

Kaiser Foundation Health Plan of Washington  
 Kaiser Foundation Health Plan of Washington Options, Inc.  
 CONTRACT MANAGER NAME  
 Provider Communications, RCR-A3W-04  
 PO Box 34262, Seattle WA 98124-1262

NOVEMBER 28, 2023

**UPDATED PRIOR AUTHORIZATION CRITERIA FOR RANIBIZUMAB (LUCENTIS)**

Dear Provider,

Ranibizumab (Lucentis) is on the **non-Medicare** list of office-administered drugs requiring prior authorization. **Effective March 1, 2024**, the criteria ranibizumab (Lucentis) will be updated to reflect the preferred biosimilar, ranibizumab-nuna (Byooviz). This change does not affect current authorizations for Lucentis; however, any new authorization is subject to the criteria below. **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. 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 Ranibizumab (Lucentis) (changes are in bold):**

DRUG NAME	COVERAGE CRITERIA
RANIBIZUMAB	<p><b>Covered for patients who have an inadequate response or intolerance to the preferred biosimilar, ranibizumab-nuna (Byooviz), for the following diagnoses:</b></p> <ul style="list-style-type: none"> <li>• Wet age-related macular degeneration if the patient has failed or is intolerant to bevacizumab.</li> <li>• Central retinal vein occlusion (CVRO) and branch retinal vein occlusion (BRVO).</li> <li>• Diabetic eye disease if the patient has failed or is intolerant to bevacizumab.</li> <li>• Myopic choroidal neovascularization if the patient has failed or is intolerant to bevacizumab.</li> </ul> <p><b>Established patients on Lucentis must have a documented inadequate response or intolerance to a ranibizumab (e.g., Byooviz) biosimilar</b></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, appearing to read 'Gurpreet Rawat', written in a cursive style.

Gurpreet Rawat, MD, Chair  
Pharmacy & Therapeutics Committee