

Proton Therapy Policy

CVS Health considers proton beam radiotherapy (PBRT) medically necessary for the curative treatment of *any* of the following tumors:

- I. Primary CNS tumors; *or*
- II. Head and neck tumors (T4 or unresectable; excluding T1-T2N0M0 laryngeal cancer); *or*
- III. Paranasal sinus, **other accessory sinus**, or nasopharyngeal tumors; *or*
- IV. Skull-based tumors, (e.g., chordomas or chondrosarcomas); *or*
- V. Malignancies in children (21 years of age and younger); *or*
- VI. Ocular tumors, including intraocular/uveal melanoma (includes the iris, ciliary body and choroid); *or*
- VII. Re-irradiation of an in-field or marginal recurrence being treated with curative intent, where other radiotherapy approaches would exceed acceptable constraints; *or*
- VIII. Primary or metastatic tumors of the spine where the spinal cord tolerance would be exceeded with photon radiotherapy approaches; *or*
- IX. Non-metastatic retroperitoneal sarcomas; *or*
- X. Localized unresectable hepatocellular carcinoma (HCC) in the curative setting when documentation is provided that sparing of the surrounding normal tissue cannot be achieved with standard radiation therapy techniques, including intensity-modulated radiation therapy (IMRT), stereotactic body radiation therapy (SBRT), selective internal radiation spheres, and transarterial therapy (for example, chemoembolization).

CVS Health considers proton beam radiotherapy experimental and investigational for all other indications because its effectiveness for these indications has not been established.

The above is subject to medical necessity will be determined based on the terms of the member's benefit plan. Please check benefit plan descriptions.

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