1199SEIU Benefit Funds

Medical Oncology Program Update

Empowering the Improvement of Care

Medical Oncology Program Update

- 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 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

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

Kimberly Hedstrom, PharmD
Margaret Rausa, PharmD
Eric J. Gratias, 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.

Contact:
Kimberly Hedstrom, PharmD
eviCore healthcare
khedstrom@eviCore.com

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.

Drug Regimens Most Often Misclassified For FN Risk

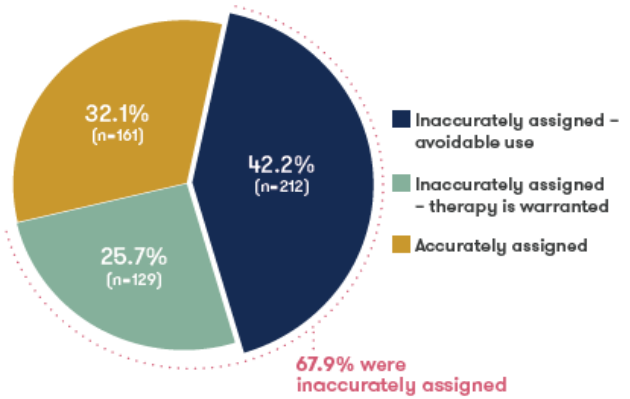
- RCHOP (Rituximab + Cyclophosphamide + Doxorubicin + Vincristine + Prednisone)*
- Gemcitabine + Carboplatin
- Gemcitabine + Cisplatin
- AC (Doxorubicin HCL + Cyclophosphamide) followed by weekly Paclitaxel
- Carboplatin + Etoposide*
- Cisplatin + Etoposide
- AC
- Gemcitabine + Paclitaxel (albumin-bound)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

*misclassified as high instead of intermediate

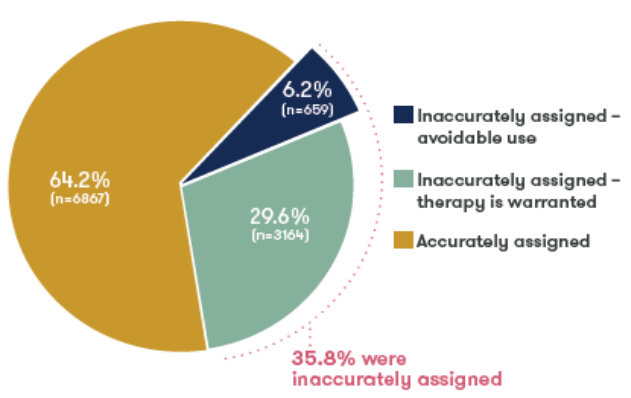
Drug Regimens Most Often Misclassified For Emetic Risk

- 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



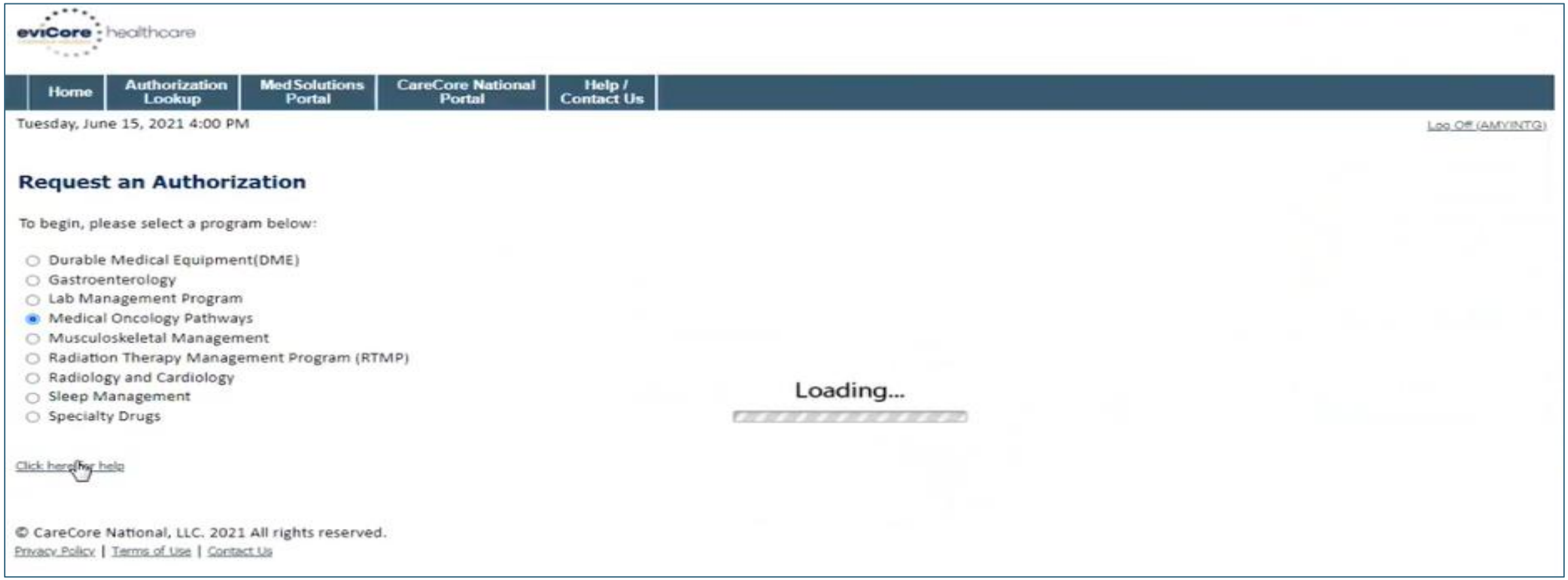
Accuracy of Prescriber-Assigned Emetic Risk Based on NCCN Guidelines



Conclusions

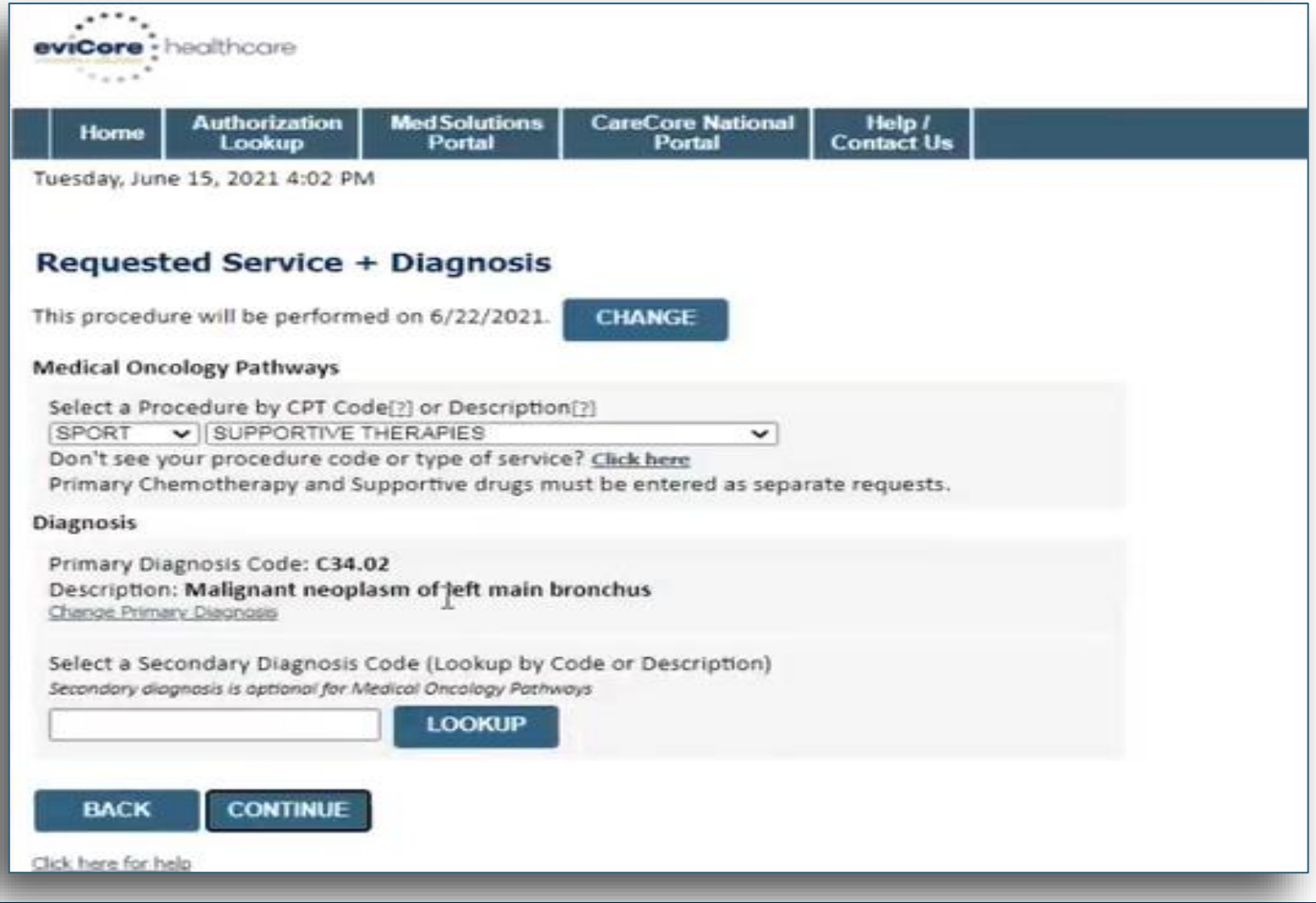
- MD-assigned FN and emetic risks are often inaccurate when compared to the NCCN risk classification, leading to unnecessary or unsubstantiated use of MGFs and antiemetics and potentially avoidable spending.
- Use of CDS and peer consultation based on NCCN Guidelines is an effective means of improving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

Select Program



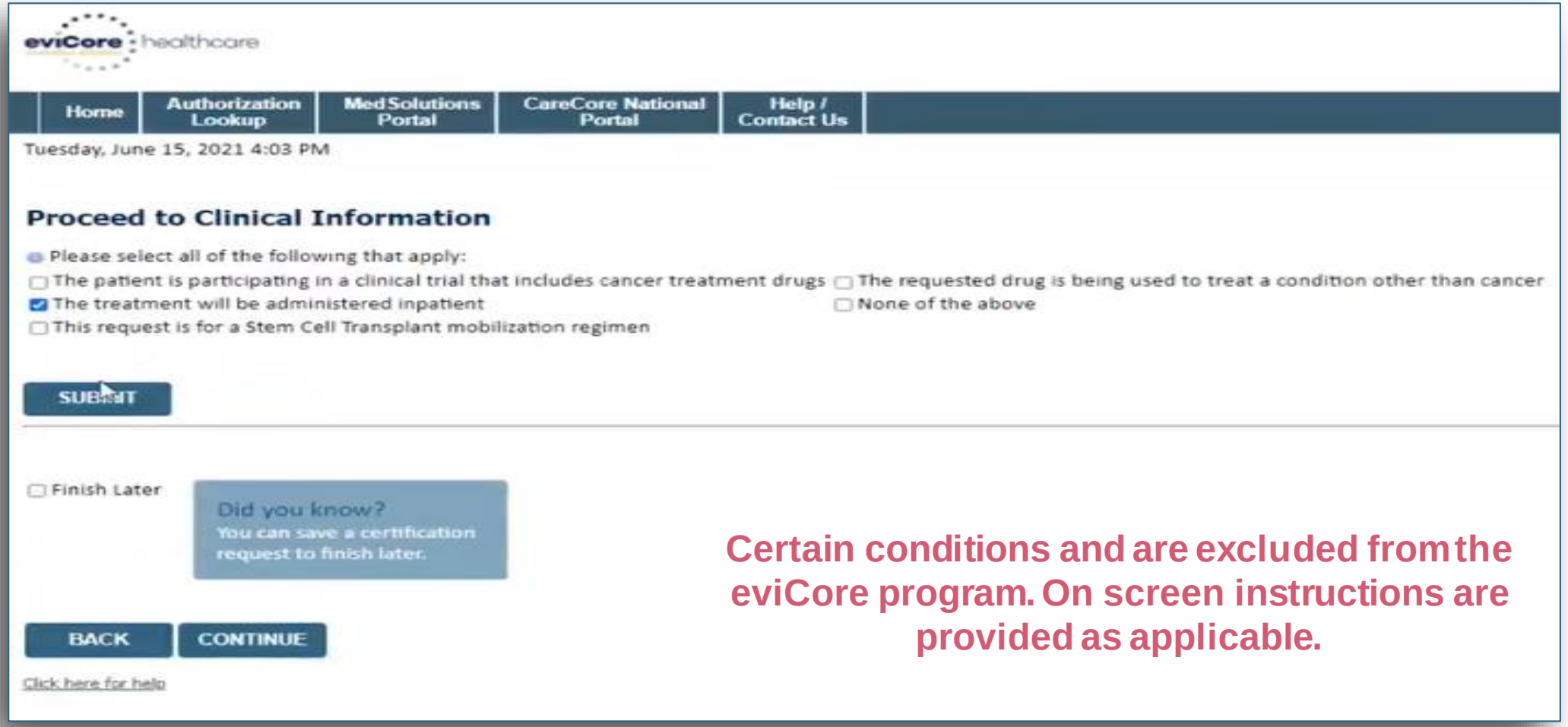
Select the Program for your certification.

Creating the Request



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

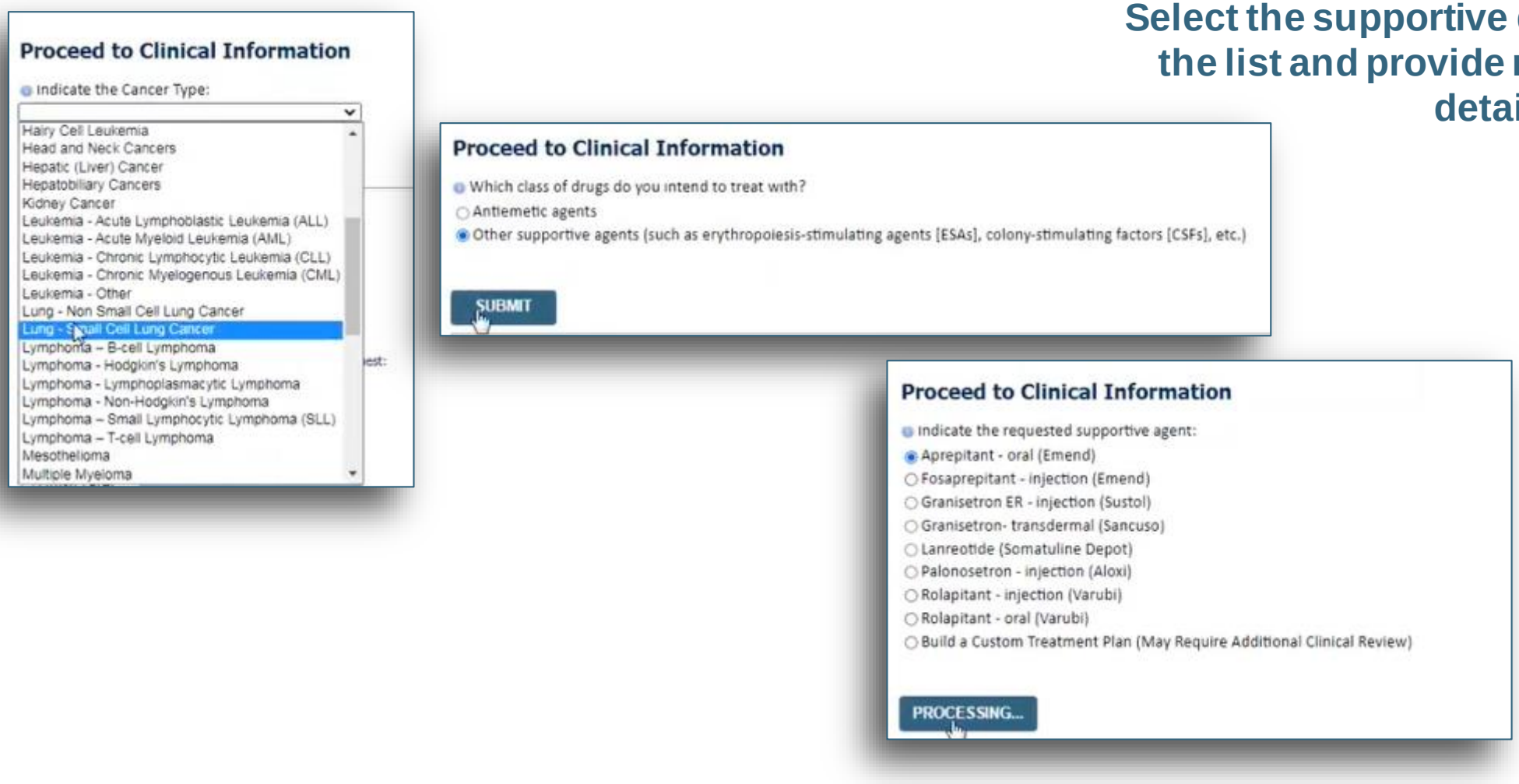
Exclusions and Special Handling



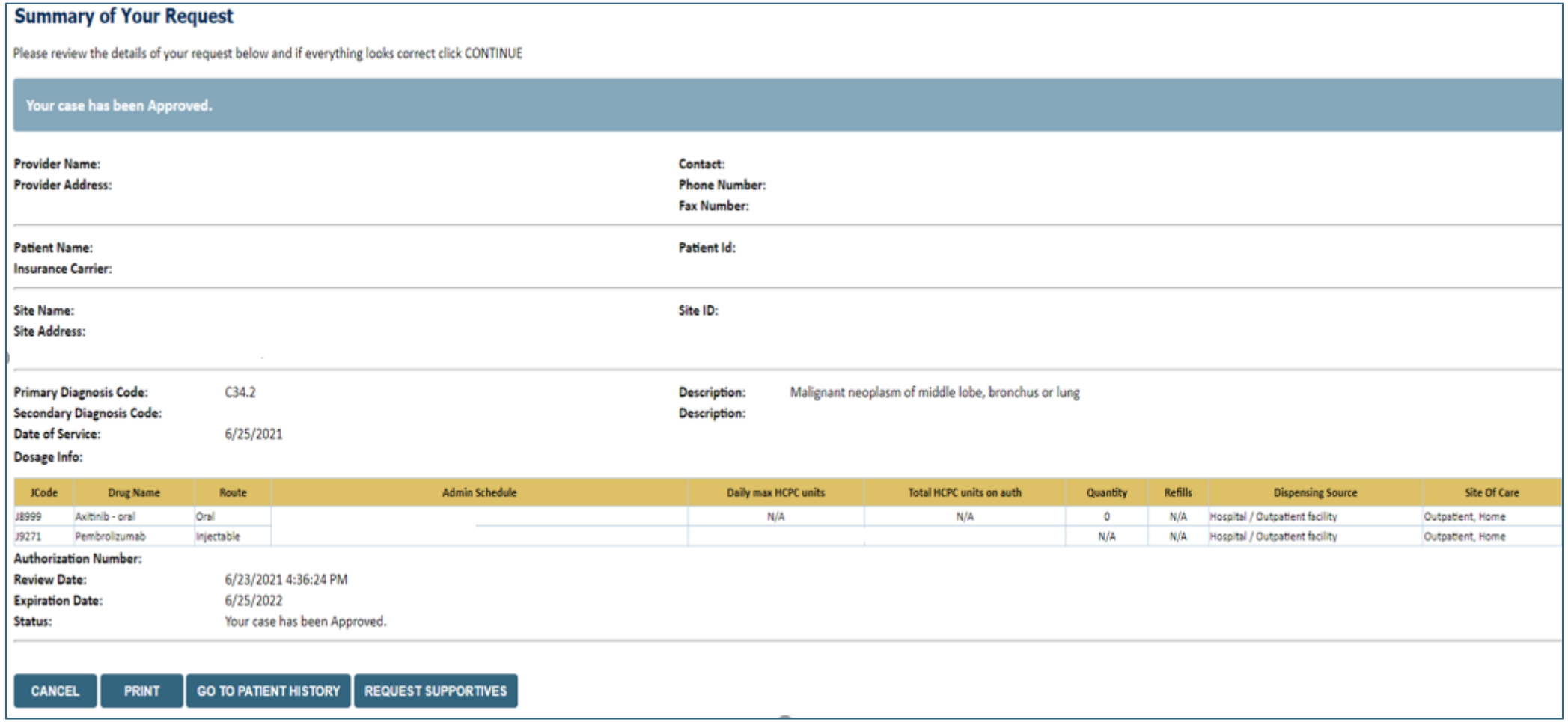
Certain conditions and are excluded from the eviCore program. On screen instructions are provided as applicable.

Clinical Collection Process

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



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:

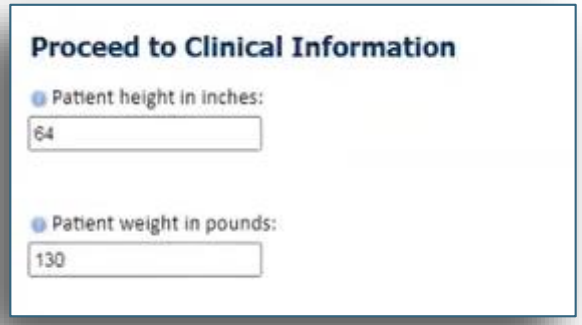
Primary Diagnosis Code: C34.2
Description: Malignant neoplasm of middle lobe, bronchus or lung
Secondary Diagnosis Code:
Description:
Date of Service: 6/25/2021
Dosage Info:

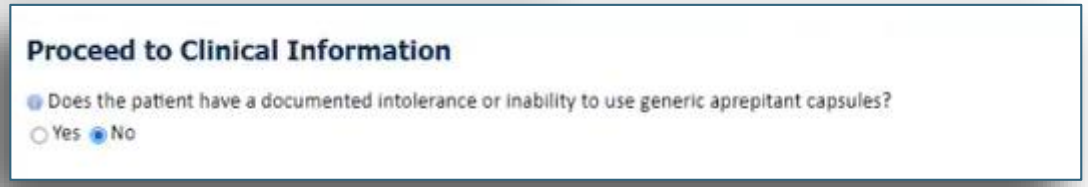
JCode	Drug Name	Route	Admin Schedule	Daily max HCPC units	Total HCPC units on auth	Quantity	Refills	Dispensing Source	Site Of Care
J8999	Axitinib - oral	Oral		N/A	N/A	0	N/A	Hospital / Outpatient facility	Outpatient, Home
J9271	Pembrolizumab	Injectable				N/A	N/A	Hospital / Outpatient facility	Outpatient,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

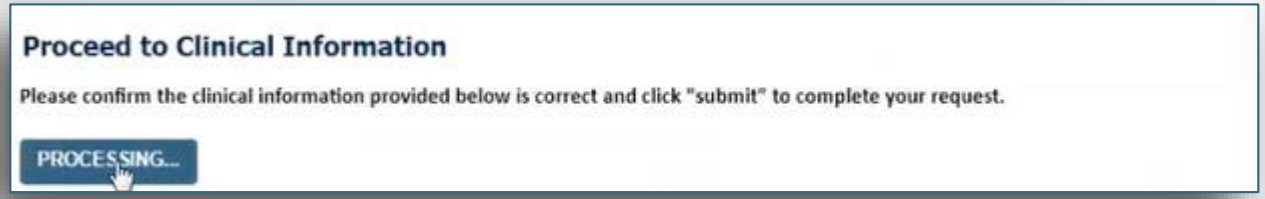
Authorization Number:
Review Date: 6/23/2021 4:36:24 PM
Expiration Date: 6/25/2022
Status: Your case has been Approved.

CANCEL | PRINT | GO TO PATIENT HISTORY | REQUEST SUPPORTIVES

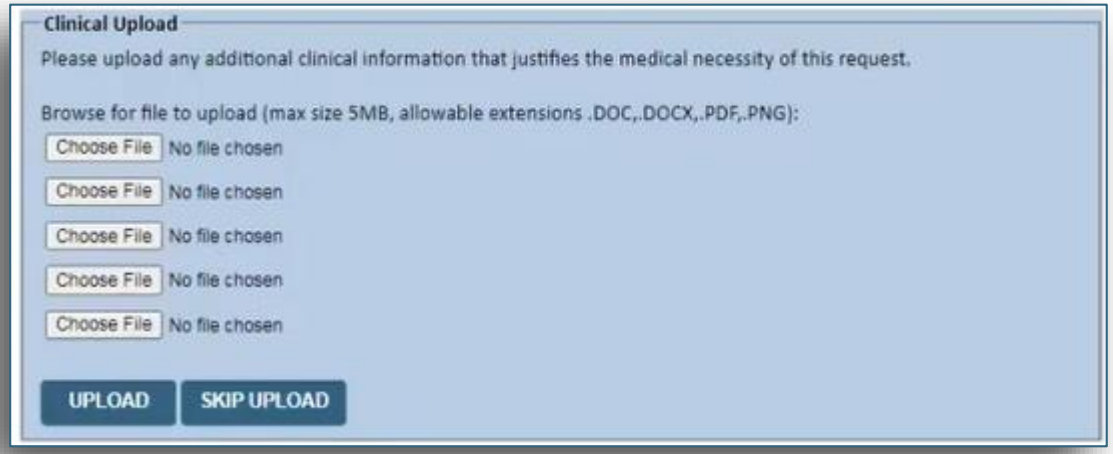
Clinical Collection



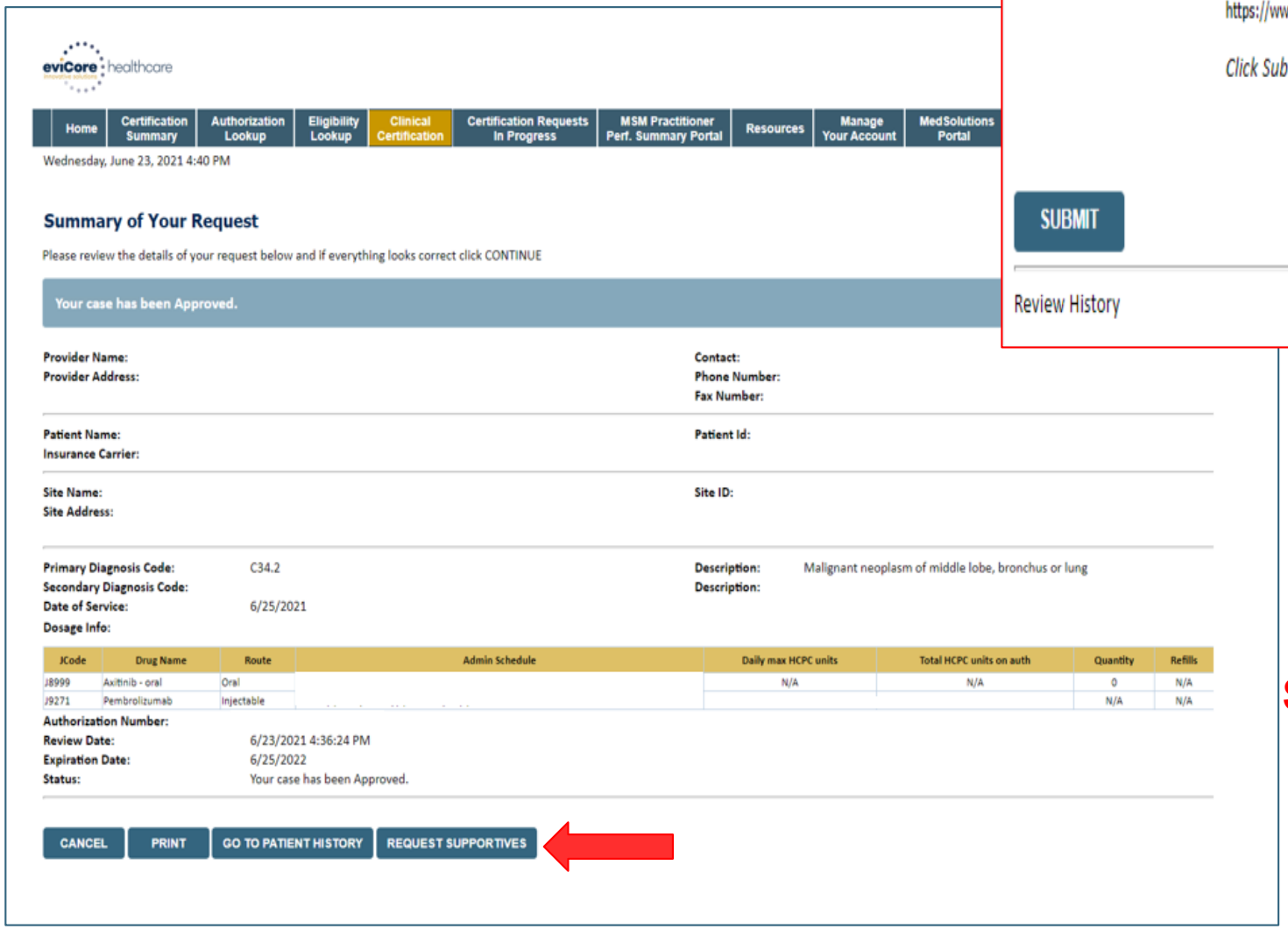


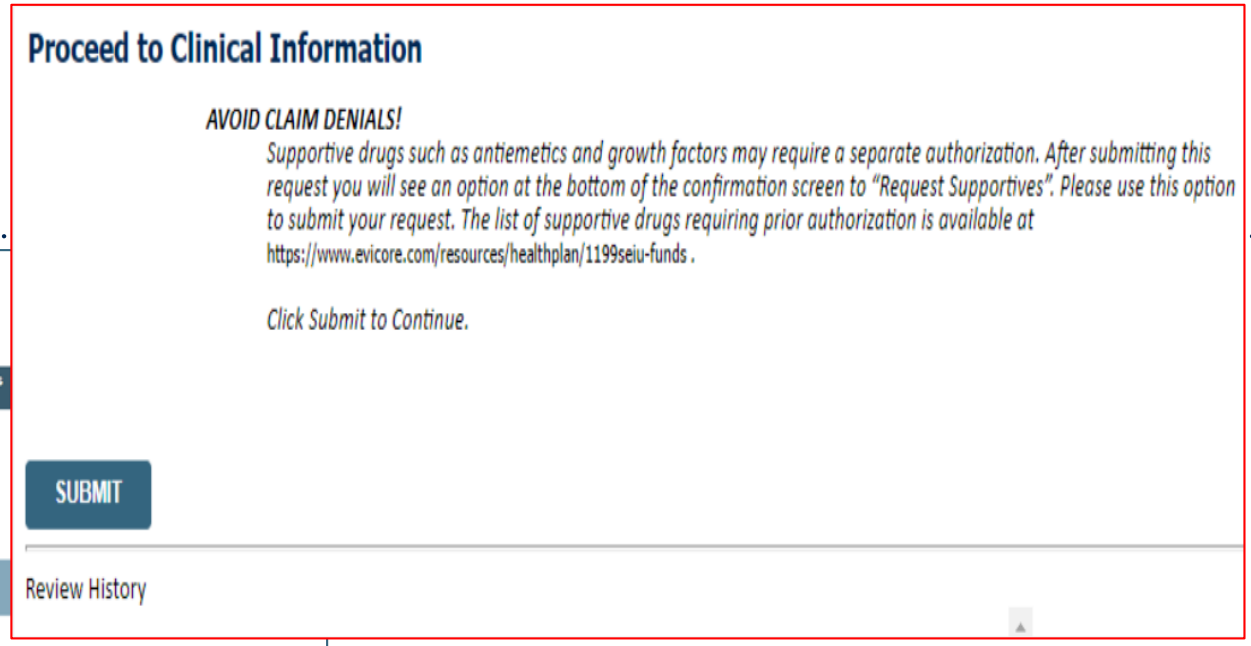


Finalize clinical information and attach additional clinical information if needed.



Confirmation





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

Thank You!