



KAISER PERMANENTE

PREVENTIVE DRUG LIST

Kaiser Permanente offers preventive drugs at a lower cost share than other drugs covered under the outpatient prescription drug rider. Please consult your *Evidence of Coverage* to determine if you have outpatient prescription drug coverage and are eligible for a lower cost share on preventive drugs. Medications that are only available as a brand name product are listed in ALL CAPITAL letters.

The list is subject to change and updated periodically. For a current copy, please call Member Services at **301-468-6000** or **800-777-7902** (TTY 711). Representatives are available Monday through Friday, 7:30 a.m. until 5:30 p.m.

Preventive Drugs
ACE INHIBITORS (for High Blood Pressure and Diabetes)
Lisinopril
Lisinopril & Hydrochlorothiazide
ALPHA-AGONISTS (for High Blood Pressure)
Clonidine
Guanfacine HCL
ALPHA-2 BLOCKERS (for High Blood Pressure)
Phenoxybenzamine HCL
Terazosin HCL
ALPHA-BETA BLOCKERS (for High Blood Pressure)
Carvedilol
Labetalol HCL
ANGIOTENSIN II (for High Blood Pressure)
Losartan Potassium
Losartan Potassium & Hydrochlorothiazide
ANTI-ASTHMA ORAL/INHALER (for Asthma)
ADVAIR DISKUS
Albuterol HFA
ALVESCO
Budesonide (inhalation)

Preventive Drugs
FLOVENT HFA 44mcg
Montelukast 10mg
SPIRIVA RESPIMAT 2.5mcg/act
STIOLTO RESPIMAT
ANTIDIABETIC DRUGS (for Diabetes)
Acarbose
Pioglitazone
Glipizide
HUMULIN 70/30 VIAL
HUMULIN N VIAL
HUMULIN R VIAL
HUMALOG VIAL
LANTUS VIAL
Metformin
Metformin ER
ANTIHYPERLIPIDEMICS (for High Cholesterol)
Atorvastatin Calcium
Cholestyramine
Cholestyramine Light
Colestipol
Fenofibrate 54mg, 160mg
Gemfibrozil
Lovastatin

Preventive Drugs

Pravastatin

Rosuvastatin

Simvastatin 20mg, 40mg, 80mg

ASTHMA SUPPLIES

(for Asthma)

Spacer/aerosol-holding chambers

Peak Flow Meter

BETA BLOCKERS

(for High Blood Pressure)

Atenolol

Atenolol & Chlorthalidone

Bisoprolol & Hydrochlorothiazide

Bisoprolol Fumarate

Metoprolol Succinate

Metoprolol Tartrate

Propranolol HCL

Sotalol HCL

BLOOD THINNING AGENTS

(for Stroke Prevention)

Aspirin/Dipyridamole

Cilostazol

Clopidogrel

Dipyridamole

Enoxaparin

Heparin Sodium

LOVENOX

Prasugrel

Warfarin Sodium

CALCIUM CHANNEL BLOCKER

(for High Blood Pressure and Heart Disease)

Amlodipine Besylate

Diltiazem HCL

Preventive Drugs

Diltiazem HCL Coated Beads

Verapamil HCL

DIURETICS

(for High Blood Pressure)

Amiloride HCL

Amiloride & Hydrochlorothiazide

Chlorothiazide

Chlorthalidone

Furosemide

Hydrochlorothiazide

Indapamide

Metolazone

Spirolactone

Spirolactone & Hydrochlorothiazide

Triamterene & Hydrochlorothiazide

DIRECT VASODILATORS

(for High Blood Pressure)

Hydralazine HCL

Minoxidil

OSTEOPOROSIS

(for Bone Health)

Alendronate Sodium 70mg

SMOKING CESSATION

(for Tobacco Cessation)

NICOTINE INHALER

SYMPATHOLYTIC

(for High Blood Pressure)

Methyldopa

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
2101 East Jefferson Street, Rockville, MD 20852
131119_PrevDrugList_M_pdf 1/01/20-12/31/20

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 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 m [Bàsò ò -wùdù-po-nyò] jũ ní, nií, à wuɖu kà kò dò po-poò bé in m gbo kpáa. Dá 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. بگیریید 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).

ગુજરાતી/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
855-249-5019 (TTY: 711) کریں۔

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).