

KAISER PERMANENTE OF GEORGIA HMO FORMULARY



This document includes Kaiser Permanente of Georgia's HMO formulary as of May 8, 2024. 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 **May 8, 2024**. 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 30. 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.

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

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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
- 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

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subject to periodic review and modification by our Pharmacy and Therapeutics Committee. This list begins on page 23.

You can find out if the drug has any additional requirements or limits by looking in the formulary that begins on page 5 and the PA list on page 23.

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.
- 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 been 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.

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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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Category/ Drug Name	Tier Level	Restrictions
ANALGESICS		
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS		
<i>celecoxib</i>	1	
<i>ibuprofen</i>	1	
<i>nabumetone</i>	1	
<i>naproxen</i>	1	
ANTI-INFECTIVE AGENTS		
ANTHELMINTICS		
<i>albendazole</i>	1	
<i>ivermectin</i>	1	
ANTI-INFECTIVES		
<i>nitrofurantoin macrocrystal</i>	1	
ANTIBACTERIALS		
<i>amikacin sulfate</i>	1	
<i>amoxicillin</i>	1	
<i>amoxicillin & pot clavulanate</i>	1	
<i>ampicillin</i>	1	
<i>azithromycin</i>	1	
BACITRACIN	1	
CEFACLOR	1	
<i>cefazolin sodium</i>	1	
<i>cefdinir</i>	1	
<i>cefepodoxime proxetil</i>	1	
<i>ceftazidime</i>	1	
<i>cefuroxime axetil</i>	1	
<i>cephalexin</i>	1	
<i>ciprofloxacin hcl</i>	1	
<i>clarithromycin</i>	1	
<i>clindamycin hcl</i>	1	
<i>clindamycin palmitate hydrochloride</i>	1	
<i>dicloxacillin sodium</i>	1	
<i>doxycycline (monohydrate)</i>	1	
<i>doxycycline hyclate</i>	1	
<i>gentamicin sulfate</i>	1	
HUMATIN	1	
<i>levofloxacin</i>	1	
<i>linezolid</i>	1	
<i>minocycline hcl</i>	1	
<i>moxifloxacin hcl (ophth)</i>	1	
<i>neomycin sulfate</i>	1	
<i>penicillin v potassium</i>	1	
<i>silver sulfadiazine</i>	1	
SULFADIAZINE	1	
<i>sulfamethoxazole-trimethoprim</i>	1	
<i>sulfasalazine</i>	1	
<i>tetracycline hcl</i>	1	
<i>tobramycin</i>	1	

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<i>tobramycin sulfate</i>	1	
<i>vancomycin hcl</i>	1	
ANTIFUNGALS		
AMPHOTERICIN B	1	
<i>fluconazole</i>	1	
<i>flucytosine</i>	1	
<i>griseofulvin microsize</i>	1	
<i>griseofulvin ultramicrosize</i>	1	
<i>itraconazole</i>	1	
<i>ketoconazole</i>	1	
<i>nystatin</i>	1	
<i>nystatin (mouth-throat)</i>	1	
<i>rifabutin</i>	1	
<i>terbinafine hcl</i>	1	
ANTIMYCOBACTERIALS		
<i>dapsone</i>	1	
<i>ethambutol hcl</i>	1	
<i>isoniazid</i>	1	
<i>pyrazinamide</i>	1	
<i>rifampin</i>	1	
ANTIPROTOZOALS		
<i>atovaquone</i>	1	
<i>hydroxychloroquine sulfate</i>	1	
<i>metronidazole</i>	1	
<i>primaquine phosphate</i>	1	
ANTIVIRALS		
<i>abacavir sulfate</i>	1	QL
<i>abacavir sulfate-lamivudine</i>	1	QL
<i>abacavir sulfate-lamivudine-zidovudine</i>	1	QL
<i>acyclovir</i>	1	
APTIVUS	2	QL
<i>atazanavir sulfate</i>	1	QL
BIKTARVY	2	QL
<i>cidofovir</i>	1	
CIMDUO	2	QL
CRIXIVAN	2	
<i>darunavir</i>	1, 2	QL
DOVATO	2	QL
EDURANT	2	QL
<i>efavirenz</i>	1	QL
<i>emtricitabine</i>	1	QL
<i>emtricitabine-tenofovir disoproxil fumarate</i>	1	QL
<i>entecavir</i>	1	QL
<i>etravirine</i>	1	QL
<i>fosamprenavir calcium</i>	1	QL
FUZEON	2	QL
GENVOYA	2	QL

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Category/ Drug Name	Tier Level	Restrictions
INVIRASE	2	QL
ISENTRESS	2	
<i>lamivudine</i>	1	QL
<i>lamivudine-zidovudine</i>	1	QL
<i>lopinavir-ritonavir</i>	1	QL
<i>maraviroc</i>	1	QL
<i>nevirapine</i>	1	QL
ODEFSEY	2	QL
<i>oseltamivir phosphate</i>	1	QL
PEGASYS	2	QL
PREZCOBIX	2	
RELENZA DISKHALER	2	QL
<i>ribavirin (hepatitis c)</i>	1	
RIMANTADINE HCL	1	QL
<i>ritonavir</i>	1, 2	QL
SOFOSBUVIR-VELPATASVIR	2	PA, QL
SYMFI	2	
SYMTUZA	2	QL
<i>tenofovir disoproxil fumarate</i>	1	QL
TIVICAY	2	
<i>valacyclovir hcl</i>	1	
<i>valganciclovir hcl</i>	1, 2	
VIRACEPT	2	QL
VOSEVI	2	PA
<i>zidovudine</i>	1	QL
URINARY ANTI-INFECTIVES		
<i>nitrofurantoin monohyd macro</i>	1	
TRIMETHOPRIM	1	
ANTIBACTERIALS		
BETA-LACTAM, CEPHALOSPORINS		
CEFACLOR	1	
TETRACYCLINES		
<i>doxycycline hyclate</i>	1	
ANTIHISTAMINE DRUGS		
FIRST GENERATION ANTIHISTAMINES		
<i>cyproheptadine hcl</i>	1	
<i>promethazine hcl</i>	1	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
LEUKERAN	2	QL
ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i>	1	QL
<i>anastrozole</i>	1	
<i>bicalutamide</i>	1	
BRUKINSA	2	QL
<i>capecitabine</i>	1	
CAPRELSA	2	

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Category/ Drug Name	Tier Level	Restrictions
DROXIA	2	
EMCYT	2	
<i>erlotinib hcl</i>	1	
ETOPOSIDE	1	
<i>everolimus</i>	1	QL
<i>exemestane</i>	1	
<i>fluorouracil</i>	1	
<i>hydroxyurea</i>	1	
IBRANCE	2	QL
<i>imatinib mesylate</i>	1	
IMBRUVICA	2	PA, QL
<i>lapatinib ditosylate</i>	1	
<i>lenalidomide</i>	1	QL
<i>letrozole</i>	1	
LONSURF	2	
MATULANE	2	
<i>megestrol acetate</i>	1	
MELPHALAN	1	
<i>mercaptopurine</i>	1	
MESNEX	2	
POMALYST	2	
<i>sorafenib tosylate</i>	1	
SPRYCEL	2	PA, QL
STIVARGA	2	
<i>sunitinib malate</i>	1	
TABLOID	2	
<i>tamoxifen citrate</i>	1	
TARGRETIN	2	
<i>temozolomide</i>	1	
<i>tretinoin (chemotherapy)</i>	1	
XTANDI	2	
ZOLINZA	2	
ANTINEOPLASTICS, OTHER		
COTELLIC	2	QL
CYCLOPHOSPHAMIDE	1, 2	
HYCAMTIN	2	QL
<i>methotrexate sodium</i>	1	
MYLERAN	2	QL
NINLARO	2	QL
XALKORI	2	QL
MISCELLANEOUS THERAPEUTIC AGENTS		
ZELBORAF	2	
MOLECULAR TARGET INHIBITORS		
KISQALI (200 MG DOSE)	2	QL
LENVIMA (10 MG DAILY DOSE)	2	QL
TAGRISSO	2	QL
TASIGNA	2	PA, QL

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ANTINEOPLASTICS		
MOLECULAR TARGET INHIBITORS		
<i>imatinib mesylate</i>	1	
ANTIVIRALS		
ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)		
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	1	QL
AUTONOMIC DRUGS		
ANTICHOLINERGIC AGENTS		
<i>dicyclomine hcl</i>	1	
<i>glycopyrrolate</i>	1	
<i>hyoscyamine sulfate</i>	1	
<i>ipratropium bromide</i>	1	
<i>ipratropium bromide (nasal)</i>	1	
PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS		
<i>rivastigmine tartrate</i>	1	
SKELETAL MUSCLE RELAXANTS		
<i>baclofen</i>	1	
<i>chlorzoxazone</i>	1	
<i>cyclobenzaprine hcl</i>	1	
<i>tizanidine hcl</i>	1	
SYMPATHOMIMETIC (ADRENERGIC) AGENTS		
<i>albuterol sulfate</i>	1	
<i>fluticasone-salmeterol</i>	1	
<i>ipratropium-albuterol</i>	1, 2	
<i>terbutaline sulfate</i>	1	
BLOOD FORMATION, COAGULATION, AND THROMBOSIS		
ANTIHEMORRHAGIC AGENTS		
<i>tranexamic acid</i>	1	QL
ANTITHROMBOTIC AGENTS		
<i>anagrelide hcl</i>	1	
<i>cilostazol</i>	1	
<i>enoxaparin sodium</i>	1	
PRADAXA	2	QL
<i>prasugrel hcl</i>	1	
<i>warfarin sodium</i>	1	
HEMATOPOIETIC AGENTS		
ALVAIZ	2	
ARANESP (ALBUMIN FREE)	2	
PROCRIT	2	
PROMACTA	2	
CARDIOVASCULAR DRUGS		
ALPHA-ADRENERGIC BLOCKING AGENTS		
<i>alfuzosin hcl</i>	1	
<i>doxazosin mesylate</i>	1	
<i>terazosin hcl</i>	1	
ANTILIPEMIC AGENTS		
<i>atorvastatin calcium</i>	1	

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<i>cholestyramine</i>	1	
<i>cholestyramine light</i>	1	
<i>colestipol hcl</i>	1	
<i>ezetimibe</i>	1	
<i>fenofibrate</i>	1	
<i>lovastatin</i>	1	
<i>pravastatin sodium</i>	1	
<i>rosuvastatin calcium</i>	1	
<i>simvastatin</i>	1	
ANTIPLATELET AGENT		
BRILINTA	2	
<i>cilostazol</i>	1	
<i>clopidogrel bisulfate</i>	1	
<i>dipyridamole</i>	1	
BETA-ADRENERGIC BLOCKING AGENTS		
<i>acebutolol hcl</i>	1	
<i>atenolol</i>	1	
<i>atenolol & chlorthalidone</i>	1	
<i>bisoprolol & hydrochlorothiazide</i>	1	
<i>bisoprolol fumarate</i>	1	
<i>carvedilol</i>	1	
<i>labetalol hcl</i>	1	
<i>metoprolol succinate</i>	1	
<i>metoprolol tartrate</i>	1	
<i>nadolol</i>	1	
<i>nebivolol hcl</i>	1	
<i>propranolol hcl</i>	1	
<i>sotalol hcl</i>	1	
CALCIUM-CHANNEL BLOCKING AGENTS		
<i>amlodipine besylate</i>	1	
<i>diltiazem hcl</i>	1	
<i>diltiazem hcl coated beads</i>	1	
<i>felodipine</i>	1	
<i>nifedipine</i>	1	
<i>nimodipine</i>	1	
<i>verapamil hcl</i>	1	
CARDIAC DRUGS		
<i>amiodarone hcl</i>	1	
<i>bisoprolol & hydrochlorothiazide</i>	1	
<i>digoxin</i>	1, 2	
<i>disopyramide phosphate</i>	1, 2	
<i>dofetilide</i>	1	
<i>flecainide acetate</i>	1	
<i>hydrochlorothiazide</i>	1	
<i>mexiletine hcl</i>	1	
<i>propafenone hcl</i>	1	
<i>quinidine gluconate</i>	1	

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<i>quinidine sulfate</i>	1	
<i>spironolactone</i>	1	
HYPOTENSIVE AGENTS		
AMILORIDE-HYDROCHLOROTHIAZIDE	1	
<i>chlorthalidone</i>	1	
<i>clonidine hcl</i>	1	
<i>diazoxide</i>	1	
<i>indapamide</i>	1	
<i>methyldopa</i>	1	
<i>midodrine hcl</i>	1	
<i>minoxidil</i>	1	
RENIN-ANGIOTENSIN-ALDOSTERONE SYSTEM INHIBITORS		
<i>benazepril hcl</i>	1	
<i>captopril</i>	1	
<i>enalapril maleate</i>	1	
ENTRESTO	2	
<i>lisinopril</i>	1	
<i>lisinopril & hydrochlorothiazide</i>	1	
<i>losartan potassium</i>	1	
<i>losartan potassium & hydrochlorothiazide</i>	1	
<i>ramipril</i>	1	
<i>valsartan</i>	1	
<i>valsartan-hydrochlorothiazide</i>	1	
VASODILATING AGENTS		
<i>ambrisentan</i>	1	
<i>hydralazine hcl</i>	1	
<i>isosorbide dinitrate</i>	1	
<i>isosorbide dinitrate-hydralazine hcl</i>	1	
<i>isosorbide mononitrate</i>	1	
<i>nitroglycerin</i>	1	
OPSUMIT	2	PA
CENTRAL NERVOUS SYSTEM AGENTS		
ANALGESICS AND ANTIPYRETICS		
<i>acetaminophen w/ codeine</i>	1	QL
<i>butalbital-acetaminophen-caffeine</i>	1	
<i>butalbital-acetaminophen-caffeine w/ codeine</i>	1	QL
<i>butalbital-aspirin-caffeine</i>	1	
<i>butalbital-aspirin-caffeine w/cod</i>	1	
<i>diclofenac sodium</i>	1	
<i>etodolac</i>	1	
<i>fentanyl</i>	1	QL
<i>hydrocodone bitartrate-homatropine methylbromide</i>	1	QL
<i>hydrocodone-acetaminophen</i>	1	QL
<i>hydromorphone hcl</i>	1	QL
<i>indomethacin</i>	1	
<i>meloxicam</i>	1	
<i>methadone hcl</i>	1	QL

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<i>morphine sulfate</i>	1, 2	QL
<i>oxycodone hcl</i>	1	QL
<i>oxycodone w/ acetaminophen</i>	1	QL
<i>salsalate</i>	1	
<i>sulindac</i>	1	
<i>tramadol hcl</i>	1	QL
ANOREXIGENIC AGENTS AND RESPIRATORY AND CEREBRAL STIMULANTS		
<i>amphetamine-dextroamphetamine</i>	1	QL
<i>dexmethylphenidate hcl</i>	1	QL
<i>dextroamphetamine sulfate</i>	1	QL
<i>methylphenidate hcl</i>	1	QL
<i>modafinil</i>	1	QL
ANTICONVULSANTS		
<i>carbamazepine</i>	1	
<i>clobazam</i>	1	
DIASTAT ACUDIAL	1	
<i>divalproex sodium</i>	1	
<i>ethosuximide</i>	1	
<i>gabapentin</i>	1	
<i>lacosamide</i>	1	
<i>lamotrigine</i>	1	
<i>levetiracetam</i>	1	
<i>methsuximide</i>	1	
<i>oxcarbazepine</i>	1	
<i>phenobarbital</i>	1	
<i>phenytoin</i>	1, 2	
<i>phenytoin sodium extended</i>	1, 2	
<i>pregabalin</i>	1	
<i>primidone</i>	1	
<i>topiramate</i>	1	
<i>valproate sodium</i>	1	
<i>valproic acid</i>	1	
<i>zonisamide</i>	1	
ANTIMIGRAINE AGENTS		
<i>naratriptan hcl</i>	1	QL
<i>rizatriptan benzoate</i>	1	QL
<i>sumatriptan</i>	1	
<i>sumatriptan succinate</i>	1	QL
<i>zolmitriptan</i>	1	
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl</i>	1	
<i>benztropine mesylate</i>	1	
<i>bromocriptine mesylate</i>	1	
<i>carbidopa-levodopa</i>	1	
<i>carbidopa-levodopa-entacapone</i>	1	
<i>entacapone</i>	1	
<i>pramipexole dihydrochloride</i>	1	

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Kaiser Permanente of Georgia HMO Formulary

Category/ Drug Name	Tier Level	Restrictions
<i>rasagiline mesylate</i>	1	
<i>ropinirole hydrochloride</i>	1	
<i>selegiline hcl</i>	1	
<i>tolcapone</i>	1	
<i>trihexyphenidyl hcl</i>	1	
ANXIOLYTICS, SEDATIVES, AND HYPNOTICS		
<i>alprazolam</i>	1	QL
<i>bupirone hcl</i>	1	
<i>clonazepam</i>	1	QL
<i>diazepam</i>	1	QL
<i>diazepam (anticonvulsant)</i>	1	
<i>hydroxyzine hcl</i>	1	
<i>lorazepam</i>	1	QL
<i>phenobarbital</i>	1	
<i>temazepam</i>	1	QL
<i>zaleplon</i>	1	QL
<i>zolpidem tartrate</i>	1	QL
CENTRAL NERVOUS SYSTEM AGENTS, MISCELLANEOUS		
<i>armodafinil</i>	1	QL
<i>atomoxetine hcl</i>	1	
<i>buprenorphine hcl-naloxone hcl dihydrate</i>	1	
<i>donepezil hydrochloride</i>	1	
<i>galantamine hydrobromide</i>	1	
<i>glatiramer acetate</i>	1	
<i>guanfacine hcl (adhd)</i>	1	
<i>memantine hcl</i>	1	
<i>riluzole</i>	1	
<i>rivastigmine tartrate</i>	1	
<i>tetrabenazine</i>	1	
MULTIPLE SCLEROSIS AGENTS		
BETASERON	1	
<i>dalfampridine</i>	1	
<i> fingolimod hcl</i>	1	PA
OPIATE ANTAGONISTS		
<i>naltrexone hcl</i>	1	
PSYCHOTHERAPEUTIC AGENTS		
<i>amitriptyline hcl</i>	1	
<i>aripiprazole</i>	1	
<i>bupropion hcl</i>	1	
<i>chlorpromazine hcl</i>	1	
<i>citalopram hydrobromide</i>	1	
<i>clozapine</i>	1	
<i>desipramine hcl</i>	1	
<i>doxepin hcl</i>	1	
<i>duloxetine hcl</i>	1	
<i>escitalopram oxalate</i>	1	
<i>fluoxetine hcl</i>	1	

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Kaiser Permanente of Georgia HMO Formulary

Category/ Drug Name	Tier Level	Restrictions
<i>fluphenazine hcl</i>	1	
<i>fluvoxamine maleate</i>	1	
<i>galantamine hydrobromide</i>	1	
<i>haloperidol</i>	1	
<i>haloperidol lactate</i>	1	
<i>imipramine hcl</i>	1	
<i>lithium carbonate</i>	1	
<i>lurasidone hcl</i>	1	QL
<i>mirtazapine</i>	1	
<i>nortriptyline hcl</i>	1	
<i>olanzapine</i>	1	
<i>paroxetine hcl</i>	1	
<i>perphenazine</i>	1	
<i>phenelzine sulfate</i>	1	
<i>quetiapine fumarate</i>	1	
<i>risperidone</i>	1	
<i>sertraline hcl</i>	1	
<i>thioridazine hcl</i>	1	
<i>thiothixene</i>	1	
<i>tranylcypromine sulfate</i>	1	
<i>trazodone hcl</i>	1	
<i>trifluoperazine hcl</i>	1	
<i>venlafaxine hcl</i>	1	
<i>ziprasidone hcl</i>	1	
CONTRACEPTIVES (FOAMS, DEVICES)		
CONTRACEPTIVES (FOAMS, DEVICES)		
TODAY SPONGE	2	
DEVICES		
DEVICES		
AEROCHAMBER PLUS FLO-VU	2	
BD INSULIN SYRINGE MICROFINE	1, 2	
ONETOUCH DELICA LANCETS 30G	2	
ONETOUCH ULTRA 2	2	
DIABETES MELLITUS		
CONTOUR BLOOD GLUCOSE SYSTEM	2	
DIAGNOSTIC AGENTS		
DIABETES MELLITUS		
BAYER CONTOUR USB	2	
BD PEN NEEDLE MINI U/F	1, 2	
BD VEO INSULIN SYR U/F 1/2UNIT	1	
CONTOUR TEST	2	
DIASTIX	2	
KETO-DIASTIX	2	
URINE AND FECES CONTENTS		
KETOSTIX	2	
ELECTROLYTIC, CALORIC, AND WATER BALANCE		
ALKALINIZING AGENTS		

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Kaiser Permanente of Georgia HMO Formulary

Category/ Drug Name	Tier Level	Restrictions
<i>potassium citrate (alkalinizer)</i>	1	
DIURETICS		
<i>furosemide</i>	1	
<i>hydrochlorothiazide</i>	1	
<i>metolazone</i>	1	
<i>toremide</i>	1	
<i>triamterene & hydrochlorothiazide</i>	1	
HYPEROSMOTIC AGENT		
<i>lactulose (encephalopathy)</i>	1	
ION-REMOVING AGENTS		
<i>sodium polystyrene sulfonate</i>	1	
REPLACEMENT PREPARATIONS		
K-PHOS	2	
PHOSLYRA	2	
<i>pot & sod citrates w/citric ac</i>	1	
<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>	1	
<i>potassium chloride</i>	1	
<i>potassium chloride microencapsulated crystals cr</i>	1	
URICOSURIC AGENTS		
<i>probenecid</i>	1	
ENZYMES		
ENZYMES		
PULMOZYME	2	
EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS		
ANTI-INFECTIVES		
<i>bacitracin-polymyxin b (ophth)</i>	1	
<i>ciprofloxacin hcl (ophth)</i>	1	
<i>erythromycin (ophth)</i>	1	
<i>gentamicin sulfate (ophth)</i>	1	
NATACYN	2	
<i>neomycin-bacitracin zn-polymyxin</i>	1	
NEOMYCIN-POLYMYXIN-GRAMICIDIN	1	
<i>ofloxacin (ophth)</i>	1	
<i>ofloxacin (otic)</i>	1	
<i>polymyxin b-trimethoprim</i>	1	
<i>tobramycin (ophth)</i>	1, 2	
TRIFLURIDINE	1	
ANTI-INFLAMMATORY AGENTS		
<i>bacitracin-poly-neomycin-hc</i>	1	
BLEPHAMIDE	1, 2	
DEXAMETHASONE SODIUM PHOSPHATE	1	
<i>diclofenac sodium (ophth)</i>	1	
<i>fluocinolone acetonide (otic)</i>	1	
<i>fluorometholone (ophth)</i>	1	
<i>hydrocortisone w/acetic acid</i>	1	
MAXIDEX	2	
<i>neomycin-polymy-dexameth</i>	1	

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Kaiser Permanente of Georgia HMO Formulary

Category/ Drug Name	Tier Level	Restrictions
NEOMYCIN-POLYMYXIN-HC	1	
PRED MILD	1, 2	
PRED-G	2	
ANTIGLAUCOMA AGENTS		
BETAXOLOL HCL	1, 2	
<i>brimonidine tartrate</i>	1	
CARTEOLOL HCL	1	
<i>dorzolamide hcl</i>	1	
<i>dorzolamide hcl-timolol maleate</i>	1	
<i>latanoprost</i>	1	
LEVOBUNOLOL HCL	1	
PHOSPHOLINE IODIDE	2	
<i>pilocarpine hcl</i>	1	
<i>timolol maleate (ophth)</i>	1	
EENT DRUGS, MISCELLANEOUS		
<i>acetic acid (otic)</i>	1	
APRACLONIDINE HCL	1	
<i>cyclosporine (ophth)</i>	1	QL
<i>ketorolac tromethamine (ophth)</i>	1	
LOCAL ANESTHETICS		
<i>lidocaine hcl (mouth-throat)</i>	1	
<i>proparacaine hcl</i>	1	
MYDRIATICS		
<i>cyclopentolate hcl</i>	1, 2	
HOMATROPAIRE	2	
VASOCONSTRICTORS		
<i>phenylephrine hcl (mydriatic)</i>	1	
GASTROINTESTINAL DRUGS		
ANTI-INFLAMMATORY AGENTS		
<i>balsalazide disodium</i>	1	
<i>mesalamine</i>	1	
ANTIDIARRHEA AGENTS		
<i>diphenoxylate w/ atropine</i>	1	
ANTIEMETICS		
<i>dronabinol</i>	1	
<i>ondansetron</i>	1	
<i>ondansetron hcl</i>	1	
<i>perphenazine</i>	1	
<i>prochlorperazine maleate</i>	1	
<i>promethazine hcl</i>	1	
ANTIULCER AGENTS AND ACID SUPPRESSANTS		
<i>cimetidine hcl</i>	1	
<i>misoprostol</i>	1	
<i>sucralfate</i>	1	
CATHARTICS AND LAXATIVES		
<i>lactulose</i>	1	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>	1, 2	

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Kaiser Permanente of Georgia HMO Formulary

Category/ Drug Name	Tier Level	Restrictions
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	1	
<i>polyethylene glycol 3350</i>	1, 2	
CHOLELITHOLYTIC AGENTS		
<i>ursodiol</i>	1	
DIGESTANTS		
CREON	2	
PROKINETIC AGENTS		
<i>metoclopramide hcl</i>	1	
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)		
NO USP CLASS		
<i>dexamethasone sodium phosphate</i>	1	
<i>esterified estrogens & methyltestosterone</i>	1	
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)		
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)		
SYNAREL	2	PA
HORMONES AND SYNTHETIC SUBSTITUTES		
ADRENALS		
<i>budesonide (inhalation)</i>	1	
<i>dexamethasone</i>	1, 2	
<i>fludrocortisone acetate</i>	1	
<i>hydrocortisone</i>	1	
<i>methylprednisolone</i>	1	
<i>prednisolone</i>	1	
<i>prednisolone sodium phosphate</i>	1	
<i>prednisone</i>	1, 2	
<i>triamcinolone acetonide</i>	1	
ANDROGENS		
<i>budesonide</i>	1	
<i>danazol</i>	1	
<i>methyltestosterone</i>	1	
<i>testosterone</i>	1	
<i>testosterone cypionate</i>	1	
TESTOSTERONE PROPIONATE	2	
ANTIDIABETIC AGENTS		
<i>acarbose</i>	1	
<i>glimepiride</i>	1	
<i>glipizide</i>	1	
HUMULIN 70/30	2	
HUMULIN N	2	
HUMULIN R	2	
INSULIN GLARGINE-YFGN	2	
JARDIANCE	2	QL
<i>metformin hcl</i>	1	
<i>pioglitazone hcl</i>	1	
ANTIHYPOGLYCEMIC AGENTS		
GLUCAGON EMERGENCY	1	
CONTRACEPTIVES		

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Kaiser Permanente of Georgia HMO Formulary

Category/ Drug Name	Tier Level	Restrictions
<i>desogestrel & ethinyl estradiol</i>	1	QL
<i>drospirenone-ethinyl estradiol</i>	1	QL
ELLA	2	
<i>ethynodiol diacet & eth estrad</i>	1	QL
<i>etonogestrel-ethinyl estradiol</i>	1	QL
<i>levonorgestrel & eth estradiol</i>	1	QL
<i>levonorgestrel-eth estradiol (triphasic)</i>	1	QL
<i>levonorgestrel-ethinyl estradiol (91-day)</i>	1	QL
<i>medroxyprogesterone acetate (contraceptive)</i>	1	QL
<i>norelgestromin-ethinyl estradiol</i>	1	QL
<i>norethin acet & estrad-fe</i>	1	QL
<i>norethindrone & eth estradiol</i>	1	QL
<i>norethindrone (contraceptive)</i>	1	QL
<i>norethindrone-eth estradiol (triphasic)</i>	1	QL
<i>norgestimate-ethinyl estradiol</i>	1	QL
<i>norgestimate-ethinyl estradiol (triphasic)</i>	1	QL
<i>norgestrel & ethinyl estradiol</i>	1	QL
ESTROGENS AND ESTROGEN AGONISTS-ANTAGONISTS		
DEPO-ESTRADIOL	1	
<i>esterified estrogens & methyltestosterone</i>	1	
<i>estradiol</i>	1, 2	
<i>estradiol vaginal</i>	1, 2	
<i>estradiol valerate</i>	1	
<i>raloxifene hcl</i>	1	
PARATHYROID		
<i>calcitonin (salmon)</i>	1	
PITUITARY		
<i>desmopressin acetate</i>	1	
<i>desmopressin acetate spray</i>	1	
<i>desmopressin acetate spray refrigerated</i>	1	
PROGESTINS		
CRINONE	2	
<i>levonorgestrel (emergency oc)</i>	1	
<i>medroxyprogesterone acetate</i>	1	
<i>norethindrone acetate</i>	1	
<i>progesterone</i>	1	
THYROID AND ANTITHYROID AGENTS		
<i>levothyroxine sodium</i>	1	
<i>liothyronine sodium</i>	1	
<i>methazolamide</i>	1	
<i>methimazole</i>	1	
<i>propylthiouracil</i>	1	
IMMUNOLOGICAL AGENTS		
IMMUNOLOGICAL AGENTS, OTHER		
ACTEMRA	2	
IMMUNOMODULATORS		
XELJANZ	2	QL

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Kaiser Permanente of Georgia HMO Formulary

Category/ Drug Name	Tier Level	Restrictions
MISCELLANEOUS AGENTS		
MISCELLANEOUS AGENTS		
<i>dicyclomine hcl</i>	1	
<i>gabapentin</i>	1	
LEUKINE	2	
LYSODREN	2	
MISCELLANEOUS THERAPEUTIC AGENTS		
ANTIDIABETIC AGENTS		
GVOKE HYPOPEN 1-PACK	2	AGE
ANTIHYPOGLYCEMIC AGENTS		
MISCELLANEOUS THERAPEUTIC AGENTS		
<i>acetazolamide</i>	1	
ACTEMRA ACTPEN	2	
ACTIMMUNE	2	
<i>alendronate sodium</i>	1	
<i>allopurinol</i>	1	
<i>aminocaproic acid</i>	1	
AMJEVITA	2	
ATROPINE SULFATE	1	
<i>azathioprine</i>	1	
BAQSIMI ONE PACK	2	AGE
BD INSULIN SYRINGE U-500	2	
<i>buprenorphine hcl</i>	1	
<i>calcium acetate (phosphate binder)</i>	1	
<i>carbidopa-levodopa</i>	1	
<i>chlorhexidine gluconate (mouth-throat)</i>	1	
<i>cinacalcet hcl</i>	1	
<i>colchicine</i>	1	
COSENTYX	2	PA
<i>cyclosporine</i>	1	
<i>cyclosporine modified (for microemulsion)</i>	1	
<i>dabigatran etexilate mesylate</i>	1	QL
<i>deferasirox</i>	1	
<i>dimethyl fumarate</i>	1	
<i>disulfiram</i>	1	
ELMIRON	2	
ENBREL	2	PA
FC2 FEMALE CONDOM	2	
<i>finasteride</i>	1	
FLUTAMIDE	1	
GEL-KAM	2	
IODINE STRONG	2	
<i>leflunomide</i>	1	
LETAIRIS	2	
<i>leucovorin calcium</i>	1	
<i>methocarbamol</i>	1	
<i>methylergonovine maleate</i>	1	

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Category/ Drug Name	Tier Level	Restrictions
<i>montelukast sodium</i>	1	
<i>mycophenolate mofetil</i>	1	
<i>mycophenolate sodium</i>	1	
<i>naloxone hcl</i>	1	
NIVESTYM	2	
OTEZLA	2	PA
<i>penicillamine</i>	1	
<i>pentoxifylline</i>	1	
<i>pilocarpine hcl (oral)</i>	1	
<i>pirfenidone</i>	1	
<i>plerixafor</i>	1	
<i>pyridostigmine bromide</i>	1	
<i>sevelamer carbonate</i>	1	
<i>sirolimus</i>	1	
<i>sodium fluoride</i>	1	
<i>tacrolimus</i>	1	
<i>tacrolimus (topical)</i>	1	
<i>tamsulosin hcl</i>	1	
<i>teriflunomide</i>	1	
THALOMID	2	QL
THYMOL	2	
RESPIRATORY TRACT AGENTS		
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS		
<i>budesonide-formoterol fumarate dihydrate</i>	1	
ANTI-INFLAMMATORY AGENTS		
SYMBICORT	2	
ANTITUSSIVES		
<i>benzonatate</i>	1	
<i>guaifenesin-codeine</i>	1	
MAST CELL STABILIZER		
<i>cromolyn sodium</i>	1	
MISCELLANEOUS THERAPEUTIC AGENTS		
ALVESCO	2	
STRIVERDI RESPIMAT	2	
MUCOLYTIC AGENTS		
<i>acetylcysteine</i>	1	
RESPIRATORY SMOOTH MUSCLE RELAXANTS		
<i>bosentan</i>	1	
RESPIRATORY TRACT/PULMONARY AGENTS		
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS		
ASMANEX HFA	2	
FLUTICASONE PROPIONATE HFA	2	QL, AGE
PHOSPHODIESTERASE INHIBITORS, AIRWAY DISEASE		
<i>roflumilast</i>	1	
SKIN AND MUCOUS MEMBRANE AGENTS		
ANTI-INFECTIVES		
<i>betamethasone dipropionate augmented</i>	1	

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Kaiser Permanente of Georgia HMO Formulary

Category/ Drug Name	Tier Level	Restrictions
<i>clindamycin phosphate (topical)</i>	1	
<i>clotrimazole</i>	1	
<i>erythromycin (acne aid)</i>	1	
LINDANE	1	
<i>metronidazole (topical)</i>	1	
<i>mupirocin</i>	1	
<i>permethrin</i>	1	
ANTI-INFLAMMATORY AGENTS		
<i>alclometasone dipropionate</i>	1	
<i>betamethasone dipropionate (topical)</i>	1	
<i>betamethasone dipropionate augmented</i>	1	
<i>betamethasone valerate</i>	1	
<i>clobetasol propionate</i>	1	
<i>desonide</i>	1	
<i>desoximetasone</i>	1	
<i>fluocinolone acetonide</i>	1	
<i>fluocinonide</i>	1	
<i>fluocinonide emulsified base</i>	1	
<i>fluticasone propionate</i>	1	
<i>hydrocortisone (intrarectal)</i>	1	
<i>hydrocortisone (topical)</i>	1	
<i>mometasone furoate</i>	1	
<i>triamcinolone acetonide (mouth)</i>	1	
<i>triamcinolone acetonide (topical)</i>	1	
ANTIFUNGALS		
<i>ciclopirox</i>	1	
<i>ketoconazole (topical)</i>	1	
<i>nystatin (topical)</i>	1	
ANTI-PRURITICS AND LOCAL ANESTHETICS		
<i>lidocaine hcl</i>	1	QL
<i>lidocaine-prilocaine</i>	1	
ASTRINGENTS		
DRYSOL	2	
CELL STIMULANTS AND PROLIFERANTS		
<i>tretinoin</i>	1	AGE
KERATOLYTIC AGENTS		
<i>urea</i>	1	
VECTICAL	1	
LOCAL ANESTHETICS		
LIDOCAINE HCL URETHRAL/MUCOSAL	1	
SKIN AND MUCOUS MEMBRANE AGENTS, MISCELLANEOUS		
<i>acitretin</i>	1	
<i>calcipotriene</i>	1	
<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	1	
<i>clotrimazole w/ betamethasone</i>	1	
COAL TAR	2	
<i>fluorouracil (topical)</i>	1, 2	

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Kaiser Permanente of Georgia HMO Formulary

Category/ Drug Name	Tier Level	Restrictions
<i>imiquimod</i>	1	
<i>iodoquinol-hc</i>	1	
<i>isotretinoin</i>	1	
<i>nystatin-triamcinolone</i>	1	
PODOFILOX	1	
REGRANEX	2	
SANTYL	2	
<i>selenium sulfide</i>	1	
<i>sulfacetamide sodium w/ sulfur</i>	1	
SMOOTH MUSCLE RELAXANTS		
GENITOURINARY SMOOTH MUSCLE RELAXANTS		
<i>bethanechol chloride</i>	1	
<i>darifenacin hydrobromide</i>	1	
<i>oxybutynin chloride</i>	1	
<i>solifenacin succinate</i>	1	
<i>tropium chloride</i>	1	
RESPIRATORY SMOOTH MUSCLE RELAXANTS		
SPIRIVA RESPIMAT	2	
STIOLTO RESPIMAT	2	
<i>theophylline</i>	1	
VITAMINS		
MULTIVITAMIN PREPARATIONS		
<i>ped multivitamins w/fl & iron</i>	1	
<i>pediatric multivitamins w/fl</i>	1	
<i>pediatric vitamins acd w/ fluoride</i>	1	
VITAMIN D		
<i>calcitriol</i>	1	
<i>ergocalciferol</i>	1	
VITAMIN K ACTIVITY		
<i>phytonadione</i>	1	

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Kaiser Permanente of Georgia HMO Formulary

Drugs That Require Prior Authorization (PA) Review

ACTHAR
ADBRY
AIMOVIG
ALOGLIPTIN BENZOATE
ALOGLIPTIN-METFORMIN HCL
ALOGLIPTIN-PIOGLITAZONE
<i>amphetamine-dextroamphetamine</i>
ARCALYST
ARIKAYCE
AUSTEDO
AUVELITY
AUVI-Q
AVEED
AVONEX PEN
AVONEX PREFILLED
BAFIERTAM
BALVERSA
BENLYSTA
BERINERT
BESREMI
<i>bexarotene (topical)</i>
BOSULIF
BREXAFEMME
<i>brimonidine tartrate (topical)</i>
BRONCHITOL
<i>budesonide</i>
BYDUREON BCISE
BYLVAY
CABLIVI
<i>calcipotriene-betamethasone dipropionate</i>
CALQUENCE
CAMZYOS
CAYSTON
CERDELGA
CHENODAL
CHOLBAM
CIBINQO
CIMZIA
<i>clindamycin phosphate-benzoyl peroxide</i>
CONTRACE
CORTROPHIN
COSENTYX
CRESEMBA
CUTAQUIG
CUVITRU
<i>dalfampridine</i>

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Kaiser Permanente of Georgia HMO Formulary

Drugs That Require Prior Authorization (PA) Review

DAPAGLIFLOZIN PRO-METFORMIN ER
DAPAGLIFLOZIN PROPANEDIOL
DAYBUE
DIACOMIT
<i>dimethyl fumarate</i>
DOJOLVI
DOPTELET
DROXIA
DUPIXENT
EGRIFTA SV
ELMIRON
EMFLAZA
EMGALITY
EMPAVELI
EMSAM
<i>emtricitabine-tenofovir disoproxil fumarate</i>
ENBREL
ENDARI
ENSPRYNG
EPCLUSA
EPIDIOLEX
EUCRISA
EVRYSDI
EXKIVITY
FASENRA
FILSPARI
<i> fingolimod hcl</i>
FINTEPLA
FIRAZYR
FIRDAPSE
FORTEO
FOTIVDA
GALAFOLD
GAMMAGARD
GATTEX
GAVRETO
GENOTROPIN
<i>glatiramer acetate</i>
GLYXAMBI
HARVONI
HEMLIBRA
HETLIOZ
HIZENTRA
HUMIRA (2 PEN)
HUMIRA (2 SYRINGE)
HUMULIN 70/30
HUMULIN N

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Drugs That Require Prior Authorization (PA) Review

HUMULIN R
<i>hydrocortisone</i>
HYFTOR
HYQVIA
IBSRELA
<i>icatibant acetate</i>
ICLUSIG
<i>icosapent ethyl</i>
IDHIFA
ILARIS
ILUMYA
<i>imatinib mesylate</i>
IMBRUVICA
IMCIVREE
IMPAVIDO
INBRIJA
INGREZZA
INPEFA
INPEN 100-BLUE-LILLY-HUMALOG
INQOVI
INVOKAMET
INVOKANA
ISTURISA
<i>ivermectin (rosacea)</i>
JANUMET
JANUVIA
JARDIANCE
JENTADUETO
JENTADUETO XR
JESDUVROQ
JOENJA
JUBLIA
JUXTAPID
KALYDECO
KAZANO
KERENDIA
KESIMPTA
KEVEYIS
KEVZARA
KOMBIGLYZE XR
KORLYM
KOSELUGO
KRAZATI
LIVMARLI
LIVTENCITY
LUMAKRAS
LUPKYNIS

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Kaiser Permanente of Georgia HMO Formulary

Drugs That Require Prior Authorization (PA) Review

LYNPARZA
LYTGOBI (12 MG DAILY DOSE)
MAVENCLAD (10 TABS)
MAVYRET
MAYZENT
<i>metformin hcl</i>
<i>methamphetamine hcl</i>
<i>methylphenidate hcl</i>
<i>metyrosine</i>
<i>miglustat</i>
MOUNJARO
MULPLETA
MYALEPT
MYCAPSSA
MYFEMBREE
MYTESI
NEXLETOL
NEXLIZET
<i>nitisinone</i>
<i>nitrofurantoin</i>
NORTHERA
NOXAFIL
NUBEQA
NUCALA
NUDEXTA
NUPLAZID
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OLUMIANT
OMNIPOD 5 G6 INTRO (GEN 5)
ONEXTON
ONGLYZA
ONUREG
OPSUMIT
OPZELURA
ORGOVYX
ORIAHNN
ORILISSA
ORKAMBI
ORLADEYO
ORTIKOS
OSENI
OTEZLA
OXBRYTA
OXERVATE
OZEMPIC (0.25 OR 0.5 MG/DOSE)
PALFORZIA (12 MG DAILY DOSE)
PALYNZIQ

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Kaiser Permanente of Georgia HMO Formulary

Drugs That Require Prior Authorization (PA) Review

PANRETIN
PIQRAY (200 MG DAILY DOSE)
PLEGRIDY
PONVORY
<i>posaconazole</i>
PRALUENT
PREVYMIS
PROCYSBI
<i>pyrimethamine</i>
PYRUKYND
QBREXZA
QTERN
QULIPTA
RADICAVA ORS STARTER KIT
RAVICTI
RELISTOR
RELYVRIO
REPATHA
RETEVMO
REYVOW
REZLIDHIA
REZUROCK
RHOPRESSA
RINVOQ
ROCKLATAN
ROZLYTREK
RUBRACA
RUCONEST
RUKOBIA
SAIZEN
SAPHNELO
<i>sapropterin dihydrochloride</i>
SAXENDA
SCEMBLIX
SEGLUROMET
SEROSTIM
SIGNIFOR LAR
SILIQ
SIMPONI
SKYRIZI
SKYTROFA
SOLQUA
SOMAVERT
SOTYKTU
SOVALDI
SPRYCEL
STEGLATRO

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Kaiser Permanente of Georgia HMO Formulary

Drugs That Require Prior Authorization (PA) Review

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SUNLENCA
SUNOSI
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SYNAREL
SYNJARDY
SYNJARDY XR
TABRECTA
TAKHZYRO
TALTZ
TALZENNA
TARPEYO
TASCENSO ODT
TASIGNA
<i>tavaborole</i>
TAVALISSE
TAVNEOS
TEGSEDI
TEPMETKO
<i>teriflunomide</i>
TEZSPIRE
TIBSOVO
<i>tolvaptan</i>
TRADJENTA
TREMFYA
<i>trientine hcl</i>
TRIJARDY XR
TRIKAFTA
TRULICITY
TRUSELTIQ (100MG DAILY DOSE)
TUKYSA
TURALIO
TYMLOS
UBRELVY
VANFLYTA
VEMLIDY
VEOZAH
VERQUVO
VIBERZI
VICTOZA
<i>vigabatrin</i>
VIJOICE
VITRAKVI

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Drugs That Require Prior Authorization (PA) Review
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VOCABRIA
VONJO
VOSEVI
VOWST
VOXZOGO
VTAMA
VUMERITY
VYNDAMAX
VYNDAQEL
VYZULTA
WAKIX
WEGOVY
WELIREG
XEMBIFY
XENAZINE
XERMELO
XHANCE
XIGDUO XR
XOLAIR
XPOVIO (100 MG ONCE WEEKLY)
XULTOPHY
XYREM
XYWAV
ZAVESCA
ZAVZPRET
ZEPATIER
ZEPOSIA
ZITUVIO
ZOKINVY
ZORYVE

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<i>hydroxyurea</i>	8	JANUVIA.....	25
<i>hydroxyzine hcl</i>	13	JARDIANCE	17, 25
HYFTOR	25	JENTADUETO	25
<i>hyoscyamine sulfate</i>	9	JENTADUETO XR.....	25
HYQVIA.....	25	JESDUVROQ.....	25
I		JOENJA	25
IBRANCE	8	JUBLIA.....	25
IBSRELA.....	25	JUXTAPID	25
<i>ibuprofen</i>	5	K	
<i>icatibant acetate</i>	25	KALYDECO	25
ICLUSIG.....	25	KAZANO	25
<i>icosapent ethyl</i>	25	KERENDIA	25
IDHIFA	25	KESIMPTA	25
ILARIS	25	<i>ketoconazole</i>	6, 21
ILUMYA.....	25	<i>ketoconazole (topical)</i>	21
<i>imatinib mesylate</i>	8, 9, 25	KETO-DIASTIX.....	14
IMBRUVICA	8, 25	<i>ketorolac tromethamine (ophth)</i>	16
IMCIVREE	25	KETOSTIX.....	14
<i>imipramine hcl</i>	14	KEVEYIS.....	25
<i>imiquimod</i>	22	KEVZARA.....	25
IMPAVIDO	25	KISQALI (200 MG DOSE).....	8
INBRIJA	25	KOMBIGLYZE XR	25
<i>indapamide</i>	11	KORLYM.....	25
<i>indomethacin</i>	11	KOSELUGO	25
INGREZZA	25	K-PHOS	15
INPEFA	25	KRAZATI.....	25
INPEN 100-BLUE-LILLY-HUMALOG	25		
INQOVI.....	25		

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Kaiser Permanente of Georgia HMO Formulary

L

<i>labetalol hcl</i>	10
<i>lacosamide</i>	12
<i>lactulose</i>	15, 16
<i>lactulose (encephalopathy)</i>	15
<i>lamivudine</i>	7
<i>lamivudine-zidovudine</i>	7
<i>lamotrigine</i>	12
<i>lapatinib ditosylate</i>	8
<i>latanoprost</i>	16
<i>leflunomide</i>	19
<i>lenalidomide</i>	8
LENVIMA (10 MG DAILY DOSE).....	8
LETAIRIS	19
<i>letrozole</i>	8
<i>leucovorin calcium</i>	19
LEUKERAN	7
LEUKINE.....	19
<i>levetiracetam</i>	12
LEVOBUNOLOL HCL	16
<i>levofloxacin</i>	5
<i>levonorgestrel & eth estradiol</i>	18
<i>levonorgestrel (emergency oc)</i>	18
<i>levonorgestrel-eth estradiol (triphasic)</i>	18
<i>levonorgestrel-ethinyl estradiol (91-day)</i>	18
<i>levothyroxine sodium</i>	18
<i>lidocaine hcl</i>	16, 21
<i>lidocaine hcl (mouth-throat)</i>	16
LIDOCAINE HCL URETHRAL/MUCOSAL	21
<i>lidocaine-prilocaine</i>	21
LINDANE	21
<i>linezolid</i>	5
<i>liothyronine sodium</i>	18
<i>lisinopril</i>	11
<i>lisinopril & hydrochlorothiazide</i>	11
<i>lithium carbonate</i>	14
LIVMARLI	25
LIVTENCITY.....	25
LONSURF.....	8
<i>lopinavir-ritonavir</i>	7
<i>lorazepam</i>	13
<i>losartan potassium</i>	11
<i>losartan potassium & hydrochlorothiazide</i>	11
<i>lovastatin</i>	10
LUMAKRAS.....	25
LUPKYNIS.....	25
<i>lurasidone hcl</i>	14
LYNPARZA.....	25
LYSODREN.....	19
LYTGObI (12 MG DAILY DOSE).....	25

M

<i>maraviroc</i>	7
MATULANE	8
MAVENCLAD (10 TABS)	26
MAVYRET	26
MAXIDEX.....	15
MAYZENT.....	26
<i>medroxyprogesterone acetate</i>	18
<i>medroxyprogesterone acetate (contraceptive)</i>	18
<i>megestrol acetate</i>	8
<i>meloxicam</i>	11
MELPHALAN.....	8
<i>memantine hcl</i>	13
<i>mercaptopurine</i>	8
<i>mesalamine</i>	16
MESNEX.....	8
<i>metformin hcl</i>	17, 26
<i>methadone hcl</i>	11
<i>methamphetamine hcl</i>	26
<i>methazolamide</i>	18
<i>methimazole</i>	18
<i>methocarbamol</i>	19
<i>methotrexate sodium</i>	8
<i>methsuximide</i>	12
<i>methyl dopa</i>	11
<i>methylergonovine maleate</i>	19
<i>methylphenidate hcl</i>	12, 26
<i>methylprednisolone</i>	17
<i>methyltestosterone</i>	17
<i>metoclopramide hcl</i>	17
<i>metolazone</i>	15
<i>metoprolol succinate</i>	10
<i>metoprolol tartrate</i>	10
<i>metronidazole</i>	6, 21
<i>metronidazole (topical)</i>	21
<i>metyrosine</i>	26
<i>mexiletine hcl</i>	10
<i>midodrine hcl</i>	11
<i>miglustat</i>	26
<i>minocycline hcl</i>	5
<i>minoxidil</i>	11
<i>mirtazapine</i>	14
<i>misoprostol</i>	16
<i>modafinil</i>	12
<i>mometasone furoate</i>	21
<i>montelukast sodium</i>	20
<i>morphine sulfate</i>	12
MOUNJARO.....	26
<i>moxifloxacin hcl (ophth)</i>	5
MULPLETA.....	26

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Kaiser Permanente of Georgia HMO Formulary

<i>mupirocin</i>	21
MYALEPT	26
MYCAPSSA	26
<i>mycophenolate mofetil</i>	20
<i>mycophenolate sodium</i>	20
MYFEMBREE	26
MYLERAN	8
MYTESI	26

N

<i>nabumetone</i>	5
<i>nadolol</i>	10
<i>naloxone hcl</i>	20
<i>naltrexone hcl</i>	13
<i>naproxen</i>	5
<i>naratriptan hcl</i>	12
NATACYN	15
<i>nebivolol hcl</i>	10
<i>neomycin sulfate</i>	5
<i>neomycin-bacitracin zn-polymyxin</i>	15
<i>neomycin-polymy-dexameth</i>	15
NEOMYCIN-POLYMYXIN-GRAMICIDIN	15
NEOMYCIN-POLYMYXIN-HC	16
<i>nevirapine</i>	7
NEXLETOL	26
NEXLIZET	26
<i>nifedipine</i>	10
<i>nimodipine</i>	10
NINLARO	8
<i>nitisinone</i>	26
<i>nitrofurantoin</i>	5, 7, 26
<i>nitrofurantoin macrocrystal</i>	5
<i>nitrofurantoin monohyd macro</i>	7
<i>nitroglycerin</i>	11
NIVESTYM	20
<i>norelgestromin-ethinyl estradiol</i>	18
<i>norethin acet & estrad-fe</i>	18
<i>norethindrone & eth estradiol</i>	18
<i>norethindrone (contraceptive)</i>	18
<i>norethindrone acetate</i>	18
<i>norethindrone-eth estradiol (triphasic)</i>	18
<i>norgestimate-ethinyl estradiol</i>	18
<i>norgestimate-ethinyl estradiol (triphasic)</i>	18
<i>norgestrel & ethinyl estradiol</i>	18
NORTHERA	26
<i>nortriptyline hcl</i>	14
NOXAFIL	26
NUBEQA	26
NUCALA	26
NUDEXTA	26

NUPLAZID	26
NURTEC	26
<i>nystatin</i>	6, 21, 22
<i>nystatin (mouth-throat)</i>	6
<i>nystatin (topical)</i>	21
<i>nystatin-triamcinolone</i>	22

O

ODEFSEY	7
<i>ofloxacin (ophth)</i>	15
<i>ofloxacin (otic)</i>	15
<i>olanzapine</i>	14
OLUMIANT	26
OMNIPOD 5 G6 INTRO (GEN 5)	26
<i>ondansetron</i>	16
<i>ondansetron hcl</i>	16
ONETOUCH DELICA LANCETS 30G	14
ONETOUCH ULTRA 2	14
ONEXTON	26
ONGLYZA	26
ONUREG	26
OPSUMIT	11, 26
OPZELURA	26
ORGOVYX	26
ORIAHNN	26
ORLISSA	26
ORKAMBI	26
ORLADEYO	26
ORTIKOS	26
<i>oseltamivir phosphate</i>	7
OSENI	26
OTEZLA	20, 26
OXBRYTA	26
<i>oxcarbazepine</i>	12
OXERVATE	26
<i>oxybutynin chloride</i>	22
<i>oxycodone hcl</i>	12
<i>oxycodone w/ acetaminophen</i>	12
OZEMPIC (0.25 OR 0.5 MG/DOSE)	26

P

PALFORZIA (12 MG DAILY DOSE)	26
PALYNZIQ	26
PANRETIN	26
<i>paroxetine hcl</i>	14
<i>ped multivitamins w/fl & iron</i>	22
<i>pediatric multivitamins w/fl</i>	22
<i>pediatric vitamins acd w/ fluoride</i>	22
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>	16

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<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	17	<i>prochlorperazine maleate</i>	16
PEGASYS	7	PROCRIT	9
<i>penicillamine</i>	20	PROCYSBI	27
<i>penicillin v potassium</i>	5	<i>progesterone</i>	18
<i>pentoxifylline</i>	20	PROMACTA	9
<i>permethrin</i>	21	<i>promethazine hcl</i>	7, 16
<i>perphenazine</i>	14, 16	<i>propafenone hcl</i>	10
<i>phenelzine sulfate</i>	14	<i>propracaine hcl</i>	16
<i>phenobarbital</i>	12, 13	<i>propranolol hcl</i>	10
<i>phenylephrine hcl (mydriatic)</i>	16	<i>propylthiouracil</i>	18
<i>phenytoin</i>	12	PULMOZYME	15
<i>phenytoin sodium extended</i>	12	<i>pyrazinamide</i>	6
PHOSLYRA	15	<i>pyridostigmine bromide</i>	20
PHOSPHOLINE IODIDE	16	<i>pyrimethamine</i>	27
<i>phytonadione</i>	22	PYRUKYND	27
<i>pilocarpine hcl</i>	16, 20		
<i>pilocarpine hcl (oral)</i>	20	Q	
<i>pioglitazone hcl</i>	17	QBREXZA	27
PIQRAY (200 MG DAILY DOSE)	26	QTERN	27
<i>pirfenidone</i>	20	<i>quetiapine fumarate</i>	14
PLEGRIDY	26	<i>quinidine gluconate</i>	10
<i>plerixafor</i>	20	<i>quinidine sulfate</i>	11
PODOFILOX	22	QULIPTA	27
<i>polyethylene glycol 3350</i>	17		
<i>polymyxin b-trimethoprim</i>	15	R	
POMALYST	8	RADICAVA ORS STARTER KIT	27
PONVORY	27	<i>raloxifene hcl</i>	18
<i>posaconazole</i>	27	<i>ramipril</i>	11
<i>pot & sod citrates w/citric ac</i>	15	<i>rasagiline mesylate</i>	13
<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>	15	RAVICTI	27
<i>potassium chloride</i>	15	REGRANEX	22
<i>potassium chloride microencapsulated crystals cr</i>	15	RELENZA DISKHALER	7
<i>potassium citrate (alkalinizer)</i>	15	RELISTOR	27
PRADAXA	9	RELYVRIO	27
PRALUENT	27	REPATHA	27
<i>pramipexole dihydrochloride</i>	12	RETEVMO	27
<i>prasugrel hcl</i>	9	REYVOW	27
<i>pravastatin sodium</i>	10	REZLIDHIA	27
PRED MILD	16	REZUROCK	27
PRED-G	16	RHOPRESSA	27
<i>prednisolone</i>	17	<i>ribavirin (hepatitis c)</i>	7
<i>prednisolone sodium phosphate</i>	17	<i>rifabutin</i>	6
<i>prednisone</i>	17	<i>rifampin</i>	6
<i>pregabalin</i>	12	<i>riluzole</i>	13
PREVYMIS	27	RIMANTADINE HCL	7
PREZCOBIX	7	RINVOQ	27
<i>primaquine phosphate</i>	6	<i>risperidone</i>	14
<i>primidone</i>	12	<i>ritonavir</i>	7
<i>probenecid</i>	15	<i>rivastigmine tartrate</i>	9, 13

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<p><i>rizatriptan benzoate</i>.....12</p> <p>ROCKLATAN27</p> <p><i>roflumilast</i>20</p> <p><i>ropinirole hydrochloride</i>13</p> <p><i>rosuvastatin calcium</i>.....10</p> <p>ROZLYTREK.....27</p> <p>RUBRACA27</p> <p>RUCONEST27</p> <p>RUKOBIA.....27</p> <p style="text-align: center;">S</p> <p>SAIZEN27</p> <p><i>salsalate</i>.....12</p> <p>SANTYL22</p> <p>SAPHNELO.....27</p> <p><i>sapropterin dihydrochloride</i>.....27</p> <p>SAXENDA.....27</p> <p>SCEMBLIX27</p> <p>SEGLUROMET27</p> <p><i>selegiline hcl</i>.....13</p> <p><i>selenium sulfide</i>22</p> <p>SEROSTIM.....27</p> <p><i>sertraline hcl</i>.....14</p> <p><i>sevelamer carbonate</i>.....20</p> <p>SIGNIFOR LAR.....27</p> <p>SILIQ27</p> <p><i>silver sulfadiazine</i>5</p> <p>SIMPONI.....27</p> <p><i>simvastatin</i>.....10</p> <p><i>sirolimus</i>.....20</p> <p>SKYRIZI27</p> <p>SKYTROFA27</p> <p><i>sodium fluoride</i>.....20</p> <p><i>sodium polystyrene sulfonate</i>15</p> <p>SOFOSBUVIR-VELPATASVIR7</p> <p><i>solifenacin succinate</i>.....22</p> <p>SOLQUA.....27</p> <p>SOMAVERT27</p> <p><i>sorafenib tosylate</i>8</p> <p><i>sotalol hcl</i>.....10</p> <p>SOTYKTU.....27</p> <p>SOVALDI27</p> <p>SPIRIVA RESPIMAT.....22</p> <p><i>spironolactone</i>.....11</p> <p>SPRYCEL8, 27</p> <p>STEGLATRO.....27</p> <p>STEGLUJAN27</p> <p>STELARA27</p> <p>STIOLTO RESPIMAT22</p> <p>STIVARGA8</p>	<p>STRENSIQ27</p> <p>STRIVERDI RESPIMAT20</p> <p>SUCRAID.....27</p> <p><i>sucralfate</i>16</p> <p><i>sulfacetamide sodium w/ sulfur</i>22</p> <p>SULFADIAZINE5</p> <p><i>sulfamethoxazole-trimethoprim</i>5</p> <p><i>sulfasalazine</i>.....5</p> <p><i>sulindac</i>.....12</p> <p><i>sumatriptan</i>.....12</p> <p><i>sumatriptan succinate</i>.....12</p> <p><i>sunitinib malate</i>.....8</p> <p>SUNLENCA28</p> <p>SUNOSI28</p> <p>SYMBICORT.....20</p> <p>SYMDEKO.....28</p> <p>SYMFI7</p> <p>SYMLINPEN 12028</p> <p>SYMTUZA.....7</p> <p>SYNAREL17, 28</p> <p>SYNJARDY28</p> <p>SYNJARDY XR.....28</p> <p style="text-align: center;">T</p> <p>TABLOID.....8</p> <p>TABRECTA28</p> <p><i>tacrolimus</i>20</p> <p><i>tacrolimus (topical)</i>20</p> <p>TAGRISO8</p> <p>TAKHZYRO28</p> <p>TALTZ28</p> <p>TALZENNA.....28</p> <p><i>tamoxifen citrate</i>8</p> <p><i>tamsulosin hcl</i>20</p> <p>TARGRETIN.....8</p> <p>TARPEYO.....28</p> <p>TASCENSO ODT28</p> <p>TASIGNA8, 28</p> <p><i>tavorole</i>28</p> <p>TAVALISSE.....28</p> <p>TAVNEOS.....28</p> <p>TEGSEDI28</p> <p><i>temazepam</i>.....13</p> <p><i>temozolomide</i>.....8</p> <p><i>tenofovir disoproxil fumarate</i>.....7</p> <p>TEPMETKO.....28</p> <p><i>terazosin hcl</i>.....9</p> <p><i>terbinafine hcl</i>.....6</p> <p><i>terbutaline sulfate</i>9</p> <p><i>teriflunomide</i>.....20, 28</p>
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<i>testosterone</i>	17
<i>testosterone cypionate</i>	17
TESTOSTERONE PROPIONATE.....	17
<i>tetrabenazine</i>	13
<i>tetracycline hcl</i>	5
TEZSPIRE.....	28
THALOMID.....	20
<i>theophylline</i>	22
<i>thioridazine hcl</i>	14
<i>thiothixene</i>	14
THYMOL.....	20
TIBSOVO.....	28
<i>timolol maleate (ophth)</i>	16
TIVICAY.....	7
<i>tizanidine hcl</i>	9
<i>tobramycin</i>	5, 6, 15
<i>tobramycin (ophth)</i>	15
<i>tobramycin sulfate</i>	6
TODAY SPONGE.....	14
<i>tolcapone</i>	13
<i>tolvaptan</i>	28
<i>topiramate</i>	12
<i>torseamide</i>	15
TRADJENTA.....	28
<i>tramadol hcl</i>	12
<i>tranexamic acid</i>	9
<i>tranylcypromine sulfate</i>	14
<i>trazodone hcl</i>	14
TREMFYA.....	28
<i>tretinoin</i>	8, 21
<i>tretinoin (chemotherapy)</i>	8
<i>triamcinolone acetonide</i>	17, 21
<i>triamcinolone acetonide (mouth)</i>	21
<i>triamcinolone acetonide (topical)</i>	21
<i>triamterene & hydrochlorothiazide</i>	15
<i>trientine hcl</i>	28
<i>trifluoperazine hcl</i>	14
TRIFLURIDINE.....	15
<i>trihexyphenidyl hcl</i>	13
TRIJARDY XR.....	28
TRIKAFTA.....	28
TRIMETHOPRIM.....	7
<i>trospium chloride</i>	22
TRULICITY.....	28
TRUSELTIQ (100MG DAILY DOSE).....	28
TUKYSA.....	28
TURALIO.....	28
TYMLOS.....	28

U

UBRELVY.....	28
<i>urea</i>	21
<i>ursodiol</i>	17

V

<i>valacyclovir hcl</i>	7
<i>valganciclovir hcl</i>	7
<i>valproate sodium</i>	12
<i>valproic acid</i>	12
<i>valsartan</i>	11
<i>valsartan-hydrochlorothiazide</i>	11
<i>vancomycin hcl</i>	6
VANFLYTA.....	28
VECTICAL.....	21
VEMLIDY.....	28
<i>venlafaxine hcl</i>	14
VEOZAH.....	28
<i>verapamil hcl</i>	10
VERQUVO.....	28
VIBERZI.....	28
VICTOZA.....	28
<i>vigabatrin</i>	28
VIJOICE.....	28
VIRACEPT.....	7
VITRAKVI.....	28
VIVJOA.....	28
VOCABRIA.....	28
VONJO.....	28
VOSEVI.....	7, 28
VOWST.....	28
VOXZOGO.....	29
VTAMA.....	29
VUMERITY.....	29
VYNDAMAX.....	29
VYNDAQEL.....	29
VYZULTA.....	29

W

WAKIX.....	29
<i>warfarin sodium</i>	9
WEGOVY.....	29
WELIREG.....	29

X

XALKORI.....	8
XELJANZ.....	18

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XEMBIFY.....29	ZAVESCA.....29
XENAZINE.....29	ZAVZPRET.....29
XERMELO.....29	ZELBORAF.....8
XHANCE.....29	ZEPATIER.....29
XIGDUO XR.....29	ZEPOSIA.....29
XOLAIR.....29	<i>zidovudine</i>7
XPOVIO (100 MG ONCE WEEKLY).....29	<i>ziprasidone hcl</i>14
XTANDI.....8	ZITUVIO.....29
XULTOPHY.....29	ZOKINVY.....29
XYREM.....29	ZOLINZA.....8
XYWAV.....29	<i>zolmitriptan</i>12
	<i>zolpidem tartrate</i>13
	<i>zonisamide</i>12
	ZORYVE.....29
Z	
<i>zaleplon</i>13	

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HELP IN YOUR LANGUAGE

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call **1-888-865-5813** (TTY: **711**).

አማርኛ (Amharic) ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዙዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ **1-888-865-5813** (TTY: **711**)።

العربية (Arabic) ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-888-865-5813** (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 **1-888-865-5813** (TTY: **711**)。

فارسی (Farsi) توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با **1-888-865-5813** (TTY: **711**) تماس بگیرید.

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.

Français (French) ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-888-865-5813** (TTY: **711**).

Deutsch (German) ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.
Rufnummer: **1-888-865-5813** (TTY: **711**).

ગજરાતી (Gujarati) સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો **1-888-865-5813** (TTY: **711**).

Kreyòl Ayisyen (Haitian Creole) ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele **1-888-865-5813** (TTY: **711**).

हिन्दी (Hindi) ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। **1-888-865-5813** (TTY: **711**) पर कॉल करें।

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。**1-888-865-5813** (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. **1-888-865-5813** (TTY: **711**) 번으로 전화해 주십시오.

Naabechó (Navajo) Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, kóji' hódíílnih **1-888-865-5813** (TTY: **711**).

Português (Portuguese) ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para **1-888-865-5813** (TTY: **711**).

Русский (Russian) ВНИМАНИЕ: если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-888-865-5813** (TTY: **711**).

Español (Spanish) ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-888-865-5813** (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 **1-888-865-5813** (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 **1-888-865-5813** (TTY: **711**).

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