

KAISER PERMANENTE OF GEORGIA HMO FORMULARY



This document includes Kaiser Permanente of Georgia's HMO formulary as of January 1, 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 **January 1, 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>cefdinir</i>	1	
<i>cefepodoxime proxetil</i>	1	
<i>ceftazidime</i>	1	
<i>cefuroxime axetil</i>	1	
<i>cephalexin</i>	1	
<i>ciprofloxacin hcl</i>	1	
<i>clarithromycin</i>	1	
<i>clindamycin hcl</i>	1	
<i>clindamycin palmitate hydrochloride</i>	1	
<i>dicloxacillin sodium</i>	1	
<i>doxycycline (monohydrate)</i>	1	
<i>doxycycline hyclate</i>	1	
<i>gentamicin sulfate</i>	1	
HUMATIN	1	
<i>levofloxacin</i>	1	
<i>linezolid</i>	1	
<i>minocycline hcl</i>	1	
<i>moxifloxacin hcl (ophth)</i>	1	
<i>neomycin sulfate</i>	1	
<i>penicillin v potassium</i>	1	
<i>silver sulfadiazine</i>	1	
SULFADIAZINE	1	
<i>sulfamethoxazole-trimethoprim</i>	1	
<i>sulfasalazine</i>	1	
<i>tetracycline hcl</i>	1	
<i>tobramycin</i>	1	

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

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Category/Drug Name	Tier Level	Restrictions
INVIRASE	2	QL
ISENTRESS	2	
<i>lamivudine</i>	1	QL
<i>lamivudine-zidovudine</i>	1	QL
<i>lopinavir-ritonavir</i>	1	QL
<i>maraviroc</i>	1	QL
<i>nevirapine</i>	1	QL
ODEFSEY	2	QL
<i>oseltamivir phosphate</i>	1	QL
PEGASYS	2	QL
PREZCOBIX	2	
RELENZA DISKHALER	2	QL
<i>ribavirin (hepatitis c)</i>	1	
RIMANTADINE HCL	1	QL
<i>ritonavir</i>	1, 2	QL
SOFOSBUVIR-VELPATASVIR	2	PA, QL
SYMFI	2	
SYMTUZA	2	QL
<i>tenofovir disoproxil fumarate</i>	1	QL
TIVICAY	2	
<i>valacyclovir hcl</i>	1	
<i>valganciclovir hcl</i>	1, 2	
VIRACEPT	2	QL
VOSEVI	2	PA
<i>zidovudine</i>	1	QL
URINARY ANTI-INFECTIVES		
<i>nitrofurantoin monohyd macro</i>	1	
TRIMETHOPRIM	1	
ANTIBACTERIALS		
BETA-LACTAM, CEPHALOSPORINS		
CEFACLOR	1	
TETRACYCLINES		
<i>doxycycline hyclate</i>	1	
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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Category/Drug Name	Tier Level	Restrictions
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	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		
<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	

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Category/Drug Name	Tier Level	Restrictions
MOLECULAR TARGET INHIBITORS		
<i>imatinib mesylate</i>	1	
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
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	

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Category/Drug Name	Tier Level	Restrictions
CARDIOVASCULAR AGENTS		
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>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		

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Category/Drug Name	Tier Level	Restrictions
<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>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	

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<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	
ANTIMIGRAINE AGENTS		
<i>naratriptan hcl</i>	1	QL
<i>rizatriptan benzoate</i>	1	QL

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Kaiser Permanente of Georgia HMO Formulary

Category/Drug Name	Tier Level	Restrictions
<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>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>tingolimod hcl</i>	1	
OPIATE ANTAGONISTS		
<i>naltrexone hcl</i>	1	
PSYCHOTHERAPEUTIC AGENTS		

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Kaiser Permanente of Georgia HMO Formulary

Category/Drug Name	Tier Level	Restrictions
<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	
ONETOUCH ULTRA 2	2	
DIABETES MELLITUS		
CONTOUR BLOOD GLUCOSE SYSTEM	2	
DIAGNOSTIC AGENTS		

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Kaiser Permanente of Georgia HMO Formulary

Category/Drug Name	Tier Level	Restrictions
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	
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	
ANTI-INFLAMMATORY AGENTS		

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Kaiser Permanente of Georgia HMO Formulary

Category/Drug Name	Tier Level	Restrictions
<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 MILD	1, 2	
PRED-G	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	
<i>ondansetron hcl</i>	1	

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Kaiser Permanente of Georgia HMO Formulary

Category/Drug Name	Tier Level	Restrictions
<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	
HUMULIN 70/30	2	

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Kaiser Permanente of Georgia HMO Formulary

Category/Drug Name	Tier Level	Restrictions
HUMULIN R	2	
INSULIN GLARGINE-YFGN	2	
JARDIANCE	2	QL
<i>metformin hcl</i>	1	
<i>pioglitazone hcl</i>	1	
ANTIHYPOGLYCEMIC AGENTS		
GLUCAGON EMERGENCY	1	
CONTRACEPTIVES		
<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		
<i>levothyroxine sodium</i>	1	
<i>liothyronine sodium</i>	1	

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Kaiser Permanente of Georgia HMO Formulary

Category/Drug Name	Tier Level	Restrictions
<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	
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	
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>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	
LETAIRIS	2	
<i>leucovorin calcium</i>	1	

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Kaiser Permanente of Georgia HMO Formulary

Category/Drug Name	Tier Level	Restrictions
LEUKINE	2	
LYSODREN	2	
<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	
NIVESTYM	2	
OTEZLA	2	PA
<i>penicillamine</i>	1	
<i>pentoxifylline</i>	1	
<i>pilocarpine hcl (oral)</i>	1	
<i>pirfenidone</i>	1	
<i>plerixafor</i>	1	
<i>pyridostigmine bromide</i>	1	
<i>sevelamer carbonate</i>	1	
<i>sirolimus</i>	1	
<i>sodium fluoride</i>	1	
<i>tacrolimus</i>	1	
<i>tacrolimus (topical)</i>	1	
<i>tamsulosin hcl</i>	1	
<i>teriflunomide</i>	1	
THALOMID	2	QL
THYMOL	2	
RESPIRATORY TRACT AGENTS		
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS		
<i>budesonide-formoterol fumarate dihydrate</i>	1	
ANTI-INFLAMMATORY AGENTS		
<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	
RESPIRATORY TRACT/PULMONARY AGENTS		
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS		
ASMANEX HFA	2	

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Kaiser Permanente of Georgia HMO Formulary

Category/Drug Name	Tier Level	Restrictions
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	
ANTIPRURITICS 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	
<i>tretinoin</i>	1	AGE
KERATOLYTIC AGENTS		
<i>urea</i>	1	
LOCAL ANESTHETICS		
LIDOCAINE HCL URETHRAL/MUCOSAL	1	
SKIN AND MUCOUS MEMBRANE AGENTS, MISCELLANEOUS		

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Kaiser Permanente of Georgia HMO Formulary

Category/Drug Name	Tier Level	Restrictions
<i>acitretin</i>	1	
<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	
<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	
<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 Review

ABRILADA
ACTHAR
ADALIMUMAB-AACF
ADALIMUMAB-ADAZ
ADBRY
ADEMPAS
AIMOVIG
AKEEGA
ALOGLIPTIN BENZOATE
ALOGLIPTIN-METFORMIN HCL
ALOGLIPTIN-PIOGLITAZONE
ALUNBRIG
<i>amphetamine-dextroamphetamine</i>
ARCALYST
ARIKAYCE
AUGTYRO
AUSTEDO
AUVELITY
AUVI-Q
AVEED
AVONEX PEN
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BYLVAY
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CAMZYOS
CAYSTON
CERDELGA
CHENODAL

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Drugs That Require Prior Authorization Review

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CIMZIA
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CONTRACE
COPIKTRA
CORTROPHIN
COSENTYX
CRESEMBA
CUTAQUIG
CUVITRU
CYLTEZO
<i>dalfampridine</i>
DAPAGLIFLOZIN PRO-METFORMIN ER
DAPAGLIFLOZIN PROPANEDIOL
DAURISMO
DAYBUE
<i>deferiprone</i>
DIACOMIT
<i>dimethyl fumarate</i>
DOJOLVI
DOPTELET
DROXIA
DUPIXENT
EGRIFTA SV
ELMIRON
EMFLAZA
EMGALITY
EMPAVELI
EMSAM
<i>emtricitabine-tenofovir disoproxil fumarate</i>
ENBREL
ENDARI
ENSPRYNG
ENTYVIO
EPCLUSA
EPIDIOLEX
ERIVEDGE
ERLEADA
EUCRISA
EVRYSDI
EXJADE
EXKIVITY
FASENRA
FIASP PUMPCART
FILSPARI
<i>fingolimod hcl</i>

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Drugs That Require Prior Authorization Review

FINTEPLA
FIRAZYR
FIRDAPSE
FOTIVDA
FRUZAQLA
GALAFOLD
GAMMAGARD
GATTEX
GAVRETO
GENOTROPIN
GILOTRIF
<i>glatiramer acetate</i>
GLYXAMBI
HADLIMA
HARVONI
HEMLIBRA
HIZENTRA
HULIO
HUMIRA
HUMIRA
<i>hydrocortisone</i>
HYFTOR
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 100-BLUE-LILLY-HUMALOG
INQOVI
INREBIC
INVOKAMET
INVOKANA
ISTURISA
<i>ivermectin (rosacea)</i>
JAKAFI
JANUMET

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Drugs That Require Prior Authorization Review

JANUVIA
JARDIANCE
JAYPIRCA
JENTADUETO
JENTADUETO XR
JESDUVROQ
JOENJA
JUBLIA
JUXTAPID
KALYDECO
KAZANO
KERENDIA
KESIMPTA
KEVEYIS
KEVZARA
KORLYM
KOSELUGO
KRAZATI
LIQREV
LIVMARLI
LIVTENCITY
LODOCO
LORBRENA
LUMAKRAS
LUMRYZ
LUPKYNIS
LYTGOBI
MAVENCLAD
MAVYRET
MAYZENT
MEKINIST
MEKTOVI
<i>metformin hcl</i>
<i>methamphetamine hcl</i>
<i>methylphenidate hcl</i>
<i>metyrosine</i>
<i>miglustat</i>
MOUNJARO
MULPLETA
MYALEPT
MYCAPSSA
MYFEMBREE
MYTESI
NERLYNX
NEULASTA
NEUPOGEN
NEXLETOL

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Drugs That Require Prior Authorization Review

NEXLIZET
NGENLA
<i>nitisinone</i>
<i>nitrofurantoin</i>
NORTHERA
NOVOLIN N
NOVOLIN N FLEXPEN RELION
NOXAFIL
NUBEQA
NUCALA
NUEDEXTA
NUPLAZID
NURTEC
ODOMZO
OGSIVEO
OJJAARA
OLUMIANT
OMNIPOD 5
OMVOH
ONEXTON
ONGLYZA
ONUREG
OPFOLDA
OPSUMIT
OPZELURA
ORGOVYX
ORIAHNN
ORILISSA
ORKAMBI
ORLADEYO
ORSERDU
ORTIKOS
OSENI
OTEZLA
OXBRYTA
OXERVATE
OZEMPIC
PALFORZIA
PALYNZIQ
PANRETIN
PEMAZYRE
PIQRAY
PLEGRIDY
PONVORY
<i>posaconazole</i>
PRALUENT
PREVYMIS

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Drugs That Require Prior Authorization Review

PROCYSBI
<i>primethamine</i>
PYRUKYND
QBREXZA
QINLOCK
QTERN
QULIPTA
RADICAVA ORS STARTER KIT
RAVICTI
RELISTOR
RELYVRIO
REPATHA
RETEVMO
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
SCEMBLIX
SEGLUROMET
SEROSTIM
SIGNIFOR LAR
SILIQ
SIMPONI
SKYRIZI
SKYTROFA
SOGROYA
SOHONOS
SOLQUA
SOMATULINE DEPOT
SOMAVERT
SOTYKTU
SOVALDI

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Drugs That Require Prior Authorization Review

SPRYCEL
STEGLATRO
STEGLUJAN
STELARA
STRENSIQ
SUCRAID
SUNLENCA
SUNOSI
SYMDEKO
SYMLINPEN
SYNAREL
SYNJARDY
SYNJARDY XR
TABRECTA
TAFINLAR
TAKHZYRO
TALTZ
TALZENNA
TARPEYO
TASCENSO ODT
TASIGNA
<i>tasimelteon</i>
<i>tavaborole</i>
TAVALISSE
TAVNEOS
TAZVERIK
TEGSEDI
TEPMETKO
<i>teriflunomide</i>
<i>teriparatide (recombinant)</i>
TEZSPIRE
TIBSOVO
<i>tolvaptan</i>
TRADJENTA
TREMFYA
<i>trientine hcl</i>
TRIJARDY XR
TRIKAFTA
TRULICITY
TRUQAP
TRUSELTIQ
TUKYSA
TURALIO
TYMLOS
UBRELVY
UDENYCA
VANFLYTA

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Drugs That Require Prior Authorization Review

VELSIPITY
VEMLIDY
VENCLEXTA
VEOZAH
VERQUVO
VERZENIO
VIBERZI
VICTOZA
<i>vigabatrin</i>
VIJOICE
VITRAKVI
VIVJOA
VIZIMPRO
VOCABRIA
VONJO
VOSEVI
VOWST
VOXZOGO
VTAMA
VUMERITY
VYNDAMAX
VYNDAQEL
VYZULTA
WAKIX
WEGOVY
WELIREG
XALKORI
XDEMVY
XEMBIFY
XENAZINE
XERMELO
XHANCE
XIGDUO XR
XOLAIR
XOLREMDI
XOSPATA
XPHOZAH
XPOVIO
XTANDI
XULTOPHY
XYREM
XYWAV
YUFLYMA
YUSIMRY
ZAVESCA
ZAVZPRET
ZEJULA

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Kaiser Permanente of Georgia HMO Formulary

Drugs That Require Prior Authorization Review

ZEPATIER

ZEPBOUND

ZEPOSIA

ZITUVIO

ZOKINVY

ZORYVE

ZURZUVAE

ZYDELIG

ZYKADIA

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EXKIVITY	24	GENVOYA	6
<i>ezetimibe</i>	10	GILOTRIF	25
		<i>glatiramer acetate</i>	13, 25
F		<i>glimepiride</i>	17
FASENRA	24	<i>glipizide</i>	17
<i>felodipine</i>	10	GLUCAGON EMERGENCY	18
<i>fenofibrate</i>	10	<i>glycopyrrolate</i>	9
<i>fentanyl</i>	12	GLYXAMBI	25
FIASP PUMPCART	24	GRANIX	9
FILSPARI	24	<i>griseofulvin microsize</i>	6

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<i>griseofulvin ultramicrosize</i>	6
<i>guaifenesin-codeine</i>	20
<i>guanfacine hcl (adhd)</i>	13

H

HADLIMA	25
<i>haloperidol</i>	14
<i>haloperidol lactate</i>	14
HARVONI	25
HEMLIBRA	25
HIZENTRA	25
HOMATROPAIRE	16
HULIO	25
HUMATIN	5
HUMIRA	25
HUMULIN 70/30	17
HUMULIN R	18
HYCANTIN	8
<i>hydralazine hcl</i>	11
<i>hydrochlorothiazide</i>	10, 11, 15
<i>hydrocodone bitartrate-homatropine methylbromide</i>	12
<i>hydrocodone-acetaminophen</i>	12
<i>hydrocortisone</i>	16, 17, 21, 25
<i>hydrocortisone (intrarectal)</i>	21
<i>hydrocortisone (topical)</i>	21
<i>hydrocortisone w/acetic acid</i>	16
<i>hydromorphone hcl</i>	12
<i>hydroxychloroquine sulfate</i>	6
<i>hydroxyurea</i>	8
<i>hydroxyzine hcl</i>	13
HYFTOR	25
<i>hyoscyamine sulfate</i>	9
HYQVIA	25

I

IBRANCE	8, 25
IBSRELA	25
<i>ibuprofen</i>	5
<i>icatibant acetate</i>	25
ICLUSIG	25
<i>icosapent ethyl</i>	25
IDHIFA	25
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
INBRIJA	25
<i>indapamide</i>	11
<i>indomethacin</i>	12
INGREZZA	25
INPEFA	25
INPEN 100-BLUE-LILLY-HUMALOG	25
INQOVI	25
INREBIC	25
INSULIN GLARGINE-YFGN	18
INVIRASE	7
INVOKAMET	25
INVOKANA	25
IODINE STRONG	19
<i>iodoquinol-hc</i>	22
<i>ipratropium bromide</i>	9, 20
<i>ipratropium bromide (nasal)</i>	9
<i>ipratropium-albuterol</i>	9
<i>irbesartan</i>	11
<i>irbesartan-hydrochlorothiazide</i>	11
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>	21, 22
ISTURISA	25
<i>itraconazole</i>	6
<i>ivermectin</i>	5, 25
<i>ivermectin (rosacea)</i>	25

J

JAKAFI	25
JANUMET	25
JANUVIA	26
JARDIANCE	18, 26
JAYPIRCA	26
JENTADUETO	26
JENTADUETO XR	26
JESDUVROQ	26
JOENJA	26
JUBLIA	26
JUXTAPID	26

K

KALYDECO	26
KAZANO	26
KERENDIA	26
KESIMPTA	26

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<i>ketoconazole</i>	6, 21
<i>ketoconazole (topical)</i>	21
<i>ketorolac tromethamine (ophth)</i>	16
KEVEYIS	26
KEVZARA	26
KISQALI (200 MG DOSE)	9
KORLYM	26
KOSELUGO	26
K-PHOS	15
KRAZATI	26

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>	19
<i>lenalidomide</i>	8
LENVIMA (10 MG DAILY DOSE)	9
LETAIRIS	19
<i>letrozole</i>	8
<i>leucovorin calcium</i>	19
LEUKERAN	7
LEUKINE	20
<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
LIQREV	26
<i>lisinopril</i>	11
<i>lisinopril & hydrochlorothiazide</i>	11
<i>lithium carbonate</i>	14
LIVMARLI	26
LIVTENCITY	26

LODOCO	26
LONSURF	8
<i>lopinavir-ritonavir</i>	7
<i>lorazepam</i>	13
LORBRENA	26
<i>losartan potassium</i>	11
<i>losartan potassium & hydrochlorothiazide</i>	11
<i>lovastatin</i>	10
LUMAKRAS	26
LUMRYZ	26
LUPKYNIS	26
<i>lurasidone hcl</i>	14
LYNPARZA	8
LYSODREN	20
LYTGOBI	26

M

<i>maraviroc</i>	7
MATULANE	8
MAVENCLAD	26
MAVYRET	26
MAXIDEX	16
MAYZENT	26
<i>medroxyprogesterone acetate</i>	18
<i>medroxyprogesterone acetate (contraceptive)</i>	18
<i>megestrol acetate</i>	8
MEKINIST	26
MEKTOVI	26
<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>	18, 26
<i>methadone hcl</i>	12
<i>methamphetamine hcl</i>	26
<i>methazolamide</i>	19
<i>methimazole</i>	19
<i>methocarbamol</i>	20
<i>methotrexate sodium</i>	8
<i>methyl dopa</i>	11
<i>methylergonovine maleate</i>	20
<i>methylphenidate hcl</i>	12, 26
<i>methylprednisolone</i>	17
<i>metoclopramide hcl</i>	17
<i>metolazone</i>	15
<i>metoprolol succinate</i>	10
<i>metoprolol tartrate</i>	10
<i>metronidazole</i>	6, 21

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<p><i>metronidazole (topical)</i>21</p> <p><i>metyrosine</i>26</p> <p><i>mexiletine hcl</i>.....11</p> <p><i>midodrine hcl</i>.....11</p> <p><i>miglustat</i>.....26</p> <p><i>minocycline hcl</i>.....5</p> <p><i>minoxidil</i>11</p> <p><i>mirtazapine</i>14</p> <p><i>misoprostol</i>17</p> <p><i>modafinil</i>.....12</p> <p><i>mometasone furoate</i>21</p> <p><i>montelukast sodium</i>20</p> <p><i>morphine sulfate</i>12</p> <p>MOUNJARO26</p> <p><i>moxifloxacin hcl (ophth)</i>5</p> <p>MUPLETA.....26</p> <p><i>mupirocin</i>21</p> <p>MYALEPT26</p> <p>MYCAPSSA26</p> <p><i>mycophenolate mofetil</i>20</p> <p><i>mycophenolate sodium</i>.....20</p> <p>MYFEMBREE26</p> <p>MYLERAN8</p> <p>MYTESI.....26</p>	<p><i>nitrofurantoin</i>5, 7, 27</p> <p><i>nitrofurantoin macrocrystal</i>5</p> <p><i>nitrofurantoin monohyd macro</i>7</p> <p><i>nitroglycerin</i>11</p> <p>NIVESTYM20</p> <p><i>norelgestromin-ethinyl estradiol</i>.....18</p> <p><i>norethin acet & estrad-fe</i>18</p> <p><i>norethindrone & eth estradiol</i>.....18</p> <p><i>norethindrone (contraceptive)</i>.....18</p> <p><i>norethindrone acetate</i>18</p> <p><i>norethindrone-eth estradiol (triphasic)</i>.....18</p> <p><i>norgestimate-ethinyl estradiol</i>.....18</p> <p><i>norgestimate-ethinyl estradiol (triphasic)</i>18</p> <p><i>norgestrel & ethinyl estradiol</i>.....18</p> <p>NORTHERA27</p> <p><i>nortriptyline hcl</i>.....14</p> <p>NOVOLIN N.....27</p> <p>NOVOLIN N FLEXPEN RELION27</p> <p>NOXAFIL.....27</p> <p>NUBEQA27</p> <p>NUCALA27</p> <p>NUDEXTA27</p> <p>NUPLAZID27</p> <p>NURTEC27</p> <p><i>nystatin</i>6, 21, 22</p> <p><i>nystatin (mouth-throat)</i>.....6</p> <p><i>nystatin (topical)</i>.....21</p> <p><i>nystatin-triamcinolone</i>22</p>
N	
<p><i>nabumetone</i>5</p> <p><i>nadolol</i>.....10</p> <p><i>naloxone hcl</i>13, 20</p> <p><i>naltrexone hcl</i>.....13</p> <p><i>naproxen</i>5</p> <p><i>naratriptan hcl</i>12</p> <p>NATACYN.....15</p> <p><i>nebivolol hcl</i>.....10</p> <p><i>neomycin sulfate</i>.....5</p> <p><i>neomycin-bacitracin zn-polymyxin</i>15</p> <p><i>neomycin-polymy-dexameth</i>16</p> <p>NEOMYCIN-POLYMYXIN-GRAMICIDIN15</p> <p>NEOMYCIN-POLYMYXIN-HC16</p> <p>NERLYNX.....26</p> <p>NEULASTA.....26</p> <p>NEUPOGEN.....26</p> <p><i>nevirapine</i>7</p> <p>NEXLETOL.....26</p> <p>NEXLIZET.....27</p> <p>NGENLA27</p> <p><i>nifedipine</i>.....10</p> <p><i>nimodipine</i>10</p> <p>NINLARO8</p> <p><i>nitisinone</i>.....27</p>	<p style="text-align: center; padding: 10px 0;">O</p> <p>ODEFSEY.....7</p> <p>ODOMZO.....27</p> <p><i>ofloxacin (ophth)</i>15</p> <p><i>ofloxacin (otic)</i>.....15</p> <p>OGSIVEO27</p> <p>OJJAARA.....27</p> <p><i>olanzapine</i>14</p> <p>OLUMIANT27</p> <p>OMNIPOD 527</p> <p>OMVOH.....27</p> <p><i>ondansetron</i>16</p> <p><i>ondansetron hcl</i>16</p> <p>ONETOUCH DELICA LANCETS 30G.....14</p> <p>ONETOUCH ULTRA 2.....14</p> <p>ONEXTON27</p> <p>ONGLYZA.....27</p> <p>ONUREG27</p> <p>OPFOLDA.....27</p> <p>OPSUMIT11, 27</p> <p>OPZELURA27</p>

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ORGOVYX	27	<i>plerixafor</i>	20
ORIAHNN	27	PODOFILOX	22
ORLISSA	27	<i>polyethylene glycol 3350</i>	17
ORKAMBI	27	<i>polymyxin b-trimethoprim</i>	15
ORLADEYO	27	POMALYST	8
ORSERDU	27	PONVORY	27
ORTIKOS	27	<i>posaconazole</i>	27
<i>oseltamivir phosphate</i>	7	<i>pot & sod citrates w/citric ac</i>	15
OSENI	27	<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>	15
OTEZLA	20, 27	<i>potassium chloride</i>	15, 17
OXBRYTA.....	27	<i>potassium chloride microencapsulated crystals cr</i>	15
<i>oxcarbazepine</i>	12	<i>potassium citrate (alkalinizer)</i>	15
OXERVATE.....	27	PRADAXA.....	9
<i>oxybutynin chloride</i>	22	PRALUENT	27
<i>oxycodone hcl</i>	12	<i>pramipexole dihydrochloride</i>	13
<i>oxycodone w/ acetaminophen</i>	12	<i>prasugrel hcl</i>	9
OZEMPIC	27	<i>pravastatin sodium</i>	10
P			
PALFORZIA	27	PRED MILD	16
PALYNZIQ.....	27	PRED-G	16
PANRETIN	27	<i>prednisolone</i>	17
<i>paroxetine hcl</i>	14	<i>prednisolone sodium phosphate</i>	17
<i>ped multivitamins w/fl & iron</i>	22	<i>prednisone</i>	17
<i>pediatric multivitamins w/fl</i>	22	<i>pregabalin</i>	12
<i>pediatric vitamins acd w/ fluoride</i>	22	PREVYMIS	27
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>	17	PREZCOBIX.....	7
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	17	<i>primaquine phosphate</i>	6
PEGASYS.....	7	<i>primidone</i>	12
PEMAZYRE.....	27	<i>probenecid</i>	15
<i>penicillamine</i>	20	<i>prochlorperazine maleate</i>	17
<i>penicillin v potassium</i>	5	PROCRIT.....	9
<i>pentoxifylline</i>	20	PROCYSBI	28
<i>permethrin</i>	21	<i>progesterone</i>	18
<i>perphenazine</i>	14, 17	PROMACTA.....	9
<i>phenelzine sulfate</i>	14	<i>promethazine hcl</i>	7, 17
<i>phenobarbital</i>	12, 13	<i>propafenone hcl</i>	11
<i>phenylephrine hcl (mydriatic)</i>	16	<i>propracetamol hcl</i>	10
<i>phenytoin</i>	12	<i>propylthiouracil</i>	19
<i>phenytoin sodium extended</i>	12	PULMOZYME	15
PHOSLYRA.....	15	<i>pyrazinamide</i>	6
PHOSPHOLINE IODIDE	16	<i>pyridostigmine bromide</i>	20
<i>phytonadione</i>	22	<i>pyrimethamine</i>	28
<i>pilocarpine hcl</i>	16, 20	PYRUKYND	28
<i>pilocarpine hcl (oral)</i>	20	Q	
<i>pioglitazone hcl</i>	9, 18	QBREXZA.....	28
PIQRAY.....	27	QINLOCK.....	28
<i>pirfenidone</i>	20	QTERN.....	28
PLEGRIDY	27	<i>quetiapine fumarate</i>	14

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<i>quinidine gluconate</i>	11
<i>quinidine sulfate</i>	11
QULIPTA.....	28

R

RADICAVA ORS STARTER KIT	28
<i>raloxifene hcl</i>	18
<i>ramipril</i>	11
<i>rasagiline mesylate</i>	13
RAVICTI.....	28
REGRANEX	22
RELENZA DISKHALER.....	7
RELISTOR.....	28
RELYVRIO	28
REPATHA.....	28
RETEVMO.....	28
REYVOW.....	28
REZDIFFRA	28
REZLIDHIA.....	28
REZUROCK	28
RHOPRESSA.....	28
<i>ribavirin (hepatitis c)</i>	7
<i>rifabutin</i>	6
<i>rifampin</i>	6
<i>riluzole</i>	13
RIMANTADINE HCL	7
RINVOQ.....	28
<i>risperidone</i>	14
<i>ritonavir</i>	7
<i>rivastigmine tartrate</i>	9, 13
RIVFLOZA	28
<i>rizatriptan benzoate</i>	12
ROCKLATAN	28
<i>roflumilast</i>	21
ROLVEDON	28
<i>ropinirole hydrochloride</i>	13
<i>rosuvastatin calcium</i>	10
ROZLYTREK.....	28
RUBRACA	28
RUCONEST	28
RUKOBIA.....	28
RYDAPT	28

S

SAIZEN	28
<i>salsalate</i>	12
SANTYL.....	22
SAPHNELO.....	28
<i>sapropterin dihydrochloride</i>	28

<i>saxagliptin-metformin hcl</i>	28
SAXENDA.....	28
SCEMBLIX	28
SEGLUROMET	28
<i>selegiline hcl</i>	13
<i>selenium sulfide</i>	22
SEROSTIM.....	28
<i>sertraline hcl</i>	14
<i>sevelamer carbonate</i>	20
SIGNIFOR LAR.....	28
SILIQ	28
<i>silver sulfadiazine</i>	5
SIMPONI.....	28
<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
SOGROYA	28
SOHONOS	28
<i>solifenacin succinate</i>	22
SOLQUA.....	28
SOMATULINE DEPOT	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, 29
STEGLATRO.....	29
STEGLUJAN	29
STELARA	29
STIOLTO RESPIMAT	22
STIVARGA	8
STRENSIQ	29
STRIVERDI RESPIMAT	20
SUCRAID.....	29
<i>sucrafate</i>	17
<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>	13
<i>sumatriptan succinate</i>	13
<i>sunitinib malate</i>	8
SUNLENCA.....	29

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SUNOSI	29	THYMOL	20
SYMDEKO	29	TIBSOVO	29
SYMFI	7	<i>timolol maleate (ophth)</i>	16
SYMLINPEN	29	TIVICAY	7
SYMTUZA	7	<i>tizanidine hcl</i>	9
SYNAREL	17, 29	<i>tobramycin</i>	5, 6, 15
SYNJARDY	29	<i>tobramycin (ophth)</i>	15
SYNJARDY XR	29	<i>tobramycin sulfate</i>	6
T			
TABLOID	8	<i>tolcapone</i>	13
TABRECTA	29	<i>tolvaptan</i>	29
<i>tacrolimus</i>	20	<i>topiramate</i>	12
<i>tacrolimus (topical)</i>	20	<i>toremide</i>	15
TAFINLAR	29	TRADJENTA	29
TAGRISSE	9	<i>tramadol hcl</i>	12
TAKHZYRO	29	<i>tranexamic acid</i>	9
TALTZ	29	<i>tranylcypromine sulfate</i>	14
TALZENNA	29	<i>trazodone hcl</i>	7, 14
<i>tamoxifen citrate</i>	8	TREMFYA	29
<i>tamsulosin hcl</i>	20	<i>tretinoin</i>	8, 21, 22
TARGRETIN	8	<i>tretinoin (chemotherapy)</i>	8
TARPEYO	29	<i>triamcinolone acetonide</i>	17, 21
TASCENSO ODT	29	<i>triamcinolone acetonide (mouth)</i>	21
TASIGNA	9, 29	<i>triamcinolone acetonide (topical)</i>	21
<i>tasimelteon</i>	29	<i>triamterene & hydrochlorothiazide</i>	15
<i>tavaborole</i>	29	<i>trientine hcl</i>	29
TAVALISSE	29	<i>trifluoperazine hcl</i>	14
TAVNEOS	29	TRIFLURIDINE	15
TAZVERIK	29	<i>trihexyphenidyl hcl</i>	13
TEGSEDI	29	TRIJARDY XR	29
<i>temazepam</i>	13	TRIKAFTA	29
<i>temozolomide</i>	8	TRIMETHOPRIM	7
<i>tenofovir disoproxil fumarate</i>	6, 7	<i>tropium chloride</i>	22
TEPMETKO	29	TRULICITY	29
<i>terazosin hcl</i>	10	TRUQAP	29
<i>terbinafine hcl</i>	6	TRUSELTIQ	29
<i>terbutaline sulfate</i>	9	TUKYSA	29
<i>teriflunomide</i>	20, 29	TURALIO	29
<i>teriparatide (recombinant)</i>	29	TYENNE	19
<i>testosterone</i>	17	TYMLOS	29
<i>testosterone cypionate</i>	17	U	
TESTOSTERONE PROPIONATE	17	UBRELVY	29
<i>tetrabenazine</i>	13	UDENYCA	29
<i>tetracycline hcl</i>	5	<i>urea</i>	21
TEZSPIRE	29	<i>ursodiol</i>	17
THALOMID	20	V	
<i>theophylline</i>	22	<i>valacyclovir hcl</i>	7
<i>thioridazine hcl</i>	14	<i>valganciclovir hcl</i>	7
<i>thiothixene</i>	14		

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<i>valproate sodium</i>	12	XELJANZ.....	19
<i>valproic acid</i>	12	XEMBIFY.....	30
<i>valsartan</i>	11	XENAZINE.....	30
<i>valsartan-hydrochlorothiazide</i>	11	XERMELO.....	30
<i>vancomycin hcl</i>	6	XHANCE.....	30
VANFLYTA.....	29	XIGDUO XR.....	30
VCF VAGINAL CONTRACEPTIVE.....	14	XOLAIR.....	30
VELSIPITY.....	30	XOLREMDI.....	30
VEMLIDY.....	30	XOSPATA.....	30
VENCLEXTA.....	30	XPHOZAH.....	30
<i>venlafaxine hcl</i>	14	XPOVIO.....	30
VEOZAH.....	30	XTANDI.....	8, 30
<i>verapamil hcl</i>	10	XULTOPHY.....	30
VERQUVO.....	30	XYREM.....	30
VERZENIO.....	30	XYWAV.....	30
VIBERZI.....	30		
VICTOZA.....	30	Y	
<i>vigabatrin</i>	30	YUFLYMA.....	30
VIJOICE.....	30	YUSIMRY.....	30
VIRACEPT.....	7		
VITRAKVI.....	30	Z	
VIVJOA.....	30	<i>zaleplon</i>	13
VIZIMPRO.....	30	ZAVESCA.....	30
VOCABRIA.....	30	ZAVZPRET.....	30
VONJO.....	30	ZEJULA.....	30
VOSEVI.....	7, 30	ZELBORAF.....	8
VOWST.....	30	ZENPEP.....	15
VOXZOGO.....	30	ZEPATIER.....	31
VTAMA.....	30	ZEPBOUND.....	31
VUMERITY.....	30	ZEPOSIA.....	31
VYNDAMAX.....	30	<i>zidovudine</i>	6, 7
VYNDAQEL.....	30	<i>ziprasidone hcl</i>	14
VYZULTA.....	30	ZITUVIO.....	31
		ZOKINVY.....	31
W		ZOLINZA.....	8
WAKIX.....	30	<i>zolmitriptan</i>	13
<i>warfarin sodium</i>	9	<i>zolpidem tartrate</i>	13
WEGOVIY.....	30	<i>zonisamide</i>	12
WELIREG.....	30	ZORYVE.....	31
		ZURZUVAE.....	31
X		ZYDELIG.....	31
XALKORI.....	8, 30	ZYKADIA.....	31
XDEMVI.....	30		

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NONDISCRIMINATION NOTICE

Kaiser Foundation Health Plan of Georgia, Inc. (Kaiser Health Plan) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Kaiser Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. We also:

- Provide no cost aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats, such as large print, audio, and accessible electronic formats
- Provide no cost language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, call **1-888-865-5813** (TTY: **711**)

If you believe that Kaiser Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by mail at: Member Relations Unit (MRU), Attn: Kaiser Civil Rights Coordinator, Nine Piedmont Center, 3495 Piedmont Road, NE Atlanta, GA 30305-1736. Telephone Number: 1-888-865-5813.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

HELP IN YOUR LANGUAGE

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

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

لغة عربية (Arabic) ملحوظة: إذا كنت تتحدث بلغة عربية فإن خدمات المساعدة لعدة اللغات متوفرة لك مجاناً. 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**)。

فارسى (Farsi) توجه: اگر به زبان فارسی صحبت کنید می‌توانید به صورت رایگان برای شما کمک‌های زبانی دریافت کنید. با شماره **1-888-865-5813** (TTY: **711**) تماس بگیرید.

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Kaiser Permanente of Georgia HMO Formulary

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

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

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

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

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

日本語 (Japanese) 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。**1-888-865-5813** (TTY: **711**) まで、お電話にてご連絡ください。

한국어 (Korean) 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-888-865-5813** (TTY: **711**) 번으로 전화해 주십시오.

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

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

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

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

Tagalog (Tagalog) PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad.
Tumawag sa **1-888-865-5813** (TTY: **711**).

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-888-865-5813** (TTY: **711**).

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