

KAISER PERMANENTE OF GEORGIA

2018 5 Tier Formulary Benefit



This document includes Kaiser Permanente Georgia's 5 Tier Plan Benefit Formulary as of March 1, 2018. For an updated formulary, please visit our website at members.kp.org or call 1-888-865-5813, Monday through Friday 7:00 a.m. to 7:00 p.m. TTY/TDD users should call 1-800-255-0056.

What is the Kaiser Permanente Drug Formulary?

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

Does the formulary ever change?

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

The enclosed formulary is current as of **March 1, 2018**. To get updated information about the drugs covered by Kaiser Permanente, please visit our Web site at members.kp.org or call Member Services at 1-888-865-5813, Monday through Friday 7:00 a.m. to 7:00 p.m. TTY/TDD users should call 1-800-255-0056.

How do I use the Formulary?

Generic drugs are listed in lower-case italics (e.g., *amoxicillin*) within the formulary. Brand-name drugs are capitalized in the formulary (e.g., FLOVENT).

There are two easy ways to find your drug within the formulary:

Medical Condition

The drug list begins on page 4. The drugs on this formulary are grouped into categories depending on the type of medical condition that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular Drugs.” If you know what your drug is used for, simply look for the category name in the list that begins on page 4. Then look under the category name for your drug.

Alphabetical Index

If you are not sure what category to look under, you can look for the drug in the Index that begins on page 53. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to the drug, you will

Multiple tiers may be displayed for a medication where drug product strengths and different dosage forms may not be included on the same tier, check with your Kaiser Permanente pharmacist for clarification, if needed.

Tier 1=Preventative Generic, Tier 2=Preferred Generic, Tier 3=Preferred Brand, Tier 4=Non-preferred Drugs, Tier 5=Specialty

see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug on the list. You may also use the search function on your computer to search this document for the medication by name.

What are generic drugs?

Generic drugs are produced and sold under their chemical names after the patent of the Brand-name drug expires. Although the price is lower, the quality and effectiveness of generic drugs is the same as Brand-name drugs. The Food and Drug Administration (FDA) requires that generic drugs contain the same active ingredients in the same amount as the Brand-name drug. Kaiser Permanente pharmacies stock only generic drugs that have met the high standards of both the FDA and the experts in our quality assurance program.

Because all drug product strengths and package sizes of a drug may not be included on the formulary, check with your Kaiser Permanente pharmacist for clarification.

How much will I pay for Covered Drugs?

What you pay for covered drugs is determined by the outpatient prescription drug benefit outlined in

your Evidence of Coverage. Open formulary benefits have a generic cost sharing requirement. This means that if you fill a brand name drug when a generic is available, that in addition to your standard copayment or coinsurance, you will also pay the difference in cost between the brand name and generic drug.

Preventative generics are those covered at the lowest cost share amount defined as Tier 1. Preferred generics are those covered at the 2nd lowest cost share amount defined as Tier 2. Preferred Brands are those Brands which will be covered at your Preferred Brand cost share amount defined as Tier 3. Non-preferred drugs are those defined as Tier 4 and have a higher cost share. Specialty medications are covered at the specialty cost share defined as Tier 5. Affordable Care Act (ACA) mandated preventive medications are covered at a \$0 cost share and labeled as ACA. Medical service drugs that are covered under the medical benefit are label as Medical.

Coverage for prescription drugs is limited to drugs for which a prescription is required by law and those that are listed on the Kaiser

Multiple tiers may be displayed for a medication where drug product strengths and different dosage forms may not be included on the same tier, check with your Kaiser Permanente pharmacist for clarification, if needed.

Tier 1=Preventative Generic, Tier 2=Preferred Generic, Tier 3=Preferred Brand, Tier 4=Non-preferred Drugs, Tier 5=Specialty

Permanente drug formulary. Certain diabetic supplies do not require a prescription, but must still be listed in our formulary in order to be covered under the benefit.

Each prescription refill is provided on the same basis as the original prescription. Copayments are applied on a per prescription basis, for up to the lesser of the dispensing amount listed in the “Schedule of Benefits” or the standard prescription amount, including maintenance drugs as determined by Health Plan.

The standard prescription amount for the following items is:

- Migraine medications — the smallest package size commercially available
- Ophthalmic and otic medications — the smallest package size commercially available
- Oral and nasal inhalers — the smallest standard package unit

Are there any other restrictions on coverage?

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

- Quantity Limits (QL): For certain drugs, Kaiser Permanente limits the amount of the drug that will be covered.

- Age Restriction (Age): For certain drugs, Kaiser Permanente limits coverage based on a designated age.
- Prior Authorization Medication (PA): For certain drugs, Kaiser Permanente requires review and authorization prior to dispensing. Your Provider must obtain this review and authorization. The list of prescription drugs requiring review and authorization is subject to periodic review and modification by our Pharmacy and Therapeutics Committee.
- Step Therapy (ST)*: For certain drugs, Kaiser Permanente requires the use of similar, alternative medications prior to coverage.

* Only certain plans require step therapy restriction

You can find out if the drug has any additional requirements or limits by looking in the restrictions column.

What if my drug is not on the Formulary?

You can contact Member Services at 1-888-865-5813, Monday through Friday 7:00 a.m. to 7:00 p.m. TTY/TDD users should call **1-800-255-0056** and ask Member Services for a list of similar drugs that are covered.

For more information

Multiple tiers may be displayed for a medication where drug product strengths and different dosage forms may not be included on the same tier, check with your Kaiser Permanente pharmacist for clarification, if needed.

Tier 1=Preventative Generic, Tier 2=Preferred Generic, Tier 3=Preferred Brand, Tier 4=Non-preferred Drugs, Tier 5=Specialty

For more detailed information about your Kaiser Permanente prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

If you have questions about Kaiser Permanente, please call Member

Services at 1-888-865-5813, Monday through Friday 7:00 a.m. to 7:00 p.m. TTY/TDD users should call 1-800-255-0056.

Or visit members.kp.org.

Drug Name	Tier	Restrictions
ANALGESICS		
OPIOID ANALGESICS COMBINATION PRODUCTS		
<i>acetaminophen w/ codeine</i>	2	
<i>acetaminophen-caffeine-dihydrocodeine bitartrate</i>	4	
<i>acetaminophen-isometheptene-dichloralphenazone</i>	2	
ALAGESIC	4	
BUPAP	4	
<i>butalbital-acetaminophen</i>	4	
<i>butalbital-acetaminophen caffeine</i>	2, 4	
<i>butalbital-acetaminophen-w/ codeine</i>	2	
<i>butalbital-aspirin-caffeine</i>	2	
<i>butalbital-aspirin-caffeine w/ codeine</i>	2	
CAPITAL-CODEINE	4	
CO-GESIC	4	
DOLGIC PLUS	4	
ENDOCET	4	
ENDODAN	4	
ESGIC-PLUS	4	
FIORICET-CODEINE	4	
FIORINAL	4	
FIORINAL-CODEINE	4	
HYCET	4	
<i>hydrocodone-acetaminophen</i>	2, 4	
<i>hydrocodone-ibuprofen</i>	4	
LORCET	4	
LORTAB	4	
MAGNACET	4	
MAXIDONE	4	
NORCO	4	
ORBIVAN	4	
<i>orphenadrine-asa-caffeine</i>	4	
<i>oxycodone-acetaminophen</i>	2, 4	
<i>oxycodone-aspirin</i>	2	
<i>pentazocine- acetaminophen</i>	4	

Multiple tiers may be displayed for a medication where drug product strengths and different dosage forms may not be included on the same tier, check with your Kaiser Permanente pharmacist for clarification, if needed.

Tier 1=Preventative Generic, Tier 2=Preferred Generic, Tier 3=Preferred Brand, Tier 4=Non-preferred Drugs, Tier 5=Specialty

<i>pentazocine-naloxone</i>	4	
PERCOCET	4	
PHRENILIN FORTE	4	
<i>pramoxine-hc-chloroxylenol</i>	4	
PRIMLEV	4	
REPREXAIN	4	
ROXICET	5	
TENCON	4	
<i>tramadol hydrochloride-acetaminophen</i>	4	
ULTRACET	4	ST
VICODIN	4	
VICOPROFEN	4	
XARTEMIS XR	4	
XODOL	4	
ZEBUTAL	4	
ZYDONE	4	
OPIOID ANALGESICS, LONG-ACTING		
ACTIQ	4	
AVINZA	4	
<i>buprenorphine</i>	4	ST, QL
BUTRANS	4	ST, QL
CONZIP	4	
DOLOPHINE	4	
DURAGESIC	4	
EMBEDA	5	ST
EXALGO	5	ST
<i>fentanyl</i>	2, 4	QL
FENTORA	4	
HYSINGLA ER	4	
KADIAN	4	
LAZANDA	4	
<i>levorphanol</i>	4	ST
<i>methadone hcl</i>	2, 4	
METHADOSE	4	
<i>morphine sulfate</i>	2, 3, 4	
<i>morphine sulfate ER</i>	2, 4	
MS CONTIN	4	ST
NUCYNTA	4	ST, QL
ONSOLIS	4	
OPANA	5	ST
<i>oxycodone ER</i>	5	QL, ST
OXYCONTIN	5	QL, ST
<i>oxymorphone hcl</i>	5	ST
SUBSYS	4	
<i>tramadol hcl ER</i>	4	ST
ZOHYDRO ER	5	ST
OPIOID ANALGESICS, SHORT-ACTING		
ABSTRAL	4	

Multiple tiers may be displayed for a medication where drug product strengths and different dosage forms may not be included on the same tier, check with your Kaiser Permanente pharmacist for clarification, if needed.

Tier 1=Preventative Generic, Tier 2=Preferred Generic, Tier 3=Preferred Brand, Tier 4=Non-preferred Drugs*, Tier 5=Specialty

<i>butorphanol tartrate</i>	4	ST
<i>codeine sulfate</i>	4	ST
DEMEROL	4	
DILAUDID	4	
<i>hydromorphone hcl</i>	2	
<i>hydromorphone hcl er</i>	4	
<i>meperidine hcl</i>	2	
<i>nalbuphine hydrochloride</i>	4	ST
OXECTA	4	
<i>oxycodone hcl</i>	2, 4	
<i>oxymorphone hcl</i>	5	ST
PERCODAN	4	
ROXICODONE	4	
SYNERA	4	ST
TALWIN	4	ST
<i>tramadol hcl</i>	2	
ULTRAM	4	
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS		
ANAPROX	4	
ARTHROTEC	4	
CAMBIA	4	
CELEBREX	4	ST
<i>celecoxib</i>	4	ST
choline magnesium trisalicylate	4	
<i>diclofenac gel,solution</i>	4	
<i>diclofenac</i>	2, 4	
<i>diclofenac sodium-misoprostol</i>	4	
<i>diflunisal</i>	4	ST
DUEXIS	4	
<i>etodolac</i>	4	
<i>fenoprofen</i>	4	ST
FLECTOR	4	
<i>flurbiprofen</i>	4	ST
<i>ibuprofen</i>	2, 4	
<i>ibuprofen-oxycodone hydrochloride</i>	4	QL
INDOCIN	4	
<i>indomethacin</i>	2	
<i>indomethacin ER</i>	4	
<i>ketoprofen</i>	4	
<i>ketorolac tromethamine</i>	4	QL
<i>meclofenamate</i>	4	ST
<i>meloxicam</i>	2	
MOBIC	4	ST
<i>nabumetone</i>	2	
NALFON	4	
NAPRELAN	4	
NAPROSYN	4	
<i>naproxen</i>	2, 4	

Multiple tiers may be displayed for a medication where drug product strengths and different dosage forms may not be included on the same tier, check with your Kaiser Permanente pharmacist for clarification, if needed.

Tier 1=Preventative Generic, Tier 2=Preferred Generic, Tier 3=Preferred Brand, Tier 4=Non-preferred Drugs*, Tier 5=Specialty

<i>naproxen ER</i>	4	
<i>oxaprozin</i>	4	ST
<i>piroxicam</i>	4	ST
<i>salsalate</i>	2	
SPRIX	4	
<i>sulindac</i>	2	
<i>tolmetin sodium</i>	2	
VIMOVO	4	
ZIPSOR	4	
ZORVOLEX	4	
ANESTHETICS		
LOCAL ANESTHETICS		
EMLA	4	
<i>lidocaine</i>	2,4	
<i>e-prilocaine</i>	2	
LIDODERM	4	
SYNERA	4	
XYLOCAINE	4	
ANTI-ADDICTION/ SUBSTANCE ABUSE TREATMENT AGENTS		
ALCOHOL DETERRENTS/ ANTI-CRAVING		
ANTABUSE	4	
<i>acamprosate calcium dr</i>	4	ST
CAMPRAL	4	ST
<i>disulfiram</i>	2, 4	
OPIOID ANTAGONISTS		
<i>buprenorphine hcl</i>	2, 4	
<i>buprenorphine hcl-naloxone hcl dihydrate</i>	2	QL
EVZIO	4	
<i>naloxone</i>	4	
<i>naltrexone hcl</i>	2	
NARCAN	3	QL
REVIA	4	
SUBOXONE	4	QL
ZUBSOLV	4	
SMOKING CESSATION AGENTS		
<i>bupropion (smoking deterrent)</i>	ACA	
CHANTIX	ACA	ST
NICODERM	ACA	
<i>nicotine gum</i>	ACA	
<i>nicotine lozenge</i>	ACA	
<i>nicotine patch</i>	ACA	
NICOTROL	ACA	ST
ZYBAN	ACA	ST
ANTI-INFECTIVE AGENTS		
ANTIMYCOBACTERIALS		
DAPSONE	2	
MYCOBUTIN	4	

Multiple tiers may be displayed for a medication where drug product strengths and different dosage forms may not be included on the same tier, check with your Kaiser Permanente pharmacist for clarification, if needed.

Tier 1=Preventative Generic, Tier 2=Preferred Generic, Tier 3=Preferred Brand, Tier 4=Non-preferred Drugs*, Tier 5=Specialty

<i>rifabutin</i>	2	
SIRTURO	5	
ANTITUBERCULARS		
<i>cycloserine</i>	4	
<i>ethambutol hcl</i>	2	
<i>isoniazid</i>	2	
MYAMBUTOL	4	
PASER	4	
PRIFTIN	4	
<i>pyrazinamide</i>	2	
RIFADIN	4	
RIFAMATE	4	
<i>rifampin</i>	2, 4	
RIFATER	5	ST
<i>seromycin</i>	4	
TRECATOR	4	ST
ANTIBACTERIALS		
AMINOGLYCOSIDES		
GARAMYCIN	4	
<i>gentamicin sulfate</i>	4	
<i>gentamicin sulfate (ophth)</i>	2	
<i>neomycin sulfate</i>	2	
<i>paromomycin sulfate</i>	2	
TOBRADEX	3, 4	
<i>tobramycin</i>	2, 5	
<i>tobramycin (ophth)</i>	2	
TOBREX	3, 4	
ANTIBACTERIALS, OTHER		
<i>acetic acid</i>	4	
ALTABAX	4	ST
BACITRACIN	2	
BACTROBAN	4	
CLEOCIN	4	
CLINDACIN	4	
CLINDAGEL	4	
<i>clindamycin hcl</i>	2	
<i>clindamycin palmitate hydrochloride</i>	2	
<i>clindamycin phosphate</i>	2, 4	
EVOCLIN	4	
FLAGYL	4	
FURADANTIN	4	
<i>linezolid</i>	2, 4	
MICROBID	4	
MACRODANTIN	4	
<i>mafenide acetate</i>	4	ST
<i>methenamine hippurate</i>	4	ST
METROCREAM	4	

Multiple tiers may be displayed for a medication where drug product strengths and different dosage forms may not be included on the same tier, check with your Kaiser Permanente pharmacist for clarification, if needed.

Tier 1=Preventative Generic, Tier 2=Preferred Generic, Tier 3=Preferred Brand, Tier 4=Non-preferred Drugs*, Tier 5=Specialty

METROGEL	4	
METROLOTION	4	
<i>metronidazole</i>	2, 4	
MONUROL	4	ST
<i>mupirocin</i>	2, 4	
<i>nitrofurantoin</i>	2, 4	
NORITATE	4	
PRIMSOL	4	
SIVEXTRO	5	
SULFAMYLON	4	
SUPRAX	4	
<i>trimethoprim</i>	2	
VANCOCIN	5	
<i>vancomycin hcl</i>	2, 4	
VANDAZOLE	4	
XIFAXAN	5	ST
ZYVOX	5	
BETA-LACTAM, CEPHALOSPORINS		
CEDAX	4	ST
<i>cefaclor</i>	2	
<i>cefaclorER</i>	4	
<i>cefadroxil</i>	4	
<i>cefdinir</i>	2, 4	
<i>cefpodoxime</i>	4	
<i>cefprozil</i>	4	
CEFTIN	4	
<i>cefuroxime axetil</i>	2	
<i>cephalexin</i>	2, 4	
KEFLEX	4	
SPECTRACEF	4	ST
SUPRAX	4	
BETA-LACTAM, OTHER		
CAYSTON	5	
BETA-LACTAM, PENICILLINS		
<i>amoxicillin</i>	2, 4	
<i>amoxicillin & pot clavulanate</i>	2, 4	
<i>ampicillin</i>	2	
AUGMENTIN	4	
<i>dicloxacillin sodium</i>	2	
MOXATAG	4	
<i>penicillin v potassium</i>	2	
MACROLIDES		
AKNEMYCIN	4	
AZASITE	4	
<i>azithromycin</i>	2	
BIAXIN	4	
<i>clarithromycin</i>	2, 4	

Multiple tiers may be displayed for a medication where drug product strengths and different dosage forms may not be included on the same tier, check with your Kaiser Permanente pharmacist for clarification, if needed.

Tier 1=Preventative Generic, Tier 2=Preferred Generic, Tier 3=Preferred Brand, Tier 4=Non-preferred Drugs*, Tier 5=Specialty

Clarithromycin ER	4	
DIFICID	5	ST
E.E.S.	4	
E.S.P. SUS	4	
ERYPED	4	
ERY-TAB	4	
ERYTHROCIN STEARATE	4	
<i>erythromycin</i>	2, 4	
<i>erythromycin (ophth)</i>	2	
KETEK	4	ST
ZITHROMAX	4	
ZMAX	4	
QUINOLONES		
AVELOX	4	ST
BESIVANCE	4	ST
CILOXAN	4	ST
CIPRO	4	
<i>ciprofloxacin hcl</i>	2, 4	
<i>ciprofloxacin hcl (ophth)</i>	2	
FACTIVE	4	ST
<i>gatifloxacin</i>	2	
LEVAQUIN	4	
<i>levofloxacin</i>	2, 4	
MOXEZA	4	
<i>moxifloxacin</i>	2	
<i>norfloxacin</i>	4	ST
NOROXIN	4	ST
OCUFLOX	4	
<i>ofloxacin</i>	4	
<i>ofloxacin (ophth)</i>	2	
<i>ofloxacin (otic)</i>	2	
VIGAMOX	4	
ZYMAXID	3	ST
SULFONAMIDES		
BACTRIM	4	
BLEPH-10	4	
KLARON	4	
SILVADENE	4	
<i>silver sulfadiazine</i>	2	
<i>sulfacetamide sodium (topical)</i>	4	
<i>sulfacetamide sodium (ophth)</i>	2, 4	
<i>sulfadiazine</i>	2	
<i>sulfamethoxazole-trimethoprim</i>	2	
TETRACYCLINES		
<i>demeclocycline hydrochloride</i>	4	
DORYX	4	
<i>doxycycline</i>	2, 4	
DYNACIN	4	

Multiple tiers may be displayed for a medication where drug product strengths and different dosage forms may not be included on the same tier, check with your Kaiser Permanente pharmacist for clarification, if needed.

Tier 1=Preventative Generic, Tier 2=Preferred Generic, Tier 3=Preferred Brand, Tier 4=Non-preferred Drugs*, Tier 5=Specialty

MINOCIN	4	
<i>minocycline hcl</i>	2, 4	
ORACEA	4	
SOLODYN	4	
TETRACYCLINE	4	
VIBRAMYCIN	4	
ANTICONVULSANTS		
ANTICONVULSANTS, OTHER		
BRIVACT	5	
FYCOMPA	4	
KEPPRA	4	
<i>levetiracetam</i>	2	
POTIGA	5	ST
SPRITAM	5	
CALCIUM CHANNEL MODIFYING AGENTS		
CELONTIN	3	
<i>ethosuximide</i>	2	
LYRICA	4	ST
ZARONTIN	4	
<i>zonisamide</i>	4	
GAMMA-AMINOBUTYRIC ACID (GABA) AUGMENTING AGENTS		
<i>clonazepam</i>	2	
<i>clonazepam ODT</i>	4	
DEPAKENE	4	
DEPAKOTE	4	
DEPAKOTE ER	4	
<i>divalproex sodium</i>	2	
<i>gabapentin</i>	2	
GABITRIL	4	
GRALISE	4	
HORIZANT	4	ST
KLONOPIN	4	
MYSOLINE	4	
NEURONTIN	4	
ONFI	4	
<i>phenobarbital</i>	2	
<i>primidone</i>	2	
SABRIL	5	PA
STAVZOR	4	
<i>tiagabine</i>	4	ST
<i>valproate sodium</i>	2	
<i>valproic acid</i>	2	
GLUTAMATE REDUCING AGENTS		
<i>felbamate</i>	4	ST
FELBATOL	5	ST
LAMICTAL	4	
LAMICTAL XR	4	

Multiple tiers may be displayed for a medication where drug product strengths and different dosage forms may not be included on the same tier, check with your Kaiser Permanente pharmacist for clarification, if needed.

Tier 1=Preventative Generic, Tier 2=Preferred Generic, Tier 3=Preferred Brand, Tier 4=Non-preferred Drugs*, Tier 5=Specialty

<i>lamotrigine</i>	2	
<i>Lamotrigine ER</i>	4	
<i>lamotrigine ODT</i>	4	
QUDEXY	4	
TOPAMAX	4	
<i>topiramate</i>	2	
TROKENDI	4	
SODIUM CHANNEL AGENTS		
APTIOM	4	
BANZEL	4, 5	ST
<i>carbamazepine</i>	2	
CARBATROL	4	
DILANTIN	4	
EQUETRO	4	
<i>oxcarbazepine</i>	2	
OXTELLAR	4	
PEGANONE	4	ST
PHENYTEK	4	
<i>phenytoin</i>	2, 4	
<i>phenytoinsodium extended</i>	2, 4	
TEGRETOL	4	
TEGRETOL XR	4	
TRILEPTAL	4	
VIMPAT	5	ST, QL
ANTIDEMENTIA AGENTS		
ANTIDEMENTIA AGENTS, OTHER		
<i>ergoloid mesylates</i>	2	
NAMZARIC	4	
CHOLINESTERASE INHIBITORS		
ARICEPT	4	
<i>donepezil hydrochloride</i>	2, 4	
EXELON	3, 4	
<i>galantamine hydrobromide</i>	2, 4	
RAZADYNE	4	
<i>rivastigmine tartrate</i>	2	
N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST		
NAMENDA	4	
<i>memantine</i>	2, 4	
PSYCHOTHERAPEUTIC AGENTS		
ANTIDEPRESSANTS		
ANTIDEPRESSANTS, OTHER		
ABILIFY	4	ST
APLENZIN	4	
<i>aripiprazole</i>	2, 4	
BUDEPRION	4	
<i>bupropion hcl</i>	2	
FORFIVO	4	

Multiple tiers may be displayed for a medication where drug product strengths and different dosage forms may not be included on the same tier, check with your Kaiser Permanente pharmacist for clarification, if needed.

Tier 1=Preventative Generic, Tier 2=Preferred Generic, Tier 3=Preferred Brand, Tier 4=Non-preferred Drugs*, Tier 5=Specialty

<i>maprotiline</i>	4	ST
<i>mirtazapine</i>	2, 4	
<i>Mirtazapine ODT</i>	4	
<i>nefazodone</i>	4	ST
OLEPTRO	4	
REMERON	4	
REXULTI	4	
SEROQUE XR	5	ST
<i>trazodone hcl</i>	1, 4	
VIIBRYD	4	ST
WELLBUTRIN	4	
MONOAMINE OXIDASE INHIBITORS		
EMSAM	5	ST
MARPLAN	4	ST
NARDIL	4	
PARNATE	4	
<i>phenelzine sulfate</i>	2	
<i>tranylcypromine sulfate</i>	2	
SEROTONIN/NOREPINEPHRINE REUPTAKE INHIBITORS		
BRINTELLIX	4	
BRISDELLE	4	
CELEXA	4	
<i>citalopram hydrobromide</i>	1, 2	
<i>citalopram oral solution</i>	4	
CYMBALTA	4	ST
<i>desvenlafaxine er (base)</i>	4	ST
<i>desvenlafaxine er (succinate)</i>	4	ST
<i>duloxetine</i>	2	
EFFEXOR XR	4	
<i>escitalopram oral solution</i>	4	
<i>escitalopram oxalate</i>	2	
FETZIMA	4	
<i>fluoxetine hcl</i>	1, 2	
<i>fluoxetine hcl tablet</i>	4	
<i>fluvoxamine maleate</i>	4	
KHEDEZLA	4	ST
LEXAPRO	4	
LUVOX	4	
<i>paroxetine hcl</i>	1, 2,4	
PAXIL	4	
PEXEVA	4	
PRISTIQ	5	ST
PROZAC	4	
SARAFEM	4	
<i>sertraline hcl</i>	2, 4	
<i>venlafaxine hcl</i>	2	
<i>venlafaxine hcl ER</i>	2, 4	
ZOLOFT	4	

Multiple tiers may be displayed for a medication where drug product strengths and different dosage forms may not be included on the same tier, check with your Kaiser Permanente pharmacist for clarification, if needed.

Tier 1=Preventative Generic, Tier 2=Preferred Generic, Tier 3=Preferred Brand, Tier 4=Non-preferred Drugs*, Tier 5=Specialty

TRICYCLICS		
<i>amitriptyline hcl</i>	2	
<i>amoxapine</i>	4	ST
ANAFRANIL	5	
<i>clomipramine hcl</i>	5	
<i>desipramine hcl</i>	2	
<i>doxepin hcl</i>	2	
<i>doxepin solution</i>	2	
<i>imipramine hcl</i>	2, 4	
NORPRAMIN	4	
<i>nortriptyline</i>	2, 4	
PAMELOR	4	
<i>protriptyline</i>	4	ST
TOFRANIL	4	
<i>trimipramine</i>	4	ST
ANTIPSYCHOTICS		
1ST GENERATION/TYPICAL		
<i>fluphenazine hcl</i>	2	
<i>fluphenazine hydrochloride oral solution</i>	4	
<i>haloperidol</i>	2	
<i>haloperidol lactate</i>	2	
<i>loxapine</i>	4	ST
NAVANE	4	
ORAP	4	ST
<i>perphenazine-amitriptyline</i>	4	
<i>pimozide</i>	4	ST
<i>thioridazine hcl</i>	2	
<i>thiothixene</i>	2	
<i>trifluoperazine hcl</i>	2	
2ND GENERATION/ATYPICAL		
FANAPT	4, 5	ST
GEODON	4	
INVEGA	5	ST
LATUDA	5	ST
<i>olanzapine</i>	2	
<i>olanzapine-fluoxetine</i>	4	
<i>paliperidone ER</i>	4	ST
<i>quetiapine fumarate</i>	2	
RISPERDAL	4	
<i>risperidone</i>	2	
<i>Risperidone ODT</i>	4	
SEROQUEL	4	
SYMBYAX	4	
VRAYLAR	5	
<i>ziprasidone hcl</i>	2	
ZYPREXA	4	
ZYPREXAZYDIS	4	

Multiple tiers may be displayed for a medication where drug product strengths and different dosage forms may not be included on the same tier, check with your Kaiser Permanente pharmacist for clarification, if needed.

Tier 1=Preventative Generic, Tier 2=Preferred Generic, Tier 3=Preferred Brand, Tier 4=Non-preferred Drugs*, Tier 5=Specialty

TREATMENT-RESISTANT		
<i>clozapine</i>	2, 4	
CLOZARIL	4	
FAZACLO	4	
VERSACLOZ	4	
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS		
CENTRAL NERVOUS SYSTEM, STIMULANTS		
ADDERALL	4	
<i>amphetamine-dextroamphetamine</i>	2, 4	
CONCERTA	3	
DAYTRANA	4	QL
DEXEDRINE	4	QL
<i>dexmethylphenidate hydrochloride</i>	4	ST, QL
<i>dexmethylphenidate hydrochloride ER</i>	4	ST, QL
<i>dextroamphetamine sulfate</i>	2	QL
FOCALIN	4	ST, QL
<i>guanfacine ER</i>	4	ST, QL
METADATE CD	5	QL
METADATE ER	4	QL
<i>methamphetamine hydrochloride</i>	4	ST
METHYLIN	4	QL
<i>methylphenidate hcl</i>	2, 4	QL
<i>methylphenidate hcl ER</i>	2, 4	QL
PROCENTRA	4	
QUILLIVANT	4	
RITALIN	4	QL
RITALINSR	4	QL
VYVANSE	4	ST
ZENZEDI	4	
CENTRAL NERVOUS SYSTEM, NON-STIMULANTS		
atomoxetine	4	ST
INTUNIV	4	ST, QL
STRATTERA	4	ST
BIPOlar AGENTS		
BIPOlar AGENTS AND MOOD STABILIZERS		
LITHOBID	4	
<i>lithium carbonate</i>	2	
<i>lithium solution</i>	3	ST
SAPHRIS	5	ST
ANXIOLYTICS		
ANXIOLYTICS, SEDATIVES, AND HYPNOTICS		
<i>alprazolam</i>	2, 4	
<i>alprazolam ER</i>	4	
<i>Alprazolam ODT</i>	4	
ATIVAN	4	
<i>buspirone hcl</i>	2, 4	
BUTISOL	4	

Multiple tiers may be displayed for a medication where drug product strengths and different dosage forms may not be included on the same tier, check with your Kaiser Permanente pharmacist for clarification, if needed.

Tier 1=Preventative Generic, Tier 2=Preferred Generic, Tier 3=Preferred Brand, Tier 4=Non-preferred Drugs*, Tier 5=Specialty

<i>chlordiazepoxide hcl</i>	2	
<i>chlordiazepoxide-amitriptyline</i>	4	
<i>clorazepate dipotassium</i>	2	
DIASTAT	4	
<i>diazepam</i>	2, 4	
<i>estazolam</i>	4	
<i>flurazepam</i>	4	
HALCION	4	
HETLIOZ	5	
<i>lorazepam</i>	2, 4	
<i>meprobamate</i>	2	
NIRAVAM	4	
<i>oxazepam</i>	2	
RESTORIL	4	
SECONAL	4	
TRANXENET	4	
<i>triazolam</i>	4	
VALIUM	4	
XANAX	4	
XANAXXR	4	
ZOLPIMIST	4	
FIBROMYALGIA AGENTS		
SAVELLA	4	ST, QL
SLEEP DISORDER AGENTS		
GABA RECEPTOR MODULATORS		
AMBIEN	4	
EDLUAR	4	
<i>eszopiclone</i>	4	ST
INTERMEZZO	4	
LUNESTA	4	ST
SONATA	4	
<i>zaleplon</i>	2	
<i>zolpidem tartrate</i>	2	
<i>zolpidem tartrate ER</i>	4	
SLEEP DISORDERS, OTHER		
<i>armodafinil</i>	2	QL
BELSOMRA	4	
<i>modafinil</i>	4	ST, QL
NUVIGIL	5	QL, ST
RESTORIL	4	
ROZEREM	4	ST
SILENOR	4	ST
<i>temazepam</i>	2, 4	
XYREM	5	QL, ST
ANTIEMETICS		
ANTIEMETICS, OTHER		
ANTIVERT	4	

Multiple tiers may be displayed for a medication where drug product strengths and different dosage forms may not be included on the same tier, check with your Kaiser Permanente pharmacist for clarification, if needed.

Tier 1=Preventative Generic, Tier 2=Preferred Generic, Tier 3=Preferred Brand, Tier 4=Non-preferred Drugs*, Tier 5=Specialty

<i>chlorpromazine hcl</i>	2	
<i>diphenhydramine</i>	4	
<i>hydroxyzine hcl</i>	2, 4	ST
<i>meclizine</i>	4	
<i>metoclopramide hcl</i>	2	
METZOLV	4	
<i>perphenazine</i>	2	
<i>prochlorperazine maleate</i>	2, 4	QL
<i>promethazine hcl</i>	2, 4	QL
PROMETHEGAN	4	
REGLAN	4	
TRANSDERM SCOP	4	ST
<i>trimethobenzamide</i>	4	ST
EMETOGENIC THERAPY ADJUNCTS		
AKYNZEO	3	
ANZEMET	5	ST
CESAMET	5	ST
<i>dronabinol</i>	2	
<i>aprepitant</i>	2	
EMEND	3	
granisetron	4	ST
GRANISOL	4	
MARINOL	4	
<i>ondansetron</i>	2, 4	
SANCUSO	4	
VARUBI	4	
ZOFRAN	4	
ZOFRAN ODT	4	
ANTIFUNGALS		
ANCOBON	5	
<i>ciclopirox</i>	4	
<i>clotrimazole</i>	2, 4	
CRESEMBA	5	
DIFLUCAN	4	
<i>econazole</i>	4	
ERTACZO	4	ST
EXELDERM	4	ST
EXTINA	4	
<i>fluconazole</i>	2	
<i>Fluconazole oral suspension</i>	4	
<i>flucytosine</i>	2	
<i>griseofulvin</i>	2, 4	
GRIS-PEG	4	
GYNAZOLE-1	4	
<i>itraconazole</i>	2	
JUBLIA	4	
<i>ketoconazole</i>	2	
<i>ketoconazole (topical)</i>	2, 4	

Multiple tiers may be displayed for a medication where drug product strengths and different dosage forms may not be included on the same tier, check with your Kaiser Permanente pharmacist for clarification, if needed.

Tier 1=Preventative Generic, Tier 2=Preferred Generic, Tier 3=Preferred Brand, Tier 4=Non-preferred Drugs*, Tier 5=Specialty

KERYDIN	4	
KETODANS	4	
LAMISIL	4	
LOPROX	4	
LUZU	4	
MENTAX	4	ST
<i>miconazole</i>	4	
NAFTIN	4	ST
<i>naftifine</i>	4	ST
NATACYN	3	
NIZORAL	4	
NOXAFIL	5	ST
NYAMYC POW	4	
<i>nystatin</i>	2	
<i>nystatin (mouth-throat)</i>	2	
<i>nystatin (topical)</i>	2	
NYSTOP POW	4	
ONMEL	4	
OXISTAT	4	ST
SPORANOX	3, 4	
TERAZOL	4	
<i>terbinafine</i>	2	
<i>terconazole</i>	4	ST
VFEND	5	
<i>voriconazole</i>	4	ST
ZAZOLE	4	
ZOLINZA	5	
ANTIGOUT AGENTS		
<i>allopurinol</i>	2	
<i>colchicine</i>	4	
<i>colchicine-probenecid</i>	4	
COLCRYS	5	QL, ST
<i>probenecid</i>	2	
ULORIC	4	ST
ZYLOPRIM	4	
ZURAMPIC	4	
ANTIMIGRAINE AGENTS		
ERGOT ALKALOIDS		
dihydroergotamine mesylate	2, 4	
ERGOMAR	4	
MIGERGOT	2	
MIGRANAL	4	
SEROTONIN (5-HT) 1B/1D RECEPTOR AGONISTS		
<i>almotriptan</i>	4	QL, ST
AMERGE	4	QL, ST
AXERT	4	QL, ST
eletriptan	4	QL, ST

Multiple tiers may be displayed for a medication where drug product strengths and different dosage forms may not be included on the same tier, check with your Kaiser Permanente pharmacist for clarification, if needed.

Tier 1=Preventative Generic, Tier 2=Preferred Generic, Tier 3=Preferred Brand, Tier 4=Non-preferred Drugs*, Tier 5=Specialty

FROVA	4	QL
IMITREX	4	QL
MAXALT	4	QL
<i>naratriptan hcl</i>	2	QL
RELPAX	4	QL, ST
<i>rizatriptan benzoate</i>	2	QL
<i>sumatriptan succinate</i>	2, 4	QL
TREXIMET	4	
<i>zolmitriptan</i>	4	QL, ST
<i>Zolmitriptan ODT</i>	4	QL, ST
ZOMIG	4	QL, ST
ANTIMYASTHENIC AGENTS		
PARASYMPATHOMIMETICS		
<i>guanidine</i>	4	ST
MESTINON	3, 4	
MYTELASE	4	ST
PROSTIGMIN	3	
<i>pyridostigmine bromide</i>	2	
ANTINEOPLASTIC AGENTS		
ANTINEOPLASTIC AGENTS, OTHER		
AFINITOR DISPERZ	5	
ALECENSA	5	
ALUNBRIG	5	
BOSULIF	5	
COMETRIQ	5	
COTELLIC	5	
DEMSE	4	
ERIVEDGE	5	
FARYDAK	5	
GILOTRIF	5	
IBRANCE	5	
IDHIFA	5	
ICLUSIG	5	
IMBRUVICA	5	
IMLYGIC	5	
INLYTA	5	
INTRON-A	5	
IRESSA	5	
JAKAFI	5	
KISQALI	5	
KYPROLIS	5	
LENVIMA	5	
<i>leucovorin</i>	2, 4	
LONSURF	5	
LYNPARZA	5	
MEKINIST	5	
MESNEX	5	

Multiple tiers may be displayed for a medication where drug product strengths and different dosage forms may not be included on the same tier, check with your Kaiser Permanente pharmacist for clarification, if needed.

Tier 1=Preventative Generic, Tier 2=Preferred Generic, Tier 3=Preferred Brand, Tier 4=Non-preferred Drugs*, Tier 5=Specialty

NINLARO	5	
ODOMZO	5	
POMALYST	5	
PURIXAN	5	
REVLIMID	5	
RUBRACA	5	
STIVARGA	5	
SYLATRON	4	
SYLVANT	5	
SYNRIBO	5	
TAFINLAR	5	
TAGRISSO	5	
TRISENOX	4	
VALCHLOR	5	
XTANDI	5	
ZEJULA	5	
ZYDELIG	5	
ZYKADIA	5	
ALKYLATING AGENTS		
ALKERAN	3	
CYCLOPHOSPHAMIDE	3	
HEXALEN	5	
LEUKERAN	5	
MATULANE	5	
MYLERAN	5	
<i>temozolomide</i>	2	
CEENU	4	ST
ANTIANGIOGENIC AGENTS		
REVLIMID	5	
THALOMID	5	
ANTIESTROGENS/MODIFIERS		
EMCYT	5	
FARESTON	5	ST
<i>tamoxifen citrate</i>	2	
ANTIMETABOLITES		
<i>capecitabine</i>	2	
DROXIA	3	
HYDREA	4	
<i>hydroxyurea</i>	2	
TABLOID	5	
AROMATASE INHIBITORS, 3RD GENERATION		
<i>anastrozole</i>	2	
ARIMIDEX	4	
<i>exemestane</i>	4	
FEMARA	4	
<i>letrozole</i>	2	
ENZYME INHIBITORS		

Multiple tiers may be displayed for a medication where drug product strengths and different dosage forms may not be included on the same tier, check with your Kaiser Permanente pharmacist for clarification, if needed.

Tier 1=Preventative Generic, Tier 2=Preferred Generic, Tier 3=Preferred Brand, Tier 4=Non-preferred Drugs*, Tier 5=Specialty

CERDELGA	5	
<i>etoposide</i>	2	
HYCAMTIN	5	
MOLECULAR TARGET INHIBITORS		
AFINITOR	5	
CAPRELSA	5	
GLEEVEC	5	
<i>imatinib</i>	2	
NEXAVAR	5	
SPRYCEL	5	
SUTENT	5	
TARCEVA	5	
TASIGNA	5	
TYKERB	5	
VOTRIENT	5	
XALKORI	5	
ZELBORAF	5	
RETINOIDS		
PANRETIN	5	
TARGRETIN	5	PA
<i>tretinoin</i>	2	AGE
<i>tretinoin (chemotherapy)</i>	2	
ANTIPARASITICS		
ANTHELMINTICS		
ALBENZA	3	
BILTRICIDE	4	ST
IMPAVIDO	5	
<i>ivermectin</i>	2	
<i>mebendazole</i>	4	
SOOLANTRA	4	
STROMECTOL	4	
ULESFIA	4	
ANTIPROTOZOALS		
ALINIA	4	
<i>atovaquone</i>	2	
<i>atovaquone-proguanil</i>	4	ST
<i>chloroquine phosphate</i>	4	ST
COARTEM	4	ST
DARAPRIM	5	
<i>hydroxychloroquine sulfate</i>	2	
MALARONE	4	
MEPRON	5	
<i>mefloquine</i>	4	ST
NEBUPENT	5	ST
PLAQUENIL	4	
PRIMAQUINE PHOSPHATE	3	
<i>quinine sulfate</i>	4	ST

Multiple tiers may be displayed for a medication where drug product strengths and different dosage forms may not be included on the same tier, check with your Kaiser Permanente pharmacist for clarification, if needed.

Tier 1=Preventative Generic, Tier 2=Preferred Generic, Tier 3=Preferred Brand, Tier 4=Non-preferred Drugs*, Tier 5=Specialty

<i>tinidazole</i>	4	
PEDICULICIDES/SCABICIDES		
EURAX	4	ST
<i>lindane</i>	2	
<i>malathion</i>	4	
<i>permethrin</i>	2	
SKLICE	4	
ULESFIA	4	ST
ANTIPARKINSON AGENTS		
ANTICHOLINERGICS		
<i>benztropine mesylate</i>	2	
<i>trihexyphenidyl hcl</i>	2, 4	
ANTIPARKINSON AGENTS, OTHER		
<i>amantadine hcl</i>	2, 4	
COMTAN	4	
GOCOVRI	5	PA
TASMAR	3	
DOPAMINE AGONISTS		
APOKYN	5	ST
<i>bromocriptine mesylate</i>	2, 4	
MIRAPEX	4	
NEUPRO	4	
PARLODEL	4	ST
<i>pramipexole dihydrochloride</i>	2	
<i>pramipexole ER</i>	4	
REQUIP	4	
<i>ropinirole hydrochloride</i>	2	
<i>ropinirole hydrochloride ER</i>	4	
DOPAMINE PRECURSORS/ L-AMINO ACID DECARBOXYLASE INHIBITORS		
<i>carbidopa-levodopa</i>	2, 4	
<i>carbidopa-levodopa-entacapone</i>	2	
<i>entacapone</i>	2	
LODOSYN	4	ST
PARCOPA	4	
SINEMET	4	
STALEVO	4	
MONOAMINE OXIDASE B (MAO-B) INHIBITORS		
AZILECT	4	ST
ELDEPRYL	4	
<i>Rasagiline</i>	4	
<i>selegiline hcl</i>	2	
ZELAPAR	4	
ANTISPASTICITY AGENTS		
<i>baclofen</i>	2	
DANTRIUM	4	
<i>dantrolene sodium</i>	4	
<i>tizanidine hcl</i>	2, 4	

Multiple tiers may be displayed for a medication where drug product strengths and different dosage forms may not be included on the same tier, check with your Kaiser Permanente pharmacist for clarification, if needed.

Tier 1=Preventative Generic, Tier 2=Preferred Generic, Tier 3=Preferred Brand, Tier 4=Non-preferred Drugs*, Tier 5=Specialty

ZANAFLEX	4	
SKELETAL MUSCLE RELAXANTS		
AMRIX	4	
<i>carisoprodol</i>	4	ST
<i>carisoprodol-aspirin</i>	4	
<i>carisoprodol-aspirin codeine</i>	4	
<i>chlorzoxazone</i>	2, 5	
<i>cyclobenzaprine hcl</i>	2, 4	
FEXMID	4	
LORZONE	4	
<i>metaxalone</i>	4	ST
<i>methocarbamol</i>	2	
<i>orphenadrine citrate</i>	4	
PARAFON	4	
SOMA	4	
ANTIVIRALS		
ANTI-CYTOMEGALOVIRUS (CMV) AGENTS		
PREVYMIS	5	
VALCYTE	5	
<i>valganciclovir</i>	2	
ZIRGAN	4	ST
ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS		
EDURANT	5	QL
EMTRIVA	4	QL
INTELENCE	5	QL
<i>nevirapine</i>	2	QL
RESCRIPTOR	5	QL
SUSTIVA	4, 5	QL
VIRAMUNE	4	QL
ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS		
<i>abacavir sulfate</i>	2	QL
<i>abacavir sulfate and lamivudine</i>	2	QL
<i>abacavir sulfate-lamivudine-zidovudine</i>	2	QL
COMBIVIR	5	QL
<i>didanosine</i>	2	QL
EMTRIVA	5	QL
EPIVIR	5	QL
EPZICOM	5	QL
<i>lamivudine</i>	2	QL
<i>lamivudine-zidovudine</i>	2	QL
RETROVIR	4	QL
<i>stavudine</i>	2	QL
TRIZIVIR	5	QL
TRUVADA	5	QL
VIDEX	5	QL
VIREAD	5	QL
ZERIT	5	QL
ZIAGEN	5	QL

Multiple tiers may be displayed for a medication where drug product strengths and different dosage forms may not be included on the same tier, check with your Kaiser Permanente pharmacist for clarification, if needed.

Tier 1=Preventative Generic, Tier 2=Preferred Generic, Tier 3=Preferred Brand, Tier 4=Non-preferred Drugs*, Tier 5=Specialty

<i>zidovudine</i>	2	QL
ANTI-HIV AGENTS, OTHER		
DESCOVY	5	
FUZEON	5	QL
GENVOYA	5	
ISENTRESS	5	
ISENTRESS HD	5	
ODEFSEY	5	
SELZENTRY	5	QL
TIVICAY	5	
TRIUMEQ	5	
VITEKTA	5	
ANTI-HIV AGENTS, PROTEASE INHIBITORS		
APTIVUS	5	QL
CRIXIVAN	5	
EVOTAZ	5	
INVIRASE	5	QL
KALETRA	5	QL
LEXIVA	5	QL
PREZCOBIX	5	
PREZISTA	5	QL
REYATAZ	5	QL
VIRACEPT	5	QL
ANTI-INFLUENZA AGENTS		
RELENZA DISKHALER	3	QL
<i>rimantadine hydrochloride</i>	2	QL
<i>oseltamivir</i>	2	QL
TAMIFLU	4	QL
ANTIHEPATITIS AGENTS		
<i>adefovir dipivoxil</i>	2	QL
BARACLUDE	5	QL
COPEGUS	4	
DAKLINZA	5	PA
<i>entecavir</i>	2	QL
EPCLUSA	5	QL, PA
EPIVIR HBV	5	QL
HARVONI	5	QL, PA
HEPSERA	5	QL
INCIVEK	5	QL
INTRON-A	5	
<i>lamivudine</i>	4	QL, ST
MODERIBA	4	
MAVRYET	5	QL, PA
OLYSIO	5	QL, PA
PEGASYS	5	QL
PEG-INTRON	5	
REBETOL	4	

Multiple tiers may be displayed for a medication where drug product strengths and different dosage forms may not be included on the same tier, check with your Kaiser Permanente pharmacist for clarification, if needed.

Tier 1=Preventative Generic, Tier 2=Preferred Generic, Tier 3=Preferred Brand, Tier 4=Non-preferred Drugs*, Tier 5=Specialty

RIBASPHERE	4	
<i>ribavirin</i>	2	
SOVALDI	5	QL, PA
TECHNIVIE	5	PA
TYZEKA	5	ST
VEMLIDY	5	
VICTRELIS	5	QL
VIEKIRA	5	PA
VIRAZOLE	4	
VOSEVI	5	QL, PA
ZEPATIER	5	PA, QL
ANTIHERPETIC AGENTS		
<i>acyclovir</i>	2	
<i>acyclovir topical</i>	4	
DENAVIR	4	ST
<i>famciclovir</i>	4	ST
<i>trifluridine</i>	2	
<i>valacyclovir</i>	4	ST
VIROPTIC	4	
XERESE	4	
ZOVIRAX	4	
NO USP CLASS (COMBINATION PRODUCT)		
ATRIPLA	5	QL
COMPLERA	5	
STRIBILD	5	QL
BLOOD FORMATION, COAGULATION, AND THROMBOSIS		
HEMATOPOIETIC AGENTS		
ARANESP	5	
GRANIX	5	
NEULASTA	5	
NEUPOGEN	5	
PROMACTA	5	
ZARXIO	5	
BLOOD GLUCOSE REGULATORS		
DIABETIC SUPPLIES		
BAYER MICROLET LANCETS	3	
BD INSULIN SYRINGE MICRO	2	
VERIO IQ BLOOD GLUCOSE TEST STRIPS	3	
VERIO IQ BLOOD GLUCOSE MONITORING SYSTEM	3	
ANTIDIABETIC AGENTS		
<i>acarbose</i>	2	
ACTOPLUS MET	4	
ACTOS	4	ST
ADLYXIN	5	PA
AMARYL	4	
AVANDAMET	4	ST
AVANDARYL	4	ST

Multiple tiers may be displayed for a medication where drug product strengths and different dosage forms may not be included on the same tier, check with your Kaiser Permanente pharmacist for clarification, if needed.

Tier 1=Preventative Generic, Tier 2=Preferred Generic, Tier 3=Preferred Brand, Tier 4=Non-preferred Drugs*, Tier 5=Specialty

AVANDIA	4	ST
BYDUREON	5	PA
BYETTA	5	PA
<i>chlorpropamide</i>	4	ST
CYCLOSET	4	ST
DUETACT	4	
FARXIGA	5	PA
FORTAMET	4	
GATTEX	5	PA
<i>glimepiride</i>	1, 2	
<i>glipizide</i>	1	
<i>glipizide ER</i>	4	
<i>glipizide-metformin</i>	4	
GLUCOPHAGE	4	
GLUCOPHAGEXR	4	
GLUCOTROL	4	
GLUCOVANCE	4	
GLUMETZA	4	
<i>glyburide</i>	4	
<i>glyburide-metformin</i>	4	
GLYNASE	4	
GLYSET	4	ST
GLYXAMBI	5	PA
INVOKANA	5	PA
INVOKAMET	5	PA
JANUMET	5	PA
JANUVIA	5	PA
JARDIANCE	4	
JENTADUETO	4	
JUVISYNC	5	PA
KAZANO	5	PA
KOMBIGLYZE XR	5	PA
KORLYM	5	PA
<i>metformin hcl</i>	1, 4	
<i>nateglinide</i>	4	ST
NESINA	5	PA
ONGLYZA	5	PA
OSENI	5	PA
<i>pioglitazone</i>	2	
<i>pioglitazone hcl-glimepiride</i>	4	
<i>pioglitazone-hcl-metformin</i>	4	
PRANDIMET	4	ST
PRECOSE	4	
<i>repaglinide</i>	4	ST
<i>repaglinide-metformin</i>	4	ST
RIOMET	4	
SYMLIN	5	PA
SYNJARDY	5	PA

Multiple tiers may be displayed for a medication where drug product strengths and different dosage forms may not be included on the same tier, check with your Kaiser Permanente pharmacist for clarification, if needed.

Tier 1=Preventative Generic, Tier 2=Preferred Generic, Tier 3=Preferred Brand, Tier 4=Non-preferred Drugs*, Tier 5=Specialty

TANZEUM	5	PA
<i>tolazamide</i>	4	ST
<i>tolbutamide</i>	4	ST
TRADJENTA	4	
TRULICITY	5	PA
VICTOZA	5	PA
XIGDUO XR	5	PA
GLYCEMIC AGENTS		
GLUCAGON EMERGENCY KIT	3	
PROGLYCEM	3	
INSULINS		
AFREZZA	4	ST
APIDRA	4	ST
BASAGLAR	4	ST
HUMALOG	4	
HUMALOG PEN	4	ST
HUMALOG MIX 50/50	4	ST
HUMALOG MIX 75/25	4	ST
HUMULIN 70/30	3	
HUMULIN 70/30 PEN	4	ST
HUMULIN N	3	
HUMULIN N PEN	4	ST
HUMULIN R	3	
HUMULIN R U-500 (concentrated)	4	
LANTUS	4	ST
LANTUS SOLOSTAR	4	ST
LEVEMIR	4	ST
NOVOLOG	5	ST
NOVOLOG PEN	5	ST
NOVOLOG MIX 70/30	5	ST
SOLIQUA	5	PA
TRESIBA	4	
RYZODEG 70/30	4	
XULTOPHY	5	PA
BLOOD PRODUCTS/MODIFIERS/ VOLUME EXPANDERS		
ANTICOAGULANTS		
COUMADIN	4	
ELIQUIS	4	
<i>enoxaparin sodium</i>	2, 4	
<i>fondaparinux sodium</i>	4	ST
FRAGMIN	5	ST
<i>heparin</i>	4	
JANTOVEN	1	
LOVENOX	4	
PRADAXA	3	QL
SAVAYSA	4	
<i>warfarin sodium</i>	1	

Multiple tiers may be displayed for a medication where drug product strengths and different dosage forms may not be included on the same tier, check with your Kaiser Permanente pharmacist for clarification, if needed.

Tier 1=Preventative Generic, Tier 2=Preferred Generic, Tier 3=Preferred Brand, Tier 4=Non-preferred Drugs*, Tier 5=Specialty

XARELTO	4	QL, ST
BLOOD FORMATION MODIFIERS		
AGRYLIN	4	
<i>anagrelide hcl</i>	2	
ARANESP ALBUMIN FREE	5	
EPOGEN	4	
FIRAZYR	5	PA
LEUKINE	5	
MOZOBIL	5	
NEUPOGEN	5	
PROCRIT	5	
COAGULANTS		
AMICAR	4	
<i>aminocaproic acid</i>	2	
<i>tranexamic acid</i>	4	ST
NO USP CLASS		
NEUMEGA	5	
PLATELET MODIFYING AGENTS		
AGGRENOX	4	
<i>aspirin-dipyridamole ER</i>	2	
BRILINTA	3	
<i>cilostazol</i>	2	
<i>clopidogrel bisulfate</i>	2, 4	
<i>dipyridamole</i>	2	
EFFIENT	4	
PERSANTINE	4	
PLAVIX	4	
PLETAL	4	
<i>prasugrel</i>	2	
<i>ticlopidine</i>	4	ST
ZONTIVITY	4	
CARDIOVASCULAR AGENTS		
ALPHA-ADRENERGIC AGONISTS		
CATAPRES	4	
CATAPRES TTS	4	
<i>clonidine (transdermal)</i>	4	
<i>clonidine hcl</i>	2	
<i>clonidine hcl er</i>	4	
CLORPRES	4	
<i>guanfacine hcl</i>	2, 4	ST
KAPVAY	4	
<i>methyldopa</i>	2	
<i>methyldopa-hydrochlorothiazide</i>	4	
<i>midodrine</i>	4	
NORTHERA	5	
<i>reserpine</i>	4	
TENEX	4	

Multiple tiers may be displayed for a medication where drug product strengths and different dosage forms may not be included on the same tier, check with your Kaiser Permanente pharmacist for clarification, if needed.

Tier 1=Preventative Generic, Tier 2=Preferred Generic, Tier 3=Preferred Brand, Tier 4=Non-preferred Drugs*, Tier 5=Specialty

ALPHA-ADRENERGIC BLOCKING AGENTS		
CARDURA	4	
DIBENZYLINE	5	ST
<i>doxazosin</i>	4	
MINIPRESS	4	
<i>prazosin hcl</i>	4	
<i>terazosin hcl</i>	2	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
ATACAND	4	ST
ATACAND HCT	4	ST
AVALIDE	4	
BENICAR	4	ST
BENICAR HCT	4	ST
<i>candesartan cilexetil</i>	4	ST
<i>candesartan cilexetil-hydrochlorothiazide</i>	4	ST
COZAAR	4	
DIOVAN	4	ST
DIOVAN HCT	4	ST
EDARBI	4	ST
EDARBYCLOR	4	ST
<i>eprosartan</i>	4	ST
HYZAAR	4	
<i>irbesartan</i>	4	ST
<i>irbesartan-hydrochlorothiazide</i>	4	ST
<i>losartan potassium</i>	1	
MICARDIS HCT	4	
<i>olmesartan</i>	4	ST
<i>olmesartan- hctz</i>	4	ST
<i>telmisartan</i>	4	ST
<i>telmisartan-amlodipine</i>	4	ST
<i>telmisartan-hydrochlorothiazide</i>	4	ST
TEVETEN	4	
TEVETENHCT	4	
<i>valsartan</i>	4	ST
<i>valsartan-hydrochlorothiazide</i>	4	ST
ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS		
ACCURETIC	4	
ALTACE	4	
BYVALSON	4	
<i>benazepril hcl</i>	1	
<i>benazepril hcl-hydrochlorothiazide</i>	4	
<i>captopril</i>	2	
<i>captopril-hydrochlorothiazide</i>	4	
<i>enalapril maleate</i>	4	
<i>enalapril maleate-hydrochlorothiazide</i>	4	
EPANED	4	
<i>fosinopril sodium</i>	4	ST
<i>fosinopril sodium-hydrochlorothiazide</i>	4	ST

Multiple tiers may be displayed for a medication where drug product strengths and different dosage forms may not be included on the same tier, check with your Kaiser Permanente pharmacist for clarification, if needed.

Tier 1=Preventative Generic, Tier 2=Preferred Generic, Tier 3=Preferred Brand, Tier 4=Non-preferred Drugs*, Tier 5=Specialty

<i>lisinopril</i>	1, 2	
LOTENSIN	4	
LOTENSIN HCT	4	
<i>moexipril</i>	4	ST
<i>moexipril-hydrochlorothiazide</i>	4	ST
<i>perindopril</i>	4	ST
PRINIVIL	4	
PRINZIDE	4	
<i>quinapril</i>	4	ST
<i>quinapril hydrochlorothiazide</i>	4	ST
<i>ramipril</i>	2	
<i>trandolapril</i>	4	ST
UNIRETIC	4	ST
VASERETIC	4	
VASOTEC	4	
ZESTRIL	4	
ANTIARRHYTHMICS		
<i>amiodarone hcl</i>	2, 4	
CORDARONE	4	
<i>disopyramide phosphate</i>	2	
<i>Dofetilide</i>	2	
<i>flecainide acetate</i>	2	
<i>mexiletine hcl</i>	2	
MULTAQ	4	ST
NORPACE	4	
NORPACE CR	3	
PACERONE	4	
<i>propafenone hcl</i>	2, 4	
<i>quinidine gluconate</i>	2	
<i>quinidine sulfate</i>	2	
RYTHMOL	4	
TIKOSYN	5	
BETA-ADRENERGIC BLOCKING AGENTS		
<i>acebutolol hcl</i>	2	
<i>atenolol</i>	1	
BETAPACE	4	
BETAPACE	4	
<i>betaxolol hydrochloride</i>	4	ST
<i>bisoprolol fumarate</i>	2	
BYSTOLIC	4	ST
<i>carvedilol</i>	1	
COREG	4	
CORGARD	4	
CORZIDE	4	
DUTOPROL	4	
INDERAL	4	
INNOPRAN	4	
<i>labetalol hcl</i>	2	

Multiple tiers may be displayed for a medication where drug product strengths and different dosage forms may not be included on the same tier, check with your Kaiser Permanente pharmacist for clarification, if needed.

Tier 1=Preventative Generic, Tier 2=Preferred Generic, Tier 3=Preferred Brand, Tier 4=Non-preferred Drugs*, Tier 5=Specialty

LEVATOL	4	ST
LOPRESSOR	4	
LOPRESSOR HCT	4	
<i>metoprolol succinate</i>	2	
<i>metoprolol tartrate</i>	1	
<i>metoprolol-hydrochlorothiazide</i>	4	
<i>nadolol</i>	1, 2	
<i>nadolol-bendroflumethiazide</i>	4	
<i>pindolol</i>	4	ST
<i>propranolol hcl</i>	1, 2	
<i>propranolol hcl ER</i>	4	
<i>propranolol-hydrochlorothiazide</i>	4	
SECTRAL	4	
SORINE	4	
<i>sotalol hcl</i>	4	
TENORETIC	4	
TENORMIN	4	
<i>timolol maleate</i>	2	
TOPROL XL	4	
ZEBETA	4	
CALCIUM CHANNEL BLOCKING AGENTS		
ADALAT	4	
<i>amlodipine besylate</i>	1	
<i>amlodipine besylate-atorvastatin calcium</i>	4	
<i>amlodipine besylate-benazepril</i>	4	
<i>amlodipine-olmesartan</i>	4	
<i>amlodipine-olmesartan-hctz</i>	4	
AZOR	4	
CADUET	4	
CALAN	4	
CARDIZEM	4	
CARDIZEM CD	4	
CARTIA XT	4	
DILACOR XR	4	
DILT-CD	4	
<i>diltiazem hcl</i>	2, 4	
<i>diltiazem hcl coated beads</i>	2	
DILT-XR	4	
EXFORGE	4	ST
EXFORGEHCT	4	ST
<i>felodipine</i>	2	
<i>isradipine</i>	4	ST
LOTREL	4	
MATZIM	4	
<i>nicardipine hydrochloride</i>	4	
NIFEDIAC CC	4	
NIFEDICAL XL	4	
<i>nifedipine</i>	2, 4	

Multiple tiers may be displayed for a medication where drug product strengths and different dosage forms may not be included on the same tier, check with your Kaiser Permanente pharmacist for clarification, if needed.

Tier 1=Preventative Generic, Tier 2=Preferred Generic, Tier 3=Preferred Brand, Tier 4=Non-preferred Drugs*, Tier 5=Specialty

<i>nimodipine</i>	2	
<i>nisoldipine</i>	4	ST
NORVASC	4	
PROCARDIA	4	
PROCARDIA XL	4	
TARKA	4	
TAZTIA	4	
TIAZAC	4	
TRIBENZOR	4	
TWYNSTA	4	
<i>verapamil hcl</i>	2, 4	
VERELAN	4	
CARDIOVASCULAR AGENTS, OTHER		
<i>digoxin</i>	2	
DIGOXIN SOL	3	
CORLANOR	4	
ENTRESTO	4	
LANOXIN	4	
<i>pentoxifylline</i>	2	
RANEXA	4	ST, QL
TEKAMLO	4	
TEKTURNA	4	ST
TEKTURNA HCT	4	ST
TRENTAL	4	
VECAMYL	4	
DIURETICS, CARBONIC ANHYDRASE INHIBITORS		
<i>acetazolamide</i>	2	
DIAMOX	4	
<i>methazolamide</i>	2	
DIURETICS, LOOP		
<i>bumetanide</i>	4	
DEMADEX	4	
EDECRIN	4	ST
<i>furosemide</i>	1, 2	
LASIX	4	
<i>torsemide</i>	2	
DIURETICS, POTASSIUM-SPARING		
ALDACTAZIDE	4	
ALDACTONE	4	
<i>amiloride</i>	4	ST
AMTURNIDE	4	ST
DYRENIUM	4	ST
<i>eplerenone</i>	4	ST
<i>spironolactone</i>	1, 2	
<i>spironolactone-hydrochlorothiazide</i>	4	
DIURETICS, THIAZIDE		
<i>chlorothiazide</i>	4	ST

Multiple tiers may be displayed for a medication where drug product strengths and different dosage forms may not be included on the same tier, check with your Kaiser Permanente pharmacist for clarification, if needed.

Tier 1=Preventative Generic, Tier 2=Preferred Generic, Tier 3=Preferred Brand, Tier 4=Non-preferred Drugs*, Tier 5=Specialty

chlorthalidone	2	
DIURIL	4	
<i>hydrochlorothiazide</i>	1, 4	
<i>indapamide</i>	1	
<i>methyclothiazide</i>	4	
<i>metolazone</i>	2	
DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES		
ANTARA	4	
<i>fenofibrate</i>	2, 4	
<i>fenofibric acid dr</i>	4	
FENOGLIDE	4	
FIBRICOR	4	
<i>gemfibrozil</i>	4	
LIPOFEN	4	
LOFIBRA	4	
LOPID	4	
TRICOR	4	
TRIGLIDE	4	
TRILIPIX	4	
DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS		
ALTOPREV	4	
<i>atorvastatin calcium</i>	1, 2	
CRESTOR	4	ST
<i>fluvastatin</i>	4	ST
LESCOL	4	ST
LIPITOR	4	
LIVALO	4	ST
<i>lovastatin</i>	1	
MEVACOR	4	
PRAVACHOL	4	
<i>pravastatin sodium</i>	2	
<i>rosuvastatin</i>	4	
<i>simvastatin</i>	1	
ZOCOR	4	
DYSLIPIDEMICS, OTHER		
ADVICOR	4	
<i>cholestyramine</i>	2	
<i>cholestyramine light</i>	2	
COLESTID	4	
<i>colestipol hcl</i>	2, 4	
<i>ezetimibe</i>	4	ST
JUXTAPID	5	PA
KYNAMRO	5	PA
LIPTRUZET	5	
LOVAZA	4	
<i>omega-3 fatty acids</i>	4	
<i>niacin ER</i>	4	ST
NIACOR	4	

Multiple tiers may be displayed for a medication where drug product strengths and different dosage forms may not be included on the same tier, check with your Kaiser Permanente pharmacist for clarification, if needed.

Tier 1=Preventative Generic, Tier 2=Preferred Generic, Tier 3=Preferred Brand, Tier 4=Non-preferred Drugs*, Tier 5=Specialty

PRALUENT	5	PA
QUESTRAN	4	
REPATHA	5	PA
SIMCOR	4	
VASCEPA	4	ST
VYTORIN	4	
WELCHOL	5	ST
ZETIA	5	ST
NO USP CLASS (COMBINATION PRODUCT)		
<i>amiloride-hydrochlorothiazide</i>	1	
<i>atenolol-chlorthalidone</i>	4	
<i>bisoprolol-hydrochlorothiazide</i>	1	
DYAZIDE	4	
<i>lisinopril-hydrochlorothiazide</i>	1	
<i>losartan potassium-hydrochlorothiazide</i>	2	
MAXZIDE	4	
<i>triamterene-hydrochlorothiazide</i>	1, 4	
ZIAC	4	
VASODILATORS, DIRECT-ACTING ARTERIAL		
<i>hydralazine hcl</i>	1, 2	
<i>minoxidil</i>	2	
RECTIV	4	ST
VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS		
BIDIL	4	
DILATRATE	4	
ISORDIL	3	
<i>isosorbide dinitrate</i>	2, 4	
<i>isosorbide dinitrate SL</i>	4	
<i>isosorbide mononitrate</i>	1, 2, 4	
MINITRAN	4	
NITRO-DUR	4	
<i>nitroglycerin</i>	2	
NITROLINGUAL	4	
NITROMIST	4	
NITROSTAT	3	
CENTRAL NERVOUS SYSTEM AGENTS		
CENTRAL NERVOUS SYSTEM, OTHER		
NUEDEXTA	5	ST
RILUTEK	5	
<i>riluzole</i>	2	
XENAZINE	5	PA
DENTAL AND ORAL AGENTS		
<i>cevimeline</i>	4	
<i>chlorhexidine gluconate (mouth-throat)</i>	2	
PERIOGARD	4	
<i>pilocarpine hcl (oral)</i>	2, 4	ST
SALAGEN	4	

Multiple tiers may be displayed for a medication where drug product strengths and different dosage forms may not be included on the same tier, check with your Kaiser Permanente pharmacist for clarification, if needed.

Tier 1=Preventative Generic, Tier 2=Preferred Generic, Tier 3=Preferred Brand, Tier 4=Non-preferred Drugs*, Tier 5=Specialty

<i>triamcinolone acetonide (mouth)</i>	2	
DERMATOLOGICAL AGENTS		
8-MOP	3	
ABSORICA	4	
ACANYA	4	
<i>acitretin</i>	4	ST
<i>adapalene</i>	4	AGE, ST
ALDARA	4	
<i>aluminum chloride</i>	2	
<i>ammonium lactate</i>	4	
ATRALIN	4	
AVAR	4	
AVITA	4	
AZELEX	4	ST
BENZAMYCIN	4	
<i>benzoyl peroxide gel 6.5%</i>	5	
<i>benzoyl peroxide-clindamycin</i>	2	
<i>benzoyl peroxide-erythromycin</i>	4	
<i>benzoyl peroxide-hydrocortisone</i>	5	
<i>betamethasone-clotrimazole</i>	4	ST
<i>calcipotriene</i>	2, 4	
CARAC	4	
<i>claravis</i>	2	
COAL TAR	3	
CONDYLOX	4	
CORTISPORIN	4	ST
DERMATOP	4	
DIFFERIN	4	AGE, ST
DOVONEX	4	
DRITHO-CREME HP	3	
EFUDEX	4	
ELIDEL	3	
EPIDUO	4	PA, ST
EUCRISA	4	ST
FABIOR	4	
FINACEA	4	ST
FLUOROPLEX	3	
<i>fluorouracil (topical)</i>	2, 4	
<i>imiquimod</i>	2	
<i>iodoquinol-hc</i>	2	
<i>isotretinoin</i>	2	
LACLOTION	4	
MYORISAN	4	
NEO-SYNLAR	4	
NEUAC	4	
<i>nystatin-triamcinolone</i>	4	
OXSORALEN ULTRA	4, 5	
PHISOHEX	4	ST

Multiple tiers may be displayed for a medication where drug product strengths and different dosage forms may not be included on the same tier, check with your Kaiser Permanente pharmacist for clarification, if needed.

Tier 1=Preventative Generic, Tier 2=Preferred Generic, Tier 3=Preferred Brand, Tier 4=Non-preferred Drugs*, Tier 5=Specialty

PICATO	5	ST
PLEXION	4	
<i>podofilox</i>	2,4	
<i>prednicarbate</i>	4	ST
PROTOPIC	4	ST
REGRANEX	5	
RETIN-A	4,5	AGE
SANTYL	3	
<i>selenium sulfide</i>	2	
SOLARAZE	4	
SORIATANE	5	
<i>spinosad</i>	4	
<i>sulfacetamide sodium w/ sulfur</i>	2, 4	
TACLONEX	5	ST
<i>tacrolimus (topical)</i>	2	
TAZORAC	4	AGE, ST
TRETIN X	4	
<i>tretinoin</i>	4	
VECTICAL	3	
VELTIN	4	PA, ST
VEREGEN	5	ST
VOLTAREN	4	ST
VOLTAREN XR	4	ST
ZIANA	4	PA, ST
ZONALON	4	ST
ZYCLARA	4	
DEVICES		
AEROCHAMBER PLUS FLOW-VU- SMALL MASK	3	
ELECTROLYTIC, CALORIC, AND WATER BALANCE		
AMMONIA DETOXICANTS		
RAVICTI	5	PA
ENZYME REPLACEMENT/ MODIFIERS		
BUPHENYL	5	
CERDELGA	5	PA
CREON	4	
CYSTADANE	5	ST
CYSTAGON	5	ST
KUVAN	5	PA
ORFADIN	5	
PANCREAZE	4	
<i>pancrelipase</i>	2	
PERTZYE	4	
<i>sodium phenylbutyrate</i>	5	
SUCRAID	4	
ULTRESA	4	
VIOKACE	4	
ZAVESCA	5	
ZENPEP	3, 4	

Multiple tiers may be displayed for a medication where drug product strengths and different dosage forms may not be included on the same tier, check with your Kaiser Permanente pharmacist for clarification, if needed.

Tier 1=Preventative Generic, Tier 2=Preferred Generic, Tier 3=Preferred Brand, Tier 4=Non-preferred Drugs*, Tier 5=Specialty

GASTROINTESTINAL AGENTS		
ANTISPASMODICS, GASTROINTESTINAL		
BENTYL	4	
CANTIL	5	ST
<i>clidinium-chlordiazepoxide</i>	2	
CUVPOSA	4	
<i>dicyclomine hcl</i>	2	
FULYZAQ	4	
<i>glycopyrrolate</i>	2	
<i>hyoscyamine sulfate</i>	2	
<i>methscopolamine</i>	4	ST
ROBINUL	4	
GASTROINTESTINAL AGENTS, OTHER		
ACTIGALL	5	
<i>chenodal</i>	4	
<i>diphenoxylate w/ atropine</i>	2	
HELIDAC	4	
<i>lansoprazole-amoxicillin-clarithromycin</i>	4	
LOMOTIL	4	
<i>loperamide</i>	4	
MOTOFEN	4	ST
OMECLAMOX	4	
<i>propantheline bromide</i>	2	
PYLERA	4	
RELISTOR	5	ST
URSO	4	
URSO FORTE	4	
<i>ursodiol</i>	4, 5	
VIBERZI	5	PA
HISTAMINE2 (H2) RECEPTOR ANTAGONISTS		
AXID	4	
<i>cimetidine</i>	2, 4	
<i>famotidine</i>	4	
<i>nizatidine</i>	4	ST
PEPCID	4	
<i>ranitidine hcl</i>	2, 4	
ZANTAC	4	
IRRITABLE BOWEL SYNDROME AGENTS		
<i>alosetron</i>	4	
AMITIZA	4	ST
LINZESS	4	ST
LOTRONEX	4	
LAXATIVES		
BISACODYL EC	ACA	
COLYTE	4	
CONSTULOSE	4	
DULCOLAX SUPPOSITORY	ACA	

Multiple tiers may be displayed for a medication where drug product strengths and different dosage forms may not be included on the same tier, check with your Kaiser Permanente pharmacist for clarification, if needed.

Tier 1=Preventative Generic, Tier 2=Preferred Generic, Tier 3=Preferred Brand, Tier 4=Non-preferred Drugs*, Tier 5=Specialty

GAVILYTE-G SOL	ACA	
GAVILYTE-H	ACA	
GAVILYTE-N	ACA	
GENERLAC	4	
GOLYTELY	ACA	
HALFLYTELY BOWEL PREP	4	
KRISTALOSE	4	
<i>lactulose</i>	2	
<i>magnesium citrate solution</i>	ACA	
MOVIPREP	ACA	
NULYTELY	4	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>	ACA	
<i>polyethylene glycol</i>	ACA	
PREPOPIK	ACA	
<i>stool softener caps</i>	ACA	
SUCLEAR	4	
SUPREP	ACA	
TRILYTE	4	
PROTECTANTS		
CARAFATE	4	
CYTOTEC	4	
<i>misoprostol</i>	2	
<i>sucralfate</i>	2	
PROTON PUMP INHIBITORS		
ACIPHEX SPRINKLE	5	
DEXILANT	5	ST
<i>esomeprazole</i>	4	ST
<i>lansoprazole</i>	4	ST
NEXIUM	5	ST
<i>omeprazole</i>	4	
<i>omeprazole-sodium bicarbonate</i>	4	
<i>pantoprazole</i>	4	
PREVACID	4	
PREVACID SOLUTAB	5	
PREVPAC	5	
PRILOSEC	4	
PROTONIX	5	
<i>rabeprazole</i>	4	ST
ZEGERID	5	
GENITOURINARY AGENTS		
ANTISPASMODICS, URINARY		
<i>darifenacin</i>	4	ST
DETROL	4	ST
DITROPAN XL	4	
ENABLEX	4	ST
<i>flavoxate hydrochloride</i>	4	ST
GELNIQUE	4	
MYRBETRIQ	4	

Multiple tiers may be displayed for a medication where drug product strengths and different dosage forms may not be included on the same tier, check with your Kaiser Permanente pharmacist for clarification, if needed.

Tier 1=Preventative Generic, Tier 2=Preferred Generic, Tier 3=Preferred Brand, Tier 4=Non-preferred Drugs*, Tier 5=Specialty

<i>oxybutynin chloride</i>	2	
<i>oxybutynin chloride ER</i>	2	
OXYTROL	4	
SANCTURA	4	
<i>tolterodine tartrate</i>	4	ST
TOVIAZ	4	ST
<i>trospium chloride</i>	2	
<i>trospium chloride ER</i>	4	
VESICARE	4	ST
BENIGN PROSTATIC HYPERTROPHY AGENTS		
<i>alfuzosin hydrochloride</i>	4	ST
AVODART	4	ST
CIALIS	5	ST
<i>dutasteride</i>	4	ST
<i>dutasteride-tamsulosin</i>	4	
<i>finasteride</i>	4	
FLOMAX	4	
JALYN	4	
RAPAFLO	4	ST
<i>tamsulosin hcl</i>	2	
GENITOURINARY AGENTS, OTHER		
<i>bethanechol chloride</i>	2	
CUPRIMINE	5	
DEPEN TITRATABS	3, 5	
ELMIRON	3	
URECHOLINE	4	
NO USP CLASS		
<i>methylergonovine maleate</i>	2	
VIAGRA	5	PA
PHOSPHATE BINDERS		
<i>calcium acetate</i>	2, 4	
FOSRENOL	5	ST
PHOSLO	4	
PHOSLYRA	3	
RENAGEL	4	
RENVELA	3,4	
<i>sevelamer carbonate</i>	2	
VELPHORO	4	ST
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)		
GLUCOCORTICOIDS/MINERALOCORTICOIDS		
ALA-CORT	4	
<i>alclometasone dipropionate</i>	2	
<i>amcinonide</i>	4	ST
ACLOVATE	4	
<i>betamethasone dipropionate</i>	2, 4	
<i>betamethasone dipropionate augmented</i>	2	
<i>betamethasone valerate</i>	2, 4	

Multiple tiers may be displayed for a medication where drug product strengths and different dosage forms may not be included on the same tier, check with your Kaiser Permanente pharmacist for clarification, if needed.

Tier 1=Preventative Generic, Tier 2=Preferred Generic, Tier 3=Preferred Brand, Tier 4=Non-preferred Drugs*, Tier 5=Specialty

<i>budesonide</i>	4	ST
CAPEX	4	
<i>clobetasol propionate</i>	2, 4	
<i>clobetasol propionate emollient base</i>	4	
CLOBEX	4	
CLODERM	4	ST
COLOCORT	4	
CORDRAN	4	ST
CORTEF	4	
<i>cortifoam</i>	4	
<i>cortisone acetate</i>	4	ST
CUTIVATE	4	
DERMA-SMOOTH BODY OIL	4	
DESONATE	4	
<i>desonide</i>	2, 4	QL
DESOWEN	4	
<i>desoximetasone</i>	2,4	ST
<i>dexamethasone</i>	2	
<i>diflorasone diacetate</i>	4	ST
DIPROLENE	4	
ELOCON	4	
<i>fludrocortisone acetate</i>	2	
<i>fluocinolone acetonide</i>	2, 4	ST
<i>fluocinonide emulsified base</i>	2	
<i>flurandrenolide</i>	4	
<i>fluticasone propionate</i>	4	ST
<i>halobetasol propionate</i>	4	
HALOG	4	ST
<i>hydrocortisone</i>	2, 4	
<i>hydrocortisone (intrarectal)</i>	2	
<i>hydrocortisone acetate w/ pramoxine</i>	2	
<i>hydrocortisone butyrate</i>	4	
<i>hydrocortisone valerate</i>	4	
KENALOG	4	
LOCOID	4	
LOKARA	4	
LUXIQ	4	
MEDROL	4	
<i>methylprednisolone</i>	2, 4	
MILLIPRED	4	
<i>mometasone furoate</i>	2, 4	
OLUX	4	
ORAPRED	4	
ORAPRED ODT	4	
PANDEL	4	
<i>pramoxine-hc</i>	4	
<i>prednisolone</i>	4	
<i>prednisolone ODT</i>	4	

Multiple tiers may be displayed for a medication where drug product strengths and different dosage forms may not be included on the same tier, check with your Kaiser Permanente pharmacist for clarification, if needed.

Tier 1=Preventative Generic, Tier 2=Preferred Generic, Tier 3=Preferred Brand, Tier 4=Non-preferred Drugs*, Tier 5=Specialty

<i>prednisolone sodium phosphate</i>	2,4	
<i>prednisone</i>	2	
RAYOS	4	
SYNALAR	4	
TEMOVATE	4	
TOPICORT	4	
<i>triamcinolone acetonide</i>	2, 4	ST
TRIDERM	4	
ULTRAVATE (Lotion)	5	
VANOS	4	
VERDESO	4	
VERIPRED	4	
WESTCORT	4	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
SOMATROPIN AGONIST AND ANTAGONISTS		
ACTHAR HP	5	PA
<i>chorionic gonadotropin</i>	2	
DDAVP	4	
<i>desmopressin acetate spray</i>	2	
GENTROPIN (somatropin)	5	PA
HUMATROPE (somatropin)	5	PA
NORDITROPIN (somatropin)	5	PA
NUTROPIN AQ (somatropin)	5	PA
OMNITROPE (somatropin)	5	PA
SAIZEN (somatropin)	5	PA
SEROSTIM (somatropin)	5	PA
SOMAVERT (pegvisomant)	5	PA
STIMATE	4	
ZORBTIVE (somatropin)	5	PA
SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS		
EVISTA	4	
<i>raloxifene hcl</i>	2	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
ANABOLIC STEROIDS		
ANADROL-50	5	ST
<i>oxandrolone</i>	4	
ANDROGENS		
ANDRODERM	4	ST
ANDROGEL	4	ST
ANDROID	2	
ANDROXY	2	
AXIRON	4	
<i>danazol</i>	2	
FORTESTA	4	ST
<i>methylestosterone</i>	2	
STRIANT	4	
TESTIM	4	

Multiple tiers may be displayed for a medication where drug product strengths and different dosage forms may not be included on the same tier, check with your Kaiser Permanente pharmacist for clarification, if needed.

Tier 1=Preventative Generic, Tier 2=Preferred Generic, Tier 3=Preferred Brand, Tier 4=Non-preferred Drugs*, Tier 5=Specialty

<i>testosterone pump</i>	4	
<i>testosterone cypionate</i>	2, 4	
<i>testosterone topical solution</i>	4	ST
TESTRED	2	
ESTROGENS		
ALORA	4	
CENESTIN	4	ST
DIVIGEL	4	
ELESTRIN	4	
CLIMARA	3	
ENJUVIA	4	ST
ESTRACE vaginal cream	2	
ESTRACE	4	
<i>estradiol</i>	2	
<i>estradiol cypionate, injection</i>	2	
<i>estradiol valerate, injection</i>	2	
<i>estradiol transdermal</i>	4	
ESTRING	3	
<i>estropipate</i>	2	
EVAMIST	4	
FEMRING	4	
GILDAGIA	4	
MENEST	4	ST
MENOSTAR	4	
MINIVELLE	4	
PREMARIN	3, 4	
VAGIFEM	4	
VIVELLE	4	
YUVAFEM	2	
CONTRACEPTIVES (COMBINATION PRODUCT)		
AMETHIA	ACA	QL
AMETHYST	ACA	QL
APRI	ACA	QL
ARANELLE	ACA	QL
AUBRA	ACA	QL
AVIANE	ACA	QL
BALZIVA	ACA	QL
BREVICON	ACA	QL
BRIELLYN	ACA	QL
CYCLESSA PAK	ACA	QL
CYSELLE	ACA	QL
DELYLA	ACA	QL
DESOGEN	ACA	QL
<i>desogestrel-ethinyl estradiol</i>	ACA	QL
EMOQUETTE	ACA	QL
ERRIN	ACA	QL
<i>esterified estrogens-methyltestosterone</i>	ACA	
ESTROSTEP FE	ACA	QL

Multiple tiers may be displayed for a medication where drug product strengths and different dosage forms may not be included on the same tier, check with your Kaiser Permanente pharmacist for clarification, if needed.

Tier 1=Preventative Generic, Tier 2=Preferred Generic, Tier 3=Preferred Brand, Tier 4=Non-preferred Drugs*, Tier 5=Specialty

<i>ethinyl estradiol and norethindrone</i>	ACA	
<i>ethynodiol diacet-ethinyl estradiol</i>	ACA	QL
FALMINA	ACA	QL
FEMCON FE CHW	ACA	QL, ST
GENERESS FE CHW	ACA	QL, ST
GIANVI	ACA	QL
INTROVALE	ACA	QL
JOLIVETTE	ACA	QL
JUNEL	ACA	QL
KARIVA TAB 28 DAY	ACA	QL
LARIN 1/20	ACA	QL
LARIN FE	ACA	QL
LAYOLIS FE	ACA	QL
<i>levonorgestrel-ethinyl estradiol</i>	ACA	QL
LO LOESTRIN FE	ACA	QL, ST
LO MINASTRIN FE PAK	ACA	QL
LOESTRIN 24 FE	ACA	QL
LOMEDIA 24	ACA	QL
LOSEASONIQUE	ACA	QL
LOW-OGESTREL	ACA	QL
LUTERA	ACA	QL
MICROGESTIN	ACA	QL
MICROGESTIN FE 1/20, 1.5/30	ACA	QL
NATAZIA TAB	ACA	QL
NECON 7/7/7, 0.5/35, 1/50	ACA	QL
NORDETTE	ACA	QL
<i>norethin acet-ethinyl estradiol-fe</i>	ACA	QL
<i>norethindrone-ethinyl estradiol</i>	ACA	QL
<i>norethindrone-ethinyl estradiol chw</i>	ACA	QL, ST
<i>norgestimate-ethinyl estradiol</i>	ACA	QL
<i>norgestrel-ethinyl estradiol</i>	ACA	QL
NORINYL	ACA	QL
NORTREL 1/35	ACA	QL
NUVARING	ACA	QL
OCELLA TAB 3-0.03MG	ACA	QL
OGESTREL TAB	ACA	QL
ORSYTHIA	ACA	QL
ORTHO CEPY	ACA	QL
ORTHO EVRA DIS WEEK	ACA	QL
ORTHO TRI-CYCLEN	ACA	QL
ORTHO TRI-CYCLEN LO	ACA	QL
ORTHO-NOVUM	ACA	QL
OVCON-35 TAB	ACA	QL
PIRMELLA	ACA	QL
PORTIA	ACA	QL
PREVIFEM	ACA	QL
QUARTETTE TAB	ACA	QL
QUASENSE TAB	ACA	QL

Multiple tiers may be displayed for a medication where drug product strengths and different dosage forms may not be included on the same tier, check with your Kaiser Permanente pharmacist for clarification, if needed.

Tier 1=Preventative Generic, Tier 2=Preferred Generic, Tier 3=Preferred Brand, Tier 4=Non-preferred Drugs*, Tier 5=Specialty

RIVELSA	ACA	QL
SEASONIQUE TAB	ACA	QL
SRONYX	ACA	QL
TRI-LEGEST FE TAB FE	ACA	QL
<i>tri-lo-sprintec</i>	ACA	QL
TRINESSA	ACA	QL
TRI-NORINYL	ACA	QL
VELIVET PAK	ACA	QL
VYFEMLA	ACA	QL
XULANE	ACA	QL, ST
ZENCHENT FE CHW	ACA	QL, ST
ZENCHENT TAB	ACA	QL
PROGESTINS AND ANTIPROGESTINS		
AYGESTIN	ACA	QL
CRINONE	5	
ELLA	ACA	
ENDOMETRIN	4	
<i>levonorgestrel</i>	ACA	
LYZA	ACA	
<i>medroxyprogesterone acetate</i>	2	
MEGACE	4	
<i>megestrol acetate</i>	2	
MIFEPREX	4	
MINASTRIN 24 FE	ACA	ST
NORA-BE	ACA	QL
<i>norethindrone</i>	ACA	QL
<i>norethindrone acetate and ethinyl estradiol ferrous fumarate chew</i>	ACA	ST
NORLYROC	ACA	QL
PIMTREA	ACA	
PLAN B ONE-STEP	ACA	
PROGESTERONE	4	
PROMETRIUM	4	
PROVERA	4	
ESTROGENS AND ANTIESTROGENS		
ACTIVELLA	4	
ANGELIQ	4	QL
COMBIPATCH	4	
DUAVEE	4	
<i>estradiol-norethindrone acetate</i>	ACA	
ESTRASORB EMU	4	
FEMHRT	ACA	
JINTELI	4	
PREFEST	4	
PREMPHASE	4	
PREMPRO	4	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
ARMOUR THYROID	4	
CYTOMEL	4	

Multiple tiers may be displayed for a medication where drug product strengths and different dosage forms may not be included on the same tier, check with your Kaiser Permanente pharmacist for clarification, if needed.

Tier 1=Preventative Generic, Tier 2=Preferred Generic, Tier 3=Preferred Brand, Tier 4=Non-preferred Drugs*, Tier 5=Specialty

LEVOTHROID	4	
<i>levothyroxine sodium</i>	2	
LEVOXYL	4	
<i>liothyronine sodium</i>	4	
SYNTHROID	4	
THYROLAR	4	ST
TIROSINT	4	
UNITHROID	4	
HORMONAL AGENTS, SUPPRESSANT (ADRENAL)		
LYSODREN	5	
HORMONAL AGENTS, SUPPRESSANT (PARATHYROID)		
<i>cabergoline</i>	2	
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)		
<i>leuprolide acetate</i>	4	
OCTREOTIDE	4	
SENSIPAR	5	
SOMAVERT	5	ST, PA
SYNAREL	5	
HORMONAL AGENTS, SUPPRESSANT (SEX HORMONES/MODIFIERS)		
ANTIANDROGENS		
<i>bicalutamide</i>	2	
CASODEX	4	
<i>flutamide</i>	2	
NILANDRON	5	ST
ZYTIGA	5	QL
HORMONAL AGENTS, SUPPRESSANT (THYROID)		
ANTITHYROID AGENTS		
<i>methimazole</i>	2	
<i>propylthiouracil</i>	2	
TAPAZOLE	4	
HORMONES AND SYNTHETIC SUBSTITUTES		
ADRENALS		
FLO-PRED	4	
MEDROL	4	
<i>prednisolone</i>	2	
UCERIS	5	
PARATHYROID		
FORTEO	5	PA
TYMLOS	5	PA
SOMATOTROPIN AGONISTS AND ANTAGONISTS		
EGRIFTA	5	QL
NUTROPIN AQ	5	PA
IMMUNOLOGICAL AGENTS		
IMMUNE SUPPRESSANTS		
AMJEVITA	5	
ASTAGRAF	5	
ATGAM	4	

Multiple tiers may be displayed for a medication where drug product strengths and different dosage forms may not be included on the same tier, check with your Kaiser Permanente pharmacist for clarification, if needed.

Tier 1=Preventative Generic, Tier 2=Preferred Generic, Tier 3=Preferred Brand, Tier 4=Non-preferred Drugs*, Tier 5=Specialty

AZASAN	4	
<i>azathioprine</i>	2	
CELLCEPT	4	
COSENTYX	5	
<i>cyclosporine</i>	2	
<i>cyclosporine modified</i>	2, 4	
ENBREL	5	
ERELZI	5	
GENGRAF	4	
HUMIRA	5	
IMURAN	4	
<i>mercaptopurine</i>	2	
<i>erythromycin</i>	2	
<i>mycophenolate mofetil</i>	2	
<i>mycophenolic acid</i>	2	
MYFORTIC	5	
NEORAL	4	
ORENCIA	5	
OTREXUP	4	
PROGRAF	4	
PURINETHOL	4	
RAPAMUNE	5	
RASUVO	4	
RHEUMATREX	4	
SANDIMMUNE	4	
<i>sirolimus</i>	2,4	
<i>tacrolimus</i>	2	
TREXALL	4	
ZORTRESS	5	
IMMUNOMODULATORS		
ACTEMRA	5	
ACTIMMUNE	5	
ARAVA	4	
ARCALYST	5	PA
ILARIS	5	PA
<i>leflunomide</i>	2	
RIDAURA	5	
INFLAMMATORY BOWEL DISEASE AGENTS		
AMINOSALICYLATE		
APRISO	4	
ASACOL	4	
<i>balsalazide disodium</i>	2	
CANASA	5	
COLAZAL	4	
DELZICOL	4	
DIPENTUM	5	ST
GIAZO	4	
LIALDA	3, 5	

Multiple tiers may be displayed for a medication where drug product strengths and different dosage forms may not be included on the same tier, check with your Kaiser Permanente pharmacist for clarification, if needed.

Tier 1=Preventative Generic, Tier 2=Preferred Generic, Tier 3=Preferred Brand, Tier 4=Non-preferred Drugs*, Tier 5=Specialty

<i>mesalamine</i>	2, 4	
PENTASA	3	
ROWASA	4	
GLUCOCORTICOIDS		
ANUSOL HC	4	
<i>hydrocortisone acetate (rectal)</i>	2	
PROCTOFOAM	4	
PROCTOFOAM HC	4	
PROCTO-PAK	4	
PROCTOSOL	4	
SULFONAMIDES		
AZULFIDINE	4	
<i>sulfasalazine</i>	2	
METABOLIC BONE DISEASE AGENTS		
ACTONEL	5	ST
<i>alendronate sodium</i>	1, 2, 4	
ATELVIA	4	
BINOSTO	4	
BONIVA	4	
<i>calcitriol</i>	2, 4	
DIDRONEL	4	
<i>doxercalciferol</i>	4	ST
<i>etidronate disodium</i>	2	ST
FORTICAL	4	ST
FOSAMAX	4	
FOSAMAX PLUS D	4	
<i>ibandronic acid</i>	4	ST
<i>paricalcitol</i>	4	ST
RISEDRONATE	4	
ROCALTROL	4	
<i>salmon calcitonin</i>	4	ST
RAYALDEE	5	
SKELID	5	ST
XGEVA	5	PA
MISCELLANEOUS THERAPEUTIC AGENTS		
MULTIPLE SCLEROSIS AGENTS		
AMPYRA	5	PA
AUBAGIO	5	PA
AVONEX	5	PA
BETASERON	5	
COPAXONE	5	PA
EXTAVIA	5	
GILENYA	5	PA
GLATOPA	2	PA
PLEGRIDY	5	PA
REBIF	5	PA
REBIF REBIDOSE	5	PA

Multiple tiers may be displayed for a medication where drug product strengths and different dosage forms may not be included on the same tier, check with your Kaiser Permanente pharmacist for clarification, if needed.

Tier 1=Preventative Generic, Tier 2=Preferred Generic, Tier 3=Preferred Brand, Tier 4=Non-preferred Drugs*, Tier 5=Specialty

TECFIDERA	5	PA
ZINBRYTA	5	PA
NO USP CLASS		
ADDYI	5	PA
APHTHASOL	4	
AUSTEDO	5	PA
BERINERT	5	
BENLYSTA	5	
CALQUENCE	5	
CHOLBAM	5	PA
CIMZIA	5	
CINRYZE	5	PA
CONTRACE	5	ST
DEBACTEROL	4	
DUPIXENT	5	PA
EMFLAZA	5	PA
ENDARI	5	
HAEGARDA	5	PA
HEMLIBRA	5	PA
HYQVIA	5	
INGREZZA	5	PA
KEVZARA	5	
KINERET	5	
MAVYRET	5	PA
MYALEPT	5	
NATPARA	5	PA
NERLYNX	5	
NITYR	5	
NULOJIX	5	
NUPLAZID	5	
OTEZLA	5	
<i>phenazopyridine</i>	4	
PYRIDIUM	4	
SANDOSTATIN	5	
SIGNIFOR	5	
SILIQ	5	PA
SOMATULINE DEPOT	5	
SYNDROS	5	
TALTZ	5	PA
THIOLA	4	
TREMFYA	5	PA
VERZENIO	5	
VISTOGARD	5	
XATMEP	5	
XELJANZ, XELJANZ XR	5	
XERMELO	5	
XURIDEN	5	
ZORTRESS	5	

Multiple tiers may be displayed for a medication where drug product strengths and different dosage forms may not be included on the same tier, check with your Kaiser Permanente pharmacist for clarification, if needed.

Tier 1=Preventative Generic, Tier 2=Preferred Generic, Tier 3=Preferred Brand, Tier 4=Non-preferred Drugs*, Tier 5=Specialty

MISCELLANEOUS THERAPEUTIC AGENTS, OTC		
<i>aspirin</i>	ACA	
<i>condoms (female)</i>	ACA	
<i>contraceptive sponge</i>	ACA	
<i>ferrous sulfate</i>	ACA	
<i>fluor-a-day</i>	ACA	
<i>fluoritab</i>	ACA	
<i>folic acid</i>	ACA	
<i>nonoxynol-9</i>	ACA	
<i>sodium fluoride</i>	ACA	
MISCELLANEOUS MEDICAL SERVICE DRUGS		
INVANZ	Medical	
<i>diphenhydramine</i>	Medical	
<i>magnesium/potassium chloride/sodium acetate/sodium chloride</i>	Medical	
<i>glucose/magnesium/potassium chloride/sodium acetate/sodium chloride</i>	Medical	
<i>sodium chloride irrigation solution</i>	Medical	
<i>magnesium sulfate/monobasic potassium phosphate/potassium chloride/sodium chloride/ sodium phosphate dihydrate irrigation solution</i>	Medical	
OPHTHALMIC AGENTS		
MYDRIATICS		
ISOPTO HYOSCINE	3	
NO USP CLASS (COMBINATION PRODUCT)		
<i>bacitracin-polymyxin b (ophth)</i>	2	
<i>bacitracin-poly-neomycin-hc</i>	2	
BLEPHAMIDE	3	
MAXITROL	4	
<i>neomycin-polymyxin-hydrocortisone</i>	2	
<i>neomycin-bacitracin zn-polymyxin</i>	2	
<i>neomycin-polymy-dexameth</i>	2	
<i>neomycin-polymyxin-gramicidin</i>	2	
<i>polymyxin b-trimethoprim</i>	2	
POLYTRIM	4	
PRED-G	3	
<i>sulfacetamide sod-prednisolone</i>	2	
<i>tobramycin-dexamethasone</i>	2	
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS		
<i>latanoprost</i>	2	
LUMIGAN	4	ST
TRAVATAN	4	ST
<i>travoprost</i>	4	ST
XALATAN	4	
OPHTHALMIC AGENT, OTHER		
ALCAINE	4	
<i>atropine sulfate</i>	2	
CYCLOGYL	2	

Multiple tiers may be displayed for a medication where drug product strengths and different dosage forms may not be included on the same tier, check with your Kaiser Permanente pharmacist for clarification, if needed.

Tier 1=Preventative Generic, Tier 2=Preferred Generic, Tier 3=Preferred Brand, Tier 4=Non-preferred Drugs*, Tier 5=Specialty

<i>cyclopentolate hcl</i>	2	
CYSTARAN	4	
<i>homatropine hbr</i>	2	
ISOPTO HOMATROPINE	3	
LACRISERT	4	ST
<i>naphazoline hydrochloride</i>	4	
<i>phenylephrine hcl</i>	2	
<i>proparacaine hcl</i>	2	
RESTASIS	4	QL
<i>tropicamide</i>	4	
XIIDRA	4	QL
OPHTHALMIC ANTI-ALLERGY AGENTS		
ALOCRIIL	4	ST
ALOMIDE	4	ST
<i>azelastine hydrochloride</i>	4	ST
BEPREVE	4	ST
<i>cromolyn sodium</i>	4	
EMADINE	5	ST
<i>epinastine hydrochloride</i>	4	ST
LASTACAFIT	4	ST
PATADAY	4	ST
PATANOL	4	
OPHTHALMIC ANTI-INFLAMMATORIES		
ACULAR	4	
ACUVAIL	4	
ALREX	4	
BROMDAY	4	
<i>bromfenac</i>	4	ST
<i>dexamethasone sodium phosphate</i>	2	
<i>diclofenac sodium</i>	2	
DUREZOL	4	ST
FLAREX	4	
<i>fluorometholone</i>	2	
<i>Flurbiprofen sodium</i>	4	ST
FML	4	ST
ILEVRO	4	
<i>ketorolac tromethamine</i>	4	
LOTEMAX	4	ST
MAXIDEX	3	
<i>mefenamic acid</i>	4	QL, ST
NEVANAC	4	ST
OMNIPRED	4	
PRED FORTE	4	
PRED MILD	3	
<i>prednisolone</i>	4	
<i>prednisolone acetate</i>	2	
PROLENSA	4	
TOBRADEX	4	

Multiple tiers may be displayed for a medication where drug product strengths and different dosage forms may not be included on the same tier, check with your Kaiser Permanente pharmacist for clarification, if needed.

Tier 1=Preventative Generic, Tier 2=Preferred Generic, Tier 3=Preferred Brand, Tier 4=Non-preferred Drugs*, Tier 5=Specialty

VEXOL	4	ST
ZYLET	4	
OPHTHALMIC ANTIGLAUCOMA AGENTS		
ALPHAGAN	4	
<i>apraclonidine hcl</i>	2	
AZOPT	4	ST
<i>betaxolol hcl</i>	2	
BETAGAN	4	
BETIMOL	4	
BETOPTIC	3	
<i>brimonidine tartrate</i>	2, 4	
<i>carteolol hydrochloride</i>	4	ST
COMBIGAN	4	ST
COSOPT	4	
<i>dorzolamide hcl</i>	2	
<i>dorzolamide hcl-timolol maleate</i>	2	
ESCUA	4	
IOPIDINE	3	
ISOPTO CARBACHOL	3	
ISOPTO CARPINE	4	
ISTALOL	4	
KEVEYIS	5	PA, QL
<i>levobunolol hcl</i>	2	
<i>metipranolol</i>	4	
PHOSPHOLINE IODIDE	3	
<i>pilocarpine hcl</i>	2, 4	
PILOPINE	4	ST
SIMBRINZA	4	
<i>timolol maleate</i>	2, 4	
TIMOPTIC	4	
TRUSOPT	4	
ZIOPTAN	4	
OTIC AGENTS		
<i>acetic acid-aluminum acetate</i>	2	
<i>acetic acid-hydrocortisone</i>	4	ST
<i>antipyrine-benzocaine</i>	4	
CIPRO HC	4	ST
CIPRODEX	3	
COLY-MYCIN S	4	
CORTISPORIN-TC SUS -TC OTIC	4	
<i>fluocinolone acetonide</i>	4	
<i>neomycin-polymyxin-hc</i>	4	
RESPIRATORY TRACT AGENTS		
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS		
AEROSPAN	4	
ALVESCO	4	ST
ASMANEX HFA	3, 4	
ASMANEX TWISTHALER	4	

Multiple tiers may be displayed for a medication where drug product strengths and different dosage forms may not be included on the same tier, check with your Kaiser Permanente pharmacist for clarification, if needed.

Tier 1=Preventative Generic, Tier 2=Preferred Generic, Tier 3=Preferred Brand, Tier 4=Non-preferred Drugs*, Tier 5=Specialty

BECONASE	4	ST
BREO ELLIPTA	4	
<i>budesonide (inhalation)</i>	2	
ENTOCORT EC	5	
FLOVENT	4	
<i>flunisolide</i>	4	
<i>fluticasone propionate</i>	4	
NASONEX	4	
OMNARIS	4	
PULMICORT	4	
QNASL	4	
QVAR	3	
RHINOCORT	4	
VERAMYST	4	
ZETONNA	4	
INHALED CORTICOSTEROIDS/BETA AGONIST COMBINATION AGENTS		
ADVAIR DISKUS 250/50, 500/50	3	
ADVAIR DISKUS 100/50	4	ST
ADVAIR HFA 115/21, 230/21	4	
ADVAIR HFA 45/21	4	ST
DULERA	4	ST
SYMBICORT	4	
ANTIHISTAMINES		
ASTEPRO	4	
<i>azelastine hydrochloride</i>	4	ST
<i>carbinoxamine maleate</i>	4	ST
<i>cetirizine</i>	4	
<i>chlorpheniramine/codeine</i>	4	
<i>chlorpheniramine/codeine/pseudoephedrine</i>	4	
<i>chlorpheniramine/hydrocodone bitartrate</i>	4	
CLARINEX	4	
<i>clemastine fumarate</i>	4	ST
<i>cypheptadine hcl</i>	2	
<i>desloratadine</i>	4	ST
<i>dexchlorpheniramine</i>	4	
DYMISTA	4	
<i>fexofenadine</i>	4	
KARBINAL	4	
<i>levocetirizine dihydrochloride</i>	4	ST
PALGIC	4	
PATANASE	4	ST
<i>promethazine vc</i>	4	
SEMPREX-D	4	
XYZAL	4	
ANTILEUKOTRIENES		
<i>montelukast sodium</i>	2, 4	
SINGULAIR	4	
<i>zafirlukast</i>	4	ST

Multiple tiers may be displayed for a medication where drug product strengths and different dosage forms may not be included on the same tier, check with your Kaiser Permanente pharmacist for clarification, if needed.

Tier 1=Preventative Generic, Tier 2=Preferred Generic, Tier 3=Preferred Brand, Tier 4=Non-preferred Drugs*, Tier 5=Specialty

<i>zileuton SR</i>	5	ST
ZYFLO CR	5	ST
BRONCHODILATORS, ANTICHOLINERGIC		
ANORO ELLIPTA	4	
ATROVENT	3, 4	
INCRUSE ELLIPTA	4	
<i>ipratropium bromide</i>	2, 4	
<i>ipratropium bromide inhalation</i>	1	
SEEBRI NEOHALER	4	
SPIRIVA HANDIHALER	4	
SPIRIVA RESMIPAT	3	
STIOLTO RESPIMAT	3	
TUDORZA	4	
UTIBRON NEOHALER	4	
BRONCHODILATORS, PHOSPHODIESTERASE INHIBITORS (XANTHINES)		
<i>aminophylline</i>	2, 4	ST
ELIXOPHYLLIN	4	
LUFYLLIN	5	ST
<i>theophylline</i>	2	
<i>theophylline ER</i>	2,4	
BRONCHODILATORS, SYMPATHOMIMETIC		
ACCUNEB	4	
<i>albuterol ER</i>	4	
<i>albuterol sulfate</i>	1, 2, 4	
ARCAPTA	4	ST
BROVANA	4	ST
<i>epinephrine</i>	2	
EIPEN	4	
EIPEN JR	4	
FORADIL	4	
<i>levalbuterol</i>	4	ST
MAXAIR	4	ST
<i>metaproterenol sulfate</i>	4	
PERFOROMIST	4	
PROAIR	4	
PROVENTIL HFA	4	
SEREVENT DISKUS	4	
STRIVERDI RESPIMAT	3	
<i>terbutaline sulfate</i>	2	
VENTOLIN	3	
VOSPIRE	4	
XOPENEX	4	
MAST CELL STABILIZERS		
<i>cromolyn sodium</i>	2, 4	
GASTROCROM	4	
NO USP CLASS (COMBINATION PRODUCT)		
COMBIVENT RESPIMAT	3	

Multiple tiers may be displayed for a medication where drug product strengths and different dosage forms may not be included on the same tier, check with your Kaiser Permanente pharmacist for clarification, if needed.

Tier 1=Preventative Generic, Tier 2=Preferred Generic, Tier 3=Preferred Brand, Tier 4=Non-preferred Drugs*, Tier 5=Specialty

DUONEB	4	
<i>guaifenesin-codeine</i>	2	
<i>hydrocodone-homatropine</i>	2	
<i>ipratropium-albuterol</i>	2	
<i>phenyleph-promethazine-codeine</i>	4	
<i>promethazine-codeine</i>	4	
<i>pseudoephedrine-codeine-gg</i>	4	
PULMONARY ANTIHYPERTENSIVES		
ADCIRCA	5	
ADEMPAS	5	
LETAIRIS	5	
OPSUMIT	5	
ORENITRAM	5	
REMODULIN	5	
REVATIO	5	
<i>sildenafil</i>	4	PA
TRACLEER	5	
TYVASO	5	
UPTRAVI	5	
VENTAVIS	5	
RESPIRATORY AGENTS, MISCELLANEOUS		
<i>acetylcysteine</i>	2	
<i>benzonatate</i>	2	
BETHKIS	5	
DALIRESP	4	ST
ESBRIET	5	
GRASTEK	4	
KALYDECO	5	PA
KITABIS PAK	5	
NUCALA	5	PA
ODACTRA	4	
OFEV	5	
ORALAIR	4	
ORKAMBI	5	PA
PULMOZYME	5	
RAGWITEK	4	
TOBI	5	
TOBI PODHALER	5	
TYZINE	4	ST
XOLAIR	5	PA
ZYFLO	4	
SKIN AND MUCOUS MEMBRANE AGENTS		
KERATOLYTIC AGENTS		
<i>urea</i>	2	
SKIN AND MUCOUS MEMBRANE AGENTS, MISCELLANEOUS		
ACZONE GEL	4	
APEXICON E	4	

Multiple tiers may be displayed for a medication where drug product strengths and different dosage forms may not be included on the same tier, check with your Kaiser Permanente pharmacist for clarification, if needed.

Tier 1=Preventative Generic, Tier 2=Preferred Generic, Tier 3=Preferred Brand, Tier 4=Non-preferred Drugs*, Tier 5=Specialty

<i>diclofenac sodium gel</i>	4	
MIRVASO	4	
PENNSAID SOL	4	
SIMPONI	5	
SORILUX AER	4	
STELARA	5	PA
THERAPEUTIC NUTRIENTS/ MINERALS/ ELECTROLYTES		
ELECTROLYTE/MINERAL MODIFIERS		
CHEMET	5	ST
EXJADE	5	
FERRIPROX	5	
JADENU	5	
KAYEXALATE	4	
KIONEX	4	
SAMSCA	5	ST, QL
<i>sodium polystyrene sulfonate</i>	2	
SYPRINE	5	ST
VELTASSA	4	
ELECTROLYTE/MINERAL REPLACEMENT		
CARBAGLU	5	ST
CYTRA-3	3	
GEL-KAM	3	
KLOR-CON	3, 4	
K-TAB	3, 4	
K-PHOS	3	
OSMOPREP	4	ST
<i>ped multivitamins- fluoride- iron</i>	2	
<i>pediatric multivitamins-fluoride</i>	2	
<i>pediatric vitamins acd- fluoride</i>	2	
PHYSIOLYTE	4	
<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>	2	
<i>potassium bicarbonate</i>	4	
<i>potassium chloride</i>	2, 4	
<i>potassium chloride microencapsulated crystals cr</i>	2, 4	
<i>potassium citrate (alkalinizer)</i>	2	
RAVICTI	5	PA
<i>sodium chloride</i>	4	
<i>sodium fluoride</i>	2, 4	
<i>sodium phosphate</i>	4	
TRI-VIT-FLUORIDE-IRON	3	
TRINATAL	4	
UROCIT-K	4	
NO USP CLASS		
CARNITOR	4	
<i>cholecalciferol</i>	4	
<i>ergocalciferol</i>	2	
<i>levocarnitine</i>	4	
MEPHYTON	3	

Multiple tiers may be displayed for a medication where drug product strengths and different dosage forms may not be included on the same tier, check with your Kaiser Permanente pharmacist for clarification, if needed.

Tier 1=Preventative Generic, Tier 2=Preferred Generic, Tier 3=Preferred Brand, Tier 4=Non-preferred Drugs*, Tier 5=Specialty

Index

8

8-MOP 35

A

abacavir sulfate 23
abacavir sulfate and lamivudine 23
abacavir sulfate-lamivudine-zidovudine 23
 ABILIFY 12
 ABSORICA 35
 ABSTRAL 5
acamprosate calcium dr 7
 ACANYA 35
acarbose 25
 ACCUNEB 53
 ACCURETIC 29
acebutolol hcl 30
acetaminophen w/ codeine 4
acetaminophen-caffeine-dihydrocodeine bitartrate 4
acetaminophen-isometheptene-dichloralphenazone 4
acetazolamide 32
acetic acid 8, 51
acetic acid / aluminum acetate 51
acetic acid / hydrocortisone 51
acetic acid-aluminum acetate 51
acetic acid-hydrocortisone 51
acetylcysteine 54
 ACIPHEX SPRINKLE 38
acitretin 35
 ACLOVATE 39
 ACTEMRA 46
 ACTHAR HP 41
 ACTIGALL 37
 ACTIMMUNE 46
 ACTIQ 5
 ACTIVELLA 44
 ACTONEL 47
 ACTOPLUS MET 25
 ACTOS 25
 ACULAR 50
 ACUVAIL 50
acyclovir 25
acyclovir topical 25
 ACZONE GEL 54
 ADALAT 31
adapalene 35

ADCIRCA 54
 ADDERALL 15
 ADDYI 48
adefovir dipivoxil 24
 ADEMPAS 54
 ADLYXIN 25
 ADVAIR DISKUS 52
 ADVAIR DISKUS 100/50 52
 ADVAIR DISKUS 250/50, 500/50 52
 ADVAIR HFA 52
 ADVAIR HFA 115/21, 230/21 52
 ADVAIR HFA 45/21 52
 ADVICOR 33
 AEROCHAMBER PLUS FLOW-VU- SMALL MASK 36
 AEROSPAN 51
 AFINITOR 19, 21
 AFINITOR DISPERZ 19
 AFREZZA 27
 AGGRENOLX 28
 AGRYLIN 28
 AKNEMYCIN 9
 AKYNZEO 17
 ALA-CORT 39
 ALAGESIC 4
 ALBENZA 21
albuterol ER 53
albuterol sulfate 53
 ALCAINE 49
alclometasone dipropionate 39
 ALDACTAZIDE 32
 ALDACTONE 32
 ALDARA 35
 ALECENSA 19
alendronate sodium 47
alfuzosin hydrochloride 39
 ALINIA 21
 ALKERAN 20
allopurinol 18
almotriptan 18
 ALOCRIAL 50
 ALOMIDE 50
 ALORA 42
alosetron 37
 ALPHAGAN 51
alprazolam 15
alprazolam ER 15
alprazolam ODT 15

Multiple tiers may be displayed for a medication where drug product strengths and different dosage forms may not be included on the same tier, check with your Kaiser Permanente pharmacist for clarification, if needed.

Tier 1=Preventative Generic, Tier 2=Preferred Generic, Tier 3=Preferred Brand, Tier 4=Non-preferred Drugs*, Tier 5=Specialty

Alprazolam ODT.....	15	ANDROXY	41
ALREX.....	50	ANGELIQ.....	44
ALTABAX.....	8	ANORO ELLIPTA	53
ALTACE	29	ANTABUSE	7
ALTOPREV.....	33	ANTARA	33
aluminum chloride.....	35	antipyrine-benzocaine.....	51
ALUNBRIG.....	19	ANTIVERT	16
ALVESCO	51	ANUSOL HC	47
amantadine hcl.....	22	ANZEMET.....	17
AMARYL.....	25	APEXICON E	54
AMBIEN.....	16	APHTHASOL.....	48
amcinonide.....	39	APIDRA.....	27
AMERGE.....	18	APLENZIN	12
AMETHIA	42	APOKYN	22
AMETHYST	42	apraclonidine hcl.....	51
AMICAR	28	aprepitant.....	17
amiloride.....	32, 34	APRI	42
amiloride & hydrochlorothiazide.....	34	APRISO.....	46
amiloride-hydrochlorothiazide	34	APTOM	12
aminocaproic acid.....	28	APTIVUS.....	24
aminophylline.....	53	ARANELLE.....	42
amiodarone hcl.....	30	ARANESP.....	25, 28
AMITIZA	37	ARANESP ALBUMIN FREE	28
amitriptyline hcl.....	14	ARAVA	46
AMJEVITA	45	ARCALYST.....	46
amlodipine besylate.....	31	ARCAPTA.....	53
amlodipine besylate/atorvastatin calcium.....	31	ARICEPT	12
amlodipine besylate/benazepril.....	31	ARIMIDEX	20
amlodipine besylate-atorvastatin calcium.....	31	aripiprazole	12
amlodipine besylate-benazepril	31	armodafinil	16
amlodipine-olmesartan.....	31	ARMOUR THYROID	44
amlodipine-olmesartan-hctz	31	ARTHROTEC.....	6
ammonium lactate	35	ASACOL	46
amoxapine	14	ASMANEX HFA	51
amoxicillin	1, 9, 37	ASMANEX TWISTHALER.....	51
amoxicillin & pot clavulanate	9	aspirin.....	4, 23, 28, 49
amoxicillin& pot clavulanate	9	aspirin-dipyridamole ER.....	28
amphetamine-dextroamphetamine.....	15	ASTAGRAF	45
ampicillin.....	9	ASTEPRO.....	52
AMPYRA	47	ATACAND.....	29
AMRIX	23	ATACAND HCT	29
AMTURNIDE	32	ATELVIA	47
ANADROL-50.....	41	atenolol.....	30, 34
ANAFRANIL.....	14	atenolol & chlorthalidone	34
anagrelide hcl.....	28	atenolol-chlorthalidone.....	34
ANAPROX	6	ATGAM	45
anastrozole	20	ATIVAN	15
ANCOBON.....	17	atomoxetine.....	15
ANDRODERM.....	41	atorvastatin calcium.....	31, 33
ANDROGEL.....	41	atovaquone.....	21
ANDROID.....	41	atovaquone/proguanil	21

Multiple tiers may be displayed for a medication where drug product strengths and different dosage forms may not be included on the same tier, check with your Kaiser Permanente pharmacist for clarification, if needed.

Tier 1=Preventative Generic, Tier 2=Preferred Generic, Tier 3=Preferred Brand, Tier 4=Non-preferred Drugs*, Tier 5=Specialty

<i>atovaquone-proguanil</i>	21
ATRALIN	35
ATRIPLA	25
<i>atropine sulfate</i>	49
ATROVENT	53
AUBAGIO	47
AUBRA	42
AUGMENTIN	9
AUSTEDO	48
AVALIDE	29
AVANDAMET	25
AVANDARYL.....	25
AVANDIA	26
AVAR	35
AVELOX	10
AVIANE	42
AVINZA	5
AVITA	35
AVODART	39
AVONEX	47
AXERT	18
AXID.....	37
AXIRON.....	41
AYGESTIN.....	44
AZASAN	46
AZASITE	9
<i>azathioprine</i>	46
<i>azelastine hydrochloride</i>	50, 52
AZELEX.....	35
AZILECT.....	22
<i>azithromycin</i>	9
AZOPT.....	51
AZOR.....	31
AZULFIDINE.....	47

B

BACITRACIN	8
<i>bacitracin-polymyxin b (ophth)</i>	49
<i>bacitracin-poly-neomycin-hc</i>	49
<i>baclofen</i>	22
BACTRIM	10
BACTROBAN	8
<i>balsalazide disodium</i>	46
BALZIVA.....	42
BANZEL	12
BARACLUDE.....	24
BASAGLAR	27
BAYER MICROLET LANCETS.....	25
BD INSULIN SYRINGE MICRO	25
BECONASE.....	52

BELSOMRA	16
<i>benazepril hcl</i>	29
<i>benazepril hcl/hydrochlorothiazide</i>	29
<i>benazepril hcl-hydrochlorothiazide</i>	29
BENICAR.....	29
BENICAR HCT.....	29
BENLYSTA.....	48
BENTYL	37
BENZAMYCIN.....	35
<i>benzonatate</i>	54
<i>benzoyl peroxide gel 6.5%</i>	35
<i>benzoyl peroxide-clindamycin</i>	35
<i>benzoyl peroxide-erythromycin</i>	35
<i>benzoyl peroxide-hydrocortisone</i>	35
<i>benztropine mesylate</i>	22
BEPREVE	50
BERINERT	48
BESIVANCE	10
BETAGAN.....	51
<i>betamethasone dipropionate</i>	39
<i>betamethasone dipropionate augmented</i>	39
<i>betamethasone valerate</i>	39
<i>betamethasone-clotrimazole</i>	35
BETAPACE	30
BETASERON	47
<i>betaxolol hcl</i>	51
<i>betaxolol hydrochloride</i>	30
<i>bethanechol chloride</i>	39
BETHKIS.....	54
BETIMOL	51
BETOPTIC.....	51
BIAXIN	9
<i>bicalutamide</i>	45
BIDIL.....	34
BILTRICIDE.....	21
BINOSTO.....	47
BISACODYL EC	37
<i>bisoprolol fumarate</i>	30
<i>bisoprolol-hydrochlorothiazide</i>	34
BLEPH-10.....	10
BLEPHAMIDE	49
BONIVA.....	47
BOSULIF.....	19
BREO ELLIPTA	52
BREVICON.....	42
BRIELLYN	42
BRILINTA.....	28
<i>brimonidine tartrate</i>	51
BRINTELLIX.....	13
BRISDELLE.....	13
BRIVACT	11

Multiple tiers may be displayed for a medication where drug product strengths and different dosage forms may not be included on the same tier, check with your Kaiser Permanente pharmacist for clarification, if needed.

Tier 1=Preventative Generic, Tier 2=Preferred Generic, Tier 3=Preferred Brand, Tier 4=Non-preferred Drugs*, Tier 5=Specialty

BROMDAY	50
<i>bromfenac</i>	50
<i>bromocriptine mesylate</i>	22
BROVANA	53
BUDEPRION	12
<i>budesonide</i>	40, 52
<i>budesonide (inhalation)</i>	52
<i>bumetanide</i>	32
BUPAP	4
BUPHENYL	36
<i>buprenorphine</i>	5, 7
<i>buprenorphine hcl</i>	7
<i>buprenorphine hcl-naloxone hcl dihydrate</i>	7
<i>bupropion (smoking deterrent)</i>	7
<i>bupropion hcl</i>	12
<i>buspirone hcl</i>	15
<i>butalbital-acetaminophen</i>	4
<i>butalbital-acetaminophen caffeine</i>	4
<i>butalbital-acetaminophen-caffeine</i>	4
<i>butalbital-acetaminophen-caffeine w/ codeine</i>	4
<i>butalbital-acetaminophen-w/ codeine</i>	4
<i>butalbital-aspirin-caffeine</i>	4
<i>butalbital-aspirin-caffeine w/ codeine</i>	4
<i>butalbital-aspirin-caffeine w/cod</i>	4
BUTISOL	15
<i>butorphanol tartrate</i>	6
BUTRANS	5
BYDUREON	26
BYETTA	26
BYSTOLIC	30
BYVALSON	29

C

<i>cabergoline</i>	45
CADUET	31
CALAN	31
<i>calcipotriene</i>	35
<i>calcitriol</i>	47
<i>calcium acetate</i>	39
CALQUENCE	48
CAMBIA	6
CAMPRAL	7
CANASA	46
<i>candesartan cilexetil</i>	29
<i>candesartan cilexetil/hydrochlorothiazide</i>	29
<i>candesartan cilexetil-hydrochlorothiazide</i>	29
CANTIL	37
<i>capecitabine</i>	20
CAPEX	40
CAPITAL-CODEINE	4

CAPRELSA	21
<i>captopril</i>	29
<i>captopril/hydrochlorothiazide</i>	29
<i>captopril-hydrochlorothiazide</i>	29
CARAC	35
CARAFATE	38
CARBAGLU	55
<i>carbamazepine</i>	12
CARBATROL	12
<i>carbidopa-levodopa</i>	22
<i>carbidopa-levodopa-entacapone</i>	22
<i>carbinoxamine maleate</i>	52
CARDIZEM	31
CARDIZEM CD	31
CARDURA	29
<i>carisoprodol</i>	23
<i>carisoprodol/aspirin</i>	23
<i>carisoprodol/aspirin/codeine</i>	23
<i>carisoprodol-aspirin</i>	23
<i>carisoprodol-aspirin codeine</i>	23
CARNITOR	55
<i>carteolol hydrochloride</i>	51
CARTIA XT	31
<i>carvedilol</i>	30
CASODEX	45
CATAPRES	28
CATAPRES TTS	28
CATAPRES-TTS	28
CAYSTON	9
CEDAX	9
CEENU	20
<i>cefaclor</i>	9
<i>cefaclor ER</i>	9
<i>cefaclorER</i>	9
<i>cefadroxil</i>	9
<i>cefdinir</i>	9
<i>cefepodoxime</i>	9
<i>cefprozil</i>	9
CEFTIN	9
<i>cefuroxime axetil</i>	9
CELEBREX	6
<i>celecoxib</i>	6
CELEXA	13
CELLCEPT	46
CELONTIN	11
CENESTIN	42
<i>cephalexin</i>	9
CERDELGA	21, 36
CESAMET	17
<i>cetirizine</i>	52
<i>cevimeline</i>	34

Multiple tiers may be displayed for a medication where drug product strengths and different dosage forms may not be included on the same tier, check with your Kaiser Permanente pharmacist for clarification, if needed.

Tier 1=Preventative Generic, Tier 2=Preferred Generic, Tier 3=Preferred Brand, Tier 4=Non-preferred Drugs*, Tier 5=Specialty

CHANTIX	7	clobetasol propionate emollient base	40
CHEMET	55	CLOBEX	40
chenodal	37	CLODERM	40
chlordiazepoxide hcl	16	clomipramine hcl	14
chlordiazepoxide/amitriptyline	16	clonazepam	11
chlordiazepoxide-amitriptyline	16	clonazepam ODT	11
chlorhexidine gluconate (mouth-throat)	34	clonidine (transdermal)	28
chloroquine phosphate	21	clonidine hcl	28
chlorothiazide	32	clonidine hcl er	28
chlorpheniramine/codeine	52	clopidogrel bisulfate	28
chlorpheniramine/codeine/pseudoephedrine	52	clorazepate dipotassium	16
chlorpheniramine/hydrocodone bitartrate	52	CLORPRES	28
chlorpromazine hcl	17	clotrimazole	17, 35
chlorpropamide	26	clozapine	15
chlorthalidone	33, 34	CLOZARIL	15
chlorzoxazone	23	COAL TAR	35
CHOLBAM	48	COARTEM	21
cholecalciferol	55	codeine sulfate	6
cholestyramine	33	CO-GESIC	4
cholestyramine light	33	COLAZAL	46
choline magnesium trisalicylate	6	colchicine	18
chorionic gonadotropin	41	colchicine/ probenecid	18
CIALIS	39	colchicine-probenecid	18
ciclopirox	17	COLCRYS	18
cilostazol	28	COLESTID	33
CILOXAN	10	colestipol hcl	33
cimetidine	37	COLOCORT	40
CIMZIA	48	COLY-MYCIN S	51
CINRYZE	48	COLYTE	37
CIPRO	10, 51	COMBIGAN	51
CIPRO HC	51	COMBIPATCH	44
CIPRODEX	51	COMBIVENT RESPIMAT	53
ciprofloxacin hcl	10	COMBIVIR	23
ciprofloxacin hcl (ophth)	10	COMETRIQ	19
citalopram hydrobromide	13	COMPLERA	25
citalopram oral solution	13	COMTAN	22
claravis	35	CONCERTA	15
CLARINEX	52	condoms (female)	49
clarithromycin	9, 37	CONDYLOX	35
clarithromycin ER	10	CONSTULOSE	37
Clarithromycin ER	10	contraceptive sponge	49
clemastine fumarate	52	CONTRAVE	48
CLEOCIN	8	CONZIP	5
clidinium-chlordiazepoxide	37	COPAXONE	47
CLIMARA	42	COPEGUS	24
CLINDACIN	8	CORDARONE	30
CLINDAGEL	8	CORDRAN	40
clindamycin hcl	8	COREG	30
clindamycin palmitate hydrochloride	8	CORGARD	30
clindamycin phosphate	8	CORLANOR	32
clobetasol propionate	40	CORTEF	40

Multiple tiers may be displayed for a medication where drug product strengths and different dosage forms may not be included on the same tier, check with your Kaiser Permanente pharmacist for clarification, if needed.

Tier 1=Preventative Generic, Tier 2=Preferred Generic, Tier 3=Preferred Brand, Tier 4=Non-preferred Drugs*, Tier 5=Specialty

<i>cortifoam</i>	40
<i>cortisone acetate</i>	40
CORTISPORIN	35, 51
CORTISPORIN-TC SUS -TC OTIC	51
CORZIDE	30
COSENTYX	46
COSOPT	51
COTELIC	19
COUMADIN	27
COZAAR	29
CREON	36
CRESEMBA.....	17
CRESTOR	33
CRINONE.....	44
CRIXIVAN	24
<i>cromolyn sodium</i>	50, 53
CUPRIMINE.....	39
CUTIVATE	40
CUVPOSA	37
CYCLESSA PAK.....	42
<i>cyclobenzaprine hcl</i>	23
CYCLOGYL	49
<i>cyclopentolate hcl</i>	50
CYCLOPHOSPHAMIDE	20
<i>cycloserine</i>	8
CYCLOSET	26
<i>cyclosporine</i>	46
<i>cyclosporine modified</i>	46
CYMBALTA	13
<i>cyproheptadine hcl</i>	52
CYSELLE.....	42
CYSTADANE.....	36
CYSTAGON.....	36
CYSTARAN	50
CYTOMEL.....	44
CYTOTEC	38
CYTRA-3.....	55

D

DAKLINZA	24
DALIRESP	54
<i>danazol</i>	41
DANTRIUM.....	22
<i>dantrolene sodium</i>	22
DAPSONE	7
DARAPRIM.....	21
<i>darifenacin</i>	38
DAYTRANA	15
DDAVP	41
DEBACTEROL	48

DELYLA	42
DELZICOL	46
DEMADEX.....	32
<i>demeclocycline hydrochloride</i>	10
DEMEROL	6
DEMSER.....	19
DENAVIR.....	25
DEPAKENE.....	11
DEPAKOTE	11
DEPAKOTE ER	11
DEPEN TITRATABS	39
DERMA-SMOOTH BODY OIL	40
DERMATOP	35
DESCOVY	24
<i>desipramine hcl</i>	14
<i>desloratadine</i>	52
<i>desmopressin acetate spray</i>	41
DESOGEN.....	42
<i>desogestrel & ethinyl estradiol</i>	42
<i>desogestrel-ethinyl estradiol</i>	42
DESONATE.....	40
<i>desonide</i>	40
DESOWEN	40
<i>desoximetasone</i>	40
<i>desvenlafaxine er</i>	13
<i>desvenlafaxine er (base)</i>	13
<i>desvenlafaxine er (succinate)</i>	13
DETROL	38
<i>dexamethasone</i>	40, 49, 50
<i>dexamethasone sodium phosphate</i>	50
<i>dexchlorpheniramine</i>	52
DEXEDRINE	15
DEXILANT	38
<i>dexmethylphenidate hydrochloride</i>	15
<i>dexmethylphenidate hydrochloride ER</i>	15
<i>dextroamphetamine sulfate</i>	15
DIAMOX	32
DIASTAT	16
<i>diazepam</i>	16
DIBENZYLINE.....	29
<i>diclofenac</i>	6, 50, 55
<i>diclofenac gel,solution</i>	6
<i>diclofenac sodium</i>	6, 50, 55
<i>diclofenac sodium gel</i>	55
<i>diclofenac sodium/misoprostol</i>	6
<i>diclofenac sodium-misoprostol</i>	6
<i>dicloxacillin sodium</i>	9
<i>dicyclomine hcl</i>	37
<i>didanosine</i>	23
DIDRONEL	47
DIFFERIN	35

Multiple tiers may be displayed for a medication where drug product strengths and different dosage forms may not be included on the same tier, check with your Kaiser Permanente pharmacist for clarification, if needed.

Tier 1=Preventative Generic, Tier 2=Preferred Generic, Tier 3=Preferred Brand, Tier 4=Non-preferred Drugs*, Tier 5=Specialty

DIFICID	10
<i>diflorasone diacetate</i>	40
DIFLUCAN	17
<i>diflunisal</i>	6
<i>digoxin</i>	32
DIGOXIN SOL	32
dihydroergotamine mesylate	18
DILACOR XR	31
DILANTIN	12
DILATRATE	34
DILAUDID	6
DILT-CD	31
<i>diltiazem hcl</i>	31
<i>diltiazem hcl coated beads</i>	31
DILT-XR	31
DIOVAN	29
DIOVAN HCT	29
DIPENTUM	46
<i>diphenhydramine</i>	17, 49
<i>diphenoxylate w/ atropine</i>	37
DIPROLENE	40
<i>dipyridamole</i>	28
<i>disopyramide phosphate</i>	30
<i>disulfiram</i>	7
DITROPAN XL	38
DIURIL	33
<i>divalproex sodium</i>	11
DIVIGEL	42
<i>Dofetilide</i>	30
DOLGIC PLUS	4
DOLOPHINE	5
<i>donepezil hydrochloride</i>	12
DORYX	10
<i>dorzolamide hcl</i>	51
<i>dorzolamide hcl-timolol maleate</i>	51
DOVONEX	35
<i>doxazosin</i>	29
<i>doxepin hcl</i>	14
<i>doxepin solution</i>	14
<i>doxercalciferol</i>	47
<i>doxycycline</i>	10
DRITHO-CREME HP	35
<i>dronabinol</i>	17
DROXIA	20
DUAVEE	44
DUETACT	26
DUEXIS	6
DULCOLAX SUPPOSITORY	37
DULERA	52
<i>duloxetine</i>	13
DUONEB	54

DUPIXENT	48
DURAGESIC	5
DUREZOL	50
<i>dutasteride</i>	39
<i>dutasteride-tamsulosin</i>	39
DUTOPROL	30
DYAZIDE	34
DYMISTA	52
DYNACIN	10
DYRENIUM	32

E

E.E.S.	10
E.S.P. SUS	10
<i>econazole</i>	17
EDARBI	29
EDARBYCLOR	29
EDECRIN	32
EDLUAR	16
EDURANT	23
EFFEXOR XR	13
EFFIENT	28
EFUDEX	35
EGRIFTA	45
ELDEPRYL	22
ELESTRIN	42
<i>eletriptan</i>	18
ELIDEL	35
ELIQUIS	27
ELIXOPHYLLIN	53
ELLA	44
ELMIRON	39
ELOCON	40
EMADINE	50
EMBEDA	5
EMCYT	20
EMEND	17
EMFLAZA	48
EMLA	7
EMOQUETTE	42
EMSAM	13
EMTRIVA	23
ENABLEX	38
<i>enalapril maleate</i>	29
<i>enalapril maleate/hydrochlorothiazide</i>	29
<i>enalapril maleate-hydrochlorothiazide</i>	29
ENBREL	46
ENDARI	48
ENDOCET	4
ENDODAN	4

Multiple tiers may be displayed for a medication where drug product strengths and different dosage forms may not be included on the same tier, check with your Kaiser Permanente pharmacist for clarification, if needed.

Tier 1=Preventative Generic, Tier 2=Preferred Generic, Tier 3=Preferred Brand, Tier 4=Non-preferred Drugs*, Tier 5=Specialty

ENDOMETRIN	44
ENJUVIA	42
<i>enoxaparin sodium</i>	27
<i>entacapone</i>	22
<i>entecavir</i>	24
ENTOCORT EC	52
ENTOCORT EC CAP 3MG/24HR	52
ENTRESTO	32
EPANED	29
EPCLUSA	24
EPIDUO	35
<i>epinastine hydrochloride</i>	50
<i>epinephrine</i>	53
EPIPEN	53
EPIPEN JR	53
EPIVIR	23, 24
EPIVIR HBV	24
<i>eplerenone</i>	32
EPOGEN	28
<i>e-prilocaine</i>	7
<i>eprosartan</i>	29
EPZICOM	23
EQUETRO	12
ERELZI	46
<i>ergocalciferol</i>	55
<i>ergoloid mesylates</i>	12
ERGOMAR	18
ERIVEDGE	19
ERRIN	42
ERTACZO	17
ERYPED	10
ERY-TAB	10
ERYTHROCIN STEARATE	10
<i>erythromycin</i>	46
<i>erythromycin</i>	10, 35
<i>erythromycin (ophth)</i>	10
ESBRIET	54
<i>escitalopram oral solution</i>	13
<i>escitalopram oxalate</i>	13
ESCUA	51
ESGIC-PLUS	4
<i>esomeprazole</i>	38
<i>estazolam</i>	16
<i>esterified estrogens & methyltestosterone</i>	42
<i>esterified estrogens-methyltestosterone</i>	42
ESTRACE	42
ESTRACE vaginal cream	42
<i>estradiol</i>	42, 43, 44
<i>estradiol cypionate, injection</i>	42
<i>estradiol transdermal</i>	42
<i>estradiol valerate, injection</i>	42

<i>estradiol-norethindrone acetate</i>	44
ESTRASORB EMU	44
ESTRING	42
<i>estropipate</i>	42
ESTROSTEP FE	42
<i>eszopiclone</i>	16
<i>ethambutol hcl</i>	8
<i>ethinyl estradiol and norethindrone</i>	43
<i>ethosuximide</i>	11
<i>ethynodiol diacet-ethinyl estradiol</i>	43
<i>etidronate disodium</i>	47
<i>etodolac</i>	6
<i>etoposide</i>	21
EUCRISA	35
EURAX	22
EVAMIST	42
EVISTA	41
EVOCLIN	8
EVOTAZ	24
EVZIO	7
EXALGO	5
EXELDERM	17
EXELON	12
<i>exemestane</i>	20
EXFORGE	31
EXFORGE HCT	31
EXFORGEHCT	31
EXJADE	55
EXTAVIA	47
EXTINA	17
<i>ezetimibe</i>	33

F

FABIOR	35
FACTIVE	10
FALMINA	43
<i>famciclovir</i>	25
<i>famotidine</i>	37
FANAPT	14
FARESTON	20
FARXIGA	26
FARYDAK	19
FAZACLO	15
<i>felbamate</i>	11
FELBATOL	11
<i>felodipine</i>	31
FEMARA	20
FEMCON FE CHW	43
FEMHRT	44
FEMRING	42

Multiple tiers may be displayed for a medication where drug product strengths and different dosage forms may not be included on the same tier, check with your Kaiser Permanente pharmacist for clarification, if needed.

Tier 1=Preventative Generic, Tier 2=Preferred Generic, Tier 3=Preferred Brand, Tier 4=Non-preferred Drugs*, Tier 5=Specialty

<i>fenofibrate</i>	33
<i>fenofibric acid dr</i>	33
FENOGLIDE	33
<i>fenoprofen</i>	6
<i>fentanyl</i>	5
FENTORA	5
FERRIPROX	55
<i>ferrous sulfate</i>	49
FETZIMA	13
FEXMID	23
<i>fexofenadine</i>	52
FIBRICOR	33
FINACEA	35
<i>finasteride</i>	39
FIORICET-CODEINE	4
FIORINAL	4
FIORINAL-CODEINE	4
FIRAZYR	28
FLAGYL	8
FLAREX	50
<i>flavoxate hydrochloride</i>	38
<i>flecainide acetate</i>	30
FLECTOR	6
FLOMAX	39
FLO-PRED	45
FLOVENT	1, 52
<i>fluconazole</i>	17
<i>fluconazole oral suspension</i>	17
<i>Fluconazole oral suspension</i>	17
<i>flucytosine</i>	17
<i>fludrocortisone acetate</i>	40
<i>flunisolide</i>	52
<i>fluocinolone acetonide</i>	40, 51
<i>fluocinonide emulsified base</i>	40
<i>fluor-a-day</i>	49
<i>fluoritab</i>	49
<i>fluorometholone</i>	50
FLUOROPLEX	35
<i>fluorouracil (topical)</i>	35
<i>fluoxetine hcl</i>	13
<i>fluoxetine hcl tablet</i>	13
<i>fluphenazine hcl</i>	14
<i>fluphenazine hydrochloride oral solution</i>	14
<i>flurandrenolide</i>	40
<i>flurazepam</i>	16
<i>flurbiprofen</i>	6
<i>flurbiprofen sodium</i>	50
<i>Flurbiprofen sodium</i>	50
<i>flutamide</i>	45
<i>fluticasone propionate</i>	40, 52
<i>fluvastatin</i>	33

<i>fluvoxamine maleate</i>	13
FML	50
FOCALIN	15
<i>folic acid</i>	49
<i>fondaparinux sodium</i>	27
FORADIL	53
FORFIVO	12
FORTAMET	26
FORTEO	45
FORTESTA	41
FORTICAL	47
FOSAMAX	47
FOSAMAX PLUS D	47
<i>fosinopril sodium</i>	29
<i>fosinopril sodium/hydrochlorothiazide</i>	29
<i>fosinopril sodium-hydrochlorothiazide</i>	29
FOSRENOL	39
FRAGMIN	27
FROVA	19
FULYZAQ	37
FURADANTIN	8
<i>furosemide</i>	32
FUZEON	24
FYCOMPA	11

G

<i>gabapentin</i>	11
GABITRIL	11
<i>galantamine hydrobromide</i>	12
GARAMYCIN	8
GASTROCROM	53
<i>gatifloxacin</i>	10
GATTEX	26
GAVILYTE-G SOL	38
GAVILYTE-H	38
GAVILYTE-N	38
GEL-KAM	55
GELNIQUE	38
<i>gemfibrozil</i>	33
GENERESS FE CHW	43
GENERLAC	38
GENGRAF	46
<i>gentamicin sulfate</i>	8
<i>gentamicin sulfate (ophth)</i>	8
GENTROPIN (somatropin)	41
GENVOYA	24
GEODON	14
GIANVI	43
GIAZO	46
GILDAGIA	42

Multiple tiers may be displayed for a medication where drug product strengths and different dosage forms may not be included on the same tier, check with your Kaiser Permanente pharmacist for clarification, if needed.

Tier 1=Preventative Generic, Tier 2=Preferred Generic, Tier 3=Preferred Brand, Tier 4=Non-preferred Drugs*, Tier 5=Specialty

GILENYA.....	47
GILOTRIF.....	19
GLATOPA.....	47
GLEEVEC.....	21
<i>glimepiride</i>	26
<i>glipizide</i>	26
<i>glipizide / metformin</i>	26
<i>glipizide ER</i>	26
<i>glipizide-metformin</i>	26
GLUCAGON EMERGENCY KIT.....	27
GLUCOPHAGE.....	26
GLUCOPHAGE XR.....	26
GLUCOPHAGEXR.....	26
<i>glucose/magnesium/potassium chloride/ XE "potassium chloride" sodium acetate/sodium chloride</i>	49
GLUCOTROL.....	26
GLUCOVANCE.....	26
GLUMETZA.....	26
<i>glyburide</i>	26
<i>glyburide / metformin</i>	26
<i>glyburide-metformin</i>	26
<i>glycopyrrolate</i>	37
GLYNASE.....	26
GLYSET.....	26
GLYXAMBI.....	26
GOCOVRI.....	22
GOLYTELY.....	38
GRALISE.....	11
granisetron.....	17
GRANISOL.....	17
GRANIX.....	25
GRASTEK.....	54
<i>griseofulvin</i>	17
GRIS-PEG.....	17
<i>guaifenesin-codeine</i>	54
<i>guanfacine ER</i>	15
<i>guanfacine hcl</i>	28
<i>guanidine</i>	19
GYNAZOLE-1.....	17

H

HAEGARDA.....	48
HALCION.....	16
HALFLYTELY BOWEL PREP.....	38
<i>halobetasol propionate</i>	40
HALOG.....	40
<i>haloperidol</i>	14
<i>haloperidol lactate</i>	14
<i>haloperidol lactate</i>	14
HARVONI.....	24

HELIDAC.....	37
HEMLIBRA.....	48
<i>heparin</i>	27
HEPSERA.....	24
HETLIOZ.....	16
HEXALEN.....	20
<i>homatropine hbr</i>	50
HORIZANT.....	11
HUMALOG.....	27
HUMALOG MIX 50/50.....	27
HUMALOG MIX 75/25.....	27
HUMALOG PEN.....	27
HUMATROPE (somatropin).....	41
HUMIRA.....	46
HUMULIN 70/30.....	27
HUMULIN 70/30 PEN.....	27
HUMULIN N.....	27
HUMULIN N PEN.....	27
HUMULIN R.....	27
HUMULIN R U-500 (concentrated).....	27
HYCANTIN.....	21
HYCET.....	4
<i>hydralazine hcl</i>	34
HYDREA.....	20
<i>hydrochlorothiazide</i>	28, 29, 30, 31, 32, 33, 34
<i>hydrocodone w/ homatropine</i>	54
<i>hydrocodone-acetaminophen</i>	4
<i>hydrocodone-homatropine</i>	54
<i>hydrocodone-ibuprofen</i>	4
<i>hydrocortisone</i>	35, 40, 47, 49, 51
<i>hydrocortisone (intrarectal)</i>	40
<i>hydrocortisone acetate (rectal)</i>	47
<i>hydrocortisone acetate w/ pramoxine</i>	40
<i>hydrocortisone butyrate</i>	40
<i>hydrocortisone valerate</i>	40
<i>hydromorphone hcl</i>	6
<i>hydromorphone hcl er</i>	6
<i>hydroxychloroquine sulfate</i>	21
<i>hydroxyurea</i>	20
<i>hydroxyzine hcl</i>	17
<i>hyoscyamine sulfate</i>	37
HYQVIA.....	48
HYSINGLA ER.....	5
HYZAAR.....	29

I

<i>ibandronic acid</i>	47
IBRANCE.....	19
<i>ibuprofen</i>	4, 6
<i>ibuprofen and oxycodone hydrochloride</i>	6

Multiple tiers may be displayed for a medication where drug product strengths and different dosage forms may not be included on the same tier, check with your Kaiser Permanente pharmacist for clarification, if needed.

Tier 1=Preventative Generic, Tier 2=Preferred Generic, Tier 3=Preferred Brand, Tier 4=Non-preferred Drugs*, Tier 5=Specialty

<i>ibuprofen-oxycodone hydrochloride</i>	6
ICLUSIG	19
IDHIFA	19
ILARIS	46
ILEVRO	50
<i>imatinib</i>	21
IMBRUVICA	19
<i>imipramine hcl</i>	14
<i>imiquimod</i>	35
IMITREX	19
IMLYGIC	19
IMPAVIDO	21
IMURAN	46
INCIVEK	24
INCRUSE ELLIPTA	53
<i>indapamide</i>	33
INDERAL	30
INDOCIN	6
<i>indomethacin</i>	6
<i>indomethacin ER</i>	6
INGREZZA	48
INLYTA	19
INNOPRAN	30
INTELENCE	23
INTERMEZZO	16
INTRON-A	19, 24
INTROVALE	43
INTUNIV	15
INVANZ	49
INVEGA	14
INVIRASE	24
INVOKAMET	26
INVOKANA	26
<i>iodoquinol-hc</i>	35
IOPIDINE	51
<i>ipratropium bromide</i>	53
<i>ipratropium bromide inhalation</i>	53
<i>ipratropium-albuterol</i>	54
<i>irbesartan</i>	29
<i>irbesartan/hydrochlorothiazide</i>	29
<i>irbesartan-hydrochlorothiazide</i>	29
IRESSA	19
ISENTRESS	24
ISENTRESS HD	24
<i>isoniazid</i>	8
ISOPTO CARBACHOL	51
ISOPTO CARPINE	51
ISOPTO HOMATROPINE	50
ISOPTO HYOSCINE	49
ISORDIL	34
<i>isosorbide dinitrate</i>	34

<i>isosorbide dinitrate SL</i>	34
<i>isosorbide mononitrate</i>	34
<i>isotretinoin</i>	35
<i>isradipine</i>	31
ISTALOL	51
<i>itraconazole</i>	17
ivermectin	21

J

JADENU	55
JAKAFI	19
JALYN	39
JANTOVEN	27
JANUMET	26
JANUVIA	26
JARDIANCE	26
JENTADUETO	26
JINTELI	44
JOLIVETTE	43
JUBLIA	17
JUNEL	43
JUVISYNC	26
JUXTAPID	33

K

KADIAN	5
KALETRA	24
KALYDECO	54
KAPVAY	28
KARBINAL	52
KARIVA TAB 28 DAY	43
KAYEXALATE	55
KAZANO	26
KEFLEX	9
KENALOG	40
KEPPRA	11
KERYDIN	18
KETEK	10
<i>ketoconazole</i>	17
<i>ketoconazole (topical)</i>	17
KETODAN	18
KETODANs	18
<i>ketoprofen</i>	6
<i>ketorolac tromethamine</i>	6, 50
KEVEYIS	51
KEVZARA	48
KHEDEZLA	13
KINERET	48
KIONEX	55

Multiple tiers may be displayed for a medication where drug product strengths and different dosage forms may not be included on the same tier, check with your Kaiser Permanente pharmacist for clarification, if needed.

Tier 1=Preventative Generic, Tier 2=Preferred Generic, Tier 3=Preferred Brand, Tier 4=Non-preferred Drugs*, Tier 5=Specialty

KISQALI	19
KITABIS PAK	54
KLARON	10
KLONOPIN	11
KLOR-CON	55
KOMBIGLYZE XR	26
KORLYM	26
K-PHOS	55
KRISTALOSE	38
K-TAB	55
KUVAN	36
KYNAMRO	33
KYPROLIS	19

L

<i>labetalol hcl</i>	30
LACLOTION	35
LACRISERT	50
<i>lactulose</i>	38
LAMICTAL	11
LAMICTAL XR	11
LAMISIL	18
<i>lamivudine</i>	23, 24
<i>lamivudine-zidovudine</i>	23
<i>lamotrigine</i>	12
<i>lamotrigine ER</i>	12
<i>Lamotrigine ER</i>	12
<i>lamotrigine ODT</i>	12
LANOXIN	32
<i>lansoprazole</i>	37, 38
<i>lansoprazole/amoxicillin/ clarithromycin</i>	37
<i>lansoprazole-amoxicillin-clarithromycin</i>	37
LANTUS	27
LANTUS SOLOSTAR	27
LARIN 1/20	43
LARIN FE	43
LASIX	32
LASTACFT	50
<i>latanoprost</i>	49
LATUDA	14
LAYOLIS FE	43
LAZANDA	5
<i>leflunomide</i>	46
LENVIMA	19
LESCOL	33
LETAIRIS	54
<i>letrozole</i>	20
<i>leucovorin</i>	19
LEUKERAN	20
LEUKINE	28

<i>leuprolide acetate</i>	45
<i>levabuterol</i>	53
LEVAQUIN	10
LEVATOL	31
LEVEMIR	27
<i>levetiracetam</i>	11
<i>levobunolol hcl</i>	51
<i>levocarnitine</i>	55
<i>levocetirizine dihydrochloride</i>	52
<i>levofloxacin</i>	10
<i>levonorgestrel</i>	43, 44
<i>levonorgestrel-ethinyl estradiol</i>	43
<i>levonorgestrel-ethinyl estradiol (triphasic)</i>	43
<i>levorphanol</i>	5
LEVOTHROID	45
<i>levothyroxine sodium</i>	45
LEVOXYL	45
LEXAPRO	13
LEXIVA	24
LIALDA	46
<i>lidocaine</i>	7
<i>lidocaine-prilocaine</i>	7
LIDODERM	7
<i>lindane</i>	22
<i>linezolid</i>	8
LINZESS	37
<i>liothyronine sodium</i>	45
LIPITOR	33
LIPOFEN	33
LIPTRUZET	33
<i>lisinopril</i>	30, 34
<i>lisinopril & hydrochlorothiazide</i>	34
<i>lisinopril-hydrochlorothiazide</i>	34
<i>lithium carbonate</i>	15
<i>lithium carbonate solution</i>	15
<i>lithium solution</i>	15
LITHOBID	15
LIVALO	33
LO LOESTRIN FE	43
LO MINASTRIN FE PAK	43
LOCOID	40
LODOSYN	22
LOESTRIN 24 FE	43
LOFIBRA	33
LOKARA	40
LOMEDIA 24	43
LOMOTIL	37
LONSURF	19
<i>loperamide</i>	37
LOPID	33
LOPRESSOR	31

Multiple tiers may be displayed for a medication where drug product strengths and different dosage forms may not be included on the same tier, check with your Kaiser Permanente pharmacist for clarification, if needed.

Tier 1=Preventative Generic, Tier 2=Preferred Generic, Tier 3=Preferred Brand, Tier 4=Non-preferred Drugs*, Tier 5=Specialty

LOPRESSOR HCT	31
LOPROX	18
<i>lorazepam</i>	16
LORCET	4
LORTAB	4
LORZONE	23
<i>losartan potassium</i>	29, 34
<i>losartan potassium & hydrochlorothiazide</i>	34
<i>losartan potassium-hydrochlorothiazide</i>	34
LOSEASONIQUE	43
LOTEMAX	50
LOTENSIN	30
LOTENSIN HCT	30
LOTREL	31
LOTRONEX	37
<i>lovastatin</i>	33
LOVAZA	33
LOVENOX	27
LOW-OGESTREL	43
<i>loxapine</i>	14
LUFYLLIN	53
LUMIGAN	49
LUNESTA	16
LUTERA	43
LUVOX	13
LUXIQ	40
LUZU	18
LYNPARZA	19
LYRICA	11
LYSODREN	45
LYZA	44

M

MACRODANTIN	8
<i>mafenide acetate</i>	8
MAGNACET	4
<i>magnesium citrate solution</i>	38
<i>magnesium/potassium chloride/ XE "potassium chloride"</i> <i>sodium acetate/sodium chloride</i>	49
<i>magnesium/potassium chloride/sodium acetate/sodium</i> <i>chloride</i>	49
MALARONE	21
<i>malathion</i>	22
<i>maprotiline</i>	13
MARINOL	17
MARPLAN	13
MATULANE	20
MATZIM	31
MAVRYET	24
MAVYRET	48

MAXAIR	53
MAXALT	19
MAXIDEX	50
MAXIDONE	4
MAXITROL	49
MAXZIDE	34
<i>mebendazole</i>	21
<i>meclizine</i>	17
<i>meclofenamate</i>	6
MEDROL	40, 45
<i>medroxyprogesterone acetate</i>	44
<i>mefenamic acid</i>	50
<i>mefloquine</i>	21
MEGACE	44
<i>megestrol acetate</i>	44
MEKINIST	19
<i>meloxicam</i>	6
<i>memantine</i>	12
MENEST	42
MENOSTAR	42
MENTAX	18
<i>meperidine hcl</i>	6
MEPHYTON	55
<i>meprobamate</i>	16
MEPRON	21
<i>mercaptopurine</i>	46
<i>mesalamine</i>	47
MESNEX	19
MESTINON	19
METADATE CD	15
METADATE ER	15
<i>metaproterenol sulfate</i>	53
<i>metaxalone</i>	23
<i>metformin hcl</i>	26
<i>methadone hcl</i>	5
METHADOSE	5
<i>methamphetamine hydrochloride</i>	15
<i>methazolamide</i>	32
<i>methenamine hippurate</i>	8
<i>methimazole</i>	45
<i>methocarbamol</i>	23
<i>methscopolamine</i>	37
<i>methyclothiazide</i>	33
<i>methyl dopa</i>	28
<i>methyl dopa/hydrochlorothiazide</i>	28
<i>methyl dopa-hydrochlorothiazide</i>	28
<i>methylergonovine maleate</i>	39
METHYLIN	15
<i>methylphenidate hcl</i>	15
<i>methylphenidate hcl ER</i>	15
<i>methylprednisolone</i>	40

Multiple tiers may be displayed for a medication where drug product strengths and different dosage forms may not be included on the same tier, check with your Kaiser Permanente pharmacist for clarification, if needed.

Tier 1=Preventative Generic, Tier 2=Preferred Generic, Tier 3=Preferred Brand, Tier 4=Non-preferred Drugs*, Tier 5=Specialty

<i>methyltestosterone</i>	41, 42
<i>metipranolol</i>	51
<i>metoclopramide hcl</i>	17
<i>metolazone</i>	33
<i>metoprolol succinate</i>	31
<i>metoprolol tartrate</i>	31
<i>metoprolol-hydrochlorothiazide</i>	31
METZOLV	17
METROCREAM	8
METROGEL	9
METROLOTION	9
<i>metronidazole</i>	9
MEVACOR	33
<i>mexiletine hcl</i>	30
MICARDIS HCT	29
<i>miconazole</i>	18
MICROBID	8
MICROGESTIN	43
MICROGESTIN FE	43
MICROGESTIN FE 1/20, 1.5/30	43
<i>midodrine</i>	28
MIFEPREX	44
MIGERGOT	18
MIGRANAL	18
MILLIPRED	40
MINASTRIN 24 FE	44
MINIPRESS	29
MINITRAN	34
MINIVELLE	42
MINOCIN	11
<i>minocycline hcl</i>	11
<i>minoxidil</i>	34
MIRAPEX	22
<i>mirtazapine</i>	13
<i>mirtazapine ODT</i>	13
<i>Mirtazapine ODT</i>	13
MIRVASO	55
<i>misoprostol</i>	6, 38
MOBIC	6
<i>modafinil</i>	16
MODERIBA	24
<i>moexipril</i>	30
<i>moexipril/hydrochlorothiazide</i>	30
<i>moexipril-hydrochlorothiazide</i>	30
<i>mometasone furoate</i>	40
<i>montelukast sodium</i>	52
MONUROL	9
<i>morphine sulfate</i>	5
<i>morphine sulfate ER</i>	5
MOTOFEN	37
MOVIPREP	38

MOXATAG	9
MOXEZA	10
<i>moxifloxacin</i>	10
MOZOBIL	28
MS CONTIN	5
MULTAQ	30
<i>mupirocin</i>	9
MYALEPT	48
MYAMBUTOL	8
MYCOBUTIN	7
<i>mycophenolate mofetil</i>	46
<i>mycophenolic acid</i>	46
MYFORTIC	46
MYLERAN	20
MYORISAN	35
MYRBETRIQ	38
MYSOLINE	11
MYTELASE	19

N

<i>nabumetone</i>	6
<i>nadolol</i>	31
<i>nadolol/bendroflumethiazide</i>	31
<i>nadolol-bendroflumethiazide</i>	31
<i>naftifine</i>	18
NAFTIN	18
<i>nalbuphine hydrochloride</i>	6
NALFON	6
<i>naloxone</i>	5, 7
<i>naltrexone hcl</i>	7
NAMENDA	12
NAMZARIC	12
<i>naphazoline hydrochloride</i>	50
NAPRELAN	6
NAPROSYN	6
<i>naproxen</i>	6, 7
<i>naproxen ER</i>	7
<i>naratriptan hcl</i>	19
NARCAN	7
NARDIL	13
NASONEX	52
NATACYN	18
NATAZIA TAB	43
<i>nateglinide</i>	26
NATPARA	48
NAVANE	14
NEBUPENT	21
NECON	43
NECON 7/7/7, 0.5/35, 1/50	43
<i>nefazodone</i>	13

Multiple tiers may be displayed for a medication where drug product strengths and different dosage forms may not be included on the same tier, check with your Kaiser Permanente pharmacist for clarification, if needed.

Tier 1=Preventative Generic, Tier 2=Preferred Generic, Tier 3=Preferred Brand, Tier 4=Non-preferred Drugs*, Tier 5=Specialty

<i>neomycin sulfate</i>	8
<i>neomycin-bacitracin zn-polymyxin</i>	49
<i>neomycin-polymy-dexameth</i>	49
<i>neomycin-polymyxin-gramicidin</i>	49
<i>neomycin-polymyxin-hc</i>	51
<i>neomycin-polymyxin-hydrocortisone</i>	49
NEORAL	46
NEO-SYNLAR	35
NERLYNX	48
NESINA	26
NEUAC	35
NEULASTA	25
NEUMEGA	28
NEUPOGEN	25, 28
NEUPRO	22
NEURONTIN	11
NEVANAC	50
<i>nevirapine</i>	23
NEXAVAR	21
NEXIUM	38
<i>niacin ER</i>	33
NIACOR	33
<i>nicardipine hydrochloride</i>	31
NICODERM	7
<i>nicotine gum</i>	7
<i>nicotine lozenge</i>	7
<i>nicotine patch</i>	7
NICOTROL	7
NIFEDIAC CC	31
NIFEDICAL XL	31
<i>nifedipine</i>	31
NILANDRON	45
<i>nimodipine</i>	32
NINLARO	20
NIRAVAM	16
<i>nisoldipine</i>	32
NITRO-DUR	34
<i>nitrofurantoin</i>	9
<i>nitroglycerin</i>	34
NITROLINGUAL	34
NITROMIST	34
NITROSTAT	34
NITYR	48
<i>nizatidine</i>	37
NIZORAL	18
<i>nonoxynol-9</i>	49
NORA-BE	44
NORCO	4
NORDETTE	43
NORDITROPIN (somatropin)	41
<i>norethin acet-ethinyl estradiol-fe</i>	43

<i>norethindrone</i>	43, 44
<i>norethindrone acetate and ethinyl estradiol ferrous fumarate</i> <i>chew</i>	44
<i>norethindrone-ethinyl estradiol</i>	43
<i>norethindrone-ethinyl estradiol (triphasic)</i>	43
<i>norethindrone-ethinyl estradiol chw</i>	43
<i>norfloxacin</i>	10
<i>norgestimate-ethinyl estradiol</i>	43
<i>norgestrel-ethinyl estradiol</i>	43
NORINYL	43, 44
NORITATE	9
NORLYROC	44
NOROXIN	10
NORPACE	30
NORPACE CR	30
NORPRAMIN	14
NORTHERA	28
NORTREL	43
NORTREL 1/35	43
<i>nortriptyline</i>	14
NORVASC	32
NOVOLOG	27
NOVOLOG MIX 70/30	27
NOVOLOG PEN	27
NOXAFIL	18
NUCALA	54
NUCYNTA	5
NUEDEXTA	34
NULOJIX	48
NULYTELY	38
NUPLAZID	48
NUTROPIN AQ	41, 45
NUTROPIN AQ (somatropin)	41
NUVARING	43
NUVIGIL	16
NYAMYC POW	18
<i>nystatin</i>	18, 35
<i>nystatin (mouth-throat)</i>	18
<i>nystatin (topical)</i>	18
<i>nystatin-triamcinolone</i>	35
NYSTOP POW	18

O

OCELLA TAB 3-0.03MG	43
OCTREOTIDE	45
OCUFLOX	10
ODACTRA	54
ODEFSEY	24
ODOMZO	20
OFEV	54

Multiple tiers may be displayed for a medication where drug product strengths and different dosage forms may not be included on the same tier, check with your Kaiser Permanente pharmacist for clarification, if needed.

Tier 1=Preventative Generic, Tier 2=Preferred Generic, Tier 3=Preferred Brand, Tier 4=Non-preferred Drugs*, Tier 5=Specialty

<i>ofloxacin</i>	10
<i>ofloxacin (ophth)</i>	10
<i>ofloxacin (otic)</i>	10
OGESTREL TAB	43
<i>olanzapine</i>	14
<i>olanzapine/fluoxetine</i>	14
<i>olanzapine-fluoxetine</i>	14
OLEPTRO	13
<i>olmesartan</i>	29, 31
<i>olmesartan- hctz</i>	29
OLUX	40
OLYSIO	24
OMECLAMOX	37
<i>omega-3 fatty acids</i>	33
<i>omeprazole</i>	38
<i>omeprazole-sodium bicarbonate</i>	38
OMNARIS	52
OMNIPRED	50
OMNITROPE (somatropin).....	41
<i>ondansetron</i>	17
ONFI	11
ONGLYZA.....	26
ONMEL	18
ONSOLIS	5
OPANA.....	5
OPSUMIT	54
ORACEA	11
ORALAIR	54
ORAP	14
ORAPRED	40
ORAPRED ODT	40
ORBIVAN	4
ORENCIA.....	46
ORENITRAM	54
ORFADIN	36
ORKAMBI.....	54
<i>orphenadrine citrate</i>	23
<i>orphenadrine-asa-caffeine</i>	4
ORSYTHIA.....	43
ORTHO CEPY	43
ORTHO EVRA DIS WEEK	43
ORTHO TRI-CYCLEN.....	43
ORTHO TRI-CYCLEN LO	43
ORTHO-NOVUM	43
<i>oseltamivir</i>	24
OSENI	26
OSMOPREP	55
OTEZLA	48
OTREXUP	46
OVCON-35 TAB	43
<i>oxandrolone</i>	41

<i>oxaprozin</i>	7
<i>oxazepam</i>	16
<i>oxcarbazepine</i>	12
OXECTA	6
OXISTAT.....	18
OXSORALEN ULTRA.....	35
OXTELLAR	12
<i>oxybutynin chloride</i>	39
<i>oxybutynin chloride ER</i>	39
<i>oxycodone ER</i>	5
<i>oxycodone hcl</i>	6
<i>oxycodone-acetaminophen</i>	4
<i>oxycodone-aspirin</i>	4
<i>oxycodone-aspirinnp</i>	4
OXYCONTIN	5
<i>oxymorphone hcl</i>	5, 6
OXYTROL.....	39

P

PACERONE	30
PALGIC	52
<i>paliperidone ER</i>	14
PAMELOR	14
PANCREAZE	36
<i>pancrelipase</i>	36
PANDEL.....	40
PANRETIN	21
<i>pantoprazole</i>	38
PARAFON	23
PARCOPA	22
<i>paricalcitol</i>	47
PARLODEL	22
PARNATE.....	13
<i>paromomycin sulfate</i>	8
<i>paroxetine hcl</i>	13
PASER	8
PATADAY	50
PATANASE	52
PATANOL	50
PAXIL	13
<i>ped multivitamins- fluoride- iron</i>	55
<i>pediatric multivitamins-fluoride</i>	55
<i>pediatric vitamins acd- fluoride</i>	55
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>	38
PEGANONE	12
PEGASYS.....	24
PEG-INTRON.....	24
<i>penicillin v potassium</i>	9
PENNSAID SOL	55
PENTASA	47

Multiple tiers may be displayed for a medication where drug product strengths and different dosage forms may not be included on the same tier, check with your Kaiser Permanente pharmacist for clarification, if needed.

Tier 1=Preventative Generic, Tier 2=Preferred Generic, Tier 3=Preferred Brand, Tier 4=Non-preferred Drugs*, Tier 5=Specialty

<i>pentazocine- acetaminophen</i>	4	<i>podofilox</i>	36
<i>pentazocine-naloxone</i>	5	<i>polyethylene glycol</i>	38
<i>pentoxifylline</i>	32	<i>polymyxin b-trimethoprim</i>	49
PEPCID	37	POLYTRIM	49
PERCOCET	5	POMALYST	20
PERCODAN	6	PORTIA.....	43
PERFOROMIST	53	<i>pot phosphate monobasic w/ sod phosphate dibasic &</i> <i>monobasic</i>	55
<i>perindopril</i>	30	<i>potassium bicarbonate</i>	55
PERIOGARD	34	<i>potassium chloride</i>	49, 55
<i>permethrin</i>	22	<i>potassium chloride microencapsulated crystals cr</i>	55
<i>perphenazine</i>	14, 17	<i>potassium citrate (alkalinizer)</i>	55
<i>perphenazine/amitriptyline</i>	14	POTIGA.....	11
<i>perphenazine-amitriptyline</i>	14	PRADAXA.....	27
PERSANTINE.....	28	PRALUENT	34
PERTZYE.....	36	<i>pramipexole dihydrochloride</i>	22
PEXEVA	13	<i>pramipexole ER</i>	22
<i>phenazopyridine</i>	48	<i>pramoxine-hc</i>	5, 40
<i>phenelzine sulfate</i>	13	<i>pramoxine-hc-chloroxylenol</i>	5
<i>phenobarbital</i>	11	PRANDIMET	26
<i>phenyleph-promethazine-codeine</i>	54	<i>prasugrel</i>	28
<i>phenylephrine hcl</i>	50	PRAVACHOL	33
PHENYTEK	12	<i>pravastatin sodium</i>	33
<i>phenytoin</i>	12	<i>prazosin hcl</i>	29
<i>phenytoin sodium extended</i>	12	PRECLOSE	26
<i>phenytoinsodium extended</i>	12	PRED FORTE	50
PHISOHEX	35	PRED MILD	50
PHOSLO	39	PRED-G	49
PHOSLYRA	39	<i>prednicarbate</i>	36
PHOSPHOLINE IODIDE.....	51	<i>prednisolon sodium phosphate</i>	41
PHRENILIN FORTE	5	<i>prednisolone</i>	40, 41, 45, 49, 50
PHYSIOLYTE	55	<i>prednisolone acetate</i>	50
PICATO	36	<i>prednisolone ODT</i>	40
<i>pilocarpine hcl</i>	34, 51	<i>prednisolone sodium phosphate</i>	41
<i>pilocarpine hcl (oral)</i>	34	<i>prednisone</i>	41
PILOPINE.....	51	PREFEST	44
<i>pimozide</i>	14	PREMARIN.....	42
PIMTREA	44	PREMPHASE.....	44
<i>pindolol</i>	31	PREMPRO	44
<i>pioglitazone</i>	26	PREPOPIK	38
<i>pioglitazone hcl / glimepiride</i>	26	PREVACID	38
<i>pioglitazone hcl / metformin</i>	26	PREVACID SOLUTAB.....	38
<i>pioglitazone hcl-glimepiride</i>	26	PREVIFEM	43
<i>pioglitazone-hcl-metformin</i>	26	PREVPAC.....	38
PIRMELLA	43	PREVYMIS	23
<i>piroxicam</i>	7	PREZCOBIX.....	24
PLAN B ONE-STEP	44	PREZISTA	24
PLAQUENIL.....	21	PRIFTIN	8
PLAVIX	28	PRILOSEC	38
PLEGRIDY	47	PRIMAQUINE PHOSPHATE	21
PLETAL	28	<i>primidone</i>	11
PLEXION.....	36		

Multiple tiers may be displayed for a medication where drug product strengths and different dosage forms may not be included on the same tier, check with your Kaiser Permanente pharmacist for clarification, if needed.

Tier 1=Preventative Generic, Tier 2=Preferred Generic, Tier 3=Preferred Brand, Tier 4=Non-preferred Drugs*, Tier 5=Specialty

PRIMLEV	5
PRIMSOL	9
PRINIVIL	30
PRINZIDE	30
PRISTIQ	13
PROAIR.....	53
<i>probenecid</i>	18
PROCARDIA	32
PROCARDIA XL	32
PROCENTRA.....	15
<i>prochlorperazine maleate</i>	17
PROCRIT	28
PROCTOFOAM	47
PROCTOFOAM HC.....	47
PROCTO-PAK.....	47
PROCTOSOL	47
PROGESTERONE	44
PROGLYCEM.....	27
PROGRAF	46
PROLENSA	50
PROMACTA	25
<i>promethazine hcl</i>	17
<i>promethazine vc</i>	52
<i>promethazine-codeine</i>	54
PROMETHEGAN.....	17
PROMETRIUM.....	44
<i>propafenone hcl</i>	30
<i>propantheline bromide</i>	37
<i>proparacaine hcl</i>	50
<i>propranolol hcl</i>	31
<i>propranolol hcl ER</i>	31
<i>propranolol/hydrochlorothiazide</i>	31
<i>propranolol-hydrochlorothiazide</i>	31
<i>propylthiouracil</i>	45
PROSTIGMIN.....	19
PROTONIX	38
PROTOPIC	36
<i>protriptyline</i>	14
PROVENTIL HFA	53
PROVERA	44
PROZAC	13
<i>pseudoephedrine-codeine-gg</i>	54
PULMICORT	52
PULMOZYME.....	54
PURINETHOL	46
PURIXAN	20
PYLERA	37
<i>pyrazinamide</i>	8
PYRIDIUM	48
<i>pyridostigmine bromide</i>	19

Q

QNASL	52
QUARTETTE TAB.....	43
QUASENSE TAB.....	43
QUDEXY	12
QUESTRAN	34
<i>quetiapine fumarate</i>	14
QUILLIVANT	15
<i>quinapril</i>	30
<i>quinapril hydrochlorothiazide</i>	30
<i>quinapril/hydrochlorothiazide</i>	30
<i>quinidine gluconate</i>	30
<i>quinidine sulfate</i>	30
<i>quinine sulfate</i>	21
QVAR	52

R

<i>rabeprazole</i>	38
RAGWITEK	54
<i>raloxifene hcl</i>	41
<i>ramipril</i>	30
RANEXA	32
<i>ranitidine hcl</i>	37
RAPAFLO	39
RAPAMUNE	46
<i>Rasagiline</i>	22
RASUVO	46
RAVICTI	36, 55
RAYALDEE	47
RAYOS.....	41
RAZADYNE	12
REBETOL	24
REBIF.....	47
REBIF REBIDOSE	47
RECTIV	34
REGLAN	17
REGRANEX	36
RELENZA DISKHALER.....	24
RELISTOR.....	37
RELPAX.....	19
REMERON	13
REMODULIN.....	54
RENAGEL.....	39
REVELA	39
<i>repaglinide</i>	26
<i>repaglinide-metformin</i>	26
REPATHA.....	34
REPREXAIN.....	5
REQUIP	22

Multiple tiers may be displayed for a medication where drug product strengths and different dosage forms may not be included on the same tier, check with your Kaiser Permanente pharmacist for clarification, if needed.

Tier 1=Preventative Generic, Tier 2=Preferred Generic, Tier 3=Preferred Brand, Tier 4=Non-preferred Drugs*, Tier 5=Specialty

RESCRIPTOR	23
<i>reserpine</i>	28
RESTASIS	50
RESTORIL	16
RETIN-A	36
RETROVIR	23
REVATIO	54
REVIA	7
REVLIMID	20
REXULTI	13
REYATAZ	24
RHEUMATREX	46
RHINOCORT	52
RIBASPHERE	25
<i>ribavirin</i>	25
RIDAURA	46
<i>rifabutin</i>	8
RIFADIN	8
RIFAMATE	8
<i>rifampin</i>	8
RIFATER	8
RILUTEK	34
<i>riluzole</i>	34
<i>rimantadine hydrochloride</i>	24
RIOMET	26
RISEDRONATE	47
RISPERDAL	14
<i>risperidone</i>	14
<i>risperidone ODT</i>	14
<i>Risperidone ODT</i>	14
RITALIN	15
RITALIN SR	15
RITALINSR	15
<i>rivastigmine tartrate</i>	12
RIVELSA	44
<i>rizatriptan benzoate</i>	19
ROBINUL	37
ROCALTROL	47
<i>ropinirole hydrochloride</i>	22
<i>ropinirole hydrochloride ER</i>	22
<i>rosuvastatin</i>	33
ROWASA	47
ROXICET	5
ROXICODONE	6
ROZEREM	16
RUBRACA	20
RYTHMOL	30
RYZODEG 70/30	27

S

SABRIL	11
SAIZEN (somatropin)	41
SALAGEN	34
<i>salmon calcitonin</i>	47
<i>salsalate</i>	7
SAMSCA	55
SANCTURA	39
SANCUSO	17
SANDIMMUNE	46
SANDOSTATIN	48
SANTYL	36
SAPHRIS	15
SARAFEM	13
SAVAYSA	27
SAVELLA	16
SEASONIQUE TAB	44
SECONAL	16
SECTRAL	31
SEEBRI NEOHALER	53
<i>selegiline hcl</i>	22
<i>selenium sulfide</i>	36
SELZENTRY	24
SEMPREX-D	52
SENSIPAR	45
SEREVENT DISKUS	53
<i>seromycin</i>	8
SEROQUE XR	13
SEROQUEL	14
SEROQUEL XR	13
SEROSTIM (somatropin)	41
<i>sertraline hcl</i>	13
<i>sevelamer carbonate</i>	39
SIGNIFOR	48
<i>sildenafil</i>	54
SILENOR	16
SILIQ	48
SILVADENE	10
<i>silver sulfadiazine</i>	10
SIMBRINZA	51
SIMCOR	34
SIMPONI	55
<i>simvastatin</i>	33
SINEMET	22
SINGULAIR	52
<i>sirolimus</i>	46
SIRTURO	8
SIVEXTRO	9
SKELID	47
SKLICE	22

Multiple tiers may be displayed for a medication where drug product strengths and different dosage forms may not be included on the same tier, check with your Kaiser Permanente pharmacist for clarification, if needed.

Tier 1=Preventative Generic, Tier 2=Preferred Generic, Tier 3=Preferred Brand, Tier 4=Non-preferred Drugs*, Tier 5=Specialty

<i>sodium chloride</i>	49, 55
<i>sodium chloride irrigation solution</i>	49
<i>sodium fluoride</i>	49, 55
<i>sodium phenylbutyrate</i>	36
<i>sodium phosphate</i>	41, 49, 50, 55
<i>sodium polystyrene sulfonate</i>	55
SOLARAZE.....	36
SOLQUA	27
SOLODYN	11
SOMA	23
SOMATULINE DEPOT	48
SOMAVERT.....	41, 45
SOMAVERT (pegvisomant)	41
SONATA.....	16
SOOLANTRA	21
SORIATANE	36
SORILUX AER	55
SORINE.....	31
<i>sotalol hcl</i>	31
SOVALDI.....	25
SPECTRACEF	9
<i>spinosad</i>	36
SPIRIVA RESMIPAT.....	53
SPIRIVA HANDIHALER.....	53
SPIRIVA RESMIPAT	53
<i>spironolactone</i>	32
<i>spironolactone/hydrochlorothiazide</i>	32
<i>spironolactone-hydrochlorothiazide</i>	32
SPORANOX	18
SPRITAM	11
SPRIX.....	7
SPRYCEL	21
SRONYX.....	44
STALEVO.....	22
<i>stavudine</i>	23
STAVZOR	11
STELARA.....	55
STIMATE.....	41
STIOLTO RESPIMAT.....	53
STIVARGA.....	20
<i>stool softener caps</i>	38
STRATTERA	15
STRIANT.....	41
STRIBILD	25
STRIVERDI RESPIMAT	53
STROMECTOL	21
SUBOXONE	7
SUBSYS.....	5
SUCLEAR	38
SUCRAID	36
<i>sucralfate</i>	38

<i>sulfacetamide sodium (ophth)</i>	10
<i>sulfacetamide sodium (topical)</i>	10
<i>sulfacetamide sodium w/ sulfur</i>	36
<i>sulfacetamide sod-prednisolone</i>	49
<i>sulfadiazine</i>	10
<i>sulfamethoxazole-trimethoprim</i>	10
SULFAMILYLON.....	9
<i>sulfasalazine</i>	47
<i>sulindac</i>	7
<i>sumatriptan succinate</i>	19
SUPRAX	9
SUPREP	38
SUSTIVA.....	23
SUTENT.....	21
SYLATRON	20
SYLVANT	20
SYMBICORT	52
SYMBYAX	14
SYMLIN.....	26
SYNALAR	41
SYNAREL	45
SYNDROS.....	48
SYNERA	6, 7
SYNJARDY	26
SYNRIBO.....	20
SYNTHROID	45
SYPRINE	55

T

TABLOID.....	20
TACLONEX	36
<i>tacrolimus</i>	36, 46
<i>tacrolimus (topical)</i>	36
TAFINLAR	20
TAGRISSO	20
TALTZ	48
TALWIN.....	6
TAMIFLU.....	24
<i>tamoxifen citrate</i>	20
<i>tamsulosin hcl</i>	39
TANZEUM	27
TAPAZOLE.....	45
TARCEVA.....	21
TARGRETIN.....	21
TARKA	32
TASIGNA	21
TASMAR	22
TAZORAC.....	36
TAZTIA.....	32
TECFIDERA.....	48

Multiple tiers may be displayed for a medication where drug product strengths and different dosage forms may not be included on the same tier, check with your Kaiser Permanente pharmacist for clarification, if needed.

Tier 1=Preventative Generic, Tier 2=Preferred Generic, Tier 3=Preferred Brand, Tier 4=Non-preferred Drugs*, Tier 5=Specialty

TECHNIVIE.....	25	TOBRADEX.....	8, 50
TEGRETOL	12	<i>tobramycin</i>	8, 49
TEGRETOL XR.....	12	<i>tobramycin (ophth)</i>	8
TEKAMLO	32	<i>tobramycin-dexamethasone</i>	49
TEKTURNA	32	TOBEX	8
TEKTURNA HCT	32	TOFRANIL	14
<i>telmisartan</i>	29	<i>tolazamide</i>	27
<i>telmisartan/amlodipine</i>	29	<i>tolbutamide</i>	27
<i>telmisartan/hydrochlorothiazide</i>	29	<i>tolmetin sodium</i>	7
<i>telmisartan-amlodipine</i>	29	<i>tolterodine tartrate</i>	39
<i>telmisartan-hydrochlorothiazide</i>	29	TOPAMAX	12
<i>temazepam</i>	16	TOPICORT	41
TEMOVATE	41	<i>topiramate</i>	12
<i>temozolomide</i>	20	TOPROL XL	31
TENCON	5	<i>torsemide</i>	32
TENEX.....	28	TOVIAZ	39
TENORETIC	31	TRACLEER	54
TENORMIN.....	31	TRADJENTA	27
TERAZOL.....	18	<i>tramadol hcl</i>	5, 6
<i>terazosin hcl</i>	29	<i>tramadol hcl ER</i>	5
<i>terbinafine</i>	18	<i>tramadol hydrochloride-acetaminophen</i>	5
<i>terbutaline sulfate</i>	53	<i>trandolapril</i>	30
<i>terconazole</i>	18	<i>tranexamic acid</i>	28
TESTIM	41	TRANSDERM SCOP	17
<i>testosterone cypionate</i>	42	TRANXENET.....	16
<i>testosterone pump</i>	42	<i>tranylcypromine sulfate</i>	13
<i>testosterone topical solution</i>	42	TRAVATAN	49
TESTRED	42	<i>travoprost</i>	49
TETRACYCLINE.....	11	<i>trazodone hcl</i>	13
TEVETEN.....	29	TRECATOR.....	8
TEVETEN HCT	29	TREMFYA.....	48
TEVETENHCT	29	TRENTAL	32
THALOMID	20	TRESIBA.....	27
<i>theophylline</i>	53	TRETIN X	36
<i>theophylline ER</i>	53	<i>tretinoin</i>	21, 36
THIOLA	48	<i>tretinoin (chemotherapy)</i>	21
<i>thioridazine hcl</i>	14	TREXALL	46
<i>thiothixene</i>	14	TREXIMET	19
THYROLAR	45	<i>triamcinolone acetoneide</i>	35, 41
<i>tiagabine</i>	11	<i>triamcinolone acetoneide (mouth)</i>	35
TIAZAC.....	32	<i>triamterene & hydrochlorothiazide</i>	34
<i>ticlopidine</i>	28	<i>triamterene-hydrochlorothiazide</i>	34
TIKOSYN	30	<i>triazolam</i>	16
<i>timolol maleate</i>	31, 51	TRIBENZOR.....	32
TIMOPTIC	51	TRICOR	33
<i>tinidazole</i>	22	TRIDERM	41
TIROSINT	45	<i>trifluoperazine hcl</i>	14
TIVICAY	24	<i>trifluridine</i>	25
<i>tizanidine hcl</i>	22	TRIGLIDE	33
TOBI.....	54	<i>trihexyphenidyl hcl</i>	22
TOBI PODHALER.....	54	TRI-LEGEST FE TAB FE	44

Multiple tiers may be displayed for a medication where drug product strengths and different dosage forms may not be included on the same tier, check with your Kaiser Permanente pharmacist for clarification, if needed.

Tier 1=Preventative Generic, Tier 2=Preferred Generic, Tier 3=Preferred Brand, Tier 4=Non-preferred Drugs*, Tier 5=Specialty

TRILEPTAL.....	12
TRILIPIX.....	33
<i>tri-lo-sprintec</i>	44
TRILYTE.....	38
<i>trimethobenzamide</i>	17
<i>trimethoprim</i>	9, 10, 49
<i>trimipramine</i>	14
TRINATAL.....	55
TRINESSA.....	44
TRI-NORINYL.....	44
TRISENOX.....	20
TRIUMEQ.....	24
TRI-VIT-FLUORIDE-IRON.....	55
TRIZIVIR.....	23
TROKENDI.....	12
<i>tropicamide</i>	50
<i>tropium chloride</i>	39
<i>tropium chloride ER</i>	39
TRULICITY.....	27
TRUSOPT.....	51
TRUVADA.....	23
TUDORZA.....	53
TWYNSTA.....	32
TYKERB.....	21
TYMLOS.....	45
TYVASO.....	54
TYZEKA.....	25
TYZINE.....	54

U

UCERIS.....	45
ULESFIA.....	21, 22
ULORIC.....	18
ULTRACET.....	5
ULTRAM.....	6
ULTRAVATE (Lotion).....	41
ULTRESA.....	36
UNIRETIC.....	30
UNITHROID.....	45
UPTRAVI.....	54
<i>urea</i>	54
URECHOLINE.....	39
UROCIT-K.....	55
URSO.....	37
URSO FORTE.....	37
<i>ursodiol</i>	37
UTIBRON NEOHALER.....	53

V

VAGIFEM.....	42
<i>valacyclovir</i>	25
VALCHLOR.....	20
VALCYTE.....	23
<i>valganciclovir</i>	23
VALIUM.....	16
<i>valproate sodium</i>	11
<i>valproic acid</i>	11
<i>valsartan</i>	29
<i>valsartan/hydrochlorothiazide</i>	29
<i>valsartan-hydrochlorothiazide</i>	29
VANCOCIN.....	9
<i>vancomycin hcl</i>	9
VANDAZOLE.....	9
VANOS.....	41
VARUBI.....	17
VASCEPA.....	34
VASERETIC.....	30
VASOTEC.....	30
VECAMEL.....	32
VECTICAL.....	36
VELIVET PAK.....	44
VELPHORO.....	39
VELTASSA.....	55
VELTIN.....	36
VEMLIDY.....	25
<i>venlafaxine hcl</i>	13
<i>venlafaxine hcl ER</i>	13
VENTAVIS.....	54
VENTOLIN.....	53
VERAMYST.....	52
<i>verapamil hcl</i>	32
VERDESO.....	41
VEREGEN.....	36
VERELAN.....	32
VERIO IQ BLOOD GLUCOSE MONITORING SYSTEM.....	25
VERIO IQ BLOOD GLUCOSE TEST STRIPS.....	25
VERIPRED.....	41
VERSACLOZ.....	15
VERZENIO.....	48
VESICARE.....	39
VEXOL.....	51
VFEND.....	18
VIAGRA.....	39
VIBERZI.....	37
VIBRAMYCIN.....	11
VICODIN.....	5
VICOPROFEN.....	5
VICTOZA.....	27

Multiple tiers may be displayed for a medication where drug product strengths and different dosage forms may not be included on the same tier, check with your Kaiser Permanente pharmacist for clarification, if needed.

Tier 1=Preventative Generic, Tier 2=Preferred Generic, Tier 3=Preferred Brand, Tier 4=Non-preferred Drugs*, Tier 5=Specialty

VICTRELIS	25
VIDEX	23
VIEKIRA	25
VIGAMOX	10
VIIBRYD	13
VIMOVO	7
VIMPAT	12
VIOKACE	36
VIRACEPT	24
VIRAMUNE	23
VIRAZOLE	25
VIREAD	23
VIROPTIC	25
VISTOGARD	48
VITEKTA	24
VIVELLE	42
VOLTAREN	36
VOLTAREN XR	36
<i>voriconazole</i>	18
VOSEVI	25
VOSPIRE	53
VOTRIENT	21
VRAYLAR	14
VYFEMLA	44
VYTORIN	34
VYVANSE	15

W

<i>warfarin sodium</i>	27
WELCHOL	34
WELLBUTRIN	13
WESTCORT	41

X

XALATAN	49
XALKORI	21
XANAX	16
XANAX XR	16
XANAXXR	16
XARELTO	28
XARTEMIS XR	5
XATMEP	48
XELJANZ	48
XELJANZ, XELJANZ XR	48
XELJANZ, XELJANZ XR	48
XENAZINE	34
XERESE	25
XERMELO	48
XGEVA	47

XIFAXAN	9
XIGDUO XR	27
XIIDRA	50
XODOL	5
XOLAIR	54
XOPENEX	53
XTANDI	20
XULANE	44
XULTOPHY	27
XURIDEN	48
XYLOCAINE	7
XYREM	16
XYZAL	52

Y

YUVAFEM	42
---------------	----

Z

<i>zafirlukast</i>	52
<i>zaleplon</i>	16
ZANAFLEX	23
ZANTAC	37
ZARONTIN	11
ZARXIO	25
ZAVESCA	36
ZAZOLE	18
ZEBETA	31
ZEBUTAL	5
ZEGERID	38
ZEJULA	20
ZELAPAR	22
ZELBORAF	21
ZENCHENT FE CHW	44
ZENCHENT TAB	44
ZENPEP	36
ZENZEDI	15
ZEPATIER	25
ZERIT	23
ZESTRIL	30
ZETIA	34
ZETONNA	52
ZIAC	34
ZIAGEN	23
ZIANA	36
<i>zidovudine</i>	23, 24
<i>zileuton SR</i>	53
ZINBRYTA	48
ZIOPTAN	51
<i>ziprasidone hcl</i>	14

Multiple tiers may be displayed for a medication where drug product strengths and different dosage forms may not be included on the same tier, check with your Kaiser Permanente pharmacist for clarification, if needed.

Tier 1=Preventative Generic, Tier 2=Preferred Generic, Tier 3=Preferred Brand, Tier 4=Non-preferred Drugs*, Tier 5=Specialty

ZIPSOR.....	7
ZIRGAN.....	23
ZITHROMAX	10
ZMAX.....	10
ZOCOR	33
ZOFRAN.....	17
ZOFRAN ODT	17
ZOHYDRO ER	5
ZOLINZA	18
<i>zolmitriptan</i>	19
<i>zolmitriptan ODT</i>	19
<i>Zolmitriptan ODT</i>	19
ZOLOFT	13
<i>zolpidem tartrate</i>	16
<i>zolpidem tartrate ER</i>	16
ZOLPIMIST	16
ZOMIG	19
ZONALON.....	36
<i>zonisamide</i>	11
ZONTIVITY	28
ZORBTIVE (somatropin).....	41

Go

ZORTRESS	46, 48
ZORVOLEX.....	7
ZOVIRAX	25
ZUBSOLV	7
ZURAMPIC.....	18
ZYBAN	7
ZYCLARA	36
ZYDELIG.....	20
ZYDONE	5
ZYFLO.....	53, 54
ZYFLO CR	53
ZYKADIA.....	20
ZYLET	51
ZYLOPRIM	18
ZYMAXID.....	10
ZYPREXA	14
ZYPREXA ZYDIS	14
ZYPREXAZYDIS	14
ZYTIGA	45
ZYVOX	9

Multiple tiers may be displayed for a medication where drug product strengths and different dosage forms may not be included on the same tier, check with your Kaiser Permanente pharmacist for clarification, if needed.

Tier 1=Preventative Generic, Tier 2=Preferred Generic, Tier 3=Preferred Brand, Tier 4=Non-preferred Drugs*, Tier 5=Specialty

Non-Discrimination

Kaiser Foundation Health Plan of Georgia, Inc. (Kaiser Health Plan) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Kaiser Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. We also:

- Provide free aids and services to people with disabilities to communicate effectively with us, such as:
 - o Qualified sign language interpreters
 - o Written information in other formats, such as large print, audio, and accessible electronic formats
- Provide free language services to people whose primary language is not English, such as:
 - o Qualified interpreters
 - o Information written in other languages

If you need these services, call the number provided

below. Georgia: 1-(888) 865-5813,

(TTY) 711

If you believe that Kaiser Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the Kaiser Civil Rights Coordinator, Nine Piedmont Center, 3495 Piedmont Road, NE, Atlanta, GA 30305-1736, telephone number: 1-(888) 865-5813. You can file a grievance by mail or phone. If you need help filing a grievance, the Kaiser Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Help in Your Language

English: You have the right to get help in your language at no cost. If you have questions about your application or coverage through Kaiser Permanente, or if this is a notice that requires you to take action by a specific date, call the number provided for your state or region to talk to an interpreter.

አማርኛ (Amharic): ያለምንም ክፍያ በራስዎ ቋንቋ እገዛ የማግኘት መብት አለዎት። ስለ ማመልከቻዎ ወይም ከኤስሮ ፕሮግራም Kaiser Permanente ስለሚያገኙት ሽፋን ማግኘትም ጥያቄዎች ካሉዎት፣ ወይም ይህ ማሳወቂያ በግልፅ በተጠቀሰ ቀን ማድረግ ያለብዎ ነገር እንዳለ የሚያስገድድዎ ከሆነ፣ በተጠቀሰው የስልክ ቁጥር ለስቴትዎ ወይም ለክልልዎ ደውላው ከአስተርጓሚ ጋር ይነጋገሩ።

العربية (Arabic): لك الحق في الحصول على المساعدة بلغتك دون تحمل أي تكاليف. إذا كانت لديك استفسارات بشأن طلبك أو تغطيتك التي تقدمها Kaiser Permanente، أو إذا كان هذا الإصدار الذي يتطلب منك اتخاذ إجراء خلال تاريخ محدد، يُرجى الاتصال بالرقم المخصص لولايتك أو منطقتك للتحدث إلى مترجم فوري.

Հայերեն (Armenian): Դուք ունեք Ձեր լեզվով անվճար օգնություն ստանալու իրավունք: Եթե Դուք հարցեր ունեք Ձեր դիմումի կամ Kaiser Permanente-ի միջոցով Ձեր ծածկույթի վերաբերյալ, կամ եթե սա ծանուցում է, որը պարտադրում է Ձեզ, որպեսզի գործուղություններ ձեռնարկեք մինչև որոշակի ամսաթիվ, ապա զանգահարեք Ձեր նահանգի կամ շրջանի համար տրամադրված հեռախոսահամարով՝ թարգմանչի հետ խոսելու համար:

Bàsòò Wùdù (Bassa): Ɔ m̀ò nì kpé b́é m̀ ké gbo-kpá-kpá dyé dé nì m̀ìcùn nìin bídí-wùdù mú pídyi. Ɔ jù ké m̀ dyi dyi-diè-dé b́é b́é dé bá nì ćéè-dé m̀ tò bó dé z̀ò jè dyíe ní, m̀wà jù bá nì kùùn kp̀ò jè dyí dyiìn dé Kaiser Permanente múe ní, m̀wà Ɔ dyi b́ò d̀ò jù b́é m̀ ké dé d̀ò nyu bó wé j́éé d̀ò ḱò nì, nìí, d́á ǹòbà b́é wa tòà bó nì b́ódòò m̀wà nì gbèèòò bíìe, ké nì mu nyc-wuquún-zà-nyò d̀ò gbo wùdùùn.

বাংলা (Bengali): বিনা খরচে আপনার নিজের ভাষায় সাহায্য পাওয়ার অধিকার আপনার আছে। আপনার যদি আপনার আবেদন বা Kaiser Permanente-এর মাধ্যমে পাওয়া কভারেজ নিয়ে কোনো প্রশ্ন থাকে বা এটি যদি কোনো লেটিস হয় যার ফলে আপনার একটি নির্ধারিত দিনের মধ্যে কোনো পদক্ষেপ গ্রহণ করার প্রয়োজন হয়, তাহলে দোভাষীর সাথে কথা বলতে আপনার রাজ্য বা অঞ্চলের জন্য প্রদত্ত নম্বরটিতে ফোন করুন।

California	1-800-464-4000
Colorado	1-800-632-9700
District of Columbia	1-800-777-7902
Georgia	1-888-865-5813
Hawaii	1-800-966-5955
Maryland	1-800-777-7902
Oregon	1-800-813-2000
Virginia	1-800-777-7902
Washington	1-800-813-2000
TTY	711

Kaiser Foundation Health Plan, Inc., in Northern and Southern California and Hawaii • Kaiser Foundation Health Plan of Colorado • Kaiser Foundation Health Plan of Georgia, Inc., Nine Piedmont Center, 3495 Piedmont Road NE, Atlanta, GA 30305, 404-364-7000 • Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., in Maryland, Virginia, and Washington, D.C., 2101 E. Jefferson St., Rockville, MD 20852 • Kaiser Foundation Health Plan of the Northwest, 500 NE Multnomah St., Suite 100, Portland, OR 97232.

Cebuano (Bisaya): Anaa moy katungod nga mangayo og tabang sa inyo pinulongan ug kini walay bayad. Kung naa mo pangutana bahin sa inyo aplikasyon o coverage sa Kaiser Permanente, o kung kining pahibalo nanginahanglan sa inyo paglihok sa dili pa usa ka piho nga petsa, palihug lang pagtawag sa mga numero sa telepono nga gihatag sa imong estado ("state") o rehiyon ("region") para makigstorya sa usa ka interpreter.

中文 (Chinese): 您有權免費以您的語言獲得幫助。如果您對您的Kaiser Permanente申請或承保有任何疑問，或者如果本通知要求您在具體日期之前採取措施，請致電您所在的州或地區的電話，與口譯員進行溝通。

Chuuk (Chukese): Mei wor omw pwuung omw kopwe angei aninis non foosun fonuomw (Chuukese), ese kamo. Ika mei wor omw kapas eis usun omw apilikeison me/ika policy fan nemenien Kaiser Permanente, are ika ei esinesin a erenuk pwe kopwe fori pwan ekoch foror, ka tongeni omw kopwe kori ewe nampa mei kawor faniten omw state ika fonu (asan) iwe eman chon chiakku epwe anisuk non kapasen fonuomw.

Français (French): Une assistance gratuite dans votre langue est à votre disposition. Si vous avez des questions à propos de votre demande d'inscription ou de la couverture par Kaiser Permanente, ou si cet avis vous demande de prendre des mesures à une date précise, appelez le numéro indiqué pour votre Etat ou votre région pour parler à un interprète.

Deutsch (German): Sie haben das Recht, kostenlose Hilfe in Ihrer Sprache zu erhalten. Falls Sie Fragen bezüglich Ihres Antrags oder Ihres Krankenversicherungsschutzes durch Kaiser Permanente haben oder falls Sie aufgrund dieser Benachrichtigung bis zu bestimmten Stichtagen handeln müssen, rufen Sie die für Ihren Bundesstaat oder Ihre Region aufgeführte Nummer an, um mit einem Dolmetscher zu sprechen.

ગુજરાતી (Gujarati): તમને કોઈ પણ ખર્ચ વગર તમારી ભાષામાં મદદ મેળવવાનો અધિકાર છે. જો તમને Kaiser Permanente મારફતે તમારી અરજી અથવા કવરેજ વિશે પ્રશ્નો હોય, અથવા જો આ નોટિસ હોય જેમાં તમને કોઈ ચોક્કસ તારીખથી પગલાં લેવાની જરૂર હોય, તો દુશ્વેષિયા સાથે વાત કરવા તમારા સ્ટેટ અથવા રીજીયન માટે પૂરા પાડવામાં આવેલ નંબર પર ફોન કરો.

Kreyòl Ayisyen (Haitian Creole): Ou gen dwa pou jwenn èd nan lang ou gratis. Si ou gen nenpòt kesyon sou aplikasyon ou an oswa asirans ou ak Kaiser Permanente, oswa si nan avè sa a gen bagay ou sipoze fè sa a avan yon sèten dat, rele nimewo nou mete pou Eta ouwa rejyon ou a pou w ka pale ak yon entèprèt.

‘ōlelo Hawai‘i (Hawaiian): He pono a ua loa‘a no kekahi kōkua me kāu ‘ōlelo inā makemake a he manuahi no ho‘i. Inā he mau nīnau kāu e pili ana i kāu palapala noi ‘inikua ola kino a i ‘ole i kōkua ma‘ō ka polokalamu kōkua ola kino Kaiser Permanente, a i ‘ole inā ke ha‘i nei paha kēia leka nei iā‘oe e hana koke aku i kēia ma mua o kekahi lā i waiho ‘ia, e kelepona aku i ka helu i loa‘a ma kēia leka nei no kāu moku‘āina a i ‘ole pana‘āina no ka wala‘au ‘ana me kekahi kanaka unuhi ‘ōlelo.

हिन्दी (Hindi): आपको बिना किसी कीमत चुकाए आपकी भाषा में सहायता पाने का अधिकार है। यदि आप आपके आवेदन पत्र के विषय में या Kaiser Permanente के कवरेज के विषय में कुछ पूछना चाहते हैं या यदि यह एक नोटिस है जिसके कारण आपको किसी विशेष तिथि तक कारवाई करनी पड़ेगी तो आपके राज्य या क्षेत्र के लिए दिए गए नंबर पर फोन करके किसी दुभाषिये से बात करें।

Hmoob (Hmong): Koj muaj cai kom tau txais kev pab uas hais koj hom lus yam tsis tau them nqi. Yog koj muaj lus nug txog koj daim ntawv thov los yog cov kev pab them nyiaj tim Kaiser Permanente, los yog tias daim ntawv no yog ib tsab ntawv ceebtom uas yuav kom koj ua ib yam dabtsi raws li hnuv tau teev tseg, hu rau tus nab npawb xovtooj uas tau muab rau koj lub xeev lossis cheeb tsam kom tau tham nrog tus kws txhais lus.

Igbo (Igbo): ! nwere ikike inweta enyemaka n'asụsụ gị na akwughị ugwo ọ bụla. Ọ bụrụ na ị nwere ajuju gbasara akwukwọ anamachoihe gị ma ọ bụ mkpuchi si na Kaiser Permanente, ma ọ bụ ọ bụrụ na nke bụ ọkwa a choro ka ị mee ihe tupu otu ubochi, kpoo nomba enyere maka steeti ma ọ bụ mpaghara gị iji kwukọrịta okwu n'etiti onye okowa okwu.

Iloko (Ilocano): Adda ti karbenganyo a dumawat iti tulong iti pagsasaoyo nga awan ti bayadanyo. No addaankayo kadagiti saludsod maipanggep ti aplikasionyo wenno coverage babaen ti Kaiser Permanente, wenno no daytoy ket maysa a pakdaar a kalikagumanna a rumbeng nga aramidenyo ti addang iti espesipiko a petsa, tawagan ti numero nga inpaay para ti estado wenno rehion tapno makipatang ti maysa mangipatarus iti pagsasao.

Italiano (Italian): Hai il diritto di ricevere assistenza nella tua lingua gratuitamente. In caso di domande riguardanti la tua richiesta o la copertura attraverso Kaiser Permanente, o se occorre intervenire entro una data specifica secondo quanto indicato in questa comunicazione, chiama il numero fornito per il tuo stato o la tua regione per parlare con un interprete.

日本語 (Japanese): あなたは、費用負担なしでご使用の言語で支援を受ける権利を保持しています。お申し込みまたはKaiser Permanenteの担保範囲に関してご質問があるか、または本通知により、あなたが特定の日付までに行動を起こすよう依頼されている場合、お住まいの州または地域に対して提供された電話番号に電話して、通訳とお話ください。

ខ្មែរ (Khmer): អ្នកមានសិទ្ធិទទួលបានជំនួយជាភាសារបស់អ្នកដោយឥតគិតថ្លៃ។ បើសិនអ្នកមានសំណួរណាមួយអំពីពាក្យស្នើសុំឬការធានារ៉ាប់រងតាមរយៈ Kaiser Permanente ឬប្រសិនបើគឺជាលិខិតជូនដំណឹងដែលតម្រូវឲ្យអ្នកចាត់វិធានការត្រឹមកាលបរិច្ឆេទជាក់លាក់ សូមទូរស័ព្ទទៅលេខដែលបានផ្តល់ជូនសម្រាប់រដ្ឋឬតំបន់របស់អ្នកដើម្បីនិយាយទៅកាន់អ្នកបកប្រែ។

한국어 (Korean): 귀하에게는 한국어 통역서비스를 무료로 받으실 수 있는 권리가 있습니다. Kaiser Permanente를 통한 귀하의 보험 신청서나 보험 보장 범위에 관해 질문이 있을 경우 또는 이 통지서의 요구대로 어느 날짜까지 조치를 취해야만 하는 경우, 귀하의 주 및 지역의 제공된 전화번호로 연락해 통역사와 통화하십시오.

ລາວ (Laotian): ທ່ານມີສິດທີ່ຈະໄດ້ຮັບການຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໂດຍບໍ່ເສັຽຄ່າ. ຖ້າວ່າ ທ່ານມີຄໍາຖາມກ່ຽວກັບການສະໝັກຂອງທ່ານ ຫຼື ການຄຸ້ມຄອງສ່ວນ Kaiser Permanente, ຫຼື ຖ້າຮັບນີ້ເປັນແຈ້ງການທີ່ຮຽກຮ້ອງໃຫ້ທ່ານດໍາເນີນການພາຍໃນ ວັນທີທີ່ເຈາະຈົງໃດໜຶ່ງ, ໃຫ້ໂທຕາມພາຍເລກທີ່ໄດ້ໂອ້ລໍາລັບລັດ ຫຼື ເຂດຂອງທ່ານ ເພື່ອຂໍລິມັດຖານພາສາ.

Kajin Majōl (Marshallese): Ewōr jimwe eo aṃ in bōk jipaṇ ilo kajin eo aṃ ejjelōk wōṇāān. Ñe ewōr aṃ kajitōk kōn peba in aplaiki eo aṃ ak insurance eo aṃ jān Kaiser Permanente, ak ñe enaan in kōjelā in ej aikuj bwe kwōn ṃakūtūt ṃokta jān juon raan eo eṃōj an kallikkar, kaḷok nōṃba eo ej lelōk ñan state eo aṃ ak jikūṃ bwe kwōn marōṇ kōnono ippān juon ri-ukōt.

Naabeehó (Navajo): T'áá ni nizaad bee níká i' doolwoł doo bik'é asiníłáágoó éí bee náhaz'á. Kaiser Permanente áká aná'álwo' ná bik'é azláadoo yínikeedgo naaltsoos hadinílaa, éí bína'idilkid doogo, éí doodago díí naaltsoos haa'ida yoolkáalgo hait'áoda i' díilíil nílńigo éí nítáa hahoodzojé éí doodago t'áá aadi nahós'a'di ata' dahalne'ígíí bich'í' hólne'go bee bíl ahil hodiilnih.

नेपाली (Nepali): तपाईंसँग कुनै शुल्क नदिएर आफ्नो भाषामा सहायता पाउने अधिकार छ । तपाईंसँग आफ्नो आवेदन बारे वा Kaiser Permanente माफत कवरज बारेमा कुनै प्रश्नहरू भए, वा यो नोटिस अनुसार तपाईंले कुनै निर्धारित मितिमा कुनै कार्यवाही गर्नु पर्ने आवश्यकता भएमा, दोभाषेसंग कुराकानी गर्ने तपाईंको राज्य वा क्षेत्रका लागि दिइएको नम्बरमा कल गर्नुहोस् ।

Afaan Oromoo (Oromo): Baasii malee afaan keetiin gargaarsa argachuudhaaf mirga qabda. Waa'ee iyyata keetii yookaan tajaajila Kaiser Permanente hammatu ilaalchisee gaaffii yoo qabaatte, yookaan yoo kun beeksisa guyyaa murtaa'e irratti tarkaanfii akka ati fudhattu gaafatu ta'e, lakkoofsa bilbilaa naannoo yookaan goodina keetiif kenname bilbiluudhaan turjumaana haasofsiisi.

فارسی (Persian): شما حق دارید که بدون هیچ هزینه ای به زبان خود کمک دریافت کنید. اگر درباره درخواست یا پوشش خود در Kaiser Permanente سوالی داشته یا بر اساس این اعلامیه باید تا تاریخ مشخصی اقدامی بعمل آورید، برای صحبت با یک مترجم شفاهی با شماره تلفن ارائه شده برای ایالت یا منطقه خود تماس بگیرید.

lokaiahn Pohnpei (Pohnpeian): Komw anehki pwung en rapahki sounkawehwe en omw palien lokaia ni sohte isaihs. Ma mie iren owmi kalelapak ohng aplikeisin de iren audepe kan ohng Kaiser Permanente, de ma pakair wet me anahne komwi en mwekid ohng rahn me kileledi, ah komw anahne koahl nempe me sansalehr (insert number here) ohng owmi palien wehi pwe komwi en lokaiaieng owmi tungoal soun kawehwe.

Português (Portuguese): Você tem o direito de obter ajuda em seu idioma sem nenhum custo. Se você tiver dúvidas sobre sua solicitação ou cobertura por meio da Kaiser Permanente, ou se este aviso exigir que você tome alguma medida até uma data específica, ligue para o número fornecido para seu estado ou região para falar com um intérprete.

ਪੰਜਾਬੀ (Punjabi): ਤੁਹਾਨੂੰ ਬਿਨਾਂ ਕਿਸੇ ਸੁਲਕ ਤੇ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿਚ ਮਦਦ ਪਾਉਣ ਦਾ ਹੱਕ ਹੈ। ਜੇਕਰ ਤੁਹਾਡੇ ਆਪਣੀ ਅਰਜ਼ੀ ਜਾਂ Kaiser Permanente ਰਾਹੀਂ ਕਵਰੇਜ ਬਾਰੇ ਸਵਾਲ ਹਨ, ਜਾਂ ਇਸ ਨੋਟਿਸ ਵਜੋਂ ਤੁਹਾਨੂੰ ਕਿਸੇ ਨਿਸ਼ਚਿਤ ਮਿਤੀ ਤੱਕ ਕਾਰਵਾਈ ਕਰਨ ਦੀ ਲੋੜ ਪਵੇ, ਤਾਂ ਦੁਬਾਰੀਏ ਨਾਲ ਗੱਲ ਕਰਨ ਲਈ ਆਪਣੇ ਰਾਜ ਜਾਂ ਇਲਾਕੇ ਲਈ ਮੁਹੱਈਆ ਕਰਵਾਏ ਗਏ ਨੰਬਰ ਤੇ ਫ਼ੋਨ ਕਰੋ।

Română (Romanian): Aveți dreptul de a solicita ajutor care să vă fie oferit în mod gratuit în limba dumneavoastră. Dacă aveți întrebări legate de solicitarea dumneavoastră sau de acoperirea oferită de Kaiser Permanente sau dacă acest aviz vă solicită să luați măsuri până la o anumită dată, sunați la numărul de telefon furnizat pentru statul sau regiunea dumneavoastră pentru a sta de vorbă cu un interpret.

Русский (Russian): У вас есть право получить бесплатную помощь на своем языке. Если у вас имеются вопросы относительно вашего заявления или медицинского страхования в Kaiser Permanente, либо если такое уведомление требует от вас каких-либо действий к определенной дате, позвоните по номеру телефона для своего штата или региона, чтобы поговорить с переводчиком.

Faa-Samoa (Samoan): E iai lou 'aia e maua se fesoasoani i lou gagana e aunoa ma le totogi. Afai e iai ni fesili e uiga i lou tusi apalai po o puipuiga e ala mai Kaiser Permanente, po o lenei tusi e manaomia ona e gaoioi i se taimi atofaina, vili le numera ua fuafuaina mo lou setete po o oganuu e fesooota'i i se faaliliu.

Español (Spanish): Usted tiene derecho a obtener ayuda en su idioma sin costo alguno. Si tiene preguntas acerca de su solicitud o cobertura a través de Kaiser Permanente, o si este es un aviso que requiere que usted tome alguna medida antes de una fecha determinada, llame al número de teléfono que se proporciona para su estado o región para hablar con un intérprete.

Tagalog (Tagalog): Mayroon kang karapatang humingi ng tulong sa iyong wika nang walang bayad. Kung mayroon kang mga katanungan tungkol sa iyong aplikasyon o coverage sa pamamagitan ng Kaiser Permanente, o kung ito ay abisong nangangailangan ng iyong aksyon sa tiyak na petsa, tumawag sa numerong ibinigay para sa iyong estado o rehiyon para makipag-usap sa isang interpreter.

ไทย (Thai): ท่านมีสิทธิที่จะได้รับความช่วยเหลือในภาษาของท่านโดยไม่เสียค่าใช้จ่าย หากท่านมีคำถามเกี่ยวกับการสมัครของท่าน หรือความคุ้มครองผ่าน Kaiser Permanente หรือหากนี่คือหนังสือที่ต้องการให้ท่านดำเนินการภายในวันที่ที่กำหนดไว้ โปรดติดต่อหมายเลขที่ให้ไว้สำหรับรัฐหรือเขตพื้นที่ของท่านเพื่อคุยกับล่าม

Lea Faka-Tonga (Tongan): 'Oku 'ia ho totonu ke ke ma'u ha fakatonulea ta'etotongi. Kapau 'oku 'i ai ha'oku fehu'i ki ho tohi kole na'e fakafonu ki he malu'i 'inisiu 'a e Kaiser Permanente, pea kapau ko e tohina 'oku fiema'u keke fai ha me'a ki ai pe ko ha 'aho na'e tuku pau atu ke fai ia, taa ki he fika kuo 'oatu ki ho siteiti pe ko e vahefonua 'oku ke 'i ai ke talanoa mo ha tokotaha tene fakatonu lea atu kiate koe.

Українська (Ukrainian): У Вас є право на отримання допомоги безкоштовно на Вашій рідній мові. Якщо Ви маєте питання стосовно Вашого звернення чи страхового покриття в Kaiser Permanente, чи якщо відповідно до такого повідомлення Вам треба буде здійснити певну дію до конкретної дати, подзвоніть по номеру, що відповідає Вашій країні чи регіону, щоб поговорити з перекладачем.

اردو (Urdu): آپ کو کوئی بھی قیمت ادا کرنے کی ضرورت نہیں ہے۔ اگر آپ کے ذہن میں اپنی درخواست یا Kaiser Permanente کے ذریعہ کوریج کے متعلق کوئی بھی سوالات ہیں، یا اگر اس نوٹس کی وجہ سے آپ کو کسی مخصوص تاریخ تک عمل انجام دینے کی ضرورت ہوگی تو، کسی مترجم سے بات چیت کرنے کے لئے آپ کی ریاست یا علاقہ کے لئے فراہم کئے گئے نمبر پر کال کریں۔

Tiếng Việt (Vietnamese): Quý vị có quyền được nhận trợ giúp miễn phí bằng ngôn ngữ của mình. Nếu quý vị có các câu hỏi về mẫu đơn hoặc mức bảo hiểm của mình thông qua Kaiser Permanente, hoặc đây là thông báo yêu cầu quý vị thực hiện vào một ngày cụ thể, hãy gọi đến số điện thoại được cung cấp cho bang hoặc khu vực của quý vị để trò chuyện với phiên dịch viên.

Yorùbá (Yoruba): O ní ètò láti rí irànlọwọ gbà nípá èdè rẹ láìsán owó. Bí o bá ní ibéèrè nípá iwé tí o kọ tàbí ìsèdédé nípàsẹ Kaiser Permanente, tàbí ifitonilétí yí jẹ èyí o nilò láti ìgbèsẹ kan ní ojò kan patọ́, pé nọmbà tí a pèsè fún ipínlẹ tàbí agbègbè rẹ láti bá ònǵbifọ kan sọrọ.