Coverage of any medical intervention discussed in a WellFirst Health medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate or policy and to applicable state and/or federal laws.

Electric Tumor Treatment Field (Optune) MP9474

Covered Service: Yes

Prior Authorization Required: Yes

Additional Information: Must be ordered by an Oncology specialist.

WellFirst Health Medical Policy:

1.0 Electric Tumor Treatment Field (ETTF) therapy **requires** prior authorization through the Health Services Division and is considered medically necessary for adults 22 years of age and older when **EITHER** of the following is met:

- 1.1 ETTF is utilized as monotherapy for persons with histologically confirmed glioblastoma (World Health Organization grade IV astrocytoma), after histologically or radiologically confirmed recurrence in the supratentorial region of the brain after receiving chemotherapy, **OR**
- 1.2 A combination of devices to generate ETTF and temozolomide is medically necessary as adjunctive treatment of newly-diagnosed histologically confirmed supratentorial glioblastoma following standard treatments that include surgery, chemotherapy, and radiation therapy.

2.0 Electric Tumor Treatment Field (ETTF) therapy is contraindicated for **ANY** of the following:

- 2.1 Cardiac pacemaker or implantable defibrillator
- 2.2 Deep brain, spinal cord, or vagus nerve stimulator
- 2.3 Major skull defect (e.g. missing section of calvarium)
- 2.4 Metal within the brain (e.g. aneurysm clip, bullet fragment)
- 2.5 Programmable ventriculoperitoneal shunt

3.0 In addition to the criteria in 1.0 above, if **ALL** of the following criteria are met, an initial three (3) months of TTF therapy can be approved:

- 3.1 Member has Karnofsky Performance Status (KPS) score of ≥60: **AND**
- 3.2 Member or caregiver has been trained and is willing and able to apply the device daily; **AND**
- 3.3 Member is willing to wear the device at least 18 hours daily.

4.0 Subsequent approval(s) for continuation of TTF is based on **ALL** of the following:

- 4.1 Evidence of no documented disease progression by MRI imaging done at a minimum of every 2-4 months. This includes a completed MRI scan with report submitted as part of any request for continuation of TTF treatment; **AND**
- 4.2 KPS score of ≥60: **AND**
- 4.3 Documentation that the member and/or caregiver have been applying the device daily; **AND**
- 4.4 Documentation that the member has been wearing the device at least 18 hours daily.

5.0 The use of devices to generate ETTF for the treatment of other malignant tumors (e.g. breast, lung, melanoma, ovarian cancer, pleural mesothelioma, pancreatic cancer, salivary gland tumors and solid tumor brain metastases – not an all-inclusive list) is considered experimental and investigational, and therefore, are not medically necessary.

6.0 Combined ETTF therapy and chemo-immuno-therapy other than temozolomide (e.g. 6-thioguanine, bevacizumab, capecitabine, celecoxib, cisplatin, cyclophosphamide, dacarbazine, doxorubicin, lomustine, paclitaxel, and pemetrexed – *is not an all-inclusive list*) for the treatment of other malignant tumors is considered experimental and investigational, and therefore is not medically necessary.

	Committee/Source	**Date(s)**
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