



SERVICE AREA	South Carolina								
LINES OF BUSINESS (LOB)	<p style="text-align: center;"> <u>Effective October 1, 2019</u> Absolute Total Care (Medicaid) Ambetter (Exchange) <u>Effective January 11, 2021</u> Wellcare Prime by Absolute Total Care (Medicare-Medicaid Plan) <u>Effective January 1, 2025</u> ICHRA Membership </p> <p style="text-align: center;">Members 18 years of age and older</p>								
EVOLENT ONCOLOGY MEDICATION SCOPE	<table border="1" style="width: 100%;"> <thead> <tr> <th style="background-color: #cccccc;">SPECIALTIES</th> <th style="background-color: #cccccc;">COVERAGE</th> <th style="background-color: #cccccc;">AUTHORIZATION</th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;"> <ul style="list-style-type: none"> • Gynecologic Oncology • Hematology • Medical Oncology • Neurological Oncology • Surgical Oncology • Urology <p style="text-align: center;">(Medications only)</p> </td> <td style="vertical-align: top;"> <p style="text-align: center;">Place of Treatment:</p> <p>11-Provider office 19-Outpatient off-campus 22-Outpatient on-campus 24-Ambulatory</p> <p>Cancer Diagnosis = C00 - D09, D37-D44, E34.0 Hematology Diagnosis = D45 - D49, D61.81, D61.82, D63.0, D63.8, D64.2-D64.3, D64.81, D64.89, D64.9, D68.59, D69.3, D69.41, D69.59, D69.6, D69.8, D69.9, D70.1-D70.9, D72.8, D72.9, D73.81, D73.9, D75.1, D75.81, D75.82 N&V=R11</p> </td> <td style="vertical-align: top;"> <p>Authorization required for:</p> <p>Infused, injectable and oral* chemotherapy, hormonal therapeutic treatment, supportive agents, and symptom management medications.</p> <p><i>*Pharmacy benefit orals and office administered (medical benefit) infused/injectable agents of the same medication type (i.e., both cancer agents) must be submitted via one combined request.</i></p> <p><i>Effective 08.07.2024, pharmacy benefit drugs are out of scope for the Absolute Total Care Medicaid line of business.</i></p> </td> </tr> </tbody> </table>	SPECIALTIES	COVERAGE	AUTHORIZATION	<ul style="list-style-type: none"> • Gynecologic Oncology • Hematology • Medical Oncology • Neurological Oncology • Surgical Oncology • Urology <p style="text-align: center;">(Medications only)</p>	<p style="text-align: center;">Place of Treatment:</p> <p>11-Provider office 19-Outpatient off-campus 22-Outpatient on-campus 24-Ambulatory</p> <p>Cancer Diagnosis = C00 - D09, D37-D44, E34.0 Hematology Diagnosis = D45 - D49, D61.81, D61.82, D63.0, D63.8, D64.2-D64.3, D64.81, D64.89, D64.9, D68.59, D69.3, D69.41, D69.59, D69.6, D69.8, D69.9, D70.1-D70.9, D72.8, D72.9, D73.81, D73.9, D75.1, D75.81, D75.82 N&V=R11</p>	<p>Authorization required for:</p> <p>Infused, injectable and oral* chemotherapy, hormonal therapeutic treatment, supportive agents, and symptom management medications.</p> <p><i>*Pharmacy benefit orals and office administered (medical benefit) infused/injectable agents of the same medication type (i.e., both cancer agents) must be submitted via one combined request.</i></p> <p><i>Effective 08.07.2024, pharmacy benefit drugs are out of scope for the Absolute Total Care Medicaid line of business.</i></p>		
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AUTHORIZATION PROCESS	<p style="text-align: center;">Ordering provider’s office must submit treatment requests to Evolent for prior authorization.</p> <ul style="list-style-type: none"> • Log on to the Evolent Carepro portal at https://my.newcenturyhealth.com • Telephonic Intake: 888.999.7713 <ul style="list-style-type: none"> ○ Medical Oncology - option 2 • Physician Discussions: 888.999.7713 <ul style="list-style-type: none"> ○ Medical Oncology - option 2, followed by option 5 								



HOURS OF OPERATION

Monday – Friday, 5:00 AM – 5:00 PM PST (fully staffed) *
 Saturday, 5:00 AM – 5:00 PM PST (limited staff) *
 Sunday, 5:00 AM – 2:00 PM PST (limited staff) *
 *After hours call coverage available:
 Monday – Saturday, 5:00 PM PST – 5:00 AM PST*
 Sunday, 2:00 PM PST – 5:00 AM PST*

EVOLENT TURNAROUND TIMES (TAT)	Line of Business	Part B Medications		Part D Medications	
		Standard	Expedite	Standard	Expedite
	Absolute Total Care (Medicaid)	4 Calendar Days	24 Hours	12 Hours	12 Hours
	Ambetter (Exchange)	1 Business Day	1 Business Day	36 Hours	12 Hours
	Wellcare Prime (Medicare-Medicaid Plan)	36 Hours	12 Hours	36 Hours	12 Hours

CLINICAL TRIALS Clinical trials are out of scope for Evolent, please follow your current process.

- TRANSPLANT SERVICES**
- **Pre-Transplant:** Send all chemotherapy regimen requests to Evolent for review.
 - **Post-Transplant:** Transplant related chemotherapy authorizations requests within 1-year post-transplant should be sent to the health plan for review.

RETRO AUTHORIZATIONS Retrospective authorizations are out of scope for Evolent. Please follow the health plan’s policies and procedures.

EVOLENT PROVIDER SOLUTIONS Please contact your dedicated Sr. Provider Solutions Manager with any questions or to request Evolent in-service/training:
 Name: Claudia Prinstein-Hasbun
 Email: chasbun@evolent.com
 Phone: 1.571.832.0659

- EVOLENT RESOURCES** Resources available under “Useful Tool/Useful Documents” in Evolent’s Carepro portal:
- **Clinical Data Elements:** A resource tool to assist with answering the clinical questions presented during the prior authorization process.
 - **Dose Optimization:** As per the Hematology/Oncology Pharmacy Association (HOPA), rounding of biologic and cytotoxic agents within 10% of the standard dose is designated as acceptable for routine clinical care in both the curative and incurable settings; and changes less than or equal to 10% are not expected to reduce the safety or effectiveness of therapy. Evolent offers dose rounding for many chemotherapy drugs and encourages you to take advantage of the dose rounding opportunity by accepting the calculated dose. Neither accepting nor overriding the



	<p>dose-rounded calculation has any impact on your authorization’s potential for auto-approval.</p> <ul style="list-style-type: none"> • Evolent Level 1 Pathways: http://pathways.newcenturyhealth.com. <i>Please share this link with your pharmacy and clinical team.</i> • Oncology Supporting Documentation Grid (SDG)
<p>EVOLENT CLINICAL LEADERSHIP</p>	<p>Andrew Hertler, MD, FACP Chief Medical Officer Juhee Sidhu Vice President of Oncology Hugh Wallace, MD Sr. Medical Director Stanley Rubin, MD Sr. Medical Director</p>
<p>EXCLUSIONS</p>	<ul style="list-style-type: none"> • Antibiotics • Bone marrow, and stem cell transplants and CAR-T cell therapy • Clinical trials • CKD/ESRD patients/medications • Controlled substances (i.e. Morphine) • Diagnostic imaging • Equipment requests (infusion pumps) • Hemophilia drugs • Inpatient radiation and chemotherapy treatments • Non-par providers/members outside of service area • Pharmacy benefit drugs (Effective 08.07.2024 for ATC Medicaid) • Radiopharmaceuticals • Soliris (J1300-Eculizumib) / Ultomiris • Specialties, diagnoses, j-codes, CPT codes, places of treatment, and lines of business outside defined scope • Surgeries/surgical procedures