

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

MARCH 26, 2021

TOCILIZUMAB (ACTEMRA) UPDATED PRIOR AUTHORIZATION CRITERIA

Dear Provider,

Tocilizumab (Actemra) is on the **non-Medicare** list of office-administered drugs requiring prior authorization. **Effective June 1, 2021**, the criteria for tocilizumab (Actemra) will be updated to include a quantity limit. 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. (Kaiser Permanente) 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 Tocilizumab (Actemra) (changes are in bold):

DRUG NAME	COVERAGE CRITERIA
TOCILIZUMAB	<ul style="list-style-type: none"> • Covered for adult patients ≥ 18 years old with thyroid eye disease (TED) who meet the following criteria: <ul style="list-style-type: none"> ○ Confirmed diagnosis of active TED by an oculoplastic surgeon ○ Clinical Activity Score (CAS) ≥ 4 (on the 7-item scale) ○ Moderate-to-severe active TED (not sight-threatening but has appreciable impact on daily life), associated with at least one of the following: <ul style="list-style-type: none"> ▪ Lid retraction ≥ 2 mm ▪ Moderate or severe soft tissue involvement ▪ Exophthalmos ≥ 3 mm above normal for race and gender ▪ Intermittent or constant diplopia ○ Inadequate response, intolerance, or contraindication to IV steroid therapy with or without radiation therapy • Covered for patients with neuromyelitis optica spectrum disorder (NMOSD) who meet the following criteria: <ul style="list-style-type: none"> ○ Prescribed by or in consultation with a Multiple sclerosis specialist or Neurologist ○ Age ≥ 18 years ○ AQP4 antibody seropositive • Not covered under the medical benefit for other indications (hospital, clinic, or home infusion) <ul style="list-style-type: none"> ○ Note: may be covered under the pharmacy benefit <p>Quantity Limit:</p> <ul style="list-style-type: none"> • 800 mg every 4 weeks

DRUG NAME	COVERAGE CRITERIA
	<p>ICD-10 codes for diagnoses allowed under medical benefit (pending criteria review)</p> <p>1) E05.0, E05.1, E05.2, E05.3, E05.4, E05.8, E05.9 E07.0, E07.8, E07.9 2) G36.0 3) D89.831, D89.832, D89.833, D89.834, D89.835, D89.836, D89.837, D89.838, D89.839</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 less than 13 years old.</p>

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 “Authorization & Clinical Review” section. 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,



Peter Barkett, MD, Chair
Pharmacy & Therapeutics Committee