KAISER PERMANENTE OF GEORGIA
HMO FORMULARY

This document includes Kaiser Permanente of Georgia's HMO formulary as of August 29, 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 **August 29, 2018**. To get updated information about the drugs covered by Kaiser Permanente, please visit our website 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?

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

Medical Condition

The formulary begins on page 5. The drugs in 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 Agents." If you know the medical condition your drug is used for, simply look for the category name in the list that begins on page 5. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you can look for the drug in the Index that begins on page 24. 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 the drug. Next to the drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of the drug on the list. You may also use the search function on your computer to search for the medication by name.

What are generic drugs?

Kaiser Permanente covers both brand-name drugs and generic drugs.

Brand-name drugs are drugs that are produced and sold under the original manufacturer's brand name.

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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 Federal 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.

Generic drugs are listed in lower-case italics (e.g., *amoxicillin)* within the formulary on page 5. If a drug is available as a generic, it is only listed with the generic name. Brand-name drugs are capitalized in the formulary (e.g., FLOVENT).

Generally, if a drug is available generically, the generic is on the formulary and the brand is not. Because all drug product strengths and package sizes of a formulary 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. Some plans have a two tier closed formulary benefit and some plans have a three tier open formulary benefit.

Open formulary means your pharmacy benefit covers drugs that are on the formulary as well as others that are not. 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.

Coverage for prescription drugs is limited to drugs for which a prescription is required by law. Coverage is also limited to drugs that are listed on the Kaiser Permanente drug formulary unless your benefit provides coverage for non-formulary (non-preferred) medications. 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.

The standard prescription amount for the following items is:

- Migraine medications — the smallest package size commercially available

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- 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 (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.

You can find out if the drug has any additional requirements or limits by looking in the formulary that begins on page 5.

What if my drug is not on the formulary?

If the drug is not on the formulary and your benefit does not provide non-formulary coverage, you have two options:

- 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. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered under the Kaiser Permanente formulary.
- You can request an exception for coverage of your non-formulary drug. There are several types of exception requests you can submit.
    - You can request coverage for a drug, even though it is not on our formulary.
    - You can request that we waive coverage restrictions or limits on your drug. For example, for certain drugs, we limit the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover more.

What if I want or my doctor prescribes a non-formulary drug?

- If you request a non-formulary drug and a formulary alternative is available, you will be responsible for the full cost of that drug.

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- If your drug benefit does not provide non-formulary coverage and your prescribing physician identified a clear medical reason to use a non-formulary rather than the similar formulary drug, such as an allergy to the formulary alternative, your physician may request an exception for coverage of a non-formulary drug. In that case your regular pharmacy copay would apply. Certain prescriptions require expert review before they can be dispensed.

Generally, Kaiser Permanente will only approve your request for an exception if the alternative drugs included on the plan's formulary or additional utilization restrictions have not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact your physician to initiate the request for exception process. When you are requesting a formulary or utilization restriction exception, you should submit a statement from your physician supporting your request.

For more information

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*.

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PA= Prior Authorization, QL = Quantity Limit; Age = Age Restriction

Drug Name	Drug Tier	Restrictions
Antihistamine Drugs		
Antihistamine Drugs		
cyproheptadine	Generic	
promethazine	Generic	
Anti-infective Agents		
Anthelmintics		
ALBENZA *(albendazole)*	Brand	
ivermectin	Generic	
Antibacterials		
amoxicillin	Generic	
amoxicillin & clavulanic acid	Generic	
ampicillin	Generic	
azithromycin	Generic	
cefaclor	Generic	
cefdinir	Generic	
cefuroxime	Generic	
cephalexin	Generic	
ciprofloxacin	Generic	
clarithromycin	Generic	
clindamycin	Generic	
clindamycin palmitate (solution)	Generic	
dicloxacillin	Generic	
doxycycline monohydrate	Generic	
levofloxacin	Generic	
minocycline	Generic	
neomycin	Generic	
penicillin V potassium	Generic	
sulfadiazine	Generic	
sulfamethoxazole & trimethoprim	Generic	
sulfasalazine	Generic	
linezolid	Generic	QL
Antifungals		
ANCOBON *(flucytosine)*	Brand	
clotrimazole lozenge	Generic	
fluconazole	Generic	QL
griseofulvin	Generic	
itraconazole capsule	Generic	
ketoconazole	Generic	
nystatin	Generic	
SPORANOX *(itraconazole) solution*	Brand	
terbinafine	Generic	

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Drug Name	Drug Tier	Restrictions
Antimycobacterials		
dapsone	Generic	
ethambutol	Generic	
isoniazid	Generic	
rifabutin	Generic	
pyrazinamide	Generic	
rifampin	Generic	
Antiprotozoals		
DARAPRIM *(pyrimethamine)*	Brand	
hydroxychloroquine	Generic	
IMPAVIDO	Brand	**PA**
atovaquone	Generic	
metronidazole	Generic	
paromomycin	Generic	
PRIMAQUINE *(primaquine)*	Brand	
Antivirals		
abacavir tablet	Generic	**QL**
abacavir & lamivudine	Generic	
abacavir, lamivudine, & zidovudine	Generic	**QL**
acyclovir	Generic	
adefovir	Generic	**QL**
APTIVUS *(tipranavir)*	Brand	**QL**
atazanavir 200 mg, 300 mg	Generic	
ATRIPLA *(efavirenz, emtricitabine, & tenofovir)*	Brand	**QL**
BIKTARVY (*bictegravir, emtricitabine & tenofovir alafenamide)*	Brand	**QL**
CIMDUO (lamivudine & tenofovir)	Brand	**QL**
CRIXIVAN *(indinavir)*	Brand	
DAKLINZA *(daclatasvir)*	Brand	**PA**
DESCOVY (emtricitabine & tenofovir)	Brand	**QL**
didanosine	Generic	**QL**
efavirenz 600 mg	Generic	**QL**
EMTRIVA *(emtricitabine)*	Brand	**QL**
entecavir	Generic	**QL**
EPCLUSA (*sofosbuvir & velpatasvir)*	Brand	**PA, QL**
FUZEON *(enfuvirtide)*	Brand	**QL**
GENVOYA *(elvitegravir, cobicistat, emtricitabine, & tenofovir)*	Brand	**QL**
HARVONI *(ledipasvir & sofosbuvir)*	Brand	**PA, QL**
INTELENCE *(etravirine)*	Brand	**QL**
INVIRASE *(saquinavir)*	Brand	**QL**

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Drug Name	Drug Tier	Restrictions
ISENTRESS, ISENTRESS HD *(raltegravir)*	Brand	
KALETRA *(lopinavir & ritonavir)*	Brand	**QL**
lamivudine	Generic	**QL**
lamivudine & zidovudine tablet	Generic	**QL**
LEXIVA *(fosamprenavir)*	Brand	**QL**
nevirapine suspension	Generic	**QL**
nevirapine tablet	Generic	**QL**
NORVIR *(ritonavir) solution*	Brand	**QL**
MAVYRET (glecaprevir & pibrentasvir)	Brand	**PA, QL**
ODEFSEY (*emtricitabine, rilpivirine,& tenofovir*)	Brand	**QL**
OLYSIO *(simeprevir)*	Brand	**PA, QL**
oseltamivir	Generic	**QL**
PEGASYS *(peginterferon alfa-2a)*	Brand	**QL**
PEG-INTRON *(peginterferon alfa-2b)*	Brand	
PREZCOBIX *(cobicistat-boosted darunavir)*	Brand	
PREZISTA (*darunavir)*	Brand	**QL**
RELENZA *(zanamivir)*	Brand	**QL**
RESCRIPTOR *(delavirdine)*	Brand	**QL**
REYATAZ *(atazanavir)*	Brand	**QL**
ribavirin	Generic	
rimantadine	Generic	**QL**
ritonavir	Generic	**QL**
SELZENTRY *(maraviroc)*	Brand	**QL**
SYMFI *(efavirenz, lamivudine, tenofovir)*	Brand	**QL**
SOVALDI *(sofosbuvir)*	Brand	**PA, QL**
stavudine	Generic	**QL**
TECHNIVIE *(ombitasvir/paritaprevir/ritonavir)*	Brand	**PA**
TIVICAY *(dolutegravir)*	Brand	
tenofovir disoproxil 300 mg	Generic	
TRUVADA *(emtricitabine & tenofovir)*	Brand	**QL**
VALCYTE *(valganciclovir)*	Brand	
valganciclovir	Generic	
VIDEX *(didanosine) suspension*	Brand	**QL**
VIEKIRA PAK *(ombitasvir, paritaprevir, ritonavir, & dasabuvir)*	Brand	**PA, QL**
VIRACEPT (*nelfinavir)*	Brand	**QL**
VIREAD *(tenofovir)*	Brand	**QL**
VOSEVI (sofosbuvir,velpatasvir, voxilaprevir)	Brand	**PA, QL**
ZEPATIER *(elbasvir & grazoprevir)*	Brand	**PA**
ZIAGEN *(abacavir) solution*	Brand	**QL**
zidovudine	Generic	**QL**

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Drug Name	Drug Tier	Restrictions
Urinary Anti-infectives		
nitrofurantoin macrocrystals	Generic	
nitrofurantoin macrocrystals/monohydrate	Generic	
trimethoprim	Generic	
Antineoplastic Agents		
Antineoplastic Agents		
AFINITOR *(everolimus)*	Brand	
ALKERAN *(melphalan)*	Brand	
anastrozole	Generic	
bicalutamide	Generic	
capecitabine	Generic	
CAPRELSA *(vandetanib)*	Brand	
cyclophosphamide	Generic	
DROXIA *(hydroxyurea)*	Brand	
EMCYT *(estramustine)*	Brand	
etoposide	Generic	
flutamide	Generic	
GLEEVEC *(imatinibmesylate)*	Brand	
HYCAMTIN *(topotecan)*	Brand	
hydroxyurea	Generic	
IBRANCE *(palbociclib)*	Brand	
IMBRUVICA *(ibrutinib)*	Brand	
INTRON-A *(interferon alfa-2b vaccine)*	Brand	
LENVIMA *(lenvatinib)*	Brand	
letrozole	Generic	
leucovorin calcium	Generic	
LEUKERAN *(chlorambucil)*	Brand	
LYSODREN *(mitotane)*	Brand	
MATULANE *(procarbazine)*	Brand	
megestrol	Generic	
mercaptopurine	Generic	
methotrexate	Generic	
MYLERAN *(busulfan)*	Brand	
NEXAVAR *(sorafenib)*	Brand	
NINLARO	Brand	
POMALYST *(pomalidomide)*	Brand	
REVLIMID *(lenalidomide)*	Brand	
SPRYCEL (dasatinib)	Brand	
SUTENT *(sunitinib)*	Brand	
TABLOID *(thoiguanine)*	Brand	
tamoxifen	Generic	

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Drug Name	Drug Tier	Restrictions
TARCEVA *(erlotinib)*	Brand	
TARGRETIN *(bexarotene)*	Brand	
TASIGNA *(nilotinib)*	Brand	
temozolomide	Generic	
TYKERB *(lapatinib)*	Brand	
VOTRIENT *(pazopanib)*	Brand	
XALKORI *(crizotinib)*	Brand	
XTANDI (enzalutamide)	Brand	
ZELBORAF *(vemurafenib)*	Brand	
ZOLINZA *(vorinostat)*	Brand	
ZYDELIG *(idelasib)*	Brand	
ZYTIGA *(abiraterone)*	Brand	
ZEJULA *(niraparib)*	Brand	
Autonomic Drugs		
Anticholinergic Agents		
atropine sulfate	Generic	
ATROVENT HFA *(ipratropium)*	Brand	
dicyclomine	Generic	
glycopyrrolate	Generic	
hyoscyamine	Generic	
ipratropium bromide nasal	Generic	
ipratropium bromide nebulizer	Generic	
propantheline	Generic	
SPIRIVA *(tiotropium)*	Brand	
Parasympathomimetic (Cholinergic) Agents		
bethanechol	Generic	
donepezil	Generic	
EXELON *(rivastigmine) solution*	Brand	
galantamine IR, ER	Generic	
pyridostigmine sustained-release	Generic	
neostigmine	Generic	
pilocarpine	Generic	
pyridostigmine	Generic	
rivastigmine capsule	Generic	
Skeletal Muscle Relaxants		
baclofen	Generic	
chlorzoxazone	Generic	
cyclobenzaprine	Generic	
methocarbamol	Generic	
tizanidine	Generic	
Sympatholytic (Adrenergic Blocking) Agents		

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Drug Name	Drug Tier	Restrictions
ergoloid mesylates	Generic	
ergotamine & caffeine	Generic	
MIGRANAL *(dihydroergotamine)*	Brand	
tamsulosin	Generic	
Sympathomimetic (Adrenergic) Agents		
albuterol sulfate nebulizer solution	Generic	
albuterol sulfate tablet, syrup	Generic	
COMBIVENT RESPIMAT *(ipratropium & albuterol)*	Brand	
epinephrine injection	Generic	
ipratropium & albuterol nebulizer solution	Generic	
VENTOLIN HFA *(albuterol sulfate)*	Brand	
STRIVERDI *(olodaterol)*	Brand	
terbutaline	Generic	
Blood Formation, Coagulation, and Thrombosis		
Coagulants and Anticoagulants		
aspirin & dipyridamole	Generic	
AMICAR *(aminocaproic acid)*	Brand	
anagrelide	Generic	
Brilinta *(ticagrelor)*	Brand	
cilostazol	Generic	
clopidogrel	Generic	
enoxaparin	Generic	
pentoxifylline	Generic	
PRADAXA *(dabigatran)*	Brand	
prasugrel	Generic	
warfarin sodium	Generic	
Hematopoietic Agents		
ARANESP *(darbepoetinalfa)*	Brand	
LEUKINE *(sargramostim)*	Brand	
NEUMEGA *(oprelvekin)*	Brand	
ZARXIO (*filgrastim*)	Brand	
PROCRIT *(epoetinalfa)*	Brand	
PROMACTA *(eltrombopag)*	Brand	
Cardiovascular Drugs		
α-Adrenergic Blocking Agents		
terazosin	Generic	
Antilipemic Agents		
atorvastatin	Generic	
cholestyramine resin	Generic	
colestipol	Generic	
ezetimibe	Generic	

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Drug Name	Drug Tier	Restrictions
fenofibrate	Generic	
JUXTAPID (*lomitapide)*	Brand	**PA**
KYNAMRO (*mipomersen sodium)*	Brand	**PA**
PRALUENT (alirocumab)	Brand	**PA**
pravastatin	Generic	
REPATHA *(evolocumab)*	Brand	**PA**
rosuvastatin	Generic	
simvastatin	Generic	
Calcium-Channel Blocking Agents		
amlodipine	Generic	
diltiazem	Generic	
felodipine	Generic	
nifedipine	Generic	
nimodipine	Generic	QL
verapamil	Generic	
Cardiac Drugs		
amiodarone	Generic	
digoxin	Generic	
disopyramide phosphate	Generic	
dofetilide	Generic	
flecainide	Generic	
mexiletine	Generic	
NORPACE CR (*disopyramide phosphate controlled release)*	Brand	
propafenone	Generic	
quinidine	Generic	
Hypotensive Agents		
clonidine	Generic	
guanfacine	Generic	
hydralazine	Generic	
methyldopa	Generic	
minoxidil	Generic	
PROGLYCEM (*diazoxide*)	Brand	
Renin-Angiotensin-Aldosterone System Inhibitors		
benazepril	Generic	
captopril	Generic	
enalapril	Generic	
lisinopril	Generic	
lisinopril & hydrochlorothiazide	Generic	
losartan	Generic	
losartan & hydrochlorothiazide	Generic	

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Drug Name	Drug Tier	Restrictions
ramipril	Generic	
spironolactone	Generic	
Vasodilating Agents		
dipyridamole	Generic	
isosorbide dinitrate	Generic	
isosorbide mononitrate	Generic	
LETAIRIS *(ambrisentan)*	Brand	
NITRO-BID *(nitroglycerin)*	Brand	
nitroglycerin	Generic	
NITROSTAT *(nitroglycerin)*	Brand	
OPSUMIT *(macitentan)*	Brand	
REMODULIN *(trepostinil)*	Brand	
TRACLEER *(bosentan)*	Brand	
β-Adrenergic Blocking Agents		
acebutolol	Generic	
atenolol	Generic	
bisoprolol	Generic	
bisoprolol & hydrochlorothiazide	Generic	
carvedilol	Generic	
labetalol	Generic	
metoprolol	Generic	
metoprolol sustained release	Generic	
nadolol	Generic	
propranolol	Generic	
sotalol	Generic	
timolol	Generic	
Central Nervous System Agents		
Analgesics and Antipyretics		
acetaminophen & codeine	Generic	
acetaminophen, isometheptene, & dichloralphenazone	Generic	
buprenorphine	Generic	
butalbital, acetaminophen, & caffeine	Generic	
butalbital, acetaminophen, caffeine, & codeine	Generic	
butalbital, aspirin, & caffeine	Generic	
butalbital, aspirin, caffeine, & codeine	Generic	
diclofenac	Generic	
fentanyl	Generic	**QL**
hydrocodone & acetaminophen	Generic	
hydromorphone	Generic	

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Drug Name	Drug Tier	Restrictions
ibuprofen	Generic	
indomethacin	Generic	
meloxicam	Generic	
meperidine	Generic	
methadone	Generic	
MORPHINE SULFATE	Brand	
morphine sulfate extended-release	Generic	
nabumetone	Generic	
naproxen	Generic	
NARCAN *(naloxone)* nasal spray	Brand	**QL**
oxycodone & acetaminophen tablet	Generic	
oxycodone & aspirin	Generic	
oxycodone immediate release	Generic	
ROXICET *(oxycodone & acetaminophen)* solution	Brand	
salsalate	Generic	
naloxone & buprenorphine	Generic	**QL**
sulindac	Generic	
tolmetin	Generic	
tramadol	Generic	
Anorexigenic Agents and Respiratory and Cerebral Stimulants		
amphetamine & dextroamphetamine	Generic	
amphetamine & dextroamphetamine extended-release	Generic	
armodafinil	Generic	
dextroamphetamine sulfate	Generic	**QL**
methylphenidate	Generic	
methylphenidate extended- release	Generic	**QL**
Anticonvulsants		
carbamazepine	Generic	
carbamazepine extended-release	Generic	
CELONTIN *(methsuximide)*	Brand	
divalproex sodium	Generic	
divalproex sodium ER	Generic	
ethosuximide	Generic	
gabapentin	Generic	
lamotrigine	Generic	
levetiracetam	Generic	
levetiracetam extended-release	Generic	
oxcarbazepine	Generic	
phenytoin	Generic	

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Drug Name	Drug Tier	Restrictions
primidone	Generic	
SABRIL *(vigabatrin)*	Brand	**PA**
topiramate	Generic	
valproic acid & derivatives	Generic	
Antimigraine Agents		
naratriptan	Generic	
rizatriptan	Generic	
rizatriptan ODT	Generic	
sumatriptan	Generic	
zolmitriptan ODT	Generic	
Antiparkinsonian Agents		
amantadine	Generic	
benztropinemesylate	Generic	
bromocriptinemesylate	Generic	
cabergoline	Generic	
carbidopa & levodopa	Generic	
entacapone	Generic	
GOCOVRI *(amantadine ER)*	Brand	**PA**
pramipexole	Generic	
ropinirole	Generic	
selegiline	Generic	
STALEVO *(levodopa, carbidopa, & entacapone)*	Brand	
TASMAR *(tolcapone)*	Brand	
trihexyphenidyl	Generic	
Anxiolytics, Sedatives, and Hypnotics		
alprazolam	Generic	
buspirone	Generic	
chlordiazepoxide	Generic	
clonazepam	Generic	
clorazepate	Generic	
diazepam	Generic	
HETLIOZ *(tasimelteon)*	Brand	**PA**
hydroxyzine	Generic	
lorazepam	Generic	
meprobamate	Generic	
oxazepam	Generic	
phenobarbital	Generic	
temazepam	Generic	
zaleplon	Generic	
zolpidem	Generic	

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Drug Name	Drug Tier	Restrictions
Central Nervous System Agents Miscellaneous		
memantine hydrochloride	Generic	
riluzole	Generic	
XENAZINE *(tetrabenazine)*	Brand	**PA**
Opiate Antagonists		
naltrexone hydrochloride	Generic	
Psychotherapeutic Agents		
aripiprazole	Generic	
amitriptyline	Generic	
bupropion IR, SR, XL	Generic	
chlorpromazine	Generic	
citalopram	Generic	
clozapine	Generic	
desipramine	Generic	
doxepin capsules, oral solution	Generic	
duloxetine	Generic	
escitalopram	Generic	
fluoxetine	Generic	
fluphenazine	Generic	
fluvoxamine	Generic	
haloperidol	Generic	
imipramine	Generic	
lithium	Generic	
mirtazapine	Generic	
nortriptyline	Generic	
olanzapine	Generic	
olanzapine ODT	Generic	
paroxetine	Generic	
perphenazine	Generic	
phenelzine sulfate	Generic	
prochlorperazine	Generic	
quetiapine	Generic	
risperidone	Generic	
sertraline	Generic	
thioridazine	Generic	
thiothixene	Generic	
tranylcypromine sulfate	Generic	
trazodone	Generic	
trifluoperazine	Generic	
venlafaxine	Generic	
venlafaxine extended-release capsules	Generic	

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Drug Name	Drug Tier	Restrictions
ziprasidone	Generic	
Diabetic Supplies		
Diabetic Supplies		
B-D INSUILIN SYRINGE *(syringe w-ndl, disp.)*	Generic	QL
ONE TOUCH VERIO FLEX *(blood glucose meter)*	Brand	QL
ONE TOUCH VERIO TEST STRIPS	Brand	QL
Electrolytic, Caloric and Water Balance		
Acidifying and Alkalinizing Agents		
potassium citrate	Generic	
sod/potass/k cit/sodium cit/ca	Generic	
Ammonia Detoxicants		
lactulose	Generic	
RAVICTI *(glycerol phenylbutyrate)*	Brand	**PA**
Diuretics		
amiloride & hydrochlorothiazide	Generic	
chlorthalidone	Generic	
furosemide	Generic	
hydrochlorothiazide	Generic	
indapamide	Generic	
metolazone	Generic	
torsemide	Generic	
triamterene & hydrochlorothiazide	Generic	
Ion-Removing Agents		
sevelamer carbonate	Generic	
SPS *(sodium polystyrene sulfonate)*	Brand	
Replacement Products		
ELIPHOS *(calcium acetate)*	Brand	
K-PHOS *(potassium acid phosphate)*	Brand	
PHOSLYRA *(calcium acetate)*	Brand	
PHOSPHA NEUTRAL *(potassium phosphate & sodium phosphate)*	Brand	
potassium chloride	Generic	
Uricosuric Agents		
probenecid	Generic	
Eye, Ear, Nose and Throat (EENT)		
Anti-infectives		
aluminum acetate and acetic acid	Generic	
bacitracin & polmyxin B (ophth)	Generic	
bacitracin (ophth)	Generic	
bacitracin, neomycin, & polymyxin B	Generic	
ciprofloxacin (ophth)	Generic	

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Drug Name	Drug Tier	Restrictions
chlorhexidine	Generic	
erythromycin (ophth)	Generic	
gentamicin sulfate (ophth)	Generic	
moxifloxacin (ophth)	Generic	
NATACYN *(natamycin)*	Brand	
neomycin, polymyxin B, & gramicidin	Generic	
ofloxacin (ophth)	Generic	
ofloxacin (otic)	Generic	
tobramycin sulfate (ophth) solution	Generic	
TOBREX *(tobramycin) (ophth) ointment*	Brand	
trifluridine	Generic	
trimethoprim & polymyxin B	Generic	
Anti-inflammatory Agents		
bacitracin, neomycin, polymyxin B, & hydrocortisone (ophth)	Generic	
BLEPHAMIDE *(sulfacetamide sodium & prednisolone) ointment, suspension*	Brand	
CIPRODEX *(dexamethasone & ciprofloxacin)*	Brand	
dexamethasone sodium phosphate (ophth)	Generic	
diclofenac sodium (ophth)	Generic	
fluoromethalone (ophth)	Generic	
ketorolac (ophth)	Generic	
MAXIDEX *(dexamethasone)*	Brand	
neomycin, polymyxin B, & dexamethasone	Generic	
neomycin, polymyxin B, & hydrocortisone (ophth)	Generic	
PRED MILD *(prednisolone acetate)*	Generic	
PRED-G *(prednisolone & gentamicin)*	Brand	
prednisolone acetate (ophth)	Generic	
sulfacetamide sodium & prednisolone solution	Generic	
TOBRADEX *(tobramycin & dexamethasone) ointment*	Brand	
tobramycin & dexamethasone suspension	Generic	
Antiglaucoma Agents		
acetazolamide	Generic	
betaxolol (ophth)	Generic	
BETOPTIC S *(betaxolol)*	Brand	
brimonidine	Generic	
dorzolamide	Generic	
dorzolamide & timolol	Generic	
ISOPTO CARBACHOL *(carbachol)*	Brand	
latanoprost	Generic	

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

Drug Name	Drug Tier	Restrictions
levobunolol	Generic	
methazolamide	Generic	
methazolamide	Generic	
PHOSPHOLINE IODIDE *(echothiophate)*	Brand	
pilocarpine (ophth)	Generic	
timolol maleate (ophth)	Generic	
EENT Drugs, Miscellaneous		
IOPIDINE *(apraclonidine)*	Brand	
Local Anesthetics		
lidocaine (mouth-throat)	Generic	
proparacaine	Generic	
Mydriatics		
ISOPTO HOMATROPINE *(homatropine)*	Brand	
ISOPTO HYOSCINE *(scopolamine)*	Brand	
Gastrointestinal Drugs		
Anti-inflammatory Agents		
balsalazide	Generic	
CANASA *(mesalamine)*	Brand	
LIALDA *(mesalamine)*	Brand	
mesalamine enema	Generic	
PENTASA *(mesalamine)*	Brand	
Antidiarrheal Agents		
diphenoxylate & atropine	Generic	
Antiemetics		
AKYNZEO *(netupitant and palonosetron)*	Brand	
dronabinol	Generic	
ondansetron	Generic	
aprepitant	Generic	
Antiulcer Agents and Acid Suppressants		
cimetidine	Generic	
misoprostol	Generic	
ranitidine	Generic	
sucralfate tablet	Generic	
Cathartics and Laxatives		
polyethylene glycol-electrolyte solution	Generic	
Digestants		
pancrelipase	Generic	
ZENPEP (*pancrelipase*)	Brand	
GI Drug Miscellaneous		
clidinium & chlordiazepoxide	Generic	
GATTEX (*teduglutide*)	Brand	**PA**

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Drug Name	Drug Tier	Restrictions
metoclopramide	Generic	
ursodiol	Generic	
Gold Compounds		
Gold Compounds		
RIDAURA *(auranofin)*	Brand	
Heavy Metal Antagonists		
Heavy Metal Antagonists		
CUPRIMINE *(penicillamine)*	Brand	
DEPEN *(penicillamine)*	Brand	
EXJADE *(deferasirox)*	Brand	
Hormone and Synthetic Substitutes		
Adrenals		
dexamethasone	Generic	
fludrocortisone	Generic	
hydrocortisone	Generic	
methylprednisolone	Generic	
prednisolone	Generic	
prednisone	Generic	
Androgens		
ANDROID *(methyltestosterone)*	Brand	
ANDROXY *(fluoxymesterone)*	Brand	
danazol	Generic	
METHITEST *(methyltestosterone)*	Brand	
testosterone cypionate	Generic	
testosterone gel pump	Generic	
methyltestosterone	Generic	
Contraceptives		
APRI *(ethinyl estradiol & desogestrel)*	Generic	**QL**
ARANELLE *(ethinyl estradiol & norethindrone)*	Generic	**QL**
BREVICON (*ethinyl estradiol & norethindrone)*	Brand	**QL**
CONDOM-FEMALE	Brand	
CRYSELLE *(ethinyl estradiol & norgestrel)*	Generic	**QL**
ELLA *(ulipristal)*	Brand	
d*rospirenone & ethinyl estradiol*	Generic	**QL**
ethinyl estradiol & ethynodiol diacetate	Generic	**QL**
JOLESSA (ethinyl estradiol & levonorgestrel)	Generic	**QL**
levonorgestrel tablet	Generic	**Age**
LUTERA (ethinyl estradiol & levonorgestrel	Generic	**QL**
MICROGESTIN FE *(ethinyl estradiol & norethindrone)*	Generic	**QL**
NECON *(ethinyl estradiol & norethindrone)*	Generic	**QL**

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

Drug Name	Drug Tier	Restrictions
NECON *(mestranol & norethindrone)*	Generic	**QL**
NORTREL *(ethinyl estradiol & norethindrone)*	Generic	**QL**
NUVARING *(ethinyl estradiol & etonogestrel)*	Brand	**QL**
PLAN B ONE STEP *(levonorgestrel)*	Brand	**Age**
PORTIA *(levonorgestrel & ethinyl estradiol)*	Generic	**QL**
SPERMICIDE	Brand	
SPONGE WITH SPERMICIDE *(nonoxynol-9)*	Brand	
SPRINTEC *(ethinyl estradiol & norgestimate)*	Generic	**QL**
TRI-LO SPRINTEC (ethyinyl estradiol & norgestimate)	Generic	**QL**
TRI-SPRINTEC *(ethinyl estradiol & norgestimate)*	Generic	**QL**
TRIVORA *(ethinyl estradiol & levonorgestrel)*	Generic	**QL**
XULANE *(ethinyl estradiol & norelgestromin)*	Brand	**QL**
Diabetic Agents		
Adlyxin *(lixisenatide)*	Brand	**PA**
acarbose	Generic	
alogliptin	Generic	**PA**
alogliptin & metformin	Generic	**PA**
alogliptin & pioglitazone	Generic	**PA**
BYDUREON *(exenatide extended-release)*	Brand	**PA**
BYETTA *(exenatide)*	Brand	**PA**
FARXIGA *(dapagliflozin)*	Brand	**PA**
glimepiride	Generic	
glipizide	Generic	
GLUCAGON *(glucagon)*	Brand	
GLYXAMBI *(empagliflozin and linagliptan)*	Brand	**PA**
HUMULIN 70/30 *(insulin isophane & insulin regular)*	Brand	
HUMULIN-N *(insulin isophane)*	Brand	
HUMULIN-R *(insulin regular)*	Brand	
INVOKAMET (*canagliflozin & metformin*)	Brand	**PA**
INVOKANA (*canagliflozin*)	Brand	**PA**
JANUMET *(sitagliptin & metformin)*	Brand	**PA**
JANUVIA *(sitagliptin phosphate)*	Brand	**PA**
JUVISYNC *(sitagliptin & simvastatin)*	Brand	**PA**
KOMBIGLYZE XR *(saxagliptin & metformin extended-release)*	Brand	**PA**
KORLYM *(mifepristone)*	Brand	**PA**
metformin	Generic	
metformin ER	Generic	
ONGLYZA *(saxagliptin)*	Brand	**PA**
OZEMPIC *(semaglutide)*	Brand	**PA**

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Drug Name	Drug Tier	Restrictions
pioglitazone	Generic	
SOLIQUA (Insulin glargine and lixesenatide)	Brand	**PA**
SEGLUROMET (ertugliflozin and metformin)	Brand	**PA**
STEGLATRO (ertugliflozin)	Brand	**PA**
STEGLUJAN (ertugliflozin and sitagliptin)	Brand	**PA**
SYMLIN *(pramlintide acetate)*	Brand	**PA**
SYNJARDY*(empagliflozin/metformin)*	Brand	**PA**
TANZEUM *(albiglutide)*	Brand	**PA**
TRULICITY *(dulaglutide)*	Brand	**PA**
VICTOZA *(liraglutide)*	Brand	**PA**
XIGDUO XR *(dapagliflozin & metformin)*	Brand	**PA**
XULTOPHY (insulin degludec and liraglutide)	Brand	**PA**
Estrogens and Antiestrogens		
estradiol	Generic	
estradiol cypionate injection	Generic	
estradiol patch	Generic	
estradiol valerate injection	Generic	
ESTRACE *(estradiol vaginal cream)*	Generic	
ESTRING *(estradiol)*	Brand	
estrogens & methyltestosterone	Generic	
estropipate	Generic	
raloxifene	Generic	
PREMARIN *(conjugated estrogen)(vaginal cream)*	Brand	
YUVAFEM *(estradiol)*	Generic	
Gonadotropins		
SYNAREL *(nafarelin)*	Brand	
Parathyroid		
calcitonin	Generic	
NATPARA *(parathyroid hormone)*	Brand	**PA**
Pituitary		
ACTHAR *(corticotropin)*	Brand	**PA**
desmopressin	Generic	
Progestins		
medroxyprogesterone acetate tablet	Generic	
NORA-BE *(norethindrone)*	Generic	
Somatotropin Agonists and Antagonists		
GENTROPIN *(somatropin)*	Brand	**PA**
HUMATROPE *(somatropin)*	Brand	**PA**
NORDITROPIN *(somatropin)*	Brand	**PA**
NUTROPIN AQ *(somatropin)*	Brand	**PA**

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Drug Name	Drug Tier	Restrictions
OMNITROPE *(somatropin)*	Brand	**PA**
SAIZEN *(somatropin)*	Brand	**PA**
SEROSTIM *(somatropin)*	Brand	**PA**
SOMAVERT *(pegvisomant)*	Brand	**PA**
ZORBTIVE *(somatropin)*	Brand	**PA**
Thyroid and Antithyroid Agents		
levothyroxine	Generic	
liothyronine	Generic	
methimazole	Generic	
propylthiouracil	Generic	
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
acetylcysteine	Generic	
ACTEMRA (toclizumab)	Brand	
ACTIMMUNE *(interferon gamma-1b)*	Brand	
AIMOVIG (erenumab aooe)	Brand	**PA**
alendronate	Generic	
allopurinol	Generic	
AMPYRA *(dalfampridine)*	Brand	**PA**
AUBAGIO (teriflunomide)	Brand	**PA**
AUSTEDO *(deutetrabenazine)*	Brand	**PA**
AVONEX (*interferon beta-1a)*	Brand	**PA**
azathioprine	Generic	
CERDELGA (*eligustat*)	Brand	**PA**
CHOLBAM *(cholic acid)*	Brand	**PA**
COPAXONE *(glatiramer acetate)*	Brand	**PA**
cyclosporine	Generic	
disulfiram	Generic	
DUPIXENT	Brand	**PA**
ELMIRON *(pentosanpolysulfate sodium)*	Brand	
EMFLAZA (deflazacort)	Brand	**PA**
ENBREL *(etanercept)*	Brand	
etidronate	Generic	
EXTAVIA *(interferon beta-1b)*	Brand	
finasteride	Generic	
FIRAZYR *(icatibant)*	Brand	**PA**
fluoride sodium	Generic	
FORTEO *(teriparatide)*	Brand	**PA**
GEL-KAM *(stannous fluoride)*	Brand	
GILENYA *(fingolimod)*	Brand	**PA**
glatiramer acetate	Generic	**PA**

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Drug Name	Drug Tier	Restrictions
glatopa	Generic	
HAEGARDA *(c1-esterase inhibitor)*	Brand	**PA**
HEMLIBRA *(emicizumab-kxwh)*	Brand	**PA**
HIZENTRA *(subcutaneous immune globulin)*	Brand	**PA**
HUMIRA *(adalimumab)*	Brand	
INGREZZA *(valbenazine)*	Brand	**PA**
KALYDECO *(ivacaftor)*	Brand	**PA**
leflunomide	Generic	
MESNEX *(mesna)*	Brand	
methylergonovine maleate	Generic	
MOZOBIL *(plerixafor)*	Brand	
mycophenolate mofetil	Generic	
mycophenolic acid delayed release	Generic	
ORENCIA *(abatacept)*	Brand	
ORKAMBI *(lumacaftor with ivacaftor)*	Brand	**PA**
OTEZLA *(apremilast)*	Brand	
PLEGRIDY (*interferon beta-1a)*	Brand	**PA**
PROCYSBI (*cysteamine*)	Brand	**PA**
REBIF *(interferon beta-1a)*	Brand	**PA**
REBIF REBIDOSE *(interferon beta-1a)*	Brand	**PA**
SENSIPAR *(cinacalcet)*	Brand	
SILIQ *(brodalumab)*	Brand	**PA**
sirolimus	Generic	
SYMDEKO	Brand	**PA**
STELARA *(ustekinumab)*	Brand	**PA**
tacrolimus	Generic	
TALTZ *(ixekizumab)*	Brand	**PA**
TECFIDERA (*dimethyl fumarate)*	Brand	**PA**
THALOMID *(thalidomide)*	Brand	
TREMFYA (guselkumab)	Brand	**PA**
TYMLOS *(abaloparatide)*	Brand	**PA**
VIBERZI *(eluxadoline)*	Brand	**PA**
XELJANZ (tofacitinib)	Brand	
ZAVESCA *(miglustat)*	Brand	**PA**
ZINBRYTA (daclizumab)	Brand	**PA**
Respiratory Tract Agents		
Antitussives		
benzonatate	Generic	
guaifenesin & codeine	Generic	
hydrocodone & homatropine	Generic	
Anti-Inflammatory Agents		

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Drug Name	Drug Tier	Restrictions
cromolyn sodium	Generic	
montelukast	Generic	
Mucolytic Agents		
PULMOZYME *(dornasealfa)*	Brand	
Respiratory Tract Agents, Miscellaneous		
ADVAIR DISKUS (fluticasone and salmeterol)	Brand	
ASMANEX *(mometasone)*	Brand	
budesonide inhalation suspension	Brand	
tobramycin inhalation solution	Generic	
QVAR *(beclomethasone)*	Brand	
STIOLTO RESPIMAT (*tiotropium and olodaterol*)	Brand	
Skin and Mucous Membrane Agents		
Anti-infectives (Skin and Mucous Membranes)		
clindamycin & benzoyl peroxide (topical)	Generic	
clindamycin phosphate solution (topical)	Generic	
erythromycin (topical)	Generic	
iodoquinol & hydrocortisone	Generic	
ketoconazole (topical)	Generic	
lindane	Generic	
metronidazole (topical)	Generic	
mupirocin	Generic	
nystatin (topical)	Generic	
permethrin	Generic	
selenium sulfide	Generic	
silver sulfadiazine	Generic	
Anti-inflammatory Agents (Skin and Mucous Membrane)		
alclometasone dipropionate	Generic	
betamethasone valerate	Generic	
betamethasone dipropionate	Generic	
betamethasone dipropionate, augmented	Generic	
clobetasol	Generic	
clobetasol propionate	Generic	
desonide	Generic	**QL**
desoximetasone	Generic	
Diclofenac 1% gel	Generic	
fluocinolone	Generic	
fluocinonide	Generic	
hydrocortisone (topical)	Generic	
mometasone furoate	Generic	
triamcinolone acetonide (topical)	Generic	
Antipruritics and Local Anesthetics		

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Drug Name	Drug Tier	Restrictions
lidocaine & prilocaine	Generic	
HYPERCARE *(aluminum chloride hexahydrate)*	Brand	
Cell Stimulants and Proliferants		
tretinoin (topical)	Generic	Limited to age ≤35
Keratolytic Agents		
sulfur & sulfacetamide sodium cleanser	Generic	
sulfur & sulfacetamide sodium lotion	Generic	
urea	Generic	
Keratoplastic Agents		
DRITHO-CREME *(anthralin)*	Brand	
DRITHO-SCALP *(anthralin)*	Brand	
Skin and Mucous Membrane Agents Miscellaneous		
8-MOP *(methoxsalen)*	Brand	
calcipotriene	Generic	
ELIDEL *(pimecrolimus)*	Brand	
FLUOROPLEX *(fluorouracil)*	Brand	
fluorouracil (topical)	Generic	
imiquimod	Generic	
isotretinoin	Generic	
methoxsalen	Generic	
podofilox	Generic	
REGRANEX *(becaplermin)*	Brand	
SANTYL *(collagenase)*	Brand	
tacrolimus ointment	Generic	
VECTICAL *(calcitriol)*	Brand	
Smooth Muscle Relaxants		
Smooth Muscle Relaxants		
oxybutynin	Generic	
oxybutynin XL	Generic	
theophylline	Generic	
trospium	Generic	
Vitamins		
Vitamins		
calcitriol	Generic	
ergocalciferol	Generic	
MEPHYTON *(phytonadione)*	Brand	

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

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Non-Discrimination

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- Provide free aids and services to people with disabilities to communicate effectively with us, such as:
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  - 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

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(TTY) 711

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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 ቡተጠቀሰ ቀን ማድረግ ያለብዎ ነገር እንዳለ የሚያስገድድዎ ከሆነ፣ ቡተጠቀሰው 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 գործուղություններ ձեռնարկեք մինչև որոշակի ամսաթիվ, ապա զանգահարե՛ք Ձեր նահանգի կամ շրջանի համար տրամադրված հեռախոսահամարով՝ թարգմանչի հետ խոսելու համար:

Bàsɔ́ɔ̀ Wùdù (Bassa): Ɔ mɔ̀ nì kpé ɓɛ́ m̀ ké gbo-kpá-kpá dyé dɛ́ nì mìɔùn nìin ɓídí-wùdù mú pídyi. Ɔ jŭ ké m̀ dyi dyi-diè-dɛ̀ ɓě ɓédɛ́ bá nì céè-dɛ̀ m̀ tò ɓó dɛ zɔ̀ jè dyíɛ ní, mɔɔ jŭ bá nì kũùn kpɔ̃ jè dyí dyìin dɛ́ Kaiser Permanente múɛ ní, mɔɔ ɔ dyi bɔ̃ dɔ̀ jŭ ɓɛ́ m̀ ké dɛ dɔ̀ nyu ɓó wé jéɛ́ dɔ̀ kɔ̃ nì, nìí, dá nɔ̀ɓà ɓɛ́ wa tòà ɓó nì ɓódɔ́ɔ̀ mɔɔ nì gbɛ̌ɛ̀ɔ̀ bìiɛ, ké nì mu nyɔ-wuduún-zà-nyɔ̀ dɔ̀ gbo wùdùùn.

বাংলা (Bengali): বিনা খরচে আপনার নিজের ভাষায় সাহায্য পাওয়ার অধিকার আপনার আছে। আপনার যদি আপনার আবেদন বা Kaiser Permanente-এর মাধ্যমে পাওয়া কভারেজ নিয়ে কোনো প্রশ্ন থাকে বা এটি যদি কোনো 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 ឬប្រសិនបើគឺជាលិខិតជូនដំណឹងដែលតម្រូវឲ្យអ្នកចាត់វិធានការត្រឹមកាលបរិច្ឆេទជាក់លាក់ សូមទូរស័ព្ទទៅលេខដែលបានផ្តល់ជូនសម្រាប់រដ្ឋឬតំបន់របស់អ្នកដើម្បីនិយាយទៅកាន់អ្នកបកប្រែ។

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

ลาว (Laotian): ທ່ານມີສິດທີ່ຈະໄດ້ຮັບການຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໂດຍບໍ່ເສັງຄ່າ. ຖ້າວ່າ ທ່ານມີຄຳຖາມກ່ຽວກັບການສະໝັກຂອງທ່ານ ຫຼື ການຄຸ້ມຄອງຂອງ Kaiser Permanente, ຫຼື ຖ້າຍັນນີ້ເປັນແຈ້ງການທີ່ຮຽກຮ້ອງໃຫ້ທ່ານດຳເນີນການພາຍໃນວັນທີທີ່ເຈາะจิงใดหนึ่ง, ให้โทຕามพายเลกที่ให้ไว้สำลับลัด ຫຼື ເຂດຂອງທ່ານ ເພື່ອຂໍລົມກັບນາยพาลา.

Kajin Majōḷ (Marshallese): Ewōr jimwe eo aṃ in bōk jipañ ilo kajin eo aṃ ejjeḷọk wōṇāān. Ñe ewōr aṃ kajjitōk kōn peba in aplaiki eo aṃ ak insurance eo aṃ jān Kaiser Permanente, ak ñe enaan in kōjeḷā in ej aikuj bwe kwōn ṃakūtkūt ṃokta jān juon raan eo emōj an kallikkar, kaḷọk nōṃba eo ej leḷọk 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 yínikeedgo naaltsoos hadinilaa, éí bína'ídílkid doogo, éí doodago díí naaltsoos haa'ída yoołkáałgo hait'áoda í'díílíił nilníigo éí nitsaa hahoodzojí éí doodago t'áá aadi nahós'a'di ata' dahalne'ígíí bich'į' hólne'go bee bił ahił hodiilnih.

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 तपाईले कुनै निर्धारित मितिमा कुनै कार्यवाही गर्नु पर्ने आवश्यकता भएमा, दोभाषेसंग कुराकानी गर्न तपाईंको राज्य वा क्षेत्रका लागि दिइएको नम्वरमा 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 ẹ̀tọ́ láti rí ìrànlọ́wọ́ gbà nípa èdè rẹ láìsan owó. Bí o bá ní ìbéèrè nípa ìwé tí o kọ tàbí ìṣedéédé nípaṣẹ̀ Kaiser Permanente, tàbí ìfitónilétí yìí jẹ́ èyí o nílò láti ìgbésẹ̀ kan ní ọjọ́ kan pató, pé nọ́mbà tí a pèsè fún ìpínlẹ̀ tàbí agbègbè rẹ láti bá òǹgbìfọ̀ kan sọ̀rọ̀.