

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 23, 2022

ALGLUCOSIDASE (LUMIZYME) UPDATED PRIOR AUTHORIZATION CRITERIA

Dear Provider,

Alglucosidase (Lumizyme) is on the **non-Medicare** list of office-administered drugs requiring prior authorization. **Effective December 1, 2022**, the criteria for Alglucosidase (Lumizyme) will be updated to include a quantity limit. **This letter is a notification of the change in prior authorization criteria required before administering this medication under the medical benefit.**

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 Alglucosidase (Lumizyme) (changes are in bold):

DRUG NAME	COVERAGE CRITERIA
ALGLUCOSIDASE	<ul style="list-style-type: none"> • Covered for patients with Pompe Disease <p>Quantity Limit: Up to 26 infusions per year; ≤ 20 mg/kg every 2 weeks</p> <p>Reauthorization: reassessment every 12 months to confirm clinical benefit including disease stability or improvement in symptoms and a current weight</p> <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> <p>Members will have in-network benefit coverage for select home infused medications and supplies only when they get these medicines and supplies through Kaiser Permanente Specialty Home Infusion. There is no out-of-network benefit coverage for home infusion. See Infused Drugs Restricted to Kaiser Permanente Washington’s Specialty Pharmacy Network for medications impacted by this change. (https://healthy.kaiserpermanente.org/content/dam/kporg/final/documents/formularies/wa/infused-drugs-wa-en.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>.

To request prior authorization review, please use the Referral Request online form located on the Kaiser Permanente provider website at <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 "B".

Peter Barkett, MD, Chair
Pharmacy & Therapeutics Committee