

Kaiser Foundation Health Plan of Washington
 Kaiser Foundation Health Plan of Washington Options, Inc.
 CONTRACT MANAGER NAME
 Provider Communications, RCB-C2W-02
 PO Box 34262, Seattle WA 98124-1262

October 20, 2020

MEDICARE PART B DRUGS REQUIRING STEP THERAPY

Dear Provider,

The following injectable drugs will require step therapy, where Kaiser Foundation Health Plan of Washington (Kaiser Permanente) requires its Medicare Advantage plans patients to first try and fail a preferred drug or have intolerance or contraindication to the preferred drug before covering a non-preferred drug. **Certain diagnoses may be excluded from the step therapy requirement. The step therapy requirement does not apply to patients who have received treatment with the non-preferred drug within the past 365 days.**

Non-preferred drug		Preferred alternative		Exception
J1745	Infliximab (Remicade)	Q5103	infliximab-dyyb (Inflectra)	Pediatric ulcerative colitis
J9312	rituximab (Rituxan)	Q5115	rituximab-abbs (Truxima)	
J9035	bevacizumab (Avastin)	Q5107	bevacizumab-awwb (Mvasi)	Ophthalmic diagnoses
J9355	trastuzumab (Herceptin)	Q5117	trastuzumab-anns (Kanjinti)	
J2778	ranibizumab (Lucentis)	J9035 & C9257	bevacizumab (Avastin)	Central retinal vein occlusion (CVRO) and branch retinal vein occlusion (BRVO)
J0178	aflibercept (Eylea)	J9035 & C9257	bevacizumab (Avastin)	Central retinal vein occlusion (CVRO) and branch retinal vein occlusion (BRVO)

Non-preferred drug		Preferred alternative		Exception
J0179	brolocizumab-dbll (Beovu)	J9035 & C9257	bevacizumab (Avastin)	

Effective January 1, 2021, step therapy review will be required for the non-preferred Part B drugs . This letter is a notification of the upcoming change in step therapy approval required before administering this medication in an outpatient hospital infusion center, provider's office, standalone infusion clinic or home infusion.

Kaiser Permanente also requires step therapy or 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. A list of office-administered Part B injectable drugs requiring step therapy is available on Kaiser Permanente Medicare website at <https://wa-medicare.kaiserpermanente.org/step-therapy>.

Additional Information

To request a prior authorization review, please use the Referral Request online form on the Kaiser Permanente provider website at <https://wa-provider.kaiserpermanente.org/provider-manual/clinical-review/preservice>.

Thank you for the care you provide to Kaiser Permanente members. If you have any questions about these medications or the review process, please call the Pharmacy Drug Benefit Help Desk at 1-800-729-1174, Monday through Friday 7:00 a.m. to 6:00 p.m. If you have any questions about submitting a prior authorization request, please call Review Services at 1-800-289-1363, Monday – Friday from 8:00 a.m. to 5:00 p.m.

Sincerely,



Bruce Wilson, MD, Chair
Pharmacy & Therapeutics Committee
Washington Permanente Medical Group