

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

NOVEMBER 30, 2020

### **VEDOLIZUMAB (ENTYVIO) UPDATED PRIOR AUTHORIZATION CRITERIA**

Dear Provider,

Vedolizumab (Entyvio) is on the **non-Medicare** list of office-administered drugs requiring prior authorization. **Effective February 15, 2021**, the criteria for vedolizumab (Entyvio) will be updated to include a quantity limit of 300 mg per dose. This letter is a notification of the upcoming change in prior authorization criteria required before administering this medication in a physician's office.

Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington, Options, Inc. 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 for Vedolizumab (Entyvio) [changes are in bold]:**

- Adult patients with moderately to severely active ulcerative colitis with contraindication, intolerance, or loss of response to at least one preferred TNF-inhibitor (e.g. infliximab, adalimumab). It is recommended that the TNF-inhibitor should have been used in combination with azathioprine 6-mercaptopurine, or methotrexate.
- Adult patients with moderately to severely active Crohn's disease with:
  - Contraindication, or intolerance, to at least two TNF-inhibitors (e.g., infliximab, adalimumab), OR
  - Inadequate response with or loss of response to at least one preferred TNF inhibitor.
  - It is recommended that TNF-inhibitors are used in combination with azathioprine, 6-mercaptopurine, or methotrexate.
- Note: Must be administered in a non-hospital setting. See site of care prior authorization criteria for coverage criteria in a hospital outpatient setting and exceptions for new starts. Site of care restriction does NOT apply to patients < 13 years old.
- **Quantity limit: 300 mg per dose**

#### **Additional Information**

A complete list of office-administered injectable drugs requiring prior authorization can be found on the Kaiser Permanente provider website at <https://wa-provider.kaiserpermanente.org> under the header "Authorization & Clinical Review." Using the website search feature, search for the term "Non-Medicare Injectable Drugs Requiring Prior Authorization".

To request prior authorization review, please use the Referral Request online form located on the Kaiser Permanente provider website listed above. You can also fax your request to the Review Services department 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, Monday – Friday from 8 a.m. to 5 p.m. After

business hours, please leave a voice message with your contact information. Messages received after normal business hours are returned on the next business day.

Sincerely,

A handwritten signature in cursive script that reads "Bruce Wilson MD".

Bruce Wilson, MD, Chair  
Pharmacy & Therapeutics Committee