



Provenge® (sipuleucel-T) (Intravenous)

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Document Number: IC-0412

Last Review Date: 05/02/2022

Date of Origin: 01/07/2019

Dates Reviewed: 01/2019, 05/2019, 05/2020, 05/2021, 05/2022

I. Length of Authorization

Coverage will be provided for 3 doses only.

II. Dosing Limits

A. Quantity Limit (max daily dose) [NDC Unit]:

- Provenge suspension for injection: 1 pre-made bag every 14 days for 3 doses only

B. Max Units (per dose and over time) [HCPCS Unit]:

- 1 billable unit every 14 days x 3 doses only

III. Initial Approval Criteria

Coverage is provided in the following conditions:

Prostate Cancer † ‡ 1-5, 1e-8e

- Patient has castration-resistant metastatic disease; **AND**
- Patient has an ECOG Performance status of 0-1; **AND**
- Patient does not have hepatic metastases; **AND**
- Must not be used in combination with chemotherapy; **AND**
- Patient's life expectancy is estimated to be greater than 6 months; **AND**
- Patient is asymptomatic or minimally symptomatic; **AND**
- Patient has not previously received therapy with sipuleucel-T; **AND**

No prior docetaxel and no prior novel hormone therapy:

- Use of sipuleucel-T will be restricted to patients with a contraindication or intolerance to BOTH docetaxel and novel hormone therapy (e.g., abiraterone, enzalutamide)

Prior novel hormone therapy and no prior docetaxel:

- Use of sipuleucel-T will be restricted to patients with a contraindication or intolerance to docetaxel

Prior docetaxel and no prior novel hormone therapy:

- Use of sipuleucel-T will be restricted to patients with a contraindication or intolerance to BOTH cabazitaxel and novel hormone therapy (e.g., abiraterone, enzalutamide)

Preferred therapies and recommendations are determined by review of clinical evidence. NCCN category of recommendation is taken into account as a component of this review. Regimens deemed equally efficacious (i.e., those having the same NCCN categorization) are considered to be therapeutically equivalent.

† FDA Approved Indication(s); ‡ Compendia recommended indication(s); Ⓢ Orphan Drug

IV. Renewal Criteria ¹

Coverage cannot be renewed.

V. Dosage/Administration ¹

Indication	Dose
Prostate Cancer	Infuse the contents of 1 pre-made bag (containing at least 50 million autologous CD54+ cells activated with PAP-GM-CSF) over 60 minutes. Administer 3 doses over approximately 2-week intervals.

VI. Billing Code/Availability Information

HCPCS Code:

- Q2043 – Sipuleucel-T, minimum of 50 million autologous CD54+ cells activated with PAP-GM-CSF, including leukapheresis and all other preparatory procedures, per infusion
 - 1 billable unit = 1 dose (Code Price is per 250 mL)

NDC(s):

- Provenge suspension for injection: 30237-8900-xx

VII. References (STANDARD)

1. Provenge [package insert]. Seal Beach, CA; Dendreon Corporation; July 2017. Accessed April 2022.
2. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) for Sipuleucel-T. National Comprehensive Cancer Network, 2022. The NCCN Compendium® is a derivative work of the NCCN Guidelines®. NATIONAL

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3. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) for Prostate Cancer 3.2022. National Comprehensive Cancer Network, 2022. The NCCN Compendium® is a derivative work of the NCCN Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Compendium, go online to NCCN.org. Accessed April 2022.
4. Kantoff PW, Higano CS, Shore ND, et al; IMPACT Study Investigators. Sipuleucel-T immunotherapy for castration-resistant prostate cancer. *N Engl J Med*. 2010 Jul 29;363(5):411-22. doi: 10.1056/NEJMoa1001294.
5. 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 Jul 1;24(19):3089-94. doi: 10.1200/JCO.2005.04.5252.
6. Noridian Healthcare Solutions, LLC. Local Coverage Article: Sipuleucel-T (Provenge®) – Coverage Criteria for Prostate Cancer – Clarification (A52926; A55719). Centers for Medicare & Medicaid Services, Inc. Updated on 09/29/2020 with effective date 10/19/2018. Accessed April 2022.
7. National Coverage Determination (NCD) for Autologous Cellular Immunotherapy Treatment (110.22). Centers for Medicare & Medicaid Services, Inc. Updated 01/06/2012 with effective date 06/30/2011. Accessed April 2022.

VIII. References (ENHANCED)

- 1e. 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; 351:1502-1512.
- 2e. Berthold DR, Pond GR, Soban F, de Wit R, Eisenberger M, Tannock IF. Docetaxel plus prednisone or mitoxantrone plus prednisone for advanced prostate cancer: updated survival in the TAX 327 study. *J Clin Oncol*. 2008 Jan 10;26(2):242-5. doi: 10.1200/JCO.2007.12.4008.
- 3e. Ryan CJ, Smith MR, Fizazi K, et al. Abiraterone acetate plus prednisone versus placebo plus prednisone in chemotherapy-naïve men with metastatic castration-resistant prostate cancer (COU-AA-302): final overall survival analysis of a randomised, double-blind, placebo-controlled phase 3 study. *Lancet Oncol*. 2015 Feb;16(2):152-60. doi: 10.1016/S1470-2045(14)71205-7. Epub 2015 Jan 16.
- 4e. Beer TM, Armstrong AJ, Rathkopf DE, et al. Enzalutamide in Metastatic Prostate Cancer before Chemotherapy. *N Engl J Med*. 2014 Jul 31; 371(5): 424–433.

- 5e. Beer TM, Armstrong AJ, Rathkopf DE, et al. Enzalutamide in Men with Chemotherapy-naïve Metastatic Castration-resistant Prostate Cancer: Extended Analysis of the Phase 3 PREVAIL Study. *Eur Urol*. 2017 Feb; 71(2): 151–154.
- 6e. Fizazi K, Scher HI, Molina A, et al. Abiraterone acetate for treatment of metastatic castration-resistant prostate cancer: final overall survival analysis of the COU-AA-301 randomised, double-blind, placebo-controlled phase 3 study. *Lancet Oncol*. 2012 Oct;13(10):983-92. doi: 10.1016/S1470-2045(12)70379-0. Epub 2012 Sep 18.
- 7e. Scher H, Fizazi K, Saad F, et al. Increased Survival with Enzalutamide in Prostate Cancer after Chemotherapy. *N Engl J Med* 2012; 367:1187-1197.
- 8e. de Bono JS, Oudard S, Ozguroglu M, et al. Prednisone plus cabazitaxel or mitoxantrone for metastatic castration-resistant prostate cancer progressing after docetaxel treatment: a randomised open-label trial. *Lancet*. 2010 Oct 2;376(9747):1147-54. doi: 10.1016/S0140-6736(10)61389-X.
- 9e. Marabelle A, Le DT, Ascierto PA, et al. Efficacy of Pembrolizumab in Patients With Noncolorectal High Microsatellite Instability/Mismatch Repair-Deficient Cancer: Results From the Phase II KEYNOTE-158 Study. *J Clin Oncol*. 2020 Jan 1;38(1):1-10. doi: 10.1200/JCO.19.02105. Epub 2019 Nov 4.
- 10e. Magellan Rx Management. Provenge Clinical Literature Review Analysis. Last updated April 2022. Accessed April 2022.

Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
C61	Malignant neoplasm of prostate

Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD), Local Coverage Determinations (LCDs), and Local Coverage Articles (LCAs) may exist and compliance with these policies is required where applicable. They can be found at: <https://www.cms.gov/medicare-coverage-database/search.aspx>. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD/LCA):

Jurisdiction(s): E	NCD/LCD Document (s): A55719
https://www.cms.gov/medicare-coverage-database/new-search/search-results.aspx?keyword=a55719&areaId=all&docType=NCA%2CCAL%2CNCD%2CMEDCAC%2CTA%2CMD%2C6%2C3%2C5%2C1%2CF%2CP	

Jurisdiction(s): F	NCD/LCD Document (s): A52926
https://www.cms.gov/medicare-coverage-database/new-search/search-results.aspx?keyword=a52926&areaId=all&docType=NCA%2CCAL%2CNCD%2CMEDCAC%2CTA%2CMD%2C6%2C3%2C5%2C1%2CF%2CP	

Jurisdiction(s): ALL	NCD/LCD Document (s): NCD 110.22
https://www.cms.gov/medicare-coverage-database/new-search/search-results.aspx?keyword=110.22&areaId=all&docType=NCA%2CCAL%2CNCD%2CMEDCAC%2CTA%2CMD%2C6%2C3%2C5%2C1%2CF%2CP	

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	Applicable State/US Territory	Contractor
E (1)	CA, HI, NV, AS, GU, CNMI	Noridian Healthcare Solutions, LLC
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC
5	KS, NE, IA, MO	Wisconsin Physicians Service Insurance Corp (WPS)
6	MN, WI, IL	National Government Services, Inc. (NGS)
H (4 & 7)	LA, AR, MS, TX, OK, CO, NM	Novitas Solutions, Inc.
8	MI, IN	Wisconsin Physicians Service Insurance Corp (WPS)
N (9)	FL, PR, VI	First Coast Service Options, Inc.
J (10)	TN, GA, AL	Palmetto GBA, LLC
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA, LLC
L (12)	DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in VA)	Novitas Solutions, Inc.
K (13 & 14)	NY, CT, MA, RI, VT, ME, NH	National Government Services, Inc. (NGS)
15	KY, OH	CGS Administrators, LLC