

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

ABATACEPT (ORENCIA) UPDATES TO COVERAGE UNDER THE MEDICAL BENEFIT

Dear Provider,

Effective March 1, 2022, abatacept (Orencia) subcutaneous prefilled-syringes and auto-injectors will **NOT** be covered under the medical benefit. Abatacept (Orencia) is on the **non-Medicare** list of office-administered drugs requiring prior authorization. **This letter is a notification of the upcoming change in coverage for this medication under the medical benefit.**

Pharmacy benefit coverage remains available for members who meet prior authorization criteria but Orencia will no longer be covered under the medical benefit for self-administration formulations.

This change does NOT affect the infusion formulation.

Specialty medications under the pharmacy benefit, such as Orencia, are restricted to Kaiser Permanente Washington Specialty Pharmacy for non-Medicare members. Send prescriptions via fax to 1-800-340-4230 or call at 1-800-483-3945.

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]:

DRUG NAME	COVERAGE CRITERIA
ABATACEPT SUBCUTANEOUS	<p>Subcutaneous formulations not covered under the medical benefit (hospital, clinic, or home infusion). May be covered under the pharmacy benefit.</p> <ul style="list-style-type: none"> • Exception criteria may be considered for the following: <ul style="list-style-type: none"> ○ Patients with impaired manual dexterity, impaired vision, or patients who are unable to use prefilled syringe safely AND ○ Who have poor venous access that would make IV administration burdensome AND ○ Patient meets clinical criteria below • 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 ≥ 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 other preferred biologic (e.g., guselkumab, adalimumab, etanercept, infliximab [e.g., Inflectra])

DRUG NAME	COVERAGE CRITERIA
	<p>Not covered for use in combination with other biologic therapies including (but not limited to):</p> <ul style="list-style-type: none"> ○ infliximab, adalimumab, etanercept, vedolizumab, rituximab, certolizumab, tocilizumab, golimumab, ustekinumab, vedolizumab <p>Quantity Limits (all indications):</p> <ul style="list-style-type: none"> • Induction: 1000 mg at weeks 0, 2, and 4 • Maintenance: 1000 mg every 4 weeks <p><u>Note:</u> Must be administered in a non-hospital setting. See site of care policy for criteria, reauthorization, and exceptions for new starts. (https://wa-provider.kaiserpermanente.org/static/pdf/provider/clinical-review/infusion-site-care-policy.pdf)</p>

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/clinical-review/officeinject>. 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,



Peter Barkett, MD, Chair
Pharmacy & Therapeutics Committee