

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 30, 2025

MEDICARE PART B DRUGS REQUIRING STEP THERAPY

Dear Provider,

Effective March 1, 2026, the step therapy requirements for non-preferred Medicare Part B drugs listed in Table 1 will be updated. **This letter serves as notification of an upcoming change in the step therapy approval review process required before administering this medication under the medical benefit.**

Kaiser Foundation Health Plan of Washington (Kaiser Permanente) requires step therapy or prior authorization for a select group of injectable drugs that may be administered under the medical benefit. 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.

The following injectable drugs will require step therapy, where patient must demonstrate trial and failure, intolerance, or contraindication to the preferred drugs before the non-preferred drug is covered. **The step therapy requirement does not apply to patients who have received treatment with the non-preferred drug within the past 365 days.**

Table 1. List of Medicare Part B Products requiring step therapy review effective 3/1/2026 (changes are in bold)

Non-preferred drug		Preferred alternative		Exceptions
J9144	Daratumumab/hyaluronidase-fihj (Darzalex Faspro) ^{\$}	J9145 J9227	Daratumumab (Darzalex) Isatuximab-irfc (Sarclisa)	Multiple myeloma associate with Amyloidosis
J0897	Denosumab (Prolia)**	J3590 Q5159 Q5136 Q5158	Denosumab-bmwo (Stoboclo) Denosumab-dssb (Ospomyv) Denosumab-bbdz (Jubbonti) Denosumab-bnht (Conexxence)	
J0897	denosumab (Xgeva)**	J3590 Q5159 Q5136 Q5158	Denosumab-bmwo (Osenvelt) Denosumab-dssb (Xbryk) Denosumab-bbdz (Wyost) Denosumab-bnht (Bomyntra)	
J3262	tocilizumab (Actemra)	Q5135	tocilizumab-aazg (Tyenne)	Systemic sclerosis-associated interstitial lung disease (SSc-ILD)
J9355	trastuzumab (Herceptin) ^{&}	Q5117 Q5114 Q5112 Q5113 Q5116 Q5146	trastuzumab-anns (Kanjinti) trastuzumab-dkst (Ogivri) trastuzumab-dttb (Ontruzant) trastuzumab-pkrb (Herzuma) trastuzumab-qyyp (Trazimera) trastuzumab-strf (Hercessi)	

& A trial of two trastuzumab biosimilar products is required.

\$ **A trial of isatuximab-irfc (Sarclisa) or daratumumab (Darzalex) is required.**

** **A trial of two denosumab biosimilar products is required.**

Additional Information

A complete list of office-administered Part B injectable drugs requiring step therapy 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,

A handwritten signature in black ink, appearing to read 'R. Ubriani', with a stylized flourish at the end.

Ravi Ubriani, MD, Chair
Pharmacy & Therapeutics Committee