

Kaiser Foundation Health Plan of Washington
Kaiser Foundation Health Plan of Washington Options, Inc.
CONTRACT MANAGER NAME
Provider Communications, RCB-C2W-02
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JANUARY 25,2021

**NEUROLOGY PRODUCT 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 product listed in Table 1 will change. For home infusion, this specialty home infusion product and administration of this product 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 this product 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
Exondys-51	Eteplirsen	C9484 J1428

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 clinics, infusion centers, provider offices, and hospitals are not affected. Hospital outpatient settings require site of care approval.

Prior authorization is still required for this drug, and the prior authorization criteria is outlined below for the specialty home infusion product 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 Neurology Products (changes are in bold):

DRUG NAME	COVERAGE CRITERIA
ETEPLIRSEN	<p>Covered for patients with Duchenne muscular dystrophy who meet ALL of the following:</p> <ul style="list-style-type: none">• Prescribed by or in consultation with pediatric neurology, adult neurology or Physical Medicine & Rehabilitation• Documented deletion/mutation amenable to exon 51 skipping (must be confirmed by a geneticist)• At least 4 years old• Ambulatory without wheelchair dependency (cane or walker use acceptable)• Documented minimum distance for unassisted 6-minute walk test (6MWT) of 180 meters at baseline• Must be on a stable dose of glucocorticoid for at least 6 months• Forced Vital Capacity % (FVC%) greater than or equal to 50% predicted <p>Not covered for patients who:</p> <ul style="list-style-type: none">• Are non-ambulatory• Are ambulatory with some level of wheelchair dependency• Require nocturnal ventilation (including BiPAP) <p>Reassessment every 12 months to determine need for continued therapy. Patient must meet ALL of the following functional criteria for continued coverage:</p> <ul style="list-style-type: none">• Ambulation test: Limited home level or greater• Sit to stand test: Moderate assist or Independent• No ventilator support (excluding use of nocturnal CPAP) <p>Note: Prior to treatment initiation, all patients should be reviewed by an Interregional Consultative Physician Panel.</p> <p>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).</p> <p>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.</p>

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 provider 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,

A handwritten signature in black ink, appearing to read 'M Mora'.

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