Formulary Information

This document represents the efforts of Kroger Prescription Plans (KPP) to provide physicians and pharmacists with a method to evaluate the safety, efficacy and cost-effectiveness of commercially available drug products via a structured approach to the drug selection. This is accomplished through the auspices of KPP's P&T and Formulary Committees. These committees meet quarterly and more often as warranted to ensure clinical relevancy of the Formulary. To accommodate changes to this document, updates are made accessible as necessary. The P&T and Formulary Committees use the following criteria in the evaluation of drug selection for the Formulary:

- Drug safety profile
- Drug efficacy
- Comparison of relevant therapeutic benefits to current formulary agents of similar use, and to minimize therapeutic duplication where possible
- Cost-effectiveness relative to comparable therapies

How to Use the Formulary

The Formulary is a list of medications available to KPP members under their pharmacy benefit. All drugs are listed by their generic names and most common proprietary (branded) name. The Formulary may be accessed by using the index, either by generic or proprietary name (in capital letters) and by therapeutic drug category. *In situations where an FDA approved generic equivalent is available, brand names are listed for reference purposes only. Brand names usually cost more and are not preferred over generic alternatives.* Any drugs not found in this formulary listing or any formulary updates published by KPP are considered non-formulary drugs and require prior authorization.

All drugs are listed in each category in alphabetical order by generic name. All drugs have a generic name. If the generic drug is FDA approved, it will appear *italicized* in the formulary listing. For quicker navigation, use "CTRL + F" to search.

Some drugs on the formulary have certain process requirements or limitations for coverage. These are denoted by:

Symbol	Name	Description
AGE	Age Edit	Drug may not be recommended for some patients based on age.
PA	Prior Authorization	Requires your doctor to request prior authorization to support use of this drug.
QL	Quantity Limit	Coverage may be limited to specific quantities per prescription and/or time period.
SP	Specialty	Requires your doctor to request prior authorization to support use of this drug. Drugs may need to be filled at a Specialty pharmacy as opposed to retail.
ST	Step Therapy	Coverage may depend on previous use of another drug.

Benefit Coverage and Limitations

This printed Formulary does not provide information regarding the specific coverage and limitations an individual member may have. Many members have specific benefit inclusions, exclusions, copays, or a lack of coverage, which are not reflected in the Formulary. For example, drugs for the treatment of infertility may not be covered. Refer to your benefit summary for more information regarding your specific coverage.

The Formulary applies only to outpatient drugs provided to members and does not apply to medications used in inpatient settings. If a member has any specific questions regarding their coverage, they should contact their Plan Sponsor or Kroger Prescription Plans at 800.482.1285.

Excluded Agents

As new drugs become available, they will be considered for coverage under the Formulary. The plan administrator has the right to decide what drugs are covered and to what extent, as well as the right to modify coverage including the exclusion of any prescription drugs. Please note that prescribing guidelines such as Prior Authorization, Step Therapy, Quantity Limit, etc., may still apply to Formulary Therapeutic Alternatives.

Depending upon a member's specific benefit, the following topics may apply:

1. Generic Substitution

When available, FDA approved generic drug used in most situations, regardless of the brand name indicated. Members usually have lower copays and or co-insurance when they use generic drugs. This policy is not meant to preclude or supplant any state statues that may exist. All drugs that are or become available generically are subject to review by the P&T Committee. KPP approves such multi- source drugs for addition to the MAC list based on the following criteria:

- A multi- source drug product manufactured by at least one (1) nationally marketed company.
- At least one (1) of the generic manufacturer's products must have an "A" rating or the generic product has been determined to be unassociated with efficacy, safety or bioequivalency concerns by the P&T Committee.
- Drug product will be approved for generic substitution by the P&T Committee.

If a member requests a brand name drug instead of an approved generic, the member, based on their coverage, is typically required to pay the difference in cost between the brand and the generic. Doctors can request prior authorization if they determine that there is a medical need for the brand name drug.

2. Six Tier Benefit

The Formulary may be applied to a six-tier benefit design, where the member shares the cost of prescription drug therapy at different levels of copayment. In most instances, generically available specialty and non-specialty drugs will be covered under the first or lowest copay tiers 1 or 4, branded specialty and non-specialty drugs listed on the Formulary will be covered under the second copay tiers 2 or 5, and specialty and non-specialty branded drugs not on the Formulary will be covered under the third or highest copay tiers 3 or 6.

Drug Tier	Drug Type
Tier 1	Generic
Tier 2	Preferred Brand
Tier 3	Non-Preferred Brand
Tier 4	Specialty Generic
Tier 5	Specialty-Preferred Brand
Tier 6	Specialty Non-Preferred Brand

3. Medication Synchronization (MedSync)

For select medications (brand or generic, opioids included), a pro-rated copay will be applied if dispensed for less than a predefined day supply. This applies to patients receiving partial fills for the purposes of medication synchronization or who are starting new medication with a shortened fill to align with other already synchronized medications. The pro-rated amount will be calculated based on the maximum allowable day supply for the individual plan benefit and applies to flat copayment.

4. Reference Based Pricing

Many brand and/or generic medications have lower cost alternative(s) that are FDA-approved and similarly effective. Reference-based priced drugs are:

- Cost-effective FDA-approved drugs (generics, brands, or OTC) that provide therapeutically similar results, based on available medical evidence.
- The designated formulary drug for a specific therapeutic category, which is a group of drugs that treat a specific diagnosis – such as statins used to treat high cholesterol.

This program applies to many drug conditions, but not all. The conditions included in the program have multiple therapeutically equivalent medication options.

If you are taking a prescription medication that appears on the RBP list, you can choose one of three options listed below:

Your Options	Things to Consider	What You Will Pay
1. Continue to use your current prescription.	You may have to pay more, and your costs will change as the price of the medication changes.	The difference between the price of your choice and the price of the preferred therapeutic alternative, plus the therapeutic alternative's copay.
2. Switch to a lower-cost therapeutic alternative or preferred medication.	You may have several options, depending on the condition. Talk to your provider.	If you choose the preferred medication, you pay the regular copay.
3. Ask your provider to file a Medication Request form.	If you have tried the alternative, or there are contraindications, you or your provider may request an exception.	If your Medication Request Form is approved, you pay the regular copay.

5. Medication Request Process

Depending upon plan benefit design, a medication request process may apply as follows:

A. Formulary Drugs

Drugs that are listed in the Formulary with associated Prior Authorization (PA) require evaluation, per P&T Committee Prior Authorization guidelines prior to dispensing at a network pharmacy. Each request will be reviewed on an individual patient need basis. If the request does not meet the guidelines established by the P&T Committee, the request will not be approved, and alternative therapy may be recommended.

B. Non-Formulary Drugs

Any drug not found in the Formulary listing, or any Formulary updates published by KPP, shall be considered a Non-Formulary drug. Coverage for non-formulary agents may be applied for in advance. When a member gives a prescription order for a non-formulary drug to a pharmacist, the pharmacist will evaluate the patient's drug history and contact the physician to determine if there is a reasonable medical need for a non-formulary drug. Each request will be reviewed on an individual patient need basis. Approval will be given if a documented medical need exists. The following basic guidelines are used:

- The use of formulary drugs is contraindicated in the patient.
- The patient has failed an appropriate trial of formulary or related agents.
- The choices available in the formulary are not suited for the present patient care need, and the drug selected is required for patient safety.
- The use of a formulary drug may provoke an underlying condition, which would be detrimental to patient care.

If the request does not meet the guidelines established by the P&T Committees, the request will not be approved, and alternative therapy may be recommended.

C. Obtaining Coverage

Coverage, questions or information regarding the medication request or formulary process may be obtained by:

- Faxing a completed Medication Request Form to MedImpact at 858.790.7100.
- Contacting KPP at 800.482.1285 and providing all necessary information requested.

KPP will provide an authorization number, specific for the medical need, for all approved requests. Non-approved requests may be appealed. The prescriber must provide information to support the appeal on the basis of medical necessity. Prior Authorization is generally not available for drugs that are specifically excluded by benefit design.

6. General Exclusions

A. Over the Counter (OTC) medications or their equivalents, unless otherwise specified in the Formulary listing.
B. Nicotine Smoking Cessation products (i.e., transdermal nicotine, nicotine gum, nicotine inhaler), except as required by ACA.
C. Drugs specifically listed as not covered.
D. Any drug products used for cosmetic purposes.
E. Experimental drug products or any drug product used in an experimental manner.

F. Replacement of lost or stolen medication.
G. Non-self-administered injectable drug products unless otherwise specified in the Formulary listing.
H. Foreign sourced drugs or drugs not approved by the United States Food & Drug Administration.

Any drugs not listed in this print formulary are considered excluded from the drug benefit and are not covered. The P&T and Formulary Committees recognize that not all medical needs can be met with this document and encourage inquiries about alternative therapies.

7. Pharmacist and Physician Communication

The Formulary is a tool to promote cost- effective prescription drug use. The P&T and Formulary Committees have made every attempt to create a document that meets all therapeutic needs; however, the art of medicine makes this a formidable task.

8. Mail-order Option

Prescriptions can be obtained through the mail via Postal Prescription Services (PPS). To have a current prescription filled with PPS, you may contact your physician and have them send a new prescription to any PPS pharmacy or you are able to have PPS transfer-in any current Prescription by calling them at 800.552.6694 and providing your current pharmacy's information. Online access to patient information and prescription ordering is also available through ppsrx.com.

9. Accessing the Full Formulary

A full copy of your plan's formulary document can be found through our member portal. To access this, go to our website at kpp-rx.com. At the top of the main page, there are both a member login and member registration links, select the one that is appropriate for you and follow the directions to either register as a new user or login. Once you are logged in, there you will find a link to your plan's formulary on the left-hand side of the page. This document will give you a list of covered medications, what benefit tier they reside on, and whether or not they have any coverage limitations, such as a quantity limit or prior authorization.