

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

SEPTEMBER 30, 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 December 1, 2021**, the quantity limit for tocilizumab (Actemra) has been updated to specify the frequency of use for cytokine release syndrome. This letter is a notification of the 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]:

- Covered for adult patients ≥ 18 years old with thyroid eye disease (TED) who meet the following criteria:
 - 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:
 - 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:
 - Prescribed by or in consultation with a Multiple sclerosis specialist or Neurologist
 - Age ≥ 18 years
 - AQP4 antibody seropositive
- Covered for cytokine release syndrome due to chimeric antigen receptor-T (CAR-T) therapy.
- Not covered under the medical benefit for other indications (hospital, clinic, or home infusion).
 - Note: may be covered under the pharmacy benefit
- Note: Must be administered in a non-hospital setting. See site of care prior authorization criteria <https://wa-provider.kaiserpermanente.org/static/pdf/provider/clinical-review/list-officeinject.pdf> 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.

- Quantity Limit:
 - TED and NMOSD: 800 mg every 4 weeks
 - **Cytokine release syndrome associated with CAR-T: 800 mg up to 4 doses 8 hours apart.**

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/provider-manual> 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 through Friday from 8 a.m. to 5 p.m.

Sincerely,

A handwritten signature in black ink that reads "Peter Barkett MD". The signature is written in a cursive style.

Peter Barkett, MD, Chair
Pharmacy & Therapeutics Committee