

CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR PLUVICTO™

This notification applies to the following networks: *Commercial HMO, POS, PPO and Medicare Advantage*

A listing of all networks can be found on the provider website at <https://wa-provider.kaiserpermanente.org/communications/letters>

Effective June 1, 2023, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) will implement clinical review criteria for the radiopharmaceutical, Pluvicto™ (*formerly 177Lu-PSMA*), for Medicare and non-Medicare members.

Explanation of the change:

Kaiser Permanente has developed medical necessity clinical review criteria for the radiopharmaceutical, Pluvicto™ (*formerly 177Lu-PSMA*) for the treatment of Prostate Cancer.

Clinical review criteria can be found on the Kaiser Permanente provider website at: <https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/radiopharmaceuticals.pdf>

What will I need to do differently for my patients with the following Kaiser Permanente health plans?

- KFHPWA Health Maintenance Organization (HMO) members: Prior authorization is required.
- KFHPWAO Point of Service (POS) members: Prior authorization is required for in-network coverage.
- KFHPWAO Preferred Provider Organization (PPO) members: Prior authorization is required.
- Medicare Advantage: Prior authorization is required.

Questions: Contact Provider Assistance Unit at 1-888-767-4670, Monday through Friday, 8 a.m. to 5 p.m.

Kaiser Foundation Health Plan of Washington
Kaiser Foundation Health Plan of Washington Options, Inc.

<CONTRACT MANAGER NAME>

Provider Communications, RCB-C2W-02

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