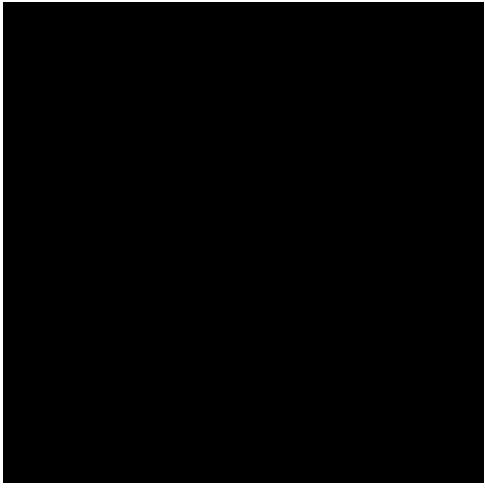
Coverage of Experimental and Investigational Procedures



Policy

Aetna covers experimental or investigational technologies (i.e., drugs, procedures and devices) when ALL of the following criteria are met.

1. The member has a current diagnosis that will most likely cause death within one year or less despite therapy with currently accepted treatment; and
2. Standard therapies have not been effective in significantly improving the condition of the member or would not be medically appropriate; and
3. The proposed treatment is likely to be beneficial to the member based on at least two documents of medical and scientific evidence (as defined below); and
4. The member is to be treated as part of a clinical trial satisfying ALL of the following criteria:
   - The investigational drug, device, therapy or procedure is under current review by the FDA and has an Investigational New Drug (IND) number; and
   - The clinical trial has passed independent scientific scrutiny and has also been approved by an Institutional Review Board (IRB) that will oversee the investigation; and
   - The clinical trial is sponsored by the National Cancer Institute (NCI) or similar national cooperative body (e.g., Department of Defense, VA Affairs) and conforms to the rigorous independent oversight criteria as defined by the NCI for the performance of clinical trials; and
   - The clinical trial is not a single institution or investigator study (NCI-designated Comprehensive Cancer Center trials are exempt from this requirement); and
5. The member must:
   - Not be treated "off protocol."
   - Actually be enrolled in the trial.

Note: Some investigational studies are not conducted under FDA scrutiny, but meet all the other criteria. For example, new uses of old technologies, new uses of drugs already approved by the FDA (as these would not have an IND number).

Medical and scientific evidence means the following sources:

a. Peer-reviewed scientific studies published in or accepted for publication by medical journals that meet nationally recognized requirements for scientific manuscripts and that submit most of their published articles for review by experts who are not part of the editorial staff.

b. Peer-reviewed literature, biomedical compendia and other medical literature that meet the criteria of the National Institutes of Health's National Library of Medicine for indexing in index Medicus, Excerpta Medicus (EMBASE), Medline, or MEDLARS database Health Services Technology Assessment Research (STAR).

c. Medical journals recognized by the Secretary of Health and Human Services, under Section 1861(t)(2) of the Social Security Act (42 U.S.C. 1395x).

d. The following standard reference compendia:
   - The American Hospital Formulary Service-Drug Information,
   - The American Medical Association Drug Evaluations,
   - The American Dental Association Accepted Dental Therapeutics, and
   - The United States Pharmacopoeia Drug Information.

e. Findings, studies or research conducted by or under the auspices of federal government agencies and nationally recognized federal research institutes including the:
   - Federal Agency for Healthcare Research and Quality.
   - National Institutes of Health.
   - National Cancer Institute.
   - National Academy of Sciences.
   - Centers for Medicare and Medicaid Services (CMS).
   - Any national board recognized by the National Institutes of Health for the purpose of evaluating the medical value of health services.

f. Peer-reviewed abstracts accepted for presentation at major medical association meetings.

If the criteria listed above are not satisfied, and the member desires reconsideration, the member may submit an appeal in accordance with the relevant appeal process. Any such appeal may be expedited when required by the member's medical condition.

Note: For coverage of Category B investigational devices, please see *CPB #164 — Coverage of Category B Investigational Devices*. See also *CPB #466 — Clinical Trials, Coverage of Routine Patient Care Costs*.

Application to products

Unless indicated otherwise above, this policy applies to all fully insured Aetna HMO, POS and PPO plans and to all other plans, unless a specific limitation or exception exists. For self-funded plans, consult individual plan sponsor benefit descriptions. If there is a discrepancy between this policy and a self-funded customer's plan of benefits, the provisions of the benefits plan will govern. With respect to fully insured plans and self-funded non-ERISA (e.g., government, school boards, church) plans, applicable state mandates will take precedence over either. Texas specific coverage issues can be found on the following Aetna website: www.aetna.com/cpb/ data/texas_lang.htm. Unless otherwise specifically excluded, Federal mandates will apply to all plans. With respect to individuals covered under a Medicare+Choice and state Medicaid benefit plan issued, serviced or administered by Aetna, this policy will apply unless Medicare and Medicaid policies extend coverage beyond this Coverage Policy Bulletin. CMS's Coverage Issues Manual can be found on the following website: www.hcfa.gov/pubforms/06_cim/ci00.htm.

The above policy is based on the following references:

1. Medical devices; investigational device exemptions — FDA. Final rule. *Fed Regist*. 1998;63(225):64617-64626.
2. Fratantoni JC. The IND: What is it and who needs it? Investigational New Drug. *Transfusion*. 1999;39(4):341-342.
3. Grant KL. Investigational drug tracking: Phases I-III and NDA submissions — Part I. *Hosp Pharm*. 1994;29(9):830-836, 839-844, 847-852 passim.
4. Grant KL. Investigational drug tracking: Phases I-III and NDA submissions — Part II. *Hosp Pharm*. 1994;29(10):900, 902-904, 906-911 passim.
5. Pritchard WF Jr, Abel DB, Karanian JW. The US Food and Drug Administration investigational device exemptions and clinical investigation of cardiovascular devices: Information for the investigator. *J Vasc Interv Radiol*. 1999;10(2 Pt 1): 115-122.
6. Goodman C. Roundtable discussion. Investigational exclusion, clinical trials, and cancer. *Oncology* (Huntingt). 1998;12(11A):37-49.
7. Paterniti JR Jr. Investigational new drug applications: The role of the preclinical dossier. *Am J Cardiol*. 1998;81(8A): 10F-12F.
8. Priester R, Vawter DE, Gervais KG. Investigational treatments: Process, payment, and priorities. *JAMA*. 1997;278(17):1403-1404.
9. Meador KJ. Investigational treatments: Process, payment, and priorities. *JAMA*. 1997;278(17):1403; discussion 1404.
10. Goldschmidt PG, Monaco GP. Investigational treatments: Process, payment, and priorities. *JAMA*. 1997;278(17):1402-1403; discussion 1404.
11. Burt RA. Investigational treatments: Process, payment, and priorities. *JAMA*. 1997;278(17):1402; discussion 1404.
12. Shulman SR, Manocchia M. The US orphan drug programme 1983-1995. *Pharmacoeconomics*. 1997;12(3): 312-326.
13. Laskey WK. Investigational intervention: Revisit the paradigm or make a new one? *Cathet Cardiovasc Diagn*. 1997;41(4):469-470.
14. Eddy DM. Investigational treatments. How strict should we be? *JAMA*. 1997 6;278(3):179-185.
15. Investigational new drug application; exception from informed consent; technical amendment — FDA. Final rule. Fed Regist. 1997;62(115):32479.
16. Beebe DB, Rosenfeld AB, Collins N. An approach to decisions about coverage of investigational treatments. HMO Pract. 1997;11(2):65-67.

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