

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**

**ABACAVIR SULFATE-
LAMIVUDINE-
ZIDOVUDINE**

ABELCET

ABILIFY MAINTENA

ACITRETIN

ACTEMRA

ACTHREL

ACTIMMUNE

ADAGEN

ADCETRIS

ADCIRCA

ADEFOVIR DIPIVOXIL

ADEMPAS

ADVATE

ADYNOVATE

AFINITOR DISPERZ

AFSTYLA

AKYNZEO

ALDURAZYME

ALECENSA

ALFERON N

ALIMTA

ALOPRIM

ALOXI

ALPHANATE

ALPHANINE SD

ALPROLIX

ALUNBRIG

AMBISOME

AMMONUL

AMPHADASE

AMPHOTERICIN

AMPYRA

AMYTAL SODIUM

ANCOBON

APOKYN

APTIVUS

AQUASOL

ARALAST

ARANESP

ARCALYST

ARIXTRA

ARYMO

ATOVAQUONE

ATRIPLA

ATRYN

AUBAGIO

AUSTEDO

AUVI-Q

AVONEX

BAL IN OIL

BARACLUDE

BEBULIN

BELEODAQ

BENDEKA

BENEFIX

BENLYSTA

BERINERT

BETASERON

BETHKIS NEB

BIVIGAM

BLINCYTO

BOSULIF

BRAVELLE

BRIVIACT

BUNAVAIL

BUPHENYL POW

CABOMETYX

CAMPATH

CANCIDAS

CAPASTAT SULFATE

CAPRELSA

CAYSTON

CEPROTIN

CERDELGA

CEREZYME

CETROTIDE

CHOLBAM

CHORIONIC

GONADOTROPIN

CIDOFOVIR

CIMZIA

CINQAIR

CINRYZE

CHLORZOXAZONE

COAGADEX

COMETRIQ

COMPLERA

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



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

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<i>IDELVION</i>	KINERET	<i>NEULASTA</i>
<i>IDHIFA</i>	<i>KISQALI</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 FLEXPRO</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>MOZOBIL</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>MYCIBUTIN</i>	<i>PANHEMATIN</i>
<i>KEVEYIS</i>	<i>NATPARA</i>	<i>PANRETIN</i>
<i>KEVZARA</i>	<i>NATRECOR</i>	PEGASYS PROCLICK
<i>KEYTRUDA</i>	<i>NERLYNX</i>	<i>PEGINTRON REDIPEN</i>

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

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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
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 250 MG
 ZYTIGA 500 MG
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. Krọọ **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).