

POLICY NAME	Oncology Regimen Review	POLICY #	2599P
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Criteria

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)

Exclusion Criteria – Any of the following prevents coverage

- ☐ **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

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