Medical Oncology

Outpatient Clinical Drug Trials Solution for 1199SEIU Benefit Funds

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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HEALTH UTILIZATION MANAGEMENT

eviCore healthcare

Empowering the Improvement of Care

Outpatient Oncology Clinical Trial Management Overview

Effective 1/1/2023, 1199SEIU Benefit Funds Medical Oncology prior authorization program will begin accepting prior authorization requests for pediatric and adult Medical Oncology outpatient clinical drug trials through eviCore healthcare.

- Prior approval requests will still be initiated through www.eviCore.com or by phoning eviCore at 888-910-1199.
- Outpatient medical oncology clinical trial prior authorization will be required for all Benefit Fund active members, and will include pediatric and adult patients.
- Outpatient medical oncology clinical trials beginning prior to 1/1/2023, utilization review will continue to be managed by Benefit Funds.
- Beginning on 1/1/2023, patients enrolled in an outpatient medical oncology clinical trial will be required to obtain a prior authorization through eviCore.
- eviCore will review treatment regimens to ensure they meet with coverage policy guidelines. If the prior authorization does not adhere to our medical oncology coverage policy, the request will be denied. A denial notification will be sent out, containing the clinical appeal process.

Outpatient Oncology Clinical Trial Management Overview

Effective 1/1/2023, 1199SEIU Benefit Funds Medical Oncology prior authorization program will begin accepting prior authorization requests for pediatric and adult Medical Oncology outpatient clinical drug trials through eviCore healthcare.

- Inpatient and ER Patients do not require prior authorizations through eviCore. For Inpatient prior authorization you will continue to contact Care Allies at (800)227-9360
- eviCore will review the trial protocol to ensure it meets coverage policy guidelines
- If the trial contains Standard of Care drugs that fall under the coverage policy, an authorization will be issued that covers those drugs and identifies the trial drugs that are not covered (Experimental and Investigational) and must be covered by the trial Sponsor
- If the outpatient clinical trial period is greater than the eviCore Standard of Care drug authorization, then the provider should contact eviiCore to extend the authorization
- If the patient disenrolls from the trial or a trial is discontinued, the provider should contact eviCore regarding alternate treatment authorizations

Oncology Clinical Trial Match

- eviCore will include the new **Clinical Trial Match** service. This is an informational service embedded in the existing prior authorization process that is designed to help raise awareness of possible trial options for your patients.
- During a standard prior authorization request eviCore will search the NCI trial database using clinical information gathered during the request to surface potential clinical trial matches. You may elect to have this list sent to you for further review.
- Sharing the clinical trial information with you, will not delay the prior authorization review or determination.

Outpatient Oncology Clinical Trial Management Information

The oncology medications coverage policy is available on the eviCore website (www.evicore.com)

https://www.evicore.com/provider/clinical-guidelines-details?solution=medical%20oncology&hPlan=1199SEIU

Medical oncology outpatient clinical drug trial educational material will be available on the eviCore 1199SEIU Funds resource page.

https://www.evicore.com/resources/healthplan/1199seiu-funds

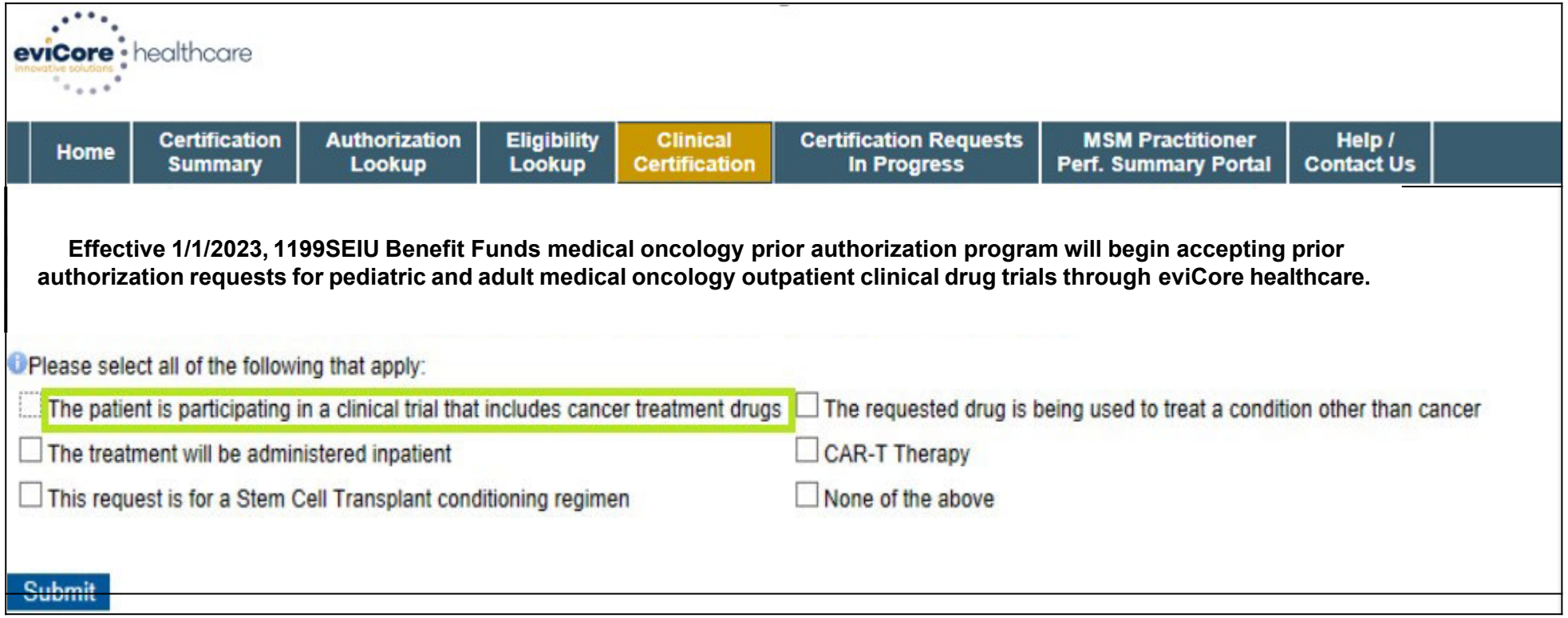
For additional questions, you may contact: clientservices@eviCore.com

Select Program

Select the Program for your certification.

Creating the Request

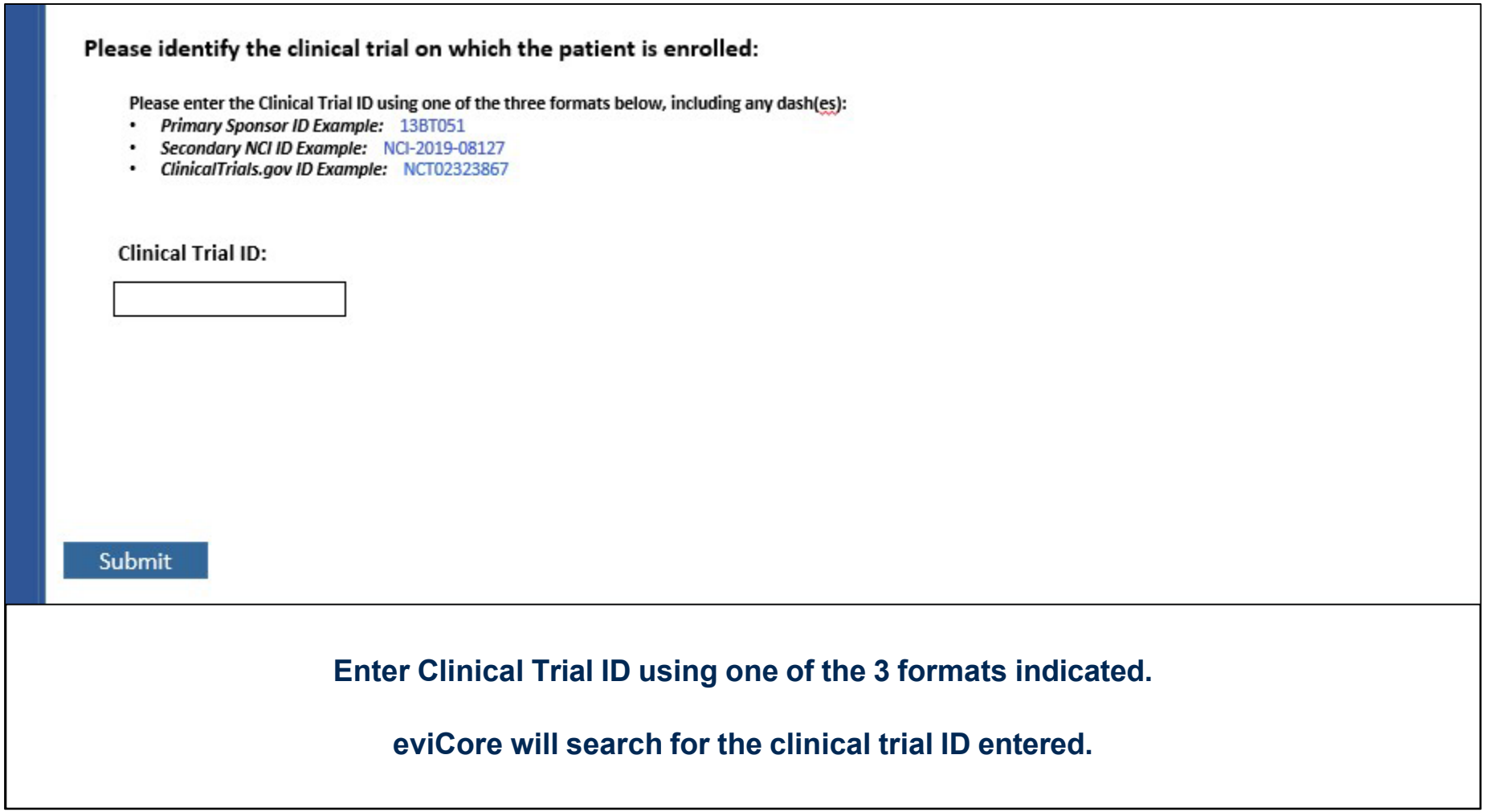
Oncology Clinical Trial Process



If the patient is participating in an outpatient clinical trail, select the appropriate option.

Options other than the clinical trial are not managed by eviCore.

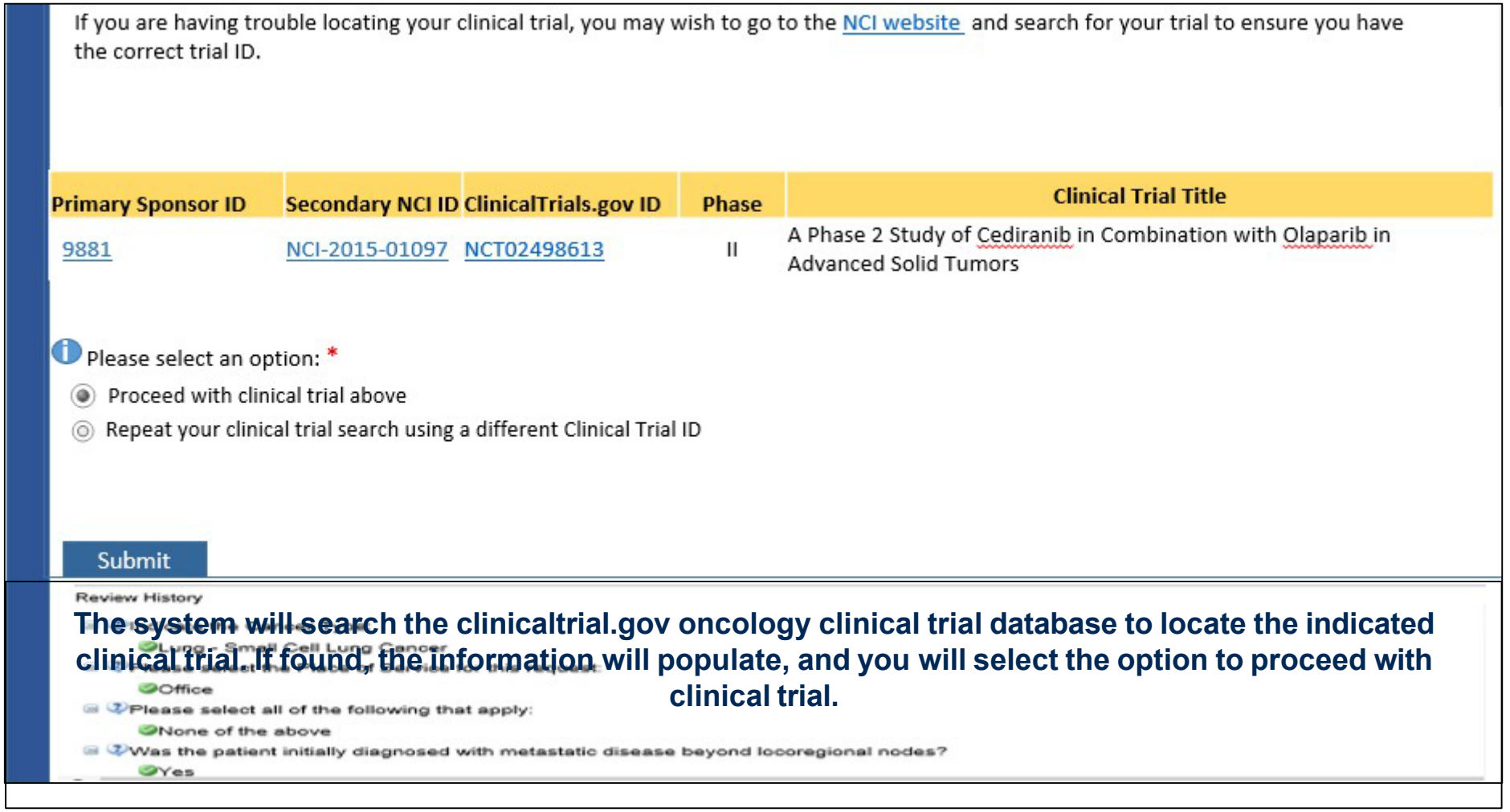
Oncology Clinical Trial Process



Enter Clinical Trial ID using one of the 3 formats indicated.

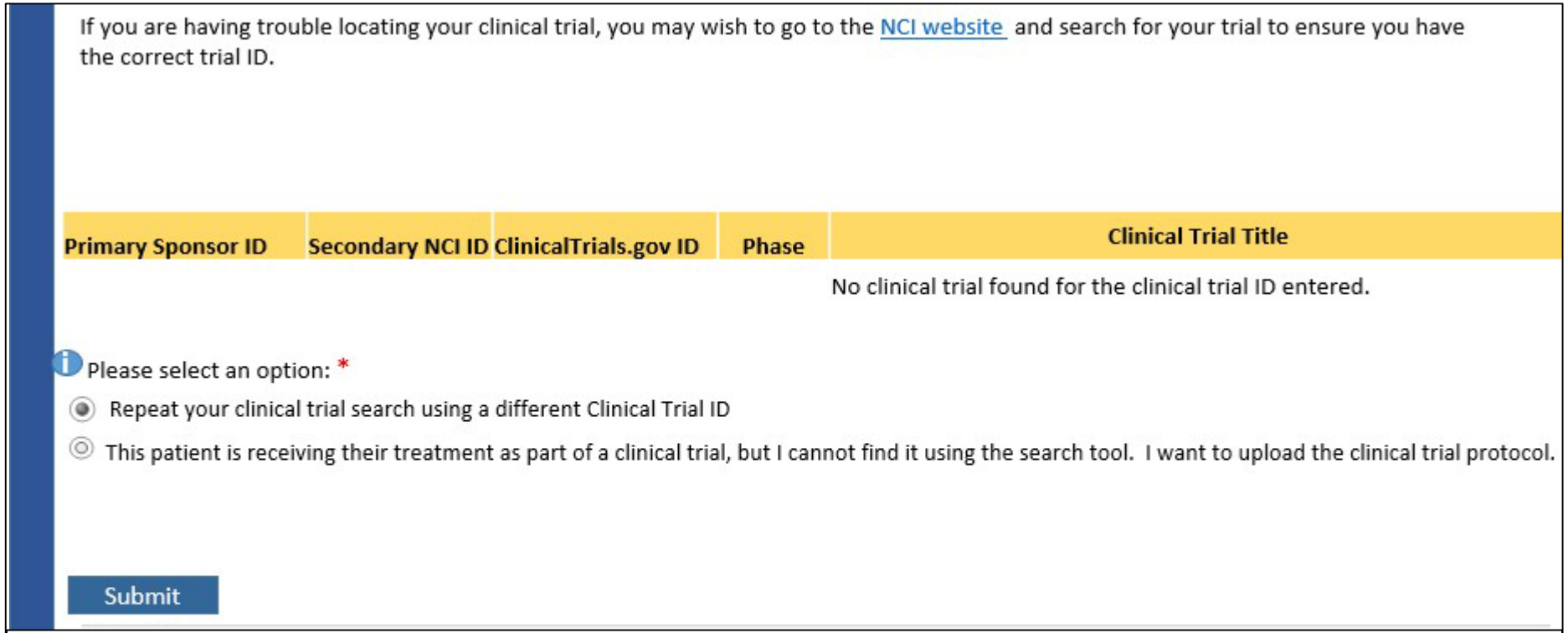
eviCore will search for the clinical trial ID entered.

Oncology Clinical Trial Process



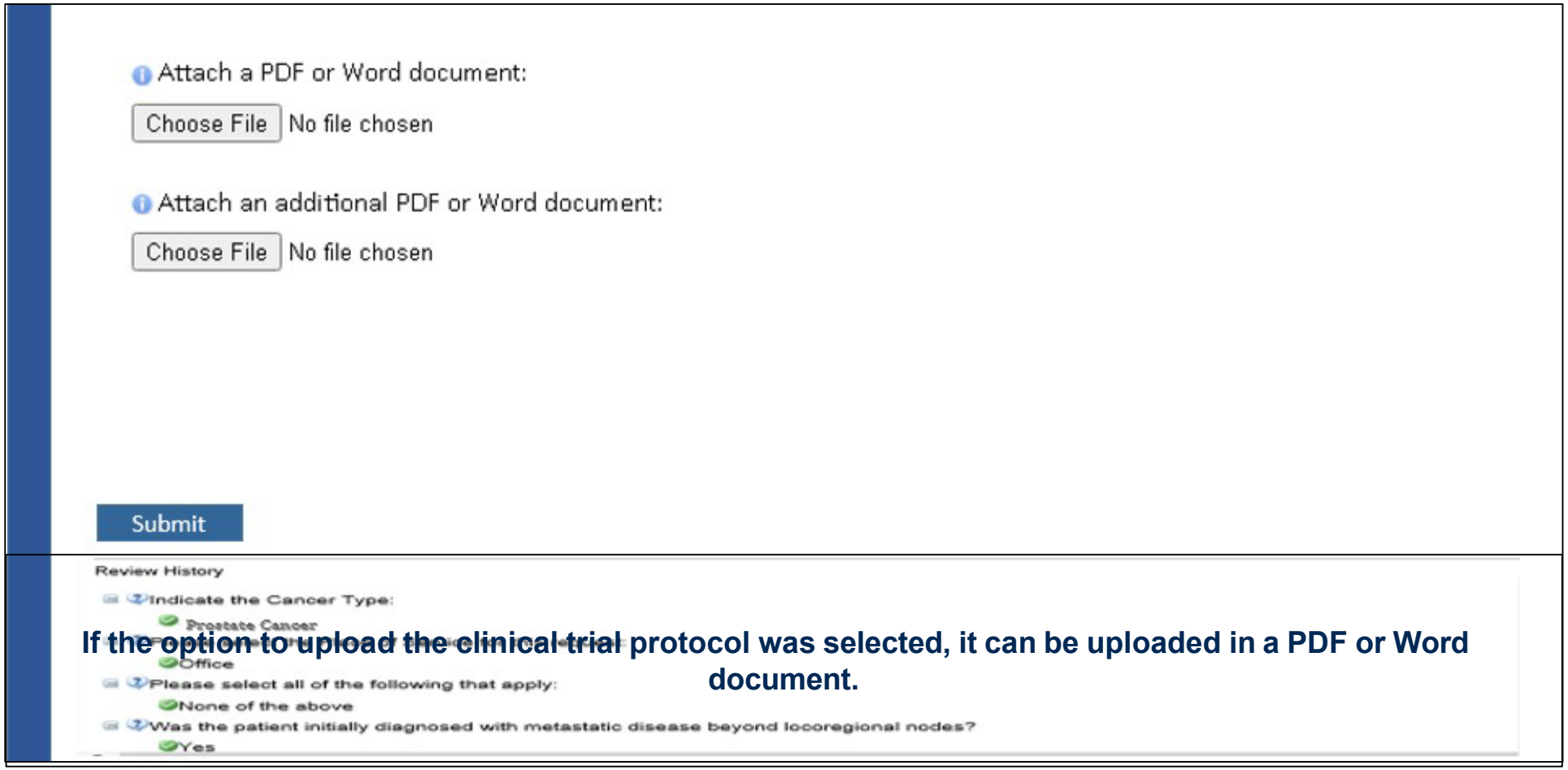
The system will search the clinicaltrial.gov oncology clinical trial database to locate the indicated clinical trial. If found, the information will populate, and you will select the option to proceed with clinical trial.

Oncology Clinical Trial Process



If no clinical trial id is entered, or an incorrect id is entered, an option will be offered to repeat the clinical trial search.
Or
An option to upload the clinical trial protocol can be selected.

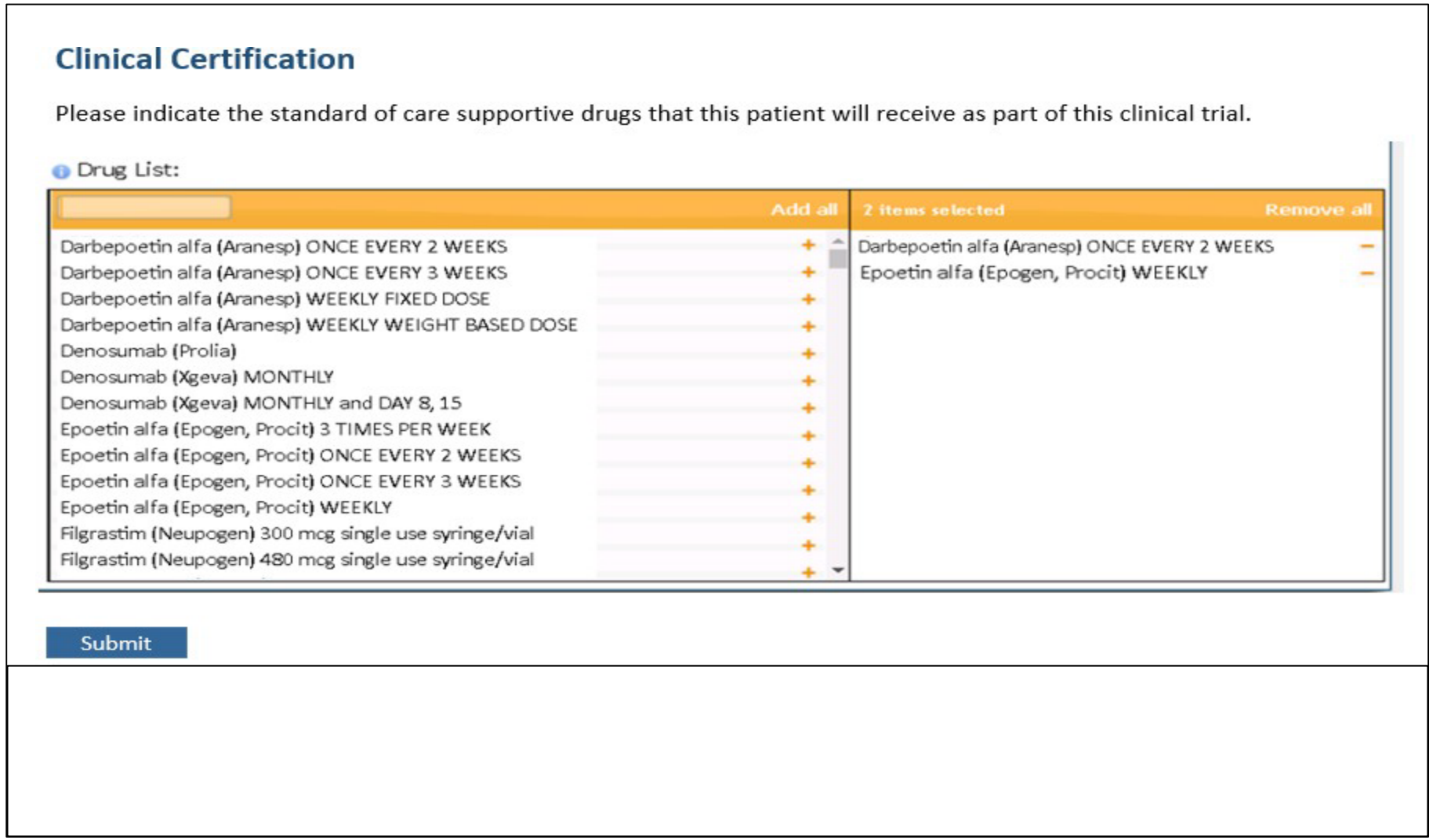
Oncology Clinical Trial Process



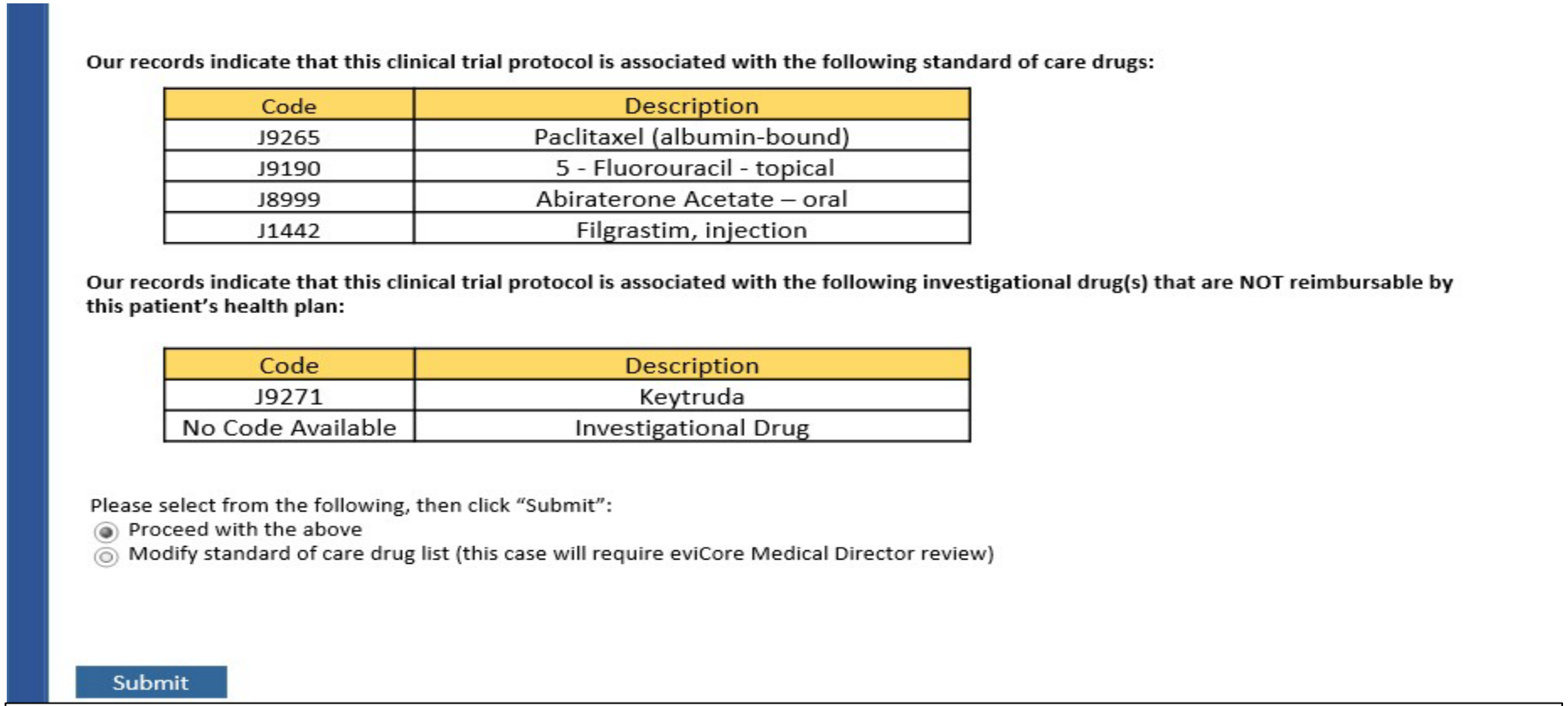
If the option to upload the clinical trial protocol was selected, it can be uploaded in a PDF or Word document.

Oncology Clinical Trial Process

Oncology Clinical Trial Process



Oncology Clinical Trial Process



Our records indicate that this clinical trial protocol is associated with the following standard of care drugs:

Code	Description
J9265	Paclitaxel (albumin-bound)
J9190	5 - Fluorouracil - topical
J8999	Abiraterone Acetate – oral
J1442	Filgrastim, injection

Our records indicate that this clinical trial protocol is associated with the following investigational drug(s) that are NOT reimbursable by this patient's health plan:

Code	Description
J9271	Keytruda
No Code Available	Investigational Drug

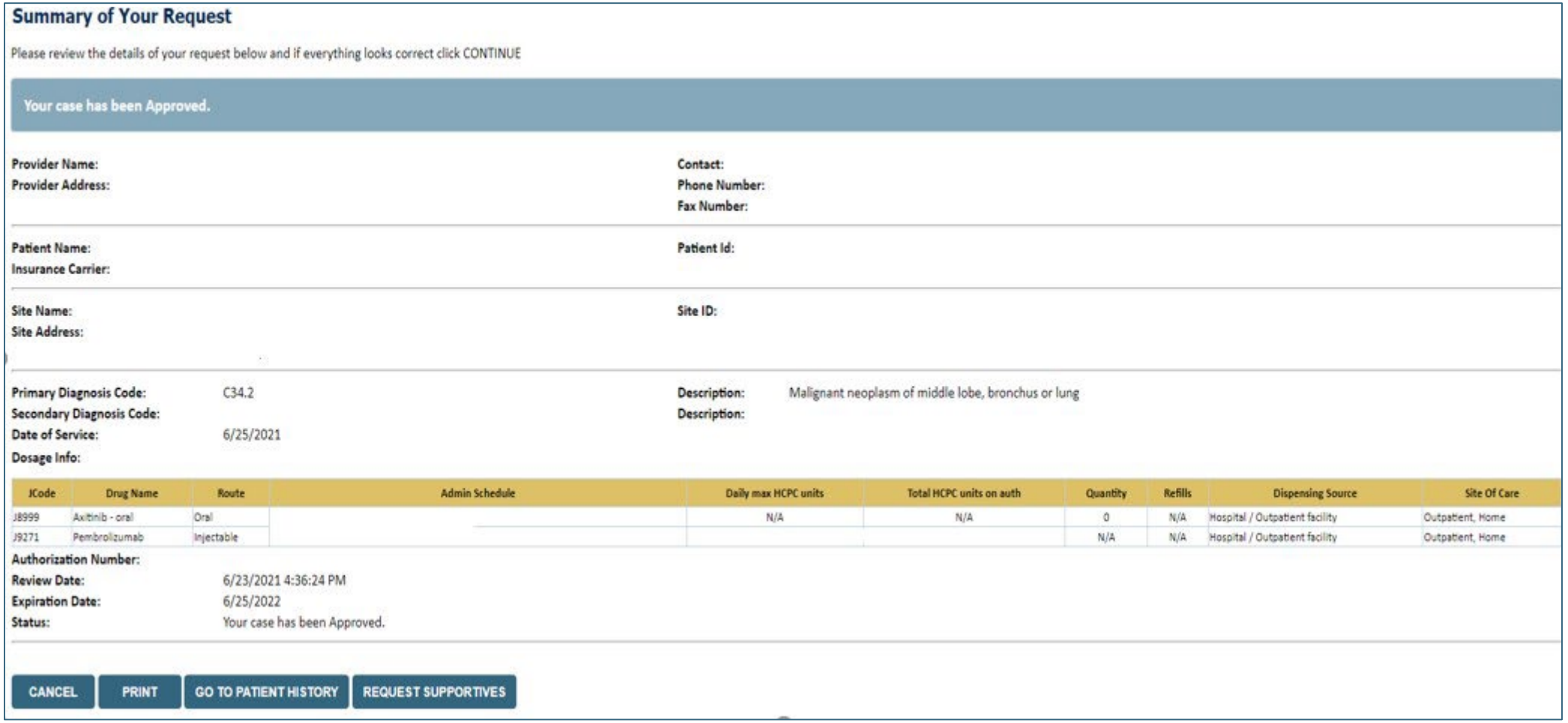
Please select from the following, then click "Submit":

- (•) Proceed with the above
- ( ) Modify standard of care drug list (this case will require eviCore Medical Director review)

Submit

If the billing information is available for the clinical trial. A standard of care & investigational drugs list will populate.
Select from the option to proceed with the populated list or choose to modify the standard of care drug list. If modified, the case will be sent to medical review.

Case Determination Summary



Summary of Your Request

Please review the details of your request below and if everything looks correct click CONTINUE

Your case has been Approved.

Provider Name:
Provider Address:

Contact:
Phone Number:
Fax Number:

Patient Name:
Insurance Carrier:

Patient Id:

Site Name:
Site Address:

Site ID:

Primary Diagnosis Code: C34.2
Description: Malignant neoplasm of middle lobe, bronchus or lung
Secondary Diagnosis Code:
Description:
Date of Service: 6/25/2021
Dosage Info:

JCode	Drug Name	Route	Admin Schedule	Daily max HCPC units	Total HCPC units on auth	Quantity	Refills	Dispensing Source	Site Of Care
J8999	Axitinib - oral	Oral		N/A	N/A	0	N/A	Hospital / Outpatient facility	Outpatient, Home
J9271	Pembrolizumab	Injectable				N/A	N/A	Hospital / Outpatient facility	Outpatient, Home

Authorization Number:
Review Date: 6/23/2021 4:36:24 PM
Expiration Date: 6/25/2022
Status: Your case has been Approved.

CANCEL | PRINT | GO TO PATIENT HISTORY | REQUEST SUPPORTIVES

Thank You!