

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 STEP THERAPY

Dear Provider,

Effective June 1, 2024, 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 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 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 effective 6/1/2024

Non-preferred drug		Preferred alternative		Exception
J2778	ranibizumab (Lucentis)	C9257, J9035 Q5124	bevacizumab (Avastin) ranibizumab-nuna (Byooviz)	Central retinal vein occlusion (CVRO) and branch retinal vein occlusion (BRVO)
J1745	Infliximab (Remicade)	Q5103	infliximab-dyyb (Inflectra)	Pediatric ulcerative colitis
Q5104	Infliximab-abda (Renflexis)	Q5103	infliximab-dyyb (Inflectra)	Pediatric ulcerative colitis
Q5121	Infliximab-axxq (Avsola)	Q5103	infliximab-dyyb (Inflectra)	Pediatric ulcerative colitis
Q5109	Infliximab-qbtx (Ixifi)	Q5103	infliximab-dyyb (Inflectra)	Pediatric ulcerative colitis
Q5115	rituximab-abbs (Truxima)	Q5123	rituximab-arrx (Riabni)	
C9097, J2777	faricimab-svoa (Vabysmo)	C9257, J9035	bevacizumab (Avastin)	

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