

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

VEDOLIZUMAB (ENTYVIO) UPDATED PRIOR AUTHORIZATION CRITERIA

Dear Provider,

Vedolizumab (Entyvio) is on the **non-Medicare** list of office-administered drugs requiring prior authorization. **Effective December 1, 2021**, the quantity limit for Vedolizumab (Entyvio) will be updated to specify the frequency of use. 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 Vedolizumab (Entyvio) [changes are in bold]:

- Adult patients with moderately to severely active ulcerative colitis with contraindication, intolerance, or loss of response to at least one preferred TNF-inhibitor (e.g., infliximab, adalimumab). It is recommended that the TNF-inhibitor should have been used in combination with azathioprine 6-mercaptopurine, or methotrexate.
- Adult patients with moderately to severely active Crohn's disease with:
 - Contraindication, or intolerance, to at least two TNF-inhibitors (e.g., infliximab, adalimumab), OR
 - Inadequate response with or loss of response to at least one preferred TNF inhibitor.
 - It is recommended that TNF-inhibitors are used in combination with azathioprine, 6-mercaptopurine, or methotrexate.
- Quantity Limit: 300 mg **per dose at 0, 2, and 6 weeks and then every 8 weeks thereafter**
- Note: May be approved if patient is > 60 years old due to an increased risk of infection, or in patients with a history of malignancy.
- 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.

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 with a large initial "P" and a long horizontal stroke at the end.

Peter Barkett, MD, Chair
Pharmacy & Therapeutics Committee