

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

**MAY 21, 2024**

**LYMPHOCYTE IMMUNE GLOBULIN (ATGAM) WILL REQUIRE PRIOR AUTHORIZATION APPROVAL**

Dear Provider,

**Effective September 1, 2024**, Lymphocyte immune globulin (Atgam) 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 Lymphocyte immune globulin (Atgam):**

DRUG NAME	COVERAGE CRITERIA
LYMPHOCYTE IMMUNE GLOBULIN	Treatment of patients with lower risk symptomatic myelodysplastic syndromes (MDS) who meet ALL of the following: <ul style="list-style-type: none"> <li>• Without del(5q)</li> <li>• With ring sideroblasts less than 15% or less than 5% if SF3B1 mutation</li> <li>• Serum erythropoietin (epo) greater than 500 mU/mL</li> </ul>

**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