Corporate Medical Policy

Cellular Immunotherapy for Prostate Cancer

File Name: cellular_immunotherapy_for_prostate_cancers
Origination: 6/2010
Last CAP Review: 8/2016
Next CAP Review: 8/2017
Last Review: 11/2016

Description of Procedure or Service

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. The agent 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 are then reinfused back into the patient. The proposed mechanism of action is that the treatment stimulates the patient’s own immune system to resist spread of the cancer.

Background
Prostate cancer is the second leading cause of cancer-related deaths among American men with an estimated incidence of 220,800 cases and an estimated number of 27,540 deaths in 2015. In most cases, prostate cancer is diagnosed at a localized stage and is treated with prostatectomy or radiation therapy. However, some patients are diagnosed with metastatic disease or recurrent disease after treatment of localized disease. Androgen ablation is the standard treatment for metastatic or recurrent disease. However, most patients who survive long enough eventually develop androgen-independent prostate cancer. At this stage of metastatic disease docetaxel, a chemotherapeutic agent, has been demonstrated to confer a survival benefit of 1.9 to 2.4 months in randomized clinical trials (RCTs). Chemotherapy with docetaxel causes adverse effects in large proportions of patients, including alopecia, fatigue, neutropenia, neuropathy, and other symptoms. The trials evaluating docetaxel included both asymptomatic and symptomatic patients, and results suggested a survival benefit for both groups. Because of the burden of treatment and its side effects, most patients therefore defer docetaxel treatment until the cancer recurrence is symptomatic.

Cancer immunotherapy has been investigated as a treatment which 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 new class of therapeutic agent used in the treatment of asymptomatic or minimally symptomatic, androgen-independent (castration-resistant), metastatic prostate cancer. The agent 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 are then reinfused back into the patient. At reinfusion, the cells are administered as 3 intravenous (IV) infusions, each
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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.

Regulatory Status
On April 29, 2010, the U.S. Food and Drug Administration (FDA) approved Provenge®
(sipuleucel-T, Dendreon Corp.) via a Biologics Licensing Application (BLA) for "the treatment
of asymptomatic or minimally symptomatic metastatic castrate resistant (hormone refractory)
prostate cancer (for autologous use only)." Approval was contingent on agreement of the
manufacturer to conduct a postmarketing study, based on a registry design, to assess the risk of
cerebrovascular events in 1,500 patients with prostate cancer who receive sipuleucel-T.

Related Policies
Gene-Based Tests for Screening, Detection, and/or Management of Prostate Cancer

***Note: This Medical Policy is complex and technical. For questions concerning the technical
language and/or specific clinical indications for its use, please consult your physician.

Policy
BCBSNC will cover cellular immunotherapy for prostate cancer when determined to be
medically necessary because the medical criteria and guidelines shown below are met.

Benefits Application
This medical policy relates only to the services or supplies described herein. Please refer to the
Member's Benefit Booklet for availability of benefits. Member's benefits may vary according to benefit
design; therefore member benefit language should be reviewed before applying the terms of this
medical policy.

When Cellular Immunotherapy for Prostate Cancer is covered
Sipuleucel-T therapy may be considered medically necessary in the treatment of asymptomatic or
minimally symptomatic, androgen-independent (castration-resistant) metastatic prostate cancer.

When Cellular Immunotherapy for Prostate Cancer is not covered
Sipuleucel-T therapy is considered investigational in all other situations, including but not
limited to treatment of hormone-responsive prostate cancer, treatment of moderate to severe
symptomatic metastatic prostate cancer, and treatment of visceral (liver, lung or brain)
metastases.

Policy Guidelines
For patients with metastatic, androgen-independent prostate cancer, 3 randomized, controlled
trials of sipuleucel-T report an improvement in median survival of approximately 4 months. The
2 early studies of sipuleucel-T were not specifically designed to demonstrate a difference in
overall mortality but did show a survival difference. The third study, which was designed to
demonstrate a mortality difference, showed a similar improvement in overall survival. All 3
studies are also consistent in demonstrating that sipuleucel-T treatment does not delay time to
measureable progression of disease. In all studies, many patients had further chemotherapy
treatment at the discretion of their physician; thus, the survival benefit accrues in the context of
additional treatment as needed for symptomatic recurrence. This evidence is sufficient to
conclude that sipuleucel-T improves net health outcome for patients with androgen-independent,
asymptomatic or minimally symptomatic, metastatic prostate cancer.
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For patients who do not meet the above criteria, evidence does not demonstrate an improvement in net health outcome. Once RCT of patients with androgen-dependent, nonmetastatic prostate cancer showed no statistical difference between sipuleucel-T and control in time to biochemical failure or prostate-specific antigen (PSA) doubling time. This evidence does not support the use of sipuleucel-T for patients with hormone-responsive prostate cancer, moderate to severe symptomatic metastatic prostate cancer, visceral (liver, lung, or brain) metastases.

Billing/Coding/Physician Documentation Information

This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross Blue Shield of North Carolina web site at www.bcbsnc.com. They are listed in the Category Search on the Medical Policy search page.

Applicable codes: Q2043, S0353, S0354

The following codes may be submitted for reimbursement of this service: C9399, J9999, J3590, J3490, 36511, 96413, 96415, and 96365.

BCBSNC may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful, but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.

Scientific Background and Reference Sources


Senior Medical Director – 5/2010


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Medical Director review 8/2016

Policy Implementation/Update Information

6/22/10 New policy. Reviewed by Senior Medical Director 5/26/10. “Sipuleucel-T therapy may be considered medically necessary in the treatment of asymptomatic or minimally symptomatic, metastatic, androgen-independent (hormone-refractory) prostate cancer.” “Sipuleucel-T therapy is considered investigational in all other situations, including but not limited to treatment of hormone-responsive prostate cancer, treatment of those with moderate to severe symptomatic metastatic prostate cancer, and those with visceral (liver, lung or brain) metastases.” (btw)

2/1/10 Added HCPCS code “C9273” to “Billing/Coding” section. (btw)

7/1/11 Added new HCPCS code, “Q2043” to Billing/Coding” section and removed deleted code “C9273”. (btw)

9/30/11 Specialty Matched Consultant Advisory Panel review August 31, 2011. No change to policy statement. References added. (btw)

9/4/12 Specialty Matched Consultant Advisory Panel review August 15, 2012. Description section revised. Slight wording changes to the When and When Not Covered sections, no change to policy intent. Reference added. (btw)

10/30/12 Reference added. (btw)


9/9/14 Specialty Matched consultant advisory panel review 8/26/2014. No change to policy intent. Reference added. (lpr)

10/1/15 Description and Policy Guidelines sections updated. “Hormone-refractory” changed to clinically accepted term “castration-resistant” throughout the policy. No change to policy intent. Reference added. Specialty Matched Consultant Advisory Panel review 8/26/2015. (lpr)

12/30/16 Specialty Matched Consultant Advisory Panel review 8/31/2016. No change to policy statement. Medical Director review 8/2016. Added HCPCS codes S0353, S0354 to Billing/Coding section. Notification given 12/30/16 for effective date 4/1/17. (lpr)

Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and BCBSNC reserves the right to review and revise its medical policies periodically.