

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

JANUARY 24, 2024

THE FOLLOWING NEUROLOGY MEDICATIONS NOT COVERED UNDER THE MEDICAL BENEFIT

Dear Provider,

Effective April 1, 2024, the medications listed in Table 1 will **NOT** be covered under the medical benefit. **This letter is a notification of the upcoming change in coverage for these medications under the medical benefit.** Pharmacy benefit coverage remains available for members who meet prior authorization criteria.

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.

Table 1. List of medications not covered under the medical benefit

BRAND NAME	GENERIC NAME	HCPCS
Apokyn	Apomorphine	J0364
Avonex, Rebif	Interferon Beta-1a	J1826
Betaseron, Extavia	Interferon Beta-1b	J1830
Glatopa, Copaxone	Glatiramer Acetate	J1595

Table 2. Prior Authorization Criteria for medications not covered under the medical benefit

DRUG NAME	COVERAGE CRITERIA
APOMORPHINE INTERFERON BETA-1A INTERFERON BETA-1B GLATIRAMER ACETATE	<p>Considered a self-administered medication** for outpatient use. Not covered under the medical benefit (hospital, clinic, or home infusion). May be covered under the pharmacy benefit. Exceptions to self-administration may be considered based on the following:</p> <ul style="list-style-type: none"> • First dose for new starts to allow for self-administration training OR • Documentation of impaired manual dexterity, impaired vision, or inability to safely self-administer AND • Must meet clinical criteria (refer to pharmacy benefit) <p>**Self-Administered Medications Policy URL: https://wa-provider-ga.kaiserpermanente.org/static/pdf/provider/pharmacy/self-administered-drugs.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, appearing to read 'Gurpreet Rawat', written in a cursive style.

Gurpreet Rawat, MD, Chair
Pharmacy & Therapeutics Committee