

## Eloxatin (oxaliplatin)

Drug names	<ul style="list-style-type: none"><li>Eloxatin</li><li>Oxaliplatin</li></ul>						
Description	<p>Eloxatin (oxaliplatin) interferes with the growth and spread of cancer cells. It is used with other medications to treat colon and rectal cancer.</p> <p>It is administered by intravenous (IV) infusion.</p>						
Table of Contents	<p>The following topics are included in this document:</p> <ul style="list-style-type: none"><li><a href="#">Commercial</a></li><li><a href="#">Government Programs</a></li><li><a href="#">Individual and Family Business (IFB)</a></li></ul>						
Document history	<p>The document history for the past 12 months is outlined below.</p> <table><tr><th>Date</th><th>Description</th></tr><tr><td>8.19.24</td><td>Refreshed due to age.</td></tr><tr><td>8.19.24</td><td>Updated to new template.</td></tr></table>	Date	Description	8.19.24	Refreshed due to age.	8.19.24	Updated to new template.
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Commercial

Introduction	This section applies to all Commercial members. Benefit details depend on the member’s brand: Dean (including Dean Health Plan (DHP) and Prevea360), Mayo Medical Plan (MMP), or Medica (including MHPS).						
Dean (DHP, Prevea360)	Quote office visit, outpatient hospital, or <a href="#">Home IV Therapy</a> benefits.						
Mayo Medical Plan (MMP)	Quote office visit, outpatient hospital, or <a href="#">Home IV Therapy</a> benefits.						
Medica (including MHPS)	<div>Coverage depends on platform.</div> <table><tr><th>Platform</th><th>Coverage</th></tr><tr><td>COSMOS, UNET</td><td><ul style="list-style-type: none"><li>A Pharmacy Services Claim Edit (PSCE), <i>Eloxatin (oxaliplatin)</i>, applies.</li><li><b>Tip:</b> For instructions on locating policies, see <a href="#">Coverage and Prior Authorization Guidelines</a>.</li><li>Administration limit applies. See <i>Dosing Limits</i>.<ul style="list-style-type: none"><li><b>Important:</b> Check policy for limits or exclusions.</li><li><b>Providers:</b> Certain providers are excluded. See <a href="#">Pharmacy Services Claim Edit (PSCE)</a>.</li></ul></li><li>If eligible, quote office visit, outpatient hospital, or <a href="#">Home IV Therapy</a> benefits.</li></ul></td></tr><tr><td>HealthRules</td><td><ul style="list-style-type: none"><li>Quote office visit, outpatient hospital, or <a href="#">Home IV Therapy</a> benefits.</li></ul></td></tr></table>	Platform	Coverage	COSMOS, UNET	<ul style="list-style-type: none"><li>A Pharmacy Services Claim Edit (PSCE), <i>Eloxatin (oxaliplatin)</i>, applies.</li><li><b>Tip:</b> For instructions on locating policies, see <a href="#">Coverage and Prior Authorization Guidelines</a>.</li><li>Administration limit applies. See <i>Dosing Limits</i>.<ul style="list-style-type: none"><li><b>Important:</b> Check policy for limits or exclusions.</li><li><b>Providers:</b> Certain providers are excluded. See <a href="#">Pharmacy Services Claim Edit (PSCE)</a>.</li></ul></li><li>If eligible, quote office visit, outpatient hospital, or <a href="#">Home IV Therapy</a> benefits.</li></ul>	HealthRules	<ul style="list-style-type: none"><li>Quote office visit, outpatient hospital, or <a href="#">Home IV Therapy</a> benefits.</li></ul>
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Government Programs

Introduction	This section applies to all Medicaid and Medicare products.						
AccessAbility (SNBC),  Minnesota Senior Care Plus (MSC+)	<p><a href="#">Medicaid only groups</a>:</p> <ul style="list-style-type: none"><li>See <a href="#">Medicaid</a> below.</li></ul> <p><a href="#">Medicare eligible groups</a>:</p> <ul style="list-style-type: none"><li>Quote office visit, outpatient hospital, or <a href="#">Home IV Therapy</a> benefits.</li><li>Follows Medicare guidelines.</li><li>Medicare is the primary payer.</li><li>If no Medicare eligibility, Medicaid applies. See <a href="#">Medicaid</a> below.</li></ul>						
AccessAbility Enhanced (I-SNBC),  DUAL (MSHO)	<p>A Pharmacy Services Claim Edit (PSCE), <i>Eloxatin (oxaliplatin)</i>, applies.</p> <p><b>Tip:</b> For instructions on locating policies, see <a href="#">Coverage and Prior Authorization Guidelines</a>.</p> <ul style="list-style-type: none"><li><b>Administration limit applies.</b> See <i>Dosing Limits</i>.<ul style="list-style-type: none"><li><b>Important:</b> Check policy for limits or exclusions.</li><li><b>Providers:</b> Certain providers are excluded. See <a href="#">Pharmacy Services Claim Edit (PSCE)</a>.</li></ul></li><li>If approved, quote office visit, outpatient hospital, or <a href="#">Home IV Therapy</a> benefits.</li><li>Medica is the only payer.</li></ul>						
Cost (Prime)	<p>Professionally administered drugs pull multiple benefits. It is important to quote ALL benefits.</p> <ul style="list-style-type: none"><li><b>Drug administration:</b> Quote office visit or <a href="#">Home IV Therapy</a> benefits.</li><li><b>Injection (J-code):</b> Quote <i>Part B Prescription Drugs</i> in the EOC.</li><li>Follows Medicare guidelines.</li></ul>						
Med Advantage	<p>Professionally administered drugs pull multiple benefits. It is important to quote ALL benefits.</p> <ul style="list-style-type: none"><li><b>Drug administration:</b> Quote office visit or <a href="#">Home IV Therapy</a> benefits.</li><li><b>Injection (J-code):</b> Quote <i>Part B Prescription Drugs</i> in the EOC.</li><li>Follows Medicare guidelines.</li><li>Medica is the only payer.</li></ul>						
Med Supp (Select, Signature)	<p>Quote office visit, outpatient hospital, or <a href="#">Home IV Therapy</a> benefits.</p> <ul style="list-style-type: none"><li>Follows Medicare guidelines.</li><li>Medicare supplement.</li><li>Medicare is the primary payer.</li></ul>						
Medicaid	<p>Coverage depends on platform.</p> <table><tr><th>Platform</th><th>Coverage</th></tr><tr><td>COSMOS</td><td><ul style="list-style-type: none"><li>A Pharmacy Services Claim Edit (PSCE), <i>Eloxatin (oxaliplatin)</i>, applies.</li><li><b>Tip:</b> For instructions on locating policies, see <a href="#">Coverage and Prior Authorization Guidelines</a>.</li><li>Administration limit applies. See <i>Dosing Limits</i>.<ul style="list-style-type: none"><li><b>Important:</b> Check policy for limits or exclusions.</li><li><b>Providers:</b> Certain providers are excluded. See <a href="#">Pharmacy Services Claim Edit (PSCE)</a>.</li></ul></li><li>If eligible, quote office visit, outpatient hospital, or <a href="#">Home IV Therapy</a> benefits.</li></ul></td></tr><tr><td>HealthRules</td><td><ul style="list-style-type: none"><li>Quote office visit, outpatient hospital, or <a href="#">Home IV Therapy</a> benefits.</li></ul></td></tr></table>	Platform	Coverage	COSMOS	<ul style="list-style-type: none"><li>A Pharmacy Services Claim Edit (PSCE), <i>Eloxatin (oxaliplatin)</i>, applies.</li><li><b>Tip:</b> For instructions on locating policies, see <a href="#">Coverage and Prior Authorization Guidelines</a>.</li><li>Administration limit applies. See <i>Dosing Limits</i>.<ul style="list-style-type: none"><li><b>Important:</b> Check policy for limits or exclusions.</li><li><b>Providers:</b> Certain providers are excluded. See <a href="#">Pharmacy Services Claim Edit (PSCE)</a>.</li></ul></li><li>If eligible, quote office visit, outpatient hospital, or <a href="#">Home IV Therapy</a> benefits.</li></ul>	HealthRules	<ul style="list-style-type: none"><li>Quote office visit, outpatient hospital, or <a href="#">Home IV Therapy</a> benefits.</li></ul>
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## Individual and Family Business (IFB)

Introduction	This section applies to all Individual and Family Business (IFB) members. Benefit details depend on the member’s brand: Dean (including Dean Health Plan (DHP), Medica (formerly WellFirst), and Prevea360) or Medica.				
Dean (DHP, Medica formerly WellFirst, Prevea360)	Quote office visit, outpatient hospital, or <a href="#">Home IV Therapy</a> benefits.				
Medica	Quote office visit, outpatient hospital, or <a href="#">Home IV Therapy</a> benefits.				
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