

2025 Kaiser Permanente Plus™ prescription drugs

This benefit covers outpatient prescription drugs and supplies prescribed by a licensed provider, including any licensed dentist, and obtained at a Kaiser Permanente pharmacy or an out-of-network pharmacy. Drug formulary guidelines apply to Kaiser Permanente and out-of-network pharmacies.

Traditional and deductible cost share options

Kaiser Permanente Pharmacies				Out-of-Network Pharmacies (Limited to 5 prescription fills per year)			
Generic	Preferred Brand	Non-Preferred Brand	Specialty	Generic	Preferred Brand	Non-Preferred Brand	Specialty
\$10	\$20	\$40	\$100	\$30	\$40	\$60	\$120
\$10	\$20	\$40	\$150	\$30	\$40	\$60	\$170
\$10	\$30	\$60	50%	\$30	\$50	\$80	50%
\$15	\$30	\$50	\$100	\$35	\$50	\$70	\$120
\$15	\$30	\$50	\$150	\$35	\$50	\$70	\$170
\$15	\$30	\$50	\$200	\$35	\$50	\$70	\$220
\$15	\$60	\$80	50%	\$35	\$80	\$100	50%
\$20	\$40	\$60	\$150	\$40	\$60	\$80	\$170
\$20	\$40	\$60	\$200	\$40	\$60	\$80	\$220

How to get covered drugs and supplies at retail pharmacies

Prescriptions can be filled through either of 2 options. Members may fill prescriptions at a retail Kaiser Permanente pharmacy or at an out-of-network retail pharmacy. Out-of-network pharmacy benefits are limited to 5 prescription fills per year. Cost shares will differ depending on which type of pharmacy the member chooses. Lower cost applies to Kaiser Permanente pharmacies, higher cost applies to out-of-network pharmacies.

Kaiser Permanente pharmacies are located in most Kaiser Permanente medical offices. To find a Kaiser Permanente pharmacy, please visit kp.org/choiceproducts/nw or contact Customer Service at **1-866-616-0047**.

When a prescription is purchased from a retail Kaiser Permanente pharmacy or an out-of-network retail pharmacy, members pay the cost share shown above for up to a 30-day supply. This applies for each prescription. If charges for the drug or supply are less than the cost share, the member pays the lesser amount.

Mail-order pharmacy (only available through Kaiser Permanente)

Kaiser offers postage-paid delivery to addresses in Oregon and Washington and members can receive up to a 90-day supply for 2 copays. Some drugs and supplies are not available through our mail-order pharmacy, for example, controlled substances as determined by state and/or federal regulations, drugs that require special handling or are affected by temperature, or drugs that are high cost. To use our mail-order pharmacy, call **1-800-548-9809**, or order online at kp.org/refill.

New members — getting started (Kaiser Permanente pharmacies only)

For existing prescriptions, new members can complete the online Transfer Your Prescriptions form at **kp.org/newmember** or call the New Member Welcome Desk at **1-888-491-1124**. We will work with the previous pharmacy to transfer medications, coordinate refills, and answer questions. Kaiser Permanente has a formulary list of medications covered under the prescription benefit. If a medication is not on the formulary, one of our pharmacists will work with the member and their health care team to update the medication to a formulary product. Our health care team uses our formulary to help determine the safest, most effective prescriptions.

Formulary information (Kaiser Permanente pharmacies only)

The Kaiser Permanente drug formulary is a list of drugs that the Kaiser Permanente Regional Formulary and Therapeutics Committee has approved for our members. The Regional Formulary and Therapeutics Committee chooses drugs for the formulary based on several factors, including safety and effectiveness as determined from a review of the scientific literature.

The Regional Formulary and Therapeutics Committee may add drugs to the formulary or remove drugs from it. If a drug is removed from the formulary, the member will need to switch to another comparable drug that is on the drug formulary, unless the old drug meets exception criteria. Drugs on our formulary may move to a different drug tier during the year. For example, a drug could move from the non-preferred brand drug list to the preferred brand drug list. If we move a drug that a member is taking to a different drug tier, this could change the cost share amount for that drug.

To see if a drug or supply is on the Kaiser Permanente drug formulary, or to find out what cost share tier the drug is in, go to **kp.org/formulary**. Members may also call our Formulary Application Services Team (FAST) at **503-261-7900** or toll free at **1-888-572-7231**. For a copy of the Kaiser Permanente drug formulary or information about the formulary exception process, please call Customer Service. The presence of a drug on the Kaiser Permanente drug formulary does not necessarily mean that providers will prescribe it for a particular medical condition.

Diabetic supplies

The following non-prescription items are covered for the treatment of diabetes: glucagon emergency kits, insulin, ketone test strips for urine testing, blood glucose test strips, and disposable needles and syringes. Additional diabetic equipment and supplies may be covered under durable medical equipment (DME) and prosthetics and orthotics benefits.

Prescription drug exclusions (this is only a partial list of exclusions)

- **Out-of-network only:** Mail order drugs and supplies.
- Any special packaging, other than the dispensing pharmacy's standard packaging.
- Brand-name drugs for which a generic drug is available, unless approved.
- Drugs, biological products, and devices that the FDA has not approved.
- Drugs used in weight management.
- Drugs used to enhance athletic performance.
- Nutritional supplements