

# 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](https://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](http://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
<b>ANALGESICS</b>		
<b>NONSTEROIDAL ANTI-INFLAMMATORY DRUGS</b>		
<i>celecoxib</i>	1	
<i>ibuprofen</i>	1	
<i>nabumetone</i>	1	
<i>naproxen</i>	1	
<b>ANTI-INFECTIVE AGENTS</b>		
<b>ANTHELMINTICS</b>		
<i>albendazole</i>	1	
<i>ivermectin</i>	1	
<b>ANTI-INFECTIVES</b>		
<i>nitrofurantoin macrocrystal</i>	1	
<b>ANTIBACTERIALS</b>		
<i>amikacin sulfate</i>	1	
<i>amoxicillin</i>	1	
<i>amoxicillin &amp; pot clavulanate</i>	1	
<i>ampicillin</i>	1	
<i>azithromycin</i>	1	
<b>BACITRACIN</b>	1	
<b>CEFACLOR</b>	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	
<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	
<b>SULFADIAZINE</b>	1	
<i>sulfamethoxazole-trimethoprim</i>	1	
<i>sulfasalazine</i>	1	
<i>tetracycline hcl</i>	1	
<i>tobramycin</i>	1	
<i>tobramycin sulfate</i>	1	

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<i>vancomycin hcl</i>	1	
<b>ANTIFUNGALS</b>		
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	
<b>ANTIMYCOBACTERIALS</b>		
<i>dapsone</i>	1	
<i>ethambutol hcl</i>	1	
<i>isoniazid</i>	1	
<i>pyrazinamide</i>	1	
<i>rifampin</i>	1	
<b>ANTIPROTOZOALS</b>		
<i>atovaquone</i>	1	
<i>hydroxychloroquine sulfate</i>	1	
<i>metronidazole</i>	1	
<i>primaquine phosphate</i>	1	
<b>ANTIVIRALS</b>		
<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
INVIRASE	2	QL

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Category/Drug Name	Tier Level	Restrictions
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
<b>URINARY ANTI-INFECTIVES</b>		
<i>nitrofurantoin monohyd macro</i>	1	
TRIMETHOPRIM	1	
<b>ANTIBACTERIALS</b>		
<b>BETA-LACTAM, CEPHALOSPORINS</b>		
CEFACLOR	1	
<b>TETRACYCLINES</b>		
<i>doxycycline hyclate</i>	1	
<b>ANTIDEPRESSANTS</b>		
<b>ANTIDEPRESSANTS, OTHER</b>		
<i>trazodone hcl</i>	1	
<b>ANTIHISTAMINE DRUGS</b>		
<b>FIRST GENERATION ANTIHISTAMINES</b>		
<i>cyproheptadine hcl</i>	1	
<i>promethazine hcl</i>	1	
<b>ANTINEOPLASTIC AGENTS</b>		
<b>ALKYLATING AGENTS</b>		
LEUKERAN	2	QL
<b>ANTINEOPLASTIC AGENTS</b>		
<i>abiraterone acetate</i>	1	QL
<i>anastrozole</i>	1	
<i>bicalutamide</i>	1	
BRUKINSA	2	QL

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Category/Drug Name	Tier Level	Restrictions
<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	
VENCLEXTA	2	
XTANDI	2	
ZOLINZA	2	
<b>ANTINEOPLASTICS, OTHER</b>		
<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
<b>MISCELLANEOUS THERAPEUTIC AGENTS</b>		
ZELBORAF	2	

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Category/Drug Name	Tier Level	Restrictions
<b>MOLECULAR TARGET INHIBITORS</b>		
<i>imatinib mesylate</i>	1	
KISQALI (200 MG DOSE)	2	QL
LENVIMA (10 MG DAILY DOSE)	2	QL
TAGRISSO	2	QL
TASIGNA	2	PA, QL
<b>ANTIVIRALS</b>		
<b>ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)</b>		
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	1	QL
<b>AUTONOMIC DRUGS</b>		
<b>ANTICHOLINERGIC AGENTS</b>		
<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	
<b>PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS</b>		
<i>rivastigmine tartrate</i>	1	
<b>SKELETAL MUSCLE RELAXANTS</b>		
<i>baclofen</i>	1	
<i>chlorzoxazone</i>	1	
<i>cyclobenzaprine hcl</i>	1	
<i>tizanidine hcl</i>	1	
<b>SYMPATHOMIMETIC (ADRENERGIC) AGENTS</b>		
<i>albuterol sulfate</i>	1	
<i>fluticasone-salmeterol</i>	1	
<i>ipratropium-albuterol</i>	1, 2	
<i>terbutaline sulfate</i>	1	
<b>BLOOD FORMATION, COAGULATION, AND THROMBOSIS</b>		
<b>ANTHEMORRHAGIC AGENTS</b>		
<i>tranexamic acid</i>	1	QL
<b>ANTITHROMBOTIC AGENTS</b>		
<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	
<b>HEMATOPOIETIC AGENTS</b>		
ALVAIZ	2	
ARANESP (ALBUMIN FREE)	2	
GRANIX	2	
PROCRIT	2	
PROMACTA	2	
<b>BLOOD GLUCOSE REGULATORS</b>		
<b>ANTIDIABETIC AGENTS</b>		
<i>pioglitazone hcl</i>	1	

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Category/Drug Name	Tier Level	Restrictions
<b>CARDIOVASCULAR AGENTS</b>		
<b>CALCIUM CHANNEL BLOCKING AGENTS</b>		
<i>nifedipine</i>	1	
<b>CARDIOVASCULAR DRUGS</b>		
<b>ALPHA-ADRENERGIC BLOCKING AGENTS</b>		
<i>alfuzosin hcl</i>	1	
<i>doxazosin mesylate</i>	1	
<i>terazosin hcl</i>	1	
<b>ANTILIPEMIC AGENTS</b>		
<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	
<b>ANTIPLATELET AGENT</b>		
BRILINTA	2	
<i>cilostazol</i>	1	
<i>clopidogrel bisulfate</i>	1	
<i>dipyridamole</i>	1	
<b>BETA-ADRENERGIC BLOCKING AGENTS</b>		
<i>acebutolol hcl</i>	1	
<i>atenolol</i>	1	
<i>atenolol &amp; chlorthalidone</i>	1	
<i>bisoprolol &amp; 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	
<b>CALCIUM-CHANNEL BLOCKING AGENTS</b>		
<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	
<b>CARDIAC DRUGS</b>		

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<i>amiodarone hcl</i>	1	
<i>bisoprolol &amp; 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	
<b>HYPOTENSIVE AGENTS</b>		
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	
<b>RENIN-ANGIOTENSIN-ALDOSTERONE SYSTEM INHIBITORS</b>		
<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 &amp; hydrochlorothiazide</i>	1	
<i>losartan potassium</i>	1	
<i>losartan potassium &amp; hydrochlorothiazide</i>	1	
<i>ramipril</i>	1	
<i>valsartan</i>	1	
<i>valsartan-hydrochlorothiazide</i>	1	
<b>VASODILATING AGENTS</b>		
<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
<b>CENTRAL NERVOUS SYSTEM AGENTS</b>		
<b>ANALGESICS AND ANTIPYRETICS</b>		
<i>acetaminophen w/ codeine</i>	1	QL
<i>butalbital-acetaminophen-caffeine</i>	1	

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Category/Drug Name	Tier Level	Restrictions
<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
<b>ANOREXIGENIC AGENTS AND RESPIRATORY AND CEREBRAL STIMULANTS</b>		
<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
<b>ANTICONVULSANTS</b>		
<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	
<b>ANTIMIGRAINE AGENTS</b>		
<i>naratriptan hcl</i>	1	QL
<i>rizatriptan benzoate</i>	1	QL

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Category/Drug Name	Tier Level	Restrictions
<i>sumatriptan</i>	1	
<i>sumatriptan succinate</i>	1	QL
<i>zolmitriptan</i>	1	
<b>ANTIPARKINSONIAN AGENTS</b>		
<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	
<b>ANXIOLYTICS, SEDATIVES, AND HYPNOTICS</b>		
<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
<b>CENTRAL NERVOUS SYSTEM AGENTS, MISCELLANEOUS</b>		
<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	
<b>MULTIPLE SCLEROSIS AGENTS</b>		
<b>BETASERON</b>	1	
<i>dalfampridine</i>	1	
<i> fingolimod hcl</i>	1	
<b>OPIATE ANTAGONISTS</b>		
<i>naltrexone hcl</i>	1	
<b>PSYCHOTHERAPEUTIC AGENTS</b>		

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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	
<b>CONTRACEPTIVES (FOAMS, DEVICES)</b>		
<b>CONTRACEPTIVES (FOAMS, DEVICES)</b>		
VCF VAGINAL CONTRACEPTIVE	2	
<b>DEVICES</b>		
<b>DEVICES</b>		
AEROCHAMBER PLUS FLO-VU	2	
BD INSULIN SYRINGE MICROFINE	1, 2	
ONETOUCH DELICA LANCETS 30G	2	
ONETOUCH ULTRA 2	2	
<b>DIABETES MELLITUS</b>		
CONTOUR BLOOD GLUCOSE SYSTEM	2	
<b>DIAGNOSTIC AGENTS</b>		

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Kaiser Permanente of Georgia HMO Formulary

Category/Drug Name	Tier Level	Restrictions
<b>DIABETES MELLITUS</b>		
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	
<b>ELECTROLYTIC, CALORIC, AND WATER BALANCE</b>		
<b>ALKALINIZING AGENTS</b>		
<i>potassium citrate (alkalinizer)</i>	1	
<b>DIURETICS</b>		
<i>furosemide</i>	1	
<i>hydrochlorothiazide</i>	1	
<i>metolazone</i>	1	
<i>toremide</i>	1	
<i>triamterene &amp; hydrochlorothiazide</i>	1	
<b>HYPEROSMOTIC AGENT</b>		
<i>lactulose (encephalopathy)</i>	1	
<b>ION-REMOVING AGENTS</b>		
<i>sodium polystyrene sulfonate</i>	1	
<b>REPLACEMENT PREPARATIONS</b>		
K-PHOS	2	
PHOSLYRA	2	
<i>pot &amp; sod citrates w/citric ac</i>	1	
<i>pot phosphate monobasic w/ sod phosphate dibasic &amp; monobasic</i>	1	
<i>potassium chloride</i>	1	
<i>potassium chloride microencapsulated crystals cr</i>	1	
<b>URICOSURIC AGENTS</b>		
<i>probenecid</i>	1	
<b>ENZYMES</b>		
<b>ENZYMES</b>		
PULMOZYME	2	
ZENPEP	2	
<b>EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS</b>		
<b>ANTI-INFECTIVES</b>		
<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	
<b>ANTI-INFLAMMATORY AGENTS</b>		

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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	
<b>ANTI-GLAUCOMA AGENTS</b>		
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	
<b>EENT DRUGS, MISCELLANEOUS</b>		
<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	
<b>LOCAL ANESTHETICS</b>		
<i>lidocaine hcl (mouth-throat)</i>	1	
<i>proparacaine hcl</i>	1	
<b>MYDRIATICS</b>		
<i>cyclopentolate hcl</i>	1, 2	
HOMATROPAIRE	2	
<b>VASOCONSTRICTORS</b>		
<i>phenylephrine hcl (mydriatic)</i>	1	
<b>GASTROINTESTINAL DRUGS</b>		
<b>ANTI-INFLAMMATORY AGENTS</b>		
<i>balsalazide disodium</i>	1	
<i>mesalamine</i>	1	
<b>ANTIDIARRHEA AGENTS</b>		
<i>diphenoxylate w/ atropine</i>	1	
<b>ANTIEMETICS</b>		
<i>dronabinol</i>	1	
<i>granisetron</i>	1	
<i>ondansetron</i>	1	

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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	
<b>ANTIULCER AGENTS AND ACID SUPPRESSANTS</b>		
<i>cimetidine hcl</i>	1	
<i>misoprostol</i>	1	
<i>sucralfate</i>	1	
<b>CATHARTICS AND LAXATIVES</b>		
<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	
<b>CHOLELITHOLYTIC AGENTS</b>		
<i>ursodiol</i>	1	
<b>DIGESTANTS</b>		
CREON	2	
<b>PROKINETIC AGENTS</b>		
<i>metoclopramide hcl</i>	1	
<b>HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)</b>		
<b>NO USP CLASS</b>		
<i>dexamethasone sodium phosphate</i>	1	
<i>esterified estrogens &amp; methyltestosterone</i>	1	
<b>HORMONAL AGENTS, SUPPRESSANT (PITUITARY)</b>		
<b>HORMONAL AGENTS, SUPPRESSANT (PITUITARY)</b>		
SYNAREL	2	PA
<b>HORMONES AND SYNTHETIC SUBSTITUTES</b>		
<b>ADRENALS</b>		
<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	
<b>ANDROGENS</b>		
<i>budesonide</i>	1	
<i>danazol</i>	1	
<i>testosterone</i>	1	
<i>testosterone cypionate</i>	1	
TESTOSTERONE PROPIONATE	2	
<b>ANTIDIABETIC AGENTS</b>		
<i>acarbose</i>	1	
<i>glimepiride</i>	1	
<i>glipizide</i>	1	

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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	
<b>ANTIHYPOGLYCEMIC AGENTS</b>		
GLUCAGON EMERGENCY	1	
<b>CONTRACEPTIVES</b>		
<i>desogestrel &amp; ethinyl estradiol</i>	1	QL
<i>drospirenone-ethinyl estradiol</i>	1	QL
ELLA	2	
<i>ethynodiol diacet &amp; eth estrad</i>	1	QL
<i>etonogestrel-ethinyl estradiol</i>	1	QL
<i>levonorgestrel &amp; 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 &amp; estrad-fe</i>	1	QL
<i>norethindrone &amp; 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 &amp; ethinyl estradiol</i>	1	QL
<b>ESTROGENS AND ESTROGEN AGONISTS-ANTAGONISTS</b>		
DEPO-ESTRADIOL	1	
<i>esterified estrogens &amp; methyltestosterone</i>	1	
<i>estradiol</i>	1, 2	
<i>estradiol vaginal</i>	1	
<i>estradiol valerate</i>	1	
<i>raloxifene hcl</i>	1	
<b>PARATHYROID</b>		
<i>calcitonin (salmon)</i>	1	
<b>PITUITARY</b>		
<i>desmopressin acetate</i>	1	
<i>desmopressin acetate spray</i>	1	
<i>desmopressin acetate spray refrigerated</i>	1	
<b>PROGESTINS</b>		
CRINONE	2	
<i>levonorgestrel (emergency oc)</i>	1	
<i>medroxyprogesterone acetate</i>	1	
<i>norethindrone acetate</i>	1	
<i>progesterone</i>	1	
<b>THYROID AND ANTITHYROID AGENTS</b>		
<i>levothyroxine sodium</i>	1	

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<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	
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	

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<i>leucovorin calcium</i>	1	
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 chloride</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	
<b>RESPIRATORY TRACT AGENTS</b>		
<b>ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS</b>		
<i>budesonide-formoterol fumarate dihydrate</i>	1	
<b>ANTI-INFLAMMATORY AGENTS</b>		
<i>montelukast sodium</i>	1	
<b>ANTITUSSIVES</b>		
<i>benzonatate</i>	1	
<i>guaifenesin-codeine</i>	1	
<b>BRONCHODILATORS, ANTICHOLINERGIC</b>		
<i>ipratropium bromide</i>	1	
<b>MAST CELL STABILIZER</b>		
<i>cromolyn sodium</i>	1	
<b>MISCELLANEOUS THERAPEUTIC AGENTS</b>		
ALVESCO	2	
STRIVERDI RESPIMAT	2	
<b>MUCOLYTIC AGENTS</b>		
<i>acetylcysteine</i>	1	
<b>RESPIRATORY SMOOTH MUSCLE RELAXANTS</b>		
<i>bosentan</i>	1	
<b>RESPIRATORY TRACT/PULMONARY AGENTS</b>		

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Kaiser Permanente of Georgia HMO Formulary

Category/Drug Name	Tier Level	Restrictions
<b>ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS</b>		
ASMANEX HFA	2	
FLUTICASONE PROPIONATE HFA	2	QL, AGE
<b>PHOSPHODIESTERASE INHIBITORS, AIRWAY DISEASE</b>		
<i>roflumilast</i>	1	
<b>SKIN AND MUCOUS MEMBRANE AGENTS</b>		
<b>ANTI-INFECTIVES</b>		
<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	
<b>ANTI-INFLAMMATORY AGENTS</b>		
<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	
<b>ANTIFUNGALS</b>		
<i>ciclopirox</i>	1	
<i>ketconazole (topical)</i>	1	
<i>nystatin (topical)</i>	1	
<b>ANTI-PRURITICS AND LOCAL ANESTHETICS</b>		
<i>lidocaine hcl</i>	1	QL
<i>lidocaine-prilocaine</i>	1	
<b>ASTRINGENTS</b>		
DRYSOL	2	
<b>CELL STIMULANTS AND PROLIFERANTS</b>		
<i>isotretinoin</i>	1	
<i>tretinoin</i>	1	AGE
<b>KERATOLYTIC AGENTS</b>		
<i>urea</i>	1	
<b>LOCAL ANESTHETICS</b>		

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Kaiser Permanente of Georgia HMO Formulary

Category/Drug Name	Tier Level	Restrictions
LIDOCAINE HCL URETHRAL/MUCOSAL	1	
SKIN AND MUCOUS MEMBRANE AGENTS, MISCELLANEOUS		
<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>tropium 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 &amp; 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
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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## Kaiser Permanente of Georgia HMO Formulary

### Drugs That Require Prior Authorization Review

CERDELGA
CHENODAL
CHOLBAM
CIBINQO
CIMZIA
<i>clindamycin phosphate-benzoyl peroxide</i>
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

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## Kaiser Permanente of Georgia HMO Formulary

### Drugs That Require Prior Authorization Review

FILSPARI
<i> fingolimod hcl</i>
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>

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## Kaiser Permanente of Georgia HMO Formulary

### Drugs That Require Prior Authorization Review

JADENU
JAKAFI
JANUMET
JANUVIA
JARDIANCE
JAYPIRCA
JENTADUETO
JENTADUETO XR
JESDUVROQ
JOENJA
JUBLIA
JUXTAPID
KALYDECO
KAZANO
KERENDIA
KESIMPTA
KEVEYIS
KEVZARA
KORLYM
KOSELUGO
KRAZATI
LIQREV
LITFULO
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

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## Kaiser Permanente of Georgia HMO Formulary

### Drugs That Require Prior Authorization Review

NEFFY
NERLYNX
NEULASTA
NEUPOGEN
NEXLETOL
NEXLIZET
NGENLA
<i>nitisinone</i>
<i>nitrofurantoin</i>
NORTHERA
NOVOLIN N
NOVOLIN N FLEXPEN RELION
NOXAFIL
NUBEQA
NUCALA
NUDEXTA
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

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## Kaiser Permanente of Georgia HMO Formulary

### Drugs That Require Prior Authorization Review

PIVYA
PLEGRIDY
PONVORY
<i>posaconazole</i>
PRALUENT
PREVYMIS
PROCYSBI
<i>pyrimethamine</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

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## Kaiser Permanente of Georgia HMO Formulary

### Drugs That Require Prior Authorization Review

SOHONOS
SOLQUA
SOMATULINE DEPOT
SOMAVERT
SOTYKTU
SOVALDI
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

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## Kaiser Permanente of Georgia HMO Formulary

### Drugs That Require Prior Authorization Review

TUKYSA
TURALIO
TYMLOS
UBRELVY
UDENYCA
VAFSEO
VANFLYTA
VELSIPITY
VEMLIDY
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
WINREVAIR
XALKORI
XDEMVY
XEMBIFY
XENAZINE
XERMELO
XHANCE
XIGDUO XR
XOLAIR
XOLREMDI
XOSPATA
XPHOZAH
XPOVIO
XTANDI
XULTOPHY

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## Kaiser Permanente of Georgia HMO Formulary

### Drugs That Require Prior Authorization Review

XYREM
XYWAV
YUFLYMA
YUSIMRY
ZAVESCA
ZAVZPRET
ZEJULA
ZEPATIER
ZEPBOUND
ZEPOSIA
ZILBRYSQ
ZITUVIO
ZOKINVY
ZORYVE
ZURZUVAE
ZYDELIG
ZYKADIA

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## Kaiser Permanente of Georgia HMO Formulary

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<i>dapsone</i> .....	6	<i>doxycycline (monohydrate)</i> .....	5
<i>darifenacin hydrobromide</i> .....	22	<i>doxycycline hyclate</i> .....	5, 7
<i>darunavir</i> .....	6	<i>dronabinol</i> .....	16
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<i>deferiprone</i> .....	24	<i>duloxetine hcl</i> .....	14
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<i>desipramine hcl</i> .....	14	<b>E</b>	
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<i>enalapril maleate</i> .....	11	<i>fluconazole</i> .....	6
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<i>entacapone</i> .....	13	<i>fluocinonide</i> .....	21
<i>entecavir</i> .....	6	<i>fluocinonide emulsified base</i> .....	21
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<i>ergocalciferol</i> .....	22	<i>fluphenazine hcl</i> .....	14
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<i>estradiol vaginal</i> .....	18	<i>furosemide</i> .....	15
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<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
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<i>indapamide</i> .....	11
<i>indomethacin</i> .....	12
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<i>ipratropium-albuterol</i> .....	9
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<i>lactulose (encephalopathy)</i> .....	15
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<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
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<i>letrozole</i> .....	8
<i>leucovorin calcium</i> .....	20
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<i>levetiracetam</i> .....	12
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<i>levofloxacin</i> .....	5
<i>levonorgestrel &amp; 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
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<i>lisinopril &amp; hydrochlorothiazide</i> .....	11
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<i>losartan potassium</i> .....	11
<i>losartan potassium &amp; hydrochlorothiazide</i> .....	11
<i>lovastatin</i> .....	10
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<i>lurasidone hcl</i> .....	14
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LYSODREN .....	20
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<i>medroxyprogesterone acetate</i> .....	18
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<i>megestrol acetate</i> .....	8
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<i>memantine hcl</i> .....	13
<i>mercaptopurine</i> .....	8
<i>mesalamine</i> .....	16
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<i>metformin hcl</i> .....	18, 26, 28
<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
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<i>metronidazole</i> .....	6, 21	NINLARO.....	8
<i>metronidazole (topical)</i> .....	21	<i>nitisinone</i> .....	27
<i>metirosine</i> .....	26	<i>nitrofurantoin</i> .....	5, 7, 27
<i>mexiletine hcl</i> .....	11	<i>nitrofurantoin macrocrystal</i> .....	5
<i>midodrine hcl</i> .....	11	<i>nitrofurantoin monohyd macro</i> .....	7
<i>miglustat</i> .....	26	<i>nitroglycerin</i> .....	11
<i>minocycline hcl</i> .....	5	NIVESTYM .....	20
<i>minoxidil</i> .....	11	<i>norelgestromin-ethinyl estradiol</i> .....	18
<i>mirtazapine</i> .....	14	<i>norethin acet &amp; estrad-fe</i> .....	18
<i>misoprostol</i> .....	17	<i>norethindrone &amp; eth estradiol</i> .....	18
<i>modafinil</i> .....	12	<i>norethindrone (contraceptive)</i> .....	18
<i>mometasone furoate</i> .....	21	<i>norethindrone acetate</i> .....	18
<i>montelukast sodium</i> .....	20	<i>norethindrone-eth estradiol (triphasic)</i> .....	18
<i>morphine sulfate</i> .....	12	<i>norgestimate-ethinyl estradiol</i> .....	18
MOUNJARO .....	26	<i>norgestimate-ethinyl estradiol (triphasic)</i> .....	18
<i>moxifloxacin hcl (ophth)</i> .....	5	<i>norgestrel &amp; ethinyl estradiol</i> .....	18
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<i>mupirocin</i> .....	21	<i>nortriptyline hcl</i> .....	14
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<i>nadolol</i> .....	10	<i>nystatin-triamcinolone</i> .....	22
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<i>nebivolol hcl</i> .....	10	<i>ofloxacin (otic)</i> .....	15
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<i>oxcarbazepine</i> .....	12	<i>potassium chloride microencapsulated crystals cr</i> .....	15
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<i>penicillin v potassium</i> .....	5	<i>prochlorperazine maleate</i> .....	17
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\*All drug product strengths and package sizes of a formulary drug may not be included on the formulary, check with your Kaiser Permanente pharmacist for clarification, if needed.\*

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<i>sulindac</i> .....	12	TEZSPIRE .....	29
<i>sumatriptan</i> .....	13	THALOMID .....	20
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<i>sunitinib malate</i> .....	8	<i>thioridazine hcl</i> .....	14
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SYMFI .....	7	<i>timolol maleate (ophth)</i> .....	16
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TABRECTA .....	29	<i>tolvaptan</i> .....	29
<i>tacrolimus</i> .....	20	<i>topiramate</i> .....	12
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<i>tamsulosin hcl</i> .....	20	<i>tretinoin</i> .....	8, 21, 22
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TASCENSO ODT .....	29	<i>triamcinolone acetonide (mouth)</i> .....	21
TASIGNA .....	9, 29	<i>triamcinolone acetonide (topical)</i> .....	21
<i>tasimelteon</i> .....	29	<i>triamterene &amp; hydrochlorothiazide</i> .....	15
<i>tavorole</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
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<i>temazepam</i> .....	13	TRIKAFTA .....	29
<i>temozolomide</i> .....	8	TRIMETHOPRIM .....	7
<i>tenofovir disoproxil fumarate</i> .....	6, 7, 9, 24	<i>trospium chloride</i> .....	22
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<i>terazosin hcl</i> .....	10	TRUQAP .....	29
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<i>valsartan-hydrochlorothiazide</i> .....	11
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