Cancer Drugs

Covered Uses:

Generally, HealthPartners oncology medication coverage will be based on the FDA-labeling for the product. The FDA labeling describes both the indication and the associated dosing regimen. Requests must meet these and all other components of the product labeling pertinent to the requested reason for use.

Requests must also meet all other utilization management criteria such as quantity limits or requirements for split fills.

When a requested indication is not included in the FDA-labeling information (off-label), HealthPartners will use the National Comprehensive Cancer Network (NCCN) Drugs & Biologics Compendium (NCCN Compendium®) to determine coverage. The NCCN Compendium® lists the appropriate drugs and biologics for specific cancers using US Food and Drug Administration (FDA)-approved disease indications and specific NCCN panel recommendations. Each recommendation is supported by a level of evidence category.

Coverage will be provided for Commercial and Minnesota Health Care Plan members when NCCN lists the indication with a level of evidence of Category 1 or 2A.

The NCCN Drugs & Biologics Compendium® Levels of Evidence:
Category 1: Based on high-level evidence, there is uniform NCCN consensus that the intervention is appropriate.
Category 2A: Based on lower-level evidence, there is uniform NCCN consensus that the intervention is appropriate.
Category 2B: Based on lower-level evidence, there is NCCN consensus that the intervention is appropriate.
Category 3: Based any level of evidence, there is major NCCN disagreement that the intervention is appropriate.

For oncology medications where a generic product is available, HealthPartners requires use of the generic product. Brand name requests require documentation of an allergic reaction to the generic product prior to approval of the brand name drug. Generic products are required for all Brand name indications, including those not listed in the generic FDA label.

For Imbruvica requests: Use of the preferred formulations and strengths are required: 140mg capsule or 420mg tablet. All other strengths and formulations are non-preferred. Imbruvica suspension is reserved for patients with medical inability to swallow pills.

For abiraterone requests: The 250mg tablet is preferred over other formulations and strengths

In certain circumstances, HealthPartners reserves the right to develop criteria more restrictive than FDA-labeling or NCCN Compendium® guidance. In such circumstances, HealthPartners will publish criteria specific to the drug. Step therapy may be required for specific medications where NCCN has not

designated a product as preferred within a class of medications. The following medications are reserved for patients meeting the following criteria:

Required Medical Information:

Providers may request approval for additional off-label indications by submitting the request in writing with supporting medical documentation and clinical literature.

Other Criteria:

Oncology medications listed in this policy require review for prior authorization and will be reviewed according to the coverage statement in this policy.

Unless stated or HealthPartners genetic test coverage requires, the FDA approved companion diagnostic test is not required. Any commercially available test covered by HealthPartners, may be used.

Renewal Criteria:

Reauthorizations will be approved while there is no progression of disease. Any maximum duration of use or number of treatments found in the FDA-labeling will be applied.