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

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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

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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

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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		
acetaminophen w/ codeine	2	
acetaminophen-caffeine-dihydrocodeine bitartrate	4	
acetaminophen-isometheptene-dichloralphenazone	2	
ALAGESIC	4	
BUPAP	4	
butalbital-acetaminophen	4	
butalbital-acetaminophen caffeine	2, 4	
butalbital-acetaminophen-w/ codeine	2	
butalbital-aspirin-caffeine	2	
butalbital-aspirin-caffeine w/ codeine	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	
hydrocodone-acetaminophen	2, 4	
hydrocodone-ibuprofen	4	
LORCET	4	
LORTAB	4	
MAGNACET	4	
MAXIDONE	4	
NORCO	4	
ORBIVAN	4	
orphenadrine-asa-caffeine	4	
oxycodone-acetaminophen	2, 4	
oxycodone-aspirinnp	2	
pentazocine- acetaminophen	4	

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pentazocine-naloxone	4	
PERCOCET	4	
PHRENILIN FORTE	4	
pramoxine-hc-chloroxylenol	4	
PRIMLEV	4	
REPREXAIN	4	
ROXICET	5	
TENCON	4	
tramadol hydrochloride-acetaminophen	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	
buprenorphine	4	ST,QL
BUTRANS	4	ST, QL
CONZIP	4	
DOLOPHINE	4	
DURAGESIC	4	
EMBEDA	5	ST
EXALGO	5	ST
fentanyl	2, 4	QL
FENTORA	4	
HYSINGLA ER	4	
KADIAN	4	
LAZANDA	4	
levorphanol	4	ST
methadone hcl	2, 4	
METHADOSE	4	
morphine sulfate	2, 3, 4	
morphine sulfate ER	2,4	
MS CONTIN	4	ST
NUCYNTA	4	ST, QL
ONSOLIS	4	
OPANA	5	ST
oxycodone ER	5	QL, ST
OXYCONTIN	5	QL, ST
oxymorphone hcl	5	ST
SUBSYS	4	
tramadol hcl ER	4	ST
ZOHYDRO ER	5	ST
OPIOID ANALGESICS, SHORT-ACTING		
ABSTRAL	4	

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

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

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

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

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

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

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

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

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

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TREATMENT-RESISTANT		
clozapine	2, 4	
CLOZARIL	4	
FAZACLO	4	
VERSACLOZ	4	
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS		
CENTRAL NERVOUS SYSTEM, STIMULANTS		
ADDERALL	4	
amphetamine-dextroamphetamine	2, 4	
CONCERTA	3	
DAYTRANA	4	QL
DEXEDRINE	4	QL
dexmethylphenidate hydrochloride	4	ST, QL
dexmethylphenidate hydrochloride ER	4	ST, QL
dextroamphetamine sulfate	2	QL
FOCALIN	4	ST, QL
guanfacine ER	4	ST, QL
METADATE CD	5	QL
METADATE ER	4	QL
methamphetamine hydrochloride	4	ST
METHYLIN	4	QL
methylphenidate hcl	2, 4	QL
methylphenidate hcl ER	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	
lithium carbonate	2	
lithium solution	3	ST
SAPHRIS	5	ST
ANXIOLYTICS		
ANXIOLYTICS, SEDATIVES, AND HYPNOTICS		
alprazolam	2, 4	
alprazolam ER	4	
Alprazolam ODT	4	
ATIVAN	4	
buspirone hcl	2, 4	
BUTISOL	4	

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chlordiazepoxide hcl	2	
chlordiazepoxide-amitriptyline	4	
clorazepate dipotassium	2	
DIASTAT	4	
diazepam	2, 4	
estazolam	4	
flurazepam	4	
HALCION	4	
HETLIOZ	5	
lorazepam	2, 4	
meprobamate	2	
NIRAVAM	4	
oxazepam	2	
RESTORIL	4	
SECONAL	4	
TRANXENET	4	
triazolam	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	
eszopiclone	4	ST
INTERMEZZO	4	
LUNESTA	4	ST
SONATA	4	
zaleplon	2	
zolpidem tartrate	2	
zolpidem tartrate ER	4	
SLEEP DISORDERS, OTHER		
armodafinil	2	QL
BELSOMRA	4	
modafinil	4	ST, QL
NUVIGIL	5	QL, ST
RESTORIL	4	
ROZEREM	4	ST
SILENOR	4	ST
temazepam	2, 4	
XYREM	5	QL, ST
ANTIEMETICS		
ANTIEMETICS, OTHER		
ANTIVERT	4	

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

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KERYDIN	4	
KETODANs	4	
LAMISIL	4	
LOPROX	4	
LUZU	4	
MENTAX	4	ST
miconazole	4	
NAFTIN	4	ST
naftifine	4	ST
NATACYN	3	
NIZORAL	4	
NOXAFIL	5	ST
NYAMYC POW	4	
nystatin	2	
nystatin (mouth-throat)	2	
nystatin (topical)	2	
NYSTOP POW	4	
ONMEL	4	
OXISTAT	4	ST
SPORANOX	3, 4	
TERAZOL	4	
terbinafine	2	
terconazole	4	ST
VFEND	5	
voriconazole	4	ST
ZAZOLE	4	
ZOLINZA	5	
ANTIGOUT AGENTS		
allopurinol	2	
colchicine	4	
colchicine-probenecid	4	
COLCRYS	5	QL, ST
probenecid	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		
almotriptan	4	QL, ST
AMERGE	4	QL, ST
AXERT	4	QL, ST
eletriptan	4	QL, ST

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FROVA	4	QL
IMITREX	4	QL
MAXALT	4	QL
naratriptan hcl	2	QL
RELPAX	4	QL, ST
rizatriptan benzoate	2	QL
sumatriptan succinate	2, 4	QL
TREXIMET	4	
zolmitriptan	4	QL, ST
Zolmitriptan ODT	4	QL, ST
ZOMIG	4	QL, ST
ANTIMYASTHENIC AGENTS		
PARASYMPATHOMIMETICS		
guanidine	4	ST
MESTINON	3, 4	
MYTELASE	4	ST
PROSTIGMIN	3	
pyridostigmine bromide	2	
ANTINEOPLASTIC AGENTS		
ANTINEOPLASTIC AGENTS, OTHER		
AFINITOR DISPERZ	5	
ALECENSA	5	
ALUNBRIG	5	
BOSULIF	5	
COMETRIQ	5	
COTELLIC	5	
DEMSER	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	
leucovorin	2, 4	
LONSURF	5	
LYNPARZA	5	
MEKINIST	5	
MESNEX	5	

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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	
temozolomide	2	
CEENU	4	ST
ANTIANGIOGENIC AGENTS		
REVLIMID	5	
THALOMID	5	
ANTIESTROGENS/MODIFIERS		
EMCYT	5	
FARESTON	5	ST
tamoxifen citrate	2	
ANTIMETABOLITES		
capecitabine	2	
DROXIA	3	
HYDREA	4	
hydroxyurea	2	
TABLOID	5	
AROMATASE INHIBITORS, 3RD GENERATION		
anastrozole	2	
ARIMIDEX	4	
exemestane	4	
FEMARA	4	
letrozole	2	
ENZYME INHIBITORS		

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CERDELGA	5	
etoposide	2	
HYCAMTIN	5	
MOLECULAR TARGET INHIBITORS		
AFINITOR	5	
CAPRELSA	5	
GLEEVEC	5	
imatinib	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
tretinoin	2	AGE
tretinoin (chemotherapy)	2	
ANTIPARASITICS		
ANTHELMINTICS		
ALBENZA	3	
BILTRICIDE	4	ST
IMPAVIDO	5	
ivermectin	2	
mebendazole	4	
SOOLANTRA	4	
STROMECTOL	4	
ULESFIA	4	
ANTIPROTOZOALS		
ALINIA	4	
atovaquone	2	
atovaquone-proguanil	4	ST
chloroquine phosphate	4	ST
COARTEM	4	ST
DARAPRIM	5	
hydroxychloroquine sulfate	2	
MALARONE	4	
MEPRON	5	
mefloquine	4	ST
NEBUPENT	5	ST
PLAQUENIL	4	
PRIMAQUINE PHOSPHATE	3	
quinine sulfate	4	ST

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

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

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zidovudine	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
rimantadine hydrochloride	2	QL
oseltamivir	*2*	QL
TAMIFLU	4	QL
ANTIHEPATITIS AGENTS		
adefovir dipivoxil	2	QL
BARACLUDE	5	QL
COPEGUS	4	
DAKLINZA	5	PA
entecavir	2	QL
EPCLUSA	5	QL,PA
EPIVIR HBV	5	QL
HARVONI	5	QL, PA
HEPSERA	5	QL
INCIVEK	5	QL
INTRON-A	5	
lamivudine	4	QL, ST
MODERIBA	4	
MAVRYET	5	QL, PA
OLYSIO	5	QL, PA
PEGASYS	5	QL
PEG-INTRON	5	
REBETOL	4	

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RIBASPHERE	4	
ribavirin	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		
acyclovir	2	
acyclovir topical	4	
DENAVIR	4	ST
famciclovir	4	ST
trifluridine	2	
valacyclovir	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		
acarbose	2	
ACTOPLUS MET	4	
ACTOS	4	ST
ADLYXIN	5	PA
AMARYL	4	
AVANDAMET	4	ST
AVANDARYL	4	ST

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AVANDIA	4	ST
BYDUREON	5	PA
BYETTA	5	PA
chlorpropamide	4	ST
CYCLOSET	4	ST
DUETACT	4	
FARXIGA	5	PA
FORTAMET	4	
GATTEX	5	PA
glimepiride	1, 2	
glipizide	1	
glipizide ER	4	
glipizide-metformin	4	
GLUCOPHAGE	4	
GLUCOPHAGEXR	4	
GLUCOTROL	4	
GLUCOVANCE	4	
GLUMETZA	4	
glyburide	4	
glyburide-metformin	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
metformin hcl	1, 4	
nateglinide	4	ST
NESINA	5	PA
ONGLYZA	5	PA
OSENI	5	PA
pioglitazone	2	
pioglitazone hcl-glimepiride	4	
pioglitazone-hcl-metformin	4	
PRANDIMET	4	ST
PRECOSE	4	
repaglinide	4	ST
repaglinide-metformin	4	ST
RIOMET	4	
SYMLIN	5	PA
SYNJARDY	5	PA

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TANZEUM	5	PA
tolazamide	4	ST
tolbutamide	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	
enoxaparin sodium	2, 4	
fondaparinux sodium	4	ST
FRAGMIN	5	ST
heparin	4	
JANTOVEN	1	
LOVENOX	4	
PRADAXA	3	QL
SAVAYSA	4	
warfarin sodium	1	

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

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

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

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

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

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

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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)		
amiloride-hydrochlorothiazide	1	
atenolol-chlorthalidone	4	
bisoprolol-hydrochlorothiazide	1	
DYAZIDE	4	
lisinopril-hydrochlorothiazide	1	
losartan potassium-hydrochlorothiazide	2	
MAXZIDE	4	
triamterene-hydrochlorothiazide	1, 4	
ZIAC	4	
VASODILATORS, DIRECT-ACTING ARTERIAL		
hydralazine hcl	1, 2	
minoxidil	2	
RECTIV	4	ST
VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS		
BIDIL	4	
DILATRATE	4	
ISORDIL	3	
isosorbide dinitrate	2, 4	
isosorbide dinitrate SL	4	
isosorbide mononitrate	1, 2, 4	
MINITRAN	4	
NITRO-DUR	4	
nitroglycerin	2	
NITROLINGUAL	4	
NITROMIST	4	
NITROSTAT	3	
CENTRAL NERVOUS SYSTEM AGENTS		
CENTRAL NERVOUS SYSTEM, OTHER		
NUEDEXTA	5	ST
RILUTEK	5	
riluzole	2	
XENAZINE	5	PA
DENTAL AND ORAL AGENTS		
cevimeline	4	
chlorhexidine gluconate (mouth-throat)	2	
PERIOGARD	4	
pilocarpine hcl (oral)	2, 4	ST
SALAGEN	4	

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triamcinolone acetonide (mouth)	2	
DERMATOLOGICAL AGENTS		
8-MOP	3	
ABSORICA	4	
ACANYA	4	
acitretin	4	ST
adapalene	4	AGE, ST
ALDARA	4	
aluminum chloride	2	
ammonium lactate	4	
ATRALIN	4	
AVAR	4	
AVITA	4	
AZELEX	4	ST
BENZAMYCIN	4	
benzoyl peroxide gel 6.5%	5	
benzoyl peroxide-clindamycin	2	
benzoyl peroxide-erythromycin	4	
benzoyl peroxide-hydrocortisone	5	
betamethasone-clotrimazole	4	ST
calcipotriene	2, 4	
CARAC	4	
claravis	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	
fluorouracil (topical)	2, 4	
imiquimod	2	
iodoquinol-hc	2	
isotretinoin	2	
LACLOTION	4	
MYORISAN	4	
NEO-SYNLAR	4	
NEUAC	4	
nystatin-triamcinolone	4	
OXSORALEN ULTRA	4, 5	
PHISOHEX	4	ST

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PICATO	5	ST
PLEXION	4	
podofilox	2,4	
prednicarbate	4	ST
PROTOPIC	4	ST
REGRANEX	5	
RETIN-A	4,5	AGE
SANTYL	3	
selenium sulfide	2	
SOLARAZE	4	
SORIATANE	5	
spinosad	4	
sulfacetamide sodium w/ sulfur	2, 4	
TACLONEX	5	ST
tacrolimus (topical)	2	
TAZORAC	4	AGE, ST
TRETIN X	4	
tretinoin	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	
pancrelipase	2	
PERTZYE	4	
sodium phenylbutyrate	5	
SUCRAID	4	
ULTRESA	4	
VIOKACE	4	
ZAVESCA	5	
ZENPEP	3, 4	

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

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

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

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

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prednisolone sodium phosphate	2,4	
prednisone	2	
RAYOS	4	
SYNALAR	4	
TEMOVATE	4	
TOPICORT	4	
triamcinolone acetonide	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
chorionic gonadotropin	2	
DDAVP	4	
desmopressin acetate spray	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	
raloxifene hcl	2	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
ANABOLIC STEROIDS		
ANADROL-50	5	ST
oxandrolone	4	
ANDROGENS		
ANDRODERM	4	ST
ANDROGEL	4	ST
ANDROID	2	
ANDROXY	2	
AXIRON	4	
danazol	2	
FORTESTA	4	ST
methyltestosterone	2	
STRIANT	4	
TESTIM	4	

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testosterone pump	4	
testosterone cypionate	2, 4	
testosterone topical solution	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	
estradiol	2	
estradiol cypionate, injection	2	
estradiol valerate, injection	2	
estradiol transdermal	4	
ESTRING	3	
estropipate	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
desogestrel-ethinyl estradiol	ACA	QL
EMOQUETTE	ACA	QL
ERRIN	ACA	QL
esterified estrogens-methyltestosterone	ACA	
ESTROSTEP FE	ACA	QL

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ethinyl estradiol and norethindrone	ACA	
ethynodiol diacet-ethinyl estradiol	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
levonorgestrel-ethinyl estradiol	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
norethin acet-ethinyl estradiol-fe	ACA	QL
norethindrone-ethinyl estradiol	ACA	QL
norethindrone-ethinyl estradiol chw	ACA	QL, ST
norgestimate-ethinyl estradiol	ACA	QL
norgestrel-ethinyl estradiol	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

RIVELSA	ACA	QL
SEASONIQUE TAB	ACA	QL
SRONYX	ACA	QL
TRI-LEGEST FE TAB FE	ACA	QL
tri-lo-sprintec	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	
levonorgestrel	ACA	
LYZA	ACA	
medroxyprogesterone acetate	2	
MEGACE	4	
megestrol acetate	2	
MIFEPREX	4	
MINASTRIN 24 FE	ACA	ST
NORA-BE	ACA	QL
norethindrone	ACA	QL
norethindrone acetate and ethinyl estradiol ferrous fumarate chew	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	
estradiol-norethindrone acetate	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	

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

LEVOTHROID	4	
levothyroxine sodium	2	
LEVOXYL	4	
liothyronine sodium	4	
SYNTHROID	4	
THYROLAR	4	ST
TIROSINT	4	
UNITHROID	4	
HORMONAL AGENTS, SUPPRESSANT (ADRENAL)		
LYSODREN	5	
HORMONAL AGENTS, SUPPRESSANT (PARATHYROID)		
cabergoline	2	
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)		
leuprolide acetate	4	
OCTREOTIDE	4	
SENSIPAR	5	
SOMAVERT	5	ST, PA
SYNAREL	5	
HORMONAL AGENTS, SUPPRESSANT (SEX HORMONES/MODIFIERS)		
ANTIANDROGENS		
bicalutamide	2	
CASODEX	4	
flutamide	2	
NILANDRON	5	ST
ZYTIGA	5	QL
HORMONAL AGENTS, SUPPRESSANT (THYROID)		
ANTITHYROID AGENTS		
methimazole	2	
propylthiouracil	2	
TAPAZOLE	4	
HORMONES AND SYNTHETIC SUBSTITUTES		
ADRENALS		
FLO-PRED	4	
MEDROL	4	
prednisolone	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	

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

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mesalamine	2, 4	
PENTASA	3	
ROWASA	4	
GLUCOCORTICOIDS		
ANUSOL HC	4	
hydrocortisone acetate (rectal)	2	
PROCTOFOAM	4	
PROCTOFOAM HC	4	
PROCTO-PAK	4	
PROCTOSOL	4	
SULFONAMIDES		
AZULFIDINE	4	
sulfasalazine	2	
METABOLIC BONE DISEASE AGENTS		
ACTONEL	5	ST
alendronate sodium	1, 2, 4	
ATELVIA	4	
BINOSTO	4	
BONIVA	4	
calcitriol	2, 4	
DIDRONEL	4	
doxercalciferol	4	ST
etidronate disodium	2	ST
FORTICAL	4	ST
FOSAMAX	4	
FOSAMAX PLUS D	4	
ibandronic acid	4	ST
paricalcitol	4	ST
RISEDRONATE	4	
ROCALTROL	4	
salmon calcitonin	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

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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
CONTRAVE	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	
phenazopyridine	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	

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

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

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

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

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BECONASE	4	ST
BREO ELLIPTA	4	
budesonide (inhalation)	2	
ENTOCORT EC	5	
FLOVENT	4	
flunisolide	4	
fluticasone propionate	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	
azelastine hydrochloride	4	ST
carbinoxamine maleate	4	ST
cetirizine	4	
chlorpheniramine/codeine	4	
chlorpheniramine/codeine/pseudoephedrine	4	
chlorpheniramine/hydrocodone bitartrate	4	
CLARINEX	4	
clemastine fumarate	4	ST
cyproheptadine hcl	2	
desloratadine	4	ST
dexchlorpheniramine	4	
DYMISTA	4	
fexofenadine	4	
KARBINAL	4	
levocetirizine dihydrochloride	4	ST
PALGIC	4	
PATANASE	4	ST
promethazine vc	4	
SEMPREX-D	4	
XYZAL	4	
ANTILEUKOTRIENES		
montelukast sodium	2, 4	
SINGULAIR	4	
zafirlukast	4	ST

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

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DUONEB	4	
guaifenesin-codeine	2	
hydrocodone-homatropine	2	
ipratropium-albuterol	2	
phenyleph-promethazine-codeine	4	
promethazine-codeine	4	
pseudoephedrine-codeine-gg	4	
PULMONARY ANTIHYPERTENSIVES		
ADCIRCA	5	
ADEMPAS	5	
LETAIRIS	5	
OPSUMIT	5	
ORENITRAM	5	
REMODULIN	5	
REVATIO	5	
sildenafil	4	PA
TRACLEER	5	
TYVASO	5	
UPTRAVI	5	
VENTAVIS	5	
RESPIRATORY AGENTS, MISCELLANEOUS		
acetylcysteine	2	
benzonatate	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		
urea	2	
SKIN AND MUCOUS MEMBRANE AGENTS, MISCELLANEOUS		
ACZONE GEL	4	
APEXICON E	4	

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diclofenac sodium gel	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
sodium polystyrene sulfonate	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
ped multivitamins- fluoride- iron	2	
pediatric multivitamins-fluoride	2	
pediatric vitamins acd- fluoride	2	
PHYSIOLYTE	4	
pot phosphate monobasic w/ sod phosphate dibasic & monobasic	2	
potassium bicarbonate	4	
potassium chloride	2, 4	
potassium chloride microencapsulated crystals cr	2, 4	
potassium citrate (alkalinizer)	2	
RAVICTI	5	PA
sodium chloride	4	
sodium fluoride	2, 4	
sodium phosphate	4	
TRI-VIT-FLUORIDE-IRON	3	
TRINATAL	4	
UROCIT-K	4	
NO USP CLASS		
CARNITOR	4	
cholecalciferol	4	
ergocalciferol	2	
levocarnitine	4	
MEPHYTON	3	

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

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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

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B

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C

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D

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E

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F

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G

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H

I

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J

K

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

L

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

M

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

N

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

O

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

P

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

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

Q

R

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

S

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

T

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

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

U

V

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

W

X

Y

Z

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

Go

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:
    - Qualified sign language interpreters
    - 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:
    - Qualified interpreters
    - 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 of region to talk to an interpreter.

አማርኛ (Amharic): ያለምንም ክፍያ በራስዎ ቋንቋ እገዛ የማግኘት መብት አለዎት። ስለ ማመልከቻዎ ወይም ከኬሰር ፐርማነንቴ Kaiser Permanente ስለሚያገኙት ሽፋን ማንኛውም ጥያቄዎች ካሉዎት፣ ወይም ይህ ማሳወቂያ በግልፅ በተጠቀሰ ቀን ማድረግ ያለብዎ ነገር እንዳለ የሚያስገድድዎ ከሆነ፣ በተጠቀሰው የስልክ ቁጥር ለስቴትዎ ወይም ለክልልዎ ደውለው 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 الإشعار 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 գործողություններ ձեռնարկեք մինչև որոշակի ամսաթիվ, ապա զանգահարե՛ք Ձեր նահանգի կամ շրջանի համար տրամադրված հեռախոսահամարով՝ թարգմանչի հետ խոսելու համար:

Bǎsɔ̀ɔ̀ Wùdù (Bassa): Ɔ mɔ̀ nì kpé ɓɛ́ m̀ ké gbo-kpá-kpá dyé ɖé nì mìɔùn nìin bíɖí-wùdù mú pídyi. Ɔ jũ ké m̀ dyi dyi-diè-ɖɛ̀ ɓě ɓéɖé ɓá nì céè-ɖɛ̀ m̀ tò ɓó ɖɛ zɔ̀ jè dyíɛ ní, mɔɔ jŭ ɓá nì kũùn kpɔ̃ jè dyí dyìin ɖé Kaiser Permanente múɛ ní, mɔɔ ɔ dyi bɔ̃́ ɖò jŭ ɓɛ́ m̀ ké ɖɛ ɖò nyu ɓó wé jɛ́ɛ́ ɖò kɔ̃ nì, nìí, ɖá nɔ̀ɓà ɓɛ́ wa tòà ɓó nì ɓóɖóɔ̀ mɔɔ nì gbɛ̃́ɛ̀ɔ̀ bìiɛ, ké nì mu nyɔ-wuɖuún-zà-nyɔ̀ ɖò gbo wùɖùùn.

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 নোটিস 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

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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 kaning 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 fofor, 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 કોઇ 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 જેમા તમને કોઈચોક્કસ તારીખથી પગલાં લેવાની જરૂર હોય, તો દુભાષિયા 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 avi sa a gen bagay ou sipoze fè sa a avan yon sèten dat, rele nimewo nou mete pou Eta oswa rejyon ou a pou w ka pale ak yon entèprèt.

ʻōlelo Hawaiʻi (Hawaiian): He pono a ua loaʻa no kekahi kōkua me kāu ʻōlelo inā makemake a he manuahi no hoʻi. Inā he mau nīnau kāu e pili ana i kāu palapala noi ʻinikua ola kino a i ʻole i kōkua maʻō ka polokalamu kōkua ola kino Kaiser Permanente, a i ʻole inā ke haʻi nei paha kēia leka nei iāʻoe e hana koke aku i kēia ma mua o kekahi lā i waiho ʻia, e kelepona aku i ka helu i loaʻa ma kēia leka nei no kāu mokuʻāina a i ʻole panaʻāina no ka walaʻau ʻana me kekahi kanaka unuhi ʻōlelo.

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 ceebtoom uas yuav kom koj ua ib yam dabtsi raws li hnub 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): Ị nwere ikike ịnweta enyemaka n'asụsụ gị na akwụghị ụgwọ ọ bụla. Ọ bụrụ na ị nwere ajụjụ gbasara akwụkwọ anamachọihe gị ma ọ bụ mkpuchi si na Kaiser Permanente, ma ọ bụ ọ bụrụ na nke bụ ọkwa a chọrọ ka ị mee ihe tupu otu ụbọchị, kpọọ nọmba enyere maka steeti ma ọ bụ mpaghara gị iji kwukọrịta okwu n'etiti onye ọkọwa 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 ឬប្រសិនេះគឺជាលិខិតជូនដំណឹងដែលតម្រូវឲ្យអ្នកចាត់វិធានការត្រឹមកាលបរិច្ឆេទជាក់លាក់ 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): ທ່ານມີສິດທີ່ຈະໄດ້ຮັບການຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໂດຍບໍ່ເສັງຄ່າ. ຖ້າວ່າ ທ່ານມີຄຳຖາມກ່ຽວກັບການສະໝັກຂອງທ່ານ ຫຼື ການຄຸ້ມຄອງຂອງທ່ານ Kaiser Permanente, ຫຼື ຖ້າຍັນນີ້ເປັນແຈ້ງການທີ່ຮຽກຮ້ອງໃຫ້ທ່ານດຳເນີນການພາຍໃນວັນທີທີ່ເຈາะจิงໃດໜຶ່ງ, ໃຫ້ໂທຕາມໝາຍເລກທີ່ໃຫ້ໄວ້ສຳລັບລັດ ຫຼື ເຂດຂອງທ່ານ ເພື່ອຂໍລົມກັບນາຍພາສາ.

Kajin Majōļ (Marshallese): Ewōr jimwe eo aṃ in bōk jipañ ilo kajin eo aṃ ejjeļoḷ wōṇāān. Ñe ewōr aṃ kajjitōk kōn peba in aplaiki eo aṃ ak insurance eo aṃ jān Kaiser Permanente, ak ñe enaan in kōjeļā in ej aikuj bwe kwōn ṃakūtkūt ṃokta jān juon raan eo emṇōj an kallikkar, kaļoḷ nōṃba eo ej leļoḷ ñan state eo aṃ ak jikūṃ bwe kwōn maroñ kōnono ippān juon ri-ukōt.

Naabeehó (Navajo): T'áá ni nizaad bee níká i'doolwoł doo bik'é asíníláágóó éí bee náhaz'á. Kaiser Permanente áká aná'álwo' ná bik'é azláadoo yínízeedgo naaltsoos hadinilaa, éí bína'ídílkid doogo, éí doodago díí naaltsoos haa'ída yoołkáałgo hait'áoda í'díílíił nílníigo éí nitsaa hahoodzojí éí doodago t'áá aadi nahós'a'di ata' dahalne'ígíí bich'į' hólne'go bee bił ahił hodíílnih.

नेपाली (Nepali): तपाईसगं कुनै शुल्क नदिइ आफ्नो भाषामा सहायता पाउने अधिकार छ । तपाईंसंग आफ्नो आवेदन बारे वा Kaiser Permanente मार्फत कवरेज बारेमा कुनै प्रश्नहरू भए, वा यो नोटिस अनुसार तपाईंले कुनै निर्धारित मितिमा कुनै कार्यवाही गर्नु पर्ने आवश्यकता भएमा, दोभाषेसंग कुराकानी गर्न 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 سؤالی 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.

Iokaiahn 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 ਸ਼ੁਲਕ 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 ਦੁਭਾਸ਼ੀਏ 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 fesoota'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 pamamagitang 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'o fehu'i ki ho tohi kole na'e fakafonu ki he malu'i 'inisiua 'a e Kaiser Permanente, pea kapau ko e tohini '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.

اُردو (Urdu): آپ کوکوئی بھی قیمت ادا کئے بغیر اپنی زبان میں مدد حاصل کرنے کا حق 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 ètọ́ láti rí ìrànlọ́wọ́ gbà nípa èdè rẹ láìsan owó. Bí o bá ní ìbéèrè nípa ìwé tí o kọ tàbí ìṣedéédé nípaṣẹ Kaiser Permanente, tàbí ìfitónilétí yìí jẹ́ èyí o nílò láti ìgbésẹ kan ní ojọ́ kan patọ́, pé nọ́mbà tí a pèsè fún ìpínlẹ̀ tàbí agbègbè rẹ láti bá òǹgbìfọ̀ kan sọ̀rọ̀.