

**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**

**March 31, 2026**

**MEDICARE PART B DRUGS REQUIRING PRIOR AUTHORIZATION**

Dear Provider,

**Effective June 1, 2026**, 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 that is approved under the Federal Food, Drug, and Cosmetic Act, or any off-label, medically accepted indication supported in one or more compendia to determine the medically accepted indication.

**Table 1. List of Medicare Part B products requiring Prior Authorization effective 6/1/2026**

<b>Generic Name</b>	<b>Brand Name</b>	<b>HCPCS Codes</b>
Afamitresgene autoleucel	Tecelra	Q2057
Bimekizumab-bkzx	Bimzelx	C9399, J3490, J3590
Lebrikizumab	Ebglyss	C9399, J3490, J3590
Lovotibeglogene autotemcel	Lyfgenia	J3394
Luspatercept-aamt	Reblozyl	J0896
Nemolizumab-ilto	Nemluvio	C9399, J3490, J3590
Ustekinumab-hmny (IV)	Starjemza	C9399, 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. 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 8:00 a.m. to 5:00 p.m.

Sincerely,



Ravi Ubriani, MD, Chair  
 Pharmacy & Therapeutics Committee