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| SUBJECT: | Chemotherapy Review Criteria Policy | POLICY #: UM 9 |
| DEPARTMENT: | Utilization Management | APPROVED BY: |
| REVIEWED AND APPROVED DATE: | 5/30/2025 | QUMC |

PURPOSE: To explicitly state criteria on which chemotherapy prior authorization reviews are based.

PROCESS:

OncoHealth reviews chemotherapy prior authorization requests for cancer patients. To properly perform this function, OncoHealth evaluates the medical literature and reviews national guidelines, e.g., from the National Comprehensive Cancer Network® (NCCN®) and the American Society of Clinical Oncology (ASCO), and recommendations in the 5 compendia approved by the Centers for Medicare and Medicaid Services (CMS).

OncoHealth has developed a database comprised of chemotherapy and supportive agent treatment options that it refers to as protocols or regimens. Treating physicians (typically oncologists) or their staff assign the appropriate chemotherapy ± supportive agent protocol(s) to their cancer patients to initiate prior authorization reviews by OncoHealth.

OncoHealth’s clinical staff maintains the database of chemotherapy and supportive agent treatment options. OncoHealth’s board-certified hematologists/medical oncologists and other oncology specialists and board-certified oncology pharmacists review the database in an ongoing fashion and update the protocols as necessary based on changes in FDA labels, NCCN guidelines, published literature, and requests from treating physicians. OncoHealth recognizes that the fields of hematology and oncology are changing rapidly. Accordingly, new protocols are evaluated and continually added to OncoHealth’s database.

Review criteria used by OncoHealth to determine whether chemotherapy ± supportive agent(s) are medically necessary for anticancer treatment include the following:

- New drugs or regimens (combinations of drugs) approved by the United States Food and Drug Administration (FDA), i.e., that are used on-label.
- Drugs and biologics may be used off-label, i.e., without FDA approval. They are considered medically accepted or necessary if supported by any of the following 5 compendia that Medicare uses to determine a “medically accepted indication” for off-label drugs and biologics in anticancer chemotherapeutic treatment and are not listed as unsupported, not indicated, or not recommended within any one of the compendia below.
 - NCCN Drugs & Biologics Compendium®
 - Category 1-2A recommendations are considered medically accepted uses
 - Category 2B recommendations will be considered if identified as medically accepted if listed in at least one of the 5 Medicare-recognized compendia or supported by peer-reviewed scientific literature eligible for coverage as outlined

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- European Journal of Cancer (formerly the European Journal of Cancer and Clinical Oncology);
- Gynecologic Oncology;
- International Journal of Radiation, Oncology, Biology, and Physics;
- The Journal of the American Medical Association;
- Journal of Clinical Oncology;
- Journal of the National Cancer Institute;
- Journal of the National Comprehensive Cancer Network (NCCN);
- Journal of Urology;
- Lancet;
- Lancet Oncology;
- Leukemia;
- The New England Journal of Medicine; or
- Radiation Oncology
- Pediatric Hematology and Oncology
- Pediatric Blood and Cancer
- Journal of Adolescent and Young Adult Oncology

Meeting abstracts and case reports are generally excluded from consideration.

- Coverage determination may also be directed by CMS National Coverage Determinations (NCDs) or state-specific Local Coverage Determinations (LCDs), state-specific Medicaid drug utilization requirements and/or health plan-specific drug coverage policies, where applicable.
- Unique cases that do not fit NCCN Categories 1-3:
 - Non-standard protocols may be approved based on unique clinical circumstances, especially for rare diseases that may lack guideline-based treatment recommendations
 - Non-standard protocols are entered into the database, as needed

Any practicing oncologist can request that a protocol be added to OncoHealth’s database.

Based on ongoing reviews of the medical literature and national guidelines, e.g., from the NCCN and ASCO, obsolete treatment protocols are inactivated making them no longer available for view by treating oncologists and their staff.

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| Revision Date | Description of Changes |
|---------------|---|
| 12/10/2014 | Creation Date |
| 07/02/2020 | New format |
| 05/20/2021 | Added “review is completed based on changes in FDA labels, NCCN Guidelines, published literature and requests from treating physicians” |
| 08/10/2024 | Format & policy number change |
| 05/30/2025 | Annual Review and Approval |
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