CareSource Rxinnovations

PHARMACY POLICY STATEMENT
Indiana Medicaid

DRUG NAME	Oncology Regimens
BENEFIT TYPE	Medical or Pharmacy

All oncology treatments must be submitted to Eviti Connect for review via the NantHealth Eviti Connect portal. Eviti Connect is an online platform that connects CareSource with oncology offices for real-time validation of cancer treatment plans. It is the most efficient way to initiate a treatment plan review and reduces the administrative time involved in requesting authorizations at the drug level by assuring accurate reimbursement at the regimen level.

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 a guarantee of payment, however, the code issuance indicates the review process has been completed and an authorization is forwarded to CareSource.

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 existing drug specific clinical review policies will supersede this oncology treatment regimen review policy.

Oncology regimens are reviewed based on the following criteria:

Cancer (all types)

For **initial** authorization:

1. The oncology drug(s) must be prescribed by an oncologist or hematologist; AND
2. The regimen must have sufficient supporting evidence for use as determined by one or more of the following:
   a) Food and Drug Administration (FDA) approved indication(s)
   b) National Comprehensive Cancer Network (NCCN) evidence categories 1, 2a, or 2b
   c) Other recommendations within the Eviti evidence-based medical library, such as nationally recognized peer-reviewed medical journal articles or professional society oncology treatment standards and guidelines; AND
3. The dose(s) must not exceed the FDA labeled maximum or what is supported by the above compendia or reference guidelines; AND
4. Medical records, applicable lab results, and/or test results such as to detect a genetic mutation must be provided to confirm the diagnosis and provide baseline information; AND
5. Chart notes must document any and all previous treatments for the member's cancer; AND
6. The member does not have any contraindications to the requested treatment; AND
7. If the request is for a non-preferred/non-formulary drug and a comparable preferred drug is available as determined by the reviewer (e.g., a biosimilar or a drug in the same mechanistic class with similar efficacy and safety), then the member must try the alternative preferred regimen first and show a lack of response before requesting a non-preferred drug, unless not tolerated or contraindicated (EXCEPTION: Step therapy is NOT required for stage 4 advanced, metastatic cancer); AND
8. The request is not for experimental or investigational purposes or for use in a clinical trial.

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 created.
08/16/2022	Eviti code verbiage updated. Changed policy title from "Oncology Treatment Regimen Review."
10/03/2024	Annual review; updated references.
04/07/2026	Updated policy to indicate that step therapy is not applicable for patients with stage four advanced, metastatic cancer per House Bill No. 1114.

References:

1. NCCN: Levels of Evidence and Consensus for Recommendations. https://www.nccn.org/guidelines/guidelines-process/development-and-update-of-guidelines. Accessed October 3, 2024.
2. Micromedex® (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: https://www.micromedexsolutions.com/. Drug Consults: Recommendation, Evidence and Efficacy Ratings. Accessed October 3, 2024.

Effective date: 11/01/2026
Revised date: 04/07/2026