

Administered by



# 2023 Prescription Drug 3-Tier Formulary

Last Updated:

This Prescription Drug Formulary is accurate as of the last update date and is subject to change. This is not a guarantee of coverage or benefits. Please check your member handbook to verify coverage or call Providence Health Plan Customer Service at 503-574-7500 or 1-800-878-4445 (TTY: 711). Service is available five days a week, Monday through Friday, between 8 a.m. and 6 p.m.

## The Providence formulary

### What is a formulary?

Your prescription drug plan provides coverage for drugs listed on the Providence formulary (list of covered drugs). The formulary includes drugs that are dispensed by a pharmacy and self-administered. Developed in collaboration with Providence Health Plan, physicians, nurses, and pharmacists, the formulary includes FDA-approved prescription generic, brand-name and specialty drugs that are considered effective and safe for use for a variety of conditions.

- Generic drugs, which are available only after the brand-name patent expires:
  - Have the same active ingredient formula as the brand-name drug and
  - Are tested by the Food and Drug Administration (FDA) to be as safe and effective as the brand-name drug.
- Brand-name drugs are those that are sold under a specific name or trademark by the company that originally got FDA approval. These drugs are protected by patents and typically cost more than generic drugs
- Specialty drugs are those that require special delivery, handling, administration, and monitoring by a pharmacist.
  - These drugs are listed in the Providence formulary with a status of "Specialty," and are available typically through our preferred specialty pharmacy Credena Health

### How do I find drugs on the formulary?

You and your healthcare provider can search the formulary to find effective, quality drugs that minimize your out-of-pocket expenses.

There are two ways to search this formulary document:

1. By medical condition category (for example: drugs used to treat heart conditions are listed under the category, *Cardiovascular Agents*).
2. By index (provides an alphabetical listing of drugs included in the formulary and the page number they are listed on).

You can also search for your drugs on the "Drug Search" online tool for your formulary found at: <https://www.providencehealthplan.com/members/pharmacy-resources>

### What if my drug is not on the formulary?

Providence Health Plan strives to provide a comprehensive formulary of safe, effective, and affordable drugs. There may be times that you require a drug that is not on the formulary. If you currently take a prescription drug that is not on the formulary, or your provider would like to start you on a drug that is not listed on the formulary, you may contact customer service to confirm coverage for that drug. If the prescription drug is not covered, your doctor may request a formulary exception.

There are some drugs that are excluded from coverage under your prescription drug benefit. Refer

to your summary plan document for a full list of benefit exclusion. Some examples include, but are not limited to:

- Drugs that are not approved by the Food & Drug Administration (FDA)
- Drugs that are available without a prescription (known as over-the-counter drugs), unless they are required to be covered by the government (see ACA Preventive Drugs below)

## What does the formulary tell me about the coverage of my drugs?

This formulary provides you with information about what tier the drug is on and any restrictions or limitations that may be on the drug.

The first column of the chart lists the “Drug Name”

- Brand-name drugs are CAPITALIZED (for example, JANUVIA®)
- Generic drugs are listed in lower-case italics (for example, *simvastatin*)

The second column of the chart lists the “Drug Status”

- This lets you know the tier that the drug will be covered at. Drugs on lower tiers usually have lower costs associated with them.
- Refer to your member handbook and/or benefit summary to determine what amount you will pay at the pharmacy for drugs on that tier. This may vary depending on whether you have met your deductible, if applicable.

The third column of the chart lists the “Requirements/Limits”

- This lets you know if there are any special requirements for coverage of your drug.
- Some examples of requirements are prior authorizations, quantity limits or step therapy.

See the section below for explanations regarding tiers and restrictions/limitations

## Formulary updates

The formulary is updated every two months. Providence Health Plan’s Pharmacy and Therapeutics (P&T) Committee (comprised of various clinical providers and pharmacists who practice in the communities we serve) continuously reviews the latest evidence to identify opportunities to promote safe, effective, and affordable drug therapy.

Generally, the formulary status of a drug covered by your prescription drug coverage will not change during the year unless:

- The drug becomes available in generic form;
- There are safety or effectiveness concerns raised about the prescription drug; or
- The P&T Committee determines that changes to the formulary would be in the best overall interest of members.

## Know more, Save more

Providence Health Plan wants to help you to make the most of your prescription drug coverage. That's why we strive to provide you with the information you need to make smart decisions about drugs and your health.

We encourage you to be knowledgeable about your prescription drug benefits. Information is available on your benefit summary, in your member handbook, on the [Providence Health Plan](#) website, and on [myProvidence](#) (a portal for specific information related to your plan and benefits).

### Tips for maximizing your benefit

#### Get a 90-day Supply of your Maintenance Drugs

- Maintenance drugs are those typically prescribed to treat long-term or chronic conditions, such as diabetes, high blood pressure and high cholesterol.
- A 90-day supply of maintenance drug is available through participating mail-order pharmacies, as well as through preferred retail pharmacies.
- Your 90-day supply copay or coinsurance applies and will often save you money over time.

#### Use Preferred or Mail-Order Pharmacies

- You have access to an expansive network of participating pharmacies nationwide at discounted rates. Search the Pharmacy Directory to locate participating pharmacies near you.
- A preferred retail pharmacy can provide up to a 90-day supply of prescription drugs.
- A mail-order pharmacy can provide up to a 90-day supply of maintenance drugs and specializes in direct delivery to your home.

Search your [pharmacy directory](#) for a pharmacy near you

#### Try Generic Alternatives

- Making the switch from brand to generic drug can save you money.
- There are two types of generic drugs:
  - **Generic equivalent** - A generic equivalent is a generic drug that has the same active ingredient, dosage form and strength as its brand-name counterpart. Generic equivalents are an important option to brand-name prescription drugs because they cost less.
    - Example: Crestor®, a brand-name drug commonly used to treat high cholesterol, is now available in generic form under the name rosuvastatin. Crestor® and rosuvastatin are identical drugs – the only difference is that one costs more than the other.

- **Generic alternative** - A generic alternative is a generic drug used to treat the same condition as a brand-name drug. It is not, however, the exact same drug as the brand-name drug. According to clinical evidence, a generic alternative can be expected to treat the same condition as well as the brand-name option. Generic alternatives are an important option for prescription drugs for which there is no generic available.
  - Example: duloxetine, the generic form of Cymbalta®, may be prescribed instead of brand-name Fetzima® in the treatment of depression.

Remember, even if a generic equivalent is not yet available, safe and effective generic alternatives may be available to treat most common conditions. Using these options can provide cost savings. Depending on your benefit, brand name drugs may no longer be covered at its current cost sharing tier when the generic equivalent becomes available. You may be subject to a higher cost share. The formulary document may not immediately reflect this change upon the release of the generic formulation to the market.

## Additional Information About Your Formulary

### Drug Tiers

Tiers represent the cost you may pay for a drug. The specific cost for the tier will be outlined in your benefit summary. The tier levels for this formulary are outlined below:

Tier Name	Definition
<b>ACA Preventive</b>	Covered in full, zero cost share
<b>Generic</b>	Generic drugs
<b>Brand</b>	All non-specialty brand-name drugs
<b>Specialty</b>	Specialty drugs (brand-name and generic)

Refer to your benefit summary for additional details.

### Restrictions/Limitations

The following abbreviations may be found within the formulary list:

Abbreviation	Description	Explanation
<b>PA</b>	Prior Authorization Required	You (or your provider) are required to get prior authorization before you fill your prescription for this drug. Without prior approval, your drug may not be covered.

Abbreviation	Description	Explanation
<b>QL</b>	Quantity Limit Applies	There are limits to the amount of this drug that is covered per prescription or within a specific time frame.
<b>ST</b>	Step Therapy Required	This means that you must first try another drug to treat your medical condition. This drug may only be covered if the other drug does not work for you.
<b>Specialty Drug</b>	Requires use of Specialty Pharmacy	This drug may only be filled at a contracted Specialty pharmacy, such as Credena Health
<b>LA</b>	Limited Access Drug	This drug may only be filled at certain pharmacies per the drug manufacturer. Credena Health may not be able to provide some of these drugs since they are limited to only a few pharmacies. Contact Customer Service at 877-216-3644 (TTY: 711), Monday – Friday, 8 a.m. to 6 p.m. (Pacific Time). for more information
<b>C</b>	Custom Message	This will be a message specific to that drug to outline special requirements for coverage

Prior authorization is a process to review a prescription drug for coverage before it is dispensed to you.

- Many factors (including the potential for side effects, what conditions the drug is approved for use in by the FDA, and the clinical value of the drug) are considered before making the decision to require prior authorization of a prescription drug.
- A limited number of drugs require prior authorization review; any drugs requiring prior authorization are indicated as such in the formulary.
- Keep in mind, the formulary may contain other suitable options:
  - You and your provider may wish to discuss the possibility of changing your prescription to an effective formulary alternative.
  - Otherwise, your doctor may submit a prior authorization request on your behalf.

Quantity Limits are a restriction to the amount of drug you can get from your pharmacy at a time. These are typically put in place to make sure that you the drug you are taking is done so in a safe and effective way.

- For example, sumatriptan tablets (used for migraine headaches) are limited to nine (9) tablets every 30 days. This is because using too much of this drug can actually cause more frequent and more severe headaches.

Step therapy is a form of prior authorization. Its purpose is to confirm if drugs generally considered "first-line" therapy based on clinical evidence have already been tried.

- If they have been tried, the drug requiring step therapy will automatically be approved.
- In the event these drugs are not tried first, cannot be tried first, or your prescription drug history is not available (for example, if you are a new patient for Providence Health Plan), prior authorization is required.

## ACA Preventive Drugs

Your plan, in accordance with The Patient Protection and Affordable Care Act (PPACA), provides coverage for drugs without imposing a copayment, coinsurance, or deductible. Coverage is provided for a variety of drug categories, including routine vaccinations recommended by the Advisory Committee on Immunization Practices (ACIP). Coverage of ACA Preventive Drugs are subject to your plan's benefit and may be excluded under certain plans (see your plan's Benefit Summary or Member Handbook for details).

If a generic equivalent becomes available for a brand-name ACA Preventive Drug, the brand-name drug may no longer be covered in full. The brand-name version may be subject to your applicable brand name cost share and, depending on your benefit, the difference in cost between brand and generic.

## Safe Harbor Preventive Drugs

The safe harbor drug list is made up of drugs that are considered "first-line" to prevent the onset of a disease or condition. These drugs are important tools to maintain good health and well-being. The IRS definition of safe harbor is contained in Notice 2004-23, section 223(c)(2)(C).

These drugs are indicated with "SH" on the formulary. If your plan provides for preventive drug coverage (check your Benefit Summary), these drugs will be available to you at the cost-share indicated by the tier, and they will not be subject to your deductible. Any restrictions/limitations will still apply (such as prior authorization or quantity limits).

## For More Information

Learn more about your prescription drug coverage by reviewing the pharmacy resource site at: <https://www.providencehealthplan.com/members/pharmacy-resources>

# 2023 PROVIDENCE FORMULARY D

[To help find a drug see the back of the document for an alphabetical listing]

Drug Name	Status*	Requirements/Limits
<b>ANALGESICS</b>		
<b>NONSTEROIDAL ANTI-INFLAMMATORY DRUGS</b>		
<i>butalbital/aspirin/caffeine (50-325-40 capsule, 50-325-40 tablet)</i>	Generic	
<i>celecoxib</i>	Generic	
<i>diclofenac potassium 50 mg powd pack</i>	Generic	PA, QL (9 PER 30 DAYS)
<i>diclofenac potassium 50 mg tablet</i>	Generic	
<i>diclofenac sodium (1 % gel (gram), 1.5 % drops, 25 mg tablet dr, 50 mg tablet dr, 75 mg tablet dr)</i>	Generic	
<i>diclofenac sodium/misoprostol</i>	Generic	
<i>diflunisal</i>	Generic	
<i>etodolac (200 mg capsule, 300 mg capsule, 400 mg tablet, 500 mg tablet)</i>	Generic	
<i>fenoprofen calcium 600 mg tablet</i>	Generic	
<i>flurbiprofen</i>	Generic	
<i>ibuprofen (400 mg tablet, 600 mg tablet, 800 mg tablet)</i>	Generic	
<i>ibuprofen (400 mg tablet, 600 mg tablet, 800 mg tablet)</i>	Generic	
<i>indomethacin (25 mg capsule, 50 mg capsule, 75 mg capsule er)</i>	Generic	
<i>ketoprofen 50 mg capsule</i>	Generic	
<i>ketorolac tromethamine (15 mg/ml vial, 15 mg/ml syringe, 30mg/ml(1) vial, 30 mg/ml syringe)</i>	Generic	PA, QL (20 ML PER 28 DAYS)
<i>ketorolac tromethamine 10 mg tablet</i>	Generic	
<i>ketorolac tromethamine (60 mg/2 ml vial, 60 mg/2 ml syringe)</i>	Generic	PA, QL (10 ML PER 28 DAYS)
<i>meclofenamate sodium</i>	Generic	

\*Specialty medications are only available through the Providence specialty network. See introduction.  
PA - Prior Authorization, QL - Quantity Limits, ST - Step Therapy, LA- Limited Access



## 2023 PROVIDENCE FORMULARY D

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Drug Name	Status*	Requirements/Limits
<i>mefenamic acid</i>	Generic	
<i>meloxicam (7.5 mg tablet, 7.5 mg/5ml oral susp, 15 mg tablet)</i>	Generic	
<i>nabumetone</i>	Generic	
<i>naproxen (125 mg/5ml oral susp, 250 mg tablet, 375 mg tablet, 375 mg tablet dr, 500 mg tablet dr, 500 mg tablet)</i>	Generic	
<i>naproxen sodium (275 mg tablet, 550 mg tablet)</i>	Generic	
<i>oxaprozin</i>	Generic	
<i>piroxicam</i>	Generic	
<i>sulindac</i>	Generic	
<i>tolmetin sodium 600 mg tablet</i>	Generic	

### OPIOID ANALGESICS, LONG-ACTING

<i>buprenorphine</i>	Generic	PA, QL (4 PER 28 DAYS), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
<i>fentanyl (12 mcg/hr patch td72, 25 mcg/hr patch td72, 50mcg/hr patch td72, 75mcg/hr patch td72, 100 mcg/hr patch td72)</i>	Generic	PA, QL (15 PER 30 DAYS), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
<i>hydrocodone bitartrate (10 mg cap er 12h, 15 mg cap er 12h, 20 mg cap er 12h, 30 mg cap er 12h, 40 mg cap er 12h, 50 mg cap er 12h)</i>	Generic	PA, QL (2 PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
<i>hydromorphone hcl (8 mg tab er 24h, 12 mg tab er 24h, 16 mg tab er 24h, 32 mg tab er 24h)</i>	Generic	PA, QL (1 PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
<i>methadone hcl 10 mg/ml oral conc</i>	Generic	QL (4 ML PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
<i>methadone hcl 10 mg/5 ml solution</i>	Generic	QL (20 ML PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)

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Drug Name	Status*	Requirements/Limits
<i>methadone hcl 5 mg/5 ml solution</i>	Generic	QL (40 ML PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
<i>methadone hcl (5 mg tablet, 10 mg tablet, 40 mg tablet sol)</i>	Generic	PA, QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
<i>methadone intensol</i>	Generic	QL (4 ML PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
<i>methadose 40 mg tablet dispr</i>	Generic	PA, QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
<i>morphine sulfate (15 mg tablet er, 30 mg tablet er, 60 mg tablet er, 100 mg tablet er, 200 mg tablet er)</i>	Generic	QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
NUCYNTA ER	Brand	PA, QL (2 PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
<i>oxymorphone hcl (5 mg tab er 12h, 7.5 mg tab er 12h, 10 mg tab er 12h, 15 mg tab er 12h, 20 mg tab er 12h, 30 mg tab er 12h)</i>	Generic	PA, QL (2 PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
<i>oxymorphone hcl 40 mg tab er 12h</i>	Generic	PA, QL (2 PER DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
<i>tramadol hcl (100 mg tbmp 24hr, 100 mg tab er 24h)</i>	Generic	PA, QL (2 PER DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
<i>tramadol hcl (200 mg tbmp 24hr, 200 mg tab er 24h, 300 mg tab er 24h, 300 mg tbmp 24hr)</i>	Generic	PA, QL (1 PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
XTAMPZA ER	Brand	PA, QL (2 PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)

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## 2023 PROVIDENCE FORMULARY D

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Drug Name	Status*	Requirements/Limits
<b>OPIOID ANALGESICS, SHORT-ACTING</b>		
<i>acetaminophen with codeine phosphate (120-12mg/5 solution, 300mg/12.5 solution, 300mg-30mg tablet, 300mg-60mg tablet, 300mg-15mg tablet)</i>	Generic	PA, QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
<i>ascomp with codeine</i>	Generic	PA, QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
<i>butalbit/acetamin/caff/codeine 50-325-30 capsule</i>	Generic	PA, QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
<i>butorphanol tartrate 10 mg/ml spray</i>	Generic	QL (5 ML PER 30 DAYS), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
<i>codeine phosphate/butalbital/aspirin/caffeine</i>	Generic	PA, QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
<i>codeine sulfate</i>	Generic	PA, QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
<i>endocet (2.5-325 mg tablet, 5-325 mg tablet, 7.5-325 mg tablet)</i>	Generic	QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
<i>endocet 10-325 mg tablet</i>	Generic	QL (8 PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
<i>fentanyl citrate (200 mcg lozenge hd, 400 mcg lozenge hd, 600 mcg lozenge hd, 800 mcg lozenge hd, 1200 mcg lozenge hd, 1600 mcg lozenge hd)</i>	Generic	PA, QL (4 PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
<i>hydrocodone bitartrate/acetaminophen (2.5-108/5 solution, 5 mg-325mg tablet, 5-217mg/10 solution, 7.5-325/15 solution, 7.5-325 mg tablet, 10mg-325mg tablet)</i>	Generic	QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
<i>hydrocodone/ibuprofen</i>	Generic	QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)

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## 2023 PROVIDENCE FORMULARY D

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Drug Name	Status*	Requirements/Limits
<i>hydromorphone hcl (1 mg/ml liquid, 3 mg supp.rect, 4 mg tablet, 8 mg tablet)</i>	Generic	QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
<i>hydromorphone hcl 2 mg tablet</i>	Generic	QL (10 PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
<i>morphine sulfate (5 mg supp.rect, 10 mg supp.rect, 15 mg tablet, 20 mg supp.rect, 30 mg tablet, 30 mg supp.rect, 100 mg/5ml solution)</i>	Generic	QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
<i>morphine sulfate 10 mg/5 ml solution</i>	Generic	QL (60 ML PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
<i>morphine sulfate 20 mg/5 ml solution</i>	Generic	QL (30 ML PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
<i>oxycodone hcl 5 mg capsule</i>	Generic	QL (10 PER DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
<i>oxycodone hcl (5 mg/5 ml solution, 5 mg tablet, 10 mg tablet, 15 mg tablet, 20 mg tablet, 30 mg tablet)</i>	Generic	QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
<i>oxycodone hcl 100 mg/5 ml conc</i>	Generic	QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
<i>oxycodone hcl/acetaminophen (2.5-325 mg tablet, 5 mg-325mg tablet, 7.5-325 mg tablet)</i>	Generic	QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
<i>oxycodone hcl/acetaminophen 10mg-325mg tablet</i>	Generic	QL (8 PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
<i>tramadol hcl 50 mg tablet</i>	Generic	PA, QL (8 PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)

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Drug Name	Status*	Requirements/Limits
<i>tramadol hcl/acetaminophen</i>	Generic	PA, QL (10 PER DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)

## ANESTHETICS

### LOCAL ANESTHETICS

<i>dermacinrx lidocan</i>	Generic	PA
<i>glydo</i>	Generic	
<i>lidocaine 5 % adh. patch</i>	Generic	PA
<i>lidocaine 5 % oint. (g)</i>	Generic	
<i>lidocaine hcl (2 % jelly(ml), 2 % solution, 2 % jel/pf app, 4 % solution, 40 mg/ml solution)</i>	Generic	
<i>lidocaine/prilocaine 2.5 %-2.5% cream (g)</i>	Generic	
<i>midazolam hcl (2 mg/2 ml vial, 5 mg/ml(1) vial, 5 mg/ml vial, 5 mg/5 ml vial, 10 mg/2 ml vial, 10 mg/10ml vial, 150mg/30ml syringe)</i>	Generic	
<i>midazolam hcl/pf (2 mg/2 ml vial, 2 mg/2 ml syringe, 5 mg/ml syringe, 5 mg/5 ml vial, 5 mg/ml(1) vial, 10 mg/2 ml vial, 10 mg/2 ml syringe)</i>	Generic	

## ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS

### ALCOHOL DETERRENTS/ANTI-CRAVING

<i>acamprosate calcium</i>	Generic	
<i>disulfiram</i>	Generic	
<i>naltrexone hcl</i>	Generic	

### OPIOID DEPENDENCE

<i>buprenorphine hcl 2 mg tab subl</i>	Generic	QL (4 PER 1 DAY)
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Drug Name	Status*	Requirements/Limits
<i>buprenorphine hcl 8 mg tab subl</i>	Generic	QL (3 PER 1 DAY)
<i>buprenorphine hcl/naloxone hcl (/naloxone 2 mg-0.5mg film, /naloxone 2 mg-0.5mg tab subl, /naloxone 4mg-1mg film)</i>	Generic	QL (4 PER 1 DAY)
<i>buprenorphine hcl/naloxone hcl 12 mg-3 mg film</i>	Generic	QL (3 PER 1 DAY)
<i>buprenorphine hcl/naloxone hcl (/naloxone 8 mg-2 mg tab subl, /naloxone 8 mg-2 mg film)</i>	Generic	QL (4 PER DAY)
LUCEMYRA	Brand	ST, QL (224 PER 30 DAYS)

## OPIOID REVERSAL AGENTS

KLOXXADO	Brand	
<i>naloxone hcl (0.4 mg/ml vial, 0.4 mg/ml cartridge, 1 mg/ml syringe, 4 mg spray)</i>	Generic	
ZIMHI	Brand	

## SMOKING CESSATION AGENTS

BUPROPION HCL 150 MG TAB ER 12H	ACA Preventive	
NICOTINE (GUM, LOZENGE, PATCH)	ACA Preventive	
NICOTROL	ACA Preventive	
NICOTROL NS	ACA Preventive	
VARENICLINE TARTRATE (0.5 (11)-1 TAB DS PK, 0.5 MG TABLET, 1 MG TABLET)	ACA Preventive	

## ANTIBACTERIALS

### AMINOGLYCOSIDES

<i>gentamicin sulfate (0.1 % oint. (g), 0.1 % cream (g))</i>	Generic	
<i>neomycin sulfate</i>	Generic	
<i>paromomycin sulfate</i>	Generic	

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## 2023 PROVIDENCE FORMULARY D

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Drug Name	Status*	Requirements/Limits
<b>ANTIBACTERIALS, OTHER</b>		
<i>clindacin etz 1% pledget</i>	Generic	
<i>clindacin p</i>	Generic	
<i>clindamycin hcl</i>	Generic	
<i>clindamycin palmitate hcl</i>	Generic	
<i>clindamycin phosphate (1 % med. swab, 2 % cream/appl)</i>	Generic	
<i>fosfomycin tromethamine</i>	Generic	
<i>linezolid (100 mg/5ml susp recon, 600 mg tablet)</i>	Generic	
<i>methenamine hippurate</i>	Generic	
<i>metronidazole (0.75 % gel (gram), 0.75 % cream (g), 0.75 % gel w/appl, 0.75 % lotion, 1 % gel w/pump, 1 % gel (gram), 250 mg tablet, 500 mg tablet)</i>	Generic	
<i>nitrofurantoin macrocrystal (50 mg capsule, 100 mg capsule)</i>	Generic	
<i>nitrofurantoin monohydrate/macrocrystals</i>	Generic	
PRIMSOL	Brand	
SIVEXTRO 200 MG TABLET	Specialty	QL (6 PER 30 DAYS), S (Specialty Drug)
<i>tinidazole</i>	Generic	
<i>trimethoprim</i>	Generic	
<i>vancomycin hcl (25 mg/ml soln recon, 50 mg/ml soln recon, 125 mg capsule, 250 mg capsule)</i>	Generic	
<b>BETA-LACTAM, CEPHALOSPORINS</b>		
<i>cefaclor (125 mg/5ml susp recon, 250 mg/5ml susp recon, 250 mg capsule, 375 mg/5ml susp recon, 500 mg capsule)</i>	Generic	
<i>cefadroxil (1 g tablet, 250 mg/5ml susp recon, 500 mg capsule, 500 mg/5ml susp recon)</i>	Generic	

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## 2023 PROVIDENCE FORMULARY D

[To help find a drug see the back of the document for an alphabetical listing]

Drug Name	Status*	Requirements/Limits
<i>cefdinir (125 mg/5ml susp recon, 250 mg/5ml susp recon, 300 mg capsule)</i>	Generic	
<i>cefixime (100 mg/5ml susp recon, 200 mg/5ml susp recon, 400 mg capsule)</i>	Generic	
<i>cefpodoxime proxetil (50 mg/5 ml susp recon, 100 mg tablet, 100 mg/5ml susp recon, 200 mg tablet)</i>	Generic	
<i>cefprozil (125 mg/5ml susp recon, 250 mg tablet, 250 mg/5ml susp recon, 500 mg tablet)</i>	Generic	
<i>cefuroxime axetil</i>	Generic	
<i>cephalexin (125 mg/5ml susp recon, 250 mg capsule, 250 mg/5ml susp recon, 500 mg capsule, 750 mg capsule)</i>	Generic	
<b>BETA-LACTAM, PENICILLINS</b>		
<i>amoxicillin (125 mg tab chew, 125 mg/5ml susp recon, 200 mg/5ml susp recon, 250 mg capsule, 250 mg tab chew, 250 mg/5ml susp recon, 400 mg/5ml susp recon, 500 mg tablet, 500 mg capsule, 875 mg tablet)</i>	Generic	
<i>amoxicillin/potassium clavulanate (200-28.5/5 susp recon, 250-125 mg tablet, 250-62.5/5 susp recon, 400-57mg/5 susp recon, 500-125 mg tablet, 600-42.9/5 susp recon, 875-125 mg tablet)</i>	Generic	
<i>ampicillin trihydrate</i>	Generic	
<i>dicloxacillin sodium</i>	Generic	
MOXATAG	Brand	
<i>penicillin v potassium (125 mg/5ml soln recon, 250 mg tablet, 250 mg/5ml soln recon, 500 mg tablet)</i>	Generic	

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# 2023 PROVIDENCE FORMULARY D

[To help find a drug see the back of the document for an alphabetical listing]

Drug Name	Status*	Requirements/Limits
<b>MACROLIDES</b>		
<i>azithromycin (1 g packet, 100 mg/5ml susp recon, 200 mg/5ml susp recon, 250 mg tablet, 500 mg tablet, 600 mg tablet)</i>	Generic	
<i>clarithromycin (125 mg/5ml susp recon, 250 mg/5ml susp recon, 250 mg tablet, 500 mg tab er 24h, 500 mg tablet)</i>	Generic	
DIFICID 40 MG/ML SUSPENSION	Brand	QL (136 ML PER 30 DAYS)
DIFICID 200 MG TABLET	Brand	QL (20 PER 30 DAYS)
<b>QUINOLONES</b>		
<i>ciprofloxacin hcl (0.3 % drops, 100 mg tablet, 250 mg tablet, 500 mg tablet, 750 mg tablet)</i>	Generic	
FACTIVE	Brand	
<i>levofloxacin (250mg/10ml solution, 250 mg tablet, 500 mg tablet, 750 mg tablet)</i>	Generic	
<i>moxifloxacin hcl 400 mg tablet</i>	Generic	
<i>ofloxacin (300 mg tablet, 400 mg tablet)</i>	Generic	
<b>SULFONAMIDES</b>		
<i>sulfacetamide sodium 10 % suspension</i>	Generic	
<i>sulfadiazine</i>	Generic	
<i>sulfamethoxazole/trimethoprim (200-40mg/5 oral susp, 400mg-80mg tablet, 800-160/20 oral susp, 800-160 mg tablet)</i>	Generic	
<b>TETRACYCLINES</b>		
<i>avidoxy</i>	Generic	
<i>demeclocycline hcl</i>	Generic	
<i>doxycycline hyclate (20 mg tablet, 50 mg capsule, 100 mg capsule, 100 mg tablet)</i>	Generic	

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## 2023 PROVIDENCE FORMULARY D

[To help find a drug see the back of the document for an alphabetical listing]

Drug Name	Status*	Requirements/Limits
<i>doxycycline monohydrate (25 mg/5 ml susp recon, 50 mg capsule, 50 mg tablet, 75 mg tablet, 100 mg tablet, 100 mg capsule, 150 mg tablet)</i>	Generic	
<i>minocycline hcl (50 mg capsule, 75 mg capsule, 100 mg capsule)</i>	Generic	
<i>mondoxyne nl 100 mg capsule</i>	Generic	
<i>tetracycline hcl</i>	Generic	

### ANTICONVULSANTS

#### ANTICONVULSANTS, OTHER

BRIVIACT 10 MG/ML ORAL SOLN	Brand	ST, QL (10 ML PER DAY)
BRIVIACT (25 MG TABLET, 50 MG TABLET)	Brand	ST
BRIVIACT (75 MG TABLET, 100 MG TABLET)	Brand	ST, QL (2 PER DAY)
BRIVIACT 10 MG TABLET	Brand	ST, QL (4 PER DAY)
DIACOMIT (250 MG CAPSULE, 250 MG POWDER PACKET)	Specialty	PA, LA, QL (12 PER 1 DAY), S (Specialty Drug)
DIACOMIT (500 MG POWDER PACKET, 500 MG CAPSULE)	Specialty	PA, LA, QL (6 PER 1 DAY), S (Specialty Drug)
<i>divalproex sodium (125 mg tablet dr, 125 mg cap dr spr, 250 mg tab er 24h, 250 mg tablet dr, 500 mg tablet dr, 500 mg tab er 24h)</i>	Generic	
EPIDIOLEX	Specialty	PA, LA, S (Specialty Drug)
<i>felbamate (400 mg tablet, 600 mg tablet, 600 mg/5ml oral susp)</i>	Generic	
FINTEPLA	Specialty	PA, LA, QL (12 ML PER DAY), S (Specialty Drug)
FYCOMPA 0.5 MG/ML ORAL SUSP	Brand	ST, QL (24 ML PER DAY)
FYCOMPA (2 MG TABLET, 4 MG TABLET, 6 MG TABLET)	Brand	ST

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## 2023 PROVIDENCE FORMULARY D

[To help find a drug see the back of the document for an alphabetical listing]

Drug Name	Status*	Requirements/Limits
FYCOMPA (8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	Brand	ST, QL (1 PER DAY)
LAMICTAL XR (BLUE)	Brand	
LAMICTAL XR (GREEN)	Brand	
LAMICTAL XR (ORANGE)	Brand	
<i>lamotrigine (5 mg tb chw dsp, 25 mg tablet, 25 mg tab er 24, 25mg (35) tabs pk, 25 mg tb chw dsp, 50 mg tab er 24, 100 mg tab er 24, 100 mg tablet, 150 mg tablet, 200 mg tablet, 200 mg tab er 24, 250 mg tab er 24, 300 mg tab er 24)</i>	Generic	
<i>levetiracetam (100 mg/ml solution, 250 mg tablet, 500 mg tab er 24h, 500 mg/5ml solution, 500 mg tablet, 750 mg tab er 24h, 750 mg tablet, 1000 mg tablet)</i>	Generic	
<i>roweepra</i>	Generic	
<i>subvenite</i>	Generic	
<i>subvenite (blue)</i>	Generic	
<i>topiramate (25 mg cap spr 24, 50 mg cap spr 24, 100 mg cap spr 24, 150 mg cap spr 24, 200 mg cap spr 24)</i>	Generic	PA
<i>topiramate (15 mg cap sprink, 25 mg cap sprink, 25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)</i>	Generic	
<i>valproic acid</i>	Generic	
<i>valproic acid (as sodium salt) (valproate sodium) (salt) 250 mg/5ml solution, salt) 500mg/10ml solution)</i>	Generic	
XCOPRI (12.5-25 MG PK, 50-100 MG PAK, 150-200 MG PK)	Brand	ST, QL (1 PER 365 DAYS)
XCOPRI (150 MG TABLET, 350 MG DAILY DOSE PACK)	Brand	ST, QL (1 PER DAY)
XCOPRI (50 MG TABLET, 100 MG TABLET, 250 MG DAILY DOSE PACK)	Brand	ST

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# 2023 PROVIDENCE FORMULARY D

[To help find a drug see the back of the document for an alphabetical listing]

Drug Name	Status*	Requirements/Limits
XCOPRI 200 MG TABLET	Brand	ST, QL (2 PER DAY)
ZTALMY	Specialty	PA, LA, QL (36 ML PER DAY), S (Specialty Drug)

## CALCIUM CHANNEL MODIFYING AGENTS

<i>ethosuximide (250 mg/5ml solution, 250 mg capsule)</i>	Generic
<i>methsuximide</i>	Generic

## GAMMA-AMINOBUTYRIC ACID (GABA) AUGMENTING AGENTS

<i>clobazam (2.5 mg/ml oral susp, 10 mg tablet, 20 mg tablet)</i>	Generic
<i>diazepam (2.5 mg kit, 5-7.5-10mg kit, 12.5-15-20 kit)</i>	Generic
<i>gabapentin (100 mg capsule, 250 mg/5ml solution, 300 mg capsule, 400 mg capsule, 600 mg tablet, 800 mg tablet)</i>	Generic
<i>phenobarbital (15 mg tablet, 16.2 mg tablet, 20 mg/5 ml elixir, 30 mg tablet, 32.4 mg tablet, 60 mg tablet, 64.8 mg tablet, 97.2mg tablet, 100 mg tablet)</i>	Generic

<i>primidone</i>	Generic	
SYMPAZAN	Brand	PA
<i>tiagabine hcl</i>	Generic	

VALTOCO	Brand	PA, QL (10 PER 30 DAYS)
VIGABATRIN (500 MG TABLET, 500 MG POWD PACK)	Specialty	PA, LA, S (Specialty Drug)
VIGADRONE (500 MG POWDER PACKET, 500 MG TABLET)	Specialty	PA, LA, S (Specialty Drug)

## SODIUM CHANNEL AGENTS

APTIOM (200 MG TABLET, 400 MG TABLET)	Brand	ST
APTIOM (600 MG TABLET, 800 MG TABLET)	Brand	ST, QL (2 PER DAY)

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# 2023 PROVIDENCE FORMULARY D

[To help find a drug see the back of the document for an alphabetical listing]

Drug Name	Status*	Requirements/Limits
<i>carbamazepine (100 mg tab er 12h, 100 mg cpm 12hr, 100 mg tab chew, 100 mg/5ml oral susp, 200 mg tablet, 200 mg tab er 12h, 200 mg cpm 12hr, 300 mg cpm 12hr, 400 mg tab er 12h)</i>	Generic	
DILANTIN 30 MG CAPSULE	Brand	
<i>epitol</i>	Generic	
<i>lacosamide (10 mg/ml solution, 50 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)</i>	Generic	
<i>oxcarbazepine (150 mg tablet, 300 mg tablet, 300 mg/5ml oral susp, 600 mg tablet)</i>	Generic	
OXTELLAR XR	Brand	
<i>phenytoin (50 mg tab chew, 100 mg/4ml oral susp, 125 mg/5ml oral susp)</i>	Generic	
<i>phenytoin sodium extended</i>	Generic	
<i>rufinamide (40 mg/ml oral susp, 200 mg tablet, 400 mg tablet)</i>	Generic	ST
<i>zonisamide</i>	Generic	

## ANTICONVULSANTS, OTHER

### ANTICONVULSANTS

NAYZILAM	Brand	PA, QL (10 PER 30 DAYS)
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## ANTIDEMENTIA AGENTS

### ANTIDEMENTIA AGENTS, OTHER

<i>ergoloid mesylates</i>	Generic	
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## CHOLINESTERASE INHIBITORS

<i>donepezil hcl (5 mg tab rapdis, 5 mg tablet, 10 mg tablet, 10 mg tab rapdis, 23 mg tablet)</i>	Generic	
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# 2023 PROVIDENCE FORMULARY D

[To help find a drug see the back of the document for an alphabetical listing]

Drug Name	Status*	Requirements/Limits
<i>galantamine hbr (4 mg tablet, 4 mg/ml solution, 8 mg cap24h pel, 8 mg tablet, 12 mg tablet, 16 mg cap24h pel, 24 mg cap24h pel)</i>	Generic	
<i>rivastigmine</i>	Generic	
<i>rivastigmine tartrate</i>	Generic	QL (2 PER 1 DAY)

## N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST

<i>memantine hcl (7 mg cap spr 24, 14 mg cap spr 24, 21 mg cap spr 24, 28 mg cap spr 24)</i>	Generic	QL (1 PER 1 DAY)
<i>memantine hcl 2 mg/ml solution</i>	Generic	QL (10 ML PER 1 DAY)
<i>memantine hcl (5 mg-10 mg tab ds pk, 5 mg tablet, 10 mg tablet)</i>	Generic	

## ANTIDEPRESSANTS

### ANTIDEPRESSANTS, OTHER

BUPROPION HCL (75 MG TABLET, 100 MG TAB SR 12H, 100 MG TABLET, 150 MG TAB ER 24H, 150 MG TAB SR 12H, 200 MG TAB SR 12H, 300 MG TAB ER 24H)	Value	
LYBALVI (15-10 MG TABLET, 20-10 MG TABLET)	Brand	PA, QL (1 PER DAY)
LYBALVI (5-10 MG TABLET, 10-10 MG TABLET)	Brand	PA
MIRTAZAPINE (7.5 MG TABLET, 15 MG TABLET, 30 MG TABLET, 45 MG TABLET)	Value	
<i>mirtazapine (15 mg tab rapdis, 30 mg tab rapdis, 45 mg tab rapdis)</i>	Generic	
<i>olanzapine/fluoxetine hcl</i>	Generic	
<i>perphenazine/amitriptyline hcl</i>	Generic	

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## 2023 PROVIDENCE FORMULARY D

[To help find a drug see the back of the document for an alphabetical listing]

Drug Name	Status*	Requirements/Limits
<b>MONOAMINE OXIDASE INHIBITORS</b>		
EMSAM	Brand	
MARPLAN	Brand	
<i>phenelzine sulfate</i>	Generic	
TRANLYCYPROMINE SULFATE	Value	
<b>SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)</b>		
CITALOPRAM HYDROBROMIDE (10 MG TABLET, 10 MG/5 ML SOLUTION, 20 MG/10ML SOLUTION, 20 MG TABLET, 40 MG TABLET)	Value	
<i>desvenlafaxine succinate 100 mg tab er 24h</i>	Generic	QL (4 PER DAY)
<i>desvenlafaxine succinate 25 mg tab er 24h</i>	Generic	QL (1 PER 1 DAY)
<i>desvenlafaxine succinate 50 mg tab er 24h</i>	Generic	QL (1 PER DAY)
<i>escitalopram oxalate (5 mg tablet, 5 mg/5 ml solution, 10 mg tablet, 20 mg tablet)</i>	Generic	
FETZIMA 20-40 MG TITRATION PAK	Brand	ST, QL (1 PER 365 DAYS)
FETZIMA (ER 20 MG CAPSULE, ER 40 MG CAPSULE, ER 80 MG CAPSULE)	Brand	ST
FETZIMA ER 120 MG CAPSULE	Brand	ST, QL (1 PER DAY)
FLUOXETINE HCL (10 MG CAPSULE, 20 MG/5 ML SOLUTION, 20 MG CAPSULE, 40 MG CAPSULE)	Value	
<i>fluoxetine hcl (10 mg tablet, 20 mg tablet, 60 mg tablet)</i>	Generic	
<i>fluvoxamine maleate (100 mg cap er 24h, 150 mg cap er 24h)</i>	Generic	
FLUVOXAMINE MALEATE (25 MG TABLET, 50 MG TABLET, 100 MG TABLET)	Value	

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## 2023 PROVIDENCE FORMULARY D

[To help find a drug see the back of the document for an alphabetical listing]

Drug Name	Status*	Requirements/Limits
NEFAZODONE HCL	Value	
<i>paroxetine hcl (12.5 mg tab er 24h, 25 mg tab er 24h, 37.5 mg tab er 24h)</i>	Generic	
PAROXETINE HCL (10 MG TABLET, 10 MG/5 ML ORAL SUSP, 20 MG TABLET, 30 MG TABLET, 40 MG TABLET)	Value	
SERTRALINE HCL (20 MG/ML ORAL CONC, 25 MG TABLET, 50 MG TABLET, 100 MG TABLET)	Value	
TRAZODONE HCL (50 MG TABLET, 100 MG TABLET, 150 MG TABLET)	Value	
TRINTELLIX (5 MG TABLET, 10 MG TABLET)	Brand	ST
TRINTELLIX 20 MG TABLET	Brand	ST, QL (1 PER DAY)
<i>venlafaxine hcl (25 mg tablet, 37.5 mg cap er 24h, 37.5 mg tablet, 50 mg tablet, 75 mg cap er 24h, 75 mg tablet, 100 mg tablet, 150 mg cap er 24h)</i>	Generic	
VIIBRYD 10-20 MG STARTER PACK	Brand	QL (1 PER 365 DAYS)
<i>vilazodone hcl</i>	Generic	

### TRICYCLICS

AMITRIPTYLINE HCL	Value	
AMOXAPINE	Value	
CLOMIPRAMINE HCL	Value	
<i>desipramine hcl</i>	Generic	
DOXEPIN HCL (10 MG CAPSULE, 25 MG CAPSULE, 50 MG CAPSULE, 75 MG CAPSULE, 100 MG CAPSULE)	Value	
<i>doxepin hcl (10 mg/ml oral conc, 150 mg capsule)</i>	Generic	
IMIPRAMINE HCL	Value	
NORTRIPTYLINE HCL (10 MG/5 ML SOLUTION, 10 MG CAPSULE, 25 MG CAPSULE, 50 MG CAPSULE, 75 MG CAPSULE)	Value	

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# 2023 PROVIDENCE FORMULARY D

[To help find a drug see the back of the document for an alphabetical listing]

Drug Name	Status*	Requirements/Limits
<i>protriptyline hcl</i>	Generic	
<i>trimipramine maleate</i>	Generic	

## ANTIEMETICS

### ANTIEMETICS, OTHER

<i>compro</i>	Generic	
<i>metoclopramide hcl (5 mg tablet, 5 mg/5 ml solution, 10 mg tablet, 10 mg/10ml solution)</i>	Generic	
<i>perphenazine</i>	Generic	
<i>prochlorperazine</i>	Generic	
<i>prochlorperazine maleate</i>	Generic	
<i>promethazine hcl (12.5 mg supp.rect, 25 mg supp.rect, 50 mg supp.rect, 50 mg tablet)</i>	Generic	
<i>promethegan</i>	Generic	
<i>scopolamine</i>	Generic	
<i>trimethobenzamide hcl</i>	Generic	

### EMETOGENIC THERAPY ADJUNCTS

AKYNZEO 300-0.5 MG CAPSULE	Brand	QL (4 PER 28 DAYS)
ANZEMET	Brand	
<i>aprepitant 125mg-80mg cap ds pk</i>	Generic	QL (6 PER 30 DAYS)
<i>aprepitant 125 mg capsule</i>	Generic	QL (2 PER 30 DAYS)
<i>aprepitant 40 mg capsule</i>	Generic	QL (8 PER 30 DAYS)
<i>aprepitant 80 mg capsule</i>	Generic	QL (4 PER 30 DAYS)
<i>dronabinol</i>	Generic	PA
EMEND 125 MG POWDER PACKET	Brand	QL (2 PER 30 DAYS)
<i>granisetron hcl 1 mg tablet</i>	Generic	QL (8 PER 30 DAYS)
<i>ondansetron hcl (4 mg/5 ml solution, 4 mg tablet, 8 mg tablet, 24 mg tablet)</i>	Generic	

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## 2023 PROVIDENCE FORMULARY D

[To help find a drug see the back of the document for an alphabetical listing]

Drug Name	Status*	Requirements/Limits
<i>ondansetron odt (4 mg tablet, 8 mg tablet)</i>	Generic	
SANCUSO	Brand	ST, QL (2 PER 30 DAYS)
VARUBI	Brand	LA, QL (8 PER 28 DAYS)

### ANTIFUNGALS

<i>clotrimazole 10 mg troche</i>	Generic	
CRESEMBA (74.5 MG CAPSULE, 186 MG CAPSULE)	Specialty	PA, S (Specialty Drug)
<i>econazole nitrate</i>	Generic	
ERTACZO	Brand	
<i>fluconazole (10 mg/ml susp recon, 40 mg/ml susp recon, 50 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)</i>	Generic	
<i>flucytosine</i>	Generic	
<i>griseofulvin ultramicrosize</i>	Generic	
<i>griseofulvin, microsize (125 mg/5ml oral susp, 500 mg tablet)</i>	Generic	
<i>itraconazole (10 mg/ml solution, 100 mg capsule)</i>	Generic	PA
<i>ketoconazole (2 % cream (g), 2 % shampoo, 200 mg tablet)</i>	Generic	
<i>miconazole nitrate 200 mg supp.vag</i>	Generic	
<i>naftifine hcl (1 % gel (gram), 1 % cream (g))</i>	Generic	
<i>nyamyc</i>	Generic	
<i>nystatin (500k unit tablet, 100000/ml oral susp, 100000/g powder, 100000/g cream (g), 100000/g oint. (g))</i>	Generic	
<i>nystop</i>	Generic	
ORAVIG	Brand	

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# 2023 PROVIDENCE FORMULARY D

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Drug Name	Status*	Requirements/Limits
<i>oxiconazole nitrate</i>	Generic	
<i>posaconazole (100 mg tablet dr, 200 mg/5ml oral susp)</i>	Generic	PA
<i>sulconazole nitrate (1 % cream (g), 1 % solution)</i>	Generic	
<i>terbinafine hcl 250 mg tablet</i>	Generic	
<i>terconazole (0.4 % cream/appl, 0.8 % cream/appl, 80 mg supp.vag)</i>	Generic	
<i>voriconazole (50 mg tablet, 200 mg tablet, 200 mg/5ml susp recon)</i>	Generic	PA

## ANTIGOUT AGENTS

<i>allopurinol (100 mg tablet, 300 mg tablet)</i>	Generic	
<i>colchicine (0.6 mg capsule, 0.6 mg tablet)</i>	Generic	
<i>febuxostat</i>	Generic	
<i>probenecid</i>	Generic	
<i>probenecid/colchicine</i>	Generic	

## ANTIMIGRAINE AGENTS

### ANTIMIGRAINE AGENTS, OTHER

AJOVY AUTOINJECTOR	Brand	PA, QL (1.5 ML PER 28 DAYS)
NURTEC ODT	Brand	PA, QL (8 PER 30 DAYS)

## ERGOT ALKALOIDS

<i>dihydroergotamine mesylate 1 mg/ml ampul</i>	Generic	QL (24 ML PER 28 DAYS)
<i>dihydroergotamine mesylate 0.5mg/spry spray/pump</i>	Generic	QL (8 ML PER 30 DAYS)
ERGOMAR	Specialty	LA, QL (20 PER 30 DAYS), S (Specialty Drug)

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## 2023 PROVIDENCE FORMULARY D

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Drug Name	Status*	Requirements/Limits
<i>ergotamine tartrate/caffeine</i>	Generic	QL (40 PER 28 DAYS)
<b>PROPHYLACTIC</b>		
AIMOVIG AUTOINJECTOR	Brand	PA, QL (1 ML PER 28 DAYS)
AJOVY SYRINGE	Brand	PA, QL (1.5 ML PER 28 DAYS)
EMGALITY PEN	Brand	PA, QL (1 ML PER 28 DAYS)
EMGALITY 120 MG/ML SYRINGE	Brand	PA, QL (1 ML PER 28 DAYS)
EMGALITY 300 MG (100 MG X3SYR)	Brand	PA, QL (3 ML PER 28 DAYS)
QULIPTA	Brand	PA, QL (1 PER DAY)
<b>SEROTONIN (5-HT) RECEPTOR AGONIST</b>		
<i>eletriptan hydrobromide</i>	Generic	QL (12 PER 30 DAYS)
<i>frovatriptan succinate</i>	Generic	PA, QL (9 PER 30 DAYS)
<i>naratriptan hcl</i>	Generic	QL (9 PER 30 DAYS)
REYVOW 100 MG TABLET	Brand	PA, QL (8 PER 30 DAYS)
REYVOW 50 MG TABLET	Brand	PA, QL (4 PER 30 DAYS)
<i>rizatriptan benzoate (5 mg tablet, 5 mg tab rapdis, 10 mg tablet, 10 mg tab rapdis)</i>	Generic	QL (12 PER 30 DAYS)
<i>sumatriptan</i>	Generic	QL (6 PER 30 DAYS)
<i>sumatriptan succinate (4 mg/0.5ml pen injctr, 4 mg/0.5ml cartridge, 6 mg/0.5ml pen injctr, 6 mg/0.5ml cartridge, 6 mg/0.5ml vial)</i>	Generic	PA, QL (4 ML PER 30 DAYS)
<i>sumatriptan succinate (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	Generic	QL (9 PER 30 DAYS)
<i>zolmitriptan 5 mg spray</i>	Generic	QL (6 PER 30 DAYS)
<i>zolmitriptan (2.5 mg tab rapdis, 2.5 mg spray, 2.5 mg tablet)</i>	Generic	QL (12 PER 30 DAYS)
<i>zolmitriptan (5 mg tab rapdis, 5 mg tablet)</i>	Generic	QL (9 PER 30 DAYS)
<i>zomig 2.5 mg tablet</i>	Generic	QL (12 PER 30 DAYS)

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# 2023 PROVIDENCE FORMULARY D

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Drug Name	Status*	Requirements/Limits
<i>zomig 5 mg tablet</i>	Generic	QL (9 PER 30 DAYS)

## ANTIMYASTHENIC AGENTS

### PARASYMPATHOMIMETICS

<i>pyridostigmine bromide (60 mg/5 ml solution, 60 mg tablet, 180 mg tablet er)</i>	Generic
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## ANTIMYCOBACTERIALS

### ANTIMYCOBACTERIALS, OTHER

<i>dapsone (25 mg tablet, 100 mg tablet)</i>	Generic
<i>rifabutin</i>	Generic

## ANTITUBERCULARS

<i>cycloserine</i>	Generic	
<i>ethambutol hcl</i>	Generic	
<i>isoniazid (50 mg/5 ml solution, 100 mg tablet, 300 mg tablet)</i>	Generic	
PASER	Brand	
PRIFTIN	Brand	
<i>pyrazinamide</i>	Generic	
<i>rifampin (150 mg capsule, 300 mg capsule)</i>	Generic	
SIRTURO	Specialty	LA, S (Specialty Drug)
TRECTOR	Brand	

## ANTINEOPLASTICS

### ALKYLATING AGENTS

<i>cyclophosphamide (25 mg tablet, 25 mg capsule, 50 mg tablet, 50 mg capsule)</i>	Generic
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## 2023 PROVIDENCE FORMULARY D

[To help find a drug see the back of the document for an alphabetical listing]

Drug Name	Status*	Requirements/Limits
GLEOSTINE	Brand	S (Specialty Drug)
LEUKERAN	Brand	
MATULANE	Specialty	LA, S (Specialty Drug)
<i>melfalan</i>	Generic	PA
TEMOZOLOMIDE	Specialty	PA, S (Specialty Drug)
VALCHLOR	Specialty	LA, S (Specialty Drug)
<b>ANTIANDROGENS</b>		
ABIRATERONE ACETATE 250 MG TABLET	Specialty	PA, S (Specialty Drug)
<i>bicalutamide</i>	Generic	
ERLEADA	Specialty	PA, LA, S (Specialty Drug)
<i>flutamide</i>	Generic	
NILUTAMIDE	Specialty	S (Specialty Drug)
NUBEQA	Specialty	PA, LA, S (Specialty Drug)
TOREMIFENE CITRATE	Specialty	S (Specialty Drug)
XTANDI (40 MG TABLET, 40 MG CAPSULE, 80 MG TABLET)	Specialty	PA, LA, S (Specialty Drug)
YONSA	Specialty	PA, S (Specialty Drug)
<b>ANTIANGIOGENIC AGENTS</b>		
LENALIDOMIDE	Specialty	PA, LA, S (Specialty Drug)
POMALYST	Specialty	PA, LA, S (Specialty Drug)
THALOMID	Specialty	LA, S (Specialty Drug)
<b>ANTIESTROGENS/MODIFIERS</b>		
EMCYT	Specialty	S (Specialty Drug)
ORSERDU	Specialty	PA, LA, S (Specialty Drug)
SOLTAMOX	Brand	
<i>tamoxifen citrate</i>	Generic	C (ACA ELIGIBLE - FOR FEMALE AT HIGH RISK FOR BREAST CANCER)

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## 2023 PROVIDENCE FORMULARY D

[To help find a drug see the back of the document for an alphabetical listing]

Drug Name	Status*	Requirements/Limits
<b>ANTIMETABOLITES</b>		
CAPECITABINE	Specialty	S (Specialty Drug)
DROXIA	Brand	
<i>hydroxyurea</i>	Generic	
INQOVI	Specialty	PA, LA, S (Specialty Drug)
<i>mercaptopurine</i>	Generic	
PURIXAN	Brand	LA
SIKLOS 100 MG TABLET	Brand	QL (1 PER 1 DAY)
TABLOID	Brand	
<b>ANTINEOPLASTICS, OTHER</b>		
AYVAKIT	Specialty	PA, LA, S (Specialty Drug)
BRUKINSA	Specialty	PA, LA, S (Specialty Drug)
EXKIVITY	Specialty	PA, LA, S (Specialty Drug)
HEMANGEOL	Brand	LA, S (Specialty Drug)
IDHIFA	Specialty	PA, LA, QL (1 PER 1 DAY), S (Specialty Drug)
INREBIC	Specialty	PA, LA, S (Specialty Drug)
KISQALI FEMARA 200 MG CO-PACK	Specialty	PA, QL (49 PER 28 DAYS), S (Specialty Drug)
KISQALI FEMARA 400 MG CO-PACK	Specialty	PA, QL (70 PER 28 DAYS), S (Specialty Drug)
KISQALI FEMARA 600 MG CO-PACK	Specialty	PA, QL (91 PER 28 DAYS), S (Specialty Drug)
KOSELUGO	Specialty	PA, LA, S (Specialty Drug)
<i>leucovorin calcium (5 mg tablet, 10 mg tablet, 15 mg tablet, 25 mg tablet)</i>	Generic	
LONSURF	Specialty	PA, LA, S (Specialty Drug)
NINLARO	Specialty	PA, LA, S (Specialty Drug)
ONUREG	Specialty	PA, S (Specialty Drug)

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## 2023 PROVIDENCE FORMULARY D

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Drug Name	Status*	Requirements/Limits
QINLOCK	Specialty	PA, LA, S (Specialty Drug)
SYNRIBO	Specialty	PA, LA, S (Specialty Drug)
TAZVERIK	Specialty	PA, LA, S (Specialty Drug)
UKONIQ	Specialty	PA, S (Specialty Drug)
WELIREG	Specialty	PA, LA, S (Specialty Drug)
XPOVIO	Specialty	PA, LA, S (Specialty Drug)
ZOLINZA	Specialty	PA, LA, S (Specialty Drug)

### AROMATASE INHIBITORS, 3RD GENERATION

<i>anastrozole</i>	Generic	C (ACA ELIGIBLE - FOR FEMALE AT HIGH RISK FOR BREAST CANCER)
<i>exemestane</i>	Generic	
<i>letrozole</i>	Generic	C (ACA ELIGIBLE - FOR FEMALE AT HIGH RISK FOR BREAST CANCER)

### ENZYME INHIBITORS

ETOPOSIDE 50 MG CAPSULE	Specialty	S (Specialty Drug)
HYCAMTIN (0.25 MG CAPSULE, 1 MG CAPSULE)	Specialty	LA, S (Specialty Drug)

### MOLECULAR TARGET INHIBITORS

ALECENSA	Specialty	PA, LA, S (Specialty Drug)
ALUNBRIG (30 MG TABLET, 90 MG TABLET, 90 MG-180 MG TAB PACK, 180 MG TABLET)	Specialty	PA, LA, S (Specialty Drug)
BALVERSA	Specialty	PA, LA, S (Specialty Drug)
BOSULIF	Specialty	PA, LA, S (Specialty Drug)
BRAFTOVI	Specialty	PA, LA, S (Specialty Drug)
CABOMETYX	Specialty	PA, LA, QL (1 PER DAY), S (Specialty Drug)
CALQUENCE (100 MG TABLET, 100 MG CAPSULE)	Specialty	PA, LA, S (Specialty Drug)
CAPRELSA	Specialty	PA, LA, S (Specialty Drug)

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## 2023 PROVIDENCE FORMULARY D

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Drug Name	Status*	Requirements/Limits
COMETRIQ	Specialty	PA, LA, S (Specialty Drug)
COPIKTRA	Specialty	PA, LA, S (Specialty Drug)
COTELLIC	Specialty	PA, LA, QL (63 PER 28 DAYS), S (Specialty Drug)
DAURISMO	Specialty	PA, S (Specialty Drug)
ERIVEDGE	Specialty	PA, LA, S (Specialty Drug)
ERLOTINIB HCL	Specialty	PA, S (Specialty Drug)
EVEROLIMUS (2.5 MG TABLET, 5 MG TABLET, 7.5 MG TABLET, 10 MG TABLET)	Specialty	PA, S (Specialty Drug)
FARYDAK	Specialty	PA, QL (6 PER 21 DAYS), S (Specialty Drug)
FOTIVDA	Specialty	PA, LA, S (Specialty Drug)
GAVRETO	Specialty	PA, LA, S (Specialty Drug)
GEFITINIB	Specialty	PA, LA, QL (1 PER DAY), S (Specialty Drug)
GILOTRIF	Specialty	PA, LA, S (Specialty Drug)
IBRANCE (75 MG TABLET, 75 MG CAPSULE, 100 MG CAPSULE, 100 MG TABLET, 125 MG TABLET, 125 MG CAPSULE)	Specialty	PA, LA, QL (21 PER 28 DAYS), S (Specialty Drug)
ICLUSIG (10 MG TABLET, 15 MG TABLET)	Specialty	PA, LA, QL (1 PER DAY), S (Specialty Drug)
ICLUSIG (30 MG TABLET, 45 MG TABLET)	Specialty	PA, LA, S (Specialty Drug)
IMATINIB MESYLATE	Specialty	PA, S (Specialty Drug)
IMBRUVICA (70 MG/ML SUSPENSION, 70 MG CAPSULE, 140 MG CAPSULE, 420 MG TABLET, 560 MG TABLET)	Specialty	PA, LA, S (Specialty Drug)
INLYTA	Specialty	PA, LA, S (Specialty Drug)
JAKAFI (20 MG TABLET, 25 MG TABLET)	Specialty	PA, LA, S (Specialty Drug)
JAKAFI (5 MG TABLET, 10 MG TABLET, 15 MG TABLET)	Specialty	PA, LA, QL (2 PER DAY), S (Specialty Drug)

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## 2023 PROVIDENCE FORMULARY D

[To help find a drug see the back of the document for an alphabetical listing]

Drug Name	Status*	Requirements/Limits
JAYPIRCA	Specialty	PA, LA, S (Specialty Drug)
KISQALI 200 MG DAILY DOSE	Specialty	PA, QL (21 PER 28 DAYS), S (Specialty Drug)
KISQALI 400 MG DAILY DOSE	Specialty	PA, QL (42 PER 28 DAYS), S (Specialty Drug)
KISQALI 600 MG DAILY DOSE	Specialty	PA, QL (63 PER 28 DAYS), S (Specialty Drug)
KRAZATI	Specialty	PA, LA, S (Specialty Drug)
LAPATINIB DITOSYLATE	Specialty	PA, S (Specialty Drug)
LENVIMA	Specialty	PA, LA, S (Specialty Drug)
LORBRENA 100 MG TABLET	Specialty	PA, LA, S (Specialty Drug)
LORBRENA 25 MG TABLET	Specialty	PA, LA, QL (3 PER DAY), S (Specialty Drug)
LUMAKRAS	Specialty	PA, LA, S (Specialty Drug)
LYNPARZA	Specialty	PA, LA, S (Specialty Drug)
LYTGOBI	Specialty	PA, LA, QL (5 PER DAY), S (Specialty Drug)
MEKINIST (0.05 MG/ML SOLUTION, 0.5 MG TABLET, 2 MG TABLET)	Specialty	PA, LA, S (Specialty Drug)
MEKTOVI	Specialty	PA, LA, S (Specialty Drug)
NERLYNX	Specialty	PA, LA, QL (6 PER 1 DAY), S (Specialty Drug)
ODOMZO	Specialty	PA, S (Specialty Drug)
PAZOPANIB HCL	Specialty	PA, LA, S (Specialty Drug)
PEMAZYRE	Specialty	PA, LA, S (Specialty Drug)
PIQRAY	Specialty	PA, S (Specialty Drug)
RETEVMO 40 MG CAPSULE	Specialty	PA, LA, QL (2 PER DAY), S (Specialty Drug)
RETEVMO 80 MG CAPSULE	Specialty	PA, LA, S (Specialty Drug)
REZLIDHIA	Specialty	PA, LA, S (Specialty Drug)
ROZLYTREK (100 MG CAPSULE, 200 MG CAPSULE)	Specialty	PA, LA, S (Specialty Drug)

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## 2023 PROVIDENCE FORMULARY D

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Drug Name	Status*	Requirements/Limits
RUBRACA	Specialty	PA, LA, S (Specialty Drug)
RYDAPT	Specialty	PA, S (Specialty Drug)
SCEMBLIX	Specialty	PA, QL (2 PER DAY), S (Specialty Drug)
SORAFENIB TOSYLATE	Specialty	PA, S (Specialty Drug)
SPRYCEL	Specialty	PA, S (Specialty Drug)
STIVARGA	Specialty	PA, LA, S (Specialty Drug)
SUNITINIB MALATE (37.5 MG CAPSULE, 50 MG CAPSULE)	Specialty	PA, S (Specialty Drug)
SUNITINIB MALATE 12.5 MG CAPSULE	Specialty	PA, QL (3 PER DAY), S (Specialty Drug)
SUNITINIB MALATE 25 MG CAPSULE	Specialty	PA, QL (2 PER DAY), S (Specialty Drug)
TABRECTA	Specialty	PA, S (Specialty Drug)
TAFINLAR (10 MG TABLET FOR SUSP, 50 MG CAPSULE, 75 MG CAPSULE)	Specialty	PA, LA, S (Specialty Drug)
TAGRISO	Specialty	PA, LA, S (Specialty Drug)
TALZENNA	Specialty	PA, LA, S (Specialty Drug)
TASIGNA	Specialty	PA, S (Specialty Drug)
TEPMETKO	Specialty	PA, LA, S (Specialty Drug)
TIBSOVO	Specialty	PA, LA, S (Specialty Drug)
TRUSELTIQ	Specialty	PA, LA, S (Specialty Drug)
TUKYSA	Specialty	PA, LA, S (Specialty Drug)
TURALIO	Specialty	PA, LA, S (Specialty Drug)
VENCLEXTA	Specialty	PA, LA, S (Specialty Drug)
VENCLEXTA STARTING PACK	Specialty	PA, LA, S (Specialty Drug)
VERZENIO	Specialty	PA, LA, QL (2 PER DAY), S (Specialty Drug)
VITRAKVI (20 MG/ML SOLUTION, 25 MG CAPSULE, 100 MG CAPSULE)	Specialty	PA, S (Specialty Drug)
VIZIMPRO	Specialty	PA, LA, S (Specialty Drug)
XALKORI	Specialty	PA, LA, S (Specialty Drug)

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# 2023 PROVIDENCE FORMULARY D

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Drug Name	Status*	Requirements/Limits
XOSPATA	Specialty	PA, LA, S (Specialty Drug)
ZEJULA 100 MG CAPSULE	Specialty	PA, LA, QL (2 PER DAY), S (Specialty Drug)
ZEJULA (100 MG TABLET, 200 MG TABLET, 300 MG TABLET)	Specialty	PA, LA, QL (1 PER DAY), S (Specialty Drug)
ZELBORAF	Specialty	PA, LA, S (Specialty Drug)
ZYDELIG	Specialty	PA, LA, QL (2 PER 1 DAY), S (Specialty Drug)
ZYKADIA	Specialty	PA, LA, S (Specialty Drug)

## RETINOIDS

BEXAROTENE (1 % GEL (GRAM), 75 MG CAPSULE)	Specialty	PA, S (Specialty Drug)
PANRETIN	Specialty	S (Specialty Drug)
TRETINOIN 10 MG CAPSULE	Specialty	PA, S (Specialty Drug)

## TREATMENT ADJUNCTS

MESNEX 400 MG TABLET	Brand	
VONJO	Specialty	PA, LA, QL (4 PER DAY), S (Specialty Drug)

## ANTIPARASITICS

### ANTHELMINTHICS

<i>albendazole</i>	Generic	PA
EMVERM	Brand	PA
<i>ivermectin 3 mg tablet</i>	Generic	PA
<i>praziquantel</i>	Generic	QL (12 PER 30 DAYS)

### ANTIPROTOZOALS

ALINIA 100 MG/5 ML SUSPENSION	Brand	PA, QL (50 ML PER DAY)
<i>atovaquone</i>	Generic	PA
<i>atovaquone/proguanil hcl</i>	Generic	C (1 CLAIM PER 365 DAYS)

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# 2023 PROVIDENCE FORMULARY D

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Drug Name	Status*	Requirements/Limits
BENZNIDAZOLE	Specialty	LA, S (Specialty Drug), QL (2 TO 12 YRS OLD; 60 PER 365 DAYS)
<i>chloroquine phosphate</i>	Generic	
COARTEM	Brand	PA
<i>hydroxychloroquine sulfate</i>	Generic	
<i>mefloquine hcl</i>	Generic	
<i>nitazoxanide</i>	Generic	PA, QL (6 PER 30 DAYS)
PENTAMIDINE ISETHIONATE 300 MG VIAL-NEB	Specialty	S (Specialty Drug)
<i>primaquine phosphate</i>	Generic	
<i>pyrimethamine</i>	Generic	PA
<i>quinine sulfate</i>	Generic	C (1 CLAIM PER 365 DAYS)

## ANTIPARKINSON AGENTS

### ANTICHOLINERGICS

*benztropine mesylate (0.5 mg tablet, 1 mg tablet, 2 mg tablet)* Generic

*trihexyphenidyl hcl (2 mg tablet, 2 mg/5 ml solution, 5 mg tablet)* Generic

### ANTIPARKINSON AGENTS, OTHER

*amantadine hcl (50 mg/5 ml solution, 100 mg tablet, 100 mg capsule)* Generic

*carbidopa/levodopa/entacapone* Generic

*entacapone* Generic

NOURIANZ Brand PA, LA, QL (1 PER 1 DAY)

*tolcapone* Generic

### DOPAMINE AGONISTS

*bromocriptine mesylate (2.5 mg tablet, 5 mg capsule)* Generic

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# 2023 PROVIDENCE FORMULARY D

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Drug Name	Status*	Requirements/Limits
KYNMOBI	Specialty	QL (5 PER DAY), S (Specialty Drug)
NEUPRO	Brand	ST
<i>pramipexole di-hcl (0.125 mg tablet, 0.25 mg tablet, 0.5 mg tablet, 0.75 mg tablet, 1 mg tablet, 1.5 mg tablet)</i>	Generic	
<i>ropinirole hcl (2 mg tab er 24h, 4 mg tab er 24h, 6 mg tab er 24h)</i>	Generic	QL (1 PER DAY)
<i>ropinirole hcl (8 mg tab er 24h, 12 mg tab er 24h)</i>	Generic	QL (2 PER DAY)
<i>ropinirole hcl (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 3 mg tablet, 4 mg tablet, 5 mg tablet)</i>	Generic	

## DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS

<i>carbidopa</i>	Generic	
<i>carbidopa/levodopa (10mg-100mg tab rapdis, 10mg-100mg tablet, 25mg-250mg tab rapdis, 25mg-250mg tablet, 25mg-100mg tab rapdis, 25mg-100mg tablet er, 25mg-100mg tablet, 50mg-200mg tablet er)</i>	Generic	
INBRIJA	Brand	LA, QL (10 PER DAY)

## MONOAMINE OXIDASE B (MAO-B) INHIBITORS

<i>rasagiline mesylate</i>	Generic	
<i>selegiline hcl (5 mg tablet, 5 mg capsule)</i>	Generic	
ZELAPAR	Brand	

## ANTIPSYCHOTICS

### 1ST GENERATION/TYPICAL

<i>chlorpromazine hcl (10 mg tablet, 25 mg tablet, 30 mg/ml oral conc, 50 mg tablet, 100 mg tablet, 100 mg/ml oral conc, 200 mg tablet)</i>	Generic	
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## 2023 PROVIDENCE FORMULARY D

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Drug Name	Status*	Requirements/Limits
<i>fluphenazine hcl (1 mg tablet, 2.5 mg/5ml elixir, 2.5 mg tablet, 5 mg tablet, 5 mg/ml oral conc, 10 mg tablet)</i>	Generic	
<i>haloperidol</i>	Generic	
<i>haloperidol lactate 2 mg/ml oral conc</i>	Generic	
<i>loxapine succinate</i>	Generic	
<i>pimozide</i>	Generic	
<i>thioridazine hcl</i>	Generic	
<i>thiothixene</i>	Generic	
<i>trifluoperazine hcl</i>	Generic	

### 2ND GENERATION/ATYPICAL

<i>aripiprazole (1 mg/ml solution, 2 mg tablet, 5 mg tablet, 10 mg tablet, 10 mg tab rapdis, 15 mg tablet, 15 mg tab rapdis, 20 mg tablet, 30 mg tablet)</i>	Generic	
<i>asenapine maleate (5 mg tab subl, 10 mg tab subl)</i>	Generic	PA, QL (2 PER DAY)
<i>asenapine maleate 2.5 mg tab subl</i>	Generic	PA
CAPLYTA (10.5 MG CAPSULE, 21 MG CAPSULE)	Brand	PA
CAPLYTA 42 MG CAPSULE	Brand	PA, QL (1 PER DAY)
FANAPT TITRATION PACK	Brand	PA, QL (1 PER 365 DAYS)
FANAPT (1 MG TABLET, 2 MG TABLET, 4 MG TABLET, 6 MG TABLET)	Brand	PA
FANAPT (8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	Brand	PA, QL (2 PER DAY)
<i>lurasidone hcl</i>	Generic	PA, QL (1 PER DAY)
<i>olanzapine (2.5 mg tablet, 5 mg tablet, 5 mg tab rapdis, 7.5 mg tablet, 10 mg tab rapdis, 10 mg tablet, 15 mg tab rapdis, 15 mg tablet, 20 mg tablet, 20 mg tab rapdis)</i>	Generic	

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## 2023 PROVIDENCE FORMULARY D

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Drug Name	Status*	Requirements/Limits
<i>paliperidone</i>	Generic	
<i>quetiapine fumarate (150 mg tab er 24h, 200 mg tab er 24h)</i>	Generic	QL (1 PER 1 DAY)
<i>quetiapine fumarate (50 mg tab er 24h, 300 mg tab er 24h, 400 mg tab er 24h)</i>	Generic	QL (2 PER 1 DAY)
<i>quetiapine fumarate (25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet, 300 mg tablet, 400 mg tablet)</i>	Generic	
REXULTI (0.25 MG TABLET, 0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET)	Brand	PA
REXULTI (3 MG TABLET, 4 MG TABLET)	Brand	PA, QL (1 PER DAY)
<i>risperidone (0.25 mg tablet, 0.25 mg tab rapdis, 0.5 mg tab rapdis, 0.5 mg tablet, 1 mg tab rapdis, 1 mg/ml solution, 1 mg tablet, 2 mg tablet, 2 mg tab rapdis, 3 mg tab rapdis, 3 mg tablet, 4 mg tab rapdis, 4 mg tablet)</i>	Generic	
SECUADO (5.7 MG/24 HR PATCH, 7.6 MG/24 HR PATCH)	Brand	PA, QL (1 PER DAY)
SECUADO 3.8 MG/24 HR PATCH	Brand	PA
VRAYLAR 1.5 MG-3 MG PACK	Brand	PA, QL (1 PER 365 DAYS)
VRAYLAR (1.5 MG CAPSULE, 3 MG CAPSULE)	Brand	PA
VRAYLAR (4.5 MG CAPSULE, 6 MG CAPSULE)	Brand	PA, QL (1 PER DAY)
<i>ziprasidone hcl</i>	Generic	

### TREATMENT-RESISTANT

<i>clozapine (12.5 mg tab rapdis, 25 mg tablet, 25 mg tab rapdis, 50 mg tablet, 100 mg tablet, 100 mg tab rapdis, 150 mg tab rapdis, 200 mg tablet, 200 mg tab rapdis)</i>	Generic	
VERSACLOZ	Brand	

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# 2023 PROVIDENCE FORMULARY D

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Drug Name	Status*	Requirements/Limits
<b>ANTISPASTICITY AGENTS</b>		
<i>baclofen (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	Generic	
<i>dantrolene sodium (25 mg capsule, 50 mg capsule, 100 mg capsule)</i>	Generic	
<i>tizanidine hcl (2 mg tablet, 4 mg tablet)</i>	Generic	
<b>ANTIVIRALS</b>		
<b>ANTI-CYTOMEGALOVIRUS (CMV) AGENTS</b>		
PREVYMIS (240 MG TABLET, 480 MG TABLET)	Specialty	PA, LA, S (Specialty Drug)
VALGANCICLOVIR HCL 50 MG/ML SOLN RECON	Specialty	QL (36 ML PER DAY), S (Specialty Drug)
VALGANCICLOVIR HCL 450 MG TABLET	Specialty	QL (4 PER 1 DAY), S (Specialty Drug)
<b>ANTI-HEPATITIS B (HBV) AGENTS</b>		
<i>adefovir dipivoxil</i>	Generic	QL (1 PER 1 DAY)
BARACLUDE 0.05 MG/ML SOLUTION	Specialty	S (Specialty Drug)
ENTECAVIR	Specialty	S (Specialty Drug)
EPIVIR HBV 25 MG/5 ML SOLN	Brand	
<i>lamivudine 100 mg tablet</i>	Generic	
VEMLIDY	Brand	
<b>ANTI-HEPATITIS C (HCV) AGENTS</b>		
LEDIPASVIR/SOFOSBUVIR	Specialty	PA, S (Specialty Drug)
MAVYRET (50-20 MG PELLET PACKET, 100-40 MG TABLET)	Specialty	PA, S (Specialty Drug)
<i>ribavirin (200 mg capsule, 200 mg tablet)</i>	Generic	
SOFOSBUVIR/VELPATASVIR	Specialty	PA, S (Specialty Drug)
VOSEVI	Specialty	PA, S (Specialty Drug)

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## 2023 PROVIDENCE FORMULARY D

[To help find a drug see the back of the document for an alphabetical listing]

Drug Name	Status*	Requirements/Limits
<b>ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)</b>		
BIKTARVY	Brand	
DOVATO	Brand	
GENVOYA	Brand	
ISENTRESS (100 MG POWDER PACKET, 400 MG TABLET)	Brand	
ISENTRESS HD	Brand	
JULUCA	Brand	
STRIBILD	Brand	
TIVICAY	Brand	
TIVICAY PD	Brand	QL (6 PER DAY)
<b>ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)</b>		
COMPLERA	Brand	
DELSTRIGO	Brand	
EDURANT	Brand	
<i>efavirenz (50 mg capsule, 200 mg capsule, 600 mg tablet)</i>	Generic	
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	Generic	
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	Generic	
<i>etravirine</i>	Generic	
INTELENCE 25 MG TABLET	Brand	
<i>nevirapine (100 mg tab er 24h, 200 mg tablet, 400 mg tab er 24h)</i>	Generic	
ODEFSEY	Brand	
PIFELTRO	Brand	
<b>ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)</b>		
<i>abacavir sulfate (20 mg/ml solution, 300 mg tablet)</i>	Generic	

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## 2023 PROVIDENCE FORMULARY D

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Drug Name	Status*	Requirements/Limits
<i>abacavir sulfate/lamivudine</i>	Generic	
<i>abacavir sulfate/lamivudine/zidovudine</i>	Generic	
<i>didanosine</i>	Generic	
<i>emtricitabine</i>	Generic	
<i>emtricitabine/tenofovir (tdf) 200-300 mg tablet</i>	Generic	C (ACA Eligible for members not infected with HIV and are at higher risk of HIV infection)
<i>emtricitabine/tenofovir disoproxil fumarate ((tdf) 100-150 mg tablet, (tdf) 133-200 mg tablet, (tdf) 167-250 mg tablet)</i>	Generic	
EMTRIVA 10 MG/ML SOLUTION	Brand	
<i>lamivudine (10 mg/ml solution, 150 mg tablet, 300 mg tablet)</i>	Generic	
<i>lamivudine/zidovudine</i>	Generic	
<i>stavudine</i>	Generic	
<i>tenofovir disoproxil fumarate</i>	Generic	C (ACA Eligible for members not infected with HIV and are at higher risk of HIV infection)
TRIUMEQ	Brand	
TRIUMEQ PD	Brand	
VIREAD (150 MG TABLET, 200 MG TABLET, 250 MG TABLET, POWDER)	Brand	
<i>zidovudine (10 mg/ml syrup, 100 mg capsule, 300 mg tablet)</i>	Generic	
<b>ANTI-HIV AGENTS, OTHER</b>		
FUZEON	Brand	PA
<i>maraviroc</i>	Generic	
RUKOBIA	Specialty	S (Specialty Drug)
SELZENTRY (20 MG/ML ORAL SOLN, 25 MG TABLET, 75 MG TABLET)	Brand	
SUNLENCA (4- 300 MG TABLET, 5- 300 MG TABLET)	Specialty	PA, S (Specialty Drug)

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# 2023 PROVIDENCE FORMULARY D

[To help find a drug see the back of the document for an alphabetical listing]

Drug Name	Status*	Requirements/Limits
TYBOST	Brand	
<b>ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)</b>		
APTIVUS	Brand	
<i>atazanavir sulfate</i>	Generic	
EVOTAZ	Brand	
<i>fosamprenavir calcium</i>	Generic	
LEXIVA 50 MG/ML SUSPENSION	Brand	
<i>lopinavir/ritonavir (100mg-25mg tablet, 200mg-50mg tablet, 400-100/5 solution)</i>	Generic	
NORVIR (80 MG/ML SOLUTION, 100 MG POWDER PACKET)	Brand	
PREZCOBIX	Brand	
PREZISTA (75 MG TABLET, 100 MG/ML SUSPENSION, 150 MG TABLET, 600 MG TABLET, 800 MG TABLET)	Brand	
REYATAZ 50 MG POWDER PACKET	Brand	
<i>ritonavir</i>	Generic	
SYMTUZA	Specialty	S (Specialty Drug)
VIRACEPT	Brand	
<b>ANTI-INFLUENZA AGENTS</b>		
<i>oseltamivir phosphate (6 mg/ml susp recon, 30 mg capsule, 45 mg capsule, 75 mg capsule)</i>	Generic	
RELENZA	Brand	
<i>rimantadine hcl</i>	Generic	
<b>ANTIHERPETIC AGENTS</b>		
<i>acyclovir (200 mg capsule, 200 mg/5ml oral susp, 400 mg tablet, 800 mg tablet)</i>	Generic	
<i>famciclovir</i>	Generic	

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# 2023 PROVIDENCE FORMULARY D

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Drug Name	Status*	Requirements/Limits
<i>valacyclovir hcl</i>	Generic	
<b>ANXIOLYTICS</b>		
<b>ANXIOLYTICS, OTHER</b>		
<i>buspirone hcl</i>	Generic	
<i>meprobamate 400 mg tablet</i>	Generic	
<b>BENZODIAZEPINES</b>		
<i>alprazolam (0.25 mg tablet, 0.5 mg tab er 24h, 0.5 mg tablet, 1 mg tablet, 1 mg tab er 24h, 2 mg tablet, 2 mg tab er 24h, 3 mg tab er 24h)</i>	Generic	
<i>chlordiazepoxide hcl</i>	Generic	
<i>clonazepam (0.125 mg tab rapdis, 0.25 mg tab rapdis, 0.5 mg tablet, 0.5 mg tab rapdis, 1 mg tab rapdis, 1 mg tablet, 2 mg tab rapdis, 2 mg tablet)</i>	Generic	
<i>clorazepate dipotassium</i>	Generic	
<i>diazepam (2 mg tablet, 5 mg/5 ml solution, 5 mg tablet, 5 mg/ml oral conc, 10 mg tablet)</i>	Generic	
<i>lorazepam (0.5 mg tablet, 1 mg tablet, 2 mg/ml oral conc, 2 mg tablet)</i>	Generic	
<i>lorazepam intensol</i>	Generic	
<i>oxazepam</i>	Generic	
<b>BIPOLAR AGENTS</b>		
<b>MOOD STABILIZERS</b>		
<i>lithium carbonate (150 mg capsule, 300 mg tablet er, 300 mg tablet, 300 mg capsule, 450 mg tablet er, 600 mg capsule)</i>	Generic	

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[To help find a drug see the back of the document for an alphabetical listing]

Drug Name	Status*	Requirements/Limits
<b>BLOOD GLUCOSE REGULATORS</b>		
<b>ANTIDIABETIC AGENTS</b>		
<i>acarbose</i>	Generic	
<i>alogliptin benzoate</i>	Generic	
<i>alogliptin benzoate/metformin hcl</i>	Generic	
<i>alogliptin benzoate/pioglitazone hcl</i> (12.5-30 mg tablet, 25 mg-30mg tablet, 25 mg-45mg tablet, 25 mg-15mg tablet)	Generic	
CYCLOSET	Brand	
FARXIGA	Brand	
GLIMEPIRIDE	Value	
GLIPIZIDE (2.5 MG TAB ER 24, 5 MG TABLET, 5 MG TAB ER 24, 10 MG TAB ER 24, 10 MG TABLET)	Value	
<i>glipizide/metformin hcl</i>	Generic	
GLYBURIDE	Value	
GLYBURIDE,MICRONIZED	Value	
<i>glyburide/metformin hcl</i>	Generic	
GLYXAMBI	Brand	
INVOKAMET	Brand	PA
INVOKAMET XR	Brand	PA
INVOKANA	Brand	PA
JANUMET	Brand	PA
JANUMET XR	Brand	PA
JANUVIA	Brand	PA
JARDIANCE	Brand	
JENTADUETO	Brand	PA

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## 2023 PROVIDENCE FORMULARY D

[To help find a drug see the back of the document for an alphabetical listing]

Drug Name	Status*	Requirements/Limits
JENTADUETO XR	Brand	PA
<i>metformin hcl 500 mg/5ml solution</i>	Generic	
METFORMIN HCL (500 MG TABLET, 850 MG TABLET, 1000 MG TABLET)	Value	
METFORMIN HCL (500 MG TAB ER 24H, 750 MG TAB ER 24H) (GENERIC FOR GLUCOPHAGE XR)	Value	
<i>miglitol</i>	Generic	
MOUNJARO	Brand	ST, QL (2 ML PER 28 DAYS)
<i>nateglinide</i>	Generic	
OSENI (12.5-15 MG TABLET, 12.5-45 MG TABLET)	Brand	
OZEMPIC (1 (2 MG/1.5ML), 1 (4 MG/3 ML), 2 (8 MG/3 ML))	Brand	PA, ST, QL (3 ML PER 28 DAYS)
OZEMPIC 0.25-0.5 MG/DOSE PEN (2MG/1.5ML)	Brand	PA, ST, QL (1.5 ML PER 28 DAYS)
OZEMPIC 0.25-0.5 MG/DOSE PEN (2MG/3ML)	Brand	PA, ST, QL (3 ML PER 28 DAYS)
<i>pioglitazone hcl</i>	Generic	
<i>pioglitazone hcl/glimepiride</i>	Generic	
<i>pioglitazone hcl/metformin hcl</i>	Generic	
QTERN	Brand	PA
<i>repaglinide</i>	Generic	
RYBELSUS	Brand	ST, QL (1 PER 1 DAY)
<i>saxagliptin hcl</i>	Generic	PA
<i>saxagliptin hcl/metformin hcl</i>	Generic	PA
SEGLUROMET	Brand	PA
STEGLATRO	Brand	PA
STEGLUJAN	Brand	PA
SYNJARDY	Brand	

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Drug Name	Status*	Requirements/Limits
SYNJARDY XR	Brand	
TRADJENTA	Brand	PA
TRIJARDY XR	Brand	
TRULICITY	Brand	PA, ST, QL (2 ML PER 28 DAYS)
VICTOZA 2-PAK	Brand	PA, ST, QL (9 ML PER 30 DAYS)
VICTOZA 3-PAK	Brand	PA, ST, QL (9 ML PER 30 DAYS)
XIGDUO XR	Brand	

## GLYCEMIC AGENTS

BAQSIMI	Brand	
<i>diazoxide</i>	Generic	
<i>glucagon emergency kit</i>	Generic	
GVOKE	Brand	
GVOKE HYPOPEN 1-PACK	Brand	
GVOKE HYPOPEN 2-PACK	Brand	
GVOKE PFS 1-PACK SYRINGE	Brand	
GVOKE PFS 2-PACK SYRINGE	Brand	
ZEGALOGUE AUTOINJECTOR	Brand	
ZEGALOGUE SYRINGE	Brand	

## INSULINS

APIDRA	Brand	PA, C (Exempt from deductible, if applicable)
APIDRA SOLOSTAR	Brand	PA, C (Exempt from deductible, if applicable)
HUMALOG (100 CARTRIDGE, 100 VIAL)	Brand	C (Exempt from deductible, if applicable)
HUMALOG JUNIOR KWIKPEN	Brand	C (Exempt from deductible, if applicable)
HUMALOG KWIKPEN U-100	Brand	C (Exempt from deductible, if applicable)

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## 2023 PROVIDENCE FORMULARY D

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Drug Name	Status*	Requirements/Limits
HUMALOG KWIKPEN U-200	Brand	C (Exempt from deductible, if applicable)
HUMALOG MIX 50-50	Brand	C (Exempt from deductible, if applicable)
HUMALOG MIX 50-50 KWIKPEN	Brand	C (Exempt from deductible, if applicable)
HUMALOG MIX 75-25	Brand	C (Exempt from deductible, if applicable)
HUMALOG MIX 75-25 KWIKPEN	Brand	C (Exempt from deductible, if applicable)
HUMALOG TEMPO PEN U-100	Brand	C (Exempt from deductible, if applicable)
HUMULIN 70-30	Brand	C (Exempt from deductible, if applicable)
HUMULIN 70/30 KWIKPEN	Brand	C (Exempt from deductible, if applicable)
HUMULIN N	Brand	C (Exempt from deductible, if applicable)
HUMULIN N KWIKPEN	Brand	C (Exempt from deductible, if applicable)
HUMULIN R	Brand	C (Exempt from deductible, if applicable)
HUMULIN R U-500	Value	C (Exempt from deductible, if applicable)
HUMULIN R U-500 KWIKPEN	Value	C (Exempt from deductible, if applicable)
LANTUS	Brand	C (Exempt from deductible, if applicable)
LANTUS SOLOSTAR	Brand	C (Exempt from deductible, if applicable)
LEVEMIR	Brand	C (Exempt from deductible, if applicable)
LEVEMIR FLEXPEN	Brand	C (Exempt from deductible, if applicable)

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Drug Name	Status*	Requirements/Limits
LEVEMIR FLEXTOUCH	Brand	C (Exempt from deductible, if applicable)
TOUJEO MAX SOLOSTAR	Brand	C (Exempt from deductible, if applicable)
TOUJEO SOLOSTAR	Brand	C (Exempt from deductible, if applicable)
TRESIBA	Brand	C (Exempt from deductible, if applicable)
TRESIBA FLEXTOUCH U-100	Brand	C (Exempt from deductible, if applicable)
TRESIBA FLEXTOUCH U-200	Brand	C (Exempt from deductible, if applicable)

### BLOOD PRODUCTS AND MODIFIERS

#### ANTICOAGULANTS

<i>dabigatran etexilate mesylate</i>	Generic	
ELIQUIS (2.5 MG TABLET, 5 MG TABLET, DVT-PE TREAT START 5MG)	Brand	
<i>enoxaparin sodium (30mg/0.3ml syringe, 40mg/0.4ml syringe, 60mg/0.6ml syringe, 80mg/0.8ml syringe, 100 mg/ml syringe, 120mg/.8ml syringe, 150 mg/ml syringe, 300mg/3ml vial)</i>	Generic	PA
<i>fondaparinux sodium</i>	Generic	PA
FRAGMIN (2,500 UNIT/0.2 ML SYR, 5,000 UNIT/0.2 ML SYR, 7,500 UNIT/0.3 ML SYR, 10,000 UNIT/ML SYRINGE, 10,000 UNIT/4 ML VIAL, 12,500 UNIT/0.5 ML SYR, 15,000 UNIT/0.6 ML SYR, 18,000 UNIT/0.72 ML, 95,000 UNIT/3.8 ML VL)	Specialty	PA, S (Specialty Drug)
<i>heparin sodium, porcine (5000/ml syringe, 5000/ml vial, 10000/ml vial, 20000/ml vial)</i>	Generic	

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[To help find a drug see the back of the document for an alphabetical listing]

Drug Name	Status*	Requirements/Limits
<i>heparin sodium, porcine/pf (5000/0.5ml syringe, 5000/ml syringe)</i>	Generic	
<i>jantoven</i>	Generic	
PRADAXA 110 MG CAPSULE	Brand	
SAVAYSA	Brand	
<i>warfarin sodium</i>	Generic	
XARELTO (1 MG/ML SUSPENSION, 2.5 MG TABLET, 10 MG TABLET, 15 MG TABLET, 20 MG TABLET, DVT-PE TREAT START 30D)	Brand	
ZONTIVITY	Brand	

### BLOOD PRODUCTS AND MODIFIERS, OTHER

<i>anagrelide hcl</i>	Generic	
ARANESP (10 MCG/0.4 ML SYRINGE, 25 MCG/ML VIAL, 25 MCG/0.42 ML SYRINGE, 40 MCG/ML VIAL, 40 MCG/0.4 ML SYRINGE, 60 MCG/0.3 ML SYRINGE, 60 MCG/ML VIAL, 100 MCG/ML VIAL, 100 MCG/0.5 ML SYRINGE, 150 MCG/0.3 ML SYRINGE, 200 MCG/0.4 ML SYRINGE, 200 MCG/ML VIAL, 300 MCG/0.6 ML SYRINGE, 500 MCG/1 ML SYRINGE)	Specialty	PA, S (Specialty Drug)
EPOGEN	Specialty	PA, S (Specialty Drug)
FULPHILA	Specialty	C (COVERED MEDICAL BENEFIT), S (Specialty Drug)
FYLNETRA	Specialty	C (COVERED MEDICAL BENEFIT), S (Specialty Drug)
GRANIX (300 MCG/ML VIAL, 300 MCG/0.5 ML SYRINGE, 300 MCG/0.5 ML SAFE SYR, 480 MCG/0.8 ML SYRINGE, 480 MCG/0.8 ML SAFE SYR, 480 MCG/1.6 ML VIAL)	Specialty	S (Specialty Drug)
LEUKINE	Specialty	S (Specialty Drug)
MULPLETA	Specialty	PA, QL (7 PER 30 DAYS), S (Specialty Drug)

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## 2023 PROVIDENCE FORMULARY D

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Drug Name	Status*	Requirements/Limits
NEULASTA	Specialty	C (COVERED MEDICAL BENEFIT), S (Specialty Drug)
NEULASTA ONPRO	Specialty	C (COVERED MEDICAL BENEFIT), S (Specialty Drug)
NEUPOGEN (300 MCG/ML VIAL, 300 MCG/0.5 ML SYR, 480 MCG/1.6 ML VIAL, 480 MCG/0.8 ML SYR)	Specialty	S (Specialty Drug)
NIVESTYM (300 MCG/ML VIAL, 300 MCG/0.5 ML SYRING, 480 MCG/0.8 ML SYRING, 480 MCG/1.6 ML VIAL)	Specialty	S (Specialty Drug)
NYVEPRIA	Specialty	C (COVERED MEDICAL BENEFIT), S (Specialty Drug)
PROCRIT	Specialty	PA, S (Specialty Drug)
PROMACTA (12.5 MG SUSPEN PACKET, 12.5 MG TABLET, 25 MG TABLET, 25 MG SUSPENSION PCKT, 50 MG TABLET, 75 MG TABLET)	Specialty	PA, LA, S (Specialty Drug)
PYRUKYND (5 MG TAPER PACK, 5 MG TABLET, 20 MG TABLET, 20-5 MG TAPER PACK, 50-20 MG TAPER PACK, 50 MG TABLET)	Specialty	PA, LA, QL (2 PER DAY), S (Specialty Drug)
RELEUKO (300 MCG/0.5 ML SYRINGE, 300 MCG/ML VIAL, 480 MCG/1.6 ML VIAL, 480 MCG/0.8 ML SYRINGE)	Specialty	S (Specialty Drug)
RETACRIT	Specialty	PA, S (Specialty Drug)
STIMUFEND	Specialty	C (COVERED MEDICAL BENEFIT), S (Specialty Drug)
UDENYCA	Specialty	LA, C (COVERED MEDICAL BENEFIT), S (Specialty Drug)
UDENYCA AUTOINJECTOR	Specialty	LA, C (COVERED MEDICAL BENEFIT), S (Specialty Drug)
ZARXIO	Specialty	S (Specialty Drug)
ZIEXTENZO	Specialty	C (COVERED MEDICAL BENEFIT), S (Specialty Drug)

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Drug Name	Status*	Requirements/Limits
<b>HEMOSTASIS AGENTS</b>		
<i>phytonadione (vit k1) 5 mg tablet</i>	Generic	QL (10 PER 90 DAYS)
<i>tranexamic acid 650 mg tablet</i>	Generic	
<b>PLATELET MODIFYING AGENTS</b>		
<i>aspirin/dipyridamole</i>	Generic	
BRILINTA	Brand	
CABLIVI	Specialty	PA, LA, QL (1 PER 1 DAY), S (Specialty Drug)
<i>cilostazol</i>	Generic	
<i>clopidogrel bisulfate 75 mg tablet</i>	Generic	
<i>dipyridamole (25 mg tablet, 50 mg tablet, 75 mg tablet)</i>	Generic	
DOPTELET	Specialty	PA, LA, S (Specialty Drug)
<i>prasugrel hcl</i>	Generic	
<b>CARDIOVASCULAR AGENTS</b>		
<b>ALPHA-ADRENERGIC AGONISTS</b>		
<i>clonidine</i>	Generic	
<i>clonidine hcl (0.1 mg tablet, 0.2 mg tablet, 0.3 mg tablet)</i>	Generic	
<i>guanfacine hcl (1 mg tablet, 2 mg tablet)</i>	Generic	
<i>methyl dopa</i>	Generic	
<i>midodrine hcl</i>	Generic	
<b>ALPHA-ADRENERGIC BLOCKING AGENTS</b>		
<i>doxazosin mesylate</i>	Generic	
PHENOXYBENZAMINE HCL	Specialty	S (Specialty Drug)
<i>prazosin hcl</i>	Generic	

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Drug Name	Status*	Requirements/Limits
<i>terazosin hcl</i>	Generic	
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
<i>candesartan cilexetil</i>	Generic	
<i>eprosartan mesylate</i>	Generic	
<i>irbesartan</i>	Generic	
LOSARTAN POTASSIUM	Value	
<i>olmesartan medoxomil</i>	Generic	
<i>telmisartan</i>	Generic	
<i>valsartan (40 mg tablet, 80 mg tablet, 160 mg tablet, 320 mg tablet)</i>	Generic	
<b>ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS</b>		
BENAZEPRIL HCL	Value	
CAPTOPRIL	Value	
<i>enalapril maleate 1 mg/ml solution</i>	Generic	
ENALAPRIL MALEATE (2.5 MG TABLET, 5 MG TABLET, 10 MG TABLET, 20 MG TABLET)	Value	
FOSINOPRIL SODIUM	Value	
LISINOPRIL	Value	
MOEXIPRIL HCL	Value	
<i>perindopril erbumine</i>	Generic	
QUINAPRIL HCL	Value	
RAMIPRIL	Value	
TRANDOLAPRIL	Value	
<b>ANTIARRHYTHMICS</b>		
<i>amiodarone hcl (100 mg tablet, 200 mg tablet, 400 mg tablet)</i>	Generic	
<i>disopyramide phosphate</i>	Generic	

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Drug Name	Status*	Requirements/Limits
<i>dofetilide</i>	Generic	
<i>flecainide acetate</i>	Generic	
<i>mexiletine hcl</i>	Generic	
MULTAQ	Brand	
NORPACE CR	Brand	
<i>pacerone 200 mg tablet</i>	Generic	
<i>propafenone hcl (150 mg tablet, 225 mg cap er 12h, 225 mg tablet, 300 mg tablet, 325 mg cap er 12h, 425 mg cap er 12h)</i>	Generic	
<i>quinidine gluconate</i>	Generic	
<i>quinidine sulfate</i>	Generic	
<i>sorine</i>	Generic	
<i>sotalol af</i>	Generic	
<i>sotalol hcl (80 mg tablet, 120 mg tablet, 160 mg tablet, 240 mg tablet)</i>	Generic	

### BETA-ADRENERGIC BLOCKING AGENTS

ACEBUTOLOL HCL	Value	
ATENOLOL	Value	
<i>betaxolol hcl (10 mg tablet, 20 mg tablet)</i>	Generic	
BISOPROLOL FUMARATE	Value	
CARVEDILOL	Value	
<i>carvedilol phosphate</i>	Generic	
LABETALOL HCL (100 MG TABLET, 200 MG TABLET, 300 MG TABLET)	Value	
METOPROLOL SUCCINATE	Value	
METOPROLOL TARTRATE (25 MG TABLET, 50 MG TABLET, 100 MG TABLET)	Value	

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Drug Name	Status*	Requirements/Limits
<i>metoprolol tartrate (37.5 mg tablet, 75 mg tablet)</i>	Generic	
NADOLOL	Value	
<i>nebivolol hcl</i>	Generic	
PINDOLOL	Value	
PROPRANOLOL HCL (10 MG TABLET, 20 MG/5 ML SOLUTION, 20 MG TABLET, 40 MG TABLET, 40MG/5ML SOLUTION, 60 MG CAP SA 24H, 60 MG TABLET, 80 MG TABLET, 80 MG CAP SA 24H, 120 MG CAP SA 24H, 160 MG CAP SA 24H)	Value	
TIMOLOL MALEATE (5 MG TABLET, 10 MG TABLET, 20 MG TABLET)	Value	
<b>CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES</b>		
AMLODIPINE BESYLATE	Value	
<i>felodipine</i>	Generic	
<i>isradipine</i>	Generic	
<i>nicardipine hcl (20 mg capsule, 30 mg capsule)</i>	Generic	
<i>nifedipine (30 mg tab er 24, 30 mg tablet er, 60 mg tablet er, 60 mg tab er 24, 90 mg tab er 24, 90 mg tablet er)</i>	Generic	
<i>nifedipine (10 mg capsule, 20 mg capsule)</i>	Generic	
<i>nimodipine</i>	Generic	
<i>nisoldipine</i>	Generic	
<b>CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES</b>		
<i>cartia xt</i>	Generic	
<i>dilt-xr</i>	Generic	

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Drug Name	Status*	Requirements/Limits
<i>diltiazem hcl (30 mg tablet, 60 mg cap er 12h, 60 mg tablet, 90 mg cap er 12h, 90 mg tablet, 120 mg cap er 12h, 120 mg cap er 24h, 120 mg cap sa 24h, 120 mg cap er deg, 120 mg tab er 24h, 120 mg tablet, 180 mg cap er 24h, 180 mg cap er deg, 180 mg tab er 24h, 180 mg cap sa 24h, 240 mg cap sa 24h, 240 mg tab er 24h, 240 mg cap er deg, 240 mg cap er 24h, 300 mg cap sa 24h, 300 mg cap er 24h, 300 mg tab er 24h, 360 mg cap sa 24h, 360 mg cap er 24h, 360 mg tab er 24h, 420 mg tab er 24h, 420 mg cap sa 24h)</i>	Generic	
<i>matzim la</i>	Generic	
<i>taztia xt</i>	Generic	
<i>tiadylt er</i>	Generic	
<i>verapamil hcl (40 mg tablet, 80 mg tablet, 100 mg cap24h pct, 120 mg cap24h pel, 120 mg tablet, 120 mg tablet er, 180 mg tablet er, 180 mg cap24h pel, 200 mg cap24h pct, 240 mg cap24h pel, 240 mg tablet er, 300 mg cap24h pct, 360 mg cap24h pel)</i>	Generic	
<b>CARDIOVASCULAR AGENTS, OTHER</b>		
<i>acetazolamide (125 mg tablet, 250 mg tablet, 500 mg capsule er)</i>	Generic	
<i>aliskiren hemifumarate</i>	Generic	
<i>amiloride hcl/hydrochlorothiazide</i>	Generic	
<i>amlodipine besylate/atorvastatin calcium</i>	Generic	
<i>amlodipine besylate/benazepril hcl</i>	Generic	
<i>amlodipine besylate/olmesartan medoxomil</i>	Generic	
<i>amlodipine besylate/valsartan</i>	Generic	
<i>amlodipine besylate/valsartan/hydrochlorothiazide</i>	Generic	

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Drug Name	Status*	Requirements/Limits
ATENOLOL/CHLORTHALIDONE	Value	
BENAZEPRIL HCL/HYDROCHLOROTHIAZIDE	Value	
<i>bisoprolol fumarate/hydrochlorothiazide</i>	Generic	
CAMZYOS	Specialty	PA, LA, QL (1 PER DAY), S (Specialty Drug)
<i>candesartan cilexetil/hydrochlorothiazide</i>	Generic	
CAPTOPRIL/HYDROCHLOROTHIAZIDE	Value	
CORLANOR 5 MG/5 ML ORAL SOLN	Brand	PA, LA
CORLANOR (5 MG TABLET, 7.5 MG TABLET)	Brand	PA
<i>digitek</i>	Generic	
<i>digoxin (50 mcg/ml solution, 125 mcg tablet, 250 mcg tablet)</i>	Generic	
ENALAPRIL MALEATE/HYDROCHLOROTHIAZIDE	Value	
ENTRESTO	Brand	
FOSINOPRIL SODIUM/HYDROCHLOROTHIAZIDE	Value	
<i>irbesartan/hydrochlorothiazide</i>	Generic	
LISINOPRIL/HYDROCHLOROTHIAZIDE	Value	
LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	Value	
<i>metoprolol tartrate/hydrochlorothiazide</i>	Generic	
<i>olmesartan medoxomil/amlodipine besylate/hydrochlorothiazide</i>	Generic	
<i>olmesartan medoxomil/hydrochlorothiazide</i>	Generic	
<i>pentoxifylline</i>	Generic	

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## 2023 PROVIDENCE FORMULARY D

[To help find a drug see the back of the document for an alphabetical listing]

Drug Name	Status*	Requirements/Limits
<i>propranolol hcl/hydrochlorothiazide</i>	Generic	
QUINAPRIL HCL/HYDROCHLOROTHIAZIDE	Value	
<i>ranolazine</i>	Generic	
<i>spironolactone/hydrochlorothiazide</i>	Generic	
<i>telmisartan/hydrochlorothiazid 40-12.5 mg tablet</i>	Generic	QL (1 PER 1 DAY)
<i>telmisartan/hydrochlorothiazide (80-12.5mg tablet, 80 mg-25mg tablet)</i>	Generic	
<i>triamterene/hydrochlorothiazide (37.5-25 mg capsule, 37.5-25 mg tablet, 75 mg-50mg tablet)</i>	Generic	
<i>valsartan/hydrochlorothiazide</i>	Generic	
VYNDAMAX	Specialty	PA, LA, QL (1 PER 1 DAY), S (Specialty Drug)
VYNDAQEL	Specialty	PA, LA, QL (4 PER 1 DAY), S (Specialty Drug)

### DIURETICS, LOOP

<i>bumetanide (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	Generic	
<i>ethacrynic acid</i>	Generic	
<i>furosemide (10 mg/ml solution, 40mg/5ml solution)</i>	Generic	
FUROSEMIDE (20 MG TABLET, 40 MG TABLET, 80 MG TABLET)	Value	
<i>torseamide</i>	Generic	

### DIURETICS, POTASSIUM-SPARING

<i>amiloride hcl</i>	Generic	
<i>eplerenone</i>	Generic	
KERENDIA	Brand	PA, QL (1 PER DAY)
SPIRONOLACTONE (25 MG TABLET, 50 MG TABLET, 100 MG TABLET)	Value	

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# 2023 PROVIDENCE FORMULARY D

[To help find a drug see the back of the document for an alphabetical listing]

Drug Name	Status*	Requirements/Limits
<b>DIURETICS, THIAZIDE</b>		
CHLORTHALIDONE	Value	
HYDROCHLOROTHIAZIDE (12.5 MG CAPSULE, 12.5 MG TABLET, 25 MG TABLET, 50 MG TABLET)	Value	
<i>indapamide</i>	Generic	
<i>metolazone</i>	Generic	
<b>DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES</b>		
<i>fenofibrate (54 mg tablet, 160 mg tablet)</i>	Generic	
<i>fenofibrate nanocrystallized</i>	Generic	
<i>fenofibrate, micronized (67 mg capsule, 134 mg capsule, 200 mg capsule)</i>	Generic	
<i>fenofibric acid</i>	Generic	
<i>fenofibric acid (choline)</i>	Generic	
<i>gemfibrozil</i>	Generic	
<b>DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS</b>		
<i>atorvastatin calcium</i>	Generic	C (ACA ELIGIBLE AGES 40-75 YEARS)
LIVALO	Brand	QL (1 PER 1 DAY)
<i>lovastatin</i>	Generic	C (ACA ELIGIBLE AGES 40-75 YEARS)
<i>pravastatin sodium</i>	Generic	C (ACA ELIGIBLE AGES 40-75 YEARS)
<i>rosuvastatin calcium</i>	Generic	C (ACA ELIGIBLE AGES 40-75 YEARS)
<i>simvastatin (5 mg tablet, 10 mg tablet, 20 mg tablet, 40 mg tablet)</i>	Generic	C (ACA ELIGIBLE AGES 40-75 YEARS)
SIMVASTATIN 80 MG TABLET	Value	C (ACA ELIGIBLE AGES 40-75 YEARS)
<b>DYSLIPIDEMICS, OTHER</b>		
<i>cholestyramine (with sugar) (sugar) 4 g powder, sugar) 4 g powder pack)</i>	Generic	
<i>cholestyramine/aspartame (4 g powder pack, 4 g powder)</i>	Generic	

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## 2023 PROVIDENCE FORMULARY D

[To help find a drug see the back of the document for an alphabetical listing]

Drug Name	Status*	Requirements/Limits
<i>colesevelam hcl 625 mg tablet</i>	Generic	
COLESTID FLAVORED GRANULES	Brand	
<i>colestipol hcl (1 g tablet, 5 g packet, 5 g granules)</i>	Generic	
<i>ezetimibe</i>	Generic	
<i>ezetimibe/simvastatin</i>	Generic	
<i>icosapent ethyl</i>	Generic	PA
JUXTAPID	Specialty	PA, LA, S (Specialty Drug)
<i>niacin (500 mg tablet, 500 mg tab er 24h, 750 mg tab er 24h, 1000 mg tab er 24h)</i>	Generic	
<i>niacor</i>	Generic	
<i>omega-3 acid ethyl esters</i>	Generic	
PRALUENT PEN	Specialty	PA, QL (2 ML PER 28 DAYS), S (Specialty Drug)
<i>prevalite (packet, powder)</i>	Generic	
REPATHA PUSHTRONEX	Brand	PA, QL (3.5 ML PER 28 DAYS)
REPATHA SURECLICK	Brand	PA, QL (2 ML PER 28 DAYS)
REPATHA SYRINGE	Brand	PA, QL (2 ML PER 28 DAYS)

### VASODILATORS, DIRECT-ACTING ARTERIAL

<i>hydralazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	Generic
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<i>minoxidil (2.5 mg tablet, 10 mg tablet)</i>	Generic
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### VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS

<i>isosorbide dinitrate (5 mg tablet, 10 mg tablet, 20 mg tablet, 30 mg tablet)</i>	Generic
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<i>isosorbide mononitrate (10 mg tablet, 20 mg tablet, 30 mg tab er 24h, 60 mg tab er 24h, 120 mg tab er 24h)</i>	Generic
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<i>minitran</i>	Generic
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## 2023 PROVIDENCE FORMULARY D

[To help find a drug see the back of the document for an alphabetical listing]

Drug Name	Status*	Requirements/Limits
NITRO-BID	Brand	
NITRO-DUR (0.3 PATCH, 0.8 PATCH)	Brand	
<i>nitro-time</i>	Generic	
<i>nitroglycerin (0.1mg/hr patch td24, 0.2mg/hr patch td24, 0.3 mg tab subl, 0.4 mg tab subl, 0.4mg/hr patch td24, 0.6mg/hr patch td24, 0.6 mg tab subl, 400mcg/spr spray)</i>	Generic	
NITROMIST	Brand	
RECTIV	Brand	

### CENTRAL NERVOUS SYSTEM AGENTS

#### ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES

<i>dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate (10 mg cap er 24h, 15 mg cap er 24h, 25 mg cap er 24h, 30 mg cap er 24h)</i>	Generic	QL (1 PER DAY)
<i>dextroamphetamine/amphetamine 20 mg cap er 24h</i>	Generic	QL (2 PER DAY)
<i>dextroamphetamine/amphetamine 5 mg cap er 24h</i>	Generic	QL (1 PER 1 DAY)
<i>dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate (5 mg tablet, 7.5 mg tablet, 10 mg tablet, 12.5 mg tablet, 15 mg tablet, 20 mg tablet, 30 mg tablet)</i>	Generic	
<i>dextroamphetamine sulfate (5 mg capsule er, 10 mg capsule er)</i>	Generic	QL (2 PER 1 DAY)
<i>dextroamphetamine sulfate 15 mg capsule er</i>	Generic	QL (4 PER DAY)
<i>dextroamphetamine sulfate (5 mg tablet, 10 mg tablet)</i>	Generic	

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## 2023 PROVIDENCE FORMULARY D

[To help find a drug see the back of the document for an alphabetical listing]

Drug Name	Status*	Requirements/Limits
<i>lisdexamphetamine dimesylate (10 mg tab chew, 10 mg capsule, 20 mg tab chew, 20 mg capsule, 30 mg tab chew, 30 mg capsule, 40 mg capsule, 40 mg tab chew, 50 mg tab chew, 50 mg capsule, 60 mg tab chew, 60 mg capsule, 70 mg capsule)</i>	Generic	QL (1 PER DAY)
<i>methamphetamine hcl</i>	Generic	
<i>zenzedi (5 mg tablet, 10 mg tablet)</i>	Generic	

### ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES

<i>atomoxetine hcl</i>	Generic	
<i>clonidine hcl 0.1 mg tab er 12h</i>	Generic	
<i>dexmethylphenidate hcl (5 mg cpbp 50-50, 10 mg cpbp 50-50, 15 mg cpbp 50-50, 20 mg cpbp 50-50, 25 mg cpbp 50-50, 30 mg cpbp 50-50, 35 mg cpbp 50-50, 40 mg cpbp 50-50)</i>	Generic	QL (1 PER 1 DAY)
<i>dexmethylphenidate hcl (2.5 mg tablet, 5 mg tablet, 10 mg tablet)</i>	Generic	
<i>guanfacine hcl (1 mg tab er 24h, 2 mg tab er 24h, 3 mg tab er 24h, 4 mg tab er 24h)</i>	Generic	
<i>metadate er</i>	Generic	QL (1 PER 1 DAY)
<i>methylphenidate</i>	Generic	QL (1 PER DAY)
<i>methylphenidate hcl (10 mg tablet er, 10 mg cpbp 30-70, 10 mg cpbp 50-50, 18 mg tab er 24, 20 mg cpbp 30-70, 20 mg cpbp 50-50, 20 mg tablet er, 27 mg tab er 24, 30 mg cpbp 50-50, 30 mg cpbp 30-70, 40 mg cpbp 50-50, 40 mg cpbp 30-70, 50 mg cpbp 30-70, 54 mg tab er 24, 60 mg cpbp 30-70, 60 mg cpbp 50-50)</i>	Generic	QL (1 PER 1 DAY)
<i>methylphenidate hcl 36 mg tab er 24</i>	Generic	QL (2 PER 1 DAY)

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## 2023 PROVIDENCE FORMULARY D

[To help find a drug see the back of the document for an alphabetical listing]

Drug Name	Status*	Requirements/Limits
<i>methylphenidate hcl (2.5 mg tab chew, 5 mg tablet, 5 mg/5 ml solution, 5 mg tab chew, 10 mg tablet, 10 mg/5 ml solution, 10 mg tab chew, 20 mg tablet)</i>	Generic	
<b>CENTRAL NERVOUS SYSTEM, OTHER</b>		
AUSTEDO (6 MG TABLET, 12 MG TABLET)	Specialty	PA, QL (4 PER 1 DAY), S (Specialty Drug)
AUSTEDO 9 MG TABLET	Specialty	PA, QL (5 PER 1 DAY), S (Specialty Drug)
AUSTEDO XR (6 MG TABLET, 24 MG TABLET)	Specialty	PA, QL (2 PER DAY), S (Specialty Drug)
AUSTEDO XR 12 MG TABLET	Specialty	PA, QL (3 PER DAY), S (Specialty Drug)
AUSTEDO XR TITRATION KT(WK1-4)	Specialty	PA, QL (1 PER 365 DAYS), S (Specialty Drug)
<i>butalbital/acetaminophen 50mg-325mg tablet</i>	Generic	
<i>butalbital/acetaminophen/caffeine (50-300-40 capsule, 50-325-40 tablet, 50-325-40 capsule)</i>	Generic	
<i>diethylpropion hcl (25 mg tablet, 75 mg tablet er)</i>	Generic	
EXSERVAN	Specialty	LA, S (Specialty Drug)
<i>fioricet</i>	Generic	
NUDEXTA	Brand	PA, QL (2 PER 1 DAY)
RADICAVA ORS	Specialty	PA, LA, QL (50 ML PER 28 DAYS), S (Specialty Drug)
RELYVRIO	Specialty	PA, LA, QL (56 PER 28 DAYS), S (Specialty Drug)
<i>riluzole</i>	Generic	
<i>tencon</i>	Generic	
<i>tetrabenazine</i>	Generic	PA, QL (4 PER DAY), S (Specialty Drug)
TIGLUTIK	Specialty	LA, S (Specialty Drug)

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# 2023 PROVIDENCE FORMULARY D

[To help find a drug see the back of the document for an alphabetical listing]

Drug Name	Status*	Requirements/Limits
<i>vtol iq</i>	Generic	
<b>FIBROMYALGIA AGENTS</b>		
<i>duloxetine hcl (20 mg capsule dr, 30 mg capsule dr, 60 mg capsule dr)</i>	Generic	
<i>pregabalin (25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule, 200 mg capsule, 225 mg capsule, 300 mg capsule)</i>	Generic	
<i>pregabalin 20 mg/ml solution</i>	Generic	QL (30 ML PER DAY)
SAVELLA TITRATION PACK	Brand	PA, QL (1 PER 365 DAYS)
SAVELLA (12.5 MG TABLET, 25 MG TABLET, 50 MG TABLET, 100 MG TABLET)	Brand	PA, QL (2 PER 1 DAY)
<b>MULTIPLE SCLEROSIS AGENTS</b>		
AVONEX	Specialty	PA, QL (4 PER 28 DAYS), S (Specialty Drug)
AVONEX PEN	Specialty	PA, S (Specialty Drug)
BETASERON (0.3 MG VIAL, 0.3 MG KIT)	Specialty	PA, S (Specialty Drug)
COPAXONE 20 MG/ML SYRINGE	Specialty	PA, QL (1 ML PER 1 DAY), S (Specialty Drug)
COPAXONE 40 MG/ML SYRINGE	Specialty	PA, QL (12 ML PER 28 DAYS), S (Specialty Drug)
<i>dalfampridine</i>	Generic	QL (2 PER 1 DAY)
<i>dimethyl fumarate</i>	Generic	QL (2 PER DAY)
EXTAVIA (0.3 MG VIAL, 0.3 MG KIT)	Specialty	PA, S (Specialty Drug)
FINGOLIMOD HCL	Specialty	QL (1 PER DAY), S (Specialty Drug)
GILENYA 0.25 MG CAPSULE	Specialty	PA, QL (1 PER DAY), S (Specialty Drug)
GLATIRAMER ACETATE 20 MG/ML SYRINGE	Specialty	PA, QL (1 ML PER 1 DAY), S (Specialty Drug)
GLATIRAMER ACETATE 40 MG/ML SYRINGE	Specialty	PA, QL (12 ML PER 28 DAYS), S (Specialty Drug)

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## 2023 PROVIDENCE FORMULARY D

[To help find a drug see the back of the document for an alphabetical listing]

Drug Name	Status*	Requirements/Limits
KESIMPTA PEN	Specialty	PA, LA, S (Specialty Drug)
MAVENCLAD	Specialty	PA, LA, S (Specialty Drug)
MAYZENT (0.25MG START-2MG MAINT, 0.25MG START-1MG MAINT, 2 MG TABLET)	Specialty	PA, LA, S (Specialty Drug)
MAYZENT 0.25 MG TABLET	Specialty	PA, LA, QL (4 PER 1 DAY), S (Specialty Drug)
MAYZENT 1 MG TABLET	Specialty	PA, LA, QL (1 PER DAY), S (Specialty Drug)
PLEGRIDY 125 MCG/0.5 ML SYRINGE	Specialty	PA, QL (4 ML PER 28 DAYS), S (Specialty Drug)
PLEGRIDY SYRINGE STARTER PACK	Specialty	PA, QL (1 ML PER 28 DAYS), S (Specialty Drug)
PLEGRIDY PEN	Specialty	PA, QL (1 ML PER 28 DAYS), S (Specialty Drug)
REBIF (22 MCG/0.5 ML SYRINGE, 44 MCG/0.5 ML SYRINGE)	Specialty	PA, QL (6 ML PER 28 DAYS), S (Specialty Drug)
REBIF TITRATION PACK	Specialty	PA, QL (1 ML PER 365 DAYS), S (Specialty Drug)
REBIF REBIDOSE (22 MCG/0.5 ML, 44 MCG/0.5 ML)	Specialty	PA, QL (6 ML PER 28 DAYS), S (Specialty Drug)
REBIF REBIDOSE TITRATION PACK	Specialty	PA, QL (4.2 ML PER 28 DAYS), S (Specialty Drug)
TERIFLUNOMIDE	Specialty	QL (1 PER DAY), S (Specialty Drug)
VUMERITY	Specialty	PA, LA, S (Specialty Drug)
ZEPOSIA (0.92 MG CAPSULE, STARTER KIT (28-DAY), STARTER KIT (37-DAY), STARTER PACK (7-DAY))	Specialty	PA, S (Specialty Drug)

### DENTAL AND ORAL AGENTS

<i>cevimeline hcl</i>	Generic
<i>chlorhexidine gluconate 0.12 % mouthwash</i>	Generic

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## 2023 PROVIDENCE FORMULARY D

[To help find a drug see the back of the document for an alphabetical listing]

Drug Name	Status*	Requirements/Limits
<i>oralone</i>	Generic	
<i>paroex</i>	Generic	
<i>periogard</i>	Generic	
<i>pilocarpine hcl (5 mg tablet, 7.5 mg tablet)</i>	Generic	
<i>triamcinolone acetonide 0.1 % paste (g)</i>	Generic	

### DERMATOLOGICAL AGENTS

#### ACNE AND ROSACEA AGENTS

<i>acutane</i>	Generic	
<i>acitretin</i>	Generic	
ALTRENO	Brand	
<i>amnesteem</i>	Generic	
<i>azelaic acid</i>	Generic	
<i>claravis</i>	Generic	
<i>clindamycin phosphate/benzoyl peroxide (1 %-5 % gel (gram), 1 %-5 % gel w/pump, 1.2(1)%-5% gel (gram))</i>	Generic	
<i>erythromycin base/benzoyl peroxide</i>	Generic	
FINACEA 15% FOAM	Brand	
<i>isotretinoin (10 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule)</i>	Generic	
<i>myorisan</i>	Generic	
<i>neuac gel</i>	Generic	
<i>tazarotene 0.1 % cream (g)</i>	Generic	
<i>tretinoin (0.01 % gel (gram), 0.025 % gel (gram), 0.025 % cream (g), 0.05 % cream (g), 0.05 % gel (gram), 0.1 % cream (g))</i>	Generic	
<i>zenatane</i>	Generic	

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## 2023 PROVIDENCE FORMULARY D

[To help find a drug see the back of the document for an alphabetical listing]

Drug Name	Status*	Requirements/Limits
<b>DERMATITIS AND PRURITUS AGENTS</b>		
<i>alclometasone dipropionate (0.05 % oint. (g), 0.05 % cream (g))</i>	Generic	
<i>amcinonide (0.1 % cream (g), 0.1 % lotion, 0.1 % oint. (g))</i>	Generic	
<i>anusol-hc 2.5% cream</i>	Generic	
<i>apexicon e</i>	Generic	
<i>beser</i>	Generic	
<i>betamethasone dipropionate (0.05 % lotion, 0.05 % gel (gram), 0.05 % cream (g), 0.05 % oint. (g))</i>	Generic	
<i>betamethasone dipropionate/propylene glycol (0.05 % cream (g), 0.05 % oint. (g), 0.05 % lotion)</i>	Generic	
<i>betamethasone valerate (0.1 % cream (g), 0.1 % lotion, 0.1 % oint. (g))</i>	Generic	
<i>clobetasol propionate (0.05 % solution, 0.05 % lotion, 0.05 % shampoo, 0.05 % spray, 0.05 % cream (g), 0.05 % foam, 0.05 % oint. (g), 0.05 % gel (gram))</i>	Generic	
<i>clobetasol propionate/emoll 0.05 % cream (g)</i>	Generic	
<i>clocortolone pivalate</i>	Generic	
<i>clodan 0.05% shampoo</i>	Generic	
<b>CORDRAN 4 MCG/SQ CM TAPE LARGE</b>	Brand	
<i>desonide (0.05 % lotion, 0.05 % cream (g), 0.05 % oint. (g))</i>	Generic	
<i>desoximetasone (0.05 % cream (g), 0.05 % gel (gram), 0.05 % oint. (g), 0.25 % oint. (g), 0.25 % cream (g))</i>	Generic	
<i>diflorasone diacetate (0.05 % oint. (g), 0.05 % cream (g))</i>	Generic	
<b>EPIFOAM</b>	Brand	

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## 2023 PROVIDENCE FORMULARY D

[To help find a drug see the back of the document for an alphabetical listing]

Drug Name	Status*	Requirements/Limits
EUCRISA	Brand	PA
<i>fluocinolone acetonide (0.01 % cream (g), 0.01 % oil, 0.01 % solution, 0.025 % oint. (g), 0.025 % cream (g))</i>	Generic	
<i>fluocinolone acetonide/shower cap</i>	Generic	
<i>fluocinonide (0.05 % gel (gram), 0.05 % solution, 0.05 % cream (g), 0.05 % oint. (g), 0.1 % cream (g))</i>	Generic	
<i>fluocinonide/emollient base</i>	Generic	
<i>fluticasone propionate (0.005 % oint. (g), 0.05 % lotion, 0.05 % cream (g))</i>	Generic	
<i>halobetasol propionate (0.05 % oint. (g), 0.05 % cream (g))</i>	Generic	
<i>hydrocortisone (1 % crm/pe app, 2.5 % lotion, 2.5 % cream (g), 2.5 % oint. (g), 2.5 % crm/pe app)</i>	Generic	
<i>hydrocortisone butyrate (0.1 % oint. (g), 0.1 % solution, 0.1 % cream (g))</i>	Generic	
<i>hydrocortisone valerate (0.2 % cream (g), 0.2 % oint. (g))</i>	Generic	
<i>mometasone furoate (0.1 % cream (g), 0.1 % oint. (g), 0.1 % solution)</i>	Generic	
<i>pimecrolimus</i>	Generic	ST
<i>prednicarbate (0.1 % cream (g), 0.1 % oint. (g))</i>	Generic	
<i>procto-med hc</i>	Generic	
<i>procto-pak</i>	Generic	
PROCTOFOAM-HC	Brand	
<i>proctosol-hc</i>	Generic	
<i>proctozone-hc</i>	Generic	
<i>psorcon</i>	Generic	
<i>selenium sulfide 2.5 % lotion</i>	Generic	

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# 2023 PROVIDENCE FORMULARY D

[To help find a drug see the back of the document for an alphabetical listing]

Drug Name	Status*	Requirements/Limits
SOLU-CORTEF 100 MG ACT-O-VIAL	Brand	QL (2 PER 180 DAYS)
<i>tacrolimus (0.03 % oint. (g), 0.1 % oint. (g))</i>	Generic	
TEXACORT	Brand	
<i>triamcinolone acetonide (0.025 % cream (g), 0.025 % oint. (g), 0.025 % lotion, 0.05 % oint. (g), 0.1 % lotion, 0.1 % oint. (g), 0.1 % cream (g), 0.5 % oint. (g), 0.5 % cream (g))</i>	Generic	
<i>trianex</i>	Generic	
<i>triderm</i>	Generic	
<i>tritocin</i>	Generic	
<b>DERMATOLOGICAL AGENTS, OTHER</b>		
<i>calcipotriene (0.005 % cream (g), 0.005 % oint. (g), 0.005 % solution)</i>	Generic	
<i>calcipotriene/betamethasone dipropionate (0.005-.064 oint. (g), 0.005-.064 suspension)</i>	Generic	PA
<i>calcitriol 3 mcg/g oint. (g)</i>	Generic	QL (100 GM PER 30 DAYS)
<i>calsodore 0.005% cream</i>	Generic	
<i>clotrimazole/betamethasone dipropionate (1 %-0.05 % lotion, 1 %-0.05 % cream (g))</i>	Generic	
CONDYLOX	Brand	
<i>diclofenac sodium 3 % gel (gram)</i>	Generic	
DRYSOL	Brand	
FLUOROPLEX	Brand	
<i>fluorouracil 0.5 % cream (g)</i>	Generic	PA
<i>fluorouracil (2 % solution, 5 % solution, 5 % cream (g))</i>	Generic	
<i>imiquimod 5 % cream pack</i>	Generic	
<i>imiquimod (3.75 % crm md pmp, 3.75 % cream pack)</i>	Generic	PA

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## 2023 PROVIDENCE FORMULARY D

[To help find a drug see the back of the document for an alphabetical listing]

Drug Name	Status*	Requirements/Limits
KLISYRI	Brand	PA
METHOXSALEN	Specialty	
<i>nystatin/triamcinolone acetonide (nystatin/triamcin 100000-0.1 cream (g), nystatin/triamcin 100000-0.1 oint. (g), nystatin/triamcinolone acet 100000-0.1 cream (g), nystatin/triamcinolone acet 100000-0.1 oint. (g))</i>	Generic	
OTEZLA (28 DAY PACK, PACK)	Specialty	PA, QL (1 PER 365 DAYS), S (Specialty Drug)
OTEZLA 30 MG TABLET	Specialty	PA, QL (2 PER 1 DAY), S (Specialty Drug)
<i>podofilox</i>	Generic	
QBREXZA	Brand	PA, QL (1 PER 1 DAY)
<i>refissa</i>	Generic	
REGRANEX	Specialty	PA, QL (15 GM PER 6 MONTH), S (Specialty Drug)
SANTYL	Brand	QL (30 GM PER 30 DAYS)
<i>silvadene</i>	Generic	
<i>silver sulfadiazine</i>	Generic	
<i>spinosad</i>	Generic	
<i>ssd</i>	Generic	
<i>tretinoin/emollient base</i>	Generic	
ULESFIA	Brand	
ZYCLARA 2.5% CREAM PUMP	Brand	PA
<b>PEDICULICIDES/SCABICIDES</b>		
EURAX 10% CREAM	Brand	
<i>ivermectin 1 % cream (g)</i>	Generic	ST, QL (45 GM PER 30 DAYS)
<i>ivermectin 0.5 % lotion</i>	Generic	
<i>lindane</i>	Generic	

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# 2023 PROVIDENCE FORMULARY D

[To help find a drug see the back of the document for an alphabetical listing]

Drug Name	Status*	Requirements/Limits
<i>malathion</i>	Generic	
<i>permethrin</i>	Generic	
<b>TOPICAL ANTI-INFECTIVES</b>		
<i>acyclovir 5 % oint. (g)</i>	Generic	PA, QL (30 GM PER 365 DAYS)
ALTABAX	Brand	ST
<i>ciclopirox (0.77 % gel (gram), 1 % shampoo)</i>	Generic	
<i>ciclopirox olamine (0.77 % cream (g), 0.77 % suspension)</i>	Generic	
<i>clindacin</i>	Generic	
<i>clindamycin phosphate (1 % foam, 1 % lotion, 1 % gel (gram), 1 % solution)</i>	Generic	
<i>dapsone (5 % gel (gram), 7.5 % gel w/pump)</i>	Generic	
<i>ery</i>	Generic	
<i>erythromycin base in ethanol (in 2 % solution, in 2 % gel (gram))</i>	Generic	
<i>mupirocin 2% ointment</i>	Generic	
<i>penciclovir</i>	Generic	PA, QL (10 GM PER 365 DAYS)
SULFAMYLON 8.5% CREAM	Brand	
XEPI	Brand	ST

## ELECTROLYTES/MINERALS/METALS/VITAMINS

### ELECTROLYTE/MINERAL REPLACEMENT

CARGLUMIC ACID	Specialty	PA, S (Specialty Drug)
FLUORIDE (0.25MG(0.55) TAB CHEW, 0.5MG(1.1) TAB CHEW, 1MG(2.2) TAB CHEW)	ACA Preventive	C (0 TO 16 YEARS OF AGE)
FLUORIDE (SODIUM) 0.5 MG/ML DROPS	ACA Preventive	C (0 TO 16 YEARS OF AGE)
<i>klor-con m10</i>	Generic	

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## 2023 PROVIDENCE FORMULARY D

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Drug Name	Status*	Requirements/Limits
<i>klor-con m20</i>	Generic	
<i>potassium chloride (8 capsule er, 8 tablet er, 10 tablet er, 10 tab er prt, 10 capsule er, 15 tab er prt, 20 tablet er, 20 tab er prt)</i>	Generic	
<i>potassium citrate (5 tablet er, 10 tablet er, 15 tablet er)</i>	Generic	
<b>ELECTROLYTE/MINERAL/METAL MODIFIERS</b>		
CHEMET	Brand	
DEFERASIROX (90 MG TABLET, 90 MG GRAN PACK, 125 MG TAB DISPER, 180 MG TABLET, 180 MG GRAN PACK, 250 MG TAB DISPER, 360 MG GRAN PACK, 360 MG TABLET, 500 MG TAB DISPER)	Specialty	S (Specialty Drug)
DEFERIPRONE	Specialty	LA, S (Specialty Drug)
FERRIPROX 100 MG/ML SOLUTION	Specialty	LA, S (Specialty Drug)
FERRIPROX (2 TIMES A DAY)	Specialty	LA, S (Specialty Drug)
JYNARQUE (15 MG TABLET, 15 MG-15 MG TABLET, 30 MG TABLET, 30 MG-15 MG TABLET, 45 MG-15 MG TABLET, 60 MG-30 MG TABLET, 90 MG-30 MG TABLET)	Specialty	PA, LA, S (Specialty Drug)
TOLVAPTAN	Specialty	PA, S (Specialty Drug)
TRIENTINE HCL 250 MG CAPSULE	Specialty	PA, S (Specialty Drug)
<b>PHOSPHATE BINDERS</b>		
AURYXIA	Brand	ST
<i>calcium acetate 667 mg capsule</i>	Generic	
FOSRENOL (750 MG POWDER PACKET, 1,000 MG POWDER PACK)	Brand	ST
<i>lanthanum carbonate</i>	Generic	ST
PHOSLYRA	Brand	ST
<i>sevelamer carbonate (0.8 g powd pack, 2.4 g powd pack)</i>	Generic	ST

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Drug Name	Status*	Requirements/Limits
<i>sevelamer carbonate 800 mg tablet</i>	Generic	
<i>sevelamer hcl</i>	Generic	ST
VELPHORO	Brand	ST

### POTASSIUM BINDERS

LOKELMA	Brand	
<i>sodium polystyrene sulfonate</i>	Generic	
SPS 30 GM/120 ML ENEMA SUSP	Brand	
<i>sps 15 gm/60 ml suspension</i>	Generic	
VELTASSA	Brand	

### VITAMINS

CHILDREN'S IRON	ACA Preventive	C (0 to 1 YEAR OLD)
<i>cyanocobalamin (vitamin b-12) 1000mcg/ml vial</i>	Generic	
<i>dodex</i>	Generic	
FERROUS SULFATE 15 MG/ML DROPS	ACA Preventive	C (0 to 1 YEAR OLD)
FOLIC ACID (0.4 MG TABLET, 0.8 MG TABLET)	ACA Preventive	C (0 to 59 YEARS OF AGE)
<i>folic acid 1 mg tablet</i>	Generic	
<i>levocarnitine (with sugar)</i>	Generic	
MULTIVITAMIN COMBINATION NO.51/FERROUS FUMARATE/FOLIC ACID	ACA Preventive	C (0 to 59 YEARS OF AGE)
NIVA-PLUS	ACA Preventive	C (0 to 59 YEARS OF AGE)
PEDIA IRON	ACA Preventive	C (0 to 1 YEAR OLD)
PEDIATRIC FE-VITE	ACA Preventive	C (0 to 1 YEAR OLD)
PRENATAL VITAMINS (NO DHA, FOLIC ACID - LESS THAN 1MG)	ACA Preventive	C (0 to 59 YEARS OF AGE)
WEE CARE	ACA Preventive	C (0 to 1 YEAR OLD)

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[To help find a drug see the back of the document for an alphabetical listing]

Drug Name	Status*	Requirements/Limits
<b>GASTROINTESTINAL AGENTS</b>		
<b>ANTI-CONSTIPATION AGENTS</b>		
CLENPIQ	Brand	
<i>constulose</i>	Generic	
<i>enulose</i>	Generic	
<i>generlac</i>	Generic	
<i>lactulose (10 g/15 ml solution, 20 g/30 ml solution)</i>	Generic	
<i>lubiprostone</i>	Generic	
MOTEGRITY	Brand	PA
MOVANTIK	Brand	PA
OSMOPREP	Brand	
SYMPROIC	Brand	PA
<b>ANTI-DIARRHEAL AGENTS</b>		
<i>alosetron hcl</i>	Generic	PA
<i>diphenoxylate hcl/atropine sulfate (2.5-.025mg tablet, 2.5-.025/5 liquid)</i>	Generic	
MYTESI	Brand	
VIBERZI	Brand	PA
XIFAXAN	Brand	PA, QL (3 PER 1 DAY)
<b>ANTISPASMODICS, GASTROINTESTINAL</b>		
<i>dicyclomine hcl (10 mg capsule, 10 mg/5 ml solution, 20 mg tablet)</i>	Generic	
<i>glycopyrrolate (1 mg tablet, 1 mg/5 ml solution, 2 mg tablet)</i>	Generic	
<i>methscopolamine bromide</i>	Generic	

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Drug Name	Status*	Requirements/Limits
<b>GASTROINTESTINAL AGENTS, OTHER</b>		
CHENODAL	Specialty	PA, LA, S (Specialty Drug)
<i>colloidal bismuth subcitrate/metronidazole/tetracycline hcl</i>	Generic	QL (120 PER 28 DAYS)
GATTEX	Specialty	PA, LA, S (Specialty Drug)
<i>gavilyte-c</i>	Generic	C (ACA ELIGIBLE - AGES 45 AND OLDER)
<i>gavilyte-g</i>	Generic	C (ACA ELIGIBLE - AGES 45 AND OLDER)
<i>gavilyte-n</i>	Generic	C (ACA ELIGIBLE - AGES 45 AND OLDER)
IMCIVREE	Specialty	PA, LA, S (Specialty Drug)
<i>lansoprazole/amoxicillin trihydrate/clarithromycin</i>	Generic	
MOTOFEN	Brand	
MYALEPT	Specialty	PA, LA, S (Specialty Drug)
OCALIVA	Specialty	PA, LA, QL (1 PER 1 DAY), S (Specialty Drug)
OMECLAMOX-PAK	Brand	QL (1 PER 28 DAYS)
<i>opium tincture</i>	Generic	QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
<i>peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride</i>	Generic	C (ACA ELIGIBLE - AGES 45 AND OLDER)
<i>peg 3350/sodium sulfate/sod chloride/kcl/ascorbate sod/vit c</i>	Generic	
PLENVU	Brand	
<i>sodium chloride/sodium bicarbonate/potassium chloride/peg</i>	Generic	C (ACA ELIGIBLE - AGES 45 AND OLDER)
SUPREP	Brand	
SUTAB	Brand	

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Drug Name	Status*	Requirements/Limits
TALICIA	Brand	QL (168 PER 28 DAYS)
<i>ursodiol (250 mg tablet, 300 mg capsule, 500 mg tablet)</i>	Generic	
<b>HISTAMINE2 (H2) RECEPTOR ANTAGONISTS</b>		
<i>cimetidine (300 mg tablet, 400 mg tablet, 800 mg tablet)</i>	Generic	
<i>cimetidine hcl</i>	Generic	
<i>famotidine (40mg/5ml susp recon, 40 mg tablet)</i>	Generic	
<i>nizatidine (150mg/10ml solution, 150 mg capsule, 300 mg capsule)</i>	Generic	
<i>pepcid 40 mg tablet</i>	Generic	
<b>PROTECTANTS</b>		
<i>misoprostol</i>	Generic	
<i>sucralfate (1 g tablet, 1 g/10 ml oral susp)</i>	Generic	
<b>PROTON PUMP INHIBITORS</b>		
<i>esomeprazole magnesium (20 mg capsule dr, 40 mg capsule dr)</i>	Generic	
<i>lansoprazole 30 mg capsule dr</i>	Generic	
<i>omeprazole (10 mg capsule dr, 20 mg capsule dr, 40 mg capsule dr)</i>	Generic	
<i>pantoprazole sodium (20 mg tablet dr, 40 mg granpkt dr, 40 mg tablet dr)</i>	Generic	
<i>rabeprazole sodium 20 mg tablet dr</i>	Generic	
<b>GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT</b>		
<i>betaine</i>	Generic	S (Specialty Drug)
CERDELGA	Specialty	PA, S (Specialty Drug)
CHOLBAM	Specialty	PA, LA, S (Specialty Drug)

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## 2023 PROVIDENCE FORMULARY D

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Drug Name	Status*	Requirements/Limits
CREON	Brand	
<i>cromolyn sodium 20 mg/ml oral conc</i>	Generic	
CYSTADROPS	Specialty	LA, QL (20 ML PER 28 DAYS), S (Specialty Drug)
CYSTAGON	Specialty	LA, S (Specialty Drug)
CYSTARAN	Specialty	LA, QL (2 ML PER DAY), S (Specialty Drug)
GALAFOLD	Specialty	PA, LA, QL (.5 PER 1 DAY), S (Specialty Drug)
JAVYGTOR (100 MG TABLET, 100 MG POWDER PACKET, 500 MG POWDER PACKET)	Specialty	PA, LA, S (Specialty Drug)
MIGLUSTAT	Specialty	PA, S (Specialty Drug)
NITISINONE	Specialty	LA, S (Specialty Drug)
NITYR	Specialty	LA, S (Specialty Drug)
ORFADIN 4 MG/ML SUSPENSION	Specialty	LA, S (Specialty Drug)
PALYNZIQ 10 MG/0.5 ML SYRINGE	Specialty	PA, LA, QL (1 ML PER 1 DAY), S (Specialty Drug)
PALYNZIQ 2.5 MG/0.5 ML SYRINGE	Specialty	PA, LA, QL (8 ML PER 28 DAYS), S (Specialty Drug)
PALYNZIQ 20 MG/ML SYRINGE	Specialty	PA, LA, QL (3 ML PER DAY), S (Specialty Drug)
PROCYSBI (DR 25 MG CAPSULE, DR 75 MG CAPSULE, DR 75 MG GRANULE PKT, DR 300 MG GRANULE PKT)	Specialty	PA, LA, S (Specialty Drug)
RAVICTI	Specialty	PA, LA, S (Specialty Drug)
REVCOVI	Specialty	PA, LA, S (Specialty Drug)
SAPROPTERIN DIHYDROCHLORIDE (100 MG TABLET SOL, 100 MG POWD PACK, 500 MG POWD PACK)	Specialty	PA, S (Specialty Drug)
SODIUM PHENYLBUTYRATE (0.94 G/G POWDER, 500 MG TABLET)	Specialty	PA, LA, S (Specialty Drug)
STRENSIQ	Specialty	PA, LA, S (Specialty Drug)

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Drug Name	Status*	Requirements/Limits
SUCRAID	Specialty	PA, LA, S (Specialty Drug)
TEGSEDI	Specialty	PA, QL (6 ML PER 28 DAYS), S (Specialty Drug)
VISTOGARD	Specialty	LA, S (Specialty Drug)
XURIDEN	Specialty	PA, LA, S (Specialty Drug)
ZENPEP	Brand	

## GENITOURINARY AGENTS

### ANTISPASMODICS, URINARY

<i>darifenacin hydrobromide</i>	Generic	
<i>flavoxate hcl</i>	Generic	
MYRBETRIQ (ER 8 MG/ML SUSP, ER 25 MG TABLET, ER 50 MG TABLET)	Brand	ST
<i>oxybutynin chloride (5 mg/5 ml syrup, 5 mg tablet, 5 mg tab er 24, 10 mg tab er 24, 15 mg tab er 24)</i>	Generic	
<i>solifenacin succinate</i>	Generic	
<i>tolterodine tartrate (1 mg tablet, 2 mg tablet, 2 mg cap er 24h, 4 mg cap er 24h)</i>	Generic	
<i>trospium chloride (20 mg tablet, 60 mg cap er 24h)</i>	Generic	

### BENIGN PROSTATIC HYPERTROPHY AGENTS

<i>alfuzosin hcl</i>	Generic	
<i>dutasteride</i>	Generic	
<i>finasteride 5 mg tablet</i>	Generic	
<i>silodosin</i>	Generic	
<i>tadalafil 5 mg tablet</i>	Generic	QL (1 PER DAY)
<i>tamsulosin hcl</i>	Generic	

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Drug Name	Status*	Requirements/Limits
<b>GENITOURINARY AGENTS, OTHER</b>		
<i>bethanechol chloride</i>	Generic	
D-PENAMINE	Specialty	
ELMIRON	Brand	QL (3 PER 1 DAY)
GYNOL II	ACA Preventive	
<i>methylergonovine maleate 0.2 mg tablet</i>	Generic	
PENICILLAMINE 250 MG TABLET	Specialty	
PHEXXI	ACA Preventive	
THIOLA EC	Specialty	LA, S (Specialty Drug)
TIOPRONIN	Specialty	S (Specialty Drug)
TODAY CONTRACEPTIVE SPONGE	ACA Preventive	
VCF (FILM, GEL)	ACA Preventive	
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)</b>		
ACTHAR	Specialty	PA, S (Specialty Drug)
<i>betamethasone acetate/betamethasone sodium phosphate</i>	Generic	
CORTROPHIN	Specialty	PA, S (Specialty Drug)
<i>dexamethasone (0.5 mg tablet, 0.5 mg/5ml elixir, 0.5 mg/5ml solution, 0.75 mg tablet, 1 mg tablet, 1.5 mg tablet, 2 mg tablet, 4 mg tablet, 6 mg tablet)</i>	Generic	
<i>fludrocortisone acetate</i>	Generic	
<i>halcinonide</i>	Generic	
MEDROL 2 MG TABLET	Brand	
<i>methylprednisolone (4 mg tablet, 4 mg tab ds pk, 8 mg tablet, 16 mg tablet, 32 mg tablet)</i>	Generic	
<i>prednisolone 15 mg/5 ml solution</i>	Generic	

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Drug Name	Status*	Requirements/Limits
<i>prednisolone sodium phosphate (5 mg/5 ml solution, 10 mg tab rapdis, 15 mg/5 ml solution, 15 mg tab rapdis, 30 mg tab rapdis)</i>	Generic	
<i>prednisone (1 mg tablet, 2.5 mg tablet, 5 mg tablet, 5 mg/5 ml solution, 5 mg tab ds pk, 10 mg tab ds pk, 10 mg tablet, 20 mg tablet, 50 mg tablet)</i>	Generic	
<i>prednisone intensol</i>	Generic	

### HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)

CHORIONIC GONADOTROPIN, HUMAN	Specialty	PA
<i>desmopressin acetate (0.1 mg tablet, 0.2 mg tablet, 10/spray spray/pump)</i>	Generic	
<i>desmopressin acetate (non-refrigerated)</i>	Generic	
EGRIFTA SV	Specialty	PA, LA, S (Specialty Drug)
FOLLISTIM AQ	Specialty	PA
GENOTROPIN (MINIQUICK 0.2 MG, MINIQUICK 0.4 MG, MINIQUICK 0.6 MG, MINIQUICK 0.8 MG, MINIQUICK 1 MG, MINIQUICK 1.2 MG, MINIQUICK 1.4 MG, MINIQUICK 1.6 MG, MINIQUICK 1.8 MG, MINIQUICK 2 MG, 5 MG CARTRIDGE, 12 MG CARTRIDGE)	Specialty	PA, S (Specialty Drug)
INCRELEX	Specialty	PA, LA, S (Specialty Drug)
NORDITROPIN FLEXPRO	Specialty	PA, S (Specialty Drug)
NOVAREL	Specialty	PA
ORIAHNN	Brand	PA, QL (2 PER DAY)
PREGNYL	Specialty	PA

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Drug Name	Status*	Requirements/Limits
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)</b>		
<b>ANABOLIC STEROIDS</b>		
<i>oxandrolone</i>	Generic	
<b>ANDROGENS</b>		
<i>danazol</i>	Generic	
KYZATREX	Brand	
METHITEST	Brand	
<i>methyltestosterone</i>	Generic	
<i>testosterone (12.5/1.25g gel md pmp, 20.25/1.25 gel md pmp, 25mg(1%) gel packet, 30mg/1.5ml sol md pmp, 50 mg (1%) gel (gram), 50 mg (1%) gel packet)</i>	Generic	
<i>testosterone cypionate</i>	Generic	
<i>testosterone enanthate</i>	Generic	
<b>ESTROGENS</b>		
AFIRMELLE	ACA Preventive	
ALTAVERA	ACA Preventive	
ALYACEN	ACA Preventive	
AMETHIA	ACA Preventive	
AMETHYST	ACA Preventive	
ANNOVERA	ACA Preventive	
APRI	ACA Preventive	
ARANELLE	ACA Preventive	
ASHLYNA	ACA Preventive	
AUBRA	ACA Preventive	
AUBRA EQ	ACA Preventive	
AUROVELA	ACA Preventive	

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Drug Name	Status*	Requirements/Limits
AUROVELA 24 FE	ACA Preventive	
AUROVELA FE	ACA Preventive	
AVIANE	ACA Preventive	
AYUNA	ACA Preventive	
AZURETTE	ACA Preventive	
BALZIVA	ACA Preventive	
BLISOVI 24 FE	ACA Preventive	
BLISOVI FE	ACA Preventive	
BRIELLYN	ACA Preventive	
CAMRESE	ACA Preventive	
CAMRESE LO	ACA Preventive	
CAZIAN	ACA Preventive	
CHARLOTTE 24 FE	ACA Preventive	
CHATEAL	ACA Preventive	
CHATEAL EQ	ACA Preventive	
CRYSSELLE	ACA Preventive	
CYCLAFEM	ACA Preventive	
CYRED	ACA Preventive	
CYRED EQ	ACA Preventive	
DASETTA	ACA Preventive	
DAYSEE	ACA Preventive	
DEPO-ESTRADIOL	Brand	
DESOGESTREL-ETHINYL ESTRADIOL	ACA Preventive	
DESOGESTREL-ETHINYL ESTRADIOL/ETHINYL ESTRADIOL	ACA Preventive	
DOLISHALE	ACA Preventive	
<i>dotti</i>	Generic	
DROSPIRENONE/ETHINYL ESTRADIOL/LEVOMEFOLATE CALCIUM	ACA Preventive	

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Drug Name	Status*	Requirements/Limits
ELINEST	ACA Preventive	
ELURYNG	ACA Preventive	
EMOQUETTE	ACA Preventive	
ENILLORING	ACA Preventive	
ENPRESSE	ACA Preventive	
ENSKYCE	ACA Preventive	
ESTARYLLA	ACA Preventive	
<i>estradiol (0.01 % cream/appl, .025mg/24h patch tdwk, .025mg/24h patch tds, .0375mg/24 patch tdwk, .0375mg/24 patch tds, 0.05mg/24h patch tds, 0.05mg/24h patch tdwk, 0.06mg/24h patch tdwk, .075mg/24h patch tdwk, .075mg/24h patch tds, 0.1mg/24hr patch tdwk, 0.1mg/24hr patch tds, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 10 mcg tablet)</i>	Generic	
<i>estradiol valerate (20 mg/ml vial, 40 mg/ml vial)</i>	Generic	
ESTRING	Brand	
ETHINYL ESTRADIOL/DROSPIRENONE	ACA Preventive	
ETHYNODIOL DIACETATE-ETHINYL ESTRADIOL	ACA Preventive	
ETONOGESTREL/ETHINYL ESTRADIOL	ACA Preventive	
FALMINA	ACA Preventive	
FEMYNOR	ACA Preventive	
FINZALA	ACA Preventive	
<i>fyavolv</i>	Generic	
GEMMILY	ACA Preventive	
HAILEY	ACA Preventive	
HAILEY 24 FE	ACA Preventive	
HAILEY FE	ACA Preventive	

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Drug Name	Status*	Requirements/Limits
HALOETTE	ACA Preventive	
ICLEVIA	ACA Preventive	
INTROVALE	ACA Preventive	
ISIBLOOM	ACA Preventive	
JAIMIESS	ACA Preventive	
JASMIEL	ACA Preventive	
<i>jinteli</i>	Generic	
JOLESSA	ACA Preventive	
JOYEAUX	ACA Preventive	
JULEBER	ACA Preventive	
JUNEL	ACA Preventive	
JUNEL FE	ACA Preventive	
JUNEL FE 24	ACA Preventive	
KAITLIB FE	ACA Preventive	
KALLIGA	ACA Preventive	
KARIVA	ACA Preventive	
KELNOR 1-35	ACA Preventive	
KELNOR 1-50	ACA Preventive	
KURVELO	ACA Preventive	
LARIN	ACA Preventive	
LARIN 24 FE	ACA Preventive	
LARIN FE	ACA Preventive	
LARISSIA	ACA Preventive	
LEENA	ACA Preventive	
LESSINA	ACA Preventive	
LEVONEST	ACA Preventive	
LEVONORGESTREL/ETHINYL ESTRADIOL (0.1-0.02MG TABLET, 0.15-0.03 TBDSK 3MO, 0.15-0.03 TABLET, 6-5-10 TABLET, 90-20 MCG TABLET)	ACA Preventive	

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[To help find a drug see the back of the document for an alphabetical listing]

Drug Name	Status*	Requirements/Limits
LEVONORGESTREL/ETHINYL ESTRADIOL AND ETHINYL ESTRADIOL	ACA Preventive	
LEVONORGESTREL/ETHINYL ESTRADIOL/IRON	ACA Preventive	
LEVORA-28	ACA Preventive	
LILLOW	ACA Preventive	
LO LOESTRIN FE	ACA Preventive	
LO-ZUMANDIMINE	ACA Preventive	
LOJAIMIESS	ACA Preventive	
LORYNA	ACA Preventive	
LOW-OGESTREL	ACA Preventive	
LUTERA	ACA Preventive	
<i>lyllana</i>	Generic	
MARLISSA	ACA Preventive	
MENEST	Brand	
MERZEE	ACA Preventive	
MIBELAS 24 FE	ACA Preventive	
MICROGESTIN	ACA Preventive	
MICROGESTIN 24 FE	ACA Preventive	
MICROGESTIN FE	ACA Preventive	
MILI	ACA Preventive	
MONO-LINYAH	ACA Preventive	
NATAZIA	ACA Preventive	
NECON	ACA Preventive	
NIKKI	ACA Preventive	
<i>norethindrone acetate-ethinyl estradiol (0.5mg-2.5 tablet, 1mg-5mcg tablet)</i>	Generic	
NORETHINDRONE ACETATE-ETHINYL ESTRADIOL (1MG-20MCG TABLET, 1.5-0.03MG TABLET)	ACA Preventive	

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## 2023 PROVIDENCE FORMULARY D

[To help find a drug see the back of the document for an alphabetical listing]

Drug Name	Status*	Requirements/Limits
NORETHINDRONE ACETATE-ETHINYL ESTRADIOL/FERROUS FUMARATE (1MG-20(24) CAPSULE, 1MG-20(24) TAB CHEW, 1MG-20(21) TABLET, 1.5- 30(21) TABLET, 5-7-9-7 TABLET)	ACA Preventive	
NORETHINDRONE-ETHINYL ESTRADIOL/FERROUS FUMARATE	ACA Preventive	
NORGESTIMATE-ETHINYL ESTRADIOL	ACA Preventive	
NORTREL	ACA Preventive	
NYLIA	ACA Preventive	
NYMYO	ACA Preventive	
OCELLA	ACA Preventive	
ORSYTHIA	ACA Preventive	
PHILITH	ACA Preventive	
PIMTREA	ACA Preventive	
PIRMELLA	ACA Preventive	
PORTIA	ACA Preventive	
PREMARIN (0.3 MG TABLET, 0.45 MG TABLET, 0.625 MG TABLET, 0.9 MG TABLET, 1.25 MG TABLET, VAGINAL CREAM-APPL)	Brand	
PREMPHASE	Brand	
PREMPRO	Brand	
PREVIFEM	ACA Preventive	
RECLIPSEN	ACA Preventive	
RIVELSA	ACA Preventive	
SETLAKIN	ACA Preventive	
SIMLIYA	ACA Preventive	
SIMPESSE	ACA Preventive	
SPRINTEC	ACA Preventive	
SRONYX	ACA Preventive	

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## 2023 PROVIDENCE FORMULARY D

[To help find a drug see the back of the document for an alphabetical listing]

Drug Name	Status*	Requirements/Limits
SYEDA	ACA Preventive	
TARINA 24 FE	ACA Preventive	
TARINA FE	ACA Preventive	
TARINA FE 1-20 EQ	ACA Preventive	
TAYSOFY	ACA Preventive	
TILIA FE	ACA Preventive	
TRI FEMYNOR	ACA Preventive	
TRI-ESTARYLLA	ACA Preventive	
TRI-LEGEST FE	ACA Preventive	
TRI-LINYAH	ACA Preventive	
TRI-LO-ESTARYLLA	ACA Preventive	
TRI-LO-MARZIA	ACA Preventive	
TRI-LO-MILI	ACA Preventive	
TRI-LO-SPRINTEC	ACA Preventive	
TRI-MILI	ACA Preventive	
TRI-NYMYO	ACA Preventive	
TRI-PREVIFEM	ACA Preventive	
TRI-SPRINTEC	ACA Preventive	
TRI-VYLIBRA	ACA Preventive	
TRI-VYLIBRA LO	ACA Preventive	
TRIVORA-28	ACA Preventive	
TWIRLA	ACA Preventive	
TYBLUME	ACA Preventive	
TYDEMY	ACA Preventive	
VELIVET	ACA Preventive	
VESTURA	ACA Preventive	
VIENVA	ACA Preventive	

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## 2023 PROVIDENCE FORMULARY D

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Drug Name	Status*	Requirements/Limits
VIORLE	ACA Preventive	
VOLNEA	ACA Preventive	
VYFEMLA	ACA Preventive	
VYLIBRA	ACA Preventive	
WERA	ACA Preventive	
WYMZYA FE	ACA Preventive	
XULANE	ACA Preventive	
<i>yuvafem</i>	Generic	
ZAFEMY	ACA Preventive	
ZARAH	ACA Preventive	
ZOVIA 1-35	ACA Preventive	
ZOVIA 1-35E	ACA Preventive	
ZUMANDIMINE	ACA Preventive	

### HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS), OTHER

<i>amabelz</i>	Generic	
BIJUVA	Brand	
COMBIPATCH	Brand	
<i>estradiol/norethindrone acetate</i>	Generic	
<i>mimvey</i>	Generic	

### PROGESTINS

AFTER PILL	ACA Preventive	
AFTERA	ACA Preventive	
CAMILA	ACA Preventive	
CRINONE	Brand	PA
DEBLITANE	ACA Preventive	
DEPO-SUBQ PROVERA 104	ACA Preventive	

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## 2023 PROVIDENCE FORMULARY D

[To help find a drug see the back of the document for an alphabetical listing]

Drug Name	Status*	Requirements/Limits
ECONTRA EZ	ACA Preventive	
ECONTRA ONE-STEP	ACA Preventive	
ELLA	ACA Preventive	
ENDOMETRIN	Brand	PA
ERRIN	ACA Preventive	
HEATHER	ACA Preventive	
INCASSIA	ACA Preventive	
JENCYCLA	ACA Preventive	
LEVONORGESTREL	ACA Preventive	
LYLEQ	ACA Preventive	
LYZA	ACA Preventive	
<i>medroxyprogesterone acetate (2.5 mg tablet, 5 mg tablet, 10 mg tablet)</i>	Generic	
MEDROXYPROGESTERONE ACETATE (150 MG/ML VIAL, 150 MG/ML SYRINGE)	ACA Preventive	
<i>megestrol acetate (20 mg tablet, 40 mg tablet, 400mg/10ml oral susp)</i>	Generic	
MY CHOICE	ACA Preventive	
MY WAY	ACA Preventive	
NEW DAY	ACA Preventive	
NORA-BE	ACA Preventive	
NORETHINDRONE	ACA Preventive	
<i>norethindrone acetate</i>	Generic	
NORLYDA	ACA Preventive	
OPCICON ONE-STEP	ACA Preventive	
OPTION 2	ACA Preventive	
<i>progesterone</i>	Generic	
<i>progesterone, micronized</i>	Generic	

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# 2023 PROVIDENCE FORMULARY D

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Drug Name	Status*	Requirements/Limits
SHAROBEL	ACA Preventive	
SLYND	ACA Preventive	
TAKE ACTION	ACA Preventive	

## SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS

<i>clomid</i>	Generic	
<i>clomiphene citrate</i>	Generic	
DUAVEE	Brand	
<i>raloxifene hcl</i>	Generic	C (ACA ELIGIBLE - FOR FEMALE AT HIGH RISK FOR BREAST CANCER)

## HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)

<i>adthyza</i>	Generic	
ARMOUR THYROID (180 MG TABLET, 240 MG TABLET, 300 MG TABLET)	Brand	
<i>levothyroxine sodium (25 mcg tablet, 50 mcg tablet, 75 mcg tablet, 88 mcg tablet, 100 mcg tablet, 112 mcg tablet, 125 mcg tablet, 137 mcg tablet, 150 mcg tablet, 175 mcg tablet, 200 mcg tablet, 300 mcg tablet)</i>	Generic	
<i>liothyronine sodium (5 mcg tablet, 25 mcg tablet, 50 mcg tablet)</i>	Generic	
<i>niva thyroid</i>	Generic	
<i>np thyroid</i>	Generic	
<i>thyroid,pork</i>	Generic	

## HORMONAL AGENTS, SUPPRESSANT (ADRENAL)

LYSODREN	Specialty	PA, LA, S (Specialty Drug)
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## HORMONAL AGENTS, SUPPRESSANT (PITUITARY)

<i>cabergoline</i>	Generic	
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# 2023 PROVIDENCE FORMULARY D

[To help find a drug see the back of the document for an alphabetical listing]

Drug Name	Status*	Requirements/Limits
ELIGARD	Brand	PA
FYREMADEL	Specialty	PA
GANIRELIX ACETATE	Specialty	PA
<i>leuprolide acetate 1 mg/0.2ml kit</i>	Generic	PA
MYCAPSSA	Specialty	PA, LA, QL (4 PER DAY), S (Specialty Drug)
OCTREOTIDE ACETATE (50 MCG/ML VIAL, 50 MCG/ML AMPUL, 50 MCG/ML SYRINGE, 100 MCG/ML AMPUL, 100 MCG/ML VIAL, 100 MCG/ML SYRINGE, 200 MCG/ML VIAL, 500 MCG/ML AMPUL, 500 MCG/ML SYRINGE, 500 MCG/ML VIAL, 1000MCG/ML VIAL)	Specialty	S (Specialty Drug)
ORGOVYX	Specialty	PA, LA, S (Specialty Drug)
ORILISSA 150 MG TABLET	Brand	PA, QL (1 PER DAY)
ORILISSA 200 MG TABLET	Brand	PA, QL (2 PER DAY)
SIGNIFOR	Specialty	PA, LA, S (Specialty Drug)
SOMAVERT	Specialty	PA, LA, S (Specialty Drug)
SYNAREL	Specialty	PA, S (Specialty Drug)

## HORMONAL AGENTS, SUPPRESSANT (THYROID)

### ANTITHYROID AGENTS

<i>methimazole</i>	Generic
<i>propylthiouracil</i>	Generic

## IMMUNOLOGICAL AGENTS

### ANGIOEDEMA AGENTS

BERINERT	Specialty	PA, LA, QL (2 PER 30 DAYS), S (Specialty Drug)
HAEGARDA	Specialty	PA, LA, S (Specialty Drug)
ICATIBANT ACETATE	Specialty	PA, LA, QL (9 ML PER 30 DAYS), S (Specialty Drug)

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## 2023 PROVIDENCE FORMULARY D

[To help find a drug see the back of the document for an alphabetical listing]

Drug Name	Status*	Requirements/Limits
ORLADEYO	Specialty	PA, LA, QL (1 PER DAY), S (Specialty Drug)
SAJAZIR	Specialty	PA, LA, QL (9 ML PER 30 DAYS), S (Specialty Drug)
TAKHZYRO (300 MG/2 ML VIAL, 300 MG/2 ML SYRINGE)	Specialty	PA, LA, QL (4 ML PER 28 DAYS), S (Specialty Drug)
TAKHZYRO 150 MG/ML SYRINGE	Specialty	PA, LA, QL (2 ML PER 28 DAYS), S (Specialty Drug)

### IMMUNOGLOBULINS

CUTAQUIG	Specialty	PA, S (Specialty Drug)
GAMMAKED	Specialty	PA, S (Specialty Drug)
GAMUNEX-C	Specialty	PA, LA, S (Specialty Drug)
HIZENTRA (1 GRAM/5 ML SYRINGE, 1 GRAM/5 ML VIAL, 2 GRAM/10 ML SYRINGE, 2 GRAM/10 ML VIAL, 4 GRAM/20 ML SYRINGE, 4 GRAM/20 ML VIAL, 10 GRAM/50 ML VIAL)	Specialty	PA, LA, S (Specialty Drug)
HYQVIA	Specialty	PA, LA, S (Specialty Drug)
XEMBIFY	Specialty	PA, LA, S (Specialty Drug)

### IMMUNOLOGICAL AGENTS, OTHER

ACTEMRA 162 MG/0.9 ML SYRINGE	Specialty	PA, LA, QL (3.6 ML PER 28 DAYS), S (Specialty Drug)
ACTEMRA ACTPEN	Specialty	PA, LA, QL (3.6 ML PER 28 DAYS), S (Specialty Drug)
BENLYSTA (200 MG/ML SYRINGE, 200 MG/ML AUTOINJECT)	Specialty	PA, LA, QL (4 ML PER 28 DAYS), S (Specialty Drug)
COSENTYX (2 SYRINGES)	Specialty	PA, LA, QL (4 ML PER 56 DAYS), S (Specialty Drug)
COSENTYX SENSOREADY (2 PENS)	Specialty	PA, LA, QL (2 ML PER 28 DAYS), S (Specialty Drug)
COSENTYX SENSOREADY PEN	Specialty	PA, LA, QL (2 ML PER 28 DAYS), S (Specialty Drug)
COSENTYX SYRINGE	Specialty	PA, LA, QL (2 ML PER 28 DAYS), S (Specialty Drug)

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## 2023 PROVIDENCE FORMULARY D

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Drug Name	Status*	Requirements/Limits
COSENTYX UNOREADY PEN	Specialty	PA, LA, QL (2 ML PER 28 DAYS), S (Specialty Drug)
DUPIXENT 200 MG/1.14 ML PEN	Specialty	PA, QL (2.28 ML PER 28 DAYS), S (Specialty Drug)
DUPIXENT 300 MG/2 ML PEN	Specialty	PA, QL (4 ML PER 28 DAYS), S (Specialty Drug)
DUPIXENT 100 MG/0.67 ML SYRING	Specialty	PA, QL (1.34 ML PER 28 DAYS), S (Specialty Drug)
DUPIXENT 200 MG/1.14 ML SYRING	Specialty	PA, QL (2.28 ML PER 28 DAYS), S (Specialty Drug)
DUPIXENT 300 MG/2 ML SYRINGE	Specialty	PA, QL (4 ML PER 28 DAYS), S (Specialty Drug)
KINERET	Specialty	PA, LA, QL (0.67 ML PER 1 DAY), S (Specialty Drug)
ORENCIA 125 MG/ML SYRINGE	Specialty	PA, QL (4 ML PER 28 DAYS), S (Specialty Drug)
ORENCIA 50 MG/0.4 ML SYRINGE	Specialty	PA, QL (1.6 ML PER 28 DAYS), S (Specialty Drug)
ORENCIA 87.5 MG/0.7 ML SYRINGE	Specialty	PA, QL (2.8 ML PER 28 DAYS), S (Specialty Drug)
ORENCIA CLICKJECT	Specialty	PA, QL (4 ML PER 28 DAYS), S (Specialty Drug)
RIDAURA	Specialty	S (Specialty Drug)
RINVOQ (ER 30 MG TABLET, ER 45 MG TABLET)	Specialty	PA, LA, QL (1 PER DAY), S (Specialty Drug)
RINVOQ ER 15 MG TABLET	Specialty	PA, LA, QL (1 PER 1 DAY), S (Specialty Drug)
SKYRIZI 150 MG/ML SYRINGE	Specialty	PA, QL (1 ML PER 84 DAYS), S (Specialty Drug)
SKYRIZI (2 SYRINGES) KIT	Specialty	PA, QL (1 PER 84 DAYS), S (Specialty Drug)
SKYRIZI ON-BODY	Specialty	PA, QL (2.4 ML PER 56 DAYS), S (Specialty Drug)
SKYRIZI PEN	Specialty	PA, QL (1 ML PER 84 DAYS), S (Specialty Drug)

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## 2023 PROVIDENCE FORMULARY D

[To help find a drug see the back of the document for an alphabetical listing]

Drug Name	Status*	Requirements/Limits
SOTYKTU	Specialty	PA, QL (1 PER DAY), S (Specialty Drug)
STELARA 90 MG/ML SYRINGE	Specialty	PA, QL (1 ML PER 84 DAYS), S (Specialty Drug)
STELARA (45 MG/0.5 ML VIAL, 45 MG/0.5 ML SYRINGE)	Specialty	PA, QL (0.5 ML PER 84 DAYS), S (Specialty Drug)
TALTZ AUTOINJECTOR	Specialty	PA, LA, QL (1 ML PER 28 DAYS), S (Specialty Drug)
TALTZ AUTOINJECTOR (2 PACK)	Specialty	PA, LA, QL (1 ML PER 28 DAYS), S (Specialty Drug)
TALTZ AUTOINJECTOR (3 PACK)	Specialty	PA, LA, QL (1 ML PER 28 DAYS), S (Specialty Drug)
TALTZ SYRINGE	Specialty	PA, LA, QL (1 ML PER 28 DAYS), S (Specialty Drug)
TREMFYA (100 MG/ML INJECTOR, 100 MG/ML SYRINGE)	Specialty	PA, QL (1 ML PER 56 DAYS), S (Specialty Drug)
XELJANZ 1 MG/ML SOLUTION	Specialty	PA, QL (10 ML PER DAY), S (Specialty Drug)
XELJANZ (5 MG TABLET, 10 MG TABLET)	Specialty	PA, QL (2 PER 1 DAY), S (Specialty Drug)
XELJANZ XR	Specialty	PA, QL (1 PER 1 DAY), S (Specialty Drug)
XOLAIR (75 MG/0.5 ML SYRINGE, 150 MG/ML SYRINGE)	Specialty	PA, LA, S (Specialty Drug)
<b>IMMUNOSTIMULANTS</b>		
ACTIMMUNE	Specialty	PA, LA, S (Specialty Drug)
INTRON A 10 MILLION UNITS VIAL	Specialty	LA, S (Specialty Drug)
PEGASYS (180 MCG/ML VIAL, 180 MCG/0.5 ML SYRINGE)	Specialty	PA, S (Specialty Drug)
<b>IMMUNOSUPPRESSANTS</b>		
AMJEVITA(CF) 10MG/0.2ML SYRING	Specialty	PA, QL (0.4 ML PER 28 DAYS), C (Amgen Preferred (Manufacturer NDC 55513); biosimilar to HUMIRA), S (Specialty Drug)

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## 2023 PROVIDENCE FORMULARY D

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Drug Name	Status*	Requirements/Limits
AMJEVITA(CF) 20MG/0.4ML SYRING	Specialty	PA, QL (0.8 ML PER 28 DAYS), C (Amgen Preferred (Manufacturer NDC 55513); biosimilar to HUMIRA), S (Specialty Drug)
AMJEVITA(CF) 40MG/0.8ML SYRING	Specialty	PA, QL (1.6 ML PER 28 DAYS), C (Amgen Preferred (Manufacturer NDC 55513); biosimilar to HUMIRA), S (Specialty Drug)
AMJEVITA(CF) AUTOINJECTOR	Specialty	PA, QL (1.6 ML PER 28 DAYS), C (Amgen Preferred (Manufacturer NDC 55513); biosimilar to HUMIRA), S (Specialty Drug)
ASTAGRAF XL	Brand	
<i>azathioprine 50 mg tablet</i>	Generic	
CIMZIA (2X200 MG/ML SYRINGE KIT, 2X200 MG/ML(X3)START KT)	Specialty	PA, LA, QL (1 PER 28 DAYS), S (Specialty Drug)
<i>cyclosporine (25 mg capsule, 100 mg capsule)</i>	Generic	
<i>cyclosporine, modified (25 mg capsule, 50 mg capsule, 100 mg/ml solution, 100 mg capsule)</i>	Generic	
ENBREL 25 MG/0.5 ML SYRINGE	Specialty	PA, QL (4.08 ML PER 28 DAYS), S (Specialty Drug)
ENBREL (25 MG/0.5 ML VIAL, 50 MG/ML SYRINGE)	Specialty	PA, QL (4 ML PER 28 DAYS), S (Specialty Drug)
ENBREL 25 MG KIT	Specialty	PA, QL (1 PER 28 DAYS), S (Specialty Drug)
ENBREL MINI	Specialty	PA, QL (4 ML PER 28 DAYS), S (Specialty Drug)
ENBREL SURECLICK	Specialty	PA, QL (4 ML PER 28 DAYS), S (Specialty Drug)
EVEROLIMUS (0.25 MG TABLET, 0.5 MG TABLET, 0.75 MG TABLET, 1 MG TABLET)	Specialty	S (Specialty Drug)
<i>gengraf (25 mg capsule, 100 mg/ml solution, 100 mg capsule)</i>	Generic	

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Drug Name	Status*	Requirements/Limits
HADLIMA	Specialty	PA, QL (1.6 ML PER 28 DAYS), S (Specialty Drug)
HADLIMA PUSHTOUCH	Specialty	PA, QL (1.6 ML PER 28 DAYS), S (Specialty Drug)
HADLIMA(CF)	Specialty	PA, QL (0.8 ML PER 28 DAYS), S (Specialty Drug)
HADLIMA(CF) PUSHTOUCH	Specialty	PA, QL (0.8 ML PER 28 DAYS), S (Specialty Drug)
HUMIRA	Specialty	PA, QL (2 PER 28 DAYS), S (Specialty Drug)
HUMIRA PEN	Specialty	PA, QL (2 PER 28 DAYS), S (Specialty Drug)
HUMIRA PEN CROHN'S-UC-HS	Specialty	PA, QL (6 PER 28 DAYS), S (Specialty Drug)
HUMIRA PEN PSOR-UEVITS-ADOL HS	Specialty	PA, QL (4 PER 28 DAYS), S (Specialty Drug)
HUMIRA(CF)	Specialty	PA, QL (2 PER 28 DAYS), S (Specialty Drug)
HUMIRA(CF) PEDI CROHN 80-40 MG	Specialty	PA, QL (2 PER 28 DAYS), S (Specialty Drug)
HUMIRA(CF) PEDI CROHN 80MG/0.8	Specialty	PA, QL (3 PER 28 DAYS), S (Specialty Drug)
HUMIRA(CF) PEN	Specialty	PA, QL (2 PER 28 DAYS), S (Specialty Drug)
HUMIRA(CF) PEN CROHN'S-UC-HS	Specialty	PA, QL (3 PER 28 DAYS), S (Specialty Drug)
HUMIRA(CF) PEN PEDIATRIC UC	Specialty	PA, QL (4 PER 28 DAYS), S (Specialty Drug)
HUMIRA(CF) PEN PSOR-UV-ADOL HS	Specialty	PA, QL (3 PER 28 DAYS), S (Specialty Drug)
<i>leflunomide</i>	Generic	
LUPKYNIS	Specialty	PA, LA, S (Specialty Drug)
<i>methotrexate sodium (2.5 mg tablet, 25 mg/ml vial)</i>	Generic	

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Drug Name	Status*	Requirements/Limits
<i>methotrexate sodium/pf (1 g vial, 25 mg/ml vial)</i>	Generic	
<i>mycophenolate mofetil (200 mg/ml susp recon, 250 mg capsule, 500 mg tablet)</i>	Generic	
<i>mycophenolate sodium</i>	Generic	
REZUROCK	Specialty	PA, LA, QL (1 PER DAY), S (Specialty Drug)
SANDIMMUNE 100 MG/ML SOLN	Brand	
<i>sirolimus (0.5 mg tablet, 1 mg tablet, 1 mg/ml solution, 2 mg tablet)</i>	Generic	
<i>tacrolimus (0.5 mg capsule, 1 mg capsule, 5 mg capsule)</i>	Generic	

### VACCINES

ABRYSVO	ACA Preventive	C (ACA ELIGIBLE FOR AGES 60+)
ACTHIB	ACA Preventive	QLC (1 dose (1 vial) per day; 4 doses (4 vials) per lifetime)
ADACEL TDAP SYRINGE	ACA Preventive	QLC (1 dose (0.5mL) per day; 1 dose (0.5mL per 10 years.)
ADACEL TDAP VIAL	ACA Preventive	QLC (1 dose (0.5mL) per day; 1 dose (0.5mL) per 10 years.)
AREXVY	ACA Preventive	C (ACA ELIGIBLE FOR AGES 60+)
BEXSERO	ACA Preventive	QLC (2 doses (1mL) per lifetime.)
BOOSTRIX TDAP (SYRINGE, VIAL)	ACA Preventive	QLC (1 dose (0.5mL) per day; 1 dose (0.5mL) per 10 years.)
DAPTACEL DTAP	ACA Preventive	QLC (1 dose (0.5mL) per day; 5 doses (2.5mL) per lifetime)
ENGERIX-B ADULT (20 MCG/ML SYRN, 20 MCG/ML VIAL)	ACA Preventive	QLC (1 dose (1mL) per day; 3 doses (3mL) per lifetime.)
ENGERIX-B PEDIATRIC-ADOLESCENT	ACA Preventive	QLC (1 dose (0.5mL) per day; 3 doses (1.5mL) per lifetime.)
GARDASIL 9 (9 VIAL, 9 SYRINGE)	ACA Preventive	QLC (1 dose (0.5mL) per day; 3 doses (1.5mL) per lifetime.)

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[To help find a drug see the back of the document for an alphabetical listing]

Drug Name	Status*	Requirements/Limits
HAVRIX 1,440 UNIT/ML SYRINGE	ACA Preventive	QLC (1 dose (1mL) per day; 2 doses (2mL) per lifetime.)
HAVRIX 720 UNIT/0.5 ML SYRINGE	ACA Preventive	QLC (1 dose (0.5mL) per day; 2 doses (1mL) per lifetime.)
HEPLISAV-B	ACA Preventive	QLC (1 dose (0.5mL) per day; 2 doses (1mL) per lifetime.)
HIBERIX	ACA Preventive	QLC (1 dose (1 vial) per day; 4 doses (4 vials) per lifetime)
INFANRIX DTAP	ACA Preventive	QLC (1 dose (0.5mL) per day; 5 doses (2.5mL) per lifetime.)
IPOL	ACA Preventive	QLC (1 dose (0.5mL) per day; 4 doses (2mL) per lifetime.)
KINRIX (TIP-LOK SYRINGE, VIAL)	ACA Preventive	QLC (1 dose (0.5mL) per day; 1 dose (0.5mL) per lifetime.)
M-M-R II VACCINE	ACA Preventive	
MENACTRA	ACA Preventive	QLC (3 doses (1.5mL) per lifetime.)
MENQUADFI	ACA Preventive	QLC (1 dose (0.5mL) per day; 2 doses (1mL) per lifetime.)
MENVEO A-C-Y-W-135-DIP (1 VIAL-A-C-Y-W-135-DIP, A-C-Y-W KIT (2 VIALS))	ACA Preventive	
PEDIARIX	ACA Preventive	QLC (1 dose (0.5mL) per day; 3 doses (1.5mL) per lifetime.)
PEDVAXHIB	ACA Preventive	QLC (1 dose (1 vial) per day; 4 doses (4 vials) per lifetime)
PENTACEL	ACA Preventive	QLC (1 dose (1 kit) per day; 4 doses (4 kits) per lifetime.)
PENTACEL ACTHIB COMPONENT	ACA Preventive	QLC (1 dose (1 kit) per day; 4 doses (4 kits) per lifetime.)
PENTACEL DTAP-IPV COMPONENT	ACA Preventive	QLC (1 dose (0.5mL) per day; 4 doses (2mL) per lifetime.)
PNEUMOVAX 23 (23 SYRINGE, 23 VIAL)	ACA Preventive	QL (0.5 ML PER LIFETIME)
PREHEVBRIO	ACA Preventive	QLC (1 dose (1mL) per day; 3 doses (3mL) per lifetime)

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## 2023 PROVIDENCE FORMULARY D

[To help find a drug see the back of the document for an alphabetical listing]

Drug Name	Status*	Requirements/Limits
PREVNAR 13	ACA Preventive	QL (0.5 ML PER 365 DAYS)
PREVNAR 20	ACA Preventive	QL (0.5 ML PER DAY)
PRIORIX	ACA Preventive	
PROQUAD	ACA Preventive	QLC (1 dose (1 vial) per day; 2 doses (2 vials) per lifetime.)
QUADRACEL DTAP-IPV SYRINGE	ACA Preventive	QLC (0.5mL PER DAY; 2mL PER LIFETIME)
QUADRACEL DTAP-IPV VIAL	ACA Preventive	QLC (1 dose (0.5mL) per day; 2 doses (1mL) per lifetime.)
RECOMBIVAX HB (10 MCG/ML SYR, 40 MCG/ML VIAL)	ACA Preventive	QLC (1 dose (1mL) per day; 3 doses (3mL) per lifetime.)
RECOMBIVAX HB (5 MCG/0.5 ML SYR, 5 MCG/0.5 ML VL)	ACA Preventive	QLC (1 dose (0.5mL) per day; 3 doses (1.5mL) per lifetime.)
RECOMBIVAX HB 10 MCG/ML VIAL	ACA Preventive	QLC (1 dose (1ml) per day; 3 doses (3mL) per lifetime)
ROTARIX (ORAL SYRINGE, SUSPENSION)	ACA Preventive	QLC (1 dose (1mL) per day; 2 doses (2mL) per lifetime.)
ROTATEQ	ACA Preventive	QLC (1 dose (2mL) per day; 3 doses (6mL) per lifetime.)
SHINGRIX	ACA Preventive	C (FOR 50 YEARS OF AGE AND OLDER), QLC (1 dose (1 kit) per day; 2 doses (2 kits) per lifetime.)
TENIVAC (SYRINGE, VIAL)	ACA Preventive	QL (1 ML PER 10 YEARS)
TETANUS AND DIPHTHERIA TOXOIDS, ADULT	ACA Preventive	QL (1 ML PER 10 YEARS)
TETANUS,DIPHTHERIA TOXOID PED/PF	ACA Preventive	QLC (1 dose (0.5mL) per day; 5 doses (2.5mL) per lifetime)
TRUMENBA	ACA Preventive	QLC (1 dose (0.5mL) per day; 3 doses (1.5mL) per lifetime.)
TWINRIX	ACA Preventive	QLC (1 dose (1mL) per day; 5 doses (5mL) per lifetime.)
VAQTA (50 SYRINGE, 50 VIAL)	ACA Preventive	QLC (1 dose (1mL) per day; 2 doses (2mL) per lifetime.)

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# 2023 PROVIDENCE FORMULARY D

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Drug Name	Status*	Requirements/Limits
VAQTA (25 UNITS/0.5 ML SYRINGE, 25 UNITS/0.5 ML VIAL)	ACA Preventive	QLC (1 dose (0.5mL) per day; 2 doses (1mL) per lifetime.)
VARIVAX VACCINE	ACA Preventive	QLC (1 dose (1 vial) per day; 2 doses (2 vials) per lifetime.)
VAXELIS (SYRINGE, VIAL)	ACA Preventive	QLC (1 dose (0.5mL) per day; 3 doses (1.5mL) per lifetime)
VAXNEUVANCE	ACA Preventive	QL (0.5 ML PER LIFETIME)

## INFLAMMATORY BOWEL DISEASE AGENTS

### AMINOSALICYLATES

<i>balsalazide disodium</i>	Generic	
DIPENTUM	Brand	
<i>mesalamine (0.375g cap er 24h, 1.2 g tablet dr, 4 g/60 ml enema, 400 mg cap(drtab), 500 mg capsule er, 800 mg tablet dr, 1000 mg supp.rect)</i>	Generic	
PENTASA 250 MG CAPSULE	Brand	
<i>sulfasalazine (500 mg tablet, 500 mg tablet dr)</i>	Generic	

### GLUCOCORTICOIDS

<i>budesonide 3 mg capdr - er</i>	Generic	
<i>budesonide 9 mg tabdr - er</i>	Generic	PA
<i>hydrocortisone (5 mg tablet, 10 mg tablet, 20 mg tablet, 100mg/60ml enema)</i>	Generic	

## METABOLIC BONE DISEASE AGENTS

<i>alendronate sodium (10 mg tablet, 35 mg tablet, 70 mg/75ml solution, 70 mg tablet)</i>	Generic	
<i>calcitonin,salmon,synthetic 200/spray spray/pump</i>	Generic	

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## 2023 PROVIDENCE FORMULARY D

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Drug Name	Status*	Requirements/Limits
<i>calcitriol (0.25 mcg capsule, 0.5 mcg capsule, 1 mcg/ml solution)</i>	Generic	
<i>cinacalcet hcl (30 mg tablet, 60 mg tablet)</i>	Generic	QL (2 PER 1 DAY)
<i>cinacalcet hcl 90 mg tablet</i>	Generic	QL (4 PER 1 DAY)
<i>doxercalciferol (0.5 mcg capsule, 1 mcg capsule, 2.5 mcg capsule)</i>	Generic	
<i>ergocalciferol (vitamin d2) 1250 mcg capsule</i>	Generic	
FORTEO	Specialty	PA, S (Specialty Drug)
<i>ibandronate sodium 150 mg tablet</i>	Generic	
<i>paricalcitol (1 mcg capsule, 2 mcg capsule, 4 mcg capsule)</i>	Generic	
<i>risedronate sodium (5 mg tablet, 30 mg tablet, 35 mg tablet dr, 35 mg tablet, 150 mg tablet)</i>	Generic	
TERIPARATIDE	Specialty	PA, S (Specialty Drug)
TYMLOS	Specialty	PA, S (Specialty Drug)

### MISCELLANEOUS

#### Diabetes Testing Supplies

ACCU CHEK (METERS & TEST STRIPS)	Diabetic Supplies	QL (150 STRIPS PER 30 DAYS)
LIFESCAN (METERS & TEST STRIPS)	Diabetic Supplies	QL (150 STRIPS PER 30 DAYS)
NOVOFINE NEEDLES	Diabetic Supplies	QL
URINE TEST STRIPS	Diabetic Supplies	

### MISCELLANEOUS THERAPEUTIC AGENTS

BLOOD-GLUCOSE METER,CONTINUOUS	Preferred Medical Supply	PA, QLC (1 KIT PER 365 DAYS)
BLOOD-GLUCOSE SENSOR	Preferred Medical Supply	PA, QLC (1 PACK PER 30 DAYS)

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## 2023 PROVIDENCE FORMULARY D

[To help find a drug see the back of the document for an alphabetical listing]

Drug Name	Status*	Requirements/Limits
DEXCOM G5 RECEIVER KIT	Preferred Medical Supply	PA, QLC (1 KIT PER 365 DAYS)
DEXCOM G5 TRANSMITTER KIT	Preferred Medical Supply	PA, QLC (1 PACK PER 90 DAYS)
DEXCOM G5-G4 SENSOR KIT	Preferred Medical Supply	PA, QLC (1 PACK PER 30 DAYS)
DEXCOM G6 RECEIVER	Preferred Medical Supply	PA, QLC (1 KIT PER 365 DAYS)
DEXCOM G6 SENSOR	Preferred Medical Supply	PA, QLC (1 PACK PER 30 DAYS)
DEXCOM G6 TRANSMITTER	Preferred Medical Supply	PA, QLC (1 KIT PER 90 DAYS)
FREESTYLE LIBRE 14 DAY READER	Preferred Medical Supply	PA, QLC (1 KIT PER 365 DAYS)
FREESTYLE LIBRE 14 DAY SENSOR	Preferred Medical Supply	PA, QLC (1 PACK PER 14 DAYS)
FREESTYLE LIBRE 2 READER	Preferred Medical Supply	PA, QLC (1 KIT PER 365 DAYS)
FREESTYLE LIBRE 2 SENSOR	Preferred Medical Supply	PA, QLC (1 PACK PER 14 DAYS)
FREESTYLE LIBRE 3 SENSOR	Preferred Medical Supply	PA, QLC (1 PACK PER 14 DAYS)
OMNIPOD 5 G6 INTRO KIT (GEN 5)	Preferred Medical Supply	PA, QL (1 PER 365 DAYS)
OMNIPOD 5 G6 PODS (GEN 5) 5PK	Preferred Medical Supply	PA, QL (10 PER 30 DAYS)
OMNIPOD DASH INTRO KIT (GEN 4)	Preferred Medical Supply	PA, QL (1 PER 365 DAYS)
OMNIPOD DASH PODS (GEN 4) 5PK	Preferred Medical Supply	PA, QL (10 PER 30 DAYS)

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# 2023 PROVIDENCE FORMULARY D

[To help find a drug see the back of the document for an alphabetical listing]

Drug Name	Status*	Requirements/Limits
<b>OPHTHALMIC AGENTS</b>		
<b>OPHTHALMIC AGENTS, OTHER</b>		
<i>ak-poly-bac</i>	Generic	
<i>atropine sulfate 1 % drops</i>	Generic	
<i>bacitracin/polymyxin b sulfate</i>	Generic	
BLEPHAMIDE	Brand	
<i>cyclopentolate hcl 1 % drops</i>	Generic	
<i>dorzolamide hcl/timolol maleate</i>	Generic	
<i>dorzolamide/timolol/pf 2 %-0.5 % droperette</i>	Generic	
LACRISERT	Brand	
<i>neo-polycin</i>	Generic	
<i>neo-polycin hc</i>	Generic	
<i>neomycin sulfate/bacitracin zinc/polymyxin b/hydrocortisone</i>	Generic	
<i>neomycin sulfate/bacitracin/polymyxin b</i>	Generic	
<i>neomycin sulfate/polymyxin b sulfate/gramicidin d</i>	Generic	
<i>neomycin/polymyxin b/hydrocort 3.5-10k-10 drops susp</i>	Generic	
<i>neomycin/polymyxin b sulfate/dexamethasone (0.1 % drops susp, 3.5-10k-.1 oint. (g))</i>	Generic	
OXERVATE	Specialty	PA, LA, QL (1 ML PER 1 DAY), S (Specialty Drug)
<i>polycin</i>	Generic	
<i>proparacaine hcl</i>	Generic	
RESTASIS	Brand	QL (2 PER DAY)
RESTASIS MULTIDOSE	Brand	QL (5.5 ML PER 28 DAYS)

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## 2023 PROVIDENCE FORMULARY D

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Drug Name	Status*	Requirements/Limits
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	Generic	
TOBRADEX EYE OINTMENT	Brand	
TOBRADEX ST	Brand	
<i>tobramycin/dexamethasone</i>	Generic	
<i>tropicamide</i>	Generic	
XIIDRA	Brand	QL (2 PER 1 DAY)
ZYLET	Brand	

### OPHTHALMIC ANTI-ALLERGY AGENTS

ALOCRIL	Brand	
ALOMIDE	Brand	
<i>azelastine hcl 0.05 % drops</i>	Generic	
<i>bepotastine besilate</i>	Generic	PA
<i>cromolyn sodium 4 % drops</i>	Generic	
<i>epinastine hcl</i>	Generic	
<i>olopatadine hcl 0.1 % drops</i>	Generic	
ZERVIAE	Brand	PA

### OPHTHALMIC ANTI-INFECTIVES

AZASITE	Brand	
<i>bacitracin 500 unit/g oint. (g)</i>	Generic	
BESIVANCE	Brand	
<i>erythromycin base 5 mg/gram oint. (g)</i>	Generic	QL (7 GM PER 30 DAYS)
<i>gatifloxacin</i>	Generic	
<i>gentak</i>	Generic	
<i>gentamicin sulfate 0.3 % drops</i>	Generic	
<i>levofloxacin (0.5 % drops, 1.5 % drops)</i>	Generic	
<i>moxifloxacin hcl 0.5 % drops</i>	Generic	

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## 2023 PROVIDENCE FORMULARY D

[To help find a drug see the back of the document for an alphabetical listing]

Drug Name	Status*	Requirements/Limits
NATACYN	Brand	
<i>ofloxacin 0.3 % drops</i>	Generic	
<i>polymyxin b sulfate/trimethoprim</i>	Generic	
<i>sulfacetamide sodium (10 % drops, 10 % oint. (g))</i>	Generic	
<i>tobramycin 0.3 % drops</i>	Generic	
TOBREX 0.3% EYE OINTMENT	Brand	
<i>trifluridine</i>	Generic	
ZIRGAN	Brand	

### OPHTHALMIC ANTI-INFLAMMATORIES

ALREX	Brand	
<i>bromfenac sodium</i>	Generic	
<i>dexamethasone sodium phosphate 0.1 % drops</i>	Generic	
<i>diclofenac sodium 0.1 % drops</i>	Generic	
<i>difluprednate</i>	Generic	
FLAREX	Brand	
<i>fluorometholone</i>	Generic	
<i>flurbiprofen sodium</i>	Generic	
FML FORTE	Brand	
FML S.O.P.	Brand	
INVELTYS	Brand	
<i>ketorolac tromethamine (0.4 % drops, 0.5 % drops)</i>	Generic	
LOTEMAX 0.5% EYE OINTMENT	Brand	
<i>loteprednol etabonate (0.5 % drops susp, 0.5 % drops gel)</i>	Generic	
MAXIDEX	Brand	
NEVANAC	Brand	

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## 2023 PROVIDENCE FORMULARY D

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Drug Name	Status*	Requirements/Limits
<i>prednisolone acetate</i>	Generic	
<i>prednisolone sodium phosphate 1 % drops</i>	Generic	
PROLENSA	Brand	
<b>OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS</b>		
<i>betaxolol hcl 0.5 % drops</i>	Generic	
BETIMOL	Brand	
BETOPTIC S	Brand	
<i>carteolol hcl</i>	Generic	
<i>levobunolol hcl</i>	Generic	
<i>timolol maleate (0.25 % drops, 0.25 % sol-gel, 0.5 % sol-gel, 0.5 % drops, 0.5 % drop daily)</i>	Generic	
<b>OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER</b>		
<i>apraclonidine hcl</i>	Generic	
<i>brimonidine tartrate (0.1 % drops, 0.15 % drops, 0.2 % drops)</i>	Generic	
<i>brinzolamide</i>	Generic	
<i>dorzolamide hcl</i>	Generic	
<i>methazolamide</i>	Generic	
<i>pilocarpine hcl (1 % drops, 2 % drops, 4 % drops)</i>	Generic	
RHOPRESSA	Brand	ST, QL (2.5 ML PER 25 DAYS)
SIMBRINZA	Brand	
<b>OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS</b>		
<i>bimatoprost 0.03 % drops</i>	Generic	ST, QL (2.5 ML PER 25 DAYS)
<i>latanoprost</i>	Generic	
LUMIGAN	Brand	ST, QL (2.5 ML PER 25 DAYS)
<i>tafluprost/pf</i>	Generic	ST, QL (1 PER DAY)

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# 2023 PROVIDENCE FORMULARY D

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Drug Name	Status*	Requirements/Limits
<i>travoprost</i>	Generic	
VYZULTA	Brand	ST, QL (2.5 ML PER 25 DAYS)
XELPROS	Brand	

## Ophthalmic Agents, Other

UPNEEQ	Brand	PA, QL (2 PER DAY)
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## OTIC AGENTS

<i>acetic acid 2 % solution</i>	Generic	
CIPRO HC	Brand	
<i>ciprofloxacin hcl 0.2 % droperette</i>	Generic	
<i>ciprofloxacin hcl/dexamethasone</i>	Generic	
CORTISPORIN-TC	Brand	
<i>flac otic oil</i>	Generic	
<i>fluocinolone acetonide oil</i>	Generic	
<i>hydrocortisone/acetic acid</i>	Generic	
<i>neomycin sulfate/polymyxin b sulfate/hydrocortisone (3.5-10k-1 drops susp, 3.5-10k-1 solution)</i>	Generic	

## RESPIRATORY TRACT/PULMONARY AGENTS

### ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS

ALVESCO	Brand	
ARNUITY ELLIPTA	Brand	
ASMANEX	Brand	
ASMANEX HFA	Brand	
<i>budesonide (0.25mg/2ml ampul-neb, 0.5 mg/2ml ampul-neb, 1 mg/2 ml ampul-neb)</i>	Generic	
FLOVENT DISKUS	Value	

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## 2023 PROVIDENCE FORMULARY D

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Drug Name	Status*	Requirements/Limits
FLOVENT HFA	Value	
<i>flunisolide</i>	Generic	
<i>fluticasone propionate 50 mcg spray susp</i>	Generic	
<i>mometasone furoate 50 mcg spray/pump</i>	Generic	QL (17 GM PER 30 DAYS)
OMNARIS	Brand	PA
PULMICORT FLEXHALER	Brand	
QVAR REDHALER	Brand	
ZETONNA	Brand	PA

### ANTIHISTAMINES

<i>azelastine hcl 137 mcg spray/pump</i>	Generic	
<i>carbinoxamine maleate (4 mg tablet, 4 mg/5 ml liquid)</i>	Generic	
<i>clemastine fumarate (0.5 mg/5ml syrup, 2.68 mg tablet)</i>	Generic	
<i>cyproheptadine hcl (2 mg/5 ml syrup, 4 mg tablet)</i>	Generic	
<i>desloratadine 5 mg tablet</i>	Generic	
<i>hydroxyzine hcl (10 mg tablet, 10 mg/5 ml solution, 25 mg tablet, 50 mg/25ml solution, 50 mg tablet)</i>	Generic	
<i>hydroxyzine pamoate</i>	Generic	
<i>olopatadine hcl 0.6 % spray/pump</i>	Generic	
<i>promethazine hcl (6.25mg/5ml syrup, 12.5 mg tablet, 25 mg tablet)</i>	Generic	

### ANTILEUKOTRIENES

<i>montelukast sodium (4 mg gran pack, 4 mg tab chew, 5 mg tab chew, 10 mg tablet)</i>	Generic	
<i>zafirlukast</i>	Generic	

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## 2023 PROVIDENCE FORMULARY D

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Drug Name	Status*	Requirements/Limits
<i>zileuton</i>	Generic	ST
<b>BRONCHODILATORS, ANTICHOLINERGIC</b>		
ATROVENT HFA	Brand	
INCRUSE ELLIPTA	Brand	
<i>ipratropium bromide (0.2 mg/ml solution, 21 mcg spray, 42 mcg spray)</i>	Generic	
SPIRIVA HANDHALER	Brand	
SPIRIVA RESPIMAT	Brand	
<b>BRONCHODILATORS, SYMPATHOMIMETIC</b>		
ALBUTEROL SULFATE 90 MCG HFA AER AD	Value	QLC (2 INHALERS PER 30 DAYS)
<i>albuterol sulfate (0.63mg/3ml vial-neb, 1.25mg/3ml vial-neb, 2 mg/5 ml syrup, 2 mg tablet, 2.5 mg/3ml vial-neb, 2.5 mg/0.5 vial-neb, 4 mg tab er 12h, 4 mg tablet, 5 mg/ml solution, 8 mg tab er 12h)</i>	Generic	
<i>arformoterol tartrate</i>	Generic	QL (4 ML PER DAY)
AUVI-Q 0.1 MG AUTO-INJECTOR	Brand	LA, QL (0 TO 17 YRS OLD; 6 PER 365 DAYS), QL (18 TO 101 YRS OLD; 4 PER 365 DAYS)
<i>epinephrine (0.15mg/0.3 auto injct, 0.3mg/0.3 auto injct)</i>	Generic	QL (0 TO 17 YRS OLD; 6 PER 365 DAYS), QL (18 TO 101 YRS OLD; 4 PER 365 DAYS)
EPIPEN 2-PAK	Brand	QL (0 TO 17 YRS OLD; 6 PER 365 DAYS), QL (18 TO 101 YRS OLD; 4 PER 365 DAYS)
<i>formoterol fumarate</i>	Generic	
<i>levalbuterol hcl (0.31mg/3ml vial-neb, 0.63mg/3ml vial-neb, 1.25mg/0.5 vial-neb, 1.25mg/3ml vial-neb)</i>	Generic	
<i>levalbuterol tartrate</i>	Generic	
PROAIR RESPICLICK	Value	QL (2 PER 30 DAYS)

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## 2023 PROVIDENCE FORMULARY D

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Drug Name	Status*	Requirements/Limits
SEREVENT DISKUS	Brand	
SYMJEPI	Brand	QL (0 TO 17 YRS OLD; 6 PER 365 DAYS), QL (18 TO 101 YRS OLD; 4 PER 365 DAYS)
<i>terbutaline sulfate (2.5 mg tablet, 5 mg tablet)</i>	Generic	
<b>CYSTIC FIBROSIS AGENTS</b>		
CAYSTON	Specialty	LA, S (Specialty Drug)
KALYDECO (25 MG GRANULES PACKET, 50 MG GRANULES PACKET, 75 MG GRANULES PACKET, 150 MG TABLET)	Specialty	PA, LA, QL (2 PER 1 DAY), S (Specialty Drug)
KALYDECO (5.8 MG GRANULES PKT, 13.4 MG GRANULES PKT)	Specialty	PA, LA, QL (2 PER DAY), S (Specialty Drug)
ORKAMBI (100-125 MG GRANULE PKT, 150-188 MG GRANULE PKT)	Specialty	PA, LA, QL (2 PER 1 DAY), S (Specialty Drug)
ORKAMBI 75-94 MG GRANULE PKT	Specialty	PA, LA, QL (2 PER DAY), S (Specialty Drug)
ORKAMBI (100 MG-125 MG TABLET, 200 MG-125 MG TABLET)	Specialty	PA, LA, QL (4 PER 1 DAY), S (Specialty Drug)
PULMOZYME	Specialty	S (Specialty Drug)
SYMDEKO	Specialty	PA, LA, QL (2 PER 1 DAY), S (Specialty Drug)
TOBRAMYCIN IN 0.225 % SODIUM CHLORIDE	Specialty	S (Specialty Drug)
TRIKAFTA (80-40-60MG/59.5MG PKT, 100-50-75 MG/75MG PKT)	Specialty	PA, LA, QL (2 PER DAY), S (Specialty Drug)
TRIKAFTA (50-25-37.5 MG/75 MG, 100- 50-75 MG/150 MG)	Specialty	PA, LA, QL (3 PER DAY), S (Specialty Drug)
<b>MAST CELL STABILIZERS</b>		
<i>cromolyn sodium 20 mg/2 ml ampul- neb</i>	Generic	

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[To help find a drug see the back of the document for an alphabetical listing]

Drug Name	Status*	Requirements/Limits
<b>PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE</b>		
<i>roflumilast</i>	Generic	QL (1 PER DAY)
<i>theophylline anhydrous (300 mg tab er 12h, 400 mg tab er 24h, 450 mg tab er 12h, 600 mg tab er 24h)</i>	Generic	
<b>PULMONARY ANTIHYPERTENSIVES</b>		
ADEMPAS	Specialty	PA, LA, S (Specialty Drug)
<i>alyq</i>	Generic	QL (2 PER 1 DAY)
<i>ambrisentan</i>	Generic	PA, LA, S (Specialty Drug)
<i>bosentan</i>	Generic	PA, LA, S (Specialty Drug)
OPSUMIT	Specialty	PA, LA, S (Specialty Drug)
SILDENAFIL CITRATE 10 MG/ML SUSP RECON	Specialty	PA, S (Specialty Drug)
<i>sildenafil citrate 20 mg tablet</i>	Generic	
<i>tadalafil 20 mg tablet</i>	Generic	QL (2 PER 1 DAY)
TRACLEER 32 MG TABLET FOR SUSP	Specialty	PA, LA, S (Specialty Drug)
TYVASO	Specialty	PA, LA, S (Specialty Drug)
TYVASO DPI	Specialty	PA, S (Specialty Drug)
TYVASO INSTITUTIONAL START KIT	Specialty	PA, LA, S (Specialty Drug)
TYVASO REFILL KIT	Specialty	PA, LA, S (Specialty Drug)
TYVASO STARTER KIT	Specialty	PA, LA, S (Specialty Drug)
UPTRAVI 200-800 TITRATION PACK	Specialty	PA, LA, S (Specialty Drug)
UPTRAVI (200 MCG TABLET, 400 MCG TABLET, 600 MCG TABLET, 800 MCG TABLET, 1,000 MCG TABLET, 1,200 MCG TABLET, 1,400 MCG TABLET, 1,600 MCG TABLET)	Specialty	PA, LA, QL (2 PER 1 DAY), S (Specialty Drug)
<b>PULMONARY FIBROSIS AGENTS</b>		
OFEV	Specialty	PA, LA, S (Specialty Drug)
PIRFENIDONE (267 MG TABLET, 534 MG TABLET, 801 MG TABLET)	Specialty	PA, QL (3 PER DAY), S (Specialty Drug)

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[To help find a drug see the back of the document for an alphabetical listing]

Drug Name	Status*	Requirements/Limits
<b>RESPIRATORY TRACT AGENTS, OTHER</b>		
<i>acetylcysteine (100 mg/ml vial, 200 mg/ml vial)</i>	Generic	
<i>advair diskus</i>	Generic	
ADVAIR HFA	Brand	
ANORO ELLIPTA	Brand	
<i>benzonatate</i>	Generic	
BREO ELLIPTA	Brand	
COMBIVENT RESPIMAT	Brand	QL (8 GM PER 30 DAYS)
FASENRA PEN	Specialty	PA, LA, QL (1 ML PER 56 DAYS), S (Specialty Drug)
<i>fluticasone propionate/salmeterol xinafoate (55-14 mcg aer pow ba, 113-14 mcg aer pow ba, 232-14 mcg aer pow ba)</i>	Generic	QL (1 PER 30 DAYS)
GRASTEK	Brand	
<i>hydrocodone bit/homatrop me-br 5-1.5 mg/5 syrup</i>	Generic	
<i>hydromet</i>	Generic	
<i>hyper-sal 3.5% vial</i>	Generic	
<i>hyper-sal 7% vial</i>	Generic	QL (240 ML PER 30 DAYS)
<i>ipratropium bromide/albuterol sulfate</i>	Generic	
<i>nebusal</i>	Generic	
NUCALA 40 MG/0.4 ML SYRINGE	Specialty	PA, LA, QL (0.4 ML PER 28 DAYS), S (Specialty Drug)
NUCALA (100 MG/ML POWDER VIAL, 100 MG/ML AUTO-INJECTOR, 100 MG/ML SYRINGE)	Specialty	PA, LA, QL (1 PER 28 DAYS), S (Specialty Drug)
ODACTRA	Brand	
ORALAIR	Brand	LA
<i>phenylephrine hcl/promethazine hcl</i>	Generic	

\*Specialty medications are only available through the Providence specialty network. See introduction.  
PA - Prior Authorization, QL - Quantity Limits, ST - Step Therapy, LA- Limited Access

## 2023 PROVIDENCE FORMULARY D

[To help find a drug see the back of the document for an alphabetical listing]

Drug Name	Status*	Requirements/Limits
<i>promethazine hcl/codeine</i>	Generic	PA
<i>promethazine hcl/dextromethorphan hbr</i>	Generic	
<i>promethazine/phenylephrine hcl/codeine</i>	Generic	PA
<i>pulmosal</i>	Generic	QL (240 ML PER 30 DAYS)
RAGWITEK	Brand	
<i>sodium chloride for inhalation (0.9 % vial-neb, 3 % vial-neb, 10 % vial-neb)</i>	Generic	
<i>sodium chloride for inhalation 7 % vial-neb</i>	Generic	QL (240 ML PER 30 DAYS)
STIOLTO RESPIMAT	Brand	
SYMBICORT	Brand	
TRELEGY ELLIPTA	Brand	

### SKELETAL MUSCLE RELAXANTS

<i>carisoprodol</i>	Generic	
<i>carisoprodol/aspirin</i>	Generic	
<i>carisoprodol/aspirin/codeine phosphate</i>	Generic	PA, QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
<i>chlorzoxazone (250 mg tablet, 500 mg tablet)</i>	Generic	
<i>cyclobenzaprine hcl (5 mg tablet, 7.5 mg tablet, 10 mg tablet)</i>	Generic	
<i>metaxalone</i>	Generic	
<i>methocarbamol (500 mg tablet, 750 mg tablet)</i>	Generic	
<i>orphenadrine citrate 100 mg tablet er</i>	Generic	
<i>vanadom</i>	Generic	

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# 2023 PROVIDENCE FORMULARY D

[To help find a drug see the back of the document for an alphabetical listing]

Drug Name	Status*	Requirements/Limits
<b>SLEEP DISORDER AGENTS</b>		
<b>SLEEP PROMOTING AGENTS</b>		
<i>estazolam</i>	Generic	
<i>eszopiclone (2 mg tablet, 3 mg tablet)</i>	Generic	QL (1 PER 1 DAY)
<i>eszopiclone 1 mg tablet</i>	Generic	QL (2 PER DAY)
<i>flurazepam hcl</i>	Generic	
HETLIOZ LQ	Specialty	PA, LA, QL (5 ML PER DAY), S (Specialty Drug)
<i>ramelteon</i>	Generic	
TASIMELTEON	Specialty	PA, QL (1 PER DAY), S (Specialty Drug)
<i>temazepam</i>	Generic	
<i>triazolam</i>	Generic	
<i>zaleplon</i>	Generic	QL (2 PER 1 DAY)
<i>zolpidem tartrate 5 mg tablet</i>	Generic	QL (2 PER 1 DAY)
<i>zolpidem tartrate (6.25 mg tab mphase, 10 mg tablet, 12.5 mg tab mphase)</i>	Generic	QL (1 PER 1 DAY)
<b>WAKEFULNESS PROMOTING AGENTS</b>		
<i>armodafinil (150 mg tablet, 200 mg tablet, 250 mg tablet)</i>	Generic	QL (1 PER 1 DAY)
<i>armodafinil 50 mg tablet</i>	Generic	QL (2 PER 1 DAY)
LUMRYZ	Specialty	PA, LA, QL (1 PER DAY), S (Specialty Drug)
<i>modafinil</i>	Generic	
SODIUM OXYBATE	Specialty	PA, LA, QL (540 ML PER 30 DAYS), S (Specialty Drug)
SUNOSI	Brand	PA, QL (1 PER 1 DAY)
WAKIX	Specialty	PA, LA, QL (2 PER 1 DAY), S (Specialty Drug)
XYWAV	Specialty	PA, LA, QL (540 ML PER 30 DAYS), S (Specialty Drug)

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# Alphabetical Listing

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ENDOMETRIN . . . . .	90	ESTRING . . . . .	84
ENGERIX-B ADULT . . . . .	98	eszopiclone . . . . .	115
ENGERIX-B PEDIATRIC-ADOLESCENT . . . . .	98	ethacrynic acid . . . . .	59
ENILLORING . . . . .	84	ethambutol hcl . . . . .	29
enoxaparin sodium . . . . .	50	ethinyl estradiol/drospirenone . . . . .	84
ENPRESSE . . . . .	84	ethosuximide . . . . .	20
ENSKYCE . . . . .	84	ethynodiol diacetate-ethinyl estradiol . . . . .	84
entacapone . . . . .	37	etodolac . . . . .	8
entecavir . . . . .	41	etonogestrel/ethinyl estradiol . . . . .	84
ENTRESTO . . . . .	58	etoposide . . . . .	32
enulose . . . . .	75	etravirine . . . . .	42
EPIDIOLEX . . . . .	18	EUCRISA . . . . .	69
EPIFOAM . . . . .	68	EURAX . . . . .	71
epinastine hcl . . . . .	105	everolimus . . . . .	33,96
epinephrine . . . . .	110	EVOTAZ . . . . .	44
EPIPEN 2-PAK . . . . .	110	exemestane . . . . .	32
epitol . . . . .	21	EXKIVITY . . . . .	31
EPIVIR HBV . . . . .	41	EXSERVAN . . . . .	64
eplerenone . . . . .	59	EXTAVIA . . . . .	65
EPOGEN . . . . .	51	ezetimibe . . . . .	61
eprosartan mesylate . . . . .	54	ezetimibe/simvastatin . . . . .	61
ergocalciferol (vitamin d2) . . . . .	102		
ergoloid mesylates . . . . .	21	<b>F</b>	
ERGOMAR . . . . .	27	FACTIVE . . . . .	17
ergotamine tartrate/caffeine . . . . .	28	FALMINA . . . . .	84
ERIVEDGE . . . . .	33	famciclovir . . . . .	44
ERLEADA . . . . .	30	famotidine . . . . .	77
erlotinib hcl . . . . .	33	FANAPT . . . . .	39
ERRIN . . . . .	90	FARXIGA . . . . .	46
ERTACZO . . . . .	26	FARYDAK . . . . .	33
ery . . . . .	72	FASENRA PEN . . . . .	113
erythromycin base . . . . .	105	febuxostat . . . . .	27
erythromycin base in ethanol . . . . .	72	felbamate . . . . .	18
erythromycin base/benzoyl peroxide . . . . .	67	felodipine . . . . .	56
escitalopram oxalate . . . . .	23	FEMYNOR . . . . .	84
esomeprazole magnesium . . . . .	77	fenofibrate . . . . .	60
ESTARYLLA . . . . .	84	fenofibrate nanocrystallized . . . . .	60
estazolam . . . . .	115	fenofibrate,micronized . . . . .	60
estradiol . . . . .	84	fenofibric acid . . . . .	60
estradiol valerate . . . . .	84	fenofibric acid (choline) . . . . .	60
estradiol/norethindrone acetate . . . . .	89	fenopropfen calcium . . . . .	8

fentanyl	9	fluvoxamine maleate	23
fentanyl citrate	11	FML FORTE	106
FERRIPROX	73	FML S.O.P.	106
FERRIPROX (2 TIMES A DAY)	73	folic acid	74
ferrous sulfate	74	FOLLISTIM AQ	81
FETZIMA	23	fondaparinux sodium	50
FINACEA	67	formoterol fumarate	110
finasteride	79	FORTEO	102
fingolimod hcl	65	fosamprenavir calcium	44
FINTEPLA	18	fosfomycin tromethamine	15
FINZALA	84	fosinopril sodium	54
fioricet	64	fosinopril sodium/hydrochlorothiazide	58
flac otic oil	108	FOSRENOL	73
FLAREX	106	FOTIVDA	33
flavoxate hcl	79	FRAGMIN	50
flecainide acetate	55	FREESTYLE LIBRE 14 DAY READER	103
FLOVENT DISKUS	108	FREESTYLE LIBRE 14 DAY SENSOR	103
FLOVENT HFA	109	FREESTYLE LIBRE 2 READER	103
fluconazole	26	FREESTYLE LIBRE 2 SENSOR	103
flucytosine	26	FREESTYLE LIBRE 3 SENSOR	103
fludrocortisone acetate	80	frovatriptan succinate	28
flunisolide	109	FULPHILA	51
fluocinolone acetonide	69	furosemide	59
fluocinolone acetonide oil	108	FUZEON	43
fluocinolone acetonide/shower cap	69	fyavolv	84
fluocinonide	69	FYCOMPA	18,19
fluocinonide/emollient base	69	FYLNETRA	51
FLUORIDE (0.25MG(0.55) TAB CHEW, 0.5MG(1.1) TAB CHEW, 1MG(2.2) TAB CHEW)	72	FYREMADEL	92
fluoride (sodium)	72		
fluorometholone	106	<b>G</b>	
FLUOROPLEX	70	gabapentin	20
fluorouracil	70	GALAFOLD	78
fluoxetine hcl	23	galantamine hbr	22
fluphenazine hcl	39	GAMMAKED	93
flurazepam hcl	115	GAMUNEX-C	93
flurbiprofen	8	ganirelix acetate	92
flurbiprofen sodium	106	GARDASIL 9	98
flutamide	30	gatifloxacin	105
fluticasone propionate	69,109	GATTEX	76
fluticasone propionate/salmeterol xinafoate	113	gavilyte-c	76
		gavilyte-g	76

gavilyte-n . . . . .	76	HADLIMA(CF) . . . . .	97
GAVRETO . . . . .	33	HADLIMA(CF) PUSHTOUCH . . . . .	97
gefitinib . . . . .	33	HAEGARDA . . . . .	92
gemfibrozil . . . . .	60	HAILEY . . . . .	84
GEMMILY . . . . .	84	HAILEY 24 FE . . . . .	84
generlac . . . . .	75	HAILEY FE . . . . .	84
gengraf . . . . .	96	halcinonide . . . . .	80
GENOTROPIN . . . . .	81	halobetasol propionate . . . . .	69
gentak . . . . .	105	HALOETTE . . . . .	85
gentamicin sulfate . . . . .	14,105	haloperidol . . . . .	39
GENVOYA . . . . .	42	haloperidol lactate . . . . .	39
GILENYA . . . . .	65	HAVRIX . . . . .	99
GILOTRIF . . . . .	33	HEATHER . . . . .	90
glatiramer acetate . . . . .	65	HEMANGEOL . . . . .	31
GLEOSTINE . . . . .	30	heparin sodium,porcine . . . . .	50
glimepiride . . . . .	46	heparin sodium,porcine/pf . . . . .	51
glipizide . . . . .	46	HEPLISAV-B . . . . .	99
glipizide/metformin hcl . . . . .	46	HETLIOZ LQ . . . . .	115
glucagon emergency kit . . . . .	48	HIBERIX . . . . .	99
glyburide . . . . .	46	HIZENTRA . . . . .	93
glyburide,micronized . . . . .	46	HUMALOG . . . . .	48
glyburide/metformin hcl . . . . .	46	HUMALOG JUNIOR KWIKPEN . . . . .	48
glycopyrrolate . . . . .	75	HUMALOG KWIKPEN U-100 . . . . .	48
glydo . . . . .	13	HUMALOG KWIKPEN U-200 . . . . .	49
GLYXAMBI . . . . .	46	HUMALOG MIX 50-50 . . . . .	49
granisetron hcl . . . . .	25	HUMALOG MIX 50-50 KWIKPEN . . . . .	49
GRANIX . . . . .	51	HUMALOG MIX 75-25 . . . . .	49
GRASTEK . . . . .	113	HUMALOG MIX 75-25 KWIKPEN . . . . .	49
griseofulvin ultramicrosize . . . . .	26	HUMALOG TEMPO PEN U-100 . . . . .	49
griseofulvin, microsize . . . . .	26	HUMIRA . . . . .	97
guanfacine hcl . . . . .	53,63	HUMIRA PEN . . . . .	97
GVOKE . . . . .	48	HUMIRA PEN CROHN'S-UC-HS . . . . .	97
GVOKE HYPOPEN 1-PACK . . . . .	48	HUMIRA PEN PSOR-UVEITS-ADOL HS . . . . .	97
GVOKE HYPOPEN 2-PACK . . . . .	48	HUMIRA(CF) . . . . .	97
GVOKE PFS 1-PACK SYRINGE . . . . .	48	HUMIRA(CF) PEDIATRIC CROHN'S . . . . .	97
GVOKE PFS 2-PACK SYRINGE . . . . .	48	HUMIRA(CF) PEN . . . . .	97
GYNOL II . . . . .	80	HUMIRA(CF) PEN CROHN'S-UC-HS . . . . .	97
		HUMIRA(CF) PEN PEDIATRIC UC . . . . .	97
		HUMIRA(CF) PEN PSOR-UV-ADOL HS . . . . .	97
		HUMULIN 70-30 . . . . .	49
		HUMULIN 70/30 KWIKPEN . . . . .	49
<b>H</b>			
HADLIMA . . . . .	97		
HADLIMA PUSHTOUCH . . . . .	97		

HUMULIN N	49	INBRIJA	38
HUMULIN N KWIKPEN	49	INCASSIA	90
HUMULIN R	49	INCRELEX	81
HUMULIN R U-500	49	INCRUSE ELLIPTA	110
HUMULIN R U-500 KWIKPEN	49	indapamide	60
HYCAMTIN	32	indomethacin	8
hydralazine hcl	61	INFANRIX DTAP	99
hydrochlorothiazide	60	INLYTA	33
hydrocodone bitartrate	9	INQOVI	31
hydrocodone bitartrate/acetaminophen	11	INREBIC	31
hydrocodone bitartrate/homatropine methylbromide	113	INTELENCE	42
hydrocodone/ibuprofen	11	INTRON A	95
hydrocortisone	69,101	INTROVALE	85
hydrocortisone butyrate	69	INVELTYS	106
hydrocortisone valerate	69	INVOKAMET	46
hydrocortisone/acetic acid	108	INVOKAMET XR	46
hydromet	113	INVOKANA	46
hydromorphone hcl	9,12	IPOL	99
hydroxychloroquine sulfate	37	ipratropium bromide	110
hydroxyurea	31	ipratropium bromide/albuterol sulfate	113
hydroxyzine hcl	109	irbesartan	54
hydroxyzine pamoate	109	irbesartan/hydrochlorothiazide	58
hyper-sal	113	ISENTRESS	42
HYQVIA	93	ISENTRESS HD	42
		ISIBLOOM	85
		isoniazid	29
ibandronate sodium	102	isosorbide dinitrate	61
IBRANCE	33	isosorbide mononitrate	61
ibuprofen	8	isotretinoin	67
ibuprofen (400 mg tablet, 600 mg tablet, 800 mg tablet)	8	isradipine	56
icatibant acetate	92	itraconazole	26
ICLEVIA	85	ivermectin	36,71
ICLUSIG	33		
icosapent ethyl	61	<b>J</b>	
IDHIFA	31	JAIMIESS	85
imatinib mesylate	33	JAKAFI	33
IMBRUVICA	33	jantoven	51
IMCIVREE	76	JANUMET	46
imipramine hcl	24	JANUMET XR	46
imiquimod	70	JANUVIA	46
		JARDIANCE	46

JASMIEL	85
JAVYGTOR	78
JAYPIRCA	34
JENCYCLA	90
JENTADUETO	46
JENTADUETO XR	47
jinteli	85
JOLESSA	85
JOYEAUX	85
JULEBER	85
JULUCA	42
JUNEL	85
JUNEL FE	85
JUNEL FE 24	85
JUXTAPID	61
JYNARQUE	73

## K

KAITLIB FE	85
KALLIGA	85
KALYDECO	111
KARIVA	85
KELNOR 1-35	85
KELNOR 1-50	85
KERENDIA	59
KESIMPTA PEN	66
ketoconazole	26
ketoprofen	8
ketorolac tromethamine	8,106
KINERET	94
KINRIX	99
KISQALI	34
KISQALI FEMARA CO-PACK	31
KLISYRI	71
klor-con m10	72
klor-con m20	73
KLOXXADO	14
KOSELUGO	31
KRAZATI	34
KURVELO	85
KYNMOBI	38

KYZATREX	82
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## L

labetalol hcl	55
lacosamide	21
LACRISERT	104
lactulose	75
LAMICTAL XR (BLUE)	19
LAMICTAL XR (GREEN)	19
LAMICTAL XR (ORANGE)	19
lamivudine	41,43
lamivudine/zidovudine	43
lamotrigine	19
lansoprazole	77
lansoprazole/amoxicillin trihydrate/clarithromycin	76
lanthanum carbonate	73
LANTUS	49
LANTUS SOLOSTAR	49
lapatinib ditosylate	34
LARIN	85
LARIN 24 FE	85
LARIN FE	85
LARISSIA	85
latanoprost	107
ledipasvir/sofosbuvir	41
LEENA	85
leflunomide	97
lenalidomide	30
LENVIMA	34
LESSINA	85
letrozole	32
leucovorin calcium	31
LEUKERAN	30
LEUKINE	51
leuprolide acetate	92
levalbuterol hcl	110
levalbuterol tartrate	110
LEVEMIR	49
LEVEMIR FLEXPEN	49
LEVEMIR FLEXTOUCH	50
levetiracetam	19

levobunolol hcl . . . . .	107	LUCEMYRA . . . . .	14
levocarnitine (with sugar) . . . . .	74	LUMAKRAS . . . . .	34
levofloxacin . . . . .	17,105	LUMIGAN . . . . .	107
LEVONEST . . . . .	85	LUMRYZ . . . . .	115
levonorgestrel . . . . .	90	LUPKYNIS . . . . .	97
levonorgestrel/ethinyl estradiol . . . . .	85	lurasidone hcl . . . . .	39
levonorgestrel/ethinyl estradiol and ethinyl estradiol . . . . .	86	LUTERA . . . . .	86
levonorgestrel/ethinyl estradiol/iron . . . . .	86	LYBALVI . . . . .	22
LEVORA-28 . . . . .	86	LYLEQ . . . . .	90
levothyroxine sodium . . . . .	91	lyllana . . . . .	86
LEXIVA . . . . .	44	LYNPARZA . . . . .	34
lidocaine . . . . .	13	LYSODREN . . . . .	91
lidocaine hcl . . . . .	13	LYTGOBI . . . . .	34
lidocaine/prilocaine . . . . .	13	LYZA . . . . .	90
LILLOW . . . . .	86		
lindane . . . . .	71	<b>M</b>	
linezolid . . . . .	15	M-M-R II VACCINE . . . . .	99
liothyronine sodium . . . . .	91	malathion . . . . .	72
lisdexamfetamine dimesylate . . . . .	63	maraviroc . . . . .	43
lisinopril . . . . .	54	MARLISSA . . . . .	86
lisinopril/hydrochlorothiazide . . . . .	58	MARPLAN . . . . .	23
lithium carbonate . . . . .	45	MATULANE . . . . .	30
LIVALO . . . . .	60	matzim la . . . . .	57
LO LOESTRIN FE . . . . .	86	MAVENCLAD . . . . .	66
LO-ZUMANDIMINE . . . . .	86	MAVYRET . . . . .	41
LOJAIMIESS . . . . .	86	MAXIDEX . . . . .	106
LOKELMA . . . . .	74	MAYZENT . . . . .	66
LONSURF . . . . .	31	meclofenamate sodium . . . . .	8
lopinavir/ritonavir . . . . .	44	MEDROL . . . . .	80
lorazepam . . . . .	45	medroxyprogesterone acetate . . . . .	90
lorazepam intensol . . . . .	45	mefenamic acid . . . . .	9
LORBRENA . . . . .	34	mefloquine hcl . . . . .	37
LORYNA . . . . .	86	megestrol acetate . . . . .	90
losartan potassium . . . . .	54	MEKINIST . . . . .	34
losartan potassium/hydrochlorothiazide . . . . .	58	MEKTOVI . . . . .	34
LOTEMAX . . . . .	106	meloxicam . . . . .	9
loteprednol etabonate . . . . .	106	melphalan . . . . .	30
lovastatin . . . . .	60	memantine hcl . . . . .	22
LOW-OGESTREL . . . . .	86	MENACTRA . . . . .	99
loxapine succinate . . . . .	39	MENEST . . . . .	86
lubiprostone . . . . .	75	MENQUADFI . . . . .	99

MENVEO A-C-Y-W-135-DIP . . . . .	99	MICROGESTIN 24 FE . . . . .	86
meprobamate . . . . .	45	MICROGESTIN FE . . . . .	86
mercaptopurine . . . . .	31	midazolam hcl . . . . .	13
MERZEE . . . . .	86	midazolam hcl/pf . . . . .	13
mesalamine . . . . .	101	midodrine hcl . . . . .	53
MESNEX . . . . .	36	miglitol . . . . .	47
metadate er . . . . .	63	miglustat . . . . .	78
metaxalone . . . . .	114	MILI . . . . .	86
metformin hcl . . . . .	47	mimvey . . . . .	89
METFORMIN HCL (500 MG TAB ER 24H, 750 MG TAB ER 24H) (GENERIC FOR GLUCOPHAGE XR) .47		minitran . . . . .	61
methadone hcl . . . . .	9,10	minocycline hcl . . . . .	18
methadone intensol . . . . .	10	minoxidil . . . . .	61
methadose . . . . .	10	mirtazapine . . . . .	22
methamphetamine hcl . . . . .	63	misoprostol . . . . .	77
methazolamide . . . . .	107	modafinil . . . . .	115
methenamine hippurate . . . . .	15	moexipril hcl . . . . .	54
methimazole . . . . .	92	mometasone furoate . . . . .	69,109
METHITEST . . . . .	82	mondoxyne nl . . . . .	18
methocarbamol . . . . .	114	MONO-LINYAH . . . . .	86
methotrexate sodium . . . . .	97	montelukast sodium . . . . .	109
methotrexate sodium/pf . . . . .	98	morphine sulfate . . . . .	10,12
methoxsalen . . . . .	71	MOTEGRITY . . . . .	75
methscopolamine bromide . . . . .	75	MOTOFEN . . . . .	76
methsuximide . . . . .	20	MOUNJARO . . . . .	47
methyl dopa . . . . .	53	MOVANTIK . . . . .	75
methylergonovine maleate . . . . .	80	MOXATAG . . . . .	16
methylphenidate . . . . .	63	moxifloxacin hcl . . . . .	17,105
methylphenidate hcl . . . . .	63,64	MULPLETA . . . . .	51
methylprednisolone . . . . .	80	MULTAQ . . . . .	55
methyltestosterone . . . . .	82	multivitamin combination no.51/ferrous fumarate/folic acid . . . . .	74
metoclopramide hcl . . . . .	25	mupirocin 2% ointment . . . . .	72
metolazone . . . . .	60	MY CHOICE . . . . .	90
metoprolol succinate . . . . .	55	MY WAY . . . . .	90
metoprolol tartrate . . . . .	55,56	MYALEPT . . . . .	76
metoprolol tartrate/hydrochlorothiazide . . . . .	58	MYCAPSSA . . . . .	92
metronidazole . . . . .	15	mycophenolate mofetil . . . . .	98
mexiletine hcl . . . . .	55	mycophenolate sodium . . . . .	98
MIBELAS 24 FE . . . . .	86	myorisan . . . . .	67
miconazole nitrate . . . . .	26	MYRBETRIQ . . . . .	79
MICROGESTIN . . . . .	86	MYTESI . . . . .	75



# N

nabumetone . . . . .	9	NICOTROL . . . . .	14
nadolol . . . . .	56	NICOTROL NS . . . . .	14
naftifine hcl . . . . .	26	nifedipine . . . . .	56
naloxone hcl . . . . .	14	nifedipine (10 mg capsule, 20 mg capsule) . . . . .	56
naltrexone hcl . . . . .	13	NIKKI . . . . .	86
naproxen . . . . .	9	nilutamide . . . . .	30
naproxen sodium . . . . .	9	nimodipine . . . . .	56
naratriptan hcl . . . . .	28	NINLARO . . . . .	31
NATACYN . . . . .	106	nisoldipine . . . . .	56
NATAZIA . . . . .	86	nitazoxanide . . . . .	37
nateglinide . . . . .	47	nitisinone . . . . .	78
NAYZILAM . . . . .	21	NITRO-BID . . . . .	62
nebivolol hcl . . . . .	56	NITRO-DUR . . . . .	62
nebusal . . . . .	113	nitro-time . . . . .	62
NECON . . . . .	86	nitrofurantoin macrocrystal . . . . .	15
nefazodone hcl . . . . .	24	nitrofurantoin monohydrate/macrocrystals . . . . .	15
neo-polycin . . . . .	104	nitroglycerin . . . . .	62
neo-polycin hc . . . . .	104	NITROMIST . . . . .	62
neomycin sulfate . . . . .	14	NITYR . . . . .	78
neomycin sulfate/bacitracin zinc/polymyxin b/hydrocortisone . . . . .	104	niva thyroid . . . . .	91
neomycin sulfate/bacitracin/polymyxin b . . . . .	104	NIVA-PLUS . . . . .	74
neomycin sulfate/polymyxin b sulfate/gramicidin d . . . . .	104	NIVESTYM . . . . .	52
neomycin sulfate/polymyxin b sulfate/hydrocortisone . . . . .	104,108	nizatidine . . . . .	77
neomycin/polymyxin b sulfate/dexamethasone . . . . .	104	NORA-BE . . . . .	90
NERLYNX . . . . .	34	NORDITROPIN FLEXPRO . . . . .	81
neuac . . . . .	67	norethindrone . . . . .	90
NEULASTA . . . . .	52	norethindrone acetate . . . . .	90
NEULASTA ONPRO . . . . .	52	norethindrone acetate-ethinyl estradiol . . . . .	86
NEUPOGEN . . . . .	52	norethindrone acetate-ethinyl estradiol/ferrous fumarate . . . . .	87
NEUPRO . . . . .	38	norethindrone-ethinyl estradiol/ferrous fumarate . . . . .	87
NEVANAC . . . . .	106	norgestimate-ethinyl estradiol . . . . .	87
nevirapine . . . . .	42	NORLYDA . . . . .	90
NEW DAY . . . . .	90	NORPACE CR . . . . .	55
niacin . . . . .	61	NORTREL . . . . .	87
niacor . . . . .	61	nortriptyline hcl . . . . .	24
nicardipine hcl . . . . .	56	NORVIR . . . . .	44
NICOTINE (GUM, LOZENGE, PATCH) . . . . .	14	NOURIANZ . . . . .	37
		NOVAREL . . . . .	81
		np thyroid . . . . .	91
		NUBEQA . . . . .	30

NUCALA	113	OPSUMIT	112
NUCYNTA ER	10	OPTION 2	90
NUEDEXTA	64	ORALAIR	113
NURTEC ODT	27	oralone	67
nyamyc	26	ORAVIG	26
NYLIA	87	ORENCIA	94
NYMYO	87	ORENCIA CLICKJECT	94
nystatin	26	ORFADIN	78
nystatin/triamcinolone acetonide	71	ORGOVYX	92
nystop	26	ORIAHNN	81
NYVEPRIA	52	ORILISSA	92
		ORKAMBI	111
<b>O</b>		ORLADEYO	93
OICALIVA	76	orphenadrine citrate	114
OCELLA	87	ORSERDU	30
octreotide acetate	92	ORSYTHIA	87
ODACTRA	113	oseltamivir phosphate	44
ODEFSEY	42	OSENI	47
ODOMZO	34	OSMOPREP	75
OFEV	112	OTEZLA	71
ofloxacin	17,106	oxandrolone	82
olanzapine	39	oxaprozin	9
olanzapine/fluoxetine hcl	22	oxazepam	45
olmesartan medoxomil	54	oxcarbazepine	21
olmesartan medoxomil/amlodipine		OXERVATE	104
besylate/hydrochlorothiazide	58	oxiconazole nitrate	27
olmesartan medoxomil/hydrochlorothiazide	58	OXTELLAR XR	21
olopatadine hcl	105,109	oxybutynin chloride	79
OMECLAMOX-PAK	76	oxycodone hcl	12
omega-3 acid ethyl esters	61	oxycodone hcl 100 mg/5 ml conc	12
omeprazole	77	oxycodone hcl/acetaminophen	12
OMNARIS	109	oxymorphone hcl	10
OMNIPOD 5 G6 INTRO KIT (GEN 5)	103	OZEMPIC	47
OMNIPOD 5 G6 PODS (GEN 5) 5PK	103	OZEMPIC 0.25-0.5 MG/DOSE PEN (2MG/1.5ML)	47
OMNIPOD DASH INTRO KIT (GEN 4)	103	OZEMPIC 0.25-0.5 MG/DOSE PEN (2MG/3ML)	47
OMNIPOD DASH PODS (GEN 4) 5PK	103		
ondansetron hcl	25	<b>P</b>	
ondansetron odt (4 mg tablet, 8 mg tablet)	26	pacerone	55
ONUREG	31	paliperidone	40
OPCICON ONE-STEP	90	PALYNZIQ	78
opium tincture	76	PANRETIN	36

pantoprazole sodium . . . . .	77	phytonadione (vit k1) . . . . .	53
paricalcitol . . . . .	102	PIFELTRO . . . . .	42
paroex . . . . .	67	pilocarpine hcl . . . . .	67,107
paromomycin sulfate . . . . .	14	pimecrolimus . . . . .	69
paroxetine hcl . . . . .	24	pimozide . . . . .	39
PASER . . . . .	29	PIMTREA . . . . .	87
pazopanib hcl . . . . .	34	pindolol . . . . .	56
PEDIA IRON . . . . .	74	pioglitazone hcl . . . . .	47
PEDIARIX . . . . .	99	pioglitazone hcl/glimepiride . . . . .	47
PEDIATRIC FE-VITE . . . . .	74	pioglitazone hcl/metformin hcl . . . . .	47
PEDVAXHIB . . . . .	99	PIQRAY . . . . .	34
peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride . . . . .	76	pirfenidone . . . . .	112
peg 3350/sodium sulfate/sod chloride/kcl/ascorbate sod/vit c . . . . .	76	PIRMELLA . . . . .	87
PEGASYS . . . . .	95	piroxicam . . . . .	9
PEMAZYRE . . . . .	34	PLEGRIDY . . . . .	66
penciclovir . . . . .	72	PLEGRIDY PEN . . . . .	66
penicillamine . . . . .	80	PLENVU . . . . .	76
penicillin v potassium . . . . .	16	PNEUMOVAX 23 . . . . .	99
PENTACEL . . . . .	99	podofilox . . . . .	71
PENTACEL ACTHIB COMPONENT . . . . .	99	polycin . . . . .	104
PENTACEL DTAP-IPV COMPONENT . . . . .	99	polymyxin b sulfate/trimethoprim . . . . .	106
pentamidine isethionate . . . . .	37	POMALYST . . . . .	30
PENTASA . . . . .	101	PORTIA . . . . .	87
pentoxifylline . . . . .	58	posaconazole . . . . .	27
pepcid . . . . .	77	potassium chloride . . . . .	73
perindopril erbumine . . . . .	54	potassium citrate . . . . .	73
periogard . . . . .	67	PRADAXA . . . . .	51
permethrin . . . . .	72	PRALUENT PEN . . . . .	61
perphenazine . . . . .	25	pramipexole di-hcl . . . . .	38
perphenazine/amitriptyline hcl . . . . .	22	prasugrel hcl . . . . .	53
phenelzine sulfate . . . . .	23	pravastatin sodium . . . . .	60
phenobarbital . . . . .	20	praziquantel . . . . .	36
phenoxybenzamine hcl . . . . .	53	prazosin hcl . . . . .	53
phenylephrine hcl/promethazine hcl . . . . .	113	prednicarbate . . . . .	69
phenytoin . . . . .	21	prednisolone . . . . .	80
phenytoin sodium extended . . . . .	21	prednisolone acetate . . . . .	107
PHEXXI . . . . .	80	prednisolone sodium phosphate . . . . .	81,107
PHILITH . . . . .	87	prednisone . . . . .	81
PHOSLYRA . . . . .	73	prednisone intensol . . . . .	81
		pregabalin . . . . .	65
		PREGNYL . . . . .	81

PREHEVBRIO . . . . .	99	propranolol hcl . . . . .	56
PREMARIN . . . . .	87	propranolol hcl/hydrochlorothiazide . . . . .	59
PREMPHASE . . . . .	87	propylthiouracil . . . . .	92
PREMPRO . . . . .	87	PROQUAD . . . . .	100
PRENATAL VITAMINS (NO DHA, FOLIC ACID - LESS THAN 1MG) . . . . .	74	protriptyline hcl . . . . .	25
prevalite . . . . .	61	psorcon . . . . .	69
PREVIFEM . . . . .	87	PULMICORT FLEXHALER . . . . .	109
PREVNAR 13 . . . . .	100	pulmosal . . . . .	114
PREVNAR 20 . . . . .	100	PULMOZYME . . . . .	111
PREVYMIS . . . . .	41	PURIXAN . . . . .	31
PREZCOBIX . . . . .	44	pyrazinamide . . . . .	29
PREZISTA . . . . .	44	pyridostigmine bromide . . . . .	29
PRIFTIN . . . . .	29	pyrimethamine . . . . .	37
primaquine phosphate . . . . .	37	PYRUKYND . . . . .	52
primidone . . . . .	20		
PRIMSOL . . . . .	15	<b>Q</b>	
PRIORIX . . . . .	100	QBREXZA . . . . .	71
PROAIR RESPICLICK . . . . .	110	QINLOCK . . . . .	32
probenecid . . . . .	27	QTERN . . . . .	47
probenecid/colchicine . . . . .	27	QUADRACEL DTAP-IPV . . . . .	100
prochlorperazine . . . . .	25	quetiapine fumarate . . . . .	40
prochlorperazine maleate . . . . .	25	quinapril hcl . . . . .	54
PROCRIT . . . . .	52	quinapril hcl/hydrochlorothiazide . . . . .	59
procto-med hc . . . . .	69	quinidine gluconate . . . . .	55
procto-pak . . . . .	69	quinidine sulfate . . . . .	55
PROCTOFOAM-HC . . . . .	69	quinine sulfate . . . . .	37
proctosol-hc . . . . .	69	QULIPTA . . . . .	28
proctozone-hc . . . . .	69	QVAR REDIHALER . . . . .	109
PROCYSBI . . . . .	78		
progesterone . . . . .	90	<b>R</b>	
progesterone, micronized . . . . .	90	rabeprazole sodium . . . . .	77
PROLENSA . . . . .	107	RADICAVA ORS . . . . .	64
PROMACTA . . . . .	52	RAGWITEK . . . . .	114
promethazine hcl . . . . .	25,109	raloxifene hcl . . . . .	91
promethazine hcl/codeine . . . . .	114	ramelteon . . . . .	115
promethazine hcl/dextromethorphan hbr . . . . .	114	ramipril . . . . .	54
promethazine/phenylephrine hcl/codeine . . . . .	114	ranolazine . . . . .	59
promethegan . . . . .	25	rasagiline mesylate . . . . .	38
propafenone hcl . . . . .	55	RAVICTI . . . . .	78
proparacaine hcl . . . . .	104	REBIF . . . . .	66
		REBIF REBIDOSE . . . . .	66

RECLIPSEN . . . . .	87	ROTATEQ . . . . .	100
RECOMBIVAX HB . . . . .	100	roweepra . . . . .	19
RECTIV . . . . .	62	ROZLYTREK . . . . .	34
refissa . . . . .	71	RUBRACA . . . . .	35
REGRANEX . . . . .	71	rufinamide . . . . .	21
RELENZA . . . . .	44	RUKOBIA . . . . .	43
RELEUKO . . . . .	52	RYBELSUS . . . . .	47
RELYVRIO . . . . .	64	RYDAPT . . . . .	35
repaglinide . . . . .	47		
REPATHA PUSHTRONEX . . . . .	61	<b>S</b>	
REPATHA SURECLICK . . . . .	61	SAJAZIR . . . . .	93
REPATHA SYRINGE . . . . .	61	SANCUSO . . . . .	26
RESTASIS . . . . .	104	SANDIMMUNE . . . . .	98
RESTASIS MULTIDOSE . . . . .	104	SANTYL . . . . .	71
RETACRIT . . . . .	52	sapropterin dihydrochloride . . . . .	78
RETEVMO . . . . .	34	SAVAYSA . . . . .	51
REVCOVI . . . . .	78	SAVELLA . . . . .	65
REXULTI . . . . .	40	saxagliptin hcl . . . . .	47
REYATAZ . . . . .	44	saxagliptin hcl/metformin hcl . . . . .	47
REYVOW . . . . .	28	SCEMBLIX . . . . .	35
REZLIDHIA . . . . .	34	scopolamine . . . . .	25
REZUROCK . . . . .	98	SECUADO . . . . .	40
RHOPRESSA . . . . .	107	SEGLUROMET . . . . .	47
ribavirin . . . . .	41	selegiline hcl . . . . .	38
RIDAURA . . . . .	94	selenium sulfide . . . . .	69
rifabutin . . . . .	29	SELZENTRY . . . . .	43
rifampin . . . . .	29	SEREVENT DISKUS . . . . .	111
riluzole . . . . .	64	sertraline hcl . . . . .	24
rimantadine hcl . . . . .	44	SETLAKIN . . . . .	87
RINVOQ . . . . .	94	sevelamer carbonate . . . . .	73,74
risedronate sodium . . . . .	102	sevelamer hcl . . . . .	74
risperidone . . . . .	40	SHAROBEL . . . . .	91
ritonavir . . . . .	44	SHINGRIX . . . . .	100
rivastigmine . . . . .	22	SIGNIFOR . . . . .	92
rivastigmine tartrate . . . . .	22	SIKLOS . . . . .	31
RIVELSA . . . . .	87	sildenafil citrate . . . . .	112
rizatriptan benzoate . . . . .	28	silodosin . . . . .	79
roflumilast . . . . .	112	silvadene . . . . .	71
ropinirole hcl . . . . .	38	silver sulfadiazine . . . . .	71
rosuvastatin calcium . . . . .	60	SIMBRINZA . . . . .	107
ROTARIX . . . . .	100	SIMLIYA . . . . .	87

SIMPESSE	87	STIMUFEND	52
simvastatin	60	STIOLTO RESPIMAT	114
sirolimus	98	STIVARGA	35
SIRTURO	29	STRENSIQ	78
SIVEXTRO	15	STRIBILD	42
SKYRIZI	94	subvenite	19
SKYRIZI (2 SYRINGES) KIT	94	subvenite (blue)	19
SKYRIZI ON-BODY	94	SUCRAID	79
SKYRIZI PEN	94	sucralfate	77
SLYND	91	sulconazole nitrate	27
sodium chloride for inhalation	114	sulfacetamide sodium	17,106
sodium chloride/sodium bicarbonate/potassium chloride/peg	76	sulfacetamide sodium/prednisolone sodium phosphate	105
sodium oxybate	115	sulfadiazine	17
sodium phenylbutyrate	78	sulfamethoxazole/trimethoprim	17
sodium polystyrene sulfonate	74	SULFAMYLON	72
sofosbuvir/velpatasvir	41	sulfasalazine	101
solifenacin succinate	79	sulindac	9
SOLTAMOX	30	sumatriptan	28
SOLU-CORTEF	70	sumatriptan succinate	28
SOMAVERT	92	sunitinib malate	35
sorafenib tosylate	35	SUNLENCA	43
sorine	55	SUNOSI	115
sotalol af	55	SUPREP	76
sotalol hcl	55	SUTAB	76
SOTYKTU	95	SYEDA	88
spinosad	71	SYMBICORT	114
SPIRIVA HANDIHALER	110	SYMDEKO	111
SPIRIVA RESPIMAT	110	SYMJEPI	111
spironolactone	59	SYMPAZAN	20
spironolactone/hydrochlorothiazide	59	SYMPROIC	75
SPRINTEC	87	SYMTUZA	44
SPRYCEL	35	SYNAREL	92
SPS	74	SYNJARDY	47
sps	74	SYNJARDY XR	48
SRONYX	87	SYNRIBO	32
ssd	71		
stavudine	43	<b>T</b>	
STEGLATRO	47	TABLOID	31
STEGLUJAN	47	TABRECTA	35
STELARA	95	tacrolimus	70,98

tadalafil . . . . .	79,112	tetanus and diphtheria toxoids, adult . . . . .	100
TAFINLAR . . . . .	35	tetanus,diphtheria toxoid ped/pf . . . . .	100
tafluprost/pf . . . . .	107	tetrabenazine . . . . .	64
TAGRISSO . . . . .	35	tetracycline hcl . . . . .	18
TAKE ACTION . . . . .	91	TEXACORT . . . . .	70
TAKHZYRO . . . . .	93	THALOMID . . . . .	30
TALICIA . . . . .	77	theophylline anhydrous . . . . .	112
TALTZ AUTOINJECTOR . . . . .	95	THIOLA EC . . . . .	80
TALTZ AUTOINJECTOR (2 PACK) . . . . .	95	thioridazine hcl . . . . .	39
TALTZ AUTOINJECTOR (3 PACK) . . . . .	95	thiothixene . . . . .	39
TALTZ SYRINGE . . . . .	95	thyroid,pork . . . . .	91
TALZENNA . . . . .	35	tiadylt er . . . . .	57
tamoxifen citrate . . . . .	30	tiagabine hcl . . . . .	20
tamsulosin hcl . . . . .	79	TIBSOVO . . . . .	35
TARINA 24 FE . . . . .	88	TIGLUTIK . . . . .	64
TARINA FE . . . . .	88	TILIA FE . . . . .	88
TARINA FE 1-20 EQ . . . . .	88	timolol maleate . . . . .	56,107
TASIGNA . . . . .	35	tinidazole . . . . .	15
tasimelteon . . . . .	115	tiopronin . . . . .	80
TAYSOFY . . . . .	88	TIVICAY . . . . .	42
tazarotene . . . . .	67	TIVICAY PD . . . . .	42
taztia xt . . . . .	57	tizanidine hcl . . . . .	41
TAZVERIK . . . . .	32	TOBRADEX . . . . .	105
TEGSEDI . . . . .	79	TOBRADEX ST . . . . .	105
telmisartan . . . . .	54	tobramycin . . . . .	106
telmisartan/hydrochlorothiazide . . . . .	59	tobramycin in 0.225 % sodium chloride . . . . .	111
temazepam . . . . .	115	tobramycin/dexamethasone . . . . .	105
temozolomide . . . . .	30	TOBREX . . . . .	106
tencon . . . . .	64	TODAY CONTRACEPTIVE SPONGE . . . . .	80
TENIVAC . . . . .	100	tolcapone . . . . .	37
tenofovir disoproxil fumarate . . . . .	43	tolmetin sodium . . . . .	9
TEPMETKO . . . . .	35	tolterodine tartrate . . . . .	79
terazosin hcl . . . . .	54	tolvaptan . . . . .	73
terbinafine hcl . . . . .	27	topiramate . . . . .	19
terbutaline sulfate . . . . .	111	toremifene citrate . . . . .	30
terconazole . . . . .	27	toremide . . . . .	59
teriflunomide . . . . .	66	TOUJEO MAX SOLOSTAR . . . . .	50
teriparatide . . . . .	102	TOUJEO SOLOSTAR . . . . .	50
testosterone . . . . .	82	TRACLEER . . . . .	112
testosterone cypionate . . . . .	82	TRADJENTA . . . . .	48
testosterone enanthate . . . . .	82	tramadol hcl . . . . .	10,12

tramadol hcl/acetaminophen . . . . .	13	trimipramine maleate . . . . .	25
trandolapril . . . . .	54	TRINTELLIX . . . . .	24
tranexamic acid . . . . .	53	tritocin . . . . .	70
tranylcypromine sulfate . . . . .	23	TRIUMEQ . . . . .	43
travoprost . . . . .	108	TRIUMEQ PD . . . . .	43
trazodone hcl . . . . .	24	TRIVORA-28 . . . . .	88
TRECTOR . . . . .	29	tropicamide . . . . .	105
TRELEGY ELLIPTA . . . . .	114	tropium chloride . . . . .	79
TREMFYA . . . . .	95	TRULICITY . . . . .	48
TRESIBA . . . . .	50	TRUMENBA . . . . .	100
TRESIBA FLEXTOUCH U-100 . . . . .	50	TRUSELTIQ . . . . .	35
TRESIBA FLEXTOUCH U-200 . . . . .	50	TUKYSA . . . . .	35
tretinoin . . . . .	36,67	TURALIO . . . . .	35
tretinoin/emollient base . . . . .	71	TWINRIX . . . . .	100
TRI FEMYNOR . . . . .	88	TWIRLA . . . . .	88
TRI-ESTARYLLA . . . . .	88	TYBLUME . . . . .	88
TRI-LEGEST FE . . . . .	88	TYBOST . . . . .	44
TRI-LINYAH . . . . .	88	TYDEMY . . . . .	88
TRI-LO-ESTARYLLA . . . . .	88	TYMLOS . . . . .	102
TRI-LO-MARZIA . . . . .	88	TYVASO . . . . .	112
TRI-LO-MILI . . . . .	88	TYVASO DPI . . . . .	112
TRI-LO-SPRINTEC . . . . .	88	TYVASO INSTITUTIONAL START KIT . . . . .	112
TRI-MILI . . . . .	88	TYVASO REFILL KIT . . . . .	112
TRI-NYMYO . . . . .	88	TYVASO STARTER KIT . . . . .	112
TRI-PREVIFEM . . . . .	88		
TRI-SPRINTEC . . . . .	88	<b>U</b>	
TRI-VYLIBRA . . . . .	88	UDENYCA . . . . .	52
TRI-VYLIBRA LO . . . . .	88	UDENYCA AUTOINJECTOR . . . . .	52
triamcinolone acetoneide . . . . .	67,70	UKONIQ . . . . .	32
triamterene/hydrochlorothiazide . . . . .	59	ULESFIA . . . . .	71
trianex . . . . .	70	UPNEEQ . . . . .	108
triazolam . . . . .	115	UPTRAVI . . . . .	112
triderm . . . . .	70	ursodiol . . . . .	77
trientine hcl . . . . .	73		
trifluoperazine hcl . . . . .	39	<b>V</b>	
trifluridine . . . . .	106	valacyclovir hcl . . . . .	45
trihexyphenidyl hcl . . . . .	37	VALCHLOR . . . . .	30
TRIJARDY XR . . . . .	48	valganciclovir hcl . . . . .	41
TRIKAFTA . . . . .	111	valproic acid . . . . .	19
trimethobenzamide hcl . . . . .	25	valproic acid (as sodium salt) (valproate sodium) . . . . .	19
trimethoprim . . . . .	15	valsartan . . . . .	54



valsartan/hydrochlorothiazide . . . . .	59	vtol lq . . . . .	65
VALTOCO . . . . .	20	VUMERITY . . . . .	66
vanadom . . . . .	114	VYFEMLA . . . . .	89
vancomycin hcl . . . . .	15	VYLIBRA . . . . .	89
VAQTA . . . . .	100,101	VYNDAMAX . . . . .	59
varenicline tartrate . . . . .	14	VYNDAQEL . . . . .	59
VARIVAX VACCINE . . . . .	101	VYZULTA . . . . .	108
VARUBI . . . . .	26		
VAXELIS . . . . .	101	<b>W</b>	
VAXNEUVANCE . . . . .	101	WAKIX . . . . .	115
VCF . . . . .	80	warfarin sodium . . . . .	51
VELIVET . . . . .	88	WEE CARE . . . . .	74
VELPHORO . . . . .	74	WELIREG . . . . .	32
VELTASSA . . . . .	74	WERA . . . . .	89
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VENCLEXTA STARTING PACK . . . . .	35	<b>X</b>	
venlafaxine hcl . . . . .	24	XALKORI . . . . .	35
verapamil hcl . . . . .	57	XARELTO . . . . .	51
VERSACLOZ . . . . .	40	XCOPRI . . . . .	19,20
VERZENIO . . . . .	35	XELJANZ . . . . .	95
VESTURA . . . . .	88	XELJANZ XR . . . . .	95
VIBERZI . . . . .	75	XELPROS . . . . .	108
VICTOZA 2-PAK . . . . .	48	XEMBIFY . . . . .	93
VICTOZA 3-PAK . . . . .	48	XEPI . . . . .	72
VIENVA . . . . .	88	XIFAXAN . . . . .	75
vigabatrin . . . . .	20	XIGDUO XR . . . . .	48
VIGADRONE . . . . .	20	XIIDRA . . . . .	105
VIIBRYD . . . . .	24	XOLAIR . . . . .	95
vilazodone hcl . . . . .	24	XOSPATA . . . . .	36
VIORELE . . . . .	89	XPOVIO . . . . .	32
VIRACEPT . . . . .	44	XTAMPZA ER . . . . .	10
VIREAD . . . . .	43	XTANDI . . . . .	30
VISTOGARD . . . . .	79	XULANE . . . . .	89
VITRAKVI . . . . .	35	XURIDEN . . . . .	79
VIZIMPRO . . . . .	35	XYWAV . . . . .	115
VOLNEA . . . . .	89		
VONJO . . . . .	36	<b>Y</b>	
voriconazole . . . . .	27	YONSA . . . . .	30
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ZETONNA	109
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ZIEXTENZO	52
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ZIMHI	14
ziprasidone hcl	40
ZIRGAN	106
ZOLINZA	32
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