KAISER PERMANENTE®

Mid and Large Size Employer Group Formulary

(List of Covered Drugs)

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

Mid and Large Size Employer Group Formulary Drug List

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

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

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

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

Generic and Brand Name Medications

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

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

Non-Formulary Medications

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

Using the Kaiser Permanente Formulary List

When you look through the formulary drug listing beginning on page 4, you will see that products available in a generic form are listed by their generic names. Medications that are only available as a brand name product are listed in ALL CAPITAL letters, except where multiple branded products exist.

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

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

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

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

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

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

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

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

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

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

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

Restrictions on medication coverage (Dispensing Limitations)

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

- **Limited distribution**: Some drugs may be subject to limited distribution or restricted access. A drug that is a limited distribution drug may only be available at one or a limited number of pharmacies.
- **Oral chemotherapy drugs**: Drugs that fall under the District of Columbia and State of Maryland Oral Chemotherapy Parity Act.
- **Prior Authorization:** A review and approval procedure that applies to some outpatient prescription drugs and is used to encourage safe and cost-effective medication use. Prior authorization is generally applied to outpatient prescription drugs that have multiple medical uses, are higher in cost or have a significant safety concern.

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

  If a drug requires prior authorization, your prescribing physician or authorized provider must work with us to authorize the drug for your use. Drugs requiring prior authorization have specific clinical criteria, including but not limited to diagnosis of specified condition, laboratory requirements or prescriber specialty, that you must meet in order for the prescription to be eligible for coverage. Refer to the formulary for a complete list of medications requiring prior authorization. Once a prior authorization has been approved for a drug used to treat a chronic condition, no reauthorization for a repeat prescription will be needed for 1 year or for the duration of the standard course of treatment for the chronic condition being treated, whichever is less.
- **Preventative Medications**: Preventative drugs with no copayment/coinsurance under the Affordable Care Act (ACA). Some drugs require certain clinical criteria to be met to receive no copayment/coinsurance.
- **Quantity limit**: For certain drugs, Kaiser Permanente Pharmacy and Therapeutics Committee limit the amount of medication dispensed to a certain quantity per copay.
- **Step Therapy Process**: A process that defines how and when a particular outpatient prescription drug can be covered by requiring the use of one or more prerequisite drugs (first line agents), as identified through your drug history, prior to the use of another drug (second line agent). The step therapy process encourages safe and cost-effective medication use. Under this process, a "step" approach is required to receive coverage for certain high-cost medications. This means that to receive coverage, you may first be required to try a proven, cost effective medication before using a more costly medication.

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

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

Key:

HC = Higher copay
LD = Limited Distribution Drugs
MB = Medical Benefit
OC = Oral Chemotherapy Drugs
PA = Prior Authorization
PREV = Preventative Medications
QL = A drug that has a quantity limit
ST = Step Therapy

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

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

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

Name of drug	Restrictions & Limits
hydroxychloroquine sulfate	
KRINTAFEL	
mefloquine hcl	
metronidazole	MB
NEBUPENT	
primaquine phosphate	
ANTIVIRALS	
abacavir sulfate	
abacavir sulfate-lamivudine	
abacavir sulfate-lamivudine-zidovudine	
acyclovir	
acyclovir sodium	MB
adefovir dipivoxil	
APTIVUS	
atazanavir sulfate	
BEYFORTUS	MB
BIKTARVY	
CABENUVA	MB
CIMDUO	
COMPLERA	
CRIXIVAN	
CYTOVENE	MB
darunavir	
DELSTRIGO	
DESCOVY	PREV
DIDANOSINE	
DOVATO	
efavirenz	
efavirenz-emtricitabine-tenofovir disoproxil fumarate	
emtricitabine	
emtricitabine-tenofovir disoproxil fumarate	PREV
entecavir	
etravirine	
EVOTAZ	
fosamprenavir calcium	
FOSCAVIR	MB
FUZEON	QL
GENVOYA	
INVIRASE	
ISENTRESS	
JULUCA	
lamivudine	
lamivudine (hbv)	
lamivudine-zidovudine	
LEDIPASVIR-SOFOSBUVIR	PA, QL
LIVTENCITY	QL, LD
lopinavir-ritonavir	
maraviroc	
nevirapine	
ODEFSEY	
oseltamivir phosphate	QL

Name of drug	Restrictions & Limits
PAXLOVID (150/100)	
PEGASYS	QL
PIFELTRO	
PREVYMIS	MB
PREZCOBIX	
RELENZA DISKHALER	QL
RIBAVIRIN	
rilpivirine hcl	
RIMANTADINE HCL	
ritonavir	
SOFOSBUVIR-VELPATASVIR	PA, QL
STAVUDINE	
STRIBILD	
SYMFI	
SYMTUZA	
SYNAGIS	MB
tenofovir disoproxil fumarate	
TIVICAY	
TRIUMEQ	
valacyclovir hcl	
valganciclovir hcl	
VEKLURY	MB
VIRACEPT	
VOSEVI	PA, QL
zidovudine	
URINARY ANTI-INFECTIVES	
fosfomycin tromethamine	
methenamine hippurate	
nitrofurantoin	
nitrofurantoin macrocrystal	
nitrofurantoin monohyd macro	
trimethoprim	
ANTIHISTAMINE DRUGS	
ANTIHISTAMINE DRUGS	
cyproheptadine hcl	
diphenhydramine hcl	MB
promethazine hcl	MB
ANTINEOPLASTIC AGENTS	
ANTINEOPLASTIC AGENTS	
abiraterone acetate	OC
ALECENSA	OC
ALUNBRIG	OC
anastrozole	OC, PREV
ASPARLAS	MB
azacitidine	MB
bendamustine hcl	MB
bexarotene	OC
bicalutamide	OC
BICNU	MB
bleomycin sulfate	MB
bortezomib	MB

Name of drug	Restrictions & Limits
BRUKINSA	OC
CALQUENCE	OC
CAMPATH	LD, MB
capecitabine	OC
CAPRELSA	LD, OC
carboplatin	MB
cisplatin	MB
cladribine	MB
COMETRIQ (100 MG DAILY DOSE)	LD, OC
COSMEGEN	MB
COTELLIC	OC
cyclophosphamide	PA, MB
CYRAMZA	MB
cytarabine	MB
dacarbazine	MB
dasatinib	OC
daunorubicin hcl	MB
decitabine	MB
DOCETAXEL	MB
doxorubicin hcl	MB
doxorubicin hcl liposomal	MB
ELAHERE	MB
EMCYT	OC
epirubicin hcl	MB
ERBITUX	MB
eribulin mesylate	MB
erlotinib hcl	OC
etoposide	OC, MB
everolimus	OC
exemestane	OC, PREV
floxuridine	MB
fludarabine phosphate	MB
fluorouracil	MB
FLUTAMIDE	OC
fulvestrant	MB
GAZYVA	MB
gefitinib	OC
gemcitabine hcl	MB
GLEOSTINE	OC
HERCESSI	MB
hydroxyurea	OC
IBRANCE	OC
ifosfamide	MB
imatinib mesylate	OC
IMBRUVICA	OC
INLYTA	OC
irinotecan hcl	MB
IXEMPRA KIT	MB
JAKAFI	OC
JEVTANA	MB
KADCYLA	MB

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Name of drug	Restrictions & Limits
KISQALI (200 MG DOSE)	OC
KYPROLIS	MB
lapatinib ditosylate	OC
lenalidomide	PA, LD
LENVIMA (10 MG DAILY DOSE)	QL, OC
letrozole	OC
LEUKERAN	OC
leuprolide acetate	PA, QL, HC
LIBTAYO	MB
LONSURF	OC
LUPRON DEPOT (3-MONTH)	QL
LUPRON DEPOT (4-MONTH)	QL
LUPRON DEPOT (6-MONTH)	QL
LUPRON DEPOT-PED (1-MONTH)	QL
LUPRON DEPOT-PED (3-MONTH)	QL
LYNPARZA	OC
LYSODREN	LD, OC
MATULANE	OC
megestrol acetate	
MEKINIST	OC
MELPHALAN	OC
mercaptopurine	OC
methotrexate sodium	MB
mitomycin	MB
mitoxantrone hcl	MB
MUSTARGEN	MB
MVASI	MB
MYLERAN	OC
NINLARO	OC
ODOMZO	OC
ONCASPAR	MB
OPDIVO	MB
oxaliplatin	MB
paclitaxel	MB
pazopanib hcl	OC
pemetrexed disodium	MB
pomalidomide	LD, OC
PROLEUKIN	MB
RIABNI	MB
RYDAPT	OC
SARCLISA	MB
sorafenib tosylate	OC
STIVARGA	OC
sunitinib malate	OC
SYLVANT	MB
TABLOID	OC
TAFINLAR	OC
TAGRISSO	OC
tamoxifen citrate	PA, PREV
temozolomide	OC
temsirolimus	MB

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Name of drug	Restrictions & Limits
TENIPOSIDE	MB
TICE BCG	MB
topotecan hcl	OC, MB
tretinoin (chemotherapy)	OC
UNITUXIN	MB
VECTIBIX	MB
VENCLEXTA	OC
VERZENIO	OC
VINBLASTINE SULFATE	MB
VINCRISTINE SULFATE	MB
vinorelbine tartrate	MB
VYXEOS	MB
XTANDI	OC
YERVOY	MB
ZEJULA	OC
ZELBORAF	OC
ZOLADEX	MB
ZOLINZA	OC
ZYKADIA	OC
ANXIOLYTICS, SEDATIVES, AND HYPNOTICS	
BENZODIAZEPINES	
alprazolam	QL
diazepam	QL, MB
lorazepam	QL, MB
midazolam hcl	MB
temazepam	QL
AUTONOMIC DRUGS	
ANTICHOLINERGIC AGENTS	
atropine sulfate	MB
benztropine mesylate	MB
dicyclomine hcl	MB
glycopyrrolate	MB
hyoscyamine	
hyoscyamine sulfate	
ipratropium bromide	
ipratropium bromide (nasal)	
SPIRIVA RESPIMAT	
STIOLTO RESPIMAT	
trihexyphenidyl hcl	
AUTONOMIC DRUGS, MISCELLANEOUS	
varenicline tartrate	QL, PREV
PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS	
bethanechol chloride	
donepezil hydrochloride	
galantamine hydrobromide	
neostigmine methylsulfate	MB
PHYSOSTIGMINE SALICYLATE	MB
pilocarpine hcl (oral)	
pyridostigmine bromide	
SKELETAL MUSCLE RELAXANTS	
baclofen	

Name of drug	Restrictions & Limits
cyclobenzaprine hcl	
dantrolene sodium	MB
methocarbamol	
SYMPATHOMIMETIC (ADRENERGIC) AGENTS	
AKOVAZ	MB
albuterol sulfate	
alfuzosin hcl	
AUVI-Q	QL
dihydroergotamine mesylate	QL
dobutamine hcl	MB
DOBUTAMINE-DEXTROSE	MB
epinephrine	MB
ERGOLOID MESYLATES	
fluticasone-salmeterol	
ipratropium-albuterol	
metaproterenol sulfate	
midodrine hcl	
phenoxybenzamine hcl	
SEREVENT DISKUS	
STRIVERDI RESPIMAT	
tamsulosin hcl	
terbutaline sulfate	MB
BLOOD FORMATION, COAGULATION, AND THROMBOSIS	
COAGULANTS AND ANTICOAGULANTS	
ALPROLIX	MB
ALTUVIIIO	MB
aminocaproic acid	
anagrelide hcl	
aspirin-dipyridamole	
BENEFIX	MB
cilostazol	
clopidogrel bisulfate	
dabigatran etexilate mesylate	
dipyridamole	
ELOCTATE	MB
enoxaparin sodium	QL
HEMLIBRA	PA, QL
heparin sodium (porcine)	QL
heparin sodium (porcine) lock flush	MB
IDELVION	MB
KOVALTRY	MB
pentoxifylline	
prasugrel hcl	
rivaroxaban	
ticagrelor	
tranexamic acid	
warfarin sodium	
HEMATOPOIETIC AGENTS	
ALVAIZ	
eltrombopag olamine	
FILKRI	

Name of drug	Restrictions & Limits
GRANIX	QL
LEUKINE	QL
PROCRIT	QL
CARDIOVASCULAR DRUGS	
ALPHA-ADRENERGIC BLOCKING AGENTS	
doxazosin mesylate	
terazosin hcl	
ANTILIPEMIC AGENTS	
atorvastatin calcium	PREV
cholestyramine	
cholestyramine light	
colestipol hcl	
ezetimibe	
fenofibrate	
gemfibrozil	
lovastatin	PREV
pravastatin sodium	PREV
rosuvastatin calcium	PREV
simvastatin	PREV
BETA-ADRENERGIC BLOCKING AGENTS	
atenolol	
atenolol & chlorthalidone	
bisoprolol & hydrochlorothiazide	
bisoprolol fumarate	
carvedilol	
esmolol hcl	MB
labetalol hcl	MB
metoprolol succinate	
metoprolol tartrate	MB
propranolol hcl	
sotalol hcl	
CALCIUM-CHANNEL BLOCKING AGENTS	
amlodipine besylate	
amlodipine besylate-benazepril hcl	
CARDENE IV	MB
CLEVIPREX	MB
diltiazem hcl	MB
diltiazem hcl coated beads	
NICARDIPINE HCL	MB
nifedipine	
verapamil hcl	
CARDIAC DRUGS	
adenosine	MB
amiodarone hcl	MB
digoxin	MB
disopyramide phosphate	
dofetilide	
flecainide acetate	
LIDOCAINE HCL (CARDIAC) PF	MB
mexiletine hcl	
NEXTERONE	MB

Name of drug	Restrictions & Limits
procainamide hcl	MB
propafenone hcl	
quinidine gluconate	
quinidine sulfate	
HYPOTENSIVE AGENTS	
clonidine	
clonidine hcl	
guanfacine hcl	
hydralazine hcl	MB
METHYLDOPA	
minoxidil	
RENIN-ANGIOTENSIN-ALDOSTERONE SYSTEM INHIBITORS	
benazepril hcl	
captopril	
enalapril maleate	
irbesartan	
irbesartan-hydrochlorothiazide	
lisinopril	
lisinopril & hydrochlorothiazide	
losartan potassium	
losartan potassium & hydrochlorothiazide	
olmesartan medoxomil	
olmesartan medoxomil-hydrochlorothiazide	
sacubitril-valsartan	
spironolactone	
spironolactone & hydrochlorothiazide	
valsartan	
valsartan-hydrochlorothiazide	
VASODILATING AGENTS	
isosorbide dinitrate	
isosorbide mononitrate	
nitroglycerin	
papaverine hcl	MB
sildenafil citrate (pulmonary hypertension)	PA, QL, HC
tadalafil (pulmonary hypertension)	PA, LD, HC
CENTRAL NERVOUS SYSTEM AGENTS	
ANALGESICS AND ANTIPYRETICS	
acetaminophen	MB
acetaminophen w/ codeine	QL
buprenorphine	QL
BUTORPHANOL TARTRATE	MB
choline & mag salicylate	
clonidine hcl (analgesia)	MB
codeine sulfate	QL
diclofenac sodium	
etodolac	
fentanyl	QL
fentanyl citrate	MB
hydrocodone-acetaminophen	QL
hydromorphone hcl	QL, MB
ibuprofen	

Name of drug	Restrictions & Limits
indomethacin	
ketorolac tromethamine	MB
meloxicam	
meperidine hcl	MB
methadone hcl	QL
morphine sulfate	QL, MB
nabumetone	
naproxen	
oxycodone hcl	QL
oxycodone w/ acetaminophen	QL
sulindac	
tramadol hcl	QL
ANOREXIGENIC AGENTS AND RESPIRATORY AND CEREBRAL STIMULANTS	
amphetamine-dextroamphetamine	
caffeine citrate	MB
dexmethylphenidate hcl	
dextroamphetamine sulfate	
lisdexamfetamine dimesylate	
methylphenidate hcl	
midazolam hcl	MB
modafinil	
ANTICHOLINERGIC AGENTS	
benztropine mesylate	
ANTICONVULSANTS	
carbamazepine	
CELONTIN	
clonazepam	QL
divalproex sodium	
ethosuximide	
fosphenytoin sodium	MB
gabapentin	
lacosamide	
lamotrigine	
levetiracetam	MB
magnesium sulfate	MB
oxcarbazepine	
phenytoin	
phenytoin sodium	MB
phenytoin sodium extended	
pregabalin	
primidone	
topiramate	
valproate sodium	MB
valproic acid	
ANTIMIGRAINE AGENTS	
AJOVY	QL
naratriptan hcl	QL
rizatriptan benzoate	QL
sumatriptan	
sumatriptan succinate	QL
ANXIOLYTICS, SEDATIVES, AND HYPNOTICS	

Name of drug	Restrictions & Limits
buspirone hcl	
chlordiazepoxide hcl	QL
dexmedetomidine hcl	MB
dexmedetomidine hcl in sodium chloride	MB
DIASTAT ACUDIAL	QL
doxepin hcl (sleep)	QL
droperidol	MB
etomidate	MB
hydroxyzine hcl	MB
hydroxyzine pamoate	
ketamine hcl	MB
midazolam hcl	MB
phenobarbital	
PHENOBARBITAL SODIUM	MB
propofol	MB
zaleplon	QL
zolpidem tartrate	QL
CENTRAL NERVOUS SYSTEM AGENTS, MISCELLANEOUS	
acamprosate calcium	
amantadine hcl	
atomoxetine hcl	
bromocriptine mesylate	
cabergoline	
carbidopa	
carbidopa-levodopa	
cisatracurium besylate	MB
diethylpropion hcl	HC
entacapone	
flumazenil	MB
guanfacine hcl (adhd)	
KYNMOBI	
memantine hcl	
phentermine hcl	HC
pramipexole dihydrochloride	
QUELICIN	MB
riluzole	
rocuronium bromide	MB
ropinirole hydrochloride	
selegiline hcl	
sevoflurane	MB
SUPRANE	MB
tetrabenazine	
vecuronium bromide	MB
OPIATE ANTAGONISTS	
buprenorphine hcl	QL
buprenorphine hcl-naloxone hcl dihydrate	QL
naloxone hcl	QL
naltrexone hcl	
PSYCHOTHERAPEUTIC AGENTS	
amitriptyline hcl	
aripiprazole	

Name of drug	Restrictions & Limits
ARISTADA	MB
bupropion hcl	PA
chlorpromazine hcl	MB
citalopram hydrobromide	
clozapine	QL
desipramine hcl	
doxepin hcl	
duloxetine hcl	
escitalopram oxalate	
fluoxetine hcl	
fluphenazine decanoate	MB
fluphenazine hcl	
fluvoxamine maleate	
haloperidol	
haloperidol decanoate	MB
haloperidol lactate	MB
imipramine hcl	
INVEGA SUSTENNA	MB
lithium carbonate	
LITHIUM CITRATE	
lurasidone hcl	
mirtazapine	
NEFAZODONE HCL	
nortriptyline hcl	
olanzapine	MB
paroxetine hcl	
perphenazine	
PHENELZINE SULFATE	
pimozide	
prochlorperazine	
PROCHLORPERAZINE EDISYLATE	MB
prochlorperazine maleate	
protriptyline hcl	
quetiapine fumarate	
risperidone	
risperidone microspheres	MB
sertraline hcl	
thioridazine hcl	
thiothixene	
trazodone hcl	
trifluoperazine hcl	
venlafaxine hcl	
ziprasidone hcl	
DIABETIC SUPPLIES	
DIABETIC SUPPLIES	
ACCU-CHEK GUIDE CONTROL	
ACCU-CHEK GUIDE ME	QL
ACCU-CHEK GUIDE TEST	QL
ALBUSTIX	
AUTOPEN	
BD AUTOSHIELD DUO	

Name of drug	Restrictions & Limits
BD INSULIN SYRINGE	
BD INSULIN SYRINGE	
BD INSULIN SYRINGE U-500	
BD LANCET ULTRAFINE 30G	
DIASTIX	
KETO-DIASTIX	
KETOSTIX	
MINIMED SYRINGE RESERVOIR/3ML/22G X 1/2"	
OMNIPOD 5 DEXG7G6 INTRO GEN 5	
PENLET II AUTOMATIC BLOODSAMPLER	
PRECISION XTRA KETONE	
URISTIX	
ELECTROLYTIC, CALORIC, AND WATER BALANCE	
ACIDIFYING AND ALKALINIZING AGENTS	
CYTRA K CRYSTALS	
K-PHOS NO 2	
potassium citrate (alkalinizer)	
SOD CITRATE-CITRIC ACID	
SODIUM ACETATE	MB
sodium bicarbonate	MB
TRICITRATES	
AMMONIA DETOXICANTS	
lactulose	
lactulose (encephalopathy)	
CALORIC AGENTS	
amino acid infusion	MB
CLINIMIX E/DEXTROSE (5/15)	MB
CLINIMIX E/DEXTROSE (5/20)	MB
CLINIMIX/DEXTROSE (5/15)	MB
dextrose	MB
INTRALIPID	MB
PROCALAMINE	MB
DIURETICS	
amiloride & hydrochlorothiazide	
amiloride hcl	
chlorothiazide	
chlorthalidone	
ethacrynate sodium	MB
furosemide	MB
hydrochlorothiazide	
indapamide	
MANNITOL	MB
metolazone	
torsemide	
triamterene & hydrochlorothiazide	
ION-REMOVING AGENTS	
lanthanum carbonate	
LOKELMA	
sevelamer carbonate	
sodium polystyrene sulfonate	
IRRIGATING SOLUTIONS	

Name of drug	Restrictions & Limits
acetic acid	
DIANEAL LOW CALCIUM/1.5% DEX	MB
EXTRANEAL	MB
sodium chloride (gu irrigant)	MB
water for irrigation, sterile	
REPLACEMENT PREPARATIONS	
calcium acetate (phosphate binder)	
CALCIUM CHLORIDE	MB
calcium gluconate	MB
dextrose in lactated ringers	MB
dextrose w/ sodium chloride	MB
HESPAN	MB
K-PHOS	
K-PHOS-NEUTRAL	
KCL (0.298%) IN NACL	MB
KCL-LACTATED RINGERS-D5W	MB
LACTATED RINGERS	MB
LOKELMA	
NORMAL SALINE FLUSH	MB
POTASSIUM ACETATE	MB
potassium bicarbonate	
potassium chloride	MB
potassium chloride in dextrose & sodium chloride	MB
potassium chloride microencapsulated crystals er	
POTASSIUM PHOSPHATES(66 MEQ K)	MB
sodium chloride	MB
SODIUM CHLORIDE BACTERIOSTATIC	MB
SODIUM PHOSPHATES	MB
trace minerals (cr-cu-mn-se-zn)	MB
ZINC CHLORIDE	MB
URICOSURIC AGENTS	
probenecid	
ENZYMES	
ENZYMES	
ADAGEN	LD, MB
ELELYSO	MB
FABRAZYME	MB
PULMOZYME	
VIMIZIM	MB
EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS	
ANTI-INFECTIVES	
ARZOL SILVER NIT APPLICATORS	MB
BACITRACIN	
BACITRACIN-POLYMYXIN B	
BETADINE OPHTHALMIC PREP	MB
ciprofloxacin hcl (ophth)	
erythromycin (ophth)	
gentamicin sulfate (ophth)	
moxifloxacin hcl (ophth)	
NATACYN	
ofloxacin (ophth)	

Name of drug	Restrictions & Limits
polymyxin b-trimethoprim	
tobramycin (ophth)	
TRIFLURIDINE	
ANTI-INFLAMMATORY AGENTS	
BACITRA-NEOMYCIN-POLYMYXIN-HC	
BLEPHAMIDE	
bromfenac sodium (ophth)	
ciprofloxacin-dexamethasone	
CORTISPORIN-TC	
cyclosporine (ophth)	QL
DEXAMETHASONE SODIUM PHOSPHATE	
diclofenac sodium (ophth)	
flunisolide (nasal)	
fluorometholone (ophth)	
FLURBIPROFEN SODIUM	
hydrocortisone w/acetic acid	
ketorolac tromethamine (ophth)	
neomycin-polymy-dexameth	
NEOMYCIN-POLYMYXIN-HC	
neomycin-polymyxin-hc (otic)	
PRED-G	
prednisolone acetate (ophth)	
PREDNISOLONE SODIUM PHOSPHATE	
tobramycin-dexamethasone	
ANTIALLERGIC AGENTS	
azelastine hcl	
CROMOLYN SODIUM	
ANTIGLAUCOMA AGENTS	
acetazolamide	
acetazolamide sodium	MB
BETAXOLOL HCL	
brimonidine tartrate	
dorzolamide hcl	
dorzolamide hcl-timolol maleate	
latanoprost	
LEVOBUNOLOL HCL	
methazolamide	
pilocarpine hcl	
timolol maleate (ophth)	
EENT DRUGS, MISCELLANEOUS	
acetic acid (otic)	
acetic acid-aluminum acetate	
BSS	MB
CIMERLI	MB
PAVBLU	MB
PHOTREXA VISCOUS	MB
LOCAL ANESTHETICS	
ALTAFLUOR BENOX	MB
lidocaine hcl (mouth-throat)	
proparacaine hcl	MB
tetracaine hcl (ophth)	MB

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Name of drug	Restrictions & Limits
MYDRIATICS	
atropine sulfate (ophthalmic)	
CYCLOMYDRIL	MB
cyclopentolate hcl	
HOMATROPAIRE	
tropicamide	MB
VASOCONSTRICTORS	
phenylephrine hcl (mydriatic)	
GASTROINTESTINAL DRUGS	
ANTI-INFLAMMATORY AGENTS	
balsalazide disodium	
mesalamine	
ANTIEMETICS	
AKYNZEO	
aprepitant	
dronabinol	
fosaprepitant dimeglumine	MB
granisetron hcl	
ondansetron	
ondansetron hcl	MB
scopolamine	
ANTIULCER AGENTS AND ACID SUPPRESSANTS	
famotidine	MB
misoprostol	
omeprazole	
pantoprazole sodium	MB
sucralfate	
DIGESTANTS	
ZENPEP	
GI DRUGS, MISCELLANEOUS	
chlordiazepoxide hcl-clidinium bromide	
CREON	
diphenoxylate w/ atropine	
lubiprostone	
metoclopramide hcl	MB
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate	PREV, NC
prucalopride succinate	
sodium sulfate-potassium sulfate-magnesium sulfate	PREV
ursodiol	
GOLD COMPOUNDS	
GOLD COMPOUNDS	
MYOCHRYSINE	MB
HEAVY METAL ANTAGONISTS	
HEAVY METAL ANTAGONISTS	
deferasirox	
deferoxamine mesylate	MB
penicillamine	
HORMONES AND SYNTHETIC SUBSTITUTES	
ADRENALS	
BREZTRI AEROSPHERE	
budesonide	

Name of drug	Restrictions & Limits
CELESTONE SOLUSPAN	MB
CORTISONE ACETATE	
dexamethasone	
dexamethasone sodium phosphate	MB
fludrocortisone acetate	
hydrocortisone	
methylprednisolone	
methylprednisolone acetate	MB
methylprednisolone sod succ	MB
prednisolone	
prednisolone sodium phosphate	
prednisone	
SOLU-CORTEF	MB
triamcinolone acetonide	MB
ANDROGENS	
danazol	
testosterone	
testosterone cypionate	QL
TESTOSTERONE ENANTHATE	QL
CONTRACEPTIVES	
desogestrel & ethinyl estradiol	PREV
drospirenone-ethinyl estradiol	PREV
ELLA	PREV
ethynodiol diacet & eth estrad	PREV
etonogestrel-ethinyl estradiol	QL, PREV
levonorgestrel & eth estradiol	PREV
levonorgestrel (emergency oc)	PREV
levonorgestrel-eth estradiol (triphasic)	PREV
NECON 10/11-28	PREV
norelgestromin-ethinyl estradiol	PREV
norethin acet & estrad-fe	PREV
norethindrone & eth estradiol	PREV
norethindrone (contraceptive)	PREV
norethindrone acet & eth estra	PREV
norethindrone-eth estradiol (triphasic)	PREV
norgestimate-ethinyl estradiol	PREV
norgestimate-ethinyl estradiol (triphasic)	PREV
OPILL	PREV
DIABETIC AGENTS	
acarbose	
dapagliflozin	
dapagliflozin free base-metformin hcl	
diazoxide	
glimepiride	
glipizide	
glucagon	
HUMALOG	
HUMULIN 70/30	
HUMULIN N	
HUMULIN R	
INSULIN DEGLUDEC FLEXTOUCH	PA

Name of drug	Restrictions & Limits
INSULIN GLARGINE-YFGN	
JARDIANCE	
KIRSTY	
liraglutide	PA
metformin hcl	
pioglitazone hcl	
SITAGLIPTIN	
SITAGLIPTIN BASE-METFORMIN HCL	
ESTROGENS AND ANTIESTROGENS	
clomiphene citrate	HC
EEMT	
estradiol	
estradiol vaginal	
estradiol valerate	QL
raloxifene hcl	PREV
GONADOTROPINS	
BRAVELLE	QL, HC
CHORIONIC GONADOTROPIN	QL, HC
FOLLISTIM AQ	QL, HC
GANIRELIX ACETATE	QL, HC
GONAL-F	QL, HC
MENOPUR	QL, HC
IUD	
MIRENA (52 MG)	PREV, MB
NEXPLANON	PREV, MB
PARATHYROID	
calcitonin (salmon)	QL
PITUITARY	
desmopressin acetate	QL
desmopressin acetate refrigerated	
DESMOPRESSIN ACETATE SPRAY	
desmopressin acetate spray refrigerated	
PROGESTINS	
DEPO-PROVERA	MB
HYDROXYPROGESTERONE CAPROATE	MB
medroxyprogesterone acetate	
medroxyprogesterone acetate (contraceptive)	PREV, MB
norethindrone acetate	
progesterone	PA, QL, HC
SOMATOTROPIN AGONISTS AND ANTAGONISTS	
octreotide acetate	QL, MB
OMNITROPE	QL
THYROID AND ANTITHYROID AGENTS	
levothyroxine sodium	MB
liothyronine sodium	
methimazole	
propylthiouracil	
MEDICAL DEVICE	
DIAPHRAGM	
CAYA	PREV
WIDE-SEAL DIAPHRAGM 60	PREV

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Name of drug	Restrictions & Limits
IUD	
PARAGARD INTRAUTERINE COPPER	PREV, MB
MEDICAL DEVICE	
AEROCHAMBER Z-STAT PLUS	
AEROGEAR ACTION ASTHMA KIT	
CATHFLO ACTIVASE	MB
CLEVER CHOICE WHISPER AIRE NEB	
DEVILBISS COMPACT COMPRESSOR	
PIKO 1	
MISCELLANEOUS THERAPEUTIC AGENTS	
MISCELLANEOUS THERAPEUTIC AGENTS	
1ML ALLERGIST TRAY SYRINGE 26 G X 1/2"	
1ML TUBERCULIN SYRINGE SLIP TIP	
adenosine (diagnostic)	MB
ALBURX	MB
alendronate sodium	
allopurinol	
AMJEVITA	QL
AVTOZMA	PA, QL
azathioprine	
BACTERIOSTATIC WATER(BENZ ALC)	MB
BD 10ML LUER-LOK SYRINGE 22G X 1-1/2"	
BD 3ML LUER-LOK SYRINGE 20G X 1-1/2"	
BD BLUNT FILL NEEDLE	
BD DISP NEEDLE	
BD DISP NEEDLES	
BD DISP NEEDLES	
BD DISP NEEDLES	
BD DISP NEEDLES	
BD FILTER NEEDLE/5 MICRON	
BD LUER-LOK SYRINGE	
BD SYRINGE SLIP TIP	
BETASERON	QL
BOTOX	MB
BRIDION	MB
bupivacaine hcl	MB
bupivacaine in dextrose	MB
bupivacaine w/ epinephrine	MB
CABOMETYX	OC
CAMPHOR	
CAMPHOR BLOCKS	
CAMPHOR SPIRIT (BULK)	
CERDELGA	LD
CHLORAMPHENICOL	
cinacalcet hcl	
COAL TAR	
colchicine	
CORTROSYN	MB
cyclosporine modified (for microemulsion)	
DAXXIFY	MB
dexrazoxane hcl	MB

Name of drug	Restrictions & Limits
DIETHYLSTILBESTROL	
DILTIAZEM HCL	
dimethyl fumarate	
disulfiram	
dopamine in d5w	MB
EOVIST	MB
EPYSQLI	
finasteride	
fingolimod hcl	
FLURA-DROPS	PREV
GADAVIST	MB
gadoterate meglumine	MB
GELFOAM SPONGE	MB
glatiramer acetate	QL
GLUCAGEN DIAGNOSTIC	MB
HYDROCORTISONE	
HYDROCORTISONE MICRONIZED	
HYDROXYUREA	
ibandronate sodium	
icatibant acetate	PA, QL
INFLECTRA	MB
KETAMINE HCL	
KETOPROFEN	
leflunomide	
LETS	MB
leucovorin calcium	MB
LEUCOVORIN CALCIUM	
levocarnitine (metabolic modifiers)	MB
LIDOCAINE	
LIDOCAINE HCL	
lidocaine hcl (local anesth.)	MB
lidocaine w/ epinephrine	MB
MAGNEVIST	MB
MENTHOL	
mesna	MB
methylergonovine maleate	MB
MONOJECT SYRINGE	
mycophenolate mofetil	
NEULUMEX	
NYSTATIN	
ODACTRA	
OMNITROPE PEN 10 INJECTION DEVICE	
ORENCIA	PA, QL, MB
OTEZLA	PA, QL
oxytocin	MB
PAMIDRONATE DISODIUM	MB
PCCA LIPODERM BASE	
PHENOL	
POLOCAINE-MPF	MB
PROVAYBLUE	MB
PROVOCHOLINE	MB

Name of drug	Restrictions & Limits
regadenoson	MB
RIMSO-50	MB
risedronate sodium	
SALICYLIC ACID	
SANDIMMUNE	MB
SCULPTRA	MB
SSKI	
STERILE WATER FOR INJECTION	MB
SULFAMETHOXAZOLE	
SULFUR PRECIPITATED (BULK)	
tacrolimus	
THALOMID	PA, LD
THYMOL	
THYROGEN	MB
TRIAMCINOLONE ACETONIDE	
TUBERSOL	MB
ULTOMIRIS	MB
VYVGART	MB
XELJANZ	PA
XROMI	
YESINTEK	MB
YESINTEK	
yohimbine hcl	HC
zoledronic acid	MB
MUSCULOSKELETAL THEARPY	
HYALGAN	MB
OXYTOCICS	
OXYTOCICS	
methylergonovine maleate	
MIFEPREX	
RESPIRATORY TRACT AGENTS	
ANTI-INFLAMMATORY AGENTS	
cromolyn sodium	
cromolyn sodium (mastocytosis)	
FASENRA	PA, QL, MB
montelukast sodium	
ANTITUSSIVES	
benzonatate	
DURATUSS HD	QL
guaifenesin-codeine	QL
hydrocodone bitartrate-homatropine methylbromide	QL
phenyleph-cpm w/ hydrocod	QL
phenylephrine-ephedrine-chlorpheniramine w/ carbetapentane	
RESPIRATORY AGENTS, MISCELLANEOUS	
acetylcysteine	
ADEMPAS	PA, LD
ALVESCO	
ambrisentan	LD
ASMANEX (120 METERED DOSES)	
bosentan	LD
brompheniramine & phenyleph	

Name of drug	Restrictions & Limits
budesonide (inhalation)	
budesonide-formoterol fumarate dihydrate	
fluticasone propionate hfa	
pirfenidone	LD
SODIUM CHLORIDE	
SERUMS, TOXOIDS, AND VACCINES	
SERUMS	
FLEBOGAMMA DIF	MB
GAMASTAN	MB
GAMMAGARD	QL
HYPERRHO	MB
IMOGAM RABIES-HT	MB
NABI-HB	MB
TOXOIDS	
ADACEL	MB
INFANRIX	MB
KINRIX	MB
TDVAX	MB
TE ANATOXAL BERNA	MB
VACCINES	
ABRYSVO	MB
AREXVY	MB
BEXSERO	MB
COMIRNATY	MB
ENGERIX-B	MB
FLULAVAL QUADRIVALENT	MB
FLUZONE HIGH-DOSE QUADRIVALENT	MB
GARDASIL 9	MB
HAVRIX	MB
HIBERIX	MB
IMOVAX RABIES (H.D.C.V.)	MB
IPOL	MB
IXIARO	MB
JE-VAX	MB
MENOMUNE-A/C/Y/W-135	MB
MENVEO	MB
MERUVAX II W/DILUENT 10 DOSE	MB
MUMPSVAX W/DILUENT 10 DOSE	MB
PEDIARIX	MB
PNEUMOVAX 23	MB
PREVNAR 13	MB
PREVNAR 20	MB
PRIORIX	MB
PROQUAD	MB
RABAVERT	MB
ROTARIX	MB
ROTATEQ	MB
SHINGRIX	MB
TICOVAC	MB
TYPHIM VI	MB
VARIVAX	MB

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Name of drug	Restrictions & Limits
VAXCHORA	MB
VIVOTIF	
YF-VAX	MB
ZOSTAVAX	MB
SKIN AND MUCOUS MEMBRANE AGENTS	
ANTI-INFECTIVES (SKIN AND MUCOUS MEMBRANE)	
ciclopirox	
ciclopirox olamine	
clindamycin phosphate (topical)	
clindamycin phosphate vaginal	
clotrimazole	
erythromycin (acne aid)	
gentamicin sulfate (topical)	
iodoquinol-hc	
ketoconazole (topical)	
metronidazole (topical)	
mupirocin	
nystatin (topical)	
permethrin	
selenium sulfide	
silver sulfadiazine	
SULFACETAMIDE SODIUM-SULFUR	
VANDAZOLE	
ANTI-INFLAMMATORY AGENTS (SKIN AND MUCOUS MEMBRANE)	
betamethasone dipropionate (topical)	
betamethasone dipropionate augmented	
betamethasone valerate	
clobetasol propionate	
desonide	
desoximetasone	
diflorasone diacetate	
fluocinolone acetonide	
fluocinonide	
fluocinonide emulsified base	
hydrocortisone (intrarectal)	
hydrocortisone (rectal)	
hydrocortisone (topical)	
HYDROCORTISONE ACETATE	
HYDROCORTISONE BUTYRATE	
hydrocortisone valerate	
mometasone furoate	
nystatin-triamcinolone	
triamcinolone acetonide (mouth)	
triamcinolone acetonide (topical)	
urea-hc acetate	
CELL STIMULANTS AND PROLIFERANTS	
tretinoin	
SKIN AND MUCOUS MEMBRANE AGENTS, MISCELLANEOUS	
acitretin	
adapalene	
adapalene-benzoyl peroxide	

Name of drug	Restrictions & Limits
aluminum chloride	
azelaic acid	
calcipotriene	
COSENTYX	PA, QL
fluorouracil (topical)	
imiquimod	
isotretinoin	QL
lidocaine hcl	
lidocaine-prilocaine	
methoxsalen rapid	
PODOFILOX	
SALICYLIC ACID	
SANTYL	
tacrolimus (topical)	
SMOOTH MUSCLE RELAXANTS	
SMOOTH MUSCLE RELAXANTS	
aminophylline	MB
darifenacin hydrobromide	
mirabegron	PA
oxybutynin chloride	
solifenacin succinate	
theophylline	
tolterodine tartrate	
trospium chloride	
VASODILATING AGENTS	
MISCELLANEOUS THERAPEUTIC AGENTS	
CAVERJECT	QL, HC
sildenafil citrate	QL, HC
tadalafil	PA, QL, HC
VITAMINS	
VITAMINS	
AQUASOL A	MB
ascorbic acid	MB
calcitriol	MB
cyanocobalamin	QL
ergocalciferol	
folic acid	QL
INFUVITE ADULT	MB
INFUVITE PEDIATRIC	MB
multiple vitamins w/ minerals	
ped multivitamins w/fl & iron	
pediatric multivitamins w/fl	
pediatric vitamins acd fluoride & iron	
pediatric vitamins acd w/ fluoride	
phytonadione	MB
prenatal vit w/ ferrous fumarate-folic acid	
prenatal vit w/ iron carbonyl-folic acid	
PYRIDOXINE HCL	MB
thiamine hcl	MB
VINATE M	

Nondiscrimination Statement

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

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

Procedure:

- Grievances must be submitted to the Section 1557 Coordinator within (60 days) of the date the person filing the grievance becomes aware of the alleged discriminatory action.

- A complaint must be in writing, containing the name and address of the person filing it. The complaint must state the problem or action alleged to be discriminatory and the remedy or relief sought.

- The Section 1557 Coordinator (or her/his designee) shall conduct an investigation of the complaint. This investigation may be informal, but it will be thorough, affording all interested persons an opportunity to submit evidence relevant to the complaint. The Section 1557 Coordinator will maintain the files and records of Kaiser Health Plan relating to such grievances. To the extent possible, and in accordance with applicable law, the Section 1557 Coordinator will take appropriate steps to preserve the confidentiality of files and records relating to grievances and will share them only with those who have a need to know.

- The Section 1557 Coordinator will issue a written decision on the grievance, based on a preponderance of the evidence, no later than 30 days after its filing, including a notice to the complainant of their right to pursue further administrative or legal remedies.

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

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

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

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

Language Accessibility Statement

Interpreter Services Are Available for Free

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

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

አማርኛ/Amharic
ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ **855-249-5019** (መስማት ለተሳናቸው: **711**).

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

Bàsɔ̀ɔ̀-wùɖù-po-nyɔ̀ /Bassa
Dè ɖɛ nià kɛ dyéɖé gbo: Ɔ jǔ ké m̀ [Bàsɔ́ ɔ̀ -wùɖù-po-nyɔ̀] jǔ ní, nìí, à wuɖu kà kò ɖò po-poɔ̀ ɓɛ́ ìn m̀ gbo kpáa. Đá **855-249-5019** (TTY: 711).

中文/Chinese
注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電**855-249-5019** (TTY: 711).

فارسی /Farsi
توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما .بگیرید تماس **-855-249-5019** با. باشد می فر ((TTY: 711).

Français/French
ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **855-249-5019** (ATS: 711).

ગુજરાતી/Gujarati

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે.

ફોન કરો

855-249-5019 (TTY: 711).

kreyòl ayisyen/Haitian Creole

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele - **855-249-5019** (TTY: 711).

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

한국어/Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **855-249-5019** (TTY: 711).)번으로 전화해 주십시오.

Português/Portuguese
ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para **855-249-5019** (TTY: 711).

Русский/Russian
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **855-249-5019** (телетайп: 711).

Tagalog
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **855-249-5019** (TTY: 711).

Urdu/اردو

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں ۔ کال

کریں.(**855-249-5019** (TTY: 711).

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

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