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ONCOLOGY PRODUCTS UPDATED PRIOR AUTHORIZATION CRITERIA

Dear Provider,

Effective June 1, 2021, the criteria for the oncology products listed in Table 1 will change. 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 Oncology Products that have Updated Prior Authorization Criteria

BRAND NAME	GENERIC NAME	HCPCS
Neulasta	Pegfilgrastim	J2505
Fulphila	Pegfilgrastim-jmdb	Q5108
Ixempra	Ixabepilone	J9207
Privigen **Bivigam** **Gammaplex** **Gamunex/Gamunex-C/Gammaked** **Other IVIG** **Octagam** **Gammagard liquid** **Flebogamma/Glebogamma Dif** **Other immune globulins IV** **Panzyga** **Asceniv**	IVIG	J1459 J1556 J1557 J1561 J1566 J1568 J1569 J1572 J1599

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 Oncology Products (changes are in bold):

DRUG NAME	COVERAGE CRITERIA
PEGFILGRASTIM	• To be covered only for patients who cannot self-administer filgrastim via a prefilled syringe **Quantity Limit:** • **6 mg every week**
PEGFILGRASTIM-JMDB	• To be covered only for patients who cannot self-administer filgrastim via a prefilled syringe **Quantity Limit:** • **6 mg every week**
IXABEPILONE	• **Covered as monotherapy for the treatment of relapsed or refractory triple negative breast cancer in patients who have been previously treated with at least three prior lines of therapy including an anthracycline, taxane and capecitabine in the advanced setting**
IVIG	1) Immune thrombocytopenic purpura. 2) Primary humoral immunodeficiency 3) Kawasaki syndrome 4) Guillian-Barre syndrome (polyradiculoneuropathy) 5) Myasthenia gravis: approved for patients who are in myasthenic crisis and unresponsive to other immunosuppressive therapy (e.g., azathioprine, cyclosporine, methotrexate, mycophenolate mofetil, cyclophosphamide) and high dose steroids 6) Chronic inflammatory demyelinating polyneuropathy (CIDP). 7) Multifocal motor neuropathy (MMN) 8) B-cell chronic lymphocytic leukemia or multiple myeloma patients who have had 3 life-threatening infections within 1 year 9) In-network benefit available only for Kaiser Washington Home Infusion if administered in the home infusion setting. Please submit a referral to KP Specialty Home Infusion at 206-326-2139. **Quantity limit:** • **150,000 mg maximum daily dose** ICD-10 code needed to auto-auth with specific code 1) D69.3 2) D80.1, D80.2, D80.3, D80.4, D80.0, D80.5, D83.0, D83.2, D83.8, D83.9, D80.7 3) M30.3 4) G61.0 5) G70.00, G70.01 6) G61.81 7) C91.10, C91.90, C91.11, C91.Z2 8) C90.00, C90.01, C90.02 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.

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