

**Off-Label Non-FDA Approved Indication**  
**Effective 01/01/2024**

|                              |   |                     |   |
|------------------------------|---|---------------------|---|
| <b>Plan</b>                  | <input checked="" type="checkbox"/> MassHealth UPPL<br><input type="checkbox"/> Commercial/Exchange         | <b>Program Type</b> | <input checked="" type="checkbox"/> Prior Authorization<br><input type="checkbox"/> Quantity Limit<br><input type="checkbox"/> Step Therapy |
| <b>Benefit</b>               | <input checked="" type="checkbox"/> Pharmacy Benefit<br><input checked="" type="checkbox"/> Medical Benefit |                     |   |
| <b>Specialty Limitations</b> | N/A   |                     |   |
| <b>Contact Information</b>   | <b>Medical and Specialty Medications</b>  |                     |   |
|                              | All Plans   | Phone: 877-519-1908 | Fax: 855-540-3693   |
|                              | <b>Non-Specialty Medications</b>  |                     |   |
|                              | All Plans   | Phone: 800-711-4555 | Fax: 844-403-1029   |
| <b>Exceptions</b>            | N/A   |                     |   |

#### Overview

N/A

#### Coverage Guidelines

Authorization of a medication for higher than the quantity limit may be approved when ALL of the following criteria has been met:

#### Anti-cancer chemotherapeutic regimen

1. ONE of the following:
  - a. Diagnosis is supported as a use in American Hospital Formulary Service Drug Information (AHFS DI)
  - b. Diagnosis is supported as a use in the National Comprehensive Cancer Network (NCCN) Drugs and Biologics Compendium with a Category of Evidence and Consensus of 1, 2A, or 2B (See NCCN Categories of Evidence and Consensus table in Appendix B)
  - c. Diagnosis is supported in the FDA Uses/Non-FDA Uses section in DRUGDEX Evaluation with a Strength of Recommendation rating of Class I, Class IIa, or Class IIb (See DRUGDEX Strength of Recommendation table in Appendix A)
  - d. Diagnosis is supported as an indication in Clinical Pharmacology
  - e. Off-label use is supported in one of the published, peer-reviewed medical literature listed below:
    - i. American Journal of Medicine
    - ii. Annals of Internal Medicine
    - iii. Annals of Oncology
    - iv. Annals of Surgical Oncology
    - v. Biology of Blood and Marrow Transplantation
    - vi. Blood
    - vii. Bone Marrow Transplantation
    - viii. British Journal of Cancer

- ix. British Journal of Hematology
  - x. British Medical Journal
  - xi. Cancer
  - xii. Clinical Cancer Research
  - xiii. Drugs
  - xiv. European Journal of Cancer (formerly the European Journal of Cancer and Clinical Oncology)
  - xv. Gynecologic Oncology
  - xvi. International Journal of Radiation, Oncology, Biology, and Physics
  - xvii. The Journal of American Medical Association
  - xviii. Journal of Clinical Oncology
  - xix. Journal of the National Cancer Institute
  - xx. Journal of the National Comprehensive Cancer Network (NCCN)
  - xxi. Journal of Urology
  - xxii. Lancet
  - xxiii. Lancet Oncology
  - xxiv. Leukemia
  - xxv. The New England Journal of Medicine
  - xxvi. Radiation Oncology
- f. Diagnosis is supported as a use in Wolterks Kluwer Lexi-Drugs as “Evidence Level A” with a “Strong” recommendation (See Lexi-Drugs Strength of Recommendation tablet in Appendix C)

**All other indications**

1. ONE of the following:
  - a. Diagnosis is supported as a use in American Hospital Formulary Service Drug Information (AHFS DI)
  - b. Diagnosis is supported in the FDA Uses/Non-FDA Uses section in DRUGDEX Evaluation with a Strength of Recommendation of IIb or better (see DRUGDEX Strength of Recommendation tablet in Appendix A)
  - c. The use is supported by clinical research in two articles from major peer reviewed medical journals that present data supporting the proposed off-label use or uses as generally safe and effective unless there is clear and convincing contradictory evidence presented in a major peer-reviewed medical journal.
2. BOTH of the following:
  - a. Product is not used to treat one of the following excluded categories:
    - i. Cosmetic/hair growth
    - ii. Cough and cold
    - iii. Fertility
    - iv. Sexual dysfunction
  - b. Product is not defined as one of the following
    - i. Less than effective drugs: drugs efficacy study implementation (DESI) drugs
    - ii. Experimental and investigational drugs

**Limitations**

1. Approvals will be granted for 12 months.

**Appendix**



**Appendix A: DRUGDEX Strength of Recommendation**

| <b>Class</b>        | <b>Recommendation</b>      | <b>Description</b>  |
|---------------------|----------------------------|---|
| Class I             | Recommended                | The given test or treatment has been proven useful, and should be performed or administered.      |
| Class IIa           | Recommended, In Most Cases | The given test or treatment is generally considered to be useful, and is indicated in most cases. |
| Class IIb           | Recommended, in Some Cases | The given test or treatment may be useful, and is indicated in some, but not most, cases.         |
| Class III           | Not Recommended            | The given test or treatment is not useful, and should be avoided                                  |
| Class Indeterminate | Evidence Inconclusive      |   |

**Appendix B: NCCN Categories of Evidence and Consensus**

| <b>Category</b> | <b>Level of Consensus</b>  |
|-----------------|--|
| 1               | Based upon high-level evidence, there is uniform NCCN consensus that the intervention is appropriate.    |
| 2A              | Based upon lower-level evidence, there is uniform NCCN consensus that the intervention is appropriate.   |
| 2B              | Based upon lower-level evidence, there is NCCN consensus that the intervention is appropriate.           |
| 3               | Based upon any level of evidence, there is major NCCN disagreement that the intervention is appropriate. |

**Appendix C:**

**Lexi-Drugs: Strength of Recommendation for Inclusion in Lexi-Drugs for Oncology Off-Label Use**

|   |   |
|---|---|
| <b>Strong (for proposed off-label use)</b>    | The evidence persuasively supports the off-label use (ie, Level of Evidence A).   |
| <b>Equivocal (for proposed off-label use)</b> | The evidence to support the off-label use is of uncertain clinical significance (ie, Level of Evidence B, C). Additional studies may be necessary to further define the role of this medication for the off-label use.                        |
| <b>Against proposed off-label use</b>         | The evidence either advocates against the off-label use or suggests a lack of support for the off-label use (independent of Level of Evidence). Additional studies are necessary to define the role of this medication for the off-label use. |

**Lexi-Drugs: Level of Evidence Scale for Oncology Off-Label Use**

|          |   |
|----------|---|
| <b>A</b> | Consistent evidence from well-performed randomized, controlled trials or overwhelming evidence of some other form (eg, results of the introduction of |
|----------|---|



|          |   |
|----------|---|
|          | penicillin treatment) to support off-label use. Further research is unlikely to change confidence in the estimate of benefit.   |
| <b>B</b> | Evidence from randomized, controlled trials with important limitations (eg, inconsistent results, methodologic flaws, indirect, imprecise); or very strong evidence of some other research design. Further research (if performed) is likely to have an impact on confidence in the estimate of benefit and risk and may change the estimate. |
| <b>C</b> | Evidence from observational studies (eg, retrospective case series/reports providing significant impact on patient care); unsystematic clinical experience; or potentially flawed randomized, controlled trials (eg, when limited options exist for condition). Any estimate of effect is uncertain.  |
| <b>G</b> | Use has been substantiated by inclusion in at least one evidence-based or consensus-based clinical practice guideline.  |

## References

1. Center for Medicaid & Medicare Services. Medicare Prescription Drug Benefit Manual. Chapter 6 – Part D Drugs and Formulary Requirements. Section 10.6. Available at: <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/Downloads/Part-D-Benefits-Manual-Chapter-6.pdf>. Accessed October 27, 2022.
2. Center for Medicaid & Medicare Services. Medicare Benefit Policy Manual. Chapter 15 - Covered Medical and Other Health Services. Section 50.4.5. Available at: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c15.pdf>. Accessed October 27, 2022.
3. National Comprehensive Cancer Network Categories of Evidence and Consensus. Available at: [https://www.nccn.org/professionals/physician\\_gls/categories\\_of\\_consensus.aspx](https://www.nccn.org/professionals/physician_gls/categories_of_consensus.aspx). Accessed September 9, 2020.
4. Center for Medicaid & Medicare Services. Medicare Benefit Policy Manual. Wolters Kluwer Clinical Drug Information Lexi-Drugs Compendium Revision Request - CAG-004430. Available at: <https://www.cms.gov/medicare-coverage-database/details/medicare-coverage-document-details.aspx?MCDId=31#decision>. Accessed October 27, 2022.
5. Wolters Kluwer Clinical Drug Information’s Request for CMS evaluation of Lexi-Drugs as a compendium for use in the determination of medically-accepted indications of drugs/biologicals used off-label in anti-cancer chemotherapeutic regimens. Available at: <https://www.cms.gov/Medicare/Coverage/CoverageGenInfo/downloads/covdoc31.pdf>. Accessed October 27, 2022.
6. Micromedex Healthcare Series. Recommendation, Evidence, and Efficacy Ratings. [https://www.micromedexolutions.com/micromedex2/librarian/ssl/true/CS/6E0ED9/ND\\_PR/evidencexpert/ND\\_P/evidencexpert/DUPLICATIONSHIELDSYNC/8B9F5B/ND\\_PG/evidencexpert/ND\\_B/evidencexpert/ND\\_AppProduct/evidencexpert/ND\\_T/evidencexpert/PFActionId/evidencexpert.IntermediateToDocumentLink?docId=3198&contentSetId=50](https://www.micromedexolutions.com/micromedex2/librarian/ssl/true/CS/6E0ED9/ND_PR/evidencexpert/ND_P/evidencexpert/DUPLICATIONSHIELDSYNC/8B9F5B/ND_PG/evidencexpert/ND_B/evidencexpert/ND_AppProduct/evidencexpert/ND_T/evidencexpert/PFActionId/evidencexpert.IntermediateToDocumentLink?docId=3198&contentSetId=50). Accessed October 27, 2022.

## Review History

01/10/2024 – Reviewed for Jan P&T; adopted Optum criteria for Coverage of Off-Label Non-FDA approved Indications Obesity/weight management was removed as an excluded category. Effective 01/01/2024.

