



## Hematology and Oncology

### Medical Policy Group

Co-chairs

Katherine Dallow, MD, MPH • Vice President • Clinical Programs and Strategy  
Desiree Otenti, ANP, MPH, Senior Director • Medical Policy Administration

Meeting #256

February 26<sup>th</sup>, 2019

9–11 AM

101 Huntington Avenue  
Boston, MA 02115

For questions: [EBR@bcbsma.com](mailto:EBR@bcbsma.com)

Conference  
Center : 12-H

**Invited:** Katherine Dallow, MD, MPH, co-chair (Medical Policy Administration), Desiree Otenti, ANP, co-chair, (Medical Policy Administration); Grace Baker, MSW, LCSW, (Medical Policy Administration); Laura Barry, RN, BSN, (Medical Policy Administration); Craig Haug, MD, (Surgery); Thomas Hawkins, MD, (Internal Medicine); Kenneth Duckworth, MD, (Psychiatry); Mary Beth Erwin, R.Ph, (Pharmacy Operations); Thomas Kowalski, R.Ph, (Clinical Pharmacy);

**Invited Physician Guest(s):** Representatives from the Massachusetts Society of Clinical Oncologists and Hematologists

#### RSVP to [EBR@BCBSMA.com](mailto:EBR@BCBSMA.com)

Network physicians who plan to attend the meeting must confirm and provide their contact information by email to [EBR@bcbsma.com](mailto:EBR@bcbsma.com) at least 48 hours before the meeting. It is important that Blue Cross Blue Shield have the contact information for any physician who will be attending this meeting, since we need to mail confidentiality and conflict-of-interest forms. Attending physicians may either take part in the meeting in person or via conference call. If a physician would like to call in to the meeting, a conference number will be provided by BCBSMA prior to the meeting date. **Note:** Please be aware that this meeting may end early if there are no attending providers.

#### To view each medical policy on the agenda

The policies are hyperlinked to each entry on the list and can be opened by clicking on the policy number following the policy title.

#### To access the medical policies

We are currently experiencing intermittent website access issues with our medical policies. [Click here](#) for an alternate way to access the policies, and then enter the policy number or policy title in the search box.

### Hematology and Oncology Medical Policies with Coverage Update

- [Accelerated Breast Irradiation after Breast-Conserving Surgery for Early Stage Breast Cancer and Breast Brachytherapy as Boost with Whole-Breast Irradiation \(326\)](#)
  - BCBSA National medical policy review. Policy criteria clarified to state: tumors ≤5 cm in diameter. 6/14/2018
- [Adoptive Immunotherapy including CAR T-Cell Therapy \(455\)](#)
  - BCBSA National medical policy review. Tisagenlecleucel added to the second medically necessary policy statement with modified criteria. Effective 8/1/2018.
  - BCBSA National medical policy review. Policy statement clarified, changing “2 or 3” to “3”, to read: “Patient has active central nervous system 3 acute lymphoblastic leukemia (ie, white blood cell count ≥5 cells/μL in cerebrospinal fluid with presence of lymphoblasts).” Prior Authorization Information reformatted.
- [Allogeneic Cell transplantation for Myelodysplastic Syndromes and Myeloproliferative Neoplasms \(155\)](#)
  - Outpatient prior authorization is required for all commercial products including Medicare Advantage. Effective 1/1/2019.

4. [Allogeneic Hematopoietic Cell Transplantation for Genetic Diseases and Acquired Anemias \(190\)](#)
  - Outpatient prior authorization is required for all commercial products including Medicare Advantage. Effective 1/1/2019.
5. [Autologous Hematopoietic Stem Cell Transplantation for Malignant Astrocytomas and Gliomas \(159\)](#)
  - Outpatient prior authorization is required for all commercial products including Medicare Advantage. Effective 1/1/2019.
6. [Axumin \(fluciclovine F-18\) for Recurrent Prostate Cancer \(025\)](#)
  - New medical policy describing medically necessary and investigational indications. Effective 7/1/2018.
7. [Cryosurgical Ablation of Miscellaneous Solid Tumors Other Than Liver, Prostate or Dermatologic Tumors \(260\)](#)
  - BCBSA National medical policy review. Medically necessary policy statements for lung cancer added. Clarified coding information. Effective 4/1/2018.
8. [Expanded Molecular Panel Testing of Cancers to Identify Targeted Therapies \(790\)](#)
  - Policy clarified to indicate coverage for pediatric tumors under table 2a and pediatric hematologic malignancies under table 2b.
  - Diagnostic Exchange (DEX) registration requirement removed. 3/21/2018
9. [Hematopoietic Cell Transplantation for Acute Lymphoblastic Leukemia \(076\)](#)
  - Outpatient prior authorization is required for all commercial products including Medicare Advantage. Effective 1/1/2019.
10. [Hematopoietic Cell Transplantation for Autoimmune Diseases \(192\)](#)
  - Outpatient prior authorization will be **required** for all Commercial products including Medicare Advantage. 1/1/19.
11. [Hematopoietic Cell Transplantation for Chronic Lymphocytic Leukemia and Small Lymphocytic Lymphoma \(074\)](#)
  - Outpatient prior authorization is required for all commercial products including Medicare Advantage. Effective 1/1/2019.
12. [Hematopoietic Cell Transplantation for Chronic Myelogenous Leukemia \(212\)](#)
  - Outpatient prior authorization is required for all commercial products including Medicare Advantage. Effective 1/1/2019.
13. [Hematopoietic Cell Transplantation for CNS Embryonal Tumors and Ependymoma \(205\)](#)
  - Outpatient prior authorization is required for all commercial products including Medicare Advantage. Effective 1/1/2019.
14. [Hematopoietic Cell Transplantation for Epithelial Ovarian Cancer \(204\)](#)
  - Outpatient prior authorization is required for all commercial products including Medicare Advantage. Effective 1/1/2019.
  - BCBSA National medical policy review. Policy statement revised to add “advanced stage” associated with epithelial ovarian cancer; intent of the policy is unchanged. Clarified coding information. Effective 6/1/2018.
15. [Hematopoietic Cell Transplantation for Hodgkin Lymphoma \(207\)](#)
  - Outpatient prior authorization is required for all commercial products including Medicare Advantage. Effective 1/1/2019.
16. [Hematopoietic Cell Transplantation for Miscellaneous Solid Tumors in Adults \(191\)](#)
  - Outpatient prior authorization is required for all commercial products including Medicare Advantage. Effective 1/1/2019.
17. [Hematopoietic Cell Transplantation for Non-Hodgkin Lymphomas \(143\)](#)
  - Outpatient prior authorization is required for all commercial products including Medicare Advantage. Effective 1/1/2019.
  - Clinical trials for cancer information removed. For information on clinical trials for cancer, see subscriber certificate. 8/13/2018
18. [Hematopoietic Cell Transplantation for Plasma Cell Dyscracias, Including Multiple Myeloma and POEMS Syndrome \(075\)](#)
  - Outpatient prior authorization is required for all commercial products including Medicare Advantage. Effective 1/1/2019.
19. [Hematopoietic Cell Transplantation for Primary Amyloidosis or Waldenstrom Macroglobulinemia \(181\)](#)
  - Outpatient prior authorization is required for all commercial products including Medicare Advantage. Effective 1/1/2019.
20. [Hematopoietic Cell Transplantation for Solid Tumors of Childhood \(208\)](#)

- Outpatient prior authorization is required for all commercial products including Medicare Advantage. Effective 1/1/2019.
- 21. [Hematopoietic Stem-Cell Transplantation for Waldenstrom Macroglobulinemia \(322\)](#)
  - Outpatient prior authorization is required for all commercial products including Medicare Advantage. Effective 1/1/2019.
- 22. [Hematopoietic Cell Transplantation in the Treatment of Germ Cell Tumors \(247\)](#)
  - Outpatient prior authorization is required for all commercial products including Medicare Advantage. Effective 1/1/2019.
  - BCBSA National medical policy review. Policy statement on tandem autologous HCT or transplant with sequential high-dose chemotherapy clarified. 4/1/2018.
- 23. [Identification of Microorganisms Using Nucleic Acid Probes \(555\)](#)
  - BCBSA National medical policy review. Investigational statement added for central nervous system pathogen panel. Prior Authorization Information reformatted. Clarified coding information. Effective 5/1/2018.
- 24. [Multimarker Serum Testing Related to Ovarian Cancer \(249\)](#)
  - BCBSA National medical policy. Policy statement revised to add the Overa test. Prior Authorization Information reformatted. Effective 5/1/2018.
- 25. [Positron Emission Tomography, Other PET Applications, Including Oncologic Tumor Imaging \(229\)](#)
  - Policy clarified to add a note that this policy is only for PET using 2-(fluorine-18) fluoro-2-deoxy-d-glucose (FDG), performed on a dedicated PET or integrated (hybrid) PET/CT scanner. 6/21/2018
  - Policy criteria revised. Effective 3/12/2018. Based on AIM Clinical Appropriateness Guidelines: Advanced Imaging Appropriate Use Criteria: Positron Emission Tomography for Oncologic Tumor Imaging. Effective date: March 12, 2018.
- 24. [Therapeutic Radiopharmaceuticals in Oncology \(028\)](#)
  - New medical policy describing medically necessary and investigational indications. The use of Lutathera® (lutetium 177 dotatate) is considered medically necessary for patients with gastroenteropancreatic, bronchopulmonary, and thymus neuroendocrine tumors. Effective 12/1/2018.
  - The use of Azedra® (iobenguane I-131) is considered investigational for patients aged 12 and older with iobenguane scan-positive, unresectable, locally advanced or metastatic pheochromocytoma or paraganglioma who require systemic anticancer therapy. Effective 12/1/2018.

#### Hematology and Oncology Medical Policies with NO Coverage Updates

26. [Alpha-Fetoprotein-L3 for Detection of Hepatocellular \(Liver\) Cancer \(504\)](#)
27. [Analysis of Human DNA in Stool Samples as a Technique for Colorectal Cancer Screening \(557\)](#)
28. [Bioimpedance Devices for Detection of Lymphedema \(261\)](#)
29. [Brachytherapy for Clinically Localized Prostate Cancer Using Permanently Implanted Seeds \(175\)](#)
30. [Breast Duct Endoscopy \(493\)](#)
31. [CA 125 \(503\)](#)
32. [Cellular Immunotherapy for Prostate Cancer \(268\)](#)
33. [Charged-Particle \(Proton or Helium Ion\) Radiation Therapy \(437\)](#)
34. [Computer-Aided Evaluation as an Adjunct to Magnetic Resonance Imaging of the Breast \(578\)](#)
35. [Cryoablation of the Prostate \(149\)](#)
36. [Cryosurgical Ablation of Primary or Metastatic Liver Tumors \(633\)](#)
37. [Cytoreductive Surgery and Perioperative Intraperitoneal Chemotherapy for Select Intra-Abdominal and Pelvic Malignancies \(048\)](#)
38. [Donor Lymphocyte Infusion for Malignancies Treated with an Allogeneic Hematopoietic Cell Transplant \(338\)](#)
39. [Electronic Brachytherapy for Nonmelanoma Skin Cancer \(739\)](#)
40. [Endobronchial Brachytherapy \(091\)](#)
41. [Endobronchial Ultrasound for Diagnosing and Staging of Lung Cancer \(715\)](#)
42. [Epithelial Cell Cytology in Breast Cancer Risk Assessment and High-Risk Patient Management - Ductal Lavage and Suction Collection Systems\(492\)](#)
43. [Extracorporeal Photopheresis \(248\)](#)
44. [Focal Treatments for Prostate Cancer \(733\)](#)
45. [Flow Cytometry for Cell Analysis \(341\)](#)
46. [Handheld Radiofrequency Spectroscopy for Intraoperative Assessment of Surgical Margins during Breast-Conserving Surgery \(546\)](#)
47. [Hematopoietic Cell Transplantation for Acute Myeloid Leukemia \(150\)](#)

48. [High-Dose Rate Temporary Prostate Brachytherapy \(353\)](#)
49. [Immunochemical Fecal Occult Blood Testing \(135\)](#)
50. [In Vitro Chemoresistance and Chemosensitivity Assays \(253\)](#)
51. [In Vivo Analysis of Colorectal Polyps \(521\)](#)
52. [Insulin Potentiation Therapy \(532\)](#)
53. [Intracavitary Balloon Catheter Brain Brachytherapy for Malignant Gliomas or Metastasis to the Brain \(602\)](#)
54. [Intensity- Modulated Radiation Therapy \(IMRT\) of the Breast and Lung \(163\)](#)
55. [Intensity -Modulated Radiation Therapy \(IMRT\): Abdomen and Pelvis \(165\)](#)
56. [Intensity- Modulated Radiation Therapy \(IMRT\): Head and Neck Cancers \(164\)](#)
57. [Intensity Modulated Radiation Therapy IMRT Central Nervous System Tumors \(910\)](#)
58. [Intensity Modulated Radiation Therapy of the Prostate \(090\)](#)
59. [Intraoperative Radiation Therapy \(278\)](#)
60. [Isolated Limb Perfusion/Infusion for Malignant Melanoma \(124\)](#)
61. [Laboratory Testing for HIV Tropism \(008\)](#)
62. [Magnetic Resonance Imaging \(MRI\) Bone Marrow Supply \(798\)](#)
63. [Magnetic Resonance Spectroscopy \(MRS\) \(488\)](#)
64. [Melanoma Vaccines \(453\)](#)
65. [Microwave Tumor Ablation \(912\)](#)
66. [Molecular Testing in the Management of Pulmonary Nodules \(029\)](#)
67. [Oncologic Applications of Photodynamic Therapy, Including Barrett's Esophagus \(454\)](#)
68. [Orthopedic Applications of Stem Cell Therapy \(Including Allograft and Bone Substitute Products Used with Autologous Bone Marrow\) \(254\)](#)
69. [Photodynamic Therapy for Dermatologic Applications\) \(463\)](#)
70. [Placental/Umbilical Cord Blood as a Source of Stem Cells \(285\)](#)
71. [Plasma Exchange \(466\)](#)
72. [Pneumatic Compression Pumps for Treatment of Lymphedema \(354\)](#)
73. [Proteomic Testing for Systemic Therapy in Non-Small Cell Lung Cancer \(709\)](#)
74. [Quantitative Assay for Measurement of HER2 Total Protein Expression and HER2 Dimers \(397\)](#)
75. [Radioactive Seed Localization of Nonpalpable Breast Lesions \(469\)](#)
76. [Radioembolization for Primary and Metastatic Tumors of the Liver \(292\)](#)
77. [Radiofrequency Ablation of Miscellaneous Solid Tumors Excluding Liver Tumors \(259\)](#)
78. [Radiofrequency Ablation of Primary or Metastatic Liver Tumors \(286\)](#)
79. [Radioimmunoscintigraphy Imaging \(Monoclonal Antibody Imaging\) Using In-111 Satumomab Pendetide \(OncoScint\) or Tc-99m Arcitumomab \(IMMU-4, CEA-Scan\) \(638\)](#)
80. [Radioimmunoscintigraphy Imaging \(Monoclonal Antibody Imaging\) Using Technetium-99m Nofetumomab Merpentan \(Verluma\) \(640\)](#)
81. [Saturation Biopsy for Diagnosis and Staging of Prostate Cancer \(307\)](#)
82. [Scintimammography/Breast-Specific Gamma Imaging/Molecular Breast Imaging \(494\)](#)
83. [Serum Biomarker Human Epididymis Protein 4 \(HE4\) \(290\)](#)
84. [Serum Tumor Markers for Breast and Gastrointestinal Malignancies \(538\)](#)
85. [Stereotactic Radiosurgery; Stereotactic Body Radiation Therapy \(SBRT\) \(277\)](#)
86. [Systems Pathology in Prostate Cancer \(250\)](#)
87. [Thermography \(342\)](#)
88. [Transcatheter Arterial Chemoembolization - TACE - to Treat Primary or Metastatic Liver Malignancies \(634\)](#)
89. [Transrectal Ultrasound of the Prostate \(680\)](#)
90. [Transrectal Ultrasound for Staging Rectal Cancer \(679\)](#)
91. [Tumor Markers for Diagnosis and Management of Cancer \(167\)](#)
92. [Whole Body Computed Tomography Scan as a Screening Test \(447\)](#)
93. [Medical Technology Assessment Investigational \(Non-Covered\) Services List \(400\)](#)

#### Hematology and Oncology Pharmacy Policies with Coverage Updates

94. [BRAF Kinase and MEK inhibitors for Unresectable or Metastatic Melanoma \(409\)](#)
  - Updated to include Braftovi™, Mektovi®, & Tibsovo® to the policy. 11/2018.
  - Clarified Ibrance™ indications and added new indications for Kisquali®, Lenvima, Mekinis, Opdivo, and Tafinlar. Also, remove Prior Auth requirements for Venclexta. 9/2018.
  - Updated to include new indication for Verzenio™ 5/2018.

# 5

- Updated to include Verzenio™ and new indications for Lynparza™. 2/2018.
95. [Erythropoietin, Recombinant Human \(262\)](#)
- Updated to include new to market Retacrit. 7/2018.
87. [Human Anti-hemophilic Factor, Factor VIII for Hemophilia \(360\)](#)
- Updated to include a new indication for Factor X deficiency and new indication for Factor IXa- and factor X-directed antibody class. 11/2018.
  - Updated to include Hemlibra. 5/2018.

## Hematology and Oncology Pharmacy Policies with NO Coverage Updates

96. [Bisphosphonate, Oral \(058\)](#)
97. [Interferons Alpha and Gamma \(052\)](#)
98. [Interleukin-2 \(IL-2\)](#)
99. [Fentanyl, oral-transmucosal \(113\)](#)

## Topics for discussion

E-Blue Review (EBR) Comments

Emerging Medical Technologies

[AIM Genetic Testing Management Program #954](#)

[AIM Genetic Testing Management Program CPT and HCPCS codes #957](#)

## 2019 Medical Policy Group meeting Schedule

Specialty	Date	Time	Room
Neurology and Neurosurgery	January 29 <sup>th</sup> , 2019	12 –2 PM	12-J
Hematology and Oncology	February 26 <sup>th</sup> , 2019	9–11 AM	12-H
Allergy and ENT/Otolaryngology	March 26 <sup>th</sup> , 2019	12 –2 PM	12-H
Cardiology and Pulmonology	April 30 <sup>th</sup> , 2019	12 –2 PM	12-H
Pediatrics and Endocrinology	May 28 <sup>th</sup> , 2019	12 –2 PM	12-H
Orthopedics, Rehabilitation Medicine and Rheumatology	June 25 <sup>th</sup> , 2019	12 –2 PM	12-H
Psychiatry and Ophthalmology	July 30 <sup>th</sup> , 2019	12 –2 PM	12-H
Urology and Obstetrics/Gynecology	September 24 <sup>th</sup> , 2019	12 –2 PM	12-H
Gastroenterology, Nutrition and Organ Transplantation	October 29 <sup>th</sup> , 2019	12 –2 PM	12-H
Plastic Surgery, Dermatology and Podiatry	November 19 <sup>th</sup> , 2019	12 –2 PM	12-H

For questions: [ebr@bcbsma.com](mailto:ebr@bcbsma.com)