

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

December 4, 2024

UPDATED PRIOR AUTHORIZATION CRITERIA FOR OCRELIZUMAB (OCREVUS)

Dear Provider,

Ocrelizumab (Ocrevus) is on the **non-Medicare** list of office-administered drugs requiring prior authorization. **Effective March 1, 2025**, the criteria for ocrelizumab (Ocrevus) will be updated to require failure, contraindication, or intolerance to natalizumab. This change does not affect current authorizations for Ocrevus; however, any new authorizations are subject to the criteria below. **This letter is a notification of the upcoming change in prior authorization approval 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 Ocrelizumab (Ocrevus) (changes are in bold):

DRUG NAME	COVERAGE CRITERIA
OCRELIZUMAB	Covered for patients who have: <ul style="list-style-type: none"> • Primary progressive multiple sclerosis (MS) as confirmed by a neurologist and are <55 years old, OR • Relapsing form of MS based on McDonald criteria AND have failure, contraindication, or intolerance to >2 disease modifying therapies (e.g., glatiramer, interferon beta, rituximab (e.g., Riabni), AND natalizumab)

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