

Policy Name:	Oncology Regimen Review	Policy #:	2599P
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Purpose of the Policy

The purpose of this policy is to offer guidance on the eviCore and Health Alliance prior authorization review process for oncology agents and oncology-supportive care agents.

Statement of the Policy

Health Alliance Medical Plans will contract with eviCore to perform prior authorization reviews for all oncology agents (including CAR-T cell immunotherapy) within eviCore's scope. Oncology agents outside of eviCore's scope that require prior authorization will be reviewed internally by Health Alliance. Certain self-funded plans may elect to not have prior authorization on oncology agents.

Criteria

1. Prior Authorization Review through eviCore

- 1.1 Prior Authorizations will be submitted through the eviCore portal for medications identified by eviCore as within their scope for review. The list of medications is reviewed and published quarterly but may be subject to change without notice.
- 1.2 eviCore Oncology Pathways criteria follows the National Comprehensive Cancer Network (NCCN) guidelines for all oncology regimens and supportive care therapies
- 1.3 eviCore will send all communication (patient and provider letters, phone calls, etc.)
- 1.4 Health Alliance will be responsible for loading the authorizations in OptumRx (if applicable)

2. eviCore Oncology Review Exclusions

- 2.1 eviCore will not review any oncology regimen or supportive care request in any of the following three scenarios
 - Post-service reviews
 - Clinical Trials
 - Drugs used during hematopoietic stem cell transplant process
 - Includes all requests for chemotherapy or supportive medications related to hematopoietic stem cell transplant, including indications for harvesting, conditioning, engraftment, or graft versus host disease
 - Oncology agents used for non-oncology indications

3. Health Alliance Oncology Reviews

- 3.1 Requests for oncology regimens or supportive care therapies that cannot be completed by eviCore because of one of the above exclusions will be performed internally by Health Alliance
 - Reviews for oncology regimens will follow NCCN guidelines
 - Requests for Food and Drug Administration (FDA) approved medications used for off-label indications may be considered provided some clinical support exists
 - Reviews for supportive care agents will follow NCCN guidelines for Supportive Care

4. Approval Period

- 4.1 Approvals for internal reviews completed by Health Alliance will be placed for 12 months

4.2 Approvals completed by eviCore may have varying approval periods

- Authorizations for adjuvant treatment are typically for 8 months to allow completion of treatment with a buffer in case there is a break in treatment, so the provider does not have to reauthorize for a final cycle
- Authorizations for metastatic disease are typically for 12 months with the exception of some treatments that require 14 months. Many of these are considered “treat until progression” so this allows an annual check-in assuming the patient is stable or improving and is still on the same treatment.

CPT Codes

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HCPCS Codes

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References

1. National Comprehensive Cancer Network (NCCN) Clinical Practice Guidelines.

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DISCLAIMER

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.