

1 . Criteria

Product Name: Standard Chemotherapy Criteria for Medications Without Specific Written Requirements	
Approval Length	12 month(s)
Therapy Stage	Initial Authorization
Guideline Type	Prior Authorization
<p>Approval Criteria</p> <p>1 - One of the following:</p> <p>1.1 Medication must be prescribed for a FDA approved indication</p> <p style="text-align: center;">OR</p> <p>1.2 Must meet off-label use criteria</p> <p style="text-align: center;">AND</p> <p>2 - Medication must be prescribed by an oncologist, hematologist or applicable specialist</p> <p style="text-align: center;">AND</p> <p>3 - If there are other drugs that are accepted to be standard treatment for stated condition, according to the National Comprehensive Cancer Network (NCCN) Guidelines, the patient must have a failure/intolerance/contraindication to at least one recognized standard primary treatment (Must document drug name)</p>	

Product Name: Standard Chemotherapy Criteria for Medications Without Specific Written Requirements	
Approval Length	12 month(s)
Therapy Stage	Reauthorization
Guideline Type	Prior Authorization
Approval Criteria	

1 - Patient is responding positively to therapy as evidenced by disease stability or improvement