

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

APRIL 11, 2022

COLONY STIMULATING FACTOR UPDATES TO COVERAGE UNDER MEDICAL BENEFIT

Dear Provider,

Effective May 1, 2022, new authorizations for the filgrastim products in Table 1 will **NOT** be covered under the medical benefit. These drugs will be added to the **non-Medicare** list of office-administered drugs requiring prior authorization. Pharmacy benefit coverage remains available for members who meet prior authorization criteria.

Effective May 1, 2022, the criteria for pegfilgrastim products in Table 2 will be updated. These products are on the **non-Medicare** list of office-administered drugs requiring prior authorization

This letter is a notification of the upcoming changes in coverage for these medications under the medical benefit.

Select specialty medications under the pharmacy benefit are restricted to Kaiser Permanente Washington Specialty Pharmacy (KPWASP) for non-Medicare members. Send prescriptions via fax to 1-800-340-4230 or call at 1-800-483-3945.

Table 1. List of Filgrastim Products that will require Prior Authorization Criteria

BRAND NAME	GENERIC NAME	HCPCS
Neupogen	Filgrastim	J1442
Nivestym	Filgrastim-aafi	Q5110
Zarxio	Filgrastim-sndz	Q5101
Granix	Tbo-Filgrastim	J1446, J1447

Table 2. List of Pegfilgrastim Products that have updated Prior Authorization Criteria

BRAND NAME	GENERIC NAME	HCPCS
Neulasta, Neulasta Onpro	Pegfilgrastim	J2505, J2506
Nyvepria	Pegfilgrastim-apgf	Q5122
Fulphila	Pegfilgrastim-jmdb	Q5108
Ziextenzo	Pegfilgrastim-bmez	C9058, Q5120
Udenyca	Pegfilgrastim-cbqv	Q5111

Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington, Options, Inc. requires 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 Filgrastim Products (changes are in bold):

DRUG NAME	COVERAGE CRITERIA
Filgrastim (Neupogen) Filgrastim-aafi (Nivestym) Filgrastim-sndz (Zarxio) Tbo-Filgrastim (Granix)	Not covered under the medical benefit (hospital, clinic, or home infusion). May be covered under pharmacy benefit.

Prior Authorization Criteria for Pegfilgrastim Products (changes are in bold):

DRUG NAME	COVERAGE CRITERIA
Pegfilgrastim (Neulasta)	To be covered only for patients who cannot self-administer filgrastim (e.g., Zarxio, Nivestym) via a prefilled syringe Quantity limit: 6 mg every week
Pegfilgrastim (Neulasta Onpro)	Not covered, not medically necessary due to the availability of treatment alternatives.
Pegfilgrastim-apgf (Nyvepria)	Medical necessity review required Covered only for patients who cannot self-administer filgrastim (e.g., Zarxio, Nivestym) via a prefilled syringe Quantity limit: 6 mg every week
Pegfilgrastim-jmdb (Fulphila)	To be Covered only for patients who cannot self-administer filgrastim (e.g., Zarxio, Nivestym) via a prefilled syringe. Quantity limit: 6 mg every week
Pegfilgrastim-bmez (Ziextenzo)	Medical necessity review required Covered only for patients who cannot self-administer filgrastim (e.g., Zarxio, Nivestym) via a prefilled syringe Quantity limit: 6 mg every week
Pegfilgrastim-cbqv (Udenyca)	Medical necessity review required Covered only for patients who cannot self-administer filgrastim (e.g., Zarxio, Nivestym) via a prefilled syringe Quantity limit: 6 mg every week

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 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.

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 a.m. to 5 p.m.

Sincerely,

A handwritten signature in black ink that reads "Peter Barkett MD". The signature is written in a cursive style with a large initial "P" and a long horizontal stroke at the end.

Peter Barkett, MD, Chair
Pharmacy & Therapeutics Committee