

Kaiser Foundation Health Plan of Washington
 Kaiser Foundation Health Plan of Washington Options, Inc.
 CONTRACT MANAGER NAME
 Provider Communications, RCR-A3W-04
 PO Box 34262, Seattle WA 98124-1262

NOVEMBER 28, 2023

MEDICARE PART B DRUGS REQUIRING PRIOR AUTHORIZATION

Dear Provider,

Effective March 1, 2024, 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 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 one or more of the compendia to determine the medically accepted indication.

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

Generic Name	Brand Name	HCPCS Codes
Abatacept	Orencia	J0129
Adalimumab	Humira	J0135
Adalimumab-atto	Amjevita	J3490, J3590
Anakinra	Kineret	J3490, J3590
Anifrolumab-fnia	Saphnelo	C9086, J0491
Belimumab	Benlysta	J0490
Brodalumab	Siliq	J3490, J3590
Certolizumab pegol	Cimzia	J0717
Dupilumab	Dupixent	J3490, J3590
Etanercept	Enbrel, Enbrel Mini	J1438
Golimumab (IV)	Simponi Aria	J1602
Golimumab (SC)	Simponi	J3490, J3590
Guselkumab	Tremfya	J1628
Immune globulin	Cutaguiq	J1551
Immune globulin (SC)	Hizentra	J1559
Immune globulin (SC)	Cuvitru	J1555
Immune globulin (IV)	Hyqvia	J1575
Infliximab-dyyb	Inflectra	Q5103
Ixekizumab	Taltz	J3490, J3590
Risankizumab-rzaa (SC)	Skyrizi	J3490, J3590
Risankizumab-rzaa (IV)	Skyrizi	J2327
Rituximab-arrx*	Riabni	Q5123
Sarilumab	Kevzara	J3490, J3590

Secukinumab	Cosentyx	J3490, J3590
Tocilizumab (IV, SC)	Actemra	J3262
Tralokinumab-ldrm	Adbry	J3490, J3590
Ustekinumab (SC)	Stelara	J3357
Ustekinumab (IV)	Stelara	J3358
Vedolizumab	Entyvio	J3380
Tildrakizumab-asmn	Ilumya	J3245

** The prior authorization requirement for anti-cancer drugs does not apply to patients who have received treatment within the past 365 days.*

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,



Gurpreet Rawat, MD, Chair
Pharmacy & Therapeutics Committee