Requirements for Antineoplastic Agents, general coverage requirements (additional drug-specific requirements may apply)

PA Criteria	Criteria Details
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.
Exclusion Criteria	Uses without supporting evidence for the stated indication (experimental).
Required Medical Information	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 Restrictions	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 Criteria	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. Biosimilars: When a biosimilar product is available in the marketplace, the biosimilar product is preferred by PHC. TARs for the reference drug (ie, original patented brand product) must include documentation of trial and failure with the biosimilar product, including the nature of the failure and how the use of the reference drug product would avoid likelihood of the same failure. 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.