



## HMO Formulary

### (List of Covered Drugs)

*Last Update: 11/5/2019*

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

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### HMO Formulary Drug List

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

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

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

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

### Generic and Brand Name Medications

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

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

### Non-Formulary Medications

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

## Using the Kaiser Permanente Formulary List

When you look through the formulary drug listing beginning on page 3, you will see that products available in a generic form are listed by their generic names. Medications that are only available as a brand name product are listed in **BOLD AND ALL CAPITAL** letters, except where multiple branded products exist.

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

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

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

### Restrictions on medication coverage

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

- Limited distribution: Some drugs may be subject to limited distribution or restricted access. A drug that is a limited distribution drug may only be available at one or a limited number of pharmacies.
- Oral chemotherapy drugs: Drugs that fall under the District of Columbia and State of Maryland Oral Chemotherapy Parity Act.
- Quantity limit: For certain drugs, Kaiser Permanente Pharmacy and Therapeutics Committee limit the amount of medication dispensed to a certain quantity per copay.

### Key:

**LD** = Limited Distribution Drugs

**OC** = Oral Chemotherapy Drugs

**QL** = A drug that has a quantity limit

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

| DRUG NAME                        | REQUIREMENTS AND LIMITS |
|----------------------------------|-------------------------|
| <b>ANTIHISTAMINE DRUGS</b>       |                         |
| Cyproheptadine HCl               |                         |
| Promethazine HCL                 |                         |
| <b>ANTI-INFECTIVE AGENTS</b>     |                         |
| <b>Anthelmintics</b>             |                         |
| Albendazole                      |                         |
| <b>YODOXIN</b>                   |                         |
| <b>Antibacterials</b>            |                         |
| Amoxicillin                      |                         |
| Amoxicillin & Pot Clavulanate    |                         |
| Ampicillin                       |                         |
| Azithromycin                     |                         |
| Cefaclor                         |                         |
| Cefdinir                         |                         |
| Cefixime                         |                         |
| Cefuroxime Axetil                |                         |
| Cephalexin                       |                         |
| Ciprofloxacin                    |                         |
| Clarithromycin                   |                         |
| Clindamycin                      |                         |
| Clindamycin Palmitate HCL        |                         |
| Dicloxacillin Sodium             |                         |
| Doxycycline Monohydrate          |                         |
| Erythromycin Base                |                         |
| Erythromycin Ethylsuccinate Susp |                         |
| Erythromycin-Sulfisoxazole       |                         |
| Levofloxacin                     |                         |
| Linezolid                        |                         |
| Minocycline HCL                  |                         |
| Neomycin Sulfate                 |                         |
| Penicillin V Potassium           |                         |
| Sulfadiazine                     |                         |
| Sulfasalazine                    |                         |

**LEGEND**

- Brand-name drugs are in bold type and all capital letters
- For drugs not indicated in bold, generic drugs will be dispensed as the formulary agent

| DRUG NAME                      | REQUIREMENTS AND LIMITS |
|--------------------------------|-------------------------|
| Sulfamethoxazole- Trimethoprim |                         |
| Tobramycin Neb                 |                         |
| Vancomycin HCL                 |                         |
| <b>VIVOTIF BERNA</b>           |                         |
| <b>ZYVOX</b>                   |                         |
| <b>Antifungals</b>             |                         |
| Fluconazole                    |                         |
| Griseofulvin Microsize         |                         |
| Griseofulvin Ultramicrosize    |                         |
| Itraconazole                   |                         |
| Ketoconazole                   |                         |
| Nystatin                       |                         |
| Terbinafine                    |                         |
| Voriconazole                   |                         |
| <b>Antimycobacterials</b>      |                         |
| Dapsone                        |                         |
| Ethambutol HCL                 |                         |
| Isoniazid                      |                         |
| Pyrazinamide                   |                         |
| Rifabutin                      |                         |
| Rifampin                       |                         |
| <b>Antiprotozoals</b>          |                         |
| Atovaquone                     |                         |
| Atovaquone-Proguanil HCL       |                         |
| <b>COARTEM</b>                 |                         |
| Chloroquine Phosphate          |                         |
| Hydroxychloroquine Sulfate     |                         |
| <b>KRINTAFEL</b>               |                         |
| Mefloquine HCL                 |                         |
| Metronidazole                  |                         |
| <b>NEBUPENT INH</b>            |                         |
| Primaquine Phosphate           |                         |
| <b>Antivirals</b>              |                         |
| Abacavir                       |                         |
| Abacavir-Lamivudine            |                         |

- Limited Distribution-LD
- Quantity Limits-QL
- Oral Chemo Drugs-OC

| DRUG NAME                      | REQUIREMENTS AND LIMITS |
|--------------------------------|-------------------------|
| Abacavir-Lamivudine-Zidovudine |                         |
| Adefovir Dipivoxil             |                         |
| Amantadine HCL                 |                         |
| <b>APTIVUS</b>                 |                         |
| Atazanavir                     |                         |
| <b>ATRIPLA</b>                 |                         |
| <b>BIKTARVY</b>                |                         |
| <b>CIMDUO</b>                  |                         |
| <b>COMPLERA</b>                |                         |
| <b>CRIXIVAN</b>                |                         |
| <b>DESCOVY</b>                 |                         |
| Didanosine                     |                         |
| <b>EDURANT</b>                 |                         |
| Efavirenz                      |                         |
| <b>EMTRIVA</b>                 |                         |
| Entecavir                      |                         |
| <b>EPCLUSA</b>                 | QL                      |
| <b>Fosamprenavir</b>           |                         |
| <b>GENVOYA</b>                 |                         |
| <b>INTELENCE</b>               |                         |
| <b>INVIRASE</b>                |                         |
| <b>ISENTRESS</b>               |                         |
| <b>HARVONI</b>                 | QL                      |
| <b>JULUCA</b>                  |                         |
| Lamivudine                     |                         |
| Lamivudine-Zidovudine          |                         |
| <b>LEXIVA</b>                  |                         |
| Lopinavir-Ritonavir            |                         |
| Nevirapine                     |                         |
| <b>NORVIR</b>                  |                         |
| <b>ODEFSEY</b>                 |                         |
| Oseltamivir                    | QL                      |
| <b>PEGASYS</b>                 | QL                      |
| <b>PEGASYS PROCLICK</b>        | QL                      |
| <b>PREZCOBIX</b>               |                         |
| <b>PREZISTA</b>                |                         |

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| DRUG NAME                      | REQUIREMENTS AND LIMITS |
|--------------------------------|-------------------------|
| <b>RELENZA</b>                 | QL                      |
| <b>RESCRIPTOR</b>              |                         |
| <b>REYATAZ</b>                 |                         |
| Ribavirin                      |                         |
| Rimantadine HCL                |                         |
| <b>SELZENTRY</b>               |                         |
| Stavudine                      |                         |
| <b>STRIBILD</b>                |                         |
| <b>SYMFI</b>                   |                         |
| <b>SYMFI Lo</b>                |                         |
| <b>SYMTUZA</b>                 |                         |
| Tenofovir                      |                         |
| <b>TIVICAY</b>                 |                         |
| <b>TRIUMEQ</b>                 |                         |
| <b>TRUVADA</b>                 |                         |
| Valganciclovir                 |                         |
| <b>VIRACEPT</b>                |                         |
| <b>VOSEVI</b>                  | QL                      |
| Zidovudine                     |                         |
| <b>Urinary Anti-Infectives</b> |                         |
| Methenamine Hippurate          |                         |
| Nitrofurantoin                 |                         |
| Nitrofurantoin Monohydrate     |                         |
| Nitrofurantoin Macrocrystals   |                         |
| Trimethoprim                   |                         |
| <b>ANTINEOPLASTIC AGENTS</b>   |                         |
| <b>Antineoplastic Agents</b>   |                         |
| <b>AFINITOR</b>                | OC                      |
| ALUNBRIG                       | OC                      |
| Anastrozole                    | OC                      |
| Bicalutamide                   | OC                      |
| <b>CABOMETYX</b>               | OC                      |
| Capecitabine                   | OC                      |
| <b>CEENU</b>                   | OC                      |
| Cyclophosphamide               |                         |
| <b>EMCYT</b>                   | OC                      |
| Erlotinib                      | OC                      |
| Etoposide                      | OC                      |
| Exemestane                     | OC                      |

- Limited Distribution-LD
- Quantity Limits-QL
- Oral Chemo Drugs-OC

| DRUG NAME               | REQUIREMENTS AND LIMITS |
|-------------------------|-------------------------|
| <b>Flutamide</b>        | OC                      |
| <b>GLEOSTINE</b>        | OC                      |
| <b>HEXALEN</b>          | OC                      |
| <b>HYCAMTIN</b>         | OC                      |
| Hydroxyurea             | OC                      |
| <b>IBRANCE</b>          | OC                      |
| <b>ICLUSIG</b>          | OC                      |
| Imatinib Mesylate       | OC                      |
| <b>IMBRUVICA</b>        | OC                      |
| <b>INLYTA</b>           | OC                      |
| <b>INTRON-A</b>         | QL                      |
| <b>IRESSA</b>           | OC                      |
| <b>JAKAFI</b>           | OC                      |
| <b>LENVIMA</b>          | OC                      |
| Letrozole               | OC                      |
| <b>LEUKERAN</b>         | OC                      |
| <b>LUPRON</b>           | QL                      |
| <b>LUPRONDEPOT</b>      | QL                      |
| <b>LUPRON DEPOT-PED</b> | QL                      |
| <b>LYSODREN</b>         | OC                      |
| Megestrol Acetate       |                         |
| <b>MEKINIST</b>         | OC                      |
| Melphalan               | OC                      |
| Mercaptopurine          | OC                      |
| Methotrexate Sodium     |                         |
| <b>MYLERAN</b>          | OC                      |
| <b>NEXAVAR</b>          | OC                      |
| <b>NINLARO</b>          | OC                      |
| <b>ODOMZO</b>           | OC                      |
| <b>POMALYST</b>         | OC                      |
| Procarbazine HCL        | OC                      |
| <b>RYDAPT</b>           | OC                      |
| <b>SPRYCEL</b>          | OC                      |
| <b>STIVARGA</b>         | OC                      |
| <b>SUTENT</b>           | OC                      |
| <b>TABLOID</b>          | OC                      |

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| DRUG NAME                                    | REQUIREMENTS AND LIMITS |
|--|-------------------------|
| <b>TAFINLAR</b>                              | OC                      |
| <b>TAGRISO</b>                               | OC                      |
| Tamoxifen Citrate                            |                         |
| <b>TARGRETIN</b>                             | OC                      |
| <b>TASIGNA</b>                               | OC                      |
| Temozolomide                                 | OC                      |
| Tretinoin (Chemotherapy)                     | OC                      |
| <b>TYKERB</b>                                | OC                      |
| Vandetanib                                   | OC                      |
| <b>VENCLEXTA</b>                             | OC                      |
| <b>VOTRIENT</b>                              | OC                      |
| <b>XALKORI</b>                               | OC                      |
| <b>XTANDI</b>                                | OC                      |
| <b>ZELBORAF</b>                              | OC                      |
| <b>ZOLINZA</b>                               | OC                      |
| <b>ZYKADIA</b>                               | OC                      |
| <b>ZYTIGA</b>                                | OC                      |
| <b>ANXIOLYTICS, SEDATIVES, AND HYPNOTICS</b> |                         |
| <b>Barbiturates</b>                          |                         |
| Phenobarbital                                |                         |
| <b>Benzodiazepines</b>                       |                         |
| Alprazolam                                   | QL                      |
| Clonazepam                                   | QL                      |
| Diazepam                                     | QL                      |
| Lorazepam                                    | QL                      |
| Temazepam                                    | QL                      |
| <b>AUTONOMIC DRUGS</b>                       |                         |
| <b>Anticholinergic Agents</b>                |                         |
| Atropine Injection                           |                         |
| Benztrapine Mesylate                         |                         |
| Dicyclomine HCL                              |                         |
| Hyoscyamine                                  |                         |

- Limited Distribution-LD
- Quantity Limits-QL
- Oral Chemo Drugs-OC

| DRUG NAME                                       | REQUIREMENTS AND LIMITS |
|---|-------------------------|
| Ipratropium Bromide                             |                         |
| <b>SPIRIVA</b>                                  |                         |
| <b>STIOLTO RESPIMAT</b>                         |                         |
| Trihexyphenidyl HCL                             |                         |
| <b>Autonomic Drugs, Miscellaneous</b>           |                         |
| <b>CHANTIX</b>                                  |                         |
| Ergoloid Mesylates                              |                         |
| Nicotrol Inhaler                                | HC                      |
| Phenoxybenzamine                                |                         |
| <b>Parasympathomimetic (Cholinergic) Agents</b> |                         |
| Bethanechol Chloride                            |                         |
| Donepezil HCL                                   |                         |
| Galantamine Hydrobromide                        |                         |
| Neostigmine Bromide                             |                         |
| Pilocarpine HCL (ORAL)                          |                         |
| Pyridostigmine Bromide                          |                         |
| <b>Skeletal Muscle Relaxants</b>                |                         |
| Baclofen  |                         |
| Cyclobenzaprine HCL                             |                         |
| Dantrolene Sodium                               |                         |
| Methocarbamol                                   |                         |
| <b>Sympathomimetic (Adrenergic) Agents</b>      |                         |
| <b>ADVAIR</b>                                   |                         |
| Albuterol Neb                                   |                         |
| Epinephrine HCL                                 | QL                      |
| <b>EIPEN</b>                                    | QL                      |
| Ipratropium-albuterol                           |                         |
| Midodrine                                       |                         |
| <b>SEREVENT DISKUS</b>                          |                         |
| <b>STRIVERDI</b>                                |                         |
| Terbutaline Sulfate                             |                         |
| <b>VENTOLIN HFA</b>                             |                         |

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| DRUG NAME                                       | REQUIREMENTS AND LIMITS |
|---|-------------------------|
| <b>BLOOD FORMATION, COAGULATION, THROMBOSIS</b> |                         |
| <b>Coagulants and Anticoagulants</b>            |                         |
| <b>AGGRENOX</b>                                 |                         |
| Anagrelide HCL                                  |                         |
| Aminocaproic Acid                               |                         |
| Aspirin-Dipyridamole                            |                         |
| <b>BRILINTA</b>                                 |                         |
| Cilostazol                                      |                         |
| Clopidogrel                                     |                         |
| Dipyridamole                                    |                         |
| Enoxaparin                                      | QL                      |
| <b>HEMLIBRA</b>                                 | QL                      |
| <b>KOVALTRY</b>                                 |                         |
| <b>LOVENOX</b>                                  | QL                      |
| Pentoxifylline                                  |                         |
| <b>PRADAXA</b>                                  |                         |
| Prasugrel                                       |                         |
| Warfarin Sodium                                 |                         |
| <b>Hematopoietic Agents</b>                     |                         |
| <b>PROCIT/EPOGEN</b>                            | QL                      |
| <b>PROMACTA</b>                                 |                         |
| <b>ZARXIO</b>                                   | QL                      |
| <b>CARDIOVASCULAR DRUGS</b>                     |                         |
| <b>Alpha-Adrenergic Blocking Agents</b>         |                         |
| Terazosin HCL                                   |                         |
| Tamsulosin HCL                                  |                         |
| <b>Antilipemic Agents</b>                       |                         |
| Atorvastatin Calcium                            |                         |
| Cholestyramine                                  |                         |
| Cholestyramine Light                            |                         |
| Colestipol                                      |                         |
| Fenofibrate 54mg, 160mg                         |                         |
| Gemfibrozil                                     |                         |
| Lovastatin                                      |                         |

- Limited Distribution-LD
- Quantity Limits-QL
- Oral Chemo Drugs-OC

| DRUG NAME                              | REQUIREMENTS AND LIMITS |
|--|-------------------------|
| Niacin                                 |                         |
| Pravastatin 20,40mg, 80mg              |                         |
| Rosuvastatin                           |                         |
| Simvastatin 10mg,20mg,40mg, 80mg       |                         |
| <b>Beta-Adrenergic Blocking Agents</b> |                         |
| Atenolol/Chlorthalidone                |                         |
| Atenolol HCL                           |                         |
| Bisoprolol/<br>Hydrochlorothiazide     |                         |
| Bisoprolol Fumarate                    |                         |
| Carvedilol                             |                         |
| Labetalol HCL                          |                         |
| Metoprolol Succinate                   |                         |
| Metoprolol Tartrate                    |                         |
| Propranolol HCL                        |                         |
| Sotalol HCL                            |                         |
| <b>Calcium-Channel Blocking Agents</b> |                         |
| Amlodipine Besylate                    |                         |
| Diltiazem HCL                          |                         |
| Nifedipine                             |                         |
| Verapamil HCL                          |                         |
| <b>Cardiac Drugs</b>                   |                         |
| Amiodarone HCL                         |                         |
| Digoxin                                |                         |
| Disopyramide Phosphate                 |                         |
| Dofetilide                             |                         |
| Flecainide Acetate                     |                         |
| Mexiletine HCL                         |                         |
| Propafenone HCL                        |                         |
| Quinidine Gluconate                    |                         |
| Quinidine Sulfate                      |                         |

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| DRUG NAME  | REQUIREMENTS AND LIMITS |
|--|-------------------------|
| Quinidine Sulfate ER                                   |                         |
| <b>Hypotensive Agents</b>                              |                         |
| Acetazolamide  |                         |
| Clonidine HCL  |                         |
| Guanfacine HCL   |                         |
| Hydralazine HCL  |                         |
| Methazolamide  |                         |
| Methyldopa   |                         |
| Minoxidil  |                         |
| <b>Renin-Angiotensin-Aldosterone System Inhibitors</b> |                         |
| Captopril  |                         |
| Enalapril Maleate                                      |                         |
| <b>ENTRESTO</b>  |                         |
| Lisinopril   |                         |
| Lisinopril/Hydrochlorothiazide                         |                         |
| Losartan Potassium                                     |                         |
| Losartan Potassium/HCTZ                                |                         |
| Spiroolactone  |                         |
| Spiroolactone/<br>Hydrochlorothiazide                  |                         |
| Valsartan  |                         |
| Valsartan/ Hydrochlorothiazide                         |                         |
| <b>Vasodilating Agents</b>                             |                         |
| <b>ADEMPAS</b>   | LD                      |
| Isosorbide Dinitrate                                   |                         |
| Isosorbide Mononitrate                                 |                         |
| Nitroglycerin Patch                                    |                         |
| Nitroglycerin  |                         |
| <b>OPSUMIT</b>   | LD                      |
| Papaverine HCL   |                         |
| Sildenafil Citrate                                     |                         |
| <b>CENTRAL NERVOUS SYSTEM AGENTS</b>                   |                         |

- Limited Distribution-LD
- Quantity Limits-QL
- Oral Chemo Drugs-OC

| DRUG NAME  | REQUIREMENTS AND LIMITS |
|--|-------------------------|
| <b>Analgesics and Antipyretics</b>                                 |                         |
| Acetaminophen/Codeine  | QL                      |
| Buprenorphine HCL/<br>Naloxone HCLSL                               | QL                      |
| Codeine Phosphate  | QL                      |
| Codeine Sulfate  | QL                      |
| Diclofenac Sodium  |                         |
| <b>EMBEDA</b>  | QL                      |
| Etodolac   |                         |
| Fentanyl   | QL                      |
| Hydrocodone/<br>Acetaminophen                                      | QL                      |
| Hydromorphone HCL  | QL                      |
| Ibuprofen  |                         |
| Indomethacin   |                         |
| Meloxicam  |                         |
| Meperidine HCL   | QL                      |
| Methadone HCL  | QL                      |
| Morphine Sulfate   | QL                      |
| Nabumetone   |                         |
| Naproxen   |                         |
| Oxycodone HCL, ER  | QL                      |
| Oxycodone/Acetaminophen  | QL                      |
| <b>OXYCONTIN</b>   | QL                      |
| Sulindac   |                         |
| Tramadol HCL   | QL                      |
| <b>Anorexigenic Agents and Respiratory and Cerebral Stimulants</b> |                         |
| <b>ADDERALL XR</b>   |                         |
| Amphetamine/<br>Detroamphetamine (Mixed)                           |                         |

| DRUG NAME                                    | REQUIREMENTS AND LIMITS |
|--|-------------------------|
| Dexmethylphenidate ER                        |                         |
| Dextroamphetamine Sulfate                    |                         |
| Methylphenidate HCL                          |                         |
| Methylphenidate HCL ER                       |                         |
| <b>Anticonvulsants</b>                       |                         |
| <b>BANZEL</b>                                |                         |
| Carbamazepine                                |                         |
| Diazepam (Anticonvulsant)                    |                         |
| Divalproex Sodium                            |                         |
| Ethosuximide                                 |                         |
| Gabapentin                                   |                         |
| Lamotrigine                                  |                         |
| Levetiracetam                                |                         |
| Levetiracetam XR                             |                         |
| Methsuximide                                 |                         |
| Oxcarbazepine                                |                         |
| Phenobarbital                                |                         |
| Phenytoin Sodium                             |                         |
| Primidone                                    |                         |
| Topiramate                                   |                         |
| Valproate Sodium                             |                         |
| Valproic Acid                                |                         |
| <b>Antimigraine Agents</b>                   |                         |
| Ergotamine/Caffeine                          |                         |
| Naratriptan HCL                              | QL                      |
| Rizatriptan Benzoate ODT                     | QL                      |
| Sumatriptan                                  | QL                      |
| <b>Anxiolytics, Sedatives, and Hypnotics</b> |                         |
| Buspirone HCL                                |                         |
| Hydroxyzine HCL                              |                         |

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- Limited Distribution-LD
- Quantity Limits-QL
- Oral Chemo Drugs-OC



| DRUG NAME                                   | REQUIREMENTS AND LIMITS |
|---|-------------------------|
| Hydroxyzine Pamoate                         |                         |
| Zaleplon                                    | QL                      |
| Zolpidem Tartrate                           | QL                      |
| <b>Central Nervous System Agents, Misc.</b> |                         |
| Cabergoline                                 |                         |
| Carbidopa                                   |                         |
| Carbidopa/Levodopa, ER                      |                         |
| Entacapone                                  |                         |
| Memantine                                   |                         |
| Pramipexole Dihydrochloride                 |                         |
| Riluzole                                    |                         |
| Ropinirole HCL                              |                         |
| Selegiline                                  |                         |
| <b>Opiate Antagonists</b>                   |                         |
| Naloxone                                    | QL                      |
| Naltrexone HCL                              |                         |
| <b>Psychotherapeutic Agents</b>             |                         |
| Amitriptyline HCL                           |                         |
| Aripiprazole                                |                         |
| Bupropion HCL, SR, XL                       |                         |
| Chlorpromazine HCL                          |                         |
| Citalopram HCL                              |                         |
| Clozapine                                   | QL                      |
| Desipramine HCL                             |                         |
| Doxepine HCL                                |                         |
| Duloxetine HCL                              |                         |
| Escitalopram Oxalate                        |                         |
| Fluoxetine HCL                              |                         |
| Fluphenazine HCL                            |                         |
| Fluvoxamine Maleate                         |                         |
| Haloperidol                                 |                         |

| DRUG NAME                                       | REQUIREMENTS AND LIMITS |
|---|-------------------------|
| Imipramine HCL                                  |                         |
| Lithium Carbonate                               |                         |
| Lithium Citrate                                 |                         |
| Mirtazapine                                     |                         |
| Nefazodone HCL                                  |                         |
| Nortriptyline HCL                               |                         |
| Olanzapine                                      |                         |
| Paroxetine HCL                                  |                         |
| Pimozide  |                         |
| Perphenazine                                    |                         |
| Phenelzine Sulfate                              |                         |
| Prochlorperazine Maleate                        |                         |
| Protriptyline HCL                               |                         |
| Quetiapine                                      |                         |
| Risperidone                                     |                         |
| Sertraline HCL                                  |                         |
| Thioridazine HCL                                |                         |
| Thiothixene                                     |                         |
| Trazodone HCL                                   |                         |
| Trifluoperazine HCL                             |                         |
| Venlafaxine HCL                                 |                         |
| Ziprasidone HCL                                 |                         |
| <b>ELECTROLYTIC, CALORIC, AND WATER BALANCE</b> |                         |
| <b>Acidifying and Alkalinizing Agents</b>       |                         |
| Potassium & Sodium Acid Phosphates              |                         |
| Potassium Citrate (Alkalinizer)                 |                         |
| Sodium Citrate & Citric Acid                    |                         |
| <b>Ammonia Detoxicants</b>                      |                         |
| Lactulose                                       |                         |

**LEGEND**

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- Limited Distribution—LD
- Quantity Limits—QL
- Oral Chemo Drugs—OC

| DRUG NAME                             | REQUIREMENTS AND LIMITS |
|---------------------------------------|-------------------------|
| <b>Diuretics</b>                      |                         |
| Amiloride HCL                         |                         |
| Amiloride/ Hydrochlorothiazide        |                         |
| Chlorothiazide                        |                         |
| Chlorthalidone                        |                         |
| Furosemide                            |                         |
| Hydrochlorothiazide                   |                         |
| Indapamide                            |                         |
| Metolazone                            |                         |
| Torsemide                             |                         |
| Triamterene/Hydrochlorothiazide       |                         |
| <b>Ion-Removing Agents</b>            |                         |
| Sevelamer                             |                         |
| Sodium Polystyrene Sulfonate          |                         |
| <b>Irrigating Solutions</b>           |                         |
| <b>DIANEAL</b>                        |                         |
| <b>EXTRANEAL</b>                      |                         |
| <b>Replacement Preparations</b>       |                         |
| Calcium Acetate                       |                         |
| <b>ELIPHOS</b>                        |                         |
| <b>PHOSLYRA</b>                       |                         |
| Potassium Phosphate Dibasic/Monobasic |                         |
| Potassium Bicarbonate                 |                         |
| Potassium Chloride                    |                         |
| Potassium Phosphate monobasic         |                         |
| <b>Uricosuric Agents</b>              |                         |
| Probenecid                            |                         |
| <b>ENZYMES</b>                        |                         |
| <b>Enzymes</b>                        |                         |
| <b>PULMOZYME SOL</b>                  |                         |
| <b>VPRIV</b>                          |                         |

| DRUG NAME   | REQUIREMENTS AND LIMITS |
|---|-------------------------|
| <b>EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS</b> |                         |
| <b>Antiallergic Agents</b>                            |                         |
| Azelastine HCL  |                         |
| Cromolyn Sodium (OP)                                  |                         |
| Olopatadine (OP)                                      |                         |
| <b>Anti-Infectives</b>                                |                         |
| Bacitracin (OP)                                       |                         |
| Bacitracin/Polymyxin B (OP)                           |                         |
| Ciprofloxacin (OP)                                    |                         |
| Erythromycin (OP)                                     |                         |
| Gentamicin Sulfate (OP)                               |                         |
| Moxifloxacin  |                         |
| <b>NATACYN</b>  |                         |
| Ofloxacin (OP)  |                         |
| Ofloxacin (OTIC)                                      |                         |
| Polymyxin B/Trimethoprim                              |                         |
| Tobramycin Sulfate (OP)                               |                         |
| Trifluridine  |                         |
| <b>Anti-Inflammatory Agents</b>                       |                         |
| Bacitracin/Polymyxin/ Neomycin/HC                     |                         |
| <b>CIPRODEXOTIC</b>                                   |                         |
| <b>COLY-MYCIN S OTIC</b>                              |                         |
| Dexamethasone Sodium Phosphate (OP)                   |                         |

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- Limited Distribution—LD
- Quantity Limits—QL
- Oral Chemo Drugs-OC

| DRUG NAME                         | REQUIREMENTS AND LIMITS |
|-----------------------------------|-------------------------|
| Fluorometholone (OP)              |                         |
| Flunisolide                       |                         |
| Flurbiprofen (OP)                 |                         |
| Fluticasone Propionate            |                         |
| Hydrocortisone/Acetic Acid (OTIC) |                         |
| Ketorolac Tromethamine            |                         |
| Neomycin/Polymyxin/Dexamethasone  |                         |
| Neomycin/Polymyxin/HC             |                         |
| <b>PRED-G</b>                     |                         |
| Prednisolone Acetate              |                         |
| Prednisolone Sodium Phosphate     |                         |
| Sulfacetamide Sodium/Prednisolone |                         |
| Tobramycin/Dexamethasone          |                         |
| <b>VEXOL</b>                      |                         |
| <b>EENT Drugs, Miscellaneous</b>  |                         |
| Acetic Acid (OTIC)                |                         |
| Acetic Acid/Aluminum Acetate      |                         |
| Brimonidine Tartrate              |                         |
| Carbachol (OP)                    |                         |
| Dorzolamide                       |                         |
| Dorzolamide/Timolol               |                         |
| Latanoprost                       |                         |
| Levobunolol HCL                   |                         |
| Metipranolol                      |                         |
| Timolol (OP)                      |                         |
| <b>Local Anesthetics</b>          |                         |
| Lidocaine HCL                     |                         |

| DRUG NAME                                     | REQUIREMENTS AND LIMITS |
|---|-------------------------|
| Proparacaine HCL                              |                         |
| Tetracaine HCL                                |                         |
| <b>Mydriatics</b>                             |                         |
| Atropine Sulfate                              |                         |
| <b>CYCLOMYDRIL</b>                            |                         |
| Homatropine HBR                               |                         |
| Tropicamide                                   |                         |
| <b>Vasoconstrictors</b>                       |                         |
| Phenylephrine HCL(OP)                         |                         |
| <b>GASTROINTESTINAL DRUGS</b>                 |                         |
| <b>Antidiarrhea Agents</b>                    |                         |
| Diphenoxylate/Atropine                        |                         |
| <b>Antiemetics</b>                            |                         |
| <b>AKYNZEO</b>                                |                         |
| Aprepitant                                    |                         |
| Ondansetron HCL                               |                         |
| Prochlorperazine                              |                         |
| Scopolamine                                   |                         |
| <b>TRANSDERM-SCOP</b>                         |                         |
| <b>Anti-Inflammatory Agents</b>               |                         |
| Balsalazide Disodium                          |                         |
| <b>LIALDA</b>                                 |                         |
| Mesalamine                                    |                         |
| <b>PENTASA</b>                                |                         |
| <b>Antiulcer Agents and Acid Suppressants</b> |                         |
| Famotidine                                    |                         |
| Misoprostol                                   |                         |
| Omeprazole 10mg                               |                         |
| Pantoprazole                                  |                         |
| Ranitidine HCL                                |                         |
| Sucralfate                                    |                         |

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- Limited Distribution—LD
- Quantity Limits—QL
- Oral Chemo Drugs-OC

| DRUG NAME                                    | REQUIREMENTS AND LIMITS |
|--|-------------------------|
| <b>Digestants</b>                            |                         |
| <b>CREON</b>                                 |                         |
| Pancrelipase                                 |                         |
| <b>ZENPEP</b>                                |                         |
| <b>GI Drugs, Miscellaneous</b>               |                         |
| Chlordiazepoxide hcl-clidinium bromide       |                         |
| Metoclopramide HCL                           |                         |
| PEG3350-KCL-Sodium Bicarb Sodium Chl- Sodium |                         |
| Ursodiol                                     |                         |
| <b>HEAVY METAL ANTAGONISTS</b>               |                         |
| <b>Heavy Metal Antagonists</b>               |                         |
| <b>JADENU</b>                                |                         |
| <b>HORMONES AND SYNTHETIC SUBSTITUTES</b>    |                         |
| <b>Adrenals</b>                              |                         |
| <b>ALVESCO</b>                               |                         |
| Pulmicort                                    |                         |
| Cortisone Acetate                            |                         |
| Dexamethasone Sodium Phosphate               |                         |
| <b>FLOVENT HFA</b>                           |                         |
| Fludrocortisone Acetate                      |                         |
| Hydrocortisone                               |                         |
| Methylprednisolone                           |                         |
| <b>MILLIPRED</b>                             |                         |
| Prednisolone                                 |                         |
| Prednisolone Sodium Phosphate                |                         |
| Prednisone                                   |                         |
| <b>QVAR</b>                                  |                         |

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| DRUG NAME   | REQUIREMENTS AND LIMITS |
|---|-------------------------|
| <b>Androgens</b>                                  |                         |
| <b>ANDROGEL</b>                                   |                         |
| Danocrine   |                         |
| <b>DEPO-TESTOSTERONE</b>                          |                         |
| <b>Contraceptives</b>                             |                         |
| Desogestrel/Ethinyl Estradiol                     |                         |
| Drospirenone/Ethinyl Estradiol                    |                         |
| <b>ELLA</b>                                       |                         |
| Ethinodiol Diacetate/Ethinyl Estradiol            |                         |
| Levonorgestrel/Ethinyl Estradiol                  |                         |
| Levonorgestrel/Ethinyl Estradiol (Triphasic)      |                         |
| <b>NEXPLANON</b>                                  |                         |
| Norethindrone                                     |                         |
| Norethindrone/Ethinyl Estradiol                   |                         |
| Norethindrone Acetate/ Ethinyl Estradiol          |                         |
| Norethindrone/Ethinyl Estradiol (Triphasic)       |                         |
| Norgestimate/Ethinyl Estradiol (Mono & Triphasic) |                         |
| <b>NUVARING</b>                                   |                         |
| <b>PLAN B ONE-STEP</b>                            |                         |
| Xulane patch                                      |                         |
| <b>Diabetic Agents</b>                            |                         |
| Acarbose  |                         |
| Glipizide   |                         |
| <b>GLUCAGON EMERGENCY KIT</b>                     |                         |
| <b>HUMALOG VIAL</b>                               |                         |
| <b>HUMULIN N 70/30</b>                            |                         |
| <b>HUMULIN N</b>                                  |                         |
| <b>HUMULIN R VIAL</b>                             |                         |
| <b>JARDIANCE</b>                                  |                         |
| <b>LANTUS VIAL</b>                                |                         |

- Limited Distribution—LD
- Quantity Limits—QL
- Oral Chemo Drugs-OC

| DRUG NAME                                | REQUIREMENTS AND LIMITS |
|--|-------------------------|
| Metformin HCL                            |                         |
| Metformin ER                             |                         |
| Pioglitazone HCL                         |                         |
| <b>Estrogens and Antiestrogens</b>       |                         |
| <b>CLIMARA</b>                           |                         |
| Estradiol                                |                         |
| Esterified Estrogens/Methyl Testosterone |                         |
| Raloxifene                               |                         |
| <b>Gonadotropins</b>                     |                         |
| <b>BRAVELLE</b>                          | HC, QL                  |
| <b>CETROTIDE</b>                         | HC, QL                  |
| Chorionic Gonadotropin                   | HC, QL                  |
| Clomiphene Citrate                       | HC                      |
| <b>FOLLISTIM</b>                         | HC, QL                  |
| Ganirelix Acetate                        | HC, QL                  |
| <b>GONAL-F</b>                           | HC, QL                  |
| <b>MENOPUR</b>                           | HC, QL                  |
| <b>IUD</b>                               |                         |
| <b>MIRENA</b>                            |                         |
| <b>Parathyroid</b>                       |                         |
| <b>FORTICAL</b>                          |                         |
| <b>Pituitary</b>                         |                         |
| Desmopressin Acetate                     |                         |
| <b>Progestins</b>                        |                         |
| Hydroxyprogesterone caproate             |                         |
| Medroxyprogesterone Acetate              |                         |
| Norethindrone Acetate                    |                         |
| Progesterone Micronized                  |                         |

| DRUG NAME                                  | REQUIREMENTS AND LIMITS |
|--|-------------------------|
| <b>Somatotropin Agonist and Antagonist</b> |                         |
| <b>OMNITROPE</b>                           | QL                      |
| <b>Thyroid and Antithyroid Agents</b>      |                         |
| Levothyroxine Sodium                       |                         |
| Liothyronine Sodium                        |                         |
| Methimazole                                |                         |
| Propylthiouracil                           |                         |
| <b>MISCELLANEOUS THERAPEUTIC AGENTS</b>    |                         |
| <b>Miscellaneous Therapeutic Agents</b>    |                         |
| Acamprosate Calcium                        |                         |
| Alendronate Sodium                         |                         |
| Allopurinol                                |                         |
| <b>AVONEX</b>                              | QL                      |
| Azathioprine                               |                         |
| Bromocriptine Mesylate                     | LD                      |
| <b>CERDELGA</b>                            |                         |
| Cinacalcet                                 |                         |
| Colchicine                                 |                         |
| Cromolyn Sodium                            |                         |
| Disulfiram                                 |                         |
| <b>ELMIRON</b>                             |                         |
| <b>ENBREL (ERELZI)</b>                     | QL                      |
| Etidronate Disodium                        |                         |
| <b>EXTAVIA</b>                             | QL                      |
| Finasteride                                |                         |
| <b>GENGRAF</b>                             |                         |
| Glatiramer                                 | QL                      |
| <b>GRASTEK</b>                             |                         |
| <b>HUMIRA</b>                              | QL                      |
| Icatibant                                  | QL                      |
| Leflunomide                                |                         |

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- Limited Distribution—LD
- Quantity Limits—QL
- Oral Chemo Drugs-OC

| DRUG NAME                       | REQUIREMENTS AND LIMITS |
|---------------------------------|-------------------------|
| Leucovorin Calcium              |                         |
| <b>MESNEX</b>                   |                         |
| Mycophenolate Mofetil           |                         |
| <b>ODACTRA</b>                  |                         |
| <b>ORENCIA</b>                  | QL                      |
| <b>OTEZLA</b>                   | QL                      |
| <b>RAGWITEK</b>                 |                         |
| <b>RASUVO</b>                   | QL                      |
| <b>READI-CAT</b>                |                         |
| <b>REBIF</b>                    | QL                      |
| <b>REVLIMID</b>                 | LD                      |
| <b>SANDIMMUNE</b>               |                         |
| Sodium Fluoride                 |                         |
| Tacrolimus                      |                         |
| <b>THALOMID</b>                 | LD                      |
| <b>VOLUMEN</b>                  |                         |
| <b>XELJANZ</b>                  |                         |
| <b>Vitamins</b>                 |                         |
| Folic Acid                      |                         |
| Iron Complex                    |                         |
| Phytonadione                    |                         |
| Potassium Aminobenzoate         |                         |
| Pyridoxine HCL                  |                         |
| <b>OXYTOCICS</b>                |                         |
| <b>Oxytocics</b>                |                         |
| Methylergonovine Maleate        |                         |
| <b>RESPIRATORY TRACT AGENTS</b> |                         |
| <b>Anti-Inflammatory Agents</b> |                         |
| Cromolyn Sodium                 |                         |
| Montelukast Sodium              |                         |
| <b>Antitussives</b>             |                         |

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| DRUG NAME  | REQUIREMENTS AND LIMITS |
|--|-------------------------|
| Benzonatate  |                         |
| Guaifenesin/Codeine  | QL                      |
| <b>Respiratory Agents, Miscellaneous</b>                   |                         |
| Acetylcysteine   |                         |
| Ambrisentan  | LD                      |
| <b>ORKAMBI</b>   | LD                      |
| Sodium Chloride (Inhalant)                                 |                         |
| <b>SKIN AND MUCOUS MEMBRANE AGENTS</b>                     |                         |
| <b>Anti-Infectives (Skin &amp; Mucous Membrane)</b>        |                         |
| Ciclopirox   |                         |
| Clindamycin Phosphate                                      |                         |
| Clioquinol/Hydrocortisone                                  |                         |
| Clotrimazole Troche  |                         |
| Gentamicin Sulfate   |                         |
| Ketoconazole   |                         |
| Metronidazole  |                         |
| Mupirocin  |                         |
| Nystatin   |                         |
| Salicylic Acid   |                         |
| Selenium Sulfide   |                         |
| Silver Nitrate/Potassium Nitrate                           |                         |
| Silver Sulfadiazine  |                         |
| Sulfacetamide-sulfur                                       |                         |
| Urea   |                         |
| <b>Anti-Inflammatory Agents (Skin and Mucous Membrane)</b> |                         |
| Betamethasone Dipropionate                                 |                         |
| Betamethasone Valerate                                     |                         |

- Limited Distribution—LD
- Quantity Limits—QL
- Oral Chemo Drugs-OC

| DRUG NAME   | REQUIREMENTS AND LIMITS |
|---|-------------------------|
| Clobetasol Propionate                                 |                         |
| <b>CORDRAN</b>  |                         |
| Desoximetasone  |                         |
| Diflorasone Diacetate                                 |                         |
| Fluocinolone Acetonide                                |                         |
| Fluocinonide  |                         |
| Hydrocortisone (Rectal)                               |                         |
| Hydrocortisone (Topical)                              |                         |
| Hydrocortisone Butyrate                               |                         |
| Hydrocortisone Valerate                               |                         |
| Mometasone Furoate                                    |                         |
| Tacrolimus  |                         |
| Triamcinolone Acetonide                               |                         |
| <b>Cell Stimulants and Proliferants</b>               |                         |
| Tretinoin   |                         |
| <b>Skin and Mucous Membrane Agents, Miscellaneous</b> |                         |
| Acitretin   |                         |
| Aluminum Chloride                                     |                         |
| Azelaic acid  |                         |
| <b>AZELEX</b>   |                         |
| <b>DIFFERIN</b>                                       |                         |
| <b>EPIDUO</b>   |                         |
| Fluorouracil  |                         |
| Imiquimod   |                         |
| Isotretinoin  |                         |
| Lidocaine HCL   |                         |
| Lidocaine/Prilocaine                                  |                         |

| DRUG NAME                               | REQUIREMENTS AND LIMITS |
|---|-------------------------|
| Methoxsalen                             |                         |
| <b>OXSORALEN LOT</b>                    |                         |
| <b>PHISOHEX LIQ</b>                     |                         |
| Podofilox                               |                         |
| <b>SANTYL</b>                           |                         |
| <b>VECTICAL</b>                         |                         |
| <b>SMOOTH MUSCLE RELAXANTS</b>          |                         |
| <b>Smooth Muscle Relaxants</b>          |                         |
| Aminophylline                           |                         |
| Darifenacin                             |                         |
| Oxybutynin Chloride                     |                         |
| Oxybutynin Chloride XL                  |                         |
| Solifenacin Succinate                   |                         |
| Theophylline                            |                         |
| Trospium ER                             |                         |
| Trospium                                |                         |
| <b>VASODILATING AGENTS</b>              |                         |
| <b>Miscellaneous Therapeutic Agents</b> |                         |
| Yohimbine HCL                           | HC, QL                  |
| <b>Phosphodiesterase Inhibitors</b>     |                         |
| <b>CAVERJECT</b>                        |                         |
| <b>EDEX</b>                             |                         |
| <b>MUSE</b>                             |                         |
| <b>VITAMINS</b>                         |                         |
| <b>Vitamins</b>                         |                         |
| Calcitriol                              |                         |

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- Limited Distribution—LD
- Quantity Limits—QL
- Oral Chemo Drugs-OC

| DRUG NAME                                     | REQUIREMENTS AND LIMITS |
|---|-------------------------|
| Pediatric Multivitamins/<br>Fluoride          |                         |
| Pediatric Multivitamins/<br>Fluoride/Iron     |                         |
| Pediatric Multivitamins ACD/<br>Fluoride      |                         |
| Pediatric Multivitamins ACD/<br>Fluoride/Iron |                         |
| Prenatal Vitamins                             |                         |

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- Limited Distribution-LD
- Quantity Limits-QL
- Oral Chemo Drugs-OC



## **Nondiscrimination Statement**

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

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

### Procedure:

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

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

discrimination electronically through the Office for Civil Rights Complaint Portal, which is available at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201. Toll free#: 800-368-1019 TDD: 800-537-7697

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

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

## Language Accessibility Statement

### Interpreter Services Are Available for Free

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

#### **Español/Spanish**

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

#### **አማርኛ/Amharic**

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

#### **العربية/Arabic**

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

#### **Bàsòò-wùdù-po-nyò /Bassa**

Dè dɛ nià kɛ dyédé gbo: ɔ jù ké m[Bàsò ò -wùdù-po-nyò ] jù ní, níí, à wuɖu kà kò dò po-poò bɛ ìn ìngbo 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

کریں۔ **(855-249-5019)** (TTY: 711).

### **Tiếng Việt/Vietnamese**

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **855-249-5019** (TTY: 711).

### **Yorùbá/Yoruba**

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