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INFUSION PRODUCTS IN THE HOME INFUSION SETTING RESTRICTED TO ADMINISTRATION BY KAISER PERMANENTE SPECIALTY HOME INFUSION

Dear Provider,

Effective April 1, 2021, the criteria for the specialty home infusion products listed in Table 1 will change. For home infusion, this specialty home infusion product and administration of these products is limited to Kaiser Permanente Specialty Home Infusion for **non-Medicare** Health Maintenance Organization (HMO) members. For patients who currently have an authorization to receive these products through a network home infusion provider, the criteria will go into effect when the provider authorization expires.

Table 1. List of Specialty Home Infusion Products that are limited to administration by Kaiser Permanente Specialty Home Infusion

BRAND NAME	GENERIC NAME	HCPCS
VPRIV	Velaglucerase alfa	J3385
ELELYSO	Taliglucerase alfa	J3060
NAGLAZYME	Galsulfase	J1458
ELAPRASE	Idursulfase	J1743
FABRAZYME	Agalsidase	J0180

To transition any patients or for additional questions specific to this change, contact Kaiser Permanente Specialty Home Infusion by telephone at 206-326-2990, Monday – Friday from 8:30 a.m. to 5 p.m.

The criteria for outpatient standalone clinic, infusion center, provider's office, and hospitals are not affected. Hospital outpatient settings require site of care approval.

Prior authorization is still required for these drugs, and the prior authorization criteria is outlined below for the specialty home infusion products listed in Table 1. 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 clinical review criteria established Kaiser Foundation Health Plan of Washington's Medical Policy Committee.

Prior Authorization Criteria for Infusion Products (changes are in bold):

DRUG NAME	COVERAGE CRITERIA
VELAGLUCERASE AFLA	Patients who have a diagnosis of Type 1 Gaucher disease **For HMO plan members, home infusion will only be covered through Kaiser Permanente Specialty Home Infusion. See site of service prior authorization coverage criteria: https://wa-provider.kaiserpermanente.org/static/pdf/provider/clinical-review/list-officeinject.pdf. Please submit a referral to KP Specialty Home Infusion at 206-326-2139 (fax).** 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.
TALIGLUCERASE ALFA	Patients who have a diagnosis of Type 1 Gaucher disease **For HMO plan members, home infusion will only be covered through Kaiser Permanente Specialty Home Infusion. See site of service prior authorization coverage criteria: https://wa-provider.kaiserpermanente.org/static/pdf/provider/clinical-review/list-officeinject.pdf. Please submit a referral to KP Specialty Home Infusion at 206-326-2139 (fax).** 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.
GALSULFASE	Covered for FDA approved indications **For HMO plan members, home infusion will only be covered through Kaiser Permanente Specialty Home Infusion. See site of service prior authorization coverage criteria: https://wa-provider.kaiserpermanente.org/static/pdf/provider/clinical-review/list-officeinject.pdf. Please submit a referral to KP Specialty Home Infusion at 206-326-2139 (fax).** 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.
IDURSULFASE	Covered for FDA approved indications **For HMO plan members, home infusion will only be covered through Kaiser Permanente Specialty Home Infusion. See site of service prior authorization coverage criteria: https://wa-provider.kaiserpermanente.org/static/pdf/provider/clinical-review/list-officeinject.pdf. Please submit a referral to KP Specialty Home Infusion at 206-326-2139 (fax).** 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.

DRUG NAME	COVERAGE CRITERIA
AGALSIDASE	Covered for FDA approved indications **For HMO plan members, home infusion will only be covered through Kaiser Permanente Specialty Home Infusion. See site of service prior authorization coverage criteria: https://wa-provider.kaiserpermanente.org/static/pdf/provider/clinical-review/list-officeinject.pdf. Please submit a referral to KP Specialty Home Infusion at 206-326-2139 (fax).** 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.

Additional Information

A complete list of office-administered injectable and specialty home infusion drugs requiring prior authorization is available on the Kaiser Permanente provider website at **https://wa-provider.kaiserpermanente.org** under the header "Authorization & Clinical Review."

You can request authorization using one of the following methods:

- Use the Kaiser Permanente providers website. 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, 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,

Marc Mora, MD
Senior Vice President
Resource Stewardship and Network Management