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MEDICARE PART B DRUGS REQUIRING STEP THERAPY

Dear Provider,

Effective November 1, 2026, 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 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 11/1/2026 (changes are in bold)

Non-preferred drug		Preferred alternative		Exceptions
J9024	**atezolizumab-hyaluronidase-tqjs (Tecentriq Hybreza)**	**J9022**	**atezolizumab (Tecentriq)**	
Q5129	**bevacizumab-adcd (Vegzelma)**	**Q5107**	**bevacizumab-awwb (Mvasi)**	
J1442	filgrastim (Neupogen)[1]	Q5101 Q5110 J1447 **C9399, J3490, J3590**	filgrastim-sndz (Zarxio) filgrastim-aafi (Nivestym) tbo-filgrastim (Granix) **filgrastim-laha (Filkri)**	
J9289	**nivolumab-hyaluronidase-nvhy (Opdivo Qvantig)**	**J9299**	**nivolumab (Opdivo)**	
J9277	**pembrolizumab-berayaluron-pmph (Keytruda Qlex)**	**J9271**	**pembrolizumab (Keytruda)**	
J9316[3]	**pertuzumab/trastuzumab/hyaluronidase-zzxf (Phesgo)**	**J9355** **J9306**	**trastuzumab (Herceptin)** **pertuzumab (Perjeta)**	
J9311[4]	**rituximab hyaluronidase (Rituxan Hycela)**	**J9310, J9312 Q5123**	**rituximab (Rituxan)** **rituximab-arrx (Riabni)**	
J3262[2]	tocilizumab (Actemra)	Q5135 **Q5156** **Q5133**	tocilizumab-aazg (Tyenne) **tocilizumab-anoh (Avtozma)** **tocilizumab-bavi (Tofidence)** infliximab-dyyb (Inflectra) Q5103	
Q5135	**tocilizumab-aazg (Tyenne)**	**Q5156**	**tocilizumab-anoh (Avtozma)**	
Q5133	**tocilizumab-bavi (Tofidence)**	**Q5156**	**tocilizumab-anoh (Avtozma)**	

[1] A trial of filgrastim-sndz (Zarxio), filgrastim-aafi (Nivestym), and tbo-filgrastim (Granix)**, and filgrastim-laha (Filkri) is required.**
[2] A trial of **tocilizumab-anoh (Avtozma) and an additional tocilizumab biosimilar is required.** Infliximab-dyyb (Inflectra) is **also** required for patients using it to treat rheumatoid arthritis.
[3] **A trial of IV pertuzumab plus trastuzumab in combination is required.**
[4] **A trial of rituximab (Rituxan) and rituximab-arrx (Riabni) is required.**

Additional Information

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