Coverage of any medical intervention discussed in a Prevea360 Health Plan 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.

Liver and Other Neoplasm – Chemoembolization (CE) and Intra-Hepatic Microspheres (TheraSphere)  MP9462

Covered Service:       Yes

Prior Authorization
Required:               Yes

Additional
Information:            None

Prevea360 Health Plan Medical Policy:

1.0 Chemoembolization (CE) **requires** prior authorization through the Health Services Division and is considered medically necessary for **ANY** of the following:

1.1 For treatment of neuroendocrine cancers involving the liver (e.g. carcinoid tumors and pancreatic endocrine tumors) involving the liver;

1.2 For carcinoid tumors, CE is considered medically necessary only in persons who have failed systemic therapy with octreotide to control carcinoid syndrome (e.g. debilitating flushing, wheezing, and diarrhea);

1.3 For unresectable, primary hepatocellular cancers (HCC);

1.4 For liver-only metastasis from uveal (ocular) melanoma;

1.5 Pre-operative hepatic artery chemoembolization followed by orthotopic liver transplantation for HCC.

2.0 Chemoembolization is experimental and investigational and therefore is not medically necessary for all other indications including the following (not an all-inclusive list):

2.1 Palliative treatment of liver metastases from other non-neuroendocrine primaries (e.g. breast cancer, cervical cancer, colon cancer, esophageal cancer, melanoma, rhabdomyosarcoma, or unknown primaries);

2.2 Chemoembolization of the pancreas for pancreatic cancer.

3.0 Intra-Hepatic Microspheres (e.g. TheraSphere, SIR-Spheres) **requires** prior authorization through the Health Services Division and is considered medically necessary when **ANY** of the following are met:

3.1 For treatment of neuroendocrine cancers (e.g. carcinoid tumors and pancreatic endocrine tumors) involving the liver;
Coverage of any medical intervention discussed in a Prevea360 Health Plan 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.

3.2 For carcinoid tumors, intra-hepatic microspheres are considered medically necessary only in persons who have failed systemic therapy with octreotide to control carcinoid syndrome (e.g. debilitating flushing, wheezing, and diarrhea);

3.3 For unresectable, primary hepatocellular cancers (HCC);

3.4 For unresectable liver tumors from primary colorectal cancer;

3.5 For unresectable and chemo-refractory intra-hepatic cholangiocarcinoma if member exhibits liver metastases only and has an ECOG performance status 2 or better with adequate living function (serum total bilirubin of less than 2 mg/dL);

3.6 Pre-operative use as a bridge to orthotopic liver transplantation for HCC.

4.0 Intra-Hepatic Microspheres are considered experimental and investigational for metastases from esophageal and gallbladder cancer and therefore not medically necessary. Any other indications not indicated are considered experimental and investigational and therefore not medically necessary.

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**Committee/Source**

**Document Created:** Medical Policy Committee/Quality and Care Management Division

**Revised:**
- Medical Policy Committee/Quality and Care Management Division, June 15, 2016
- Medical Policy Committee/Health Services Division, July 19, 2017
- Medical Policy Committee/Health Services Division, August 15, 2018
- Medical Policy Committee/Health Services Division, August 21, 2019

**Reviewed:**
- Medical Policy Committee/Quality and Care Management Division, July 19, 2017
- Medical Policy Committee/Health Services Division, August 15, 2018
- Medical Policy Committee/Health Services Division, August 21, 2019

**Published/Effective:** 09/01/2019