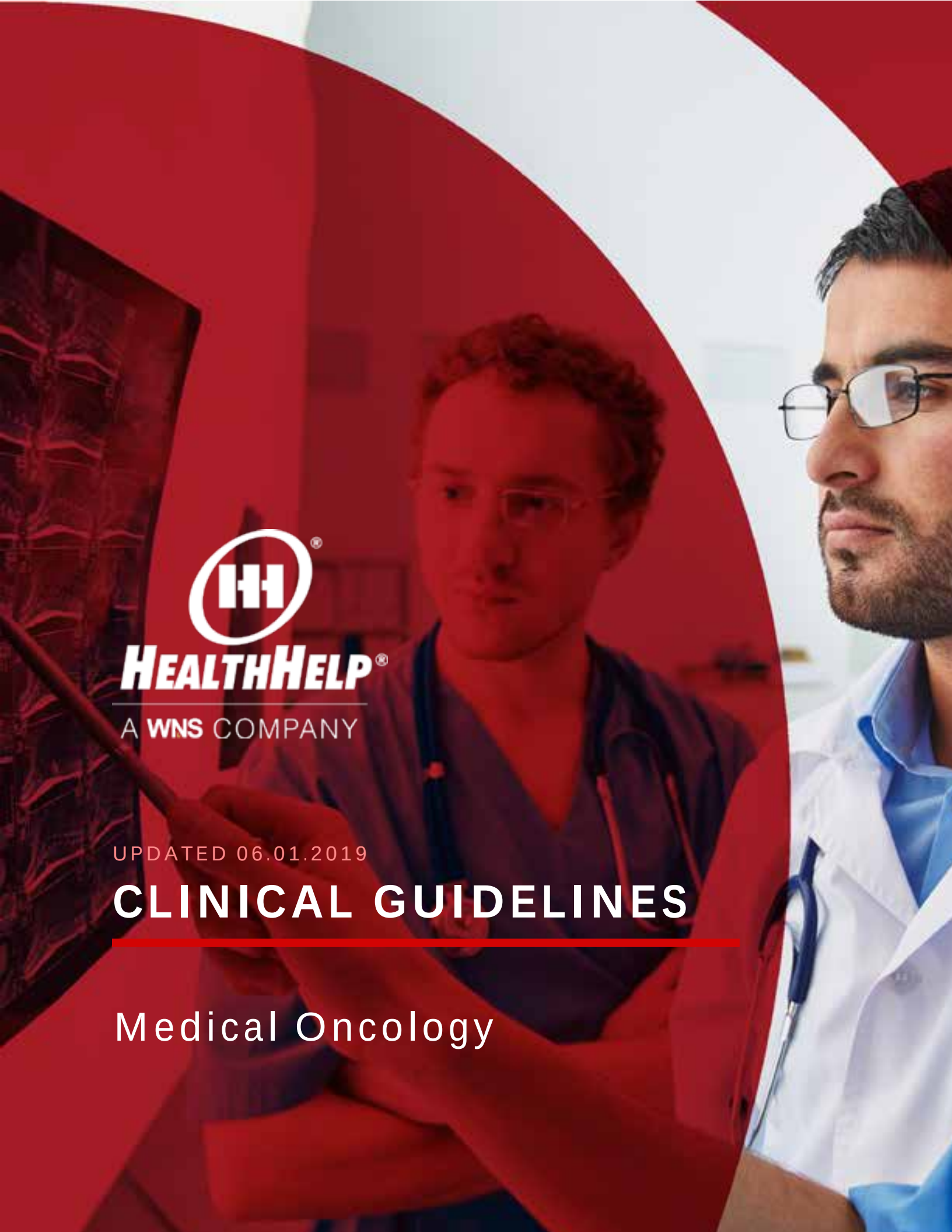

HEALTHHELP®

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CLINICAL GUIDELINES

Medical Oncology

Overview Statement

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

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

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

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Acute Myeloid Leukemia

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;

ASSOCIATED CHEMOTHERAPY REGIMENS

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

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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

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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.

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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.

ASSOCIATED CHEMOTHERAPY REGIMENS

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

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Bone 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. 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 Chondrosarmoma per the drug regimens shown in the table below may be reasonable and appropriate when the patient's medical record demonstrates ALL of the following:

- Normal cardiac function;

- Age less than 70 years;
- First-line treatment (Primary/Neoadjuvant/Adjuvant); and EITHER of the following:
  - Ewing's sarcoma;
  - Mesenchymal chondrosarcoma.

ASSOCIATED CHEMOTHERAPY REGIMENS

VAC + IE

VAIA

VIDE

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:
  - Ewing's sarcoma;
  - 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

Cycolophosphamide + 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

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Brain Cancer

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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;
- Second-line treatment.

ASSOCIATED CHEMOTHERAPY REGIMENS

Bevacizumab

Bevacizumab + Carboplatin

Bevacizumab + Fotemustine

Bevacizumab + Irinotecan

Carboplatin

Carboplatin + Teniposide

Carmustine

Cisplatin + Etoposide

Cyclophosphamide

Etoposide

Irinotecan

Lomustine

PCV

Temozolomide

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;

- 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;
- Second-line treatment.

ASSOCIATED CHEMOTHERAPY REGIMENS

Bevacizumab

Bevacizumab + Carboplatin

Bevacizumab + Fotemustine

Bevacizumab + Irinotecan

Carboplatin

Carboplatin + Teniposide

Carmustine

Cisplatin + Etoposide

Cyclophosphamide

Lomustine

PCV

Temozolomide

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.

ASSOCIATED CHEMOTHERAPY REGIMENS

Bevacizumab

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;
- Second-line treatment.

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

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Breast Cancer

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

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

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 [1,2,3]

Palbociclib + Letrozole [1,2,3]

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

Cisplatin

Cyclophosphamide

Cyclophosphamide + Methotrexate + 5-Fluorouracil (CMF)

Docetaxel

Docetaxel + Capecitabine

Docetaxel + Cyclophosphamide

Eribulin

Gemcitabine

Gemcitabine + Carboplatin

Gemcitabine + Paclitaxel (GT)

Ixabepilone

Paclitaxel

Paclitaxel + Bevacizumab

Vinorelbine

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

ASSOCIATED CHEMOTHERAPY REGIMENS

Palbociclib + Letrozole

Ribociclib + Letrozole

Abemaciclib

Abemaciclib + Anastrozole

Abemaciclib + Letrozole

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:

- 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

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 reception 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

AC + Albumin-bound Paclitaxel

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)

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;
- Adjuvant chemotherapy;

- Normal cardiac function.

ASSOCIATED CHEMOTHERAPY REGIMENS

Docetaxel + Carboplatin + Trastuzumab (TCH)

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

Doxorubicin + Cyclophosphamide (AC) + Docetaxel + Trastuzumab

Doxorubicin + Cyclophosphamide (AC) + Paclitaxel + Trastuzumab

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

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

TCH + Pertuzumab

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

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;
- 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.

ASSOCIATED CHEMOTHERAPY REGIMENS

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)

Doxorubicin + Cyclophosphamide (AC) + Docetaxel

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)

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;
- 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:
  - Node positive;
  - 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

- 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

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Cervical Cancer

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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.

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 BOTH of the following:

- Advanced disease;
- History of Cerebrovascular Accident (CVA) or Myocardial Infarction (MI).

ASSOCIATED CHEMOTHERAPY REGIMENS

Carboplatin + Paclitaxel

Cisplatin + Gemcitabine

Cisplatin + Topotecan

Paclitaxel + Cisplatin

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

Docetaxel

Gemcitabine

Ifosfamide + Mesna

Irinotecan

Leucovorin + 5-Fluorouracil (5-FU)

Mitomycin

Pemetrexed

Topotecan

Vinorelbine

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)

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Chronic Myeloid Leukemia

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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

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 the following:

- Ph positive or BCR-ABL1 positive and accelerated phase.

ASSOCIATED CHEMOTHERAPY REGIMENS
Bosutinib
Dasatinib
Imatinib
Nilotinib
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 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 Hematopoitic 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 Hematopoitic 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

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Colon Cancer

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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

FOLFOX + Cetuximab

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;
- Second-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 + 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;
- Second-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;
- RAS wild-type
- Progressive disease with Fluoropyrimidine, Oxaliplatin, and Irinotecan-based chemotherapy
- Third-line treatment.

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

Cetuximab

Cetuximab + Irinotecan

FOLFIRI + Cetuximab

FOLFIRI + Panitumumab

mFOLFOX6 + Panitumumab

Panitumumab

FOLFOX + Cetuximab

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;
- Second-line treatment.

ASSOCIATED CHEMOTHERAPY REGIMENS

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

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Endometrial 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. 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

Carboplatin

Carboplatin + Docetaxel

Carboplatin + Paclitaxel

Cisplatin

Cisplatin + Doxorubicin

Cisplatin + Doxorubicin + Paclitaxel

Doxorubicin

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:

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

- 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 REGIMENS

Anastrazole

Medroxyprogesterone Acetate

Medroxyprogesterone Acetate + Tamoxifen

Megestrol Acetate + Tamoxifen

Tamoxifen

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Esophageal Cancer

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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 StageT3-4, N0/N+, M0,R0 resection;

ASSOCIATED CHEMOTHERAPY REGIMENS

Cisplatin + 5-Fluorouracil (5-FU)

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

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

Epirubicin + Oxaliplatin + Capecitabine (ECX)

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

Irenotecan + Capecetabine

Irinotecan + Cisplatin

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

Mitomycin + Irintoecan

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 + Irintoecan

Mitomycin + Leucovorin + 5-FU

Paclitaxel

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Gastric 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. 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

Oxaliplatin + 5-Fluorouracil (5-FU)

Oxaliplatin + Capecitabine

Paclitaxel + 5-Fluorouracil (5-FU)

Paclitaxel + Capecitabine

Paclitaxel + Carboplatin

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.

ASSOCIATED CHEMOTHERAPY REGIMENS

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;
- Second-line treatment.

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 includeing fluorophyrimidine 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%.

Pembrolizumab

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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 t han 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 to70.

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 x 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 ofthe following:

- Patient has Non-Hodgkin Lymphoma or Multiple Myeloma;
- Patient is undergoing mobilization of hematopoietic stem cells to the pheripheral 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)

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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;
  - Second-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

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Hepatobiliary Cancer

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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 Cardinoma (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

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Hodgkin Lymphoma

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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

Everlolimus

Gemcitabine + Carboplatin + Dexamethasone (GCD)

Gemcitabine + Vinorelobine + 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

Gemcitabine + Carboplatin + Dexamethasone (GCD) + Rituximab

Gemcitabine + Vinorelobine + Liposomal Doxorubicin (GVD) + Rituximab

Ifosfomide + Carboplatin + Etoposide (ICE) + Rituximab

IGEV + Rituximab

MINE + Rituximab

Mini-BEAM + 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

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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

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 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

Axitinib

Bevacizumab

Carboplatin + Paclitaxel

Erlotinib

Everolimus

Gemcitabine + Carboplatin

Gemcitabine + Cisplatin

Gemcitabine + Doxorubicin

Gemcitabine + Sunitinib

Pazopanib

Sorafenib

Sunitinib

Temsirolimus

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

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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.

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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

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Melanoma

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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

Interleukin-2

Ipilimumab

Nab-Paclitaxel

Nivolumab

Paclitaxel

Paclitaxel + Carboplatin

Pembrolizumab

Temozolomide

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

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Mesothelioma

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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

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

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 the following:

- Extensive stage disease
- Second line therapy

ASSOCIATED CHEMOTHERAPY REGIMENS

Gemcitabine

Vinorelbine

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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 + Dexamethosone (BCD)

Bortezomib + Dexamethasone

Bortezomib + Doxorubicin + Dexamethasone

Bortezomib + Lenalidomide + Desamethasone (RVD)

Bortezomib + Thalidomide + Dexamethasone

Carfilzomib + Lenalidomide + Desamethasone (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 + Dexamethosone

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

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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

CHOP

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);
  - Enteropathy-associated T-cell lymphoma (EATL).

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 (Maintenence Therapy)

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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

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Non-Hodgkin: Follicular Lymphoma

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

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.

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;

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

ASSOCIATED CHEMOTHERAPY REGIMENS

90Yttrium-Ibritumomab-Tiuxetan

Chlorambucil + Rituximab

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

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Non-Small Cell Lung 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. 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);
- Second-line treatment.
- 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);
- Third-line treatment.

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;
- Second-line treatment.
- Epidermal Growth Factor Receptor (EGFR) is positive

ASSOCIATED CHEMOTHERAPY REGIMENS

Afatinib

Albumin-bound Paclitaxel

Albumin-bound Paclitaxel + Cisplatin

Carboplatin + Gemcitabine

Cisplatin + Docetaxel

Cisplatin + Etoposide

Cisplatin + Gemcitabine

Cisplatin + Vinorelbine

Docetaxel

Docetaxel + Carboplatin

Erlotinib

Etoposide + Carboplatin

Gefitinib

Gemcitabine

Gemcitabine + Docetaxel

Paclitaxel

Paclitaxel + Cisplatin

Vinorelbine + Gemcitabine

Carboplatin + Albumin-bound Paclitaxel

Paclitaxel + Carboplatin

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;
- Third-line treatment.

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;
- Second-line treatment.

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;
- Second-line treatment.

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;
- Second-line treatment.

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 treatement; 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

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 mestatic disease with bone metastases

ASSOCIATED CHEMOTHERAPY REGIMENS

Zoledronic Acid

Denosumab

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Occult Primary Tumors

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. 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;
  - Second-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

ASSOCIATED CHEMOTHERAPY REGIMENS

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;
- Second-line treatment.

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

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Ovarian 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. 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

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

Paclitaxel + Carboplatin + Bevacizumab

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

Carboplatin

Carboplatin + Gemcitabine + Bevacizumab

Cisplatin

Docetaxel + Carboplatin

Dose-dense Paclitaxel + Carboplatin

Gemcitabine + Carboplatin

Gemcitabine + Cisplatin

Liposomal Doxorubicin + Carboplatin

Paclitaxel + Carboplatin

Paclitaxel + Carboplatin + Bevacizumab

Paclitaxel + Cisplatin

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

Irinotecan

Liposomal Doxorubicin

Liposomal Doxorubicin + Bevacizumab

Melphalan

Olaparib

Oxaliplatin

Paclitaxel

Paclitaxel + Bevacizumab

Paclitaxel + Pazopanib

Pemetrexed

Topotecan

Topotecan + Bevacizumab

Vinorelbine

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:

- 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

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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;
  - Enlaged 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 tumorwith enlarged pelvic lymph node and no prio ILND or PLND;

- Recurrent disease with prior ILND or PLND;
- Metastatic disease.

ASSOCIATED CHEMOTHERAPY REGIMENS

Cisplatin

Cisplatin + 5FU (chemoradiation)

Mitomycin + 5FU

Capecitabine

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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;
  - Second-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;
- Second-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

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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

table below may be reasonable and appropriate when the patient's medical record demonstrates BOTH of the following:

- Metastatic disease;
- Not castration resistant.

ASSOCIATED CHEMOTHERAPY REGIMENS

Leuprolide

Bicalutamide

Degarelix

Triptorelin

Histrelin

Goserelin

Goserelin + Nilutamide

Histrelin + Nilutamide

Leuprolide + Niluatmide

Triptorelin + Niluatmide

Goserelin + Fluatmide

Histrelin + Flutamide

Leuprolide + Flutamide

Triptorelin + Flutamide

Goserelin + Bicalutamide

Histrelin + Bicalutamide

Leuprolide + Bicalutamide

Triptorelin + Bicalutamide

Goserelin + Enzaluatmide

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 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

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:

- 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 + Niluatmide

Triptorelin + Niluatmide

Goserelin + Fluatmide

Histrelin + Flutamide

Leuprolide + Flutamide

Triptorelin + Flutamide

Goserelin + Bicalutamide

Histrelin + Bicalutamide

Leuprolide + Bicalutamide

Triptorelin + Bicalutamide

Goserelin + Enzaluatmide

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 + Niluatmide

Triptorelin + Niluatmide

Goserelin + Fluatmide

Histrelin + Flutamide

Leuprolide + Flutamide

Triptorelin + Flutamide

Goserelin + Bicalutamide

Histrelin + Bicalutamide

Leuprolide + Bicalutamide

Triptorelin + Bicalutamide

Goserelin + Enzaluatmide

Histrelin + Enzalutamide

Leuprolide + Enzalutamide

Triptorelin + Enzalutamide

Abiraterone + Enzalutamide

Ind. 5539 First-Line Therpay 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

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:

- 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

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 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:

ASSOCIATED CHEMOTHERAPY REGIMENS

Alendronate

Zoledronic Acid

Denosumab

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).

ASSOCIATED CHEMOTHERAPY REGIMENS

Nilutamide

Goserelin + Nilutamide

Histrelin + Nilutamide

Leuprolide + Niluatmide

Triptorelin + Niluatmide

Goserelin + Fluatmide

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 Actetate + 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

Ind. 5496 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

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Rectal 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. 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;
  - Second-line treatment.
- First-line treatment where KRAS mutation is present;

ASSOCIATED CHEMOTHERAPY REGIMENS
5-Fluorouracil (5-FU) + Leucovorin
5-Fluorouracil (5-FU) + Leucovorin (LV5FU2)
5-Fluorouracil (5-FU) + Leucovorin (sLV5FU2)
Capecitabine
Capecitabine + Bevacizumab
CapeOX
CapeOX + Bevacizumab
FOLFIRI
FOLFIRI + Bevacizumab
FOLFIRI + Cetuximab
FOLFIRI + Panitumumab

FOLFIRI + Ramucirumab

FOLFIRI + Ziv-Aflibercept

FOLFOXIRI

FOLFOXIRI + Bevacizumab

Irinotecan

Irinotecan + Oxaliplatin (IROX)

mFOLFOX6

mFOLFOX6 + Bevacizumab

mFOLFOX6 + Cetuximab

mFOLFOX6 + Panitumumab

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

Regorafenib

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:

- Metastatic disease;
- KRAS mutation;
- Patient previously received neoadjuvant therapy; and EITHER of the following:
  - Second-line treatment;
  - Third-line treatment

ASSOCIATED CHEMOTHERAPY REGIMENS

Cetuximab

Cetuximab + Irinotecan

FOLFIRI + Cetuximab

FOLFIRI + Panitumumab

mFOLFOX + Cetuximab

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

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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:
  - First-line treatment;
  - 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;
- Second-line treatment.

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;
- Second-line treatment.

ASSOCIATED CHEMOTHERAPY REGIMENS

Bendamustine

Carboplatin + Etoposide

Cisplatin + Etoposide

Docetaxel

Etoposide

Gemcitabine

Irinotecan

Nivolumab

Nivolumab + Ipilimumab

Paclitaxel

Paclitaxel + Cisplatin

Temozolomide

Topotecan

Vinorelbine

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 + Iplimumab treatment completion.

ASSOCIATED CHEMOTHERAPY REGIMENS

Nivolumab

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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

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 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)

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 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 + Ifofamide + 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 + Ifofamide + Cisplatin (TIP) + Mesna

Vinblastine + Ifosfamide + Cisplatin (VelP) + Mesna

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Thymoma

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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

Cisplatin + Doxorubicin + Vincristine + Cyclophosphamide (ADOC)

Cisplatin + Etoposide (PE)

Etoposide + Ifosfamide + Cisplatin (VIP) + Mesna

Carboplatin + Paclitaxel

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 CHEMOTHERAPY REGIMENS

5-Fluorouracil (5-FU) + Leucovorin

Etoposide

Everolimus

Gemcitabine

Ifosfamide + Mesna

Octreotide

Octreotide + Prednisone

Octreotide LAR

Paclitaxel

Pemetrexed

Sunitinib

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Thyroid Cancer

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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:
  - Medullary carcinoma;
  - 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.

ASSOCIATED CHEMOTHERAPY REGIMENS

Axitinib

Axitinib + Denosumab

Axitinib + Pamidronate

Axitinib + Zoledronic Acid

Lenvatinib

Lenvatinib + Denosumab

Lenvatinib + Pamidronate

Pamidronate

Pazopanib

Pazopanib + Denosumab

Pazopanib + Pamidronate

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

Pamindronate

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

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Uterine Cancer

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

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

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

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:

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

ASSOCIATED CHEMOTHERAPY REGIMENS

Eribulin

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Vulvar Cancer

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

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

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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

HCPCS	CODES:
INDIUM IN-111 IBRITUMOMAB TIUXETAN, DIAGNOSTIC, PER STUDY DOSE, UP TO 5 MILLICURIES	A9542
YTTRIUM Y-90 IBRITUMOMAB TIUXETAN, THERAPEUTIC, PER TREATMENT DOSE, UP TO 40 MILLICURIES	A9543
RADIUM RA-223 DICHLORIDE, THERAPEUTIC, PER MICROCURIE	A9606
RADIOPHARMACEUTICAL, THERAPEUTIC, NOT OTHERWISE CLASSIFIED	A9699
INJECTION, TRIPTORELIN EXTENDED RELEASE, 3.75 MG	C9016
INJECTION, LIPOSOMAL, 1 MG DAUNORUBICIN AND 2.27 MG CYTARABINE	C9024
INJECTION, INOTUZUMAB OZOGAMICIN, 0.1 MG	C9028
INJECTION, BEVACIZUMAB, 0.25 MG	C9257
INJECTION, GLUCARPIDASE, 10 UNITS	C9293
UNCLASSIFIED DRUGS OR BIOLOGICALS	C9399
INJECTION, DURVALUMAB, 10 MG	C9492
INJECTION, ALEMTUZUMAB, 1 MG	J0202
INJECTION, AMIFOSTINE, 500 MG	J0207
INJECTION, BUSULFAN, 1 MG	J0594
INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	J0640
INJECTION, LEVOLEUCOVORIN CALCIUM, 0.5 MG	J0641
INJECTION, PROCHLORPERAZINE, UP TO 10 MG	J0780
INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	J0881
INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	J0885
INJECTIN, EPOETIN BETA, 1 MICROGRAM, (FOR NON ESRD USE)	J0888
INJECTION, DECITABINE, 1 MG	J0894
INJECTION, DENOSUMAB, 1 MG	J0897
INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG	J1050

INJECTION, DEXAMETHASONE ACETATE, 1 MG	J1094
INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100
INJECTION, DOLASETRON MESYLATE, 10 MG	J1260
INJECTION, FILGRASTIM (G-CSF), EXCLUDES BIOSIMILARS, 1 MICROGRAM	J1442
INJECTION, TBO-FILGRASTIM, 1 MICROGRAM	J1447
INJECTION, FOSAPREPITANT, 1 MG	J1453
INJECTION, IMMUNE GLOBULIN, (GAMMAPLEX), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	J1557
INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID), 500 MG	J1561
INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G. POWDER), NOT OTHERWISE SPECIFIED, 500 MG	J1566
INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON-LYOPHILIZED, (E.G. LIQUID), 500 MG	J1569
INJECTION, GANCICLOVIR SODIUM, 500 MG	J1570
INJECTION, IMMUNE GLOBULIN, (FLEBOGAMMA/FLEBOGAMMA DIF), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	J1572
INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG	J1626
INJECTION, GRANISETRON, EXTENDED-RELEASE, 0.1 MCG	J1627
INJECTION, HALOPERIDOL, UP TO 5 MG	J1630
INJECTION, HISTRELIN ACETATE, 10 MICROGRAMS	J1675
INJECTION, LANREOTIDE, 1 MG	J1930
INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MG	J1950
INJECTION, LORAZEPAM, 2 MG	J2060
INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG	J2353
INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	J2354
INJECTION, OPRELVEKIN, 5 MG	J2355
INJECTION, OLANZAPINE, LONG-ACTING, 1 MG	J2358
INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405
INJECTION, PAMIDRONATE DISODIUM, PER 30 MG	J2430
INJECTION, PALONOSETRON HCL, 25 MCG	J2469
INJECTION, PEGFILGRASTIM, 6 MG	J2505

INJECTION, PROMETHAZINE HCL, UP TO 25 MG	J2550
INJECTION, PLERIXAFOR, 1 MG	J2562
INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	J2765
INJECTION, ROMIPLOSTIM, 10 MICROGRAMS	J2796
INJECTION, SARGRAMOSTIM (GM-CSF), 50 MCG	J2820
INJECTION, SILTUXIMAB, 10 MG	J2860
INJECTION, TOCILIZUMAB, 1 MG	J3262
INJECTION, TRIPTORELIN PAMOATE, 3.75 MG	J3315
INJECTION, VEDOLIZUMAB, 1 MG	J3380
INJECTION, ZIDOVUDINE, 10 MG	J3485
INJECTION, ZOLEDRONIC ACID, 1 MG	J3489
UNCLASSIFIED DRUGS	J3490
UNCLASSIFIED BIOLOGICS	J3590
LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN, EQUINE, PARENTERAL, 250 MG	J7504
LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN, RABBIT, PARENTERAL, 25 MG	J7511
SIROLIMUS, ORAL, 1 MG	J7520
EVEROLIMUS, ORAL, 0.25 MG	J7527
PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	J8499
APREPITANT, ORAL, 5 MG	J8501
BUSULFAN; ORAL, 2 MG	J8510
CABERGOLINE, ORAL, 0.25 MG	J8515
CAPECITABINE, ORAL, 150 MG	J8520
CAPECITABINE, ORAL, 500 MG	J8521
CYCLOPHOSPHAMIDE; ORAL, 25 MG	J8530
DEXAMETHASONE, ORAL, 0.25 MG	J8540
ETOPOSIDE; ORAL, 50 MG	J8560
FLUDARABINE PHOSPHATE, ORAL, 10 MG	J8562
GEFITINIB, ORAL, 250 MG	J8565
ANTIEMETIC DRUG, ORAL, NOT OTHERWISE SPECIFIED	J8597
MELPHALAN; ORAL, 2 MG	J8600
METHOTREXATE; ORAL, 2.5 MG	J8610
NABILONE, ORAL, 1 MG	J8650
NETUPITANT 300 MG AND PALONOSETRON 0.5 MG	J8655

ROLAPITANT, ORAL, 1 MG	J8670
TEMOZOLOMIDE, ORAL, 5 MG	J8700
TOPOTECAN, ORAL, 0.25 MG	J8705
PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	J8999
INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	J9000
INJECTION, ALDESLEUKIN, PER SINGLE USE VIAL	J9015
INJECTION, ARSENIC TRIOXIDE, 1 MG	J9017
INJECTION, ASPARAGINASE (ERWINAZE), 1,000 IU	J9019
INJECTION, ASPARAGINASE, NOT OTHERWISE SPECIFIED, 10,000 UNITS	J9020
INJECTION, ATEZOLIZUMAB, 10 MG	J9022
INJECTION, AVELUMAB, 10 MG	J9023
INJECTION, AZACITIDINE, 1 MG	J9025
INJECTION, CLOFARABINE, 1 MG	J9027
BCG (INTRAVESICAL) PER INSTILLATION	J9031
INJECTION, BELINOSTAT, 10 MG	J9032
INJECTION, BENDAMUSTINE HCL, 1 MG	J9033
INJECTION, DENDAMUSTINE HCL (BENDEKA), 1 MG	J9034
INJECTION, BEVACIZUMAB, 10 MG	J9035
INJECTION, BLINATUMOMAB, 1 MICROGRAM	J9039
INJECTION, BLEOMYCIN SULFATE, 15 UNITS	J9040
INJECTION, BORTEZOMIB, 0.1 MG	J9041
INJECTION, BRENTUXIMAB VEDOTIN, 1 MG	J9042
INJECTION, CABAZITAXEL, 1 MG	J9043
INJECTION, CARBOPLATIN, 50 MG	J9045
INJECTION, CARFILZOMIB, 1 MG	J9047
INJECTION, CARMUSTINE, 100 MG	J9050
INJECTION, CETUXIMAB, 10 MG	J9055
INJECTION, CISPLATIN, POWDER OR SOLUTION, 10 MG	J9060
INJECTION, CLADRIBINE, PER 1 MG	J9065
CYCLOPHOSPHAMIDE, 100 MG	J9070
INJECTION, CYTARABINE LIPOSOME, 10 MG	J9098
INJECTION, CYTARABINE, 100 MG	J9100
INJECTION, DACTINOMYCIN, 0.5 MG	J9120
DACARBAZINE, 100 MG	J9130
INJECTION, DARATUMUMAB, 10 MG	J9145

INJECTION, DAUNORUBICIN, 10 MG	J9150
INJECTION, DAUNORUBICIN CITRATE, LIPOSOMAL FORMULATION, 10 MG	J9151
INJECTION, DEGARELIX, 1 MG	J9155
INJECTION, DENILEUKIN DIFTITOX, 300 MICROGRAMS	J9160
INJECTION, DIETHYLSTILBESTROL DIPHOSPHATE, 250 MG	J9165
INJECTION, DOCETAXEL, 1 MG	J9171
INJECTION, ELLIOTTS' B SOLUTION, 1 ML	J9175
INJECTION, ELOTUZUMAB, 1 MG	J9176
INJECTION, EPIRUBICIN HCL, 2 MG	J9178
INJECTION, ERIBULIN MESYLATE, 0.1 MG	J9179
INJECTION, ETOPOSIDE, 10 MG	J9181
INJECTION, FLUDARABINE PHOSPHATE, 50 MG	J9185
INJECTION, FLUOROURACIL, 500 MG	J9190
INJECTION, FLOXURIDINE, 500 MG	J9200
INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG	J9201
GOSERELIN ACETATE IMPLANT, PER 3.6 MG	J9202
INJECTION, GEMTUZUMAB OZOGAMICIN, 0.1 MG	J9203
INJECTION, IRINOTECAN LIPOSOME, 1 MG	J9205
INJECTION, IRINOTECAN, 20 MG	J9206
INJECTION, IXABEPILONE, 1 MG	J9207
INJECTION, IFOSFAMIDE, 1 GRAM	J9208
INJECTION, MESNA, 200 MG	J9209
INJECTION, IDARUBICIN HYDROCHLORIDE, 5 MG	J9211
INJECTION, INTERFERON ALFACON-1, RECOMBINANT, 1 MICROGRAM	J9212
INJECTION, INTERFERON, ALFA-2A, RECOMBINANT, 3 MILLION UNITS	J9213
INJECTION, INTERFERON, ALFA-2B, RECOMBINANT, 1 MILLION UNITS	J9214
INJECTION, INTERFERON, ALFA-N3, (HUMAN LEUKOCYTE DERIVED), 250,000 IU	J9215
INJECTION, INTERFERON, GAMMA 1-B, 3 MILLION UNITS	J9216
LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG	J9217
LEUPROLIDE ACETATE, PER 1 MG	J9218
LEUPROLIDE ACETATE IMPLANT, 65 MG	J9219
HISTRELIN IMPLANT (VANTAS), 50 MG	J9225
HISTRELIN IMPLANT (SUPPRELIN LA), 50 MG	J9226
INJECTION, IPILIMUMAB, 1 MG	J9228

INJECTION, MECHLORETHAMINE HYDROCHLORIDE, (NITROGEN MUSTARD), 10 MG	J9230
INJECTION, MELPHALAN HYDROCHLORIDE, 50 MG	J9245
METHOTREXATE SODIUM, 5 MG	J9250
METHOTREXATE SODIUM, 50 MG	J9260
INJECTION, NELARABINE, 50 MG	J9261
INJECTION, OMACETAXINE MEPESUCCINATE, 0.01 MG	J9262
INJECTION, OXALIPLATIN, 0.5 MG	J9263
INJECTION, PACLITAXEL PROTEIN-BOUND PARTICLES, 1 MG	J9264
INJECTION, PEGASPARGASE, PER SINGLE DOSE VIAL	J9266
INJECTION, PACLITAXEL, 1 MG	J9267
INJECTION, PENTOSTATIN, 10 MG	J9268
INJECTION, PLICAMYCIN, 2.5 MG	J9270
INJECTION, PEMBROLIZUMAB, 1 MG	J9271
INJECTION, MITOMYCIN, 5 MG	J9280
INJECTION, OLARATUMAB, 10 MG	J9285
INJECTION, MITOXANTRONE HYDROCHLORIDE, PER 5 MG	J9293
INJECTION, NECITUMUMAB, 1 MG	J9295
INJECTION, NIVOLUMAB, 1 MG	J9299
INJECTION, OBINUTUZUMAB, 10 MG	J9301
INJECTION, OFATUMUMAB, 10 MG	J9302
INJECTION, PANITUMUMAB, 10 MG	J9303
INJECTION, PEMETREXED, 10 MG	J9305
INJECTION, PERTUZUMAB, 1 MG	J9306
INJECTION, PRALATREXATE, 1 MG	J9307
INJECTION, RAMUCIRUMAB, 5 MG	J9308
INJECTION, RITUXIMAB, 100 MG	J9310
INJECTION, ROMIDEPSIN, 1 MG	J9315
INJECTION, STREPTOZOCIN, 1 GRAM	J9320
INJECTION, TALIMOGENE LAHERPAREPVEC, 1 MILLION PLAQUE FORMING UNITS (PFU)	J9325
INJECTION, TEMOZOLOMIDE, 1 MG	J9328
INJECTION, TEMSIROLIMUS, 1 MG	J9330
INJECTION, THIOTEPA, 15 MG	J9340
INJECTION, TOPOTECAN, 0.1 MG	J9351

INJECTION, TRABECTEDIN, 0.1 MG	J9352
INJECTION, ADO-TRASTUZUMAB EMTANSINE, 1 MG	J9354
INJECTION, TRASTUZUMAB, 10 MG	J9355
INJECTION, VALRUBICIN, INTRAVESICAL, 200 MG	J9357
INJECTION, VINBLASTINE SULFATE, 1 MG	J9360
VINCRISTINE SULFATE, 1 MG	J9370
INJECTION, VINCRISTINE SULFATE LIPOSOME, 1 MG	J9371
INJECTION, VINORELBINE TARTRATE, 10 MG	J9390
INJECTION, FULVESTRANT, 25 MG	J9395
INJECTION, ZIV-AFLIBERCEPT, 1 MG	J9400
INJECTION, PORFIMER SODIUM, 75 MG	J9600
NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS	J9999
ONDANSETRON 1 MG, ORAL	Q0162
PROCHLORPERAZINE MALEATE, 5 MG, ORAL	Q0164
GRANISETRON HYDROCHLORIDE, 1 MG, ORAL	Q0166
DRONABINOL, 2.5 MG, ORAL	Q0167
PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL	Q0169
DOLASETRON MESYLATE, 100 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 24 HOUR DOSAGE REGIMEN	Q0180
INJECTION, TENIPOSIDE, 50 MG	Q2017
TISAGENLECLEUCEL, UP TO 250 MILLION CAR-POSITIVE VIABLE T CELLS, INCLUDING LEUKAPHERESIS AND DOSE PREPARATION PROCEDURES, PER INFUSION	Q2040
SIPULEUCEL-T, MINIMUM OF 50 MILLION AUTOLOGOUS CD54+ CELLS ACTIVATED WITH PAP-GM-CSF, INCLUDING LEUKAPHERESIS AND ALL OTHER PREPARATORY PROCEDURES, PER INFUSION	Q2043
INJECTION, DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, IMPORTED LIPODOX, 10 MG	Q2049
INJECTION, DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, NOT OTHERWISE SPECIFIED, 10MG	Q2050
INJECTION, FILGRASTIM (G-CSF), BIOSIMILAR, 1 MICROGRAM	Q5101
IMATINIB, 100 MG	S0088
GRANISETRON HYDROCHLORIDE, 1 MG	S0091

ZIDOVUDINE, ORAL, 100 MG	S0104
MERCAPTOPURINE, ORAL, 50 MG	S0108
ONDANSETRON, ORAL, 4 MG	S0119
INJECTION, PEGYLATED INTERFERON ALFA-2A, 180 MCG PER ML	S0145
INJECTION, PEGYLATED INTERFERON ALFA-2B, 10 MCG	S0148
EXEMESTANE, 25 MG	S0156
INJECTION, OLANZAPINE, 2.5 MG	S0166
ANASTROZOLE, ORAL, 1MG	S0170
CHLORAMBUCIL, ORAL, 2MG	S0172
DOLASETRON MESYLATE, ORAL 50MG	S0174
FLUTAMIDE, ORAL, 125MG	S0175
HYDROXYUREA, ORAL, 500MG	S0176
LOMUSTINE, ORAL, 10MG	S0178
MEGESTROL ACETATE, ORAL, 20MG	S0179
PROCARBAZINE HYDROCHLORIDE, ORAL, 50MG	S0182
PROCHLORPERAZINE MALEATE, ORAL, 5MG	S0183
TAMOXIFEN CITRATE, ORAL, 10MG	S0187