



Evolut Clinical Guideline 3175 for Non-Preferred and Preferred Drug List

Guideline Number: Evolut_CG_3175	<u>Applicable Codes</u>	
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STATEMENT

Purpose

To define and describe the Non-Preferred and Preferred Drug List medications program. To ensure all requests for authorization of services received from referring providers and/or facilities are handled in compliance with regulatory and accreditation standards for consistent application of clinical guidelines, timeliness of decision making, content of notice and the Non-Preferred Drug List program.

If necessary, allow the treating provider an opportunity to discuss a request with a Peer Reviewer prior to the issuance of an organization determination.

DEFINITIONS

Preferred Drug List

- A list of medications Evolent or payer (client) identified as having the highest level of evidence supporting their effectiveness, least toxicity, and all factors being equal, the lowest cost.

Non-Preferred Drug List

- A list of medications Evolent or payer (client) identified as non-preferred and, therefore, not auto approved. The non-preferred drug list help serves as a tool in the following drug utilization management strategies:
 - Appropriate Drug Use
 - Prevent inappropriate use of medication through peer-to-peer education.
 - Preferred Alternative Medication
 - A medication Evolent identified as having better efficacy, least toxicity, and/or more cost-effective. A preferred alternative medication is the drug of choice Evolent aims to convert into when a medication on the Non-Preferred Drug List is requested. A medication identified by the payer (client) that is Preferred or Non-Preferred is based on the health plan contracts

POLICY

- Evolent is responsible for processing all medication requests from network ordering providers. Medications not authorized by Evolent may be deemed as not approvable and therefore not reimbursable. Treatment request outside the approved FDA manufacturer labeling or CMS approved compendia must follow approved clinical criteria. If references are not produced, delays may occur to the processing of such request.
 - Preferred Medication Guidance:
 - Initial requests: Refer to the Health Plan Policy if applicable, and/or Evolent Preferred Drug Policy if applicable, for guidance. In addition, please check the applicable Hierarchy for medical decision making for the Health Plan.

- Continuation requests for a not-approvable medication shall be exempt from this Evolent policy provided:
 - The requested medication was used within the last year, AND
 - The member has not experienced disease progression and/or no intolerance to the requested medication, AND
 - Additional medication(s) are not being added to the continuation request.
- When there is a documented drug shortage, disease progression, contraindication, or confirmed intolerance to a preferred drug/regimen, per Evolent Policy, the available alternative product may be used if deemed medically appropriate and the indication is listed in a standard reference compendium or accepted peer review literature. For a list of current drug shortages, please refer to FDA drug shortage website in the reference section.

PROCEDURE

- Pharmacy shall review the Evolent Non-Preferred and Preferred Drug List annually to identify opportunities for additions and/or deletions.
- Evolent PDL Team will review the payer (client) Non-Preferred and Preferred Drug List upon implementation and as required by each health plan. Updates to each health plans Non-Preferred Drug List will be made as follows:
 - Payer identifies changes to their Non-Preferred and Preferred Drug List and notifies Evolent PDL Team via email.
 - Within 24 hours, Evolent will review the change request.
 - Over the next 72 hours, Evolent will analyze the change request and will reach out to the payer with questions.
 - Evolent PDL team will update the Preferred Drug Guidelines for all applicable payers and the pharmacy team will submit a ticket to CarePro within 24 hours.
 - The CarePro team will update the system data to reflect the changes in the UM and Provider Portals within 4-10 business days.
 - The updated Preferred Drug Guideline is distributed to the UM Team with the effective date of the changes.
- Prior to every new strategy, training shall be provided to Auth Assist or Coordinators, Clinical Reviewers, Nurse, and/or Field Medical Directors (FMDs) to provide background of the new program. This document shall serve as a reminder of all active programs.
- Reviewers shall refer to the link below for current Preferred Drug Guidelines for all applicable payers.
 - **Preferred Drug Guidelines**
 - The Auth Assist or Coordinator, Clinical Reviewer, Nurse, and/or Field Medical Director shall outreach to providers' offices on the preferred alternative medication.
 - The authorization can be approved by the Clinical Reviewer, Nurse.

- Any authorizations containing the non-preferred medication will not be auto approved.
- For medical necessity, follow normal processing procedures as defined in the Standard Pre- Service Request for Authorization (*UM_1009*) policy.
- For all Risk Commercial/Exchange and Medicaid cases, Evolent will issue a Recommended Adverse Determination (RAD, “hard steer”) for authorization requests with a non-preferred Evolent agent/regimen per clinical policy. For all authorization requests other than Risk Commercial/Exchange and Medicaid authorization requests, Evolent will attempt to switch (“soft steer”) a non-preferred Evolent agent/regimen to an Evolent preferred alternative.

CODING AND STANDARDS

Applicable Lines of Business

<input type="checkbox"/>	CHIP (Children’s Health Insurance Program)
<input checked="" type="checkbox"/>	Commercial
<input checked="" type="checkbox"/>	Exchange/Marketplace
<input checked="" type="checkbox"/>	Medicaid
<input type="checkbox"/>	Medicare Advantage

POLICY HISTORY

Date	Summary
September 2025	<ul style="list-style-type: none"> ● Converted to new Evolent guideline template ● This guideline replaces UM ONC_1305 Non-Preferred and Preferred Drug List
September 2024	<ul style="list-style-type: none"> ● Updated NCH verbiage to Evolent

LEGAL AND COMPLIANCE

Guideline Approval

Committee

Reviewed / Approved by Evolent Specialty Clinical Guideline Review Committee

Disclaimer

Evolent Clinical Guidelines do not constitute medical advice. Treating health care professionals are solely responsible for diagnosis, treatment, and medical advice. Evolent uses Clinical Guidelines in accordance with its contractual obligations to provide utilization management. Coverage for services varies for individual members according to the terms of their health care coverage or government program. Individual members' health care coverage may not utilize some Evolent Clinical Guidelines. Evolent clinical guidelines contain guidance that requires prior authorization and service limitations. A list of procedure codes, services or drugs may not be all inclusive and does not imply that a service or drug is a covered or non-covered service or drug. Evolent reserves the right to review and update this Clinical Guideline in its sole discretion. Notice of any changes shall be provided as required by applicable provider agreements and laws or regulations. Members should contact their Plan customer service representative for specific coverage information.

REFERENCES

1. Current and Resolved Drug Shortages and Discontinuations Reported to the FDA:
<http://www.accessdata.fda.gov/scripts/drugshortages/default.cfm>.