

EFFECTIVE DATE: 08 | 17 | 2010

POLICY LAST UPDATED: 06 | 21 | 2016

OVERVIEW

This policy for Cellular Immunotherapy for Prostate Cancer includes coverage guidelines for BlueCHiP for Medicare and Commercial products. Sipuleucel-T (Provenge®; Dendreon Corp.) is a new class of therapeutic agent used in the treatment of asymptomatic or minimally symptomatic, androgen-independent (castration-resistant), metastatic prostate cancer.

MEDICAL CRITERIA

BlueCHiP for Medicare and Commercial Products

Sipuleucel-T therapy (Provenge) is considered **medically necessary** in the treatment of asymptomatic or minimally symptomatic, metastatic, androgen-independent (castration-resistant) prostate cancer when the patient meets all of the following:

- A failed hormone manipulation; and
- A limited metastatic disease with low volume cancer load (i.e., no visceral organ involvement); and
- A stable pain management without the escalating use of narcotics; and
- A multidisciplinary evaluation has been performed by a multidisciplinary team with expertise in urologic malignancies and the use of Provenge.

PRIOR AUTHORIZATION

Prior authorization is required for BlueCHiP for Medicare members and recommended for Commercial products.

POLICY STATEMENT

BlueCHiP for Medicare and Commercial Products

Sipuleucel-T therapy (Provenge) is considered **medically necessary** in the treatment of asymptomatic or minimally symptomatic, androgen-independent (castration-resistant), metastatic prostate cancer when the conditions above are met.

Sipuleucel-T therapy (Provenge) is considered **not medically necessary** in all other situations, including but not limited to hormone-responsive prostate cancer, treatment of moderate to severe symptomatic metastatic prostate cancer, and treatment of visceral (liver, lung or brain) metastases.

COVERAGE

Benefits may vary between groups and contracts. Please refer to the appropriate Benefit Booklet, Evidence of Coverage, or Subscriber Agreement for the applicable infusion therapy coverage.

BACKGROUND

Cancer immunotherapy has been investigated as a treatment that might be instituted at the point of detection of androgen-independent metastatic disease before significant symptomatic manifestations have occurred. The quantity of cancer cells in the patient during this time interval is thought to be relatively low, and it is thought that an effective immune response against the cancer during this time period could effectively delay or prevent progression. Such a delay could allow effective chemotherapy such as docetaxel to be deferred or delayed until necessary, thus providing an overall survival benefit.

Sipuleucel-T (Provenge, Dendreon Corp.) is a class of therapeutic agent used in the treatment of asymptomatic or minimally symptomatic, androgen-independent (castration-resistant), metastatic prostate cancer. It consists of specially treated dendritic cells obtained from the patient with leukapheresis. The cells are then exposed in vitro to proteins that contain prostate antigens and immunologic stimulating factors, and then reinfused back into the patient. At reinfusion, the cells are administered as 3 intravenous (IV) infusions, each infusion given approximately 2 weeks apart. The proposed mechanism of action is that the treatment stimulates the patient's own immune system to resist spread of the cancer.

CODING

BlueCHiP for Medicare and Commercial Products

The following code is medically necessary with preauthorization when the criteria have been met:

Q2043

RELATED POLICIES

None

PUBLISHED

Provider Update, September 2016
Provider Update, November 2015
Provider Update, November 2013
Provider Update, June 2012
Provider Update, August 2011
Provider Update, October 2010

REFERENCES

1. Centers for Medicare and Medicaid Services National Coverage Determination (NCD) for Autologous CELLULAR IMMUNOTHERAPY Treatment (110.22). Available at <https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=344&ncdver=1&DocID=110.22&kq=true&bc=gAAAAAgAAAA&>
2. National Cancer Institute (NCI). Surveillance, Epidemiology, and End Results Program (SEER). SEER Stat Fact Sheets: Prostate Cancer. <http://seer.cancer.gov/statfacts/html/prost.html>.
3. Berry DL, Moynour CM, Jiang CS, et al. Quality of life and pain in advanced stage prostate cancer: results of a Southwest Oncology Group randomized trial comparing docetaxel and estramustine to mitoxantrone and prednisone. *J Clin Oncol*. 2006; 24(18):2828-2835.
4. Tannock IF, de Wit R, Berry WR, et al. Docetaxel plus prednisone or mitoxantrone plus prednisone for advanced prostate cancer. *N Engl J Med*. 2004;351(15):1502-1512.
5. Dendreon Corporation. Provenge® (sipuleucel-T) suspension for intravenous infusion prescribing information, October 2014. <http://www.provenge.com/>. Accessed April 30, 2015.
6. Small EJ, Schellhammer PF, Higano CS, et al. Placebo-controlled phase III trial of immunologic therapy with sipuleucel-T (APC8015) in patients with metastatic, asymptomatic hormone refractory prostate cancer. *J Clin Oncol*. 2006; 24(19):3089-3094.
7. Higano CS, Schellhammer PF, Small EJ, et al. Integrated data from 2 randomized, double-blind, placebocontrolled, phase 3 trials of active cellular immunotherapy with sipuleucel-T in advanced prostate cancer. *Cancer*. 2009;115(16):3670-3679.

8. Kantoff PW, Higano CS, Shore ND, et al. Sipuleucel-T immunotherapy for castration-resistant prostate cancer. *N Engl J Med*. Jul 29 2010; 363(5):411-422. PMID 20818862
9. U.S. Food and Drug Administration. Cellular, Tissue and Gene Therapies Advisory Committee Meeting, Clinical Briefing Document: Provenge® (sipuleucel T), 03/29/2007. http://www.fda.gov/ohrms/dockets/ac/07/briefing/2007-4291B1_2a.pdf.
10. Schellhammer PF, Chodak G, Whitmore JB, et al. Lower Baseline Prostate-specific Antigen Is Associated With a Greater Overall Survival Benefit From Sipuleucel-T in the Immunotherapy for Prostate Adenocarcinoma Treatment (IMPACT) Trial. *Urology*. 2013; 81(6):1297-1302.
11. Small EJ, Higano CS, Kantoff PW, et al. Time to disease-related pain and first opioid use in patients with metastatic castration-resistant prostate cancer treated with sipuleucel-T. *Prostate Cancer Prostatic Dis*. Sep 2014; 17(3):259-264. PMID 24957547

[CLICK THE ENVELOPE ICON BELOW TO SUBMIT COMMENTS](#)

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice. Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.

