

oncology-related medications

Commercial Medical Benefit Drug Policy

Prior authorization review for oncology drugs will be conducted by Evolent. Evolent uses evidence-based clinical guidelines to each patient's specific condition, including age, comorbidities, complications, treatment progress, and relevant personal circumstances to determine medical necessity. Clinical guidelines are developed and updated annually, at a minimum, to reflect the current evidence base as determined by clinical trials, peer-reviewed research, FDA indications, and recognized specialty guidelines and compendia, with input and approval from practicing physicians, pharmacists, medical leaders, and its clinical guideline review committee.

Evolent policies can be found here: [Oncology Medical Policies and Medication Policies for BSCA](#).

Special Instructions and Pertinent Information

Provider must submit documentation (such as office chart notes, lab results or other clinical information) to ensure the member has met all medical necessity requirements.

The member's specific benefit may impact drug coverage. Other utilization management processes, and/or legal restrictions may take precedence over the application of this clinical criteria.

For billing purposes, drugs must be submitted with the drug's assigned HCPCS code (as listed in the drug policy) and the corresponding NDC (national drug code). An unlisted, unspecified, or miscellaneous code should not be used if there is a specific code assigned to the drug.

Utilization Management Services Scope

Member Age	All ages
ICD-10 Codes	C00.0 - D09.0, D09.10 - D09.9, D11.0 - D11.9, D12.0 - D12.9, D13.0 - D13.99, D14.0 - D14.4, D15.0 - D15.9, D18.00 - D18.1, D21.0 - D21.9, D31.00 - D31.92, D32.0 - D32.9, D33.0 - D33.9, D34, D35.00 - D35.9, D36.0 - D36.9, D37.01 D49.9, D61.810, D61.82, D63.0, D64.0- D64.81, D70.1, D72.822, D75.81, E34.00 -E34.09, T45.1X5A - T45.1X5S, T80.82XA - T80.82XS, T66.XXXA - T66.XXXS, W88.1XXA - W88.1XXS, W88.8XXA - W88.8XXS, Z51.11- Z51.12
Place of Service	- Office/Outpatient for cancer treatment - Inpatient/Outpatient for CAR-T cell
Medications	For list of HCPCS codes covered under medical oncology, click here

Step Therapy Requirement: There are select drugs for oncology-related uses that require step therapy. This list can be found on Evolent's site for oncology medical policies and medication policies for BSCA.

Review History

Date of Last Annual Review: 4Q2026

Changes from previous policy version:

- N/A

*Blue Shield of California Medication Policy to Determine Medical Necessity
Reviewed by P&T Committee*