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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

DECEMBER 23, 2022

MEDICARE PART B: DIFELIKEFALIN (KORSUVA) REQUIRING PRIOR AUTHORIZATION

Dear Provider,

Effective March 1, 2023, prior authorization will be required for difelikefalin (Korsuva). This letter is a notification of the upcoming change in prior authorization review required before administering this medication 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.

Difelikefalin (Korsuva) 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.

Generic Name	Brand Name	HCPCS Codes
Difelikefalin	Korsuva	J0879

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 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,

Peter Barkett, MD, Chair
Pharmacy & Therapeutics Committee