

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

PASIREOTIDE (SIGNIFOR LAR) WILL REQUIRE PRIOR AUTHORIZATION APPROVAL

Dear Provider,

Effective March 1, 2024, pasireotide (Signifor LAR) 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.**

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 Pasireotide (Signifor LAR):

DRUG NAME	COVERAGE CRITERIA
PASIREOTIDE	<p><u>Initial Authorization</u> For the treatment of Cushing’s Disease in patients who:</p> <ul style="list-style-type: none"> • Have failure, contraindication, or intolerance to ketoconazole • Initial Authorization: 90 days <p><u>Reauthorization Criteria:</u></p> <ul style="list-style-type: none"> • Patient has experienced a significant reduction in 24-hour urinary free cortisol (UFC) defined as ≥50% reduction in UFC from baseline.

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