

PROCEDURE

Initial Authorization Criteria:

Must meet all of the applicable criteria listed below:

1. All oral and topical oncology products that require prior authorization:

- Must be prescribed by or in consultation with an oncologist or hematologist
- Must be using for a FDA approved or compendia (i.e. NCCN guidelines) supported indication
 - Includes appropriate dosage, testing, and any applicable prior drug requirements

2. Requests for Xtandi® (enzalutamide):

- For diagnosis of metastatic castration-resistant prostate cancer, must meet criteria above **AND**
- Must have had a trial and failure of Zytiga® (abiraterone acetate)

Reauthorization Criteria:

All prior authorization renewals are reviewed every 6 months to determine the Medical Necessity for continuation of therapy. Authorization may be extended at 6-month intervals based upon chart documentation from the provider that the member's condition has improved based upon the prescriber's assessment while on therapy.

Limitations:

Length of Authorization (if above criteria met)	
Initial Authorization	Up to 6 months
Reauthorization	Same as initial
Quantity Level Limit	
See RX.005 Quantity Limits	

If the established criteria are not met, the request is referred to a Medical Director for review.



Oral and Topical Oncology Agents

POLICY NUMBER: RX.PA.067.E

REVISION DATE: 08/18

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REFERENCES

1. NCCN Clinical Guidelines

RECORD RETENTION

Records Retention for Evolent Health documents, regardless of medium, are provided within the Evolent Health records retention policy and as indicated in CORP.028.E Records Retention Policy and Procedure.

REVIEW HISTORY

DESCRIPTION OF REVIEW / REVISION	DATE APPROVED
<i>Criteria update</i>	<i>01/16, 05/16, 06/16, 07/16, 12/16, 02/17, 04/17, 07/17, 08/17, 10/17, 11/17, 01/18, 7/18, 8/18</i>
<i>Annual Review</i>	<i>02/16, 02/17, 02/18</i>
<i>Streamlined criteria</i>	<i>03/18</i>

