

# Part B Office-Administered Drugs Requiring Prior Authorization For Kaiser Permanente Medicare Advantage Plans (August 1, 2023)



Pre-Service Department Toll-free numbers – Fax: 1-888-282-2685  
Voice: 1-800-289-1363

Part B drugs are covered when Medicare coverage criteria are met. A National Coverage Determination (NCD) is a nationwide determination of whether Medicare will pay for an item or service. In the absence of a National Coverage Determination (NCD), Local Coverage Determination (LCD), or other CMS published guidance, Kaiser Permanente Washington will apply criteria developed using peer-reviewed scientific evidence and approved by the Pharmacy and Therapeutic (P&T) Committees

Criteria for coverage can be found on the at:

[CMS Medicare Coverage Database](#)

[Noridian Active Local Coverage Determination \(LCDs\)](#)

Generic Name	Brand Name	J Codes
Botulinum toxin: onabotulinumtoxinA	Botox	J0585: Type A per unit
Botulinum toxin: rimabotulinumtoxinB	Myobloc	J0587: Type B per 100 units
Botulinum toxin: abobotulinumtoxinA	Dysport	J0586: Per 5 units
Botulinum toxin: incobotulinumtoxinA	Xeomin	J0588: Per 1 unit
Darbepoetin	Aranesp	J0881, 1 mcg J0882
Epoetin Alfa	Epogen, Procrit	J0885, 1000 units Q4081
Nesiritide	Natrecor	J2325
Sipuleucel-T	Provenge	Q2043
Lisocabtagene maraleucel,	Breyanzi	Q2054
Brexucabtagene autoleucel	Tecartus	Q2053
Idecabtagene vicleucel	Abecma	C9081, Q2055
Tisagenlecleucel	Kymriah	Q2040, Q2042
Axicabtagene ciloleucel	Yescarta	Q2041
Aducanumab	Aduhelm	J0172
Lecanemab	Leqembi	J3490, J3590

Clitacabtagene autoleucl	Carvykti	C9098, Q2056
IVIG	Gamunex-C/Gammaked	J1561
	Octagam	J1568
	Gammagard liquid	J1569
	Flebogamma/Felbogamma DIF	J1572
	Privigen	J1459
	Bivigam	J1556
	Unspecified IVIG	J1566
	Gammaplex	J1557
	Unspecified non-lyophilized IVIG (e.g., Panzya)	J1599
	Asceniv	J1554
	Rhophylac	J2791
WinRho	J2792	
Belinostat*	Beleodaq	J9032
Belantamab mafodoin-blmf*	Blenrep	J9037, C9069
Ramucirumab*	Cyramza	J9308
Daratumumab*	Darzalex	J9145
Elotuzumab*	Empliciti	J9176
Obinutuzumab*	Gazyva	J9301
Talimogene laherparepvec	Imlygic	J9325
Ado-trastuzumab emtasine*	Kadcyla	J9354
Pembrolizumab*	Keytruda	J9271
Carfilzomib*	Kyprolis	J9047
Romiplostim*	Nplate	J2796
Nivolumab*	Opdivo	J9299
Denosumab*	Xgeva	J0897
Ipilimumab*	Yervoy	J9228
Atezolizumab*	Tecentriq	J9022, C9483
Avelumab*	Bavencio	J9023
Cemiplimab-rwlc*	Libtayo	J9119
Durvalumab*	Imfinzi	J9173
Ketamine <sup>^</sup>	Ketalar	J3490, J3590
Nusinersen	Spinraza	J2326
Edaravone	Radicava	J1301
Voretigene	Luxturna	J3398
Patisiran	Onpattro	J0222
Eculizumab	Soliris	J1300
Difelikefalin acetate*	Korsuva	J0879
Elivaldogene autotemcel <sup>&amp;</sup>	Skysona	J3490, J3590
Eteplirsen <sup>&amp;</sup>	Exondys 51	J1428
Cerliponase <sup>&amp;</sup>	Brineura	J0567
Burosumab-twza <sup>&amp;</sup>	Crysvita	J0584
Inotersen <sup>&amp;</sup>	Tegsedi	J3490, J3590

Onasemnogene Apeparvovec-xioi <sup>&amp;</sup>	Zolgensma	J3399
Brexanolone <sup>&amp;</sup>	Zulresso	J1632
Crizanlizumab <sup>&amp;</sup>	Adakveo	J0791
Golodirsen <sup>&amp;</sup>	Vyondys 53	J1429
Satralizumab <sup>&amp;</sup>	Enspryng	J3490, J3590
Teprotumumab-trbw <sup>&amp;</sup>	Tepezza	J3241
Viltolarsen <sup>&amp;</sup>	Viltepso	J1427
Sutimlimab <sup>&amp;</sup>	Enjaymo	C9094, J1302
Betibeglogene autotemcel <sup>&amp;</sup>	Zynteglo	J3490, J3590
Etranacogene dezaparvovec-drlb <sup>&amp;</sup>	Hemgenix	J1411
Teplizumab-mzww <sup>&amp;</sup>	Tzield	C9149

\* Prior authorization is required for medically accepted indications (FDA approved indications or Compendia)  
The prior authorization requirement for anti-cancer drugs is new starts only and does not apply to patients who have received treatment within the past 365 days.

^ Ketamine is not covered for the treatment of depression and other psychiatric disorders <https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/ketamine.pdf>

& Prior authorization is required for medically accepted indications (FDA approved indications or Compendia)  
effective 06/01/2023

**Certain J codes are excluded for coverage based on National Coverage Determination (NCD). An alphabetical list of NCDs can be found at:**

<https://www.cms.gov/medicare-coverage-database/indexes/ncd-alphabetical-index.aspx>

### **Additional information on Medicare Coverage of Injectable Drugs**

Medicare coverage is limited to clinically proven items and services that are reasonable and necessary for the diagnosis or treatment of an illness or injury (and within the scope of a Medicare benefit category). National Coverage Determinations are made through an evidence-based process, with opportunities for public participation. In some cases, the Center for Medicare & Medicaid Services' own research is supplemented by an outside technology assessment and/or consultation with the Medicare Evidence Development & Coverage Advisory Committee.

For payment of injectable medications, ICD-10 code(s) for the primary diagnosis, condition, problem, or reason for the medical service must be documented in the medical record and submitted on the claim. Diagnosis codes, in addition to HCPCS codes, identify the medical necessity of services provided by describing the circumstances of the patient's condition.