

Pedmark (sodium thiosulfate)

Disclaimer

Clinical guidelines are developed and adopted to establish evidence-based clinical criteria for utilization management decisions. Clinical guidelines are applicable according to policy and plan type. The Plan may delegate utilization management decisions of certain services to third parties who may develop and adopt their own clinical criteria.

Coverage of services is subject to the terms, conditions, and limitations of a member's policy, as well as applicable state and federal law. Clinical guidelines are also subject to in-force criteria such as the Centers for Medicare & Medicaid Services (CMS) national coverage determination (NCD) or local coverage determination (LCD) for Medicare Advantage plans. Please refer to the member's policy documents (e.g., Certificate/Evidence of Coverage, Schedule of Benefits, Plan Formulary) or contact the Plan to confirm coverage.

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Summary

Cisplatin is a potent chemotherapy drug that is commonly used to treat pediatric cancers such as neuroblastoma, osteosarcoma, and medulloblastoma. While cisplatin is highly effective in treating cancer, it can also cause ototoxicity, which is damage to the inner ear and the hearing system.

Ototoxicity is a common side effect of cisplatin treatment in pediatric patients, with a reported incidence ranging from 20% to 80%. The risk of ototoxicity is dependent on various factors, including the dose and duration of cisplatin treatment, patient age, and pre-existing hearing deficits.

Cisplatin-induced ototoxicity can present in different ways, including tinnitus (ringing in the ears), hearing loss, and balance disorders (such as vertigo). The severity of hearing loss can vary from mild to profound and can affect one or both ears. The hearing loss may be temporary or permanent, and the degree of recovery depends on the individual patient and the severity of the damage.

The mechanism of cisplatin-induced ototoxicity is not fully understood, but it is thought to involve damage to the hair cells in the inner ear, which are responsible for detecting sound and transmitting it to the brain. Cisplatin can also cause damage to the auditory nerve and other structures in the ear.

To minimize the risk of cisplatin-induced ototoxicity, various strategies have been investigated, including administering early detection monitoring techniques, reducing the dose and duration of cisplatin treatment, administering cisplatin as a continuous infusion, and using otoprotective agents such as Pedmark (sodium thiosulfate) or amifostine. Pedmark (sodium thiosulfate) is thought to reduce the risk of ototoxicity by interacting directly with cisplatin to produce an inactive platinum species.

Pedmark (sodium thiosulfate) is an intravenous product indicated to reduce the risk of ototoxicity associated with cisplatin in those 1 month of age and older with localized, non-metastatic solid tumors.

- The safety and efficacy of Pedmark (sodium thiosulfate) have not been established when administered following cisplatin infusions longer than 6 hours.
- Pedmark (sodium thiosulfate) may not reduce the risk of ototoxicity when administered following longer cisplatin infusions, because irreversible ototoxicity may have already occurred.
- The dosage of Pedmark (sodium thiosulfate) is based on surface area according to actual body weight.

Definitions

“Cisplatin” is a chemotherapy drug that is commonly used to treat various types of cancer, including ovarian, bladder, and lung cancer. However, cisplatin is also known to cause ototoxicity, and can result in hearing loss, tinnitus, and balance problems. Otoprotective agents are often used alongside cisplatin to reduce the risk of ototoxicity.

“Chemotherapy” is a type of cancer treatment that uses drugs to kill cancer cells. Chemotherapy drugs work by targeting rapidly dividing cells, which includes cancer cells. However, they can also affect normal, healthy cells in the body, leading to side effects such as hair loss, nausea, and fatigue.

“Metastatic” tumors (or metastasis) refer to the spread of cancer cells from the site of the primary cancer to another part of the body.

“Otoprotective agents” are drugs or compounds that are used to protect the ear from damage caused by ototoxic drugs or chemicals. Otoprotective agents may work by reducing the amount of ototoxic drug

that reaches the ear, by reducing oxidative stress and inflammation in the ear, or by promoting the repair of damaged cells in the ear.

“Ototoxicity” refers to the harmful effects of drugs or chemicals on the auditory system, including the cochlea, auditory nerve, and other parts of the ear. Ototoxicity can result in hearing loss, tinnitus, and balance problems.

“[s]” indicates state mandates may apply.

Medical Necessity Criteria for Initial Clinical Review

Initial Indication-Specific Criteria

Cisplatin-Induced Ototoxicity Prevention

The Plan considers Pedmark (sodium thiosulfate) medically necessary when ALL of the following criteria are met:

1. The member is between 1 month and 18 years of age; *AND*
2. The member is being treated for a localized, non-metastatic solid tumor; *AND*
3. The member is receiving a chemotherapy regimen that includes cisplatin; *AND*
4. Individual cisplatin doses will be infused over 6 hours or less.

If the above prior authorization criteria are met, the requested medication will be approved for up to 12 months.^[s]

Experimental or Investigational / Not Medically Necessary^[s]

Pedmark (sodium thiosulfate) for any other indication or use is considered not medically necessary by the Plan, as it is deemed to be experimental, investigational, or unproven. Non-covered indications include, but are not limited to, the following:

- for the treatment of acute cyanide toxicity
- When administered following cisplatin infusions longer than 6 hours. Pedmark (sodium thiosulfate) may not reduce the risk of ototoxicity when administered following longer cisplatin infusions, because irreversible ototoxicity may have already occurred.

Applicable Billing Codes

Table 1	
CPT/HCPCS code for reduction of the risk of ototoxicity in those receiving cisplatin considered medically necessary if criteria are met:	
<i>Code</i>	<i>Description</i>
96365	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour
96374	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug
J0208	Injection, sodium thiosulfate (pedmark), 100 mg

Table 2	
ICD-10 diagnosis codes considered medically necessary for reduction of the risk of ototoxicity in those receiving cisplatin with Table 1 (CPT/HCPCS) codes if criteria are met:	
<i>Code</i>	<i>Description</i>
T45.1X5A	Adverse effect of antineoplastic and immunosuppressive drugs, initial encounter
T45.1X5D	Adverse effect of antineoplastic and immunosuppressive drugs, subsequent encounter
H91.01	Ototoxic hearing loss, right ear
H91.02	Ototoxic hearing loss, left ear
H91.03	Ototoxic hearing loss, bilateral
H91.09	Ototoxic hearing loss, unspecified ear

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Clinical Guideline Revision / History Information

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