ODM Clinical Coverage Policy (CCP) Review Form

Instructions

This form is completed by the MCE for each clinical coverage policy (CCP) submitted to ODM for review. Based on the responses to these standard questions ODM may determine further review is necessary.

Managed Care Entity (MCE) Name: Humana Healthy Horizons

Policy/Service Title: Bortezomib products (Velcade and Bortezomib for injection)

MCE staff submitting CCP: Brandon Piazza, Director of Pharmacy

Date MCE Submitted this policy: 12/09/2022

Review Questions

1. Does the clinical coverage policy use clinically accepted, evidence-based medical necessity or level of care criteria? Examples include: MCG care guidelines®, InterQual®, American Society of Addiction Medicine (ASAM), etc.

    ☒ Yes   ☐ No

    a. If yes, cite source / criteria used:

        ☐ MCG care guidelines®

        ☐ InterQual®

        ☐ American Society of Addiction Medicine (ASAM)

        ☒ Other, please specify: FDA Labeled Drug Indications

    b. If yes, are the medical necessity or level of care criteria applied **without modification or customization** by the MCE?   ☐ Yes   ☒ No

2. If ODM-developed medical necessity or clinical coverage criteria for this service exists, is it clearly documented in this policy?

    ☐ Yes   ☐ No   ☒ Not applicable

If yes, cite ODM policy or OAC rule: _____

3. If ODM-developed policy does not exist and the MCE has adapted or developed medical necessity criteria, does the policy cite the evaluated, peer reviewed medical literature used to justify the policy?

☐ Yes   ☐ No   ☒ Not applicable

If yes, cite medical literature used: _____

4. Does this policy apply any "hard limits" to services? A hard-limit imposes a quantity limit (days, hours, units, etc.) that cannot be exceeded, even with prior authorization or medical necessity review.

☒ Yes   ☐ No   ☐ Not applicable

5. For mental health or substance use disorder treatment services, has the MCE's *Managed Care MHPAEA Compliance Assessment Tool* been updated to reflect this clinical coverage policy and submitted to ODM?

☐ Yes   ☐ No   ☒ Not applicable

6. Why is the policy being submitted?

☒ New policy. If new policy, please follow ODM naming convention. *Use the first 2 letters of the MCO, then POLmcd-followed by the MCO policy number. File name should also include a timestamp (mm-dd-yyyy). Please ensure that filename does not exceed acceptable character limits for saving files in Microsoft Teams*

- o ☐ If modified from national guidelines, highlight modification (blue)

☐ Rescinded policy

☐ Revised policy—if revised policy, please follow the guidelines below:

- ☐ Submit two copies: 1) a clean copy and 2) copy with changes clearly tracked
  - o ☐ Strike out language that has been removed on revised policy
  - o ☐ Highlight added language on revised policy (yellow)
  - o ☐ If modified from national guidelines, highlight modification (blue)

- ☐ Requested change by ODM—if revisions are in response to an ODM concern, that should be clearly indicated in document showing changes being tracked (e.g. may also use 'comment' feature in word processing software to specify how ODM requests were addressed)

7. Describe the type of clinical coverage policy

    7.a Is this an administrative policy? ☒ no

    ☐ yes. If yes, which of the following apply:

    ☐ MCO operations ☐ Revenue cycle management

    ☐ Other, please specify _____

    7b. When is the CCP applied? ☒ Pre-service   ☐ Post -service   ☐ Concurrent to service

7.c Do any of the following apply to this CCP

☒ Pre certification   ☐ Prior authorization   ☐ Not applicable

☐ "Other" types of policy, please specify _____

8. Identify the focus of clinical coverage policy.

    ☐ Medical/Surgical ☐ Pharmacy   ☐ Behavioral Health ☐ Laboratory

    ☐ Dental   ☐ Vision ☐ Durable Medical Equipment

    ☒ Other, please identify: Pharmacy covered under medical benefits

9. Was this policy drafted by a delegated entity?

    ☒ No   ☐ Yes. If yes, does the MCO delegate clinical coverage decisions to the entity? _____