

Specialty Tier Drug List



Kaiser Permanente utilizes a list of medications that are considered to be specialty drugs. Specialty drugs include self-administered injectables, medications that are typically high cost or medications that require special dispensing and/or monitoring. Some prescription drug plans have a different cost share for specialty drugs. The details of your prescription drug plan can be found in your *Evidence of Coverage* or *Certificate of Insurance*.

Kaiser Permanente utilizes drug formularies. A drug formulary includes the list of prescription drugs that are preferred and have been approved for our Members. Coverage under your prescription drug plan is determined by the drug formulary; however, many drug plans have specific exclusions, copays or coinsurances that are not reflected in the drug formularies. The drug formularies can be found at **kp.org**.

Kaiser Permanente Colorado Commercial Specialty Tier Drug List

Bold = Formulary & Italics = Non-Formulary

The Specialty Tier drug list is subject to change at any time.

ABACAVIR SULFATE-LAMIVUDINE	AMBISOME	<i>BETASERON</i>
ABACAVIR SULFATE-LAMIVUDINE-ZIDOVUDINE	<i>AMMONUL</i>	<i>BETHKIS NEB</i>
<i>ABELCET</i>	AMPHADASE	<i>BIVIGAM</i>
<i>ABILIFY MAINTENA</i>	AMPHOTERICIN	<i>BLINCYTO</i>
ACITRETIN	<i>AMPYRA</i>	<i>BOSULIF</i>
<i>ACTEMRA</i>	<i>AMYTAL SODIUM</i>	<i>BRAVELLE</i>
<i>ACTHREL</i>	<i>ANCOBON</i>	<i>BRIVIACT</i>
<i>ACTIMMUNE</i>	<i>APOKYN</i>	<i>BUNAVAIL</i>
ADAGEN	APTIVUS	<i>BUPHENYL POW</i>
<i>ADCETRIS</i>	AQUASOL	<i>CABOMETYX</i>
ADCIRCA	ARALAST	<i>CAMPATH</i>
<i>ADEFOVIR DIPIVOXIL</i>	<i>ARANESP</i>	CANCIDAS
<i>ADEMPAS</i>	<i>ARCALYST</i>	<i>CAPASTAT SULFATE</i>
ADVATE	<i>ARIXTRA</i>	<i>CAPRELSA</i>
<i>ADYNOVATE</i>	<i>ARYMO</i>	CAYSTON
<i>AFINITOR DISPERZ</i>	ATOVAQUONE	<i>CEPROTIN</i>
<i>AFSTYLA</i>	ATRIPLA	<i>CERDELGA</i>
<i>AKYNZEO</i>	<i>ATRYN</i>	CEREZYME
<i>ALDURAZYME</i>	<i>AUBAGIO</i>	<i>CETROTIDE</i>
<i>ALECENSA</i>	<i>AUSTEDO</i>	<i>CHOLBAM</i>
<i>ALFERON N</i>	<i>AUVI-Q</i>	<i>CHORIONIC GONADOTROPIN</i>
<i>ALIMTA</i>	AVONEX	<i>CIDOFOVIR</i>
<i>ALOPRIM</i>	BAL IN OIL	<i>CIMZIA</i>
<i>ALOXI</i>	<i>BARACLUDE</i>	<i>CINQAIR</i>
<i>ALPHANATE</i>	<i>BEBULIN</i>	<i>CINRYZE</i>
<i>ALPHANINE SD</i>	<i>BELEODAQ</i>	<i>CHLORZOXAZONE</i>
<i>ALPROLIX</i>	<i>BENDEKA</i>	<i>COAGADEX</i>
<i>ALUNBRIG</i>	<i>BENEFIX</i>	<i>COMETRIQ</i>
	<i>BENLYSTA</i>	COMPLERA
	<i>BERINERT</i>	

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Please refer to the formulary or preferred drug list at www.kp.org for a complete listing.



All drug product strengths, formulations, and package sizes &/or types of a formulary drug may not be included on the formulary, check with your Kaiser Permanente pharmacist for clarification, if needed.

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<i>COPAXONE (Brand)</i>	EPCLUSA	<i>GANIRELIX</i>
<i>CORIFACT</i>	<i>EPINEPHRINE/PF</i>	<i>GATTEX</i>
<i>COSENTYX PEN</i>	EPOGEN	<i>GAZYVA</i>
COSMEGEN	EPOPROSTENOL SODIUM	<i>GEMZAR</i>
<i>COTELLIC</i>	<i>EPZICOM</i>	<i>GENOTROPIN</i>
<i>CRESEMBA</i>	<i>ERAXIS</i>	GENVOYA
<i>CUBICIN</i>	<i>ERIVEDGE</i>	GILENYA
<i>CUPRIMINE</i>	<i>ESBRIET</i>	<i>GILOTRIF</i>
<i>CYRAMZA</i>	<i>ESOMEPRAZOLE SODIUM</i>	<i>GLASSIA</i>
<i>CYSTADANE</i>	ETHACRYNATE SODIUM	<i>GLEEVEC (Brand)</i>
CYTOVENE	<i>ETHYOL</i>	<i>GLUMETZA</i>
<i>D.H.E. 45</i>	<i>EVOMELA</i>	<i>GLYCATE</i>
<i>DACOGEN</i>	<i>EVOTAZ</i>	<i>GONAL-F RFF</i>
<i>DAKLINZA</i>	<i>EVZIO</i>	<i>GONAL-F RFF REDI-JECT</i>
<i>DALVANCE</i>	EXJADE	<i>GOCOVRI</i>
<i>DATSCAN</i>	<i>EXONDYS</i>	<i>GRANISETRON</i>
DEPEN TITRATABS	<i>FABRAZYME</i>	<i>GRANIX</i>
DESCOVY	<i>FARYDAK</i>	H.P. ACTHAR
<i>DESFERAL MESYLATE</i>	<i>FASLODEX</i>	<i>HAEGARDA</i>
DEXAMETHASONE SOD PHOSPHATE/PF	<i>FEIBA</i>	HARVONI
<i>DIFICID</i>	<i>FELBATOL</i>	HEMABATE
<i>DIGIFAB</i>	<i>FERRIPROX</i>	HEMOFIL M
<i>DIPENTUM</i>	FIRAZYR	<i>HEPAGAM B</i>
<i>DOCEFREZ</i>	<i>FIRMAGON</i>	<i>HEPSERA</i>
DOCETAXEL	<i>FLEBOGAMMA</i>	HERCEPTIN
<i>DORIBAX</i>	<i>FLOLAN</i>	<i>HETLIOZ</i>
<i>DUPIXENT</i>	FLUCYTOSINE	HEXALEN
<i>DYSPORT</i>	<i>FOLLISTIM AQ</i>	HIZENTRA
EDURANT	<i>FOLOTYN</i>	HUMATE-P
<i>EGRIFTA</i>	FONDAPARINUX SODIUM	<i>HUMATROPE</i>
<i>ELAPRASE</i>	<i>FORTEO</i>	HUMIRA PEDIATRIC CROHN'S
<i>ELELYSO</i>	<i>FRAGMIN</i>	HUMIRA PEN CROHN-UC-HS STARTER
<i>ELITEK</i>	<i>FUZEON</i>	HUMIRA PSKT
<i>ELOCTATE</i>	<i>FYCOMPA</i>	<i>HYCANTIN</i>
EMCYT	<i>GAMASTAN S-D</i>	<i>HYLENEX</i>
<i>EMFLAZA</i>	<i>GAMMAGARD</i>	<i>HYPERHEP</i>
<i>EMPLICITI</i>	<i>GAMMAKED</i>	<i>HYPERHEP B</i>
ENBREL	<i>GAMMAPLEX</i>	<i>HYPERRAB</i>
<i>ENDARI</i>	GAMUNEX-C	<i>HYQVIA HY</i>
<i>ENTOCORT EC CPEP</i>	GANCICLOVIR SODIUM	<i>HYQVIA IG</i>
<i>ENTYVIO</i>		

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IBRANCE	<i>KEVZARA</i>	<i>NATRECOR</i>
<i>ICLUSIG</i>	<i>KEYTRUDA</i>	<i>NERLYNX</i>
<i>IDELVION</i>	KINERET	<i>NEULASTA</i>
<i>IDHIFA</i>	<i>KISOALI</i>	NEUPOGEN
<i>ILARIS</i>	<i>KITABIS PAK NEB</i>	NEXAVAR
IMATINIB MESYLATE	KOATE-DVI	<i>NINLARO</i>
IMBRUVICA	<i>KORLYM</i>	NIPENT
<i>IMFINZI</i>	<i>KOVALTRY</i>	<i>NITYR</i>
<i>IMITREX (INJ)</i>	<i>KRYSTEXXA</i>	<i>NORDITROPIN FLEXPOR</i>
<i>IMPAVIDO</i>	<i>KUVAN</i>	<i>NORTHERA</i>
<i>INCIVEK</i>	<i>KYNAMRO</i>	NORVIR SOL
<i>INCRELEX</i>	<i>KYPROLIS</i>	<i>NOVOEIGHT</i>
<i>INFLECTRA</i>	<i>LARTRUVO</i>	<i>NOVOSEVEN RT</i>
<i>INGREZZA</i>	<i>LATUDA</i>	<i>NOXAFIL</i>
<i>INLYTA</i>	<i>LEMTRADA</i>	<i>NPLATE</i>
INTELENCE	<i>LENVIMA</i>	<i>NUCALA</i>
INTRON A	LETAIRIS	<i>NULOJIX</i>
INVANZ	<i>LEUKINE</i>	<i>NUPLAZID</i>
<i>INVEGA SUSTENNA</i>	<i>LEXIVA</i>	<i>NUTROPIN AQ</i>
<i>INVEGA TRINZA</i>	LINEZOLID	<i>NUTROPIN AQ NUSPIN</i>
INVIRASE	<i>LINEZOLID-0.9% NACL</i>	<i>NUWIQ</i>
<i>IPRIVASK</i>	<i>LONSURF</i>	<i>OBIZUR</i>
IRESSA	<i>LUMIZYME</i>	<i>OCALIVA</i>
<i>ISENTRESS CHW</i>	<i>LYNPARZA</i>	<i>OCTAGAM</i>
<i>ISENTRESS HD TABS</i>	LYSODREN	ODEFSEY
<i>ISENTRESS PACK</i>	<i>MARQIBO</i>	<i>ODOMZO</i>
ISENTRESS TABS	MATULANE	<i>OFEV</i>
<i>ISTODAX</i>	<i>MAVYRET</i>	<i>OFIRMEV</i>
<i>IXEMPRA</i>	<i>MEKINIST</i>	<i>OLYSIO</i>
<i>IXINITY</i>	MELPHALAN HCL	<i>ONCASPAR</i>
<i>JADENU</i>	<i>MENOPUR</i>	<i>OPDIVO</i>
<i>JAKAFI</i>	MEPRON	OPSUMIT
<i>JEVTANA</i>	<i>METASTRON</i>	<i>ORBACTIV</i>
<i>JUXTAPID</i>	MIACALCIN	<i>ORENCIA</i>
<i>KADCYLA</i>	<i>MIRCERA</i>	<i>ORENITRAM</i>
<i>KALBITOR</i>	MONOCLATE-P	<i>ORFADIN</i>
KALETRA	MONONINE	<i>ORKAMBI</i>
<i>KALYDECO GRAN PACK</i>	<i>MOZOBI</i>	OTEZLA
<i>KANUMA</i>	<i>MYALEPT FNL</i>	<i>OTREXUP</i>
<i>KCENTRA</i>	<i>MYCAMINE</i>	<i>OVIDREL</i>
<i>KEPIVANCE</i>	<i>MYCOBUTIN</i>	<i>PANHEMATIN</i>
<i>KEVEYIS</i>	<i>NATPARA</i>	<i>PANRETIN</i>

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PEGASYS PROCLICK	<i>RISPERDAL CONSTA</i>	<i>SYNDROS ORAL SOLN</i>
<i>PEGINTRON REDIPEN</i>	RITUXAN	<i>SYNERCID</i>
<i>PHOTOFRIN</i>	<i>RIXUBIS</i>	<i>SYNRIBO</i>
<i>PLEGRIDY</i>	<i>RUBRACA</i>	<i>SYPRINE</i>
<i>PLEGRIDY PEN</i>	<i>RUCONEST</i>	<i>TACLONEX</i>
<i>POMALYST</i>	<i>RYANODEX</i>	<i>TAFINLAR</i>
<i>PRALUENT</i>	<i>RYDAPT</i>	<i>TAGRISSO</i>
<i>PREZCOBIX</i>	<i>RYNODERM</i>	<i>TALTZ AUTOINJECTOR</i>
PREZISTA	<i>SABRIL</i>	<i>TALTZ SYRINGE</i>
<i>PRIVIGEN</i>	<i>SAIZEN</i>	TARCEVA
PROCRIT	<i>SAMSCA</i>	<i>TARGETIN</i>
<i>PROCYSBI</i>	<i>SANDOSTATIN LAR</i>	TASIGNA
PROFILNINE	<i>SANDOSTATIN LAR DEPOT</i>	<i>TAXOTERE</i>
<i>PROLEUKIN</i>	<i>SAXENDA</i>	<i>TECENTRIQ</i>
<i>PROLIA</i>	SELZENTRY	<i>TECFIDERA</i>
<i>PROMACTA</i>	<i>SELZENTRY SOLN</i>	<i>TECFIDERA STARTER PACK</i>
<i>PROVAYBLUE</i>	SENSIPAR	<i>TECHNIVIE</i>
<i>PROVENGE</i>	<i>SEROSTIM</i>	<i>TEFLARO</i>
PULMOZYME	<i>SIGNIFOR</i>	<i>TEMODAR</i>
PURIXAN	<i>SIGNIFOR LAR</i>	TEMOZOLOMIDE
RAPAMUNE	<i>SILIQ</i>	<i>TENIPOSIDE</i>
<i>RASUVO</i>	<i>SIMPONI ARIA</i>	<i>TETRACAINE</i>
<i>RAVICTI</i>	<i>SIMULECT</i>	THALOMID
<i>RAYALDEE</i>	<i>SIRTURO</i>	THIOTEPA
<i>RAYOS</i>	<i>SIVEXTRO</i>	<i>THROMBATE</i>
<i>REBIF REBIDOSE</i>	SODIUM EDECIN	TIVICAY
<i>RECOMBINATE</i>	<i>SOMATULINE DEPOT</i>	TNKASE
<i>REGRANEX</i>	<i>SOMAVERT</i>	<i>TOBI NEB</i>
<i>RELISTOR</i>	<i>SORIATANE</i>	<i>TOBI PODHALER</i>
REMICADE	SOVALDI	TOBRAMYCIN NEBU
<i>REMODULIN</i>	<i>SPRITAM</i>	TORISEL
<i>REPATHA PUSHTRONEX</i>	SPRYCEL	TRACLEER
<i>REPATHA SURECLICK</i>	<i>STELARA</i>	<i>TREANDA</i>
<i>REPATHA SYRINGE</i>	<i>STIVARGA</i>	<i>TRELSTAR</i>
<i>RETAVASE</i>	<i>STRENSIQ</i>	<i>TREMFYA</i>
<i>REVATIO</i>	STRIBILD	TRETINOIN
REVLIMID	<i>SUMAVEL DOSEPRO</i>	<i>TRETEN</i>
<i>REXULTI</i>	SUTENT	<i>TRIPTODUR</i>
<i>REYATAZ</i>	<i>SYLATRON</i>	<i>TRISENOX</i>
<i>RIFADIN</i>	<i>SYLVANT</i>	<i>TRIUMEQ</i>
RIFAMPIN	<i>SYMLINPEN</i>	TRIZIVIR
<i>RILUTEK</i>	SYNAGIS	TRUVADA

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TYGACIL
TYKERB
TYMLOS
TYSABRI
TYZEKA
UCERIS
ULTRAVATE
UNITUXIN
UPTRAVI
VALCHLOR
VALCYTE
VALGANCICLOVIR
VANCOCIN
VANCOMYCIN
VAPRISOL-5% DEXTROSE
VECAMYL
VELCADE
VELETRI
VEMLIDY
VENCLEXTA
VENCLEXTA STARTING
PACK
VENTAVIS AMPUL-NEB
VERZENIO
VFEND
VIBATIV
VIBERZI
VICTOZA
VICTRELIS
VIEKIRA PAK

VIEKIRA XR
VIMIZIM
VIMOVO
VIRACEPT POW
VIREAD POW
VISTOGARD
VISUDYNE
VITAMIN K1
VITEKTA
VITRASE
VIVITROL
VONVENDI
VOSEVI
VOTRIENT
VPRIV
VRAYLAR CPPK
WILATE
XADAGO
XALKORI
XATMEP
XELJANZ
XENAZINE
XEOMIN
XERMELO
XGEVA
XIFAXAN
XOFIGO
XOLAIR
XTANDI
XULTOPHY

XURIDEN
XYNTHA SOLOFUSE
XYREM
YERVOY
YONDELIS
ZALTRAP
ZARXIO
ZAVESCA
ZEJULA
ZELBORAF
ZEMAIRA
ZEMBRACE SYMTOUCH
ZEPATIER
ZERBAXA
ZEVALIN
ZINBRYTA
ZOFRAN
ZOLINZA
ZOMACTON
ZORBTIVE
ZORTRESS
ZUBSOLV
ZYDELIG
ZYFLO
ZYKADIA
ZYPREXA RELPREVV
ZYTIGA
ZYVOX

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NONDISCRIMINATION NOTICE

Kaiser Foundation Health Plan of Colorado (Kaiser Health Plan) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Kaiser Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. We also:

- Provide no cost aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats, such as large print, audio, and accessible electronic formats
- Provide no cost language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, call **1-800-632-9700** (TTY: **711**)

If you believe that Kaiser Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by mail at: Customer Experience Department, Attn: Kaiser Permanente Civil Rights Coordinator, 2500 South Havana, Aurora, CO 80014, or by phone at Member Services: 1-800-632-9700.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

HELP IN YOUR LANGUAGE

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call **1-800-632-9700** (TTY: **711**).

አማርኛ (Amharic) ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ **1-800-632-9700** (TTY: **711**)።

العربية (Arabic) ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-800-632-9700** (TTY: **711**) .

Bàsòò Wùdù (Bassa) Dè dɛ nìà kɛ dyédé gbo: ɔ jũ ké ñ Bàsòò-wùdù-po-nyò jũ ní, níí, à wuɖu kà kò dò po-poò béin ñ gbo kpáa. Đá **1-800-632-9700** (TTY: **711**)

中文 (Chinese) 注意: 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-800-632-9700** (TTY: **711**) 。

فارسی (Farsi) توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با **1-800-632-9700** (TTY: 711) تماس بگیرید.

Français (French) ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-800-632-9700** (TTY: 711).

Deutsch (German) ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.
Rufnummer: **1-800-632-9700** (TTY: 711).

Igbo (Igbo) NRUBAMA: O bụrụ na ị na asụ Igbo, ọrụ enyemaka asụsụ, n'efu, dijiri gi. Kpọọ **1-800-632-9700** (TTY: 711).

日本語 (Japanese) 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。 **1-800-632-9700** (TTY: 711) まで、お電話にてご連絡ください。

한국어 (Korean) 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-800-632-9700** (TTY: 711) 번으로 전화해 주십시오.

Naabeehó (Navajo) Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éi ná hóló, kóji' hódíilnih **1-800-632-9700** (TTY: 711).

नेपाली (Nepali) ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । **1-800-632-9700** (TTY: 711) फोन गर्नुहोस् ।

Afaan Oromoo (Oromo) XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa **1-800-632-9700** (TTY: 711).

Русский (Russian) ВНИМАНИЕ: если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-800-632-9700** (TTY: 711).

Español (Spanish) ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-632-9700** (TTY: 711).

Tagalog (Tagalog) PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad.
Tumawag sa **1-800-632-9700** (TTY: 711).

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-800-632-9700** (TTY: 711).

Yorùbá (Yoruba) AKIYESI: Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. E pe ero ibanisoro yi **1-800-632-9700** (TTY: 711).