KAISER PERMANENTE®

Provider Update

News for Kaiser Permanente Washington Contracted Providers • September 2023

Increased scrutiny surrounding controlled substance prescribing

WE WOULD LIKE TO EXPRESS OUR APPRECIATION for the care you provide to our patients who take controlled substances. Your efforts in transitioning patients to safer medication regimens are commendable.

We want to update you on some changes in the pharmaceutical industry that have further increased scrutiny surrounding controlled substance prescribing and how you can help to minimize delays or disruptions for your patients. In 2022, a settlement, reached by multiple major drug distributors, introduced new reporting requirements and assessments for tracking controlled substance orders for pharmacies nationwide. Some of the key impacts of this settlement include:

1. Major pharmaceutical distributors are collecting specific prescription and prescriber data, including information on high-volume controlled substance prescribers.
2. Major pharmaceutical distributors created a list of "red flags" that they are actively monitoring as part of the settlement. Examples of red flags include, but are not limited to, daily morphine milligram equivalent (MME) ≥50, and combining opioids with other central nervous system (CNS) depressant medications (benzodiazepines, sedative hypnotics, skeletal muscle relaxants, and gabapentinoids).

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Provider Update is published quarterly for Kaiser Permanente contracted providers. Send story ideas and comments to Provider Communications.

Coverage provided by Kaiser Foundation Health Plan of Washington or Kaiser Foundation Health Plan of Washington Options, Inc., referred to as Kaiser Permanente in this publication.

BUSINESS OFFICE NEWS

2023 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.

SEPTEMBER 8, 14, 21, 28
OCTOBER 5, 12, 19, 26
NOVEMBER 7, 9, 16, 24
DECEMBER 1, 7, 14, 21, 29

Kaiser Permanente holidays

LABOR DAY
Monday, September 4

THANKSGIVING DAY
Thursday, November 23

CHRISTMAS DAY
Monday, December 25

PROVIDER NEWS

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Controlled substance prescribing

3. As part of their Corresponding Responsibility, pharmacists are required to review and document findings for controlled substance prescriptions. This may necessitate them contacting prescribers more frequently to discuss and verify treatment plans.

To minimize disruptions to patient care, we are asking the following of all controlled substances prescribers:

1. Document your medical decision making when prescribing controlled substances, especially high-risk regimens.
2. Maintain appropriate follow-up intervals with patients.
3. Whenever possible, avoid high-risk ("red flag") regimens.
4. Promptly address concerns from your pharmacist.

We remain steadfast in our commitment to safe prescribing practices for our members, and we sincerely appreciate your dedication to ensuring our members receive safe and high-quality care.

New authorization timeliness requirements attestation

IN PREPARATION FOR THE NEW TIMELINESS REQUIREMENTS set forth by House Bill 1357 set to start on January 1, 2024, there will be an urgent attestation added to prior authorization requests beginning September 26, 2023. Per the new house bill, commercial timeliness changes to one calendar day to render a decision for urgent requests and three calendar days for routine requests. Urgent requests should meet the definition described in the bill. If the urgent priority is selected, the definition as stated in the bill appears and the "Acknowledge" selection must be made to move forward. Selecting this acknowledgment indicates that the request meets the definition set forth in section 4(a) of the bill.

CLARIFICATION

Medically Necessary Services

WE HEARD FROM SEVERAL OF YOU that our notification of the "Medically Necessary Services" policy on our clinical criteria webpage left you with unanswered questions. We are sorry for the confusion. To clarify, we are NOT announcing a new requirement for prior authorization with this policy. We recognize that requirements for prior authorization are a significant burden on healthcare professionals. Our intent is to simplify existing requirements.

The Medically Necessary Services policy will apply to a finite number of service codes with little or no utilization. All applicable codes have been subject to separate policies, but due to the low utilization we are consolidating those existing policies into a single general policy.

Billing codes and names of policies being replaced

22586	Axial Lumbar Interbody Fusion System
G0428	Collagen Meniscus Implant
0198T, 0329T	Continuous 24 hour monitoring of Intraocular Pressure
L8696	Diaphragmatic/Phrenic Pacing
K1007	Exoskeleton
22526, 22527	Intradiscal Electrothermal Therapy (IDET)
0072T	Magnetic Resonance Guided Focused Ultrasound for Treatment of Uterine Fibroids (MRgFUS)
93025	Microvolt T Wave Alternans
78800	Radioimmunoscintigraphy
0100T	Retinal (Implant) Prosthesis System
S8080	Scintimammography
S2300	Thermal Capsulorrhaphy for Shoulder Instability
33140, 33141	Transmyocardial Laser Revascularization for Treatment of Severe Angina
91200	Transient Elastography (FibroScan)
0331T, 0332T	MIBG Imaging for Heart Failure

At Kaiser Permanente, we take very seriously our responsibility to cover services that improve the health of our members and to take reasonable measures to promote the affordability of health insurance in the communities we serve. We are committed to reducing the burden of prior authorization requirements on our contracted network. In addition to simplifying medical policies and increasing transparency on our webpage, we are committed to modifying or eliminating policies that are determined to be unnecessary or counterproductive.

MAC prior authorization no longer required for Gastrointestinal Endoscopic Procedures

As you may have seen in our recent communications to you, we are sharing the news that we have removed the prior authorization requirements for Monitored Anesthesia Care (MAC) for commercial members (commercial HMO, POS, and PPO) as of September 1, 2023.

Our current clinical criteria require prior authorization for members with commercial insurance. This requirement has been based upon our interpretation of the best available science that a majority of commercial members do not require MAC and are able to safely undergo their procedures with standard conscious sedation (Fentanyl and Versed) at a much lower cost. For further details on our current position and a summary of the science, please refer to our Monitored Anesthesia Care (MAC) for Gastrointestinal Endoscopic Procedures clinical criteria.

We heard from many of you that you have broadly adopted MAC as part of your standard clinical processes and care. Members can get caught in the middle when we issue a denial for non-medically necessary MAC when your practice administers it to all patients. Therefore, after a discussion of the costs and the need to reduce the confusion and abrasion for our members, we made the decision to sunset the prior authorization requirement, effective September 1, 2023.

Thank you for the care you provide to our members.

Optum prepay claim reviews underway

KAISER PERMANENTE OF WASHINGTON IS PARTNERING WITH OPTUM for pre-pay claim reviews, which includes medical record reviews to verify that the documentation supports the services billed. The Optum pre-pay claim reviews identify potential issues requiring additional reviews prior to payment. The claim review may allow, deny, or pend for medical records.

Upon completing the medical record review, if any part of the associated claim is denied, you will receive an initial review findings letter from Optum. This letter will state the reason for denial and provide instructions for filing an appeal if you choose to do so. Your remittance advice will also indicate an Optum review along with contact information for Optum.

Healthcare professionals may be asked for medical records and billing documents that support the charges billed via a written request from Optum along with detailed instructions on how to submit records. Several methods will be offered; however, the preferred and quickest method is to submit your records electronically.

If submitting documentation electronically, please use the following additional instructions:

1. Using a web browser, go to the following URL: https://sftp.databankimx.com/form/RecordUploadService?ID=XXXX

   * If you have multiple claims for which you intend to submit documents, it is recommended that you save this URL to your favorites.

2. When you reach this site, you will be required to enter three pieces of information for the referenced claim:
   - **Authorization Code: xxxxxxxx** (provided on the request letter)
   - **Barcode:** Enter the code between the asterisks underneath the barcode on the "Medical Record Barcode Coversheet," enclosed with your request letter
   - **First Date of Service:** Reference "Medical Record Barcode Coversheet," enclosed with your request letter

3. Upload the requested records by using the "Browse to attach files" link

   One file can be uploaded at a time. To upload multiple files, use the "Browse to attach files" link each time you upload a file.

   Note: Supported formats include tiff, tif, pdf, jpg, jpeg, zip.

   Only *unsecured* pdf files may be uploaded. Do not secure or password-protect pdf documents.

Paper copies can be submitted using one of the following addresses:

Mail (US Postal Service):

Optum
P.O. Box 51056
Philadelphia, PA 19115

Delivery Services (FedEx, UPS):

Optum
458 Pike Road Optum
Huntingdon Valley, PA 19006

The medical request letters will also include instruction for CD/DVD submissions. Should you need to call and discuss a medical record request or review findings, please contact Optum directly at 877-687-2062.

Take our annual Practitioner Survey

Each year, we ask our providers to participate in our practitioner survey so we can hear your feedback on our referral and claims processes. The survey takes only seven minutes to complete and has ample space for you to share your comments with us. We hope you will take the time to provide us with feedback that will help us meet your needs. The survey will be available from September 15th – October 15th.

Thank you for your participation in this important survey!

Recent letters to providers

Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) have issued the following notices:

Changes to medical necessity review criteria

Effective October 1, 2023

Changes to medical necessity review criteria for Ambulatory Surgery Center (ASC) - site of care policy (PDF)

Effective November 1, 2023

Changes to medical necessity review criteria for Fertility Services (PDF)

Changes to medical necessity review criteria for gender affirming surgeries (PDF)

Changes to medical necessity review criteria for Epidural Steroid Injections (ESI) (PDF)

Changes to medical necessity review criteria for Breast MRI (PDF)

Changes to medical necessity review criteria for Neonatal Intensive Care Unit (NICU) Level of Care Admissions (PDF)

Effective December 1, 2023

New medically necessary services clinical review criteria (PDF

Clarification regarding new medically necessary services clinical review criteria (PDF)

Changes to medical necessity review criteria for Negative Pressure Wound Therapy (PDF)

Changes to medical necessity review criteria for High End Imaging Site of Care (PDF)

Changes to medical necessity review criteria breast pump (PDF)

Modification to notice: The prior authorization requirement for hospital grade breast pumps is *also* being removed. Effective date remains the same.

Changes to medical necessity review criteria Elective Surgical Procedures Level of Care (PDF)

Changes to claims reimbursement

Effective October 1, 2023

Modifiers (PDF)

Plans will not reimburse claims billed with modifier 50 when the CMS bilateral indicators are zero (0), two (2), or nine (9).

Code Editing (PDF)

Plans will not reimburse the following:

- Claims submitted with taxonomy code 390200000X (Student in an Organized Health Care Education/Training Program)
- More than one claim submitted with TOB 131 for the same date of service, same facility and same member
- Claims submitted with type of bill XX7 or XX8; unless billed with appropriate Claim Change Reason Code

Effective December 1, 2023

Emergency department (ED) professional claim coding (PDF)

Plans will reimburse emergency department claims based on the level of acuity, complexity, and severity.

Multiple procedure payment reduction (MPPR) (professional claims) (PDF)

Plans will apply Multiple Procedure Payment Reduction on professional claims when billed with a CPT/HCPCS code that has a multiple procedure code indicator of 2.

Short stay / 2 midnight rule (PDF)

Plans will reimburse a provider for an inpatient admission if the medical records support inpatient admission and if, at the time of or before admission, the admitting physician reasonably expects the patient's hospital care would cross two midnights.

Unspecified ICD-10 cm diagnosis codes (PDF)

Plans will reimburse unspecified diagnosis codes when services are medically necessary, a more specific code cannot be utilized, and the level of billing is supported by the documentation.

Clinical Updates

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

Chronic Opioid Therapy Safety Guideline updated: High-intensity dose threshold lowered to 50 mg MEDD

KAISER PERMANENTE WASHINGTON'S Chronic Opioid Therapy (COT) Safety Guideline has been reviewed and updated. This guideline is in compliance with the State of Washington regulations WAC 296-919-850–985 on the use of opioids in the treatment of patients with chronic non-cancer pain.

Major changes

- The **threshold dose for higher-intensity monitoring** was lowered from 90 mg morphine-equivalent daily dose (MEDD) to 50 mg MEDD per CDC guidelines, as increasing opioid doses above 50 mg MEDD provides minimal benefit in pain and function while sharply increasing the risk of respiratory depression and overdose death.
- The **lower-intensity monitoring** group attributes have been changed to taking an opioid dose below 50 mg MEDD and having an ORT-OUD score of 2 or lower, with an absence of any of the risk factors listed in the high-intensity group.
- A new recommendation—**"lowest-intensity monitoring/persistent intermittent use"**—was added for patients who take low-dose opioids (below 50 mg MEDD) regularly (three or more prescriptions per year) but less often than the strict definition of COT (70 out of 90 days).
- The **MEDD conversion factors** for hydromorphone, methadone, and tramadol have been updated to be in alignment with 2022 CDC recommendations.
- For patients on COT who are unable to taper and are not meeting criteria for opioid use disorder (OUD), recommend referral to a pain management clinic to consider if transition to **buprenorphine** is appropriate for harm reduction.

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Monitoring group	Threshold dose	Prescription frequency	Other attributes	Monitoring
Higher-intensity	≥ 50 mg MEDD	Minimum 70-day supply in last 90 days/ 3 calendar months		*Minimum required:* Office or video visit and UDS every 3 months. (At least one visit per year must be in-office.)
Lower-intensity	< 50 mg MEDD	Minimum 70-day supply in last 90 days/ 3 calendar months	ORT-OUD score 2 or lower Absence of risk factors	*Minimum required:* Office or video visit and UDS every 6 months. (At least one visit per year must be in-office.)
Lowest-intensity/ persistent intermittent use	< 50 mg MEDD	3+ opioid prescriptions per year (not including fractures or post-op) but < 70 out of 90 days	ORT-OUD score 2 or lower Use clinical judgment to increase monitoring intensity as needed.	Best practice: Office or video visit and UDS every 6–12 months. (At least one visit per year must be in-office.) *Minimum required:* Office visit and UDS at least every 12 months.

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Chronic Opioid Therapy Safety Guideline updated

- The list of **risk factors indicating that a patient is at high risk of opioid-related harms** has been updated:
  - Mental health conditions are a high-risk factor only if the condition is active and not in remission.
  - Age 65 and older is a high-risk factor only if the patient has comorbidities such as renal or hepatic dysfunction.
  - Age 25 or younger is no longer considered an independent risk factor; however, based on expert opinion/consensus, all patients age < 30 should be referred to a pain management clinic for consultation prior to beginning chronic opioid therapy (COT).
  - BMI > 30 is no longer considered to be an independent factor; however, these patients should be screened for obstructive sleep apnea, which is an independent risk factor.

Questions about this article?

John Dunn, MD, MPH, Medical Director, Knowledge & Implementation

Stacy Lundstedt, MD, Medical Director, Controlled Substance Policy and Safety

Avra Cohen, MN, RN, Guideline Coordinator, Clinical Improvement & Prevention

Studies offer insights into the lives of older adults with dementia who lack family

IN THE UNITED STATES, dementia is projected to affect around 13 million adults over age 65 by 2050, according to a report from the Alzheimer's Association. Alzheimer's disease is the most common type of dementia, but there are many other forms as well. All affect the brain, causing people to have problems with memory loss, language, mental health, and daily activities.

Two new publications from researchers and affiliates with Kaiser Permanente Washington Health Research Institute (KPWHRI) are among the first ever to provide insight into the lives of older adults with dementia who lack close family. The majority of unpaid dementia care is provided by spouses and adult children, but increasing numbers of older adults are alone when they develop dementia and do not have family members to help with their care. They represent a population that may be uniquely vulnerable to poor health outcomes and is very rarely studied.

"There is little to no research specific to this population of older adults with dementia who lack close family members," said Janelle Taylor, PhD, an affiliate researcher at KPWHRI and lead author of one of the studies. "We really wanted to find a way to understand more about what their lives look like. Are they receiving support or not? From whom? How did they come to be in this situation?"

Read more on the KPWHRI website

"There is little to no research specific to this population of older adults with dementia who lack close family members."

Clinical Pearl: Muscle relaxants and opioids are a risky combination

CLINICAL QUESTION

Does the risk of co-prescribing opioids and skeletal muscle relaxants outweigh the benefit?

Why did we choose this topic?

Recent studies have demonstrated that the concomitant use of muscle relaxants and opioids is associated with a higher risk of overdose and life-threatening respiratory depression compared to opioids alone.

About skeletal muscle relaxants

- Skeletal muscle relaxants are a heterogeneous group of structurally unrelated medications with variable pharmacology. Most muscle relaxants do not have any direct effect on skeletal muscles, and their effects are thought to be secondary to CNS depression.
- The use of skeletal muscle relaxants for spasms and pain associated with musculoskeletal conditions is not recommended beyond 2–3 weeks due to lack of data on efficacy with long-term use.
- In patients with spasticity secondary to an upper motor neuron lesion, chronic muscle relaxants may be appropriate, and there are specific agents approved for this indication (tizanidine, baclofen, dantrolene). However, most long-term prescribing is done for conditions without approved indications (e.g., musculoskeletal conditions).

Recommendations

- Avoid the use of muscle relaxants in patients on chronic opioid therapy, as the risk outweighs the benefit due to increased risk of respiratory depression.
- Long-term use of muscle relaxants (beyond 2–3 weeks) for musculoskeletal conditions is not recommended.
- Consider alternative treatments for spasms and pain associated with musculoskeletal conditions, including physical therapy, heat or cold therapy, massage therapy, acupuncture, stretching, TENS, and nonsteroidal anti-inflammatory drugs.
- The process for tapering and discontinuing muscle relaxants differs depending on the specific agent, due to their variable pharmacology.
  - Can be discontinued without a taper: methocarbamol
  - Moderate to fast taper (over 2–3 weeks): cyclobenzaprine, orphenadrine, metaxalone
  - Slower taper (6–12 weeks or longer): baclofen, tizanidine, carisoprodol
- Consider consulting a pain management clinic for assistance with tapering and discontinuing muscle relaxants as well as treatment plan recommendations.

How could this change my practice?

- For patients on concomitant opioid and skeletal muscle relaxants, develop a plan with your patient to taper one of the agents to decrease their risk for opioid-induced respiratory depression.
- Consider alternative treatments for spasms and pain associated with musculoskeletal conditions, including physical therapy, heat or cold therapy, massage therapy, acupuncture, stretching, TENS, and nonsteroidal anti-inflammatory drugs.

Reference

Garg RK, Fulton-Kehoe D, Franklin GM. Patterns of Opioid Use and Risk of Opioid Overdose Death Among Medicaid Patients. *Med Care*. 2017;55(7):661-668. doi:10.1097/MLR.0000000000000738

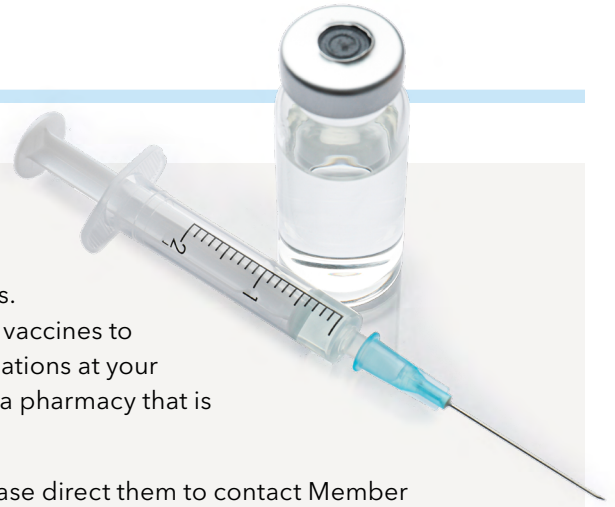
Li Y, Delcher C, Reisfield GM, Wei YJ, Brown JD, Winterstein AG. Utilization Patterns of Skeletal Muscle Relaxants Among Commercially Insured Adults in the United States from 2006 to 2018. *Pain Med*. 2021;22(10):2153-2161. doi:10.1093/pm/pnab088

Li Y, Delcher C, Wei YJ, et al. Risk of Opioid Overdose Associated With Concomitant Use of Opioids and Skeletal Muscle Relaxants: A Population-Based Cohort Study. *Clin Pharmacol Ther*. 2020;108(1):81-89. doi:10.1002/cpt.1807

Questions?

Mena Raouf, PharmD, BCPS
Melissa Sturgis, PharmD, BCACP
Stacy Lundstedt, MD
Sara Chung, PharmD, MS, BCACP
Kimberly Painter, MD

Vaccination season coming



With the fall season comes an increase in flu, COVID and RSV infections. Now is the time to encourage your patients to get their recommended vaccines to maximize protection and stay healthy. If you do not plan to offer vaccinations at your clinic, please ensure that you send your Kaiser Permanente patients to a pharmacy that is in their plan network to receive their vaccines.

If a member is unsure whether a pharmacy is in their plan network, please direct them to contact Member Services or visit KP.org to find network pharmacies. The member will need to use a pharmacy in their network to process an electronic claim. Members who choose to pay out of pocket at pharmacies that are not in their pharmacy network may submit a claim for reimbursement, but Kaiser Permanente does not routinely reimburse members for the cost of vaccinations at pharmacies not in their plan network.

Electronic Prior Authorization (ePA) is now enabled for all prescription drugs

EFFECTIVE SEPTEMBER 11, 2023, you are now able to submit drug coverage requests electronically as an alternative to fax, phone, or mail for all Kaiser Permanente Washington members.

Key Points

- Prior authorization (PA) criteria can provide improvements in safety and cost-saving measures for Kaiser Permanente, but the review process can cause delays in care.
- The PA review process involves providers, payers, and pharmacists evaluating essential information to demonstrate that the patient meets medical necessity criteria.
- Switching from a manual to an electronic PA review process, within an electronic health record (EHR), can decrease administrative burden and increase efficiency.

How does ePA work?

- Upon prescribing: When a prescription is written, if your electronic health record (EHR) system is enabled with ePA, it will flag the prescription as "PA is required" and you will automatically receive an electronic PA form to fill out without leaving your EHR.
- Submitting ePA: Once the electronic form is filled out and the request is sent, the pharmacy benefit help desk team will be able to review it electronically, which saves a significant amount of time.
- Decision notification: Approval/denial notification will be sent electronically right away to your EHR system in addition to the fax notification.

What can you do next?

1. Ask your organization if ePA is turned on. If it is, find out where the ePA is generated.
2. If you do not have ePA turned on, you can register for free with Surescripts or CoverMyMeds and start submitting ePA immediately.
3. If you are already registered with Surescripts or CoverMyMeds Prior Authorization portal, start submitting ePA for all members using the following links:
   - Surescripts Prior Authorization Portal
   - CoverMyMeds Prior Authorization Portal

What other PA request methods are available?

1. Phone: 800-729-1174
2. Fax: 866-439-0050 (New number for commercial and Medicare PA requests)
3. Email: rxbene1@kp.org

Hours of operation:
Monday through Friday 7 a.m. to 6 p.m.
Saturday 8:30 a.m. to 5 p.m.
Sunday 8:30 a.m. to 5 p.m.

For more information, please visit the Kaiser Permanente Pharmacy Benefit Help Desk on our provider site.

Addressing the national Ozempic shortage

THERE IS A NATIONAL SHORTAGE of GLP-1 medications used to treat type 2 diabetes mellitus and weight loss. Although this shortage is expected to be short term, the estimated time to resolution remains unknown. While Ozempic 2 mg pens are currently in shortest supply, all semaglutide products (including those approved for weight loss) are in limited supply.

Key points

- Based on the current allocation and fill rates, there will not be enough supply to meet our historical demand.
- The reduced availability of semaglutide has led to increased use of other GLP-1 products, causing further strain on those product lines. As a result, other GLP-1 products may experience shortages.

What can providers do to help conserve GLP-1 supply during shortage?

- Inform patients about this shortage when they ask.
- **Delay or defer new starts** for GLP-1s until supply is stable.
  - As GLP-1s are long term medications which require titration, stopping and starting these medications is problematic. Restarting requires re-titration, leading to further strain on access to both provider and support staff resources.
- For patients already using 0.5 or 1mg doses of semaglutide, consider delaying dose increases to help conserve supply.
- Maximize non GLP-1 agonist therapy to ensure patients are adequately controlled during the shortage.
  - Patients on insulin may need dose adjustments.
  - Consider insulin start in appropriate patients to ensure blood glucose control.
- Reinforce lifestyle strategies.

Resources and supports

- FDA Drug Shortage – FDA Database of current and resolved drug shortages.

What to tell patients about the Ozempic shortage

Question or Concern	Scripting options/suggestions
What is Ozempic used for?	"Ozempic is a medication that can be used to treat type 2 diabetes."
What is causing the shortage?	"Based on the limited supply from the manufacturer, there is currently not enough supply to meet the demand."
When will the shortage resolve?	"Unfortunately, we don't know how long this shortage will last, but please know that we are here for you and are committed to your best possible care as supply levels return to normal."
Reinforce our commitment	"I want to reassure you that we are committed to helping you continue your treatment, and we will work with you to find the best possible solution during this temporary shortage."

PRESS RELEASE

JD Power ranks Kaiser Permanente mail order pharmacy services first nationally, even better than Amazon.

Read more about the 2023 US Pharmacy Study

Kaiser Permanente 2023 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 7 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.

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

Medicare Part D Formulary updates

Notifications about drug removals from the Medicare Part D Formulary are now posted online on the pharmacy page of our provider website.

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: • Preferred generic • Non-preferred generic • Preferred brand • Non-preferred brand • Specialty • Injectable Part D vaccines	**Four tiers:** • Preferred generic • Preferred brand • Specialty • Non-preferred generic & brand **PLUS:** • Self-administered oncology • Medical benefit	**Two tiers:** • Preferred generic • Preferred brand	**Three tiers:** • Preferred generic • Preferred brand • Preferred specialty	**Three tiers:** • Preferred generic • Preferred brand • Non-preferred	**Four tiers:** • Preferred generic • Preferred brand • Non-preferred generic & brand • Specialty	**Five tiers:** • Preferred generic • Preferred brand • Non-preferred generic & brand • Preferred specialty • Non-preferred specialty

Save these dates

Kaiser Permanente Washington offers a variety of continuing medical education courses throughout the year, detailed on our CME catalog page.

MEDICATION UPDATE FOR PRIMARY CARE
Thursday, September 14, 2023 (Virtual)

SCLT-2 inhibitors and Sacubitril/Valsartan, Hyperlipidemia, SMART therapy for asthma, Gender affirming HRT, HIV update, Pharmacotherapy for weight loss, Case presentations.

PEDIATRICS FOR PRIMARY CARE
Friday, October 13, 2023 (Virtual)

Obesity, Eating Disorders, Activity/Sports Medicine, Vaccinations, Asthma, Mental Health, URI Surge, ACE's and Social Determinants of Health, Gender Affirming Care, Dermatology

HIV & PREP UPDATE
Thursday, October 26, 2023 (Virtual)

HIV/PrEP Program, HIV Treatments, Anal Dysplasia, Methamphetamine Use disorder, STI Mgmt, Hep C & HIV Nephrology

RADIOLOGY FOR PRIMARY CARE
Thursday, November 9, 2023 (Virtual)

Radiography 101, Breast Lumps, Musculoskeletal, Ordering Neuroimaging Studies, Headache and Back Pain, Body CT Basics

SKILLS AND PROCEDURES WORKSHOP
Wednesday, December 13, 2023
In-person live activity

Suturing, Incision and Drainage, Excision, Punch/Shave Biopsies, IUD's, Knee & Shoulder Injections, Casting & Splinting

HURT, TIRED, AND STUCK: STRATEGIES FOR CENTRAL SENSITIVITY
Thursday, February 15, 2024 (Virtual)

Introduction to Central Sensitivity Syndrome, Illness Anxiety and Somatization, Non-pharmacologic Treatment of Chronic Pain, Managing High-risk Medications, Psychopharmacology Through CSS Lens, Ambiguous Headache, Pelvic Pain, Chronic Back and Neck Pain, Itch, Movement as Medicine

Register

Check out the CME catalog page to register and get course details.

Contact

Christopher Scott
Christopher.J.Scott@kp.org