

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

### **ABATACEPT (ORENCIA) UPDATED PRIOR AUTHORIZATION CRITERIA**

Dear Provider,

Abatacept (Orencia) is on the **non-Medicare** list of office-administered drugs requiring prior authorization. **Effective December 1, 2021**, the quantity limit for abatacept (Orencia) has been updated to specify the frequency used during induction. 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 Abatacept (Orencia) [changes are in bold]:**

- Covered for patients with rheumatoid arthritis who clinically failed, been intolerant to or have contraindication to methotrexate and one anti-TNF inhibitor.
- Covered for patients  $\geq 6$  years old with juvenile idiopathic arthritis with failure, intolerance or contraindication to methotrexate.
- Covered for patients with psoriatic arthritis with failure, intolerance, or contraindication to methotrexate, secukinumab, and one anti-TNF (adalimumab, etanercept, infliximab).
- **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.
- **Quantity Limits (all indications):**
  - **Induction: 1000 mg at weeks 0, 2, and 4**
  - **Maintenance:** 1000 mg every 4 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/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