

Provider Update

News for Kaiser Permanente Contracted Providers • DECEMBER 2020

Introducing new networks, plans, and initiatives for 2021

KAISER PERMANENTE IS EXCITED TO OFFER new networks, plans, and initiatives for 2021—the CoreSelect network, the Virtual Plus HMO (utilizing the new Virtual Plus-Connect network), the Summit PPO plans, the Anchor Medicare Advantage HMO plan, and the Health360 plan. Additionally, we have launched a pharmacy initiative that we believe will lead to excellent care coordination for our members. Each of these is addressed below.

CoreSelect Network

EFFECTIVE JANUARY 1, 2021, Kaiser Permanente is offering a new CoreSelect network for a majority of our Individual & Family HMO plans offered in our 18-county service area. In King, Kitsap, Pierce, Snohomish, Spokane, and Thurston counties, this network is more narrow, featuring Kaiser Permanente Care Delivery along with a limited number of external primary care providers, specialists,



hospitals, and pharmacies who complement the CoreSelect network where certain services are not available within Kaiser Permanente.

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PROVIDER UPDATE

is published quarterly for Kaiser Permanente contracted providers.

Send story ideas and comments to [Provider Communications](#).

**2021
Calendar**



EFT deposit and check mail dates

Provider reimbursement checks are scheduled to be deposited ACH or mailed on the following dates. Mailed checks should arrive within approximately three business days.

| | | | |
|-----------------|------------------|------------------|-------------------|
| JANUARY | 7, 14, 22, 28 | JULY | 1, 8, 15, 22, 29 |
| FEBRUARY | 4, 11, 19, 25 | AUGUST | 5, 12, 19, 26 |
| MARCH | 4, 11, 18, 25 | SEPTEMBER | 8, 10, 16, 23, 30 |
| APRIL | 3, 9, 15, 22, 29 | OCTOBER | 7, 14, 21, 28 |
| MAY | 6, 13, 20, 27 | NOVEMBER | 4, 11, 18, 26 |
| JUNE | 5, 10, 17, 24 | DECEMBER | 7, 9, 16, 23, 30 |

Kaiser Permanente holidays

NEW YEAR'S DAY

Friday, January 1

MARTIN LUTHER KING JR. DAY

Monday, January 18

PRESIDENTS' DAY

Monday, February 15

MEMORIAL DAY

Monday, May 31

INDEPENDENCE DAY

Monday, July 5

LABOR DAY

Monday, September 6

THANKSGIVING DAY

Thursday, November 25

CHRISTMAS DAY

Saturday, December 25

PROVIDER NEWS

New VerifyHCP® clinician directory verification portal

WE ARE PLEASED TO INTRODUCE our contracted clinicians to VerifyHCP, a quick and easy clinician directory verification portal developed by LexisNexis® Risk Solutions. To make verification more efficient for you and your staff, VerifyHCP enables clinicians and their practices to validate or update pre-populated directory information in one place across participating health plans.

Updated clinician and practice information allows us to provide patients with current directory information so they can select in-network providers, choose health plans, and ultimately access care. Our goal in using VerifyHCP is to make this process as easy as possible for clinicians and their practices in order to facilitate timely and accurate responses to outreach requests.

Clinician and practice outreach

In January 2021, we will begin quarterly outreach via email, fax, and phone to confirm and update your directory information. Clinicians and practices will be directed to register and log in to the Verify Health Care portal to confirm



that their directory information on file is accurate. The portal meets Kaiser Permanente's information technology security standards and is a free website for clinicians and their staff to use to confirm directory information, as required by CMS and applicable laws. This new process will replace the current monthly outreach conducted in the Washington region.

Contact [LexisNexis Risk Solutions Tech Support](#) with questions about the portal.

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Networks, plans, and initiatives for 2021

Our model of care is most effective when our members have strong relationships with providers in the Kaiser Permanente care delivery system or with external providers who closely align with our care delivery model and our goals of patient-centered, high-quality, efficient care. To achieve this standard with our new CoreSelect network, we have and will continue to evaluate the network to ensure it meets the needs of our patients, while providing appropriate network adequacy as established by the Washington Office of the Insurance Commissioner (OIC). Because this new network meets those adequacy standards, we will not be adding additional providers to the CoreSelect network at this time.

Virtual Plus HMO

EFFECTIVE JANUARY 1, 2021, the Virtual Plus HMO plans will be offered in King, Kitsap, Pierce, Snohomish, Spokane, and Thurston counties. Our new Virtual Plus product, based on the new Virtual Plus-Connect network, is designed to fully leverage the differentiation of Kaiser Permanente’s integrated care model and digital front door to create a low-cost virtual plan option to address the economic hardships created by the COVID-19 pandemic. The Virtual Plus plan is grounded in affordability and accessibility for our members, offering virtual care as a first step in the care journey. Most in-person care will require an authorized referral to receive the lowest cost share to the member. When a member needs care, they start with one of our virtual care options: 24/7 Care Chat, 24/7 Consulting Nurse Service, e-visit, video or phone appointment, or e-mail consultation. If an in-person visit is needed, the Kaiser Permanente virtual care provider will refer the patient to an in-person provider for follow-up care.



Summit PPO

EFFECTIVE JANUARY 1, 2021, Kaiser Permanente will offer a new 3-tiered Summit PPO plan, a lower-cost PPO option that gives members extensive choices in providers and out-of-pocket costs. Utilizing our tiers, members also have

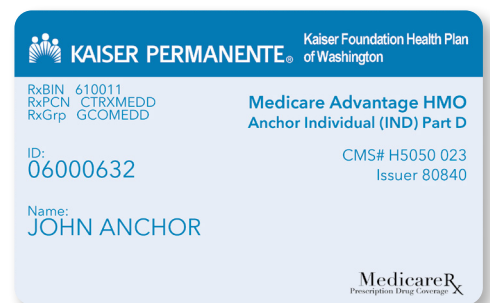


access to more than 1 million in-network health professionals anywhere in the United States. In the first tier, members are incentivized to

choose high-quality care from Kaiser Permanente providers, pharmacies and preferred contracted providers and to use preferred hospitals where Kaiser Permanente clinicians are actively involved in care management. Kaiser Permanente providers and pharmacies, including preferred contracted providers, will always be the highest benefit tier. Tier 2 includes our directly contracted PPO providers along with the First Choice Health and First Health networks based on where the care is needed, as well as all Optum pharmacies. Tier 3 includes all providers throughout the United States that are not contracted with Kaiser Permanente, or within the states authorized for First Choice Health network, or First Health network. Summit PPO plans are offered in King, Kitsap, Pierce, Snohomish, Spokane, and Thurston counties. Please note there are no Tier 1 providers outside this six-county area except for Kaiser Permanente providers in other regions.

Anchor Medicare Advantage HMO

EFFECTIVE JANUARY 1, 2021, Kaiser Permanente Washington is introducing a new, \$0 premium Medicare Advantage with Part D plan called Anchor in Skagit and Whatcom counties. This plan includes many of the same rich benefits as our other Medicare Advantage plans, including a vision hardware allowance, fitness, and non-urgent transportation benefit. The Anchor plan offers the same provider network as our other Individual Medicare Advantage (HMO) plans. In addition, for primary and specialty care office visits, the Anchor plan features a Tier 1 \$0 copay when members receive care from Kaiser Permanente’s Washington Permanente Medical Group providers located in King, Kitsap, Pierce, Snohomish,



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Networks, plans, and initiatives for 2021

Spokane, and Thurston counties, or Family Care Network providers in Whatcom and Skagit counties. A Tier 2 \$35 copay applies to all other contracted primary care providers and a Tier 2 \$50 copay applies to all other contracted specialty care providers.

Health360

KAISER PERMANENTE IS PARTNERING WITH DELTA DENTAL to offer the new Health360 plan. This evidence-based plan is grounded in Kaiser Permanente's knowledge of the important relationship between dental health and overall health. This plan is especially beneficial to those members who have a qualifying condition, such as diabetes, cardiovascular disease, or pregnancy.

When a member who has Health360 and a qualifying condition sees their provider, that provider may submit documentation to Kaiser Permanente, identifying these members as having a qualifying condition that triggers enhanced benefits for the member. Kaiser Permanente transmits the information to Delta Dental so they can administer those additional benefits, such as extra cleanings and examinations. These enhanced dental benefits will help these patients stay healthy with a focus on good oral health, which can greatly impact their overall health.

Pharmacy First-Fill Initiative

STATISTICAL EVIDENCE SUPPORTS that Kaiser Permanente members experience higher compliance and quality outcomes and improved patient experience when their medications are filled internally within the Kaiser Permanente system. Internalization of these prescriptions supports greater integration of a member's clinical information within the pharmacy pathway as well. In support of this evidence, Kaiser Permanente has created a new first-fill plan feature for maintenance drugs for its new CoreSelect, and Summit PPO, and Virtual Plus-Connect networks, requiring that, after the first fill, maintenance drugs must be filled at a Kaiser Permanente pharmacy or through the Kaiser Permanente mail-order service to ensure plan coverage. This initiative does not apply to our Medicare Advantage networks.

While first fill, maintenance drugs must be filled at a Kaiser Permanente pharmacy or through the Kaiser Permanente mail-order service, there are no restrictions on fills for

non-maintenance drugs for acute medical situations or for medications Kaiser Permanente cannot mail. These medications may be filled within the member's retail contracted network. For geographic areas without Kaiser Permanente retail pharmacies, members will be required to use mail-order for their medications.

If your Kaiser Permanente patient has asked that their prescriptions be transferred to our mail order service, please respond to the request as soon as possible so that we may keep the member on their established medication schedule. Thank you for your assistance with the transfers, ensuring high quality care for our members.

For more information about transferring prescriptions, please contact us at 877-939-8778.

EFFECTIVE JANUARY 1, 2021

Changes to our Women's Health payment policy

Excerpt from the policy:

"Kaiser Permanente will not cover care or pay claims when a Kaiser Permanente member is being seen for maternity care, covered reproductive health services, gynecological care, general examination, and preventive care when provided by a non-network provider without an authorization.

Exceptions apply to plans that have an out-of-network (OON) benefit and no authorizations are required. Non-network providers providing Women's Health services, must ensure that an authorization is in place for care. Plans with an OON benefit may not be required by the patient's network, prior to rendering care. Kaiser Permanente will ensure adequate access to women's health care through its current network."

[Read more](#)

COVID-19 Household Prevention program resources available to our members

KAISER PERMANENTE HAS RESOURCES for our members who are caring for COVID-19 positive loved ones at home, and we would like your help to make them aware of these resources. Kaiser Permanente members who have tested positive for COVID-19 can contact us for a household transmission-prevention kit and educational information that provide critical actions to stop the spread of COVID-19. You may refer patients to the program by calling 800-394-2279 and providing a warm hand-off, if possible. You may also refer the member to the Kaiser Permanente member website [COVID-19 page](#) for more COVID-19 resources, including a [caregiver's guide](#), information about [critical actions to stop the spread](#), how to [clean and disinfect surfaces](#), and more.

Members who choose to participate in this program may expect:

- An educational specialist from the Household Prevention program will call the member.

- Once the member has spoken with the Household Prevention program team, a kit will be mailed to the member's home, for members with a household of more than 1. The kit will arrive approximately 2 to 3 days following the phone conversation with the Household Prevention program team, and will contain masks, gloves, hand-sanitizer and other essential items to help prevent the spread of COVID-19.
- Education will include a brochure (mailed with the kit), phone support regarding household prevention of COVID-19, and answers to questions regarding social support.
- The member will also be provided the number for the Household Prevention program team in case they have any future questions (non-clinical in nature). Questions that are clinical in nature will be transferred to the appointment and advice call center.



Recent letters to providers

Effective January 1, 2021

Changes to medical necessity review criteria for bone anchored hearing system (BAHA) (PDF)

Changes to medical necessity review criteria for chromoendoscopy and narrow band imaging for colonoscopy (PDF)

Changes to medical necessity review criteria for hyperbaric oxygen therapy (PDF)

Multiple payment policy changes effective January 1, 2021 (PDF)

- Drug Waste Policy
- Women's Health Policy
- Surgical Codes—Anatomical Modifiers

Multiple payment policy changes effective January 1, 2021 (PDF)

- Diagnosis Related Group (DRG) Payment and Review

Multiple payment policy changes effective January 1, 2021 (PDF)

- High Level Evaluation and Management Services with a Diagnosis of "No Abnormal Findings"
- Change of Policy Name and Addition of Medicare Specific Language

Changes to medical necessity review criteria for next generation sequencing (NGS) for advanced cancer (PDF)

Medicare Part B drugs requiring step therapy (PDF)

Effective February 1, 2021

National Drug Code (NDC) billing requirements (PDF)

Manipulative services—AT modifier requirement (PDF)

Threshold decrease for pre-payment review (aka line item deduction) and medical necessity review for inpatient and outpatient claims (PDF)

Site of Care prior authorization requirement for NUCALA (MEPOLIZUMAB), NULOJIX (BELATACEPT), FASENRA (BENRALIZUMAB), XOLAIR (OMALIZUMAB) (PDF)

Updated prior authorization criteria for: AVASTIN®, HERCEPTIN®, REMICADE®, AND RITUXAN® (PDF)

Changes to medical necessity review criteria for cervical spine magnetic resonance imaging (MRI) (PDF)

Changes to medical necessity review criteria implanted fusion pumps (PDF)

Changes to medical necessity review criteria for electroretinography (PDF)

Effective February 15, 2021

Vedolizumab (Entyvio) updated prior authorization criteria (PDF)

New and updated payment policies

Diagnosis Related Group Payment and Review (PDF)

Facility Charges for Evaluation and Management Services (PDF)

Manipulative Services (Chiropractic) (PDF)

National Drug Code Billing Requirements (PDF)

Telehealth Services (Medicare) (PDF)

Telemedicine Services (Commercial) (PDF)

Women's Health (PDF)

Code Editing (PDF)

Admission and Post Stabilization Requirement (PDF)

High Level Evaluation and Management Services with a Diagnosis of "No Abnormal Findings" (PDF)

Surgical Codes - Anatomical Modifiers (Professional Claims) (PDF)

Tips on how to navigate the prescription drugs prior authorization process

THE PHARMACY DRUG BENEFIT HELP DESK TEAM at Kaiser Permanente is the team assigned to provide clinical coverage determination for prescription drugs that require prior authorization or that are not on the formulary.

Drugs that are not covered for patients under their plan can be reviewed based on the information you provide. If more information is required for accurate coverage determination, multiple outreaches are attempted to obtain the necessary clinical information.

When do you need to contact the Pharmacy Drug Benefit Help Desk?

If you prescribe a formulary medication that needs a prior authorization or a non-formulary medication, the provider or the provider's team member can contact the Pharmacy Drug Benefit Help Desk to provide us with necessary information so we can assess if patient meets criteria.

The Pharmacy Drug Benefit Help Desk hours are:
Monday through Friday 7 a.m. to 6 p.m.
Saturday and Sunday 8:30 a.m. to 5:00 p.m.

Where can you find the formulary of Kaiser Permanente?

- On the [Kaiser Permanente provider website](#)
- On [ePocrates](#), register free of charge

Why did you receive a denial for the coverage determination?

There are multiple reasons for denying a coverage determination. It is all detailed on the denial letter that you and your patient receive. Common reasons include:

- Insufficient information was provided despite multiple outreach attempts
- The patient does not meet criteria based on information provided
- The product is a contract exclusion on the patient's plan

What are the next steps you can complete now that you received a denial?

1. Talk to your patient about alternative options:
Alternative covered options on the formulary (approved drug list) are listed in the denial letter. There may be other options listed that also require a review.

Non-prescription drugs or lifestyle alternatives may also be suggested.

2. Submit new or more clinical information and request a re-review (for non-Medicare plans):

If you have new or additional clinical information that explains how the requested medication or supply meets the standards for coverage or medical necessity, you can fax it to the Pharmacy Drug Benefit Help Desk at 866-510-1765 or 206-901-4617. We will re-review this request based on the new information.

For more information, please visit the [Pharmacy Drug Benefit Help Desk page](#) on the Kaiser Permanente provider website.

Three ways to contact the Pharmacy Drug Benefit Help Desk

CALL: Provide the rationale for why the drug is needed. Our team will refer to established treatment criteria and will approve or deny the request.

FAX: To request authorization for a Formulary Prior Authorization (restricted) or Non-Formulary drug, fax your request using the [Pharmacy Help Desk Request for Authorization Form](#).

EMAIL: Send an email to rxbene1@kp.org for questions or clarifications.



2021 Harbor Plan offers \$50 Visa card incentive for members



In 2021, we are introducing a new rewards and incentives benefit on our Harbor Medicare Advantage plan, which is offered in Island, Skagit and Whatcom counties. Members will receive a \$50 VISA gift card when they complete their annual wellness visit, annual physical exam, or comprehensive health assessment. We hope this incentive will encourage our members to complete their exams and keep their ongoing health care on track. Thank you for helping us share this incentive with your Kaiser Permanente patients.

Acupuncture Medicare benefit for chronic low back pain

FOLLOWING THE MOST RECENT national coverage analysis for acupuncture specifically targeted for chronic low back pain (cLBP), CMS determined it will cover acupuncture for cLBP under section 1862(a)(1)(A) of the Social Security Act, effective for claims with dates of service on and after January 21, 2020. Up to 12 visits in 90 days are covered for Medicare beneficiaries under the following circumstances:

- For the purpose of this decision, cLBP is defined as:
 - lasting 12 weeks or longer;
 - nonspecific, in that it has no identifiable systemic cause (i.e., not associated with metastatic, inflammatory, infectious, etc. disease);
 - not associated with surgery; and,
 - not associated with pregnancy.
- An additional 8 sessions will be covered for those patients demonstrating an improvement. No more than 20 acupuncture treatments may be administered annually.
Example: If the first service is performed on March 21, 2020, the next service beginning a new year cannot be performed until March 1, 2021. This means 11 full months must pass from the date of the first service before eligibility begins again.
- Treatment must be discontinued if the patient is not improving or is regressing.

CMS requirements are very specific regarding the qualifications of a licensed acupuncturist to perform these services. Additionally, the acupuncture treatment must have physician oversight. Due to these strict requirements, there are very few acupuncturists who meet the CMS provider requirements for this chronic low back pain benefit.

Many of our Medicare Advantage members have supplementary acupuncture benefits, which are separate from the chronic low back pain acupuncture benefit available to all Medicare beneficiaries. The supplemental benefits cover services provided by our acupuncture network for a wide range of conditions.

As of now, the only acupuncture providers that meet the CMS criteria for low back pain acupuncture treatment are:

- Kerri Fitzgerald, MD, DABMA, Affordable Acupuncture Clinic, Bellingham
- Keith Swan, DO, DABMA, Bellingham Osteopathic Center, Bellingham
- Lee Robertson, DO, Eastwest Medical Arts, Seattle
- Gregory Rudolf, MD, Swedish, Seattle

If you have any questions, please call our Provider Assistance Unit at 888-767-4670.



Clinical Updates



Clinical guidelines are regularly reviewed and updated. Announcements about changes are posted on our provider website.

Updated ASCVD prevention guidelines

KAISER PERMANENTE'S guidelines for the [primary](#) and [secondary](#) prevention of atherosclerotic cardiovascular disease (ASCVD) have been reviewed and updated to include new guidance on aspirin, coronary artery calcium testing, and SGLT2 inhibitors.

Changes to the ASCVD Primary Prevention Guideline

Aspirin

- Initiating low-dose aspirin therapy is no longer routinely recommended for primary prevention, given new evidence that the benefits do not generally outweigh the risks of bleeding.
- It is appropriate to discontinue aspirin therapy in many patients who are already taking it, with the exception of patients at high cardiovascular risk (10-year ASCVD risk \geq 10%), who may still benefit. Shared decision-making is encouraged.

Coronary artery calcium (CAC) scores may be helpful for patients at intermediate ASCVD risk who are uncertain about

taking a statin, and/or for patients whose calculated risk is higher or lower than expected. If CAC testing is being considered, patients should be advised to contact Member Services to determine their coverage benefit, as it may incur out of pocket costs.

Changes to the ASCVD Secondary Prevention Guideline

Sodium-glucose cotransporter 2 (SGLT2) inhibitors (e.g., empagliflozin) are now recommended for patients with type 2 diabetes and established ASCVD as an addition to or after metformin therapy, due to their ability to reduce the risk of major cardiovascular events.

Questions?

[Dave McCulloch, MD](#), Medical Director, Clinical Improvement

[Avra Cohen, MN, RN](#), Guideline Coordinator

[Tina Shah, MD, FACC, FASE, FAHA](#), Cardiology

ARTICLES OF INTEREST

Kaiser Permanente Washington Health Research Institute

- **Promising interim results for NIH-Moderna COVID-19 vaccine.** The investigational vaccine that KPWHRI's team first tested shows an efficacy rate of 94.5% as Phase 3 research continues. [Read more](#)
- **Janssen phase 3 COVID-19 vaccine trial to begin at KPWHRI.** The institute is participating in NIAID tests of Moderna and Johnson & Johnson vaccines. [Read more](#)
- **Tips for a safe and sane holiday—despite COVID.** KPWHRI psychologist and researcher Ben Balderson, PhD, shares advice for keeping our spirits up during this most unusual holiday season. [Read more](#)



KPWHRI is one of more than 215 clinical research sites worldwide to test the Janssen vaccine.

2021 Summary of Opioid Prescribing edits

KAISER FOUNDATION HEALTH PLAN OF WASHINGTON utilizes many claim edits to proactively circumvent possible drug issues. These edits improve the quality and cost effectiveness of dispensed medications by ensuring adjudicated prescriptions are appropriate.

Please review the information below about the edits your Kaiser Permanente patients may encounter related to opioid prescriptions. These edits may trigger when patients attempt to fill their opioid prescriptions, and thus pharmacies may require additional information or documentation in order to fill those prescriptions. Updates to opioid edits are anticipated in the future and are made available in the Provider eNews and on the Kaiser Permanente provider website.

Notable exceptions to many of these edits include opioid prescriptions for patients receiving hospice care and those being treated for cancer.

Resources

- [CDC Guideline for Prescribing Opioids for Chronic Pain](#)
- General questions related to opioid edits may be directed to the Pharmacy Drug Benefit Help Desk.

Hours: Monday through Friday
8 a.m. to 6 p.m.

Phone: 206-901-4411, option 1, or
toll-free 800-729-1174, option 1

High Dose Opioids and Chronic Opioid Therapy

| Health plan | KAISER PERMANENTE COMMERCIAL* | KAISER PERMANENTE MEDICARE |
|-------------------------------|--|--|
| Health Plan Edit | <p>Annual Provider Attestation required for Chronic Opioid Therapy (COT) patient (70 days supply in a 90-day period) where prescribed opioid dose is > 90 Morphine Milligram Equivalents (MME)</p> <p>Requires Provider Attestation to the following and to provide supporting documentation from most recent chronic opioid therapy office or video visit with the annual prior authorization request.</p> <p>Within the past 3 months:</p> <ul style="list-style-type: none"> • Documented office or video visit discussing COT with COT provider • Review of the patient’s profile in the prescription monitoring program • Urine drug screening • Assessment/ justification for continued high dose or consideration for tapering <p>Within the past 12 months:</p> <ul style="list-style-type: none"> • Chronic opioid therapy (COT) agreement including acknowledgement of risks and benefits of long-term opioids use (agreed to by patient and provider) • Pain and function assessment (e.g., PEG tool or other similar) • Depression screening (e.g., PHQ-4 or similar tool) • Documentation confirming naloxone has been offered to the patient (e.g., Narcan Nasal, Evzio) <p>One time:</p> <ul style="list-style-type: none"> • Documented opioid risk assessment (e.g., ORT-ODU, SOAPP, COMM or similar tool) | <p>Annual review and discussion between pharmacist and prescriber required for patients where prescribed opioid dose is > 90 Morphine Milligram Equivalents (MME). This discussion must be documented.</p> <p>For example, Kaiser Permanente pharmacies document the outcome of this review with providers in the pharmacy dispensing software (Willow Ambulatory) in comments related to the prescription.</p> |
| Type of Edit | <p>Hard Edit</p> <p>Requires call to Kaiser Permanente Pharmacy Drug Benefit Help Desk</p> | <p>Soft Edit</p> <p>Front-line Pharmacists may override if reviewed with provider and documented in the calendar year</p> |
| POS Override Available | No | Yes |
| Exemptions | Hospice or end-of-life care, palliative care, long-term care residents, or cancer patients | Hospice, palliative care, cancer patients, and sickle cell anemia |

*reflects updates expected to be in effect in 2021

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Opioids in Acute Pain Rx (Opioid Naïve/non-Cancer Pain)

| Health plan | KAISER PERMANENTE COMMERCIAL | KAISER PERMANENTE MEDICARE |
|---|---|--|
| Definition of Opioid Naïve | <7 days supply of opioids within last 180 days | No opioid prescriptions in 120 day look-back period |
| Health Plan Edit | Age ≥ 21: Max 5 days supply, not to exceed 42 doses or 210 mL of short-acting opioid Age <21: Max 5 days supply, not to exceed 18 doses or 90 mL of short-acting opioid | 7 days supply maximum |
| Type of Edit (Hard Edit at Point of Service (POS) or Soft Edit at POS) | Hard Edit Requires call to Kaiser Permanente Pharmacy Drug Benefit Help Desk | Hard Edit Requires call to Kaiser Permanente Pharmacy Drug Benefit Help Desk with some exceptions Front-line pharmacies may enter override code if patient confirmed as not opioid naïve in last 120 days (e.g. evidence in the Washington State Prescription Drug Monitoring Program) Front-line pharmacist may enter override if patient has a known exemption (see Exemptions below) |
| POS Override Available | No. Requires call to Kaiser Permanente Pharmacy Drug Benefit Help Desk. | Yes. Beginning in 2020, pharmacy staff will have more override options available based on medication review and provider consultation. |
| Exemptions | Cancer Dx, Hospice, Palliative Care | Cancer Dx, Hospice, Palliative care, Sickle Cell Anemia |

Other Kaiser Permanente Commercial Opioid Edits

| Type of edit | Edit | Required action by pharmacy staff |
|--------------|---|---|
| Hard | Long-Acting Opioids in Opioid Naïve Patients (flags patients receiving long-acting opioid with < 7 days supply of opioid in last 180 days)* | Requires call to Kaiser Permanente Pharmacy Drug Benefit Help Desk |
| Hard | Quantity Limits on Fentanyl and acetaminophen containing opioid products (quantity limit specific to product) | Requires call to Kaiser Permanente Pharmacy Drug Benefit Help Desk if quantity limit is exceeded |
| Hard | 30 Days Supply Limit for all non-acute opioid prescribing, benzodiazepines, and non-benzodiazepine receptor agonists (z-drugs)** | Requires call to Kaiser Permanente Pharmacy Drug Benefit Help Desk if member requests quantity beyond days supply limit |

*Exemptions include hospice, cancer **Edit active as of January 1, 2021

Other Kaiser Permanente Medicare Edits in place

| Type of edit | Scenario | Required action by pharmacy staff |
|--------------|---|---|
| Soft | Concurrent Opioids & Benzodiazepines | Pharmacist may enter override after confirming therapy |
| Soft | Concurrent Opioids with Medication Assisted Treatment (MAT) (e.g. Buprenorphine) | Pharmacist may enter override after confirming therapy |
| Soft | Concurrent use of Opioids with Prenatal Vitamins | Pharmacist may enter override after confirming therapy |
| Soft | Duplicate or Significant overlapping therapy with Long-Acting Opioids | Pharmacist may enter override after confirming therapy |
| Soft | Duplicate of same opioid refill too soon criteria of 90% utilization before allowing refill | Pharmacist must call Kaiser Permanente Pharmacy Drug Benefit Help Desk for override |

Commercial Formulary Changes for Antiretroviral Medicine Class

AMONG THE USES FOR CERTAIN ANTIVIRAL MEDICINES designated as antiretrovirals, are human immunodeficiency virus (HIV), HIV prevention (such as pre-exposure prophylaxis [PrEP] or post-exposure prophylaxis [PEP]), and other non-retrovirus indications, such as hepatitis B.

BEGINNING JANUARY 1, 2021, Kaiser Permanente is making some changes to antiretroviral medicines for non-Medicare plans. As a result, the antiretroviral medicine class will be limited to Kaiser Permanente pharmacies for applicable plans. The Kaiser Permanente Specialty Pharmacy, a mail-order based pharmacy at Kaiser Permanente, services the majority of prescription fills for this medicine class. Kaiser Permanente pharmacies may serve other non-ARV prescription needs for members as requested.

Why is Kaiser Permanente making this change?

As a non-profit organization, Kaiser Permanente values making quality insurance affordable to our members. To do this, Kaiser Permanente implements affordability strategies that help serve the reduction in cost of insurance premiums.

How is Kaiser Permanente's Specialty Pharmacy different from a regular pharmacy?

The Specialty Pharmacy's main goal is providing high-quality, affordable health care services to Kaiser Permanente members. The Specialty Pharmacy staff are trained in specialty medicines and can help with questions about medicines. Pharmacists partner with providers and care teams to make sure members are safe with the medicines they're taking.

The Specialty Pharmacy also assists members who may need help paying for medicines by connecting them with drug manufacturers and community organizations that offer financial assistance. These programs, including manufacturer assistance programs and Washington State Early Intervention Program (EIP), help lower out-of-pocket costs members pay for their medicines.

How will affected members be notified of this change?

Affected members received multiple communications from Kaiser Permanente about this change. These communications include mailed letters in the months of October and November and a telephone outreach from the Kaiser Permanente Specialty Pharmacy staff prior to December 1, 2020. If members are unsure about the process for this transition or have urgent questions, they should contact the Kaiser Permanente Specialty Pharmacy at 800-483-3945, extension 0 then 4, Monday through Friday 9:00 a.m. to 5:00 p.m.

How will our network providers be affected?

Network providers should be aware that they may be contacted for new ARV prescription orders from our Kaiser Permanente Pharmacies if refills do not exist for transfer from current network pharmacies.

Please see our [Specialty Pharmacy page](#) on the provider website for more information.



New pharmacy benefit plans for our Access PPO products in 2021

As specialty medications continue to enter the market, it is necessary for our pharmacy benefits to create incentives for members to use preferred specialty products, including biosimilars. We are adding preferred and non-preferred specialty tiers to our pharmacy benefit plans starting January 1, 2021.

Additionally, we are increasing cost share incentives for members to use Kaiser Permanente pharmacies for non-specialty medications. These incentives will also translate to a more generous mail order benefit.

Lastly, employers can now choose to add a first-fill program to our Access PPO benefits. The first-fill program requires members to use a Kaiser Permanente pharmacy or mail order for ongoing maintenance medications. Members can use any network pharmacy for acute medications such as antibiotics, pain medications, and other medications with urgent needs.

Kaiser Permanente 2021 drug formularies

THE KAISER PERMANENTE DRUG FORMULARIES are the cornerstone of medication therapy, quality assurance, and cost containment. The formularies are developed by the Pharmacy and Therapeutics (P&T) Committee. You can find [formulary decision highlights](#) from the most recent P&T Committee meetings on the Kaiser Permanente provider website.

Kaiser Permanente has seven formularies:

The table below outlines some of the major differences in these formularies. A closed formulary design describes a formulary in which preferred medications are covered and non-preferred (non-formulary) medications are generally

not covered. Coverage of non-preferred medications is available through an exception process. An open formulary design describes a formulary in which both preferred and non-preferred medications are covered; however, preferred medications are available at a lower cost share for patients.

How to view the Kaiser Permanente formularies:

- On the [Kaiser Permanente provider website](#).
- On [ePocrates](#), register free of charge.

If you have questions about formulary status of a drug or prior authorization, please contact our Pharmacy Help Desk toll-free at 800-729-1174 or by fax toll-free at 866-510-1765.

| MEDICARE | INDIVIDUAL & FAMILY / SMALL GROUP | LARGE GROUP AND FEDERAL EMPLOYEE HEALTH BENEFIT | | | | |
|---|--|--|---|---|---|--|
| Closed Design | Open Design | Closed Design | Closed Design | Open Design | Open Design | Open Design |
| Six tiers: <ul style="list-style-type: none"> • Preferred generic • Non-preferred generic • Preferred brand • Non-preferred brand • Specialty • Injectable Part D vaccines | Four tiers: <ul style="list-style-type: none"> • Preferred generic • Preferred brand • Specialty • Non-preferred generic & brand PLUS: <ul style="list-style-type: none"> • Self-administered oncology • Medical benefit | Two tiers: <ul style="list-style-type: none"> • Preferred generic • Preferred brand | Three tiers: <ul style="list-style-type: none"> • Preferred generic • Preferred brand • Preferred specialty | Three tiers: <ul style="list-style-type: none"> • Preferred generic • Preferred brand • Non-preferred | Four tiers: <ul style="list-style-type: none"> • Preferred generic • Preferred brand • Non-preferred generic & brand • Specialty | Five tiers: <ul style="list-style-type: none"> • Preferred generic • Preferred brand • Non-preferred generic & brand • Preferred specialty • Non-preferred specialty |

CONTINUING MEDICAL EDUCATION

Save these dates



Continuing medical education information is available on the Kaiser Permanente provider website.

GASTROENTEROLOGY FOR PRIMARY CARE

March 11, 2021
[Register now](#)

OPIOID USE DISORDER

May 26, 2021
 Live online via MS Teams
[Register now](#)

CME catalog

We have a freshly updated [CME Catalog page](#). New features include printing past certificates and receipts, easier access to your transcript, view your current registrations and more!

COVID-19 notice

Please note courses will be presented as live virtual sessions using MS Teams.

Contact

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