

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

September 23, 2019

BEVACIZUMAB (AVASTIN®) WILL REQUIRE PRIOR AUTHORIZATION APPROVAL

Dear Provider,

The following injectable drug will be added to the list of **non-Medicare** medical benefit drugs requiring prior authorization.

- Bevacizumab (Avastin®)

Effective December 1, 2019, prior authorization review will be required for bevacizumab (Avastin®). **This letter is a notification of the upcoming change in prior authorization approval required before administering this medication in a physician's office.**

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 Permanente Pharmacy & Therapeutics Committee's evidence-based criteria for coverage.

Prior Authorization Criteria:

- Covered for patients who have had an inadequate response or intolerance to bevacizumab-awwb (Mvasi™).

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,



Bruce Wilson, MD, Chair
Pharmacy & Therapeutics Committee