

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

**May 21, 2025**

**MEDICARE PART B DRUGS REQUIRING PRIOR AUTHORIZATION**

Dear Provider,

**Effective September 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 these medications 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 9/1/2025**

Generic Name	Brand Name	HCPSC Codes
Crovalimab-akkz	Piasky	J1307
Exagamglogene Autotemcel	Casgevy	J3392
Fidanacogene elaparvovec-dzkt	Beqvez	J1414
Nogapendekin alfa inbakicept-pmIn*	Anktiva	J9028
Tarlatamab-dlle*	Imdelltra	J9026
Trastuzumab-dkst*	Ogivri	Q5114
Trastuzumab-dttb*	Ontruzant	Q5112
Trastuzumab-pkrb*	Herzuma	Q5113
Trastuzumab-qyyp*	Trazimera	Q5116
Trastuzumab-strf*	Hercessi	Q5146
Ustekinumab-aaaz	Otulf	Q9999
Ustekinumab-aekn	Selarsdi	Q9998
Ustekinumab-auub	Wezlana	Q5137, Q5138
Ustekinumab-srlf	Imuldosa	J3490, J3590
Ustekinumab-stba	Steqeyma	J3490, J3590
Ustekinumab-ttwe	Pyzchiva	Q9996, Q9997

*\*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. 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 stylized "U".

Ravi Ubriani, MD, Chair  
Pharmacy & Therapeutics Committee