



Northwest Medical Benefit Formulary (List of Covered Drugs)

Please Read: This document contains information about the drugs we cover when they are administered to you in a Participating Medical Office.

What is the Kaiser Permanente Northwest Medical Benefit Formulary?

A formulary is a list of covered drugs chosen by a group of Kaiser Permanente physicians and pharmacists known as the Formulary and Therapeutics Committee. This committee meets regularly to evaluate and select the safest, most effective medications for our members.

Kaiser Permanente Formulary

The formulary list that begins on the next page provides information about some of the drugs covered by our plan when they are administered to you in a Participating Medical Office. Depending on your medical benefits, you may pay a cost share for the drug itself.

The first column of the chart lists the drug's generic name. The second column lists the brand name. Most administered medications and vaccines are only available as brand name drugs.

Contraceptive Drugs and Devices

Your provider may prescribe as medically necessary any FDA-approved contraceptive drug or device, including those on this formulary, which you will receive at no cost share.

Generic Name	Brand Name
Clinic Administered Medications (ADMD)	
ABATACEPT	ORENCIA
ABOBOTULINUM TOXIN A	DYSPORE
ADALIMUMAB	HUMIRA
ADO-TRASTUZUMAB EMTANSINE	KADCYLA
AFAMELANOTIDE ACETATE	SCENESSE
AFLIBERCEPT	EYLEA/HD
AGALSIDASE BETA	FABRAZYME
ALDESLEUKIN	PROLEUKIN
ALEMTUZUMAB	LEMTRADA
ALGLUCOSIDASE ALFA	LUMIZYME, MYOZYME
ALPHA-1 PROTEINASE INHIBITOR	ARALAST, GLASSIA, PROLASTIN-C, ZEMAIRA
AMIFOSTINE	AMIFOSTINE, ETHYOL
AMIVANTAMAB-VMJW	RYBREVANT
AMPHOTERICIN B LIPOSOME	AMBISOME
ANIFROLUMAB-FNIA	SAPHNELO
ANTIHEMOPHILIC FACTOR/VON WILLEBRAND FACTOR COMPLEX (HUMAN)	ALPHANATE/VWF COMPLEX/HUMAN, WILATE
ANTIINHIBITOR COAGULANT COMPLEX	FEIBA
ANTITHROMBIN III	THROMBATE III
ARIPIRAZOLE EXTENDED RELEASE	ABILIFY MAINTENA/ASIMTUFI
ARIPIRAZOLE LAUROXIL	ARISTADA/INITIO
ASPARAGINASE ERWINIA CHRYSANTHEMI	ERWINAZE
ATEZOLIZUMAB	TECENTRIQ
AVALGLUCOSIDASE ALFA-NGPT	NEXVIAZYME
AVELUMAB	BAVENCIO
AZACITIDINE	AZACITIDINE, VIDAZA
BEBTELOVIMAB	BEBTELOVIMAB
BELANTAMAB MAFODOTIN-BLMF	BLENREP
BELATACEPT	NULOJIX
BELIMUMAB	BENLYSTA
BELINOSTAT	BELEODAQ
BENDAMUSTINE HCL	BELRAPZO, BENDEKA, TREANDA
BENRALIZUMAB	FASENRA
BEREMAGENE GEPERPAVEC-SVDT	VYJUVEK
BEVACIZUMAB	AVASTIN
BEVACIZUMAB-AWWB	MVASI
BEVACIZUMAB-BVZR	ZIRABEV
BLINATUMOMAB	BLINCYTO
BORTEZOMIB	VELCADE
BRENTUXIMAB VEDOTIN	ADCETRIS

BREXUCABTAGENE AUTOLEUCEL	TECARTUS
BROLUCIZUMAB-DBLL	BEOVU
BUPRENORPHINE EXTENDED RELEASE INJECTION	SUBLOCADE
BUROSUMAB-TWZA	CRYSVITA
C1 ESTERASE INHIBITOR (HUMAN)	BERINERT, CINRYZE, HAEGARDA
C1 ESTERASE INHIBITOR (RECOMBINANT)	RUCONEST
CABAZITAXEL	JEVTANA
CABOTEGRAVIR-RILPIVIRINE	CABENUVA
CALCITONIN-SALMON	MIACALCIN
CANAKINUMAB	ILARIS
CANTHARIDIN	YCANTH
CARFILZOMIB	KYPROLIS
CASIMERSEN	AMONDYS 45
CEMIPLIMAB-RWLC	LIBTAYO
CERTOLIZUMAB PEGOL	CIMZIA
CETUXIMAB	ERBITUX
CIDOFOVIR	CIDOFOVIR, VISTIDE
CILTACABTAGENE AUTOLEUCEL	CARVYKTI
CLOFARABINE	CLOLAR
COAGULATION FACTOR IX (RECOMBINANT)	IXINITY
COAGULATION FACTOR IX (RECOMBINANT) GLYCOPEGYLATED	REBINYN
COLLAGENASE CLOSTRIDIUM HISTOLYTICUM	XIAFLEX
CORTICORELIN OVINE TRIFLUTATE	ACTHREL
CORTICOTROPIN	ACTHAR HP, CORTROPHIN
CRIZANLIZUMAB-TMCA	ADAKVEO
CYTOMEGALOVIRUS IMMUNE GLOBULIN	CYTOGAM
DACTINOMYCIN	COSMEGEN
DALBAVANCIN	DALVANCE
DARATUMUMAB	DARZALEX
DARATUMUMAB-HYALURONIDASE-FIHJ	DARZALEX FASPRO
DAUNORUBICIN-CYTARABINE LIPOSOME	VYXEOS
DENILEUKIN DIFTITOX	ONTAK
DENOSUMAB	PROLIA, XGEVA
DEXAMETHASONE INTRAVITREAL IMPLANT	OZURDEX
DEXRAZOXANE	DEXRAZOXANE, TOTECT, ZINECARD
DIMETHYL SULFOXIDE	RIMSO-50
DOXORUBICIN HCL LIPOSOMAL	DOXIL, DOXORUBICIN HCL LIPOSOMAL, LIPODOX
DURVALUMAB	IMFINZI
ECULIZUMAB	SOLIRIS
EDARAVONE	RADICAVA
EFGARTIGIMOD ALFA-FCAB	VYVGART

ELOSULFASE ALFA	VIMIZIM
ELOTUZUMAB	EMPLICITI
EMICIZUMAB-KXWH	HEMLIBRA
EPTINEZUMAB-JJMR	VYEPTI
ERIBULIN MESYLATE	HALAVEN
ETANERCEPT	ENBREL
ETHANOLAMINE OLEATE	ETHAMOLIN
EVINACUMAB-DGNB	EVKEEZA
FACTOR IX COMPLEX	BEBULIN, PROFILNINE
FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT)	KOVALTRY, RECOMBINATE
FAM-TRASTUZUMAB DERUXTECAN-NXKI	ENHERTU
FARICIMAB-SVOA	VABYSMO
FERRIC CARBOXYMALTOSE	INJECTAFER
FERRIC DERISOMALTOSE	MONOFERRIC
FERUMOXYTOL	FERAHEME, FERUMOXYTOL
FILGRASTIM	NEUPOGEN
FOSAPREPITANT DIMEGLUMINE	EMEND
FULVESTRANT	FASLODEX
GALSULFASE	NAGLAZYME
GIVOSIRAN SODIUM	GIVLAARI
GLOFITAMAB-GXBM	COLUMVI
GOLIMUMAB	SIMPONI
GOSERELIN ACETATE IMPLANT	ZOLADEX
GUSELKUMAB	TREMFYA
HEMIN	PANHEMATIN
HEPATITIS B IMMUNE GLOBULIN	HEPAGAM B, HYPERHEP B, NABI-HB
HISTRELIN IMPLANT	SUPPRELIN LA, VANTAS
ICATIBANT	FIRAZYR
IDECABTAGENE VICLEUCEL	ABECMA
IDURSULFASE	ELAPRASE
IMMUNE GLOBULIN	ASCENIV, BIVIGAM, CARIMUNE, CUTAQUIG, CUVITRU, FLEBOGAMMA, GAMASTAN S/D, GAMMAGARD, GAMMAKED, GAMMAPLEX, GAMMAR-P, GAMUNEX, HIZENTRA, HYQVIA, OCTAGAM, PANGLOBULIN, PANZYGA, POLYGAM S/D, PRIVIGEN, VENOGLOBULIN, VIVAGLOBIN, XEMBIFY
INFLIXIMAB	REMICADE
INFLIXIMAB BIOSIMILAR	INFLECTRA, RENFLEXIS
INOTUZUMAB OZOGAMICIN	BESPONSA
INTERFERON ALFA-2B RECOMBINANT	INTRON A
INTERFERON BETA-1A	AVONEX, REBIF

IPILIMUMAB	YERVOY
IRINOTECAN LIPOSOME	ONIVYDE
ISATUXIMAB-IRFC	SARCLISA
IXABEPILONE	IXEMPRA
LANREOTIDE ACETATE	SOMATULINE DEPOT, LANREOTIDE ACETATE
LECANEMAB-IRMB	LEQEMBI
LONCASTUXIMAB TESIRINE-LPYL	ZYNLONTA
LURBINECTEDIN	ZEPZELCA
LUSPATERCEPT-AAMT	REBLOZYL
MARGETUXIMAB-CMKB	MARGENZA
MEPOLIZUMAB	NUCALA
MIRVETUXIMAB SORAVTANSINE-GYNX	ELAHERE
MITOMYCIN FOR PYELOALYCEAL INSTILLATION	JELMYTO
MOGAMULIZUMAB-KPKC	POTELIGEO
MOMETASONE FUROATE SINUS IMPLANT	SINUVA
MOSUNETUZUMAB-AXGB	LUNSUMIO
MOXETUMOMAB PASUDOTOX-TDFK	LUMOXITI
NALTREXONE DEPOT	VIVITROL
NATALIZUMAB	TYSABRI
NELARABINE	ARRANON
NIVOLUMAB	OPDIVO
NIVOLUMAB-RELATLIMAB-RMBW	OPDUALAG
NUSINERSEN	SPINRAZA
OBINUTUZUMAB	GAZYVA
OCRELIZUMAB	OCREVUS
OCRIPLASMIN	JETREA
OCRIPLASMIN FOR INTRAOCULAR INJECTION	JETREA
OCTREOTIDE DEPOT	SANDOSTATIN LAR DEPOT
OLARATUMAB	LARTRUVO
OMALIZUMAB	XOLAIR
ONABOTULINUM TOXIN A	BOTOX
ORITAVANCIN DIPHOSPHATE	ORBACTIV, KIMYRSA
PACLITAXEL PROTEIN-BOUND PARTICLES	ABRAXANE, PACLITAXEL
PALIPERIDONE PALMITATE EXTENDED RELEASE	INVEGA
PANITUMUMAB	VECTIBIX
PASIREOTIDE	SIGNIFOR/LAR
PATISIRAN	ONPATTRO
PEGAPTANIB	MACUGEN
PEGASPARGASE	ONCASPAR
PEGCETACOPLAN	SYFOVRE
PEGFILGRASTIM	NEULASTA

PEGFILGRASTIM BIOSIMILAR	FULPHILA, NYVEPRIA, UDENYCA, ZIEXTENZO
PEGLOTICASE	KRYSTEXXA
PEMBROLIZUMAB	KEYTRUDA
PEMETREXED	ALIMTA, PEMETREXED, PEMFEXY
PENTOSTATIN	NIPENT, PENTOSTATIN
PERTUZUMAB	PERJETA
POLATUZUMAB VEDOTIN-PIIQ	POLIVY
PRALATREXATE	FOLOTYN
RAMUCIRUMAB	CYRAMZA
RANIBIZUMAB	LUCENTIS
RANIBIZUMAB-NUNA BIOSIMILAR	BYOOVIZ
RASBURICASE	ELITEK
RAVULIZUMAB-CWVZ	ULTOMIRIS
REMDESIVIR	REMDESIVIR, VEKLURY
RESLIZUMAB	CINQAIR
RETIFANLIMAB-DLWR	ZYNYZ
RIBOFLAVIN 5'-PHOSPHATE OPHTHALMIC SOLN	PHOTREXA
RISANKIZUMAB-RZAA	SKYRIZI
RISPERIDONE	PERSERIS
RISPERIDONE LONG ACTING	RISPERDAL CONSTA
RITUXIMAB	RITUXAN
RITUXIMAB-ABBS BIOSIMILAR	TRUXIMA
RITUXIMAB-ARRX BIOSIMILAR	RIABNI
RITUXIMAB-HYALURONIDASE	RITUXAN HYCELA
ROMIDEPSIN	ISTODAX, ROMIDEPSIN
ROMIPLOSTIM	NPLATE
ROMOSUZUMAB-AQQG	EVENITY
SACITUZUMAB GOVITECAN-HZII	TRODELVY
SECRETIN ACETATE (HUMAN)	CHIRHOSTIM
SILTUXIMAB	SYLVANT
SIPULEUCEL-T	PROVENGE
SUTIMLIMAB-JOME	ENJAYMO
TAFASITAMAB-CCTX	MONJUVI
TALIMOGENE LAHERPAREPVEC	IMLYGIC
TEBENTAFUSP-TEBN	KIMMTRAK
TECLISTAMAB-CQYV	TECVAYLI
TEMSIROLIMUS	TORISEL
TEPROTUMUMAB-TRBW	TEPEZZA
TETANUS IMMUNE GLOBULIN	HYPERTET
THIOTEPA	TEPADINA, THIOTEPA
THYROTROPIN ALPHA	THYROGEN
TILDRAKIZUMAB-ASMN	ILUMYA

TISAGENLECLEUCEL	KYMRIAH
TISOTUMAB VEDOTIN-TFTV	TIVDAK
TOCILIZUMAB	ACTEMRA
TOFERSEN	QALSODY
TRABECTEDIN	YONDELIS
TRASTUZUMAB	HERCEPTIN
TRASTUZUMAB-ANNS BIOSIMILAR	KANJINTI
TRASTUZUMAB-HYALURONIDASE-OYSK	HERCEPTIN HYLECTA
TRIAMCINOLONE ACETONIDE	ZILRETTA
TRIAMCINOLONE HEXACETONIDE	ARISTOSPAN
TRILACICLIB DIHYDROCHLORIDE	COSELA
USTEKINUMAB	STELARA
VEDOLIZUMAB	ENTYVIO
VERTEPORFIN	VISUDYNE
VINCRISTINE SULFATE LIPOSOME	MARQIBO
VON WILLEBRAND FACTOR COMPLEX HUMAN RISTOCETIN	HUMATE-P
VUTRISIRAN	AMVUTTRA
ZIV-AFLIBERCEPT	ZALTRAP
ZOLEDRONIC ACID	RECLAST, ZOMETA

Nondiscrimination Notice

Kaiser Foundation Health Plan of the Northwest (Kaiser Health Plan) complies with applicable federal and state civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. Kaiser Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. We also:

- Provide no cost aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats, such as large print, audio, and accessible electronic formats
- Provide no cost language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, call Member Services at **1-800-813-2000** (TTY: **711**).

If you believe that Kaiser Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation, you can file a grievance with our Civil Rights Coordinator, by mail, phone, or fax. If you need help filing a grievance, our Civil Rights Coordinator is available to help you. You may contact our Civil Rights Coordinator at: Member Relations Department, Attention: Kaiser Civil Rights Coordinator, 500 NE Multnomah St. Ste 100, Portland, OR 97232-2099, Phone: **1-800-813-2000** (TTY: **711**), Fax: **1-855-347-7239**.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 2020, Phone: 1-800-368-1019, TDD: 1-800-537-7697. Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.

For Washington Members

You can also file a complaint with the Washington State Office of the Insurance Commissioner, electronically through the Office of the Insurance Commissioner Complaint portal, available at <https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status>, or by phone at 1-800-562-6900, or 360-586-0241 (TDD). Complaint forms are available at <https://fortress.wa.gov/oic/onlineservices/cc/pub/complaintinformation.aspx>.

Help in Your Language

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call **1-800-813-2000** (TTY: **711**).

አማርኛ (Amharic) ማሰታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚኒተለው ቁጥር ይደውሉ **1-800-813-2000** (TTY: **711**).

العربية (Arabic) ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-800-813-2000** (TTY: **711**).

中文 (Chinese) 注意: 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電**1-800-813-2000** (TTY: **711**)。

فارسی (Farsi) توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با **1-800-813-2000** (TTY: **711**) تماس بگیرید.

Français (French) ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-800-813-2000** (TTY: **711**).

Deutsch (German) ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: **1-800-813-2000** (TTY: **711**).

日本語 (Japanese) 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。**1-800-813-2000** (TTY: **711**) まで、お電話にてご連絡ください。

ខ្មែរ (Khmer) ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតថ្លៃល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ **1-800-813-2000** (TTY: **711**)។

한국어 (Korean) 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-800-813-2000** (TTY: **711**) 번으로 전화해 주십시오.

ລາວ (Laotian) ໄປດອກບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ **1-800-813-2000** (TTY: **711**).

Afaan Oromoo (Oromo) XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa **1-800-813-2000** (TTY: **711**).

ਪੰਜਾਬੀ (Punjabi) ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤਾਮਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। **1-800-813-2000** (TTY: **711**) 'ਤੇ ਕਾਲ ਕਰੋ।

Română (Romanian) ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la **1-800-813-2000** (TTY: **711**).

Русский (Russian) ВНИМАНИЕ: если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-800-813-2000** (TTY: **711**).

Español (Spanish) ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-813-2000** (TTY: **711**).

Tagalog (Tagalog) PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-800-813-2000** (TTY: **711**).

ไทย (Thai) เรียน: ถ้าคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร **1-800-813-2000** (TTY: **711**).

Українська (Ukrainian) УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером **1-800-813-2000** (TTY: **711**).

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-800-813-2000** (TTY: **711**).