InterQual® Specialty Rx Oncology Criteria

Review Process

Introduction

As part of the InterQual® Care Planning family of products, InterQual® Specialty Rx Oncology Criteria provide healthcare organizations with evidence-based clinical decision support for specialty pharmacy oncology medications. Healthcare providers and reviewers use the criteria to make effective utilization decisions at the point of care or during the preauthorization process.

Criteria are presented in an interactive question-and-answer (Q&A) format. As you conduct a review, your answers to questions about the patient’s clinical presentation will lead you to the recommended medication(s).

Note: The criteria reflect clinical interpretations and analyses and cannot, alone, either resolve medical ambiguities of particular situations or provide the sole basis for definitive decisions. The criteria are intended solely for use as screening guidelines with respect to the medical appropriateness of health care services and not for final clinical or payment determinations concerning the type or level of medical care provided, or proposed to be provided, to a patient.

Reference materials

In Review Manager, reference materials are provided with the criteria and should be used to assist in the correct interpretation of the criteria. Reference materials include:

- Bibliography
- Clinical revisions
- Abbreviations and symbols list
- Drug list

They are available within the software, for example, on the CareEnhance® Review Manager Help menu in the InterQual® Clinical Reference.

Additionally, MHS Customer Hub (http://mhscustomerhub.mckesson.com) provides:

- Interactive support
- Answers to commonly asked questions
- Bibliographies
- Clinical revision documents
- Links to other resources
Informational notes

Informational notes provide information regarding best clinical practice, new clinical knowledge, explanations of criteria rationale, definitions of medical terminology, and current literature references. The notes in the criteria are specific to each question, answer, and/or recommendation.

How to conduct a medical review

During a medical review, you use the criteria as a decision support tool to assess the medical appropriateness of a given specialty oncology medication. Although labeled as a “Medical Review” in the software, this type of review is also known as a primary review. This first-level review typically involves a non-physician reviewer who uses the criteria to determine if the request is appropriate or if the review requires secondary review.

Conduct a medical review as follows:

1. **Step 1: Select a category**
   - Select All Categories
   - Categories identify the drugs that are available for medical review. Currently, Specialty Rx Oncology criteria are not organized by category.

2. **Step 2: Select a subset**
   - Select a subset.
   - You can search for a subset using one or more of the following methods:
     - By category
     - By keyword(s)
     - By medical code(s)
   - A list of Specialty Rx Oncology drugs that are available for review will display, for example, Bevacizumab (Avastin) or Trastuzumab (Herceptin).
Step 3: Complete the review detail information

**Note**: This step applies to CareEnhance® Review Manager users only.

Complete the review detail information.

Review detail includes information pertinent to the review, for example, requested services, requesting provider(s), laboratory, service start and end dates, and comments.

Step 4: Answer medical review questions

Answer the medical review questions based on the clinical scenario.

The medical review is a sophisticated, branching-logic algorithm based on medical evidence; a series of questions directs you to the most appropriate pathway based on the indications for the drug usage.

Your answers lead to the most appropriate recommendation(s).

**Note**:

For questions that enable you to select more than one answer choice, you must click Next to advance to the next question.

In many questions, the last answer choice is “Other clinical information (add comment).” If the clinical scenario does not satisfy the other answer choices, select this answer. The following recommendation displays: “Current evidence does not support prescribing in this clinical scenario.”

In some questions, selecting “None of the above” will lead you to a different set of questions.

Reviewer comments can be added at any time during the review.

Step 5: Select recommendation(s)

Review and select recommendation(s) to authorize the appropriate drug(s). Based upon your organizational policies, you can also select the appropriate ICD-9, ICD-10, CPT®, and/or HCPCS codes.

If you select a HCPCS code, an NDC (National Drug Code) table displays the available formulations associated with the selected code.

**Recommendations**

The recommendations that display after you answer the questions in a particular pathway are based on the best available medical evidence and current practice. Once the medical review is completed, depending on the pathway taken, you will be led to any of the following recommendations:

- One drug is recommended
- More than one drug is recommended and all drugs should be selected (i.e., one or more drugs are mutually recommended)
- More than one drug is recommended but only one drug should be selected (i.e., the drugs are mutually exclusive)
- No drug is recommended: “Current evidence does not support prescribing in this clinical scenario.”
- A drug is recommended and flagged as "This recommendation is designated as Limited Evidence in this clinical scenario. Criteria cannot be met." Secondary review is required.
- A drug is recommended and flagged as "Off-label" in cases where the drug is not FDA-approved for a specific indication and clinical scenario. The NCCN Compendium Rating accompanies all off-label recommendations. Clicking the NCCN Compendium Rating® icon displays the www.nccn.org website. Moving the pointer over the rating designation (e.g., 1, 2A, 2B, 3) defines the rating based on evidence and consensus. The NCCN Compendium Rating® icon displays as follows:

NCCN Compendium® Rating

2A

Next action(s)

Your next action(s) depends on the medical review results as shown in the following table:

<table>
<thead>
<tr>
<th>Medical review results</th>
<th>Select recommendation(s)</th>
<th>Action(s)</th>
</tr>
</thead>
</table>
| According to current evidence, one or more of the recommendations or recommendation combinations is appropriate in this clinical scenario. (View notes, if any, for details.) | Recommended:  
  - Recommended  
  - Off-label Recommended (an NCCN rating accompanies this recommendation) | Approve the recommended drug(s) |
|                       | Mutually Exclusive (only one can be selected) | Approve the recommended drug |
|                       | Mutually Recommended (two or more must be selected) | Approve the recommended drugs |
| According to current evidence, one or more recommendations or combinations of recommendations is based on limited evidence (LE). If LE recommendations are selected, medical review is suggested based on payer policy. (View notes for details.) The criteria enable reviewers to proactively gather and document patient-specific clinical information for medical review. | Limited Evidence | Refer for secondary review or secondary medical review as dictated by your organizational policies |
|                       | Mutually Exclusive  
  - Limited Evidence OR  
  - Recommended | Limited Evidence: Refer for secondary review or secondary medical review as dictated by your organizational policies  
Recommended: Approve the recommended drug |
|                       | Mutually Recommended  
  - Limited Evidence AND Recommended  
  - Limited Evidence AND Limited Evidence | Refer for secondary review or secondary medical review as dictated by your organizational policies |
<table>
<thead>
<tr>
<th>Medical review results</th>
<th>Select recommendation(s)</th>
<th>Action(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>According to current evidence, one or more recommendations or combinations of recommendations is appropriate for off-label indications and/or suggest medical review based on payer policy. (View notes for details.) The criteria enable reviewers to proactively gather and document patient-specific clinical information for medical review.</td>
<td>Off-Label <strong>Off-label</strong> Secondary review required 📋</td>
<td>Refer for secondary review or secondary medical review as dictated by your organizational policies</td>
</tr>
<tr>
<td>Current evidence does not support prescribing in this clinical scenario.</td>
<td></td>
<td>Obtain additional information from the requesting physician if needed.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• If the additional information satisfies the medical review, the request may be approved for the recommended drug(s)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• If the additional information does not satisfy the medical review, or if no further information is available, refer the case for secondary review or secondary medical review as dictated by your organizational policies</td>
</tr>
<tr>
<td>Cancel current review</td>
<td></td>
<td>Cancel the review</td>
</tr>
<tr>
<td>No recommendations were made based on the answers to the medical review questions.</td>
<td>Medical review incomplete</td>
<td>Answer all questions</td>
</tr>
</tbody>
</table>

**Step 6: Complete the primary outcome information (if applicable)**

If you use Review Manager, complete the primary outcome information, including the outcome date and time, next review date, priority, outcome (e.g., Approved, Referred for Secondary, Referred for Secondary – Medical, or Request Canceled), and outcome comments.
Outcome referral reasons

Referral reasons identify reasons why the proposed request does or does not meet medical necessity or medical appropriateness. Referral reasons vary from product to product and display based on the selected outcome.

An organization can add their own specific referral reasons and create unique outcome groups to delete or hide existing referral reasons.

Secondary Review

Secondary review is indicated when a primary review results in any of these outcomes:

- **Criteria subset/drug not listed.** This does not mean that the request is inappropriate, only that InterQual content does not currently cover this drug.
- **Indications not listed.** An indication for the requested drug is not listed.
- **Criteria not met.** When the given indication is listed, but the required criteria are not fulfilled, the case requires secondary review and results in a recommendation of “Current evidence does not support prescribing in this clinical scenario.”
- **Recommendation with Limited Evidence**
- **Recommendation with secondary review required**
- **Patient choice and preference.** The criteria delineate reasonable courses for the majority of patients. Some patients refuse certain prerequisite therapies or testing; these cases require secondary review.

Secondary Review Process

A supervisor, specialist, or physician may conduct a secondary review. The organization’s policies determine the qualifications of the reviewers as well as the extent to which secondary review is conducted to render a review outcome. The secondary reviewer determines the medical necessity of the request based on a review of the medical record, discussions with the provider or referring physician, and by applying clinical experience.

When conducting a secondary review:

- If the secondary reviewer agrees with the requested drug(s), approve the request and select the approved drug(s).
- If the secondary reviewer does not agree with the request, a discussion may take place between the reviewer and the requesting provider.
- If the requesting provider does not agree with the secondary reviewer’s determination, a specialist may become involved in the review process.