

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 STEP THERAPY

Dear Provider,

Effective September 1, 2025, step therapy requirements will be updated 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 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 step therapy, where the patient must demonstrate trial and failure, intolerance, or contraindication to the preferred drugs 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 9/1/2025

Non-preferred drug		Preferred alternative		Exception
J0178 J0177	Aflibercept (Eylea) Aflibercept (Eylea HD)	Q5147	Aflibercept-ayyh (Pavblu)	Central retinal vein occlusion (CVRO) and branch retinal vein occlusion (BRVO)
J9355	Trastuzumab (Herceptin)	Q5114 Q5112 Q5113 Q5116 Q5146	Trastuzumab-dkst (Ogivri) Trastuzumab-dttb (Ontruzant) Trastuzumab-pkrb (Herzuma) Trastuzumab-qyyp (Trazimera) Trastuzumab-strf (Hercessi)	
J3357, J3358	Ustekinumab (Stelara) SQ, IV	Q9998 Q5137, Q5138 Q9996, Q9997 Q9999 J3490, J3590 J3490, J3590 J3490, J3590	Ustekinumab-aekn (Selarsdi) Ustekinumab-auub (Wezlana) Ustekinumab-ttwe (Pyzchiva) Ustekinumab-aaaz (Otulfi) Ustekinumab-kfce (Yesintek) Ustekinumab-srlf (Imuldosa) Ustekinumab-stba (Steqeyma)	
Q5136	Ustekinumab-aaaz (Otulfi) SQ	J3490, J3590	Ustekinumab-kfce (Yesintek) SQ	
Q9998	Ustekinumab-aekn (Selarsdi) SQ	J3490, J3590	Ustekinumab-kfce (Yesintek) SQ	

Q5138	Ustekinumab-auub (Wezlana) SQ	J3490, J3590	Ustekinumab-kfce (Yesintek) SQ	
J3490, J3590	Ustekinumab-srlf (Imuldosa) SQ	J3490, J3590	Ustekinumab-kfce (Yesintek) SQ	
J3490, J3590	Ustekinumab-stba (Steqeyma) SQ	J3490, J3590	Ustekinumab-kfce (Yesintek) SQ	
Q9996	Ustekinumab-ttwe (Pyzchiva) SQ	J3490, J3590	Ustekinumab-kfce (Yesintek) SQ	

Additional Information

A complete list of office-administered Part B injectable drugs requiring step therapy 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,



Ravi Ubriani, MD, Chair
Pharmacy & Therapeutics Committee