

2019 California Exclusive Provider Organization (EPO) / Deductible EPO (DEPO) Commercial (Self-Funded Plans) Formulary

(List of Covered Drugs)

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER WHEN YOU PARTICIPATE IN A KAISER PERMANENTE EXCLUSIVE PROVIDER ORGANIZATION (EPO) OR DEDUCTIBLE EPO (DEPO) SELF-FUNDED PLAN.

This prescription drug formulary was updated on 09/03/2019 and is effective as of September 3, 2019. This formulary document is subject to change and may vary depending on your health plan. It does not provide information regarding specific coverage, including specific exclusions, copays, or coinsurances. That information can be found by referring to your *Summary Plan Description* or other Plan documents. For more recent information about which drug formulary applies to your plan, visit kp.org/formulary or for questions about your prescription benefits contact the Customer Service number on your ID card.

What is the Kaiser Permanente California EPO/DEPO Commercial Self-Funded Formulary?

The California EPO/DEPO Commercial Self-Funded Formulary is a list of covered drugs chosen by a group of Kaiser Permanente doctors and pharmacists known as the Pharmacy and Therapeutics Committee. The Committee meets regularly to evaluate and select drugs that are safe and effective for our members. This Formulary meets the requirements outlined under state law, regulations, and guidance for commercial plans.

What drugs are covered?

The Kaiser Permanente formulary includes medically necessary brand, generic, and specialty drugs listed on the California Commercial Formulary, providing the prescription is filled at a Kaiser Permanente, or an affiliated pharmacy, and other plan rules are followed.

If you are prescribed a drug on the California Commercial Formulary, that drug will be provided under the terms of your drug benefit.

Getting an exception to the formulary

Drugs not listed on the formulary are called non-formulary drugs. When a Kaiser Permanente doctor determines that a non-formulary drug is medically appropriate and necessary, that drug will be provided under the terms of your prescription drug benefits. If your prescription benefits are not through Kaiser Permanente, you will be charged the full retail price for the drug.

You may consult with your doctor if an exception to the formulary is needed. You and your doctor are best able to determine your medication needs.

If you wish to have a non-formulary drug that your doctor determines not to be medically necessary, you may file an appeal with Customer Service.

Are there any restrictions on the drugs covered on the Formulary?

Some covered drugs may have additional requirements or limits on coverage, such as Quantity Limits. For certain drugs, Kaiser Permanente may limit the amount of the drug dispensed to a certain days' supply. For example, when there is a national shortage of a drug, we may limit the quantity of the drug dispensed.

What is a brand-name drug?

Brand-name drugs are usually manufactured and sold by the drug company that originally researched and developed the drug. When the patent on a brand-name drug expires, other drug companies may manufacture and sell an FDA-approved generic version of the drug with the same active ingredient(s) at lower prices.

What is a generic drug?

A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

What is a specialty drug?

Specialty drugs are very high-cost drugs approved by the FDA that are on our formulary used to treat complex chronic conditions such as rheumatoid arthritis, multiple sclerosis, or cancer.

What drugs are eligible to be mailed from the mail order pharmacy?

Most drugs can be mailed from our mail order pharmacy. Some drugs (for example, drugs that are extremely high cost or require special handling) may not be eligible for mailing. Drugs cannot be mailed outside the United States.

You can order refills through our mail-order service online at kp.org/refill or by phone or mobile app. There is no extra charge for mail order. The appropriate cost share (according to your prescription drug benefit) will apply.

Your prescription drug benefit may have a lower cost share if you use the mail order pharmacy.

Please refer to your *Summary Plan Description* or other *Plan documents* for complete details of your prescription drug benefit.

Kaiser Permanente California Commercial Formulary

Kaiser Permanente may add or remove drugs from the California Commercial Formulary during the year. These changes to the Formulary are based on new information or new drugs that become available.

How do I use the formulary?

There are two ways to find your drug within the formulary:

Medical condition

The formulary begins on page 5. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular Drugs". If you know what your drug is used for, look for the category name in the list that begins on page 5. Then look under the category name for your drug.

Alphabetical listing

If you are not sure what category to look under, you should look for your drug in the index that begins on page 24. The index provides an alphabetical list of all the drugs included in this document. Look in the index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the index and find the name of your drug in the first column of the list.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g. ALBENZA) and generic drugs are listed in lower-case italics (e.g. *amoxicillin*).

All dosage **forms** and **strengths** for a particular drug listed **may not be on the Formulary**. Some drugs have multiple dosage forms. In such cases, some dosages may be on the Formulary and others not. **Note:** Some of these drugs may be available only in a clinic setting and your applicable cost share may apply.

The second column, "Drug Tier," will indicate what tier number the drug is in. Drugs on the California EPO/DEPO Commercial Self-Funded Formulary are categorized:

Tier 1 – Preferred Generics

Tier 2 – Preferred Brands

Tier 3 – Non-Preferred (Generics and Brands)

Tier 4 – Specialty

Note: Your plan may not include benefits for each tier designated. Also, some drugs are required to be provided at no cost to members. Refer to your *Summary Plan Description or other Plan documents* for information on specific drug coverage for your plan.

The third column of the chart will indicate any requirements or limits for that drug:

QL = Quantity Limits -For certain drugs, we may limit the amount of drug that you can receive. Additionally, when there is a national shortage of a drug, we may limit the quantity of the drug dispensed.

LD = Limited-distribution drugs can only be obtained at certain specialty pharmacies. To locate a specialty pharmacy, contact Customer Service.

Please refer to your electronic member guidebook at kp.org/eguidebook for a listing of KP pharmacies available to you or contact Customer Service.

Name of drug	Drug Tier	Requirement / Limits
ANTI-INFECTIVE AGENTS		
ANTHELMINTICS		
ALBENZA	2	
BILTRICIDE	2	
<i>ivermectin</i>	1	
ANTI-HIV AGENTS		
<i>abacavir sulfate</i>	1, 2	
<i>abacavir sulfate-lamivudine</i>	1	
<i>abacavir sulfate-lamivudine-zidovudine</i>	1	
APTIVUS	2	
ATRIPLA	2	
BIKTARVY	2	
CIMDUO	1	
COMPLERA	2	
CRIXIVAN	2	
<i>didanosine</i>	1, 2	
EDURANT	2	
EMTRIVA	2	
FUZEON	2	QL
INTELENCE	2	
INVIRASE	2	
ISENTRESS	2	
KALETRA	2	
<i>lamivudine</i>	1	
<i>lamivudine-zidovudine</i>	1	
LEXIVA	2	
<i>nevirapine</i>	1, 2	
NORVIR	2	
PREZISTA	2	
RESCRIPTOR	2	
SELZENTRY	2	
<i>stavudine</i>	1	
STRIBILD	2	
SYMFI	1	
SYMTUZA	2	
TIVICAY	2	
TRIUMEQ	2	
TRUVADA	2	
VIRACEPT	2	
<i>zidovudine</i>	1	
ANTIBACTERIALS		
<i>amikacin sulfate</i>	1	
<i>amoxicillin</i>	1, 2	
<i>amoxicillin & pot clavulanate</i>	1, 2	
<i>ampicillin</i>	1, 2	
<i>ampicillin & sulbactam sodium</i>	1, 2	

Name of drug	Drug Tier	Requirement / Limits
<i>ampicillin sodium</i>	1, 2	
AVELOX	2	
AZACTAM IN DEXTROSE	2	
<i>azithromycin</i>	1, 2	
<i>aztreonam</i>	1	
<i>bacitracin</i>	1	
BACTOCILL IN DEXTROSE	2	
BICILLIN L-A	2	
CAYSTON	4	QL, LD
<i>cefaclor</i>	1	
<i>cefadroxil</i>	1	
<i>cefazolin sodium</i>	1	
CEFAZOLIN SODIUM-DEXTROSE	1, 2	
<i>cefdinir</i>	1	
<i>cefepime hcl</i>	1	
CEFEPIME-DEXTROSE	2	
<i>cefotaxime sodium</i>	1	
<i>cefotetan disodium</i>	1	
CEFOTETAN DISODIUM-DEXTROSE	2	
<i>cefoxitin sodium</i>	1	
CEFOXITIN SODIUM-DEXTROSE	2	
<i>cefpodoxime proxetil</i>	1	
<i>ceftazidime</i>	1, 2	
<i>ceftriaxone sodium</i>	1	
CEFTRIAXONE SODIUM IN DEXTROSE	1	
CEFTRIAXONE SODIUM-DEXTROSE	2	
<i>cefuroxime axetil</i>	1, 2	
<i>cefuroxime sodium</i>	1, 2	
<i>cephalexin</i>	1, 2	
CHLORAMPHENICOL SOD SUCCINATE	2	
CIPRO	2	
<i>ciprofloxacin hcl</i>	1	
<i>ciprofloxacin in d5w</i>	1	
<i>clarithromycin</i>	1	
CLEOCIN IN D5W	2	
<i>clindamycin hcl</i>	1	
<i>clindamycin palmitate hydrochloride</i>	1, 2	
<i>clindamycin phosphate</i>	1	
CUBICIN	4	
<i>demeclocycline hcl</i>	1	
<i>dicloxacillin sodium</i>	1	

Name of drug	Drug Tier	Requirement / Limits
<i>doxycycline (monohydrate)</i>	1	
<i>doxycycline hyclate</i>	1	
ERYTHROCIN LACTOBIONATE	2	
FLUCONAZOLE IN SODIUM CHLORIDE	1	
FORTAZ IN D5W	2	
<i>gentamicin in saline</i>	1, 2	
<i>gentamicin sulfate</i>	1	
INVANZ	4	
<i>levofloxacin</i>	1	
<i>levofloxacin in d5w</i>	1	
<i>linezolid</i>	1, 4	
<i>meropenem</i>	1	
<i>minocycline hcl</i>	1, 2	
<i>moxifloxacin hcl</i>	1	
<i>nafcillin sodium</i>	1	
NAFCILLIN SODIUM IN DEXTROSE	2	
<i>neomycin sulfate</i>	1	
<i>oxacillin sodium</i>	1	
PENICILLIN G POT IN DEXTROSE	2	
<i>penicillin g potassium</i>	1	
PENICILLIN G PROCAINE	2	
PENICILLIN G SODIUM	2	
<i>penicillin v potassium</i>	1	
<i>piperacillin sodium-tazobactam sodium</i>	1	
PRIMAXIN IV	2	
PRIMSOL	2	
STREPTOMYCIN SULFATE	2	
SULFADIAZINE	2	
<i>sulfamethoxazole-trimethoprim</i>	1	
<i>sulfasalazine</i>	1	
SUPRAX	2	
SYNERCID	4	
<i>tetracycline hcl</i>	1	
<i>tobramycin</i>	1, 4	
<i>tobramycin sulfate</i>	1	
<i>vancomycin hcl</i>	1, 2	
VANCOMYCIN HCL IN DEXTROSE	2	
XIFAXAN	2	QL
ZINACEF IN STERILE WATER	2	

Name of drug	Drug Tier	Requirement / Limits
ZOSYN	2	
ANTIFUNGALS		
ABELCET	2	
AMBISOME	4	
AMPHOTERICIN B	2	
CANCIDAS	4	
<i>fluconazole</i>	1	
<i>fluconazole in dextrose</i>	1	
<i>fluconazole in nacl</i>	1	
<i>flucytosine</i>	1	
<i>griseofulvin microsize</i>	1	
<i>griseofulvin ultramicrosize</i>	1	
<i>itraconazole</i>	1, 2	
<i>ketoconazole</i>	1	
<i>nystatin</i>	1	
<i>nystatin (mouth-throat)</i>	1	
<i>terbinafine hcl</i>	1	
<i>voriconazole</i>	1, 2	
ANTIHEPATITIS C AGENTS		
HARVONI	4	QL
PEG-INTRON REDIPEN	4	QL
PEGASYS	4	QL
<i>ribavirin (hepatitis c)</i>	1	
SOVALDI	4	QL
ANTIMYCOBACTERIALS		
CAPASTAT SULFATE	2	
<i>cycloserine</i>	1	
<i>dapsone</i>	1	
<i>ethambutol hcl</i>	1	
<i>isoniazid</i>	1, 2	
PRIFTIN	2	
<i>pyrazinamide</i>	1	
<i>rifabutin</i>	1	
RIFAMATE	2	
<i>rifampin</i>	1	
TRECTOR	2	
ANTIPROTOZOALS		
ALINIA	2	
<i>atovaquone</i>	1	
<i>atovaquone-proguanil hcl</i>	1	
<i>chloroquine phosphate</i>	1	
COARTEM	2	
DARAPRIM	2	
<i>hydroxychloroquine sulfate</i>	1	
KRINTAFEL	2	
<i>mefloquine hcl</i>	1	
<i>metronidazole</i>	1	
<i>metronidazole in nacl</i>	1, 2	
NEBUPENT	2	

Name of drug	Drug Tier	Requirement / Limits
<i>paromomycin sulfate</i>	1	
PRIMAQUINE PHOSPHATE	2	
ANTIVIRALS		
<i>acyclovir</i>	1	
<i>acyclovir sodium</i>	1	
<i>adefovir dipivoxil</i>	1	
<i>atazanavir sulfate</i>	1	
<i>cidofovir</i>	1	
DAKLINZA	4	
DESCOVY	2	
<i>didanosine</i>	1	
<i>efavirenz</i>	1	
<i>entecavir</i>	1, 4	
EPCLUSA	4	QL
EVOTAZ	2	
<i>famciclovir</i>	1	
<i>fosamprenavir calcium</i>	1	
FOSCAVIR	2	
<i>ganciclovir sodium</i>	1	
GENVOYA	2	
JULUCA	2	
<i>lamivudine (hbv)</i>	1, 2	
ODEFSEY	2	
<i>oseltamivir phosphate</i>	1, 2	
PREZCOBIX	2	
RELENZA DISKHALER	2	
RETROVIR	2	
<i>rimantadine hydrochloride</i>	1	
<i>ritonavir</i>	1	
SYNAGIS	4	
<i>tenofovir disoproxil fumarate</i>	1	
TIVICAY	2	
TRUVADA	2	
<i>valacyclovir hcl</i>	1	
<i>valganciclovir hcl</i>	1, 4	QL
VIRAZOLE	4	
<i>voriconazole</i>	1	
VOSEVI	4	QL
URINARY ANTI-INFECTIVES		
<i>methenamine hippurate</i>	1	
<i>nitrofurantoin</i>	1	
<i>nitrofurantoin macrocrystal</i>	1, 2	
<i>nitrofurantoin monohydrate macro</i>	1	
<i>trimethoprim</i>	1	
ANTI-HISTAMINE DRUGS		
FIRST GENERATION ANTI-HISTAMINES		

Name of drug	Drug Tier	Requirement / Limits
<i>cyproheptadine hcl</i>	1	
<i>diphenhydramine hcl</i>	1	
<i>promethazine hcl</i>	1	
ANTINEOPLASTIC AGENTS		
ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i>	1, 4	QL
ABRAXANE	4	
ADCETRIS	2	
AFINITOR	4	QL
ALECENSA	4	QL
ALIMTA	4	
ALKERAN	2	
ALUNBRIG	4	QL
<i>anastrozole</i>	1	
ARRANON	4	
AVASTIN	4	
<i>azacitidine</i>	1	
BENDEKA	2, 4	QL
<i>bicalutamide</i>	1	
<i>bleomycin sulfate</i>	1	
BLINCYTO	4	QL
CABOMETYX	4	QL, LD
CAMPTOSAR	1, 2	
<i>capecitabine</i>	1	QL
CAPRELSA	4	QL, LD
<i>carmustine</i>	1, 2	
<i>cisplatin</i>	1	
<i>cladribine</i>	1	
COSMEGEN	4	
COTELLIC	4	QL
<i>cyclophosphamide</i>	1, 2	
CYRAMZA	4	QL
<i>cytarabine</i>	1	
<i>dacarbazine</i>	1, 2	
DACOGEN	4	
DARZALEX	4	QL
DAUNORUBICIN HCL	1	
DEPOCYT	2	
DOCETAXEL	1, 2, 4	QL
<i>doxorubicin hcl</i>	1	
<i>doxorubicin hcl liposomal</i>	1, 2	
EMCYT	4	QL
ERBITUX	4	
ERIVEDGE	4	QL
<i>erlotinib hcl</i>	1, 4	QL
ERWINAZE	2	
<i>etoposide</i>	1, 2	
<i>exemestane</i>	1	
FASLODEX	4	QL

Name of drug	Drug Tier	Requirement / Limits
<i>fludarabine phosphate</i>	1	
<i>fluorouracil</i>	1	
<i>flutamide</i>	1	
GAZYVA	4	QL
<i>gemcitabine hcl</i>	1, 4	
GLEOSTINE	2	
HALAVEN	4	
HERCEPTIN	4	QL
HEXALEN	4	QL
<i>hydroxyurea</i>	1	
IBRANCE	4	QL
<i>idarubicin hcl</i>	1, 2	
<i>ifosfamide</i>	1	
<i>imatinib mesylate</i>	1	
IMBRUVICA	4	QL
INTRON A	2, 4	QL
IRESSA	2	QL
ISTODAX	4	
IXEMPRA KIT	4	QL
JAKAFI	4	QL
JEVTANA	4	
KADCYLA	4	QL
KEYTRUDA	4	QL
KYPROLIS	4	QL
LENVIMA (10 MG DAILY DOSE)	4	QL
<i>letrozole</i>	1	
LEUKERAN	2	
<i>leuprolide acetate</i>	1, 2	
LONSURF	4	QL
LORBRENA	4	QL
LUPRON DEPOT (3-MONTH)	2	
LUPRON DEPOT (4-MONTH)	2	
LUPRON DEPOT (6-MONTH)	2	
LUPRON DEPOT-PED (1-MONTH)	2	
LUPRON DEPOT-PED (3-MONTH)	2	
LYNPARZA	4	QL
LYSODREN	2	QL
MARQIBO	4	QL
MATULANE	4	QL
<i>megestrol acetate</i>	1	
MEKINIST	2	QL
<i>melphalan hcl</i>	1	
<i>mercaptopurine</i>	1, 4	QL
<i>methotrexate sodium</i>	1	

Name of drug	Drug Tier	Requirement / Limits
<i>mitomycin</i>	1	
<i>mitoxantrone hcl</i>	1	
MUSTARGEN	2	
MVASI	4	
MYLERAN	4	
NEXAVAR	4	QL
NINLARO	4	QL
ODOMZO	4	QL
ONCASPAR	4	
OPDIVO	4	QL
<i>oxaliplatin</i>	1	
<i>paclitaxel</i>	1	
<i>pentostatin</i>	1	
PERJETA	4	QL
POMALYST	4	QL
PROLEUKIN	4	QL
REVLIMID	2	QL
RITUXAN	2	
RYDAPT	4	QL
SPRYCEL	4	QL
STIVARGA	4	QL
SUTENT	4	QL
SYLVANT	4	QL
TABLOID	2	
TAFINLAR	4	QL
TAGRISSO	4	QL
<i>tamoxifen citrate</i>	1	
TARGRETIN	2	
TASIGNA	4	QL
TECENTRIQ	4	QL
<i>temozolomide</i>	1	
TENIPOSIDE	2	
<i>thiotepa</i>	1	
<i>topotecan hcl</i>	1, 4	QL
TORISEL	4	
<i>tretinoin (chemotherapy)</i>	1	QL
TRISENOX	4	QL
TYKERB	2	QL
UNITUXIN	4	QL
VELCADE	4	
VENCLEXTA	4	QL
VINBLASTINE SULFATE	2	
VINCRISTINE SULFATE	1	
<i>vinorelbine tartrate</i>	1	
VOTRIENT	2	QL
VYXEOS	4	QL
XALKORI	4	QL
XGEVA	4	QL
XTANDI	4	QL
YERVOY	4	

Name of drug	Drug Tier	Requirement / Limits
YONDELIS	4	QL
ZANOSAR	4	
ZEJULA	4	QL
ZELBORAF	2	QL
ZYDELIG	4	QL
ZYKADIA	4	QL
AUTONOMIC DRUGS		
ANTICHOLINERGIC AGENTS		
<i>atropine sulfate</i>	1, 2	
ATROVENT HFA	2	
BELLADONNA ALKALOIDS-OPIUM	2	
<i>chlordiazepoxide hcl-clidinium bromide</i>	1	
<i>dicyclomine hcl</i>	1, 2	
DONNATAL	1, 2	
<i>glycopyrrolate</i>	1, 2	
<i>hyoscyamine sulfate</i>	1, 2	
<i>ipratropium bromide</i>	1	
<i>ipratropium bromide (nasal)</i>	1	
PROPANTHELINE BROMIDE	2	
SPIRIVA RESPIMAT	2	
STIOLTO RESPIMAT	2	
AUTONOMIC DRUGS, MISCELLANEOUS		
CHANTIX	2	
<i>nicotine</i>	1	
<i>nicotine polacrilex</i>	1, 2	
PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS		
<i>bethanechol chloride</i>	1	
<i>donepezil hydrochloride</i>	1	
ENLON	2	
<i>galantamine hydrobromide</i>	1	
GUANIDINE HCL	2	
<i>neostigmine methylsulfate</i>	1, 2	
PHYSOSTIGMINE SALICYLATE	2	
<i>pilocarpine hcl (oral)</i>	1	
<i>pyridostigmine bromide</i>	1, 2	
SKELETAL MUSCLE RELAXANTS		
<i>atracurium besylate</i>	1	
<i>baclofen</i>	1, 2	
<i>cisatracurium besylate</i>	1	
<i>cyclobenzaprine hcl</i>	1	
<i>dantrolene sodium</i>	1, 2	
<i>methocarbamol</i>	1	
PANCURONIUM	1	

Name of drug	Drug Tier	Requirement / Limits
BROMIDE		
QUELICIN	2	
<i>rocuronium bromide</i>	1	
<i>tizanidine hcl</i>	1	
<i>vecuronium bromide</i>	1	
SYMPATHOLYTIC (ADRENERGIC BLOCKING) AGENTS		
<i>dihydroergotamine mesylate</i>	1, 2	
ERGOMAR	1	
<i>guanfacine hcl</i>	1	
<i>phenoxybenzamine hcl</i>	1	
<i>phentolamine mesylate</i>	1	
SYMPATHOMIMETIC (ADRENERGIC) AGENTS		
ADVAIR DISKUS	1, 2	
<i>albuterol sulfate</i>	1, 2	
<i>dobutamine hcl</i>	1	
<i>dobutamine in d5w</i>	1	
<i>dopamine hcl</i>	1, 2	
<i>dopamine in d5w</i>	1	
<i>ephedrine sulfate (pressors)</i>	1	
<i>epinephrine</i>	1, 2	
EPINEPHRINE	2	
<i>ipratropium-albuterol</i>	1	
<i>isoproterenol hcl</i>	1	
METAPROTERENOL SULFATE	2	
<i>midodrine hcl</i>	1	
<i>norepinephrine bitartrate</i>	1	
S2 (RACEPINEPHRINE)	2	
SEREVENT DISKUS	2	
STRIVERDI RESPIMAT	2	
<i>terbutaline sulfate</i>	1	
BLOOD DERIVATIVES		
BLOOD DERIVATIVES		
<i>albumin, human</i>	1	
PLASMANATE	2	
BLOOD FORMATION, COAGULATION, AND THROMBOSIS		
ANTI-ANEMIA DRUGS		
INFED	2	
<i>polysaccharide iron complex</i>	1	
PROFERRIN ES	2	
PROFERRIN-FORTE	2	
VENOFER	2	
ANTIHEMORRHAGIC AGENTS		
ADVATE	2	QL
AFSTYLA	2	QL

Name of drug	Drug Tier	Requirement / Limits
ALPHANATE/VWF COMPLEX/HUMAN	2	QL
ALPHANINE SD	2	QL
<i>aminocaproic acid</i>	1	
BENEFIX	2	
ELOCTATE	2	QL
GELFILM	2	
GELFOAM SPONGE	2	
HELIXATE FS	2	QL
HEMLIBRA	4	QL
HEMOFIL M	2	QL
IDELVION	2	QL
KCENTRA	2	
NOVOSEVEN RT	2	
PHENOL	2	QL
PRAXBIND	4	
PROFILNINE	2	QL
PROTAMINE SULFATE	1	
RECOTHROM	2	
THROMBIN-JMI	2	
<i>tranexamic acid</i>	1	
XYNTHA	2	QL
ANTITHROMBOTIC AGENTS		
ACD-A NOCLOT-50	2	
ACTIVASE	2	
<i>anagrelide hcl</i>	1	
ANGIOMAX	2	
ARGATROBAN	2	
ARGATROBAN IN SODIUM CHLORIDE	2	
<i>aspirin-dipyridamole</i>	1, 2	
BRILINTA	2	
<i>clopidogrel bisulfate</i>	1	
EFFIENT	2	
<i>heparin (porcine) in sodium chloride</i>	1, 2	
HEPARIN SOD (PORCINE) IN D5W	1	
<i>heparin sodium (porcine)</i>	1	
<i>heparin sodium (porcine) lock flush</i>	1, 2	
INTEGRILIN	4	
LOVENOX	2	QL
PRADAXA	2	
REOPRO	2	
THROMBATE III	2	
TNKASE	2	
<i>warfarin sodium</i>	1	
HEMATOPOIETIC AGENTS		
LEUKINE	4	QL

Name of drug	Drug Tier	Requirement / Limits
NEUPOGEN	4	QL
PROCRIT	2	QL
PROMACTA	2, 4	QL
ZARXIO	2	QL
HEMORRHOLOGIC AGENTS		
<i>pentoxifylline</i>	1	
CARDIOVASCULAR DRUGS		
ALPHA-ADRENERGIC BLOCKING AGENTS		
<i>doxazosin mesylate</i>	1	
<i>prazosin hcl</i>	1	
<i>tamsulosin hcl</i>	1	
<i>terazosin hcl</i>	1	
ANTILIPEMIC AGENTS		
<i>atorvastatin calcium</i>	1	
<i>cholestyramine</i>	1	
<i>cholestyramine light</i>	1	
<i>colestipol hcl</i>	1	
<i>ezetimibe</i>	1	
<i>fenofibrate</i>	1	
<i>gemfibrozil</i>	1	
<i>lovastatin</i>	1	
<i>metoprolol succinate</i>	1	
<i>pravastatin sodium</i>	1	
<i>rosuvastatin calcium</i>	1	
<i>simvastatin</i>	1	
BETA-ADRENERGIC BLOCKING AGENTS		
<i>atenolol</i>	1	
<i>atenolol & chlorthalidone</i>	1	
<i>bisoprolol & hydrochlorothiazide</i>	1	
<i>bisoprolol fumarate</i>	1	
BREVIBLOC IN NACL	2	
<i>carvedilol</i>	1	
<i>esmolol hcl</i>	1	
<i>labetalol hcl</i>	1	
<i>metoprolol succinate</i>	1	
<i>metoprolol tartrate</i>	1	
METOPROLOL-HYDROCHLOROTHIAZIDE	1	
<i>nadolol</i>	1	
<i>propranolol hcl</i>	1	
<i>sotalol hcl</i>	1	
<i>sotalol hcl (afib/afl)</i>	1	
CALCIUM-CHANNEL BLOCKING AGENTS		
<i>amlodipine besylate</i>	1	
CARDENE IV	2	
CLEVIPREX	2	
<i>diltiazem hcl</i>	1	
<i>diltiazem hcl coated</i>	1	

Name of drug	Drug Tier	Requirement / Limits
<i>beads</i>		
<i>nicardipine hcl</i>	1	
<i>nifedipine</i>	1	
<i>nimodipine</i>	1	
<i>verapamil hcl</i>	1	
CARDIAC DRUGS		
<i>adenosine</i>	1	
<i>amiodarone hcl</i>	1	
<i>digoxin</i>	1, 2	
<i>disopyramide phosphate</i>	1, 2	
<i>dofetilide</i>	1	
<i>flecainide acetate</i>	1	
<i>ibutilide fumarate</i>	1	
LIDOCAINE HCL (CARDIAC)	1, 2	
<i>lidocaine in d5w</i>	1	
MEXILETINE HCL	1	
<i>milrinone lactate</i>	1	
<i>milrinone lactate in dextrose</i>	1	
<i>procainamide hcl</i>	1	
<i>propafenone hcl</i>	1	
<i>quinidine gluconate</i>	1, 2	
QUINIDINE SULFATE	1	
HYPOTENSIVE AGENTS		
<i>clonidine</i>	1	
<i>clonidine hcl</i>	1	
<i>hydralazine hcl</i>	1	
<i>methyldopa</i>	1	
METHYLDOPATE HCL	2	
<i>minoxidil</i>	1	
<i>nitroprusside sodium</i>	1	
PROGLYCEM	4	
RESERPINE	2	
RENIN-ANGIOTENSIN-ALDOSTERONE SYSTEM INHIBITORS		
<i>benazepril hcl</i>	1	
<i>captopril</i>	1	
<i>enalaprilat</i>	1	
ENTRESTO	2	
<i>lisinopril</i>	1	
<i>lisinopril & hydrochlorothiazide</i>	1	
<i>losartan potassium</i>	1	
<i>losartan potassium & hydrochlorothiazide</i>	1	
<i>ramipril</i>	1	
<i>spironolactone</i>	1	
<i>spironolactone & hydrochlorothiazide</i>	1	

Name of drug	Drug Tier	Requirement / Limits
<i>valsartan</i>	1	
<i>valsartan-hydrochlorothiazide</i>	1	
SCLEROSING AGENTS		
ETHAMOLIN	2	
SOTRADECOL	1	
VARITHENA	2	
VASODILATING AGENTS		
<i>alprostadil</i>	1	
<i>ambrisentan</i>	1, 4	QL, LD
CAVERJECT	2	QL
<i>dipyridamole</i>	1	
DIPYRIDAMOLE	1	
<i>isosorbide dinitrate</i>	1, 2	
<i>isosorbide mononitrate</i>	1	
<i>nitroglycerin</i>	1, 2	
<i>nitroglycerin in d5w</i>	1, 2	
PAPAVERINE HCL	2	
<i>sildenafil citrate (pulmonary hypertension)</i>	1	QL
TRACLEER	4	QL, LD
<i>treprostinil</i>	1, 2, 4	QL, LD
<i>ildenafil citrate (pulmonary hypertension)</i>	1	QL
VENTAVIS	4	QL, LD
CENTRAL NERVOUS SYSTEM AGENTS		
ANALGESICS AND ANTIPIRETTICS		
<i>acetaminophen w/ codeine</i>	1	
<i>alfentanil hcl</i>	1	
<i>buprenorphine hcl</i>	1	
<i>buprenorphine hcl-naloxone hcl dihydrate</i>	1	QL
<i>butorphanol tartrate</i>	1	
<i>choline & mag salicylate</i>	1	
CODEINE SULFATE	1, 2	
<i>etodolac</i>	1	
<i>fentanyl</i>	1	QL
<i>fentanyl citrate</i>	1, 2	
<i>hydrocodone-acetaminophen</i>	1	
<i>hydromorphone hcl</i>	1, 2	QL
<i>ibuprofen</i>	1	
<i>indomethacin</i>	1, 2	
<i>indomethacin sodium</i>	1	
INFUMORPH 200	2	
<i>ketorolac tromethamine</i>	1	
MECLOFENAMATE SODIUM	2	
<i>mefenamic acid</i>	1	

Name of drug	Drug Tier	Requirement / Limits
<i>meloxicam</i>	1	
<i>meperidine hcl</i>	1	
<i>methadone hcl</i>	1, 2	
<i>morphine sulfate</i>	1, 2	
<i>nabumetone</i>	1	
<i>nalbuphine hcl</i>	1	
<i>naproxen</i>	1	
<i>naproxen sodium</i>	1	
NEOPROFEN	2	
OFIRMEV	2	
OPANA	2	
<i>oxycodone hcl</i>	1	
<i>oxycodone w/ acetaminophen</i>	1	
<i>pentazocine w/ naloxone</i>	1	
<i>salsalate</i>	1	
<i>sufentanil citrate</i>	1	
<i>sulindac</i>	1	
<i>tramadol hcl</i>	1	
<i>tramadol-acetaminophen</i>	1	
ULTIVA	2	
ANOREXIGENIC AGENTS AND RESPIRATORY AND CEREBRAL STIMULANTS		
<i>amphetamine-dextroamphetamine</i>	1, 2	
<i>caffeine citrate</i>	1	
<i>dexmethylphenidate hcl</i>	1	
<i>dextroamphetamine sulfate</i>	1	
<i>methylphenidate hcl</i>	1, 2	
VYVANSE	2	
ANTICONVULSANTS		
BANZEL	4	
BRIVIACT	4	
<i>carbamazepine</i>	1	
CELONTIN	2	
<i>clonazepam</i>	1	
<i>divalproex sodium</i>	1	
EQUETRO	2	
<i>ethosuximide</i>	1	
<i>felbamate</i>	1	
<i>fosphenytoin sodium</i>	1	
<i>gabapentin</i>	1	
<i>lamotrigine</i>	1, 2	
<i>levetiracetam</i>	1	
LEVETIRACETAM IN NACL	2	
<i>magnesium sulfate</i>	1, 2	
<i>oxcarbazepine</i>	1	
<i>phenytoin</i>	1	

Name of drug	Drug Tier	Requirement / Limits
<i>phenytoin sodium</i>	1	
<i>phenytoin sodium extended</i>	1, 2	
<i>primidone</i>	1	
SABRIL	4	QL, LD
<i>topiramate</i>	1	
<i>valproate sodium</i>	1	
<i>valproic acid</i>	1	
ANTIMANIC AGENTS		
LITHIUM	2	
<i>lithium carbonate</i>	1	
ANTIMIGRAINE AGENTS		
ERGOLOID MESYLATES	1	
<i>ergotamine w/ caffeine</i>	1, 2	
<i>isometheptene-dichloralphenazone-acetaminophen</i>	1	
<i>naratriptan hcl</i>	1	
<i>rizatriptan benzoate</i>	1	
<i>sumatriptan</i>	1	
<i>sumatriptan succinate</i>	1	
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl</i>	1	
APOKYN	4	QL
<i>benztropine mesylate</i>	1	
<i>bromocriptine mesylate</i>	1	
<i>cabergoline</i>	1	
<i>carbidopa</i>	1, 2	
<i>carbidopa-levodopa</i>	1, 4	
CARBIDOPA-LEVODOPA-ENTACAPONE	1, 2	
<i>entacapone</i>	1	
<i>pramipexole dihydrochloride</i>	1	
<i>rasagiline mesylate</i>	1	
<i>ropinirole hydrochloride</i>	1	
SELEGILINE HCL	1	
<i>trihexyphenidyl hcl</i>	1	
ANXIOLYTICS, SEDATIVES, AND HYPNOTICS		
<i>alprazolam</i>	1	
<i>buspirone hcl</i>	1	
<i>chlordiazepoxide hcl</i>	1	
<i>clorazepate dipotassium</i>	1	
DIASTAT ACUDIAL	2	
<i>diazepam</i>	1, 2	
<i>droperidol</i>	1	
<i>hydroxyzine hcl</i>	1, 2	
<i>hydroxyzine pamoate</i>	1, 2	
<i>lorazepam</i>	1	

Name of drug	Drug Tier	Requirement / Limits
<i>midazolam hcl</i>	1	
NEMBUTAL	2	
<i>oxazepam</i>	1	
<i>phenobarbital</i>	1	
PHENOBARBITAL SODIUM	2	
PRECEDEX	2	
SILENOR	2	
<i>temazepam</i>	1	
<i>zolpidem tartrate</i>	1	
CENTRAL NERVOUS SYSTEM AGENTS, MISCELLANEOUS		
<i>acamprosate calcium</i>	1	
<i>flumazenil</i>	1	
<i>guanfacine hcl (adhd)</i>	1	
<i>memantine hcl</i>	1, 2	
<i>riluzole</i>	1	
<i>selegiline hcl</i>	1	
GENERAL ANESTHETICS		
BREVITAL SODIUM	2	
<i>etomidate</i>	1	
FORANE	2	
<i>ketamine hcl</i>	1	
<i>propofol</i>	1	
MULTIPLE SCLEROSIS AGENTS		
AVONEX	4	QL
EXTAVIA	2	QL
<i>glatiramer acetate</i>	1	QL
OPIATE ANTAGONISTS		
<i>naloxone hcl</i>	1, 2	
<i>naltrexone hcl</i>	1	
NALTREXONE HCL	2	
PSYCHOTHERAPEUTIC AGENTS		
<i>amitriptyline hcl</i>	1	
AMOXAPINE	2	
<i>aripiprazole</i>	1	
ARISTADA	4	
<i>bupropion hcl</i>	1	
<i>chlorpromazine hcl</i>	1, 2	
<i>citalopram hydrobromide</i>	1	
<i>clomipramine hcl</i>	1	
<i>clozapine</i>	1	
<i>desipramine hcl</i>	1	
<i>doxepin hcl</i>	1	
<i>duloxetine hcl</i>	1	
<i>escitalopram oxalate</i>	1	
<i>fluoxetine hcl</i>	1	
<i>fluphenazine decanoate</i>	1	
<i>fluphenazine hcl</i>	1, 2	
<i>fluvoxamine maleate</i>	1	

Name of drug	Drug Tier	Requirement / Limits
<i>haloperidol</i>	1	
<i>haloperidol decanoate</i>	1	
<i>haloperidol lactate</i>	1	
<i>imipramine hcl</i>	1	
INVEGA SUSTENNA	4	
<i>loxapine succinate</i>	1	
MAPROTILINE HCL	2	
<i>mirtazapine</i>	1	
NEFAZODONE HCL	1, 2	
<i>nortriptyline hcl</i>	1	
<i>olanzapine</i>	1	
ORAP	1, 2	
<i>paroxetine hcl</i>	1	
<i>perphenazine</i>	1	
PERPHENAZINE-AMITRIPTYLINE	2	
<i>phenelzine sulfate</i>	1	
<i>prochlorperazine</i>	1	
<i>prochlorperazine edisylate</i>	1	
<i>prochlorperazine maleate</i>	1	
<i>protriptyline hcl</i>	1	
<i>quetiapine fumarate</i>	1	
RISPERDAL CONSTA	4	
<i>risperidone</i>	1	
<i>ropinirole hydrochloride</i>	1	
<i>sertraline hcl</i>	1	
<i>thioridazine hcl</i>	1	
<i>thiothixene</i>	1	
<i>tranylcypromine sulfate</i>	1	
<i>trazodone hcl</i>	1	
<i>trifluoperazine hcl</i>	1	
<i>trimipramine maleate</i>	1	
<i>venlafaxine hcl</i>	1	
<i>ziprasidone hcl</i>	1	
CONTRACEPTIVES (FOAMS, DEVICES)		
CONTRACEPTIVES (FOAMS, DEVICES)		
WIDE-SEAL DIAPHRAGM 60	2	
DEVICES		
DEVICES		
AEROCHAMBER PLUS FLO-VU SMALL	2	
AEROTRACH PLUS	2	
BAYER BREEZE 2 CONTROL	2	
BD INSULIN SYRINGE U-500	2	
BD INSULIN SYRINGE U-500	2	
BD INTEGRA SYRINGE	2	

Name of drug	Drug Tier	Requirement / Limits
BD LANCET DEVICE	2	
BD LANCET ULTRAFINE 33G	2	
BD PEN NEEDLE MINI U/F	1, 2	
BD SAFETYGLIDE SYRINGE/NEEDLE	2	
DISPOSABLE POWER	2	
OMNITROPE PEN 5 INJ DEVICE	2	
ONETOUCH SURESOFT LANCING DEV	2	
ONETOUCH ULTRA MINI	2	
PEDIATRIC SMALL MASK	2	
TRUZONE PEAK FLOW METER	2	
DIAGNOSTIC AGENTS		
DIAGNOSTIC AGENTS		
ACETEST	2	
<i>adenosine (diagnostic)</i>	1	
ALBUSTIX	2	
CANDIN	2	
CHEMSTRIP 9	2	
CHIRHOSTIM	2	
CLINITEST	2	
CONRAY	2	
CORTROSYN	2	
CYSTOGRAFIN	2	
D-XYLOSE	2	
DIASTIX	2	
E-Z-CAT DRY	2	
EOVIST	2	
<i>fluorescein sodium injection</i>	1	
<i>fluorescein sodium topical</i>	1	
<i>fluorescein w/ benoxinate</i>	1	
GADAVIST	2	
GASTROGRAFIN	2	
INDIGO CARMINE	2	
KETO-DIASTIX	2	
LEXISCAN	2	
LUMASON	2	
MAGNEVIST	2	
METOPIRONE	2	
MULTIHANCE	2	
OMNIPAQUE	2	
ONETOUCH ULTRA BLUE	2	

Name of drug	Drug Tier	Requirement / Limits
THYROGEN	2	
TUBERSOL	2	
ELECTROLYTIC, CALORIC, AND WATER BALANCE		
ALKALINIZING AGENTS		
<i>pot & sod citrates w/citric ac</i>	1	
<i>potassium citrate (alkalinizer)</i>	1	
<i>potassium citrate-citric acid</i>	1	
SODIUM ACETATE	2	
<i>sodium bicarbonate</i>	1, 2	
<i>sodium citrate & citric acid</i>	1	
THAM	2	
AMMONIA DETOXICANTS		
<i>lactulose</i>	1	
<i>lactulose (encephalopathy)</i>	1	
LITHOSTAT	2	
<i>sodium phenylbutyrate</i>	1, 4	QL
CALORIC AGENTS		
<i>amino acid electrolyte infusion</i>	1, 2	
<i>amino acid infusion</i>	1, 2	
CLINIMIX E/DEXTROSE (2.75/10)	2	
CLINIMIX E/DEXTROSE (2.75/5)	2	
CLINIMIX E/DEXTROSE (4.25/25)	2	
CLINIMIX E/DEXTROSE (5/15)	2	
CLINIMIX E/DEXTROSE (5/20)	2	
CLINIMIX/DEXTROSE (2.75/5)	2	
CLINIMIX/DEXTROSE (4.25/10)	2	
CLINIMIX/DEXTROSE (4.25/20)	2	
CLINIMIX/DEXTROSE (4.25/25)	2	
CLINIMIX/DEXTROSE (5/15)	2	
<i>dextrose</i>	1, 2	
INTRALIPID	1, 2	
PHENEX-1	2	
DIURETICS		

Name of drug	Drug Tier	Requirement / Limits
<i>amiloride & hydrochlorothiazide</i>	1	
<i>bumetanide</i>	1	
<i>chlorthalidone</i>	1	
DYRENIUM	2	
<i>ethacrynic acid</i>	1, 2	
<i>furosemide</i>	1, 2	
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	1	
<i>mannitol</i>	1	
<i>metolazone</i>	1	
SODIUM EDECRIN	2	
<i>torseamide</i>	1	
<i>triamterene & hydrochlorothiazide</i>	1	
ION-REMOVING AGENTS		
<i>sevelamer carbonate</i>	1, 2	
<i>sodium polystyrene sulfonate</i>	1	
IRRIGATING SOLUTIONS		
<i>acetic acid</i>	1	
DIANEAL LOW CALCIUM/4.25% DEX	2	
<i>lactated ringer's (irrigation)</i>	1	
<i>ringer's irrigation</i>	1	
<i>sodium chloride (gu irrigant)</i>	1	
<i>water for irrigation, sterile</i>	1	
REPLACEMENT PREPARATIONS		
<i>calcium acetate (phosphate binder)</i>	1, 2	
<i>calcium chloride (dihydrate)</i>	1	
<i>calcium gluconate</i>	1	
CHROMIC CHLORIDE	2	
COPPER CHLORIDE	2	
DEXTROSE 5%/ELECTROLYTE #48	2	
<i>dextrose in lactated ringers</i>	1	
<i>dextrose in ringers</i>	1	
<i>dextrose w/ sodium chloride</i>	1, 2	
<i>hetastarch in sodium chloride</i>	1	
HEXTEND	2	
HYPERLYTE-CR	2	
K-PHOS	2	
KCL-LACTATED	2	

Name of drug	Drug Tier	Requirement / Limits
RINGERS-D5W		
LACTATED RINGERS	1	
LMD IN D5W	2	
LMD IN NAACL	2	
M.T.E.-5 CONCENTRATE	2	
MAGNESIUM SULFATE IN D5W	2	
MANGANESE CHLORIDE	2	
PLASMA-LYTE A	2	
<i>potassium acetate</i>	1	
<i>potassium bicarbonate</i>	1	
<i>potassium chloride</i>	1, 2	
<i>potassium chloride in dextrose</i>	1	
<i>potassium chloride in dextrose & sodium chloride</i>	1, 2	
<i>potassium chloride in nacl</i>	1	
<i>potassium chloride microencapsulated crystals er</i>	1	
<i>potassium phosphate dibasic</i>	1	
<i>potassium phosphates</i>	1	
<i>ringer's</i>	1	
<i>saline, bacteriostatic</i>	1	
SELENIUM	2	
<i>sodium chloride</i>	1	
<i>sodium chloride flush</i>	1	
<i>sodium phosphates (sodium phosphate dibasic & monobasic)</i>	1	
<i>trace minerals (cr-cu-mn-zn)</i>	1, 2	
ZINC SULFATE	2	
ZINC TRACE METAL	2	
URICOSURIC AGENTS		
<i>colchicine w/ probenecid</i>	1	
<i>probenecid</i>	1	
ENZYMES		
ENZYMES		
ALDURAZYME	4	
ARALAST NP	2, 4	QL
CEREZYME	4	
ELAPRASE	4	QL
ELITEK	4	
FABRAZYME	4	QL
HYLENEX	2	

Name of drug	Drug Tier	Requirement / Limits
LUMIZYME	4	QL
NAGLAZYME	4	QL
PULMOZYME	4	QL
STRENSIQ	4	QL
VIMIZIM	4	QL
VORAXAZE	4	QL
VPRIV	4	
ZENPEP	2	
EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS		
ANTI-INFECTIVES		
BACITRACIN	2	
<i>bacitracin-polymyxin b (ophth)</i>	1	
<i>chlorhexidine gluconate (mouth-throat)</i>	1	
<i>ciprofloxacin hcl (ophth)</i>	1	
<i>erythromycin (ophth)</i>	1	
<i>gatifloxacin (ophth)</i>	1, 2	
<i>gentamicin sulfate (ophth)</i>	1	
MITOSOL	2	
<i>moxifloxacin hcl (ophth)</i>	1	
NATACYN	2	
<i>neomycin-bacitracin zn-polymyxin</i>	1	
NEOMYCIN-POLYMYXIN-GRAMICIDIN	1	
<i>ofloxacin (ophth)</i>	1	
<i>ofloxacin (otic)</i>	1	
<i>polymyxin b-trimethoprim sulfacetamide sodium (ophth)</i>	1	
<i>tobramycin (ophth)</i>	1, 2	
TRIFLURIDINE	1	
ANTI-INFLAMMATORY AGENTS		
BLEPHAMIDE	1, 2	
CIPRODEX	2	
COLY-MYCIN S	2	
DEXAMETHASONE SODIUM PHOSPHATE	1	
<i>diclofenac sodium (ophth)</i>	1	
FLUNISOLIDE	1	
<i>fluorometholone (ophth)</i>	1, 2	
<i>flurbiprofen sodium</i>	1	
<i>fluticasone propionate (nasal)</i>	1	
<i>ketorolac tromethamine (ophth)</i>	1	
<i>neomycin-polymy-</i>	1	

Name of drug	Drug Tier	Requirement / Limits
<i>dexameth</i>		
<i>neomycin-polymyxin-hc (otic)</i>	1	
OZURDEX	4	
PRED MILD	1, 2	
PREDNISOLONE SODIUM PHOSPHATE	2	
RESTASIS	2	
RETISERT	2	
TOBRADEX	2	
VEXOL	2	
ANTIALLERGIC AGENTS		
ALOCRIL	2	
<i>azelastine hcl</i>	1	
<i>cromolyn sodium (ophth)</i>	1	
<i>olopatadine hcl</i>	1	
ANTIGLAUCOMA AGENTS		
<i>acetazolamide</i>	1	
<i>acetazolamide sodium</i>	1	
<i>betaxolol hcl (ophth)</i>	1	
<i>brimonidine tartrate</i>	1	
<i>dorzolamide hcl</i>	1	
<i>dorzolamide hcl-timolol maleate</i>	1	
<i>latanoprost</i>	1	
<i>levobunolol hcl</i>	1	
LUMIGAN	2	
<i>methazolamide</i>	1	
MIOCHOL-E	2	
MIOSTAT	2	
PHOSPHOLINE IODIDE	2	
<i>pilocarpine hcl</i>	1	
<i>timolol maleate (ophth)</i>	1	
EENT DRUGS, MISCELLANEOUS		
<i>acetic acid (otic)</i>	1	
ACETIC ACID-ALUMINUM ACETATE	1	
<i>apraclonidine hcl</i>	1, 2	
BSS	2	
EYLEA	2	
HEALON5	2	
JETREA	2	
LACRISERT	2	
LUCENTIS	4	QL, LD
MACUGEN	2	
PHOTREXA-PHOTREXA VISCOUS KIT	2	
VISUDYNE	2	
LOCAL ANESTHETICS		
AKTEN	2	

Name of drug	Drug Tier	Requirement / Limits
COCAINE HCL	2	
<i>lidocaine hcl (mouth-throat)</i>	1	
<i>proparacaine hcl</i>	1, 2	
<i>tetracaine hcl (ophth)</i>	1	
MYDRIATICS		
ATROPINE SULFATE	1, 2	
CYCLOMYDRIL	2	
<i>cyclopentolate hcl</i>	1, 2	
<i>homatropine hbr</i>	1	
<i>tropicamide</i>	1	
VASOCONSTRICTORS		
NAPHAZOLINE HCL	2	
<i>phenylephrine hcl (ophth)</i>	1	
GASTROINTESTINAL DRUGS		
ANTACIDS AND ADSORBENTS		
GELUSIL	2	
ANTI-INFLAMMATORY AGENTS		
<i>balsalazide disodium</i>	1	
<i>mesalamine</i>	1, 2	
ANTIDIARRHEA AGENTS		
<i>bismuth subsalicylate</i>	1	
<i>diphenoxylate w/ atropine</i>	1, 2	
PAREGORIC	2	
ANTIEMETICS		
AKYNZEO	2	QL
<i>dronabinol</i>	1	
EMEND TABS	2	QL
EMEND	2	
<i>meclizine hcl</i>	1	
<i>ondansetron</i>	1	
<i>ondansetron hcl</i>	1	
<i>scopolamine</i>	1, 2	
ANTIULCER AGENTS AND ACID SUPPRESSANTS		
CIMETIDINE HCL	1	
<i>famotidine</i>	1	
FAMOTIDINE PREMIXED	2	
<i>misoprostol</i>	1	
<i>omeprazole</i>	1	
<i>pantoprazole sodium</i>	1, 2	
<i>ranitidine hcl</i>	1	
<i>sucralfate</i>	1, 2	
CATHARTICS AND LAXATIVES		
AMITIZA	2	
CASCARA SAGRADA	2	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>	1	
SORBITOL	2	

Name of drug	Drug Tier	Requirement / Limits
CHOLELITHOLYTIC AGENTS		
<i>ursodiol</i>	1, 2	
DIGESTANTS		
CREON	2	
PROKINETIC AGENTS		
<i>metoclopramide hcl</i>	1	
GOLD COMPOUNDS		
GOLD COMPOUNDS		
RIDAURA	2	
HEAVY METAL ANTAGONISTS		
HEAVY METAL ANTAGONISTS		
BAL IN OIL	2	
CHEMET	4	
<i>deferoxamine mesylate</i>	1	
DEPEN TITRATABS	4	
EXJADE	4	QL
HORMONES AND SYNTHETIC SUBSTITUTES		
ADRENALS		
ASMANEX (120 METERED DOSES)	2	
<i>betamethasone sod phosphate & acetate</i>	1	
<i>budesonide</i>	1	
<i>budesonide (inhalation)</i>	1, 2	
CORTISONE ACETATE	1	
<i>dexamethasone</i>	1, 2	
<i>dexamethasone sodium phosphate</i>	1	
FLOVENT HFA	2	
<i>fludrocortisone acetate</i>	1	
<i>hydrocortisone</i>	1	
KENALOG	2	
<i>methylprednisolone</i>	1, 2	
<i>methylprednisolone acetate</i>	1	
<i>methylprednisolone sod succ</i>	1, 2	
<i>prednisolone</i>	1	
<i>prednisolone sodium phosphate</i>	1	
<i>prednisone</i>	1, 2	
QVAR	2	
SOLU-CORTEF	2	
ANDROGENS		
ANDRODERM	1, 2	
ANDROID	2	
ANDROXY	2	
<i>danazol</i>	1	
<i>oxandrolone</i>	1	
<i>testosterone cypionate</i>	1, 2	

Name of drug	Drug Tier	Requirement / Limits
<i>testosterone enanthate</i>	1	
ANTIDIABETIC AGENTS		
<i>acarbose</i>	1	
BYDUREON	2	
<i>glimepiride</i>	1	
<i>glipizide</i>	1	
<i>glipizide-metformin hcl</i>	1	
<i>glyburide</i>	1	
HUMALOG	2	
HUMALOG MIX 50/50	2	
HUMULIN 70/30	2	
HUMULIN N	2	
HUMULIN R	2	
JARDIANCE	2	
LANTUS	2	
<i>metformin hcl</i>	1	
<i>pioglitazone hcl</i>	1	
SYMLINPEN 120	2	
TOLBUTAMIDE	2	
TRADJENTA	2	
ANTIHYPOGLYCEMIC AGENTS		
GLUCAGEN	2	
GLUCAGON EMERGENCY	2	
CONTRACEPTIVES		
<i>desogestrel & ethinyl estradiol</i>	1	
<i>drospirenone-ethinyl estradiol</i>	1	
ELLA	2	
<i>ethynodiol diacet & eth estrad</i>	1	
<i>levonorgestrel & eth estradiol</i>	1	
<i>levonorgestrel (emergency oc)</i>	1	
<i>levonorgestrel-eth estradiol (triphasic)</i>	1	
LOESTRIN 1/20 (21)	1	
MIRENA (52 MG)	2	
NECON 1/50 (28)	2	
NECON 10/11 (28)	2	
NEXPLANON	2	
<i>norethin acet & estrad-fe</i>	1	
<i>norethindrone & eth estradiol</i>	1	
<i>norethindrone (contraceptive)</i>	1	
<i>norethindrone-eth estradiol (triphasic)</i>	1	

Name of drug	Drug Tier	Requirement / Limits
<i>norgestimate-ethinyl estradiol</i>	1	
<i>norgestimate-ethinyl estradiol (triphasic)</i>	1	
<i>norgestrel & ethinyl estradiol</i>	1, 2	
NUVARING	2	
XULANE	2	
ESTROGENS AND ESTROGEN AGONISTS-ANTAGONISTS		
<i>clomiphene citrate</i>	1	
DEPO-ESTRADIOL	2	
<i>esterified estrogens & methyltestosterone</i>	1	
ESTRACE	2	
<i>estradiol</i>	1, 2	
<i>estradiol valerate</i>	1, 2	
PREMARIN VAG CRM	2	
<i>raloxifene hcl</i>	1	
GONADOTROPINS		
BRAVELLE	2	
GONAL-F	2	
MENOPUR	2	
NOVAREL	1	
OVIDREL	2	
SYNAREL	4	
PARATHYROID		
<i>calcitonin (salmon)</i>	1, 2	
FORTEO	4	QL
PITUITARY		
ACTHAR	2	LD
<i>desmopressin acetate</i>	1, 4	
<i>desmopressin acetate refrigerated</i>	1	
<i>desmopressin acetate spray</i>	1	
<i>desmopressin acetate spray refrigerated</i>	1	
PROGESTINS		
DEPO-PROVERA	2	
ENDOMETRIN	2	
HYDROXYPROGESTERONE CAPROATE	1	QL
MAKENA	2	QL
<i>medroxyprogesterone acetate</i>	1	
<i>medroxyprogesterone acetate (contraceptive)</i>	1	
<i>norethindrone acetate</i>	1	
<i>progesterone</i>	1	

Name of drug	Drug Tier	Requirement / Limits
<i>progesterone micronized</i>	1	
SOMATROPIN AGONISTS-ANTAGONISTS		
NORDITROPIN FLEXPRO	2, 4	QL
SEROSTIM	4	QL
THYROID AND ANTITHYROID AGENTS		
<i>levothyroxine sodium</i>	1, 2	
<i>liothyronine sodium</i>	1	
<i>methimazole</i>	1	
<i>propylthiouracil</i>	1	
SSKI	2	
IMMUNOLOGICAL AGENTS		
ANTIRHEUMATIC AGENTS		
ENBREL	4	QL
HUMIRA	4	QL
KINERET	4	QL, LD
<i>leflunomide</i>	1	
ORENCIA	4	QL
OTEZLA	4	QL
RASUVO	2	
REMICADE	4	
IMMUNE SUPPRESSANTS		
ATGAM	2	
<i>azathioprine</i>	1	
<i>mycophenolate mofetil</i>	1	
NEORAL	2	
SANDIMMUNE	2	
<i>sirolimus</i>	1, 2	
<i>tacrolimus</i>	1, 2	
LOCAL ANESTHETICS		
LOCAL ANESTHETICS		
<i>bupivacaine hcl</i>	1	
<i>bupivacaine in dextrose</i>	1	
<i>bupivacaine w/ epinephrine</i>	1, 2	
<i>chloroprocaine hcl</i>	1, 2	
LIDOCAINE HCL (CARDIAC) PF	1	
<i>lidocaine hcl (local anesth.)</i>	1	
<i>lidocaine w/ epinephrine</i>	1, 2	
<i>mepivacaine hcl</i>	1	
NAROPIN	2	
TETRACAINE HCL	2	
MISCELLANEOUS THERAPEUTIC AGENTS		
MISCELLANEOUS THERAPEUTIC AGENTS		
<i>acetylcysteine</i>	1	
<i>acetylcysteine (antidote)</i>	1	
ACTIMMUNE	2	QL
<i>alendronate sodium</i>	1, 2	

Name of drug	Drug Tier	Requirement / Limits
<i>allopurinol</i>	1	
<i>amifostine</i>	1	
BOTOX	2	
BOTOX COSMETIC	2	
BRIDION	2	
CERDELGA	4	QL
<i>cinacalcet hcl</i>	1, 2	
CINRYZE	4	QL
COLCHICINE	2	
<i>cyclosporine modified (for microemulsion)</i>	1	
CYSTADANE	4	QL, LD
CYSTAGON	2	QL, LD
<i>dexrazoxane hcl</i>	1, 2	
<i>disulfiram</i>	1, 2	
ELMIRON	2	
ETIDRONATE DISODIUM	2	
<i>finasteride</i>	1	
FIRAZYR	4	QL
FLUOR-A-DAY	2	
FUSILEV	2	
GRASTEK	2	
INFLECTRA	4	
KALYDECO	4	QL
<i>leucovorin calcium</i>	1	
<i>levocarnitine (metabolic modifiers)</i>	1	
<i>mesna</i>	1, 2	QL
METHYLENE BLUE	1	
MYOBLOC	2	
<i>octreotide acetate</i>	1, 2	QL
<i>pamidronate disodium</i>	1, 2	
RIMSO-50	2	
<i>sirolimus</i>	1	
<i>sodium fluoride</i>	1, 2	
<i>sodium fluoride (dental)</i>	1, 2	
SOLIRIS	4	
TAKHZYRO	4	QL
THALOMID	4	QL
THIOLA	2	LD
TRI-CHLOR	2	
TYSABRI	2	QL, LD
<i>water for injection, sterile</i>	1	
XELJANZ	4	QL
<i>zoledronic acid</i>	1	
OXYTOCICS		
OXYTOCICS		
CERVIDIL	2	
HEMABATE	2	

Name of drug	Drug Tier	Requirement / Limits
<i>methylergonovine maleate</i>	1	
MIFEPREX	2	
<i>oxytocin</i>	1	
PHARMACEUTICAL AIDS		
PHARMACEUTICAL AIDS		
ALOE VERA	2	
ALPROSTADIL	2	
ATROPINE SULFATE MONOHYDRATE	2	
BACLOFEN	2	
BACTERIOSTATIC WATER(BENZ ALC)	2	
BIOTIN-D	2	
BORIC ACID	2	
CANTHARIDIN	2	
CARBAMAZEPINE	2	
CHLOROFORM	2	
CHLORPROMAZINE HCL	2	
CHOLESTEROL	2	
CLINDAMYCIN HCL	2	
CLOBETASOL PROPIONATE	2	
CLONIDINE HCL	2	
CLOTRIMAZOLE	2	
COAL TAR	2	
COLLODION FLEXIBLE	2	
CYSTEAMINE HCL	2	
DEXAMETHASONE	2	
DILTIAZEM HCL	2	
ESTRADIOL	2	
GABAPENTIN	2	
GLYCERIN	2	
GLYCOPYRROLATE	2	
HALOPERIDOL	2	
HYDROCORTISONE	2	
HYDROPHILIC	2	
HYDROXOCOBALAMIN	2	
HYDROXYPROGESTERONE CAPROATE	2	
INDOMETHACIN	2	
ISOSORBIDE	2	
KETAMINE HCL	2	
KETOPROFEN	2	
L-ARGININE	2	
L-CITRULLINE	2	
L-ISOLEUCINE	2	
L-PROLINE	2	
L-VALINE	2	

Name of drug	Drug Tier	Requirement / Limits
LACTIC ACID	2	
LACTOSE	2	
LACTOSE MONOHYDRATE	2	
LIDOCAINE HCL	2	
METHADONE HCL	2	
METOCLOPRAMIDE HCL MONOHYDRATE	2	
METRONIDAZOLE	2	
MORPHINE SULFATE	2	
NEOMYCIN SULFATE	2	
PAPAVERINE HCL	2	
PHENOBARBITAL	2	
PHENTOLAMINE MESYLATE	2	
PLURONIC F127	2	
PODOPHYLLUM RESIN	2	
POLYETHYLENE GLYCOL 400	2	
POLYETHYLENE GLYCOL 8000	2	
PROGESTERONE MICRONIZED	2	
PROGESTERONE WETTABLE	2	
PROPYLENE GLYCOL	2	
QUINACRINE HCL	2	
SALICYLIC ACID	2	
SODIUM BENZOATE	2	
SORBITOL	2	
SQUARIC ACID DIBUTYLESTER	2	
SULFUR PRECIPITATED	2	
TESTOSTERONE PROPIONATE	2	
THYMOL	2	
TRANEXAMIC ACID	2	
TRIAMCINOLONE ACETONIDE	2	
UREA	2	
VERAPAMIL HCL	2	
<i>water for injection, sterile</i>	1	
ZINC SULFATE	2	
RESPIRATORY TRACT AGENTS		
ANTI-INFLAMMATORY AGENTS		
ADVAIR HFA	2	
AEROSPAN	2	
ALVESCO	2	
COMBIVENT RESPIMAT	2	
<i>cromolyn sodium</i>	1	

Name of drug	Drug Tier	Requirement / Limits
<i>cromolyn sodium (mastocytosis)</i>	1	
<i>montelukast sodium</i>	1	
ANTITUSSIVES		
<i>benzonatate</i>	1	
<i>guaifenesin-codeine</i>	1	
<i>hydrocodone w/ homatropine</i>	1	
<i>phenylephrine-chlorphen-dm</i>	1	
PHENYLHISTINE DH	2	
<i>promethazine w/codeine</i>	1	
PROMETHAZINE-DM	1	
<i>pseudoephedrine w/ codeine-gg</i>	1	
MUCOLYTIC AGENTS		
<i>sodium chloride (inhalant)</i>	1	
PULMONARY SURFACTANTS		
CUROSURF	2	
SURVANTA	2	
RESPIRATORY AGENTS, MISCELLANEOUS		
ARALAST NP	4	QL
DALIRESP	2	
OFEV	4	
ORKAMBI	4	QL
SYMDEKO	4	QL
XOLAIR	4	QL, LD
VASODILATING		
OPSUMIT	4	QL, LD
TRACLEER	4	QL
SERUMS, TOXOIDS, AND VACCINES		
SERUMS		
ANTIVENIN LATRODECTUS MACTANS	2	
CARIMUNE NF	2	
CROFAB	2	
CYTOGAM	2	
DIGIFAB	2	
GAMASTAN S/D	2	
GAMMAGARD	2	
HIZENTRA	4	QL
HYPERRAB S/D	2	
HYPERTET S/D	2	
HYQVIA	4	QL
MICRHOGAM ULTRA-FILTERED PLUS	2	
NABI-HB	2	
ODACTRA	2	
TOXOIDS		

Name of drug	Drug Tier	Requirement / Limits
ADACEL	2	
DIPHTHERIA-TETANUS TOXOIDS DT	2	
INFANRIX	2	
TDVAX	2	
VACCINES		
ACTHIB	2	
AFLURIA	2	
BEXSERO	2	
ENGERIX-B	2	
FLUAD	2	
FLUZONE HIGH-DOSE	2	
GARDASIL	2	
GARDASIL 9	2	
HAVRIX	2	
IMOVAX RABIES	2	
IPOL	2	
IXIARO	2	
KINRIX	2	
M-M-R II	2	
MENVEO	2	
PEDIARIX	2	
PNEUMOVAX 23	2	
PREVNAR 13	2	
PROQUAD	2	
RABAVERT	2	
ROTARIX	2	
ROTATEQ	2	
SHINGRIX	2	
TICE BCG	2	
TWINRIX	2	
TYPHIM VI	2	
VARIVAX	2	
VAXCHORA	2	
VIVOTIF	2	
YF-VAX	2	
ZOSTAVAX	2	
SKIN AND MUCOUS MEMBRANE AGENTS		
ANTI-INFECTIVES		
<i>benzoyl peroxide-erythromycin</i>	1, 2	
<i>clindamycin phosphate (topical)</i>	1	
<i>clindamycin phosphate vaginal</i>	1	
<i>clindamycin phosphate-benzoyl peroxide</i>	1	
<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	1	

Name of drug	Drug Tier	Requirement / Limits
<i>clotrimazole</i>	1	
<i>dakin's solution</i>	1, 2	
<i>erythromycin (acne aid)</i>	1	
<i>gentamicin sulfate (topical)</i>	1	
GENTIAN VIOLET	2	
<i>iodoquinol-hc</i>	1	
ISAGEL	2	
<i>ketoconazole (topical)</i>	1	
<i>malathion</i>	1	
<i>metronidazole (topical)</i>	1	
<i>metronidazole vaginal</i>	1	
<i>mupirocin</i>	1	
NEOMYCIN-POLYMYXIN B GU	1, 2	
<i>nystatin (topical)</i>	1	
<i>permethrin</i>	1	
<i>selenium sulfide</i>	1	
<i>silver sulfadiazine</i>	1	
SULFAMYLON	2	
ANTI-INFLAMMATORY AGENTS		
<i>alclometasone dipropionate</i>	1	
<i>betamethasone dipropionate (topical)</i>	1	
<i>betamethasone dipropionate augmented</i>	1	
<i>betamethasone valerate</i>	1	
<i>clobetasol propionate</i>	1, 2	
CORDRAN	2	
CORTISPORIN	2	
<i>desonide</i>	1, 2	
<i>desoximetasone</i>	1	
<i>fluocinolone acetonide</i>	1	
<i>fluocinonide</i>	1	
<i>fluticasone propionate</i>	1	
<i>halobetasol propionate</i>	1	
<i>hydrocortisone (intrarectal)</i>	1	
<i>hydrocortisone (rectal)</i>	1	
<i>hydrocortisone (topical)</i>	1	
<i>hydrocortisone acetate (rectal)</i>	1	
<i>mometasone furoate</i>	1	
<i>nystatin-triamcinolone</i>	1	
<i>pramoxine-hc</i>	1, 2	
<i>triamcinolone acetonide (mouth)</i>	1	
<i>triamcinolone acetonide (topical)</i>	1	

Name of drug	Drug Tier	Requirement / Limits
ANTIPRURITICS AND LOCAL ANESTHETICS		
<i>hydrocortisone acetate w/ pramoxine</i>	1, 2	
<i>lidocaine</i>	1	
<i>lidocaine hcl</i>	1	
<i>lidocaine-prilocaine</i>	1	
PHENOL	2	
SARNA	2	
ASTRINGENTS		
DRYSOL	2	
XERAC AC	2	
CELL STIMULANTS AND PROLIFERANTS		
KEPIVANCE	4	QL
RETIN-A MICRO	1	
<i>tretinoin</i>	1, 2	
DEPIGMENTING AND PIGMENTING AGENTS		
8-MOP	2	
<i>methoxsalen rapid</i>	1, 2	
OXSORALEN	2	
KERATOLYTIC AGENTS		
KERALYT	2	
<i>sulfacetamide sodium w/ sulfur</i>	1, 2	
KERATOPLASTIC AGENTS		
ELTA TAR	2	
SKIN AND MUCOUS MEMBRANE AGENTS, MISCELLANEOUS		
<i>acitretin</i>	1	QL
<i>adapalene</i>	1, 2	
AQUAPHOR ADVANCED THERAPY	2	
BENZOIN	2	
<i>benzoin compound</i>	1	
<i>calcipotriene</i>	1	
COSENTYX (300 MG DOSE)	4	QL
DESITIN	2	
<i>diclofenac sodium (topical)</i>	1	
DRITHO-CREME HP	2	
EPIDUO	2	
<i>fluorouracil (topical)</i>	1, 2	
<i>imiquimod</i>	1	
<i>isotretinoin</i>	1	QL
LEVULAN KERASTICK	2	
<i>pimecrolimus</i>	1, 2	
PODOCON	2	
<i>podofilox</i>	1, 2	
SANTYL	2	
<i>sodium chloride</i>	1	

Name of drug	Drug Tier	Requirement / Limits
STELARA	4	
<i>tacrolimus (topical)</i>	1	
TARGRETIN	2	
<i>tazarotene</i>	1, 2	
VECTICAL	2	
SMOOTH MUSCLE RELAXANTS		
GENITOURINARY SMOOTH MUSCLE RELAXANTS		
<i>oxybutynin chloride</i>	1	
OXYTROL	2	
<i>solifenacin succinate</i>	1	
<i>tropium chloride</i>	1	
RESPIRATORY SMOOTH MUSCLE RELAXANTS		
<i>aminophylline</i>	1	
<i>theophylline</i>	1	
THEOPHYLLINE IN D5W	2	
VITAMINS		
MULTIVITAMIN PREPARATIONS		
<i>b-complex w/ c & folic acid</i>	1	
INFUVITE ADULT	2	
INFUVITE PEDIATRIC	2	
<i>ped multivitamins w/fl & iron</i>	1	

Name of drug	Drug Tier	Requirement / Limits
<i>pediatric multiple vitamin w/ c</i>	1, 2	
<i>pediatric multivitamins w/fl</i>	1	
<i>pediatric vitamins acd w/ fluoride</i>	1	
POLY-VI-SOL/IRON	2	
TRI-VI-SOL	2	
VITAMIN A		
AQUASOL A	2	
VITAMIN B COMPLEX		
<i>cyanocobalamin</i>	1	
FOLIC ACID	2	
<i>niacin</i>	1, 2	
POTABA	2	
PYRIDOXINE HCL	1	
<i>thiamine hcl</i>	1	
VITAMIN C		
<i>ascorbic acid</i>	1	
VITAMIN D		
<i>calcitriol</i>	1	
<i>ergocalciferol</i>	1	
VITAMIN K ACTIVITY		
<i>phytonadione</i>	1, 2	

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Language Assistance Services

English: Language assistance is available at no cost to you, 24 hours a day, 7 days a week. You can request interpreter services, materials translated into your language, or in alternative formats. Just call us at **1-800-464-4000**, 24 hours a day, 7 days a week (closed holidays). TTY users call **711**.

Arabic: خدمات الترجمة الفورية متوفرة لك مجاناً على مدار الساعة كافة أيام الأسبوع. بإمكانك طلب خدمة الترجمة الفورية أو ترجمة وثائق للغتك أو لصيغ أخرى. ما عليك سوى الاتصال بنا على الرقم **1-800-464-4000** على مدار الساعة كافة أيام الأسبوع (مغلق أيام العطلات). لمستخدمي خدمة الهاتف النصي يرجى الاتصال على الرقم (711).

Armenian: Ձեզ կարող է անվճար օգնություն տրամադրվել լեզվի հարցում՝ օրը 24 ժամ, շաբաթը 7 օր: Դուք կարող եք պահանջել բանավոր թարգմանչի ծառայություններ, Ձեր լեզվով թարգմանված կամ այլընտրանքային ձևաչափով պատրաստված նյութեր: Պարզապես զանգահարեք մեզ՝ **1-800-464-4000** հեռախոսահամարով՝ օրը 24 ժամ՝ շաբաթը 7 օր (տոն օրերին փակ է): TTY-ից օգտվողները պետք է զանգահարեն **711**:

Chinese: 您每週 7 天，每天 24 小時均可獲得免費語言協助。您可以申請口譯服務、要求將資料翻譯成您所用語言或轉換為其他格式。我們每週 7 天，每天 24 小時均歡迎您打電話 **1-800-757-7585** 前來聯絡（節假日休息）。聽障及語障專線 (TTY) 使用者請撥 **711**。

Farsi: خدمات زبانی در 24 ساعت شبانه روز و 7 روز هفته بدون اخذ هزینه در اختیار شما است. شما می توانید برای خدمات مترجم شفاهی، ترجمه جزوات به زبان شما و یا به صورت های دیگر درخواست کنید. کفایت در 24 ساعت شبانه روز و 7 روز هفته (به استثنای روزهای تعطیل) با ما به شماره **1-800-464-4000** تماس بگیرید. کاربران TTY با شماره **711** تماس بگیرند.

Hindi: बिना किसी लागत के दुभाषिया सेवाएँ, दिन के 24 घंटे, सप्ताह के सातों दिन उपलब्ध हैं। आप एक दुभाषिये की सेवाओं के लिए, बिना किसी लागत के सामग्रियों को अपनी भाषा में अनुवाद करवाने के लिए, या वैकल्पिक प्रारूपों के लिए अनुरोध कर सकते हैं। बस केवल हमें **1-800-464-4000** पर, दिन के 24 घंटे, सप्ताह के सातों दिन (छुट्टियों वाले दिन बंद रहता है) कॉल करें। TTY उपयोगकर्ता **711** पर कॉल करें।

Hmong: Muajkwc pab txhais lus pub dawb rau koj, 24 teev ib hnuv twg, 7 hnuv ib lim tiam twg. Koj thov tau cov kev pab txhais lus, muab cov ntaub ntawv txhais ua koj hom lus, los yog ua lwm hom. Tsuas hu rau **1-800-464-4000**, 24 teev ib hnuv twg, 7 hnuv ib lim tiam twg (cov hnuv caiv kaw). Cov neeg siv TTY hu **711**.

Japanese: 当院では、言語支援を無料で、年中無休、終日ご利用いただけます。通訳サービス、日本語に翻訳された資料、あるいは資料を別の書式でも依頼できます。お気軽に **1-800-464-4000** までお電話ください (祭日を除き年中無休)。TTY ユーザーは **711** にお電話ください。

Khmer: ជំនួយភាសា គឺមានឥតអស់ថ្លៃដល់អ្នកឡើយ 24 ម៉ោងមួយថ្ងៃ 7 ថ្ងៃមួយអាទិត្យ។ អ្នកអាចស្នើសុំសេវាអ្នកបកប្រែសំភារៈដែលបានបកប្រែទៅជាភាសាខ្មែរ ឬជាទម្រង់ផ្សេងទៀត។ គ្រាន់តែទូរស័ព្ទមកយើង តាមលេខ **1-800-464-4000** បាន 24 ម៉ោងមួយថ្ងៃ 7 ថ្ងៃមួយអាទិត្យ (បិទថ្ងៃបុណ្យ)។ អ្នកប្រើ TTY ហៅលេខ **711**។

Korean: 요일 및 시간에 관계없이 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하는 통역 서비스, 귀하의 언어로 번역된 자료 또는 대체 형식의 자료를 요청할 수 있습니다. 요일 및 시간에 관계없이 **1-800-464-4000** 번으로 전화하십시오 (공휴일 휴무). TTY 사용자 번호 **711**.

Laotian: ການຊ່ວຍເຫຼືອດ້ານພາສາມີໃຫ້ໂດຍບໍ່ເສັງຄ່າ ແກ່ທ່ານ, ຕະຫຼອດ 24 ຊົ່ວໂມງ, 7 ວັນຕໍ່ອາທິດ. ທ່ານ ສາມາດຮ້ອງຂໍຮັບບໍລິການນາຍພາສາ, ໃຫ້ແປເອກະ ສານເປັນພາສາຂອງທ່ານ, ຫຼື ໃນຮູບແບບອື່ນ. ພຽງ ແຕ່ໂທອາທິດເຮົາທີ່ **1-800-464-4000**, ຕະຫຼອດ 24 ຊົ່ວໂມງ, 7 ວັນຕໍ່ອາທິດ (ປິດວັນພັກຕ່າງໆ). ຜູ້ໃຊ້ສາຍ TTY ໂທ **711**.

Navajo: Saad bee áká'a'ayeed náhóló t'áá jiiik'é, naadiin doo bibaa' dji' ahéé'iikeed tsosts'id yiskáají damoo ná'ádleejji. Atah halne'é áká'adoolwołígíí jókí, t'áadoo le'é t'áá hóhazaadji hadilyaa'go, éí doodaii' nááná lá al'aa'ádaat'ehígíí bee hádadilyaa'go. Kojí hodiilnih **1-800-464-4000**, naadiin doo bibaa' dji' ahéé'iikeed tsosts'id yiskáají damoo ná'ádleejji (Dahodiyin biniiyé e'e'aahgo éí da'deelkaal). TTY chodeeyoolnígíí kojí hodiilnih **711**.

Punjabi: ਬਿਨਾਂ ਕਿਸੀ ਲਾਗਤ ਦੇ, ਦਿਨ ਦੇ 24 ਘੰਟੇ, ਹਫ਼ਤੇ ਦੇ 7 ਦਿਨ, ਦੁਭਾਸ਼ੀਆ ਸੇਵਾਵਾਂ ਤੁਹਾਡੇ ਲਈ ਉਪਲਬਧ ਹੈ। ਤੁਸੀਂ ਇੱਕ ਦੁਭਾਸ਼ੀਏ ਦੀ ਮਦਦ ਲਈ, ਸਮੱਗਰੀਆਂ ਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਅਨੁਵਾਦ ਕਰਵਾਉਣ ਲਈ, ਜਾਂ ਕਿਸੇ ਵੱਖ ਫਾਰਮੈਟ ਵਿੱਚ ਪ੍ਰਾਪਤ ਕਰਨ ਲਈ ਬੇਨਤੀ ਕਰ ਸਕਦੇ ਹੋ। ਬਸ ਸਿਰਫ ਸਾਨੂੰ **1-800-464-4000** ਤੇ, ਦਿਨ ਦੇ 24 ਘੰਟੇ, ਹਫ਼ਤੇ ਦੇ 7 ਦਿਨ (ਛੁੱਟੀਆਂ ਵਾਲੇ ਦਿਨ ਬੰਦ ਰਹਿੰਦਾ ਹੈ) ਫੋਨ ਕਰੋ। TTY ਦਾ ਉਪਯੋਗ ਕਰਨ ਵਾਲੇ **711** 'ਤੇ ਫੋਨ ਕਰਨ।

Russian: Мы бесплатно обеспечиваем Вас услугами перевода 24 часа в сутки, 7 дней в неделю. Вы можете воспользоваться помощью устного переводчика, запросить перевод материалов на свой язык или запросить их в одном из альтернативных форматов. Просто позвоните нам по телефону **1-800-464-4000**, который доступен 24 часа в сутки, 7 дней в неделю (кроме праздничных дней). Пользователи линии TTY могут звонить по номеру **711**.

Spanish: Contamos con asistencia de idiomas sin costo alguno para usted 24 horas al día, 7 días a la semana. Puede solicitar los servicios de un intérprete, que los materiales se traduzcan a su idioma o en formatos alternativos. Solo llame al **1-800-788-0616**, 24 horas al día, 7 días a la semana (cerrado los días festivos). Los usuarios de TTY, deben llamar al **711**.

Tagalog: May magagamit na tulong sa wika nang wala kang babayaran, 24 na oras bawat araw, 7 araw bawat linggo. Maaari kang humingi ng mga serbisyo ng tagasalin sa wika, mga babasahin na isinalin sa iyong wika o sa mga alternatibong format. Tawagan lamang kami sa **1-800-464-4000**, 24 na oras bawat araw, 7 araw bawat linggo (sarado sa mga pista opisyal). Ang mga gumagamit ng TTY ay maaaring tumawag sa **711**.

Thai: เรามีบริการล่ามฟรีสำหรับคุณตลอด 24 ชั่วโมงทุกวันตลอดชั่วโมงทำการของเราคุณสามารถขอให้ล่ามช่วยตอบคำถามของคุณที่เกี่ยวข้องกับความคุ้มครองการดูแลสุขภาพของเราและคุณยังสามารถขอให้มีการแปลเอกสารเป็นภาษาที่คุณใช้ได้โดยไม่มีค่าบริการเพียงโทรหาเราที่หมายเลข **1-800-464-4000** ตลอด 24 ชั่วโมงทุกวัน (ปิดให้บริการในวันหยุดราชการ) ผู้ใช้ TTY โปรดโทรไปที่ **711**

Vietnamese: Dịch vụ thông dịch được cung cấp miễn phí cho quý vị 24 giờ mỗi ngày, 7 ngày trong tuần. Quý vị có thể yêu cầu dịch vụ thông dịch, tài liệu phiên dịch ra ngôn ngữ của quý vị hoặc tài liệu bằng nhiều hình thức khác. Quý vị chỉ cần gọi cho chúng tôi tại số **1-800-464-4000**, 24 giờ mỗi ngày, 7 ngày trong tuần (trừ các ngày lễ). Người dùng TTY xin gọi **711**.

Nondiscrimination Notice

Kaiser Permanente does not discriminate on the basis of age, race, ethnicity, color, national origin, cultural background, ancestry, religion, sex, gender identity, gender expression, sexual orientation, marital status, physical or mental disability, source of payment, genetic information, citizenship, primary language, or immigration status.

Language assistance services are available from our Member Services Contact Center 24 hours a day, seven days a week (except closed holidays). Interpreter services, including sign language, are available at no cost to you during all hours of operation. Auxiliary aids and services for individuals with disabilities are available at no cost to you during all hours of operation. We can also provide you, your family, and friends with any special assistance needed to access our facilities and services. You may request materials translated in your language, and may also request these materials in large text or in other formats to accommodate your needs at no cost to you. For more information, call **1-800-464-4000** (TTY users call **711**).

A grievance is any expression of dissatisfaction expressed by you or your authorized representative through the grievance process. For example, if you believe that we have discriminated against you, you can file a grievance. Please refer to your *Evidence of Coverage or Certificate of Insurance* or speak with a Member Services representative for the dispute-resolution options that apply to you. This is especially important if you are a Medicare, Medi-Cal, MRMIP, Medi-Cal Access, FEHBP, or CalPERS member because you have different dispute-resolution options available.

You may submit a grievance in the following ways:

- By completing a Complaint or Benefit Claim/Request form at a Member Services office located at a Plan Facility (please refer to *Your Guidebook* or the facility directory on our website at **kp.org** for addresses)
- By mailing your written grievance to a Member Services office at a Plan Facility (please refer to *Your Guidebook* or the facility directory on our website at **kp.org** for addresses)
- By calling our Member Service Contact Center toll free at **1-800-464-4000** (TTY users call **711**)
- By completing the grievance form on our website at **kp.org**

Please call our Member Service Contact Center if you need help submitting a grievance.

The Kaiser Permanente Civil Rights Coordinator will be notified of all grievances related to discrimination on the basis of race, color, national origin, sex, age, or disability. You may also contact the Kaiser Permanente Civil Rights Coordinator directly at One Kaiser Plaza, 12th Floor, Suite 1223, Oakland, CA 94612.

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 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, 800-537-7697 (TDD). Complaint forms are available at hhs.gov/ocr/office/file/index.html.

Aviso de no discriminación

Kaiser Permanente no discrimina a ninguna persona por su edad, raza, etnia, color, país de origen, antecedentes culturales, ascendencia, religión, sexo, identidad de género, expresión de género, orientación sexual, estado civil, discapacidad física o mental, fuente de pago, información genética, ciudadanía, lengua materna o estado migratorio.

La Central de Llamadas de Servicio a los Miembros brinda servicios de asistencia con el idioma las 24 horas del día, los siete días de la semana (excepto los días festivos). Se ofrecen servicios de interpretación sin costo alguno para usted durante el horario de atención, incluido el lenguaje de señas. Se ofrecen aparatos y servicios auxiliares para personas con discapacidades sin costo alguno durante el horario de atención. También podemos ofrecerle a usted, a sus familiares y amigos cualquier ayuda especial que necesiten para acceder a nuestros centros de atención y servicios. Puede solicitar los materiales traducidos a su idioma, y también los puede solicitar con letra grande o en otros formatos que se adapten a sus necesidades sin costo para usted. Para obtener más información, llame al **1-800-788-0616** (los usuarios de la línea TTY deben llamar al **711**).

Una queja es una expresión de inconformidad que manifiesta usted o su representante autorizado a través del proceso de quejas. Por ejemplo, si usted cree que ha sufrido discriminación de nuestra parte, puede presentar una queja. Consulte su *Evidencia de Cobertura (Evidence of Coverage)* o *Certificado de Seguro (Certificate of Insurance)*, o comuníquese con un representante de Servicio a los Miembros para conocer las opciones de resolución de disputas que le corresponden. Esto tiene especial importancia si es miembro de Medicare, Medi-Cal, el Programa de Seguro Médico para Riesgos Mayores (Major Risk Medical Insurance Program MRMIP), Medi-Cal Access, el Programa de Beneficios Médicos para los Empleados Federales (Federal Employees Health Benefits Program, FEHBP) o CalPERS, ya que dispone de otras opciones para resolver disputas.

Puede presentar una queja de las siguientes maneras:

- Completando un formulario de queja o de reclamación/solicitud de beneficios en una oficina de Servicio a los Miembros ubicada en un centro del plan (consulte las direcciones en *Su Guía* o en el directorio de centros de atención en nuestro sitio web en **kp.org/espanol**)
- Enviando por correo su queja por escrito a una oficina de Servicio a los Miembros en un centro del plan (consulte las direcciones en *Su Guía* o en el directorio de centros de atención en nuestro sitio web en **kp.org/espanol**)
- Llamando a la línea telefónica gratuita de la Central de Llamadas de Servicio a los Miembros al **1-800-788-0616** (los usuarios de la línea TTY deben llamar al **711**)
- Completando el formulario de queja en nuestro sitio web en **kp.org/espanol**

Llame a nuestra Central de Llamadas de Servicio a los Miembros si necesita ayuda para presentar una queja.

Se le informará al coordinador de derechos civiles de Kaiser Permanente (Civil Rights Coordinator) de todas las quejas relacionadas con la discriminación por motivos de raza, color, país de origen, género, edad o discapacidad. También puede comunicarse directamente con el coordinador de derechos civiles de Kaiser Permanente en One Kaiser Plaza, 12th Floor, Suite 1223, Oakland, CA 94612.

También puede presentar una queja formal de derechos civiles de forma electrónica ante la Oficina de Derechos Civiles (Office for Civil Rights) en el Departamento de Salud y Servicios Humanos de los Estados Unidos (U.S. Department of Health and Human Services) mediante el portal de quejas formales de la Oficina de Derechos Civiles (Office for Civil Rights Complaint Portal), en ocrportal.hhs.gov/ocr/portal/lobby.jsf (en inglés) o por correo postal o por teléfono a: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 1-800-537-7697 (línea TDD). Los formularios de queja formal están disponibles en hhs.gov/ocr/office/file/index.html (en inglés).

無歧視公告

Kaiser Permanente禁止以年齡、人種、族裔、膚色、原國籍、文化背景、血統、宗教、性別、性別認同、性別表達、性取向、婚姻狀況、生理或心理殘障、付款來源、遺傳資訊、公民身份、主要語言或移民身份為由而歧視任何人。

會員服務聯絡中心每週七天每天24小時提供語言協助服務（節假日除外）。本機構在全部營業時間內免費為您提供口譯，包括手語服務，以及殘障人士輔助器材和服務。我們還可為您和您的親友提供使用本機構設施與服務所需要的任何特別協助。您還可免費索取翻譯成您的語言的資料，以及符合您需求的大號字體或其他格式的版本。若需更多資訊，請致電 **1-800-757-7585**（TTY專線使用者請撥**711**）。

申訴指任何您或您的授權代表透過申訴程序來表達不滿的做法。例如，如果您認為自己受到歧視，即可提出申訴。若需瞭解適用於自己的爭議解決選項，請參閱《承保範圍說明書》(*Evidence of Coverage*)或《保險證明書》(*Certificate of Insurance*)，或諮詢會員服務代表。如果您是 Medicare、Medi-Cal、高風險醫療保險計劃 (Major Risk Medical Insurance Program, MRMIP)、Medi-Cal Access、聯邦僱員健康保險計劃 (Federal Employees Health Benefits Program, FEHBP) 或 CalPERS 會員，採取上述行動尤其重要，因為您可能有不同的爭議解決選項。

您可透過以下方式提出申訴：

- 在健康保險計劃服務設施的會員服務處填寫《投訴或福利索賠/申請表》（地址見《健康服務指南》(Your Guidebook) 或我們網站**kp.org**上的服務設施名錄）
- 將書面申訴信郵寄到健康保險計劃服務設施的會員服務處（地址見《健康服務指南》或我們網站**kp.org**上的服務設施名錄）
- 致電我們的會員服務聯絡中心，免費電話號碼是**1-800-757-7585**（TTY專線請撥**711**）
- 在我們的網站上填寫申訴表，網址是**kp.org**

如果您在提交申訴時需要協助，請致電我們的會員服務聯絡中心。

涉及人種、膚色、原國籍、性別、年齡或殘障歧視的一切申訴都將通知Kaiser Permanente的民權事務協調員。您也可與Kaiser Permanente的民權事務協調員直接聯絡，地址：
One Kaiser Plaza, 12th Floor, Suite 1223, Oakland, CA 94612。

您還可以電子方式透過民權辦公室的投訴入口網站向美國健康與公共服務部民權辦公室提出民權投訴，網址是 ocrportal.hhs.gov/ocr/portal/lobby.jsf 或者按照如下資訊採用郵寄或電話方式聯絡：U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 1-800-537-7697 (TDD)。投訴表可從網站 hhs.gov/ocr/office/file/index.html 下載。



California Member Services
24 hours a day, seven days a week (closed holidays)
1-800-464-4000 English
1- 800-788-0616 Spanish
1-800-757-7585 Chinese dialects
711 TTY for the hearing/speech impaired

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