



Medical benefit drug policies are a source for WyoBlue Advantage medical policy information only. These documents are not to be used to determine benefits or reimbursement. Please reference the appropriate certificate or contract for benefit information. This policy may be updated and therefore subject to change.

P&T Date: 08/07/2025

Medical Benefit Oncology Drug Class Policy

HCPCS: See Appendix A below

Policy:

Requests must be supported by submission of chart notes and patient specific documentation.

A. Criteria:

- a. Coverage of the requested drug is provided for FDA approved indications
OR
- b. When use is aligned with NCCN guidelines category 1 or 2A
OR
- c. When use is aligned with NCCN guidelines category 2B recommendations when there is not a higher-rated NCCN category recommendation available
AND
- d. When ALL of the following criteria are met:
 - i. Prescriber is an oncologist/hematologist OR another board-certified prescriber with qualifications to treat the specified malignancy.
 - ii. Genetic testing results support use based on package labeling/FDA requirements. Consideration may also be given to genetic testing as recommended by NCCN guidelines.
 - iii. Trial of medications and treatments supported by the NCCN guidelines and/or package labeling as prior lines of therapy.
 - iv. If appropriate, trial and failure of the preferred products as specified in the WyoBlue Advantage utilization management medical drug list
- e. No prior failure based on efficacy of a drug with the same mechanism of action unless retreatment with the same mechanism of action is guideline recommended or supported by a randomized, controlled clinical trial

B. Quantity Limitations, Authorization Period and Renewal Criteria

- a. Quantity Limits: Align with FDA recommended dosing or NCCN guidelines
- b. Authorization Period: Aligns with FDA recommended or guideline supported treatment duration and provided for at least 60 days and up to 6 months at a time
- c. Renewal Criteria: No evidence of disease progression or unacceptable toxicity

***Note: Coverage and approval duration may differ for Medicare Part B members based on any applicable criteria outlined in Local Coverage Determinations (LCD) or National Coverage Determinations (NCD) as determined by Center

for Medicare and Medicaid Services (CMS). See the CMS website at <http://www.cms.hhs.gov/>. Determination of coverage of Part B drugs is based on medically accepted indications which have supported citations included or approved for inclusion determined by CMS approved compendia.

Background Information:

- Definition of an oncology medication: Any drug (chemotherapy, hormone therapy, gene therapy, biological therapy, or other drug) which is used to treat a cancer (a malignant growth or tumor resulting from the division of abnormal cells) diagnosis. Supportive therapy used for cancer is not in scope of this policy.
- The medications added to the Oncology Drug Class Policy go through a detailed review by a pharmacist to determine if the policy covers the intended criteria for the drug. Each drug is evaluated on the following:
 - Indication
 - Place in therapy
 - Category based on uniform NCCN guidance or category 1 and 2A recommendations
 - Cost of the medication
 - Safety of the medication
 - Genetic testing requirements

References:

1. NCCN guidelines for the specific disease state. Available at: https://www.nccn.org/professionals/physician_gls/f_guidelines.asp. Accessed October 23, 2017.
2. Drug specific package labeling. Available at: <https://www.accessdata.fda.gov/scripts/cder/daf/index.cfm>. Accessed October 23, 2017.

Policy History		
#	Date	Change Description
1.0	Initial Effective Date: 01/01/2026	New policy

** The prescribing information for a drug is subject to change. To ensure you are reading the most current information it is advised that you reference the most updated prescribing information by visiting the drug or manufacturer website or <http://dailymed.nlm.nih.gov/dailymed/index.cfm>.*

Appendix A

This policy and any information contained herein is the property of WyBlue Advantage and its subsidiaries, is strictly confidential, and its use is intended for the P&T committee, its members and WyBlue Advantage employees for the purpose of coverage determinations.

Medications covered by this policy include, but not limited to the following:

Medication Name	Benefit	HCPCS
Alimta (pemetrexed)	Medical	J9305
Bizengri (zenocutuzumab-zbco)	Medical	J9382
Danyelza (naxitamab-ggqk)	Medical	J9348
Darzalex (daratumumab)	Medical	J9415
Darzalex FasPro (daratumumab and hyaluronidase-fihj)	Medical	J9144
Datroway (datopotamab deruxtecan-dlnk)	Medical	J3590
Elahere (mirvetuximab soravtansine-gynx)	Medical	J9063
Elzonris (tagraxofusp-erzs)	Medical	J9269
Emrelis (telisotuzumab vedotin-tllv)	Medical	J3590
Erbix (cetuximab)	Medical	J9055
Fyarro (sirolimus protein-bound particles)	Medical	J9331
Jelmyto (mitomycin)	Medical	J9281
Kimmtrak (tebentafusp-tebn)	Medical	J9274
Lymphir (denileukin diftitox-cxdl)	Medical	J9161
Padcev (enfortumab vedotin-ejfv)	Medical	J9177
Pemetrexed	Medical	J9296, J9294, J9297, J9314, J9323, J9322, J9292
Pemfexy (pemetrexed)	Medical	J9304
Pemrydi RTU (pemetrexed)	Medical	J9324
Polivy (polatuzumab vedotin-piiq)	Medical	J9309
Rybrevant (amivantamab-vmjw)	Medical	J9061
Sarclisa (isatuximab-irfc)	Medical	J9227
Tivdak (tisotumab vedotin-tftv)	Medical	J9273
Trodelvy (sacituzumab govitecan-hziy)	Medical	J9317
Vyloy (zolbetuximab-clzb)	Medical	J1326
Yondelis (trabectedin)	Medical	J9352
Ziihera (zanidatamab-hrii)	Medical	J9276
Zusduri (mitomycin)	Medical	J3590
Zynlonta (loncastuximab tesirine-lpyl)	Medical	J9359

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