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.

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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, 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.

**Acute Myeloid Leukemia**

**Ind. 5498** 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

Ind. 5498  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
Ind. 5498  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

Ind. 5498  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

Ind. 5498  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;
High-dose Cytarabine + Topotecan

**Ind. 5498**  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

**Ind. 5499**  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
Ind. 5499  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

Ind. 5499  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
Ind. 5499  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

Ind. 5499  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

Ind. 5499  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

Ind. 5499  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;
• Post induction therapy
• Better risk cytogenics

ASSOCIATED CHEMOTHERAPY REGIMENS

High-dose Cytarabine

Ind. 5499  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
Ind. 5500  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)

**Ind. 5500**  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)

Ind. 5500 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

Clofarabine + Idarubicin

Cytarabine

Decitabine

Decitabine + Sorafenib

Mitoxantrone + Etoposide + High-dose Cytarabine (MEC)

Ind. 5500  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.

Ind. 5379  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

Ind. 5378  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.

Ind. 5541  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 ANY of the following:
  - Patient is 65 years of age or older;
  - Prior exposure to the same chemotherapy regimen resulted in nausea and vomiting
  - Patient has comorbidities.
REFERENCES

Bladder 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.

**Ind. 5383** 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
Ind. 5383  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

Ind. 5383  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

**Ind. 5383** 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

**Ind. 5384** 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

Ind. 5381 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

Ifosfamide + Mensa + Doxorubicin + Gemcitabine

Ind. 5381 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 records demonstrates that the therapy is first line:

ASSOCIATED CHEMOTHERAPY REGIMENS

Bacillus Calmette-Guerin (BCG)
Gemcitabine + Carboplatin

Gemcitabine + Paclitaxel

Gemcitabine

**Ind. 5381**  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 EITHER of the following:

- Patient is not eligible for cisplatin-based chemotherapy
- Disease progression with platinum-containing chemotherapy

**ASSOCIATED CHEMOTHERAPY REGIMENS**

- Pembrolizumab
- Atezolizumab

**Ind. 5382**  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

Ifosfamide + Doxorubicin + Gemcitabine

Methotrexate

Nivolumab

Paclitaxel

Pemetrexed

Ind. 5382 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.
Atezolizumab
Nivolumab
Durvalumab
Avelumab
Pembrolizumab

Ind. 5382  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

Ind. 5382  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

Ind. 5382 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
Ind. 5382  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:

- Patient is not eligible for cisplatin-based therapy

**ASSOCIATED CHEMOTHERAPY REGIMENS**

Avelumab

Pembrolizumab

Ind. 5380  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
Ind. 5380  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)

Ind. 5380  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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Ind. 5385 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

**Ind. 5385**  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

**Ind. 5386**  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:
  β Ewing’s sarcoma;
  β Mesenchymal chondrosarcoma.

ASSOCIATED CHEMOTHERAPY REGIMENS

VAC + IE

VAIA

VIDE

Ind 5387 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:
  β Ewing’s sarcoma;
  β Mesenchymal Chondrosarcoma.

ASSOCIATED CHEMOTHERAPY REGIMENS

VAC + IE

VAIA
VIDE

Vincristine + Cyclophosphamide + Dactinomycin (CVD)

Vincristine + Cyclophosphamide + Doxorubicin (CVD)

Ind. 5388  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
Ind. 5389  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

Ind. 5390  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

Ind. 5391  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

Carboplatin + Ifosfamide + Mesna + Etoposide

Cyclophosphamide + Etoposide

Cyclophosphamide + Topotecan

Gemcitabine

Gemcitabine + Docetaxel

Ifosfamide + Mesna + Etoposide

Methotrexate + Etoposide + Ifosfamide + Mesna

Sorafenib

Sorafenib + Everolimus
Ind. 5391 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:

- Relapse, refractory, advanced, or metastatic disease;
- Second-line treatment;
- Indicator lesion on 99mTc-MDP

ASSOCIATED CHEMOTHERAPY REGIMENS

Radium-223

REFERENCES


Brain 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.

Ind. 5393 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
Ind. 5393  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

Ind. 5394  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

**Ind. 5395** 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

**Ind. 5396** 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
Ind. 5397  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;

Bevacizumab + Carboplatin
Bevacizumab + Fotemustine
Bevacizumab + Irinotecan
Carboplatin
Carboplatin + Teniposide
Carmustine
Cisplatin + Etoposide
Cyclophosphamide
Etoposide
Irinotecan
Lomustine
PCV
Temozolomide
- Adjuvant treatment post resection.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

**PCV**

**Ind. 5398** 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**

**Ind. 5399** 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**
Ind. 5400  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.
Carboplatin

Carboplatin + Teniposide

Cisplatin + Etoposide

Etoposide

Temozolomide

Ind. 5401 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

Ind. 5402 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

**Ind. 5403** 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

Methotrexate + Vincristine + Procarbazine + Cytarabine

Ind. 5404 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;

ASSOCIATED CHEMOTHERAPY REGIMENS

Cytarabine

Dexamethasone + Cisplatin + Cytarabine (DHAP)

Methotrexate

Pemetrexed

Rituximab

Rituximab + Temozolomide

Temozolomide

Topotecan
Ind. 5405  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

Ind. 5406  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

Ind. 5407 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 (Hycahtin) [prescribing information]. Research Triangle Park, NC: GlaxoSmithKline. 2015.


Breast 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.

Ind. 5527  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<sub>1,2,3</sub>

Palbociclib + Letrozole<sub>1,2,3</sub>

**Ind. 5527** 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

**Ind. 5527** 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

Ind. 5527  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
Ind. 5527 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

Ind. 5527  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

Doxorubicin

Doxorubicin + Cyclophosphamide (AC)
Epirubicin

Epirubicin + Cyclophosphamide (EC)

Pegylated Liposomal Doxorubicin

Paclitaxel (subsequent cycles)

Ind. 5527 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:

◦ First-line treatment;
◦ Normal cardiac function;
◦ Hormone Receptor positive;
◦ HER2 positive;
◦ Patient is postmenopausal.

And EITHER of the following:

• Metastatic disease
• Locally advanced disease

ASSOCIATED CHEMOTHERAPY REGIMENS

Anastrozole + Trastuzumab

Ind. 5527 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:
First-line treatment;
Normal cardiac function;
HER2 positive;
Patient is postmenopausal.
And EITHER of the following:
- Metastatic disease
- Locally advanced disease

ASSOCIATED CHEMOTHERAPY REGIMENS

Pertuzumab + Trastuzumab

Ind. 5527  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:

- First-line treatment;
- Hormone Receptor positive;
- HER2 negative;
- Patient is postmenopausal
- Failure of previous treatment with Letrozole or Anastrozole.
And EITHER of the following:
- Metastatic disease
- Locally advanced disease

ASSOCIATED CHEMOTHERAPY REGIMENS
Everolimus + Exemestane

**Ind. 5527** 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:

- First-line treatment;
- Hormone Receptor positive;
- HER2 positive;
- Patient is postmenopausal.

And EITHER of the following:
- Metastatic disease
- Locally advanced disease

**ASSOCIATED CHEMOTHERAPY REGIMENS**

Lapatinib + Letrozole

**Ind. 5527** 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:

- First-line treatment;
- Hormone Receptor positive;
- HER2 negative;
- Patient is postmenopausal.
- Metastatic disease
Ind. 5527 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;
- Normal cardiac function and EITHER of the following:
  - Recurrence that occurred greater than 12 months after treatment, and this is first line treatment;
  - Metastatic disease and this is third-line treatment (previous exposure to Trastuzumab and TDM-1)

ASSOCIATED CHEMOTHERAPY REGIMENS

- Palbociclib + Letrozole
- Ribociclib + Letrozole
- Abemaciclib
- Abemaciclib + Anastrozole
- Abemaciclib + Letrozole
- Abemaciclib + Exemestane

ASSOCIATED CHEMOTHERAPY REGIMENS

- Paclitaxel + Carboplatin + Trastuzumab
- Paclitaxel + Trastuzumab
Pertuzumab + Trastuzumab + Paclitaxel

Pertuzumab + Trastuzumab + Docetaxel

Trastuzumab + Capecitabine

Trastuzumab + Docetaxel

Trastuzumab + Vinorelbine

Trastuzumab + Eribulin

Lapatinib + Capecitabine

Trastuzumab + Lapatinib

Ind. 5527  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
Trastuzumab + Docetaxel
Trastuzumab + Vinorelbine
Trastuzumab + Eribulin

**Ind. 5527**  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)

**Ind. 5527**  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.
Pathology is consistent with ductal, lobular, mixed or metaplastic breast cancer with metastasis to the bone.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

- Zoledronic Acid
- Denosumab

**Ind. 5527** 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:

- Completion of Endocrine therapy and ANY of the following:
  - Hormone receptor (HR) positive;
  - Locally advanced with negative HER2
  - Metastatic disease is present
- Patient is post menopausal, with metastatic disease, is hormone receptor positive and has completed anti estrogen therapy

**ASSOCIATED CHEMOTHERAPY REGIMENS**

- Palbociclib + Fulvestrant
- Abemaciclib + Fulvestrant

**Ind. 5527** 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:

- Patient is post menopausal;
- Metastatic disease is present;
- Hormone receptor (HR) positive;
- Anti estrogen treatment

**ASSOCIATED CHEMOTHERAPY REGIMENS**

- Palbociclib + Fulvestrant
- Abemaciclib + Fulvestrant

**Ind. 5527** 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:

- Patient is post menopausal;
- Pathology is consistent with ductal, lobular, mixed or metaplastic breast cancer;
- Metastatic disease is present;
- Negative HER2;
- Hormone reception positive;
- Prior treatment with endocrine therapy;
- Subsequent treatment of Neoadjuvant/Adjuvant chemotherapy (maintenance regimen)

**ASSOCIATED CHEMOTHERAPY REGIMENS**

Abemaciclib + Fulvestrant

**Ind. 5527** 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:
Patient is post menopausal;
Metastatic disease is present;
Negative HER2;
Hormone receptor positive;
Prior treatment with endocrine therapy;

ASSOCIATED CHEMOTHERAPY REGIMENS

Abemaciclib

Ind. 5527 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;
Positive HER2;
Subsequent treatment of Neoadjuvant/Adjuvant chemotherapy (maintenance regimen);
Cardiac function is normal

ASSOCIATED CHEMOTHERAPY REGIMENS

Trastuzumab-dkst

Ind. 5527 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
Hormone receptor positive
Prior treatment with endocrine therapy;
Subsequent treatment of Neoadjuvant/Adjuvant chemotherapy (maintenance regimen)

ASSOCIATED CHEMOTHERAPY REGIMENS

Olaparib

Ind. 5527  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:

- Patient is post menopausal;
- Metastatic disease is present;
- Hormone receptor positive
- Prior treatment with endocrine therapy;
- Failed an aromatase inhibitor
- First line treatment

ASSOCIATED CHEMOTHERAPY REGIMENS

Abemaciclib + Anastrozole

Ind. 5527  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:

- Patient is post menopausal;
- Metastatic disease is present;
- Hormone receptor positive
- First line treatment
ASSOCIATED CHEMOTHERAPY REGIMENS

Abemaciclib + Letrozole

**Ind. 5527** 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:

- Patient is postmenopausal
- Failed an aromatase inhibitor

**ASSOCIATED CHEMOTHERAPY REGIMENS**

Abemaciclib + Exemestane

**Ind. 5527** 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:

- Patient is 60 years or older;
- Bilateral oophorectomy has been performed;
- Patient is postmenopausal;
- Failure of treatment with Letrozole or Anastrozole;
- Pathology is consistent with ductal, lobular, mixed or metaplastic breast cancer;
- Metastatic disease is present;
- Negative HER2
Hormone receptor positive

ASSOCIATED CHEMOTHERAPY REGIMENS

Fulvestrant + Everolimus

Ind. 5527  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:

- Patient is postmenopausal
- Failure of treatment with Letrozole or Anastrozole
- Metastatic disease
- Negative HER2
- Hormone receptor positive
- First line treatment

ASSOCIATED CHEMOTHERAPY REGIMENS

Tamoxifen + Everolimus

Ribociclib + Tamoxifen
Ind. 5525  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)

Ind. 5525  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)
- 5-Fluorouracil + Epirubicin + Cyclophosphamide (FEC) + Docetaxel
- 5-Fluorouracil + Epirubicin + Cyclophosphamide (FEC) + Paclitaxel

**Ind. 5525** 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**

**Ind. 5525**  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)
Ind. 5525  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

Docetaxel + Doxorubicin + Cyclophosphamide (TAC)
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

Ind. 5525 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 + Docetaxel

Doxorubicin + Cyclophosphamide (AC) + Paclitaxel + Trastuzumab

Ind. 5525  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

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

Ind. 5525  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)

Doxorubicin + Cyclophosphamide (AC) + Paclitaxel

Doxorubicin + Cyclophosphamide (AC) + Albumin Bound Paclitaxel
Ind. 5525  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)
- 5-Fluorouracil + Epirubicin + Cyclophosphamide (FEC) + Paclitaxel
◦ Tumor greater than or equal to 0.5 cm;
◦ Negative HER2;
◦ Neoadjuvant chemotherapy;
◦ Normal cardiac function.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

Doxorubicin + Cyclophosphamide (AC) + Docetaxel

Doxorubicin + Cyclophosphamide (AC) + Albumin Bound Paclitaxel

Docetaxel + Doxorubicin + Cyclophosphamide (TAC)

**Ind. 5525** 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**

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

TCH + Pertuzumab

Trastuzumab-dkst + Paclitaxel

**Ind. 5525** 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)

Doxorubicin + Cyclophosphamide (AC) + Albumin Bound Paclitaxel

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

Ind. 5525 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)

Doxorubicin + Cyclophosphamide (AC) + Albumin Bound Paclitaxel

5-Fluorouracil + Epirubicin + Cyclophosphamide (FEC) + Docetaxel

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

Ind. 5525  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.
Doxorubicin + Cyclophosphamide (AC) + Docetaxel

Docetaxel + Doxorubicin + Cyclophosphamide (TAC)

**Ind. 5525**  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)

Epirubicin + Cyclophosphamide (EC)

AC + Albumin-bound Paclitaxel
5-Fluorouracil + Epirubicin + Cyclophosphamide (FEC) + Docetaxel

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

Docetaxel + Doxorubicin + Cyclophosphamide (TAC)

Doxorubicin + Cyclophosphamide (AC) + Paclitaxel

**Ind. 5525**  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)
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)

Ind. 5525 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)
Ind. 5525  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;
◦ Neoadjuvant chemotherapy;
◦ Normal cardiac function and EITHER of the following:
  º Node positive;
  º Tumor greater than or equal to 0.5 cm.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

Pertuzumab + Trastuzumab

Ind. 5525  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:

◦ Node positive;
◦ Positive HER2;
◦ Adjuvant chemotherapy
◦ Normal cardiac function

**ASSOCIATED CHEMOTHERAPY REGIMENS**

Trastuzumab-dkst + Docetaxel + Carboplatin

Ind. 5525  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
- Hormone receptor positive (estrogen or progesterone)
- Adjuvant chemotherapy

ASSOCIATED CHEMOTHERAPY REGIMENS

Neratinib

**Ind. 5525** 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
- Normal cardiac function and EITHER
  - Node negative OR node positive, and ANY of the following:
    - Received treatment regimen consisting of Doxorubicin + Cyclophosphamide and either Paclitaxel or Docetaxel;
    - received treatment regimen of Docetaxel + Carboplatin;
    - This is a single agent therapy following multi modality anthracycline based therapy.

ASSOCIATED CHEMOTHERAPY REGIMENS

Trastuzumab-dkst

**Ind. 5525** 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:

- Adjuvant chemotherapy
Clinical Guidelines for Medical Necessity Review of Medical Oncology Services.

- Normal cardiac function and EITHER
  - Node positive
  - Node negative

**ASSOCIATED CHEMOTHERAPY REGIMENS**

Trastuzumab-dkst + Docetaxel

**Ind. 5525** 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**

Doxorubicin + Cyclophosphamide (AC) + Paclitaxel

**Ind. 5525** 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;
- Hormone receptor positive (estrogen or progesterone);
- Adjuvant chemotherapy;
To follow adjuvant Trastuzumab based therapy

ASSOCIATED CHEMOTHERAPY REGIMENS

Neratinib

Ind. 5525 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:

◦ Node positive
◦ Positive HER2;
◦ Adjuvant chemotherapy;
◦ Normal cardiac function.

ASSOCIATED CHEMOTHERAPY REGIMENS

Trastuzumab-dkst + Docetaxel + Carboplatin

Ind. 5525 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
◦ Neoadjuvant chemotherapy
◦ Normal cardiac function and EITHER
  □ Node positive
  □ Tumor greater than or equal to 0.5 cm

ASSOCIATED CHEMOTHERAPY REGIMENS

Pertuzumab + Trastuzumab
Ind. 5413  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:

- 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.
- Adjuvant therapy
- Bilateral oophorectomy has been performed;
- Pathology is consistent with ductal, lobular, mixed, or metaplastic breast cancer; AND EITHER:
  - Node positive;
  - Tumor greater than 0.5 cm;

**ASSOCIATED CHEMOTHERAPY REGIMENS**

- Anastrozole
- Exemestane
- Letrozole

Ind. 5413  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:

- Patient has had a bilateral oopherectomy
◦ Pathology is consistent with ductal, lobular, mixed, or metaplastic breast cancer;
◦ Node positive;
◦ Adjuvant therapy;

ASSOCIATED CHEMOTHERAPY REGIMENS

Anastrozole
Exemestane
Letrozole

Ind. 5413 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
Toremifine

Ind. 5413 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 ANY of the following:
○ Patient is experiencing osteoporosis related to breast cancer;
○ Patient is experiencing hypercalcemia related to breast cancer.
○ Pathology is consistent with ductal, lobular, mixed or metaplastic breast cancer, this is adjuvant therapy, and FSH and estradiol are in the postmenopausal range

ASSOCIATED CHEMOTHERAPY REGIMENS

Zoledronic Acid
Denosumab

Ind. 5413  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
Toremifene

Ind. 5413  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, and EITHER:
  ▶ 60 years old or greater
  ▶ Bilateral oophorectomy has been performed.

ASSOCIATED CHEMOTHERAPY REGIMENS

Anastrozole
Letrozole
Exemestane

Ind. 5526  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

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.

Ind. 5528  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.
Clinical Guidelines for Medical Necessity Review of Medical Oncology Services.

Ind. 5528  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 + Paclitaxel + Bevacizumab
- Cisplatin + Topotecan
- Paclitaxel + Carboplatin + Bevacizumab
- Paclitaxel + Cisplatin
- Topotecan + Paclitaxel
- Topotecan + Paclitaxel + Bevacizumab
Ind. 5528  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

Ind. 5529  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
Ind. 5424  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

Ind. 5424  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

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.

**Ind. 5492** 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.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

- Dasatinib
- Imatinib
- Nilotinib
Omacetaxine

Omacetaxine (Maintenance Cycles)

Ponatinib

Ind. 5492 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
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

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
Ind. 5492  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)

Ind. 5492  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 Ph positive or BCR-ABL1 positive and chronic phase CML and EITHER of the following:

- 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**

Interferon alfa-2b
PEGinterferon alfa-2a/2b
REFERENCES


Colon 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.

Ind. 5428 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
Ind. 5428 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

MFOLFOX7

**Ind. 5428** 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

MFOLFOX7
Ind. 5428 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-Fluouracil (5-FU) (Roswell Park)

mFOLFOX6

mFOLFOX6 + Bevacizumab

sLV5FU2

MFOLFOX7

Ind. 5428 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;
- RAS wild-type
- Progressive disease with Fluoropyrimidine, Oxaliplatin, and Irinotecan-based chemotherapy

ASSOCIATED CHEMOTHERAPY REGIMENS

Regorafenib

Trifluridine + Tipiracil

Ind. 5428 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**

<table>
<thead>
<tr>
<th>Regimen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cetuximab</td>
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<tr>
<td>Cetuximab + Irinotecan</td>
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<td>FOLFIRI + Panitumumab</td>
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<td>mFOLFOX6 + Panitumumab</td>
</tr>
<tr>
<td>Panitumumab</td>
</tr>
<tr>
<td>FOLFOX + Cetuximab</td>
</tr>
</tbody>
</table>

**Ind. 5428** 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;
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Cetuximab

Cetuximab + Irinotecan
FOLFIRI + Cetuximab
FOLFIRI + Panitumumab
FOLFOX + Cetuximab
mFOLFOX6 + Panitumumab

Panitumumab

Ind. 5428 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
- Microsatellite instability-high (MSI-H) or mismatch repair deficient
- Progressive disease with Fluoropyrimidine, Oxaliplatin, and Irinotecan-based chemotherapy
- Unresectable metachronous metastases
- Second-line treatment

ASSOCIATED CHEMOTHERAPY REGIMENS

Pembrolizumab

Nivolumab
Ind. 5429  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;
    - Localized perforation;
    - Close, indeterminate, or positive margins.

ASSOCIATED CHEMOTHERAPY REGIMENS

- Capecitabine
- CapeOx
- FLOX
- Leucovorin + 5-Fluorouracil (5-FU)
- mFOLFOX6
- sLV5FU2
Ind. 5429 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)
- sLV5FU2

Ind. 5429 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)

sLV5FU2
REFERENCES

- Vonoek 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 metastatic adenocarcinoma of the colon or rectum [abstract]. ASCO Meeting Abstracts 2014;32:LBA3.


Endometrial 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.

**Ind. 5430** 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.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

- Bevacizumab
- Carboplatin
- Carboplatin + Docetaxel
Carboplatin + Paclitaxel

Cisplatin

Cisplatin + Doxorubicin

Cisplatin + Doxorubicin + Paclitaxel

Cisplatin + Ifosfamide + Mesna

Doxorubicin

Ifosfamide

Ifosfamide + Paclitaxel + Mesna

Liposomal Doxorubicin

Paclitaxel

Temsirolimus

Topotecan

Ind. 5430 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
Ind. 5430 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;

<table>
<thead>
<tr>
<th>Drug Regimen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carboplatin</td>
</tr>
<tr>
<td>Carboplatin + Docetaxel</td>
</tr>
<tr>
<td>Carboplatin + Paclitaxel</td>
</tr>
<tr>
<td>Cisplatin</td>
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<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>
Stage 3B or 3C;
Stage 4.

ASSOCIATED CHEMOTHERAPY REGIMENS

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

Ind. 5430 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

- Cisplatin + Ifosfamide + Mesna
- Ifosfamide
- Ifosfamide + Paclitaxel + Mesna
Ind. 5431 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:

- Endometriod histology, hormone receptor positive, and low grade; and
  EITHER of the following:
  - Distant metastases;
  - Local/regional recurrence.

**ASSOCIATED CHEMOTHERAPY REGIMENTS**

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


Esophageal 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.

Ind. 5532  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)

Cisplatin + Capecitabine

Irinotecan + Cisplatin

Oxaliplatin + 5-Fluorouracil (5-FU)

Oxaliplatin + Capecitabine

Paclitaxel + 5-Fluorouracil (5-FU)

Paclitaxel + Capecitabine

Paclitaxel + Carboplatin

Ind. 5532 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
Ind. 5532  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

Ind. 5532  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

Ind. 5534 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 Stage T3-4, 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)
Ind. 5534  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 treatment with Adjuvant/Neoadjuvant therapy when the primary tumor is in the non-cervical esophagus therapy StageT3-4, N0/N+, M0,R1/R2 resection.

ASSOCIATED CHEMOTHERAPY REGIMENS

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

Ind. 5437  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

5-Fluorouracil (5-FU) with radiation

5-Fluorouracil (5-FU) + Leucovorin
Capecitabine

Capecitabine with radiation

**Ind. 5530** 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

**Ind. 5530** 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

**Ind. 5531** 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

**Ind. 5531** 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

Ind. 5531  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
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

Trastuzumab

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

Trastuzumab + Cisplatin + Capecitabine
Ind. 5533 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 + Capecetabine
- Irinotecan + Cisplatin
- Irinotecan + Leucovorin + 5-Fluorouracil (5-FU) (FOLFIRI)
- Mitomycin + Irinotecan
- Mitomycin + Leucovorin + 5-FU
- Paclitaxel
- Ramucirumab
- Ramucirumab + Paclitaxel
Ind. 5533  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 + Capecitabine
- Irinotecan + Leucovorin + 5-Fluorouracil (5-FU) (FOLFIRI)
- Mitomycin + Irinotecan
- Mitomycin + Leucovorin + 5-FU
- Paclitaxel
REFERENCES


• 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.

Ind. 5442 Preoperative Chemoradiation for Gastric Cancer (Esophagogastric Junction and Gastric Cardia) may be reasonable and appropriate when the patient’s medical record demonstrates ALL of the following:

- Stage T2 or higher, any N;
- Tumor is potentially resectable;

**ASSOCIATED CHEMOTHERAPY REGIMENS**

- 5-Fluorouracil (5-FU) + Leucovorin + Oxaliplatin (FOLFOX)
- Cisplatin + 5-Fluorouracil (5-FU)
- Cisplatin + Capecitabine
Ind. 5443  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;

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

Ind. 5444 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

Ind. 5534 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

**Ind. 5534** 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.
5-Fluorouracil (5-FU) + Leucovorin

Capecitabine

Docetaxel

Docetaxel + Cisplatin

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

Paclitaxel

Paclitaxel + Carboplatin

Paclitaxel + Cisplatin

Ind. 5535 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
**Ind. 5535** 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

**Ind. 5535** 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);
  - Third line therapy with PD-L1 expression, combined positive score (CPS) greater than or equal to 1%.
ASSOCIATED CHEMOTHERAPY REGIMENS

Pembrolizumab

REFERENCES

- Sharma R, Yang GY, Nwogu 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.


• Giuliani F, Molica S, Maiello E, et al. Irinotecan (CPT-11) and mitomycin-C (MMC) as second-line therapy in advanced
• Barnias A, Papamichael D, Syrigos K, Pavlidis N. Phase II study of irinotecan and mitomycin C in 5-fluorouracil- pretreated
Growth Factor Support

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.

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

**Ind. 5377**  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 ALL of the following:

- Febrile Neutropenia (FN) is greater than or equal to 20 percent;
- ECOG performance status is rated as 2 or less or KPS is greater than or equal to 70.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

- Filgrastim (Neupogen)
- PegFilgrastim (Neulasta)
Ind. 5377  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 ALL of the following:

- Febrile Neutropenia (FN) is greater than or equal to 20 percent;
- ECOG performance status is rated as 2 or less or KPS is greater than or equal to 70.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

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

Ind. 5377  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 Febrile Neutropenia (FN) between 10 and 20 percent and ANY of the following:

- ECOG performance status is rated as greater than 2 or KPS is less than or equal to 60;
- Age is 65 years old 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)

**Ind. 5377** 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 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
  - ECOG performance status is rated as greater than 2 or KPS is less than or equal to 60.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

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

**Ind. 5377** 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)

**Ind. 5377** 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 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)

**Ind. 5377** 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)

Ind. 5377 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 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)

**Ind. 5377**

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:

◦ Febrile Neutropenia (FN) is between 10-20 percent and ANY of the following:
  - Patient's ECOG Performance Status is rated as 2 or less OR KPS is greater than or equal to 70 ;
  - Patient age is greater than or equal to 65 years old;
  - Documented neutropenic event on a previous cycle of chemotherapy;
  - Bone marrow involvement by tumor causing neutropenia;

◦ Febrile Neutropenia (FN) is greater than or equal to 20 percent and Patient's ECOG Performance Status is rated as 2 or less OR KPS is greater than or equal to 70

**ASSOCIATED CHEMOTHERAPY REGIMENS**

Pegfilgrastim-jmdb (Fulphila)

Filgrastim-aafi (Nivestym)

Pegfilgrastim-cbqv (Udenyca)
Ind. 5377  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 an ECOG performance status is rated as 2 or less, or KPS is greater than or equal to 70 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**

- Filgrastim (Neupogen)
- PegFilgrastim (Neulasta)
- Pegfilgrastim-jmdb (Fulphila)
- Filgrastim-aafi (Nivestym)
- Pegfilgrastim-cbqv (Udenyca)
Ind. 5377  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:

- ECOG performance status rated as 2 or less or KPS is greater than or equal to 70, 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)

Ind. 5377  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.
• ECOG performance status is rated as 2 or less or KPS is greater than or equal to 70.

ASSOCIATED CHEMOTHERAPY REGIMENS

Filgrastim (Neupogen)

PegFilgrastim (Neulasta)

Ind. 5377 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;
◦ ECOG performance status is rated as 2 or less or KPS is greater than or equal to 70.

ASSOCIATED CHEMOTHERAPY REGIMENS

Tbo-Filgrastim (Granix)

Filgrastim Biosimilar (Zarxio)

Ind. 5377 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)

Ind. 5377  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 ALL of the following:

◦ Severe aplastic anemia (SAA) for patients who fail to respond adequately to at least 1 prior immunosuppressive therapy.
◦ ECOG Performance Status is rated as 2 or less OR KPS is greater than or equal to 70

ASSOCIATED CHEMOTHERAPY REGIMENS

Eltrombopag Olamine (Promacta)

Ind. 5377  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.
◦ ECOG Performance Status is rated as 2 or less OR KPS is greater than or equal to 70
ASSOCIATED CHEMOTHERAPY REGIMENS

Eltrombopag Olamine (Promacta)
Romiplostim (Nplate)

Ind. 5377 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.
- ECOG Performance Status is rated as 2 or less OR KPS is greater than or equal to 70

ASSOCIATED CHEMOTHERAPY REGIMENS

Oprelvekin (Neumega)

Ind. 5377 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:

- Patient is receiving chemotherapy
- Hemoglobin increased by less than 1 g/dL and remains below 10 g/dL after 4 weeks of initial Epoetin Alfa therapy

ASSOCIATED CHEMOTHERAPY REGIMENS

Epoetin Alfa (Epogen, Procrit) - dose escalation
Epoetin alfa-epbx (Retacrit) - dose escalation

Epoetin alfa-epbx (Retacrit) - [Pediatric =5 years] - dose escalation

Ind. 5377 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:

◦ Patient is receiving chemotherapy
◦ Hemoglobin increased by less than 1 g/dL and remains below 10 g/dL after 6 weeks of initial Darbepoetin Alfa therapy

ASSOCIATED CHEMOTHERAPY REGIMENS

Darbepoetin Alfa (Aranesp) - dose escalation

Ind. 5377 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
◦ Platelet count is less than 50 x 10^9/L following at least 2 weeks of initial Eltrombopag Olamine therapy

ASSOCIATED CHEMOTHERAPY REGIMENS
Eltrombopag Olamine (Promacta) - dose escalation

**Ind. 5377** 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
- Platelet count is less than $50 \times 10^{9}/L$ following at least 1 week of initial Romiplostim therapy

**ASSOCIATED CHEMOTHERAPY REGIMENS**

Romiplostim (Nplate) - dose escalation

**Ind. 5377** 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);
- ECOG Performance Status is rated as 2 or less OR KPS is greater than or equal to 70

**ASSOCIATED CHEMOTHERAPY REGIMENS**

Plerixafor (Mozobil)
Ind. 5377 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 an ECOG Performance Status is rated as 2 or less OR KPS is greater than or equal to 70 and 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)

Ind. 5377 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.
- ECOG Performance Status is rated as 2 or less OR KPS is greater than or equal to 70

**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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Ind. 5451  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)
Cetuximab

Cisplatin

Cisplatin + 5-Fluorouracil (5-FU)

Cisplatin + Paclitaxel

Paclitaxel + Carboplatin

Ind. 5452  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

Ind. 5453  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.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

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

**Ind. 5453** 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;
  - Stage T4b, unresectable or unfit for surgery.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

- Cisplatin + 5-Fluorouracil (5-FU)
- Docetaxel + Cisplatin
- Docetaxel + Cisplatin + 5-Fluorouracil (5-FU)
- Epirubicin + Paclitaxel + Cisplatin
Ind. 5454  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;
- Adjuvant chemoradiation; and EITHER of the following:
  - Stage T1, N1-3;
  - Stage T2-T4, any N;
- Stage T1, N1-3;
- Stage T2-T4, any N.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

Carboplatin + 5- Fluorouracil (5-FU)

Cisplatin + 5-Fluorouracil (5-FU)

Ind. 5456  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.

Ind. 5458 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:

- Adjuvant therapy
- 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)

**Ind. 5459** 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.

Ind. 5501  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
Ind. 5501  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 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

Ind. 5502  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
- Classical Hodgkin Lymphoma including: nodular sclerosis (NSHL), mixed
cellularity (MCHL), lymphocyte depleted (LDHL) and lymphocyte rich
- Local/regional recurrence with classical Hodgkin Lymphoma including:
nodular sclerosis (NSHL), mixed cellularity (MCHL), lymphocyte depleted
(LDHL) and lymphocyte rich

ASSOCIATED CHEMOTHERAPY REGIMENS

Brentuximab

C-MOPP

DHAP

ESHAP

Everolimus

Gemcitabine + Carboplatin + Dexamethasone (GCD)

Gemcitabine + Vinorellobine + Liposomal Doxorubicin (GVD)

Ifosfomide + Carboplatin + Etoposide (ICE)

IGEV

MINE

Mini-BEAM
Ind. 5503  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

Ind. 5503  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
Ind. 5503  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

Ind. 5503  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

Ind. 5503  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

Ind. 5504  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

ABVD

CHOP

Cyclophosphamide + Vinblasine + Prednisolone (CVP)

Ind. 5504  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
- CHOP

**Ind. 5504** 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
Ind. 5504  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)

Ind. 5514  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 + Rituximab

DHAP + Rituximab

ESHAP + Rituximab
Ind. 5514  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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**Ind. 5460**  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

**Ind. 5460** 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 intermediate risk (elevated LDH but normal Hg).

**ASSOCIATED CHEMOTHERAPY REGIMENS**

Sunitinib

**Ind. 5460** 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**

Temsiroliimus
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
Ind. 5461 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

Ind. 5461 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:

- Bone metastases

**ASSOCIATED CHEMOTHERAPY REGIMENS**

- Denosumab
- Zoledronic Acid
Ind. 5462 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**

<table>
<thead>
<tr>
<th>Regimen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Axitinib</td>
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<tr>
<td>Bevacizumab</td>
</tr>
<tr>
<td>Carboplatin + Paclitaxel</td>
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<tr>
<td>Erlotinib</td>
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<tr>
<td>Everolimus</td>
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<tr>
<td>Gemcitabine + Carboplatin</td>
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<tr>
<td>Gemcitabine + Cisplatin</td>
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<tr>
<td>Gemcitabine + Doxorubicin</td>
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<td>Gemcitabine + Sunitinib</td>
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<tr>
<td>Pazopanib</td>
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<tr>
<td>Sorafenib</td>
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<tr>
<td>Sunitinib</td>
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</tbody>
</table>
Tensirolimus

Ind. 5462 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:

- Patient received prior anti-angiogenic therapy
- Non-clear cell histology
- Second-line treatment

ASSOCIATED CHEMOTHERAPY REGIMENS

- Cabozantinib
- Nivolumab

Ind. 5462 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:

- Patient received prior anti-angiogenic therapy
- Non-clear cell histology
- Second-line treatment
- Advanced disease

ASSOCIATED CHEMOTHERAPY REGIMENS

- Lenvatinib + Everolimus
REFERENCES


Myelodysplastic Syndrome

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.

Ind. 5491 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
Ind. 5491  For Myelodysplastic Syndrome, the drug regimen shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates EITHER 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
REFERENCES


Melanoma

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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.

Ind. 5478 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

- Cisplatin + Vinblastine + Dacarbazine + Interleukin-2 + Interferon Alpha-2b
- Cisplatin + Vinblastine + Temozolomide + Interleukin-2 + Interferon Alpha-2b
- Dacarbazine
Ind. 5478  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
- Trametinib
- Vemurafenib
**Ind. 5478** 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**

**Ind. 5497** 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 (low and high dose)**

**Peginterferon Alfa-2b**

**REFERENCES**

- Robert C, Karaszewksa 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 LA34.


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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.

**Ind. 5347**  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:

- Patient is receiving chemotherapy alone; and ANY of the following:
  - Medically inoperable;
  - Stage 4;
  - Sarcomatoid histology.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

- Gemcitabine + Cisplatin
- Pemetrexed
- Pemetrexed + Carboplatin
- Pemetrexed + Cisplatin
- Pemetrexed + Cisplatin + Bevacizumab
Vinorelbine

**Ind. 5347**  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

**Ind. 5348**  Subsequent 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;
- Second line treatment
- Chemotherapy previously administered as first-line treatment;
- Relapse greater than 6 months.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

Pemetrexed
Ind. 5348 Subsequent 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%, and EITHER of the following:
  - Second line therapy
  - Third line therapy

**ASSOCIATED CHEMOTHERAPY REGIMENS**

Nivolumab

Nivolumab + Ipilimumab

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Ind. 5348 Subsequent 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;
- Second line therapy
- PD-L1 expression, tumor proportion score (TPS) greater than or equal to 1%.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

Pembrolizumab
Subsequent 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
- Second line therapy

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.

Ind. 5505 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

**Ind. 5505**  
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 + Low Dose Dexamethasone

Ind. 5505 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 one or more osteolytic bone lesions on skeletal imaging and EITHER of the following:

- Patient has smoldering symptomatic myeloma
- Patient has smoldering asymptomatic myeloma

ASSOCIATED CHEMOTHERAPY REGIMENS

Zoledronic Acid
Ind. 5506  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

Ind. 5507  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**

- Bendamustine
- Bendamustine + Bortezomib + Dexamethasone
Bendamustine + Lenalidomide + Dexamethasone

Bortezomib + Cyclophosphamide + Dexamethasone (BCD)

Bortezomib + Dexamethasone

Bortezomib + Lenalidomide + Dexamethasone

Bortezomib + Liposomal Doxorubicin

Carfilzomib + Lenalidomide + Dexamethasone (Initial Cycle)

Carfilzomib + Lenalidomide + Dexamethasone (Subsequent Cycles 12+)

Carfilzomib + Lenalidomide + Dexamethasone (Subsequent Cycles)

Cyclophosphamide (Initial Cycles)

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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Ind. 5508  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
Ind. 5508  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)
Ind. 5508  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 (Maintenance Therapy)
REFERENCES


Non-Hodgkin: Diffuse Large B-Cell Lymphoma

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CAR-T Requests: All requests for CAR-T are reviewed by the Medical Director and Health Plan for medical necessity against the most recent evidence based medicine on an individual basis.

Ind. 5512  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

Ind. 5512  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

Ind. 5512  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);
Stage 3 or 4.

ASSOCIATED CHEMOTHERAPY REGIMENS

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

Ind. 5512  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

Mini-RCHOP
Ind. 5512 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;
- Parenchymal disease;
- Induction therapy.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

RCHOP + Methotrexate

Ind. 5512 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**

Methotrexate + Cytarabine
Ind. 5512  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:

- Primary Mediastinal Large B-Cell Lymphoma;
- Induction therapy.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

**ICE**

Ind. 5512  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**

**RGCVP**

Ind. 5512  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**
Methotrexate + Cytarabine

**Ind. 5513**  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 + Rituximab
- ESHAP + Rituximab
- GDP + Rituximab
- GemOx + Rituximab
- ICE + Rituximab
- MINE + Rituximab

**Ind. 5513**  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**

- CEPP + Rituximab
- Dose-Adjusted R-EPOCH
GDP + Rituximab

GemOx + Rituximab

Lenalidomide + Rituximab

RCEOP

Rituximab

**Ind. 5513**  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 + Rituximab

Brentuximab Vedotin
REFERENCES


Rituxan® (rituximab) [package insert]. Genentech, Inc. South San Francisco, CA.
Non-Hodgkin: Follicular Lymphoma

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CAR-T Requests: All requests for CAR-T are reviewed by the Medical Director and Health Plan for medical necessity against the most recent evidence based medicine on an individual basis.

Ind. 5537  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

Ind. 5537 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;
B Bulky disease (1 greater than 7 cm, or 3 or more greater than 3 cm);
B Steady progression of disease.

ASSOCIATED CHEMOTHERAPY REGIMENS

90Yttrium-Ibritumomab-Tiuxetan

Chlorambucil + Rituximab

Ind. 5537  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
Ind. 5537  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**

Ind. 5538  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

Ind. 5538  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-Ibritumomab-Tiuxetan
REFERENCES

Non-Small Cell Lung 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.

Ind. 5349  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
Ind. 5349 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

Ind. 5349 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
Cisplatin + Pemetrexed
Cisplatin + Vinblastine
Cisplatin + Vinorelbine

**Ind. 5349** 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

**Ind. 5349** 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;
- Stage 2 or 3a.
  - Preoperative chemotherapy for a patient with Cisplatin intolerance; and EITHER of the following:
  - Stage 2 or 3a;
  - Stage 3 or locally advanced.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

- Paclitaxel + Carboplatin

- **Ind. 5349** 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

- **Ind. 5350** 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 with positive margins

Stage 2 or 3a Preoperative chemotherapy;

Stage 3 or locally advanced.

ASSOCIATED CHEMOTHERAPY REGIMENS

Cisplatin + Etoposide

Cisplatin + Vinblastine

Ind. 5350   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

Ind. 5351   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

**Ind. 5542** 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
Ind. 5542 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:

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

ASSOCIATED CHEMOTHERAPY REGIMENS

Ceritinib
Crizotinib

Ind. 5542 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
Ind. 5542 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

Ind. 5542 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

**Ind. 5542** 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;
- Epidermal Growth Factor Receptor (EGFR) is positive

**ASSOCIATED CHEMOTHERAPY REGIMENS**

Afatinib

Albumin-bound Paclitaxel

Albumin-bound Paclitaxel + Cisplatin

Carboplatin + Gemcitabine

Cisplatin + Docetaxel

Cisplatin + Etoposide
Ind. 5542 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
Ind. 5542 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

Ind. 5542 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;
- Positive Epidermal Growth Factor Receptor (EGFR).

**ASSOCIATED CHEMOTHERAPY REGIMENS**

Erlotinib

Gefitinib

Ind. 5542 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

Alectinib

Brigatinib

Ind. 5542  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

Atezolizumab

Nivolumab

Ind. 5542  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

Nivolumab

Osimertinib

**Ind. 5542** 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
Ind. 5542 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

Nivolumab

Ind. 5542 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
Ind. 5542 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

Ind. 5542 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
Ind. 5542 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.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

- Dabrafenib + Trametinib
- Dabrafenib
- Vemurafenib

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Ind. 5542 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.
- Advanced or metastatic disease with bone metastases

**ASSOCIATED CHEMOTHERAPY REGIMENS**

- Zoledronic Acid
- Denosumab
REFERENCES


Ford DW, Koch KA, Ray DE, Selecky PA. Palliative and end-of-life care in lung cancer: Diagnosis and management of lung cancer, 3rd ed:

Occult Primary Tumors

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Ind. 5490 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

**Ind. 5490** 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
CapeOX

Cisplatin + 5-Fluorouracil (5-FU)

Docetaxel + Carboplatin

Docetaxel + Cisplatin

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

Gemcitabine + Cisplatin

Gemcitabine + Docetaxel

Irinotecan + Carboplatin

Irinotecan + Gemcitabine

mFOLFOX6

Paclitaxel + Carboplatin

Paclitaxel + Carboplatin + Etoposide

Paclitaxel + Cisplatin

**Ind. 5490** 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

Ovarian Cancer

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Ind. 5493  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)
Ind. 5493  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

Ind. 5493  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
Ind. 5493 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

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Ind. 5493 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

**Ind. 5493** 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

**Ind. 5493** 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;
◦ Borderline epithelial carcinoma and low grade (-1) serous endometrial.

ASSOCIATED CHEMOTHERAPY REGIMENS

- Anastrozole
- Leuprolide Acetate
- Tamoxifen

**Ind. 5493**  
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
- Letrozole
- Leuprolide Acetate
- Tamoxifen
Ind. 5493  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:

- Stage 4 Grade 3.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

<table>
<thead>
<tr>
<th>Drug Regimen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paclitaxel + Carboplatin + Bevacizumab</td>
</tr>
</tbody>
</table>

Ind. 5494  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**

<table>
<thead>
<tr>
<th>Drug Regimen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carboplatin</td>
</tr>
<tr>
<td>Carboplatin + Gemcitabine + Bevacizumab</td>
</tr>
<tr>
<td>Cisplatin</td>
</tr>
<tr>
<td>Docetaxel + Carboplatin</td>
</tr>
<tr>
<td>Dose-dense Paclitaxel + Carboplatin</td>
</tr>
<tr>
<td>Gemcitabine + Carboplatin</td>
</tr>
<tr>
<td>Gemcitabine + Cisplatin</td>
</tr>
<tr>
<td>Liposomal Doxorubicin + Carboplatin</td>
</tr>
</tbody>
</table>
Paclitaxel + Carboplatin

Paclitaxel + Carboplatin + Bevacizumab

Paclitaxel + Cisplatin

**Ind. 5494** 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
Ind. 5494  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:

- Irinotecan
- Liposomal Doxorubicin
- Liposomal Doxorubicin + Bevacizumab
- Melphalan
- Olaparib
- Oxaliplatin
- Paclitaxel
- Paclitaxel + Bevacizumab
- Paclitaxel + Pazopanib
- Pemetrexed
- Topotecan
- Topotecan + Bevacizumab
- Vinorelbine
Relapse greater than 6 months after platinum therapy; and EITHER of the following:

- Malignant germ cell tumor;

**ASSOCIATED CHEMOTHERAPY REGIMENS**

- Leuprolide Acetate
- Megestrol Acetate
- Pazopanib
- Tamoxifen

**Ind. 5494** 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)

Ind. 5494 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

Letrozole
REFERENCES

Penile Cancer

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Ind. 5571 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
Ind. 5571  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;
- Neoadjuvant chemotherapy 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)

Ind. 5572  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
Ind. 5572  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;
◦ Prior ILND or PLND

ASSOCIATED CHEMOTHERAPY REGIMENS

Paclitaxel

Ind. 5572  Metastatic Penile Cancer per the drug regimens shown in the table below may be reasonable and appropriate.

ASSOCIATED CHEMOTHERAPY REGIMENS

Paclitaxel + Mesna + Ifosfamide + Cisplatin (TIP)

Cisplatin + 5FU

Paclitaxel

Ind. 5570  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

Pancreatic Cancer

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Ind. 5485  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 ANY of 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
Capecitabine

Gemcitabine

Ind. 5486  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

Ind. 5487  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
- 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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Ind. 5539  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
Ind. 5539 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

Ind. 5539 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

Ind. 5539 First-Line Therapy for Prostate Cancer per the drug regimens shown in the
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

<table>
<thead>
<tr>
<th>Regimen</th>
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<tbody>
<tr>
<td>Leuprolide</td>
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<td>Goserelin</td>
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<td>Histrelin + Nilutamide</td>
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<td>Triptorelin + Nilutamide</td>
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<td>Goserelin + Flutamide</td>
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<tr>
<td>Histrelin + Flutamide</td>
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<tr>
<td>Leuprolide + Flutamide</td>
</tr>
<tr>
<td>Triptorelin + Flutamide</td>
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</tbody>
</table>
Ind. 5539 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
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

**Ind. 5539** 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

**Ind. 5539**  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

**Ind. 5540**  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

Ind. 5540  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

Ind. 5540  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

Docetaxel + Prednisone

Enzalutamide

Radium-223

Sipuleucel-T

**Ind. 5540** 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
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**

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

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:

- Symptomatic bone metastases and bone predominant disease
- Hypercalcemia

**ASSOCIATED CHEMOTHERAPY REGIMENS**

- Zoledronic Acid
- Denosumab
Ind. 5540  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:

<table>
<thead>
<tr>
<th>ASSOCIATED CHEMOTHERAPY REGIMENS</th>
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</thead>
<tbody>
<tr>
<td>Alendronate</td>
</tr>
<tr>
<td>Zoledronic Acid</td>
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<tr>
<td>Denosumab</td>
</tr>
</tbody>
</table>

Ind. 5540  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).

<table>
<thead>
<tr>
<th>ASSOCIATED CHEMOTHERAPY REGIMENS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nilutamide</td>
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<tr>
<td>Goserelin + Nilutamide</td>
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<td>Leuprolide + Niluamide</td>
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<tr>
<td>Triptorelin + Niluamide</td>
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</tbody>
</table>
Goserelin + Flutamide
Histrelin + Flutamide
Leuprolide + Flutamide
Triptorelin + Flutamide

Ind. 5540  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).

ASSOCIATED CHEMOTHERAPY REGIMENS

Enzalutamide
Histrelin
Goserelin
Goserelin + Enzalutamide
Histrelin + Enzalutamide
Leuprolide + Enzalutamide
Triptorelin + Enzalutamide
Abiraterone + Enzalutamide
Ind. 5540 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**

- Bicalutamide
- Flutamide
- Goserelin + Bicalutamide
- Histrelin + Bicalutamide
- Leuprolide + Bicalutamide
- Triptorelin + Bicalutamide

Ind. 5540 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 ALL of the following:

- Low volume metastatic disease (less than 4 sites of bone metastasis)
- Castration resistant
- Previously treated with Docetaxel

**ASSOCIATED CHEMOTHERAPY REGIMENS**

- Enzalutamide
Abiraterone Acetate + Prednisone

Sipuleucel-T

Cabazitaxel + Prednisone

Docetaxel + Prednisone

Ind. 5495  For Small Cell Carcinoma Prostate 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
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**

Rectal Cancer

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Ind. 5475 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
FOLFOXRI
FOLFOXRI + Bevacizumab
Irinotecan
Irinotecan + Oxaliplatin (IROX)
mFOLFOX6
mFOLFOX6 + Bevacizumab
mFOLFOX6 + Cetuximab
mFOLFOX6 + Panitumumab
MFOLFOX7

Ind. 5475 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
- FOLFOXIRI
- FOLFOXIRI + Bevacizumab
- Irinotecan
- Irinotecan + Oxaliplatin (IROX)
- mFOLFOX6
- mFOLFOX6 + Bevacizumab
- MFOLFOX7
Ind. 5475 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

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<th>Regorafenib</th>
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<tbody>
<tr>
<td>Cetuximab</td>
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<td>FOLFIRI + Cetuximab</td>
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<td>FOLFIRI + Panitumumab</td>
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<tr>
<td>mFOLFOX + Cetuximab</td>
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## ASSOCIATED CHEMOTHERAPY REGIMENS

<table>
<thead>
<tr>
<th>Cetuximab</th>
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<tbody>
<tr>
<td>Cetuximab + Irinotecan</td>
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<td>FOLFIRI + Panitumumab</td>
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<tr>
<td>mFOLFOX + Cetuximab</td>
</tr>
</tbody>
</table>
mFOLFOX6 + Panitumumab

Panitumumab

**Ind. 5475** 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
- KRAS mutation present, with 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

**Ind. 5475** 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:

- Unresectable metachronous metastatic disease
Microsatellite instability-high (MSI-H) or mismatch repair deficient
Second-line treatment
Patient previously treated with either fluoropyrimidine-oxaliplatin (FOLFOX) or irinotecan (FOLFIRI) based chemotherapy

ASSOCIATED CHEMOTHERAPY REGIMENS

Pembrolizumab
Nivolumab

Ind. 5476 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 (sLV5FU2)

Capecitabine

CapeOX

mFOLFOX6

Ind. 5477  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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Ind. 5543  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:
  β  First-line treatment;
  β  Second-line treatment for relapse after more than 6 months.

ASSOCIATED CHEMOTHERAPY REGIMENS

Carboplatin + Etoposide

Carboplatin + Irinotecan
Cisplatin + Etoposide

Cisplatin + Irinotecan

**Ind. 5543**  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

**Ind. 5536**  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

**Ind. 5536** 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)

**Ind. 5536** 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
**Ind. 5536** 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**

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<th>Drug Regimen</th>
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<td>Irinotecan</td>
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<tr>
<td>Nivolumab</td>
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<td>Nivolumab + Ipilimumab</td>
</tr>
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<tr>
<td>Paclitaxel + Cisplatin</td>
</tr>
<tr>
<td>Temozolomide</td>
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<tr>
<td>Topotecan</td>
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<tr>
<td>Vinorelbine</td>
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<table>
<thead>
<tr>
<th>Drug Regimen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nivolumab</td>
</tr>
</tbody>
</table>
REFERENCES


Alimta® [prescribing information]. Indianapolis, IN: Eli Lilly & Co.; 2011.


- 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

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Ind. 5479 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
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)

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)
Ind. 5479  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

Ind. 5480  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)

Etoposide + Ifosfamide + Cisplatin (VIP) + Mesna

Gemcitabine + Oxaliplatin (GemOX)

Gemcitabine + Paclitaxel

Gemcitabine + Paclitaxel + Oxaliplatin

Paclitaxel + Ifosfamide + Cisplatin (TIP) + Mesna

Paclitaxel + Ifosfamide + Mesna + Carboplatin + Etoposide

Vinblastine + Ifosfamide + Cisplatin (VelP) + Mesna

**Ind. 5480** 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.

**Ind. 5482**  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
Ind. 5483  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 CHEMOTHERAPHY REGIMENS

5-Fluorouracil (5-FU) + Leucovorin

- Etoposide
- Everolimus
- Gemcitabine
- Ifosfamide + Mesna
- Octreotide
- Octreotide + Prednisone
- Octreotide LAR
Paclitaxel

Pemetrexed

Sunitinib
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.

Ind. 5488 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:
  β Medullary carcinoma;
  β Dedifferentiated carcinoma.

ASSOCIATED CHEMOTHERAPY REGIMENS

Cabozantinib

Sorafenib
Vandetanib

**Ind. 5488** 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

**Ind. 5488** 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
Ind. 5489 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.

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<th>Associated Chemotherapy Regimens</th>
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<td>Pamidronate</td>
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</table>
Pazopanib + Zoledronic Acid

Sorafenib + Denosumab

Sorafenib + Pamidronate

Sorafenib + Zoledronic Acid

Sunitinib

Sunitinib + Denosumab

Sunitinib + Pamidronate

Sunitinib + Zoledronic Acid

Vandetanib + Denosumab

Vandetanib + Pamidronate

Vandetanib + Zoledronic Acid

Lenvatinib + Zoledronic Acid

Zoledronic Acid
Ind. 5489 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**

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

Ind. 5489 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)

Ind. 5489 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) and post surgical adjuvant therapy;
  - Stage 4C (IVC).

ASSOCIATED CHEMOTHERAPY REGIMENS

Docetaxel + Doxorubicin

Doxorubicin

Paclitaxel

Paclitaxel + Carboplatin

Ind. 5489 For Recurrent Thyroid Cancer, the drug regimens shown in the table below may be reasonable and appropriate when the patient’s medical record demonstrates symptomatic or progressive metastatic disease with bone metastases.

ASSOCIATED CHEMOTHERAPY REGIMENS

Denosumab
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.

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Ind. 5484  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
Doxorubicin + Olaratumab
Epirubicin
Gemcitabine
Gemcitabine + Dacarbazine
Gemcitabine + Vinorelbine
Ifosfamide + Mesna
Liposomal Doxorubicin
Pazopanib
Temozolomide

**Ind. 5484** 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

Docetaxel + Gemcitabine

Doxorubicin

Doxorubicin + Dacarbazine

Doxorubicin + Ifosfamide + Mesna

Doxorubicin + Olaratumab

Epirubicin

Gemcitabine

Gemcitabine + Dacarbazine

Gemcitabine + Vinorelbine

Ifosfamide + Mesna

Liposomal Doxorubicin

**Ind. 5484** 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
- Docetaxel
- Docetaxel + Gemcitabine
- Doxorubicin
- Doxorubicin + Dacarbazine
- Doxorubicin + Ifosfamide + Mesna
- Doxorubicin + Olaratumab
- Epirubicin
- Gemcitabine
- Gemcitabine + Dacarbazine
- Gemcitabine + Vinorelbine
- Ifosfamide + Mesna
- Liposomal Doxorubicin
- Pazopanib
Temozolomide

Vinorelbine

**Ind. 5484** 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);
- Normal cardiac function; and ANY of the following:
  - Metastatic disease with measurable lesions;
  - Stage 2, 3, or 4 with Adjuvant therapy after surgery;
  - Relapsed disease with Extrapelvic disease.

**ASSOCIATED CHEMOTHERAPY REGIMENS**

Doxorubicin

Doxorubicin + Dacarbazine

Doxorubicin + Ifosfamide + Mesna

Doxorubicin + Olaratumab

Epirubicin

Liposomal Doxorubicin
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

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.
Ind. 5573  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
- Cisplatin + Vinorelbine
- Paclitaxel + Cisplatin
- Carboplatin
- Carboplatin + Paclitaxel
- Paclitaxel
- Erlotinib
Ind. 5574 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 node negative disease, in an area that was not previously irradiated.

**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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<td>PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS</td>
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<td>INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG</td>
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<td>INJECTION, ALDESLEUKIN, PER SINGLE USE VIAL</td>
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<td>INJECTION, ARSENIC TRIOXIDE, 1 MG</td>
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<td>INJECTION, ASPARAGINASE (ERWINAZE), 1,000 IU</td>
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<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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<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, DENDAMUSTINE HCL (BENDEKA), 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, CARMUSTINE, 100 MG</td>
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<td>INJECTION, CETUXIMAB, 10 MG</td>
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<td>INJECTION, CISPLATIN, POWDER OR SOLUTION, 10 MG</td>
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<td>INJECTION, CLADRIBINE, PER 1 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, CYTARABINE, 100 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, DARATUMUMAB, 10 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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<tr>
<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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<td>INJECTION, ELLIOTT'S B SOLUTION, 1 ML</td>
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<td>INJECTION, ELOTUZUMAB, 1 MG</td>
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<td>INJECTION, EPIRUBICIN HCL, 2 MG</td>
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<td>INJECTION, ERIBULIN MESYLATE, 0.1 MG</td>
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<td>INJECTION, ETOPOSIDE, 10 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, FLOXURIDINE, 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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<td>INJECTION, IRINOTECAN LIPOSOme, 1 MG</td>
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<td>INJECTION, IRINOTECAN, 20 MG</td>
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<td>INJECTION, IXABEPILONE, 1 MG</td>
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<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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<td>INJECTION, INTERFERON ALFACON-1, RECOMBINANT, 1 MICROGRAM</td>
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<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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<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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<td>INJECTION, NELARABINE, 50 MG</td>
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<td>INJECTION, OMACETAXINE MEPESUCCINATE, 0.01 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>
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<td>INJECTION, PEGASPARGASE, PER SINGLE DOSE VIAL</td>
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<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, 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, PERTUZUMAB, 1 MG</td>
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<td>INJECTION, PRALATREXATE, 1 MG</td>
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<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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<tr>
<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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<td>INJECTION, THIOTEPA, 15 MG</td>
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<td>INJECTION, TOPOTECAN, 0.1 MG</td>
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<td>INJECTION, TRABECTEDIN, 0.1 MG</td>
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<td>INJECTION, ADO-TRASTUZUMAB EMTANSINE, 1 MG</td>
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<td>INJECTION, TRASTUZUMAB, 10 MG</td>
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<td>INJECTION, VALRUBICIN, INTRAVESICAL, 200 MG</td>
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<td>INJECTION, VINBLASTINE SULFATE, 1 MG</td>
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<td>VINCRISTINE SULFATE, 1 MG</td>
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<td>INJECTION, VINCRISTINE SULFATE LIPOSOME, 1 MG</td>
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<td>INJECTION, VINORELBINE TARTRATE, 10 MG</td>
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<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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<tr>
<td>ONDANSETRON 1 MG, ORAL</td>
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<tr>
<td>PROCHLORPERAZINE MALEATE, 5 MG, ORAL</td>
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<td>GRANISETRON HYDROCHLORIDE, 1 MG, ORAL</td>
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<tr>
<td>DRONABINOL, 2.5 MG, ORAL</td>
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<tr>
<td>PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL</td>
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<tr>
<td>DOLASETRON MESYLATE, 100 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC</td>
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<td>FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE</td>
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<td>TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 24 HOUR DOSAGE REGIMEN</td>
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<td>INJECTION, TENIPOSIDE, 50 MG</td>
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<tr>
<td>TISAGENLECLEUCEL, UP TO 250 MILLION CAR-POSITIVE Viable T CELLS,</td>
<td>Q2040</td>
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<td>INCLUDING LEUKAPHERESIS AND DOSE PREPARATION PROCEDURES, PER INFUSION</td>
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<tr>
<td>SIPULEUCEL-T, MINIMUM OF 50 MILLION AUTOLOGOUS CD54+ CELLS ACTIVATED</td>
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<td>WITH PAP-GM-CSF, INCLUDING LEUKAPHERESIS AND ALL OTHER PREPARATORY</td>
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<td>PROCEDURES, PER INFUSION</td>
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<tr>
<td>INJECTION, DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, IMPORTED LIPODOX, 10 MG</td>
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<td>INJECTION, DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, NOT OTHERWISE SPECIFIED,</td>
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<td>INJECTION, FILGRASTIM (G-CSF), BIOSIMILAR, 1 MICROGRAM</td>
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<td>IMATINIB, 100 MG</td>
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<td>GRANISETRON HYDROCHLORIDE, 1 MG</td>
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<td>ZIDOVUDINE, ORAL, 100 MG</td>
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<td>MERCAPTOPURINE, ORAL, 50 MG</td>
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<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, 1MG</td>
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<tr>
<td>CHLORAMBUCIL, ORAL, 2MG</td>
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<td>DOLASETRON MESYLATE, ORAL 50MG</td>
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<td>FLUTAMIDE, ORAL, 125MG</td>
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<td>HYDROXYUREA, ORAL, 500MG</td>
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<td>LOMUSTINE, ORAL, 10MG</td>
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<td>MEGESTROL ACETATE, ORAL, 20MG</td>
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<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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