

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

You should contact your physician to initiate the request for exception

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

For more information

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

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

Or visit *members.kp.org*.

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Kaiser Permanente of Georgia HMO Formulary

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

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

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

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ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i>	1	QL
<i>anastrozole</i>	1	
<i>bicalutamide</i>	1	
BRUKINSA	2	QL
<i>capecitabine</i>	1	
CAPRELSA	2	
EMCYT	2	
<i>erlotinib hcl</i>	1	
ETOPOSIDE	1	
<i>everolimus</i>	1	QL
<i>exemestane</i>	1	
<i>fluorouracil</i>	1	
<i>hydroxyurea</i>	1	
IBRANCE	2	PA, QL
IMBRUVICA	2	PA, QL
<i>lapatinib ditosylate</i>	1	
<i>lenalidomide</i>	1	QL
<i>letrozole</i>	1	
LONSURF	2	
LYNPARZA	2	QL
MATULANE	2	
<i>megestrol acetate</i>	1	
MELPHALAN	1	
<i>mercaptopurine</i>	1	
MESNEX	2	
POMALYST	2	
<i>sorafenib tosylate</i>	1	
<i>sunitinib malate</i>	1	
TABLOID	2	
<i>tamoxifen citrate</i>	1	
<i>temozolomide</i>	1	
<i>tretinoin (chemotherapy)</i>	1	
XTANDI	2	
ANTINEOPLASTICS, OTHER		
<i>bexarotene</i>	1	QL
COTELLIC	2	QL
CYCLOPHOSPHAMIDE	1, 2	
HYCAMTIN	2	QL
<i>methotrexate sodium</i>	1	
MYLERAN	2	QL
NINLARO	2	QL
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		
<i>imatinib mesylate</i>	1	
KISQALI (200 MG DOSE)	2	QL
LENVIMA (10 MG DAILY DOSE)	2	QL
TAGRISSE	2	QL
TASIGNA	2	PA, QL
ANTIVIRALS		
ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)		
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	1	QL
AUTONOMIC DRUGS		
ANTICHOLINERGIC AGENTS		
<i>dicyclomine hcl</i>	1	
<i>glycopyrrolate</i>	1	
<i>hyoscyamine sulfate</i>	1	
<i>ipratropium bromide</i>	1	
<i>ipratropium bromide (nasal)</i>	1	
PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS		
<i>rivastigmine tartrate</i>	1	
SKELETAL MUSCLE RELAXANTS		
<i>baclofen</i>	1	
<i>chlorzoxazone</i>	1	
<i>cyclobenzaprine hcl</i>	1	
<i>tizanidine hcl</i>	1	
SYMPATHOMIMETIC (ADRENERGIC) AGENTS		
<i>albuterol sulfate</i>	1	
<i>fluticasone-salmeterol</i>	1	
<i>ipratropium-albuterol</i>	1, 2	
<i>terbutaline sulfate</i>	1	
BLOOD FORMATION, COAGULATION, AND THROMBOSIS		
ANTIHEMORRHAGIC AGENTS		
<i>tranexamic acid</i>	1	QL
ANTITHROMBOTIC AGENTS		
<i>anagrelide hcl</i>	1	
<i>cilostazol</i>	1	
<i>enoxaparin sodium</i>	1	
<i>prasugrel hcl</i>	1	
<i>warfarin sodium</i>	1	
HEMATOPOIETIC AGENTS		
ALVAIZ	2	
ARANESP (ALBUMIN FREE)	2	
GRANIX	2	
PROCRIT	2	
BLOOD GLUCOSE REGULATORS		
ANTIDIABETIC AGENTS		
<i>pioglitazone hcl</i>	1	
CARDIOVASCULAR AGENTS		

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

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

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<i>isosorbide dinitrate</i>	1	
<i>isosorbide dinitrate-hydralazine hcl</i>	1	
<i>isosorbide mononitrate</i>	1	
<i>nitroglycerin</i>	1	
OPSUMIT	2	PA
CENTRAL NERVOUS SYSTEM AGENTS		
ANALGESICS AND ANTIPYRETICS		
<i>acetaminophen w/ codeine</i>	1	QL
<i>butalbital-acetaminophen-caffeine</i>	1	
<i>butalbital-acetaminophen-caffeine w/ codeine</i>	1	QL
<i>butalbital-aspirin-caffeine</i>	1	
<i>butalbital-aspirin-caffeine w/cod</i>	1	
<i>diclofenac sodium</i>	1	
<i>etodolac</i>	1	
<i>fentanyl</i>	1	QL
<i>hydrocodone bitartrate-homatropine methylbromide</i>	1	QL
<i>hydrocodone-acetaminophen</i>	1	QL
<i>hydromorphone hcl</i>	1	QL
<i>indomethacin</i>	1	
<i>meloxicam</i>	1	
<i>methadone hcl</i>	1	QL
<i>morphine sulfate</i>	1, 2	QL
<i>oxycodone hcl</i>	1	QL
<i>oxycodone w/ acetaminophen</i>	1	QL
<i>salsalate</i>	1	
<i>sulindac</i>	1	
<i>tramadol hcl</i>	1	QL
ANOREXIGENIC AGENTS AND RESPIRATORY AND CEREBRAL STIMULANTS		
<i>amphetamine-dextroamphetamine</i>	1	QL
<i>dexmethylphenidate hcl</i>	1	QL
<i>dextroamphetamine sulfate</i>	1	QL
<i>methylphenidate hcl</i>	1	QL
<i>modafinil</i>	1	QL
ANTICONSULSANTS		
<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	

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Kaiser Permanente of Georgia HMO Formulary

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

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Kaiser Permanente of Georgia HMO Formulary

Category/ Drug Name	Tier Level	Restrictions
<i>memantine hcl</i>	1	
<i>riluzole</i>	1	
<i>rivastigmine tartrate</i>	1	
<i>tetrabenazine</i>	1	
MULTIPLE SCLEROSIS AGENTS		
BETASERON	1	
<i>dalfampridine</i>	1	
<i>fingolimod hcl</i>	1	
OPIATE ANTAGONISTS		
<i>naltrexone hcl</i>	1	
PSYCHOTHERAPEUTIC AGENTS		
<i>amitriptyline hcl</i>	1	
<i>aripiprazole</i>	1	
<i>bupropion hcl</i>	1	
<i>chlorpromazine hcl</i>	1	
<i>citalopram hydrobromide</i>	1	
<i>clozapine</i>	1	
<i>desipramine hcl</i>	1	
<i>doxepin hcl</i>	1	
<i>duloxetine hcl</i>	1	
<i>escitalopram oxalate</i>	1	
<i>fluoxetine hcl</i>	1	
<i>fluphenazine hcl</i>	1	
<i>fluvoxamine maleate</i>	1	
<i>galantamine hydrobromide</i>	1	
<i>haloperidol</i>	1	
<i>haloperidol lactate</i>	1	
<i>imipramine hcl</i>	1	
<i>lithium carbonate</i>	1	
<i>lurasidone hcl</i>	1	QL
<i>mirtazapine</i>	1	
<i>nortriptyline hcl</i>	1	
<i>olanzapine</i>	1	
<i>paroxetine hcl</i>	1	
<i>perphenazine</i>	1	
<i>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	
DEVICES		
DEVICES		

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Kaiser Permanente of Georgia HMO Formulary

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		
<i>potassium citrate (alkalinizer)</i>	1	
DIURETICS		
<i>furosemide</i>	1	
<i>hydrochlorothiazide</i>	1	
<i>metolazone</i>	1	
<i>torsemide</i>	1	
<i>triamterene & hydrochlorothiazide</i>	1	
HYPEROSMOTIC AGENT		
<i>lactulose (encephalopathy)</i>	1	
ION-REMOVING AGENTS		
<i>sodium polystyrene sulfonate</i>	1	
REPLACEMENT PREPARATIONS		
K-PHOS	2	
PHOSLYRA	2	
<i>pot & sod citrates w/citric ac</i>	1	
<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>	1	
<i>potassium chloride</i>	1	
<i>potassium chloride microencapsulated crystals cr</i>	1	
URICOSURIC AGENTS		
<i>probenecid</i>	1	
ENZYMES		
ENZYMES		
PULMOZYME	2	
ZENPEP	2	
EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS		
ANTI-INFECTIVES		
<i>bacitracin-polymyxin b (ophth)</i>	1	
<i>ciprofloxacin hcl (ophth)</i>	1	
<i>erythromycin (ophth)</i>	1	
<i>gentamicin sulfate (ophth)</i>	1	
NATACYN	2	
<i>neomycin-bacitracin zn-polymyxin</i>	1	
NEOMYCIN-POLYMYXIN-GRAMICIDIN	1	
<i>ofloxacin (ophth)</i>	1	
<i>ofloxacin (otic)</i>	1	

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Kaiser Permanente of Georgia HMO Formulary

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

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Kaiser Permanente of Georgia HMO Formulary

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

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Kaiser Permanente of Georgia HMO Formulary

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

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Kaiser Permanente of Georgia HMO Formulary

Category/ Drug Name	Tier Level	Restrictions
PROGESTINS		
CRINONE	2	
<i>levonorgestrel (emergency oc)</i>	1	
<i>medroxyprogesterone acetate</i>	1	
<i>norethindrone acetate</i>	1	
<i>progesterone</i>	1	
THYROID AND ANTITHYROID AGENTS		
<i>levothyroxine sodium</i>	1	
<i>liothyronine sodium</i>	1	
<i>methazolamide</i>	1	
<i>methimazole</i>	1	
<i>propylthiouracil</i>	1	
IMMUNOLOGICAL AGENTS		
IMMUNOLOGICAL AGENTS, OTHER		
TYENNE	2	
IMMUNOMODULATORS		
XELJANZ	2	QL
METABOLIC BONE DISEASE AGENTS		
MISCELLANEOUS THERAPEUTIC AGENTS		
<i>alendronate sodium</i>	1	
MISCELLANEOUS THERAPEUTIC AGENTS		
MISCELLANEOUS THERAPEUTIC AGENTS		
<i>acetazolamide</i>	1	
ACTIMMUNE	2	
<i>alendronate sodium</i>	1	
<i>allopurinol</i>	1	
<i>aminocaproic acid</i>	1	
AMJEVITA	2	
ATROPINE SULFATE	1	
AUVI-Q	1	
<i>azathioprine</i>	1	
BD INSULIN SYRINGE U-500	2	
<i>bosentan</i>	1	
<i>buprenorphine hcl</i>	1	
<i>buspirone 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	

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Kaiser Permanente of Georgia HMO Formulary

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

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Kaiser Permanente of Georgia HMO Formulary

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

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Kaiser Permanente of Georgia HMO Formulary

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

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

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Drugs That Require Prior Authorization Review
ABRILADA
ACTHAR
ADALIMUMAB-AACF
ADALIMUMAB-ADAZ
ADALIMUMAB-RYVK
ADBRY
ADEMPAS
AGAMREE
AIMOVIG
AKEEGA
ALHEMO
ALOGLIPTIN BENZOATE
ALOGLIPTIN-METFORMIN HCL
ALOGLIPTIN-PIOGLITAZONE
ALUNBRIG
ALYFTREK
<i>amphetamine-dextroamphetamine</i>
AQNEURSA
ARCALYST
ARIKAYCE
ATTRUBY
AUGTYRO
AUSTEDO
AUVELITY
AVEED
AVMAPKI FAKZYNJA CO-PACK
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

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Drugs That Require Prior Authorization Review
<i>calcipotriene-betamethasone dipropionate</i>
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CAMZYOS
CAYSTON
CERDELGA
CHENODAL
CHOLBAM
CIBINQO
CIMZIA
<i>clindamycin phosphate-benzoyl peroxide</i>
COBENFY
COLUMVI
COMETRIQ
CONTRACE
COPIKTRA
CORTROPHIN
COSENTYX
CRENESSITY
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
DUPIXENT
DUVYZAT
EBGLYSS
EGRIFTA SV
ELMIRON
EMFLAZA
EMGALITY
EMPAVELI
EMSAM
<i>emtricitabine-tenofovir disoproxil fumarate</i>
ENBREL
ENDARI
ENSPRYNG
ENTYVIO PEN
EPCLUSA

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

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

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Drugs That Require Prior Authorization Review
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>
MIPLYFFA
MOUNJARO
MULPLETA
MYALEPT
MYCAPSSA
MYFEMBREE
MYTESI
NEMLUVIO
NERLYNX
NEULASTA
NEUPOGEN
NEXLETOL
NEXLIZET
NGENLA
<i>nitisinone</i>
<i>nitrofurantoin</i>
NORTHERA
NOVOLIN 70/30
NOVOLIN N
NOVOLIN R
NOXAFIL
NUBEQA
NUCALA
NUDEXTA
NUPLAZID
NURTEC
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
<i>posaconazole</i>
PRALUENT
PREVYMIS
PROCYSBI
PROMACTA
<i>pyrimethamine</i>
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
<i>sapropterin dihydrochloride</i>
<i>saxagliptin-metformin hcl</i>
SAXENDA
SCEMBLIX
SEGLUROMET
SEROSTIM
SIGNIFOR LAR
SIKLOS
SILIQ
SIMPONI
SKYCLARYS
SKYRIZI
SKYTROFA
SOFDRA
SOGROYA
SOHONOS
SOLQUA
SOMATULINE DEPOT
SOMAVERT
SOTYKTU
SOVALDI
SPEVIGO
SPRYCEL
STEGLATRO
STEGLUJAN
STELARA
STEQEYMA
STIMUFEND
STIVARGA
STRENSIQ
SUCRAID
SUNLENCA

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SUNOSI
SYMDEKO
SYMLINPEN 120
SYNAREL
SYNJARDY
SYNJARDY XR
TABRECTA
TAFINLAR
TAKHZYRO
TALTZ
TALZENNA
TARPEYO
TASCENSO ODT
TASIGNA
<i>tasimelteon</i>
<i>tavaborole</i>
TAVALISSE
TAVNEOS
TAZVERIK
TECELRA
TEGSEDI
TEPMETKO
<i>teriflunomide</i>
<i>teriparatide</i>
<i>tetrabenazine</i>
TEZSPIRE
TIBSOVO
<i>tolvaptan</i>
TRADJENTA
TREMFYA
<i>trientine hcl</i>
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
<i>vigabatrin</i>
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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ZILBRYSQ	
ZITUVIMET XR	
ZITUVIO	
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<i>tranylcypromine sulfate</i>	14	VEOZAH	32
<i>trazodone hcl</i>	7, 14	<i>verapamil hcl</i>	11
TREMFYA	31	VERQUVO	32
<i>tretinoin</i>	8, 22	VERZENIO	32
<i>tretinoin (chemotherapy)</i>	8	VIBERZI	32
<i>triamcinolone acetonide</i>	17, 21	<i>vigabatrin</i>	32
<i>triamcinolone acetonide (mouth)</i>	21	VIGAFYDE	32
<i>triamcinolone acetonide (topical)</i>	21	VIJOICE	32
<i>triamterene & hydrochlorothiazide</i>	15	VIRACEPT	7
<i>trientine hcl</i>	31	VITRAKVI	32
<i>trifluoperazine hcl</i>	14	VIVJOA	32
TRIFLURIDINE	16	VIZIMPRO	32
<i>trihexyphenidyl hcl</i>	13	VOCABRIA	32
TRIJARDY XR	31	VONJO	32
TRIKAFTA	31	VOQUEZNA	32
TRIMETHOPRIM	7	VORANIGO	32
TRI-VITE/FLUORIDE	23	VOSEVI	7, 32
<i>trospium chloride</i>	22	VOWST	32
TRULICITY	31	VOXZOGO	32
TRUQAP	31	VOYDEYA	32
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TRYNGOLZA	31	VUMERITY	32
TRYVIO	31	VYJUVEK	32
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<i>valacyclovir hcl</i>	7
<i>valganciclovir hcl</i>	7
<i>valproate sodium</i>	13
<i>valproic acid</i>	13
<i>valsartan</i>	11

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WAINUA	32
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<i>warfarin sodium</i>	9
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WELIREG	32
WINREVAIR	32

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YESINTEK	20
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YUFLYMA	32
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Z

<i>zaleplon</i>	13
ZAVESCA	33
ZAVZPRET	33

ZEJULA	33
ZELBORAF	9
ZENPEP	15
ZEPATIER	33
ZEPBOUND	33
ZEPOSIA	33
<i>zidovudine</i>	7
ZIEXTENZO	33
ZILBRYSQ	33
<i>ziprasidone hcl</i>	14
ZITUVIMET XR	33
ZITUVIO	33
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<i>zolpidem tartrate</i>	13
<i>zonisamide</i>	13
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- Provide no cost language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

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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 ሊያግዝዎት 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.

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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'déé', t'áá jiik'eh, éí ná hóló, koji' hódííłnih **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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