

Kaiser Foundation Health Plan of Washington  
 CONTRACT MANAGER NAME  
 Provider Communications, RCB-C2W-02  
 PO Box 34262, Seattle WA 98124-1262

May 24, 2019

**IV IMMUNE GLOBULIN (IVIG) IN THE HOME INFUSION SETTING WILL BE RESTRICTED TO  
 KAISER WASHINGTON HOME INFUSION**

Dear Provider,

The following injectable drugs are on the **non-Medicare** medical benefit drugs requiring prior authorization.

**Table 1. List of Specialty Home Infusion Products that are limited to Kaiser Washington Home Infusion**

BRAND NAME	GENERIC NAME	HCPCS	
BIVIGAM, CARIMUNE, CYTOGAME, FLEBOGAMMA, GAMMAGARD LIQUID, GAMMAGARD S/D, GAMMAKED, GAMMAPLEX, GAMUNEX-C, OCTAGAM, PRIVIGEN, PANZYGA	IV IMMUNE GLOBULIN (IVIG)	J1566	J0850
		J1572	J1569
		J1566	J1561
		J1557	J1561
		J1568	J1459

**Effective August 1, 2019**, the criteria for the products listed above will be updated. These products will be restricted to Kaiser Washington Home Infusion when administered in the home infusion setting for non-Medicare patients. Specialty medications are channeled to Kaiser Foundation Health Plan of Washington’s vendor of choice. For IVIG, this is Kaiser Washington Home Infusion. Mandatory channeling to a particular provider is only applicable to the home infusion setting. Other sites of care such as clinic and hospitals are not affected. Hospital settings, however, still need site of care approval.

To transition any patients or for additional questions specific to this change, contact Kaiser Washington Home Infusion by telephone at 877-330-7766.

Kaiser Foundation Health Plan of Washington requires prior authorization for a select group of injectable drugs that may be administered under the medical benefit in a physician’s office or by home infusion. These reviews are intended to ensure consistent benefit adjudication as well as appropriate utilization in accordance with the Kaiser Foundation Health Plan of Washington’s Medical Policy Committee.

**Prior authorization** is still required for these drugs and coverage criteria is outlined below (see table 1 for list of drugs):

**Prior Authorization Criteria for IVIG (changes are in bold):**

- 1) Immune thrombocytopenic purpura.
- 2) Primary humoral immunodeficiency.
- 3) Kawasaki syndrome.
- 4) Guillain-Barre' syndrome (polyradiculoneuropathy).
- 5) Myasthenia gravis: approved for patients who are in myasthenic crisis and unresponsive to other immunosuppressive therapy (e.g., azathioprine, cyclosporine, methotrexate, mycophenolate mofetil, cyclophosphamide) and high dose steroids.
- 6) Chronic inflammatory demyelinating polyneuropathy (CIDP).
- 7) Multifocal motor neuropathy (MMN).
- 8) B-cell chronic lymphocytic leukemia or multiple myeloma patients who have had 3 life-threatening infections within 1 year.
- 9) **Authorized only for Kaiser Washington Home Infusion if administered in the home infusion setting.**

**ICD-10 code needed to auto-auth with specific code**

- 1) D69.3
- 2) D80.1, D80.2, D80.3, D80.4, D80.0, D80.5, D83.0, D83.2, D83.8, D83.9, D80.7
- 3) M30.3
- 4) G61.0
- 5) G70.00, G70.01
- 6) G61.81
- 7) C91.10, C91.90, C91.11, C91.Z2
- 8) C90.00, C90.01, C90.02

**Additional Information**

A complete list of office-administered injectable drugs requiring prior authorization is available on Kaiser Permanente for Providers at <https://wa-provider.kaiserpermanente.org/provider-manual> under Referrals & Clinical Review.

To request prior authorization review, please use the Referral Request online form on the provider website listed above. You can also fax your request to Review Services toll-free at 1-888-282-2685.

Thank you for the care you provide to our members, your patients. If you have any questions about this process, please call Review Services at 1-800-289-1363.

Sincerely,



Dr. Marc Mora, MD  
Senior Medical Director Networks and Care Management  
Washington Permanente Medical Group