

## 2023 Kaiser Permanente Plus™ prescription drugs

This benefit covers outpatient prescription drugs and supplies prescribed by a licensed provider, including any licensed dentist, and obtained at a Kaiser Permanente pharmacy or an out-of-network pharmacy. Drug formulary guidelines apply to Kaiser Permanente pharmacies only.

### Traditional and deductible cost share options

| Kaiser Permanente Pharmacies |                 |                     |           | Out-of-Network Pharmacies<br>(Limited to 5 prescription fills per year) |                 |                     |           |
|------------------------------|-----------------|---------------------|-----------|---|-----------------|---------------------|-----------|
| Generic                      | Preferred Brand | Non-Preferred Brand | Specialty | Generic   | Preferred Brand | Non-Preferred Brand | Specialty |
| \$10                         | \$20            | \$40                | \$100     | \$30  | \$40            | \$60                | \$120     |
| \$10                         | \$20            | \$40                | \$150     | \$30  | \$40            | \$60                | \$170     |
| \$10                         | \$30            | \$60                | 50%       | \$30  | \$50            | \$80                | 50%       |
| \$15                         | \$30            | \$50                | \$100     | \$35  | \$50            | \$70                | \$120     |
| \$15                         | \$30            | \$50                | \$150     | \$35  | \$50            | \$70                | \$170     |
| \$15                         | \$30            | \$50                | \$200     | \$35  | \$50            | \$70                | \$220     |
| \$15                         | \$60            | \$80                | 50%       | \$35  | \$80            | \$100               | 50%       |
| \$20                         | \$40            | \$60                | \$150     | \$40  | \$60            | \$80                | \$170     |
| \$20                         | \$40            | \$60                | \$200     | \$40  | \$60            | \$80                | \$220     |

### How to get covered drugs and supplies

You may fill your prescriptions at a Kaiser Permanente pharmacy or an out-of-network pharmacy. Out-of-network pharmacy benefits are limited to five (5) prescription fills/refills in a year. Your cost share will differ depending on which type of pharmacy you choose.

Participating pharmacies are located in many Kaiser Permanente participating facilities. To find a participating pharmacy, please see your *Medical Facility Directory*, visit [kp.org/directory/nw](https://kp.org/directory/nw), or contact Customer Service.

When you get a prescription from a Kaiser Permanente pharmacy or an out-of-network pharmacy, if charges for the drug or supply are less than your cost share, you pay the lesser amount.

### Mail-order pharmacy (Kaiser Permanente pharmacies only)

We offer postage-paid delivery to addresses in Oregon and Washington. Receive up to a 90-day supply for 2 copays. Some drugs and supplies are not available through our mail-order pharmacy, for example, controlled substances as determined by state and/or federal regulations, drugs that require special handling or are affected by temperature, or drugs that are high cost. If you would like to use our mail-order pharmacy, call **1-800-548-9809**, or order online at [kp.org/refill](https://kp.org/refill).

## New members — getting started (Kaiser Permanente pharmacies only)

If you have an existing prescription, please complete the online Transfer Your Prescriptions form at [kp.org/newmember](https://kp.org/newmember) or call the New Member Welcome Desk at **1-888-491-1124**. We will work with your pharmacy to transfer your medications, coordinate refills, and answer questions. Kaiser Permanente has a formulary list of medications covered under your prescription benefit. If your medication is not on the formulary, one of our pharmacists will work with you and your health care team to update your medication to a formulary product. Our health care team uses our formulary to help determine the safest, most effective prescriptions for you.

## Formulary information (Kaiser Permanente pharmacies only)

The Kaiser Permanente drug formulary is a list of drugs that the Kaiser Permanente Regional Formulary and Therapeutics Committee has approved for our members. The Regional Formulary and Therapeutics Committee chooses drugs for the formulary based on several factors, including safety and effectiveness as determined from a review of the scientific literature.

The Regional Formulary and Therapeutics Committee may add drugs to the formulary or remove drugs from it. If a drug is removed from the formulary, you will need to switch to another comparable drug that is on the drug formulary, unless your old drug meets exception criteria. Drugs on our formulary may move to a different drug tier during the year. For example, a drug could move from the non-preferred brand drug list to the preferred brand drug list. If a drug you are taking is moved to a different drug tier, this could change the cost share amount you pay for that drug.

To see if a drug or supply is on the Kaiser Permanente drug formulary, or to find out what cost share tier the drug is in, go to [kp.org/formulary](https://kp.org/formulary). You may also call our Formulary Application Services Team (FAST) at **503-261-7900** or toll free at **1-888-572-7231**. If you would like a copy of the Kaiser Permanente drug formulary or information about the formulary exception process, please call Customer Service. The presence of a drug on the Kaiser Permanente drug formulary does not necessarily mean that your provider will prescribe it for a particular medical condition.

## Diabetic supplies

The following non-prescription items are covered for the treatment of diabetes: glucagon emergency kits, insulin, ketone test strips for urine testing, blood glucose test strips, and disposable needles and syringes. Additional diabetic equipment and supplies may be covered under your durable medical equipment (DME) and prosthetics and orthotics benefits.

## Prescription drug exclusions (this is only a partial list of exclusions)

- **Out-of-network only:** Mail order drugs and supplies.
- Any special packaging, other than the dispensing pharmacy's standard packaging.
- Brand-name drugs for which a generic drug is available, unless approved.
- Drugs, biological products, and devices that the FDA has not approved.
  - Drugs used in weight management.
- Drugs used to enhance athletic performance.
- Nutritional supplements