



Mid and Large Size Employer Group Formulary

(List of Covered Drugs)

Last Update: 06/04/2024

Please Note: This formulary drug list is applicable to the following plan types: Signature HMO, Select HMO, Deductible HMO, and HSA-Qualified Deductible HMO. Please note that this formulary does NOT apply to members who purchased their plans on the District of Columbia, Maryland, or Virginia marketplaces, Federal Employee Health Benefit (FEHB) members, Flexible Choice members, Out-of-Area (OOA) members, Maryland HealthChoice members, or Virginia Medicaid and FAMIS members. Formularies for these groups can be found at www.kp.org/formulary and then by selecting 'Covered drugs in your area, Maryland, Virginia, and Washington, D.C.'

Mid and Large Size Employer Group Formulary Drug List

The following list contains the formulary, also known as the preferred drug list, approved by the Kaiser Permanente Pharmacy and Therapeutics Committee.

This formulary applies only to outpatient drugs and self-administered drugs. It does not apply to medications used in inpatient settings or administered in one of the Kaiser Permanente medical centers.

You may have specific exclusions, copays, or coinsurance amounts that are not reflected in the formulary drug list. Please consult your *Evidence of Coverage or Membership Agreement*, for additional information regarding your pharmacy benefits, including any specific limitations or exclusions.

Some plans have a separate specialty drug tier with specialty tier copay. Specialty drugs are high cost, prescription medications used to treat serious or chronic medical conditions and require special handling, administration or monitoring. The details of your outpatient prescription drug benefit, including any specific limitations or exclusions can be found in your *Evidence of Coverage or Membership Agreement*. A listing of specialty tier drugs can be found at kp.org/formulary and then by selecting 'Covered drugs in your area, Maryland, Virginia, and Washington, D.C'.

Generic and Brand Name Medications

Kaiser Permanente covers generic and brand name drugs. A generic drug is approved by the Food and Drug Administration (FDA) as having the same active ingredient as the brand name drug.

Brand name drugs are manufactured and sold by the pharmaceutical company that originally researched and developed the drug. When the patent on a brand name drug expires, other pharmaceutical companies may then manufacture and sell the FDA- approved generic version of the drug at lower prices. In most cases, your doctor will prescribe a generic drug if one is available. Generic drugs generally cost less than brand name drugs.

Non-Formulary Medications

The listing only includes drugs on the formulary. Any drug not found on this list is considered non-formulary. A non-formulary medication or non-preferred medication is generally available at a higher cost. Please consult your *Evidence of Coverage or Membership Agreement* for additional information regarding coverage of non-formulary medications specific to your plan.

Using the Kaiser Permanente Formulary List

When you look through the formulary drug listing beginning on page 4, you will see that products available in a generic form are listed by their generic names. Medications that are only available as a brand name product are listed in ALL CAPITAL letters, except where multiple branded products exist.

You can search the formulary drug list by using the “FIND” function in Adobe Reader, or by referencing the therapeutic drug category.

Some drugs have multiple dosage forms. Not all dosage forms and strengths for a particular drug listed are on the Formulary.

Please remember that this list is subject to change and will be updated from time to time during the year. Any product not found on the list will be considered non-formulary or non-preferred. Please also note that this formulary applies only to outpatient drugs and self-administered drugs. It does not apply to medical service drugs or medications used in inpatient settings or administered in one of the Kaiser Permanente medical centers.

Are Over-the-Counter (OTC) items covered on the formulary?

Generally, most plans exclude drugs that are also available over-the-counter. If your plan allows for the same over-the-counter coverage as plans that include essential health benefits, then the following types of over-the-counter items are covered:

Aspirin – Covered when used for the prevention of cardiovascular disease, when the potential harm of an increase in gastrointestinal hemorrhage is outweighed by a potential benefit of a reduction in myocardial infarctions (men aged 45-79 years; women age 55-79 years). Covered after 12 weeks of gestation in women who are at high risk of preeclampsia.

Folic Acid – Covered for woman planning or capable of getting pregnant.

Iron Supplements – Covered for asymptomatic children aged 6 to 12 months who are at increased risk for iron deficiency anemia.

Female Contraceptives – Covered over-the-counter items such as Plan B.

Colonoscopy (bowel) preparation medications – Covered when medically necessary when associated with a preventative colonoscopy

Nicotine Replacement – Covered over-the-counter items for tobacco cessation products such as nicotine patches, gum, or lozenges.

Restrictions on medication coverage (Dispensing Limitations)

Some covered drugs may have additional requirements or limits on coverage. Please consult your *Evidence of Coverage or Membership Agreement* for additional information regarding your pharmacy benefits, including any specific limitations or exclusions.

- **Limited distribution:** Some drugs may be subject to limited distribution or restricted access. A drug that is a limited distribution drug may only be available at one or a limited number of pharmacies.
- **Oral chemotherapy drugs:** Drugs that fall under the District of Columbia and State of Maryland Oral Chemotherapy Parity Act.
- **Prior Authorization:** A review and approval procedure that applies to some outpatient prescription drugs and is used to encourage safe and cost-effective medication use. Prior authorization is generally applied to outpatient prescription drugs that have multiple medical uses, are higher in cost or have a significant safety concern.

The purpose of prior authorization is to ensure that you receive the right medication for your medical condition. This means that when your physician or authorized provider prescribes a drug that has been identified as subject to prior authorization, the drug must be reviewed by the utilization management program to determine medical necessity before the prescription is filled.

If a drug requires prior authorization, your prescribing physician or authorized provider must work with us to authorize the drug for your use. Drugs requiring prior authorization have specific clinical criteria, including but not limited to diagnosis of specified condition, laboratory requirements or prescriber specialty, that you must meet in order for the prescription to be eligible for coverage. Refer to the formulary for a complete list of medications requiring prior authorization. Once a prior authorization has been approved for a drug used to treat a chronic condition, no reauthorization for a repeat prescription will be needed for 1 year or for the duration of the standard course of treatment for the chronic condition being treated, whichever is less.

- **Preventative Medications:** Preventative drugs with no copayment/coinsurance under the Affordable Care Act (ACA). Some drugs require certain clinical criteria to be met to receive no copayment/coinsurance.
- **Quantity limit:** For certain drugs, Kaiser Permanente Pharmacy and Therapeutics Committee limit the amount of medication dispensed to a certain quantity per copay.
- **Step Therapy Process:** A process that defines how and when a particular outpatient prescription drug can be covered by requiring the use of one or more prerequisite drugs (first line agents), as identified through your drug history, prior to the use of another drug (second line agent). The step therapy process encourages safe and cost-effective medication use. Under this process, a “step” approach is required to receive coverage for certain high-cost medications. This means that to receive coverage, you may first be required to try a proven, cost effective medication before using a more costly medication.

Your prescribing physician or authorized provider should prescribe a first-line medication appropriate for your condition. If your prescribing physician or authorized provider determines that a first-line drug is not appropriate or effective for you, a second-line medication may be covered after meeting certain conditions.

Refer to the formulary for a complete list of medications requiring step therapy.

Key:

- HC** = Higher copay
- LD** = Limited Distribution Drugs
- MB** = Medical Benefit
- OC** = Oral Chemotherapy Drugs
- PA** = Prior Authorization
- PREV** = Preventative Medications
- QL** = A drug that has a quantity limit
- ST** = Step Therapy

For more information about the HMO Formulary Drug List, you may contact Member Services at **301-468-6000** or **800-777-7902 (TTY 711)**. Representatives are available Monday through Friday, 7:30 a.m. until 9 p.m.

Name of drug	Restrictions & Limits
ANTI-INFECTIVE AGENTS	
ANTHELMINTICS	
<i>albendazole</i>	
ANTIBACTERIALS	
<i>amikacin sulfate</i>	MB
<i>amoxicillin</i>	
<i>amoxicillin & pot clavulanate</i>	
<i>ampicillin</i>	
<i>ampicillin & sulbactam sodium</i>	MB
<i>ampicillin sodium</i>	MB
AVELOX	MB
<i>azithromycin</i>	MB
<i>aztreonam</i>	MB
<i>bacitracin</i>	MB
BICILLIN L-A	MB
<i>cefaclor</i>	
<i>cefazolin sodium</i>	MB
CEFAZOLIN SODIUM-DEXTROSE	MB
<i>cefdinir</i>	
<i>cefepime hcl</i>	MB
CEFEPIME-DEXTROSE	MB
<i>cefixime</i>	
<i>cefotaxime sodium</i>	MB
<i>cefoxitin sodium</i>	MB
<i>ceftazidime</i>	MB
CEFTAZIDIME AND DEXTROSE	MB
<i>ceftriaxone sodium</i>	MB
CEFTRIAZONE SODIUM IN DEXTROSE	MB
CEFTRIAZONE SODIUM-DEXTROSE	MB
<i>cefuroxime axetil</i>	
<i>cefuroxime sodium</i>	MB
<i>cephalexin</i>	
<i>ciprofloxacin</i>	
<i>ciprofloxacin hcl</i>	
<i>ciprofloxacin in d5w</i>	MB
<i>clarithromycin</i>	
<i>clindamycin hcl</i>	
<i>clindamycin palmitate hydrochloride</i>	
<i>clindamycin phosphate</i>	MB
<i>clindamycin phosphate in d5w</i>	MB
<i>colistimethate sodium</i>	MB
<i>daptomycin</i>	MB
<i>dicloxacillin sodium</i>	
<i>doxycycline (monohydrate)</i>	
<i>doxycycline hyclate</i>	MB
<i>ertapenem sodium</i>	MB
<i>erythromycin base</i>	
<i>erythromycin ethylsuccinate</i>	
<i>erythromycin lactobionate</i>	MB
<i>erythromycin-sulfisoxazole</i>	
<i>gentamicin sulfate</i>	MB

HC = Higher Copay

LD - Limited Distribution

MB = Medical Benefit

OC = Oral Chemotherapy Drugs

PA = Prior Authorization

QL = Quantity Limit

ST = Step Therapy

Name of drug	Restrictions & Limits
<i>imipenem-cilastatin</i>	MB
<i>levofloxacin</i>	MB
<i>levofloxacin in d5w</i>	MB
<i>linezolid</i>	MB
LINEZOLID IN SODIUM CHLORIDE	MB
<i>meropenem</i>	MB
<i>minocycline hcl</i>	
<i>nafcillin sodium</i>	MB
<i>neomycin sulfate</i>	
<i>penicillin g potassium</i>	MB
PENICILLIN G PROCAINE	MB
PENICILLIN G SODIUM	MB
<i>penicillin v potassium</i>	
<i>piperacillin sodium-tazobactam sodium</i>	MB
STREPTOMYCIN SULFATE	MB
<i>sulfadiazine</i>	
<i>sulfamethoxazole-trimethoprim</i>	MB
<i>sulfasalazine</i>	
TIMENTIN	MB
<i>tobramycin</i>	
TOBRAMYCIN SULFATE	MB
<i>vancomycin hcl</i>	MB
VANCOMYCIN HCL IN DEXTROSE	MB
ANTIFUNGALS	
AMPHOTERICIN B	MB
<i>caspofungin acetate</i>	MB
<i>fluconazole</i>	
<i>fluconazole in dextrose</i>	MB
<i>fluconazole in nacl</i>	MB
<i>griseofulvin microsize</i>	
<i>itraconazole</i>	PA
<i>ketoconazole</i>	
<i>nystatin</i>	
<i>nystatin (mouth-throat)</i>	
<i>terbinafine hcl</i>	PA
<i>voriconazole</i>	MB
ANTIMYCOBACTERIALS	
<i>dapsone</i>	
<i>ethambutol hcl</i>	
<i>isoniazid</i>	
PRETOMANID	
<i>pyrazinamide</i>	
<i>rifabutin</i>	
<i>rifampin</i>	MB
ANTIPROTOZOALS	
<i>atovaquone</i>	
<i>atovaquone-proguanil hcl</i>	
<i>chloroquine phosphate</i>	
COARTEM	
<i>hydroxychloroquine sulfate</i>	
KRINTAFEL	

HC = Higher Copay
LD - Limited Distribution
MB = Medical Benefit

OC = Oral Chemotherapy Drugs
PA = Prior Authorization

QL = Quantity Limit
ST = Step Therapy

Name of drug	Restrictions & Limits
<i>mefloquine hcl</i>	
<i>metronidazole</i>	MB
NEBUPENT	
<i>primaquine phosphate</i>	
ANTIVIRALS	
<i>abacavir sulfate</i>	
<i>abacavir sulfate-lamivudine</i>	
<i>abacavir sulfate-lamivudine-zidovudine</i>	
<i>acyclovir</i>	
<i>acyclovir sodium</i>	MB
<i>adefovir dipivoxil</i>	
APTIVUS	
<i>atazanavir sulfate</i>	
BEYFORTUS	MB
BIKTARVY	
CABENUVA	MB
CIMDUO	
COMPLERA	
CRIXIVAN	
CYTOVENE	MB
<i>darunavir</i>	
DELSTRIGO	
DESCOVY	PREV
DIDANOSINE	
DOVATO	
EDURANT	
<i>efavirenz</i>	
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	
<i>emtricitabine</i>	
<i>emtricitabine-tenofovir disoproxil fumarate</i>	PREV
<i>entecavir</i>	
EPCLUSA	PA, QL
<i>etravirine</i>	
EVOTAZ	
<i>fosamprenavir calcium</i>	
FOSCAVIR	MB
FUZEON	QL
GENVOYA	
INVIRASE	
ISENTRESS	
JULUCA	
<i>lamivudine</i>	
<i>lamivudine (hbv)</i>	
<i>lamivudine-zidovudine</i>	
LEDIPASVIR-SOFOSBUVIR	PA, QL
LIVTENCITY	QL
<i>lopinavir-ritonavir</i>	
<i>maraviroc</i>	
<i>nevirapine</i>	
ODEFSEY	
<i>oseltamivir phosphate</i>	QL

HC = Higher Copay
LD - Limited Distribution
MB = Medical Benefit

OC = Oral Chemotherapy Drugs
PA = Prior Authorization

QL = Quantity Limit
ST = Step Therapy

Name of drug	Restrictions & Limits
PAXLOVID (150/100)	
PEGASYS	QL
PIFELTRO	
PREVYMIS	MB
PREZCOBIX	
RELENZA DISKHALER	QL
RIBAVIRIN	
RIMANTADINE HCL	
<i>ritonavir</i>	
STAVUDINE	
STRIBILD	
SYMFI	
SYMTUZA	
SYNAGIS	MB
<i>tenofovir disoproxil fumarate</i>	
TIVICAY	
TRIUMEQ	
<i>valacyclovir hcl</i>	
<i>valganciclovir hcl</i>	
VEKLURY	MB
VIRACEPT	
VOSEVI	PA, QL
<i>zidovudine</i>	
URINARY ANTI-INFECTIVES	
<i>fosfomycin tromethamine</i>	
<i>methenamine hippurate</i>	
<i>nitrofurantoin</i>	
<i>nitrofurantoin macrocrystal</i>	
<i>nitrofurantoin monohyd macro</i>	
<i>trimethoprim</i>	
ANTIHISTAMINE DRUGS	
ANTIHISTAMINE DRUGS	
<i>cyproheptadine hcl</i>	
<i>diphenhydramine hcl</i>	MB
<i>promethazine hcl</i>	MB
ANTINEOPLASTIC AGENTS	
ANTINEOPLASTIC AGENTS	
<i>abiraterone acetate</i>	OC
ALECENSA	OC
ALUNBRIG	OC
<i>anastrozole</i>	OC
ASPARLAS	MB
<i>azacitidine</i>	MB
BENDEKA	MB
<i>bexarotene</i>	OC
<i>bicalutamide</i>	OC
BICNU	MB
<i>bleomycin sulfate</i>	MB
<i>bortezomib</i>	MB
BRUKINSA	OC
CALQUENCE	OC

HC = Higher Copay
LD - Limited Distribution
MB = Medical Benefit

OC = Oral Chemotherapy Drugs
PA = Prior Authorization

QL = Quantity Limit
ST = Step Therapy

Name of drug	Restrictions & Limits
CAMPATH	LD, MB
<i>capecitabine</i>	OC
CAPRELSA	LD, OC
<i>carboplatin</i>	MB
<i>cisplatin</i>	MB
<i>cladribine</i>	MB
COMETRIQ (100 MG DAILY DOSE)	LD, OC
COSMEGEN	MB
COTELLIC	OC
<i>cyclophosphamide</i>	PA, MB
CYRAMZA	MB
<i>cytarabine</i>	MB
<i>dacarbazine</i>	MB
<i>daunorubicin hcl</i>	MB
<i>decitabine</i>	MB
DOCETAXEL	MB
<i>doxorubicin hcl</i>	MB
<i>doxorubicin hcl liposomal</i>	MB
EMCYT	OC
<i>epirubicin hcl</i>	MB
ERBITUX	MB
<i>erlotinib hcl</i>	OC
<i>etoposide</i>	OC, MB
<i>everolimus</i>	OC
<i>exemestane</i>	OC
<i>floxuridine</i>	MB
<i>fludarabine phosphate</i>	MB
<i>fluorouracil</i>	MB
FLUTAMIDE	OC
<i>fulvestrant</i>	MB
GAZYVA	MB
<i>gefitinib</i>	OC
<i>gemcitabine hcl</i>	MB
GLEOSTINE	OC
HALAVEN	MB
<i>hydroxyurea</i>	OC
IBRANCE	OC
<i>ifosfamide</i>	MB
<i>imatinib mesylate</i>	OC
IMBRUVICA	OC
INLYTA	OC
<i>irinotecan hcl</i>	MB
IXEMPRA KIT	MB
JAKAFI	OC
JEVTANA	MB
KADCYLA	MB
KANJINTI	MB
KISQALI (200 MG DOSE)	OC
KYPROLIS	MB
<i>lapatinib ditosylate</i>	OC
<i>lenalidomide</i>	PA, LD

HC = Higher Copay
LD - Limited Distribution
MB = Medical Benefit

OC = Oral Chemotherapy Drugs
PA = Prior Authorization

QL = Quantity Limit
ST = Step Therapy

Name of drug	Restrictions & Limits
LENVIMA (10 MG DAILY DOSE)	OC
<i>letrozole</i>	OC
LEUKERAN	OC
<i>leuprolide acetate</i>	PA, QL, HC
LONSURF	OC
LUPRON DEPOT (3-MONTH)	QL
LUPRON DEPOT (4-MONTH)	QL
LUPRON DEPOT (6-MONTH)	QL
LUPRON DEPOT-PED (1-MONTH)	QL
LUPRON DEPOT-PED (3-MONTH)	QL
LYNPARZA	OC
LYSODREN	LD, OC
MATULANE	OC
<i>megestrol acetate</i>	
MEKINIST	OC
MELPHALAN	OC
<i>mercaptopurine</i>	OC
<i>methotrexate sodium</i>	MB
<i>mitomycin</i>	MB
<i>mitoxantrone hcl</i>	MB
MUSTARGEN	MB
MVASI	MB
MYLERAN	OC
NINLARO	OC
ODOMZO	OC
ONCASPAR	MB
OPDIVO	MB
<i>oxaliplatin</i>	MB
<i>paclitaxel</i>	MB
<i>pazopanib hcl</i>	OC
PEMETREXED DISODIUM	MB
POMALYST	LD, OC
PROLEUKIN	MB
RIABNI	MB
RYDAPT	OC
SARCLISA	MB
<i>sorafenib tosylate</i>	OC
SPRYCEL	OC
STIVARGA	OC
<i>sunitinib malate</i>	OC
SYLVANT	MB
TABLOID	OC
TAFINLAR	OC
TAGRISSE	OC
<i>tamoxifen citrate</i>	PA
TASIGNA	OC
<i>temozolomide</i>	OC
<i>temsirolimus</i>	MB
TENIPOSIDE	MB
<i>topotecan hcl</i>	OC, MB
<i>tretinoin (chemotherapy)</i>	OC

HC = Higher Copay
LD - Limited Distribution
MB = Medical Benefit

OC = Oral Chemotherapy Drugs
PA = Prior Authorization

QL = Quantity Limit
ST = Step Therapy

Name of drug	Restrictions & Limits
UNITUXIN	MB
VECTIBIX	MB
VENCLEXTA	OC
VERZENIO	OC
VINBLASTINE SULFATE	MB
<i>vincristine sulfate</i>	MB
<i>vinorelbine tartrate</i>	MB
VYXEOS	MB
XTANDI	OC
YERVOY	MB
ZEJULA	OC
ZELBORAF	OC
ZOLADEX	MB
ZOLINZA	OC
ZYKADIA	OC
ANXIOLYTICS, SEDATIVES, AND HYPNOTICS	
BENZODIAZEPINES	
<i>alprazolam</i>	QL
<i>diazepam</i>	QL, MB
<i>lorazepam</i>	QL, MB
<i>midazolam hcl</i>	MB
<i>temazepam</i>	QL
AUTONOMIC DRUGS	
ANTICHOLINERGIC AGENTS	
<i>atropine sulfate</i>	MB
<i>benztropine mesylate</i>	MB
<i>dicyclomine hcl</i>	MB
<i>glycopyrrolate</i>	MB
<i>hyoscyamine</i>	
<i>hyoscyamine sulfate</i>	
<i>ipratropium bromide</i>	
<i>ipratropium bromide (nasal)</i>	
SPIRIVA RESPIMAT	
STIOLTO RESPIMAT	
<i>trihexyphenidyl hcl</i>	
AUTONOMIC DRUGS, MISCELLANEOUS	
NICOTROL	PREV
<i>varenicline tartrate</i>	QL, PREV
PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS	
<i>bethanechol chloride</i>	
<i>donepezil hydrochloride</i>	
<i>galantamine hydrobromide</i>	
<i>neostigmine methylsulfate</i>	MB
PHYSOSTIGMINE SALICYLATE	MB
<i>pilocarpine hcl (oral)</i>	
<i>pyridostigmine bromide</i>	
SKELETAL MUSCLE RELAXANTS	
<i>baclofen</i>	
<i>cyclobenzaprine hcl</i>	
<i>dantrolene sodium</i>	MB
<i>methocarbamol</i>	

HC = Higher Copay
LD - Limited Distribution
MB = Medical Benefit

OC = Oral Chemotherapy Drugs
PA = Prior Authorization

QL = Quantity Limit
ST = Step Therapy

Name of drug	Restrictions & Limits
SYMPATHOMIMETIC (ADRENERGIC) AGENTS	
AKOVAZ	MB
<i>albuterol sulfate</i>	
AUVI-Q	QL
<i>dihydroergotamine mesylate</i>	QL
<i>dobutamine hcl</i>	MB
DOBUTAMINE-DEXTROSE	MB
<i>epinephrine hcl</i>	MB
ERGOLOID MESYLATES	
<i>fluticasone-salmeterol</i>	
<i>ipratropium-albuterol</i>	
<i>metaproterenol sulfate</i>	
<i>midodrine hcl</i>	
<i>phenoxybenzamine hcl</i>	
SEREVENT DISKUS	
STRIVERDI RESPIMAT	
<i>tamsulosin hcl</i>	
<i>terbutaline sulfate</i>	MB
BLOOD FORMATION, COAGULATION, AND THROMBOSIS	
COAGULANTS AND ANTICOAGULANTS	
ALPROLIX	MB
<i>aminocaproic acid</i>	
<i>anagrelide hcl</i>	
<i>aspirin-dipyridamole</i>	
BRILINTA	
<i>cilostazol</i>	
<i>clopidogrel bisulfate</i>	
<i>dipyridamole</i>	
ELOCTATE	MB
<i>enoxaparin sodium</i>	QL
HEMLIBRA	PA, QL
<i>heparin sodium (porcine)</i>	QL
<i>heparin sodium (porcine) lock flush</i>	MB
KOVALTRY	MB
<i>pentoxifylline</i>	
PRADAXA	
<i>prasugrel hcl</i>	
<i>tranexamic acid</i>	
<i>warfarin sodium</i>	
XARELTO	
HEMATOPOIETIC AGENTS	
ALVAIZ	
LEUKINE	QL
NIVESTYM	QL
PROCRIT	QL
PROMACTA	
CARDIOVASCULAR DRUGS	
ALPHA-ADRENERGIC BLOCKING AGENTS	
<i>doxazosin mesylate</i>	
<i>terazosin hcl</i>	
ANTILIPEMIC AGENTS	

HC = Higher Copay
LD - Limited Distribution
MB = Medical Benefit

OC = Oral Chemotherapy Drugs
PA = Prior Authorization

QL = Quantity Limit
ST = Step Therapy

Name of drug	Restrictions & Limits
<i>atorvastatin calcium</i>	
<i>cholestyramine</i>	
<i>cholestyramine light</i>	
<i>colestipol hcl</i>	
<i>ezetimibe</i>	
<i>fenofibrate</i>	
<i>gemfibrozil</i>	
<i>lovastatin</i>	
<i>pravastatin sodium</i>	
<i>rosuvastatin calcium</i>	
<i>simvastatin</i>	
BETA-ADRENERGIC BLOCKING AGENTS	
<i>atenolol</i>	
<i>atenolol & chlorthalidone</i>	
<i>bisoprolol & hydrochlorothiazide</i>	
<i>bisoprolol fumarate</i>	
<i>carvedilol</i>	
<i>esmolol hcl</i>	MB
<i>labetalol hcl</i>	MB
<i>metoprolol succinate</i>	
<i>metoprolol tartrate</i>	MB
<i>propranolol hcl</i>	
<i>sotalol hcl</i>	
CALCIUM-CHANNEL BLOCKING AGENTS	
<i>amlodipine besylate</i>	
CARDENE IV	MB
CLEVIPREX	MB
<i>diltiazem hcl</i>	MB
<i>diltiazem hcl coated beads</i>	
<i>nicardipine hcl</i>	MB
<i>nifedipine</i>	
<i>verapamil hcl</i>	
CARDIAC DRUGS	
<i>adenosine</i>	MB
<i>amiodarone hcl</i>	MB
<i>digoxin</i>	MB
<i>disopyramide phosphate</i>	
<i>dofetilide</i>	
<i>flecainide acetate</i>	
<i>lidocaine hcl (cardiac)</i>	MB
<i>mexiletine hcl</i>	
NEXTERONE	MB
<i>procainamide hcl</i>	MB
<i>propafenone hcl</i>	
<i>quinidine gluconate</i>	
<i>quinidine sulfate</i>	
HYPOTENSIVE AGENTS	
<i>clonidine</i>	
<i>clonidine hcl</i>	
<i>guanfacine hcl</i>	
<i>hydralazine hcl</i>	MB

HC = Higher Copay
LD - Limited Distribution
MB = Medical Benefit

OC = Oral Chemotherapy Drugs
PA = Prior Authorization

QL = Quantity Limit
ST = Step Therapy

Name of drug	Restrictions & Limits
METHYLDOPA	
<i>minoxidil</i>	
RENIN-ANGIOTENSIN-ALDOSTERONE SYSTEM INHIBITORS	
<i>captopril</i>	
<i>enalapril maleate</i>	
ENTRESTO	
<i>irbesartan</i>	
<i>irbesartan-hydrochlorothiazide</i>	
<i>lisinopril</i>	
<i>lisinopril & hydrochlorothiazide</i>	
<i>losartan potassium</i>	
<i>losartan potassium & hydrochlorothiazide</i>	
<i>olmesartan medoxomil</i>	
<i>olmesartan medoxomil-hydrochlorothiazide</i>	
<i>spironolactone</i>	
<i>spironolactone & hydrochlorothiazide</i>	
<i>valsartan</i>	
<i>valsartan-hydrochlorothiazide</i>	
VASODILATING AGENTS	
<i>isosorbide dinitrate</i>	
<i>isosorbide mononitrate</i>	
<i>nitroglycerin</i>	
<i>papaverine hcl</i>	MB
<i>sildenafil citrate (pulmonary hypertension)</i>	PA, QL, HC
<i>tadalafil (pulmonary hypertension)</i>	PA, LD, HC
CENTRAL NERVOUS SYSTEM AGENTS	
ANALGESICS AND ANTIPYRETICS	
<i>acetaminophen</i>	MB
<i>acetaminophen w/ codeine</i>	QL
BUTORPHANOL TARTRATE	MB
<i>choline & mag salicylate</i>	
<i>clonidine hcl (analgesia)</i>	MB
<i>codeine sulfate</i>	QL
<i>diclofenac sodium</i>	
<i>etodolac</i>	
<i>fentanyl</i>	QL
<i>fentanyl citrate</i>	MB
<i>hydrocodone-acetaminophen</i>	QL
<i>hydromorphone hcl</i>	QL, MB
<i>ibuprofen</i>	
<i>indomethacin</i>	
<i>ketorolac tromethamine</i>	MB
<i>meloxicam</i>	
<i>meperidine hcl</i>	MB
<i>methadone hcl</i>	QL
<i>morphine sulfate</i>	QL, MB
<i>nabumetone</i>	
<i>naproxen</i>	
<i>oxycodone hcl</i>	QL
<i>oxycodone w/ acetaminophen</i>	QL
<i>sulindac</i>	

HC = Higher Copay
LD - Limited Distribution
MB = Medical Benefit

OC = Oral Chemotherapy Drugs
PA = Prior Authorization

QL = Quantity Limit
ST = Step Therapy

Name of drug	Restrictions & Limits
<i>tramadol hcl</i>	QL
ANOREXIGENIC AGENTS AND RESPIRATORY AND CEREBRAL STIMULANTS	
<i>amphetamine-dextroamphetamine</i>	
<i>caffeine citrate</i>	MB
<i>dexmethylphenidate hcl</i>	
<i>dextroamphetamine sulfate</i>	
<i>methylphenidate hcl</i>	
<i>midazolam hcl</i>	MB
<i>modafinil</i>	
ANTICHOLINERGIC AGENTS	
<i>benztropine mesylate</i>	
ANTICONVULSANTS	
<i>carbamazepine</i>	
CELONTIN	
<i>clonazepam</i>	QL
<i>divalproex sodium</i>	
<i>ethosuximide</i>	
<i>fosphenytoin sodium</i>	MB
<i>gabapentin</i>	
<i>lacosamide</i>	
<i>lamotrigine</i>	
<i>levetiracetam</i>	MB
<i>magnesium sulfate</i>	MB
<i>oxcarbazepine</i>	
<i>phenytoin</i>	
<i>phenytoin sodium</i>	MB
<i>phenytoin sodium extended</i>	
<i>pregabalin</i>	
<i>primidone</i>	
<i>topiramate</i>	
<i>valproate sodium</i>	MB
<i>valproic acid</i>	
ANTIMIGRAINE AGENTS	
AJOVY	QL
<i>naratriptan hcl</i>	QL
<i>rizatriptan benzoate</i>	QL
<i>sumatriptan</i>	
<i>sumatriptan succinate</i>	QL
ANXIOLYTICS, SEDATIVES, AND HYPNOTICS	
<i>bupirone hcl</i>	
<i>dexmedetomidine hcl</i>	MB
<i>dexmedetomidine hcl in sodium chloride</i>	MB
DIASTAT ACUDIAL	QL
<i>droperidol</i>	MB
<i>etomidate</i>	MB
<i>hydroxyzine hcl</i>	MB
<i>hydroxyzine pamoate</i>	
<i>ketamine hcl</i>	MB
<i>midazolam hcl</i>	MB
<i>phenobarbital</i>	
<i>phenobarbital sodium</i>	MB

HC = Higher Copay
LD - Limited Distribution
MB = Medical Benefit

OC = Oral Chemotherapy Drugs
PA = Prior Authorization

QL = Quantity Limit
ST = Step Therapy

Name of drug	Restrictions & Limits
<i>propofol</i>	MB
<i>zaleplon</i>	QL
<i>zolpidem tartrate</i>	QL
CENTRAL NERVOUS SYSTEM AGENTS, MISCELLANEOUS	
<i>acamprosate calcium</i>	
<i>amantadine hcl</i>	
<i>atomoxetine hcl</i>	
<i>bromocriptine mesylate</i>	
<i>cabergoline</i>	
<i>carbidopa</i>	
<i>carbidopa-levodopa</i>	
<i>cisatracurium besylate</i>	MB
<i>diethylpropion hcl</i>	HC
<i>entacapone</i>	
<i>flumazenil</i>	MB
<i>guanfacine hcl (adhd)</i>	
KYNMOBI	
<i>memantine hcl</i>	
<i>phentermine hcl</i>	HC
<i>pramipexole dihydrochloride</i>	
QUELICIN	MB
<i>riluzole</i>	
<i>rocuronium bromide</i>	MB
<i>ropinirole hydrochloride</i>	
<i>selegiline hcl</i>	
<i>sevoflurane</i>	MB
SUPRANE	MB
<i>vecuronium bromide</i>	MB
OPIATE ANTAGONISTS	
<i>buprenorphine hcl</i>	QL
<i>buprenorphine hcl-naloxone hcl dihydrate</i>	QL
<i>naloxone hcl</i>	QL
<i>naltrexone hcl</i>	
PSYCHOTHERAPEUTIC AGENTS	
<i>amitriptyline hcl</i>	
<i>aripiprazole</i>	
ARISTADA	MB
<i>bupropion hcl</i>	PA
<i>chlorpromazine hcl</i>	MB
<i>citalopram hydrobromide</i>	
<i>clozapine</i>	QL
<i>desipramine hcl</i>	
<i>doxepin hcl</i>	
<i>duloxetine hcl</i>	
<i>escitalopram oxalate</i>	
<i>fluoxetine hcl</i>	
<i>fluphenazine decanoate</i>	MB
<i>fluphenazine hcl</i>	
<i>fluvoxamine maleate</i>	
<i>haloperidol</i>	
<i>haloperidol decanoate</i>	MB

HC = Higher Copay
LD - Limited Distribution
MB = Medical Benefit

OC = Oral Chemotherapy Drugs
PA = Prior Authorization

QL = Quantity Limit
ST = Step Therapy

Name of drug	Restrictions & Limits
<i>haloperidol lactate</i>	MB
<i>imipramine hcl</i>	
INVEGA SUSTENNA	MB
<i>lithium carbonate</i>	
LITHIUM CITRATE	
<i>lurasidone hcl</i>	
<i>mirtazapine</i>	
NEFAZODONE HCL	
<i>nortriptyline hcl</i>	
<i>olanzapine</i>	MB
<i>paroxetine hcl</i>	
<i>perphenazine</i>	
PHENELZINE SULFATE	
PIMOZIDE	
<i>prochlorperazine</i>	
PROCHLORPERAZINE EDISYLATE	MB
<i>prochlorperazine maleate</i>	
<i>protriptyline hcl</i>	
<i>quetiapine fumarate</i>	
RISPERDAL CONSTA	MB
<i>risperidone</i>	
<i>sertraline hcl</i>	
<i>thioridazine hcl</i>	
<i>thiothixene</i>	
<i>trazodone hcl</i>	
<i>trifluoperazine hcl</i>	
<i>venlafaxine hcl</i>	
<i>ziprasidone hcl</i>	
DIABETIC SUPPLIES	
DIABETIC SUPPLIES	
ADVOCATE CONTROL SOLUTION	
ALBUSTIX	
AUTOPEN	
BD AUTOSHIELD DUO	
BD INSULIN SYRINGE	
BD INSULIN SYRINGE	
BD INSULIN SYRINGE U-500	
BD LANCET ULTRAFINE 30G	
CONTOUR NEXT TEST	QL
DIASTIX	
KETO-DIASTIX	
KETOSTIX	
MINIMED SYRINGE RESERVOIR/3ML/22G X 1/2"	
ONETOUCH VERIO FLEX SYSTEM	
PENLET II BLOOD SAMPLER	
PRECISION XTRA KETONE	
URISTIX	
ELECTROLYTIC, CALORIC, AND WATER BALANCE	
ACIDIFYING AND ALKALINIZING AGENTS	
K-PHOS NO 2	
<i>pot & sod citrates w/citric ac</i>	

HC = Higher Copay

LD - Limited Distribution

MB = Medical Benefit

OC = Oral Chemotherapy Drugs

PA = Prior Authorization

QL = Quantity Limit

ST = Step Therapy

Name of drug	Restrictions & Limits
<i>potassium citrate (alkalinizer)</i>	
<i>potassium citrate-citric acid</i>	
SODIUM ACETATE	MB
<i>sodium bicarbonate</i>	MB
<i>sodium citrate & citric acid</i>	
AMMONIA DETOXICANTS	
<i>lactulose</i>	
<i>lactulose (encephalopathy)</i>	
CALORIC AGENTS	
<i>amino acid infusion</i>	MB
CLINIMIX E/DEXTROSE (5/15)	MB
CLINIMIX E/DEXTROSE (5/20)	MB
CLINIMIX/DEXTROSE (5/15)	MB
<i>dextrose</i>	MB
INTRALIPID	MB
PROCALAMINE	MB
DIURETICS	
<i>amiloride & hydrochlorothiazide</i>	
<i>amiloride hcl</i>	
<i>chlorothiazide</i>	
<i>chlorthalidone</i>	
<i>ethacrynate sodium</i>	MB
<i>furosemide</i>	MB
<i>hydrochlorothiazide</i>	
<i>indapamide</i>	
<i>mannitol</i>	MB
<i>metolazone</i>	
<i>toremide</i>	
<i>triamterene & hydrochlorothiazide</i>	
ION-REMOVING AGENTS	
<i>sevelamer carbonate</i>	
<i>sodium polystyrene sulfonate</i>	
IRRIGATING SOLUTIONS	
<i>acetic acid</i>	
DIANEAL LOW CALCIUM/1.5% DEX	MB
EXTRANEAL	MB
<i>sodium chloride (gu irrigant)</i>	MB
<i>water for irrigation, sterile</i>	
REPLACEMENT PREPARATIONS	
<i>bacteriostatic sodium chloride</i>	MB
<i>calcium acetate (phosphate binder)</i>	
<i>calcium chloride (dihydrate)</i>	MB
<i>calcium gluconate</i>	MB
<i>dextrose in lactated ringers</i>	MB
<i>dextrose w/ sodium chloride</i>	MB
HESPAN	MB
K-PHOS	
K-PHOS-NEUTRAL	
KCL (0.298%) IN NACL	MB
KCL-LACTATED RINGERS-D5W	MB
LACTATED RINGERS	MB

HC = Higher Copay
LD - Limited Distribution
MB = Medical Benefit

OC = Oral Chemotherapy Drugs
PA = Prior Authorization

QL = Quantity Limit
ST = Step Therapy

Name of drug	Restrictions & Limits
<i>potassium acetate</i>	MB
<i>potassium bicarbonate</i>	
<i>potassium chloride</i>	MB
<i>potassium chloride in dextrose & sodium chloride</i>	MB
<i>potassium chloride microencapsulated crystals cr</i>	
<i>potassium phosphates</i>	MB
<i>sodium chloride</i>	MB
<i>sodium chloride flush</i>	MB
<i>sodium phosphates (sodium phosphate dibasic & monobasic)</i>	MB
<i>trace minerals (cr-cu-mn-se-zn)</i>	MB
ZINC CHLORIDE	MB
URICOSURIC AGENTS	
<i>probenecid</i>	
ENZYMES	
ENZYMES	
ADAGEN	LD, MB
ELELYSO	MB
FABRAZYME	MB
HYLENEX	MB
PULMOZYME	
VIMIZIM	MB
EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS	
ANTI-INFECTIVES	
ARZOL SILVER NIT APPLICATORS	MB
BACITRACIN	
<i>bacitracin-polymyxin b (ophth)</i>	
BETADINE OPHTHALMIC PREP	MB
<i>ciprofloxacin hcl (ophth)</i>	
<i>erythromycin (ophth)</i>	
<i>gentamicin sulfate (ophth)</i>	
<i>moxifloxacin hcl (ophth)</i>	
NATACYN	
<i>ofloxacin (ophth)</i>	
<i>polymyxin b-trimethoprim</i>	
<i>tobramycin (ophth)</i>	
TRIFLURIDINE	
ANTI-INFLAMMATORY AGENTS	
<i>bacitracin-poly-neomycin-hc</i>	
BLEPHAMIDE	
<i>ciprofloxacin-dexamethasone</i>	
CORTISPORIN-TC	
<i>cyclosporine (ophth)</i>	QL
DEXAMETHASONE SODIUM PHOSPHATE	
<i>diclofenac sodium (ophth)</i>	
<i>flunisolide (nasal)</i>	
<i>fluorometholone (ophth)</i>	
FLURBIPROFEN SODIUM	
<i>hydrocortisone w/ acetic acid</i>	
<i>ketorolac tromethamine (ophth)</i>	
<i>neomycin-polymy-dexameth</i>	
NEOMYCIN-POLYMYXIN-HC	

HC = Higher Copay
LD - Limited Distribution
MB = Medical Benefit

OC = Oral Chemotherapy Drugs
PA = Prior Authorization

QL = Quantity Limit
ST = Step Therapy

Name of drug	Restrictions & Limits
<i>neomycin-polymyxin-hc (otic)</i>	
PRED-G	
PREDNISOLONE ACETATE	
PREDNISOLONE SODIUM PHOSPHATE	
<i>tobramycin-dexamethasone</i>	
ANTIALLERGIC AGENTS	
<i>azelastine hcl</i>	
CROMOLYN SODIUM	
ANTIGLAUCOMA AGENTS	
<i>acetazolamide</i>	
<i>acetazolamide sodium</i>	MB
BETAXOLOL HCL	
<i>brimonidine tartrate</i>	
<i>dorzolamide hcl</i>	
<i>dorzolamide hcl-timolol maleate</i>	
<i>latanoprost</i>	
LEVOBUNOLOL HCL	
<i>methazolamide</i>	
<i>pilocarpine hcl</i>	
<i>timolol maleate (ophth)</i>	
EENT DRUGS, MISCELLANEOUS	
<i>acetic acid (otic)</i>	
<i>acetic acid-aluminum acetate</i>	
BSS	MB
BYOOVIZ	MB
LUCENTIS	LD, MB
PHOTREXA VISCOUS	MB
LOCAL ANESTHETICS	
<i>fluorescein w/ benoxinate</i>	MB
<i>lidocaine hcl (mouth-throat)</i>	
<i>proparacaine hcl</i>	MB
<i>tetracaine hcl (ophth)</i>	MB
MYDRIATICS	
<i>atropine sulfate (ophthalmic)</i>	
CYCLOMYDRIL	MB
<i>cyclopentolate hcl</i>	
HOMATROPAIRE	
<i>tropicamide</i>	MB
VASOCONSTRICTORS	
<i>phenylephrine hcl (mydriatic)</i>	
GASTROINTESTINAL DRUGS	
ANTI-INFLAMMATORY AGENTS	
<i>balsalazide disodium</i>	
<i>mesalamine</i>	
ANTIEMETICS	
AKYNZEO	
<i>aprepitant</i>	
<i>dronabinol</i>	
<i>granisetron hcl</i>	
<i>ondansetron</i>	
<i>ondansetron hcl</i>	MB

HC = Higher Copay
LD - Limited Distribution
MB = Medical Benefit

OC = Oral Chemotherapy Drugs
PA = Prior Authorization

QL = Quantity Limit
ST = Step Therapy

Name of drug	Restrictions & Limits
<i>scopolamine</i>	
ANTIULCER AGENTS AND ACID SUPPRESSANTS	
<i>famotidine</i>	MB
<i>misoprostol</i>	
<i>omeprazole</i>	
<i>pantoprazole sodium</i>	MB
<i>sucralfate</i>	
DIGESTANTS	
ZENPEP	
GI DRUGS, MISCELLANEOUS	
<i>chlordiazepoxide hcl-clidinium bromide</i>	
CREON	
<i>diphenoxylate w/ atropine</i>	
<i>lubiprostone</i>	
<i>metoclopramide hcl</i>	MB
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>	PREV
<i>ursodiol</i>	
GOLD COMPOUNDS	
GOLD COMPOUNDS	
MYOCHRYSSINE	MB
HEAVY METAL ANTAGONISTS	
HEAVY METAL ANTAGONISTS	
<i>deferasirox</i>	
<i>deferoxamine mesylate</i>	MB
<i>penicillamine</i>	
HORMONES AND SYNTHETIC SUBSTITUTES	
ADRENALS	
BREZTRI AEROSPHERE	
<i>budesonide</i>	
CELESTONE SOLUSPAN	MB
CORTISONE ACETATE	
<i>dexamethasone</i>	
<i>dexamethasone sodium phosphate</i>	MB
<i>fludrocortisone acetate</i>	
<i>hydrocortisone</i>	
<i>methylprednisolone</i>	
<i>methylprednisolone acetate</i>	MB
<i>methylprednisolone sod succ</i>	MB
<i>prednisolone</i>	
<i>prednisolone sodium phosphate</i>	
<i>prednisone</i>	
SOLU-CORTEF	MB
<i>triamcinolone acetonide</i>	MB
ANDROGENS	
<i>danazol</i>	
<i>testosterone</i>	
<i>testosterone cypionate</i>	QL
TESTOSTERONE ENANTHATE	QL
CONTRACEPTIVES	
<i>desogestrel & ethinyl estradiol</i>	PREV
<i>drospirenone-ethinyl estradiol</i>	PREV

HC = Higher Copay
LD - Limited Distribution
MB = Medical Benefit

OC = Oral Chemotherapy Drugs
PA = Prior Authorization

QL = Quantity Limit
ST = Step Therapy

Name of drug	Restrictions & Limits
ELLA	PREV
<i>ethynodiol diacet & eth estrad</i>	PREV
<i>etonogestrel-ethinyl estradiol</i>	QL, PREV
<i>levonorgestrel & eth estradiol</i>	PREV
<i>levonorgestrel-eth estradiol (triphasic)</i>	PREV
NECON 10/11-28	PREV
<i>norelgestromin-ethinyl estradiol</i>	PREV
<i>norethin acet & estrad-fe</i>	PREV
<i>norethindrone & eth estradiol</i>	PREV
<i>norethindrone (contraceptive)</i>	PREV
<i>norethindrone acet & eth estra</i>	PREV
<i>norethindrone-eth estradiol (triphasic)</i>	PREV
<i>norgestimate-ethinyl estradiol</i>	PREV
<i>norgestimate-ethinyl estradiol (triphasic)</i>	PREV
OPILL	PREV
PLAN B ONE-STEP	PREV
DIABETIC AGENTS	
<i>acarbose</i>	
BAQSIMI ONE PACK	
<i>diazoxide</i>	
<i>glimepiride</i>	
<i>glipizide</i>	
GLUCAGON EMERGENCY	
HUMALOG	
HUMULIN 70/30	
HUMULIN N	
HUMULIN R	
INSULIN DEGLUDEC FLEXTOUCH	PA
INSULIN GLARGINE-YFGN	
JARDIANCE	
<i>metformin hcl</i>	
<i>pioglitazone hcl</i>	
ESTROGENS AND ANTIESTROGENS	
CLOMIPHENE CITRATE	HC
<i>esterified estrogens & methyltestosterone</i>	
<i>estradiol</i>	
<i>estradiol vaginal</i>	
<i>estradiol valerate</i>	QL
<i>raloxifene hcl</i>	
GONADOTROPINS	
BRAVELLE	QL, HC
CHORIONIC GONADOTROPIN	QL, HC
FOLLISTIM AQ	QL, HC
GANIRELIX ACETATE	QL, HC
GONAL-F	QL, HC
MENOPUR	QL, HC
IUD	
MIRENA (52 MG)	PREV, MB
NEXPLANON	PREV, MB
PARATHYROID	
<i>calcitonin (salmon)</i>	QL

HC = Higher Copay
LD - Limited Distribution
MB = Medical Benefit

OC = Oral Chemotherapy Drugs
PA = Prior Authorization

QL = Quantity Limit
ST = Step Therapy

Name of drug	Restrictions & Limits
PITUITARY	
<i>desmopressin acetate</i>	QL
<i>desmopressin acetate refrigerated</i>	
<i>desmopressin acetate spray</i>	
<i>desmopressin acetate spray refrigerated</i>	
PROGESTINS	
DEPO-PROVERA	MB
HYDROXYPROGESTERONE CAPROATE	MB
<i>medroxyprogesterone acetate</i>	
<i>medroxyprogesterone acetate (contraceptive)</i>	PREV, MB
<i>norethindrone acetate</i>	
<i>progesterone</i>	PA, QL, HC
SOMATOTROPIN AGONISTS AND ANTAGONISTS	
<i>octreotide acetate</i>	QL, MB
OMNITROPE	QL
THYROID AND ANTITHYROID AGENTS	
<i>levothyroxine sodium</i>	MB
<i>liothyronine sodium</i>	
<i>methimazole</i>	
<i>propylthiouracil</i>	
MEDICAL DEVICE	
DIAPHRAGM	
WIDE-SEAL DIAPHRAGM 60	PREV
IUD	
PARAGARD INTRAUTERINE COPPER	PREV, MB
MEDICAL DEVICE	
AEROCHAMBER Z-STAT PLUS	
AEROGear ACTION ASTHMA KIT	
CATHFLO ACTIVASE	MB
CLEVER CHOICE WHISPER AIRE NEB	
DEVILBISS COMPACT COMPRESSOR	
PIKO 1	
MISCELLANEOUS THERAPEUTIC AGENTS	
MISCELLANEOUS THERAPEUTIC AGENTS	
1ML ALLERGIST TRAY SYRINGE 26 G X 1/2"	
1ML TUBERCULIN SYRINGE SLIP TIP	
ACTEMRA	PA, QL
<i>adenosine (diagnostic)</i>	MB
ALBUMIN HUMAN	MB
<i>alendronate sodium</i>	
<i>allopurinol</i>	
AMJEVITA	QL
<i>azathioprine</i>	
BACTERIOSTATIC WATER(BENZ ALC)	MB
BD 10ML LUER-LOK SYRINGE 22G X 1-1/2"	
BD 3ML LUER-LOK SYRINGE 21G X 1-1/4"	
BD BLUNT FILL NEEDLE	
BD DISP NEEDLE	
BD DISP NEEDLES	
BD DISP NEEDLES	
BD DISP NEEDLES	

HC = Higher Copay
LD - Limited Distribution
MB = Medical Benefit

OC = Oral Chemotherapy Drugs
PA = Prior Authorization

QL = Quantity Limit
ST = Step Therapy

Name of drug	Restrictions & Limits
BD DISP NEEDLES	
BD FILTER NEEDLE/5 MICRON	
BD LUER-LOK SYRINGE	
BD SYRINGE SLIP TIP	
BETASERON	QL
BOTOX	MB
BRIDION	MB
<i>bupivacaine hcl</i>	MB
<i>bupivacaine in dextrose</i>	MB
<i>bupivacaine w/ epinephrine</i>	MB
CABOMETYX	OC
CAMPHOR	
CAMPHOR BLOCKS	
CAMPHOR SPIRIT	
CARBOCAINE PRESERVATIVE-FREE	MB
CERDELGA	LD
CHLORAMPHENICOL	
<i>cinacalcet hcl</i>	
COAL TAR	
<i>colchicine</i>	
CORTROSYN	MB
<i>cyclosporine</i>	MB
<i>cyclosporine modified (for microemulsion)</i>	
<i>dexrazoxane hcl</i>	MB
DIETHYLSTILBESTROL	
DILTIAZEM HCL	
<i>dimethyl fumarate</i>	
<i>disulfiram</i>	
<i>dopamine in d5w</i>	MB
EOVIST	MB
ETIDRONATE DISODIUM	
<i>finasteride</i>	
GADAVIST	MB
<i>gadoterate meglumine</i>	MB
GELFOAM SPONGE	MB
<i>glatiramer acetate</i>	QL
GLUCAGEN DIAGNOSTIC	MB
HYDROCORTISONE	
HYDROCORTISONE MICRONIZED	
HYDROXYUREA	
<i>icatibant acetate</i>	QL
INFLECTRA	MB
KETAMINE HCL	
KETOPROFEN	
<i>leflunomide</i>	
LETS	MB
<i>leucovorin calcium</i>	MB
LEUCOVORIN CALCIUM	
<i>levocarnitine (metabolic modifiers)</i>	MB
LIDOCAINE	
LIDOCAINE HCL	

HC = Higher Copay
LD - Limited Distribution
MB = Medical Benefit

OC = Oral Chemotherapy Drugs
PA = Prior Authorization

QL = Quantity Limit
ST = Step Therapy

Name of drug	Restrictions & Limits
<i>lidocaine hcl (local anesth.)</i>	MB
<i>lidocaine w/ epinephrine</i>	MB
MAGNEVIST	MB
MENTHOL	
<i>mesna</i>	MB
<i>methylergonovine maleate</i>	MB
MONOJECT SYRINGE	
<i>mycophenolate mofetil</i>	
NYSTATIN	
ODACTRA	
OMNITROPE PEN 10 INJ DEVICE	
ORENCIA	PA, QL, MB
OTEZLA	PA, QL
<i>oxytocin</i>	MB
PAMIDRONATE DISODIUM	MB
PCCA LIPODERM BASE	
PHENOL	
PROVAYBLUE	MB
PROVOCHOLINE	MB
READI-CAT 2	
<i>regadenoson</i>	MB
RIMSO-50	MB
SALICYLIC ACID	
SCULPTRA	MB
<i>sodium fluoride</i>	PREV
SSKI	
SULFAMETHOXAZOLE	
SULFUR PRECIPITATED	
<i>tacrolimus</i>	MB
THALOMID	PA, LD
THYMOL	
THYROGEN	MB
TRIAMCINOLONE ACETONIDE	
TUBERSOL	MB
<i>water for injection, sterile</i>	MB
XELJANZ	PA
<i>yohimbine hcl</i>	HC
<i>zoledronic acid</i>	MB
MUSCULOSKELETAL THERAPY	
HYALGAN	MB
VITAMINS	
<i>potassium aminobenzoate</i>	
OXYTOCICS	
OXYTOCICS	
<i>methylergonovine maleate</i>	
MIFEPREX	
RESPIRATORY TRACT AGENTS	
ANTI-INFLAMMATORY AGENTS	
<i>cromolyn sodium</i>	
<i>cromolyn sodium (mastocytosis)</i>	
FASENRA	PA, QL, MB

HC = Higher Copay
LD - Limited Distribution
MB = Medical Benefit

OC = Oral Chemotherapy Drugs
PA = Prior Authorization

QL = Quantity Limit
ST = Step Therapy

Name of drug	Restrictions & Limits
<i>montelukast sodium</i>	
ANTITUSSIVES	
<i>benzonatate</i>	
DURATUSS HD	QL
<i>guaifenesin-codeine</i>	QL
<i>hydrocodone bitartrate-homatropine methylbromide</i>	QL
<i>phenyleph-cpm w/ hydrocod</i>	QL
<i>phenylephrine-ephedrine-chlorpheniramine w/ carbetapentane</i>	
RESPIRATORY AGENTS, MISCELLANEOUS	
<i>acetylcysteine</i>	
ADEMPAS	PA, LD
ALVESCO	
<i>ambrisentan</i>	LD
ASMANEX (120 METERED DOSES)	
<i>bosentan</i>	LD
<i>brompheniramine & phenyleph</i>	
<i>budesonide (inhalation)</i>	
<i>budesonide-formoterol fumarate dihydrate</i>	
FLOVENT HFA	
ORKAMBI	PA, LD
<i>sodium chloride (inhalant)</i>	
SERUMS, TOXOIDS, AND VACCINES	
SERUMS	
FLEBOGAMMA DIF	MB
GAMASTAN	MB
GAMMAGARD	QL
HYPERRHO S/D	MB
IMOGAM RABIES-HT	MB
NABI-HB	MB
TOXOIDS	
ADACEL	MB
INFANRIX	MB
KINRIX	MB
TDVAX	MB
TE ANATOXAL BERNA	MB
VACCINES	
ABRYSVO	MB
AREXVY	MB
BEXSERO	MB
COMIRNATY	MB
ENGERIX-B	MB
FLULAVAL QUADRIVALENT	MB
FLUZONE HIGH-DOSE QUADRIVALENT	MB
GARDASIL 9	MB
HAVRIX	MB
HIBERIX	MB
IMOVAX RABIES	MB
IPOL	MB
IXIARO	MB
JE-VAX	MB
M-M-R II	MB

HC = Higher Copay
LD - Limited Distribution
MB = Medical Benefit

OC = Oral Chemotherapy Drugs
PA = Prior Authorization

QL = Quantity Limit
ST = Step Therapy

Name of drug	Restrictions & Limits
MENOMUNE-A/C/Y/W-135	MB
MENVEO	MB
MERUVAX II W/DILUENT 10 DOSE	MB
MUMPSVAX W/DILUENT 10 DOSE	MB
PEDIARIX	MB
PNEUMOVAX 23	MB
PREVNAR 13	MB
PREVNAR 20	MB
PROQUAD	MB
RABAVERT	MB
ROTARIX	MB
ROTATEQ	MB
SHINGRIX	MB
TICE BCG	MB
TICOVAC	MB
TYPHIM VI	MB
VARIVAX	MB
VAXCHORA	MB
VIVOTIF	
YF-VAX	MB
ZOSTAVAX	MB
SKIN AND MUCOUS MEMBRANE AGENTS	
ANTI-INFECTIVES (SKIN AND MUCOUS MEMBRANE)	
<i>ciclopirox</i>	
<i>ciclopirox olamine</i>	
<i>clindamycin phosphate (topical)</i>	
<i>clindamycin phosphate vaginal</i>	
<i>clotrimazole</i>	
<i>erythromycin (acne aid)</i>	
<i>gentamicin sulfate (topical)</i>	
<i>iodoquinol-hc</i>	
<i>ketoconazole (topical)</i>	
<i>metronidazole (topical)</i>	
<i>mupirocin</i>	
<i>nystatin (topical)</i>	
<i>permethrin</i>	
<i>selenium sulfide</i>	
<i>silver sulfadiazine</i>	
<i>sulfacetamide sodium w/ sulfur</i>	
VANDAZOLE	
ANTI-INFLAMMATORY AGENTS (SKIN AND MUCOUS MEMBRANE)	
<i>betamethasone dipropionate (topical)</i>	
<i>betamethasone dipropionate augmented</i>	
<i>betamethasone valerate</i>	
<i>clobetasol propionate</i>	
<i>desoximetasone</i>	
<i>diflorasone diacetate</i>	
<i>fluocinolone acetonide</i>	
<i>fluocinonide</i>	
<i>fluocinonide emulsified base</i>	
<i>hydrocortisone (intrarectal)</i>	

HC = Higher Copay
LD - Limited Distribution
MB = Medical Benefit

OC = Oral Chemotherapy Drugs
PA = Prior Authorization

QL = Quantity Limit
ST = Step Therapy

Name of drug	Restrictions & Limits
<i>hydrocortisone (rectal)</i>	
<i>hydrocortisone (topical)</i>	
<i>hydrocortisone butyrate</i>	
<i>hydrocortisone valerate</i>	
<i>mometasone furoate</i>	
<i>triamcinolone acetonide (mouth)</i>	
<i>triamcinolone acetonide (topical)</i>	
<i>urea-hc acetate</i>	
CELL STIMULANTS AND PROLIFERANTS	
<i>tretinoin</i>	
SKIN AND MUCOUS MEMBRANE AGENTS, MISCELLANEOUS	
<i>acitretin</i>	
<i>adapalene</i>	
<i>adapalene-benzoyl peroxide</i>	
<i>aluminum chloride</i>	
<i>azelaic acid</i>	
<i>calcipotriene</i>	
COSENTYX	PA, QL
<i>fluorouracil (topical)</i>	
<i>imiquimod</i>	
<i>isotretinoin</i>	
<i>lidocaine hcl</i>	
<i>lidocaine-prilocaine</i>	
<i>methoxsalen rapid</i>	
PODOFILOX	
<i>salicylic acid</i>	
SANTYL	
<i>tacrolimus (topical)</i>	
SMOOTH MUSCLE RELAXANTS	
SMOOTH MUSCLE RELAXANTS	
<i>aminophylline</i>	MB
<i>darifenacin hydrobromide</i>	
MYRBETRIQ	PA
<i>oxybutynin chloride</i>	
<i>solifenacin succinate</i>	
<i>theophylline</i>	
<i>trospium chloride</i>	
VASODILATING AGENTS	
MISCELLANEOUS THERAPEUTIC AGENTS	
CAVERJECT	QL, HC
<i>sildenafil citrate</i>	QL, HC
<i>tadalafil</i>	PA, QL, HC
VITAMINS	
VITAMINS	
AQUASOL A	MB
<i>ascorbic acid</i>	MB
<i>calcitriol</i>	MB
<i>cyanocobalamin</i>	QL
<i>ergocalciferol</i>	
<i>folic acid</i>	QL
INFED	MB

HC = Higher Copay
LD - Limited Distribution
MB = Medical Benefit

OC = Oral Chemotherapy Drugs
PA = Prior Authorization

QL = Quantity Limit
ST = Step Therapy

Name of drug	Restrictions & Limits
INFUVITE ADULT	MB
INFUVITE PEDIATRIC	MB
<i>multiple vitamins w/ minerals</i>	
<i>ped multivitamins w/fl & iron</i>	
<i>pediatric multivitamins w/fl</i>	
<i>pediatric vitamins acd fluoride & iron</i>	
<i>pediatric vitamins acd w/ fluoride</i>	
<i>phytonadione</i>	MB
<i>prenatal vit w/ ferrous fumarate-folic acid</i>	
<i>prenatal vit w/ iron carbonyl-folic acid</i>	
PYRIDOXINE HCL	MB
<i>thiamine hcl</i>	MB
VENOFER	MB
VINATE M	

HC = Higher Copay
LD - Limited Distribution
MB = Medical Benefit

OC = Oral Chemotherapy Drugs
PA = Prior Authorization

QL = Quantity Limit
ST = Step Therapy

Nondiscrimination Statement

It is the policy of Kaiser Foundation Health Plan of the Mid-Atlantic, Inc. (Kaiser Health Plan) not to discriminate on the basis of race, color, national origin, sex, age or disability. Kaiser Health Plan has adopted an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by Section 1557 of the Affordable Care Act (42 U.S.C. 18116) and its implementing regulations at 45 CFR part 92, issued by the U.S. Department of Health and Human Services. Section 1557 prohibits discrimination on the basis of race, color, national origin, sex, age or disability in certain health programs and activities. Section 1557 and its implementing regulations may be examined in the office of Kaiser Civil Rights Coordinator, 2101 East Jefferson Street, Rockville, MD 20852, telephone number: 1-800-777-7902, who has been designated to coordinate the efforts of the Kaiser Health Plan to comply with Section 1557.

Any person who believes someone has been subjected to discrimination on the basis of race, color, national origin, sex, age or disability may file a grievance under this procedure. It is against the law for Kaiser Health Plan to retaliate against anyone who opposes discrimination, files a grievance, or participates in the investigation of a grievance.

Procedure:

- Grievances must be submitted to the Section 1557 Coordinator within (60 days) of the date the person filing the grievance becomes aware of the alleged discriminatory action.
- A complaint must be in writing, containing the name and address of the person filing it. The complaint must state the problem or action alleged to be discriminatory and the remedy or relief sought.
- The Section 1557 Coordinator (or her/his designee) shall conduct an investigation of the complaint. This investigation may be informal, but it will be thorough, affording all interested persons an opportunity to submit evidence relevant to the complaint. The Section 1557 Coordinator will maintain the files and records of Kaiser Health Plan relating to such grievances. To the extent possible, and in accordance with applicable law, the Section 1557 Coordinator will take appropriate steps to preserve the confidentiality of files and records relating to grievances and will share them only with those who have a need to know.
- The Section 1557 Coordinator will issue a written decision on the grievance, based on a preponderance of the evidence, no later than 30 days after its filing, including a notice to the complainant of their right to pursue further administrative or legal remedies.

The availability and use of this grievance procedure does not prevent a person from pursuing other legal or administrative remedies, including filing a complaint of discrimination on the basis of race, color, national origin, sex, age or disability in court or with the U.S. Department of Health and Human Services, Office for Civil Rights. A person can file a complaint of

discrimination electronically through the Office for Civil Rights Complaint Portal, which is 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. Toll free#:800-368-1019 TDD: 800-537-7697

Complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>. Such complaints must be filed within 180 days of the date of the alleged discrimination.

Kaiser Health Plan will make appropriate arrangements to ensure that individuals with disabilities and individuals with limited English proficiency are provided auxiliary aids and services or language assistance services, respectively, if needed to participate in this grievance process. Such arrangements may include, but are not limited to, providing qualified interpreters, providing taped cassettes of material for individuals with low vision, or assuring a barrier-free location for the proceedings. The Section 1557 Coordinator will be responsible for such arrangements.

Language Accessibility Statement

Interpreter Services Are Available for Free

ATTENTION: *If you speak [language], language assistance services, free of charge, are available to you. Call 855-249-5019 (TTY: 711).*

Español/Spanish

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 855-249-5019 (TTY: 711).

አማርኛ/Amharic

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 855-249-5019 (መስማት ለተሳናቸው: 711)።

العربية/Arabic

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 855-249-5019 (رقم هاتف الصم والبكم: 711).

Bàsòò-wùdù-po-nyò /Bassa

Dè dɛ nià kɛ dyédé gbo: ɔ jũ ké m̩ [Bàsò ò -wùdù-po-nyò] jũ ní, n̩í, à wuɖu kà kò d̩ò po-poò bé in m̩ gbo kpáa. Đá 855-249-5019 (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855-249-5019 (TTY: 711)。

فارسی/Farsi

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما بگیرید تماس -855-249-5019 (TTY: 711) با. باشد می فر

Français/French

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 855-249-5019 (ATS: 711).

ગજરાતી/Gujarati

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે.

ફોન કરો

855-249-5019 (TTY: 711).

kreyòl ayisyen/Haitian Creole

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele - 855-249-5019 (TTY: 711).

Igbo

Ntị: Ọ buru na asu Ibo, asusu aka ọasụ n'efu, defu, aka. Call 855-249-5019 (TTY: 711).

한국어/Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 855-249-5019 (TTY: 711.)번으로 전화해 주십시오.

Português/Portuguese

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 855-249-5019 (TTY: 711).

Русский/Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 855-249-5019 (телетайп: 711).

Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 855-249-5019 (TTY: 711).

اردو/Urdu

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال

کریں۔(855-249-5019 (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 855-249-5019 (TTY: 711).

Yorùbá/Yoruba

AKIYESI: Bi o ba nsọ èdè Yorùbú ọfẹ ni iranlọwọ lori èdè wa fun yin o. E pe ẹrọ-ibanisọrọ yi 1-855-249-5019 (TTY: 711).