

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

MEDICARE PART B DRUGS REQUIRING STEP THERAPY

Dear Provider,

Effective May 1, 2022, step therapy will be required for the non-preferred Medicare Part B drugs listed in Table 1. This letter is a notification of the upcoming change in step therapy approval required before administering these medications 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 drug 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

Non-preferred drug		Preferred alternative	
J1442	filgrastim (Neupogen)*	Q5101 Q5110	filgrastim-sndz (Zarxio) filgrastim-aafi (Nivestym)
J1446, J1447	tbo-filgrastim (Granix)*	Q5101 Q5110	filgrastim-sndz (Zarxio) filgrastim-aafi (Nivestym)
J2505, J2506	pegfilgrastim (Neulasta Onpro)	J2505, J2506	pegfilgrastim (Neulasta)
Q5123	rituximab-arrx (Riabni)	Q5115	rituximab-abbs (Truxima)
Q5119	rituximab-pvvr (Ruxience)	Q5115	rituximab-abbs (Truxima)
Q5118	bevacizumab-bvzr (Zirabev)	Q5107	bevacizumab-awwb (Mvasi)
Q5114	trastuzumab-dkst (Ogivri)	Q5117	trastuzumab-anns (Kanjinti)
Q5112	trastuzumab-dttb (Ontruzant)	Q5117	trastuzumab-anns (Kanjinti)
Q5116	trastuzumab-qyyp (Trazimera)	Q5117	trastuzumab-anns (Kanjinti)
Q5113	trastuzumab-pkrb (Herzuma)	Q5117	trastuzumab-anns (Kanjinti)

* A trial of both filgrastim-sndz (Zarxio) and filgrastim-aafi (Nivestym) is required

Additional Information

A complete list of office-administered Part B injectable drugs requiring step therapy can be found on the Kaiser Permanente provider website at <https://wa-provider.kaiserpermanente.org/provider-manual/clinical-review/officeinject>

To request step therapy review, please use the Referral Request online form located on the Kaiser Permanente provider website <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.

Peter Barkett, MD, Chair
Pharmacy & Therapeutics Committee