



# Frequently Asked Questions (FAQs) for Oncology Packages

## General FAQs:

**1. In case of patients diagnosed with Osteosarcoma, treatment booked under Procedure: Chemotherapy (CT) for Osteogenic Sarcoma (code: MO010C), the maximum number of chemotherapy cycles allowed are 4 on transaction management system (TMS). Can the number of cycles be exceeded to 6 cycles?**

- No, the cycles may not be exceeded to 6 cycles. As per the National cancer grid (NCG) guidelines, it is listed as maximum 4 cycles. Also as per the guidelines, there is no significant benefit seen, of continuing CT beyond 4 cycles.
- Standard Treatment Workflow (NCG guideline for Bone and Soft tissue tumors) - For clinicians/ treating doctor <https://tmc.gov.in/ncg/index.php/guidelines/draft-guidelines-2020>

**2. If Medical Oncology package is exhausted for therapies such as Temozolamide Therapy, can it be extended further to 6months?**

- Yes, based on diagnosis, treatment given till date to the patient and according to the response to therapy extension can be provided on request. This will be for 6months only as the approved package is only adjuvant setting. The second package should end with RT (Radiation Therapy)
- As we have these two protocols for the Temozolamide in brain tumors:
  - CT for CA Brain (MO021A) - TEMOZOLAMIDE (ADJUVANT) FOR 6 CYCLES: Temozolamide 150-200 mg/m<sup>2</sup> D1-D5 every 28 days
  - CT for CA Brain (MO021B) - TEMOZOLAMIDE (CONCURRENT WITH RT): Temozolamide 75mg/m<sup>2</sup> once daily till RT ends

Reference link for NCG guidelines: <https://tmc.gov.in/ncg/index.php/guidelines/draft-guidelines-2020>.

**3. Can the patient receive Chemotherapy using SANDOSTATIN LAR under AB PM-JAY?**

- This package is not available under AB PM-JAY but we will consider based on expert review and National cancer grid guidelines for inclusion during the next revision of Health Benefit Package master.

**4. In case of CA Cervix Stage-II, treatment comprise three cycles of second line chemotherapy with a combination of newer group of anti-neoplastic drugs namely Injections Bevacizumab, Topotecan and PEGylated that aligns with the standard treatment protocol. Can the requisition be made for special approval under unspecified package since the planned regimen is not available under Health Benefit packages (HBP) 2.0 (Yes/No)?**

- No, the Medical Oncology packages cannot be booked under Unspecified Surgical packages. Please refer to the guidelines for booking unspecified packages available at Pg. No: 13 of HBP 2.0 user guidelines. Reference Link <https://pmjay.gov.in/sites/default/files/2020-10/HBP-2-0-User-Guidelines-vFinal.pdf>.

- We will also inform our NCG experts to review the new therapies and suggest the need for their inclusion during our next HBP revision.

**5. Can the CT drug injection Topotecan which is available under Medical Oncology as procedure CT for CA Lung (MO071F) be booked individually under unspecified package?**

- No, this cannot be allowed under US100, as it is not a standard regimen of CA cervix package.
- No. Such cases require detailed information on patient case history of following:
  - Date of first diagnosis, treatment given from diagnosis till date and indication of second line of chemotherapy. Accordingly, the requirement for use of the new drug regimen may be advised in consultation with National cancer grid experts.

**6. Can the approval for one Injection of Bevacizumab 600 mg which is required every 3 week, for the treatment of neuro – endocrine tumor be provided under AB PM-JAY scheme?**

- No, the approval may not be provided.
- Based on opinion of medical oncology expert, NCG, no such benefits seen on usage of this drug.

**7. Under Medical Oncology, if one medicine is administered instead of package drugs, what can be done next from the hospital?**

- As per the NCG, the entire protocol will be approved and not the component.
- Also, reason for administering only one component from package must be notified.
- No provision of booking Medical oncology packages under Unspecified Surgical Package

**8. The minimum duration between cycles is 180 days in Palliative RT Treatment (package code: MR002A). Whether the duration of Palliative RT cycles can be increased or decreased in condition of metastatic disease where the palliative RT is given multiple times during a short span?**

- The regimen of Palliative RT (Radiation Therapy) cycle is fixed as per the NCG (National Cancer Guidelines).

**9. What should be the minimum duration between the chemotherapy cycles?**

- Cycle interval is counted considering the first day of first cycle as Day-1. The minimum duration between cycles is based on the regimen as per NCG guidelines.

For e.g. If patient has received R-CHOP- (*Rituximab 375mg/m<sup>2</sup>+Cyclophosphamide 750 mg/m<sup>2</sup>+Vincristine 1.4 mg/m<sup>2</sup>, on Day1+Etoposide 65mg/m<sup>2</sup> Day 1 to 3+Prednisolone 100 mg Day 1-5*), Total 6 cycles, repeat 21 days (Procedure name: CT for B - Cell NHL - High Grade (Except Burkitt's & PCNSL), Procedure code:MO029A)

If the 1<sup>st</sup> cycle is given on 31.12.2020, then 2<sup>nd</sup> cycle should have been given on 21.01.2021.

- Reducing gap is not advisable as these are based on the prior data on these regimens. However, if this is the technical issue due to which hospitals are not able to get the package approval, you can reduce it by one day as acceptable period. (So, instead of 21.01.2021 in the above scenario- approval can be given on 20.01.2021).

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