

Policy Title:	Oncology-Hematology Medication Policy		
Policy Number:		Department:	PHA
Effective Date:	09/01/2020		
Review Date:	8/3/2020, 5/27/2021, 3/3/2022, 03/02/2023, 12/07/23		

Purpose:

To ensure Neighborhood Health Plan of Rhode Island (Neighborhood) covers oncology/hematology medications that are clinically appropriate and recognized as medically accepted indications.

Scope: Medicaid, Commercial*, Medicare-Medicaid Plan(MMP)*

*(policy only applies to medically administered drugs for these lines of business)

Policy Statement:

Oncology medications will be available through this policy when the medications become available for pharmacy & medically administered drugs for Medicaid and medically administered drugs for MMP and Commercial members. (Note the retail pharmacy formulary for MMP and Commercial is managed by Neighborhood's PBM).

New Century Health will review all oncology and hematology medications within scope as of September 1, 2020. Neighborhood has delegated approval authority to New Century Health while potentially adverse determinations will be the responsibility of Neighborhood Health Plan of Rhode Island.

Oncology/Hematology Medical Policies will be found on the Clinical Medical Policies webpage under Oncology/Hematology Pharmacy Medical Benefit Policies while Oncology/Hematology Medicaid Pharmacy Benefit Policies will be found on the Medicaid Pharmacy Criteria webpage under Oncology/Hematology Medicaid Prior Authorization Criteria.

In the absence of a specific oncology/hematology policy, these agents will be reviewed by at least one of the following standard reference compendia:

- National Coverage Determination and Local Coverage Determination Policies
- National Comprehensive Cancer Network (NCCN)
- American Hospital Formulary Service (AHFS)
- Clinical Pharmacology
- Micromedex DrugDex
- Wolters Kluwer Clinical Drug Information Lexi-Drugs

Medications without a specific HCPCS code, requiring the use of an unclassified HCPCS code, require authorization from the plan for payment.

Additionally, Neighborhood may require the use of a biosimilar or adjust rates where there are multiple agents available.

Per §§ 42 CFR 422.101, this clinical medical policy only applies to INTEGRITY in the absence of National Coverage Determination (NCD) or Local Coverage Determination (LCD).

References

NHPRI Formulary Management Policy and Procedure.