



2023 Prescription Drug 3-Tier Formulary

Last Updated:

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

The Providence formulary

What is a formulary?

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

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

How do I find drugs on the formulary?

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

There are two ways to search this formulary document:

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

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

What if my drug is not on the formulary?

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

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

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

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

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

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

The first column of the chart lists the "Drug Name"

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

The second column of the chart lists the "Drug Status"

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

The third column of the chart lists the "Requirements/Limits"

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

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

Formulary updates

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

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

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

Know more, Save more

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

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

Tips for maximizing your benefit

Get a 90-day Supply of your Maintenance Drugs

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

Use Preferred or Mail-Order Pharmacies

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

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

Try Generic Alternatives

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

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

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

Additional Information About Your Formulary

Drug Tiers

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

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

Refer to your benefit summary for additional details.

Restrictions/Limitations

The following abbreviations may be found within the formulary list:

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

Abbreviation	Description	Explanation
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 C: INTEL

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

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

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PA - Prior Authorization, QL - Quantity Limits, ST - Step Therapy, LA- Limited Access

2023 PROVIDENCE FORMULARY C: INTEL

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

OPIOID ANALGESICS, LONG-ACTING

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

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2023 PROVIDENCE FORMULARY C: INTEL

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

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2023 PROVIDENCE FORMULARY C: INTEL

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

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2023 PROVIDENCE FORMULARY C: INTEL

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

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

ANESTHETICS

LOCAL ANESTHETICS

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

ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS

ALCOHOL DETERRENTS/ANTI-CRAVING

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

OPIOID DEPENDENCE

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

OPIOID REVERSAL AGENTS

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

SMOKING CESSATION AGENTS

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

ANTIBACTERIALS

AMINOGLYCOSIDES

gentamicin sulfate (0.1 % oint. (g), 0.1 % cream (g))	Generic
neomycin sulfate	Generic
paramomycin sulfate	Generic

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

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Drug Name	Status*	Requirements/Limits
<i>cefdinir (125 mg/5ml susp recon, 250 mg/5ml susp recon, 300 mg capsule)</i>	Generic	
<i>cefixime (100 mg/5ml susp recon, 200 mg/5ml susp recon, 400 mg capsule)</i>	Generic	
<i>cefpodoxime proxetil (50 mg/5 ml susp recon, 100 mg tablet, 100 mg/5ml susp recon, 200 mg tablet)</i>	Generic	
<i>cefprozil (125 mg/5ml susp recon, 250 mg tablet, 250 mg/5ml susp recon, 500 mg tablet)</i>	Generic	
<i>cefuroxime axetil</i>	Generic	
<i>cephalexin (125 mg/5ml susp recon, 250 mg capsule, 250 mg/5ml susp recon, 500 mg capsule, 750 mg capsule)</i>	Generic	

BETA-LACTAM, PENICILLINS

<i>amoxicillin (125 mg tab chew, 125 mg/5ml susp recon, 200 mg/5ml susp recon, 250 mg capsule, 250 mg tab chew, 250 mg/5ml susp recon, 400 mg/5ml susp recon, 500 mg tablet, 500 mg capsule, 875 mg tablet)</i>	Generic
<i>amoxicillin/potassium clavulanate (200-28.5/5 susp recon, 250-125 mg tablet, 250-62.5/5 susp recon, 400-57mg/5 susp recon, 500-125 mg tablet, 600-42.9/5 susp recon, 875-125 mg tablet)</i>	Generic
<i>ampicillin trihydrate</i>	Generic
<i>dicloxacillin sodium</i>	Generic
<i>MOXATAG</i>	Brand
<i>penicillin v potassium (125 mg/5ml soln recon, 250 mg tablet, 250 mg/5ml soln recon, 500 mg tablet)</i>	Generic

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PA - Prior Authorization, QL - Quantity Limits, ST - Step Therapy, LA- Limited Access

2023 PROVIDENCE FORMULARY C: INTEL

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

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

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2023 PROVIDENCE FORMULARY C: INTEL

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

ANTICONVULSANTS

ANTICONVULSANTS, OTHER

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

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2023 PROVIDENCE FORMULARY C: INTEL

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

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

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2023 PROVIDENCE FORMULARY C: INTEL

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

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

CALCIUM CHANNEL MODIFYING AGENTS

ethosuximide (250 mg/5ml solution, 250 mg capsule) Generic

methsuximide Generic

GAMMA-AMINOBUTYRIC ACID (GABA) AUGMENTING AGENTS

clobazam (2.5 mg/ml oral susp, 10 mg tablet, 20 mg tablet) Generic

diazepam (2.5 mg kit, 5-7.5-10mg kit, 12.5-15-20 kit) Generic

gabapentin (100 mg capsule, 250 mg/5ml solution, 300 mg capsule, 400 mg capsule, 600 mg tablet, 800 mg tablet) Generic

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) Generic

primidone Generic

SYMPAZAN Brand PA

tiagabine hcl Generic

VALTOCO Brand PA, QL (10 PER 30 DAYS)

VIGABATRIN (500 MG TABLET, 500 MG POWD PACK) Specialty PA, LA, S (Specialty Drug)

VIGADRONE (500 MG POWDER PACKET, 500 MG TABLET) Specialty PA, LA, S (Specialty Drug)

SODIUM CHANNEL AGENTS

APTIOM (200 MG TABLET, 400 MG TABLET) Brand ST

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

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2023 PROVIDENCE FORMULARY C: INTEL

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

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

ANTICONVULSANTS, OTHER

ANTICONVULSANTS

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

ANTIDEMENTIA AGENTS, OTHER

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

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

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

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

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

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

ANTIDEPRESSANTS

ANTIDEPRESSANTS, OTHER

<i>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)</i>	Generic	
<i>LYBALVI (15-10 MG TABLET, 20-10 MG TABLET)</i>	Brand	PA, QL (1 PER DAY)
<i>LYBALVI (5-10 MG TABLET, 10-10 MG TABLET)</i>	Brand	PA
<i>mirtazapine (7.5 mg tablet, 15 mg tablet, 15 mg tab rapdis, 30 mg tablet, 30 mg tab rapdis, 45 mg tablet, 45 mg tab rapdis)</i>	Generic	
<i>olanzapine/fluoxetine hcl</i>	Generic	
<i>perphenazine/amitriptyline hcl</i>	Generic	

MONOAMINE OXIDASE INHIBITORS

<i>EMSAM</i>	Brand
<i>MARPLAN</i>	Brand

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2023 PROVIDENCE FORMULARY C: INTEL

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

Drug Name	Status*	Requirements/Limits
<i>phenelzine sulfate</i>	Generic	
<i>tranylcypromine sulfate</i>	Generic	
SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)		
<i>citalopram hydrobromide (10 mg tablet, 10 mg/5 ml solution, 20 mg/10ml solution, 20 mg tablet, 40 mg tablet)</i>	Generic	
<i>desvenlafaxine succinate 100 mg tab er 24h</i>	Generic	QL (4 PER DAY)
<i>desvenlafaxine succinate 25 mg tab er 24h</i>	Generic	QL (1 PER 1 DAY)
<i>desvenlafaxine succinate 50 mg tab er 24h</i>	Generic	QL (1 PER DAY)
<i>escitalopram oxalate (5 mg tablet, 5 mg/5 ml solution, 10 mg tablet, 20 mg tablet)</i>	Generic - SH	
<i>FETZIMA 20-40 MG TITRATION PAK</i>	Brand	ST, QL (1 PER 365 DAYS)
<i>FETZIMA (ER 20 MG CAPSULE, ER 40 MG CAPSULE, ER 80 MG CAPSULE)</i>	Brand	ST
<i>FETZIMA ER 120 MG CAPSULE</i>	Brand	ST, QL (1 PER DAY)
<i>fluoxetine hcl (10 mg tablet, 10 mg capsule, 20 mg tablet, 20 mg/5 ml solution, 20 mg capsule, 40 mg capsule, 60 mg tablet)</i>	Generic	
<i>fluvoxamine maleate (25 mg tablet, 50 mg tablet, 100 mg cap er 24h, 100 mg tablet, 150 mg cap er 24h)</i>	Generic	
<i>nefazodone hcl</i>	Generic	
<i>paroxetine hcl (10 mg tablet, 10 mg/5 ml oral susp, 12.5 mg tab er 24h, 20 mg tablet, 25 mg tab er 24h, 30 mg tablet, 37.5 mg tab er 24h, 40 mg tablet)</i>	Generic - SH	
<i>sertraline hcl (20 mg/ml oral conc, 25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	Generic - SH	

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2023 PROVIDENCE FORMULARY C: INTEL

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

Drug Name	Status*	Requirements/Limits
<i>trazodone hcl (50 mg tablet, 100 mg tablet, 150 mg tablet)</i>	Generic	
TRINTELLIX (5 MG TABLET, 10 MG TABLET)	Brand	ST
TRINTELLIX 20 MG TABLET	Brand	ST, QL (1 PER DAY)
<i>venlafaxine hcl (25 mg tablet, 37.5 mg cap er 24h, 37.5 mg tablet, 50 mg tablet, 75 mg cap er 24h, 75 mg tablet, 100 mg tablet, 150 mg cap er 24h)</i>	Generic	
VIIBRYD 10-20 MG STARTER PACK	Brand	QL (1 PER 365 DAYS)
<i>vilazodone hcl</i>	Generic	

TRICYCLICS

<i>amitriptyline hcl</i>	Generic
<i>amoxapine</i>	Generic
<i>clomipramine hcl</i>	Generic
<i>desipramine hcl</i>	Generic
<i>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)</i>	Generic
<i>imipramine hcl</i>	Generic
<i>nortriptyline hcl (10 mg/5 ml solution, 10 mg capsule, 25 mg capsule, 50 mg capsule, 75 mg capsule)</i>	Generic
<i>protriptyline hcl</i>	Generic
<i>trimipramine maleate</i>	Generic

ANTIEMETICS

ANTIEMETICS, OTHER

<i>compro</i>	Generic - SH
<i>metoclopramide hcl (5 mg tablet, 5 mg/5 ml solution, 10 mg tablet, 10 mg/10ml solution)</i>	Generic

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2023 PROVIDENCE FORMULARY C: INTEL

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

Drug Name	Status*	Requirements/Limits
<i>perphenazine</i>	Generic	
<i>prochlorperazine</i>	Generic - SH	
<i>prochlorperazine maleate</i>	Generic - SH	
<i>promethazine hcl (12.5 mg supp.rect, 25 mg supp.rect, 50 mg supp.rect, 50 mg tablet)</i>	Generic	
<i>promethegan</i>	Generic - SH	
<i>scopolamine</i>	Generic - SH	
<i>trimethobenzamide hcl</i>	Generic - SH	

EMETOGENIC THERAPY ADJUNCTS

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

ANTIFUNGALS

<i>clotrimazole 10 mg troche</i>	Generic	
CRESEMBA (74.5 MG CAPSULE, 186 MG CAPSULE)	Specialty	PA, S (Specialty Drug)

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2023 PROVIDENCE FORMULARY C: INTEL

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

Drug Name	Status*	Requirements/Limits
econazole nitrate	Generic	
ERTACZO	Brand	
fluconazole (10 mg/ml susp recon, 40 mg/ml susp recon, 50 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)	Generic	
flucytosine	Generic	
griseofulvin ultramicrosize	Generic	
griseofulvin, microsize (125 mg/5ml oral susp, 500 mg tablet)	Generic	
itraconazole (10 mg/ml solution, 100 mg capsule)	Generic	PA
ketoconazole (2 % cream (g), 2 % shampoo, 200 mg tablet)	Generic	
miconazole nitrate 200 mg supp.vag	Generic	
naftifine hcl (1 % gel (gram), 1 % cream (g))	Generic	
nyamyc	Generic	
nystatin (500k unit tablet, 100000/ml oral susp, 100000/g powder, 100000/g cream (g), 100000/g oint. (g))	Generic	
nystop	Generic	
ORAVIG	Brand	
oxiconazole nitrate	Generic	
posaconazole (100 mg tablet dr, 200 mg/5ml oral susp)	Generic	PA
sulconazole nitrate (1 % cream (g), 1 % solution)	Generic	
terbinafine hcl 250 mg tablet	Generic	
terconazole (0.4 % cream/appl, 0.8 % cream/appl, 80 mg supp.vag)	Generic	
voriconazole (50 mg tablet, 200 mg tablet, 200 mg/5ml susp recon)	Generic	PA

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2023 PROVIDENCE FORMULARY C: INTEL

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Drug Name	Status*	Requirements/Limits
ANTIGOUT AGENTS		
<i>allopurinol (100 mg tablet, 300 mg tablet)</i>	Generic	
<i>colchicine (0.6 mg capsule, 0.6 mg tablet)</i>	Generic	
<i>febuxostat</i>	Generic	
<i>probencid</i>	Generic	
<i>probencid/colchicine</i>	Generic	
ANTIMIGRAINE AGENTS		
ANTIMIGRAINE AGENTS, OTHER		
AJOVY AUTOINJECTOR	Brand	PA, QL (1.5 ML PER 28 DAYS)
NURTEC ODT	Brand	PA, QL (8 PER 30 DAYS)
ERGOT ALKALOIDS		
<i>dihydroergotamine mesylate 1 mg/ml ampul</i>	Generic	QL (24 ML PER 28 DAYS)
<i>dihydroergotamine mesylate 0.5mg/spray spray/pump</i>	Generic	QL (8 ML PER 30 DAYS)
ERGOMAR	Specialty	LA, QL (20 PER 30 DAYS), S (Specialty Drug)
<i>ergotamine tartrate/caffeine</i>	Generic	QL (40 PER 28 DAYS)
PROPHYLACTIC		
AIMOVIG AUTOINJECTOR	Brand	PA, QL (1 ML PER 28 DAYS)
AJOVY SYRINGE	Brand	PA, QL (1.5 ML PER 28 DAYS)
EMGALITY PEN	Brand	PA, QL (1 ML PER 28 DAYS)
EMGALITY 120 MG/ML SYRINGE	Brand	PA, QL (1 ML PER 28 DAYS)
EMGALITY 300 MG (100 MG X3SYR)	Brand	PA, QL (3 ML PER 28 DAYS)
QULIPTA	Brand	PA, QL (1 PER DAY)

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2023 PROVIDENCE FORMULARY C: INTEL

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

Drug Name	Status*	Requirements/Limits
SEROTONIN (5-HT) RECEPTOR AGONIST		
<i>eletriptan hydrobromide</i>	Generic	QL (12 PER 30 DAYS)
<i>frovatriptan succinate</i>	Generic	PA, QL (9 PER 30 DAYS)
<i>naratriptan hcl</i>	Generic	QL (9 PER 30 DAYS)
REYVOW 100 MG TABLET	Brand	PA, QL (8 PER 30 DAYS)
REYVOW 50 MG TABLET	Brand	PA, QL (4 PER 30 DAYS)
<i>rizatriptan benzoate (5 mg tablet, 5 mg tab rapdis, 10 mg tablet, 10 mg tab rapdis)</i>	Generic	QL (12 PER 30 DAYS)
<i>sumatriptan</i>	Generic	QL (6 PER 30 DAYS)
<i>sumatriptan succinate (4 mg/0.5ml pen injctr, 4 mg/0.5ml cartridge, 6 mg/0.5ml pen injctr, 6 mg/0.5ml cartridge, 6 mg/0.5ml vial)</i>	Generic	PA, QL (4 ML PER 30 DAYS)
<i>sumatriptan succinate (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	Generic	QL (9 PER 30 DAYS)
<i>zolmitriptan 5 mg spray</i>	Generic	QL (6 PER 30 DAYS)
<i>zolmitriptan (2.5 mg tab rapdis, 2.5 mg spray, 2.5 mg tablet)</i>	Generic	QL (12 PER 30 DAYS)
<i>zolmitriptan (5 mg tab rapdis, 5 mg tablet)</i>	Generic	QL (9 PER 30 DAYS)
<i>zomig 2.5 mg tablet</i>	Generic	QL (12 PER 30 DAYS)
<i>zomig 5 mg tablet</i>	Generic	QL (9 PER 30 DAYS)

ANTIMYASTHENIC AGENTS

PARASYMPATHOMIMETICS

<i>pyridostigmine bromide (60 mg/5 ml solution, 60 mg tablet, 180 mg tablet er)</i>	Generic
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2023 PROVIDENCE FORMULARY C: INTEL

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

Drug Name	Status*	Requirements/Limits
ANTIMYCOBACTERIALS		
ANTIMYCOBACTERIALS, OTHER		
<i>dapsone (25 mg tablet, 100 mg tablet)</i>	Generic	
<i>rifabutin</i>	Generic	
ANTITUBERCULARS		
<i>cycloserine</i>	Generic	
<i>ethambutol hcl</i>	Generic	
<i>isoniazid (50 mg/5 ml solution, 100 mg tablet, 300 mg tablet)</i>	Generic	
PASER	Brand	
PRIFTIN	Brand	
<i>pyrazinamide</i>	Generic	
<i>rifampin (150 mg capsule, 300 mg capsule)</i>	Generic	
SIRTURO	Specialty	LA, S (Specialty Drug)
TRECATOR	Brand	
ANTINEOPLASTICS		
ALKYLATING AGENTS		
<i>cyclophosphamide (25 mg tablet, 25 mg capsule, 50 mg tablet, 50 mg capsule)</i>	Generic	
GLEOSTINE	Brand	S (Specialty Drug)
LEUKERAN	Brand	
MATULANE	Specialty	LA, S (Specialty Drug)
<i>melphalan</i>	Generic	PA
TEMOZOLOMIDE	Specialty	PA, S (Specialty Drug)
VALCHLOR	Specialty	LA, S (Specialty Drug)

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2023 PROVIDENCE FORMULARY C: INTEL

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

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2023 PROVIDENCE FORMULARY C: INTEL

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

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

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2023 PROVIDENCE FORMULARY C: INTEL

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Drug Name	Status*	Requirements/Limits
ZOLINZA	Specialty	PA, LA, S (Specialty Drug)
AROMATASE INHIBITORS, 3RD GENERATION		
<i>anastrozole</i>	Generic	C (ACA ELIGIBLE - FOR FEMALE AT HIGH RISK FOR BREAST CANCER)
<i>exemestane</i>	Generic	
<i>letrozole</i>	Generic	C (ACA ELIGIBLE - FOR FEMALE AT HIGH RISK FOR BREAST CANCER)
ENZYME INHIBITORS		
ETOPOSIDE 50 MG CAPSULE	Specialty	S (Specialty Drug)
HYCAMTIN (0.25 MG CAPSULE, 1 MG CAPSULE)	Specialty	LA, S (Specialty Drug)
MOLECULAR TARGET INHIBITORS		
ALECSA	Specialty	PA, LA, S (Specialty Drug)
ALUNBRIG (30 MG TABLET, 90 MG TABLET, 90 MG-180 MG TAB PACK, 180 MG TABLET)	Specialty	PA, LA, S (Specialty Drug)
BALVERSA	Specialty	PA, LA, S (Specialty Drug)
BOSULIF	Specialty	PA, LA, S (Specialty Drug)
BRAFTOVI	Specialty	PA, LA, S (Specialty Drug)
CABOMETYX	Specialty	PA, LA, QL (1 PER DAY), S (Specialty Drug)
CALQUENCE (100 MG TABLET, 100 MG CAPSULE)	Specialty	PA, LA, S (Specialty Drug)
CAPRELSA	Specialty	PA, LA, S (Specialty Drug)
COMETRIQ	Specialty	PA, LA, S (Specialty Drug)
COPIKTRA	Specialty	PA, LA, S (Specialty Drug)
COTELLIC	Specialty	PA, LA, QL (63 PER 28 DAYS), S (Specialty Drug)
DAURISMO	Specialty	PA, S (Specialty Drug)
ERIVEDGE	Specialty	PA, LA, S (Specialty Drug)

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2023 PROVIDENCE FORMULARY C: INTEL

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Drug Name	Status*	Requirements/Limits
ERLOTINIB HCL	Specialty	PA, S (Specialty Drug)
EVEROLIMUS (2.5 MG TABLET, 5 MG TABLET, 7.5 MG TABLET, 10 MG TABLET)	Specialty	PA, S (Specialty Drug)
FARYDAK	Specialty	PA, QL (6 PER 21 DAYS), S (Specialty Drug)
FOTIVDA	Specialty	PA, LA, S (Specialty Drug)
GAVRETO	Specialty	PA, LA, S (Specialty Drug)
GEFITINIB	Specialty	PA, LA, QL (1 PER DAY), S (Specialty Drug)
GILOTRIF	Specialty	PA, LA, S (Specialty Drug)
IBRANCE (75 MG TABLET, 75 MG CAPSULE, 100 MG CAPSULE, 100 MG TABLET, 125 MG TABLET, 125 MG CAPSULE)	Specialty	PA, LA, QL (21 PER 28 DAYS), S (Specialty Drug)
ICLUSIG (10 MG TABLET, 15 MG TABLET)	Specialty	PA, LA, QL (1 PER DAY), S (Specialty Drug)
ICLUSIG (30 MG TABLET, 45 MG TABLET)	Specialty	PA, LA, S (Specialty Drug)
IMATINIB MESYLATE	Specialty	PA, S (Specialty Drug)
IMBRUVICA (70 MG/ML SUSPENSION, 70 MG CAPSULE, 140 MG CAPSULE, 420 MG TABLET, 560 MG TABLET)	Specialty	PA, LA, S (Specialty Drug)
INLYTA	Specialty	PA, LA, S (Specialty Drug)
JAKAFI (20 MG TABLET, 25 MG TABLET)	Specialty	PA, LA, S (Specialty Drug)
JAKAFI (5 MG TABLET, 10 MG TABLET, 15 MG TABLET)	Specialty	PA, LA, QL (2 PER DAY), S (Specialty Drug)
JAYPIRCA	Specialty	PA, LA, S (Specialty Drug)
KISQALI 200 MG DAILY DOSE	Specialty	PA, QL (21 PER 28 DAYS), S (Specialty Drug)
KISQALI 400 MG DAILY DOSE	Specialty	PA, QL (42 PER 28 DAYS), S (Specialty Drug)
KISQALI 600 MG DAILY DOSE	Specialty	PA, QL (63 PER 28 DAYS), S (Specialty Drug)

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2023 PROVIDENCE FORMULARY C: INTEL

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Drug Name	Status*	Requirements/Limits
KRAZATI	Specialty	PA, LA, S (Specialty Drug)
LAPATINIB DITOSYLATE	Specialty	PA, S (Specialty Drug)
LENVIMA	Specialty	PA, LA, S (Specialty Drug)
LORBRENA 100 MG TABLET	Specialty	PA, LA, S (Specialty Drug)
LORBRENA 25 MG TABLET	Specialty	PA, LA, QL (3 PER DAY), S (Specialty Drug)
LUMAKRAS	Specialty	PA, LA, S (Specialty Drug)
LYNPARZA	Specialty	PA, LA, S (Specialty Drug)
LYTGOBI	Specialty	PA, LA, QL (5 PER DAY), S (Specialty Drug)
MEKINIST (0.05 MG/ML SOLUTION, 0.5 MG TABLET, 2 MG TABLET)	Specialty	PA, LA, S (Specialty Drug)
MEKTOVI	Specialty	PA, LA, S (Specialty Drug)
NERLYNX	Specialty	PA, LA, QL (6 PER 1 DAY), S (Specialty Drug)
ODOMZO	Specialty	PA, S (Specialty Drug)
PAZOPANIB HCL	Specialty	PA, LA, S (Specialty Drug)
PEMAZYRE	Specialty	PA, LA, S (Specialty Drug)
PIQRAY	Specialty	PA, S (Specialty Drug)
RETEVMO 40 MG CAPSULE	Specialty	PA, LA, QL (2 PER DAY), S (Specialty Drug)
RETEVMO 80 MG CAPSULE	Specialty	PA, LA, S (Specialty Drug)
REZLIDHIA	Specialty	PA, LA, S (Specialty Drug)
ROZLYTREK (100 MG CAPSULE, 200 MG CAPSULE)	Specialty	PA, LA, S (Specialty Drug)
RUBRACA	Specialty	PA, LA, S (Specialty Drug)
RYDAPT	Specialty	PA, S (Specialty Drug)
SCEMBLIX	Specialty	PA, QL (2 PER DAY), S (Specialty Drug)
SORAFENIB TOSYLATE	Specialty	PA, S (Specialty Drug)
SPRYCEL	Specialty	PA, S (Specialty Drug)

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2023 PROVIDENCE FORMULARY C: INTEL

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Drug Name	Status*	Requirements/Limits
STIVARGA	Specialty	PA, LA, S (Specialty Drug)
SUNITINIB MALATE (37.5 MG CAPSULE, 50 MG CAPSULE)	Specialty	PA, S (Specialty Drug)
SUNITINIB MALATE 12.5 MG CAPSULE	Specialty	PA, QL (3 PER DAY), S (Specialty Drug)
SUNITINIB MALATE 25 MG CAPSULE	Specialty	PA, QL (2 PER DAY), S (Specialty Drug)
TABRECTA	Specialty	PA, S (Specialty Drug)
TAFINLAR (10 MG TABLET FOR SUSP, 50 MG CAPSULE, 75 MG CAPSULE)	Specialty	PA, LA, S (Specialty Drug)
TAGRISSO	Specialty	PA, LA, S (Specialty Drug)
TALZENNA	Specialty	PA, LA, S (Specialty Drug)
TASIGNA	Specialty	PA, S (Specialty Drug)
TEPMETKO	Specialty	PA, LA, S (Specialty Drug)
TIBSOVO	Specialty	PA, LA, S (Specialty Drug)
TRUSELTIQ	Specialty	PA, LA, S (Specialty Drug)
TUKYSA	Specialty	PA, LA, S (Specialty Drug)
TURALIO	Specialty	PA, LA, S (Specialty Drug)
VENCLEXTA	Specialty	PA, LA, S (Specialty Drug)
VENCLEXTA STARTING PACK	Specialty	PA, LA, S (Specialty Drug)
VERZENIO	Specialty	PA, LA, QL (2 PER DAY), S (Specialty Drug)
VITRAKVI (20 MG/ML SOLUTION, 25 MG CAPSULE, 100 MG CAPSULE)	Specialty	PA, S (Specialty Drug)
VIZIMPRO	Specialty	PA, LA, S (Specialty Drug)
XALKORI	Specialty	PA, LA, S (Specialty Drug)
XOSPATA	Specialty	PA, LA, S (Specialty Drug)
ZEJULA 100 MG CAPSULE	Specialty	PA, LA, QL (2 PER DAY), S (Specialty Drug)
ZEJULA (100 MG TABLET, 200 MG TABLET, 300 MG TABLET)	Specialty	PA, LA, QL (1 PER DAY), S (Specialty Drug)
ZELBORAF	Specialty	PA, LA, S (Specialty Drug)

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2023 PROVIDENCE FORMULARY C: INTEL

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Drug Name	Status*	Requirements/Limits
ZYDELIG	Specialty	PA, LA, QL (2 PER 1 DAY), S (Specialty Drug)
ZYKADIA	Specialty	PA, LA, S (Specialty Drug)
RETINOIDS		
BEXAROTENE (1 % GEL (GRAM), 75 MG CAPSULE)	Specialty	PA, S (Specialty Drug)
PANRETIN	Specialty	S (Specialty Drug)
TRETINOIN 10 MG CAPSULE	Specialty	PA, S (Specialty Drug)
TREATMENT ADJUNCTS		
MESNEX 400 MG TABLET	Brand	
VONJO	Specialty	PA, LA, QL (4 PER DAY), S (Specialty Drug)
ANTIPARASITICS		
ANTHELMINTHICS		
<i>albendazole</i>	Generic	PA
EMVERM	Brand	PA
<i>ivermectin 3 mg tablet</i>	Generic	PA
<i>praziquantel</i>	Generic	QL (12 PER 30 DAYS)
ANTIPROTOZOALS		
ALINIA 100 MG/5 ML SUSPENSION	Brand	PA, QL (50 ML PER DAY)
<i>atovaquone</i>	Generic	PA
<i>atovaquone/proguanil hcl</i>	Generic	C (1 CLAIM PER 365 DAYS)
BENZNIDAZOLE	Specialty	LA, S (Specialty Drug), QL (2 TO 12 YRS OLD; 60 PER 365 DAYS)
<i>chloroquine phosphate</i>	Generic	
COARTEM	Brand	PA
<i>hydroxychloroquine sulfate</i>	Generic	

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2023 PROVIDENCE FORMULARY C: INTEL

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Drug Name	Status*	Requirements/Limits
<i>mefloquine hcl</i>	Generic	
<i>nitazoxanide</i>	Generic	PA, QL (6 PER 30 DAYS)
PENTAMIDINE ISETHIONATE 300 MG VIAL-NEB	Specialty	S (Specialty Drug)
<i>primaquine phosphate</i>	Generic	
<i>pyrimethamine</i>	Generic	PA
<i>quinine sulfate</i>	Generic	C (1 CLAIM PER 365 DAYS)

ANTIPARKINSON AGENTS

ANTICHOLINERGICS

<i>benztropine mesylate (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	Generic
<i>trihexyphenidyl hcl (2 mg tablet, 2 mg/5 ml solution, 5 mg tablet)</i>	Generic

ANTIPARKINSON AGENTS, OTHER

<i>amantadine hcl (50 mg/5 ml solution, 100 mg tablet, 100 mg capsule)</i>	Generic	
<i>carbidopa/levodopa/entacapone</i>	Generic	
<i>entacapone</i>	Generic	
<i>NOURIANZ</i>	Brand	PA, LA, QL (1 PER 1 DAY)
<i>tolcapone</i>	Generic	

DOPAMINE AGONISTS

<i>bromocriptine mesylate (2.5 mg tablet, 5 mg capsule)</i>	Generic	
<i>KYNMOBI</i>	Specialty	QL (5 PER DAY), S (Specialty Drug)
<i>NEUPRO</i>	Brand	ST
<i>pramipexole di-hcl (0.125 mg tablet, 0.25 mg tablet, 0.5 mg tablet, 0.75 mg tablet, 1 mg tablet, 1.5 mg tablet)</i>	Generic	
<i>ropinirole hcl (2 mg tab er 24h, 4 mg tab er 24h, 6 mg tab er 24h)</i>	Generic	QL (1 PER DAY)

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2023 PROVIDENCE FORMULARY C: INTEL

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Drug Name	Status*	Requirements/Limits
<i>ropinirole hcl (8 mg tab er 24h, 12 mg tab er 24h)</i>	Generic	QL (2 PER DAY)
<i>ropinirole hcl (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 3 mg tablet, 4 mg tablet, 5 mg tablet)</i>	Generic	

DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS

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

MONOAMINE OXIDASE B (MAO-B) INHIBITORS

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

ANTIPSYCHOTICS

1ST GENERATION/TYPICAL

<i>chlorpromazine hcl (10 mg tablet, 25 mg tablet, 30 mg/ml oral conc, 50 mg tablet, 100 mg tablet, 100 mg/ml oral conc, 200 mg tablet)</i>	Generic
<i>fluphenazine hcl (1 mg tablet, 2.5 mg/5ml elixir, 2.5 mg tablet, 5 mg tablet, 5 mg/ml oral conc, 10 mg tablet)</i>	Generic
<i>haloperidol</i>	Generic
<i>haloperidol lactate 2 mg/ml oral conc</i>	Generic
<i>loxapine succinate</i>	Generic
<i>pimozide</i>	Generic

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2023 PROVIDENCE FORMULARY C: INTEL

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Drug Name	Status*	Requirements/Limits
<i>thioridazine hcl</i>	Generic	
<i>thiothixene</i>	Generic	
<i>trifluoperazine hcl</i>	Generic	
2ND GENERATION/ATYPICAL		
<i>aripiprazole (1 mg/ml solution, 2 mg tablet, 5 mg tablet, 10 mg tablet rapdis, 15 mg tablet, 15 mg tab rapdis, 20 mg tablet, 30 mg tablet)</i>	Generic	
<i>asenapine maleate (5 mg tab subl, 10 mg tab subl)</i>	Generic	PA, QL (2 PER DAY)
<i>asenapine maleate 2.5 mg tab subl</i>	Generic	PA
<i>CAPLYTA (10.5 MG CAPSULE, 21 MG CAPSULE)</i>	Brand	PA
<i>CAPLYTA 42 MG CAPSULE</i>	Brand	PA, QL (1 PER DAY)
<i>FANAPT TITRATION PACK</i>	Brand	PA, QL (1 PER 365 DAYS)
<i>FANAPT (1 MG TABLET, 2 MG TABLET, 4 MG TABLET, 6 MG TABLET)</i>	Brand	PA
<i>FANAPT (8 MG TABLET, 10 MG TABLET, 12 MG TABLET)</i>	Brand	PA, QL (2 PER DAY)
<i>lurasidone hcl</i>	Generic	PA, QL (1 PER DAY)
<i>olanzapine (2.5 mg tablet, 5 mg tablet, 5 mg tab rapdis, 7.5 mg tablet, 10 mg tab rapdis, 10 mg tablet, 15 mg tab rapdis, 15 mg tablet, 20 mg tablet, 20 mg tab rapdis)</i>	Generic	
<i>paliperidone</i>	Generic	
<i>quetiapine fumarate (150 mg tab er 24h, 200 mg tab er 24h)</i>	Generic	QL (1 PER 1 DAY)
<i>quetiapine fumarate (50 mg tab er 24h, 300 mg tab er 24h, 400 mg tab er 24h)</i>	Generic	QL (2 PER 1 DAY)
<i>quetiapine fumarate (25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet, 300 mg tablet, 400 mg tablet)</i>	Generic	

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2023 PROVIDENCE FORMULARY C: INTEL

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

TREATMENT-RESISTANT

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

ANTISPASTICITY AGENTS

<i>baclofen (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	Generic
<i>dantrolene sodium (25 mg capsule, 50 mg capsule, 100 mg capsule)</i>	Generic
<i>tizanidine hcl (2 mg tablet, 4 mg tablet)</i>	Generic

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2023 PROVIDENCE FORMULARY C: INTEL

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Drug Name	Status*	Requirements/Limits
ANTIVIRALS		
ANTI-CYTOMEGALOVIRUS (CMV) AGENTS		
PREVVYMIS (240 MG TABLET, 480 MG TABLET)	Specialty	PA, LA, S (Specialty Drug)
VALGANCICLOVIR HCL 50 MG/ML SOLN RECON	Specialty	QL (36 ML PER DAY), S (Specialty Drug)
VALGANCICLOVIR HCL 450 MG TABLET	Specialty	QL (4 PER 1 DAY), S (Specialty Drug)
ANTI-HEPATITIS B (HBV) AGENTS		
<i>adefovir dipivoxil</i>	Generic	QL (1 PER 1 DAY)
BARACLUDE 0.05 MG/ML SOLUTION	Specialty	S (Specialty Drug)
ENTECAVIR	Specialty	S (Specialty Drug)
EPIVIR HBV 25 MG/5 ML SOLN	Brand	
<i>lamivudine 100 mg tablet</i>	Generic	
VEMLIDY	Brand	
ANTI-HEPATITIS C (HCV) AGENTS		
LEDIPASVIR/SOFOSBUVIR	Specialty	PA, S (Specialty Drug)
MAVYRET (50-20 MG PELLET PACKET, 100-40 MG TABLET)	Specialty	PA, S (Specialty Drug)
<i>ribavirin (200 mg capsule, 200 mg tablet)</i>	Generic	
SOFOSBUVIR/VELPATASVIR	Specialty	PA, S (Specialty Drug)
VOSEVI	Specialty	PA, S (Specialty Drug)
ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)		
BIKTARVY	Brand	
DOVATO	Brand	
GENVOYA	Brand	
ISENTRESS (100 MG POWDER PACKET, 400 MG TABLET)	Brand	

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2023 PROVIDENCE FORMULARY C: INTEL

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Drug Name	Status*	Requirements/Limits
ISENTRESS HD	Brand	
JULUCA	Brand	
STRIBILD	Brand	
TIVICAY	Brand	
TIVICAY PD	Brand	QL (6 PER DAY)

ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)

COMPLERA	Brand
DELSTRIGO	Brand
EDURANT	Brand
<i>efavirenz (50 mg capsule, 200 mg capsule, 600 mg tablet)</i>	Generic
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	Generic
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	Generic
etravirine	Generic
INTELENCE 25 MG TABLET	Brand
<i>nevirapine (100 mg tab er 24h, 200 mg tablet, 400 mg tab er 24h)</i>	Generic
ODEFSEY	Brand
PIFELTRO	Brand

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

<i>abacavir sulfate (20 mg/ml solution, 300 mg tablet)</i>	Generic
<i>abacavir sulfate/lamivudine</i>	Generic
<i>abacavir sulfate/lamivudine/zidovudine</i>	Generic
<i>didanosine</i>	Generic
<i>emtricitabine</i>	Generic

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2023 PROVIDENCE FORMULARY C: INTEL

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Drug Name	Status*	Requirements/Limits
<i>emtricitabine/tenofovir (tdf) 200-300 mg tablet</i>	Generic	C (ACA Eligible for members not infected with HIV and are at higher risk of HIV infection)
<i>emtricitabine/tenofovir disoproxil fumarate ((tdf) 100-150 mg tablet, (tdf) 133-200 mg tablet, (tdf) 167-250 mg tablet)</i>	Generic	
EMTRIVA 10 MG/ML SOLUTION	Brand	
<i>lamivudine (10 mg/ml solution, 150 mg tablet, 300 mg tablet)</i>	Generic	
<i>lamivudine/zidovudine</i>	Generic	
<i>stavudine</i>	Generic	
<i>tenofovir disoproxil fumarate</i>	Generic	C (ACA Eligible for members not infected with HIV and are at higher risk of HIV infection)
TRIUMEQ	Brand	
TRIUMEQ PD	Brand	
VIREAD (150 MG TABLET, 200 MG TABLET, 250 MG TABLET, POWDER)	Brand	
<i>zidovudine (10 mg/ml syrup, 100 mg capsule, 300 mg tablet)</i>	Generic	

ANTI-HIV AGENTS, OTHER

FUZEON	Brand	PA
<i>maraviroc</i>	Generic	
RUKOBIA	Specialty	S (Specialty Drug)
SELZENTRY (20 MG/ML ORAL SOLN, 25 MG TABLET, 75 MG TABLET)	Brand	
SUNLENCA (4- 300 MG TABLET, 5- 300 MG TABLET)	Specialty	PA, S (Specialty Drug)
TYBOST	Brand	

ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)

APTVUS	Brand
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2023 PROVIDENCE FORMULARY C: INTEL

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Drug Name	Status*	Requirements/Limits
<i>atazanavir sulfate</i>	Generic	
EVOTAZ	Brand	
<i>fosamprenavir calcium</i>	Generic	
LEXIVA 50 MG/ML SUSPENSION	Brand	
<i>lopinavir/ritonavir (100mg-25mg tablet, 200mg-50mg tablet, 400-100/5 solution)</i>	Generic	
NORVIR (80 MG/ML SOLUTION, 100 MG POWDER PACKET)	Brand	
PREZCOBIX	Brand	
PREZISTA (75 MG TABLET, 100 MG/ML SUSPENSION, 150 MG TABLET, 600 MG TABLET, 800 MG TABLET)	Brand	
REYATAZ 50 MG POWDER PACKET	Brand	
<i>ritonavir</i>	Generic	
SYMTUZA	Specialty	S (Specialty Drug)
VIRACEPT	Brand	

ANTI-INFLUENZA AGENTS

<i>oseltamivir phosphate (6 mg/ml susp recon, 30 mg capsule, 45 mg capsule, 75 mg capsule)</i>	Generic
RELENZA	Brand
<i>rimantadine hcl</i>	Generic

ANTIHERPETIC AGENTS

<i>acyclovir (200 mg capsule, 200 mg/5ml oral susp, 400 mg tablet, 800 mg tablet)</i>	Generic
<i>famciclovir</i>	Generic
<i>valacyclovir hcl</i>	Generic

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2023 PROVIDENCE FORMULARY C: INTEL

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

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2023 PROVIDENCE FORMULARY C: INTEL

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Drug Name	Status*	Requirements/Limits
BLOOD GLUCOSE REGULATORS		
ANTIDIABETIC AGENTS		
acarbose	Generic - SH	
alogliptin benzoate	Generic - SH	
alogliptin benzoate/metformin hcl	Generic - SH	
alogliptin benzoate/pioglitazone hcl (12.5-30 mg tablet, 25 mg-30mg tablet, 25 mg-45mg tablet, 25 mg-15mg tablet)	Generic - SH	
CYCLOSET	Brand	
FARXIGA	Brand - SH	
glimepiride	Generic - SH	
glipizide (2.5 mg tab er 24, 5 mg tablet, 5 mg tab er 24, 10 mg tab er 24, 10 mg tablet)	Generic - SH	
glipizide/metformin hcl	Generic - SH	
glyburide	Generic - SH	
glyburide,micronized	Generic - SH	
glyburide/metformin hcl	Generic - SH	
GLYXAMBI	Brand - SH	
INVOKAMET	Brand	PA
INVOKAMET XR	Brand	PA
INVOKANA	Brand	PA
JANUMET	Brand - SH	PA
JANUMET XR	Brand - SH	PA
JANUVIA	Brand - SH	PA
JARDIANCE	Brand - SH	
JENTADUETO (2.5 MG-850 MG TAB, 2.5 MG-1000 MG TAB, 2.5 MG-500 MG TAB)	Brand	PA

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2023 PROVIDENCE FORMULARY C: INTEL

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Drug Name	Status*	Requirements/Limits
JENTADUETO XR	Brand - SH	PA
<i>metformin hcl (500 mg/5ml solution, 500 mg tablet, 850 mg tablet, 1000 mg tablet)</i>	Generic - SH	
<i>metformin hcl (500 mg tab er 24h, 750 mg tab er 24h) (generic for glucophage xr)</i>	Generic - SH	
<i>miglitol</i>	Generic	
MOUNJARO	Brand	ST, QL (2 ML PER 28 DAYS)
<i>nateglinide</i>	Generic - SH	
OSENI (12.5-15 MG TABLET, 12.5-45 MG TABLET)	Brand - SH	
OZEMPIK (1 (2 MG/1.5ML), 1 (4 MG/3 ML), 2 (8 MG/3 ML))	Brand	PA, ST, QL (3 ML PER 28 DAYS)
OZEMPIK 0.25-0.5 MG/DOSE PEN (2MG/1.5ML)	Brand - SH	PA, ST, QL (1.5 ML PER 28 DAYS)
OZEMPIK 0.25-0.5 MG/DOSE PEN (2MG/3ML)	Brand - SH	PA, ST, QL (3 ML PER 28 DAYS)
<i>pioglitazone hcl</i>	Generic - SH	
<i>pioglitazone hcl/glimepiride</i>	Generic - SH	
<i>pioglitazone hcl/metformin hcl</i>	Generic - SH	
QTERN	Brand	PA
<i>repaglinide</i>	Generic	
RYBELSUS	Brand - SH	ST, QL (1 PER 1 DAY)
<i>saxagliptin hcl</i>	Generic	PA
<i>saxagliptin hcl/metformin hcl (2.5-1000mg tbmp 24hr, 5 mg-500mg tbmp 24hr, 5mg-1000mg tbmp 24hr)</i>	Generic	PA
SEGLUROMET	Brand	PA
STEGLATRO	Brand	PA
STEGLUJAN	Brand	PA

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2023 PROVIDENCE FORMULARY C: INTEL

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

GLYCEMIC AGENTS

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

INSULINS

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

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2023 PROVIDENCE FORMULARY C: INTEL

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

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2023 PROVIDENCE FORMULARY C: INTEL

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

BLOOD PRODUCTS AND MODIFIERS

ANTICOAGULANTS

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

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2023 PROVIDENCE FORMULARY C: INTEL

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Drug Name	Status*	Requirements/Limits
<i>heparin sodium,porcine/pf (5000/0.5ml syringe, 5000/ml syringe)</i>	Generic	
jantoven	Generic - SH	
PRADAXA 110 MG CAPSULE	Brand - SH	
SAVAYSA	Brand - SH	
<i>warfarin sodium</i>	Generic - SH	
XARELTO (1 MG/ML SUSPENSION, 2.5 MG TABLET, 10 MG TABLET, 15 MG TABLET, 20 MG TABLET, DVT-PE TREAT START 30D)	Brand	
ZONTIVITY	Brand	
BLOOD PRODUCTS AND MODIFIERS, OTHER		
<i>anagrelide hcl</i>	Generic	
ARANESP (10 MCG/0.4 ML SYRINGE, 25 MCG/ML VIAL, 25 MCG/0.42 ML SYRINGE, 40 MCG/ML VIAL, 40 MCG/0.4 ML SYRINGE, 60 MCG/0.3 ML SYRINGE, 60 MCG/ML VIAL, 100 MCG/ML VIAL, 100 MCG/0.5 ML SYRINGE, 150 MCG/0.3 ML SYRINGE, 200 MCG/0.4 ML SYRINGE, 200 MCG/ML VIAL, 300 MCG/0.6 ML SYRINGE, 500 MCG/1 ML SYRINGE)	Specialty	PA, S (Specialty Drug)
EPOGEN	Specialty	PA, S (Specialty Drug)
FULPHILA	Specialty	C (COVERED MEDICAL BENEFIT), S (Specialty Drug)
FYLNETRA	Specialty	C (COVERED MEDICAL BENEFIT), S (Specialty Drug)
GRANIX (300 MCG/ML VIAL, 300 MCG/0.5 ML SYRINGE, 300 MCG/0.5 ML SAFE SYR, 480 MCG/0.8 ML SYRINGE, 480 MCG/0.8 ML SAFE SYR, 480 MCG/1.6 ML VIAL)	Specialty	S (Specialty Drug)
LEUKINE	Specialty	S (Specialty Drug)
MULPLETA	Specialty	PA, QL (7 PER 30 DAYS), S (Specialty Drug)

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2023 PROVIDENCE FORMULARY C: INTEL

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

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2023 PROVIDENCE FORMULARY C: INTEL

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

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2023 PROVIDENCE FORMULARY C: INTEL

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Drug Name	Status*	Requirements/Limits
<i>terazosin hcl</i>	Generic - SH	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil</i>	Generic - SH	
<i>eprosartan mesylate</i>	Generic - SH	
<i>irbesartan</i>	Generic - SH	
<i>losartan potassium</i>	Generic - SH	
<i>olmesartan medoxomil</i>	Generic	
<i>telmisartan</i>	Generic - SH	
<i>valsartan (40 mg tablet, 80 mg tablet, 160 mg tablet, 320 mg tablet)</i>	Generic - SH	
ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS		
<i>benazepril hcl</i>	Generic - SH	
<i>captopril</i>	Generic - SH	
<i>enalapril maleate (1 mg/ml solution, 2.5 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	Generic - SH	
<i>fosinopril sodium</i>	Generic - SH	
<i>lisinopril</i>	Generic - SH	
<i>moexipril hcl</i>	Generic - SH	
<i>perindopril erbumine</i>	Generic - SH	
<i>quinapril hcl</i>	Generic - SH	
<i>ramipril</i>	Generic - SH	
<i>trandolapril</i>	Generic - SH	
ANTIARRHYTHMICS		
<i>amiodarone hcl (100 mg tablet, 200 mg tablet, 400 mg tablet)</i>	Generic	
<i>disopyramide phosphate</i>	Generic	
<i>dofetilide</i>	Generic	

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2023 PROVIDENCE FORMULARY C: INTEL

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

BETA-ADRENERGIC BLOCKING AGENTS

<i>acebutolol hcl</i>	Generic - SH
<i>atenolol</i>	Generic - SH
<i>betaxolol hcl (10 mg tablet, 20 mg tablet)</i>	Generic - SH
<i>bisoprolol fumarate</i>	Generic - SH
<i>carvedilol</i>	Generic - SH
<i>carvedilol phosphate</i>	Generic - SH
<i>labetalol hcl (100 mg tablet, 200 mg tablet, 300 mg tablet)</i>	Generic - SH
<i>metoprolol succinate</i>	Generic - SH
<i>metoprolol tartrate (25 mg tablet, 37.5 mg tablet, 50 mg tablet, 75 mg tablet, 100 mg tablet)</i>	Generic
<i>nadolol</i>	Generic - SH

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2023 PROVIDENCE FORMULARY C: INTEL

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Drug Name	Status*	Requirements/Limits
<i>nebivolol hcl</i>	Generic - SH	
<i>pindolol</i>	Generic - SH	
<i>propranolol hcl (10 mg tablet, 20 mg/5 ml solution, 20 mg tablet, 40 mg tablet, 40mg/5ml solution, 60 mg cap sa 24h, 60 mg tablet, 80 mg tablet, 80 mg cap sa 24h, 120 mg cap sa 24h, 160 mg cap sa 24h)</i>	Generic - SH	
<i>timolol maleate (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	Generic - SH	

CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES

<i>amlodipine besylate</i>	Generic - SH
<i>felodipine</i>	Generic - SH
<i>isradipine</i>	Generic - SH
<i>nicardipine hcl (20 mg capsule, 30 mg capsule)</i>	Generic - SH
<i>nifedipine (30 mg tab er 24, 30 mg tablet er, 60 mg tablet er, 60 mg tab er 24, 90 mg tab er 24, 90 mg tablet er)</i>	Generic - SH
<i>nifedipine (10 mg capsule, 20 mg capsule)</i>	Generic
<i>nimodipine</i>	Generic - SH
<i>nisoldipine</i>	Generic - SH

CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES

<i>cartia xt</i>	Generic - SH
<i>dilt-xr</i>	Generic - SH

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2023 PROVIDENCE FORMULARY C: INTEL

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Drug Name	Status*	Requirements/Limits
diltiazem hcl (30 mg tablet, 60 mg cap er 12h, 60 mg tablet, 90 mg cap er 12h, 90 mg tablet, 120 mg cap er 12h, 120 mg cap er 24h, 120 mg cap sa 24h, 120 mg cap er deg, 120 mg tab er 24h, 120 mg tablet, 180 mg cap er 24h, 180 mg cap er deg, 180 mg tab er 24h, 180 mg cap sa 24h, 240 mg cap sa 24h, 240 mg tab er 24h, 240 mg cap er deg, 240 mg cap er 24h, 300 mg cap sa 24h, 300 mg cap er 24h, 300 mg tab er 24h, 360 mg cap sa 24h, 360 mg cap er 24h, 360 mg tab er 24h, 420 mg tab er 24h, 420 mg cap sa 24h)	Generic - SH	
matzim la	Generic - SH	
taztia xt	Generic - SH	
tiadylt er	Generic - SH	
verapamil hcl (40 mg tablet, 80 mg tablet, 100 mg cap24h pct, 120 mg cap24h pel, 120 mg tablet, 120 mg tablet er, 180 mg tablet er, 180 mg cap24h pel, 200 mg cap24h pct, 240 mg cap24h pel, 240 mg tablet er, 300 mg cap24h pct, 360 mg cap24h pel)	Generic - SH	

CARDIOVASCULAR AGENTS, OTHER

acetazolamide (125 mg tablet, 250 mg tablet, 500 mg capsule er)	Generic
aliskiren hemifumarate	Generic
amiloride hcl/hydrochlorothiazide	Generic - SH
amlodipine besylate/atorvastatin calcium	Generic - SH
amlodipine besylate/benazepril hcl	Generic - SH
amlodipine besylate/olmesartan medoxomil	Generic
amlodipine besylate/valsartan	Generic
amlodipine besylate/valsartan/hydrochlorothiazide	Generic

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2023 PROVIDENCE FORMULARY C: INTEL

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Drug Name	Status*	Requirements/Limits
<i>atenolol/chlorthalidone</i>	Generic - SH	
<i>benazepril hcl/hydrochlorothiazide</i>	Generic - SH	
<i>bisoprolol fumarate/hydrochlorothiazide</i>	Generic - SH	
CAMZYOS	Specialty	PA, LA, QL (1 PER DAY), S (Specialty Drug)
<i>candesartan cilexetil/hydrochlorothiazide</i>	Generic	
<i>captopril/hydrochlorothiazide</i>	Generic - SH	
CORLANOR 5 MG/5 ML ORAL SOLN	Brand	PA, LA
CORLANOR (5 MG TABLET, 7.5 MG TABLET)	Brand	PA
<i>digitek</i>	Generic	
<i>digoxin (50 mcg/ml solution, 125 mcg tablet, 250 mcg tablet)</i>	Generic	
<i>enalapril maleate/hydrochlorothiazide</i>	Generic - SH	
ENTRESTO	Brand	
<i>fosinopril sodium/hydrochlorothiazide</i>	Generic - SH	
<i>irbesartan/hydrochlorothiazide</i>	Generic - SH	
<i>lisinopril/hydrochlorothiazide</i>	Generic - SH	
<i>losartan potassium/hydrochlorothiazide</i>	Generic - SH	
<i>metoprolol tartrate/hydrochlorothiazide</i>	Generic - SH	
<i>olmesartan medoxomil/amlodipine besylate/hydrochlorothiazide</i>	Generic	
<i>olmesartan medoxomil/hydrochlorothiazide</i>	Generic	
<i>pentoxifylline</i>	Generic - SH	
<i>propranolol hcl/hydrochlorothiazide</i>	Generic - SH	
<i>quinapril hcl/hydrochlorothiazide</i>	Generic	
<i>ranolazine</i>	Generic	

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

DIURETICS, LOOP

<i>bumetanide (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	Generic - SH
<i>ethacrynic acid</i>	Generic - SH
<i>furosemide (10 mg/ml solution, 20 mg tablet, 40 mg tablet, 40mg/5ml solution, 80 mg tablet)</i>	Generic - SH
<i>torsemide</i>	Generic - SH

DIURETICS, POTASSIUM-SPARING

<i>amiloride hcl</i>	Generic - SH	
<i>eplerenone</i>	Generic - SH	
<i>KERENDIA</i>	Brand	PA, QL (1 PER DAY)
<i>spironolactone (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	Generic - SH	

DIURETICS, THIAZIDE

<i>chlorthalidone</i>	Generic - SH
<i>hydrochlorothiazide (12.5 mg capsule, 12.5 mg tablet, 25 mg tablet, 50 mg tablet)</i>	Generic - SH

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2023 PROVIDENCE FORMULARY C: INTEL

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Drug Name	Status*	Requirements/Limits
<i>indapamide</i>	Generic - SH	
<i>metolazone</i>	Generic - SH	
DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES		
<i>fenofibrate (54 mg tablet, 160 mg tablet)</i>	Generic - SH	
<i>fenofibrate nanocrystallized</i>	Generic - SH	
<i>fenofibrate,micronized (67 mg capsule, 134 mg capsule, 200 mg capsule)</i>	Generic - SH	
<i>fenofibric acid</i>	Generic - SH	
<i>fenofibric acid (choline)</i>	Generic - SH	
<i>gemfibrozil</i>	Generic - SH	
DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS		
<i>atorvastatin calcium</i>	Generic - SH	C (ACA ELIGIBLE AGES 40-75 YEARS)
<i>LIVALO</i>	Brand	QL (1 PER 1 DAY)
<i>lovastatin</i>	Generic - SH	C (ACA ELIGIBLE AGES 40-75 YEARS)
<i>pravastatin sodium</i>	Generic - SH	C (ACA ELIGIBLE AGES 40-75 YEARS)
<i>rosuvastatin calcium</i>	Generic - SH	C (ACA ELIGIBLE AGES 40-75 YEARS)
<i>simvastatin</i>	Generic - SH	C (ACA ELIGIBLE AGES 40-75 YEARS)
DYSLIPIDEMICS, OTHER		
<i>cholestyramine (with sugar) (sugar) 4 g powder, sugar) 4 g powd pack)</i>	Generic - SH	
<i>cholestyramine/aspartame (4 g powd pack, 4 g powder)</i>	Generic - SH	
<i>colesevelam hcl 625 mg tablet</i>	Generic	
<i>COLESTID FLAVORED GRANULES</i>	Brand - SH	
<i>colestipol hcl (1 g tablet, 5 g packet, 5 g granules)</i>	Generic - SH	
<i>ezetimibe</i>	Generic - SH	
<i>ezetimibe/simvastatin</i>	Generic	

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2023 PROVIDENCE FORMULARY C: INTEL

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Drug Name	Status*	Requirements/Limits
<i>icosapent ethyl</i>	Generic	PA
JUXTAPIID	Specialty	PA, LA, S (Specialty Drug)
<i>niacin (500 mg tablet, 500 mg tab er 24h, 750 mg tab er 24h, 1000 mg tab er 24h)</i>	Generic	
<i>niacor</i>	Generic	
<i>omega-3 acid ethyl esters</i>	Generic	
PRALUENT PEN	Specialty	PA, QL (2 ML PER 28 DAYS), S (Specialty Drug)
<i>prevalite (packet, powder)</i>	Generic - SH	
REPATHA PUSHTRONEX	Brand	PA, QL (3.5 ML PER 28 DAYS)
REPATHA SURECLICK	Brand	PA, QL (2 ML PER 28 DAYS)
REPATHA SYRINGE	Brand	PA, QL (2 ML PER 28 DAYS)

VASODILATORS, DIRECT-ACTING ARTERIAL

<i>hydralazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	Generic
<i>minoxidil (2.5 mg tablet, 10 mg tablet)</i>	Generic

VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS

<i>isosorbide dinitrate (5 mg tablet, 10 mg tablet, 20 mg tablet, 30 mg tablet)</i>	Generic
<i>isosorbide mononitrate (10 mg tablet, 20 mg tablet, 30 mg tab er 24h, 60 mg tab er 24h, 120 mg tab er 24h)</i>	Generic
<i>minitrans</i>	Generic
NITRO-BID	Brand
NITRO-DUR (0.3 PATCH, 0.8 PATCH)	Brand
<i>nitro-time</i>	Generic
<i>nitroglycerin (0.1mg/hr patch td24, 0.2mg/hr patch td24, 0.3 mg tab subl, 0.4 mg tab subl, 0.4mg/hr patch td24, 0.6mg/hr patch td24, 0.6 mg tab subl, 400mcg/spr spray)</i>	Generic

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2023 PROVIDENCE FORMULARY C: INTEL

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Drug Name	Status*	Requirements/Limits
NITROMIST	Brand	
RECTIV	Brand	
CENTRAL NERVOUS SYSTEM AGENTS		
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES		
<i>dextroamphetamine sulf- saccharate/amphetamine sulf- aspartate (10 mg cap er 24h, 15 mg cap er 24h, 25 mg cap er 24h, 30 mg cap er 24h)</i>	Generic	QL (1 PER DAY)
<i>dextroamphetamine/amphetamine 20 mg cap er 24h</i>	Generic	QL (2 PER DAY)
<i>dextroamphetamine/amphetamine 5 mg cap er 24h</i>	Generic	QL (1 PER 1 DAY)
<i>dextroamphetamine sulf- saccharate/amphetamine sulf- aspartate (5 mg tablet, 7.5 mg tablet, 10 mg tablet, 12.5 mg tablet, 15 mg tablet, 20 mg tablet, 30 mg tablet)</i>	Generic	
<i>dextroamphetamine sulfate (5 mg capsule er, 10 mg capsule er)</i>	Generic	QL (2 PER 1 DAY)
<i>dextroamphetamine sulfate 15 mg capsule er</i>	Generic	QL (4 PER DAY)
<i>dextroamphetamine sulfate (5 mg tablet, 10 mg tablet)</i>	Generic	
<i>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)</i>	Generic	QL (1 PER DAY)
<i>methamphetamine hcl</i>	Generic	
<i>zenzedi (5 mg tablet, 10 mg tablet)</i>	Generic	

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2023 PROVIDENCE FORMULARY C: INTEL

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Drug Name	Status*	Requirements/Limits
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES		
<i>atomoxetine hcl</i>	Generic	
<i>clonidine hcl 0.1 mg tab er 12h</i>	Generic	
<i>dexmethylphenidate hcl (5 mg cpbp 50-50, 10 mg cpbp 50-50, 15 mg cpbp 50-50, 20 mg cpbp 50-50, 25 mg cpbp 50-50, 30 mg cpbp 50-50, 35 mg cpbp 50-50, 40 mg cpbp 50-50)</i>	Generic	QL (1 PER 1 DAY)
<i>dexmethylphenidate hcl (2.5 mg tablet, 5 mg tablet, 10 mg tablet)</i>	Generic	
<i>guanfacine hcl (1 mg tab er 24h, 2 mg tab er 24h, 3 mg tab er 24h, 4 mg tab er 24h)</i>	Generic	
<i>metadate er</i>	Generic	QL (1 PER 1 DAY)
<i>methylphenidate</i>	Generic	QL (1 PER DAY)
<i>methylphenidate hcl (10 mg tablet er, 10 mg cpbp 30-70, 10 mg cpbp 50-50, 18 mg tab er 24, 20 mg cpbp 30-70, 20 mg cpbp 50-50, 20 mg tablet er, 27 mg tab er 24, 30 mg cpbp 50-50, 30 mg cpbp 30-70, 40 mg cpbp 50-50, 40 mg cpbp 30-70, 50 mg cpbp 30-70, 54 mg tab er 24, 60 mg cpbp 30-70, 60 mg cpbp 50-50)</i>	Generic	QL (1 PER 1 DAY)
<i>methylphenidate hcl 36 mg tab er 24</i>	Generic	QL (2 PER 1 DAY)
<i>methylphenidate hcl (2.5 mg tab chew, 5 mg tablet, 5 mg/5 ml solution, 5 mg tab chew, 10 mg tablet, 10 mg/5 ml solution, 10 mg tab chew, 20 mg tablet)</i>	Generic	
CENTRAL NERVOUS SYSTEM, OTHER		
AUSTEDO (6 MG TABLET, 12 MG TABLET)	Specialty	PA, QL (4 PER 1 DAY), S (Specialty Drug)
AUSTEDO 9 MG TABLET	Specialty	PA, QL (5 PER 1 DAY), S (Specialty Drug)
AUSTEDO XR (6 MG TABLET, 24 MG TABLET)	Specialty	PA, QL (2 PER DAY), S (Specialty Drug)

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2023 PROVIDENCE FORMULARY C: INTEL

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Drug Name	Status*	Requirements/Limits
AUSTEDO XR 12 MG TABLET	Specialty	PA, QL (3 PER DAY), S (Specialty Drug)
AUSTEDO XR TITRATION KT(WK1-4)	Specialty	PA, QL (1 PER 365 DAYS), S (Specialty Drug)
<i>butalbital/acetaminophen 50mg-325mg tablet</i>	Generic	
<i>butalbital/acetaminophen/caffeine (50-300-40 capsule, 50-325-40 tablet, 50-325-40 capsule)</i>	Generic	
<i>diethylpropion hcl (25 mg tablet, 75 mg tablet er)</i>	Generic	
EXSERVAN	Specialty	LA, S (Specialty Drug)
<i>fioricet</i>	Generic	
NUDEXTA	Brand	PA, QL (2 PER 1 DAY)
RADICAVA ORS	Specialty	PA, LA, QL (50 ML PER 28 DAYS), S (Specialty Drug)
RELYVRIQ	Specialty	PA, LA, QL (56 PER 28 DAYS), S (Specialty Drug)
<i>riluzole</i>	Generic	
<i>tencon</i>	Generic	
<i>tetrabenazine</i>	Generic	PA, QL (4 PER DAY), S (Specialty Drug)
TIGLUTIK	Specialty	LA, S (Specialty Drug)
<i>vtol lq</i>	Generic	

FIBROMYALGIA AGENTS

<i>duloxetine hcl (20 mg capsule dr, 30 mg capsule dr, 60 mg capsule dr)</i>	Generic	
<i>pregabalin (25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule, 200 mg capsule, 225 mg capsule, 300 mg capsule)</i>	Generic	
<i>pregabalin 20 mg/ml solution</i>	Generic	QL (30 ML PER DAY)
SAVELLA TITRATION PACK	Brand	PA, QL (1 PER 365 DAYS)

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2023 PROVIDENCE FORMULARY C: INTEL

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Drug Name	Status*	Requirements/Limits
SAVELLA (12.5 MG TABLET, 25 MG TABLET, 50 MG TABLET, 100 MG TABLET)	Brand	PA, QL (2 PER 1 DAY)
MULTIPLE SCLEROSIS AGENTS		
AVONEX	Specialty	PA, QL (4 PER 28 DAYS), S (Specialty Drug)
AVONEX PEN	Specialty	PA, S (Specialty Drug)
BETASERON (0.3 MG VIAL, 0.3 MG KIT)	Specialty	PA, S (Specialty Drug)
COPAXONE 20 MG/ML SYRINGE	Specialty	PA, QL (1 ML PER 1 DAY), S (Specialty Drug)
COPAXONE 40 MG/ML SYRINGE	Specialty	PA, QL (12 ML PER 28 DAYS), S (Specialty Drug)
<i>dalfampridine</i>	Generic	QL (2 PER 1 DAY)
<i>dimethyl fumarate</i>	Generic	QL (2 PER DAY)
EXTAVIA (0.3 MG VIAL, 0.3 MG KIT)	Specialty	PA, S (Specialty Drug)
FINGOLIMOD HCL	Specialty	QL (1 PER DAY), S (Specialty Drug)
GILENYA 0.25 MG CAPSULE	Specialty	PA, QL (1 PER DAY), S (Specialty Drug)
GLATIRAMER ACETATE 20 MG/ML SYRINGE	Specialty	PA, QL (1 ML PER 1 DAY), S (Specialty Drug)
GLATIRAMER ACETATE 40 MG/ML SYRINGE	Specialty	PA, QL (12 ML PER 28 DAYS), S (Specialty Drug)
KESIMPTA PEN	Specialty	PA, LA, S (Specialty Drug)
MAVENCLAD	Specialty	PA, LA, S (Specialty Drug)
MAYZENT (0.25MG START-2MG MAINT, 0.25MG START-1MG MAINT, 2 MG TABLET)	Specialty	PA, LA, S (Specialty Drug)
MAYZENT 0.25 MG TABLET	Specialty	PA, LA, QL (4 PER 1 DAY), S (Specialty Drug)
MAYZENT 1 MG TABLET	Specialty	PA, LA, QL (1 PER DAY), S (Specialty Drug)
PLEGRIDY 125 MCG/0.5 ML SYRINGE	Specialty	PA, QL (4 ML PER 28 DAYS), S (Specialty Drug)

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2023 PROVIDENCE FORMULARY C: INTEL

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

Drug Name	Status*	Requirements/Limits
PLEGRIDY SYRINGE STARTER PACK	Specialty	PA, QL (1 ML PER 28 DAYS), S (Specialty Drug)
PLEGRIDY PEN	Specialty	PA, QL (1 ML PER 28 DAYS), S (Specialty Drug)
REBIF (22 MCG/0.5 ML SYRINGE, 44 MCG/0.5 ML SYRINGE)	Specialty	PA, QL (6 ML PER 28 DAYS), S (Specialty Drug)
REBIF TITRATION PACK	Specialty	PA, QL (1 ML PER 365 DAYS), S (Specialty Drug)
REBIF REBIDOSE (22 MCG/0.5 ML, 44 MCG/0.5 ML)	Specialty	PA, QL (6 ML PER 28 DAYS), S (Specialty Drug)
REBIF REBIDOSE TITRATION PACK	Specialty	PA, QL (4.2 ML PER 28 DAYS), S (Specialty Drug)
TERIFLUONOMIDE	Specialty	QL (1 PER DAY), S (Specialty Drug)
VUMERTY	Specialty	PA, LA, S (Specialty Drug)
ZEPOSIA (0.92 MG CAPSULE, STARTER KIT (28-DAY), STARTER KIT (37-DAY), STARTER PACK (7-DAY))	Specialty	PA, S (Specialty Drug)

DENTAL AND ORAL AGENTS

<i>cevimeline hcl</i>	Generic
<i>chlorhexidine gluconate 0.12 % mouthwash</i>	Generic
<i>oralone</i>	Generic
<i>paroex</i>	Generic
<i>periogard</i>	Generic
<i>pilocarpine hcl (5 mg tablet, 7.5 mg tablet)</i>	Generic
<i>triamcinolone acetonide 0.1 % paste (g)</i>	Generic

DERMATOLOGICAL AGENTS

ACNE AND ROSACEA AGENTS

<i>accutane</i>	Generic
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2023 PROVIDENCE FORMULARY C: INTEL

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

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

DERMATITIS AND PRURITUS AGENTS

<i>alclometasone dipropionate (0.05 % oint. (g), 0.05 % cream (g))</i>	Generic
<i>amcinonide (0.1 % cream (g), 0.1 % lotion, 0.1 % oint. (g))</i>	Generic
<i>anusol-hc 2.5% cream</i>	Generic
<i>apexicon e</i>	Generic
<i>beser</i>	Generic
<i>betamethasone dipropionate (0.05 % lotion, 0.05 % gel (gram), 0.05 % cream (g), 0.05 % oint. (g))</i>	Generic

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2023 PROVIDENCE FORMULARY C: INTEL

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Drug Name	Status*	Requirements/Limits
<i>betamethasone dipropionate/propylene glycol (0.05 % cream (g), 0.05 % oint. (g), 0.05 % lotion)</i>	Generic	
<i>betamethasone valerate (0.1 % cream (g), 0.1 % lotion, 0.1 % oint. (g))</i>	Generic	
<i>clobetasol propionate (0.05 % solution, 0.05 % lotion, 0.05 % shampoo, 0.05 % spray, 0.05 % cream (g), 0.05 % foam, 0.05 % oint. (g), 0.05 % gel (gram))</i>	Generic	
<i>clobetasol propionate/emol 0.05 % cream (g)</i>	Generic	
<i>clocortolone pivalate</i>	Generic	
<i>clodan 0.05% shampoo</i>	Generic	
<i>CORDRAN 4 MCG/SQ CM TAPE LARGE</i>	Brand	
<i>desonide (0.05 % lotion, 0.05 % cream (g), 0.05 % oint. (g))</i>	Generic	
<i>desoximetasone (0.05 % cream (g), 0.05 % gel (gram), 0.05 % oint. (g), 0.25 % oint. (g), 0.25 % cream (g))</i>	Generic	
<i>diflorasone diacetate (0.05 % oint. (g), 0.05 % cream (g))</i>	Generic	
<i>EPIFOAM</i>	Brand	
<i>EUCRISA</i>	Brand	PA
<i>fluocinolone acetonide (0.01 % cream (g), 0.01 % oil, 0.01 % solution, 0.025 % oint. (g), 0.025 % cream (g))</i>	Generic	
<i>fluocinolone acetonide/shower cap</i>	Generic	
<i>fluocinonide (0.05 % gel (gram), 0.05 % solution, 0.05 % cream (g), 0.05 % oint. (g), 0.1 % cream (g))</i>	Generic	
<i>fluocinonide/emollient base</i>	Generic	
<i>fluticasone propionate (0.005 % oint. (g), 0.05 % lotion, 0.05 % cream (g))</i>	Generic	
<i>halobetasol propionate (0.05 % oint. (g), 0.05 % cream (g))</i>	Generic	

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2023 PROVIDENCE FORMULARY C: INTEL

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Drug Name	Status*	Requirements/Limits
<i>hydrocortisone (1 % crm/pe app, 2.5 % lotion, 2.5 % cream (g), 2.5 % oint. (g), 2.5 % crm/pe app)</i>	Generic	
<i>hydrocortisone butyrate (0.1 % oint. (g), 0.1 % solution, 0.1 % cream (g))</i>	Generic	
<i>hydrocortisone valerate (0.2 % cream (g), 0.2 % oint. (g))</i>	Generic	
<i>mometasone furoate (0.1 % cream (g), 0.1 % oint. (g), 0.1 % solution)</i>	Generic	
<i>pimecrolimus</i>	Generic	ST
<i>prednicarbate (0.1 % cream (g), 0.1 % oint. (g))</i>	Generic	
<i>procto-med hc</i>	Generic	
<i>procto-pak</i>	Generic	
<i>PROCTOFOAM-HC</i>	Brand	
<i>proctosol-hc</i>	Generic	
<i>proctozone-hc</i>	Generic	
<i>psorcon</i>	Generic	
<i>selenium sulfide 2.5 % lotion</i>	Generic	
<i>SOLU-CORTEF 100 MG ACT-O-VIAL</i>	Brand	QL (2 PER 180 DAYS)
<i>tacrolimus (0.03 % oint. (g), 0.1 % oint. (g))</i>	Generic	
<i>TEXACORT</i>	Brand	
<i>triamcinolone acetonide (0.025 % cream (g), 0.025 % oint. (g), 0.025 % lotion, 0.05 % oint. (g), 0.1 % lotion, 0.1 % oint. (g), 0.1 % cream (g), 0.5 % oint. (g), 0.5 % cream (g))</i>	Generic	
<i>trianex</i>	Generic	
<i>triderm</i>	Generic	
<i>tritocin</i>	Generic	

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2023 PROVIDENCE FORMULARY C: INTEL

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Drug Name	Status*	Requirements/Limits
DERMATOLOGICAL AGENTS, OTHER		
<i>calcipotriene (0.005 % cream (g), 0.005 % oint. (g), 0.005 % solution)</i>	Generic	
<i>calcipotriene/betamethasone dipropionate (0.005-.064 oint. (g), 0.005-.064 suspension)</i>	Generic	PA
<i>calcitriol 3 mcg/g oint. (g)</i>	Generic	QL (100 GM PER 30 DAYS)
<i>calsodore 0.005% cream</i>	Generic	
<i>clotrimazole/betamethasone dipropionate (1 %-0.05 % lotion, 1 %-0.05 % cream (g))</i>	Generic	
CONDYLOX	Brand	
<i>diclofenac sodium 3 % gel (gram)</i>	Generic	
DRYSOL	Brand	
FLUOROPLEX	Brand	
<i>fluorouracil 0.5 % cream (g)</i>	Generic	PA
<i>fluorouracil (2 % solution, 5 % solution, 5 % cream (g))</i>	Generic	
<i>imiquimod 5 % cream pack</i>	Generic	
<i>imiquimod (3.75 % crm md pmp, 3.75 % cream pack)</i>	Generic	PA
KLISYRI	Brand	PA
METHOXSALEN	Specialty	
<i>nystatin/triamcinolone acetonide (nystatin/triamcin 100000-0.1 cream (g), nystatin/triamcin 100000-0.1 oint. (g), nystatin/triamcinolone acet 100000-0.1 cream (g), nystatin/triamcinolone acet 100000-0.1 oint. (g))</i>	Generic	
OTEZLA (28 DAY PACK, PACK)	Specialty	PA, QL (1 PER 365 DAYS), S (Specialty Drug)
OTEZLA 30 MG TABLET	Specialty	PA, QL (2 PER 1 DAY), S (Specialty Drug)

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2023 PROVIDENCE FORMULARY C: INTEL

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Drug Name	Status*	Requirements/Limits
<i>podofilox</i>	Generic	
QBREXZA	Brand	PA, QL (1 PER 1 DAY)
<i>refissa</i>	Generic	
REGRANEX	Specialty	PA, QL (15 GM PER 6 MONTH), S (Specialty Drug)
SANTYL	Brand	QL (30 GM PER 30 DAYS)
<i>silvadene</i>	Generic	
<i>silver sulfadiazine</i>	Generic	
<i>spinosad</i>	Generic	
<i>ssd</i>	Generic	
<i>tretinoin/emollient base</i>	Generic	
ULESFIA	Brand	
ZYCLARA 2.5% CREAM PUMP	Brand	PA

PEDICULICIDES/SCABICIDES

EURAX 10% CREAM	Brand	
<i>ivermectin 1 % cream (g)</i>	Generic	ST, QL (45 GM PER 30 DAYS)
<i>ivermectin 0.5 % lotion</i>	Generic	
<i>lindane</i>	Generic	
<i>malathion</i>	Generic	
<i>permethrin</i>	Generic	

TOPICAL ANTI-INFECTIVES

<i>acyclovir 5 % oint. (g)</i>	Generic	PA, QL (30 GM PER 365 DAYS)
ALTABAX	Brand	ST
<i>ciclopirox (0.77 % gel (gram), 1 % shampoo)</i>	Generic	
<i>ciclopirox olamine (0.77 % cream (g), 0.77 % suspension)</i>	Generic	
<i>clindacin</i>	Generic	

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2023 PROVIDENCE FORMULARY C: INTEL

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

Drug Name	Status*	Requirements/Limits
<i>clindamycin phosphate (1 % foam, 1 % lotion, 1 % gel (gram), 1 % solution)</i>	Generic	
<i>dapsone (5 % gel (gram), 7.5 % gel w/pump)</i>	Generic	
<i>ery</i>	Generic	
<i>erythromycin base in ethanol (in 2 % solution, in 2 % gel (gram))</i>	Generic	
<i>mupirocin 2% ointment</i>	Generic	
<i>penciclovir</i>	Generic	PA, QL (10 GM PER 365 DAYS)
SULFAMYLYON 8.5% CREAM	Brand	
XEPI	Brand	ST

ELECTROLYTES/MINERALS/METALS/VITAMINS

ELECTROLYTE/MINERAL REPLACEMENT

CARGLUMIC ACID	Specialty	PA, S (Specialty Drug)
FLUORIDE (0.25MG(0.55) TAB CHEW, 0.5MG(1.1) TAB CHEW, 1MG(2.2) TAB CHEW)	ACA Preventive	C (0 TO 16 YEARS OF AGE)
FLUORIDE (SODIUM) 0.5 MG/ML DROPS	ACA Preventive	C (0 TO 16 YEARS OF AGE)
<i>klor-con m10</i>	Generic	
<i>klor-con m20</i>	Generic	
<i>potassium chloride (8 capsule er, 8 tablet er, 10 tablet er, 10 tab er prt, 10 capsule er, 15 tab er prt, 20 tablet er, 20 tab er prt)</i>	Generic	
<i>potassium citrate (5 tablet er, 10 tablet er, 15 tablet er)</i>	Generic	

ELECTROLYTE/MINERAL/METAL MODIFIERS

CHEMET	Brand
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2023 PROVIDENCE FORMULARY C: INTEL

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

Drug Name	Status*	Requirements/Limits
DEFERASIROX (90 MG TABLET, 90 MG GRAN PACK, 125 MG TAB DISPER, 180 MG TABLET, 180 MG GRAN PACK, 250 MG TAB DISPER, 360 MG GRAN PACK, 360 MG TABLET, 500 MG TAB DISPER)	Specialty	S (Specialty Drug)
DEFERIPRONE	Specialty	LA, S (Specialty Drug)
FERRIPROX 100 MG/ML SOLUTION	Specialty	LA, S (Specialty Drug)
FERRIPROX (2 TIMES A DAY)	Specialty	LA, S (Specialty Drug)
JYNARQUE (15 MG TABLET, 15 MG-15 MG TABLET, 30 MG TABLET, 30 MG-15 MG TABLET, 45 MG-15 MG TABLET, 60 MG-30 MG TABLET, 90 MG-30 MG TABLET)	Specialty	PA, LA, S (Specialty Drug)
TOLVAPTAN	Specialty	PA, S (Specialty Drug)
TRIENTINE HCL 250 MG CAPSULE	Specialty	PA, S (Specialty Drug)

PHOSPHATE BINDERS

AURYXIA	Brand	ST
<i>calcium acetate 667 mg capsule</i>	Generic	
FOSRENOL (750 MG POWDER PACKET, 1,000 MG POWDER PACK)	Brand	ST
<i>lanthanum carbonate</i>	Generic	ST
PHOSLYRA	Brand	ST
<i>sevelamer carbonate (0.8 g powd pack, 2.4 g powd pack)</i>	Generic	ST
<i>sevelamer carbonate 800 mg tablet</i>	Generic	
<i>sevelamer hcl</i>	Generic	ST
VELPHORO	Brand	ST

POTASSIUM BINDERS

LOKELMA	Brand
<i>sodium polystyrene sulfonate</i>	Generic
SPS 30 GM/120 ML ENEMA SUSP	Brand

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2023 PROVIDENCE FORMULARY C: INTEL

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Drug Name	Status*	Requirements/Limits
sps 15 gm/60 ml suspension	Generic	
VELTASSA	Brand	
VITAMINS		
CHILDREN'S IRON	ACA Preventive	C (0 to 1 YEAR OLD)
cyanocobalamin (vitamin b-12) 1000mcg/ml vial	Generic	
dodex	Generic	
FERROUS SULFATE 15 MG/ML DROPS	ACA Preventive	C (0 to 1 YEAR OLD)
FOLIC ACID (0.4 MG TABLET, 0.8 MG TABLET)	ACA Preventive	C (0 to 59 YEARS OF AGE)
folic acid 1 mg tablet	Generic	
levocarnitine (with sugar)	Generic	
MULTIVITAMIN COMBINATION NO.51/FERROUS FUMARATE/FOLIC ACID	ACA Preventive	C (0 to 59 YEARS OF AGE)
NIVA-PLUS	ACA Preventive	C (0 to 59 YEARS OF AGE)
PEDIA IRON	ACA Preventive	C (0 to 1 YEAR OLD)
PEDIATRIC FE-VITE	ACA Preventive	C (0 to 1 YEAR OLD)
PRENATAL VITAMINS (NO DHA, FOLIC ACID - LESS THAN 1MG)	ACA Preventive	C (0 to 59 YEARS OF AGE)
WEE CARE	ACA Preventive	C (0 to 1 YEAR OLD)
GASTROINTESTINAL AGENTS		
ANTI-CONSTIPATION AGENTS		
CLENPIQ	Brand	
constulose	Generic	
enulose	Generic	
generlac	Generic	
lactulose (10 g/15 ml solution, 20 g/30 ml solution)	Generic	

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2023 PROVIDENCE FORMULARY C: INTEL

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

Drug Name	Status*	Requirements/Limits
<i>lubiprostone</i>	Generic	
MOTEGRITY	Brand	PA
MOVANTIK	Brand	PA
OSMOPREP	Brand	
SYMPROIC	Brand	PA
ANTI-DIARRHEAL AGENTS		
<i>alosetron hcl</i>	Generic	PA
<i>diphenoxylate hcl/atropine sulfate (2.5-.025mg tablet, 2.5-.025/5 liquid)</i>	Generic	
MYTESI	Brand	
VIBERZI	Brand	PA
XIFAXAN	Brand	PA, QL (3 PER 1 DAY)
ANTISPASMODICS, GASTROINTESTINAL		
<i>dicyclomine hcl (10 mg capsule, 10 mg/5 ml solution, 20 mg tablet)</i>	Generic	
<i>glycopyrrrolate (1 mg tablet, 1 mg/5 ml solution, 2 mg tablet)</i>	Generic	
<i>methscopolamine bromide</i>	Generic	
GASTROINTESTINAL AGENTS, OTHER		
CHENODAL	Specialty	PA, LA, S (Specialty Drug)
<i>colloidal bismuth subcitrate/metronidazole/tetracycline hcl</i>	Generic	QL (120 PER 28 DAYS)
GATTEX	Specialty	PA, LA, S (Specialty Drug)
<i>gavilyte-c</i>	Generic	C (ACA ELIGIBLE - AGES 45 AND OLDER)
<i>gavilyte-g</i>	Generic	C (ACA ELIGIBLE - AGES 45 AND OLDER)
<i>gavilyte-n</i>	Generic	C (ACA ELIGIBLE - AGES 45 AND OLDER)

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2023 PROVIDENCE FORMULARY C: INTEL

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Drug Name	Status*	Requirements/Limits
IMCIVREE	Specialty	PA, LA, S (Specialty Drug)
<i>lansoprazole/amoxicillin trihydrate/clarithromycin</i>	Generic	
MOTOFEN	Brand	
MYALEPT	Specialty	PA, LA, S (Specialty Drug)
OCALIVA	Specialty	PA, LA, QL (1 PER 1 DAY), S (Specialty Drug)
OMECLAMOX-PAK	Brand	QL (1 PER 28 DAYS)
<i>opium tincture</i>	Generic	QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
<i>peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride</i>	Generic	C (ACA ELIGIBLE - AGES 45 AND OLDER)
<i>peg 3350/sodium sulfate/sod chloride/kcl/ascorbate sod/vit c</i>	Generic	
PLENUVU	Brand	
<i>sodium chloride/sodium bicarbonate/potassium chloride/peg</i>	Generic	C (ACA ELIGIBLE - AGES 45 AND OLDER)
SUPREP	Brand	
SUTAB	Brand	
TALICIA	Brand	QL (168 PER 28 DAYS)
<i>ursodiol (250 mg tablet, 300 mg capsule, 500 mg tablet)</i>	Generic	

HISTAMINE2 (H2) RECEPTOR ANTAGONISTS

<i>cimetidine (300 mg tablet, 400 mg tablet, 800 mg tablet)</i>	Generic
<i>cimetidine hcl</i>	Generic
<i>famotidine (40mg/5ml susp recon, 40 mg tablet)</i>	Generic
<i>nizatidine (150mg/10ml solution, 150 mg capsule, 300 mg capsule)</i>	Generic
<i>pepcid 40 mg tablet</i>	Generic

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2023 PROVIDENCE FORMULARY C: INTEL

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Drug Name	Status*	Requirements/Limits
PROTECTANTS		
<i>misoprostol</i>	Generic	
<i>sucralfate (1 g tablet, 1 g/10 ml oral susp)</i>	Generic	
PROTON PUMP INHIBITORS		
<i>esomeprazole magnesium (20 mg capsule dr, 40 mg capsule dr)</i>	Generic	
<i>lansoprazole 30 mg capsule dr</i>	Generic	
<i>omeprazole (10 mg capsule dr, 20 mg capsule dr, 40 mg capsule dr)</i>	Generic	
<i>pantoprazole sodium (20 mg tablet dr, 40 mg granpkt dr, 40 mg tablet dr)</i>	Generic	
<i>rabeprazole sodium 20 mg tablet dr</i>	Generic	
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
<i>betaine</i>	Generic	S (Specialty Drug)
<i>CERDELGA</i>	Specialty	PA, S (Specialty Drug)
<i>CHOLBAM</i>	Specialty	PA, LA, S (Specialty Drug)
<i>CREON</i>	Brand	
<i>cromolyn sodium 20 mg/ml oral conc</i>	Generic	
<i>CYSTADROPS</i>	Specialty	LA, QL (20 ML PER 28 DAYS), S (Specialty Drug)
<i>CYSTAGON</i>	Specialty	LA, S (Specialty Drug)
<i>CYSTARAN</i>	Specialty	LA, QL (2 ML PER DAY), S (Specialty Drug)
<i>GALAFOLD</i>	Specialty	PA, LA, QL (.5 PER 1 DAY), S (Specialty Drug)
<i>JAVYGTOR (100 MG TABLET, 100 MG POWDER PACKET, 500 MG POWDER PACKET)</i>	Specialty	PA, LA, S (Specialty Drug)
<i>MIGLUSTAT</i>	Specialty	PA, S (Specialty Drug)

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2023 PROVIDENCE FORMULARY C: INTEL

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Drug Name	Status*	Requirements/Limits
NITISINONE	Specialty	LA, S (Specialty Drug)
NITYR	Specialty	LA, S (Specialty Drug)
ORFADIN 4 MG/ML SUSPENSION	Specialty	LA, S (Specialty Drug)
PALYNZIQ 10 MG/0.5 ML SYRINGE	Specialty	PA, LA, QL (1 ML PER 1 DAY), S (Specialty Drug)
PALYNZIQ 2.5 MG/0.5 ML SYRINGE	Specialty	PA, LA, QL (8 ML PER 28 DAYS), S (Specialty Drug)
PALYNZIQ 20 MG/ML SYRINGE	Specialty	PA, LA, QL (3 ML PER DAY), S (Specialty Drug)
PROCYSB (DR 25 MG CAPSULE, DR 75 MG CAPSULE, DR 75 MG GRANULE PKT, DR 300 MG GRANULE PKT)	Specialty	PA, LA, S (Specialty Drug)
RAVICTI	Specialty	PA, LA, S (Specialty Drug)
REVCovi	Specialty	PA, LA, S (Specialty Drug)
SAPROPTERIN DIHYDROCHLORIDE (100 MG TABLET SOL, 100 MG POWD PACK, 500 MG POWD PACK)	Specialty	PA, S (Specialty Drug)
SODIUM PHENYLBUTYRATE (0.94 G/G POWDER, 500 MG TABLET)	Specialty	PA, LA, S (Specialty Drug)
STRENSIQ	Specialty	PA, LA, S (Specialty Drug)
SUCRAID	Specialty	PA, LA, S (Specialty Drug)
TEGSEDI	Specialty	PA, QL (6 ML PER 28 DAYS), S (Specialty Drug)
VISTOGARD	Specialty	LA, S (Specialty Drug)
XURIDEN	Specialty	PA, LA, S (Specialty Drug)
ZENPEP	Brand	

GENITOURINARY AGENTS

ANTISPASMODICS, URINARY

<i>darifenacin hydrobromide</i>	Generic
<i>flavoxate hcl</i>	Generic

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2023 PROVIDENCE FORMULARY C: INTEL

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Drug Name	Status*	Requirements/Limits
MYRBETRIQ (ER 8 MG/ML SUSP, ER 25 MG TABLET, ER 50 MG TABLET)	Brand	ST
<i>oxybutynin chloride (5 mg/5 ml syrup, 5 mg tablet, 5 mg tab er 24, 10 mg tab er 24, 15 mg tab er 24)</i>	Generic	
<i>solifenacain succinate</i>	Generic	
<i>tolterodine tartrate (1 mg tablet, 2 mg tablet, 2 mg cap er 24h, 4 mg cap er 24h)</i>	Generic	
<i>trospium chloride (20 mg tablet, 60 mg cap er 24h)</i>	Generic	

BENIGN PROSTATIC HYPERPLASIA AGENTS

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

GENITOURINARY AGENTS, OTHER

<i>bethanechol chloride</i>	Generic	
D-PENAMINE	Specialty	
ELMIRON	Brand	QL (3 PER 1 DAY)
GYNOL II	ACA Preventive	
<i>methylergonovine maleate 0.2 mg tablet</i>	Generic	
PENICILLAMINE 250 MG TABLET	Specialty	
PHEXXI	ACA Preventive	
THIOLA EC	Specialty	LA, S (Specialty Drug)
TIOPRONIN	Specialty	S (Specialty Drug)
TODAY CONTRACEPTIVE SPONGE	ACA Preventive	

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2023 PROVIDENCE FORMULARY C: INTEL

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Drug Name	Status*	Requirements/Limits
VCF (FILM, GEL)	ACA Preventive	

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)

ACTHAR	Specialty	PA, S (Specialty Drug)
<i>betamethasone acetate/betamethasone sodium phosphate</i>	Generic	
CORTROPHIN	Specialty	PA, S (Specialty Drug)
<i>dexamethasone (0.5 mg tablet, 0.5 mg/5ml elixir, 0.5 mg/5ml solution, 0.75 mg tablet, 1 mg tablet, 1.5 mg tablet, 2 mg tablet, 4 mg tablet, 6 mg tablet)</i>	Generic	
<i>fludrocortisone acetate</i>	Generic	
<i>halcinonide</i>	Generic	
MEDROL 2 MG TABLET	Brand	
<i>methylprednisolone (4 mg tablet, 4 mg tab ds pk, 8 mg tablet, 16 mg tablet, 32 mg tablet)</i>	Generic	
<i>prednisolone 15 mg/5 ml solution</i>	Generic	
<i>prednisolone sodium phosphate (5 mg/5 ml solution, 10 mg tab rapdis, 15 mg/5 ml solution, 15 mg tab rapdis, 30 mg tab rapdis)</i>	Generic	
<i>prednisone (1 mg tablet, 2.5 mg tablet, 5 mg tablet, 5 mg/5 ml solution, 5 mg tab ds pk, 10 mg tab ds pk, 10 mg tablet, 20 mg tablet, 50 mg tablet)</i>	Generic	
<i>prednisone intensol</i>	Generic	

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)

CHORIONIC GONADOTROPIN, HUMAN	Specialty	PA
<i>desmopressin acetate (0.1 mg tablet, 0.2 mg tablet, 10/spray spray/pump)</i>	Generic	

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2023 PROVIDENCE FORMULARY C: INTEL

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Drug Name	Status*	Requirements/Limits
<i>desmopressin acetate (non-refrigerated)</i>	Generic	
EGRIFTA SV	Specialty	PA, LA, S (Specialty Drug)
FOLLISTIM AQ	Specialty	PA
GENOTROPIN (MINIQUICK 0.2 MG, MINIQUICK 0.4 MG, MINIQUICK 0.6 MG, MINIQUICK 0.8 MG, MINIQUICK 1 MG, MINIQUICK 1.2 MG, MINIQUICK 1.4 MG, MINIQUICK 1.6 MG, MINIQUICK 1.8 MG, MINIQUICK 2 MG, 5 MG CARTRIDGE, 12 MG CARTRIDGE)	Specialty	PA, S (Specialty Drug)
INCRELEX	Specialty	PA, LA, S (Specialty Drug)
NORDITROPIN FLEXPRO	Specialty	PA, S (Specialty Drug)
NOVAREL	Specialty	PA
ORIAHNN	Brand	PA, QL (2 PER DAY)
PREGNYL	Specialty	PA

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

ANABOLIC STEROIDS

<i>oxandrolone</i>	Generic
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ANDROGENS

<i>danazol</i>	Generic
KYZATREX	Brand
METHITEST	Brand
<i>methyltestosterone</i>	Generic
<i>testosterone (12.5/1.25g gel md pmp, 20.25/1.25 gel md pmp, 25mg(1%) gel packet, 30mg/1.5ml sol md pmp, 50 mg (1%) gel (gram), 50 mg (1%) gel packet)</i>	Generic
<i>testosterone cypionate</i>	Generic
<i>testosterone enanthate</i>	Generic

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2023 PROVIDENCE FORMULARY C: INTEL

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Drug Name	Status*	Requirements/Limits
ESTROGENS		
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	
BLISOVI 24 FE	ACA Preventive	
BLISOVI FE	ACA Preventive	
BRIELLYN	ACA Preventive	
CAMRESE	ACA Preventive	
CAMRESE LO	ACA Preventive	
CAZIANT	ACA Preventive	
CHARLOTTE 24 FE	ACA Preventive	
CHATEAL	ACA Preventive	

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2023 PROVIDENCE FORMULARY C: INTEL

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Drug Name	Status*	Requirements/Limits
CHATEAL EQ	ACA Preventive	
CRYSELLE	ACA Preventive	
CYCLAFEM	ACA Preventive	
CYRED	ACA Preventive	
CYRED EQ	ACA Preventive	
DASETTA	ACA Preventive	
DAYSEE	ACA Preventive	
DEPO-ESTRADIOL	Brand	
DESOGESTREL-ETHINYL ESTRADIOL	ACA Preventive	
DESOGESTREL-ETHINYL ESTRADIOL/ETHINYL ESTRADIOL	ACA Preventive	
DOLISHALE	ACA Preventive	
<i>dotti</i>	Generic	
DROSPIRENONE/ETHINYL ESTRADIOL/LEVOMEFOLATE CALCIUM	ACA Preventive	
ELINEST	ACA Preventive	
ELURYNG	ACA Preventive	
EMOQUETTE	ACA Preventive	
ENILLORING	ACA Preventive	
ENPRESSE	ACA Preventive	
ENSKYCE	ACA Preventive	
ESTARYLLA	ACA Preventive	

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2023 PROVIDENCE FORMULARY C: INTEL

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

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2023 PROVIDENCE FORMULARY C: INTEL

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Drug Name	Status*	Requirements/Limits
JOLESSA	ACA Preventive	
JOYEUX	ACA Preventive	
JULEBER	ACA Preventive	
JUNEL	ACA Preventive	
JUNEL FE	ACA Preventive	
JUNEL FE 24	ACA Preventive	
KAITLIB FE	ACA Preventive	
KALLIGA	ACA Preventive	
KARIVA	ACA Preventive	
KELNOR 1-35	ACA Preventive	
KELNOR 1-50	ACA Preventive	
KURVELO	ACA Preventive	
LARIN	ACA Preventive	
LARIN 24 FE	ACA Preventive	
LARIN FE	ACA Preventive	
LARISSIA	ACA Preventive	
LEENA	ACA Preventive	
LESSINA	ACA Preventive	
LEVONEST	ACA Preventive	
LEVONORGESTREL/ETHINYL ESTRADIOL (0.1-0.02MG TABLET, 0.15-0.03 TBDSPK 3MO, 0.15-0.03 TABLET, 6-5-10 TABLET, 90-20 MCG TABLET)	ACA Preventive	
LEVONORGESTREL/ETHINYL ESTRADIOL AND ETHINYL ESTRADIOL	ACA Preventive	
LEVONORGESTREL/ETHINYL ESTRADIOL/IRON	ACA Preventive	
LEVORA-28	ACA Preventive	
LILLOW	ACA Preventive	

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2023 PROVIDENCE FORMULARY C: INTEL

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Drug Name	Status*	Requirements/Limits
LO LOESTRIN FE	ACA Preventive	
LO-ZUMANDIMINE	ACA Preventive	
LOJAIMIESS	ACA Preventive	
LORYNA	ACA Preventive	
LOW-OGESTREL	ACA Preventive	
LUTERA	ACA Preventive	
<i>lyllana</i>	Generic	
MARLISSA	ACA Preventive	
MENEST	Brand	
MERZEE	ACA Preventive	
MIBELAS 24 FE	ACA Preventive	
MICROGESTIN	ACA Preventive	
MICROGESTIN 24 FE	ACA Preventive	
MICROGESTIN FE	ACA Preventive	
MILI	ACA Preventive	
MONO-LINYAH	ACA Preventive	
NATAZIA	ACA Preventive	
NECON	ACA Preventive	
NIKKI	ACA Preventive	
<i>norethindrone acetate-ethynodiol (0.5mg-2.5 tablet, 1mg-5mcg tablet)</i>	Generic	
NORETHINDRONE ACETATE-ETHINYL ESTRADIOL (1MG-20MCG TABLET, 1.5- 0.03MG TABLET)	ACA Preventive	
NORETHINDRONE ACETATE-ETHINYL ESTRADIOL/FERROUS FUMARATE (1MG-20(24) CAPSULE, 1MG-20(24) TAB CHEW, 1MG-20(21) TABLET, 1.5- 30(21) TABLET, 5-7-9-7 TABLET)	ACA Preventive	
NORETHINDRONE-ETHINYL ESTRADIOL/FERROUS FUMARATE	ACA Preventive	

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2023 PROVIDENCE FORMULARY C: INTEL

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Drug Name	Status*	Requirements/Limits
NORGESTIMATE-ETHINYL ESTRADIOL	ACA Preventive	
NORTREL	ACA Preventive	
NYLIA	ACA Preventive	
NYMYO	ACA Preventive	
OCELLA	ACA Preventive	
ORSYTHIA	ACA Preventive	
PHILITH	ACA Preventive	
PIMTREA	ACA Preventive	
PIRMELLA	ACA Preventive	
PORTIA	ACA Preventive	
PREMARIN (0.3 MG TABLET, 0.45 MG TABLET, 0.625 MG TABLET, 0.9 MG TABLET, 1.25 MG TABLET, VAGINAL CREAM-APPL)	Brand	
PREMPHASE	Brand	
PREMPRO	Brand	
PREVIFEM	ACA Preventive	
RECLIPSEN	ACA Preventive	
RIVELSA	ACA Preventive	
SETLAKIN	ACA Preventive	
SIMLIYA	ACA Preventive	
SIMPESSE	ACA Preventive	
SPRINTEC	ACA Preventive	
SRONYX	ACA Preventive	
SYEDA	ACA Preventive	
TARINA 24 FE	ACA Preventive	
TARINA FE	ACA Preventive	
TARINA FE 1-20 EQ	ACA Preventive	
TAYSOFY	ACA Preventive	

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2023 PROVIDENCE FORMULARY C: INTEL

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

Drug Name	Status*	Requirements/Limits
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	
VIORELE	ACA Preventive	
VOLNEA	ACA Preventive	
VYFEMLA	ACA Preventive	
VYLIBRA	ACA Preventive	
WERA	ACA Preventive	

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2023 PROVIDENCE FORMULARY C: INTEL

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

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

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

PROGESTINS

AFTER PILL	ACA Preventive	
AFTERA	ACA Preventive	
CAMILA	ACA Preventive	
CRINONE	Brand	PA
DEBLITANE	ACA Preventive	
DEPO-SUBQ PROVERA 104	ACA Preventive	
ECONTRA EZ	ACA Preventive	
ECONTRA ONE-STEP	ACA Preventive	
ELLA	ACA Preventive	
ENDOMETRIN	Brand	PA
ERRIN	ACA Preventive	

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2023 PROVIDENCE FORMULARY C: INTEL

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

SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS

<i>clomid</i>	Generic
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2023 PROVIDENCE FORMULARY C: INTEL

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Drug Name	Status*	Requirements/Limits
<i>clomiphene citrate</i>	Generic	
DUAVEE	Brand	
<i>raloxifene hcl</i>	Generic - SH	C (ACA ELIGIBLE - FOR FEMALE AT HIGH RISK FOR BREAST CANCER)

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)

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

HORMONAL AGENTS, SUPPRESSANT (ADRENAL)

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

<i>cabergoline</i>	Generic	
ELIGARD	Brand	PA
FYREMADEL	Specialty	PA
GANIRELIX ACETATE	Specialty	PA
<i>leuprolide acetate 1 mg/0.2ml kit</i>	Generic	PA
MYCAPSSA	Specialty	PA, LA, QL (4 PER DAY), S (Specialty Drug)

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2023 PROVIDENCE FORMULARY C: INTEL

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

Drug Name	Status*	Requirements/Limits
OCTREOTIDE ACETATE (50 MCG/ML VIAL, 50 MCG/ML AMPUL, 50 MCG/ML SYRINGE, 100 MCG/ML AMPUL, 100 MCG/ML VIAL, 100 MCG/ML SYRINGE, 200 MCG/ML VIAL, 500 MCG/ML AMPUL, 500 MCG/ML SYRINGE, 500 MCG/ML VIAL, 1000MCG/ML VIAL)	Specialty	S (Specialty Drug)
ORGOVYX	Specialty	PA, LA, S (Specialty Drug)
ORILISSA 150 MG TABLET	Brand	PA, QL (1 PER DAY)
ORILISSA 200 MG TABLET	Brand	PA, QL (2 PER DAY)
SIGNIFOR	Specialty	PA, LA, S (Specialty Drug)
SOMAVERT	Specialty	PA, LA, S (Specialty Drug)
SYNAREL	Specialty	PA, S (Specialty Drug)

HORMONAL AGENTS, SUPPRESSANT (THYROID)

ANTITHYROID AGENTS

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

IMMUNOLOGICAL AGENTS

ANGIOEDEMA AGENTS

BERINERT	Specialty	PA, LA, QL (2 PER 30 DAYS), S (Specialty Drug)
HAEGARDA	Specialty	PA, LA, S (Specialty Drug)
ICATIBANT ACETATE	Specialty	PA, LA, QL (9 ML PER 30 DAYS), S (Specialty Drug)
ORLADEYO	Specialty	PA, LA, QL (1 PER DAY), S (Specialty Drug)
SAJAZIR	Specialty	PA, LA, QL (9 ML PER 30 DAYS), S (Specialty Drug)
TAKHYRO (300 MG/2 ML VIAL, 300 MG/2 ML SYRINGE)	Specialty	PA, LA, QL (4 ML PER 28 DAYS), S (Specialty Drug)

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2023 PROVIDENCE FORMULARY C: INTEL

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Drug Name	Status*	Requirements/Limits
TAKHZYRO 150 MG/ML SYRINGE	Specialty	PA, LA, QL (2 ML PER 28 DAYS), S (Specialty Drug)
IMMUNOGLOBULINS		
CUTAQUIG	Specialty	PA, S (Specialty Drug)
GAMMAKED	Specialty	PA, S (Specialty Drug)
GAMUNEX-C	Specialty	PA, LA, S (Specialty Drug)
HIZENTRA (1 GRAM/5 ML SYRINGE, 1 GRAM/5 ML VIAL, 2 GRAM/10 ML SYRINGE, 2 GRAM/10 ML VIAL, 4 GRAM/20 ML SYRINGE, 4 GRAM/20 ML VIAL, 10 GRAM/50 ML VIAL)	Specialty	PA, LA, S (Specialty Drug)
HYQVIA	Specialty	PA, LA, S (Specialty Drug)
XEMBIFY	Specialty	PA, LA, S (Specialty Drug)
IMMUNOLOGICAL AGENTS, OTHER		
ACTEMRA 162 MG/0.9 ML SYRINGE	Specialty	PA, LA, QL (3.6 ML PER 28 DAYS), S (Specialty Drug)
ACTEMRA ACTPEN	Specialty	PA, LA, QL (3.6 ML PER 28 DAYS), S (Specialty Drug)
BENLYSTA (200 MG/ML SYRINGE, 200 MG/ML AUTOINJECT)	Specialty	PA, LA, QL (4 ML PER 28 DAYS), S (Specialty Drug)
COSENTYX (2 SYRINGES)	Specialty	PA, LA, QL (4 ML PER 56 DAYS), S (Specialty Drug)
COSENTYX SENSOREADY (2 PENS)	Specialty	PA, LA, QL (2 ML PER 28 DAYS), S (Specialty Drug)
COSENTYX SENSOREADY PEN	Specialty	PA, LA, QL (2 ML PER 28 DAYS), S (Specialty Drug)
COSENTYX SYRINGE	Specialty	PA, LA, QL (2 ML PER 28 DAYS), S (Specialty Drug)
COSENTYX UNOREADY PEN	Specialty	PA, LA, QL (2 ML PER 28 DAYS), S (Specialty Drug)
DUPIXENT 200 MG/1.14 ML PEN	Specialty	PA, QL (2.28 ML PER 28 DAYS), S (Specialty Drug)
DUPIXENT 300 MG/2 ML PEN	Specialty	PA, QL (4 ML PER 28 DAYS), S (Specialty Drug)

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2023 PROVIDENCE FORMULARY C: INTEL

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Drug Name	Status*	Requirements/Limits
DUPIXENT 100 MG/0.67 ML SYRINGE	Specialty	PA, QL (1.34 ML PER 28 DAYS), S (Specialty Drug)
DUPIXENT 200 MG/1.14 ML SYRINGE	Specialty	PA, QL (2.28 ML PER 28 DAYS), S (Specialty Drug)
DUPIXENT 300 MG/2 ML SYRINGE	Specialty	PA, QL (4 ML PER 28 DAYS), S (Specialty Drug)
KINERET	Specialty	PA, LA, QL (0.67 ML PER 1 DAY), S (Specialty Drug)
ORENCIA 125 MG/ML SYRINGE	Specialty	PA, QL (4 ML PER 28 DAYS), S (Specialty Drug)
ORENCIA 50 MG/0.4 ML SYRINGE	Specialty	PA, QL (1.6 ML PER 28 DAYS), S (Specialty Drug)
ORENCIA 87.5 MG/0.7 ML SYRINGE	Specialty	PA, QL (2.8 ML PER 28 DAYS), S (Specialty Drug)
ORENCIA CLICKJECT	Specialty	PA, QL (4 ML PER 28 DAYS), S (Specialty Drug)
RIDAURA	Specialty	S (Specialty Drug)
RINVOQ (ER 30 MG TABLET, ER 45 MG TABLET)	Specialty	PA, LA, QL (1 PER DAY), S (Specialty Drug)
RINVOQ ER 15 MG TABLET	Specialty	PA, LA, QL (1 PER 1 DAY), S (Specialty Drug)
SKYRIZI 150 MG/ML SYRINGE	Specialty	PA, QL (1 ML PER 84 DAYS), S (Specialty Drug)
SKYRIZI (2 SYRINGES) KIT	Specialty	PA, QL (1 PER 84 DAYS), S (Specialty Drug)
SKYRIZI ON-BODY	Specialty	PA, QL (2.4 ML PER 56 DAYS), S (Specialty Drug)
SKYRIZI PEN	Specialty	PA, QL (1 ML PER 84 DAYS), S (Specialty Drug)
SOTYKTU	Specialty	PA, QL (1 PER DAY), S (Specialty Drug)
STELARA 90 MG/ML SYRINGE	Specialty	PA, QL (1 ML PER 84 DAYS), S (Specialty Drug)
STELARA (45 MG/0.5 ML VIAL, 45 MG/0.5 ML SYRINGE)	Specialty	PA, QL (0.5 ML PER 84 DAYS), S (Specialty Drug)

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2023 PROVIDENCE FORMULARY C: INTEL

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Drug Name	Status*	Requirements/Limits
TALTZ AUTOINJECTOR	Specialty	PA, LA, QL (1 ML PER 28 DAYS), S (Specialty Drug)
TALTZ AUTOINJECTOR (2 PACK)	Specialty	PA, LA, QL (1 ML PER 28 DAYS), S (Specialty Drug)
TALTZ AUTOINJECTOR (3 PACK)	Specialty	PA, LA, QL (1 ML PER 28 DAYS), S (Specialty Drug)
TALTZ SYRINGE	Specialty	PA, LA, QL (1 ML PER 28 DAYS), S (Specialty Drug)
TREMFYA (100 MG/ML INJECTOR, 100 MG/ML SYRINGE)	Specialty	PA, QL (1 ML PER 56 DAYS), S (Specialty Drug)
XELJANZ 1 MG/ML SOLUTION	Specialty	PA, QL (10 ML PER DAY), S (Specialty Drug)
XELJANZ (5 MG TABLET, 10 MG TABLET)	Specialty	PA, QL (2 PER 1 DAY), S (Specialty Drug)
XELJANZ XR	Specialty	PA, QL (1 PER 1 DAY), S (Specialty Drug)
XOLAIR (75 MG/0.5 ML SYRINGE, 150 MG/ML SYRINGE)	Specialty	PA, LA, S (Specialty Drug)

IMMUNOSTIMULANTS

ACTIMMUNE	Specialty	PA, LA, S (Specialty Drug)
INTRON A 10 MILLION UNITS VIAL	Specialty	LA, S (Specialty Drug)
PEGASYS (180 MCG/ML VIAL, 180 MCG/0.5 ML SYRINGE)	Specialty	PA, S (Specialty Drug)

IMMUNOSUPPRESSANTS

AMJEVITA(CF) 10MG/0.2ML SYRING	Specialty	PA, QL (0.4 ML PER 28 DAYS), C (Amgen Preferred (Manufacturer NDC 55513); biosimilar to HUMIRA), S (Specialty Drug)
AMJEVITA(CF) 20MG/0.4ML SYRING	Specialty	PA, QL (0.8 ML PER 28 DAYS), C (Amgen Preferred (Manufacturer NDC 55513); biosimilar to HUMIRA), S (Specialty Drug)
AMJEVITA(CF) 40MG/0.8ML SYRING	Specialty	PA, QL (1.6 ML PER 28 DAYS), C (Amgen Preferred (Manufacturer NDC 55513); biosimilar to HUMIRA), S (Specialty Drug)

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2023 PROVIDENCE FORMULARY C: INTEL

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

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2023 PROVIDENCE FORMULARY C: INTEL

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Drug Name	Status*	Requirements/Limits
HUMIRA	Specialty	PA, QL (2 PER 28 DAYS), S (Specialty Drug)
HUMIRA PEN	Specialty	PA, QL (2 PER 28 DAYS), S (Specialty Drug)
HUMIRA PEN CROHN'S-UC-HS	Specialty	PA, QL (6 PER 28 DAYS), S (Specialty Drug)
HUMIRA PEN PSOR-UVEITS-ADOL HS	Specialty	PA, QL (4 PER 28 DAYS), S (Specialty Drug)
HUMIRA(CF)	Specialty	PA, QL (2 PER 28 DAYS), S (Specialty Drug)
HUMIRA(CF) PEDI CROHN 80-40 MG	Specialty	PA, QL (2 PER 28 DAYS), S (Specialty Drug)
HUMIRA(CF) PEDI CROHN 80MG/0.8	Specialty	PA, QL (3 PER 28 DAYS), S (Specialty Drug)
HUMIRA(CF) PEN	Specialty	PA, QL (2 PER 28 DAYS), S (Specialty Drug)
HUMIRA(CF) PEN CROHN'S-UC-HS	Specialty	PA, QL (3 PER 28 DAYS), S (Specialty Drug)
HUMIRA(CF) PEN PEDIATRIC UC	Specialty	PA, QL (4 PER 28 DAYS), S (Specialty Drug)
HUMIRA(CF) PEN PSOR-UV-ADOL HS	Specialty	PA, QL (3 PER 28 DAYS), S (Specialty Drug)
<i>leflunomide</i>	Generic	
LUPKYNIS	Specialty	PA, LA, S (Specialty Drug)
<i>methotrexate sodium (2.5 mg tablet, 25 mg/ml vial)</i>	Generic	
<i>methotrexate sodium/pf (1 g vial, 25 mg/ml vial)</i>	Generic	
<i>mycophenolate mofetil (200 mg/ml susp recon, 250 mg capsule, 500 mg tablet)</i>	Generic	
<i>mycophenolate sodium</i>	Generic	
REZUROCK	Specialty	PA, LA, QL (1 PER DAY), S (Specialty Drug)

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2023 PROVIDENCE FORMULARY C: INTEL

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Drug Name	Status*	Requirements/Limits
SANDIMMUNE 100 MG/ML SOLN	Brand	
<i>sirolimus (0.5 mg tablet, 1 mg tablet, 1 mg/ml solution, 2 mg tablet)</i>	Generic	
<i>tacrolimus (0.5 mg capsule, 1 mg capsule, 5 mg capsule)</i>	Generic	

VACCINES

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

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

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2023 PROVIDENCE FORMULARY C: INTEL

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Drug Name	Status*	Requirements/Limits
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.)
ROTAQUE	ACA Preventive	QLC (1 dose (2mL) per day; 3 doses (6mL) per lifetime.)
SHINGRIX	ACA Preventive	C (FOR 50 YEARS OF AGE AND OLDER), QLC (1 dose (1 kit) per day; 2 doses (2 kits) per lifetime.)
TENIVAC (SYRINGE, VIAL)	ACA Preventive	QL (1 ML PER 10 YEARS)
TETANUS AND DIPHTHERIA TOXOIDS, ADULT	ACA Preventive	QL (1 ML PER 10 YEARS)
TETANUS,DIPHTHERIA TOXOID PED/PF	ACA Preventive	QLC (1 dose (0.5mL) per day; 5 doses (2.5mL) per lifetime)
TRUMENBA	ACA Preventive	QLC (1 dose (0.5mL) per day; 3 doses (1.5mL) per lifetime.)
TWINRIX	ACA Preventive	QLC (1 dose (1mL) per day; 5 doses (5mL) per lifetime.)
VAQTA (50 SYRINGE, 50 VIAL)	ACA Preventive	QLC (1 dose (1mL) per day; 2 doses (2mL) per lifetime.)
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)

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2023 PROVIDENCE FORMULARY C: INTEL

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

Drug Name	Status*	Requirements/Limits
INFLAMMATORY BOWEL DISEASE AGENTS		
AMINOSALICYLATES		
<i>balsalazide disodium</i>	Generic	
DIPENTUM	Brand	
<i>mesalamine (0.375g cap er 24h, 1.2 g tablet dr, 4 g/60 ml enema, 400 mg cap(drtab), 500 mg capsule er, 800 mg tablet dr, 1000 mg supp.rect)</i>	Generic	
PENTASA 250 MG CAPSULE	Brand	
<i>sulfasalazine (500 mg tablet, 500 mg tablet dr)</i>	Generic	
GLUCOCORTICOIDS		
<i>budesonide 3 mg capdr - er</i>	Generic	
<i>budesonide 9 mg tabdr - er</i>	Generic	PA
<i>hydrocortisone (5 mg tablet, 10 mg tablet, 20 mg tablet, 100mg/60ml enema)</i>	Generic	
METABOLIC BONE DISEASE AGENTS		
<i>alendronate sodium (10 mg tablet, 35 mg tablet, 70 mg/75ml solution, 70 mg tablet)</i>	Generic - SH	
<i>calcitonin, salmon, synthetic 200/spray spray/pump</i>	Generic - SH	
<i>calcitriol (0.25 mcg capsule, 0.5 mcg capsule, 1 mcg/ml solution)</i>	Generic	
<i>cinacalcet hcl (30 mg tablet, 60 mg tablet)</i>	Generic	QL (2 PER 1 DAY)
<i>cinacalcet hcl 90 mg tablet</i>	Generic	QL (4 PER 1 DAY)
<i>doxercalciferol (0.5 mcg capsule, 1 mcg capsule, 2.5 mcg capsule)</i>	Generic	

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2023 PROVIDENCE FORMULARY C: INTEL

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Drug Name	Status*	Requirements/Limits
<i>ergocalciferol (vitamin d2) 1250 mcg capsule</i>	Generic	
FORTEO	Specialty	PA, S (Specialty Drug)
<i>ibandronate sodium 150 mg tablet</i>	Generic - SH	
<i>paricalcitol (1 mcg capsule, 2 mcg capsule, 4 mcg capsule)</i>	Generic	
<i>risedronate sodium (5 mg tablet, 30 mg tablet, 35 mg tablet dr, 35 mg tablet, 150 mg tablet)</i>	Generic - SH	
TERIPARATIDE	Specialty	PA, S (Specialty Drug)
TYMLOS	Specialty	PA, S (Specialty Drug)

MISCELLANEOUS

Diabetes Testing Supplies

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

MISCELLANEOUS THERAPEUTIC AGENTS

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

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2023 PROVIDENCE FORMULARY C: INTEL

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

OPHTHALMIC AGENTS

OPHTHALMIC AGENTS, OTHER

<i>ak-poly-bac</i>	Generic
<i>atropine sulfate 1 % drops</i>	Generic
<i>bacitracin/polymyxin b sulfate</i>	Generic
<i>BLEPHAMIDE</i>	Brand
<i>cyclopentolate hcl 1 % drops</i>	Generic
<i>dorzolamide hcl/timolol maleate</i>	Generic
<i>dorzolamide/timolol/pf 2 %-0.5 % droperette</i>	Generic

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2023 PROVIDENCE FORMULARY C: INTEL

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Drug Name	Status*	Requirements/Limits
LACRISERT	Brand	
<i>neo-polycin</i>	Generic	
<i>neo-polycin hc</i>	Generic	
<i>neomycin sulfate/bacitracin zinc/polymyxin b/hydrocortisone</i>	Generic	
<i>neomycin sulfate/bacitracin/polymyxin b</i>	Generic	
<i>neomycin sulfate/polymyxin b sulfate/gramicidin d</i>	Generic	
<i>neomycin/polymyxin b/hydrocort 3.5-10k-10 drops susp</i>	Generic	
<i>neomycin/polymyxin b sulfate/dexamethasone (0.1 % drops susp, 3.5-10k-.1 oint. (g))</i>	Generic	
OXERVATE	Specialty	PA, LA, QL (1 ML PER 1 DAY), S (Specialty Drug)
<i>polycin</i>	Generic	
<i>proparacaine hcl</i>	Generic	
RESTASIS	Brand	QL (2 PER DAY)
RESTASIS MULTIDOSE	Brand	QL (5.5 ML PER 28 DAYS)
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	Generic	
TOBRADEX EYE OINTMENT	Brand	
TOBRADEX ST	Brand	
<i>tobramycin/dexamethasone</i>	Generic	
<i>tropicamide</i>	Generic	
XIIDRA	Brand	QL (2 PER 1 DAY)
ZYLET	Brand	

OPHTHALMIC ANTI-ALLERGY AGENTS

ALOCRIL	Brand
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2023 PROVIDENCE FORMULARY C: INTEL

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

Drug Name	Status*	Requirements/Limits
ALOMIDE	Brand	
<i>azelastine hcl 0.05 % drops</i>	Generic	
<i>bepotastine besilate</i>	Generic	PA
<i>cromolyn sodium 4 % drops</i>	Generic	
<i>epinastine hcl</i>	Generic	
<i>olopatadine hcl 0.1 % drops</i>	Generic	
ZERVIADE	Brand	PA

OPHTHALMIC ANTI-INFECTIVES

AZASITE	Brand	
<i>bacitracin 500 unit/g oint. (g)</i>	Generic	
BESIVANCE	Brand	
<i>erythromycin base 5 mg/gram oint. (g)</i>	Generic	QL (7 GM PER 30 DAYS)
<i>gatifloxacin</i>	Generic	
<i>gentak</i>	Generic	
<i>gentamicin sulfate 0.3 % drops</i>	Generic	
<i>levofloxacin (0.5 % drops, 1.5 % drops)</i>	Generic	
<i>moxifloxacin hcl 0.5 % drops</i>	Generic	
NATACYN	Brand	
<i>ofloxacin 0.3 % drops</i>	Generic	
<i>polymyxin b sulfate/trimethoprim</i>	Generic	
<i>sulfacetamide sodium (10 % drops, 10 % oint. (g))</i>	Generic	
<i>tobramycin 0.3 % drops</i>	Generic	
TOBREX 0.3% EYE OINTMENT	Brand	
<i>trifluridine</i>	Generic	
ZIRGAN	Brand	

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2023 PROVIDENCE FORMULARY C: INTEL

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Drug Name	Status*	Requirements/Limits
OPHTHALMIC ANTI-INFLAMMATORIES		
ALREX	Brand	
<i>bromfenac sodium</i>	Generic	
<i>dexamethasone sodium phosphate 0.1 % drops</i>	Generic	
<i>diclofenac sodium 0.1 % drops</i>	Generic	
<i>difluprednate</i>	Generic	
FLAREX	Brand	
<i>fluorometholone</i>	Generic	
<i>flurbiprofen sodium</i>	Generic	
FML FORTE	Brand	
FML S.O.P.	Brand	
INVELTYS	Brand	
<i>ketorolac tromethamine (0.4 % drops, 0.5 % drops)</i>	Generic	
LOTEMAX 0.5% EYE OINTMENT	Brand	
<i>loteprednol etabonate (0.5 % drops susp, 0.5 % drops gel)</i>	Generic	
MAXIDEX	Brand	
NEVANAC	Brand	
<i>prednisolone acetate</i>	Generic	
<i>prednisolone sodium phosphate 1 % drops</i>	Generic	
PROLENSA	Brand	
OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS		
<i>betaxolol hcl 0.5 % drops</i>	Generic	
BETIMOL	Brand	
BETOPTIC S	Brand	
<i>carteolol hcl</i>	Generic	

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2023 PROVIDENCE FORMULARY C: INTEL

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Drug Name	Status*	Requirements/Limits
<i>levobunolol hcl</i>	Generic	
<i>timolol maleate (0.25 % drops, 0.25 % sol-gel, 0.5 % sol-gel, 0.5 % drops, 0.5 % drop daily)</i>	Generic	

OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER

<i>apraclonidine hcl</i>	Generic	
<i>brimonidine tartrate (0.1 % drops, 0.15 % drops, 0.2 % drops)</i>	Generic	
<i>brinzolamide</i>	Generic	
<i>dorzolamide hcl</i>	Generic	
<i>methazolamide</i>	Generic	
<i>pilocarpine hcl (1 % drops, 2 % drops, 4 % drops)</i>	Generic	
RHOPRESSA	Brand	ST, QL (2.5 ML PER 25 DAYS)
SIMBRINZA	Brand	

OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS

<i>bimatoprost 0.03 % drops</i>	Generic	ST, QL (2.5 ML PER 25 DAYS)
<i>latanoprost</i>	Generic	
LUMIGAN	Brand	ST, QL (2.5 ML PER 25 DAYS)
<i>tafluprost/pf</i>	Generic	ST, QL (1 PER DAY)
<i>travoprost</i>	Generic	
VYZULTA	Brand	ST, QL (2.5 ML PER 25 DAYS)
XELPROS	Brand	

Ophthalmic Agents, Other

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

<i>acetic acid 2 % solution</i>	Generic	
CIPRO HC	Brand	

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2023 PROVIDENCE FORMULARY C: INTEL

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

RESPIRATORY TRACT/PULMONARY AGENTS

ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS

ALVESCO	Brand - SH	
ARNUITY ELLIPTA	Brand - SH	
ASMANEX	Brand - SH	
ASMANEX HFA (HFA 50 MCG INHALER, HFA 100 MCG INHALER, HFA 200 MCG INHALER)	Brand	
<i>budesonide (0.25mg/2ml ampul-neb, 0.5 mg/2ml ampul-neb, 1 mg/2 ml ampul-neb)</i>	Generic - SH	
FLOVENT DISKUS	Brand - SH	
FLOVENT HFA	Brand - SH	
<i>flunisolide</i>	Generic	
<i>fluticasone propionate 50 mcg spray susp</i>	Generic	
<i>mometasone furoate 50 mcg spray/pump</i>	Generic	QL (17 GM PER 30 DAYS)
OMNARIS	Brand	PA
PULMICORT FLEXHALER	Brand - SH	
QVAR REDIHALER	Brand - SH	

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2023 PROVIDENCE FORMULARY C: INTEL

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Drug Name	Status*	Requirements/Limits
ZETONNA	Brand	PA
ANTIHISTAMINES		
<i>azelastine hcl 137 mcg spray/pump</i>	Generic	
<i>carbinoxamine maleate (4 mg tablet, 4 mg/5 ml liquid)</i>	Generic	
<i>clemastine fumarate (0.5 mg/5ml syrup, 2.68 mg tablet)</i>	Generic	
<i>cyproheptadine hcl (2 mg/5 ml syrup, 4 mg tablet)</i>	Generic	
<i>desloratadine 5 mg tablet</i>	Generic	
<i>hydroxyzine hcl (10 mg tablet, 10 mg/5 ml solution, 25 mg tablet, 50 mg/25ml solution, 50 mg tablet)</i>	Generic	
<i>hydroxyzine pamoate</i>	Generic	
<i>olopatadine hcl 0.6 % spray/pump</i>	Generic	
<i>promethazine hcl (6.25mg/5ml syrup, 12.5 mg tablet, 25 mg tablet)</i>	Generic	
ANTILEUKOTRIENES		
<i>montelukast sodium (4 mg gran pack, 4 mg tab chew, 5 mg tab chew, 10 mg tablet)</i>	Generic - SH	
<i>zafirlukast</i>	Generic - SH	
<i>zileuton</i>	Generic - SH	ST
BRONCHODILATORS, ANTICHOLINERGIC		
ATROVENT HFA	Brand	
INCRUSE ELLIPTA	Brand	
<i>ipratropium bromide (0.2 mg/ml solution, 21 mcg spray, 42 mcg spray)</i>	Generic	
SPIRIVA HANDIHALER	Brand	
SPIRIVA RESPIMAT	Brand	

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2023 PROVIDENCE FORMULARY C: INTEL

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Drug Name	Status*	Requirements/Limits
BRONCHODILATORS, SYMPATHOMIMETIC		
<i>albuterol sulfate 90 mcg hfa aer ad</i>	Generic - SH	QLC (2 INHALERS PER 30 DAYS)
<i>albuterol sulfate (0.63mg/3ml vial-neb, 1.25mg/3ml vial-neb, 2 mg/5 ml syrup, 2 mg tablet, 2.5 mg/3ml vial-neb, 2.5 mg/0.5 vial-neb, 4 mg tab er 12h, 4 mg tablet, 5 mg/ml solution, 8 mg tab er 12h)</i>	Generic - SH	
<i>arformoterol tartrate</i>	Generic	QL (4 ML PER DAY)
AUVI-Q 0.1 MG AUTO-INJECTOR	Brand	LA, QL (0 TO 17 YRS OLD; 6 PER 365 DAYS), QL (18 TO 101 YRS OLD; 4 PER 365 DAYS)
<i>epinephrine (0.15mg/0.3 auto inject, 0.3mg/0.3 auto inject)</i>	Generic	QL (0 TO 17 YRS OLD; 6 PER 365 DAYS), QL (18 TO 101 YRS OLD; 4 PER 365 DAYS)
EPIPEN 2-PAK	Brand	QL (0 TO 17 YRS OLD; 6 PER 365 DAYS), QL (18 TO 101 YRS OLD; 4 PER 365 DAYS)
<i>formoterol fumarate</i>	Generic	
<i>levalbuterol hcl (0.31mg/3ml vial-neb, 0.63mg/3ml vial-neb, 1.25mg/0.5 vial-neb, 1.25mg/3ml vial-neb)</i>	Generic - SH	
<i>levalbuterol tartrate</i>	Generic - SH	
PROAIR RESPICLICK	Brand - SH	QL (2 PER 30 DAYS)
SEREVENT DISKUS	Brand - SH	
SYMJEPI	Brand	QL (0 TO 17 YRS OLD; 6 PER 365 DAYS), QL (18 TO 101 YRS OLD; 4 PER 365 DAYS)
<i>terbutaline sulfate (2.5 mg tablet, 5 mg tablet)</i>	Generic - SH	
CYSTIC FIBROSIS AGENTS		
CAYSTON	Specialty	LA, S (Specialty Drug)
KALYDECO (25 MG GRANULES PACKET, 50 MG GRANULES PACKET, 75 MG GRANULES PACKET, 150 MG TABLET)	Specialty	PA, LA, QL (2 PER 1 DAY), S (Specialty Drug)

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2023 PROVIDENCE FORMULARY C: INTEL

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Drug Name	Status*	Requirements/Limits
KALYDECO (5.8 MG GRANULES PKT, 13.4 MG GRANULES PKT)	Specialty	PA, LA, QL (2 PER DAY), S (Specialty Drug)
ORKAMBI (100-125 MG GRANULE PKT, 150-188 MG GRANULE PKT)	Specialty	PA, LA, QL (2 PER 1 DAY), S (Specialty Drug)
ORKAMBI 75-94 MG GRANULE PKT	Specialty	PA, LA, QL (2 PER DAY), S (Specialty Drug)
ORKAMBI (100 MG-125 MG TABLET, 200 MG-125 MG TABLET)	Specialty	PA, LA, QL (4 PER 1 DAY), S (Specialty Drug)
PULMOZYME	Specialty	S (Specialty Drug)
SYMDEKO	Specialty	PA, LA, QL (2 PER 1 DAY), S (Specialty Drug)
TOBRAMYCIN IN 0.225 % SODIUM CHLORIDE	Specialty	S (Specialty Drug)
TRIKAFFTA (80-40-60MG/59.5MG PKT, 100-50-75 MG/75MG PKT)	Specialty	PA, LA, QL (2 PER DAY), S (Specialty Drug)
TRIKAFFTA (50-25-37.5 MG/75 MG, 100-50-75 MG/150 MG)	Specialty	PA, LA, QL (3 PER DAY), S (Specialty Drug)

MAST CELL STABILIZERS

<i>cromolyn sodium 20 mg/2 ml ampul-neb</i>	Generic
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PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE

<i>roflumilast</i>	Generic	QL (1 PER DAY)
<i>theophylline anhydrous (300 mg tab er 12h, 400 mg tab er 24h, 450 mg tab er 12h, 600 mg tab er 24h)</i>	Generic - SH	

PULMONARY ANTIHYPERTENSIVES

ADEMPAS	Specialty	PA, LA, S (Specialty Drug)
<i>alyq</i>	Generic	QL (2 PER 1 DAY)
<i>ambrisentan</i>	Generic	PA, LA, S (Specialty Drug)
<i>bosentan</i>	Generic	PA, LA, S (Specialty Drug)
OPSUMIT	Specialty	PA, LA, S (Specialty Drug)

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2023 PROVIDENCE FORMULARY C: INTEL

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Drug Name	Status*	Requirements/Limits
SILDENAFIL CITRATE 10 MG/ML SUSP RECON	Specialty	PA, S (Specialty Drug)
<i>sildenafil citrate 20 mg tablet</i>	Generic	
<i>tadalafil 20 mg tablet</i>	Generic	QL (2 PER 1 DAY)
TRACLEER 32 MG TABLET FOR SUSP	Specialty	PA, LA, S (Specialty Drug)
TYVASO	Specialty	PA, LA, S (Specialty Drug)
TYVASO DPI	Specialty	PA, S (Specialty Drug)
TYVASO INSTITUTIONAL START KIT	Specialty	PA, LA, S (Specialty Drug)
TYVASO REFILL KIT	Specialty	PA, LA, S (Specialty Drug)
TYVASO STARTER KIT	Specialty	PA, LA, S (Specialty Drug)
UPTRAVI 200-800 TITRATION PACK	Specialty	PA, LA, S (Specialty Drug)
UPTRAVI (200 MCG TABLET, 400 MCG TABLET, 600 MCG TABLET, 800 MCG TABLET, 1,000 MCG TABLET, 1,200 MCG TABLET, 1,400 MCG TABLET, 1,600 MCG TABLET)	Specialty	PA, LA, QL (2 PER 1 DAY), S (Specialty Drug)

PULMONARY FIBROSIS AGENTS

OFEV	Specialty	PA, LA, S (Specialty Drug)
PIRFENIDONE (267 MG TABLET, 534 MG TABLET, 801 MG TABLET)	Specialty	PA, QL (3 PER DAY), S (Specialty Drug)

RESPIRATORY TRACT AGENTS, OTHER

acetylcysteine (100 mg/ml vial, 200 mg/ml vial)	Generic	
advair diskus	Generic - SH	
ADVAIR HFA	Brand - SH	
ANORO ELLIPTA	Brand	
benzonatate	Generic	
BREO ELLIPTA (50-25 MCG INHALER, 100-25 MCG INHALR, 200-25 MCG INHALR)	Brand	
COMBIVENT RESPIMAT	Brand	QL (8 GM PER 30 DAYS)

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2023 PROVIDENCE FORMULARY C: INTEL

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

Drug Name	Status*	Requirements/Limits
FASENRA PEN	Specialty	PA, LA, QL (1 ML PER 56 DAYS), S (Specialty Drug)
<i>fluticasone propionate/salmeterol xinafoate (55-14 mcg aer pow ba, 113-14 mcg aer pow ba, 232-14 mcg aer pow ba)</i>	Generic	QL (1 PER 30 DAYS)
GRASTEK	Brand	
<i>hydrocodone bit/homatrop me-br 5-1.5 mg/5 syrup</i>	Generic	
<i>hydromet</i>	Generic	
<i>hyper-sal 3.5% vial</i>	Generic	
<i>hyper-sal 7% vial</i>	Generic	QL (240 ML PER 30 DAYS)
<i>ipratropium bromide/albuterol sulfate</i>	Generic	
<i>nebusal</i>	Generic	
NUCALA 40 MG/0.4 ML SYRINGE	Specialty	PA, LA, QL (0.4 ML PER 28 DAYS), S (Specialty Drug)
NUCALA (100 MG/ML POWDER VIAL, 100 MG/ML AUTO-INJECTOR, 100 MG/ML SYRINGE)	Specialty	PA, LA, QL (1 PER 28 DAYS), S (Specialty Drug)
ODACTRA	Brand	
ORALAIR	Brand	LA
<i>phenylephrine hcl/promethazine hcl</i>	Generic	
<i>promethazine hcl/codeine</i>	Generic	PA
<i>promethazine hcl/dextromethorphan hbr</i>	Generic	
<i>promethazine/phenylephrine hcl/codeine</i>	Generic	PA
pulmosal	Generic	QL (240 ML PER 30 DAYS)
RAGWITEK	Brand	
<i>sodium chloride for inhalation (0.9 % vial-neb, 3 % vial-neb, 10 % vial-neb)</i>	Generic	
<i>sodium chloride for inhalation 7 % vial-neb</i>	Generic	QL (240 ML PER 30 DAYS)

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2023 PROVIDENCE FORMULARY C: INTEL

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Drug Name	Status*	Requirements/Limits
STIOLTO RESPIMAT	Brand	
SYMBICORT	Brand	
TRELEGY ELLIPTA	Brand	

SKELETAL MUSCLE RELAXANTS

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

SLEEP DISORDER AGENTS

SLEEP PROMOTING AGENTS

<i>estazolam</i>	Generic	
<i>eszopiclone (2 mg tablet, 3 mg tablet)</i>	Generic	QL (1 PER 1 DAY)
<i>eszopiclone 1 mg tablet</i>	Generic	QL (2 PER DAY)
<i>flurazepam hcl</i>	Generic	
<i>HETLIOZ LQ</i>	Specialty	PA, LA, QL (5 ML PER DAY), S (Specialty Drug)
<i>ramelteon</i>	Generic	
<i>TASIMELTEON</i>	Specialty	PA, 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 C: INTEL

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

Drug Name	Status*	Requirements/Limits
<i>temazepam</i>	Generic	
<i>triazolam</i>	Generic	
<i>zaleplon</i>	Generic	QL (2 PER 1 DAY)
<i>zolpidem tartrate 5 mg tablet</i>	Generic	QL (2 PER 1 DAY)
<i>zolpidem tartrate (6.25 mg tab mphase, 10 mg tablet, 12.5 mg tab mphase)</i>	Generic	QL (1 PER 1 DAY)

WAKEFULNESS PROMOTING AGENTS

<i>armodafinil (150 mg tablet, 200 mg tablet, 250 mg tablet)</i>	Generic	QL (1 PER 1 DAY)
<i>armodafinil 50 mg tablet</i>	Generic	QL (2 PER 1 DAY)
LUMRYZ	Specialty	PA, LA, QL (1 PER DAY), S (Specialty Drug)
<i>modafinil</i>	Generic	
SODIUM OXYBATE	Specialty	PA, LA, QL (540 ML PER 30 DAYS), S (Specialty Drug)
SUNOSI	Brand	PA, QL (1 PER 1 DAY)
WAKIX	Specialty	PA, LA, QL (2 PER 1 DAY), S (Specialty Drug)
XYWAV	Specialty	PA, LA, QL (540 ML PER 30 DAYS), S (Specialty Drug)

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Alphabetical Listing

A

abacavir sulfate.....	42	alfuzosin hcl.....	79
abacavir sulfate/lamivudine.....	42	ALINIA.....	36
abacavir sulfate/lamivudine/zidovudine.....	42	aliskiren hemifumarate.....	57
abiraterone acetate.....	30	allopurinol.....	27
ABRYSVO.....	98	ALOCRIL.....	104
acamprosate calcium.....	13	alogliptin benzoate.....	46
acarbose.....	46	alogliptin benzoate/metformin hcl.....	46
accutane.....	66	alogliptin benzoate/pioglitazone hcl.....	46
acebutolol hcl.....	55	ALOMIDE.....	105
acetaminophen with codeine phosphate.....	11	alosetron hcl.....	75
acetazolamide.....	57	alprazolam.....	45
acetic acid.....	107	ALREX.....	106
acetylcysteine.....	112	ALTABAX.....	71
acitretin.....	67	ALTAVERA.....	82
ACTEMRA.....	93	ALTRENO.....	67
ACTEMRA ACTPEN.....	93	ALUNBRIG.....	32
ACTHAR.....	80	ALVESCO.....	108
ACTHIB.....	98	ALYACEN.....	82
ACTIMMUNE.....	95	alyq.....	111
acyclovir.....	44,71	amabelz.....	89
ADACEL TDAP.....	98	amantadine hcl.....	37
adefovир dipivoxil.....	41	ambrisentan.....	111
ADEMPAS.....	111	amcinonide.....	67
adthyza.....	91	AMETHIA.....	82
advair diskus.....	112	AMETHYST.....	82
ADVAIR HFA.....	112	amiloride hcl.....	59
AFIRMELLE.....	82	amiloride hcl/hydrochlorothiazide.....	57
AFTER PILL.....	89	amiodarone hcl.....	54
AFTERA.....	89	amitriptyline hcl.....	24
AIMOVIG AUTOINJECTOR.....	27	AMJEVITA(CF).....	95
AJOVY AUTOINJECTOR.....	27	AMJEVITA(CF) AUTOINJECTOR.....	96
AJOVY SYRINGE.....	27	amlodipine besylate.....	56
ak-poly-bac.....	103	amlodipine besylate/atorvastatin calcium.....	57
AKYNZEO.....	25	amlodipine besylate/benazepril hcl.....	57
albendazole.....	36	amlodipine besylate/olmesartan medoxomil.....	57
albuterol sulfate.....	110	amlodipine besylate/valsartan.....	57
alclometasone dipropionate.....	67	amlodipine besylate/valsartan/hydrochlorothiazide ..	57
ALECENSA.....	32	amnesteem.....	67
alendronate sodium.....	101	amoxapine.....	24
		amoxicillin.....	16
		amoxicillin/potassium clavulanate.....	16

ampicillin trihydrate	16	AUROVELA	82
anagrelide hcl	51	AUROVELA 24 FE	82
anastrozole	32	AUROVELA FE	82
ANNOVERA	82	AURYXIA	73
ANORO ELLIPTA	112	AUSTEDO	63
anusol-hc	67	AUSTEDO XR	63,64
ANZEMET	25	AUSTEDO XR TITRATION KT(WK1-4)	64
apexicon e	67	AUVI-Q	110
APIDRA	48	AVIANE	82
APIDRA SOLOSTAR	48	avidoxy	17
apraclonidine hcl	107	AVONEX	65
aprepitant	25	AVONEX PEN	65
APRI	82	AYUNA	82
APTIOM	20	AYVAKIT	31
APTIVUS	43	AZASITE	105
ARANELLE	82	azathioprine	96
ARANESP	51	azelaic acid	67
AREXVY	98	azelastine hcl	105,109
arformoterol tartrate	110	azithromycin	17
ariPIPRAZOLE	39	AZURETTE	82
armodafinil	115		
ARMOUR THYROID	91	B	
ARNUITY ELLIPTA	108	bacitracin	105
ascomp with codeine	11	bacitracin/polymyxin b sulfate	103
asenapine maleate	39	baclofen	40
ASHLYNA	82	balsalazide disodium	101
ASMANEX	108	BALVERSA	32
ASMANEX HFA	108	BALZIVA	82
aspirin/dipyridamole	53	BAQSIMI	48
ASTAGRAF XL	96	BARACLUDE	41
atazanavir sulfate	44	benazepril hcl	54
atenolol	55	benazepril hcl/hydrochlorothiazide	58
atenolol/chlorthalidone	58	BENLYSTA	93
atomoxetine hcl	63	benznidazole	36
atorvastatin calcium	60	benzonatate	112
atovaquone	36	benztropine mesylate	37
atovaquone/proguanil hcl	36	bepotastine besilate	105
atropine sulfate	103	BERINERT	92
ATROVENT HFA	109	beser	67
AUBRA	82	BESIVANCE	105
AUBRA EQ	82	betaine	77

betamethasone acetate/betamethasone sodium phosphate	80	buprenorphine hcl/naloxone hcl	14
betamethasone dipropionate	67	bupropion hcl	14,22
betamethasone dipropionate/propylene glycol	68	buspirone hcl	45
betamethasone valerate	68	butalbital/acetaminophen	64
BETASERON	65	butalbital/acetaminophen/caffeine	64
betaxolol hcl	55,106	butalbital/acetaminophen/caffeine/codeine phosphate	11
bethanechol chloride	79	butalbital/aspirin/caffeine	8
BETIMOL	106	butorphanol tartrate	11
BETOPTIC S	106		
bexarotene	36		
BEXSERO	98		
bicalutamide	30	cabergoline	91
BIJUVA	89	CABLIVI	53
BIKTARVY	41	CABOMETYX	32
bimatoprost	107	calcipotriene	70
bisoprolol fumarate	55	calcipotriene/betamethasone dipropionate	70
bisoprolol fumarate/hydrochlorothiazide	58	calcitonin, salmon, synthetic	101
BLEPHAMIDE	103	calcitriol	70,101
BLISOVI 24 FE	82	calcium acetate	73
BLISOVI FE	82	CALQUENCE	32
blood sugar diagnostic	102	calsodore	70
blood-glucose meter, continuous	102	CAMILA	89
blood-glucose sensor	102	CAMRESE	82
BOOSTRIX TDAP	98	CAMRESE LO	82
bosentan	111	CAMZYOS	58
BOSULIF	32	candesartan cilexetil	54
BRAFTOVI	32	candesartan cilexetil/hydrochlorothiazide	58
BREO ELLIPTA	112	capecitabine	30
BRIELLYN	82	CAPLYTA	39
BRILINTA	53	CAPRELSA	32
brimonidine tartrate	107	captopril	54
brinzolamide	107	captopril/hydrochlorothiazide	58
BRIVIACT	18	carbamazepine	21
bromfenac sodium	106	carbidopa	38
bromocriptine mesylate	37	carbidopa/levodopa	38
BRUKINSA	31	carbidopa/levodopa/entacapone	37
budesonide	101,108	carboxamine maleate	109
bumetanide	59	carglumic acid	72
buprenorphine	9	carisoprodol	114
buprenorphine hcl	13,14	carisoprodol/aspirin	114
		carisoprodol/aspirin/codeine phosphate	114

C

cabergoline	91
CABLIVI	53
CABOMETYX	32
calcipotriene	70
calcipotriene/betamethasone dipropionate	70
calcitonin, salmon, synthetic	101
calcitriol	70,101
calcium acetate	73
CALQUENCE	32
calsodore	70
CAMILA	89
CAMRESE	82
CAMRESE LO	82
CAMZYOS	58
candesartan cilexetil	54
candesartan cilexetil/hydrochlorothiazide	58
capecitabine	30
CAPLYTA	39
CAPRELSA	32
captopril	54
captopril/hydrochlorothiazide	58
carbamazepine	21
carbidopa	38
carbidopa/levodopa	38
carbidopa/levodopa/entacapone	37
carboxamine maleate	109
carglumic acid	72
carisoprodol	114
carisoprodol/aspirin	114
carisoprodol/aspirin/codeine phosphate	114

carteolol hcl	106	ciprofloxacin hcl	17,108
cartia xt	56	ciprofloxacin hcl/dexamethasone	108
carvedilol	55	citalopram hydrobromide	23
carvedilol phosphate	55	claravis	67
CAYSTON	110	clarithromycin	17
CAZIANT	82	clemastine fumarate	109
cefaclor	15	CLENPIQ	74
cefadroxil	15	clindacin	71
cefdinir	16	clindacin etz	15
cefixime	16	clindacin p	15
cefpodoxime proxetil	16	clindamycin hcl	15
cefprozil	16	clindamycin palmitate hcl	15
cefuroxime axetil	16	clindamycin phosphate	15,72
celecoxib	8	clindamycin phosphate/benzoyl peroxide	67
cephalexin	16	clobazam	20
CERDELGA	77	clobetasol propionate	68
cevimeline hcl	66	clobetasol propionate/emollient base	68
CHARLOTTE 24 FE	82	clorcortolone pivalate	68
CHATEAL	82	clodan	68
CHATEAL EQ	83	clomid	90
CHEMET	72	clomiphene citrate	91
CHENODAL	75	clomipramine hcl	24
CHILDREN'S IRON	74	clonazepam	45
chlordiazepoxide hcl	45	clonidine	53
chlorhexidine gluconate	66	clonidine hcl	53,63
chloroquine phosphate	36	clopidogrel bisulfate	53
chlorpromazine hcl	38	clorazepate dipotassium	45
chlorthalidone	59	clotrimazole	25
chlorzoxazone	114	clotrimazole/betamethasone dipropionate	70
CHOLBAM	77	clozapine	40
cholestyramine (with sugar)	60	COARTEM	36
cholestyramine/aspartame	60	codeine phosphate/butalbital/aspirin/caffeine	11
chorionic gonadotropin, human	80	codeine sulfate	11
ciclopirox	71	colchicine	27
ciclopirox olamine	71	colesevelam hcl	60
cilstazol	53	COLESTID	60
cimetidine	76	colestipol hcl	60
cimetidine hcl	76	colloidal bismuth subcitrate/metronidazole/tetracycline hcl	75
CIMZIA	96	COMBIPATCH	89
cinacalcet hcl	101	COMBIVENT RESPIMAT	112
CIPRO HC	107		

COMETRIQ	32	dabigatran etexilate mesylate	50
COMPLERA	42	dalfampridine	65
compro	24	danazol	81
CONDYLOX	70	dantrolene sodium	40
constulose	74	dapsone	29,72
COPAXONE	65	DAPTACEL DTAP	98
COPIKTRA	32	darifenacin hydrobromide	78
CORDRAN	68	DASSETTA	83
CORLANOR	58	DAURISMO	32
CORTISPORIN-TC	108	DAYSEE	83
CORTROPHIN	80	DEBLITANE	89
COSENTYX (2 SYRINGES)	93	deferasirox	73
COSENTYX SENSOREADY (2 PENS)	93	deferiprone	73
COSENTYX SENSOREADY PEN	93	DELSTRIGO	42
COSENTYX SYRINGE	93	demeocycline hcl	17
COSENTYX UNOREADY PEN	93	DEPO-ESTRADIOL	83
COTELLIC	32	DEPO-SUBQ PROVERA 104	89
CREON	77	dermacinrx lidocan	13
CRESEMBA	25	desipramine hcl	24
CRINONE	89	desloratadine	109
cromolyn sodium	77,105,111	desmopressin acetate	80
CRYSELLE	83	desmopressin acetate (non-refrigerated)	81
CUTAQUIG	93	desogestrel-ethinyl estradiol	83
cyanocobalamin (vitamin b-12)	74	desogestrel-ethinyl estradiol/ethinyl estradiol	83
CYCLAFEM	83	desonide	68
cyclobenzaprine hcl	114	desoximetasone	68
cyclopentolate hcl	103	desvenlafaxine succinate	23
cyclophosphamide	29	dexamethasone	80
cycloserine	29	dexamethasone sodium phosphate	106
CYCLOSET	46	DEXCOM G5 RECEIVER KIT	102
cyclosporine	96	DEXCOM G5 TRANSMITTER KIT	102
cyclosporine, modified	96	DEXCOM G5-G4 SENSOR KIT	102
cyproheptadine hcl	109	DEXCOM G6 RECEIVER	102
CYRED	83	DEXCOM G6 SENSOR	103
CYRED EQ	83	DEXCOM G6 TRANSMITTER	103
CYSTADROPS	77	dexamethylphenidate hcl	63
CYSTAGON	77	dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate	62
CYSTARAN	77	dextroamphetamine sulfate	62
D		DIACOMIT	18
D-PENAMINE	79	diazepam	20,45

diazoxide	48	drospirenone/ethinyl estradiol/levomefolate calcium	83
diclofenac potassium	8	DROXIA	30
diclofenac sodium	8,70,106	DRYSOL	70
diclofenac sodium/misoprostol	8	DUAVEE	91
dicloxacillin sodium	16	duloxetine hcl	64
dicyclomine hcl	75	DUPIXENT PEN	93
didanosine	42	DUPIXENT SYRINGE	94
diethylpropion hcl	64	dutasteride	79
DIFICID	17		
diflorasone diacetate	68		
diflunisal	8	E	
dilfluprednate	106	econazole nitrate	26
digitek	58	ECONTRA EZ	89
digoxin	58	ECONTRA ONE-STEP	89
dihydroergotamine mesylate	27	EDURANT	42
DILANTIN	21	efavirenz	42
dilt-xr	56	efavirenz/emtricitabine/tenofovir disoproxil fumarate	42
diltiazem hcl	57	efavirenz/lamivudine/tenofovir disoproxil fumarate	42
dimethyl fumarate	65	EGRIFTA SV	81
DIPENTUM	101	eletriptan hydrobromide	28
diphenoxylate hcl/atropine sulfate	75	ELIGARD	91
dipyridamole	53	ELINEST	83
disopyramide phosphate	54	ELIQUIS	50
disulfiram	13	ELLA	89
divalproex sodium	18	ELMIRON	79
dodex	74	ELURYNG	83
dofetilide	54	EMCYT	30
DOLISHALE	83	EMEND	25
donepezil hcl	21	EMGALITY PEN	27
DOPTELET	53	EMGALITY SYRINGE	27
dorzolamide hcl	107	EMOQUETTE	83
dorzolamide hcl/timolol maleate	103	EMSAM	22
dorzolamide hcl/timolol maleate/pf	103	emtricitabine	42
dotti	83	emtricitabine/tenofovir disoproxil fumarate	43
DOVATO	41	EMTRIVA	43
doxazosin mesylate	53	EMVERM	36
doxepin hcl	24	enalapril maleate	54
doxercalciferol	101	enalapril maleate/hydrochlorothiazide	58
doxycycline hydiate	17	ENBREL	96
doxycycline monohydrate	18	ENBREL MINI	96
dronabinol	25	ENBREL SURECLICK	96
		endocet	11

ENDOMETRIN	89	ESTRING	84
ENGERIX-B ADULT	98	eszopiclone	114
ENGERIX-B PEDIATRIC-ADOLESCENT	98	ethacrynic acid	59
ENILLORING	83	ethambutol hcl	29
enoxaparin sodium	50	ethinyl estradiol/drospirenone	84
ENPRESSE	83	ethosuximide	20
ENSKYCE	83	ethynodiol diacetate-ethinyl estradiol	84
entacapone	37	etodolac	8
entecavir	41	etonogestrel/ethinyl estradiol	84
ENTRESTO	58	etoposide	32
enulose	74	etravirine	42
EPIDIOLEX	18	EUCRISA	68
EPIFOAM	68	EURAX	71
epinastine hcl	105	everolimus	33,96
epinephrine	110	EVOTAZ	44
EPIPEN 2-PAK	110	exemestane	32
epitol	21	EXKIVITY	31
EPIVIR HBV	41	EXSERVAN	64
eplerenone	59	EXTAVIA	65
EPOGEN	51	ezetimibe	60
eprosartan mesylate	54	ezetimibe/simvastatin	60
ergocalciferol (vitamin d2)	102		
ergoloid mesylates	21		
ERGOMAR	27		
ergotamine tartrate/caffeine	27		
ERIVEDGE	32		
ERLEADA	30		
erlotinib hcl	33		
ERRIN	89		
ERTACZO	26		
ery	72		
erythromycin base	105		
erythromycin base in ethanol	72		
erythromycin base/benzoyl peroxide	67		
escitalopram oxalate	23		
esomeprazole magnesium	77		
ESTARYLLA	83		
estazolam	114		
estradiol	84		
estradiol valerate	84		
estradiol/norethindrone acetate	89		
ESTRING	84		
eszopiclone	114		
ethacrynic acid	59		
ethambutol hcl	29		
ethinyl estradiol/drospirenone	84		
ethosuximide	20		
ethynodiol diacetate-ethinyl estradiol	84		
etodolac	8		
etonogestrel/ethinyl estradiol	84		
etoposide	32		
etravirine	42		
EUCRISA	68		
EURAX	71		
everolimus	33,96		
EVOTAZ	44		
exemestane	32		
EXKIVITY	31		
EXSERVAN	64		
EXTAVIA	65		
ezetimibe	60		
ezetimibe/simvastatin	60		
F			
FACTIVE	17		
FALMINA	84		
famciclovir	44		
famotidine	76		
FANAPT	39		
FARXIGA	46		
FARYDAK	33		
FASENRA PEN	113		
febuxostat	27		
felbamate	18		
felodipine	56		
FEMYNOR	84		
fenofibrate	60		
fenofibrate nanocrystallized	60		
fenofibrate,micronized	60		
fenofibric acid	60		
fenofibric acid (choline)	60		
fenoprofen calcium	8		

fentanyl.....	9	fluvoxamine maleate.....	23
fentanyl citrate.....	11	FML FORTE.....	106
FERRIPROX.....	73	FML S.O.P.....	106
FERRIPROX (2 TIMES A DAY).....	73	folic acid.....	74
ferrous sulfate.....	74	FOLLISTIM AQ.....	81
FETZIMA.....	23	fondaparinux sodium.....	50
FINACEA.....	67	formoterol fumarate.....	110
finasteride.....	79	FORTEO.....	102
fingolimod hcl.....	65	fosamprenavir calcium.....	44
FINTEPLA.....	18	fosfomycin tromethamine.....	15
FINZALA.....	84	fosinopril sodium.....	54
fioricet.....	64	fosinopril sodium/hydrochlorothiazide.....	58
flac otic oil.....	108	FOSRENOL.....	73
FLAREX.....	106	FOTIVDA.....	33
flavoxate hcl.....	78	FRAGMIN.....	50
flecainide acetate.....	55	FREESTYLE LIBRE 14 DAY READER.....	103
FLOVENT DISKUS.....	108	FREESTYLE LIBRE 14 DAY SENSOR.....	103
FLOVENT HFA.....	108	FREESTYLE LIBRE 2 READER.....	103
fluconazole.....	26	FREESTYLE LIBRE 2 SENSOR.....	103
flucytosine.....	26	FREESTYLE LIBRE 3 SENSOR.....	103
fludrocortisone acetate.....	80	frovatriptan succinate.....	28
flunisolide.....	108	FULPHILA.....	51
fluocinolone acetonide.....	68	furosemide.....	59
fluocinolone acetonide oil.....	108	FUZEON.....	43
fluocinolone acetonide/shower cap.....	68	fyavolv.....	84
fluocinonide.....	68	FYCOMPA.....	18,19
fluocinonide/emollient base.....	68	FYLNETRA.....	51
FLUORIDE (0.25MG(0.55) TAB CHEW, 0.5MG(1.1)			
TAB CHEW, 1MG(2.2) TAB CHEW).....	72	FYREMADEL.....	91
fluoride (sodium).....	72		
fluorometholone.....	106		
FLUOROPLEX.....	70		
fluorouracil.....	70		
fluoxetine hcl.....	23		
fluphenazine hcl.....	38		
flurazepam hcl.....	114		
flurbiprofen.....	8		
flurbiprofen sodium.....	106		
flutamide.....	30		
fluticasone propionate.....	68,108		
fluticasone propionate/salmeterol xinafoate.....	113		

G

gabapentin.....	20
GALAFOLD.....	77
galantamine hbr.....	22
GAMMAKED.....	93
GAMUNEX-C.....	93
ganirelix acetate.....	91
GARDASIL 9.....	98
gatifloxacin.....	105
GATTEX.....	75
gavilyte-c.....	75
gavilyte-g.....	75

gavilyte-n	75	HADLIMA(CF)	96
GAVRETO	33	HADLIMA(CF) PUSHTOUCH	96
gefitinib	33	HAEGARDA	92
gemfibrozil	60	HAILEY	84
GEMMILY	84	HAILEY 24 FE	84
generlac	74	HAILEY FE	84
gengraf	96	halcinonide	80
GENOTROPIN	81	halobetasol propionate	68
gentak	105	HALOETTE	84
gentamicin sulfate	14,105	haloperidol	38
GENVOYA	41	haloperidol lactate	38
GILENYA	65	HAVRIX	98
GILOTrif	33	HEATHER	90
glatiramer acetate	65	HEMANGEOL	31
GLEOSTINE	29	heparin sodium,porcine	50
glimepiride	46	heparin sodium,porcine/pf	51
glipizide	46	HEPLISAV-B	98
glipizide/metformin hcl	46	HETLIOZ LQ	114
glucagon emergency kit	48	HIBERIX	98
glyburide	46	HIZENTRA	93
glyburide,micronized	46	HUMALOG	48
glyburide/metformin hcl	46	HUMALOG JUNIOR KWIKPEN	48
glycopyrrolate	75	HUMALOG KWIKPEN U-100	48
glydo	13	HUMALOG KWIKPEN U-200	49
GLYXAMBI	46	HUMALOG MIX 50-50	49
granisetron hcl	25	HUMALOG MIX 50-50 KWIKPEN	49
GRANIX	51	HUMALOG MIX 75-25	49
GRASTEK	113	HUMALOG MIX 75-25 KWIKPEN	49
griseofulvin ultramicrosize	26	HUMALOG TEMPO PEN U-100	49
griseofulvin, microsize	26	HUMIRA	97
guanfacine hcl	53,63	HUMIRA PEN	97
GVOKE	48	HUMIRA PEN CROHN'S-UC-HS	97
GVOKE HYPOOPEN 1-PACK	48	HUMIRA PEN PSOR-UVEITS-ADOL HS	97
GVOKE HYPOOPEN 2-PACK	48	HUMIRA(CF)	97
GVOKE PFS 1-PACK SYRINGE	48	HUMIRA(CF) PEDIATRIC CROHN'S	97
GVOKE PFS 2-PACK SYRINGE	48	HUMIRA(CF) PEN	97
GYNOL II	79	HUMIRA(CF) PEN CROHN'S-UC-HS	97
		HUMIRA(CF) PEN PEDIATRIC UC	97
		HUMIRA(CF) PEN PSOR-UV-ADOL HS	97
HADLIMA	96	HUMULIN 70-30	49
HADLIMA PUSHTOUCH	96	HUMULIN 70/30 KWIKPEN	49

H

HUMULIN N.....	49	INBRIJA.....	38
HUMULIN N KWIKPEN.....	49	INCASSIA.....	90
HUMULIN R.....	49	INCRELEX.....	81
HUMULIN R U-500.....	49	INCRUSE ELLIPTA.....	109
HUMULIN R U-500 KWIKPEN.....	49	indapamide.....	60
HYCAMTIN.....	32	indomethacin.....	8
hydralazine hcl.....	61	INFANRIX DTAP.....	99
hydrochlorothiazide.....	59	INLYTA.....	33
hydrocodone bitartrate.....	9	INQOVI.....	30
hydrocodone bitartrate/acetaminophen.....	11	INREBIC.....	31
hydrocodone bitartrate/homatropine methylbromide	113	INTELENCE.....	42
hydrocodone/ibuprofen.....	11	INTRON A.....	95
hydrocortisone.....	69,101	INTROVALE.....	84
hydrocortisone butyrate.....	69	INVELTYS.....	106
hydrocortisone valerate.....	69	INVOKAMET.....	46
hydrocortisone/acetic acid.....	108	INVOKAMET XR.....	46
hydromet.....	113	INVOKANA.....	46
hydromorphone hcl.....	9,12	IPOL.....	99
hydroxychloroquine sulfate.....	36	ipratropium bromide.....	109
hydroxyurea.....	30	ipratropium bromide/albuterol sulfate.....	113
hydroxyzine hcl.....	109	irbesartan.....	54
hydroxyzine pamoate.....	109	irbesartan/hydrochlorothiazide.....	58
hyper-sal.....	113	ISENTRESS.....	41
HYQVIA.....	93	ISENTRESS HD.....	42
I		ISIBLOOM.....	84
ibandronate sodium.....	102	isoniazid.....	29
IBRANCE.....	33	isosorbide dinitrate.....	61
ibuprofen.....	8	isosorbide mononitrate.....	61
ibuprofen (400 mg tablet, 600 mg tablet, 800 mg tablet).....	8	isotretinoin.....	67
icatibant acetate.....	92	isradipine.....	56
ICLEVIA.....	84	itraconazole.....	26
ICLUSIG.....	33	ivermectin.....	36,71
icosapent ethyl.....	61	J	
IDHIFA.....	31	JAIMIES.....	84
imatinib mesylate.....	33	JAKAFI.....	33
IMBRUVICA.....	33	jantoven.....	51
IMCIVREE.....	76	JANUMET.....	46
imipramine hcl.....	24	JANUMET XR.....	46
imiquimod.....	70	JANUVIA.....	46
		JARDIANCE.....	46

JASMIEL	84
JAVYGTOR	77
JAYPIRCA	33
JENCYCLA	90
JENTADUETO	46
JENTADUETO XR	47
jinteli	84
JOLESSA	85
JOYEAUX	85
JULEBER	85
JULUCA	42
JUNEL	85
JUNEL FE	85
JUNEL FE 24	85
JUXTAPID	61
JYNARQUE	73

K

KAITLIB FE	85
KALLIGA	85
KALYDECO	110,111
KARIVA	85
KELNOR 1-35	85
KELNOR 1-50	85
KERENDIA	59
KESIMPTA PEN	65
ketoconazole	26
ketoprofen	8
ketorolac tromethamine	8,106
KINERET	94
KINRIX	99
KISQALI	33
KISQALI FEMARA CO-PACK	31
KLISYRI	70
klor-con m10	72
klor-con m20	72
KLOXXADO	14
KOSELUGO	31
KRAZATI	34
KURVELO	85
KYNMOBI	37

KYZATREX	81
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L

labetalol hcl	55
lacosamide	21
LACRISERT	104
lactulose	74
LAMICTAL XR (BLUE)	19
LAMICTAL XR (GREEN)	19
LAMICTAL XR (ORANGE)	19
lamivudine	41,43
lamivudine/zidovudine	43
lamotrigine	19
lansoprazole	77
lansoprazole/amoxicillin trihydrate/clarithromycin	76
lanthanum carbonate	73
LANTUS	49
LANTUS SOLOSTAR	49
lapatinib ditosylate	34
LARIN	85
LARIN 24 FE	85
LARIN FE	85
LARISSIA	85
latanoprost	107
ledipasvir/sofosbuvir	41
LEENA	85
leflunomide	97
lenalidomide	30
LENVIMA	34
LESSINA	85
letrozole	32
leucovorin calcium	31
LEUKERAN	29
LEUKINE	51
leuprolide acetate	91
levalbuterol hcl	110
levalbuterol tartrate	110
LEVEMIR	49
LEVEMIR FLEXPEN	49
LEVEMIR FLEXTOUCH	50
levetiracetam	19

levobunolol hcl	107	LUCEMYRA	14
levocarnitine (with sugar)	74	LUMAKRAS	34
levofloxacin	17,105	LUMIGAN	107
LEVONEST	85	LUMRYZ	115
levonorgestrel	90	LUPKYNIS	97
levonorgestrel/ethinyl estradiol	85	lurasidone hcl	39
levonorgestrel/ethinyl estradiol and ethinyl estradiol	85	LUTERA	86
levonorgestrel/ethinyl estradiol/iron	85	LYBALVI	22
LEVORA-28	85	LYLEQ	90
levothyroxine sodium	91	lyllana	86
LEXIVA	44	LYNPARZA	34
lidocaine	13	LYSODREN	91
lidocaine hcl	13	LYTGOBI	34
lidocaine/prilocaine	13	LYZA	90
LILLOW	85		
lindane	71	M	
linezolid	15	M-M-R II VACCINE	99
liothyronine sodium	91	malathion	71
lisdexamfetamine dimesylate	62	maraviroc	43
lisinopril	54	MARLISSA	86
lisinopril/hydrochlorothiazide	58	MARPLAN	22
lithium carbonate	45	MATULANE	29
LIVALO	60	matzim la	57
LO LOESTRIN FE	86	MAVENCLAD	65
LO-ZUMANDIMINE	86	MAVYRET	41
LOJAIMIESS	86	MAXIDEX	106
LOKELMA	73	MAYZENT	65
LONSURF	31	meclofenamate sodium	8
lopinavir/ritonavir	44	MEDROL	80
lorazepam	45	medroxyprogesterone acetate	90
lorazepam intensol	45	mefenamic acid	9
LORBRENA	34	mefloquine hcl	37
LORYNA	86	megestrol acetate	90
losartan potassium	54	MEKINIST	34
losartan potassium/hydrochlorothiazide	58	MEKTOVI	34
LOTEMAX	106	meloxicam	9
loteprednol etabonate	106	melphalan	29
lovastatin	60	memantine hcl	22
LOW-OGESTREL	86	MENACTRA	99
loxapine succinate	38	MENEST	86
lubiprostone	75	MENQUADFI	99

MENVEO A-C-Y-W-135-DIP	99	MICROGESTIN 24 FE	86
meprobamate	45	MICROGESTIN FE	86
mercaptopurine	30	midazolam hcl	13
MERZEE	86	midazolam hcl/pf	13
mesalamine	101	midodrine hcl	53
MESNEX	36	miglitol	47
metadate er	63	miglustat	77
metaxalone	114	MILI	86
metformin hcl	47	mimvey	89
metformin hcl (500 mg tab er 24h, 750 mg tab er 24h) (generic for glucophage xr)	47	minitran	61
methadone hcl	9,10	minocycline hcl	18
methadone intensol	10	minoxidil	61
methadose	10	mirtazapine	22
methamphetamine hcl	62	misoprostol	77
methazolamide	107	modafinil	115
methenamine hippurate	15	moexipril hcl	54
methimazole	92	mometasone furoate	69,108
METHITEST	81	mondoxyne nl	18
methocarbamol	114	MONO-LINYAH	86
methotrexate sodium	97	montelukast sodium	109
methotrexate sodium/pf	97	morphine sulfate	10,12
methoxsalen	70	MOTEGRITY	75
methscopolamine bromide	75	MOTOFEN	76
methsuximide	20	MOUNJARO	47
methyldopa	53	MOVANTIK	75
methylergonovine maleate	79	MOXATAG	16
methylphenidate	63	moxifloxacin hcl	17,105
methylphenidate hcl	63	MULPLETA	51
methylprednisolone	80	MULTAQ	55
methyltestosterone	81	multivitamin combination no.51/ferrous fumarate/folic acid	74
metoclopramide hcl	24	mupirocin 2% ointment	72
metolazone	60	MY CHOICE	90
metoprolol succinate	55	MY WAY	90
metoprolol tartrate	55	MYALEPT	76
metoprolol tartrate/hydrochlorothiazide	58	MYCAPSSA	91
metronidazole	15	mycophenolate mofetil	97
mexiletine hcl	55	mycophenolate sodium	97
MIBELAS 24 FE	86	myorisan	67
miconazole nitrate	26	MYRBETRIQ	79
MICROGESTIN	86	MYTESI	75

N

nabumetone	9	NICOTROL	14
nadolol	55	NICOTROL NS	14
naftifine hcl	26	nifedipine	56
naloxone hcl	14	nifedipine (10 mg capsule, 20 mg capsule)	56
naltrexone hcl	13	NIKKI	86
naproxen	9	nilutamide	30
naproxen sodium	9	nimodipine	56
naratriptan hcl	28	NINLARO	31
NATACYN	105	nisoldipine	56
NATAZIA	86	nitazoxanide	37
nateglinide	47	nitisinone	78
NAYZILAM	21	NITRO-BID	61
nebivolol hcl	56	NITRO-DUR	61
nebusal	113	nitro-time	61
NECON	86	nitrofurantoin macrocrystal	15
nefazodone hcl	23	nitrofurantoin monohydrate/macrocrys	15
neo-polycin	104	nitroglycerin	61
neo-polycin hc	104	NITROMIST	62
neomycin sulfate	14	NITYR	78
neomycin sulfate/bacitracin zinc/polymyxin b/hydrocortisone	104	niva thyroid	91
neomycin sulfate/bacitracin/polymyxin b	104	NIVA-PLUS	74
neomycin sulfate/polymyxin b sulfate/gramicidin d	104	NIVESTYM	52
neomycin sulfate/polymyxin b sulfate/hydrocortisone	104, 108	nizatidine	76
neomycin/polymyxin b sulfate/dexamethasone	104	NORA-BE	90
NERLYNX	34	NORDITROPIN FLEXPRO	81
neuac	67	norethindrone	90
NEULASTA	52	norethindrone acetate	90
NEULASTA ONPRO	52	norethindrone acetate-ethinyl estradiol	86
NEUPOGEN	52	norethindrone acetate-ethinyl estradiol/ferrous fumarate	86
NEUPRO	37	norethindrone-ethinyl estradiol/ferrous fumarate	86
NEVANAC	106	norgestimate-ethinyl estradiol	87
nevirapine	42	NORLYDA	90
NEW DAY	90	NORPACE CR	55
niacin	61	NORTREL	87
niacor	61	nortriptyline hcl	24
nicardipine hcl	56	NORVIR	44
NICOTINE (GUM, LOZENGE, PATCH)	14	NOURIANZ	37
		NOVAREL	81
		np thyroid	91
		NUBEQA	30

NUCALA	113	OPSUMIT	111
NUCYNTA ER	10	OPTION 2	90
NUEDEXTA	64	ORALAIR	113
NURTEC ODT	27	oralone	66
nyamyc	26	ORAVIG	26
NYLIA	87	ORENCIA	94
NYMYO	87	ORENCIA CLICKJECT	94
nystatin	26	ORFADIN	78
nystatin/triamcinolone acetonide	70	ORGOVYX	92
nystop	26	ORIAHNN	81
NYVEPRIA	52	ORILISSA	92
O		ORKAMBI	111
OCALIVA	76	ORLADEYO	92
OCELLA	87	orphenadrine citrate	114
octreotide acetate	92	ORSERDU	30
ODACTRA	113	ORSYTHIA	87
ODEFSEY	42	oseltamivir phosphate	44
ODOMZO	34	OSENI	47
OFEV	112	OSMOPREP	75
ofloxacin	17,105	OTEZLA	70
olanzapine	39	oxandrolone	81
olanzapine/fluoxetine hcl	22	oxaprozin	9
olmesartan medoxomil	54	oxazepam	45
olmesartan medoxomil/amlodipine besylate/hydrochlorothiazide	58	oxcarbazepine	21
olmesartan medoxomil/hydrochlorothiazide	58	OXERVATE	104
olopatadine hcl	105,109	oxiconazole nitrate	26
OMECLAMOX-PAK	76	OXTELLAR XR	21
omega-3 acid ethyl esters	61	oxybutynin chloride	79
omeprazole	77	oxycodone hcl	12
OMNARIS	108	oxycodone hcl 100 mg/5 ml conc.	12
OMNIPOD 5 G6 INTRO KIT (GEN 5)	103	oxycodone hcl/acetaminophen	12
OMNIPOD 5 G6 PODS (GEN 5) 5PK	103	oxymorphone hcl	10
OMNIPOD DASH INTRO KIT (GEN 4)	103	OZEMPIC	47
OMNIPOD DASH PODS (GEN 4) 5PK	103	OZEMPIC 0.25-0.5 MG/DOSE PEN (2MG/1.5ML)	47
ondansetron hcl	25	OZEMPIC 0.25-0.5 MG/DOSE PEN (2MG/3ML)	47
ondansetron odt (4 mg tablet, 8 mg tablet)	25	P	
ONUREG	31	pacerone	55
OPCICON ONE-STEP	90	paliperidone	39
opium tincture	76	PALYNZIQ	78
		PANRETIN	36

pantoprazole sodium.....	77	phytonadione (vit k1).....	53
paricalcitol.....	102	PIFELTRO.....	42
paroex.....	66	pilocarpine hcl.....	66,107
paromomycin sulfate.....	14	pimecrolimus.....	69
paroxetine hcl.....	23	pimozide.....	38
PASER.....	29	PIMTREA.....	87
pazopanib hcl.....	34	pindolol.....	56
PEDIA IRON.....	74	pioglitazone hcl.....	47
PEDIARIX.....	99	pioglitazone hcl/glimepiride.....	47
PEDIATRIC FE-VITE.....	74	pioglitazone hcl/metformin hcl.....	47
PEDVAXHIB.....	99	PIQRAY.....	34
peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride.....	76	pirfenidone.....	112
peg 3350/sodium sulfate/sod chloride/kcl/ascorbate sod/vit c.....	76	PIRMELLA.....	87
PEGASYS.....	95	piroxicam.....	9
PEMAZYRE.....	34	PLEGRIDY.....	65,66
penciclovir.....	72	PLEGRIDY PEN.....	66
penicillamine.....	79	PLENVU.....	76
penicillin v potassium.....	16	PNEUMOVAX 23.....	99
PENTACEL.....	99	podofilox.....	71
PENTACEL ACTHIB COMPONENT.....	99	polycin.....	104
PENTACEL DTAP-IPV COMPONENT.....	99	polymyxin b sulfate(trimethoprim).....	105
pentamidine isethionate.....	37	POMALYST.....	30
PENTASA.....	101	PORTIA.....	87
pentoxifylline.....	58	posaconazole.....	26
pepcid.....	76	potassium chloride.....	72
perindopril erbumine.....	54	potassium citrate.....	72
periogard.....	66	PRADAXA.....	51
permethrin.....	71	PRALUENT PEN.....	61
perphenazine.....	25	pramipexole di-hcl.....	37
perphenazine/amitriptyline hcl.....	22	prasugrel hcl.....	53
phenelzine sulfate.....	23	pravastatin sodium.....	60
phenobarbital.....	20	praziquantel.....	36
phenoxybenzamine hcl.....	53	prazosin hcl.....	53
phenylephrine hcl/promethazine hcl.....	113	prednicarbate.....	69
phenytoin.....	21	prednisolone.....	80
phenytoin sodium extended.....	21	prednisolone acetate.....	106
PHEXXI.....	79	prednisolone sodium phosphate.....	80,106
PHILITH.....	87	prednisone.....	80
PHOSLYRA.....	73	prednisone intensol.....	80
		pregabalin.....	64
		PREGNYL.....	81

PREHEVBARIO	99	propranolol hcl	56
PREMARIN	87	propranolol hcl/hydrochlorothiazide	58
PREMPHASE	87	propylthiouracil	92
PREMPRO	87	PROQUAD	99
PRENATAL VITAMINS (NO DHA, FOLIC ACID - LESS THAN 1MG)	74	protriptyline hcl	24
prevalite	61	psorcon	69
PREVIFEM	87	PULMICORT FLEXHALER	108
PREVNAR 13	99	pulmosal	113
PREVNAR 20	99	PULMOZYME	111
PREVYMIS	41	PURIXAN	31
PREZCOBIX	44	pyrazinamide	29
PREZISTA	44	pyridostigmine bromide	28
PRIFTIN	29	pyrimethamine	37
primaquine phosphate	37	PYRUKYND	52
primidone	20		
PRIMSOL	15		
PRIORIX	99		
PROAIR RESPICLICK	110		
probenecid	27	QBREXZA	71
probenecid/colchicine	27	QINLOCK	31
prochlorperazine	25	QTERN	47
prochlorperazine maleate	25	QUADRACEL DTAP-IPV	99
PROCIT	52	quetiapine fumarate	39
procto-med hc	69	quinapril hcl	54
procto-pak	69	quinapril hcl/hydrochlorothiazide	58
PROCTOFOAM-HC	69	quinidine gluconate	55
proctosol-hc	69	quinidine sulfate	55
protozone-hc	69	quinine sulfate	37
PROSYSBI	78	QULIPTA	27
progesterone	90	QVAR REDIHALER	108
progesterone, micronized	90		
PROLENSA	106		
PROMACTA	52		
promethazine hcl	25,109	rabeprazole sodium	77
promethazine hcl/codeine	113	RADICAVA ORS	64
promethazine hcl/dextromethorphan hbr	113	RAGWITEK	113
promethazine/phenylephrine hcl/codeine	113	raloxifene hcl	91
promethegan	25	ramelteon	114
propafenone hcl	55	ramipril	54
proparacaine hcl	104	ranolazine	58
		rasagiline mesylate	38
		RAVICTI	78
		REBIF	66
		REBIF REBIDOSE	66

RECLIPSEN	87	ROTATEQ	100
RECOMBIVAX HB	100	roweepra	19
RECTIV	62	ROZLYTREK	34
refissa	71	RUBRACA	34
REGRANEX	71	rufinamide	21
RELENZA	44	RUKOBIA	43
RELEUKO	52	RYBELSUS	47
RELYVRIA	64	RYDAPT	34
repaglinide	47		
REPATHA PUSHTRONEX	61		
REPATHA SURECLICK	61	SAJAZIR	92
REPATHA SYRINGE	61	SANCUSO	25
RESTASIS	104	SANDIMMUNE	98
RESTASIS MULTIDOSE	104	SANTYL	71
RETACRIT	52	sapropterin dihydrochloride	78
RETEVMO	34	SAVAYSA	51
REVCORI	78	SAVELLA	64,65
REXULTI	40	saxagliptin hcl	47
REYATAZ	44	saxagliptin hcl/metformin hcl	47
REYVOW	28	SCEMBLIX	34
REZLIDHIA	34	scopolamine	25
REZUROCK	97	SECUADO	40
RHOPRESSA	107	SEGLUROMET	47
ribavirin	41	selegiline hcl	38
RIDAURA	94	selenium sulfide	69
rifabutin	29	SELZENTRY	43
rifampin	29	SEREVENT DISKUS	110
riluzole	64	sertraline hcl	23
rimantadine hcl	44	SETLAKIN	87
RINVOQ	94	sevelamer carbonate	73
risedronate sodium	102	sevelamer hcl	73
risperidone	40	SHAROBEL	90
ritonavir	44	SHINGRIX	100
rivastigmine	22	SIGNIFOR	92
rivastigmine tartrate	22	SIKLOS	31
RIVELSA	87	sildenafil citrate	112
rizatriptan benzoate	28	silodosin	79
roflumilast	111	silvadene	71
ropinirole hcl	37,38	silver sulfadiazine	71
rosuvastatin calcium	60	SIMBRINZA	107
ROTARIX	100	SIMLIYA	87

S

SAJAZIR	92
SANCUSO	25
SANDIMMUNE	98
SANTYL	71
sapropterin dihydrochloride	78
SAVAYSA	51
SAVELLA	64,65
saxagliptin hcl	47
saxagliptin hcl/metformin hcl	47
SCEMBLIX	34
scopolamine	25
SECUADO	40
SEGLUROMET	47
selegiline hcl	38
selenium sulfide	69
SELZENTRY	43
SEREVENT DISKUS	110
sertraline hcl	23
SETLAKIN	87
sevelamer carbonate	73
sevelamer hcl	73
SHAROBEL	90
SHINGRIX	100
SIGNIFOR	92
SIKLOS	31
sildenafil citrate	112
silodosin	79
silvadene	71
silver sulfadiazine	71
SIMBRINZA	107
SIMLIYA	87

SIMPESSE	87	STIMUFEND	52
simvastatin	60	STIOLTO RESPIMAT	114
sirolimus	98	STIVARGA	35
SIRTURO	29	STRENSIQ	78
SIVEXTRO	15	STRIBILD	42
SKYRIZI	94	subvenite	19
SKYRIZI (2 SYRINGES) KIT	94	subvenite (blue)	19
SKYRIZI ON-BODY	94	SUCRAID	78
SKYRIZI PEN	94	sucralfate	77
SLYND	90	sulconazole nitrate	26
sodium chloride for inhalation	113	sulfacetamide sodium	17,105
sodium chloride/sodium bicarbonate/potassium chloride/peg	76	sulfacetamide sodium/prednisolone sodium phosphate	104
sodium oxybate	115	sulfadiazine	17
sodium phenylbutyrate	78	sulfamethoxazole(trimethoprim)	17
sodium polystyrene sulfonate	73	SULFAMYLYON	72
sofosbuvir/velpatasvir	41	sulfasalazine	101
solifenacin succinate	79	sulindac	9
SOLTAMOX	30	sumatriptan	28
SOLU-CORTEF	69	sumatriptan succinate	28
SOMAVERT	92	sunitinib malate	35
sorafenib tosylate	34	SUNLENCA	43
sorine	55	SUNOSI	115
sotalol af	55	SUPREP	76
sotalol hcl	55	SUTAB	76
SOTYKTU	94	SYEDA	87
spinosad	71	SYMBICORT	114
SPIRIVA HANDIHALER	109	SYMDEKO	111
SPIRIVA RESPIMAT	109	SYMJEPI	110
spironolactone	59	SYMPAZAN	20
spironolactone/hydrochlorothiazide	59	SYMPROIC	75
SPRINTEC	87	SYMTUZA	44
SPRYCEL	34	SYNAREL	92
SPS	73	SYNJARDY	48
sps	74	SYNJARDY XR	48
SRONYX	87	SYNRIBO	31
ssd	71		
stavudine	43	T	
STEGLATRO	47	TABLOID	31
STEGLUJAN	47	TABRECTA	35
STELARA	94	tacrolimus	69,98

tadalafil.....	79,112	tetanus and diphtheria toxoids, adult.....	100
TAFINLAR.....	35	tetanus,diphtheria toxoid ped/pf.....	100
tafluprost/pf.....	107	tetrabenazine.....	64
TAGRISSO.....	35	tetracycline hcl.....	18
TAKE ACTION.....	90	TEXACORT.....	69
TAKHZYRO.....	92,93	THALOMID.....	30
TALICIA.....	76	theophylline anhydrous.....	111
TALTZ AUTOINJECTOR.....	95	THIOLA EC.....	79
TALTZ AUTOINJECTOR (2 PACK).....	95	thioridazine hcl.....	39
TALTZ AUTOINJECTOR (3 PACK).....	95	thiothixene.....	39
TALTZ SYRINGE.....	95	thyroid,pork.....	91
TALZENNA.....	35	tiadylt er.....	57
tamoxifen citrate.....	30	tiagabine hcl.....	20
tamsulosin hcl.....	79	TIBSOVO.....	35
TARINA 24 FE.....	87	TIGLUTIK.....	64
TARINA FE.....	87	TILIA FE.....	88
TARINA FE 1-20 EQ.....	87	timolol maleate.....	56,107
TASIGNA.....	35	tinidazole.....	15
tasimelteon.....	114	tiopronin.....	79
TAYSOFY.....	87	TIVICAY.....	42
tazarotene.....	67	TIVICAY PD.....	42
taztia xt.....	57	tizanidine hcl.....	40
TAZVERIK.....	31	TOBRADEX.....	104
TEGSEDI.....	78	TOBRADEX ST.....	104
telmisartan.....	54	tobramycin.....	105
telmisartan/hydrochlorothiazide.....	59	tobramycin in 0.225 % sodium chloride.....	111
temazepam.....	115	tobramycin/dexamethasone.....	104
temozolomide.....	29	TOBREX.....	105
tencon.....	64	TODAY CONTRACEPTIVE SPONGE.....	79
TENIVAC.....	100	tolcapone.....	37
tenofovir disoproxil fumarate.....	43	tolmetin sodium.....	9
TEPMETKO.....	35	tolterodine tartrate.....	79
terazosin hcl.....	54	tolvaptan.....	73
terbinafine hcl.....	26	topiramate.....	19
terbutaline sulfate.....	110	toremifene citrate.....	30
terconazole.....	26	torsemide.....	59
teriflunomide.....	66	TOUJEO MAX SOLOSTAR.....	50
teriparatide.....	102	TOUJEO SOLOSTAR.....	50
testosterone.....	81	TRACLEER.....	112
testosterone cypionate.....	81	TRADJENTA.....	48
testosterone enanthate.....	81	tramadol hcl.....	10,12

tramadol hcl/acetaminophen.....	13	trimipramine maleate.....	24
trandolapril.....	54	TRINTELLIX.....	24
tranexamic acid.....	53	tritocin.....	69
tranylcypromine sulfate.....	23	TRIUMEQ.....	43
travoprost.....	107	TRIUMEQ PD.....	43
trazodone hcl.....	24	TRIVORA-28.....	88
TRECATOR.....	29	tropicamide.....	104
TRELEGY ELLIPTA.....	114	trospium chloride.....	79
TREMFYA.....	95	TRULICITY.....	48
TRESIBA.....	50	TRUMENBA.....	100
TRESIBA FLEXTOUCH U-100.....	50	TRUSELTIQ.....	35
TRESIBA FLEXTOUCH U-200.....	50	TUKYSA.....	35
tretinoin.....	36,67	TURALIO.....	35
tretinoin/emollient base.....	71	TWINRIX.....	100
TRI FEMYNOR.....	88	TWIRLA.....	88
TRI-ESTARYLLA.....	88	TYBLUME.....	88
TRI-LEGEST FE.....	88	TYBOST.....	43
TRI-LINYAH.....	88	TYDEMY.....	88
TRI-LO-ESTARYLLA.....	88	TYMLOS.....	102
TRI-LO-MARZIA.....	88	TYVASO.....	112
TRI-LO-MILI.....	88	TYVASO DPI.....	112
TRI-LO-SPRINTEC.....	88	TYVASO INSTITUTIONAL START KIT.....	112
TRI-MILI.....	88	TYVASO REFILL KIT.....	112
TRI-NYMYO.....	88	TYVASO STARTER KIT.....	112
TRI-PREVIFEM.....	88		
TRI-SPRINTEC.....	88	U	
TRI-VYLIBRA.....	88	UDENYCA.....	52
TRI-VYLIBRA LO.....	88	UDENYCA AUTOINJECTOR.....	52
triamcinolone acetonide.....	66,69	UKONIQ.....	31
triamterene/hydrochlorothiazide.....	59	ULESFIA.....	71
trianex.....	69	UPNEEQ.....	107
triazolam.....	115	UPTRAVI.....	112
triderm.....	69	ursodiol.....	76
trientine hcl.....	73		
trifluoperazine hcl.....	39	V	
trifluridine.....	105	valacyclovir hcl.....	44
trihexyphenidyl hcl.....	37	VALCHLOR.....	29
TRIJARDY XR.....	48	valganciclovir hcl.....	41
TRIKAFTA.....	111	valproic acid.....	19
trimethobenzamide hcl.....	25	valproic acid (as sodium salt) (valproate sodium).....	19
trimethoprim.....	15	valsartan.....	54

valsartan/hydrochlorothiazide	59	vtol Iq	64
VALTOCO	20	VUMERITY	66
vanadom	114	VYFEMLA	88
vancomycin hcl	15	VYLIBRA	88
VAQTA	100	VYNDAMAX	59
varenicline tartrate	14	VYNDAQEL	59
VARIVAX VACCINE	100	VYZULTA	107
VARUBI	25		
VAXELIS	100		
VAXNEUVANCE	100		
VCF	80		
VELIVET	88		
VELPHORO	73		
VELTASSA	74		
VEMLIDY	41		
VENCLEXTA	35		
VENCLEXTA STARTING PACK	35		
venlafaxine hcl	24	XALKORI	35
verapamil hcl	57	XARELTO	51
VERSACLOZ	40	XCOPRI	19,20
VERZENIO	35	XELJANZ	95
VESTURA	88	XELJANZ XR	95
VIBERZI	75	XELPROS	107
VICTOZA 2-PAK	48	XEMBIFY	93
VICTOZA 3-PAK	48	XEPI	72
VIENVA	88	XIFAXAN	75
vigabatrin	20	XIGDUO XR	48
VIGADRONE	20	XiIDRA	104
VIIBRYD	24	XOLAIR	95
vilazodone hcl	24	XOSPATA	35
VIORELE	88	XPOVIO	31
VIRACEPT	44	XTAMPZA ER	10
VIREAD	43	XTANDI	30
VISTOGARD	78	XULANE	89
VITRAKVI	35	XURIDEN	78
VIZIMPRO	35	XYWAV	115
VOLNEA	88		
VONJO	36		
voriconazole	26		
VOSEVI	41		
VRAYLAR	40		

W

WAKIX	115
warfarin sodium	51
WEE CARE	74
WELIREG	31
WERA	88
WYMZYA FE	89

X

XALKORI	35
XARELTO	51
XCOPRI	19,20
XELJANZ	95
XELJANZ XR	95
XELPROS	107
XEMBIFY	93
XEPI	72
XIFAXAN	75
XIGDUO XR	48
XiIDRA	104
XOLAIR	95
XOSPATA	35
XPOVIO	31
XTAMPZA ER	10
XTANDI	30
XULANE	89
XURIDEN	78
XYWAV	115

Y

YONSA	30
yuvafem	89

Z

ZAFEMY.....	89
zafirlukast.....	109
zaleplon.....	115
ZARAH.....	89
ZARXIO.....	52
ZEGALOGUE AUTOINJECTOR.....	48
ZEGALOGUE SYRINGE.....	48
ZEJULA.....	35
ZELAPAR.....	38
ZELBORAF.....	35
zenatane.....	67
ZENPEP.....	78
zenzedi.....	62
ZEPOSIA.....	66
ZERVIATE.....	105
ZETONNA.....	109
zidovudine.....	43
ZIEXTENZO.....	52
zileuton.....	109
ZIMHI.....	14
ziprasidone hcl.....	40
ZIRGAN.....	105
ZOLINZA.....	32
zolmitriptan.....	28
zolpidem tartrate.....	115
zomig.....	28
zonisamide.....	21
ZONTIVITY.....	51
ZOVIA 1-35.....	89
ZOVIA 1-35E.....	89
ZTALMY.....	20
ZUMANDIMINE.....	89
ZYCLARA.....	71
ZYDELIG.....	36
ZYKADIA.....	36
ZYLET.....	104

Category Listing

ANALGESICS.....	8
ANESTHETICS.....	13
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS.....	13
ANTIBACTERIALS.....	14
ANTICONVULSANTS.....	18
ANTICONVULSANTS, OTHER.....	21
ANTIDEMENTIA AGENTS.....	21
ANTIDEPRESSANTS.....	22
ANTIEMETICS.....	24
ANTIFUNGALS.....	25
ANTIGOUT AGENTS.....	27
ANTIMIGRAINE AGENTS.....	27
ANTIMYASTHENIC AGENTS.....	28
ANTIMYCOBACTERIALS.....	29
ANTINEOPLASTICS.....	29
ANTIPARASITICS.....	36
ANTIPARKINSON AGENTS.....	37
ANTIPSYCHOTICS.....	38
ANTISPASTICITY AGENTS.....	40
ANTIVIRALS.....	41
ANXIOLYTICS.....	45
BIPOLAR AGENTS.....	45
BLOOD GLUCOSE REGULATORS.....	46
BLOOD PRODUCTS AND MODIFIERS.....	50
CARDIOVASCULAR AGENTS.....	53
CENTRAL NERVOUS SYSTEM AGENTS.....	62
DENTAL AND ORAL AGENTS.....	66
DERMATOLOGICAL AGENTS.....	66
ELECTROLYTES/MINERALS/METALS/VITAMINS.....	72
GASTROINTESTINAL AGENTS.....	74
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT.....	77
GENITOURINARY AGENTS.....	78
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL).....	80
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY).....	80
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS).....	81
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID).....	91
HORMONAL AGENTS, SUPPRESSANT (ADRENAL).....	91
HORMONAL AGENTS, SUPPRESSANT (PITUITARY).....	91
HORMONAL AGENTS, SUPPRESSANT (THYROID).....	92
IMMUNOLOGICAL AGENTS.....	92
INFLAMMATORY BOWEL DISEASE AGENTS.....	101
METABOLIC BONE DISEASE AGENTS.....	101
MISCELLANEOUS.....	102
MISCELLANEOUS THERAPEUTIC AGENTS.....	102
OPHTHALMIC AGENTS.....	103

OTIC AGENTS.....	107
RESPIRATORY TRACT/PULMONARY AGENTS.....	108
SKELETAL MUSCLE RELAXANTS	114
SLEEP DISORDER AGENTS.....	114