

MEDICAL ONCOLOGY MANAGEMENT

# Outpatient Clinical Drug Trials Solution for 1199SEIU Benefit Funds

Provider Orientation Presentation



# Outpatient Oncology Clinical Trial Management Overview

As of 1/1/2023, 1199SEIU Benefit Funds Medical Oncology prior authorization program has been accepting prior authorization requests for pediatric and adult Medical Oncology outpatient clinical drug trials through eviCore healthcare.

## Important Details

- + Prior approval requests will still be initiated through [www.eviCore.com](http://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.
- + Beginning on 1/1/2023, patients enrolled in an outpatient medical oncology clinical trial have been 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

- 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 EviCore 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 by Evernorth 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](http://www.evicore.com))  
<https://www.evicore.com/provider/clinical-guidelinesdetails?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](mailto:clientservices@evicore.com)

# Select Program

**EviCore**

By EVERNORTH

<a href="#">Home</a>	<a href="#">Certification Summary</a>	<a href="#">Authorization Lookup</a>	<a href="#">Eligibility Lookup</a>	<a href="#">Clinical Certification</a>	<a href="#">Certification Requests In Progress</a>	<a href="#">MSM Practitioner Perf. Summary Portal</a>	<a href="#">Resources</a>	<a href="#">Manage Your Account</a>	<a href="#">MedSolutions Portal</a>	<a href="#">Unified Worklist</a>	<a href="#">Help / Contact Us</a>
----------------------	---------------------------------------	--------------------------------------	------------------------------------	--	--	---	---------------------------	-------------------------------------	-------------------------------------	----------------------------------	-----------------------------------

Tuesday, September 03, 2024 3:00 PM

## Request an Authorization

To begin, please select a program below:

- Durable Medical Equipment(DME)
- EviCore Medical Oncology Pathways
- Gastroenterology
- Lab Management Program
- Medical Specialty Drugs
- Musculoskeletal Management
- Pharmacy Drugs (Express Scripts Coverage)
- Radiation Therapy Management Program (RTMP)
- Radiology and Cardiology/Vascular Intervention
- Sleep Management

**CONTINUE**

[Click here for help](#)

Welcome to the CareCore National Web Portal. You are

**REQUEST AN AUTH**

**RESUME IN-PROGRESS REQUEST**

**SUMMARY OF AUTH**

**AUTH LOOKUP**

**MEMBER ELIGIBILITY**

**HORIZON PILOT PROGRAM**

Select option to “*Request an Auth*” and then “*Medical Oncology Pathways*” program.

**EviCore**

By EVERNORTH

# Case Build and Submission

## Requested Service + Diagnosis

This procedure will be performed on 1/26/2024.

**CHANGE**

### Medical Oncology Pathways

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

CHEMO

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

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

### Diagnosis

Select a Primary Diagnosis Code (Lookup by Code or Description)

colon

**LOOKUP**

	Diagnosis Code	Description
<b>SELECT</b>	153.1	Malignant neoplasm of transverse colon
<b>SELECT</b>	153.2	Malignant neoplasm of descending colon
<b>SELECT</b>	153.3	Malignant neoplasm of sigmoid colon

### Attention!

**CHEMO – Chemotherapy:** Select this option for primary therapy; when the drug/regimen is being used to treat the cancer itself. If you need supportive drugs as well, you will have an option to request those at the end of the primary therapy request.

**SPORT – Supportive:** Select this option when the drug(s) are being used to prevent or treat the side effects of the primary therapy (example: anti-emetics).

**OK**

Select CHEMO for Chemotherapy treatment Regimen, or select SPORT for supportive medicine used to treat the side effects of the cancer treatment.

**EviCore**

By EVERNORTH

# Provider Experience – Case Submission

If the patient is participating in an outpatient clinical trial, select the appropriate option. Options other than the clinical trial are not managed by eviCore.

## Proceed to Clinical Information

Please select all of the following that apply:\*

- The patient is participating in a clinical trial that includes cancer treatment drugs
- The treatment will be administered inpatient
- This request is for a Stem Cell Transplant conditioning regimen

- The requested drug is being used to treat a condition other than cancer
- CAR-T Therapy or Advanced Cellular Therapy [lifileucel (Amtagvi)]
- None of the above

Submit

# Oncology Clinical Trial Process

Please identify the clinical trial on which the patient is enrolled:

Please enter the Clinical Trial ID using one of the three formats below, including any dash(es):

- *Primary Sponsor ID Example:* 13BT051
- *Secondary NCI ID Example:* NCI-2019-08127
- *ClinicalTrials.gov ID Example:* NCT02323867

**Clinical Trial ID:\***

Submit

Enter Clinical Trial ID using one of the 3 formats indicated.  
eviCore will search for the clinical trial ID entered.

# Oncology Clinical Trial Process

If you are having trouble locating your clinical trial, you may wish to go to the NCI website below and search for your trial to ensure you have the correct trial ID.

If you have confirmed this is the correct trial ID, please select "Repeat your clinical trial search" option below.

Please attempt to resubmit at least 3 times before uploading your clinical trial protocol.

[NCI Website](#)

Primary Sponsor ID	Secondary NCI ID	ClinicalTrials.gov ID	Phase	Clinical Trial Title
<a href="#">13-010495</a>		<a href="#">NCT02323867</a>	II	Allogeneic Stem Cell Transplant With Alpha/Beta T AND B Cell Depletion for Hematologic Malignancies

**Please select an option:**

- Proceed with clinical trial above
- Repeat your clinical trial search using a different Clinical Trial ID

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 you are having trouble locating your clinical trial, you may wish to go to the NCI website below and search for your trial to ensure you have the correct trial ID.

If you have confirmed this is the correct trial ID, please select "Repeat your clinical trial search" option below.

Please attempt to resubmit at least 3 times before uploading your clinical trial protocol.

[NCI Website](#)

Primary Sponsor ID	Secondary NCI ID	ClinicalTrials.gov ID	Phase	Clinical Trial Title
--------------------	------------------	-----------------------	-------	----------------------

*No clinical trial found for the clinical trial ID entered*

**Please select an option:**

- Repeat your clinical trial search**
- This patient is receiving their treatment as part of a clinical trial, but I cannot find it using the search tool. I want to upload the clinical trial protocol.**

Submit

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

Please indicate the standard of care primary treatment drugs that this patient will receive as part of this clinical trial. The standard of care drugs are those that are not supplied by the trial sponsor. The list of supportive drugs will follow.

- |  |  |
|--|--|
| <input type="checkbox"/> 5-Fluorouracil (5FU, Adrucil)                                   | <input type="checkbox"/> Liposome-Encapsulated Combination of Daunorubicin and Cytarabine (Vyxeos) |
| <input type="checkbox"/> 5-Fluorouracil - topical (Fluoroplex, Efudex, 5FU Cream, Carac) | <input type="checkbox"/> Lomustine - oral (Gleostine, CCNU)  |
| <input type="checkbox"/> 5FU (5-Fluorouracil)  | <input type="checkbox"/> Loncastuximab Tesirine-Ipyl (Zynlonta)                                    |
| <input type="checkbox"/> 5FU Cream (5-Fluorouracil - topical)                            | <input type="checkbox"/> Lonsurf (Trifluridine/Tipiracil - oral)                                   |
| <input type="checkbox"/> ATRA (All-trans Retinoic Acid - oral)                           | <input type="checkbox"/> Loqtorzi (Toripalimab-tpzi)   |
| <input type="checkbox"/> Abemaciclib - oral (Verzenio)                                   | <input type="checkbox"/> Lorbreana (Lorlatinib-oral)   |
| <input type="checkbox"/> Abiraterone Acetate - oral (Zytiga)                             | <input type="checkbox"/> Lorlatinib-oral (Lorbreana)   |
| <input type="checkbox"/> Abiraterone Acetate -Yonsa - oral (Yonsa)                       | <input type="checkbox"/> Lumakras (Sotorasib - oral)   |
| <input type="checkbox"/> Abraxane (Paclitaxel (albumin-bound))                           | <input type="checkbox"/> Lunsumio (Mosunetuzumab-axgb)   |
| <input type="checkbox"/> Acalabrutinib - oral (Calquence)                                | <input type="checkbox"/> Lupron (Leuprolide Acetate (J9218))                                       |
| <input type="checkbox"/> Acitretin - oral (Soriatane)                                    | <input type="checkbox"/> Lupron Depot (Leuprolide Acetate 3.75 mg per month (J1950))               |
| <input type="checkbox"/> Actemra (Tocilizumab)   | <input type="checkbox"/> Lupron Depot (Leuprolide Acetate 7.5 mg per month (J9217))                |
| <input type="checkbox"/> Actimmune (Interferon, gamma-1b)                                | <input type="checkbox"/> Lurbinectedin (Zepzelca)  |
| <input type="checkbox"/> Adagrasib - oral (Krazati)                                      | <input type="checkbox"/> Luspatercept-aamt (Reblozyl)  |
| <input type="checkbox"/> Adcetris (Brentuximab Vedotin)                                  | <input type="checkbox"/> Lymphir (Denileukin diftitox-cxdl)  |

# Oncology Clinical Trial Process

Please indicate the standard of care supportive drugs that this patient will receive as part of this clinical trial. The standard of care drugs are those that are not supplied by the trial sponsor. If you would like to request an authorization for a myeloid growth factor product (e.g. pegfilgrastim, filgrastim, etc.), please first complete this authorization request and then complete a separate supportive drug request for the myeloid growth factor.

- |   |   |
|---|---|
| <input type="checkbox"/> AKYNZEO<br>(Fosnetupitant/Palonosetron)  | <input type="checkbox"/> Fosaprepitant - Injectable (Emend)       |
| <input type="checkbox"/> Akynzeo (Netupitant/Palonosetron - oral) | <input type="checkbox"/> Fosnetupitant/Palonosetron (AKYNZEO)     |
| <input type="checkbox"/> Aloxi (Palonosetron)                     | <input type="checkbox"/> Granisetron (Sustol)                     |
| <input type="checkbox"/> Anzemet (Dolasetron Mesylate - oral)     | <input type="checkbox"/> Netupitant/Palonosetron - oral (Akynzeo) |
| <input type="checkbox"/> Aprepitant (Cinvanti)                    | <input type="checkbox"/> Palonosetron (Aloxi)                     |
| <input type="checkbox"/> Aprepitant - oral (Emend)                | <input type="checkbox"/> Palonosetron Hydrochloride (posfrea)     |
| <input type="checkbox"/> Cinvanti (Aprepitant)                    | <input type="checkbox"/> Pedmark (Sodium thiosulfate injection)   |
| <input type="checkbox"/> Dolasetron Mesylate - oral (Anzemet)     | <input type="checkbox"/> Rolapitant - oral (Varubi)               |
| <input type="checkbox"/> Emend (Aprepitant - oral)                | <input type="checkbox"/> Sodium thiosulfate injection (Pedmark)   |
| <input type="checkbox"/> Emend (Fosaprepitant - Injectable)       | <input type="checkbox"/> Sustol (Granisetron)                     |
| <input type="checkbox"/> Fosaprepitant (focinvez)                 | <input type="checkbox"/> Varubi (Rolapitant - oral)               |
| <input type="checkbox"/> Fosaprepitant (teva)                     |   |

Submit

# 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

Secondary Diagnosis Code:

Date of Service: 6/25/2021

Dosage Info:

Description: Malignant neoplasm of middle lobe, bronchus or lung

Description:

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

EviCore

By EVERNORTH

