# *KPGA Network News: E-Edition*

## Corwin Harper Named President of Kaiser Permanente of Georgia

Photo of Corwin Harper

Corwin N. Harper has been named president of Kaiser Foundation Health Plan of Georgia. As regional health plan president, Corwin will lead the organization's focus on providing integrated, high-quality health care and coverage for more than 327,000 Kaiser Permanente members in Georgia in partnership with Nkem Chukwumerije, MD, executive medical director for The Southeast Permanente Medical Group.

Corwin brings 39 years of health care and hospital leadership experience to this role, including having held prominent leadership roles at the United States Army, Mount Sinai Chicago, Kaiser Permanente, and Ochsner Health.

Corwin served on the University of the Pacific Board of Regents Finance Committee. He is also a board nominee for the American College of Health Care Executives Board of Governors, and preceptor for the U.S. Army Baylor Residency Program. He received a Master of Health Care Administration from Baylor University and a bachelor's degree in biology from The Citadel.

## New Email for Ancillaries and Facilities

Kaiser Permanente of Georgia's Provider Contracting and Network Management Department has a new way to communicate. Providers can still email ga.provider-relations@kp.org, but now, facilities and ancillaries can get in touch with their network managers by emailing gafacops@kp.org.

## D-SNP $0 Cost Share

In January 2025, KP began offering a new DSNP plan designed for Medicare Advantage members with full Medicaid coverage as well as QMB beneficiaries. Members may be identified by the ID card pictured here or by their coverage type in Online Affiliate. Per the provider handbook, please remember that providers may not collect cost sharing from or balance bill members who are dually enrolled in the Medicare and Medicaid programs. KP's contract with the Medicare program requires that we actively education contracted providers about this requirement and promptly address any complaints from dual-eligible members alleging that cost-sharing was inappropriately requested or collected.

If you have questions about these requirements, please contact Member Services at 404-261-2590 or 1-888-865-5813.


Photo of DSNP Member ID Card Front


Photo of DSNP Member ID Card Back

# Credentialing and Recredentialing Processes

**Kaiser Permanente of Georgia** has updated its initial and recredentialing processes by transitioning to an online application via **AppCentral**. This change improves efficiency and ensures more accurate data compared to CAQH. The use of CAQH for affiliate providers will be phased out.

## Initial Credentialing

1. **Initiation:**
   - Upon receiving a credentialing request from the Provider Contracting Department, the Credentialing Department will send each provider a link to complete the online application.
   - The email will come from **evalAppCentral@CACTUSSoftware.com** (this is not spam).
2. **Steps:**
   - Notify the Kaiser Permanente of Georgia Contracting Department of the providers being added and complete a Provider Demographic Information Form for each provider (a roster can be submitted for multiple providers).
   - The Credentialing Department will email the provider(s) a link to the online credentialing application.
   - Providers submit the application via **AppCentral**.
   - If any submitted document requires additional work, it will be returned through AppCentral with the necessary edits noted.
   - The Credentialing Department will process completed applications within **120 days**.

## Recredentialing

1. **Initiation:**
   - At least **60 days** before the recredentialing cycle, the Credentialing Department will send provider(s) a link to complete the online recredentialing application.
2. **Steps:**
   - Providers submit the recredentialing application via **AppCentral**.
   - If any submitted document requires additional attention, it will be returned through AppCentral with noted edits.
   - The Credentialing Department will process complete recredentialing applications within **120 days**.
   - Failure to complete the recredentialing application by the date indicated will impact the provider(s) credentialing status and continued participation in our network.

## What is AppCentral?

AppCentral is a web-based service which allows hospital and managed care organizations to conduct provider activities over the Internet. Every document involved in an employment application process, a provider appointment/reappointment process, or any other kind of process may be passed between the applicant and the organization via AppCentral without mailing any document hardcopies.

## Why am I Using AppCentral?

Kaiser Permanente Georgia has experienced challenges receiving updated information in CAQH. There are often many email exchanges requesting updated documents and information. You have been invited to create an AppCentral account because Kaiser Permanente Georgia has opted to use AppCentral to direct, control, and maintain its applicant processes and documentation. This practice offers many advantages over conducting these processes manually:

- Every form and document involved in an AppCentral process is available to the provider via AppCentral.
- Document copies required from the provider (copies of certificates, licenses, academic records, profile photos, etc.) may be submitted electronically via AppCentral.
- Providers may securely store documentation in AppCentral for future activities involving Kaiser Permanente Georgia or the MSO of another organization using AppCentral.
- The status of each document in AppCentral may be monitored by the provider and the Credentialing Department in real time.
- If a document submitted to the MSO via AppCentral requires further attention, the Credentialing Department may return that document to the applicant through AppCentral with the necessary edits marked/noted.
- All AppCentral activities may be restricted to the provider and only authorized MSO personnel.

Run Walk Roll Logo

Celebrating its 42nd anniversary, the Kaiser Permanente Corporate Run, Walk & Roll is set to take place on Thursday, September 25th, at 7 p.m. in Atlanta, but we are also offering a virtual option. Our annual 5K also includes a unique workplace fitness initiative that kicks off with an 8-week "Let's Move" training program with running/walking challenges designed by Olympian Jeff Galloway.

Since 2004, Kaiser Permanente of Georgia has sponsored the Corporate Run, Walk & Roll Fitness Program to motivate Metro Atlanta's workforce to lead healthier, more active lifestyles. A portion of the KP Corporate Run, Walk & Roll proceeds will benefit various charities including the Atlanta Community Food Bank and Run Gulf Coast. Every registered participant who completes the Corporate 5K Run Walk & Roll will receive a t-shirt, a custom 5K finisher's medal and free photos!

See the race website for more information or to register your teams: www.KPRunWalkRoll.com

## Incorrect Demographics

New address? New billing address? New provider? If your information is incorrect, your claims may not pay correctly.

Help us reduce provider and member frustration by:

- Making sure your demographic information is up to date
- Responding to outreach by your network manager
- Letting us know of changes in advance.

Please let your network manager know, or contact us with any demographic changes as soon as possible: KPGA-PDM@kp.org.

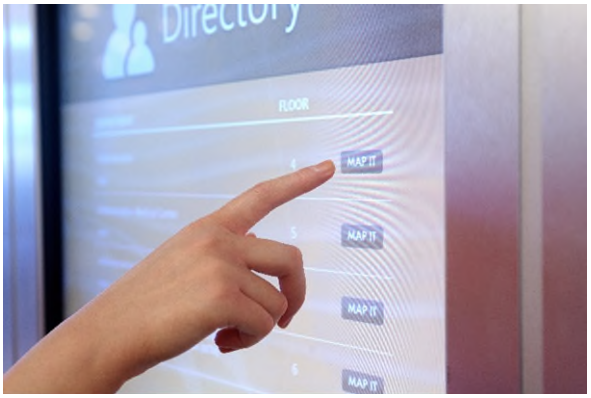


Image of finger pointing to screen that says Directory.

## Updates to the Provider Manual

The Provider Manual is currently undergoing annual revisions. Look for the new version online via Online Affiliate at http://kp.org/providers/ga in December 2025.

## Referrals and Authorizations

- For all services that require a referral or authorization you must have a valid referral/authorization **prior** to providing services.
- If a referral/authorization is not received prior to rendering services, your claim will be denied, and the member will be held harmless.
- **Kaiser Permanente will not provide retro referrals/authorizations. Please refer to the provider manual for additional information.**

## Practitioner Rights

Your rights as a practitioner contracted with Kaiser Permanente are outlined in the Provider Manual on our provider website at http://kp.org/providers/ga. Please see the chapter entitled "Provider Rights and Responsibilities" for additional details.

## Kaiser Permanente Member Rights & Responsibilities

Kaiser Permanente members can expect to be treated in a respectful, considerate manner and are allowed to participate in the decision-making process related to their care. A detailed listing of our Member Rights & Responsibilities can be found in the Kaiser Permanente Provider manual in the "Member Rights and Responsibilities" Section on our website at http://kp.org/providers/ga

# 2025 HEDIS & NCQA Overview for all Behavioral Health Clinicians


**NCQA** (National Committee for Quality Assurance) is an unbiased entity that assesses the quality of Kaiser Permanente and other health plans.

**HEDIS** (Healthcare Effectiveness Data and Information Set) is a tool used to measure performance on important dimensions of care and service.

HEDIS makes it possible to compare performance of health plans on an "apples-to-apples" basis.

Employers and consumers use NCQA quality ratings when determining which health plan to choose.

HEDIS is not something that comes around once a year. It is something that we must make part of our daily clinical workflows. Please adhere to the following initiatives that greatly impact our ratings:

| HEDIS/NCQA Standard | How we can positively affect the rates |
|---|---|
| **ADHD** Initiation Phase | Schedule a follow-up appointment with an MD in BH or Pediatrics within 21 days (no more than 30 days) of prescribing ADHD medications |
| **ADHD** Continuation Phase | Ensure patients follow-up at least every 3 months and obtain refills. Transition patients back to Pediatrics if stable. |
| **APM** (Antipsychotic Metabolic Monitoring) | Ensure patients prescribed antipsychotics complete metabolic lab test annually. |
| **APP** (Antipsychotic Psychosocial Care) | Ensure there is documentation of psychosocial care as first-line treatment, prior to a new prescription for antipsychotic medications. This could include documentation of individual, family, or group therapy, as well as IOP or PHP notes. |
| **DMS** (Utilization of PHQ-9) | Complete a PHQ-9 every encounter on members with a dx of depression or dysthymia. Initiate secure messaging of PHQ-9 when appropriate. |
| **DRR** (Depression Response/Remission) | Treat to target a (50% decreased response in initial elevated PHQ-9) and to remission (a PHQ-9 score of <5). |
| **DSF** (Depression screening and follow up) | All members should be screened annually for depression with a PHQ-9 or PHQ-2. If the score is elevated, a 30 day follow up visit is needed. |
| **FUA & FUM** (Follow-up after ER Discharge) | Ensure patients discharged from the ER with a principal Alcohol or Mental Health diagnosis are seen within 7 days or 30 days. Be sure that the **primary dx** in the follow up encounter is Alcohol or Mental Health diagnosis that led to the ER visit. |
| **FUH** (7-day & 30-day Follow-up after Hospitalization) | Ensure patients discharged from the hospital with a Mental Health illness are seen within 7 days or 30 days. |
| **ME-7 Element E & F** (Complaints & Appeals) | Attitude & Service Complaints are the # 1 category of complaints received in the BH Department, followed by Access complaints. Please be intentional in exercising patience, kindness, and empathy during every encounter. |

**Reminder:** Please use Online Affiliate for referrals, authorizations, claims, appeals, disputes, inquiries, EOPs, responding to requests for information (RFI), and uploading claims supporting documents. Please do not use faxes for provider appeals/disputes.

# Targeted Review List (QRM) Updates

All procedures on the Target Review List **must be authorized prior to rendering services**, or the procedure will not be covered. Please see http://kp.org/providers/ga for more information regarding the Target Review List.

## Medications Requiring Prior Authorization

Kaiser Permanente periodically updates the QRM List of Medications following P&T meetings which occur on the even months (i.e., February, April, etc.) of the year. Please be sure to review the list carefully.

The QRM List of Medications (Targeted Review List) is on our Provider Website at http://kp.org/providers/ga. As a reminder, failure to obtain authorization prior to providing the medications listed will result in a denial of coverage. Please note affected members will be notified of this change.

**New QRM PA Medications**

| EFFECTIVE DATE 11/2/2024 | EFFECTIVE DATE 1/1/2025 |
|---|---|
| Alyglo (immune globulin, human) | Xdemvy (lotilaner) |
| Amtagvi (lifileucel) | **EFFECTIVE DATE 3/12/2025** |
| Filsuvez (birch triterpenes) | GLP-1 RAs for Metabolic Dysfunction-Associated Steatohepatitis (MASH) |
| Fruzaqla (fruquintinib) | Loqtorzi (toripalimab) |
| Ohtuvayre (ensifentrine) | Pombiliti (cipaglucosidase alfa) |
| Orserdu (elacestrant) | Ustekinumab Biosimilars |
| Panretin (alitretinoin) | Wainua (eplontersen) |
| Sohonos (palovarotene) | |

A doctor giving a prescription to a patient.

**QRM PA Review Criteria Updates**

| EFFECTIVE DATE 11/1/2024 | EFFECTIVE DATE 11/6/2024 (cont.) |
|---|---|
| GLP-1 RAs for Weight Loss Indication | RET Inhibitors |
| **EFFECTIVE DATE 11/6/2024** | Rinvoq (upadacitinib) |
| Adalimumab Products | SGLT-2 Inhibitors |
| Augtyro (repotrectinib) | Skyrizi (risankizumab) |
| Botox (botulinum toxins) | Stelara (ustekinumab) |
| Branded Stimulants | Strensiq (asfotase alfa) |
| Cabenuva/Vocabria (cabotegravir and rilpivirine/ cabotegravir) | Tirzepatide Products for Weight Loss |
| Cosentyx (secukinumab) | Wakix (pitolisant) |
| Darzalex Faspro (daratumumab-hyaluronidase-fihj) | Zoryve (roflumilast) |
| Desoxyn (methamphetamine) | **EFFECTIVE DATE 1/1/2025** |
| GLP-1 RAs for Diabetes Indication | Interferon Beta Products |
| Hetlioz (tasimelteon) | |
| Hyaluronic Acid Injection Products | |
| Ilaris (canakinumab) | |
| Livmarli (maralixibat) | |
| Nitrofurantoin Oral Suspension | |

# Targeted Review List (QRM) Updates
## Medications Requiring Prior Authorization (Cont.)

**QRM PA Review Criteria Updates (cont.)**

| EFFECTIVE DATE 3/12/2025 | | EFFECTIVE DATE 3/12/2025 (cont.) | |
|---|---|---|---|
| Bimzelx (bimekizumab) | | Simponi/ Simponi Aria (golimumab) | |
| Cimzia (certolizumab pegol) | | Skyrizi (risankizumab) | |
| Cosentyx (secukinumab) | | Sotyktu (deucravacitinib) | |
| Dupixent (dupilumab) | | Stelara (ustekinumab) | |
| Enbrel (etanercept) | | Subcutaneous Immune Globulin Products | |
| Entyvio (vedolizumab) | | Taltz (ixekizumab) | |
| Epidiolex (cannabidiol) | | Talzenna (talazoparib) | |
| Fasenra (benralizumab) | | Tezspire (tezepelumab | |
| Ibrance (palbociclib) | | Trastuzumab Products | |
| Icatibant Products | | Tremfya (guselkumab) | |
| Ilumya (tidrakizumab) | | Truqap (capivasertib) | |
| Leqvio (inclisiran) | | Ultomiris (ravulizumab) | |
| Nucala (mepolizumab) | | Velsipity (etrasimod arginine) | |
| Ohtuvayre (ensifentrine) | | Verzenio (abemaciclib) | |
| Omvoh (mirikizumab) | | Xolair (omalizumab) | |
| Otezla (apremilast) | | Zavesca (miglustat) | |
| PCSK9 Inhibitors - Repatha (evolocumab); Praluent (alirocumab) | | Zejula (niraparib) | |
| Rezdiffra (resmetirom) | | Zeposia (ozanimod) | |
| Rinvoq (upadacitinib) | | | |
| Siliq (brodalumab) | | | |

Image of older female using a pill sorter with assorted prescription bottles in front of her

**Medicare Part D Benefit Coverage – Product Additions/ Removals/ Changes**

During the year, Kaiser Permanente may make changes to our Medicare Part D Formulary (Drug List).
Prior to each effective date, affected members who were prescribed the drugs listed below will be grandfathered, meaning members will continue to receive the removed product under their Part D benefit, except for members who have been converted to the generic alternatives.

| EFFECTIVE DATE | BRAND DRUG REMOVED | BRAND DRUG CURRENT TIER | GENERIC EQUIVALENT REPLACEMENT | GENERIC TIER |
|---|---|---|---|---|
| 2/1/2025 | SPRYCEL TABS 20 MG | Tier 5 | DASATINIB TABS 20 MG | Tier 5 |
| 2/1/2025 | SPRYCEL TABS 50 MG | Tier 5 | DASATINIB TABS 50 MG | Tier 5 |
| 2/1/2025 | SPRYCEL TABS 70 MG | Tier 5 | DASATINIB TABS 70 MG | Tier 5 |
| 2/1/2025 | SPRYCEL TABS 80 MG | Tier 5 | DASATINIB TABS 80 MG | Tier 5 |
| 2/1/2025 | SPRYCEL TABS 100 MG | Tier 5 | DASATINIB TABS 100 MG | Tier 5 |
| 2/1/2025 | SPRYCEL TABS 140 MG | Tier 5 | DASATINIB TABS 140 MG | Tier 5 |
| 2/1/2025 | LUCEMYRA TABS 0.18 MG | Tier 5 | LOFEXIDINE HCL TABS 0.18 MG | Tier 5 |
| 3/1/2025 | HUMIRA (2 SYRINGE) PSKT 20 MG/0.2 ML | Tier 5 | ADALIMUMAB-ADAZ SOSY 20 MG/0.2 ML | Tier 5 |
| 2/1/2025 | HUMIRA (2 SYRINGE) PSKT 40 MG/0.4 ML | Tier 5 | SIMLANDI (2 SYRINGE) PSKT 40 MG/0.4 ML | Tier 5 |

# ***INFORMATION ABOUT KAISER PERMANENTE'S HMO DRUG FORMULARY***

June 16, 2025

The Kaiser Permanente HMO Drug Formulary is updated bimonthly in February, April, June, August, October, and December. A newsletter, Formulary Update, is distributed bimonthly to highlight recent formulary changes. The newsletter and updated Formulary are placed on the affiliated community network provider website at: http://providers.kp.org under Provider Resources/Pharmacy. The drugs in the formulary are grouped into categories related to the medical condition being treated; an index is provided. Generic drug names are listed in lower case letters and brand drug names are listed in CAPITAL LETTERS.

The Kaiser Permanente HMO drug formulary is a formulary of preferred drugs and is aligned with the member's pharmacy benefits. Some plans have a two tier closed formulary benefit and some plans have a three tier open formulary benefit. For the two tier closed formulary benefit, only drugs listed in the formulary are available to the member for their copay. These tiers are called preferred generic and preferred brand. Benefits vary by plan and members can contact Member Services for specifics regarding their drug benefit and copay information. The copays for the HMO formularies are listed below based on the tiers:

**Copay Range for KPGA HMO Formularies**

| | **Two Tier Closed HMO Formulary** | | **Three Tier Open HMO Formulary** | |
|---|---|---|---|---|
| | KP Owned and Operated Pharmacies | Network Pharmacies | KP Owned and Operated Pharmacies | Network Pharmacies |
| **Preferred Generic** | $5-$35 | $15-$45 | $5 to $25 | $8 to $30 |
| **Preferred Brand** | $10 to $70 | $15 to $80 | $15to $60 | $30 to $70 |
| **Non-Preferred** | **N/A** | **N/A** | $30 to $115 | $40 to $115 |
| | **Four Tier Closed HMO Formulary** | | **Five Tier Open HMO Formulary** | |
| | KP Owned and Operated Pharmacies | Network Pharmacies | KP Owned and Operated Pharmacies | Network Pharmacies |
| **Preventive Generic** | $5 | $15-$45 | $0 to $35 | $5 to $35 |
| **Preferred Generic** | $10 to $25 | $20 to $35 | $15 to $45 | $15 to $45 |
| **Preferred Brand** | **$30-$50** | **$40-$60** | $20 to $80 | $20 to $80 |
| **Non-Preferred** | **N/A** | **N/A** | $40 to $130 | $40 to $130 |
| **Specialty** | **20%-30%** | **20%-40%** | 30%-50% | 30%-50% |

Note: A coinsurance of up to 50% may be applied to specialty medications for some plans.

As drugs become available in generic form, the pharmacy can change from a brand to a generic if it is considered AB rated by the FDA. Generally, if a drug is available as a generic, the generic is on the formulary and the brand is not. Therapeutic interchange and step-therapy protocol are not employed for the Two Tier Closed HMO Formulary.

There may be rare occasions when non-formulary drugs are medically necessary to provide the best care for our members. A non-formulary drug is considered for coverage under the two tier closed formulary drug benefit if the member meets one of three criteria:

1. Allergic to formulary alternatives,
2. Intolerant to formulary alternatives, or
3. Failed treatment on formulary alternatives.

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# *INFORMATION ABOUT KAISER PERMANENTE'S HMO DRUG FORMULARY (Cont.)*

When prescribing, if you wish to request benefit coverage for a non-formulary (NF) medication, the clinician can complete the *Non-Formulary* form with the appropriate reason for its use and fax to 404-4672731 or call the Pharmacy Consult Service at 404-365-4159 Monday through Friday from 8:30 am to 5:30 pm to justify why over-the-counter or formulary drug(s) cannot be used. The non-formulary form is located on the affiliated community network provider website at: http://providers.kp.org/ga under Provider Resources/Forms. A pharmacist at the Pharmacy Consult Service will review the NF request and discuss why formulary alternatives cannot be used. If the benefit coverage is authorized during a call or based on the information submitted, the pharmacist will enter a benefit exception in the pharmacy benefit manager (PBM). A listing of non-formulary drugs and alternatives is located online at http://providers.kp.org under Provider Resources/Pharmacy and is updated bi-monthly.

Some covered drugs may have requirements or limits on coverage. The requirements and limits may include:

- **Quantity Limits (QL):** For certain drugs, the P&T Committee may make recommendations to limit the quantity of medication dispensed per co-pay. Examples include drugs with significant potential for diversion or drugs with significant potential for waste due to special storage requirements, frequent changes in therapy, dose, or regimen, high potential for discontinuation or high cost of unused medication. Patients have the option to pay retail price for quantities that exceed the quantity limit. In the event of a drug shortage, a quantity limit may be imposed temporarily until the shortage resolves without awaiting P&T approval.
- **Age Restriction (Age):** For certain drugs, Kaiser Permanente limits coverage based on a designated age.
- **Criteria Restricted Medication:** For certain drugs, Kaiser Permanente requires review and authorization prior to dispensing. Criteria restricted medications continue to require review by our Quality Resource Management (QRM) department. Providers must call 404-364-7320 (Option 3) to initiate the QRM review for all QRM medications. The criteria restricted medication list is available online at http://providers.kp.org under the Provider Resources/Pharmacy and is updated bi-monthly.
- **Step Therapy (ST):** Drugs may be designated as step therapy required when they have criteria for approval which encourages use of safe and cost effective first line medications prior to second or third line medication options. A complete listing of drugs that require step therapy and alternatives is located online at http://providers.kp.org under Provider Resources/Pharmacy and is updated bimonthly.
    - When prescribing, if you wish to request benefit coverage for a medication requiring step therapy, the clinician can complete the *Non-Formulary* form with the appropriate reason for its use and fax to 404-467-2731 or call the Pharmacy Consult Service at 404-365-4159 Monday through Friday from 8:30 am to 5:30 pm to justify why over-the-counter or formulary drug(s) cannot be used. The non-formulary form is located on the network provider website at: http://providers.kp.org/ga under Provider Resources/Forms.

To request a change in formulary status of a drug (e.g., addition, deletion, restriction), the clinician must complete the *Application Form for Addition of New Drug to the Formulary*. This form is located on the network provider website at: http://providers.kp.org/ga under Provider Resources/Forms. Clinicians requesting change in formulary status of a drug will also be asked to complete a Conflict of Interest disclosure form before the Pharmacy and Therapeutics Committee will consider the request.

To request a hard copy of the formulary and/or the *Non-Formulary Drug Prescription* form, or to request a change in formulary status of a drug (e.g., addition, deletion), please send your request via email to KPGA-DrugInformation@kp.org or via fax to 1-855-526-3294. Please contact Carole Gardner, MD, AGSF, Physician Program Director, Pharmacy and Therapeutics/Medication Safety, at carole.gardner@kp.org if you have any questions about our formulary process.

# ***INFORMATION ABOUT KAISER PERMANENTE'S QUALIFIED HEALTH PLAN FORMULARY***

June 16, 2025

The Kaiser Permanente Qualified Health Plan (QHP) formulary applies only to small group and individuals enrolled in ACA compliant plans. The Kaiser Permanente QHP Drug Formulary is updated bimonthly in February, April, June, August, October, and December. A newsletter, Formulary Update, is distributed bimonthly to highlight recent formulary changes. The newsletter and updated Formulary are placed on the affiliated community network provider website at: http://providers.kp.org under Provider Resources/Pharmacy. The drugs in the formulary are grouped into categories related to the medical condition being treated; an index is provided. Generic drug names are listed in lower case letters and brand drug names are listed in capital letters.

The Metal Plans (Bronze, Silver, and Gold) offered by Kaiser Permanente of Georgia are tiered offerings with different levels of copays, coinsurance, and deductibles for essential health benefits.

The Kaiser Permanente 2025 QHP formulary is an open formulary that works in conjunction with the member's six tier pharmacy benefit. These tiers are called preventative generics, preferred generics, preferred brands, non-preferred drugs, specialty, and ACA mandated preventive medications. Benefits vary by plan and members can contact Member Services for specifics regarding their drug benefit and cost share information. The cost share for the QHP formulary is listed below based on the tiers:

**Copay Range for KPGA QHP Formulary**

| Tiers | QHP Formulary Cost Shares at Network Pharmacies |
|---|---|
| **Preventative Generics** | $0-$35 |
| **Preferred Generics** | $15-$45 |
| **Preferred Brands** | $20-$80 |
| **Non-preferred Drugs** | $40-$130 |
| **Specialty** | 30-50% |
| **ACA mandated preventive medications** | $0 |

**Note: Copays and coinsurance may be applied after deductible is met.

As drugs become available in generic form, the pharmacy can change from a brand to a generic if it is considered AB rated by the FDA. Open formulary benefits have a generic cost sharing requirement. This means that if a patient fills a prescription for a brand name drug when a generic is available, that in addition to the standard copayment or coinsurance, they will also pay the difference in cost between the brand name and generic drug.

Some covered drugs may have requirements or limits on coverage. The requirements and limits may include:

- **Quantity Limits (QL):** For certain drugs, the P&T Committee may make recommendations to limit the quantity of medication dispensed per co-pay. Examples include drugs with significant potential for diversion or drugs with significant potential for waste due to special storage requirements, frequent changes in therapy, dose, or regimen, high potential for discontinuation or high cost of unused medication. Patients have the option to pay retail price for quantities that exceed the quantity limit. In the event of a drug shortage, a quantity limit may be imposed temporarily until the shortage resolves without awaiting P&T approval.

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# INFORMATION ABOUT KAISER PERMANENTE'S QUALIFIED HEALTH PLAN FORMULARY (Cont.)

- **Age Restriction (Age):** For certain drugs, Kaiser Permanente limits coverage based on a designated age.
- **Criteria Restricted Medication (PA):** For certain drugs, Kaiser Permanente requires review and authorization prior to dispensing. Criteria restricted medications require review by our Quality Resource Management (QRM) department. Providers must call 404-364-7320 (Option 3) to initiate the QRM review for all QRM medications. The criteria restricted medication list is available online at http://providers.kp.org under Provider Resources/Pharmacy and is updated bimonthly.
- **Step Therapy (ST):** Drugs may be designated as step therapy required when they have criteria for approval which encourages use of safe and cost effective first line medications prior to second or third line medication options. A complete listing of drugs that require step therapy and alternatives is located online at http://providers.kp.org under Provider Resources/Pharmacy and is updated bi-monthly.
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A closeup of pills from a bottle.