# Eviti prior authorization
# Provider FAQ

*Eviti's prior authorization platform will assist with the evidence-based review of oncology treatment plans.*

## What happens for members with treatment plans that began prior to Jan. 1, 2026?

For members currently undergoing treatment please fill out a [Continuation of Care request form](#).

Our utilization management team is also here to assist with any questions about previous treatments that need to be authorized for continuation of care; they can be reached at (800) 991-8109.

## What is an evidence-based treatment plan?

An evidence-based treatment plan is one that aligns with the most current and credible clinical research, guidelines and recommendations in the oncology field. Eviti's team maintains a comprehensive clinical library that compiles published medical literature and expert consensus for every known cancer type to ensure treatment plans reflect the best available evidence.

## Will inpatient stays for more intense rounds of treatment, like chemotherapy need a separate inpatient prior authorization?

Yes, all inpatient stays will require a separate inpatient authorization.

## Will there be co-pay assistance through Eviti?

No, Eviti provides an evidenced-based review to determine the appropriateness of a particular therapy; it is not involved in claims processing.

# Treatment plans

## How do I submit a treatment plan to Eviti?

Treatment plans are submitted through the Eviti portal at [https://connect.eviti.com/](https://connect.eviti.com/).

### Is assistance available?

Eviti's customer support team is available to assist with treatment plan submissions; they can be reached at (888) 482-8057.

### What is the timeframe for responses from Eviti once the treatment plan has been submitted?

Eviti responds to prior authorization requests within 72 business hours. If the prior authorization requires additional review by the health plan, the plan responds within seven business days.

### Are oral chemotherapies required to go through Eviti as well?

Yes. Eviti reviews all chemotherapy and radiation oncology treatments regardless of how or where chemotherapy is administered.

### Do supportive drugs need to be pre-authorized?

No, supportive drugs do not require pre-authorization through Eviti, with the exception of biosimilars.

### Are outpatient oral oncolytic medications filled in the retail pharmacies included in the prior authorization review?

Yes. Any oncology treatment plan involving chemotherapy or radiation therapy will need to be submitted to Eviti for review. For a full list of codes requiring prior authorization, see the prior authorization list on the website or the provider portal.

### Should durable medical equipment, like pumps used to administer chemotherapy, be processed for prior authorization through Eviti?

No, durable medical equipment does not need to be submitted to Eviti because this equipment can be used for different indications. The Eviti programming will focus on what is being infused via the pump when used for chemotherapy, not the pump itself.

### Are there more specifics on what would need to go through Eviti?

Yes, any oncology treatment in the form of chemotherapy or radiation oncology will require Eviti authorization.

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### When the treatment plan is under review, do follow-up questions go to the physicians or to the person who entered the treatment plan into Eviti?

Questions are directed to the individual who entered the treatment plan.

### Eviti has many options to research treatment plans, including the option to speak with peers. With the peer-to-peer option, can Eviti do the call without the physician present?

The preference is to speak with the physician, but a qualified individual, such as an advanced practice provider or other designated clinician, can stand in on behalf of the physician to receive or answer questions.

### Will there be an option for members to get a prior authorization for oncology and radiation services for care at an out-of-network facility that refuses to attain prior authorization on their behalf? If so, should this be communicated to members?

No. Members will not know what drugs or radiation treatment can be administered, and both out-of-network and in-network providers are required to gain prior authorization through Eviti for oncology and radiation treatments.

Members seeking services at an out-of-network facility should ensure they have an approved network exception authorization in place to ensure benefits are applied at the in-network level.

## Eviti codes

### What are Eviti approval and rejection codes?

Eviti treatment approval codes are unique identifiers issued by Eviti via the portal when a submitted treatment plan meets evidence-based clinical criteria and is approved for coverage. Eviti rejection codes are system-generated indicators that a treatment plan cannot be approved.

### How does the health plan match what was submitted in Eviti to what was received on the claim?

Information received through the Eviti portal will be matched against the claims received from the providers. Eviti shares the approved services and medications to the health plan. Once the claims are received, the health plan's claims system runs a check for any matching Eviti code(s) in place.

### Do the Eviti approval codes need to go on the claims?

No, providers will not be required or expected to enter the assigned Eviti "approval code" on the claims. Eviti will share the approved services and medications to the health plan. Once the claims are received, the system will run a check for any matching Eviti service code(s) that are in place.

### Can administering or servicing facilities check to see if an Eviti approval code has been obtained and verify what services have been pre-authorized?

Administering facilities are encouraged to contact the health plan if there is uncertainty about whether or not pre-authorization has been completed.

## Billing, payment and responsibility

### Who is liable for a claim denial stemming from the lack of Eviti approval – the patient or billing provider?

The billing provider is responsible for the claim denial.

### If the health plan is the secondary payor for a member; is prior authorization through Eviti necessary?

Authorization is not needed for secondary insurance, unless it is a service NOT covered by the primary insurance.

### Will the servicing provider be paid if the ordering provider did not obtain an Eviti approval?

No. The claim will deny as provider responsibility. Servicing providers have a responsibility to confirm benefit and coverage prior to administering a service.

## Appeals

### How will appeals be handled?

MyAdvocate Medicare Advantage Health Plan will manage appeals for Eviti denials.

### Is there an option for a peer-to-peer discussion on Eviti code denials?

Yes. Eviti has the option of a peer-to-peer (P2P) discussion for code denials. This is a direct conversation between the treating provider, or their designated clinician, and an Eviti clinical reviewer. The goal is to review the request and denial, allowing the provider to offer additional clinical justification or clarify

facts supporting the request for coverage of services. The peer-to-peer discussion is not the same as an appeal and does not replace appeal rights.

## Will the servicing provider be paid if the ordering provider did not obtain an Eviti approval?

No. The claim will deny as provider responsibility. Servicing providers have a responsibility to confirm benefit and coverage prior to administering a service.

# Clinical Trials

**There is no coverage for the experimental portions of services performed in a clinical trial.** Only standard and routine services are covered. The authorization of treatment plans by Eviti does not change this benefit exclusion. For specific questions regarding the benefit coverage for clinical trials, please contact the utilization management team at (800) 991-8109.

## How do research clinical trials get entered into the system?

Eviti compiles the library for the treatment plans and clinical trials on the backend by researching many different platforms, including medical libraries, results from trials and medical journals, before making updates to the library. Eviti monitors the FDA and regularly updates the library. Once the FDA gives the approval for new drugs, Eviti attempts to have the drugs ready to select in a treatment plan as quickly as possible.

To select a clinical trial as a treatment plan, users will need to search by trial ID or trial name.

## If the clinical trial is providing the chemotherapy drugs, is an authorization through Eviti necessary?

Yes, clinical trials for oncology and radiation require an Eviti prior authorization in order to be submitted to the health plan. The entire treatment regimen, including the portions supplied by the clinical trial, should be entered into Eviti. Evidence-based clinical trial treatment plans are always available to review and/or submit within the Eviti platform.

# Biosimilar redirection program

## What is Eviti's biosimilar redirection program?

Eviti's biosimilar redirection program is a clinical and formulary management mechanism that allows payers to redirect prescribing to preferred biosimilars or preferred biologic products when clinically appropriate. Clinical exception criteria are in place to allow non-preferred use when patient-specific factors apply.