Maryland HealthChoice Preferred Drug List

Last Update: 11/5/2019

This is a list of preferred outpatient and self-administered drugs (the "PDL") for HealthChoice members of Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. ("Kaiser Permanente"). Your doctor will choose from the drugs on the PDL when prescribing medicine for you to take doctor's office or infusion center.

The PDL is selected by our plan in consultation with a team of health care providers and represents prescription therapies believed to be a necessary part of a quality treatment program.

The PDL does not provide detailed information on your HealthChoice coverage. For additional information regarding your pharmacy benefits, please call Member Services at **855-249-5019, 866-513-0008 TTY** from 7:30 a.m. to 5:30 p.m., Monday through Friday, except holidays**.**

Generic name, brand name, and non-preferred medications

There are both brand name and generic drugs on the PDL. In most cases, your doctor must prescribe a generic drug if one is available. Generic drugs have the same active ingredient as the brand name drug, but they usually cost less. The U.S. Food and Drug Administration (FDA) approves generic drugs to be as safe and effective as brand name drugs.

Brand name drugs are made and sold by the drug company that originally researched and developed the drug. Because these drugs are usually patented, no one else can make the drug for a time, and the company that developed the drug may charge a high price for it. When the patent on a brand name drug expires, other drug companies may then make and sell the FDA-approved generic version of the drug. This lowers the cost for the drug.

Your doctor must get our prior approval before he or she prescribes a brand name drug when there is a generic drug available, and for any drug not listed on the PDL. Generally, Kaiser Permanente will only approve a request for a non-preferred drug if your prescribing doctor considers the drug to be medically necessary. If a non-preferred drug is not medically necessary, but you want the non-preferred drug, you will be responsible for paying the full cost of the drug.

Drug Efficacy Study Implementation (DESI) drugs

DESI drugs were first marketed between 1938 and 1962 were approved as safe but required no showing of effectiveness for FDA approval. Beginning 1962, all new drugs were required to be both safe and effective before marketed. Kaiser Permanente does not pay for DESI classified drugs and identical, similar, or related to DESI products.

Maryland Medicaid Fee-For-Service Preferred Drug List

The Maryland Department of Health (MDH) is responsible for managing drug coverage for those medications used in the treatment of HIV/AIDs, most of the medications used for behavioral health purposes, and substance abuse deterrents. Please refer to the Maryland Medicaid Fee-For-Service Preferred Drug List for information on covered drugs at https://mmcp.health.maryland.gov/pap/docs/Maryland%20PDL%201.1.19.pdf

How to use the Kaiser Permanente Preferred Drug List document

Drugs available in generic form are listed by their generic name. Unless the drug has multiple branded names, drugs available only in brand name are in **BOLD AND ALL CAPITAL** letters. You can search the Kaiser Permanente Preferred Drug by using the "FIND" function in Adobe Reader (CTRL + F), or by the therapeutic drug category.

All dosages and strengths for a drug may not be in the Kaiser Permanente Preferred Drug List. Some drugs are available in more than one dosage form (example: tablet and injectable).

Please remember that this list will be updated on a monthly basis. Any drug not found on this list or in later updates is a non-preferred drug.

The Kaiser Permanente Preferred Drug List is also available online through **Formulary Navigator** at https://client.formularynavigator.com/Search.aspx?siteCode=9388942695

Restrictions on medication coverage

Some covered drugs may have additional requirements or limits on coverage. Requirements and limits may include:

- Limited Distribution = some types of drugs aren't given to all pharmacies to sell. A drug that is a limited distribution drug may only be available at one or a limited number of pharmacies.
- Prior Authorization = for some drugs, Kaiser Permanente will cover the medication if certain criteria are met. To obtain additional information regarding drugs that require Prior Authorization and the Prior Authorization Process, please contact Member Services at **855-249-5019, 866-513-0008 TTY** from 7:30 a.m. to 5:30 p.m., Monday through Friday, except holidays.
- Quantity Limit = for certain drugs, Kaiser Permanente limits the amount of medication dispensed to a certain quantity per copay. Please see section below for additional information

Please Note: This document (including the list of preferred drugs) is not intended to be a substitute for the knowledge, expertise, skill, and judgment of the medical provider in his or her choice of prescription drugs. It in no way implies that any member should not receive specific drugs based on the recommendation of a provider. This document does not constitute medical advice: the treating provider is responsible for medical advice and treatment of members. Kaiser Permanente assumes no responsibility for the actions or omissions of any medical provider based on reliance, in whole or in part, on the information contained herein. The medical provider should consult the drug manufacturer's product literature or standard references for more detailed information.

Your HealthChoice benefits determine what is covered for you.

Kaiser Permanente may add or remove drugs from the PDL during the year without prior notice to members, for example if a generic of a brand name drug becomes available or a drug is removed from the market for safety reasons. This list is not all- inclusive, nor does it imply a guarantee of coverage. Please call Member Services at 855-249-5019, 866-513-0008 TTY from 7:30 a.m. to 5:30 p.m., Monday through Friday, if you have any questions on your drug coverage.

Key:

LD = A drug that may be subject limited distribution.

PA = A drug that needs prior authorization.

QL = A drug that has a quantity limit or is limited to a specific day supply.

For more information about our preferred drug list, you may contact Member Services at 855-249-5019, 866- 513-0008 TTY. Representatives are available from 7:30 a.m. until 5:30 p.m., Monday through Friday, except holidays

Quantity limit list

Please Note: This is not meant to be a list of all the drugs on the formulary. All forms of a drug may not be covered. Drugs are listed by their brand names for ease of use, but the limits apply to the generic drugs as well. Quantity limits are "per fill" unless noted as per day, per month, or per year. Limits apply to all strengths and generic equivalents, unless otherwise noted. This list was correct when printed but may have changed.

DRUG NAME	LIMIT
Acetaminophen w/ codeine oral solution	1000ml per 30 days
Actemra	30 days per fill
Actimmune	30 days per fill
Aimovig	30 days per fill
Amerge	9 tabs per 30 days
Apokyn	30 days per fill
Aranesp	30 days per fill
Arcalyst	30 days per fill
Arixtra	30 days per fill
Auvi-Q	2 pens per 30 days
Avonex	30 days per fill
Avonex Pen	30 days per fill
Axert	12 tabs per 30 days
Belbuca	30 days per fill
Benlysta	30 days per fill
Betaseron	30 days per fill
Butorphanol	30 days per fill
Butrans	30 days per fill
Cimzia	30 days per fill
Codeine containing products	180 per 30 days
Codeine oral solution	1000mL per 30 days
Copaxone	30 days per fill
Cosentyx inj	30 days per fill
Cutaquig	30 days per fill
Cuvitru	30 days per fill
Cyanocobalamin Inj	30 days per fill
Daklinza	28 days per fill
DDAVP	30 days per fill

DRUG NAME	LIMIT
Delatestryl	30 days per fill
Delestrogen	30 days per fill
Depo-Estradiol	30 days per fill
Depo-Testosterone	30 days per fill
D.H.E. 45	30 days per fill
Dupixent	30 days per fill
Egrifta	30 days per fill
Dihydrocodeine containing	180 per 30 days
Emgality	30 days per fill
Enbrel	30 days per fill
Enoxaparin	30 days per fill
Epclusa	28 days per fill
Epipen, Epipen JR	2 pens per 30 days
Epogen	30 days per fill
Extavia	30 days per fill
Fentanyl	10 patches per 30 days
Firazyr	30 days per fill
Folic Acid inj	30 days per fill
Forteo	30 days per fill
Fragmin	30 days per fill
Frova	9 tabs per 30 days
Fulphila	30 days per fill
Gammagard Liquid	30 days per fill
Gammaked	30 days per fill
Gamunex C	30 days per fill
Gattex	30 days per fill
Genotropin	30 days per fill
Glatopa	30 days per fill

DRUG NAME		LIMIT
Glucose Test Strips		300 per 30 days
Granix		30 days per fill
Haegarda		30 days per fill
Harvoni		28 days per fill
Heparin		30 days per fill
Hemlibra		30 days per fill
Hizentra		30 days per fill
HP Acthar		30 days per fill
Humatrope		30 days per fill
Humira		30 days per fill
Hydrocodone containing products		180 per 30 days
Hydrocodone/ acetaminophen oral sol		2750ml per 30 days
Hydromorphone	2mg	180 per 30 days
	4mg	168 per 30 days
	8mg	84 per 30 days
Hydromorphone oral liquid 1mg/ml		675 ml per 30 days
Hydroxyprogesterone caproate		30 days per fill
HyQvia		30 days per fill
Imitrex		9 tabs per 30 days
Imitrex Inj		5 boxes per 30 days
Imitrex Nasal		2 boxes per 30 days
Increlex		30 days per fill
Intron A		30 days per fill
Iprivask		30 days per fill
Kevzara		30 days per fill
Kineret		30 days per fill
Kynamro		30 days per fill
Latex Condoms		12 condoms per fill
Leuprolide Acetate		30 days per fill
Levorphanol		30 days per fill

DRUG NAME		LIMIT
Mavyret		28 days per fill
Maxalt		12 tabs per 30 days
Maxalt MLT		12 tabs per 30 days
Meperidine		30 days per fill
Meperidine oral solution 50mg/5ml		2700ml per 30 days
Methadone		30 days per fill
Mircera		30 days per fill
Micalcin		30 days per fill
Morphine containing products		30 days per fill
Myalept		30 days per fill
Natpara		30 days per fill
Neulasta		30 days per fill
Neumega		30 days per fill
Neupogen		30 days per fill
Nivestym		30 days per fill
Norditropin		30 days per fill
Nucala		30 days per fill
Nutropin		30 days per fill
Olysio		28 days per fill
Omnitrope		30 days per fill
Orencia		30 days per fill
Oseltamivir		10-day supply per fill
Otezla		30 days per fill
Otrexup		30 days per fill
Oxycodone containing products < 15mg		180 per 30 days
Oxycodone	15mg	120 per 30 days
	20mg	90 per 30 days
	30mg	60 per 30 days
Oxycodone oral concentrate 20mg/ml		90ml per 30 days

DRUG NAME	LIMIT
Oxycodone oral solution 5mg/ml	1800ml per 30 days
Oxycodone acetaminophen oral solution 5-325mg/5ml	1800ml per 30 days
Oxymorphone 10mg	90 per 30 days
Palynzig	30 days per fill
Pegasys	30 days per fill
Pegasys Proclick	30 days per fill
Pentazocine containing	30 days per fill
Pentazocine-naloxone 50mg-0.5mg	147 per 30 days
Plegridy	30 days per fill
Plegridy Pen	30 days per fill
Praluent	30 days per fill
Procrit	30 days per fill
Rasuvo	30 days per fill
Rebif	30 days per fill
Rebif Rebidose	30 days per fill
Relenza	1 pack per fill
Relistor	30 days per fill
Relpax	12 tabs per 30 days
Repatha	30 days per fill
Retacrit	30 days per fill
Saizen	30 days per fill
Sandostatin	30 days per fill
Serostim	30 days per fill
Signifor	30 days per fill
Siliq	30 days per fill
Simponi	30 days per fill
Skyrizi	30 days per fill
Somavert	30 days per fill
Sovaldi	28 days per fill
Stelara	30 days per fill
Strensiq	30 days per fill

DRUG NAME		LIMIT
Sumavel		5 boxes per 30 days
Sylatron		30 days per fill
Symjepi		2 pens per 30 days
Synribo		30 days per fill
Takhzyro		30 days per fill
Taltz		30 days per fill
Tapentadol	50mg	135 per 30 days
	75mg	90 per 30 days
	100mg	67.5 per 30 days
Technivie		28 days per fill
Tegsedi		30 days per fill
Tramadol containing products < 200 mg		180 per 30 days
Tramadol	200mg	135 per 30 days
	300mg	90 per 30 days
Tremfya		30 days per fill
Treximet		9 tabs per 30 days
Tymlos		30 days per fill
Udenyca		30 days per fill
Viberzi		30 days per fill
Viekira		28 days per fill
Vosevi		28 days per fill
Xembify		30 days per fill
Xgeva		30 days per fill
Xyosted		30 days per fill
Zarxio		30 days per fill
Zepatier		28 days per fill
Zinbryta		30 days per fill
Zomacton		30 days per fill
Zomig		12 tabs per 30 days
Zomig MLT		12 tabs per 30 days
Zomig Nasal		2 boxes per 30 days
Zorbtive		30 days per fill

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

DRUG NAME	REQUIREMENTS AND LIMITS
Sulfasalazine	
Sulfamethoxazole- Trimethoprim	
Tobramycin Neb	
Vancomycin HCL	
ZYVOX	
Antifungals	
Fluconazole	
Griseofulvin Microsize	
Griseofulvin Ultramicrosize	
Itraconazole	
Ketoconazole	
Nystatin	
Terbinafine	
Voriconazole	
Antimycobacterials	
Dapsone	
Ethambutol HCL	
Isoniazid	
Pyrazinamide	
Rifabutin	
Rifampin	
Antiprotozoals	
Atovaquone	
Atovaquone-Proguanil HCL	
Chloroquine Phosphate	
COARTEM	
Hydroxychloroquine Sulfate	
KRINTAFEL	
Mefloquine HCL	
Metronidazole	
NEBUPENT INH	
Primaquine Phosphate	
Antivirals	
Amantadine HCL	
Adefovir Dipivoxil	

LEGEND

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- Limited Distribution—LD
- Prior Authorization—PA
- Quantity Limits—QL

DRUG NAME	REQUIREMENTS AND LIMITS
Entecavir	
EPCLUSA	QL, PA
HARVONI	QL, PA
Lamivudine	
MAVYRET	QL, PA
Oseltamivir	QL
PEGASYS	QL
PEGASYS PROCLICK	QL
RELENZA	QL
Ribavirin	
Rimantadine HCL	
TECHNIVIE	QL, PA
Valganciclovir	
VIEKIRA	QL, PA
VOSEVI	QL, PA
ZEPATIER	QL, PA
UrinaryAnti-Infectives	
Methenamine Hippurate	
Nitrofurantoin	
Nitrofurantoin Monohyd Macro	
Nitrofurantoin Macrocrystals	
Trimethoprim	
ANTINEOPLASTIC AGENTS	
Antineoplastic Agents	
AFINITOR	
Anastrozole	
Bicalutamide	
CABOMETYX	
Capecitabine	
CEENU	
CYTOXAN	
ALUNBRIG	
EMCYT	
Erlotinib	
Etoposide	
Exemestane	
Flutamide	

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

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DRUG NAME	REQUIREMENTS AND LIMITS
TAGRISSO	
Tamoxifen Citrate	
TASIGNA	
Temozolomide	
Tretinoin (Chemotherapy)	
TYKERB	
VANDETANIB	
VENCLEXTA	
VOTRIENT	
XALKORI	
XTANDI	
ZELBORAF	
ZYKADIA	
ZYTIGA	
AUTONOMIC DRUGS	
Anticholinergic Agents	
Atropine injection	
Dicyclomine HCL	
Hyoscyamine	
Ipratropium Bromide	
Spiriva	
STIOLTO RESPIMAT	
Autonomic Drugs, Miscellaneous	
Ergoloid Mesylates	
Phenoxybenzamine	
Parasympathomimetic Agents (Cholinergic)	
Bethanechol Chloride	
Donepezil HCL	
Galantamine Hydrobromide	
Neostigmine Bromide	
Pilocarpine HCL (ORAL)	
Pyridostigmine Bromide	
Skeletal Muscle Relaxants	
Baclofen	
Cyclobenzaprine HCL	

DRUG NAME	REQUIREMENTS AND LIMITS
Dantrolene Sodium	
Methocarbamol	
Sympathomimetic (Adrenergic) Agents	
ADVAIR	
Albuterol Neb	
Epinephrine HCl	QL
EPIPEN	QL
Ipratropium-albuterol	
Midodrine	
SEREVENT DISKUS	
STRIVERDI	
Terbutaline Sulfate	
VENTOLIN HFA	
BLOOD FORM ATION, COAGULATION, THROMBOSIS	
Coagulants and Anticoagulants	
Anagrelide HCL	
Aminocaproic Acid	
BRILINTA	
Aspirin-Dipyridamole	
Cilostazol	
Clopidogrel	
Dipyridamole	
Enoxaparin	QL
HEMLIBRA	QL
KOVALTRY	
LOVENOX	QL
Pentoxifylline	
PRADAXA	
Prasugrel	
Warfarin Sodium	
Hematopoietic Agents	
PROCRIT/EPOGEN	QL
PROMACTA	
ZARXIO	QL

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DRUG NAME	REQUIREMENTS AND LIMITS
CARDIOVASCULAR DRUGS	
Alpha-Adrenergic Blocking Agents	
Terazosin HCL	
Tamsulosin HCL	
Antilipemic Agents	
Atorvastatin Calcium	
Cholestyramine	
Cholestyramine Light	
Colestipol	
Fenofibrate 54mg, 160mg	
Gemfibrozil	
Lovastatin	
Niacin	
Pravastatin Sodium 20mg, 40mg, 80mg	
Rosuvastatin	
Simvastatin 10mg, 20mg, 40mg,80mg	
Beta-Adrenergic Blocking Agents	
Atenolol/Chlorthalidone	
Atenolol HCL	
Bisoprolol/ Hydrochlorothiazide	
Bisoprolol Fumarate	
Carvedilol	
Labetalol HCL	
Metoprolol Succinate	
MetoprololTartrate	
Propranolol HCL	
Sotalol HCL	
Calcium-Channel Blocking Agents	
Amlodipine Besylate	
Diltiazem HCL	

DRUG NAME	REQUIREMENTS AND LIMITS
Nifedipine	
Verapamil HCL	
Cardiac Drugs	
Amiodarone HCL	
Digoxin	
Disopyramide Phosphate	
Dofetilide	
Flecainide Acetate	
Mexiletine HCL	
Propafenone HCL	
Quinidine Gluconate	
Quinidine Sulfate	
Quinidine Sulfate ER	
Hypotensive Agents	
Acetazolamide	
Clonidine HCL	
Guanfacine HCL	
Hydralazine HCL	
Methazolamide	
Methyldopa	
Minoxidil	
Renin-Angiotensin-Aldosterone System Inhibitors	
Captopril	
Enalapril Maleate	
ENTRESTO	
Lisinopril	
Lisinopril/Hydrochlorothiazide	
Losartan Potassium	
Losartan Potassium/HCTZ	
Spironolactone	
Spironolactone/Hydrochlorothiazide	

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DRUG NAME	REQUIREMENTS AND LIMITS
Valsartan	
Valsartan/ Hydrochlorothiazide	
Vasodilating Agents	
ADEMPAS	LD
Isosorbide Dinitrate	
Isosorbide Mononitrate	
Nitroglycerin Patch	
Nitroglycerin	
OPSUMIT	LD
Papaverine HCL	
Sildenafil Citrate	
CENTRAL NERVOUS SYSTEM AGENTS	
Analgesics and Antipyretics	
Acetaminophen/Codeine	QL, PA
Codeine Phosphate	QL, PA
Codeine Sulfate	QL, PA
Diclofenac Sodium	
EMBEDA	QL, PA
Etodolac	
Fentanyl	QL, PA
Hydrocodone/ Acetaminophen	QL, PA
Hydromorphone HCL	QL, PA
Ibuprofen	
Indomethacin	
Meloxicam	
Meperidine HCL	QL, PA
Methadone HCL	QL, PA

DRUG NAME	REQUIREMENTS AND LIMITS
Morphine Sulfate	QL, PA
Nabumetone	
Naproxen	
Oxycodone HCL	QL, PA
Oxycodone ER	QL, PA
Oxycodone/Acetaminophen	QL, PA
OXYCONTIN	QL, PA
Sulindac	
Tramadol HCL	QL
Antimigraine Agents	
Ergotamine/Caffeine	
Naratriptan HCL	QL
Rizatriptan Benzoate ODT	QL
Sumatriptan	QL
Central Nervous System Agents, Miscellaneous	
Cabergoline	
Carbidopa	
Carbidopa/Levodopa, ER	
CELONTIN	
Entacapone	
Memantine	
Pramipexole Dihydrochloride	
Riluzole	
Ropinirole HCL	
Selegiline	
ELECTROLYTIC, CALORIC, AND WATER BALANCE	
Acidifying and Alkalinizing Agents	
Potassium & Sodium Acid Phosphates	
Potassium Citrate (Alkalinizer)	
Sodium Citrate & Citric Acid	

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DRUG NAME	REQUIREMENTS AND LIMITS
Ammonia Detoxicants	
Lactulose	
Diuretics	
Amiloride HCL	
Amiloride/ Hydrochlorothiazide	
Chlorothiazide	
Chlorthalidone	
Furosemide	
Hydrochlorothiazide	
Indapamide	
Metolazone	
Torsemide	
Triamterene/ Hydrochlorothiazide	
Ion-Removing Agents	
Sevelamer	
Sodium Polystyrene Sulfonate	
Irrigating Solutions	
DIANEAL	
EXTRANEAL	
Replacement Preparations	
Calcium Acetate	
ELIPHOS	
PHOSLYRA	
Potassium Phosphate Dibasic/Monobasic	
Potassium Bicarbonate	
Potassium Chloride	
Potassium Phosphate Monobasic	
Uricosuric Agents	
Probenecid	

DRUG NAME	REQUIREMENTS AND LIMITS
ENZYMES	
Enzymes	
PULMOZYME SOL	
VPRIV	
EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS	
Antiallergic Agents	
Azelastine HCL	
Cromolyn Sodium (OP)	
Olopatadine (OP)	
Anti-Infectives	
Bacitracin (OP)	
Bacitracin/Polymyxin B (OP)	
Ciprofloxacin (OP)	
Erythromycin (OP)	
Gentamicin Sulfate (OP)	
Moxifloxacin	
NATACYN	
Ofloxacin (OP)	
Ofloxacin (OTIC)	
Polymyxin B/Trimethoprim	
Tobramycin Sulfate (OP)	
Trifluridine	
Anti-Inflammatory Agents	
Bacitracin/Polymyxin/ Neomycin/HC	
CIPRODEX OTIC	

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

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

LEGEND

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DRUG NAME	REQUIREMENTS AND LIMITS
Digestants	
CREON	
Pancrelipase	
ZENPEP	
GI Drugs, Miscellaneous	
Metoclopramide HCL	
PEG3350-KCL-Sodium Bicarb-Sodium Chloride-Sodium Sulfate	
Ursodiol	
HEAVY METAL ANTAGONISTS	
Heavy Metal Antagonists	
JADENU	
HORMONES AND SYNTHETIC SUBSTITUTES	
Adrenals	
ALVESCO	
Budesonide	
Cortisone Acetate	
Dexamethasone Sodium Phosphate	
FLOVENT HFA	
Fludrocortisone Acetate	
Hydrocortisone	
Methylprednisolone	
MILLIPRED	
Prednisolone	
Prednisolone Sodium Phosphate	
Prednisone	
QVAR	

DRUG NAME	REQUIREMENTS AND LIMITS
Androgens	
ANDROGEL	QL
Danocrine	
DEPO-TESTOSTERONE	QL
Contraceptives	
Desogestrel/Ethinyl Estradiol	
Drospirenone/Ethinyl Estradiol	
ELLA	
Ethynodiol Diacetate/Ethinyl Estradiol	
Levonorgestrel/Ethinyl Estradiol	
Levonorgestrel/Ethinyl Estradiol (Triphasic)	
NEXPLANON	
Norethindrone	
Norethindrone/Ethinyl Estradiol	
Norethindrone Acetate/ Ethinyl Estradiol	
Norethindrone/Ethinyl Estradiol (Triphasic)	
Norgestimate/Ethinyl Estradiol (Mono & Triphasic)	
NUVARING	
PLAN B ONE-STEP	
Xulane	
Diabetic Agents	
Acarbose	
BYDUREON BCise	PA
Glipizide	
GLUCAGON EMERGENCY KIT	
HUMALOG VIAL	
HUMULIN N 70/30	

DRUG NAME	REQUIREMENTS AND LIMITS
HUMULIN N	
HUMULIN R VIAL	
Insulin syringes/needles	
JARDIANCE	PA
LANTUS VIAL	
Metformin HCL	
Metformin ER	
Pioglitazone HCL	
TRADJENTA	PA
Estrogens and Antiestrogens	
CLIMARA	
Estradiol	
Raloxifene	
IUD	
MIRENA	
Parathyroid	
FORTICAL	
Pituitary	
Desmopressin Acetate	
Progestins	
Hydroxyprogesterone caproate	
Medroxyprogesterone Acetate	
Norethindrone Acetate	
Progesterone Micronized	
Somatotropin Agonist and Antagonist	
OMNITROPE	QL, PA
Thyroid and Antithyroid Agents	
Levothyroxine Sodium	
Liothyronine Sodium	

DRUG NAME	REQUIREMENTS AND LIMITS
Methimazole	
Propylthiouracil	
MISCELLANEOUS THERAPEUTIC AGENTS	
Miscellaneous Therapeutic Agents	
Alendronate Sodium	
Allopurinol	
AVONEX	QL
Azathioprine	
Bromocriptine Mesylate	
CERDELGA	LD
Cinacalcet	
Colchicine	
Cromolyn Sodium	
ELMIRON	
ENBREL (ERELZI)	QL
Etidronate Disodium	
EXTAVIA	QL
Finasteride	
GENGRAF	
Glatiramer	QL
GRASTEK	
HUMIRA	QL
Icatibant	QL
Leflunomide	
Leucovorin Calcium	
MESNEX	
Mycophenolate Mofetil	
ODACTRA	
ORENCIA	QL
OTEZLA	QL
RAGWITEK	
RASUVO	QL

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DRUG NAME	REQUIREMENTS AND LIMITS
READI-CAT	
REBIF	QL
REVLIMID	LD
SANDIMMUNE	
Sodium Fluoride	
Tacrolimus	
THALOMID	LD
VOLUMEN	
XELJANZ	
Vitamins	
Folic Acid	
Iron Complex	
Phytonadione	
Pyridoxine HCL	
OXYTOCICS	
Oxytocics	
Methylergonovine Maleate	
RESPIRATORY TRACT AGENTS	
Anti-Inflammatory Agents	
Cromolyn Sodium	
Montelukast Sodium	
Antitussives	
Benzonatate	
Guaifenesin/Codeine	QL
Respiratory Agents, Miscellaneous	
Acetylcysteine	
Ambrisentan	LD
ORKAMBI	
Sodium Chloride (Inhalant)	

DRUG NAME	REQUIREMENTS AND LIMITS
SKIN AND MUCOUS MEMBRANE AGENTS	
Anti-Infectives (Skin and Mucous Membrane)	
Ciclopirox	
Clindamycin Phosphate	
Clotrimazole Troche	
Gentamicin Sulfate	
Ketoconazole	
Metronidazole	
Mupirocin	
Nystatin	
Salicylic Acid	
Selenium Sulfide	
Silver Nitrate/Potassium Nitrate	
Silver Sulfadiazine	
Anti-Inflammatory Agents (Skin and Mucous Membrane)	
Betamethasone Dipropionate	
Betamethasone Valerate	
Clobetasol Propionate	

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

DRUG NAME	REQUIREMENTS AND LIMITS
Methoxsalen	
OXSORALEN LOT	
PHISOHEX LIQ	
Podofilox	
SANTYL	
VECTICAL	
SMOOTH MUSCLE RELAXANTS	
Smooth Muscle Relaxants	
Aminophylline	
Darifenacin	
Oxybutynin Chloride	
Oxybutynin Chloride XL	
Solifenacin Succinate	
Theophylline	
Trospium	
Trospium ER	
VITAMINS	
Vitamins	
Calcitriol	
Pediatric Multivitamins/ Fluoride	
Pediatric Multivitamins/ Fluoride/Iron	
Pediatric Multivitamins ACD/ Fluoride	
Pediatric Multivitamins ACD/ Fluoride/Iron	
Prenatal Vitamins	

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Over-the-counter drug coverage

Along with prescription benefits, Kaiser Permanente covers the following over-the-counter medications with a written or verbal prescription from a provider.

DRUG NAME	REQUIREMENTS AND LIMITS
ANALGESICS	
Aspirin	
Aspirin Buffered	
ANTI-HISTAMINES	
Cetirizine HCL	
Fexofenadine HCL	
Loratadine	
CONTRACEPTIVES	
Latex Condoms (covered with or without a prescription)	QL
Levonorgestrel	
Nonoxynol-9	
IRON SUPPLEMENTS	
Ferrous Sulfate	

DRUG NAME	REQUIREMENTS AND LIMITS
NASAL PREPARATIONS	
NASACORT ALLERGY	
PEDIATRIC ELECTROLYTE SOLUTION	
Oral Electrolytes	
SUPPLEMENTS/VITAMINS	
Ergocalciferol Solution	
Multivitamins/Iron	
Multivitamins/Minerals	
Vitamin D	

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KAISER PERMANENTE

Nondiscrimination Statement

It is the policy of Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. (Kaiser Permanente), not to discriminate on the basis of race, color, national origin, sex, age, or disability. Kaiser Permanente 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 the Kaiser Permanente Civil Rights Coordinator, 2101 E. Jefferson St., Rockville, MD 20852, telephone number: **1-800-777-7902,** who has been designated to coordinate the efforts of Kaiser Permanente 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 Permanente 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 Permanente 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 Ave. SW.
Room 509F, HHH Building
Washington, DC 20201
Toll free phone #: 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 Permanente 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.

KAISER PERMANENTE

Language Accessibility Statement

Interpreter services are available for free

***ATTENTION: If you speak* [language]*, language assistance services are available to you, free of charge. 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 ኣማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል፡ 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**).-

Ɓàsɔ́ɔ̀-wùɖù-po-nyɔ̀ /Bassa
Dè ɖɛ nìà kɛ dyéɖé gbo: Ɔ jǔ ké m̀ [Ɓàsɔ́ ɔ̀ -wùɖù-po-nyɔ̀] jǔ ní, nìí, à wuɖu kà kò ɖò po-poɔ̀ ɓɛ́ ìn m̀ gbo kpáa. Đá **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**
:-هجوداگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما .بگیرید تماس **855-249-5019**
با. باشد می فر (TTY: **711**).

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
Nṭị: Ọ bụrụ na asụ Ibo, asụsụ aka ọasụ n'efu, defu, aka. Call **855-249-5019** (TTY: **711**).

KAISER PERMANENTE®

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 ọfé ni iranlọwọ lori èdè wa fun yin o. Ẹ pe ẹrọ-ibanisọrọ yi 1-**855-249-5019** (TTY: **711**).