

# HealthAlliance**MEDICARE**

## **PURPOSE OF THE POLICY**

To provide prior authorization criteria for oral chemotherapy agents

## **STATEMENT OF THE POLICY**

Health Alliance will approve oral chemotherapy agents for new starts only when the below criteria is met:

## **PROCEDURES**

### **1. Inclusion Criteria:**

- 1.1 Prescribed by oncologist or hematologist
- 1.2 Prior authorization is to ensure appropriate FDA approved use, as well as review for use outside the FDA labeled indications by checking that the drug has been written up in at least 3 credible oncology journals for the off label indication
- 1.3 Documentation of any labwork, test, or procedures have been completed in which the FDA labeling requires of each individual oral chemotherapeutic agent
- 1.4 Approval will be for 6months at a time