KAISER PERMANENTE®

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Information About Kaiser Permanente's Qualified Health Plan Formulary

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 2024 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 KP 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.

- **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 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 bi-monthly.
    - When prescribing, if you wish to request benefit coverage for a medication requiring step therapy, the physician 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 online 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 physician must complete the *Application Form for Addition of New Drug to the Formulary*. This form is located on the affiliated community network provider website at: http://providers.kp.org/ga under Provider Resources/Forms. Practitioners 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 email your written request to KPGA-DrugInformation@kp.org or fax to 1-855-526-3294. Please contact Carole Gardner, MD, AGSF, the Physician Program Director of Pharmacy & Therapeutics/ Medication Safety, at carole.gardner@kp.org if you have any questions about our formulary process.