

KAISER PERMANENTE OF GEORGIA HMO FORMULARY



This document includes Kaiser Permanente of Georgia's HMO formulary as of November 6, 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 **November 6, 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>cefpodoxime 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		
CEFACLOX	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	
LYNPARZA	2	QL
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
TAGRISO	2	QL

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Category/ Drug Name	Tier Level	Restrictions
TASIGNA	2	PA, QL
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		
ANTHEMORRHAGIC 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		

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Category/ Drug Name	Tier Level	Restrictions
<i>atorvastatin calcium</i>	1	
<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		
<i>BRILINTA</i>	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>amlodipine & benazepril</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	

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<i>propafenone hcl</i>	1	
<i>quinidine gluconate</i>	1	
<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	

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<i>meloxicam</i>	1	
<i>methadone hcl</i>	1	QL
<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	

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Kaiser Permanente of Georgia HMO Formulary

Category/ Drug Name	Tier Level	Restrictions
<i>entacapone</i>	1	
<i>pramipexole dihydrochloride</i>	1	
<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>buspirone 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	

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Kaiser Permanente of Georgia HMO Formulary

Category/ Drug Name	Tier Level	Restrictions
<i>escitalopram oxalate</i>	1	
<i>fluoxetine hcl</i>	1	
<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	

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Kaiser Permanente of Georgia HMO Formulary

Category/ Drug Name	Tier Level	Restrictions
ELECTROLYTIC, CALORIC, AND WATER BALANCE		
ALKALINIZING AGENTS		
<i>potassium citrate (alkalinizer)</i>	1	
DIURETICS		
<i>furosemide</i>	1	
<i>hydrochlorothiazide</i>	1	
<i>metolazone</i>	1	
<i>torsemide</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	

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Kaiser Permanente of Georgia HMO Formulary

Category/ Drug Name	Tier Level	Restrictions
MAXIDEX	2	
<i>neomycin-polymy-dexameth</i>	1	
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		

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Kaiser Permanente of Georgia HMO Formulary

Category/ Drug Name	Tier Level	Restrictions
<i>lactulose</i>	1	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>	1, 2	
<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	
ZENPEP	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	

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Kaiser Permanente of Georgia HMO Formulary

Category/ Drug Name	Tier Level	Restrictions
ANTIHYPOGLYCEMIC AGENTS		
GLUCAGON EMERGENCY	1	QL
CONTRACEPTIVES		
<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		

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Kaiser Permanente of Georgia HMO Formulary

Category/ Drug Name	Tier Level	Restrictions
ACTEMRA	2	
TYENNE	2	
IMMUNOMODULATORS		
XELJANZ	2	QL
MISCELLANEOUS AGENTS		
MISCELLANEOUS AGENTS		
<i>dicyclomine hcl</i>	1	
<i>gabapentin</i>	1	
LEUKINE	2	
LYSODREN	2	
MISCELLANEOUS THERAPEUTIC AGENTS		
ANTIDIABETIC AGENTS		
GVOKE HYOPEN 1-PACK	2	AGE, QL
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, QL
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	
GRANIX	2	
IODINE STRONG	2	

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Kaiser Permanente of Georgia HMO Formulary

Category/ Drug Name	Tier Level	Restrictions
<i>leflunomide</i>	1	
LETAIRIS	2	
<i>leucovorin calcium</i>	1	
<i>methocarbamol</i>	1	
<i>methylergonovine maleate</i>	1	
<i>montelukast sodium</i>	1	
<i>mycophenolate mofetil</i>	1	
<i>mycophenolate sodium</i>	1	
<i>naloxone hcl</i>	1	
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		

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Kaiser Permanente of Georgia HMO Formulary

Category/ Drug Name	Tier Level	Restrictions
<i>roflumilast</i>	1	
SKIN AND MUCOUS MEMBRANE AGENTS		
ANTI-INFECTIVES		
<i>betamethasone dipropionate augmented</i>	1	
<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	
ANTIPRURITICS 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	
ALTRENO	2	

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Kaiser Permanente of Georgia HMO Formulary

Category/ Drug Name	Tier Level	Restrictions
<i>azelaic acid</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	
<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>trospium 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
AUGTYRO
AUSTEDO
AUVELITY
AUVI-Q
AVEED
AVONEX PEN
AVONEX PREFILLED
BAFIERTAM
BALVERSA
BENLYSTA
BERINERT
BESREMI
<i>bexarotene (topical)</i>
BOSULIF
BRENZAVVY
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

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Drugs That Require Prior Authorization (PA) Review

CUVITRU
<i>dalfampridine</i>
DAPAGLIFLOZIN PRO-METFORMIN ER
DAPAGLIFLOZIN PROPANEDIOL
DAYBUE
DIACOMIT
<i>dimethyl fumarate</i>
DOJOLVI
DOPTELET
DROXIA
DUPIXENT
EGRIFTA SV
ELMIRON
EMFLAZA
EMGALITY
EMPAVELI
EMSAM
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ENBREL
ENDARI
ENSPRYNG
EPCLUSA
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EUCRISA
EVRYSDI
EXKIVITY
FASENRA
FILSPARI
FILSUVEZ
<i>fingolimod hcl</i>
FINTEPLA
FIRAZYR
FIRDAPSE
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GALAFOLD
GAMMAGARD
GATTEX
GAVRETO
GENOTROPIN
<i>glatiramer acetate</i>
GLYXAMBI
HARVONI
HEMLIBRA
HETLIOZ
HIZENTRA

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Drugs That Require Prior Authorization (PA) Review
HUMIRA (2 PEN)
HUMIRA (2 SYRINGE)
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HYFTOR
HYQVIA
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ICLUSIG
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ILARIS
ILUMYA
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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

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Drugs That Require Prior Authorization (PA) Review

LUPKYNIS
LYTGOBI
MAVENCLAD
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
NOVOLIN 70/30
NOVOLIN N
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NOXAFIL
NUBEQA
NUCALA
NUEDEXTA
NUPLAZID
NURTEC
OGSIVEO
OHTUVAYRE
OLUMIANT
OMNIPOD
ONEXTON
ONGLYZA
ONUREG
OPSUMIT
OPZELURA
ORGOVYX
ORIAHNN
ORILISSA
ORKAMBI
ORLADEYO
ORSERDU
ORTIKOS
OSENI

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Drugs That Require Prior Authorization (PA) Review

OTEZLA
OXBRYTA
OXERVATE
OZEMPIC
PALFORZIA
PALYNZIQ
PANRETIN
PIQRAY
PLEGRIDY
PONVORY
<i>posaconazole</i>
PRALUENT
PREVYMIS
PROCYSBI
<i>pyrimethamine</i>
PYRUKYND
QBREXZA
QTERN
QULIPTA
RADICAVA ORS
RAVICTI
RELISTOR
RELYVRIO
REPATHA
RETEVMO
REYVOW
REZDIFFRA
REZLIDHIA
REZUROCK
RHOPRESSA
RINVOQ
RIVFLOZA
ROCKLATAN
ROZLYTREK
RUBRACA
RUCONEST
RUKOBIA
SAIZEN
SAPHNELO
<i>sapropterin dihydrochloride</i>
SAXENDA
SCEMBLIX
SEGLUROMET
SEROSTIM
SIGNIFOR LAR
SILIQ
SIMPONI

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Drugs That Require Prior Authorization (PA) Review

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SKYTROFA
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SOLQUA
SOMAVERT
SOTYKTU
SOVALDI
SPRYCEL
STEGLATRO
STEGLUJAN
STELARA
STRENSIQ
SUCRAID
SUNLENCA
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SYMDEKO
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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
TUKYSA
TURALIO
TYMLOS
UBRELVY

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Drugs That Require Prior Authorization (PA) Review

VANFLYTA
VEMLIDY
VEOZAH
VERQUVO
VIBERZI
VICTOZA
<i>vigabatrin</i>
VIJOICE
VITRAKVI
VIVJOA
VOCABRIA
VONJO
VOSEVI
VOWST
VOXZOGO
VTAMA
VUMERITY
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VYNDAQEL
VYZULTA
WAKIX
WEGOVY
WELIREG
XEMBIFY
XENAZINE
XERMELO
XHANCE
XIGDUO XR
XOLAIR
XOLREMDI
XPHOZAH
XPOVIO
XULTOPHY
XYREM
XYWAV
ZAVESCA
ZAVZPRET
ZEPATIER
ZEPOSIA
ZITUVIO
ZOKINVY
ZORYVE
ZURZUVAE

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<i>icatibant acetate</i>	25
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<i>icosapent ethyl</i>	25
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ILARIS	25
ILUMYA.....	25
<i>imatinib mesylate</i>	8, 9, 25
IMBRUVICA	8, 25
IMCIVREE	25
<i>imipramine hcl</i>	14
<i>imiquimod</i>	22
IMPAVIDO	25
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<i>indapamide</i>	11
<i>indomethacin</i>	11
INGREZZA	25
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INVOKAMET	25
INVOKANA	25
IODINE STRONG	19
<i>iodoquinol-hc</i>	22
<i>ipratropium bromide</i>	9
<i>ipratropium bromide (nasal)</i>	9
<i>ipratropium-albuterol</i>	9
ISENTRESS	7
<i>isoniazid</i>	6
<i>isosorbide dinitrate</i>	11
<i>isosorbide dinitrate-hydralazine hcl</i>	11
<i>isosorbide mononitrate</i>	11
<i>isotretinoin</i>	22
ISTURISA	25
<i>itraconazole</i>	6
<i>ivermectin</i>	5, 25
<i>ivermectin (rosacea)</i>	25

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K

KALYDECO	25
KAZANO	25
KERENDIA	25
KESIMPTA	25
<i>ketoconazole</i>	6, 21
<i>ketoconazole (topical)</i>	21
KETO-DIASTIX.....	14
<i>ketorolac tromethamine (ophth)</i>	16
KETOSTIX.....	14
KEVEYIS.....	25
KEVZARA.....	25
KISQALI (200 MG DOSE)	8
KOMBIGLYZE XR	25
KORLYM.....	25
KOSELUGO	25
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L

<i>labetalol hcl</i>	10
<i>lacosamide</i>	12
<i>lactulose</i>	15, 17
<i>lactulose (encephalopathy)</i>	15
<i>lamivudine</i>	6, 7
<i>lamivudine-zidovudine</i>	6, 7
<i>lamotrigine</i>	12
<i>lapatinib ditosylate</i>	8
<i>latanoprost</i>	16
<i>leflunomide</i>	20
<i>lenalidomide</i>	8
LENVIMA (10 MG DAILY DOSE).....	8
LETAIRIS.....	20
<i>letrozole</i>	8
<i>leucovorin calcium</i>	20
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
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<i>lurasidone hcl</i>	14
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LYSODREN.....	19
LYTGOBI.....	26

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---------------------------------	----

M

<i>maraviroc</i>	7
MATULANE	8
MAVENCLAD	26
MAVENCLAD (10 TABS)	26
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MAXIDEX.....	16
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<i>medroxyprogesterone acetate</i>	18
<i>medroxyprogesterone acetate (contraceptive)</i>	18
<i>megestrol acetate</i>	8
<i>meloxicam</i>	12
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>	12
<i>methamphetamine hcl</i>	26
<i>methazolamide</i>	18
<i>methimazole</i>	18
<i>methocarbamol</i>	20
<i>methotrexate sodium</i>	8
<i>methsuximide</i>	12
<i>methyl dopa</i>	11
<i>methylergonovine maleate</i>	20
<i>methylphenidate hcl</i>	12, 26
<i>methylprednisolone</i>	17
<i>methyltestosterone</i>	17, 18
<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>metirosine</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

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<i>moxifloxacin hcl (ophth)</i>	5	NOXAFIL	26
MULPLETA	26	NUBEQA	26
<i>mupirocin</i>	21	NUCALA	26
MYALEPT	26	NUDEXTA	26
MYCAPSSA	26	NUPLAZID	26
<i>mycophenolate mofetil</i>	20	NURTEC	26
<i>mycophenolate sodium</i>	20	<i>nystatin</i>	6, 21, 22
MYFEMBREE	26	<i>nystatin (mouth-throat)</i>	6
MYLERAN	8	<i>nystatin (topical)</i>	21
MYTESI	26	<i>nystatin-triamcinolone</i>	22

N

<i>nabumetone</i>	5
<i>nadolol</i>	10
naloxone hcl	13, 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>	16
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
<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
NOVOLIN 70/30	26
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<i>ofloxacin (ophth)</i>	15
<i>ofloxacin (otic)</i>	15
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<i>olanzapine</i>	14
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<i>ondansetron hcl</i>	16
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ORLISSA	26
ORKAMBI	26
ORLADEYO	26
ORSERDU	26
ORTIKOS	26
<i>oseltamivir phosphate</i>	7
OSENI	26
OTEZLA	20, 27
OXBRYTA	27
<i>oxcarbazepine</i>	12
OXERVATE	27
<i>oxybutynin chloride</i>	22
<i>oxycodone hcl</i>	12
<i>oxycodone w/ acetaminophen</i>	12
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<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>	17
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	17
PEGASYS.....	7
<i>penicillamine</i>	20
<i>penicillin v potassium</i>	5
<i>pentoxifylline</i>	20
<i>permethrin</i>	21
<i>perphenazine</i>	14, 16
<i>phenelzine sulfate</i>	14
<i>phenobarbital</i>	12, 13
<i>phenylephrine hcl (mydriatic)</i>	16
<i>phenytoin</i>	12
<i>phenytoin sodium extended</i>	12
PHOSLYRA.....	15
PHOSPHOLINE IODIDE	16
<i>phytonadione</i>	22
<i>pilocarpine hcl</i>	16, 20
<i>pilocarpine hcl (oral)</i>	20
<i>pioglitazone hcl</i>	17
PIQRAY	27
PIQRAY (200 MG DAILY DOSE).....	27
<i>pirfenidone</i>	20
PLEGRIDY	27
<i>plerixafor</i>	20
PODOFILOX	22
<i>polyethylene glycol 3350</i>	17
<i>polymyxin b-trimethoprim</i>	15
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PONVORY.....	27
<i>posaconazole</i>	27
<i>pot & sod citrates w/citric ac</i>	15
<i>pot phosphate monobasic w/ sod phosphate dibasic &</i> <i>monobasic</i>	15
<i>potassium chloride</i>	15, 17
<i>potassium chloride microencapsulated crystals cr</i>	15
<i>potassium citrate (alkalinizer)</i>	15
PRADAXA.....	9
PRALUENT	27
<i>pramipexole dihydrochloride</i>	13
<i>prasugrel hcl</i>	9

<i>pravastatin sodium</i>	10
PRED MILD	16
PRED-G	16
<i>prednisolone</i>	17
<i>prednisolone sodium phosphate</i>	17
<i>prednisone</i>	17
<i>pregabalin</i>	12
PREVYMIS.....	27
PREZCOBIX.....	7
<i>primaquine phosphate</i>	6
<i>primidone</i>	12
<i>probenecid</i>	15
<i>prochlorperazine maleate</i>	16
PROCRT.....	9
PROCYSBI	27
<i>progesterone</i>	18
PROMACTA.....	9
<i>promethazine hcl</i>	7, 16
<i>propafenone hcl</i>	11
<i>proparacaine hcl</i>	16
<i>propranolol hcl</i>	10
<i>propylthiouracil</i>	18
PULMOZYME	15
<i>pyrazinamide</i>	6
<i>pyridostigmine bromide</i>	20
<i>pyrimethamine</i>	27
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QBREXZA.....	27
QTERN.....	27
<i>quetiapine fumarate</i>	14
<i>quinidine gluconate</i>	11
<i>quinidine sulfate</i>	11
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<i>raloxifene hcl</i>	18
<i>ramipril</i>	11
<i>rasagiline mesylate</i>	13
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<i>ribavirin (hepatitis c)</i>	7
<i>rifabutin</i>	6
<i>rifampin</i>	6
<i>riluzole</i>	13
RIMANTADINE HCL	7
RINVOQ	27
<i>risperidone</i>	14
ritonavir	7
<i>rivastigmine tartrate</i>	9, 13
RIVFLOZA	27
<i>rizatriptan benzoate</i>	12
ROCKLATAN	27
<i>roflumilast</i>	21
<i>ropinirole hydrochloride</i>	13
<i>rosuvastatin calcium</i>	10
ROZLYTREK	27
RUBRACA	27
RUCONEST	27
RUKOBIA	27

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SAIZEN	27
<i>salsalate</i>	12
SANTYL	22
SAPHNELO	27
<i>sapropterin dihydrochloride</i>	27
SAXENDA	27
SCEMBLIX	27
SEGLUROMET	27
<i>selegiline hcl</i>	13
<i>selenium sulfide</i>	22
SEROSTIM	27
<i>sertraline hcl</i>	14
<i>sevelamer carbonate</i>	20
SIGNIFOR LAR	27
SILIQ	27
<i>silver sulfadiazine</i>	5
SIMPONI	27
<i>simvastatin</i>	10
<i>sirolimus</i>	20
SKYRIZI	28
SKYTROFA	28
<i>sodium fluoride</i>	20
<i>sodium polystyrene sulfonate</i>	15
SOFOSBUVIR-VELPATASVIR	7

SOHONOS	28
<i>solifenacin succinate</i>	22
SOLQUA	28
SOMAVERT	28
<i>sorafenib tosylate</i>	8
<i>sotalol hcl</i>	10
SOTYKTU	28
SOVALDI	28
SPIRIVA RESPIMAT	22
<i>spironolactone</i>	11
SPRYCEL	8, 28
STEGLATRO	28
STEGLUJAN	28
STELARA	28
STIOLTO RESPIMAT	22
STIVARGA	8
STRENSIQ	28
STRIVERDI RESPIMAT	20
SUCRAID	28
<i>sucralfate</i>	16
<i>sulfacetamide sodium w/ sulfur</i>	22
SULFADIAZINE	5
<i>sulfamethoxazole-trimethoprim</i>	5
<i>sulfasalazine</i>	5
<i>sulindac</i>	12
<i>sumatriptan</i>	12
<i>sumatriptan succinate</i>	12
<i>sunitinib malate</i>	8
SUNLENCA	28
SUNOSI	28
SYMBICORT	20
SYMDEKO	28
SYMFI	7
SYMLINPEN 120	28
SYMTUZA	7
SYNAREL	17, 28
SYNJARDY	28
SYNJARDY XR	28

T

TABLOID	8
TABRECTA	28
<i>tacrolimus</i>	20
<i>tacrolimus (topical)</i>	20
TAGRISSO	8
TAKHZYRO	28
TALTZ	28
TALZENNA	28
<i>tamoxifen citrate</i>	8
<i>tamsulosin hcl</i>	20

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TARGRETIN.....	8	<i>trientine hcl</i>	28
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TASCENSO ODT.....	28	TRIFLURIDINE.....	15
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<i>tavaborole</i>	28	TRIJARDY XR.....	28
TAVALISSE.....	28	TRIKAFTA.....	28
TAVNEOS.....	28	TRIMETHOPRIM.....	7
TEGSEDI.....	28	<i>tropium chloride</i>	22
<i>temazepam</i>	13	TRULICITY.....	28
<i>temozolomide</i>	8	TRUSELTIQ.....	28
tenofovir disoproxil fumarate.....	6, 7, 9, 24	TRUSELTIQ (100MG DAILY DOSE).....	28
TEPMETKO.....	28	TUKYSA.....	28
<i>terazosin hcl</i>	9	TURALIO.....	28
<i>terbinafine hcl</i>	6	TYENNE.....	19
<i>terbutaline sulfate</i>	9	TYMLOS.....	28
<i>teriflunomide</i>	20, 28		
<i>testosterone</i>	17	U	
<i>testosterone cypionate</i>	17	UBRELVY.....	28
TESTOSTERONE PROPIONATE.....	17	<i>urea</i>	21
<i>tetrabenazine</i>	13	<i>ursodiol</i>	17
<i>tetracycline hcl</i>	5		
TEZSPIRE.....	28	V	
THALOMID.....	20	<i>valacyclovir hcl</i>	7
<i>theophylline</i>	22	<i>valganciclovir hcl</i>	7
<i>thioridazine hcl</i>	14	<i>valproate sodium</i>	12
<i>thiothixene</i>	14	<i>valproic acid</i>	12
THYMOL.....	20	<i>valsartan</i>	11
TIBSOVO.....	28	<i>valsartan-hydrochlorothiazide</i>	11
<i>timolol maleate (ophth)</i>	16	<i>vancomycin hcl</i>	6
TIVICAY.....	7	VANFLYTA.....	29
<i>tizanidine hcl</i>	9	VECTICAL.....	21
<i>tobramycin</i>	5, 6, 15	VEMLIDY.....	29
<i>tobramycin (ophth)</i>	15	<i>venlafaxine hcl</i>	14
<i>tobramycin sulfate</i>	6	VEOZAH.....	29
TODAY SPONGE.....	14	<i>verapamil hcl</i>	10
<i>tolcapone</i>	13	VERQUVO.....	29
<i>tolvaptan</i>	28	VIBERZI.....	29
<i>topiramate</i>	12	VICTOZA.....	29
<i>toremide</i>	15	<i>vigabatrin</i>	29
TRADJENTA.....	28	VIJOICE.....	29
<i>tramadol hcl</i>	12	VIRACEPT.....	7
<i>tranexamic acid</i>	9	VITRAKVI.....	29
<i>tranylcypromine sulfate</i>	14	VIVJOA.....	29
<i>trazodone hcl</i>	14	VOCABRIA.....	29
TREMFYA.....	28	VONJO.....	29
<i>tretinoin</i>	8, 21	VOSEVI.....	7, 29
<i>tretinoin (chemotherapy)</i>	8	VOWST.....	29
<i>triamcinolone acetonide</i>	17, 21	VOXZOGO.....	29
<i>triamcinolone acetonide (mouth)</i>	21	VTAMA.....	29
<i>triamcinolone acetonide (topical)</i>	21		
<i>triamterene & hydrochlorothiazide</i>	15		

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VYNDAMAX	29
VYNDAQEL	29
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W

WAKIX	29
<i>warfarin sodium</i>	9
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X

XALKORI	8
XELJANZ	19
XEMBIFY	29
XENAZINE	29
XERMELO	29
XHANCE	29
XIGDUO XR	29
XOLAIR	29
XOLREMDI	29
XPHOZAH	29
XPOVIO	29

XPOVIO (100 MG ONCE WEEKLY)	29
XTANDI	8
XULTOPHY	29
XYREM	29
XYWAV	29

Z

<i>zaleplon</i>	13
ZAVESCA	29
ZAVZPRET	29
ZELBORAF	8
ZENPEP	17
ZEPATIER	29
ZEPOSIA	29
zidovudine	6, 7
<i>ziprasidone hcl</i>	14
ZITUVIO	29
ZOKINVY	29
ZOLINZA	8
<i>zolmitriptan</i>	12
<i>zolpidem tartrate</i>	13
<i>zonisamide</i>	12
ZORYVE	29
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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 ሊያግዝዎት 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**).

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, 언어지원 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'déé', t'áá jiik'eh, éí ná hóló, kojí' 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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