



UM-CDG-082 Chemotherapy Drugs and their Adjuncts

Approved By:
Director, Health Services

Effective Date:
10/20/2025

This Policy applies to all SECUR affiliates, associates, and subsidiaries.

Approved by Courtney Gonzales, Director of Health Services on behalf of the Utilization Management Committee.

PURPOSE

This coverage determination guideline serves to address the coverage for chemotherapy agents based on the member's condition, the appropriateness of the dose and route of administration, based on the clinical condition, medical necessity and the standard of medical practice regarding the effectiveness of the drug for the diagnosis and condition.

For SECUR Health Plan members, National Coverage Determinations (NCD) and Local Coverage Determinations (LCD) will be applied to requests when applicable. SECUR Health Plan Coverage Determination Guidelines (CDG) will be utilized in the absence of an appropriate NCD and/or LCD.

DEFINITIONS

None

POLICY

SECUR Health Plan may cover chemotherapy agents if medical necessity and reasonableness is met and the drug is approved by the U.S. Food and Drug Administration (FDA). Additionally the drug must be listed in the NCCN Clinical Practice Guidelines in Oncology (NCCN) with the specific ICD-10 diagnosis that is being treated for the drug agent. The drug must be listed in Category 1 or 2A in NCCN and must be utilized per the NCCN recommended use (order or combination).

If the medically accepted indications are listed in one of the other Medicare approved compendia (Micromedex DrugDex as Class I, Class IIa, or Class IIb; American Hospital Formulary Service -Drug Information (AHFS) narrative text is "supportive"; Clinical Pharmacology narrative text is "supportive"; or Lexi-Drugs is listed as "Use Off-Label" and rated as "evidence level A"). A use is not medically accepted if the indication appears in the Medicare approved compendia as: NCCN as Category 3; Micromedex DrugDex as Class III; AHFS narrative text is "not supportive"; Clinical Pharmacology narrative text "not supportive"; or Lexi-Drugs is listed as "use: Unsupported."

A compendium is a listing of U.S. Food and Drug Administration (FDA) approved drugs and biologics. In some cases, compendia specialize in a particular subset of drugs, such as those used for anti-cancer treatment. Compendia include a summary of how each drug works in the body, as well as information for health care practitioners about proper dosing and whether the drug is recommended or endorsed for use in treating a specific

disease. The compendia employ various rating and recommendation systems that may not be readily cross-walked from compendium to compendium.

The NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) is a fundamental activity of the National Comprehensive Cancer Network. The NCCN Guidelines are updated in an evidence-based process integrated with the expert judgment of multidisciplinary panels of expert physicians from NCCN Member Institutions.

Rationale for Determination

- Level of evidence
- Quality strong
- Strength strong
- Weight strong

Chemotherapy is an ever-expanding area. New agents are frequently receiving FDA approval for cancer treatment, and the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) is a guiding source for appropriate off-label uses of these chemotherapy agents.

The request's supporting documentation should include the disease being treated with the name and dosage of the drug being administered. The supporting documentation must contain documentation that fully supports the medical necessity for services included within this Coverage Determination Guideline. This documentation includes, but is not limited to, relevant medical history, physical examination, and results of pertinent diagnostic tests or procedures.

Coverage for medication is based on the member's condition, the appropriateness of the dose and route of administration, based on the clinical condition and the standard of medical practice regarding the effectiveness of the drug for the diagnosis and condition. The drug must be used according to the indication and protocol listed in the accepted compendia ratings listed in this Coverage Determination Guideline.

References:

1. American Hospital Formulary Service Drug Information.
2. Compendia for Coverage of Off-Label Uses of Drugs and Biologics in an Anticancer Chemotherapeutic Regimen: Final Report. US Department of Health & Human Services - Centers for Medicare and Medicaid Services. 2007. Available at <https://www.cms.gov/Medicare/Coverage/DeterminationProcess/downloads/id46TA.pdf>
3. National Comprehensive Cancer Network (NCCN). <https://www.nccn.org/>
4. United States Pharmacopeia Drug Information (USP-DI).
5. United States Pharmacopeia Drug Information: Drug Information for the Health Care Professional. Vol 1.27th ed. Greenwood Village, CO: Thomson Micromedex 2007:1733-1739.
6. United States Pharmacopeia National Formulary (USP-NF).
7. Local Coverage Determination (LCD) L37205, Chemotherapy Drugs and their Adjuncts, <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdId=37205&ver=15>