

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

SITE OF CARE PRIOR AUTHORIZATION UPDATES FOR ONCOLOGY MEDICATIONS

Dear Provider,

Effective March 1, 2026, Site of Care prior authorization criteria will be updated for the medications noted in Table 1. These products are on the **non-Medicare** list of office-administered drugs requiring prior authorization. Site of Care is a prior authorization for the location at which an infused medication is administered under the medical benefit. When Site of Care is applied to a medication, the following site of care types are acceptable: an **outpatient standalone clinic, infusion center, provider's office, or home infusion**. Outpatient hospital-based infusion sites are not approved sites. This letter is a notification that prior authorization approval is required before administering this medication under the medical benefit.

This only applies to Kaiser Foundation Health Plan of Washington Health Maintenance Organization (HMO) members and Kaiser Foundation Health Plan of Washington Options, Inc., Point of Service (POS) and Preferred Provider Organization (PPO) members who are ≥ 13 years old. **This change will NOT affect Medicare Advantage members.**

The following injectable drug will be added to the list of drugs requiring prior authorization for Site of Care:

Drug Table 1. Drugs Requiring Site of Care Prior Authorization

Therapy Class/Indication	Brand Name	Generic Name	HCPCS
ONCOLOGY	Avastin	Bevacizumab	C9257, J9035
ONCOLOGY	Vegzelma	Bevacizumab-adcd	Q5129
ONCOLOGY	Mvasi	Bevacizumab-awwb	Q5107
ONCOLOGY	Zirabev	Bevacizumab-bvzr	Q5118
ONCOLOGY	Alymsys	Bevacizumab-maly	C9142, Q5126
ONCOLOGY	Velcade	Bortezomib	J9041
ONCOLOGY	Xgeva	Denosumab	J0897
ONCOLOGY	Opdivo	Nivolumab	J9299
ONCOLOGY	Perjeta	Pertuzumab	J9306
ONCOLOGY	Herceptin	Trastuzumab	J9355
ONCOLOGY	Kanjinti	Trastuzumab-anns	Q5117
ONCOLOGY	Ogivri	Trastuzumab-dkst	Q5114
ONCOLOGY	Ontruzant	Trastuzumab-dttb	Q5112
ONCOLOGY	Herzuma	Trastuzumab-pkrb	Q5113
ONCOLOGY	Trazimera	Trastuzumab-qyyp	Q5116

Prior authorization clinical criteria were previously established for these oncology medications. Members initiating treatment with these medications will require a prior authorization review based upon the clinical criteria **and** the Site of Care.

Prior Authorization Site of Care Criteria Updates for Oncology Medications (does not include additional clinical criteria) (changes are in bold):

*The site of care policy can be found on the Kaiser Permanente provider website at <https://wa-provider.kaiserpermanente.org/static/pdf/provider/clinical-review/infusion-site-care-policy.pdf>.

DRUG NAME	COVERAGE CRITERIA
Bevacizumab Bevacizumab-adcd Bevacizumab-awwb Bevacizumab-bvzr Bevacizumab-maly Bortezomib Denosumab Nivolumab Pertuzumab Trastuzumab Trastuzumab-anns Trastuzumab-dkst Trastuzumab-dttb Trastuzumab-pkrb Trastuzumab-qyyp	Applies to drug unless administered in combination with another provider-administered chemotherapy for which the Site of Care restriction does not apply (i.e., concurrent oral chemotherapy is not an indication to waive Site of Care). Site of Care exception applies for the duration of combination therapy (documentation of combination treatment is required). Authorization shall be reviewed every 3 months to confirm the member is still receiving combination therapy.

To request prior authorization review, please use the Referral Request online form 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.

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.

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>.

Site of Care reviews are intended to ensure consistent benefit adjudication as well as appropriate utilization in accordance with the Medical Policy Committee's criteria for coverage.

Site of Care Prior Authorization Criteria Exceptions:

A hospital outpatient setting may be used for the infusion of drugs on the site of care optimization list only if **one** of the following is met:

1. Member is 12 years old or younger
2. Member is medically unstable based upon the submitted clinical history. Examples, including, but not limited to, cardiopulmonary conditions that may increase risk of adverse reactions, inability to safely tolerate intravenous volume loads, unstable vascular access requiring ultrasound guidance, or
3. Previous experience of a severe adverse event following infusion. Examples, including, but not limited to, anaphylaxis, seizure, thromboembolism, myocardial infarction, renal failure, or
4. Continuing experience of adverse events that cannot be mitigated (e.g., not mitigated by pre-medications or by reducing the rate of infusion); or
5. Physically and/or cognitively impaired such that a preferred site of care would impact the safety of the infusion; or
6. The member's home is not eligible for home infusion services, is deemed unsuitable for care by the home infusion provider, or the drug cannot be administered by home infusion service providers (if the drug cannot be administered in an infusion center, outside of the hospital).

Clinical documentation (e.g., infusion records, medical records) supporting an exception must be included (e.g., dates of prior anaphylactic experience, specific details of adverse reactions, and attempts to mitigate).

Exception Doses:

For all new coverage requests, the Site of Care criteria shall be waived for the administration of the first dose of all drugs, allowing sufficient time to arrange for an outpatient infusion in a non-hospital setting. Further dose exceptions apply for new start patients or patients reinitiating therapy after 6 months or longer following discontinuation of therapy, as identified in applicable codes.*

**This does not include when standard dosing between infusions is 6 months or longer*

Oncology Exceptions:

For patients transitioning from combination **therapy with provider-administered chemotherapy to monotherapy**, the Site of Care criteria shall be waived for the administration of the first dose. Note: combination therapy exceptions apply to drugs administered under the medical benefit only (e.g., drugs administered orally are not considered). Further, dose exceptions are outlined within applicable codes in the Site of Care Policy.

Additional Information

Coverage determinations, once completed, will be available online using the Referral Status Inquiry application and will be mailed to the member.

Failure to obtain prior authorization for the above medications will result in a denial of payment.

Please refer to the provisions of your agreement with Kaiser Permanente, including obtaining the member's prior written consent to be financially responsible for specific non-covered services, to determine when providers may bill a member for non-covered services.

Thank you for the care you provide to our members, your patients. If you have any questions about these changes, please contact the Provider Assistance Unit toll-free at 509-241-7206 or 1-888-767-4670, Monday through Friday, from 8:00 a.m. to 5:00 p.m.

Sincerely,



Ravi Ubriani, MD, Chair
Pharmacy & Therapeutics Committee