2019 Kaiser Permanente Federal Employees Health Benefit

FEHB Drug Formulary

Colorado Region

Member Services
Monday through Friday, 8 a.m. to 8 p.m.
1-855-366-9008
TTY **711**

KAISER PERMANENTE®

2019 Kaiser Permanente Federal Employee Health Benefit Formulary
Colorado Region – December 2019
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2019 Kaiser Permanente Federal Employees Health Benefit (FEHB) Drug Formulary

Colorado Region

This document contains information about the drugs we cover when you participate in a Federal Employees Health Benefits (FEHB) plan offered by Kaiser Permanente (Plan).

This formulary is effective December 17, 2019. Benefits described in this formulary are effective January 1 – December 31, 2019.

What is the Kaiser Permanente FEHB Drug Formulary?

A formulary is a list of drugs determined to be safe and effective for our members by our Pharmacy and Therapeutics Committee. Use of formulary drugs enables Kaiser Permanente to provide high quality care to you and your family at reasonable costs. Kaiser Permanente continually updates the formulary throughout the year based on new medical evidence, considering the recommendations of appropriate physician experts.

How much will I pay for covered drugs?

The cost-sharing you will pay for most drugs depends on:

- The tier in which your drug is categorized, and
- Whether your drug is included in our formulary. Preferred drugs are included in our formulary. Non-preferred drugs are not included in our formulary.

Below is the copayment you pay for up to a 30-day supply of prescription drugs at a Plan pharmacy. You pay only two copayments for up to a 90-day supply for most drugs dispensed through our mail order program.

Drug Tier	Type	High Option	Standard Option	Basic Option
Tier 1	**Preferred generic drugs**	$15	$15	$15
Tier 2	**Preferred brand-name drugs**	$40	$50	$60
Tier 3	**Non-preferred generic and brand-name drugs**	$60	$70	$80
Tier 4	**Specialty drugs**	$100	$150	$200

You pay 50% of our allowed amount for sexual dysfunction drugs and 20% of our allowed amount for diabetic supplies. Some drugs may be covered at no cost sharing, such as tobacco cessation medications, women's contraceptive drugs and devices and drugs required by ACA. Specific coverage information, including limitations and exclusions, is described in your FEHB brochure (RI 73-019), see Section 5(f) Prescription drug benefits. To get a copy of your FEHB brochure or if you have questions, please visit our website at **kp.org/feds** or call Member Services at **1-855-366-9008** (TTY **711**), Monday through Friday, 8 a.m. to 8 p.m.

All drug product strengths, formulations, and package sizes &/or types of a formulary drug may not be included on the formulary, check with your Kaiser Permanente pharmacist for clarification, if needed.

We define tiers as follows:

- Tier 1. Preferred generic drugs are produced and sold under their generic names after the patent on the brand-name drug expires. Although the price is usually lower, the quality of generic drugs is the same as brand-name drugs. Generic drugs are also just as effective as brand-name drugs. The U.S. Food and Drug Administration (FDA) requires that a generic drug contain the same active drug ingredient in the same amount as the brand-name drug. Preferred generic drugs are listed on our drug formulary.
- Tier 2. Brand-name drugs are produced and sold under the original manufacturer's brand name. Preferred brand-name drugs are listed on our drug formulary.
- Tier 3. Non-preferred generic and brand-name drugs are not listed on our drug formulary.
- Tier 4. Specialty drugs are high-cost drugs that are on our specialty drug list. Kaiser Permanente adopts the model used by most Medicare plans to determine which drugs are in the specialty tier.

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, require special handling or requested to be mailed outside the state of Colorado) may not be eligible for mailing. We provide up to a 90-day supply for most maintenance drugs when dispensed through our mail order program for two copayments.

How do I use the FEHB Drug Formulary?

Our formulary drugs are listed in this formulary by medical condition and alphabetically. We consider drugs not listed on our formulary to be "non-preferred drugs". You may pay higher cost-sharing for non-formulary drugs that are medically necessary.

The cost-sharing you pay and other coverage information is determined by the outpatient prescription drug benefit in your FEHB brochure (RI 73-019, see Section 5(f) Prescription drug benefits).

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

Formulary Drugs by Alphabetical Listing
If you are not sure what category to look under, the Index starting on page 18, provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed. Look in the Index to find the drug name and the page number where you can locate coverage information. Turn to the page listed in the Index and find the name of the drug on the list. If you are using a computer to view this document, you also use the search function (Ctrl F) to find the medication by name.

Columns on Medical Condition and Alphabetical Listings
There are three columns in the attached chart.

- The first column lists the drug name. Brand-name drugs are capitalized (e.g. ALBENZA) and generic drugs are listed in lower-case italics (e.g. amoxicillin). Some drugs include different dosage forms and

strengths. 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. Some of these drugs may be available only in a clinic setting.

- The second column indicates drug tier. Some drugs may have more than one tier listed in this column. This means that the amount you pay may vary based on the dosage or the way the drug is administered. You will find cost-sharing for your drug in your FEHB brochure. To get a copy of your FEHB brochure or if you have questions, please visit our website at **kp.org/feds** or call Member Services at **1-855-366-9008** (TTY **711**), Monday through Friday, 8 a.m. to 8 p.m.
- The third column indicates additional requirements or limits on coverage. These requirements and limits may include:

  AR = A drug that is restricted to a specific age or age range.

  LD = A drug that can only be dispensed by certain Specialty Pharmacies, also known as Limited Distribution Pharmacies.

  MO = Mail Order. A drug that is considered to be a maintenance medication. Note: Not all maintenance medications can be mailed from our mail order pharmacy such as high cost drugs or drugs that require special handling.

  PA = Prior Authorization. You need to get approval from Kaiser Permanente to fill your prescription. If you don't get approval, we may not cover the drug.

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

  RB = Restricted Benefit. A drug that is restricted to a certain benefit for coverage.

  ST = A drug that requires a similar therapy be tried prior to dispensing for prescription benefit.

Does the FEHB Drug Formulary ever change?

Yes, Kaiser Permanente continually updates the formulary based on new medical evidence, considering the recommendations of appropriate physician experts and notifies our doctors, pharmacists, and other clinicians about any changes. If a change in the formulary affects any of your prescriptions, your doctor or pharmacist will let you know.

Our online formulary at kp.org/formulary is updated on a regular basis. To get updated information about the drugs covered by Kaiser Permanente or if you have questions, please visit our website at kp.org/feds or call Member Services at **1-855-366-9008** (TTY **711**), Monday through Friday, 8 a.m. to 8 p.m.

All drug product strengths, formulations, and package sizes &/or types of a formulary drug may not be included on the formulary, check with your Kaiser Permanente pharmacist for clarification, if needed.

Formulary Drugs by Medical Condition

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTI-INFECTIVE AGENTS		
ANTHELMINTICS		
albendazole	4	
praziquantel	1	
ANTIBACTERIALS		
amoxicillin	1, 2	
amoxicillin & pot clavulanate	1, 2	
ampicillin	1, 2	
ampicillin & sulbactam sodium	1, 2	
ampicillin sodium	1	
azithromycin	1, 2	MO
aztreonam	1	
BICILLIN L-A	2	
cefazolin sodium	1	
CEFAZOLIN SODIUM-DEXTROSE	2	
cefdinir	1	
cefepime hcl	1, 2	
cefixime	1, 2	
CEFOTAXIME SODIUM	2	
cefotetan disodium	1	
CEFOTETAN DISODIUM-DEXTROSE	2	
ceftazidime	1, 2	
ceftriaxone sodium	1	
CEFTRIAXONE SODIUM IN DEXTROSE	2	
cefuroxime axetil	1	
cefuroxime sodium	1	
cephalexin	1	
ciprofloxacin	1, 2	
ciprofloxacin hcl	1, 2	
ciprofloxacin in d5w	1	
clarithromycin	1, 2	
clindamycin hcl	1	
clindamycin palmitate hydrochloride	1	
clindamycin phosphate	1, 2	
dicloxacillin sodium	1	
doxycycline (monohydrate)	1	MO
doxycycline hyclate	1	MO
E.E.S. 400	2	
ertapenem sodium	1	QL
ERYTHROCIN LACTOBIONATE	2	
erythromycin base	1	
gentamicin sulfate	1, 2	
imipenem-cilastatin	1	
levofloxacin	1	
levofloxacin in d5w	1	
linezolid	1, 4	QL
minocycline hcl	1	MO
moxifloxacin hcl	1	
moxifloxacin hcl in sodium chloride	1	
neomycin sulfate	1	
OXACILLIN SODIUM IN DEXTROSE	2	
penicillin g potassium	1	
PENICILLIN G PROCAINE	2	
PENICILLIN G SODIUM	2	
penicillin v potassium	1, 2	
piperacillin sodium-tazobactam sodium	1	
STREPTOMYCIN SULFATE	2	
sulfamethoxazole-trimethoprim	1	MO
sulfasalazine	1	MO
tetracycline hcl	1	
TOBRAMYCIN SULFATE	2	
vancomycin hcl	1, 2	
VANCOMYCIN HCL IN DEXTROSE	2	
ZOSYN	2	
ANTIFUNGALS		
AMBISOME	4	QL
AMPHOTERICIN B	2	QL
caspofungin acetate	4	QL
fluconazole	1	MO
fluconazole in nacl	1	
flucytosine	4	QL
griseofulvin microsize	1	
griseofulvin ultramicrosize	1	
ketoconazole	1	PA
nystatin	1	
nystatin (mouth-throat)	1	
terbinafine hcl	1	
voriconazole	1	QL
ANTIMYCOBACTERIALS		
atovaquone-proguanil hcl	1	
dapsone	1	MO
ethambutol hcl	1	
isoniazid	1, 2	
pyrazinamide	1	
rifampin	1	QL
ANTIPROTOZOALS		

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Formulary Drugs by Medical Condition

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
atovaquone	4	QL
atovaquone-proguanil hcl	1	
chloroquine phosphate	1, 2	
DARAPRIM	2	QL
hydroxychloroquine sulfate	1	MO
MEFLOQUINE HCL	2	
metronidazole	1	
METRONIDAZOLE IN NACL	2	
paromomycin sulfate	1	
pentamidine isethionate	1, 2	MO
PRIMAQUINE PHOSPHATE	2	
ANTIVIRALS		
abacavir sulfate	1	MO
abacavir sulfate-lamivudine	1	MO
abacavir sulfate-lamivudine-zidovudine	1	MO
acyclovir	1	MO
acyclovir sodium	1, 2	
adefovir dipivoxil	4	QL
APTIVUS	2	MO
atazanavir sulfate	1	MO
BIKTARVY	2	MO
CIMDUO	2	MO
COMPLERA	2	MO
CRIXIVAN	2	MO
DESCOVY	2	MO
didanosine	1, 2	MO
DOVATO	2	MO
EDURANT	2	MO
efavirenz	1	MO
EMTRIVA	2	MO
entecavir	1	MO
EPCLUSA	4	PA, QL
famciclovir	1	MO
fosamprenavir calcium	1	MO
FOSCAVIR	2	
ganciclovir sodium	1	
GENVOYA	2	MO
HARVONI	4	PA, QL
INTELENCE	2	MO
INVIRASE	2	MO
ISENTRESS	2	MO
lamivudine	1	MO
lamivudine (hbv)	1, 2	MO
lamivudine-zidovudine	1	MO

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
lopinavir-ritonavir	1, 2	MO
nevirapine	1	MO
ODEFSEY	2	MO
oseltamivir phosphate	1	
PEGASYS	4	QL
PREZISTA	2	MO
RESCRIPTOR	2	MO
ribavirin (hepatitis c)	1	QL
rimantadine hydrochloride	1	
ritonavir	1	MO
SELZENTRY	2	MO
SOVALDI	4	QL
stavudine	1, 2	MO
SYMFI	2	MO
SYNAGIS	4	QL
tenofovir disoproxil fumarate	1	MO
TIVICAY	2	MO
TRUVADA	2	MO
valganciclovir hcl	1	QL
VIRACEPT	2	MO
VOSEVI	4	PA, QL
zidovudine	1	MO
URINARY ANTI-INFECTIVES		
methenamine hippurate	1	
nitrofurantoin	1	
nitrofurantoin macrocrystal	1	
nitrofurantoin monohyd macro	1	
PRIMSOL	2	
trimethoprim	1	
UROQID #2	2	
ANTIHISTAMINE DRUGS		
ANTIHISTAMINE DRUGS		
cyproheptadine hcl	1	
diphenhydramine hcl	1	
promethazine hcl	1	
ANTINEOPLASTIC AGENTS		
ANTINEOPLASTIC AGENTS		
abiraterone acetate	4	QL
ABRAXANE	2	
AFINITOR	4	QL
ALECENSA	4	QL
ALIQOPA	4	
anastrozole	1	MO
azacitidine	1	
BAVENCIO	4	

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Formulary Drugs by Medical Condition

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BELEODAQ	4	QL
bicalutamide	1	MO
bleomycin sulfate	1	
BLINCYTO	4	QL
capecitabine	1	MO
carboplatin	1	
carmustine	1	
cisplatin	1	
COTELLIC	4	QL
cyclophosphamide	1, 2	
cytarabine	1, 2	
dacarbazine	1, 2	
dactinomycin	1	QL
daunorubicin hcl	1, 2	
DOCETAXEL	2	
doxorubicin hcl	1, 2	
EMCYT	2	QL
ERBITUX	2	
erlotinib hcl	4	QL
etoposide	1, 2	
exemestane	1	MO
fludarabine phosphate	1	
fluorouracil	1	
flutamide	1	MO
gemcitabine hcl	1	
GLEOSTINE	2, 4	
HEXALEN	4	QL
hydroxyurea	1	MO
IBRANCE	4	QL
idarubicin hcl	1	
ifosfamide	1, 2	
IFOSFAMIDE/MESNA	2	
imatinib mesylate	1	QL
IMBRUVICA	4	QL
IMFINZI	4	QL
INTRON A	4	QL
IRESSA	4	QL
KANJINTI	4	
KEYTRUDA	4	QL
LARTRUVO	4	
letrozole	1	MO
LEUKERAN	4	
LYSODREN	2	QL
MATULANE	4	QL
megestrol acetate	1	MO

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
melphalan	1	
melphalan hcl	1	QL
mercaptopurine	1, 4	QL, MO
methotrexate sodium	1, 2	MO
mitomycin	1	
mitoxantrone hcl	1	MO
MUSTARGEN	2	
MVASI	4	
MYLERAN	2	
NIPENT	2	QL
paclitaxel	1	
REVLIMID	4	QL
SPRYCEL	4	PA, QL
SUTENT	4	QL
TABLOID	2	MO
tamoxifen citrate	1	MO
TASIGNA	4	PA, QL
temozolomide	1	QL
temsirolimus	1	QL
THALOMID	4	QL
thiotepa	4	QL
topotecan hcl	1	
tretinoin (chemotherapy)	1	QL
TRUXIMA	2	QL
TYKERB	4	QL
VINBLASTINE SULFATE	2	
VINCRISTINE SULFATE	2	
vinorelbine tartrate	1	
VOTRIENT	4	QL
XTANDI	4	QL
ZELBORAF	4	QL
ZYDELIG	4	QL
AUTONOMIC DRUGS		
ANTICHOLINERGIC AGENTS		
atropine sulfate	1, 2	
dicyclomine hcl	1	MO
glycopyrrolate	1	MO
PROPANTHELINE BROMIDE	2	
SCOPOLAMINE HYDROBROMIDE	2	
trihexyphenidyl hcl	1	MO
AUTONOMIC DRUGS, MISCELLANEOUS		
CHANTIX	2	
phenoxybenzamine hcl	4	
PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS		
bethanechol chloride	1	

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Formulary Drugs by Medical Condition

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
donepezil hydrochloride	1	MO
ENLON	2	
galantamine hydrobromide	1	MO
neostigmine methylsulfate	1	
pilocarpine hcl (oral)	1	MO
pyridostigmine bromide	1, 2	MO
SKELETAL MUSCLE RELAXANTS		
baclofen	1	MO
cyclobenzaprine hcl	1	
dantrolene sodium	1	MO
methocarbamol	1	
tizanidine hcl	1	MO
SYMPATHOLYTIC (ADRENERGIC BLOCKING) AGENTS		
tamsulosin hcl	1	MO
SYMPATHOMIMETIC (ADRENERGIC) AGENTS		
ADRENALIN	2	QL
albuterol sulfate	1	MO
ephedrine sulfate (pressors)	1, 2	
epinephrine	1, 2	
ERGOLOID MESYLATES	2	MO
ipratropium-albuterol	1	MO
METAPROTERENOL SULFATE	2	MO
midodrine hcl	1	MO
norepinephrine bitartrate	1	
terbutaline sulfate	1	MO
BLOOD FORMATION, COAGULATION, AND THROMBOSIS		
ANTITHROMBOTIC AGENTS		
anagrelide hcl	1	MO
heparin sodium (porcine)	1	
heparin sodium (porcine) lock flush	1	
BLOOD FORMATION MODIFIERS		
BERINERT	4	QL
icatibant acetate	4	QL
COAGULANTS AND ANTICOAGULANTS		
ACTIVASE	2	
ADVATE	2	QL
ALPHANINE SD	2	QL
aminocaproic acid	1, 2	
aspirin-dipyridamole	1, 2	MO
BRILINTA	2	MO
clopidogrel bisulfate	1	MO
dipyridamole	1	MO
enoxaparin sodium	1, 2	
fondaparinux sodium	1, 4	QL

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
HELIXATE FS	2	QL
HEMOFIL M	2	QL
HEPARIN SOD (PORCINE) IN D5W	2	
heparin sodium (porcine)	1	
heparin sodium (porcine) lock flush	1	
hetastarch in sodium chloride	1	
HUMATE-P	2	QL
pentoxifylline	1	MO
PLASMANATE	2	
PRADAXA	2	MO
prasugrel hcl	1	MO
PROFILNINE	2	QL
PROTAMINE SULFATE	2	
THROMBIN-JMI	2	
TNKASE	2	QL
tranexamic acid	1	
warfarin sodium	1	MO
HEMATOPOIETIC AGENTS		
PROCRIT	2	QL
ZARXIO	4	QL
CARDIOVASCULAR DRUGS		
ALPHA-ADRENERGIC BLOCKING AGENTS		
alfuzosin hcl	1	MO
doxazosin mesylate	1	MO
prazosin hcl	1	MO
terazosin hcl	1	MO
ANTILIPEMIC AGENTS		
atorvastatin calcium	1	MO
cholestyramine	1	MO
cholestyramine light	1	MO
colestipol hcl	1	MO
ezetimibe	1	MO
fenofibrate	1	MO
gemfibrozil	1	MO
lovastatin	1	MO
pravastatin sodium	1	MO
rosuvastatin calcium	1	MO
simvastatin	1	MO
BETA-ADRENERGIC BLOCKING AGENTS		
acebutolol hcl	1	MO
atenolol	1	MO
atenolol & chlorthalidone	1	MO
bisoprolol & hydrochlorothiazide	1	MO
bisoprolol fumarate	1	MO
carvedilol	1	MO

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Formulary Drugs by Medical Condition

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
labetalol hcl	1	MO
metoprolol succinate	1	MO
metoprolol tartrate	1	MO
nadolol	1	MO
propranolol hcl	1, 2	MO
sotalol hcl	1	MO
CALCIUM-CHANNEL BLOCKING AGENTS		
amlodipine besylate	1	MO
diltiazem hcl	1, 2	MO
diltiazem hcl coated beads	1	MO
felodipine	1	MO
KATERZIA	2	MO, AR
nifedipine	1	MO
nimodipine	1	
verapamil hcl	1, 2	MO
CARDIAC DRUGS		
adenosine	1	
amiodarone hcl	1	MO
digoxin	1, 2	MO
disopyramide phosphate	1, 2	MO
dofetilide	1	MO
dopamine hcl	1	
flecainide acetate	1	MO
LIDOCAINE HCL (CARDIAC) PF	2	
lidocaine in d5w	1	
MEXILETINE HCL	2	MO
procainamide hcl	1	
propafenone hcl	1	MO
quinidine gluconate	1	MO
QUINIDINE SULFATE	2	MO
HYPOTENSIVE AGENTS		
acetazolamide	1	MO
acetazolamide sodium	1	
clonidine hcl	1	MO
guanfacine hcl	1	MO
hydralazine hcl	1	MO
methazolamide	1	MO
methyldopa	1	MO
minoxidil	1	MO
nitroprusside sodium	1, 2	
phentolamine mesylate	1	
RENIN-ANGIOTENSIN-ALDOSTERONE SYSTEM INHIBITORS		
benazepril hcl	1	MO
captopril	1	MO

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
lisinopril	1	MO
lisinopril & hydrochlorothiazide	1	MO
losartan potassium	1	MO
losartan potassium & hydrochlorothiazide	1	MO
spironolactone	1	MO
spironolactone & hydrochlorothiazide	1	MO
VASODILATING AGENTS		
ADCIRCA	4	QL
bosentan	4	QL
dipyridamole	1	MO
epoprostenol sodium	1, 2	QL, LD
isosorbide dinitrate	1, 2	MO
isosorbide mononitrate	1	MO
nitroglycerin	1, 2	MO
OPSUMIT	4	QL
sildenafil citrate (pulmonary hypertension)	1	QL, MO
VENTAVIS	4	QL, LD
CENTRAL NERVOUS SYSTEM AGENTS		
ALCOHOL DETERRENTS		
acamprosate calcium	1	MO
disulfiram	1, 2	MO
ANALGESICS AND ANTIPYRETICS		
acetaminophen w/ codeine	1	QL, AR
butorphanol tartrate	1, 2	QL
choline & mag salicylate	1	
CODEINE SULFATE	2	QL, AR
etodolac	1	MO
fentanyl	1	QL
fentanyl citrate	1	QL
hydrocodone-acetaminophen	1	QL
hydromorphone hcl	1, 2	QL
ibuprofen	1	MO
indomethacin	1, 2	
indomethacin sodium	1	
KETOPROFEN	2	
ketorolac tromethamine	1	
meloxicam	1	MO
methadone hcl	1, 2	QL
morphine sulfate	1, 2	QL
nabumetone	1	MO
naproxen	1	MO
oxycodone hcl	1	QL
oxycodone w/ acetaminophen	1	QL

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Formulary Drugs by Medical Condition

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
salsalate	1	
sufentanil citrate	1	QL
sulindac	1	
tramadol hcl	1	QL, AR
ANOREXIGENIC AGENTS AND RESPIRATORY AND CEREBRAL STIMULANTS		
amphetamine-dextroamphetamine	1, 2	QL
armodafinil	1	QL
atomoxetine hcl	1	MO
dextroamphetamine sulfate	1	QL
guanfacine hcl (adhd)	1	MO
methylphenidate hcl	1	QL
modafinil	1	QL
ANTICONVULSANTS		
carbamazepine	1	MO
CELONTIN	2	MO
clonazepam	1	QL
DIASTAT ACUDIAL	2	QL
divalproex sodium	1	MO
ethosuximide	1	MO
felbamate	1	MO
gabapentin	1	MO
lamotrigine	1	PA, MO
levetiracetam	1	MO
magnesium sulfate	1	
oxcarbazepine	1	MO
phenytoin	1, 2	MO
phenytoin sodium	1	
phenytoin sodium extended	1, 2	MO
primidone	1	MO
topiramate	1	MO
valproate sodium	1	MO
valproic acid	1	MO
zonisamide	1	MO
ANTIMIGRAINE AGENTS		
dihydroergotamine mesylate	1, 2	QL
ERGOMAR	2	QL
ergotamine w/ caffeine	1, 2	QL
naratriptan hcl	1	QL
rizatriptan benzoate	1	QL
sumatriptan	1	QL
sumatriptan succinate	1	QL
ANTIPARKINSONIAN AGENTS		
amantadine hcl	1	MO
benztropine mesylate	1	MO

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
bromocriptine mesylate	1	MO
cabergoline	1	MO
carbidopa-levodopa	1	MO
entacapone	1	MO
pramipexole dihydrochloride	1	MO
ropinirole hydrochloride	1	MO
selegiline hcl	1, 2	MO
ANXIOLYTICS, SEDATIVES, AND HYPNOTICS		
alprazolam	1	QL
buspirone hcl	1	MO
chlordiazepoxide hcl	1	QL
clonazepam	1	QL
diazepam	1	QL
droperidol	1	
hydroxyzine hcl	1, 2	MO
lorazepam	1	QL
midazolam hcl	1	QL
OXAZEPAM	2	QL
phenobarbital	1	MO
SECONAL	2	PA
temazepam	1	QL
triazolam	1	QL
zolpidem tartrate	1	QL
CENTRAL NERVOUS SYSTEM AGENTS, MISCELLANEOUS		
atracurium besylate	1	
dalfampridine	1	MO
memantine hcl	1	MO
riluzole	1	MO
rocuronium bromide	1	
SAVELLA	2	PA, QL, MO
tetrabenazine	4	QL
vecuronium bromide	1	
MULTIPLE SCLEROSIS AGENTS		
AVONEX	4	PA, QL
EXTAVIA	2	QL
GILENYA	4	PA, QL
glatiramer acetate	1	QL
OPIATE ANTAGONISTS		
buprenorphine hcl-naloxone hcl dihydrate	1	QL
naloxone hcl	1, 2	
naltrexone hcl	1	
PSYCHOTHERAPEUTIC AGENTS		

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Formulary Drugs by Medical Condition

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
amitriptyline hcl	1	MO
aripiprazole	1	MO
bupropion hcl	1	MO
bupropion hcl (smoking deterrent)	1	
chlorpromazine hcl	1, 2	MO
citalopram hydrobromide	1	MO
clomipramine hcl	1	MO
clozapine	1	QL
desipramine hcl	1	MO
doxepin hcl	1, 2	MO
duloxetine hcl	1	MO
escitalopram oxalate	1	MO
fluoxetine hcl	1	MO
fluphenazine decanoate	1	MO
FLUPHENAZINE HCL	2	MO
fluvoxamine maleate	1	MO
haloperidol	1	MO
haloperidol decanoate	1	MO
haloperidol lactate	1	MO
imipramine hcl	1	MO
LITHIUM	2	MO
lithium carbonate	1, 2	MO
loxapine succinate	1	MO
mirtazapine	1	MO
NEFAZODONE HCL	2	MO
nortriptyline hcl	1, 2	MO
olanzapine	1	MO
paroxetine hcl	1	MO
perphenazine	1	MO
phenelzine sulfate	1	MO
PIMOZIDE	2	MO
prochlorperazine edisylate	1	
prochlorperazine maleate	1	
quetiapine fumarate	1	MO
risperidone	1	MO
sertraline hcl	1	MO
thioridazine hcl	1	MO
thiothixene	1	MO
tranylcypromine sulfate	1	MO
trazodone hcl	1	MO
trifluoperazine hcl	1	MO
venlafaxine hcl	1	MO
ziprasidone hcl	1	MO
RESPIRATORY AGENTS, MISCELLANEOUS		
guaifenesin-codeine	1	QL, AR
hydrocodone polistirex-chlorpheniramine polistirex	1	QL, AR
hydrocodone w/ homatropine	1	QL, AR
succinylcholine chloride	1	
DIABETIC SUPPLIES		
DIABETIC SUPPLIES		
ACCU-CHEK COMPACT PLUS	2	QL, MO
ACCU-CHEK COMPACT PLUS CARE	2	MO
ACETEST	2	MO
ACTI-LANCE LITE LANCETS 28G	2	QL, MO
ADVOCATE DUO	2	MO
BD AUTOSHIELD	2	MO
BD DISP NEEDLES	2	
BD INSULIN SYRINGE	2	MO
BD SAFE CLIP NEEDLE CLIPPER	2	MO
CHEMSTRIP 2	2	
CHEMSTRIP MICRAL	2	
CHEMSTRIP UGK	2	MO
CLINITEST	2	MO
CONTOUR NEXT CONTROL	2	MO
DIASTIX	2	MO
INPEN 100-BLUE-LILLY	2	MO
LANCING DEVICE	2	MO
MINILINK-REAL-TIME STARTER	2	MO
MINIMED RESERVOIR 1.8ML	2	MO
PRECISION XTRA KETONE	2	MO
SIDEKICK BLOOD GLUCOSE SYSTEM	2	MO
UNISTIK 3 EXTRA	2	QL, MO
ELECTROLYTIC, CALORIC, AND WATER BALANCE		
ACIDIFYING AND ALKALINIZING AGENTS		
potassium citrate (alkalinizer)	1	MO
SODIUM ACETATE	2	
sodium bicarbonate	1, 2	
AMMONIA DETOXICANTS		
lactulose	1	MO
lactulose (encephalopathy)	1	MO
CALORIC AGENTS		
amino acid infusion	1, 2	
dextrose	1	
NUTRILIPID	2	
DIURETICS		
amiloride & hydrochlorothiazide	1	MO
amiloride hcl	1	MO
bumetanide	1	MO
CHLOROTHIAZIDE	2	MO

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Formulary Drugs by Medical Condition

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
chlorthalidone	1	MO
DYRENIUM	2	MO
ethacrynate sodium	1	QL
furosemide	1	MO
hydrochlorothiazide	1	MO
metolazone	1	MO
torsemide	1	MO
triamterene & hydrochlorothiazide	1	MO
ION-REMOVING AGENTS		
sevelamer carbonate	1	MO
sodium polystyrene sulfonate	1	
IRRIGATING SOLUTIONS		
lactated ringer's (irrigation)	1	
ringer's irrigation	1	
sodium chloride (gu irrigant)	1	
sodium chloride flush	1	
water for irrigation, sterile	1	
REPLACEMENT PREPARATIONS		
ADDAMEL N	2	
bacteriostatic sodium chloride	1	
BACTERIOSTATIC WATER (BENZ ALC)	2	
calcium acetate (phosphate binder)	1	MO
calcium chloride (dihydrate)	1	
calcium gluconate	1	
CAROSPIR	2	PA, MO
CHROMIC CHLORIDE	2	
COPPER CHLORIDE	2	
dextrose in lactated ringers	1	
dextrose w/ sodium chloride	1	
K-PHOS	2	
LACTATED RINGERS	2	
MANGANESE CHLORIDE	2	
MANGANESE SULFATE	2	
potassium acetate	1	
potassium chloride	1, 2	MO
potassium chloride in dextrose & sodium chloride	1	
potassium chloride microencapsulated crystals er	1	MO
potassium phosphates	1	
ringer's	1	
SELENIUM	2	
sodium bicarbonate	1	
sodium chloride	1	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
sodium phosphates (sodium phosphate dibasic & monobasic)	1	
SSKI	2	
water for injection, sterile	1	
ZINC SULFATE	2	
ZINC TRACE METAL	2	
URICOSURIC AGENTS		
probenecid	1	MO
ENZYMES		
ENZYMES		
ADAGEN	2	QL, LD
CEREZYME	4	QL
CREON	2	MO
VPRIV	4	QL
EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS		
ANTI-INFECTIVES		
BACITRACIN	2	
bacitracin-polymyxin b (ophth)	1	
chlorhexidine gluconate (mouth-throat)	1	
ciprofloxacin hcl (ophth)	1, 2	
erythromycin (ophth)	1	
gatifloxacin (ophth)	1	
gentamicin sulfate (ophth)	1, 2	
moxifloxacin hcl (ophth)	1	
ofloxacin (ophth)	1	
ofloxacin (otic)	1	
polymyxin b-trimethoprim	1	
sulfacetamide sodium (ophth)	1	
tobramycin (ophth)	1, 2	
TRIFLURIDINE	2	
ANTI-INFLAMMATORY AGENTS		
BLEPHAMIDE	2	
CIPRODEX	2	
COLY-MYCIN S	2	
DEXAMETHASONE SODIUM PHOSPHATE	2	MO
diclofenac sodium (ophth)	1	
fluorometholone (ophth)	1, 2	MO
FLURBIPROFEN SODIUM	2	
hydrocortisone w/acetic acid	1	
ketorolac tromethamine (ophth)	1	
neomycin-polymy-dexameth	1	
NEOMYCIN-POLYMYXIN-HC	2	

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Formulary Drugs by Medical Condition

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
neomycin-polymyxin-hc (otic)	1	
PRED MILD	2	MO
PRED-G	2	
PREDNISOLONE SODIUM PHOSPHATE	2	MO
RESTASIS	2	QL
ANTIALLERGIC AGENTS		
azelastine hcl	1	MO
cromolyn sodium (ophth)	1	MO
ANTIGLAUCOMA AGENTS		
levobunolol hcl	1	MO
pilocarpine hcl	1	MO
timolol maleate (ophth)	1	MO
EENT DRUGS, MISCELLANEOUS		
acetic acid (otic)	1	MO
ACETIC ACID-ALUMINUM ACETATE	2	
betaxolol hcl (ophth)	1	MO
brimonidine tartrate	1	MO
dorzolamide hcl	1	MO
dorzolamide hcl-timolol maleate	1	MO
EYLEA	2	MO
fluorescein sodium topical	1	
fluorescein w/ benoxinate	1	
fluorescein w/ proparacaine	1	
HEALON GV	2	
LACRISERT	2	MO
latanoprost	1	MO
LUCENTIS	4	MO
ophthalmic irrigation solution - intraocular	1	
PHOSPHOLINE IODIDE	2	MO
LOCAL ANESTHETICS		
C-TOPICAL	2	
lidocaine hcl (mouth-throat)	1	MO
proparacaine hcl	1	
PROVISC	2	
tetracaine hcl (ophth)	1	
MYDRIATICS		
ATROPINE SULFATE	2	MO
CYCLOMYDRIL	2	
cyclopentolate hcl	1, 2	
homatropine hbr	1	MO
tropicamide	1	
VASOCONSTRICTORS		
ADRENALIN	2	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
phenylephrine hcl (mydriatic)	1	
GASTROINTESTINAL DRUGS		
ANTI-INFLAMMATORY AGENTS		
balsalazide disodium	1	MO
mesalamine	1, 2	MO
ANTIEMETICS		
AKYNZEO	2	QL
DIMENHYDRINATE	2	
dronabinol	1	
ondansetron	1	
ondansetron hcl	1	
prochlorperazine	1	
scopolamine	1, 2	
ANTIULCER AGENTS AND ACID SUPPRESSANTS		
CIMETIDINE HCL	2	MO
famotidine	1	MO
FAMOTIDINE PREMIXED	2	
misoprostol	1	MO
NIZATIDINE	2	MO
omeprazole	1	MO
pantoprazole sodium	1	MO
ranitidine hcl	1	MO
sucralfate	1	MO
CATHARTICS AND LAXATIVES		
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate	1	
DIGESTANTS		
ZENPEP	2	MO
GI DRUGS, MISCELLANEOUS		
chlordiazepoxide hcl-clidinium bromide	1	
diphenoxylate w/ atropine	1, 2	
LINZESS	2	PA, MO
metoclopramide hcl	1	
PAREGORIC	2	QL
ursodiol	1	MO
GOLD COMPOUNDS		
GOLD COMPOUNDS		
RIDAURA	2	MO
HEAVY METAL ANTAGONISTS		
HEAVY METAL ANTAGONISTS		
BAL IN OIL	2	QL
CHEMET	2	MO
deferoxamine mesylate	1	QL
DEPEN TITRATABS	2	QL

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Formulary Drugs by Medical Condition

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
flumazenil	1	
JADENU	4	QL
methylene blue (antidote)	1, 2	
PHYSOSTIGMINE SALICYLATE	2	
SODIUM THIOSULFATE	2	
HORMONES AND SYNTHETIC SUBSTITUTES		
ADRENALS		
ARISTOSPAN INTRA-ARTICULAR	2	
betamethasone sod phosphate & acetate	1	
budesonide	1	QL
CORTISONE ACETATE	2	
dexamethasone	1, 2	
dexamethasone sodium phosphate	1, 2	
fludrocortisone acetate	1	MO
hydrocortisone	1	MO
methylprednisolone	1, 2	
methylprednisolone acetate	1, 2	
methylprednisolone sod succ	1, 2	
MILLIPRED	2	
prednisolone sodium phosphate	1	
prednisone	1, 2	MO
SOLU-CORTEF	2	
triamcinolone acetonide	1, 2	
ANDROGENS		
ANADROL-50	2	QL
danazol	1	MO
METHITEST	2	MO
testosterone	1	QL
testosterone cypionate	1, 2	QL
TESTOSTERONE PROPIONATE	2	QL
CONTRACEPTIVES		
desogestrel & ethinyl estradiol	1	MO
ELLA	2	
ethynodiol diacet & eth estrad	1	MO
levonorgestrel & eth estradiol	1	MO
levonorgestrel-eth estradiol (triphasic)	1	MO
NECON 1/50 (28)	2	MO
norethin acet & estrad-fe	1	MO
norethindrone & eth estradiol	1	MO
norethindrone (contraceptive)	1	MO
norethindrone acet & eth estra	1	MO
norethindrone-eth estradiol (triphasic)	1	MO
norgestimate-ethinyl estradiol	1	MO
norgestimate-ethinyl estradiol (triphasic)	1	MO
NUVARING	2	MO
DIABETIC AGENTS		
acarbose	1	MO
glimepiride	1	MO
glipizide	1	MO
GLUCAGON EMERGENCY	2	QL
glyburide	1	MO
HUMALOG	2	PA, MO
HUMULIN 70/30	2	MO
HUMULIN N	2	PA, MO
HUMULIN R	2	MO
LANTUS	2	PA, MO
metformin hcl	1, 2	MO
pioglitazone hcl	1	MO
TOLBUTAMIDE	2	MO
ESTROGENS AND ANTIESTROGENS		
DEPO-ESTRADIOL	2	
esterified estrogens & methyltestosterone	1	MO
estradiol	1, 2	MO
estradiol vaginal	1, 2	MO
estradiol valerate	1	
ESTROPIPATE	2	MO
OSPHENA	2	QL, RB
PREMARIN	2	
raloxifene hcl	1	MO
GONADOTROPINS		
BRAVELLE	2	QL, RB
CLOMIPHENE CITRATE	2	RB
MENOPUR	2	QL, RB
ORILISSA	4	PA, QL
PREGNYL	2	QL, RB
SYNAREL	2	
PARATHYROID		
calcitonin (salmon)	1	MO
cinacalcet hcl	1	QL
PITUITARY		
ACTHAR	4	PA, QL
desmopressin acetate	1, 2	MO
desmopressin acetate spray	1	MO
desmopressin acetate spray refrigerated	1	MO
vasopressin	1	

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Formulary Drugs by Medical Condition

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PROGESTINS		
DEPO-SUBQ PROVERA 104	2	MO
medroxyprogesterone acetate	1	MO
norethindrone acetate	1	MO
progesterone	1	
PROGESTERONE WETTABLE	2	
SOMATOTROPIN AGONISTS AND ANTAGONISTS		
octreotide acetate	1, 4	QL, MO
OMNITROPE	2	PA, QL
THYROID AND ANTITHYROID AGENTS		
levothyroxine sodium	1	MO
liothyronine sodium	1	MO
methimazole	1	MO
propylthiouracil	1	MO
MISCELLANEOUS THERAPEUTIC AGENTS		
ANTIDOTES		
leucovorin calcium	1	MO
ANTIGOUT AGENTS		
allopurinol	1	MO
COLCHICINE	2	MO
BONE RESORPTION INHIBITORS		
alendronate sodium	1, 2	MO
ETIDRONATE DISODIUM	2	MO
PAMIDRONATE DISODIUM	2	
CONTRACEPTIVES		
ORTHO DIAPHRAGM ALL-FLEX KIT	2	RB
DIAGNOSTIC AGENT		
METOPIRONE	2	LD
DISEASE-MODIFYING ANTIRHEUMATIC AGENTS		
ACTEMRA	4	QL
ENBREL	4	QL
HUMIRA	4	QL
INFLECTRA	4	QL
KINERET	4	QL, LD
leflunomide	1	MO
OLUMIANT	4	PA, QL
ORENCIA	4	QL
OTEZLA	4	QL
XELJANZ	4	PA, QL
IMMUNE SUPPRESSANTS		
azathioprine	1	MO
cyclosporine modified (for microemulsion)	1, 2	MO
mycophenolate mofetil	1, 4	MO
NULOJIX	4	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SANDIMMUNE	2	MO
SIMULECT	2	
sirolimus	1	MO
tacrolimus	1, 2	QL
MISCELLANEOUS THERAPEUTIC AGENTS		
AMPHADASE	2	QL
ATGAM	2	
BORIC ACID TOPICAL	2	
BOTOX	2	
BREVITAL SODIUM	2	
bupivacaine hcl	1	
bupivacaine w/ epinephrine	1	
CYSTAGON	2	MO, LD
desflurane	1	
DILTIAZEM HCL	2	
ELMIRON	2	
ETHYOL	2	QL
finasteride	1	MO
GELFILM	2	
HYPERTET S/D	2	
isoflurane	1	
ketamine hcl	1	
levocarnitine (metabolic modifiers)	1, 2	MO
lidocaine hcl (local anesth.)	1, 2	
lidocaine w/ epinephrine	1	
mesna	1, 2	
NESACAINE	2	
propofol	1	
RIMSO-50	2	
sevoflurane	1	
THIOLA	4	QL
water for injection, sterile	1	
zoledronic acid	1	MO
OXYTOCICS		
OXYTOCICS		
HEMABATE	2	QL
methylergonovine maleate	1	
oxytocin	1	
RESPIRATORY TRACT AGENTS		
ANTI-INFLAMMATORY AGENTS		
ALVESCO	2	MO
ASMANEX	2	MO
budesonide (inhalation)	1	MO
FLOVENT HFA	2	MO, AR
fluticasone-salmeterol	1, 2	ST, MO

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Formulary Drugs by Medical Condition

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTITUSSIVES		
benzonatate	1	
CYSTIC FIBROSIS		
CAYSTON	4	QL, LD
tobramycin	1	QL
PULMONARY FIBROSIS		
ESBRIET	4	PA, QL
RESPIRATORY AGENTS, MISCELLANEOUS		
acetylcysteine	1	
albuterol sulfate	1, 2	MO
ambrisentan	1	QL
ARALAST NP	4	QL
COMBIVENT RESPIMAT	2	MO
cromolyn sodium	1	MO
ipratropium bromide	1	MO
ipratropium bromide (nasal)	1	MO
montelukast sodium	1	MO
PULMOZYME	4	QL
REMODULIN	4	QL, LD
sodium chloride (inhalant)	1	
SPIRIVA RESPIMAT	2	MO
STIOLTO RESPIMAT	2	MO
STRIVERDI RESPIMAT	2	MO
theophylline	1, 2	MO
SERUMS, TOXOIDS, AND VACCINES		
SERUMS		
CARIMUNE NF	2	MO
GAMUNEX-C	2	QL
HIZENTRA	2	QL
HYPERRHO S/D	2	
HYQVIA	4	PA, QL
IMOGAM RABIES-HT	2	
NABI-HB	2	
VARIZIG	2	
SEXUAL DYSFUNCTION		
VASODILATING AGENTS		
CAVERJECT	2	QL, RB
tadalafil	1	QL, RB
SKIN AND MUCOUS MEMBRANE AGENTS		
ANTI-INFECTIVES (SKIN AND MUCOUS MEMBRANE)		
AKTIPAK	2	MO
BACTROBAN NASAL	2	
BENZOIC ACID	2	
clindamycin phosphate (topical)	1	MO
clindamycin phosphate vaginal	1	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
clotrimazole	1	
clotrimazole w/ betamethasone	1	
erythromycin (acne aid)	1	MO
gentamicin sulfate (topical)	1	
iodoquinol-hc	1	
ketoconazole (topical)	1	
metronidazole (topical)	1	
metronidazole vaginal	1	
mupirocin	1	
MUPIROCIN CALCIUM	2	
nystatin (topical)	1	
selenium sulfide	1	
silver sulfadiazine	1	
sulfacetamide sodium (acne)	1	MO
ANTI-INFLAMMATORY AGENTS (SKIN AND MUCOUS MEMBRANE)		
alclometasone dipropionate	1	MO
benzoyl peroxide-erythromycin	1	MO
betamethasone dipropionate (topical)	1	MO
betamethasone dipropionate augmented	1, 2	MO
betamethasone valerate	1	MO
ciclopirox olamine	1	
clobetasol propionate	1, 2	MO
clobetasol propionate emollient base	1	MO
CORDRAN	2	MO
desonide	1	MO
desoximetasone	1	MO
diclofenac sodium (topical)	1	MO
fluocinolone acetonide	1	MO
fluocinonide	1	MO
fluocinonide emulsified base	1	MO
halobetasol propionate	1	MO
hydrocortisone (intrarectal)	1	MO
hydrocortisone (rectal)	1	MO
hydrocortisone (topical)	1	MO
hydrocortisone acetate (rectal)	1	MO
hydrocortisone butyrate	1	MO
hydrocortisone butyrate hydrophilic lipo base	1	MO
HYDROCORTISONE MICRONIZED	2	
mometasone furoate	1	MO
nystatin-triamcinolone	1	
triamcinolone acetonide (mouth)	1	MO
triamcinolone acetonide (topical)	1, 2	MO

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Formulary Drugs by Medical Condition

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTIPRURITICS AND LOCAL ANESTHETICS		
lidocaine hcl	1, 2	MO
lidocaine-prilocaine	1	MO
CELL STIMULANTS AND PROLIFERANTS		
tretinoin	1, 2	MO, AR
SKIN AND MUCOUS MEMBRANE AGENTS, MISCELLANEOUS		
acitretin	1	
adapalene	1, 2	MO
calcipotriene	1	MO
COSENTYX (300 MG DOSE)	4	QL
DRITHO-CREME HP	2	MO
DRYSOL	2	MO
ETHYL CHLORIDE	2	
fluorouracil (topical)	1, 2	
GLYCOPYRROLATE	2	
GRANULEX	2	
imiquimod	1	
isotretinoin	1	
methoxsalen rapid	1	
permethrin	1	
podofilox	1	MO
SANTYL	2	
tacrolimus (topical)	1	MO

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
tazarotene	1, 2	MO
VECTICAL	2	MO
XERAC AC	2	
SMOOTH MUSCLE RELAXANTS		
SMOOTH MUSCLE RELAXANTS		
oxybutynin chloride	1	MO
solifenacin succinate	1	QL, MO
trospium chloride	1	MO
VITAMINS		
VITAMINS		
AQUASOL A	2	QL
calcitriol	1	MO
cholecalciferol	1	
cyanocobalamin	1	MO
ergocalciferol	1	MO
folic acid	1, 2	MO
INFED	2	
INFUVITE ADULT	2	
phytonadione	1, 2	QL
POTABA	2	MO
PYRIDOXINE HCL	2	
thiamine hcl	1	
VENOFER	2	

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All drug product strengths, formulations, and package sizes &/or types of a formulary drug may not be included on the formulary, check with your Kaiser Permanente pharmacist for clarification, if needed.

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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 ተዘጋጀተዋል፡ 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**).

Ɓǎsɔ́ɔ̀ Wùɖù (Bassa) Dè ɖɛ nìà kɛ dyéɖé gbo: Ɔ jǔ ké m̀ Ɓàsɔ́ɔ̀-wùɖù-po-nyɔ̀ jǔ ní, nìí, à wuɖu kà kò ɖò po-poɔ̀ ɓɛ́ìn m̀ gbo kpáa. Ɖá **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) NRỤBAMA: Ọ bụrụ na ị na asụ Igbo, ọrụ enyemaka asụsụ, n'efu, dịịrị gị. Kpọọ **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 yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'dęę', t'áá jiik'eh, éí ná hóló, kojį' hódíílnih **1-800-632-9700** (TTY: **711**).

नेपाली (Nepali) ध्यान दिनुहोस्: तपाईले नेपाली बोल्नुहुन्छ भने तपाईको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । **1-800-632-9700** (TTY: **711**) फोन गर्नुहोस् ।

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**).