

KAISER PERMANENTE OF GEORGIA 2025 Mid/Large Group 4 Tier Benefit



This document includes Kaiser Permanente of Georgia's 2025
Mid/ Large Group 4 Tier Benefit Formulary as of
January 1, 2025

For an updated formulary, please visit our Web site at members.kp.org or call 1-888-865-5813, Monday through Friday 7:00 a.m. to 7:00 p.m. TTY/TDD users should call 1-800-255-0056.

What is the Kaiser Permanente Drug Formulary?

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

Does the formulary ever change?

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

The enclosed formulary is current as of **January 1, 2025**. To get updated information about the drugs covered by Kaiser Permanente, please visit our Web site 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?

Generic drugs are listed in lower-case italics (e.g., *amoxicillin*) within the formulary on page 4. Brand-name drugs are capitalized in the formulary (e.g., FLOVENT).

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

Medical Condition

The formulary begins on page 4. 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 Drugs.” If you know what your drug is used for, simply look for the category name in the list that begins on page 4. 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 36. 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. If a drug is available as a generic, it is only listed with the generic name. 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?

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 Food and Drug Administration (FDA) require 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 experts in our quality assurance program.

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.

Preventative generics are those covered at the lowest co-payment amount defined as Tier 1. Preferred generics are those covered at the 2nd lowest co-pay amount defined as Tier 2. Preferred Brands are those Brands which will be covered at your preferred Brand co-payment amount defined as Tier 3. Specialty medications are covered at the specialty cost share defined as Tier 4.

Coverage for prescription drugs is limited to drugs for which a prescription is required by law and those that are listed on the Kaiser Permanente drug formulary. 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, including maintenance drugs as determined by Health Plan.

The standard prescription amount for the following items is:

- Migraine medications — the smallest package size commercially available
- Ophthalmic and otic medications — the smallest package size commercially available
- Oral and nasal inhalers — the smallest standard package unit

[Are there any other restrictions on coverage?](#)

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Quantity Limits (QL):** For certain drugs, Kaiser Permanente limits the amount of the drug that will be covered.
- **Age Restriction (Age):** For certain drugs, Kaiser Permanente limits coverage based on a designated age.
- **Prior Authorization (PA):** For certain drugs, Kaiser Permanente requires review and authorization prior to dispensing. Your Provider must obtain this review and authorization. The list of prescription drugs requiring review and authorization is subject to periodic review and modification by our Pharmacy and Therapeutics Committee.
- **Step Therapy (ST):** For certain drugs, Kaiser Permanente requires the use of similar, alternative medications prior to coverage.

You can find out if the drug has any additional requirements or limits by looking in the formulary that begins on page 4.

[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 Drug Formulary.

- You can request an exception for coverage of your non-formulary drug. (*See below for information about how to request an exception.*)
 - 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 request ask us to waive the limit and cover more.

What if I want or my doctors prescribes a non-formulary drug?

If you request a non-formulary drug, you will be responsible for the full cost of that drug unless your prescribing physician identified a clear medical reason to use it rather than the similar formulary drug. In specific cases, such as an allergy to the formulary alternative, your physician may request an exception for coverage of a non-formulary drug. In that case your regular pharmacy copay would apply. Certain

prescriptions require expert review before they can be dispensed.

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

Kaiser Permanente of Georgia 4 Tier Benefit Plan Formulary

Category/ Drug Name	Tier Level	Restrictions
ANALGESICS		
NO USP CLASS (COMBINATION PRODUCT)		
<i>acetaminophen w/ codeine</i>	2	QL
<i>butalbital-acetaminophen-caffeine</i>	2	
<i>butalbital-acetaminophen-caffeine w/ codeine</i>	2	QL
<i>butalbital-aspirin-caffeine</i>	2	
<i>butalbital-aspirin-caffeine w/cod</i>	2	QL
<i>hydrocodone-acetaminophen</i>	2	QL
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS		
COXANTO	4	ST
<i>indomethacin</i>	4	ST
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS		
<i>celecoxib</i>	2	
<i>diclofenac potassium</i>	4	ST
ELYXYB	4	ST
<i>ibuprofen</i>	2	
<i>ibuprofen-famotidine</i>	4	ST
<i>indomethacin</i>	2, 4	ST
<i>meloxicam</i>	2	
<i>nabumetone</i>	2	
<i>naproxen</i>	2	
<i>salsalate</i>	2	
<i>sulindac</i>	2	
OPIOID ANALGESICS, LONG-ACTING		
<i>methadone hcl</i>	2	QL
<i>morphine sulfate</i>	2, 3	QL
OXYCODONE HCL ER	4	QL, ST
OXYMORPHONE HCL ER	4	QL, ST
XTAMPZA ER	4	ST
OPIOID ANALGESICS, SHORT-ACTING		
<i>hydromorphone hcl</i>	2	QL
<i>morphine sulfate</i>	2	QL
<i>oxycodone hcl</i>	2, 4	QL, ST
<i>oxymorphone hcl</i>	4	QL, ST
PERCOCET	4	QL
<i>tramadol hcl</i>	2	QL
ANESTHETICS		
LOCAL ANESTHETICS		
<i>lidocaine hcl (mouth-throat)</i>	2	
LIDOCAINE HCL URETHRAL/MUCOSAL	2	
ANTI-ADDICTION/ SUBSTANCE ABUSE TREATMENT AGENTS		
NO USP CLASS (COMBINATION PRODUCT)		
<i>buprenorphine hcl-naloxone hcl dihydrate</i>	2	
OPIOID ANTAGONISTS		
<i>buprenorphine hcl</i>	2	
<i>naltrexone hcl</i>	2	
ANTI-INFECTIVE AGENTS		
ANTHELMINTICS		
<i>ivermectin</i>	2	
ANTIBACTERIALS		

Kaiser Permanente of Georgia 4 Tier Benefit Plan Formulary

Category/ Drug Name	Tier Level	Restrictions
<i>amikacin sulfate</i>	2	
<i>amoxicillin & pot clavulanate</i>	2	
ARIKAYCE	4	PA
<i>azithromycin</i>	2	
<i>cefazolin sodium</i>	2	
<i>ceftazidime</i>	2	
<i>cefuroxime axetil</i>	2	
DIFICID	4	ST
<i>doxycycline hyclate</i>	2, 4	ST
<i>gentamicin sulfate</i>	2	
HUMATIN	4	
NITROFURANTOIN	4	PA
SIVEXTRO	4	ST
<i>sulfamethoxazole-trimethoprim</i>	2	
<i>sulfasalazine</i>	2	
<i>tetracycline hcl</i>	2	
<i>tobramycin</i>	4	ST
<i>tobramycin sulfate</i>	2	
<i>vancomycin hcl</i>	1, 2, 4	
ANTIBACTERIALS, OTHER		
<i>nitrofurantoin monohyd macro</i>	2	
ANTIFUNGALS		
AMPHOTERICIN B	2	
CRESEMBA	4	PA
<i>griseofulvin ultramicrosize</i>	2	
<i>itraconazole</i>	2, 4	
<i>ketoconazole</i>	2	
NOXAFIL	4	PA
VIVJOA	4	PA
<i>voriconazole</i>	4	ST
ANTIMYCOBACTERIALS		
SIRTURO	4	
ANTIPROTOZOALS		
ALINIA	4	
<i>primaquine phosphate</i>	2	
ANTIVIRALS		
<i>abacavir sulfate-lamivudine</i>	2	QL
APTIVUS	4	QL
<i>atazanavir sulfate</i>	2, 4	QL
BIKTARVY	4	QL
<i>cidofovir</i>	2	
<i>darunavir</i>	2, 4	QL, ST
DOVATO	4	QL
<i>entecavir</i>	2	QL
EPCLUSA	4	PA, QL
<i>etravirine</i>	4	QL
EVOTAZ	4	ST
FUZEON	4	QL
HARVONI	4	PA, QL
JULUCA	4	QL

Kaiser Permanente of Georgia 4 Tier Benefit Plan Formulary

Category/ Drug Name	Tier Level	Restrictions
LIVTENCITY	4	PA
MAVYRET	4	PA, QL
PEGASYS	4	QL
PIFELTRO	4	QL
PREVYMIS	4	PA
PREZCOBIX	4	
<i>ritonavir</i>	2	QL
SOVALDI	4	PA, QL
SUNLENCA	4	PA
SYMTUZA	4	QL
TIVICAY	4	
<i>valacyclovir hcl</i>	2	
VIREAD	4	QL, ST
VOCABRIA	4	PA
ZEPATIER	4	PA, QL
ANTIBACTERIALS		
AMINOGLYCOSIDES		
BETHKIS	4	ST
<i>gentamicin sulfate (ophth)</i>	2	
<i>neomycin sulfate</i>	2	
<i>tobramycin (ophth)</i>	2, 3	
ANTIBACTERIALS, OTHER		
BACITRACIN	2	
CAYSTON	4	PA
<i>clindamycin hcl</i>	2	
<i>clindamycin palmitate hydrochloride</i>	2	
<i>linezolid</i>	2, 4	ST
<i>metronidazole</i>	2	
<i>metronidazole (topical)</i>	2	
<i>mupirocin</i>	2	
<i>nitrofurantoin</i>	4	PA
<i>nitrofurantoin macrocrystal</i>	2	
TRIMETHOPRIM	2	
XIFAXAN	4	QL, ST
BETA-LACTAM, CEPHALOSPORINS		
CEFACLOR	2	
<i>cefdinir</i>	2	
<i>cefepodoxime proxetil</i>	2	
<i>cefuroxime axetil</i>	2	
<i>cephalexin</i>	2	
BETA-LACTAM, PENICILLINS		
<i>amoxicillin</i>	2	
<i>amoxicillin & pot clavulanate</i>	2	
<i>ampicillin</i>	2	
<i>dicloxacillin sodium</i>	2	
<i>penicillin v potassium</i>	2	
MACROLIDES		
<i>clarithromycin</i>	2	
<i>erythromycin (ophth)</i>	2	
QUINOLONES		

Kaiser Permanente of Georgia 4 Tier Benefit Plan Formulary

Category/ Drug Name	Tier Level	Restrictions
BAXDELA	4	ST
<i>ciprofloxacin hcl</i>	2	
<i>ciprofloxacin hcl (ophth)</i>	2	
<i>levofloxacin</i>	2	
<i>ofloxacin (ophth)</i>	2	
SULFONAMIDES		
<i>silver sulfadiazine</i>	2	
SULFADIAZINE	2	
TETRACYCLINES		
<i>doxycycline (monohydrate)</i>	2	
<i>doxycycline hyclate</i>	2	
<i>minocycline hcl</i>	2	
NUZYRA	4	ST
SEYSARA	4	ST
ANTICONVULSANTS		
ANTICONVULSANTS, MISCELLANEOUS		
MOTPOLY XR	4	
XCOPRI	4	QL, ST
ANTICONVULSANTS, OTHER		
BRIVIACT	4	ST
DIACOMIT	4	PA
EPIDIOLEX	4	PA
FINTEPLA	4	PA
<i>oxcarbazepine</i>	2	
SYMPAZAN	4	ST
TERIPARATIDE (RECOMBINANT)	4	PA
XCOPRI	4	QL, ST
CALCIUM CHANNEL MODIFYING AGENTS		
<i>ethosuximide</i>	2	
GAMMA-AMINO BUTYRIC ACID (GABA) AUGMENTING AGENTS		
<i>gabapentin</i>	2	
<i>phenobarbital</i>	2	
<i>primidone</i>	2	
<i>valproic acid</i>	2	
<i>vigabatrin</i>	4	PA
ZTALMY	4	ST
SODIUM CHANNEL AGENTS		
APTIOM	4	ST
DILANTIN	2, 3	
<i>lacosamide</i>	2, 4	QL, ST
<i>phenytoin</i>	2, 3	
<i>rufinamide</i>	4	ST
ANTIDEMENTIA AGENTS		
CHOLINESTERASE INHIBITORS		
<i>donepezil hydrochloride</i>	2	
<i>galantamine hydrobromide</i>	2	
<i>rivastigmine tartrate</i>	2	
N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST		
<i>memantine hcl</i>	2	
ANTIDEPRESSANTS		

Kaiser Permanente of Georgia 4 Tier Benefit Plan Formulary

Category/ Drug Name	Tier Level	Restrictions
ANTIDEPRESSANTS, OTHER		
<i>bupropion hcl</i>	2, 4	ST
<i>mirtazapine</i>	2	
SEROQUEL XR	4	ST
<i>trazodone hcl</i>	1, 2	
MONOAMINE OXIDASE INHIBITORS		
EMSAM	4	ST
<i>phenelzine sulfate</i>	2	
<i>tranylcypromine sulfate</i>	2	
SEROTONIN/NOREPINEPHRINE REUPTAKE INHIBITORS		
<i>citalopram hydrobromide</i>	1	
<i>duloxetine hcl</i>	2	
<i>escitalopram oxalate</i>	2	
PRISTIQ	4	ST
<i>sertraline hcl</i>	2	
<i>venlafaxine hcl</i>	2	
TRICYCLICS		
<i>amitriptyline hcl</i>	2	
<i>clomipramine hcl</i>	4	
<i>desipramine hcl</i>	2	
<i>imipramine hcl</i>	2	
<i>nortriptyline hcl</i>	2	
ANTIEMETICS		
ANTIEMETICS, OTHER		
<i>chlorpromazine hcl</i>	2	
<i>metoclopramide hcl</i>	2	
<i>perphenazine</i>	2	
<i>prochlorperazine maleate</i>	2	
<i>promethazine hcl</i>	2	
EMETOGENIC THERAPY ADJUNCTS		
AKYNZEO	4	ST
ANZEMET	4	ST
<i>dronabinol</i>	2, 4	ST
EMEND TRI-PACK	4	ST
<i>ondansetron</i>	2	
<i>ondansetron hcl</i>	2	
ANTIFUNGALS		
NO USP CLASS		
<i>clotrimazole</i>	2	
<i>fluconazole</i>	2	
<i>flucytosine</i>	4	
<i>griseofulvin microsize</i>	2	
<i>ketoconazole (topical)</i>	2	
NATACYN	3	
<i>nystatin</i>	2	
<i>nystatin (mouth-throat)</i>	2	
<i>nystatin (topical)</i>	2	
<i>posaconazole</i>	4	PA
<i>terbinafine hcl</i>	2	
VFEND	4	ST

Kaiser Permanente of Georgia 4 Tier Benefit Plan Formulary

Category/ Drug Name	Tier Level	Restrictions
ZOLINZA	4	
ANTIGOUT AGENTS		
NO USP CLASS		
<i>allopurinol</i>	2	
<i>colchicine</i>	2, 4	QL, ST
<i>probenecid</i>	2	
ANTIMIGRAINE AGENTS		
ERGOT ALKALOIDS		
<i>dihydroergotamine mesylate</i>	4	ST
NO USP CLASS (COMBINATION PRODUCT)		
MIGERGOT	4	ST
NURTEC	4	PA, QL
REYVOW	4	PA, QL
ANTIMYASTHENIC AGENTS		
PARASYMPATHOMIMETICS		
<i>pyridostigmine bromide</i>	2	
ANTIMYCOBACTERIALS		
ANTIMYCOBACTERIALS, OTHER		
<i>dapsone</i>	2	
<i>rifabutin</i>	2	
ANTITUBERCULARS		
<i>ethambutol hcl</i>	2	
<i>isoniazid</i>	2	
<i>pyrazinamide</i>	2	
<i>rifampin</i>	2	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
GLEOSTINE	4	QL, ST
LEUKERAN	4	QL
ANTIANGIOGENIC AGENTS		
REVLIMID	4	QL, ST
THALOMID	4	QL
ANTIESTROGENS/MODIFIERS		
FARESTON	4	QL, ST
ANTINEOPLASTIC AGENTS		
ALECENSA	4	
<i>anastrozole</i>	2	
BESREMI	4	PA
<i>bicalutamide</i>	2	
BRUKINSA	4	QL
CALQUENCE	4	PA
<i>erlotinib hcl</i>	4	ST
EXKIVITY	4	PA, QL
FARYDAK	4	
<i>fluorouracil</i>	2	
<i>gefitinib</i>	4	
IMLYGIC	4	
KESIMPTA	4	PA
<i>lenalidomide</i>	4	QL
<i>letrozole</i>	2	

Kaiser Permanente of Georgia 4 Tier Benefit Plan Formulary

Category/ Drug Name	Tier Level	Restrictions
LONSURF	4	
LUMAKRAS	4	PA, QL
LYNPARZA	4	QL
MATULANE	4	
MELPHALAN	2	
PIQRAY	4	PA, QL
POMALYST	4	QL
SOLTAMOX	4	
<i>sorafenib tosylate</i>	4	
STIVARGA	4	
<i>sunitinib malate</i>	4	
<i>temozolomide</i>	2	
<i>toremifene citrate</i>	4	
ANTINEOPLASTICS, OTHER		
<i>abiraterone acetate</i>	2, 4	QL, ST
AKEEGA	4	PA
AUGTYRO	4	PA
<i>bexarotene</i>	2	QL, ST
BOSULIF	4	PA, QL
CASODEX	4	QL, ST
COPIKTRA	4	PA, QL
COTELLIC	4	QL
DACOGEN	4	ST
DAURISMO	4	PA, QL
DROXIA	4	PA, QL
ERIVEDGE	4	PA, QL
ERLEADA	4	PA, QL
FRUZAQLA	4	PA, QL
HYCAMTIN	4	QL
IBRANCE	4	PA, QL
ICLUSIG	4	PA, QL
IDHIFA	4	PA, QL
INLYTA	4	QL, ST
INQOVI	4	PA, QL
INREBIC	4	PA, QL
IRESSA	4	QL, ST
JAYPIRCA	4	PA, QL
KRAZATI	4	PA
LYTGOBI	4	PA, QL
MEKINIST	4	PA
<i>methotrexate sodium</i>	2	
MYLERAN	4	QL
NERLYNX	4	PA, QL
NINLARO	4	QL
ODOMZO	4	PA, QL
OGSIVEO	4	PA, QL
OJJAARA	4	PA, QL
ONUREG	4	PA, QL
ORGOVYX	4	PA, QL
ORSERDU	4	PA, QL

Kaiser Permanente of Georgia 4 Tier Benefit Plan Formulary

Category/ Drug Name	Tier Level	Restrictions
PEMAZYRE	4	PA, QL
PURIXAN	4	QL
QINLOCK	4	PA, QL
RETEVMO	4	PA, QL
REZLIDHIA	4	PA, QL
ROZLYTREK	4	PA, QL
RUBRACA	4	PA, QL
RYDAPT	4	PA, QL
SCEMBLIX	4	PA, QL
SOMATULINE DEPOT	4	PA
SYNRIBO	4	QL
TABRECTA	4	PA, QL
TAFINLAR	4	PA
TALZENNA	4	PA
TAZVERIK	4	PA, QL
TRUQAP	4	PA
TRUSELTIQ	4	PA, QL
TUKYSA	4	PA, QL
TURALIO	4	PA
VANFLYTA	4	PA, QL
VENCLEXTA	4	PA, QL
VERZENIO	4	PA, QL
VITRAKVI	4	PA, QL
VIZIMPRO	4	PA, QL
WELIREG	4	PA, QL
XALKORI	4	PA, QL
XENLETA	4	QL, ST
XOSPATA	4	PA, QL
XPOVIO	4	PA, QL
XTANDI	4	PA
ZEJULA	4	PA
ZYDELIG	4	PA, QL
ZYKADIA	4	PA, QL
MOLECULAR TARGET INHIBITORS		
ALUNBRIG	4	PA, QL
AYVAKIT	4	PA, QL
BALVERSA	4	PA, QL
BRAFTOVI	4	PA, QL
FOTIVDA	4	PA, QL
GAVRETO	4	PA, QL
GILOTRIF	4	PA, QL
JAKAFI	4	PA, QL
KISQALI (200 MG DOSE)	4	QL
KOSELUGO	4	PA, QL
LENVIMA (10 MG DAILY DOSE)	4	QL
LORBRENA	4	PA, QL
MEKINIST	4	PA, QL
MEKTOVI	4	PA, QL
<i>pazopanib hcl</i>	4	QL, ST
TAFINLAR	4	PA, QL

Kaiser Permanente of Georgia 4 Tier Benefit Plan Formulary

Category/ Drug Name	Tier Level	Restrictions
TAGRISSE	4	QL
TALZENNA	4	PA, QL
TASIGNA	4	PA, QL
TIBSOVO	4	PA, QL
TYKERB	4	QL, ST
RETINOIDS		
<i>bexarotene (topical)</i>	4	PA
PANRETIN	4	PA
TARGRETIN	4	QL, ST
ANTINEOPLASTICS		
ALKYLATING AGENTS		
CYCLOPHOSPHAMIDE	2, 3	
ANTIESTROGENS/MODIFIERS		
EMCYT	4	
<i>tamoxifen citrate</i>	2	
ANTIMETABOLITES		
<i>capecitabine</i>	2	
DROXIA	3	
<i>hydroxyurea</i>	2	
TABLOID	4	
ANTINEOPLASTICS, OTHER		
<i>abiraterone acetate</i>	4	ST
<i>leucovorin calcium</i>	2	
VONJO	4	PA, QL
XATMEP	4	ST
AROMATASE INHIBITORS, 3RD GENERATION		
ARIMIDEX	4	ST
<i>exemestane</i>	2	
ENZYME INHIBITORS		
ETOPOSIDE	2	
MOLECULAR TARGET INHIBITORS		
CABOMETYX	4	QL, ST
CAPRELSA	4	
<i>everolimus</i>	4	QL, ST
<i>imatinib mesylate</i>	2, 4	PA
IMBRUVICA	4	PA, QL
<i>lapatinib ditosylate</i>	4	
NEXAVAR	4	ST
SPRYCEL	4	PA, QL
SUTENT	4	ST
ZELBORAF	4	
NO USP CLASS		
MESNEX	4	
RETINOIDS		
<i>tretinoin (chemotherapy)</i>	4	
ANTIPARASITICS		
ANTHELMINTICS		
<i>albendazole</i>	2	
IMPAVIDO	4	PA
ANTIPROTOZOALS		

Kaiser Permanente of Georgia 4 Tier Benefit Plan Formulary

Category/ Drug Name	Tier Level	Restrictions
<i>atovaquone</i>	4	
<i>hydroxychloroquine sulfate</i>	2	
NEBUPENT	4	ST
NITAZOXANIDE	4	ST
<i>pyrimethamine</i>	4	PA
PEDICULICIDES/SCABICIDES		
LINDANE	2	
<i>permethrin</i>	2	
ANTIPARKINSON AGENTS		
ANTICHOLINERGICS		
<i>trihexyphenidyl hcl</i>	2	
ANTIPARKINSON AGENTS, OTHER		
<i>apomorphine hydrochloride</i>	4	ST
<i>carbidopa-levodopa</i>	2	
NOURIANZ	4	ST
TASMAR	4	ST
DOPAMINE AGONISTS		
APOKYN	4	ST
<i>bromocriptine mesylate</i>	2	
INBRIJA	4	PA
<i>ropinirole hydrochloride</i>	2	
DOPAMINE PRECURSORS/ L-AMINO ACID DECARBOXYLASE INHIBITORS		
<i>carbidopa-levodopa</i>	2	
MONOAMINE OXIDASE B (MAO-B) INHIBITORS		
<i>selegiline hcl</i>	2	
NO USP CLASS (COMBINATION PRODUCT)		
<i>carbidopa-levodopa-entacapone</i>	2	
ANTIPSYCHOTICS		
1ST GENERATION/TYPICAL		
<i>fluphenazine hcl</i>	2	
<i>haloperidol</i>	2	
<i>thioridazine hcl</i>	2	
<i>trifluoperazine hcl</i>	2	
2ND GENERATION/ATYPICAL		
FANAPT	4	ST
INVEGA	4	ST
LATUDA	4	QL, ST
NUPLAZID	4	PA
<i>olanzapine</i>	2	
<i>quetiapine fumarate</i>	2	
<i>risperidone</i>	2	
VRAYLAR	4	QL, ST
<i>ziprasidone hcl</i>	2	
TREATMENT-RESISTANT		
<i>clozapine</i>	2	
ANTISPASTICITY AGENTS		
NO USP CLASS		
<i>baclofen</i>	2, 4	ST
<i>tizanidine hcl</i>	2	
ANTIVIRALS		

Kaiser Permanente of Georgia 4 Tier Benefit Plan Formulary

Category/ Drug Name	Tier Level	Restrictions
ANTI-CYTOMEGALOVIRUS (CMV) AGENTS		
<i>valganciclovir hcl</i>	4	
ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)		
STRIBILD	4	ST
TRIUMEQ	4	ST
ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS		
EDURANT	4	QL
<i>efavirenz</i>	2, 4	QL
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	2	QL
INTELENCE	4	QL
<i>nevirapine</i>	2, 4	QL
SYMFI LO	4	ST
ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS		
<i>abacavir sulfate</i>	2, 4	QL
<i>abacavir sulfate-lamivudine-zidovudine</i>	2, 4	QL
CIMDUO	4	QL
<i>emtricitabine</i>	2, 4	QL
<i>emtricitabine-tenofovir disoproxil fumarate</i>	2, 4	PA, QL
EPIVIR HBV	4	QL, ST
EPZICOM	4	QL
<i>lamivudine</i>	2, 4	QL
<i>lamivudine-zidovudine</i>	2, 4	QL
<i>zidovudine</i>	2	QL
ANTI-HIV AGENTS, OTHER		
DESCOVY	4	QL, ST
<i>fosamprenavir calcium</i>	2	QL
GENVOYA	4	QL
ISENTRESS	4	QL
<i>maraviroc</i>	4	QL, ST
ODEFSEY	4	QL
RUKOBIA	4	PA
SYMFI	4	QL
TYBOST	4	ST
ANTI-HIV AGENTS, PROTEASE INHIBITORS		
CRIXIVAN	4	
INVIRASE	4	QL
LEXIVA	4	QL
<i>lopinavir-ritonavir</i>	4	QL
NORVIR	4	QL
VIRACEPT	4	QL
ANTI-INFLUENZA AGENTS		
<i>oseltamivir phosphate</i>	2	QL
RELENZA DISKHALER	3	QL
RIMANTADINE HCL	2	QL
ANTIHEPATITIS AGENTS		
<i>adefovir dipivoxil</i>	4	QL, ST
BARACLUDE	4	QL, ST
RIBAVIRIN	2	
VEMLIDY	4	PA, QL
VOSEVI	4	PA, QL

Kaiser Permanente of Georgia 4 Tier Benefit Plan Formulary

Category/ Drug Name	Tier Level	Restrictions
ANTIHERPETIC AGENTS		
<i>acyclovir</i>	2	
TRIFLURIDINE	2	
ANTIVIRALS		
LAGEVRIO	4	QL, ST
<i>tenofovir disoproxil fumarate</i>	2	QL
NO USP CLASS (COMBINATION PRODUCT)		
ATRIPLA	4	QL
COMPLERA	4	QL
DELSTRIGO	4	QL
PAXLOVID (150/100)	4	QL, ST
ANXIOLYTICS		
ANXIOLYTICS, OTHER		
<i>alprazolam</i>	2	QL
AUTONOMIC DRUGS		
SKELETAL MUSCLE RELAXANTS		
<i>cyclobenzaprine hcl</i>	2	
<i>tizanidine hcl</i>	2	
SYMPATHOLYTIC (ADRENERGIC BLOCKING) AGENTS		
<i>alfuzosin hcl</i>	2	
SYMPATHOMIMETIC (ADRENERGIC) AGENTS		
BROVANA	4	ST
<i>fluticasone-salmeterol</i>	2	
BIPOLAR AGENTS		
BIPOLAR AGENTS, OTHER		
SAPHRIS	4	ST
SECUADO	4	ST
MOOD STABILIZERS		
<i>lithium carbonate</i>	2	
BLOOD FORMATION, COAGULATION, AND THROMBOSIS		
COAGULANTS AND ANTICOAGULANTS		
BRILINTA	3	
<i>enoxaparin sodium</i>	2	
<i>fondaparinux sodium</i>	4	ST
PRADAXA	3	QL
<i>prasugrel hcl</i>	2	
<i>tranexamic acid</i>	2	QL
XARELTO	4	ST
HEMATOPOIETIC AGENTS		
ALVAIZ	4	
GRANIX	4	
JESDUVROQ	4	PA
NEULASTA	4	PA
NYVEPRIA	4	ST
PROMACTA	4	ST
RETACRIT	4	
ROLVEDON	4	PA
UDENYCA	4	PA
ZARXIO	4	ST
ZIEXTENZO	4	ST

Kaiser Permanente of Georgia 4 Tier Benefit Plan Formulary

Category/ Drug Name	Tier Level	Restrictions
PYRUVATE KINASE ACTIVATORS		
PYRUKYND	4	PA
BLOOD GLUCOSE REGULATORS		
ANTIDIABETIC AGENTS		
<i>acarbose</i>	2	
ALOGLIPTIN BENZOATE	4	PA
ALOGLIPTIN-METFORMIN HCL	4	PA
ALOGLIPTIN-PIOGLITAZONE	4	PA
BYDUREON BCISE	4	PA, QL
GATTEX	4	PA
<i>glimepiride</i>	1	
<i>glipizide</i>	1	
GLYXAMBI	4	PA
INPEFA	4	PA
JANUVIA	4	PA
JARDIANCE	3, 4	PA, QL
JENTADUETO XR	4	PA
KORLYM	4	PA
<i>metformin hcl</i>	1, 4	PA
MOUNJARO	4	PA, QL
NESINA	4	PA
ONGLYZA	4	PA
OZEMPIC	4	PA, QL
<i>pioglitazone hcl</i>	1, 2	
QTERN	4	PA
SEGLUROMET	4	PA
STEGLATRO	4	PA
STEGLUJAN	4	PA
SYMLINPEN 120	4	PA
SYNJARDY XR	4	PA
TRULICITY	4	PA, QL
VICTOZA	4	PA, QL
XIGDUO XR	4	PA
DEVICES		
CONTOUR BLOOD GLUCOSE SYSTEM	3	
DIABETIC AGENTS		
BAQSIMI ONE PACK	3	
GLYCEMIC AGENTS		
ZEGALOGUE	3	ST
INSULINS		
HUMULIN 70/30	3	
HUMULIN R	3	
INSULIN GLARGINE-YFGN	3	
SOLIQUA	4	PA, QL
XULTOPHY	4	PA, QL
NO USP CLASS (COMBINATION PRODUCT)		
BD INSULIN SYRINGE HALF-UNIT	2	
CONTOUR TEST	3	
<i>diazoxide</i>	2	
JANUMET	4	PA

Kaiser Permanente of Georgia 4 Tier Benefit Plan Formulary

Category/ Drug Name	Tier Level	Restrictions
KAZANO	4	PA
KOMBIGLYZE XR	4	PA
OSENI	4	PA
BLOOD PRODUCTS/MODIFIERS/ VOLUME EXPANDERS		
ANTICOAGULANTS		
<i>dabigatran etexilate mesylate</i>	2	QL
<i>enoxaparin sodium</i>	2	
FRAGMIN	4	ST
<i>warfarin sodium</i>	1	
BLOOD FORMATION MODIFIERS		
<i>anagrelide hcl</i>	2	
ARANESP (ALBUMIN FREE)	4	
FULPHILA	4	ST
<i>icatibant acetate</i>	4	PA
LEUKINE	4	
MOZOBIL	4	ST
NEUPOGEN	4	PA
PROCRIT	4	
RELEUKO	4	ST
PLATELET MODIFYING AGENTS		
<i>cilostazol</i>	2	
<i>clopidogrel bisulfate</i>	2	
<i>dipyridamole</i>	2	
CARDIOVASCULAR AGENTS		
ALPHA-ADRENERGIC AGONISTS		
<i>clonidine hcl</i>	2	
NORTHERA	4	PA
ALPHA-ADRENERGIC BLOCKING AGENTS		
DIBENZYLIN	4	ST
<i>terazosin hcl</i>	2	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>losartan potassium</i>	1	
ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS		
<i>captopril</i>	1, 2	
<i>enalapril maleate</i>	1	
<i>lisinopril</i>	1	
<i>lisinopril & hydrochlorothiazide</i>	1	
<i>ramipril</i>	2	
ANTIARRHYTHMICS		
<i>amiodarone hcl</i>	2	
DIGOXIN	4	ST
<i>disopyramide phosphate</i>	2, 3	
<i>flecainide acetate</i>	2	
<i>mexiletine hcl</i>	2	
<i>propafenone hcl</i>	2, 4	ST
<i>quinidine sulfate</i>	2	
TIKOSYN	4	ST
BETA-ADRENERGIC BLOCKING AGENTS		
<i>acebutolol hcl</i>	2	
<i>atenolol</i>	1	

Kaiser Permanente of Georgia 4 Tier Benefit Plan Formulary

Category/ Drug Name	Tier Level	Restrictions
<i>bisoprolol fumarate</i>	1	
<i>carvedilol</i>	1	
INDERAL XL	4	ST
<i>labetalol hcl</i>	2	
<i>metoprolol succinate</i>	2	
<i>metoprolol tartrate</i>	1	
<i>nadolol</i>	2	
<i>nebivolol hcl</i>	2	
<i>propranolol hcl</i>	2, 4	ST
<i>sotalol hcl</i>	2	
CALCIUM CHANNEL BLOCKING AGENTS		
<i>felodipine</i>	2	
<i>nifedipine</i>	2	
<i>nimodipine</i>	2, 4	ST
CARDIOVASCULAR AGENTS, OTHER		
<i>digoxin</i>	2, 3	
<i>pentoxifylline</i>	2	
DIURETICS, LOOP		
<i>furosemide</i>	1, 2	
<i>torsemide</i>	2	
DIURETICS, POTASSIUM-SPARING		
<i>spironolactone</i>	1	
DIURETICS, THIAZIDE		
<i>chlorthalidone</i>	2	
<i>hydrochlorothiazide</i>	1, 2	
<i>indapamide</i>	2	
<i>metolazone</i>	2	
<i>triamterene & hydrochlorothiazide</i>	1	
DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES		
<i>fenofibrate</i>	2	
DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS		
<i>pravastatin sodium</i>	2	
<i>rosuvastatin calcium</i>	1	
<i>simvastatin</i>	1	
DYSLIPIDEMICS, OTHER		
<i>colestipol hcl</i>	2	
<i>ezetimibe</i>	1, 4	ST
JUXTAPID	4	PA
PRALUENT	4	PA
NO USP CLASS (COMBINATION PRODUCT)		
AMILORIDE-HYDROCHLOROTHIAZIDE	1	
<i>atenolol & chlorthalidone</i>	2	
<i>bisoprolol & hydrochlorothiazide</i>	2	
<i>losartan potassium & hydrochlorothiazide</i>	1	
VASODILATING AGENTS		
ADEMPAS	4	PA, QL
ORENITRAM	4	ST
TADLIQ	4	ST
TYVASO	4	ST
VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS		

Kaiser Permanente of Georgia 4 Tier Benefit Plan Formulary

Category/ Drug Name	Tier Level	Restrictions
<i>hydralazine hcl</i>	1	
<i>isosorbide dinitrate</i>	2	
<i>isosorbide dinitrate-hydralazine hcl</i>	2	
<i>isosorbide mononitrate</i>	1	
<i>minoxidil</i>	2	
<i>nitroglycerin</i>	2, 4	ST
CARDIOVASCULAR DRUGS		
A-ADRENERGIC BLOCKING AGENTS		
<i>doxazosin mesylate</i>	2	
ANTILIPEMIC AGENTS		
<i>atorvastatin calcium</i>	1	
<i>cholestyramine</i>	2	
<i>cholestyramine light</i>	2	
<i>lovastatin</i>	1	
WELCHOL	4	ST
BETA-ADRENERGIC BLOCKING AGENTS		
<i>acebutolol hcl</i>	2	
CALCIUM-CHANNEL BLOCKING AGENTS		
<i>amlodipine besylate</i>	1	
<i>diltiazem hcl</i>	2	
<i>diltiazem hcl coated beads</i>	2, 4	ST
<i>verapamil hcl</i>	2	
CARDIAC DRUGS		
CAMZYOS	4	PA
MULTAQ	4	ST
<i>quinidine gluconate</i>	2	
VYNDAMAX	4	PA
VYNDAQEL	4	PA
NO USP CLASS		
<i>dofetilide</i>	2	
RENIN-ANGIOTENSIN-ALDOSTERONE SYSTEM INHIBITORS		
<i>benazepril hcl</i>	1	
ENTRESTO	3	
<i>irbesartan</i>	2	
<i>irbesartan-hydrochlorothiazide</i>	2	
<i>lisinopril</i>	1	
<i>valsartan</i>	1	
<i>valsartan-hydrochlorothiazide</i>	2	
VASODILATING AGENTS		
ADCIRCA	4	ST
<i>ambrisentan</i>	2	
<i>nitroglycerin</i>	2, 4	ST
OPSUMIT	4	PA
REVATIO	4	PA, QL
TYVASO REFILL KIT	4	ST
VENTAVIS	4	
CENTRAL NERVOUS SYSTEM AGENTS		
ANALGESICS AND ANTIPYRETICS		
BELBUCA	4	
<i>diclofenac sodium</i>	2	

Kaiser Permanente of Georgia 4 Tier Benefit Plan Formulary

Category/ Drug Name	Tier Level	Restrictions
<i>etodolac</i>	2	
<i>fentanyl</i>	2	QL
FENTANYL CITRATE	4	QL, ST
HYDROCODONE BITARTRATE ER	4	QL, ST
<i>hydrocodone bitartrate-homatropine methylbromide</i>	2	QL
<i>levorphanol tartrate</i>	4	QL, ST
NUCYNTA	4	QL, ST
OXAYDO	4	QL, ST
<i>oxycodone w/ acetaminophen</i>	2, 4	QL, ST
QDOLO	4	QL, ST
ANOREXIGENIC AGENTS AND RESPIRATORY AND CEREBRAL STIMULANTS		
<i>amphetamine-dextroamphetamine</i>	2	QL
<i>dexmethylphenidate hcl</i>	2	QL
<i>methamphetamine hcl</i>	4	PA, ST
<i>methylphenidate hcl</i>	2	QL
<i>modafinil</i>	2	QL
ANTICONVULSANTS		
<i>carbamazepine</i>	2	
<i>clobazam</i>	2	
<i>diazepam (anticonvulsant)</i>	2	
<i>divalproex sodium</i>	2	
FELBATOL	4	ST
FYCOMPA	4	ST
<i>gabapentin</i>	2	
<i>lamotrigine</i>	2	
<i>levetiracetam</i>	2, 4	ST
<i>phenobarbital</i>	2	
<i>phenytoin sodium extended</i>	2	
<i>pregabalin</i>	2	
<i>topiramate</i>	2	
<i>valproate sodium</i>	2	
<i>zonisamide</i>	2	
ANTIMIGRAINE AGENTS		
<i>naratriptan hcl</i>	2	QL
QULIPTA	4	PA, QL
<i>rizatriptan benzoate</i>	2	QL
<i>sumatriptan</i>	2, 4	ST
<i>sumatriptan succinate</i>	2	QL
UBRELVY	4	PA, QL
ZAVZPRET	4	PA
<i>zolmitriptan</i>	2	
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl</i>	2, 4	ST
<i>benztropine mesylate</i>	2	
<i>carbidopa</i>	4	ST
<i>entacapone</i>	2	
<i>pramipexole dihydrochloride</i>	2	
<i>rasagiline mesylate</i>	2	
<i>tolcapone</i>	4	
ZELAPAR	4	ST

Kaiser Permanente of Georgia 4 Tier Benefit Plan Formulary

Category/ Drug Name	Tier Level	Restrictions
ANXIOLYTICS, SEDATIVES, AND HYPNOTICS		
<i>buspirone hcl</i>	1, 2	
<i>clonazepam</i>	2	QL
<i>diazepam</i>	2	QL
<i>hydroxyzine hcl</i>	2	
<i>lorazepam</i>	2	QL
<i>tasimelteon</i>	4	PA
<i>temazepam</i>	2	QL
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES		
<i>amphetamine-dextroamphetamine</i>	2	QL
<i>dextroamphetamine sulfate</i>	2	QL
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES		
<i>methylphenidate hcl</i>	2, 4	QL, ST
CENTRAL NERVOUS SYSTEM AGENTS, MISCELLANEOUS		
<i>atomoxetine hcl</i>	2	
<i>butalbital-acetaminophen</i>	4	QL, ST
<i>guanfacine hcl (adhd)</i>	2	
RELYVRIO	4	PA
<i>riluzole</i>	2, 4	
<i>tetrabenazine</i>	4	
WAKIX	4	PA
XYWAV	4	PA
CENTRAL NERVOUS SYSTEM, OTHER		
<i>armodafinil</i>	2	QL
<i>carbamazepine</i>	2	
NUDEXTA	4	PA
RILUTEK	4	ST
XENAZINE	4	PA
GLUCOCORTICOID/MINERALOCORTICOID		
<i>dexamethasone</i>	2	
MISCELLANEOUS THERAPEUTIC AGENTS		
BETASERON	4	PA
GRALISE	4	ST
MULTIPLE SCLEROSIS AGENTS		
AVONEX PREFILLED	4	PA
BAFIERTAM	4	PA
<i>dalfampridine</i>	2, 4	PA
<i>fingolimod hcl</i>	2, 4	PA
<i>glatiramer acetate</i>	2, 4	PA
LYVISPAH	4	ST
PONVORY	4	PA
TASCENSO ODT	4	PA
ZEPOSIA	4	PA, QL
PSYCHOTHERAPEUTIC AGENTS		
ABILIFY MYCITE MAINTENANCE KIT	4	ST
APLENZIN	4	ST
<i>aripiprazole</i>	2, 4	ST
AUVELITY	4	PA
CAPLYTA	4	ST
<i>chlorpromazine hcl</i>	2	

Kaiser Permanente of Georgia 4 Tier Benefit Plan Formulary

Category/ Drug Name	Tier Level	Restrictions
<i>doxepin hcl</i>	2	
<i>fluoxetine hcl</i>	1, 2	
<i>fluvoxamine maleate</i>	2	
<i>haloperidol lactate</i>	2	
<i>lurasidone hcl</i>	2	QL
LYBALVI	4	ST
<i>paroxetine hcl</i>	1, 2	
<i>perphenazine</i>	2	
REXULTI	4	QL, ST
SAPHRIS	4	ST
<i>thioridazine hcl</i>	2	
<i>thiothixene</i>	2	
<i>venlafaxine hcl</i>	2	
VERSACLOZ	4	ST
ZURZUVAE	4	PA
DENTAL AND ORAL AGENTS		
MISCELLANEOUS THERAPEUTIC AGENTS		
<i>chlorhexidine gluconate (mouth-throat)</i>	2	
NO USP CLASS		
<i>pilocarpine hcl (oral)</i>	2	
<i>triamcinolone acetonide (mouth)</i>	2	
DERMATOLOGICAL AGENTS		
ACNE AND ROSACEA AGENTS		
ABSORICA LD	4	ST
ALTRENO	3	AGE
<i>azelaic acid</i>	2	
DERMATITIS AND PRURITUS AGENTS		
APEXICON E	4	ST
CORDRAN	4	ST
NO USP CLASS		
ADAPALENE-BENZOYL PEROXIDE	4	
BENZOYL PEROXIDE	4	
DRYSOL	3	
<i>fluorouracil (topical)</i>	2, 3	
<i>imiquimod</i>	2	
<i>iodoquinol-hc</i>	2	
<i>isotretinoin</i>	2	
METHOXSALEN RAPID	4	ST
PODOFILOX	2	
REGRANEX	4	
SANTYL	3	
<i>selenium sulfide</i>	2	
VEREGEN	4	ST
NO USP CLASS (COMBINATION PRODUCT)		
BENZOYL PEROXIDE FORTE- HC	4	
DEVICES		
DEVICES		
AEROCHAMBER PLUS FLO-VU LARGE	3	
ONETOUCH DELICA LANCETS 30G	3	
VCF VAGINAL CONTRACEPTIVE	3	

Kaiser Permanente of Georgia 4 Tier Benefit Plan Formulary

Category/ Drug Name	Tier Level	Restrictions
DIABETIC SUPPLIES		
DIABETIC SUPPLIES		
BD INSULIN SYRINGE HALF-UNIT	2, 3	
BD INSULIN SYRINGE U-500	3	
BD PEN NEEDLE MINI U/F	2, 3	
INPEN 100-BLUE-LILLY-HUMALOG	4	PA
OMNIPOD 5	4	PA, QL
MISCELLANEOUS THERAPEUTIC AGENTS		
DIASTIX	3	
DIAGNOSTIC AGENTS		
DIABETES MELLITUS		
BD PEN NEEDLE MINI U/F	3	
ELECTROLYTES/ MINERALS/ METALS/ VITAMINS		
ELECTROLYTE/MINERAL/METAL MODIFIERS		
EXJADE	4	PA, QL
ELECTROLYTIC, CALORIC, AND WATER BALANCE		
AMMONIA DETOXICANTS		
LITHOSTAT	4	
RAVICTI	4	PA
DIURETICS		
<i>acetazolamide</i>	2	
<i>furosemide</i>	2	
ION-REMOVING AGENTS		
AURYXIA	4	ST
<i>sodium polystyrene sulfonate</i>	2	
VELPHORO	4	ST
VELTASSA	4	ST
MISCELLANEOUS THERAPEUTIC AGENTS		
<i>potassium chloride</i>	2	
ENZYME REPLACEMENT/ MODIFIERS		
NO USP CLASS		
CERDELGA	4	PA
CYSTADANE	4	ST
CYSTAGON	4	ST
<i>sapropterin dihydrochloride</i>	4	PA
<i>sodium phenylbutyrate</i>	4	
SUCRAID	4	PA
ZAVESCA	4	PA
ENZYMES		
ENZYMES		
CREON	3	
<i>miglustat</i>	4	PA
PALYNZIQ	4	PA
EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS		
ANTI-INFLAMMATORY AGENTS		
<i>fluocinolone acetonide (otic)</i>	2	
<i>hydrocortisone w/acetic acid</i>	2	
EENT DRUGS, MISCELLANEOUS		
<i>acetic acid (otic)</i>	2	
APRACLONIDINE HCL	2	

Kaiser Permanente of Georgia 4 Tier Benefit Plan Formulary

Category/ Drug Name	Tier Level	Restrictions
CARTEOLOL HCL	2	
CYSTADROPS	4	
HOMATROPAIRE	3	
<i>ketorolac tromethamine (ophth)</i>	2	
GASTROINTESTINAL AGENTS		
ANTI-INFLAMMATORY AGENTS		
IBSRELA	4	PA
ANTIDIARRHEA AGENTS		
MYTESI	4	PA
ANTISPASMODICS, GASTROINTESTINAL		
<i>dicyclomine hcl</i>	2	
<i>glycopyrrolate</i>	2	
<i>hyoscyamine sulfate</i>	2	
GASTROINTESTINAL AGENTS, OTHER		
CHOLBAM	4	PA
<i>diphenoxylate w/ atropine</i>	2	
GIMOTI	4	ST
<i>ursodiol</i>	2, 4	ST
VIBERZI	4	PA
HISTAMINE2 (H2) RECEPTOR ANTAGONISTS		
<i>cimetidine hcl</i>	2	
LAXATIVES		
<i>lactulose</i>	2	
<i>lactulose (encephalopathy)</i>	2	
NO USP CLASS (COMBINATION PRODUCT)		
GOLYTELY	2	
PROTECTANTS		
<i>misoprostol</i>	2	
<i>sucralfate</i>	2	
PROTON PUMP INHIBITORS		
ACIPHEX SPRINKLE	4	ST
<i>dexlansoprazole</i>	4	ST
PREVACID SOLUTAB	4	ST
GASTROINTESTINAL DRUGS		
ANTI-INFLAMMATORY AGENTS		
<i>alosetron hcl</i>	4	ST
SKYRIZI	4	PA, QL
ANTIEMETICS		
SANCUSO	4	ST
ANTIULCER AGENTS AND ACID SUPPRESSANTS		
NEXIUM	4	ST
PROTONIX	4	ST
PYLERA	4	ST
ZEGERID	4	ST
CATHARTICS AND LAXATIVES		
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>	2, 3	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	2	
<i>polyethylene glycol 3350</i>	2, 3	
DIGESTANTS		
CREON	3	

Kaiser Permanente of Georgia 4 Tier Benefit Plan Formulary

Category/ Drug Name	Tier Level	Restrictions
GASTROINTESTINAL AGENTS, OTHER		
CHENODAL	4	PA
GI DRUGS, MISCELLANEOUS		
CREON	3	
LINZESS	4	QL, ST
<i>metoclopramide hcl</i>	2	
OMVOH	4	PA
VELSIPITY	4	PA
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
NO USP CLASS		
STRENSIQ	4	PA
ZOKINVY	4	PA
GENITOURINARY AGENTS		
ANTISPASMODICS, URINARY		
<i>oxybutynin chloride</i>	2	
<i>tropium chloride</i>	2	
BENIGN PROSTATIC HYPERTROPHY AGENTS		
<i>finasteride</i>	2	
<i>tadalafil</i>	4	ST
<i>tamsulosin hcl</i>	2	
GENITOURINARY AGENTS, OTHER		
<i>bethanechol chloride</i>	2	
ELMIRON	4	PA
<i>penicillamine</i>	4	ST
NO USP CLASS		
<i>methylergonovine maleate</i>	2	
PHOSPHATE BINDERS		
<i>calcium acetate (phosphate binder)</i>	2, 3	
FOSRENOL	4	ST
<i>sevelamer carbonate</i>	2	
GROWTH HORMONES		
GROWTH HORMONE, GHRH, AND RELATED AGENTS		
NGENLA	4	PA
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)		
GLUCOCORTICOIDS/MINERALOCORTICOIDS		
<i>alclometasone dipropionate</i>	2	
<i>betamethasone dipropionate (topical)</i>	2	
<i>betamethasone valerate</i>	2	
<i>dexamethasone</i>	2, 3	
<i>fludrocortisone acetate</i>	2	
<i>hydrocortisone</i>	2	
<i>hydrocortisone (intrarectal)</i>	2	
<i>methylprednisolone</i>	2	
<i>prednisolone sodium phosphate</i>	2	
<i>triamcinolone acetonide (topical)</i>	2	
NO USP CLASS		
<i>dexamethasone sodium phosphate</i>	2	
<i>esterified estrogens & methyltestosterone</i>	2	
<i>norelgestromin-ethinyl estradiol</i>	2	QL
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		

Kaiser Permanente of Georgia 4 Tier Benefit Plan Formulary

Category/ Drug Name	Tier Level	Restrictions
ANDROGENS		
<i>testosterone cypionate</i>	2	
MISCELLANEOUS THERAPEUTIC AGENTS		
SOGROYA	4	PA
NO USP CLASS		
ACTHAR	4	PA
GENOTROPIN	4	PA
SAIZEN	4	PA
SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS		
<i>raloxifene hcl</i>	2	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
ANDROGENS		
<i>danazol</i>	2	
JATENZO	4	PA
<i>methyltestosterone</i>	4	ST
ESTROGENS		
DEPO-ESTRADIOL	2	
<i>estradiol</i>	2, 3	
<i>estradiol valerate</i>	2	
NO USP CLASS (COMBINATION PRODUCT)		
<i>desogestrel & ethinyl estradiol</i>	2	QL
<i>esterified estrogens & methyltestosterone</i>	2	
<i>levonorgestrel-eth estradiol (triphasic)</i>	2	QL
<i>norethin acet & estrad-fe</i>	2	QL
<i>norethindrone-eth estradiol (triphasic)</i>	2	QL
<i>norgestimate-ethinyl estradiol</i>	2	QL
<i>norgestrel & ethinyl estradiol</i>	2	
PROGESTINS		
CRINONE	4	
ELLA	3	
<i>levonorgestrel (emergency oc)</i>	2	
<i>medroxyprogesterone acetate</i>	2	
<i>megestrol acetate</i>	2	
<i>norethindrone (contraceptive)</i>	2	QL
<i>norethindrone acetate</i>	2	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
NO USP CLASS		
<i>levothyroxine sodium</i>	2	
<i>liothyronine sodium</i>	2	
REZDIFFRA	4	PA
HORMONAL AGENTS, SUPPRESSANT (ADRENAL)		
NO USP CLASS		
LYSODREN	4	
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)		
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)		
SYNAREL	4	PA
NO USP CLASS		
<i>cabergoline</i>	2	
SKYTROFA	4	PA, QL
HORMONAL AGENTS, SUPPRESSANT (SEX HORMONES/MODIFIERS)		

Kaiser Permanente of Georgia 4 Tier Benefit Plan Formulary

Category/ Drug Name	Tier Level	Restrictions
ANTIANDROGENS		
FLUTAMIDE	2	
<i>nilutamide</i>	4	ST
NUBEQA	4	PA, QL
HORMONAL AGENTS, SUPPRESSANT (THYROID)		
ANTITHYROID AGENTS		
<i>methazolamide</i>	2	
<i>methimazole</i>	2	
<i>propylthiouracil</i>	2	
HORMONES AND SYNTHETIC SUBSTITUTES		
ADRENALS		
ALKINDI SPRINKLE	4	PA
DEXAMETHASONE INTENSOL	2	
<i>prednisolone</i>	2	
<i>prednisone</i>	2, 3, 4	ST
<i>triamcinolone acetonide</i>	2	
ANDROGENS		
AVEED	4	PA, QL
<i>testosterone</i>	2	
TESTOSTERONE PROPIONATE	3	
CONTRACEPTIVES		
<i>drospirenone-ethinyl estradiol</i>	2	QL
<i>ethynodiol diacet & eth estrad</i>	2	QL
<i>etonogestrel-ethinyl estradiol</i>	2	QL
<i>levonorgestrel & eth estradiol</i>	2	QL
<i>levonorgestrel-ethinyl estradiol (91-day)</i>	2	QL
<i>medroxyprogesterone acetate (contraceptive)</i>	2	QL
<i>norethindrone & eth estradiol</i>	2	QL
<i>norgestimate-ethinyl estradiol (triphasic)</i>	2	QL
DIABETIC AGENTS		
DAPAGLIFLOZIN PRO-METFORMIN ER	4	PA
DAPAGLIFLOZIN PROPANEDIOL	4	PA
FIASP	4	ST
INSULIN ASPART	4	ST
INSULIN ASPART PROT & ASPART	4	ST
INVOKAMET	4	PA
INVOKANA	4	PA
SYNJARDY	4	PA
ESTROGENS AND ANTIESTROGENS		
<i>estradiol vaginal</i>	2	
ORIAHNN	4	PA
GLYCEMIC AGENTS		
GLUCAGON EMERGENCY	2	
MISCELLANEOUS THERAPEUTIC AGENTS		
<i>methimazole</i>	2	
MYFEMBREE	4	PA
NO USP CLASS		
PARATHYROID		
<i>calcitonin (salmon)</i>	2	
<i>teriparatide (recombinant)</i>	4	PA

Kaiser Permanente of Georgia 4 Tier Benefit Plan Formulary

Category/ Drug Name	Tier Level	Restrictions
PITUITARY		
EGRIFTA SV	4	PA
PROGESTINS		
<i>progesterone</i>	2	
SOMATOTROPIN AGONISTS AND ANTAGONISTS		
INCRELEX	4	
SAIZEN	4	PA
SIGNIFOR LAR	4	PA
IMMUNOLOGICAL AGENTS		
IMMUNE SUPPRESSANTS		
<i>azathioprine</i>	2, 4	ST
<i>cyclosporine</i>	2	
<i>cyclosporine modified (for microemulsion)</i>	2	
DUPIXENT	4	PA
ENBREL	4	PA
<i>mercaptopurine</i>	2	
<i>mycophenolate mofetil</i>	2, 4	ST
<i>mycophenolate sodium</i>	2, 4	ST
ORENCIA	4	ST
<i>sirolimus</i>	2, 4	ST
<i>tacrolimus</i>	2, 4	ST
IMMUNOLOGICAL AGENTS, OTHER		
SAPHNELO	4	PA
TYENNE	3	
IMMUNOMODULATORS		
ACTIMMUNE	4	
ARCALYST	4	PA
HIZENTRA	4	PA
HYQVIA	4	PA
JOENJA	4	PA, QL
<i>leflunomide</i>	2	
OLUMIANT	4	PA, QL
RINVOQ	4	PA
<i>teriflunomide</i>	2, 4	PA
XELJANZ	3	QL
XEMBIFY	4	PA
MISCELLANEOUS THERAPEUTIC AGENTS		
GAMMAGARD	4	PA
INFLAMMATORY BOWEL DISEASE AGENTS		
AMINOSALICYLATES		
<i>balsalazide disodium</i>	2	
DIPENTUM	4	ST
<i>mesalamine</i>	2, 4	ST
GLUCOCORTICOIDS		
<i>budesonide</i>	2, 4	PA
SULFONAMIDES		
<i>sulfasalazine</i>	2	
METABOLIC BONE DISEASE AGENTS		
MISCELLANEOUS THERAPEUTIC AGENTS		
<i>alendronate sodium</i>	2	

Kaiser Permanente of Georgia 4 Tier Benefit Plan Formulary

Category/ Drug Name	Tier Level	Restrictions
NO USP CLASS		
ACTONEL	4	ST
<i>alendronate sodium</i>	2	
<i>calcitriol</i>	2	
RAYALDEE	4	ST
TYMLOS	4	PA
MISCELLANEOUS THERAPEUTIC AGENTS		
IMMUNE SUPPRESSANTS		
<i>everolimus (immunosuppressant)</i>	4	QL, ST
MISCELLANEOUS THERAPEUTIC AGENTS		
ABRILADA (1 PEN)	4	PA
ACTEMRA	4	ST
ADALIMUMAB-AACF (2 PEN)	4	PA
ADALIMUMAB-ADAZ	4	PA
AEROCHAMBER PLUS FLO-VU LARGE	3	
<i>aminocaproic acid</i>	2	
AMJEVITA	3	
AUSTEDO	4	PA, QL
AUVI-Q	4	PA, ST
AVONEX PEN	4	PA
BENLYSTA	4	PA
BERINERT	4	PA
<i>betaine</i>	4	ST
BIMZELX	4	PA
BRONCHITOL	4	PA
BYLVAY	4	PA
CABLIVI	4	PA
CIBINQO	4	PA
CIMZIA	4	PA
<i>cinacalcet hcl</i>	2, 4	ST
CONSENSI	4	
CONTRAVE	4	PA
COSENTYX	4	PA
CUTAQUIG	4	PA
CYLTEZO (2 SYRINGE)	4	PA
<i>cyproheptadine hcl</i>	2	
DAYBUE	4	PA
<i>deferasirox</i>	2, 4	
<i>deferiprone</i>	4	PA, QL
<i>desmopressin acetate</i>	2	
<i>desmopressin acetate spray</i>	2	
<i>desmopressin acetate spray refrigerated</i>	2	
<i>dimethyl fumarate</i>	2, 4	PA
<i>disulfiram</i>	2	
DOJOLVI	4	PA
DOPTELET	4	PA, QL
EMFLAZA	4	PA
EMGALITY (300 MG DOSE)	4	PA
EMPAVELI	4	PA
ENBREL	4	PA

Kaiser Permanente of Georgia 4 Tier Benefit Plan Formulary

Category/ Drug Name	Tier Level	Restrictions
ENDARI	4	PA
ENSPRYNG	4	PA
ENTYVIO	4	PA
ENVARUSUS XR	4	
EVRYSDI	4	PA
EXTAVIA	4	PA
FASENRA	4	PA
FILSPARI	4	PA
FIRDAPSE	4	PA
GALAFOLD	4	PA
HADLIMA	4	PA
HEMLIBRA	4	PA
HULIO (2 PEN)	4	PA
HUMIRA (2 PEN)	4	PA
ILARIS	4	PA
ILUMYA	4	PA
IMCIVREE	4	PA
INGREZZA	4	PA
IODINE STRONG	3	
ISTURISA	4	PA
KALYDECO	4	PA
KEVEYIS	4	PA
KEVZARA	4	PA
KINERET	4	ST
<i>lanthanum carbonate</i>	4	ST
LIQREV	4	PA
LIVMARLI	4	PA, QL
LUCEMYRA	4	ST
LUMRYZ	4	PA
LUPKYNIS	4	PA
MAVENCLAD (10 TABS)	4	PA
MAYZENT	4	PA
<i>metyrosine</i>	4	PA
<i>midodrine hcl</i>	2	
MIRCERA	4	
MULPLETA	4	PA, QL
MYALEPT	4	PA
MYCAPSSA	4	PA
<i>naloxone hcl</i>	2	QL
<i>nitisinone</i>	4	PA
NIVESTYM	4	
NULOJIX	4	
OLPRUVA (2 GM DOSE)	4	
ORENCIA CLICKJECT	4	ST
ORLISSA	4	PA
ORLADEYO	4	PA
OTEZLA	4	PA
OTREXUP	4	ST
OXBRYTA	4	PA, QL
PALFORZIA (12 MG DAILY DOSE)	4	PA

Kaiser Permanente of Georgia 4 Tier Benefit Plan Formulary

Category/ Drug Name	Tier Level	Restrictions
PLEGRIDY	4	PA
<i>plerixafor</i>	4	
PROCYSBI	4	PA
RECORLEV	4	ST
REZUROCK	4	PA, QL
RIVFLOZA	4	PA
SAXENDA	4	PA, QL
SILIQ	4	PA
SIMPONI	4	PA
SKYRIZI	4	PA
SOHONOS	4	PA
SOMAVERT	4	PA
SYMDEKO	4	PA
TAKHZYRO	4	PA
TARPEYO	4	QL
TAVALISSE	4	PA, QL
TAVNEOS	4	PA, QL
TEGSEDI	4	PA
TEPMETKO	4	PA
<i>teriflunomide</i>	2	
THYMOL	2	
<i>tiopronin</i>	4	ST
TREMFYA	4	PA
TRIENTINE HCL	4	PA
TRIKAFTA	4	PA
UDENYCA	4	
VEOZAH	4	PA
VIJOICE	4	PA
VOWST	4	PA
VOXZOGO	4	PA
VUMERITY	4	PA
WEGOVY	4	PA, QL
XELJANZ	4	QL, ST
XERMELO	4	PA
XOLREMDI	4	PA
XPHOZAH	4	PA
YUFLYMA (1 PEN)	4	PA
YUSIMRY	4	PA
ZEPBOUND	4	PA
ZEPOSIA STARTER KIT	4	PA
OPHTHALMIC AGENTS		
NO USP CLASS (COMBINATION PRODUCT)		
<i>bacitracin-poly-neomycin-hc</i>	2	
<i>bacitracin-polymyxin b (ophth)</i>	2	
BLEPHAMIDE	2, 3	
<i>neomycin-bacitracin zn-polymyxin</i>	2	
<i>neomycin-polymy-dexameth</i>	2	
NEOMYCIN-POLYMYXIN-GRAMICIDIN	2	
NEOMYCIN-POLYMYXIN-HC	2	
<i>polymyxin b-trimethoprim</i>	2	

Kaiser Permanente of Georgia 4 Tier Benefit Plan Formulary

Category/ Drug Name	Tier Level	Restrictions
PRED-G	3	
OPHTHALMIC AGENTS, OTHER		
ATROPINE SULFATE	2	
<i>cyclopentolate hcl</i>	2, 3	
<i>cyclosporine (ophth)</i>	2, 4	QL, ST
<i>moxifloxacin hcl (ophth)</i>	2	
OXERVATE	4	PA
<i>phenylephrine hcl (mydriatic)</i>	2	
<i>proparacaine hcl</i>	2	
OPHTHALMIC ANTI-INFECTIVES		
XDEMY	4	PA
OPHTHALMIC ANTI-INFLAMMATORIES		
DEXAMETHASONE SODIUM PHOSPHATE	2	
<i>diclofenac sodium (ophth)</i>	2	
<i>fluorometholone (ophth)</i>	2	
MAXIDEX	3	
PRED MILD	2, 3	
OPHTHALMIC ANTIGLAUCOMA AGENTS		
<i>betaxolol hcl (ophth)</i>	2	
<i>brimonidine tartrate</i>	2	
<i>dorzolamide hcl</i>	2	
<i>dorzolamide hcl-timolol maleate</i>	2	
<i>levobunolol hcl</i>	2	
PHOSPHOLINE IODIDE	3	
<i>pilocarpine hcl</i>	2	
<i>timolol maleate (ophth)</i>	2	
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS		
<i>latanoprost</i>	2	
OTIC AGENTS		
NO USP CLASS (COMBINATION PRODUCT)		
<i>ofloxacin (otic)</i>	2	
RESPIRATORY TRACT AGENTS		
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS		
ASMANEX HFA	3	
BREZTRI AEROSPHERE	4	ST
<i>budesonide (inhalation)</i>	2	
<i>budesonide-formoterol fumarate dihydrate</i>	2	
FLUTICASONE PROPIONATE HFA	3	QL, AGE
ANTI-INFLAMMATORY AGENTS		
<i>montelukast sodium</i>	1, 2	
<i>zileuton</i>	4	ST
ANTICHOLINERGIC AGENTS		
DUAKLIR PRESSAIR	4	ST
ANTIHISTAMINES		
<i>cyproheptadine hcl</i>	2	
BRONCHODILATORS, ANTICHOLINERGIC		
<i>ipratropium bromide</i>	2	
<i>ipratropium bromide (nasal)</i>	2	
SPIRIVA RESPIMAT	3	
STIOLTO RESPIMAT	3	

Kaiser Permanente of Georgia 4 Tier Benefit Plan Formulary

Category/ Drug Name	Tier Level	Restrictions
YUPELRI	4	ST
BRONCHODILATORS, SYMPATHOMIMETIC		
<i>albuterol sulfate</i>	2	
<i>arformoterol tartrate</i>	4	ST
EPINEPHRINE	2	
STRIVERDI RESPIMAT	3	
<i>terbutaline sulfate</i>	2	
MAST CELL STABILIZERS		
<i>cromolyn sodium</i>	2	
MISCELLANEOUS THERAPEUTIC AGENTS		
OFEV	4	QL
NO USP CLASS		
PULMOZYME	4	
NO USP CLASS (COMBINATION PRODUCT)		
<i>guaifenesin-codeine</i>	2	
<i>ipratropium-albuterol</i>	2, 3	
PULMONARY ANTIHYPERTENSIVES		
<i>bosentan</i>	4	
LETAIRIS	4	
REMODULIN	4	ST
<i>tadalafil (pulmonary hypertension)</i>	4	
UPTRAVI	4	ST
RESPIRATORY AGENTS, MISCELLANEOUS		
ALVESCO	3	
LONHALA MAGNAIR REFILL KIT	4	ST
<i>pirfenidone</i>	2, 4	ST
<i>roflumilast</i>	2	
<i>theophylline</i>	2	
TRIKAFTA	4	PA
XOLAIR	4	PA
RESPIRATORY TRACT AGENTS, OTHER		
<i>acetylcysteine</i>	2	
<i>benzonatate</i>	2	
KALYDECO	4	PA
ORKAMBI	4	PA
TEZSPIRE	4	PA
SKELETAL MUSCLE RELAXANTS		
NO USP CLASS		
<i>chlorzoxazone</i>	2	
FLEQSUVY	4	ST
<i>methocarbamol</i>	2	
NORGESIC FORTE	4	ST
SKIN AND MUCOUS MEMBRANE AGENTS		
ANTI-INFECTIVES (SKIN AND MUCOUS MEMBRANE)		
<i>ciclopirox</i>	2	
<i>clindamycin phosphate (topical)</i>	2	
<i>clotrimazole w/ betamethasone</i>	2	
<i>erythromycin (acne aid)</i>	2	
<i>penciclovir</i>	4	ST
ANTI-INFLAMMATORY AGENTS		

Kaiser Permanente of Georgia 4 Tier Benefit Plan Formulary

Category/ Drug Name	Tier Level	Restrictions
ADBRY	4	PA
<i>fluocinolone acetonide</i>	2	
ULTRAVATE	4	
ANTI-INFLAMMATORY AGENTS (SKIN AND MUCOUS MEMBRANE)		
AMCINONIDE	4	ST
<i>betamethasone dipropionate augmented</i>	2	
<i>calcipotriene-betamethasone dipropionate</i>	4	PA, ST
<i>clobetasol propionate</i>	2	
<i>desonide</i>	2	
<i>desoximetasone</i>	2	
<i>fluocinolone acetonide</i>	2	
<i>fluocinonide</i>	2, 4	ST
<i>fluocinonide emulsified base</i>	2	
<i>fluticasone propionate</i>	2	
HALOG	4	
<i>hydrocortisone (topical)</i>	2	
LOCOID	4	ST
<i>mometasone furoate</i>	2	
NEO-SYNALAR	4	ST
<i>nystatin-triamcinolone</i>	2	
PANDEL	4	ST
ANTIPRURITICS AND LOCAL ANESTHETICS		
HYDROCORTISONE ACE-PRAMOXINE	4	ST
<i>lidocaine hcl</i>	2	QL
KERATOLYTIC AGENTS		
<i>urea</i>	2	
NO USP CLASS		
<i>lidocaine-prilocaine</i>	2	
SKIN AND MUCOUS MEMBRANE AGENTS, MISCELLANEOUS		
<i>acitretin</i>	2, 4	ST
ADAPALENE	4	ST
<i>calcipotriene</i>	2, 4	ST
<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	2	
COAL TAR	3	
<i>diclofenac sodium (topical)</i>	4	ST
DUOBRII	4	ST
FLUOROPLEX	4	ST
HYFTOR	4	PA
KLISYRI	4	ST
NORITATE	4	ST
OPZELURA	4	PA
RETIN-A MICRO PUMP	4	AGE
SOTYKTU	4	PA
STELARA	4	PA, QL
<i>sulfacetamide sodium w/ sulfur</i>	2	
<i>tacrolimus (topical)</i>	2	
TALTZ	4	PA
TARGRETIN	4	QL, ST
<i>tretinoin</i>	2	AGE
VALCHLOR	4	QL

Kaiser Permanente of Georgia 4 Tier Benefit Plan Formulary

Category/ Drug Name	Tier Level	Restrictions
VTAMA	4	PA
SLEEP DISORDER AGENTS		
GABA RECEPTOR MODULATORS		
<i>zaleplon</i>	2	QL
<i>zolpidem tartrate</i>	2	QL
SLEEP DISORDERS, OTHER		
NUVIGIL	4	QL, ST
<i>temazepam</i>	2	QL
XYREM	4	PA, QL
SMOOTH MUSCLE RELAXANTS		
RESPIRATORY AGENTS, MISCELLANEOUS		
<i>theophylline</i>	2	
SMOOTH MUSCLE RELAXANTS		
<i>darifenacin hydrobromide</i>	2	
<i>solifenacin succinate</i>	2	
THERAPEUTIC NUTRIENTS/ MINERALS/ ELECTROLYTES		
ELECTROLYTE/MINERAL MODIFIERS		
CHEMET	4	ST
<i>pot & sod citrates w/citric ac</i>	2	
<i>tolvaptan</i>	4	PA, QL, ST
<i>trientine hcl</i>	4	PA
ELECTROLYTE/MINERAL REPLACEMENT		
<i>carglumic acid</i>	4	ST
<i>ergocalciferol</i>	2	
GEL-KAM	3	
K-PHOS	3	
<i>ped multivitamins w/fl & iron</i>	2	
<i>pediatric multivitamins w/fl</i>	2	
POKONZA	4	ST
<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>	2	
<i>potassium chloride microencapsulated crystals er</i>	2	
<i>potassium citrate (alkalinizer)</i>	2	
<i>sodium fluoride</i>	2	
TRI-VITE/FLUORIDE	2	
ELECTROLYTE/MINERAL/METAL MODIFIERS		
<i>deferasirox</i>	2	
NO USP CLASS		
<i>phytonadione</i>	2	

Kaiser Permanente of Georgia 4 Tier Benefit Plan Formulary

Index of Drugs

A

<i>abacavir sulfate</i>	19
<i>abacavir sulfate-lamivudine</i>	34
<i>abacavir sulfate-lamivudine-zidovudine</i>	5
ABILIFY MYCITE MAINTENANCE KIT	18
<i>abiraterone acetate</i>	29
ABRILADA (1 PEN)	17
ABSORICA LD	8
<i>acarbose</i>	29
<i>acebutolol hcl</i>	19
<i>acetaminophen w/ codeine</i>	16
<i>acetazolamide</i>	5, 6
<i>acetic acid (otic)</i>	5, 6
<i>acetylcysteine</i>	20, 21
ACIPHEX SPRINKLE	5
<i>acitretin</i>	6
ACTEMRA.....	17
ACTHAR.....	9
ACTIMMUNE.....	8
ACTONEL.....	22
<i>acyclovir</i>	28
ADALIMUMAB-AACF (2 PEN).....	29
ADALIMUMAB-ADAZ.....	29
ADAPALENE	22, 34
ADAPALENE-BENZOYL PEROXIDE	22
ADBRY	34
ADCIRCA	19
<i>adefovir dipivoxil</i>	14
ADEMPAS.....	18
AEROCHAMBER PLUS FLO-VU LARGE	22, 29
AKEEGA.....	10
AKYNZEO	8
<i>albendazole</i>	12
<i>albuterol sulfate</i>	33
<i>alclometasone dipropionate</i>	25
ALECENSA.....	9
<i>alendronate sodium</i>	29
<i>alfuzosin hcl</i>	15
ALINIA	5
ALKINDI SPRINKLE.....	27
<i>allopurinol</i>	9
ALOGLIPTIN BENZOATE	16
ALOGLIPTIN-METFORMIN HCL	16
ALOGLIPTIN-PIOGLITAZONE	16
<i>alosetron hcl</i>	24
<i>alprazolam</i>	15
ALTRENO	22
ALUNBRIG.....	11
ALVAIZ	15
ALVESCO	33
<i>amantadine hcl</i>	20
<i>ambrisentan</i>	19
AMCINONIDE	34
<i>amikacin sulfate</i>	5
AMILORIDE-HYDROCHLOROTHIAZIDE	18
<i>aminocaproic acid</i>	29
<i>amiodarone hcl</i>	17
<i>amitriptyline hcl</i>	8
AMJEVITA	29
<i>amlodipine besylate</i>	19
<i>amoxicillin</i>	1, 5, 6
<i>amoxicillin & pot clavulanate</i>	5, 6
<i>amphetamine-dextroamphetamine</i>	20, 21
AMPHOTERICIN B	5
<i>ampicillin</i>	6
<i>anagrelide hcl</i>	17
<i>anastrozole</i>	9
ANZEMET.....	8
APEXICON E	22
APLENZIN	21
APOKYN	13
<i>apomorphine hydrochloride</i>	13
APRACLONIDINE HCL	24
APTIOM	7
APTIVUS.....	5
ARANESP (ALBUMIN FREE).....	17
ARCALYST.....	28
<i>arformoterol tartrate</i>	33
ARIKAYCE	5
ARIMIDEX	12
<i>aripiprazole</i>	21
<i>armodafinil</i>	21
ASMANEX HFA	32
<i>atazanavir sulfate</i>	5
<i>atenolol</i>	18
<i>atenolol & chlorthalidone</i>	18
<i>atomoxetine hcl</i>	21
<i>atorvastatin calcium</i>	19
<i>atovaquone</i>	13
ATRIPLA.....	15
ATROPINE SULFATE	32
AUGTYRO.....	10
AURYXIA	23
AUSTEDO	29
AUVELITY	21
AUVI-Q.....	29
AVEED	27
AVONEX PEN.....	29
AVONEX PREFILLED	21
AYVAKIT.....	11
<i>azathioprine</i>	28
<i>azelaic acid</i>	22
<i>azithromycin</i>	5

Kaiser Permanente of Georgia 4 Tier Benefit Plan Formulary

B

BACITRACIN.....	6
<i>bacitracin-polymyxin b (ophth)</i>	31
<i>bacitracin-poly-neomycin-hc</i>	31
<i>baclofen</i>	13
BAFIERTAM.....	21
<i>balsalazide disodium</i>	28
BALVERSA.....	11
BAQSIMI ONE PACK.....	16
BARACLUDE.....	14
BAXDELA.....	7
BD INSULIN SYRINGE HALF-UNIT.....	16, 23
BD INSULIN SYRINGE U-500.....	23
BD PEN NEEDLE MINI U/F.....	23
BELBUCA.....	19
<i>benazepril hcl</i>	19
BENLYSTA.....	29
<i>benzonatate</i>	33
BENZOYL PEROXIDE.....	22
BENZOYL PEROXIDE FORTE- HC.....	22
<i>benztropine mesylate</i>	20
BERINERT.....	29
BESREMI.....	9
<i>betaine</i>	29
<i>betamethasone dipropionate (topical)</i>	25
<i>betamethasone dipropionate augmented</i>	34
<i>betamethasone valerate</i>	25
BETASERON.....	21
<i>betaxolol hcl (ophth)</i>	32
<i>bethanechol chloride</i>	25
BETHKIS.....	6
<i>bexarotene</i>	10, 12
<i>bexarotene (topical)</i>	12
<i>bicalutamide</i>	9
BIKTARVY.....	5
BIMZELX.....	29
<i>bisoprolol & hydrochlorothiazide</i>	18
<i>bisoprolol fumarate</i>	18
BLEPHAMIDE.....	31
<i>bosentan</i>	33
BOSULIF.....	10
BRAFTOVI.....	11
BREZTRI AEROSPHERE.....	32
BRILINTA.....	15
<i>brimonidine tartrate</i>	32
BRIVIACT.....	7
<i>bromocriptine mesylate</i>	13
BRONCHITOL.....	29
BROVANA.....	15
BRUKINSA.....	9
<i>budesonide</i>	28, 32
<i>budesonide (inhalation)</i>	32
<i>budesonide-formoterol fumarate dihydrate</i>	32

<i>buprenorphine hcl</i>	4
<i>buprenorphine hcl-naloxone hcl dihydrate</i>	4
<i>bupropion hcl</i>	8
<i>buspirone hcl</i>	21
<i>butalbital-acetaminophen</i>	4, 21
<i>butalbital-acetaminophen-caffeine</i>	4
<i>butalbital-acetaminophen-caffeine w/ codeine</i>	4
<i>butalbital-aspirin-caffeine</i>	4
<i>butalbital-aspirin-caffeine w/cod</i>	4
BYDUREON BCISE.....	16
BYLVAY.....	29

C

<i>cabergoline</i>	26
CABLIVI.....	29
CABOMETYX.....	12
<i>calcipotriene</i>	34
<i>calcipotriene-betamethasone dipropionate</i>	34
<i>calcitonin (salmon)</i>	27
<i>calcitriol</i>	29
<i>calcium acetate (phosphate binder)</i>	25
CALQUENCE.....	9
CAMZYOS.....	19
<i>capecitabine</i>	12
CAPLYTA.....	21
CAPRELSA.....	12
<i>captopril</i>	17
<i>carbamazepine</i>	20, 21
<i>carbidopa</i>	13, 20
<i>carbidopa-levodopa</i>	13
<i>carbidopa-levodopa-entacapone</i>	13
<i>carglumic acid</i>	35
CARTEOLOL HCL.....	24
<i>carvedilol</i>	18
CASODEX.....	10
CAYSTON.....	6
CEFACLOR.....	6
<i>cefazolin sodium</i>	5
<i>cefdinir</i>	6
<i>cefpodoxime proxetil</i>	6
<i>ceftazidime</i>	5
<i>cefuroxime axetil</i>	5, 6
<i>celecoxib</i>	4
<i>cephalexin</i>	6
CERDELGA.....	23
CHEMET.....	35
CHENODAL.....	25
<i>chlorhexidine gluconate (mouth-throat)</i>	22
<i>chlorpromazine hcl</i>	8, 22
<i>chlorthalidone</i>	18
<i>chlorzoxazone</i>	33
CHOLBAM.....	24
<i>cholestyramine</i>	19

Kaiser Permanente of Georgia 4 Tier Benefit Plan Formulary

<p><i>cholestyramine light</i>.....19</p> <p>CIBINQO29</p> <p><i>ciclopirox</i>33</p> <p><i>cidofovir</i>5</p> <p><i>cilostazol</i>.....17</p> <p>CIMDUO.....14</p> <p><i>cimetidine hcl</i>.....24</p> <p>CIMZIA29</p> <p><i>cinacalcet hcl</i>.....29</p> <p><i>ciprofloxacin hcl</i>.....7</p> <p><i>ciprofloxacin hcl (ophth)</i>.....7</p> <p><i>citalopram hydrobromide</i>8</p> <p><i>clarithromycin</i>6</p> <p><i>clindamycin hcl</i>.....6</p> <p><i>clindamycin palmitate hydrochloride</i>6</p> <p><i>clindamycin phosphate (topical)</i>.....33</p> <p><i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>.....34</p> <p><i>clobazam</i>.....20</p> <p><i>clobetasol propionate</i>34</p> <p><i>clomipramine hcl</i>.....8</p> <p><i>clonazepam</i>.....21</p> <p><i>clonidine hcl</i>.....17</p> <p><i>clopidogrel bisulfate</i>.....17</p> <p><i>clotrimazole</i>.....8, 33</p> <p><i>clotrimazole w/ betamethasone</i>33</p> <p><i>clozapine</i>13</p> <p>COAL TAR34</p> <p><i>colchicine</i>.....9</p> <p><i>colestipol hcl</i>.....18</p> <p>COMPLERA.....15</p> <p>CONSENSI29</p> <p>CONTOUR BLOOD GLUCOSE SYSTEM16</p> <p>CONTOUR TEST.....16</p> <p>CONTRACE29</p> <p>COPIKTRA.....10</p> <p>CORDRAN.....22</p> <p>COSENTYX29</p> <p>COTELLIC.....10</p> <p>COXANTO4</p> <p>CREON.....23, 25</p> <p>CRESEMBA.....5</p> <p>CRINONE.....26</p> <p>CRIVIVAN14</p> <p><i>cromolyn sodium</i>.....33</p> <p>CUTAQUIG29</p> <p><i>cyclobenzaprine hcl</i>15</p> <p><i>cyclopentolate hcl</i>32</p> <p>CYCLOPHOSPHAMIDE12</p> <p><i>cyclosporine</i>.....28, 32</p> <p><i>cyclosporine (ophth)</i>32</p> <p><i>cyclosporine modified (for microemulsion)</i>.....28</p> <p>CYLTEZO (2 SYRINGE)29</p> <p><i>cyproheptadine hcl</i>.....29, 32</p> <p>CYSTADANE.....23</p>	<p>CYSTADROPS24</p> <p>CYSTAGON23</p> <p style="text-align: center;">D</p> <p><i>dabigatran etexilate mesylate</i>.....17</p> <p>DACOGEN10</p> <p><i>dalfampridine</i>.....21</p> <p><i>danazol</i>.....26</p> <p>DAPAGLIFLOZIN PRO-METFORMIN ER.....27</p> <p>DAPAGLIFLOZIN PROPANEDIOL.....27</p> <p><i>dapsone</i>9</p> <p><i>darifenacin hydrobromide</i>.....35</p> <p><i>darunavir</i>.....5</p> <p>DAURISMO10</p> <p>DAYBUE29</p> <p><i>deferasirox</i>.....29, 35</p> <p><i>deferiprone</i>29</p> <p>DELSTRIGO.....15</p> <p>DEPO-ESTRADIOL.....26</p> <p>DESCOVY14</p> <p><i>desipramine hcl</i>.....8</p> <p><i>desmopressin acetate</i>.....29</p> <p><i>desmopressin acetate spray</i>.....29</p> <p><i>desmopressin acetate spray refrigerated</i>.....29</p> <p><i>desogestrel & ethinyl estradiol</i>.....26</p> <p><i>desonide</i>34</p> <p><i>desoximetasone</i>.....34</p> <p><i>dexamethasone</i>21, 25</p> <p>DEXAMETHASONE INTENSOL.....27</p> <p><i>dexamethasone sodium phosphate</i>.....25</p> <p>DEXAMETHASONE SODIUM PHOSPHATE32</p> <p><i>dexlansoprazole</i>.....24</p> <p><i>dexmethylphenidate hcl</i>.....20</p> <p><i>dextroamphetamine sulfate</i>.....21</p> <p>DIACOMIT7</p> <p>DIASTIX23</p> <p><i>diazepam</i>.....20, 21</p> <p><i>diazepam (anticonvulsant)</i>20</p> <p><i>diazoxide</i>.....16</p> <p>DIBENZYLIN.....17</p> <p><i>diclofenac potassium</i>.....4</p> <p><i>diclofenac sodium</i>.....20, 32, 34</p> <p><i>diclofenac sodium (ophth)</i>32</p> <p><i>diclofenac sodium (topical)</i>.....34</p> <p><i>dicloxacillin sodium</i>.....6</p> <p><i>dicyclomine hcl</i>.....24</p> <p>DIFICID5</p> <p><i>digoxin</i>.....18</p> <p>DIGOXIN.....17</p> <p><i>dihydroergotamine mesylate</i>.....9</p> <p>DILANTIN7</p> <p><i>diltiazem hcl</i>.....19</p> <p><i>diltiazem hcl coated beads</i>.....19</p>
--	---

Kaiser Permanente of Georgia 4 Tier Benefit Plan Formulary

<i>dimethyl fumarate</i>	29	EPCLUSA	5
DIPENTUM	28	EPIDIOLEX	7
<i>diphenoxylate w/ atropine</i>	24	EPINEPHRINE	33
<i>dipyridamole</i>	17	EPIVIR HBV	14
<i>disopyramide phosphate</i>	17	EPZICOM	14
<i>disulfiram</i>	29	<i>ergocalciferol</i>	35
<i>divalproex sodium</i>	20	ERIVEDGE	10
<i>dofetilide</i>	19	ERLEADA	10
DOJOLVI	29	<i>erlotinib hcl</i>	9
<i>donepezil hydrochloride</i>	7	<i>erythromycin (acne aid)</i>	33
DOPTELET	29	<i>erythromycin (ophth)</i>	6
<i>dorzolamide hcl</i>	32	<i>escitalopram oxalate</i>	8
<i>dorzolamide hcl-timolol maleate</i>	32	<i>esterified estrogens & methyltestosterone</i>	25, 26
DOVATO	5	<i>estradiol</i>	26, 27
<i>doxazosin mesylate</i>	19	<i>estradiol vaginal</i>	27
<i>doxepin hcl</i>	22	<i>estradiol valerate</i>	26
<i>doxycycline (monohydrate)</i>	7	<i>ethambutol hcl</i>	9
<i>doxycycline hyclate</i>	5, 7	<i>ethosuximide</i>	7
<i>dronabinol</i>	8	<i>ethynodiol diacet & eth estrad</i>	27
<i>drospirenone-ethinyl estradiol</i>	27	<i>etodolac</i>	20
DROXIA	10, 12	<i>etonogestrel-ethinyl estradiol</i>	27
DRYSOL	22	ETOPOSIDE	12
DUAKLIR PRESSAIR	32	<i>etravirine</i>	5
<i>duloxetine hcl</i>	8	<i>everolimus</i>	12, 29
DUOBRII	34	<i>everolimus (immunosuppressant)</i>	29
DUPIXENT	28	EVOTAZ	5
E			
EDURANT	14	EVRYSDI	30
<i>efavirenz</i>	14	<i>exemestane</i>	12
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	14	EXJADE	23
EGRIFTA SV	28	EXKIVITY	9
ELLA	26	EXTAVIA	30
ELMIRON	25	<i>ezetimibe</i>	18
ELYXYB	4	F	
EMCYT	12	FANAPT	13
EMEND TRI-PACK	8	FARESTON	9
EMFLAZA	29	FARYDAK	9
EMGALITY (300 MG DOSE)	29	FASENRA	30
EMPAVELI	29	FELBATOL	20
EMSAM	8	<i>felodipine</i>	18
<i>emtricitabine</i>	14	<i>fenofibrate</i>	18
<i>emtricitabine-tenofovir disoproxil fumarate</i>	14	<i>fentanyl</i>	20
<i>enalapril maleate</i>	17	FENTANYL CITRATE	20
ENBREL	28, 30	FIASP	27
ENDARI	30	FILSPARI	30
<i>enoxaparin sodium</i>	15, 17	<i>finasteride</i>	25
ENSPRYNG	30	<i>finingolmod hcl</i>	21
<i>entacapone</i>	20	FINTEPLA	7
<i>entecavir</i>	5	FIRDAPSE	30
ENTRESTO	19	<i>flecainide acetate</i>	17
ENTYVIO	30	FLEQSUVY	33
ENVARBUS XR	30	<i>fluconazole</i>	8
		<i>flucytosine</i>	8

Kaiser Permanente of Georgia 4 Tier Benefit Plan Formulary

<i>fludrocortisone acetate</i>	25
<i>fluocinolone acetonide</i>	23, 34
<i>fluocinolone acetonide (otic)</i>	23
<i>fluocinonide</i>	34
<i>fluocinonide emulsified base</i>	34
<i>fluorometholone (ophth)</i>	32
FLUOROPLEX.....	34
<i>fluorouracil</i>	9, 22
<i>fluorouracil (topical)</i>	22
<i>fluoxetine hcl</i>	22
<i>fluphenazine hcl</i>	13
FLUTAMIDE.....	27
<i>fluticasone propionate</i>	34
FLUTICASONE PROPIONATE HFA.....	32
<i>fluticasone-salmeterol</i>	15
<i>fluvoxamine maleate</i>	22
<i>fondaparinux sodium</i>	15
<i>fosamprenavir calcium</i>	14
FOSRENOL.....	25
FOTIVDA.....	11
FRAGMIN.....	17
FRUZAQLA.....	10
FULPHILA.....	17
<i>furosemide</i>	18, 23
FUZEON.....	5
FYCOMPA.....	20

G

<i>gabapentin</i>	7, 20
GALAFOLD.....	30
<i>galantamine hydrobromide</i>	7
GAMMAGARD.....	28
GATTEX.....	16
GAVRETO.....	11
<i>gefitinib</i>	9
GEL-KAM.....	35
GENOTROPIN.....	26
<i>gentamicin sulfate</i>	5, 6
<i>gentamicin sulfate (ophth)</i>	6
GENVOYA.....	14
GILOTRIF.....	11
GIMOTI.....	24
<i>glatiramer acetate</i>	21
GLEOSTINE.....	9
<i>glimepiride</i>	16
<i>glipizide</i>	16
GLUCAGON EMERGENCY.....	27
<i>glycopyrrolate</i>	24
GLYXAMBI.....	16
GOLYTELY.....	24
GRALISE.....	21
GRANIX.....	15
<i>griseofulvin microsize</i>	8

<i>griseofulvin ultramicrosize</i>	5
<i>guaifenesin-codeine</i>	33
<i>guanfacine hcl (adhd)</i>	21

H

HADLIMA.....	30
HALOG.....	34
<i>haloperidol</i>	13, 22
<i>haloperidol lactate</i>	22
HARVONI.....	5
HEMLIBRA.....	30
HIZENTRA.....	28
HOMATROPAIRE.....	24
HULIO (2 PEN).....	30
HUMATIN.....	5
HUMIRA (2 PEN).....	30
HUMULIN 70/30.....	16
HUMULIN R.....	16
HYCANTIN.....	10
<i>hydralazine hcl</i>	19
<i>hydrochlorothiazide</i>	18
HYDROCODONE BITARTRATE ER.....	20
<i>hydrocodone bitartrate-homatropine methylbromide</i>	20
<i>hydrocodone-acetaminophen</i>	4
<i>hydrocortisone</i>	23, 25, 34
<i>hydrocortisone (intrarectal)</i>	25
<i>hydrocortisone (topical)</i>	34
HYDROCORTISONE ACE-PRAMOXINE.....	34
<i>hydrocortisone w/acetic acid</i>	23
<i>hydromorphone hcl</i>	4
<i>hydroxychloroquine sulfate</i>	13
<i>hydroxyurea</i>	12
<i>hydroxyzine hcl</i>	21
HYFTOR.....	34
<i>hyoscyamine sulfate</i>	24
HYQVIA.....	28

I

IBRANCE.....	10
IBSRELA.....	24
<i>ibuprofen</i>	4
<i>ibuprofen-famotidine</i>	4
<i>icatibant acetate</i>	17
ICLUSIG.....	10
IDHIFA.....	10
ILARIS.....	30
ILUMYA.....	30
<i>imatinib mesylate</i>	12
IMBRUVICA.....	12
IMCIVREE.....	30
<i>imipramine hcl</i>	8
<i>imiquimod</i>	22

Kaiser Permanente of Georgia 4 Tier Benefit Plan Formulary

IMLYGIC.....	9
IMPAVIDO.....	12
INBRIJA.....	13
INCRELEX.....	28
<i>indapamide</i>	18
INDERAL XL.....	18
<i>indomethacin</i>	4
INGREZZA.....	30
INLYTA.....	10
INPEFA.....	16
INPEN 100-BLUE-LILLY-HUMALOG.....	23
INQOVI.....	10
INREBIC.....	10
INSULIN ASPART.....	27
INSULIN ASPART PROT & ASPART.....	27
INSULIN GLARGINE-YFGN.....	16
INTELENCE.....	14
INVEGA.....	13
INVIRASE.....	14
INVOKAMET.....	27
INVOKANA.....	27
IODINE STRONG.....	30
<i>iodoquinol-hc</i>	22
<i>ipratropium bromide</i>	32
<i>ipratropium bromide (nasal)</i>	32
<i>ipratropium-albuterol</i>	33
<i>irbesartan</i>	19
<i>irbesartan-hydrochlorothiazide</i>	19
IRESSA.....	10
ISENTRESS.....	14
<i>isoniazid</i>	9
<i>isosorbide dinitrate</i>	19
<i>isosorbide dinitrate-hydralazine hcl</i>	19
<i>isosorbide mononitrate</i>	19
<i>isotretinoin</i>	22
ISTURISA.....	30
<i>itraconazole</i>	5
<i>ivermectin</i>	4

J

JAKAFI.....	11
JANUMET.....	17
JANUVIA.....	16
JARDIANCE.....	16
JATENZO.....	26
JAYPIRCA.....	10
JENTADUETO XR.....	16
JESDUVROQ.....	15
JOENJA.....	28
JULUCA.....	5
JUXTAPID.....	18

K

KALYDECO.....	30, 33
KAZANO.....	17
KESIMPTA.....	9
<i>ketoconazole</i>	5, 8
<i>ketoconazole (topical)</i>	8
<i>ketorolac tromethamine (ophth)</i>	24
KEVEYIS.....	30
KEVZARA.....	30
KINERET.....	30
KISQALI (200 MG DOSE).....	11
KLISYRI.....	34
KOMBIGLYZE XR.....	17
KORLYM.....	16
KOSELUGO.....	11
K-PHOS.....	35
KRAZATI.....	10

L

<i>labetalol hcl</i>	18
<i>lacosamide</i>	7
<i>lactulose</i>	24
<i>lactulose (encephalopathy)</i>	24
LAGEVRIO.....	15
<i>lamivudine</i>	14
<i>lamivudine-zidovudine</i>	14
<i>lamotrigine</i>	20
<i>lanthanum carbonate</i>	30
<i>lapatinib ditosylate</i>	12
<i>latanoprost</i>	32
LATUDA.....	13
<i>leflunomide</i>	28
<i>lenalidomide</i>	9
LENVIMA (10 MG DAILY DOSE).....	11
LETAIRIS.....	33
<i>letrozole</i>	9
<i>leucovorin calcium</i>	12
LEUKERAN.....	9
LEUKINE.....	17
<i>levetiracetam</i>	20
<i>levobunolol hcl</i>	32
<i>levofloxacin</i>	7
<i>levonorgestrel & eth estradiol</i>	27
<i>levonorgestrel (emergency oc)</i>	26
<i>levonorgestrel-eth estradiol (triphasic)</i>	26
<i>levonorgestrel-ethinyl estradiol (91-day)</i>	27
<i>levorphanol tartrate</i>	20
<i>levothyroxine sodium</i>	26
LEXIVA.....	14
<i>lidocaine hcl</i>	4, 34
<i>lidocaine hcl (mouth-throat)</i>	4
LIDOCAINE HCL URETHRAL/MUCOSAL.....	4

Kaiser Permanente of Georgia 4 Tier Benefit Plan Formulary

<i>lidocaine-prilocaine</i>	34
LINDANE.....	13
<i>linezolid</i>	6
LINZESS.....	25
<i>liothyronine sodium</i>	26
LIQREV.....	30
<i>lisinopril</i>	17, 19
<i>lisinopril & hydrochlorothiazide</i>	17
<i>lithium carbonate</i>	15
LITHOSTAT.....	23
LIVMARLI.....	30
LIVTENCITY.....	6
LOCOID.....	34
LONHALA MAGNAIR REFILL KIT.....	33
LONSURF.....	10
<i>lopinavir-ritonavir</i>	14
<i>lorazepam</i>	21
LORBRENA.....	11
<i>losartan potassium</i>	17, 18
<i>losartan potassium & hydrochlorothiazide</i>	18
<i>lovastatin</i>	19
LUCEMYRA.....	30
LUMAKRAS.....	10
LUMRYZ.....	30
LUPKYNIS.....	30
<i>lurasidone hcl</i>	22
LYBALVI.....	22
LYNPARZA.....	10
LYSODREN.....	26
LYTGOBI.....	10
LYVISPAH.....	21

M

<i>maraviroc</i>	14
MATULANE.....	10
MAVENCLAD (10 TABS).....	30
MAVYRET.....	6
MAXIDEX.....	32
MAYZENT.....	30
<i>medroxyprogesterone acetate</i>	26, 27
<i>medroxyprogesterone acetate (contraceptive)</i>	27
<i>megestrol acetate</i>	26
MEKINIST.....	10, 11
MEKTOVI.....	11
<i>meloxicam</i>	4
MELPHALAN.....	10
<i>memantine hcl</i>	7
<i>mercaptopurine</i>	28
<i>mesalamine</i>	28
MESNEX.....	12
<i>metformin hcl</i>	16
<i>methadone hcl</i>	4
<i>methamphetamine hcl</i>	20

<i>methazolamide</i>	27
<i>methimazole</i>	27
<i>methocarbamol</i>	33
<i>methotrexate sodium</i>	10
METHOXSALEN RAPID.....	22
<i>methylergonovine maleate</i>	25
<i>methylphenidate hcl</i>	20, 21
<i>methylprednisolone</i>	25
<i>methyltestosterone</i>	26
<i>metoclopramide hcl</i>	8, 25
<i>metolazone</i>	18
<i>metoprolol succinate</i>	18
<i>metoprolol tartrate</i>	18
<i>metronidazole</i>	6
<i>metronidazole (topical)</i>	6
<i>metyrosine</i>	30
<i>mexiletine hcl</i>	17
<i>midodrine hcl</i>	30
MIGERGOT.....	9
<i>miglustat</i>	23
<i>minocycline hcl</i>	7
<i>minoxidil</i>	19
MIRCERA.....	30
<i>mirtazapine</i>	8
<i>misoprostol</i>	24
<i>modafinil</i>	20
<i>mometasone furoate</i>	34
<i>montelukast sodium</i>	32
<i>morphine sulfate</i>	4
MOTPOLY XR.....	7
MOUNJARO.....	16
<i>moxifloxacin hcl (ophth)</i>	32
MOZOBIL.....	17
MULPLETA.....	30
MULTAQ.....	19
<i>mupirocin</i>	6
MYALEPT.....	30
MYCAPSSA.....	30
<i>mycophenolate mofetil</i>	28
<i>mycophenolate sodium</i>	28
MYFEMBREE.....	27
MYLERAN.....	10
MYTESI.....	24

N

<i>nabumetone</i>	4
<i>nadolol</i>	18
<i>naloxone hcl</i>	30
<i>naltrexone hcl</i>	4
<i>naproxen</i>	4
<i>naratriptan hcl</i>	20
NATACYN.....	8
<i>neбиволол hcl</i>	18

Kaiser Permanente of Georgia 4 Tier Benefit Plan Formulary

NEBUPENT	13	nystatin-triamcinolone	34
<i>neomycin sulfate</i>	6	NYVEPRIA	15
<i>neomycin-bacitracin zn-polymyxin</i>	31	O	
<i>neomycin-polymy-dexameth</i>	31	ODEFSEY	14
NEOMYCIN-POLYMYXIN-GRAMICIDIN	31	ODOMZO	10
NEOMYCIN-POLYMYXIN-HC	31	OFEV	33
NEO-SYNALAR	34	<i>ofloxacin (ophth)</i>	7
NERLYNX	10	<i>ofloxacin (otic)</i>	32
NESINA	16	OGSIVEO	10
NEULASTA	15	OJJAARA	10
NEUPOGEN	17	<i>olanzapine</i>	13
<i>nevirapine</i>	14	OLPRUVA (2 GM DOSE)	30
NEXAVAR	12	OLUMIANT	28
NEXIUM	24	OMNIPOD 5	23
NGENLA	25	OMVOH	25
<i>nifedipine</i>	18	<i>ondansetron</i>	8
<i>nilutamide</i>	27	<i>ondansetron hcl</i>	8
<i>nimodipine</i>	18	ONETOUCH DELICA LANCETS 30G	22
NINLARO	10	ONGLYZA	16
NITAZOXANIDE	13	ONUREG	10
<i>nitisinone</i>	30	OPSUMIT	19
<i>nitrofurantoin</i>	5, 6	OPZELURA	34
NITROFURANTOIN	5	ORENCIA	28, 30
<i>nitrofurantoin macrocrystal</i>	6	ORENCIA CLICKJECT	30
<i>nitrofurantoin monohyd macro</i>	5	ORENITRAM	18
<i>nitroglycerin</i>	19	ORGOVYX	10
NIVESTYM	30	ORIAHNN	27
<i>norelgestromin-ethinyl estradiol</i>	25	ORILISSA	30
<i>norethin acet & estrad-fe</i>	26	ORKAMBI	33
<i>norethindrone & eth estradiol</i>	27	ORLADEYO	30
<i>norethindrone (contraceptive)</i>	26	ORSERDU	10
<i>norethindrone acetate</i>	26	<i>oseltamivir phosphate</i>	14
<i>norethindrone-eth estradiol (triphasic)</i>	26	OSENI	17
NORGESIC FORTE	33	OTEZLA	30
<i>norgestimate-ethinyl estradiol</i>	26, 27	OTREXUP	30
<i>norgestimate-ethinyl estradiol (triphasic)</i>	27	OXAYDO	20
<i>norgestrel & ethinyl estradiol</i>	26	OXBRYTA	30
NORITATE	34	<i>oxcarbazepine</i>	7
NORTHERA	17	OXERVATE	32
<i>nortriptyline hcl</i>	8	<i>oxybutynin chloride</i>	25
NORVIR	14	<i>oxycodone hcl</i>	4
NOURIANZ	13	OXYCODONE HCL ER	4
NOXAFIL	5	<i>oxycodone w/ acetaminophen</i>	20
NUBEQA	27	<i>oxymorphone hcl</i>	4
NUCYNTA	20	OXYMORPHONE HCL ER	4
NUDEXTA	21	OZEMPIC	16
NULOJIX	30	P	
NUPLAZID	13	PALFORZIA (12 MG DAILY DOSE)	31
NURTEC	9	PALYNZIQ	23
NUVIGIL	35	PANDEL	34
NUZYRA	7		
<i>nystatin</i>	8, 34		
<i>nystatin (mouth-throat)</i>	8		
<i>nystatin (topical)</i>	8		

Kaiser Permanente of Georgia 4 Tier Benefit Plan Formulary

PANRETIN.....	12	<i>prednisolone sodium phosphate</i>	25
<i>paroxetine hcl</i>	22	<i>prednisone</i>	27
PAXLOVID (150/100).....	15	<i>pregabalin</i>	20
<i>pazopanib hcl</i>	11	PREVACID SOLUTAB.....	24
<i>ped multivitamins w/fl & iron</i>	35	PREVYMIS.....	6
<i>pediatric multivitamins w/fl</i>	35	PREZCOBIX.....	6
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>	24	<i>primaquine phosphate</i>	5
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	24	<i>primidone</i>	7
PEGASYS	6	PRISTIQ.....	8
PEMAZYRE	11	<i>probenecid</i>	9
<i>penciclovir</i>	33	<i>prochlorperazine maleate</i>	8
<i>penicillamine</i>	25	PROCRIT.....	17
<i>penicillin v potassium</i>	6	PROCYSBI	31
<i>pentoxifylline</i>	18	<i>progesterone</i>	28
PERCOCET	4	PROMACTA.....	15
<i>permethrin</i>	13	<i>promethazine hcl</i>	8
<i>perphenazine</i>	8, 22	<i>propafenone hcl</i>	17
<i>phenelzine sulfate</i>	8	<i>propracaine hcl</i>	32
<i>phenobarbital</i>	7, 20	<i>propranolol hcl</i>	18
<i>phenylephrine hcl (mydriatic)</i>	32	<i>propylthiouracil</i>	27
<i>phenytoin</i>	7, 20	PROTONIX.....	24
<i>phenytoin sodium extended</i>	20	PULMOZYME	33
PHOSPHOLINE IODIDE.....	32	PURIXAN.....	11
<i>phytonadione</i>	35	PYLERA.....	24
PIFELTRO.....	6	<i>pyrazinamide</i>	9
<i>pilocarpine hcl</i>	22, 32	<i>pyridostigmine bromide</i>	9
<i>pilocarpine hcl (oral)</i>	22	<i>pyrimethamine</i>	13
<i>pioglitazone hcl</i>	16	PYRUKYND	16
PIQRAY	10		
<i>pirfenidone</i>	33	Q	
PLEGRIDY	31	QDOLO	20
<i>plerixafor</i>	31	QINLOCK.....	11
PODOFILOX.....	22	QTERN.....	16
POKONZA.....	35	<i>quetiapine fumarate</i>	13
<i>polyethylene glycol 3350</i>	24	<i>quinidine gluconate</i>	19
<i>polymyxin b-trimethoprim</i>	32	<i>quinidine sulfate</i>	17
POMALYST	10	QULIPTA.....	20
PONVORY	21		
<i>posaconazole</i>	8	R	
<i>pot & sod citrates w/citric ac</i>	35	<i>raloxifene hcl</i>	26
<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>	35	<i>ramipril</i>	17
<i>potassium chloride</i>	23, 35	<i>rasagiline mesylate</i>	20
<i>potassium chloride microencapsulated crystals er</i>	35	RAVICTI.....	23
<i>potassium citrate (alkalinizer)</i>	35	RAYALDEE	29
PRADAXA	15	RECORLEV	31
PRALUENT.....	18	REGRANEX	22
<i>pramipexole dihydrochloride</i>	20	RELENZA DISKHALER.....	14
<i>prasugrel hcl</i>	15	RELEUKO.....	17
<i>pravastatin sodium</i>	18	RELYVRIO	21
PRED MILD	32	REMODULIN.....	33
PRED-G	32	RETACRIT.....	15
<i>prednisolone</i>	25, 27	RETEVMO.....	11

Kaiser Permanente of Georgia 4 Tier Benefit Plan Formulary

RETIN-A MICRO PUMP	34	<i>sirolimus</i>	28
REVATIO.....	19	SIRTURO.....	5
REVLIMID	9	SIVEXTRO	5
REXULTI	22	SKYRIZI	24, 31
REYVOW	9	SKYTROFA	26
REZDIFFRA.....	26	<i>sodium fluoride</i>	35
REZLIDHIA	11	<i>sodium phenylbutyrate</i>	23
REZUROCK.....	31	<i>sodium polystyrene sulfonate</i>	23
RIBAVIRIN	14	SOGROYA	26
<i>rifabutin</i>	9	SOHONOS	31
<i>rifampin</i>	9	<i>solifenacin succinate</i>	35
RILUTEK	21	SOLQUA.....	16
<i>riluzole</i>	21	SOLTAMOX	10
RIMANTADINE HCL.....	14	SOMATULINE DEPOT	11
RINVOQ	28	SOMAVERT	31
<i>risperidone</i>	13	<i>sorafenib tosylate</i>	10
<i>ritonavir</i>	6	<i>sotalol hcl</i>	18
<i>rivastigmine tartrate</i>	7	SOTYKTU.....	34
RIVFLOZA.....	31	SOVALDI	6
<i>rizatriptan benzoate</i>	20	SPIRIVA RESPIMAT.....	32
<i>roflumilast</i>	33	<i>spironolactone</i>	18
ROLVEDON.....	15	SPRYCEL.....	12
<i>ropinirole hydrochloride</i>	13	STEGLATRO.....	16
<i>rosuvastatin calcium</i>	18	STEGLUJAN.....	16
ROZLYTREK	11	STELARA	34
RUBRACA.....	11	STIOLTO RESPIMAT	33
<i>rufinamide</i>	7	STIVARGA	10
RUKOBIA	14	STRENSIQ	25
RYDAPT	11	STRIBILD.....	14
		STRIVERDI RESPIMAT	33
		SUCRAID.....	23
S		<i>sucrafate</i>	24
SAIZEN.....	26, 28	<i>sulfacetamide sodium w/ sulfur</i>	34
<i>salsalate</i>	4	SULFADIAZINE	7
SANCUSO	24	<i>sulfamethoxazole-trimethoprim</i>	5
SANTYL	22	<i>sulfasalazine</i>	5, 28
SAPHNELO	28	<i>sulindac</i>	4
SAPHRIS.....	15, 22	<i>sumatriptan</i>	20
<i>sapropterin dihydrochloride</i>	23	<i>sumatriptan succinate</i>	20
SAXENDA	31	<i>sunitinib malate</i>	10
SCEMBLIX.....	11	SUNLENCA	6
SECUADO	15	SUTENT.....	12
SEGLUROMET	16	SYMDEKO.....	31
<i>selegiline hcl</i>	13	SYMFI	14
<i>selenium sulfide</i>	22	SYMFI LO	14
SEROQUEL XR	8	SYMLINPEN 120	16
<i>sertraline hcl</i>	8	SYMPAZAN.....	7
<i>sevelamer carbonate</i>	25	SYMTUZA.....	6
SEYSARA	7	SYNAREL.....	26
SIGNIFOR LAR	28	SYNJARDY	16, 27
SILIQ.....	31	SYNJARDY XR.....	16
<i>silver sulfadiazine</i>	7	SYNRIBO.....	11
SIMPONI	31		
<i>simvastatin</i>	18		

Kaiser Permanente of Georgia 4 Tier Benefit Plan Formulary

T

TABLOID.....	12
TABRECTA.....	11
<i>tacrolimus</i>	28, 34
<i>tacrolimus (topical)</i>	34
<i>tadalafil</i>	25, 33
<i>tadalafil (pulmonary hypertension)</i>	33
TADLIQ.....	18
TAFINLAR.....	11
TAGRISSE.....	12
TAKHZYRO.....	31
TALTZ.....	34
TALZENNA.....	11, 12
<i>tamoxifen citrate</i>	12
<i>tamsulosin hcl</i>	25
TARGRETIN.....	12, 34
TARPEYO.....	31
TASCENSO ODT.....	21
TASIGNA.....	12
<i>tasimelteon</i>	21
TASMAR.....	13
TAVALISSE.....	31
TAVNEOS.....	31
TAZVERIK.....	11
TEGSEDI.....	31
<i>temazepam</i>	21, 35
<i>temozolomide</i>	10
<i>tenofovir disoproxil fumarate</i>	15
TEPMETKO.....	31
<i>terazosin hcl</i>	17
<i>terbinafine hcl</i>	8
<i>terbutaline sulfate</i>	33
<i>teriflunomide</i>	28, 31
<i>teriparatide (recombinant)</i>	28
TERIPARATIDE (RECOMBINANT).....	7
<i>testosterone</i>	26, 27
<i>testosterone cypionate</i>	26
TESTOSTERONE PROPIONATE.....	27
<i>tetrabenazine</i>	21
<i>tetracycline hcl</i>	5
TEZSPIRE.....	33
THALOMID.....	9
<i>theophylline</i>	33, 35
<i>thioridazine hcl</i>	13, 22
<i>thiothixene</i>	22
THYMOL.....	31
TIBSOVO.....	12
TIKOSYN.....	17
<i>timolol maleate (ophth)</i>	32
<i>tiopronin</i>	31
TIVICAY.....	6
<i>tizanidine hcl</i>	13, 15
<i>tobramycin</i>	5, 6

<i>tobramycin (ophth)</i>	6
<i>tobramycin sulfate</i>	5
<i>tolcapone</i>	20
<i>tolvaptan</i>	35
<i>topiramate</i>	20
<i>toremifene citrate</i>	10
<i>torseamide</i>	18
<i>tramadol hcl</i>	4
<i>tranexamic acid</i>	15
<i>tranylcypromine sulfate</i>	8
<i>trazodone hcl</i>	8
TREMFYA.....	31
<i>tretinoin</i>	12, 34
<i>tretinoin (chemotherapy)</i>	12
<i>triamcinolone acetonide</i>	22, 25, 27
<i>triamcinolone acetonide (mouth)</i>	22
<i>triamcinolone acetonide (topical)</i>	25
<i>triamterene & hydrochlorothiazide</i>	18
<i>trientine hcl</i>	35
TRIENTINE HCL.....	31
<i>trifluoperazine hcl</i>	13
TRIFLURIDINE.....	15
<i>trihexyphenidyl hcl</i>	13
TRIKAFTA.....	31, 33
TRIMETHOPRIM.....	6
TRIUMEQ.....	14
TRI-VITE/FLUORIDE.....	35
<i>tropium chloride</i>	25
TRULICITY.....	16
TRUQAP.....	11
TRUSELTIQ.....	11
TUKYSA.....	11
TURALIO.....	11
TYBOST.....	14
TYENNE.....	28
TYKERB.....	12
TYMLOS.....	29
TYVASO.....	18, 19
TYVASO REFILL KIT.....	19

U

UBRELVY.....	20
UDENYCA.....	15, 31
ULTRAVATE.....	34
UPTRAVI.....	33
<i>urea</i>	34
<i>ursodiol</i>	24

V

<i>valacyclovir hcl</i>	6
VALCHLOR.....	35
<i>valganciclovir hcl</i>	14

Kaiser Permanente of Georgia 4 Tier Benefit Plan Formulary

<i>valproate sodium</i>	20	XCOPRI	7
<i>valproic acid</i>	7	XDEMZY	32
<i>valsartan</i>	19	XELJANZ.....	28, 31
<i>valsartan-hydrochlorothiazide</i>	19	XEMBIFY	28
<i>vancomycin hcl</i>	5	XENAZINE.....	21
VANFLYTA	11	XENLETA	11
VCF VAGINAL CONTRACEPTIVE	23	XERMELO	31
VELPHORO	23	XIFAXAN.....	6
VELSIPITY	25	XIGDUO XR	16
VELTASSA	23	XOLAIR	33
VEMLIDY.....	14	XOLREMDI.....	31
VENCLEXTA	11	XOSPATA.....	11
<i>venlafaxine hcl</i>	8, 22	XPHOZAH	31
VENTAVIS	19	XPOVIO	11
VEOZAH.....	31	XTAMPZA ER	4
<i>verapamil hcl</i>	19	XTANDI.....	11
VEREGEN.....	22	XULTOPHY	16
VERSACLOZ	22	XYREM	35
VERZENIO.....	11	XYWAV	21
VFEND	8		
VIBERZI	24	Y	
VICTOZA.....	16	YUFLYMA (1 PEN).....	31
<i>vigabatrin</i>	7	YUPELRI.....	33
VIJOICE	31	YUSIMRY	31
VIRACEPT	14		
VIREAD	6	Z	
VITRAKVI.....	11	<i>zaleplon</i>	35
VIVJOA.....	5	ZARXIO.....	15
VIZIMPRO	11	ZAVESCA	23
VOCABRIA	6	ZAVZPRET	20
VONJO	12	ZEGALOGUE	16
<i>voriconazole</i>	5	ZEGERID.....	24
VOSEVI	14	ZEJULA.....	11
VOWST	31	ZELAPAR	21
VOXZOGO	31	ZELBORAF.....	12
VRAYLAR	13	ZEPATIER	6
VTAMA	35	ZEPBOUND	31
VUMERITY	31	ZEPOSIA	21, 31
VYNDAMAX.....	19	ZEPOSIA STARTER KIT.....	31
VYNDAQEL	19	<i>zidovudine</i>	14
		ZIEXTENZO	15
W		<i>zileuton</i>	32
WAKIX	21	<i>ziprasidone hcl</i>	13
<i>warfarin sodium</i>	17	ZOKINVY	25
WEGOZY	31	ZOLINZA.....	9
WELCHOL	19	<i>zolmitriptan</i>	20
WELIREG.....	11	<i>zolpidem tartrate</i>	35
		<i>zonisamide</i>	20
X		ZTALMY	7
XALKORI	11	ZURZUVAE	22
XARELTO	15	ZYDELIG.....	11
XATMEP.....	12	ZYKADIA.....	11

NONDISCRIMINATION NOTICE

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

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

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

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

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

HELP IN YOUR LANGUAGE

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

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

العربية (Arabic) ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-888-865-5813** (TTY: **711**)።

中文 (Chinese) 注意: 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電**1-888-865-5813** (TTY: **711**)。

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

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

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

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

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

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

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

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

Naabeehó (Navajo) Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, koji' hódíilnih **1-888-865-5813** (TTY: **711**).

Português (Portuguese) ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para **1-888-865-5813** (TTY: **711**).

Русский (Russian) ВНИМАНИЕ: если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-888-865-5813** (TTY: **711**).

Español (Spanish) ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-888-865-5813** (TTY: **711**).

Tagalog (Tagalog) PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-888-865-5813** (TTY: **711**).

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-888-865-5813** (TTY: **711**).