

# KAISER PERMANENTE OF GEORGIA HMO FORMULARY



This document includes Kaiser Permanente of Georgia's HMO formulary as of July 10, 2024. 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 **July 10, 2024**. To get updated information about the drugs covered by Kaiser Permanente, please visit our website at [members.kp.org](https://members.kp.org) or call Member Services at **1-888-865-5813**, Monday through Friday 7:00 a.m. to 7:00 p.m. TTY/TDD users should call **1-800-255-0056**.

## How do I use the formulary?

There are two easy ways to find your drug within the formulary:

### Medical Condition

The formulary begins on page 5. The drugs in this formulary are grouped into categories depending on the type of medical condition that they are used to treat. For example, drugs

used to treat a heart condition are listed under the category, “Cardiovascular Agents.” If you know the medical condition your drug is used for, simply look for the category name in the list that begins on page 5. Then look under the category name for your drug.

### Alphabetical Listing

If you are not sure what category to look under, you can look for the drug in the Index that begins on page 30. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find the drug. Next to the drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of the drug on the list. You may also use the search function on your computer to search for the medication by name.

### What are generic drugs?

Kaiser Permanente covers both brand-name drugs and generic drugs.

Brand-name drugs are drugs that are produced and sold under the original manufacturer’s brand name.

Generic drugs are produced and sold under their chemical names after the patent of the brand-name drug expires. Although the price is lower, the quality and effectiveness of generic drugs is the same as brand-name drugs. The Federal Food and Drug Administration (FDA) requires that generic drugs contain the same active ingredients in the same amount as the brand-name drug. Kaiser Permanente pharmacies stock only generic drugs that have

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met the high standards of both the FDA and the experts in our quality assurance program.

Generic drugs are listed in lower-case italics (e.g., *amoxicillin*) within the formulary on page 5. If a drug is available as a generic, it is only listed with the generic name. Brand-name drugs are capitalized in the formulary (e.g., FLOVENT).

Generally, if a drug is available generically, the generic is on the formulary and the brand is not. Because all drug product strengths and package sizes of a formulary drug may not be included on the formulary, check with your Kaiser Permanente pharmacist for clarification.

### How much will I pay for covered drugs?

What you pay for covered drugs is determined by the outpatient prescription drug benefit outlined in your Evidence of Coverage. Some plans have a two tier closed formulary benefit and some plans have a three tier open formulary benefit.

Open formulary means your pharmacy benefit covers drugs that are on the formulary as well as others that are not. Open formulary benefits have a generic cost sharing requirement. This means that if you fill a brand name drug when a generic is available, that in addition to your standard copayment or coinsurance, you will also pay the difference in cost between the brand name and generic drug.

Coverage for prescription drugs is limited to drugs for which a prescription is required by law. Coverage is also limited to drugs that are listed on the Kaiser Permanente drug formulary unless your benefit provides coverage for non-formulary (non-preferred) medications. Certain

diabetic supplies do not require a prescription, but must still be listed in our formulary in order to be covered under the benefit.

Each prescription refill is provided on the same basis as the original prescription. Copayments are applied on a per prescription basis, for up to the lesser of the dispensing amount listed in the “Schedule of Benefits” or the standard prescription amount.

The standard prescription amount for the following items is:

- Migraine medications — the smallest package size commercially available
- Ophthalmic and otic medications — the smallest package size commercially available
- Oral and nasal inhalers — the smallest standard package unit

### Are there any other restrictions on coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Quantity Limits (QL):** For certain drugs, Kaiser Permanente limits the amount of the drug that will be covered.
- **Age Restriction (AGE):** For certain drugs, Kaiser Permanente limits coverage based on a designated age.
- **Prior Authorization (PA):** For certain drugs, Kaiser Permanente requires review and authorization prior to dispensing. Your Provider must obtain this review and authorization. The list of prescription drugs requiring review and authorization is

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subject to periodic review and modification by our Pharmacy and Therapeutics Committee. This list begins on page 23.

You can find out if the drug has any additional requirements or limits by looking in the formulary that begins on page 5 and the PA list on page 23.

### What if my drug is not on the formulary?

If the drug is not on the formulary and your benefit does not provide non-formulary coverage, you have two options:

- You can contact Member Services at **1-888-865-5813**, Monday through Friday 7:00 a.m. to 7:00 p.m. TTY/TDD users should call **1-800-255-0056** and ask Member Services for a list of similar drugs that are covered. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered under the Kaiser Permanente formulary.
- You can request an exception for coverage of your non-formulary drug. There are several types of exception requests you can submit.
  - You can request coverage for a drug, even though it is not on our formulary.
  - You can request that we waive coverage restrictions or limits on your drug. For example, for certain drugs, we limit the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover more.

### What if I want or my doctor prescribes a non-formulary drug?

- If you request a non-formulary drug and a formulary alternative is available, you will be responsible for the full cost of that drug.
- If your drug benefit does not provide non-formulary coverage and your prescribing physician identified a clear medical reason to use a non-formulary rather than the similar formulary drug, such as an allergy to the formulary alternative, your physician may request an exception for coverage of a non-formulary drug. In that case your regular pharmacy copay would apply. Certain prescriptions require expert review before they can be dispensed.

Generally, Kaiser Permanente will only approve your request for an exception if the alternative drugs included on the plan's formulary or additional utilization restrictions have not been as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact your physician to initiate the request for exception

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

### For more information

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

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If you have questions about Kaiser Permanente, please call Member Services at **1-888-865-5813**, Monday through Friday 7:00 a.m. to 7:00 p.m. TTY/TDD users should call **1-800-255-0056**.

Or visit *members.kp.org*.

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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	
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	
<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

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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
<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>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
<i>capecitabine</i>	1	
CAPRELSA	2	

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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	
<b>ANTINEOPLASTICS, OTHER</b>		
COTELLIC	2	QL
CYCLOPHOSPHAMIDE	1, 2	
HYCANTIN	2	QL
<i>methotrexate sodium</i>	1	
MYLERAN	2	QL
NINLARO	2	QL
XALKORI	2	QL
<b>MISCELLANEOUS THERAPEUTIC AGENTS</b>		
ZELBORAF	2	
<b>MOLECULAR TARGET INHIBITORS</b>		
KISQALI (200 MG DOSE)	2	QL
LENVIMA (10 MG DAILY DOSE)	2	QL
TAGRISO	2	QL

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TASIGNA	2	PA, QL
<b>ANTINEOPLASTICS</b>		
<b>MOLECULAR TARGET INHIBITORS</b>		
<i>imatinib mesylate</i>	1	
<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>ANTIHEMORRHAGIC 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	
PROCRIT	2	
PROMACTA	2	
<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>		

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Category/ Drug Name	Tier Level	Restrictions
<i>atorvastatin calcium</i>	1	
<i>cholestyramine</i>	1	
<i>cholestyramine light</i>	1	
<i>colestipol hcl</i>	1	
<i>ezetimibe</i>	1	
<i>fenofibrate</i>	1	
<i>lovastatin</i>	1	
<i>pravastatin sodium</i>	1	
<i>rosuvastatin calcium</i>	1	
<i>simvastatin</i>	1	
<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>		
<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	

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<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>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	
<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	

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<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>methsuximide</i>	1	
<i>oxcarbazepine</i>	1	
<i>phenobarbital</i>	1	
<i>phenytoin</i>	1, 2	
<i>phenytoin sodium extended</i>	1, 2	
<i>pregabalin</i>	1	
<i>primidone</i>	1	
<i>topiramate</i>	1	
<i>valproate sodium</i>	1	
<i>valproic acid</i>	1	
<i>zonisamide</i>	1	
<b>ANTIMIGRAINE AGENTS</b>		
<i>naratriptan hcl</i>	1	QL
<i>rizatriptan benzoate</i>	1	QL
<i>sumatriptan</i>	1	
<i>sumatriptan succinate</i>	1	QL
<i>zolmitriptan</i>	1	
<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	

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Kaiser Permanente of Georgia HMO Formulary

Category/ Drug Name	Tier Level	Restrictions
<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>		
BETASERON	1	
<i>dalfampridine</i>	1	
<i>fingolimod hcl</i>	1	PA
<b>OPIATE ANTAGONISTS</b>		
<i>naltrexone hcl</i>	1	
<b>PSYCHOTHERAPEUTIC AGENTS</b>		
<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	

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Kaiser Permanente of Georgia HMO Formulary

Category/ Drug Name	Tier Level	Restrictions
<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>		
TODAY SPONGE	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>		
<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	
KETO-DIASTIX	2	
<b>URINE AND FECES CONTENTS</b>		
KETOSTIX	2	
<b>ELECTROLYTIC, CALORIC, AND WATER BALANCE</b>		

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Category/ Drug Name	Tier Level	Restrictions
<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	
<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>		
<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	

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<i>neomycin-polymy-dexameth</i>	1	
NEOMYCIN-POLYMYXIN-HC	1	
PRED MILD	1, 2	
PRED-G	2	
<b>ANTIGLAUCOMA AGENTS</b>		
BETAXOLOL HCL	1, 2	
<i>brimonidine tartrate</i>	1	
CARTEOLOL HCL	1	
<i>dorzolamide hcl</i>	1	
<i>dorzolamide hcl-timolol maleate</i>	1	
<i>latanoprost</i>	1	
LEVOBUNOLOL HCL	1	
PHOSPHOLINE IODIDE	2	
<i>pilocarpine hcl</i>	1	
<i>timolol maleate (ophth)</i>	1	
<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	
<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>ondansetron</i>	1	
<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	

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Category/ Drug Name	Tier Level	Restrictions
<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>methyltestosterone</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	
HUMULIN 70/30	2	
HUMULIN N	2	
HUMULIN R	2	
INSULIN GLARGINE-YFGN	2	
JARDIANCE	2	QL
<i>metformin hcl</i>	1	
<i>pioglitazone hcl</i>	1	
<b>ANTIHYPOGLYCEMIC AGENTS</b>		
GLUCAGON EMERGENCY	1	

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Kaiser Permanente of Georgia HMO Formulary

Category/ Drug Name	Tier Level	Restrictions
<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, 2	
<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	
<i>liothyronine sodium</i>	1	
<i>methazolamide</i>	1	
<i>methimazole</i>	1	
<i>propylthiouracil</i>	1	
<b>IMMUNOLOGICAL AGENTS</b>		
<b>IMMUNOLOGICAL AGENTS, OTHER</b>		
ACTEMRA	2	
<b>IMMUNOMODULATORS</b>		

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Category/ Drug Name	Tier Level	Restrictions
XELJANZ	2	QL
<b>MISCELLANEOUS AGENTS</b>		
<b>MISCELLANEOUS AGENTS</b>		
<i>dicyclomine hcl</i>	1	
<i>gabapentin</i>	1	
LEUKINE	2	
LYSODREN	2	
<b>MISCELLANEOUS THERAPEUTIC AGENTS</b>		
<b>ANTIDIABETIC AGENTS</b>		
GVOKE HYPOPEN 1-PACK	2	AGE
<b>ANTIHYPOGLYCEMIC AGENTS</b>		
<b>MISCELLANEOUS THERAPEUTIC AGENTS</b>		
<i>acetazolamide</i>	1	
ACTEMRA ACTPEN	2	
ACTIMMUNE	2	
<i>alendronate sodium</i>	1	
<i>allopurinol</i>	1	
<i>aminocaproic acid</i>	1	
AMJEVITA	2	
ATROPINE SULFATE	1	
<i>azathioprine</i>	1	
BAQSIMI ONE PACK	2	AGE
BD INSULIN SYRINGE U-500	2	
<i>buprenorphine hcl</i>	1	
<i>calcium acetate (phosphate binder)</i>	1	
<i>carbidopa-levodopa</i>	1	
<i>chlorhexidine gluconate (mouth-throat)</i>	1	
<i>cinacalcet hcl</i>	1	
<i>colchicine</i>	1	
COSENTYX	2	PA
<i>cyclosporine</i>	1	
<i>cyclosporine modified (for microemulsion)</i>	1	
<i>dabigatran etexilate mesylate</i>	1	QL
<i>deferasirox</i>	1	
<i>dimethyl fumarate</i>	1	
<i>disulfiram</i>	1	
ELMIRON	2	
ENBREL	2	PA
FC2 FEMALE CONDOM	2	
<i>finasteride</i>	1	
FLUTAMIDE	1	
GEL-KAM	2	
GRANIX	2	
IODINE STRONG	2	
<i>leflunomide</i>	1	
LETAIRIS	2	
<i>leucovorin calcium</i>	1	

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<i>methocarbamol</i>	1	
<i>methylergonovine maleate</i>	1	
<i>montelukast sodium</i>	1	
<i>mycophenolate mofetil</i>	1	
<i>mycophenolate sodium</i>	1	
<i>naloxone hcl</i>	1	
OTEZLA	2	PA
<i>penicillamine</i>	1	
<i>pentoxifylline</i>	1	
<i>pilocarpine hcl (oral)</i>	1	
<i>pirfenidone</i>	1	
<i>plerixafor</i>	1	
<i>pyridostigmine bromide</i>	1	
<i>sevelamer carbonate</i>	1	
<i>sirolimus</i>	1	
<i>sodium fluoride</i>	1	
<i>tacrolimus</i>	1	
<i>tacrolimus (topical)</i>	1	
<i>tamsulosin hcl</i>	1	
<i>teriflunomide</i>	1	
THALOMID	2	QL
THYMOL	2	
<b>RESPIRATORY TRACT AGENTS</b>		
<b>ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS</b>		
<i>budesonide-formoterol fumarate dihydrate</i>	1	
<b>ANTI-INFLAMMATORY AGENTS</b>		
SYMBICORT	2	
<b>ANTITUSSIVES</b>		
<i>benzonatate</i>	1	
<i>guaifenesin-codeine</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>		
<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>		

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Category/ Drug Name	Tier Level	Restrictions
<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>ketoconazole (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>tretinoin</i>	1	AGE
<b>KERATOLYTIC AGENTS</b>		
<i>urea</i>	1	
VECTICAL	1	
<b>LOCAL ANESTHETICS</b>		
LIDOCAINE HCL URETHRAL/MUCOSAL	1	
<b>SKIN AND MUCOUS MEMBRANE AGENTS, MISCELLANEOUS</b>		
<i>acitretin</i>	1	
<i>calcipotriene</i>	1	
<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	1	
<i>clotrimazole w/ betamethasone</i>	1	
COAL TAR	2	

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Kaiser Permanente of Georgia HMO Formulary

Category/ Drug Name	Tier Level	Restrictions
<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	
<b>SMOOTH MUSCLE RELAXANTS</b>		
<b>GENITOURINARY SMOOTH MUSCLE RELAXANTS</b>		
<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	
<b>RESPIRATORY SMOOTH MUSCLE RELAXANTS</b>		
SPIRIVA RESPIMAT	2	
STIOLTO RESPIMAT	2	
<i>theophylline</i>	1	
<b>VITAMINS</b>		
<b>MULTIVITAMIN PREPARATIONS</b>		
<i>ped multivitamins w/fl &amp; iron</i>	1	
<i>pediatric multivitamins w/fl</i>	1	
<i>pediatric vitamins acd w/ fluoride</i>	1	
<b>VITAMIN D</b>		
<i>calcitriol</i>	1	
<i>ergocalciferol</i>	1	
<b>VITAMIN K ACTIVITY</b>		
<i>phytonadione</i>	1	

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## Kaiser Permanente of Georgia HMO Formulary

### Drugs That Require Prior Authorization (PA) Review

ACTHAR
ADBRY
AIMOVIG
ALOGLIPTIN BENZOATE
ALOGLIPTIN-METFORMIN HCL
ALOGLIPTIN-PIOGLITAZONE
<i>amphetamine-dextroamphetamine</i>
ARCALYST
ARIKAYCE
AUGTYRO
AUSTEDO
AUVELITY
AUVI-Q
AVEED
AVONEX PEN
AVONEX PREFILLED
BAFIERTAM
BALVERSA
BENLYSTA
BERINERT
BESREMI
<i>bexarotene (topical)</i>
BOSULIF
BRENZAVVY
BREXAFEMME
<i>brimonidine tartrate (topical)</i>
BRONCHITOL
<i>budesonide</i>
BYDUREON BCISE
BYLVAY
CABLIVI
<i>calcipotriene-betamethasone dipropionate</i>
CALQUENCE
CAMZYOS
CAYSTON
CERDELGA
CHENODAL
CHOLBAM
CIBINQO
CIMZIA
<i>clindamycin phosphate-benzoyl peroxide</i>
CONTRACE
CORTROPHIN
COSENTYX
CRESEMBA
CUTAQUIG
CUVITRU

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Kaiser Permanente of Georgia HMO Formulary

Drugs That Require Prior Authorization (PA) Review

<i>dalfampridine</i>
DAPAGLIFLOZIN PRO-METFORMIN ER
DAPAGLIFLOZIN PROPANEDIOL
DAYBUE
DIACOMIT
<i>dimethyl fumarate</i>
DOJOLVI
DOPTELET
DROXIA
DUPIXENT
EGRIFTA SV
ELMIRON
EMFLAZA
EMGALITY
EMPAVELI
EMSAM
<i>emtricitabine-tenofovir disoproxil fumarate</i>
ENBREL
ENDARI
ENSPRYNG
EPCLUSA
EPIDIOLEX
EUCRISA
EVRYSDI
EXKIVITY
FASENRA
FILSPARI
<i> fingolimod hcl</i>
FINTEPLA
FIRAZYR
FIRDAPSE
FORTEO
FOTIVDA
GALAFOLD
GAMMAGARD
GATTEX
GAVRETO
GENOTROPIN
<i>glatiramer acetate</i>
GLYXAMBI
HARVONI
HEMLIBRA
HETLIOZ
HIZENTRA
HUMIRA (2 PEN)
HUMIRA (2 SYRINGE)
HUMULIN 70/30

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## Kaiser Permanente of Georgia HMO Formulary

### Drugs That Require Prior Authorization (PA) Review

HUMULIN N
HUMULIN R
<i>hydrocortisone</i>
HYFTOR
HYQVIA
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
INVOKAMET
INVOKANA
ISTURISA
<i>ivermectin (rosacea)</i>
JANUMET
JANUVIA
JARDIANCE
JENTADUETO
JENTADUETO XR
JESDUVROQ
JOENJA
JUBLIA
JUXTAPID
KALYDECO
KAZANO
KERENDIA
KESIMPTA
KEVEYIS
KEVZARA
KOMBIGLYZE XR
KORLYM
KOSELUGO
KRAZATI
LIVMARLI
LIVTENCITY
LUMAKRAS

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## Kaiser Permanente of Georgia HMO Formulary

### Drugs That Require Prior Authorization (PA) Review

LUPKYNIS
LYTGOBI
MAVENCLAD
MAVYRET
MAYZENT
<i>metformin hcl</i>
<i>methamphetamine hcl</i>
<i>methylphenidate hcl</i>
<i>metyrosine</i>
<i>miglustat</i>
MOUNJARO
MULPLETA
MYALEPT
MYCAPSSA
MYFEMBREE
MYTESI
NEXLETOL
NEXLIZET
<i>nitisinone</i>
<i>nitrofurantoin</i>
NORTHERA
NOXAFIL
NUBEQA
NUCALA
NUDEXTA
NUPLAZID
NURTEC
OLUMIANT
OMNIPOD 5 G6 INTRO (GEN 5)
ONEXTON
ONGLYZA
ONUREG
OPSUMIT
OPZELURA
ORGOVYX
ORIAHNN
ORILISSA
ORKAMBI
ORLADEYO
ORTIKOS
OSENI
OTEZLA
OXBRYTA
OXERVATE
OZEMPIC (0.25 OR 0.5 MG/DOSE)
PALFORZIA (12 MG DAILY DOSE)
PALYNZIQ

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## Kaiser Permanente of Georgia HMO Formulary

### Drugs That Require Prior Authorization (PA) Review

PANRETIN
PIQRAY (200 MG DAILY DOSE)
PLEGRIDY
PONVORY
<i>posaconazole</i>
PRALUENT
PREVYMIS
PROCYSBI
<i>pyrimethamine</i>
PYRUKYND
QBREXZA
QTERN
QULIPTA
RADICAVA ORS STARTER KIT
RAVICTI
RELISTOR
RELYVRIO
REPATHA
RETEVMO
REYVOW
REZLIDHIA
REZUROCK
RHOPRESSA
RINVOQ
RIVFLOZA
ROCKLATAN
ROZLYTREK
RUBRACA
RUCONEST
RUKOBIA
SAIZEN
SAPHNELO
<i>sapropterin dihydrochloride</i>
SAXENDA
SCEMBLIX
SEGLUROMET
SEROSTIM
SIGNIFOR LAR
SILIQ
SIMPONI
SKYRIZI
SKYTROFA
SOLQUA
SOMAVERT
SOTYKTU
SOVALDI
SPRYCEL

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## Kaiser Permanente of Georgia HMO Formulary

### Drugs That Require Prior Authorization (PA) Review

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STEGLUJAN
STELARA
STRENSIQ
SUCRAID
SUNLENCA
SUNOSI
SYMDEKO
SYMLINPEN 120
SYNAREL
SYNJARDY
SYNJARDY XR
TABRECTA
TAKHZYRO
TALTZ
TALZENNA
TARPEYO
TASCENSO ODT
TASIGNA
<i>tavaborole</i>
TAVALISSE
TAVNEOS
TEGSEDI
TEPMETKO
<i>teriflunomide</i>
TEZSPIRE
TIBSOVO
<i>tolvaptan</i>
TRADJENTA
TREMFYA
<i>trientine hcl</i>
TRIJARDY XR
TRIKAFTA
TRULICITY
TRUSELTIQ (100MG DAILY DOSE)
TUKYSA
TURALIO
TYMLOS
UBRELVY
VANFLYTA
VEMLIDY
VEOZAH
VERQUVO
VIBERZI
VICTOZA
<i>vigabatrin</i>
VIJOICE

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## Kaiser Permanente of Georgia HMO Formulary

Drugs That Require Prior Authorization (PA) Review
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VOCABRIA
VONJO
VOSEVI
VOWST
VOXZOGO
VTAMA
VUMERITY
VYNDAMAX
VYNDAQEL
VYZULTA
WAKIX
WEGOVI
WELIREG
XEMBIFY
XENAZINE
XERMELO
XHANCE
XIGDUO XR
XOLAIR
XPHOZAH
XPOVIO
XULTOPHY
XYREM
XYWAV
ZAVESCA
ZAVZPRET
ZEPATIER
ZEPOSIA
ZITUVIO
ZOKINVY
ZORYVE
ZURZUVAE

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<i>ethynodiol diacet &amp; eth estrad</i> .....	18
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<i>etravirine</i> .....	6
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<i>flucytosine</i> .....	6
<i>fludrocortisone acetate</i> .....	17
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<i>fluocinolone acetonide (otic)</i> .....	15
<i>fluocinonide</i> .....	21
<i>fluocinonide emulsified base</i> .....	21
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<i>fluorouracil (topical)</i> .....	22
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<i>hydrocodone bitartrate-homatropine methylbromide</i> .....	11
<i>hydrocodone-acetaminophen</i> .....	11
<i>hydrocortisone</i> .....	15, 17, 21, 25
<i>hydrocortisone (intrarectal)</i> .....	21
<i>hydrocortisone (topical)</i> .....	21
<i>hydrocortisone w/acetic acid</i> .....	15
<i>hydromorphone hcl</i> .....	11
<i>hydroxychloroquine sulfate</i> .....	6
<i>hydroxyurea</i> .....	8
<i>hydroxyzine hcl</i> .....	13
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<i>hyoscyamine sulfate</i> .....	9
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<i>imiquimod</i> .....	22
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<i>indomethacin</i> .....	11
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<i>ipratropium bromide (nasal)</i> .....	9
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<i>isosorbide dinitrate</i> .....	11
<i>isosorbide dinitrate-hydralazine hcl</i> .....	11
<i>isosorbide mononitrate</i> .....	11
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<i>ketorolac tromethamine (ophth)</i> .....	16
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<i>lacosamide</i> .....	12
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<i>naltrexone hcl</i> .....	13
<i>naproxen</i> .....	5
<i>naratriptan hcl</i> .....	12
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<i>nebivolol hcl</i> .....	10
<i>neomycin sulfate</i> .....	5
<i>neomycin-bacitracin zn-polymyxin</i> .....	15
<i>neomycin-polymy-dexameth</i> .....	16
NEOMYCIN-POLYMYXIN-GRAMICIDIN .....	15
NEOMYCIN-POLYMYXIN-HC .....	16
<i>nevirapine</i> .....	7
NEXLETOL .....	26
NEXLIZET .....	26
<i>nifedipine</i> .....	10
<i>nimodipine</i> .....	10
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<i>nitisinone</i> .....	26
<i>nitrofurantoin</i> .....	5, 7, 26
<i>nitrofurantoin macrocrystal</i> .....	5
<i>nitrofurantoin monohyd macro</i> .....	7
<i>nitroglycerin</i> .....	11
<i>norelgestromin-ethinyl estradiol</i> .....	18
<i>norethin acet &amp; estrad-fe</i> .....	18
<i>norethindrone &amp; eth estradiol</i> .....	18
<i>norethindrone (contraceptive)</i> .....	18
<i>norethindrone acetate</i> .....	18
<i>norethindrone-eth estradiol (triphasic)</i> .....	18
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<i>norgestimate-ethinyl estradiol (triphasic)</i> .....	18
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<i>nystatin</i> .....	6, 21, 22
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<i>nystatin (topical)</i> .....	21
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<i>oxcarbazepine</i> .....	12
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<i>oxybutynin chloride</i> .....	22
<i>oxycodone hcl</i> .....	12
<i>oxycodone w/ acetaminophen</i> .....	12
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<i>paroxetine hcl</i> .....	14
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<i>pediatric multivitamins w/fl</i> .....	22
<i>pediatric vitamins acd w/ fluoride</i> .....	22
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<i>phenytoin</i> .....	12	<i>pyrazinamide</i> .....	6
<i>phenytoin sodium extended</i> .....	12	<i>pyridostigmine bromide</i> .....	20
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<i>pioglitazone hcl</i> .....	17	QTERN.....	27
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<i>pirfenidone</i> .....	20	<i>quinidine gluconate</i> .....	11
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<i>posaconazole</i> .....	27	<i>rasagiline mesylate</i> .....	13
<i>pot &amp; sod citrates w/citric ac</i> .....	15	RAVICTI.....	27
<i>pot phosphate monobasic w/ sod phosphate dibasic &amp; monobasic</i> .....	15	REGRANEX .....	22
<i>potassium chloride</i> .....	15, 17	RELENZA DISKHALER.....	7
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<i>potassium citrate (alkalinizer)</i> .....	15	RELYVRIO .....	27
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<i>pramipexole dihydrochloride</i> .....	13	REYVOW .....	27
<i>prasugrel hcl</i> .....	9	REZLIDHIA.....	27
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<i>prednisone</i> .....	17	<i>riluzole</i> .....	13
<i>pregabalin</i> .....	12	RIMANTADINE HCL .....	7
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<i>primaquine phosphate</i> .....	6	ritonavir .....	7
<i>primidone</i> .....	12	<i>rivastigmine tartrate</i> .....	9, 13
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<i>prochlorperazine maleate</i> .....	16	<i>rizatriptan benzoate</i> .....	12
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<i>progesterone</i> .....	18	<i>ropinirole hydrochloride</i> .....	13
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<i>timolol maleate (ophth)</i> .....	16
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<i>tizanidine hcl</i> .....	9
<i>tobramycin</i> .....	5, 6, 15
<i>tobramycin (ophth)</i> .....	15
<i>tobramycin sulfate</i> .....	6
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<i>tolcapone</i> .....	13
<i>tolvaptan</i> .....	28
<i>topiramate</i> .....	12
<i>torseamide</i> .....	15
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<i>tramadol hcl</i> .....	12
<i>tranexamic acid</i> .....	9
<i>tranylcypromine sulfate</i> .....	14
<i>trazodone hcl</i> .....	14
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<i>tretinoin</i> .....	8, 21
<i>tretinoin (chemotherapy)</i> .....	8
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<i>triamcinolone acetonide (mouth)</i> .....	21
<i>triamcinolone acetonide (topical)</i> .....	21
<i>triamterene &amp; hydrochlorothiazide</i> .....	15
<i>trientine hcl</i> .....	28
<i>trifluoperazine hcl</i> .....	14
TRIFLURIDINE .....	15
<i>trihexyphenidyl hcl</i> .....	13
TRIJARDY XR .....	28
TRIKAFTA .....	28
TRIMETHOPRIM .....	7
<i>tropium chloride</i> .....	22
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TURALIO .....	28
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<i>ursodiol</i> .....	17

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<i>valganciclovir hcl</i> .....	7
<i>valproate sodium</i> .....	12
<i>valproic acid</i> .....	12
<i>valsartan</i> .....	11
<i>valsartan-hydrochlorothiazide</i> .....	11
<i>vancomycin hcl</i> .....	6
VANFLYTA .....	28
VECTICAL .....	21
VEMLIDY .....	28
<i>venlafaxine hcl</i> .....	14
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<i>verapamil hcl</i> .....	10
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VIBERZI .....	28
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- 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>.

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## HELP IN YOUR LANGUAGE

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

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

**العربية (Arabic) ملحوظة:** إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-888-865-5813** (TTY: **711**).

**中文 (Chinese) 注意:** 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-888-865-5813** (TTY: **711**)。

**فارسی (Farsi) توجه:** اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با **1-888-865-5813** (TTY: **711**) تماس بگیرید.

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

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, éí ná hóló, koji' 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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