KAISER PERMANENTE OF GEORGIA
HMO FORMULARY

This document includes Kaiser Permanente of Georgia's HMO formulary as of November 8, 2023. 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 **November 8, 2023**. 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 31. 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 24.

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 24.

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 be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact your physician to initiate the request for exception

process. When you are requesting a formulary or utilization restriction exception, you should submit a statement from your physician supporting your request.

For more information

For more detailed information about your Kaiser Permanente prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

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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
ANTI-INFECTIVE AGENTS		
ANTHELMINTICS		
albendazole	1	
ivermectin	1	
ANTI-INFECTIVES		
azithromycin	1	
CEFACLOR	1	
ciprofloxacin hcl	1	
clarithromycin	1	
nitrofurantoin macrocrystal	1	
ANTIBACTERIALS		
acyclovir	1	
amikacin sulfate	1	
amoxicillin	1	
amoxicillin & pot clavulanate	1	
AMPICILLIN	1	
azithromycin	1	
BACITRACIN	1	
CEFACLOR	1	
cefazolin sodium	1	
cefdinir	1	
ceftazidime	1	
cefuroxime axetil	1	
cephalexin	1	
ciprofloxacin hcl	1	
clarithromycin	1	
clindamycin hcl	1	
clindamycin palmitate hydrochloride	1	
dicloxacillin sodium	1	
doxycycline (monohydrate)	1	
doxycycline hyclate	1	
gentamicin sulfate	1	
levofloxacin	1	
linezolid	1	
minocycline hcl	1	
moxifloxacin hcl (ophth)	1	
neomycin sulfate	1	
ofloxacin (otic)	1	
penicillin v potassium	1	
silver sulfadiazine	1	
sulfadiazine	1	
sulfamethoxazole-trimethoprim	1	
sulfasalazine	1	
tetracycline hcl	1	
tobramycin	1	
tobramycin sulfate	1	
vancomycin hcl	1	

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Category/ Drug Name	Tier Level	Restrictions
ANTIFUNGALS		
AMPHOTERICIN B	1	
fluconazole	1	
flucytosine	1	
griseofulvin microsize	1	
griseofulvin ultramicrosize	1	
itraconazole	1	
ketoconazole	1	
ketoconazole (topical)	1	
nystatin	1	
nystatin (mouth-throat)	1	
rifabutin	1	
terbinafine hcl	1	
ANTIMYCOBACTERIALS		
dapsone	1	
ethambutol hcl	1	
isoniazid	1	
ketoconazole (topical)	1	
pyrazinamide	1	
rifampin	1	
ANTIPROTOZOALS		
atovaquone	1	
hydroxychloroquine sulfate	1	
metronidazole	1	
paromomycin sulfate	1	
primaquine phosphate	1	
ANTIVIRALS		
abacavir sulfate	1	QL
abacavir sulfate-lamivudine	1	QL
abacavir sulfate-lamivudine-zidovudine	1	QL
acyclovir	1	
APTIVUS	2	QL
atazanavir sulfate	1	QL
BIKTARVY	2	QL
cidofovir	1	
CIMDUO	2	QL
CRIXIVAN	2	
darunavir	1, 2	QL
DIDANOSINE	1, 2	QL
DOVATO	2	QL
EDURANT	2	QL
efavirenz	1	QL
emtricitabine	1	QL
emtricitabine-tenofovir disoproxil fumarate	1	QL
entecavir	1	QL
etravirine	1	QL
fosamprenavir calcium	1	QL

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

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Category/ Drug Name	Tier Level	Restrictions
capecitabine	1	
CAPRELSA	2	
COTELLIC	2	
CYCLOPHOSPHAMIDE	1	
DROXIA	2	
EMCYT	2	
erlotinib hcl	1	
ETOPOSIDE	1	
everolimus	1	QL
exemestane	1	
fluorouracil	1	
HYCAMTIN	2	
hydroxyurea	1	
IBRANCE	2	QL
imatinib mesylate	1	
IMBRUVICA	2	PA, QL
INTRON A	2	
KISQALI (200 MG DOSE)	2	
lapatinib ditosylate	1	
lenalidomide	1	QL
LENVIMA (10 MG DAILY DOSE)	2	
letrozole	1	
LEUKERAN	2	
LONSURF	2	
LYSODREN	2	
MATULANE	2	
megestrol acetate	1	
MELPHALAN	1	
mercaptopurine	1	
MESNEX	2	
methotrexate sodium	1	
MYLERAN	2	
NINLARO	2	
POMALYST	2	
PROMACTA	2	
sorafenib tosylate	1	
SPRYCEL	2	PA, QL
STIVARGA	2	
sunitinib malate	1	
TABLOID	2	
TAGRISSO	2	
tamoxifen citrate	1	
TARGRETIN	2	
TASIGNA	2	PA
temozolomide	1	
tretinoin (chemotherapy)	1	
XALKORI	2	
XTANDI	2	

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Category/ Drug Name	Tier Level	Restrictions
ZEJULA	2	PA
ZOLINZA	2	
MISCELLANEOUS THERAPEUTIC AGENTS		
CYCLOPHOSPHAMIDE	2	
ZELBORAF	2	
AUTONOMIC DRUGS		
ANTICHOLINERGIC AGENTS		
dicyclomine hcl	1	
glycopyrrolate	1	
hyoscyamine sulfate	1	
ipratropium bromide	1	
ipratropium bromide (nasal)	1	
oxybutynin chloride	1	
PROPANTHELINE BROMIDE	1	
PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS		
donepezil hydrochloride	1	
galantamine hydrobromide	1	
pyridostigmine bromide	1	
rivastigmine tartrate	1	
SKELETAL MUSCLE RELAXANTS		
baclofen	1	
chlorzoxazone	1	
cyclobenzaprine hcl	1	
tizanidine hcl	1	
SYMPATHOMIMETIC (ADRENERGIC) AGENTS		
albuterol sulfate	1	
fluticasone-salmeterol	1	
ipratropium-albuterol	1, 2	
terbutaline sulfate	1	
BLOOD FORMATION, COAGULATION, AND THROMBOSIS		
ANTIHEMORRHAGIC AGENTS		
tranexamic acid	1	QL
ANTITHROMBOTIC AGENTS		
anagrelide hcl	1	
cilostazol	1	
clopidogrel bisulfate	1	
enoxaparin sodium	1	
PRADAXA	2	QL
prasugrel hcl	1	
warfarin sodium	1	
HEMATOPOIETIC AGENTS		
ARANESP (ALBUMIN FREE)	2	
LEUKINE	2	
PROCRIT	2	
PROMACTA	2	
MISCELLANEOUS THERAPEUTIC AGENTS		
aminocaproic acid	1	

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Category/ Drug Name	Tier Level	Restrictions
warfarin sodium	1	
CARDIOVASCULAR DRUGS		
ALPHA-ADRENERGIC BLOCKING AGENTS		
alfuzosin hcl	1	
doxazosin mesylate	1	
terazosin hcl	1	
ANTILIPEMIC AGENTS		
atorvastatin calcium	1	
cholestyramine	1	
cholestyramine light	1	
colestipol hcl	1	
ezetimibe	1	
fenofibrate	1	
lovastatin	1	
pravastatin sodium	1	
rosuvastatin calcium	1	
simvastatin	1	
ANTIPLATELET AGENT		
BRILINTA	2	
clopidogrel bisulfate	1	
dipyridamole	1	
BETA-ADRENERGIC BLOCKING AGENTS		
acebutolol hcl	1	
atenolol	1	
atenolol & chlorthalidone	1	
bisoprolol & hydrochlorothiazide	1	
bisoprolol fumarate	1	
carvedilol	1	
labetalol hcl	1	
metoprolol succinate	1	
metoprolol tartrate	1	
nadolol	1	
nebivolol hcl	1	
propranolol hcl	1	
sotalol hcl	1	
CALCIUM-CHANNEL BLOCKING AGENTS		
amlodipine besylate	1	
diltiazem hcl	1	
diltiazem hcl coated beads	1	
enalapril maleate	1	
felodipine	1	
nifedipine	1	
nimodipine	1	
verapamil hcl	1	
CARDIAC DRUGS		
amiodarone hcl	1	

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Category/ Drug Name	Tier Level	Restrictions
digoxin	1, 2	
disopyramide phosphate	1, 2	
dofetilide	1	
flecainide acetate	1	
mexiletine hcl	1	
propafenone hcl	1	
quinidine gluconate	1	
quinidine sulfate	1	
ramipril	1	
spironolactone	1	
DIURETICS		
hydrochlorothiazide	1	
HYPOTENSIVE AGENTS		
AMILORIDE-HYDROCHLOROTHIAZIDE	1	
chlorthalidone	1	
clonidine hcl	1	
diazoxide	1	
hydralazine hcl	1	
indapamide	1	
isosorbide dinitrate	1	
methyldopa	1	
minoxidil	1	
MISCELLANEOUS THERAPEUTIC AGENTS		
triamterene & hydrochlorothiazide	1	
RENIN-ANGIOTENSIN-ALDOSTERONE SYSTEM INHIBITORS		
benazepril hcl	1	
captopril	1	
enalapril maleate	1	
ENTRESTO	2	
isosorbide dinitrate	1	
lisinopril	1	
lisinopril & hydrochlorothiazide	1	
losartan potassium	1	
losartan potassium & hydrochlorothiazide	1	
ramipril	1	
spironolactone	1	
valsartan	1	
valsartan-hydrochlorothiazide	1	
VASODILATING AGENTS		
ambrisentan	1	
dipyridamole	1	
hydralazine hcl	1	
isosorbide dinitrate	1	
isosorbide dinitrate-hydralazine hcl	1	
isosorbide mononitrate	1	
nitroglycerin	1, 2	
olanzapine	1	

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Category/ Drug Name	Tier Level	Restrictions
OPSUMIT	2	PA
REMODULIN	2	
CENTRAL NERVOUS SYSTEM AGENTS		
ANALGESICS AND ANTIPYRETICS		
acetaminophen w/ codeine	1	QL
butalbital-acetaminophen-caffeine	1	
butalbital-acetaminophen-caffeine w/ codeine	1	QL
butalbital-aspirin-caffeine	1	
butalbital-aspirin-caffeine w/cod	1	
diclofenac sodium	1	
fentanyl	1	QL
hydrocodone-acetaminophen	1	QL
hydromorphone hcl	1	QL
ibuprofen	1	
indomethacin	1	
meloxicam	1	
methadone hcl	1	QL
morphine sulfate	1, 2	QL
nabumetone	1	
naproxen	1	
oxycodone hcl	1	QL
oxycodone w/ acetaminophen	1	QL
salsalate	1	
sulindac	1	
TOLMETIN SODIUM	1	
tramadol hcl	1	QL
ANOREXIGENIC AGENTS AND RESPIRATORY AND CEREBRAL STIMULANTS		
amphetamine-dextroamphetamine	1	QL
dexmethylphenidate hcl	1	QL
dextroamphetamine sulfate	1	QL
methylphenidate hcl	1	QL
modafinil	1	
morphine sulfate	1	QL
ANTICONVULSANTS		
carbamazepine	1	
CELONTIN	2	
clobazam	1	
DIASTAT ACUDIAL	1	
divalproex sodium	1	
ethosuximide	1	
gabapentin	1	
lacosamide	1	
lamotrigine	1	
levetiracetam	1	
oxcarbazepine	1	
phenytoin	1, 2	
phenytoin sodium extended	1, 2	

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Category/ Drug Name	Tier Level	Restrictions
pregabalin	1	
primidone	1	
topiramate	1	
valproate sodium	1	
valproic acid	1	
zonisamide	1	
ANTIMANIC AGENTS		
lithium carbonate	1	
ANTIMIGRAINE AGENTS		
clonazepam	1	QL
naratriptan hcl	1	QL
rizatriptan benzoate	1	QL
sumatriptan	1	
sumatriptan succinate	1	QL
zolmitriptan	1	
ANTIPARKINSONIAN AGENTS		
amantadine hcl	1	
benztropine mesylate	1	
bromocriptine mesylate	1	
cabergoline	1	
carbidopa-levodopa	1	
carbidopa-levodopa-entacapone	1	
entacapone	1	
pramipexole dihydrochloride	1	
rasagiline mesylate	1	
ropinirole hydrochloride	1	
selegiline hcl	1	
tolcapone	1	
trihexyphenidyl hcl	1	
ANXIOLYTICS, SEDATIVES, AND HYPNOTICS		
alprazolam	1	QL
bupropion hcl	1	
buspirone hcl	1	
clonazepam	1	QL
diazepam	1	QL
doxepin hcl	1	
hydroxyzine hcl	1	
lorazepam	1	QL
phenobarbital	1	
temazepam	1	QL
zaleplon	1	QL
zolpidem tartrate	1	QL
CENTRAL NERVOUS SYSTEM AGENTS, MISCELLANEOUS		
armodafinil	1	QL
atomoxetine hcl	1	
buprenorphine hcl-naloxone hcl dihydrate	1	

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Category/ Drug Name	Tier Level	Restrictions
citalopram hydrobromide	1	
dextroamphetamine sulfate	1	QL
donepezil hydrochloride	1	
EXTAVIA	2	
galantamine hydrobromide	1	
glatiramer acetate	1	
guanfacine hcl (adhd)	1	
memantine hcl	1	
mirtazapine	1	
paroxetine hcl	1	
riluzole	1	
tetrabenazine	1	
MULTIPLE SCLEROSIS AGENTS		
BETASERON	2	
dalfampridine	1	
OPIATE ANTAGONISTS		
naltrexone hcl	1	
PSYCHOTHERAPEUTIC AGENTS		
amitriptyline hcl	1	
aripiprazole	1	
bupropion hcl	1	
chlorpromazine hcl	1	
citalopram hydrobromide	1	
clozapine	1	
desipramine hcl	1	
doxepin hcl	1	
duloxetine hcl	1	
escitalopram oxalate	1	
fluoxetine hcl	1	
fluphenazine hcl	1	
fluvoxamine maleate	1	
galantamine hydrobromide	1	
haloperidol	1	
haloperidol lactate	1	
imipramine hcl	1	
lithium carbonate	1	
lurasidone hcl	1	QL
mirtazapine	1	
nortriptyline hcl	1	
olanzapine	1	
paroxetine hcl	1	
perphenazine	1	
phenelzine sulfate	1	
quetiapine fumarate	1	
risperidone	1	
sertraline hcl	1	
thioridazine hcl	1	

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Category/ Drug Name	Tier Level	Restrictions
thiothixene	1	
tranylcypromine sulfate	1	
trazodone hcl	1	
trifluoperazine hcl	1	
venlafaxine hcl	1	
ziprasidone hcl	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		
potassium citrate (alkalinizer)	1	
DIURETICS		
acetazolamide	1	
furosemide	1	
hydrochlorothiazide	1	
metolazone	1	
torsemide	1	
triamterene & hydrochlorothiazide	1	
HYPEROSMOTIC AGENT		
lactulose (encephalopathy)	1	
ION-REMOVING AGENTS		
sodium polystyrene sulfonate	1	
REPLACEMENT PREPARATIONS		
K-PHOS	2	
PHOSLYRA	2	
pot & sod citrates w/citric ac	1	
pot phosphate monobasic w/ sod phosphate dibasic & monobasic	1	
potassium chloride	1	

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Category/ Drug Name	Tier Level	Restrictions
potassium chloride microencapsulated crystals cr	1	
URICOSURIC AGENTS		
probenecid	1	
ENZYMES		
ENZYMES		
PULMOZYME	2	
EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS		
ANTI-INFECTIVES		
bacitracin-polymyxin b (ophth)	1	
ciprofloxacin hcl (ophth)	1	
erythromycin (ophth)	1	
gentamicin sulfate (ophth)	1	
NATACYN	2	
neomycin-bacitracin zn-polymyxin	1	
NEOMYCIN-POLYMYXIN-GRAMICIDIN	1	
ofloxacin (ophth)	1	
ofloxacin (otic)	1	
polymyxin b-trimethoprim	1	
tobramycin (ophth)	1, 2	
TRIFLURIDINE	1	
ANTI-INFLAMMATORY AGENTS		
bacitracin-poly-neomycin-hc	1	
BLEPHAMIDE	1, 2	
DEXAMETHASONE SODIUM PHOSPHATE	1	
diclofenac sodium (ophth)	1	
fluocinolone acetonide (otic)	1	
fluorometholone (ophth)	1	
hydrocortisone w/acetic acid	1	
MAXIDEX	2	
neomycin-polymy-dexameth	1	
NEOMYCIN-POLYMYXIN-HC	1	
PRED MILD	1, 2	
PRED-G	2	
ANTICHOLINERGIC AGENTS		
ISOPTO HYOSCINE	2	
ANTIGLAUCOMA AGENTS		
acetazolamide	1	
BETAXOLOL HCL	1, 2	
brimonidine tartrate	1	
dorzolamide hcl	1	
dorzolamide hcl-timolol maleate	1	
ISOPTO CARBACHOL	2	
latanoprost	1	
LEVOBUNOLOL HCL	1	
methazolamide	1	
PHOSPHOLINE IODIDE	2	
pilocarpine hcl	1	

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Category/ Drug Name	Tier Level	Restrictions
timolol maleate (ophth)	1	
EENT DRUGS, MISCELLANEOUS		
acetic acid (otic)	1	
acetic acid-aluminum acetate	1	
APRACLONIDINE HCL	1	
cyclosporine (ophth)	1	QL
ketorolac tromethamine (ophth)	1	
latanoprost	1	
LOCAL ANESTHETICS		
lidocaine hcl (mouth-throat)	1	
proparacaine hcl	1	
MYDRIATICS		
cyclopentolate hcl	1, 2	
HOMATROPAIRE	2	
VASOCONSTRICTORS		
phenylephrine hcl (mydriatic)	1	
GASTROINTESTINAL DRUGS		
ANTI-INFLAMMATORY AGENTS		
balsalazide disodium	1	
mesalamine	1, 2	
ANTIDIARRHEA AGENTS		
diphenoxylate w/ atropine	1	
ANTIEMETICS		
dronabinol	1	
ondansetron	1	
ondansetron hcl	1	
prochlorperazine maleate	1	
ANTIULCER AGENTS AND ACID SUPPRESSANTS		
cimetidine hcl	1	
misoprostol	1	
sucralfate	1	
CATHARTICS AND LAXATIVES		
lactulose	1	
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate	1, 2	
peg 3350-potassium chloride-sod bicarbonate-sod chloride	1	
polyethylene glycol 3350	1, 2	
CHOLELITHOLYTIC AGENTS		
ursodiol	1	
DIGESTANTS		
CREON	2	
MISCELLANEOUS THERAPEUTIC AGENTS		
sucralfate	1	
PROKINETIC AGENTS		
metoclopramide hcl	1	
HORMONES AND SYNTHETIC SUBSTITUTES		
ADRENALS		
ASMANEX HFA	2	

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Category/ Drug Name	Tier Level	Restrictions
budesonide (inhalation)	1	
dexamethasone	1, 2	
dexamethasone sodium phosphate	1	
fludrocortisone acetate	1	
hydrocortisone	1	
methylprednisolone	1	
prednisolone	1	
prednisolone sodium phosphate	1	
prednisone	1, 2	
triamcinolone acetonide	1	
ANDROGENS		
budesonide	1	
danazol	1	
methyltestosterone	1	
testosterone	1	
testosterone cypionate	1	
TESTOSTERONE PROPIONATE	2	
ANTIDIABETIC AGENTS		
acarbose	1	
glimepiride	1	
glipizide	1	
HUMULIN 70/30	2	
HUMULIN N	2	
HUMULIN R	2	
INSULIN GLARGINE-YFGN	2	
JARDIANCE	2	QL
metformin hcl	1	
pioglitazone hcl	1	
ANTIHYPOGLYCEMIC AGENTS		
glucagon (rdna)	1	
CONTRACEPTIVES		
desogestrel & ethinyl estradiol	1	QL
drospirenone-ethinyl estradiol	1	QL
ELLA	2	
ethynodiol diacet & eth estrad	1	QL
etonogestrel-ethinyl estradiol	1	QL
levonorgestrel & eth estradiol	1	QL
levonorgestrel-eth estradiol (triphasic)	1	QL
levonorgestrel-ethinyl estradiol (91-day)	1	QL
medroxyprogesterone acetate (contraceptive)	1	QL
norelgestromin-ethinyl estradiol	1	
norethin acet & estrad-fe	1	QL
norethindrone & eth estradiol	1	QL
norethindrone (contraceptive)	1	QL
norethindrone-eth estradiol (triphasic)	1	QL
norgestimate-ethinyl estradiol	1	QL
norgestimate-ethinyl estradiol (triphasic)	1	QL

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Category/ Drug Name	Tier Level	Restrictions
norgestrel & ethinyl estradiol	1	QL
ESTROGENS AND ESTROGEN AGONISTS-ANTAGONISTS		
DEPO-ESTRADIOL	1	
esterified estrogens & methyltestosterone	1	
estradiol	1, 2	
estradiol vaginal	1, 2	
estradiol valerate	1	
raloxifene hcl	1	
GONADOTROPINS		
SYNAREL	2	
PARATHYROID		
calcitonin (salmon)	1	
PITUITARY		
desmopressin acetate	1	
desmopressin acetate spray	1	
desmopressin acetate spray refrigerated	1	
PROGESTINS		
CRINONE	2	
levonorgestrel (emergency oc)	1	
medroxyprogesterone acetate	1	
norethindrone acetate	1	
THYROID AND ANTITHYROID AGENTS		
levothyroxine sodium	1	
liothyronine sodium	1	
methimazole	1	
propylthiouracil	1	
INFLAMMATORY BOWEL DISEASE AGENTS		
AMINOSALICYLATES		
mesalamine	1	
MISCELLANEOUS THERAPEUTIC AGENTS		
ANTI-INFLAMMATORY AGENTS		
ENBREL	2	PA
ibuprofen	1	
naproxen	1	
ANTIDIABETIC AGENTS		
GVOKE HYPOPEN 1-PACK	2	Age
pioglitazone hcl	1	
ANTIHYPOGLYCEMIC AGENTS		
GVOKE HYPOPEN 1-PACK	2	Age
LOCAL ANESTHETICS		
alendronate sodium	1	
MISCELLANEOUS THERAPEUTIC AGENTS		
ACTEMRA	2	
ACTIMMUNE	2	
alendronate sodium	1	
allopurinol	1	
aminocaproic acid	1	

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Category/ Drug Name	Tier Level	Restrictions
ATROPINE SULFATE	1	
azathioprine	1	
BAQSIMI ONE PACK	2	Age
BD INSULIN SYRINGE U-500	2	
bethanechol chloride	1	
buprenorphine hcl	1	
calcitriol	1	
calcium acetate (phosphate binder)	1	
chlorhexidine gluconate (mouth-throat)	1	
cinacalcet hcl	1	
colchicine	1	
COSENTYX	2	PA
cyclosporine	1	
cyclosporine modified (for microemulsion)	1	
cyproheptadine hcl	1	
dalfampridine	1	
deferasirox	1	
desmopressin acetate	1	
dimethyl fumarate	1	
disulfiram	1	
ELMIRON	2	
ENBREL	2	PA
FC2 FEMALE CONDOM	2	OTC
finasteride	1	
FLUTAMIDE	1	
FLUTICASONE PROPIONATE HFA	2	QL, Age
GEL-KAM	2	
glipizide	1	
IODINE STRONG	2	
leflunomide	1	
LETAIRIS	2	
leucovorin calcium	1	
memantine hcl	1	
mesalamine	1	
methocarbamol	1	
methotrexate sodium	1	
methylergonovine maleate	1	
montelukast sodium	1	
mycophenolate mofetil	1	
mycophenolate sodium	1	
nabumetone	1	
naloxone hcl	1	
NIVESTYM	2	
ORENCIA	2	
OTEZLA	2	PA
penicillamine	1	
pentoxifylline	1	

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Category/ Drug Name	Tier Level	Restrictions
pilocarpine hcl (oral)	1	
pioglitazone hcl	1	
pirfenidone	1	
plerixafor	1	
prednisone	1	
salsalate	1	
sevelamer carbonate	1	
sirolimus	1	
sodium fluoride	1	
tacrolimus	1	
tacrolimus (topical)	1	
tamsulosin hcl	1	
teriflunomide	1	
THALOMID	2	QL
THYMOL	2	
XELJANZ	2	
zolmitriptan	1	
PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS		
pyridostigmine bromide	1	
PHARMACEUTICAL AIDS		
PHARMACEUTICAL AIDS		
COAL TAR	2	
RESPIRATORY TRACT AGENTS		
ANTI-INFLAMMATORY AGENTS		
SYMBICORT	2	
ANTITUSSIVES		
benzonatate	1	
guaifenesin-codeine	1	
hydrocodone w/ homatropine	1	
MAST CELL STABILIZER		
cromolyn sodium	1	
MISCELLANEOUS THERAPEUTIC AGENTS		
acetylcysteine	1	
ALVESCO	2	
STRIVERDI RESPIMAT	2	
MUCOLYTIC AGENTS		
acetylcysteine	1	
RESPIRATORY SMOOTH MUSCLE RELAXANTS		
bosentan	1	
RESPIRATORY TRACT/PULMONARY AGENTS		
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS		
FLUTICASONE PROPIONATE HFA	2	QL, Age
PHOSPHODIESTERASE INHIBITORS, AIRWAY DISEASE		
roflumilast	1	
SKIN AND MUCOUS MEMBRANE AGENTS		
ADRENALS		
betamethasone dipropionate augmented	1	

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Category/ Drug Name	Tier Level	Restrictions
hydrocortisone (topical)	1	
mometasone furoate	1	
ANTI-INFECTIVES		
clindamycin phosphate (topical)	1	
clotrimazole	1	
erythromycin (acne aid)	1	
iodoquinol-hc	1	
ketoconazole (topical)	1	
LINDANE	1	
metronidazole (topical)	1	
mupirocin	1	
permethrin	1	
selenium sulfide	1	
ANTI-INFLAMMATORY AGENTS		
alclometasone dipropionate	1	
betamethasone dipropionate (topical)	1	
betamethasone dipropionate augmented	1	
betamethasone valerate	1	
clindamycin phosphate (topical)	1	
clobetasol propionate	1	
desonide	1	
desoximetasone	1	
fluocinolone acetonide	1	
fluocinonide	1	
fluocinonide emulsified base	1	
fluticasone propionate	1	
hydrocortisone (intrarectal)	1	
hydrocortisone (topical)	1	
mometasone furoate	1	
theophylline	1	
triamcinolone acetonide (mouth)	1	
triamcinolone acetonide (topical)	1	
ANTIFUNGALS		
ciclopirox	1	
ketoconazole (topical)	1	
nystatin (topical)	1	
ANTIPRURITICS AND LOCAL ANESTHETICS		
lidocaine-prilocaine	1	
triamcinolone acetonide (topical)	1	
ASTRINGENTS		
DRYSOL	2	
CELL STIMULANTS AND PROLIFERANTS		
tretinoin	1	Age
DEPIGMENTING AND PIGMENTING AGENTS		
8-MOP	2	
METHOXSALEN RAPID	1	
KERATOLYTIC AGENTS		

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Category/ Drug Name	Tier Level	Restrictions
urea	1	
VECTICAL	1	
LOCAL ANESTHETICS		
LIDOCAINE HCL URETHRAL/MUCOSAL	1	
SKIN AND MUCOUS MEMBRANE AGENTS, MISCELLANEOUS		
acitretin	1	
benzoyl peroxide-erythromycin	1	
calcipotriene	1	
clindamycin phosphate-benzoyl peroxide (refrigerate)	1	
clotrimazole w/ betamethasone	1	
COAL TAR	2	
desoximetasone	1	
fluorouracil (topical)	1, 2	
imiquimod	1	
iodoquinol-hc	1	
isotretinoin	1	
nystatin-triamcinolone	1	
PODOFILOX	1	
REGRANEX	2	
SANTYL	2	
selenium sulfide	1	
sulfacetamide sodium w/ sulfur	1	
tretinoin	1	Age
SMOOTH MUSCLE RELAXANTS		
GENITOURINARY SMOOTH MUSCLE RELAXANTS		
bethanechol chloride	1	
darifenacin hydrobromide	1	
oxybutynin chloride	1	
solifenacin succinate	1	
trospium chloride	1	
RESPIRATORY SMOOTH MUSCLE RELAXANTS		
SPIRIVA RESPIMAT	2	
STIOLTO RESPIMAT	2	
theophylline	1	
VITAMINS		
MULTIVITAMIN PREPARATIONS		
ped multivitamins w/fl & iron	1	
pediatric multivitamins w/fl	1	
pediatric vitamins acd w/ fluoride	1	
VITAMIN D		
calcitriol	1	
ergocalciferol	1	
VITAMIN K ACTIVITY		
phytonadione	1	

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Drugs That Require Prior Authorization (PA) Review
ACTHAR
ADBRY
AIMOVIG
ALOGLIPTIN BENZOATE
ALOGLIPTIN-METFORMIN HCL
ALOGLIPTIN-PIOGLITAZONE
ARCALYST
ARIKAYCE
AUSTEDO
AUVI-Q
AVEED
AVONEX PEN
AVONEX PREFILLED
BAFIERTAM
BENLYSTA
BERINERT
BESREMI
BOSULIF
brimonidine tartrate (topical)
BRONCHITOL
BRUKINSA
budesonide
BYDUREON BCISE
BYLVAY
CABLIVI
calcipotriene-betamethasone dipropionate
CALQUENCE
CAMZYOS
CAYSTON
CERDELGA
CHENODAL
CHOLBAM
CIBINQO
CIMZIA
clindamycin phosphate-benzoyl peroxide
CORTROPHIN
COSENTYX
CRESEMBA
CUTAQUIG
CUVITRU
dalfampridine
DANYELZA
DARZALEX FASPRO
DAYBUE
DIACOMIT
dimethyl fumarate
DOJOLVI
DOPTELET

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Drugs That Require Prior Authorization (PA) Review
DROXIA
DUPIXENT
DUPIXENT
DUPIXENT
DUPIXENT
EGRIFTA SV
ELMIRON
EMFLAZA
EMFLAZA
EMGALITY
EMPAVELI
EMSAM
emtricitabine-tenofovir disoproxil fumarate
ENBREL
ENBREL
ENDARI
ENSPRYNG
EPCLUSA
EPCLUSA
EPIDIOLEX
EUCRISA
EVKEEZA
EVRYSDI
EXKIVITY
FARXIGA
FASENRA
FILSPARI
fingolimod hcl
FINTEPLA
FIRAZYR
FIRDAPSE
FORTEO
FOTIVDA
GALAFOLD
GAMMAGARD
GATTEX
GAVRETO
GENOTROPIN
glatiramer acetate
GLYXAMBI
HARVONI
HEMLIBRA
HETLIOZ
HIZENTRA
HUMIRA
hydrocortisone
HYQVIA
IBSRELA

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Drugs That Require Prior Authorization (PA) Review
icatibant acetate
ICLUSIG
icosapent ethyl
ILARIS
ILUMYA
imatinib mesylate
IMBRUVICA
IMCIVREE
IMPAVIDO
INBRIJA
INGREZZA
INPEN 100-BLUE-LILLY-HUMALOG
INQOVI
INVOKAMET
INVOKANA
ISTURISA
ivermectin (rosacea)
JANUMET
JANUVIA
JARDIANCE
JENTADUETO
JENTADUETO XR
JOENJA
JUBLIA
JUXTAPID
KALYDECO
KALYDECO
KAZANO
KERENDIA
KESIMPTA
KEVEYIS
KEVZARA
KOMBIGLYZE XR
KORLYM
KOSELUGO
LIVMARLI
LIVTENCITY
LUMAKRAS
LUPKYNIS
LUPKYNIS
LYNPARZA
LYTGOBI
MAVENCLAD (10 TABS)
MAVYRET
MAVYRET
MAYZENT
MAYZENT
metformin hcl

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Drugs That Require Prior Authorization (PA) Review
methamphetamine hcl
miglustat
MOUNJARO
MULPLETA
MYCAPSSA
MYFEMBREE
MYTESI
NESINA
NEXLETOL
NEXLIZET
nitrofurantoin
NORTHERA
NOVOLIN 70/30
NOVOLIN N
NOVOLIN R
NOXAFIL
NUBEQA
NUCALA
NUCALA
NUCALA
NUCALA
NUEDEXTA
NUPLAZID
NURTEC
OLUMIANT
OMNIPOD 5 G6 INTRO (GEN 5)
ONEXTON
ONGLYZA
ONUREG
OPSUMIT
OPZELURA
ORGOVYX
ORIAHNN
ORILISSA
ORKAMBI
ORKAMBI
ORLADEYO
ORTIKOS
OSENI
OTEZLA
OXBRYTA
OXERVATE
OZEMPIC
PALFORZIA
PALYNZIQ
PIQRAY
PLEGRIDY
PONVORY

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Drugs That Require Prior Authorization (PA) Review
posaconazole
PRALUENT
PREVYMIS
PROCYSBI
pyrimethamine
PYRUKYND
QBREXZA
QTERN
QULIPTA
RADICAVA ORS STARTER KIT
RAVICTI
RELISTOR
RELYVRIO
REPATHA
RETEVMO
REYVOW
REZUROCK
RHOPRESSA
RINVOQ
ROCKLATAN
ROZLYTREK
RUCONEST
RUKOBIA
SAIZEN
SAPHNELO
sapropterin dihydrochloride
sapropterin dihydrochloride
SAXENDA
SCEMBLIX
SEGLUROMET
SEROSTIM
SILIQ
SIMPONI
SKYRIZI
SKYRIZI
SKYTROFA
SOLIQUA
SOMAVERT
SOMAVERT
SOMAVERT
SOVALDI
SPRYCEL
STEGLATRO
STEGLUJAN
STELARA
STRENSIQ
SUCRAID
SUCRAID

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Drugs That Require Prior Authorization (PA) Review
SUNOSI
SYMDEKO
SYMLINPEN 120
SYNJARDY
SYNJARDY XR
TABRECTA
TAKHZYRO
TALTZ
TALZENNA
TARPEYO
TASIGNA
tavaborole
TAVALISSE
TAVNEOS
TEGSEDI
TEPMETKO
teriflunomide
TERIPARATIDE (RECOMBINANT)
TEZSPIRE
tolvaptan
TRADJENTA
TREMFYA
trientine hcl
TRIJARDY XR
TRIKAFTA
TRULICITY
TUKYSA
TURALIO
TYMLOS
UBRELVY
VEMLIDY
VERQUVO
VIBERZI
VICTOZA
VIEKIRA PAK
vigabatrin
VIJOICE
VITRAKVI
VIVJOA
VOCABRIA
VONJO
VOSEVI
VOXZOGO
VUMERITY
VYNDAMAX
VYNDAQEL
VYZULTA
VYZULTA

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Drugs That Require Prior Authorization (PA) Review
WAKIX
WEGOVY
WELIREG
XEMBIFY
XENAZINE
XGEVA
XHANCE
XIGDUO XR
XIGDUO XR
XOLAIR
XPOVIO
XPOVIO
XULTOPHY
XYREM
XYWAV
ZAVESCA
ZEJULA
ZEPATIER
ZEPOSIA
ZOKINVY

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

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NONDISCRIMINATION NOTICE

Kaiser Foundation Health Plan of Georgia, 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 **1-888-865-5813** (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: Member Relations Unit (MRU), Attn: Kaiser Civil Rights Coordinator, Nine Piedmont Center, 3495 Piedmont Road, NE Atlanta, GA 30305-1736. Telephone Number: 1-888-865-5813.

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

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 ሊያግዝዎት ተዘጋጀተዋል፡ 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.

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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**).

ગુજરાતી (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.

Naabeehó (Navajo) Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'dęę', t'áá jiik'eh, éí ná hóló, kojį' 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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