

Field Name	Field Description
Prior Authorization Group	Oncology Drugs
Drugs	Oncology Medications and Oncology Gene Therapies (specialty or non-specialty) without product specific criteria when requested for an oncology diagnosis
Covered Uses	Medically accepted indications are defined using the following sources: the Food and Drug Administration (FDA), Micromedex, American Hospital Formulary Service (AHFS), United States Pharmacopeia Drug Information for the Healthcare Professional (USP DI) , and the Drug Package Insert, and/or per the National Comprehensive Cancer Network (NCCN)
Exclusion Criteria	N/A
Required Medical Information	See “Other Criteria”
Age Restrictions	N/A
Prescriber Restrictions	Prescriber is an oncologist, or specialist in type of cancer being treated
Coverage Duration	If the criteria are met, the request will be approved for up to 6 month duration.
Other Criteria	<p>All of the following criteria must be met:</p> <ul style="list-style-type: none"> • Requested use must be a labeled indication or be supported by NCCN Category 1 or 2A level of evidence. If the request is for an off-label use supported by NCCN as Category 2B recommendation then medical documentation has been provided as to why member is unable to utilize a treatment regimen with a higher level of evidence (e.g. allergic reaction, contraindication); • Documentation has been provided of the results of all required genetic testing where required per product package insert; • Documentation has been provided of the results of all required laboratory values and patient specific information (e.g. weight, ALT/AST, Creatine Kinase, etc.) necessary to ensure the patient has no contraindications to therapy per product package insert; • The product is being prescribed at a dose that is within FDA approved/NCCN guidelines. • If the request is for a reference biologic drug with either a biosimilar or interchangeable biologic drug currently available, documentation of one of the following: <ul style="list-style-type: none"> ○ The provider has verbally or in writing submitted a member specific reason why the reference biologic is required based on the member’s condition or treatment history; AND if the member had side effects or a reaction to the biosimilar or interchangeable biologic, the provider has completed and submitted an FDA MedWatch form to justify the member’s need to avoid these drugs. The MedWatch form must be included with the prior authorization request

<p>Revision/Review 10/2023</p>	<ul style="list-style-type: none">○ The currently available biosimilar product does not have the same appropriate use (per the references outlined in “Covered Uses”) as the reference biologic drug being requested <p>Form FDA 3500 – Voluntary Reporting</p> <p>Medical Director/clinical reviewer must override criteria when, in his/her professional judgment, the requested item is medically necessary.</p>
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