

**Provenge
(sipuleucel-T)**

Document Number: 047

	Commercial and Qualified Health Plans	MassHealth
Authorization required	X	X
No Prior Authorization		

FDA-Approved Indication

Provenge is classified as an autologous cellular immunotherapy for the treatment of asymptomatic or minimally symptomatic metastatic castrate-resistant (hormone-refractory) prostate cancer.

Criteria

1. Criteria for Initial Approval
 - Patient has a diagnosis of asymptomatic or minimally symptomatic metastatic castrate-resistant (hormone-refractory) prostate cancer and has met **all** of the following criteria:
 - A. Absence of hepatic metastases
 - B. Testosterone levels <50 ng/dl
 - C. Life expectancy greater than 6 months
 - D. The member has an Eastern Cooperative Oncology Group (ECOG) performance status of 0 or 1¹
 - Provenge is not to be used in combination with chemotherapy and immunosuppressive medications
2. Prescribing
 - Prescribed by an oncologist or urologist
3. Dosing and Administration (For autologous use only. For intravenous use only.)
4. Duration of Therapy
 - 3 complete doses/infusions
5. Approval Duration
 - The total treatment course is 3 complete doses/infusions. Additional courses of therapy are considered investigational. Administer doses at approximately two week intervals for a total of 3 doses.

Effective

February 2018: Annual review.

September 2017: Effective date.

¹ Eastern Cooperative Oncology Group (ECOG) 0: Fully active, able to carry on all pre-disease performance without restriction. ECOG 1: Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g., light house work, office work.



References

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Centers for Medicare and Medicaid Services National Coverage Determination (NCD) for Autologous CELLULAR IMMUNOTHERAPY Treatment (110.22).

Centers for Medicare and Medicaid Services National Coverage Analysis (NCA) for Autologous CELLULAR IMMUNOTHERAPY Treatment of Metastatic Prostate Cancer (CAG-00422N): Technology Assessment - Outcomes of Sipuleucel-T Therapy.

Provenge Prescribing Information. Seattle, WA: Dendreon Corporation; October 2014. Available at: <http://www.provenge.com/> (Accessed June 6, 2017).

Sipuleucel-T. In: National Comprehensive Cancer Network Drugs and Biologics Compendium. Available at NCCN.org. Accessed November 11, 2016.

National Cancer Institute (NCI). Surveillance, Epidemiology, and End Results Program (SEER). SEER Stat Fact Sheets: Prostate Cancer. (Accessed June 6, 2017).

MICROMEDEX Healthcare Series. Drugdex Drug Evaluations (2016, November). Sipuleucel-T. Retrieved June 6, 2017 from MICROMEDEX Healthcare Series.

U. S. Food and Drug Administration. (2010, April). Center for Biologics Evaluation and Research. *Provenge® (sipuleucel-T) suspension for intravenous infusion*.