

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

FEBRUARY 21, 2022

**LANREOTIDE (SOMATULINE DEPOT) UPDATES TO COVERAGE
 UNDER THE MEDICAL BENEFIT**

Dear Provider,

Effective May 1, 2022, Lanreotide (Somatuline Depot) will be added to 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 under the medical benefit. This new prior authorization requirement will not affect patients already established on lanreotide.

BRAND NAME	GENERIC NAME	HCPCS
Somatuline Depot	Lanreotide	J1930

Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington, Options, Inc. (Kaiser Permanente) require 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 Lanreotide (Somatuline Depot):

DRUG NAME	COVERAGE CRITERIA
Lanreotide	Covered for the treatment of acromegaly or gastroenteropancreatic neuroendocrine tumors (GEP-NETs) in patients with intolerance of maximum doses of octreotide.

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>

To request prior authorization review, please use the Referral Request online form located on the Kaiser Permanente provider website <https://wa-provider.kaiserpermanente.org/provider-manual/clinical-review/preservice>. 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