

**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 STEP THERAPY**

Dear Provider,

**Effective June 1, 2023**, 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 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 step therapy, where the 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	
J2505, J2506	pegfilgrastim (Neulasta Onpro) *	J2505, J2506 Q5108	pegfilgrastim (Neulasta) pegfilgrastim-jmdv (Fulphila)
J2505, J2506	pegfilgrastim (Neulasta)	Q5108	pegfilgrastim-jmdv (Fulphila)

**\* A trial of both pegfilgrastim (Neulasta) and pegfilgrastim-jmdv (Fulphila) 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 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