

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

MARCH 16, 2022

MEDICARE PART B DRUGS REQUIRING PRIOR AUTHORIZATION

Dear Provider,

Effective May 1, 2022, prior authorization will be required for the Medicare Part B drugs listed in Table 1. This letter is a notification of the upcoming change in prior authorization review 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 medically accepted indication review. This is defined as any use of a covered Part B drug which is approved under the Federal Food, Drug, and Cosmetic Act, or any off-label, medically accepted indication which is supported in either one or more of the compendia or in peer-reviewed publications to determine the medically accepted indication of drugs or biologicals used off-label in an anti-cancer chemotherapeutic regimen. **The prior authorization requirement for anti-cancer drugs does not apply to patients who have received treatment with the listed drug within the past 365 days.**

Table 1. List of Medicare Part B products requiring Prior Authorization

Generic Name	Brand Name	HCPCS Codes
Belinostat	Beleodaq	J9032
Belantamab mafodoin-blmf	Belnrep	J9037, C9069
Ramucirumab	Cyramza	J9308
Daratumumab	Darzalex	C9476, J9145
Elotuzumab	Empliciti	J9176
Obinutuzumab	Gazyva	J9301
Talimogene laherparepvec intralesional	Imlygic	J9325
Ado-trastuzumab emtasine	Kadcyla	J9354
Pembrolizumab	Keytruda	C9027, J9271
Carfilzomib	Kyprolis	J9047
Romiplostim	Nplate	J2796
Nivolumab	Opdivo	J9299
Denosumab	Xgeva	J0897
Ipilimumab	Yervoy	J9228
Atezolizumab	Tecentriq	J9022, C9483
Avelumab	Bavencio	C9491, J9023
Cemiplimab	Libtayo	J9119
Durvalumab	Imfinzi	C9492, J9173

Additional Information

A complete list of office-administered Part B 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 <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