



Hematology and Oncology

Medical Policy Group

Co-chairs

Lee Steingisser, MD • Vice President • Clinical Review

Eliot Jekowsky, MD • Medical Director • Medical Policy Administration

Desiree Oteni, ANP, MPH, Senior Manager • Medical Policy Administration

Meeting #246	February 27 th , 2018	9-11 am *Please note - new time	101 Huntington Avenue Boston, MA 02115 For questions: EBR@bcbsma.com	Conference Center : 12-I
--------------	-------------------------------------	---	--	-----------------------------

Invited: Lee Steingisser, MD, co-chair (Internal Medicine); Eliot Jekowsky, MD, co-chair (Internal Medicine); Desiree Oteni, ANP, co-chair, (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); May Lisa Hazelwood, R.Ph, (Pharmacy Operations)

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

RSVP to EBR@BCBSMA.com

Network physicians who plan to attend the meeting must confirm and provide their contact information by email to 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.

12:00 - 2:00 PM Hematology and Oncology Medical Policies with Coverage Updates

- [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. New medically necessary indications described. Effective 6/1/2017.
- [Adoptive Immunotherapy including CAR T-Cell Therapy \(455\)](#)
 - Clarified coding information. Preauthorization request form for Yescarta and Kymriah added. 1/1/2018
 - Medical policy criteria for Yescarta clarified. Effective 11/17/17.
 - BCBSA National medical policy review. New medically necessary indications added for Kymriah (tisagenlecleucel). Effective 11/7/2017. New medically necessary indications added for Yescarta (axicabtagene cilleucel). Effective 11/7/2017. Clarified coding information.
- [Allogeneic Hematopoietic Cell Transplantation for Genetic Diseases and Acquired Anemias \(190\)](#)
 - BCBSA National medical policy review. "Stem" removed from title and Policy. HSCT changed to HCT in policy text. Policy statement unchanged. 12/1/2017
- [Allogeneic Cell transplantation for Myelodysplastic Syndromes and Myeloproliferative Neoplasms \(155\)](#)

- BCBSA National medical policy review. Title changed. New references added. 3/2017
5. [Analysis of MGMT Promoter Methylation in Malignant Gliomas \(587\)](#)
 - BCBSA National medical policy review. New medically necessary indications described. Clarified coding information. Effective 10/1/2017.
 6. [Assays of Genetic Expression in Tumor Tissue as a Technique to Determine Prognosis in Patients with Breast Cancer \(055\)](#)
 - BCBSA National medical policy review. Policy statement added that EndoPredict, the Breast Cancer Index, and Prosigna are medically necessary for same indication as Oncotype. Other statements revised to reflect these tests investigational for other indications. Summary section corrected for MammaPrint use in early-stage node-negative Invasive breast cancer. New references added. Clarified coding information. Effective 4/1/2017.
 7. [Cytochrome p450 Genotyping \(256\)](#)
 - BCBSA National medical policy review. New references added. Background and summary updated. 8/2017
 8. [Flow Cytometry for Cell Analysis \(341\)](#)
 - Policy review, including literature review and expert consultation. Flow cytometry for breast cancer removed from medically necessary statement. Clarified coding information. Effective 1/1/2018.

Flow cytometry for Lyme disease literature review through August 2017. No clinical trials were identified. Policy statements unchanged. 1/2018
 9. [Gene-Based Tests for Screening, Detection and/or Management of Prostate Cancer \(333\)](#)
 - BCBSA National medical policy review. New investigational indications described. Clarified coding information. Effective 3/1/2017.
 10. [Gene Expression-Based Assays for Cancers of Unknown Primary \(614\)](#)
 - BCBSA National medical policy review. Policy clarified. 5/1/2017
 11. [Gene Expression Profiling for Uveal Melanoma \(683\)](#)
 - BCBSA National medical policy review. New medically necessary indications described. Effective 7/1/2017.
 12. [Genetic Testing for Familial Cutaneous Malignant Melanoma \(300\)](#)
 - BCBSA National medical policy review. Policy clarified. "Mutations" changed to "variants." 5/1/2017
 13. [Genetic Testing for FLT3 and NPM1 Mutations in Acute Myeloid Leukemia \(693\)](#)
 - BCBSA National medical policy review. Title updated to clarify that policy applies to cytogenetically normal AML. New references added. 3/1/2017
 14. [Genetic Testing for Li-Fraumeni Syndrome \(684\)](#)
 - BCBSA National medical policy review. Policy statement updated for early-onset breast cancer to align with NCCN age cutoff of "<31 years." Effective 12/1/2017.
 15. [Genetic Testing for PTEN Hamartoma Tumor Syndrome \(615\)](#)
 - BCBSA National medical policy review. Policy clarified. Policy statements unchanged. 4/1/2017
 16. [Genetic Testing for Lynch Syndrome and Other Inherited Colon Cancer Syndromes \(226\)](#)
 - BCBSA National medical policy review. Policy clarified. Policy statements unchanged. 4/1/2017
 17. [Genetic Testing for Tamoxifen Treatment \(067\)](#)
 - BCBSA National medical policy review. Background and summary updated. 8/1/2017
 18. [Hematopoietic Cell Transplantation for Autoimmune Diseases \(192\)](#)
 - BCBSA National medical policy review. "Stem" removed from title and Policy. Policy statement unchanged. 9/1/2017
 19. [Hematopoietic Cell Transplantation for Chronic Myelogenous Leukemia \(212\)](#)
 - BCBSA National medical policy review. Title changed. Myelogenous changed to myeloid. New references added. 3/1/2017
 20. [Hematopoietic Cell Transplantation for CNS Embryonal Tumors and Ependymoma \(205\)](#)
 - BCBSA National medical policy review. Title changed. New references added. 3/1/2017
 21. [Hematopoietic Cell Transplantation for Epithelial Ovarian Cancer \(204\)](#)
 - BCBSA National medical policy review. New references added. Title changed. 3/1/2017
 22. [Hematopoietic Cell Transplantation in the Treatment of Germ Cell Tumors \(247\)](#)
 - BCBSA National medical policy review. Title changed. New references added. 3/1/2017
 23. [Hematopoietic Cell Transplantation for Miscellaneous Solid Tumors in Adults \(191\)](#)
 - BCBSA National medical policy review. Title changed. New references added. 3/1/2017
 - 24.
 25. [Hematopoietic Cell Transplantation for Hodgkin Lymphoma \(207\)](#)

- BCBSA National medical policy review. Policy statement on reduced-intensity conditioning removed. Covered indications clarified. Title changed. New references added. Effective 6/1/2017.
26. [Hematopoietic Cell Transplantation for Non-Hodgkin Lymphomas \(143\)](#)
 - BCBSA National medical policy review. "Stem" removed from title and policy. HSCT changed to HCT in Policy statements otherwise unchanged. 11/1/2017
 27. [Hematopoietic Cell Transplantation for Solid Tumors of Childhood \(208\)](#)
 - BCBSA National policy review. "Metastatic retinoblastoma" added to first medically necessary statement. In first investigational statement, "retinoblastoma" changed to "retinoblastoma without metastases." Title changed. Effective 10/1/2017.
 28. [Laboratory and Genetic Testing for Use of 5-Fluorouracil in Patients with Cancer \(318\)](#)
 - BCBSA National medical policy review. Policy clarified. Mutations" changed to "variants" in second policy statement. 5/1/2017
 29. [Magnetic Resonance Imaging \(MRI\) Bone Marrow Supply \(798\)](#)
 - Prior authorization information for Medicare HMO Blue and Medicare PPO Blue removed. 1/1/2018
 30. [Moderate Penetrance Variants Associated With Breast Cancer In Individuals with High Risk Breast Cancer Risk \(722\)](#)
 31. BCBSA National medical policy review. New medically necessary and investigational indications described. Title changed. New references added. Clarified coding information. Effective 5/1/2017.
 32. [Molecular Analysis for Targeted Therapy of Non-Small-Cell Lung Cancer \(563\)](#)
 - BCBSA National medical policy review. Added testing for T790M mutation in patients who have progressed on or after EGFR-TKI therapy to medically necessary statement. Effective 3/1/2017.
 33. [Molecular Testing for the Mangement of Pancreatic Cysts or Barrett Esophagus \(566\)](#)
 - BCBSA National medical policy review. The policy title was changed. Policy statements unchanged. 9/2017
 34. [Multimarker Serum Testing Related to Ovarian Cancer \(249\)](#)
 - BCBSA National medical policy review. Title changed. Clarified coding information. New references added. 2/1/2017
 35. [Oncologic Applications of PET Scanning \(229\)](#)
 - Prior authorization information for Medicare HMO Blue and Medicare PPO Blue removed. 1/1/2018 National Coverage Determination (NCD) for FDG PET for Infection and Inflammation (220.6.16) added for Medicare Advantage members. 8/1/2017 National Coverage Determination (NCD) for Positron Emission Tomography (FDG) for Oncologic Conditions (220.6.17) added for Medicare Advantage members. 8/1/2017 National Coverage Determination (NCD) for Positron Emission Tomography (NaF18) to Identify Bone Metastasis of Cancer (220.6.19) added for Medicare Advantage members. 8/1/2017 Prior Authorization Information clarified. 5/1/2017
 36. [Oncologic Applications of Photodynamic Therapy, Including Barrett's Esophagus \(454\)](#)
 - BCBSA National medical policy review. New medically necessary indications described. Clarified coding information. Effective 1/1/2018.
 37. [Proteomic Testing for Targeted Therapy in Non-Small Cell Lung Cancer \(709\)](#)
 - BCBSA National medical policy review. In the Background, in the discussion of osimertinib, NSCLC variant T890M changed to T790M. 8/1/2017.
 - BCBSA National medical policy review. Background section clarified programmed death ligand 1 inhibitors are not only used for cancers expressing PD-L1. 5/1/2017
 38. [Radioactive Seed Localization of Nonpalpable Breast Lesions \(469\)](#)
 - BCBSA National medical policy review. Policy statement changed to medically necessary with information on least costly alternative moved to Policy Guidelines. Effective 2/1/2017.
 39. [Radiofrequency Ablation of Primary or Metastatic Liver Tumors \(286\)](#)
 - BCBSA National medical policy review. Policy statements reformatted and edited for clarity and specificity, including the distinction between operable and non-operable tumors and the Milan criteria. The intent of the statements is unchanged. A statement has been added that RFA for operable HCC is considered investigational. Clarified coding information. 1/2018.
 40. [Radioimmunotherapy in the Treatment of Non-Hodgkin Lymphoma \(146\)](#)
 - BCBSA National medical policy review. Multiple formatting changes and section summaries were added. 9/1/2017
 41. [Scintimammography/Breast-Specific Gamma Imaging/Molecular Breast Imaging \(494\)](#)
 - BCBSA National medical policy review New medically necessary indications described. Clarified coding information. Effective 2/1/2017.
 42. [Stereotactic Radiosurgery; Stereotactic Body Radiation Therapy \(SBRT\) \(277\)](#)
 - BCBSA National medical policy review. Medically necessary criteria clarified. 12/1/2017

43. [Tumor-Treatment Fields Therapy for Glioblastoma \(514\)](#)
 - BCBSA National medical policy review. Policy statements rewritten for clarity but tumor treating fields remains investigational for all indications. 9/1/2017.
44. [Use of Common Genetic Variants \(single Nucleotide Variants\) to Predict Risk of Nonfamilial Breast Cancer \(252\)](#)
 - BCBSA National medical policy review. Policy clarified, polymorphisms changed to “variants.” OncoVue removed from the policy; it is no longer commercially available. 12/1/2017

45.

12:00 - 2:00 PM Hematology and Oncology Medical Policies with no Coverage Updates

46. [Analysis of Human DNA in Stool Samples as a Technique for Colorectal Cancer Screening \(557\)](#)
47. [Autologous Hematopoietic Stem Cell Transplantation for Malignant Astrocytomas and Gliomas \(159\)](#)
48. [BCR-ABL1 Testing in Chronic Myelogenous Leukemia and Acute Lymphoblastic Leukemia \(612\)](#)
49. [Bioimpedance Devices for Detection of Lymphedema \(261\)](#)
50. [Brachytherapy for Clinically Localized Prostate Cancer Using Permanently Implanted Seeds \(175\)](#)
51. [BRAF Gene Mutation Testing To Select Melanoma Patients for BRAF Inhibitor Targeted Therapy \(398\)](#)
52. [Breast Duct Endoscopy \(493\)](#)
53. [Charged-Particle \(Proton or Helium Ion\) Radiation Therapy \(437\)](#)
54. [Cryosurgical Ablation of Primary or Metastatic Liver Tumors \(633\)](#)
55. [Cytoreduction and Hyperthermic Intraperitoneal Chemotherapy for the Treatment of Pseudomyxoma Peritonei and Peritoneal Carcinomatosis of Gastrointestinal Origin and Peritoneal Mesothelioma \(048\)](#)
56. [Detection of Circulating Tumor Cells in the Management of Patients with Cancer \(265\)](#)
57. [Endobronchial Ultrasound for Diagnosing and Staging of Lung Cancer \(715\)](#)
58. [Expanded Molecular Panel Testing of Cancers to Identify Targeted Therapies \(790\)](#)
59. [Genetic Testing for Alpha Thalassemia \(520\)](#)
60. [Genetic Testing for Fanconi Anemia \(714\)](#)
61. [Cellular Immunotherapy for Prostate Cancer \(268\)](#)
62. [Computer-Aided Evaluation of Malignancy with Magnetic Resonance Imaging of the Breast \(578\)](#)
63. [Cryosurgical Ablation of Miscellaneous Solid Tumors Other Than Liver, Prostate or Dermatologic Tumors \(260\)](#)
64. [Cryoablation of the Prostate \(149\)](#)
65. [Electronic Brachytherapy for Nonmelanoma Skin Cancer \(739\)](#)
66. [Endobronchial Brachytherapy \(091\)](#)
67. [Epithelial Cell Cytology in Breast Cancer Risk Assessment and High-Risk Patient Management - Ductal Lavage and Suction Collection Systems\(492\)](#)
68. [Extracorporeal Photopheresis \(248\)](#)
69. [Genetic Cancer Susceptibility Panels Using Next Generation Sequencing \(574\)](#)
70. [Genetic Testing for Germline Mutations of the RET Proto-Oncogene in Medullary Carcinoma of the Thyroid \(564\)](#)
71. [Genetic Testing for Hereditary Breast and/or Ovarian Cancer Syndrome \(BRCA1/BRCA2\) \(245\)](#)
72. [Genetic Testing for Hereditary Hemochromatosis \(908\)](#)
73. [Handheld Radiofrequency Spectroscopy for Intraoperative Assessment of Surgical Margins during Breast-Conserving Surgery \(546\)](#)
74. [Hematopoietic Cell Transplantation for Chronic Lymphocytic Leukemia and Small Lymphocytic Lymphoma \(074\)](#)
75. [Hematopoietic Cell Transplantation for Miscellaneous Solid Tumors in Adults \(191\)](#)
76. [Hematopoietic Cell Transplantation for Primary Amyloidosis or Waldenstrom Macroglobulinemia \(181\)](#)
77. [Hematopoietic Stem Cell Transplantation for Acute Lymphoblastic Leukemia \(076\)](#)
78. [Hematopoietic Stem Cell Transplantation for Acute Myeloid Leukemia \(150\)](#)
79. [Hematopoietic Stem Cell Transplantation for Plasma Cell Dyscrasias, Including Multiple Myeloma and POEMS Syndrome \(075\)](#)
80. [Hematopoietic Stem-Cell Transplantation for Waldenstrom Macroglobulinemia \(322\)](#)
81. [High-Dose Rate Temporary Prostate Brachytherapy \(353\)](#)
82. [Home Prothrombin Time Monitoring for Anticoagulation \(429\)](#)
83. [Immunochemical Fecal Occult Blood Testing \(135\)](#)
84. [In Vitro Chemoresistance and Chemosensitivity Assays \(253\)](#)
85. [In Vivo Analysis of Colorectal Polyps \(521\)](#)
86. [Insulin Potentiation Therapy \(532\)](#)
87. [Intracavitary Balloon Catheter Brain Brachytherapy for Malignant Gliomas or Metastasis to the Brain \(602\)](#)

5

88. [Intensity- Modulated Radiation Therapy \(IMRT\) of the Breast and Lung \(163\)](#)
89. [Intensity -Modulated Radiation Therapy \(IMRT\): Abdomen and Pelvis \(165\)](#)
90. [Intensity- Modulated Radiation Therapy \(IMRT\): Head and Neck Cancers \(164\)](#)
91. [Intensity Modulated Radiation Therapy IMRT Central Nervous System Tumors 910](#)
92. [Intensity Modulated Radiation Therapy of the Prostate \(090\)](#)
93. [Intraoperative Radiation Therapy \(278\)](#)
94. [Isolated Limb Perfusion/Infusion for Malignant Melanoma \(124\)](#)
95. [KRAS and BRAF Mutation Analysis in Metastatic Colorectal Cancer \(104\)](#)
96. [Laboratory Testing for HIV Tropism \(008\)](#)
97. [Melanoma Vaccines \(453\)](#)
98. [Microarray-Based Gene Expression Profile Testing for Multiple Myeloma Risk Stratification \(477\)](#)
99. [Microwave Tumor Ablation \(912\)](#)
100. [Multigene Expression Assay for Predicting Recurrence in Colon Cancer \(239\)](#)
101. [Non-BRCA Breast Cancer Risk Assessment – e.g., OncoVue \(188\)](#)
102. [Placental/Umbilical Cord Blood as a Source of Stem Cells \(285\)](#)
103. [Photodynamic Therapy for Dermatologic Applications \(463\)](#)
104. [Plasma Exchange \(466\)](#)
105. [Pneumatic Compression Pumps for Treatment of Lymphedema \(354\)](#)
106. [Radioembolization for Primary and Metastatic Tumors of the Liver \(292\)](#)
107. [Radiofrequency Ablation of Miscellaneous Solid Tumors Excluding Liver Tumors \(259\)](#)
108. [Radioimmunoscinigraphy Imaging \(Monoclonal Antibody Imaging\) Using In-111 Satumomab Pendetide \(OncoScint\) or Tc-99m Arcitumomab \(IMMU-4, CEA-Scan\) \(638\)](#)
109. [Radioimmunoscinigraphy Imaging \(Monoclonal Antibody Imaging\) Using Technetium-99m Nofetumomab Merpentan \(Verluma\) \(640\)](#)
110. [Saturation Biopsy for Diagnosis and Staging of Prostate Cancer \(307\)](#)
111. [Serum Biomarker Human Epididymis Protein 4 \(HE4\) \(290\)](#)
112. [Systems Pathology in Prostate Cancer \(250\)](#)
113. [Thermography \(342\)](#)
114. [Transcatheter Arterial Chemoembolization - TACE - to Treat Primary or Metastatic Liver Malignancies \(634\)](#)
115. [Transrectal Ultrasound of the Prostate \(680\)](#)
116. [Transrectal Ultrasound for Staging Rectal Cancer \(679\)](#)
117. [Tyrosine Kinase Mutations in Myeloproliferative Neoplasms \(079\)](#)
118. [Tumor Markers for Diagnosis and Management of Cancer \(167\)](#)
119. [Whole Body Computed Tomography Scan as a Screening Test \(447\)](#)
120. [Medical Technology Assessment Investigational \(Non-Covered\) Services List \(400\)](#)

12:00 - 2:00 PM Hematology and Oncology Pharmacy Policies with Coverage Updates

121. [BRAF Kinase and MEK inhibitors for Unresectable or Metastatic Melanoma \(409\)](#)
 - Updated to clarify Venclexta™ criteria and include Idhifa® plus change Walgreen's Specialty name. 11/2017
 - Updated for new indications, added Rydapt®, to remove Step requirement for Xtandi®, 10/2017
 - Moved Erbitux & Vectibix to Medical policy 033. 9/2017
 - Updated address for Pharmacy Operations and added Kisqali® & Kisqali® Femara. 7/2017
 - Updated to add new Opdivo indication (mUC). 5/2017
122. [Human Anti-hemophilic Factor, Factor VIII for Hemophilia \(360\)](#)
123. [Interferons Alpha and Gamma \(052\)](#)

12:00 - 2:00 PM Hematology and Oncology Pharmacy Policies with no Coverage Updates

124. [Erythropoietin, Recombinant Human \(262\)](#)

Topics for discussion

E-Blue Review (EBR) Comments
Emerging Medical Technologies

6

Specialty	Date	Time	Room
Neurology and Neurosurgery	January 30, 2018	Time	Room
Hematology and Oncology	February 27, 2018	12 -2 PM	12-I
Allergy and ENT/Otolaryngology	March 27, 2018	12 -2 PM	12-I
Cardiology and Pulmonology	April 24, 2018	12 -2 PM	12-I
Pediatrics and Endocrinology	May 29, 2018	12 -2 PM	12-I
Orthopedics, Rehabilitation Medicine and Rheumatology	June 26, 2018	12 -2 PM	12-I
Psychiatry and Ophthalmology	July 31, 2018	12 -2 PM	12-I
Urology and Obstetrics/Gynecology	September 25, 2018	12 -2 PM	12-I
Gastroenterology, Nutrition and Organ Transplantation	October 30, 2018	12 -2 PM	12-I
Plastic Surgery and Dermatology	November 27, 2018	12 -2 PM	12-I
Neurology and Neurosurgery	January 30, 2018	12 -2 PM	12-I

For questions: EBR@bcbsma.com