

KAISER PERMANENTE OF GEORGIA HMO FORMULARY



This document includes Kaiser Permanente of Georgia's HMO formulary as of August 29, 2018. 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 **August 29, 2018**. 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:

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

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- 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.
 - o You can request coverage for a drug, even though it is not on our formulary.
 - o 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.

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- 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*.

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Kaiser Permanente of Georgia HMO Formulary

PA= Prior Authorization, QL = Quantity Limit; Age = Age Restriction

Drug Name	Drug Tier	Restrictions
Antihistamine Drugs		
Antihistamine Drugs		
<i>ciproheptadine</i>	Generic	
<i>promethazine</i>	Generic	
Anti-infective Agents		
Anthelmintics		
ALBENZA (<i>albendazole</i>)	Brand	
<i>ivermectin</i>	Generic	
Antibacterials		
<i>amoxicillin</i>	Generic	
<i>amoxicillin & clavulanic acid</i>	Generic	
<i>ampicillin</i>	Generic	
<i>azithromycin</i>	Generic	
<i>cefaclor</i>	Generic	
<i>cefdinir</i>	Generic	
<i>cefuroxime</i>	Generic	
<i>cephalexin</i>	Generic	
<i>ciprofloxacin</i>	Generic	
<i>clarithromycin</i>	Generic	
<i>clindamycin</i>	Generic	
<i>clindamycin palmitate (solution)</i>	Generic	
<i>dicloxacillin</i>	Generic	
<i>doxycycline monohydrate</i>	Generic	
<i>levofloxacin</i>	Generic	
<i>minocycline</i>	Generic	
<i>neomycin</i>	Generic	
<i>penicillin V potassium</i>	Generic	
<i>sulfadiazine</i>	Generic	
<i>sulfamethoxazole & trimethoprim</i>	Generic	
<i>sulfasalazine</i>	Generic	
<i>linezolid</i>	Generic	QL
Antifungals		
ANCOBON (<i>flucytosine</i>)	Brand	
<i>clotrimazole lozenge</i>	Generic	
<i>fluconazole</i>	Generic	QL
<i>griseofulvin</i>	Generic	
<i>itraconazole capsule</i>	Generic	
<i>ketoconazole</i>	Generic	
<i>nystatin</i>	Generic	
SPORANOX (<i>itraconazole</i>) solution	Brand	
<i>terbinafine</i>	Generic	

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Drug Name	Drug Tier	Restrictions
Antimycobacterials		
<i>dapsone</i>	Generic	
<i>ethambutol</i>	Generic	
<i>isoniazid</i>	Generic	
<i>rifabutin</i>	Generic	
<i>pyrazinamide</i>	Generic	
<i>rifampin</i>	Generic	
Antiprotozoals		
DARAPRIM (<i>pyrimethamine</i>)	Brand	
<i>hydroxychloroquine</i>	Generic	
IMPAVIDO	Brand	PA
<i>atovaquone</i>	Generic	
<i>metronidazole</i>	Generic	
<i>paromomycin</i>	Generic	
PRIMAQUINE (<i>primaquine</i>)	Brand	
Antivirals		
<i>abacavir tablet</i>	Generic	QL
<i>abacavir & lamivudine</i>	Generic	
<i>abacavir, lamivudine, & zidovudine</i>	Generic	QL
<i>acyclovir</i>	Generic	
<i>adefovir</i>	Generic	QL
APTIVUS (<i>tipranavir</i>)	Brand	QL
<i>atazanavir 200 mg, 300 mg</i>	Generic	
ATRIPLA (<i>efavirenz, emtricitabine, & tenofovir</i>)	Brand	QL
BIKTARVY (<i>bictegravir, emtricitabine & tenofovir alafenamide</i>)	Brand	QL
CIMDUO (<i>lamivudine & tenofovir</i>)	Brand	QL
CRIXIVAN (<i>indinavir</i>)	Brand	
DAKLINZA (<i>daclatasvir</i>)	Brand	PA
DESCOVY (<i>emtricitabine & tenofovir</i>)	Brand	QL
<i>didanosine</i>	Generic	QL
<i>efavirenz 600 mg</i>	Generic	QL
EMTRIVA (<i>emtricitabine</i>)	Brand	QL
<i>entecavir</i>	Generic	QL
EPCLUSA (<i>sofosbuvir & velpatasvir</i>)	Brand	PA, QL
FUZEON (<i>enfuvirtide</i>)	Brand	QL
GENVOYA (<i>elvitegravir, cobicistat, emtricitabine, & tenofovir</i>)	Brand	QL
HARVONI (<i>ledipasvir & sofosbuvir</i>)	Brand	PA, QL
INTELENCE (<i>etravirine</i>)	Brand	QL
INVIRASE (<i>saquinavir</i>)	Brand	QL

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Drug Name	Drug Tier	Restrictions
ISENTRESS, ISENTRESS HD (<i>raltegravir</i>)	Brand	
KALETRA (<i>lopinavir & ritonavir</i>)	Brand	QL
<i>lamivudine</i>	Generic	QL
<i>lamivudine & 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</i>) solution	Brand	QL
MAVYRET (<i>glecaprevir & pibrentasvir</i>)	Brand	PA, QL
ODEFSEY (<i>emtricitabine, rilpivirine, & 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
TECHNIVIE (<i>ombitasvir/paritaprevir/ritonavir</i>)	Brand	PA
TIVICAY (<i>dolutegravir</i>)	Brand	
<i>tenofovir disoproxil 300 mg</i>	Generic	
TRUVADA (<i>emtricitabine & tenofovir</i>)	Brand	QL
VALCYTE (<i>valganciclovir</i>)	Brand	
<i>valganciclovir</i>	Generic	
VIDEX (<i>didanosine</i>) suspension	Brand	QL
VIEKIRA PAK (<i>ombitasvir, paritaprevir, ritonavir, & dasabuvir</i>)	Brand	PA, QL
VIRACEPT (<i>nelfinavir</i>)	Brand	QL
VIREAD (<i>tenofovir</i>)	Brand	QL
VOSEVI (<i>sofosbuvir, velpatasvir, voxilaprevir</i>)	Brand	PA, QL
ZEPATIER (<i>elbasvir & grazoprevir</i>)	Brand	PA
ZIAGEN (<i>abacavir</i>) solution	Brand	QL
<i>zidovudine</i>	Generic	QL

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Urinary Anti-infectives		
<i>nitrofurantoin macrocrystals</i>	Generic	
<i>nitrofurantoin macrocrystals/monohydrate</i>	Generic	
<i>trimethoprim</i>	Generic	
Antineoplastic Agents		
Antineoplastic Agents		
<i>AFINITOR (everolimus)</i>	Brand	
<i>ALKERAN (melphalan)</i>	Brand	
<i>anastrozole</i>	Generic	
<i>bicalutamide</i>	Generic	
<i>capecitabine</i>	Generic	
<i>CAPRELSA (vandetanib)</i>	Brand	
<i>cyclophosphamide</i>	Generic	
<i>DROXIA (hydroxyurea)</i>	Brand	
<i>EMCYT (estramustine)</i>	Brand	
<i>etoposide</i>	Generic	
<i>flutamide</i>	Generic	
<i>GLEEVEC (imatinibmesylate)</i>	Brand	
<i>HYCAMTIN (topotecan)</i>	Brand	
<i>hydroxyurea</i>	Generic	
<i>IBRANCE (palbociclib)</i>	Brand	
<i>IMBRUVICA (ibrutinib)</i>	Brand	
<i>INTRON-A (interferon alfa-2b vaccine)</i>	Brand	
<i>LENVIMA (lenvatinib)</i>	Brand	
<i>letrozole</i>	Generic	
<i>leucovorin calcium</i>	Generic	
<i>LEUKERAN (chlorambucil)</i>	Brand	
<i>LYSODREN (mitotane)</i>	Brand	
<i>MATULANE (procarbazine)</i>	Brand	
<i>megestrol</i>	Generic	
<i>mercaptopurine</i>	Generic	
<i>methotrexate</i>	Generic	
<i>MYLERAN (busulfan)</i>	Brand	
<i>NEXAVAR (sorafenib)</i>	Brand	
<i>NINLARO</i>	Brand	
<i>POMALYST (pomalidomide)</i>	Brand	
<i>REVLIMID (lenalidomide)</i>	Brand	
<i>SPRYCEL (dasatinib)</i>	Brand	
<i>SUTENT (sunitinib)</i>	Brand	
<i>TABLOID (thoiguanine)</i>	Brand	
<i>tamoxifen</i>	Generic	

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Drug Name	Drug Tier	Restrictions
TARCEVA (<i>erlotinib</i>)	Brand	
TARGRETIN (<i>bexarotene</i>)	Brand	
TASIGNA (<i>nilotinib</i>)	Brand	
<i>temozolomide</i>	Generic	
TYKERB (<i>lapatinib</i>)	Brand	
VOTRIENT (<i>pazopanib</i>)	Brand	
XALKORI (<i>crizotinib</i>)	Brand	
XTANDI (<i>enzalutamide</i>)	Brand	
ZELBORAF (<i>vemurafenib</i>)	Brand	
ZOLINZA (<i>vorinostat</i>)	Brand	
ZYDELIG (<i>idelasib</i>)	Brand	
ZYTIGA (<i>abiraterone</i>)	Brand	
ZEJULA (<i>niraparib</i>)	Brand	
Autonomic Drugs		
Anticholinergic Agents		
<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	
Parasympathomimetic (Cholinergic) Agents		
<i>bethanechol</i>	Generic	
<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	
Skeletal Muscle Relaxants		
<i>baclofen</i>	Generic	
<i>chlorzoxazone</i>	Generic	
<i>cyclobenzaprine</i>	Generic	
<i>methocarbamol</i>	Generic	
<i>tizanidine</i>	Generic	
Sympatholytic (Adrenergic Blocking) Agents		

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Drug Name	Drug Tier	Restrictions
<i>ergoloid mesylates</i>	Generic	
<i>ergotamine & caffeine</i>	Generic	
MIGRANAL (<i>dihydroergotamine</i>)	Brand	
<i>tamsulosin</i>	Generic	
Sympathomimetic (Adrenergic) Agents		
<i>albuterol sulfate nebulizer solution</i>	Generic	
<i>albuterol sulfate tablet, syrup</i>	Generic	
COMBIVENT RESPIMAT (<i>ipratropium & albuterol</i>)	Brand	
<i>epinephrine injection</i>	Generic	
<i>ipratropium & albuterol nebulizer solution</i>	Generic	
VENTOLIN HFA (<i>albuterol sulfate</i>)	Brand	
STRIVERDI (<i>olodaterol</i>)	Brand	
<i>terbutaline</i>	Generic	
Blood Formation, Coagulation, and Thrombosis		
Coagulants and Anticoagulants		
<i>aspirin & dipyridamole</i>	Generic	
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	
Hematopoietic Agents		
ARANESP (<i>darbepoetinalfa</i>)	Brand	
LEUKINE (<i>sargramostim</i>)	Brand	
NEUMEGA (<i>oprelvekin</i>)	Brand	
ZARXIO (<i>filgrastim</i>)	Brand	
PROCRIT (<i>epoetinalfa</i>)	Brand	
PROMACTA (<i>eltrombopag</i>)	Brand	
Cardiovascular Drugs		
α-Adrenergic Blocking Agents		
<i>terazosin</i>	Generic	
Antilipemic Agents		
<i>atorvastatin</i>	Generic	
<i>cholestyramine resin</i>	Generic	
<i>colestipol</i>	Generic	
<i>ezetimibe</i>	Generic	

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<i>fenofibrate</i>	Generic	
JUXTAPID (<i>lomitapide</i>)	Brand	PA
KYNAMRO (<i>mipomersen sodium</i>)	Brand	PA
PRALUENT (<i>alirocumab</i>)	Brand	PA
<i>pravastatin</i>	Generic	
REPATHA (<i>evolocumab</i>)	Brand	PA
<i>rosuvastatin</i>	Generic	
<i>simvastatin</i>	Generic	
Calcium-Channel Blocking Agents		
<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	
Cardiac Drugs		
<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	
<i>propafenone</i>	Generic	
<i>quinidine</i>	Generic	
Hypotensive Agents		
<i>clonidine</i>	Generic	
<i>guanfacine</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 & hydrochlorothiazide</i>	Generic	
<i>losartan</i>	Generic	
<i>losartan & hydrochlorothiazide</i>	Generic	

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<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 & 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	
<i>propranolol</i>	Generic	
<i>sotalol</i>	Generic	
<i>timolol</i>	Generic	
Central Nervous System Agents		
Analgesics and Antipyretics		
<i>acetaminophen & codeine</i>	Generic	
<i>acetaminophen, isometheptene, & dichloralphenazone</i>	Generic	
<i>buprenorphine</i>	Generic	
<i>butalbital, acetaminophen, & caffeine</i>	Generic	
<i>butalbital, acetaminophen, caffeine, & codeine</i>	Generic	
<i>butalbital, aspirin, & caffeine</i>	Generic	
<i>butalbital, aspirin, caffeine, & codeine</i>	Generic	
<i>diclofenac</i>	Generic	
<i>fentanyl</i>	Generic	QL
<i>hydrocodone & acetaminophen</i>	Generic	
<i>hydromorphone</i>	Generic	

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Drug Name	Drug Tier	Restrictions
<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	QL
<i>oxycodone & acetaminophen tablet</i>	Generic	
<i>oxycodone & aspirin</i>	Generic	
<i>oxycodone immediate release</i>	Generic	
ROXICET (<i>oxycodone & acetaminophen</i>) solution	Brand	
<i>salsalate</i>	Generic	
<i>naloxone & buprenorphine</i>	Generic	QL
<i>sulindac</i>	Generic	
<i>tolmetin</i>	Generic	
<i>tramadol</i>	Generic	
Anorexigenic Agents and Respiratory and Cerebral Stimulants		
<i>amphetamine & dextroamphetamine</i>	Generic	
<i>amphetamine & dextroamphetamine extended-release</i>	Generic	
<i>armodafinil</i>	Generic	
<i>dextroamphetamine sulfate</i>	Generic	QL
<i>methylphenidate</i>	Generic	
<i>methylphenidate extended-release</i>	Generic	QL
Anticonvulsants		
<i>carbamazepine</i>	Generic	
<i>carbamazepine extended-release</i>	Generic	
CELONTIN (<i>methsuximide</i>)	Brand	
<i>divalproex sodium</i>	Generic	
<i>divalproex sodium ER</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	

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Drug Name	Drug Tier	Restrictions
<i>primidone</i>	Generic	
SABRIL (<i>vigabatrin</i>)	Brand	PA
<i>topiramate</i>	Generic	
<i>valproic acid & derivatives</i>	Generic	
Antimigraine Agents		
<i>naratriptan</i>	Generic	
<i>rizatriptan</i>	Generic	
<i>rizatriptan ODT</i>	Generic	
<i>sumatriptan</i>	Generic	
<i>zolmitriptan ODT</i>	Generic	
Antiparkinsonian Agents		
<i>amantadine</i>	Generic	
<i>benztropinemesylate</i>	Generic	
<i>bromocriptinemesylate</i>	Generic	
<i>cabergoline</i>	Generic	
<i>carbidopa & levodopa</i>	Generic	
<i>entacapone</i>	Generic	
GOCOVRI (<i>amantadine ER</i>)	Brand	PA
<i>pramipexole</i>	Generic	
<i>ropinirole</i>	Generic	
<i>selegiline</i>	Generic	
STALEVO (<i>levodopa, carbidopa, & entacapone</i>)	Brand	
TASMAR (<i>tolcapone</i>)	Brand	
<i>trihexyphenidyl</i>	Generic	
Anxiolytics, Sedatives, and Hypnotics		
<i>alprazolam</i>	Generic	
<i>buspirone</i>	Generic	
<i>chlordiazepoxide</i>	Generic	
<i>clonazepam</i>	Generic	
<i>clorazepate</i>	Generic	
<i>diazepam</i>	Generic	
HETLIOZ (<i>tasimelteon</i>)	Brand	PA
<i>hydroxyzine</i>	Generic	
<i>lorazepam</i>	Generic	
<i>meprobamate</i>	Generic	
<i>oxazepam</i>	Generic	
<i>phenobarbital</i>	Generic	
<i>temazepam</i>	Generic	
<i>zaleplon</i>	Generic	
<i>zolpidem</i>	Generic	

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Drug Name	Drug Tier	Restrictions
Central Nervous System Agents Miscellaneous		
<i>memantine hydrochloride</i>	Generic	
<i>riluzole</i>	Generic	
XENAZINE (<i>tetrabenazine</i>)	Brand	PA
Opiate Antagonists		
<i>naltrexone hydrochloride</i>	Generic	
Psychotherapeutic Agents		
<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	
<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	

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Drug Name	Drug Tier	Restrictions
<i>ziprasidone</i>	Generic	
Diabetic Supplies		
Diabetic Supplies		
B-D INSULIN SYRINGE (<i>syringe w-ndl, disp.</i>)	Generic	QL
ONE TOUCH VERIO FLEX (<i>blood glucose meter</i>)	Brand	QL
ONE TOUCH VERIO TEST STRIPS	Brand	QL
Electrolytic, Caloric and Water Balance		
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	
RAVICTI (<i>glycerol phenylbutyrate</i>)	Brand	PA
Diuretics		
<i>amiloride & hydrochlorothiazide</i>	Generic	
<i>chlorthalidone</i>	Generic	
<i>furosemide</i>	Generic	
<i>hydrochlorothiazide</i>	Generic	
<i>indapamide</i>	Generic	
<i>metolazone</i>	Generic	
<i>toremide</i>	Generic	
<i>triamterene & hydrochlorothiazide</i>	Generic	
Ion-Removing Agents		
<i>sevelamer carbonate</i>	Generic	
SPS (<i>sodium polystyrene sulfonate</i>)	Brand	
Replacement Products		
ELIPHOS (<i>calcium acetate</i>)	Brand	
K-PHOS (<i>potassium acid phosphate</i>)	Brand	
PHOSLYRA (<i>calcium acetate</i>)	Brand	
PHOSPHA NEUTRAL (<i>potassium phosphate & sodium phosphate</i>)	Brand	
<i>potassium chloride</i>	Generic	
Uricosuric Agents		
<i>probenecid</i>	Generic	
Eye, Ear, Nose and Throat (EENT)		
Anti-infectives		
<i>aluminum acetate and acetic acid</i>	Generic	
<i>bacitracin & polymyxin B (ophth)</i>	Generic	
<i>bacitracin (ophth)</i>	Generic	
<i>bacitracin, neomycin, & polymyxin B</i>	Generic	
<i>ciprofloxacin (ophth)</i>	Generic	

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Drug Name	Drug Tier	Restrictions
<i>chlorhexidine</i>	Generic	
<i>erythromycin (ophth)</i>	Generic	
<i>gentamicin sulfate (ophth)</i>	Generic	
<i>moxifloxacin (ophth)</i>	Generic	
NATACYN (<i>natamycin</i>)	Brand	
<i>neomycin, polymyxin B, & gramicidin</i>	Generic	
<i>ofloxacin (ophth)</i>	Generic	
<i>ofloxacin (otic)</i>	Generic	
<i>tobramycin sulfate (ophth) solution</i>	Generic	
TOBREX (<i>tobramycin</i>) (<i>ophth</i>) ointment	Brand	
<i>trifluridine</i>	Generic	
<i>trimethoprim & polymyxin B</i>	Generic	
Anti-inflammatory Agents		
<i>bacitracin, neomycin, polymyxin B, & hydrocortisone (ophth)</i>	Generic	
BLEPHAMIDE (<i>sulfacetamide sodium & prednisolone</i>) ointment, suspension	Brand	
CIPRODEX (<i>dexamethasone & 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, & dexamethasone</i>	Generic	
<i>neomycin, polymyxin B, & hydrocortisone (ophth)</i>	Generic	
PRED MILD (<i>prednisolone acetate</i>)	Generic	
PRED-G (<i>prednisolone & gentamicin</i>)	Brand	
<i>prednisolone acetate (ophth)</i>	Generic	
<i>sulfacetamide sodium & prednisolone solution</i>	Generic	
TOBRADEX (<i>tobramycin & dexamethasone</i>) ointment	Brand	
<i>tobramycin & dexamethasone suspension</i>	Generic	
Antiglaucoma Agents		
<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 & timolol</i>	Generic	
ISOPTO CARBACHOL (<i>carbachol</i>)	Brand	
<i>latanoprost</i>	Generic	

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Drug Name	Drug Tier	Restrictions
<i>levobunolol</i>	Generic	
<i>methazolamide</i>	Generic	
<i>methazolamide</i>	Generic	
PHOSPHOLINE IODIDE (<i>echothiophate</i>)	Brand	
<i>pilocarpine (ophth)</i>	Generic	
<i>timolol maleate (ophth)</i>	Generic	
EENT Drugs, Miscellaneous		
IOPIDINE (<i>apraclonidine</i>)	Brand	
Local Anesthetics		
<i>lidocaine (mouth-throat)</i>	Generic	
<i>proparacaine</i>	Generic	
Mydriatics		
ISOPTO HOMATROPINE (<i>homatropine</i>)	Brand	
ISOPTO HYOSCINE (<i>scopolamine</i>)	Brand	
Gastrointestinal Drugs		
Anti-inflammatory Agents		
<i>balsalazide</i>	Generic	
CANASA (<i>mesalamine</i>)	Brand	
LIALDA (<i>mesalamine</i>)	Brand	
<i>mesalamine enema</i>	Generic	
PENTASA (<i>mesalamine</i>)	Brand	
Antidiarrheal Agents		
<i>diphenoxylate & 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>cimetidine</i>	Generic	
<i>misoprostol</i>	Generic	
<i>ranitidine</i>	Generic	
<i>sucralfate tablet</i>	Generic	
Cathartics and Laxatives		
<i>polyethylene glycol-electrolyte solution</i>	Generic	
Digestants		
<i>pancrelipase</i>	Generic	
ZENPEP (<i>pancrelipase</i>)	Brand	
GI Drug Miscellaneous		
<i>clidinium & chlordiazepoxide</i>	Generic	
GATTEX (<i>teduglutide</i>)	Brand	PA

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Drug Name	Drug Tier	Restrictions
<i>metoclopramide</i>	Generic	
<i>ursodiol</i>	Generic	
Gold Compounds		
Gold Compounds		
RIDAURA (<i>auranofin</i>)	Brand	
Heavy Metal Antagonists		
Heavy Metal Antagonists		
CUPRIMINE (<i>penicillamine</i>)	Brand	
DEPEN (<i>penicillamine</i>)	Brand	
EXJADE (<i>deferasirox</i>)	Brand	
Hormone and Synthetic Substitutes		
Adrenals		
<i>dexamethasone</i>	Generic	
<i>fludrocortisone</i>	Generic	
<i>hydrocortisone</i>	Generic	
<i>methylprednisolone</i>	Generic	
<i>prednisolone</i>	Generic	
<i>prednisone</i>	Generic	
Androgens		
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	
Contraceptives		
APRI (<i>ethinyl estradiol & desogestrel</i>)	Generic	QL
ARANELLE (<i>ethinyl estradiol & norethindrone</i>)	Generic	QL
BREVICON (<i>ethinyl estradiol & norethindrone</i>)	Brand	QL
CONDOM-FEMALE	Brand	
CRYSELLE (<i>ethinyl estradiol & norgestrel</i>)	Generic	QL
ELLA (<i>ulipristal</i>)	Brand	
<i>drospirenone & ethinyl estradiol</i>	Generic	QL
<i>ethinyl estradiol & ethynodiol diacetate</i>	Generic	QL
JOLESSA (<i>ethinyl estradiol & levonorgestrel</i>)	Generic	QL
<i>levonorgestrel tablet</i>	Generic	Age
LUTERA (<i>ethinyl estradiol & levonorgestrel</i>)	Generic	QL
MICROGESTIN FE (<i>ethinyl estradiol & norethindrone</i>)	Generic	QL
NECON (<i>ethinyl estradiol & norethindrone</i>)	Generic	QL

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Drug Name	Drug Tier	Restrictions
NECON (<i>mestranol & norethindrone</i>)	Generic	QL
NORTREL (<i>ethinyl estradiol & norethindrone</i>)	Generic	QL
NUVARING (<i>ethinyl estradiol & etonogestrel</i>)	Brand	QL
PLAN B ONE STEP (<i>levonorgestrel</i>)	Brand	Age
PORTIA (<i>levonorgestrel & ethinyl estradiol</i>)	Generic	QL
SPERMICIDE	Brand	
SPONGE WITH SPERMICIDE (<i>nonoxynol-9</i>)	Brand	
SPRINTEC (<i>ethinyl estradiol & norgestimate</i>)	Generic	QL
TRI-LO SPRINTEC (<i>ethinyl estradiol & norgestimate</i>)	Generic	QL
TRI-SPRINTEC (<i>ethinyl estradiol & norgestimate</i>)	Generic	QL
TRIVORA (<i>ethinyl estradiol & levonorgestrel</i>)	Generic	QL
XULANE (<i>ethinyl estradiol & norelgestromin</i>)	Brand	QL
Diabetic Agents		
Adlyxin (<i>liraglutide</i>)	Brand	PA
acarbose	Generic	
alogliptin	Generic	PA
alogliptin & metformin	Generic	PA
alogliptin & pioglitazone	Generic	PA
BYDUREON (<i>exenatide extended-release</i>)	Brand	PA
BYETTA (<i>exenatide</i>)	Brand	PA
FARXIGA (<i>dapagliflozin</i>)	Brand	PA
glimepiride	Generic	
glipizide	Generic	
GLUCAGON (<i>glucagon</i>)	Brand	
GLYXAMBI (<i>empagliflozin and linagliptin</i>)	Brand	PA
HUMULIN 70/30 (<i>insulin isophane & insulin regular</i>)	Brand	
HUMULIN-N (<i>insulin isophane</i>)	Brand	
HUMULIN-R (<i>insulin regular</i>)	Brand	
INVOKAMET (<i>canagliflozin & metformin</i>)	Brand	PA
INVOKANA (<i>canagliflozin</i>)	Brand	PA
JANUMET (<i>sitagliptin & metformin</i>)	Brand	PA
JANUVIA (<i>sitagliptin phosphate</i>)	Brand	PA
JUVISYNC (<i>sitagliptin & simvastatin</i>)	Brand	PA
KOMBIGLYZE XR (<i>saxagliptin & metformin extended-release</i>)	Brand	PA
KORLYM (<i>mifepristone</i>)	Brand	PA
metformin	Generic	
metformin ER	Generic	
ONGLYZA (<i>saxagliptin</i>)	Brand	PA
OZEMPIC (<i>semaglutide</i>)	Brand	PA

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Drug Name	Drug Tier	Restrictions
<i>pioglitazone</i>	Generic	
SOLIQUA (Insulin glargine and lixesenatide)	Brand	PA
SEGLUROMET (ertugliflozin and metformin)	Brand	PA
STEGLATRO (ertugliflozin)	Brand	PA
STEGLUJAN (ertugliflozin and sitagliptin)	Brand	PA
SYMLIN (<i>pramlintide acetate</i>)	Brand	PA
SYNJARDY(<i>empagliflozin/metformin</i>)	Brand	PA
TANZEUM (<i>albiglutide</i>)	Brand	PA
TRULICITY (<i>dulaglutide</i>)	Brand	PA
VICTOZA (<i>liraglutide</i>)	Brand	PA
XIGDUO XR (<i>dapagliflozin & metformin</i>)	Brand	PA
XULTOPHY (insulin degludec and liraglutide)	Brand	PA
Estrogens and Antiestrogens		
<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 & 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	
Gonadotropins		
SYNAREL (<i>nafarelin</i>)	Brand	
Parathyroid		
<i>calcitonin</i>	Generic	
NATPARA (<i>parathyroid hormone</i>)	Brand	PA
Pituitary		
ACTHAR (<i>corticotropin</i>)	Brand	PA
<i>desmopressin</i>	Generic	
Progestins		
<i>medroxyprogesterone acetate tablet</i>	Generic	
NORA-BE (<i>norethindrone</i>)	Generic	
Somatotropin Agonists and Antagonists		
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

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Drug Name	Drug Tier	Restrictions
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
Thyroid and Antithyroid Agents		
<i>levothyroxine</i>	Generic	
<i>lithyronine</i>	Generic	
<i>methimazole</i>	Generic	
<i>propylthiouracil</i>	Generic	
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
<i>acetylcysteine</i>	Generic	
ACTEMRA (<i>tocilizumab</i>)	Brand	
ACTIMMUNE (<i>interferon gamma-1b</i>)	Brand	
AIMOVIG (<i>erenumab aooe</i>)	Brand	PA
<i>alendronate</i>	Generic	
<i>allopurinol</i>	Generic	
AMPYRA (<i>dalfampridine</i>)	Brand	PA
AUBAGIO (<i>teriflunomide</i>)	Brand	PA
AUSTEDO (<i>deutetrabenazine</i>)	Brand	PA
AVONEX (<i>interferon beta-1a</i>)	Brand	PA
<i>azathioprine</i>	Generic	
CERDELGA (<i>eligustat</i>)	Brand	PA
CHOLBAM (<i>cholic acid</i>)	Brand	PA
COPAXONE (<i>glatiramer acetate</i>)	Brand	PA
<i>cyclosporine</i>	Generic	
<i>disulfiram</i>	Generic	
DUPIXENT	Brand	PA
ELMIRON (<i>pentosanpolysulfate sodium</i>)	Brand	
EMFLAZA (<i>deflazacort</i>)	Brand	PA
ENBREL (<i>etanercept</i>)	Brand	
<i>etidronate</i>	Generic	
EXTAVIA (<i>interferon beta-1b</i>)	Brand	
<i>finasteride</i>	Generic	
FIRAZYR (<i>icatibant</i>)	Brand	PA
<i>fluoride sodium</i>	Generic	
FORTEO (<i>teriparatide</i>)	Brand	PA
GEL-KAM (<i>stannous fluoride</i>)	Brand	
GILENYA (<i>fingolimod</i>)	Brand	PA
<i>glatiramer acetate</i>	Generic	PA

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Drug Name	Drug Tier	Restrictions
<i>glatopa</i>	Generic	
HAEGARDA (<i>c1-esterase inhibitor</i>)	Brand	PA
HEMLIBRA (<i>emicizumab-kxwh</i>)	Brand	PA
HIZENTRA (<i>subcutaneous immune globulin</i>)	Brand	PA
HUMIRA (<i>adalimumab</i>)	Brand	
INGREZZA (<i>valbenazine</i>)	Brand	PA
KALYDECO (<i>ivacaftor</i>)	Brand	PA
<i>leflunomide</i>	Generic	
MESNEX (<i>mesna</i>)	Brand	
<i>methylergonovine maleate</i>	Generic	
MOZOBIL (<i>plerixafor</i>)	Brand	
<i>mycophenolate mofetil</i>	Generic	
<i>mycophenolic acid delayed release</i>	Generic	
ORENCIA (<i>abatacept</i>)	Brand	
ORKAMBI (<i>lumacaftor with ivacaftor</i>)	Brand	PA
OTEZLA (<i>apremilast</i>)	Brand	
PLEGRIDY (<i>interferon beta-1a</i>)	Brand	PA
PROCYSBI (<i>cysteamine</i>)	Brand	PA
REBIF (<i>interferon beta-1a</i>)	Brand	PA
REBIF REBIDOSE (<i>interferon beta-1a</i>)	Brand	PA
SENSIPAR (<i>cinacalcet</i>)	Brand	
SILIQ (<i>brodalumab</i>)	Brand	PA
<i>sirolimus</i>	Generic	
SYMDEKO	Brand	PA
STELARA (<i>ustekinumab</i>)	Brand	PA
<i>tacrolimus</i>	Generic	
TALTZ (<i>ixekizumab</i>)	Brand	PA
TECFIDERA (<i>dimethyl fumarate</i>)	Brand	PA
THALOMID (<i>thalidomide</i>)	Brand	
TREMFYA (<i>guselkumab</i>)	Brand	PA
TYMLOS (<i>abaloparatide</i>)	Brand	PA
VIBERZI (<i>eluxadoline</i>)	Brand	PA
XELJANZ (<i>tofacitinib</i>)	Brand	
ZAVESCA (<i>miglustat</i>)	Brand	PA
ZINBRYTA (<i>daclizumab</i>)	Brand	PA
Respiratory Tract Agents		
Antitussives		
<i>benzonatate</i>	Generic	
<i>guaifenesin & codeine</i>	Generic	
<i>hydrocodone & homatropine</i>	Generic	
Anti-Inflammatory Agents		

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Kaiser Permanente of Georgia HMO Formulary

PA = Prior Authorization, QL = Quantity Limit; Age = Age Restriction

Drug Name	Drug Tier	Restrictions
<i>cromolyn sodium</i>	Generic	
<i>montelukast</i>	Generic	
Mucolytic Agents		
PULMOZYME (<i>dornase alfa</i>)	Brand	
Respiratory Tract Agents, Miscellaneous		
ADVAIR DISKUS (<i>fluticasone and salmeterol</i>)	Brand	
ASMANEX (<i>mometasone</i>)	Brand	
<i>budesonide inhalation suspension</i>	Brand	
<i>tobramycin inhalation solution</i>	Generic	
QVAR (<i>beclomethasone</i>)	Brand	
STIOLTO RESPIMAT (<i>tiotropium and olodaterol</i>)	Brand	
Skin and Mucous Membrane Agents		
Anti-infectives (Skin and Mucous Membranes)		
<i>clindamycin & benzoyl peroxide (topical)</i>	Generic	
<i>clindamycin phosphate solution (topical)</i>	Generic	
<i>erythromycin (topical)</i>	Generic	
<i>iodoquinol & hydrocortisone</i>	Generic	
<i>ketconazole (topical)</i>	Generic	
<i>lindane</i>	Generic	
<i>metronidazole (topical)</i>	Generic	
<i>mupirocin</i>	Generic	
<i>nystatin (topical)</i>	Generic	
<i>permethrin</i>	Generic	
<i>selenium sulfide</i>	Generic	
<i>silver sulfadiazine</i>	Generic	
Anti-inflammatory Agents (Skin and Mucous Membrane)		
<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	QL
<i>desoximetasone</i>	Generic	
<i>Diclofenac 1% gel</i>	Generic	
<i>fluocinolone</i>	Generic	
<i>fluocinonide</i>	Generic	
<i>hydrocortisone (topical)</i>	Generic	
<i>mometasone furoate</i>	Generic	
<i>triamcinolone acetonide (topical)</i>	Generic	
Antipruritics and Local Anesthetics		

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Drug Name	Drug Tier	Restrictions
<i>lidocaine & prilocaine</i>	Generic	
HYPERCARE (<i>aluminum chloride hexahydrate</i>)	Brand	
Cell Stimulants and Proliferants		
<i>tretinoin (topical)</i>	Generic	Limited to age ≤35
Keratolytic Agents		
<i>sulfur & sulfacetamide sodium cleanser</i>	Generic	
<i>sulfur & sulfacetamide sodium lotion</i>	Generic	
<i>urea</i>	Generic	
Keratoplastic Agents		
DRITHO-CREME (<i>anthralin</i>)	Brand	
DRITHO-SCALP (<i>anthralin</i>)	Brand	
Skin and Mucous Membrane Agents Miscellaneous		
8-MOP (<i>methoxsalen</i>)	Brand	
<i>calcipotriene</i>	Generic	
ELIDEL (<i>pimecrolimus</i>)	Brand	
FLUOROPLEX (<i>fluorouracil</i>)	Brand	
<i>fluorouracil (topical)</i>	Generic	
<i>imiquimod</i>	Generic	
<i>isotretinoin</i>	Generic	
<i>methoxsalen</i>	Generic	
<i>podofilox</i>	Generic	
REGRANEX (<i>becaplermin</i>)	Brand	
SANTYL (<i>collagenase</i>)	Brand	
tacrolimus ointment	Generic	
VECTICAL (<i>calcitriol</i>)	Brand	
Smooth Muscle Relaxants		
Smooth Muscle Relaxants		
<i>oxybutynin</i>	Generic	
<i>oxybutynin XL</i>	Generic	
<i>theophylline</i>	Generic	
<i>trospium</i>	Generic	
Vitamins		
Vitamins		
<i>calcitriol</i>	Generic	
<i>ergocalciferol</i>	Generic	
MEPHYTON (<i>phytonadione</i>)	Brand	

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<i>betamethasone dipropionate, augmented</i>	24
<i>betamethasone valerate</i>	24
<i>betaxolol</i>	17
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<i>clindamycin & benzoyl peroxide (topical)</i>	24
<i>clindamycin palmitate (solution)</i>	5
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<i>clonazepam</i>	14
<i>clonidine</i>	11
<i>clopidogrel</i>	10
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Kaiser Permanente of Georgia HMO Formulary

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<i>mercaptopurine</i>	8
<i>mesalamine enema</i>	18
MESNEX (<i>mesna</i>)	23
MESTINON TIMESPAN (<i>pyridostigmine sustained-release</i>)	9
<i>metformin</i>	20, 21
<i>metformin ER</i>	20
<i>methadone</i>	13
<i>methazolamide</i>	18
<i>methimazole</i>	22
METHITEST (<i>methyltestosterone</i>).....	19
<i>methocarbamol</i>	9
<i>methotrexate</i>	8
<i>methoxsalen</i>	25
<i>methyldopa</i>	11
<i>methylergonovine maleate</i>	23
<i>methylphenidate</i>	13

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

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<i>methylphenidate extended- release</i>	13
<i>methylphenidate extended-release</i>	13
METHYLPHENIDATE EXTENDED-RELEASE	13
<i>methylprednisolone</i>	19
<i>methyltestosterone</i>	19, 21
<i>metoclopramide</i>	19
<i>metolazone</i>	16
<i>metoprolol</i>	12
<i>metoprolol sustained release</i>	12
<i>metronidazole</i>	6, 24
<i>metronidazole (topical)</i>	24
<i>mexiletine</i>	11
MICROGESTIN FE (<i>ethinyl estradiol & norethindrone</i>)..	19
MIGRANAL (<i>dihydroergotamine</i>)	10
<i>minocycline</i>	5
<i>minoxidil</i>	11
<i>mirtazapine</i>	15
<i>misoprostol</i>	18
<i>mometasone furoate</i>	24
<i>montelukast</i>	24
<i>morphine sulfate</i>	13
MORPHINE SULFATE.....	13
<i>morphine sulfate extended-release</i>	13
<i>moxifloxacin (ophth)</i>	17
MOZOBIL (<i>plerixafor</i>)	23
<i>mupirocin</i>	24
MYCOBUTIN (<i>rifabutin</i>).....	6
<i>mycophenolate mofetil</i>	23
<i>mycophenolic acid delayed release</i>	23
MYFORTIC (<i>mycophenolate sodium</i>).....	23
MYLERAN (<i>busulfan</i>)	8

N

<i>nabumetone</i>	13
<i>nadolol</i>	12
<i>naloxone & buprenorphine</i>	13
<i>naltrexone hydrochloride</i>	15
NAMENDA (<i>memantine 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>)	21
NECON (<i>ethinyl estradiol & norethindrone</i>).....	19
NECON (<i>mestranol & norethindrone</i>).....	20
<i>neomycin</i>	5, 16, 17
<i>neomycin, polymyxin B, & dexamethasone</i>	17
<i>neomycin, polymyxin B, & gramicidin</i>	17

<i>neomycin, polymyxin B, & hydrocortisone (ophth)</i>	17
<i>neostigmine</i>	9
NEUMEGA (<i>oprelvekin</i>).....	10
NEUPOGEN (<i>filgrastim</i>).....	10
<i>nevirapine suspension</i>	7
<i>nevirapine tablet</i>	7
NEXAVAR (<i>sorafenib</i>)	8
<i>nifedipine</i>	11
<i>nimodipine</i>	11
NINLARO.....	8
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>).....	21
NORDITROPIN (<i>somatropin</i>).....	21
<i>norethindrone</i>	21
NORPACE CR (<i>disopyramide phosphate controlled release</i>)	11
NORTREL (<i>ethinyl estradiol & norethindrone</i>).....	20
<i>nortriptyline</i>	15
NORVIR (<i>ritonavir</i>)	7
NORVIR (<i>ritonavir</i>) solution.....	7
NUTROPIN AQ (<i>somatropin</i>)	21
NUVARING (<i>ethinyl estradiol & etonogestrel</i>).....	20
<i>nystatin</i>	5, 24
<i>nystatin (topical)</i>	24

O

ODEFSEY (<i>emtricitabine, rilpivirine, & tenofovir</i>).....	7
<i>ofloxacin (ophth)</i>	17
<i>ofloxacin (otic)</i>	17
<i>olanzapine</i>	15
<i>olanzapine ODT</i>	15
OLYSIO (<i>simeprevir</i>)	7
OMNITROPE (<i>somatropin</i>)	22
<i>ondansetron</i>	18
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ONE TOUCH ULTRA TEST STRIPS.....	16
ONE TOUCH VERIO FLEX (<i>blood glucose meter</i>)	16
ONE TOUCH VERIO IQ (<i>blood glucose meter</i>)	16
ONE TOUCH VERIO TEST STRIPS.....	16
ONGLYZA (<i>saxagliptin</i>)	20
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ORENCIA (<i>abatacept</i>)	23
ORKAMBI (<i>lumacaftor with ivacaftor</i>)	23
<i>oseltamivir</i>	7

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OTEZLA (<i>apremilast</i>).....	23
oxazepam	14
oxcarbazepine	13
OXSORALEN-ULTRA (<i>methoxsalen</i>).....	25
oxybutynin.....	25
oxybutynin XL	25
oxycodone & acetaminophen tablet	13
oxycodone & aspirin	13
oxycodone immediate release	13
OZEMPIC (<i>semaglutide</i>)	20

P

<i>pancrelipase</i>	18
<i>paromomycin</i>	6
<i>paroxetine</i>	15
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>)	18
<i>pentoxifylline</i>	10
<i>permethrin</i>	24
<i>perphenazine</i>	15
<i>phenelzine sulfate</i>	15
<i>phenobarbital</i>	14
<i>phenytoin</i>	13
PHOSLYRA (<i>calcium acetate</i>)	16
PHOSPHA NEUTRAL (<i>potassium phosphate & sodium phosphate</i>)	16
PHOSPHOLINE IODIDE (<i>echothiophate</i>).....	18
<i>pilocarpine</i>	9, 18
<i>pilocarpine (ophth)</i>	18
<i>pioglitazone</i>	20, 21
PLAN B ONE STEP (<i>levonorgestrel</i>)	20
PLEGRIDY (<i>interferon beta-1a</i>)	23
<i>podofilox</i>	25
<i>polyethylene glycol-electrolyte solution</i>	18
<i>polymyxin b-trimethoprim</i>	17
POMALYST (<i>pomalidomide</i>)	8
PORTIA (<i>levonorgestrel & ethinyl estradiol</i>).....	20
<i>potassium chloride</i>	16
<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>).....	17
PRED-G (<i>prednisolone & gentamicin</i>)	17

<i>prednisolone</i>	17, 19
<i>prednisolone acetate (ophth)</i>	17
<i>prednisone</i>	19
PREMARIN (<i>conjugated estrogen</i>)(<i>vaginal cream</i>)	21
PREZCOBIX (<i>cobicistat-boosted darunavir</i>).....	7
PREZISTA (<i>darunavir</i>).....	7
PRIMAQUINE (<i>primaquine</i>)	6
<i>primidone</i>	14
PROAIR HFA (<i>albuterol sulfate</i>).....	10
<i>probenecid</i>	16
<i>prochlorperazine</i>	15
PROCRT (<i>epoetin alfa</i>).....	10
PROCRT (<i>epoetin alfa</i>).....	10
PROCYSBI (<i>cysteamine</i>)	23
PROGLYCEM (<i>diazoxide</i>)	11
PROMACTA (<i>eltrombopag</i>)	10
<i>promethazine</i>	5
<i>propafenone</i>	11
<i>propantheline</i>	9
<i>proparacaine</i>	18
<i>propranolol</i>	12
<i>propylthiouracil</i>	22
PULMOZYME (<i>dornase alfa</i>)	24
PULMOZYME (<i>dornase alfa</i>).....	24
<i>pyrazinamide</i>	6
<i>pyridostigmine</i>	9
<i>pyridostigmine sustained-release</i>	9

Q

<i>quetiapine</i>	15
<i>quinidine</i>	11
QVAR (<i>beclomethasone</i>).....	24

R

<i>raloxifene</i>	21
<i>ramipril</i>	12
<i>ranitidine</i>	18
RAVICTI (<i>glycerol phenylbutyrate</i>).....	16
REBIF (<i>interferon beta-1a</i>).....	23
REBIF REBIDOSE (<i>interferon beta-1a</i>).....	23
RECLIPSEN (<i>ethinyl estradiol & desogestrel</i>).....	19
REGANEX (<i>becaplermin</i>)	25
RELENZA (<i>zanamivir</i>)	7
REMODULIN (<i>trepostinil</i>).....	12
REVELA (<i>sevelamer carbonate</i>).....	16
REPATHA (<i>evolocumab</i>).....	11
RESCRIPTOR (<i>delavirdine</i>)	7

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REVLIMID (<i>lenalidomide</i>).....	8
REYATAZ (<i>atazanavir</i>).....	7
<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>	15
<i>ritonavir</i>	7
<i>rivastigmine capsule</i>	9
<i>rizatriptan</i>	14
<i>rizatriptan ODT</i>	14
<i>ropinirole</i>	14
<i>rosuvastatin</i>	11
ROXICET (<i>oxycodone & acetaminophen</i>) solution.....	13

S

SABRIL (<i>vigabatrin</i>).....	14
SAIZEN (<i>somatropin</i>).....	22
<i>salsalate</i>	13
SANTYL (<i>collagenase</i>).....	25
SEGLUROMET (<i>ertugliflozin and metformin</i>).....	21
<i>selegiline</i>	14
<i>selenium sulfide</i>	24
SELZENTRY (<i>maraviroc</i>).....	7
SENSIPAR (<i>cinacalcet</i>).....	23
SEROSTIM (<i>somatropin</i>).....	22
<i>sertraline</i>	15
<i>sevelamer carbonate</i>	16
SILIQ (<i>brodalumab</i>).....	23
<i>silver sulfadiazine</i>	24
<i>simvastatin</i>	11, 20
<i>sirolimus</i>	23
<i>sod/potass/k cit/sodium cit/ca</i>	16
SOLQUA (<i>Insulin glargine and lixesenatide</i>).....	21
SOMAVERT (<i>pegvisomant</i>).....	22
<i>sotalol</i>	12
SOVALDI (<i>sofosbuvir</i>).....	7
SPERMICIDE.....	20
SPIRIVA (<i>tiotropium</i>).....	9
<i>spironolactone</i>	12
SPONGE WITH SPERMICIDE (<i>nonoxynol-9</i>).....	20
SPORANOX (<i>itraconazole</i>) solution.....	5
SPRINTEC (<i>ethinyl estradiol & norgestimate</i>).....	20
SPRYCEL (<i>dasatinib</i>).....	8
SPS (<i>sodium polystyrene sulfonate</i>).....	16
STALEVO (<i>levodopa, carbidopa, & entacapone</i>).....	14

<i>stavudine</i>	7
STEGLATRO (<i>ertugliflozin</i>).....	21
STEGLUJAN (<i>ertugliflozin and sitagliptin</i>).....	21
STELARA (<i>ustekinumab</i>).....	23
STIOLTO RESPIMAT (<i>tiotropium and olodaterol</i>).....	24
STRIVERDI (<i>olodaterol</i>).....	10
SUBOXONE (<i>naloxone & buprenorphine</i>).....	13
<i>sucralfate</i>	18
<i>sucralfate tablet</i>	18
<i>sulfacetamide sodium & prednisolone solution</i>	17
<i>sulfadiazine</i>	5, 24
<i>sulfamethoxazole & trimethoprim</i>	5
<i>sulfasalazine</i>	5
<i>sulfur & sulfacetamide sodium cleanser</i>	25
<i>sulfur & sulfacetamide sodium lotion</i>	25
<i>sulindac</i>	13
<i>sumatriptan</i>	14
SUTENT (<i>sunitinib</i>).....	8
SYMDEKO.....	23
SYMFI (<i>efavirenz, lamivudine, tenofovir</i>).....	7
SYMLIN (<i>pramlintide acetate</i>).....	21
SYNAREL (<i>nafarelin</i>).....	21
Synjardy (<i>empagliflozin/metformin</i>).....	21
SYNJARDY(<i>empagliflozin/metformin</i>).....	21

T

TABLOID (<i>thioguanidine</i>).....	8
<i>tacrolimus</i>	23, 25
<i>tacrolimus ointment</i>	25
TALTZ (<i>ixekizumab</i>).....	23
<i>tamoxifen</i>	8
<i>tamsulosin</i>	10
TANZEUM (<i>albiglutide</i>).....	21
TARCEVA (<i>erlotinib</i>).....	9
TARGRETIN (<i>bexarotene</i>).....	9
TASIGNA (<i>nilotinib</i>).....	9
TASMAR (<i>tolcapone</i>).....	14
TECFIDERA (<i>dimethyl fumarate</i>).....	23
TECHNIVIE (<i>ombitasvir/paritaprevir/ritonavir</i>).....	7
<i>temazepam</i>	14
<i>temozolomide</i>	9
<i>tenofovir disoproxil 300 mg</i>	7
<i>terazosin</i>	10
<i>terbinafine</i>	5
<i>terbutaline</i>	10
<i>testosterone cypionate</i>	19
<i>testosterone gel pump</i>	19
TESTRED (<i>methyltestosterone</i>).....	19
THALOMID (<i>thalidomide</i>).....	23

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<i>theophylline</i>	25
<i>thioridazine</i>	15
<i>thiothixene</i>	15
TIKOSYN (<i>dofetilide</i>)	11
<i>timolol</i>	12, 17, 18
<i>timolol maleate (ophth)</i>	18
TIVICAY (<i>dolutegravir</i>)	7
<i>tizanidine</i>	9
TOBRADEX (<i>tobramycin & dexamethasone</i>) ointment	17
<i>tobramycin & dexamethasone suspension</i>	17
<i>tobramycin inhalation solution</i>	24
<i>tobramycin sulfate (ophth) solution</i>	17
TOBREX (<i>tobramycin</i>) (<i>ophth</i>) ointment	17
<i>tolmetin</i>	13
<i>topiramate</i>	14
<i>torseamide</i>	16
TRACLEER (<i>bosentan</i>)	12
<i>tramadol</i>	13
<i>tranylcypromine sulfate</i>	15
<i>trazodone</i>	15
TREMFYA (<i>guselkumab</i>)	23
<i>tretinoin</i>	25
<i>tretinoin (topical)</i>	25
<i>triamcinolone acetonide (topical)</i>	24
<i>triamterene & hydrochlorothiazide</i>	16
<i>trifluoperazine</i>	15
<i>trifluridine</i>	17
<i>trihexyphenidyl</i>	14
TRI-LO SPRINTEC (<i>ethinyl estradiol & norgestimate</i>)	20
<i>trimethoprim</i>	5, 8, 17
<i>trimethoprim & polymyxin B</i>	17
TRI-SPRINTEC (<i>ethinyl estradiol & norgestimate</i>)	20
TRIVORA (<i>ethinyl estradiol & levonorgestrel</i>)	20
<i>trospium</i>	25
TRULICITY (<i>dulaglutide</i>)	21
TRUVADA (<i>emtricitabine & tenofovir</i>)	7
TYKERB (<i>lapatinib</i>)	9
TYMLOS (<i>abaloparatide</i>)	23

U

<i>urea</i>	25
<i>ursodiol</i>	19

V

VALCYTE (<i>valganciclovir</i>)	7
<i>valganciclovir</i>	7
<i>valproic acid & derivatives</i>	14

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VECTICAL (<i>calcitriol</i>)	25
<i>venlafaxine</i>	15
<i>venlafaxine extended-release capsules</i>	15
VENTOLIN HFA (<i>albuterol sulfate</i>)	10
<i>verapamil</i>	11
VIBERZI (<i>eluxadoline</i>)	23
VICTOZA (<i>liraglutide</i>)	21
VIDEX (<i>didanosine</i>) suspension	7
VIEKIRA PAK (<i>ombitasvir, paritaprevir, ritonavir, & dasabuvir</i>)	7
VIRACEPT (<i>nelfinavir</i>)	7
VIRAMUNE (<i>nevirapine</i>) suspension	7
VIREAD (<i>tenofovir</i>)	7
VOSEVI (<i>sofosbuvir, velpatasvir, voxilaprevir</i>)	7
VOTRIENT (<i>pazopanib</i>)	9

W

<i>warfarin sodium</i>	10
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X

XALKORI (<i>crizotinib</i>)	9
XELJANZ (<i>tofacitinib</i>)	23
XELODA (<i>capecitabine</i>)	8
XENAZINE (<i>tetrabenazine</i>)	15
XIGDUO XR (<i>dapagliflozin & metformin</i>)	21
XTANDI (<i>enzalutamide</i>)	9
XULANE (<i>ethinyl estradiol & norelgestromin</i>)	20
XULTOPHY (<i>insulin degludec and liraglutide</i>)	21

Y

YUVAFEM (<i>estradiol</i>)	21
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Z

<i>zaleplon</i>	14
ZARXIO (<i>filgrastim</i>)	10
ZAVESCA (<i>miglustat</i>)	23
ZEJULA (<i>niraparib</i>)	9
ZELBORAF (<i>vemurafenib</i>)	9
ZENPEP (<i>pancrelipase</i>)	18
ZEPATIER (<i>elbasvir & grazoprevir</i>)	7
ZIAGEN (<i>abacavir</i>) solution	7
<i>zidovudine</i>	6, 7
ZINBRYTA (<i>daclizumab</i>)	23
<i>ziprasidone</i>	16
ZOLINZA (<i>vorinostat</i>)	9
<i>zolmitriptan ODT</i>	14

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<i>zolpidem</i>	14	<i>ZYTIGA (abiraterone)</i>	9
<i>ZORBTIVE (somatropin)</i>	22	<i>ZYVOX (linezolid)</i>	5
<i>ZYDELIG (idelasib)</i>	9		

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አማርኛ (Amharic): ያለምንም ከፍተኛ በራስዎ ቋንቋ እገዛ የማግኘት መብት አለዎት። ስለ ማመልከቻዎ ወይም ከኬሰር ፕሮግራምቱ Kaiser Permanente ስለሚያገኙት ሽፋን ማግኛዎትም ጥያቄዎች ካሉዎት፣ ወይም ይህ ማሳወቂያ በግልፅ በተጠቀሰ ቀን ማድረግ ያለብዎ ነገር እንዳለ የሚያስገድድዎ ከሆነ፣ በተጠቀሰው የሰላሳ ሰባት ወይም ለከፊል ደውለው ከአስተርጓሚ ጋር ይነጋገሩ።

العربية (Arabic): لك الحق في الحصول على المساعدة بلغتك دون تحمل أي تكاليف. إذا كانت لديك استفسارات بشأن طلبك أو تغطيتك التي تقدمها Kaiser Permanente، أو إذا كان هذا الإصدار الذي يتطلب منك اتخاذ إجراء خلال تاريخ محدد، يُرجى الاتصال بالرقم المخصص لولايتك أو منطقتك للتحدث إلى مترجم فوري.

Հայերեն (Armenian): Դուք ունեք Ձեր լեզվով անվճար օգնություն ստանալու իրավունք: Եթե Դուք հարցեր ունեք Ձեր դիմումի կամ Kaiser Permanente-ի միջոցով Ձեր ծածկույթի վերաբերյալ, կամ եթե սա ծանուցում է, որը պարտադրում է Ձեզ, որպեսզի գործողություններ ձեռնարկեք մինչև որոշակի ամսաթիվ, ապա զանգահարեք ք Ձեր նահանգի կամ շրջանի համար տրամադրված հեռախոսահամարով՝ թարգմանչի հետ խոսելու համար:

Bàsɔ̀̀ Wùdù (Bassa): ɔ̀̀ m̀̀ ñi kpé bé ñi ké gbo-kpá-kpá dyé dé ñi miòùn ñiìn bídì-wùdù mú pídyi. ɔ̀̀ jũ ké ñi dyi dyi-diè-dè bé bédé bá ñi céè-dè ñi tò bó dè zò jè dyie ní, m̀̀ ɔ̀̀ jũ bá ñi kũùn kpɔ̀̀ jè dyi dyiìn dé Kaiser Permanente múe ní, m̀̀ ɔ̀̀ dyi bɔ̀̀ d̀̀ jũ bé ñi ké dè d̀̀ nyu bó wé jéé d̀̀ kɔ̀̀ ñi, ñi, d̀̀ ñòbà bé wa tòà bó ñi bódóò m̀̀ ɔ̀̀ gbèèò biie, ké ñi mu nyo-wuquún-zà-nyò d̀̀ gbo wùdùùn.

বাংলা (Bengali): বিনা খরচে আপনার নিজের ভাষায় সাহায্য পাওয়ার অধিকার আপনার আছে। আপনার যদি আপনার আবেদন বা Kaiser Permanente-এর মাধ্যমে পাওয়া কভারেজ নিয়ে কোনো প্রশ্ন থাকে বা এটি যদি কোনো ল্যাটিস হয় যার ফলে আপনার একটি নির্ধারিত দিনের মধ্যে কোনো পদক্ষেপ গ্রহণ করার প্রয়োজন হয়, তাহলে দোভাষীর সাথে কথা বলতে আপনার রাজ্য বা অঞ্চলের জন্য প্রদত্ত নম্বরটিতে ফোন করুন।

California.....	1-800-464-4000
Colorado.....	1-800-632-9700
District of Columbia.....	1-800-777-7902
Georgia.....	1-888-865-5813
Hawaii.....	1-800-966-5955
Maryland.....	1-800-777-7902
Oregon.....	1-800-813-2000
Virginia.....	1-800-777-7902
Washington.....	1-800-813-2000
TTY.....	711

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Cebuano (Bisaya): Anaa moy katungod nga mangayo og tabang sa inyo pinulongan ug kini walay bayad. Kung naa mo pangutana bahin sa inyo aplikasyon o coverage sa Kaiser Permanente, o kung kaning pahibalo nanginahanglan sa inyo paglihok sa dili pa usa ka piho nga petsa, palihug lang pagtawag sa mga numero sa telepono nga gihatag sa imong estado ("state") o rehiyon ("region") para makigstorya sa usa ka interpreter.]

中文 (Chinese): 您有權免費以您的語言獲得幫助。如果您對您的Kaiser Permanente申請或承保有任何疑問，或者如果本通知要求您在具體日期之前採取措施，請致電您所在的州或地區的電話，與口譯員進行溝通。

Chuuuk (Chukese): Mei wor omw pwuung omw kopwe angei aninis non foosun fonuomw (Chuukese), ese kamo. Ika mei wor omw kapas eis usun omw apilikeison me/ika policy fan nemenien Kaiser Permanente, are ika ei esinesin a erenuk pwe kopwe fori pwan ekoch foror, ka tongeni omw kopwe kori ewe nampa mei kawor faniten omw state ika fonu (asan) iwe eman chon chiakku epwe anisuk non kapasen fonuomw.

Français (French): Une assistance gratuite dans votre langue est à votre disposition. Si vous avez des questions à propos de votre demande d'inscription ou de la couverture par Kaiser Permanente, ou si cet avis vous demande de prendre des mesures à une date précise, appelez le numéro indiqué pour votre Etat ou votre région pour parler à un interprète.

Deutsch (German): Sie haben das Recht, kostenlose Hilfe in Ihrer Sprache zu erhalten. Falls Sie Fragen bezüglich Ihres Antrags oder Ihres Krankenversicherungsschutzes durch Kaiser Permanente haben oder falls Sie aufgrund dieser Benachrichtigung bis zu bestimmten Stichtagen handeln müssen, rufen Sie die für Ihren Bundesstaat oder Ihre Region aufgeführte Nummer an, um mit einem Dolmetscher zu sprechen.

ગુજરાતી (Gujarati): તમને કોઈ પણ ખર્ચ વગર તમારી ભાષામાં મદદ મેળવવાનો અધિકાર છે. જો તમને Kaiser Permanente મારફતે તમારી અરજી અથવા કવરેજ વિશે પ્રશ્નો હોય, અથવા જો આ નોટિસ હોય જેમા તમને કોઈચોક્કસ તારીખથી પગલાં લેવાની જરૂર હોય, તો દુભાષિયા સાથે વાત કરવા તમારા સ્ટેટ અથવા રીજીયન માટે પૂરા પાડવામાં આવેલ નંબર પર ફોન કરો.

Kreyòl Ayisyen (Haitian Creole): Ou gen dwa pou jwenn èd nan lang ou gratis. Si ou gen nenpòt kesyon sou aplikasyon ou an oswa asirans ou ak Kaiser Permanente, oswa si nan avni sa a gen bagay ou sipoze fè sa a avan yon sèten dat, rele nimewo nou mete pou Eta oswa rejyon ou a pou w ka pale ak yon entèprèt.

‘ōlelo Hawai‘i (Hawaiian): He pono a ua loa‘a no kekahi kōkua me kōkua inā makemake a he manuahi no ho‘i. Inā he mau nīnau kōkua e pili ana i kōkua palapala noi ‘inikua ola kino a i ‘ole i kōkua ma‘ō ka polokalamu kōkua ola kino Kaiser Permanente, a i ‘ole inā ke ha‘i nei paha kēia leka nei iā‘oe e hana koke aku i kēia ma mua o kekahi lā i waiho ‘ia, e kelepona aku i ka helu i loa‘a ma kēia leka nei no kōkua moku‘āina a i ‘ole pana‘āina no ka wala‘au ‘ana me kekahi kanaka unuhi ‘ōlelo.

हिन्दी (Hindi): आपको बिना किसी कीमत चुकाए आपकी भाषा में सहायता पाने का अधिकार है। यदि आप आपके आवेदन पत्र के विषय में या Kaiser Permanente के कवरेज के विषय में कुछ पूछना चाहते हैं या यदि यह एक नोटिस है जिसके कारण आपको किसी विशेष तिथि तक कारवाई करनी पड़ेगी तो आपके राज्य या क्षेत्र के लिए दिए गए नंबर पर फोन करके किसी दुभाषिये से बात करें।

Hmoob (Hmong): Koj muaj cai kom tau txais kev pab uas hais koj hom lus yam tsis tau them nqi. Yog koj muaj lus nug txog koj daim ntawv thov los yog cov kev pab them nyiaj tim Kaiser Permanente, los yog tias daim ntawv no yog ib tsab ntawv ceebtoom uas yuav kom koj ua ib yam dabtsi raws li hnuv tau teev tseg, hu rau tus nab npawb xovtooj uas tau muab rau koj lub xeev lossis cheeb tsam kom tau tham nrog tus kws txhais lus.

Igbo (Igbo): I nwere ikike inweta enyemaka n'asusu gi na akwughi ugwo o buia. O buia na i nwere ajuju gbasara akwukwo anamachoihe gi ma o bu mkpuchi si na Kaiser Permanente, ma o bu o buia na nke bu okwa a choro ka i mee ihe tupu otu ubochi, kpoo nomba enyere maka steeti ma o bu mpaghara gi iji kwukorita okwu n'etiti onye okowa okwu.

Iloko (Ilocano): Adda ti karbenganyo a dumawat iti tulong iti pagsasaoyo nga awan ti bayadanyo. No addaankayo kadagiti saludsod maipanggep ti aplikasionyo wenno coverage babaen ti Kaiser Permanente, wenno no daytoy ket maysa a pakdaar a kalikagumannan a rumbeng nga aramidenyo ti addang iti espesipiko a petsa, tawagan ti numero nga inpaay para ti estado wenno rehion tapno makipatang ti maysa mangipatarus iti pagsasao.

Italiano (Italian): Hai il diritto di ricevere assistenza nella tua lingua gratuitamente. In caso di domande riguardanti la tua richiesta o la copertura attraverso Kaiser Permanente, o se occorre intervenire entro una data specifica secondo quanto indicato in questa comunicazione, chiama il numero fornito per il tuo stato o la tua regione per parlare con un interprete.

日本語 (Japanese): あなたは、費用負担なしでご使用の言語で支援を受ける権利を保持しています。お申し込みまたはKaiser Permanenteの担保範囲に関してご質問があるか、または本通知により、あなたが特定の日付までに行動を起こすよう依頼されている場合、お住まいの州または地域に対して提供された電話番号に電話して、通訳とお話ください。

ខ្មែរ (Khmer): អ្នកមានសិទ្ធិទទួលបានជំនួយជាភាសាសមស្របសម្រាប់អ្នកដោយឥតគិតថ្លៃ។ បើសិនអ្នកមានសំណួរណាមួយអំពីពាក្យស្នើសុំឬការធានារ៉ាប់រងតាមរយៈ Kaiser Permanente ឬប្រសិនបើគឺជាលិខិតជូនដំណឹងដែលតម្រូវឱ្យអ្នកចាត់វិធានការត្រឹមកាលបរិច្ឆេទជាក់លាក់ សូមទូរស័ព្ទទៅលេខដែលបានផ្តល់ជូនសម្រាប់រដ្ឋឬតំបន់របស់អ្នកដើម្បីនិយាយទៅកាន់អ្នកបកប្រែ។

한국어 (Korean): 귀하에게는 한국어 통역서비스를 무료로 받으실 수 있는 권리가 있습니다. Kaiser Permanente를 통한 귀하의 보험 신청서나 보험 보장 범위에 관해 질문이 있을 경우 또는 이 통지서의 요구대로 어느 날짜까지 조치를 취해야만 하는 경우, 귀하의 주 및 지역의 제공된 전화번호로 연락해 통역사와 통화하십시오.

ລາວ (Laotian): ທ່ານມີສິດທີ່ຈະໄດ້ຮັບການຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໂດຍບໍ່ເສັຽຄ່າ. ຖ້າວ່າ ທ່ານມີຄໍາຖາມກ່ຽວກັບການສະໝັກຂອງທ່ານ ຫຼື ການຄຸ້ມຄອງສໍາລັບ Kaiser Permanente, ຫຼື ຖ້າຮັບມື້ເປັນແຈ້ງການທີ່ຮຽກຮ້ອງໃຫ້ທ່ານດໍາເນີນການພາຍໃນ ວັນທີທີ່ເຈາະຈົງໃດໜຶ່ງ, ໃຫ້ໂທຕາມພາຍເລກທີ່ໃຫ້ໄວ້ສໍາລັບລັດ ຫຼື ເຂດຂອງທ່ານ ເພື່ອຂໍລິມັດຖານພາສາ.

Kajin Majōl (Marshallese): Ewōr jimwe eo aṃ in bōk jipaṃ ilo kajin eo aṃ ejjelōk wōṇāān. Ne ewōr aṃ kajitōk kōn peba in aplaik eo aṃ ak insurance eo aṃ jān Kaiser Permanente, ak ŋe enaan in kōjelā in ej aikuj bwe kwōn ṃakūtkūt ṃokta jān juon raan eo eṃōj an kallikkar, kaḷok nōṃba eo ej leḷok ŋan state eo aṃ ak jikūṃ bwe kwōn maroṃ kōnono ippān juon ri-ukōt.

Naabeehó (Navajo): T'áá ni nizaad bee níká i' doolwoł doo bik'é asinílaágóó éi bee náhaz'á. Kaiser Permanente áká aná'álwo' ná bik'é azláadoo yínikeedgo naaltsoos hadinílaa, éi bína'ídiilkid doogo, éi doodago díí naaltsoos haa'ída yoolkaalgo hait'áoda i' diilíil nílníigo éi nitsaa hahoodzoji éi doodago t'áá aadi nahós'a'di ata' dahalne'ígíí bich'í' hólne'go bee bíl ahil hodiilnih.

नेपाली (Nepali): तपाईंसँग कुनै शुल्क नदिएर आफ्नो भाषामा सहायता पाउने अधिकार छ । तपाईंसँग आफ्नो आवेदन बारे वा Kaiser Permanente मार्फत कवरज बारेमा कुनै प्रश्नहरू भए, वा यो नोटिस अनुसार तपाईंले कुनै निर्धारित मितिमा कुनै कार्यवाही गर्नु पर्ने आवश्यकता भएमा, दोभाषेसँग कुराकानी गर्ने तपाईंको राज्य वा क्षेत्रका लागि दिइएको नम्बरमा कल गर्नुहोस् ।

Afaan Oromoo (Oromo): Baasii malee afaan keetiin gargaarsa argachuudhaaf mirga qabda. Waa'ee iyyata keetii yookaan tajaajila Kaiser Permanente hammatu ilaalchisee gaaffii yoo qabaatte, yookaan yoo kun beeksisa guyyaa murtaa'e irratti tarkaanfii akka ati fudhattu gaafatu ta'e, lakkoofta bilbilaa naannoo yookaan goodina keetiif kenname bilbiluudhaan turjumaana haasofsii.

فارسی (Persian): شما حق دارید که بدون هیچ هزینه ای به زبان خود کمک دریافت کنید. اگر درباره درخواست یا پوشش خود در Kaiser Permanente سوالی داشته یا بر اساس این اعلامیه باید تا تاریخ مشخصی اقدامی بعمل آورید، برای صحبت با یک مترجم شفاهی با شماره تلفن ارائه شده برای ایالت یا منطقه خود تماس بگیرید.

lokaiahn Pohnpei (Pohnpeian): Komw anehki pwung en rapahki sounkawehwe en omw palien lokaia ni sohte isaihs. Ma mie iren owmi kalelapak ohng aplikeisin de iren audepe kan ohng Kaiser Permanente, de ma pakair wet me anahne komwi en mwekid ohng rahn me kileledi, ah komw anahne koahl nempe me sansalehr (insert number here) ohng owmi palien wehi pwe komwi en lokaiaeng owmi tungoal soun kawehwe.

Português (Portuguese): Você tem o direito de obter ajuda em seu idioma sem nenhum custo. Se você tiver dúvidas sobre sua solicitação ou cobertura por meio da Kaiser Permanente, ou se este aviso exigir que você tome alguma medida até uma data específica, ligue para o número fornecido para seu estado ou região para falar com um intérprete.

ਪੰਜਾਬੀ (Punjabi): ਤੁਹਾਨੂੰ ਬਿਨਾਂ ਕਿਸੇ ਸੁਲਕ ਤੇ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿਚ ਮਦਦ ਪਾਉਣ ਦਾ ਹੱਕ ਹੈ। ਜੇਕਰ ਤੁਹਾਡੇ ਆਪਣੀ ਅਰਜ਼ੀ ਜਾਂ Kaiser Permanente ਰਾਹੀਂ ਕਵਰੇਜ ਬਾਰੇ ਸਵਾਲ ਹਨ, ਜਾਂ ਇਸ ਨੋਟਿਸ ਵਜੋਂ ਤੁਹਾਨੂੰ ਕਿਸੇ ਨਿਸ਼ਚਿਤ ਮਿਤੀ ਤੱਕ ਕਾਰਵਾਈ ਕਰਨ ਦੀ ਲੋੜ ਪਵੇ, ਤਾਂ ਦੁਬਾਸੀਏ ਨਾਲ ਗੱਲ ਕਰਨ ਲਈ ਆਪਣੇ ਰਾਜ ਜਾਂ ਇਲਾਕੇ ਲਈ ਮੁਹੱਈਆ ਕਰਵਾਏ ਗਏ ਨੰਬਰ ਤੇ ਫ਼ੋਨ ਕਰੋ।

Română (Romanian): Aveți dreptul de a solicita ajutor care să vă fie oferit în mod gratuit în limba dumneavoastră. Dacă aveți întrebări legate de solicitarea dumneavoastră sau de acoperirea oferită de Kaiser Permanente sau dacă acest aviz vă solicită să luați măsuri până la o anumită dată, sunați la numărul de telefon furnizat pentru statul sau regiunea dumneavoastră pentru a sta de vorbă cu un interpret.

Русский (Russian): У вас есть право получить бесплатную помощь на своем языке. Если у вас имеются вопросы относительно вашего заявления или медицинского страхования в Kaiser Permanente, либо если такое уведомление требует от вас каких-либо действий к определенной дате, позвоните по номеру телефона для своего штата или региона, чтобы поговорить с переводчиком.

Faa-Samoa (Samoan): E iai lou 'aia e maua se fesoasoani i lou gagana e aunoa ma le totagi. Afai e iai ni fesili e uiga i lou tusi apalai po o puipuiga e ala mai Kaiser Permanente, po o lenei tusi e manaomia ona e gaoioi i se taimi atofaina, vili le numera ua fuafuaina mo lou setete po o oganuu e fesooota'i i se faaliliu.

Español (Spanish): Usted tiene derecho a obtener ayuda en su idioma sin costo alguno. Si tiene preguntas acerca de su solicitud o cobertura a través de Kaiser Permanente, o si este es un aviso que requiere que usted tome alguna medida antes de una fecha determinada, llame al número de teléfono que se proporciona para su estado o región para hablar con un intérprete.

Tagalog (Tagalog): Mayroon kang karapatang humingi ng tulong sa iyong wika nang walang bayad. Kung mayroon kang mga katanungan tungkol sa iyong aplikasyon o coverage sa pamamagitan ng Kaiser Permanente, o kung ito ay abisong nangangailangan ng iyong aksyon sa tiyak na petsa, tumawag sa numerong ibinigay para sa iyong estado o rehiyon para makipag-usap sa isang interpreter.

ไทย (Thai): ท่านมีสิทธิที่จะได้รับความช่วยเหลือในภาษาของท่านโดยไม่เสียค่าใช้จ่าย หากท่านมีคำถามเกี่ยวกับการสมัครของท่าน หรือความคุ้มครองผ่าน Kaiser Permanente หรือหากนี่คือหนังสือที่ต้องการให้ท่านดำเนินการภายในวันที่กำหนดไว้ โปรดติดต่อหมายเลขที่ให้ไว้สำหรับรัฐหรือเขตพื้นที่ของท่านเพื่อคุยกับล่าม

Lea Faka-Tonga (Tongan): 'Oku 'ia ho totonu ke ke ma'u ha fakatonulea ta'etotongi. Kapau 'oku 'i ai ha'o fehu'i ki ho tohi kole na'e fakafonu ki he malu'i 'inisia 'a e Kaiser Permanente, pea kapau ko e tohina 'oku fiema'u keke fai ha me'a ki ai pe ko ha 'aho na'e tuku pau atu ke fai ia, taa ki he fika kuo 'oatu ki ho siteiti pe ko e vahefonua 'oku ke 'i ai ke talanoa mo ha tokotaha tene fakatonu lea atu kiate koe.

Українська (Ukrainian): У Вас є право на отримання допомоги безкоштовно на Вашій рідній мові. Якщо Ви маєте питання стосовно Вашого звернення чи страхового покриття в Kaiser Permanente, чи якщо відповідно до такого повідомлення Вам треба буде здійснити певну дію до конкретної дати, подзвоніть по номеру, що відповідає Вашій країні чи регіону, щоб поговорити з перекладачем.

اردو (Urdu): آپ کو کوئی بھی قیمت ادا کرنے بغیر اپنی زبان میں مدد حاصل کرنے کا حق ہے۔ اگر آپ کے ذہن میں اپنی درخواست یا Kaiser Permanente کے ذریعہ کوریج کے متعلق کوئی بھی سوالات ہیں، یا اگر اس نوٹس کی وجہ سے آپ کو کسی مخصوص تاریخ تک عمل انجام دینے کی ضرورت ہوگی تو، کسی مترجم سے بات چیت کرنے کے لئے آپ کی ریاست یا علاقہ کے لئے فراہم کئے گئے نمبر پر کال کریں۔

Tiếng Việt (Vietnamese): Quý vị có quyền được nhận trợ giúp miễn phí bằng ngôn ngữ của mình. Nếu quý vị có các câu hỏi về mẫu đơn hoặc mức bảo hiểm của mình thông qua Kaiser Permanente, hoặc đây là thông báo yêu cầu quý vị thực hiện vào một ngày cụ thể, hãy gọi đến số điện thoại được cung cấp cho bang hoặc khu vực của quý vị để trò chuyện với phiên dịch viên.

Yorùbá (Yoruba): O ní ètò láti rí irànlọwọ gbà nípà èdè rẹ láìsán owó. Bí o bá ní ibéèrè nípà iwé tí o kọ tàbí ìṣedéédé nípàsẹ Kaiser Permanente, tàbí ifitonilétí yíi jẹ èyí o nílò láti igbésẹ kan ní ojọ kan patọ, pé nọmbà tí a pèsè fún ipínlẹ tàbí agbègbè rẹ láti bá ònǵbifọ kan sọrọ.