

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 8, 2023

MEDICARE PART B DRUGS REQUIRING PRIOR AUTHORIZATION

Dear Provider,

Effective June 1, 2023, 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 requires step therapy or prior authorization for a select group of injectable drugs that may be administered under the medical benefit. These prior authorization 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
Elivaldogene autotemcel	Skysona	J3490, J3590
Eteplirsen	Exondys 51	C9484, J1428
Cerliponase	Brineura	C9014, J0567
Burosumab-twza	Crysvita	J0584
Inotersen	Tegsedi	J3490, J3590
Onasemnogene Abeparvovec-xioi	Zolgensma	J3399
Brexanolone	Zulresso	J1632
Crizanlizumab	Adakveo	J0791
Golodirsen	Vyondys 53	J1429
Satralizumab	Enspryng	J3490, J3590

Teprotumumab-trbw	Tepezza	J3241
Viltolarsen	Viltepsa	C9071, J1427
Sutimlimab	Enjaymo	C9094, J1302
Betibeglogene autotemcel	Zynteglo	J3490, J3590
Etranacogene dezaparvovec-drlb	Hemgenix	J3490, J3590
Teplizumab-mzwv	Tzield	J3490, J3590

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