

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

FEBRUARY 28, 2024

MEDICARE PART B DRUGS REQUIRING PRIOR AUTHORIZATION

Dear Provider,

Effective June 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 effective 6/1/2024

Generic Name	Brand Name	HCPCS Codes
DaxibotulinumtoxinA-lanm	Daxxify	C9160
Alemtuzumab	Lemtrada	J0202
Casimersen	Amondys 45	J1426
Delandistrogene moxparvovex	Elevidys	J1413
Vutrisiran	Amvuttra	J0225
Emicizumab-kwxh	Hemlibra	J7170
Valoctocogene roxaparvovec	Roctavian	J1412
Nadofaragene firadenovec	Adstiladrin	J9029
Naxitamab-gqqgk	Danyelza	J9348
Pralatrexate	Folotyn	J9307
Blinatumomab*	Blinicyto	J9039
Tebentafusp-tebn*	Kimmtrak	C9095, J9274
Inebilizumab-cdon	Uplizna	J1823
Evinacumab-dgnb	Evkeeza	J1305

* 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 (login required) 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, appearing to read "R. Ubriani". The signature is fluid and cursive, with a large initial "R" and a long, sweeping underline.

Ravi Ubriani, MD, Chair
Pharmacy & Therapeutics Committee