PROPOSED CRITERIA:

Type: ☒ New Criteria ☐ Revised Existing Criteria ☐ PA Group drug list change, criteria remains the same

Applies to: ☒ New Starts Only ☐ New and existing users -- member notification is required when a drug is removed from formulary, but not when criteria changes for NF drugs; consult PHC Policy MCRP4064, Continuation of Prescription Drugs.

PA Group Name: *Antineoplastic Drugs* **PA Group Includes:** *Antineoplastic Agents not otherwise having drug-specific PA Criteria*

Recommended Criteria:

Covered Uses	• Case-Specific. • FDA approved indications. • Off-Label indications: medically accepted indications are defined using the following standard reference compendia, under the Centers for Medicare and Medicaid Services guidance: American Hospital Formulary Service-Drug Information (AHFS-DI), Truven Health Analytics Micromedex DrugDeX (DrugDex), National Comprehensive Cancer Network (NCCN) Drugs and Biologics Compendium (as indicated by a category 1, 2A, or 2B), Wolters Kluwer Lexi-Drugs, Elsevier/Gold Standard Clinical Pharmacology and/or positive results from two peer-reviewed published medical studies.
Reasons for Exclusion	Uses without supporting evidence for the stated indication (experimental).
Required Medical Documentation	TAR must include accurate diagnosis as provided by PRESCRIBER and include all necessary/relevant clinical documentation to support medical justification (e.g. clinic notes, treatment history including prior regimen(s), lab reports, specialist consults, imaging reports, etc).
Age Restrictions	
Prescriber Restriction	Prescribed by oncologist or hematologist, or with specialist consult/recommendation.
Coverage Duration	Initial: When applicable, 14 day supply per fill, during the first two months of therapy Renewal: 6 month intervals
Other Requirements	Renewal: requires clinical documentation demonstrating that the patient is demonstrating a positive response to the requested therapy (as evidenced by an improvement in the condition being treated without adverse effects causing treatment interruption), and any current, most updated assessment/treatment plan for this patient. ☒ LD/SP: Limited to dispensing by AllianceRx/Walgreens *when applicable* ☒ May be limited to a 14-15 day supply for the first 2 months of treatment, until dose-stable, when product packaging allows partial-package dispensing.
☐ Approved ☐ Approved as Modified:	

NCCN Categories of Evidence and Consensus

Category 1: Based upon high-level evidence, there is uniform NCCN consensus that the intervention is appropriate.

Category 2A: Based upon lower-level evidence, there is uniform NCCN consensus that the intervention is appropriate.

Category 2B: Based upon lower-level evidence, there is NCCN consensus that the intervention is appropriate.

Category 3: Based upon any level of evidence, there is major NCCN disagreement that the intervention is appropriate.