



Inland Empire Health Plan

Drug Class Prior Authorization Criteria
Antineoplastic Agents

Line of Business: Medicaid

P & T Approval Date: August 21, 2019

Effective Date: October 1, 2019

This drug class prior authorization criteria have been developed through review of medical literature, consideration of medical necessity, generally accepted medical practice standards, and was approved by the IEHP Pharmacy and Therapeutics Subcommittee.

Drugs Requiring Prior Authorization Review (including but not limited to): Afinitor (everolimus), Avastin (bevacizumab), Capecitabine, Cotellic (cobimetinib), Cyramza (ramucirumab), Darzalex (daratumumab), Doxorubicin, Empliciti (elotuzumab), Exemestane, Farydak (panobinostat lactate), Halaven (eribulin), Herceptin (trastuzumab), Ibrance (palbociclib), Ifosfamide, Iressa (gefitinib), Irinotecan, Kadcylla (ado-trastuzumab emtansine), Lartruvo (olaratumab), Odomzo (sonidegib), Opdivo (nivolumab), Revlimid (lenalidomide), Sprycel (dasatinib), Sylatron (peginterferon alfa-2b), Temozolomide, Venclexta (venetoclax), Vinblastine, Yervoy (ipilimumab), Zaltrap (ziv-aflibercept), Zoledronic acid

CRITERIA:

Covered Uses: *Based on FDA approved diagnosis or NCCN guidelines recommendation for each specific diagnosis
(*Subject to review by Clinical Pharmacist)

Exclusion Criteria: CCS eligible

Required Medical Information: Must meet all of the following requirements:

- a. Must meet "1" of the following requirements:
 - i. Confirmed diagnosis of FDA labeled indication
 - ii. Confirmed NCCN recommended regimen of category 2B or above
- b. Request for off-labeled use and/or non-preferred NCCN regimen requires clinical review by IEHP pharmacist

Age Restrictions: N/A

Prescriber Restrictions: Specialist (e.g. Oncologist, Hematologist, Dermatologist, etc.)

Other Criteria: Reauthorization Criteria:

- a. Must meet the following requirement:
 - i. Review by Clinical Pharmacist

Change Control		
Date	Change	Author
8/21/2019	<ul style="list-style-type: none">• Added pharmacist review requirement• Revised drug list requiring prior authorization review	ND
08/15/2018	<ul style="list-style-type: none">• Reformatted document• NCCN recommended regimen of category 2B or above	HC