

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

DERMATOLOGY PRODUCTS UPDATED PRIOR AUTHORIZATION CRITERIA

Dear Provider,

Effective June 1, 2021, the criteria for the dermatology products listed in Table 1 will be updated to include quantity limits. These products are on the **non-Medicare** list of office-administered drugs requiring prior authorization. This letter is a notification of the upcoming change in prior authorization criteria required before administering this medication in a physician's office.

Table 1. List of Dermatology Products that have Updated Prior Authorization Criteria

BRAND NAME	GENERIC NAME	HCPCS
Orencia	Abatacept	J0129
Simponi Aria	Golimumab Intravenous Injection	J1602

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 Dermatology Products (changes are in bold):

DRUG NAME	COVERAGE CRITERIA
ABATACEPT	1) Patients with rheumatoid arthritis who clinically failed, been intolerant to or have contraindications to methotrexate 2) Patients \geq 6 years old with juvenile idiopathic arthritis with failure, intolerance, or contraindications to methotrexate 3) Covered for patients with psoriatic arthritis with failure, intolerance, or contraindications to 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 less than 13 years old. Quantity Limit: <ul style="list-style-type: none"> 1000 mg every 4 weeks
GOLIMUMAB INTRAVENOUS INJECTION	For use in patients with rheumatoid arthritis who have failure, intolerance, or contraindication to methotrexate, two formulary-preferred TNF antagonists (e.g., etanercept, adalimumab, infliximab)

DRUG NAME	COVERAGE CRITERIA
	<ul style="list-style-type: none"> • Limit dosing to 2 mg/kg at week 0 and week 4, then every 8 weeks <p>Medical necessity review required for patients with psoriatic arthritis (PsA) or ankylosing spondylitis (AS).</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> <p>Quantity Limit:</p> <ul style="list-style-type: none"> • Induction: 200 mg at weeks 0 and 4 • Maintenance: 200 mg every 8 weeks

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