

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

April 24, 2025

UPDATED PRIOR AUTHORIZATION CRITERIA FOR TRASTUZUMAB (HERCEPTIN)

Dear Provider,

Trastuzumab (Herceptin) is on the **non-Medicare** list of office-administered drugs requiring prior authorization. **Effective July 3, 2025**, the criteria for trastuzumab (Herceptin) will be updated to require an inadequate response or intolerance to two trastuzumab biosimilars (e.g., Hecessi, Kanjinti). This change does not affect current authorizations for Herceptin; however, any new authorizations are subject to the criteria below. **This letter is a notification of the upcoming change in prior authorization approval required before administering this medication under the medical benefit.**

Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) require prior authorization for a select group of injectable drugs that may be administered under the medical benefit in a physician’s office or by home infusion. 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.

Prior Authorization Criteria for Trastuzumab (Herceptin) (changes are in bold):

DRUG NAME	COVERAGE CRITERIA
Trastuzumab	<ul style="list-style-type: none"> New starts and established patients must have a documented inadequate response or intolerance to two trastuzumab biosimilars (e.g., Hecessi, Kanjinti) declared equivalent by KPWA P&T Committee. KPWA equivalent trastuzumab products include: trastuzumab (e.g., Kanjinti). <p>Note: Must be administered in a non-hospital setting. See site of care policy* for criteria, reauthorization, and exceptions for new starts.</p> <p>*Applies to drug unless administered in combination with another provider-administered chemotherapy for which site of care restriction does not apply. (Example: concurrent oral chemotherapy is not an indication to waive site of care)</p> <p>Site of Care Exceptions: 2 doses within 2 months.</p> <p>Members will have in-network benefit coverage for select home-infused medications and supplies only when they get these medicines and supplies through Kaiser Permanente Specialty Home Infusion. There is no out-of-network benefit coverage for home infusion. See Infused Drugs Restricted to Kaiser Permanente Washington’s Specialty Pharmacy Network for medications impacted by this change.</p>

Additional Information

A complete list of office-administered 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. 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