



FROM



home state health.



<b>SERVICE AREA</b>	<b>Missouri</b>							
<b>LINES OF BUSINESS (LOB)</b>	<p><u>Effective October 1, 2020</u>  <b>Ambetter from Home State Health (Exchange)</b>  <u>Effective January 1, 2025</u>  <b>ICHRA Membership</b></p> <p>Members 18 years of age and older</p>							
<b>EVOLENT ONCOLOGY MEDICATION SCOPE</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <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"> <li>• Gynecologic Oncology</li> <li>• Hematology</li> <li>• Medical Oncology</li> <li>• Neurological Oncology</li> <li>• Surgical Oncology</li> <li>• Urology</li> </ul> <p style="text-align: center;"><b>(Medications only)</b></p> </td> <td style="vertical-align: top;"> <p><b>Place of Treatment:</b></p> <p>11-Provider office  19-Outpatient off-campus  22-Outpatient on-campus  24-Ambulatory</p> <p><b>Cancer Diagnosis</b> = C00-D09, D37-D44, E34.0,</p> <p><b>Hematology Diagnosis</b> = D45-D49, D61.81, D61.2, D63.0, D63.8, D64.2-D64.3, D64.81, D64.89, D64.9, D68.59, D69.41, D69.59, D69.6, D69.8, D69.9, D70, D72.8, D72.9, D73.81, D73.9, D75.1, D75.81, D75.82</p> <p><b>N&amp;V</b> = 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> </td> </tr> </tbody> </table>	SPECIALTIES	COVERAGE	AUTHORIZATION	<ul style="list-style-type: none"> <li>• Gynecologic Oncology</li> <li>• Hematology</li> <li>• Medical Oncology</li> <li>• Neurological Oncology</li> <li>• Surgical Oncology</li> <li>• Urology</li> </ul> <p style="text-align: center;"><b>(Medications only)</b></p>	<p><b>Place of Treatment:</b></p> <p>11-Provider office  19-Outpatient off-campus  22-Outpatient on-campus  24-Ambulatory</p> <p><b>Cancer Diagnosis</b> = C00-D09, D37-D44, E34.0,</p> <p><b>Hematology Diagnosis</b> = D45-D49, D61.81, D61.2, D63.0, D63.8, D64.2-D64.3, D64.81, D64.89, D64.9, D68.59, D69.41, D69.59, D69.6, D69.8, D69.9, D70, D72.8, D72.9, D73.81, D73.9, D75.1, D75.81, D75.82</p> <p><b>N&amp;V</b> = 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>	
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 **Ordering provider’s office must submit treatment requests to Evolent for prior authorization.**   - Log on to the Evolent Carepro portal at <https://my.newcenturyhealth.com> - Telephonic Intake: 888.999.7713   - Medical Oncology - option 2 - Physician Discussions: 888.999.7713   - 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\* || **AUTHORIZATION PROCESS** |  | | |



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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
	Exchange	18 Hours	12 Hours	18 Hours	12 Hours
TRANSPLANT SERVICES	<ul style="list-style-type: none"> <li>• <b>Pre-Transplant:</b> Send all chemotherapy regimen requests to Evolent for review.</li> <li>• <b>Post-Transplant:</b> Transplant related chemotherapy authorizations requests within 1-year post-transplant should be sent to the health plan for review.</li> </ul>				
RETRO AUTHORIZATIONS	Retrospective authorizations are out of scope for Evolent. Please follow Health Plan’s policies and procedures.				
EVOLENT PROVIDER SOLUTIONS	<p>Please contact your dedicated Sr. Provider Solutions Manager with any questions or to request Evolent in-service/training:</p> <p>Name: Brenda Bedford  Email: <a href="mailto:bbedford@evolent.com">bbedford@evolent.com</a>  Phone: 1.571.248.9297</p>				
EVOLENT RESOURCES	<p>Resources available under “Useful Tool/Useful Documents” in Evolent’s Carepro portal:</p> <ul style="list-style-type: none"> <li>• <b>Clinical Data Elements:</b> A resource tool to assist with answering the clinical questions presented during the prior authorization process.</li> <li>• <b>Dose Optimization:</b> 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 dose-rounded calculation has any impact on your authorization’s potential for auto-approval.</li> <li>• <b>Evolent Level 1 Pathways:</b> <a href="http://pathways.newcenturyhealth.com">http://pathways.newcenturyhealth.com</a>. <i>Please share this link with your pharmacy and clinical team.</i></li> <li>• <b>Oncology Supporting Documentation Grid (SDG)</b></li> </ul>				
EVOLENT CLINICAL LEADERSHIP	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				
EXCLUSIONS	<ul style="list-style-type: none"> <li>• Antibiotics</li> <li>• Bone marrow, stem cell transplants and CAR-T cell therapy</li> <li>• CKD/ESRD patients/medications</li> <li>• Clinical trials</li> <li>• Controlled substances (i.e. Morphine)</li> <li>• Diagnostic imaging</li> </ul>				



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- Equipment requests (infusion pumps)
- Hemophilia drugs
- Inpatient radiation and chemotherapy treatments
- Non-par providers/members outside of service area
- Retrospective requests
- Radiopharmaceuticals
- Soliris (J1300-Eculizumib) / Ultomiris
- Specialties, places of treatment, diagnosis and services not specifically listed as in scope