POLICY NUMBER UM_1218	SUBJECT Provenge™ (sipuleucel-T)		DEPT/PROGRAM Utilization Management	PAGE 1 OF 3
DATE REVIEWED 10/03/12, 10/31/13, 03/06/15, 07/25/16, 08/10/17, 09/04/18, 08/08/19	APPROVAL DATE August 14, 2019	EFFECTIVE DATE August 14, 2019	REVISION DATES (latest version listed last) 11/13/13, 03/06/15, 03/27/15, 09/21/18, 08/14/19	
PRIMARY BUSINESS OWNER: UM APPROVED BY: Dr. Andrew Hertler		COMMITTEE/BOARD APPROVAL Utilization Management Committee		
URAC STANDARDS		ADDITIONAL AREAS OF IMPACT		
CMS REQUIREMENTS	STATE/FEDERAL REQUIREMENTS		APPLICABLE LINES OF BUSINESS Oncology	

I. PURPOSE

To define and describe the accepted indications for Provenge (sipuleucel-T) usage in the treatment of cancer.

II. DEFINITIONS

Provenge (sipuleucel-T): Sipuleucel-T is autologous cellular immunotherapy that includes antigen presenting cells (APC) that have been activated by a recombinant human protein consisting of prostatic acid phosphatase (PAP; an antigen expressed in prostate cancer tissue) linked with granulocyte-macrophage colony-stimulating factor (PAP-GM-CSF). Peripheral blood mononuclear cells are obtained by leukapheresis then during ex vivo culture PAP-GM-CSF binds to the APCs and is processed into smaller protein fragments that are displayed on the surface of the APC. Although the exact mechanism of action of sipuleucel-T is unknown, the therapy is thought to induce an immune response against PAP.

Provenge (sipuleucel-T) is FDA approved for the treatment of asymptomatic or minimally symptomatic males with HRPC.

Provenge (sipuleucel-T) is available as Sipuleucel-T Suspension for injection.

III. POLICY

New Century is responsible for processing all medication requests from network ordering providers. Medications not authorized by New Century may be deemed as not approvable and therefore not reimbursable. Treatment request outside the approved FDA manufacturer labeling or CMS approved compendia must follow CMS Medicare Benefit Policy Manual Chapter 15. If references are not produced, delays may occur to the processing of such request.

Inclusion Criteria: Provenge (sipuleucel-T) may be considered medically necessary when any of the following selection criteria is met:

1. **Prostate Cancer**
   a. The member has castration-resistant distant metastatic (M1) disease **AND**
   b. The member has a life expectancy of > 6 months **AND**
   c. The member's ECOG performance status is 0-1 **AND**
   d. The member does not have visceral disease (lung, liver, or brain metastases) **AND**

e. For asymptomatic or minimally symptomatic disease (if not previously received).

Exclusion Criteria: Provenge (sipuleucel-T) is not considered medically necessary when any of the following selection criteria is met:

1. **The member has stage 1-3 prostate cancer.**
2. **The member has cancer related bone pain requiring systemic corticosteroid, opiod analgesics, or bone modifying agents (i.e. bisphosphonates) within previous 28 days.**
3. **The member received chemotherapy within the previous 3 months.**
4. **Provenge (sipuleucel-T) is being used concurrently with immunosuppressive agents, chemotherapy, or Zytiga (abiraterone).**
5. **Treatment with Provenge (sipuleucel-T) exceeds the recommended course of therapy of 3 complete doses given at approximately 2-week intervals.**
6. **Indications not supported by CMS recognized compendia or acceptable peer reviewed literature may be deemed as not approvable and therefore not reimbursable.**

IV. PROCEDURE

Requests for Provenge (sipuleucel-T) shall be reviewed for appropriateness per FDA approved product labeling, the National Comprehensive Cancer Network (NCCN) and American Society of Clinical Oncology (ASCO) clinical guidelines, or CMS approved compendia.

1. **Dosage and Administration**
    a. Premedication with acetaminophen and an antihistamine (e.g., diphenhydramine) 30 minutes prior to each sipuleucel-T dose to minimize the risk of acute infusion reactions.
    b. Dosing: one dose intravenously over 60 minutes given approximately every 2 weeks for 3 complete doses. Each dose contains a minimum of 50 million autologous CD54+ cells in 250 milliliters of lactated Ringer injection and is activated with prostatic acid phosphatase linked to granulocyte-macrophage stimulating factor. Peripheral blood mononuclear cells are obtained from each patient by leukapheresis approximately 3 days prior to sipuleucel-T infusion. If a scheduled sipuleucel-T dose is not received, the patient must undergo an additional leukapheresis procedure to continue treatment.
2. **Dosage Adjustments: dosage adjustments are not required for renal or hepatic impairment.**
3. **Monitoring**
    a. Closely monitor members with cardiac or pulmonary conditions for acute infusion reactions
    b. For acute infusion reaction: temporarily stop or slow the sipuleucel-T infusion if members develop an acute infusion reaction

V. APPROVAL AUTHORITY

1. Review – UM Department
2. Final Approval – UM Committee

VI. ATTACHMENTS

None

VII. REFERENCES

1. Provenge prescribing information. Dendreon Corporation, Seattle, WA 2018.
2. Clinical Pharmacology Elsevier Gold Standard. 2019.
3. Micromedex® Healthcare Series: Thomson Micromedex, Greenwood Village, Co. 2019.
4. National Comprehensive Cancer Network. Cancer Guidelines and Drugs and Biologics Compendium. 2019.
5. AHFS Drug Information. American Society of Health-Systems Pharmacist or Wolters Kluwer Lexi-Drugs. Bethesda, MD. 2019.