



Mid and Large Size Employer Group Formulary

(List of Covered Drugs)

Last Update: 10/04/2022

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 and then by selecting 'Covered drugs in your area, Maryland, Virginia, and Washington, D.C.'

Mid and Large Size Employer Group 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 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 4, 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 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.

Are Over-the-Counter (OTC) items covered on the formulary?

Generally, most plans exclude drugs that are also available over-the-counter. If your plan allows for the same over-the-counter coverage as plans that include essential health benefits, then the following types of over-the-counter items are covered:

Aspirin – Covered when used for the prevention of cardiovascular disease, when the potential harm of an increase in gastrointestinal hemorrhage is outweighed by a potential benefit of a reduction in myocardial infarctions (men aged 45-79 years; women age 55-79 years). Covered after 12 weeks of gestation in women who are at high risk of preeclampsia.

Folic Acid – Covered for woman planning or capable of getting pregnant.

Iron Supplements – Covered for asymptomatic children aged 6 to 12 months who are at increased risk for iron deficiency anemia.

Female Contraceptives – Covered over-the-counter items such as Plan B.

Colonoscopy (bowel) preparation medications – Covered when medically necessary when associated with a preventative colonoscopy

Nicotine Replacement – Covered over-the-counter items for tobacco cessation products such as nicotine patches, gum, or lozenges.

Restrictions on medication coverage (Dispensing Limitations)

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.
- **Prior Authorization:** A review and approval procedure that applies to some outpatient prescription drugs and is used to encourage safe and cost-effective medication use. Prior authorization is generally applied to outpatient prescription drugs that have multiple medical uses, are higher in cost or have a significant safety concern.

The purpose of prior authorization is to ensure that you receive the right medication for your medical condition. This means that when your physician or authorized provider prescribes a drug that has been identified as subject to prior authorization, the drug must be reviewed by the utilization management program to determine medical necessity before the prescription is filled.

If a drug requires prior authorization, your prescribing physician or authorized provider must work with us to authorize the drug for your use. Drugs requiring prior authorization have specific clinical criteria, including but not limited to diagnosis of specified condition, laboratory requirements or prescriber specialty, that you must meet in order for the prescription to be eligible for coverage. Refer to the formulary for a complete list of medications requiring prior authorization. Once a prior authorization has been approved for a drug used to treat a chronic condition, no reauthorization for a repeat prescription will be needed for 1 year or for the duration of the standard course of treatment for the chronic condition being treated, whichever is less.

- **Preventative Medications:** Preventative drugs with no copayment/coinsurance under the Affordable Care Act (ACA). Some drugs require certain clinical criteria to be met to receive no copayment/coinsurance.
- **Quantity limit:** For certain drugs, Kaiser Permanente Pharmacy and Therapeutics Committee limit the amount of medication dispensed to a certain quantity per copay.
- **Step Therapy Process:** A process that defines how and when a particular outpatient prescription drug can be covered by requiring the use of one or more prerequisite drugs (first line agents), as identified through your drug history, prior to the use of another drug (second line agent). The step therapy process encourages safe and cost-effective medication use. Under this process, a “step” approach is required to receive coverage for certain high-cost medications. This means that to receive coverage, you may first be required to try a proven, cost effective medication before using a more costly medication.

Your prescribing physician or authorized provider should prescribe a first-line medication appropriate for your condition. If your prescribing physician or authorized provider determines that a first-line drug is not appropriate or effective for you, a second-line medication may be covered after meeting certain conditions.

Refer to the formulary for a complete list of medications requiring step therapy.

Key:

HC = Higher copay

LD = Limited Distribution Drugs

MB = Medical Benefit

OC = Oral Chemotherapy Drugs

PA = Prior Authorization

PREV = Preventative Medications

QL = A drug that has a quantity limit

ST = Step Therapy

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.

Name of drug	Restrictions & Limits
ANTI-INFECTIVE AGENTS	
ANTHELMINTICS	
<i>albendazole</i>	
ANTIBACTERIALS	
<i>amikacin sulfate</i>	MB
<i>amoxicillin</i>	
<i>amoxicillin & pot clavulanate</i>	
<i>ampicillin</i>	
<i>ampicillin & sulbactam sodium</i>	MB
<i>ampicillin sodium</i>	MB
<i>AVELOX</i>	MB
<i>azithromycin</i>	MB
<i>aztreonam</i>	MB
<i>bacitracin</i>	MB
<i>BICILLIN L-A</i>	MB
<i>cefaclor</i>	
<i>cefazolin sodium</i>	MB
<i>CEFAZOLIN SODIUM-DEXTROSE</i>	MB
<i>cefdinir</i>	
<i>cefepime hcl</i>	MB
<i>CEFEPIME-DEXTROSE</i>	MB
<i>cefixime</i>	
<i>cefotaxime sodium</i>	MB
<i>cefoxitin sodium</i>	MB
<i>ceftazidime</i>	MB
<i>CEFTAZIDIME AND DEXTROSE</i>	MB
<i>ceftriaxone sodium</i>	MB
<i>CEFTRIAXONE SODIUM IN DEXTROSE</i>	MB
<i>CEFTRIAXONE SODIUM-DEXTROSE</i>	MB
<i>cefuroxime axetil</i>	
<i>cefuroxime sodium</i>	MB
<i>cephalexin</i>	
<i>ciprofloxacin</i>	
<i>ciprofloxacin hcl</i>	
<i>ciprofloxacin in d5w</i>	MB
<i>clarithromycin</i>	
<i>clindamycin hcl</i>	
<i>clindamycin palmitate hydrochloride</i>	
<i>clindamycin phosphate</i>	MB
<i>clindamycin phosphate in d5w</i>	MB
<i>colistimethate sodium</i>	MB
<i>daptomycin</i>	MB
<i>dicloxacillin sodium</i>	
<i>doxycycline (monohydrate)</i>	
<i>doxycycline hyclate</i>	MB
<i>ertapenem sodium</i>	MB
<i>erythromycin base</i>	
<i>erythromycin ethylsuccinate</i>	
<i>erythromycin lactobionate</i>	MB
<i>erythromycin-sulfisoxazole</i>	
<i>gentamicin sulfate</i>	MB

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Name of drug	Restrictions & Limits
<i>imipenem-cilastatin</i>	MB
<i>levofloxacin</i>	MB
<i>levofloxacin in d5w</i>	MB
<i>linezolid</i>	MB
LINEZOLID IN SODIUM CHLORIDE	MB
<i>meropenem</i>	MB
<i>minocycline hcl</i>	
<i>nafcillin sodium</i>	MB
<i>neomycin sulfate</i>	
<i>penicillin g potassium</i>	MB
PENICILLIN G PROCAINE	MB
PENICILLIN G SODIUM	MB
<i>penicillin v potassium</i>	
<i>piperacillin sodium-tazobactam sodium</i>	MB
STREPTOMYCIN SULFATE	MB
<i>sulfadiazine</i>	
<i>sulfamethoxazole-trimethoprim</i>	MB
<i>sulfasalazine</i>	
TIMENTIN	MB
<i>tobramycin</i>	
TOBRAMYCIN SULFATE	MB
<i>vancomycin hcl</i>	MB
VANCOMYCIN HCL IN DEXTROSE	MB
ANTIFUNGALS	
AMPHOTERICIN B	MB
<i>caspofungin acetate</i>	MB
<i>fluconazole</i>	
<i>fluconazole in dextrose</i>	MB
<i>fluconazole in nacl</i>	MB
<i>griseofulvin microsize</i>	
<i>itraconazole</i>	PA
<i>ketoconazole</i>	
<i>nystatin</i>	
<i>nystatin (mouth-throat)</i>	
<i>terbinafine hcl</i>	PA
<i>voriconazole</i>	MB
ANTIMYCOBACTERIALS	
<i>dapsone</i>	
<i>ethambutol hcl</i>	
<i>isoniazid</i>	
PRETOMANID	
<i>pyrazinamide</i>	
<i>rifabutin</i>	
<i>rifampin</i>	MB
ANTIPROTOZOALS	
<i>atovaquone</i>	
<i>atovaquone-proguanil hcl</i>	
<i>chloroquine phosphate</i>	
COARTEM	
<i>hydroxychloroquine sulfate</i>	
KRINTAFEL	

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Name of drug	Restrictions & Limits
<i>mefloquine hcl</i>	
<i>metronidazole</i>	MB
NEBUPENT	
<i>primaquine phosphate</i>	
ANTIVIRALS	
<i>abacavir sulfate</i>	
<i>abacavir sulfate-lamivudine</i>	
<i>abacavir sulfate-lamivudine-zidovudine</i>	
<i>acyclovir</i>	
<i>acyclovir sodium</i>	MB
<i>adefovir dipivoxil</i>	
APTIVUS	
<i>atazanavir sulfate</i>	
BIKTARVY	
CABENUSA	MB
CIMDUO	
COMPLERA	
CRIXIVAN	
CYTOVENE	MB
DELSTRIGO	
DESCOVY	PREV
DIDANOSINE	
DOVATO	
EDURANT	
<i>efavirenz</i>	
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	
<i>emtricitabine</i>	
<i>emtricitabine-tenofovir disoproxil fumarate</i>	PREV
<i>entecavir</i>	
EPCLUSA	PA, QL
<i>etravirine</i>	
EVOTAZ	
<i>fosamprenavir calcium</i>	
FOSCAVIR	MB
FUZEON	QL
GENVOYA	
HARVONI	PA, QL
INVIRASE	
ISENTRESS	
JULUCA	
<i>lamivudine</i>	
<i>lamivudine (hbv)</i>	
<i>lamivudine-zidovudine</i>	
LIVTENCITY	QL
<i>lopinavir-ritonavir</i>	
<i>maraviroc</i>	
<i>nevirapine</i>	
ODEFSEY	
<i>oseltamivir phosphate</i>	QL
PEGASYS	QL
PIFELTRO	

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Name of drug	Restrictions & Limits
PREVYMIS	MB
PREZCOBIX	
PREZISTA	
RELENZA DISKHALER	QL
<i>ribavirin (hepatitis c)</i>	
RIMANTADINE HCL	
<i>ritonavir</i>	
STAVUDINE	
STRIBILD	
SYMFI	
SYMTUZA	
SYNAGIS	MB
<i>tenofovir disoproxil fumarate</i>	
TIVICAY	
TRIUMEQ	
<i>valacyclovir hcl</i>	
<i>valganciclovir hcl</i>	
VEKLURY	MB
VIRACEPT	
VOSEVI	PA, QL
<i>zidovudine</i>	
URINARY ANTI-INFECTIVES	
<i>fosfomycin tromethamine</i>	
<i>methenamine hippurate</i>	
<i>nitrofurantoin</i>	
<i>nitrofurantoin macrocrystal</i>	
<i>nitrofurantoin monohyd macro</i>	
<i>trimethoprim</i>	
ANTIHISTAMINE DRUGS	
ANTIHISTAMINE DRUGS	
<i>ciproheptadine hcl</i>	
<i>diphenhydramine hcl</i>	MB
<i>promethazine hcl</i>	MB
ANTINEOPLASTIC AGENTS	
ANTINEOPLASTIC AGENTS	
<i>abiraterone acetate</i>	OC
ALECENSA	OC
ALUNBRIG	OC
<i>anastrozole</i>	OC
<i>azacitidine</i>	MB
BENDEKA	MB
<i>bexarotene</i>	OC
<i>bicalutamide</i>	OC
BICNU	MB
<i>bleomycin sulfate</i>	MB
<i>bortezomib</i>	MB
BRUKINSA	OC
CALQUENCE	OC
CAMPATH	LD, MB
<i>capecitabine</i>	OC
CAPRELSA	LD, OC

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Name of drug	Restrictions & Limits
<i>carboplatin</i>	MB
<i>cisplatin</i>	MB
<i>cladribine</i>	MB
COMETRIQ (100 MG DAILY DOSE)	LD, OC
COSMEGEN	MB
COTELLIC	OC
<i>cyclophosphamide</i>	PA, MB
CYRAMZA	MB
<i>cytarabine</i>	MB
<i>dacarbazine</i>	MB
<i>daunorubicin hcl</i>	MB
<i>decitabine</i>	MB
DOCETAXEL (NON-ALCOHOL)	MB
<i>doxorubicin hcl</i>	MB
<i>doxorubicin hcl liposomal</i>	MB
EMCYT	OC
<i>epirubicin hcl</i>	MB
ERBITUX	MB
<i>erlotinib hcl</i>	OC
<i>etoposide</i>	OC, MB
<i>everolimus</i>	OC
<i>exemestane</i>	OC
<i>flouxuridine</i>	MB
<i>fludarabine phosphate</i>	MB
<i>fluorouracil</i>	MB
FLUTAMIDE	OC
<i>fulvestrant</i>	MB
GAZYVA	MB
<i>gemcitabine hcl</i>	MB
GLEOSTINE	OC
HALAVEN	MB
HEXALEN	OC
<i>hydroxyurea</i>	OC
IBRANCE	OC
<i>ifosfamide</i>	MB
<i>imatinib mesylate</i>	OC
IMBRUICA	OC
INLYTA	OC
IRESSA	OC
<i>irinotecan hcl</i>	MB
IXEMPRA KIT	MB
JAKAFI	OC
JEVTANA	MB
KADCYLA	MB
KANJINTI	MB
KYPROLIS	MB
<i>lapatinib ditosylate</i>	OC
<i>lenalidomide</i>	PA, LD
LENVIMA (10 MG DAILY DOSE)	OC
<i>letrozole</i>	OC
LEUKERAN	OC

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Name of drug	Restrictions & Limits
<i>leuprolide acetate</i>	PA, QL, HC
LONSURF	OC
LUPRON DEPOT (3-MONTH)	QL
LUPRON DEPOT (4-MONTH)	QL
LUPRON DEPOT (6-MONTH)	QL
LUPRON DEPOT-PED (1-MONTH)	QL
LUPRON DEPOT-PED (3-MONTH)	QL
LYNPARZA	OC
LYSODREN	LD, OC
MARQIBO	MB
MATULANE	OC
<i>megestrol acetate</i>	
MEKINIST	OC
<i>melphalan</i>	OC
<i>mercaptopurine</i>	OC
<i>methotrexate sodium</i>	MB
<i>mitomycin</i>	MB
<i>mitoxantrone hcl</i>	MB
MUSTARGEN	MB
MVASI	MB
MYLERAN	OC
NINLARO	OC
ODOMZO	OC
ONCASPAR	MB
OPDIVO	MB
<i>oxaliplatin</i>	MB
<i>paclitaxel</i>	MB
PEMETREXED DISODIUM	MB
POMALYST	LD, OC
PROLEUKIN	MB
RIABNI	MB
RYDAPT	OC
SARCLISA	MB
<i>sorafenib tosylate</i>	OC
SPRYCEL	OC
STIVARGA	OC
<i>sunitinib malate</i>	OC
SYLVANT	MB
TABLOID	OC
TAFINLAR	OC
TAGRISSO	OC
<i>tamoxifen citrate</i>	PA
TASIGNA	OC
<i>temozolamide</i>	OC
<i>temsirolimus</i>	MB
TENIPOSIDE	MB
<i>topotecan hcl</i>	OC, MB
<i>tretinoin (chemotherapy)</i>	OC
TRUXIMA	MB
UNITUXIN	MB
VECTIBIX	MB

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Name of drug	Restrictions & Limits
VENCLEXTA	OC
VINBLASTINE SULFATE	MB
<i>vincristine sulfate</i>	MB
<i>vinorelbine tartrate</i>	MB
VOTRIENT	OC
VYXEOS	MB
XTANDI	OC
YERVOY	MB
ZELBORAF	OC
ZOLADEX	MB
ZOLINZA	OC
ZYKADIA	OC
ANXIOLYTICS, SEDATIVES, AND HYPNOTICS	
BENZODIAZEPINES	
<i>alprazolam</i>	QL
<i>diazepam</i>	QL, MB
<i>lorazepam</i>	QL, MB
<i>midazolam hcl</i>	MB
<i>temazepam</i>	QL
AUTONOMIC DRUGS	
ANTICHOLINERGIC AGENTS	
<i>atropine sulfate</i>	MB
<i>benztropine mesylate</i>	MB
<i>dicyclomine hcl</i>	MB
<i>glycopyrrolate</i>	MB
<i>hyoscyamine</i>	
<i>hyoscyamine sulfate</i>	
<i>ipratropium bromide</i>	
<i>ipratropium bromide (nasal)</i>	
SPIRIVA RESPIMAT	
STIOLTO RESPIMAT	
<i>trihexyphenidyl hcl</i>	
AUTONOMIC DRUGS, MISCELLANEOUS	
CHANTIX STARTING MONTH PAK	QL, PREV
NICOTROL	PREV
PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS	
<i>bethanechol chloride</i>	
<i>donepezil hydrochloride</i>	
<i>galantamine hydrobromide</i>	
<i>neostigmine methylsulfate</i>	MB
PHYSOSTIGMINE SALICYLATE	MB
<i>pilocarpine hcl (oral)</i>	
<i>pyridostigmine bromide</i>	
SKELETAL MUSCLE RELAXANTS	
<i>baclofen</i>	
<i>cyclobenzaprine hcl</i>	
<i>dantrolene sodium</i>	MB
<i>methocarbamol</i>	
SYMPATHOMIMETIC (ADRENERGIC) AGENTS	
AKOVAZ	MB
<i>albuterol sulfate</i>	

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Name of drug	Restrictions & Limits
dihydroergotamine mesylate	QL
DOBUTAMINE HCL	MB
DOBUTAMINE IN D5W	MB
EPINEPHRINE	QL
epinephrine hcl	MB
ERGOLOID MESYLATES	
fluticasone-salmeterol	
ipratropium-albuterol	
metaproterenol sulfate	
midodrine hcl	
phenoxybenzamine hcl	
SEREVENT DISKUS	
STRIVERDI RESPIMAT	
tamsulosin hcl	
terbutaline sulfate	MB
BLOOD FORMATION, COAGULATION, AND THROMBOSIS	
COAGULANTS AND ANTICOAGULANTS	
ALPROLIX	MB
aminocaproic acid	
anagrelide hcl	
aspirin-dipyridamole	
BRILINTA	
cilostazol	
clopidogrel bisulfate	
dipyridamole	
ELOCTATE	MB
enoxaparin sodium	QL
HEMLIBRA	PA, QL
heparin sodium (porcine)	QL
heparin sodium (porcine) lock flush	MB
KOVALTRY	MB
pentoxifylline	
PRADAXA	
prasugrel hcl	
tranexamic acid	
warfarin sodium	
XARELTO	
HEMATOPOIETIC AGENTS	
LEUKINE	QL
NIVESTYM	QL
PROCRT	QL
PROMACTA	LD
ZARXIO	QL
CARDIOVASCULAR DRUGS	
ALPHA-ADRENERGIC BLOCKING AGENTS	
doxazosin mesylate	
terazosin hcl	
ANTILIPIDEMIC AGENTS	
atorvastatin calcium	
cholestyramine	
cholestyramine light	

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<i>colestipol hcl</i>	
<i>ezetimibe</i>	
<i>fenofibrate</i>	
<i>gemfibrozil</i>	
<i>lovastatin</i>	
NIACOR	
<i>pravastatin sodium</i>	
<i>rosuvastatin calcium</i>	
<i>simvastatin</i>	
BETA-ADRENERGIC BLOCKING AGENTS	
<i>atenolol</i>	
<i>atenolol & chlorthalidone</i>	
<i>bisoprolol & hydrochlorothiazide</i>	
<i>bisoprolol fumarate</i>	
<i>carvedilol</i>	
<i>esmolol hcl</i>	MB
<i>labetalol hcl</i>	MB
<i>metoprolol succinate</i>	
<i>metoprolol tartrate</i>	MB
<i>propranolol hcl</i>	
<i>sotalol hcl</i>	
CALCIUM-CHANNEL BLOCKING AGENTS	
<i>amlodipine besylate</i>	
CARDENE IV	MB
CLEVIPREX	MB
<i>diltiazem hcl</i>	MB
<i>diltiazem hcl coated beads</i>	
<i>nicardipine hcl</i>	MB
<i>nifedipine</i>	
<i>verapamil hcl</i>	
CARDIAC DRUGS	
<i>adenosine</i>	MB
<i>amiodarone hcl</i>	MB
<i>digoxin</i>	MB
<i>disopyramide phosphate</i>	
<i>dofetilide</i>	
<i>flecainide acetate</i>	
<i>lidocaine hcl (cardiac)</i>	MB
<i>mexiletine hcl</i>	
NEXTERONE	MB
<i>procainamide hcl</i>	MB
<i>propafenone hcl</i>	
<i>quinidine gluconate</i>	
<i>quinidine sulfate</i>	
HYPOTENSIVE AGENTS	
<i>clonidine</i>	
<i>clonidine hcl</i>	
<i>guanfacine hcl</i>	
<i>hydralazine hcl</i>	MB
METHYLDOPA	
<i>minoxidil</i>	

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Name of drug	Restrictions & Limits
RENIN-ANGIOTENSIN-ALDOSTERONE SYSTEM INHIBITORS	
captopril	
enalapril maleate	
ENTRESTO	
lisinopril	
lisinopril & hydrochlorothiazide	
losartan potassium	
losartan potassium & hydrochlorothiazide	
spironolactone	
spironolactone & hydrochlorothiazide	
valsartan	
valsartan-hydrochlorothiazide	
VASODILATING AGENTS	
isosorbide dinitrate	
isosorbide mononitrate	
nitroglycerin	
papaverine hcl	MB
sildenafil citrate (pulmonary hypertension)	PA, QL, HC
tadalafil (pulmonary hypertension)	PA, LD, HC
CENTRAL NERVOUS SYSTEM AGENTS	
ANALGESICS AND ANTIPIRETICS	
acetaminophen	MB
acetaminophen w/ codeine	QL
BUTORPHANOL TARTRATE	MB
choline & mag salicylate	
clonidine hcl (analgesia)	MB
codeine sulfate	QL
diclofenac sodium	
etodolac	
fentanyl	QL
fentanyl citrate	MB
hydrocodone-acetaminophen	QL
hydromorphone hcl	QL, MB
ibuprofen	
indomethacin	
ketorolac tromethamine	MB
meloxicam	
meperidine hcl	MB
methadone hcl	QL
morphine sulfate	QL, MB
nabumetone	
naproxen	
oxycodone hcl	QL
oxycodone w/ acetaminophen	QL
sulindac	
tramadol hcl	QL
ANOREXIGENIC AGENTS AND RESPIRATORY AND CEREBRAL STIMULANTS	
amphetamine-dextroamphetamine	
caffeine citrate	MB
dexamphetamine hcl	
dextroamphetamine sulfate	

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Name of drug	Restrictions & Limits
<i>methylphenidate hcl</i>	
<i>midazolam hcl</i>	MB
<i>modafinil</i>	
ANTICHOLINERGIC AGENTS	
<i>benztropine mesylate</i>	
ANTICONVULSANTS	
<i>carbamazepine</i>	
<i>CELONTIN</i>	
<i>clonazepam</i>	QL
<i>divalproex sodium</i>	
<i>ethosuximide</i>	
<i>fosphenytoin sodium</i>	MB
<i>gabapentin</i>	
<i>lacosamide</i>	
<i>lamotrigine</i>	
<i>levetiracetam</i>	MB
<i>magnesium sulfate</i>	MB
<i>oxcarbazepine</i>	
<i>phenytoin</i>	
<i>phenytoin sodium</i>	MB
<i>phenytoin sodium extended</i>	
<i>primidone</i>	
<i>topiramate</i>	
<i>valproate sodium</i>	MB
<i>valproic acid</i>	
ANTIMIGRAINE AGENTS	
<i>AJOVY</i>	PA, QL
<i>naratriptan hcl</i>	QL
<i>rizatriptan benzoate</i>	QL
<i>sumatriptan</i>	
<i>sumatriptan succinate</i>	QL
ANXIOLYTICS, SEDATIVES, AND HYPNOTICS	
<i>buspirone hcl</i>	
<i>dexmedetomidine hcl</i>	MB
<i>dexmedetomidine hcl in sodium chloride</i>	MB
<i>DIASTAT ACUDIAL</i>	QL
<i>droperidol</i>	MB
<i>etomidate</i>	MB
<i>hydroxyzine hcl</i>	MB
<i>hydroxyzine pamoate</i>	
<i>ketamine hcl</i>	MB
<i>midazolam hcl</i>	MB
<i>phenobarbital</i>	
<i>phenobarbital sodium</i>	MB
<i>propofol</i>	MB
<i>zaleplon</i>	QL
<i>zolpidem tartrate</i>	QL
CENTRAL NERVOUS SYSTEM AGENTS, MISCELLANEOUS	
<i>acamprosate calcium</i>	
<i>amantadine hcl</i>	
<i>atomoxetine hcl</i>	

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Name of drug	Restrictions & Limits
bromocriptine mesylate	
cabergoline	
carbidopa	
carbidopa-levodopa	
cisatracurium besylate	MB
entacapone	
flumazenil	MB
guanfacine hcl (adhd)	
KYNMOBI	
memantine hcl	
pramipexole dihydrochloride	
QUELICIN	MB
riluzole	
rocuronium bromide	MB
ropinirole hydrochloride	
selegiline hcl	
sevoflurane	MB
SUPRANE	MB
vecuronium bromide	MB
OPIATE ANTAGONISTS	
buprenorphine hcl	QL
buprenorphine hcl-naloxone hcl dihydrate	QL
naloxone hcl	QL
naltrexone hcl	
PSYCHOTHERAPEUTIC AGENTS	
amitriptyline hcl	
aripiprazole	
ARISTADA	MB
bupropion hcl	PA
chlorpromazine hcl	MB
citalopram hydrobromide	
clozapine	QL
desipramine hcl	
doxepin hcl	
duloxetine hcl	
escitalopram oxalate	
fluoxetine hcl	
fluphenazine decanoate	MB
fluphenazine hcl	
fluvoxamine maleate	
haloperidol	
haloperidol decanoate	MB
haloperidol lactate	MB
imipramine hcl	
INVEGA SUSTENNA	MB
LITHIUM	
lithium carbonate	
mirtazapine	
NEFAZODONE HCL	
nortriptyline hcl	
olanzapine	MB

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<i>paroxetine hcl</i>	
<i>perphenazine</i>	
PHENELZINE SULFATE	
PIMOZIDE	
<i>prochlorperazine</i>	
PROCHLORPERAZINE EDISYLATE	MB
<i>prochlorperazine maleate</i>	
<i>protriptyline hcl</i>	
<i>quetiapine fumarate</i>	
RISPERDAL CONSTA	MB
<i>risperidone</i>	
<i>sertraline hcl</i>	
<i>thioridazine hcl</i>	
<i>thiothixene</i>	
<i>trazodone hcl</i>	
<i>trifluoperazine hcl</i>	
<i>venlafaxine hcl</i>	
<i>ziprasidone hcl</i>	
DIABETIC SUPPLIES	
DIABETIC SUPPLIES	
ADVOCATE CONTROL SOLUTION	
ALBUSTIX	
AUTOPEN	
BD AUTOSHIELD DUO	
BD INSULIN SYRINGE	
BD INSULIN SYRINGE	
BD INSULIN SYRINGE U-500	
BD LANCET ULTRAFINE 30G	
CONTOUR NEXT TEST	QL
DAIStIX	
KETO-DIASTIX	
KETOSTIX	
MINIMED SYRINGE RESERVOIR/3ML/22G X 1/2"	
ONETOUCH VERIO FLEX SYSTEM	
PENLET II BLOOD SAMPLER	
PRECISION XTRA KETONE	
URISTIX	
ELECTROLYTIC, CALORIC, AND WATER BALANCE	
ACIDIFYING AND ALKALINIZING AGENTS	
K-PHOS NO 2	
<i>pot & sod citrates w/citric ac</i>	
<i>potassium citrate (alkalinizer)</i>	
<i>potassium citrate-citric acid</i>	
SODIUM ACETATE	MB
sodium bicarbonate	MB
<i>sodium citrate & citric acid</i>	
AMMONIA DETOXICANTS	
<i>lactulose</i>	
<i>lactulose (encephalopathy)</i>	
CALORIC AGENTS	
<i>amino acid infusion</i>	MB

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Name of drug	Restrictions & Limits
CLINIMIX E/DEXTROSE (5/15)	MB
CLINIMIX E/DEXTROSE (5/20)	MB
CLINIMIX/DEXTROSE (5/15)	MB
dextrose	MB
INTRALIPID	MB
PROCALAMINE	MB
DIURETICS	
amiloride & hydrochlorothiazide	
amiloride hcl	
CHLOROTHIAZIDE	
chlorthalidone	
ethacrynat sodium	MB
furosemide	MB
hydrochlorothiazide	
indapamide	
mannitol	MB
metolazone	
torsemide	
triamterene & hydrochlorothiazide	
ION-REMOVING AGENTS	
sevelamer carbonate	
sodium polystyrene sulfonate	
IRRIGATING SOLUTIONS	
acetic acid	
DIANEAL LOW CALCIUM/1.5% DEX	MB
EXTRANEAL	MB
sodium chloride (gu irrigant)	MB
water for irrigation, sterile	
REPLACEMENT PREPARATIONS	
bacteriostatic sodium chloride	MB
calcium acetate (phosphate binder)	
calcium chloride (dihydrate)	MB
calcium gluconate	MB
dextrose in lactated ringers	MB
dextrose w/ sodium chloride	MB
HESPA	MB
K-PHOS	
K-PHOS-NEUTRAL	
KCL-LACTATED RINGERS-D5W	MB
LACTATED RINGERS	MB
potassium acetate	MB
potassium bicarbonate	
potassium chloride	MB
potassium chloride in dextrose & sodium chloride	MB
potassium chloride in nacl	MB
potassium chloride microencapsulated crystals cr	
potassium phosphates	MB
sodium chloride	MB
sodium chloride flush	MB
sodium phosphates (sodium phosphate dibasic & monobasic)	MB
trace minerals (cr-cu-mn-se-zn)	MB

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Name of drug	Restrictions & Limits
ZINC CHLORIDE	MB
URICOSURIC AGENTS	
<i>probenecid</i>	
ENZYMES	
ENZYMES	
ADAGEN	LD, MB
FABRAZYME	MB
PULMOZYME	
VIMIZIM	MB
VITRASE	MB
VPRIV	MB
EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS	
ANTI-INFECTIVES	
ARZOL SILVER NIT APPLICATORS	MB
BACITRACIN	
<i>bacitracin-polymyxin b (ophth)</i>	
BETADINE OPHTHALMIC PREP	MB
<i>ciprofloxacin hcl (ophth)</i>	
<i>erythromycin (ophth)</i>	
<i>gentamicin sulfate (ophth)</i>	
<i>moxifloxacin hcl (ophth)</i>	
NATACYN	
<i>ofloxacin (ophth)</i>	
<i>polymyxin b-trimethoprim</i>	
<i>tobramycin (ophth)</i>	
TRIFLURIDINE	
ANTI-INFLAMMATORY AGENTS	
<i>bacitracin-poly-neomycin-hc</i>	
BLEPHAMIDE	
<i>ciprofloxacin-dexamethasone</i>	
COLY-MYCIN S	
<i>cyclosporine (ophth)</i>	QL
DEXAMETHASONE SODIUM PHOSPHATE	
<i>diclofenac sodium (ophth)</i>	
<i>flunisolide (nasal)</i>	
<i>fluorometholone (ophth)</i>	
FLURBIPROFEN SODIUM	
<i>hydrocortisone w/acetic acid</i>	
<i>ketorolac tromethamine (ophth)</i>	
<i>neomycin-polymy-dexameth</i>	
NEOMYCIN-POLYMYXIN-HC	
<i>neomycin-polymyxin-hc (otic)</i>	
PRED-G	
PREDNISOLONE ACETATE	
PREDNISOLONE SODIUM PHOSPHATE	
<i>tobramycin-dexamethasone</i>	
ANTIALLERGIC AGENTS	
<i>azelastine hcl</i>	
<i>cromolyn sodium (ophth)</i>	
ANTIGLAUCOMA AGENTS	
<i>acetazolamide</i>	

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Name of drug	Restrictions & Limits
acetazolamide sodium	MB
betaxolol hcl (ophth)	
brimonidine tartrate	
dorzolamide hcl	
dorzolamide hcl-timolol maleate	
latanoprost	
levobunolol hcl	
methazolamide	
METIPRANOLOL	
pilocarpine hcl	
timolol maleate (ophth)	
EENT DRUGS, MISCELLANEOUS	
acetic acid (otic)	
acetic acid-aluminum acetate	
BSS	MB
LUCENTIS	LD, MB
PHOTREXA VISCOSUS	MB
LOCAL ANESTHETICS	
fluorescein w/ benoxinate	MB
lidocaine hcl (mouth-throat)	
proparacaine hcl	MB
tetracaine hcl (ophth)	MB
MYDRIATICS	
atropine sulfate (ophthalmic)	
CYCLOMYDRIL	MB
cyclopentolate hcl	
HOMATROPAIRE	
tropicamide	MB
VASOCONSTRICATORS	
phenylephrine hcl (mydriatic)	
GASTROINTESTINAL DRUGS	
ANTI-INFLAMMATORY AGENTS	
balsalazide disodium	
mesalamine	
ANTIEMETICS	
AKYNZEO	
aprepitant	
dronabinol	
ondansetron	
ondansetron hcl	MB
scopolamine	
ANTIULCER AGENTS AND ACID SUPPRESSANTS	
famotidine	MB
misoprostol	
omeprazole	
pantoprazole sodium	MB
sucralfate	
DIGESTANTS	
ZENPEP	
GI DRUGS, MISCELLANEOUS	
chlordiazepoxide hcl-clidinium bromide	

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Name of drug	Restrictions & Limits
CREON	
diphenoxylate w/ atropine	
LUBIPROSTONE	
metoclopramide hcl	MB
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate	PREV
ursodiol	
GOLD COMPOUNDS	
GOLD COMPOUNDS	
MYOCHRYNSINE	MB
HEAVY METAL ANTAGONISTS	
HEAVY METAL ANTAGONISTS	
deferasirox	
deferoxamine mesylate	MB
penicillamine	
HORMONES AND SYNTHETIC SUBSTITUTES	
ADRENALS	
budesonide	
CELESTONE SOLUSPAN	MB
CORTISONE ACETATE	
dexamethasone	
dexamethasone sodium phosphate	MB
fludrocortisone acetate	
hydrocortisone	
methylprednisolone	
methylprednisolone acetate	MB
methylprednisolone sod succ	MB
MILLIPRED	
prednisolone sodium phosphate	
prednisone	
SOLU-CORTEF	MB
triamcinolone acetonide	MB
ANDROGENS	
danazol	
testosterone	
testosterone cypionate	QL
TESTOSTERONE ENANTHATE	QL
CONTRACEPTIVES	
desogestrel & ethinyl estradiol	PREV
drospirenone-ethinyl estradiol	PREV
ELLA	PREV
ethynodiol diacet & eth estrad	PREV
etonogestrel-ethinyl estradiol	PREV
levonorgestrel & eth estradiol	PREV
levonorgestrel-eth estradiol (triphasic)	PREV
NECON 10/11-28	PREV
norelgestromin-ethinyl estradiol	PREV
norethin acet & estrad-fe	PREV
norethindrone & eth estradiol	PREV
norethindrone (contraceptive)	PREV
norethindrone acet & eth estra	PREV
norethindrone-eth estradiol (triphasic)	PREV

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Name of drug	Restrictions & Limits
<i>norgestimate-ethinyl estradiol</i>	PREV
<i>norgestimate-ethinyl estradiol (triphasic)</i>	PREV
PLAN B ONE-STEP	PREV
DIABETIC AGENTS	
<i>acarbose</i>	
BAQSIMI ONE PACK	
<i>diazoxide</i>	
<i>glipizide</i>	
<i>glucagon (rdna)</i>	
HUMALOG	
HUMULIN 70/30	
HUMULIN N	
HUMULIN R	
JARDIANCE	
LANTUS	
<i>metformin hcl</i>	
<i>pioglitazone hcl</i>	
ESTROGENS AND ANTIESTROGENS	
CLOMIPHENE CITRATE	HC
<i>esterified estrogens & methyltestosterone</i>	
<i>estradiol</i>	
<i>estradiol vaginal</i>	
<i>raloxifene hcl</i>	
GONADOTROPINS	
BRAVELLE	QL, HC
CHORIONIC GONADOTROPIN	QL, HC
FOLLISTIM AQ	QL, HC
GANIRELIX ACETATE	QL, HC
GONAL-F	QL, HC
MENOPUR	QL, HC
IUD	
MIRENA (52 MG)	PREV, MB
NEXPLANON	PREV, MB
PARATHYROID	
<i>calcitonin (salmon)</i>	QL
PITUITARY	
<i>desmopressin acetate</i>	QL
<i>desmopressin acetate refrigerated</i>	
<i>desmopressin acetate spray</i>	
<i>desmopressin acetate spray refrigerated</i>	
PROGESTINS	
DEPO-PROVERA	MB
HYDROXYPROGESTERONE CAPROATE	MB
<i>medroxyprogesterone acetate</i>	
<i>medroxyprogesterone acetate (contraceptive)</i>	PREV, MB
<i>norethindrone acetate</i>	
<i>progesterone</i>	PA, QL, HC
SOMATOTROPIN AGONISTS AND ANTAGONISTS	
<i>octreotide acetate</i>	QL, MB
OMNITROPE	QL
THYROID AND ANTITHYROID AGENTS	

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Name of drug	Restrictions & Limits
<i>levothyroxine sodium</i>	MB
<i>liothyronine sodium</i>	
<i>methimazole</i>	
<i>propylthiouracil</i>	
MEDICAL DEVICE	
DIAPHRAGM	
WIDE-SEAL DIAPHRAGM 60	PREV
IUD	
PARAGARD INTRAUTERINE COPPER	PREV, MB
MEDICAL DEVICE	
AEROCHAMBER Z-STAT PLUS	
AEROGEAR ACTION ASTHMA KIT	
CATHFLO ACTIVASE	MB
DEVILBISS COMPACT COMPRESSOR	
DEVILBISS DISPOSABLE NEBULIZER	
PIKO 1	
MISCELLANEOUS THERAPEUTIC AGENTS	
MISCELLANEOUS THERAPEUTIC AGENTS	
10ML SYRINGE SLIP TIP	
1ML ALLERGIST TRAY SYRINGE 26 G X 1/2"	
ACTEMRA	PA, QL
<i>adenosine (diagnostic)</i>	MB
ALBUMIN HUMAN	MB
<i>alendronate sodium</i>	
<i>allopurinol</i>	
<i>azathioprine</i>	
BACTERIOSTATIC WATER(BENZ ALC)	MB
BD 10ML LUER-LOK SYRINGE 22G X 1-1/2"	
BD 3ML LUER-LOK SYRINGE 21G X 1-1/4"	
BD BLUNT FILL NEEDLE	
BD DISP NEEDLE	
BD DISP NEEDLES	
BD FILTER NEEDLE/5 MICRON	
BD LUER-LOK SYRINGE	
BD SYRINGE SLIP TIP	
BETASERON	QL
BOTOX	MB
BRIDION	MB
<i>bupivacaine hcl</i>	MB
<i>bupivacaine in dextrose</i>	MB
<i>bupivacaine w/ epinephrine</i>	MB
CABOMETYX	OC
CAMPHOR	
CAMPHOR BLOCKS	
CAMPHOR SPIRIT	
CARBOCAINE PRESERVATIVE-FREE	MB
CERDELGA	LD
CHLORAMPHENICOL	

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Name of drug	Restrictions & Limits
<i>cinacalcet hcl</i>	
COAL TAR	
<i>colchicine</i>	
CORTROSYN	MB
<i>cyclosporine</i>	MB
<i>cyclosporine modified (for microemulsion)</i>	
<i>dexrazoxane hcl</i>	MB
DIETHYLSТИLBESTROL	
DILTIAZEM HCL	
<i>dimethyl fumarate</i>	
<i>disulfiram</i>	
<i>dopamine in d5w</i>	MB
EOVIST	MB
ETIDRONATE DISODIUM	
<i>finasteride</i>	
GADAVIST	MB
GELFOAM SPONGE	MB
<i>glatiramer acetate</i>	QL
GLUCAGEN DIAGNOSTIC	MB
HUMIRA	PA, QL
HYDROCORTISONE	
HYDROCORTISONE MICRONIZED	
HYDROXYUREA	
<i>icatibant acetate</i>	QL
INFLECTRA	MB
INTRON A	QL
KETAMINE HCL	
KETOPROFEN	
<i>leflunomide</i>	
LETS	MB
<i>leucovorin calcium</i>	MB
LEUCOVORIN CALCIUM	
LEXISCAN	MB
LIDOCAINE	
LIDOCAINE HCL	
<i>lidocaine hcl (local anesth.)</i>	MB
<i>lidocaine w/ epinephrine</i>	MB
MAGNEVIST	MB
MENTHOL	
<i>mesna</i>	MB
<i>methylergonovine maleate</i>	MB
MONOJECT SYRINGE	
<i>mycophenolate mofetil</i>	
NYSTATIN	
ODACTRA	
OMNITROPE PEN 5 INJ DEVICE	
ORENCIA	PA, QL, MB
OTEZLA	PA, QL
<i>oxytocin</i>	MB
PAMIDRONATE DISODIUM	MB
PCCA LIPODERM BASE	

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Name of drug	Restrictions & Limits
PHENOL	
PROVAYBLUE	MB
PROVOCHOLINE	MB
READI-CAT 2	
RIMSO-50	MB
SALICYLIC ACID	
SCULPTRA	MB
sodium fluoride	PREV
SSKI	
SULFAMETHOXAZOLE	
SULFUR	
tacrolimus	MB
THALOMID	PA, LD
THYMOL	
THYROGEN	MB
TRIAMCINOLONE ACETONIDE	
TUBERSOL	MB
water for injection, sterile	MB
XELJANZ	PA
yohimbine hcl	HC
zoledronic acid	MB
MUSCULOSKELETAL THEARPY	
HYALGAN	MB
VITAMINS	
potassium aminobenzoate	
OXYTOCICS	
OXYTOCICS	
methylergonovine maleate	
MIFEPREX	
RESPIRATORY TRACT AGENTS	
ANTI-INFLAMMATORY AGENTS	
cromolyn sodium	
cromolyn sodium (mastocytosis)	
FASENRA	PA, QL, MB
montelukast sodium	
ANTITUSSIVES	
benzonatate	
DURATUSS HD	QL
guaifenesin-codeine	QL
hydrocodone bitartrate-homatropine methylbromide	QL
phenyleph-cpm w/ hydrocod	QL
phenylephrine-ephedrine-chlorpheniramine w/ carbetapentane	
RESPIRATORY AGENTS, MISCELLANEOUS	
acetylcysteine	
ADEMPAS	PA, LD
ALVESCO	
ambrisentan	LD
ASMANEX (120 METERED DOSES)	
bosentan	LD
brompheniramine & phenyleph	
budesonide (inhalation)	

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Name of drug	Restrictions & Limits
FLOVENT HFA	
ORKAMBI	PA, LD
sodium chloride (inhalant)	
SYMBICORT	
SERUMS, TOXOIDS, AND VACCINES	
SERUMS	
FLEBOGAMMA DIF	MB
GAMASTAN	MB
GAMMAGARD	QL
HYPERRHO S/D	MB
IMOGLAM RABIES-HT	MB
NABI-HB	MB
TOXOIDS	
ADACEL	MB
INFANRIX	MB
KINRIX	MB
TDVAX	MB
TE ANATOXAL BERNA	MB
VACCINES	
BEXSERO	MB
ENGERIX-B	MB
FLULALVAL QUADRIVALENT	MB
FLUZONE HIGH-DOSE QUADRIVALENT	MB
GARDASIL 9	MB
HAVRIX	MB
HIBERIX	MB
IMOVOVAX RABIES	MB
IPOPOL	MB
IXIARO	MB
JE-VAX	MB
M-M-R II	MB
MENOMUNE-A/C/Y/W-135	MB
MENVEO	MB
MERUVAX II W/DILUENT 10 DOSE	MB
MUMPSVAX W/DILUENT 10 DOSE	MB
PEDIARIX	MB
PNEUMOVAX 23	MB
PREVNAR 13	MB
PREVNAR 20	MB
PROQUAD	MB
RABAVERT	MB
ROTARIX	MB
ROTAQEQ	MB
SHINGRIX	MB
TICE BCG	MB
TYPHIM VI	MB
VARIVAX	MB
VAXCHORA	MB
VIVOTIF	
YF-VAX	MB
ZOSTAVAX	MB

HC = Higher Cost

LD = Limited Distribution

MB = Medical Benefit

OC = Oral Chemotherapy Drugs

PA = Prior Authorization

PREV = Preventative medication

QL = Quantity Limit

ST = Step Therapy

Name of drug	Restrictions & Limits
SKIN AND MUCOUS MEMBRANE AGENTS	
ANTI-INFECTIVES (SKIN AND MUCOUS MEMBRANE)	
ciclopirox	
ciclopirox olamine	
clindamycin phosphate (topical)	
clindamycin phosphate vaginal	
clotrimazole	
erythromycin (acne aid)	
gentamicin sulfate (topical)	
iodoquinol-hc	
ketoconazole (topical)	
metronidazole (topical)	
mupirocin	
nystatin (topical)	
permethrin	
selenium sulfide	
silver sulfadiazine	
sulfacetamide sodium w/ sulfur	
VANDAZOLE	
ANTI-INFLAMMATORY AGENTS (SKIN AND MUCOUS MEMBRANE)	
betamethasone dipropionate (topical)	
betamethasone dipropionate augmented	
betamethasone valerate	
clobetasol propionate	
desoximetasone	
diflorasone diacetate	
fluocinolone acetonide	
fluocinonide	
fluocinonide emulsified base	
hydrocortisone (intrarectal)	
hydrocortisone (rectal)	
hydrocortisone (topical)	
hydrocortisone butyrate	
hydrocortisone valerate	
mometasone furoate	
triamcinolone acetonide (mouth)	
triamcinolone acetonide (topical)	
urea-hc acetate	
CELL STIMULANTS AND PROLIFERANTS	
tretinoin	
SKIN AND MUCOUS MEMBRANE AGENTS, MISCELLANEOUS	
acitretin	
adapalene	
adapalene-benzoyl peroxide	
aluminum chloride	
azelaic acid	
calcipotriene	
COSENTYX	PA, QL
fluorouracil (topical)	
imiquimod	
isotretinoin	

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Name of drug	Restrictions & Limits
<i>lidocaine hcl</i>	
<i>lidocaine-prilocaine</i>	
<i>methoxsalen rapid</i>	
<i>podofilox</i>	
<i>salicylic acid</i>	
SANTYL	
<i>tacrolimus (topical)</i>	
VECTICAL	
SMOOTH MUSCLE RELAXANTS	
SMOOTH MUSCLE RELAXANTS	
<i>aminophylline</i>	MB
<i>darifenacin hydrobromide</i>	
MYRBETRIQ	PA
<i>oxybutynin chloride</i>	
<i>solifenacin succinate</i>	
<i>theophylline</i>	
<i>trospium chloride</i>	
VASODILATING AGENTS	
MISCELLANEOUS THERAPEUTIC AGENTS	
CAVERJECT	QL, HC
<i>sildenafil citrate</i>	QL, HC
<i>tadalafil</i>	PA, QL, HC
VITAMINS	
VITAMINS	
AQUASOL A	MB
<i>ascorbic acid</i>	MB
<i>calcitriol</i>	MB
<i>cyanocobalamin</i>	QL
<i>ergocalciferol</i>	
<i>folic acid</i>	QL
INFED	MB
INFUVITE ADULT	MB
INFUVITE PEDIATRIC	MB
<i>multiple vitamins w/ minerals</i>	
<i>ped multivitamins w/fl & iron</i>	
<i>pediatric multivitamins w/fl</i>	
<i>pediatric vitamins acd fluoride & iron</i>	
<i>pediatric vitamins acd w/ fluoride</i>	
<i>phytonadione</i>	MB
<i>prenatal vit w/ ferrous fumarate-folic acid</i>	
<i>prenatal vit w/ iron carbonyl-folic acid</i>	
PYRIDOXINE HCL	MB
<i>thiamine hcl</i>	MB
VENOFER	MB
VINATE M	

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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: የሚገኘውን ቁጥር አማራር ከሆነ የትርጉም እርዳታ ይረዳቸውን፡ በንግድ ላይ የግብር ቀበሌ፡ ወደ ማረከት ተመርሱ የሚገኘውን ቁጥር 855-249-5019 (ማስታወሻ ለተከናወል፡ 711).

العربية / Arabic

رقم (-19-5019-249-555) ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية متاحة لك بالمجان. اتصل برق

-هاتف الصم والبكم: (117).

Bàsój-wùdù-po-nyò /Bassa

Dè ðe nià ke dyédé gbo: Ⓛ jú ké m [Bàsó ò -wùdqù-po-nyò] jú ní, níí, à wudu kà kò ðò po-poò bérin m 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

855-249-5019- توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما بگیرید تماس باشید 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 નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે.

શોન 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

Nti: O bürü na asu Ibo, asusụ 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** (телефон: 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

خدمات مفت میں دستیاب ہیں۔ کالخبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی 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 nsø èdè Yorùbú ofé ni iranlöwö lori èdè wa fun yin o. E pe ẹrọ-ibaniṣoṛọ yi 1-**855-249-5019** (TTY: 711).