KAISER PERMANENTE OF GEORGIA
HMO FORMULARY

This document includes Kaiser Permanente of Georgia's HMO formulary as of January 1, 2026. For an updated formulary, please visit our website at members.kp.org or call 1-888-865- 5813, Monday through Friday 7:00 a.m. to 7:00 p.m. TTY/TDD users should call 1-800-255-0056.

What is the Kaiser Permanente drug formulary?

A formulary is a list of drugs determined to be safe and effective for our members by our Pharmacy and Therapeutics Committee. Use of formulary drugs enables Kaiser Permanente to provide optimal care to you and your family at reasonable costs. Kaiser Permanente continually updates the formulary throughout the year based on new medical evidence, considering the recommendations of appropriate physician experts.

Does the formulary ever change?

Yes, Kaiser Permanente continually updates the formulary based on new medical evidence, considering the recommendations of appropriate physician experts and notifies our doctors, pharmacists, and other clinicians about any changes. If a change in the formulary affects any of your prescriptions, your doctor or pharmacist will let you know.

The enclosed formulary is current as of **January 1, 2026**. To get updated information about the drugs covered by Kaiser Permanente, please visit our website at *members.kp.org* or call Member Services at **1-888-865-5813**, Monday through Friday 7:00 a.m. to 7:00 p.m. TTY/TDD users should call **1-800-255-0056**.

How do I use the formulary?

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

Medical Condition

The formulary begins on page 5. The drugs in this formulary are grouped into categories depending on the type of medical condition that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular Agents." If you know the medical condition your drug is used for, simply look for the category name in the list that begins on page 5. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you can look for the drug in the Index that begins on page 34. 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 24.

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 24.

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 be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact your physician to initiate the request for exception

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

For more information

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

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

Or visit *members.kp.org*.

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Category/ Drug Name	Tier Level	Restrictions
ANALGESICS		
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS		
celecoxib	1	
ibuprofen	1	
nabumetone	1	
naproxen	1	
ANTI-INFECTIVE AGENTS		
ANTHELMINTICS		
albendazole	1	
ivermectin	1	
ANTI-INFECTIVES		
nitrofurantoin macrocrystal	1	
ANTIBACTERIALS		
amikacin sulfate	1	
amoxicillin	1	
amoxicillin & pot clavulanate	1	
ampicillin	1	
azithromycin	1	
BACITRACIN	1	
CEFACLOR	1	
cefadroxil	1	
cefazolin sodium	1	
cefdinir	1	
cefpodoxime proxetil	1	
ceftazidime	1	
cefuroxime axetil	1	
cephalexin	1	
ciprofloxacin hcl	1	
clarithromycin	1	
clindamycin hcl	1	
clindamycin palmitate hydrochloride	1	
dicloxacillin sodium	1	
doxycycline (monohydrate)	1	
doxycycline hyclate	1	
gentamicin sulfate	1	
levofloxacin	1	
linezolid	1	
minocycline hcl	1	
moxifloxacin hcl (ophth)	1	
neomycin sulfate	1	
penicillin v potassium	1	
silver sulfadiazine	1	
sulfadiazine	1	
sulfamethoxazole-trimethoprim	1	
sulfasalazine	1	
tetracycline hcl	1	
tobramycin	1	

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

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Category/ Drug Name	Tier Level	Restrictions
ISENTRESS	2	
lamivudine	1	QL
lamivudine-zidovudine	1	QL
lopinavir-ritonavir	1	QL
maraviroc	1	QL
nevirapine	1	QL
ODEFSEY	2	QL
oseltamivir phosphate	1	QL
PEGASYS	2	QL
PREZCOBIX	2	
RELENZA DISKHALER	2	QL
ribavirin (hepatitis c)	1	
RIMANTADINE HCL	1	QL
ritonavir	1, 2	QL
SOFOSBUVIR-VELPATASVIR	2	PA, QL
SYMFI	2	
SYMTUZA	2	QL
tenofovir disoproxil fumarate	1	QL
TIVICAY	2	
valacyclovir hcl	1	
valganciclovir hcl	1, 2	
VIRACEPT	2	QL
VOSEVI	2	PA
zidovudine	1	QL
URINARY ANTI-INFECTIVES		
methenamine hippurate	1	
nitrofurantoin monohyd macro	1	
TRIMETHOPRIM	1	
ANTIBACTERIALS		
ANTIBACTERIALS, OTHER		
clindamycin hcl	1	
BETA-LACTAM, CEPHALOSPORINS		
CEFACLOR	1	
TETRACYCLINES		
doxycycline hyclate	1	
ANTIDEPRESSANTS		
ANTIDEPRESSANTS, OTHER		
bupropion hcl	1	
PHENELZINE SULFATE	1	
trazodone hcl	1	
ANTIHISTAMINE DRUGS		
FIRST GENERATION ANTIHISTAMINES		
cyproheptadine hcl	1	
promethazine hcl	1	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
LEUKERAN	2	QL

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Category/ Drug Name	Tier Level	Restrictions
ANTINEOPLASTIC AGENTS		
abiraterone acetate	1	QL
anastrozole	1	
bicalutamide	1	
BRUKINSA	2	QL
capecitabine	1	
CAPRELSA	2	
EMCYT	2	
erlotinib hcl	1	
ETOPOSIDE	1	
everolimus	1	QL
exemestane	1	
fluorouracil	1	
hydroxyurea	1	
IBRANCE	2	PA, QL
IMBRUVICA	2	PA, QL
lapatinib ditosylate	1	
lenalidomide	1	QL
letrozole	1	
LONSURF	2	
LYNPARZA	2	QL
MATULANE	2	
megestrol acetate	1	
MELPHALAN	1	
mercaptopurine	1	
MESNEX	2	
POMALYST	2	
sorafenib tosylate	1	
sunitinib malate	1	
TABLOID	2	
tamoxifen citrate	1	
temozolomide	1	
tretinoin (chemotherapy)	1	
XTANDI	2	
ANTINEOPLASTICS, OTHER		
bexarotene	1	QL
COTELLIC	2	QL
CYCLOPHOSPHAMIDE	1, 2	
HYCAMTIN	2	QL
methotrexate sodium	1	
MYLERAN	2	QL
NINLARO	2	QL
STIVARGA	2	PA
VENCLEXTA	2	
XALKORI	2	QL
ZOLINZA	2	PA
MISCELLANEOUS THERAPEUTIC AGENTS		

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

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Category/ Drug Name	Tier Level	Restrictions
BETA-ADRENERGIC BLOCKING AGENTS		
propranolol hcl	1	
CALCIUM CHANNEL BLOCKING AGENTS		
nifedipine	1	
CARDIOVASCULAR AGENT, MISCELLANEOUS		
ranolazine	1	QL
DIURETICS, LOOP		
bumetanide	1	
DIURETICS, POTASSIUM-SPARING		
eplerenone	1	
RENIN-ANGIOTENSIN-ALDOSTERONE SYSTEM INHIBITORS		
sacubitril-valsartan	1	
CARDIOVASCULAR DRUGS		
ALPHA-ADRENERGIC BLOCKING AGENTS		
alfuzosin hcl	1	
doxazosin mesylate	1	
terazosin hcl	1	
ANTILIPEMIC AGENTS		
atorvastatin calcium	1	
cholestyramine	1	
cholestyramine light	1	
colestipol hcl	1	
ezetimibe	1	
fenofibrate	1	
lovastatin	1	
pravastatin sodium	1	
rosuvastatin calcium	1	
simvastatin	1	
ANTIPLATELET AGENT		
cilostazol	1	
clopidogrel bisulfate	1	
dipyridamole	1	
ticagrelor	1	
BETA-ADRENERGIC BLOCKING AGENTS		
acebutolol hcl	1	
atenolol	1	
atenolol & chlorthalidone	1	
bisoprolol & hydrochlorothiazide	1	
bisoprolol fumarate	1	
carvedilol	1	
labetalol hcl	1	
metoprolol succinate	1	
metoprolol tartrate	1	
nadolol	1	
nebivolol hcl	1	
propranolol hcl	1	
sotalol hcl	1	

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Category/ Drug Name	Tier Level	Restrictions
CALCIUM-CHANNEL BLOCKING AGENTS		
amlodipine besylate	1	
amlodipine besylate-benazepril hcl	1	
diltiazem hcl	1	
diltiazem hcl coated beads	1	
felodipine	1	
nifedipine	1	
nimodipine	1	
verapamil hcl	1	
CARDIAC DRUGS		
amiodarone hcl	1	
bisoprolol & hydrochlorothiazide	1	
digoxin	1, 2	
disopyramide phosphate	1, 2	
dofetilide	1	
flecainide acetate	1	
hydrochlorothiazide	1	
mexiletine hcl	1	
propafenone hcl	1	
quinidine gluconate	1	
QUINIDINE SULFATE	1	
spironolactone	1	
HYPOTENSIVE AGENTS		
AMILORIDE-HYDROCHLOROTHIAZIDE	1	
chlorthalidone	1	
clonidine hcl	1	
diazoxide	1	
indapamide	1	
midodrine hcl	1	
minoxidil	1	
RENIN-ANGIOTENSIN-ALDOSTERONE SYSTEM INHIBITORS		
benazepril hcl	1	
captopril	1	
enalapril maleate	1	
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
lisinopril	1	
lisinopril & hydrochlorothiazide	1	
losartan potassium	1	
losartan potassium & hydrochlorothiazide	1	
ramipril	1	
sacubitril-valsartan	1, 2	
valsartan	1	
valsartan-hydrochlorothiazide	1	
VASODILATING AGENTS		
ambrisentan	1	
hydralazine hcl	1	

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Category/ Drug Name	Tier Level	Restrictions
isosorbide dinitrate	1	
isosorbide dinitrate-hydralazine hcl	1	
isosorbide mononitrate	1	
nitroglycerin	1	
OPSUMIT	2	PA
CENTRAL NERVOUS SYSTEM AGENTS		
ANALGESICS AND ANTIPYRETICS		
acetaminophen w/ codeine	1	QL
butalbital-acetaminophen-caffeine	1	
butalbital-acetaminophen-caffeine w/ codeine	1	QL
butalbital-aspirin-caffeine	1	
butalbital-aspirin-caffeine w/cod	1	
diclofenac sodium	1	
etodolac	1	
fentanyl	1	QL
hydrocodone bitartrate-homatropine methylbromide	1	QL
hydrocodone-acetaminophen	1	QL
hydromorphone hcl	1	QL
indomethacin	1	
meloxicam	1	
methadone hcl	1	QL
morphine sulfate	1, 2	QL
oxycodone hcl	1	QL
oxycodone w/ acetaminophen	1	QL
salsalate	1	
sulindac	1	
tramadol hcl	1	QL
ANOREXIGENIC AGENTS AND RESPIRATORY AND CEREBRAL STIMULANTS		
amphetamine-dextroamphetamine	1	QL
dexmethylphenidate hcl	1	QL
dextroamphetamine sulfate	1	QL
methylphenidate hcl	1	QL
modafinil	1	QL
ANTICONVULSANTS		
carbamazepine	1	
clobazam	1	
DIASTAT ACUDIAL	1	
divalproex sodium	1	
ethosuximide	1	
gabapentin	1	
lacosamide	1	
lamotrigine	1	
levetiracetam	1	
oxcarbazepine	1	
phenobarbital	1	
phenytoin	1, 2	
phenytoin sodium extended	1, 2	

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Category/ Drug Name	Tier Level	Restrictions
pregabalin	1	
primidone	1	
topiramate	1	
valproate sodium	1	
valproic acid	1	
zonisamide	1	
ANTIMIGRAINE AGENTS		
eletriptan hydrobromide	1	QL
naratriptan hcl	1	QL
rizatriptan benzoate	1	QL
sumatriptan	1	QL
sumatriptan succinate	1	QL
zolmitriptan	1	QL
ANTIPARKINSONIAN AGENTS		
amantadine hcl	1	
benztropine mesylate	1	
bromocriptine mesylate	1	
carbidopa-levodopa	1	
carbidopa-levodopa-entacapone	1	
entacapone	1	
pramipexole dihydrochloride	1	
rasagiline mesylate	1	
ropinirole hydrochloride	1	
selegiline hcl	1	
tolcapone	1	
trihexyphenidyl hcl	1	
ANXIOLYTICS, SEDATIVES, AND HYPNOTICS		
alprazolam	1	QL
buspirone hcl	1	
clonazepam	1	QL
diazepam	1	QL
diazepam (anticonvulsant)	1	
hydroxyzine hcl	1	
lorazepam	1	QL
phenobarbital	1	
temazepam	1	QL
zaleplon	1	QL
zolpidem tartrate	1	QL
CENTRAL NERVOUS SYSTEM AGENTS, MISCELLANEOUS		
acamprosate calcium	1	
armodafinil	1	QL
atomoxetine hcl	1	
buprenorphine hcl-naloxone hcl dihydrate	1	
donepezil hydrochloride	1	
galantamine hydrobromide	1	
glatiramer acetate	1	
guanfacine hcl (adhd)	1	

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Category/ Drug Name	Tier Level	Restrictions
memantine hcl	1	
riluzole	1	
rivastigmine tartrate	1	
tetrabenazine	1	
MULTIPLE SCLEROSIS AGENTS		
BETASERON	1	
dalfampridine	1	
fingolimod hcl	1	
OPIATE ANTAGONISTS		
naltrexone hcl	1	
PSYCHOTHERAPEUTIC AGENTS		
amitriptyline hcl	1	
aripiprazole	1	
bupropion hcl	1	
chlorpromazine hcl	1	
citalopram hydrobromide	1	
clozapine	1	
desipramine hcl	1	
doxepin hcl	1	
duloxetine hcl	1	
escitalopram oxalate	1	
fluoxetine hcl	1	
fluphenazine hcl	1	
fluvoxamine maleate	1	
galantamine hydrobromide	1	
haloperidol	1	
haloperidol lactate	1	
imipramine hcl	1	
lithium carbonate	1	
lurasidone hcl	1	QL
mirtazapine	1	
nortriptyline hcl	1	
olanzapine	1	
paroxetine hcl	1	
perphenazine	1	
quetiapine fumarate	1	
risperidone	1	
sertraline hcl	1	
thioridazine hcl	1	
thiothixene	1	
tranylcypromine sulfate	1	
trazodone hcl	1	
trifluoperazine hcl	1	
venlafaxine hcl	1	
ziprasidone hcl	1	
DEVICES		
DEVICES		

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Category/ Drug Name	Tier Level	Restrictions
AEROCHAMBER PLUS FLO-VU	2	
BD INS SYR ULTRAFINE 1/2UNIT	1, 2	
ONETOUCH DELICA LANCETS FINE 30G	2	
DIABETES MELLITUS		
CONTOUR BLOOD GLUCOSE SYSTEM	2	
DIAGNOSTIC AGENTS		
DIABETES MELLITUS		
BD PEN NEEDLE MINI ULTRAFINE	1, 2	
BD VEO INSULIN SYR U/F 1/2UNIT	1	
CONTOUR TEST	2	
ELECTROLYTIC, CALORIC, AND WATER BALANCE		
ALKALINIZING AGENTS		
potassium citrate (alkalinizer)	1	
DIURETICS		
furosemide	1	
hydrochlorothiazide	1	
metolazone	1	
torsemide	1	
triamterene & hydrochlorothiazide	1	
HYPEROSMOTIC AGENT		
lactulose (encephalopathy)	1	
ION-REMOVING AGENTS		
sodium polystyrene sulfonate	1	
REPLACEMENT PREPARATIONS		
K-PHOS	2	
PHOSLYRA	2	
pot & sod citrates w/citric ac	1	
pot phosphate monobasic w/ sod phosphate dibasic & monobasic	1	
potassium chloride	1	
potassium chloride microencapsulated crystals cr	1	
URICOSURIC AGENTS		
probenecid	1	
ENZYMES		
ENZYMES		
PULMOZYME	2	
ZENPEP	2	
EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS		
ANTI-INFECTIVES		
bacitracin-polymyxin b (ophth)	1	
ciprofloxacin hcl (ophth)	1	
erythromycin (ophth)	1	
gentamicin sulfate (ophth)	1	
NATACYN	2	
neomycin-bacitracin zn-polymyxin	1	
NEOMYCIN-POLYMYXIN-GRAMICIDIN	1	
ofloxacin (ophth)	1	
ofloxacin (otic)	1	

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Category/ Drug Name	Tier Level	Restrictions
polymyxin b-trimethoprim	1	
tobramycin (ophth)	1, 2	
TRIFLURIDINE	1	
ANTI-INFLAMMATORY AGENTS		
bacitracin-poly-neomycin-hc	1	
BLEPHAMIDE	1, 2	
DEXAMETHASONE SODIUM PHOSPHATE	1	
diclofenac sodium (ophth)	1	
fluocinolone acetonide (otic)	1	
fluorometholone (ophth)	1	
hydrocortisone w/acetic acid	1	
MAXIDEX	2	
neomycin-polymy-dexameth	1	
NEOMYCIN-POLYMYXIN-HC	1	
PRED-G	2	
prednisolone acetate (ophth)	1, 2	
ANTIGLAUCOMA AGENTS		
BETAXOLOL HCL	1	
brimonidine tartrate	1	
CARTEOLOL HCL	1	
dorzolamide hcl	1	
dorzolamide hcl-timolol maleate	1	
latanoprost	1	
LEVOBUNOLOL HCL	1	
PHOSPHOLINE IODIDE	2	
pilocarpine hcl	1	
timolol maleate (ophth)	1	
EENT DRUGS, MISCELLANEOUS		
acetic acid (otic)	1	
APRACLONIDINE HCL	1	
cyclosporine (ophth)	1	QL
ketorolac tromethamine (ophth)	1	
phenylephrine hcl (mydriatic)	1	
LOCAL ANESTHETICS		
lidocaine hcl (mouth-throat)	1	
proparacaine hcl	1	
MYDRIATICS		
cyclopentolate hcl	1, 2	
HOMATROPAIRE	2	
VASOCONSTRICTORS		
phenylephrine hcl (mydriatic)	1	
GASTROINTESTINAL AGENTS		
GASTROINTESTINAL AGENTS, OTHER		
ursodiol	1	
GASTROINTESTINAL DRUGS		
ANTI-INFLAMMATORY AGENTS		
balsalazide disodium	1	

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

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Category/ Drug Name	Tier Level	Restrictions
testosterone cypionate	1	
TESTOSTERONE PROPIONATE	2	
ANTIDIABETIC AGENTS		
acarbose	1	
glimepiride	1	
glipizide	1	
HUMULIN 70/30	2	
HUMULIN R	2	
INSULIN GLARGINE-YFGN	2	
JARDIANCE	2	QL
KIRSTY	2	
metformin hcl	1	
pioglitazone hcl	1	
ANTIHYPOGLYCEMIC AGENTS		
BAQSIMI ONE PACK	2	QL
glucagon (rdna)	1	QL
CONTRACEPTIVES		
desogestrel & ethinyl estradiol	1	QL
drospirenone-ethinyl estradiol	1	QL, PREV, NC
ELLA	2	
ethynodiol diacet & eth estrad	1	QL
etonogestrel-ethinyl estradiol	1	QL
levonorgestrel & eth estradiol	1	QL
levonorgestrel-eth estradiol (triphasic)	1	QL
levonorgestrel-ethinyl estradiol (91-day)	1	QL
medroxyprogesterone acetate (contraceptive)	1	QL
norelgestromin-ethinyl estradiol	1	QL
norethin acet & estrad-fe	1	QL
norethindrone & eth estradiol	1	QL
norethindrone (contraceptive)	1	QL
norethindrone-eth estradiol (triphasic)	1	QL
norgestimate-ethinyl estradiol	1	QL
norgestimate-ethinyl estradiol (triphasic)	1	QL
norgestrel & ethinyl estradiol	1	QL
ESTROGENS AND ESTROGEN AGONISTS-ANTAGONISTS		
DEPO-ESTRADIOL	1	
esterified estrogens & methyltestosterone	1	
estradiol	1, 2	
estradiol vaginal	1	
estradiol valerate	1	
raloxifene hcl	1	
PARATHYROID		
calcitonin (salmon)	1	
PITUITARY		
desmopressin acetate	1	
DESMOPRESSIN ACETATE SPRAY	1	
desmopressin acetate spray refrigerated	1	

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Category/ Drug Name	Tier Level	Restrictions
PROGESTINS		
CRINONE	2	
levonorgestrel (emergency oc)	1	
medroxyprogesterone acetate	1	
norethindrone acetate	1	
progesterone	1	
THYROID AND ANTITHYROID AGENTS		
levothyroxine sodium	1	
liothyronine sodium	1	
methazolamide	1	
methimazole	1	
propylthiouracil	1	
IMMUNOLOGICAL AGENTS		
IMMUNOLOGICAL AGENTS, OTHER		
TYENNE	2	
IMMUNOMODULATORS		
XELJANZ	2	QL
METABOLIC BONE DISEASE AGENTS		
MISCELLANEOUS THERAPEUTIC AGENTS		
alendronate sodium	1	
MISCELLANEOUS THERAPEUTIC AGENTS		
MISCELLANEOUS THERAPEUTIC AGENTS		
acetazolamide	1	
ACTIMMUNE	2	
alendronate sodium	1	
allopurinol	1	
aminocaproic acid	1	
AMJEVITA	2	
ATROPINE SULFATE	1	
AUVI-Q	1	
azathioprine	1	
BD INSULIN SYRINGE U-500	2	
bosentan	1	
buprenorphine hcl	1	
buspirone hcl	1	
calcium acetate (phosphate binder)	1	
carbidopa-levodopa	1	
chlorhexidine gluconate (mouth-throat)	1	
cinacalcet hcl	1	
colchicine	1	
COSENTYX	2	PA
cyclosporine	1	
cyclosporine modified (for microemulsion)	1	
dabigatran etexilate mesylate	1	QL
deferasirox	1	
dicyclomine hcl	1	
dimethyl fumarate	1	

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Category/ Drug Name	Tier Level	Restrictions
ELMIRON	2	
ENBREL	2	PA
finasteride	1	
FLUTAMIDE	1	
GEL-KAM	2	
granisetron hcl	1	
guanfacine hcl	1	
hyoscyamine sulfate	1	
IODINE STRONG	2	
leflunomide	1	
LETAIRIS	2	
leucovorin calcium	1	
LEUKINE	2	
LYSODREN	2	
methocarbamol	1	
methylergonovine maleate	1	
montelukast sodium	1	
mycophenolate mofetil	1	
mycophenolate sodium	1	
naloxone hcl	1	
OTEZLA	2	PA
penicillamine	1	
pentoxifylline	1	
pilocarpine hcl (oral)	1	
pirfenidone	1	
plerixafor	1	
pyridostigmine bromide	1	
sevelamer carbonate	1	
sirolimus	1	
sodium fluoride	1	
tacrolimus	1	
tacrolimus (topical)	1	
tamsulosin hcl	1	
teriflunomide	1	
THALOMID	2	QL
THYMOL	2	
YESINTEK	2	
RESPIRATORY TRACT AGENTS		
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS		
budesonide-formoterol fumarate dihydrate	1	
ANTI-INFLAMMATORY AGENTS		
montelukast sodium	1	
ANTITUSSIVES		
benzonatate	1	
guaifenesin-codeine	1	
BRONCHODILATORS, ANTICHOLINERGIC		
ipratropium bromide	1	

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Category/ Drug Name	Tier Level	Restrictions
MAST CELL STABILIZER		
cromolyn sodium	1	
MISCELLANEOUS THERAPEUTIC AGENTS		
ALVESCO	2	
STRIVERDI RESPIMAT	2	
MUCOLYTIC AGENTS		
acetylcysteine	1	
RESPIRATORY SMOOTH MUSCLE RELAXANTS		
bosentan	1	
VASODILATING AGENTS		
RESPIRATORY TRACT/PULMONARY AGENTS		
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS		
ASMANEX HFA	2	
FLUTICASONE PROPIONATE HFA	2	QL, AGE
PHOSPHODIESTERASE INHIBITORS, AIRWAY DISEASE		
roflumilast	1	
SKIN AND MUCOUS MEMBRANE AGENTS		
ANTI-INFECTIVES		
betamethasone dipropionate augmented	1	
clindamycin phosphate (topical)	1	
clotrimazole	1	
erythromycin (acne aid)	1	
LINDANE	1	
metronidazole (topical)	1	
mupirocin	1	
permethrin	1	
ANTI-INFLAMMATORY AGENTS		
alclometasone dipropionate	1	
betamethasone dipropionate (topical)	1	
betamethasone dipropionate augmented	1	
betamethasone valerate	1	
clobetasol propionate	1	
desonide	1	
desoximetasone	1	
fluocinolone acetonide	1	
fluocinonide	1	
fluocinonide emulsified base	1	
fluticasone propionate	1	
hydrocortisone (intrarectal)	1	
hydrocortisone (topical)	1	
mometasone furoate	1	
triamcinolone acetonide (mouth)	1	
triamcinolone acetonide (topical)	1	
ANTIFUNGALS		
ciclopirox	1	
ketoconazole (topical)	1	
nystatin (topical)	1	

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Category/ Drug Name	Tier Level	Restrictions
ANTIPRURITICS AND LOCAL ANESTHETICS		
lidocaine hcl	1	QL
lidocaine-prilocaine	1	
ASTRINGENTS		
DRYSOL	2	
CELL STIMULANTS AND PROLIFERANTS		
KERATOLYTIC AGENTS		
urea	1	
LOCAL ANESTHETICS		
LIDOCAINE HCL URETHRAL/MUCOSAL	1	
SKIN AND MUCOUS MEMBRANE AGENTS, MISCELLANEOUS		
acitretin	1	
azelaic acid	1	ST
calcipotriene	1	
CALCITRIOL	1	
clindamycin phosphate-benzoyl peroxide (refrigerate)	1	
clotrimazole w/ betamethasone	1	
COAL TAR	2	
fluorouracil (topical)	1, 2	
imiquimod	1	
iodoquinol-hc	1	
isotretinoin	1	
nystatin-triamcinolone	1	
PODOFILOX	1	
REGRANEX	2	
SANTYL	2	
selenium sulfide	1	
sulfacetamide sodium w/ sulfur	1	
tretinoin	1, 2	AGE
SMOOTH MUSCLE RELAXANTS		
GENITOURINARY SMOOTH MUSCLE RELAXANTS		
bethanechol chloride	1	
darifenacin hydrobromide	1	
oxybutynin chloride	1	
solifenacin succinate	1	
trospium chloride	1	
RESPIRATORY SMOOTH MUSCLE RELAXANTS		
SPIRIVA RESPIMAT	2	
STIOLTO RESPIMAT	2	
theophylline	1	
THERAPEUTIC NUTRIENTS/ MINERALS/ ELECTROLYTES		
ELECTROLYTE/MINERAL/METAL MODIFIERS		
deferasirox	1	
potassium chloride microencapsulated crystals er	1	
VITAMINS		
MULTIVITAMIN PREPARATIONS		
ped multivitamins w/fl & iron	1	

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Category/ Drug Name	Tier Level	Restrictions
pediatric multivitamins w/fl	1, 2	
TRI-VITE/FLUORIDE	1	
VITAMIN D		
calcitriol	1	
ergocalciferol	1	
VITAMIN K ACTIVITY		
phytonadione	1	

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Drugs That Require Prior Authorization Review
ABRILADA
ACTHAR
ADALIMUMAB-AACF
ADALIMUMAB-ADAZ
ADALIMUMAB-RYVK
ADBRY
ADEMPAS
AGAMREE
AIMOVIG
AKEEGA
ALHEMO
ALOGLIPTIN BENZOATE
ALOGLIPTIN-METFORMIN HCL
ALOGLIPTIN-PIOGLITAZONE
ALUNBRIG
ALYFTREK
amphetamine-dextroamphetamine
AQNEURSA
ARCALYST
ARIKAYCE
ATTRUBY
AUGTYRO
AUSTEDO
AUVELITY
AVEED
AVMAPKI FAKZYNJA CO-PACK
AVONEX PEN
AVONEX PREFILLED
AYVAKIT
BAFIERTAM
BALVERSA
BENLYSTA
BERINERT
BESREMI
BETASERON
bexarotene (topical)
BIMZELX
BOSULIF
BRAFTOVI
BRENZAVVY
BREXAFEMME
brimonidine tartrate (topical)
BRONCHITOL
budesonide
BYDUREON BCISE
BYLVAY
CABLIVI

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Drugs That Require Prior Authorization Review
calcipotriene-betamethasone dipropionate
CALQUENCE
CAMZYOS
CAYSTON
CERDELGA
CHENODAL
CHOLBAM
CIBINQO
CIMZIA
clindamycin phosphate-benzoyl peroxide
COBENFY
COLUMVI
COMETRIQ
CONTRAVE
COPIKTRA
CORTROPHIN
COSENTYX
CRENESSITY
CRESEMBA
CUTAQUIG
CUVITRU
CYLTEZO
dalfampridine
DAPAGLIFLOZIN PRO-METFORMIN ER
DAPAGLIFLOZIN PROPANEDIOL
DAURISMO
DAYBUE
deferiprone
DIACOMIT
dimethyl fumarate
DOJOLVI
DOPTELET
DUPIXENT
DUVYZAT
EBGLYSS
EGRIFTA SV
ELMIRON
EMFLAZA
EMGALITY
EMPAVELI
EMSAM
emtricitabine-tenofovir disoproxil fumarate
ENBREL
ENDARI
ENSPRYNG
ENTYVIO PEN
EPCLUSA

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Drugs That Require Prior Authorization Review
EPIDIOLEX
epinephrine (anaphylaxis)
ERIVEDGE
ERLEADA
EUCRISA
EVRYSDI
EXJADE
EXKIVITY
FABHALTA
FASENRA
FIASP PUMPCART
FILSPARI
FILSUVEZ
fingolimod hcl
FINTEPLA
FIRAZYR
FIRDAPSE
FOTIVDA
FRUZAQLA
FULPHILA
FYLNETRA
GALAFOLD
GATTEX
GAVRETO
GENOTROPIN
GILOTRIF
glatiramer acetate
glimepiride
GLYXAMBI
HADLIMA
HARVONI
HEMLIBRA
HIZENTRA
HULIO
HUMIRA
hydrocortisone
HYFTOR
HYMPAVZI
HYQVIA
IBRANCE
IBSRELA
icatibant acetate
ICLUSIG
icosapent ethyl
IDHIFA
ILARIS
ILUMYA

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Drugs That Require Prior Authorization Review
imatinib mesylate
IMBRUVICA
IMCIVREE
IMPAVIDO
INBRIJA
INGREZZA
INLYTA
INPEFA
INPEN
INQOVI
INREBIC
INVOKAMET
INVOKANA
IQIRVO
ISTURISA
ITOVEBI
ivermectin (rosacea)
JANUMET
JANUVIA
JARDIANCE
JAYPIRCA
JENTADUETO
JENTADUETO XR
JESDUVROQ
JOENJA
JOURNAVX
JUBLIA
JUXTAPID
KALYDECO
KAZANO
KERENDIA
KESIMPTA
KEVEYIS
KEVZARA
KORLYM
KOSELUGO
KRAZATI
LAZCLUZE
LIQREV
liraglutide
LIVDELZI
LIVMARLI
LIVTENCITY
LODOCO
LORBRENA
LUMAKRAS
LUMRYZ

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Drugs That Require Prior Authorization Review
LUPKYNIS
LYTGOBI
MAVENCLAD
MAVYRET
MAYZENT
MEKINIST
MEKTOVI
metformin hcl
methamphetamine hcl
methylphenidate hcl
metyrosine
miglustat
MIPLYFFA
MOUNJARO
MULPLETA
MYALEPT
MYCAPSSA
MYFEMBREE
MYTESI
NEMLUVIO
NERLYNX
NEULASTA
NEUPOGEN
NEXLETOL
NEXLIZET
NGENLA
nitisinone
nitrofurantoin
NORTHERA
NOVOLIN 70/30
NOVOLIN N
NOVOLIN R
NOXAFIL
NUBEQA
NUCALA
NUEDEXTA
NUPLAZID
NURTEC
NYVEPRIA
ODOMZO
OGSIVEO
OHTUVAYRE
OJEMDA
OJJAARA
OLUMIANT
OMNIPOD 5
OMVOH

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Drugs That Require Prior Authorization Review
ONEXTON
ONGLYZA
ONUREG
OPFOLDA
OPSUMIT
OPSYNVI
OPZELURA
ORGOVYX
ORIAHNN
ORILISSA
ORKAMBI
ORLADEYO
ORSERDU
ORTIKOS
OSENI
OTEZLA
OXERVATE
OZEMPIC
PALFORZIA
PALYNZIQ
PANRETIN
PEMAZYRE
PIQRAY
PLEGRIDY
PONVORY
posaconazole
PRALUENT
PREVYMIS
PROCYSBI
PROMACTA
pyrimethamine
PYRUKYND
PYZCHIVA
QBREXZA
QFITLIA
QINLOCK
QTERN
QULIPTA
RADICAVA ORS
RAVICTI
RELISTOR
REPATHA
RETEVMO
REVLIMID
REVUFORJ
REYVOW
REZDIFFRA

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Drugs That Require Prior Authorization Review
REZLIDHIA
REZUROCK
RHOPRESSA
RINVOQ
RINVOQ LQ
RIVFLOZA
ROCKLATAN
ROLVEDON
ROZLYTREK
RUBRACA
RUCONEST
RUKOBIA
RYDAPT
SAIZEN
SAPHNELO
sapropterin dihydrochloride
saxagliptin-metformin hcl
SAXENDA
SCEMBLIX
SEGLUROMET
SEROSTIM
SIGNIFOR LAR
SIKLOS
SILIQ
SIMPONI
SKYCLARYS
SKYRIZI
SKYTROFA
SOFDRA
SOGROYA
SOHONOS
SOLIQUA
SOMATULINE DEPOT
SOMAVERT
SOTYKTU
SOVALDI
SPEVIGO
SPRYCEL
STEGLATRO
STEGLUJAN
STELARA
STEQEYMA
STIMUFEND
STIVARGA
STRENSIQ
SUCRAID
SUNLENCA

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Drugs That Require Prior Authorization Review
SUNOSI
SYMDEKO
SYMLINPEN 120
SYNAREL
SYNJARDY
SYNJARDY XR
TABRECTA
TAFINLAR
TAKHZYRO
TALTZ
TALZENNA
TARPEYO
TASCENSO ODT
TASIGNA
tasimelteon
tavaborole
TAVALISSE
TAVNEOS
TAZVERIK
TECELRA
TEGSEDI
TEPMETKO
teriflunomide
teriparatide
tetrabenazine
TEZSPIRE
TIBSOVO
tolvaptan
TRADJENTA
TREMFYA
trientine hcl
TRIJARDY XR
TRIKAFTA
TRULICITY
TRUQAP
TRUSELTIQ
TRYNGOLZA
TRYVIO
TUKYSA
TURALIO
TYMLOS
UBRELVY
UDENYCA
UPTRAVI
VAFSEO
VANFLYTA
VELSIPITY

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Drugs That Require Prior Authorization Review
VEMLIDY
VEOZAH
VERQUVO
VERZENIO
VIBERZI
vigabatrin
VIGAFYDE
VIJOICE
VITRAKVI
VIVJOA
VIZIMPRO
VOCABRIA
VONJO
VOQUEZNA
VORANIGO
VOSEVI
VOWST
VOXZOGO
VOYDEYA
VTAMA
VUMERITY
VYJUVEK
VYNDAMAX
VYNDAQEL
VYZULTA
WAINUA
WAKIX
WEGOVY
WELIREG
WINREVAIR
XALKORI
XDEMVY
XEMBIFY
XERMELO
XHANCE
XIGDUO XR
XOLAIR
XOSPATA
XPHOZAH
XPOVIO
XTANDI
XULTOPHY
XYREM
XYWAV
YORVIPATH
YUFLYMA
YUSIMRY

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Drugs That Require Prior Authorization Review
ZAVESCA
ZAVZPRET
ZEJULA
ZEPATIER
ZEPBOUND
ZEPOSIA
ZIEXTENZO
ZILBRYSQ
ZITUVIMET XR
ZITUVIO
ZOKINVY
ZOLINZA
ZORYVE
ZURZUVAE
ZYDELIG
ZYKADIA

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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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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NONDISCRIMINATION NOTICE

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

- Provide no cost aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats, such as large print, audio, and accessible electronic formats

- Provide no cost language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

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

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

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

HELP IN YOUR LANGUAGE

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

አማርኛ (Amharic) ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል፡ 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.

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

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

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

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

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

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

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

Naabeehó (Navajo) Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'dęę', t'áá jiik'eh, éí ná hóló, kojį' 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**).