KAISER PERMANENTE OF GEORGIA
HMO FORMULARY



This document includes Kaiser Permanente of Georgia's HMO formulary as of January 1, 2027. 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, 2027**. 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?

The following items are excluded from coverage Kaiser Permanente outpatient prescription drug plan for your standard Copayment/Coinsurance: experimental or investigational drugs, over-the-counter drugs, drugs for anticipated illnesses while traveling and drugs used for cosmetic purposes, drugs used in the treatment of sexual dysfunction disorders, drugs for weight loss, and drugs used for cosmetic purposes. Unless otherwise specified by your Plan or deemed Medically Necessary by your Plan Physician, You will be responsible for the full cost of that drug. Please consult your Benefit Booklet for limitations and exclusions, and plan specific benefit coverage.

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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 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 would not be as effective in treating your condition and/or

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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.

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		
CENTRAL NERVOUS SYSTEM AGENTS, MISCELLANEOUS		
buprenorphine	1	QL
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS		
celecoxib	1	
ibuprofen	1	
nabumetone	1	
naproxen	1	
OPIOID ANALGESICS, LONG-ACTING		
buprenorphine	1	QL
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	

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Category/ Drug Name	Tier Level	Restrictions
sulfamethoxazole-trimethoprim	1	
sulfasalazine	1	
tetracycline hcl	1	
tobramycin	1	
tobramycin sulfate	1	
vancomycin hcl	1	
ANTIFUNGALS		
AMPHOTERICIN B	1	
dapsone	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	
atovaquone-proguanil hcl	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
efavirenz	1	QL
emtricitabine	1	QL
emtricitabine-rilpivirine-tenofovir disoproxil fumarate	1	
emtricitabine-tenofovir disoproxil fumarate	1	QL

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Category/ Drug Name	Tier Level	Restrictions
entecavir	1	QL
etravirine	1	QL
fosamprenavir calcium	1	QL
FUZEON	2	QL
GENVOYA	2	QL
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	
rilpivirine hcl	1, 2	QL
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		
fosfomycin tromethamine	1	
methenamine hippurate	1	
nitrofurantoin monohyd macro	1	
TRIMETHOPRIM	1	
ANTIBACTERIALS		
ANTIBACTERIALS, OTHER		
clindamycin hcl	1	
BETA-LACTAM, CEPHALOSPORINS		
CEFACLOR	1	
SULFONAMIDES		
SULFACETAMIDE SODIUM	1	
TETRACYCLINES		
doxycycline hyclate	1	
ANTIDEPRESSANTS		
ANTIDEPRESSANTS, OTHER		
bupropion hcl	1	

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Category/ Drug Name	Tier Level	Restrictions
PHENELZINE SULFATE	1	
trazodone hcl	1	
ANTIEMETICS		
EMETOGENIC THERAPY ADJUNCTS		
aprepitant	1	QL
ANTIHISTAMINE DRUGS		
FIRST GENERATION ANTIHISTAMINES		
cyproheptadine hcl	1	
promethazine hcl	1	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
LEUKERAN	2	QL
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	
sorafenib tosylate	1	
sunitinib malate	1	
TABLOID	2	
tamoxifen citrate	1	
temozolomide	1	
tretinoin (chemotherapy)	1	
ANTINEOPLASTICS, OTHER		
bexarotene	1	QL
COTELLIC	2	QL

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Category/ Drug Name	Tier Level	Restrictions
CYCLOPHOSPHAMIDE	1, 2	
HYCAMTIN	2	QL
methotrexate sodium	1	
MYLERAN	2	QL
NINLARO	2	QL
STIVARGA	2	PA
VENCLEXTA	2	
ZOLINZA	2	PA
MISCELLANEOUS THERAPEUTIC AGENTS		
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
ANTINEOPLASTICS		
MOLECULAR TARGET INHIBITORS		
dasatinib	1	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	
terbutaline sulfate	1	
BLOOD FORMATION, COAGULATION, AND THROMBOSIS		
ANTIHEMORRHAGIC AGENTS		
tranexamic acid	1	QL
ANTITHROMBOTIC AGENTS		
anagrelide hcl	1	
cilostazol	1	

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Category/ Drug Name	Tier Level	Restrictions
dabigatran etexilate mesylate	1	QL
enoxaparin sodium	1	
prasugrel hcl	1	
warfarin sodium	1	
HEMATOPOIETIC AGENTS		
ALVAIZ	2	
ARANESP (ALBUMIN FREE)	2	
eltrombopag olamine	1	
FILKRI	2	
PROCRIT	2	
BLOOD GLUCOSE REGULATORS		
ANTIDIABETIC AGENTS		
dapagliflozin	1	
pioglitazone hcl	1	
CARDIOVASCULAR AGENTS		
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	
prazosin hcl	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	

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Category/ Drug Name	Tier Level	Restrictions
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	
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		

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Category/ Drug Name	Tier Level	Restrictions
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	
olmesartan medoxomil	1	
olmesartan medoxomil-hydrochlorothiazide	1	
ramipril	1	
sacubitril-valsartan	1	
valsartan	1	
valsartan-hydrochlorothiazide	1	
VASODILATING AGENTS		
ambrisentan	1	
hydralazine hcl	1	
isosorbide dinitrate	1	
isosorbide dinitrate-hydralazine hcl	1	
isosorbide mononitrate	1	
nitroglycerin	1	
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	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

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Category/ Drug Name	Tier Level	Restrictions
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	
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

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Category/ Drug Name	Tier Level	Restrictions
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	
memantine hcl	1	
riluzole	1	
rivastigmine tartrate	1	
tetrabenazine	1	
MULTIPLE SCLEROSIS AGENTS		
BETASERON	1	PA
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

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Category/ Drug Name	Tier Level	Restrictions
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		
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	
PHOSPHA 250 NEUTRAL	1	
POT & SOD CIT-CIT AC	1	
potassium chloride	1	
potassium chloride microencapsulated crystals cr	1	

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Category/ Drug Name	Tier Level	Restrictions
URICOSURIC AGENTS		
probenecid	1	
ENZYMES		
ENZYMES		
PULMOZYME	2	
ZENPEP	2	
EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS		
ANTI-INFECTIVES		
BACITRACIN-POLYMYXIN B	1	
ciprofloxacin hcl (ophth)	1	
erythromycin (ophth)	1	
gentamicin sulfate (ophth)	1	
NATACYN	2	
NEOMYCIN-BACITRACIN ZN-POLYMYX	1	
NEOMYCIN-POLYMYXIN-GRAMICIDIN	1	
ofloxacin (ophth)	1	
ofloxacin (otic)	1	
polymyxin b-trimethoprim	1	
tobramycin (ophth)	1, 2	
TRIFLURIDINE	1	
ANTI-INFLAMMATORY AGENTS		
BACITRA-NEOMYCIN-POLYMYXIN-HC	1	
BLEPHAMIDE	1, 2	
bromfenac sodium (ophth)	1	
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	
ANTIALLERGIC AGENTS		
CROMOLYN SODIUM	1	
ANTIGLAUCOMA AGENTS		
BETAXOLOL HCL	1	
brimonidine tartrate	1	
brimonidine tartrate-timolol maleate	1	
CARTEOLOL HCL	1	
dorzolamide hcl	1	
dorzolamide hcl-timolol maleate	1	
latanoprost	1	
LEVOBUNOLOL HCL	1	
PHOSPHOLINE IODIDE	2	
pilocarpine hcl	1	

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Category/ Drug Name	Tier Level	Restrictions
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		
lubiprostone	1	
prucalopride succinate	1	
ursodiol	1	
GASTROINTESTINAL DRUGS		
ANTI-INFLAMMATORY AGENTS		
balsalazide disodium	1	
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	
sodium sulfate-potassium sulfate-magnesium sulfate	1	
CHOLELITHOLYTIC AGENTS		
ursodiol	1	
DIGESTANTS		
CREON	2	

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Category/ Drug Name	Tier Level	Restrictions
PROKINETIC AGENTS		
metoclopramide hcl	1	
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)		
NO USP CLASS		
dexamethasone sodium phosphate	1	
EST ESTROGENS-METHYLTEST	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	
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	
KIRSTY	2	
metformin hcl	1	
pioglitazone hcl	1	
ANTIHYPOGLYCEMIC AGENTS		
glucagon	1, 2	QL
CONTRACEPTIVES		
desogestrel & ethinyl estradiol	1	QL
drospirenone-ethinyl estradiol	1	QL
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

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Category/ Drug Name	Tier Level	Restrictions
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	
EEMT HS	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	
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		
IMMUNE SUPPRESSANTS		
sirolimus	1	
IMMUNOMODULATORS		
XELJANZ	2	QL
METABOLIC BONE DISEASE AGENTS		
MISCELLANEOUS THERAPEUTIC AGENTS		
alendronate sodium	1	
NO USP CLASS		
risedronate sodium	1	
MISCELLANEOUS THERAPEUTIC AGENTS		
MISCELLANEOUS THERAPEUTIC AGENTS		
acetazolamide	1	

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Category/ Drug Name	Tier Level	Restrictions
ACTIMMUNE	2	
alendronate sodium	1	
allopurinol	1	
aminocaproic acid	1	
AMJEVITA	2	
ATROPINE SULFATE	1	
AUVI-Q	1	
AVTOZMA	2	
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	
cyclosporine	1	
cyclosporine modified (for microemulsion)	1	
dabigatran etexilate mesylate	1	QL
deferasirox	1	
dicyclomine hcl	1	
dimethyl fumarate	1	
ELMIRON	2	
ENBREL	2	PA
finasteride	1	
FLUTAMIDE	1	
granisetron hcl	1	
guanfacine hcl	1	
HYOSCYAMINE SULFATE	1	
IODINE STRONG	2	
leflunomide	1	
leucovorin calcium	1	
LEUKINE	2	
LYSODREN	2	
methocarbamol	1	
methylergonovine maleate	1	
montelukast sodium	1	
mycophenolate mofetil	1	
mycophenolate sodium	1	
naloxone hcl	1	
penicillamine	1	
pentoxifylline	1	
pilocarpine hcl (oral)	1	
pirfenidone	1	
plerixafor	1	

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Category/ Drug Name	Tier Level	Restrictions
probenecid	1	
pyridostigmine bromide	1	
sevelamer carbonate	1	
sirolimus	1	
SODIUM FLUORIDE	1	
stannous fluoride	2	
tacrolimus	1	
tacrolimus (topical)	1	
tamsulosin hcl	1	
teriflunomide	1	
THALOMID	2	QL
THYMOL	2	
tofacitinib citrate	1	
YESINTEK	2	
OPHTHALMIC AGENTS		
NO USP CLASS (COMBINATION PRODUCT)		
tobramycin-dexamethasone	1	
OPHTHALMIC ANTI-INFECTIVES		
gatifloxacin (ophth)	1	
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	
MAST CELL STABILIZER		
cromolyn sodium	1	
MISCELLANEOUS THERAPEUTIC AGENTS		
ALVESCO	2	
STRIVERDI RESPIMAT	2	
MUCOLYTIC AGENTS		
acetylcysteine	1	
RESPIRATORY SMOOTH MUSCLE RELAXANTS		
bosentan	1	
RESPIRATORY TRACT/PULMONARY AGENTS		
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS		
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	

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Category/ Drug Name	Tier Level	Restrictions
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	
calcipotriene-betamethasone dipropionate	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	
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	
calcipotriene	1	
CALCITRIOL	1	
clindamycin phosphate-benzoyl peroxide (refrigerate)	1	
clotrimazole w/ betamethasone	1	
COAL TAR	2	
fluorouracil (topical)	1	

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Category/ Drug Name	Tier Level	Restrictions
imiquimod	1	
iodoquinol-hc	1	
isotretinoin	1	
metronidazole vaginal	1	
nystatin-triamcinolone	1	
PODOFILOX	1	
REGRANEX	2	
SANTYL	2	
selenium sulfide	1	
SSS 10-5	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	
SMOOTH MUSCLE RELAXANTS		
tolterodine tartrate	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	
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-AATY
ADALIMUMAB-ADAZ
ADALIMUMAB-ADBM
ADALIMUMAB-ADBM
ADALIMUMAB-BWWD
ADALIMUMAB-FKJP
ADALIMUMAB-FKJP
ADALIMUMAB-RYVK
ADBRY
ADEMPAS
AGAMREE
AIMOVIG
AKEEGA
ALHEMO
ALOGLIPTIN BENZOATE
ALOGLIPTIN-METFORMIN HCL
ALOGLIPTIN-PIOGLITAZONE
ALUNBRIG
ALYFTREK
amphetamine-dextroamphetamine
ANDEMBRY
AQNEURSA
ARCALYST
ARIKAYCE
aripiprazole
ATTRUBY
AUGTYRO
AUSTEDO
AUVELITY
AVEED
AVMAPKI FAKZYNJA CO-PACK
AVONEX PEN
AVONEX PREFILLED
AYVAKIT
BAFIERTAM
BALVERSA
BERINERT
BESREMI
BETASERON
bexarotene (topical)
BIMZELX
BLUJEPA
BOSULIF
BRAFTOVI

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Drugs That Require Prior Authorization Review
BRENZAVVY
BREXAFEMME
brimonidine tartrate (topical)
BRINSUPRI
BRONCHITOL
budesonide
BYLVAY
CABLIVI
calcipotriene-betamethasone dipropionate
CALQUENCE
CAMZYOS
CAYSTON
CEQUR SIMPLICITY 2U
CERDELGA
CHENODAL
CHOLBAM
CIBINQO
CIMZIA
clindamycin phosphate-benzoyl peroxide
COBENFY
COMETRIQ
CONTOUR BLOOD GLUCOSE SYSTEM
CONTRAVE
COPIKTRA
CORTROPHIN
COSENTYX
CRENESSITY
CRESEMBA
CUTAQUIG
CUVITRU
cyclosporine (ophth)
dalfampridine
dapagliflozin free base-metformin hcl
DAURISMO
DAWNZERA
DAYBUE
dextromethorphan hbr-quinidine sulfate
DIACOMIT
dimethyl fumarate
DOJOLVI
DOPTELET
DUPIXENT
DUVYZAT
EBGLYSS
EGRIFTA SV
EKTERLY
ELMIRON

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Drugs That Require Prior Authorization Review
EMFLAZA
EMGALITY
EMPAVELI
EMSAM
emtricitabine-tenofovir disoproxil fumarate
ENBREL
ENDARI
ENSACOVE
ENSPRYNG
EPCLUSA
EPIDIOLEX
epinephrine (anaphylaxis)
ERIVEDGE
ERLEADA
EUCRISA
EVRYSDI
EXKIVITY
EXXUA
FABHALTA
FARXIGA
FASENRA
FIASP PUMPCART
FILSPARI
FILSUVEZ
fingolimod hcl
FINTEPLA
FIRAZYR
FIRDAPSE
FORTEO
FOTIVDA
FOUNDAYO
FRUZAQLA
FULPHILA
FYLNETRA
GALAFOLD
GATTEX
GAVRETO
GENOTROPIN
GILOTRIF
glatiramer acetate
glimepiride
GLYXAMBI
GOMEKLI
HARVONI
HEMLIBRA
HIZENTRA
HUMIRA

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Drugs That Require Prior Authorization Review
hydrocortisone
HYFTOR
HYMPAVZI
HYQVIA
IBRANCE
IBSRELA
IBTROZI
icatibant acetate
ICLUSIG
icosapent ethyl
IDHIFA
IMBRUVICA
IMCIVREE
IMPAVIDO
IMULDOSA
INBRIJA
INGREZZA
INLURIYO
INLYTA
INPEFA
INPEN
INQOVI
INREBIC
INSULIN ISOPHANE (HUMAN)
INSULIN NPH ISOPHANE & REG (HUMAN)
INSULIN REGULAR (HUMAN)
INVOKAMET
INVOKANA
IQIRVO
ISTURISA
ITOVEBI
ivermectin (rosacea)
JANUMET
JANUVIA
JARDIANCE
JASCAYD
JAYPIRCA
JENTADUETO
JENTADUETO XR
JESDUVROQ
JOENJA
JOURNAVX
JUBLIA
JUXTAPID
JYNARQUE
KALYDECO
KAZANO

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Drugs That Require Prior Authorization Review
KERENDIA
KESIMPTA
KEVEYIS
KEVZARA
KOMZIFTI
KORLYM
KOSELUGO
KRAZATI
LAZCLUZE
LIQREV
liraglutide
LITFULO
LIVDELZI
LIVMARLI
LIVTENCITY
LODOCO
LORBRENA
LUMAKRAS
LUMRYZ
LUPKYNIS
LYNKUET
LYTGOBI
MAVENCLAD
MAVYRET
MAYZENT
MEKINIST
MEKTOVI
metformin hcl
methamphetamine hcl
methylphenidate hcl
metyrosine
miglustat
MIPLYFFA
MOUNJARO
MULPLETA
MYALEPT
MYFEMBREE
MYTESI
NEMLUVIO
NERLYNX
NEULASTA
NEUPOGEN
NEXLETOL
NEXLIZET
NGENLA
nitisinone
nitrofurantoin

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Drugs That Require Prior Authorization Review
NORTHERA
NOVOLIN N
NOVOLIN N FLEXPEN RELION
NOXAFIL
NUBEQA
NUCALA
NUPLAZID
NURTEC
NYVEPRIA
ODOMZO
OGSIVEO
OHTUVAYRE
OJEMDA
OJJAARA
OLPRUVA
OLUMIANT
OMNIPOD
ONEXTON
ONGLYZA
ONUREG
OPFOLDA
OPSYNVI
OPZELURA
ORENCIA
ORENCIA CLICKJECT
ORGOVYX
ORIAHNN
ORILISSA
ORKAMBI
ORLYNVAH
ORSERDU
ORTIKOS
OSENI
OTEZLA
OTULFI
OXERVATE
OZEMPIC
PALSONIFY
PALYNZIQ
PANRETIN
PEMAZYRE
PIQRAY
PIVYA
PLEGRIDY
PONVORY
posaconazole
PRALUENT

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Drugs That Require Prior Authorization Review
PREVYMIS
PROCYSBI
pyrimethamine
PYZCHIVA
QBREXZA
QFITLIA
QINLOCK
QTERN
QULIPTA
RAVICTI
REDEMPLO
RELISTOR
REPATHA
RETEVMO
REVUFORJ
REYVOW
REZDIFFRA
REZLIDHIA
REZUROCK
RHAPSIDO
RHOPRESSA
RINVOQ
RIVFLOZA
ROCKLATAN
ROLVEDON
ROMVIMZA
ROZLYTREK
RUBRACA
RUCONEST
RUKOBIA
RYDAPT
SAIZEN
sapropterin dihydrochloride
saxagliptin-metformin hcl
SAXENDA
SCEMBLIX
SEGLUROMET
SELARSDI
SEPHIENCE
SEROSTIM
SIKLOS
SILIQ
SITAGLIPTIN
SKYCLARYS
SKYRIZI
SKYTROFA
SOFDRA

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Drugs That Require Prior Authorization Review
SOGROYA
SOHONOS
SOLIQUA
SOMAVERT
SOTYKTU
SOVALDI
STEGLATRO
STEGLUJAN
STELARA
STEQEYMA
STIMUFEND
STIVARGA
STRENSIQ
SUCRAID
SUNLENCA
SUNOSI
SYMDEKO
SYMLINPEN
SYNAREL
SYNJARDY
SYNJARDY XR
TABRECTA
TAFINLAR
TAKHZYRO
TALTZ
TALZENNA
TARGRETIN
TARPEYO
TASCENSO ODT
TASIGNA
tasimelteon
tavaborole
TAVALISSE
TAVNEOS
TAZVERIK
TEGSEDI
TEPMETKO
teriflunomide
tetrabenazine
TEZSPIRE
TIBSOVO
TRADJENTA
TRELEGY ELLIPTA
TREMFYA
treprostinil
trientine hcl
TRIJARDY XR

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Drugs That Require Prior Authorization Review
TRIKAFTA
TRULICITY
TRUQAP
TRUSELTIQ
TRYNGOLZA
TRYVIO
TUKYSA
TURALIO
TYMLOS
TYVASO
UBRELVY
UDENYCA
UPTRAVI
VAFSEO
VANFLYTA
VANRAFIA
VELSIPITY
VEMLIDY
VEOZAH
VERQUVO
VERZENIO
VIBERZI
vigabatrin
VIGAFYDE
VIJOICE
VITRAKVI
VIVJOA
VIZIMPRO
VOCABRIA
VONJO
VOQUEZNA
VOQUEZNA DUAL PAK
VOQUEZNA TRIPLE PAK
VORANIGO
VOSEVI
VOWST
VOXZOGO
VOYDEYA
VOYXACT
VTAMA
VUMERITY
VYALEV
VYJUVEK
VYNDAMAX
VYZULTA
WAKIX
WAYRILZ

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Drugs That Require Prior Authorization Review
WEGOVY
WELIREG
WEZLANA
WINREVAIR
XALKORI
XDEMVY
XEMBIFY
XERMELO
XHANCE
XIGDUO XR
XOLREMDI
XOSPATA
XPHOZAH
XPOVIO
XTANDI
XULTOPHY
XYREM
XYWAV
YORVIPATH
YUFLYMA
YUSIMRY
YUTREPIA
ZAVESCA
ZAVZPRET
ZEJULA
ZEPATIER
ZEPBOUND
ZEPOSIA
ZEPOSIA STARTER KIT
ZIEXTENZO
ZILBRYSQ
ZITUVIMET XR
ZOKINVY
ZOLINZA
ZORYVE
ZURZUVAE
ZYDELIG
ZYKADIA
ZYMFENTRA

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.

Index of Drugs

A

abacavir sulfate 6
abacavir sulfate-lamivudine 6
abiraterone acetate 8
ABRILADA 24
acamprosate calcium 14
acarbose 18
acebutolol hcl 10
acetaminophen w/ codeine 12
acetazolamide 19
acetic acid (otic) 16
acetylcysteine 21
acitretin 22
ACTHAR 24
ACTIMMUNE 19
acyclovir 6
ADALIMUMAB-AACF 24
ADALIMUMAB-ADAZ 24
ADALIMUMAB-ADBM 24
ADALIMUMAB-BWWD 24
ADALIMUMAB-FKJP 24
ADALIMUMAB-RYVK 24
ADBRY 24
ADEMPAS 24
AEROCHAMBER PLUS FLO-VU 15
AGAMREE 24
AIMOVIG 24
AKEEGA 24
albendazole 5
albuterol sulfate 9
alclometasone dipropionate 21
alendronate sodium 19
alfuzosin hcl 10
ALHEMO 24
allopurinol 19
ALOGLIPTIN BENZOATE 24
ALOGLIPTIN-METFORMIN HCL 24
ALOGLIPTIN-PIOGLITAZONE 24
alprazolam 13
ALUNBRIG 24
ALVAIZ 9
ALVESCO 21
ALYFTREK 24
amantadine hcl 13
ambrisentan 12
amikacin sulfate 5
AMILORIDE-HYDROCHLOROTHIAZIDE 11
aminocaproic acid 19
amiodarone hcl 11
amitriptyline hcl 14
AMJEVITA 19
amlodipine besylate 11
amlodipine besylate-benazepril hcl 11
amoxicillin 2, 5
amoxicillin & pot clavulanate 5
amphetamine-dextroamphetamine 12, 24
AMPHOTERICIN B 6
ampicillin 5
anagrelide hcl 9
anastrozole 8
ANDEMBRY 24
APRACLONIDINE HCL 16
APTIVUS 6
AQNEURSA 24
ARANESP (ALBUMIN FREE) 9
ARCALYST 24
ARIKAYCE 24
aripiprazole 14
armodafinil 14
ASMANEX HFA 21
atazanavir sulfate 6
atenolol 10
atenolol & chlorthalidone 10
atomoxetine hcl 14
atorvastatin calcium 10
atovaquone 6
atovaquone-proguanil hcl 6
ATROPINE SULFATE 19
ATTRUBY 24
AUGTYRO 24
AUSTEDO 24
AUVELITY 24
AUVI-Q 19
AVEED 24
AVMAPKI FAKZYNJA CO-PACK 24
AVONEX PEN 24
AVONEX PREFILLED 24
AVTOZMA 19
AYVAKIT 24
azathioprine 19
azelaic acid 22
azithromycin 5

B

BACITRACIN 5, 16

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.

BACITRACIN-POLYMYXIN B 16
BACITRA-NEOMYCIN-POLYMYXIN-HC 16
baclofen 9
BAFIERTAM 24
balsalazide disodium 17
BALVERSA 24
BD INS SYR ULTRAFINE 1/2UNIT 15
BD INSULIN SYRINGE U-500 19
BD PEN NEEDLE MINI ULTRAFINE 15
BD VEO INSULIN SYR U/F 1/2UNIT 15
benazepril hcl 11
benzonatate 21
benztropine mesylate 13
BERINERT 24
BESREMI 24
betamethasone dipropionate (topical) 21
betamethasone dipropionate augmented 21, 22
betamethasone valerate 22
BETASERON 14, 24
BETAXOLOL HCL 16
bethanechol chloride 23
bexarotene 8, 24
bexarotene (topical) 24
bicalutamide 8
BIKTARVY 6
BIMZELX 24
bisoprolol & hydrochlorothiazide 10, 11
bisoprolol fumarate 11
BLEPHAMIDE 16
BLUJEPA 24
bosentan 20, 21
BOSULIF 24
BRAFTOVI 24
BRENZAVVY 24
BREXAFEMME 24
brimonidine tartrate 16, 24
brimonidine tartrate (topical) 24
BRINSUPRI 25
bromfenac sodium (ophth) 16
bromocriptine mesylate 13
BRONCHITOL 25
BRUKINSA 8
budesonide 18, 21, 25
budesonide (inhalation) 18
budesonide-formoterol fumarate dihydrate 21
bumetanide 10
buprenorphine 12, 14, 20
buprenorphine hcl 14, 20
buprenorphine hcl-naloxone hcl dihydrate 14
bupropion hcl 7, 14
buspirone hcl 13, 20
butalbital-acetaminophen-caffeine 12
butalbital-acetaminophen-caffeine w/ codeine 12
butalbital-aspirin-caffeine 12
butalbital-aspirin-caffeine w/cod 12
BYLVAY 25

C

CABLIVI 25
calcipotriene 22, 25
calcipotriene-betamethasone dipropionate 22, 25
calcitonin (salmon) 19
calcitriol 23
CALCITRIOL 22
calcium acetate (phosphate binder) 20
CALQUENCE 25
CAMZYOS 25
capecitabine 8
CAPRELSA 8
captopril 11
carbamazepine 12
carbidopa-levodopa 13, 20
carbidopa-levodopa-entacapone 13
CARTEOLOL HCL 16
carvedilol 11
CAYSTON 25
CEFACLOR 5, 7
cefadroxil 5
cefazolin sodium 5
cefdinir 5
cefpodoxime proxetil 5
ceftazidime 5
cefuroxime axetil 5
celecoxib 5
cephalexin 5
CEQUR SIMPLICITY 2U 25
CERDELGA 25
CHENODAL 25
chlorhexidine gluconate (mouth-throat) 20
chlorpromazine hcl 14
chlorthalidone 10, 11
chlorzoxazone 9
CHOLBAM 25
cholestyramine 10
cholestyramine light 10
CIBINQO 25
ciclopirox 22
cidofovir 6
cilostazol 9, 10
CIMDUO 6
cimetidine hcl 17

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.

CIMZIA 25
cinacalcet hcl 20
ciprofloxacin hcl 5, 16
ciprofloxacin hcl (ophth) 16
citalopram hydrobromide 14
clarithromycin 5
clindamycin hcl 5, 7
clindamycin palmitate hydrochloride 5
clindamycin phosphate (topical) 21
clindamycin phosphate-benzoyl peroxide 22, 25
clindamycin phosphate-benzoyl peroxide (refrigerate) 22
clobazam 12
clobetasol propionate 22
clonazepam 13
clonidine hcl 11
clopidogrel bisulfate 10
clotrimazole 21, 22
clotrimazole w/ betamethasone 22
clozapine 14
COAL TAR 22
COBENFY 25
colchicine 20
colestipol hcl 10
COMETRIQ 25
CONTOUR BLOOD GLUCOSE SYSTEM 15
CONTOUR TEST 15
CONTRAVE 25
COPIKTRA 25
CORTROPHIN 25
COSENTYX 20, 25
COTELLIC 8
CRENESSITY 25
CREON 17
CRINONE 19
CRIXIVAN 6
cromolyn sodium 21
CUTAQUIG 25
CUVITRU 25
cyclobenzaprine hcl 9
cyclopentolate hcl 17
CYCLOPHOSPHAMIDE 8
cyclosporine 16, 20
cyclosporine (ophth) 16
cyclosporine modified (for microemulsion) 20
cyproheptadine hcl 7

D

dabigatran etexilate mesylate 9, 20
dalfampridine 14, 25
danazol 18
dapagliflozin 10, 25
dapagliflozin free base-metformin hcl 25
dapsone 6
darifenacin hydrobromide 23
darunavir 6
dasatinib 9, 25
DAURISMO 25
DAWNZERA 25
DAYBUE 25
deferasirox 20, 23
deferiprone 25
DEPO-ESTRADIOL 19
desipramine hcl 14
desmopressin acetate 19
DESMOPRESSIN ACETATE SPRAY 19
desmopressin acetate spray refrigerated 19
desogestrel & ethinyl estradiol 18
desonide 22
desoximetasone 22
dexamethasone 17, 18
dexamethasone sodium phosphate 17
DEXAMETHASONE SODIUM PHOSPHATE 16
dexmethylphenidate hcl 12
dextroamphetamine sulfate 12
DIACOMIT 25
DIASTAT ACUDIAL 12
diazepam 13
diazepam (anticonvulsant) 13
diazoxide 11
diclofenac sodium 12, 16
diclofenac sodium (ophth) 16
dicloxacillin sodium 5
dicyclomine hcl 9, 20
digoxin 11
diltiazem hcl 11
diltiazem hcl coated beads 11
dimethyl fumarate 20, 25
diphenoxylate w/ atropine 17
dipyridamole 10
disopyramide phosphate 11
divalproex sodium 12
dofetilide 11
DOJOLVI 25
donepezil hydrochloride 14
DOPTELET 25
dorzolamide hcl 16
dorzolamide hcl-timolol maleate 16
DOVATO 6
doxazosin mesylate 10
doxepin hcl 14
doxycycline (monohydrate) 5

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.

doxycycline hyclate 5, 7
dronabinol 17
drospirenone-ethinyl estradiol 18
DRYSOL 22
duloxetine hcl 14
DUPIXENT 25
DUVYZAT 25

E

EBGLYSS 25
EEMT HS 19
efavirenz 6, 9
efavirenz-emtricitabine-tenofovir disoproxil fumarate 9
EGRIFTA SV 25
EKTERLY 25
eletriptan hydrobromide 13
ELLA 18
ELMIRON 20, 25
eltrombopag olamine 10
EMCYT 8
EMFLAZA 25
EMGALITY 25
EMPAVELI 25
EMSAM 25
emtricitabine 6, 9, 25
emtricitabine-rilpivirine-tenofovir disoproxil fumarate 6
emtricitabine-tenofovir disoproxil fumarate 6, 9, 25
enalapril maleate 11
ENBREL 20, 26
ENDARI 26
enoxaparin sodium 9
ENSACOVE 26
ENSPRYNG 26
entacapone 13
entecavir 6
EPCLUSA 26
EPIDIOLEX 26
epinephrine (anaphylaxis) 26
eplerenone 10
ergocalciferol 23
ERIVEDGE 26
ERLEADA 26
erlotinib hcl 8
erythromycin (acne aid) 21
erythromycin (ophth) 16
escitalopram oxalate 14
EST ESTROGENS-METHYLTEST 17
estradiol 18, 19
estradiol vaginal 19
estradiol valerate 19
ethambutol hcl 6
ethosuximide 13
ethynodiol diacet & eth estrad 18
etodolac 12
etonogestrel-ethinyl estradiol 18
ETOPOSIDE 8
etravirine 6
EUCRISA 26
everolimus 8
EVRYSDI 26
exemestane 8
EXJADE 26
EXKIVITY 26
EXXUA 26
ezetimibe 10

F

FABHALTA 26
FARXIGA 26
FASENRA 26
felodipine 11
fenofibrate 10
fentanyl 12
FIASP PUMPCART 26
FILKRI 10
FILSPARI 26
FILSUVEZ 26
finasteride 20
fingolimod hcl 14, 26
FINTEPLA 26
FIRAZYR 26
FIRDAPSE 26
flecainide acetate 11
fluconazole 6
flucytosine 6
fludrocortisone acetate 18
fluocinolone acetonide 16, 22
fluocinolone acetonide (otic) 16
fluocinonide 22
fluocinonide emulsified base 22
fluorometholone (ophth) 16
fluorouracil 8, 22
fluorouracil (topical) 22
fluoxetine hcl 14
fluphenazine hcl 14
FLUTAMIDE 20
fluticasone propionate 21, 22
fluticasone propionate hfa 21
fluticasone-salmeterol 9
fluvoxamine maleate 14

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.

fosamprenavir calcium 6
fosfomycin 7
FOTIVDA 26
FOUNDAYO 26
FRUZAQLA 26
FULPHILA 26
furosemide 15
FUZEON 6
FYLNETRA 26

G

gabapentin 13
GALAFOLD 26
galantamine hydrobromide 14
GATTEX 26
GAVRETO 26
GENOTROPIN 26
gentamicin sulfate 5, 16
gentamicin sulfate (ophth) 16
GENVOYA 7
GILOTRIF 26
glatiramer acetate 14, 26
glimepiride 18, 26
glipizide 18
glucagon 18
glycopyrrolate 9
GLYXAMBI 26
granisetron hcl 20
GRANIX 10
griseofulvin microsize 6
griseofulvin ultramicrosize 6
guaifenesin-codeine 21
guanfacine hcl 14, 20
guanfacine hcl (adhd) 14

H

haloperidol 14
haloperidol lactate 14
HARVONI 26
HEMLIBRA 26
HIZENTRA 26
HOMATROPAIRE 17
HUMIRA 26
HUMULIN 70/30 ..... 18, 28
HUMULIN R 18
HYCAMTIN 8
hydralazine hcl 12
hydrochlorothiazide 10, 11, 12, 15
hydrocodone bitartrate-homatropine methylbromide 12
hydrocodone-acetaminophen 12
hydrocortisone 16, 18, 22, 26
hydrocortisone (intrarectal) 22
hydrocortisone (topical) 22
hydrocortisone w/acetic acid 16
hydromorphone hcl 12
hydroxychloroquine sulfate 6
hydroxyurea 8
hydroxyzine hcl 13
HYFTOR 26
HYMPAVZI 26
hyoscyamine sulfate 9
HYOSCYAMINE SULFATE 20
HYQVIA 26

I

IBRANCE 8, 26
IBSRELA 26
IBTROZI 27
ibuprofen 5
icatibant acetate 27
ICLUSIG 27
icosapent ethyl 27
IDHIFA 27
imatinib mesylate 9, 27
IMBRUVICA 8, 27
IMCIVREE 27
imipramine hcl 14
imiquimod 22
IMPAVIDO 27
IMULDOSA 27
INBRIJA 27
indapamide 11
indomethacin 12
INGREZZA 27
INLURIYO 27
INLYTA 27
INPEFA 27
INPEN 100 27
INQOVI 27
INREBIC 27
INSULIN GLARGINE-YFGN 18
INVOKAMET 27
INVOKANA 27
IODINE STRONG 20
iodoquinol-hc 22
ipratropium bromide 9, 21
ipratropium bromide (nasal) 9
ipratropium-albuterol 9
IQIRVO 27

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.

irbesartan 11
irbesartan-hydrochlorothiazide 11
ISENTRESS 7
isoniazid 6
isosorbide dinitrate 12
isosorbide dinitrate-hydralazine hcl 12
isosorbide mononitrate 12
isotretinoin 22
ISTURISA 27
ITOVEBI 27
itraconazole 6
ivermectin 5, 27
ivermectin (rosacea) 27

J

JANUMET 27
JANUVIA 27
JARDIANCE 18, 27
JASCAYD 27
JAYPIRCA 27
JENTADUETO 27
JENTADUETO XR 27
JESDUVROQ 27
JOENJA 27
JOURNAVX 27
JUBLIA 27
JUXTAPID 27
JYNARQUE 27

K

KALYDECO 27
KAZANO 27
KERENDIA 27
KESIMPTA 27
ketoconazole 6, 22
ketoconazole (topical) 22
ketorolac tromethamine (ophth) 16
KEVEYIS 27
KEVZARA 27
KIRSTY 18
KISQALI (200 MG DOSE) 9
KOMZIFTI 27
KORLYM 27
KOSELUGO 27
K-PHOS 15
KRAZATI 27

L

labetalol hcl 11
lacosamide 13
lactulose 15, 17
lactulose (encephalopathy) 15
lamivudine 6, 7
lamivudine-zidovudine 7
lamotrigine 13
lapatinib ditosylate 8
latanoprost 16
LAZCLUZE 28
leflunomide 20
lenalidomide 8
LENVIMA (10 MG DAILY DOSE) 9
LETAIRIS 20
letrozole 8
leucovorin calcium 20
LEUKERAN 8
LEUKINE 20
levetiracetam 13
LEVOBUNOLOL HCL 16
levofloxacin 5
levonorgestrel & eth estradiol 18
levonorgestrel (emergency oc) 19
levonorgestrel-eth estradiol (triphasic) 18
levonorgestrel-ethinyl estradiol (91-day) 18
levothyroxine sodium 19
lidocaine hcl 16, 22
lidocaine hcl (mouth-throat) 16
LIDOCAINE HCL URETHRAL/MUCOSAL 22
lidocaine-prilocaine 22
LINDANE 21
linezolid 5
liothyronine sodium 19
LIQREV 28
liraglutide 28
lisinopril 11
lisinopril & hydrochlorothiazide 11
LITFULO 28
lithium carbonate 14
LIVDELZI 28
LIVMARLI 28
LIVTENCITY 28
LODOCO 28
LONSURF 8
lopinavir-ritonavir 7
lorazepam 13
LORBRENA 28
losartan potassium 12
losartan potassium & hydrochlorothiazide 12

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.

lovastatin 10
lubiprostone 17
LUMAKRAS 28
LUMRYZ 28
LUPKYNIS 28
lurasidone hcl 14
LYNKUET 28
LYNPARZA 8
LYSODREN 20
LYTGOBI 28

M

maraviroc 7
MATULANE 8
MAVENCLAD 28
MAVYRET 28
MAXIDEX 16
MAYZENT 28
medroxyprogesterone acetate 18, 19
medroxyprogesterone acetate (contraceptive) 18
megestrol acetate 8
MEKINIST 28
MEKTOVI 28
meloxicam 12
MELPHALAN 8
memantine hcl 14
mercaptopurine 8
mesalamine 17
MESNEX 8
metformin hcl 18, 25, 28, 30
methadone hcl 12
methamphetamine hcl 28
methazolamide 19
methenamine hippurate 7
methimazole 19
methocarbamol 20
methotrexate sodium 8
methylergonovine maleate 20
methylphenidate hcl 12, 28
methylprednisolone 18
metoclopramide hcl 17
metolazone 15
metoprolol succinate 11
metoprolol tartrate 11
metronidazole 6, 21
metronidazole (topical) 21
metronidazole vaginal 21
metyrosine 28
mexiletine hcl 11
midodrine hcl 11
miglustat 28
minocycline hcl 5
minoxidil 11
MIPLYFFA 28
mirtazapine 14
misoprostol 17
modafinil 12
mometasone furoate 22
montelukast sodium 20, 21
morphine sulfate 12
MOUNJARO 28
moxifloxacin hcl (ophth) 5
MULPLETA 28
mupirocin 21
MYALEPT 28
mycophenolate mofetil 20
mycophenolate sodium 20
MYFEMBREE 28
MYLERAN 8
MYTESI 28

N

nabumetone 5
nadolol 11
naloxone hcl 14, 20
naltrexone hcl 14
naproxen 5
naratriptan hcl 13
NATACYN 16
nebivolol hcl 11
NEMLUVIO 28
neomycin sulfate 5
NEOMYCIN-BACITRACIN ZN-POLYMYX 16
neomycin-polymy-dexameth 16
NEOMYCIN-POLYMYXIN-GRAMICIDIN 16
NEOMYCIN-POLYMYXIN-HC 16
NERLYNX 28
NEULASTA 28
NEUPOGEN 28
nevirapine 7
NEXLETOL 28
NEXLIZET 28
NGENLA 28
nifedipine 10, 11
nimodipine 11
NINLARO 8
nitisinone 28
nitrofurantoin 5, 7, 28
nitrofurantoin macrocrystal 5
nitrofurantoin monohyd macro 7

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.

nitroglycerin 12
norelgestromin-ethinyl estradiol 18
norethin acet & estrad-fe 18
norethindrone & eth estradiol 18
norethindrone (contraceptive) 18
norethindrone acetate 19
norethindrone-eth estradiol (triphasic) 18
norgestimate-ethinyl estradiol 18
norgestimate-ethinyl estradiol (triphasic) 18
norgestrel & ethinyl estradiol 18
NORTHERA 28
nortriptyline hcl 14
NOVOLIN 70/30 28
NOVOLIN N 28
NOVOLIN N FLEXPEN RELION 28
NOVOLIN R 28
NOXAFIL 28
NUBEQA 28
NUCALA 28
NUEDEXTA 28
NUPLAZID 29
NURTEC 29
nystatin 6, 22
nystatin (mouth-throat) 6
nystatin (topical) 22
nystatin-triamcinolone 22
NYVEPRIA 29

O

ODEFSEY 7
ODOMZO 29
ofloxacin (ophth) 16
ofloxacin (otic) 16
OGSIVEO 29
OHTUVAYRE 29
OJEMDA 29
OJJAARA 29
olanzapine 14
ondansetron 17
ondansetron hcl 17
ONETOUCH DELICA LANCETS FINE 30G 15
ONEXTON 29
ONGLYZA 29
ONUREG 29
OPFOLDA 29
OPSYNVI 29
OPZELURA 29
ORGOVYX 29
ORIAHNN 29
ORILISSA 29
ORKAMBI 29
ORLYNVAH 29
ORSERDU 29
ORTIKOS 29
oseltamivir phosphate 7
OSENI 29
OTEZLA 20, 29
OTULFI 29
oxcarbazepine 13
OXERVATE 29
oxybutynin chloride 23
oxycodone hcl 12
oxycodone w/ acetaminophen 12
OZEMPIC 29

P

PALSONIFY 29
PALYNZIQ 29
PANRETIN 29
paroxetine hcl 14
ped multivitamins w/fl & iron 23
pediatric multivitamins w/fl 23
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate 17
peg 3350-potassium chloride-sod bicarbonate-sod chloride 17
PEGASYS 7
PEMAZYRE 29
penicillamine 20
penicillin v potassium 5
pentoxifylline 20
permethrin 21
perphenazine 14, 17
PHENELZINE SULFATE 7
phenobarbital 13
PHENOBARBITAL 13
phenylephrine hcl (mydriatic) 16, 17
phenytoin 13
phenytoin sodium extended 13
PHOSLYRA 15
PHOSPHA 250 NEUTRAL 15
PHOSPHOLINE IODIDE 16
phytonadione 23
pilocarpine hcl 16, 20
pilocarpine hcl (oral) 20
pioglitazone hcl 10, 18
PIQRAY 29
pirfenidone 20
PLEGRIDY 29
plerixafor 20
PODOFILOX 22

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.

polyethylene glycol 3350 17
polymyxin b-trimethoprim 16
POMALYST 8
PONVORY 29
posaconazole 29
POT & SOD CIT-CIT AC 15
potassium chloride 15, 17, 23
potassium chloride microencapsulated crystals cr 15
potassium chloride microencapsulated crystals er 23
potassium citrate (alkalinizer) 15
PRALUENT 29
pramipexole dihydrochloride 13
prasugrel hcl 9
pravastatin sodium 10
PRED-G 16
prednisolone 16, 18
prednisolone acetate (ophth) 16
prednisolone sodium phosphate 18
prednisone 18
pregabalin 13
PREVYMIS 29
PREZCOBIX 7
primaquine phosphate 6
primidone 13
probenecid 15, 20
prochlorperazine maleate 17
PROCRIT 10
PROCYSBI 29
progesterone 19
promethazine hcl 7, 17
propafenone hcl 11
proparacaine hcl 16
propranolol hcl 10, 11
propylthiouracil 19
prucalopride succinate 17
PULMOZYME 15
pyrazinamide 6
pyridostigmine bromide 20
pyrimethamine 29
PYZCHIVA 29

Q

QBREXZA 29
QFITLIA 29
QINLOCK 29
QTERN 29
quetiapine fumarate 14
quetiapine fumarate XR 14
quinidine gluconate 11
QUINIDINE SULFATE 11
QULIPTA 29

R

raloxifene hcl 19
ramipril 12
ranolazine 10
rasagiline mesylate 13
RAVICTI 29
REDEMPLO 29
REGRANEX 22
RELENZA DISKHALER 7
RELISTOR 29
REPATHA 30
RETEVMO 30
REVLIMID 30
REVUFORJ 30
REYVOW 30
REZDIFFRA 30
REZLIDHIA 30
REZUROCK 30
RHAPSIDO 30
RHOPRESSA 30
ribavirin (hepatitis c) 7
rifabutin 6
rifampin 6
rilpivirine hcl 7
riluzole 14
RIMANTADINE HCL 7
RINVOQ 30
risperidone 14
ritonavir 7
rivastigmine tartrate 9, 14
RIVFLOZA 30
rizatriptan benzoate 13
ROCKLATAN 30
roflumilast 21
ROLVEDON 30
ROMVIMZA 30
ropinirole hydrochloride 13
rosuvastatin calcium 10
ROZLYTREK 30
RUBRACA 30
RUCONEST 30
RUKOBIA 30
RYDAPT 30

S

sacubitril-valsartan 10, 12
SAIZEN 30

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.

SALSALATE....12
SANTYL....22
sapropterin dihydrochloride....30
saxagliptin-metformin hcl....30
SAXENDA....30
SCEMBLIX....30
SEGLUROMET....30
SELARSDI....30
selegiline hcl....13
selenium sulfide....22
SEPHIENCE....30
SEROSTIM....30
sertraline hcl....15
sevelamer carbonate....20
SIKLOS....30
SILIQ....30
silver sulfadiazine....5
simvastatin....10
sirolimus....20
SITAGLIPTIN....30
SKYCLARYS....30
SKYRIZI....30
SKYTROFA....30
SODIUM FLUORIDE....20
sodium polystyrene sulfonate....15
sodium sulfate-potassium sulfate-magnesium sulfate....17
SOFDRA....30
SOFOSBUVIR-VELPATASVIR....7
SOGROYA....30
SOHONOS....30
solifenacin succinate....23
SOLIQUA....30
SOMAVERT....30
sorafenib tosylate....8
sotalol hcl....11
SOTYKTU....30
SOVALDI....30
SPIRIVA RESPIMAT....23
spironolactone....11
SSS 10-5....22
stannous fluoride....20
STEGLATRO....30
STEGLUJAN....30
STELARA....30
STEQEYMA....30
STIMUFEND....30
STIOLTO RESPIMAT....23
STIVARGA....8, 31
STRENSIQ....31
STRIVERDI RESPIMAT....21
SUCRAID....31
sucralfate....17
sulfadiazine....5
sulfamethoxazole-trimethoprim....5
sulfasalazine....5
sulindac....12
sumatriptan....13
sumatriptan succinate....13
sunitinib malate....8
SUNOSI....31
SYMDEKO....31
SYMFI....7
SYMLINPEN....31
SYMTUZA....7
SYNAREL....17, 31
SYNJARDY....31
SYNJARDY XR....31

T

TABLOID....8
TABRECTA....31
tacrolimus....20, 21
tacrolimus (topical)....21
TAFINLAR....31
TAGRISSO....9
TAKHZYRO....31
TALTZ....31
TALZENNA....31
tamoxifen citrate....8
tamsulosin hcl....21
TARPEYO....31
TASCENSO ODT....31
TASIGNA....9, 31
tasimelteon....31
tavaborole....31
TAVALISSE....31
TAVNEOS....31
TAZVERIK....31
TEGSEDI....31
temazepam....13
temozolomide....8
tenofovir disoproxil fumarate....6, 7, 9, 25
TEPMETKO....31
terazosin hcl....10
terbinafine hcl....6
terbutaline sulfate....9
teriflunomide....21, 31
teriparatide....31
testosterone....18
testosterone cypionate....18
TESTOSTERONE PROPIONATE....18

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.

tetrabenazine 14, 31
tetracycline hcl 5
TEZSPIRE 31
THALOMID 21
theophylline 23
thioridazine hcl 15
thiothixene 15
THYMOL 21
TIBSOVO 31
ticagrelor 10
timolol maleate (ophth) 16
TIVICAY 7
tizanidine hcl 9
tobramycin 5, 6, 16
tobramycin (ophth) 16
tobramycin sulfate 6
tofacitinib 19
tofacitinib XR 19
tolcapone 13
topiramate 13
torsemide 15
TRADJENTA 31
tramadol hcl 12
tranexamic acid 9
tranylcypromine sulfate 15
trazodone hcl 7, 15
TREMFYA 31
treprostinil 21
tretinoin 8, 23
tretinoin (chemotherapy) 8
triamcinolone acetonide 18, 22
triamcinolone acetonide (mouth) 22
triamcinolone acetonide (topical) 22
triamterene & hydrochlorothiazide 15
trientine hcl 31
trifluoperazine hcl 15
TRIFLURIDINE 16
trihexyphenidyl hcl 13
TRIJARDY XR 31
TRIKAFTA 31
TRIMETHOPRIM 7
TRI-VITE/FLUORIDE 23
trospium chloride 23
TRULICITY 31
TRUQAP 31
TRUSELTIQ 31
TRYNGOLZA 31
TRYVIO 31
TUKYSA 31
TURALIO 31
TYENNE 19
TYMLOS 31
TYVASO 31

U

UBRELVY 31
UDENYCA 31
UPTRAVI 31
UREA 22
ursodiol 17

V

VAFSEO 31
valacyclovir hcl 7
valganciclovir hcl 7
valproate sodium 13
valproic acid 13
valsartan 10, 12
valsartan-hydrochlorothiazide 12
vancomycin hcl 6
VANFLYTA 32
VANRAFIA 32
VELSIPITY 32
VEMLIDY 32
VENCLEXTA 8
venlafaxine hcl 15
VEOZAH 32
verapamil hcl 11
VERQUVO 32
VERZENIO 32
VIBERZI 32
vigabatrin 32
VIGAFYDE 32
VIJOICE 32
VIRACEPT 7
VITRAKVI 32
VIVJOA 32
VIZIMPRO 32
VOCABRIA 32
VONJO 32
VOQUEZNA 32
VOQUEZNA DUAL PAK 32
VOQUEZNA TRIPLE PAK 32
VORANIGO 32
VOSEVI 7, 32
VOWST 32
VOXZOGO 32
VOYDEYA 32
VOYXACT 32
VTAMA 32

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VUMERITY 32
VYALEV 32
VYJUVEK 32
VYNDAMAX 32
VYZULTA 32

W

WAINUA 32
WAKIX 32
warfarin sodium 9
WAYRILZ 32
WEGOVY 32
WELIREG 32
WEZLANA 32
WINREVAIR 32

X

XALKORI 32
XDEMVY 32
XELJANZ 19
XEMBIFY 32
XERMELO 32
XHANCE 32
XIGDUO XR 32
XOLREMDI 32
XOSPATA 32
XPHOZAH 32
XPOVIO 33
XTANDI 8, 33
XULTOPHY 33
XYREM 33
XYWAV 33

Y

YESINTEK 21
YORVIPATH 33
YUFLYMA 33
YUSIMRY 33
YUTREPIA 33

Z

zaleplon 13
ZAVESCA 33
ZAVZPRET 33
ZEJULA 33
ZELBORAF 9
ZENPEP 15
ZEPATIER 33
ZEPBOUND 33
ZEPOSIA 33
ZEPOSIA STARTER KIT 33
zidovudine 7
ZIEXTENZO 33
ZILBRYSQ 33
ziprasidone hcl 15
ZITUVIMET XR 33
ZOKINVY 33
ZOLINZA 9, 33
zolmitriptan 13
zolpidem tartrate 13
zonisamide 13
ZORYVE 33
ZURZUVAE 33
ZYDELIG 33
ZYKADIA 33
ZYMFENTRA 33

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