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Kaiser Foundation Health Plan of Washington Options, Inc.
Provider Communications, RCR-A3W-04
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December 30, 2025

UPDATED PRIOR AUTHORIZATION CRITERIA FOR DENOSUMAB (PROLIA, XGEVA)

Dear Provider,

Denosumab (Prolia) and denosumab (Xgeva) are on the **non-Medicare** list of office-administered drugs requiring prior authorization. **Effective March 1, 2026,** the criteria for denosumab (Prolia) and denosumab (Xgeva) will be updated to require two biosimilars. This change does not affect current authorizations for Prolia or Xgeva; however, any new authorizations are subject to the criteria below. **This letter serves as notification of the change in prior authorization criteria required for 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 denosumab (Prolia) and denosumab (Xgeva) (changes are in bold):

DRUG NAME	COVERAGE CRITERIA
Denosumab (Prolia)	**Covered for patients who have a failure, contraindication, or intolerance to two denosumab biosimilars AND one of the following below:** For the treatment of osteoporosis*: 1) Patient has a contraindication to bisphosphonate; or 2) In patients who: a) Experienced non-GI intolerance to oral bisphosphonate; *Note: if there is malabsorption or non-compliance with the medication, consider switching to IV bisphosphonate* or b) Experienced significant decrease in DEXA bone density after 5 years of treatment on oral bisphosphonate; or c) Had an osteoporotic fracture (other than atypical femur fracture) and fracture resulting from a low degree of trauma (e.g., from sitting or standing height) and a decrease in DEXA bone density after having been on oral bisphosphonate for at least 2 years OR 3) In patients who: a) Experienced intolerance to the IV bisphosphonate; or b) Experienced significant decrease in DEXA bone density after 5 years of treatment on IV bisphosphonate; or c) Had an osteoporotic fracture (fracture resulting from a low degree of trauma, e.g., from sitting or standing height) and a decrease in DEXA bone density after having been on IV bisphosphonate for at least 2 years. 4) For osteoporosis* in patients who have completed a full bisphosphonate therapy (IV and oral) and deemed inappropriate to use more of this class in their lifetime. **Note: Osteoporosis is defined as:*

DRUG NAME	COVERAGE CRITERIA
	a) History of fracture from low-impact injury (including any vertebral compression fracture which reduces vertebra height by 20% compared to neighboring vertebrae, but excluding finger, toe, or head) or *b) Femoral neck, total hip, or lumbar spine BMD T score of -2.5 or lower.* For treatment of patients receiving Androgen Deprivation Therapy (ADT) for prostate cancer or receiving adjuvant aromatase inhibitor (AI) therapy for non-metastatic breast cancer who a) Have a T-score <-1.0 in the lumbar spine, total hip, or femoral neck, or a history of osteoporotic fracture. AND b) Experienced non-GI intolerance to oral bisphosphonate or intolerance to IV bisphosphonate; or c) Experienced significant decrease in DEXA bone density after 5 years of treatment on oral or IV bisphosphonate; or d) Had an osteoporotic fracture (fracture resulting from a low degree of trauma, e.g., from sitting or standing height) and a decrease in DEXA bone density after having been on oral or IV bisphosphonate for at least 2 years. Members will have in-network benefit coverage for select home-infused medications and supplies only when they receive these medicines and supplies through Kaiser Permanente Specialty Home Infusion. There is no out-of-network benefit coverage for home infusion. See Infused Drugs Restricted to Kaiser Permanente Washington's Specialty Pharmacy Network for medications impacted by this change. Note: Must be administered in a non-hospital setting. See site of care policy for criteria, reauthorization, and exceptions for new starts.
Denosumab (Xgeva)	**Covered for patients who have a failure, contraindication, or intolerance to two denosumab biosimilars AND one of the following below:** • Prevention of skeletal-related events (SREs) in patients with metastatic solid tumors who are intolerant to IV bisphosphonate. ○ Not covered for patients who have osteonecrosis of the jaw or who have renal dysfunction (CrCl < 30 ml/min). • Adults and skeletally mature adolescents with giant cell tumor of the bone that is unresectable or where surgical resection is likely to result in severe morbidity. • Prevention of SREs in patients with bone-related disease of multiple myeloma with intolerance to IV bisphosphonate. Note: Must be administered in a non-hospital setting. See site of care policy* for criteria, reauthorization, and exceptions for new starts. *Applies to drug unless administered in combination with another provider-administered chemotherapy for which site of care restriction does not apply (i.e., concurrent oral chemotherapy is not an indication to waive site of care). Site of Care Exceptions: 2 doses administered within 2 months.

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. 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 8:00 a.m. to 5:00 p.m.

Sincerely,

Ravi Ubriani, MD, Chair
Pharmacy & Therapeutics Committee