

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

**SITE OF CARE PRIOR AUTHORIZATION REQUIREMENT**

Dear Provider,

**Effective January 1, 2023**, Site of Care prior authorization criteria will apply to the products noted in Table 1 below. These products are on the **non-Medicare** list of office-administered drugs requiring prior authorization. Site of Care is a prior authorization for the location at which an infused medication is administered under the medical benefit. When Site of Care is applied to a medication, the following site of care types are acceptable: an **outpatient standalone clinic, infusion center, provider's office, or home infusion**. Outpatient hospital-based infusion sites are not approved sites. This letter is notification that prior authorization approval is required before administering this medication under the medical benefit.

This only applies to Kaiser Foundation Health Plan of Washington Health Maintenance Organization (HMO) members and Kaiser Foundation Health Plan of Washington Options, Inc. Point of Service (POS) and Preferred Provider Organization (PPO) members who are ≥ 13 years old. **This change will NOT affect Medicare Advantage members.**

The following injectable drugs will be added to the list of drugs requiring prior authorization for Site of Care:

**Drug Table 1.** Additional Drugs Requiring Site of Care Prior Authorization

Therapy Class/Indication	Brand Name	Generic Name	HCPCS
ONCOLOGY/ OPHTHALMOLOGY	AVASTIN*	BEVACIZUMAB	C9257, J9035
ONCOLOGY	MVASI*	BEVACIZUMAB-AWWB	Q5107
ONCOLOGY	NPLATE	ROMIPLOSTIM	J2796
CARDIOLOGY	EVKEEZA	EVINACUMAB-DGNB	C9079, J1305
DERMATOLOGY	ILUMYA	TILDRAKIZUMAB-ASMN	J3245
NEPHROLOGY	OXLUMO	LUMASIRAN	C9074, J0224
RHEUMATOLOGY	SAPHNELO	ANIFROLUMAB-FNIA	C9086, J0491
INFECTIOUS DISEASE/HIV	TROGARZO	IBALIZUMAB-UIYK	J1746
INFECTIOUS DISEASE/HIV	CABENUVA	CABOTEGRAVIR/RILPIVIRINE	C9077, J0741
GENETICS	MEPSEVII	VESTRONIDASE ALFA-VJBK	J3397
GENETICS	NEXVIAZYME	AVALGLUCOSIDASE ALFA-NGPT	C9085, J0219
GENETICS	NULIBRY	FOSDENOPTERIN	Unclassified J3490, J3590
GENETICS	REVCOVI	ELAPEGADEMASE-LVLR	Unclassified J3490, J3590
ENDOCRINOLOGY	PROLIA	DENOSUMAB	J0897

*\*Applies to IV monotherapy for oncology diagnoses*

Prior authorization clinical criteria were previously established for these medications. Members initiating treatment with these medications will require a prior authorization review based upon the clinical criteria **and** the Site of Care. For brevity, please see <https://wa-provider.kaiserpermanente.org/static/pdf/provider/clinical-review/list-officeinject.pdf> for the clinical criteria associated with each drug.

**Prior Authorization Site of Care Criteria (does not include additional clinical criteria):**

\*The site of care policy can be found on the Kaiser Permanente provider website at <https://wa-provider.kaiserpermanente.org/static/pdf/provider/clinical-review/infusion-site-care-policy.pdf>.

DRUG NAME	SITE OF CARE COVERAGE CRITERIA
BEVACIZUMAB BEVACIZUMAB-AWWB ROMIPLOSTIM EVINACUMAB-DGNB TILDRAKIZUMAB-ASMN LUMASIRAN ANIFROLUMAB-FNIA IBALIZUMAB-UIYK CABOTEGRAVIR/RILPIVIRINE VESTRONIDASE ALFA-VJBK AVALGLUCOSIDASE ALFA-NGPT FOSDENOPTERIN ELAPEGADEMASE-LVLR DENOSUMAB	<b>Note: Must be administered in a non-hospital setting. See Site of Care policy* for criteria, reauthorization, and exceptions for new starts.</b>

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.

Site of Care reviews are intended to ensure consistent benefit adjudication as well as appropriate utilization in accordance with the Medical Policy Committee's criteria for coverage.

**Site of Care Prior Authorization Criteria Exceptions:**

A hospital outpatient setting may be used for infusion of drugs on the site of care optimization list only if **one** of the following is met:

1. Member is 12 years old or younger
2. Member is medically unstable based upon submitted clinical history(examples include but are not limited to cardiopulmonary conditions that may increase risk of adverse reactions, inability to safely tolerate intravenous volume loads, unstable vascular access requiring ultrasound guidance); or
3. Previous experience of a severe adverse event following infusion(examples include but are not limited to anaphylaxis, seizure, thromboembolism, myocardial infarction, renal failure); or
4. Continuing experience of adverse events that cannot be mitigated (e.g., not mitigated by pre-medications or by reducing the rate of infusion); or
5. Physically and/or cognitively impaired such that a preferred site of care would impact the safety of the infusion; or

6. The member's home is not eligible for home infusion services, is deemed unsuitable for care by the home infusion provider, or the drug cannot be administered by home infusion service providers (if the drug cannot be administered in an infusion center, outside of the hospital).

*Clinical documentation (e.g., infusion records, medical records) supporting an exception must be included (e.g., dates of prior anaphylactic experience, specific details of adverse reactions and attempts to mitigate).*

**Exception Doses:**

For all new coverage requests, Site of Care criteria shall be waived for the administration of the first dose for all drugs, to allow enough time to arrange for a non-hospital outpatient setting for the infusion. Further dose exceptions apply for new start patients or patients reinitiating therapy after 6 months or longer following discontinuation of therapy as identified in applicable codes.\*

*\*This does not include when standard dosing between infusions is 6 months or longer*

**Oncology Exceptions:**

For patients transitioning from combination to monotherapy, Site of Care criteria shall be waived for the administration of the first dose. Note: combination therapy exceptions apply to drugs administered under the medical benefit only (e.g., drugs administered orally are not considered). Further dose exceptions are outlined within applicable codes in the Site of Care Policy.

**Additional Information**

Coverage determinations, once completed, will be available online using the Referral Status Inquiry application and will be mailed to the member.

Failure to obtain a prior authorization for the above medications will result in a denial of payment.

Please refer to the provisions of your agreement with Kaiser Permanente, including obtaining the member's prior written agreement to be financially responsible for the specific non-covered service, to determine when providers may bill a member for non-covered services.

If you have any questions about these changes, please contact the Provider Assistance Unit toll-free at 509-241-7206 or toll-free at 1-888-767-4670, Monday – Friday from 8 am to 5 pm.

Sincerely,



Peter Barkett, MD, Chair  
Pharmacy & Therapeutics Committee