January 26, 2018

SITE OF SERVICE PRIOR AUTHORIZATION REQUIREMENT FOR ADDITIONAL MEDICATIONS

Dear Provider,

Effective April 1, 2018, Site of Service prior authorization criteria will apply to additional drugs. This letter is a notification of the upcoming change in prior authorization approval requirements before administering these medications under the medical benefit. This only applies to Kaiser Foundation Health Plan of Washington commercial PPO and HMO plans and will not affect Medicare members.

Kaiser Foundation Health Plan of Washington requires Site of Service prior authorization for a select group of injectable drugs that may be administered under the medical benefit in a hospital outpatient infusion setting. These reviews are intended to ensure consistent benefit adjudication as well as appropriate utilization in accordance with the Medical Policy Committee’s criteria for coverage.

**Site of Service Prior Authorization Criteria:**

All drugs on the site of service optimization list must be pre-authorized and administered in a non-hospital setting, also referred to as an alternate site of care, such as a provider’s office, an infusion center, or home infusion.

A hospital outpatient setting may be used for infusion of drugs on the site of service optimization list only if one of the following is met:

1. Member is medically unstable based upon submitted clinical history. Examples include but are not limited to: cardiopulmonary conditions that may increase risk of adverse reactions, inability to safely tolerate intravenous volume loads, unstable vascular access requiring ultrasound guidance; or
2. Previous experience of a severe adverse event following infusion. Examples include but are not limited to: anaphylaxis, seizure, thromboembolism, myocardial infarction, renal failure; 
3. Continuing experience of adverse events that cannot be mitigated (e.g. not mitigated by pre-medications or by reducing the rate of infusion); or
4. Physically and/or cognitively impaired AND no home caregiver available; or
5. The member’s home is not eligible for home infusion services (such as home is not within the service area determined by the home infusion provider or is deemed unsuitable for care by the home infusion provider). Clinical notes supporting an exception must be included (e.g., dates of prior anaphylactic experience, specific details of adverse reactions and attempts to mitigate).

Note: For new start patients, alternative Site of Service criteria will be waived for payment of the administration of the first dose for all drugs, to allow for adequate transition time to arrange for a non-hospital outpatient setting for the infusion. Further dose exceptions may be applicable depending on the drug (see Table 1) and/or to ensure continuity of care.

The following injectable drugs will be added to the list of drugs requiring prior authorization for Site of Service:
Table 1. Additional Drugs Requiring Site of Service Prior Authorization for the Hospital Outpatient Setting

<table>
<thead>
<tr>
<th>Therapy Class/Indication</th>
<th>Name</th>
<th>Generic Name</th>
<th>HCPCS</th>
<th>New Start Dose</th>
<th>Exceptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>LYSOSOMAL STORAGE DISORDER</td>
<td>ELELYSO</td>
<td>TALIGLUCERASE ALFA</td>
<td>J3060</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>LYSOSOMAL STORAGE DISORDER</td>
<td>KANUMA</td>
<td>SEBELIPASE ALFA</td>
<td>J2840</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>MULTIPLE SCLEROSIS</td>
<td>OCREVUS</td>
<td>OCRELIZUMAB</td>
<td>C9494</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>AUTOIMMUNE DISORDERS (NON-ONCOLOGY INDICATIONS ONLY)*</td>
<td>RITUXAN</td>
<td>RITUXIMAB</td>
<td>J9310</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

*Any oncology indication would not require patients to meet site of care criteria

**Additional Information:**

A complete list of injectable drugs requiring prior authorization under the medical benefit is available on Kaiser Permanente for Providers at [https://provider.ghc.org](https://provider.ghc.org) under Referrals & Clinical Review.

You can request authorization using one of the following methods:

- Use the Kaiser Permanente for Providers web site. You can send your request for authorization using our Referral Request tool. Using this method is easy and is the quickest way to obtain your authorization, sometimes immediately if your request is auto-approved.
- Fax your request to the Review Services department at 1-888-282-2685.
- Contact Review Services at 1-800-289-1363.

Coverage determinations, once completed, will be available online using the Referral Status Inquiry application and will be mailed to the member.

Failure to obtain a pre-authorization for the above medications will result in a denial of payment.

Please refer to the provisions of your agreement with Kaiser Permanente, including obtaining the member's prior written agreement to be financially responsible for the specific non-covered service, to determine when providers may bill a member for non-covered services.

If you have any questions about these changes, please contact the Provider Assistance Unit toll-free at 1-888-767-4670.

Sincerely,

Bruce Wilson, MD, Chair
Pharmacy & Therapeutics Committee