

# 1199SEIU Benefit Funds

Medical Oncology Program Update



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# Medical Oncology Program Update

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- As of 10/1/2021, a change will occur with the Medical Oncology prior authorization process.
- Prior approval requests will still be initiated through [www.eviCore.com](http://www.eviCore.com) or by phoning eviCore at 888-910-1199.
- Currently you are accustomed to having supportive agents as part of the cancer treatment plan since April 16, 2016. The process currently allows for the supportive agents to be selected from a list and an authorization is immediately issued for all requested drugs.
- There will be no changes to the drug list.
- With the change if a drug regimen contains trastuzumab, bevacizumab and/or rituximab, there will be additional questions to encourage utilization of the preferred biosimilar products within those classes. It is important to note that these authorizations are only valid for the specific drug selected and are not interchangeable between other biosimilar products.
- There will be specific policies posted for each drug that details the preferred products that will be reviewed and updated annually or ad hoc based on new drug approvals.
- An authorization or denial may be issued based on alignment with clinical criteria.

Detailed process description can be found on the eviCore 1199SEIU Funds resource page.

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

For additional questions, you may contact: [clientservices@eviCore.com](mailto:clientservices@eviCore.com)

Biosimilar products carry no clinically significant differences to the FDA approved reference biologic products which has been confirmed by rigorous testing and analysis. Biosimilar products mimic the reference product in structure and function.

Biosimilars provide a reduction in medical expenditure without compromising treatment standards.

## Prescriber-Assigned Febrile Neutropenia and Emetic Risks Compared to the NCCN Risk Classification for Cancer Treatment Regimens

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Eric J. Grattias, MD  
Stephen Hamilton, MD

### Background

- The National Comprehensive Cancer Network (NCCN) establishes standard of care for patients receiving anticancer therapy, and classifies regimens based on febrile neutropenia (FN) and emesis risks.
- eviCore healthcare licenses NCCN Guidelines as evidence for its proprietary clinical decision support (CDS)-based oncology utilization management program.
- This study was conducted to compare the FN and emesis risks assigned by the requesting physician (MD) to the NCCN guideline-assigned risks across a broad range of treatment regimens.

### Methods

- Requests for prophylactic use of long-acting myeloid growth factors (MGF), NK-1 receptor antagonists, and select 5-HT3 receptor antagonists from 3/2018 - 4/2019 were evaluated.
- Case requests with incomplete clinical data were excluded.
- Requests were stratified by MD-assigned and NCCN-assigned risk categories of high, intermediate/moderate, and low/minimal.
- Regimens classified as high or intermediate/moderate risk by prescribers and low/minimal risk by NCCN were assigned as potentially unsubstantiated MGF and antiemetic use, as these drugs are not recommended for primary prophylaxis in the low risk setting.
- Savings were estimated using average sales price (ASP) + 6% administered in a non-facility setting, assuming 6 cycles per case.

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### Results

- There were 502 fully evaluable MGF cases. 67.9% were incorrectly classified for FN risk by MD when compared to NCCN. Most misclassification occurred when the MD classified high risk but NCCN classified intermediate (n=132) or low (n=125), or where the prescriber classified intermediate risk but NCCN classified low (n=68). This resulted in 212 out of 502 cases (42.2%) of potentially unsubstantiated MGF use, with an estimated \$5,638,216 of avoidable spending.
- There were 10,690 fully evaluable antiemetic cases. 35.8% were incorrectly classified for emetic risk by MD when compared to NCCN. The most impactful misclassifications occurred when the MD classified high or moderate but NCCN classified low or minimal risk (n=659). This resulted in 659 out of 10690 cases (6.2%) of potentially unsubstantiated antiemetic use, with an estimated \$738,406 of avoidable spending.

### Conclusions

- MD-assigned FN and emetic risks are often inaccurate when compared to the NCCN risk classification, leading to unnecessary or unsubstantiated use of MGFs and antiemetics and potentially avoidable spending.
- Use of CDS and peer consultation based on NCCN Guidelines is an effective means of improving FN and emetic risk classification.

#### Drug Regimens Most Often Misclassified For FN Risk

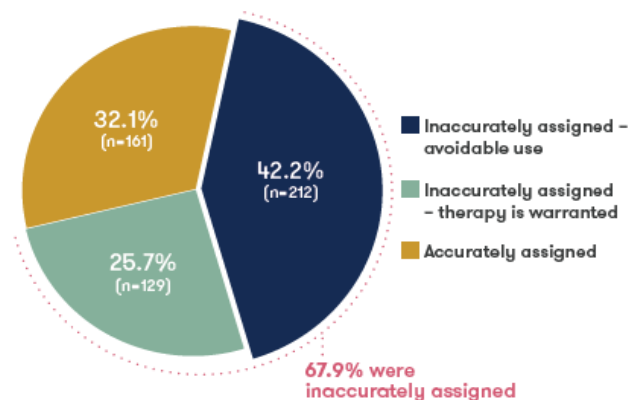
- RCHOP (Rituximab + Cyclophosphamide + Doxorubicin + Vincristine + Prednisone)\*
- Gemcitabine + Carboplatin
- Gemcitabine + Cisplatin
- AC (Doxorubicin HCL + Cyclophosphamide) followed by weekly Paclitaxel
- Carboplatin + Etoposide\*
- Cisplatin + Etoposide
- AC
- Gemcitabine + Paclitaxel (albumin-bound)
- FOLFIRI (Irinotecan + Leucovorin + Fluorouracil) + Bevacizumab
- Eribulin
- Doxorubicin liposomal

\*misclassified as high instead of intermediate

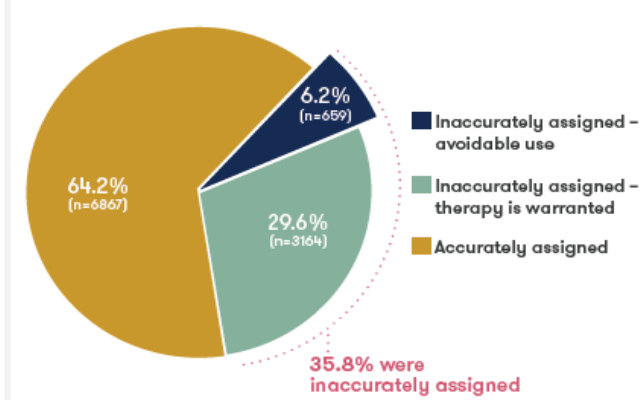
#### Drug Regimens Most Often Misclassified For Emetic Risk

- Gemcitabine + Paclitaxel (albumin-bound)
- Pembrolizumab, Atezolizumab, Nivolumab ± Ipilimumab
- Docetaxel ± steroid ± LHRH analog
- Fluorouracil ± Leucovorin
- Eribulin
- Fluorouracil + Mitomycin
- Paclitaxel (albumin-bound)
- Doxorubicin liposomal
- Pertuzumab + Trastuzumab + Docetaxel
- Bevacizumab + Capecitabine

Accuracy of Prescriber-Assigned FN Risk Based on NCCN Guidelines



Accuracy of Prescriber-Assigned Emetic Risk Based on NCCN Guidelines



# Select Program

eviCore healthcare

Home Authorization Lookup Med Solutions Portal CareCore National Portal Help / Contact Us

Tuesday, June 15, 2021 4:00 PM [Log Off \(AMYINTG\)](#)

## Request an Authorization

To begin, please select a program below:

- Durable Medical Equipment(DME)
- Gastroenterology
- Lab Management Program
- Medical Oncology Pathways
- Musculoskeletal Management
- Radiation Therapy Management Program (RTMP)
- Radiology and Cardiology
- Sleep Management
- Specialty Drugs

Click [here](#) for help

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Select the Program for your certification.

# Creating the Request

eviCore healthcare

Home Authorization Lookup MedSolutions Portal CareCore National Portal Help / Contact Us

Tuesday, June 15, 2021 4:02 PM

### Requested Service + Diagnosis

This procedure will be performed on 6/22/2021. [CHANGE](#)

#### Medical Oncology Pathways

Select a Procedure by CPT Code[?] or Description[?]

Don't see your procedure code or type of service? [Click here](#)

Primary Chemotherapy and Supportive drugs must be entered as separate requests.

#### Diagnosis

Primary Diagnosis Code: **C34.02**  
Description: **Malignant neoplasm of left main bronchus**  
[Change Primary Diagnosis](#)

Select a Secondary Diagnosis Code (Lookup by Code or Description)  
*Secondary diagnosis is optional for Medical Oncology Pathways*

[LOOKUP](#)

[BACK](#) [CONTINUE](#)

[Click here for help](#)

Requests for supportive drugs should be started by selecting “Supportive Therapies” in the drop down.

# Exclusions and Special Handling

The screenshot shows the eviCore healthcare portal interface. At the top left is the logo. A navigation bar contains links for Home, Authorization Lookup, Med Solutions Portal, CareCore National Portal, and Help / Contact Us. Below the navigation bar, the date and time are displayed as 'Tuesday, June 15, 2021 4:03 PM'. The main heading is 'Proceed to Clinical Information'. Below this, there is a section titled 'Please select all of the following that apply:' with five radio button options: 'The patient is participating in a clinical trial that includes cancer treatment drugs', 'The requested drug is being used to treat a condition other than cancer', 'The treatment will be administered inpatient' (which is selected), 'None of the above', and 'This request is for a Stem Cell Transplant mobilization regimen'. A 'SUBMIT' button is located below the options. At the bottom left, there is a 'Finish Later' option with a 'Did you know?' callout box that says 'You can save a certification request to finish later.' Below this are 'BACK' and 'CONTINUE' buttons. At the bottom left, there is a link that says 'Click here for help'.

Certain conditions and are excluded from the eviCore program. On screen instructions are provided as applicable.

# Clinical Collection Process

Select the supportive drug / regimen from the list and provide requested clinical details

**Proceed to Clinical Information**

● Indicate the Cancer Type:

- Hairy Cell Leukemia
- Head and Neck Cancers
- Hepatic (Liver) Cancer
- Hepatobiliary Cancers
- Kidney Cancer
- Leukemia - Acute Lymphoblastic Leukemia (ALL)
- Leukemia - Acute Myeloid Leukemia (AML)
- Leukemia - Chronic Lymphocytic Leukemia (CLL)
- Leukemia - Chronic Myelogenous Leukemia (CML)
- Leukemia - Other
- Lung - Non Small Cell Lung Cancer
- Lung - Small Cell Lung Cancer**
- Lymphoma - B-cell Lymphoma
- Lymphoma - Hodgkin's Lymphoma
- Lymphoma - Lymphoplasmacytic Lymphoma
- Lymphoma - Non-Hodgkin's Lymphoma
- Lymphoma - Small Lymphocytic Lymphoma (SLL)
- Lymphoma - T-cell Lymphoma
- Mesothelioma
- Multiple Myeloma

**Proceed to Clinical Information**

● Which class of drugs do you intend to treat with?

- Antiemetic agents
- Other supportive agents (such as erythropoiesis-stimulating agents [ESAs], colony-stimulating factors [CSFs], etc.)

**SUBMIT**

**Proceed to Clinical Information**

● Indicate the requested supportive agent:

- Aprepitant - oral (Emend)
- Fosaprepitant - injection (Emend)
- Granisetron ER - injection (Sustol)
- Granisetron- transdermal (Sancuso)
- Lanreotide (Somatuline Depot)
- Palonosetron - injection (Aloxi)
- Rolapitant - injection (Varubi)
- Rolapitant - oral (Varubi)
- Build a Custom Treatment Plan (May Require Additional Clinical Review)

**PROCESSING...**

# Clinical Collection Process

## 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

Secondary Diagnosis Code:

Date of Service: 6/25/2021

Description: Malignant neoplasm of middle lobe, bronchus or lung

Description:

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



# Clinical Collection

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**Proceed to Clinical Information**

Patient height in inches:

Patient weight in pounds:

**Proceed to Clinical Information**

Does the patient have a documented intolerance or inability to use generic aprepitant capsules?  
 Yes  No

**Proceed to Clinical Information**

Please confirm the clinical information provided below is correct and click "submit" to complete your request.

**Finalize clinical information and attach additional clinical information if needed.**

**Clinical Upload**

Please upload any additional clinical information that justifies the medical necessity of this request.

Browse for file to upload (max size 5MB, allowable extensions .DOC,.DOCX,.PDF,.PNG):

No file chosen

No file chosen

No file chosen

No file chosen

No file chosen

# Confirmation

## Proceed to Clinical Information

### AVOID CLAIM DENIALS!

Supportive drugs such as antiemetics and growth factors may require a separate authorization. After submitting this request you will see an option at the bottom of the confirmation screen to "Request Supportives". Please use this option to submit your request. The list of supportive drugs requiring prior authorization is available at <https://www.evicore.com/resources/healthplan/1199seiu-funds>.

Click Submit to Continue.

SUBMIT

Review History

The final screen will display either approval details or indicate that the request requires Medical Director review.

Additional supportive requests can be submitted using the "Request Supportives" button at the bottom right



- Home
- Certification Summary
- Authorization Lookup
- Eligibility Lookup
- Clinical Certification
- Certification Requests In Progress
- MSM Practitioner Perf. Summary Portal
- Resources
- Manage Your Account
- MedSolutions Portal

Wednesday, June 23, 2021 4:40 PM

### 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: \_\_\_\_\_ Contact: \_\_\_\_\_  
Provider Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
Patient Name: \_\_\_\_\_ Patient Id: \_\_\_\_\_  
Insurance Carrier: \_\_\_\_\_  
Site Name: \_\_\_\_\_ Site ID: \_\_\_\_\_  
Site Address: \_\_\_\_\_

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
J8999	Axitinib - oral	Oral		N/A	N/A	0	N/A
J9271	Pembrolizumab	Injectable				N/A	N/A

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



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# Thank You!

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