

# KAISER PERMANENTE OF GEORGIA HMO FORMULARY



This document includes Kaiser Permanente of Georgia's HMO formulary as of September 9, 2020. For an updated formulary, please visit our website at [members.kp.org](https://members.kp.org) or call 1-888-865- 5813, Monday through Friday 7:00 a.m. to 7:00 p.m. TTY/TDD users should call 1-800-255-0056.

## What is the Kaiser Permanente drug formulary?

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

## Does the formulary ever change?

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

The enclosed formulary is current as of **September 9, 2020**. To get updated information about the drugs covered by Kaiser Permanente, please visit our website at [members.kp.org](http://members.kp.org) or call Member Services at **1-888-865-5813**, Monday through Friday 7:00 a.m. to 7:00 p.m. TTY/TDD users should call **1-800-255-0056**.

## How do I use the formulary?

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

\*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.\*

## 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 24. 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 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

\*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.\*

- 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 subject to periodic review and modification by our Pharmacy and Therapeutics Committee.

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

### 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.

\*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.\*

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

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

You should contact your physician to initiate the request for exception

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

### **For more information**

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

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](http://members.kp.org).

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

Kaiser Permanente of Georgia HMO Formulary

CATEGORY	Drug Tier	Restrictions
<b>Antihistamine Drugs</b>		
Antihistamine Drugs		
cyproheptadine	Generic	
promethazine	Generic	
<b>Anti-infective Agents</b>		
Anthelmintics		
ALBENZA ( <i>albendazole</i> )	Brand	
ivermectin	Generic	
Antibacterials		
amoxicillin	Generic	
amoxicillin & clavulanic acid	Generic	
ampicillin	Generic	
azithromycin	Generic	
cefaclor	Generic	
cefdinir	Generic	
cefuroxime	Generic	
cephalexin	Generic	
ciprofloxacin	Generic	
clarithromycin	Generic	
clindamycin	Generic	
clindamycin palmitate (solution)	Generic	
dicloxacillin	Generic	
doxycycline monohydrate	Generic	
levofloxacin	Generic	
linezolid	Generic	
minocycline	Generic	
neomycin	Generic	
penicillin V potassium	Generic	
sulfadiazine	Generic	
sulfamethoxazole & trimethoprim	Generic	
sulfasalazine	Generic	
tetracycline	Generic	
vancomycin capsule	Generic	
Antifungals		
ANCOBON ( <i>flucytosine</i> )	Brand	
ciclopirox solution 8%	Generic	
clotrimazole lozenge	Generic	
fluconazole	Generic	QL
griseofulvin	Generic	
itraconazole capsule, solution	Generic	
ketconazole	Generic	

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

Kaiser Permanente of Georgia HMO Formulary

CATEGORY	Drug Tier	Restrictions
<i>nystatin</i>	Generic	
<i>posaconazole</i>	Generic	<b>PA</b>
<i>terbinafine</i>	Generic	
<b>Antimycobacterials</b>		
<i>dapsone</i>	Generic	
<i>ethambutol</i>	Generic	
<i>isoniazid</i>	Generic	
<i>rifabutin</i>	Generic	
<i>pyrazinamide</i>	Generic	
<i>rifampin</i>	Generic	
<b>Antiprotozoals</b>		
DARAPRIM ( <i>pyrimethamine</i> )	Brand	<b>PA</b>
<i>hydroxychloroquine</i>	Generic	
IMPAVIDO ( <i>miltefosine</i> )	Brand	<b>PA</b>
<i>atovaquone</i>	Generic	
<i>metronidazole</i>	Generic	
<i>paromomycin</i>	Generic	
PRIMAQUINE ( <i>primaquine</i> )	Brand	
<b>Antivirals</b>		
<i>abacavir tablet</i>	Generic	<b>QL</b>
<i>abacavir &amp; lamivudine</i>	Generic	
<i>abacavir, lamivudine, &amp; zidovudine</i>	Generic	<b>QL</b>
<i>acyclovir</i>	Generic	
APTIVUS ( <i>tipranavir</i> )	Brand	<b>QL</b>
<i>atazanavir 200 mg, 300 mg</i>	Generic	
BIKTARVY ( <i>bictegravir, emtricitabine &amp; tenofovir alafenamide</i> )	Brand	<b>QL</b>
CIMDUO ( <i>lamivudine &amp; tenofovir</i> )	Brand	<b>QL</b>
CRIXIVAN ( <i>indinavir</i> )	Brand	
DAKLINZA ( <i>daclatasvir</i> )	Brand	<b>PA</b>
DESCOVY ( <i>emtricitabine &amp; tenofovir</i> )	Brand	<b>QL</b>
<i>didanosine</i>	Generic	<b>QL</b>
DOVATO ( <i>dolutegravir sodium &amp; lamivudine</i> )	Brand	<b>QL</b>
<i>efavirenz 600 mg</i>	Generic	<b>QL</b>
EMTRIVA ( <i>emtricitabine</i> )	Brand	<b>QL</b>
<i>entecavir</i>	Generic	<b>QL</b>
EPCLUSA ( <i>sofosbuvir &amp; velpatasvir</i> )	Brand	<b>PA, QL</b>
FUZEON ( <i>enfuvirtide</i> )	Brand	<b>QL</b>
GENVOYA ( <i>elvitegravir, cobicistat, emtricitabine, &amp; tenofovir</i> )	Brand	<b>QL</b>
HARVONI ( <i>ledipasvir &amp; sofosbuvir</i> )	Brand	<b>PA, QL</b>

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

Kaiser Permanente of Georgia HMO Formulary

CATEGORY	Drug Tier	Restrictions
INTELENCE ( <i>etravirine</i> )	Brand	QL
INVIRASE ( <i>saquinavir</i> )	Brand	QL
ISENTRESS, ISENTRESS HD ( <i>raltegravir</i> )	Brand	
KALETRA ( <i>lopinavir &amp; ritonavir</i> )	Brand	QL
<i>lamivudine</i>	Generic	QL
<i>lamivudine &amp; zidovudine tablet</i>	Generic	QL
LEXIVA ( <i>fosamprenavir</i> )	Brand	QL
<i>nevirapine suspension</i>	Generic	QL
<i>nevirapine tablet</i>	Generic	QL
NORVIR ( <i>ritonavir solution</i> )	Brand	QL
MAYYRET ( <i>glecaprevir &amp; pibrentasvir</i> )	Brand	PA, QL
ODEFSEY ( <i>emtricitabine, rilpivirine, &amp; tenofovir</i> )	Brand	QL
OLYSIO ( <i>simeprevir</i> )	Brand	PA, QL
<i>oseltamivir</i>	Generic	QL
PEGASYS ( <i>peginterferon alfa-2a</i> )	Brand	QL
PEG-INTRON ( <i>peginterferon alfa-2b</i> )	Brand	
PREZCOBIX ( <i>cobicistat-boosted darunavir</i> )	Brand	
PREZISTA ( <i>darunavir</i> )	Brand	QL
RELENZA ( <i>zanamivir</i> )	Brand	QL
RESCRIPTOR ( <i>delavirdine</i> )	Brand	QL
REYATAZ ( <i>atazanavir</i> )	Brand	QL
<i>ribavirin</i>	Generic	
<i>rimantadine</i>	Generic	QL
<i>ritonavir</i>	Generic	QL
SELZENTRY ( <i>maraviroc</i> )	Brand	QL
SYMFI ( <i>efavirenz, lamivudine, tenofovir</i> )	Brand	QL
SOVALDI ( <i>sofosbuvir</i> )	Brand	PA, QL
<i>stavudine</i>	Generic	QL
SYMTUZA ( <i>darunavir, cobicistat, emtricitabine, &amp; tenofovir</i> )	Brand	QL
TECHNIVIE ( <i>ombitasvir, paritaprevir, ritonavir</i> )	Brand	PA
TIVICAY ( <i>dolutegravir</i> )	Brand	
<i>tenofovir disoproxil 300 mg</i>	Generic	
TRUVADA ( <i>emtricitabine &amp; tenofovir</i> )	Brand	QL
VALCYTE ( <i>valganciclovir</i> )	Brand	
<i>valganciclovir</i>	Generic	
VEMLIDY ( <i>tenofovir alafenamide</i> )	Brand	PA, QL
VIDEX ( <i>didanosine</i> ) suspension	Brand	QL
VIEKIRA PAK ( <i>ombitasvir, paritaprevir, ritonavir, &amp; dasabuvir</i> )	Brand	PA, QL
VIRACEPT ( <i>nelfinavir</i> )	Brand	QL

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

Kaiser Permanente of Georgia HMO Formulary

CATEGORY	Drug Tier	Restrictions
VIREAD ( <i>tenofovir</i> )	Brand	<b>QL</b>
VOSEVI ( <i>sofosbuvir, velpatasvir, voxilaprevir</i> )	Brand	<b>PA, QL</b>
ZEPATIER ( <i>elbasvir &amp; grazoprevir</i> )	Brand	<b>PA</b>
ZIAGEN ( <i>abacavir</i> ) solution	Brand	<b>QL</b>
zidovudine	Generic	<b>QL</b>
<b>Urinary Anti-infectives</b>		
<i>nitrofurantoin macrocrystals</i>	Generic	
<i>nitrofurantoin macrocrystals/monohydrate</i>	Generic	
<i>trimethoprim</i>	Generic	
<b>Antineoplastic Agents</b>		
<b>Antineoplastic Agents</b>		
<i>Abiraterone 250 mg tablet</i>	Generic	
AFINITOR ( <i>everolimus</i> )	Brand	
ALKERAN ( <i>melfhalan</i> )	Brand	
<i>anastrozole</i>	Generic	
<i>bicalutamide</i>	Generic	
BRUKINSA ( <i>zanubrutinib</i> )	BRAND	<b>PA, QL</b>
<i>capecitabine</i>	Generic	
CAPRELSA ( <i>vandetanib</i> )	Brand	
COTELLIC ( <i>cobimetinib</i> )	Brand	
<i>cyclophosphamide</i>	Generic	
DROXIA ( <i>hydroxyurea</i> )	Brand	
EMCYT ( <i>estramustine</i> )	Brand	
<i>etoposide</i>	Generic	
<i>flutamide</i>	Generic	
HYCAMTIN ( <i>topotecan</i> )	Brand	
<i>hydroxyurea</i>	Generic	
IBRANCE ( <i>palbociclib</i> )	Brand	<b>QL</b>
<i>imatinib mesylate</i>	Generic	
IMBRUVICA ( <i>ibrutinib</i> )	Brand	<b>QL</b>
INTRON-A ( <i>interferon alfa-2b vaccine</i> )	Brand	
LENVIMA ( <i>lenvatinib</i> )	Brand	
<i>letrozole</i>	Generic	
<i>leucovorin calcium</i>	Generic	
LEUKERAN ( <i>chlorambucil</i> )	Brand	
LONSURF ( <i>trifluridine/tipiracil</i> )	Brand	
LYSODREN ( <i>mitotane</i> )	Brand	
MATULANE ( <i>procarbazine</i> )	Brand	
<i>megestrol</i>	Generic	
<i>mercaptopurine</i>	Generic	
<i>methotrexate</i>	Generic	

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

Kaiser Permanente of Georgia HMO Formulary

CATEGORY	Drug Tier	Restrictions
MYLERAN ( <i>busulfan</i> )	Brand	
NEXAVAR ( <i>sorafenib</i> )	Brand	
NINLARO ( <i>ixazomib</i> )	Brand	
NUBEQA ( <i>darolutamide</i> )	Brand	<b>PA, QL</b>
PIQRAY ( <i>alpelisib</i> )	Brand	<b>PA, QL</b>
POMALYST ( <i>pomalidomide</i> )	Brand	<b>QL</b>
REVLIMID ( <i>lenalidomide</i> )	Brand	<b>QL</b>
ROZLYTREK ( <i>entrectinib</i> )	Brand	<b>PA</b>
SPRYCEL ( <i>dasatinib</i> )	Brand	<b>QL</b>
STIVARGA ( <i>regorafenib</i> )	Brand	
SUTENT ( <i>sunitinib</i> )	Brand	
TABLOID ( <i>thoiguanine</i> )	Brand	
<i>tamoxifen</i>	Generic	
TARCEVA ( <i>erlotinib</i> )	Brand	
TARGRETIN ( <i>bexarotene</i> )	Brand	
TASIGNA ( <i>nilotinib</i> )	Brand	
<i>temozolomide</i>	Generic	
TURALIO ( <i>pexidartinib</i> )	Brand	<b>PA, QL</b>
TYKERB ( <i>lapatinib</i> )	Brand	
VOTRIENT ( <i>pazopanib</i> )	Brand	
XALKORI ( <i>crizotinib</i> )	Brand	
XPOVIO ( <i>selinexor</i> )	Brand	<b>PA</b>
XTANDI ( <i>enzalutamide</i> )	Brand	
ZEJULA ( <i>niraparib</i> )	Brand	<b>QL</b>
ZELBORAF ( <i>vemurafenib</i> )	Brand	
ZOLINZA ( <i>vorinostat</i> )	Brand	
ZYDELIG ( <i>idelasib</i> )	Brand	
ZYTIGA ( <i>abiraterone</i> ) 500 mg tablet	Brand	
<b>Autonomic Drugs</b>		
<b>Anticholinergic Agents</b>		
<i>atropine sulfate</i>	Generic	
ATROVENT HFA ( <i>ipratropium</i> )	Brand	
<i>dicyclomine</i>	Generic	
<i>glycopyrrolate</i>	Generic	
<i>hyoscyamine</i>	Generic	
<i>ipratropium bromide nasal</i>	Generic	
<i>ipratropium bromide nebulizer</i>	Generic	
<i>propantheline</i>	Generic	
SPIRIVA ( <i>tiotropium</i> )	Brand	
<b>Parasympathomimetic (Cholinergic) Agents</b>		
<i>bethanechol</i>	Generic	

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

Kaiser Permanente of Georgia HMO Formulary

CATEGORY	Drug Tier	Restrictions
<i>donepezil</i>	Generic	
EXELON ( <i>rivastigmine</i> ) solution	Brand	
<i>galantamine IR, ER</i>	Generic	
<i>pyridostigmine sustained-release</i>	Generic	
<i>neostigmine</i>	Generic	
<i>pilocarpine</i>	Generic	
<i>pyridostigmine</i>	Generic	
<i>rivastigmine capsule</i>	Generic	
<b>Skeletal Muscle Relaxants</b>		
<i>baclofen</i>	Generic	
<i>chlorzoxazone</i>	Generic	
<i>cyclobenzaprine</i>	Generic	
<i>methocarbamol</i>	Generic	
<i>tizanidine</i>	Generic	
<b>Sympatholytic (Adrenergic Blocking) Agents</b>		
<i>ergoloid mesylates</i>	Generic	
<i>ergotamine &amp; caffeine</i>	Generic	
MIGRANAL ( <i>dihydroergotamine</i> )	Brand	
<i>tamsulosin</i>	Generic	
<b>Sympathomimetic (Adrenergic) Agents</b>		
<i>albuterol sulfate nebulizer solution</i>	Generic	
<i>albuterol sulfate tablet, syrup</i>	Generic	
AUVI-Q ( <i>epinephrine</i> )	Brand	<b>PA</b>
COMBIVENT RESPIMAT ( <i>ipratropium &amp; albuterol</i> )	Brand	
<i>epinephrine injection</i>	Generic	
<i>ipratropium &amp; albuterol nebulizer solution</i>	Generic	
VENTOLIN HFA ( <i>albuterol sulfate</i> )	Brand	
STRIVERDI ( <i>olodaterol</i> )	Brand	
<i>terbutaline</i>	Generic	
<b>Blood Formation, Coagulation, and Thrombosis</b>		
<b>Coagulants and Anticoagulants</b>		
AMICAR ( <i>aminocaproic acid</i> )	Brand	
<i>anagrelide</i>	Generic	
BRILINTA ( <i>ticagrelor</i> )	Brand	
<i>cilostazol</i>	Generic	
<i>clopidogrel</i>	Generic	
<i>enoxaparin</i>	Generic	
<i>pentoxifylline</i>	Generic	
PRADAXA ( <i>dabigatran</i> )	Brand	
<i>prasugrel</i>	Generic	
<i>warfarin sodium</i>	Generic	

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

Kaiser Permanente of Georgia HMO Formulary

CATEGORY	Drug Tier	Restrictions
<b>Hematopoietic Agents</b>		
ARANESP ( <i>darbepoetin alfa</i> )	Brand	
LEUKINE ( <i>sargramostim</i> )	Brand	
NEUMEGA ( <i>oprelvekin</i> )	Brand	
PROCRIT ( <i>epoetin alfa</i> )	Brand	
PROMACTA ( <i>eltrombopag</i> )	Brand	
ZARXIO ( <i>filgrastim</i> )	Brand	
<b>Cardiovascular Drugs</b>		
<b>α-Adrenergic Blocking Agents</b>		
<i>alfuzosin</i>	Generic	
<i>doxazosin</i>	Generic	
<i>terazosin</i>	Generic	
<b>Antilipemic Agents</b>		
<i>atorvastatin</i>	Generic	
<i>cholestyramine resin</i>	Generic	
<i>colestipol</i>	Generic	
<i>ezetimibe</i>	Generic	
<i>fenofibrate</i>	Generic	
JUXTAPID ( <i>lomitapide</i> )	Brand	<b>PA</b>
KYNAMRO ( <i>mipomersen sodium</i> )	Brand	<b>PA</b>
PRALUENT ( <i>alirocumab</i> )	Brand	<b>PA</b>
<i>pravastatin</i>	Generic	
REPATHA ( <i>evolocumab</i> )	Brand	<b>PA</b>
<i>rosuvastatin</i>	Generic	
<i>simvastatin</i>	Generic	
<b>Calcium-Channel Blocking Agents</b>		
<i>amlodipine</i>	Generic	
<i>diltiazem</i>	Generic	
<i>felodipine</i>	Generic	
<i>nifedipine</i>	Generic	
<i>nimodipine</i>	Generic	QL
<i>verapamil</i>	Generic	
<b>Cardiac Drugs</b>		
<i>amiodarone</i>	Generic	
<i>digoxin</i>	Generic	
<i>disopyramide phosphate</i>	Generic	
<i>dofetilide</i>	Generic	
<i>flecainide</i>	Generic	
<i>mexiletine</i>	Generic	
NORPACE CR ( <i>disopyramide phosphate controlled release</i> )	Brand	

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

Kaiser Permanente of Georgia HMO Formulary

CATEGORY	Drug Tier	Restrictions
<i>propafenone</i>	Generic	
<i>quinidine</i>	Generic	
Hypotensive Agents		
<i>clonidine</i>	Generic	
NORTHERA ( <i>droxidopa</i> )	Brand	<b>PA</b>
<i>guanfacine, guanfacine ER</i>	Generic	
<i>hydralazine</i>	Generic	
<i>methyldopa</i>	Generic	
<i>minoxidil</i>	Generic	
PROGLYCEM ( <i>diazoxide</i> )	Brand	
Renin-Angiotensin-Aldosterone System Inhibitors		
<i>benazepril</i>	Generic	
<i>captopril</i>	Generic	
<i>enalapril</i>	Generic	
<i>lisinopril</i>	Generic	
<i>lisinopril &amp; hydrochlorothiazide</i>	Generic	
<i>losartan</i>	Generic	
<i>losartan &amp; hydrochlorothiazide</i>	Generic	
<i>ramipril</i>	Generic	
<i>spironolactone</i>	Generic	
Vasodilating Agents		
<i>dipyridamole</i>	Generic	
<i>isosorbide dinitrate</i>	Generic	
<i>isosorbide mononitrate</i>	Generic	
LETAIRIS ( <i>ambrisentan</i> )	Brand	
NITRO-BID ( <i>nitroglycerin</i> )	Brand	
<i>nitroglycerin</i>	Generic	
NITROSTAT ( <i>nitroglycerin</i> )	Brand	
OPSUMIT ( <i>macitentan</i> )	Brand	
REMODULIN ( <i>trepostinil</i> )	Brand	
TRACLEER ( <i>bosentan</i> )	Brand	
β-Adrenergic Blocking Agents		
<i>acebutolol</i>	Generic	
<i>atenolol</i>	Generic	
<i>bisoprolol</i>	Generic	
<i>bisoprolol &amp; hydrochlorothiazide</i>	Generic	
<i>carvedilol</i>	Generic	
<i>labetalol</i>	Generic	
<i>metoprolol</i>	Generic	
<i>metoprolol sustained release</i>	Generic	
<i>nadolol</i>	Generic	

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

Kaiser Permanente of Georgia HMO Formulary

CATEGORY	Drug Tier	Restrictions
<i>propranolol</i>	Generic	
<i>sotalol</i>	Generic	
<i>timolol</i>	Generic	
<b>Central Nervous System Agents</b>		
<b>Analgesics and Antipyretics</b>		
<i>acetaminophen &amp; codeine</i>	Generic	
<i>acetaminophen, isometheptene, &amp; dichloralphenazone</i>	Generic	
<i>buprenorphine</i>	Generic	
<i>butalbital, acetaminophen, &amp; caffeine</i>	Generic	
<i>butalbital, acetaminophen, caffeine, &amp; codeine</i>	Generic	
<i>butalbital, aspirin, &amp; caffeine</i>	Generic	
<i>butalbital, aspirin, caffeine, &amp; codeine</i>	Generic	
<i>diclofenac</i>	Generic	
<i>fentanyl</i>	Generic	<b>QL</b>
<i>hydrocodone &amp; acetaminophen</i>	Generic	
<i>hydromorphone</i>	Generic	
<i>ibuprofen</i>	Generic	
<i>indomethacin</i>	Generic	
<i>meloxicam</i>	Generic	
<i>meperidine</i>	Generic	
<i>methadone</i>	Generic	
MORPHINE SULFATE	Brand	
<i>morphine sulfate extended-release</i>	Generic	
<i>nabumetone</i>	Generic	
<i>naproxen</i>	Generic	
NARCAN ( <i>naloxone</i> ) nasal spray	Brand	<b>QL</b>
<i>oxycodone &amp; acetaminophen tablet</i>	Generic	
<i>oxycodone &amp; aspirin</i>	Generic	
<i>oxycodone immediate release</i>	Generic	
ROXICET ( <i>oxycodone &amp; acetaminophen</i> ) solution	Brand	
<i>salsalate</i>	Generic	
<i>naloxone &amp; buprenorphine</i>	Generic	<b>QL</b>
<i>sulindac</i>	Generic	
<i>tolmetin</i>	Generic	
<i>tramadol</i>	Generic	
<b>Anorexigenic Agents and Respiratory and Cerebral Stimulants</b>		
<i>amphetamine &amp; dextroamphetamine</i>	Generic	
<i>amphetamine &amp; dextroamphetamine extended-release</i>	Generic	

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

Kaiser Permanente of Georgia HMO Formulary

CATEGORY	Drug Tier	Restrictions
<i>armodafinil</i>	Generic	
<i>dexmethylphenidate ER</i>	Generic	<b>QL</b>
<i>dexmethylphenidate IR</i>	Generic	
<i>dextroamphetamine sulfate</i>	Generic	<b>QL</b>
<i>methylphenidate</i>	Generic	
<i>methylphenidate extended- release</i>	Generic	<b>QL</b>
<i>modafinil</i>	Generic	
<b>Anticonvulsants</b>		
<i>carbamazepine</i>	Generic	
<i>carbamazepine extended-release</i>	Generic	
CELONTIN ( <i>methsuximide</i> )	Brand	
<i>divalproex sodium</i>	Generic	
<i>ethosuximide</i>	Generic	
<i>gabapentin</i>	Generic	
<i>lamotrigine</i>	Generic	
<i>levetiracetam</i>	Generic	
<i>levetiracetam extended-release</i>	Generic	
<i>oxcarbazepine</i>	Generic	
<i>phenytoin</i>	Generic	
<i>primidone</i>	Generic	
SABRIL ( <i>vigabatrin</i> )	Brand	<b>PA</b>
<i>topiramate</i>	Generic	
<i>valproic acid &amp; derivatives</i>	Generic	
<b>Antimigraine Agents</b>		
<i>naratriptan</i>	Generic	
<i>rizatriptan</i>	Generic	
<i>rizatriptan ODT</i>	Generic	
<i>sumatriptan</i>	Generic	
<i>zolmitriptan ODT</i>	Generic	
<b>Antiparkinsonian Agents</b>		
<i>amantadine</i>	Generic	
<i>benztropinemesylate</i>	Generic	
<i>bromocriptinemesylate</i>	Generic	
<i>cabergoline</i>	Generic	
<i>carbidopa &amp; levodopa</i>	Generic	
<i>entacapone</i>	Generic	
GOCOVRI ( <i>amantadineER</i> )	Brand	<b>PA</b>
INBRIJA ( <i>levodopa oral inhalation</i> )	Brand	<b>PA</b>
<i>pramipexole</i>	Generic	
<i>ropinirole</i>	Generic	
<i>selegiline</i>	Generic	

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

Kaiser Permanente of Georgia HMO Formulary

CATEGORY	Drug Tier	Restrictions
STALEVO ( <i>levodopa, carbidopa, &amp; entacapone</i> )	Brand	
TASMAR ( <i>tolcapone</i> )	Brand	
<i>trihexyphenidyl</i>	Generic	
<b>Anxiolytics, Sedatives, and Hypnotics</b>		
<i>alprazolam</i>	Generic	
<i>buspirone</i>	Generic	
<i>chlordiazepoxide</i>	Generic	
<i>clonazepam</i>	Generic	
<i>diazepam</i>	Generic	
HETLIOZ ( <i>tasimelteon</i> )	Brand	<b>PA</b>
<i>hydroxyzine</i>	Generic	
<i>lorazepam</i>	Generic	
<i>meprobamate</i>	Generic	
<i>phenobarbital</i>	Generic	
<i>temazepam</i>	Generic	
<i>zaleplon</i>	Generic	
<i>zolpidem</i>	Generic	
<b>Central Nervous System Agents Miscellaneous</b>		
EPIDIOLEX ( <i>cannabidiol</i> )	Brand	<b>PA</b>
FIRDAPSE ( <i>amifampridine</i> )	Brand	<b>PA</b>
<i>memantine hydrochloride</i>	Generic	
NUEDEXTA ( <i>dextromethorphan/quinidine</i> )	Brand	<b>PA</b>
<i>riluzole</i>	Generic	
RUZURGI ( <i>amifampridine</i> )	Brand	<b>PA</b>
XENAZINE ( <i>tetrabenazine</i> )	Brand	<b>PA</b>
<b>Opiate Antagonists</b>		
<i>naltrexone hydrochloride</i>	Generic	
<b>Psychotherapeutic Agents</b>		
<i>aripiprazole</i>	Generic	
<i>amitriptyline</i>	Generic	
<i>bupropion IR, SR, XL</i>	Generic	
<i>chlorpromazine</i>	Generic	
<i>citalopram</i>	Generic	
<i>clozapine</i>	Generic	
<i>desipramine</i>	Generic	
<i>doxepin capsules, oral solution</i>	Generic	
<i>duloxetine</i>	Generic	
<i>escitalopram</i>	Generic	
<i>fluoxetine</i>	Generic	
<i>fluphenazine</i>	Generic	
<i>fluvoxamine</i>	Generic	

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

Kaiser Permanente of Georgia HMO Formulary

CATEGORY	Drug Tier	Restrictions
<i>haloperidol</i>	Generic	
<i>imipramine</i>	Generic	
<i>lithium</i>	Generic	
<i>mirtazapine</i>	Generic	
<i>nortriptyline</i>	Generic	
<i>olanzapine</i>	Generic	
<i>olanzapine ODT</i>	Generic	
<i>paroxetine</i>	Generic	
<i>perphenazine</i>	Generic	
<i>phenelzine sulfate</i>	Generic	
<i>prochlorperazine</i>	Generic	
<i>quetiapine</i>	Generic	
<i>risperidone</i>	Generic	
<i>sertraline</i>	Generic	
<i>thioridazine</i>	Generic	
<i>thiothixene</i>	Generic	
<i>tranylcypromine sulfate</i>	Generic	
<i>trazodone</i>	Generic	
<i>trifluoperazine</i>	Generic	
<i>venlafaxine</i>	Generic	
<i>venlafaxine extended-release capsules</i>	Generic	
<i>ziprasidone</i>	Generic	
<b>Diabetic Supplies</b>		
Diabetic Supplies		
<i>B-D INSULIN SYRINGE (syringe w-ndl, disp.)</i>	Generic	QL
<i>ONE TOUCH VERIO FLEX (blood glucose meter)</i>	Brand	QL
<i>ONE TOUCH VERIO TEST STRIPS</i>	Brand	QL
<i>DELICA LANCETS</i>	Brand	
<b>Electrolytic, Caloric and Water Balance</b>		
Acidifying and Alkalinizing Agents		
<i>potassium citrate</i>	Generic	
<i>sod/potass/k cit/sodium cit/ca</i>	Generic	
Ammonia Detoxicants		
<i>lactulose</i>	Generic	
<i>RAVICTI (glycerol phenylbutyrate)</i>	Brand	<b>PA</b>
Diuretics		
<i>amiloride &amp; hydrochlorothiazide</i>	Generic	
<i>chlorthalidone</i>	Generic	
<i>furosemide</i>	Generic	
<i>hydrochlorothiazide</i>	Generic	
<i>indapamide</i>	Generic	

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

Kaiser Permanente of Georgia HMO Formulary

CATEGORY	Drug Tier	Restrictions
<i>metolazone</i>	Generic	
<i>toremide</i>	Generic	
<i>triamterene &amp; hydrochlorothiazide</i>	Generic	
<b>Ion-Removing Agents</b>		
<i>sevelamer carbonate</i>	Generic	
<i>SPS (sodium polystyrene sulfonate)</i>	Brand	
<b>Replacement Products</b>		
<i>ELIPHOS (calcium acetate)</i>	Brand	
<i>KLOR CON 20 meq tablets</i>	Generic	
<i>K-PHOS (potassium acid phosphate)</i>	Brand	
<i>PHOSLYRA (calcium acetate)</i>	Brand	
<i>PHOSPHA NEUTRAL (potassium phosphate &amp; sodium phosphate)</i>	Brand	
<i>potassium chloride</i>	Generic	
<b>Uricosuric Agents</b>		
<i>probenecid</i>	Generic	
<b>Eye, Ear, Nose and Throat (EENT)</b>		
<b>Anti-infectives</b>		
<i>aluminum acetate and acetic acid</i>	Generic	
<i>bacitracin &amp; polymyxin B (ophth)</i>	Generic	
<i>bacitracin (ophth)</i>	Generic	
<i>bacitracin, neomycin, &amp; polymyxin B</i>	Generic	
<i>ciprofloxacin (ophth)</i>	Generic	
<i>chlorhexidine</i>	Generic	
<i>erythromycin (ophth)</i>	Generic	
<i>gentamicin sulfate (ophth)</i>	Generic	
<i>moxifloxacin (ophth)</i>	Generic	
<i>NATACYN (natamycin)</i>	Brand	
<i>neomycin, polymyxin B, &amp; gramicidin</i>	Generic	
<i>ofloxacin (ophth)</i>	Generic	
<i>ofloxacin (otic)</i>	Generic	
<i>Oxervate (cenegermin)</i>	Brand	<b>PA</b>
<i>tobramycin sulfate (ophth) solution</i>	Generic	
<i>TOBREX (tobramycin) (ophth) ointment</i>	Brand	
<i>trifluridine</i>	Generic	
<i>trimethoprim &amp; polymyxin B</i>	Generic	
<b>Anti-inflammatory Agents</b>		
<i>bacitracin, neomycin, polymyxin B, &amp; hydrocortisone (ophth)</i>	Generic	
<i>BLEPHAMIDE (sulfacetamide sodium &amp; prednisolone) ointment, suspension</i>	Brand	

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

Kaiser Permanente of Georgia HMO Formulary

CATEGORY	Drug Tier	Restrictions
CIPRODEX ( <i>dexamethasone &amp; ciprofloxacin</i> )	Brand	
<i>dexamethasone sodium phosphate (ophth)</i>	Generic	
<i>diclofenac sodium (ophth)</i>	Generic	
<i>fluoromethalone (ophth)</i>	Generic	
<i>ketorolac (ophth)</i>	Generic	
MAXIDEX ( <i>dexamethasone</i> )	Brand	
<i>neomycin, polymyxin B, &amp; dexamethasone</i>	Generic	
<i>neomycin, polymyxin B, &amp; hydrocortisone (ophth)</i>	Generic	
PRED MILD ( <i>prednisolone acetate</i> )	Generic	
PRED-G ( <i>prednisolone &amp; gentamicin</i> )	Brand	
<i>prednisolone acetate (ophth)</i>	Generic	
<i>sulfacetamide sodium &amp; prednisolone solution</i>	Generic	
TOBRADEX ( <i>tobramycin &amp; dexamethasone</i> ) ointment	Brand	
<i>tobramycin &amp; dexamethasone suspension</i>	Generic	
<b>Antiglaucoma Agents</b>		
<i>acetazolamide</i>	Generic	
<i>betaxolol (ophth)</i>	Generic	
BETOPTIC S ( <i>betaxolol</i> )	Brand	
<i>brimonidine</i>	Generic	
<i>dorzolamide</i>	Generic	
<i>dorzolamide &amp; timolol</i>	Generic	
ISOPTO CARBACHOL ( <i>carbachol</i> )	Brand	
<i>latanoprost</i>	Generic	
<i>levobunolol</i>	Generic	
<i>methazolamide</i>	Generic	
<i>methazolamide</i>	Generic	
PHOSPHOLINE IODIDE ( <i>echothiophate</i> )	Brand	
<i>pilocarpine (ophth)</i>	Generic	
RHOPRESSA ( <i>netarsudil</i> )	Brand	<b>PA</b>
ROCKLATAN	Brand	<b>PA</b>
<i>timolol maleate (ophth)</i>	Generic	
VYZULTA ( <i>latanoprostene bunod</i> )	Brand	<b>PA</b>
<b>EENT Drugs, Miscellaneous</b>		
IOPIDINE ( <i>apraclonidine</i> )	Brand	
<b>Local Anesthetics</b>		
<i>lidocaine (mouth-throat)</i>	Generic	
<i>proparacaine</i>	Generic	
<b>Mydriatics</b>		
ISOPTO HOMATROPINE ( <i>homatropine</i> )	Brand	

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

Kaiser Permanente of Georgia HMO Formulary

CATEGORY	Drug Tier	Restrictions
ISOPTO HYOSCINE ( <i>scopolamine</i> )	Brand	
<b>Gastrointestinal Drugs</b>		
Anti-inflammatory Agents		
<i>balsalazide</i>	Generic	
CANASA ( <i>mesalamine</i> )	Brand	
<i>mesalamine (generic Lialda)</i>	Brand	
<i>mesalamine enema</i>	Generic	
PENTASA ( <i>mesalamine</i> )	Brand	
Antidiarrheal Agents		
<i>diphenoxylate &amp; atropine</i>	Generic	
Antiemetics		
AKYNZEO ( <i>netupitant and palonosetron</i> )	Brand	
<i>dronabinol</i>	Generic	
<i>ondansetron</i>	Generic	
<i>aprepitant</i>	Generic	
Antiulcer Agents and Acid Suppressants		
<i>misoprostol</i>	Generic	
<i>ranitidine</i>	Generic	
<i>sucralfate tablet</i>	Generic	
Cathartics and Laxatives		
<i>polyethylene glycol-electrolyte solution</i>	Generic	
Digestants		
Creon ( <i>pancrelipase</i> )	Brand	
<i>pancrelipase</i>	Generic	
ZENPEP ( <i>pancrelipase</i> )	Brand	
GI Drug Miscellaneous		
<i>clidinium &amp; chlordiazepoxide</i>	Generic	
GATTEX ( <i>teduglutide</i> )	Brand	<b>PA</b>
<i>metoclopramide</i>	Generic	
<i>ursodiol</i>	Generic	
<b>Gold Compounds</b>		
Gold Compounds		
RIDAURA ( <i>auranofin</i> )	Brand	
<b>Heavy Metal Antagonists</b>		
Heavy Metal Antagonists		
CUPRIMINE ( <i>penicillamine</i> )	Brand	
<i>deferasirox</i>	Generic	
DEPEN ( <i>penicillamine</i> )	Brand	
<b>Hormone and Synthetic Substitutes</b>		
Adrenals		
<i>dexamethasone</i>	Generic	

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

Kaiser Permanente of Georgia HMO Formulary

CATEGORY	Drug Tier	Restrictions
<i>fludrocortisone</i>	Generic	
<i>hydrocortisone</i>	Generic	
<i>methylprednisolone</i>	Generic	
<i>prednisolone</i>	Generic	
<i>prednisone</i>	Generic	
<b>Androgens</b>		
ANDROID ( <i>methyltestosterone</i> )	Brand	
ANDROXY ( <i>fluoxymesterone</i> )	Brand	
<i>danazol</i>	Generic	
METHITEST ( <i>methyltestosterone</i> )	Brand	
<i>testosterone cypionate</i>	Generic	
<i>testosterone gel pump</i>	Generic	
<i>methyltestosterone</i>	Generic	
<b>Contraceptives</b>		
APRI ( <i>ethinyl estradiol &amp; desogestrel</i> )	Generic	<b>QL</b>
ARANELLE ( <i>ethinyl estradiol &amp; norethindrone</i> )	Generic	<b>QL</b>
BREVICON ( <i>ethinyl estradiol &amp; norethindrone</i> )	Brand	<b>QL</b>
CONDOM-FEMALE	Brand	
CRYSSELLE ( <i>ethinyl estradiol &amp; norgestrel</i> )	Generic	<b>QL</b>
ELLA ( <i>ulipristal</i> )	Brand	
<i>drospirenone &amp; ethinyl estradiol</i>	Generic	<b>QL</b>
<i>ethinyl estradiol &amp; ethynodiol diacetate</i>	Generic	<b>QL</b>
JOLESSA ( <i>ethinyl estradiol &amp; levonorgestrel</i> )	Generic	<b>QL</b>
<i>levonorgestrel tablet</i>	Generic	<b>Age</b>
LUTERA ( <i>ethinyl estradiol &amp; levonorgestrel</i> )	Generic	<b>QL</b>
MICROGESTIN FE ( <i>ethinyl estradiol &amp; norethindrone</i> )	Generic	<b>QL</b>
NECON ( <i>ethinyl estradiol &amp; norethindrone</i> )	Generic	<b>QL</b>
NECON ( <i>mestranol &amp; norethindrone</i> )	Generic	<b>QL</b>
NORTREL ( <i>ethinyl estradiol &amp; norethindrone</i> )	Generic	<b>QL</b>
NUVARING ( <i>ethinyl estradiol &amp; etonogestrel</i> )	Brand	<b>QL</b>
PLAN B ONE STEP ( <i>levonorgestrel</i> )	Brand	<b>Age</b>
PORTIA ( <i>levonorgestrel &amp; ethinyl estradiol</i> )	Generic	<b>QL</b>
SPERMICIDE	Brand	
SPONGE WITH SPERMICIDE ( <i>nonoxynol-9</i> )	Brand	
SPRINTEC ( <i>ethinyl estradiol &amp; norgestimate</i> )	Generic	<b>QL</b>
TRI-LO SPRINTEC ( <i>ethinyl estradiol &amp; norgestimate</i> )	Generic	<b>QL</b>
TRI-SPRINTEC ( <i>ethinyl estradiol &amp; norgestimate</i> )	Generic	<b>QL</b>
TRIVORA ( <i>ethinyl estradiol &amp; levonorgestrel</i> )	Generic	<b>QL</b>
XULANE ( <i>ethinyl estradiol &amp; norelgestromin</i> )	Brand	<b>QL</b>

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

Kaiser Permanente of Georgia HMO Formulary

CATEGORY	Drug Tier	Restrictions
<b>Diabetic Agents</b>		
ADLYXIN ( <i>lixisenatide</i> )	Brand	<b>PA, QL</b>
acarbose	Generic	
AFREZZA ( <i>insulin oral inhalation</i> )	Brand	<b>PA</b>
alogliptin	Generic	<b>PA</b>
alogliptin & metformin	Generic	<b>PA</b>
alogliptin & pioglitazone	Generic	<b>PA</b>
BAQSIMI ( <i>glucagon</i> )	BRAND	<b>QL</b>
BYDUREON ( <i>exenatide extended-release</i> )	Brand	<b>PA, QL</b>
BYETTA ( <i>exenatide</i> )	Brand	<b>PA, QL</b>
FARXIGA ( <i>dapagliflozin</i> )	Brand	<b>PA</b>
glimepiride	Generic	
glipizide	Generic	
GLUCAGON ( <i>glucagon</i> )	Brand	
GLYXAMBI ( <i>empagliflozin and linagliptin</i> )	Brand	<b>PA, QL</b>
GVOKE ( <i>glucagon</i> )	Brand	<b>Age</b>
HUMULIN 70/30 ( <i>insulin isophane &amp; insulin regular</i> )	Brand	
HUMULIN-N ( <i>insulin isophane</i> )	Brand	
HUMULIN-R ( <i>insulin regular</i> )	Brand	
INVOKAMET ( <i>canagliflozin &amp; metformin</i> )	Brand	<b>PA</b>
INVOKANA ( <i>canagliflozin</i> )	Brand	<b>PA</b>
JANUMET ( <i>sitagliptin &amp; metformin</i> )	Brand	<b>PA</b>
JANUVIA ( <i>sitagliptin phosphate</i> )	Brand	<b>PA</b>
JENTADUETO ( <i>linagliptin &amp; metformin</i> )	Brand	<b>PA</b>
JUVISYNC ( <i>sitagliptin &amp; simvastatin</i> )	Brand	<b>PA</b>
JARDIANCE ( <i>empagliflozin</i> )	Brand	<b>PA</b>
KOMBIGLYZE XR ( <i>saxagliptin &amp; metformin extended-release</i> )	Brand	<b>PA</b>
KORLYM ( <i>mifepristone</i> )	Brand	<b>PA</b>
metformin	Generic	
metformin ER	Generic	
metformin ER ( <i>generic Glumetza, Fortamet</i> )	Generic	<b>PA</b>
ONGLYZA ( <i>saxagliptin</i> )	Brand	<b>PA</b>
OZEMPIC ( <i>semaglutide</i> )	Brand	<b>PA, QL</b>
pioglitazone	Generic	
SOLIQUA ( <i>Insulin glargine and lixisenatide</i> )	Brand	<b>PA</b>
SEGLUROMET ( <i>ertugliflozin and metformin</i> )	Brand	<b>PA</b>
STEGLATRO ( <i>ertugliflozin</i> )	Brand	<b>PA</b>
STEGLUJAN ( <i>ertugliflozin and sitagliptin</i> )	Brand	<b>PA</b>
SYMLIN ( <i>pramlintide acetate</i> )	Brand	<b>PA</b>

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

Kaiser Permanente of Georgia HMO Formulary

CATEGORY	Drug Tier	Restrictions
SYNJARDY ( <i>empagliflozin/metformin</i> )	Brand	PA
TRADJENTA ( <i>linagliptin</i> )	Brand	PA, QL
TRULICITY ( <i>dulaglutide</i> )	Brand	PA, QL
VICTOZA ( <i>liraglutide</i> )	Brand	PA, QL
XIGDUO XR ( <i>dapagliflozin &amp; metformin</i> )	Brand	PA
XULTOPHY ( <i>insulin degludec and liraglutide</i> )	Brand	PA, QL
<b>Estrogens and Antiestrogens</b>		
<i>estradiol</i>	Generic	
<i>estradiol cypionate injection</i>	Generic	
<i>estradiol patch</i>	Generic	
<i>estradiol valerate injection</i>	Generic	
ESTRACE ( <i>estradiol vaginal cream</i> )	Generic	
ESTRING ( <i>estradiol</i> )	Brand	
<i>estrogens &amp; methyltestosterone</i>	Generic	
<i>estropipate</i>	Generic	
<i>raloxifene</i>	Generic	
PREMARIN ( <i>conjugated estrogen</i> ) ( <i>vaginal cream</i> )	Brand	
YUVAFEM ( <i>estradiol</i> )	Generic	
<b>Gonadotropins</b>		
SYNAREL ( <i>nafarelin</i> )	Brand	
<b>Parathyroid</b>		
<i>calcitonin</i>	Generic	
NATPARA ( <i>parathyroid hormone</i> )	Brand	PA
<b>Pituitary</b>		
ACTHAR ( <i>corticotropin</i> )	Brand	PA
<i>desmopressin</i>	Generic	
<b>Progestins</b>		
<i>medroxyprogesterone acetate tablet</i>	Generic	
NORA-BE ( <i>norethindrone</i> )	Generic	
<b>Somatotropin Agonists and Antagonists</b>		
GENTROPIN ( <i>somatropin</i> )	Brand	PA
HUMATROPE ( <i>somatropin</i> )	Brand	PA
NORDITROPIN ( <i>somatropin</i> )	Brand	PA
NUTROPIN AQ ( <i>somatropin</i> )	Brand	PA
OMNITROPE ( <i>somatropin</i> )	Brand	PA
SAIZEN ( <i>somatropin</i> )	Brand	PA
SEROSTIM ( <i>somatropin</i> )	Brand	PA
SOMAVERT ( <i>pegvisomant</i> )	Brand	PA
ZORBTIVE ( <i>somatropin</i> )	Brand	PA
<b>Thyroid and Antithyroid Agents</b>		

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

Kaiser Permanente of Georgia HMO Formulary

CATEGORY	Drug Tier	Restrictions
<i>levothyroxine</i>	Generic	
<i>liothyronine</i>	Generic	
Lugol's Solution ( <i>potassium iodide &amp; iodine</i> )	Brand	
<i>methimazole</i>	Generic	
<i>propylthiouracil</i>	Generic	
<b>Miscellaneous Therapeutic Agents</b>		
<b>Miscellaneous Therapeutic Agents</b>		
<i>acetylcysteine</i>	Generic	
ACTEMRA ( <i>tocilizumab</i> )	Brand	
ACTIMMUNE ( <i>interferon gamma-1b</i> )	Brand	
AIMOVIG ( <i>ereumab aooe</i> )	Brand	<b>PA</b>
<i>alendronate</i>	Generic	
<i>allopurinol</i>	Generic	
Ampyra ( <i>dalfampridine</i> )	Brand	<b>PA</b>
AUBAGIO ( <i>teriflunomide</i> )	Brand	<b>PA</b>
AUSTEDO ( <i>deutetrabenazine</i> )	Brand	<b>PA</b>
AVONEX ( <i>interferon beta-1a</i> )	Brand	<b>PA</b>
<i>azathioprine</i>	Generic	
CERDELGA ( <i>eligustat</i> )	Brand	<b>PA</b>
CIMZIA ( <i>certolizumab pegol</i> )	Brand	<b>PA</b>
CHOLBAM ( <i>cholic acid</i> )	Brand	<b>PA</b>
COPAXONE ( <i>glatiramer acetate</i> )	Brand	<b>PA</b>
COSENTYX ( <i>secukinumab</i> )	Brand	<b>PA</b>
<i>cyclosporine</i>	Generic	
<i>dalfampridine</i>	Generic	
<i>disulfiram</i>	Generic	
DOPTELET	Brand	<b>PA, QL</b>
DUPIXENT ( <i>dupilumab</i> )	Brand	<b>PA</b>
ELMIRON ( <i>pentosanpolysulfate sodium</i> )	Brand	<b>PA</b>
EMFLAZA ( <i>deflazacort</i> )	Brand	<b>PA</b>
ENBREL ( <i>etanercept</i> )	Brand	<b>PA</b>
ENDARI ( <i>L-Glutamine</i> )	Brand	<b>PA</b>
<i>etidronate</i>	Generic	
EXTAVIA ( <i>interferon beta-1b</i> )	Brand	
<i>finasteride</i>	Generic	
FIRAZYR ( <i>icatibant</i> )	Brand	<b>PA</b>
<i>fluoride sodium</i>	Generic	
FORTEO ( <i>teriparatide</i> )	Brand	<b>PA</b>
GALAFOLD ( <i>migalastat</i> )	Brand	<b>PA</b>
GEL-KAM ( <i>stannous fluoride</i> )	Brand	
GILENYA ( <i>fingolimod</i> )	Brand	<b>PA</b>

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

Kaiser Permanente of Georgia HMO Formulary

CATEGORY	Drug Tier	Restrictions
<i>glatiramer acetate 40 mg</i>	Generic	
<i>glatiramer acetate 20 mg</i>	Generic	<b>PA</b>
Glatopa ( <i>glatiramer acetate</i> )	Generic	
HAEGARDA ( <i>c1-esterase inhibitor</i> )	Brand	<b>PA</b>
HEMLIBRA ( <i>emicizumab-kxwh</i> )	Brand	<b>PA</b>
HIZENTRA ( <i>subcutaneous immune globulin</i> )	Brand	<b>PA</b>
HUMIRA ( <i>adalimumab</i> )	Brand	<b>PA</b>
HUMIRA CITRATE FREE ( <i>adalimumab</i> )	Brand	<b>PA</b>
HYQVIA ( <i>subcutaneous immune globulin</i> )	Brand	<b>PA</b>
INGREZZA ( <i>valbenazine</i> )	Brand	<b>PA</b>
JYNARQUE ( <i>tolvaptan</i> )	Brand	<b>PA</b>
KALYDECO ( <i>ivacaftor</i> )	Brand	<b>PA</b>
KEVZARA ( <i>sarilumab</i> )	Brand	<b>PA</b>
<i>leflunomide</i>	Generic	
MESNEX ( <i>mesna</i> )	Brand	
<i>methylergonovine maleate</i>	Generic	
MULPLETA	Brand	<b>PA, QL</b>
<i>mycophenolate mofetil</i>	Generic	
<i>mycophenolic acid delayed release</i>	Generic	
OLUMIANT ( <i>baricitinib</i> )	Brand	<b>PA</b>
ORENCIA ( <i>abatacept</i> )	Brand	
ORLISSA ( <i>elagolix</i> )	Brand	<b>PA</b>
ORKAMBI ( <i>lumacaftor with ivacaftor</i> )	Brand	<b>PA</b>
OTEZLA ( <i>apremilast</i> )	Brand	<b>PA</b>
OXBRYTA ( <i>voxoletor</i> )	Brand	<b>PA, QL</b>
PALYNZIQ ( <i>pegvaliase</i> )	Brand	<b>PA</b>
PLEGRIDY ( <i>interferon beta-1a</i> )	Brand	<b>PA</b>
PROCYSBI ( <i>cysteamine</i> )	Brand	<b>PA</b>
REBIF ( <i>interferon beta-1a</i> )	Brand	<b>PA</b>
REBIF REBIDOSE ( <i>interferon beta-1a</i> )	Brand	<b>PA</b>
SENSIPAR ( <i>cinacalcet</i> )	Brand	
SILIQ ( <i>brodalumab</i> )	Brand	<b>PA</b>
<i>sirolimus</i>	Generic	
SIMPONI ( <i>golimumab</i> )	Brand	<b>PA</b>
SKYRIZI ( <i>risankizumab</i> )	Brand	<b>PA</b>
STELARA ( <i>ustekinumab</i> )	Brand	<b>PA</b>
SUNOSI ( <i>Solriamfetol</i> )	Brand	<b>PA</b>
SYMDEKO ( <i>tezacaftor and ivacaftor</i> )	Brand	<b>PA</b>
SYPRINE ( <i>trientine</i> )	Brand	<b>PA</b>
<i>tacrolimus</i>	Generic	
TAKHZYRO ( <i>landelumab</i> )	Brand	<b>PA</b>

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

Kaiser Permanente of Georgia HMO Formulary

CATEGORY	Drug Tier	Restrictions
TALTZ ( <i>ixekizumab</i> )	Brand	PA
TAVALISSE ( <i>fostamatinib</i> )	Brand	PA
TECFIDERA ( <i>dimethyl fumarate</i> )	Brand	PA
TEGSEDI ( <i>Inotersen</i> )	Brand	PA
THALOMID ( <i>thalidomide</i> )	Brand	QL
TREMFYA ( <i>guselkumab</i> )	Brand	PA
TRIKAFTA ( <i>elexacaftor, tevacaftor, ivacaftor</i> )	Brand	PA
TYMLOS ( <i>abaloparatide</i> )	Brand	PA
VIBERZI ( <i>eluxadoline</i> )	Brand	PA
WAKIX ( <i>pitolisant</i> )	Brand	PA
XELJANZ ( <i>tofacitinib</i> )	Brand	
XYREM ( <i>sodium oxybate</i> )	Brand	PA
ZAVESCA ( <i>miglustat</i> )	Brand	PA
ZINBRYTA ( <i>daclizumab</i> )	Brand	PA
<b>Respiratory Tract Agents</b>		
<b>Antitussives</b>		
<i>benzonatate</i>	Generic	
<i>guaifenesin &amp; codeine</i>	Generic	
<i>hydrocodone &amp; homatropine</i>	Generic	
<b>Anti-Inflammatory Agents</b>		
<i>budesonide 3 mg capsule</i>	Generic	
<i>cromolyn sodium</i>	Generic	
<i>montelukast</i>	Generic	
<b>Mucolytic Agents</b>		
<i>PULMOZYME (dornase alfa)</i>	Brand	
<b>Respiratory Tract Agents, Miscellaneous</b>		
<i>ADVAIR DISKUS (fluticasone and salmeterol)</i>	Brand	
<i>ALVESCO (ciclesonide)</i>	Brand	
<i>ARIKAYCE (amikacin inhalation solution)</i>	Brand	PA
<i>ASMANEX (mometasone)</i>	Brand	
<i>budesonide inhalation suspension</i>	Brand	
<i>tobramycin inhalation solution</i>	Generic	
<i>STIOLTO RESPIMAT (tiotropium and olodaterol)</i>	Brand	
<b>Skin and Mucous Membrane Agents</b>		
<b>Anti-infectives (Skin and Mucous Membranes)</b>		
<i>clindamycin &amp; benzoyl peroxide (topical)</i>	Generic	
<i>clindamycin phosphate gel, solution (topical)</i>	Generic	
<i>erythromycin (topical)</i>	Generic	
<i>iodoquinol &amp; hydrocortisone</i>	Generic	
<i>ketoconazole (topical)</i>	Generic	
<i>lindane</i>	Generic	

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

Kaiser Permanente of Georgia HMO Formulary

CATEGORY	Drug Tier	Restrictions
<i>metronidazole (topical)</i>	Generic	
<i>mupirocin</i>	Generic	
<i>nystatin (topical)</i>	Generic	
ONEXTON ( <i>clindamycin &amp; benzoyl peroxide (topical)</i> )	Brand	<b>PA</b>
<i>permethrin</i>	Generic	
<i>selenium sulfide</i>	Generic	
<i>silver sulfadiazine</i>	Generic	
<b>Anti-inflammatory Agents (Skin and Mucous Membrane)</b>		
<i>alclometasone dipropionate</i>	Generic	
<i>betamethasone valerate</i>	Generic	
<i>betamethasone dipropionate</i>	Generic	
<i>betamethasone dipropionate, augmented</i>	Generic	
<i>clobetasol</i>	Generic	
<i>clobetasol propionate</i>	Generic	
<i>desonide</i>	Generic	<b>QL</b>
<i>desoximetasone</i>	Generic	
<i>diclofenac 1% gel, 1.5% solution</i>	Generic	
ENSTILAR FOAM ( <i>betamethasone &amp; calcipotriene</i> )	Brand	<b>PA</b>
<i>fluocinolone</i>	Generic	
<i>fluocinonide</i>	Generic	
<i>Fluticasone topical cream 0.05%, 0.05% ointment</i>	Generic	
<i>hydrocortisone (topical)</i>	Generic	
<i>mometasone furoate</i>	Generic	
<i>triamcinolone acetonide (topical)</i>	Generic	
<b>Antipruritics and Local Anesthetics</b>		
<i>lidocaine &amp; prilocaine</i>	Generic	
HYPERCARE ( <i>aluminum chloride hexahydrate</i> )	Brand	
QBREXZA	Brand	<b>QL</b>
<b>Cell Stimulants and Proliferants</b>		
<i>tretinoin (topical)</i>	Generic	Limited to age ≤35
<b>Keratolytic Agents</b>		
<i>sulfur &amp; sulfacetamide sodium cleanser</i>	Generic	
<i>sulfur &amp; sulfacetamide sodium lotion</i>	Generic	
<i>urea</i>	Generic	
<b>Skin and Mucous Membrane Agents Miscellaneous</b>		
8-MOP ( <i>methoxsalen</i> )	Brand	
<i>calcipotriene</i>	Generic	
ELIDEL ( <i>pimecrolimus</i> )	Brand	

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

Kaiser Permanente of Georgia HMO Formulary

CATEGORY	Drug Tier	Restrictions
FLUOROPLEX ( <i>fluorouracil</i> )	Brand	
<i>fluorouracil (topical)</i>	Generic	
<i>imiquimod</i>	Generic	
<i>isotretinoin</i>	Generic	
JUBLIA ( <i>efinaconazole</i> )	Brand	<b>PA, QL</b>
<i>methoxsalen</i>	Generic	
MIRVASO topical gel ( <i>brimonidine</i> )	Brand	<b>PA, QL</b>
PICATO ( <i>ingenol mebutate</i> )	Brand	<b>PA</b>
<i>pimecrolimus</i>	Generic	
<i>podofilox</i>	Generic	
REGRANEX ( <i>becaplermin</i> )	Brand	
SANTYL ( <i>collagenase</i> )	Brand	
SOOLANTRA ( <i>ivermectin</i> )	Brand	<b>PA, QL</b>
<i>tacrolimus ointment</i>	Generic	
VECTICAL ( <i>calcitriol</i> )	Brand	
<b>Smooth Muscle Relaxants</b>		
Smooth Muscle Relaxants		
<i>darifenacin</i>	Generic	
<i>oxybutynin</i>	Generic	
<i>oxybutynin XL</i>	Generic	
<i>solifenacin</i>	Generic	
<i>theophylline</i>	Generic	
<i>tropium</i>	Generic	
<b>Vitamins</b>		
Vitamins		
<i>calcitriol</i>	Generic	
<i>ergocalciferol</i>	Generic	
MEPHYTON ( <i>phytonadione</i> )	Brand	

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

# Kaiser Permanente of Georgia HMO Formulary

## Index of Drugs

### 8

8-MOP (*methoxsalen*).....26

### A

*abacavir & lamivudine*.....6  
*abacavir tablet*.....6  
*abacavir, lamivudine, & zidovudine*.....6  
*Abiraterone 250 mg tablet*.....8  
*acarbose*.....21  
*acebutolol*.....12  
*acetaminophen & codeine*.....13  
*acetaminophen, isometheptene, & dichloralphenazone*.....13  
*acetazolamide*.....18  
*acetylcysteine*.....23  
*ACTEMRA (tocilizumab)*.....23  
*ACTHAR (corticotropin)*.....22  
*ACTIMMUNE (interferon gamma-1b)*.....23  
*acyclovir*.....6  
*ADLYXIN (lixisenatide)*.....21  
*ADVAIR DISKUS (fluticasone and salmeterol)*.....25  
*AFINITOR (everolimus)*.....8  
*AFREZZA (insulin oral inhalation)*.....21  
*AIMOVIG (ereunumab aooe)*.....23  
*AKYNZEO (netupitant and palonosetron)*.....19  
*ALBENZA (albendazole)*.....5  
*albuterol sulfate nebulizer solution*.....10  
*albuterol sulfate tablet, syrup*.....10  
*alclometasone dipropionate*.....26  
*alendronate*.....23  
*alfuzosin*.....11  
*ALKERAN (melphalan)*.....8  
*allopurinol*.....23  
*alogliptin*.....21  
*alogliptin & metformin*.....21  
*alogliptin & pioglitazone*.....21  
*alprazolam*.....15  
*aluminum acetate and acetic acid*.....17  
*ALVESCO (ciclesonide)*.....25  
*amantadine*.....14  
*AMICAR (aminocaproic acid)*.....10  
*amiloride & hydrochlorothiazide*.....16  
*amiodarone*.....11  
*amitriptyline*.....15  
*amlodipine*.....11  
*amoxicillin*.....2, 5  
*amoxicillin & clavulanic acid*.....5  
*amphetamine & dextroamphetamine*.....13

*amphetamine & dextroamphetamine extended-release*.....13  
*ampicillin*.....5  
*Ampyra (dalfampridine)*.....23  
*anagrelide*.....10  
*anastrozole*.....8  
*ANCOBON (flucytosine)*.....5  
*ANDROID (methyltestosterone)*.....20  
*ANDROXY (fluoxymesterone)*.....20  
*aprepitant*.....19  
*APRI (ethinyl estradiol & desogestrel)*.....20  
*APTIVUS (tipranavir)*.....6  
*ARANELLE (ethinyl estradiol & norethindrone)*.....20  
*ARANESP (darbepoetin alfa)*.....11  
*ARIKAYCE (amikacin inhalation solution)*.....25  
*aripiprazole*.....15  
*armodafinil*.....14  
*ASMANEX (mometasone)*.....25  
*atazanavir 200 mg, 300 mg*.....6  
*atenolol*.....12  
*atorvastatin*.....11  
*atovaquone*.....6  
*atropine sulfate*.....9  
*ATROVENT HFA (ipratropium)*.....9  
*AUBAGIO (teriflunomide)*.....23  
*AUSTEDO (deutetrabenazine)*.....23  
*AUVI-Q (epinephrine)*.....10  
*AVONEX (interferon beta-1a)*.....23  
*azathioprine*.....23  
*azithromycin*.....5

### B

*bacitracin & polymyxin B (ophth)*.....17  
*bacitracin (ophth)*.....17  
*bacitracin, neomycin, & polymyxin B*.....17  
*bacitracin, neomycin, polymyxin B, & hydrocortisone (ophth)*.....17  
*baclofen*.....10  
*balsalazide*.....19  
*BAQSIMI (glucagon)*.....21  
*B-D INSULIN SYRINGE (syringe w-ndl, disp.)*.....16  
*benazepril*.....12  
*benzonatate*.....25  
*benztropinemesylate*.....14  
*betamethasone dipropionate*.....26  
*betamethasone dipropionate, augmented*.....26  
*betamethasone valerate*.....26  
*betaxolol (ophth)*.....18  
*bethanechol*.....9  
*BETOPTIC S (betaxolol)*.....18  
*bicalutamide*.....8

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

## Kaiser Permanente of Georgia HMO Formulary

BIKTARVY ( <i>bictegravir, emtricitabine &amp; tenofovir alafenamide</i> ).....	6
bisoprolol.....	12
bisoprolol & hydrochlorothiazide .....	12
BLEPHAMIDE ( <i>sulfacetamide sodium &amp; prednisolone</i> ) ointment, suspension.....	17
BREVICON ( <i>ethinyl estradiol &amp; norethindrone</i> ).....	20
BRILINTA ( <i>ticagrelor</i> ).....	10
brimonidine.....	18, 27
bromocriptinemesylate.....	14
BRUKINSA ( <i>zanubrutinib</i> ).....	8
budesonide 3 mg capsule .....	25
budesonide inhalation suspension.....	25
buprenorphine.....	13
bupropion IR, SR, XL.....	15
bupirone.....	15
butalbital, acetaminophen, & caffeine.....	13
butalbital, acetaminophen, caffeine, & codeine.....	13
butalbital, aspirin, & caffeine.....	13
butalbital, aspirin, caffeine, & codeine.....	13
BYDUREON ( <i>exenatide extended-release</i> ).....	21
BYETTA ( <i>exenatide</i> ).....	21

### C

cabergoline.....	14
calcipotriene.....	26
calcitonin.....	22
calcitriol.....	27
CANASA ( <i>mesalamine</i> ).....	19
capecitabine.....	8
CAPRELSA ( <i>vandetanib</i> ).....	8
captopril.....	12
carbamazepine.....	14
carbamazepine extended-release.....	14
carbidopa & levodopa.....	14
carvedilol.....	12
cefaclor.....	5
cefdinir.....	5
cefuroxime.....	5
CELONTIN ( <i>methsuximide</i> ).....	14
cephalexin.....	5
CERDELGA ( <i>eligustat</i> ).....	23
chlorthalidone.....	15, 19
chlorhexidine.....	17
chlorpromazine.....	15
chlorthalidone.....	16
chlorzoxazone.....	10
CHOLBAM ( <i>cholic acid</i> ).....	23
cholestyramine resin.....	11
ciclopirox solution 8%.....	5

cilostazol.....	10
CIMDUO ( <i>lamivudine &amp; tenofovir</i> ).....	6
CIMZIA ( <i>certolizumab pegol</i> ).....	23
CIPRODEX ( <i>dexamethasone &amp; ciprofloxacin</i> ).....	18
ciprofloxacin.....	5, 17, 18
ciprofloxacin ( <i>ophth</i> ).....	17
citalopram.....	15
clarithromycin.....	5
clidinium & chlorthalidone.....	19
clindamycin.....	5, 25, 26
clindamycin & benzoyl peroxide ( <i>topical</i> ).....	25, 26
clindamycin palmitate ( <i>solution</i> ).....	5
clindamycin phosphate gel, solution ( <i>topical</i> ).....	25
clobetasol.....	26
clobetasol propionate.....	26
clonazepam.....	15
clonidine.....	12
clopidogrel.....	10
clotrimazole lozenge.....	5
clozapine.....	15
colestipol.....	11
COMBIVENT RESPIMAT ( <i>ipratropium &amp; albuterol</i> ).....	10
CONDOM-FEMALE.....	20
COPAXONE ( <i>glatiramer acetate</i> ).....	23
COSENTYX ( <i>secukinumab</i> ).....	23
COTELLIC ( <i>cobimetinib</i> ).....	8
Creon ( <i>pancrelipase</i> ).....	19
CRIXIVAN ( <i>indinavir</i> ).....	6
cromolyn sodium.....	25
CRYSELLE ( <i>ethinyl estradiol &amp; norgestrel</i> ).....	20
CUPRIMINE ( <i>penicillamine</i> ).....	19
cyclobenzaprine.....	10
cyclophosphamide.....	8
cyclosporine.....	23
cyproheptadine.....	5

### D

DAKLINZA ( <i>daclatasvir</i> ).....	6
dalfampridine.....	23
danazol.....	20
dapsone.....	6
DARAPRIM ( <i>pyrimethamine</i> ).....	6
darifenacin.....	27
deferasirox.....	19
DELICA LANCETS.....	16
DEPEN ( <i>penicillamine</i> ).....	19
DESCOVY ( <i>emtricitabine &amp; tenofovir</i> ).....	6
desipramine.....	15
desmopressin.....	22
desonide.....	26

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

## Kaiser Permanente of Georgia HMO Formulary

<i>desoximetasone</i> .....	26
<i>dexamethasone</i> .....	18, 19
<i>dexamethasone sodium phosphate (ophth)</i> .....	18
<i>dexmethylphenidate ER</i> .....	14
<i>dexmethylphenidate IR</i> .....	14
<i>dextroamphetamine sulfate</i> .....	14
<i>diazepam</i> .....	15
<i>diclofenac</i> .....	13, 18, 26
<i>diclofenac 1% gel, 1.5% solution</i> .....	26
<i>diclofenac sodium (ophth)</i> .....	18
<i>dicloxacillin</i> .....	5
<i>dicyclomine</i> .....	9
<i>didanosine</i> .....	6, 7
<i>digoxin</i> .....	11
<i>diltiazem</i> .....	11
<i>diphenoxylate &amp; atropine</i> .....	19
<i>dipyridamole</i> .....	12
<i>disopyramide phosphate</i> .....	11
<i>disulfiram</i> .....	23
<i>divalproex sodium</i> .....	14
<i>dofetilide</i> .....	11
<i>donepezil</i> .....	10
DOPTELET.....	23
<i>dorzolamide</i> .....	18
<i>dorzolamide &amp; timolol</i> .....	18
DOVATO ( <i>dolutegravir sodium &amp; lamivudine</i> ).....	6
<i>doxazosin</i> .....	11
<i>doxepin capsules, oral solution</i> .....	15
<i>doxycycline monohydrate</i> .....	5
<i>dronabinol</i> .....	19
<i>drospirenone &amp; ethinyl estradiol</i> .....	20
DROXIA ( <i>hydroxyurea</i> ).....	8
<i>duloxetine</i> .....	15
DUPIXENT ( <i>dupilumab</i> ).....	23

### E

<i>efavirenz 600 mg</i> .....	6
ELIDEL ( <i>pimecrolimus</i> ).....	26
ELIPHOS ( <i>calcium acetate</i> ).....	17
ELLA ( <i>ulipristal</i> ).....	20
ELMIRON ( <i>pentosanpolysulfate sodium</i> ).....	23
EMCYT ( <i>estramustine</i> ).....	8
EMFLAZA ( <i>deflazacort</i> ).....	23
EMTRIVA ( <i>emtricitabine</i> ).....	6
<i>enalapril</i> .....	12
ENBREL ( <i>etanercept</i> ).....	23
ENDARI ( <i>L-Glutamine</i> ).....	23
<i>enoxaparin</i> .....	10
ENSTILAR FOAM ( <i>betamethasone &amp; calcipotriene</i> ).....	26
<i>entacapone</i> .....	14, 15

<i>entecavir</i> .....	6
EPCLUSA ( <i>sofosbuvir &amp; velpatasvir</i> ).....	6
EPIDIOLEX ( <i>cannabidiol</i> ).....	15
<i>epinephrine injection</i> .....	10
<i>ergocalciferol</i> .....	27
<i>ergoloid mesylates</i> .....	10
<i>ergotamine &amp; caffeine</i> .....	10
<i>erythromycin (ophth)</i> .....	17
<i>erythromycin (topical)</i> .....	25
<i>escitalopram</i> .....	15
ESTRACE ( <i>estradiol vaginal cream</i> ) .....	22
<i>estradiol</i> .....	20, 22
<i>estradiol cypionate injection</i> .....	22
<i>estradiol patch</i> .....	22
<i>estradiol valerate injection</i> .....	22
ESTRING ( <i>estradiol</i> ).....	22
<i>estrogens &amp; methyltestosterone</i> .....	22
<i>estropipate</i> .....	22
<i>ethambutol</i> .....	6
<i>ethinyl estradiol &amp; ethynodiol diacetate</i> .....	20
<i>ethosuximide</i> .....	14
<i>etidronate</i> .....	23
<i>etoposide</i> .....	8
EXELON ( <i>rivastigmine</i> ) solution.....	10
EXTAVIA ( <i>interferon beta-1b</i> ).....	23
<i>ezetimibe</i> .....	11

### F

FARXIGA ( <i>dapagliflozin</i> ) .....	21
<i>felodipine</i> .....	11
<i>fenofibrate</i> .....	11
<i>fentanyl</i> .....	13
<i>finasteride</i> .....	23
FIRAZYR ( <i>icatibant</i> ).....	23
FIRDAPSE ( <i>amifampridine</i> ).....	15
<i>flecainide</i> .....	11
<i>fluconazole</i> .....	5
<i>fludrocortisone</i> .....	20
<i>fluocinolone</i> .....	26
<i>fluocinonide</i> .....	26
<i>fluoride sodium</i> .....	23
<i>fluoromethalone (ophth)</i> .....	18
FLUOROPLEX ( <i>fluorouracil</i> ).....	27
<i>fluorouracil (topical)</i> .....	27
<i>fluoxetine</i> .....	15
<i>fluphenazine</i> .....	15
<i>flutamide</i> .....	8
<i>Fluticasone topical cream 0.05%, 0.05% ointment</i> .....	26
<i>fluvoxamine</i> .....	15
FORTEO ( <i>teriparatide</i> ) .....	23

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

## Kaiser Permanente of Georgia HMO Formulary

<i>furosemide</i> .....	16
FUZEON ( <i>enfuvirtide</i> ).....	6

### G

<i>gabapentin</i> .....	14
GALAFOLD ( <i>migalastat</i> ).....	23
<i>galantamine IR, ER</i> .....	10
GATTEX ( <i>teduglutide</i> ).....	19
GEL-KAM ( <i>stannous fluoride</i> ).....	23
<i>gentamicin sulfate (ophth)</i> .....	17
GENTROPIN ( <i>somatropin</i> ).....	22
GENVOYA ( <i>elvitegravir, cobicistat, emtricitabine, &amp; tenofovir</i> ).....	6
GILENYA ( <i>fingolimod</i> ).....	23
<i>glatiramer acetate 20 mg</i> .....	24
<i>glatiramer acetate 40 mg</i> .....	24
Glatopa ( <i>glatiramer acetate</i> ).....	24
<i>glimepiride</i> .....	21
<i>glipizide</i> .....	21
GLUCAGON ( <i>glucagon</i> ).....	21
<i>glycopyrrolate</i> .....	9
GLYXAMBI ( <i>empagliflozin and linagliptan</i> ).....	21
GOCOVRI ( <i>amantadine ER</i> ).....	14
<i>griseofulvin</i> .....	5
<i>guaifenesin &amp; codeine</i> .....	25
<i>guanfacine, guanfacine ER</i> .....	12
GVOKE ( <i>glucagon</i> ).....	21

### H

<i>HAEGARDA (c1-esterase inhibitor)</i> .....	24
<i>haloperidol</i> .....	16
HARVONI ( <i>ledipasvir &amp; sofosbuvir</i> ).....	6
HEMLIBRA ( <i>emicizumab-kxwh</i> ).....	24
HETLIOZ ( <i>tasimelteon</i> ).....	15
HIZENTRA ( <i>subcutaneous immune globulin</i> ).....	24
HUMATROPE ( <i>somatropin</i> ).....	22
HUMIRA ( <i>adalimumab</i> ).....	24
HUMIRA CITRATE FREE ( <i>adalimumab</i> ).....	24
HUMULIN 70/30 ( <i>insulin isophane &amp; insulin regular</i> ).....	21
HUMULIN-N ( <i>insulin isophane</i> ).....	21
HUMULIN-R ( <i>insulin regular</i> ).....	21
HYCANTIN ( <i>topotecan</i> ).....	8
<i>hydralazine</i> .....	12
<i>hydrochlorothiazide</i> .....	12, 16, 17
<i>hydrocodone &amp; acetaminophen</i> .....	13
<i>hydrocodone &amp; homatropine</i> .....	25
<i>hydrocortisone</i> .....	18, 20, 25, 26
<i>hydrocortisone (topical)</i> .....	26
<i>hydromorphone</i> .....	13

<i>hydroxychloroquine</i> .....	6
<i>hydroxyurea</i> .....	8
<i>hydroxyzine</i> .....	15
<i>hyoscyamine</i> .....	9
HYPERCARE ( <i>aluminum chloride hexahydrate</i> ).....	26
HYQVIA ( <i>subcutaneous immune globulin</i> ).....	24

### I

<i>IBRANCE (palbociclib)</i> .....	8
<i>ibuprofen</i> .....	13
<i>imatinib mesylate</i> .....	8
IMBRUVICA ( <i>ibrutinib</i> ).....	8
<i>imipramine</i> .....	16
<i>imiquimod</i> .....	27
IMPAVIDO ( <i>miltefosine</i> ).....	6
INBRIJA ( <i>levodopa oral inhalation</i> ).....	14
<i>indapamide</i> .....	16
<i>indomethacin</i> .....	13
INGREZZA ( <i>valbenazine</i> ).....	24
INTELENCE ( <i>etravirine</i> ).....	7
INTRON-A ( <i>interferon alfa-2b vaccine</i> ).....	8
INVIRASE ( <i>saquinavir</i> ).....	7
INVOKAMET ( <i>canagliflozin &amp; metformin</i> ).....	21
INVOKANA ( <i>canagliflozin</i> ).....	21
<i>iodoquinol &amp; hydrocortisone</i> .....	25
IOPIDINE ( <i>apraclonidine</i> ).....	18
<i>ipratropium &amp; albuterol nebulizer solution</i> .....	10
<i>ipratropium bromide nasal</i> .....	9
<i>ipratropium bromide nebulizer</i> .....	9
ISENTRESS, ISENTRESS HD ( <i>raltegravir</i> ).....	7
<i>isoniazid</i> .....	6
ISOPTO CARBACHOL ( <i>carbachol</i> ).....	18
ISOPTO HOMATROPINE ( <i>homatropine</i> ).....	18
ISOPTO HYOSCINE ( <i>scopolamine</i> ).....	19
<i>isosorbide dinitrate</i> .....	12
<i>isosorbide mononitrate</i> .....	12
<i>isotretinoin</i> .....	27
<i>itraconazole capsule, solution</i> .....	5
<i>ivermectin</i> .....	5, 27

### J

<i>JANUMET (sitagliptin &amp; metformin)</i> .....	21
<i>JANUVIA (sitagliptin phosphate)</i> .....	21
JARDIANCE ( <i>empagliflozin</i> ).....	21
JENTADUETO ( <i>linagliptin &amp; metformin</i> ).....	21
JOLESSA ( <i>ethinyl estradiol &amp; levonorgestrel</i> ).....	20
JUBLIA ( <i>efinaconazole</i> ).....	27
JUVISYNC ( <i>sitagliptin &amp; simvastatin</i> ).....	21
JUXTAPID ( <i>lomitapide</i> ).....	11

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

## Kaiser Permanente of Georgia HMO Formulary

JYNARQUE (*tolvaptan*) .....24

### K

KALETRA (*lopinavir & ritonavir*) .....7  
 KALYDECO (*ivacaftor*) .....24  
*ketoconazole* .....5, 25  
*ketoconazole (topical)* .....25  
*ketorolac (ophth)* .....18  
 KEVZARA (*sarilumab*) .....24  
 KLOR CON 20 meq tablets .....17  
 KOMBIGLYZE XR (*saxagliptin & metformin extended-release*) .....21  
 KORLYM (*mifepristone*) .....21  
 K-PHOS (*potassium acid phosphate*) .....17  
 KYNAMRO (*mipomersen sodium*) .....11

### L

*labetalol* .....12  
*lactulose* .....16  
*lamivudine* .....6, 7  
*lamivudine & zidovudine tablet* .....7  
*lamotrigine* .....14  
*latanoprost* .....18  
*leflunomide* .....24  
 LENVIMA (*lenvatinib*) .....8  
 LETAIRIS (*ambrisentan*) .....12  
*letrozole* .....8  
*leucovorin calcium* .....8  
 LEUKERAN (*chlorambucil*) .....8  
 LEUKINE (*sargramostim*) .....11  
*levetiracetam* .....14  
*levetiracetam extended-release* .....14  
*levobunolol* .....18  
*levofloxacin* .....5  
*levonorgestrel tablet* .....20  
*levothyroxine* .....23  
 LEXIVA (*fosamprenavir*) .....7  
*lidocaine & prilocaine* .....26  
*lidocaine (mouth-throat)* .....18  
*lindane* .....25  
*linezolid* .....5  
*liothyronine* .....23  
*lisinopril* .....12  
*lisinopril & hydrochlorothiazide* .....12  
*lithium* .....16  
 LONSURF (*trifluridine/tipiracil*) .....8  
*lorazepam* .....15  
*losartan* .....12  
*losartan & hydrochlorothiazide* .....12

LUTERA (*ethinyl estradiol & levonorgestrel*) .....20  
 LYSODREN (*mitotane*) .....8

### M

MATULANE (*procarbazine*) .....8  
 MAVYRET (*glecaprevir & pibrentasvir*) .....7  
 MAXIDEX (*dexamethasone*) .....18  
*medroxyprogesterone acetate tablet* .....22  
*megestrol* .....8  
*meloxicam* .....13  
*memantine hydrochloride* .....15  
*meperidine* .....13  
 MEPHYTON (*phytonadione*) .....27  
*meprobamate* .....15  
*mercaptopurine* .....8  
*mesalamine (generic Lialda)* .....19  
*mesalamine enema* .....19  
 MESNEX (*mesna*) .....24  
*metformin* .....21, 22  
*metformin ER* .....21  
*metformin ER (generic Glumetza, Fortamet)* .....21  
*methadone* .....13  
*methazolamide* .....18  
*methimazole* .....23  
 METHITEST (*methyltestosterone*) .....20  
*methocarbamol* .....10  
*methotrexate* .....8  
*methoxsalen* .....26, 27  
*methyl dopa* .....12  
*methylgonovine maleate* .....24  
*methylphenidate* .....14  
*methylphenidate extended-release* .....14  
*methylprednisolone* .....20  
*methyltestosterone* .....20, 22  
*metoclopramide* .....19  
*metolazone* .....17  
*metoprolol* .....12  
*metoprolol sustained release* .....12  
*metronidazole* .....6, 26  
*metronidazole (topical)* .....26  
*mexiletine* .....11  
 MICROGESTIN FE (*ethinyl estradiol & norethindrone*) .....20  
 MIGRANAL (*dihydroergotamine*) .....10  
*minocycline* .....5  
*minoxidil* .....12  
*mirtazapine* .....16  
 MIRVASO topical gel (*brimonidine*) .....27  
*misoprostol* .....19  
*modafinil* .....14  
*mometasone furoate* .....26

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

## Kaiser Permanente of Georgia HMO Formulary

<i>montelukast</i> .....	25
MORPHINE SULFATE .....	13
<i>morphine sulfate extended-release</i> .....	13
<i>moxifloxacin (ophth)</i> .....	17
MULPLETA.....	24
<i>mupirocin</i> .....	26
<i>mycophenolate mofetil</i> .....	24
<i>mycophenolic acid delayed release</i> .....	24
MYLERAN ( <i>busulfan</i> ).....	9

### N

<i>nabumetone</i> .....	13
<i>nadolol</i> .....	12
<i>naloxone &amp; buprenorphine</i> .....	13
<i>naltrexone hydrochloride</i> .....	15
<i>naproxen</i> .....	13
<i>naratriptan</i> .....	14
NARCAN ( <i>naloxone</i> ) nasal spray.....	13
NATACYN ( <i>natamycin</i> ).....	17
NATPARA ( <i>parathyroid hormone</i> ).....	22
NECON ( <i>ethinyl estradiol &amp; norethindrone</i> ).....	20
NECON ( <i>mestranol &amp; norethindrone</i> ).....	20
<i>neomycin</i> .....	5, 17, 18
<i>neomycin, polymyxin B, &amp; dexamethasone</i> .....	18
<i>neomycin, polymyxin B, &amp; gramicidin</i> .....	17
<i>neomycin, polymyxin B, &amp; hydrocortisone (ophth)</i> .....	17, 18
<i>neostigmine</i> .....	10
NEUMEGA ( <i>oprelvekin</i> ).....	11
<i>nevirapine suspension</i> .....	7
<i>nevirapine tablet</i> .....	7
NEXAVAR ( <i>sorafenib</i> ).....	9
<i>nifedipine</i> .....	11
<i>nimodipine</i> .....	11
NINLARO ( <i>ixazomib</i> ).....	9
NITRO-BID ( <i>nitroglycerin</i> ).....	12
<i>nitrofurantoin macrocrystals</i> .....	8
<i>nitrofurantoin macrocrystals/monohydrate</i> .....	8
<i>nitroglycerin</i> .....	12
NITROSTAT ( <i>nitroglycerin</i> ).....	12
NORA-BE ( <i>norethindrone</i> ).....	22
NORDITROPIN ( <i>somatropin</i> ).....	22
NORPACE CR ( <i>disopyramide phosphate controlled release</i> ).....	11
NORTHERA ( <i>droxidopa</i> ).....	12
NORTREL ( <i>ethinyl estradiol &amp; norethindrone</i> ).....	20
<i>nortriptyline</i> .....	16
NORVIR ( <i>ritonavir solution</i> ).....	7
NUBEQA ( <i>darolutamide</i> ).....	9
NUEDEXTA ( <i>dextromethorphan/quinidine</i> ).....	15
NUTROPIN AQ ( <i>somatropin</i> ).....	22

NUVARING ( <i>ethinyl estradiol &amp; etonogestrel</i> ).....	20
<i>nystatin</i> .....	6, 26
<i>nystatin (topical)</i> .....	26

### O

ODEFSEY ( <i>emtricitabine, rilpivirine, &amp; tenofovir</i> ).....	7
<i>ofloxacin (ophth)</i> .....	17
<i>ofloxacin (otic)</i> .....	17
<i>olanzapine</i> .....	16
<i>olanzapine ODT</i> .....	16
OLUMIANT ( <i>baricitinib</i> ).....	24
OLYSIO ( <i>simeprevir</i> ).....	7
OMNITROPE ( <i>somatropin</i> ).....	22
<i>ondansetron</i> .....	19
ONE TOUCH VERIO FLEX ( <i>blood glucose meter</i> ).....	16
ONE TOUCH VERIO TEST STRIPS.....	16
ONEXTON ( <i>clindamycin &amp; benzoyl peroxide (topical)</i> ).....	26
ONGLYZA ( <i>saxagliptin</i> ).....	21
OPSUMIT ( <i>macitentan</i> ).....	12
ORENCIA ( <i>abatacept</i> ).....	24
ORILISSA ( <i>elagolix</i> ).....	24
ORKAMBI ( <i>lumacaftor with ivacaftor</i> ).....	24
<i>oseltamivir</i> .....	7
OTEZLA ( <i>apremilast</i> ).....	24
OXBRYTA ( <i>voxoletor</i> ).....	24
<i>oxcarbazepine</i> .....	14
<i>Oxervate (cenegermin)</i> .....	17
<i>oxybutynin</i> .....	27
<i>oxybutynin XL</i> .....	27
<i>oxycodone &amp; acetaminophen tablet</i> .....	13
<i>oxycodone &amp; aspirin</i> .....	13
<i>oxycodone immediate release</i> .....	13
OZEMPIC ( <i>semaglutide</i> ).....	21

### P

PALYNZIQ ( <i>pegvaliase</i> ).....	24
<i>pancrelipase</i> .....	19
<i>paromomycin</i> .....	6
<i>paroxetine</i> .....	16
PEGASYS ( <i>peginterferon alfa-2a</i> ).....	7
PEG-INTRON ( <i>peginterferon alfa-2b</i> ).....	7
<i>penicillin V potassium</i> .....	5
PENTASA ( <i>mesalamine</i> ).....	19
<i>pentoxifylline</i> .....	10
<i>permethrin</i> .....	26
<i>perphenazine</i> .....	16
<i>phenelzine sulfate</i> .....	16
<i>phenobarbital</i> .....	15
<i>phenytoin</i> .....	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.\*

## Kaiser Permanente of Georgia HMO Formulary

PHOSLYRA ( <i>calcium acetate</i> ).....	17
PHOSPHA NEUTRAL ( <i>potassium phosphate &amp; sodium phosphate</i> ).....	17
PHOSPHOLINE IODIDE ( <i>echothiophate</i> ).....	18
PICATO ( <i>ingenol mebutate</i> ).....	27
<i>pilocarpine</i> .....	10, 18
<i>pilocarpine (ophth)</i> .....	18
<i>pimecrolimus</i> .....	26, 27
<i>pioglitazone</i> .....	21
PIQRAY ( <i>alpelisib</i> ).....	9
PLAN B ONE STEP ( <i>levonorgestrel</i> ).....	20
PLEGRIDY ( <i>interferon beta-1a</i> ).....	24
<i>podofilox</i> .....	27
<i>polyethylene glycol-electrolyte solution</i> .....	19
POMALYST ( <i>pomalidomide</i> ).....	9
PORTIA ( <i>levonorgestrel &amp; ethinyl estradiol</i> ).....	20
<i>posaconazole</i> .....	6
<i>potassium chloride</i> .....	17
<i>potassium citrate</i> .....	16
PRADAXA ( <i>dabigatran</i> ).....	10
PRALUENT ( <i>alirocumab</i> ).....	11
<i>pramipexole</i> .....	14
<i>prasugrel</i> .....	10
<i>pravastatin</i> .....	11
PRED MILD ( <i>prednisolone acetate</i> ).....	18
PRED-G ( <i>prednisolone &amp; gentamicin</i> ).....	18
<i>prednisolone</i> .....	17, 18, 20
<i>prednisolone acetate (ophth)</i> .....	18
<i>prednisone</i> .....	20
PREMARIN ( <i>conjugated estrogen</i> )( <i>vaginal cream</i> ).....	22
PREZCOBIX ( <i>cobicistat-boosted darunavir</i> ).....	7
PREZISTA ( <i>darunavir</i> ).....	7
PRIMAQUINE ( <i>primaquine</i> ).....	6
<i>primidone</i> .....	14
<i>probenecid</i> .....	17
<i>prochlorperazine</i> .....	16
PROCRIPT ( <i>epoetin alfa</i> ).....	11
PROCYSBI ( <i>cysteamine</i> ).....	24
PROGLYCEM ( <i>diazoxide</i> ).....	12
PROMACTA ( <i>eltrombopag</i> ).....	11
<i>promethazine</i> .....	5
<i>propafenone</i> .....	12
<i>propantheline</i> .....	9
<i>proparacaine</i> .....	18
<i>propranolol</i> .....	13
<i>propylthiouracil</i> .....	23
PULMOZYME ( <i>dornas ealfa</i> ).....	25
PULMOZYME ( <i>dornase alfa</i> ).....	25
<i>pyrazinamide</i> .....	6
<i>pyridostigmine</i> .....	10
<i>pyridostigmine sustained-release</i> .....	10

### Q

QBREXZA.....	26
<i>quetiapine</i> .....	16
<i>quinidine</i> .....	12, 15

### R

<i>raloxifene</i> .....	22
<i>ramipril</i> .....	12
<i>ranitidine</i> .....	19
RAVICTI ( <i>glycerol phenylbutyrate</i> ).....	16
REBIF ( <i>interferon beta-1a</i> ).....	24
REBIF REBIDOSE ( <i>interferon beta-1a</i> ).....	24
REGANEX ( <i>becaplermin</i> ).....	27
RELENZA ( <i>zanamivir</i> ).....	7
REMODULIN ( <i>trepostinil</i> ).....	12
REPATHA ( <i>evolocumab</i> ).....	11
RESCRIPTOR ( <i>delavirdine</i> ).....	7
REVLIMID ( <i>lenalidomide</i> ).....	9
REYATAZ ( <i>atazanavir</i> ).....	7
RHOPRESSA ( <i>netarsudil</i> ).....	18
<i>ribavirin</i> .....	7
RIDAURA ( <i>auranofin</i> ).....	19
<i>rifabutin</i> .....	6
<i>rifampin</i> .....	6
<i>riluzole</i> .....	15
<i>rimantadine</i> .....	7
<i>risperidone</i> .....	16
<i>ritonavir</i> .....	7
<i>rivastigmine capsule</i> .....	10
<i>rizatriptan</i> .....	14
<i>rizatriptan ODT</i> .....	14
ROCKLATAN.....	18
<i>ropinirole</i> .....	14
<i>rosuvastatin</i> .....	11
ROXICET ( <i>oxycodone &amp; acetaminophen</i> ) solution.....	13
ROZLYTREK ( <i>entrectinib</i> ).....	9
RUZURGI ( <i>amifampridine</i> ).....	15

### S

SABRIL ( <i>vigabatrin</i> ).....	14
SAIZEN ( <i>somatropin</i> ).....	22
<i>salsalate</i> .....	13
SANTYL ( <i>collagenase</i> ).....	27
SEGLUROMET ( <i>ertugliflozin and metformin</i> ).....	21
<i>selegiline</i> .....	14
<i>selenium sulfide</i> .....	26
SELZENTRY ( <i>maraviroc</i> ).....	7
SENSIPAR ( <i>cinacalcet</i> ).....	24

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

## Kaiser Permanente of Georgia HMO Formulary

SEROSTIM ( <i>somatropin</i> ).....	22
sertraline .....	16
sevelamer carbonate.....	17
SILIQ ( <i>brodalumab</i> ).....	24
silver sulfadiazine .....	26
SIMPONI ( <i>golimumab</i> ).....	24
simvastatin.....	11, 21
sirolimus.....	24
SKYRIZI ( <i>risankizumab</i> ).....	24
sod/potass/k cit/sodium cit/ca .....	16
solifenacin.....	27
SOLIQUA ( <i>Insulin glargine and lixesenatide</i> ).....	21
SOMAVERT ( <i>pegvisomant</i> ).....	22
SOOLANTRA ( <i>ivermectin</i> ) .....	27
sotalol.....	13
SOVALDI ( <i>sofosbuvir</i> ).....	7
SPERMICIDE .....	20
SPIRIVA ( <i>tiotropium</i> ).....	9
spironolactone.....	12
SPONGE WITH SPERMICIDE ( <i>nonoxynol-9</i> ) .....	20
SPRINTEC ( <i>ethinyl estradiol &amp; norgestimate</i> ).....	20
SPRYCEL ( <i>dasatinib</i> ) .....	9
SPS ( <i>sodium polystyrene sulfonate</i> ).....	17
STALEVO ( <i>levodopa, carbidopa, &amp; entacapone</i> ) .....	15
stavudine.....	7
STEGLATRO ( <i>ertugliflozin</i> ).....	21
STEGLUJAN ( <i>ertugliflozin and sitagliptin</i> ) .....	21
STELARA ( <i>ustekinumab</i> ) .....	24
STIOLTO RESPIMAT ( <i>tiotropium and olodaterol</i> ) .....	25
STIVARGA ( <i>regorafenib</i> ).....	9
STRIVERDI ( <i>olodaterol</i> ).....	10
sucralfate tablet.....	19
sulfacetamide sodium & prednisolone solution .....	18
sulfadiazine.....	5, 26
sulfamethoxazole & trimethoprim .....	5
sulfasalazine.....	5
sulfur & sulfacetamide sodium cleanser.....	26
sulfur & sulfacetamide sodium lotion .....	26
sulindac.....	13
sumatriptan.....	14
SUNOSI ( <i>Solriamfetol</i> ).....	24
SUTENT ( <i>sunitinib</i> ) .....	9
SYMDEKO ( <i>tezacaftor and ivacaftor</i> ).....	24
SYMFI ( <i>efavirenz, lamivudine, tenofovir</i> ) .....	7
SYMLIN ( <i>pramlintide acetate</i> ).....	21
SYMTUZA ( <i>darunavir, cobicistat, emtricitabine, &amp; tenofovir</i> ) .....	7
SYNAREL ( <i>nafarelin</i> ).....	22
SYNJARDY ( <i>empagliflozin/metformin</i> ) .....	22
SYPRINE ( <i>trientine</i> ).....	24

## T

TABLOID ( <i>thoiguanine</i> ).....	9
tacrolimus .....	24, 27
tacrolimus ointment .....	27
TAKHZYRO ( <i>landelumab</i> ).....	24
TALTZ ( <i>ixekizumab</i> ).....	25
tamoxifen .....	9
tamsulosin.....	10
TARCEVA ( <i>erlotinib</i> ).....	9
TARGRETIN ( <i>bexarotene</i> ).....	9
TASIGNA ( <i>nilotinib</i> ).....	9
TASMAR ( <i>tolcapone</i> ).....	15
TAVALISSE ( <i>fostamatinib</i> ).....	25
TECFIDERA ( <i>dimethyl fumarate</i> ).....	25
TECHNIVIE ( <i>ombitasvir, paritaprevir, ritonavir</i> ) .....	7
TEGSEDI ( <i>Inotersen</i> ).....	25
temazepam.....	15
temozolomide.....	9
tenofovir disoproxil 300 mg .....	7
terazosin .....	11
terbinafine .....	6
terbutaline .....	10
testosterone cypionate.....	20
testosterone gel pump .....	20
tetracycline .....	5
THALOMID ( <i>thalidomide</i> ).....	25
theophylline .....	27
thioridazine .....	16
thiothixene .....	16
timolol.....	13, 18
timolol maleate ( <i>ophth</i> ) .....	18
TIVICAY ( <i>dolutegravir</i> ).....	7
tizanidine.....	10
TOBRADEX ( <i>tobramycin &amp; dexamethasone</i> ) ointment.....	18
tobramycin & dexamethasone suspension .....	18
tobramycin inhalation solution .....	25
tobramycin sulfate ( <i>ophth</i> ) solution .....	17
TOBREX ( <i>tobramycin</i> ) ( <i>ophth</i> ) ointment .....	17
tolmetin.....	13
topiramate.....	14
torseamide.....	17
TRACLEER ( <i>bosentan</i> ) .....	12
TRADJENTA ( <i>linagliptin</i> ).....	22
tramadol.....	13
tranylcypromine sulfate.....	16
trazodone.....	16
TREMFYA ( <i>guselkumab</i> ).....	25
tretinoin ( <i>topical</i> ) .....	26
triamcinolone acetate ( <i>topical</i> ).....	26
triamterene & hydrochlorothiazide .....	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.\*

## Kaiser Permanente of Georgia HMO Formulary

<i>trifluoperazine</i> .....	16
<i>trifluridine</i> .....	8, 17
<i>trihexyphenidyl</i> .....	15
TRIKAFTA ( <i>elexacaftor, tevacraftor, ivacaftor</i> ).....	25
TRI-LO SPRINTEC ( <i>ethinyl estradiol &amp; norgestimate</i> ).....	20
<i>trimethoprim</i> .....	5, 8, 17
<i>trimethoprim &amp; polymyxin B</i> .....	17
TRI-SPRINTEC ( <i>ethinyl estradiol &amp; norgestimate</i> ).....	20
TRIVORA ( <i>ethinyl estradiol &amp; levonorgestrel</i> ).....	20
<i>tropium</i> .....	27
TRULICITY ( <i>dulaglutide</i> ).....	22
TRUVADA ( <i>emtricitabine &amp; tenofovir</i> ) .....	7
TURALIO ( <i>pexidartinib</i> ) .....	9
TYKERB ( <i>lapatinib</i> ).....	9
TYMLOS ( <i>abaloparatide</i> ).....	25

### U

<i>urea</i> .....	26
<i>ursodiol</i> .....	19

### V

VALCYTE ( <i>valganciclovir</i> ).....	7
<i>valganciclovir</i> .....	7
<i>valproic acid &amp; derivatives</i> .....	14
<i>vancomycin capsule</i> .....	5
VECTICAL ( <i>calcitriol</i> ).....	27
VEMLIDY ( <i>tenofovir alafenamide</i> ).....	7
<i>venlafaxine</i> .....	16
<i>venlafaxine extended-release capsules</i> .....	16
VENTOLIN HFA ( <i>albuterol sulfate</i> ) .....	10
<i>verapamil</i> .....	11
VIBERZI ( <i>eluxadoline</i> ) .....	25
VICTOZA ( <i>liraglutide</i> ).....	22
VIDEX ( <i>didanosine</i> ) suspension.....	7
VIEKIRA PAK ( <i>ombitasvir, paritaprevir, ritonavir, &amp; dasabuvir</i> ).....	7
VIRACEPT ( <i>nelfinavir</i> ).....	7
VIREAD ( <i>tenofovir</i> ).....	8
VOSEVI ( <i>sofosbuvir, velpatasvir, voxilaprevir</i> ).....	8
VOTRIENT ( <i>pazopanib</i> ).....	9

VYZULTA ( <i>latanoprostene bunod</i> ).....	18
--	----

### W

WAKIX ( <i>pitolisant</i> ) .....	25
<i>warfarin sodium</i> .....	10

### X

XALKORI ( <i>crizotinib</i> ).....	9
XELJANZ ( <i>tofacitinib</i> ).....	25
XENAZINE ( <i>tetrabenazine</i> ).....	15
XIGDUO XR ( <i>dapagliflozin &amp; metformin</i> ) .....	22
XPOVIO ( <i>selinexor</i> ).....	9
XTANDI ( <i>enzalutamide</i> ).....	9
XULANE ( <i>ethinyl estradiol &amp; norelgestromin</i> ).....	20
XULTOPHY ( <i>insulin degludec and liraglutide</i> ) .....	22
XYREM ( <i>sodium oxybate</i> ).....	25

### Y

YUVAFEM ( <i>estradiol</i> ).....	22
-----------------------------------	----

### Z

<i>zaleplon</i> .....	15
ZARXIO ( <i>filgrastim</i> ) .....	11
ZAVESCA ( <i>miglustat</i> ) .....	25
ZEJULA ( <i>niraparib</i> ).....	9
ZELBORAF ( <i>vemurafenib</i> ).....	9
ZENPEP ( <i>pancrelipase</i> ).....	19
ZEPATIER ( <i>elbasvir &amp; grazoprevir</i> ) .....	8
ZIAGEN ( <i>abacavir</i> ) solution .....	8
<i>zidovudine</i> .....	6, 7, 8
ZINBRYTA ( <i>daclizumab</i> ).....	25
<i>ziprasidone</i> .....	16
ZOLINZA ( <i>vorinostat</i> ).....	9
<i>zolmitriptan ODT</i> .....	14
<i>zolpidem</i> .....	15
ZORBTIVE ( <i>somatropin</i> ) .....	22
ZYDELIG ( <i>idelasib</i> ) .....	9
ZYTIGA ( <i>abiraterone</i> )500 mg tablet.....	9

\*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.\*

## NONDISCRIMINATION NOTICE

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

- Provide no cost aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats, such as large print, audio, and accessible electronic formats
  
- Provide no cost language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

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

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

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services,

200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

---

## HELP IN YOUR LANGUAGE

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

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

**ملحوظة: (Arabic)** 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**) 。

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

**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**).

ગજુરાતી ના: જો રાતી બોલતા હો, તો નન:શલુ ક ભાષા (Gujarati) સચુ તમે ગજુ સહાય સેવાઓ

तमारा माटे उपलब्ध छे. झोन करो **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:** यहद आप हिंिंदी बोलते िैं तो आपके ललए मुफत म्े भाषा सिायता सेवारिि उपलब्ध िैं। **1-888-865-5813** (TTY: **711**) पर काल करेे।

**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 nínizín:** Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, koji' hódíłnih **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**).

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

Kaiser Permanente of Georgia HMO Formulary

**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**).