

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

December 4, 2024

MEDICARE PART B DRUGS REQUIRING PRIOR AUTHORIZATION

Dear Provider,

Effective March 1, 2025, 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 this medication under the medical benefit.**

Kaiser Foundation Health Plan of Washington (Kaiser Permanente) 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 3/1/2025

Generic Name	Brand Name	HCPCS Codes
Adalimumab-aacf	Idacio	Q5131
Adalimumab-adaz	Hyrimoz	J3490, J3590
Adalimumab-adbm	Cyltezo	J3490, J3590
Adalimumab-aaty	Yuflyma	J3490, J3590
Adalimumab-aqvh	Yusimry	J3490, J3590
Adalimumab-bwwd	Hadlima	J3490, J3590
Adalimumab-fkjp	Hulio	J3490, J3590
Adalimumab-afzb	Abrilada	Q5132
Adalimumab-ryvk	Simlandi	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 (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,



Ravi Ubriani, MD, Chair
 Pharmacy & Therapeutics Committee