

Transferring your medication to Kaiser Permanente

We'll help make your transition as easy as possible.

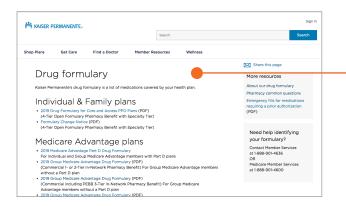
Kaiser Permanente New Member Welcome Team 206-630-0029 or 1-888-844-4607 (TTY 711), Monday through Friday, 8 a.m. to 5 p.m.

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First, see if your medications are covered.

The easiest way to find out if your current prescriptions are covered by your employer's Kaiser Permanente health plan is to call our New Member Welcome Team at **206-630-0029** or **1-888-844-4607**, Monday through Friday, 8 a.m. to 5 p.m.

Or, you can look up your medications yourself:

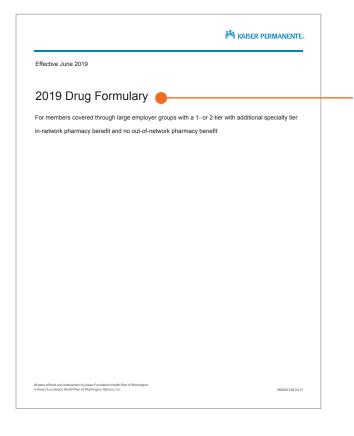


- Ask your HR representative about your plan's drug coverage (plan and tier levels).
- 2. Visit our drug formulary at www.kp.org/wa/formulary.

A formulary is a list of medications covered by your employer's health plan.



3. Locate your employer plan's formulary. Then, click on its corresponding PDF.



4. Find your medication within the formulary list.

If you know the medication name, search for it in the **formulary's index** near the end of the document.

Or, use the table of contents near the beginning of the document to search by **drug type category** (for example, cardiovascular drugs or pain management).

If you don't find your medication, **it may not be covered**. Please call our New Member Welcome Team to confirm.

Flovent HFA Aer 220mcgPA Flovent HFA Aer 44mca Qvar Aer 40mcg Qvar Aer 80mcg Qvar Rediha Aer 80mcgPA Qvar Redihal Aer 40mcgPA Serevent Dis Aer 50mcgST Spiriva Aer 1.25mcgST Spiriva CAP Handihlr Spiriva Spr 2.5mcg Stiolto Aer 2.5-2.5 Striverdi Aer 2.5mcgPA Ventolin HFA AerQL **RESPIRATORY AGENTS - MISC PREFERRED** TIER 02 Pulmozyme Sol 1MG/ML Survanta Inh **SPECIALTY** TIER 04 Esbriet CAP 267MGQL,PA Esbriet TAB 267MGQL,PA Esbriet TAB 801MGQL,PA Ofev CAP 100MGQL,PA Ofev CAP 150MGQL,PA

If you see any of the following next to your medication in the formulary list, please have your provider contact Kaiser Permanente's Pharmacy Drug Review Department for Providers at **800-729-1174**.

PA = prior authorization

Your provider must show the specific medication is medically necessary for you before Kaiser Permanente will approve and cover the medication.

ST = step therapy

You are required to try a certain preferred drug before receiving coverage for the drug you were prescribed. To request an exception, your prescriber must contact Kaiser Permanente.

QL = quantity limit

There is a limit to the amount of a medication the plan will cover over a certain period of time.

- 2019 Drug Formulary for Large Employer Groups (PDF)
 (5-Tier In-Network Pharmacy Benefit)
- Formulary Change Notice (PDF)
 (1- or 2-Tier In-Network Pharmacy Benefit)
- Formulary Change Notice (PDF) (3-Tier In-Network Pharmacy Benefit)
- Formulary Change Notice (PDF)
 (4-Tier In-Network Pharmacy Benefit)
- Formulary Change Notice (PDF)
 (5-Tier In-Network Pharmacy Benefit)

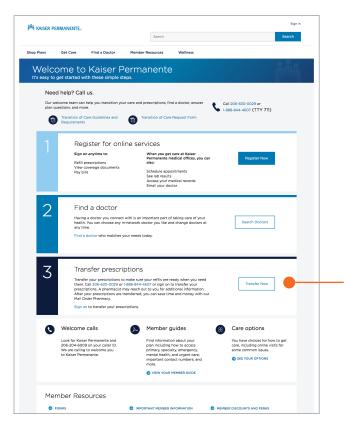
Prior authorization and nonfo exception requests

You or your doctor can request coverage for prior authorization d Requests are reviewed based on our coverage criteria or medical you pay a cost share determined by your member contract. If we 5. Check your plan's **Formulary Change Notice** to see if any of your medications have had recent coverage changes.

Next, transfer your prescriptions to Kaiser Permanente.

Once you've **confirmed your medications are covered**, you can transfer your prescriptions after your plan's effective date. Our New Member Welcome Team can do this for you. Just call **206-630-0029** or **1-888-844-4607**, Monday through Friday, 8 a.m. to 5 p.m.

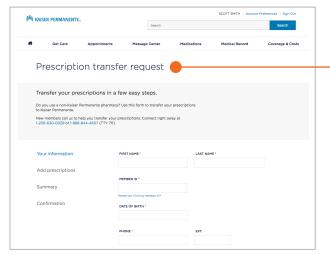
Or, you can transfer prescriptions yourself:



1. Visit kp.org/wa/getstarted.

2. Scroll down to "Transfer prescriptions" and click "Transfer now."

If you haven't already, you'll need to create an online member profile at this point.



Fill out a "Prescription transfer request."
 You'll need to submit one "Prescription transfer request" per prescription.

If you're on an Access PPO plan, you may be able to use your existing retail pharmacy with your new Kaiser Permanente health plan. Please call our New Member Welcome Team to confirm, or search for your pharmacy within our network at **kp.org/wa/optumrx-wa**.