Optum[®] Cancer Guidance Program and MBMNow Reference Guide

Peoples Health works with the Optum[®] Cancer Guidance Program (CGP) to authorize outpatient injectable chemotherapy services and related cancer therapies (including cancer-supportive drugs and therapeutic radiopharmaceuticals) for Peoples Health patients.

Optum CGP supports you in providing the highest-quality, most efficient care to your patients receiving cancer treatment, offering you oncology decision support based on National Comprehensive Cancer Network standards. Optum's platform MBMNow processes prior authorization requests for the services and therapies noted above. You may be familiar with CGP and MBMNow from other health plans you work with.

Note: Requests for **oral** chemotherapy drugs must be submitted to our pharmacy benefits manager, Optum Rx, for approval via <u>professionals.optumrx.com</u>.

Navigate to the corresponding section of this reference guide using the links below.

Accessing MBMNow

PEOPLES HEALTH

Using MBMNow to Submit New Requests

Other MBMNow Functionality

Appendix

Accessing MBMNow

 Visit MBMNow at <u>mbm.linkplatform.com/home</u>. Select the **One Healthcare ID** sign-in option. If you log in through the UnitedHealth Group option, you will **not** be able to complete a request for a Peoples Health patient.

	Log in to the platform using this button	, 0	ptum	Op	otumlr	nsigh	t			
			Sign I	n <mark>Opt</mark> ior	ns					
	One	e Healthca	re D	U	NITEDH	EALTH	GROUP*			
(Optum Peoples Hea	Ith Network	ation Search	Look fo left corr	r this log her once	o in the signed	e upper in			Home Au
		Prior Author Submitted *Required. SEARCH BY Request Number	Subscribe	r/Member ID	Member Last	Name	Time Period Last 7 Days	v	Status None Selected	×
		Filter Clear	Show Advanced Request Number 9	Member Name ≑	Subscriber ID \$	Status 🕈	Start Date 🕈	Show 100 V F	Per Page de First de Requesting Physician 9	Previous Next • Last •• Servicing Physician •

2. Follow the onscreen prompts to log in to your MBMNow account or create a One Healthcare ID. If you already have an MBMNow login for another health plan, it will work for Peoples Health patients.

Using MBMNow to Submit New Requests

MBMNow walks you through a series of questions about the patient's diagnosis and status to gather details needed to generate regimen options you can choose from, many of which will result in auto-authorization. Submitting a request through MBMNow takes 5-10 minutes.

Note: If MBMNow displays an error message when you try to submit a request because the website is down, contact Optum at the number displayed on-screen (1-888-397-8129), Monday through Friday, from 7 a.m. to 7 p.m. A representative can provide assistance by phone.

Submitting New Requests

1. Once you log in to MBMNow, a dashboard screen displays both your submitted and draft authorization requests. Click the **Create New Request** link to start a new request.

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2. Provide demographic information to search for a patient, then select the patient from the results list.

	INIC	mbe	rs															
rst Name	We curren For dual e authoriza	itly only in ligitile mi tion requ	equi imbi	ers. searc ers. searc ents, plea	icati h un	ons for spe ider the m contact the	eni eni	ic Commercia ber's Medicare imber on the b	10	edicaid, to deter k of the n		Scare, acc ine eligibi nber's insi	d dual eligib hty. For any unance cand	le (i.e., memb other questio	er h	ies Medicaid + ibout membe	ntel	idicare) me igibility and
ast Name *	Actions	First Name	•	Last Name	+	Date of Birth		Subscriber ID	•	Group ID	٩.	Gender	Coverage Status	Policy Start Date		Policy End Date		Address
ute of Birth * Im-dd-yyyy 02-17-1963	Please P	rovide Se	arch	Criteria.														

3. Choose the appropriate service from the Authorization Type drop-down menu.

Authorization Type * Required			
Please select an authorization type that y	u would like to create. If you wish to change	this selection after proceeding to the next page, you'll need to start a new request.	•
Authorization Type *	Outpatient Chemotherapy		
Authorization Start Date * mm-dd-yyyy The date must be within the available coverage dates.	07-08-2022		
Back Continue			0

4. Provide your information on the Requesting Provider screen; some information is pre-populated. To change the requesting provider, click the **Change Provider** link at the top and search for another provider.

Requesting Provider * Required	r			C	Change provider
Provider Details			Point of Contact		
Provider First Name	ABBY		Full Name *		
Provider Last Name	SMITH				
Provider NPI	1235142290		555-555-5555		22222
Provider TIN	454234193		Fax Number *		Ext.
Provider Address	3530 S VAL VISTA DR STE 102, GILBERT	AZ 85297-7319	222-222-2222		
Provider Phone Number * 555-555-5555	<u>-</u> -	Ext.	Email		
Provider Fax Number * 555-555-5555	<u>-</u>	Ext.	Request Received by	Phone Fax	

If you are the servicing provider, click **Yes**. If not, click the **Add Servicing Provider** button and search for the provider. If the servicing provider is not in the Peoples Health provider network, the provider will not appear in the search results, and an on-screen message will indicate next steps.

Servicing Prov * Required	ider/Pharmacy			
Is the requesting provid (Note: If you are plannin	Ier the same as the servicing provider/phar g to use a specialty pharmacy, please choos	macy? e the Add Servicing Provider/Pharmac	y button below.)	
Yes Add Servi	cing Provider/Pharmacy			
Servicing Prov	vider Search			\times
* Required Physician Facility Search by (Physician Name	+ State/ZIP 🔿 TIN and/or NPI			
First Name Search Cl	Last Name *	State *	Zip	

5. Provide general details about the patient, including the initial diagnosis date and clinical details. Questions on this screen may vary depending on the authorization type you select. Some questions are responsive; the answers you provide may prompt additional questions.

* Required				
Patient Details		Clinical Details		
Height of the Patient *	65 in V	Primary Cancer *	Waldenstroms Macroglobulinemia/ Lymphoplasmactyc Lymphoma	
Weight of the Patient 😤	140 lbs 🗸	Chemotherapy Clinical Trial *	No	
Patient Contact Number * 555-555-5555	555-555-5555	Has Disease Progressed or Relapsed? *	Yes 🗸	
Service Details		New or Continuation of Treatment? *	Continuation of Treatment	~
Initial Diagnosis Date ★ mm-yyyy	04-2022	Continuation of Treatment Justification *	Disease Progression	~
Place of Service ★	Outpatient Facility			
Authorization Start Date * mm-dd-yyyy	08-18-2022			
ICD-10 Code *	C88 Waldenstroms			

The Primary Cancer field will generally pre-populate once an ICD-10 code is entered. Always verify that the primary cancer is correct.

• The cancer type determines which clinical questions and regimens are available to be selected, which can affect whether an authorization request is auto-approved.

If the cancer type is not listed, choose "Other" from the menu and name the cancer type in the provided text field. When you choose "Other," you must create a custom drug regimen for the authorization request. Create a custom regimen on the next screen, where you must provide drug information, justification for the custom request and supporting clinical documentation.

Custom Regim	en						
Regimen Drugs							+ Add Drug
Drug	Dose	Route	Dosage	Frequency	Days of Cycle	Cycle Length	# of Cycles
Please add drug(s) to the reg	imen.						
Regimen Justification							
				1000 cl	haracters remaining	J 9	
Add Clinical Documentation	Select Files						
	Maximum file Limit of files p Accepted forn The following Please wait un	size: 50MB er upload: 15. nats: .txt, .doc, .docx, .xi file formats will be com til all files are uploaded	s, .xlsx, .ppt, .pptx, .pdf, .png, .jog verted to .pdf: .doc, .docx, .xls, .p i to be able to submit the autho	jpeg, .tif, .tiff pt, .pptx, .tif, .tiff rization request			

6. Provide details about the patient's clinical status. Questions on this screen vary depending on the authorization type and primary cancer type you select. Some questions are responsive; the answers you provide may prompt additional questions.

Clinical Status	
Show Answers Hide Answers	
* Required	
What is the treatment indication or disease status? \star	Progressive V
Is the patient a transplant candidate? *	No
What is the line of therapy? *	1

7. A list of regimen options to choose from is displayed.

Regimens	Learn more about this icon 🧮
Filter by drug None Selected Filter : 	
Expand All Collapse All	Export (PDF) 🖨 Print
1 Cladrabine + Rituximab 🛈	Pathway Regimen
2 Regimen Title ①	Pathway Regimen

8. Click the triangle symbol to the left of a regimen to see standard of care information for the drug(s), dosage and administration. This helps you choose the most appropriate regimen.

Regimens					Learn more a	bout this ico
Filter by drug						
None Selected	Filter					
Expand Al Collapse All					Export (P	20F) 🖨 Pr
▼ Cladrabine	+ Rituximab 🕕				Ρ	athway Regi
The regimen selected has a febrile n	eutropenia and an emetic risk. You ha	we the option to add a grow	th factor and an antie	metic support dra	ug to this request.	
All fields are required						
Would you like to add an antiemetic	supportive drug?					
○ Yes ○ No						
Would you like to add a growth facto	or supportive drug?					
O Yes O No						
Febrile Neutropenia Risk	Emetic Risk	Authorization Dur	ation			
NCCN Not Specified	NCCN does not provide this information	12 Months				
Drug Name (including Packaging Options)	Drug Code	Drug Route	Drug Dosage	Frequency	Administer Cycle Days	Cycle Length
Rituxan Hycela® - Rituximab And Hyaluronidase	J9311	Intravenous	375 mg/m2	1/day	Day1	28 day cy

Certain regimens include oral chemotherapy drugs. As noted earlier, oral chemotherapy drugs are authorized through Optum Rx, not through Optum CGP.

• When you view the details for a regimen that includes an oral chemotherapy drug, you receive a reminder about submitting an authorization request for that drug to Optum Rx.

Certain regimens require you to agree to a scheduling frequency.

• If you accept the standard frequency, the submitted authorization request is auto-approved.

• If you reject the standard frequency, MBMNow gives you the option to enter your desired frequency as a custom regimen, and the authorization request is NOT auto-approved. It pends, and CGP clinicians review and make a decision.

For certain regimens, dosage-based rounding is available for a drug within the regimen. If you select a regimen that includes a dosage-based rounding drug, a pop-up message displays for you to accept or reject the rounded dosages.

Dosage rounding to reduce waste p	has been applied to ti er our dosage roundir	he following drug(s) in ng policy.	order	
o continue, review and acce unded dosage, your reques streach.	pt the rounded dosag it will require a clinical commons page select (e below. If you do not i review and may requi Cancel.	wish to add pot the re peer-to-peer	
Drug Name	Dose	Selected Dosage	Rounded Dosage	Accept Rounded Dose?
J9035 Avastin -	Dose #1	544.31 mg	500 mg	

- If you accept dosage-based rounding, the submitted authorization request is auto-approved.
- If you reject dosage-based rounding, MBMNow gives you the option to enter your desired dosage as a custom regimen, and the authorization request is NOT auto-approved. It pends, and CGP clinicians review and make a decision.
- **9.** Choose a regimen by clicking the circle to the left of a regimen name. The regimen authorization approval process depends on the cancer being treated and the regimen selected. If none of the listed regimens are appropriate, skip to step 11.

					Learn more a	bout this ic
Filter by drug						
None Selected	Filter:					
Expand All Collapse All					Export (F	0F) 🖨 F
Cladrabine	+ Rituximab 🕕				P	athway Reg
All fields are required Would you like to add an antiemetic Yes No	eutropenia and an emetic risk. You h supportive drug?	we the option to add a grou	vth factor and an anti-	emetic support dri	ug to this request.	
Would you like to add a growth facto	or supportive drug?					
Would you like to add a growth facto O Yes O No	or supportive drug?					
Would you like to add a growth facto Yes No Febrile Neutropenia Risk	er supportive drug? Emetic Risk	Authorization Du	ration			
Would you like to add a growth facto Yes No Febrile Neutropenia Risk NCCN Not Specified	r supportive drug? Emetic Risk NCCN does not provide this information	Authorization Du 12 Months	ration			
Would you like to add a growth facto Ves No Pebrile Neutropenia Risk NCCN Not Specified Drug Name (including Packaging Options)	er supportive drug? Ernetic Risk NCCN does not provide this information Drug Code	Authorization Du 12 Months Drug Route	nation Drug Dosage	Frequency	Administer Cycle Days	Cycle Length

For Cancers That Are Part of the Optum Pathways Program

Scenario A regimens have a Pathway Regimen icon. These regimens are compliant with National Comprehensive Cancer Network standards, and Optum and Peoples Health jointly determined these are the most effective treatment options, taking into consideration a variety of factors (such as low toxicity, impact on patient outcomes, cost effectiveness, etc.). **Scenario A ("Pathway") regimens are auto-approved.**

9	Sacituzumab govitecan-hziy ()	Pathway Regimen
10	→ Vinorelbine	Pathway Regimen
11	Carboplatin / Gemcitabine 🕦	
12	Cyclophosphamide (Oral) ()	

Scenario B regimens do **not** have a Pathway Regimen icon. They are grouped in alphabetical order immediately below the Scenario A regimens.

9	Sacituzumab govitecan-hziy ()	simen Scenario A
10	Vinorelbine () Pathway Re	gimen
11	Carboplatin / Gemcitabine	Seenaria P
12	Cyclophosphamide (Oral) ()	Scenario B

Scenario B regimens don't meet the types of criteria described above to be deemed a Pathway regimen (they are "off-Pathway"). Scenario B regimens are auto-approved, but you must provide a reason for choosing one of these regimens.

Selected Regi Program	men Not Part of Pathway
The regimen you have s Program and may impa pathways adherence of Home > Dashboards > P provide the following ir	elected is not part of the Cancer Therapy Pathwa ict your pathway adherence. You can monitor you n the provider dashboard, which can be accessed rovider Dashboard. In order to proceed, please formation:
All fields required.	
Reason for choosing th	lis regimen
Reason for choosing th Select	nis regimen 🗸 🗸 🗸 🗸 🗸
Reason for choosing th Select Select	nis regimen 🗸
Reason for choosing the Select Select Continuation of ongoing the Select Continuation of ongoing the Select	nis regimen
Reason for choosing the Select Select Continuation of ongoin Contraindication to pa	ng therapy athway regimen
Reason for choosing the Select Select Continuation of ongoi Contraindication to par Patient has already rec	ng therapy sthway regimen seived all of the pathway regimens
Reason for choosing the Select Select Continuation of ongoin Contraindication to par Patient has already rec Patient preference	ng therapy ithway regimen :eived all of the pathway regimens
Reason for choosing th Select Select Continuation of ongoi Contraindication to pa Patient has already ree Patient preference Regimen selected is le	ng therapy thway regimen seived all of the pathway regimens es toxic than pathway regimens

Note: If you reject the standard scheduling frequency or standard dosage-based rounding for a scenario A or B regimen where scheduling frequency or dosage-based rounding applies, <u>the regimen</u>

is no longer auto-approved. The authorization request pends, and CGP clinicians review and make a decision.

Scenario C regimens do not have a Pathway Regimen icon and are grouped in a third alphabetical order set below the Scenario B regimens. Scenario C regimens are also off-Pathway regimens. Scenario C regimens are NOT auto-approved. You must provide a reason for choosing one of these regimens. The authorization request for the regimen pends, and CGP clinicians review and make a decision.

> Anastrozole + Goserelin ①	Pathway Regimen
Anastrozole + Leuprolide ①	Pathezy Regimen Scenario A
> Capecitabine @	Pathway Regimen
> Alpeilsib + Fulvestrant + Goserelin ①	
→ Alpelisib + Fulvestrant + Leuprolide	Scenario B
→ Epirubicin ①	
Cyclophosphamide (Oral) / Methotrexate / Fluorouracii (CMF) ①	
	Scenario C
O • Doxorubicin (Liposomal)	

For Cancers That Are NOT Part of the Optum Pathways Program

All regimens are auto-approved unless:

- You reject the standard scheduling frequency for regimens where scheduling frequency applies (you answer "No" to the question that explains the standard scheduling frequency)
- You reject the standard dosage-based rounding for regimens where dosage-based rounding applies (you answer "No" to the question that explains the standard rounded dosage)

If you reject the standard scheduling frequency or standard dosage-based rounding, the regimen is **NOT auto-approved**. The authorization request pends, and Optum CGP clinicians review and make a decision.

10. If none of the results in the regimen listing are appropriate for the patient, you may create a custom regimen. Scroll to the bottom of the list and click the **Create Custom Regimen** link.

18) • Eribulin ()	
19	> Lxabepione ①	
20	> Pacilitaxxi//Carboplatin ()	
21	> Pacilitaxel / Gemcitablee (GT) ()	
22	> Paciltaxel Albumin-Bound	
23	FPaclitaxel Albumin-bound / Carboplatin	
Back	+ Credit Cation Regime See Dat	-

a. A screen appears for you to provide drug information, justification for the custom request and supporting clinical documentation.

Custom Regimen * Required								
Regimen Drugs								
Drug	Dose	Route	Dosage	Frequency	Days of Cycle	Cycle Length	# of Cycles	
Please add drug(s) to the regin	nen.							
Regimen Justification								
				1000 ch	aracters remaining) 3		
Add Clinical Documentation	Select Files	l						
	Maximum files Limit of files per Accepted form The following fi Please wait unt	ize: 50MB r upload: 15. ats: .txt, .doc, .docx, .xl le formats will be conv il all files are uploaded	s, xlsx, .ppt, .pptx, .pdf, .png, .jp rerted to .pdf:.doc, .docx, .xls, .j to be able to submit the auth	g, jpeg, tif, tiff ppt, pptx, tif, tiff orization request				

b. If the patient clinical status information you provide in the MBMNow authorization request form indicates to Optum CGP that chemotherapy isn't supported, a message displays indicating this in lieu of providing regimen options. If you still want to submit the request, click the Create Custom Regimen link.



c. This displays a screen for you to provide drug information, justification for the custom request and supporting clinical documentation.

Custom Regimen *Required								
Regimen Drugs							+ Add Drug	
Drug	Dose	Route	Dosage	Frequency	Days of Cycle	Cycle Length	# of Cycles	
Please add drug(s) to the regin	nen.							
Regimen Justification								
				1000 ch	aracters remaining) 1		
Add Clinical Documentation	Select Files							
	Maximum file siz Limit of files per Accepted forma The following file Please wait until	te: 50MB upload: 15. ts: txt, .doc, .docx, .xls, e formats will be conve all files are uploaded	.xlsx, .ppt, .pptx, .pdf, .png, .jpg erted to .pdf: .doc, .docx, .xls, .p to be able to submit the autho	ı. jpeg. tif, tiff pt, .pptx, tif, .tiff rization request				

Custom regimen authorization requests are NOT auto-approved. They pend, and CGP clinicians review and make a decision. If your custom request does not include enough supporting information, or if a peer-to-peer discussion is needed, CGP clinicians will contact you by phone and, as appropriate, fax.

11. MBMNow displays a summary screen for you to review all the details of your request prior to submitting it.

12. Based on the type of regimen you select, one of the following occurs once you submit the request.

If you choose a regimen that is auto-authorized, a message displays indicating your request is approved. It also provides a start date and an end date for the authorization.

Request Status				Export (PDF) 🖶 Print				
\bigcirc	Your Authorization Request Has Been Approved							
(\checkmark)	Your authorization request supportive care drug, or a r	number is A001234567. If new chemotherapy regime	you need to add a new che n, you will need to submit a	motherapy drug, new authorization request.				
\bigcirc	Authorization Status	Approved	Authorization Start Date	04-02-2022				
	Authorization Number	A001234567	Authorization End Date	04-02-2023				
	Cladribine + Rituximab (Ch	eck Drugs Listed)		Pathway Regimen				
	Drug Name		Drug Code	Authorization Status				
	Injection, rituximab and hyaluronic	dase, (Rituxan Hycela®). 375 mg	J9311	Approved				
	Injection, rituximab. (Rituxan), 375	img	J9312	Approved				

If you choose or create a regimen that requires review by Optum CGP clinicians, a message displays indicating that your authorization request is pending.

Request Status				G Export (PDF)	🖨 Print
\sim	Your Authorization Re	quest Is Pen	ding		
	Your request number is A001 additional information is nee information provided below.	1234567. Your re- eded to make a d Please see belov	quest may require revie etermination, we will rea v for details regarding ye	w by our clinical team. Also, if ach out to you via the contact our request.	
\smile	Request Status	Pending			
	Request Number	A001234567			
	Custom Regimen				
	Drug Name		Drug Code		
	Injection, nivolumab, (Opdivo), 50 m	19	J9299		
	Injection, nivolumab, (Opdivo). 25 m	9	J9299		

- If the request is later approved, Optum will contact you by phone and mail, and the authorization request status will display as "Approved" on your dashboard screen.
- A copy of the approval letter will also be available in MBMNow.
- CGP clinicians review submitted authorization requests seven days a week, from 7 a.m. to 8 p.m.

Other MBMNow Functionality

Clone an Authorization

Save time when inputting repeat authorization requests for the same patient by cloning a previous request. From the Submitted Prior Authorization Requests list on the dashboard screen, click the **Clone** icon. Cloning opens a new authorization request and prepopulates information into the request form, up through the Request Details page.

ubmitte	d Prior Aut	thorizatio	on Requests						+
splaying your	10 most recently	submitted rec	quests						
Actions	Provider Letter	Request Number	Authorization Type	Member Name	Subscriber ID	Status	Start Date	End Date	Requesting Provider
		A007654321	Outpatient Chemotherapy	JORDAN, MICHAEL	00987654321	Approved	02-02-2022	02-02-2023	SMITH, AARON
lone Per	weet					×			
Available C	Coverage Per	riods							
Active Covera	ige		Future Cover	ige I	Expired Coverage				
09-01-2022 to	12-31-9999		Not available		Not available				
Required									
						_			
Authorizati	on Type *		Select			~			

Search for Submitted or Drafted Authorization Requests

From the dashboard screen, click the **Authorization** link in the upper-right corner, then choose **Search**. On the next screen, choose either the **Submitted** tab or the **Drafts** tab and input your search criteria.

Submitted Draf	ts History					
To find requests no	ot submitted using this application	on, go to the History tab.				
* Required						
SEARCH BY						
Request Number	Subscriber / M	fember ID Member Last Na	me Time Period		Status	
			Last 30 Days	~	None Selected	•

Questions about using MBMNow? Contact Optum at 1-888-832-0972, Monday through Friday, from 7 a.m. to 7 p.m. local time.

Appendix

Why is Peoples Health working with Optum CGP?

- Clinical expertise: CGP's clinical expertise in oncology care means it can recommend multiple patient-specific treatment plan options to providers based on guidelines from an extensive library. The library includes information on more than 60 types of cancer and 2,100 regimens from nationally recognized third parties such as the National Comprehensive Cancer Network. The program was developed with insights from a team of 10+ board-certified oncologists, hematologists and internal medicine medical directors; five specialty pharmacists; and 60+ registered nurses with experience in complex case management, oncology care or specialty drug administration. The program includes utilization management expertise in specialty drug management, with 15+ years of experience in oncology.
- Focus on efficiency and cost-effectiveness: CGP is built to support cost-effective treatment to foster quality outcomes for patients. The MBMNow platform has functionality that can auto-approve many authorization requests with no human review needed. The quick turnaround time results in less administrative burden and quicker claims payment.
- **Dedicated insights:** If a custom regimen that is not available through MBMNow is needed, Optum has a team of oncology clinicians that reviews these requests and can engage in peer-to-peer discussions as needed.