

PHARMACY POLICY STATEMENT Marketplace

DRUG NAME	Oncology Treatment Regimen Review
BILLING CODE	Must use valid NDC and/or HCPCS code(s)
BENEFIT TYPE	Medical or Pharmacy

Oncology treatment regimens are reviewed in their entirety to include supportive care medications and drugs which otherwise would not require prior authorization (PA). Treatment plans that comply with evidence-based medicine will be issued an Eviti code, meaning that it meets national standards of quality care and the definition of medical necessity. An Eviti code is not an authorization number or guarantee of payment, however, it forwards the authorization request to CareSource for the review process to be completed.

For drugs which may have use in the oncology setting as well as other approved indications and which are not being used as a part of an oncology treatment regimen, review under this policy is not necessary. Any

If all the above requirements are met, the oncology treatment regimen will be authorized for up to 6 months.

For reauthorization:

1. Chart notes must document improvement or stabilization of disease based on clinical narrative, imaging, or current clinical biomarker/lab results.

If all the above requirements are met, the oncology regimen will be authorized for up to an additional 12 months.

Scenarios that do not meet the above requirements may be considered on a case by case basis if the provider submits timely clinical literature from a nationally recognized peer-reviewed medical journal(s) that presents clear and compelling data for efficacy and safety.

DATE	ACTION/DESCRIPTION
01/19/2021	New policy for oncology re 2.08 485 1 Tf 6 > 0.56 12.72 re f* EMC h8 Tm () 308