

Kaiser Permanente

2014 Abridged Formulary

(A Partial List of Covered Drugs)

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT SOME OF THE DRUGS WE COVER IN THIS PLAN

This abridged formulary was updated on 08/01/2013 and is not a complete list of drugs covered by our plan. For a complete listing or other questions, please contact the number for your Kaiser Permanente Region listed below, seven days a week, 8 a.m. to 8 p.m. or visit kp.org/seniormedrx.

Kaiser Permanente Regions

CALIFORNIA REGIONS

Kaiser Permanente Senior Advantage (HMO) and Senior Advantage Medicare Medi-Cal plan (HMO SNP)

Member Service Contact Center
1-800-443-0815 TTY 711

COLORADO REGION

Kaiser Permanente Senior Advantage (HMO), Senior Advantage Medicare Medicaid plan (HMO SNP), and Senior Advantage Plus Choice (HMO-POS)

Member Service Contact Center
1-800-476-2167 TTY 711

GEORGIA REGION

Kaiser Permanente Senior Advantage (HMO) and Senior Advantage Medicare Medicaid plan (HMO SNP)

Member Services
1-800-232-4404 TTY 711

HAWAII REGION

Kaiser Permanente Senior Advantage (HMO)

Customer Service Center
1-800-805-2739 TTY 711

MID-ATLANTIC STATES REGION (District of Columbia, Maryland, and Virginia)

Kaiser Permanente Medicare Plus (Cost)

Member Service Contact Center
1-888-777-5536 TTY 711

NORTHWEST REGION

Kaiser Permanente Senior Advantage (HMO)

Membership Services
1-877-221-8221 TTY 711

OHIO REGION

Kaiser Permanente Medicare Plus (Cost)

Customer Relations Department
1-800-493-6004 TTY 711



Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this drug list (formulary) refers to “we,” “us,” or “our,” it means Kaiser Permanente. When it refers to “plan” or “our plan,” it means Kaiser Permanente Senior Advantage or Medicare Plus, depending upon the region in which you are enrolled.

This document includes a partial list of the drugs (formulary) for our plan, which is current as of January 1, 2014. For a complete, updated formulary, please visit our Web site at **kp.org/seniormedrx** or contact us. Contact information for your Kaiser Permanente Region, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on January 1, 2014, and for group members, at other times in accord with your group’s contract with us.

Kaiser Permanente is an HMO plan with a Medicare contract. Kaiser Permanente is a Cost plan with a Medicare contract.

This information is available for free in other languages. Please call our customer service number listed on the front and back covers.

Se puede obtener esta información gratis en otros idiomas. Sírvase llamar al número de nuestro servicio al cliente que aparece en la portada y contraportada.

此資訊以其它語言免費提供。請致電我們的客戶服務部，電話號碼列於封面和封底。

This document is available in a different format for the visually impaired by calling our plan at the number listed on the front and back covers for your Kaiser Permanente Region.

What is the Kaiser Permanente Abridged Formulary?

A formulary is a list of covered drugs selected by our plan in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Our plan will generally cover the drugs listed on our formulary as long as the drug is medically necessary, the prescription is filled at a network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your *Evidence of Coverage*.

This document is a partial formulary and includes only some of the drugs covered by our plan. For a complete listing (*Kaiser Permanente 2014 Comprehensive Formulary*) of all prescription drugs covered by our plan, please visit our Web site or call us. **Our plan covers all drugs that can be included in a Medicare Part D prescription drug plan according to Medicare requirements.**

Contact information for your Kaiser Permanente Region, along with the date we last updated the formulary, appears on the front and back cover pages.

Can the formulary (drug list) change?

Generally, if you are taking a drug on our 2014 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2014 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same

cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, or add prior authorization, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration (FDA) deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of January 1, 2014. To get updated information about the drugs covered by our plan, please contact us. Contact information for your Kaiser Permanente Region appears on the front and back cover pages.

In the event of a midyear non-maintenance formulary change, we will provide details in the Medicare Part D *Explanation of Benefits* or *Provision of Notice* posted at kp.org/seniormedrx.

How do I use the formulary?

There are two ways to find your drug within the formulary:

Medical condition

The formulary begins on page 6. The drugs in

this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular Drugs". If you know what your drug is used for, look for the category name in the list that begins on page 8. Then look under the category name for your drug.

Alphabetical listing

If you are not sure what category to look under, you should look for your drug in the index that begins on page 15. The index provides an alphabetical list of all of the drugs included in this document. Preferred generic and brand-name drugs, nonpreferred generic and brand-name drugs, specialty-tier drugs, and injectable vaccines are listed in the index. Look in the index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the index and find the name of your drug in the first column of the list.

What are generic drugs?

Our plan covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name and specialty-tier drugs. Cost sharing for preferred generic drugs may be different than for nonpreferred generic drugs. Please see your *Evidence of Coverage* for more information.

What are brand-name drugs?

Brand-name drugs are manufactured and sold by the pharmaceutical company that originally researched and developed the drug. When

the patent on a brand-name drug expires, other pharmaceutical companies may manufacture and sell an FDA-approved generic version of the drug with the same active ingredient(s) at lower prices. Cost sharing for preferred brand-name drugs may be different than for nonpreferred brand-name drugs. Please see your *Evidence of Coverage* for more information.

What are specialty-tier drugs?

Specialty-tier drugs are very high-cost drugs approved by the FDA that are on our formulary.

What are injectable Part D vaccines?

Part D vaccines are certain injectable vaccines that are covered under Medicare Part D (for example, Zostavax for shingles, Adacel for Diphtheria, Tetanus, and Pertussis, which are approved by the FDA).

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Our plan may require you or your network provider to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, we may not cover the drug.

Note: If your prescription has more than one refill remaining, you can only get one refill at a time, unless authorized because you will be away from our service area for an extended period of time. For certain drugs, we may limit the amount of an extended day supply (amounts that exceed a 30-day supply) that you can receive. Also, if there is a shortage in

the marketplace, we may charge one Part D cost sharing for a limited quantity.

You can find out if your drug has any additional requirements or limits by looking on the formulary that begins on page 8. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. Contact information for your Kaiser Permanente Region, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask us to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Kaiser Permanente formulary?" on this page for information about how to request an exception.

What if my drug is not on the formulary?

If your drug is not included on this abridged formulary (partial list of covered drugs), you should first check our *Kaiser Permanente 2014 Comprehensive Formulary* at kp.org/seniormedrx or call our plan at the number listed on the front and back cover pages for your Kaiser Permanente Region and confirm if your drug is covered.

Our plan covers all Medicare Part D drugs. In the rare case that your Medicare Part D prescription drug is not on our *Kaiser Permanente 2014 Comprehensive Formulary*, you have two options:

- You can ask your network provider to prescribe a similar drug that is included on our formulary.
- You can ask us to make an exception and cover your drug. See the next section for information about how to request an exception.

How do I request an exception to the Kaiser Permanente formulary?

You can ask us to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it may not be on our *Kaiser Permanente 2014 Comprehensive Formulary*. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a Part D formulary drug at a lower cost-sharing level if this drug is not on the specialty tier (Tier 5), subject to our tiering exception process. If approved, this would lower the amount you may pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, if your drug requires prior authorization, you can ask us to waive the prior authorization requirement for your Part D drug.

Generally, we will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, tiering or utilization restriction exception. **When you request a formulary, tiering or utilization restriction exception you should submit a statement from your network provider supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited

(fast) exception if you or your network provider believes that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your network provider or other prescriber.

Please note: You can only request an exception for drugs that are considered Medicare Part D prescription drugs by the Centers for Medicare & Medicaid Services (CMS). You cannot get an exception for drugs that are excluded under Medicare Part D or for obtaining a brand-name drug (Tier 3) at the cost sharing that applies to generic drugs. Please refer to your *Evidence of Coverage* for more information about requesting exceptions, including the appeals process.

What do I do before I can talk to my network provider about changing my drugs or requesting an exception?

In rare cases, you might be taking Medicare Part D drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your network provider to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your network provider to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your Part D drugs that may not be on our formulary or if your ability to get your drugs is limited, we will cover a temporary one-month supply (unless you

have a prescription written for fewer days) when you go to a network pharmacy. After your first one-month supply, we may cover an additional refill, as medically necessary. After you have used these refills, we will not pay for these drugs.

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with up to a 98-day transition supply, consistent with the dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription written for fewer days) while you pursue a formulary exception.

As a current member of our plan, if you have a covered inpatient stay in the hospital or in a skilled nursing facility, the drugs you obtain during your stay will be covered under your medical benefit rather than your Medicare Part D prescription drug coverage. When you are discharged home or to a custodial level of care at a long-term care facility, many outpatient prescription drugs you obtain at a pharmacy may be covered under your Medicare Part D coverage. Since your drug coverage is different depending on the setting where you obtain the drug, it is possible that a drug you were taking that was covered under your medical benefit might not be covered by Medicare Part D (for example, over-the-counter drugs, or cough medicine). If this happens, you will have to pay full price for that drug unless you have other coverage (for example, employer-sponsored group coverage).

For more information

For more detailed information about our prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

If you have questions about our plan, please contact us. Contact information for your Kaiser Permanente Region, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day/7 days a week. TTY users should call **1-877-486-2048**. Or, visit **www.medicare.gov**.

Kaiser Permanente's Formulary

The abridged formulary that begins on the next page provides coverage information about some of the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the index that begins on page 15.

Remember: This is only a partial list of drugs covered by our plan. If your prescription is not in this partial formulary, please refer to our *Kaiser Permanente 2014 Comprehensive Formulary* or contact us. Contact information for your Kaiser Permanente Region, along with the date we last updated the formulary, appears on the front and back cover pages.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., ALBENZA) and generic drugs are listed in lower-case italics (e.g., *amoxicillin*).

The second column, "Drug Tier," will indicate what tier number the drug is in:

Tier 1 – Preferred generic drugs

Tier 2 – Nonpreferred generic drugs

Tier 3 – Preferred brand-name drugs

Tier 4 – Nonpreferred brand-name drugs

Tier 5 – Specialty-tier drugs

Tier 6 – Injectable Part D vaccines

Generally, the cost sharing you will pay for your drugs depends on your coverage stage, the type of network pharmacy where you purchase your drugs, and your drug's cost-sharing tier on our formulary. Please refer to your *Evidence of Coverage* for the details about your Medicare Part D prescription drug coverage, including your cost-sharing amounts.

Note: If your coverage is through an employer-sponsored group plan (including a union or trust fund), you may have different drug benefits and cost sharing, and you may have coverage for other drugs that are not covered by Medicare Part D (non-Part D drugs). The amount you pay for non-Part D drugs does not count toward your total out-of-pocket expenditures, and if you are receiving Extra Help to pay for your Medicare Part D prescription drugs, you will not receive any Extra Help to pay for non-Part D drugs. Please check with your group benefits administrator or see your *Evidence of Coverage*.

The information in the Requirements/Limits column tells you if our plan has any special requirements for coverage of your drug. Certain strengths or forms of the drug may be subject to the utilization management codes listed below.

HI = Home infusion drugs may be covered under our medical benefit and obtained at home infusion pharmacies. For more information, please consult your pharmacy directory or call our plan at the number listed on the front and back cover pages for your Kaiser Permanente Region.

LD = Limited-distribution drugs can only be obtained at certain specialty pharmacies. For more information, consult your pharmacy directory or call our plan at the number listed on the front and back cover pages for your Kaiser Permanente Region.

MO = Mail-order drugs. You may order prescription refills of certain medications through our mail-order service online at kp.org/rxrefill or by phone or mobile app, which may lower your costs for a three-month supply. Additional drugs may be available for mail order. Not all drugs can be mailed; restrictions and limitations apply. For more information, please contact your pharmacy or the phone number on the prescription label, visit kp.org/seniormedrx, or call our plan at the number listed on the front and back cover pages for your Kaiser Permanente Region.

PA = Prior authorization medications may be covered under Medicare Part D or Medicare Part B depending on how they are administered (e.g., via infusion pump, nebulizer, or other Durable Medical Equipment device), where they are administered (at home or in a long-term care facility), and what medical condition they are administered for. Prior authorization may also apply to drugs for which treatment for the medical condition will determine if the drug is non-Part D (excluded) or covered.

Drug Name	Drug Tier	Requirements/Limits
Anti-Infective Agents		
Anthelmintics		
ALBENZA	3	MO
STROMEKTOL	4	MO
Antibacterials		
<i>amoxicillin</i>	2	MO
AVELOX	3	MO
VANCOGIN HCL	5	
VIBRAMYCIN	4	MO
Antifungals		
ANCOBON	5	
<i>fluconazole</i>	2	MO
LAMISIL	4	MO
SPORANOX	3	MO
Antimycobacterials		
MYCOBUTIN	3	MO
<i>rifampin</i>	2	HI,MO
TRECTOR	4	MO
Antiprotozoals		
ALINIA	3	MO
<i>hydroxychloroquine sulfate</i>	2	MO
MEPRON	5	
QUALAQUIN	4	MO
Antivirals		
<i>acyclovir</i>	2	MO
ATRIPLA	5	
COPEGUS	4	MO
NORVIR	3	MO
Urinary Anti-Infectives		
MACROBID	4	MO
PRIMSOL	3	
<i>trimethoprim</i>	2	MO
Antihistamine Drugs		

Drug Name	Drug Tier	Requirements/Limits
Antihistamine Drugs		
<i>cetirizine hcl</i>	2	
CLARINEX	4	MO
<i>desloratadine</i>	2	MO
Antineoplastic Agents		
Antineoplastic Agents		
CAPRELSA	3	LD
GLEEVEC	5	
HYDREA	4	
<i>tamoxifen citrate</i>	2	MO
Autonomic Drugs		
Anticholinergic Agents		
ATROVENT HFA	3	MO
BENTYL	4	MO
<i>dicyclomine hcl</i>	2	MO
<i>ipratropium bromide</i>	1	
Autonomic Drugs, Miscellaneous		
CHANTIX	4	
NICOTROL INHALER	3	
Parasympathomimetic (Cholinergic) Agents		
<i>donepezil hydrochloride</i>	2	MO
MESTINON	3	MO
RAZADYNE	4	MO
Skeletal Muscle Relaxants		
<i>baclofen</i>	2	MO
SKELAXIN	4	MO
Sympatholytic (Adrenergic Blocking) Agents		
MIGRANAL	3	
<i>tamsulosin hcl</i>	2	MO
UROXATRAL	4	MO

Drug Name	Drug Tier	Requirements/Limits
Sympathomimetic (Adrenergic) Agents		
<i>albuterol sulfate</i>	2	MO
FORADIL AEROLIZER	4	MO
<i>ipratropium-albuterol</i>	2	MO
SEREVENT DISKUS	3	MO
Blood Formation, Coagulation, and Thrombosis		
Coagulants and Anticoagulants		
LOVENOX	3	
PLETAL	4	MO
<i>warfarin sodium</i>	2	HI,MO
Hematopoietic Agents		
LEUKINE	4	HI
NEUPOGEN	5	
PROCRIT	3	PA
Cardiovascular Drugs		
A-Adrenergic Blocking Agents		
CARDURA	4	MO
<i>terazosin hcl</i>	2	MO
Antilipemic Agents		
<i>gemfibrozil</i>	2	MO
NIASPAN	4	MO
<i>simvastatin</i>	1	MO
Calcium-Channel Blocking Agents		
<i>amlodipine besylate</i>	1	MO
<i>diltiazem hcl</i>	2	HI,MO
TIAZAC	4	MO
Cardiac Drugs		
<i>digoxin</i>	2	MO
NORPACE CR	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>quinidine sulfate</i>	2	MO
RANEXA	4	MO
Hypotensive Agents		
<i>clonidine hcl</i>	2	MO
<i>hydralazine hcl tab 10mg</i>	1	MO
<i>hydralazine hcl tab 50mg</i>	2	MO
PROGLYCEM	3	
TENEX	4	MO
Renin-Angiotensin-Aldosterone System Inhibitors		
DIOVAN	4	MO
<i>lisinopril & hydrochlorothiazide</i>	1	MO
<i>losartan potassium</i>	2	MO
Vasodilating Agents		
<i>isosorbide dinitrate</i>	2	MO
<i>isosorbide mononitrate</i>	1	MO
NITRO-DUR DIS 0.1MG/HR	4	MO
NITROSTAT SUB 0.4MG	3	MO
REVATIO	5	
<i>sildenafil citrate (pulmonary hypertension)</i>	2	PA
β-Adrenergic Blocking Agents		
<i>atenolol</i>	1	MO
<i>metoprolol succinate</i>	2	MO
ZIAC	4	MO
Central Nervous System Agents		
Analgesics and Antipyretics		

Drug Name	Drug Tier	Requirements/Limits
ILARIS	5	
<i>meloxicam</i>	2	MO
MORPHINE SULFATE	3	
OPANA ER (CRUSH RESISTANT)	4	
Anorexigenic Agents and Respiratory and Cerebral Stimulants		
METADATE CD	3	
<i>methylphenidate hcl</i>	2	
PROVIGIL	4	
Anticonvulsants		
BANZEL	3	MO
<i>lamotrigine</i>	2	MO
SABRIL	5	LD
VIMPAT	4	HI
Antimigraine Agents		
AMERGE	4	
<i>sumatriptan succinate</i>	2	
Antiparkinsonian Agents		
APOKYN	5	
AZILECT	3	MO
<i>benztropine mesylate</i>	2	MO
<i>carbidopa-levodopa</i>	2	MO
ZELAPAR	4	MO
Anxiolytics, Sedatives, and Hypnotics		
AMBIEN CR	4	
<i>buspirone hcl tab 10mg</i>	1	
<i>buspirone hcl tab 15mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>buspirone hcl tab 30mg</i>	2	
<i>buspirone hcl tab 5mg</i>	1	
<i>buspirone hcl tab 7.5mg</i>	2	
<i>zolpidem tartrate</i>	2	
Central Nervous System Agents, Miscellaneous		
NAMENDA	3	MO
STRATTERA	4	MO
XYREM	5	LD
Opiate Antagonists		
<i>naloxone hcl</i>	2	
VIVITROL	4	
Psychotherapeutic Agents		
ABILIFY	3	MO
<i>amitriptyline hcl</i>	2	MO
<i>fluoxetine hcl</i>	1	MO
ZYPREXA	4	MO
Diabetic Supplies		
Diabetic Supplies		
<i>alcohol swabs</i>	2	
<i>gauze pads & dressings</i>	2	
<i>insulin pen needle</i>	2	
<i>insulin syringe/ needle u-100</i>	2	
Electrolytic, Caloric, and Water Balance		
Acidifying and Alkalinizing Agents		
<i>ammonium chloride</i>	2	HI
SODIUM LACTATE INJ 1/6M	3	HI
SODIUM LACTATE INJ 5MEQ/ML	4	HI

Drug Name	Drug Tier	Requirements/Limits
Ammonia Detoxicants		
BUPHENYL	5	
CARBAGLU	4	LD,MO
<i>lactulose</i>	2	MO
Caloric Agents		
CLINIMIX 4.25%/ DEXTROSE 20%	3	HI
<i>fat emulsion</i>	2	HI
INTRALIPID	4	HI
Diuretics		
EDECIN	3	MO
<i>hydrochlorothiazide</i>	2	MO
MAXZIDE	4	MO
<i>triamterene & hydrochlorothiazide caps</i>	2	MO
<i>triamterene & hydrochlorothiazide tabs</i>	1	MO
Ion-Removing Agents		
FOSRENOL	5	
REVELA PAK 2.4MG	3	MO
REVELA TAB 800MG	4	MO
<i>sodium polystyrene sulfonate</i>	2	MO
Irrigating Solutions		
<i>lactated ringer's (irrigation)</i>	2	
<i>sodium chloride (gu irrigant)</i>	2	
Replacement Preparations		
PHOSLO CAP 667MG	4	MO
PHOSLYRA SOL	3	

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride microencapsulated crystals cr</i>	2	MO
Uricosuric Agents		
<i>colchicine w/ probenecid</i>	2	MO
<i>probenecid</i>	2	MO
Enzymes		
Enzymes		
ELAPRASE	5	
ELITEK	3	HI
SUCRAID	4	LD
Eye, Ear, Nose, and Throat (EENT) Preparations		
Anti-Infectives		
AZASITE	4	
<i>ofloxacin (ophth)</i>	2	
ZYMAXID	3	
Anti-Inflammatory Agents		
ACULAR	4	
CIPRODEX	3	
<i>fluticasone propionate (nasal)</i>	2	
Antiallergic Agents		
ALOCRIAL	3	
ASTELIN	4	
<i>cromolyn sodium (ophth)</i>	2	
Antiglaucoma Agents		
ALPHAGAN P	4	
<i>betaxolol hcl (ophth)</i>	2	
LUMIGAN	3	
EENT Drugs, Miscellaneous		

Drug Name	Drug Tier	Requirements/Limits
<i>apraclonidine hcl</i>	2	
IOPIDINE	4	
LACRISERT	3	MO
Local Anesthetics		
<i>lidocaine hcl (mouth-throat)</i>	2	
<i>proparacaine hcl</i>	2	
Vasoconstrictors		
<i>naphazoline hcl</i>	2	
<i>tetrahydrozoline hcl</i>	2	
Gastrointestinal Drugs		
Anti-Inflammatory Agents		
<i>balsalazide disodium</i>	2	MO
COLAZAL	4	MO
LIALDA	3	MO
Antidiarrhea Agents		
LOMOTIL	4	
<i>loperamide hcl</i>	2	MO
Antiemetics		
ANZEMET	4	PA,HI,MO
<i>ondansetron</i>	2	PA,MO
TRANSDERM-SCOP	3	MO
Antiulcer Agents and Acid Suppressants		
CARAFATE	3	MO
<i>famotidine</i>	2	HI,MO
<i>omeprazole</i>	2	MO
ZEGERID	4	MO
Cathartics and Laxatives		
OSMOPREP	4	MO
<i>polyethylene glycol 3350</i>	2	

Drug Name	Drug Tier	Requirements/Limits
Digestants		
PANCREAZE CAP 10500UNT	4	MO
ZENPEP CAP 10000UNT	3	MO
GI Drugs, Miscellaneous		
<i>metoclopramide hcl</i>	2	HI,MO
METOZOLV ODT	4	MO
URSO 250	3	MO
Gold Compounds		
Gold Compounds		
RIDAURA	3	
Heavy Metal Antagonists		
Heavy Metal Antagonists		
EXJADE	3	
FERRIPROX	5	LD
SYPRINE	4	
Hormones and Synthetic Substitutes		
Adrenals		
ENTOCORT EC	5	
ORAPRED ODT	4	MO
<i>prednisone</i>	2	PA,MO
SOLU-CORTEF	3	
Androgens		
ANDRODERM DIS 2MG/24HR	3	
<i>methyltestosterone</i>	2	
TESTIM GEL 1% (50MG)	4	
Contraceptives		
ELLA	3	MO
<i>norgestimate-ethinyl estradiol (triphasic)</i>	2	MO
YAZ	4	MO

Drug Name	Drug Tier	Requirements/Limits
Diabetic Agents		
<i>acarbose</i>	2	MO
AVANDIA	4	LD,MO
HUMULIN R	3	PA
KORLYM	5	LD
LANTUS	3	
<i>metformin hcl</i>	1	MO
Estrogens and Antiestrogens		
CLIMARA DIS 0.05MG	3	MO
<i>estradiol</i>	2	MO
VIVELLE-DOT DIS 0.025MG	4	MO
Gonadotropins		
<i>chorionic gonadotropin</i>	2	
SYNAREL	3	
Parathyroid		
<i>calcitonin (salmon)</i>	2	
FORTEO	5	PA
FORTICAL SPR 200/ACT	3	
MIACALCIN SPR 200/ACT	4	
Pituitary		
DDAVP	4	MO
<i>desmopressin acetate</i>	2	MO
STIMATE	3	
Progestins		
DEPO-PROVERA	3	
<i>medroxy-progesterone acetate</i>	2	MO
MEGACE ES	4	

Drug Name	Drug Tier	Requirements/Limits
Somatotropin Agonists and Antagonists		
GENOTROPIN INJ 5MG	5	
GENOTROPIN MINIQUICK INJ 0.2MG	4	
OMNITROPE INJ 10/1.5ML	3	
SOMAVERT	5	LD
Thyroid and Antithyroid Agents		
CYTOMEL	4	MO
<i>levothyroxine sodium</i>	2	MO
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
<i>alendronate sodium tab 10mg</i>	1	
<i>alendronate sodium tab 35mg</i>	2	
<i>alendronate sodium tab 40mg</i>	2	
<i>alendronate sodium tab 5mg</i>	2	
<i>alendronate sodium tab 70mg</i>	1	
<i>allopurinol</i>	2	
COLCRYS	3	
ENBREL	5	
ZYLOPRIM	4	
Respiratory Tract Agents		
Anti-Inflammatory Agents		
<i>cromolyn sodium</i>	2	
GASTROCROM	4	
SINGULAIR	3	MO
ZYFLO CR	5	
Respiratory Agents, Miscellaneous		

Drug Name	Drug Tier	Requirements/Limits
<i>budesonide (inhalation)</i>	2	MO
PULMICORT FLEXHALER	4	MO
QVAR	3	MO
XOLAIR	5	
Serums, Toxoids, and Vaccines		
Serums		
GAMASTAN S/D	3	
Toxoids		
TETANUS TOXOID ADSORBED	3	
TETANUS/DIPHTHERIA TOXOID S-ADSORBED ADULT	6	
Vaccines		
MENOMUNE-A/C/Y/W-135	6	
ZOSTAVAX	6	
Skin and Mucous Membrane Agents		
Anti-Infectives (Skin and Mucous Membrane)		
CLEOCIN	3	MO
<i>clotrimazole</i>	2	MO
METROGEL	4	MO
Anti-Inflammatory Agents (Skin and Mucous Membrane)		
<i>betamethasone dipropionate (topical)</i>	2	MO
CORTISPORIN	3	MO
DIPROLENE	4	MO
Antipruritics and Local Anesthetics		
<i>lidocaine</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
LIDODERM	4	MO
Cell Stimulants and Proliferants		
ATRALIN GEL 0.05%	4	PA,MO
KEPIVANCE	5	HI
RETIN-A CRE 0.05%	3	PA,MO
<i>tretinoin</i>	2	PA,MO
Skin and Mucous Membrane Agents, Miscellaneous		
<i>adapalene</i>	2	MO
ALDARA	4	MO
OXSORALEN	3	
SORIATANE	5	
Smooth Muscle Relaxants		
Smooth Muscle Relaxants		
<i>oxybutynin chloride</i>	2	MO
OXYTROL	3	MO
SANCTURA	4	MO
Vitamins		
Vitamins		
<i>calcitriol</i>	2	PA,HI,MO
HECTOROL	4	PA,HI,MO
TRINATAL RX 1	3	MO

INDEX OF DRUGS

A

ABILIFY 10
 acarbose 13
 ACULAR 11
 acyclovir 8
 adapalene 14
 ALBENZA 8
 albuterol sulfate 9
 alcohol swabs 10
 ALDARA 14
 alendronate sodium
 tab 10mg 13
 alendronate sodium
 tab 35mg 13
 alendronate sodium
 tab 40mg 13
 alendronate sodium
 tab 5mg 13
 alendronate sodium
 tab 70mg 13
 ALINIA 8
 allopurinol 13
 ALOCRIL 11
 ALPHAGAN P 11
 AMBIEN CR 10
 AMERGE 10
 amitriptyline hcl 10
 amlodipine besylate 9
 ammonium chloride 10
 amoxicillin 8

ANCOBON 8
 ANDRODERM DIS
 2MG/24HR 12
 ANZEMET 12
 APOKYN 10
 apraclonidine hcl 12
 ASTELIN 11
 atenolol 9
 ATRALIN GEL 0.05% 14
 ATRIPLA 8
 ATROVENT HFA 8
 AVANDIA 13
 AVELOX 8
 AZASITE 11
 AZILECT 10

B

baclofen 8
 balsalazide disodium 12
 BANZEL 10
 BENTYL 8
 benztropine mesylate 10
 betamethasone
 dipropionate (topical) 14
 betaxolol hcl (ophth) 11
 budesonide (inhalation) 14
 BUPHENYL 11
 buspirone hcl tab 10mg 10
 buspirone hcl tab 15mg 10

buspirone hcl tab 30mg 10
 buspirone hcl tab 5mg 10
 buspirone hcl tab 7.5mg ... 10

C

calcitonin (salmon) 13
 calcitriol 14
 CAPRELSA 8
 CARAFATE 12
 CARBAGLU 11
 carbidopa-levodopa 10
 CARDURA 9
 cetirizine hcl 8
 CHANTIX 8
 chorionic gonadotropin 13
 CIPRODEX 11
 CLARINEX 8
 CLEOCIN 14
 CLIMARA DIS 0.05MG 13
 CLINIMIX 4.25%/
 DEXTROSE 20% 11
 clonidine hcl 9
 clotrimazole 14
 COLAZAL 12
 colchicine w/probenecid ... 11
 COLCRYS 13
 COPEGUS 8
 CORTISPORIN 14
 cromolyn sodium 13

<i>cromolyn sodium (ophth)</i> ...	11	<i>fluticasone propionate (nasal)</i>	11	IOPIDINE	12
CYTOMEL	13	FORADIL AEROLIZER	9	<i>ipratropium bromide</i>	8
D		FORTEO	13	<i>ipratropium-albuterol</i>	9
DDAVP	13	FORTICAL SPR 200/ACT ...	13	<i>isosorbide dinitrate</i>	9
DEPO-PROVERA	13	FOSRENOL	11	<i>isosorbide mononitrate</i>	9
<i>desloratadine</i>	8	G		J	
<i>desmopressin acetate</i>	13	GAMASTAN S/D	14	K	
<i>dicyclomine hcl</i>	8	GASTROCROM	13	KEPIVANCE	14
<i>digoxin</i>	9	<i>gauze pads & dressings</i>	10	KORLYM	13
<i>diltiazem hcl</i>	9	<i>gemfibrozil</i>	9	L	
DIOVAN	9	GENOTROPIN INJ 5MG	13	LACRISERT	12
DIPROLENE	14	GENOTROPIN MINIQUICK		<i>lactated ringer's (irrigation)</i>	11
<i>donepezil hydrochloride</i>	8	INJ 0.2MG	13	<i>lactulose</i>	11
E		GLEEVEC	8	LAMISIL	8
EDECRIN	11	H		<i>lamotrigine</i>	10
ELAPRASE	11	HECTOROL	14	LANTUS	13
ELITEK	11	HUMULIN R	13	LEUKINE	9
ELLA	12	<i>hydralazine hcl tab 10mg</i>	9	<i>levothyroxine sodium</i>	13
ENBREL	13	<i>hydralazine hcl tab 50mg</i>	9	LIALDA	12
ENTOCORT EC	12	HYDREA	8	<i>lidocaine</i>	14
<i>estradiol</i>	13	<i>hydrochlorothiazide</i>	11	<i>lidocaine hcl (mouth-throat)</i>	12
EXJADE	12	<i>hydroxychloroquine sulfate</i> ..	8	LIDODERM	14
F		I		<i>lisinopril & hydrochlorothiazide</i>	9
<i>famotidine</i>	12	ILARIS	10	LOMOTIL	12
<i>fat emulsion</i>	11	<i>insulin pen needle</i>	10	<i>loperamide hcl</i>	12
FERRIPROX	12	<i>insulin syringe/needle u-100</i>	10	<i>losartan potassium</i>	9
<i>fluconazole</i>	8	INTRALIPID	11		
<i>fluoxetine hcl</i>	10				

LOVENOX	9	NEUPOGEN	9	<i>potassium chloride</i>	
LUMIGAN	11	NIASPAN	9	<i>microencapsulated</i>	
M		NICOTROL INHALER	8	<i>crystals cr</i>	11
MACROBID	8	NITRO-DUR DIS		<i>prednisone</i>	12
MAXZIDE	11	0.1MG/HR	9	PRIMSOL	8
<i>medroxyprogesterone</i>		NITROSTAT SUB 0.4MG	9	<i>probenecid</i>	11
<i>acetate</i>	13	<i>norgestimate-ethinyl</i>		PROCRIT	9
MEGACE ES	13	<i>estradiol (triphasic)</i>	12	PROGLYCEM	9
<i>meloxicam</i>	10	NORPACE CR	9	<i>proparacaine hcl</i>	12
MENOMUNE-		NORVIR	8	PROVIGIL	10
A/C/Y/W-135	14	O		PULMICORT FLEXHALER ..	14
MEPRON	8	<i>ofloxacin (ophth)</i>	11	Q	
MESTINON	8	<i>omeprazole</i>	12	QUALAQUIN	8
METADATE CD	10	OMNITROPE INJ		<i>quinidine sulfate</i>	9
<i>metformin hcl</i>	13	10/1.5ML	13	QVAR	14
<i>methylphenidate hcl</i>	10	<i>ondansetron</i>	12	R	
<i>methyltestosterone</i>	12	OPANA ER (CRUSH		RANEXA	9
<i>metoclopramide hcl</i>	12	RESISTANT)	10	RAZADYNE	8
<i>metoprolol succinate</i>	9	ORAPRED ODT	12	REVELA PAK 2.4MG	11
METZOZOLV ODT	12	OSMOPREP	12	REVELA TAB 800MG	11
METROGEL	14	OXSORALEN	14	RETIN-A CRE 0.05%.....	14
MIACALCIN SPR		<i>oxybutynin chloride</i>	14	REVATIO	9
200/ACT	13	OXYTROL	14	RIDAURA	12
MIGRANAL	8	P		<i>rifampin</i>	8
MORPHINE SULFATE	10	PANCREAZE CAP		S	
MYCOBUTIN	8	10500UNT	12	SABRIL	10
N		PHOSLO CAP 667MG	11	SANCTURA	14
<i>naloxone hcl</i>	10	PHOSLYRA SOL	11	SEREVENT DISKUS	9
NAMENDA	10	PLETAL	9		
<i>naphazoline hcl</i>	12	<i>polyethylene glycol 3350</i> ..	12		

<i>sildenafil citrate (pulmonary hypertension)</i>	9	TETANUS TOXOID ADSORBED	14	X	XOLAIR	14
<i>simvastatin</i>	9	TETANUS/DIPHTHERIA TOXOID S-ADSORBED ADULT	14	Y	XYREM	10
SINGULAIR	13	<i>tetrahydrozoline hcl</i>	12	Z	YAZ	12
SKELAXIN	8	TIAZAC	9			
<i>sodium chloride (gu irrigant)</i>	11	TRANSDERM-SCOP	12			
SODIUM LACTATE INJ 1/6M	10	TRECTOR	8		ZEGERID	12
SODIUM LACTATE INJ 5MEQ/ML	10	<i>tretinoin</i>	14		ZELAPAR	10
<i>sodium polystyrene sulfonate</i>	11	<i>triamterene & hydrochlorothiazide caps</i> ..	11		ZENPEP CAP 10000UNT ...	12
SOLU-CORTEF	12	<i>triamterene & hydrochlorothiazide tabs</i> ...	11		ZIAC	9
SOMAVERT	13	<i>trimethoprim</i>	8		<i>zolpidem tartrate</i>	10
SORIATANE	14	TRINATAL RX 1	14		ZOSTAVAX	14
SPORANOX	8				ZYFLO CR	13
STIMATE	13	U			ZYLOPRIM	13
STRATTERA	10	UROXATRAL	8		ZYMAXID	11
STROMEKTOL	8	URSO 250	12		ZYPREXA	10
SUCRAID	11	V				
<i>sumatriptan succinate</i>	10	VANCOCIN HCL	8			
SYNAREL	13	VIBRAMYCIN	8			
SYPRINE	12	VIMPAT	10			
T		VIVELLE-DOT DIS 0.025MG	13			
<i>tamoxifen citrate</i>	8	VIVITROL	10			
<i>tamsulosin hcl</i>	8	W				
TENEX	9	<i>warfarin sodium</i>	9			
<i>terazosin hcl</i>	9					
TESTIM GEL 1% (50MG)	12					

This abridged formulary was updated on 08/01/2013 and is not a complete list of drugs covered by our plan. For a complete listing or other questions, please contact the number for your Kaiser Permanente Region listed below, seven days a week, 8 a.m. to 8 p.m. or visit kp.org/seniormedrx.

Kaiser Permanente Regions

CALIFORNIA REGIONS

Kaiser Foundation Health Plan, Inc.
393 E. Walnut St.
Pasadena, CA 91188-8514

Kaiser Permanente Senior Advantage (HMO)
and Senior Advantage Medicare
Medi-Cal Plan (HMO SNP)

Member Service Contact Center
1-800-443-0815 TTY 711

COLORADO REGION

Kaiser Foundation Health Plan of Colorado
2500 South Havana Street
Aurora, CO 80014-1622

Kaiser Permanente Senior Advantage (HMO),
Senior Advantage Medicare Medicaid Plan
(HMO SNP), and Senior Advantage Plus
Choice (HMO-POS)

Member Service Contact Center
1-800-476-2167 TTY 711

GEORGIA REGION

Kaiser Foundation Health Plan
of Georgia, Inc.
Nine Piedmont Center
3495 Piedmont Road NE
Atlanta, GA 30305

Kaiser Permanente Senior Advantage (HMO)
and Senior Advantage Medicare Medicaid
Plan (HMO SNP)

Member Services
1-800-232-4404 TTY 711



KAISER PERMANENTE®

kp.org/seniormedrx

HAWAII REGION

Kaiser Foundation Health Plan, Inc.
711 Kapiolani Blvd.
Tower Suite 400
Honolulu, HI 96813

Kaiser Permanente Senior Advantage (HMO)

Customer Service Center
1-800-805-2739 TTY 711

MID-ATLANTIC STATES REGION (District of Columbia, Maryland, and Virginia)

Kaiser Foundation Health Plan
of the Mid-Atlantic States, Inc.
2101 East Jefferson Street
Rockville, MD 20852

Kaiser Permanente Medicare Plus (Cost)

Member Service Contact Center
1-888-777-5536 TTY 711

NORTHWEST REGION

Kaiser Foundation Health Plan
of the Northwest
500 NE Multnomah Street, Suite 100
Portland, OR 97232

Kaiser Permanente Senior Advantage (HMO)

Membership Services
1-877-221-8221 TTY 711

OHIO REGION

Kaiser Foundation Health Plan
of Ohio
1001 Lakeside Avenue, Suite 1200
Cleveland, OH 44114

Kaiser Permanente Medicare Plus (Cost)

Customer Relations Department
1-800-493-6004 TTY 711