TITLE: ELECTRIC TUMOR TREATMENT FIELDS

EFFECTIVE DATE: January 21, 2019

This policy was developed with input from specialists in neurosurgery, oncology, and radiation oncology and endorsed by the Medical Policy Committee.

IMPORTANT INFORMATION – PLEASE READ BEFORE USING THIS POLICY

These services may or may not be covered by all Medica plans. Please refer to the member’s plan document for specific coverage information. If there is a difference between this general information and the member’s plan document, the member’s plan document will be used to determine coverage. With respect to Medicare and Minnesota Health Care Programs, this policy will apply unless these programs require different coverage. Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions about this Medica utilization management policy may call the Medica Provider Service Center toll-free at 1-800-458-5512.

Medica utilization management policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care and treatment.

PURPOSE

To promote consistency between reviewers in utilization management decision-making by providing the criteria that generally determines the medical necessity of electric tumor treatment fields (Optune System). The Benefit Considerations box below outlines the process for addressing the needs of individuals who do not meet these criteria.

BACKGROUND

I. Definitions

A. Electric Tumor Treatment Fields (ETTF or TTF) technology applies low-intensity alternating electric fields to the brain to disrupt the division of cancer cells. The Optune system (formerly known as NovoTTF-100A) consists of four sets of insulated electrodes and a generator. The array attaches to the patient’s shaved scalp and is connected to the generator by wires. The patient wears the device continuously (20-24 hours per day), for at least four weeks.

B. Glioblastoma also known as GBM, glioblastoma multiforme, and grade IV astrocytoma, is a fast-growing type of central nervous system tumor that forms from glial (supportive) tissue of the brain and spinal cord. Glioblastoma usually occurs in adults and affects the brain more often than the spinal cord. Symptoms depend on tumor location and may include language deficits, numbness, weakness, headaches, seizures, nausea and vomiting, or confusion. It is most common in older individuals, with a median survival rate of approximately 15 months; five-year survival rate is approximately 4%. The exact cause of glioblastoma is not known.

C. The NovoTAL simulation software may be used to determine the optimal location for placement of the transducer array, which is based on the patient’s MRI scan, head size, and tumor location.

D. The supratentorial region of the brain is located above the tentorium cerebelli (the arched fold of dura mater that covers the upper surface of the cerebellum and supports the occipital lobes of the cerebrum) and contains the cerebrum.

BENEFIT CONSIDERATIONS

1. Prior authorization is required for electric tumor treatment fields. Please see the prior authorization list for product specific prior authorization requirements.
2. Coverage may vary according to the terms of the member’s plan document.
3. Electric tumor treatment fields (Optune System) for all other indications, including the treatment of other malignant tumors is investigative and therefore, not covered.
4. If the Medical Necessity and Coverage Criteria are met, Medica will authorize benefits within the limits in the member’s plan document.
5. If it appears that the Medical Necessity and Coverage Criteria are not met, the individual’s case will be reviewed by the medical director or an external reviewer. Practitioners are reminded of the appeals process in their Medica Provider Administrative Manual.

MEDICAL NECESSITY CRITERIA
I. Indications for electric tumor treatment fields
   Documentation in the medical records indicates that all of the following criteria are met:
   A. The member is at least 22 years old
   B. There is histologically-confirmed glioblastoma multiforme (GBM)
   C. The treatment is being provided by a certified Novo-TTF 100A System prescriber
   D. One of the following are met:
      1. There is concurrent treatment of new disease with temozolomide (TMZ), unless TMZ has been ineffective, not tolerated, or is contraindicated
      2. There is recurrent disease and the treatment used as monotherapy after other options have been exhausted.

II. Contraindications
    None of the following are present:
    A. An active implantable medical device (e.g., deep brain stimulator, spinal cord stimulator, vagus nerve stimulator, pacemaker, defibrillator, programmable shunt)
    B. Skull defect
    C. Bullet fragment
    D. Known sensitivity to conductive hydrogels used with device transducer arrays
    E. Pregnancy.

CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)
- For Medicare members, refer to the following, as applicable at: http://www.cms.hhs.gov/mcd/search.asp

DOCUMENT HISTORY

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<tr>
<th>Original Effective Date</th>
<th>June 1, 2016</th>
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<tbody>
<tr>
<td>MPC Endorsement Date(s)</td>
<td>03/2016, 11/2016, 11/2017, 11/2018</td>
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<tr>
<td>Administrative Updates</td>
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References:

10/2015 MTAC:


03/2016 MPC:
No new references

10/2016 MTAC:


11/2016 MPC:
No new references

11/2017 MPC:

11/2018 MPC: