

## 13.0 Pharmacy Services

### 13.1 Kaiser Permanente Medical Center Pharmacy Locations

All Kaiser Permanente members may access Kaiser Permanente medical center pharmacy locations. Kaiser Permanente members should refer to their Evidence of Coverage (EOC) for information on coverage at participating network pharmacies. Flexible Choice, Added Choice, and Health Maintenance Organization (HMO) Plus/Deductible HMO (DHMO) Plus members may also have the option to use non-participating pharmacies.

For a complete listing of Kaiser Permanente Medical Centers with pharmacy locations please visit our online Provider Directory on our website at [www.providers.kp.org/mas](http://www.providers.kp.org/mas)

### 13.2 Mid-Atlantic Pharmacy Chain Network

This listing is current as of the distribution date of this Provider Manual.

**Giant**  
**Harris Teeter**  
**Kroger**  
**Medicine Shoppe**  
**Publix**

**Rite-Aid**  
**Safeway**  
**Walgreens**  
**Wal-Mart**  
**Wegmans**

If you would like to know if a pharmacy participates with Kaiser Permanente Mid-Atlantic States (KPMAS), you may call the **Pharmacy Benefits Team** at 📞 **703-466-4999** or email at [MAS-PHARM-BENEFITS@kp.org](mailto:MAS-PHARM-BENEFITS@kp.org).

### 13.3 Mail Order Prescriptions

We cannot require a member to use mail order, but we do offer mail-order pharmacy services for certain drugs.

Kaiser Permanente offers members an option to voluntarily have new and refill prescriptions sent to them by mail order, however members may pick up their medications at a local Kaiser Permanente pharmacy if they choose.

The mail order program is self-administered at a separately licensed Kaiser Permanente pharmacy located in Sterling, VA. Members may request their prescriptions by telephone, Kaiser Permanente app, or by placing an online order using Kaiser Permanente's secure site and the member's personal identification. Members may also use our telephone, Kaiser Permanente app, or online systems to check the status of their refill requests and delivery.

If a member has no refills remaining on their prescription, the prescriber is contacted to authorize additional refills. The mail-order pharmacy mails non-controlled and Schedule III-V (CIII-CV) prescriptions to Kaiser Permanente members, but does not mail Schedule II prescriptions, certain refrigerated medications, compounded medications, certain specialty medications, and certain over-the-counter medications; members may pick up these drugs at a medical center pharmacy.

The mail order pharmacy uses a combination of robotic dispensing by the Optifill® System and manual filling, which rely on bar code scanning. Pharmacy personnel follow stringent quality assurance guidelines for accuracy and review patient profiles for potential drug interactions, allergies, cost effective prescribing patterns and clinical appropriateness. Patient education material for each drug is included with the order, which describes common usage guidelines, cautions, and possible side effects. Completed prescription orders are packaged on site and sent via first class U.S. mail or Priority mail depending on weight in tamper-resistant packages. We can dispatch "special handling prescriptions" through FedEx, which may require a signature for receipt. Kaiser Permanente uses audit tools to monitor prescription refill timeliness adherence to policies and procedures, regulatory compliance and quality assurance and patient safety standard.

### **13.4 Specialty Pharmacy Services**

For specialty pharmacy services, Kaiser Permanente members may use the Kaiser Permanente specialty pharmacy. If the product has limited distribution, Kaiser Permanente will arrange for pharmacy services as instructed by manufacturer for those products with limited distribution/pharmacy services.

### **13.5 Kaiser Medical Center Pharmacy Prescription Guidelines**

Complete patient information on the prescription is required. This includes member's name, Kaiser Permanente medical record number (MRN), provider number (or printed last name), and special instructions. The most frequent errors incurred on prescriptions are omission errors or incorrect MRNs. To reduce medication errors, it is recommended that all participating providers write out specific instructions on all prescriptions and that "Take as directed" is not written unless the instructions are written on the package or a patient specific instruction sheet.

#### **1. Prescription Quantity & Refills:**

- Prescriptions for acute medications are typically eligible for a 30-60 day supply each time the prescription is dispensed.
- Members may receive up to 90-day supply for refills of medications for chronic conditions.
- Processing time for prescriptions that have no refills remaining is 24 hours after the refill request is approved by the physician.
- Processing time for prescriptions that have refills is 24 hours.

#### **2. Generic medications are used whenever possible in Kaiser Permanente pharmacies.**

- Unless otherwise specified in the formulary or by the Regional Pharmacy & Therapeutics Committee (P&T), products are approved for use and coverage on a generic basis and any brand may be used according to the principles of high-quality pharmaceutical care, except where state laws and/or regulations prohibit.
- Selection of generic medications is based on clinical effectiveness and safety compared to the brand (trade name) drug.
- Members who request brand name medications rather than the generic alternative may pay full price for the drug if there is no determination of medical necessity.

#### **3. KPMAS Drug Use Management Program**

- P&T committee annually reviews the preferred formulary products in each commonly used therapeutic drug class as is consistent with the practice of the Kaiser Permanente Inter-

Regional Clinical Pharmacy Subcommittee. Input and support are solicited from the corresponding service chiefs prior to the dissemination of drug use management strategy information to the medical group. The medications are selected according to the already established Formulary Process using the following criteria:

1. Clinical efficacy;
  2. Safety;
  3. Therapeutic value; and
  4. Cost effectiveness.
- Once a list of target drugs (those with potential for significant member and organizational cost savings if targeted for therapeutic conversion) has been chosen, Clinical Pharmacy in collaboration with the MAPMG Physician Director of Pharmacy and Therapeutics and Medication Safety shall establish a standard process for therapeutic conversion (also known as therapeutic interchange) for these agents. This process will assure proper communication, implementation, and education of practitioners, pharmacists and KPMAS members about each drug conversion.

## 13.4 Formulary System

### Formulary

The KPMAS Drug Formulary is a compilation of drugs approved for general use by the Regional P&T Committee. The P&T Committee - with expert guidance from various specialties - evaluates, appraises and selects from available drugs those considered the most appropriate for patient care and general use.

Drugs reviewed for formulary consideration are classified as one of the following:

- **Formulary drug (F)** - A drug, including specific strengths and dosage forms, reviewed and approved on the basis of sound clinical evidence that supports the safe, appropriate, and cost-effective use of the drug. May be prescribed by all credentialed prescribers, except where state laws and/or regulations prohibit.
- **Formulary drug with Criteria or Guidelines (FC)** - A formulary drug that includes specific criteria for prescribing and/or dispensing. Prescribers may prescribe these drugs, as long as criteria are met, and the specific criteria are documented in the medical record. Criteria must be measurable and operationally practical.
- **Formulary drug with Restrictions (FR)** - A formulary drug with prescribing restricted to specific prescribers, e.g., specialty departments.
- **Non-formulary drug (NF)** - A drug not officially accepted for inclusion into the drug formulary. This includes: Drugs that have been reviewed but not accepted to the drug formulary; new drugs not yet reviewed for addition to the drug formulary; a brand, strength, or dosage form of a drug not approved for addition to the formulary.
- **Non-formulary drug with Criteria or Guidelines (NFC)** - A drug that has not been accepted to the formulary, though drug rider coverage for this drug meets specific criteria for use. The specific criteria are documented on the prescription.
- **Non-formulary drug with Restrictions (NFR)** - A drug that has been reviewed, but not accepted into the formulary. Drug rider coverage for this drug meets specific restrictions for use when prescriptions are written by or are written in consultation with the specific prescribers, e.g., specialty, departments.
- **Specialty Tier (ST)** -

- **Definition from EOC:** A prescription drug that: (1) is prescribed for an individual with a Complex or Chronic Medical Condition; (2) costs \$600 or more for up to a 30-day supply; (3) is not typically stocked at retail pharmacies; (4) requires a difficult or unusual process of delivery to the Member in the preparation, handling, storage, inventory, or distribution of the drug; or requires enhanced member education, management, or support, beyond those required for traditional dispensing, before or after administration of the drug.

**Prescribing Recommendations:** KPMAS may recommend drugs in certain classes to be used once a diagnosis and a decision to treat has been made. Prescribing recommendations are informational only and not intended or designed as a substitute for the reasonable exercise of independent clinical judgment by participating providers in any particular set of circumstances for each patient. The Regional P&T Committee approves prescribing recommendations that are developed with input from the appropriate regional Chiefs of Service. In addition, the advice of individual subspecialties or selected expert physician groups may be solicited.

**Medication Evaluation:** To request a drug or biological review by the P&T Committee, a Drug Formulary Addition and Deletion Form must be completed. A copy of this form is available at [www.kp.org/providers/mas](http://www.kp.org/providers/mas) under the “Pharmacy” section.

#### **Prior Authorizations and Quantity Limits**

Medications with established prior authorization criteria or quantity limits are designated in the drug formulary with the abbreviation, “PA” and “QL”, respectively. Medications with established step therapy criteria are designated with the abbreviation, “ST”. The most recent information on drug formulary updates or changes can be accessed via the online Community Provider Portal at <https://healthy.kaiserpermanente.org/maryland-virginia-washington-dc/community-providers/pharmacy>.

#### **Obtaining a copy of the Drug Formulary:**

The formularies are updated monthly with additions and/or deletions approved by the Regional P&T Committee. The most recent information on drug formulary updates or changes can be accessed via the online Community Provider Portal available at <https://healthy.kaiserpermanente.org/maryland-virginia-washington-dc/community-providers/pharmacy>.

A printed copy of each drug formulary is available upon request from the Provider Experience department, which can be contacted via email at [provider.relations@kp.org](mailto:provider.relations@kp.org).

### **13.5 Non-Formulary Drug Documentation Process**

A participating provider will be requested to document a reason that a preferred formulary product is not appropriate for use in a specific member. The reasons for the use of a non-preferred product will be documented in the pharmacy information system.

The reasons for the use of a non-preferred drug are categorized:

- Allergy or adverse drug reaction
- Treatment failure
- Meets criteria/restriction for use
- Non-Kaiser Permanente prescription benefit/Patient pays full cash
- OTC product
- Patient request (non-formulary product/patient pays full cash)
  - Note: statement is only accurate for closed formulary plans

The Clinical Pharmacy Service and Regional P&T Committee periodically evaluates the frequency of use of non-preferred drugs and considers those with significant use for addition to the formulary of preferred products. Information regarding the use of non-preferred medications will not be used in decisions regarding approval to participate with KPMAS.

### 13.6 Medical Equipment Available at Kaiser Permanente Pharmacies

Below are examples of medical equipment stocked at Kaiser Permanente Outpatient Pharmacies:

**Aerochamber:** This is the spacer holding device for use with metered-dose inhalers (MDIs). It is available in pediatric and adult sizes, with or without a mask.

**Blood Glucose Monitors:** The monitor is dispensed free of charge or at a nominal fee depending upon the member benefit. The strips used with the monitor are covered under the prescription benefit with a prescription from the provider.

**Peak Flow Meter:** This device is used for measuring and monitoring peak expiratory flow meters. The peak flow meter is dispensed at a nominal fee.

### 13.7 Home Infusion Services

The Hospital/Home Infusion Service provides intravenous (IV) medication and catheter supplies for Maryland, Washington D.C. and Virginia.

Location of the Home Infusion Pharmacy:

Burke Medical Office Building  
5999 Burke Commons Road, 4<sup>th</sup> Floor  
Burke, VA 22015  
Telephone: ☎ 703-249-7922  
Fax: ☎ 703-249-7923  
Page Operator: ☎ 888-989-1144  
Hours of Operation: Monday - Friday: 8 a.m. – 6 p.m.

### Member Flexibility

The program offers our members the following options:

- Patient may come to the medical center with infusion clinical services to have medication administered by a registered nurse.
- Home care nurse (from a contracted agency) will go to a patient's home to teach the patient/caregiver how to administer the medication. Kaiser Permanente Home Infusion pharmacy provides the medication and supplies. The first dose must be given in a controlled setting such as clinic or hospital, *unless it has been determined by a Home First Program physician that the first dose can be safely administered in the patient's home by a home care nurse.*
- If nursing care is needed, a referral must be entered by the provider prior to calling the order into Home Infusion pharmacy. The Provider Service Center will set up the nursing care.
- Patients may be instructed to self-medicate, thereby administering the medication to themselves. THIS IS THE PREFERRED OPTION, since it provides the member maximum flexibility. The first dose must be given in a controlled setting such as clinic or hospital, *unless it is been determined by a Virtual Home Care Program (VHCP) physician that the first dose can be safely administered in the patient's home by a home care nurse.*

If nursing care is needed, a referral must be entered into HealthConnect®.

The first delivery will be sent to the hospital or home of the patient. Subsequent deliveries are made weekly to the patient's closest Kaiser Permanente Medical Office Building for the member or family to pick up from the outpatient pharmacy. This service is provided for the patient at no charge.

### **Treatment Types**

- Antibiotics/Antivirals – Pediatric and Adult
- Total Parenteral Nutrition (TPN)
- Oncology – limited
- Pain control including patient-controlled analgesia (PCA)
- Hydration
- Other therapies may be done if safety for home infusion administration has been determined

### **Medication Delivery System**

There are several methods of medication delivery available, based upon the medication and patient requirements. These include ambulatory infusion pumps, disposable elastomeric pumps and traditional IV bags. To determine the recommended delivery system for your specific situation, please contact the Home Infusion Pharmacist.

### **How to Order Home Infusion Services**

If a patient is in the hospital, the physician should work with the Patient Care Coordinators at the facility to make the arrangements for care. The physician will need to provide a written order for the medication and labs to the Home Infusion Pharmacy.

For patients seen in clinic and needing home infusion services, the provider will enter the referral for home nursing into Health Connect as well as lab orders. The provider or agent will need to contact the Home Infusion pharmacy department to discuss plan of care.

Hospital, skilled nursing facility (SNF) and nursing home discharges should be arranged as early as possible, preferably 24 hours in advance. Discharge during the weekend may require additional time to set- up and deliver supplies. Please notify the contact person as soon as possible, so that they have adequate time to coordinate the medication, supplies, and nursing personnel.