KAISER PERMANENTE OF GEORGIA
HMO FORMULARY

This document includes Kaiser Permanente of Georgia's HMO formulary as of September 4, 2013. 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 **September 4, 2013**. To get updated information about the drugs covered by Kaiser Permanente, please visit our website at ***members.kp.org*** or call Member Services at **1-888-865-5813**, Monday through Friday 7:00 a.m. to 7:00 p.m. TTY/TDD users should call **1-800-255-0056**.

How do I use the formulary?

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

Medical Condition

The formulary begins on page 5. The drugs in this formulary are grouped into categories depending on the type of medical condition that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular Agents." If you know the medical condition your drug is used for, simply look for the category name in the list that begins on page 5. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you can look for the drug in the Index that begins on page 23. 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

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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
- 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.

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- **Quality Restricted Medication (QRM):** For certain drugs, Kaiser Permanente requires review and authorization prior to dispensing. Your Provider must obtain this review and authorization. The list of prescription drugs requiring review and authorization is subject to periodic review and modification by our Pharmacy and Therapeutics Committee.

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

What if my drug is not on the formulary?

If the drug is not on the formulary and your benefit does not provide non-formulary coverage, you have two options:

- You can contact Member Services at **1-888-865-5813**, Monday through Friday 7:00 a.m. to 7:00 p.m. TTY/TDD users should call **1-800-255-0056** and ask Member Services for a list of similar drugs that are covered. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered under the Kaiser Permanente formulary.
- You can request an exception for coverage of your non-formulary drug. There are several types of exception requests you can submit.
    - You can request coverage for a drug, even though it is not on our formulary.
    - You can request that we waive coverage restrictions or limits on your drug. For example, for certain drugs, we limit the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover more.

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

- If you request a non-formulary drug and a formulary alternative is available, you will be responsible for the full cost of that drug.
- 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.

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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

QRM = Physician Review, QL = Quantity Limit; Age = Age Restriction

Drug Name	Drug Tier	Restrictions
Antihistamine Drugs		
Antihistamine Drugs		
cyproheptadine	Generic	
promethazine	Generic	
Anti-infective Agents		
Anthelmintics		
ALBENZA *(albendazole)*	Brand	
Antibacterials		
amoxicillin	Generic	
amoxicillin & clavulanic acid	Generic	
ampicillin	Generic	
azithromycin	Generic	
cefaclor	Generic	
cefdinir	Generic	
cefuroxime	Generic	
cephalexin	Generic	
ciprofloxacin	Generic	
clarithromycin	Generic	
clindamycin	Generic	
clindamycin palmitate (solution)	Generic	
dicloxacillin	Generic	
doxycycline hyclate	Generic	
doxycycline monohydrate	Generic	
erythromycin	Generic	
erythromycin & sulfisoxazole	Generic	
levofloxacin	Generic	
minocycline	Generic	
neomycin	Generic	
penicillin V potassium	Generic	
Sulfadiazine	Generic	
sulfamethoxazole & trimethoprim	Generic	
sulfasalazine	Generic	
tetracycline	Generic	
ZYVOX *(linezolid)*	Brand	**QL**
Antifungals		
ANCOBON *(flucytosine)*	Brand	
clotrimazole lozenge	Generic	
fluconazole	Generic	**QL**
griseofulvin	Generic	
GRIS-PEG *(griseofulvin)*	Brand	
itraconazole capsule	Generic	
ketoconazole	Generic	

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Drug Name	Drug Tier	Restrictions
nystatin	Generic	
SPORANOX *(itraconazole) solution*	Brand	
Antimycobacterials		
dapsone	Generic	
ethambutol	Generic	
isoniazid	Generic	
MYCOBUTIN *(rifabutin)*	Brand	
pyrazinamide	Generic	
rifampin	Generic	
Antiprotozoals		
DARAPRIM *(pyrimethamine)*	Brand	
hydroxychloroquine	Generic	
MEPRON *(atovaquone)*	Brand	
metronidazole	Generic	
paromomycin	Generic	
PRIMAQUINE *(primaquine)*	Brand	
Antivirals		
abacavir tablet	Generic	**QL**
acyclovir	Generic	
APTIVUS *(tipranavir)*	Brand	**QL**
ATRIPLA *(efavirenz, emtricitabine, & tenofovir)*	Brand	**QL**
BARACLUDE *(entecavir)*	Brand	**QL**
COMPLERA *(rilpivirine, emtricitabine, & tenofovir)*	Brand	**QL**
CRIXIVAN *(indinavir)*	Brand	
didanosine	Generic	**QL**
EMTRIVA *(emtricitabine)*	Brand	**QL**
EPIVIR (*lamivudine & zidovudine) solution*	Brand	**QL**
EPZICOM *(abacavir & lamivudine)*	Brand	**QL**
FUZEON *(enfuvirtide)*	Brand	**QL**
HEPSERA *(adefovirdipivoxil)*	Brand	**QL**
INTELENCE *(etravirine)*	Brand	**QL**
INVIRASE *(saquinavir)*	Brand	**QL**
ISENTRESS *(raltegravir)*	Brand	**QL**
KALETRA *(lopinavir & ritonavir)*	Brand	**QL**
lamivudine	Generic	**QL**
lamivudine & zidovudine tablet	Generic	**QL**
LEXIVA *(fosamprenavir)*	Brand	**QL**
nevirapine tablet	Generic	**QL**
NORVIR *(ritonavir)*	Brand	**QL**
PEGASYS *(peginterferon alfa-2a)*	Brand	**QL**
PEG-INTRON *(peginterferon alfa-2b)*	Brand	
PREZISTA (*darunavir)*	Brand	**QL**
RELENZA *(zanamivir)*	Brand	**QL**

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Drug Name	Drug Tier	Restrictions
RESCRIPTOR *(delavirdine)*	Brand	**QL**
REYATAZ *(atazanavir)*	Brand	**QL**
ribavirin	Generic	
rimantadine	Generic	**QL**
SELZENTRY *(maraviroc)*	Brand	**QL**
stavudine	Generic	**QL**
SUSTIVA *(efavirenz)*	Brand	**QL**
TAMIFLU (*oseltamivir*)	Brand	**QL**
TRIZIVIR *(abacavir, lamivudine, & zidovudine)*	Brand	**QL**
TRUVADA *(emtricitabine & tenofovir)*	Brand	**QL**
VALCYTE *(valganciclovir)*	Brand	
VIDEX *(didanosine) suspension*	Brand	**QL**
VIRACEPT (*nelfinavir)*	Brand	**QL**
VIRAMUNE *(nevirapine) suspension*	Brand	**QL**
VIREAD *(tenofovir)*	Brand	**QL**
ZIAGEN *(abacavir) solution*	Brand	**QL**
zidovudine	Generic	**QL**
Urinary Anti-infectives		
nitrofurantoin macrocrystals	Generic	
nitrofurantoin macrocrystals/monohydrate	Generic	
trimethoprim	Generic	
Antineoplastic Agents		
Antineoplastic Agents		
AFINITOR *(everolimus)*	Brand	
ALKERAN *(melphalan)*	Brand	
anastrozole	Generic	
bicalutamide	Generic	
CAPRELSA *(vandetanib)*	Brand	
cyclophosphamide	Generic	
DROXIA *(hydroxyurea)*	Brand	
EMCYT *(estramustine)*	Brand	
etoposide	Generic	
flutamide	Generic	
GLEEVEC *(imatinibmesylate)*	Brand	
HYCAMTIN *(topotecan)*	Brand	
hydroxyurea	Generic	
INTRON-A *(interferon alfa-2b vaccine)*	Brand	
letrozole	Generic	
leucovorin calcium	Generic	
LEUKERAN *(chlorambucil)*	Brand	
LYSODREN *(mitotane)*	Brand	
MATULANE *(procarbazine)*	Brand	
megestrol	Generic	

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Drug Name	Drug Tier	Restrictions
mercaptopurine	Generic	
methotrexate	Generic	
MYLERAN *(busulfan)*	Brand	
NEXAVAR *(sorafenib)*	Brand	
REVLIMID *(lenalidomide)*	Brand	
SPRYCEL (dasatinib)	Brand	
SUTENT *(sunitinib)*	Brand	
TABLOID *(thoiguanine)*	Brand	
tamoxifen	Generic	
TARCEVA *(erlotinib)*	Brand	
TARGRETIN *(bexarotene)*	Brand	
TASIGNA *(nilotinib)*	Brand	
TEMODAR *(temozolomide)*	Brand	
TREXALL *(methotrexate)*	Brand	
TYKERB *(lapatinib)*	Brand	
VOTRIENT *(pazopanib)*	Brand	
XALKORI *(crizotinib)*	Brand	
XELODA *(capecitabine)*	Brand	
ZELBORAF *(vemurafenib)*	Brand	
ZOLINZA *(vorinostat)*	Brand	
ZYTIGA *(abiraterone)*	Brand	
Autonomic Drugs		
Anticholinergic Agents		
atropine sulfate	Generic	
ATROVENT HFA *(ipratropium)*	Brand	
dicyclomine	Generic	
glycopyrrolate	Generic	
hyoscyamine	Generic	
ipratropium bromide nasal	Generic	
ipratropium bromide nebulizer	Generic	
propantheline	Generic	
SPIRIVA *(tiotropium)*	Brand	
Parasympathomimetic (Cholinergic) Agents		
bethanechol	Generic	
donepezil	Generic	
EXELON *(rivastigmine) solution*	Brand	
galantamine IR, ER	Generic	
MESTINON TIMESPAN (*pyridostigmine sustained-release)*	Brand	
neostigmine	Generic	
pyridostigmine	Generic	
rivastigmine capsule	Generic	
Skeletal Muscle Relaxants		

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Drug Name	Drug Tier	Restrictions
baclofen	Generic	
carisoprodol	Generic	
chlorzoxazone	Generic	
cyclobenzaprine	Generic	
methocarbamol	Generic	
tizanidine	Generic	
Sympatholytic (Adrenergic Blocking) Agents		
ergoloid mesylates	Generic	
ergotamine & caffeine	Generic	
MIGRANAL *(dihydroergotamine)*	Brand	
tamsulosin	Generic	
Sympathomimetic (Adrenergic) Agents		
albuterol sulfate nebulizer solution	Generic	
albuterol sulfate tablet, syrup	Generic	
COMBIVENT RESPIMAT *(ipratropium & albuterol)*	Brand	
EPIPEN *(epinephrine)*	Brand	
EPIPEN JR *(epinephrine)*	Brand	
ipratropium & albuterol nebulizer solution	Generic	
PROAIR HFA *(albuterol sulfate)*	Brand	
SEREVENT *(salmeterol)*	Brand	
terbutaline	Generic	
Blood Formation, Coagulation, and Thrombosis		
Coagulants and Anticoagulants		
AGGRENOX *(aspirin & dipyridamole)*	Brand	
aminocaproic acid	Generic	
anagrelide	Generic	
cilostazol	Generic	
clopidogrel	Generic	
enoxaparin	Generic	
pentoxifylline	Generic	
warfarin sodium	Generic	
Hematopoietic Agents		
ARANESP *(darbepoetinalfa)*	Brand	
LEUKINE *(sargramostim)*	Brand	
NEUMEGA *(oprelvekin)*	Brand	
NEUPOGEN (*filgrastim*)	Brand	
PROCRIT *(epoetinalfa)*	Brand	
Cardiovascular Drugs		
α-Adrenergic Blocking Agents		
doxazosin	Generic	
prazosin	Generic	
terazosin	Generic	
Antilipemic Agents		

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Drug Name	Drug Tier	Restrictions
atorvastatin	Generic	
cholestyramine resin	Generic	
colestipol	Generic	
fenofibrate	Generic	
gemfibrozil	Generic	
JUXTAPID (*lomitapide)*	Brand	**QRM**
KYNAMRO (*mipomersen sodium)*	Brand	**QRM**
lovastatin	Generic	
pravastatin	Generic	
simvastatin	Generic	
Calcium-Channel Blocking Agents		
amlodipine	Generic	
diltiazem	Generic	
felodipine	Generic	
nifedipine	Generic	
nimodipine	Generic	**QL**
verapamil	Generic	
Cardiac Drugs		
amiodarone	Generic	
digoxin	Generic	
disopyramide phosphate	Generic	
flecainide	Generic	
mexiletine	Generic	
NORPACE CR (*disopyramide phosphate controlled release)*	Brand	
propafenone	Generic	
quinidine	Generic	
TIKOSYN *(dofetilide)*	Brand	
Hypotensive Agents		
clonidine	Generic	
guanfacine	Generic	
hydralazine	Generic	
methyldopa	Generic	
minoxidil	Generic	
PROGLYCEM (*diazoxide*)	Brand	
Renin-Angiotensin-Aldosterone System Inhibitors		
benazepril	Generic	
captopril	Generic	
enalapril	Generic	
lisinopril	Generic	
lisinopril & hydrochlorothiazide	Generic	
losartan	Generic	
losartan & hydrochlorothiazide	Generic	

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Drug Name	Drug Tier	Restrictions
ramipril	Generic	
spironolactone	Generic	
Vasodilating Agents		
dipyridamole	Generic	
isosorbide dinitrate	Generic	
isosorbide mononitrate	Generic	
LETAIRIS *(ambrisentan)*	Brand	
NITRO-BID *(nitroglycerin)*	Brand	
nitroglycerin	Generic	
NITROSTAT *(nitroglycerin)*	Brand	
REMODULIN *(trepostinil)*	Brand	
TRACLEER *(bosentan)*	Brand	
β-Adrenergic Blocking Agents		
acebutolol	Generic	
atenolol	Generic	
atenolol & chlorthalidone	Generic	
bisoprolol	Generic	
bisoprolol & hydrochlorothiazide	Generic	
carvedilol	Generic	
labetalol	Generic	
metoprolol	Generic	
metoprolol sustained release	Generic	
nadolol	Generic	
propranolol	Generic	
sotalol	Generic	
timolol	Generic	
Central Nervous System Agents		
Analgesics and Antipyretics		
acetaminophen & codeine	Generic	
acetaminophen, isometheptene, & dichloralphenazone	Generic	
buprenorphine	Generic	
butalbital, acetaminophen, & caffeine	Generic	
butalbital, acetaminophen, caffeine, & codeine	Generic	
butalbital, aspirin, & caffeine	Generic	
butalbital, aspirin, caffeine, & codeine	Generic	
diclofenac	Generic	
etodolac	Generic	
fentanyl	Generic	**QL**
hydrocodone & acetaminophen	Generic	
hydromorphone	Generic	
ibuprofen	Generic	
indomethacin	Generic	

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Drug Name	Drug Tier	Restrictions
meloxicam	Generic	
meperidine	Generic	
methadone	Generic	
morphine sulfate	Generic	
morphine sulfate extended-release	Generic	
nabumetone	Generic	
naproxen	Generic	
oxycodone & acetaminophen tablet	Generic	
oxycodone & aspirin	Generic	
oxycodone immediate release	Generic	
ROXICET *(oxycodone & acetaminophen)* solution	Brand	
salsalate	Generic	
SUBOXONE *(naloxone & buprenorphine)*	Brand	**QL**
sulindac	Generic	
tolmetin	Generic	
tramadol	Generic	
Anorexigenic Agents and Respiratory and Cerebral Stimulants		
amphetamine & dextroamphetamine	Generic	
amphetamine & dextroamphetamine extended-release	Generic	
dextroamphetamine sulfate	Generic	**QL**
methylphenidate	Generic	
methylphenidate extended-release	Generic	**QL**
Anticonvulsants		
carbamazepine	Generic	
carbamazepine extended-release	Generic	
CELONTIN *(methsuximide)*	Brand	
divalproex sodium	Generic	
divalproex sodium ER	Generic	
ethosuximide	Generic	
gabapentin	Generic	
lamotrigine	Generic	
levetiracetam	Generic	
levetiracetam extended-release	Generic	
phenytoin	Generic	
primidone	Generic	
SABRIL *(vigabatrin)*	Brand	**QRM**
topiramate	Generic	
valproic acid & derivatives	Generic	
Antimigraine Agents		
naratriptan	Generic	**QL**
rizatriptan	Generic	**QL**
rizatriptan ODT	Generic	**QL**

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Drug Name	Drug Tier	Restrictions
sumatriptan	Generic	**QL**
Antiparkinsonian Agents		
amantadine	Generic	
benztropinemesylate	Generic	
bromocriptinemesylate	Generic	
cabergoline	Generic	
carbidopa & levodopa	Generic	
entacapone	Generic	
pramipexole	Generic	
ropinirole	Generic	
selegiline	Generic	
STALEVO *(levodopa, carbidopa, & entacapone)*	Brand	
TASMAR *(tolcapone)*	Brand	
trihexyphenidyl	Generic	
Anxiolytics, Sedatives, and Hypnotics		
alprazolam	Generic	
buspirone	Generic	
chlordiazepoxide	Generic	
clonazepam	Generic	
clorazepate	Generic	
diazepam	Generic	
hydroxyzine	Generic	
lorazepam	Generic	
meprobamate	Generic	
oxazepam	Generic	
phenobarbital	Generic	
temazepam	Generic	
zaleplon	Generic	
zolpidem	Generic	
Central Nervous System Agents Miscellaneous		
NAMENDA *(memantine hydrochloride)*	Brand	
riluzole	Generic	
Opiate Antagonists		
naltrexone hydrochloride	Generic	
Psychotherapeutic Agents		
ABILIFY *(aripiprazole)*	Brand	
amitriptyline	Generic	
bupropion IR, SR, XL	Generic	
chlorpromazine	Generic	
citalopram	Generic	
clomipramine	Generic	
clozapine	Generic	
desipramine	Generic	

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Drug Name	Drug Tier	Restrictions
doxepin	Generic	
escitalopram	Generic	
fluoxetine	Generic	
fluphenazine	Generic	
haloperidol	Generic	
imipramine	Generic	
lithium	Generic	
mirtazapine	Generic	
nortriptyline	Generic	
olanzapine	Generic	
olanzapine ODT	Generic	
paroxetine	Generic	
perphenazine	Generic	
phenelzine sulfate	Generic	
prochlorperazine	Generic	
quetiapine	Generic	
risperidone	Generic	
sertraline	Generic	
thioridazine	Generic	
thiothixene	Generic	
tranylcypromine sulfate	Generic	
trazodone	Generic	
trifluoperazine	Generic	
venlafaxine	Generic	
venlafaxine extended-release capsules	Generic	
ziprasidone	Generic	
Diabetic Supplies		
Diabetic Supplies		
B-D INSUILIN SYRINGE *(syringe w-ndl, disp.)*	Generic	**QL**
ONE TOUCH ULTRA 2 *(blood glucose meter)*	Generic	**QL**
ONE TOUCH ULTRA TEST STRIPS	Generic	**QL**
Electrolytic, Caloric and Water Balance		
Acidifying and Alkalinizing Agents		
potassium citrate	Generic	
sod/potass/k cit/sodium cit/ca	Generic	
Ammonia Detoxicants		
lactulose	Generic	
Diuretics		
amiloride & hydrochlorothiazide	Generic	
bumetanide	Generic	
chlorthalidone	Generic	
furosemide	Generic	
hydrochlorothiazide	Generic	

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Drug Name	Drug Tier	Restrictions
indapamide	Generic	
metolazone	Generic	
torsemide	Generic	
triamterene & hydrochlorothiazide	Generic	
Ion-Removing Agents		
RENVELA (*sevelamer carbonate*)	Brand	
SPS *(sodium polystyrene sulfonate)*	Brand	
Replacement Products		
calcium acetate	Generic	
ELIPHOS *(calcium acetate)*	Brand	
K-PHOS *(potassium acid phosphate)*	Brand	
PHOSLYRA *(calcium acetate)*	Brand	
PHOSPHA NEUTRAL *(potassium phosphate & sodium phosphate)*	Brand	
potassium chloride	Generic	
Uricosuric Agents		
probenecid	Generic	
Eye, Ear, Nose and Throat (EENT)		
Anti-infectives		
aluminum acetate and acetic acid	Generic	
bacitracin & polmyxin B (ophth)	Generic	
bacitracin (ophth)	Generic	
bacitracin, neomycin, & polymyxin B	Generic	
ciprofloxacin (ophth)	Generic	
chlorhexidine	Generic	
erythromycin (ophth)	Generic	
gentamicin sulfate (ophth)	Generic	
NATACYN *(natamycin)*	Brand	
neomycin, polymyxin B, & gramicidin	Generic	
ofloxacin (ophth)	Generic	
ofloxacin (otic)	Generic	
sulfacetamide sodium (ophth)	Generic	
tobramycin sulfate (ophth) solution	Generic	
TOBREX *(tobramycin) (ophth) ointment*	Brand	
trifluridine	Generic	
trimethoprim & polymyxin B	Generic	
ZYMAXID *(gatifloxacin)*	Brand	
Anti-inflammatory Agents		
bacitracin, neomycin, polymyxin B, & hydrocortisone (ophth)	Generic	
BLEPHAMIDE *(sulfacetamide sodium & prednisolone) ointment, suspension*	Brand	
CIPRODEX *(dexamethasone & ciprofloxacin)*	Brand	

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Drug Name	Drug Tier	Restrictions
COLY-MYCIN S *(neomycin, colistin, hydrocortisone, & thonzonium)*	Brand	
dexamethasone sodium phosphate (ophth)	Generic	
diclofenac sodium (ophth)	Generic	
flunisolide (nasal)	Generic	
fluoromethalone (ophth)	Generic	
fluticasone propionate (nasal)	Generic	
ketorolac (ophth)	Generic	
MAXIDEX *(dexamethasone)*	Brand	
neomycin, polymyxin B, & dexamethasone	Generic	
neomycin, polymyxin B, & hydrocortisone (ophth)	Generic	
neomycin, polymyxin B, & hydrocortisone (otic)	Generic	
PRED MILD *(prednisolone acetate)*	Generic	
PRED-G *(prednisolone & gentamicin)*	Brand	
prednisolone acetate (ophth)	Generic	
RESTASIS *(cyclosporine)*	Brand	
sulfacetamide sodium & prednisolone solution	Generic	
TOBRADEX *(tobramycin & dexamethasone) ointment*	Brand	
tobramycin & dexamethasone suspension	Generic	
Antiglaucoma Agents		
acetazolamide	Generic	
betaxolol (ophth)	Generic	
BETOPTIC S *(betaxolol)*	Brand	
brimonidine	Generic	
dorzolamide	Generic	
dorzolamide & timolol	Generic	
ISOPTO CARBACHOL *(carbachol)*	Brand	
latanoprost	Generic	
levobunolol	Generic	
methazolamide	Generic	
methazolamide	Generic	
PHOSPHOLINE IODIDE *(echothiophate)*	Brand	
pilocarpine (ophth)	Generic	
timolol maleate (ophth)	Generic	
EENT Drugs, Miscellaneous		
IOPIDINE *(apraclonidine)*	Brand	
Local Anesthetics		
antipyrine & benzocaine	Generic	
lidocaine (mouth-throat)	Generic	
proparacaine	Generic	
Mydriatics		
ISOPTO HOMATROPINE *(homatropine)*	Brand	
ISOPTO HYOSCINE *(scopolamine)*	Brand	

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Drug Name	Drug Tier	Restrictions
Gastrointestinal Drugs		
Anti-inflammatory Agents		
balsalazide	Generic	
CANASA *(mesalamine)*	Brand	
LIALDA *(mesalamine)*	Brand	
mesalamine enema	Generic	
PENTASA *(mesalamine)*	Brand	
Antidiarrheal Agents		
diphenoxylate & atropine	Generic	
Antiemetics		
dronabinol	Generic	
ondansetron	Generic	
EMEND *(aprepitant)*	Brand	
Antiulcer Agents and Acid Suppressants		
CARAFATE *(sucralfate) suspension*	Brand	
cimetidine	Generic	
misoprostol	Generic	
ranitidine	Generic	
sucralfate tablet	Generic	
Cathartics and Laxatives		
polyethylene glycol-electrolyte solution	Generic	
Digestants		
pancrelipase	Generic	
ZENPEP (*pancrelipase*)	Brand	
GI Drug Miscellaneous		
clidinium & chlordiazepoxide	Generic	
GATTEX (*teduglutide*)	Brand	**QRM**
metoclopramide	Generic	
phenobarbital & belladonna alkaloids	Generic	
ursodiol	Generic	
Gold Compounds		
Gold Compounds		
RIDAURA *(auranofin)*	Brand	
Heavy Metal Antagonists		
Heavy Metal Antagonists		
CUPRIMINE *(penicillamine)*	Brand	
DEPEN *(penicillamine)*	Brand	
EXJADE *(deferasirox)*	Brand	
Hormone and Synthetic Substitutes		
Adrenals		
dexamethasone	Generic	
fludrocortisone	Generic	

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Drug Name	Drug Tier	Restrictions
hydrocortisone	Generic	
methylprednisolone	Generic	
prednisolone	Generic	
prednisone	Generic	
Androgens		
ANDRODERM *(testosterone)*	Brand	
ANDROID *(methyltestosterone)*	Brand	
ANDROXY *(fluoxymesterone)*	Brand	
danazol	Generic	
METHITEST *(methyltestosterone)*	Brand	
testosterone cypionate	Generic	
TESTRED *(methyltestosterone)*	Brand	
Contraceptives		
AVIANE *(ethinyl estradiol & levonorgestrel)*	Generic	**QL**
BREVICON (*ethinyl estradiol & norethindrone)*	Brand	**QL**
CRYSELLE *(ethinyl estradiol & norgestrel)*	Generic	**QL**
ELLA *(ulipristal)*	Brand	
ethinyl estradiol & ethynodioldiacetate	Generic	**QL**
levonorgestrel tablet	Generic	**Age**
LEVORA *(ethinyl estradiol & levonorgestrel)*	Generic	**QL**
MICROGESTIN FE *(ethinyl estradiol & norethindrone)*	Generic	**QL**
NECON *(ethinyl estradiol & norethindrone)*	Generic	**QL**
NECON *(mestranol & norethindrone)*	Generic	**QL**
PLAN B ONE STEP *(levonorgestrel)*	Brand	**Age**
RECLIPSEN *(ethinyl estradiol & desogestrel)*	Generic	**QL**
SPRINTEC *(ethinyl estradiol & norgestimate)*	Generic	**QL**
TRI-NORINYL *(ethinyl estradiol & norethindrone)*	Generic	**QL**
TRI-SPRINTEC *(ethinyl estradiol & norgestimate)*	Generic	**QL**
TRIVORA *(ethinyl estradiol & levonorgestrel)*	Generic	**QL**
Diabetic Agents		
acarbose	Generic	
pioglitazone	Generic	
BYDUREON *(exenatide extended-release)*	Brand	**QRM**
BYETTA *(exenatide)*	Brand	**QRM**
glimepiride	Generic	
glipizide	Generic	
GLUCAGON *(glucagon)*	Brand	
HUMULIN 70/30 *(insulin isophane & insulin regular)*	Brand	
HUMULIN-N *(insulin isophane)*	Brand	
HUMULIN-R *(insulin regular)*	Brand	
INVOKANA (*canagliflozin*)	Brand	**QRM**
JANUMET *(sitagliptin & metformin)*	Brand	**QRM**
JANUVIA *(sitagliptin phosphate)*	Brand	**QRM**

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Drug Name	Drug Tier	Restrictions
JUVISYNC *(sitagliptin & simvastatin)*	Brand	**QRM**
KAZANO (*alogliptin & metformin*)	Brand	**QRM**
KOMBIGLYZE XR *(saxagliptin & metformin extended-release)*	Brand	**QRM**
metformin ER	Generic	
metformin	Generic	
NESINA (*alogliptin*)	Brand	**QRM**
ONGLYZA *(saxagliptin)*	Brand	**QRM**
OSENI (*alogliptin & pioglitazone*)	Brand	**QRM**
SYMLIN *(pramlintide acetate)*	Brand	**QRM**
TRADJENTA *(linagliptin)*	Brand	**QRM**
VICTOZA *(liraglutide)*	Brand	**QRM**
Estrogens and Antiestrogens		
estradiol	Generic	
estradiol patch	Generic	
ESTRING *(estradiol)*	Brand	
estrogens & methyltestosterone	Generic	
estropipate	Generic	
EVISTA *(raloxifene)*	Brand	
PREMARIN *(conjugated estrogen)(vaginal cream)*	Brand	
VAGIFEM *(estradiol) (vaginal tablets)*	Brand	
Gonadotropins		
SYNAREL *(nafarelin)*	Brand	
Parathyroid		
calcitonin	Generic	
Pituitary		
ACTHAR *(corticotropin)*	Brand	**QRM**
desmopressin	Generic	
Progestins		
medroxyprogesterone acetate tablet	Generic	
NORA-BE *(norethindrone)*	Generic	
Somatotropin Agonists and Antagonists		
GENTROPIN *(somatropin)*	Brand	**QRM**
HUMATROPE *(somatropin)*	Brand	**QRM**
NORDITROPIN *(somatropin)*	Brand	**QRM**
NUTROPIN AQ *(somatropin)*	Brand	**QRM**
OMNITROPE *(somatropin)*	Brand	**QRM**
SAIZEN *(somatropin)*	Brand	**QRM**
SEROSTIM *(somatropin)*	Brand	**QRM**
ZORBTIVE *(somatropin)*	Brand	**QRM**
Thyroid and Antithyroid Agents		
levothyroxine	Generic	
liothyronine	Generic	

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Drug Name	Drug Tier	Restrictions
methimazole	Generic	
propylthiouracil	Generic	
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
AUBAGIO (teriflunomide)	Brand	**QRM**
acetylcysteine	Generic	
ACTIMMUNE *(interferon gamma-1b)*	Brand	
alendronate	Generic	
allopurinol	Generic	
AMPYRA *(dalfampridine)*	Brand	**QRM**
AVONEX (*interferon beta-1a)*	Brand	
azathioprine	Generic	
COPAXONE *(glatiramer)*	Brand	
cyclosporine	Generic	
disulfiram	Generic	
ELMIRON *(pentosanpolysulfate sodium)*	Brand	
ENBREL *(etanercept)*	Brand	
etidronate	Generic	
EXTAVIA *(interferon beta-1b)*	Brand	
finasteride	Generic	
FIRAZYR *(icatibant)*	Brand	**QRM**
fluoride sodium	Generic	
GEL-KAM *(stannous fluoride)*	Brand	
GILENYA *(fingolimod)*	Brand	**QRM**
HUMIRA *(adalimumab)*	Brand	
KALYDECO *(ivacaftor)*	Brand	**QRM**
leflunomide	Generic	
MESNEX *(mesna)*	Brand	
methylergonovine maleate	Generic	
mycophenolate mofetil	Generic	
MYFORTIC *(mycophentolate sodium)*	Brand	
ORENCIA *(abatacept)*	Brand	
RAPAMUNE *(sirolimus)*	Generic	
REBIF *(interferon beta-1a)*	Brand	
SENSIPAR *(cinacalcet)*	Brand	
tacrolimus	Generic	
TECFIDERA (*dimethyl fumarate)*	Brand	**QRM**
THALOMID *(thalidomide)*	Brand	
Respiratory Tract Agents		
Antitussives		
benzonatate	Generic	
guaifenesin & codeine	Generic	

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Drug Name	Drug Tier	Restrictions
guaifenesin, pseudoephedrine, & codeine	Generic	
hydrocodone & homatropine	Generic	
promethazine & codeine	Generic	
promethazine, phenylephrine, & codeine	Generic	
Anti-Inflammatory Agents		
cromolyn sodium	Generic	
montelukast	Generic	
Mucolytic Agents		
PULMOZYME *(dornasealfa)*	Brand	
Respiratory Tract Agents, Miscellaneous		
ASMANEX *(mometasone)*	Brand	
budesonide inhalation suspension	Brand	
QVAR *(beclomethasone)*	Brand	
Skin and Mucous Membrane Agents		
Anti-infectives (Skin and Mucous Membranes)		
clindamycin phosphate	Generic	
erythromycin	Generic	
erythromycin & benzoyl peroxide	Generic	
iodoquinol & hydrocortisone	Generic	
ketoconazole (topical)	Generic	
lindane	Generic	
metronidazole (topical)	Generic	
mupirocin	Generic	
nystatin (topical)	Generic	
permethrin	Generic	
selenium sulfide	Generic	
silver sulfadiazine	Generic	
Anti-inflammatory Agents (Skin and Mucous Membrane)		
alclometasone dipropionate	Generic	
betamethasone valerate	Generic	
betamethasone dipropionate	Generic	
betamethasone dipropionate augmented	Generic	
clobetasol	Generic	
clobetasol propionate	Generic	
desonide	Generic	
fluocinolone	Generic	
fluocinonide	Generic	
halobetasol propionate	Generic	
hydrocortisone (topical)	Generic	
hydrocortisone butyrate	Generic	
mometasone furoate	Generic	
nystatin & triamcinolone	Generic	
triamcinolone acetonide (topical)	Generic	

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QRM = Physician Review, QL = Quantity Limit; Age = Age Restriction

Drug Name	Drug Tier	Restrictions
Antipruritics and Local Anesthetics		
lidocaine (topical)	Generic	
lidocaine & prilocaine	Generic	
pramoxine & hydrocortisone cream	Generic	
PROCTOFOAM *(pramoxine & hydrocortisone)*	Brand	
Astringents		
HYPERCARE *(aluminum chloride hexahydrate)*	Brand	
Cell Stimulants and Proliferants		
tretinoin (topical)	Generic	**Limited to age ≤35**
Keratolytic Agents		
sulfur & sulfacetamide sodium cleanser	Generic	
sulfur & sulfacetamide sodium lotion	Generic	
urea	Generic	
Keratoplastic Agents		
DRITHO-CREME *(anthralin)*	Brand	
DRITHO-SCALP *(anthralin)*	Brand	
Skin and Mucous Membrane Agents Miscellaneous		
8-MOP *(methoxsalen)*	Brand	
calcipotriene	Generic	
CONDYLOX *(podofilox)*	Brand	
ELIDEL *(pimecrolimus)*	Brand	
FLUOROPLEX *(fluorouracil)*	Brand	
fluorouracil (topical)	Generic	
imiquimod	Generic	
isotretinoin	Generic	
OXSORALEN-ULTRA *(methoxsalen)*	Brand	
REGRANEX *(becaplermin)*	Brand	
SANTYL *(collagenase)*	Brand	
VECTICAL *(calcitriol)*	Brand	
Smooth Muscle Relaxants		
Smooth Muscle Relaxants		
aminophylline	Generic	
oxybutynin	Generic	
oxybutynin XL	Generic	
OXYTROL *(oxybutynin)*	Brand	
theophylline	Generic	
Vitamins		
Vitamins		
calcitriol	Generic	
ergocalciferol	Generic	
MEPHYTON *(phytonadione)*	Brand	

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

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