is less than 6 months;
   ○ Patient is receiving chemotherapy alone;
   ○ Second-line treatment;
   ○ Normal cardiac function.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

- Cyclophosphamide + Doxorubicin + Vincristine (CAV)

5. For Relapse of SCLC, the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates ALL of the following:
   ○ Patient has extensive stage disease;
   ○ Relapse is less than 6 months;
   ○ Patient is receiving chemotherapy alone;

**ASSOCIATED CHEMOTHERAPY REGIMENS**

- Bendamustine
- Carboplatin + Etoposide
- Cisplatin + Etoposide
- Docetaxel
- Etoposide
Gemcitabine
Irinotecan
Nivolumab
Nivolumab + Ipilimumab
Paclitaxel
Paclitaxel + Cisplatin
Temozolomide
Topotecan
Vinorelbine

6. For Relapse of SCLC, the drug regimen shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates the following:
   - Continuation therapy after Nivolumab + Ipilimumab treatment completion.

ASSOCIATED CHEMOTHERAPY REGIMENS

Nivolumab
REFERENCES


- Natale RB et al. S0124: a randomized phase III trial comparing irinotecan/cisplatin (IP) with etoposide/cisplatin (EP) in patients (pts) with previously untreated extensive stage small-cell lung cancer (E-SCLC) [Abstract 7512]. 2008 ASCO annual meeting.


Testicular Cancer

HealthHelp utilizes internal Medical Oncology Regimen codes to identify guideline-supported standard regimens. Regimen codes and their description details can be viewed through HealthHelp's WebConsult online tool. If you do not have access to HealthHelp's WebConsult, please contact HealthHelp's Program Support Team at 1-800-546-7092.

Medical Oncology treatments may be medically appropriate and supported by evidence to improve patient outcomes for the following indications and regimens. Unless otherwise stated, patients should demonstrate physical capability and appropriate clinical status as evidenced by either an Eastern Cooperative Oncology Group (ECOG) Performance Status Grade of 2 or less OR a Karnofsky Performance Status (KPS) Grade of 70 or greater.

1. Primary Therapy for Germ Cell Tumor per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates BOTH of the following:
   - Primary chemotherapy;
   - Stage 1A/1B Seminoma.

   ASSOCIATED CHEMOTHERAPY REGIMENS

   Carboplatin
2. Primary Therapy for Germ Cell Tumor per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates ANY of the following:
   - Primary chemotherapy for Retroperitoneal Lymph Node Dissection (RPLND) with positive nodes; and EITHER of the following:
     - Stage 1B Non-Seminoma;
     - Stage 2 Non-Seminoma;
   - Primary chemotherapy for Retroperitoneal Lymph Node Dissection (RPLND) with negative nodes, Stage 2 Non-Seminoma;
   - Primary chemotherapy; and EITHER of the following:
     - Stage 2A Seminoma;
     - Stage 2B Seminoma.

   **ASSOCIATED CHEMOTHERAPY REGIMENS**

   - Bleomycin + Etoposide + Cisplatin (BEP)
   - Etoposide + Cisplatin (EP)

3. Primary Therapy for Germ Cell Tumor per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates BOTH of the following:
   - Primary chemotherapy;
   - Stage 2C/3 Seminoma.

   **ASSOCIATED CHEMOTHERAPY REGIMENS**

   - Bleomycin + Etoposide + Cisplatin (BEP)
4. Primary Therapy for Germ Cell Tumor per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates BOTH of the following:
   ◦ Primary chemotherapy;
   ◦ Good risk/prognosis; and EITHER of the following:
     ▪ Stage 3B Non-Seminoma;
     ▪ Stage 3C Non-Seminoma.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

Bleomycin + Etoposide + Cisplatin (BEP)

Etoposide + Cisplatin (EP)

Etoposide + Ifosfamide + Cisplatin (VIP) + Mesna

5. For Metastatic Germ Cell Tumor, the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates BOTH of the following:
   ◦ Failed first-line chemotherapy;
   ◦ Second-line therapy.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

Carboplatin

Carboplatin + Etoposide

Etoposide

Etoposide + Cisplatin (EP)
6. For Metastatic Germ Cell Tumor, the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates the following:
   - Residual therapy.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

- Etoposide + Cisplatin (EP)
- Etoposide + Ifosfamide + Cisplatin (VIP) + Mesna
- Paclitaxel + Ifosfamide + Cisplatin (TIP) + Mesna
- Vinblastine + Ifosfamide + Cisplatin (VelP) + Mesna
REFERENCES

Thymoma

HealthHelp utilizes internal Medical Oncology Regimen codes to identify guideline-supported standard regimens. Regimen codes and their description details can be viewed through HealthHelp’s WebConsult online tool. If you do not have access to HealthHelp’s WebConsult, please contact HealthHelp’s Program Support Team at 1-800-546-7092.

Medical Oncology treatments may be medically appropriate and supported by evidence to improve patient outcomes for the following indications and regimens. Unless otherwise stated, patients should demonstrate physical capability and appropriate clinical status as evidenced by either an Eastern Cooperative Oncology Group (ECOG) Performance Status Grade of 2 or less OR a Karnofsky Performance Status (KPS) Grade of 70 or greater.

1. First Line Therapy for Thymoma per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates BOTH of the following:
   ◦ First-line treatment for unresectable locally advanced or metastatic;
   ◦ Adjuvant therapy; and EITHER of the following:
     ▪ R1 Resection;
     ▪ R2 Resection.

ASSOCIATED CHEMOTHERAPY REGIMENS

Cisplatin + Doxorubicin + Cyclophosphamide (CAP)

Cisplatin + Doxorubicin + Cyclophosphamide (CAP) + Prednisone
Cisplatin + Doxorubicin + Vincristine + Cyclophosphamide (ADOC)

Cisplatin + Etoposide (PE)

Etoposide + Ifosfamide + Cisplatin (VIP) + Mesna

Carboplatin + Paclitaxel

2. Second Line Therapy for Thymoma per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates BOTH of the following:
   ◦ Unresectable locally advanced or metastatic;
   ◦ Second-line chemotherapy.

ASSOCIATED CHEMOTHERAPY REGIMENS

5-Fluorouracil (5-FU) + Leucovorin

Etoposide

Everolimus

Gemcitabine

Ifosfamide + Mesna

Octreotide

Octreotide + Prednisone

Octreotide LAR

Octreotide LAR + Prednisone
Paclitaxel

Pemetrexed
REFERENCES

Thyroid Cancer

HealthHelp utilizes internal Medical Oncology Regimen codes to identify guideline-supported standard regimens. Regimen codes and their description details can be viewed through HealthHelp's WebConsult online tool. If you do not have access to HealthHelp's WebConsult, please contact HealthHelp's Program Support Team at 1-800-546-7092.

Medical Oncology treatments may be medically appropriate and supported by evidence to improve patient outcomes for the following indications and regimens. Unless otherwise stated, patients should demonstrate physical capability and appropriate clinical status as evidenced by either an Eastern Cooperative Oncology Group (ECOG) Performance Status Grade of 2 or less OR a Karnofsky Performance Status (KPS) Grade of 70 or greater.

1. Primary Therapy for Thyroid Cancer per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates the following:
   - Symptomatic or progressive metastatic disease; and EITHER of the following:
     - Medullary carcinoma;
     - Dedifferentiated carcinoma.

<table>
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<tr>
<th>ASSOCIATED CHEMOTHERAPY REGIMENS</th>
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</thead>
<tbody>
<tr>
<td>Cabozantinib</td>
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<tr>
<td>Sorafenib</td>
</tr>
<tr>
<td>Vandetanib</td>
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</table>
2. Primary Therapy for Thyroid Cancer per the drug regimen shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates BOTH of the following:
   ◦ Symptomatic or progressive metastatic disease;
   ◦ Not amenable to Radioactive Iodine (RAI) therapy; and ANY of the following:
     ▪ Papillary Carcinoma;
     ▪ Follicular Carcinoma;
     ▪ Hürthle Carcinoma.

   ASSOCIATED CHEMOTHERAPY REGIMENS
   Sorafenib

3. Primary Therapy for Thyroid Cancer per the drug regimen shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates the following:
   ◦ Symptomatic or progressive metastatic disease.

   ASSOCIATED CHEMOTHERAPY REGIMENS
   Denosumab
   Pamidronate
   Zoledronic Acid
4. For Recurrent Thyroid Cancer, the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates the following:
   - Symptomatic or progressive metastatic disease; and ANY of the following:
     - Papillary carcinoma;
     - Follicular carcinoma;
     - Hürthle carcinoma;
     - Dedifferentiated carcinoma.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

- Axitinib
- Lenvatinib
- Lenvatinib + Denosumab
- Pazopanib
- Sunitinib
- Zoledronic Acid
5. For Recurrent Thyroid Cancer, the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates BOTH of the following:
   - Symptomatic or progressive metastatic disease;
   - Medullary carcinoma.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

- Vandetanib + Denosumab
- Vandetanib + Pamidronate
- Vandetanib + Zoledronic Acid
- Zoledronic Acid

6. For Recurrent Thyroid Cancer, the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates BOTH of the following:
   - Symptomatic or progressive metastatic disease;
   - Medullary carcinoma with disease progression while on ANY of the following:
     - Vandetinib;
     - Cabozentinib;
     - Sorafenib;
     - Sunitinib;
     - Pazopanib.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

- Dacarbazine + 5-Fluorouracil (5-FU)
7. For Recurrent Thyroid Cancer, the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates BOTH of the following:

- Symptomatic or progressive metastatic disease;
- Dedifferentiated carcinoma; and EITHER of the following
  - Stage 4A or 4B (IVA or IVB);
  - Stage 4C (IVC).

**ASSOCIATED CHEMOTHERAPY REGIMENS**

- Docetaxel + Doxorubicin
- Doxorubicin
- Paclitaxel
- Paclitaxel + Carboplatin
REFERENCES

Uterine Cancer

HealthHelp utilizes internal Medical Oncology Regimen codes to identify guideline-supported standard regimens. Regimen codes and their description details can be viewed through HealthHelp's WebConsult online tool. If you do not have access to HealthHelp's WebConsult, please contact HealthHelp's Program Support Team at 1-800-546-7092.

Medical Oncology treatments may be medically appropriate and supported by evidence to improve patient outcomes for the following indications and regimens. Unless otherwise stated, patients should demonstrate physical capability and appropriate clinical status as evidenced by either an Eastern Cooperative Oncology Group (ECOG) Performance Status Grade of 2 or less OR a Karnofsky Performance Status (KPS) Grade of 70 or greater.

1. Systemic Therapy for Uterine Cancer per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates BOTH of the following:
   - High grade endometrial stromal sarcoma (ESS), undifferentiated uterine sarcoma (UUS), uterine leiomyosarcoma (ULMS);
   - Metastatic disease with measurable lesions.

   **ASSOCIATED CHEMOTHERAPY REGIMENS**

   - Dacarbazine
   - Docetaxel
   - Docetaxel + Gemcitabine
Doxorubicin
Doxorubicin + Dacarbazine
Doxorubicin + Ifosfamide + Mesna
Epirubicin
Gemcitabine
Gemcitabine + Dacarbazine
Gemcitabine + Vinorelbine
Ifosfamide + Mesna
Liposomal Doxorubicin
Temozolomide

2. Systemic Therapy for Uterine Cancer per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates ALL of the following:
   ◦ High grade endometrial stromal sarcoma (ESS), undifferentiated uterine sarcoma (UUS), uterine leiomyosarcoma (ULMS);
   ◦ Stage 2, 3, or 4;
   ◦ Adjuvant therapy after surgery.

ASSOCIATED CHEMOTHERAPY REGIMENS

Dacarbazine
3. Systemic Therapy for Uterine Cancer per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates ALL of the following:
   - High grade endometrial stromal sarcoma (ESS), undifferentiated uterine sarcoma (UUS), uterine leiomyosarcoma (ULMS);
   - Relapsed disease;
   - Extrapelvic disease.

ASSOCIATED CHEMOTHERAPY REGIMENS

Dacarbazine
4. **Systemic Therapy for Uterine Cancer** per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates BOTH of the following:

- Docetaxel
- Docetaxel + Gemcitabine
- Doxorubicin
- Doxorubicin + Dacarbazine
- Doxorubicin + Ifosfamide + Mesna
- Epirubicin
- Gemcitabine
- Gemcitabine + Dacarbazine
- Gemcitabine + Vinorelbine
- Ifosfamide + Mesna
- Liposomal Doxorubicin
- Pazopanib
- Temozolomide
- Vinorelbine
5. Systemic Therapy for Uterine Cancer per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates ALL of the following:

- Metastatic disease with measurable lesions;
- Patient has Liposarcoma and has completed anthracycline containing therapy;
- Unresectable metastases.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

- Eribulin
REFERENCES


Vulvar Cancer

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Medical Oncology treatments may be medically appropriate and supported by evidence to improve patient outcomes for the following indications and regimens. Unless otherwise stated, patients should demonstrate physical capability and appropriate clinical status as evidenced by either an Eastern Cooperative Oncology Group (ECOG) Performance Status Grade of 2 or less OR a Karnofsky Performance Status (KPS) Grade of 70 or greater.

1. Systemic Therapy for Vulvar Cancer per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates EITHER of the following:
   - Locally Advanced cancer; and EITHER of the following:
     - Node negative with positive margins;
     - Node positive and tumor is unresectable;
   - Metastatic disease; and EITHER of the following:
     - Request is for primary treatment;
     - Recurrent therapy for previously irradiated, node negative disease.

ASSOCIATED CHEMOTHERAPY REGIMENS

Cisplatin
Clinical Guidelines for Medical Necessity Review of Medical Oncology Services.

Cisplatin + Vinorelbine
Paclitaxel + Cisplatin
Carboplatin
Carboplatin + Paclitaxel
Paclitaxel
Erlotinib

2. Chemoradiation Therapy for Vulvar Cancer per the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates EITHER of the following:
   - Early Stage; and EITHER of the following:
     - Request is for primary treatment;
     - Request is for adjuvant therapy for node positive disease.
   - Locally Advanced cancer; and EITHER of the following:
     - Request is for primary treatment;
     - Recurrent therapy for previously irradiated, node negative disease.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

- Cisplatin
- Cisplatin + 5FU
- Mitomycin + 5FU
REFERENCES

APPENDIX A: CPT AND HCPCS CODES ASSOCIATED WITH THIS POLICY

Any CPT or HCPCS codes that have been associated with this HealthHelp Clinical Guideline are for informational use only. The inclusion of a code in this guideline does not guarantee coverage or reimbursement by the individual health plan.

MEDICAL ONCOLOGY

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<th>HCPCS Code</th>
<th>Description</th>
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<tr>
<td>A9543</td>
<td>Yttrium Y-90 Br-111, Therapeutic, Per Treatment Dose, Up To 40 Millicuries</td>
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<tr>
<td>MELPHALAN; ORAL, 2 MG</td>
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<tr>
<td>METHOTREXATE; ORAL, 2.5 MG</td>
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<tr>
<td>NABILONE, ORAL, 1 MG</td>
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<tr>
<td>NETUPITANT 300 MG AND PALONOSETRON 0.5 MG</td>
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<td>Drug Description</td>
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<td>ROLAPITANT, ORAL, 1 MG</td>
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<tr>
<td>TEMOZOLOMIDE, ORAL, 5 MG</td>
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<td>TOPOTECAN, ORAL, 0.25 MG</td>
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<tr>
<td>PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS</td>
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<tr>
<td>INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG</td>
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<tr>
<td>INJECTION, ALDESLUKIN, PER SINGLE USE VIAL</td>
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<tr>
<td>INJECTION, ARSENIC TRIOXIDE, 1 MG</td>
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<tr>
<td>INJECTION, ASPARAGINASE (ERWINAZE), 1,000 IU</td>
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<tr>
<td>INJECTION, ASPARAGINASE, NOT OTHERWISE SPECIFIED, 10,000 UNITS</td>
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<tr>
<td>INJECTION, ATEZOLIZUMAB, 10 MG</td>
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<tr>
<td>INJECTION, AVELUMAB, 10 MG</td>
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<tr>
<td>INJECTION, AZACITIDINE, 1 MG</td>
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<tr>
<td>INJECTION, CLOFARABINE, 1 MG</td>
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<td>BCG (INTRAVESICAL) PER INSTILLATION</td>
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<td>INJECTION, BELINOSTAT, 10 MG</td>
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<td>INJECTION, BENDAMUSTINE HCL, 1 MG</td>
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<td>INJECTION, BEVACIZUMAB, 10 MG</td>
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<td>INJECTION, BLINATUMOMAB, 1 MICROGRAM</td>
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<td>INJECTION, BLEOMYCIN SULFATE, 15 UNITS</td>
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<td>INJECTION, BORTEZOMIB, 0.1 MG</td>
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<td>INJECTION, BRENTUXIMAB VEDOTIN, 1 MG</td>
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<td>INJECTION, CARFILZOMIB, 1 MG</td>
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<td>INJECTION, CARMUSTINE, 100 MG</td>
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<td>INJECTION, CETUXIMAB, 10 MG</td>
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<tr>
<td>INJECTION, CISPLATIN, POWDER OR SOLUTION, 10 MG</td>
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<td>INJECTION, CLADRABINE, 10 MG</td>
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<tr>
<td>CYCLOPHOSPHAMIDE, 100 MG</td>
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<td>INJECTION, CYTARABINE LIPOSOME, 10 MG</td>
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<td>INJECTION, DACTINOMYCIN, 0.5 MG</td>
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<td>DACARBazine, 100 MG</td>
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<td>INJECTION, DAUNORUBICIN, 10 MG</td>
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<td>INJECTION, DAUNORUBICIN CITRATE, LIPOSOMAL FORMULATION, 10 MG</td>
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<td>INJECTION, DEGARELIX, 1 MG</td>
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<td>INJECTION, DENILEUKIN DIFTITOX, 300 MICROGRAMS</td>
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<td>INJECTION, DIETHYLSTILBESTROL DIPHOSPHATE, 250 MG</td>
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<td>INJECTION, DOCETAXEL, 1 MG</td>
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<tr>
<td>INJECTION, ELLIOTT'S B SOLUTION, 1 ML</td>
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<tr>
<td>INJECTION, ELOTUZUMAB, 1 MG</td>
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<td>INJECTION, EPIRUCIN HCL, 2 MG</td>
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<td>INJECTION, ERIBULIN MESYLATE, 0.1 MG</td>
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<td>INJECTION, FLUDARABINE PHOSPHATE, 50 MG</td>
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<td>INJECTION, FLUOROURACIL, 500 MG</td>
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<td>INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG</td>
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<td>GOSERELIN ACETATE IMPLANT, PER 3.6 MG</td>
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<td>INJECTION, GEMTUZUMAB OZOGAMICIN, 0.1 MG</td>
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<tr>
<td>INJECTION, IRINOTECAN LIPOSEOME, 1 MG</td>
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<td>INJECTION, IRINOTECAN, 20 MG</td>
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<tr>
<td>INJECTION, IXABEPILONE, 1 MG</td>
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<tr>
<td>INJECTION, IFOSFAMIDE, 1 GRAM</td>
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<td>INJECTION, MESNA, 200 MG</td>
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<td>INJECTION, IDARUBICIN HYDROCHLORIDE, 5 MG</td>
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<tr>
<td>INJECTION, INTERFERON ALFACON-1, RECOMBINANT, 1 MICROGRAM</td>
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<tr>
<td>INJECTION, INTERFERON, ALFA-2A, RECOMBINANT, 3 MILLION UNITS</td>
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<td>INJECTION, INTERFERON, ALFA-2B, RECOMBINANT, 1 MILLION UNITS</td>
<td>J9214</td>
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<td>INJECTION, INTERFERON, ALFA-N3, (HUMAN LEUKOCYTE DERIVED), 250,000 IU</td>
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<td>INJECTION, INTERFERON, GAMMA 1-B, 3 MILLION UNITS</td>
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<td>LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG</td>
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<td>LEUPROLIDE ACETATE, PER 1 MG</td>
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<tr>
<td>LEUPROLIDE ACETATE IMPLANT, 65 MG</td>
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<td>HISTRELIN IMPLANT (VANTAS), 50 MG</td>
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<td>HISTRELIN IMPLANT (SUPPRELIN LA), 50 MG</td>
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<td>INJECTION, IPILIMUMAB, 1 MG</td>
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<td>INJECTION, MECHLORETHAMINE HYDROCHLORIDE, (NITROGEN MUSTARD), 10 MG</td>
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<td>INJECTION, MELPHALAN HYDROCHLORIDE, 50 MG</td>
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<td>METHOTREXATE SODIUM, 5 MG</td>
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<tr>
<td>INJECTION, NELARABINE, 50 MG</td>
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<td>INJECTION, OXALIPLATIN, 0.5 MG</td>
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<tr>
<td>INJECTION, PACLITAXEL PROTEIN-BOUND PARTICLES, 1 MG</td>
<td>J9264</td>
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<td>INJECTION, PEGASPARAGASE, PER SINGLE DOSE VIAL</td>
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<tr>
<td>INJECTION, PACLITAXEL, 1 MG</td>
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<tr>
<td>INJECTION, PENTOSTATIN, 10 MG</td>
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<td>INJECTION, PLICAMYCIN, 2.5 MG</td>
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<td>INJECTION, PEMBROLIZUMAB, 1 MG</td>
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<td>INJECTION, MITOMYCIN, 5 MG</td>
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<td>INJECTION, OLARATUMAB, 10 MG</td>
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<td>INJECTION, MITOXANTRONE HYDROCHLORIDE, PER 5 MG</td>
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<td>INJECTION, NECITUMUMAB, 1 MG</td>
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<td>INJECTION, NIVOLUMAB, 1 MG</td>
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<td>INJECTION, OBINUTUZUMAB, 10 MG</td>
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<td>INJECTION, OFATUMUMAB, 10 MG</td>
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<td>INJECTION, PANITUMUMAB, 10 MG</td>
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<td>INJECTION, PEMETREXED, 10 MG</td>
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<td>INJECTION, PRALATREXATE, 1 MG</td>
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<tr>
<td>INJECTION, RAMUCIRUMAB, 5 MG</td>
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<td>INJECTION, RITUXIMAB, 100 MG</td>
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<td>INJECTION, ROMIDEPSIN, 1 MG</td>
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<td>INJECTION, STREPTOZOCIN, 1 GRAM</td>
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<td>INJECTION, TALIMOGENE LAHERPAREPVEC, 1 MILLION PLAQUE FORMING UNITS (PFU)</td>
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<td>INJECTION, TEMOZOLOMIDE, 1 MG</td>
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<td>INJECTION, TEMSIROLIMUS, 1 MG</td>
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<tr>
<td>INJECTION, THIOTEPA, 15 MG</td>
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<td>INJECTION, TOPOTECAN, 0.1 MG</td>
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<td>J9352</td>
<td>INJECTION, TRABECTEDIN, 0.1 MG</td>
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<td>J9354</td>
<td>INJECTION, ADO-TRASTUZUMAB EMTANSINE, 1 MG</td>
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<td>J9355</td>
<td>INJECTION, TRASTUZUMAB, 10 MG</td>
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<td>J9357</td>
<td>INJECTION, VALRUBICIN, INTRAVESICAL, 200 MG</td>
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<td>J9360</td>
<td>INJECTION, VINBLASTINE SULFATE, 1 MG</td>
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<td>J9370</td>
<td>VINCRISTINE SULFATE, 1 MG</td>
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<td>J9371</td>
<td>INJECTION, VINCRISTINE SULFATE LIPOSE, 1 MG</td>
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<td>J9390</td>
<td>INJECTION, VINORELBINE TARTRATE, 10 MG</td>
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<td>J9395</td>
<td>INJECTION, FULVESTRANT, 25 MG</td>
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<td>INJECTION, ZIV-AFLIBERCEPT, 1 MG</td>
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<td>INJECTION, PORFIMER SODIUM, 75 MG</td>
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<td>NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS</td>
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<td>Q0162</td>
<td>ONDANSETRON 1 MG, ORAL</td>
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<tr>
<td>Q0164</td>
<td>PROCHLORPERAZINE MALEATE, 5 MG, ORAL</td>
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<td>Q0166</td>
<td>GRANISETRON HYDROCHLORIDE, 1 MG, ORAL</td>
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<td>Q0167</td>
<td>DRONABINOL, 2.5 MG, ORAL</td>
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<td>Q0169</td>
<td>PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL</td>
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<td>Q0180</td>
<td>DOLASETRON MESYLATE, 100 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 24 HOUR DOSAGE REGIMEN</td>
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<tr>
<td>Q2017</td>
<td>INJECTION, TENIPOSIDE, 50 MG</td>
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<tr>
<td>Q2040</td>
<td>TISAGENLECLEUCEL, UP TO 250 MILLION CAR-POSITIVE Viable T CELLS, INCLUDING LEUKAPHERESIS AND DOSE PREPARATION PROCEDURES, PER INFUSION</td>
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<tr>
<td>Q2043</td>
<td>SIPULEUCELT-T, MINIMUM OF 50 MILLION AUTOLOGOUS CD54+ CELLS ACTIVATED WITH PAP-GM-CSF, INCLUDING LEUKAPHERESIS AND ALL OTHER PREPARATORY PROCEDURES, PER INFUSION</td>
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<tr>
<td>Q2049</td>
<td>INJECTION, DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, IMPORTED LIPODOX, 10 MG</td>
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<td>Q2050</td>
<td>INJECTION, DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, NOT OTHERWISE SPECIFIED, 10MG</td>
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<td>Q5101</td>
<td>INJECTION, FILGRASTIM (G-CSF), BIOSIMILAR, 1 MICROGRAM</td>
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<td>S0088</td>
<td>IMATINIB, 100 MG</td>
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<td>S0091</td>
<td>GRANISETRON HYDROCHLORIDE, 1 MG</td>
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<tr>
<td>ZIDOVUDINE, ORAL, 100 MG</td>
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<td>MERCAPTOPURINE, ORAL, 50 MG</td>
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<tr>
<td>ONDANSETRON, ORAL, 4 MG</td>
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<tr>
<td>INJECTION, PEGYLATED INTERFERON ALFA-2A, 180 MCG PER ML</td>
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<td>INJECTION, PEGYLATED INTERFERON ALFA-2B, 10 MCG</td>
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<td>EXEMESTANE, 25 MG</td>
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<tr>
<td>INJECTION, OLANZAPINE, 2.5 MG</td>
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<tr>
<td>ANASTROZOLE, ORAL, 1 MG</td>
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<tr>
<td>CHLORAMBUCIL, ORAL, 2MG</td>
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<tr>
<td>DOLASETRON MESYLATE, ORAL 50MG</td>
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<tr>
<td>FLUTAMIDE, ORAL, 125MG</td>
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<td>HYDROXYUREA, ORAL, 500MG</td>
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<tr>
<td>LOMUSTINE, ORAL, 10MG</td>
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<tr>
<td>MEGESTROL ACETATE, ORAL, 20MG</td>
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<tr>
<td>PROCARBAZINE HYDROCHLORIDE, ORAL, 50MG</td>
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<td>PROCHLORPERAZINE MALEATE, ORAL, 5MG</td>
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<tr>
<td>TAMOXIFEN CITRATE, ORAL, 10MG</td>
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