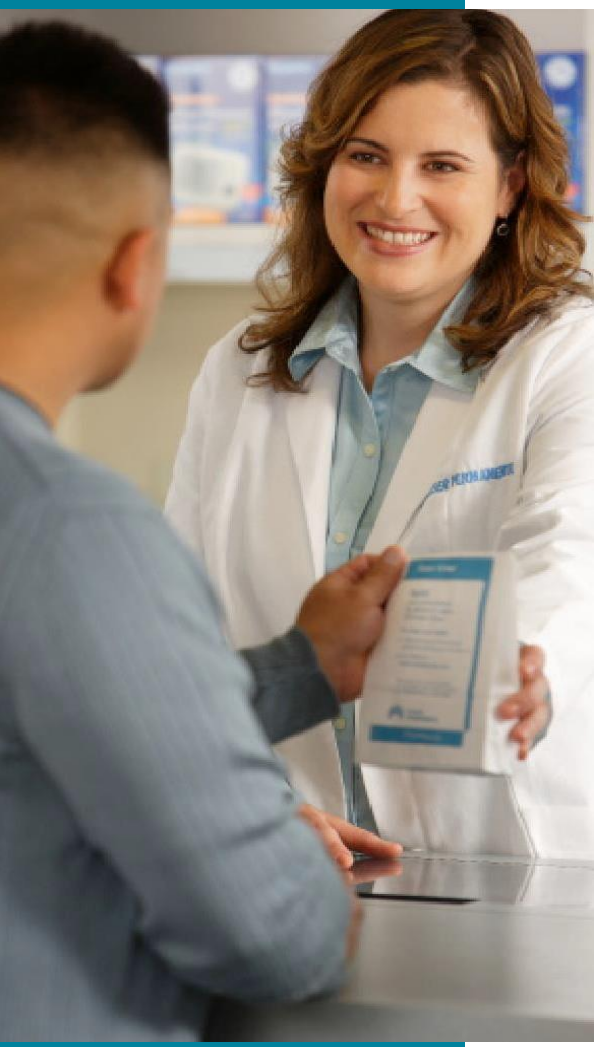
ISSUE 2 | VOLUME 16 | APRIL 2022



# Formulary Update



## At A Glance

### Formulary Additions - Effective May 4, 2022

- Jardiance (empagliflozin) 25 mg Tablets
- Lenvima (lenvatinib) 18 mg, 12 mg, 8 mg, and 4 mg daily dose Capsules
- Wixela Inhub (fluticasone propionate and salmeterol) 100/50 mcg per actuation

### Prior Authorization (QRM) Additions

- Cortrophin (repository corticotropin) Gel
- Dual therapy with GLP-1 Receptor Agonists and SGLT2 Inhibitors
- Egrifta SV (tesamorlin) SQ Solution
- Exkivity (mobocertinib) Capsules
- Livmarli (maralixibat) Oral Solution
- Rezurock (belumosudil) Tablets
- Strensiq (Asfotase Alfa) SQ Solution
- Tezspire (Tezepelumab-ekko) SQ Solution
- Tivdak (tisotumab vendotin-tftv) IV Solution
- Welireg (belzutifan) Tablets

### Prior Authorization (QRM) Updates

- Acthar (corticotropin) Gel
- Cinqair (reslizumab) IV Solution
- DPP-4 Inhibitors
- Dupixent (dupilumab) SQ Solution
- Enbrel (etanercept) SQ Solution
- Fasenra (benralizumab) SQ Solution
- GLP-1 Receptor Agonists
- Humira (adalimumab) SQ Solution
- Ilaris (canakinumab) SQ Solution
- Nucala (mepolizumab) SQ Solution
- Oxbryta (voxelotor) Tablets
- Rinvoq (upadacitinib) Tablets
- SGLT2 Inhibitors
- Simponi (golimumab) SQ Solution
- Xolair (omalizumab) SQ Solution

## Commercial/Closed Formulary Additions

**The following medications will be added to the Commercial Formulary effective May 4, 2022:**
Note: Commercial Formulary additions may result in tier changes on the QHP (ACA)/open Formulary.

- **Jardiance (empagliflozin) 25 mg:** Indicated for type 2 diabetes mellitus and heart failure. Because the recommended dose is 12.5 mg and tablets can be split, quantity limit of 15 tablets per 30 days continues to apply for Jardiance 25 mg tablets.
- **Lenvima (lenvatinib) 18 mg, 12 mg, 8 mg, and 4 mg daily dose:** Indicated for treatment of differentiated thyroid cancer, renal cell carcinoma, hepatocellular carcinoma and endometrial carcinoma.
- **Wixela Inhub (fluticasone propionate and salmeterol) 100/50 mcg per actuation:** Indicated for maintenance treatment of asthma in patients 4 years and older.

A PUBLICATION OF THE GEORGIA PHARMACY AND THERAPEUTICS (P&T) COMMITTEE. The Formulary Update contains information regarding formulary additions, deletions, exclusions, brief descriptions of products, and current drug related news. It also lists items to be discussed at upcoming P&T meetings. Please refer to the web site: http://kpnet.kp.org:81/ga/healthcare/formularies.html or http://providers.kaiserpermanente.org/ for the full KPGA Drug Formulary.

## Commercial/Closed Formulary Removals

**The following medication will be removed from the Commercial Formulary effective May 4, 2022:**
NOTE: Commercial Formulary removals may result in tier changes on the QHP (ACA)/Open Formulary.

- **Cafergot (Ergotamine-caffeine) 1-100 mg Tablet:** Indicated for prevention or treatment of vascular headaches.
- **Migergot (ergotamine-caffeine) 2-200 mg Suppository:** Indicated for prevention or treatment of vascular headaches.

## QHP (ACA)/Open Formulary Tier Changes

**The following tier changes will be effective May 4, 2022:**

- **Migergot (ergotamine-caffeine) 2-200 mg Suppository:** up-tier to Specialty Tier 5
- **Wixela Inhub (fluticasone propionate and salmeterol) 100/50 mcg per actuation:** down-tier to Tier 2

**The following tier changes will be effective January 1, 2023:**

- **Indocin (indomethacin) 50 mg Suppository:** up-tier to Specialty Tier 5

## Interregional Practice Recommendations

The Emerging Therapeutics Strategy Program (ETSP) is a centralized effort that applies our evidence-based model to develop interregional practice recommendations with KP physician specialists, coordinates KP HealthConnect clinical content for decision support, and monitors outcomes to measure uptake of the clinical and strategy recommendations. Through the collaboration of Pharmacy, Permanente physicians, and Federation partners, the ETSP offers a unified approach in the provision and management of specialty drugs, to help ensure that our members derive the greatest value from these products.

**The following IR Practice Recommendation UPDATES were recently approved effective May 4, 2022:**

- Disease Modifying Therapies for Relapsing Forms of Multiple Sclerosis (MS)

ETSP recommendations as well as pipeline candidates can be found here: https://secure.sp.kp.org/teams/emergingtsc/SitePages/Home.aspx. Please note: Newly marketed medications requiring ETSP review will also receive prior authorization (PA) review. These medications will not be eligible for consideration of drug benefit coverage until completion of drug specific ETSP and PA criteria review processes.

## Commercial/Closed and QHP (ACA)/Open Formulary QRM Additions (Prior Authorization)

**The following QRM additions will be effective May 4, 2022:**

- **Cortrophin (repository corticotropin) Gel:** Medication added to Acthar (Cortrophin) criteria.
- **Dual therapy with GLP-1 Receptor Agonists and SGLT2 Inhibitors:** Criteria for combination therapy with a GLP-1 Receptor Agonist and SGLT-2 inhibitor.
- **Exkivity (mobocertinib):** Indicated for treatment of adult patients with locally advanced or metastatic non-small cell lung cancer (NSCLC) with EGFR exon 20 insertion mutations, as detected by an FDA approved test, whose disease has progressed on or after platinum-based chemotherapy.
- **Livmarli (maralixibat):** Indicated for the treatment of cholestatic pruritus in patients with Alagille syndrome one year of age and older.
- **Rezurock (belumosudil):** Indicated for treatment of adult and pediatric patients 12 years and older with chronic graft versus-host disease (cGVHD) after failure of at least two prior lines of systemic therapy.
- **Tezspire (tezepelumab-ekko):** Indicated for the add-on maintenance treatment of adult and pediatric patients aged 12 years and older with severe asthma.
- **Tivdak (tisotumab vendotin-tftv):** Indicated for the treatment of adult patients with recurrent or metastatic cervical cancer with disease progression on or after chemotherapy.
- **Welireg (belzutifan):** Indicated for treatment of adult patients with von Hippel-Lindau (VHL) disease who require therapy for associated renal cell carcinoma (RCC), central nervous system (CNS) hemangioblastomas, or pancreatic neuroendocrine tumors (pNET), not requiring immediate surgery.

**The following QRM additions will be effective January 1, 2023:**

- **Egrifta SV (tesamorlin):** Indicated for the reduction of excess abdominal fat in HIV-infected adult patients with lipodystrophy.
- **Strensiq (asfotase alfa):** Indicated for the treatment of perinatal/infantile and juvenile-onset hypophosphatasia (HPP).

## Commercial/Closed and QHP (ACA)/Open Formulary QRM Removals

**The following medication will be removed from QRM effective May 4, 2022:**

- **Jardiance (empagliflozin) 25 mg:** Indicated for type 2 diabetes mellitus and heart failure. Jardiance 10 mg tablets will continue to require prior authorization.

## Upcoming Formulary Items

An important aspect of the formulary process is the involvement of all clinicians. Please contact your P&T Committee representative or your Department Chief by May 10 if you wish to comment on any of the medications, class reviews, or other agenda items under consideration. To make formulary addition requests, you must submit a Formulary Additions/Deletions Form and Conflict of Interest Form to Drug Information Services or call (404) 439-4439.

# Questions and Concerns?

If you have any questions or concerns, please contact any of the following P&T Committee members and designated alternates:

**P&T Chair:**

Carole Gardner, MD

**P&T Committee Members:**

Debbi Baker, PharmD, BCPS
Clinical Pharmacy

Karen Bolden, RN, BSN
Clinical Services

Hector Clarke, PharmD, BCOP
Ambulatory Pharmacy

Halima Daiboko, MD
Obstetrics and Gynecology

Pierson Gladney, MD
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Christine Kofman, MD
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Chad Madill, PharmD, MBA
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Shayne Mixon, PharmD
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Rachel Robins, MD
Hospitalist

Jennifer Rodriguez, MD
Behavioral Health

**Designated Alternates:**

Jacqueline Anglade, MD
Obstetrics and Gynecology

Lesia Jackson, RN Clinical Services

Satya Jayanthi, MD
Hospitalist

## QRM Criteria Updates

**The following updates will be effective May 4, 2022:**

- **Acthar (corticotropin):** Criteria updated to promote Cortrophin Gel as preferred prior to Acthar Gel for all indications, except for infantile spams. Multiple sclerosis also added as a reason for non-coverage.
- **Cinqair (reslizumab):** Criteria updated to replace Advair with Wixela (preferred formulary ICS/LABA combination) and to remove reference to brand Ventolin.
- **DPP-4 Inhibitors:** Criteria updated to require trial of an SGLT-2 inhibitor prior to utilization of DPP-4 inhibitors and to provide consistent language throughout the criteria.
- **Dupixent (dupilumab):** Criteria for the asthma indication was updated to replace Advair with Wixela (preferred formulary ICS/LABA combination) and to remove reference to brand Ventolin.
- **Enbrel (etanercept):** Criteria added for the following indications: polyarticular juvenile idiopathic arthritis (JIA) and oligoarticular juvenile idiopathic arthritis.
- **Fasenra (benralizumab):** Criteria updated to replace Advair with Wixela (preferred formulary ICS/LABA combination) and to remove reference to brand Ventolin.
- **GLP-1 Receptor Agonists (RAs):** Language within criteria updated for new starts and for new members to KP due to the addition of Jardiance to formulary. For patients meeting the A1c requirements in the criteria, a trial of BOTH metformin and Jardiance will be required prior to approval of a GLP-1 RA.
- **Humira (adalimumab):** Criteria added for the following indications: polyarticular juvenile idiopathic arthritis (JIA) and oligoarticular juvenile idiopathic arthritis.
- **Ilaris (canakinumab):** Criteria updated for the systemic juvenile idiopathic arthritis (SJIA) indication.
- **Nucala (mepolizumab):** Criteria updated to replace Advair with Wixela (preferred formulary ICS/LABA combination) and to remove reference to brand Ventolin.
- **Oxbryta (voxelotor):** Criteria updated to include children 4 to 12 years of age for the treatment of sickle cell disease.
- **Rinvoq (upadacitinib):** Criteria updated to include treatment of atopic dermatitis.
- **SGLT2 Inhibitors:** Criteria updated due to formulary addition of Jardiance 25 mg tablet. Criteria was updated to require a trial of Jardiance 25 mg tablet prior to consideration of non-preferred SGLT-2 inhibitors.
- **Simponi (golimumab):** Criteria added for the following indications: polyarticular juvenile idiopathic arthritis (JIA) and oligoarticular juvenile idiopathic arthritis (OJIA). In addition, criteria updated to include Cosentyx (preferred alternative) prior to utilization of Simponi for certain indications.
- **Xolair (omalizumab):** Criteria updated to replace Advair with Wixela (preferred formulary ICS/LABA combination) and to remove reference to brand Ventolin.

## Commercial/Closed and QHP (ACA)/Open Formulary Quantity Limits

**Quantity Limits will be added to the following medications effective May 4, 2022:**

| Drug | Quantity Limit |
|---|---|
| Exkivity (mobocertinib) | 30-day supply per 30 days |
| Livmarli (maralixibat) | 30-day supply per 30 days |
| Rezurock (belumosudil) | 30-day supply per 30 days |
| Welireg (belzutifan) | 30-day supply per 30 days |

## QHP (ACA)/Open Formulary Step Therapy Additions

**STEP therapy will be added to the following medications oeffective May 4, 2022:**

- **Cafergot (ergotamine-caffeine)** 1-100 mg Tablet
- **Felqsuvy (baclofen)** 25 mg/5 mL Oral Suspension
- **Migergot (ergotamine-caffeine)** 2-200 mg Suppository
- **Seglentis (tramadol/celecoxib)** 44-56 mg Tablets
- **Zimhi (Naloxone)** 5 mg/0.5 mL Syringe

**STEP therapy will be added to the following medications effective January 1, 2023:**

- **Indocin (Indomethacin)** 50 mg Suppository

## Floor Stock Changes

| Department | Change |
|---|---|
| ACC/CDU Floorstock | - ADD LACTATED RINGERS-D5W BAG 14X1000 |
| ACC-CDU Pyxis Machines | - ADD VITAMIN B6 25 MG TABLET 100 CT<br>- ADD PYRIDOXINE 100 MG/ML IV 25X1ML<br>- ADD PROMETHAZINE HCL 25 MG 100 UD TABS<br>- ADD PROMETHEGAN (PROMETHAZINE) 25 MG SUPPOSITORY 12 UD<br>- ADD HYDROMORPHONE HCL PF 10 MG (0.2 MG/ML) IN 50 ML 0.9% NACL SOLUTION<br>- ADD MORHPINE ULFATE 50 MG (1 MG/ML) IN 50 ML 0.9% NACL SOLUTION<br>- ADD PROCHLORPERAZINE MALEATE 5MG TAB UD 50<br>- ADD PROCHLORPERAZINE EDISYLATE 10 MG/2 ML (5 MG/ML) INJ SOLN |

## Medicare Part D Formulary Changes

Kaiser Permanente has a National Medicare Part D (MPD) Formulary. Each regional P&T Committee reviews drugs and decides on tier status. The National Medicare Part D Pharmacy and Therapeutics Committee is charged with reconciling regional differences in MPD Formulary recommendations through consensus building in order to maintain one National MPD Formulary for Kaiser Permanente.

## Medicare Part D Initial Tier Placement

**Initial Tier Placements- Recently launched and approved medications:**

| # | Drug Name | NDC# | Tier Status | Implementation Date |
|---|---|---|---|---|
| 1. | difelikefalin acetate 65 mcg/1.3 mL injection (Korsuva) | 59353-0065-01 | Tier 5 | 3/9/2022 |
| 2. | pacritinib citrate 100 mg capsules (Vonjo)** | 72482-0100-12 | Tier 5 | 3/9/2022 |
| 3. | tenapanor 50 mg tablets (Ibsrela) | 73154-0050-60 | Tier 5 | 3/8/2022 |
| 4. | mitapivat sulfate 5 mg, 20 mg, 50 mg tablets; 5 mg, 20 mg & 5 mg, 50 mg & 20 mg therapy pack (Pyrukynd) | 71334-0205-05<br>71334-0210-14<br>71334-0215-14<br>71334-0220-11<br>71334-0225-12<br>71334-0230-13 | Tier 5 | 3/2/2022 |
| 5. | filgrastim-ayow 480 mcg/1.6 mL injection; 300 mcg/0.5 mL, 480 mcg/0.8 mL prefilled injection (Releuko) | 70121-1571-07<br>70121-1568-07<br>70121-1570-07 | Tier 5 | 3/2/2022 |
| 6. | lenalidomide 5 mg, 10 mg, 15 mg, 25 mg capsules (generic Revlimid)** | 00480-1242-28<br>00480-1243-28<br>00480-1244-21<br>00480-1246-21 | Tier 5 | 3/1/2022 |
| 7. | filgrastim-ayow 300 mcg/mL injection (Releuko) | 70121-1569-07 | Tier 5 | 3/1/2022 |
| 8. | emtricitabine/tenofovir alafenamide fumarate 120 mg/15 mg tablets (Descovy) | 61958-2005-01 | Tier 4 | 2/28/2022 |
| 9. | apomorphine HCL 30 mg/3 mL injection (generic Apokyn) | 52817-0720-01 | Tier 5 | 2/28/2022 |
| 10. | lanadelumab-flyo 300 mg/2 mL prefilled injection (Takhzyro) | 47783-0646-01 | Tier 5 | 2/18/2022 |
| 11. | sutimlimab 1,100 mg/22 mL injection (Enjaymo) | 80203-0347-01 | Tier 5 | 2/10/2022 |
| 12. | abrocitinib 50 mg, 100 mg, 200 mg tablets (Cibinqo) | 00069-0235-30<br>00069-0335-30<br>00069-0435-30 | Tier 5 | 2/9/2022 |
| 13. | baclofen 25 mg/5 mL oral suspension (Fleqsuvy) | 52652-6001-01 | Tier 5 | 2/9/2022 |
| 14. | betaine powder oral solution (generic Cystadane) | 72647-0900-01 | Tier 5 | 2/1/2022 |
| 15. | faricimab-svoa 6 mg/0.05 mL intravitreal injection (Vabysmo) | 50242-0096-01 | Tier 5 | 2/1/2022 |
| 16. | talazoparib tosylate 0.5 mg, 0.75 mg capsules (Talzenna)** | 00069-1501-30<br>00069-1751-30 | Tier 5 | 1/31/2022 |
| 17. | tebentafusp-tebn 100 mcg/0.5 mL injection (Kimmtrak)** | 80446-0401-01 | Tier 5 | 1/28/2022 |
| 18. | lanreotide acetate 120 mg/0.5 mL extended-release injection (generic) | 69097-0870-67 | Tier 5 | 1/24/2022 |

** Protected Class

## Medicare Part D Formulary Removals

During the year, Kaiser Permanente may make changes to our Medicare Part D Formulary (Drug List). The list below is intended to inform you of these changes. The following table lists all products recently removed from the Medicare Part D Formulary to be replaced with the generic.

| Medication | Alternative | Effective Date |
|---|---|---|
| Carbaglu 200 mg Tablets | Carglumic Acid 200 mg Tablets | May 1, 2022 |
| Cuvposa 1 mg/5 mL Solution | Glycopyrrolate 1 mg/5 mL Solution | May 1, 2022 |
| Selzentry 150 mg, 300 mg Tablets | Maraviroc 150 mg, 300 mg Tablets | May 1, 2022 |

## Upcoming Class Review

**June 2022**

| Medication Class Reviews |
|---|
| Androgen/Anabolic |
| Anorectal |
| Antidiabetics |
| Antiemetics |
| Antineoplastics |
| Corticosteroids |
| Dietary Products/Dietary Management Products |
| Digestive aids |
| Gastrointestinal Agents -- Misc |
| Gout Agents |
| Ophthalmic Agents |
| Pharmaceutical Adjuvants |
| Thyroid |

## Additional Announcements for 2022

### New Intranet Location for KPGA Formulary and Pharmaceutical Pages

Content from the KPGA Pharmaceutical and Formulary Pages have been moved to the SharePoint sites listed below pending retirement of the KPGA Legacy Site. Please save the web addresses listed to your bookmarks.

**KP Georgia Formulary - Home**: https://sp-cloud.kp.org/sites/KPGeorgiaFormulary/SitePages/Home.aspx

**KP Georgia Pharmaceutical Services:** Home: https://sp-cloud.kp.org/sites/KPGeorgiaPharmaceuticalServices

## Copay Coupons

Early in 2022, Kaiser Permanente launched the **National** Kaiser Permanente Pharmacy Drug Manufacturer Copay Coupon Program. Under this program, Kaiser Permanente will accept certain coupons when their acceptance aligns with preferred prescribing practice, any regulatory restrictions or limitations and aligns with our mission to make prescription drugs more affordable for our members. Keep in mind that the acceptance of coupons is at Kaiser Permanente's discretion and isn't a covered benefit. Coupon acceptance is subject to change without notice by Kaiser Permanente or the manufacturer coupon vendor. Kaiser Permanente resources do not assist patients with obtaining coupons from the manufacturer vendor. The patient chooses to share their personal information with the manufacturer when applying for a coupon. Most manufacturer programs also permit the patient to purchase the drug at the pharmacy for their cost share, then the patient submits their receipt to the manufacturer's coupon vendor for reimbursement of the cost share – Kaiser Permanente is not involved in this process. If the coupon is presented to the Kaiser Permanente pharmacy for a drug coupon approved for acceptance at the pharmacy, then the patient's cost share portion is directed to the manufacturer copay vendor for payment.

Coupons often contribute to higher drug prices. Kaiser Permanente has historically limited coupon use within our system and does not promote their use, to help prevent problems if the coupon is suspended or drug therapy changes. While certain manufacturer cost share coupon cards are accepted by Kaiser Permanente pharmacies, the approved drug coupon list will remain short. The **National** Kaiser Permanente coupon governance committee - which includes physicians and pharmacists from across the program-- will use objective criteria to assess which coupons will be accepted.

## In the news...

### Civica Rx has an ambitious plan to make low-cost insulin for all Americans. But can it work?

Civica Rx, which was formed four years ago with philanthropic backing, expects to sell its own versions of three widely prescribed insulin brands at no more than $30 a vial, or $55 for a box of five pen cartridges, for people with or without insurance. The insulin will not become available until early 2024, though, while a manufacturing facility is completed and regulatory approvals are obtained.

The pricing reflects what Civica believes it will cost to develop, manufacture and distribute its versions of insulin sold by Eli Lilly, Novo Nordisk, and Sanofi, which dominate the business and have been criticized over the pricing. The effort will require $125 million in funding, some of which is being provided by the Blue Cross Blue Shield Association and Arnold Ventures, which funds academic research and advocacy concerning drug pricing.

If its plan works, Civica expects to meet about one-third of the market demand in the first few years. Although a recently introduced bill in Congress would cap insulin prices at $35 or less per month, it only applies to people covered by Medicare or those who are privately insured. The cap would not apply to those who are uninsured, who often pay the most out-of-pocket for their prescriptions.

More than 29 million Americans, or 9.3% of the U.S. population, have some form of diabetes, and about 7.4 million use insulin. But as many as one-quarter of insulin users skip doses or take less than prescribed amounts due to high costs, and more than one-third of patients who experienced cost-related underuse did not discuss this with their doctors, according to an analysis in JAMA in 2019.

1. Sliverman, Ed. "Civica Rx has an ambitious plan to make low-cost insulin for all Americans. But can it work?" STATnews. March 2020. Available at: *https://www.statnews.com/pharmalot/2022/03/03/civica-insulin-diabetes-lilly-sanofi-novo-pbm/.*

# In the news...(Continued)

### FDA Considers New Approach to Improve Safe Disposal of Prescription Opioid Analgesics, Decrease Unnecessary Exposure to Unused Medication

The U.S. Food and Drug Administration announced it is seeking public comment on a change that would require opioid analgesics used in outpatient settings to be dispensed with prepaid mail-back envelopes and that pharmacists provide patient education on safe disposal of opioids. This potential modification to the existing Opioid Analgesic Risk Evaluation and Mitigation Strategy would provide a convenient, additional disposal option for patients beyond those already available such as flushing, commercially available in-home disposal products, collection kiosks and takeback events.

Patients commonly report having unused opioid analgesics following surgical procedures, thereby creating unfortunate opportunities for nonmedical use, accidental exposure, overdose and potentially increasing new cases of opioid addiction. Since many Americans gain access to opioids for the first time through friends or relatives who have unused opioids, requiring a mail-back envelope be provided with each prescription could reduce the amount of unused opioid analgesics in patients' homes. Data show educating patients about disposal options may increase the disposal rate of unused opioids and that providing a disposal option along with education could further increase that rate.

Mail-back envelopes have several favorable characteristics. They do not require patients to mix medications with water, chemicals or other substances nor use other common at-home disposal techniques. Opioid analgesics sent back to Drug Enforcement Administration-registered facilities in mail-back envelopes do not enter the water supply and landfills (instead, they are incinerated). The nondescript mail-back envelopes provided would be postage paid, offering patients a free disposal option. Additionally, there are long-standing regulations and policies in place to ensure that mail-back envelopes are fit for that purpose and can safely and securely transport unused medicines from the patient's home to the location where they will be destroyed.

The FDA is accepting public comments from interested parties, including patients, patient advocates, health care professionals, academics, researchers, the pharmaceutical industry and other government entities until June 21, 2022; however, comments are welcome at any time.

1. Food and Drug Administration. FDA Considers New Approach to Improve Safe Disposal of Prescription Opioid Analgesics, Decrease Unnecessary Exposure to Unused Medication. Accessed April 21, 2022. Available at: https://www.fda.gov/news-events/press-announcements/fda-considers-new-approach-improve-safe-disposal-prescription-opioid-analgesics-decrease-unnecessary.

## Kaiser Permanente Drug Take Back Program

Kaiser Permanente pharmacies offer safe, convenient, and earth-friendly ways for you to dispose unwanted drugs. The Drug Take Back Program for KPGA consist of 12 Drug Take Back kiosks located at 12 of our outpatient retail pharmacies that are registered with the State Board of Pharmacy and the DEA as Authorized Collectors:

| | |
|---|---|
| Athens | Crescent |
| Cumberland | Douglasville |
| Forsyth | Glenlake |
| Gwinnett | Panola |
| Sandy Springs | Stonecrest |
| Sugar-Hill | Townpark |

In addition to the kiosk, the other outpatient retail pharmacies without a kiosk offer Send Away Envelopes/Mailers that are pre-addressed and postage paid as an alternative service option from kiosks. The Send Away Envelopes/Mailers are available upon request in the pharmacy at no cost. The Send Away Envelopes/Mailers are not at kiosks, select pharmacies have Drug Take Back Kiosks.

### National Drug Take Back Program Overview

#### Drug Take Back Kiosks


- Select outpatient pharmacies host kiosks
- Program funded through region budgets, stewardship, or state program sources
- Kiosks in our pharmacy lobbies are made accessible to the public at no cost
- Host pharmacies are DEA registered as an Authorized Collector
- Collected waste is shipped to a pharmaceutical waste handler

#### Send Away Envelopes/Mailers

- Select KP outpatient pharmacies offer at no cost to members or public upon request
- Offers a private and safe method for immobile or home-bound patients
- Envelopes are pre-addressed and USPS First Class postage-paid
- Complies with DEA requirements
- An alternative service option from kiosks
- All regions currently participate