



## 2023 Prescription Drug 6-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 Credentia 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                                                                                                               |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------|
| ACA Preventive           | Covered in full, zero cost share                                                                                         |
| <b>Tier 1</b>            | Generic drugs with high value                                                                                            |
| <b>Tier 2</b>            | Generic drugs                                                                                                            |
| <b>Tier 3</b>            | Generic drugs and high-value brand-name drugs                                                                            |
| <b>Tier 4</b>            | All other non-specialty brand-name drugs and high-cost generic drugs                                                     |
| <b>Tier 5</b>            | Preferred specialty drugs (brand-name and generic)                                                                       |
| <b>Tier 6</b>            | All other high-cost specialty drugs (brand-name and generic)                                                             |
| Preferred Medical Supply | Preferred manufacturers/products for items covered under the durable medical equipment (DME) or diabetic supply benefit. |

Refer to your benefit summary for additional details.

## Restrictions/Limitations

The following abbreviations may be found within the formulary list:

| Abbreviation   | Description                        | Explanation                                                                                                                                                                                                                                                                                                              |
|----------------|------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PA             | Prior Authorization Required       | You (or your physician) are required to get prior authorization before you fill your prescription for this drug. Without prior approval, Providence Health Plan may not cover this drug.                                                                                                                                 |
| QL             | Quantity Limit Applies             | There are limits to the amount of this drug that is covered per prescription or within a specific time frame.                                                                                                                                                                                                            |
| ST             | 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.                                                                                                                                                                  |
| Specialty Drug | Requires use of Specialty Pharmacy | This drug may only be filled at a contracted Specialty pharmacy, such as Credena Health                                                                                                                                                                                                                                  |
| LA             | 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 |
| C              | 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 P

[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>                                                 |            |                            |
| BUTALBITAL/ASPIRIN/CAFFEINE 50-325-40 CAPSULE                                               | TIER-THREE |                            |
| BUTALBITAL/ASPIRIN/CAFFEINE 50-325-40 TABLET                                                | TIER-TWO   |                            |
| CELECOXIB                                                                                   | TIER-TWO   |                            |
| DICLOFENAC POTASSIUM 50 MG POWD PACK                                                        | TIER-FOUR  | PA, QL (9 PER 30 DAYS)     |
| DICLOFENAC POTASSIUM 50 MG TABLET                                                           | TIER-TWO   |                            |
| DICLOFENAC SODIUM (1 % GEL (GRAM), 1.5 % DROPS)                                             | TIER-THREE |                            |
| DICLOFENAC SODIUM (25 MG TABLET DR, 50 MG TABLET DR, 75 MG TABLET DR)                       | TIER-TWO   |                            |
| DICLOFENAC SODIUM/MISOPROSTOL                                                               | TIER-FOUR  |                            |
| DIFLUNISAL                                                                                  | TIER-FOUR  |                            |
| ETODOLAC (200 MG CAPSULE, 300 MG CAPSULE, 400 MG TABLET, 500 MG TABLET)                     | TIER-TWO   |                            |
| FENOPROFEN CALCIUM 600 MG TABLET                                                            | TIER-TWO   |                            |
| FLURBIPROFEN                                                                                | TIER-TWO   |                            |
| IBUPROFEN (400 MG TABLET, 600 MG TABLET, 800 MG TABLET)                                     | TIER-TWO   |                            |
| IBUPROFEN (400 MG TABLET, 600 MG TABLET, 800 MG TABLET)                                     | TIER-TWO   |                            |
| INDOMETHACIN (25 MG CAPSULE, 50 MG CAPSULE, 75 MG CAPSULE ER)                               | TIER-TWO   |                            |
| KETOPROFEN 50 MG CAPSULE                                                                    | TIER-THREE |                            |
| KETOROLAC TROMETHAMINE (15 MG/ML VIAL, 15 MG/ML SYRINGE, 30MG/ML(1) VIAL, 30 MG/ML SYRINGE) | TIER-TWO   | PA, QL (20 ML PER 28 DAYS) |

\*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 P

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

| Drug Name                                                           | Status*    | Requirements/Limits        |
|---------------------------------------------------------------------|------------|----------------------------|
| KETOROLAC TROMETHAMINE 10 MG TABLET                                 | TIER-TWO   |                            |
| KETOROLAC TROMETHAMINE (60 MG/2 ML VIAL, 60 MG/2 ML SYRINGE)        | TIER-TWO   | PA, QL (10 ML PER 28 DAYS) |
| MECLOFENAMATE SODIUM                                                | TIER-FOUR  |                            |
| MEFENAMIC ACID                                                      | TIER-FOUR  |                            |
| MELOXICAM 7.5 MG/5ML ORAL SUSP                                      | TIER-FOUR  |                            |
| MELOXICAM (7.5 MG TABLET, 15 MG TABLET)                             | TIER-TWO   |                            |
| NABUMETONE                                                          | TIER-TWO   |                            |
| NAPROXEN (250 MG TABLET, 375 MG TABLET, 500 MG TABLET)              | TIER-TWO   |                            |
| NAPROXEN (125 MG/5ML ORAL SUSP, 375 MG TABLET DR, 500 MG TABLET DR) | TIER-FOUR  |                            |
| NAPROXEN SODIUM (275 MG TABLET, 550 MG TABLET)                      | TIER-THREE |                            |
| OXAPROZIN                                                           | TIER-THREE |                            |
| PIROXICAM                                                           | TIER-TWO   |                            |
| SULINDAC                                                            | TIER-TWO   |                            |
| TOLMETIN SODIUM 600 MG TABLET                                       | TIER-TWO   |                            |

### OPIOID ANALGESICS, LONG-ACTING

|                                                                                                                                     |           |                                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------------------------------------------------------------------|
| BUPRENORPHINE                                                                                                                       | TIER-FOUR | PA, QL (4 PER 28 DAYS), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)  |
| FENTANYL (12 MCG/HR PATCH TD72, 25 MCG/HR PATCH TD72, 50MCG/HR PATCH TD72, 75MCG/HR PATCH TD72, 100 MCG/HR PATCH TD72)              | TIER-FOUR | PA, QL (15 PER 30 DAYS), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day) |
| 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) | TIER-FOUR | PA, QL (2 PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)    |

\*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 P

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

| Drug Name                                                                                                                    | Status*   | Requirements/Limits                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------|
| HYDROMORPHONE HCL (8 MG TAB ER 24H, 12 MG TAB ER 24H, 16 MG TAB ER 24H, 32 MG TAB ER 24H)                                    | TIER-FOUR | PA, QL (1 PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day) |
| METHADONE HCL 10 MG/ML ORAL CONC                                                                                             | TIER-TWO  | QL (4 ML PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)  |
| METHADONE HCL 10 MG/5 ML SOLUTION                                                                                            | TIER-TWO  | QL (20 ML PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day) |
| METHADONE HCL 5 MG/5 ML SOLUTION                                                                                             | TIER-TWO  | QL (40 ML PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day) |
| METHADONE HCL (5 MG TABLET, 10 MG TABLET, 40 MG TABLET SOL)                                                                  | TIER-TWO  | PA, QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)                   |
| METHADONE INTENSOL                                                                                                           | TIER-TWO  | QL (4 ML PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)  |
| METHADOSE 40 MG TABLET DISPR                                                                                                 | TIER-TWO  | PA, QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)                   |
| MORPHINE SULFATE (15 MG TABLET ER, 30 MG TABLET ER, 60 MG TABLET ER, 100 MG TABLET ER, 200 MG TABLET ER)                     | TIER-TWO  | QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)                       |
| NUCYNTA ER                                                                                                                   | TIER-FOUR | PA, QL (2 PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day) |
| 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) | TIER-FOUR | PA, QL (2 PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day) |
| OXYMORPHONE HCL 40 MG TAB ER 12H                                                                                             | TIER-FOUR | PA, QL (2 PER DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)   |

**\*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 P

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

| Drug Name                                           | Status*    | Requirements/Limits                                                                                                |
|-----------------------------------------------------|------------|--------------------------------------------------------------------------------------------------------------------|
| TRAMADOL HCL (200 MG TAB ER 24H, 300 MG TAB ER 24H) | TIER-THREE | PA, QL (1 PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day) |
| TRAMADOL HCL 100 MG TAB ER 24H                      | TIER-THREE | PA, QL (2 PER DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)   |
| TRAMADOL HCL (200 MG TBMP 24HR, 300 MG TBMP 24HR)   | TIER-FOUR  | PA, QL (1 PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day) |
| TRAMADOL HCL 100 MG TBMP 24HR                       | TIER-FOUR  | PA, QL (2 PER DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)   |
| XTAMPZA ER                                          | TIER-FOUR  | PA, QL (2 PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day) |

## OPIOID ANALGESICS, SHORT-ACTING

|                                                                                                                                          |            |                                                                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------|------------|---------------------------------------------------------------------------------------------------------------------|
| ACETAMINOPHEN WITH CODEINE PHOSPHATE (120-12MG/5 SOLUTION, 300MG/12.5 SOLUTION, 300MG-30MG TABLET, 300MG-60MG TABLET, 300MG-15MG TABLET) | TIER-TWO   | PA, QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)                    |
| ASCOMP WITH CODEINE                                                                                                                      | TIER-THREE | PA, QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)                    |
| BUTALBIT/ACETAMIN/CAFF/CODEINE 50-325-30 CAPSULE                                                                                         | TIER-THREE | PA, QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)                    |
| BUTORPHANOL TARTRATE 10 MG/ML SPRAY                                                                                                      | TIER-TWO   | QL (5 ML PER 30 DAYS), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day) |
| CODEINE PHOSPHATE/BUTALBITAL/ASPIRIN/CAF FEINE                                                                                           | TIER-THREE | PA, QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)                    |

\*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 P

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

| Drug Name                                                                                                                                                    | Status*    | Requirements/Limits                                                                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------------------------------------------------------------------------------------------------------------|
| CODEINE SULFATE                                                                                                                                              | TIER-FOUR  | PA, QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)                   |
| ENDOCET (2.5-325 MG TABLET, 5-325 MG TABLET, 7.5-325 MG TABLET)                                                                                              | TIER-TWO   | QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)                       |
| ENDOCET 10-325 MG TABLET                                                                                                                                     | TIER-TWO   | QL (8 PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)     |
| 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)                  | TIER-FOUR  | PA, QL (4 PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day) |
| 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) | TIER-TWO   | QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)                       |
| HYDROCODONE/IBUPROFEN (5MG-200MG TABLET, 10MG-200MG TABLET)                                                                                                  | TIER-FOUR  | QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)                       |
| HYDROCODONE/IBUPROFEN 7.5-200 MG TABLET                                                                                                                      | TIER-TWO   | QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)                       |
| HYDROMORPHONE HCL (1 MG/ML LIQUID, 3 MG SUPP.RECT)                                                                                                           | TIER-FOUR  | QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)                       |
| HYDROMORPHONE HCL (4 MG TABLET, 8 MG TABLET)                                                                                                                 | TIER-THREE | QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)                       |
| HYDROMORPHONE HCL 2 MG TABLET                                                                                                                                | TIER-THREE | QL (10 PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)    |

\*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 P

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

| Drug Name                                                                                                 | Status*    | Requirements/Limits                                                                                                |
|-----------------------------------------------------------------------------------------------------------|------------|--------------------------------------------------------------------------------------------------------------------|
| MORPHINE SULFATE (5 MG SUPP.RECT, 10 MG SUPP.RECT, 20 MG SUPP.RECT, 30 MG SUPP.RECT, 100 MG/5ML SOLUTION) | TIER-TWO   | QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)                       |
| MORPHINE SULFATE 10 MG/5 ML SOLUTION                                                                      | TIER-TWO   | QL (60 ML PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day) |
| MORPHINE SULFATE 20 MG/5 ML SOLUTION                                                                      | TIER-TWO   | QL (30 ML PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day) |
| MORPHINE SULFATE (15 MG TABLET, 30 MG TABLET)                                                             | TIER-THREE | QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)                       |
| OXYCODONE HCL 5 MG CAPSULE                                                                                | TIER-FOUR  | QL (10 PER DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)      |
| OXYCODONE HCL 5 MG/5 ML SOLUTION                                                                          | TIER-THREE | QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)                       |
| OXYCODONE HCL (5 MG TABLET, 10 MG TABLET, 15 MG TABLET, 20 MG TABLET, 30 MG TABLET)                       | TIER-TWO   | QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)                       |
| OXYCODONE HCL 100 MG/5 ML CONC                                                                            | TIER-FOUR  | QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)                       |
| OXYCODONE HCL/ACETAMINOPHEN (2.5-325 MG TABLET, 5 MG-325MG TABLET, 7.5-325 MG TABLET)                     | TIER-TWO   | QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)                       |
| OXYCODONE HCL/ACETAMINOPHEN 10MG-325MG TABLET                                                             | TIER-TWO   | QL (8 PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)     |
| TRAMADOL HCL 50 MG TABLET                                                                                 | TIER-TWO   | PA, QL (8 PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day) |

\*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 P

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

| Drug Name                  | Status*  | Requirements/Limits                                                                                               |
|----------------------------|----------|-------------------------------------------------------------------------------------------------------------------|
| TRAMADOL HCL/ACETAMINOPHEN | TIER-TWO | PA, QL (10 PER DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day) |

## ANESTHETICS

### LOCAL ANESTHETICS

|                                                                                                                                             |            |    |
|---------------------------------------------------------------------------------------------------------------------------------------------|------------|----|
| DERMACINRX LIDOCAN                                                                                                                          | TIER-FOUR  | PA |
| GLYDO                                                                                                                                       | TIER-FOUR  |    |
| LIDOCAINE 5 % ADH. PATCH                                                                                                                    | TIER-FOUR  | PA |
| LIDOCAINE 5 % OINT. (G)                                                                                                                     | TIER-FOUR  |    |
| LIDOCAINE HCL (2 % JELLY(ML), 2 % JEL/PF APP)                                                                                               | TIER-FOUR  |    |
| LIDOCAINE HCL (4 % SOLUTION, 40 MG/ML SOLUTION)                                                                                             | TIER-THREE |    |
| LIDOCAINE HCL 2 % SOLUTION                                                                                                                  | TIER-TWO   |    |
| LIDOCAINE/PRILOCAINE 2.5 %-2.5% CREAM (G)                                                                                                   | TIER-THREE |    |
| 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)         | TIER-TWO   |    |
| 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) | TIER-TWO   |    |

## ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS

### ALCOHOL DETERRENTS/ANTI-CRAVING

|                     |            |
|---------------------|------------|
| ACAMPROSATE CALCIUM | TIER-TWO   |
| DISULFIRAM          | TIER-THREE |

\*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 P

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

| Drug Name                                                                          | Status*        | Requirements/Limits      |
|------------------------------------------------------------------------------------|----------------|--------------------------|
| NALTREXONE HCL                                                                     | TIER-TWO       |                          |
| <b>OPIOID DEPENDENCE</b>                                                           |                |                          |
| BUPRENORPHINE HCL 2 MG TAB SUBL                                                    | TIER-TWO       | QL (4 PER 1 DAY)         |
| BUPRENORPHINE HCL 8 MG TAB SUBL                                                    | TIER-TWO       | QL (3 PER 1 DAY)         |
| BUPRENORPHINE HCL/NALOXONE HCL (/NALOXONE 2 MG-0.5MG FILM, /NALOXONE 4MG-1MG FILM) | TIER-THREE     | QL (4 PER 1 DAY)         |
| BUPRENORPHINE HCL/NALOXONE HCL 12 MG-3 MG FILM                                     | TIER-THREE     | QL (3 PER 1 DAY)         |
| BUPRENORPHINE HCL/NALOXONE HCL 8 MG-2 MG FILM                                      | TIER-THREE     | QL (4 PER DAY)           |
| BUPRENORPHINE HCL/NALOXONE HCL 2 MG-0.5MG TAB SUBL                                 | TIER-TWO       | QL (4 PER 1 DAY)         |
| BUPRENORPHINE HCL/NALOXONE HCL 8 MG-2 MG TAB SUBL                                  | TIER-TWO       | QL (4 PER DAY)           |
| LUCEMYRA                                                                           | TIER-FOUR      | ST, QL (224 PER 30 DAYS) |
| <b>OPIOID REVERSAL AGENTS</b>                                                      |                |                          |
| KLOXXADO                                                                           | TIER-FOUR      |                          |
| NALOXONE HCL (0.4 MG/ML VIAL, 0.4 MG/ML CARTRIDGE, 1 MG/ML SYRINGE, 4 MG SPRAY)    | TIER-TWO       |                          |
| ZIMHI                                                                              | TIER-FOUR      |                          |
| <b>SMOKING CESSATION AGENTS</b>                                                    |                |                          |
| 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 |                          |

\*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 P

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

| Drug Name                                                                         | Status*    | Requirements/Limits |
|-----------------------------------------------------------------------------------|------------|---------------------|
| <b>ANTIBACTERIALS</b>                                                             |            |                     |
| <b>AMINOGLYCOSIDES</b>                                                            |            |                     |
| GENTAMICIN SULFATE 0.1 % CREAM (G)                                                | TIER-THREE |                     |
| GENTAMICIN SULFATE 0.1 % OINT. (G)                                                | TIER-FOUR  |                     |
| NEOMYCIN SULFATE                                                                  | TIER-THREE |                     |
| PAROMOMYCIN SULFATE                                                               | TIER-FOUR  |                     |
| <b>ANTIBACTERIALS, OTHER</b>                                                      |            |                     |
| CLINDACIN ETZ 1% PLEDGET                                                          | TIER-THREE |                     |
| CLINDACIN P                                                                       | TIER-THREE |                     |
| CLINDAMYCIN HCL                                                                   | TIER-TWO   |                     |
| CLINDAMYCIN PALMITATE HCL                                                         | TIER-THREE |                     |
| CLINDAMYCIN PHOSPHATE 2 % CREAM/APPL                                              | TIER-FOUR  |                     |
| CLINDAMYCIN PHOSPHATE 1 % MED. SWAB                                               | TIER-THREE |                     |
| FOSFOMYCIN TROMETHAMINE                                                           | TIER-THREE |                     |
| LINEZOLID 100 MG/5ML SUSP RECON                                                   | TIER-FOUR  |                     |
| LINEZOLID 600 MG TABLET                                                           | TIER-THREE |                     |
| METHENAMINE HIPPURATE                                                             | TIER-FOUR  |                     |
| METRONIDAZOLE (0.75 % GEL W/APPL, 0.75 % LOTION, 1 % GEL W/PUMP, 1 % GEL (GRAM))  | TIER-FOUR  |                     |
| METRONIDAZOLE (0.75 % GEL (GRAM), 0.75 % CREAM (G), 250 MG TABLET, 500 MG TABLET) | TIER-TWO   |                     |
| NITROFURANTOIN MACROCRYSTAL (50 MG CAPSULE, 100 MG CAPSULE)                       | TIER-TWO   |                     |
| NITROFURANTOIN MONOHYDRATE/MACROCRYSTALS                                          | TIER-TWO   |                     |

\*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 P

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

| Drug Name                                                                                         | Status*    | Requirements/Limits                    |
|---------------------------------------------------------------------------------------------------|------------|----------------------------------------|
| PRIMSOL                                                                                           | TIER-FOUR  |                                        |
| SIVEXTRO 200 MG TABLET                                                                            | TIER-SIX   | QL (6 PER 30 DAYS), S (Specialty Drug) |
| TINIDAZOLE                                                                                        | TIER-FOUR  |                                        |
| TRIMETHOPRIM                                                                                      | TIER-TWO   |                                        |
| VANCOMYCIN HCL (25 MG/ML SOLN RECON, 125 MG CAPSULE, 250 MG CAPSULE)                              | TIER-FOUR  |                                        |
| VANCOMYCIN HCL 50 MG/ML SOLN RECON                                                                | TIER-THREE |                                        |
| <b>BETA-LACTAM, CEPHALOSPORINS</b>                                                                |            |                                        |
| CEFACLOR (250 MG CAPSULE, 500 MG CAPSULE)                                                         | TIER-TWO   |                                        |
| CEFACLOR (125 MG/5ML SUSP RECON, 250 MG/5ML SUSP RECON, 375 MG/5ML SUSP RECON)                    | TIER-FOUR  |                                        |
| CEFADROXIL (1 G TABLET, 250 MG/5ML SUSP RECON, 500 MG CAPSULE, 500 MG/5ML SUSP RECON)             | TIER-THREE |                                        |
| CEFDINIR (125 MG/5ML SUSP RECON, 250 MG/5ML SUSP RECON, 300 MG CAPSULE)                           | TIER-TWO   |                                        |
| CEFIXIME (100 MG/5ML SUSP RECON, 200 MG/5ML SUSP RECON, 400 MG CAPSULE)                           | TIER-FOUR  |                                        |
| CEFPODOXIME PROXETIL (50 MG/5 ML SUSP RECON, 100 MG TABLET, 100 MG/5ML SUSP RECON, 200 MG TABLET) | TIER-FOUR  |                                        |
| CEFPROZIL (125 MG/5ML SUSP RECON, 250 MG TABLET, 250 MG/5ML SUSP RECON, 500 MG TABLET)            | TIER-THREE |                                        |
| CEFUROXIME AXETIL                                                                                 | TIER-TWO   |                                        |
| CEPHALEXIN 750 MG CAPSULE                                                                         | TIER-FOUR  |                                        |
| CEPHALEXIN (125 MG/5ML SUSP RECON, 250 MG CAPSULE, 250 MG/5ML SUSP RECON, 500 MG CAPSULE)         | TIER-TWO   |                                        |

\*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 P

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

| Drug Name                                                                                                                                                              | Status*    | Requirements/Limits |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------------------|
| <b>BETA-LACTAM, PENICILLINS</b>                                                                                                                                        |            |                     |
| AMOXICILLIN (125 MG/5ML SUSP RECON, 200 MG/5ML SUSP RECON, 250 MG CAPSULE, 250 MG/5ML SUSP RECON, 400 MG/5ML SUSP RECON, 500 MG TABLET, 500 MG CAPSULE, 875 MG TABLET) | TIER-TWO   |                     |
| AMOXICILLIN (125 MG TAB CHEW, 250 MG TAB CHEW)                                                                                                                         | TIER-THREE |                     |
| AMOXICILLIN/POTASSIUM CLAVULANATE (200-28.5/5 SUSP RECON, 250-62.5/5 SUSP RECON, 400-57MG/5 SUSP RECON, 600-42.9/5 SUSP RECON)                                         | TIER-THREE |                     |
| AMOXICILLIN/POTASSIUM CLAV 250-125 MG TABLET                                                                                                                           | TIER-FOUR  |                     |
| AMOXICILLIN/POTASSIUM CLAVULANATE (500-125 MG TABLET, 875-125 MG TABLET)                                                                                               | TIER-TWO   |                     |
| AMPICILLIN TRIHYDRATE                                                                                                                                                  | TIER-TWO   |                     |
| DICLOXACILLIN SODIUM                                                                                                                                                   | TIER-THREE |                     |
| MOXATAG                                                                                                                                                                | TIER-FOUR  |                     |
| PENICILLIN V POTASSIUM (125 MG/5ML SOLN RECON, 250 MG/5ML SOLN RECON)                                                                                                  | TIER-THREE |                     |
| PENICILLIN V POTASSIUM (250 MG TABLET, 500 MG TABLET)                                                                                                                  | TIER-TWO   |                     |
| <b>MACROLIDES</b>                                                                                                                                                      |            |                     |
| AZITHROMYCIN (1 G PACKET, 100 MG/5ML SUSP RECON, 200 MG/5ML SUSP RECON)                                                                                                | TIER-THREE |                     |
| AZITHROMYCIN (250 MG TABLET, 500 MG TABLET, 600 MG TABLET)                                                                                                             | TIER-TWO   |                     |
| CLARITHROMYCIN (125 MG/5ML SUSP RECON, 250 MG/5ML SUSP RECON, 500 MG TAB ER 24H)                                                                                       | TIER-FOUR  |                     |

\*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 P

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

| Drug Name                                                                                   | Status*    | Requirements/Limits     |
|---------------------------------------------------------------------------------------------|------------|-------------------------|
| CLARITHROMYCIN (250 MG TABLET, 500 MG TABLET)                                               | TIER-TWO   |                         |
| DIFICID 40 MG/ML SUSPENSION                                                                 | TIER-FOUR  | QL (136 ML PER 30 DAYS) |
| DIFICID 200 MG TABLET                                                                       | TIER-FOUR  | QL (20 PER 30 DAYS)     |
| <b>QUINOLONES</b>                                                                           |            |                         |
| CIPROFLOXACIN HCL (0.3 % DROPS, 100 MG TABLET, 250 MG TABLET, 500 MG TABLET, 750 MG TABLET) | TIER-TWO   |                         |
| FACTIVE                                                                                     | TIER-FOUR  |                         |
| LEVOFLOXACIN 250MG/10ML SOLUTION                                                            | TIER-FOUR  |                         |
| LEVOFLOXACIN (250 MG TABLET, 500 MG TABLET, 750 MG TABLET)                                  | TIER-TWO   |                         |
| MOXIFLOXACIN HCL 400 MG TABLET                                                              | TIER-THREE |                         |
| OFLOXACIN (300 MG TABLET, 400 MG TABLET)                                                    | TIER-THREE |                         |
| <b>SULFONAMIDES</b>                                                                         |            |                         |
| SULFACETAMIDE SODIUM 10 % SUSPENSION                                                        | TIER-FOUR  |                         |
| SULFADIAZINE                                                                                | TIER-FOUR  |                         |
| SULFAMETHOXAZOLE/TRIMETHOPRIM (200-40MG/5 ORAL SUSP, 800-160/20 ORAL SUSP)                  | TIER-FOUR  |                         |
| SULFAMETHOXAZOLE/TRIMETHOPRIM (400MG-80MG TABLET, 800-160 MG TABLET)                        | TIER-TWO   |                         |
| <b>TETRACYCLINES</b>                                                                        |            |                         |
| AVIDOXY                                                                                     | TIER-THREE |                         |
| DEMECLOCYCLINE HCL                                                                          | TIER-FOUR  |                         |
| DOXYCYCLINE HYCLATE (20 MG TABLET, 50 MG CAPSULE, 100 MG CAPSULE, 100 MG TABLET)            | TIER-TWO   |                         |

\*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 P

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

| Drug Name                                                                          | Status*    | Requirements/Limits |
|------------------------------------------------------------------------------------|------------|---------------------|
| DOXYCYCLINE MONOHYDRATE (50 MG CAPSULE, 100 MG CAPSULE)                            | TIER-TWO   |                     |
| DOXYCYCLINE MONOHYDRATE 25 MG/5 ML SUSP RECON                                      | TIER-FOUR  |                     |
| DOXYCYCLINE MONOHYDRATE (50 MG TABLET, 75 MG TABLET, 100 MG TABLET, 150 MG TABLET) | TIER-THREE |                     |
| MINOCYCLINE HCL (50 MG CAPSULE, 75 MG CAPSULE, 100 MG CAPSULE)                     | TIER-TWO   |                     |
| MONDOXYNE NL 100 MG CAPSULE                                                        | TIER-TWO   |                     |
| TETRACYCLINE HCL                                                                   | TIER-FOUR  |                     |

## ANTICONVULSANTS

### ANTICONVULSANTS, OTHER

|                                                                                                                                   |           |                                                |
|-----------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------|
| BRIVIACT 10 MG/ML ORAL SOLN                                                                                                       | TIER-FOUR | ST, QL (10 ML PER DAY)                         |
| BRIVIACT (25 MG TABLET, 50 MG TABLET)                                                                                             | TIER-FOUR | ST                                             |
| BRIVIACT (75 MG TABLET, 100 MG TABLET)                                                                                            | TIER-FOUR | ST, QL (2 PER DAY)                             |
| BRIVIACT 10 MG TABLET                                                                                                             | TIER-FOUR | ST, QL (4 PER DAY)                             |
| DIACOMIT (250 MG CAPSULE, 250 MG POWDER PACKET)                                                                                   | TIER-SIX  | PA, LA, QL (12 PER 1 DAY), S (Specialty Drug)  |
| DIACOMIT (500 MG POWDER PACKET, 500 MG CAPSULE)                                                                                   | TIER-SIX  | PA, LA, QL (6 PER 1 DAY), S (Specialty Drug)   |
| 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) | TIER-TWO  |                                                |
| EPIDIOLEX                                                                                                                         | TIER-FIVE | PA, LA, S (Specialty Drug)                     |
| FELBAMATE (400 MG TABLET, 600 MG TABLET, 600 MG/5ML ORAL SUSP)                                                                    | TIER-FOUR |                                                |
| FINTEPLA                                                                                                                          | TIER-SIX  | PA, LA, QL (12 ML PER DAY), S (Specialty Drug) |

\*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 P

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

| Drug Name                                                                                                                                                  | Status*    | Requirements/Limits    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|
| FYCOMPA 0.5 MG/ML ORAL SUSP                                                                                                                                | TIER-FOUR  | ST, QL (24 ML PER DAY) |
| FYCOMPA (2 MG TABLET, 4 MG TABLET, 6 MG TABLET)                                                                                                            | TIER-FOUR  | ST                     |
| FYCOMPA (8 MG TABLET, 10 MG TABLET, 12 MG TABLET)                                                                                                          | TIER-FOUR  | ST, QL (1 PER DAY)     |
| LAMICTAL XR (BLUE)                                                                                                                                         | TIER-FOUR  |                        |
| LAMICTAL XR (GREEN)                                                                                                                                        | TIER-FOUR  |                        |
| LAMICTAL XR (ORANGE)                                                                                                                                       | TIER-FOUR  |                        |
| LAMOTRIGINE (25 MG TAB ER 24, 50 MG TAB ER 24, 100 MG TAB ER 24, 200 MG TAB ER 24, 250 MG TAB ER 24, 300 MG TAB ER 24)                                     | TIER-FOUR  |                        |
| LAMOTRIGINE (5 MG TB CHW DSP, 25 MG TABLET, 25MG (35) TAB DS PK, 25 MG TB CHW DSP, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET)                            | TIER-TWO   |                        |
| 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) | TIER-TWO   |                        |
| ROWEEPR                                                                                                                                                    | TIER-TWO   |                        |
| SUBVENITE                                                                                                                                                  | TIER-TWO   |                        |
| SUBVENITE (BLUE)                                                                                                                                           | TIER-TWO   |                        |
| 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)                                                   | TIER-FOUR  | PA                     |
| TOPIRAMATE (15 MG CAP SPRINK, 25 MG CAP SPRINK)                                                                                                            | TIER-THREE |                        |
| TOPIRAMATE (25 MG TABLET, 50 MG TABLET, 100 MG TABLET, 200 MG TABLET)                                                                                      | TIER-TWO   |                        |
| VALPROIC ACID                                                                                                                                              | TIER-TWO   |                        |

\*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 P

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

| Drug Name                                                                                                | Status*   | Requirements/Limits                            |
|----------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------|
| VALPROIC ACID (AS SODIUM SALT) (VALPROATE SODIUM) (SALT) 250 MG/5ML SOLUTION, SALT) 500MG/10ML SOLUTION) | TIER-TWO  |                                                |
| XCOPRI (12.5-25 MG PK, 50-100 MG PAK, 150-200 MG PK)                                                     | TIER-FOUR | ST, QL (1 PER 365 DAYS)                        |
| XCOPRI (150 MG TABLET, 350 MG DAILY DOSE PACK)                                                           | TIER-FOUR | ST, QL (1 PER DAY)                             |
| XCOPRI (50 MG TABLET, 100 MG TABLET, 250 MG DAILY DOSE PACK)                                             | TIER-FOUR | ST                                             |
| XCOPRI 200 MG TABLET                                                                                     | TIER-FOUR | ST, QL (2 PER DAY)                             |
| ZTALMY                                                                                                   | TIER-SIX  | PA, LA, QL (36 ML PER DAY), S (Specialty Drug) |

### CALCIUM CHANNEL MODIFYING AGENTS

|                                                    |           |
|----------------------------------------------------|-----------|
| ETHOSUXIMIDE (250 MG/5ML SOLUTION, 250 MG CAPSULE) | TIER-FOUR |
| METHSUXIMIDE                                       | TIER-FOUR |

### GAMMA-AMINO BUTYRIC ACID (GABA) AUGMENTING AGENTS

|                                                                                                                                                           |            |    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----|
| CLOBAZAM 2.5 MG/ML ORAL SUSP                                                                                                                              | TIER-FOUR  |    |
| CLOBAZAM (10 MG TABLET, 20 MG TABLET)                                                                                                                     | TIER-THREE |    |
| DIAZEPAM (2.5 MG KIT, 5-7.5-10MG KIT, 12.5-15-20 KIT)                                                                                                     | TIER-FOUR  |    |
| GABAPENTIN (100 MG CAPSULE, 250 MG/5ML SOLUTION, 300 MG CAPSULE, 400 MG CAPSULE, 600 MG TABLET, 800 MG TABLET)                                            | TIER-TWO   |    |
| 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) | TIER-THREE |    |
| PRIMIDONE                                                                                                                                                 | TIER-TWO   |    |
| SYMPAZAN                                                                                                                                                  | TIER-FOUR  | PA |

\*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 P

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

| Drug Name                                       | Status*   | Requirements/Limits        |
|-------------------------------------------------|-----------|----------------------------|
| TIAGABINE HCL                                   | TIER-FOUR |                            |
| VALTOCO                                         | TIER-FOUR | PA, QL (10 PER 30 DAYS)    |
| VIGABATRIN (500 MG TABLET, 500 MG POWD PACK)    | TIER-SIX  | PA, LA, S (Specialty Drug) |
| VIGADRONE (500 MG POWDER PACKET, 500 MG TABLET) | TIER-SIX  | PA, LA, S (Specialty Drug) |

### SODIUM CHANNEL AGENTS

|                                                                                                                                                                                     |            |                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------------|
| APTOM (200 MG TABLET, 400 MG TABLET)                                                                                                                                                | TIER-FOUR  | ST                 |
| APTOM (600 MG TABLET, 800 MG TABLET)                                                                                                                                                | TIER-FOUR  | ST, QL (2 PER DAY) |
| CARBAMAZEPINE (100 MG TAB ER 12H, 100 MG CPMP 12HR, 100 MG TAB CHEW, 100 MG/5ML ORAL SUSP, 200 MG TABLET, 200 MG TAB ER 12H, 200 MG CPMP 12HR, 300 MG CPMP 12HR, 400 MG TAB ER 12H) | TIER-THREE |                    |
| DILANTIN 30 MG CAPSULE                                                                                                                                                              | TIER-FOUR  |                    |
| EPITOL                                                                                                                                                                              | TIER-THREE |                    |
| LACOSAMIDE 10 MG/ML SOLUTION                                                                                                                                                        | TIER-FOUR  |                    |
| LACOSAMIDE (50 MG TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET)                                                                                                              | TIER-THREE |                    |
| OXCARBAZEPINE (150 MG TABLET, 300 MG TABLET, 300 MG/5ML ORAL SUSP, 600 MG TABLET)                                                                                                   | TIER-TWO   |                    |
| OXTELLAR XR                                                                                                                                                                         | TIER-FOUR  |                    |
| PHENYTOIN (50 MG TAB CHEW, 100 MG/4ML ORAL SUSP, 125 MG/5ML ORAL SUSP)                                                                                                              | TIER-TWO   |                    |
| PHENYTOIN SODIUM EXTENDED                                                                                                                                                           | TIER-TWO   |                    |
| RUFINAMIDE (40 MG/ML ORAL SUSP, 200 MG TABLET, 400 MG TABLET)                                                                                                                       | TIER-FOUR  | ST                 |
| ZONISAMIDE                                                                                                                                                                          | TIER-TWO   |                    |

\*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 P

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

| Drug Name                                                                                                                                  | Status*    | Requirements/Limits     |
|--------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------------------|
| <b>ANTICONVULSANTS, OTHER</b>                                                                                                              |            |                         |
| <b>ANTICONVULSANTS</b>                                                                                                                     |            |                         |
| NAYZILAM                                                                                                                                   | TIER-FOUR  | PA, QL (10 PER 30 DAYS) |
| <b>ANTIDEMENTIA AGENTS</b>                                                                                                                 |            |                         |
| <b>ANTIDEMENTIA AGENTS, OTHER</b>                                                                                                          |            |                         |
| ERGOLOID MESYLATES                                                                                                                         | TIER-FOUR  |                         |
| <b>CHOLINESTERASE INHIBITORS</b>                                                                                                           |            |                         |
| DONEPEZIL HCL (5 MG TAB RAPDIS, 5 MG TABLET, 10 MG TABLET, 10 MG TAB RAPDIS, 23 MG TABLET)                                                 | TIER-TWO   |                         |
| 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)            | TIER-THREE |                         |
| RIVASTIGMINE                                                                                                                               | TIER-FOUR  |                         |
| RIVASTIGMINE TARTRATE                                                                                                                      | TIER-TWO   | QL (2 PER 1 DAY)        |
| <b>N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST</b>                                                                                     |            |                         |
| MEMANTINE HCL (7 MG CAP SPR 24, 14 MG CAP SPR 24, 21 MG CAP SPR 24, 28 MG CAP SPR 24)                                                      | TIER-THREE | QL (1 PER 1 DAY)        |
| MEMANTINE HCL 2 MG/ML SOLUTION                                                                                                             | TIER-TWO   | QL (10 ML PER 1 DAY)    |
| MEMANTINE HCL (5 MG-10 MG TAB DS PK, 5 MG TABLET, 10 MG TABLET)                                                                            | TIER-TWO   |                         |
| <b>ANTIDEPRESSANTS</b>                                                                                                                     |            |                         |
| <b>ANTIDEPRESSANTS, OTHER</b>                                                                                                              |            |                         |
| 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) | TIER-TWO   |                         |

\*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 P

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

| Drug Name                                                                         | Status*    | Requirements/Limits |
|-----------------------------------------------------------------------------------|------------|---------------------|
| LYBALVI (15-10 MG TABLET, 20-10 MG TABLET)                                        | TIER-FOUR  | PA, QL (1 PER DAY)  |
| LYBALVI (5-10 MG TABLET, 10-10 MG TABLET)                                         | TIER-FOUR  | PA                  |
| MIRTAZAPINE (15 MG TABLET, 30 MG TABLET, 45 MG TABLET)                            | TIER-TWO   |                     |
| MIRTAZAPINE (7.5 MG TABLET, 15 MG TAB RAPDIS, 30 MG TAB RAPDIS, 45 MG TAB RAPDIS) | TIER-THREE |                     |
| OLANZAPINE/FLUOXETINE HCL                                                         | TIER-FOUR  |                     |
| PERPHENAZINE/AMITRIPTYLINE HCL                                                    | TIER-FOUR  |                     |

### MONOAMINE OXIDASE INHIBITORS

|                         |           |
|-------------------------|-----------|
| EMSAM                   | TIER-FOUR |
| MARPLAN                 | TIER-FOUR |
| PHENELZINE SULFATE      | TIER-FOUR |
| TRANLYCYPROMINE SULFATE | TIER-FOUR |

### SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)

|                                                                                                              |           |                         |
|--------------------------------------------------------------------------------------------------------------|-----------|-------------------------|
| CITALOPRAM HYDROBROMIDE (10 MG TABLET, 10 MG/5 ML SOLUTION, 20 MG/10ML SOLUTION, 20 MG TABLET, 40 MG TABLET) | TIER-TWO  |                         |
| DESVENLAFAXINE SUCCINATE 100 MG TAB ER 24H                                                                   | TIER-TWO  | QL (4 PER DAY)          |
| DESVENLAFAXINE SUCCINATE 25 MG TAB ER 24H                                                                    | TIER-TWO  | QL (1 PER 1 DAY)        |
| DESVENLAFAXINE SUCCINATE 50 MG TAB ER 24H                                                                    | TIER-TWO  | QL (1 PER DAY)          |
| ESCITALOPRAM OXALATE (5 MG TABLET, 5 MG/5 ML SOLUTION, 10 MG TABLET, 20 MG TABLET)                           | TIER-TWO  |                         |
| FETZIMA 20-40 MG TITRATION PAK                                                                               | TIER-FOUR | ST, QL (1 PER 365 DAYS) |
| FETZIMA (ER 20 MG CAPSULE, ER 40 MG CAPSULE, ER 80 MG CAPSULE)                                               | TIER-FOUR | ST                      |

\*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 P

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

| Drug Name                                                                                                                                          | Status*    | Requirements/Limits |
|----------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------------------|
| FETZIMA ER 120 MG CAPSULE                                                                                                                          | TIER-FOUR  | ST, QL (1 PER DAY)  |
| FLUOXETINE HCL (10 MG CAPSULE, 20 MG/5 ML SOLUTION, 20 MG CAPSULE, 40 MG CAPSULE)                                                                  | TIER-TWO   |                     |
| FLUOXETINE HCL (10 MG TABLET, 20 MG TABLET, 60 MG TABLET)                                                                                          | TIER-FOUR  |                     |
| FLUVOXAMINE MALEATE (100 MG CAP ER 24H, 150 MG CAP ER 24H)                                                                                         | TIER-FOUR  |                     |
| FLUVOXAMINE MALEATE (25 MG TABLET, 50 MG TABLET, 100 MG TABLET)                                                                                    | TIER-TWO   |                     |
| NEFAZODONE HCL                                                                                                                                     | TIER-FOUR  |                     |
| PAROXETINE HCL 10 MG/5 ML ORAL SUSP                                                                                                                | TIER-FOUR  |                     |
| PAROXETINE HCL (12.5 MG TAB ER 24H, 25 MG TAB ER 24H, 37.5 MG TAB ER 24H)                                                                          | TIER-THREE |                     |
| PAROXETINE HCL (10 MG TABLET, 20 MG TABLET, 30 MG TABLET, 40 MG TABLET)                                                                            | TIER-TWO   |                     |
| SERTRALINE HCL 20 MG/ML ORAL CONC                                                                                                                  | TIER-TWO   |                     |
| SERTRALINE HCL (25 MG TABLET, 50 MG TABLET, 100 MG TABLET)                                                                                         | TIER-ONE   |                     |
| TRAZODONE HCL (50 MG TABLET, 100 MG TABLET, 150 MG TABLET)                                                                                         | TIER-TWO   |                     |
| TRINTELLIX (5 MG TABLET, 10 MG TABLET)                                                                                                             | TIER-FOUR  | ST                  |
| TRINTELLIX 20 MG TABLET                                                                                                                            | TIER-FOUR  | ST, QL (1 PER DAY)  |
| 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) | TIER-TWO   |                     |
| VIIBRYD 10-20 MG STARTER PACK                                                                                                                      | TIER-FOUR  | QL (1 PER 365 DAYS) |

\*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 P

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

| Drug Name                                                                                                                    | Status*    | Requirements/Limits |
|------------------------------------------------------------------------------------------------------------------------------|------------|---------------------|
| VILAZODONE HCL                                                                                                               | TIER-TWO   |                     |
| <b>TRICYCLICS</b>                                                                                                            |            |                     |
| AMITRIPTYLINE HCL                                                                                                            | TIER-TWO   |                     |
| AMOXAPINE                                                                                                                    | TIER-FOUR  |                     |
| CLOMIPRAMINE HCL                                                                                                             | TIER-FOUR  |                     |
| DESIPRAMINE HCL                                                                                                              | TIER-THREE |                     |
| DOXEPIN HCL (10 MG/ML ORAL CONC, 10 MG CAPSULE, 25 MG CAPSULE, 50 MG CAPSULE, 75 MG CAPSULE, 100 MG CAPSULE, 150 MG CAPSULE) | TIER-TWO   |                     |
| IMIPRAMINE HCL                                                                                                               | TIER-TWO   |                     |
| NORTRIPTYLINE HCL (10 MG/5 ML SOLUTION, 10 MG CAPSULE, 25 MG CAPSULE, 50 MG CAPSULE, 75 MG CAPSULE)                          | TIER-TWO   |                     |
| PROTRIPTYLINE HCL                                                                                                            | TIER-FOUR  |                     |
| TRIMIPRAMINE MALEATE                                                                                                         | TIER-FOUR  |                     |

## ANTIEMETICS

### ANTIEMETICS, OTHER

|                                                                                         |            |  |
|-----------------------------------------------------------------------------------------|------------|--|
| COMPRO                                                                                  | TIER-FOUR  |  |
| METOCLOPRAMIDE HCL (5 MG TABLET, 5 MG/5 ML SOLUTION, 10 MG TABLET, 10 MG/10ML SOLUTION) | TIER-TWO   |  |
| PERPHENAZINE                                                                            | TIER-THREE |  |
| PROCHLORPERAZINE                                                                        | TIER-FOUR  |  |
| PROCHLORPERAZINE MALEATE                                                                | TIER-TWO   |  |
| PROMETHAZINE HCL (12.5 MG SUPP.RECT, 25 MG SUPP.RECT, 50 MG SUPP.RECT)                  | TIER-FOUR  |  |
| PROMETHAZINE HCL 50 MG TABLET                                                           | TIER-TWO   |  |

\*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 P

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

| Drug Name             | Status*   | Requirements/Limits |
|-----------------------|-----------|---------------------|
| PROMETHEGAN           | TIER-FOUR |                     |
| SCOPOLAMINE           | TIER-FOUR |                     |
| TRIMETHOBENZAMIDE HCL | TIER-FOUR |                     |

## EMETOGENIC THERAPY ADJUNCTS

|                                                                              |            |                        |
|------------------------------------------------------------------------------|------------|------------------------|
| AKYNZEO 300-0.5 MG CAPSULE                                                   | TIER-FOUR  | QL (4 PER 28 DAYS)     |
| ANZEMET                                                                      | TIER-FOUR  |                        |
| APREPITANT 125MG-80MG CAP DS PK                                              | TIER-FOUR  | QL (6 PER 30 DAYS)     |
| APREPITANT 125 MG CAPSULE                                                    | TIER-FOUR  | QL (2 PER 30 DAYS)     |
| APREPITANT 40 MG CAPSULE                                                     | TIER-FOUR  | QL (8 PER 30 DAYS)     |
| APREPITANT 80 MG CAPSULE                                                     | TIER-FOUR  | QL (4 PER 30 DAYS)     |
| DRONABINOL                                                                   | TIER-FOUR  | PA                     |
| EMEND 125 MG POWDER PACKET                                                   | TIER-FOUR  | QL (2 PER 30 DAYS)     |
| GRANISETRON HCL 1 MG TABLET                                                  | TIER-TWO   | QL (8 PER 30 DAYS)     |
| ONDANSETRON HCL (4 MG/5 ML SOLUTION, 4 MG TABLET, 8 MG TABLET, 24 MG TABLET) | TIER-TWO   |                        |
| ONDANSETRON ODT (4 MG TABLET, 8 MG TABLET)                                   | TIER-THREE |                        |
| SANCUSO                                                                      | TIER-FOUR  | ST, QL (2 PER 30 DAYS) |
| VARUBI                                                                       | TIER-FOUR  | LA, QL (8 PER 28 DAYS) |

## ANTIFUNGALS

|                                                                                                                   |            |                        |
|-------------------------------------------------------------------------------------------------------------------|------------|------------------------|
| CLOTRIMAZOLE 10 MG TROCHE                                                                                         | TIER-TWO   |                        |
| CRESEMBA (74.5 MG CAPSULE, 186 MG CAPSULE)                                                                        | TIER-SIX   | PA, S (Specialty Drug) |
| ECONAZOLE NITRATE                                                                                                 | TIER-THREE |                        |
| ERTACZO                                                                                                           | TIER-FOUR  |                        |
| FLUCONAZOLE (10 MG/ML SUSP RECON, 40 MG/ML SUSP RECON, 50 MG TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET) | TIER-TWO   |                        |

\*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 P

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

| Drug Name                                                                               | Status*    | Requirements/Limits |
|-----------------------------------------------------------------------------------------|------------|---------------------|
| FLUCYTOSINE                                                                             | TIER-FOUR  |                     |
| GRISEOFULVIN ULTRAMICROSIZE                                                             | TIER-FOUR  |                     |
| GRISEOFULVIN, MICROSIZE (125 MG/5ML ORAL SUSP, 500 MG TABLET)                           | TIER-FOUR  |                     |
| ITRACONAZOLE (10 MG/ML SOLUTION, 100 MG CAPSULE)                                        | TIER-FOUR  | PA                  |
| KETOCONAZOLE 2 % CREAM (G)                                                              | TIER-THREE |                     |
| KETOCONAZOLE 2 % SHAMPOO                                                                | TIER-TWO   |                     |
| KETOCONAZOLE 200 MG TABLET                                                              | TIER-FOUR  |                     |
| MICONAZOLE NITRATE 200 MG SUPP.VAG                                                      | TIER-THREE |                     |
| NAFTIFINE HCL (1 % GEL (GRAM), 1 % CREAM (G))                                           | TIER-FOUR  |                     |
| NYAMYC                                                                                  | TIER-TWO   |                     |
| NYSTATIN (100000/ML ORAL SUSP, 100000/G POWDER, 100000/G CREAM (G), 100000/G OINT. (G)) | TIER-TWO   |                     |
| NYSTATIN 500K UNIT TABLET                                                               | TIER-THREE |                     |
| NYSTOP                                                                                  | TIER-TWO   |                     |
| ORAVIG                                                                                  | TIER-FOUR  |                     |
| OXICONAZOLE NITRATE                                                                     | TIER-FOUR  |                     |
| POSACONAZOLE (100 MG TABLET DR, 200 MG/5ML ORAL SUSP)                                   | TIER-FOUR  | PA                  |
| SULCONAZOLE NITRATE (1 % CREAM (G), 1 % SOLUTION)                                       | TIER-FOUR  |                     |
| TERBINAFINE HCL 250 MG TABLET                                                           | TIER-TWO   |                     |
| TERCONAZOLE (0.4 % CREAM/APPL, 0.8 % CREAM/APPL, 80 MG SUPP.VAG)                        | TIER-THREE |                     |
| VORICONAZOLE (50 MG TABLET, 200 MG TABLET, 200 MG/5ML SUSP RECON)                       | TIER-FOUR  | PA                  |

\*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 P

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

| Drug Name                                        | Status*    | Requirements/Limits                         |
|--------------------------------------------------|------------|---------------------------------------------|
| <b>ANTIGOUT AGENTS</b>                           |            |                                             |
| ALLOPURINOL (100 MG TABLET, 300 MG TABLET)       | TIER-TWO   |                                             |
| COLCHICINE (0.6 MG CAPSULE, 0.6 MG TABLET)       | TIER-THREE |                                             |
| FEBUXOSTAT                                       | TIER-FOUR  |                                             |
| PROBENECID                                       | TIER-TWO   |                                             |
| PROBENECID/COLCHICINE                            | TIER-TWO   |                                             |
| <b>ANTIMIGRAINE AGENTS</b>                       |            |                                             |
| <b>ANTIMIGRAINE AGENTS, OTHER</b>                |            |                                             |
| AJOVY AUTOINJECTOR                               | TIER-THREE | PA, QL (1.5 ML PER 28 DAYS)                 |
| NURTEC ODT                                       | TIER-THREE | PA, QL (8 PER 30 DAYS)                      |
| <b>ERGOT ALKALOIDS</b>                           |            |                                             |
| DIHYDROERGOTAMINE MESYLATE 1 MG/ML AMPUL         | TIER-FOUR  | QL (24 ML PER 28 DAYS)                      |
| DIHYDROERGOTAMINE MESYLATE 0.5MG/SPRY SPRAY/PUMP | TIER-FOUR  | QL (8 ML PER 30 DAYS)                       |
| ERGOMAR                                          | TIER-SIX   | LA, QL (20 PER 30 DAYS), S (Specialty Drug) |
| ERGOTAMINE TARTRATE/CAFFEINE                     | TIER-FOUR  | QL (40 PER 28 DAYS)                         |
| <b>PROPHYLACTIC</b>                              |            |                                             |
| AIMOVIG AUTOINJECTOR                             | TIER-THREE | PA, QL (1 ML PER 28 DAYS)                   |
| AJOVY SYRINGE                                    | TIER-THREE | PA, QL (1.5 ML PER 28 DAYS)                 |
| EMGALITY PEN                                     | TIER-THREE | PA, QL (1 ML PER 28 DAYS)                   |
| EMGALITY 120 MG/ML SYRINGE                       | TIER-THREE | PA, QL (1 ML PER 28 DAYS)                   |
| EMGALITY 300 MG (100 MG X3SYR)                   | TIER-THREE | PA, QL (3 ML PER 28 DAYS)                   |
| QULIPTA                                          | TIER-THREE | PA, QL (1 PER DAY)                          |

\*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 P

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

| Drug Name                                                                                                                         | Status*    | Requirements/Limits       |
|-----------------------------------------------------------------------------------------------------------------------------------|------------|---------------------------|
| <b>SEROTONIN (5-HT) RECEPTOR AGONIST</b>                                                                                          |            |                           |
| ELETRIPTAN HYDROBROMIDE                                                                                                           | TIER-FOUR  | QL (12 PER 30 DAYS)       |
| FROVATRIPTAN SUCCINATE                                                                                                            | TIER-FOUR  | PA, QL (9 PER 30 DAYS)    |
| NARATRIPTAN HCL                                                                                                                   | TIER-TWO   | QL (9 PER 30 DAYS)        |
| REYVOW 100 MG TABLET                                                                                                              | TIER-FOUR  | PA, QL (8 PER 30 DAYS)    |
| REYVOW 50 MG TABLET                                                                                                               | TIER-FOUR  | PA, QL (4 PER 30 DAYS)    |
| RIZATRIPTAN BENZOATE (5 MG TABLET, 5 MG TAB RAPDIS, 10 MG TABLET, 10 MG TAB RAPDIS)                                               | TIER-TWO   | QL (12 PER 30 DAYS)       |
| SUMATRIPTAN                                                                                                                       | TIER-FOUR  | QL (6 PER 30 DAYS)        |
| 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) | TIER-FOUR  | PA, QL (4 ML PER 30 DAYS) |
| SUMATRIPTAN SUCCINATE (25 MG TABLET, 50 MG TABLET, 100 MG TABLET)                                                                 | TIER-TWO   | QL (9 PER 30 DAYS)        |
| ZOLMITRIPTAN 2.5 MG SPRAY                                                                                                         | TIER-FOUR  | QL (12 PER 30 DAYS)       |
| ZOLMITRIPTAN 5 MG SPRAY                                                                                                           | TIER-FOUR  | QL (6 PER 30 DAYS)        |
| ZOLMITRIPTAN (2.5 MG TAB RAPDIS, 2.5 MG TABLET)                                                                                   | TIER-THREE | QL (12 PER 30 DAYS)       |
| ZOLMITRIPTAN (5 MG TAB RAPDIS, 5 MG TABLET)                                                                                       | TIER-THREE | QL (9 PER 30 DAYS)        |
| ZOMIG 2.5 MG TABLET                                                                                                               | TIER-THREE | QL (12 PER 30 DAYS)       |
| ZOMIG 5 MG TABLET                                                                                                                 | TIER-THREE | QL (9 PER 30 DAYS)        |

## ANTIMYASTHENIC AGENTS

### PARASYMPATHOMIMETICS

|                                                                              |           |
|------------------------------------------------------------------------------|-----------|
| PYRIDOSTIGMINE BROMIDE (60 MG/5 ML SOLUTION, 60 MG TABLET, 180 MG TABLET ER) | TIER-FOUR |
|------------------------------------------------------------------------------|-----------|

\*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 P

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

| Drug Name                                                                   | Status*    | Requirements/Limits    |
|-----------------------------------------------------------------------------|------------|------------------------|
| <b>ANTIMYCOBACTERIALS</b>                                                   |            |                        |
| <b>ANTIMYCOBACTERIALS, OTHER</b>                                            |            |                        |
| DAPSONE (25 MG TABLET, 100 MG TABLET)                                       | TIER-FOUR  |                        |
| RIFABUTIN                                                                   | TIER-FOUR  |                        |
| <b>ANTITUBERCULARS</b>                                                      |            |                        |
| CYCLOSERINE                                                                 | TIER-TWO   |                        |
| ETHAMBUTOL HCL                                                              | TIER-TWO   |                        |
| ISONIAZID (50 MG/5 ML SOLUTION, 100 MG TABLET, 300 MG TABLET)               | TIER-TWO   |                        |
| PASER                                                                       | TIER-FOUR  |                        |
| PRIFTIN                                                                     | TIER-FOUR  |                        |
| PYRAZINAMIDE                                                                | TIER-FOUR  |                        |
| RIFAMPIN (150 MG CAPSULE, 300 MG CAPSULE)                                   | TIER-TWO   |                        |
| SIRTURO                                                                     | TIER-SIX   | LA, S (Specialty Drug) |
| TRECATOR                                                                    | TIER-THREE |                        |
| <b>ANTINEOPLASTICS</b>                                                      |            |                        |
| <b>ALKYLATING AGENTS</b>                                                    |            |                        |
| CYCLOPHOSPHAMIDE (25 MG TABLET, 25 MG CAPSULE, 50 MG TABLET, 50 MG CAPSULE) | TIER-FOUR  |                        |
| GLEOSTINE                                                                   | TIER-FOUR  | S (Specialty Drug)     |
| LEUKERAN                                                                    | TIER-THREE |                        |
| MATULANE                                                                    | TIER-SIX   | LA, S (Specialty Drug) |
| MELPHALAN                                                                   | TIER-THREE | PA                     |
| TEMOZOLOMIDE                                                                | TIER-SIX   | PA, S (Specialty Drug) |

\*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 P

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

| Drug Name                                          | Status*    | Requirements/Limits                                          |
|----------------------------------------------------|------------|--------------------------------------------------------------|
| VALCHLOR                                           | TIER-SIX   | LA, S (Specialty Drug)                                       |
| <b>ANTIANDROGENS</b>                               |            |                                                              |
| ABIRATERONE ACETATE 250 MG TABLET                  | TIER-FIVE  | PA, S (Specialty Drug)                                       |
| BICALUTAMIDE                                       | TIER-TWO   |                                                              |
| ERLEADA                                            | TIER-SIX   | PA, LA, S (Specialty Drug)                                   |
| FLUTAMIDE                                          | TIER-TWO   |                                                              |
| NILUTAMIDE                                         | TIER-SIX   | S (Specialty Drug)                                           |
| NUBEQA                                             | TIER-FIVE  | PA, LA, S (Specialty Drug)                                   |
| TOREMIFENE CITRATE                                 | TIER-SIX   | S (Specialty Drug)                                           |
| XTANDI (40 MG TABLET, 40 MG CAPSULE, 80 MG TABLET) | TIER-FIVE  | PA, LA, S (Specialty Drug)                                   |
| YONSA                                              | TIER-SIX   | PA, S (Specialty Drug)                                       |
| <b>ANTIANGIOGENIC AGENTS</b>                       |            |                                                              |
| LENALIDOMIDE                                       | TIER-FIVE  | PA, LA, S (Specialty Drug)                                   |
| POMALYST                                           | TIER-SIX   | PA, LA, S (Specialty Drug)                                   |
| THALOMID                                           | TIER-SIX   | LA, S (Specialty Drug)                                       |
| <b>ANTIESTROGENS/MODIFIERS</b>                     |            |                                                              |
| EMCYT                                              | TIER-SIX   | S (Specialty Drug)                                           |
| ORSERDU                                            | TIER-SIX   | PA, LA, S (Specialty Drug)                                   |
| SOLTAMOX                                           | TIER-FOUR  |                                                              |
| TAMOXIFEN CITRATE                                  | TIER-TWO   | C (ACA ELIGIBLE - FOR FEMALE AT HIGH RISK FOR BREAST CANCER) |
| <b>ANTIMETABOLITES</b>                             |            |                                                              |
| CAPECITABINE                                       | TIER-SIX   | S (Specialty Drug)                                           |
| DROXIA                                             | TIER-THREE |                                                              |
| HYDROXYUREA                                        | TIER-TWO   |                                                              |
| INQOVI                                             | TIER-SIX   | PA, LA, S (Specialty Drug)                                   |

\*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 P

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

| Drug Name            | Status*    | Requirements/Limits |
|----------------------|------------|---------------------|
| MERCAPTOPURINE       | TIER-THREE |                     |
| PURIXAN              | TIER-FOUR  | LA                  |
| SIKLOS 100 MG TABLET | TIER-FOUR  | QL (1 PER 1 DAY)    |
| TABLOID              | TIER-FOUR  |                     |

### ANTINEOPLASTICS, OTHER

|                                                                            |           |                                              |
|----------------------------------------------------------------------------|-----------|----------------------------------------------|
| AYVAKIT                                                                    | TIER-SIX  | PA, LA, S (Specialty Drug)                   |
| BRUKINSA                                                                   | TIER-SIX  | PA, LA, S (Specialty Drug)                   |
| EXKIVITY                                                                   | TIER-SIX  | PA, LA, S (Specialty Drug)                   |
| HEMANGEOL                                                                  | TIER-FOUR | LA, S (Specialty Drug)                       |
| IDHIFA                                                                     | TIER-SIX  | PA, LA, QL (1 PER 1 DAY), S (Specialty Drug) |
| INREBIC                                                                    | TIER-SIX  | PA, LA, S (Specialty Drug)                   |
| KISQALI FEMARA 200 MG CO-PACK                                              | TIER-SIX  | PA, QL (49 PER 28 DAYS), S (Specialty Drug)  |
| KISQALI FEMARA 400 MG CO-PACK                                              | TIER-SIX  | PA, QL (70 PER 28 DAYS), S (Specialty Drug)  |
| KISQALI FEMARA 600 MG CO-PACK                                              | TIER-SIX  | PA, QL (91 PER 28 DAYS), S (Specialty Drug)  |
| KOSELUGO                                                                   | TIER-FIVE | PA, LA, S (Specialty Drug)                   |
| LEUCOVORIN CALCIUM (5 MG TABLET, 10 MG TABLET, 15 MG TABLET, 25 MG TABLET) | TIER-TWO  |                                              |
| LONSURF                                                                    | TIER-SIX  | PA, LA, S (Specialty Drug)                   |
| NINLARO                                                                    | TIER-SIX  | PA, LA, S (Specialty Drug)                   |
| ONUREG                                                                     | TIER-SIX  | PA, S (Specialty Drug)                       |
| QINLOCK                                                                    | TIER-SIX  | PA, LA, S (Specialty Drug)                   |
| SYNRIBO                                                                    | TIER-SIX  | PA, LA, S (Specialty Drug)                   |
| TAZVERIK                                                                   | TIER-SIX  | PA, LA, S (Specialty Drug)                   |
| UKONIQ                                                                     | TIER-SIX  | PA, S (Specialty Drug)                       |
| WELIREG                                                                    | TIER-SIX  | PA, LA, S (Specialty Drug)                   |

\*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 P

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

| Drug Name                                                                   | Status*   | Requirements/Limits                                          |
|-----------------------------------------------------------------------------|-----------|--------------------------------------------------------------|
| XPOVIO                                                                      | TIER-SIX  | PA, LA, S (Specialty Drug)                                   |
| ZOLINZA                                                                     | TIER-SIX  | PA, LA, S (Specialty Drug)                                   |
| <b>AROMATASE INHIBITORS, 3RD GENERATION</b>                                 |           |                                                              |
| ANASTROZOLE                                                                 | TIER-TWO  | C (ACA ELIGIBLE - FOR FEMALE AT HIGH RISK FOR BREAST CANCER) |
| EXEMESTANE                                                                  | TIER-FOUR |                                                              |
| LETROZOLE                                                                   | TIER-TWO  | C (ACA ELIGIBLE - FOR FEMALE AT HIGH RISK FOR BREAST CANCER) |
| <b>ENZYME INHIBITORS</b>                                                    |           |                                                              |
| ETOPOSIDE 50 MG CAPSULE                                                     | TIER-SIX  | S (Specialty Drug)                                           |
| HYCAMTIN (0.25 MG CAPSULE, 1 MG CAPSULE)                                    | TIER-SIX  | LA, S (Specialty Drug)                                       |
| <b>MOLECULAR TARGET INHIBITORS</b>                                          |           |                                                              |
| ALECENSA                                                                    | TIER-SIX  | PA, LA, S (Specialty Drug)                                   |
| ALUNBRIG (30 MG TABLET, 90 MG TABLET, 90 MG-180 MG TAB PACK, 180 MG TABLET) | TIER-SIX  | PA, LA, S (Specialty Drug)                                   |
| BALVERSA                                                                    | TIER-SIX  | PA, LA, S (Specialty Drug)                                   |
| BOSULIF                                                                     | TIER-SIX  | PA, LA, S (Specialty Drug)                                   |
| BRAFTOVI                                                                    | TIER-SIX  | PA, LA, S (Specialty Drug)                                   |
| CABOMETYX                                                                   | TIER-SIX  | PA, LA, QL (1 PER DAY), S (Specialty Drug)                   |
| CALQUENCE (100 MG TABLET, 100 MG CAPSULE)                                   | TIER-SIX  | PA, LA, S (Specialty Drug)                                   |
| CAPRELSA                                                                    | TIER-SIX  | PA, LA, S (Specialty Drug)                                   |
| COMETRIQ                                                                    | TIER-SIX  | PA, LA, S (Specialty Drug)                                   |
| COPIKTRA                                                                    | TIER-SIX  | PA, LA, S (Specialty Drug)                                   |
| COTELLIC                                                                    | TIER-SIX  | PA, LA, QL (63 PER 28 DAYS), S (Specialty Drug)              |
| DAURISMO                                                                    | TIER-SIX  | PA, S (Specialty Drug)                                       |

\*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 P

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

| Drug Name                                                                                           | Status*   | Requirements/Limits                             |
|-----------------------------------------------------------------------------------------------------|-----------|-------------------------------------------------|
| ERIVEDGE                                                                                            | TIER-SIX  | PA, LA, S (Specialty Drug)                      |
| ERLOTINIB HCL                                                                                       | TIER-SIX  | PA, S (Specialty Drug)                          |
| EVEROLIMUS (2.5 MG TABLET, 5 MG TABLET, 7.5 MG TABLET, 10 MG TABLET)                                | TIER-FIVE | PA, S (Specialty Drug)                          |
| FARYDAK                                                                                             | TIER-SIX  | PA, QL (6 PER 21 DAYS), S (Specialty Drug)      |
| FOTIVDA                                                                                             | TIER-SIX  | PA, LA, S (Specialty Drug)                      |
| GAVRETO                                                                                             | TIER-SIX  | PA, LA, S (Specialty Drug)                      |
| GEFITINIB                                                                                           | TIER-FIVE | PA, LA, QL (1 PER DAY), S (Specialty Drug)      |
| GILOTRIF                                                                                            | TIER-SIX  | PA, LA, S (Specialty Drug)                      |
| IBRANCE (75 MG TABLET, 75 MG CAPSULE, 100 MG CAPSULE, 100 MG TABLET, 125 MG TABLET, 125 MG CAPSULE) | TIER-FIVE | PA, LA, QL (21 PER 28 DAYS), S (Specialty Drug) |
| ICLUSIG (10 MG TABLET, 15 MG TABLET)                                                                | TIER-SIX  | PA, LA, QL (1 PER DAY), S (Specialty Drug)      |
| ICLUSIG (30 MG TABLET, 45 MG TABLET)                                                                | TIER-SIX  | PA, LA, S (Specialty Drug)                      |
| IMATINIB MESYLATE                                                                                   | TIER-FIVE | PA, S (Specialty Drug)                          |
| IMBRUVICA (70 MG/ML SUSPENSION, 70 MG CAPSULE, 140 MG CAPSULE, 420 MG TABLET, 560 MG TABLET)        | TIER-SIX  | PA, LA, S (Specialty Drug)                      |
| INLYTA                                                                                              | TIER-SIX  | PA, LA, S (Specialty Drug)                      |
| JAKAFI (20 MG TABLET, 25 MG TABLET)                                                                 | TIER-SIX  | PA, LA, S (Specialty Drug)                      |
| JAKAFI (5 MG TABLET, 10 MG TABLET, 15 MG TABLET)                                                    | TIER-SIX  | PA, LA, QL (2 PER DAY), S (Specialty Drug)      |
| JAYPIRCA                                                                                            | TIER-SIX  | PA, LA, S (Specialty Drug)                      |
| KISQALI 200 MG DAILY DOSE                                                                           | TIER-SIX  | PA, QL (21 PER 28 DAYS), S (Specialty Drug)     |
| KISQALI 400 MG DAILY DOSE                                                                           | TIER-SIX  | PA, QL (42 PER 28 DAYS), S (Specialty Drug)     |

\*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 P

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

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

\*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 P

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

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

\*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 P

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

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

## RETINOIDS

|                                            |           |                        |
|--------------------------------------------|-----------|------------------------|
| BEXAROTENE (1 % GEL (GRAM), 75 MG CAPSULE) | TIER-FIVE | PA, S (Specialty Drug) |
| PANRETIN                                   | TIER-SIX  | S (Specialty Drug)     |
| TRETINOIN 10 MG CAPSULE                    | TIER-SIX  | PA, S (Specialty Drug) |

## TREATMENT ADJUNCTS

|                      |            |                                            |
|----------------------|------------|--------------------------------------------|
| MESNEX 400 MG TABLET | TIER-THREE |                                            |
| VONJO                | TIER-SIX   | PA, LA, QL (4 PER DAY), S (Specialty Drug) |

## ANTIPARASITICS

### ANTHELMINTHICS

|                        |           |                     |
|------------------------|-----------|---------------------|
| ALBENDAZOLE            | TIER-FOUR | PA                  |
| EMVERM                 | TIER-FOUR | PA                  |
| IVERMECTIN 3 MG TABLET | TIER-FOUR | PA                  |
| PRAZIQUANTEL           | TIER-FOUR | QL (12 PER 30 DAYS) |

### ANTIPROTOZOALS

|                               |            |                                                               |
|-------------------------------|------------|---------------------------------------------------------------|
| ALINIA 100 MG/5 ML SUSPENSION | TIER-FOUR  | PA, QL (50 ML PER DAY)                                        |
| ATOVAQUONE                    | TIER-FOUR  | PA                                                            |
| ATOVAQUONE/PROGUANIL HCL      | TIER-THREE | C (1 CLAIM PER 365 DAYS)                                      |
| BENZNIDAZOLE                  | TIER-SIX   | LA, S (Specialty Drug), QL (2 TO 12 YRS OLD; 60 PER 365 DAYS) |
| CHLOROQUINE PHOSPHATE         | TIER-THREE |                                                               |

\*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 P

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

| Drug Name                               | Status*    | Requirements/Limits      |
|-----------------------------------------|------------|--------------------------|
| COARTEM                                 | TIER-FOUR  | PA                       |
| HYDROXYCHLOROQUINE SULFATE              | TIER-TWO   |                          |
| MEFLOQUINE HCL                          | TIER-TWO   |                          |
| NITAZOXANIDE                            | TIER-THREE | PA, QL (6 PER 30 DAYS)   |
| PENTAMIDINE ISETHIONATE 300 MG VIAL-NEB | TIER-FIVE  | S (Specialty Drug)       |
| PRIMAQUINE PHOSPHATE                    | TIER-TWO   |                          |
| PYRIMETHAMINE                           | TIER-FOUR  | PA                       |
| QUININE SULFATE                         | TIER-FOUR  | C (1 CLAIM PER 365 DAYS) |

## ANTIPARKINSON AGENTS

### ANTICHOLINERGICS

|                                                                     |          |
|---------------------------------------------------------------------|----------|
| BENZTROPINE MESYLATE (0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET)      | TIER-TWO |
| TRIHENXYPHENIDYL HCL (2 MG TABLET, 2 MG/5 ML SOLUTION, 5 MG TABLET) | TIER-TWO |

### ANTIPARKINSON AGENTS, OTHER

|                                                                     |            |                          |
|---------------------------------------------------------------------|------------|--------------------------|
| AMANTADINE HCL (50 MG/5 ML SOLUTION, 100 MG TABLET, 100 MG CAPSULE) | TIER-THREE |                          |
| CARBIDOPA/LEVODOPA/ENTACAPONE                                       | TIER-FOUR  |                          |
| ENTACAPONE                                                          | TIER-FOUR  |                          |
| NOURIANZ                                                            | TIER-FOUR  | PA, LA, QL (1 PER 1 DAY) |
| TOLCAPONE                                                           | TIER-FOUR  |                          |

### DOPAMINE AGONISTS

|                                                      |            |                                    |
|------------------------------------------------------|------------|------------------------------------|
| BROMOCRIPTINE MESYLATE (2.5 MG TABLET, 5 MG CAPSULE) | TIER-THREE |                                    |
| KYNMOBI                                              | TIER-FIVE  | QL (5 PER DAY), S (Specialty Drug) |
| NEUPRO                                               | TIER-FOUR  | ST                                 |

\*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 P

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

| Drug Name                                                                                                       | Status*    | Requirements/Limits |
|-----------------------------------------------------------------------------------------------------------------|------------|---------------------|
| 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) | TIER-TWO   |                     |
| ROPINIROLE HCL (2 MG TAB ER 24H, 4 MG TAB ER 24H, 6 MG TAB ER 24H)                                              | TIER-THREE | QL (1 PER DAY)      |
| ROPINIROLE HCL (8 MG TAB ER 24H, 12 MG TAB ER 24H)                                                              | TIER-THREE | QL (2 PER DAY)      |
| 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) | TIER-TWO   |                     |

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

|                                                                                                                          |            |                     |
|--------------------------------------------------------------------------------------------------------------------------|------------|---------------------|
| CARBIDOPA                                                                                                                | TIER-FOUR  |                     |
| CARBIDOPA/LEVODOPA (10MG-100MG TABLET, 25MG-250MG TABLET, 25MG-100MG TABLET ER, 25MG-100MG TABLET, 50MG-200MG TABLET ER) | TIER-TWO   |                     |
| CARBIDOPA/LEVODOPA (10MG-100MG TAB RAPDIS, 25MG-250MG TAB RAPDIS, 25MG-100MG TAB RAPDIS)                                 | TIER-FOUR  |                     |
| INBRIJA                                                                                                                  | TIER-THREE | LA, QL (10 PER DAY) |

## MONOAMINE OXIDASE B (MAO-B) INHIBITORS

|                                            |            |  |
|--------------------------------------------|------------|--|
| RASAGILINE MESYLATE                        | TIER-FOUR  |  |
| SELEGILINE HCL (5 MG TABLET, 5 MG CAPSULE) | TIER-THREE |  |
| ZELAPAR                                    | TIER-FOUR  |  |

## ANTIPSYCHOTICS

### 1ST GENERATION/TYPICAL

|                                                                                                                                      |           |  |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| 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) | TIER-FOUR |  |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------|--|

\*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 P

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

| Drug Name                                                                                                      | Status*    | Requirements/Limits |
|----------------------------------------------------------------------------------------------------------------|------------|---------------------|
| 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) | TIER-THREE |                     |
| HALOPERIDOL                                                                                                    | TIER-TWO   |                     |
| HALOPERIDOL LACTATE 2 MG/ML ORAL CONC                                                                          | TIER-TWO   |                     |
| LOXAPINE SUCCINATE                                                                                             | TIER-TWO   |                     |
| PIMOZIDE                                                                                                       | TIER-TWO   |                     |
| THIORIDAZINE HCL                                                                                               | TIER-THREE |                     |
| THIOTHIXENE                                                                                                    | TIER-THREE |                     |
| TRIFLUOPERAZINE HCL                                                                                            | TIER-THREE |                     |

### 2ND GENERATION/ATYPICAL

|                                                                                                 |           |                         |
|-------------------------------------------------------------------------------------------------|-----------|-------------------------|
| ARIPIPRAZOLE (2 MG TABLET, 5 MG TABLET, 10 MG TABLET, 15 MG TABLET, 20 MG TABLET, 30 MG TABLET) | TIER-TWO  |                         |
| ARIPIPRAZOLE (1 MG/ML SOLUTION, 10 MG TAB RAPDIS, 15 MG TAB RAPDIS)                             | TIER-FOUR |                         |
| ASENAPINE MALEATE (5 MG TAB SUBL, 10 MG TAB SUBL)                                               | TIER-FOUR | PA, QL (2 PER DAY)      |
| ASENAPINE MALEATE 2.5 MG TAB SUBL                                                               | TIER-FOUR | PA                      |
| CAPLYTA (10.5 MG CAPSULE, 21 MG CAPSULE)                                                        | TIER-FOUR | PA                      |
| CAPLYTA 42 MG CAPSULE                                                                           | TIER-FOUR | PA, QL (1 PER DAY)      |
| FANAPT TITRATION PACK                                                                           | TIER-FOUR | PA, QL (1 PER 365 DAYS) |
| FANAPT (1 MG TABLET, 2 MG TABLET, 4 MG TABLET, 6 MG TABLET)                                     | TIER-FOUR | PA                      |
| FANAPT (8 MG TABLET, 10 MG TABLET, 12 MG TABLET)                                                | TIER-FOUR | PA, QL (2 PER DAY)      |
| LURASIDONE HCL                                                                                  | TIER-TWO  | PA, QL (1 PER DAY)      |

\*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 P

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

| Drug Name                                                                                                                                                               | Status*    | Requirements/Limits     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------------------|
| 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) | TIER-TWO   |                         |
| PALIPERIDONE                                                                                                                                                            | TIER-FOUR  |                         |
| QUETIAPINE FUMARATE (150 MG TAB ER 24H, 200 MG TAB ER 24H)                                                                                                              | TIER-TWO   | QL (1 PER 1 DAY)        |
| QUETIAPINE FUMARATE (50 MG TAB ER 24H, 300 MG TAB ER 24H, 400 MG TAB ER 24H)                                                                                            | TIER-TWO   | QL (2 PER 1 DAY)        |
| QUETIAPINE FUMARATE (25 MG TABLET, 50 MG TABLET, 100 MG TABLET, 200 MG TABLET, 300 MG TABLET, 400 MG TABLET)                                                            | TIER-TWO   |                         |
| REXULTI (0.25 MG TABLET, 0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET)                                                                                                       | TIER-FOUR  | PA                      |
| REXULTI (3 MG TABLET, 4 MG TABLET)                                                                                                                                      | TIER-FOUR  | PA, QL (1 PER DAY)      |
| RISPERIDONE (0.25 MG TABLET, 0.5 MG TABLET, 1 MG/ML SOLUTION, 1 MG TABLET, 2 MG TABLET, 3 MG TABLET, 4 MG TABLET)                                                       | TIER-TWO   |                         |
| RISPERIDONE (0.25 MG TAB RAPDIS, 0.5 MG TAB RAPDIS, 1 MG TAB RAPDIS, 2 MG TAB RAPDIS, 3 MG TAB RAPDIS, 4 MG TAB RAPDIS)                                                 | TIER-THREE |                         |
| SECUADO (5.7 MG/24 HR PATCH, 7.6 MG/24 HR PATCH)                                                                                                                        | TIER-FOUR  | PA, QL (1 PER DAY)      |
| SECUADO 3.8 MG/24 HR PATCH                                                                                                                                              | TIER-FOUR  | PA                      |
| VRAYLAR 1.5 MG-3 MG PACK                                                                                                                                                | TIER-FOUR  | PA, QL (1 PER 365 DAYS) |
| VRAYLAR (1.5 MG CAPSULE, 3 MG CAPSULE)                                                                                                                                  | TIER-FOUR  | PA                      |
| VRAYLAR (4.5 MG CAPSULE, 6 MG CAPSULE)                                                                                                                                  | TIER-FOUR  | PA, QL (1 PER DAY)      |
| ZIPRASIDONE HCL                                                                                                                                                         | TIER-TWO   |                         |

\*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 P

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

| Drug Name                                                                                                 | Status*    | Requirements/Limits                    |
|-----------------------------------------------------------------------------------------------------------|------------|----------------------------------------|
| <b>TREATMENT-RESISTANT</b>                                                                                |            |                                        |
| CLOZAPINE (25 MG TABLET, 50 MG TABLET, 100 MG TABLET, 200 MG TABLET)                                      | TIER-THREE |                                        |
| CLOZAPINE (12.5 MG TAB RAPDIS, 25 MG TAB RAPDIS, 100 MG TAB RAPDIS, 150 MG TAB RAPDIS, 200 MG TAB RAPDIS) | TIER-FOUR  |                                        |
| VERSACLOZ                                                                                                 | TIER-FOUR  |                                        |
| <b>ANTISPASTICITY AGENTS</b>                                                                              |            |                                        |
| BACLOFEN (5 MG TABLET, 10 MG TABLET, 20 MG TABLET)                                                        | TIER-TWO   |                                        |
| DANTROLENE SODIUM (25 MG CAPSULE, 50 MG CAPSULE, 100 MG CAPSULE)                                          | TIER-THREE |                                        |
| TIZANIDINE HCL (2 MG TABLET, 4 MG TABLET)                                                                 | TIER-TWO   |                                        |
| <b>ANTIVIRALS</b>                                                                                         |            |                                        |
| <b>ANTI-CYTOMEGALOVIRUS (CMV) AGENTS</b>                                                                  |            |                                        |
| PREVYMIS (240 MG TABLET, 480 MG TABLET)                                                                   | TIER-SIX   | PA, LA, S (Specialty Drug)             |
| VALGANCICLOVIR HCL 50 MG/ML SOLN RECON                                                                    | TIER-SIX   | QL (36 ML PER DAY), S (Specialty Drug) |
| VALGANCICLOVIR HCL 450 MG TABLET                                                                          | TIER-SIX   | QL (4 PER 1 DAY), S (Specialty Drug)   |
| <b>ANTI-HEPATITIS B (HBV) AGENTS</b>                                                                      |            |                                        |
| ADEFOVIR DIPIVOXIL                                                                                        | TIER-FOUR  | QL (1 PER 1 DAY)                       |
| BARACLUDE 0.05 MG/ML SOLUTION                                                                             | TIER-SIX   | S (Specialty Drug)                     |
| ENTECAVIR                                                                                                 | TIER-SIX   | S (Specialty Drug)                     |
| EPIVIR HBV 25 MG/5 ML SOLN                                                                                | TIER-THREE |                                        |
| LAMIVUDINE 100 MG TABLET                                                                                  | TIER-FOUR  |                                        |

\*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 P

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

| Drug Name                                                                       | Status*    | Requirements/Limits    |
|---------------------------------------------------------------------------------|------------|------------------------|
| VEMLIDY                                                                         | TIER-THREE |                        |
| <b>ANTI-HEPATITIS C (HCV) AGENTS</b>                                            |            |                        |
| LEDIPASVIR/SOFOSBUVIR                                                           | TIER-FIVE  | PA, S (Specialty Drug) |
| MAVYRET (50-20 MG PELLETT PACKET, 100-40 MG TABLET)                             | TIER-FIVE  | PA, S (Specialty Drug) |
| RIBAVIRIN (200 MG CAPSULE, 200 MG TABLET)                                       | TIER-THREE |                        |
| SOFOSBUVIR/VELPATASVIR                                                          | TIER-FIVE  | PA, S (Specialty Drug) |
| VOSEVI                                                                          | TIER-SIX   | PA, S (Specialty Drug) |
| <b>ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)</b>                            |            |                        |
| BIKTARVY                                                                        | TIER-THREE |                        |
| DOVATO                                                                          | TIER-THREE |                        |
| GENVOYA                                                                         | TIER-THREE |                        |
| ISENTRESS (100 MG POWDER PACKET, 400 MG TABLET)                                 | TIER-THREE |                        |
| ISENTRESS HD                                                                    | TIER-THREE |                        |
| JULUCA                                                                          | TIER-THREE |                        |
| STRIBILD                                                                        | TIER-FOUR  |                        |
| TIVICAY                                                                         | TIER-FOUR  |                        |
| TIVICAY PD                                                                      | TIER-FOUR  | QL (6 PER DAY)         |
| <b>ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)</b> |            |                        |
| COMPLERA                                                                        | TIER-THREE |                        |
| DELSTRIGO                                                                       | TIER-FOUR  |                        |
| EDURANT                                                                         | TIER-THREE |                        |
| EFAVIRENZ (50 MG CAPSULE, 200 MG CAPSULE, 600 MG TABLET)                        | TIER-FOUR  |                        |
| EFAVIRENZ/EMTRICITABINE/TENOFOVIR DISOPROXIL FUMARATE                           | TIER-THREE |                        |
| EFAVIRENZ/LAMIVUDINE/TENOFOVIR DISOPROXIL FUMARATE                              | TIER-FOUR  |                        |

\*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 P

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

| Drug Name                                         | Status*    | Requirements/Limits |
|---------------------------------------------------|------------|---------------------|
| ETRAVIRINE                                        | TIER-THREE |                     |
| INTELENCE 25 MG TABLET                            | TIER-THREE |                     |
| NEVIRAPINE (100 MG TAB ER 24H, 400 MG TAB ER 24H) | TIER-FOUR  |                     |
| NEVIRAPINE 200 MG TABLET                          | TIER-TWO   |                     |
| ODEFSEY                                           | TIER-THREE |                     |
| PIFELTRO                                          | TIER-FOUR  |                     |

### ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)

|                                                                                                                         |            |                                                                                            |
|-------------------------------------------------------------------------------------------------------------------------|------------|--------------------------------------------------------------------------------------------|
| ABACAVIR SULFATE 20 MG/ML SOLUTION                                                                                      | TIER-THREE |                                                                                            |
| ABACAVIR SULFATE 300 MG TABLET                                                                                          | TIER-FOUR  |                                                                                            |
| ABACAVIR SULFATE/LAMIVUDINE                                                                                             | TIER-FOUR  |                                                                                            |
| ABACAVIR SULFATE/LAMIVUDINE/ZIDOVUDINE                                                                                  | TIER-FOUR  |                                                                                            |
| DIDANOSINE                                                                                                              | TIER-TWO   |                                                                                            |
| EMTRICITABINE                                                                                                           | TIER-THREE |                                                                                            |
| EMTRICITABINE/TENOFOVIR (TDF) 200-300 MG TABLET                                                                         | TIER-THREE | C (ACA Eligible for members not infected with HIV and are at higher risk of HIV infection) |
| EMTRICITABINE/TENOFOVIR DISOPROXIL FUMARATE ((TDF) 100-150 MG TABLET, (TDF) 133-200 MG TABLET, (TDF) 167-250 MG TABLET) | TIER-THREE |                                                                                            |
| EMTRIVA 10 MG/ML SOLUTION                                                                                               | TIER-THREE |                                                                                            |
| LAMIVUDINE (10 MG/ML SOLUTION, 150 MG TABLET, 300 MG TABLET)                                                            | TIER-THREE |                                                                                            |
| LAMIVUDINE/ZIDOVUDINE                                                                                                   | TIER-THREE |                                                                                            |
| STAVUDINE                                                                                                               | TIER-TWO   |                                                                                            |
| TENOFOVIR DISOPROXIL FUMARATE                                                                                           | TIER-FOUR  | C (ACA Eligible for members not infected with HIV and are at higher risk of HIV infection) |

\*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 P

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

| Drug Name                                                                                  | Status*    | Requirements/Limits    |
|--------------------------------------------------------------------------------------------|------------|------------------------|
| TRIUMEQ                                                                                    | TIER-THREE |                        |
| TRIUMEQ PD                                                                                 | TIER-THREE |                        |
| VIREAD (150 MG TABLET, 200 MG TABLET, 250 MG TABLET, POWDER)                               | TIER-THREE |                        |
| ZIDOVUDINE (10 MG/ML SYRUP, 100 MG CAPSULE, 300 MG TABLET)                                 | TIER-FOUR  |                        |
| <b>ANTI-HIV AGENTS, OTHER</b>                                                              |            |                        |
| FUZEON                                                                                     | TIER-FOUR  | PA                     |
| MARAVIROC                                                                                  | TIER-THREE |                        |
| RUKOBIA                                                                                    | TIER-SIX   | S (Specialty Drug)     |
| SELZENTRY (20 MG/ML ORAL SOLN, 25 MG TABLET, 75 MG TABLET)                                 | TIER-THREE |                        |
| SUNLENCA (4- 300 MG TABLET, 5- 300 MG TABLET)                                              | TIER-SIX   | PA, S (Specialty Drug) |
| TYBOST                                                                                     | TIER-THREE |                        |
| <b>ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)</b>                                           |            |                        |
| APTIVUS                                                                                    | TIER-THREE |                        |
| ATAZANAVIR SULFATE                                                                         | TIER-FOUR  |                        |
| EVOTAZ                                                                                     | TIER-FOUR  |                        |
| FOSAMPRENAVIR CALCIUM                                                                      | TIER-FOUR  |                        |
| LEXIVA 50 MG/ML SUSPENSION                                                                 | TIER-THREE |                        |
| LOPINAVIR/RITONAVIR 400-100/5 SOLUTION                                                     | TIER-TWO   |                        |
| LOPINAVIR/RITONAVIR (100MG-25MG TABLET, 200MG-50MG TABLET)                                 | TIER-THREE |                        |
| NORVIR (80 MG/ML SOLUTION, 100 MG POWDER PACKET)                                           | TIER-THREE |                        |
| PREZCOBIX                                                                                  | TIER-FOUR  |                        |
| PREZISTA (75 MG TABLET, 100 MG/ML SUSPENSION, 150 MG TABLET, 600 MG TABLET, 800 MG TABLET) | TIER-THREE |                        |

\*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 P

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

| Drug Name                   | Status*    | Requirements/Limits |
|-----------------------------|------------|---------------------|
| REYATAZ 50 MG POWDER PACKET | TIER-THREE |                     |
| RITONAVIR                   | TIER-TWO   |                     |
| SYMITUZA                    | TIER-SIX   | S (Specialty Drug)  |
| VIRACEPT                    | TIER-THREE |                     |

## ANTI-INFLUENZA AGENTS

|                                                                                         |            |
|-----------------------------------------------------------------------------------------|------------|
| OSELTAMIVIR PHOSPHATE (6 MG/ML SUSP RECON, 30 MG CAPSULE, 45 MG CAPSULE, 75 MG CAPSULE) | TIER-THREE |
| RELENZA                                                                                 | TIER-THREE |
| RIMANTADINE HCL                                                                         | TIER-FOUR  |

## ANTIHERPETIC AGENTS

|                                                          |           |
|----------------------------------------------------------|-----------|
| ACYCLOVIR 200 MG/5ML ORAL SUSP                           | TIER-FOUR |
| ACYCLOVIR (200 MG CAPSULE, 400 MG TABLET, 800 MG TABLET) | TIER-TWO  |
| FAMCICLOVIR                                              | TIER-TWO  |
| VALACYCLOVIR HCL                                         | TIER-TWO  |

## ANXIOLYTICS

### ANXIOLYTICS, OTHER

|                           |           |
|---------------------------|-----------|
| BUSPIRONE HCL             | TIER-TWO  |
| MEPROBAMATE 400 MG TABLET | TIER-FOUR |

## BENZODIAZEPINES

|                                                                                                                                            |          |
|--------------------------------------------------------------------------------------------------------------------------------------------|----------|
| 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) | TIER-TWO |
| CHLORDIAZEPOXIDE HCL                                                                                                                       | TIER-TWO |
| CLONAZEPAM (0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET)                                                                                       | TIER-TWO |

\*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 P

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

| Drug Name                                                                                                 | Status*    | Requirements/Limits |
|-----------------------------------------------------------------------------------------------------------|------------|---------------------|
| CLONAZEPAM (0.125 MG TAB RAPDIS, 0.25 MG TAB RAPDIS, 0.5 MG TAB RAPDIS, 1 MG TAB RAPDIS, 2 MG TAB RAPDIS) | TIER-THREE |                     |
| CLORAZEPATE DIPOTASSIUM                                                                                   | TIER-FOUR  |                     |
| DIAZEPAM 5 MG/ML ORAL CONC                                                                                | TIER-THREE |                     |
| DIAZEPAM (2 MG TABLET, 5 MG/5 ML SOLUTION, 5 MG TABLET, 10 MG TABLET)                                     | TIER-TWO   |                     |
| LORAZEPAM (0.5 MG TABLET, 1 MG TABLET, 2 MG/ML ORAL CONC, 2 MG TABLET)                                    | TIER-TWO   |                     |
| LORAZEPAM INTENSOL                                                                                        | TIER-TWO   |                     |
| OXAZEPAM                                                                                                  | TIER-THREE |                     |

## BIPOLAR AGENTS

## MOOD STABILIZERS

|                                                                                                                       |          |  |
|-----------------------------------------------------------------------------------------------------------------------|----------|--|
| LITHIUM CARBONATE (150 MG CAPSULE, 300 MG TABLET ER, 300 MG TABLET, 300 MG CAPSULE, 450 MG TABLET ER, 600 MG CAPSULE) | TIER-TWO |  |
|-----------------------------------------------------------------------------------------------------------------------|----------|--|

## BLOOD GLUCOSE REGULATORS

## ANTIDIABETIC AGENTS

|                                                                                                                   |           |  |
|-------------------------------------------------------------------------------------------------------------------|-----------|--|
| ACARBOSE                                                                                                          | TIER-TWO  |  |
| ALOGLIPTIN BENZOATE                                                                                               | TIER-TWO  |  |
| ALOGLIPTIN BENZOATE/METFORMIN HCL                                                                                 | TIER-TWO  |  |
| ALOGLIPTIN BENZOATE/PIOGLITAZONE HCL (12.5-30 MG TABLET, 25 MG-30MG TABLET, 25 MG-45MG TABLET, 25 MG-15MG TABLET) | TIER-TWO  |  |
| CYCLOSET                                                                                                          | TIER-FOUR |  |

\*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 P

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

| Drug Name                                                                                | Status*    | Requirements/Limits       |
|------------------------------------------------------------------------------------------|------------|---------------------------|
| FARXIGA                                                                                  | TIER-THREE |                           |
| GLIMEPIRIDE                                                                              | TIER-ONE   |                           |
| GLIPIZIDE (2.5 MG TAB ER 24, 5 MG TABLET, 5 MG TAB ER 24, 10 MG TAB ER 24, 10 MG TABLET) | TIER-ONE   |                           |
| GLIPIZIDE/METFORMIN HCL                                                                  | TIER-TWO   |                           |
| GLYBURIDE                                                                                | TIER-ONE   |                           |
| GLYBURIDE,MICRONIZED                                                                     | TIER-ONE   |                           |
| GLYBURIDE/METFORMIN HCL (2.5-500 MG TABLET, 5 MG-500MG TABLET)                           | TIER-ONE   |                           |
| GLYBURIDE/METFORMIN HCL 1.25-250MG TABLET                                                | TIER-TWO   |                           |
| GLYXAMBI                                                                                 | TIER-THREE |                           |
| INVOKAMET                                                                                | TIER-FOUR  | PA                        |
| INVOKAMET XR                                                                             | TIER-FOUR  | PA                        |
| INVOKANA                                                                                 | TIER-FOUR  | PA                        |
| JANUMET                                                                                  | TIER-FOUR  | PA                        |
| JANUMET XR                                                                               | TIER-FOUR  | PA                        |
| JANUVIA                                                                                  | TIER-FOUR  | PA                        |
| JARDIANCE                                                                                | TIER-THREE |                           |
| JENTADUETO                                                                               | TIER-FOUR  | PA                        |
| JENTADUETO XR                                                                            | TIER-FOUR  | PA                        |
| METFORMIN HCL 500 MG/5ML SOLUTION                                                        | TIER-FOUR  |                           |
| METFORMIN HCL (500 MG TABLET, 850 MG TABLET, 1000 MG TABLET)                             | TIER-ONE   |                           |
| METFORMIN HCL (500 MG TAB ER 24H, 750 MG TAB ER 24H) (GENERIC FOR GLUCOPHAGE XR)         | TIER-ONE   |                           |
| MIGLITOL                                                                                 | TIER-FOUR  |                           |
| MOUNJARO                                                                                 | TIER-THREE | ST, QL (2 ML PER 28 DAYS) |

\*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 P

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

| Drug Name                                              | Status*    | Requirements/Limits             |
|--------------------------------------------------------|------------|---------------------------------|
| NATEGLINIDE                                            | TIER-THREE |                                 |
| OSENI (12.5-15 MG TABLET, 12.5-45 MG TABLET)           | TIER-FOUR  |                                 |
| OZEMPIC (1 (2 MG/1.5ML), 1 (4 MG/3 ML), 2 (8 MG/3 ML)) | TIER-THREE | PA, ST, QL (3 ML PER 28 DAYS)   |
| OZEMPIC 0.25-0.5 MG/DOSE PEN (2MG/1.5ML)               | TIER-THREE | PA, ST, QL (1.5 ML PER 28 DAYS) |
| OZEMPIC 0.25-0.5 MG/DOSE PEN (2MG/3ML)                 | TIER-THREE | PA, ST, QL (3 ML PER 28 DAYS)   |
| PIOGLITAZONE HCL                                       | TIER-ONE   |                                 |
| PIOGLITAZONE HCL/GLIMEPIRIDE                           | TIER-FOUR  |                                 |
| PIOGLITAZONE HCL/METFORMIN HCL                         | TIER-THREE |                                 |
| QTERN                                                  | TIER-FOUR  | PA                              |
| REPAGLINIDE                                            | TIER-TWO   |                                 |
| RYBELSUS                                               | TIER-THREE | ST, QL (1 PER 1 DAY)            |
| SAXAGLIPTIN HCL                                        | TIER-FOUR  | PA                              |
| SAXAGLIPTIN HCL/METFORMIN HCL                          | TIER-FOUR  | PA                              |
| SEGLUROMET                                             | TIER-FOUR  | PA                              |
| STEGLATRO                                              | TIER-FOUR  | PA                              |
| STEGLUJAN                                              | TIER-FOUR  | PA                              |
| SYNJARDY                                               | TIER-THREE |                                 |
| SYNJARDY XR                                            | TIER-THREE |                                 |
| TRADJENTA                                              | TIER-FOUR  | PA                              |
| TRIJARDY XR                                            | TIER-THREE |                                 |
| TRULICITY                                              | TIER-THREE | PA, ST, QL (2 ML PER 28 DAYS)   |
| VICTOZA 2-PAK                                          | TIER-THREE | PA, ST, QL (9 ML PER 30 DAYS)   |
| VICTOZA 3-PAK                                          | TIER-THREE | PA, ST, QL (9 ML PER 30 DAYS)   |
| XIGDUO XR                                              | TIER-THREE |                                 |

\*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 P

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

| Drug Name                         | Status*    | Requirements/Limits                           |
|-----------------------------------|------------|-----------------------------------------------|
| <b>GLYCEMIC AGENTS</b>            |            |                                               |
| BAQSIMI                           | TIER-THREE |                                               |
| DIAZOXIDE                         | TIER-FOUR  |                                               |
| GLUCAGON EMERGENCY KIT            | TIER-THREE |                                               |
| GVOKE                             | TIER-THREE |                                               |
| GVOKE HYPOPEN 1-PACK              | TIER-THREE |                                               |
| GVOKE HYPOPEN 2-PACK              | TIER-THREE |                                               |
| GVOKE PFS 1-PACK SYRINGE          | TIER-THREE |                                               |
| GVOKE PFS 2-PACK SYRINGE          | TIER-THREE |                                               |
| ZEGALOGUE AUTOINJECTOR            | TIER-THREE |                                               |
| ZEGALOGUE SYRINGE                 | TIER-THREE |                                               |
| <b>INSULINS</b>                   |            |                                               |
| APIDRA                            | TIER-FOUR  | PA, C (Exempt from deductible, if applicable) |
| APIDRA SOLOSTAR                   | TIER-FOUR  | PA, C (Exempt from deductible, if applicable) |
| HUMALOG (100 CARTRIDGE, 100 VIAL) | TIER-THREE | C (Exempt from deductible, if applicable)     |
| HUMALOG JUNIOR KWIKPEN            | TIER-THREE | C (Exempt from deductible, if applicable)     |
| HUMALOG KWIKPEN U-100             | TIER-THREE | C (Exempt from deductible, if applicable)     |
| HUMALOG KWIKPEN U-200             | TIER-THREE | C (Exempt from deductible, if applicable)     |
| HUMALOG MIX 50-50                 | TIER-THREE | C (Exempt from deductible, if applicable)     |
| HUMALOG MIX 50-50 KWIKPEN         | TIER-THREE | C (Exempt from deductible, if applicable)     |
| HUMALOG MIX 75-25                 | TIER-THREE | C (Exempt from deductible, if applicable)     |
| HUMALOG MIX 75-25 KWIKPEN         | TIER-THREE | C (Exempt from deductible, if applicable)     |

\*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 P

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

| Drug Name               | Status*    | Requirements/Limits                       |
|-------------------------|------------|-------------------------------------------|
| HUMALOG TEMPO PEN U-100 | TIER-THREE | C (Exempt from deductible, if applicable) |
| HUMULIN 70-30           | TIER-THREE | C (Exempt from deductible, if applicable) |
| HUMULIN 70/30 KWIKPEN   | TIER-THREE | C (Exempt from deductible, if applicable) |
| HUMULIN N               | TIER-THREE | C (Exempt from deductible, if applicable) |
| HUMULIN N KWIKPEN       | TIER-THREE | C (Exempt from deductible, if applicable) |
| HUMULIN R               | TIER-THREE | C (Exempt from deductible, if applicable) |
| HUMULIN R U-500         | TIER-THREE | C (Exempt from deductible, if applicable) |
| HUMULIN R U-500 KWIKPEN | TIER-THREE | C (Exempt from deductible, if applicable) |
| LANTUS                  | TIER-THREE | C (Exempt from deductible, if applicable) |
| LANTUS SOLOSTAR         | TIER-THREE | C (Exempt from deductible, if applicable) |
| LEVEMIR                 | TIER-THREE | C (Exempt from deductible, if applicable) |
| LEVEMIR FLEXPEN         | TIER-THREE | C (Exempt from deductible, if applicable) |
| LEVEMIR FLEXTOUCH       | TIER-THREE | C (Exempt from deductible, if applicable) |
| TOUJEO MAX SOLOSTAR     | TIER-THREE | C (Exempt from deductible, if applicable) |
| TOUJEO SOLOSTAR         | TIER-THREE | C (Exempt from deductible, if applicable) |
| TRESIBA                 | TIER-THREE | C (Exempt from deductible, if applicable) |
| TRESIBA FLEXTOUCH U-100 | TIER-THREE | C (Exempt from deductible, if applicable) |

\*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 P

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

| Drug Name               | Status*    | Requirements/Limits                       |
|-------------------------|------------|-------------------------------------------|
| TRESIBA FLEXTOUCH U-200 | TIER-THREE | C (Exempt from deductible, if applicable) |

## BLOOD PRODUCTS AND MODIFIERS

### ANTICOAGULANTS

|                                                                                                                                                                                                                          |            |                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|
| DABIGATRAN ETEXILATE MESYLATE                                                                                                                                                                                            | TIER-THREE |                        |
| ELIQUIS (2.5 MG TABLET, 5 MG TABLET, DVT-PE TREAT START 5MG)                                                                                                                                                             | TIER-THREE |                        |
| 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)                                             | TIER-FOUR  | PA                     |
| FONDAPARINUX SODIUM                                                                                                                                                                                                      | TIER-FOUR  | 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) | TIER-SIX   | PA, S (Specialty Drug) |
| HEPARIN SODIUM,PORCINE (5000/ML SYRINGE, 5000/ML VIAL, 10000/ML VIAL, 20000/ML VIAL)                                                                                                                                     | TIER-FOUR  |                        |
| HEPARIN SODIUM,PORCINE/PF (5000/0.5ML SYRINGE, 5000/ML SYRINGE)                                                                                                                                                          | TIER-FOUR  |                        |
| JANTOVEN                                                                                                                                                                                                                 | TIER-ONE   |                        |
| PRADAXA 110 MG CAPSULE                                                                                                                                                                                                   | TIER-THREE |                        |
| SAVAYSA                                                                                                                                                                                                                  | TIER-FOUR  |                        |
| WARFARIN SODIUM                                                                                                                                                                                                          | TIER-ONE   |                        |
| XARELTO (1 MG/ML SUSPENSION, 2.5 MG TABLET, 10 MG TABLET, 15 MG TABLET, 20 MG TABLET, DVT-PE TREAT START 30D)                                                                                                            | TIER-THREE |                        |

\*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 P

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

| Drug Name                                                                                                                                                                                                                                                                                                     | Status*   | Requirements/Limits                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------------------------------|
| ZONTIVITY                                                                                                                                                                                                                                                                                                     | TIER-FOUR |                                                 |
| <b>BLOOD PRODUCTS AND MODIFIERS, OTHER</b>                                                                                                                                                                                                                                                                    |           |                                                 |
| ANAGRELIDE HCL                                                                                                                                                                                                                                                                                                | TIER-FOUR |                                                 |
| 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) | TIER-FIVE | PA, S (Specialty Drug)                          |
| EPOGEN                                                                                                                                                                                                                                                                                                        | TIER-SIX  | PA, S (Specialty Drug)                          |
| FULPHILA                                                                                                                                                                                                                                                                                                      | TIER-FIVE | C (COVERED MEDICAL BENEFIT), S (Specialty Drug) |
| FYLNETRA                                                                                                                                                                                                                                                                                                      | TIER-FIVE | 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)                                                                                                                                                               | TIER-SIX  | S (Specialty Drug)                              |
| LEUKINE                                                                                                                                                                                                                                                                                                       | TIER-SIX  | S (Specialty Drug)                              |
| MULPLETA                                                                                                                                                                                                                                                                                                      | TIER-SIX  | PA, QL (7 PER 30 DAYS), S (Specialty Drug)      |
| NEULASTA                                                                                                                                                                                                                                                                                                      | TIER-FIVE | C (COVERED MEDICAL BENEFIT), S (Specialty Drug) |
| NEULASTA ONPRO                                                                                                                                                                                                                                                                                                | TIER-FIVE | 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)                                                                                                                                                                                                                       | TIER-FIVE | 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)                                                                                                                                                                                                                 | TIER-FIVE | S (Specialty Drug)                              |

\*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 P

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

| Drug Name                                                                                                        | Status*   | Requirements/Limits                                 |
|------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------|
| NYVEPRIA                                                                                                         | TIER-FIVE | C (COVERED MEDICAL BENEFIT), S (Specialty Drug)     |
| PROCRIT                                                                                                          | TIER-SIX  | PA, S (Specialty Drug)                              |
| PROMACTA (12.5 MG SUSPEN PACKET, 12.5 MG TABLET, 25 MG TABLET, 25 MG SUSPENSION PKT, 50 MG TABLET, 75 MG TABLET) | TIER-SIX  | 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)     | TIER-FIVE | 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)                   | TIER-FIVE | S (Specialty Drug)                                  |
| RETACRIT                                                                                                         | TIER-SIX  | PA, S (Specialty Drug)                              |
| STIMUFEND                                                                                                        | TIER-FIVE | C (COVERED MEDICAL BENEFIT), S (Specialty Drug)     |
| UDENYCA                                                                                                          | TIER-FIVE | LA, C (COVERED MEDICAL BENEFIT), S (Specialty Drug) |
| UDENYCA AUTOINJECTOR                                                                                             | TIER-FIVE | LA, C (COVERED MEDICAL BENEFIT), S (Specialty Drug) |
| ZARXIO                                                                                                           | TIER-FIVE | S (Specialty Drug)                                  |
| ZIEXTENZO                                                                                                        | TIER-FIVE | C (COVERED MEDICAL BENEFIT), S (Specialty Drug)     |

### HEMOSTASIS AGENTS

|                                   |           |                     |
|-----------------------------------|-----------|---------------------|
| PHYTONADIONE (VIT K1) 5 MG TABLET | TIER-FOUR | QL (10 PER 90 DAYS) |
| TRANEXAMIC ACID 650 MG TABLET     | TIER-FOUR |                     |

### PLATELET MODIFYING AGENTS

|                      |            |                                              |
|----------------------|------------|----------------------------------------------|
| ASPIRIN/DIPYRIDAMOLE | TIER-FOUR  |                                              |
| BRILINTA             | TIER-THREE |                                              |
| CABLIVI              | TIER-SIX   | PA, LA, QL (1 PER 1 DAY), S (Specialty Drug) |
| CILOSTAZOL           | TIER-TWO   |                                              |

\*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 P

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

| Drug Name                                               | Status*   | Requirements/Limits        |
|---------------------------------------------------------|-----------|----------------------------|
| CLOPIDOGREL BISULFATE 75 MG TABLET                      | TIER-ONE  |                            |
| DIPYRIDAMOLE (25 MG TABLET, 50 MG TABLET, 75 MG TABLET) | TIER-TWO  |                            |
| DOPTelet                                                | TIER-SIX  | PA, LA, S (Specialty Drug) |
| PRASUGREL HCL                                           | TIER-FOUR |                            |

## CARDIOVASCULAR AGENTS

### ALPHA-ADRENERGIC AGONISTS

|                                                             |            |  |
|-------------------------------------------------------------|------------|--|
| CLONIDINE                                                   | TIER-FOUR  |  |
| CLONIDINE HCL (0.1 MG TABLET, 0.2 MG TABLET, 0.3 MG TABLET) | TIER-TWO   |  |
| GUANFACINE HCL (1 MG TABLET, 2 MG TABLET)                   | TIER-TWO   |  |
| METHYLDOPA                                                  | TIER-TWO   |  |
| MIDODRINE HCL                                               | TIER-THREE |  |

### ALPHA-ADRENERGIC BLOCKING AGENTS

|                      |          |                    |
|----------------------|----------|--------------------|
| DOXAZOSIN MESYLATE   | TIER-TWO |                    |
| PHENOXYBENZAMINE HCL | TIER-SIX | S (Specialty Drug) |
| PRAZOSIN HCL         | TIER-TWO |                    |
| TERAZOSIN HCL        | TIER-TWO |                    |

### ANGIOTENSIN II RECEPTOR ANTAGONISTS

|                                                                      |            |  |
|----------------------------------------------------------------------|------------|--|
| CANDESARTAN CILEXETIL                                                | TIER-THREE |  |
| EPROSARTAN MESYLATE                                                  | TIER-FOUR  |  |
| IRBESARTAN                                                           | TIER-TWO   |  |
| LOSARTAN POTASSIUM                                                   | TIER-ONE   |  |
| OLMESARTAN MEDOXOMIL                                                 | TIER-ONE   |  |
| TELMISARTAN                                                          | TIER-TWO   |  |
| VALSARTAN (40 MG TABLET, 80 MG TABLET, 160 MG TABLET, 320 MG TABLET) | TIER-TWO   |  |

\*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 P

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

| Drug Name                                                                  | Status*    | Requirements/Limits |
|----------------------------------------------------------------------------|------------|---------------------|
| <b>ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS</b>                      |            |                     |
| BENAZEPRIL HCL                                                             | TIER-ONE   |                     |
| CAPTOPRIL                                                                  | TIER-THREE |                     |
| ENALAPRIL MALEATE 1 MG/ML SOLUTION                                         | TIER-FOUR  |                     |
| ENALAPRIL MALEATE (2.5 MG TABLET, 5 MG TABLET, 10 MG TABLET, 20 MG TABLET) | TIER-TWO   |                     |
| FOSINOPRIL SODIUM                                                          | TIER-ONE   |                     |
| LISINOPRIL                                                                 | TIER-ONE   |                     |
| MOEXIPRIL HCL                                                              | TIER-THREE |                     |
| PERINDOPRIL ERBUMINE                                                       | TIER-THREE |                     |
| QUINAPRIL HCL                                                              | TIER-ONE   |                     |
| RAMIPRIL                                                                   | TIER-ONE   |                     |
| TRANDOLAPRIL                                                               | TIER-TWO   |                     |
| <b>ANTIARRHYTHMICS</b>                                                     |            |                     |
| AMIODARONE HCL (100 MG TABLET, 400 MG TABLET)                              | TIER-FOUR  |                     |
| AMIODARONE HCL 200 MG TABLET                                               | TIER-ONE   |                     |
| DISOPYRAMIDE PHOSPHATE                                                     | TIER-FOUR  |                     |
| DOFETILIDE                                                                 | TIER-THREE |                     |
| FLECAINIDE ACETATE                                                         | TIER-TWO   |                     |
| MEXILETINE HCL                                                             | TIER-FOUR  |                     |
| MULTAQ                                                                     | TIER-THREE |                     |
| NORPACE CR                                                                 | TIER-THREE |                     |
| PACERONE 200 MG TABLET                                                     | TIER-ONE   |                     |
| PROPAFENONE HCL (225 MG CAP ER 12H, 325 MG CAP ER 12H, 425 MG CAP ER 12H)  | TIER-FOUR  |                     |

\*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 P

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

| Drug Name                                                               | Status*   | Requirements/Limits |
|-------------------------------------------------------------------------|-----------|---------------------|
| PROPAFENONE HCL (150 MG TABLET, 225 MG TABLET, 300 MG TABLET)           | TIER-TWO  |                     |
| QUINIDINE GLUCONATE                                                     | TIER-FOUR |                     |
| QUINIDINE SULFATE                                                       | TIER-FOUR |                     |
| SORINE                                                                  | TIER-ONE  |                     |
| SOTALOL AF                                                              | TIER-ONE  |                     |
| SOTALOL HCL (80 MG TABLET, 120 MG TABLET, 160 MG TABLET, 240 MG TABLET) | TIER-ONE  |                     |

### BETA-ADRENERGIC BLOCKING AGENTS

|                                                                                                                                    |            |  |
|------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| ACEBUTOLOL HCL                                                                                                                     | TIER-TWO   |  |
| ATENOLOL                                                                                                                           | TIER-ONE   |  |
| BETAXOLOL HCL (10 MG TABLET, 20 MG TABLET)                                                                                         | TIER-TWO   |  |
| BISOPROLOL FUMARATE                                                                                                                | TIER-TWO   |  |
| CARVEDILOL                                                                                                                         | TIER-ONE   |  |
| CARVEDILOL PHOSPHATE                                                                                                               | TIER-FOUR  |  |
| LABETALOL HCL (100 MG TABLET, 200 MG TABLET, 300 MG TABLET)                                                                        | TIER-ONE   |  |
| METOPROLOL SUCCINATE                                                                                                               | TIER-ONE   |  |
| METOPROLOL TARTRATE (25 MG TABLET, 50 MG TABLET, 100 MG TABLET)                                                                    | TIER-ONE   |  |
| METOPROLOL TARTRATE (37.5 MG TABLET, 75 MG TABLET)                                                                                 | TIER-TWO   |  |
| NADOLOL                                                                                                                            | TIER-THREE |  |
| NEBIVOLOL HCL                                                                                                                      | TIER-TWO   |  |
| PINDOLOL                                                                                                                           | TIER-TWO   |  |
| PROPRANOLOL HCL (20 MG/5 ML SOLUTION, 40MG/5ML SOLUTION, 60 MG CAP SA 24H, 80 MG CAP SA 24H, 120 MG CAP SA 24H, 160 MG CAP SA 24H) | TIER-TWO   |  |

\*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 P

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

| Drug Name                                                                              | Status*    | Requirements/Limits |
|----------------------------------------------------------------------------------------|------------|---------------------|
| PROPRANOLOL HCL (10 MG TABLET, 20 MG TABLET, 40 MG TABLET, 60 MG TABLET, 80 MG TABLET) | TIER-ONE   |                     |
| TIMOLOL MALEATE (5 MG TABLET, 10 MG TABLET, 20 MG TABLET)                              | TIER-THREE |                     |

## CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES

|                                                                                                                   |           |
|-------------------------------------------------------------------------------------------------------------------|-----------|
| AMLODIPINE BESYLATE                                                                                               | TIER-ONE  |
| FELODIPINE                                                                                                        | TIER-TWO  |
| ISRADIPINE                                                                                                        | TIER-FOUR |
| NICARDIPINE HCL (20 MG CAPSULE, 30 MG CAPSULE)                                                                    | TIER-FOUR |
| 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) | TIER-TWO  |
| NIFEDIPINE (10 MG CAPSULE, 20 MG CAPSULE)                                                                         | TIER-TWO  |
| NIMODIPINE                                                                                                        | TIER-FOUR |
| NISOLDIPINE                                                                                                       | TIER-FOUR |

## CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES

|                                                                                                                                                                                                                                                                                          |          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| CARTIA XT                                                                                                                                                                                                                                                                                | TIER-TWO |
| DILT-XR                                                                                                                                                                                                                                                                                  | TIER-TWO |
| DILTIAZEM HCL (120 MG CAP ER 24H, 120 MG CAP SA 24H, 120 MG CAP ER DEG, 180 MG CAP ER 24H, 180 MG CAP SA 24H, 180 MG CAP ER DEG, 240 MG CAP SA 24H, 240 MG CAP ER DEG, 240 MG CAP ER 24H, 300 MG CAP SA 24H, 300 MG CAP ER 24H, 360 MG CAP ER 24H, 360 MG CAP SA 24H, 420 MG CAP SA 24H) | TIER-TWO |

\*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 P

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

| Drug Name                                                                                                                                                                               | Status*    | Requirements/Limits |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------------------|
| DILTIAZEM HCL (60 MG CAP ER 12H, 90 MG CAP ER 12H, 120 MG CAP ER 12H, 120 MG TAB ER 24H, 180 MG TAB ER 24H, 240 MG TAB ER 24H, 300 MG TAB ER 24H, 360 MG TAB ER 24H, 420 MG TAB ER 24H) | TIER-FOUR  |                     |
| DILTIAZEM HCL (30 MG TABLET, 60 MG TABLET, 90 MG TABLET, 120 MG TABLET)                                                                                                                 | TIER-ONE   |                     |
| MATZIM LA                                                                                                                                                                               | TIER-FOUR  |                     |
| TAZTIA XT                                                                                                                                                                               | TIER-TWO   |                     |
| TIADYLT ER                                                                                                                                                                              | TIER-TWO   |                     |
| VERAPAMIL HCL (100 MG CAP24H PCT, 200 MG CAP24H PCT, 300 MG CAP24H PCT, 360 MG CAP24H PEL)                                                                                              | TIER-FOUR  |                     |
| VERAPAMIL HCL (120 MG CAP24H PEL, 180 MG CAP24H PEL, 240 MG CAP24H PEL)                                                                                                                 | TIER-THREE |                     |
| VERAPAMIL HCL (40 MG TABLET, 80 MG TABLET, 120 MG TABLET, 120 MG TABLET ER, 180 MG TABLET ER, 240 MG TABLET ER)                                                                         | TIER-ONE   |                     |
| <b>CARDIOVASCULAR AGENTS, OTHER</b>                                                                                                                                                     |            |                     |
| ACETAZOLAMIDE (125 MG TABLET, 250 MG TABLET, 500 MG CAPSULE ER)                                                                                                                         | TIER-THREE |                     |
| ALISKIREN HEMIFUMARATE                                                                                                                                                                  | TIER-FOUR  |                     |
| AMILORIDE HCL/HYDROCHLOROTHIAZIDE                                                                                                                                                       | TIER-TWO   |                     |
| AMLODIPINE BESYLATE/ATORVASTATIN CALCIUM                                                                                                                                                | TIER-FOUR  |                     |
| AMLODIPINE BESYLATE/BENAZEPRIL HCL                                                                                                                                                      | TIER-ONE   |                     |
| AMLODIPINE BESYLATE/OLMESARTAN MEDOXOMIL                                                                                                                                                | TIER-THREE |                     |
| AMLODIPINE BESYLATE/VALSARTAN                                                                                                                                                           | TIER-TWO   |                     |

\*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 P

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

| Drug Name                                                          | Status*    | Requirements/Limits                        |
|--------------------------------------------------------------------|------------|--------------------------------------------|
| AMLODIPINE<br>BESYLATE/VALSARTAN/HYDROCHLORO<br>THIAZIDE           | TIER-THREE |                                            |
| ATENOLOL/CHLORTHALIDONE                                            | TIER-TWO   |                                            |
| BENAZEPRIL<br>HCL/HYDROCHLOROTHIAZIDE                              | TIER-TWO   |                                            |
| BISOPROLOL<br>FUMARATE/HYDROCHLOROTHIAZIDE                         | TIER-THREE |                                            |
| CAMZYOS                                                            | TIER-FIVE  | PA, LA, QL (1 PER DAY), S (Specialty Drug) |
| CANDESARTAN<br>CILEXETIL/HYDROCHLOROTHIAZIDE                       | TIER-FOUR  |                                            |
| CAPTOPRIL/HYDROCHLOROTHIAZIDE                                      | TIER-FOUR  |                                            |
| CORLANOR 5 MG/5 ML ORAL SOLN                                       | TIER-FOUR  | PA, LA                                     |
| CORLANOR (5 MG TABLET, 7.5 MG<br>TABLET)                           | TIER-FOUR  | PA                                         |
| DIGITEK                                                            | TIER-TWO   |                                            |
| DIGOXIN (50 MCG/ML SOLUTION, 125<br>MCG TABLET, 250 MCG TABLET)    | TIER-TWO   |                                            |
| ENALAPRIL<br>MALEATE/HYDROCHLOROTHIAZIDE                           | TIER-ONE   |                                            |
| ENTRESTO                                                           | TIER-THREE |                                            |
| FOSINOPRIL<br>SODIUM/HYDROCHLOROTHIAZIDE                           | TIER-THREE |                                            |
| IRBESARTAN/HYDROCHLOROTHIAZIDE                                     | TIER-TWO   |                                            |
| LISINOPRIL/HYDROCHLOROTHIAZIDE                                     | TIER-ONE   |                                            |
| LOSARTAN<br>POTASSIUM/HYDROCHLOROTHIAZIDE                          | TIER-ONE   |                                            |
| METOPROLOL<br>TARTRATE/HYDROCHLOROTHIAZIDE                         | TIER-THREE |                                            |
| OLMESARTAN<br>MEDOXOMIL/AMLODIPINE<br>BESYLATE/HYDROCHLOROTHIAZIDE | TIER-THREE |                                            |

\*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 P

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

| Drug Name                                                                                        | Status*    | Requirements/Limits                          |
|--------------------------------------------------------------------------------------------------|------------|----------------------------------------------|
| OLMESARTAN<br>MEDOXOMIL/HYDROCHLOROTHIAZIDE                                                      | TIER-TWO   |                                              |
| PENTOXIFYLLINE                                                                                   | TIER-TWO   |                                              |
| PROPRANOLOL<br>HCL/HYDROCHLOROTHIAZIDE                                                           | TIER-THREE |                                              |
| QUINAPRIL<br>HCL/HYDROCHLOROTHIAZIDE                                                             | TIER-TWO   |                                              |
| RANOLAZINE                                                                                       | TIER-THREE |                                              |
| SPIRONOLACTONE/HYDROCHLOROTHIAZIDE                                                               | TIER-TWO   |                                              |
| TELMISARTAN/HYDROCHLOROTHIAZIDE<br>40-12.5 MG TABLET                                             | TIER-THREE | QL (1 PER 1 DAY)                             |
| TELMISARTAN/HYDROCHLOROTHIAZIDE<br>(80-12.5MG TABLET, 80 MG-25MG<br>TABLET)                      | TIER-THREE |                                              |
| TRIAMTERENE/HYDROCHLOROTHIAZIDE<br>(37.5-25 MG CAPSULE, 37.5-25 MG<br>TABLET, 75 MG-50MG TABLET) | TIER-TWO   |                                              |
| VALSARTAN/HYDROCHLOROTHIAZIDE                                                                    | TIER-TWO   |                                              |
| VYNDAMAX                                                                                         | TIER-SIX   | PA, LA, QL (1 PER 1 DAY), S (Specialty Drug) |
| VYNDAQEL                                                                                         | TIER-SIX   | PA, LA, QL (4 PER 1 DAY), S (Specialty Drug) |

### DIURETICS, LOOP

|                                                                                                   |            |  |
|---------------------------------------------------------------------------------------------------|------------|--|
| BUMETANIDE (0.5 MG TABLET, 1 MG<br>TABLET, 2 MG TABLET)                                           | TIER-THREE |  |
| ETHACRYNIC ACID                                                                                   | TIER-FOUR  |  |
| FUROSEMIDE (10 MG/ML SOLUTION,<br>20 MG TABLET, 40 MG TABLET,<br>40MG/5ML SOLUTION, 80 MG TABLET) | TIER-TWO   |  |
| TORSEMIDE                                                                                         | TIER-TWO   |  |

\*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 P

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

| Drug Name                                                                         | Status*    | Requirements/Limits               |
|-----------------------------------------------------------------------------------|------------|-----------------------------------|
| <b>DIURETICS, POTASSIUM-SPARING</b>                                               |            |                                   |
| AMILORIDE HCL                                                                     | TIER-TWO   |                                   |
| EPLERENONE                                                                        | TIER-THREE |                                   |
| KERENDIA                                                                          | TIER-FOUR  | PA, QL (1 PER DAY)                |
| SPIRONOLACTONE (25 MG TABLET, 50 MG TABLET, 100 MG TABLET)                        | TIER-TWO   |                                   |
| <b>DIURETICS, THIAZIDE</b>                                                        |            |                                   |
| CHLORTHALIDONE                                                                    | TIER-TWO   |                                   |
| HYDROCHLOROTHIAZIDE (12.5 MG CAPSULE, 12.5 MG TABLET, 25 MG TABLET, 50 MG TABLET) | TIER-ONE   |                                   |
| INDAPAMIDE                                                                        | TIER-TWO   |                                   |
| METOLAZONE                                                                        | TIER-THREE |                                   |
| <b>DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES</b>                                     |            |                                   |
| FENOFIBRATE (54 MG TABLET, 160 MG TABLET)                                         | TIER-TWO   |                                   |
| FENOFIBRATE NANOCRYSTALLIZED                                                      | TIER-TWO   |                                   |
| FENOFIBRATE, MICRONIZED (67 MG CAPSULE, 134 MG CAPSULE, 200 MG CAPSULE)           | TIER-TWO   |                                   |
| FENOFIBRIC ACID                                                                   | TIER-THREE |                                   |
| FENOFIBRIC ACID (CHOLINE)                                                         | TIER-THREE |                                   |
| GEMFIBROZIL                                                                       | TIER-TWO   |                                   |
| <b>DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS</b>                                |            |                                   |
| ATORVASTATIN CALCIUM                                                              | TIER-ONE   | C (ACA ELIGIBLE AGES 40-75 YEARS) |
| LIVALO                                                                            | TIER-FOUR  | QL (1 PER 1 DAY)                  |
| LOVASTATIN                                                                        | TIER-ONE   | C (ACA ELIGIBLE AGES 40-75 YEARS) |
| PRAVASTATIN SODIUM                                                                | TIER-ONE   | C (ACA ELIGIBLE AGES 40-75 YEARS) |
| ROSUVASTATIN CALCIUM                                                              | TIER-ONE   | C (ACA ELIGIBLE AGES 40-75 YEARS) |

\*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 P

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

| Drug Name                                                                 | Status*    | Requirements/Limits                           |
|---------------------------------------------------------------------------|------------|-----------------------------------------------|
| SIMVASTATIN                                                               | TIER-ONE   | C (ACA ELIGIBLE AGES 40-75 YEARS)             |
| <b>DYSLIPIDEMICS, OTHER</b>                                               |            |                                               |
| CHOLESTYRAMINE (WITH SUGAR) (SUGAR) 4 G POWDER, SUGAR) 4 G POWD PACK)     | TIER-FOUR  |                                               |
| CHOLESTYRAMINE/ASPARTAME (4 G POWD PACK, 4 G POWDER)                      | TIER-FOUR  |                                               |
| COLESEVELAM HCL 625 MG TABLET                                             | TIER-FOUR  |                                               |
| COLESTID FLAVORED GRANULES                                                | TIER-FOUR  |                                               |
| COLESTIPOL HCL (1 G TABLET, 5 G PACKET, 5 G GRANULES)                     | TIER-FOUR  |                                               |
| EZETIMIBE                                                                 | TIER-TWO   |                                               |
| EZETIMIBE/SIMVASTATIN                                                     | TIER-THREE |                                               |
| ICOSAPENT ETHYL                                                           | TIER-THREE | PA                                            |
| JUXTAPID                                                                  | TIER-SIX   | PA, LA, S (Specialty Drug)                    |
| NIACIN (500 MG TAB ER 24H, 750 MG TAB ER 24H, 1000 MG TAB ER 24H)         | TIER-TWO   |                                               |
| NIACIN 500 MG TABLET                                                      | TIER-FOUR  |                                               |
| NIACOR                                                                    | TIER-FOUR  |                                               |
| OMEGA-3 ACID ETHYL ESTERS                                                 | TIER-TWO   |                                               |
| PRALUENT PEN                                                              | TIER-SIX   | PA, QL (2 ML PER 28 DAYS), S (Specialty Drug) |
| PREVALITE (PACKET, POWDER)                                                | TIER-FOUR  |                                               |
| REPATHA PUSHTRONEX                                                        | TIER-THREE | PA, QL (3.5 ML PER 28 DAYS)                   |
| REPATHA SURECLICK                                                         | TIER-THREE | PA, QL (2 ML PER 28 DAYS)                     |
| REPATHA SYRINGE                                                           | TIER-THREE | PA, QL (2 ML PER 28 DAYS)                     |
| <b>VASODILATORS, DIRECT-ACTING ARTERIAL</b>                               |            |                                               |
| HYDRALAZINE HCL (10 MG TABLET, 25 MG TABLET, 50 MG TABLET, 100 MG TABLET) | TIER-TWO   |                                               |

\*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 P

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

| Drug Name                               | Status*  | Requirements/Limits |
|-----------------------------------------|----------|---------------------|
| MINOXIDIL (2.5 MG TABLET, 10 MG TABLET) | TIER-TWO |                     |

## VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS

|                                                                              |            |
|------------------------------------------------------------------------------|------------|
| ISOSORBIDE DINITRATE (5 MG TABLET, 10 MG TABLET, 20 MG TABLET, 30 MG TABLET) | TIER-THREE |
|------------------------------------------------------------------------------|------------|

|                                                                                                            |          |
|------------------------------------------------------------------------------------------------------------|----------|
| ISOSORBIDE MONONITRATE (10 MG TABLET, 20 MG TABLET, 30 MG TAB ER 24H, 60 MG TAB ER 24H, 120 MG TAB ER 24H) | TIER-TWO |
|------------------------------------------------------------------------------------------------------------|----------|

|          |          |
|----------|----------|
| MINITRAN | TIER-TWO |
|----------|----------|

|           |            |
|-----------|------------|
| NITRO-BID | TIER-THREE |
|-----------|------------|

|                                  |            |
|----------------------------------|------------|
| NITRO-DUR (0.3 PATCH, 0.8 PATCH) | TIER-THREE |
|----------------------------------|------------|

|            |          |
|------------|----------|
| NITRO-TIME | TIER-TWO |
|------------|----------|

|                                |           |
|--------------------------------|-----------|
| NITROGLYCERIN 400MCG/SPR SPRAY | TIER-FOUR |
|--------------------------------|-----------|

|                                                                                                                                                       |          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| 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) | TIER-TWO |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|----------|

|           |           |
|-----------|-----------|
| NITROMIST | TIER-FOUR |
|-----------|-----------|

|        |           |
|--------|-----------|
| RECTIV | TIER-FOUR |
|--------|-----------|

## CENTRAL NERVOUS SYSTEM AGENTS

### ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES

|                                                                                                                                       |          |                |
|---------------------------------------------------------------------------------------------------------------------------------------|----------|----------------|
| 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) | TIER-TWO | QL (1 PER DAY) |
|---------------------------------------------------------------------------------------------------------------------------------------|----------|----------------|

|                                                |          |                |
|------------------------------------------------|----------|----------------|
| DEXTROAMPHETAMINE/AMPHETAMINE 20 MG CAP ER 24H | TIER-TWO | QL (2 PER DAY) |
|------------------------------------------------|----------|----------------|

|                                               |          |                  |
|-----------------------------------------------|----------|------------------|
| DEXTROAMPHETAMINE/AMPHETAMINE 5 MG CAP ER 24H | TIER-TWO | QL (1 PER 1 DAY) |
|-----------------------------------------------|----------|------------------|

\*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 P

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

| Drug Name                                                                                                                                                                                                                             | Status*    | Requirements/Limits |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------------------|
| 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)                                                                     | TIER-TWO   |                     |
| DEXTROAMPHETAMINE SULFATE (5 MG CAPSULE ER, 10 MG CAPSULE ER)                                                                                                                                                                         | TIER-FOUR  | QL (2 PER 1 DAY)    |
| DEXTROAMPHETAMINE SULFATE 15 MG CAPSULE ER                                                                                                                                                                                            | TIER-FOUR  | QL (4 PER DAY)      |
| DEXTROAMPHETAMINE SULFATE (5 MG TABLET, 10 MG TABLET)                                                                                                                                                                                 | TIER-THREE |                     |
| LISDEXAMFETAMINE 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) | TIER-TWO   | QL (1 PER DAY)      |
| METHAMPHETAMINE HCL                                                                                                                                                                                                                   | TIER-FOUR  |                     |
| ZENZEDI (5 MG TABLET, 10 MG TABLET)                                                                                                                                                                                                   | TIER-THREE |                     |

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

|                                                                                                                                                                        |           |                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------|
| ATOMOXETINE HCL                                                                                                                                                        | TIER-TWO  |                  |
| CLONIDINE HCL 0.1 MG TAB ER 12H                                                                                                                                        | TIER-FOUR |                  |
| 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) | TIER-FOUR | QL (1 PER 1 DAY) |
| DEXMETHYLPHENIDATE HCL (2.5 MG TABLET, 5 MG TABLET, 10 MG TABLET)                                                                                                      | TIER-TWO  |                  |
| GUANFACINE HCL (1 MG TAB ER 24H, 2 MG TAB ER 24H, 3 MG TAB ER 24H, 4 MG TAB ER 24H)                                                                                    | TIER-TWO  |                  |
| METADATE ER                                                                                                                                                            | TIER-TWO  | QL (1 PER 1 DAY) |

\*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 P

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

| Drug Name                                                                                                                                                                                                             | Status*   | Requirements/Limits                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------|
| METHYLPHENIDATE                                                                                                                                                                                                       | TIER-FOUR | QL (1 PER DAY)                              |
| METHYLPHENIDATE HCL (10 MG TABLET ER, 10 MG CPBP 30-70, 18 MG TAB ER 24, 20 MG CPBP 30-70, 20 MG TABLET ER, 27 MG TAB ER 24, 30 MG CPBP 30-70, 40 MG CPBP 30-70, 50 MG CPBP 30-70, 54 MG TAB ER 24, 60 MG CPBP 30-70) | TIER-TWO  | QL (1 PER 1 DAY)                            |
| METHYLPHENIDATE HCL (10 MG CPBP 50-50, 20 MG CPBP 50-50, 30 MG CPBP 50-50, 40 MG CPBP 50-50, 60 MG CPBP 50-50)                                                                                                        | TIER-FOUR | QL (1 PER 1 DAY)                            |
| METHYLPHENIDATE HCL (2.5 MG TAB CHEW, 5 MG/5 ML SOLUTION, 5 MG TAB CHEW, 10 MG/5 ML SOLUTION, 10 MG TAB CHEW)                                                                                                         | TIER-FOUR |                                             |
| METHYLPHENIDATE HCL 36 MG TAB ER 24                                                                                                                                                                                   | TIER-TWO  | QL (2 PER 1 DAY)                            |
| METHYLPHENIDATE HCL (5 MG TABLET, 10 MG TABLET, 20 MG TABLET)                                                                                                                                                         | TIER-TWO  |                                             |
| <b>CENTRAL NERVOUS SYSTEM, OTHER</b>                                                                                                                                                                                  |           |                                             |
| AUSTEDO (6 MG TABLET, 12 MG TABLET)                                                                                                                                                                                   | TIER-SIX  | PA, QL (4 PER 1 DAY), S (Specialty Drug)    |
| AUSTEDO 9 MG TABLET                                                                                                                                                                                                   | TIER-SIX  | PA, QL (5 PER 1 DAY), S (Specialty Drug)    |
| AUSTEDO XR (6 MG TABLET, 24 MG TABLET)                                                                                                                                                                                | TIER-SIX  | PA, QL (2 PER DAY), S (Specialty Drug)      |
| AUSTEDO XR 12 MG TABLET                                                                                                                                                                                               | TIER-SIX  | PA, QL (3 PER DAY), S (Specialty Drug)      |
| AUSTEDO XR TITRATION KT(WK1-4)                                                                                                                                                                                        | TIER-SIX  | PA, QL (1 PER 365 DAYS), S (Specialty Drug) |
| BUTALBITAL/ACETAMINOPHEN 50MG-325MG TABLET                                                                                                                                                                            | TIER-TWO  |                                             |
| BUTALBITAL/ACETAMINOPHEN/CAFFEINE (50-300-40 CAPSULE, 50-325-40 TABLET, 50-325-40 CAPSULE)                                                                                                                            | TIER-FOUR |                                             |
| EXSERVAN                                                                                                                                                                                                              | TIER-SIX  | LA, S (Specialty Drug)                      |

\*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 P

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

| Drug Name     | Status*    | Requirements/Limits                                |
|---------------|------------|----------------------------------------------------|
| FIORICET      | TIER-FOUR  |                                                    |
| NUEDEXTA      | TIER-FOUR  | PA, QL (2 PER 1 DAY)                               |
| RADICAVA ORS  | TIER-SIX   | PA, LA, QL (50 ML PER 28 DAYS), S (Specialty Drug) |
| RELYVRIO      | TIER-SIX   | PA, LA, QL (56 PER 28 DAYS), S (Specialty Drug)    |
| RILUZOLE      | TIER-THREE |                                                    |
| TENCON        | TIER-TWO   |                                                    |
| TETRABENAZINE | TIER-FOUR  | PA, QL (4 PER DAY), S (Specialty Drug)             |
| TIGLUTIK      | TIER-SIX   | LA, S (Specialty Drug)                             |
| VTOL LQ       | TIER-FOUR  |                                                    |

### FIBROMYALGIA AGENTS

|                                                                                                                                          |           |                         |
|------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------|
| DULOXETINE HCL (20 MG CAPSULE DR, 30 MG CAPSULE DR, 60 MG CAPSULE DR)                                                                    | TIER-TWO  |                         |
| 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) | TIER-TWO  |                         |
| PREGABALIN 20 MG/ML SOLUTION                                                                                                             | TIER-TWO  | QL (30 ML PER DAY)      |
| SAVELLA TITRATION PACK                                                                                                                   | TIER-FOUR | PA, QL (1 PER 365 DAYS) |
| SAVELLA (12.5 MG TABLET, 25 MG TABLET, 50 MG TABLET, 100 MG TABLET)                                                                      | TIER-FOUR | PA, QL (2 PER 1 DAY)    |

### MULTIPLE SCLEROSIS AGENTS

|                                     |           |                                             |
|-------------------------------------|-----------|---------------------------------------------|
| AVONEX                              | TIER-FIVE | PA, QL (4 PER 28 DAYS), S (Specialty Drug)  |
| AVONEX PEN                          | TIER-FIVE | PA, S (Specialty Drug)                      |
| BETASERON (0.3 MG VIAL, 0.3 MG KIT) | TIER-FIVE | PA, S (Specialty Drug)                      |
| COPAXONE 20 MG/ML SYRINGE           | TIER-SIX  | PA, QL (1 ML PER 1 DAY), S (Specialty Drug) |

\*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 P

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

| Drug Name                                                             | Status*    | Requirements/Limits                             |
|-----------------------------------------------------------------------|------------|-------------------------------------------------|
| COPAXONE 40 MG/ML SYRINGE                                             | TIER-SIX   | PA, QL (12 ML PER 28 DAYS), S (Specialty Drug)  |
| DALFAMPRIDINE                                                         | TIER-FOUR  | QL (2 PER 1 DAY)                                |
| DIMETHYL FUMARATE                                                     | TIER-THREE | QL (2 PER DAY)                                  |
| EXTAVIA (0.3 MG VIAL, 0.3 MG KIT)                                     | TIER-SIX   | PA, S (Specialty Drug)                          |
| FINGOLIMOD HCL                                                        | TIER-FIVE  | QL (1 PER DAY), S (Specialty Drug)              |
| GILENYA 0.25 MG CAPSULE                                               | TIER-SIX   | PA, QL (1 PER DAY), S (Specialty Drug)          |
| GLATIRAMER ACETATE 20 MG/ML SYRINGE                                   | TIER-FIVE  | PA, QL (1 ML PER 1 DAY), S (Specialty Drug)     |
| GLATIRAMER ACETATE 40 MG/ML SYRINGE                                   | TIER-FIVE  | PA, QL (12 ML PER 28 DAYS), S (Specialty Drug)  |
| KESIMPTA PEN                                                          | TIER-FIVE  | PA, LA, S (Specialty Drug)                      |
| MAVENCLAD                                                             | TIER-SIX   | PA, LA, S (Specialty Drug)                      |
| MAYZENT (0.25MG START-2MG MAINT, 0.25MG START-1MG MAINT, 2 MG TABLET) | TIER-FIVE  | PA, LA, S (Specialty Drug)                      |
| MAYZENT 0.25 MG TABLET                                                | TIER-FIVE  | PA, LA, QL (4 PER 1 DAY), S (Specialty Drug)    |
| MAYZENT 1 MG TABLET                                                   | TIER-FIVE  | PA, LA, QL (1 PER DAY), S (Specialty Drug)      |
| PLEGRIDY 125 MCG/0.5 ML SYRING                                        | TIER-FIVE  | PA, QL (4 ML PER 28 DAYS), S (Specialty Drug)   |
| PLEGRIDY SYRINGE STARTER PACK                                         | TIER-FIVE  | PA, QL (1 ML PER 28 DAYS), S (Specialty Drug)   |
| PLEGRIDY PEN                                                          | TIER-FIVE  | PA, QL (1 ML PER 28 DAYS), S (Specialty Drug)   |
| REBIF (22 MCG/0.5 ML SYRINGE, 44 MCG/0.5 ML SYRINGE)                  | TIER-FIVE  | PA, QL (6 ML PER 28 DAYS), S (Specialty Drug)   |
| REBIF TITRATION PACK                                                  | TIER-FIVE  | PA, QL (1 ML PER 365 DAYS), S (Specialty Drug)  |
| REBIF REBIDOSE (22 MCG/0.5 ML, 44 MCG/0.5 ML)                         | TIER-FIVE  | PA, QL (6 ML PER 28 DAYS), S (Specialty Drug)   |
| REBIF REBIDOSE TITRATION PACK                                         | TIER-FIVE  | PA, QL (4.2 ML PER 28 DAYS), S (Specialty Drug) |

\*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 P

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

| Drug Name                                                                                   | Status*   | Requirements/Limits                |
|---------------------------------------------------------------------------------------------|-----------|------------------------------------|
| TERIFLUNOMIDE                                                                               | TIER-FIVE | QL (1 PER DAY), S (Specialty Drug) |
| VUMERITY                                                                                    | TIER-SIX  | PA, LA, S (Specialty Drug)         |
| ZEPOSIA (0.92 MG CAPSULE, STARTER KIT (28-DAY), STARTER KIT (37-DAY), STARTER PACK (7-DAY)) | TIER-FIVE | PA, S (Specialty Drug)             |

## DENTAL AND ORAL AGENTS

|                                              |           |
|----------------------------------------------|-----------|
| CEVIMELINE HCL                               | TIER-FOUR |
| CHLORHEXIDINE GLUCONATE 0.12 % MOUTHWASH     | TIER-TWO  |
| ORALONE                                      | TIER-TWO  |
| PAROEX                                       | TIER-TWO  |
| PERIOGARD                                    | TIER-TWO  |
| PILOCARPINE HCL (5 MG TABLET, 7.5 MG TABLET) | TIER-FOUR |
| TRIAMCINOLONE ACETONIDE 0.1 % PASTE (G)      | TIER-TWO  |

## DERMATOLOGICAL AGENTS

### ACNE AND ROSACEA AGENTS

|                                                                                 |            |
|---------------------------------------------------------------------------------|------------|
| ACCUTANE                                                                        | TIER-FOUR  |
| ACITRETIN                                                                       | TIER-FOUR  |
| ALTRENO                                                                         | TIER-FOUR  |
| AMNESTEEM                                                                       | TIER-FOUR  |
| AZELAIC ACID                                                                    | TIER-THREE |
| CLARAVIS                                                                        | TIER-FOUR  |
| CLINDAMYCIN PHOS/BENZOYL PEROX 1.2(1)%-5% GEL (GRAM)                            | TIER-THREE |
| CLINDAMYCIN PHOSPHATE/BENZOYL PEROXIDE (1 %-5 % GEL (GRAM), 1 %-5 % GEL W/PUMP) | TIER-FOUR  |

\*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 P

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

| Drug Name                                                                                                                  | Status*    | Requirements/Limits |
|----------------------------------------------------------------------------------------------------------------------------|------------|---------------------|
| ERYTHROMYCIN BASE/BENZOYL PEROXIDE                                                                                         | TIER-FOUR  |                     |
| FINACEA 15% FOAM                                                                                                           | TIER-FOUR  |                     |
| ISOTRETINOIN (10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE)                                                  | TIER-FOUR  |                     |
| MYORISAN                                                                                                                   | TIER-FOUR  |                     |
| NEUAC GEL                                                                                                                  | TIER-THREE |                     |
| TAZAROTENE 0.1 % CREAM (G)                                                                                                 | TIER-THREE |                     |
| 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)) | TIER-THREE |                     |
| ZENATANE                                                                                                                   | TIER-FOUR  |                     |

### DERMATITIS AND PRURITUS AGENTS

|                                                                                 |            |
|---------------------------------------------------------------------------------|------------|
| ALCLOMETASONE DIPROPIONATE 0.05 % CREAM (G)                                     | TIER-THREE |
| ALCLOMETASONE DIPROPIONATE 0.05 % OINT. (G)                                     | TIER-TWO   |
| AMCINONIDE (0.1 % CREAM (G), 0.1 % LOTION, 0.1 % OINT. (G))                     | TIER-FOUR  |
| ANUSOL-HC 2.5% CREAM                                                            | TIER-THREE |
| APEXICON E                                                                      | TIER-FOUR  |
| BESER                                                                           | TIER-FOUR  |
| BETAMETHASONE DIPROPIONATE (0.05 % LOTION, 0.05 % GEL (GRAM), 0.05 % CREAM (G)) | TIER-THREE |
| BETAMETHASONE DIPROPIONATE 0.05 % OINT. (G)                                     | TIER-FOUR  |
| BETAMETHASONE/PROPYLENE GLYC 0.05 % CREAM (G)                                   | TIER-TWO   |
| BETAMETHASONE DIPROPIONATE/PROPYLENE GLYCOL (0.05 % OINT. (G), 0.05 % LOTION)   | TIER-FOUR  |

\*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 P

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

| Drug Name                                                                                               | Status*    | Requirements/Limits |
|---------------------------------------------------------------------------------------------------------|------------|---------------------|
| BETAMETHASONE VALERATE (0.1 % CREAM (G), 0.1 % LOTION)                                                  | TIER-THREE |                     |
| BETAMETHASONE VALERATE 0.1 % OINT. (G)                                                                  | TIER-TWO   |                     |
| CLOBETASOL PROPIONATE (0.05 % SOLUTION, 0.05 % SPRAY, 0.05 % CREAM (G), 0.05 % FOAM, 0.05 % GEL (GRAM)) | TIER-THREE |                     |
| CLOBETASOL PROPIONATE (0.05 % LOTION, 0.05 % SHAMPOO, 0.05 % OINT. (G))                                 | TIER-FOUR  |                     |
| CLOBETASOL PROPIONATE/EMOLL 0.05 % CREAM (G)                                                            | TIER-FOUR  |                     |
| CLOCORTOLONE PIVALATE                                                                                   | TIER-FOUR  |                     |
| CLODAN 0.05% SHAMPOO                                                                                    | TIER-FOUR  |                     |
| CORDRAN 4 MCG/SQ CM TAPE LARGE                                                                          | TIER-FOUR  |                     |
| DESONIDE 0.05 % LOTION                                                                                  | TIER-FOUR  |                     |
| DESONIDE (0.05 % CREAM (G), 0.05 % OINT. (G))                                                           | TIER-THREE |                     |
| DESOXIMETASONE (0.05 % GEL (GRAM), 0.25 % CREAM (G))                                                    | TIER-THREE |                     |
| DESOXIMETASONE (0.05 % CREAM (G), 0.05 % OINT. (G), 0.25 % OINT. (G))                                   | TIER-FOUR  |                     |
| DIFLORASONE DIACETATE (0.05 % OINT. (G), 0.05 % CREAM (G))                                              | TIER-FOUR  |                     |
| EPIFOAM                                                                                                 | TIER-FOUR  |                     |
| EUCRISA                                                                                                 | TIER-FOUR  | PA                  |
| FLUOCINOLONE ACETONIDE (0.01 % SOLUTION, 0.025 % CREAM (G))                                             | TIER-THREE |                     |
| FLUOCINOLONE ACETONIDE (0.01 % CREAM (G), 0.01 % OIL, 0.025 % OINT. (G))                                | TIER-FOUR  |                     |
| FLUOCINOLONE ACETONIDE/SHOWER CAP                                                                       | TIER-FOUR  |                     |

\*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 P

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

| Drug Name                                                                       | Status*    | Requirements/Limits |
|---------------------------------------------------------------------------------|------------|---------------------|
| FLUOCINONIDE (0.05 % CREAM (G), 0.05 % OINT. (G), 0.1 % CREAM (G))              | TIER-THREE |                     |
| FLUOCINONIDE (0.05 % GEL (GRAM), 0.05 % SOLUTION)                               | TIER-FOUR  |                     |
| FLUOCINONIDE/EMOLLIENT BASE                                                     | TIER-FOUR  |                     |
| FLUTICASONE PROPIONATE (0.005 % OINT. (G), 0.05 % CREAM (G))                    | TIER-TWO   |                     |
| FLUTICASONE PROPIONATE 0.05 % LOTION                                            | TIER-FOUR  |                     |
| HALOBETASOL PROPIONATE (0.05 % OINT. (G), 0.05 % CREAM (G))                     | TIER-FOUR  |                     |
| HYDROCORTISONE 2.5 % CRM/PE APP                                                 | TIER-THREE |                     |
| HYDROCORTISONE (1 % CRM/PE APP, 2.5 % LOTION, 2.5 % CREAM (G), 2.5 % OINT. (G)) | TIER-TWO   |                     |
| HYDROCORTISONE BUTYRATE (0.1 % OINT. (G), 0.1 % SOLUTION, 0.1 % CREAM (G))      | TIER-FOUR  |                     |
| HYDROCORTISONE VALERATE (0.2 % CREAM (G), 0.2 % OINT. (G))                      | TIER-FOUR  |                     |
| MOMETASONE FUROATE (0.1 % CREAM (G), 0.1 % OINT. (G), 0.1 % SOLUTION)           | TIER-TWO   |                     |
| PIMECROLIMUS                                                                    | TIER-FOUR  | ST                  |
| PREDNICARBATE (0.1 % CREAM (G), 0.1 % OINT. (G))                                | TIER-FOUR  |                     |
| PROCTO-MED HC                                                                   | TIER-THREE |                     |
| PROCTO-PAK                                                                      | TIER-TWO   |                     |
| PROCTOFOAM-HC                                                                   | TIER-FOUR  |                     |
| PROCTOSOL-HC                                                                    | TIER-THREE |                     |
| PROCTOZONE-HC                                                                   | TIER-THREE |                     |
| PSORCON                                                                         | TIER-FOUR  |                     |
| SELENIUM SULFIDE 2.5 % LOTION                                                   | TIER-TWO   |                     |

\*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 P

[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                                                                                                                                    | TIER-FOUR  | QL (2 PER 180 DAYS) |
| TACROLIMUS (0.03 % OINT. (G), 0.1 % OINT. (G))                                                                                                                   | TIER-THREE |                     |
| TEXACORT                                                                                                                                                         | TIER-FOUR  |                     |
| TRIAMCINOLONE ACETONIDE (0.025 % CREAM (G), 0.025 % OINT. (G), 0.025 % LOTION, 0.1 % LOTION, 0.1 % OINT. (G), 0.1 % CREAM (G), 0.5 % OINT. (G), 0.5 % CREAM (G)) | TIER-TWO   |                     |
| TRIAMCINOLONE ACETONIDE 0.05 % OINT. (G)                                                                                                                         | TIER-FOUR  |                     |
| TRIANEX                                                                                                                                                          | TIER-FOUR  |                     |
| TRIDERM                                                                                                                                                          | TIER-TWO   |                     |
| TRITOCIN                                                                                                                                                         | TIER-FOUR  |                     |

### DERMATOLOGICAL AGENTS, OTHER

|                                                                                        |            |                         |
|----------------------------------------------------------------------------------------|------------|-------------------------|
| CALCIPOTRIENE (0.005 % CREAM (G), 0.005 % OINT. (G), 0.005 % SOLUTION)                 | TIER-THREE |                         |
| CALCIPOTRIENE/BETAMETHASONE DIPROPIONATE (0.005-.064 OINT. (G), 0.005-.064 SUSPENSION) | TIER-FOUR  | PA                      |
| CALCITRIOL 3 MCG/G OINT. (G)                                                           | TIER-FOUR  | QL (100 GM PER 30 DAYS) |
| CALSODORE 0.005% CREAM                                                                 | TIER-THREE |                         |
| CLOTRIMAZOLE/BETAMETHASONE DIP 1 %-0.05 % CREAM (G)                                    | TIER-TWO   |                         |
| CLOTRIMAZOLE/BETAMETHASONE DIP 1 %-0.05 % LOTION                                       | TIER-FOUR  |                         |
| CONDYLOX                                                                               | TIER-FOUR  |                         |
| DICLOFENAC SODIUM 3 % GEL (GRAM)                                                       | TIER-THREE |                         |
| DRYSOL                                                                                 | TIER-FOUR  |                         |
| FLUOROPLEX                                                                             | TIER-FOUR  |                         |
| FLUOROURACIL 0.5 % CREAM (G)                                                           | TIER-FOUR  | PA                      |
| FLUOROURACIL (2 % SOLUTION, 5 % SOLUTION, 5 % CREAM (G))                               | TIER-THREE |                         |

\*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 P

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

| Drug Name                                                                                                                                                                                                             | Status*    | Requirements/Limits                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------------------------------|
| IMIQUIMOD 5 % CREAM PACK                                                                                                                                                                                              | TIER-TWO   |                                                |
| IMIQUIMOD (3.75 % CRM MD PMP, 3.75 % CREAM PACK)                                                                                                                                                                      | TIER-FOUR  | PA                                             |
| KLISYRI                                                                                                                                                                                                               | TIER-FOUR  | PA                                             |
| METHOXSALEN                                                                                                                                                                                                           | TIER-SIX   |                                                |
| 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)) | TIER-THREE |                                                |
| OTEZLA (28 DAY PACK, PACK)                                                                                                                                                                                            | TIER-FIVE  | PA, QL (1 PER 365 DAYS), S (Specialty Drug)    |
| OTEZLA 30 MG TABLET                                                                                                                                                                                                   | TIER-FIVE  | PA, QL (2 PER 1 DAY), S (Specialty Drug)       |
| PODOFILOX                                                                                                                                                                                                             | TIER-THREE |                                                |
| QBREXZA                                                                                                                                                                                                               | TIER-FOUR  | PA, QL (1 PER 1 DAY)                           |
| REFISSA                                                                                                                                                                                                               | TIER-THREE |                                                |
| REGRANEX                                                                                                                                                                                                              | TIER-SIX   | PA, QL (15 GM PER 6 MONTH), S (Specialty Drug) |
| SANTYL                                                                                                                                                                                                                | TIER-FOUR  | QL (30 GM PER 30 DAYS)                         |
| SILVADENE                                                                                                                                                                                                             | TIER-TWO   |                                                |
| SILVER SULFADIAZINE                                                                                                                                                                                                   | TIER-TWO   |                                                |
| SPINOSAD                                                                                                                                                                                                              | TIER-FOUR  |                                                |
| SSD                                                                                                                                                                                                                   | TIER-TWO   |                                                |
| TRETINOIN/EMOLLIENT BASE                                                                                                                                                                                              | TIER-THREE |                                                |
| ULESFIA                                                                                                                                                                                                               | TIER-FOUR  |                                                |
| ZYCLARA 2.5% CREAM PUMP                                                                                                                                                                                               | TIER-FOUR  | PA                                             |

\*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 P

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

| Drug Name                                            | Status*    | Requirements/Limits         |
|------------------------------------------------------|------------|-----------------------------|
| <b>PEDICULICIDES/SCABICIDES</b>                      |            |                             |
| EURAX 10% CREAM                                      | TIER-FOUR  |                             |
| IVERMECTIN 1 % CREAM (G)                             | TIER-FOUR  | ST, QL (45 GM PER 30 DAYS)  |
| IVERMECTIN 0.5 % LOTION                              | TIER-FOUR  |                             |
| LINDANE                                              | TIER-FOUR  |                             |
| MALATHION                                            | TIER-FOUR  |                             |
| PERMETHRIN                                           | TIER-THREE |                             |
| <b>TOPICAL ANTI-INFECTIVES</b>                       |            |                             |
| ACYCLOVIR 5 % OINT. (G)                              | TIER-FOUR  | PA, QL (30 GM PER 365 DAYS) |
| ALTABAX                                              | TIER-FOUR  | ST                          |
| CICLOPIROX (0.77 % GEL (GRAM), 1 % SHAMPOO)          | TIER-THREE |                             |
| CICLOPIROX OLAMINE 0.77 % CREAM (G)                  | TIER-TWO   |                             |
| CICLOPIROX OLAMINE 0.77 % SUSPENSION                 | TIER-THREE |                             |
| CLINDACIN                                            | TIER-FOUR  |                             |
| CLINDAMYCIN PHOSPHATE (1 % FOAM, 1 % LOTION)         | TIER-FOUR  |                             |
| CLINDAMYCIN PHOSPHATE (1 % GEL (GRAM), 1 % SOLUTION) | TIER-THREE |                             |
| DAPSONE (5 % GEL (GRAM), 7.5 % GEL W/PUMP)           | TIER-FOUR  |                             |
| ERY                                                  | TIER-THREE |                             |
| ERYTHROMYCIN BASE IN ETHANOL 2 % GEL (GRAM)          | TIER-FOUR  |                             |
| ERYTHROMYCIN BASE IN ETHANOL 2 % SOLUTION            | TIER-THREE |                             |
| MUPIROCIN 2% OINTMENT                                | TIER-TWO   |                             |
| PENCICLOVIR                                          | TIER-FOUR  | PA, QL (10 GM PER 365 DAYS) |

\*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 P

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

| Drug Name             | Status*   | Requirements/Limits |
|-----------------------|-----------|---------------------|
| SULFAMYLON 8.5% CREAM | TIER-FOUR |                     |
| XEPI                  | TIER-FOUR | ST                  |

## ELECTROLYTES/MINERALS/METALS/VITAMINS

### ELECTROLYTE/MINERAL REPLACEMENT

|                                                                                                                                        |                |                          |
|----------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------|
| CARGLUMIC ACID                                                                                                                         | TIER-FIVE      | 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) |
| KLOR-CON M10                                                                                                                           | TIER-TWO       |                          |
| KLOR-CON M20                                                                                                                           | TIER-TWO       |                          |
| 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) | TIER-TWO       |                          |
| POTASSIUM CITRATE (5 TABLET ER, 10 TABLET ER, 15 TABLET ER)                                                                            | TIER-THREE     |                          |

### ELECTROLYTE/MINERAL/METAL MODIFIERS

|                                                                                                                                                                        |           |                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------|
| CHEMET                                                                                                                                                                 | TIER-FOUR |                            |
| 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) | TIER-SIX  | S (Specialty Drug)         |
| DEFERIPRONE                                                                                                                                                            | TIER-SIX  | LA, S (Specialty Drug)     |
| FERRIPROX 100 MG/ML SOLUTION                                                                                                                                           | TIER-SIX  | LA, S (Specialty Drug)     |
| FERRIPROX (2 TIMES A DAY)                                                                                                                                              | TIER-SIX  | 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)                              | TIER-SIX  | PA, LA, S (Specialty Drug) |

\*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 P

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

| Drug Name                                              | Status*        | Requirements/Limits      |
|--------------------------------------------------------|----------------|--------------------------|
| TOLVAPTAN                                              | TIER-SIX       | PA, S (Specialty Drug)   |
| TRIENTINE HCL 250 MG CAPSULE                           | TIER-FIVE      | PA, S (Specialty Drug)   |
| <b>PHOSPHATE BINDERS</b>                               |                |                          |
| AURYXIA                                                | TIER-FOUR      | ST                       |
| CALCIUM ACETATE 667 MG CAPSULE                         | TIER-TWO       |                          |
| FOSRENOL (750 MG POWDER PACKET, 1,000 MG POWDER PACK)  | TIER-FOUR      | ST                       |
| LANTHANUM CARBONATE                                    | TIER-FOUR      | ST                       |
| PHOSLYRA                                               | TIER-FOUR      | ST                       |
| SEVELAMER CARBONATE (0.8 G POWD PACK, 2.4 G POWD PACK) | TIER-THREE     | ST                       |
| SEVELAMER CARBONATE 800 MG TABLET                      | TIER-TWO       |                          |
| SEVELAMER HCL                                          | TIER-FOUR      | ST                       |
| VELPHORO                                               | TIER-FOUR      | ST                       |
| <b>POTASSIUM BINDERS</b>                               |                |                          |
| LOKELMA                                                | TIER-THREE     |                          |
| SODIUM POLYSTYRENE SULFONATE                           | TIER-TWO       |                          |
| SPS 30 GM/120 ML ENEMA SUSP                            | TIER-FOUR      |                          |
| SPS 15 GM/60 ML SUSPENSION                             | TIER-TWO       |                          |
| VELTASSA                                               | TIER-THREE     |                          |
| <b>VITAMINS</b>                                        |                |                          |
| CHILDREN'S IRON                                        | ACA Preventive | C (0 to 1 YEAR OLD)      |
| CYANOCOBALAMIN (VITAMIN B-12) 1000MCG/ML VIAL          | TIER-TWO       |                          |
| DODEX                                                  | TIER-TWO       |                          |
| 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) |

\*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 P

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

| Drug Name                                                        | Status*        | Requirements/Limits      |
|------------------------------------------------------------------|----------------|--------------------------|
| FOLIC ACID 1 MG TABLET                                           | TIER-TWO       |                          |
| LEVOCARNITINE (WITH SUGAR)                                       | TIER-THREE     |                          |
| MULTIVITAMIN COMBINATION<br>NO.51/FERROUS FUMARATE/FOLIC<br>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<br>ACID - LESS THAN 1MG)        | ACA Preventive | C (0 to 59 YEARS OF AGE) |
| WEE CARE                                                         | ACA Preventive | C (0 to 1 YEAR OLD)      |

### GASTROINTESTINAL AGENTS

#### ANTI-CONSTIPATION AGENTS

|                                                         |            |    |
|---------------------------------------------------------|------------|----|
| CLENPIQ                                                 | TIER-FOUR  |    |
| CONSTULOSE                                              | TIER-TWO   |    |
| ENULOSE                                                 | TIER-TWO   |    |
| GENERLAC                                                | TIER-TWO   |    |
| LACTULOSE (10 G/15 ML SOLUTION, 20<br>G/30 ML SOLUTION) | TIER-TWO   |    |
| LUBIPROSTONE                                            | TIER-THREE |    |
| MOTEGRITY                                               | TIER-FOUR  | PA |
| MOVANTIK                                                | TIER-FOUR  | PA |
| OSMOPREP                                                | TIER-FOUR  |    |
| SYMPROIC                                                | TIER-FOUR  | PA |

#### ANTI-DIARRHEAL AGENTS

|                                                  |           |    |
|--------------------------------------------------|-----------|----|
| ALOSETRON HCL                                    | TIER-FOUR | PA |
| DIPHENOXYLATE HCL/ATROPINE 2.5-<br>.025/5 LIQUID | TIER-FOUR |    |

\*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 P

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

| Drug Name                                    | Status*   | Requirements/Limits  |
|----------------------------------------------|-----------|----------------------|
| DIPHENOXYLATE HCL/ATROPINE 2.5-.025MG TABLET | TIER-TWO  |                      |
| MYTESI                                       | TIER-FOUR |                      |
| VIBERZI                                      | TIER-FOUR | PA                   |
| XIFAXAN                                      | TIER-FOUR | PA, QL (3 PER 1 DAY) |

## ANTISPASMODICS, GASTROINTESTINAL

|                                                                    |           |
|--------------------------------------------------------------------|-----------|
| DICYCLOMINE HCL (10 MG CAPSULE, 10 MG/5 ML SOLUTION, 20 MG TABLET) | TIER-TWO  |
| GLYCOPYRROLATE 1 MG/5 ML SOLUTION                                  | TIER-FOUR |
| GLYCOPYRROLATE (1 MG TABLET, 2 MG TABLET)                          | TIER-TWO  |
| METHSCOPOLAMINE BROMIDE                                            | TIER-TWO  |

## GASTROINTESTINAL AGENTS, OTHER

|                                                             |           |                                              |
|-------------------------------------------------------------|-----------|----------------------------------------------|
| CHENODAL                                                    | TIER-SIX  | PA, LA, S (Specialty Drug)                   |
| COLLOIDAL BISMUTH SUBCITRATE/METRONIDAZOLE/TETRACYCLINE HCL | TIER-FOUR | QL (120 PER 28 DAYS)                         |
| GATTEX                                                      | TIER-SIX  | PA, LA, S (Specialty Drug)                   |
| GAVILYTE-C                                                  | TIER-TWO  | C (ACA ELIGIBLE - AGES 45 AND OLDER)         |
| GAVILYTE-G                                                  | TIER-TWO  | C (ACA ELIGIBLE - AGES 45 AND OLDER)         |
| GAVILYTE-N                                                  | TIER-TWO  | C (ACA ELIGIBLE - AGES 45 AND OLDER)         |
| IMCIVREE                                                    | TIER-SIX  | PA, LA, S (Specialty Drug)                   |
| LANSOPRAZOLE/AMOXICILLIN TRIHYDRATE/CLARITHROMYCIN          | TIER-FOUR |                                              |
| MOTOFEN                                                     | TIER-FOUR |                                              |
| MYALEPT                                                     | TIER-SIX  | PA, LA, S (Specialty Drug)                   |
| OICALIVA                                                    | TIER-SIX  | PA, LA, QL (1 PER 1 DAY), S (Specialty Drug) |

\*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 P

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

| Drug Name                                                    | Status*    | Requirements/Limits                                                                          |
|--------------------------------------------------------------|------------|----------------------------------------------------------------------------------------------|
| OMECLAMOX-PAK                                                | TIER-FOUR  | QL (1 PER 28 DAYS)                                                                           |
| OPIUM TINCTURE                                               | TIER-TWO   | QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day) |
| PEG 3350/SOD SULF/SOD BICARB/SOD CHLORIDE/POTASSIUM CHLORIDE | TIER-TWO   | C (ACA ELIGIBLE - AGES 45 AND OLDER)                                                         |
| PEG 3350/SODIUM SULFATE/SOD CHLORIDE/KCL/ASCORBATE SOD/VIT C | TIER-FOUR  |                                                                                              |
| PLENVU                                                       | TIER-FOUR  |                                                                                              |
| SODIUM CHLORIDE/SODIUM BICARBONATE/POTASSIUM CHLORIDE/PEG    | TIER-TWO   | C (ACA ELIGIBLE - AGES 45 AND OLDER)                                                         |
| SUPREP                                                       | TIER-THREE |                                                                                              |
| SUTAB                                                        | TIER-FOUR  |                                                                                              |
| TALICIA                                                      | TIER-FOUR  | QL (168 PER 28 DAYS)                                                                         |
| URSODIOL 300 MG CAPSULE                                      | TIER-THREE |                                                                                              |
| URSODIOL (250 MG TABLET, 500 MG TABLET)                      | TIER-FOUR  |                                                                                              |

## HISTAMINE2 (H2) RECEPTOR ANTAGONISTS

|                                                                  |            |
|------------------------------------------------------------------|------------|
| CIMETIDINE (300 MG TABLET, 400 MG TABLET, 800 MG TABLET)         | TIER-THREE |
| CIMETIDINE HCL                                                   | TIER-THREE |
| FAMOTIDINE (40MG/5ML SUSP RECON, 40 MG TABLET)                   | TIER-TWO   |
| NIZATIDINE (150MG/10ML SOLUTION, 150 MG CAPSULE, 300 MG CAPSULE) | TIER-TWO   |
| PEPCID 40 MG TABLET                                              | TIER-TWO   |

## PROTECTANTS

|                                |            |
|--------------------------------|------------|
| MISOPROSTOL                    | TIER-FOUR  |
| SUCRALFATE 1 G/10 ML ORAL SUSP | TIER-THREE |
| SUCRALFATE 1 G TABLET          | TIER-TWO   |

\*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 P

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

| Drug Name                                                                       | Status*    | Requirements/Limits                            |
|---------------------------------------------------------------------------------|------------|------------------------------------------------|
| <b>PROTON PUMP INHIBITORS</b>                                                   |            |                                                |
| ESOMEPRAZOLE MAGNESIUM (20 MG CAPSULE DR, 40 MG CAPSULE DR)                     | TIER-TWO   |                                                |
| LANSOPRAZOLE 30 MG CAPSULE DR                                                   | TIER-TWO   |                                                |
| OMEPRAZOLE (10 MG CAPSULE DR, 20 MG CAPSULE DR, 40 MG CAPSULE DR)               | TIER-TWO   |                                                |
| PANTOPRAZOLE SODIUM 40 MG GRANPKT DR                                            | TIER-FOUR  |                                                |
| PANTOPRAZOLE SODIUM (20 MG TABLET DR, 40 MG TABLET DR)                          | TIER-TWO   |                                                |
| RABEPRAZOLE SODIUM 20 MG TABLET DR                                              | TIER-TWO   |                                                |
| <b>GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT</b> |            |                                                |
| BETAINE                                                                         | TIER-FOUR  | S (Specialty Drug)                             |
| CERDELGA                                                                        | TIER-SIX   | PA, S (Specialty Drug)                         |
| CHOLBAM                                                                         | TIER-SIX   | PA, LA, S (Specialty Drug)                     |
| CREON                                                                           | TIER-THREE |                                                |
| CROMOLYN SODIUM 20 MG/ML ORAL CONC                                              | TIER-FOUR  |                                                |
| CYSTADROPS                                                                      | TIER-SIX   | LA, QL (20 ML PER 28 DAYS), S (Specialty Drug) |
| CYSTAGON                                                                        | TIER-FIVE  | LA, S (Specialty Drug)                         |
| CYSTARAN                                                                        | TIER-SIX   | LA, QL (2 ML PER DAY), S (Specialty Drug)      |
| GALAFOLD                                                                        | TIER-SIX   | PA, LA, QL (.5 PER 1 DAY), S (Specialty Drug)  |
| JAVYGTOR (100 MG TABLET, 100 MG POWDER PACKET, 500 MG POWDER PACKET)            | TIER-FIVE  | PA, LA, S (Specialty Drug)                     |
| MIGLUSTAT                                                                       | TIER-SIX   | PA, S (Specialty Drug)                         |
| NITISINONE                                                                      | TIER-SIX   | LA, S (Specialty Drug)                         |

\*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 P

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

| Drug Name                                                                                  | Status*    | Requirements/Limits                               |
|--------------------------------------------------------------------------------------------|------------|---------------------------------------------------|
| NITYR                                                                                      | TIER-SIX   | LA, S (Specialty Drug)                            |
| ORFADIN 4 MG/ML SUSPENSION                                                                 | TIER-SIX   | LA, S (Specialty Drug)                            |
| PALYNZIQ 10 MG/0.5 ML SYRINGE                                                              | TIER-SIX   | PA, LA, QL (1 ML PER 1 DAY), S (Specialty Drug)   |
| PALYNZIQ 2.5 MG/0.5 ML SYRINGE                                                             | TIER-SIX   | PA, LA, QL (8 ML PER 28 DAYS), S (Specialty Drug) |
| PALYNZIQ 20 MG/ML SYRINGE                                                                  | TIER-SIX   | 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) | TIER-SIX   | PA, LA, S (Specialty Drug)                        |
| RAVICTI                                                                                    | TIER-SIX   | PA, LA, S (Specialty Drug)                        |
| REVCovi                                                                                    | TIER-SIX   | PA, LA, S (Specialty Drug)                        |
| SAPROPTERIN DIHYDROCHLORIDE (100 MG TABLET SOL, 100 MG POWD PACK, 500 MG POWD PACK)        | TIER-FIVE  | PA, S (Specialty Drug)                            |
| SODIUM PHENYLBUTYRATE (0.94 G/G POWDER, 500 MG TABLET)                                     | TIER-FIVE  | PA, LA, S (Specialty Drug)                        |
| STRENSIQ                                                                                   | TIER-SIX   | PA, LA, S (Specialty Drug)                        |
| SUCRAID                                                                                    | TIER-SIX   | PA, LA, S (Specialty Drug)                        |
| TEGSEDI                                                                                    | TIER-SIX   | PA, QL (6 ML PER 28 DAYS), S (Specialty Drug)     |
| VISTOGARD                                                                                  | TIER-SIX   | LA, S (Specialty Drug)                            |
| XURIDEN                                                                                    | TIER-SIX   | PA, LA, S (Specialty Drug)                        |
| ZENPEP                                                                                     | TIER-THREE |                                                   |

### GENITOURINARY AGENTS

#### ANTISPASMODICS, URINARY

|                                                               |           |    |
|---------------------------------------------------------------|-----------|----|
| DARIFENACIN HYDROBROMIDE                                      | TIER-FOUR |    |
| FLAVOXATE HCL                                                 | TIER-TWO  |    |
| MYRBETRIQ (ER 8 MG/ML SUSP, ER 25 MG TABLET, ER 50 MG TABLET) | TIER-FOUR | ST |

\*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 P

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

| Drug Name                                                                                            | Status*        | Requirements/Limits    |
|------------------------------------------------------------------------------------------------------|----------------|------------------------|
| 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) | TIER-TWO       |                        |
| SOLIFENACIN SUCCINATE                                                                                | TIER-TWO       |                        |
| TOLTERODINE TARTRATE (2 MG CAP ER 24H, 4 MG CAP ER 24H)                                              | TIER-FOUR      |                        |
| TOLTERODINE TARTRATE (1 MG TABLET, 2 MG TABLET)                                                      | TIER-THREE     |                        |
| TROSPIUM CHLORIDE 60 MG CAP ER 24H                                                                   | TIER-FOUR      |                        |
| TROSPIUM CHLORIDE 20 MG TABLET                                                                       | TIER-THREE     |                        |
| <b>BENIGN PROSTATIC HYPERTROPHY AGENTS</b>                                                           |                |                        |
| ALFUZOSIN HCL                                                                                        | TIER-TWO       |                        |
| DUTASTERIDE                                                                                          | TIER-TWO       |                        |
| FINASTERIDE 5 MG TABLET                                                                              | TIER-TWO       |                        |
| SILODOSIN                                                                                            | TIER-THREE     |                        |
| TADALAFIL 5 MG TABLET                                                                                | TIER-TWO       | QL (1 PER DAY)         |
| TAMSULOSIN HCL                                                                                       | TIER-TWO       |                        |
| <b>GENITOURINARY AGENTS, OTHER</b>                                                                   |                |                        |
| BETHANECHOL CHLORIDE                                                                                 | TIER-THREE     |                        |
| D-PENAMINE                                                                                           | TIER-FIVE      |                        |
| ELMIRON                                                                                              | TIER-FOUR      | QL (3 PER 1 DAY)       |
| GYNOL II                                                                                             | ACA Preventive |                        |
| METHYLERGONOVINE MALEATE 0.2 MG TABLET                                                               | TIER-FOUR      |                        |
| PENICILLAMINE 250 MG TABLET                                                                          | TIER-FIVE      |                        |
| PHEXXI                                                                                               | ACA Preventive |                        |
| THIOLA EC                                                                                            | TIER-SIX       | LA, S (Specialty Drug) |
| TIOPRONIN                                                                                            | TIER-SIX       | S (Specialty Drug)     |

\*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 P

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

| Drug Name                                                                                                                                | Status*        | Requirements/Limits    |
|------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------------------|
| TODAY CONTRACEPTIVE SPONGE                                                                                                               | ACA Preventive |                        |
| VCF (FILM, GEL)                                                                                                                          | ACA Preventive |                        |
| <b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)</b>                                                                        |                |                        |
| ACTHAR                                                                                                                                   | TIER-SIX       | PA, S (Specialty Drug) |
| BETAMETHASONE<br>ACETATE/BETAMETHASONE SODIUM<br>PHOSPHATE                                                                               | TIER-FOUR      |                        |
| CORTROPHIN                                                                                                                               | TIER-SIX       | PA, S (Specialty Drug) |
| DEXAMETHASONE (0.5 MG/5ML ELIXIR,<br>0.5 MG/5ML SOLUTION)                                                                                | TIER-THREE     |                        |
| DEXAMETHASONE (0.5 MG TABLET,<br>0.75 MG TABLET, 1 MG TABLET, 1.5 MG<br>TABLET, 2 MG TABLET, 4 MG TABLET, 6<br>MG TABLET)                | TIER-TWO       |                        |
| FLUDROCORTISONE ACETATE                                                                                                                  | TIER-TWO       |                        |
| HALCINONIDE                                                                                                                              | TIER-FOUR      |                        |
| MEDROL 2 MG TABLET                                                                                                                       | TIER-FOUR      |                        |
| METHYLPREDNISOLONE (4 MG TABLET,<br>4 MG TAB DS PK)                                                                                      | TIER-TWO       |                        |
| METHYLPREDNISOLONE (8 MG TABLET,<br>16 MG TABLET, 32 MG TABLET)                                                                          | TIER-THREE     |                        |
| PREDNISOLONE 15 MG/5 ML SOLUTION                                                                                                         | TIER-TWO       |                        |
| PREDNISOLONE SODIUM PHOSPHATE<br>(5 MG/5 ML SOLUTION, 15 MG/5 ML<br>SOLUTION)                                                            | TIER-TWO       |                        |
| PREDNISOLONE SODIUM PHOSPHATE<br>(10 MG TAB RAPDIS, 15 MG TAB<br>RAPDIS, 30 MG TAB RAPDIS)                                               | TIER-FOUR      |                        |
| PREDNISONE 5 MG/5 ML SOLUTION                                                                                                            | TIER-FOUR      |                        |
| PREDNISONE (1 MG TABLET, 2.5 MG<br>TABLET, 5 MG TABLET, 5 MG TAB DS PK,<br>10 MG TAB DS PK, 10 MG TABLET, 20<br>MG TABLET, 50 MG TABLET) | TIER-TWO       |                        |

\*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 P

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

| Drug Name           | Status*   | Requirements/Limits |
|---------------------|-----------|---------------------|
| PREDNISONE INTENSOL | TIER-FOUR |                     |

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

|                                                                                                                                                                                                                                                |            |                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------------------------|
| CHORIONIC GONADOTROPIN, HUMAN                                                                                                                                                                                                                  | TIER-FIVE  | PA                         |
| DESMOPRESSIN ACETATE 10/SPRAY<br>SPRAY/PUMP                                                                                                                                                                                                    | TIER-FOUR  |                            |
| DESMOPRESSIN ACETATE (0.1 MG<br>TABLET, 0.2 MG TABLET)                                                                                                                                                                                         | TIER-THREE |                            |
| DESMOPRESSIN ACETATE (NON-<br>REFRIGERATED)                                                                                                                                                                                                    | TIER-FOUR  |                            |
| EGRIFTA SV                                                                                                                                                                                                                                     | TIER-SIX   | PA, LA, S (Specialty Drug) |
| FOLLISTIM AQ                                                                                                                                                                                                                                   | TIER-FIVE  | PA                         |
| GENOTROPIN (MINIQUICK 0.2 MG,<br>MINIQUICK 0.4 MG, MINIQUICK 0.6<br>MG, MINIQUICK 0.8 MG, MINIQUICK 1<br>MG, MINIQUICK 1.2 MG, MINIQUICK<br>1.4 MG, MINIQUICK 1.6 MG,<br>MINIQUICK 1.8 MG, MINIQUICK 2 MG,<br>5 MG CARTRIDGE, 12 MG CARTRIDGE) | TIER-FIVE  | PA, S (Specialty Drug)     |
| INCRELEX                                                                                                                                                                                                                                       | TIER-SIX   | PA, LA, S (Specialty Drug) |
| NORDITROPIN FLEXPRO                                                                                                                                                                                                                            | TIER-FIVE  | PA, S (Specialty Drug)     |
| NOVAREL                                                                                                                                                                                                                                        | TIER-FIVE  | PA                         |
| ORIAHNN                                                                                                                                                                                                                                        | TIER-FOUR  | PA, QL (2 PER DAY)         |
| PREGNYL                                                                                                                                                                                                                                        | TIER-FIVE  | PA                         |

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

### ANABOLIC STEROIDS

|             |          |  |
|-------------|----------|--|
| OXANDROLONE | TIER-TWO |  |
|-------------|----------|--|

### ANDROGENS

|         |            |  |
|---------|------------|--|
| DANAZOL | TIER-THREE |  |
|---------|------------|--|

\*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 P

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

| Drug Name                                                                                                                                             | Status*        | Requirements/Limits |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------------|
| KYZATREX                                                                                                                                              | TIER-FOUR      |                     |
| METHITEST                                                                                                                                             | TIER-FOUR      |                     |
| METHYLTESTOSTERONE                                                                                                                                    | TIER-FOUR      |                     |
| 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) | TIER-FOUR      |                     |
| TESTOSTERONE CYPIONATE                                                                                                                                | TIER-TWO       |                     |
| TESTOSTERONE ENANTHATE                                                                                                                                | TIER-TWO       |                     |
| <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 |                     |
| AUROVELA 24 FE                                                                                                                                        | ACA Preventive |                     |
| AUROVELA FE                                                                                                                                           | ACA Preventive |                     |
| AVIANE                                                                                                                                                | ACA Preventive |                     |
| AYUNA                                                                                                                                                 | ACA Preventive |                     |
| AZURETTE                                                                                                                                              | ACA Preventive |                     |
| BALZIVA                                                                                                                                               | ACA Preventive |                     |

\*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 P

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

| Drug Name                                              | Status*        | Requirements/Limits |
|--------------------------------------------------------|----------------|---------------------|
| BLISOVI 24 FE                                          | ACA Preventive |                     |
| BLISOVI FE                                             | ACA Preventive |                     |
| BRIELLYN                                               | ACA Preventive |                     |
| CAMRESE                                                | ACA Preventive |                     |
| CAMRESE LO                                             | ACA Preventive |                     |
| CAZANT                                                 | 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                                         | TIER-FOUR      |                     |
| DESOGESTREL-ETHINYL ESTRADIOL                          | ACA Preventive |                     |
| DESOGESTREL-ETHINYL<br>ESTRADIOL/ETHINYL ESTRADIOL     | ACA Preventive |                     |
| DOLISHALE                                              | ACA Preventive |                     |
| DOTTI                                                  | TIER-THREE     |                     |
| DROSPIRENONE/ETHINYL<br>ESTRADIOL/LEVOMEFOLATE CALCIUM | ACA Preventive |                     |
| ELINEST                                                | ACA Preventive |                     |
| ELURYNG                                                | ACA Preventive |                     |
| EMOQUETTE                                              | ACA Preventive |                     |
| ENILLORING                                             | ACA Preventive |                     |
| ENPRESSE                                               | ACA Preventive |                     |

\*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 P

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

| Drug Name                                                                                                                                                                                                                                                                              | Status*        | Requirements/Limits |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------------|
| ENSKYCE                                                                                                                                                                                                                                                                                | ACA Preventive |                     |
| ESTARYLLA                                                                                                                                                                                                                                                                              | ACA Preventive |                     |
| ESTRADIOL (.025MG/24H PATCH TDSW, .025MG/24H PATCH TDWK, .0375MG/24 PATCH TDWK, .0375MG/24 PATCH TDSW, 0.05MG/24H PATCH TDSW, 0.05MG/24H PATCH TDWK, 0.06MG/24H PATCH TDWK, .075MG/24H PATCH TDWK, .075MG/24H PATCH TDSW, 0.1MG/24HR PATCH TDWK, 0.1MG/24HR PATCH TDSW, 10 MCG TABLET) | TIER-THREE     |                     |
| ESTRADIOL (0.01 % CREAM/APPL, 0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET)                                                                                                                                                                                                                 | TIER-TWO       |                     |
| ESTRADIOL VALERATE (20 MG/ML VIAL, 40 MG/ML VIAL)                                                                                                                                                                                                                                      | TIER-FOUR      |                     |
| ESTRING                                                                                                                                                                                                                                                                                | TIER-FOUR      |                     |
| 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 |                     |
| FYAVOLV                                                                                                                                                                                                                                                                                | TIER-THREE     |                     |
| GEMMILY                                                                                                                                                                                                                                                                                | ACA Preventive |                     |
| HAILEY                                                                                                                                                                                                                                                                                 | ACA Preventive |                     |
| HAILEY 24 FE                                                                                                                                                                                                                                                                           | ACA Preventive |                     |
| HAILEY FE                                                                                                                                                                                                                                                                              | ACA Preventive |                     |
| HALOETTE                                                                                                                                                                                                                                                                               | ACA Preventive |                     |

\*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 P

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

| Drug Name                                                                                                                              | Status*        | Requirements/Limits |
|----------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------------|
| ICLEVIA                                                                                                                                | ACA Preventive |                     |
| INTROVALE                                                                                                                              | ACA Preventive |                     |
| ISIBLOOM                                                                                                                               | ACA Preventive |                     |
| JAIMIESS                                                                                                                               | ACA Preventive |                     |
| JASMIEL                                                                                                                                | ACA Preventive |                     |
| JINTELI                                                                                                                                | TIER-THREE     |                     |
| 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<br>(0.1-0.02MG TABLET, 0.15-0.03 TBDSPK<br>3MO, 0.15-0.03 TABLET, 6-5-10 TABLET,<br>90-20 MCG TABLET) | ACA Preventive |                     |

\*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 P

[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 |                     |
| LYLLANA                                                                       | TIER-THREE     |                     |
| MARLISSA                                                                      | ACA Preventive |                     |
| MENEST                                                                        | TIER-FOUR      |                     |
| 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 |                     |
| NORETHINDRONE ACETATE-ETHINYL ESTRADIOL (0.5MG-2.5 TABLET, 1MG-5MCG TABLET)   | TIER-THREE     |                     |
| NORETHINDRONE ACETATE-ETHINYL ESTRADIOL (1MG-20MCG TABLET, 1.5-0.03MG TABLET) | ACA Preventive |                     |

\*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 P

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

| Drug Name                                                                                                                                                             | Status*        | Requirements/Limits |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------------|
| NORETHINDRONE ACETATE-ETHINYL<br>ESTRADIOL/FERROUS FUMARATE<br>(1MG-20(24) CAPSULE, 1MG-20(24)<br>TAB CHEW, 1MG-20(21) TABLET, 1.5-<br>30(21) TABLET, 5-7-9-7 TABLET) | ACA Preventive |                     |
| NORETHINDRONE-ETHINYL<br>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<br>TABLET, 0.625 MG TABLET, 0.9 MG<br>TABLET, 1.25 MG TABLET, VAGINAL<br>CREAM-APPL)                                                 | TIER-THREE     |                     |
| PREMPHASE                                                                                                                                                             | TIER-FOUR      |                     |
| PREMPRO                                                                                                                                                               | TIER-FOUR      |                     |
| PREVIFEM                                                                                                                                                              | ACA Preventive |                     |
| RECLIPSEN                                                                                                                                                             | ACA Preventive |                     |
| RIVELSA                                                                                                                                                               | ACA Preventive |                     |
| SETLAKIN                                                                                                                                                              | ACA Preventive |                     |
| SIMLIYA                                                                                                                                                               | ACA Preventive |                     |
| SIMPESSE                                                                                                                                                              | ACA Preventive |                     |
| SPRINTEC                                                                                                                                                              | ACA Preventive |                     |
| SRONYX                                                                                                                                                                | ACA Preventive |                     |

\*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 P

[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 |                     |

\*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 P

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

| Drug Name   | Status*        | Requirements/Limits |
|-------------|----------------|---------------------|
| VIORELE     | ACA Preventive |                     |
| VOLNEA      | ACA Preventive |                     |
| VYFEMLA     | ACA Preventive |                     |
| VYLIBRA     | ACA Preventive |                     |
| WERA        | ACA Preventive |                     |
| WYMZYA FE   | ACA Preventive |                     |
| XULANE      | ACA Preventive |                     |
| YUVAFEM     | TIER-THREE     |                     |
| 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

|                                 |            |  |
|---------------------------------|------------|--|
| AMABELZ                         | TIER-THREE |  |
| BIJUVA                          | TIER-FOUR  |  |
| COMBIPATCH                      | TIER-FOUR  |  |
| ESTRADIOL/NORETHINDRONE ACETATE | TIER-THREE |  |
| MIMVEY                          | TIER-THREE |  |

### PROGESTINS

|                       |                |    |
|-----------------------|----------------|----|
| AFTER PILL            | ACA Preventive |    |
| AFTERA                | ACA Preventive |    |
| CAMILA                | ACA Preventive |    |
| CRINONE               | TIER-FOUR      | PA |
| DEBLITANE             | ACA Preventive |    |
| DEPO-SUBQ PROVERA 104 | ACA Preventive |    |

\*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 P

[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                                                                   | TIER-THREE     | PA                  |
| ERRIN                                                                        | ACA Preventive |                     |
| HEATHER                                                                      | ACA Preventive |                     |
| INCASSIA                                                                     | ACA Preventive |                     |
| JENCYCLA                                                                     | ACA Preventive |                     |
| LEVONORGESTREL                                                               | ACA Preventive |                     |
| LYLEQ                                                                        | ACA Preventive |                     |
| LYZA                                                                         | ACA Preventive |                     |
| MEDROXYPROGESTERONE ACETATE<br>(2.5 MG TABLET, 5 MG TABLET, 10 MG<br>TABLET) | TIER-TWO       |                     |
| MEDROXYPROGESTERONE ACETATE<br>(150 MG/ML VIAL, 150 MG/ML<br>SYRINGE)        | ACA Preventive |                     |
| MEGESTROL ACETATE (20 MG TABLET,<br>40 MG TABLET, 400MG/10ML ORAL<br>SUSP)   | TIER-TWO       |                     |
| MY CHOICE                                                                    | ACA Preventive |                     |
| MY WAY                                                                       | ACA Preventive |                     |
| NEW DAY                                                                      | ACA Preventive |                     |
| NORA-BE                                                                      | ACA Preventive |                     |
| NORETHINDRONE                                                                | ACA Preventive |                     |
| NORETHINDRONE ACETATE                                                        | TIER-TWO       |                     |
| NORLYDA                                                                      | ACA Preventive |                     |
| OPCICON ONE-STEP                                                             | ACA Preventive |                     |
| OPTION 2                                                                     | ACA Preventive |                     |
| PROGESTERONE                                                                 | TIER-TWO       |                     |

\*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 P

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

| Drug Name                | Status*        | Requirements/Limits |
|--------------------------|----------------|---------------------|
| PROGESTERONE, MICRONIZED | TIER-TWO       |                     |
| SHAROBEL                 | ACA Preventive |                     |
| SLYND                    | ACA Preventive |                     |
| TAKE ACTION              | ACA Preventive |                     |

### SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS

|                    |           |                                                              |
|--------------------|-----------|--------------------------------------------------------------|
| CLOMID             | TIER-TWO  |                                                              |
| CLOMIPHENE CITRATE | TIER-TWO  |                                                              |
| DUAVEE             | TIER-FOUR |                                                              |
| RALOXIFENE HCL     | TIER-TWO  | C (ACA ELIGIBLE - FOR FEMALE AT HIGH RISK FOR BREAST CANCER) |

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

|                                                                                                                                                                                                                   |           |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| ADTHYZA                                                                                                                                                                                                           | TIER-FOUR |  |
| ARMOUR THYROID (180 MG TABLET, 240 MG TABLET, 300 MG TABLET)                                                                                                                                                      | TIER-FOUR |  |
| 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) | TIER-TWO  |  |
| LIOTHYRONINE SODIUM (5 MCG TABLET, 25 MCG TABLET, 50 MCG TABLET)                                                                                                                                                  | TIER-TWO  |  |
| NIVA THYROID                                                                                                                                                                                                      | TIER-TWO  |  |
| NP THYROID                                                                                                                                                                                                        | TIER-TWO  |  |
| THYROID,PORK                                                                                                                                                                                                      | TIER-TWO  |  |

### HORMONAL AGENTS, SUPPRESSANT (ADRENAL)

|          |          |                            |
|----------|----------|----------------------------|
| LYSODREN | TIER-SIX | PA, LA, S (Specialty Drug) |
|----------|----------|----------------------------|

\*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 P

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

| Drug Name                                                                                                                                                                                                               | Status*    | Requirements/Limits                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------------------------------------|
| <b>HORMONAL AGENTS, SUPPRESSANT (PITUITARY)</b>                                                                                                                                                                         |            |                                            |
| CABERGOLINE                                                                                                                                                                                                             | TIER-THREE |                                            |
| ELIGARD                                                                                                                                                                                                                 | TIER-FOUR  | PA                                         |
| FYREMADEL                                                                                                                                                                                                               | TIER-FIVE  | PA                                         |
| GANIRELIX ACETATE                                                                                                                                                                                                       | TIER-FIVE  | PA                                         |
| LEUPROLIDE ACETATE 1 MG/0.2ML KIT                                                                                                                                                                                       | TIER-FOUR  | PA                                         |
| MYCAPSSA                                                                                                                                                                                                                | TIER-FIVE  | 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) | TIER-SIX   | S (Specialty Drug)                         |
| ORGOVYX                                                                                                                                                                                                                 | TIER-SIX   | PA, LA, S (Specialty Drug)                 |
| ORILISSA 150 MG TABLET                                                                                                                                                                                                  | TIER-FOUR  | PA, QL (1 PER DAY)                         |
| ORILISSA 200 MG TABLET                                                                                                                                                                                                  | TIER-FOUR  | PA, QL (2 PER DAY)                         |
| SIGNIFOR                                                                                                                                                                                                                | TIER-SIX   | PA, LA, S (Specialty Drug)                 |
| SOMAVERT                                                                                                                                                                                                                | TIER-SIX   | PA, LA, S (Specialty Drug)                 |
| SYNAREL                                                                                                                                                                                                                 | TIER-SIX   | PA, S (Specialty Drug)                     |
| <b>HORMONAL AGENTS, SUPPRESSANT (THYROID)</b>                                                                                                                                                                           |            |                                            |
| <b>ANTITHYROID AGENTS</b>                                                                                                                                                                                               |            |                                            |
| METHIMAZOLE                                                                                                                                                                                                             | TIER-TWO   |                                            |
| PROPYLTHIOURACIL                                                                                                                                                                                                        | TIER-THREE |                                            |

\*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 P

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

| Drug Name                                                                                                                                              | Status*   | Requirements/Limits                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------|
| <b>IMMUNOLOGICAL AGENTS</b>                                                                                                                            |           |                                                     |
| <b>ANGIOEDEMA AGENTS</b>                                                                                                                               |           |                                                     |
| BERINERT                                                                                                                                               | TIER-SIX  | PA, LA, QL (2 PER 30 DAYS), S (Specialty Drug)      |
| HAEGARDA                                                                                                                                               | TIER-SIX  | PA, LA, S (Specialty Drug)                          |
| ICATIBANT ACETATE                                                                                                                                      | TIER-FIVE | PA, LA, QL (9 ML PER 30 DAYS), S (Specialty Drug)   |
| ORLADEYO                                                                                                                                               | TIER-SIX  | PA, LA, QL (1 PER DAY), S (Specialty Drug)          |
| SAJAZIR                                                                                                                                                | TIER-FIVE | PA, LA, QL (9 ML PER 30 DAYS), S (Specialty Drug)   |
| TAKHZYRO (300 MG/2 ML VIAL, 300 MG/2 ML SYRINGE)                                                                                                       | TIER-SIX  | PA, LA, QL (4 ML PER 28 DAYS), S (Specialty Drug)   |
| TAKHZYRO 150 MG/ML SYRINGE                                                                                                                             | TIER-SIX  | PA, LA, QL (2 ML PER 28 DAYS), S (Specialty Drug)   |
| <b>IMMUNOGLOBULINS</b>                                                                                                                                 |           |                                                     |
| CUTAQUIG                                                                                                                                               | TIER-SIX  | PA, S (Specialty Drug)                              |
| GAMMAKED                                                                                                                                               | TIER-SIX  | PA, S (Specialty Drug)                              |
| GAMUNEX-C                                                                                                                                              | TIER-SIX  | 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) | TIER-SIX  | PA, LA, S (Specialty Drug)                          |
| HYQVIA                                                                                                                                                 | TIER-SIX  | PA, LA, S (Specialty Drug)                          |
| XEMBIFY                                                                                                                                                | TIER-SIX  | PA, LA, S (Specialty Drug)                          |
| <b>IMMUNOLOGICAL AGENTS, OTHER</b>                                                                                                                     |           |                                                     |
| ACTEMRA 162 MG/0.9 ML SYRINGE                                                                                                                          | TIER-SIX  | PA, LA, QL (3.6 ML PER 28 DAYS), S (Specialty Drug) |
| ACTEMRA ACTPEN                                                                                                                                         | TIER-SIX  | PA, LA, QL (3.6 ML PER 28 DAYS), S (Specialty Drug) |

\*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 P

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

| Drug Name                                          | Status*   | Requirements/Limits                                |
|----------------------------------------------------|-----------|----------------------------------------------------|
| BENLYSTA (200 MG/ML SYRINGE, 200 MG/ML AUTOINJECT) | TIER-SIX  | PA, LA, QL (4 ML PER 28 DAYS), S (Specialty Drug)  |
| COSENTYX (2 SYRINGES)                              | TIER-FIVE | PA, LA, QL (4 ML PER 56 DAYS), S (Specialty Drug)  |
| COSENTYX SENSOREADY (2 PENS)                       | TIER-FIVE | PA, LA, QL (2 ML PER 28 DAYS), S (Specialty Drug)  |
| COSENTYX SENSOREADY PEN                            | TIER-FIVE | PA, LA, QL (2 ML PER 28 DAYS), S (Specialty Drug)  |
| COSENTYX SYRINGE                                   | TIER-FIVE | PA, LA, QL (2 ML PER 28 DAYS), S (Specialty Drug)  |
| COSENTYX UNOREADY PEN                              | TIER-FIVE | PA, LA, QL (2 ML PER 28 DAYS), S (Specialty Drug)  |
| DUPIXENT 200 MG/1.14 ML PEN                        | TIER-FIVE | PA, QL (2.28 ML PER 28 DAYS), S (Specialty Drug)   |
| DUPIXENT 300 MG/2 ML PEN                           | TIER-FIVE | PA, QL (4 ML PER 28 DAYS), S (Specialty Drug)      |
| DUPIXENT 100 MG/0.67 ML SYRING                     | TIER-FIVE | PA, QL (1.34 ML PER 28 DAYS), S (Specialty Drug)   |
| DUPIXENT 200 MG/1.14 ML SYRING                     | TIER-FIVE | PA, QL (2.28 ML PER 28 DAYS), S (Specialty Drug)   |
| DUPIXENT 300 MG/2 ML SYRINGE                       | TIER-FIVE | PA, QL (4 ML PER 28 DAYS), S (Specialty Drug)      |
| KINERET                                            | TIER-SIX  | PA, LA, QL (0.67 ML PER 1 DAY), S (Specialty Drug) |
| ORENCIA 125 MG/ML SYRINGE                          | TIER-SIX  | PA, QL (4 ML PER 28 DAYS), S (Specialty Drug)      |
| ORENCIA 50 MG/0.4 ML SYRINGE                       | TIER-SIX  | PA, QL (1.6 ML PER 28 DAYS), S (Specialty Drug)    |
| ORENCIA 87.5 MG/0.7 ML SYRINGE                     | TIER-SIX  | PA, QL (2.8 ML PER 28 DAYS), S (Specialty Drug)    |
| ORENCIA CLICKJECT                                  | TIER-SIX  | PA, QL (4 ML PER 28 DAYS), S (Specialty Drug)      |
| RIDAURA                                            | TIER-SIX  | S (Specialty Drug)                                 |
| RINVOQ (ER 30 MG TABLET, ER 45 MG TABLET)          | TIER-FIVE | PA, LA, QL (1 PER DAY), S (Specialty Drug)         |

\*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 P

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

| Drug Name                                         | Status*   | Requirements/Limits                               |
|---------------------------------------------------|-----------|---------------------------------------------------|
| RINVOQ ER 15 MG TABLET                            | TIER-FIVE | PA, LA, QL (1 PER 1 DAY), S (Specialty Drug)      |
| SKYRIZI 150 MG/ML SYRINGE                         | TIER-FIVE | PA, QL (1 ML PER 84 DAYS), S (Specialty Drug)     |
| SKYRIZI (2 SYRINGES) KIT                          | TIER-FIVE | PA, QL (1 PER 84 DAYS), S (Specialty Drug)        |
| SKYRIZI ON-BODY                                   | TIER-FIVE | PA, QL (2.4 ML PER 56 DAYS), S (Specialty Drug)   |
| SKYRIZI PEN                                       | TIER-FIVE | PA, QL (1 ML PER 84 DAYS), S (Specialty Drug)     |
| SOTYKTU                                           | TIER-SIX  | PA, QL (1 PER DAY), S (Specialty Drug)            |
| STELARA 90 MG/ML SYRINGE                          | TIER-FIVE | PA, QL (1 ML PER 84 DAYS), S (Specialty Drug)     |
| STELARA (45 MG/0.5 ML VIAL, 45 MG/0.5 ML SYRINGE) | TIER-FIVE | PA, QL (0.5 ML PER 84 DAYS), S (Specialty Drug)   |
| TALTZ AUTOINJECTOR                                | TIER-SIX  | PA, LA, QL (1 ML PER 28 DAYS), S (Specialty Drug) |
| TALTZ AUTOINJECTOR (2 PACK)                       | TIER-SIX  | PA, LA, QL (1 ML PER 28 DAYS), S (Specialty Drug) |
| TALTZ AUTOINJECTOR (3 PACK)                       | TIER-SIX  | PA, LA, QL (1 ML PER 28 DAYS), S (Specialty Drug) |
| TALTZ SYRINGE                                     | TIER-SIX  | PA, LA, QL (1 ML PER 28 DAYS), S (Specialty Drug) |
| TREMFYA (100 MG/ML INJECTOR, 100 MG/ML SYRINGE)   | TIER-FIVE | PA, QL (1 ML PER 56 DAYS), S (Specialty Drug)     |
| XELJANZ 1 MG/ML SOLUTION                          | TIER-SIX  | PA, QL (10 ML PER DAY), S (Specialty Drug)        |
| XELJANZ (5 MG TABLET, 10 MG TABLET)               | TIER-SIX  | PA, QL (2 PER 1 DAY), S (Specialty Drug)          |
| XELJANZ XR                                        | TIER-SIX  | PA, QL (1 PER 1 DAY), S (Specialty Drug)          |
| XOLAIR (75 MG/0.5 ML SYRINGE, 150 MG/ML SYRINGE)  | TIER-FIVE | PA, LA, S (Specialty Drug)                        |

\*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 P

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

| Drug Name                                                   | Status*    | Requirements/Limits                                                                                                 |
|-------------------------------------------------------------|------------|---------------------------------------------------------------------------------------------------------------------|
| <b>IMMUNOSTIMULANTS</b>                                     |            |                                                                                                                     |
| ACTIMMUNE                                                   | TIER-SIX   | PA, LA, S (Specialty Drug)                                                                                          |
| INTRON A 10 MILLION UNITS VIAL                              | TIER-SIX   | LA, S (Specialty Drug)                                                                                              |
| PEGASYS (180 MCG/ML VIAL, 180 MCG/0.5 ML SYRINGE)           | TIER-SIX   | PA, S (Specialty Drug)                                                                                              |
| <b>IMMUNOSUPPRESSANTS</b>                                   |            |                                                                                                                     |
| AMJEVITA(CF) 10MG/0.2ML SYRING                              | TIER-FIVE  | PA, QL (0.4 ML PER 28 DAYS), C (Amgen Preferred (Manufacturer NDC 55513); biosimilar to HUMIRA), S (Specialty Drug) |
| AMJEVITA(CF) 20MG/0.4ML SYRING                              | TIER-FIVE  | 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                              | TIER-FIVE  | PA, QL (1.6 ML PER 28 DAYS), C (Amgen Preferred (Manufacturer NDC 55513); biosimilar to HUMIRA), S (Specialty Drug) |
| AMJEVITA(CF) AUTOINJECTOR                                   | TIER-FIVE  | PA, QL (1.6 ML PER 28 DAYS), C (Amgen Preferred (Manufacturer NDC 55513); biosimilar to HUMIRA), S (Specialty Drug) |
| ASTAGRAF XL                                                 | TIER-FOUR  |                                                                                                                     |
| AZATHIOPRINE 50 MG TABLET                                   | TIER-TWO   |                                                                                                                     |
| CIMZIA (2X200 MG/ML SYRINGE KIT, 2X200 MG/ML(X3)START KT)   | TIER-SIX   | PA, LA, QL (1 PER 28 DAYS), S (Specialty Drug)                                                                      |
| CYCLOSPORINE (25 MG CAPSULE, 100 MG CAPSULE)                | TIER-FOUR  |                                                                                                                     |
| CYCLOSPORINE, MODIFIED (100 MG/ML SOLUTION, 100 MG CAPSULE) | TIER-FOUR  |                                                                                                                     |
| CYCLOSPORINE, MODIFIED (25 MG CAPSULE, 50 MG CAPSULE)       | TIER-THREE |                                                                                                                     |
| ENBREL 25 MG/0.5 ML SYRINGE                                 | TIER-FIVE  | PA, QL (4.08 ML PER 28 DAYS), S (Specialty Drug)                                                                    |

\*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 P

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

| Drug Name                                                               | Status*    | Requirements/Limits                             |
|-------------------------------------------------------------------------|------------|-------------------------------------------------|
| ENBREL (25 MG/0.5 ML VIAL, 50 MG/ML SYRINGE)                            | TIER-FIVE  | PA, QL (4 ML PER 28 DAYS), S (Specialty Drug)   |
| ENBREL 25 MG KIT                                                        | TIER-FIVE  | PA, QL (1 PER 28 DAYS), S (Specialty Drug)      |
| ENBREL MINI                                                             | TIER-FIVE  | PA, QL (4 ML PER 28 DAYS), S (Specialty Drug)   |
| ENBREL SURECLICK                                                        | TIER-FIVE  | 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) | TIER-SIX   | S (Specialty Drug)                              |
| GENGRAF 25 MG CAPSULE                                                   | TIER-THREE |                                                 |
| GENGRAF (100 MG/ML SOLUTION, 100 MG CAPSULE)                            | TIER-FOUR  |                                                 |
| HADLIMA                                                                 | TIER-FIVE  | PA, QL (1.6 ML PER 28 DAYS), S (Specialty Drug) |
| HADLIMA PUSHTOUCH                                                       | TIER-FIVE  | PA, QL (1.6 ML PER 28 DAYS), S (Specialty Drug) |
| HADLIMA(CF)                                                             | TIER-FIVE  | PA, QL (0.8 ML PER 28 DAYS), S (Specialty Drug) |
| HADLIMA(CF) PUSHTOUCH                                                   | TIER-FIVE  | PA, QL (0.8 ML PER 28 DAYS), S (Specialty Drug) |
| HUMIRA                                                                  | TIER-FIVE  | PA, QL (2 PER 28 DAYS), S (Specialty Drug)      |
| HUMIRA PEN                                                              | TIER-FIVE  | PA, QL (2 PER 28 DAYS), S (Specialty Drug)      |
| HUMIRA PEN CROHN'S-UC-HS                                                | TIER-FIVE  | PA, QL (6 PER 28 DAYS), S (Specialty Drug)      |
| HUMIRA PEN PSOR-UEITS-ADOL HS                                           | TIER-FIVE  | PA, QL (4 PER 28 DAYS), S (Specialty Drug)      |
| HUMIRA(CF)                                                              | TIER-FIVE  | PA, QL (2 PER 28 DAYS), S (Specialty Drug)      |
| HUMIRA(CF) PEDI CROHN 80-40 MG                                          | TIER-FIVE  | PA, QL (2 PER 28 DAYS), S (Specialty Drug)      |

\*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 P

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

| Drug Name                                                             | Status*    | Requirements/Limits                        |
|-----------------------------------------------------------------------|------------|--------------------------------------------|
| HUMIRA(CF) PEDI CROHN 80MG/0.8                                        | TIER-FIVE  | PA, QL (3 PER 28 DAYS), S (Specialty Drug) |
| HUMIRA(CF) PEN                                                        | TIER-FIVE  | PA, QL (2 PER 28 DAYS), S (Specialty Drug) |
| HUMIRA(CF) PEN CROHN'S-UC-HS                                          | TIER-FIVE  | PA, QL (3 PER 28 DAYS), S (Specialty Drug) |
| HUMIRA(CF) PEN PEDIATRIC UC                                           | TIER-FIVE  | PA, QL (4 PER 28 DAYS), S (Specialty Drug) |
| HUMIRA(CF) PEN PSOR-UV-ADOL HS                                        | TIER-FIVE  | PA, QL (3 PER 28 DAYS), S (Specialty Drug) |
| LEFLUNOMIDE                                                           | TIER-FOUR  |                                            |
| LUPKYNIS                                                              | TIER-SIX   | PA, LA, S (Specialty Drug)                 |
| METHOTREXATE SODIUM (2.5 MG TABLET, 25 MG/ML VIAL)                    | TIER-TWO   |                                            |
| METHOTREXATE SODIUM/PF (1 G VIAL, 25 MG/ML VIAL)                      | TIER-TWO   |                                            |
| MYCOPHENOLATE MOFETIL 200 MG/ML SUSP RECON                            | TIER-FOUR  |                                            |
| MYCOPHENOLATE MOFETIL (250 MG CAPSULE, 500 MG TABLET)                 | TIER-TWO   |                                            |
| MYCOPHENOLATE SODIUM                                                  | TIER-FOUR  |                                            |
| REZUROCK                                                              | TIER-SIX   | PA, LA, QL (1 PER DAY), S (Specialty Drug) |
| SANDIMMUNE 100 MG/ML SOLN                                             | TIER-FOUR  |                                            |
| SIROLIMUS (0.5 MG TABLET, 1 MG TABLET, 1 MG/ML SOLUTION, 2 MG TABLET) | TIER-FOUR  |                                            |
| TACROLIMUS (0.5 MG CAPSULE, 1 MG CAPSULE, 5 MG CAPSULE)               | TIER-THREE |                                            |

### 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) |

\*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 P

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

| Drug Name                                       | Status*        | Requirements/Limits                                           |
|-------------------------------------------------|----------------|---------------------------------------------------------------|
| 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)    |
| ENGRIX-B ADULT (20 MCG/ML SYRN, 20 MCG/ML VIAL) | ACA Preventive | QLC (1 dose (1mL) per day; 3 doses (3mL) per lifetime.)       |
| ENGRIX-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.)   |
| 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.)     |

\*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 P

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

| Drug Name                                                              | Status*        | Requirements/Limits                                            |
|------------------------------------------------------------------------|----------------|----------------------------------------------------------------|
| 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)         |
| 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.)        |

\*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 P

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

| Drug Name                                             | Status*        | Requirements/Limits                                                                             |
|-------------------------------------------------------|----------------|-------------------------------------------------------------------------------------------------|
| 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.)                                         |
| 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

|                                                                                                       |            |
|-------------------------------------------------------------------------------------------------------|------------|
| BALSALAZIDE DISODIUM                                                                                  | TIER-THREE |
| DIPENTUM                                                                                              | TIER-FOUR  |
| MESALAMINE (0.375G CAP ER 24H, 500 MG CAPSULE ER)                                                     | TIER-THREE |
| MESALAMINE (1.2 G TABLET DR, 4 G/60 ML ENEMA, 400 MG CAP(DRTAB), 800 MG TABLET DR, 1000 MG SUPP.RECT) | TIER-FOUR  |
| PENTASA 250 MG CAPSULE                                                                                | TIER-THREE |
| SULFASALAZINE 500 MG TABLET                                                                           | TIER-TWO   |

\*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 P

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

| Drug Name                                                                      | Status*    | Requirements/Limits    |
|--------------------------------------------------------------------------------|------------|------------------------|
| SULFASALAZINE 500 MG TABLET DR                                                 | TIER-THREE |                        |
| <b>GLUCOCORTICOIDS</b>                                                         |            |                        |
| BUDESONIDE 3 MG CAPDR - ER                                                     | TIER-THREE |                        |
| BUDESONIDE 9 MG TABDR - ER                                                     | TIER-FOUR  | PA                     |
| HYDROCORTISONE 100MG/60ML ENEMA                                                | TIER-FOUR  |                        |
| HYDROCORTISONE (5 MG TABLET, 10 MG TABLET, 20 MG TABLET)                       | TIER-TWO   |                        |
| <b>METABOLIC BONE DISEASE AGENTS</b>                                           |            |                        |
| ALENDRONATE SODIUM 70 MG/75ML SOLUTION                                         | TIER-FOUR  |                        |
| ALENDRONATE SODIUM (10 MG TABLET, 35 MG TABLET, 70 MG TABLET)                  | TIER-ONE   |                        |
| CALCITONIN,SALMON,SYNTHETIC 200/SPRAY SPRAY/PUMP                               | TIER-THREE |                        |
| CALCITRIOL (0.25 MCG CAPSULE, 0.5 MCG CAPSULE, 1 MCG/ML SOLUTION)              | TIER-TWO   |                        |
| CINACALCET HCL (30 MG TABLET, 60 MG TABLET)                                    | TIER-FOUR  | QL (2 PER 1 DAY)       |
| CINACALCET HCL 90 MG TABLET                                                    | TIER-FOUR  | QL (4 PER 1 DAY)       |
| DOXERCALCIFEROL (0.5 MCG CAPSULE, 1 MCG CAPSULE, 2.5 MCG CAPSULE)              | TIER-FOUR  |                        |
| ERGOCALCIFEROL (VITAMIN D2) 1250 MCG CAPSULE                                   | TIER-TWO   |                        |
| FORTEO                                                                         | TIER-SIX   | PA, S (Specialty Drug) |
| IBANDRONATE SODIUM 150 MG TABLET                                               | TIER-TWO   |                        |
| PARICALCITOL (1 MCG CAPSULE, 2 MCG CAPSULE, 4 MCG CAPSULE)                     | TIER-FOUR  |                        |
| RISEDRONATE SODIUM (5 MG TABLET, 30 MG TABLET, 35 MG TABLET DR, 150 MG TABLET) | TIER-THREE |                        |

\*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 P

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

| Drug Name                       | Status*   | Requirements/Limits    |
|---------------------------------|-----------|------------------------|
| RISEDRONATE SODIUM 35 MG TABLET | TIER-TWO  |                        |
| TERIPARATIDE                    | TIER-SIX  | PA, S (Specialty Drug) |
| TYMLOS                          | TIER-FIVE | 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) |
| 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) |

\*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 P

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

| Drug Name                      | Status*                  | Requirements/Limits          |
|--------------------------------|--------------------------|------------------------------|
| 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)      |

### OPHTHALMIC AGENTS

#### OPHTHALMIC AGENTS, OTHER

|                                                                |            |
|----------------------------------------------------------------|------------|
| AK-POLY-BAC                                                    | TIER-TWO   |
| ATROPINE SULFATE 1 % DROPS                                     | TIER-THREE |
| BACITRACIN/POLYMYXIN B SULFATE                                 | TIER-TWO   |
| BLEPHAMIDE                                                     | TIER-THREE |
| CYCLOPENTOLATE HCL 1 % DROPS                                   | TIER-TWO   |
| DORZOLAMIDE HCL/TIMOLOL MALEATE                                | TIER-TWO   |
| DORZOLAMIDE/TIMOLOL/PF 2 %-0.5 %<br>DROPERETTE                 | TIER-FOUR  |
| LACRISERT                                                      | TIER-FOUR  |
| NEO-POLYCIN                                                    | TIER-FOUR  |
| NEO-POLYCIN HC                                                 | TIER-FOUR  |
| NEOMYCIN SULFATE/BACITRACIN<br>ZINC/POLYMYXIN B/HYDROCORTISONE | TIER-FOUR  |
| NEOMYCIN<br>SULFATE/BACITRACIN/POLYMYXIN B                     | TIER-FOUR  |

\*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 P

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

| Drug Name                                                                           | Status*   | Requirements/Limits                             |
|-------------------------------------------------------------------------------------|-----------|-------------------------------------------------|
| NEOMYCIN SULFATE/POLYMYXIN B SULFATE/GRAMICIDIN D                                   | TIER-FOUR |                                                 |
| NEOMYCIN/POLYMYXIN B/HYDROCORT 3.5-10K-10 DROPS SUSP                                | TIER-FOUR |                                                 |
| NEOMYCIN/POLYMYXIN B SULFATE/DEXAMETHASONE (0.1 % DROPS SUSP, 3.5-10K-.1 OINT. (G)) | TIER-TWO  |                                                 |
| OXERVATE                                                                            | TIER-SIX  | PA, LA, QL (1 ML PER 1 DAY), S (Specialty Drug) |
| POLYCIN                                                                             | TIER-TWO  |                                                 |
| PROPARACAINE HCL                                                                    | TIER-FOUR |                                                 |
| RESTASIS                                                                            | TIER-TWO  | QL (2 PER DAY)                                  |
| RESTASIS MULTIDOSE                                                                  | TIER-FOUR | QL (5.5 ML PER 28 DAYS)                         |
| SULFACETAMIDE SODIUM/PREDNISOLONE SODIUM PHOSPHATE                                  | TIER-FOUR |                                                 |
| TOBRADEX EYE OINTMENT                                                               | TIER-FOUR |                                                 |
| TOBRADEX ST                                                                         | TIER-FOUR |                                                 |
| TOBRAMYCIN/DEXAMETHASONE                                                            | TIER-FOUR |                                                 |
| TROPICAMIDE                                                                         | TIER-TWO  |                                                 |
| XIIDRA                                                                              | TIER-FOUR | QL (2 PER 1 DAY)                                |
| ZYLET                                                                               | TIER-FOUR |                                                 |

### OPHTHALMIC ANTI-ALLERGY AGENTS

|                             |            |    |
|-----------------------------|------------|----|
| ALOCIL                      | TIER-FOUR  |    |
| ALOMIDE                     | TIER-FOUR  |    |
| AZELASTINE HCL 0.05 % DROPS | TIER-TWO   |    |
| BEPOTASTINE BESILATE        | TIER-FOUR  | PA |
| CROMOLYN SODIUM 4 % DROPS   | TIER-TWO   |    |
| EPINASTINE HCL              | TIER-THREE |    |
| OLOPATADINE HCL 0.1 % DROPS | TIER-TWO   |    |

\*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 P

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

| Drug Name                                         | Status*    | Requirements/Limits   |
|---------------------------------------------------|------------|-----------------------|
| ZERVIAE                                           | TIER-FOUR  | PA                    |
| <b>OPHTHALMIC ANTI-INFECTIVES</b>                 |            |                       |
| AZASITE                                           | TIER-FOUR  |                       |
| BACITRACIN 500 UNIT/G OINT. (G)                   | TIER-FOUR  |                       |
| BESIVANCE                                         | TIER-FOUR  |                       |
| ERYTHROMYCIN BASE 5 MG/GRAM OINT. (G)             | TIER-TWO   | QL (7 GM PER 30 DAYS) |
| GATIFLOXACIN                                      | TIER-THREE |                       |
| GENTAK                                            | TIER-THREE |                       |
| GENTAMICIN SULFATE 0.3 % DROPS                    | TIER-TWO   |                       |
| LEVOFLOXACIN (0.5 % DROPS, 1.5 % DROPS)           | TIER-FOUR  |                       |
| MOXIFLOXACIN HCL 0.5 % DROPS                      | TIER-TWO   |                       |
| NATACYN                                           | TIER-FOUR  |                       |
| OFLOXACIN 0.3 % DROPS                             | TIER-TWO   |                       |
| POLYMYXIN B SULFATE/TRIMETHOPRIM                  | TIER-TWO   |                       |
| SULFACETAMIDE SODIUM (10 % DROPS, 10 % OINT. (G)) | TIER-THREE |                       |
| TOBRAMYCIN 0.3 % DROPS                            | TIER-TWO   |                       |
| TOBREX 0.3% EYE OINTMENT                          | TIER-FOUR  |                       |
| TRIFLURIDINE                                      | TIER-FOUR  |                       |
| ZIRGAN                                            | TIER-THREE |                       |
| <b>OPHTHALMIC ANTI-INFLAMMATORIES</b>             |            |                       |
| ALREX                                             | TIER-FOUR  |                       |
| BROMFENAC SODIUM                                  | TIER-FOUR  |                       |
| DEXAMETHASONE SODIUM PHOSPHATE 0.1 % DROPS        | TIER-THREE |                       |
| DICLOFENAC SODIUM 0.1 % DROPS                     | TIER-TWO   |                       |

\*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 P

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

| Drug Name                                                 | Status*    | Requirements/Limits |
|-----------------------------------------------------------|------------|---------------------|
| DIFLUPREDNATE                                             | TIER-FOUR  |                     |
| FLAREX                                                    | TIER-FOUR  |                     |
| FLUOROMETHOLONE                                           | TIER-THREE |                     |
| FLURBIPROFEN SODIUM                                       | TIER-TWO   |                     |
| FML FORTE                                                 | TIER-FOUR  |                     |
| FML S.O.P.                                                | TIER-FOUR  |                     |
| INVELTYS                                                  | TIER-FOUR  |                     |
| KETOROLAC TROMETHAMINE 0.4 % DROPS                        | TIER-THREE |                     |
| KETOROLAC TROMETHAMINE 0.5 % DROPS                        | TIER-TWO   |                     |
| LOTEMAX 0.5% EYE OINTMENT                                 | TIER-FOUR  |                     |
| LOTEPREDNOL ETABONATE (0.5 % DROPS SUSP, 0.5 % DROPS GEL) | TIER-FOUR  |                     |
| MAXIDEX                                                   | TIER-FOUR  |                     |
| NEVANAC                                                   | TIER-FOUR  |                     |
| PREDNISOLONE ACETATE                                      | TIER-THREE |                     |
| PREDNISOLONE SODIUM PHOSPHATE 1 % DROPS                   | TIER-TWO   |                     |
| PROLENSA                                                  | TIER-FOUR  |                     |

### OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS

|                                                                            |            |  |
|----------------------------------------------------------------------------|------------|--|
| BETAXOLOL HCL 0.5 % DROPS                                                  | TIER-THREE |  |
| BETIMOL                                                                    | TIER-FOUR  |  |
| BETOPTIC S                                                                 | TIER-FOUR  |  |
| CARTEOLOL HCL                                                              | TIER-TWO   |  |
| LEVOBUNOLOL HCL                                                            | TIER-TWO   |  |
| TIMOLOL MALEATE 0.5 % DROP DAILY                                           | TIER-FOUR  |  |
| TIMOLOL MALEATE (0.25 % DROPS, 0.25 % SOL-GEL, 0.5 % SOL-GEL, 0.5 % DROPS) | TIER-TWO   |  |

\*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 P

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

| Drug Name                                                     | Status*    | Requirements/Limits         |
|---------------------------------------------------------------|------------|-----------------------------|
| <b>OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER</b> |            |                             |
| APRACLOPIDINE HCL                                             | TIER-FOUR  |                             |
| BRIMONIDINE TARTRATE (0.1 % DROPS, 0.15 % DROPS)              | TIER-FOUR  |                             |
| BRIMONIDINE TARTRATE 0.2 % DROPS                              | TIER-TWO   |                             |
| BRINZOLAMIDE                                                  | TIER-FOUR  |                             |
| DORZOLAMIDE HCL                                               | TIER-TWO   |                             |
| METHAZOLAMIDE                                                 | TIER-FOUR  |                             |
| PILOCARPINE HCL (1 % DROPS, 2 % DROPS, 4 % DROPS)             | TIER-THREE |                             |
| RHOPRESSA                                                     | TIER-FOUR  | ST, QL (2.5 ML PER 25 DAYS) |
| SIMBRINZA                                                     | TIER-FOUR  |                             |
| <b>OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS</b>        |            |                             |
| BIMATOPROST 0.03 % DROPS                                      | TIER-THREE | ST, QL (2.5 ML PER 25 DAYS) |
| LATANOPROST                                                   | TIER-TWO   |                             |
| LUMIGAN                                                       | TIER-THREE | ST, QL (2.5 ML PER 25 DAYS) |
| TAFLUPROST/PF                                                 | TIER-FOUR  | ST, QL (1 PER DAY)          |
| TRAVOPROST                                                    | TIER-THREE |                             |
| VYZULTA                                                       | TIER-FOUR  | ST, QL (2.5 ML PER 25 DAYS) |
| XELPROS                                                       | TIER-FOUR  |                             |
| <b>Ophthalmic Agents, Other</b>                               |            |                             |
| UPNEEQ                                                        | TIER-FOUR  | PA, QL (2 PER DAY)          |
| <b>OTIC AGENTS</b>                                            |            |                             |
| ACETIC ACID 2 % SOLUTION                                      | TIER-TWO   |                             |
| CIPRO HC                                                      | TIER-FOUR  |                             |
| CIPROFLOXACIN HCL 0.2 % DROPERETTE                            | TIER-FOUR  |                             |

\*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 P

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

| Drug Name                                                                                            | Status*    | Requirements/Limits |
|------------------------------------------------------------------------------------------------------|------------|---------------------|
| CIPROFLOXACIN HCL/DEXAMETHASONE                                                                      | TIER-THREE |                     |
| CORTISPORIN-TC                                                                                       | TIER-FOUR  |                     |
| FLAC OTIC OIL                                                                                        | TIER-FOUR  |                     |
| FLUOCINOLONE ACETONIDE OIL                                                                           | TIER-FOUR  |                     |
| HYDROCORTISONE/ACETIC ACID                                                                           | TIER-FOUR  |                     |
| NEOMYCIN SULFATE/POLYMYXIN B<br>SULFATE/HYDROCORTISONE (3.5-10K-1<br>DROPS SUSP, 3.5-10K-1 SOLUTION) | TIER-FOUR  |                     |

## RESPIRATORY TRACT/PULMONARY AGENTS

### ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS

|                                                                                     |            |                        |
|-------------------------------------------------------------------------------------|------------|------------------------|
| ALVESCO                                                                             | TIER-THREE |                        |
| ARNUITY ELLIPTA                                                                     | TIER-THREE |                        |
| ASMANEX                                                                             | TIER-THREE |                        |
| ASMANEX HFA                                                                         | TIER-THREE |                        |
| BUDESONIDE (0.25MG/2ML AMPUL-<br>NEB, 0.5 MG/2ML AMPUL-NEB, 1 MG/2<br>ML AMPUL-NEB) | TIER-FOUR  |                        |
| FLOVENT DISKUS                                                                      | TIER-THREE |                        |
| FLOVENT HFA                                                                         | TIER-THREE |                        |
| FLUNISOLIDE                                                                         | TIER-THREE |                        |
| FLUTICASONE PROPIONATE 50 MCG<br>SPRAY SUSP                                         | TIER-TWO   |                        |
| MOMETASONE FUROATE 50 MCG<br>SPRAY/PUMP                                             | TIER-THREE | QL (17 GM PER 30 DAYS) |
| OMNARIS                                                                             | TIER-FOUR  | PA                     |
| PULMICORT FLEXHALER                                                                 | TIER-THREE |                        |
| QVAR REDHALER                                                                       | TIER-THREE |                        |
| ZETONNA                                                                             | TIER-FOUR  | PA                     |

\*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 P

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

| Drug Name                                                                                                  | Status*    | Requirements/Limits |
|------------------------------------------------------------------------------------------------------------|------------|---------------------|
| <b>ANTI-HISTAMINES</b>                                                                                     |            |                     |
| AZELASTINE HCL 137 MCG<br>SPRAY/PUMP                                                                       | TIER-TWO   |                     |
| CARBINOXAMINE MALEATE 4 MG/5 ML<br>LIQUID                                                                  | TIER-FOUR  |                     |
| CARBINOXAMINE MALEATE 4 MG<br>TABLET                                                                       | TIER-TWO   |                     |
| CLEMASTINE FUMARATE 0.5 MG/5ML<br>SYRUP                                                                    | TIER-TWO   |                     |
| CLEMASTINE FUMARATE 2.68 MG<br>TABLET                                                                      | TIER-FOUR  |                     |
| CYPROHEPTADINE HCL (2 MG/5 ML<br>SYRUP, 4 MG TABLET)                                                       | TIER-TWO   |                     |
| DESLOTRADINE 5 MG TABLET                                                                                   | TIER-TWO   |                     |
| HYDROXYZINE HCL (10 MG TABLET, 10<br>MG/5 ML SOLUTION, 25 MG TABLET, 50<br>MG/25ML SOLUTION, 50 MG TABLET) | TIER-TWO   |                     |
| HYDROXYZINE PAMOATE                                                                                        | TIER-TWO   |                     |
| OLOPATADINE HCL 0.6 % SPRAY/PUMP                                                                           | TIER-TWO   |                     |
| PROMETHAZINE HCL (6.25MG/5ML<br>SYRUP, 12.5 MG TABLET, 25 MG<br>TABLET)                                    | TIER-TWO   |                     |
| <b>ANTILEUKOTRIENES</b>                                                                                    |            |                     |
| MONTELUKAST SODIUM (4 MG GRAN<br>PACK, 4 MG TAB CHEW, 5 MG TAB<br>CHEW, 10 MG TABLET)                      | TIER-TWO   |                     |
| ZAFIRLUKAST                                                                                                | TIER-THREE |                     |
| ZILEUTON                                                                                                   | TIER-FOUR  | ST                  |
| <b>BRONCHODILATORS, ANTICHOLINERGIC</b>                                                                    |            |                     |
| ATROVENT HFA                                                                                               | TIER-THREE |                     |
| INCRUSE ELLIPTA                                                                                            | TIER-THREE |                     |
| IPRATROPIUM BROMIDE (0.2 MG/ML<br>SOLUTION, 21 MCG SPRAY, 42 MCG<br>SPRAY)                                 | TIER-TWO   |                     |

\*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 P

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

| Drug Name                                                                                             | Status*    | Requirements/Limits                                                              |
|-------------------------------------------------------------------------------------------------------|------------|----------------------------------------------------------------------------------|
| SPIRIVA HANDHALER                                                                                     | TIER-THREE |                                                                                  |
| SPIRIVA RESPIMAT                                                                                      | TIER-THREE |                                                                                  |
| <b>BRONCHODILATORS, SYMPATHOMIMETIC</b>                                                               |            |                                                                                  |
| ALBUTEROL SULFATE 90 MCG HFA AER AD                                                                   | TIER-TWO   | QLC (2 INHALERS PER 30 DAYS)                                                     |
| ALBUTEROL SULFATE (2 MG TABLET, 4 MG TAB ER 12H, 4 MG TABLET, 8 MG TAB ER 12H)                        | TIER-FOUR  |                                                                                  |
| ALBUTEROL SULFATE (0.63MG/3ML VIAL-NEB, 1.25MG/3ML VIAL-NEB, 2.5 MG/0.5 VIAL-NEB, 5 MG/ML SOLUTION)   | TIER-THREE |                                                                                  |
| ALBUTEROL SULFATE (2 MG/5 ML SYRUP, 2.5 MG/3ML VIAL-NEB)                                              | TIER-TWO   |                                                                                  |
| ARFORMOTEROL TARTRATE                                                                                 | TIER-FOUR  | QL (4 ML PER DAY)                                                                |
| AUVI-Q 0.1 MG AUTO-INJECTOR                                                                           | TIER-FOUR  | LA, QL (0 TO 17 YRS OLD; 6 PER 365 DAYS), QL (18 TO 101 YRS OLD; 4 PER 365 DAYS) |
| EPINEPHRINE (0.15MG/0.3 AUTO INJCT, 0.3MG/0.3 AUTO INJCT)                                             | TIER-TWO   | QL (0 TO 17 YRS OLD; 6 PER 365 DAYS), QL (18 TO 101 YRS OLD; 4 PER 365 DAYS)     |
| EPIPEN 2-PAK                                                                                          | TIER-FOUR  | QL (0 TO 17 YRS OLD; 6 PER 365 DAYS), QL (18 TO 101 YRS OLD; 4 PER 365 DAYS)     |
| FORMOTEROL FUMARATE                                                                                   | TIER-THREE |                                                                                  |
| LEVALBUTEROL HCL (0.31MG/3ML VIAL-NEB, 0.63MG/3ML VIAL-NEB, 1.25MG/0.5 VIAL-NEB, 1.25MG/3ML VIAL-NEB) | TIER-FOUR  |                                                                                  |
| LEVALBUTEROL TARTRATE                                                                                 | TIER-FOUR  |                                                                                  |
| PROAIR RESPICLICK                                                                                     | TIER-FOUR  | QL (2 PER 30 DAYS)                                                               |
| SEREVENT DISKUS                                                                                       | TIER-THREE |                                                                                  |
| SYMJEPI                                                                                               | TIER-THREE | QL (0 TO 17 YRS OLD; 6 PER 365 DAYS), QL (18 TO 101 YRS OLD; 4 PER 365 DAYS)     |

\*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 P

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

| Drug Name                                                                                           | Status*    | Requirements/Limits                          |
|-----------------------------------------------------------------------------------------------------|------------|----------------------------------------------|
| TERBUTALINE SULFATE (2.5 MG TABLET, 5 MG TABLET)                                                    | TIER-TWO   |                                              |
| <b>CYSTIC FIBROSIS AGENTS</b>                                                                       |            |                                              |
| CAYSTON                                                                                             | TIER-SIX   | LA, S (Specialty Drug)                       |
| KALYDECO (25 MG GRANULES PACKET, 50 MG GRANULES PACKET, 75 MG GRANULES PACKET, 150 MG TABLET)       | TIER-SIX   | PA, LA, QL (2 PER 1 DAY), S (Specialty Drug) |
| KALYDECO (5.8 MG GRANULES PKT, 13.4 MG GRANULES PKT)                                                | TIER-SIX   | PA, LA, QL (2 PER DAY), S (Specialty Drug)   |
| ORKAMBI (100-125 MG GRANULE PKT, 150-188 MG GRANULE PKT)                                            | TIER-FIVE  | PA, LA, QL (2 PER 1 DAY), S (Specialty Drug) |
| ORKAMBI 75-94 MG GRANULE PKT                                                                        | TIER-FIVE  | PA, LA, QL (2 PER DAY), S (Specialty Drug)   |
| ORKAMBI (100 MG-125 MG TABLET, 200 MG-125 MG TABLET)                                                | TIER-FIVE  | PA, LA, QL (4 PER 1 DAY), S (Specialty Drug) |
| PULMOZYME                                                                                           | TIER-SIX   | S (Specialty Drug)                           |
| SYMDEKO                                                                                             | TIER-FIVE  | PA, LA, QL (2 PER 1 DAY), S (Specialty Drug) |
| TOBRAMYCIN IN 0.225 % SODIUM CHLORIDE                                                               | TIER-FIVE  | S (Specialty Drug)                           |
| TRIKAFTA (80-40-60MG/59.5MG PKT, 100-50-75 MG/75MG PKT)                                             | TIER-FIVE  | PA, LA, QL (2 PER DAY), S (Specialty Drug)   |
| TRIKAFTA (50-25-37.5 MG/75 MG, 100-50-75 MG/150 MG)                                                 | TIER-FIVE  | PA, LA, QL (3 PER DAY), S (Specialty Drug)   |
| <b>MAST CELL STABILIZERS</b>                                                                        |            |                                              |
| CROMOLYN SODIUM 20 MG/2 ML AMPUL-NEB                                                                | TIER-FOUR  |                                              |
| <b>PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE</b>                                                |            |                                              |
| ROFLUMILAST 250 MCG TABLET                                                                          | TIER-FOUR  | QL (1 PER DAY)                               |
| ROFLUMILAST 500 MCG TABLET                                                                          | TIER-THREE | QL (1 PER DAY)                               |
| THEOPHYLLINE ANHYDROUS (300 MG TAB ER 12H, 400 MG TAB ER 24H, 450 MG TAB ER 12H, 600 MG TAB ER 24H) | TIER-TWO   |                                              |

\*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 P

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

| Drug Name                                                                                                                                        | Status*    | Requirements/Limits                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------------------------------------------|
| <b>PULMONARY ANTIHYPERTENSIVES</b>                                                                                                               |            |                                              |
| ADEMPAS                                                                                                                                          | TIER-SIX   | PA, LA, S (Specialty Drug)                   |
| ALYQ                                                                                                                                             | TIER-THREE | QL (2 PER 1 DAY)                             |
| AMBRISENTAN                                                                                                                                      | TIER-THREE | PA, LA, S (Specialty Drug)                   |
| BOSENTAN                                                                                                                                         | TIER-THREE | PA, LA, S (Specialty Drug)                   |
| OPSUMIT                                                                                                                                          | TIER-SIX   | PA, LA, S (Specialty Drug)                   |
| SILDENAFIL CITRATE 10 MG/ML SUSP RECON                                                                                                           | TIER-SIX   | PA, S (Specialty Drug)                       |
| SILDENAFIL CITRATE 20 MG TABLET                                                                                                                  | TIER-TWO   |                                              |
| TADALAFIL 20 MG TABLET                                                                                                                           | TIER-THREE | QL (2 PER 1 DAY)                             |
| TRACLEER 32 MG TABLET FOR SUSP                                                                                                                   | TIER-FIVE  | PA, LA, S (Specialty Drug)                   |
| TYVASO                                                                                                                                           | TIER-FIVE  | PA, LA, S (Specialty Drug)                   |
| TYVASO DPI                                                                                                                                       | TIER-SIX   | PA, S (Specialty Drug)                       |
| TYVASO INSTITUTIONAL START KIT                                                                                                                   | TIER-FIVE  | PA, LA, S (Specialty Drug)                   |
| TYVASO REFILL KIT                                                                                                                                | TIER-FIVE  | PA, LA, S (Specialty Drug)                   |
| TYVASO STARTER KIT                                                                                                                               | TIER-FIVE  | PA, LA, S (Specialty Drug)                   |
| UPTRAVI 200-800 TITRATION PACK                                                                                                                   | TIER-FIVE  | 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) | TIER-FIVE  | PA, LA, QL (2 PER 1 DAY), S (Specialty Drug) |
| <b>PULMONARY FIBROSIS AGENTS</b>                                                                                                                 |            |                                              |
| OFEV                                                                                                                                             | TIER-SIX   | PA, LA, S (Specialty Drug)                   |
| PIRFENIDONE (267 MG TABLET, 534 MG TABLET, 801 MG TABLET)                                                                                        | TIER-FIVE  | PA, QL (3 PER DAY), S (Specialty Drug)       |
| <b>RESPIRATORY TRACT AGENTS, OTHER</b>                                                                                                           |            |                                              |
| ACETYLCYSTEINE (100 MG/ML VIAL, 200 MG/ML VIAL)                                                                                                  | TIER-TWO   |                                              |
| ADVAIR DISKUS                                                                                                                                    | TIER-TWO   |                                              |

\*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 P

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

| Drug Name                                                                                                                    | Status*    | Requirements/Limits                                 |
|------------------------------------------------------------------------------------------------------------------------------|------------|-----------------------------------------------------|
| ADVAIR HFA                                                                                                                   | TIER-THREE |                                                     |
| ANORO ELLIPTA                                                                                                                | TIER-THREE |                                                     |
| BENZONATATE                                                                                                                  | TIER-TWO   |                                                     |
| BREO ELLIPTA                                                                                                                 | TIER-THREE |                                                     |
| COMBIVENT RESPIMAT                                                                                                           | TIER-THREE | QL (8 GM PER 30 DAYS)                               |
| FASENRA PEN                                                                                                                  | TIER-FIVE  | PA, LA, QL (1 ML PER 56 DAYS), S (Specialty Drug)   |
| FLUTICASONE<br>PROPIONATE/SALMETEROL XINAFOATE<br>(55-14 MCG AER POW BA, 113-14 MCG<br>AER POW BA, 232-14 MCG AER POW<br>BA) | TIER-TWO   | QL (1 PER 30 DAYS)                                  |
| GRASTEK                                                                                                                      | TIER-FOUR  |                                                     |
| HYDROCODONE BIT/HOMATROP ME-<br>BR 5-1.5 MG/5 SYRUP                                                                          | TIER-TWO   |                                                     |
| HYDROMET                                                                                                                     | TIER-TWO   |                                                     |
| HYPER-SAL 3.5% VIAL                                                                                                          | TIER-FOUR  |                                                     |
| HYPER-SAL 7% VIAL                                                                                                            | TIER-FOUR  | QL (240 ML PER 30 DAYS)                             |
| IPRATROPIUM BROMIDE/ALBUTEROL<br>SULFATE                                                                                     | TIER-TWO   |                                                     |
| NEBUSAL 3% VIAL                                                                                                              | TIER-TWO   |                                                     |
| NEBUSAL 6% VIAL                                                                                                              | TIER-FOUR  |                                                     |
| NUCALA 40 MG/0.4 ML SYRINGE                                                                                                  | TIER-FIVE  | PA, LA, QL (0.4 ML PER 28 DAYS), S (Specialty Drug) |
| NUCALA (100 MG/ML POWDER VIAL,<br>100 MG/ML AUTO-INJECTOR, 100<br>MG/ML SYRINGE)                                             | TIER-FIVE  | PA, LA, QL (1 PER 28 DAYS), S (Specialty Drug)      |
| ODACTRA                                                                                                                      | TIER-FOUR  |                                                     |
| ORALAIR                                                                                                                      | TIER-FOUR  | LA                                                  |
| PHENYLEPHRINE HCL/PROMETHAZINE<br>HCL                                                                                        | TIER-TWO   |                                                     |
| PROMETHAZINE HCL/CODEINE                                                                                                     | TIER-TWO   | PA                                                  |

\*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 P

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

| Drug Name                                                       | Status*    | Requirements/Limits     |
|-----------------------------------------------------------------|------------|-------------------------|
| PROMETHAZINE<br>HCL/DEXTROMETHORPHAN HBR                        | TIER-TWO   |                         |
| PROMETHAZINE/PHENYLEPHRINE<br>HCL/CODEINE                       | TIER-TWO   | PA                      |
| PULMOSAL                                                        | TIER-TWO   | QL (240 ML PER 30 DAYS) |
| RAGWITEK                                                        | TIER-FOUR  |                         |
| SODIUM CHLORIDE FOR INHALATION (3<br>% VIAL-NEB, 10 % VIAL-NEB) | TIER-TWO   |                         |
| SODIUM CHLORIDE FOR INHALATION<br>0.9 % VIAL-NEB                | TIER-FOUR  |                         |
| SODIUM CHLORIDE FOR INHALATION 7<br>% VIAL-NEB                  | TIER-TWO   | QL (240 ML PER 30 DAYS) |
| STIOLTO RESPIMAT                                                | TIER-THREE |                         |
| SYMBICORT                                                       | TIER-THREE |                         |
| TRELEGY ELLIPTA                                                 | TIER-THREE |                         |

### SKELETAL MUSCLE RELAXANTS

|                                                                   |           |                                                                                                        |
|-------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------|
| CARISOPRODOL 250 MG TABLET                                        | TIER-FOUR |                                                                                                        |
| CARISOPRODOL 350 MG TABLET                                        | TIER-TWO  |                                                                                                        |
| CARISOPRODOL/ASPIRIN                                              | TIER-FOUR |                                                                                                        |
| CARISOPRODOL/ASPIRIN/CODEINE<br>PHOSPHATE                         | TIER-FOUR | PA, QLC (Total cumulative opioid dose<br>limited to 90 morphine milligram<br>equivalent (MME) per day) |
| CHLORZOXAZONE (250 MG TABLET, 500<br>MG TABLET)                   | TIER-FOUR |                                                                                                        |
| CYCLOBENZAPRINE HCL (5 MG TABLET,<br>7.5 MG TABLET, 10 MG TABLET) | TIER-TWO  |                                                                                                        |
| METAXALONE                                                        | TIER-FOUR |                                                                                                        |
| METHOCARBAMOL (500 MG TABLET,<br>750 MG TABLET)                   | TIER-TWO  |                                                                                                        |
| ORPHENADRINE CITRATE 100 MG<br>TABLET ER                          | TIER-TWO  |                                                                                                        |

\*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 P

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

| Drug Name                                                                | Status*    | Requirements/Limits                           |
|--------------------------------------------------------------------------|------------|-----------------------------------------------|
| VANADOM                                                                  | TIER-TWO   |                                               |
| <b>SLEEP DISORDER AGENTS</b>                                             |            |                                               |
| <b>SLEEP PROMOTING AGENTS</b>                                            |            |                                               |
| ESTAZOLAM                                                                | TIER-TWO   |                                               |
| ESZOPICLONE (2 MG TABLET, 3 MG TABLET)                                   | TIER-TWO   | QL (1 PER 1 DAY)                              |
| ESZOPICLONE 1 MG TABLET                                                  | TIER-TWO   | QL (2 PER DAY)                                |
| FLURAZEPAM HCL                                                           | TIER-TWO   |                                               |
| HETLIOZ LQ                                                               | TIER-SIX   | PA, LA, QL (5 ML PER DAY), S (Specialty Drug) |
| RAMELTEON                                                                | TIER-FOUR  |                                               |
| TASIMELTEON                                                              | TIER-SIX   | PA, QL (1 PER DAY), S (Specialty Drug)        |
| TEMAZEPAM (15 MG CAPSULE, 30 MG CAPSULE)                                 | TIER-TWO   |                                               |
| TEMAZEPAM (7.5 MG CAPSULE, 22.5 MG CAPSULE)                              | TIER-FOUR  |                                               |
| TRIAZOLAM                                                                | TIER-TWO   |                                               |
| ZALEPLON                                                                 | TIER-TWO   | QL (2 PER 1 DAY)                              |
| ZOLPIDEM TARTRATE 5 MG TABLET                                            | TIER-TWO   | QL (2 PER 1 DAY)                              |
| ZOLPIDEM TARTRATE (6.25 MG TAB MPHASE, 10 MG TABLET, 12.5 MG TAB MPHASE) | TIER-TWO   | QL (1 PER 1 DAY)                              |
| <b>WAKEFULNESS PROMOTING AGENTS</b>                                      |            |                                               |
| ARMODAFINIL (150 MG TABLET, 200 MG TABLET, 250 MG TABLET)                | TIER-THREE | QL (1 PER 1 DAY)                              |
| ARMODAFINIL 50 MG TABLET                                                 | TIER-THREE | QL (2 PER 1 DAY)                              |
| LUMRYZ                                                                   | TIER-SIX   | PA, LA, QL (1 PER DAY), S (Specialty Drug)    |
| MODAFINIL                                                                | TIER-THREE |                                               |

\*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 P

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

| Drug Name      | Status*   | Requirements/Limits                                 |
|----------------|-----------|-----------------------------------------------------|
| SODIUM OXYBATE | TIER-FIVE | PA, LA, QL (540 ML PER 30 DAYS), S (Specialty Drug) |
| SUNOSI         | TIER-FOUR | PA, QL (1 PER 1 DAY)                                |
| WAKIX          | TIER-FIVE | PA, LA, QL (2 PER 1 DAY), S (Specialty Drug)        |
| XYWAV          | TIER-SIX  | PA, LA, QL (540 ML PER 30 DAYS), S (Specialty Drug) |

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

# Alphabetical Listing

## A

|                                                  |       |                                                             |     |
|--------------------------------------------------|-------|-------------------------------------------------------------|-----|
| abacavir sulfate . . . . .                       | 46    | alfuzosin hcl . . . . .                                     | 85  |
| abacavir sulfate/lamivudine . . . . .            | 46    | ALINIA . . . . .                                            | 39  |
| abacavir sulfate/lamivudine/zidovudine . . . . . | 46    | aliskiren hemifumarate . . . . .                            | 61  |
| abiraterone acetate . . . . .                    | 33    | allopurinol . . . . .                                       | 30  |
| ABRYSVO . . . . .                                | 104   | ALOCRI . . . . .                                            | 111 |
| acamprosate calcium . . . . .                    | 14    | alogliptin benzoate . . . . .                               | 49  |
| acarbose . . . . .                               | 49    | alogliptin benzoate/metformin hcl . . . . .                 | 49  |
| ACCUTANE . . . . .                               | 71    | alogliptin benzoate/pioglitazone hcl . . . . .              | 49  |
| acebutolol hcl . . . . .                         | 59    | ALOMIDE . . . . .                                           | 111 |
| acetaminophen with codeine phosphate . . . . .   | 11    | alosetron hcl . . . . .                                     | 80  |
| acetazolamide . . . . .                          | 61    | alprazolam . . . . .                                        | 48  |
| acetic acid . . . . .                            | 114   | ALREX . . . . .                                             | 112 |
| acetylcysteine . . . . .                         | 119   | ALTABAX . . . . .                                           | 77  |
| acitretin . . . . .                              | 71    | ALTAVERA . . . . .                                          | 88  |
| ACTEMRA . . . . .                                | 99    | ALTRENO . . . . .                                           | 71  |
| ACTEMRA ACTPEN . . . . .                         | 99    | ALUNBRIG . . . . .                                          | 35  |
| ACTHAR . . . . .                                 | 86    | ALVESCO . . . . .                                           | 115 |
| ACTHIB . . . . .                                 | 104   | ALYACEN . . . . .                                           | 88  |
| ACTIMMUNE . . . . .                              | 102   | ALYQ . . . . .                                              | 119 |
| acyclovir . . . . .                              | 48,77 | AMABELZ . . . . .                                           | 95  |
| ADACEL TDAP . . . . .                            | 105   | amantadine hcl . . . . .                                    | 40  |
| adefovir dipivoxil . . . . .                     | 44    | ambrisentan . . . . .                                       | 119 |
| ADEMPAS . . . . .                                | 119   | amcinonide . . . . .                                        | 72  |
| ADTHYZA . . . . .                                | 97    | AMETHIA . . . . .                                           | 88  |
| ADVAIR DISKUS . . . . .                          | 119   | AMETHYST . . . . .                                          | 88  |
| ADVAIR HFA . . . . .                             | 120   | amiloride hcl . . . . .                                     | 64  |
| AFIRMELLE . . . . .                              | 88    | amiloride hcl/hydrochlorothiazide . . . . .                 | 61  |
| AFTER PILL . . . . .                             | 95    | amiodarone hcl . . . . .                                    | 58  |
| AFTERA . . . . .                                 | 95    | amitriptyline hcl . . . . .                                 | 27  |
| AIMOVIG AUTOINJECTOR . . . . .                   | 30    | AMJEVITA(CF) . . . . .                                      | 102 |
| AJOVY AUTOINJECTOR . . . . .                     | 30    | AMJEVITA(CF) AUTOINJECTOR . . . . .                         | 102 |
| AJOVY SYRINGE . . . . .                          | 30    | amlodipine besylate . . . . .                               | 60  |
| AK-POLY-BAC . . . . .                            | 110   | amlodipine besylate/atorvastatin calcium . . . . .          | 61  |
| AKYNZEO . . . . .                                | 28    | amlodipine besylate/benazepril hcl . . . . .                | 61  |
| albendazole . . . . .                            | 39    | amlodipine besylate/olmesartan medoxomil . . . . .          | 61  |
| albuterol sulfate . . . . .                      | 117   | amlodipine besylate/valsartan . . . . .                     | 61  |
| alclometasone dipropionate . . . . .             | 72    | amlodipine besylate/valsartan/hydrochlorothiazide . . . . . | 62  |
| ALECENSA . . . . .                               | 35    | AMNESTEEM . . . . .                                         | 71  |
| alendronate sodium . . . . .                     | 108   | amoxapine . . . . .                                         | 27  |
|                                                  |       | amoxicillin . . . . .                                       | 18  |
|                                                  |       | amoxicillin/potassium clavulanate . . . . .                 | 18  |

|                                    |     |                                              |         |
|------------------------------------|-----|----------------------------------------------|---------|
| ampicillin trihydrate . . . . .    | 18  | AUROVELA . . . . .                           | 88      |
| anagrelide hcl . . . . .           | 55  | AUROVELA 24 FE . . . . .                     | 88      |
| anastrozole . . . . .              | 35  | AUROVELA FE . . . . .                        | 88      |
| ANNOVERA . . . . .                 | 88  | AURYXIA . . . . .                            | 79      |
| ANORO ELLIPTA . . . . .            | 120 | AUSTEDO . . . . .                            | 68      |
| ANUSOL-HC . . . . .                | 72  | AUSTEDO XR . . . . .                         | 68      |
| ANZEMET . . . . .                  | 28  | AUSTEDO XR TITRATION KT(WK1-4) . . . . .     | 68      |
| APEXICON E . . . . .               | 72  | AUVI-Q . . . . .                             | 117     |
| APIDRA . . . . .                   | 52  | AVIANE . . . . .                             | 88      |
| APIDRA SOLOSTAR . . . . .          | 52  | AVIDOXY . . . . .                            | 19      |
| apraclonidine hcl . . . . .        | 114 | AVONEX . . . . .                             | 69      |
| aprepitant . . . . .               | 28  | AVONEX PEN . . . . .                         | 69      |
| APRI . . . . .                     | 88  | AYUNA . . . . .                              | 88      |
| APTIOM . . . . .                   | 23  | AYVAKIT . . . . .                            | 34      |
| APTIVUS . . . . .                  | 47  | AZASITE . . . . .                            | 112     |
| ARANELLE . . . . .                 | 88  | azathioprine . . . . .                       | 102     |
| ARANESP . . . . .                  | 55  | azelaic acid . . . . .                       | 71      |
| AREXVY . . . . .                   | 105 | azelastine hcl . . . . .                     | 111,116 |
| arformoterol tartrate . . . . .    | 117 | azithromycin . . . . .                       | 18      |
| aripiprazole . . . . .             | 42  | AZURETTE . . . . .                           | 88      |
| armodafinil . . . . .              | 122 |                                              |         |
| ARMOUR THYROID . . . . .           | 97  | <b>B</b>                                     |         |
| ARNUITY ELLIPTA . . . . .          | 115 | bacitracin . . . . .                         | 112     |
| ASCOMP WITH CODEINE . . . . .      | 11  | bacitracin/polymyxin b sulfate . . . . .     | 110     |
| asenapine maleate . . . . .        | 42  | baclofen . . . . .                           | 44      |
| ASHLYNA . . . . .                  | 88  | balsalazide disodium . . . . .               | 107     |
| ASMANEX . . . . .                  | 115 | BALVERSA . . . . .                           | 35      |
| ASMANEX HFA . . . . .              | 115 | BALZIVA . . . . .                            | 88      |
| aspirin/dipyridamole . . . . .     | 56  | BAQSIMI . . . . .                            | 52      |
| ASTAGRAF XL . . . . .              | 102 | BARACLUDE . . . . .                          | 44      |
| atazanavir sulfate . . . . .       | 47  | benazepril hcl . . . . .                     | 58      |
| atenolol . . . . .                 | 59  | benazepril hcl/hydrochlorothiazide . . . . . | 62      |
| atenolol/chlorthalidone . . . . .  | 62  | BENLYSTA . . . . .                           | 100     |
| atomoxetine hcl . . . . .          | 67  | benznidazole . . . . .                       | 39      |
| atorvastatin calcium . . . . .     | 64  | benzonatate . . . . .                        | 120     |
| atovaquone . . . . .               | 39  | benztropine mesylate . . . . .               | 40      |
| atovaquone/proguanil hcl . . . . . | 39  | bepotastine besilate . . . . .               | 111     |
| atropine sulfate . . . . .         | 110 | BERINERT . . . . .                           | 99      |
| ATROVENT HFA . . . . .             | 116 | BESER . . . . .                              | 72      |
| AUBRA . . . . .                    | 88  | BESIVANCE . . . . .                          | 112     |
| AUBRA EQ . . . . .                 | 88  | betaine . . . . .                            | 83      |

|                                                                |         |                                                               |        |
|----------------------------------------------------------------|---------|---------------------------------------------------------------|--------|
| betamethasone acetate/betamethasone sodium phosphate . . . . . | 86      | buprenorphine hcl/naloxone hcl . . . . .                      | 15     |
| betamethasone dipropionate . . . . .                           | 72      | bupropion hcl . . . . .                                       | 15,24  |
| betamethasone dipropionate/propylene glycol . . . . .          | 72      | buspirone hcl . . . . .                                       | 48     |
| betamethasone valerate . . . . .                               | 73      | butalbital/acetaminophen . . . . .                            | 68     |
| BETASERON . . . . .                                            | 69      | butalbital/acetaminophen/caffeine . . . . .                   | 68     |
| betaxolol hcl . . . . .                                        | 59,113  | butalbital/acetaminophen/caffeine/codeine phosphate . . . . . | 11     |
| bethanechol chloride . . . . .                                 | 85      | butalbital/aspirin/caffeine . . . . .                         | 8      |
| BETIMOL . . . . .                                              | 113     | butorphanol tartrate . . . . .                                | 11     |
| BETOPTIC S . . . . .                                           | 113     |                                                               |        |
| bexarotene . . . . .                                           | 39      | <b>C</b>                                                      |        |
| BEXSERO . . . . .                                              | 105     | cabergoline . . . . .                                         | 98     |
| bicalutamide . . . . .                                         | 33      | CABLIVI . . . . .                                             | 56     |
| BIJUVA . . . . .                                               | 95      | CABOMETYX . . . . .                                           | 35     |
| BIKTARVY . . . . .                                             | 45      | calcipotriene . . . . .                                       | 75     |
| bimatoprost . . . . .                                          | 114     | calcipotriene/betamethasone dipropionate . . . . .            | 75     |
| bisoprolol fumarate . . . . .                                  | 59      | calcitonin,salmon,synthetic . . . . .                         | 108    |
| bisoprolol fumarate/hydrochlorothiazide . . . . .              | 62      | calcitriol . . . . .                                          | 75,108 |
| BLEPHAMIDE . . . . .                                           | 110     | calcium acetate . . . . .                                     | 79     |
| BLISOVI 24 FE . . . . .                                        | 89      | CALQUENCE . . . . .                                           | 35     |
| BLISOVI FE . . . . .                                           | 89      | CALSODORE . . . . .                                           | 75     |
| blood sugar diagnostic . . . . .                               | 109     | CAMILA . . . . .                                              | 95     |
| blood-glucose meter,continuous . . . . .                       | 109     | CAMRESE . . . . .                                             | 89     |
| blood-glucose sensor . . . . .                                 | 109     | CAMRESE LO . . . . .                                          | 89     |
| BOOSTRIX TDAP . . . . .                                        | 105     | CAMZYOS . . . . .                                             | 62     |
| bosentan . . . . .                                             | 119     | candesartan cilexetil . . . . .                               | 57     |
| BOSULIF . . . . .                                              | 35      | candesartan cilexetil/hydrochlorothiazide . . . . .           | 62     |
| BRAFTOVI . . . . .                                             | 35      | capecitabine . . . . .                                        | 33     |
| BREO ELLIPTA . . . . .                                         | 120     | CAPLYTA . . . . .                                             | 42     |
| BRIELLYN . . . . .                                             | 89      | CAPRELSA . . . . .                                            | 35     |
| BRILINTA . . . . .                                             | 56      | captopril . . . . .                                           | 58     |
| brimonidine tartrate . . . . .                                 | 114     | captopril/hydrochlorothiazide . . . . .                       | 62     |
| brinzolamide . . . . .                                         | 114     | carbamazepine . . . . .                                       | 23     |
| BRIVIACT . . . . .                                             | 20      | carbidopa . . . . .                                           | 41     |
| bromfenac sodium . . . . .                                     | 112     | carbidopa/levodopa . . . . .                                  | 41     |
| bromocriptine mesylate . . . . .                               | 40      | carbidopa/levodopa/entacapone . . . . .                       | 40     |
| BRUKINSA . . . . .                                             | 34      | carbinoxamine maleate . . . . .                               | 116    |
| budesonide . . . . .                                           | 108,115 | carglumic acid . . . . .                                      | 78     |
| bumetanide . . . . .                                           | 63      | carisoprodol . . . . .                                        | 121    |
| buprenorphine . . . . .                                        | 9       | carisoprodol/aspirin . . . . .                                | 121    |
| buprenorphine hcl . . . . .                                    | 15      | carisoprodol/aspirin/codeine phosphate . . . . .              | 121    |

|                                         |     |                                                                          |        |
|-----------------------------------------|-----|--------------------------------------------------------------------------|--------|
| carteolol hcl . . . . .                 | 113 | ciprofloxacin hcl . . . . .                                              | 19,114 |
| CARTIA XT . . . . .                     | 60  | ciprofloxacin hcl/dexamethasone . . . . .                                | 115    |
| carvedilol . . . . .                    | 59  | citalopram hydrobromide . . . . .                                        | 25     |
| carvedilol phosphate . . . . .          | 59  | CLARAVIS . . . . .                                                       | 71     |
| CAYSTON . . . . .                       | 118 | clarithromycin . . . . .                                                 | 18,19  |
| CAZANT . . . . .                        | 89  | clemastine fumarate . . . . .                                            | 116    |
| cefaclor . . . . .                      | 17  | CLENPIQ . . . . .                                                        | 80     |
| cefadroxil . . . . .                    | 17  | CLINDACIN . . . . .                                                      | 77     |
| cefdinir . . . . .                      | 17  | CLINDACIN ETZ . . . . .                                                  | 16     |
| cefixime . . . . .                      | 17  | CLINDACIN P . . . . .                                                    | 16     |
| cefpodoxime proxetil . . . . .          | 17  | clindamycin hcl . . . . .                                                | 16     |
| cefprozil . . . . .                     | 17  | clindamycin palmitate hcl . . . . .                                      | 16     |
| cefuroxime axetil . . . . .             | 17  | clindamycin phosphate . . . . .                                          | 16,77  |
| celecoxib . . . . .                     | 8   | clindamycin phosphate/benzoyl peroxide . . . . .                         | 71     |
| cephalexin . . . . .                    | 17  | clobazam . . . . .                                                       | 22     |
| CERDELGA . . . . .                      | 83  | clobetasol propionate . . . . .                                          | 73     |
| cevimeline hcl . . . . .                | 71  | clobetasol propionate/emollient base . . . . .                           | 73     |
| CHARLOTTE 24 FE . . . . .               | 89  | clocortolone pivalate . . . . .                                          | 73     |
| CHATEAL . . . . .                       | 89  | CLODAN . . . . .                                                         | 73     |
| CHATEAL EQ . . . . .                    | 89  | CLOMID . . . . .                                                         | 97     |
| CHEMET . . . . .                        | 78  | clomiphene citrate . . . . .                                             | 97     |
| CHENODAL . . . . .                      | 81  | clomipramine hcl . . . . .                                               | 27     |
| CHILDREN'S IRON . . . . .               | 79  | clonazepam . . . . .                                                     | 48,49  |
| chlordiazepoxide hcl . . . . .          | 48  | clonidine . . . . .                                                      | 57     |
| chlorhexidine gluconate . . . . .       | 71  | clonidine hcl . . . . .                                                  | 57,67  |
| chloroquine phosphate . . . . .         | 39  | clopidogrel bisulfate . . . . .                                          | 57     |
| chlorpromazine hcl . . . . .            | 41  | clorazepate dipotassium . . . . .                                        | 49     |
| chlorthalidone . . . . .                | 64  | clotrimazole . . . . .                                                   | 28     |
| chlorzoxazone . . . . .                 | 121 | clotrimazole/betamethasone dipropionate . . . . .                        | 75     |
| CHOLBAM . . . . .                       | 83  | clozapine . . . . .                                                      | 44     |
| cholestyramine (with sugar) . . . . .   | 65  | COARTEM . . . . .                                                        | 40     |
| cholestyramine/aspartame . . . . .      | 65  | codeine phosphate/butalbital/aspirin/caffeine . . . . .                  | 11     |
| chorionic gonadotropin, human . . . . . | 87  | codeine sulfate . . . . .                                                | 12     |
| ciclopirox . . . . .                    | 77  | colchicine . . . . .                                                     | 30     |
| ciclopirox olamine . . . . .            | 77  | colesevelam hcl . . . . .                                                | 65     |
| cilostazol . . . . .                    | 56  | COLESTID . . . . .                                                       | 65     |
| cimetidine . . . . .                    | 82  | colestipol hcl . . . . .                                                 | 65     |
| cimetidine hcl . . . . .                | 82  | colloidal bismuth subcitrate/metronidazole/tetracycline<br>hcl . . . . . | 81     |
| CIMZIA . . . . .                        | 102 | COMBIPATCH . . . . .                                                     | 95     |
| cinacalcet hcl . . . . .                | 108 | COMBIVENT RESPIMAT . . . . .                                             | 120    |
| CIPRO HC . . . . .                      | 114 |                                                                          |        |

|                                    |            |                                                                       |       |
|------------------------------------|------------|-----------------------------------------------------------------------|-------|
| COMETRIQ.....                      | 35         | dabigatran etexilate mesylate.....                                    | 54    |
| COMPLERA.....                      | 45         | dalfampridine.....                                                    | 70    |
| COMPRO.....                        | 27         | danazol.....                                                          | 87    |
| CONDYLOX.....                      | 75         | dantrolene sodium.....                                                | 44    |
| CONSTULOSE.....                    | 80         | dapsone.....                                                          | 32,77 |
| COPAXONE.....                      | 69,70      | DAPTACEL DTAP.....                                                    | 105   |
| COPIKTRA.....                      | 35         | darifenacin hydrobromide.....                                         | 84    |
| CORDRAN.....                       | 73         | DASETTA.....                                                          | 89    |
| CORLANOR.....                      | 62         | DAURISMO.....                                                         | 35    |
| CORTISPORIN-TC.....                | 115        | DAYSEE.....                                                           | 89    |
| CORTROPHIN.....                    | 86         | DEBLITANE.....                                                        | 95    |
| COSENTYX (2 SYRINGES).....         | 100        | deferasirox.....                                                      | 78    |
| COSENTYX SENSOREADY (2 PENS).....  | 100        | deferiprone.....                                                      | 78    |
| COSENTYX SENSOREADY PEN.....       | 100        | DELSTRIGO.....                                                        | 45    |
| COSENTYX SYRINGE.....              | 100        | demeclocycline hcl.....                                               | 19    |
| COSENTYX UNOREADY PEN.....         | 100        | DEPO-ESTRADIOL.....                                                   | 89    |
| COTELLIC.....                      | 35         | DEPO-SUBQ PROVERA 104.....                                            | 95    |
| CREON.....                         | 83         | DERMACINRX LIDOCAN.....                                               | 14    |
| CRESEMBA.....                      | 28         | desipramine hcl.....                                                  | 27    |
| CRINONE.....                       | 95         | desloratadine.....                                                    | 116   |
| cromolyn sodium.....               | 83,111,118 | desmopressin acetate.....                                             | 87    |
| CRYSELLE.....                      | 89         | desmopressin acetate (non-refrigerated).....                          | 87    |
| CUTAQUIG.....                      | 99         | desogestrel-ethinyl estradiol.....                                    | 89    |
| cyanocobalamin (vitamin b-12)..... | 79         | desogestrel-ethinyl estradiol/ethinyl estradiol.....                  | 89    |
| CYCLAFEM.....                      | 89         | desonide.....                                                         | 73    |
| cyclobenzaprine hcl.....           | 121        | desoximetasone.....                                                   | 73    |
| cyclopentolate hcl.....            | 110        | desvenlafaxine succinate.....                                         | 25    |
| cyclophosphamide.....              | 32         | dexamethasone.....                                                    | 86    |
| cycloserine.....                   | 32         | dexamethasone sodium phosphate.....                                   | 112   |
| CYCLOSET.....                      | 49         | DEXCOM G5 RECEIVER KIT.....                                           | 109   |
| cyclosporine.....                  | 102        | DEXCOM G5 TRANSMITTER KIT.....                                        | 109   |
| cyclosporine, modified.....        | 102        | DEXCOM G5-G4 SENSOR KIT.....                                          | 109   |
| cyproheptadine hcl.....            | 116        | DEXCOM G6 RECEIVER.....                                               | 109   |
| CYRED.....                         | 89         | DEXCOM G6 SENSOR.....                                                 | 109   |
| CYRED EQ.....                      | 89         | DEXCOM G6 TRANSMITTER.....                                            | 109   |
| CYSTADROPS.....                    | 83         | dexmethylphenidate hcl.....                                           | 67    |
| CYSTAGON.....                      | 83         | dextroamphetamine sulf-saccharate/amphetamine sulf-<br>aspartate..... | 66,67 |
| CYSTARAN.....                      | 83         | dextroamphetamine sulfate.....                                        | 67    |
| <b>D</b>                           |            | DIACOMIT.....                                                         | 20    |
| D-PENAMINE.....                    | 85         | diazepam.....                                                         | 22,49 |



|                                                     |          |
|-----------------------------------------------------|----------|
| diazoxide                                           | 52       |
| diclofenac potassium                                | 8        |
| diclofenac sodium                                   | 8,75,112 |
| diclofenac sodium/misoprostol                       | 8        |
| dicloxacillin sodium                                | 18       |
| dicyclomine hcl                                     | 81       |
| didanosine                                          | 46       |
| DIFICID                                             | 19       |
| diflorasone diacetate                               | 73       |
| diflunisal                                          | 8        |
| difluprednate                                       | 113      |
| DIGITEK                                             | 62       |
| digoxin                                             | 62       |
| dihydroergotamine mesylate                          | 30       |
| DILANTIN                                            | 23       |
| DILT-XR                                             | 60       |
| diltiazem hcl                                       | 60,61    |
| dimethyl fumarate                                   | 70       |
| DIPENTUM                                            | 107      |
| diphenoxylate hcl/atropine sulfate                  | 80,81    |
| dipyridamole                                        | 57       |
| disopyramide phosphate                              | 58       |
| disulfiram                                          | 14       |
| divalproex sodium                                   | 20       |
| DODEX                                               | 79       |
| dofetilide                                          | 58       |
| DOLISHALE                                           | 89       |
| donepezil hcl                                       | 24       |
| DOPTelet                                            | 57       |
| dorzolamide hcl                                     | 114      |
| dorzolamide hcl/timolol maleate                     | 110      |
| dorzolamide hcl/timolol maleate/pf                  | 110      |
| DOTTI                                               | 89       |
| DOVATO                                              | 45       |
| doxazosin mesylate                                  | 57       |
| doxepin hcl                                         | 27       |
| doxercalciferol                                     | 108      |
| doxycycline hyclate                                 | 19       |
| doxycycline monohydrate                             | 20       |
| dronabinol                                          | 28       |
| drospirenone/ethinyl estradiol/levomefolate calcium | 89       |

|                  |     |
|------------------|-----|
| DROXIA           | 33  |
| DRYSOL           | 75  |
| DUAVEE           | 97  |
| duloxetine hcl   | 69  |
| DUPIXENT PEN     | 100 |
| DUPIXENT SYRINGE | 100 |
| dutasteride      | 85  |

## E

|                                                       |         |
|-------------------------------------------------------|---------|
| econazole nitrate                                     | 28      |
| ECONTRA EZ                                            | 96      |
| ECONTRA ONE-STEP                                      | 96      |
| EDURANT                                               | 45      |
| efavirenz                                             | 45      |
| efavirenz/emtricitabine/tenofovir disoproxil fumarate | 45      |
| efavirenz/lamivudine/tenofovir disoproxil fumarate    | 45      |
| EGRIFTA SV                                            | 87      |
| eletriptan hydrobromide                               | 31      |
| ELIGARD                                               | 98      |
| ELINEST                                               | 89      |
| ELIQUIS                                               | 54      |
| ELLA                                                  | 96      |
| ELMIRON                                               | 85      |
| ELURYNG                                               | 89      |
| EMCYT                                                 | 33      |
| EMEND                                                 | 28      |
| EMGALITY PEN                                          | 30      |
| EMGALITY SYRINGE                                      | 30      |
| EMOQUETTE                                             | 89      |
| EMSAM                                                 | 25      |
| emtricitabine                                         | 46      |
| emtricitabine/tenofovir disoproxil fumarate           | 46      |
| EMTRIVA                                               | 46      |
| EMVERM                                                | 39      |
| enalapril maleate                                     | 58      |
| enalapril maleate/hydrochlorothiazide                 | 62      |
| ENBREL                                                | 102,103 |
| ENBREL MINI                                           | 103     |
| ENBREL SURECLICK                                      | 103     |
| ENDOCET                                               | 12      |
| ENDOMETRIN                                            | 96      |

|                                              |     |                                                  |        |
|----------------------------------------------|-----|--------------------------------------------------|--------|
| ENGERIX-B ADULT . . . . .                    | 105 | eszopiclone . . . . .                            | 122    |
| ENGERIX-B PEDIATRIC-ADOLESCENT . . . . .     | 105 | ethacrynic acid . . . . .                        | 63     |
| ENILLORING . . . . .                         | 89  | ethambutol hcl . . . . .                         | 32     |
| enoxaparin sodium . . . . .                  | 54  | ethinyl estradiol/drospirenone . . . . .         | 90     |
| ENPRESSE . . . . .                           | 89  | ethosuximide . . . . .                           | 22     |
| ENSKYCE . . . . .                            | 90  | ethynodiol diacetate-ethinyl estradiol . . . . . | 90     |
| entacapone . . . . .                         | 40  | etodolac . . . . .                               | 8      |
| entecavir . . . . .                          | 44  | etonogestrel/ethinyl estradiol . . . . .         | 90     |
| ENTRESTO . . . . .                           | 62  | etoposide . . . . .                              | 35     |
| ENULOSE . . . . .                            | 80  | etravirine . . . . .                             | 46     |
| EPIDIOLEX . . . . .                          | 20  | EUCRISA . . . . .                                | 73     |
| EPIFOAM . . . . .                            | 73  | EURAX . . . . .                                  | 77     |
| epinastine hcl . . . . .                     | 111 | everolimus . . . . .                             | 36,103 |
| epinephrine . . . . .                        | 117 | EVOTAZ . . . . .                                 | 47     |
| EPIPEN 2-PAK . . . . .                       | 117 | exemestane . . . . .                             | 35     |
| EPITOL . . . . .                             | 23  | EXKIVITY . . . . .                               | 34     |
| EPIVIR HBV . . . . .                         | 44  | EXSERVAN . . . . .                               | 68     |
| eplerenone . . . . .                         | 64  | EXTAVIA . . . . .                                | 70     |
| EPOGEN . . . . .                             | 55  | ezetimibe . . . . .                              | 65     |
| eprosartan mesylate . . . . .                | 57  | ezetimibe/simvastatin . . . . .                  | 65     |
| ergocalciferol (vitamin d2) . . . . .        | 108 |                                                  |        |
| ergoloid mesylates . . . . .                 | 24  | <b>F</b>                                         |        |
| ERGOMAR . . . . .                            | 30  | FACTIVE . . . . .                                | 19     |
| ergotamine tartrate/cafeine . . . . .        | 30  | FALMINA . . . . .                                | 90     |
| ERIVEDGE . . . . .                           | 36  | famciclovir . . . . .                            | 48     |
| ERLEADA . . . . .                            | 33  | famotidine . . . . .                             | 82     |
| erlotinib hcl . . . . .                      | 36  | FANAPT . . . . .                                 | 42     |
| ERRIN . . . . .                              | 96  | FARXIGA . . . . .                                | 50     |
| ERTACZO . . . . .                            | 28  | FARYDAK . . . . .                                | 36     |
| ERY . . . . .                                | 77  | FASENRA PEN . . . . .                            | 120    |
| erythromycin base . . . . .                  | 112 | febuxostat . . . . .                             | 30     |
| erythromycin base in ethanol . . . . .       | 77  | felbamate . . . . .                              | 20     |
| erythromycin base/benzoyl peroxide . . . . . | 72  | felodipine . . . . .                             | 60     |
| escitalopram oxalate . . . . .               | 25  | FEMYNOR . . . . .                                | 90     |
| esomeprazole magnesium . . . . .             | 83  | fenofibrate . . . . .                            | 64     |
| ESTARYLLA . . . . .                          | 90  | fenofibrate nanocrystallized . . . . .           | 64     |
| estazolam . . . . .                          | 122 | fenofibrate, micronized . . . . .                | 64     |
| estradiol . . . . .                          | 90  | fenofibric acid . . . . .                        | 64     |
| estradiol valerate . . . . .                 | 90  | fenofibric acid (choline) . . . . .              | 64     |
| estradiol/norethindrone acetate . . . . .    | 95  | fenoprofen calcium . . . . .                     | 8      |
| ESTRING . . . . .                            | 90  | fentanyl . . . . .                               | 9      |

|                                                                          |        |                                       |       |
|--------------------------------------------------------------------------|--------|---------------------------------------|-------|
| fentanyl citrate                                                         | 12     | FML FORTE                             | 113   |
| FERRIPROX                                                                | 78     | FML S.O.P.                            | 113   |
| FERRIPROX (2 TIMES A DAY)                                                | 78     | folic acid                            | 79,80 |
| ferrous sulfate                                                          | 79     | FOLLISTIM AQ                          | 87    |
| FETZIMA                                                                  | 25,26  | fondaparinux sodium                   | 54    |
| FINACEA                                                                  | 72     | formoterol fumarate                   | 117   |
| finasteride                                                              | 85     | FORTEO                                | 108   |
| fingolimod hcl                                                           | 70     | fosamprenavir calcium                 | 47    |
| FINTEPLA                                                                 | 20     | fosfomycin tromethamine               | 16    |
| FINZALA                                                                  | 90     | fosinopril sodium                     | 58    |
| FIORICET                                                                 | 69     | fosinopril sodium/hydrochlorothiazide | 62    |
| FLAC OTIC OIL                                                            | 115    | FOSRENOL                              | 79    |
| FLAREX                                                                   | 113    | FOTIVDA                               | 36    |
| flavoxate hcl                                                            | 84     | FRAGMIN                               | 54    |
| flecainide acetate                                                       | 58     | FREESTYLE LIBRE 14 DAY READER         | 109   |
| FLOVENT DISKUS                                                           | 115    | FREESTYLE LIBRE 14 DAY SENSOR         | 109   |
| FLOVENT HFA                                                              | 115    | FREESTYLE LIBRE 2 READER              | 110   |
| fluconazole                                                              | 28     | FREESTYLE LIBRE 2 SENSOR              | 110   |
| flucytosine                                                              | 29     | FREESTYLE LIBRE 3 SENSOR              | 110   |
| fludrocortisone acetate                                                  | 86     | frovatriptan succinate                | 31    |
| flunisolide                                                              | 115    | FULPHILA                              | 55    |
| fluocinolone acetonide                                                   | 73     | furosemide                            | 63    |
| fluocinolone acetonide oil                                               | 115    | FUZEON                                | 47    |
| fluocinolone acetonide/shower cap                                        | 73     | FYAVOLV                               | 90    |
| fluocinonide                                                             | 74     | FYCOMPA                               | 21    |
| fluocinonide/emollient base                                              | 74     | FYLNETRA                              | 55    |
| FLUORIDE (0.25MG(0.55) TAB CHEW, 0.5MG(1.1) TAB CHEW, 1MG(2.2) TAB CHEW) | 78     | FYREMADEL                             | 98    |
| fluoride (sodium)                                                        | 78     |                                       |       |
| fluorometholone                                                          | 113    | <b>G</b>                              |       |
| FLUOROPLEX                                                               | 75     | gabapentin                            | 22    |
| fluorouracil                                                             | 75     | GALAFOLD                              | 83    |
| fluoxetine hcl                                                           | 26     | galantamine hbr                       | 24    |
| fluphenazine hcl                                                         | 42     | GAMMAKED                              | 99    |
| flurazepam hcl                                                           | 122    | GAMUNEX-C                             | 99    |
| flurbiprofen                                                             | 8      | ganirelix acetate                     | 98    |
| flurbiprofen sodium                                                      | 113    | GARDASIL 9                            | 105   |
| flutamide                                                                | 33     | gatifloxacin                          | 112   |
| fluticasone propionate                                                   | 74,115 | GATTEX                                | 81    |
| fluticasone propionate/salmeterol xinafoate                              | 120    | GAVILYTE-C                            | 81    |
| fluvoxamine maleate                                                      | 26     | GAVILYTE-G                            | 81    |
|                                                                          |        | GAVILYTE-N                            | 81    |

|                                  |        |                                     |         |
|----------------------------------|--------|-------------------------------------|---------|
| GAVRETO.....                     | 36     | HADLIMA(CF) PUSHTOUCH.....          | 103     |
| gefitinib.....                   | 36     | HAEGARDA.....                       | 99      |
| gemfibrozil.....                 | 64     | HAILEY.....                         | 90      |
| GEMMILY.....                     | 90     | HAILEY 24 FE.....                   | 90      |
| GENERLAC.....                    | 80     | HAILEY FE.....                      | 90      |
| GENGRAF.....                     | 103    | halcinonide.....                    | 86      |
| GENOTROPIN.....                  | 87     | halobetasol propionate.....         | 74      |
| GENTAK.....                      | 112    | HALOETTE.....                       | 90      |
| gentamicin sulfate.....          | 16,112 | haloperidol.....                    | 42      |
| GENVOYA.....                     | 45     | haloperidol lactate.....            | 42      |
| GILENYA.....                     | 70     | HAVRIX.....                         | 105     |
| GILOTRIF.....                    | 36     | HEATHER.....                        | 96      |
| glatiramer acetate.....          | 70     | HEMANGEOL.....                      | 34      |
| GLEOSTINE.....                   | 32     | heparin sodium,porcine.....         | 54      |
| glimepiride.....                 | 50     | heparin sodium,porcine/pf.....      | 54      |
| glipizide.....                   | 50     | HEPLISAV-B.....                     | 105     |
| glipizide/metformin hcl.....     | 50     | HETLIOZ LQ.....                     | 122     |
| GLUCAGON EMERGENCY KIT.....      | 52     | HIBERIX.....                        | 105     |
| glyburide.....                   | 50     | HIZENTRA.....                       | 99      |
| glyburide,micronized.....        | 50     | HUMALOG.....                        | 52      |
| glyburide/metformin hcl.....     | 50     | HUMALOG JUNIOR KWIKPEN.....         | 52      |
| glycopyrrolate.....              | 81     | HUMALOG KWIKPEN U-100.....          | 52      |
| GLYDO.....                       | 14     | HUMALOG KWIKPEN U-200.....          | 52      |
| GLYXAMBI.....                    | 50     | HUMALOG MIX 50-50.....              | 52      |
| granisetron hcl.....             | 28     | HUMALOG MIX 50-50 KWIKPEN.....      | 52      |
| GRANIX.....                      | 55     | HUMALOG MIX 75-25.....              | 52      |
| GRASTEK.....                     | 120    | HUMALOG MIX 75-25 KWIKPEN.....      | 52      |
| griseofulvin ultramicrosize..... | 29     | HUMALOG TEMPO PEN U-100.....        | 53      |
| griseofulvin, microsize.....     | 29     | HUMIRA.....                         | 103     |
| guanfacine hcl.....              | 57,67  | HUMIRA PEN.....                     | 103     |
| GVOKE.....                       | 52     | HUMIRA PEN CROHN'S-UC-HS.....       | 103     |
| GVOKE HYPOPEN 1-PACK.....        | 52     | HUMIRA PEN PSOR-UEVITS-ADOL HS..... | 103     |
| GVOKE HYPOPEN 2-PACK.....        | 52     | HUMIRA(CF).....                     | 103     |
| GVOKE PFS 1-PACK SYRINGE.....    | 52     | HUMIRA(CF) PEDIATRIC CROHN'S.....   | 103,104 |
| GVOKE PFS 2-PACK SYRINGE.....    | 52     | HUMIRA(CF) PEN.....                 | 104     |
| GYNOL II.....                    | 85     | HUMIRA(CF) PEN CROHN'S-UC-HS.....   | 104     |
|                                  |        | HUMIRA(CF) PEN PEDIATRIC UC.....    | 104     |
|                                  |        | HUMIRA(CF) PEN PSOR-UV-ADOL HS..... | 104     |
| <b>H</b>                         |        | HUMULIN 70-30.....                  | 53      |
| HADLIMA.....                     | 103    | HUMULIN 70/30 KWIKPEN.....          | 53      |
| HADLIMA PUSHTOUCH.....           | 103    | HUMULIN N.....                      | 53      |
| HADLIMA(CF).....                 | 103    |                                     |         |

|                                                                   |        |                                                 |       |
|-------------------------------------------------------------------|--------|-------------------------------------------------|-------|
| HUMULIN N KWIKPEN . . . . .                                       | 53     | INCASSIA . . . . .                              | 96    |
| HUMULIN R . . . . .                                               | 53     | INCRELEX . . . . .                              | 87    |
| HUMULIN R U-500 . . . . .                                         | 53     | INCRUSE ELLIPTA . . . . .                       | 116   |
| HUMULIN R U-500 KWIKPEN . . . . .                                 | 53     | indapamide . . . . .                            | 64    |
| HYCANTIN . . . . .                                                | 35     | indomethacin . . . . .                          | 8     |
| hydralazine hcl . . . . .                                         | 65     | INFANRIX DTAP . . . . .                         | 105   |
| hydrochlorothiazide . . . . .                                     | 64     | INLYTA . . . . .                                | 36    |
| hydrocodone bitartrate . . . . .                                  | 9      | INQOVI . . . . .                                | 33    |
| hydrocodone bitartrate/acetaminophen . . . . .                    | 12     | INREBIC . . . . .                               | 34    |
| hydrocodone bitartrate/homatropine methylbromide . . . . .        | 120    | INTELENCE . . . . .                             | 46    |
| hydrocodone/ibuprofen . . . . .                                   | 12     | INTRON A . . . . .                              | 102   |
| hydrocortisone . . . . .                                          | 74,108 | INTROVALE . . . . .                             | 91    |
| hydrocortisone butyrate . . . . .                                 | 74     | INVELTYS . . . . .                              | 113   |
| hydrocortisone valerate . . . . .                                 | 74     | INVOKAMET . . . . .                             | 50    |
| hydrocortisone/acetic acid . . . . .                              | 115    | INVOKAMET XR . . . . .                          | 50    |
| HYDROMET . . . . .                                                | 120    | INVOKANA . . . . .                              | 50    |
| hydromorphone hcl . . . . .                                       | 10,12  | IPOL . . . . .                                  | 105   |
| hydroxychloroquine sulfate . . . . .                              | 40     | ipratropium bromide . . . . .                   | 116   |
| hydroxyurea . . . . .                                             | 33     | ipratropium bromide/albuterol sulfate . . . . . | 120   |
| hydroxyzine hcl . . . . .                                         | 116    | irbesartan . . . . .                            | 57    |
| hydroxyzine pamoate . . . . .                                     | 116    | irbesartan/hydrochlorothiazide . . . . .        | 62    |
| HYPER-SAL . . . . .                                               | 120    | ISENTRESS . . . . .                             | 45    |
| HYQVIA . . . . .                                                  | 99     | ISENTRESS HD . . . . .                          | 45    |
| <b>I</b>                                                          |        | ISIBLOOM . . . . .                              | 91    |
| ibandronate sodium . . . . .                                      | 108    | isoniazid . . . . .                             | 32    |
| IBRANCE . . . . .                                                 | 36     | isosorbide dinitrate . . . . .                  | 66    |
| ibuprofen . . . . .                                               | 8      | isosorbide mononitrate . . . . .                | 66    |
| ibuprofen (400 mg tablet, 600 mg tablet, 800 mg tablet) . . . . . | 8      | isotretinoin . . . . .                          | 72    |
| icatibant acetate . . . . .                                       | 99     | isradipine . . . . .                            | 60    |
| ICLEVIA . . . . .                                                 | 91     | itraconazole . . . . .                          | 29    |
| ICLUSIG . . . . .                                                 | 36     | ivermectin . . . . .                            | 39,77 |
| icosapent ethyl . . . . .                                         | 65     | <b>J</b>                                        |       |
| IDHIFA . . . . .                                                  | 34     | JAIMESS . . . . .                               | 91    |
| imatinib mesylate . . . . .                                       | 36     | JAKAFI . . . . .                                | 36    |
| IMBRUVICA . . . . .                                               | 36     | JANTOVEN . . . . .                              | 54    |
| IMCIVREE . . . . .                                                | 81     | JANUMET . . . . .                               | 50    |
| imipramine hcl . . . . .                                          | 27     | JANUMET XR . . . . .                            | 50    |
| imiquimod . . . . .                                               | 76     | JANUVIA . . . . .                               | 50    |
| INBRIJA . . . . .                                                 | 41     | JARDIANCE . . . . .                             | 50    |
|                                                                   |        | JASMIEL . . . . .                               | 91    |

|                    |    |
|--------------------|----|
| JAVYGTOR.....      | 83 |
| JAYPIRCA.....      | 36 |
| JENCYCLA.....      | 96 |
| JENTADUETO.....    | 50 |
| JENTADUETO XR..... | 50 |
| JINTELI.....       | 91 |
| JOLESSA.....       | 91 |
| JOYEAX.....        | 91 |
| JULEBER.....       | 91 |
| JULUCA.....        | 45 |
| JUNEL.....         | 91 |
| JUNEL FE.....      | 91 |
| JUNEL FE 24.....   | 91 |
| JUXTAPID.....      | 65 |
| JYNARQUE.....      | 78 |

## K

|                             |         |
|-----------------------------|---------|
| KAITLIB FE.....             | 91      |
| KALLIGA.....                | 91      |
| KALYDECO.....               | 118     |
| KARIVA.....                 | 91      |
| KELNOR 1-35.....            | 91      |
| KELNOR 1-50.....            | 91      |
| KERENDIA.....               | 64      |
| KESIMPTA PEN.....           | 70      |
| ketoconazole.....           | 29      |
| ketoprofen.....             | 8       |
| ketorolac tromethamine..... | 8,9,113 |
| KINERET.....                | 100     |
| KINRIX.....                 | 105     |
| KISQALI.....                | 36,37   |
| KISQALI FEMARA CO-PACK..... | 34      |
| KLISYRI.....                | 76      |
| KLOR-CON M10.....           | 78      |
| KLOR-CON M20.....           | 78      |
| KLOXXADO.....               | 15      |
| KOSELUGO.....               | 34      |
| KRAZATI.....                | 37      |
| KURVELO.....                | 91      |
| KYNMOBI.....                | 40      |
| KYZATREX.....               | 88      |

## L

|                                                         |       |
|---------------------------------------------------------|-------|
| labetalol hcl.....                                      | 59    |
| lacosamide.....                                         | 23    |
| LACRISERT.....                                          | 110   |
| lactulose.....                                          | 80    |
| LAMICTAL XR (BLUE).....                                 | 21    |
| LAMICTAL XR (GREEN).....                                | 21    |
| LAMICTAL XR (ORANGE).....                               | 21    |
| lamivudine.....                                         | 44,46 |
| lamivudine/zidovudine.....                              | 46    |
| lamotrigine.....                                        | 21    |
| lansoprazole.....                                       | 83    |
| lansoprazole/amoxicillin trihydrate/clarithromycin..... | 81    |
| lanthanum carbonate.....                                | 79    |
| LANTUS.....                                             | 53    |
| LANTUS SOLOSTAR.....                                    | 53    |
| lapatinib ditosylate.....                               | 37    |
| LARIN.....                                              | 91    |
| LARIN 24 FE.....                                        | 91    |
| LARIN FE.....                                           | 91    |
| LARISSIA.....                                           | 91    |
| latanoprost.....                                        | 114   |
| ledipasvir/sofosbuvir.....                              | 45    |
| LEENA.....                                              | 91    |
| leflunomide.....                                        | 104   |
| lenalidomide.....                                       | 33    |
| LENVIMA.....                                            | 37    |
| LESSINA.....                                            | 91    |
| letrozole.....                                          | 35    |
| leucovorin calcium.....                                 | 34    |
| LEUKERAN.....                                           | 32    |
| LEUKINE.....                                            | 55    |
| leuprolide acetate.....                                 | 98    |
| levalbuterol hcl.....                                   | 117   |
| levalbuterol tartrate.....                              | 117   |
| LEVEMIR.....                                            | 53    |
| LEVEMIR FLEXPEN.....                                    | 53    |
| LEVEMIR FLEXTOUCH.....                                  | 53    |
| levetiracetam.....                                      | 21    |
| levobunolol hcl.....                                    | 113   |

|                                                                  |        |                                       |     |
|------------------------------------------------------------------|--------|---------------------------------------|-----|
| levocarnitine (with sugar) . . . . .                             | 80     | LUMAKRAS . . . . .                    | 37  |
| levofloxacin . . . . .                                           | 19,112 | LUMIGAN . . . . .                     | 114 |
| LEVONEST . . . . .                                               | 91     | LUMRYZ . . . . .                      | 122 |
| levonorgestrel . . . . .                                         | 96     | LUPKYNIS . . . . .                    | 104 |
| levonorgestrel/ethinyl estradiol . . . . .                       | 91     | lurasidone hcl . . . . .              | 42  |
| levonorgestrel/ethinyl estradiol and ethinyl estradiol . . . . . | 92     | LUTERA . . . . .                      | 92  |
| levonorgestrel/ethinyl estradiol/iron . . . . .                  | 92     | LYBALVI . . . . .                     | 25  |
| LEVORA-28 . . . . .                                              | 92     | LYLEQ . . . . .                       | 96  |
| levothyroxine sodium . . . . .                                   | 97     | LYLLANA . . . . .                     | 92  |
| LEXIVA . . . . .                                                 | 47     | LYNPARZA . . . . .                    | 37  |
| lidocaine . . . . .                                              | 14     | LYSODREN . . . . .                    | 97  |
| lidocaine hcl . . . . .                                          | 14     | LYTGOBI . . . . .                     | 37  |
| lidocaine/prilocaine . . . . .                                   | 14     | LYZA . . . . .                        | 96  |
| LILLOW . . . . .                                                 | 92     |                                       |     |
| lindane . . . . .                                                | 77     | <b>M</b>                              |     |
| linezolid . . . . .                                              | 16     | M-M-R II VACCINE . . . . .            | 105 |
| liothyronine sodium . . . . .                                    | 97     | malathion . . . . .                   | 77  |
| lisdexamfetamine dimesylate . . . . .                            | 67     | maraviroc . . . . .                   | 47  |
| lisinopril . . . . .                                             | 58     | MARLISSA . . . . .                    | 92  |
| lisinopril/hydrochlorothiazide . . . . .                         | 62     | MARPLAN . . . . .                     | 25  |
| lithium carbonate . . . . .                                      | 49     | MATULANE . . . . .                    | 32  |
| LIVALO . . . . .                                                 | 64     | MATZIM LA . . . . .                   | 61  |
| LO LOESTRIN FE . . . . .                                         | 92     | MAVENCLAD . . . . .                   | 70  |
| LO-ZUMANDIMINE . . . . .                                         | 92     | MAVYRET . . . . .                     | 45  |
| LOJAIMIESS . . . . .                                             | 92     | MAXIDEX . . . . .                     | 113 |
| LOKELMA . . . . .                                                | 79     | MAYZENT . . . . .                     | 70  |
| LONSURF . . . . .                                                | 34     | meclofenamate sodium . . . . .        | 9   |
| lopinavir/ritonavir . . . . .                                    | 47     | MEDROL . . . . .                      | 86  |
| lorazepam . . . . .                                              | 49     | medroxyprogesterone acetate . . . . . | 96  |
| LORAZEPAM INTENSOL . . . . .                                     | 49     | mefenamic acid . . . . .              | 9   |
| LORBRENA . . . . .                                               | 37     | mefloquine hcl . . . . .              | 40  |
| LORYNA . . . . .                                                 | 92     | megestrol acetate . . . . .           | 96  |
| losartan potassium . . . . .                                     | 57     | MEKINIST . . . . .                    | 37  |
| losartan potassium/hydrochlorothiazide . . . . .                 | 62     | MEKTOVI . . . . .                     | 37  |
| LOTEMAX . . . . .                                                | 113    | meloxicam . . . . .                   | 9   |
| loteprednol etabonate . . . . .                                  | 113    | melphalan . . . . .                   | 32  |
| lovastatin . . . . .                                             | 64     | memantine hcl . . . . .               | 24  |
| LOW-OGESTREL . . . . .                                           | 92     | MENACTRA . . . . .                    | 105 |
| loxapine succinate . . . . .                                     | 42     | MENEST . . . . .                      | 92  |
| lubiprostone . . . . .                                           | 80     | MENQUADFI . . . . .                   | 105 |
| LUCEMYRA . . . . .                                               | 15     | MENVEO A-C-Y-W-135-DIP . . . . .      | 106 |

|                                                                                         |     |                                                                         |        |
|-----------------------------------------------------------------------------------------|-----|-------------------------------------------------------------------------|--------|
| meprobamate . . . . .                                                                   | 48  | MICROGESTIN FE . . . . .                                                | 92     |
| mercaptopurine . . . . .                                                                | 34  | midazolam hcl . . . . .                                                 | 14     |
| MERZEE . . . . .                                                                        | 92  | midazolam hcl/pf . . . . .                                              | 14     |
| mesalamine . . . . .                                                                    | 107 | midodrine hcl . . . . .                                                 | 57     |
| MESNEX . . . . .                                                                        | 39  | miglitol . . . . .                                                      | 50     |
| METADATE ER . . . . .                                                                   | 67  | miglustat . . . . .                                                     | 83     |
| metaxalone . . . . .                                                                    | 121 | MILI . . . . .                                                          | 92     |
| metformin hcl . . . . .                                                                 | 50  | MIMVEY . . . . .                                                        | 95     |
| METFORMIN HCL (500 MG TAB ER 24H, 750 MG<br>TAB ER 24H) (GENERIC FOR GLUCOPHAGE XR) .50 |     | MINITRAN . . . . .                                                      | 66     |
| methadone hcl . . . . .                                                                 | 10  | minocycline hcl . . . . .                                               | 20     |
| METHADONE INTENSOL . . . . .                                                            | 10  | minoxidil . . . . .                                                     | 66     |
| METHADOSE . . . . .                                                                     | 10  | mirtazapine . . . . .                                                   | 25     |
| methamphetamine hcl . . . . .                                                           | 67  | misoprostol . . . . .                                                   | 82     |
| methazolamide . . . . .                                                                 | 114 | modafinil . . . . .                                                     | 122    |
| methenamine hippurate . . . . .                                                         | 16  | moexipril hcl . . . . .                                                 | 58     |
| methimazole . . . . .                                                                   | 98  | mometasone furoate . . . . .                                            | 74,115 |
| METHITEST . . . . .                                                                     | 88  | MONDOXYNE NL . . . . .                                                  | 20     |
| methocarbamol . . . . .                                                                 | 121 | MONO-LINYAH . . . . .                                                   | 92     |
| methotrexate sodium . . . . .                                                           | 104 | montelukast sodium . . . . .                                            | 116    |
| methotrexate sodium/pf . . . . .                                                        | 104 | morphine sulfate . . . . .                                              | 10,13  |
| methoxsalen . . . . .                                                                   | 76  | MOTEGRITY . . . . .                                                     | 80     |
| methscopolamine bromide . . . . .                                                       | 81  | MOTOFEN . . . . .                                                       | 81     |
| methsuximide . . . . .                                                                  | 22  | MOUNJARO . . . . .                                                      | 50     |
| methyl dopa . . . . .                                                                   | 57  | MOVANTIK . . . . .                                                      | 80     |
| methylergonovine maleate . . . . .                                                      | 85  | MOXATAG . . . . .                                                       | 18     |
| methylphenidate . . . . .                                                               | 68  | moxifloxacin hcl . . . . .                                              | 19,112 |
| methylphenidate hcl . . . . .                                                           | 68  | MULPLETA . . . . .                                                      | 55     |
| methylprednisolone . . . . .                                                            | 86  | MULTAQ . . . . .                                                        | 58     |
| methyltestosterone . . . . .                                                            | 88  | multivitamin combination no.51/ferrous fumarate/folic<br>acid . . . . . | 80     |
| metoclopramide hcl . . . . .                                                            | 27  | MUPIROCIN 2% OINTMENT . . . . .                                         | 77     |
| metolazone . . . . .                                                                    | 64  | MY CHOICE . . . . .                                                     | 96     |
| metoprolol succinate . . . . .                                                          | 59  | MY WAY . . . . .                                                        | 96     |
| metoprolol tartrate . . . . .                                                           | 59  | MYALEPT . . . . .                                                       | 81     |
| metoprolol tartrate/hydrochlorothiazide . . . . .                                       | 62  | MYCAPSSA . . . . .                                                      | 98     |
| metronidazole . . . . .                                                                 | 16  | mycophenolate mofetil . . . . .                                         | 104    |
| mexiletine hcl . . . . .                                                                | 58  | mycophenolate sodium . . . . .                                          | 104    |
| MIBELAS 24 FE . . . . .                                                                 | 92  | MYORISAN . . . . .                                                      | 72     |
| miconazole nitrate . . . . .                                                            | 29  | MYRBETRIQ . . . . .                                                     | 84     |
| MICROGESTIN . . . . .                                                                   | 92  | MYTESI . . . . .                                                        | 81     |
| MICROGESTIN 24 FE . . . . .                                                             | 92  |                                                                         |        |



# N

|                                                      |         |                                                            |    |
|------------------------------------------------------|---------|------------------------------------------------------------|----|
| nabumetone . . . . .                                 | 9       | NICOTROL . . . . .                                         | 15 |
| nadolol . . . . .                                    | 59      | NICOTROL NS . . . . .                                      | 15 |
| naftifine hcl . . . . .                              | 29      | nifedipine . . . . .                                       | 60 |
| naloxone hcl . . . . .                               | 15      | NIFEDIPINE (10 MG CAPSULE, 20 MG CAPSULE) .                | 60 |
| naltrexone hcl . . . . .                             | 15      | NIKKI . . . . .                                            | 92 |
| naproxen . . . . .                                   | 9       | nilutamide . . . . .                                       | 33 |
| naproxen sodium . . . . .                            | 9       | nimodipine . . . . .                                       | 60 |
| naratriptan hcl . . . . .                            | 31      | NINLARO . . . . .                                          | 34 |
| NATACYN . . . . .                                    | 112     | nisoldipine . . . . .                                      | 60 |
| NATAZIA . . . . .                                    | 92      | nitazoxanide . . . . .                                     | 40 |
| nateglinide . . . . .                                | 51      | nitisinone . . . . .                                       | 83 |
| NAYZILAM . . . . .                                   | 24      | NITRO-BID . . . . .                                        | 66 |
| nebivolol hcl . . . . .                              | 59      | NITRO-DUR . . . . .                                        | 66 |
| NEBUSAL . . . . .                                    | 120     | NITRO-TIME . . . . .                                       | 66 |
| NECON . . . . .                                      | 92      | nitrofurantoin macrocrystal . . . . .                      | 16 |
| nefazodone hcl . . . . .                             | 26      | nitrofurantoin monohydrate/macrocrystals . . . . .         | 16 |
| NEO-POLYCIN . . . . .                                | 110     | nitroglycerin . . . . .                                    | 66 |
| NEO-POLYCIN HC . . . . .                             | 110     | NITROMIST . . . . .                                        | 66 |
| neomycin sulfate . . . . .                           | 16      | NITYR . . . . .                                            | 84 |
| neomycin sulfate/bacitracin zinc/polymyxin           |         | NIVA THYROID . . . . .                                     | 97 |
| b/hydrocortisone . . . . .                           | 110     | NIVA-PLUS . . . . .                                        | 80 |
| neomycin sulfate/bacitracin/polymyxin b . . . . .    | 110     | NIVESTYM . . . . .                                         | 55 |
| neomycin sulfate/polymyxin b sulfate/gramicidin d .  | 111     | nizatidine . . . . .                                       | 82 |
| neomycin sulfate/polymyxin b                         |         | NORA-BE . . . . .                                          | 96 |
| sulfate/hydrocortisone . . . . .                     | 111,115 | NORDITROPIN FLEXP . . . . .                                | 87 |
| neomycin/polymyxin b sulfate/dexamethasone . . . . . | 111     | norethindrone . . . . .                                    | 96 |
| NERLYNX . . . . .                                    | 37      | norethindrone acetate . . . . .                            | 96 |
| NEUAC . . . . .                                      | 72      | norethindrone acetate-ethinyl estradiol . . . . .          | 92 |
| NEULASTA . . . . .                                   | 55      | norethindrone acetate-ethinyl estradiol/ferrous            |    |
| NEULASTA ONPRO . . . . .                             | 55      | fumarate . . . . .                                         | 93 |
| NEUPOGEN . . . . .                                   | 55      | norethindrone-ethinyl estradiol/ferrous fumarate . . . . . | 93 |
| NEUPRO . . . . .                                     | 40      | norgestimate-ethinyl estradiol . . . . .                   | 93 |
| NEVANAC . . . . .                                    | 113     | NORLYDA . . . . .                                          | 96 |
| nevirapine . . . . .                                 | 46      | NORPACE CR . . . . .                                       | 58 |
| NEW DAY . . . . .                                    | 96      | NORTREL . . . . .                                          | 93 |
| niacin . . . . .                                     | 65      | nortriptyline hcl . . . . .                                | 27 |
| NIACOR . . . . .                                     | 65      | NORVIR . . . . .                                           | 47 |
| nicardipine hcl . . . . .                            | 60      | NOURIANZ . . . . .                                         | 40 |
| NICOTINE (GUM, LOZENGE, PATCH) . . . . .             | 15      | NOVAREL . . . . .                                          | 87 |
|                                                      |         | NP THYROID . . . . .                                       | 97 |
|                                                      |         | NUBEQA . . . . .                                           | 33 |

|                                  |     |
|----------------------------------|-----|
| NUCALA                           | 120 |
| NUCYNTA ER                       | 10  |
| NUDEXTA                          | 69  |
| NURTEC ODT                       | 30  |
| NYAMYC                           | 29  |
| NYLIA                            | 93  |
| NYMYO                            | 93  |
| nystatin                         | 29  |
| nystatin/triamcinolone acetonide | 76  |
| NYSTOP                           | 29  |
| NYVEPRIA                         | 56  |

## O

|                                                                 |         |
|-----------------------------------------------------------------|---------|
| OCALIVA                                                         | 81      |
| OCELLA                                                          | 93      |
| octreotide acetate                                              | 98      |
| ODACTRA                                                         | 120     |
| ODEFSEY                                                         | 46      |
| ODOMZO                                                          | 37      |
| OFEV                                                            | 119     |
| ofloxacin                                                       | 19,112  |
| olanzapine                                                      | 43      |
| olanzapine/fluoxetine hcl                                       | 25      |
| olmesartan medoxomil                                            | 57      |
| olmesartan medoxomil/amlodipine<br>besylate/hydrochlorothiazide | 62      |
| olmesartan medoxomil/hydrochlorothiazide                        | 63      |
| olopatadine hcl                                                 | 111,116 |
| OMECLAMOX-PAK                                                   | 82      |
| omega-3 acid ethyl esters                                       | 65      |
| omeprazole                                                      | 83      |
| OMNARIS                                                         | 115     |
| OMNIPOD 5 G6 INTRO KIT (GEN 5)                                  | 110     |
| OMNIPOD 5 G6 PODS (GEN 5) 5PK                                   | 110     |
| OMNIPOD DASH INTRO KIT (GEN 4)                                  | 110     |
| OMNIPOD DASH PODS (GEN 4) 5PK                                   | 110     |
| ondansetron hcl                                                 | 28      |
| ONDANSETRON ODT (4 MG TABLET, 8 MG<br>TABLET)                   | 28      |
| ONUREG                                                          | 34      |
| OPCICON ONE-STEP                                                | 96      |

|                                          |     |
|------------------------------------------|-----|
| opium tincture                           | 82  |
| OPSUMIT                                  | 119 |
| OPTION 2                                 | 96  |
| ORALAIR                                  | 120 |
| ORALONE                                  | 71  |
| ORAVIG                                   | 29  |
| ORENCIA                                  | 100 |
| ORENCIA CLICKJECT                        | 100 |
| ORFADIN                                  | 84  |
| ORGOVYX                                  | 98  |
| ORIAHNN                                  | 87  |
| ORILISSA                                 | 98  |
| ORKAMBI                                  | 118 |
| ORLADEYO                                 | 99  |
| orphenadrine citrate                     | 121 |
| ORSERDU                                  | 33  |
| ORSYTHIA                                 | 93  |
| oseltamivir phosphate                    | 48  |
| OSENI                                    | 51  |
| OSMOPREP                                 | 80  |
| OTEZLA                                   | 76  |
| oxandrolone                              | 87  |
| oxaprozin                                | 9   |
| oxazepam                                 | 49  |
| oxcarbazepine                            | 23  |
| OXERVATE                                 | 111 |
| oxiconazole nitrate                      | 29  |
| OXTELLAR XR                              | 23  |
| oxybutynin chloride                      | 85  |
| oxycodone hcl                            | 13  |
| OXYCODONE HCL 100 MG/5 ML CONC           | 13  |
| oxycodone hcl/acetaminophen              | 13  |
| oxymorphone hcl                          | 10  |
| OZEMPIC                                  | 51  |
| OZEMPIC 0.25-0.5 MG/DOSE PEN (2MG/1.5ML) | 51  |
| OZEMPIC 0.25-0.5 MG/DOSE PEN (2MG/3ML)   | 51  |

## P

|              |    |
|--------------|----|
| PACERONE     | 58 |
| paliperidone | 43 |
| PALYNZIQ     | 84 |

|                                                                           |     |                                            |        |
|---------------------------------------------------------------------------|-----|--------------------------------------------|--------|
| PANRETIN . . . . .                                                        | 39  | PHOSLYRA . . . . .                         | 79     |
| pantoprazole sodium . . . . .                                             | 83  | phytonadione (vit k1) . . . . .            | 56     |
| paricalcitol . . . . .                                                    | 108 | PIFELTRO . . . . .                         | 46     |
| PAROEX . . . . .                                                          | 71  | pilocarpine hcl . . . . .                  | 71,114 |
| paromomycin sulfate . . . . .                                             | 16  | pimecrolimus . . . . .                     | 74     |
| paroxetine hcl . . . . .                                                  | 26  | pimozide . . . . .                         | 42     |
| PASER . . . . .                                                           | 32  | PIMTREA . . . . .                          | 93     |
| pazopanib hcl . . . . .                                                   | 37  | pindolol . . . . .                         | 59     |
| PEDIA IRON . . . . .                                                      | 80  | pioglitazone hcl . . . . .                 | 51     |
| PEDIARIX . . . . .                                                        | 106 | pioglitazone hcl/glimepiride . . . . .     | 51     |
| PEDIATRIC FE-VITE . . . . .                                               | 80  | pioglitazone hcl/metformin hcl . . . . .   | 51     |
| PEDVAXHIB . . . . .                                                       | 106 | PIQRAY . . . . .                           | 37     |
| peg 3350/sod sulf/sod bicarb/sod chloride/potassium<br>chloride . . . . . | 82  | pirfenidone . . . . .                      | 119    |
| peg 3350/sodium sulfate/sod chloride/kcl/ascorbate<br>sod/vit c . . . . . | 82  | PIRMELLA . . . . .                         | 93     |
| PEGASYS . . . . .                                                         | 102 | piroxicam . . . . .                        | 9      |
| PEMAZYRE . . . . .                                                        | 37  | PLEGRIDY . . . . .                         | 70     |
| penciclovir . . . . .                                                     | 77  | PLEGRIDY PEN . . . . .                     | 70     |
| penicillamine . . . . .                                                   | 85  | PLENVU . . . . .                           | 82     |
| penicillin v potassium . . . . .                                          | 18  | PNEUMOVAX 23 . . . . .                     | 106    |
| PENTACEL . . . . .                                                        | 106 | podofilox . . . . .                        | 76     |
| PENTACEL ACTHIB COMPONENT . . . . .                                       | 106 | POLYCIN . . . . .                          | 111    |
| PENTACEL DTAP-IPV COMPONENT . . . . .                                     | 106 | polymyxin b sulfate/trimethoprim . . . . . | 112    |
| pentamidine isethionate . . . . .                                         | 40  | POMALYST . . . . .                         | 33     |
| PENTASA . . . . .                                                         | 107 | PORTIA . . . . .                           | 93     |
| pentoxifylline . . . . .                                                  | 63  | posaconazole . . . . .                     | 29     |
| PEPCID . . . . .                                                          | 82  | potassium chloride . . . . .               | 78     |
| perindopril erbumine . . . . .                                            | 58  | potassium citrate . . . . .                | 78     |
| PERIOGARD . . . . .                                                       | 71  | PRADAXA . . . . .                          | 54     |
| permethrin . . . . .                                                      | 77  | PRALUENT PEN . . . . .                     | 65     |
| perphenazine . . . . .                                                    | 27  | pramipexole di-hcl . . . . .               | 41     |
| perphenazine/amitriptyline hcl . . . . .                                  | 25  | prasugrel hcl . . . . .                    | 57     |
| phenelzine sulfate . . . . .                                              | 25  | pravastatin sodium . . . . .               | 64     |
| phenobarbital . . . . .                                                   | 22  | praziquantel . . . . .                     | 39     |
| phenoxybenzamine hcl . . . . .                                            | 57  | prazosin hcl . . . . .                     | 57     |
| phenylephrine hcl/promethazine hcl . . . . .                              | 120 | prednicarbate . . . . .                    | 74     |
| phenytoin . . . . .                                                       | 23  | prednisolone . . . . .                     | 86     |
| phenytoin sodium extended . . . . .                                       | 23  | prednisolone acetate . . . . .             | 113    |
| PHEXXI . . . . .                                                          | 85  | prednisolone sodium phosphate . . . . .    | 86,113 |
| PHILITH . . . . .                                                         | 93  | prednisone . . . . .                       | 86     |
|                                                                           |     | PREDNISONE INTENSOL . . . . .              | 87     |
|                                                                           |     | pregabalin . . . . .                       | 69     |

|                                                                |        |                                          |       |
|----------------------------------------------------------------|--------|------------------------------------------|-------|
| PREGNYL.....                                                   | 87     | proparacaine hcl.....                    | 111   |
| PREHEVBRIO.....                                                | 106    | propranolol hcl.....                     | 59,60 |
| PREMARIN.....                                                  | 93     | propranolol hcl/hydrochlorothiazide..... | 63    |
| PREMPHASE.....                                                 | 93     | propylthiouracil.....                    | 98    |
| PREMPRO.....                                                   | 93     | PROQUAD.....                             | 106   |
| PRENATAL VITAMINS (NO DHA, FOLIC ACID - LESS<br>THAN 1MG)..... | 80     | protriptyline hcl.....                   | 27    |
| PREVALITE.....                                                 | 65     | PSORCON.....                             | 74    |
| PREVIFEM.....                                                  | 93     | PULMICORT FLEXHALER.....                 | 115   |
| PREVNAR 13.....                                                | 106    | PULMOSAL.....                            | 121   |
| PREVNAR 20.....                                                | 106    | PULMOZYME.....                           | 118   |
| PREVYMIS.....                                                  | 44     | PURIXAN.....                             | 34    |
| PREZCOBIX.....                                                 | 47     | pyrazinamide.....                        | 32    |
| PREZISTA.....                                                  | 47     | pyridostigmine bromide.....              | 31    |
| PRIFTIN.....                                                   | 32     | pyrimethamine.....                       | 40    |
| primaquine phosphate.....                                      | 40     | PYRUKYND.....                            | 56    |
| primidone.....                                                 | 22     |                                          |       |
| PRIMSOL.....                                                   | 17     | <b>Q</b>                                 |       |
| PRIORIX.....                                                   | 106    | QBREXZA.....                             | 76    |
| PROAIR RESPICLICK.....                                         | 117    | QINLOCK.....                             | 34    |
| probenecid.....                                                | 30     | QTERN.....                               | 51    |
| probenecid/colchicine.....                                     | 30     | QUADRACEL DTAP-IPV.....                  | 106   |
| prochlorperazine.....                                          | 27     | quetiapine fumarate.....                 | 43    |
| prochlorperazine maleate.....                                  | 27     | quinapril hcl.....                       | 58    |
| PROCRT.....                                                    | 56     | quinapril hcl/hydrochlorothiazide.....   | 63    |
| PROCTO-MED HC.....                                             | 74     | quinidine gluconate.....                 | 59    |
| PROCTO-PAK.....                                                | 74     | quinidine sulfate.....                   | 59    |
| PROCTOFOAM-HC.....                                             | 74     | quinine sulfate.....                     | 40    |
| PROCTOSOL-HC.....                                              | 74     | QULIPTA.....                             | 30    |
| PROCTOZONE-HC.....                                             | 74     | QVAR REDIHALER.....                      | 115   |
| PROCYSBI.....                                                  | 84     |                                          |       |
| progesterone.....                                              | 96     | <b>R</b>                                 |       |
| progesterone, micronized.....                                  | 97     | rabeprazole sodium.....                  | 83    |
| PROLENSA.....                                                  | 113    | RADICAVA ORS.....                        | 69    |
| PROMACTA.....                                                  | 56     | RAGWITEK.....                            | 121   |
| promethazine hcl.....                                          | 27,116 | raloxifene hcl.....                      | 97    |
| promethazine hcl/codeine.....                                  | 120    | ramelteon.....                           | 122   |
| promethazine hcl/dextromethorphan hbr.....                     | 121    | ramipril.....                            | 58    |
| promethazine/phenylephrine hcl/codeine.....                    | 121    | ranolazine.....                          | 63    |
| PROMETHEGAN.....                                               | 28     | rasagiline mesylate.....                 | 41    |
| propafenone hcl.....                                           | 58,59  | RAVICTI.....                             | 84    |
|                                                                |        | REBIF.....                               | 70    |

|                            |         |                                    |     |
|----------------------------|---------|------------------------------------|-----|
| REBIF REBIDOSE.....        | 70      | ROTARIX.....                       | 106 |
| RECLIPSEN.....             | 93      | ROTATEQ.....                       | 106 |
| RECOMBIVAX HB.....         | 106     | ROWEEPRA.....                      | 21  |
| RECTIV.....                | 66      | ROZLYTREK.....                     | 37  |
| REFISSA.....               | 76      | RUBRACA.....                       | 37  |
| REGRANEX.....              | 76      | rufinamide.....                    | 23  |
| RELENZA.....               | 48      | RUKOBIA.....                       | 47  |
| RELEUKO.....               | 56      | RYBELSUS.....                      | 51  |
| RELYVRIO.....              | 69      | RYDAPT.....                        | 37  |
| repaglinide.....           | 51      |                                    |     |
| REPATHA PUSHTRONEX.....    | 65      | <b>S</b>                           |     |
| REPATHA SURECLICK.....     | 65      | SAJAZIR.....                       | 99  |
| REPATHA SYRINGE.....       | 65      | SANCUSO.....                       | 28  |
| RESTASIS.....              | 111     | SANDIMMUNE.....                    | 104 |
| RESTASIS MULTIDOSE.....    | 111     | SANTYL.....                        | 76  |
| RETACRIT.....              | 56      | sapropterin dihydrochloride.....   | 84  |
| RETEVMO.....               | 37      | SAVAYSA.....                       | 54  |
| REVCovi.....               | 84      | SAVELLA.....                       | 69  |
| REXULTI.....               | 43      | saxagliptin hcl.....               | 51  |
| REYATAZ.....               | 48      | saxagliptin hcl/metformin hcl..... | 51  |
| REYVOW.....                | 31      | SCEMBLIX.....                      | 37  |
| REZLIDHIA.....             | 37      | scopolamine.....                   | 28  |
| REZUROCK.....              | 104     | SECUADO.....                       | 43  |
| RHOPRESSA.....             | 114     | SEGLUROMET.....                    | 51  |
| ribavirin.....             | 45      | selegiline hcl.....                | 41  |
| RIDAURA.....               | 100     | selenium sulfide.....              | 74  |
| rifabutin.....             | 32      | SELZENTRY.....                     | 47  |
| rifampin.....              | 32      | SEREVENT DISKUS.....               | 117 |
| riluzole.....              | 69      | sertraline hcl.....                | 26  |
| rimantadine hcl.....       | 48      | SETLAKIN.....                      | 93  |
| RINVOQ.....                | 100,101 | sevelamer carbonate.....           | 79  |
| risedronate sodium.....    | 108,109 | sevelamer hcl.....                 | 79  |
| risperidone.....           | 43      | SHAROBEL.....                      | 97  |
| ritonavir.....             | 48      | SHINGRIX.....                      | 107 |
| rivastigmine.....          | 24      | SIGNIFOR.....                      | 98  |
| rivastigmine tartrate..... | 24      | SIKLOS.....                        | 34  |
| RIVELSA.....               | 93      | sildenafil citrate.....            | 119 |
| rizatriptan benzoate.....  | 31      | silodosin.....                     | 85  |
| roflumilast.....           | 118     | SILVADENE.....                     | 76  |
| ropinirole hcl.....        | 41      | silver sulfadiazine.....           | 76  |
| rosuvastatin calcium.....  | 64      | SIMBRINZA.....                     | 114 |

|                                                           |     |                                                    |         |
|-----------------------------------------------------------|-----|----------------------------------------------------|---------|
| SIMLIYA                                                   | 93  | STIMUFEND                                          | 56      |
| SIMPESSE                                                  | 93  | STIOLTO RESPIMAT                                   | 121     |
| simvastatin                                               | 65  | STIVARGA                                           | 38      |
| sirolimus                                                 | 104 | STRENSIQ                                           | 84      |
| SIRTURO                                                   | 32  | STRIBILD                                           | 45      |
| SIVEXTRO                                                  | 17  | SUBVENITE                                          | 21      |
| SKYRIZI                                                   | 101 | SUBVENITE (BLUE)                                   | 21      |
| SKYRIZI (2 SYRINGES) KIT                                  | 101 | SUCRAID                                            | 84      |
| SKYRIZI ON-BODY                                           | 101 | sucralfate                                         | 82      |
| SKYRIZI PEN                                               | 101 | sulconazole nitrate                                | 29      |
| SLYND                                                     | 97  | sulfacetamide sodium                               | 19,112  |
| sodium chloride for inhalation                            | 121 | sulfacetamide sodium/prednisolone sodium phosphate | 111     |
| sodium chloride/sodium bicarbonate/potassium chloride/peg | 82  | sulfadiazine                                       | 19      |
| sodium oxybate                                            | 123 | sulfamethoxazole/trimethoprim                      | 19      |
| sodium phenylbutyrate                                     | 84  | SULFAMYLON                                         | 78      |
| sodium polystyrene sulfonate                              | 79  | sulfasalazine                                      | 107,108 |
| sofosbuvir/velpatasvir                                    | 45  | sulindac                                           | 9       |
| solifenacin succinate                                     | 85  | sumatriptan                                        | 31      |
| SOLTAMOX                                                  | 33  | sumatriptan succinate                              | 31      |
| SOLU-CORTEF                                               | 75  | sunitinib malate                                   | 38      |
| SOMAVERT                                                  | 98  | SUNLENCA                                           | 47      |
| sorafenib tosylate                                        | 38  | SUNOSI                                             | 123     |
| SORINE                                                    | 59  | SUPREP                                             | 82      |
| SOTALOL AF                                                | 59  | SUTAB                                              | 82      |
| sotalol hcl                                               | 59  | SYEDA                                              | 94      |
| SOTYKTU                                                   | 101 | SYMBICORT                                          | 121     |
| spinosad                                                  | 76  | SYMDEKO                                            | 118     |
| SPIRIVA HANDIHALER                                        | 117 | SYMJEPI                                            | 117     |
| SPIRIVA RESPIMAT                                          | 117 | SYMPAZAN                                           | 22      |
| spironolactone                                            | 64  | SYMPROIC                                           | 80      |
| spironolactone/hydrochlorothiazide                        | 63  | SYMTUZA                                            | 48      |
| SPRINTEC                                                  | 93  | SYNAREL                                            | 98      |
| SPRYCEL                                                   | 38  | SYNJARDY                                           | 51      |
| SPS                                                       | 79  | SYNJARDY XR                                        | 51      |
| SRONYX                                                    | 93  | SYNRIBO                                            | 34      |
| SSD                                                       | 76  |                                                    |         |
| stavudine                                                 | 46  | <b>T</b>                                           |         |
| STEGLATRO                                                 | 51  | TABLOID                                            | 34      |
| STEGLUJAN                                                 | 51  | TABRECTA                                           | 38      |
| STELARA                                                   | 101 | tacrolimus                                         | 75,104  |

|                                           |        |                                                 |        |
|-------------------------------------------|--------|-------------------------------------------------|--------|
| tadalafil . . . . .                       | 85,119 | tetanus and diphtheria toxoids, adult . . . . . | 107    |
| TAFINLAR . . . . .                        | 38     | tetanus,diphtheria toxoid ped/pf . . . . .      | 107    |
| tafluprost/pf . . . . .                   | 114    | tetrabenazine . . . . .                         | 69     |
| TAGRISSO . . . . .                        | 38     | tetracycline hcl . . . . .                      | 20     |
| TAKE ACTION . . . . .                     | 97     | TEXACORT . . . . .                              | 75     |
| TAKHZYRO . . . . .                        | 99     | THALOMID . . . . .                              | 33     |
| TALICIA . . . . .                         | 82     | theophylline anhydrous . . . . .                | 118    |
| TALTZ AUTOINJECTOR . . . . .              | 101    | THIOLA EC . . . . .                             | 85     |
| TALTZ AUTOINJECTOR (2 PACK) . . . . .     | 101    | thioridazine hcl . . . . .                      | 42     |
| TALTZ AUTOINJECTOR (3 PACK) . . . . .     | 101    | thiothixene . . . . .                           | 42     |
| TALTZ SYRINGE . . . . .                   | 101    | thyroid,pork . . . . .                          | 97     |
| TALZENNA . . . . .                        | 38     | TIADYLT ER . . . . .                            | 61     |
| tamoxifen citrate . . . . .               | 33     | tiagabine hcl . . . . .                         | 23     |
| tamsulosin hcl . . . . .                  | 85     | TIBSOVO . . . . .                               | 38     |
| TARINA 24 FE . . . . .                    | 94     | TIGLUTIK . . . . .                              | 69     |
| TARINA FE . . . . .                       | 94     | TILIA FE . . . . .                              | 94     |
| TARINA FE 1-20 EQ . . . . .               | 94     | timolol maleate . . . . .                       | 60,113 |
| TASIGNA . . . . .                         | 38     | tinidazole . . . . .                            | 17     |
| tasimelteon . . . . .                     | 122    | tiopronin . . . . .                             | 85     |
| TAYSOFY . . . . .                         | 94     | TIVICAY . . . . .                               | 45     |
| tazarotene . . . . .                      | 72     | TIVICAY PD . . . . .                            | 45     |
| TAZTIA XT . . . . .                       | 61     | tizanidine hcl . . . . .                        | 44     |
| TAZVERIK . . . . .                        | 34     | TOBRADEX . . . . .                              | 111    |
| TEGSEDI . . . . .                         | 84     | TOBRADEX ST . . . . .                           | 111    |
| telmisartan . . . . .                     | 57     | tobramycin . . . . .                            | 112    |
| telmisartan/hydrochlorothiazide . . . . . | 63     | tobramycin in 0.225 % sodium chloride . . . . . | 118    |
| temazepam . . . . .                       | 122    | tobramycin/dexamethasone . . . . .              | 111    |
| temozolomide . . . . .                    | 32     | TOBREX . . . . .                                | 112    |
| TENCON . . . . .                          | 69     | TODAY CONTRACEPTIVE SPONGE . . . . .            | 86     |
| TENIVAC . . . . .                         | 107    | tolcapone . . . . .                             | 40     |
| tenofovir disoproxil fumarate . . . . .   | 46     | tolmetin sodium . . . . .                       | 9      |
| TEPMETKO . . . . .                        | 38     | tolterodine tartrate . . . . .                  | 85     |
| terazosin hcl . . . . .                   | 57     | tolvaptan . . . . .                             | 79     |
| terbinafine hcl . . . . .                 | 29     | topiramate . . . . .                            | 21     |
| terbutaline sulfate . . . . .             | 118    | toremifene citrate . . . . .                    | 33     |
| terconazole . . . . .                     | 29     | torseamide . . . . .                            | 63     |
| teriflunomide . . . . .                   | 71     | TOUJEO MAX SOLOSTAR . . . . .                   | 53     |
| teriparatide . . . . .                    | 109    | TOUJEO SOLOSTAR . . . . .                       | 53     |
| testosterone . . . . .                    | 88     | TRACLEER . . . . .                              | 119    |
| testosterone cypionate . . . . .          | 88     | TRADJENTA . . . . .                             | 51     |
| testosterone enanthate . . . . .          | 88     | tramadol hcl . . . . .                          | 11,13  |





|                               |     |
|-------------------------------|-----|
| valsartan/hydrochlorothiazide | 63  |
| VALTOCO                       | 23  |
| VANADOM                       | 122 |
| vancomycin hcl                | 17  |
| VAQTA                         | 107 |
| varenicline tartrate          | 15  |
| VARIVAX VACCINE               | 107 |
| VARUBI                        | 28  |
| VAXELIS                       | 107 |
| VAXNEUVANCE                   | 107 |
| VCF                           | 86  |
| VELIVET                       | 94  |
| VELPHORO                      | 79  |
| VELTASSA                      | 79  |
| VEMLIDY                       | 45  |
| VENCLEXTA                     | 38  |
| VENCLEXTA STARTING PACK       | 38  |
| venlafaxine hcl               | 26  |
| verapamil hcl                 | 61  |
| VERSACLOZ                     | 44  |
| VERZENIO                      | 38  |
| VESTURA                       | 94  |
| VIBERZI                       | 81  |
| VICTOZA 2-PAK                 | 51  |
| VICTOZA 3-PAK                 | 51  |
| VIENVA                        | 94  |
| vigabatrin                    | 23  |
| VIGADRONE                     | 23  |
| VIIBRYD                       | 26  |
| vilazodone hcl                | 27  |
| VIORELE                       | 95  |
| VIRACEPT                      | 48  |
| VIREAD                        | 47  |
| VISTOGARD                     | 84  |
| VITRAKVI                      | 38  |
| VIZIMPRO                      | 38  |
| VOLNEA                        | 95  |
| VONJO                         | 39  |
| voriconazole                  | 29  |
| VOSEVI                        | 45  |
| VRAYLAR                       | 43  |

|          |     |
|----------|-----|
| VTOL LQ  | 69  |
| VUMERITY | 71  |
| VYFEMLA  | 95  |
| VYLIBRA  | 95  |
| VYNDAMAX | 63  |
| VYNDAQEL | 63  |
| VYZULTA  | 114 |

## W

|                 |     |
|-----------------|-----|
| WAKIX           | 123 |
| warfarin sodium | 54  |
| WEE CARE        | 80  |
| WELIREG         | 34  |
| WERA            | 95  |
| WYMZYA FE       | 95  |

## X

|            |     |
|------------|-----|
| XALKORI    | 38  |
| XARELTO    | 54  |
| XCOPRI     | 22  |
| XELJANZ    | 101 |
| XELJANZ XR | 101 |
| XELPROS    | 114 |
| XEMBIFY    | 99  |
| XEPI       | 78  |
| XIFAXAN    | 81  |
| XIGDUO XR  | 51  |
| XIIDRA     | 111 |
| XOLAIR     | 101 |
| XOSPATA    | 38  |
| XPOVIO     | 35  |
| XTAMPZA ER | 11  |
| XTANDI     | 33  |
| XULANE     | 95  |
| XURIDEN    | 84  |
| XYWAV      | 123 |

## Y

|         |    |
|---------|----|
| YONSA   | 33 |
| YUVAFEM | 95 |

## Z

|                              |       |
|------------------------------|-------|
| ZAFEMY .....                 | 95    |
| zafirlukast .....            | 116   |
| zaleplon .....               | 122   |
| ZARAH .....                  | 95    |
| ZARXIO .....                 | 56    |
| ZEGALOGUE AUTOINJECTOR ..... | 52    |
| ZEGALOGUE SYRINGE .....      | 52    |
| ZEJULA .....                 | 38,39 |
| ZELAPAR .....                | 41    |
| ZELBORAF .....               | 39    |
| ZENATANE .....               | 72    |
| ZENPEP .....                 | 84    |
| ZENZEDI .....                | 67    |
| ZEPOSIA .....                | 71    |
| ZERVIA TE .....              | 112   |
| ZETONNA .....                | 115   |
| zidovudine .....             | 47    |
| ZIEXTENZO .....              | 56    |
| zileuton .....               | 116   |
| ZIMHI .....                  | 15    |
| ziprasidone hcl .....        | 43    |
| ZIRGAN .....                 | 112   |
| ZOLINZA .....                | 35    |
| zolmitriptan .....           | 31    |
| zolpidem tartrate .....      | 122   |
| ZOMIG .....                  | 31    |
| zonisamide .....             | 23    |
| ZONTIVITY .....              | 55    |
| ZOVIA 1-35 .....             | 95    |
| ZOVIA 1-35E .....            | 95    |
| ZTALMY .....                 | 22    |
| ZUMANDIMINE .....            | 95    |
| ZYCLARA .....                | 76    |
| ZYDELIG .....                | 39    |
| ZYKADIA .....                | 39    |
| ZYLET .....                  | 111   |

# Category Listing

|                                                                                |     |
|--------------------------------------------------------------------------------|-----|
| ANALGESICS.....                                                                | 8   |
| ANESTHETICS.....                                                               | 14  |
| ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS.....                           | 14  |
| ANTIBACTERIALS.....                                                            | 16  |
| ANTICONVULSANTS.....                                                           | 20  |
| ANTICONVULSANTS, OTHER.....                                                    | 24  |
| ANTIDEMENTIA AGENTS.....                                                       | 24  |
| ANTIDEPRESSANTS.....                                                           | 24  |
| ANTIEMETICS.....                                                               | 27  |
| ANTIFUNGALS.....                                                               | 28  |
| ANTIGOUT AGENTS.....                                                           | 30  |
| ANTIMIGRAINE AGENTS.....                                                       | 30  |
| ANTIMYASTHENIC AGENTS.....                                                     | 31  |
| ANTIMYCOBACTERIALS.....                                                        | 32  |
| ANTINEOPLASTICS.....                                                           | 32  |
| ANTIPARASITICS.....                                                            | 39  |
| ANTIPARKINSON AGENTS.....                                                      | 40  |
| ANTIPSYCHOTICS.....                                                            | 41  |
| ANTISPASTICITY AGENTS.....                                                     | 44  |
| ANTIVIRALS.....                                                                | 44  |
| ANXIOLYTICS.....                                                               | 48  |
| BIPOLAR AGENTS.....                                                            | 49  |
| BLOOD GLUCOSE REGULATORS.....                                                  | 49  |
| BLOOD PRODUCTS AND MODIFIERS.....                                              | 54  |
| CARDIOVASCULAR AGENTS.....                                                     | 57  |
| CENTRAL NERVOUS SYSTEM AGENTS.....                                             | 66  |
| DENTAL AND ORAL AGENTS.....                                                    | 71  |
| DERMATOLOGICAL AGENTS.....                                                     | 71  |
| ELECTROLYTES/MINERALS/METALS/VITAMINS.....                                     | 78  |
| GASTROINTESTINAL AGENTS.....                                                   | 80  |
| GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT.....  | 83  |
| GENITOURINARY AGENTS.....                                                      | 84  |
| HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL).....                | 86  |
| HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY).....              | 87  |
| HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)..... | 87  |
| HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID).....                | 97  |
| HORMONAL AGENTS, SUPPRESSANT (ADRENAL).....                                    | 97  |
| HORMONAL AGENTS, SUPPRESSANT (PITUITARY).....                                  | 98  |
| HORMONAL AGENTS, SUPPRESSANT (THYROID).....                                    | 98  |
| IMMUNOLOGICAL AGENTS.....                                                      | 99  |
| INFLAMMATORY BOWEL DISEASE AGENTS.....                                         | 107 |
| METABOLIC BONE DISEASE AGENTS.....                                             | 108 |
| MISCELLANEOUS.....                                                             | 109 |
| MISCELLANEOUS THERAPEUTIC AGENTS.....                                          | 109 |
| OPHTHALMIC AGENTS.....                                                         | 110 |

OTIC AGENTS.....114

RESPIRATORY TRACT/PULMONARY AGENTS..... 115

SKELETAL MUSCLE RELAXANTS..... 121

SLEEP DISORDER AGENTS..... 122