



SERVICE AREA	Ohio						
<p style="text-align: center;">LINES OF BUSINESS (LOB)</p>	<p>Buckeye Health Plan Medicaid Ambetter from Buckeye Health Plan (Exchange) <u>Effective September 3, 2020</u> Medicaid adult members <u>Effective June 1, 2021</u> Medicaid pediatric members added <u>Effective June 1, 2021</u> Ambetter (Exchange) members of all ages <u>Effective January 1, 2025</u> ICHRA Membership</p>						
<p style="text-align: center;">ONCOLOGY MEDICATION SCOPE</p>	<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: center;">SPECIALTIES</th> <th style="text-align: center;">COVERAGE</th> <th style="text-align: center;">AUTHORIZATION</th> </tr> </thead> <tbody> <tr> <td data-bbox="391 743 771 1079"> <ul style="list-style-type: none"> • Gynecologic Oncology • Hematology • Medical Oncology • Neurological Oncology • Pediatric Oncology • Surgical Oncology • Urology <p style="text-align: center;">(Medications only)</p> </td> <td data-bbox="771 743 1144 1976"> <p>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</p> <p>Hematology Diagnosis = D45-D49, D59.10-D59.19, 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 .</p> <p>N&V = R11</p> </td> <td data-bbox="1144 743 1539 1976"> <p>Authorization required for:</p> <p>Medicaid: Infused, injectable chemotherapy, hormonal chemotherapeutic treatment, supportive agents, and symptom management medications. <i>*Effective 10.1.2022: Oral medications (pharmacy benefit) must be submitted to Gainwell Technologies.</i></p> <p>Ambetter: Infused, injectable and oral* chemotherapy, hormonal chemotherapeutic 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"> • Gynecologic Oncology • Hematology • Medical Oncology • Neurological Oncology • Pediatric Oncology • Surgical Oncology • Urology <p style="text-align: center;">(Medications only)</p>	<p>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</p> <p>Hematology Diagnosis = D45-D49, D59.10-D59.19, 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 .</p> <p>N&V = R11</p>	<p>Authorization required for:</p> <p>Medicaid: Infused, injectable chemotherapy, hormonal chemotherapeutic treatment, supportive agents, and symptom management medications. <i>*Effective 10.1.2022: Oral medications (pharmacy benefit) must be submitted to Gainwell Technologies.</i></p> <p>Ambetter: Infused, injectable and oral* chemotherapy, hormonal chemotherapeutic 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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AUTHORIZATION PROCESS

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*

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
Commercial	4 Business Days	24 Hours	12 Hours	12 Hours
Medicaid	4 Calendar Days	24 Hours	Submit medications under the pharmacy benefit to Gainwell Technologies.	

HEALTH PLAN AUTHORIZATION NUMBER

Once prior authorization is obtained through Evolent, the provider will receive an approval letter with the health plan authorization number to submit with the claim. Please contact the health plan for claims processing, grievances, and appeals.

CLINICAL TRIALS

Clinical trials are in scope for Evolent. Clinical Trial drug(s) should be requested separately from standard of care medications generating 2 separate requests submitted to Evolent.

- The clinical trial drug(s) should be submitted to Evolent – in the provider portal, step 5 of the request, indicate “Yes” this is a clinical trial, enter clinical trial name or number and proceed with your request.
- The standard of care medications should also be submitted to Evolent - in the provider portal, step 5 of the request, indicate ‘No’ to clinical trial and proceed with the request.

This process only applies if a member is enrolled in a clinical trial. If a member is only ‘following’ the clinical trial protocol, please submit one request for all drugs and indicate ‘No’ to clinical trial. Ensure supporting documentation clearly indicates member is either enrolled in clinical trial or only following protocol.



<p>TRANSPLANT SERVICES</p>	<ul style="list-style-type: none"> • 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.
<p>RETRO AUTHORIZATIONS</p>	<p>Retrospective authorizations are out of scope for Evolent. Please follow Health Plan’s policies and procedures.</p>
<p>EVOLENT PROVIDER SOLUTIONS</p>	<p>Please contact your dedicated Sr. Provider Solutions Manager with any questions or to request Evolent in-service/training:</p> <p>Name: Melanie Bodencak Email: mbodencak@evolent.com Phone: 1.657.286.8304</p>
<p>EVOLENT RESOURCES</p>	<p>Resources available under “Useful Tool/Useful Documents” in Evolent’s Carepro portal:</p> <ul style="list-style-type: none"> • 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 dose-rounded calculation has any impact on your authorization’s potential for auto-approval. • 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>

EXCLUSIONS

- Antibiotics
- Pharmacy benefit drugs (Medicaid line of business only effective 10.1.22)
- Bone marrow, and stem cell transplants (Exception: mobilization in pre-transplant patients is included in Evolent scope and should be reviewed, [i.e. Mozobil])
- CAR-T cell therapy
- Controlled substances (i.e., Morphine)
- Diagnostic imaging and diagnostic testing
- Diagnostic radioisotopes
- Equipment requests (infusion pumps)
- Genetic lab testing and laboratory services
- Hemophilia drugs
- CKD/ESRD patients/medications
- Home health
- Inpatient radiation and chemotherapy treatments
- Non-par providers/members outside of service area
- Radiopharmaceuticals
- Retrospective requests
- Specialties, diagnoses, j-codes/ CPT codes, places of treatment, and lines of business outside defined scope
- Soliris and Ultomiris
- Surgeries/surgical procedures