

## Preventive tier drugs to help keep you healthy

At Kaiser Permanente, we don't just care for you when you're sick – we help you stay healthy too. One important part of maintaining good health is detecting and managing problems before they become serious. If you have our Value-Based prescription benefit package with a disease state preventive tier, the following drugs may be available at a reduced cost.

Kaiser Permanente utilizes a drug formulary, a list of prescription drugs that are preferred and have been approved for our members. The preventive drug list below contains drugs from our formularies designated to be at little or no cost to you, if your prescription benefit package allows – even before your deductible is met. For a complete formulary list, call Member Services or visit [kp.org](http://kp.org). This list is not a substitute for your plan's formulary and may list drugs that are not covered under your pharmacy benefit.

### Asthma

- Albuterol Sulfate (Neb/Oral/Syr)
- Albuterol Sulfate (Ventolin HFA AERS)
- Ciclesonide (Alvesco AERS)
- Fluticasone Propionate (Flovent HFA AERO) 44mcg
- Fluticasone-Salmeterol (Advair Diskus AEPB)
- Mometasone Furoate (Asmanex HFA AERO)
- Mometasone Furoate (Asmanex Metered Doses AEPB)

### Cholesterol

- Atorvastatin
- Cholestyramine
- Cholestyramine Light
- Colestipol HCl
- Fenofibrate
- Gemfibrozil
- Lovastatin
- Pravastatin
- Simvastatin

### Diabetes

- Glimepiride
- Glipizide
- Insulin NPH
- Insulin NPH & Regular
- Insulin Regular
- Metformin HCl

### Hypertension

#### **Ace Inhibitors**

- Captopril
- Lisinopril
- Lisinopril & HCTZ

#### **Alpha-2 Blockers**

- Doxazosin Mesylate
- Prazosin HCl
- Terazosin HCl

#### **Alpha-Beta Blockers**

- Carvedilol
- Labetalol HCl

#### **Angiotensin II Inhibitor**

- Losartan Potassium
- Losartan Potassium & HCTZ

#### **Beta Blockers**

- Atenolol
- Metoprolol Tartrate
- Propranolol HCl

#### **Calcium Channel Blockers**

- Amlodipine Besylate
- Diltiazem HCl
- Nifedipine
- Verapamil HCl

#### **Diuretics**

- Amiloride
- Bumetanide
- Chlorothiazide
- Chlorthalidone
- Furosemide
- Hydrochlorothiazide (HCTZ)
- Metolazone

- Spironolactone
- Spironolactone & HCTZ
- Triamterene & HCTZ

#### **Misc. Antihypertensive**

- Clonidine HCl
- Methyldopa

#### **Vasodilating Agents**

- Hydralazine HCl
- Isosorbide Dinitrate
- Isosorbide Mononitrate
- Minoxidil
- Nitroglycerin Patch

### Osteoporosis

- Alendronate Sodium

### Smoking Cessation

- Bupropion XL
- Bupropion (Zyban)

### Stroke Prevention

- Clopidogrel Bisulfate
- Warfarin Sodium

## NONDISCRIMINATION NOTICE

Kaiser Foundation Health Plan of Colorado (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 **1-800-632-9700** (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 by mail at: Customer Experience Department, Attn: Kaiser Permanente Civil Rights Coordinator, 2500 South Havana, Aurora, CO 80014, or by phone at Member Services: 1-800-632-9700.

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>.

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## HELP IN YOUR LANGUAGE

**ATTENTION:** If you speak English, language assistance services, free of charge, are available to you. Call **1-800-632-9700** (TTY: **711**).

**አማርኛ (Amharic) ማስታወሻ:** የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ **1-800-632-9700** (TTY: **711**)።

**العربية (Arabic) ملحوظة:** إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-800-632-9700** (TTY: **711**) .

**Bàsòò Wùdù (Bassa) Dè dɛ nìà kɛ dyédé gbo:** ɔ jũ ké ñ Bàsòò-wùdù-po-nyò jũ ní, níí, à wuɖu kà kò dò po-poò béin ñ gbo kpáa. Đá **1-800-632-9700** (TTY: **711**)

**中文 (Chinese) 注意:** 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-800-632-9700** (TTY: **711**) 。

**فارسی (Farsi) توجه:** اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با **1-800-632-9700** (TTY: 711) تماس بگیرید.

**Français (French) ATTENTION:** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-800-632-9700** (TTY: 711).

**Deutsch (German) ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.  
Rufnummer: **1-800-632-9700** (TTY: 711).

**Igbo (Igbo) NRUBAMA:** O bụrụ na ị na asụ Igbo, ọrụ enyemaka asụsụ, n'efu, dijiri gi. Kpọọ **1-800-632-9700** (TTY: 711).

**日本語 (Japanese) 注意事項:** 日本語を話される場合、無料の言語支援をご利用いただけます。 **1-800-632-9700** (TTY: 711) まで、お電話にてご連絡ください。

**한국어 (Korean) 주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-800-632-9700** (TTY: 711) 번으로 전화해 주십시오.

**Naabeehó (Navajo) Díí baa akó nínízin:** Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éi ná hóló, kóji' hódíilnih **1-800-632-9700** (TTY: 711).

**नेपाली (Nepali) ध्यान दिनुहोस्:** तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । **1-800-632-9700** (TTY: 711) फोन गर्नुहोस् ।

**Afaan Oromoo (Oromo) XIYYEEFFANNAA:** Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa **1-800-632-9700** (TTY: 711).

**Русский (Russian) ВНИМАНИЕ:** если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-800-632-9700** (TTY: 711).

**Español (Spanish) ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-632-9700** (TTY: 711).

**Tagalog (Tagalog) PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad.  
Tumawag sa **1-800-632-9700** (TTY: 711).

**Tiếng Việt (Vietnamese) CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-800-632-9700** (TTY: 711).

**Yorùbá (Yoruba) AKIYESI:** Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. E pe ero ibanisoro yi **1-800-632-9700** (TTY: 711).