Effective January 2020

2020 Drug Formulary

For members covered through large employer groups with a 1-tier or 2-tier in-network pharmacy benefit and no out-of-network pharmacy benefit

Alliance

Core
What is a formulary?
A formulary is a list of generic, brand, and specialty drugs. It is used by practitioners to identify drugs that offer the best overall value, considering effectiveness, safety, and cost.

How is the drug formulary developed?
The formulary is developed by the Kaiser Permanente Pharmacy and Therapeutics (P&T) Committee. The P&T Committee is composed of physicians from various medical specialties, pharmacists, and a consumer member. The P&T Committee reviews and selects the most appropriate drugs in each class for the formulary based on safety, effectiveness, and cost. The P&T Committee meets quarterly to review new and existing drugs to ensure that the formulary remains responsive to the needs of members and providers.

How do I search the formulary?
Drugs on the formulary are listed by therapeutic class. An alphabetical index is included at the end of this document to assist in locating specific drugs.

Drugs are listed by generic name if a generic is available. If there is no generic available, drugs are listed by the brand name. Drugs are organized by class and drug formulary tier. Drugs administered in a provider’s office or in a clinic (e.g., drugs given intravenously) may not be listed on the formulary. For coverage of these drugs, refer to your Benefit Booklet.

How do I use the formulary to understand my drug coverage?
Drug coverage is based on an individual’s contracted benefit. Coverage for a specific drug is subject to each member’s medical coverage agreement. Please consult your Benefit Booklet or call Member Service if you have questions about your drug coverage.

Kaiser Permanente will only cover FDA-approved drugs used for non-experimental therapies. Most plans exclude experimental and investigational drugs, over-the-counter drugs, drugs used in the treatment of sexual dysfunction disorders, drugs for anticipated illnesses while traveling, or drugs used for cosmetic purposes. Please consult your Benefit Booklet for limitations and exclusions.

Medications not listed in this document are not on the formulary at the time of publication. The most current information is online at www.kp.org/wa/formulary. Non-formulary drugs are not covered unless approved by the health plan as a coverage exception. The prescriber must contact Kaiser Permanente to determine the medical necessity of the non-formulary medication. An alternative formulary medication will be recommended when clinically appropriate. If a coverage exception is not approved, the patient is responsible for the full price of the drug.

Generic drugs are substituted when available and allowed by your prescriber. When a generic is available, the brand-name drug is generally considered non-formulary and subject to a higher cost share.
The drug formulary is updated periodically and is subject to change. If a drug will be removed from the formulary, members who filled the drug in the prior three months will be notified by letter of the upcoming change. A formulary change notice will also be posted on the member website at least 45 days prior to the effective date.

What are the methods that Kaiser Permanente uses to ensure appropriate and safe use of formulary drugs?

Prior Authorization (PA)
The P&T Committee determines that certain drugs should require prior authorization before they will be covered. These drugs most often have alternatives on the formulary, safety concerns, or a high potential for inappropriate use. To request coverage for prior authorization drugs, you or your prescriber must contact Kaiser Permanente. Drugs requiring prior authorization are indicated with a “PA” superscript next to the drug name.

Step Therapy (ST)
Step therapy requires you to try certain preferred drugs before receiving coverage for the drug you were prescribed. Step therapy is added by the P&T Committee. Step therapy automatically looks at your prescription history when you fill the drug you were prescribed. If you have tried the preferred drugs required by step therapy, the drug you were prescribed will automatically be covered. To request step therapy exceptions, you or your prescriber must contact Kaiser Permanente. Drugs requiring step therapy are indicated with a “ST” superscript next to the drug name.

Quantity Limit (QL)
A quantity limit defines how much of a particular drug you can get during a specific time period or the maximum days supply that you can get at once. The P&T Committee determines if a drug should have a quantity limit. To request exceptions to quantity limits, your prescriber must contact Kaiser Permanente. Drugs with quantity limits are indicated with “QL” superscript next to the drug name.

High Dose Pain Medicine Prescriber Review
Members on high doses of certain pain medicines will need their prescriber to confirm safety standards are in place annually to continue coverage of therapy.

Drugs Limited to Select Pharmacies
Some drugs are required to be dispensed from a preferred specialty pharmacy vendor. Members with an out-of-network benefit may use other pharmacies; however, they may pay a higher cost share.
Please consult your Benefit Booklet for limitations and exclusions. Drugs limited to select pharmacies are listed on the www.kp.org/wa/formulary webpage.

Covered Diabetic Supplies
Some diabetic supplies may be covered at a Tier 1 cost share if they are filled as a prescription. These items are:

- Preferred blood glucose strips:
  - One Touch Verio
  - One Touch Ultra
- Prodigy – prior authorization required
- Contour Next – prior authorization required
- Freestyle – prior authorization required
- Disposable insulin syringes and needles
- Lancing devices and lancets

Preferred blood glucose meters are covered only when filled through mail order pharmacy.

**Mail Order Pharmacy Service**

Mail order is convenient and efficiently utilizes Kaiser Permanente’s resources. This service works best for drugs that must be taken on regular basis, such as birth control pills and drugs for high blood pressure, high cholesterol, or other chronic conditions.

To begin using mail order, ask your prescriber to send your prescription directly to the Mail Order Pharmacy. To transfer an existing prescription from a retail pharmacy, contact the Mail Order Pharmacy.

**Address**: Kaiser Permanente Mail Order Pharmacy
PO Box 34383
Seattle, WA 98124-1383

**Phone**: 800-245-RXRX (1-800-245-7979)

**Fax**: 206-630-7950, or toll-free 1-800-350-1683

**Over-the-Counter (OTC) Drugs**

A few plans offer coverage for OTC drugs. For these plans, a list of covered OTC drugs can be found in Appendix A. You may contact Member Service at 1-888-630-4636 to find if you have OTC drug coverage.

**Preventative Medications and Preferred Contraceptives**

In accordance with the Affordable Care Act (ACA) requirements for preventive services, most plans cover preventative care medicines and contraceptives in full. If your plan offers ACA benefits, all prescribed FDA approved contraceptive methods from the Kaiser Permanente formulary list will be covered in full when obtained in-network. For plans with out-of-network (OON) benefits, contraceptives will be subject to the OON cost-share. The list of the preventative medications covered in full is available on the www.kp.org/wa/formulary webpage.

Please consult your Benefit Booklet under “Preventive Services” or call Member Service if you have questions about your coverage for these drugs.

If you request coverage for a non-preferred contraceptive, we will contact your provider to recommend a preferred generic or therapeutically equivalent product. If you and your provider determine that the preferred contraceptive(s) would be medically inappropriate, your provider must request a contraceptive waiver. If waiver is completed, the requested non-preferred contraceptive will be covered in full.

**Excluded Prescription Products for Medications that have Over-The-**
Counter (OTC) Alternatives
There are certain prescription products that have the same or similar products available over-the-counter (OTC) without a prescription. In certain cases, Kaiser Permanente will not cover the prescription product. The following prescription drug products are excluded from coverage: esomeprazole magnesium (Nexium), omeprazole/sodium bicarbonate (Zegerid), budesonide nasal spray (Rhinocort Aqua), and fluticasone propionate nasal spray (Flonase).

Medical Benefit Injectable Drugs
Some drugs are given in a non-hospital setting such as home infusion, a medical office, a physician’s office, or an infusion suite. These drugs are covered under the medical benefit but may require prior authorization or a non-hospital setting. The list of medical benefit injectable drugs is available on the www.kp.org/wa/formulary webpage.

How do I get additional information?
Please contact Member Service at 1-888-630-4636 with any questions or concerns regarding the information contained in this document.

The most current drug formulary is available at www.kp.org/wa/formulary.
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Effective Date: 01/01/2020
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**Diabetes - Antidiabetic Agents**

- acarbose oral 1
- glimepiride 1
- glipizide er 1
- glipizide ir 1
- glipizide xl 1
- glyburide oral 1
- JARDIANE 2
- METFORMIN HCL ORAL SOLUTION 2
- metformin hcl er 1
- metformin hcl oral tablet 1
- RIOMET 2
- tolaazamide oral tablet 250 mg, 500 mg 1
- tolbutamide 1

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**Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions**

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Effective Date: 01/01/2020
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## Immunological Agents - Drugs for Vaccination

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**Effective Date: 01/01/2020**
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Effective Date: 01/01/2020
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**Sleep Disorder Agents**

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**Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis**

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**Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension**

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**Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm**

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OVER-THE-COUNTER (OTC) MEDICATION BENEFIT LIST

The medications listed below are covered only for members who have purchased a special benefit offered through Kaiser Permanente Washington called the Over-the-Counter Pharmacy Benefit.

***Typically, if a generic product is available for a drug, the Brand Name product may not be covered.***

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<tr>
<td>BENZOCAINE</td>
<td>HURRICaine®</td>
<td>Gel</td>
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<tr>
<td>PRAMOXINE</td>
<td>ANUSOL®</td>
<td>Ointment</td>
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<tr>
<td><strong>Antifungals, Topical</strong></td>
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</tbody>
</table>
CLOTRIMAZOLE 1% 
MICONAZOLE 2%

Anti-Infectives, Topical
BACITRACIN 
BACITRACIN, POLYMIXIN B 
BACITRACIN, NEOMYCIN, POLYMIXIN B 
OATMEAL, COLLOIDAL

Anti-Itch, Topical 
CALAMINE 
CAMPHOR/ MENTHOL 
CAPSAICIN

Anti-Virals, Topical
DOCOSANOL 10%

Corticosteroids, Topical, Low Potency
HYDROCORTISONE 0.5%, 1%

Keratolytics 
SALICYLIC ACID 17% 
SALICYLIC ACID 40% 
UREA 10%, 20%

Dermatologics, Miscellaneous
ALUMINUM ACETATE 
AMMONIUM LACTATE 12% 
HYDROGEN PEROXIDE 
VITAMIN A&D 
WITCH HAZEL 
ZINC OXIDE, COD LIVER OIL & LANOLIN 
ZINC OXIDE 20%

Scabicides
PERMETHRIN 
PYRETHRINS, PIPERONYL BUTOXIDE

Skin Protectants
LANOLIN, HYDROUS 
PETROLATUM, GLYCERIN, BENZYL ALC 
PETROLATUM, MINERAL OIL, WAX, ETC.

EYE, EAR, NOSE AND THROAT

Otics 
CARBAMIDE

Nasal Agents 
CROMOLYN

Ophthalmics
ARTIFICIAL TEARS 
CARBOXYMETHYLCELLULOSE 
HYDROXYPROPYL METHYLCELLULOSE 
KETOTIFEN FUMARATE 0.025% 
NAPHAZOLINE/ PHENIRAMINE 
POLYVINYL ALCOHOL, POVIDONE 
SODIUM CHLORIDE 5%

Throat and Mouth Agents
GASTROINTESTINAL AGENTS

Antacids/Adsorbents
- CHARCOAL, ACTIVATED W/O SORBITOL
- ALUMINUM/MAGNESIUM
- ALUMINUM/MAGNESIUM/SIMETHICONE
- ALUM/MAGN/TRISILIS/ALG AC/SOD BICAR
- ALUMINUM HYDROXIDE
- MAGNESIUM OXIDE

Antidiarrheals
- BISMUTH SUBSALICYLATE
- LOPERAMIDE

Antinauseants
- DIMENHYDRINATE
- MECLIZINE

Laxatives/Cathartics
- BISACODYL
- DOCUSTATE SODIUM
- GLYCERIN
- MAGNESIUM CITRATE
- MILK OF MAGNESIA
- MINERAL OIL
- PSYLLIUM
- POLYETHYLENE GLYCOL
- SENNA

Histamine H2 Blockers
- RANITIDINE

Gastrointestinal, Miscellaneous
- SIMETHICONE
- LACTOBACILLUS
- SHARK LIVER OIL, COCOA BUTTER, PHENYLEPHRINE

Proton Pump Inhibitors
- OMEPRAZOLE

GENITOURINARY
Overactive bladder treatment
- OXYBUTYNIN

HORMONES
Contraceptive
- LEVONORGESTROL

LIPID LOWERING AGENTS
Non-Prescription Agents
- NIACIN
- NIACIN EXTENDED-RELEASE
- FISH OILS

NUTRITIONALS AND SUPPLEMENTS
Vitamins/Dietary Supplements
- ACETYLGLYCINE
<table>
<thead>
<tr>
<th>Product Name</th>
<th>Formulation</th>
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<tbody>
<tr>
<td>ASCORBIC ACID (VIT C)</td>
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</tr>
<tr>
<td>CYANOCOBALAMIN (VIT B12)</td>
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<tr>
<td>CHOLECALCIFEROL (VIT D)</td>
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<tr>
<td>FOLIC ACID</td>
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<tr>
<td>NIACINAMIDE (VIT B3)</td>
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<tr>
<td>PRENATAL VITAMINS W/ FOLIC ACID</td>
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<tr>
<td>PYRIDOXINE (VIT B6)</td>
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<tr>
<td>THIAMINE (VIT B1)</td>
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<tr>
<td>VITAMIN A</td>
<td>Capsule</td>
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<tr>
<td>VITAMIN B COMPLEX</td>
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<tr>
<td>VITAMIN B COMPLEX W/C</td>
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<tr>
<td>VITAMIN E</td>
<td>Capsule</td>
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<tr>
<td>Electrolytes, Iron, &amp; Minerals</td>
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<tr>
<td>CALCIUM CARBONATE</td>
<td>TUMS® Chew tabs, Liquid</td>
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<tr>
<td>CALCIUM CITRATE</td>
<td>CAL-CITRATE® Tablet</td>
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<tr>
<td>CALCIUM CITRATE w/ VITAMIN D</td>
<td>CITRACAL® Tablet</td>
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<tr>
<td>ELECTROLYTE ORAL</td>
<td>PEDIALYTE® Liquid</td>
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<tr>
<td>FERROUS GLUCONATE</td>
<td>FERGON® Tablet</td>
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<td>FERROUS SULFATE</td>
<td>FER-IN-SOL® Tablet, Liquid</td>
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<tr>
<td>MAGNESIUM OXIDE</td>
<td>URO-MAG® Capsule</td>
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<tr>
<td>SODIUM BICARBONATE</td>
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<tr>
<td>ZINC SULFATE</td>
<td>ZINCATE® Capsule</td>
</tr>
</tbody>
</table>

**VAGINAL PREPARATIONS**

**Vaginal Anti-Infectives**

- Povidone-Iodine: BETADINE® Douche

**Vaginal Antifungals**

- Clotrimazole: MYCELEX®-7, GYNE-LOTRIMIN®-3 Cream, Vag tabs
- Miconazole: MONISTAT® Cream

**Miscellaneous**

- Lubricating Jelly: K-Y JELLY® JELLY
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- Written information in other formats (large print, audio, and accessible electronic formats)
- Assistive devices (magnifiers, Pocket Talkers, and other aids)

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- Qualified interpreters
- Information written in other languages

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Toll-free: 1-888-901-4636
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TTY Idaho Relay Service: 1-800-377-3529 or 711
Electronically: kp.org/wa/feedback

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U.S. Department of Health and Human Services
200 Independence Avenue SW., Room 509F
HHH Building
Washington, DC 20201
1-800-368-1019, 800-537-7697 (TDD)
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