**Health Technology Clinical Committee**

**Findings and Decision**

**Topic:** Novocure (Tumor Treating Fields)

**Meeting Date:** January 15, 2016

**Final Adoption:** March 18, 2016

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**Meeting materials and transcript are available on the HTA website:**  

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**Number and Coverage Topic:**

20160115A – Novocure (Tumor Treating Fields)

**HTCC Coverage Determination:**

Novocure (Tumor Treating Fields) is **not a covered benefit.**

**HTCC Reimbursement Determination:**

- **Limitations of Coverage:** N/A
- **Non-Covered Indicators:** N/A

**Agency Contact Information:**

<table>
<thead>
<tr>
<th>Agency</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Labor and Industries</td>
<td>1-800-547-8367</td>
</tr>
<tr>
<td>Public Employees Health Plan</td>
<td>1-800-200-1004</td>
</tr>
<tr>
<td>Washington State Medicaid</td>
<td>1-800-562-3022</td>
</tr>
</tbody>
</table>
HTCC Coverage Vote and Formal Action

Committee Decision

Based on the deliberations of key health outcomes, the committee decided that it had the most complete information: a comprehensive and current evidence report, public comments and state agency utilization information. The committee concluded that the current evidence on Novocure is sufficient to make a determination on this topic. The committee discussed and voted on the evidence for use of Novocure compared to current alternative chemotherapeutic strategies for 1) newly diagnosed and untreated glioblastoma multiforme; 2) recurrent and previously treated glioblastoma multiforme; and 3) tumors other than glioblastoma. The committee considered the evidence and gave greatest weight to the evidence it determined, based on objective factors, to be the most valid and reliable.

Based on these findings, the committee voted to not cover Novocure (Tumor Treating Fields) for GBM, recurrent GBM or other tumors.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Not Covered</th>
<th>Covered Under Certain Conditions</th>
<th>Covered Unconditionally</th>
</tr>
</thead>
<tbody>
<tr>
<td>Novocure for newly diagnosed and untreated GBM</td>
<td>9</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Novocure for recurrent and previously treated GBM</td>
<td>9</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Novocure for other tumors (Non-GBM)</td>
<td>11</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Discussion

The committee discussed the meaning, quality, and methodology of the available Novocure studies. In considering the evidence, the committee cited concerns related to the limited number of trials, limited reporting for quality of life outcomes and potential biases present in the available literature.

Limitations

N/A

Action

The committee checked for availability of a Centers for Medicare and Medicaid Services (CMS) national coverage decision (NCD). There is no NCD for Novocure or tumor treating fields.

The committee discussed clinical guidelines identified for treatment of GBM and non-small cell lung cancer from the following organizations:

- American Association of Neuroscience Nurses (AANN);
- American Association of Neurological Surgeons and Congress of Neurological Surgeons (AANS/CNS);
- European Association of Neuro-Oncology (EANO);
- European Society for Medical Oncology (ESMO);
- National Comprehensive Cancer Network (NCCN)
The chair noted consistency with existing guidelines that include mention of tumor treating fields as some consider this an investigational treatment. Also noted is the fact that the most recent trial published was not considered in existing guidelines as it was published 30 days prior to this committee’s review.

The committee chair directed HTA staff to prepare a findings and decision document on Novocure (Tumor Treating Fields) reflective of the majority vote for final approval at the next public meeting.

**Health Technology Clinical Committee Authority:**

Washington State’s legislature believes it is important to use a science-based, clinician-centered approach for difficult and important health care benefit decisions. Pursuant to chapter 70.14 RCW, the legislature has directed the Washington State Health Care Authority (HCA), through its Health Technology Assessment (HTA) program, to engage in an evaluation process that gathers and assesses the quality of the latest medical evidence using a scientific research company and that takes public input at all stages.

Pursuant to RCW 70.14.110 a Health Technology Clinical Committee (HTCC) composed of eleven independent health care professionals reviews all the information and renders a decision at an open public meeting. The Washington State HTCC determines how selected health technologies are covered by several state agencies (RCW 70.14.080-140). These technologies may include medical or surgical devices and procedures, medical equipment, and diagnostic tests. HTCC bases its decisions on evidence of the technology’s safety, efficacy, and cost effectiveness. Participating state agencies are required to comply with the decisions of the HTCC. HTCC decisions may be re-reviewed at the determination of the HCA Administrator.