

KAISER PERMANENTE OF GEORGIA HMO FORMULARY



This document includes Kaiser Permanente of Georgia's HMO formulary as of September 10, 2025. 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 **September 10, 2025**. 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 32. 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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Kaiser Permanente of Georgia HMO Formulary

| 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>cefadroxil</i> | | |
| <i>cefdinir</i> | 1 | |
| <i>cefepodoxime proxetil</i> | 1 | |
| <i>ceftazidime</i> | 1 | |
| <i>cefuroxime axetil</i> | 1 | |
| <i>cephalexin</i> | 1 | |
| <i>ciprofloxacin hcl</i> | 1 | |
| <i>clarithromycin</i> | 1 | |
| <i>clindamycin hcl</i> | 1 | |
| <i>clindamycin palmitate hydrochloride</i> | 1 | |
| <i>dicloxacillin sodium</i> | 1 | |
| <i>doxycycline (monohydrate)</i> | 1 | |
| <i>doxycycline hyclate</i> | 1 | |
| <i>gentamicin sulfate</i> | 1 | |
| <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 | |
| <i>sulfadiazine</i> | 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>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 |
| ISENTRESS | 2 | |

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|--|------------|--------------|
| <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 | | |
| ANTIBACTERIALS, OTHER | | |
| <i>clindamycin hcl</i> | 1 | |
| BETA-LACTAM, CEPHALOSPORINS | | |
| CEFACLOR | 1 | |
| TETRACYCLINES | | |
| <i>doxycycline hyclate</i> | 1 | |
| ANTIDEPRESSANTS | | |
| ANTIDEPRESSANTS, OTHER | | |
| <i>trazodone hcl</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 | |

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|---|------------|--------------|
| BRUKINSA | 2 | QL |
| <i>capecitabine</i> | 1 | |
| CAPRELSA | 2 | |
| 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 | PA, QL |
| 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 | |
| <i>temozolomide</i> | 1 | |
| <i>tretinoin (chemotherapy)</i> | 1 | |
| XTANDI | 2 | |
| ZOLINZA | 2 | |
| ANTINEOPLASTICS, OTHER | | |
| <i>bexarotene</i> | 1 | QL |
| 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 | | |
| <i>imatinib mesylate</i> | 1 | |

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| Category/ Drug Name | Tier Level | Restrictions |
|---|------------|--------------|
| KISQALI (200 MG DOSE) | 2 | QL |
| LENVIMA (10 MG DAILY DOSE) | 2 | QL |
| TAGRISO | 2 | QL |
| TASIGNA | 2 | PA, QL |
| ANTIVIRALS | | |
| ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI) | | |
| <i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i> | 1 | QL |
| <i>rilpivirine-emtricitabine-tenofovir disoproxil fumarate</i> | 1 | |
| AUTONOMIC DRUGS | | |
| ANTICHOLINERGIC AGENTS | | |
| <i>dicyclomine hcl</i> | 1 | |
| <i>glycopyrrolate</i> | 1 | |
| <i>hyoscyamine sulfate</i> | 1 | |
| <i>ipratropium bromide</i> | 1 | |
| <i>ipratropium bromide (nasal)</i> | 1 | |
| PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS | | |
| <i>rivastigmine tartrate</i> | 1 | |
| SKELETAL MUSCLE RELAXANTS | | |
| <i>baclofen</i> | 1 | |
| <i>chlorzoxazone</i> | 1 | |
| <i>cyclobenzaprine hcl</i> | 1 | |
| <i>tizanidine hcl</i> | 1 | |
| SYMPATHOMIMETIC (ADRENERGIC) AGENTS | | |
| <i>albuterol sulfate</i> | 1 | |
| <i>fluticasone-salmeterol</i> | 1 | |
| <i>ipratropium-albuterol</i> | 1, 2 | |
| <i>terbutaline sulfate</i> | 1 | |
| BLOOD FORMATION, COAGULATION, AND THROMBOSIS | | |
| ANTIHEMORRHAGIC AGENTS | | |
| <i>tranexamic acid</i> | 1 | QL |
| ANTITHROMBOTIC AGENTS | | |
| <i>anagrelide hcl</i> | 1 | |
| <i>cilostazol</i> | 1 | |
| <i>enoxaparin sodium</i> | 1 | |
| PRADAXA | 2 | QL |
| <i>prasugrel hcl</i> | 1 | |
| <i>warfarin sodium</i> | 1 | |
| HEMATOPOIETIC AGENTS | | |
| ALVAIZ | 2 | |
| ARANESP (ALBUMIN FREE) | 2 | |
| GRANIX | 2 | |
| PROCRIT | 2 | |
| PROMACTA | 2 | |
| BLOOD GLUCOSE REGULATORS | | |
| ANTIDIABETIC AGENTS | | |
| <i>pioglitazone hcl</i> | 1 | |
| CARDIOVASCULAR AGENTS | | |

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|---|------------|--------------|
| BETA-ADRENERGIC BLOCKING AGENTS | | |
| <i>propranolol hcl</i> | 1 | |
| CALCIUM CHANNEL BLOCKING AGENTS | | |
| <i>nifedipine</i> | 1 | |
| CARDIOVASCULAR DRUGS | | |
| ALPHA-ADRENERGIC BLOCKING AGENTS | | |
| <i>alfuzosin hcl</i> | 1 | |
| <i>doxazosin mesylate</i> | 1 | |
| <i>terazosin hcl</i> | 1 | |
| ANTILIPEMIC AGENTS | | |
| <i>atorvastatin calcium</i> | 1 | |
| <i>cholestyramine</i> | 1 | |
| <i>cholestyramine light</i> | 1 | |
| <i>colestipol hcl</i> | 1 | |
| <i>ezetimibe</i> | 1 | |
| <i>fenofibrate</i> | 1 | |
| <i>lovastatin</i> | 1 | |
| <i>pravastatin sodium</i> | 1 | |
| <i>rosuvastatin calcium</i> | 1 | |
| <i>simvastatin</i> | 1 | |
| ANTIPLATELET AGENT | | |
| BRILINTA | 2 | |
| <i>cilostazol</i> | 1 | |
| <i>clopidogrel bisulfate</i> | 1 | |
| <i>dipyridamole</i> | 1 | |
| BETA-ADRENERGIC BLOCKING AGENTS | | |
| <i>acebutolol hcl</i> | 1 | |
| <i>atenolol</i> | 1 | |
| <i>atenolol & chlorthalidone</i> | 1 | |
| <i>bisoprolol & hydrochlorothiazide</i> | 1 | |
| <i>bisoprolol fumarate</i> | 1 | |
| <i>carvedilol</i> | 1 | |
| <i>labetalol hcl</i> | 1 | |
| <i>metoprolol succinate</i> | 1 | |
| <i>metoprolol tartrate</i> | 1 | |
| <i>nadolol</i> | 1 | |
| <i>nebivolol hcl</i> | 1 | |
| <i>propranolol hcl</i> | 1 | |
| <i>sotalol hcl</i> | 1 | |
| CALCIUM-CHANNEL BLOCKING AGENTS | | |
| <i>amlodipine besylate</i> | 1 | |
| <i>amlodipine besylate-benazepril hcl</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 | |

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|--|------------|--------------|
| <i>verapamil hcl</i> | 1 | |
| CARDIAC DRUGS | | |
| <i>amiodarone hcl</i> | 1 | |
| <i>bisoprolol & hydrochlorothiazide</i> | 1 | |
| <i>digoxin</i> | 1, 2 | |
| <i>disopyramide phosphate</i> | 1, 2 | |
| <i>dofetilide</i> | 1 | |
| <i>flecainide acetate</i> | 1 | |
| <i>hydrochlorothiazide</i> | 1 | |
| <i>mexiletine hcl</i> | 1 | |
| <i>propafenone hcl</i> | 1 | |
| <i>quinidine gluconate</i> | 1 | |
| <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>irbesartan</i> | 1 | |
| <i>irbesartan-hydrochlorothiazide</i> | 1 | |
| <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>sacubitril & valsartan</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 | | |

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Kaiser Permanente of Georgia HMO Formulary

| Category/ Drug Name | Tier Level | Restrictions |
|--|------------|--------------|
| ANALGESICS AND ANTIPIRETTICS | | |
| <i>acetaminophen w/ codeine</i> | 1 | QL |
| <i>butalbital-acetaminophen-caffeine</i> | 1 | |
| <i>butalbital-acetaminophen-caffeine w/ codeine</i> | 1 | QL |
| <i>butalbital-aspirin-caffeine</i> | 1 | |
| <i>butalbital-aspirin-caffeine w/cod</i> | 1 | |
| <i>diclofenac sodium</i> | 1 | |
| <i>etodolac</i> | 1 | |
| <i>fentanyl</i> | 1 | QL |
| <i>hydrocodone bitartrate-homatropine methylbromide</i> | 1 | QL |
| <i>hydrocodone-acetaminophen</i> | 1 | QL |
| <i>hydromorphone hcl</i> | 1 | QL |
| <i>indomethacin</i> | 1 | |
| <i>meloxicam</i> | 1 | |
| <i>methadone hcl</i> | 1 | QL |
| <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>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 | |

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Kaiser Permanente of Georgia HMO Formulary

| Category/ Drug Name | Tier Level | Restrictions |
|---|------------|--------------|
| ANTIMIGRAINE AGENTS | | |
| <i>naratriptan hcl</i> | 1 | QL |
| <i>rizatriptan benzoate</i> | 1 | QL |
| <i>sumatriptan</i> | 1 | |
| <i>sumatriptan succinate</i> | 1 | QL |
| <i>zolmitriptan</i> | 1 | |
| ANTIPARKINSONIAN AGENTS | | |
| <i>amantadine hcl</i> | 1 | |
| <i>benztropine mesylate</i> | 1 | |
| <i>bromocriptine mesylate</i> | 1 | |
| <i>carbidopa-levodopa</i> | 1 | |
| <i>carbidopa-levodopa-entacapone</i> | 1 | |
| <i>entacapone</i> | 1 | |
| <i>pramipexole dihydrochloride</i> | 1 | |
| <i>rasagiline mesylate</i> | 1 | |
| <i>ropinirole hydrochloride</i> | 1 | |
| <i>selegiline hcl</i> | 1 | |
| <i>tolcapone</i> | 1 | |
| <i>trihexyphenidyl hcl</i> | 1 | |
| ANXIOLYTICS, SEDATIVES, AND HYPNOTICS | | |
| <i>alprazolam</i> | 1 | QL |
| <i>bupirone hcl</i> | 1 | |
| <i>clonazepam</i> | 1 | QL |
| <i>diazepam</i> | 1 | QL |
| <i>diazepam (anticonvulsant)</i> | 1 | |
| <i>hydroxyzine hcl</i> | 1 | |
| <i>lorazepam</i> | 1 | QL |
| <i>phenobarbital</i> | 1 | |
| <i>temazepam</i> | 1 | QL |
| <i>zaleplon</i> | 1 | QL |
| <i>zolpidem tartrate</i> | 1 | QL |
| CENTRAL NERVOUS SYSTEM AGENTS, MISCELLANEOUS | | |
| <i>armodafinil</i> | 1 | QL |
| <i>atomoxetine hcl</i> | 1 | |
| <i>buprenorphine hcl-naloxone hcl dihydrate</i> | 1 | |
| <i>donepezil hydrochloride</i> | 1 | |
| <i>galantamine hydrobromide</i> | 1 | |
| <i>glatiramer acetate</i> | 1 | |
| <i>guanfacine hcl (adhd)</i> | 1 | |
| <i>memantine hcl</i> | 1 | |
| <i>riluzole</i> | 1 | |
| <i>rivastigmine tartrate</i> | 1 | |
| <i>tetrabenazine</i> | 1 | |
| MULTIPLE SCLEROSIS AGENTS | | |
| BETASERON | 1 | |
| <i>dalfampridine</i> | 1 | |
| <i>fingolimod hcl</i> | 1 | |

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Kaiser Permanente of Georgia HMO Formulary

| Category/ Drug Name | Tier Level | Restrictions |
|--|------------|--------------|
| OPIATE ANTAGONISTS | | |
| <i>naltrexone hcl</i> | 1 | |
| PSYCHOTHERAPEUTIC AGENTS | | |
| <i>amitriptyline hcl</i> | 1 | |
| <i>aripiprazole</i> | 1 | |
| <i>bupropion hcl</i> | 1 | |
| <i>chlorpromazine hcl</i> | 1 | |
| <i>citalopram hydrobromide</i> | 1 | |
| <i>clozapine</i> | 1 | |
| <i>desipramine hcl</i> | 1 | |
| <i>doxepin hcl</i> | 1 | |
| <i>duloxetine hcl</i> | 1 | |
| <i>escitalopram oxalate</i> | 1 | |
| <i>fluoxetine hcl</i> | 1 | |
| <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) | | |
| VCF VAGINAL CONTRACEPTIVE | 2 | |
| DEVICES | | |
| DEVICES | | |
| AEROCHAMBER PLUS FLO-VU | 2 | |
| BD INSULIN SYRINGE MICROFINE | 1, 2 | |
| ONETOUCH DELICA LANCETS 30G | 2 | |
| DIABETES MELLITUS | | |

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Kaiser Permanente of Georgia HMO Formulary

| Category/ Drug Name | Tier Level | Restrictions |
|---|------------|--------------|
| CONTOUR BLOOD GLUCOSE SYSTEM | 2 | |
| DIAGNOSTIC AGENTS | | |
| DIABETES MELLITUS | | |
| BD PEN NEEDLE MINI U/F | 1, 2 | |
| BD VEO INSULIN SYR U/F 1/2UNIT | 1 | |
| CONTOUR TEST | 2 | |
| DIASTIX | 2 | |
| 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>toremide</i> | 1 | |
| <i>triamterene & hydrochlorothiazide</i> | 1 | |
| HYPEROSMOTIC AGENT | | |
| <i>lactulose (encephalopathy)</i> | 1 | |
| ION-REMOVING AGENTS | | |
| <i>sodium polystyrene sulfonate</i> | 1 | |
| REPLACEMENT PREPARATIONS | | |
| K-PHOS | 2 | |
| PHOSLYRA | 2 | |
| <i>pot & sod citrates w/citric ac</i> | 1 | |
| <i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i> | 1 | |
| <i>potassium chloride</i> | 1 | |
| <i>potassium chloride microencapsulated crystals cr</i> | 1 | |
| URICOSURIC AGENTS | | |
| <i>probenecid</i> | 1 | |
| ENZYMES | | |
| ENZYMES | | |
| PULMOZYME | 2 | |
| ZENPEP | 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 | |

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Kaiser Permanente of Georgia HMO Formulary

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|--|------------|--------------|
| ANTI-INFLAMMATORY AGENTS | | |
| <i>bacitracin-poly-neomycin-hc</i> | 1 | |
| BLEPHAMIDE | 1, 2 | |
| DEXAMETHASONE SODIUM PHOSPHATE | 1 | |
| <i>diclofenac sodium (ophth)</i> | 1 | |
| <i>fluocinolone acetonide (otic)</i> | 1 | |
| <i>fluorometholone (ophth)</i> | 1 | |
| <i>hydrocortisone w/acetic acid</i> | 1 | |
| MAXIDEX | 2 | |
| <i>neomycin-polymy-dexameth</i> | 1 | |
| NEOMYCIN-POLYMYXIN-HC | 1 | |
| PRED-G | 2 | |
| <i>prednisolone acetate (ophth)</i> | 1, 2 | |
| ANTIGLAUCOMA AGENTS | | |
| BETAXOLOL HCL | 1 | |
| <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 | |
| <i>phenylephrine hcl (mydriatic)</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 | |

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Kaiser Permanente of Georgia HMO Formulary

| Category/ Drug Name | Tier Level | Restrictions |
|---|------------|--------------|
| <i>ondansetron hcl</i> | 1 | |
| <i>perphenazine</i> | 1 | |
| <i>prochlorperazine maleate</i> | 1 | |
| <i>promethazine hcl</i> | 1 | |
| ANTIULCER AGENTS AND ACID SUPPRESSANTS | | |
| <i>cimetidine hcl</i> | 1 | |
| <i>misoprostol</i> | 1 | |
| <i>sucralfate</i> | 1 | |
| CATHARTICS AND LAXATIVES | | |
| <i>lactulose</i> | 1 | |
| <i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i> | 1, 2 | |
| <i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i> | 1 | |
| <i>polyethylene glycol 3350</i> | 1, 2 | |
| CHOLELITHOLYTIC AGENTS | | |
| <i>ursodiol</i> | 1 | |
| DIGESTANTS | | |
| CREON | 2 | |
| PROKINETIC AGENTS | | |
| <i>metoclopramide hcl</i> | 1 | |
| HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL) | | |
| NO USP CLASS | | |
| <i>dexamethasone sodium phosphate</i> | 1 | |
| <i>esterified estrogens & methyltestosterone</i> | 1 | |
| HORMONAL AGENTS, SUPPRESSANT (PITUITARY) | | |
| HORMONAL AGENTS, SUPPRESSANT (PITUITARY) | | |
| SYNAREL | 2 | PA |
| HORMONES AND SYNTHETIC SUBSTITUTES | | |
| ADRENALS | | |
| <i>budesonide (inhalation)</i> | 1 | |
| <i>dexamethasone</i> | 1, 2 | |
| <i>fludrocortisone acetate</i> | 1 | |
| <i>hydrocortisone</i> | 1 | |
| <i>methylprednisolone</i> | 1 | |
| <i>prednisolone</i> | 1 | |
| <i>prednisolone sodium phosphate</i> | 1 | |
| <i>prednisone</i> | 1, 2 | |
| <i>triamcinolone acetonide</i> | 1 | |
| ANDROGENS | | |
| <i>budesonide</i> | 1 | |
| <i>danazol</i> | 1 | |
| <i>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 | |

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Kaiser Permanente of Georgia HMO Formulary

| Category/ Drug Name | Tier Level | Restrictions |
|--|------------|--------------|
| HUMULIN 70/30 | 2 | |
| HUMULIN R | 2 | |
| INSULIN GLARGINE-YFGN | 2 | |
| JARDIANCE | 2 | QL |
| <i>metformin hcl</i> | 1 | |
| <i>pioglitazone hcl</i> | 1 | |
| ANTHYPOGLYCEMIC AGENTS | | |
| BAQSIMI ONE PACK | 2 | QL |
| 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 | |
| <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 | | |

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Kaiser Permanente of Georgia HMO Formulary

| Category/ Drug Name | Tier Level | Restrictions |
|--|------------|--------------|
| <i>levothyroxine sodium</i> | 1 | |
| <i>lithyronine sodium</i> | 1 | |
| <i>methazolamide</i> | 1 | |
| <i>methimazole</i> | 1 | |
| <i>propylthiouracil</i> | 1 | |
| IMMUNOLOGICAL AGENTS | | |
| IMMUNOLOGICAL AGENTS, OTHER | | |
| TYENNE | 2 | |
| IMMUNOMODULATORS | | |
| XELJANZ | 2 | QL |
| METABOLIC BONE DISEASE AGENTS | | |
| MISCELLANEOUS THERAPEUTIC AGENTS | | |
| <i>alendronate sodium</i> | 1 | |
| MISCELLANEOUS THERAPEUTIC AGENTS | | |
| MISCELLANEOUS THERAPEUTIC AGENTS | | |
| <i>acetazolamide</i> | 1 | |
| ACTIMMUNE | 2 | |
| <i>alendronate sodium</i> | 1 | |
| <i>allopurinol</i> | 1 | |
| <i>aminocaproic acid</i> | 1 | |
| AMJEVITA | 2 | |
| ATROPINE SULFATE | 1 | |
| AUVI-Q | 1 | |
| <i>azathioprine</i> | 1 | |
| BD INSULIN SYRINGE U-500 | 2 | |
| <i>bosentan</i> | 1 | |
| <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>dicyclomine hcl</i> | 1 | |
| <i>dimethyl fumarate</i> | 1 | |
| <i>disulfiram</i> | 1 | |
| ELMIRON | 2 | |
| ENBREL | 2 | PA |
| <i>finasteride</i> | 1 | |
| FLUTAMIDE | 1 | |
| GEL-KAM | 2 | |
| IODINE STRONG | 2 | |
| <i>leflunomide</i> | 1 | |

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Kaiser Permanente of Georgia HMO Formulary

| Category/ Drug Name | Tier Level | Restrictions |
|---|------------|--------------|
| LETAIRIS | 2 | |
| <i>leucovorin calcium</i> | 1 | |
| LEUKINE | 2 | |
| LYSODREN | 2 | |
| <i>methenamine hippurate</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 | |
| YESINTEK | 2 | QL |
| RESPIRATORY TRACT AGENTS | | |
| ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS | | |
| <i>budesonide-formoterol fumarate dihydrate</i> | 1 | |
| ANTI-INFLAMMATORY AGENTS | | |
| <i>montelukast sodium</i> | 1 | |
| ANTITUSSIVES | | |
| <i>benzonatate</i> | 1 | |
| <i>guaifenesin-codeine</i> | 1 | |
| BRONCHODILATORS, ANTICHOLINERGIC | | |
| <i>ipratropium bromide</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 | |

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Kaiser Permanente of Georgia HMO Formulary

| Category/ Drug Name | Tier Level | Restrictions |
|---|------------|--------------|
| VASODILATING AGENTS | | |
| RESPIRATORY TRACT/PULMONARY AGENTS | | |
| ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS | | |
| ASMANEX HFA | 2 | |
| FLUTICASONE PROPIONATE HFA | 2 | QL, AGE |
| PHOSPHODIESTERASE INHIBITORS, AIRWAY DISEASE | | |
| <i>roflumilast</i> | 1 | |
| SKIN AND MUCOUS MEMBRANE AGENTS | | |
| ANTI-INFECTIVES | | |
| <i>betamethasone dipropionate augmented</i> | 1 | |
| <i>clindamycin phosphate (topical)</i> | 1 | |
| <i>clotrimazole</i> | 1 | |
| <i>erythromycin (acne aid)</i> | 1 | |
| LINDANE | 1 | |
| <i>metronidazole (topical)</i> | 1 | |
| <i>mupirocin</i> | 1 | |
| <i>permethrin</i> | 1 | |
| ANTI-INFLAMMATORY AGENTS | | |
| <i>alclometasone dipropionate</i> | 1 | |
| <i>betamethasone dipropionate (topical)</i> | 1 | |
| <i>betamethasone dipropionate augmented</i> | 1 | |
| <i>betamethasone valerate</i> | 1 | |
| <i>clobetasol propionate</i> | 1 | |
| <i>desonide</i> | 1 | |
| <i>desoximetasone</i> | 1 | |
| <i>fluocinolone acetonide</i> | 1 | |
| <i>fluocinonide</i> | 1 | |
| <i>fluocinonide emulsified base</i> | 1 | |
| <i>fluticasone propionate</i> | 1 | |
| <i>hydrocortisone (intrarectal)</i> | 1 | |
| <i>hydrocortisone (topical)</i> | 1 | |
| <i>mometasone furoate</i> | 1 | |
| <i>triamcinolone acetonide (mouth)</i> | 1 | |
| <i>triamcinolone acetonide (topical)</i> | 1 | |
| ANTIFUNGALS | | |
| <i>ciclopirox</i> | 1 | |
| <i>ketoconazole (topical)</i> | 1 | |
| <i>nystatin (topical)</i> | 1 | |
| ANTI-PRURITICS AND LOCAL ANESTHETICS | | |
| <i>lidocaine hcl</i> | 1 | QL |
| <i>lidocaine-prilocaine</i> | 1 | |
| ASTRINGENTS | | |
| DRYSOL | 2 | |
| CELL STIMULANTS AND PROLIFERANTS | | |
| <i>isotretinoin</i> | 1 | |
| KERATOLYTIC AGENTS | | |
| <i>urea</i> | 1 | |

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| Category/ Drug Name | Tier Level | Restrictions |
|---|------------|--------------|
| LOCAL ANESTHETICS | | |
| LIDOCAINE HCL URETHRAL/MUCOSAL | 1 | |
| SKIN AND MUCOUS MEMBRANE AGENTS, MISCELLANEOUS | | |
| <i>acitretin</i> | 1 | |
| <i>azelaic acid</i> | 1 | |
| <i>calcipotriene</i> | 1 | |
| CALCITRIOL | 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 | |
| <i>tretinoin</i> | 1, 2 | AGE |
| 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 | |
| THERAPEUTIC NUTRIENTS/ MINERALS/ ELECTROLYTES | | |
| ELECTROLYTE/MINERAL/METAL MODIFIERS | | |
| <i>deferasirox</i> | 1 | |
| VITAMINS | | |
| MULTIVITAMIN PREPARATIONS | | |
| <i>ped multivitamins w/fl & iron</i> | 1 | |
| <i>pediatric multivitamins w/fl</i> | 1 | |
| TRI-VITE/FLUORIDE | 1 | |
| VITAMIN D | | |
| <i>calcitriol</i> | 1 | |
| <i>ergocalciferol</i> | 1 | |
| VITAMIN K ACTIVITY | | |
| <i>phytonadione</i> | 1 | |

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| Drugs That Require Prior Authorization Review |
|---|
| ABRILADA |
| ACTHAR |
| ADALIMUMAB-AACF |
| ADALIMUMAB-ADAZ |
| ADBRY |
| ADEMPAS |
| AIMOVI |
| AKEEGA |
| ALHEMO |
| ALOGLIPTIN BENZOATE |
| ALOGLIPTIN-METFORMIN HCL |
| ALOGLIPTIN-PIOGLITAZONE |
| ALUNBRIG |
| ALYFTREK |
| <i>amphetamine-dextroamphetamine</i> |
| ARCALYST |
| ARIKAYCE |
| ATTRUBY |
| AUGTYRO |
| AUSTEDO |
| AUVELITY |
| AVEED |
| AVONEX PEN |
| AVONEX PREFILLED |
| AYVAKIT |
| BAFIERTAM |
| BALVERSA |
| BENLYSTA |
| BERINERT |
| BESREMI |
| BETASERON |
| <i>bexarotene (topical)</i> |
| BIMZELX |
| BOSULIF |
| BRAFTOVI |
| BRENZAVVY |
| BREXAFEMME |
| <i>brimonidine tartrate (topical)</i> |
| BRONCHITOL |
| <i>budesonide</i> |
| BYDUREON BCISE |
| BYLVAY |
| CABLIVI |
| <i>calcipotriene-betamethasone dipropionate</i> |
| CALQUENCE |
| CAMZYOS |
| CAYSTON |

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Drugs That Require Prior Authorization Review

| |
|--|
| CERDELGA |
| CHENODAL |
| CHOLBAM |
| CIBINQO |
| CIMZIA |
| <i>clindamycin phosphate-benzoyl peroxide</i> |
| COBENFY |
| CONTRACE |
| COPIKTRA |
| CORTROPHIN |
| COSENTYX |
| CRENESSITY |
| CRESEMBA |
| CUTAQUIG |
| CUVITRU |
| CYLTEZO |
| <i>dalfampridine</i> |
| DAPAGLIFLOZIN PRO-METFORMIN ER |
| DAPAGLIFLOZIN PROPANEDIOL |
| DAURISMO |
| DAYBUE |
| <i>deferiprone</i> |
| DESOXYN |
| DIACOMIT |
| <i>dimethyl fumarate</i> |
| DOJOLVI |
| DOPTELET |
| DROXIA |
| DUPIXENT |
| DUVYZAT |
| EGRIFTA SV |
| ELMIRON |
| EMFLAZA |
| EMGALITY |
| EMPAVELI |
| EMSAM |
| <i>emtricitabine-tenofovir disoproxil fumarate</i> |
| ENBREL |
| ENDARI |
| ENSPRYNG |
| ENTYVIO PEN |
| EPCLUSA |
| EPIDIOLEX |
| ERIVEDGE |
| ERLEADA |
| EUCRISA |
| EVRYSI |

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Drugs That Require Prior Authorization Review

| |
|-----------------------------|
| EXJADE |
| EXKIVITY |
| FASENRA |
| FIASP PUMPCART |
| FILSPARI |
| FILSUVEZ |
| <i> fingolimod hcl </i> |
| FINTEPLA |
| FIRAZYR |
| FIRDAPSE |
| FOTIVDA |
| FRUZAQLA |
| FULPHILA |
| GALAFOLD |
| GAMMAGARD |
| GATTEX |
| GAVRETO |
| GENOTROPIN |
| GILOTRIF |
| <i> glatiramer acetate </i> |
| GLYXAMBI |
| HADLIMA |
| HARVONI |
| HEMLIBRA |
| HIZENTRA |
| HULIO |
| HUMIRA |
| <i> hydrocortisone </i> |
| HYFTOR |
| HYMPAVZI |
| HYQVIA |
| IBRANCE |
| IBSRELA |
| <i> icatibant acetate </i> |
| ICLUSIG |
| <i> icosapent ethyl </i> |
| IDHIFA |
| ILARIS |
| ILUMYA |
| <i> imatinib mesylate </i> |
| IMBRUVICA |
| IMCIVREE |
| IMPAVIDO |
| INBRIJA |
| INGREZZA |
| INPEFA |
| INPEN |

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Drugs That Require Prior Authorization Review

| |
|-----------------------------|
| INQOVI |
| INREBIC |
| INVOKAMET |
| INVOKANA |
| IQIRVO |
| ISTURISA |
| <i>ivermectin (rosacea)</i> |
| JAKAFI |
| JANUMET |
| JANUVIA |
| JARDIANCE |
| JAYPIRCA |
| JENTADUETO |
| JENTADUETO XR |
| JESDUVROQ |
| JOENJA |
| JOURNAVX |
| JUBLIA |
| JUXTAPID |
| KALYDECO |
| KAZANO |
| KERENDIA |
| KESIMPTA |
| KEVEYIS |
| KEVZARA |
| KORLYM |
| KOSELUGO |
| KRAZATI |
| LAZCLUZE |
| LIQREV |
| LIVDELZI |
| LIVMARLI |
| LIVTENCITY |
| LODOCO |
| LORBRENA |
| LUMAKRAS |
| LUMRYZ |
| LUPKYNIS |
| LYTGOBI |
| MAVENCLAD |
| MAVYRET |
| MAYZENT |
| MEKINIST |
| MEKTOVI |
| <i>metformin hcl</i> |
| <i>methylphenidate hcl</i> |
| <i>metyrosine</i> |

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Drugs That Require Prior Authorization Review

| |
|-----------------------|
| <i>miglustat</i> |
| MOUNJARO |
| MULPLETA |
| MYALEPT |
| MYCAPSSA |
| MYFEMBREE |
| MYTESI |
| NERLYNX |
| NEULASTA |
| NEUPOGEN |
| NEXLETOL |
| NEXLIZET |
| NGENLA |
| <i>nitisinone</i> |
| <i>nitrofurantoin</i> |
| NORTHERA |
| NOVOLIN 70/30 |
| NOVOLIN N |
| NOVOLIN R |
| NOXAFIL |
| NUBEQA |
| NUCALA |
| NUDEXTA |
| NUPLAZID |
| NURTEC |
| ODOMZO |
| OGSIVEO |
| OHTUVAYRE |
| OJEMDA |
| OJJAARA |
| OLUMIANT |
| OMNIPOD 5 |
| OMVOH |
| ONEXTON |
| ONGLYZA |
| ONUREG |
| OPFOLDA |
| OPSUMIT |
| OPZELURA |
| ORGOVYX |
| ORIAHNN |
| ORILISSA |
| ORKAMBI |
| ORLADEYO |
| ORLYNVAH |
| ORSERDU |
| ORTIKOS |

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Drugs That Require Prior Authorization Review

| |
|------------------------------------|
| OSENI |
| OTEZLA |
| OXERVATE |
| OZEMPIC |
| PALFORZIA |
| PALYNZIQ |
| PANRETIN |
| PEMAZYRE |
| PIQRAY |
| PLEGRIDY |
| PONVORY |
| <i>posaconazole</i> |
| PRALUENT |
| PREVYMIS |
| PROCYSBI |
| <i>pyrimethamine</i> |
| PYRUKYND |
| QBREXZA |
| QFITLIA |
| QINLOCK |
| QTERN |
| QULIPTA |
| RADICAVA |
| RAVICTI |
| RELISTOR |
| REPATHA |
| RETEVMO |
| REVUFORJ |
| REYVOW |
| REZDIFFRA |
| REZLIDHIA |
| REZUROCK |
| RHOPRESSA |
| RINVOQ |
| RIVFLOZA |
| ROCKLATAN |
| ROLVEDON |
| ROZLYTREK |
| RUBRACA |
| RUCONEST |
| RUKOBIA |
| RYDAPT |
| SAIZEN |
| SAPHNELO |
| <i>sapropterin dihydrochloride</i> |
| <i>saxagliptin-metformin hcl</i> |
| SAXENDA |

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Drugs That Require Prior Authorization Review

| |
|----------------------|
| SCEMBLIX |
| SEGLUROMET |
| SEROSTIM |
| SIGNIFOR LAR |
| SILIQ |
| SIMPONI |
| SKYRIZI |
| SKYTROFA |
| SOGROYA |
| SOHONOS |
| SOLQUA |
| SOMATULINE DEPOT |
| SOMAVERT |
| SOTYKTU |
| SOVALDI |
| SPRYCEL |
| STEGLATRO |
| STEGLUJAN |
| STELARA |
| STEQEYMA |
| STRENSIQ |
| SUCRAID |
| SUNLENCA |
| SUNOSI |
| SYMDEKO |
| SYMLINPEN 120 |
| SYNAREL |
| SYNJARDY |
| SYNJARDY XR |
| TABRECTA |
| TAFINLAR |
| TAKHZYRO |
| TALTZ |
| TALZENNA |
| TARPEYO |
| TASCENSO ODT |
| TASIGNA |
| <i>tasimelteon</i> |
| <i>tavaborole</i> |
| TAVALISSE |
| TAVNEOS |
| TAZVERIK |
| TEPMETKO |
| <i>teriflunomide</i> |
| <i>teriparatide</i> |
| TEZSPIRE |
| TIBSOVO |

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Drugs That Require Prior Authorization Review

| |
|----------------------|
| <i>tolvaptan</i> |
| TRADJENTA |
| TREMFYA |
| TRYNGOLZA |
| <i>trientine hcl</i> |
| TRIJARDY XR |
| TRIKAFTA |
| TRYVIO |
| TRULICITY |
| TRUQAP |
| TRUSELTIQ |
| TUKYSA |
| TURALIO |
| TYMLOS |
| UBRELVY |
| UDENYCA |
| USTEKINUMAB-TTWE |
| VAFSEO |
| VANFLYTA |
| VELSIPITY |
| VEMLIDY |
| VENCLEXTA |
| VEOZAH |
| VERQUVO |
| VERZENIO |
| VIBERZI |
| VICTOZA |
| <i>vigabatrin</i> |
| VIJOICE |
| VITRAKVI |
| VIVJOA |
| VIZIMPRO |
| VOCABRIA |
| VONJO |
| VORANIGO |
| VOSEVI |
| VOWST |
| VOXZOGO |
| VTAMA |
| VOQUEZNA |
| VUMERITY |
| VYALEV |
| VYNDAMAX |
| VYNDAQEL |
| VYZULTA |
| WAINUA |
| WAKIX |

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| Drugs That Require Prior Authorization Review |
|---|
| WEGOVY |
| WELIREG |
| WEZLANA |
| WINREVAIR |
| XALKORI |
| XDEMVY |
| XEMBIFY |
| XENAZINE |
| XERMELO |
| XHANCE |
| XIGDUO XR |
| XOLAIR |
| XOLREMDI |
| XOSPATA |
| XPHOZAH |
| XPOVIO |
| XTANDI |
| XULTOPHY |
| XYREM |
| XYWAV |
| YORVIPATH |
| YUFLYMA |
| YUSIMRY |
| ZAVESCA |
| ZAVZPRET |
| ZEJULA |
| ZEPATIER |
| ZEPBOUND |
| ZEPOSIA |
| ZEPOSIA STARTER KIT |
| ZILBRYSQ |
| ZITUVIO |
| ZOKINVY |
| ZORYVE |
| ZURZUVAE |
| ZYDELIG |
| ZYKADIA |

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| <i>betamethasone valerate</i> | 21 | <i>carbamazepine</i> | 12 |
| BETASERON..... | 13, 23 | <i>carbidopa-levodopa</i> | 13, 19 |
| BETAXOLOL HCL..... | 16 | <i>carbidopa-levodopa-entacapone</i> | 13 |
| <i>bethanechol chloride</i> | 22 | CARTEOLOL HCL..... | 16 |
| <i>bexarotene</i> | 8, 23 | <i>carvedilol</i> | 10 |
| <i>bexarotene (topical)</i> | 23 | CAYSTON..... | 23 |
| <i>bicalutamide</i> | 7 | CEFACLOR..... | 5, 7 |
| BIKTARVY..... | 6 | <i>cefadroxil</i> | 5 |
| BIMZELX..... | 23 | <i>cefazolin sodium</i> | 5 |
| <i>bisoprolol & hydrochlorothiazide</i> | 10, 11 | <i>cefdinir</i> | 5 |
| <i>bisoprolol fumarate</i> | 10 | <i>cefepodoxime proxetil</i> | 5 |
| BLEPHAMIDE..... | 16 | <i>ceftazidime</i> | 5 |
| <i>bosentan</i> | 19, 20 | <i>cefuroxime axetil</i> | 5 |
| BOSULIF..... | 23 | <i>celecoxib</i> | 5 |
| BRAFTOVI..... | 23 | <i>cephalexin</i> | 5 |
| BRENZAVVY..... | 23 | CERDELGA..... | 24 |
| BREXAFEMME..... | 23 | CHENODAL..... | 24 |
| BRILINTA..... | 10 | <i>chlorhexidine gluconate (mouth-throat)</i> | 19 |
| <i>brimonidine tartrate</i> | 16, 23 | <i>chlorpromazine hcl</i> | 14 |
| <i>brimonidine tartrate (topical)</i> | 23 | <i>chlorthalidone</i> | 10, 11 |
| <i>bromocriptine mesylate</i> | 13 | <i>chlorzoxazone</i> | 9 |
| BRONCHITOL..... | 23 | CHOLBAM..... | 24 |
| BRUKINSA..... | 8 | <i>cholestyramine</i> | 10 |
| <i>budesonide</i> | 17, 20, 23 | <i>cholestyramine light</i> | 10 |
| <i>budesonide (inhalation)</i> | 17 | CIBINQO..... | 24 |
| <i>budesonide-formoterol fumarate dihydrate</i> | 20 | <i>ciclopirox</i> | 21 |
| <i>buprenorphine hcl</i> | 13, 19 | <i>cidofovir</i> | 6 |
| <i>buprenorphine hcl-naloxone hcl dihydrate</i> | 13 | <i>cilostazol</i> | 9, 10 |
| <i>bupropion hcl</i> | 14 | CIMDUO..... | 6 |
| <i>bupirone hcl</i> | 13 | <i>cimetidine hcl</i> | 17 |
| <i>butalbital-acetaminophen-caffeine</i> | 12 | CIMZIA..... | 24 |
| <i>butalbital-acetaminophen-caffeine w/ codeine</i> | 12 | <i>cinacalcet hcl</i> | 19 |
| <i>butalbital-aspirin-caffeine</i> | 12 | <i>ciprofloxacin hcl</i> | 5, 15 |
| <i>butalbital-aspirin-caffeine w/cod</i> | 12 | <i>ciprofloxacin hcl (ophth)</i> | 15 |
| BYDUREON BCISE..... | 23 | <i>citalopram hydrobromide</i> | 14 |
| BYLVAY..... | 23 | <i>clarithromycin</i> | 5 |
| | | <i>clindamycin hcl</i> | 5, 7 |
| | | <i>clindamycin palmitate hydrochloride</i> | 5 |
| | | <i>clindamycin phosphate (topical)</i> | 21 |
| | | <i>clindamycin phosphate-benzoyl peroxide</i> | 22, 24 |
| | | <i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i> | 22 |
| | | <i>clobazam</i> | 12 |
| | | <i>clobetasol propionate</i> | 21 |

C

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| CABLIVI..... | 23 |
| <i>calcipotriene</i> | 22, 23 |
| <i>calcipotriene-betamethasone dipropionate</i> | 23 |
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| <i>clonazepam</i> | 13 | <i>desmopressin acetate spray</i> | 18 |
| <i>clonidine hcl</i> | 11 | <i>desmopressin acetate spray refrigerated</i> | 18 |
| <i>clopidogrel bisulfate</i> | 10 | <i>desogestrel & ethinyl estradiol</i> | 18 |
| <i>clotrimazole</i> | 21, 22 | <i>desonide</i> | 21 |
| <i>clotrimazole w/ betamethasone</i> | 22 | <i>desoximetasone</i> | 21 |
| <i>clozapine</i> | 14 | DESOXYN..... | 24 |
| COAL TAR..... | 22 | <i>dexamethasone</i> | 17 |
| COBENFY..... | 24 | <i>dexamethasone sodium phosphate</i> | 17 |
| <i>colchicine</i> | 19 | DEXAMETHASONE SODIUM PHOSPHATE..... | 16 |
| <i>colestipol hcl</i> | 10 | <i>dexmethylphenidate hcl</i> | 12 |
| CONTOUR BLOOD GLUCOSE SYSTEM..... | 15 | <i>dextroamphetamine sulfate</i> | 12 |
| CONTOUR TEST..... | 15 | DIACOMIT..... | 24 |
| CONTRAVE..... | 24 | DIASTAT ACUDIAL..... | 12 |
| COPIKTRA..... | 24 | DIASTIX..... | 15 |
| CORTROPHIN..... | 24 | <i>diazepam</i> | 13 |
| COSENTYX..... | 19, 24 | <i>diazepam (anticonvulsant)</i> | 13 |
| COTELLIC..... | 8 | <i>diazoxide</i> | 11 |
| CRENESSITY..... | 24 | <i>diclofenac sodium</i> | 12, 16 |
| CREON..... | 17 | <i>diclofenac sodium (ophth)</i> | 16 |
| CRESEMBA..... | 24 | <i>dicloxacillin sodium</i> | 5 |
| CRINONE..... | 18 | <i>dicyclomine hcl</i> | 9, 19 |
| CRIXIVAN..... | 6 | <i>digoxin</i> | 11 |
| <i>cromolyn sodium</i> | 20 | <i>diltiazem hcl</i> | 10 |
| CUTAQUIG..... | 24 | <i>diltiazem hcl coated beads</i> | 10 |
| CUVITRU..... | 24 | <i>dimethyl fumarate</i> | 19, 24 |
| <i>cyclobenzaprine hcl</i> | 9 | <i>diphenoxylate w/ atropine</i> | 16 |
| <i>cyclopentolate hcl</i> | 16 | <i>dipyridamole</i> | 10 |
| CYCLOPHOSPHAMIDE..... | 8 | <i>disopyramide phosphate</i> | 11 |
| <i>cyclosporine</i> | 16, 19 | <i>disulfiram</i> | 19 |
| <i>cyclosporine (ophth)</i> | 16 | <i>divalproex sodium</i> | 12 |
| <i>cyclosporine modified (for microemulsion)</i> | 19 | <i>dofetilide</i> | 11 |
| CYLTEZO..... | 24 | DOJOLVI..... | 24 |
| <i>cyproheptadine hcl</i> | 7 | <i>donepezil hydrochloride</i> | 13 |
| D | | | |
| <i>dabigatran etexilate mesylate</i> | 19 | DOPTLET..... | 24 |
| <i>dalfampridine</i> | 13, 24 | <i>doxazosin hcl</i> | 14 |
| <i>danazol</i> | 17 | <i>doxycycline (monohydrate)</i> | 5 |
| DAPAGLIFLOZIN PRO-METFORMIN ER..... | 24 | <i>doxycycline hyclate</i> | 5, 7 |
| DAPAGLIFLOZIN PROPANEDIOL..... | 24 | <i>dronabinol</i> | 16 |
| <i>dapsone</i> | 6 | <i>drospirenone-ethinyl estradiol</i> | 18 |
| <i>darifenacin hydrobromide</i> | 22 | DROXIA..... | 8, 24 |
| <i>darunavir</i> | 6 | DRYSOL..... | 21 |
| DAURISMO..... | 24 | <i>duloxetine hcl</i> | 14 |
| DAYBUE..... | 24 | DUPIXENT..... | 24 |
| <i>deferasirox</i> | 19, 22 | DUVYZAT..... | 24 |
| <i>deferiprone</i> | 24 | | |
| DEPO-ESTRADIOL..... | 18 | | |
| <i>desipramine hcl</i> | 14 | | |
| <i>desmopressin acetate</i> | 18 | | |

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E

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| EDURANT | 6 |
| <i>efavirenz</i> | 6, 9 |
| <i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i> | 9 |
| EGRIFTA SV | 24 |
| ELLA | 18 |
| ELMIRON | 19, 24 |
| EMCYT | 8 |
| EMFLAZA | 24 |
| EMGALITY | 24 |
| EMPAVELI | 24 |
| EMSAM | 24 |
| <i>emtricitabine</i> | 6, 9, 24 |
| <i>emtricitabine-tenofovir disoproxil fumarate</i> | 6, 9, 24 |
| <i>enalapril maleate</i> | 11 |
| ENBREL | 19, 24 |
| ENDARI | 24 |
| <i>enoxaparin sodium</i> | 9 |
| ENSPRYNG | 24 |
| <i>entacapone</i> | 13 |
| <i>entecavir</i> | 6 |
| ENTRESTO | 11 |
| ENTYVIO PEN | 24 |
| EPCLUSA | 24 |
| EPIDIOLEX | 24 |
| <i>ergocalciferol</i> | 22 |
| ERIVEDGE | 24 |
| ERLEADA | 24 |
| <i>erlotinib hcl</i> | 8 |
| <i>erythromycin (acne aid)</i> | 21 |
| <i>erythromycin (ophth)</i> | 15 |
| <i>escitalopram oxalate</i> | 14 |
| <i>esterified estrogens & methyltestosterone</i> | 17, 18 |
| <i>estradiol</i> | 18 |
| <i>estradiol vaginal</i> | 18 |
| <i>estradiol valerate</i> | 18 |
| <i>ethambutol hcl</i> | 6 |
| <i>ethosuximide</i> | 12 |
| <i>ethynodiol diacet & eth estrad</i> | 18 |
| <i>etodolac</i> | 12 |
| <i>etonogestrel-ethinyl estradiol</i> | 18 |
| ETOPOSIDE | 8 |
| <i>etravirine</i> | 6 |
| EUCRISA | 24 |
| <i>everolimus</i> | 8 |
| EVRYSDI | 24 |
| <i>exemestane</i> | 8 |
| EXJADE | 25 |
| EXKIVITY | 25 |
| <i>ezetimibe</i> | 10 |

F

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| FASENRA | 25 |
| <i>felodipine</i> | 10 |
| <i>fenofibrate</i> | 10 |
| <i>fentanyl</i> | 12 |
| FIASP PUMPCART | 25 |
| FILSPARI | 25 |
| FILSUVEZ | 25 |
| <i>finasteride</i> | 19 |
| <i> fingolimod hcl</i> | 13, 25 |
| FINTEPLA | 25 |
| FIRAZYR | 25 |
| FIRDAPSE | 25 |
| <i>flecainide acetate</i> | 11 |
| <i>fluconazole</i> | 6 |
| <i>flucytosine</i> | 6 |
| <i>fludrocortisone acetate</i> | 17 |
| <i>fluocinolone acetonide</i> | 16, 21 |
| <i>fluocinolone acetonide (otic)</i> | 16 |
| <i>fluocinonide</i> | 21 |
| <i>fluocinonide emulsified base</i> | 21 |
| <i>fluorometholone (ophth)</i> | 16 |
| <i>fluorouracil</i> | 8, 22 |
| <i>fluorouracil (topical)</i> | 22 |
| <i>fluoxetine hcl</i> | 14 |
| <i>fluphenazine hcl</i> | 14 |
| FLUTAMIDE | 19 |
| <i>fluticasone propionate</i> | 21 |
| FLUTICASONE PROPIONATE HFA | 21 |
| <i>fluticasone-salmeterol</i> | 9 |
| <i>fluvoxamine maleate</i> | 14 |
| <i>fosamprenavir calcium</i> | 6 |
| FOTIVDA | 25 |
| FRUZAQLA | 25 |
| FULPHILA | 25 |
| <i>furosemide</i> | 15 |
| FUZEON | 6 |

G

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| <i>gabapentin</i> | 12 |
| GALAFOLD | 25 |
| <i>galantamine hydrobromide</i> | 13, 14 |
| GAMMAGARD | 25 |
| GATTEX | 25 |
| GAVRETO | 25 |
| GEL-KAM | 19 |
| GENOTROPIN | 25 |
| <i>gentamicin sulfate</i> | 5, 15 |
| <i>gentamicin sulfate (ophth)</i> | 15 |

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| GENVOYA..... | 6 | ICLUSIG..... | 25 |
| GILOTRIF..... | 25 | <i>icosapent ethyl</i> | 25 |
| <i>glatiramer acetate</i> | 13, 25 | IDHIFA..... | 25 |
| <i>glimepiride</i> | 17 | ILARIS..... | 25 |
| <i>glipizide</i> | 17 | ILUMYA..... | 25 |
| GLUCAGON EMERGENCY..... | 18 | <i>imatinib mesylate</i> | 8, 25 |
| <i>glycopyrrolate</i> | 9 | IMBRUVICA..... | 8, 25 |
| GLYXAMBI..... | 25 | IMCIVREE..... | 25 |
| GRANIX..... | 9 | <i>imipramine hcl</i> | 14 |
| <i>griseofulvin microsize</i> | 6 | <i>imiquimod</i> | 22 |
| <i>griseofulvin ultramicrosized</i> | 6 | IMPAVIDO..... | 25 |
| <i>guaifenesin-codeine</i> | 20 | INBRIJA..... | 25 |
| <i>guanfacine hcl (adhd)</i> | 13 | <i>indapamide</i> | 11 |
| H | | | |
| HADLIMA..... | 25 | <i>indomethacin</i> | 12 |
| <i>haloperidol</i> | 14 | INGREZZA..... | 25 |
| <i>haloperidol lactate</i> | 14 | INPEFA..... | 25 |
| HARVONI..... | 25 | INPEN..... | 25 |
| HEMLIBRA..... | 25 | INQOVI..... | 26 |
| HIZENTRA..... | 25 | INREBIC..... | 26 |
| HOMATROPAIRE..... | 16 | INSULIN GLARGINE-YFGN..... | 18 |
| HULIO..... | 25 | INVOKAMET..... | 26 |
| HUMIRA..... | 25 | INVOKANA..... | 26 |
| HUMULIN 70/30..... | 18 | IODINE STRONG..... | 19 |
| HUMULIN R..... | 18 | <i>iodoquinol-hc</i> | 22 |
| HYCANTIN..... | 8 | <i>ipratropium bromide</i> | 9, 20 |
| <i>hydralazine hcl</i> | 11 | <i>ipratropium bromide (nasal)</i> | 9 |
| <i>hydrochlorothiazide</i> | 10, 11, 15 | <i>ipratropium-albuterol</i> | 9 |
| <i>hydrocodone bitartrate-homatropine methylbromide</i> | 12 | IQIRVO..... | 26 |
| <i>hydrocodone-acetaminophen</i> | 12 | <i>irbesartan</i> | 11 |
| <i>hydrocortisone</i> | 16, 17, 21, 25 | <i>irbesartan-hydrochlorothiazide</i> | 11 |
| <i>hydrocortisone (intrarectal)</i> | 21 | ISENTRESS..... | 6 |
| <i>hydrocortisone (topical)</i> | 21 | <i>isoniazid</i> | 6 |
| <i>hydrocortisone w/acetic acid</i> | 16 | <i>isosorbide dinitrate</i> | 11 |
| <i>hydromorphone hcl</i> | 12 | <i>isosorbide dinitrate-hydralazine hcl</i> | 11 |
| <i>hydroxychloroquine sulfate</i> | 6 | <i>isosorbide mononitrate</i> | 11 |
| <i>hydroxyurea</i> | 8 | <i>isotretinoin</i> | 21, 22 |
| <i>hydroxyzine hcl</i> | 13 | ISTURISA..... | 26 |
| HYFTOR..... | 25 | <i>itraconazole</i> | 6 |
| HYMPAVZI..... | 25 | <i>ivermectin</i> | 5, 26 |
| <i>hyoscyamine sulfate</i> | 9 | <i>ivermectin (rosacea)</i> | 26 |
| HYQVIA..... | 25 | J | |
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| IBSRELA..... | 25 | JANUMET..... | 26 |
| <i>ibuprofen</i> | 5 | JANUVIA..... | 26 |
| <i>icatibant acetate</i> | 25 | JARDIANCE..... | 18, 26 |
| | | JAYPIRCA..... | 26 |
| | | JENTADUETO..... | 26 |
| | | JENTADUETO XR..... | 26 |
| | | JESDUVROQ..... | 26 |

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| JOENJA | 26 | <i>lidocaine hcl (mouth-throat)</i> | 16 |
| JOURNAVX | 26 | LIDOCAINE HCL URETHRAL/MUCOSAL | 22 |
| JUBLIA | 26 | <i>lidocaine-prilocaine</i> | 21 |
| JUXTAPID | 26 | LINDANE | 21 |
| K | | <i>linezolid</i> | 5 |
| KALYDECO | 26 | <i>liothyronine sodium</i> | 19 |
| KAZANO | 26 | LIQREV | 26 |
| KERENDIA | 26 | <i>lisinopril</i> | 11 |
| KESIMPTA | 26 | <i>lisinopril & hydrochlorothiazide</i> | 11 |
| <i>ketoconazole</i> | 6, 21 | <i>lithium carbonate</i> | 14 |
| <i>ketoconazole (topical)</i> | 21 | LIVDELZI | 26 |
| <i>ketorolac tromethamine (ophth)</i> | 16 | LIVMARLI | 26 |
| KEVEYIS | 26 | LIVTENCITY | 26 |
| KEVZARA | 26 | LODOCO | 26 |
| KISQALI (200 MG DOSE) | 9 | LONSURF | 8 |
| KORLYM | 26 | <i>lopinavir-ritonavir</i> | 7 |
| KOSELUGO | 26 | <i>lorazepam</i> | 13 |
| K-PHOS | 15 | LORBRENA | 26 |
| KRAZATI | 26 | <i>losartan potassium</i> | 11 |
| L | | <i>losartan potassium & hydrochlorothiazide</i> | 11 |
| <i>labetalol hcl</i> | 10 | <i>lovastatin</i> | 10 |
| <i>lacosamide</i> | 12 | LUMAKRAS | 26 |
| <i>lactulose</i> | 15, 17 | LUMRYZ | 26 |
| <i>lactulose (encephalopathy)</i> | 15 | LUPKYNIS | 26 |
| <i>lamivudine</i> | 6, 7 | <i>lurasidone hcl</i> | 14 |
| <i>lamivudine-zidovudine</i> | 7 | LYNPARZA | 8 |
| <i>lamotrigine</i> | 12 | LYSODREN | 20 |
| <i>lapatinib ditosylate</i> | 8 | LYTGOBI | 26 |
| <i>latanoprost</i> | 16 | M | |
| LAZCLUZE | 26 | <i>maraviroc</i> | 7 |
| <i>leflunomide</i> | 19 | MATULANE | 8 |
| <i>lenalidomide</i> | 8 | MAVENCLAD | 26 |
| LENVIMA (10 MG DAILY DOSE) | 9 | MAVYRET | 26 |
| LETAIRIS | 20 | MAXIDEX | 16 |
| <i>letrozole</i> | 8 | MAYZENT | 26 |
| <i>leucovorin calcium</i> | 20 | <i>medroxyprogesterone acetate</i> | 18 |
| LEUKERAN | 7 | <i>medroxyprogesterone acetate (contraceptive)</i> | 18 |
| LEUKINE | 20 | <i>megestrol acetate</i> | 8 |
| <i>levetiracetam</i> | 12 | MEKINIST | 26 |
| LEVOBUNOLOL HCL | 16 | MEKTOVI | 26 |
| <i>levofloxacin</i> | 5 | <i>meloxicam</i> | 12 |
| <i>levonorgestrel & eth estradiol</i> | 18 | MELPHALAN | 8 |
| <i>levonorgestrel (emergency oc)</i> | 18 | <i>memantine hcl</i> | 13 |
| <i>levonorgestrel-eth estradiol (triphasic)</i> | 18 | <i>mercaptopurine</i> | 8 |
| <i>levonorgestrel-ethinyl estradiol (91-day)</i> | 18 | <i>mesalamine</i> | 16 |
| <i>levothyroxine sodium</i> | 19 | MESNEX | 8 |
| <i>lidocaine hcl</i> | 16, 21 | <i>metformin hcl</i> | 18, 26, 28 |
| | | <i>methadone hcl</i> | 12 |
| | | <i>methazolamide</i> | 19 |

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| <i>methenamine hippurate</i> | 20 | NEOMYCIN-POLYMYXIN-GRAMICIDIN..... | 15 |
| <i>methimazole</i> | 19 | NEOMYCIN-POLYMYXIN-HC..... | 16 |
| <i>methocarbamol</i> | 20 | NERLYNX..... | 27 |
| <i>methotrexate sodium</i> | 8 | NEULASTA..... | 27 |
| <i>methylidopa</i> | 11 | NEUPOGEN..... | 27 |
| <i>methylergonovine maleate</i> | 20 | <i>nevirapine</i> | 7 |
| <i>methylphenidate hcl</i> | 12, 26 | NEXLETOL..... | 27 |
| <i>methylprednisolone</i> | 17 | NEXLIZET..... | 27 |
| <i>metoclopramide hcl</i> | 17 | NGENLA..... | 27 |
| <i>metolazone</i> | 15 | <i>nifedipine</i> | 10 |
| <i>metoprolol succinate</i> | 10 | <i>nimodipine</i> | 10 |
| <i>metoprolol tartrate</i> | 10 | NINLARO..... | 8 |
| <i>metronidazole</i> | 6, 21 | <i>nitisinone</i> | 27 |
| <i>metronidazole (topical)</i> | 21 | <i>nitrofurantoin</i> | 5, 7, 27 |
| <i>metirosine</i> | 26 | <i>nitrofurantoin macrocrystal</i> | 5 |
| <i>mexiletine hcl</i> | 11 | <i>nitrofurantoin monohyd macro</i> | 7 |
| <i>midodrine hcl</i> | 11 | <i>nitroglycerin</i> | 11 |
| <i>miglustat</i> | 27 | <i>norelgestromin-ethinyl estradiol</i> | 18 |
| <i>minocycline hcl</i> | 5 | <i>norethin acet & estrad-fe</i> | 18 |
| <i>minoxidil</i> | 11 | <i>norethindrone & eth estradiol</i> | 18 |
| <i>mirtazapine</i> | 14 | <i>norethindrone (contraceptive)</i> | 18 |
| <i>misoprostol</i> | 17 | <i>norethindrone acetate</i> | 18 |
| <i>modafinil</i> | 12 | <i>norethindrone-eth estradiol (triphasic)</i> | 18 |
| <i>mometasone furoate</i> | 21 | <i>norgestimate-ethinyl estradiol</i> | 18 |
| <i>montelukast sodium</i> | 20 | <i>norgestimate-ethinyl estradiol (triphasic)</i> | 18 |
| <i>morphine sulfate</i> | 12 | <i>norgestrel & ethinyl estradiol</i> | 18 |
| MOUNJARO..... | 27 | NORTHERA..... | 27 |
| <i>moxifloxacin hcl (ophth)</i> | 5 | <i>nortriptyline hcl</i> | 14 |
| MULPLETA..... | 27 | NOVOLIN 70/30..... | 27 |
| <i>mupirocin</i> | 21 | NOVOLIN N..... | 27 |
| MYALEPT..... | 27 | NOVOLIN R..... | 27 |
| MYCAPSSA..... | 27 | NOXAFIL..... | 27 |
| <i>mycophenolate mofetil</i> | 20 | NUBEQA..... | 27 |
| <i>mycophenolate sodium</i> | 20 | NUCALA..... | 27 |
| MYFEMBREE..... | 27 | NUDEXTA..... | 27 |
| MYLERAN..... | 8 | NUPLAZID..... | 27 |
| MYTESI..... | 27 | NURTEC..... | 27 |
| | | <i>nystatin</i> | 6, 21, 22 |
| N | | <i>nystatin (mouth-throat)</i> | 6 |
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