



Medical Policy:

Medical Policy for the Treatment of Cancer

Effective Date: 08/14/14

Reviewed/No Updates: 2/12/15; 2/11/16; 2/9/17;
2/8/18; 2/14/19; 2/13/20

Medical Policy for the Treatment of Cancer

VCHCP has adopted the National Comprehensive Cancer Network (NCCN) Guidelines for the treatment of cancer by site.

Treatment Authorization Requests for services will be approved if the treatment protocol and/or testing requested is contained within the most recent NCCN guidelines. See www.nccn.org for details of the guidelines.

Requests submitted outside of these guidelines will be reviewed on a case-by-case basis by a physician reviewer. In such cases, the requestor must submit all pertinent information regarding the case in order for the referral to be considered for approval.

Note: Non FDA approved medications are not a covered benefit per the VCHCP Evidence of Coverage EOC).

Note: Off-label uses of medication must meet requirements of the VCHCP Coverage of Prescription Medication for Off-Label Use policy.

- A. **Attachments:** None
- B. **History:**

Reviewer/Author: Catherine Sanders, MD; Date: 08/11/14
 Committee Review: UM: August 14, 2014; QAC: September 02, 2014
 Reviewed/No Updates: Catherine Sanders, MD
 Committee Review: UM: February 12, 2015; QAC: February 24, 2015
 Reviewed/No Updates by: Faustine Dela Cruz, RN & Catherine Sanders, MD
 Committee Review: UM: February 11, 2016; QAC: February 23, 2016
 Reviewed/No Updates by: Catherine Sanders, MD & Robert Sterling, MD
 Committee Review: UM: February 9, 2017; QAC: February 28, 2017
 Reviewed/No Updates by: Catherine Sanders, MD & Robert Sterling, MD
 Committee Review: UM: February 8, 2018; QAC: February 27, 2018
 Reviewed/No Updates by: Catherine Sanders, MD & Robert Sterling, MD
 Committee Review: UM: February 14, 2019; QAC: February 26, 2019
 Reviewed/No Updates by: Howard Taekman, MD & Robert Sterling, MD
 Committee Review: UM: February 13, 2020; QAC: February 25, 2020

Revision Date	Content Revised (Yes/No)	Contributors	Review/Revision Notes
2/9/17	No	Catherine Sanders, MD; Robert Sterling, MD	Annual Review



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2/8/18	No	Catherine Sanders, MD; Robert Sterling, MD	Annual Review
2/14/19	No	Catherine Sanders, MD; Robert Sterling, MD	Annual Review
2/13/20	No	Howard Taekman, MD; Robert Sterling, MD	Annual Review

C. References: