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FEBRUARY 28, 2024

ONCOLOGY PRODUCTS UPDATED PRIOR AUTHORIZATION CRITERIA

Dear Provider,

Effective June 1, 2024, the criteria for the oncology products listed in Table 1 will be updated to include quantity limits. These products are on or 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 in a physician's office.**

Table 1. List of Oncology Products that have updated prior authorization criteria:

BRAND NAME	GENERIC NAME	HCPCS
Perjeta	Pertuzumab	J9306
Jelmyto	Mitomycin	J9281

Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington, Options, Inc. (Kaiser Permanente) 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 Oncology Products (changes are in bold):

DRUG NAME	COVERAGE CRITERIA
PERTUZUMAB	Covered for: 1. Use in combination with trastuzumab (e.g., Kanjinti) and a taxane in patients who: • Have a documented diagnosis of recurrent, unresectable, or metastatic (stage 4) HER2+ breast cancer. o Not to be combined with T-DM1 or T-DXd 2. Neoadjuvant use in combination with trastuzumab (e.g., Kanjinti) and a taxane in patients with confirmed HER2+, locally advanced, inflammatory, or early stage (either greater than 2 cm in diameter or lymph node positive) breast cancer **(approved for 6 cycles).** 3. Adjuvant use in patients with HER2-positive early breast cancer who: • Have residual invasive disease in the breast or axilla at surgery after receiving neoadjuvant therapy containing a taxane and trastuzumab (e.g., Kanjinti) and who were LN positive at diagnosis **(maximum duration is 1 year).** 4. Treatment of HER2-positive metastatic colorectal cancer: • Must be combined with trastuzumab (e.g., Kanjinti)

DRUG NAME	COVERAGE CRITERIA
	• After treatment with 5FU/ leucovorin, oxaliplatin, and irinotecan 5. Treatment of patients with Salivary Gland Cancer if all the following apply: • Adenocarcinomas NOS, Mucoepidermoid or Salivary Duct Carcinoma • Recurrent Metastatic disease • Not a candidate for surgery or radiation • In combination with trastuzumab • HER2+ positive Note: Must be administered in a non-hospital setting when used in combination with trastuzumab products. Site of Care does not apply if administered in combination with cytotoxic chemotherapy. See Site of Care: Infusion Therapy and Clinic Administered Medicines* for criteria, reauthorization, and exceptions for new starts. Site of Care Exceptions: 2 doses within 2 months
MITOMYCIN	Covered for the treatment of non-metastatic low-grade upper tract urothelial cancer (LG-UTUC) if all of the following are met: • Patient has a solitary, residual, low-grade, UTUC tumor that is low volume (5-15 mm) • Complete or near complete endoscopic resection or ablation is intended prior to instillation of mitomycin gel **Initial authorization: 6 doses (once weekly for 6 weeks)** **Reauthorization: for patients with a complete response (as documented by endoscopy) 3 months after initiation, an additional 11 doses may be approved (once monthly for 11 months).**

**Site of Care: Infusion Therapy and Clinic Administered Medicines URL https://wa-provider.kaiserpermanente.org/static/pdf/provider/clinical-review/infusion-site-care-policy.pdf*

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 (login required) 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,

Ravi Ubriani, MD, Chair
Pharmacy & Therapeutics Committee