



Commonwealth of Virginia Medicaid Program

Medicaid and FAMIS Preferred Drug List 2017

Last Update: 9/5/2017

This is a list of preferred drugs for Medicaid and FAMIS members under Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. This list is approved by the Kaiser Permanente Mid-Atlantic States Pharmacy and Therapeutics Committee. The preferred drug list has closed classes for which only the drugs listed within the classes are covered. Generally, Kaiser Permanente will only approve a request for a non-preferred drug if your prescribing doctor considers the drug to be medically necessary. If a non-preferred drug is not medically necessary, but you want the non-preferred drug, you will be responsible for paying the full cost of the drug.

The preferred drug list is only for outpatient and self-administered drugs. It is not for those used in hospitals (inpatient settings), doctor's offices, or infusion centers.

The preferred drug list does not provide detailed information on your Medicaid coverage. For additional information regarding your pharmacy benefits, please call Member Services at 855-249-5025 from 7:30 a.m. to 5:30 p.m., Monday through Friday.

Generic, brand name, and non-preferred medications

Kaiser Permanente has brand and generic drugs on the preferred drug list. A generic drug is approved by the Food and Drug Administration (FDA) because it has the same active ingredient as the brand-name drug. In most cases, your doctor will prescribe a generic drug if one is available.

Brand-name drugs are made 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 make and sell the FDA-approved generic version of the drug.

Drug Efficacy Study Implementation (DESI) Drugs

DESI drugs were first marketed between 1938 and 1962 were approved as safe but required no showing of effectiveness for FDA approval. Beginning in 1962, all new drugs were required to be both safe and effective before being marketed. Kaiser Permanente does not pay for DESI classified drugs or drugs identical, similar, or related to DESI products.

How to use the preferred drug list document

Drugs available in generic form are listed by their generic name. Unless the drug has multiple brand names, drugs available only in brand name are in **BOLD** and in all CAPITAL letters.

You can search the preferred drug list by using the “FIND” function in Adobe Reader (CTRL + F), or by the therapeutic drug category.

All dosages and strengths for a drug may not be in the preferred drug list. Some drugs are available in more than one dosage form (for example, tablet and injectable)

Please remember that this list will be updated on a monthly basis without prior notification. Any drug not found on this list or in later updates is a non-preferred drug.

Restrictions on medication coverage:

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

- **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
- **Prior Authorization:** For some drugs, Kaiser Permanente will cover the medication if certain criteria are met. To obtain additional information regarding drugs that require Prior Authorization and the Prior Authorization Process, please contact Member Services at 855-249-5025.
- **Quantity Limit:** For certain drugs, Kaiser Permanente limits the amount of medication dispensed to a certain quantity per copay.

Key:

LD = A drug that may be subject to limited distribution

PA = A drug that needs prior authorization.

QL = A drug that has a quantity limit or is limited to a specific day supply.

For more information about our preferred drug list, please contact Member Services at **855-249-5025**, **866-513-0008 TTY** from 7:30 a.m. to 5:30 p.m., Monday through Friday.

DRUG NAME	REQUIREMENTS AND LIMITS
ANTIHISTAMINE DRUGS	
Cyproheptadine HCl	
Promethazine HCL	
ANTI-INFECTIVE AGENTS	
Anthelmintics	
ALBENZA	
YODOXIN	
Antibacterials	
Amoxicillin	
Amoxicillin & Pot Clavulanate	
Ampicillin	
Azithromycin	
Cefaclor	
Cefdinir	
Cefixime	
Cefuroxime Axetil	
Cephalexin	
Ciprofloxacin	
Clarithromycin	
Clindamycin	
Clindamycin Palmitate HCL	
Dicloxacillin Sodium	
Doxycycline Monohydrate	
Erythromycin Base	
Erythromycin Ethylsuccinate Susp	
Erythromycin-Sulfisoxazole	
Levofloxacin	
Linezolid	
Minocycline HCL	
Neomycin Sulfate	
Penicillin V Potassium	

LEGEND

- Brand-name drugs are in bold type and all capital letters
- For drugs not indicated in bold, generic drugs will be dispensed as the formulary agent

DRUG NAME	REQUIREMENTS AND LIMITS
Sulfadiazine	
Sulfasalazine	
Sulfamethoxazole- Trimethoprim	
Tobramycin Neb	
Vancomycin HCL	
VIVOTIF BERNA	
ZYVOX	
Antifungals	
Fluconazole	
Griseofulvin Microsize	
Griseofulvin Ultramicrosize	
Itraconazole	
Ketoconazole	
Nystatin	
Terbinafine	
Voriconazole	
Antimycobacterials	
Dapsone	
Ethambutol HCL	
Isoniazid	
Pyrazinamide	
Rifabutin	
Rifampin	
Antiprotozoals	
Atovaquone	
Atovaquone-Proguanil HCL	
Chloroquine Phosphate	
COARTEM	
DARAPRIM	LD
Hydroxychloroquine Sulfate	
Mefloquine HCL	
Metronidazole	
NEBUPENT INH	
Primaquine Phosphate	

- Limited Distribution—LD
- Prior Authorization—PA
- Quantity Limits—QL

DRUG NAME	REQUIREMENTS AND LIMITS
Antivirals	
Abacavir	
Abacavir-Lamivudine	
Abacavir-Lamivudine-Zidovudine	
Adefovir Dipivoxil	
Amantadine HCL	
APTIVUS	
ATRIPLA	
COMPLERA	
CRIXIVAN	
DAKLINZA	QL, PA
DESCOVY	
Didanosine	
EDURANT	
Entecavir	
EPCLUSA	QL, PA
EMTRIVA	
GENVOYA	
INTELENCE	
INVIRASE	
ISENTRESS	
HARVONI	QL, PA
Lamivudine	
Lamivudine-Zidovudine	
LEXIVA	
Lopinavir-Ritonavir	
Nevirapine	
NORVIR	
ODEFSEY	
Oseltamivir	QL
PEGASYS	QL
PEGASYS PROCLICK	QL
PEG-INTRON	QL

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DRUG NAME	REQUIREMENTS AND LIMITS
PREZCOBIX	
PREZISTA	
RELENZA	QL
RESCRIPTOR	
REYATAZ	
Ribavirin	
Rimantadine HCL	
SELZENTRY	
SOVALDI	QL, PA
STRIBILD	
SUSTIVA	
TIVICAY	
TRIUMEQ	
TRUVADA	
Valganciclovir	
VIRACEPT	
Zidovudine	
Urinary Anti-Infectives	
Methenamine Hippurate	
Nitrofurantoin	
Nitrofurantoin Monohydrate	
Nitrofurantoin Macrocrystals	
Trimethoprim	
ANTINEOPLASTIC AGENTS	
Antineoplastic Agents	
AFINITOR	
ALKERAN	
Anastrozole	
Bicalutamide	
CABOMETYX	
Capecitabine	
CEENU	
CYTOXAN	
EMCYT	

- Limited Distribution—LD
- Prior Authorization—PA
- Quantity Limits—QL

DRUG NAME	REQUIREMENTS AND LIMITS
Etoposide	
Exemestane	
Flutamide	
HEXALEN	
HYCAMTIN	
Hydroxyurea	
IBRANCE	
ICLUSIG	
Imatinib Mesylate	
IMBRUVICA	
INLYTA	
INTRON-A	QL
IRESSA	
JAKAFI	
LENVIMA	
Letrozole	
LEUKERAN	
LUPRON	QL
LUPRONDEPOT	QL
LUPRON DEPOT-PED	QL
LYSODREN	
Megestrol Acetate	
Melphalan	
Mercaptopurine	
Methotrexate Sodium	
MYLERAN	
NEXAVAR	
NINLARO	
Procarbazine HCL	
SPRYCEL	
SUTENT	
TABLOID	
Tamoxifen Citrate	
TARCEVA	
TARGRETIN	

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DRUG NAME	REQUIREMENTS AND LIMITS
TASIGNA	
Temozolomide	
Tretinoin (Chemotherapy)	
TYKERB	
VANDETANIB	
VENCLEXTA	
VOTRIENT	
XALKORI	
XTANDI	
ZELBORAF	
ZYKADIA	
ZYTIGA	
ANXIOLYTICS, SEDATIVES, AND HYPNOTICS	
Barbiturates	
Phenobarbital	
Benzodiazepines	
Alprazolam	QL
Chlordiazepoxide HCL	QL
Clonazepam	QL
Clorazepate Dipotassium	QL
Diazepam	QL
Lorazepam	QL
Oxazepam	QL
Temazepam	QL
AUTONOMIC DRUGS	
Anticholinergic Agents	
ATROVENT HFA	
Benzotropine Mesylate	
Dicyclomine HCL	
Hyoscyamine	
Ipratropium Bromide (Nasal)	
Trihexyphenidyl HCL	
SPIRIVA	

- Limited Distribution—LD
- Prior Authorization—PA
- Quantity Limits—QL

DRUG NAME	REQUIREMENTS AND LIMITS
STIOLTO RESPIMAT	
Autonomic Drugs, Miscellaneous	
Ergoloid Mesylates	
Nicotrol Inhaler	
Phenoxybenzamine	
Parasympathomimetic (Cholinergic) Agents	
Bethanechol Chloride	
Donepezil HCL	
Galantamine Hydrobromide	
Neostigmine Bromide	
Pilocarpine HCL (ORAL)	
Pyridostigmine Bromide	
Skeletal Muscle Relaxants	
Baclofen	
Cyclobenzaprine HCL	
Dantrolene Sodium	
Methocarbamol	
Sympathomimetic (Adrenergic) Agents	
ADVAIR DISKUS	
Albuterol Neb	
COMBIVENT RESPIMAT AER	
Epinephrine HCL	QL
EPIPEN	QL
SEREVENT DISKUS AER	
STRIVERDI	
Terbutaline Sulfate	
VENTOLIN HFA	
BLOOD FORMATION, COAGULATION, AND THROMBOSIS	
Coagulants And Anticoagulants	

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DRUG NAME	REQUIREMENTS AND LIMITS
Anagrelide HCL	
Aminocaproic Acid	
Aspirin/Dipyridamole	
BRILINTA	
Cilostazol	
Clopidogrel	
Dipyridamole	
EFFIENT	
Fondaparinux	QL
LOVENOX	QL
Pentoxifylline	
PRADAXA	
Prasugrel	
Warfarin Sodium	
Hematopoietic Agents	
NEUPOGEN	QL
PROCRIT/EPOGEN	QL
PROMACTA	
ZARXIO	QL
CARDIOVASCULAR DRUGS	
Alpha-Adrenergic Blocking Agents	
Terazosin HCL	
Tamsulosin HCL	
Antilipemic Agents	
Atorvastatin Calcium	
Cholestyramine	
Cholestyramine Light	
Colestipol	
Fenofibrate 54mg, 160mg	
Gemfibrozil	
Lovastatin	
Niacin	
Pravastatin Sodium 20mg, 40mg, 80mg	

- Limited Distribution—LD
- Prior Authorization—PA
- Quantity Limits—QL

DRUG NAME	REQUIREMENTS AND LIMITS
Rosuvastatin	
Simvastatin 20mg, 40mg, 80mg	
Beta-Adrenergic Blocking Agents	
Atenolol/Chlorthalidone	
Atenolol HCL	
Bisoprolol/ Hydrochlorothiazide	
Bisoprolol Fumarate	
Carvedilol	
Labetalol HCL	
Metoprolol Succinate	
Metoprolol Tartrate	
Propranolol HCL	
Sotalol HCL	
Calcium-Channel Blocking Agents	
Amlodipine Besylate	
Diltiazem HCL	
Nifedipine	
Verapamil HCL	
Cardiac Drugs	
Amiodarone HCL	
Digoxin	
Disopyramide Phosphate	
Dofetilide	
Flecainide Acetate	
Mexiletine HCL	
Propafenone HCL	
Quinidine Gluconate	
Quinidine Sulfate	
Quinidine Sulfate ER	
Hypotensive Agents	

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DRUG NAME	REQUIREMENTS AND LIMITS
Acetazolamide	
Clonidine HCL	
Guanfacine HCL	
Hydralazine HCL	
Methazolamide	
Methyldopa	
Minoxidil	
Reserpine	
Renin-Angiotensin-Aldosterone System Inhibitors	
Enalapril Maleate	
ENTRESTO	
Lisinopril	
Lisinopril/Hydrochlorothiazide	
Losartan Potassium	
Losartan Potassium/HCTZ	
Spiroinolactone	
Spiroinolactone/ Hydrochlorothiazide	
Valsartan	
Valsartan/ Hydrochlorothiazide	
Vasodilating Agents	
ADEMPAS	LD
Isosorbide Dinitrate	
Isosorbide Mononitrate	
Nitroglycerin Patch	
Nitroglycerin	
OPSUMIT	LD
Papaverine HCL	
Sildenafil Citrate	
CENTRAL NERVOUS SYSTEM AGENTS	

- Limited Distribution—LD
- Prior Authorization—PA
- Quantity Limits—QL

DRUG NAME	REQUIREMENTS AND LIMITS
Analgesics and Antipyretics	
Acetaminophen/Codeine	QL, PA
Buprenorphine HCL/ Naloxone HCL SL	QL, PA
Butalbital/Acetaminophen/ Caffeine	
Butalbital/Aspirin/Caffeine	
Codeine Phosphate	QL, PA
Codeine Sulfate	QL
Diclofenac Sodium	
EMBEDA	QL, PA
Etodolac	
Fentanyl	QL, PA
Hydrocodone/ Acetaminophen	QL, PA
Ibuprofen	
Indomethacin	
Meloxicam	
Meperidine HCL	QL, PA
Methadone HCL	QL, PA
Morphine Sulfate	QL, PA
Nabumetone	
Naproxen	
Oxycodone HCL	QL, PA
Oxycodone ER	QL, PA
Oxycodone/Acetaminophen	QL, PA
OXYCONTIN	QL, PA
Sulindac	
Tramadol HCL	QL, PA
Anorexigenic Agents and Respiratory and Cerebral Stimulants	
ADDERALL XR	

DRUG NAME	REQUIREMENTS AND LIMITS
Amphetamine/ Dextroamphetamine (Mixed)	
Dextroamphetamine Sulfate	
Methylphenidate HCL	
Methylphenidate HCL ER	
Anticonvulsants	
BANZEL	
Carbamazepine	
Diazepam (Anticonvulsant)	
Divalproex Sodium	
Ethosuximide	
Gabapentin	
Lamotrigine	
Levetiracetam	
Levetiracetam XR	
Methsuximide	
Oxcarbazepine	
Phenobarbital	
Phenytoin Sodium	
Primidone	
Topiramate	
Valproate Sodium	
Valproic Acid	
Antimigraine Agents	
Ergotamine/Caffeine	
Naratriptan HCL	QL
Rizatriptan Benzoate ODT	QL
Sumatriptan	QL
Anxiolytics, Sedatives, and Hypnotics	
Buspirone HCL	

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- Quantity Limits—QL

DRUG NAME	REQUIREMENTS AND LIMITS
Hydroxyzine HCL	
Hydroxyzine Pamoate	
Zaleplon	QL
Zolpidem Tartrate	QL
Central Nervous System Agents, Miscellaneous	
Carbidopa	
Carbidopa/Levodopa, ER	
Entacapone	
Memantine	
Pramipexole Dihydrochloride	
Riluzole	
Ropinirole HCL	
Selegiline	
Opiate Antagonists	
Naloxone	QL
Naltrexone HCL	
Psychotherapeutic Agents	
Amitriptyline HCL	
Aripiprazole	
Bupropion HCL, SR, XL	
Chlorpromazine HCL	
Citalopram HCL	
Clozapine	QL
Desipramine HCL	
Doxepine HCL	
Duloxetine HCL	
Escitalopram Oxalate	
Fluoxetine HCL	
Fluphenazine HCL	
Fluvoxamine Maleate	
Haloperidol	

DRUG NAME	REQUIREMENTS AND LIMITS
Imipramine HCL	
Lithium Carbonate	
Lithium Citrate	
Mirtazapine	
Nefazodone HCL	
Nortriptyline HCL	
Olanzapine	
Paroxetine HCL	
Perphenazine	
Pimozide	
Phenelzine Sulfate	
Prochlorperazine Maleate	
Protriptyline HCL	
Quetiapine	
Risperidone	
Sertraline HCL	
Thioridazine HCL	
Thiothixene	
Trazodone HCL	
Trifluoperazine HCL	
Venlafaxine HCL	
Ziprasidone HCL	
ELECTROLYTIC, CALORIC, AND WATER BALANCE	
Acidifying and Alkalinizing Agents	
Potassium & Sodium Acid Phosphates	
Potassium Citrate (Alkalinizer)	
Sodium Citrate & Citric Acid	
Ammonia Detoxicants	
Lactulose	

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- Limited Distribution—LD
- Prior Authorization—PA
- Quantity Limits—QL

DRUG NAME	REQUIREMENTS AND LIMITS
Diuretics	
Amiloride HCL	
Amiloride/ Hydrochlorothiazide	
Bumetanide	
Chlorothiazide	
Chlorthalidone	
Furosemide	
Hydrochlorothiazide	
Indapamide	
Metolazone	
Torsemide	
Triamterene/ Hydrochlorothiazide	
Ion-Removing Agents	
RENVELA	
Sodium Polystyrene Sulfonate	
Replacement Preparations	
Calcium Acetate	
ELIPHOS	
PHOSLYRA	
Potassium Phosphate Dibasic/Monobasic	
Potassium Bicarbonate	
Potassium Chloride	
Potassium Phosphate Monobasic	
Uricosuric Agents	
Probenecid	
ENZYMES	
Enzymes	
PULMOZYME SOL	
VPRIV	

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DRUG NAME	REQUIREMENTS AND LIMITS
EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS	
Antiallergic Agents	
Azelastine HCL	
Cromolyn Sodium (OP)	
Olopatadine (OP)	
Anti-Infectives	
Bacitracin (OP)	
Bacitracin/Polymyxin B (OP)	
Ciprofloxacin (OP)	
Erythromycin (OP)	
Gatifloxacin	
Gentamicin Sulfate (OP)	
NATACYN	
Neomycin/Bacitracin/Polymyxin	
Neomycin/Polymyxin/ Gramicid	
Ofloxacin (OP)	
Ofloxacin (OTIC)	
Polymyxin B/Trimethoprim	
Tobramycin Sulfate (OP)	
Trifluridine	
ZYMAXID	
Anti-Inflammatory Agents	
Bacitracin/Polymyxin/ Neomycin/HC	
CIPRODEXOTIC	
COLY-MYCIN S OTIC	
Dexamethasone (OP)	
Fluorometholone (OP)	
Flunisolide	
Flurbiprofen (OP)	
Fluticasone Propionate	
Hydrocortisone/Acetic Acid (OTIC)	

- Limited Distribution—LD
- Prior Authorization—PA
- Quantity Limits—QL

DRUG NAME	REQUIREMENTS AND LIMITS
Ketorolac Tromethamine	
Neomycin/Polymyxin/ Dexamethasone	
Neomycin/Polymyxin/HC	
PRED-G	
Prednisolone Acetate	
Prednisolone Sodium Phosphate	
Sulfacetamide Sodium/ Prednisolone	
Tobramycin/Dexamethasone	
VEXOL	
EENT Drugs, Miscellaneous	
Acetic Acid (OTIC)	
Acetic Acid/Aluminum Acetate	
Brimonidine Tartrate	
Carbachol (OP)	
Dorzolamide	
Dorzolamide/Timolol	
Latanoprost	
Levobunolol HCL	
Metipranolol	
Local Anesthetics	
Lidocaine HCL	
Proparacaine HCL	
Tetracaine HCL	
Mydriatics	
Atropine Sulfate	
CYCLOMYDRIL	
Homatropine HBR	
Tropicamide	

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DRUG NAME	REQUIREMENTS AND LIMITS
Vasoconstrictors	
Phenylephrine HCL (OP)	
GASTROINTESTINAL DRUGS	
Antidiarrhea Agents	
Diphenoxylate/Atropine	
Antiemetics	
AKYNZEO	
Aprepitant	
Ondansetron HCL	
Prochlorperazine	
TRANSDERM-SCOP	
Anti-Inflammatory Agents	
Balsalazide Disodium	
CANASA	
LIALDA	
Mesalamine Enema	
PENTASA	
Antiulcer Agents and Acid Suppressants	
Famotidine	
Misoprostol	
Omeprazole	
Pantoprazole	
Ranitidine HCL	
Sucralfate	
Digestants	
CREON	
Pancrelipase	
ZENPEP	
GI Drugs, Miscellaneous	
Metoclopramide HCL	
PEG3350-KCL-Sodium Bicarb - Sodium Chloride-Sodium	

- Limited Distribution—LD
- Prior Authorization—PA
- Quantity Limits—QL

DRUG NAME	REQUIREMENTS AND LIMITS
Ursodiol	
HEAVY METAL ANTAGONISTS	
Heavy Metal Antagonists	
EXJADE	
JADENU	
HORMONES AND SYNTHETIC SUBSTITUTES	
Adrenals	
ASMANEX	
Budesonide	
Cortisone Acetate	
Dexamethasone	
FLOVENT HFA	
Fludrocortisone Acetate	
Hydrocortisone	
Methylprednisolone	
MILLIPRED	
Prednisolone	
Prednisolone Sodium Phosphate	
Prednisone	
QVAR	
Androgens	
Danocrine	
DEPO-TESTOSTERONE	
Contraceptives	
Desogestrel/Ethinyl Estradiol	
Drospirenone/Ethinyl Estradiol	
ELLA	

DRUG NAME	REQUIREMENTS AND LIMITS
Ethinodiol Diacetate/Ethinyl Estradiol	
Levonorgestrel/Ethinyl Estradiol	
Levonorgestrel/Ethinyl Estradiol (Triphasic)	
NEXPLANON	
Norethindrone	
Norethindrone/Ethinyl Estradiol	
Norethindrone Acetate/ Ethinyl Estradiol	
Norethindrone/Ethinyl Estradiol (Triphasic)	
Norgestimate/Ethinyl Estradiol (Triphasic)	
NUVARING	
PLAN B ONE-STEP	
Xulane Patch	
Diabetic Agents	
Acarbose	
Glipizide	
GLUCAGON EMERGENCY KIT	
HUMALOG VIAL	
HUMULIN N 70/30	
HUMULIN N	
HUMULIN R VIAL	
LANTUS VIAL	
Metformin HCL	
Metformin ER	
Pioglitazone HCL	
Estrogens and Antiestrogens	
CLIMARA	
Estradiol	

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DRUG NAME	REQUIREMENTS AND LIMITS
PREMARIN VAGINAL CREAM	
Raloxifene	
IUD	
MIRENA	
Parathyroid	
FORTICAL	
Pituitary	
Desmopressin Acetate	
Progestins	
Hydroxyprogesterone caproate	
Medroxyprogesterone Acetate	
Norethindrone Acetate	
Progesterone Micronized	
Somatotropin Agonist and Antagonist	
OMNITROPE	QL, PA
Thyroid and Antithyroid Agents	
Levothyroxine Sodium	
Liothyronine Sodium	
Methimazole	
Propylthiouracil	
Thyroid	
MISCELLANEOUS THERAPEUTIC AGENTS	
Miscellaneous Therapeutic Agents	
Acamprosate Calcium	
ACTIMMUNE	QL, LD
Alendronate Sodium	
Allopurinol	
AVONEX	QL
Azathioprine	

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DRUG NAME	REQUIREMENTS AND LIMITS
Bromocriptine Mesylate	
CERDELGA	LD
Colchicine	
Cromolyn Sodium	
Disulfiram	
ELMIRON	
ENBREL	QL
Etidronate Disodium	
EXTAVIA	QL
Finasteride	
FIRAZYR	QL
GENGRAF	
Glatiramer 20mg/ml	QL
GRASTEK	
HUMIRA	QL
Leflunomide	
Leucovorin Calcium	
MESNEX	
Mycophenolate Mofetil	
ORENCIA	QL
OTEZLA	QL
RAGWITEK	
RASUVO	QL
READI-CAT	
REBIF	QL
REVLIMID	LD
SANDIMMUNE	
SENSIPAR	
Sodium Fluoride	
Tacrolimus	
THALOMID	LD
VOLUMEN	
XELJANZ	
Vitamins	

- Limited Distribution—LD
- Prior Authorization—PA
- Quantity Limits—QL

DRUG NAME	REQUIREMENTS AND LIMITS
Folic Acid	
Iron Complex	
Phytonadione	
Pyridoxine HCL	
OXYTOCICS	
Oxytocics	
Methylergonovine Maleate	
RESPIRATORY TRACT AGENTS	
Anti-Inflammatory Agents	
Cromolyn Sodium	
DULERA	
Montelukast Sodium	
Antitussives	
Benzonatate	
Guaifenesin/Codeine	QL
Respiratory Agents, Miscellaneous	
Acetylcysteine	
ORKAMBI	
Sodium Chloride (Inhalant)	
SKIN AND MUCOUS MEMBRANE AGENTS	
Anti-Infectives (Skin and Mucous Membrane)	
Benzoyl Peroxide/ Erythromycin	
Ciclopirox Olamine	
Clindamycin Phosphate	
Clotrimazole Troche	
Erythromycin	
Gentamicin Sulfate	
Ketoconazole	

DRUG NAME	REQUIREMENTS AND LIMITS
Metronidazole	
Mupirocin	
Nystatin	
Permethrin	
Salicylic Acid	
Selenium Sulfide	
Silver Nitrate/Potassium Nitrate	
Silver Sulfadiazine	
Anti-Inflammatory Agents (Skin and Mucous Membrane)	
Betamethasone Dipropionate	
Betamethasone Valerate	
Clobetasol Propionate	
CORDRAN	
Desoximetasone	
Diflorasone Diacetate	
Fluocinolone Acetonide	
Fluocinonide	
Hydrocortisone (Rectal)	
Hydrocortisone (Topical)	
Hydrocortisone Butyrate	
Hydrocortisone Valerate	
Mometasone Furoate	
Nystatin/Triamcinolone	
PROCTOFORM	
Tacrolimus	
Triamcinolone Acetonide	

LEGEND

- Brand-name drugs are in bold type and all capital letters
- For drugs not indicated in bold, generic drugs will be dispensed as the formulary agent

- Limited Distribution—LD
- Prior Authorization—PA
- Quantity Limits—QL

DRUG NAME	REQUIREMENTS AND LIMITS
Cell Stimulants and Proliferants	
Tretinoin	
Skin and Mucous Membrane Agents, Miscellaneous	
8-MOP	
Acitretin	
Aluminum Chloride	
AZELEX	
DIFFERIN	
EPIDUO	
FINACEA	
Fluorouracil	
Imiquimod	
Isotretinoin	
Lidocaine HCL	
Lidocaine/Prilocaine	
Methoxsalen	
OXSORALEN LOT	
PHISOHEX LIQ	
Podofilox	
Sulfacetamide Sodium	
SANTYL	
VECTICAL	

DRUG NAME	REQUIREMENTS AND LIMITS
SMOOTHMUSCLERELAXANTS	
Smooth Muscle Relaxants	
Aminophylline	
Oxybutynin Chloride	
Oxybutynin Chloride XL	
Theophylline	
Trospium	
Trospium ER	
VITAMINS	
Vitamins	
Calcitriol	
Pediatric Multivitamins/ Fluoride	
Pediatric Multivitamins/ Fluoride/Iron	
Pediatric Multivitamins ACD/ Fluoride	
Pediatric Multivitamins ACD/ Fluoride/Iron	
Prenatal Vitamins	

LEGEND

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- For drugs not indicated in bold, generic drugs will be dispensed as the formulary agent

- Limited Distribution—LD
- Prior Authorization—PA
- Quantity Limits—QL

Over the Counter Drug Coverage

Along with prescription benefits, Kaiser Permanente covers the following over-the-counter medications with a written or verbal prescription from a provider.

DRUG NAME	REQUIREMENTS AND LIMITS
ANALGESICS	
Acetaminophen	
Aspirin	
Aspirin Buffered	
Ibuprofen	
Naproxen Sodium	
ANTACIDS	
Aluminum Hydroxide	
Calcium Carbonate	
Magnesium Hydroxide/ Aluminum Hydroxide	
Magnesium Hydroxide/ Aluminum Hydroxide/ Simethicone	
Sodium Bicarbonate	
ANTI-DIARRHEALS	
Bismuth Subsalicylate	
Loperamide HCL	
ANTI-EMETICS	
Dimenhydrinate	
Meclizine HCL	
ANTI-ITCH, TOPICAL	
Camphor/Menthol	
Diphenhydramine/Zinc Acetate	
Hydrocortisone	
Pramoxine/Calamine	
ANTI-BIOTICS, TOPICAL	
Bacitracin	

LEGEND

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DRUG NAME	REQUIREMENTS AND LIMITS
Neomycin-Bacitracin- Polymyxin	
ANTI-FLATULENTS	
Simethicone	
ANTI-FUNGALS	
Clotrimazole (Topical)	
Clotrimazole Vaginal	
Miconazole Nitrate (Topical)	
Miconazole Vaginal	
Terbinafine HCL (Topical)	
ANTI-HISTAMINES	
Brompheniramine/ Phenylephrine	
Cetirizine HCL	
Cetirizine HCL/ Pseudoephedrine	
Chlorpheniramine Maleate	
Chlorpheniramine/ Pseudoephedrine	
Diphenhydramine HCL	
Fexofenadine HCL	
Fexofenadine HCL/ Pseudoephedrine	
Loratadine	
Loratadine/Pseudoephedrine	
COUGH & COLD	
Chlorpheniramine/ Dextromethorphan	
Dextromethorphan	
Dextromethorphan/ Doxylamine/Acetaminophen	

- Limited Distribution—LD
- Prior Authorization—PA
- Quantity Limits—QL

DRUG NAME	REQUIREMENTS AND LIMITS
Dextromethorphan/ Guaifenesin	
Dextromethorphan/ Phenylephrine/ Acetaminophen	
Guaifenesin	
Guaifenesin/Pseudoephedrine	
Phenylephrine/ Brompheniramine Dextromethorphan	
Phenylephrine/ Dextromethorphan/ Guaifenesin	
Phenylephrine/Guaifenesin	
CONTRACEPTIVES	
Condoms	
Levonorgestrel	
Nonoxynol-9	
DECONGESTANTS	
Phenylephrine HCL	
Pseudoephedrine HCL	
DERMATOLOGICAL AGENTS	
Ammonium Lactate	
Benzoyl Peroxide	
Emollient	
Urea	
Zinc Oxide (Topical)	
EYES, EARS, & NOSE PREPARATIONS	
Carbamide Peroxide (Otic)	
Carboxymethylcellulose Sodium	
Ketotifen Fumarate	
Naphazoline/Pheniramine	
NASACORT ALLERGY	

LEGEND

- Brand-name drugs are in bold type and all capital letters
- For drugs not indicated in bold, generic drugs will be dispensed as the formulary agent

DRUG NAME	REQUIREMENTS AND LIMITS
HEMORRHOID PREPARATIONS	
Phenylephrine/Shark Liver Oil/Mineral Oil/Petrolatum	
HISTAMINE-2 RECEPTOR ANTAGONIST	
Famotidine	
Ranitidine HCL	
IRON SUPPLEMENTS	
Ferrous Fumarate/Vitamin C	
Ferrous Sulfate	
LAXATIVES	
Bisacodyl	
Bisacodyl/Mag Citrate	
Docusate Sodium	
Glycerin (Laxative)	
Magnesium Citrate	
Magnesium Hydroxide	
Polyethylene Glycol 3350	
Sennosides	
Sennosides/Docusate Sodium	
NICOTINE CESSATION	
Nicotine Gum	
Nicotine Lozenges	
Nicotine Patches	
PEDIATRIC ELECTROLYTE SOLUTION	
Oral Electrolytes	
PEDICULICIDES	
Permethrin	
PROTON PUMP INHIBITORS	
Lansoprazole	
Omeprazole	

- Limited Distribution—LD
- Prior Authorization—PA
- Quantity Limits—QL

DRUG NAME	REQUIREMENTS AND LIMITS
SUPPLEMENTS/VITAMINS	
Calcium Carbonate/Vitamin D	
Multivitamins	
Multivitamins/Iron	
Multivitamins/Minerals	
Niacin	
Pediatric Multivitamins	

LEGEND

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- Limited Distribution—LD
- Prior Authorization—PA
- Quantity Limits—QL

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

- Provide no cost aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats, such as large print, audio, and accessible electronic formats
- Provide no cost language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, call the number provided below.

District of Columbia	1-800-777-7902
Maryland	1-800-777-7902
Virginia	1-800-777-7902
TTY	711

If you believe that Kaiser Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the Kaiser Civil Rights Coordinator, 2101 East Jefferson Street, Rockville, MD 20852, telephone number: 1-800-777-7902. You can file a grievance by mail or phone. If you need help filing a grievance, the Kaiser Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Help in your Language

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

አማርኛ (Amharic): ያለምንም ክፍያ በራስዎ ቋንቋ እገዛ የማግኘት መብት አለዎት። ስለ ማመልከቻዎ ወይም ከኬሰር ፐርማኒንቴ Kaiser Permanente ስለሚያገኙት ሽፋን ማግኘት ወይም ጥያቄዎች ካሉዎት፣ ወይም ይህ ማላወቂያ በግልፅ በተጠቀሰ ቀን ማድረግ ያለብዎ ነገር እንዳለ የሚያስገድድዎ ከሆነ፣ በተጠቀሰው የሰዓት 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 վիզոցով Ձեր ծածկույթի վերաբերյալ, կամ եթե սա ծանուցում է, որը պարտադրում է Ձեզ, որպեսզի գործուղություններ ձեռնարկեք մինչև որոշակի ամսաթիվ, սպաս զանգահարեք Ձեր նահանգի կամ շրջանի համար տրամադրված հեռախոսահամարով՝ թարգմանչի հետ խոսելու համար:

Ḃǎsɔ́ wùdù (Bassa): ɔ̀ mò nì kpé bé ìn ké gbo-kpá-kpá dyé dé nì miòùn niìn bídí-wùdù mú pídyi. ɔ̀ jù ké ìn dyi dyi-diè-dè bé bédé bá nì céè-dè ìn tò bó dè zò jè dyíe ní, mɔɔ jù bá nì kùùn kpɔ̀ jè dyí dyiìn dé Kaiser Permanente múe ní, mɔɔ ɔ̀ dyi bɔ́ dò jù bé ìn ké dè dò nyu bó wé jéé dò kɔ̀ nì, níí, dá nɔ̀bà bé wa tòà bó nì bó́dò mɔɔ nì gbèèò biìe, ké nì mu nyɔ̀-wuɔ̀uún-zà-nyò dò 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 দোতাসীর সাথে কথা বলতে আপনার রাজ্য বা অঞ্চলের জন্য প্রদত্ত নম্বরটিতে ফোন করুন।

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

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

Cebuano (Bisaya): Anaa moy katungod nga mangayo og tabang sa inyo pinulongan ug kini walay bayad. Kung naa mo pangutana bahin sa inyo aplikasyon o coverage sa Kaiser Permanente, o kung 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 foror, ka tongeni omw kopwe kori ewe nampa mei kawor faniten omw state ika fonu (asan) iwe eman chon chiakku epwe anisuk non kapasen fonuomw.

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

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

ગુજરાતી (Gujarati): તમને કોઈ પણ ખર્ચ વગર તમારી ભાષામાં મદદ મેળવવાનો અધિકાર છે. જો તમને Kaiser Permanente મારફતે તમારી અરજી અથવા કવરેજ વિશે પ્રશ્નો હોય, અથવા જો આ નોટિસ હોય 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.

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

हिन्दी (Hindi): आपको विना 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 hnuv tau teev tseg, hu rau tus nab npawb xovtooj uas tau muab rau koj lub xeev lossis cheeb tsam kom tau tham nrog tus kws txhais lus.

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

ລາວ (Laotian): ທ່ານມີສິດທີ່ຈະໄດ້ຮັບການຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໂດຍບໍ່ເສັຽຄ່າ. ຖ້າວ່າ ທ່ານມີຄໍາຖາມກ່ຽວກັບການສະໝັກຂອງທ່ານ ຫຼື ການຄຸ້ມຄອງຜ່ານ Kaiser Permanente, ຫຼື ຖ້າອັນນີ້ເປັນແຈ້ງການທີ່ຮຽກຮ້ອງໃຫ້ທ່ານດໍາເນີນການພາຍໃນວັນທີ່ທີ່ເຈາະຈົງໃດໜຶ່ງ, ໃຫ້ໂທຕາມພາຍເລກທີ່ໃຫ້ໄວ້ສໍາລັບລັດ ຫຼື ເຂດຂອງທ່ານ ເພື່ອຂໍລິມັດຖານພາສາ.

Kajin Majōl (Marshallese): Ewōr jimwe eo aṃ in bōk jipañ ilo kajin eo aṃ ejjelōk wōṇāān. Ñe ewōr aṃ kajitōk kōn peba in aplaiki eo aṃ ak insurance eo aṃ jān Kaiser Permanente, ak ñe enaan in kōjelā in ej aikuj bwe kwōn ṃakūtūt ṃokta jān juon raan eo eṃōj an kallikkar, kaḷok nōṃba eo ej leḷok 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 asínílaáágóó éi bee náhaz'á. Kaiser Permanente áká aná'álwo' ná bik'é azláadoo yínikeedgo naaltsoos hadinílaa, éi bína'idílkid doogo, éi doodago díí naaltsoos haa'ída yoolkáalgo hait'áoda i'díííííí nílmiigo éi nitsaa hahoodzojí éi doodago t'áá aadi nahós'a'di ata' dahalne'ígíí bich'í' hólne'go bee bíl ahil hodíílnih.

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

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

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

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

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

ਪੰਜਾਬੀ (Punjabi): ਤੁਹਾਨੂੰ ਬਿਨਾਂ ਕਿਸੇ ਸੁਲਕ ਤੇ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿਚ ਮਦਦ ਪਾਉਣ ਦਾ ਹੱਕ ਹੈ. ਜੇਕਰ ਤੁਹਾਡੇ ਆਪਣੀ ਅਰਜ਼ੀ ਜਾਂ Kaiser Permanente ਰਾਹੀਂ ਕਵਰੇਜ ਬਾਰੇ ਸਵਾਲ ਹਨ, ਜਾਂ ਇਸ ਨੋਟਿਸ ਵਜੋਂ ਤੁਹਾਨੂੰ ਕਿਸੇ ਨਿਸ਼ਚਿਤ ਮਿਤੀ ਤੱਕ ਕਾਰਵਾਈ ਕਰਨ ਦੀ ਲੋੜ ਪਵੇ, ਤਾਂ 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 fesooota'i i se faaliliu.

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

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

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

Lea Faka-Tonga (Tongan): 'Oku 'ia ho totonu ke ke ma'ua ha fakatonulea ta'etotongi. Kapau 'oku 'i ai ha'ofehu'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.

اردو (Urdu): آپ کو کوئی بھی قیمت ادا کرنے 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 iranlọwọ̀ gbà nípá èdè rẹ́ láìsán owó. Bí o bá ní ibèèrè nípá iwé tí o kọ tàbí ìṣedéédé nípáṣẹ́ Kaiser Permanente, tàbí ifitonilétí yìí jẹ́ èyí o nílò láti igbésẹ́ kan ní ojọ kan patọ́, pé nọmbà tí a pèsè fún ipínlẹ́ tàbí agbègbè rẹ́ láti bá òngbifọ́ kan sọrọ́.