

Kaiser Permanente Commercial HMO Drug Exclusion



The following is a list of drugs and drug entities that are excluded from prescription benefit coverage. Prior authorization will not apply. Kaiser Permanente reserves the right to exclude any drug at any time from the Kaiser Permanente Colorado Formulary for health and safety concerns or other reasons as determined by Kaiser Permanente at its discretion.

If you have questions about the formulary status of a medication, or your prescription benefits, please call our Member Services (see number on your ID Card).

This list is subject to change at any time.

EXCLUSION CRITERIA

- Drugs and supplies for cosmetic purposes
- Drugs for the promotion, prevention, or other treatment of hair loss or growth
- Drugs related to non-covered services
- Drugs to enhance athletic performance
- Drugs to shorten the duration of the common cold
- Drugs to treat infertility*
- Drugs to treat sexual dysfunction*
- Drugs used in the treatment of weight management*
- Medical supplies such as dressings and antiseptics
- Nonprescription drugs, unless otherwise noted
- Packaging of drugs other than the dispensing pharmacy's standard packaging
- Prescription drugs for which there is a nonprescription equivalent available, unless otherwise noted

- Prescriptions filled at a non-plan pharmacy, except for emergencies as described in your EOC
- Replacement of lost, stolen, or damaged prescription drugs and/or devices
- Vaccines (usually covered under medical)
- Vitamins and nutritional supplements that can be purchased without a prescription
- Medical service drugs
- Any drug being used for a non-approved indication
- Medical foods and medical devices

*Drug Category is excluded unless your plan has a buy-up for that benefit



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EXCLUDED DRUGS
1ST GENERATION ANTIHISTAMINE-DECONGESTANT-ANALGESIC COMBINATIONS (ORAL)
1ST GENERATION ANTIHISTAMINE-DECONGESTANT-ANALGESIC, SALICYLATE (ORAL)
1ST GENERATION ANTIHISTAMINE-DECONGESTANT-ANALGESIC-EXPECTORANT COMBINATIONS (ORAL)
1ST GENERATION ANTIHISTAMINE-DECONGESTANT-EXPECTORANT COMBINATIONS (ORAL)
1ST GENERATION ANTIHISTAMINE-DECONGESTANT-NSAID, COX NONSPECIFIC (ORAL)
2'-FUCOSYLLACTOSE, LACTO-N-NEOTETRAOSE (ORAL)
2ND GENERATION ANTIHISTAMINE (ORAL/OPHTH/I.V.)
2ND GENERATION ANTIHISTAMINE-DECONGESTANT (ORAL)
ACANYA GEL (TOPICAL)
ACETAMINOPHEN-GUAIFENESIN (ORAL)
ACETIC ACID (IRRIGATION)
ACIPHEX
ACRIVASTINE & PSEUDOEPHEDRINE (ORAL)
ACTIVE-PAC/GABAPENTIN THPK (PACK)
ACYCLOVIR-HYDROCORTISONE (TOPICAL)
ACYCLOVIX THPK (TOPICAL)
ADASUVE (INH)
ADDYI (ORAL) ⁽²⁾
AKYNZEO (ORAL)
ALLEGRA (ORAL)

EXCLUDED DRUGS
ALLEGRA-D (ORAL)
ALPROSTADIL (INJ) ⁽²⁾
ANALGESIC, NON-SALICYLATE-1ST GENERATION ANTIHISTAMINE (ORAL)
ANALGESIC, NON-SALICYLATE-EXPECTORANT COMBINATIONS (ORAL)
ANALGESICS, MIXED-1ST GENERATION ANTIHISTAMINE (ORAL)
ANNOVERA RING
ANTITUSSIVES, NON-NARCOTIC (ORAL)
APLENZIN (ORAL)
APPTRIM (ORAL)
APPTRIM-D (ORAL)
APRETUDE (INJ)
ARIPIRAZOLE LAUROXIL (INJ)
AVAILNEX (ORAL)
AXONA (ORAL)
AZELEX CREAM
BENZPHETAMINE HCL (ORAL) ⁽³⁾
BESER KIT (EXTERNAL)
BETAMETHASONE SOD PHOSPHATE & ACETATE (KIT)
BETAQUIK (ORAL)
BIMATOPROST (TOPICAL)
BOTOX COSMETIC (INJ)
BROMPHENIRAMINE-ACETAMINOPHEN (ORAL)
BULK PRODUCTS *
BUPRENORPHINE HCL (KIT)

⁽¹⁾⁽²⁾⁽³⁾ Drug Category is excluded unless your plan has a buy-up for that benefit

⁽¹⁾ Infertility Drug Category; ⁽²⁾ Sexual Dysfunction Drug Category; ⁽³⁾ Weight Loss Drug Category

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EXCLUDED DRUGS
BUTALBITAL-ACETAMINOPHEN CAPS 50-300 MG
CABENUVA (INJ)
CAMPHOR (INH)
CAMPHOR-EUCALYPTUS-MENTHOL (INH)
CAPXIB (KIT)
CARDIOTEK RX (ORAL)
CARISOPRODOL (ORAL)
CARISOPRODOL W/ ASPIRIN & CODEINE (ORAL)
CARISOPRODOL W/ ASPIRIN (ORAL)
CATHETERS (DEVICE)
CAVERJECT (INJ) ⁽²⁾
CELECOXIB-CAPSAICIN-MENTHOL (KIT)
CETIRIZINE HCL (ORAL)
CETRORELIX ACETATE (KIT) ⁽¹⁾
CHLORHEXIDINE GLUCONATE-MUPIROCI- DIMETHICONE-SILICONE (KIT)
CHLORPHENIRAMINE-ACETAMINOPHEN (ORAL)
CHLORPHENIRAMINE-PHENYLEPHRINE- ACETAMINOPHEN (ORAL)
CHLORPHENIRAMINE-PHENYLEPHRINE- ASPIRIN (ORAL)
CHLORPHENIRAMINE-PHENYLEPHRINE- IBUPROFEN (ORAL)
CHLORPHENIRAMINE-PSEUDOEPHEDRINE- IBUPROFEN (ORAL)
CHORIOGONADOTROPIN ALFA (INJ) ⁽¹⁾
CHORIONIC GONADOTROPIN (INJ) ⁽¹⁾

EXCLUDED DRUGS
CIALIS (ORAL) ⁽²⁾
CICLOPIROX (KIT)
CICLOPIROX-UREA (PACK)
CIMETIDINE (TABS)
CLIN SINGLE USE (KIT)
CLINDACIN (KIT)
CLINDAMYCIN PHOSPHATE-BENZOYL PEROXIDE & MOISTURIZER (KIT)
CLINDAMYCIN PHOSPHATE-TRETINOIN (TOPICAL)
CLINDAREACH (KIT)
CLINDAVIX KIT
CLM PTCH
CLOBETAVIX KIT
CLOBETEX THPK
CLODAN KIT (TOP)
CLOMIPHENE CITRATE (ORAL) ⁽¹⁾
CONSENSI (ORAL)
CONTINUOUS BLOOD GLUCOSE SYSTEM/DEVICE
COSMETIC PRODUCTS *
COUGH AND/OR COLD PREPARATIONS (ORAL)
CRYSVITA SOLN
CYANOCOBALAMIN (KIT)
CYCLOBENZAPRINE HCL W/ LINIMENT (KIT)
CYCLOBENZAPRINE-CAPSAICIN-MENTHOL (PACK)

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EXCLUDED DRUGS
CYCLOPAK THPK (KIT)
DARZALEX FASPRO
DECONGESTANT-ANALGESIC, NON-SALICYLATE COMBINATIONS (ORAL)
DECONGESTANT-ANALGESIC-EXPECTORANT COMBINATIONS (ORAL)
DECONGESTANT-EXPECTORANT COMBINATIONS (ORAL)
DECONGESTANT-NSAID, COX NON-SPECIFIC COMBINATIONS (ORAL)
DEPLIN (ORAL)
DERMACINRX LIDOGEL
DERMACINRX SILAPAK (KIT)
DERMACINRX TICANASE (NASAL)
DERMAPAK PAK PLUS (TOPICAL)
DERMASORB HC (KIT)
DERMASORB TA (KIT)
DESLORATADINE (ORAL)
DESLORATADINE-PSEUDOEPHEDRINE (ORAL)
DEXBROMPHENIRAMINE-ACETAMINOPHEN (ORAL)
DEXBROMPHENIRAMINE-PHENYLEPHRINE-ACETAMINOPHEN (ORAL)
DEXILANT (ORAL)
DEXLIDO (KIT)
DEXLIDO-M (KIT)
DEXTROMETHORPHAN (ORAL)
DEXTROMETHORPHAN-BENZOCAINE (ORAL)

EXCLUDED DRUGS
DEXTROMETHORPHAN-BENZOCAINE-MENTHOL (ORAL)
DEXTROMETHORPHAN-MENTHOL (ORAL)
DICLOFENAC EPOLAMINE (PATCH)
DICLOFENAC SODIUM & ADHESIVE SHEETS (PACK)
DICLOFENAC SODIUM & OCCLUSIVE DRESSING (TOPICAL)
DICLOFENAC SODIUM & RANITIDINE HCL & LIDOCAINE-PRILOCAINE (PACK)
DICLOFENAC SODIUM (KIT)
DICLOFENAC SODIUM-BENZALKONIUM CHLORIDE (PACK)
DICLOFENAC SODIUM-CAMPHOR-MENTHOL-METHYL SALICYLATE (KIT)
DICLOFENAC SODIUM-CAPSAICIN (PACK)
DICLOFENAC SODIUM-CAPSAICIN (TOPICAL)
DICLOFENAC SODIUM-RANITIDINE HCL-CAPSAICIN (PACK)
DICLOFENAC SODIUM-RANITIDINE HCL-LIDOCAINE (PACK)
DICLOFENAC SODIUM GEL 1 %
DICLOFENAC SODIUM SOLN
DICLOTREX
DICLOVIX KIT
DICLOVIX M THPK
DIETARY MANAGEMENT PRODUCTS *
DIETHYLPROPION HCL (ORAL)
DIFFERIN CREAM 0.1 %
DIFFERIN GEL 0.1 %

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EXCLUDED DRUGS
DIHYDROXYACETONE (TOPICAL)
DIMENTHO THPK
DIPHENHYDRAMINE-ACETAMINOPHEN (ORAL)
DIPHENHYDRAMINE-PHENYLEPHRINE-ACETAMINOPHEN (ORAL)
DITHOL THPK (PACK)
DMT SUIK (KIT)
DNA COLLECTION PRODUCT (KIT)
DOLOTRANZ (KIT)
DOUBLEDEX (KIT)
DOXYCYCLINE HYCLATE W/ CLEANSER (KIT)
DOXYLAMINE-PHENYLEPHRINE-ACETAMINOPHEN (ORAL)
DROXICIN LIQUID
DSUVIA (ORAL)
DUROLANE (INJ)
DUEXIS (ORAL)
DURYSTA IMPL
DYMISTA SUSP (NASAL SPRAY)
ECONASIL KIT
EDEX (INJ) ⁽²⁾
ELFOLATE (ORAL)
ELIGEN B12 (ORAL)
ELLZIA PAK (TOPICAL)
EMEND SUSP (ORAL)
EMOLLIENT-SKIN MOISTURIZERS (TOPICAL)

EXCLUDED DRUGS
ENLYTE (ORAL)
ENTERAGAM (ORAL)
ENTERAL NUTRITION (SUPPLIES)
ENTEREG (ORAL)
EPHEDRINE-GUAIFENESIN (ORAL)
EPICERAM EMUL (TOP)
ESKATA SOLN (TOPICAL)
ESOMEPE-EZS KIT
ESOMEPRAZOLE MAGNESIUM (ORAL)
EUFLEXXA (INJ)
EVENITY (INJ)
EXPECTORANTS (ORAL)
EXPECTORANTS, COMBINATIONS (ORAL)
FAMOTIDINE (ORAL; Not including 40mg /5 ml SUSP)
FASENRA (INJ)
FEEDING TUBES/SETS (DEVICE)
FENSOLVI KIT
FERREX 150 FORTE PLUS (ORAL)
FEXOFENADINE HCL (ORAL)
FEXOFENADINE-PSEUDOEPHEDRINE (ORAL)
FIBER-STAT (ORAL)
FINACEA FOAM
FINACEA GEL
FINASTERIDE (ALOPECIA) (ORAL)

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EXCLUDED DRUGS
FIRST-BACLOFEN SUSPENSION (ORAL)
FIRST-BXN MOUTHWASH
FIRST-HYDROCORTISONE GEL (TOPICAL)
FIRST-LANSOPRAZOLE SUSP (ORAL)
FIRST-MARYS MOUTHWASH
FIRST-METRONIDAZOLE SUSPENSION (ORAL)
FIRST-MOUTHWASH BLM
FIRST-OMEPRAZOLE SUSP (ORAL)
FIRST-PROGESTERONE VGS (SUPPOSITORY)
FIRST-TESTOSTERONE (TOPICAL)
FIRST-VANCOMYCIN SOLN (ORAL)
FLECTOR PATCH (TOPICAL)
FLUOPAR KIT
FLUOVIX (TOPICAL)
FOLBIC (ORAL)
FOLIC ACID-CYANOCOBALMIN-PYRIDOXINE (ORAL)
FOLLITROPIN ALFA (INJ) ⁽¹⁾
FOLLITROPIN BETA (INJ) ⁽¹⁾
FORFIVO XL (ORAL)
FORTAMET (ORAL)
FOSTEUM (ORAL)
FOSTEUM PLUS (ORAL)
FOVEX (ORAL)
GABACAINE THPK

EXCLUDED DRUGS
GABADONE (ORAL)
GABAPAL THPK
GANIRELIX ACETATE (INJ) ⁽¹⁾
GELNIQUE GEL (TOPICAL)
GEL-ONE (INJ)
GELSYN (INJ)
GENVISC (INJ)
GIVLAARI SOLN (INJ)
GLIADEL WAFER (IMPLANT)
GLUMETZA (ORAL)
GLYXAMBI (ORAL)
GOSERELIN ACETATE (IMPLANT)
GUAIFENESIN (ORAL)
HALAC (KIT)
HALONATE (KIT)
HALOPERIDOL DECANOATE (INJ)
HEMLIBRA (INJ)
HEPATITIS B IMMUNE GLOBULIN (HUMAN) (INJ)
HERCEPTIN HYLECTA SOLN (INJ)
HYALGAN (INJ)
HYDROQUINONE (TOPICAL)
HYDROQUINONE MICROSPHERES (TOPICAL)
HYDROQUINONE W/ SUNSCREENS (TOPICAL)
HYDROXYPROGESTERONE CAPROATE (ANTINEOPLASTIC) (INJ)

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EXCLUDED DRUGS
HYMOVIS (INJ)
HYPERTENSA (ORAL)
IBUPAK KIT
IBUPROFEN (OTC EQUIV) (ORAL)
IBUPROFEN W/ LINIMENT (KIT)
ILUMYA (INJ)
ILUVIEN IMPLANT
IMCIVREE SOLN (INJ)
IMMUNE GLOBULIN (HUMAN) (INJ)
IMPEKLO LOTION
INCONTINENCE SUPPLIES/WOUND CARE DRAINAGE (SUPPLIES)
INFERTILITY DRUGS ⁽¹⁾
INFLATHERM KIT
INHALER, SPACER/CHAMBER (DEVICE)
IN-OFFICE ADMINISTERED PRODUCTS *
INTRAROSA (VAG)
INTRAROSA INST (VAG)
INTRA-UTERINE DEVICES (IUDS)
INTRAVENOUS INJECTIONS *
INVEGA HAFYERA (INJ)
INVEGA SUSTENNA SUSP (INJ)
INVEGA TRINZA SUSP (INJ)
INVOKAMET IR & XR (ORAL)
ISOVACTIN AA PLUS BERRY (ORAL)

EXCLUDED DRUGS
IV CATHETER (SUPPLIES)
IV SETS/TUBING (SUPPLIES)
JANUMET IR & XR (ORAL)
JENTADUETO IR & XR (ORAL)
KARAYA GUM (TOPICAL)
KAZANO (ORAL)
KELARX GEL
KETOCAL 3:1 POWDER (ORAL)
KETOCAL 4:1 LQ (ORAL)
KETOCAL 4:1 POWDER (ORAL)
KETOCONAZOLE & CLEANSER (KIT)
KETODAN (KIT)
KETOROCAINE-L (KIT)
KETOROCAINE-LM (KIT)
KETOROLAC TROMETHAMINE (INJ)
KETOTIFEN FUMARATE (OPHTH)
KETOVIE 4:1 (ORAL)
KETOVIE PEPTIDE (ORAL)
KOMBIGLYZE XR (ORAL)
LANSOPRAZOLE (OTC EQUIV) (ORAL)
LATISSE SOLN 0.03 %
LEQVIO SOSY (INJ)
LETROZOLE (ORAL) ⁽¹⁾
LEUPROLIDE ACETATE & NORETHINDRONE ACETATE (KIT)

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EXCLUDED DRUGS
LEUPROLIDE ACETATE (INJ)
LEVITRA (ORAL) ⁽²⁾
LEVOCETIRIZINE DIHYDROCHLORIDE (ORAL)
LEVONORGESTREL (EMERGENCY OC) OTC (ORAL)
LEVONORGESTREL IUD (DEVICE)
LICART
LIDOCAINE PATCH 5 %
LIDOCAINE-PENTAFLUOROPROP-TETRAFLUOROETH-ULTRASOUND (KIT)
LIDOCAINE-PRILOCAINE (KIT)
LIDOCAINE-PRILOCAINE-MENTHOL-METHYL SALICYLATE (KIT)
LIDOCAINE-PRILOCAINE-SODIUM CHLORIDE (KIT)
LIDOCAINE-TRANSPARENT DRESSING (KIT)
LIDOMARK (KIT)
LIDOPAC (KIT)
LIDOPURE PATCH (KIT)
LIDOTIN THPK
LIDOVIX KIT
LIFEMS NALOXONE PSKT
LIMBREL (ORAL)
LIPISTART (ORAL)
LIPRITIN THPK
LIQUIGEN (ORAL)
LIRAGLUTIDE (WEIGHT MANAGEMENT) (INJ)

EXCLUDED DRUGS
LISTER-V (ORAL)
LMR PLUS KIT
LOPROX KIT
LORCASERIN HCL (ORAL)
LORVATUS PHARMAPAK (KIT)
LOXAPINE (INH)
LUKAID GLA (ORAL)
LUNGLAID (ORAL)
MACI SHEET
MAKENA (INJ)
MARDEX-25 (KIT)
MCT OIL (ORAL)
MECLIZINE HCL (ORAL)
MEDROXYPROGESTERONE ACETATE SUSP (INJ)
MELOXICAM W/ LINIMENT (KIT)
MEMANTINE HCL-DONEPEZIL HCL (ORAL)
MENOTROPINS (INJ) ⁽¹⁾
MENTHOL (MOUTH-THROAT) (ORAL)
MENTHOREAL-10 THPK
MIACALCIN (INJ)
MICONAZOLE NITRATE (VAG)
MICROVIX KIT
MINOXIDIL (TOPICAL)
MIRVASO GEL (TOPICAL)

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EXCLUDED DRUGS
MISC NATURAL WEIGHTLOSS PRODUCTS (ORAL)
MONOBENZONE (TOPICAL)
MONOGEN (ORAL)
MONOVISC (INJ)
MUGARD (ORAL)
MULTIPLE VITAMINS W/ MINERALS & FOLIC ACID (ORAL)
MUSE PELLETS (IMPLANT) ⁽²⁾
NALTREXONE (INJ)
NALTREXONE HCL-BUPROPION HCL (ORAL)
NAMZARIC CP24 (ORAL)
NAPROPAK (PACK)
NAPROXEN SODIUM-MENTHOL (PACK)
NAPROXEN W/ LINIMENT (KIT)
NAPROXEN-CAPSAICIN-MENTHOL (KIT)
NAPROXEN-ESOMEPRAZOLE MAGNESIUM (ORAL)
NASAL ANTI-INFLAMMATORY STEROIDS (NASAL)
NEOCATE JUNIOR (ORAL)
NEOCATE JUNIOR WITH PREBIOTICS (ORAL)
NEOCATE NUTRA (ORAL)
NEOCATE'S E028 SPLASH (ORAL)
NEO-SYNALAR (KIT)Bottom of Form
NEUAC (KIT)
NEUREMEDY (ORAL)

EXCLUDED DRUGS
NEUROXA KIT
NEXIUM (ORAL)
NEXPLANON CONTRACEPTIVE IMPLANT
NICAZELDOXY 30 (KIT)
NIZATIDINE (ORAL; Not including Soln 15 mg/ 5 ml)
NON-NARCOTIC ANTITUSSIVE-1ST GENERATION ANTIHISTAMINE COMBINATIONS (ORAL)
NON-NARCOTIC ANTITUSSIVE-1ST GENERATION ANTIHISTAMINE-ANALGESIC COMBINATIONS (ORAL)
NON-NARCOTIC ANTITUSSIVE-1ST GENERATION ANTIHISTAMINE-DECONGESTANT (ORAL)
NON-NARCOTIC ANTITUSSIVE-1ST GENERATION ANTIHISTAMINE-DECONGESTANT-ANALGESIC COMBINATIONS (ORAL)
NON-NARCOTIC ANTITUSSIVE-1ST GENERATION-DECONGESTANT-SALICYLATE (ORAL)
NON-NARCOTIC ANTITUSSIVE-ANALGESIC COMBINATIONS (ORAL)
NON-NARCOTIC ANTITUSSIVE-DECONGESTANT COMBINATIONS (ORAL)
NON-NARCOTIC ANTITUSSIVE-DECONGESTANT-ANALGESIC COMBINATIONS (ORAL)
NON-NARCOTIC ANTITUSSIVE-DECONGESTANT-ANALGESIC-EXPECTORANT COMBINATIONS (ORAL)
NON-NARCOTIC ANTITUSSIVE-DECONGESTANT-EXPECTORANT COMBINATIONS (ORAL)
NON-NARCOTIC ANTITUSSIVE-EXPECTORANT COMBINATIONS (ORAL)

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EXCLUDED DRUGS
NOPIOID-TC KIT THPK
NORITATE (TOPICAL)
NOVOLIN 70-30 (INJ)
NOVOLIN N (INJ)
NOVOLIN R (INJ)
NUDROXICIN (TOPICAL)
NUDROXIPAK (KIT)
NUCALA INJ
NUCARACLINPAK KIT
NUCARARXPAK KIT
NUDERMRXPAK
NUVAIL SOLN
NUVAKAAN (KIT)
NYSTATIN & EXFOLIATING AGENT (KIT)
OMEGA-3/D-3 WELLNESS (KIT)
OMEPRAZOLE-SODIUM BICARBONATE (ORAL)
ONEXTON GEL (TOPICAL)
ORAL SYRINGES (SUPPLIES)
ORAL WOUND CARE PRODUCTS (ORAL)
ORLISTAT (ORAL)
ORTHOVISC (INJ)
OSPHENA (ORAL) ⁽²⁾
OTC PRODUCTS *
OXLUMO SOLN

EXCLUDED DRUGS
OXYTROL PATCH
OSENI (ORAL)
OZURDEX OPHTHALMIC (IMPLANT)
PAINGO KFT (KIT)
PALFORZIA INITIAL STARTER PACK
PAPAVERINE (INJ) ⁽²⁾
PAPAVERINE-ALPROSTADIL (INJ) ⁽²⁾
PAPAVERINE-PHENTOLAMINE (INJ) ⁽²⁾
PAPAVERINE-PHENTOLAMINE-ALPROSTADIL (INJ) ⁽²⁾
PARENTERAL ADMINISTRATION SETS (SUPPLIES)
PATADAY SOLN
PECTIN (MOUTH-THROAT) (ORAL)
PEDIADERM AF (KIT)
PEDIADERM HC (KIT)
PENNSAID SOLN
PENTICAN THPK
PERCURA (ORAL)
PERSERIS (INJ)
PHENAZOPYRIDINE HCL (ORAL)
PHENDIMETRAZINE TARTRATE (ORAL) ⁽³⁾
PHENIRAMINE-PHENYLEPHRINE-ACETAMINOPHEN (ORAL)
PHENTERMINE HCL (ORAL) ⁽³⁾
PHENTERMINE HCL-TOPIRAMATE (ORAL) ⁽³⁾

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EXCLUDED DRUGS
PHEHTOLAMINE MESYLATE (INJ) ⁽²⁾
PHEHTOLAMINE-ALPROSTADIL (INJ) ⁽²⁾
PHEHYLEPHRINE-ACETAMINOPHEN (ORAL)
PHEHYLEPHRINE-ACETAMINOPHEN-GUAIFENESIN (ORAL)
PHEHYLEPHRINE-DIPHENHYDRAMINE-GUAIFENESIN-ACETAMINOPHEN (ORAL)
PHEHYLEPHRINE-GUAIFENESIN (ORAL)
PHEHYLEPHRINE-IBUPROFEN (ORAL)
PHEHYLTOLOXAMINE-ACETAMINOPHEN (ORAL)
PHESGO SOLN
PHEXXI GEL
PLAN B ONE-STEP (ORAL)
PLIXDA PADS (EXTERNAL)
PRATERA (ORAL)
PRENATAL VITAMIN PREPARATIONS
PREVACID (ORAL)
PREVACID SOLUTAB
PREVIDENT (DENTAL)
PRILO PATCH KIT
PRIZOTRAL KIT
PROBARIMIN QT (ORAL)
PROBIOTIC PRODUCT (PACK)
PROGESTERONE (INJ) ⁽¹⁾
PROGESTERONE (VAG)

EXCLUDED DRUGS
PROGESTERONE MICRONIZED (ORAL) ⁽¹⁾
PROLIA SOLN (INJ)
PROMETHAZINE W/ CODEINE (ORAL)
PROPECIA (ORAL)
PRO-STAT MAX (ORAL)
PRO-STAT RENAL CARE (ORAL)
PRO-STAT SUGAR FREE (ORAL)
PRO-STAT SUGAR FREE AWC (ADVANCED WOUND CARE) (ORAL)
PRO-STAT SUGAR FREE AWC (ORAL)
PROSTIN VR (INJ) ⁽²⁾
PROTEOLIN (ORAL)
PROXIVOL GEL
PSEUDOEPHEDRINE-ACETAMINOPHEN (ORAL)
PSEUDOEPHEDRINE-GUAIFENESIN (ORAL)
PSEUDOEPHEDRINE-IBUPROFEN (ORAL)
PSEUDOEPHEDRINE-NAPROXEN SODIUM (ORAL)
QTERN (ORAL)
QUINOSONE KIT
RABIES IMMUNE GLOBULIN (HUMAN) (INJ)
RANITIDINE HCL (TABS/CAPS)
REBLOZYL (INJ)
RELTONE (ORAL)
REMICADE (I.V.)

⁽¹⁾⁽²⁾⁽³⁾ Drug Category is excluded unless your plan has a buy-up for that benefit

⁽¹⁾ Infertility Drug Category; ⁽²⁾ Sexual Dysfunction Drug Category; ⁽³⁾ Weight Loss Drug Category

Kaiser Permanente Commercial HMO Drug Exclusion List

Listed are items that are excluded from prescription benefit coverage.

All of the excluded drug entities, strengths, formulations &/or package sizes may not be listed.

The list is not all inclusive and is subject to change.

Office administered drugs and IV drugs are covered under the Medical benefit and excluded from being dispensed from retail pharmacy.

EXCLUDED DRUGS
RETHYMIC IMPLANT
RETISERT (IMPLANT)
RHEUMATE (ORAL)
RHO D IMMUNE GLOBULIN (HUMAN) (INJ)
RHOFADE CREAM (TOPICAL)
RIDUZONE (ORAL)
RITUXAN HYCELA SOLN (INJ)
ROSADAN KIT (TOPICAL)
RYLAZE SOLN
SCARCIN LIQUID (TOPICAL)
SCULPTRA (INJ)
SEGLUOMET (ORAL)
SENTRA AM (ORAL)
SENTRA PM (ORAL)
SEXUAL DYSFUNCTION DRUGS (ORAL/INJ) ⁽²⁾
SIBUTRAMINE HCL MONOHYDRATE (ORAL) ⁽³⁾
SIGNIFOR LAR (INJ)
SIKLOS 1000 MG (ORAL)
SILA III (PACK)
SILALITE PAK (TOPICAL)
SILAZONE THP (TOPICAL)
SILDENAFIL CITRATE (ORAL) ⁽²⁾
SILVER CARBOXYMETHYLCELLULOSE SOD/BANDAGES & RELATED PRODUCTS (SUPPLIES)

EXCLUDED DRUGS
SINUVA IMPLANT
SMARTRX GABA THPK (PACK)
SMARTRX GABA-V THPK (PACK)
SODIUM FLUORIDE (DENTAL)
SODIUM FLUORIDE-POTASSIUM NITRATE (DENTAL)
SOLARAVIX (PACK)
SOLESTA GEL (IMPLANT)
SOLIQUA (INJ)
SOLOX GEL (TOPICAL)
SPACER/AEROSOL HOLDING CHAMBERS (DEVICE)
SPRAVATO (NASAL)
STAXYN (ORAL) ⁽²⁾
STEGLUJAN (ORAL)
STENDRA (ORAL) ⁽²⁾
STRATAGRAFT
SUBLOCADE SOSY INJ
SUMATRIPTAN-NAPROXEN SODIUM (ORAL)
SUPER SOLUBLE DUOCAL (ORAL)
SUPPRELIN LAVANTAS (KIT)
SUSVIMO IMPLANT
SYNAGIS (INJ)
SYNJARDY IR & XR (ORAL)
SYNVISC (INJ)
TASOPROL KIT

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EXCLUDED DRUGS
TAZAROTENE (FACIAL WRINKLES) (TOPICAL)
TEARS AGAIN HYDRATE (ORAL)
TERBINAFINE-HYDROXYPROPYL CHITOSAN (KIT)
TESTOSTERONE CYPIONATE (KIT)
TESTOSTERONE PELLETS (IMPLANT)
THERAMINE (ORAL)
THROAT LOZENGES (ORAL)
THYROTROPIN ALFA (INJ)
TICALAST
TICASPRAY (NASAL)
TIZANIDINE & LINIMENT (PACK)
TOCILIZUMAB (INJ)
TORADOL (INJ)
TOVET KIT
TOXICOLOGY SALIVA COLLECTION (KIT)
TOXOIDS (INJ)
TOZAL (ORAL)
TRELSTAR MIXJECT SUSR (INJ)
TREPADONE (ORAL)
TRETINOIN (FACIAL WRINKLES) (TOPICAL)
TRETINOIN W/ CLEANSER & MOISTURIZER (KIT)
TRETIN-X (KIT)
TREXIMET (ORAL)
TRIAMCINOLONE ACETONIDE (NASAL)

EXCLUDED DRUGS
TRIAMCINOLONE ACETONIDE-DIMETHICONE-SILICONE (KIT)
TRIAMCINOLONE ACETONIDE-SILICONE (PACK)
TRIGLIDE (ORAL)
TRIJARDY XR (ORAL)
TRILOCICLO KIT (TOPICAL)
TRI-LUMA (TOPICAL)
TRIPTODUR (INJ)
TRIXYLITRAL PACK
TRYPSIN, BALSAM PERU AND CASTOR OIL (TOPICAL)
UREA (TOPICAL)
UROFOLLITROPIN PURIFIED (INJ) ⁽¹⁾
UTI-STAT (ORAL)
VACCINE/TOXOID COMBO (INJ)
VACCINES (INJ)
VALLEGEL PREP KIT
VANIQA (TOPICAL)
VAROPHEN KIT
VASCAZEN (ORAL)
VASCULERA (ORAL)
VASOLEX (TOPICAL)
VAYACOG (ORAL)
VAYARIN (ORAL)
VAYAROL (ORAL)

⁽¹⁾⁽²⁾⁽³⁾ Drug Category is excluded unless your plan has a buy-up for that benefit

⁽¹⁾ Infertility Drug Category; ⁽²⁾ Sexual Dysfunction Drug Category; ⁽³⁾ Weight Loss Drug Category

Kaiser Permanente Commercial HMO Drug Exclusion List

Listed are items that are excluded from prescription benefit coverage.

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EXCLUDED DRUGS
VENLAFAXINE HCL ER (TAB)
VERAMYST SUSP (NASAL)
VIAGRA (ORAL) ⁽²⁾
VIMOVO (ORAL)
VITRASERT (IMPLANT)
VIVLODEX (ORAL)
VOLTAREN GEL 1 %
VP-GSTN (ORAL)
VP-PRECIP (ORAL)
VSL#3 (ORAL)
VUITY SOLN
WHYTEDERM (KIT)
WOUND DRESSINGS (SUPPLIES)
WPR PLUS WOUND HEALING SYSTEM
ZEYOCAINE KIT
XARACOLL IMPL

EXCLUDED DRUGS
XGEVA (INJ)
XIGDUO XR (ORAL)
XOLAIR (INJ)
XULTOPHY (INJ)
ZOLPAK KIT
XRYLIX (TOPICAL)
XYZAL (ORAL)
YOSPRALA (ORAL)
YUTIQ (IMPLANT)
ZERVIATE SOLN (OPHTH)
ZILACAINE PATCH
ZILRETTA (INJ)
ZINC CITRATE-PHYTASE (ORAL)
ZOLGENSMA (I.V.)
ZOLADEX (IMPLANT)

⁽¹⁾⁽²⁾⁽³⁾ Drug Category is excluded unless your plan has a buy-up for that benefit
⁽¹⁾ Infertility Drug Category; ⁽²⁾ Sexual Dysfunction Drug Category; ⁽³⁾ Weight Loss Drug Category

NONDISCRIMINATION NOTICE

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

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

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

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

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

HELP IN YOUR LANGUAGE

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

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

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

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

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

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

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

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

Igbo (Igbo) NRUBAMA: O buru na i na asu Igbo, oru enyemaka asusu, n'efu, dijiri gi. Kpoo 1-800-632-9700 (TTY: 711).

日本語 (Japanese)

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

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

Naabeehó (Navajo) Díí baa akó nínízin: Díí saad bee yánífti'go Diné Bizaad, saad bee áká'ánída'áwo'dé é', t'áa jiik'eh, éí ná hóló, koji' hódíílnih 1-800-632-9700 (TTY: 711).

नेपाली (Nepali) ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको ननमत्त भाषा सहायता सेवाहरू ननिःशुल्क रूपमा उपलब्ध छ । 1-800-632-9700)TTY: 711(फोन गनहोस् ।

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

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

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

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

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

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