

Providence prescription drug coverage

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 medications.

Know more, save more

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

When you require a prescription, be sure to let your doctor know cost matters to you. Choosing a generic when possible can help manage your costs.

Retail pharmacies

You have access to more than 25,000 participating pharmacies nationwide at discounted rates. Search the [provider directory](#) to locate participating pharmacies near you.

Maintenance drugs

Maintenance medications 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 medication is available through participating mail-order pharmacies, as well as through preferred retail pharmacies. Your 90-day supply copay or coinsurance applies. Not all covered prescription drugs are available in a 90-day supply.

Learn more about [mail-order pharmacies](#) and [preferred retail pharmacies](#).

Specialty drugs

Specialty drugs are prescriptions that require special delivery, handling, administration and monitoring by your pharmacist. These drugs are listed in the Providence formulary with a status of "Specialty," and are available through Providence Specialty Pharmacy Services.

Learn more about [specialty drugs](#).

Generic drugs

Making the switch from brand to generic medication can save you money. 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.

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. The FDA assures

sameness between brand-name and generic equivalent products. Generic equivalents are an important option to brand-name prescription drugs because they cost less.

Example: Zocor®, a brand-name drug commonly used to treat high cholesterol, is now available in generic form under the name simvastatin. Zocor® and simvastatin 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 medication 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.

Example: Simvastatin, the generic form of Zocor®, may be prescribed instead of Crestor® in the treatment of high cholesterol. Generic alternatives are an important option for prescription drugs for which there is no generic available.

Visit the [Consumer Reports Best-Buy Drug](#) website for more information regarding safe and effective drug treatment options.

The Providence formulary

Your prescription drug plan provides coverage for medications listed on the Providence [formulary](#). Developed in collaboration with Providence Health Plans, physicians and pharmacists, the formulary includes FDA-approved prescription generic, brand-name and specialty medications. The formulary can help you and your physician choose effective, quality medications that minimize your out-of-pocket expense.

Search the formulary

There are two ways to search the formulary. They include:

1. By medical condition category (e.g., drugs used to treat heart conditions are listed under the category, *Cardiovascular Agents*); and
2. By index (provides an alphabetical listing of drugs included in the formulary).

Formulary updates

The formulary is updated every two months. Providence's Oregon Regional Pharmacy and Therapeutics committee (comprised of doctors 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 Providence Health Plan prescription drug coverage will not change during the year unless:

- The medication becomes available in generic form;
- There are safety or effectiveness concerns raised about the prescription drug; or
- The Pharmacy and Therapeutics committee determines that changes to the formulary would be in the best overall interest of Providence Health Plan members.

If a change to the formulary results in a reduction of benefits or an increase in member copay, affected individuals are notified in writing.

Formulary brand-name drugs

The Providence formulary includes prescription drugs that are proven safe, effective and that offer value. Refer to your benefit summary for your brand-name drug copay or coinsurance amount. 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.

Non-approved drugs

Your prescription drug benefit covers only FDA-approved prescription drugs. It is possible for medications to be on the market without FDA approval. The FDA is taking action to ensure these drugs become approved or are removed from the market. In the meantime, many remain on pharmacy shelves. If the drug you are taking is not FDA approved, know that there are likely approved prescription drugs available to treat your condition. We encourage you to discuss alternative medications with your doctor. Should you and your doctor determine that there is no covered alternative and you choose to continue to take a medication that is not FDA approved, your health plan will not cover that expense.

More information regarding medications that are not FDA approved can be found on our website, in the related [article](#) and in the [FAQ](#) document, which includes links to the FDA website. You may also call the Providence Health Plan pharmacy team for more information and to discuss potential alternatives.

Prior authorization

Prior authorization is a process to review a prescription drug for coverage before it is dispensed. The prior authorization process is initiated by the prescribing medical provider.

Many factors – including the potential for serious health risks, FDA-approved indications and cost-effectiveness – are considered before making the decision to require prior authorization of a prescription medication. A limited number of medications require prior authorization review; any medications requiring prior authorization are indicated as such in the Providence formulary.

Keep in mind, the formulary may contain other suitable options. You and your doctor 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.

Formulary exceptions

There may be times that you require a medication that is not on the Providence formulary. If you currently take a prescription drug that is not on the formulary, contact customer service to confirm that drug is not covered. If the prescription drug is not covered, your doctor may request a formulary exception.

Step therapy

Step therapy is a form of prior authorization. Its purpose is to confirm if drugs generally considered "first-line" therapy based on clinical evidence already have been tried. If they have, the drug requiring prior authorization will automatically be approved. In the event these drugs are not tried first, cannot be tried first or the individual's prescription medication history is not part of Providence Health Plan claims history, prior authorization is required.

Quantity limit

For certain drugs, Providence Health Plan limits the amount of the drug covered for a specified time frame [e.g., Providence Health Plan provides two inhalers per 30 days for Proair® or Proventil® HFA (albuterol HFA)]. Quantity limits are in place to ensure safe and appropriate use of a drug.

Answers to frequently asked questions

Learn more about your prescription drug coverage by reviewing [answers to frequently asked questions](#).

Providence Health Plan Commercial Formulary

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

Drug Name	Status*	Requirements/Limits
Analgesics		
<i>alagesic lq</i>	Generic	
<i>butalbital/acetaminophen</i>	Generic	
<i>butalbital/acetaminophen/caffeine (capsule, tablet)</i>	Generic	
<i>butalbital/aspirin/caffeine</i>	Generic	
<i>capacet</i>	Generic	
<i>tencon 50-325 mg tablet</i>	Generic	
<i>vanatol lq</i>	Generic	
Nonsteroidal Anti-inflammatory Drugs		
<i>celecoxib (50 mg capsule, 100 mg capsule, 200 mg capsule)</i>	Generic	PA, QL (2 PER DAY)
<i>celecoxib 400 mg capsule</i>	Generic	PA, QL (1 PER DAY)
<i>diclofenac potassium</i>	Generic	
<i>diclofenac sodium (25 mg tablet dr, 50 mg tablet dr, 75 mg tablet dr, 100 mg tab er 24h)</i>	Generic	
<i>diflunisal</i>	Generic	
<i>etodolac (200 mg capsule, 300 mg capsule, 400 mg tab er 24h, 400 mg tablet, 500 mg tablet, 500 mg tab er 24h, 600 mg tab er 24h)</i>	Generic	
<i>fenoprofen calcium 600 mg tablet</i>	Generic	
<i>flurbiprofen (50 mg tablet, 100 mg tablet)</i>	Generic	
<i>ibuprofen (400 mg tablet, 600 mg tablet, 800 mg tablet)</i>	Generic	
<i>ibuprofen/oxycodone hcl</i>	Generic	
<i>indomethacin (25 mg capsule, 50 mg capsule, 75 mg capsule er)</i>	Generic	
<i>ketoprofen (50 mg capsule, 75 mg capsule, 200 mg cap24h pel)</i>	Generic	

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

Providence Health Plan Commercial Formulary

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Drug Name	Status*	Requirements/Limits
<i>ketorolac tromethamine 10 mg tablet</i>	Generic	
<i>meclofenamate sodium (50 mg capsule, 100 mg capsule)</i>	Generic	
<i>meloxicam (7.5 mg tablet, 7.5 mg/5ml oral susp, 15 mg tablet)</i>	Generic	
<i>nabumetone (500 mg tablet, 750 mg tablet)</i>	Generic	
NAPRELAN CR 500 MG TABLET	BRAND	
<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>naproxen sodium 500 mg tbmp 24hr</i>	BRAND	
<i>oxaprozin</i>	Generic	
<i>piroxicam (10 mg capsule, 20 mg capsule)</i>	Generic	
<i>sulindac (150 mg tablet, 200 mg tablet)</i>	Generic	
<i>tolmetin sodium</i>	Generic	

Opioid Analgesics, Long-acting

<i>fentanyl (12 mcg/hr patch td72, 25mcg/hr patch td72, 50mcg/hr patch td72, 75mcg/hr patch td72, 100 mcg/hr patch td72)</i>	Generic	QL (15 PER 30 DAYS)
<i>levorphanol tartrate 2 mg tablet</i>	Generic	
<i>methadone hcl (5 mg/5 ml solution, 5 mg tablet, 10 mg/5 ml solution, 10 mg/ml oral conc, 10 mg tablet, 40 mg tablet sol)</i>	Generic	
<i>methadone intensol</i>	Generic	
<i>methadose 40 mg tablet dispr</i>	Generic	
<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	

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Drug Name	Status*	Requirements/Limits
<i>oxycodone hcl (10 mg tab er 12h, 20 mg tab er 12h, 40 mg tab er 12h, 80 mg tab er 12h)</i>	Generic	PA, QL (90 PER 30 DAYS)
OXYCONTIN (15 MG TABLET, 30 MG TABLET, 60 MG TABLET)	BRAND	PA, QL (90 PER 30 DAYS)
<i>tramadol hcl (100 mg tbmp 24hr, 100 mg tab er 24h, 200 mg tbmp 24hr, 200 mg tab er 24h, 300 mg tab er 24h, 300 mg tbmp 24hr)</i>	Generic	

Opioid Analgesics, Short-acting

<i>acetaminophen with codeine phosphate (120-12mg/5 solution, 300mg/12.5 solution)</i>	Generic	PA
<i>acetaminophen with codeine phosphate (300mg-30mg tablet, 300mg-60mg tablet, 300mg-15mg tablet)</i>	Generic	PA (For ages 5 and under)
<i>ascomp with codeine</i>	Generic	PA (For ages 5 and under)
<i>butalbit/acetamin/caff/codeine 50-325-30 capsule</i>	Generic	
<i>butorphanol tartrate 10 mg/ml spray</i>	Generic	
<i>co-gesic</i>	Generic	
<i>codeine phosphate/butalbital/aspirin/caffeine</i>	Generic	PA (For ages 5 and under)
<i>codeine phosphate/carisoprodol/aspirin</i>	Generic	PA (For ages 5 and under)
<i>codeine sulfate (15 mg tablet, 30 mg tablet, 60 mg tablet)</i>	Generic	PA (For ages 5 and under)
<i>dhcodeine bt/acetaminophn/caff 32-713-60 tablet</i>	Generic	
<i>endocet (5-325 tablet, 7.5-325 mg tablet, 7.5-500 mg tablet, 10-325 mg tablet, 10-650 mg tablet)</i>	Generic	
<i>endodan</i>	Generic	

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Drug Name	Status*	Requirements/Limits
<i>hydrocodone bitartrate/acetaminophen (2.5-167/5 solution, 2.5-500 mg tablet, 5 mg-325mg tablet, 5 mg-500mg tablet, 5-334mg/10 solution, 7.5-500/15 solution, 7.5-750mg tablet, 7.5-325/15 solution, 7.5-325mg tablet, 7.5-650 mg tablet, 7.5-500mg tablet, 10-660mg tablet, 10-750mg tablet, 10mg-650mg tablet, 10mg-500mg tablet, 10mg-325mg tablet)</i>	Generic	
<i>hydrocodone/ibuprofen</i>	Generic	
<i>hydromorphone hcl (1 mg/ml liquid, 2 mg tablet, 3 mg supp.rect, 4 mg tablet, 8 mg tablet)</i>	Generic	
<i>ibudone 5-200 mg tablet</i>	Generic	
<i>lorcet</i>	Generic	
<i>lorcet hd</i>	Generic	
<i>lorcet plus 7.5-325 mg tablet</i>	Generic	
<i>lortab (5-325 mg tablet, 5-500 tablet, 7.5-325 mg tablet, 10-325 mg tablet)</i>	Generic	
<i>meperidine hcl (50 mg tablet, 100 mg tablet)</i>	Generic	
<i>meperitab</i>	Generic	
<i>morphine sulfate (5 mg supp.rect, 10 mg supp.rect, 10 mg/5 ml solution, 15 mg tablet, 20 mg supp.rect, 20 mg/5 ml solution, 30 mg tablet, 30 mg supp.rect, 100 mg/5ml solution)</i>	Generic	
<i>oxycodone hcl (5 mg/5 ml solution, 5 mg capsule, 5 mg tablet, 10 mg tablet, 15 mg tablet, 20 mg/ml oral conc, 20 mg tablet, 30 mg tablet)</i>	Generic	
<i>oxycodone hcl/acetaminophen (5 mg-500mg capsule, 5 mg-325mg tablet, 7.5-325mg tablet, 7.5-500mg tablet, 10mg-650mg tablet, 10mg-325mg tablet)</i>	Generic	
<i>oxycodone hcl/aspirin</i>	Generic	

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Drug Name	Status*	Requirements/Limits
<i>oxymorphone hcl 10 mg tablet</i>	Generic	PA, QL (4 PER DAY)
<i>oxymorphone hcl 5 mg tablet</i>	Generic	PA, QL (8 PER DAY)
<i>reprexain 10-200 mg tablet</i>	Generic	
ROXICET 5-325 ORAL SOLUTION	BRAND	
<i>roxicet 5-325 tablet</i>	Generic	
<i>stagesic</i>	Generic	
<i>tramadol hcl 50 mg tablet</i>	Generic	
<i>tramadol hcl/acetaminophen</i>	Generic	QL (240 PER 30 DAYS)
<i>xylon 10</i>	Generic	

Anesthetics

Local Anesthetics

<i>glydo</i>	Generic	
<i>lidocaine 5 % oint. (g)</i>	Generic	
<i>lidocaine 5%(700mg) adh. patch</i>	Generic	PA, QL (90 PER 30 DAYS)
<i>lidocaine hcl (2 % solution, 2 % jel/pf app, 2 % jel (ml), 4 % solution, 40 mg/ml solution)</i>	Generic	
<i>lidocaine/prilocaine (2.5 %-2.5% cream (g), 2.5 %-2.5% kit)</i>	Generic	
<i>relador pak</i>	Generic	
<i>relador pak plus</i>	Generic	

Anti-Addiction/Substance Abuse Treatment Agents

Alcohol Deterrents/Anti-craving

<i>acamprosate calcium</i>	Generic	
<i>depade</i>	Generic	
<i>disulfiram (250 mg tablet, 500 mg tablet)</i>	Generic	
<i>naltrexone hcl 50 mg tablet</i>	Generic	

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Drug Name	Status*	Requirements/Limits
<i>revia</i>	Generic	
Opioid Antagonists		
<i>buprenorphine hcl (2 mg tab sublingual, 8 mg tab sublingual)</i>	Generic	QL (90 PER 30 DAYS)
<i>buprenorphine hcl/naloxone hcl</i>	Generic	
SUBOXONE (2 MG-0.5 MG FILM, 8 MG-2 MG FILM)	BRAND	
Smoking Cessation Agents		
<i>buprobam</i>	Generic	
CHANTIX	BRAND	
Anti-inflammatory Agents		
Glucocorticoids		
<i>alclometasone dipropionate</i>	Generic	
<i>amcinonide 0.1 % cream (g)</i>	Generic	
<i>anusol-hc 2.5% cream</i>	Generic	
<i>apexicon</i>	Generic	
<i>apexicon e</i>	Generic	
<i>betamethasone dipropionate (0.05 % lotion, 0.05 % gel (gram), 0.05 % cream (g), 0.05 % oint. (g))</i>	Generic	
<i>betamethasone dipropionate/propylene glycol (0.05 % cream (g), 0.05 % oint. (g), 0.05 % lotion)</i>	Generic	
<i>betamethasone valerate (0.1 % cream (g), 0.1 % lotion, 0.1 % oint. (g))</i>	Generic	
<i>clobetasol propionate (0.05 % solution, 0.05 % shampoo, 0.05 % cream (g), 0.05 % foam, 0.05 % oint. (g), 0.05 % gel (gram))</i>	Generic	
<i>clobetasol propionate/emollient base</i>	Generic	
<i>clodan 0.05% shampoo</i>	Generic	

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Drug Name	Status*	Requirements/Limits
<i>cormax</i>	Generic	
<i>cortisone acetate 25 mg tablet</i>	Generic	
<i>desonide (0.05 % lotion, 0.05 % cream (g), 0.05 % oint. (g))</i>	Generic	
<i>desoximetasone</i>	Generic	
<i>diflorasone diacetate</i>	Generic	
<i>fludrocortisone acetate 0.1 mg tablet</i>	Generic	
<i>fluocinolone acetonide (0.01 % cream (g), 0.01 % solution, 0.025 % oint. (g), 0.025 % cream (g))</i>	Generic	
<i>fluocinonide (0.05 % gel (gram), 0.05 % solution, 0.05 % cream (g), 0.05 % oint. (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</i>	Generic	
<i>hydrocortisone (2.5 % lotion, 2.5 % cream (g), 2.5 % oint. (g))</i>	Generic	
<i>hydrocortisone butyrate 0.1 % cream (g)</i>	Generic	
<i>methylprednisolone</i>	Generic	
<i>millipred 5 mg tablet</i>	Generic	
<i>millipred dp</i>	Generic	
<i>neomycin sulfate/polymyxin b sulfate/hydrocortisone (drops susp, solution)</i>	Generic	
<i>nystatin/triamcinolone acetonide</i>	Generic	
<i>oralone</i>	Generic	
<i>prednisolone 15 mg/5 ml solution</i>	Generic	
<i>prednisolone sod phosphate (5 mg/5 ml solution, 10 mg tab rapdis, 15 mg tab rapdis, 15 mg/5 ml solution, 30 mg tab rapdis)</i>	Generic	

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Drug Name	Status*	Requirements/Limits
<i>prednisone (1 mg tablet, 2.5 mg tablet, 5 mg tablet, 5 mg/5 ml solution, 5 mg tab ds pk, 10 mg tablet, 10 mg tab ds pk, 20 mg tablet, 50 mg tablet)</i>	Generic	
<i>prednisone intensol</i>	Generic	
<i>procto-pak</i>	Generic	
<i>proctocream-hc</i>	Generic	
<i>psorcon</i>	Generic	
<i>triamcinolone acetonide (0.025 % cream (g), 0.025 % oint. (g), 0.025 % lotion, 0.1 % lotion, 0.1 % oint. (g), 0.1 % cream (g), 0.1 % paste (g), 0.5 % oint. (g), 0.5 % cream (g))</i>	Generic	
<i>triderm</i>	Generic	

Antibacterials

Aminoglycosides

<i>garamycin 0.3% eye drops</i>	Generic	
<i>gentak</i>	Generic	
<i>gentamicin sulfate (0.1 % oint. (g), 0.1 % cream (g), 0.3 % oint. (g), 0.3 % drops)</i>	Generic	
<i>neomycin sulfate 500 mg tablet</i>	Generic	
TOBI PODHALER	Specialty	
TOBRADEX EYE OINTMENT	BRAND	
<i>tobramycin 0.3 % drops</i>	Generic	
<i>tobramycin in 0.225 % sodium chloride</i>	Generic	LA
TOBREX 0.3% EYE OINTMENT	BRAND	

Antibacterials, Other

<i>acetazol hc</i>	Generic	
<i>acetic acid/aluminum acetate</i>	Generic	

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Drug Name	Status*	Requirements/Limits
<i>acetic acid/hydrocortisone</i>	Generic	
<i>bacitracin 500 unit/g oint. (g)</i>	Generic	
<i>chlorhexidine gluconate 0.12 % mouthwash</i>	Generic	
<i>clindacin etz 1% pledget</i>	Generic	
<i>clindacin p</i>	Generic	
<i>clindamycin hcl (75 mg capsule, 150 mg capsule, 300 mg capsule)</i>	Generic	
<i>clindamycin palmitate hcl</i>	Generic	
<i>clindamycin phosphate (1 % foam, 1 % lotion, 1 % gel (gram), 1 % med. swab, 1 % solution, 2 % cream/appl)</i>	Generic	
<i>cycloserine 250 mg capsule</i>	Generic	
<i>erythromycin ethylsuccinate/sulfisoxazole acetyl</i>	Generic	
<i>linezolid 600 mg tablet</i>	BRAND	
<i>methenamine hippurate</i>	Generic	
<i>metronidazole (0.75 % gel (gram), 0.75 % cream (g), 0.75 % gel w/appl, 0.75 % lotion, 250 mg tablet, 375 mg capsule, 500 mg tablet)</i>	Generic	
MONUROL	BRAND	
<i>mupirocin 2 % oint. (g)</i>	Generic	
<i>nitrofurantoin 25 mg/5 ml oral susp</i>	Generic	
<i>nitrofurantoin macrocrystal (50 mg capsule, 100 mg capsule)</i>	Generic	
<i>nitrofurantoin monohydrate/macrocrystals</i>	Generic	
<i>paroex</i>	Generic	
<i>perio gard</i>	Generic	
<i>rosadan (0.75% gel, 0.75% cream)</i>	Generic	
SIVEXTRO 200 MG TABLET	Specialty	PA

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Drug Name	Status*	Requirements/Limits
<i>tinidazole (250 mg tablet, 500 mg tablet)</i>	Generic	PA
<i>trimethoprim 100 mg tablet</i>	Generic	
<i>vancomycin hcl (125 mg capsule, 250 mg capsule)</i>	Generic	
<i>vandazole</i>	Generic	
<i>vitazol</i>	Generic	
XIFAXAN 200 MG TABLET	BRAND	PA, QL (90 PER 30 DAYS)
XIFAXAN 550 MG TABLET	BRAND	PA, QL (60 PER 30 DAYS)
ZYVOX (100 MG/5 ML SUSPENSION, 600 MG TABLET)	BRAND	

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	
<i>cefdinir (125 mg/5ml susp recon, 250 mg/5ml susp recon, 300 mg capsule)</i>	Generic	
<i>cefprozime 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>ceftibuten (180 mg/5ml susp recon, 400 mg capsule)</i>	Generic	
CEFTIN (125 ML ORAL SUSP, 250 ML ORAL SUSP)	BRAND	
<i>cefuroxime axetil</i>	Generic	
<i>cephalexin (125 mg/5ml susp recon, 250 mg tablet, 250 mg capsule, 250 mg/5ml susp recon, 500 mg tablet, 500 mg capsule)</i>	Generic	

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Drug Name	Status*	Requirements/Limits
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 (200-28.5mg tab chew, 200-28.5/5 susp recon, 250-125 mg tablet, 250-62.5/5 susp recon, 400-57mg tab chew, 400-57mg/5 susp recon, 500-125 mg tablet, 600-42.9/5 susp recon, 875-125 mg tablet, 1000-62.5 tab er 12h)</i>	Generic	
<i>ampicillin trihydrate (250 mg capsule, 500 mg capsule)</i>	Generic	
<i>dicloxacillin sodium</i>	Generic	
<i>penicillin v potassium (125 mg/5ml soln recon, 250 mg tablet, 250 mg/5ml soln recon, 500 mg tablet)</i>	Generic	
Macrolides		
AZASITE	BRAND	
<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	BRAND	PA
E.E.S. 200	BRAND	
ERY-TAB	BRAND	
<i>erygel</i>	Generic	
ERYPED 200	BRAND	
<i>erythromycin base (5 mg/g oint. (g), 250 mg tablet, 250 mg capsule dr, 500 mg tablet)</i>	Generic	

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

Providence Health Plan Commercial Formulary

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

Drug Name	Status*	Requirements/Limits
<i>erythromycin base/ethyl alcohol (2 % solution, 2 % gel (gram))</i>	Generic	
<i>erythromycin ethylsuccinate 400 mg tablet</i>	Generic	
Quinolones		
<i>ciprofloxacin hcl (0.3 % drops, 100 mg tablet, 250 mg tablet, 500 mg tablet, 750 mg tablet)</i>	Generic	
<i>ciprofloxacin/ciprofloxacin hcl 500 mg tbmp 24hr</i>	Generic	
<i>gatifloxacin</i>	Generic	
<i>levofloxacin (0.5 % drops, 250mg/10ml solution, 250 mg tablet, 500 mg tablet, 750 mg tablet)</i>	Generic	
MOXEZA	BRAND	
<i>moxifloxacin hcl 400 mg tablet</i>	Generic	
<i>ofloxacin (0.3 % drops, 200 mg tablet, 300 mg tablet, 400 mg tablet)</i>	Generic	
VIGAMOX	BRAND	
Sulfonamides		
<i>bleph-10</i>	Generic	
<i>silver sulfadiazine 1 % cream (g)</i>	Generic	
<i>sulfacetamide sodium (10 % drops, 10 % suspension)</i>	Generic	
<i>sulfadiazine 500 mg tablet</i>	Generic	
<i>sulfamethoxazole/trimethoprim (200-40mg/5 oral susp, 400mg-80mg tablet, 800-160/20 oral susp, 800-160 mg tablet)</i>	Generic	
<i>sulfamide</i>	Generic	
Tetracyclines		
<i>avidoxy</i>	Generic	

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Providence Health Plan Commercial Formulary

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Drug Name	Status*	Requirements/Limits
<i>demeclocycline hcl</i>	Generic	
<i>doxycycline hyclate (20 mg tablet, 50 mg capsule, 100 mg capsule, 100 mg tablet)</i>	Generic	
<i>doxycycline monohydrate (50 mg capsule, 50 mg tablet, 75 mg tablet, 100 mg tablet, 100 mg capsule, 150 mg tablet)</i>	Generic	
<i>dynacin 100 mg tablet</i>	Generic	
<i>minocycline hcl (50 mg capsule, 75 mg capsule, 100 mg capsule, 100 mg tablet)</i>	Generic	
<i>monodoxine nl (nl 50 mg capsule, nl 100 mg capsule)</i>	Generic	
<i>morgidox 100 mg capsule</i>	Generic	
OCUDOX	BRAND	
<i>tetracycline hcl (250 mg capsule, 500 mg capsule)</i>	Generic	

Anticonvulsants

Anticonvulsants, Other

<i>acetazolamide (125 mg tablet, 250 mg tablet)</i>	Generic	
<i>levetiracetam (100 mg/ml solution, 250 mg tablet, 500 mg/5ml solution, 500 mg tablet, 750 mg tablet, 1000 mg tablet)</i>	Generic	
<i>primidone (50 mg tablet, 250 mg tablet)</i>	Generic	

Calcium Channel Modifying Agents

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

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Providence Health Plan Commercial Formulary

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Drug Name	Status*	Requirements/Limits
LYRICA (20 MG/ML ORAL SOLUTION, 25 MG CAPSULE, 50 MG CAPSULE, 75 MG CAPSULE, 100 MG CAPSULE, 150 MG CAPSULE, 200 MG CAPSULE, 225 MG CAPSULE, 300 MG CAPSULE)	BRAND	PA
<i>zonisamide (25 mg capsule, 50 mg capsule, 100 mg capsule)</i>	Generic	

Gamma-aminobutyric Acid (GABA) Augmenting Agents

DIASTAT	BRAND	
<i>diazepam (5-7.5-10mg kit, 12.5-15-20 kit)</i>	Generic	
<i>diazepam 2.5 mg kit</i>	BRAND	
<i>divalproex sodium</i>	Generic	
<i>gabapentin (100 mg capsule, 250 mg/5ml solution, 300 mg capsule, 400 mg capsule, 600 mg tablet, 800 mg tablet)</i>	Generic	
GABITRIL (12 MG TABLET, 16 MG TABLET)	BRAND	
ONFI (5 MG TABLET, 10 MG TABLET, 20 MG TABLET)	BRAND	PA, QL (60 PER 30 DAYS)
ONFI 2.5 MG/ML SUSPENSION	BRAND	PA
<i>phenobarbital (15 mg tablet, 16.2 mg tablet, 20 mg/5 ml elixir, 30 mg tablet, 32.4 mg tablet, 60 mg tablet, 64.8 mg tablet, 97.2mg tablet, 100 mg tablet)</i>	Generic	
SABRIL	BRAND	LA
<i>tiagabine hcl</i>	Generic	
<i>valproic acid (as sodium salt) (valproate sodium) (250 mg/5ml solution, 500 mg/5ml vial, 500mg/10ml solution)</i>	Generic	
<i>valproic acid 250 mg capsule</i>	Generic	

Glutamate Reducing Agents

<i>felbamate (400 mg tablet, 600 mg tablet, 600 mg/5ml oral susp)</i>	Generic	
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Providence Health Plan Commercial Formulary

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Drug Name	Status*	Requirements/Limits
<i>lamotrigine (5 mg tb chw dsp, 25 mg tablet, 25mg (35) tab ds pk, 25 mg tb chw dsp, 100 mg tablet, 150 mg tablet, 200 mg tablet)</i>	Generic	
<i>topiragen</i>	Generic	
<i>topiramate (15 mg cap sprink, 25 mg cap sprink, 25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)</i>	Generic	
<i>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
Sodium Channel Agents		
APTIOM	BRAND	
BANZEL (40 MG/ML SUSPENSION, 200 MG TABLET, 400 MG TABLET)	BRAND	PA
<i>carbamazepine (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	
<i>epitol</i>	Generic	
EQUETRO	BRAND	
<i>oxcarbazepine (150 mg tablet, 300 mg tablet, 300 mg/5ml oral susp, 600 mg tablet)</i>	Generic	
<i>phenytoin (50 mg tab chew, 100 mg/4ml oral susp, 125 mg/5ml oral susp)</i>	Generic	
<i>phenytoin sodium extended (100 mg capsule, 200 mg capsule)</i>	Generic	
VIMPAT (10 MG/ML SOLUTION, 50 MG TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET)	BRAND	

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Providence Health Plan Commercial Formulary

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

Drug Name	Status*	Requirements/Limits
Antidementia Agents		
Cholinesterase Inhibitors		
<i>donepezil hcl (5 mg tab rapdis, 5 mg tablet, 10 mg tablet, 10 mg tab rapdis)</i>	Generic	
EXELON 2 MG/ML ORAL SOLUTION	BRAND	
<i>rivastigmine</i>	Generic	
<i>rivastigmine tartrate</i>	Generic	
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
<i>memantine hcl (5 mg tablet, 10 mg tablet)</i>	Generic	QL (60 PER 30 DAYS)
<i>memantine hcl 10 mg/5 ml solution</i>	Generic	QL (300 ML PER 30 DAYS)
<i>memantine hcl 5 mg-10 mg tab ds pk</i>	Generic	
Antidepressants		
Antidepressants, Other		
<i>aripiprazole (1 mg/ml solution, 2 mg tablet, 5 mg tablet, 10 mg tablet, 10 mg tab rapdis, 15 mg tablet, 15 mg tab rapdis, 20 mg tablet, 30 mg tablet)</i>	Generic	
<i>budeprion sr</i>	Generic	
<i>bupropion hcl (75 mg tablet, 100 mg tablet er, 100 mg tablet, 150 mg tab er 24h, 150 mg tablet er, 200 mg tablet er, 300 mg tab er 24h)</i>	Generic	
<i>maprotiline hcl 75 mg tablet</i>	Generic	
<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>nefazodone hcl</i>	Generic	
<i>olanzapine/fluoxetine hcl</i>	Generic	

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Providence Health Plan Commercial Formulary

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

Drug Name	Status*	Requirements/Limits
<i>perphenazine/amitriptyline hcl</i>	Generic	
<i>trazodone hcl (50 mg tablet, 100 mg tablet, 150 mg tablet, 300 mg tablet)</i>	Generic	
Monoamine Oxidase Inhibitors		
MARPLAN	BRAND	
<i>phenelzine sulfate 15 mg tablet</i>	Generic	
<i>tranylcypromine sulfate</i>	Generic	
Serotonin/Norepinephrine Reuptake Inhibitors		
<i>citalopram hydrobromide (10 mg tablet, 10 mg/5 ml solution, 20 mg tablet, 40 mg tablet)</i>	Generic	
<i>duloxetine hcl (20 mg capsule dr, 30 mg capsule dr)</i>	Generic	QL (60 PER 30 DAYS)
<i>duloxetine hcl 60 mg capsule dr</i>	Generic	QL (30 PER 30 DAYS)
<i>escitalopram oxalate (5 mg tablet, 5 mg/5 ml solution, 10 mg tablet, 20 mg tablet)</i>	Generic	
<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, 90 mg capsule dr)</i>	Generic	
<i>fluvoxamine maleate (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	Generic	
<i>paroxetine hcl (10 mg tablet, 20 mg tablet, 30 mg tablet, 40 mg tablet)</i>	Generic	
PAXIL 10 MG/5 ML SUSPENSION	BRAND	
<i>sertraline hcl (20 mg/ml oral conc, 25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	Generic	
<i>venlafaxine hcl (25 mg tablet, 37.5 mg cap er 24h, 37.5 mg tab er 24, 37.5 mg tablet, 50 mg tablet, 75 mg cap er 24h, 75 mg tab er 24, 75 mg tablet, 100 mg tablet, 150 mg cap er 24h, 150 mg tab er 24)</i>	Generic	

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Providence Health Plan Commercial Formulary

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Drug Name	Status*	Requirements/Limits
<i>venlafaxine hcl 225 mg tab er 24</i>	BRAND	
Tricyclics		
<i>amitriptyline hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 75 mg tablet, 100 mg tablet, 150 mg tablet)</i>	Generic	
<i>amoxapine</i>	Generic	
<i>clomipramine hcl (25 mg capsule, 50 mg capsule, 75 mg capsule)</i>	Generic	
<i>desipramine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 75 mg tablet, 100 mg tablet, 150 mg tablet)</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 (10 mg tablet, 25 mg tablet, 50 mg tablet)</i>	Generic	
<i>imipramine pamoate</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 (25 mg capsule, 50 mg capsule)</i>	Generic	

Antiemetics

Antiemetics, Other

<i>chlorpromazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)</i>	Generic	
<i>compro</i>	Generic	
DICLEGIS	BRAND	QL (60 PER 30 DAYS)
<i>hydroxyzine hcl (10 mg tablet, 10 mg/5 ml solution, 25 mg tablet, 50 mg tablet)</i>	Generic	

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Providence Health Plan Commercial Formulary

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Drug Name	Status*	Requirements/Limits
<i>hydroxyzine pamoate (25 mg capsule, 50 mg capsule, 100 mg capsule)</i>	Generic	
<i>metoclopramide hcl (5 mg tablet, 5 mg/5 ml solution, 10 mg tablet, 10 mg/10ml solution)</i>	Generic	
<i>perphenazine (2 mg tablet, 4 mg tablet, 8 mg tablet, 16 mg tablet)</i>	Generic	
<i>phenadoz</i>	Generic	
<i>prochlorperazine</i>	Generic	
<i>prochlorperazine maleate (5 mg tablet, 10 mg tablet)</i>	Generic	
<i>promethazine hcl (6.25mg/5ml syrup, 12.5 mg supp.rect, 12.5 mg tablet, 25 mg tablet, 25 mg supp.rect, 50 mg supp.rect, 50 mg tablet)</i>	Generic	
<i>promethegan</i>	Generic	
TRANSDERM-SCOP	BRAND	
<i>trimethobenzamide hcl 300 mg capsule</i>	Generic	

Emetogenic Therapy Adjuncts

EMEND (80 MG CAPSULE, 125 MG CAPSULE, TRIFOLD PACK)	BRAND	QL (4 PER 30 DAYS)
<i>granisetron hcl 1 mg tablet</i>	Generic	PA, QL (8 PER 30 DAYS)
<i>ondansetron 8 mg tab rapdis</i>	Generic	
<i>ondansetron hcl (4 mg/5 ml solution, 4 mg tablet, 8 mg tablet)</i>	Generic	
<i>ondansetron odt</i>	Generic	

Antifungals

<i>ciclodan 0.77% cream</i>	Generic	
<i>ciclopirox (0.77 % gel (gram), 1 % shampoo)</i>	Generic	
<i>ciclopirox olamine (0.77 % cream (g), 0.77 % suspension)</i>	Generic	

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Providence Health Plan Commercial Formulary

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Drug Name	Status*	Requirements/Limits
<i>clotrimazole 10 mg troche</i>	Generic	
<i>econazole nitrate 1 % cream (g)</i>	Generic	
<i>fluconazole (10 mg/ml susp recon, 40 mg/ml susp recon, 50 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)</i>	Generic	
<i>griseofulvin ultramicrosize 250 mg tablet</i>	Generic	
<i>griseofulvin, microsize (125 mg/5ml oral susp, 500 mg tablet)</i>	Generic	
<i>itraconazole 100 mg capsule</i>	Generic	PA
<i>ketoconazole (2 % cream (g), 2 % shampoo)</i>	Generic	
NATACYN	BRAND	
NOXAFIL (40 MG/ML SUSPENSION, DR 100 MG TABLET)	BRAND	
<i>nyamyc</i>	Generic	
<i>nystatin (50mm unit powder(ea), 150mm unit powder(ea), 500mm unit powder(ea), 500k unit tablet, 100000/ml oral susp, 100000/g powder, 100000/g cream (g), 100000/g oint. (g))</i>	Generic	
<i>nystop</i>	Generic	
<i>pedi-dri</i>	Generic	
SPORANOX 10 MG/ML SOLUTION	BRAND	PA
<i>terbinafine hcl 250 mg tablet</i>	Generic	
<i>terconazole (0.4 % cream/appl, 0.8 % cream/appl, 80 mg supp.vag)</i>	Generic	
<i>voriconazole 200 mg/5ml susp recon</i>	Generic	

Antigout Agents

<i>allopurinol (100 mg tablet, 300 mg tablet)</i>	Generic	
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Providence Health Plan Commercial Formulary

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Drug Name	Status*	Requirements/Limits
<i>colchicine 0.6 mg tablet</i>	BRAND	QL (60 PER 30 DAYS)
<i>colchicine/probenecid</i>	Generic	
COLCRYS	BRAND	QL (60 PER 30 DAYS)
<i>probenecid</i>	Generic	

Antimigraine Agents

Ergot Alkaloids

<i>cafergot</i>	Generic	
<i>dihydroergotamine mesylate 0.5mg/spry spray/pump</i>	BRAND	QL (3.5 ML PER 30 DAYS)
<i>ergotamine tartrate/caffeine</i>	Generic	
<i>migergot</i>	Generic	
MIGRANAL	BRAND	QL (3.5 ML PER 30 DAYS)

Serotonin (5-HT) 1b/1d Receptor Agonists

<i>rizatriptan benzoate</i>	Generic	QL (9 PER 30 DAYS)
<i>sumatriptan (5 mg spray, 20 mg spray)</i>	Generic	QL (6 PER 30 DAYS)
<i>sumatriptan succinate (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	Generic	QL (9 PER 30 DAYS)
<i>sumatriptan succinate (4 cartridge, 6 pen injctr, 6 syringe, 6 cartridge, 6 vial)</i>	Generic	QL (2 ML PER 30 DAYS)
<i>sumatriptan succinate 4 mg/0.5ml pen injctr</i>	Generic	QL (1 ML PER 30 DAYS)
<i>zolmitriptan (2.5 mg tab rapdis, 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)
ZOMIG 2.5 MG NASAL SPRAY	BRAND	QL (12 PER 30 DAYS)
ZOMIG 5 MG NASAL SPRAY	BRAND	QL (6 PER 30 DAYS)

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Providence Health Plan Commercial Formulary

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Drug Name	Status*	Requirements/Limits
Antimyasthenic Agents		
Parasympathomimetics		
<i>guanidine hcl</i>	Generic	
MESTINON 60 MG/5 ML SYRUP	BRAND	
<i>pyridostigmine bromide (60 mg tablet, 180 mg tablet er)</i>	Generic	
Antimycobacterials		
Antimycobacterials, Other		
<i>dapsone (25 mg tablet, 100 mg tablet)</i>	Generic	
<i>rifabutin</i>	Generic	
Antituberculars		
<i>ethambutol hcl</i>	Generic	
<i>isoniazid (50 mg/5 ml solution, 100 mg tablet, 300 mg tablet)</i>	Generic	
PRIFTIN	BRAND	
RIFAMATE	BRAND	
<i>rifampin (150 mg capsule, 300 mg capsule)</i>	Generic	
RIFATER	BRAND	
SIRTURO	Specialty	LA
TRECTOR	BRAND	
Antineoplastics		
Alkylating Agents		
ALKERAN 2 MG TABLET	BRAND	PA
CEENU	BRAND	
CYCLOPHOSPHAMIDE CAPSULES	BRAND	

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Providence Health Plan Commercial Formulary

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Drug Name	Status*	Requirements/Limits
<i>cyclophosphamide tablets</i>	Generic	
GLEOSTINE	BRAND	
LEUKERAN	BRAND	
<i>lomustine</i>	BRAND	
MATULANE	Specialty	
<i>temozolomide</i>	Specialty	PA
VALCHLOR	Specialty	LA
Antiangiogenic Agents		
POMALYST	Specialty	PA
REVLIMID	Specialty	PA, LA
THALOMID	Specialty	
Antiestrogens/Modifiers		
EMCYT	Specialty	
FARESTON	BRAND	
SOLTAMOX	BRAND	
<i>tamoxifen citrate (10 mg tablet, 20 mg tablet)</i>	Generic	
Antimetabolites		
<i>capecitabine</i>	Generic	
DROXIA	BRAND	
<i>hydroxyurea 500 mg capsule</i>	Generic	
<i>mercaptopurine 50 mg tablet</i>	Generic	
<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	
PURIXAN	BRAND	
RHEUMATREX	BRAND	

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Providence Health Plan Commercial Formulary

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Drug Name	Status*	Requirements/Limits
Antineoplastics, Other		
ALFERON N	Specialty	
FARYDAK	Specialty	PA, QL (6 PER 21 DAYS)
HEXALEN	Specialty	
<i>imiquimod 5 % cream pack</i>	Generic	
INTRON A (6 MILLION UNIT/ML VL, 10 MILLION UNIT/ML, 10 MILLION UNITS VIL, 18 MILLION UNITS VIL, 50 MILLION UNITS VIL)	Specialty	
IRESSA	Specialty	
<i>leucovorin calcium (5 mg tablet, 10 mg tablet, 15 mg tablet, 25 mg tablet)</i>	Generic	
MESNEX 400 MG TABLET	BRAND	
SYLATRON	Specialty	PA
SYLATRON 4-PACK	Specialty	PA
SYNRIBO	Specialty	PA
Aromatase Inhibitors, 3rd Generation		
<i>anastrozole 1 mg tablet</i>	Generic	
<i>exemestane</i>	Generic	
<i>letrozole 2.5 mg tablet</i>	Generic	
Enzyme Inhibitors		
BOSULIF	Specialty	PA
GILOTRIF	Specialty	PA
HYCAMTIN (0.25 MG CAPSULE, 1 MG CAPSULE)	Specialty	PA
IMBRUVICA	Specialty	PA
INLYTA	Specialty	PA, LA
JAKAFI	Specialty	PA, LA
LYNPARZA	Specialty	PA, LA

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Drug Name	Status*	Requirements/Limits
MEKINIST	Specialty	PA
TAFINLAR	Specialty	PA
VOTRIENT	Specialty	PA
ZELBORAF	Specialty	PA
ZYTIGA	Specialty	PA

Molecular Target Inhibitors

AFINITOR	Specialty	PA
AFINITOR DISPERZ	Specialty	PA
CAPRELSA	Specialty	PA
COMETRIQ	Specialty	PA, LA
ERIVEDGE	Specialty	PA
GLEEVEC	Specialty	PA
IBRANCE	Specialty	PA
ICLUSIG	Specialty	PA
LENVIMA	Specialty	PA, LA
NEXAVAR	Specialty	PA
SPRYCEL	Specialty	PA
STIVARGA	Specialty	PA
SUTENT	Specialty	PA
TARCEVA	Specialty	PA
TASIGNA	Specialty	PA
TYKERB	Specialty	PA
<i>vandetanib</i>	Specialty	PA
XALKORI	Specialty	PA, LA
ZOLINZA	Specialty	PA
ZYDELIG	Specialty	PA, QL (60 PER 30 DAYS)
ZYKADIA	Specialty	PA

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Providence Health Plan Commercial Formulary

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Drug Name	Status*	Requirements/Limits
Retinoids		
<i>bexarotene</i>	Specialty	PA
PANRETIN	BRAND	
TARGRETIN 1% GEL	Specialty	PA
<i>tretinoin 10 mg capsule</i>	Specialty	PA
Antiparasitics		
Anthelmintics		
ALBENZA	BRAND	
<i>ivermectin 3 mg tablet</i>	Generic	
SOOLANTRA	BRAND	ST, QL (30 GM PER 30 DAYS)
Antiprotozoals		
ALINIA (100 MG/5 ML SUSPENSION, 500 MG TABLET)	BRAND	
<i>atovaquone</i>	Specialty	PA
<i>chloroquine phosphate (250 mg tablet, 500 mg tablet)</i>	Generic	PA
DARAPRIM	BRAND	PA
<i>hydroxychloroquine sulfate 200 mg tablet</i>	Generic	
<i>mefloquine hcl</i>	Generic	PA
<i>primaquine phosphate</i>	Generic	PA
Pediculicides/Scabicides		
<i>elimite</i>	Generic	
<i>lindane</i>	Generic	
<i>permethrin 5 % cream (g)</i>	Generic	
ULESFIA	BRAND	

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Providence Health Plan Commercial Formulary

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

Drug Name	Status*	Requirements/Limits
Antiparkinson Agents		
Anticholinergics		
<i>benzotropine mesylate (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	Generic	
<i>trihexyphenidyl hcl (2 mg tablet, 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	
Dopamine Agonists		
<i>bromocriptine mesylate (2.5 mg tablet, 5 mg capsule)</i>	Generic	
<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 (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/ L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa 25 mg tablet</i>	Generic	
<i>carbidopa/levodopa (10mg-100mg tablet, 25mg-250mg tablet, 25mg-100mg tablet er, 25mg-100mg tablet, 50mg-200mg tablet er)</i>	Generic	
Monoamine Oxidase B (MAO-B) Inhibitors		
AZILECT	BRAND	
<i>selegiline hcl (5 mg tablet, 5 mg capsule)</i>	Generic	

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

Providence Health Plan Commercial Formulary

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

Drug Name	Status*	Requirements/Limits
Antipsychotics		
1st Generation/Typical		
<i>fluphenazine hcl (1 mg tablet, 2.5 mg tablet, 5 mg tablet, 10 mg tablet)</i>	Generic	
<i>haloperidol (0.5 mg tablet, 1 mg tablet, 2 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	Generic	
<i>haloperidol lactate 2 mg/ml oral conc</i>	Generic	
<i>loxapine succinate</i>	Generic	
<i>pimozide</i>	Generic	
<i>thioridazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	Generic	
<i>thiothixene</i>	Generic	
<i>trifluoperazine hcl</i>	Generic	
2nd Generation/Atypical		
LATUDA	BRAND	PA, QL (30 PER 30 DAYS)
<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</i>	Generic	
<i>risperidone (0.25 mg tablet, 0.5 mg tablet, 1 mg/ml solution, 1 mg tablet, 2 mg tablet, 3 mg tab rapdis, 3 mg tablet, 4 mg tablet)</i>	Generic	
SAPHRIS	BRAND	PA
<i>ziprasidone hcl</i>	Generic	
Treatment-Resistant		
<i>clozapine</i>	Generic	

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Providence Health Plan Commercial Formulary

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

Drug Name	Status*	Requirements/Limits
VERSACLOZ	BRAND	

Antispasticity Agents

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

Antivirals

Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors

EDURANT	BRAND	
INTELENCE	BRAND	
<i>nevirapine (200 mg tablet, 400 mg tablet)</i>	Generic	
SUSTIVA	BRAND	
VIRAMUNE XR 100 MG TABLET	BRAND	

Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors

<i>abacavir sulfate</i>	Generic	
<i>abacavir sulfate/lamivudine/zidovudine</i>	Generic	
COMPLERA	BRAND	
<i>didanosine</i>	Generic	
EMTRIVA (10 MG/ML SOLUTION, 200 MG CAPSULE)	BRAND	
EPZICOM	BRAND	
<i>lamivudine (10 mg/ml solution, 150 mg tablet, 300 mg tablet)</i>	Generic	
<i>lamivudine/zidovudine</i>	Generic	
<i>stavudine (20 mg capsule, 30 mg capsule, 40 mg capsule)</i>	Generic	

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Providence Health Plan Commercial Formulary

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Drug Name	Status*	Requirements/Limits
TRUVADA	BRAND	
VIREAD (150 MG TABLET, 200 MG TABLET, 250 MG TABLET, 300 MG TABLET, POWDER)	BRAND	
<i>zidovudine (100 mg capsule, 300 mg tablet)</i>	Generic	
Anti-HIV Agents, Other		
ATRIPLA	BRAND	
FUZEON	BRAND	
ISENTRESS (100 MG POWDER PACKET, 400 MG TABLET)	BRAND	
SELZENTRY	BRAND	
STRIBILD	BRAND	
TIVICAY	BRAND	
TRIUMEQ	BRAND	
TYBOST	BRAND	
VITEKTA	BRAND	
Anti-HIV Agents, Protease Inhibitors		
APTIVUS (100 MG/ML SOLUTION, 250 MG CAPSULE)	BRAND	
CRIXIVAN 400 MG CAPSULE	BRAND	
EVOTAZ	BRAND	
INVIRASE	BRAND	
KALETRA (100-25 MG TABLET, 200-50 MG TABLET)	BRAND	
LEXIVA (50 MG/ML SUSPENSION, 700 MG TABLET)	BRAND	
NORVIR (100 MG TABLET, 100 MG SOFTGEL CAP)	BRAND	
PREZCOBIX	Specialty	

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Drug Name	Status*	Requirements/Limits
PREZISTA (75 MG TABLET, 100 MG/ML SUSPENSION, 150 MG TABLET, 400 MG TABLET, 600 MG TABLET, 800 MG TABLET)	BRAND	
REYATAZ	BRAND	
VIRACEPT	BRAND	
Anti-cytomegalovirus (CMV) Agents		
VALCYTE 50 MG/ML SOLUTION	BRAND	
<i>valganciclovir hcl</i>	Generic	QL (60 PER 30 DAYS)
ZIRGAN	BRAND	
Anti-influenza Agents		
<i>rimantadine hcl</i>	Generic	
TAMIFLU (6 MG/ML SUSPENSION, 30 MG CAPSULE, 45 MG CAPSULE, 75 MG CAPSULE)	BRAND	
Antih hepatitis Agents		
<i>adefovir dipivoxil</i>	Specialty	
BARACLUDE 0.05 MG/ML SOLUTION	Specialty	
<i>entecavir</i>	Specialty	
EPIVIR HBV 25 MG/5 ML SOLN	BRAND	
HARVONI	Specialty	PA, QL (28 PER 28 DAYS)
INCIVEK	Specialty	
INFERGEN	Specialty	
<i>lamivudine 100 mg tablet</i>	Generic	
MODERIBA	Specialty	
OLYSIO	Specialty	PA, QL (28 PER 28 DAYS)
PEGASYS (180 MCG/ML VIAL, 180 MCG/0.5 ML SYRINGE)	Specialty	
PEGASYS PROCLICK	Specialty	
PEGINTRON	Specialty	

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Providence Health Plan Commercial Formulary

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Drug Name	Status*	Requirements/Limits
PEGINTRON REDIPEN	Specialty	
REBETOL 40 MG/ML SOLUTION	Specialty	
RIBAPAK	Specialty	
RIBASPHERE	Specialty	
RIBASPHERE RIBAPAK	Specialty	
RIBATAB	Specialty	
<i>ribavirin (200 mg capsule, 200 mg tablet, 400 mg tablet, 600 mg tablet)</i>	Specialty	
SOVALDI	Specialty	PA, QL (28 PER 28 DAYS)
TYZEKA	Specialty	
VICTRELIS	Specialty	PA
VIEKIRA PAK	Specialty	PA, QL (112 PER 28 DAYS)

Antihherpetic Agents

<i>acyclovir (200 mg capsule, 200 mg/5ml oral susp, 400 mg tablet, 800 mg tablet)</i>	Generic	
DENAVIR	BRAND	PA
<i>famciclovir</i>	Generic	
<i>trifluridine 1 % drops</i>	Generic	
<i>valacyclovir hcl (500 mg tablet, 1000 mg tablet)</i>	Generic	

Anxiolytics

Anxiolytics, Other

<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>buspirone hcl (5 mg tablet, 7.5 mg tablet, 10 mg tablet, 15 mg tablet, 30 mg tablet)</i>	Generic	
<i>chlordiazepoxide hcl</i>	Generic	

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Providence Health Plan Commercial Formulary

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Drug Name	Status*	Requirements/Limits
<i>clonazepam (0.125 mg tab rapdis, 0.25 mg tab rapdis, 0.5 mg tablet, 0.5 mg tab rapdis, 1 mg tab rapdis, 1 mg tablet, 2 mg tab rapdis, 2 mg tablet)</i>	Generic	
<i>clorazepate dipotassium</i>	Generic	
<i>diazepam (2 mg tablet, 5 mg/5 ml solution, 5 mg tablet, 10 mg tablet)</i>	Generic	
<i>lorazepam (0.5 mg tablet, 1 mg tablet, 2 mg tablet, 2 mg/ml oral conc)</i>	Generic	
<i>lorazepam intensol</i>	Generic	
<i>meprobamate 400 mg tablet</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	
<i>lithium citrate</i>	Generic	

Blood Glucose Regulators

Antidiabetic Agents

<i>acarbose</i>	Generic	
ACTOPLUS MET XR	BRAND	
BYDUREON	BRAND	ST
BYDUREON PEN	BRAND	ST
BYETTA	BRAND	ST
<i>chlorpropamide</i>	Generic	
FARXIGA	BRAND	PA
<i>glimepiride</i>	Generic	

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Providence Health Plan Commercial Formulary

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Drug Name	Status*	Requirements/Limits
<i>glipizide (2.5 mg tab er 24, 5 mg tablet, 5 mg tab er 24, 10 mg tab er 24, 10 mg tablet)</i>	Generic	
<i>glipizide/metformin hcl</i>	Generic	
<i>glyburide</i>	Generic	
<i>glyburide, micronized</i>	Generic	
<i>glyburide/metformin hcl</i>	Generic	
GLYXAMBI	BRAND	PA
INVOKAMET	BRAND	PA
INVOKANA	BRAND	PA
JANUMET	BRAND	PA
JANUMET XR	BRAND	PA
JANUVIA	BRAND	PA
JARDIANCE	BRAND	PA
JENTADUETO	BRAND	PA
KAZANO	BRAND	PA
KOMBIGLYZE XR	BRAND	PA
<i>metformin hcl (500 mg tablet, 500 mg tab er 24h, 750 mg tab er 24h, 850 mg tablet, 1000 mg tablet)</i>	Generic	
<i>nateglinide</i>	Generic	
NESINA	BRAND	PA
ONGLYZA	BRAND	PA
OSENI	BRAND	PA
<i>pioglitazone hcl</i>	Generic	
<i>pioglitazone hcl/glimepiride</i>	Generic	
<i>pioglitazone hcl/metformin hcl</i>	Generic	
RIOMET	BRAND	
SYMLINPEN 120	BRAND	PA
SYMLINPEN 60	BRAND	PA

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Providence Health Plan Commercial Formulary

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Drug Name	Status*	Requirements/Limits
TRADJENTA	BRAND	PA
VICTOZA 2-PAK	BRAND	ST
VICTOZA 3-PAK	BRAND	ST
XIGDUO XR	BRAND	PA

Glycemic Agents

GLUCAGEN 1MG HYPOKIT	BRAND
GLUCAGON EMERGENCY KIT	BRAND
PROGLYCEM	BRAND

Insulins

APIDRA	BRAND
APIDRA SOLOSTAR	BRAND
HUMALOG	BRAND
HUMALOG KWIKPEN U-100	BRAND
HUMALOG KWIKPEN U-200	BRAND
HUMALOG MIX 50-50	BRAND
HUMALOG MIX 50-50 KWIKPEN	BRAND
HUMALOG MIX 75-25	BRAND
HUMALOG MIX 75-25 KWIKPEN	BRAND
HUMULIN 70-30	BRAND
HUMULIN 70/30 KWIKPEN	BRAND
HUMULIN N	BRAND
HUMULIN N KWIKPEN	BRAND
HUMULIN R	BRAND
HUMULIN R U-500	BRAND
LANTUS	BRAND
LANTUS SOLOSTAR	BRAND
LEVEMIR	BRAND
LEVEMIR FLEXPEN	BRAND

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Providence Health Plan Commercial Formulary

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Drug Name	Status*	Requirements/Limits
LEVEMIR FLEXTOUCH	BRAND	
NOVOLIN 70-30	BRAND	
NOVOLIN N	BRAND	
NOVOLIN R	BRAND	
NOVOLOG	BRAND	
NOVOLOG FLEXPEN	BRAND	
NOVOLOG MIX 70-30	BRAND	
NOVOLOG MIX 70-30 FLEXPEN	BRAND	
TOUJEO SOLOSTAR	BRAND	

Blood Products/Modifiers/ Volume Expanders

Anticoagulants

ELIQUIS	BRAND	
<i>enoxaparin sodium (30mg/0.3ml syringe, 40mg/0.4ml syringe, 60mg/0.6ml syringe, 80mg/0.8ml syringe, 100 mg/ml syringe, 120mg/.8ml syringe, 150 mg/ml syringe)</i>	Generic	
<i>fondaparinux sodium</i>	Generic	
FRAGMIN	Specialty	
<i>jantoven</i>	Generic	
PRADAXA	BRAND	
SAVAYSA	BRAND	
<i>warfarin sodium (1 mg tablet, 2 mg tablet, 2.5 mg tablet, 3 mg tablet, 4 mg tablet, 5 mg tablet, 6 mg tablet, 7.5 mg tablet, 10 mg tablet)</i>	Generic	
XARELTO	BRAND	

Blood Formation Modifiers

<i>anagrelide hcl</i>	Generic	
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Providence Health Plan Commercial Formulary

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Drug Name	Status*	Requirements/Limits
ARANESP	Specialty	PA
EPOGEN	Specialty	PA
GRANIX	BRAND	
LEUKINE (250 MCG VIAL, 500 MCG/ML VIAL)	Specialty	
NEULASTA	Specialty	
NEUMEGA	Specialty	
NEUPOGEN	Specialty	
PROCRIT	Specialty	PA
PROMACTA	Specialty	PA

Coagulants

<i>tranexamic acid 650 mg tablet</i>	Generic
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Platelet Modifying Agents

AGGRENOX	BRAND
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<i>aspirin/dipyridamole</i>	BRAND
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BRILINTA 90 MG TABLET	BRAND
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<i>cilostazol</i>	Generic
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<i>clopidogrel bisulfate 75 mg tablet</i>	Generic
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<i>dipyridamole (25 mg tablet, 50 mg tablet, 75 mg tablet)</i>	Generic
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EFFIENT	BRAND
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<i>ticlopidine hcl</i>	Generic
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Cardiovascular Agents

Alpha-adrenergic Agonists

<i>clonidine</i>	Generic
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<i>clonidine hcl (0.1 mg tablet, 0.2 mg tablet, 0.3 mg tablet)</i>	Generic
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<i>guanfacine hcl (1 mg tablet, 2 mg tablet)</i>	Generic
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Providence Health Plan Commercial Formulary

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Drug Name	Status*	Requirements/Limits
<i>methyldopa</i>	Generic	
<i>midodrine hcl</i>	Generic	
Alpha-adrenergic Blocking Agents		
<i>doxazosin mesylate (1 mg tablet, 2 mg tablet, 4 mg tablet, 8 mg tablet)</i>	Generic	
<i>prazosin hcl (1 mg capsule, 2 mg capsule, 5 mg capsule)</i>	Generic	
<i>terazosin hcl</i>	Generic	
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil</i>	Generic	
<i>irbesartan</i>	Generic	
<i>losartan potassium</i>	Generic	
<i>valsartan</i>	Generic	
Angiotensin-converting Enzyme (ACE) Inhibitors		
<i>benazepril hcl (5 mg tablet, 10 mg tablet, 20 mg tablet, 40 mg tablet)</i>	Generic	
<i>captopril (12.5 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	Generic	
<i>enalapril maleate (2.5 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	Generic	
EPANED	BRAND	
<i>fosinopril sodium</i>	Generic	
<i>lisinopril (2.5 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet, 30 mg tablet, 40 mg tablet)</i>	Generic	
<i>moexipril hcl</i>	Generic	
<i>perindopril erbumine</i>	Generic	
<i>quinapril hcl</i>	Generic	
<i>ramipril</i>	Generic	
<i>trandolapril</i>	Generic	

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Providence Health Plan Commercial Formulary

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Drug Name	Status*	Requirements/Limits
Antiarrhythmics		
<i>amiodarone hcl (100 mg tablet, 200 mg tablet, 400 mg tablet)</i>	Generic	
<i>disopyramide phosphate</i>	Generic	
<i>flecainide acetate</i>	Generic	
<i>mexiletine hcl (150 mg capsule, 200 mg capsule, 250 mg capsule)</i>	Generic	
MULTAQ	BRAND	
NORPACE CR	BRAND	
<i>pacerone 200 mg tablet</i>	Generic	
<i>propafenone hcl</i>	Generic	
<i>quinidine gluconate 324 mg tablet er</i>	Generic	
<i>quinidine sulfate (200 mg tablet, 300 mg tablet er, 300 mg tablet)</i>	Generic	
<i>sorine</i>	Generic	
<i>sotalol hcl (80 mg tablet, 120 mg tablet, 160 mg tablet, 240 mg tablet)</i>	Generic	
TIKOSYN	BRAND	
<i>verapamil hcl (40 mg tablet, 80 mg tablet, 120 mg tablet)</i>	Generic	
Beta-adrenergic Blocking Agents		
<i>acebutolol hcl (200 mg capsule, 400 mg capsule)</i>	Generic	
<i>atenolol (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	Generic	
<i>betaxolol hcl (10 mg tablet, 20 mg tablet)</i>	Generic	
<i>bisoprolol fumarate</i>	Generic	
<i>carvedilol</i>	Generic	
COREG CR	BRAND	
<i>labetalol hcl (100 mg tablet, 200 mg tablet, 300 mg tablet)</i>	Generic	

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Drug Name	Status*	Requirements/Limits
LEVATOL	BRAND	
<i>metoprolol succinate</i>	Generic	
<i>metoprolol tartrate (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	Generic	
<i>nadolol (20 mg tablet, 40 mg tablet, 80 mg tablet)</i>	Generic	
<i>pindolol</i>	Generic	
<i>propranolol hcl (10 mg tablet, 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	
<i>timolol maleate (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	Generic	
Calcium Channel Blocking Agents		
<i>afeditab cr</i>	Generic	
<i>amlodipine besylate (2.5 mg tablet, 5 mg tablet, 10 mg tablet)</i>	Generic	
CARDIZEM LA 120 MG TABLET	BRAND	
<i>cartia xt</i>	Generic	
<i>dilt-cd</i>	Generic	
<i>dilt-xr</i>	Generic	

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Drug Name	Status*	Requirements/Limits
<i>diltiazem hcl (30 mg tablet, 60 mg cap er 12h, 60 mg tablet, 90 mg cap er 12h, 90 mg tablet, 120 mg cap er 12h, 120 mg cap er 24h, 120 mg cap er deg, 120 mg capsule er, 120 mg tablet, 180 mg cap er 24h, 180 mg tab er 24h, 180 mg capsule er, 180 mg cap er deg, 240 mg tab er 24h, 240 mg cap er deg, 240 mg cap er 24h, 240 mg capsule er, 300 mg capsule er, 300 mg tab er 24h, 300 mg cap er 24h, 360 mg cap er 24h, 360 mg capsule er, 360 mg tab er 24h, 420mg tab er 24h, 420mg capsule er)</i>	Generic	
<i>diltzac er</i>	Generic	
<i>felodipine</i>	Generic	
<i>isradipine</i>	Generic	
<i>matzim la</i>	Generic	
<i>nicardipine hcl (20 mg capsule, 30 mg capsule)</i>	Generic	
<i>nifediac cc</i>	Generic	
<i>nifedical xl</i>	Generic	
<i>nifedipine (30 mg tab er 24, 30 mg tablet er, 60 mg tablet er, 60 mg tab er 24, 90 mg tab er 24, 90 mg tablet er)</i>	Generic	
<i>nimodipine 30 mg capsule</i>	Generic	
<i>nisoldipine</i>	Generic	
<i>taztia xt</i>	Generic	
<i>verapamil hcl (100 mg cap24h pct, 120 mg tablet er, 120 mg cap24h pel, 180 mg tablet er, 180 mg cap24h pel, 200 mg cap24h pct, 240 mg cap24h pel, 240 mg tablet er, 300 mg cap24h pct, 360 mg cap24h pel)</i>	Generic	
Cardiovascular Agents, Other		
<i>amiloride hcl/hydrochlorothiazide</i>	Generic	
<i>amlodipine besylate/atorvastatin calcium</i>	Generic	

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Providence Health Plan Commercial Formulary

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Drug Name	Status*	Requirements/Limits
<i>amlodipine besylate/benazepril hcl</i>	Generic	
<i>amlodipine besylate/valsartan</i>	Generic	
<i>atenolol/chlorthalidone</i>	Generic	
<i>benazepril hcl/hydrochlorothiazide</i>	Generic	
<i>bisoprolol fumarate/hydrochlorothiazide</i>	Generic	
<i>captopril/hydrochlorothiazide</i>	Generic	
<i>digitek</i>	Generic	
<i>digox</i>	Generic	
<i>digoxin (50 mcg/ml solution, 125 mcg tablet, 250 mcg tablet)</i>	Generic	
<i>enalapril maleate/hydrochlorothiazide</i>	Generic	
<i>fosinopril sodium/hydrochlorothiazide</i>	Generic	
<i>irbesartan/hydrochlorothiazide</i>	Generic	
LANOXIN (62.5 MCG TABLET, 187.5 MCG TABLET)	BRAND	
<i>lisinopril/hydrochlorothiazide</i>	Generic	
<i>losartan potassium/hydrochlorothiazide</i>	Generic	
<i>methyldopa/hydrochlorothiazide</i>	Generic	
<i>metoprolol tartrate/hydrochlorothiazide</i>	Generic	
<i>moexipril hcl/hydrochlorothiazide</i>	Generic	
<i>nadolol/bendroflumethiazide</i>	Generic	
<i>pentoxifylline 400 mg tablet er</i>	Generic	
<i>propranolol hcl/hydrochlorothiazide</i>	Generic	
<i>quinapril hcl/hydrochlorothiazide</i>	Generic	
RANEXA	BRAND	
<i>spironolactone/hydrochlorothiazide</i>	Generic	
<i>triamterene/hydrochlorothiazide</i>	Generic	
<i>valsartan/hydrochlorothiazide</i>	Generic	

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Providence Health Plan Commercial Formulary

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Drug Name	Status*	Requirements/Limits
Diuretics, Carbonic Anhydrase Inhibitors		
<i>acetazolamide 500 mg capsule er</i>	Generic	
<i>methazolamide (25 mg tablet, 50 mg tablet)</i>	Generic	
Diuretics, Loop		
<i>bumetanide (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	Generic	
EDECRIN	BRAND	
<i>furosemide (10 mg/ml solution, 20 mg tablet, 40 mg tablet, 80 mg tablet)</i>	Generic	
<i>toremide (5 mg tablet, 10 mg tablet, 20 mg tablet, 100 mg tablet)</i>	Generic	
Diuretics, Potassium-sparing		
<i>amiloride hcl</i>	Generic	
DYRENIUM	BRAND	
<i>eplerenone</i>	Generic	
<i>spironolactone (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	Generic	
Diuretics, Thiazide		
<i>chlorothiazide</i>	Generic	
<i>chlorthalidone</i>	Generic	
<i>hydrochlorothiazide (12.5 mg capsule, 12.5 mg tablet, 25 mg tablet, 50 mg tablet)</i>	Generic	
<i>indapamide</i>	Generic	
<i>methyclothiazide</i>	Generic	
<i>metolazone</i>	Generic	
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate (54 mg tablet, 160 mg tablet)</i>	Generic	

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Drug Name	Status*	Requirements/Limits
<i>fenofibrate nanocrystallized</i>	Generic	
<i>fenofibrate, micronized (67 mg capsule, 134mg capsule, 200 mg capsule)</i>	Generic	
<i>fenofibric acid</i>	Generic	
<i>fenofibric acid (choline)</i>	Generic	
<i>gemfibrozil 600 mg tablet</i>	Generic	
<i>lofibra</i>	Generic	
TRIGLIDE	BRAND	
Dyslipidemics, HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium</i>	Generic	
CRESTOR	BRAND	
<i>fluvastatin sodium (20 mg capsule, 40 mg capsule)</i>	Generic	
<i>lovastatin</i>	Generic	
<i>pravastatin sodium</i>	Generic	
<i>simvastatin (5 mg tablet, 10 mg tablet, 20 mg tablet, 40 mg tablet)</i>	Generic	
Dyslipidemics, Other		
<i>cholestyramine (with sugar) (4 g powder, 4 g powd pack)</i>	Generic	
<i>cholestyramine/aspartame (4 g powd pack, 4 g powder)</i>	Generic	
COLESTID FLAVORED GRANULES	BRAND	
<i>colestid granules</i>	Generic	
<i>colestipol hcl (1 g tablet, 5 g packet, 5 g granules)</i>	Generic	
JUXTAPID	Specialty	PA, LA
KYNAMRO	Specialty	PA, LA
<i>prevalite (packet, powder)</i>	Generic	
ZETIA	BRAND	PA

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Providence Health Plan Commercial Formulary

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

Drug Name	Status*	Requirements/Limits
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	
RECTIV	BRAND	
Vasodilators, Direct-acting Arterial/Venous		
DILATRATE-SR	BRAND	
<i>isochron</i>	Generic	
<i>isosorbide dinitrate</i>	Generic	
<i>isosorbide mononitrate</i>	Generic	
<i>minitran</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, 0.4mg/hr patch td24, 0.6mg/hr patch td24, 2.5 mg capsule er, 6.5 mg capsule er, 9 mg capsule er, 400mcg/spr spray)</i>	Generic	
NITROSTAT	BRAND	

Central Nervous System Agents

Attention Deficit Hyperactivity Disorder Agents, Amphetamines

<i>dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate (5 mg cap er 24h, 10 mg cap er 24h, 15 mg cap er 24h, 25 mg cap er 24h, 30 mg cap er 24h)</i>	Generic	QL (30 PER 30 DAYS)
<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	

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Providence Health Plan Commercial Formulary

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Drug Name	Status*	Requirements/Limits
<i>dextroamphetamine sulfate (5 mg tablet, 5 mg capsule er, 10 mg tablet, 10 mg capsule er, 15 mg capsule er)</i>	Generic	
<i>dextroamphetamine/amphetamine 20 mg cap er 24h</i>	Generic	QL (60 PER 30 DAYS)
VYVANSE	BRAND	QL (30 PER 30 DAYS)
<i>zenzedi (5 mg tablet, 10 mg tablet)</i>	Generic	
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
DAYTRANA	BRAND	QL (30 PER 30 DAYS)
<i>dexmethylphenidate hcl (2.5 mg tablet, 5 mg tablet, 10 mg tablet)</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, 30 mg cpbp 50-50, 40 mg cpbp 50-50)</i>	Generic	QL (30 PER 30 DAYS)
FOCALIN XR (25 MG CAPSULE, 35 MG CAPSULE)	BRAND	QL (30 PER 30 DAYS)
<i>metadate er</i>	Generic	QL (90 PER 30 DAYS)
<i>methylphenidate hcl (10 mg cpbp 30-70, 20 mg cpbp 30-70, 30 mg cpbp 30-70, 40 mg cpbp 30-70, 50 mg cpbp 30-70, 60 mg cpbp 30-70)</i>	Generic	QL (30 PER 30 DAYS)
<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 tablet er, 10 mg/5 ml solution, 10 mg tab chew, 18 mg tab er 24, 20 mg tablet, 20 mg cpbp 50-50, 27 mg tab er 24, 30 mg cpbp 50-50, 36 mg tab er 24, 40 mg cpbp 50-50, 54 mg tab er 24)</i>	Generic	
<i>methylphenidate hcl 20 mg tablet er</i>	Generic	QL (90 PER 30 DAYS)
RITALIN LA (10 MG CAPSULE, 60 MG CAPSULE)	BRAND	QL (30 PER 30 DAYS)
STRATTERA	BRAND	PA, QL (30 PER 30 DAYS)

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Providence Health Plan Commercial Formulary

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Drug Name	Status*	Requirements/Limits
Central Nervous System Agents, Other		
BETASERON 0.3 MG KIT	Specialty	PA, QL (14 PER 30 DAYS)
BETASERON 0.3 MG VIAL	Specialty	PA, QL (15 PER 30 DAYS)
EXTAVIA 0.3 MG KIT	Specialty	PA, QL (14 PER 30 DAYS)
EXTAVIA 0.3 MG VIAL	Specialty	PA, QL (15 PER 30 DAYS)
GILENYA	Specialty	PA, QL (30 PER 30 DAYS)
NUEDEXTA	BRAND	PA
<i>riluzole</i>	Generic	
<i>tetrabenazine</i>	Specialty	PA, LA
Fibromyalgia Agents		
SAVELLA (12.5 MG TABLET, 25 MG TABLET, 50 MG TABLET, 100 MG TABLET)	BRAND	PA, QL (60 PER 30 DAYS)
SAVELLA TITRATION PACK	BRAND	PA, QL (55 PER 30 DAYS)
Multiple Sclerosis Agents		
AMPYRA	Specialty	PA, LA, QL (60 PER 30 DAYS)
AUBAGIO	Specialty	PA, LA, QL (30 PER 30 DAYS)
AVONEX (SYR 30 MCG, SYR 30 MCG KT)	Specialty	
AVONEX ADMINISTRATION PACK	Specialty	
AVONEX PEN	Specialty	
COPAXONE 20 MG/ML SYRINGE	Specialty	QL (30 ML PER 30 DAYS)
COPAXONE 40 MG/ML SYRINGE	Specialty	QL (12 ML PER 28 DAYS)
GLATOPA	Specialty	QL (30 ML PER 30 DAYS)
PLEGRIDY	Specialty	QL (1 ML PER 28 DAYS)
PLEGRIDY PEN	Specialty	QL (1 ML PER 28 DAYS)
REBIF (22 ML SYRINGE, 44 ML SYRINGE)	Specialty	QL (6 ML PER 30 DAYS)
REBIF REBIDOSE (22 ML, 44 ML)	Specialty	QL (6 ML PER 30 DAYS)
REBIF REBIDOSE TITRATION PACK	Specialty	QL (4.2 ML PER 30 DAYS)

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Providence Health Plan Commercial Formulary

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Drug Name	Status*	Requirements/Limits
REBIF TITRATION PACK	Specialty	QL (4.2 ML PER 30 DAYS)
TECFIDERA	Specialty	QL (60 PER 30 DAYS)

Dental and Oral Agents

FLUOR-A-DAY (0.25 MG TAB CHEW, 0.5 MG TAB CHEW, 1 MG TABLET CHEW)	BRAND	
<i>fluoritab 0.5 mg tablet chew</i>	Generic	
<i>ludent fluoride</i>	Generic	
<i>pilocarpine hcl (5 mg tablet, 7.5 mg tablet)</i>	Generic	
<i>sodium fluoride (0.25(0.55) tab chew, 0.5(1.1)mg tab chew, 1mg(2.2mg) tab chew)</i>	Generic	

Dermatological Agents

ONEXTON	BRAND	PA
<i>acitretin</i>	Generic	
<i>adapalene (0.1 % gel (gram), 0.1 % cream (g), 0.3 % gel w/pump)</i>	Generic	
<i>adapalene 0.3 % gel (gram)</i>	BRAND	
<i>amnestem</i>	Generic	
<i>avita 0.025% cream</i>	Generic	
<i>calcipotriene (0.005 % cream (g), 0.005 % solution)</i>	Generic	
CARAC	BRAND	
<i>claravis</i>	Generic	
<i>clindamycin phos/benzoyl perox 1 %-5 % gel (gram)</i>	Generic	
<i>clotrimazole/betamethasone dipropionate (1 %-0.05 % lotion, 1 %-0.05 % cream (g))</i>	Generic	
<i>cyclosporine, modified (25 mg capsule, 50 mg capsule, 100 mg/ml solution)</i>	Generic	

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Drug Name	Status*	Requirements/Limits
DIFFERIN 0.3% GEL	BRAND	
ELIDEL	BRAND	PA
<i>erythromycin base/benzoyl peroxide</i>	Generic	
FINACEA	BRAND	PA
FLUOROPLEX	BRAND	
<i>fluorouracil (2 % solution, 5 % solution, 5 % cream (g))</i>	Generic	
<i>fluorouracil 0.5 % cream (g)</i>	BRAND	
<i>gengraf (25 mg capsule, 100 mg/ml solution, 100 mg capsule)</i>	Generic	
<i>hypercare</i>	Generic	
<i>methoxsalen, rapid</i>	Specialty	
<i>mometasone furoate (0.1 % cream (g), 0.1 % oint. (g), 0.1 % solution)</i>	Generic	
<i>myorisan</i>	Generic	
OXSORALEN	BRAND	
PICATO	BRAND	
<i>podofilox 0.5 % solution</i>	Generic	
<i>refissa</i>	Generic	
REGRANEX	BRAND	PA
SANTYL	BRAND	QL (30 GM PER 30 DAYS)
STELARA 45 MG/0.5 ML SYRINGE	Specialty	QL (0.5 ML PER 90 DAYS)
STELARA 90 MG/ML SYRINGE	Specialty	QL (1 ML PER 90 DAYS)
<i>tacrolimus (0.03 % oint. (g), 0.1 % oint. (g))</i>	Generic	PA
TAZORAC	BRAND	
<i>tretinoin (0.01 % gel (gram), 0.025 % gel (gram), 0.025 % cream (g), 0.05 % cream (g), 0.1 % cream (g))</i>	Generic	
<i>tretinoin/emollient base</i>	Generic	

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Drug Name	Status*	Requirements/Limits
<i>trianex</i>	Generic	
VOLTAREN	BRAND	
<i>zenatane</i>	Generic	

Enzyme Replacement/ Modifiers

ADAGEN	Specialty	
BUPHENYL 500 MG TABLET	Specialty	
CARBAGLU	BRAND	
CERDELGA	Specialty	
CEREZYME 400 UNITS VIAL	BRAND	
CREON	BRAND	
ELELYSO	Specialty	
KUVAN	Specialty	PA, LA
ORFADIN	Specialty	
<i>pancrelipase 5,000</i>	Generic	
RAVICTI	Specialty	LA
<i>sodium phenylbutyrate 0.94 g/g powder</i>	Specialty	
SUCRAID	Specialty	
ZAVESCA	Specialty	
ZENPEP (DR 3,000 CAPSULE, DR 10,000 CAPSULE, DR 15,000 CAPSULE, DR 20,000 CAPSULE, DR 25,000 CAPSULE, DR 40,000 CAPSULE)	BRAND	

Gastrointestinal Agents

Antispasmodics, Gastrointestinal

CUVPOSA	BRAND	PA
<i>dicyclomine hcl (10 mg capsule, 10 mg/5 ml solution, 20 mg tablet)</i>	Generic	
<i>glycopyrrolate (1 mg tablet, 2 mg tablet)</i>	Generic	

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Providence Health Plan Commercial Formulary

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Drug Name	Status*	Requirements/Limits
Gastrointestinal Agents, Other		
APRISO	BRAND	
ASACOL HD	BRAND	
CANASA	BRAND	
CHENODAL	Specialty	PA, LA
CHOLBAM	Specialty	PA, LA
DELZICOL	BRAND	
<i>diphenoxylate hcl/atropine sulfate (2.5-.025mg tablet, 2.5-.025/5 liquid)</i>	Generic	
FULYZAQ	BRAND	PA
GATTEX	Specialty	PA
<i>lansoprazole/amoxicillin trihydrate/clarithromycin</i>	Generic	
LIALDA	BRAND	
<i>mesalamine 4 g/60 ml enema</i>	Generic	
<i>mesalamine with cleansing wipes</i>	Generic	
OMECLAMOX-PAK	BRAND	
PENTASA	BRAND	
PROCTOFOAM-HC	BRAND	
<i>propantheline bromide 15 mg tablet</i>	Generic	
PYLERA	BRAND	
<i>sulfasalazine (500 mg tablet, 500 mg tablet dr)</i>	Generic	
<i>sulfazine</i>	Generic	
<i>sulfazine ec</i>	Generic	
<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	

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Drug Name	Status*	Requirements/Limits
<i>cimetidine hcl</i>	Generic	
<i>famotidine 40 mg tablet</i>	Generic	
<i>nizatidine (150 mg capsule, 300 mg capsule)</i>	Generic	
<i>ranitidine hcl (15 mg/ml syrup, 300 mg tablet)</i>	Generic	
Irritable Bowel Syndrome Agents		
<i>alosetron hcl</i>	Generic	PA
Laxatives		
<i>constulose</i>	Generic	
<i>enulose</i>	Generic	
<i>gavilyte-c</i>	Generic	
<i>gavilyte-g</i>	Generic	
<i>gavilyte-n</i>	Generic	
<i>generlac</i>	Generic	
GOLYTELY PACKET	BRAND	
<i>lactulose</i>	Generic	
MOVIPREP	BRAND	
<i>nulytely with flavor packs</i>	Generic	
<i>peg 3350/sod sulf/sod bicarbonate/sod chloride/potassium chl</i>	Generic	
<i>sodium chloride/sodium bicarbonate/potassium chloride/peg</i>	Generic	
SUPREP	BRAND	
<i>trilyte with flavor packets</i>	Generic	
Protectants		
CARAFATE 1 GM/10 ML SUSP	BRAND	
<i>misoprostol (100 mcg tablet, 200 mcg tablet)</i>	Generic	

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Drug Name	Status*	Requirements/Limits
<i>sucralfate 1 g tablet</i>	Generic	
Proton Pump Inhibitors		
<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 tablet dr)</i>	Generic	
PROTONIX 40 MG SUSPENSION	BRAND	
<i>rabeprazole sodium</i>	Generic	
Genitourinary Agents		
Antispasmodics, Urinary		
<i>flavoxate hcl</i>	Generic	
<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	
OXYTROL	BRAND	
<i>tolterodine tartrate</i>	Generic	
<i>tropium chloride 20 mg tablet</i>	Generic	
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin hcl</i>	Generic	
<i>finasteride 5 mg tablet</i>	Generic	
<i>tamsulosin hcl</i>	Generic	
Genitourinary Agents, Other		
<i>bethanechol chloride (5 mg tablet, 10 mg tablet, 25 mg tablet, 50 mg tablet)</i>	Generic	
CUPRIMINE	BRAND	
CYSTAGON	Specialty	
DEPEN	BRAND	

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Drug Name	Status*	Requirements/Limits
ELMIRON	BRAND	
PROCYSBI	BRAND	PA, LA
THIOLA	BRAND	

Phosphate Binders

AURYXIA	BRAND	PA
<i>calcium acetate 667 mg capsule</i>	Generic	
RENAGEL	BRAND	PA
REVELA	BRAND	PA
<i>sevelamer carbonate</i>	BRAND	PA

Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)

Glucocorticoids/Mineralocorticoids

<i>betamethasone acetate/betamethasone sodium phosphate</i>	Generic	
<i>budesonide 3 mg capdr - er</i>	Generic	
<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>dexamethasone sod phosphate 0.1 % drops</i>	Generic	
<i>diclofenac sodium 0.1 % drops</i>	Generic	
EPIFOAM	BRAND	
FLAREX	BRAND	
FLOVENT DISKUS	BRAND	
FLOVENT HFA	BRAND	
<i>flucinolone acetonide oil</i>	Generic	
<i>fluorometholone</i>	Generic	
<i>fluticasone propionate 50 mcg spray susp</i>	Generic	

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Drug Name	Status*	Requirements/Limits
FML FORTE	BRAND	
FML S.O.P.	BRAND	
<i>hydrocortisone (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	Generic	
<i>hydrocortisone butyrate (0.1 % oint. (g), 0.1 % solution)</i>	Generic	
<i>hydrocortisone valerate</i>	Generic	
<i>prednisolone acetate</i>	Generic	
<i>triamcinolone acetonide 55 mcg spray</i>	Generic	

Hormonal Agents, Stimulant/Replacement/Modifying (Other)

MYALEPT	Specialty	PA
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Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)

<i>desmopressin acetate (0.1 mg tablet, 0.1 mg/ml solution, 0.2 mg tablet, 4mcg/ml ampul, 4mcg/ml vial, 10/spray spray/pump)</i>	Generic	PA
<i>desmopressin acetate (non-refrigerated)</i>	Generic	PA
EGRIFTA	Specialty	PA
GENOTROPIN	Specialty	PA
HUMATROPE	Specialty	PA
INCRELEX	Specialty	PA, LA
NORDITROPIN	Specialty	PA
NORDITROPIN FLEXPRO (5, 10, 15)	Specialty	PA
NORDITROPIN NORDIFLEX (NORDIFLEX 5, NORDIFLX 10, NORDIFLX 15)	Specialty	PA
NUTROPIN	Specialty	PA
NUTROPIN AQ	Specialty	PA
NUTROPIN AQ NUSPIN	Specialty	PA

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Drug Name	Status*	Requirements/Limits
OMNITROPE (5 ML, 10 ML)	Specialty	PA
OMNITROPE 5.8 MG VIAL	BRAND	PA
SAIZEN	Specialty	PA
SEROSTIM	Specialty	PA
STIMATE	BRAND	
TEV-TROPIN	Specialty	PA
ZOMACTON	Specialty	PA
ZORBTIVE	Specialty	PA

Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)

Anabolic Steroids

ANADROL-50	Specialty
<i>oxandrolone 10 mg tablet</i>	Generic

Androgens

ANDRODERM	BRAND	PA
ANDROGEL	BRAND	PA
<i>danazol (50 mg capsule, 100 mg capsule, 200 mg capsule)</i>	Generic	
<i>testosterone cypionate (100 mg/ml vial, 200 mg/ml vial)</i>	Generic	
<i>testosterone enanthate 200 mg/ml vial</i>	Generic	

Estrogens

<i>altavera</i>	Generic
<i>alyacen</i>	Generic
<i>amethia</i>	Generic
<i>amethia lo</i>	Generic
<i>amethyst</i>	Generic
<i>apri</i>	Generic

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Drug Name	Status*	Requirements/Limits
<i>aranelle</i>	Generic	
<i>ashlyna</i>	Generic	
<i>aubra</i>	Generic	
<i>aviane</i>	Generic	
<i>azurette</i>	Generic	
<i>balziva</i>	Generic	
<i>briellyn</i>	Generic	
<i>camrese</i>	Generic	
<i>camrese lo</i>	Generic	
<i>caziant</i>	Generic	
<i>chateal</i>	Generic	
COMBIPATCH	BRAND	
<i>cryselle</i>	Generic	
<i>cyclafem</i>	Generic	
<i>cyred</i>	Generic	
<i>dasetta</i>	Generic	
<i>daysee</i>	Generic	
<i>delyla</i>	Generic	
<i>desogestrel-ethinyl estradiol</i>	Generic	
<i>desogestrel-ethinyl estradiol/ethinyl estradiol</i>	Generic	
DUAVEE	BRAND	
<i>elinest</i>	Generic	
<i>emoquette</i>	Generic	
<i>enpresse</i>	Generic	
<i>enskyce</i>	Generic	
<i>estarylla</i>	Generic	
ESTRACE 0.01% CREAM	BRAND	

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Drug Name	Status*	Requirements/Limits
<i>estradiol (.025mg/24h patch tds, .025mg/24h patch tdw, .0375mg/24 patch tdw, .0375mg/24 patch tds, 0.05mg/24h patch tds, 0.05mg/24h patch tdw, 0.06mg/24h patch tdw, .075mg/24h patch tdw, .075mg/24h patch tds, 0.1mg/24hr patch tdw, 0.1mg/24hr patch tds, 0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	Generic	
<i>estradiol/norethindrone acetate</i>	Generic	
ESTRING	BRAND	
<i>estropipate</i>	Generic	
<i>ethinyl estradiol/drospirenone</i>	Generic	
<i>falmina</i>	Generic	
<i>gianvi</i>	Generic	
<i>gildagia</i>	Generic	
<i>gildess</i>	Generic	
<i>gildess 24 fe</i>	Generic	
<i>gildess fe</i>	Generic	
<i>introvale</i>	Generic	
<i>jolessa</i>	Generic	
<i>juleber</i>	Generic	
<i>junel</i>	Generic	
<i>junel fe</i>	Generic	
<i>junel fe 24</i>	Generic	
<i>kariva</i>	Generic	
<i>kelnor 1-35</i>	Generic	
<i>kimidess</i>	Generic	
<i>kurvelo</i>	Generic	
<i>larin</i>	Generic	
<i>larin 24 fe</i>	Generic	

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Drug Name	Status*	Requirements/Limits
<i>larin fe</i>	Generic	
<i>leena</i>	Generic	
<i>lessina</i>	Generic	
<i>levonest</i>	Generic	
<i>levonorgestrel-ethinyl estradiol</i>	Generic	
<i>levonorgestrel/ethinyl estradiol and ethinyl estradiol</i>	Generic	
<i>levora-28</i>	Generic	
<i>lomedica 24 fe</i>	Generic	
<i>lopreeza</i>	Generic	
<i>loryna</i>	Generic	
<i>low-ogestrel</i>	Generic	
<i>lutera</i>	Generic	
<i>marlissa</i>	Generic	
<i>microgestin</i>	Generic	
<i>microgestin fe</i>	Generic	
<i>mimvey</i>	Generic	
<i>mimvey lo</i>	Generic	
<i>mono-linyah</i>	Generic	
<i>mononessa</i>	Generic	
<i>myzilra</i>	Generic	
<i>necon</i>	Generic	
<i>nikki</i>	Generic	
<i>norethindrone ac-eth estradiol 1mg-20mcg tablet</i>	Generic	
<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	Generic	
<i>norgestimate-ethinyl estradiol</i>	Generic	
<i>nortrel</i>	Generic	

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Providence Health Plan Commercial Formulary

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

Drug Name	Status*	Requirements/Limits
NUVARING	BRAND	
<i>ocella</i>	Generic	
<i>ogestrel</i>	Generic	
<i>orsythia</i>	Generic	
ORTHO TRI-CYCLEN LO	BRAND	
<i>philith</i>	Generic	
<i>pimtrea</i>	Generic	
<i>pirmella</i>	Generic	
<i>portia</i>	Generic	
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	
<i>previfem</i>	Generic	
<i>quasense</i>	Generic	
<i>reclipsen</i>	Generic	
<i>setlakin</i>	Generic	
<i>sprintec</i>	Generic	
<i>sronyx</i>	Generic	
<i>syeda</i>	Generic	
<i>tarina fe</i>	Generic	
<i>tilia fe</i>	Generic	
<i>tri-estarylla</i>	Generic	
<i>tri-legest fe</i>	Generic	
<i>tri-linyah</i>	Generic	
<i>tri-previfem</i>	Generic	
<i>tri-sprintec</i>	Generic	

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Providence Health Plan Commercial Formulary

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Drug Name	Status*	Requirements/Limits
<i>trinessa</i>	Generic	
<i>trivora-28</i>	Generic	
VAGIFEM	BRAND	
<i>velivet</i>	Generic	
<i>vestura</i>	Generic	
<i>viorele</i>	Generic	
<i>vyfemla</i>	Generic	
<i>wera</i>	Generic	
<i>xulane</i>	Generic	
<i>zarah</i>	Generic	
<i>zenchent</i>	Generic	
<i>zovia 1-35e</i>	Generic	
<i>zovia 1-50e</i>	Generic	

Progestins

<i>camila</i>	Generic	
<i>deblitane</i>	Generic	
DEPO-SUBQ PROVERA 104	BRAND	
<i>errin</i>	Generic	
<i>heather</i>	Generic	
<i>jencycla</i>	Generic	
<i>jolivette</i>	Generic	
<i>lyza</i>	Generic	
<i>medroxyprogesterone acetate (2.5 mg tablet, 5 mg tablet, 10 mg tablet, 150 mg/ml vial, 150 mg/ml syringe)</i>	Generic	
<i>megestrol acetate (20 mg tablet, 40 mg tablet, 400mg/10ml oral susp)</i>	Generic	
<i>nora-be</i>	Generic	
<i>norethindrone 0.35 mg tablet</i>	Generic	

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Providence Health Plan Commercial Formulary

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Drug Name	Status*	Requirements/Limits
<i>norethindrone acetate 5 mg tablet</i>	Generic	
<i>norlyroc</i>	Generic	
<i>progesterone, micronized (100 mg capsule, 200 mg capsule)</i>	Generic	
<i>sharobel</i>	Generic	

Selective Estrogen Receptor Modifying Agents

<i>raloxifene hcl</i>	Generic	
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Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)

ARMOUR THYROID (15 MG TABLET, 120 MG TABLET, 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, 175mcg tablet, 200 mcg tablet, 300 mcg tablet)</i>	Generic	
<i>levoxyl</i>	Generic	
<i>liothyronine sodium (5 mcg tablet, 25 mcg tablet, 50 mcg tablet)</i>	Generic	
NATPARA	Specialty	PA, LA, QL (2 PER 28 DAYS)
<i>unithroid (25 mcg tablet, 50 mcg tablet, 75 mcg tablet, 88 mcg tablet, 100 mcg tablet, 112 mcg tablet, 125 mcg tablet, 150 mcg tablet, 175 mcg tablet, 200 mcg tablet, 300 mcg tablet)</i>	Generic	

Hormonal Agents, Suppressant (Adrenal)

LYSODREN	BRAND	
SIGNIFOR	Specialty	PA, LA

Hormonal Agents, Suppressant (Parathyroid)

<i>calcitriol (0.25 mcg capsule, 0.5 mcg capsule, 1 mcg/ml solution)</i>	Generic	
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Providence Health Plan Commercial Formulary

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Drug Name	Status*	Requirements/Limits
<i>paricalcitol (1 mcg capsule, 2 mcg capsule, 4mcg capsule)</i>	Generic	ST
SENSIPAR (30 MG TABLET, 60 MG TABLET)	Specialty	QL (60 PER 30 DAYS)
SENSIPAR 90 MG TABLET	Specialty	

Hormonal Agents, Suppressant (Pituitary)

<i>cabergoline</i>	Generic	
ELIGARD	BRAND	PA
<i>leuprolide acetate 1 mg/0.2ml kit</i>	Specialty	PA
<i>octreotide acetate</i>	Specialty	PA
SOMAVERT	Specialty	PA, LA

Hormonal Agents, Suppressant (Sex Hormones/Modifiers)

Antiandrogens

<i>bicalutamide</i>	Generic	
NILANDRON	BRAND	
XTANDI	Specialty	PA

Hormonal Agents, Suppressant (Thyroid)

Antithyroid Agents

<i>methimazole (5 mg tablet, 10 mg tablet)</i>	Generic	
<i>propylthiouracil 50 mg tablet</i>	Generic	

Immunological Agents

Angioedema (HAE) Agents

BERINERT	Specialty	PA, QL (3 PER 30 DAYS)
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Providence Health Plan Commercial Formulary

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

Drug Name	Status*	Requirements/Limits
Immune Suppressants		
ASTAGRAF XL	BRAND	
<i>azathioprine 50 mg tablet</i>	Generic	
<i>cyclosporine (25 mg capsule, 100 mg capsule)</i>	Generic	
<i>cyclosporine, modified 100 mg capsule</i>	Generic	
ENBREL (50 MG/ML SYRINGE, 50 MG/ML SURECLICK SYR)	Specialty	QL (3.92 ML PER 28 DAYS)
ENBREL 25 MG KIT	Specialty	QL (8 PER 28 DAYS)
ENBREL 25 MG/0.5 ML SYRINGE	Specialty	QL (4.08 ML PER 28 DAYS)
<i>hecoria</i>	Generic	
HUMIRA (10 MG/0.2 ML SYRINGE, 20 MG/0.4 ML SYRINGE)	Specialty	QL (2 PER 28 DAYS)
HUMIRA 40 MG/0.8 ML SYRINGE	Specialty	QL (1 PER 28 DAYS)
HUMIRA PEDIATRIC CROHN'S	Specialty	QL (1 PER 28 DAYS)
HUMIRA PEN	Specialty	QL (1 PER 28 DAYS)
HUMIRA PEN CROHN'S-UC-HS	Specialty	QL (1 PER 28 DAYS)
HUMIRA PEN PSORIASIS	Specialty	QL (1 PER 28 DAYS)
<i>mycophenolate mofetil (200 mg/ml susp recon, 250 mg capsule, 500 mg tablet)</i>	Generic	
<i>mycophenolate sodium</i>	Generic	
PROGRAF 5 MG/ML AMPULE	BRAND	
RAPAMUNE 1 MG/ML ORAL SOLN	BRAND	
RESTASIS	BRAND	QL (60 PER 30 DAYS)
SANDIMMUNE 100 MG/ML SOLN	BRAND	
SIMPONI (100 MG/ML PEN INJECTOR, 100 MG/ML SYRINGE)	Specialty	QL (1 ML PER 30 DAYS)
SIMPONI (50 ML SYRINGE, 50 ML PEN INJEC)	Specialty	QL (0.5 ML PER 30 DAYS)
<i>sirolimus (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	Generic	

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Providence Health Plan Commercial Formulary

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Drug Name	Status*	Requirements/Limits
<i>tacrolimus (0.5 mg capsule, 1 mg capsule, 5 mg capsule)</i>	Generic	
ZORTRESS	Specialty	
Immunizing Agents, Passive		
GAMMAKED	Specialty	PA
GAMUNEX-C	Specialty	PA
HIZENTRA	Specialty	PA
HYQVIA	Specialty	PA
Immunomodulators		
ACTIMMUNE	Specialty	PA
FIRAZYR	Specialty	PA, QL (9 ML PER 30 DAYS)
<i>leflunomide</i>	Generic	
OTEZLA (28 DAY PACK, PACK)	Specialty	PA
OTEZLA 30 MG TABLET	Specialty	PA, QL (2 PER DAY)
Inflammatory Bowel Disease Agents		
Aminosalicylates		
<i>balsalazide disodium</i>	Generic	
DIPENTUM	BRAND	
Glucocorticoids		
<i>proctosol-hc</i>	Generic	
<i>proctozone-hc</i>	Generic	
UCERIS 9 MG ER TABLET	BRAND	PA
Metabolic Bone Disease Agents		
<i>alendronate sodium (5 mg tablet, 10 mg tablet, 35 mg tablet, 40 mg tablet, 70 mg/75ml solution, 70 mg tablet)</i>	Generic	
BINOSTO	BRAND	

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Providence Health Plan Commercial Formulary

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Drug Name	Status*	Requirements/Limits
<i>calcitonin, salmon, synthetic</i>	Generic	
<i>doxercalciferol (0.5 mcg capsule, 1 mcg capsule, 2.5 mcg capsule)</i>	Generic	ST
<i>etidronate disodium</i>	Generic	
FORTEO	Specialty	PA
<i>fortical</i>	Generic	
<i>ibandronate sodium 150 mg tablet</i>	Generic	
<i>risedronate sodium</i>	Generic	

Miscellaneous

Diabetes Testing Supplies

ACCU-CHECK (METERS & TEST STRIPS)	DME Benefit	QL
LIFESCAN (METERS & TEST STRIPS)	DME Benefit	QL
NOVOFINE NEEDLES (METERS & TEST STRIPS)	DME Benefit	QL

Ophthalmic Agents

Ophthalmic Prostaglandin and Prostaglandin Analogs

<i>bimatoprost</i>	Generic	ST, QL (2.5 ML PER 30 DAYS)
<i>latanoprost 0.005 % drops</i>	Generic	
LUMIGAN	BRAND	ST, QL (2.5 ML PER 30 DAYS)
TRAVATAN Z	BRAND	
<i>travoprost (benzalkonium)</i>	Generic	

Ophthalmic Agents, Other

<i>ak-poly-bac</i>	Generic	
<i>bacitracin/polymyxin b sulfate 500-10k/g oint. (g)</i>	Generic	
BLEPHAMIDE	BRAND	
BLEPHAMIDE S.O.P.	BRAND	

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Providence Health Plan Commercial Formulary

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Drug Name	Status*	Requirements/Limits
CYSTARAN	BRAND	PA, LA, QL (60 ML PER 30 DAYS)
LACRISERT	BRAND	
<i>naphazoline hcl</i>	Generic	
<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 sulf/hc 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	
<i>neosporin eye drops</i>	Generic	
<i>polycin</i>	Generic	
<i>polymyxin b sulfate/trimethoprim</i>	Generic	
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	Generic	
TOBRADEX ST	BRAND	
<i>tobramycin/dexamethasone</i>	Generic	
<i>tropicamide (0.5 % drops, 1 % drops)</i>	Generic	
ZYLET	BRAND	

Ophthalmic Anti-allergy Agents

ALOMIDE	BRAND	
<i>azelastine hcl 0.05 % drops</i>	Generic	
<i>cromolyn sodium 4 % drops</i>	Generic	
PATANOL	BRAND	PA

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Providence Health Plan Commercial Formulary

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Drug Name	Status*	Requirements/Limits
Ophthalmic Anti-inflammatories		
ALREX	BRAND	
<i>bromfenac sodium</i>	Generic	
<i>flurbiprofen sodium</i>	Generic	
<i>ketorolac tromethamine (0.4 % drops, 0.5 % drops)</i>	Generic	
LOTEMAX (0.5% EYE DROPS, 0.5% OPHTHALMIC GEL, 0.5% EYE OINTMENT)	BRAND	
<i>prednisolone sod phosphate 1 % drops</i>	Generic	
VEXOL	BRAND	
Ophthalmic Antiglaucoma Agents		
ALPHAGAN P 0.1% DROPS	BRAND	
AZOPT	BRAND	
<i>betaxolol hcl 0.5 % drops</i>	Generic	
BETIMOL	BRAND	
BETOPTIC S	BRAND	
<i>brimonidine tartrate (0.15 % drops, 0.2 % drops)</i>	Generic	
<i>carteolol hcl</i>	Generic	
<i>dorzolamide hcl</i>	Generic	
<i>dorzolamide hcl/timolol maleate</i>	Generic	
ISTALOL	BRAND	
<i>levobunolol hcl</i>	Generic	
<i>metipranolol</i>	Generic	
<i>pilocarpine hcl (1 % drops, 2 % drops, 4 % drops)</i>	Generic	
PILOPINE HS	BRAND	
<i>timolol maleate (0.25 % drops, 0.25 % sol-gel, 0.5 % drops, 0.5 % sol-gel)</i>	Generic	

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Drug Name	Status*	Requirements/Limits
Otic Agents		
CIPRO HC	BRAND	
CIPRODEX	BRAND	
<i>ciprofloxacin hcl 0.2 % droperette</i>	Generic	
Respiratory Tract Agents		
Anti-inflammatories, Inhaled Corticosteroids		
AEROSPAN	BRAND	
ALVESCO	BRAND	
ARNUITY ELLIPTA	BRAND	
ASMANEX	BRAND	
ASMANEX HFA	BRAND	
BREO ELLIPTA 100-25 MCG INH	BRAND	
<i>budesonide (0.25mg/2ml ampul-neb, 0.5 mg/2ml ampul-neb, 1 mg/2 ml ampul-neb, 32mcg spray/pump)</i>	Generic	
<i>flunisolide (25 mcg spray, 29mcg spray)</i>	Generic	
NASONEX	BRAND	QL (17 GM PER 30 DAYS)
PULMICORT FLEXHALER	BRAND	
QVAR	BRAND	
Antihistamines		
<i>azelastine hcl 137 mcg spray/pump</i>	Generic	
<i>clemastine fumarate (0.67mg/5ml syrup, 2.68 mg tablet)</i>	Generic	
<i>cyproheptadine hcl (2 mg/5 ml syrup, 4 mg tablet)</i>	Generic	
<i>levocetirizine dihydrochloride (2.5 mg/5ml solution, 5 mg tablet)</i>	Generic	

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Providence Health Plan Commercial Formulary

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Drug Name	Status*	Requirements/Limits
Antileukotrienes		
<i>montelukast sodium (4 mg gran pack, 4 mg tab chew, 5 mg tab chew, 10 mg tablet)</i>	Generic	
<i>zafirlukast</i>	Generic	QL (60 PER 30 DAYS)
ZYFLO CR	BRAND	PA
Bronchodilators, Anticholinergic		
ATROVENT HFA	BRAND	
INCRUSE ELLIPTA	BRAND	
<i>ipratropium bromide (0.2 mg/ml solution, 21 mcg spray, 42mcg spray)</i>	Generic	
SPIRIVA	BRAND	
SPIRIVA RESPIMAT	BRAND	
Bronchodilators, Phosphodiesterase Inhibitors (Xanthines)		
<i>theochron</i>	Generic	
<i>theophylline anhydrous (100 mg tab er 12h, 200 mg tab er 12h, 300 mg tab er 12h, 400 mg tablet er, 450 mg tab er 12h, 600 mg tablet er)</i>	Generic	
Bronchodilators, Sympathomimetic		
ADVAIR DISKUS	BRAND	
ADVAIR HFA	BRAND	
<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	
ANORO ELLIPTA	BRAND	
BREO ELLIPTA 200-25 MCG INH	BRAND	
COMBIVENT	BRAND	QL (14.7 GM PER 30 DAYS)
COMBIVENT RESPIMAT	BRAND	QL (4 GM PER 30 DAYS)

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Drug Name	Status*	Requirements/Limits
EIPEN 2-PAK	BRAND	
EIPEN JR 2-PAK	BRAND	
FORADIL	BRAND	
<i>ipratropium bromide/albuterol sulfate</i>	Generic	
<i>levalbuterol hcl (0.31mg/3ml vial-neb, 0.63mg/3ml vial-neb, 1.25mg/0.5 vial-neb, 1.25mg/3ml vial-neb)</i>	Generic	
<i>proair hfa</i>	Generic	QL (17 GM PER 30 DAYS)
<i>proair respiclick</i>	Generic	QL (2 PER 30 DAYS)
SEREVENT DISKUS	BRAND	
SYMBICORT	BRAND	
<i>terbutaline sulfate (2.5 mg tablet, 5 mg tablet)</i>	Generic	
<i>ventolin hfa</i>	Generic	QL (36 GM PER 30 DAYS)
XOPENEX HFA	BRAND	

Mast Cell Stabilizers

<i>cromolyn sodium (20 mg/ml oral conc, 20 mg/2 ml ampul-neb)</i>	Generic	
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Pulmonary Antihypertensives

ADCIRCA	Specialty	PA, QL (60 PER 30 DAYS)
ADEMPAS	Specialty	PA
LETAIRIS	Specialty	PA
OPSUMIT	Specialty	PA, LA
ORENITRAM ER	Specialty	PA, LA
REVATIO 10 MG/ML ORAL SUSP	Specialty	PA
<i>sildenafil citrate 20 mg tablet</i>	Specialty	PA, QL (90 PER 30 DAYS)
TRACLEER	Specialty	PA, LA
VENTAVIS	Specialty	PA

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Drug Name	Status*	Requirements/Limits
Respiratory Tract Agents, Other		
<i>ambitussin ac</i>	Generic	PA
<i>benzonatate</i>	Generic	
<i>cheratussin ac</i>	Generic	PA (For ages 5 and under)
<i>cheratussin dac</i>	Generic	PA (For ages 5 and under)
ESBRIET	Specialty	PA, LA
GRASTEK	BRAND	PA
<i>guaiatussin ac</i>	Generic	PA (For ages 5 and under)
<i>guaifenesin ac</i>	Generic	PA (For ages 5 and under)
<i>guaifenesin dac</i>	Generic	PA (For ages 5 and under)
<i>guaifenesin/codeine phosphate 100-10mg/5 liquid</i>	Generic	PA
<i>guaifenesin/codeine phosphate 200-20/10 liquid</i>	Generic	PA (For ages 5 and under)
<i>hydrocodone bit/homatrop me-br 5-1.5 mg/5 syrup</i>	Generic	
<i>hydromet</i>	Generic	
HYPER-SAL 3.5% VIAL	BRAND	
<i>iophen-c nr</i>	Generic	PA (For ages 5 and under)
KALYDECO	Specialty	PA, LA, QL (60 PER 30 DAYS)
<i>lortuss ex</i>	Generic	PA (For ages 5 and under)
OFEV	Specialty	PA
ORALAIR	Specialty	PA, LA
<i>phenylephrine hcl/promethazine hcl</i>	Generic	
<i>promethazine hcl/codeine</i>	Generic	PA (For ages 5 and under)
<i>promethazine hcl/dextromethorphan hbr</i>	Generic	
<i>promethazine/phenylephrine hcl/codeine</i>	Generic	PA
<i>pulmosal</i>	Generic	

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Providence Health Plan Commercial Formulary

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Drug Name	Status*	Requirements/Limits
PULMOZYME	Specialty	
RAGWITEK	BRAND	PA
<i>sodium chloride for inhalation 7 % vial- neb</i>	Generic	
<i>tusnel c</i>	Generic	PA (For ages 5 and under)
TYZINE	BRAND	
<i>virtussin ac</i>	Generic	PA
<i>virtussin dac</i>	Generic	PA

Skeletal Muscle Relaxants

<i>carisoprodol (250 mg tablet, 350 mg tablet)</i>	Generic	
<i>carisoprodol/aspirin</i>	Generic	
<i>chlorzoxazone</i>	Generic	
<i>cyclobenzaprine hcl (5 mg tablet, 7.5 mg tablet, 10 mg tablet)</i>	Generic	
<i>metaxalone 800 mg tablet</i>	Generic	
<i>methocarbamol (500 mg tablet, 750 mg tablet)</i>	Generic	
<i>orphenadrine citrate 100 mg tablet er</i>	Generic	
<i>orphenadrine/aspirin/caffeine 50-770- 60 tablet</i>	Generic	

Sleep Disorder Agents

GABA Receptor Modulators

<i>estazolam</i>	Generic	
<i>eszopiclone</i>	Generic	QL (30 PER 30 DAYS)
<i>flurazepam hcl</i>	Generic	
<i>temazepam</i>	Generic	
<i>triazolam</i>	Generic	

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Drug Name	Status*	Requirements/Limits
<i>zaleplon</i>	Generic	QL (30 PER 30 DAYS)
<i>zolpidem tartrate (5 mg tablet, 10 mg tablet)</i>	Generic	QL (30 PER 30 DAYS)

Sleep Disorders, Other

<i>modafinil</i>	Generic	PA, QL (30 PER 30 DAYS)
XYREM	Specialty	PA, LA, QL (540 ML PER 30 DAYS)

Therapeutic Nutrients/ Minerals/ Electrolytes

Electrolyte/Mineral Modifiers

EXJADE	Specialty	
<i>kionex 15 gm/60 ml suspension</i>	Generic	
<i>levocarnitine 330 mg tablet</i>	Generic	
<i>sodium polystyrene sulfonate (15 g/60 ml oral susp, 30g/120ml enema, 50g/200ml enema)</i>	Generic	
<i>sps 15 gm/60 ml suspension</i>	Generic	
SYPRINE	BRAND	

Electrolyte/Mineral Replacement

<i>cyanocobalamin (vitamin b-12) 1000mcg/ml vial</i>	Generic	
<i>ergocalciferol (vitamin d2) 50000 unit capsule</i>	Generic	
<i>fluoride/iron/vitamins a,c,and d</i>	Generic	
<i>flura-drops</i>	Generic	
<i>klor-con 10</i>	Generic	
<i>klor-con 8</i>	Generic	
<i>klor-con m10</i>	Generic	
<i>klor-con m20</i>	Generic	
<i>klor-con sprinkle</i>	Generic	
<i>niva-plus</i>	Generic	

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Drug Name	Status*	Requirements/Limits
<i>pediatric multivitamin combination no.2/sodium fluoride</i>	Generic	
<i>pediatric multivitamins a,c,& d3 no.21 with sodium fluoride</i>	Generic	
<i>pediatric multivitamins no.16 with sodium fluoride</i>	Generic	
<i>pediatric multivitamins no.17 with sodium fluoride</i>	Generic	
<i>pediatric multivitamins no.82 with sodium fluoride</i>	Generic	
<i>pnv-vp-u</i>	Generic	
POLY-VI-SOL WITH IRON	BRAND	
<i>potassium chloride (8 capsule er, 8 tablet er, 10 tab er prt, 10 tablet er, 10 capsule er, 20 tablet er, 20 tab er prt)</i>	Generic	
<i>potassium citrate (5 tablet er, 10 tablet er, 15 tablet er)</i>	Generic	
<i>prenaplus</i>	Generic	
<i>prenatal vitamins comb no.115/iron fumarate/folic acid</i>	Generic	
<i>prenatal vitamins comb no.115/iron fumarate/folic acid/dss</i>	Generic	
<i>prenatal vitamins combo no.60/ferrous fumarate/folic acid</i>	Generic	
<i>prenatal vits with calcium #72/ferrous fumarate/folic acid</i>	Generic	
<i>prenatal vits with calcium #72/iron,carbonyl/folic acid</i>	Generic	
<i>prenatal vits with calcium #74/ferrous fumarate/folic acid</i>	Generic	
<i>prenatal vits without calc no5/ferrous fumarate/folic acid</i>	Generic	
<i>preplus</i>	Generic	
QUFLORA (0.25 MG/ML DROP, 0.5 MG/ML DROP)	BRAND	

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

Providence Health Plan Commercial Formulary

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

Drug Name	Status*	Requirements/Limits
<i>sodium fluoride 0.5 mg/ml drops</i>	Generic	
TL FOLATE	BRAND	
<i>tl-fluorivite</i>	Generic	
TRICARE	BRAND	
<i>trinatal rx 1</i>	Generic	
<i>triveen-u</i>	Generic	
<i>vinate one</i>	Generic	
<i>vinate-m</i>	Generic	
<i>virt nate</i>	Generic	
<i>virt-nate</i>	Generic	
<i>vol-nate</i>	Generic	
<i>vol-plus</i>	Generic	

*Specialty medications are only available through the Providence specialty network. See introduction.
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Non-Formulary Drugs That Require Prior Authorization

ABSTRAL
ACANYA
ACIPHEX SPRINKLE
ACTEMRA 162 MG/0.9 ML SYRINGE
ACTICLATE
ACTIQ
ACYCLOVIR 5% OINTMENT
ACZONE
ADAPALENE 0.1% LOTION
ADOXA
ALTABAX
AMBIEN CR
AMITIZA
AMRIX
ANZEMET 50 MG TABLET
ANZEMET 100 MG TABLET
APLENZIN
APOKYN
ARCALYST
ARICEPT 23 MG TABLET
ARTHROTEC 50
ARTHROTEC 75
ASTEPRO
ATOVAQUONE-PROGUANIL HCL
ATRALIN
AVINZA
AXIRON
AZELASTINE 0.15% NASAL SPRAY
BELSOMRA
BENICAR
BENICAR HCT
BENZACLIN GEL 35G PUMP
BENZACLIN GEL 50G PUMP
BEPREVE
BIDIL
BRINTELLIX
BRISDELLE
BUTALB-ACETAMINOPH-CAFF-CODEIN
BUTALB-ACETAMIN-CAFF 50-300-40
BUTRANS
BYSTOLIC
CALCIPOTRIENE-BETAMETHASONE DP
CALCITRIOL 3 MCG/G OINTMENT
CAMBIA
CAPITAL W-CODEINE
CARDURA XL
CENTANY AT
CESAMET
CHORIONIC GONAD 10,000 UNIT VL
CIALIS 5 MG TABLET
CIMZIA 200 MG/ML SYRINGE KIT
CIMZIA 200 MG/ML STARTER KIT
CLARINEX
CLARINEX-D 12 HOUR
CLARINEX-D 24 HOUR
CLOBETASOL PROP 0.05% SPRAY
CLOBEX 0.05% SPRAY
CLODAN 0.05% KIT
CLOMIPHENE CITRATE 50 MG TAB
CLONIDINE HCL ER
COARTEM
CODEINE SULFATE 30 MG/5 ML SOL
COMBIGAN
CONZIP
COSENTYX (2 SYRINGES)
COSENTYX PEN
COSENTYX PEN (2 PENS)
COSENTYX SYRINGE
COTABFLU
CRINONE
DALIRESP
DERMAPAK PLUS
DERMASORB HC
DERMASORB TA
DESLORATADINE
DESONATE
DESVENLAFAXINE ER
DESVENLAFAXINE FUMARATE ER
DEXILANT
DICLOFENAC 1.5% TOPICAL SOLN
DICLOFENAC SODIUM 3% GEL
DICLOFENAC SODIUM-MISOPROSTOL

DIFFERIN 0.1% LOTION
 DONEPEZIL HCL 23 MG TABLET
 DORYX
 DOXYCYCLINE HYC DR 150 MG TAB
 DOXYCYCLINE HYC DR 75 MG TAB
 DOXYCYCLINE HYC DR 100 MG TAB
 DOXYCYCLINE IR-DR
 DOXYCYCLINE MONO 75 MG CAPSULE
 DOXYCYCLINE MONO 150 MG CAP
 DRONABINOL
 DUEXIS
 ECOZA
 EDARBI
 EDARBYCLOR
 EDLUAR
 EMBEDA
 ENABLEX
 ENDACOF-C
 ENDOMETRIN
 EPIDUO
 EPIDUO FORTE
 EPROSARTAN MESYLATE
 ESOMEPRAZOLE MAGNESIUM
 ESOMEPRAZOLE STRONTIUM
 EVEKEO
 EXALGO
 FASLODEX
 FENOFIBRATE 50 MG CAPSULE
 FENOFIBRATE 150 MG CAPSULE
 FENTANYL CITRATE OTFC 400 MCG
 FENTANYL CIT OTFC 1,600 MCG
 FENTANYL CIT OTFC 1,200 MCG
 FENTANYL CITRATE OTFC 600 MCG
 FENTANYL CITRATE OTFC 800 MCG
 FENTANYL CITRATE OTFC 200 MCG
 FENTORA
 FETZIMA
 FIORICET
 FIORICET WITH CODEINE
 FLECTOR
 FLO-PRED
 FLUOCINONIDE 0.1% CREAM
 FLUVOXAMINE MALEATE ER
 FOLLISTIM AQ
 FORFIVO XL
 FORTAMET
 FORTESTA
 FOSAMAX PLUS D
 FOSRENOL
 FYCOMPA
 GIAZO
 GLUMETZA
 GONAL-F
 GONAL-F RFF
 GONAL-F RFF REDI-JECT
 GRALISE
 GUANFACINE HCL ER
 H.P. ACTHAR
 HETLIOZ
 HORIZANT
 HYDROMORPHONE ER
 HYSINGLA ER
 INTERMEZZO
 INTUNIV
 JALYN
 KAPVAY
 KETOCONAZOLE 200 MG TABLET
 KHEDEZLA
 KINERET
 KITABIS PAK
 KORLYM
 LAMICTAL ODT
 LAMICTAL ODT (BLUE)
 LAMICTAL ODT (GREEN)
 LAMICTAL ODT (ORANGE)
 LAMOTRIGINE ODT
 LASTACAFT
 LAZANDA
 LINZESS
 LIPOFEN
 LIPTRUZET
 LIVALO

LOCOID 0.1% LOTION
LOVAZA
LUVOX CR
MALARONE
MARINOL
MAXIFLU CD
MAXIFLU CDX
MENOPUR
METFORMIN ER 1,000 MG OSM-TAB
METFORMIN HCL ER 500 MG OSM-TB
METOCLOPRAMIDE HCL ODT 5 MG TB
METOZOLV ODT
METROGEL
METRONIDAZOLE TOPICAL 1% GEL
MICARDIS
MICARDIS HCT
MIRAPEX ER
MIRCERA
MONDOXYNE NL 75 MG CAPSULE
MONODOX 75 MG CAPSULE
MORGIDOX 1X100 MG KIT
MORGIDOX 2X100 MG KIT
MORPHINE SULFATE ER 45 MG CAP
MORPHINE SULFATE ER 30 MG CAP
MORPHINE SULFATE ER 75 MG CAP
MORPHINE SULFATE ER 120 MG CAP
MORPHINE SULFATE ER 60 MG CAP
MORPHINE SULFATE ER 90 MG CAP
MOVANTIK
NAMENDA XR
NATESTO
NATROBA
NEO-SYNALAR
NEUAC 1.2-5% KIT
NEXIUM
NIACIN ER
NIASPAN
NORDITROPIN FLEXPOR 30 MG/3 ML
NORDITROPIN NORDIFLEX 30 MG/3
NORTHERA
NOVAREL

NUCYNTA
NUCYNTA ER
NUVIGIL
OLEPTRO ER
OLOPATADINE HCL
OMEGA-3 ACID ETHYL ESTERS
OMNARIS
OPANA ER
ORACEA
ORENCIA 125 MG/ML SYRINGE
OVIDREL
OXAYDO
OXECTA
OXTELLAR XR
OXYMORPHONE HCL ER
PAROXETINE ER 37.5 MG TABLET
PAROXETINE CR 37.5 MG TABLET
PAROXETINE CR 12.5 MG TABLET
PAROXETINE CR 25 MG TABLET
PATADAY
PATANASE
PAXIL CR
PAZEO
PENNSAID
PEXEVA
PHENFLU CD
PHENFLU CDX
PRAMIPEXOLE ER
PREGNYL
PRISTIQ ER
QNASL
QNASL CHILDREN
QUALAQUIN
QUININE SULFATE 324 MG CAPSULE
RAPAFLO
RELISTOR
RENOVA
RENOVA PUMP
REPRONEX
REQUIP XL
RETIN-A MICRO

RETIN-A MICRO PUMP
ROPINIROLE ER
ROSDAN 0.75% GEL KIT
ROZEREM
RUCONEST
SANCTURA XR
SANCUSO
SEROPHENE
SEROQUEL XR
SILENOR
SIMVASTATIN 80 MG TABLET
SITAVIG
SOLARAZE
SOLODYN
SORILUX
SPINOSAD
STRIANT
SUBSYS
SUMAVEL DOSEPRO
SYNALAR 0.025% OINTMENT KIT
SYNALAR 0.025% CREAM KIT
SYNALAR TS
TACLONEX
TANZEUM
TELMISARTAN
TELMISARTAN-AMLODIPINE
TELMISARTAN-HYDROCHLOROTHIAZID
TESTIM
TESTOSTERONE 25 MG/2.5 GM PKT
TESTOSTERONE 50 MG/5 GRAM PKT
TESTOSTERONE 50 MG/5 GRAM GEL
TESTOSTERONE 10 MG GEL PUMP
TESTOSTERONE 12.5 MG/1.25 GRAM
TEVETEN
TEVETEN HCT
TIZANIDINE HCL 4 MG CAPSULE
TIZANIDINE HCL 2 MG CAPSULE
TIZANIDINE HCL 6 MG CAPSULE
TOPICORT 0.25% SPRAY
TOVIAZ

TRAMADOL HCL ER 300 MG CAPSULE
TRAMADOL HCL ER 100 MG CAPSULE
TRAMADOL HCL ER 150 MG CAPSULE
TRAMADOL HCL ER 200 MG CAPSULE
TRETIN-X
TRETINOIN 0.05% GEL
TRETINOIN MICROSPHERE
TREXIMET
TRIBENZOR
TROKENDI XR
TROSPIUM CHLORIDE ER
TRULICITY
TUZISTRA XR
TWINSTA
TYVASO
ULORIC
ULTRAVATE X
VANACOF CD
VANOS
VASCEPA
VECTICAL
VELPHORO
VELTIN
VERAMYST
VERDESO
VESICARE
VIIBRYD
VIMOVO
VOGELXO
VYTORIN
WELCHOL
XARTEMIS XR
XELJANZ
XERESE
XOLEGEL
ZANAFLEX 4 MG CAPSULE
ZANAFLEX 2 MG CAPSULE
ZANAFLEX 6 MG CAPSULE
ZETONNA
ZIANA
ZIPSOR

ZMAX
ZOCOR 80 MG TABLET
ZOHYDRO ER
ZOLPIDEM TARTRATE ER
ZOLPIMIST
ZORVOLEX
ZOVIRAX 5% CREAM
ZOVIRAX 5% OINTMENT
ZUPLENZ
ZYCLARA

Alphabetical Listing

A

abacavir sulfate	29	ALPHAGAN P	68
abacavir sulfate/lamivudine/zidovudine	29	alprazolam	32
acamprosate calcium	5	ALREX	68
acarbose	33	altavera	56
acebutolol hcl	39	ALVESCO	69
acetaminophen with codeine phosphate	3	alyacen	56
acetazol hc	8	amantadine hcl	27
acetazolamide	13,43	ambitussin ac	72
acetic acid/aluminum acetate	8	amcinonide	6
acetic acid/hydrocortisone	9	amethia	56
acitretin	48	amethia lo	56
ACTIMMUNE	65	amethyst	56
ACTOPLUS MET XR	33	amiloride hcl	43
acyclovir	32	amiloride hcl/hydrochlorothiazide	41
ADAGEN	50	amiodarone hcl	39
adapalene	48	amitriptyline hcl	18
ADCIRCA	71	amlodipine besylate	40
adefovir dipivoxil	31	amlodipine besylate/atorvastatin calcium	41
ADEMPAS	71	amlodipine besylate/benazepril hcl	42
ADVAIR DISKUS	70	amlodipine besylate/valsartan	42
ADVAIR HFA	70	amnesteam	48
AEROSPAN	69	amoxapine	18
afeditab cr	40	amoxicillin	11
AFINITOR	25	amoxicillin/potassium clavulanate	11
AFINITOR DISPERZ	25	ampicillin trihydrate	11
AGGRENEX	37	AMPYRA	47
ak-poly-bac	66	ANADROL-50	56
alagesic lq	1	anagrelide hcl	36
ALBENZA	26	anastrozole	24
albuterol sulfate	70	ANDRODERM	56
alclometasone dipropionate	6	ANDROGEL	56
alendronate sodium	65	ANORO ELLIPTA	70
ALFERON N	24	anusol-hc	6
alfuzosin hcl	53	apexicon	6
ALINIA	26	apexicon e	6
ALKERAN	22	APIDRA	35
allopurinol	20	APIDRA SOLOSTAR	35
ALOMIDE	67	apri	56
alosetron hcl	52	APRISO	51
		APTIOM	15
		APTIVUS	30

aranelle	57	BANZEL	15
ARANESP	37	BARACLUDE	31
aripiprazole	16	benazepril hcl	38
ARMOUR THYROID	62	benazepril hcl/hydrochlorothiazide	42
ARNUITY ELLIPTA	69	benzonatate	72
ASACOL HD	51	benztropine mesylate	27
ascomp with codeine	3	BERINERT	63
ashlyna	57	betamethasone acetate/betamethasone sodium phosphate	54
ASMANEX	69	betamethasone dipropionate	6
ASMANEX HFA	69	betamethasone dipropionate/propylene glycol	6
aspirin/dipyridamole	37	betamethasone valerate	6
ASTAGRAF XL	64	BETASERON	47
atenolol	39	betaxolol hcl	39,68
atenolol/chlorthalidone	42	bethanechol chloride	53
atorvastatin calcium	44	BETIMOL	68
atovaquone	26	BETOPTIC S	68
ATRIPLA	30	bexarotene	26
ATROVENT HFA	70	bicalutamide	63
AUBAGIO	47	bimatoprost	66
aubra	57	BINOSTO	65
AURYXIA	54	bisoprolol fumarate	39
aviane	57	bisoprolol fumarate/hydrochlorothiazide	42
avidoxy	12	bleph-10	12
avita	48	BLEPHAMIDE	66
AVONEX	47	BLEPHAMIDE S.O.P.	66
AVONEX ADMINISTRATION PACK	47	blood sugar diagnostic	66
AVONEX PEN	47	BOSULIF	24
AZASITE	11	BREO ELLIPTA	69,70
azathioprine	64	briellyn	57
azelastine hcl	67,69	BRILINTA	37
AZILECT	27	brimonidine tartrate	68
azithromycin	11	bromfenac sodium	68
AZOPT	68	bromocriptine mesylate	27
azurette	57	budeprion sr	16
B		budesonide	54,69
bacitracin	9	bumetanide	43
bacitracin/polymyxin b sulfate	66	BUPHENYL	50
baclofen	29	buprenorphine hcl	6
balsalazide disodium	65	buprenorphine hcl/naloxone hcl	6
balziva	57	buproban	6

bupropion hcl	16	caziant	57
bupirone hcl	32	CEENU	22
butalbital/acetaminophen	1	cefaclor	10
butalbital/acetaminophen/caffeine	1	cefadroxil	10
butalbital/acetaminophen/caffeine/codeine phosphate	3	cefdinir	10
butalbital/aspirin/caffeine	1	cefpodoxime proxetil	10
butorphanol tartrate	3	cefprozil	10
BYDUREON	33	ceftibuten	10
BYDUREON PEN	33	CEFTIN	10
BYETTA	33	cefuroxime axetil	10
C			
cabergoline	63	celecoxib	1
cafegot	21	CELONTIN	13
calcipotriene	48	cephalexin	10
calcitonin, salmon, synthetic	66	CERDELGA	50
calcitriol	62	CEREZYME	50
calcium acetate	54	CHANTIX	6
camila	61	chateal	57
camrese	57	CHENODAL	51
camrese lo	57	cheratussin ac	72
CANASA	51	cheratussin dac	72
candesartan cilexetil	38	chlordiazepoxide hcl	32
capacet	1	chlorhexidine gluconate	9
capecitabine	23	chloroquine phosphate	26
CAPRELSA	25	chlorothiazide	43
captopril	38	chlorpromazine hcl	18
captopril/hydrochlorothiazide	42	chlorpropamide	33
CARAC	48	chlorthalidone	43
CARAFATE	52	chlorzoxazone	73
CARBAGLU	50	CHOLBAM	51
carbamazepine	15	cholestyramine (with sugar)	44
carbidopa	27	cholestyramine/aspartame	44
carbidopa/levodopa	27	ciclodan	19
carbidopa/levodopa/entacapone	27	ciclopirox	19
CARDIZEM LA	40	ciclopirox olamine	19
carisoprodol	73	cilostazol	37
carisoprodol/aspirin	73	cimetidine	51
carteolol hcl	68	cimetidine hcl	52
cartia xt	40	CIPRO HC	69
carvedilol	39	CIPRODEX	69
		ciprofloxacin hcl	12,69
		ciprofloxacin/ciprofloxacin hcl	12

citalopram hydrobromide	17	cormax	7
claravis	48	cortisone acetate	7
clarithromycin	11	CREON	50
clemastine fumarate	69	CRESTOR	44
clindacin etz	9	CRIXIVAN	30
clindacin p	9	cromolyn sodium	67,71
clindamycin hcl	9	cryselle	57
clindamycin palmitate hcl	9	CUPRIMINE	53
clindamycin phosphate	9	CUVPOSA	50
clindamycin phosphate/benzoyl peroxide	48	cyanocobalamin (vitamin b-12)	74
clobetasol propionate	6	cyclafem	57
clobetasol propionate/emollient base	6	cyclobenzaprine hcl	73
clodan	6	CYCLOPHOSPHAMIDE CAPSULES	22
clomipramine hcl	18	cyclophosphamide tablets	23
clonazepam	33	cycloserine	9
clonidine	37	cyclosporine	64
clonidine hcl	37	cyclosporine, modified	48,64
clopidogrel bisulfate	37	cyproheptadine hcl	69
clorazepate dipotassium	33	cyred	57
clotrimazole	20	CYSTAGON	53
clotrimazole/betamethasone dipropionate	48	CYSTARAN	67
clozapine	28		
co-gesic	3	D	
codeine phosphate/butalbital/aspirin/caffeine	3	danazol	56
codeine phosphate/carisoprodol/aspirin	3	dantrolene sodium	29
codeine sulfate	3	dapsone	22
colchicine	21	DARAPRIM	26
colchicine/probenecid	21	dasetta	57
COLCRYS	21	daysee	57
COLESTID	44	DAYTRANA	46
colestid	44	deblitane	61
colestipol hcl	44	delyla	57
COMBIPATCH	57	DELZICOL	51
COMBIVENT	70	demeclocycline hcl	13
COMBIVENT RESPIMAT	70	DENAVIR	32
COMETRIQ	25	depade	5
COMPLERA	29	DEPEN	53
compro	18	DEPO-SUBQ PROVERA 104	61
constulose	52	desipramine hcl	18
COPAXONE	47	desmopressin acetate	55
COREG CR	39	desmopressin acetate (non-refrigerated)	55

desogestrel-ethinyl estradiol	57	dorzolamide hcl/timolol maleate	68
desogestrel-ethinyl estradiol/ethinyl estradiol	57	doxazosin mesylate	38
desonide	7	doxepin hcl	18
desoximetasone	7	doxercalciferol	66
dexamethasone	54	doxycycline hyclate	13
dexamethasone sod phosphate	54	doxycycline monohydrate	13
dexmethylphenidate hcl	46	DROXIA	23
dextroamphetamine sulf-saccharate/amphetamine sulf- aspartate	45,46	DUAVEE	57
dextroamphetamine sulfate	46	duloxetine hcl	17
DIASTAT	14	dynacin	13
diazepam	14,33	DYRENIUM	43
DICLEGIS	18	E	
diclofenac potassium	1	E.E.S. 200	11
diclofenac sodium	1,54	econazole nitrate	20
dicloxacillin sodium	11	EDECRIN	43
dicyclomine hcl	50	EDURANT	29
didanosine	29	EFFIENT	37
DIFFERIN	49	EGRIFTA	55
DIFICID	11	ELELYSO	50
diflorasone diacetate	7	ELIDEL	49
diflunisal	1	ELIGARD	63
digitek	42	elimite	26
digox	42	elinest	57
digoxin	42	ELIQUIS	36
dihydrocodeine bitartrate/acetaminophen/caffeine	3	ELMIRON	54
dihydroergotamine mesylate	21	EMCYT	23
DILANTIN	15	EMEND	19
DILATRATE-SR	45	emoquette	57
dilt-cd	40	EMTRIVA	29
dilt-xr	40	enalapril maleate	38
diltiazem hcl	41	enalapril maleate/hydrochlorothiazide	42
diltzac er	41	ENBREL	64
DIPENTUM	65	endocet	3
diphenoxylate hcl/atropine sulfate	51	endodan	3
dipyridamole	37	enoxaparin sodium	36
disopyramide phosphate	39	enpresse	57
disulfiram	5	enskyce	57
divalproex sodium	14	entacapone	27
donepezil hcl	16	entecavir	31
dorzolamide hcl	68	enulose	52

EPANED	38	EXTAVIA	47
EPIFOAM	54	F	
EPIPEN 2-PAK	71	falmina	58
EPIPEN JR 2-PAK	71	famciclovir	32
epitol	15	famotidine	52
EPIVIR HBV	31	FARESTON	23
eplerenone	43	FARXIGA	33
EPOGEN	37	FARYDAK	24
EPZICOM	29	felbamate	14
EQUETRO	15	felodipine	41
ergocalciferol (vitamin d2)	74	fenofibrate	43
ergotamine tartrate/caffeine	21	fenofibrate nanocrystallized	44
ERIVEDGE	25	fenofibrate, micronized	44
errin	61	fenofibric acid	44
ERY-TAB	11	fenofibric acid (choline)	44
erygel	11	fenopropfen calcium	1
ERYPED 200	11	fentanyl	2
erythromycin base	11	FINACEA	49
erythromycin base/benzoyl peroxide	49	finasteride	53
erythromycin base/ethyl alcohol	12	FIRAZYR	65
erythromycin ethylsuccinate	12	FLAREX	54
erythromycin ethylsuccinate/sulfisoxazole acetyl	9	flavoxate hcl	53
ESBRIET	72	flecainide acetate	39
escitalopram oxalate	17	FLOVENT DISKUS	54
estarylla	57	FLOVENT HFA	54
estazolam	73	fluconazole	20
ESTRACE	57	fludrocortisone acetate	7
estradiol	58	flunisolide	69
estradiol/norethindrone acetate	58	fluocinolone acetonide	7
ESTRING	58	fluocinolone acetonide oil	54
estropipate	58	fluocinonide	7
eszopiclone	73	fluocinonide/emollient base	7
ethambutol hcl	22	FLUOR-A-DAY	48
ethinyl estradiol/drospirenone	58	fluoride/iron/vitamins a,c,and d	74
ethosuximide	13	fluoritab	48
etidronate disodium	66	fluorometholone	54
etodolac	1	FLUOROPLEX	49
EVOTAZ	30	fluorouracil	49
EXELON	16	fluoxetine hcl	17
exemestane	24	fluphenazine hcl	28
EXJADE	74		

flura-drops	74	gildess 24 fe	58
flurazepam hcl	73	gildess fe	58
flurbiprofen	1	GILENYA	47
flurbiprofen sodium	68	GILOTRIF	24
fluticasone propionate	7,54	GLATOPA	47
fluvastatin sodium	44	GLEEVEC	25
flvoxamine maleate	17	GLEOSTINE	23
FML FORTE	55	glimepiride	33
FML S.O.P.	55	glipizide	34
FOCALIN XR	46	glipizide/metformin hcl	34
fondaparinux sodium	36	GLUCAGEN 1MG HYPOKIT	35
FORADIL	71	GLUCAGON EMERGENCY KIT	35
FORTEO	66	glyburide	34
fortical	66	glyburide,micronized	34
fosinopril sodium	38	glyburide/metformin hcl	34
fosinopril sodium/hydrochlorothiazide	42	glycopyrrolate	50
FRAGMIN	36	glydo	5
FULYZAQ	51	GLYXAMBI	34
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