

Providence Formulary K

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 an expansive network of participating pharmacies nationwide at discounted rates. Search the [provider directory](#) to locate participating pharmacies near you.

ACA Preventive drugs

Patient Protection and Affordable Care Act (ACA) Preventive Drugs are generic or brand name medications incorporated in the formulary, include routine vaccinations recommended by the Advisory Committee on Immunization Practices (ACIP), and are covered at no cost when received from participating pharmacies. Coverage of ACA Preventive Drugs are subject to your plan's benefit and may be excluded under certain plans (see your plan's Benefit Summary or Member Handbook for details). Additionally, if an ACA Preventive Drug is a brand name medication, when the generic equivalent becomes available, the brand name medication will no longer be covered in full and will be subject to your applicable brand name cost share and depending on your benefit, the difference in cost between brand and generic.

Safe Harbor Preventive drugs

HSA-Qualified health plans typically provide benefits only after the deductible has been met. The Internal Revenue Code governing HSA-Qualified plans provides for a "safe harbor" for qualifying preventive medications, allowing these safe harbor medications to be exempt from the deductible. The preventive safe harbor does not include any drug or medication used to treat an existing illness, injury or condition. Safe Harbor Preventive drugs are subject to formulary and tier status, as well as pharmacy management programs such as prior authorization, step therapy and/or quantity limits. We require that new prescriptions be filled for an initial 30-day supply before a 90-day supply of maintenance medication is allowed to process.

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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 [Credena Health](#).

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: Crestor®, a brand-name drug commonly used to treat high cholesterol, is now available in generic form under the name rosuvastatin. Crestor® and rosuvastatin are identical drugs – the only difference is that one costs more than the other.

- **Generic alternative** - A generic alternative is a generic drug used to treat the same condition as a brand-name drug. It is not, however, the exact same 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: duloxetine, the generic form of Cymbalta®, may be prescribed instead of Viibryd® in the treatment of depression. 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.

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The Providence formulary

Your prescription drug plan provides coverage for medications listed on the Providence [formulary](#). Developed in collaboration with Providence Health Plan, 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.

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.

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. Depending on your benefit, brand name medications may no longer be covered at its current cost sharing tier when the generic equivalent becomes available. You may be subject to a higher cost share. The formulary document may not immediately reflect this change upon the release of the generic formulation to the market.

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. 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.

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More information regarding medications that are not FDA approved can be found on our website 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 have already 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's 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 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](#).

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Providence Health Plan's Formulary Drug List

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., JANUVIA®) and generic drugs are listed in lower-case italics (e.g., *simvastatin*).

The second column of the chart lists the Drug Status. The Drug Status lets you know the amount you will pay at the pharmacy per your Benefit Summary.

- | | |
|-----------------------------|--|
| • 'ACA Preventive' | - Covered in full, zero cost share. |
| • 'Preferred Generic' | - Refer to your benefit summary for details. |
| • 'Non-Preferred Generic' | - Refer to your benefit summary for details. |
| • 'Preferred Brand' | - Refer to your benefit summary for details. |
| • 'Non-Preferred Brand' | - Refer to your benefit summary for details. |
| • 'Preferred Specialty' | - Refer to your benefit summary for details. |
| • 'Non-Preferred Specialty' | - Refer to your benefit summary for details. |
| • 'Safe Harbor (-SH)' | - Indicates Safe Harbor Preventive drug |

The information in the Requirements/Limits column tells you if Providence Health Plan has any special requirements for coverage of your drug.

The following abbreviations may be found within the body of this document

COVERAGE NOTES ABBREVIATIONS

| ABBREVIATION | DESCRIPTION | EXPLANATION |
|---|---------------------------------|---|
| Utilization Management Restrictions | | |
| PA | Prior Authorization Restriction | You (or your physician) are required to get prior authorization from Providence Health Plan before you fill your prescription for this drug. Without prior approval, Providence Health Plan may not cover this drug. |
| QL | Quantity Limit Restriction | Providence Health Plan limits the amount of this drug that is covered per prescription, or within a specific time frame. |
| ST | Step Therapy Restriction | Before Providence Health Plan will provide coverage for this drug, you must first try another drug to treat your medical condition. This drug may only be covered if the other drug does not work for you. |
| Other Special Requirements for Coverage | | |
| LA | Limited Access Drug | This prescription is limited to certain pharmacies. For more information, consult your Provider and Pharmacy Directory or call Customer Service at 1-877-216-3644, daily between 8 a.m. and 5 p.m., Monday – Friday. TTY/TDD users should call 711. |
| SH | Safe Harbor Preventive | Covered pre-deductible; copay/coinsurance applies. |

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

| Drug Name | Status* | Requirements/Limits |
|---|-----------------------|--|
| ANALGESICS | | |
| NONSTEROIDAL ANTI-INFLAMMATORY DRUGS | | |
| | | |
| ASPIRIN (81 MG TAB CHEW, 81 MG TABLET DR) | ACA Preventive | C (Male - 50 to 59 yrs old; Female - 12 to 59 yrs old) |
| <i>butalbital/aspirin/caffeine (50-325-40 capsule, 50-325-40 tablet)</i> | Non-Preferred Generic | |
| CAMBIA | Non-Preferred Brand | PA, QL (9 PER 30 DAYS) |
| <i>celecoxib</i> | Non-Preferred Generic | |
| <i>diclofenac epolamine</i> | Non-Preferred Generic | ST |
| <i>diclofenac sodium (1 % gel (gram), 1.5 % drops, 25 mg tablet dr, 50 mg tablet dr, 75 mg tablet dr)</i> | Non-Preferred Generic | |
| <i>diclofenac sodium/misoprostol</i> | Non-Preferred Generic | |
| <i>diflunisal</i> | Non-Preferred Generic | |
| <i>etodolac (200 mg capsule, 300 mg capsule, 400 mg tablet, 500 mg tablet)</i> | Non-Preferred Generic | |
| <i>fenoprofen calcium 600 mg tablet</i> | Non-Preferred Generic | |
| <i>flurbiprofen</i> | Non-Preferred Generic | |
| <i>ibuprofen (400 mg tablet, 600 mg tablet, 800 mg tablet)</i> | Preferred Generic | |
| <i>ibuprofen (400 mg tablet, 600 mg tablet, 800 mg tablet)</i> | Preferred Generic | |
| <i>indomethacin (25 mg capsule, 50 mg capsule, 75 mg capsule er)</i> | Preferred Generic | |
| <i>ketoprofen 50 mg capsule</i> | Non-Preferred 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

2022 PROVIDENCE FORMULARY K

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

| Drug Name | Status* | Requirements/Limits |
|--|-----------------------|----------------------------|
| <i>ketorolac tromethamine (15 mg/ml vial, 15 mg/ml cartridge, 15 mg/ml syringe, 30mg/ml(1) vial, 30 mg/ml syringe, 30 mg/ml cartridge)</i> | Non-Preferred Generic | PA, QL (20 ML PER 28 DAYS) |
| <i>ketorolac tromethamine 10 mg tablet</i> | Non-Preferred Generic | |
| <i>ketorolac tromethamine (60 mg/2 ml cartridge, 60 mg/2 ml vial, 60 mg/2 ml syringe)</i> | Non-Preferred Generic | PA, QL (10 ML PER 28 DAYS) |
| <i>meclofenamate sodium</i> | Non-Preferred Generic | |
| <i>mefenamic acid</i> | Non-Preferred Generic | |
| <i>meloxicam</i> | Preferred Generic | |
| <i>nabumetone</i> | Non-Preferred Generic | |
| <i>naproxen (250 mg tablet, 375 mg tablet, 500 mg tablet)</i> | Preferred Generic | |
| <i>naproxen (125 mg/5ml oral susp, 375 mg tablet dr, 500 mg tablet dr)</i> | Non-Preferred Generic | |
| <i>naproxen sodium (275 mg tablet, 550 mg tablet)</i> | Non-Preferred Generic | |
| <i>oxaprozin</i> | Non-Preferred Generic | |
| <i>piroxicam</i> | Non-Preferred Generic | |
| <i>sulindac</i> | Non-Preferred Generic | |
| <i>tolmetin sodium (200 mg tablet, 400 mg capsule, 600 mg tablet)</i> | Non-Preferred Generic | |
| VAZALORE 81 MG CAPSULE | ACA Preventive | |

OPIOID ANALGESICS, LONG-ACTING

| | | |
|----------------------|-----------------------|--|
| <i>buprenorphine</i> | Non-Preferred Generic | PA, QL (4 PER 28 DAYS), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day) |
|----------------------|-----------------------|--|

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

| Drug Name | Status* | Requirements/Limits |
|---|-----------------------|--|
| fentanyl (12 mcg/hr patch td72, 25 mcg/hr patch td72, 50mcg/hr patch td72, 75mcg/hr patch td72, 100 mcg/hr patch td72) | Non-Preferred Generic | QL (15 PER 30 DAYS), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day) |
| hydrocodone bitartrate (10 mg cap er 12h, 15 mg cap er 12h, 20 mg cap er 12h, 30 mg cap er 12h, 40 mg cap er 12h, 50 mg cap er 12h) | Non-Preferred Generic | PA, QL (2 PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day) |
| hydromorphone hcl (8 mg tab er 24h, 12 mg tab er 24h, 16 mg tab er 24h, 32 mg tab er 24h) | Non-Preferred Generic | PA, QL (1 PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day) |
| methadone hcl 10 mg/ml oral conc | Non-Preferred Generic | QL (4 ML PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day) |
| methadone hcl 10 mg/5 ml solution | Non-Preferred Generic | QL (20 ML PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day) |
| methadone hcl 5 mg/5 ml solution | Non-Preferred Generic | QL (40 ML PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day) |
| methadone hcl (5 mg tablet, 10 mg tablet, 40 mg tablet sol) | Non-Preferred Generic | QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day) |
| methadone intensol | Non-Preferred Generic | QL (4 ML PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day) |
| methadose 40 mg tablet dispr | Non-Preferred Generic | QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day) |
| morphine sulfate (30 mg cpmp 24hr, 45 mg cpmp 24hr, 60 mg cpmp 24hr, 75 mg cpmp 24hr, 90 mg cpmp 24hr, 120 mg cpmp 24hr) | Non-Preferred Generic | PA, QL (1 PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day) |

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

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

OPIOID ANALGESICS, SHORT-ACTING

| | | |
|---|-----------------------|--|
| <i>acetaminophen with codeine phosphate (120-12mg/5 solution, 300mg/12.5 solution, 300mg-30mg tablet, 300mg-60mg tablet, 300mg-15mg tablet)</i> | Non-Preferred Generic | PA, QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day) |
| <i>ascomp with codeine</i> | Non-Preferred Generic | PA, QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day) |
| <i>butalbit/acetamin/caff/codeine 50-325-30 capsule</i> | Non-Preferred Generic | PA, QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day) |

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| Drug Name | Status* | Requirements/Limits |
|---|-----------------------|---|
| <i>butorphanol tartrate 10 mg/ml spray</i> | Non-Preferred Generic | QL (5 ML PER 30 DAYS), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day) |
| <i>codeine phosphate/butalbital/aspirin/caffeine</i> | Non-Preferred Generic | PA, QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day) |
| <i>codeine sulfate</i> | Non-Preferred Generic | PA, QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day) |
| <i>endocet (2.5-325 mg tablet, 5-325 mg tablet, 7.5-325 mg tablet)</i> | Non-Preferred Generic | QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day) |
| <i>endocet 10-325 mg tablet</i> | Non-Preferred Generic | QL (8 PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day) |
| <i>fentanyl citrate (200 mcg lozenge hd, 400 mcg lozenge hd, 600 mcg lozenge hd, 800 mcg lozenge hd, 1200 mcg lozenge hd, 1600 mcg lozenge hd)</i> | Non-Preferred Generic | PA, QL (4 PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day) |
| <i>hydrocodone bitartrate/acetaminophen (2.5-108/5 solution, 5 mg-325mg tablet, 5-217mg/10 solution, 7.5-325/15 solution, 7.5-325 mg tablet, 10mg-325mg tablet)</i> | Non-Preferred Generic | QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day) |
| <i>hydrocodone/ibuprofen</i> | Non-Preferred Generic | QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day) |
| <i>hydromorphone hcl (1 mg/ml liquid, 3 mg supp.rect, 4 mg tablet, 8 mg tablet)</i> | Non-Preferred Generic | QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day) |
| <i>hydromorphone hcl 2 mg tablet</i> | Non-Preferred Generic | QL (10 PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day) |
| <i>ibuprofen/oxycodone hcl</i> | Non-Preferred Generic | QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day) |

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| Drug Name | Status* | Requirements/Limits |
|--|-----------------------|--|
| <i>loracet</i> | Non-Preferred Generic | QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day) |
| <i>loracet hd</i> | Non-Preferred Generic | QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day) |
| <i>loracet plus</i> | Non-Preferred Generic | QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day) |
| <i>morphine sulfate (5 mg supp.rect, 10 mg supp.rect, 15 mg tablet, 20 mg supp.rect, 30 mg tablet, 30 mg supp.rect, 100 mg/5ml solution)</i> | Non-Preferred Generic | QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day) |
| <i>morphine sulfate 10 mg/5 ml solution</i> | Non-Preferred Generic | QL (60 ML PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day) |
| <i>morphine sulfate 20 mg/5 ml solution</i> | Non-Preferred Generic | QL (30 ML PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day) |
| NUCYNTA | Non-Preferred Brand | PA, QL (6 PER DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day) |
| <i>oxycodone hcl 5 mg capsule</i> | Non-Preferred Generic | QL (10 PER DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day) |
| <i>oxycodone hcl (5 mg/5 ml solution, 5 mg tablet, 10 mg tablet, 15 mg tablet, 20 mg tablet, 30 mg tablet)</i> | Non-Preferred Generic | QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day) |
| <i>oxycodone hcl 100 mg/5 ml conc</i> | Non-Preferred Generic | QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day) |
| <i>oxycodone hcl/acetaminophen (2.5-325 mg tablet, 5 mg-325mg tablet, 7.5-325 mg tablet)</i> | Non-Preferred Generic | QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day) |

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

| Drug Name | Status* | Requirements/Limits |
|--|-----------------------|--|
| <i>oxycodone hcl/acetaminophen 10mg-325mg tablet</i> | Non-Preferred Generic | QL (8 PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day) |
| <i>oxycodone hcl/aspirin</i> | Non-Preferred Generic | QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day) |
| <i>oxymorphone hcl (5 mg tablet, 10 mg tablet)</i> | Non-Preferred Generic | PA, QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day) |
| <i>tramadol hcl 50 mg tablet</i> | Non-Preferred Generic | PA, QL (8 PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day) |
| <i>tramadol hcl/acetaminophen</i> | Non-Preferred Generic | PA, QL (10 PER DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day) |

ANESTHETICS

LOCAL ANESTHETICS

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

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

| Drug Name | Status* | Requirements/Limits |
|--|--------------------------|---------------------|
| <i>midazolam hcl/pf (2 mg/2 ml cartridge, 2 mg/2 ml vial, 2 mg/2 ml syringe, 5 mg/ml syringe, 5 mg/ml cartridge, 5 mg/5 ml vial, 5 mg/ml(1) vial, 10 mg/2 ml vial, 10 mg/2 ml syringe)</i> | Non-Preferred Generic | |

ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS

ALCOHOL DETERRENTS/ANTI-CRAVING

| | |
|----------------------------|--------------------------|
| <i>acamprosate calcium</i> | Non-Preferred Generic |
| <i>disulfiram</i> | Non-Preferred Generic |
| <i>naltrexone hcl</i> | Non-Preferred Generic |

OPIOID DEPENDENCE

| | | |
|--|--------------------------|--------------------------|
| <i>buprenorphine hcl 2 mg tab subl</i> | Non-Preferred Generic | QL (4 PER 1 DAY) |
| <i>buprenorphine hcl 8 mg tab subl</i> | Non-Preferred Generic | QL (3 PER 1 DAY) |
| <i>buprenorphine hcl/naloxone hcl (/naloxone 2 mg-0.5mg film, /naloxone 2 mg-0.5mg tab subl, /naloxone 4mg-1mg film)</i> | Non-Preferred Generic | QL (4 PER 1 DAY) |
| <i>buprenorphine hcl/naloxone hcl (/naloxone 8 mg-2 mg film, /naloxone 12 mg-3 mg film)</i> | Non-Preferred Generic | QL (3 PER 1 DAY) |
| <i>buprenorphine hcl/naloxone hcl 8 mg-2 mg tab subl</i> | Non-Preferred Generic | QL (3 PER DAY) |
| <i>LUCEMYRA</i> | Non-Preferred Brand | ST, QL (168 PER 90 DAYS) |

OPIOID REVERSAL AGENTS

| | |
|--|--------------------------|
| <i>kloxxado</i> | Non-Preferred Generic |
| <i>naloxone hcl (0.4 mg/ml vial, 0.4 mg/ml cartridge, 1 mg/ml syringe, 4 mg spray)</i> | Non-Preferred Generic |

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2022 PROVIDENCE FORMULARY K

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

| Drug Name | Status* | Requirements/Limits |
|--|--------------------------|---------------------|
| SMOKING CESSATION AGENTS | | |
| BUPROPION HCL 150 MG TAB ER 12H | ACA Preventive | |
| CHANTIX STARTING MONTH BOX | ACA Preventive | |
| NICOTINE (GUM, LOZENGE, PATCH) | ACA Preventive | |
| NICOTROL | ACA Preventive | |
| NICOTROL NS | ACA Preventive | |
| VARENICLINE TARTRATE | ACA Preventive | |
| ANTIBACTERIALS | | |
| AMINOGLYCOSIDES | | |
| <i>gentamicin sulfate (0.1 % oint. (g), 0.1 % cream (g))</i> | Non-Preferred Generic | |
| <i>neomycin sulfate</i> | Preferred Generic | |
| <i>paromomycin sulfate</i> | Non-Preferred Generic | |
| ANTIBACTERIALS, OTHER | | |
| <i>clindacin etz 1% plegket</i> | Non-Preferred Generic | |
| <i>clindacin p</i> | Non-Preferred Generic | |
| <i>clindamycin hcl</i> | Preferred Generic | |
| <i>clindamycin palmitate hcl</i> | Non-Preferred Generic | |
| <i>clindamycin phosphate (1 % med. swab, 2 % cream/app)</i> | Non-Preferred Generic | |
| FIRVANQ 25 MG/ML SOLUTION | Non-Preferred Brand | |
| <i>fosfomycin tromethamine</i> | Non-Preferred Generic | |
| <i>linezolid (100 mg/5ml susp recon, 600 mg tablet)</i> | Non-Preferred Generic | |

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| Drug Name | Status* | Requirements/Limits |
|--|-------------------------|---------------------|
| <i>methenamine hippurate</i> | Non-Preferred Generic | |
| <i>metronidazole (0.75 % gel (gram), 0.75 % cream (g), 0.75 % gel w/appl, 0.75 % lotion, 1 % gel w/pump, 1 % gel (gram))</i> | Non-Preferred Generic | |
| <i>metronidazole (250 mg tablet, 500 mg tablet)</i> | Preferred Generic | |
| <i>nitrofurantoin macrocrystal (50 mg capsule, 100 mg capsule)</i> | Non-Preferred Generic | |
| <i>nitrofurantoin monohydrate/macrocrystals</i> | Non-Preferred Generic | |
| PRIMSOL | Non-Preferred Brand | |
| SIVEXTRO 200 MG TABLET | Non-Preferred Specialty | QL (6 PER 30 DAYS) |
| <i>tinidazole</i> | Non-Preferred Generic | |
| <i>trimethoprim</i> | Non-Preferred Generic | |
| <i>vancomycin hcl (50 mg/ml soln recon, 125 mg capsule, 250 mg capsule)</i> | Non-Preferred Generic | |

BETA-LACTAM, CEPHALOSPORINS

| | |
|---|-----------------------|
| <i>cefaclor (125 mg/5ml susp recon, 250 mg/5ml susp recon, 250 mg capsule, 375 mg/5ml susp recon, 500 mg capsule)</i> | Non-Preferred Generic |
| <i>cefadroxil (1 g tablet, 250 mg/5ml susp recon, 500 mg capsule, 500 mg/5ml susp recon)</i> | Non-Preferred Generic |
| <i>cefdinir (125 mg/5ml susp recon, 250 mg/5ml susp recon, 300 mg capsule)</i> | Non-Preferred Generic |
| <i>cefditoren pivoxil 400 mg tablet</i> | Non-Preferred Generic |
| <i>cefixime (100 mg/5ml susp recon, 200 mg/5ml susp recon, 400 mg capsule)</i> | Non-Preferred Generic |

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

BETA-LACTAM, PENICILLINS

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

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

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| Drug Name | Status* | Requirements/Limits |
|---|-------------------------|---------------------------|
| <i>sulfamethoxazole/trimethoprim (400mg-80mg tablet, 800-160 mg tablet)</i> | Preferred Generic | |
| TETRACYCLINES | | |
| <i>avidoxy</i> | Non-Preferred Generic | |
| <i>demeclacycline hcl</i> | Non-Preferred Generic | |
| <i>doxycycline hyclate (20 mg tablet, 50 mg capsule, 100 mg capsule, 100 mg tablet)</i> | Non-Preferred Generic | |
| <i>doxycycline monohydrate (25 mg/5 ml susp recon, 50 mg capsule, 50 mg tablet, 75 mg tablet, 100 mg tablet, 100 mg capsule, 150 mg tablet)</i> | Non-Preferred Generic | |
| <i>minocycline hcl (50 mg capsule, 75 mg capsule, 100 mg capsule)</i> | Non-Preferred Generic | |
| <i>monodoxine nl 100 mg capsule</i> | Non-Preferred Generic | |
| <i>morgidox (50 mg capsule, 100 mg capsule)</i> | Non-Preferred Generic | |
| <i>tetracycline hcl</i> | Non-Preferred Generic | |
| ANTICONVULSANTS | | |
| ANTICONVULSANTS, OTHER | | |
| <i>BRIVIACT (10 MG/ML ORAL SOLN, 10 MG TABLET, 25 MG TABLET, 50 MG TABLET, 75 MG TABLET, 100 MG TABLET)</i> | Non-Preferred Brand | ST |
| <i>DIACOMIT (250 MG CAPSULE, 250 MG POWDER PACKET)</i> | Non-Preferred Specialty | PA, LA, QL (12 PER 1 DAY) |
| <i>DIACOMIT (500 MG POWDER PACKET, 500 MG CAPSULE)</i> | Non-Preferred Specialty | PA, LA, QL (6 PER 1 DAY) |

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| Drug Name | Status* | Requirements/Limits |
|---|-------------------------|----------------------------|
| <i>divalproex sodium (125 mg cap dr spr, 250 mg tab er 24h, 500 mg tab er 24h)</i> | Non-Preferred Generic | |
| <i>divalproex sodium (125 mg tablet dr, 250 mg tablet dr, 500 mg tablet dr)</i> | Preferred Generic | |
| EPIDIOLEX | Preferred Specialty | PA, LA |
| <i>felbamate (400 mg tablet, 600 mg tablet, 600 mg/5ml oral susp)</i> | Non-Preferred Generic | |
| FINTEPLA | Non-Preferred Specialty | PA, LA, QL (12 ML PER DAY) |
| <i>FYCOMPA (0.5 MG/ML ORAL SUSP, 2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)</i> | Non-Preferred Brand | ST |
| LAMICTAL XR (BLUE) | Non-Preferred Brand | |
| LAMICTAL XR (GREEN) | Non-Preferred Brand | |
| LAMICTAL XR (ORANGE) | Non-Preferred Brand | |
| <i>lamotrigine (25 mg tab er 24, 50 mg tab er 24, 100 mg tab er 24, 200 mg tab er 24, 250 mg tab er 24, 300 mg tab er 24)</i> | Non-Preferred Generic | |
| <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> | Preferred Generic | |
| <i>levetiracetam (100 mg/ml solution, 250 mg tablet, 500 mg tab er 24h, 500 mg/5ml solution, 500 mg tablet, 750 mg tab er 24h, 750 mg tablet, 1000 mg tablet)</i> | Non-Preferred Generic | |
| roweepra | Non-Preferred Generic | |
| roweepra xr | Non-Preferred Generic | |
| <i>subvenite</i> | Preferred Generic | |

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| Drug Name | Status* | Requirements/Limits |
|--|-----------------------|---------------------|
| <i>subvenite (blue)</i> | Preferred 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> | Non-Preferred Generic | PA |
| <i>topiramate (15 mg cap sprink, 25 mg cap sprink)</i> | Non-Preferred Generic | |
| <i>topiramate (25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)</i> | Preferred Generic | |
| <i>valproic acid</i> | Non-Preferred Generic | |
| <i>valproic acid (as sodium salt) (valproate sodium) (salt) 250 mg/5ml solution, salt) 500mg/10ml solution)</i> | Non-Preferred Generic | |
| <i>XCOPRI (12.5-25 MG TITRATION PK, 50 MG TABLET, 50-100 MG TITRATION PAK, 100 MG TABLET, 150-200 MG TITRATION PK, 150 MG TABLET, 200 MG TABLET, 250 MG DAILY DOSE PACK, 350 MG DAILY DOSE PACK)</i> | Non-Preferred Brand | ST |

CALCIUM CHANNEL MODIFYING AGENTS

| | |
|---|-----------------------|
| <i>CELONTIN</i> | Non-Preferred Brand |
| <i>ethosuximide (250 mg/5ml solution, 250 mg capsule)</i> | Non-Preferred Generic |

GAMMA-AMINOBUTYRIC ACID (GABA) AUGMENTING AGENTS

| | |
|---|-----------------------|
| <i>clobazam (2.5 mg/ml oral susp, 10 mg tablet, 20 mg tablet)</i> | Non-Preferred Generic |
| <i>diazepam (2.5 mg kit, 5-7.5-10mg kit, 12.5-15-20 kit)</i> | Non-Preferred Generic |
| <i>gabapentin (100 mg capsule, 250 mg/5ml solution, 300 mg capsule, 400 mg capsule, 600 mg tablet, 800 mg tablet)</i> | Preferred Generic |

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| Drug Name | Status* | Requirements/Limits |
|--|----------------------------|------------------------|
| <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> | Non-Preferred Generic | |
| <i>primidone</i> | Non-Preferred Generic | |
| <i>SYMPAZAN</i> | Non-Preferred Brand | PA |
| <i>tiagabine hcl</i> | Non-Preferred Generic | |
| <i>VALTOCO</i> | Non-Preferred Brand | PA, QL (2 PER 30 DAYS) |
| <i>VIGABATRIN (500 MG TABLET, 500 MG POWD PACK)</i> | Non-Preferred Specialty | PA, LA |
| <i>VIGADRONE</i> | Non-Preferred Specialty | PA, LA |

SODIUM CHANNEL AGENTS

| | | |
|--|--------------------------|----|
| <i>APTIOM</i> | Non-Preferred Brand | ST |
| <i>carbamazepine (100 mg tab er 12h, 100 mg cpmp 12hr, 100 mg tab chew, 100 mg/5ml oral susp, 200 mg tablet, 200 mg tab er 12h, 200 mg cpmp 12hr, 300 mg cpmp 12hr, 400 mg tab er 12h)</i> | Non-Preferred Generic | |
| <i>DILANTIN 30 MG CAPSULE</i> | Non-Preferred Brand | |
| <i>epitol</i> | Non-Preferred Generic | |
| <i>lacosamide (50 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)</i> | Non-Preferred Generic | |
| <i>oxcarbazepine (150 mg tablet, 300 mg tablet, 300 mg/5ml oral susp, 600 mg tablet)</i> | Non-Preferred Generic | |
| <i>OXTELLAR XR</i> | Non-Preferred Brand | |

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| Drug Name | Status* | Requirements/Limits |
|---|-----------------------|---------------------|
| PEGANONE | Non-Preferred Brand | |
| <i>phenytoin (50 mg tab chew, 100 mg/4ml oral susp, 125 mg/5ml oral susp)</i> | Non-Preferred Generic | |
| <i>phenytoin sodium extended</i> | Non-Preferred Generic | |
| <i>rufinamide (40 mg/ml oral susp, 200 mg tablet, 400 mg tablet)</i> | Non-Preferred Generic | ST |
| VIMPAT 10 MG/ML SOLUTION | Preferred Brand | |
| <i>zonisamide</i> | Non-Preferred Generic | |

ANTICONVULSANTS, OTHER

ANTICONVULSANTS

| | | |
|----------|---------------------|------------------------|
| NAYZILAM | Non-Preferred Brand | PA, QL (2 PER 30 DAYS) |
|----------|---------------------|------------------------|

ANTIDEMENTIA AGENTS

ANTIDEMENTIA AGENTS, OTHER

| | |
|---------------------------|-----------------------|
| <i>ergoloid mesylates</i> | Non-Preferred Generic |
|---------------------------|-----------------------|

CHOLINESTERASE INHIBITORS

| | |
|--|-----------------------|
| <i>donepezil hcl 23 mg tablet</i> | Non-Preferred Generic |
| <i>donepezil hcl (5 mg tab rapdis, 5 mg tablet, 10 mg tablet, 10 mg tab rapdis)</i> | Preferred Generic |
| <i>galantamine hbr (4 mg tablet, 4 mg/ml solution, 8 mg cap24h pel, 8 mg tablet, 12 mg tablet, 16 mg cap24h pel, 24 mg cap24h pel)</i> | Non-Preferred Generic |
| <i>rivastigmine</i> | Non-Preferred Generic |

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| Drug Name | Status* | Requirements/Limits |
|---|-----------------------|----------------------|
| <i>rivastigmine tartrate</i> | Non-Preferred Generic | QL (2 PER 1 DAY) |
| N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST | | |
| <i>memantine hcl (7 mg cap spr 24, 14 mg cap spr 24, 21 mg cap spr 24, 28 mg cap spr 24)</i> | Non-Preferred Generic | QL (1 PER 1 DAY) |
| <i>memantine hcl 2 mg/ml solution</i> | Non-Preferred Generic | QL (10 ML PER 1 DAY) |
| <i>memantine hcl (5 mg-10 mg tab ds pk, 5 mg tablet, 10 mg tablet)</i> | Non-Preferred Generic | |
| ANTIDEPRESSANTS | | |
| ANTIDEPRESSANTS, OTHER | | |
| <i>bupropion hcl (75 mg tablet, 100 mg tab sr 12h, 100 mg tablet, 150 mg tab er 24h, 150 mg tab sr 12h, 200 mg tab sr 12h, 300 mg tab er 24h)</i> | Preferred Generic | |
| <i>LYBALVI</i> | Non-Preferred Brand | ST |
| <i>maprotiline hcl</i> | Non-Preferred 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> | Preferred Generic | |
| <i>olanzapine/fluoxetine hcl</i> | Non-Preferred Generic | |
| <i>perphenazine/amitriptyline hcl</i> | Non-Preferred Generic | |
| MONOAMINE OXIDASE INHIBITORS | | |
| <i>EMSAM</i> | Non-Preferred Brand | |
| <i>MARPLAN</i> | Non-Preferred Brand | |

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

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| Drug Name | Status* | Requirements/Limits |
|---|---------------------|---------------------|
| <i>trazodone hcl (50 mg tablet, 100 mg tablet, 150 mg tablet)</i> | Preferred Generic | |
| TRINTELLIX | Non-Preferred Brand | ST |
| <i>venlafaxine hcl (25 mg tablet, 37.5 mg cap er 24h, 37.5 mg tablet, 50 mg tablet, 75 mg cap er 24h, 75 mg tablet, 100 mg tablet, 150 mg cap er 24h)</i> | Preferred Generic | |
| VIIBRYD (10 MG TABLET, 10-20 MG STARTER PACK, 20 MG TABLET, 40 MG TABLET) | Non-Preferred Brand | ST |

TRICYCLICS

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

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| Drug Name | Status* | Requirements/Limits |
|--|--------------------------|---------------------|
| ANTIEMETICS | | |
| ANTIEMETICS, OTHER | | |
| <i>compro</i> | Non-Preferred Generic | |
| <i>metoclopramide hcl (5 mg tablet, 5 mg/5 ml solution, 10 mg tablet, 10 mg/10ml solution)</i> | Preferred Generic | |
| <i>perphenazine</i> | Non-Preferred Generic | |
| <i>phenadoz</i> | Non-Preferred Generic | |
| <i>prochlorperazine</i> | Non-Preferred Generic | |
| <i>prochlorperazine maleate</i> | Preferred Generic | |
| <i>promethazine hcl (12.5 mg supp.rect, 25 mg supp.rect, 50 mg supp.rect)</i> | Non-Preferred Generic | |
| <i>promethazine hcl 50 mg tablet</i> | Preferred Generic | |
| <i>promethegan</i> | Non-Preferred Generic | |
| <i>scopolamine</i> | Non-Preferred Generic | |
| <i>trimethobenzamide hcl</i> | Non-Preferred Generic | |
| EMETOGENIC THERAPY ADJUNCTS | | |
| <i>AKYNZEO 300-0.5 MG CAPSULE</i> | Non-Preferred Brand | QL (4 PER 28 DAYS) |
| <i>aprepitant 125mg-80mg cap ds pk</i> | Non-Preferred Generic | QL (6 PER 30 DAYS) |
| <i>aprepitant 125 mg capsule</i> | Non-Preferred Generic | QL (2 PER 30 DAYS) |
| <i>aprepitant 40 mg capsule</i> | Non-Preferred Generic | QL (8 PER 30 DAYS) |

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| Drug Name | Status* | Requirements/Limits |
|---|-----------------------|------------------------|
| <i>aprepitant 80 mg capsule</i> | Non-Preferred Generic | QL (4 PER 30 DAYS) |
| <i>dronabinol</i> | Non-Preferred Generic | PA |
| <i>EMEND 125 MG POWDER PACKET</i> | Non-Preferred Brand | QL (2 PER 30 DAYS) |
| <i>granisetron hcl 1 mg tablet</i> | Non-Preferred Generic | QL (8 PER 30 DAYS) |
| <i>ondansetron hcl (4 mg/5 ml solution, 24 mg tablet)</i> | Non-Preferred Generic | |
| <i>ondansetron hcl (4 mg tablet, 8 mg tablet)</i> | Preferred Generic | |
| <i>ondansetron odt (4 mg tablet, 8 mg tablet)</i> | Preferred Generic | |
| <i>SANCUSO</i> | Non-Preferred Brand | ST, QL (2 PER 30 DAYS) |
| <i>VARUBI</i> | Non-Preferred Brand | LA, QL (8 PER 28 DAYS) |

ANTIFUNGALS

| | | |
|--|-------------------------|----|
| <i>clotrimazole 10 mg troche</i> | Non-Preferred Generic | |
| <i>CRESEMBA 186 MG CAPSULE</i> | Non-Preferred Specialty | PA |
| <i>econazole nitrate</i> | Non-Preferred Generic | |
| <i>ERTACZO</i> | Non-Preferred Brand | |
| <i>fluconazole (10 mg/ml susp recon, 40 mg/ml susp recon, 50 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)</i> | Preferred Generic | |
| <i>flucytosine</i> | Non-Preferred Generic | |

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2022 PROVIDENCE FORMULARY K

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

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2022 PROVIDENCE FORMULARY K

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| Drug Name | Status* | Requirements/Limits |
|--|-------------------------|----------------------------|
| ANTIGOUT AGENTS | | |
| <i>allopurinol</i> | Preferred Generic | |
| <i>colchicine (0.6 mg capsule, 0.6 mg tablet)</i> | Non-Preferred Generic | |
| <i>febuxostat</i> | Non-Preferred Generic | |
| <i>probenecid</i> | Non-Preferred Generic | |
| <i>probenecid/colchicine</i> | Non-Preferred Generic | |
| ANTIMIGRAINE AGENTS | | |
| ANTIMIGRAINE AGENTS, OTHER | | |
| AJOVY AUTOINJECTOR | Preferred Brand | PA |
| ERGOT ALKALOIDS | | |
| <i>dihydroergotamine mesylate 1 mg/ml ampul</i> | Non-Preferred Generic | PA, QL (24 ML PER 28 DAYS) |
| <i>dihydroergotamine mesylate 0.5mg/spray spray/pump</i> | Non-Preferred Generic | PA, QL (8 ML PER 30 DAYS) |
| ERGOMAR | Non-Preferred Specialty | LA, QL (20 PER 30 DAYS) |
| <i>ergotamine tartrate/caffeine</i> | Non-Preferred Generic | QL (40 PER 28 DAYS) |
| <i>migergot</i> | Non-Preferred Generic | QL (20 PER 28 DAYS) |
| PROPHYLACTIC | | |
| AIMOVIG AUTOINJECTOR | Preferred Brand | PA |
| AJOVY SYRINGE | Preferred Brand | PA |
| EMGALITY PEN | Preferred Brand | PA |
| EMGALITY SYRINGE | Preferred Brand | PA |

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2022 PROVIDENCE FORMULARY K

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| Drug Name | Status* | Requirements/Limits |
|--|-----------------------|-------------------------|
| SEROTONIN (5-HT) RECEPTOR AGONIST | | |
| <i>almotriptan malate</i> | Non-Preferred Generic | ST, QL (12 PER 30 DAYS) |
| <i>eletriptan hydrobromide</i> | Non-Preferred Generic | ST, QL (12 PER 30 DAYS) |
| <i>frovatriptan succinate</i> | Non-Preferred Generic | QL (9 PER 30 DAYS) |
| <i>naratriptan hcl</i> | Non-Preferred Generic | QL (9 PER 30 DAYS) |
| <i>rizatriptan benzoate (5 mg tablet, 5 mg tab rapdis, 10 mg tablet, 10 mg tab rapdis)</i> | Preferred Generic | QL (9 PER 30 DAYS) |
| <i>sumatriptan</i> | Non-Preferred Generic | QL (6 PER 30 DAYS) |
| <i>sumatriptan succinate (4 mg/0.5ml pen injctr, 4 mg/0.5ml cartridge, 6 mg/0.5ml pen injctr, 6 mg/0.5ml cartridge, 6 mg/0.5ml vial)</i> | Non-Preferred Generic | QL (4 ML PER 30 DAYS) |
| <i>sumatriptan succinate 6 mg/0.5ml syringe</i> | Non-Preferred Generic | QL (2 ML PER 30 DAYS) |
| <i>sumatriptan succinate (25 mg tablet, 50 mg tablet, 100 mg tablet)</i> | Preferred Generic | QL (9 PER 30 DAYS) |
| <i>zolmitriptan 2.5 mg spray</i> | Non-Preferred Generic | QL (12 PER 30 DAYS) |
| <i>zolmitriptan 5 mg spray</i> | Non-Preferred Generic | QL (6 PER 30 DAYS) |
| <i>zolmitriptan (2.5 mg tab rapdis, 2.5 mg tablet)</i> | Non-Preferred Generic | ST, QL (12 PER 30 DAYS) |
| <i>zolmitriptan (5 mg tab rapdis, 5 mg tablet)</i> | Non-Preferred Generic | ST, QL (9 PER 30 DAYS) |

ANTIMYASTHENIC AGENTS

PARASYMPATHOMIMETICS

| | |
|----------------------|-----------------------|
| <i>guanidine hcl</i> | Non-Preferred Generic |
|----------------------|-----------------------|

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2022 PROVIDENCE FORMULARY K

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| Drug Name | Status* | Requirements/Limits |
|---|----------------------------|---------------------|
| <i>pyridostigmine bromide (60 mg/5 ml solution, 60 mg tablet, 180 mg tablet er)</i> | Non-Preferred Generic | |
| ANTIMYCOBACTERIALS | | |
| ANTIMYCOBACTERIALS, OTHER | | |
| <i>dapsone (25 mg tablet, 100 mg tablet)</i> | Non-Preferred Generic | |
| <i>rifabutin</i> | Non-Preferred Generic | |
| ANTITUBERCULARS | | |
| <i>cycloserine</i> | Non-Preferred Generic | |
| <i>ethambutol hcl</i> | Non-Preferred Generic | |
| <i>isoniazid (50 mg/5 ml solution, 100 mg tablet, 300 mg tablet)</i> | Preferred Generic | |
| PASER | Non-Preferred Brand | |
| PRIFTIN | Non-Preferred Brand | |
| <i>pyrazinamide</i> | Non-Preferred Generic | |
| RIFAMATE | Non-Preferred Brand | |
| <i>rifampin (150 mg capsule, 300 mg capsule)</i> | Non-Preferred Generic | |
| RIFATER | Non-Preferred Brand | |
| SIRTURO | Non-Preferred Specialty | LA |
| TRECATOR | Preferred Brand | |

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2022 PROVIDENCE FORMULARY K

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| Drug Name | Status* | Requirements/Limits |
|--|-------------------------|---------------------|
| ANTINEOPLASTICS | | |
| ALKYLATING AGENTS | | |
| | | |
| <i>cyclophosphamide</i> (25 mg capsule, 50 mg capsule) | Non-Preferred Generic | |
| CYCLOPHOSPHAMIDE (25 MG TABLET, 50 MG TABLET) | Non-Preferred Brand | |
| GLEOSTINE | Non-Preferred Brand | |
| LEUKERAN | Preferred Brand | |
| MATULANE | Non-Preferred Specialty | LA |
| <i>melphalan</i> | Non-Preferred Generic | PA |
| TEMOZOLOMIDE | Non-Preferred Specialty | PA |
| VALCHLOR | Non-Preferred Specialty | LA |
| ANTIANDROGENS | | |
| ABIRATERONE ACETATE 250 MG TABLET | Preferred Specialty | PA |
| <i>bicalutamide</i> | Non-Preferred Generic | |
| ERLEADA | Non-Preferred Specialty | PA, LA |
| <i>flutamide</i> | Non-Preferred Generic | |
| NILUTAMIDE | Non-Preferred Specialty | |
| NUBEQA | Preferred Specialty | PA, LA |
| TOREMIFENE CITRATE | Non-Preferred Specialty | |

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2022 PROVIDENCE FORMULARY K

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| Drug Name | Status* | Requirements/Limits |
|--|-------------------------|--|
| XTANDI (40 MG TABLET, 40 MG CAPSULE, 80 MG TABLET) | Preferred Specialty | PA, LA |
| YONSA | Non-Preferred Specialty | PA |
| ANTIANGIOGENIC AGENTS | | |
| LENALIDOMIDE | Preferred Specialty | PA, LA |
| POMALYST | Non-Preferred Specialty | PA, LA |
| REVLIMID (2.5 MG CAPSULE, 20 MG CAPSULE) | Preferred Specialty | PA, LA |
| THALOMID | Non-Preferred Specialty | LA |
| ANTIESTROGENS/MODIFIERS | | |
| EMCYT | Non-Preferred Specialty | |
| SOLTAMOX | Non-Preferred Brand | |
| <i>tamoxifen citrate</i> | Non-Preferred Generic | C (ACA ELIGIBLE - FOR FEMALE AT HIGH RISK FOR BREAST CANCER) |
| ANTIMETABOLITES | | |
| CAPECITABINE | Non-Preferred Specialty | |
| DROXIA | Non-Preferred Brand | |
| <i>hydroxyurea</i> | Non-Preferred Generic | |
| INQOVI | Non-Preferred Specialty | PA, LA |
| <i>mercaptopurine</i> | Non-Preferred Generic | |
| PURIXAN | Non-Preferred Brand | LA |

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2022 PROVIDENCE FORMULARY K

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| Drug Name | Status* | Requirements/Limits |
|---|-------------------------|----------------------------|
| SIKLOS 100 MG TABLET | Non-Preferred Brand | QL (1 PER 1 DAY) |
| TABLOID | Non-Preferred Brand | |
| ANTINEOPLASTICS, OTHER | | |
| AYVAKIT | Non-Preferred Specialty | PA, LA |
| BRUKINSA | Non-Preferred Specialty | PA, LA |
| EXKIVITY | Non-Preferred Specialty | PA |
| IDHIFA | Non-Preferred Specialty | PA, LA, QL (1 PER 1 DAY) |
| INREBIC | Non-Preferred Specialty | PA, LA |
| KISQALI FEMARA CO-PACK | Non-Preferred Specialty | PA |
| KOSELUGO | Preferred Specialty | PA, LA |
| <i>leucovorin calcium (5 mg tablet, 10 mg tablet, 15 mg tablet, 25 mg tablet)</i> | Non-Preferred Generic | |
| LONSURF | Non-Preferred Specialty | PA, LA |
| NINLARO | Non-Preferred Specialty | PA, LA |
| ONUREG | Non-Preferred Specialty | PA |
| QINLOCK | Non-Preferred Specialty | PA, LA |
| SYNRIBO | Non-Preferred Specialty | PA, LA |
| TAZVERIK | Non-Preferred Specialty | PA, LA |
| UKONIQ | Non-Preferred Specialty | PA, LA |

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2022 PROVIDENCE FORMULARY K

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| Drug Name | Status* | Requirements/Limits |
|-----------|-------------------------|---------------------|
| WELIREG | Non-Preferred Specialty | PA |
| XPOVIO | Non-Preferred Specialty | PA, LA |
| ZOLINZA | Non-Preferred Specialty | PA, LA |

AROMATASE INHIBITORS, 3RD GENERATION

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

ENZYME INHIBITORS

| | | |
|--|-------------------------|----|
| ETOPOSIDE 50 MG CAPSULE | Non-Preferred Specialty | |
| HYCAMTIN (0.25 MG CAPSULE, 1 MG CAPSULE) | Non-Preferred Specialty | LA |

MOLECULAR TARGET INHIBITORS

| | | |
|---|-------------------------|--------|
| ALECensa | Non-Preferred Specialty | PA, LA |
| ALUNBRIG (30 MG TABLET, 90 MG TABLET, 90 MG-180 MG TAB PACK, 180 MG TABLET) | Non-Preferred Specialty | PA, LA |
| BALVERSA | Non-Preferred Specialty | PA, LA |
| BOSULIF | Non-Preferred Specialty | PA, LA |
| BRAFTOVI 75 MG CAPSULE | Non-Preferred Specialty | PA, LA |
| CABOMETYX | Non-Preferred Specialty | PA, LA |
| CALQUENCE | Non-Preferred Specialty | PA, LA |

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| Drug Name | Status* | Requirements/Limits |
|---|-------------------------|-----------------------------|
| CAPRELSA | Non-Preferred Specialty | PA, LA |
| COMETRIQ | Non-Preferred Specialty | PA, LA |
| COPIKTRA | Non-Preferred Specialty | PA, LA |
| COTELLIC | Non-Preferred Specialty | PA, LA, QL (63 PER 28 DAYS) |
| DAURISMO | Non-Preferred Specialty | PA |
| ERIVEDGE | Non-Preferred Specialty | PA, LA |
| ERLOTINIB HCL | Non-Preferred Specialty | PA |
| EVEROLIMUS (2 MG TAB SUSP, 2.5 MG TABLET, 3 MG TAB SUSP, 5 MG TAB SUSP, 5 MG TABLET, 7.5 MG TABLET, 10 MG TABLET) | Preferred Specialty | PA |
| FARYDAK | Non-Preferred Specialty | PA, QL (6 PER 21 DAYS) |
| FOTIVDA | Non-Preferred Specialty | PA, LA |
| GAVRETO | Non-Preferred Specialty | PA, LA |
| GILOTRIF | Non-Preferred Specialty | PA, LA |
| IBRANCE (75 MG TABLET, 75 MG CAPSULE, 100 MG CAPSULE, 100 MG TABLET, 125 MG TABLET, 125 MG CAPSULE) | Preferred Specialty | PA, LA |
| ICLUSIG | Non-Preferred Specialty | PA, LA |
| IMATINIB MESYLATE | Preferred Specialty | PA |
| IMBRUVICA (70 MG CAPSULE, 140 MG CAPSULE, 140 MG TABLET, 280 MG TABLET, 420 MG TABLET, 560 MG TABLET) | Non-Preferred Specialty | PA, LA |

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| Drug Name | Status* | Requirements/Limits |
|-----------------------|-------------------------|--------------------------|
| INLYTA | Non-Preferred Specialty | PA, LA |
| IRESSA | Non-Preferred Specialty | PA, LA, QL (1 PER 1 DAY) |
| JAKAFI | Non-Preferred Specialty | PA, LA |
| KISQALI | Non-Preferred Specialty | PA |
| LAPATINIB DITOSYLATE | Non-Preferred Specialty | PA |
| LENVIMA | Non-Preferred Specialty | PA, LA |
| LORBRENA | Non-Preferred Specialty | PA, LA |
| LUMAKRAS | Non-Preferred Specialty | PA, LA |
| LYNPARZA | Preferred Specialty | PA, LA |
| MEKINIST | Non-Preferred Specialty | PA, LA |
| MEKTOVI | Non-Preferred Specialty | PA, LA |
| NERLYNX | Non-Preferred Specialty | PA, LA, QL (6 PER 1 DAY) |
| NEXAVAR | Non-Preferred Specialty | PA, LA |
| ODOMZO | Non-Preferred Specialty | PA |
| PEMAZYRE | Non-Preferred Specialty | PA, LA |
| PIQRAY | Non-Preferred Specialty | PA |
| RETEVMO 40 MG CAPSULE | Non-Preferred Specialty | PA, LA, QL (2 PER DAY) |
| RETEVMO 80 MG CAPSULE | Non-Preferred Specialty | PA, LA |

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| Drug Name | Status* | Requirements/Limits |
|-------------------------|-------------------------|---------------------|
| ROZLYTREK | Non-Preferred Specialty | PA, LA |
| RUBRACA | Preferred Specialty | PA, LA |
| RYDAPT | Non-Preferred Specialty | PA |
| SCEMBLIX | Non-Preferred Specialty | PA, QL (2 PER DAY) |
| SPRYCEL | Preferred Specialty | PA |
| STIVARGA | Non-Preferred Specialty | PA, LA |
| SUNITINIB MALATE | Preferred Specialty | PA |
| TABRECTA | Preferred Specialty | PA |
| TAFINLAR | Non-Preferred Specialty | PA, LA |
| TAGRISSO | Non-Preferred Specialty | PA, LA |
| TALZENNA | Non-Preferred Specialty | PA, LA |
| TASIGNA | Non-Preferred Specialty | PA |
| TEPMETKO | Non-Preferred Specialty | PA, LA |
| TIBSOVO | Non-Preferred Specialty | PA, LA |
| TRUSELTIQ | Non-Preferred Specialty | PA |
| TUKYSA | Non-Preferred Specialty | PA, LA |
| TURALIO | Non-Preferred Specialty | PA, LA |
| VENCLEXTA | Non-Preferred Specialty | PA, LA |
| VENCLEXTA STARTING PACK | Non-Preferred Specialty | PA, LA |

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| Drug Name | Status* | Requirements/Limits |
|---|-------------------------|--------------------------|
| VERZENIO | Preferred Specialty | PA, LA |
| VITRAKVI (20 MG/ML SOLUTION, 25 MG CAPSULE, 100 MG CAPSULE) | Non-Preferred Specialty | PA |
| VIZIMPRO | Non-Preferred Specialty | PA, LA |
| VOTRIENT | Non-Preferred Specialty | PA, LA |
| XALKORI | Non-Preferred Specialty | PA, LA |
| XOSPATA | Non-Preferred Specialty | PA, LA |
| ZEJULA | Preferred Specialty | PA, LA |
| ZELBORAF | Non-Preferred Specialty | PA, LA |
| ZYDELIG | Non-Preferred Specialty | PA, LA, QL (2 PER 1 DAY) |
| ZYKADIA | Non-Preferred Specialty | PA, LA |

RETINOIDS

| | | |
|-------------------------|-------------------------|----|
| BEXAROTENE | Non-Preferred Specialty | PA |
| PANRETIN | Non-Preferred Specialty | |
| TARGETIN 1% GEL | Non-Preferred Specialty | PA |
| TRETINOIN 10 MG CAPSULE | Non-Preferred Specialty | PA |

TREATMENT ADJUNCTS

| | |
|----------------------|-----------------|
| MESNEX 400 MG TABLET | Preferred Brand |
|----------------------|-----------------|

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| Drug Name | Status* | Requirements/Limits |
|---|-------------------------|---|
| ANTIPARASITICS | | |
| ANTHELMINTHICS | | |
| <i>albendazole</i> | Non-Preferred Generic | PA |
| EMVERM | Non-Preferred Brand | PA |
| <i>ivermectin 3 mg tablet</i> | Non-Preferred Generic | PA |
| <i>praziquantel</i> | Non-Preferred Generic | QL (12 PER 30 DAYS) |
| ANTIPROTOZOALS | | |
| ALINIA 100 MG/5 ML SUSPENSION | Non-Preferred Brand | PA, QL (50 ML PER DAY) |
| <i>atovaquone</i> | Non-Preferred Generic | PA |
| <i>atovaquone/proguanil hcl</i> | Non-Preferred Generic | C (1 CLAIM PER 365 DAYS) |
| BENZNIDAZOLE | Non-Preferred Specialty | LA, QL (2 TO 12 YRS OLD; 60 PER 365 DAYS) |
| <i>chloroquine phosphate</i> | Non-Preferred Generic | |
| COARTEM | Non-Preferred Brand | PA |
| <i>hydroxychloroquine sulfate</i> | Non-Preferred Generic | |
| <i>mefloquine hcl</i> | Non-Preferred Generic | |
| <i>nitazoxanide</i> | Non-Preferred Generic | PA, QL (6 PER 30 DAYS) |
| PENTAMIDINE ISETHIONATE 300 MG VIAL-NEB | Preferred Specialty | |
| <i>primaquine phosphate</i> | Non-Preferred Generic | |

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| Drug Name | Status* | Requirements/Limits |
|------------------------|-----------------------|--------------------------|
| <i>pyrimethamine</i> | Non-Preferred Generic | PA |
| <i>quinine sulfate</i> | Non-Preferred Generic | C (1 CLAIM PER 365 DAYS) |

ANTIPARKINSON AGENTS

ANTICHOLINERGICS

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

ANTIPARKINSON AGENTS, OTHER

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

DOPAMINE AGONISTS

| | | |
|--|-----------------------|-------------------|
| <i>bromocriptine mesylate (2.5 mg tablet, 5 mg capsule)</i> | Non-Preferred Generic | |
| KYNMOBI | Preferred Specialty | QL (5 PER DAY) |
| NEUPRO | Non-Preferred Brand | ST |
| <i>pramipexole di-hcl (0.125 mg tablet, 0.25 mg tablet, 0.5 mg tablet, 0.75 mg tablet, 1 mg tablet, 1.5 mg tablet)</i> | | Preferred Generic |

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| Drug Name | Status* | Requirements/Limits |
|--|-----------------------|---------------------|
| <i>ropinirole hcl (2 mg tab er 24h, 4 mg tab er 24h)</i> | Non-Preferred 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> | Preferred Generic | |

DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS

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

MONOAMINE OXIDASE B (MAO-B) INHIBITORS

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

ANTIPSYCHOTICS

1ST GENERATION/TYPICAL

| | | |
|---|-----------------------|--|
| <i>chlorpromazine hcl (10 mg tablet, 25 mg tablet, 30 mg/ml oral conc, 50 mg tablet, 100 mg tablet, 100 mg/ml oral conc, 200 mg tablet)</i> | Non-Preferred Generic | |
| <i>fluphenazine hcl (1 mg tablet, 2.5 mg/5ml elixir, 2.5 mg tablet, 5 mg tablet, 5 mg/ml oral conc, 10 mg tablet)</i> | Non-Preferred Generic | |
| haloperidol | Preferred Generic | |

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| Drug Name | Status* | Requirements/Limits |
|--|-----------------------|---------------------|
| <i>haloperidol lactate 2 mg/ml oral conc</i> | Preferred Generic | |
| <i>loxapine succinate</i> | Non-Preferred Generic | |
| <i>pimozide</i> | Non-Preferred Generic | |
| <i>thioridazine hcl</i> | Non-Preferred Generic | |
| <i>thiothixene</i> | Non-Preferred Generic | |
| <i>trifluoperazine hcl</i> | Non-Preferred Generic | |

2ND GENERATION/ATYPICAL

| | | |
|--|-----------------------|----------------------|
| <i>aripiprazole (1 mg/ml solution, 2 mg tablet, 5 mg tablet, 10 mg tablet, 10 mg tab rapdis, 15 mg tablet, 15 mg tab rapdis, 20 mg tablet, 30 mg tablet)</i> | Non-Preferred Generic | |
| <i>asenapine maleate</i> | Non-Preferred Generic | ST |
| <i>CAPLYTA</i> | Non-Preferred Brand | ST |
| <i>FANAPT (1 MG TABLET, 2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET, TITRATION PACK)</i> | Non-Preferred Brand | ST |
| <i>LATUDA</i> | Non-Preferred Brand | ST, QL (1 PER 1 DAY) |
| <i>olanzapine (2.5 mg tablet, 5 mg tablet, 7.5 mg tablet, 10 mg tablet, 15 mg tablet, 20 mg tablet)</i> | Preferred Generic | |
| <i>olanzapine (5 mg tab rapdis, 10 mg tab rapdis, 15 mg tab rapdis, 20 mg tab rapdis)</i> | Non-Preferred Generic | |
| <i>paliperidone</i> | Non-Preferred Generic | |
| <i>quetiapine fumarate (150 mg tab er 24h, 200 mg tab er 24h)</i> | Non-Preferred Generic | QL (1 PER 1 DAY) |

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2022 PROVIDENCE FORMULARY K

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| Drug Name | Status* | Requirements/Limits |
|--|-----------------------|----------------------------|
| <i>quetiapine fumarate (50 mg tab er 24h, 300 mg tab er 24h, 400 mg tab er 24h)</i> | Non-Preferred Generic | QL (2 PER 1 DAY) |
| <i>quetiapine fumarate (25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet, 300 mg tablet, 400 mg tablet)</i> | Preferred Generic | |
| REXULTI | Non-Preferred Brand | ST |
| <i>risperidone (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 3 mg tablet, 4 mg tablet)</i> | Preferred Generic | |
| <i>risperidone (0.25 mg tab rapdis, 0.5 mg tab rapdis, 1 mg tab rapdis, 1 mg/ml solution, 2 mg tab rapdis, 3 mg tab rapdis, 4 mg tab rapdis)</i> | Non-Preferred Generic | |
| SECUADO | Non-Preferred Brand | ST |
| VRAYLAR (1.5 MG CAPSULE, 1.5 MG-3 MG PACK, 3 MG CAPSULE, 4.5 MG CAPSULE, 6 MG CAPSULE) | Non-Preferred Brand | ST |
| <i>ziprasidone hcl</i> | Non-Preferred Generic | |

TREATMENT-RESISTANT

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

ANTISPASTICITY AGENTS

| | |
|---|-----------------------|
| <i>baclofen (10 mg tablet, 20 mg tablet)</i> | Preferred Generic |
| <i>baclofen 5 mg tablet</i> | Non-Preferred Generic |
| <i>dantrolene sodium (25 mg capsule, 50 mg capsule, 100 mg capsule)</i> | Non-Preferred Generic |

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| Drug Name | Status* | Requirements/Limits |
|--|-------------------------|----------------------|
| <i>tizanidine hcl (2 mg tablet, 4 mg tablet)</i> | Preferred Generic | |
| ANTIVIRALS | | |
| ANTI-CYTOMEGALOVIRUS (CMV) AGENTS | | |
| PREVYMIS (240 MG TABLET, 480 MG TABLET) | Non-Preferred Specialty | PA, LA |
| VALGANCICLOVIR HCL 50 MG/ML SOLN RECON | Non-Preferred Specialty | QL (36 ML PER 1 DAY) |
| VALGANCICLOVIR HCL 450 MG TABLET | Non-Preferred Specialty | QL (4 PER 1 DAY) |
| ANTI-HEPATITIS B (HBV) AGENTS | | |
| <i>adefovir dipivoxil</i> | Non-Preferred Generic | QL (1 PER 1 DAY) |
| BARACLUDE 0.05 MG/ML SOLUTION | Non-Preferred Specialty | |
| ENTECAVIR | Non-Preferred Specialty | |
| EPIVIR HBV 25 MG/5 ML SOLN | Preferred Brand | |
| <i>lamivudine 100 mg tablet</i> | Non-Preferred Generic | |
| VEMLIDY | Preferred Brand | |
| ANTI-HEPATITIS C (HCV) AGENTS | | |
| EPCLUSIA (150-37.5 MG PELLET PKT, 200-50 MG PELLET PACK) | Non-Preferred Specialty | PA |
| EPCLUSIA 200 MG-50 MG TABLET | Preferred Specialty | PA |
| HARVONI (, 33.75-150 MG PELLET PK, 45-200 MG TABLET, 45-200 MG PELLET PKT) | Preferred Specialty | PA |
| MAVYRET (50-20 MG PELLET PACKET, 100-40 MG TABLET) | Preferred Specialty | PA |
| <i>ribavirin (200 mg capsule, 200 mg tablet)</i> | Non-Preferred Generic | |

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| Drug Name | Status* | Requirements/Limits |
|--|-------------------------|---------------------|
| SOFOSBUVIR/VELPATASVIR | Preferred Specialty | PA |
| SOVALDI (150 MG PELLET PACKET, 200 MG PELLET PACKET, 200 MG TABLET, 400 MG TABLET) | Preferred Specialty | PA |
| VIEKIRA PAK | Non-Preferred Specialty | PA |
| VOSEVI | Preferred Specialty | PA |
| ZEPATIER | Non-Preferred Specialty | PA |

ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)

| | | |
|---|---------------------|----------------|
| BIKTARVY | Preferred Brand | |
| DOVATO | Preferred Brand | |
| GENVOYA | Preferred Brand | |
| ISENTRESS (100 MG POWDER PACKET, 400 MG TABLET) | Preferred Brand | |
| ISENTRESS HD | Preferred Brand | |
| JULUCA | Preferred Brand | |
| STRIBILD | Non-Preferred Brand | |
| TIVICAY | Non-Preferred Brand | |
| TIVICAY PD | Non-Preferred Brand | QL (6 PER DAY) |

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

| | | |
|---|-----------------------|--|
| COMPLERA | Preferred Brand | |
| DELSTRIGO | Non-Preferred Brand | |
| EDURANT | Preferred Brand | |
| <i>efavirenz (50 mg capsule, 200 mg capsule, 600 mg tablet)</i> | Non-Preferred Generic | |
| <i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i> | Non-Preferred Generic | |

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| Drug Name | Status* | Requirements/Limits |
|---|-----------------------|---------------------|
| <i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i> | Non-Preferred Generic | |
| <i>etravirine</i> | Non-Preferred Generic | |
| INTELENCE 25 MG TABLET | Preferred Brand | |
| <i>nevirapine (100 mg tab er 24h, 200 mg tablet, 400 mg tab er 24h)</i> | Non-Preferred Generic | |
| ODEFSEY | Preferred Brand | |
| PIFELTRO | Non-Preferred Brand | |

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

| | | |
|--|-----------------------|--|
| <i>abacavir sulfate (20 mg/ml solution, 300 mg tablet)</i> | Non-Preferred Generic | |
| <i>abacavir sulfate/lamivudine</i> | Non-Preferred Generic | |
| <i>abacavir sulfate/lamivudine/zidovudine</i> | Non-Preferred Generic | |
| <i>didanosine</i> | Non-Preferred Generic | |
| <i>emtricitabine</i> | Non-Preferred Generic | |
| <i>emtricitabine/tenofovir (tdf) 200-300 mg tablet</i> | Non-Preferred Generic | C (ACA Eligible for members not infected with HIV and are at higher risk of HIV infection) |
| <i>emtricitabine/tenofovir disoproxil fumarate ((tdf) 100-150 mg tablet, (tdf) 133-200 mg tablet, (tdf) 167-250 mg tablet)</i> | Non-Preferred Generic | |
| EMTRIVA 10 MG/ML SOLUTION | Preferred Brand | |
| <i>lamivudine (10 mg/ml solution, 150 mg tablet, 300 mg tablet)</i> | Non-Preferred Generic | |
| <i>lamivudine/zidovudine</i> | Non-Preferred Generic | |

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

ANTI-HIV AGENTS, OTHER

| | | |
|--|-------------------------|----|
| FUZEON | Non-Preferred Brand | |
| <i>maraviroc</i> | Non-Preferred Generic | |
| RUKOBIA | Non-Preferred Specialty | PA |
| SELZENTRY (20 MG/ML ORAL SOLN, 25 MG TABLET, 75 MG TABLET) | Preferred Brand | |
| TYBOST | Preferred Brand | |

ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)

| | | |
|---|-----------------------|--|
| APTVUS (100 MG/ML SOLUTION, 250 MG CAPSULE) | Preferred Brand | |
| <i>atazanavir sulfate</i> | Non-Preferred Generic | |
| CRIXIVAN | Preferred Brand | |
| EVOTAZ | Non-Preferred Brand | |
| <i>fosamprenavir calcium</i> | Non-Preferred Generic | |
| INVIRASE | Preferred Brand | |

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

ANTI-INFLUENZA AGENTS

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

ANTIHERPETIC AGENTS

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

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| Drug Name | Status* | Requirements/Limits |
|--|-----------------------|---------------------|
| ANXIOLYTICS | | |
| ANXIOLYTICS, OTHER | | |
| <i>buspirone hcl</i> | Preferred Generic | |
| <i>meprobamate 400 mg tablet</i> | Non-Preferred Generic | |
| BENZODIAZEPINES | | |
| <i>alprazolam (0.5 mg tab er 24h, 1 mg tab er 24h, 2 mg tab er 24h, 3 mg tab er 24h)</i> | Non-Preferred Generic | |
| <i>alprazolam (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i> | Preferred Generic | |
| <i>chlordiazepoxide hcl</i> | Preferred Generic | |
| <i>clonazepam (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i> | Preferred Generic | |
| <i>clonazepam (0.125 mg tab rapdis, 0.25 mg tab rapdis, 0.5 mg tab rapdis, 1 mg tab rapdis, 2 mg tab rapdis)</i> | Non-Preferred Generic | |
| <i>clorazepate dipotassium</i> | Non-Preferred Generic | |
| <i>diazepam (2 mg tablet, 5 mg/5 ml solution, 5 mg tablet, 5 mg/ml oral conc)</i> | Non-Preferred Generic | |
| <i>diazepam 10 mg tablet</i> | Preferred Generic | |
| <i>lorazepam (0.5 mg tablet, 1 mg tablet, 2 mg/ml oral conc, 2 mg tablet)</i> | Non-Preferred Generic | |
| <i>lorazepam intensol</i> | Non-Preferred Generic | |
| <i>oxazepam</i> | Non-Preferred Generic | |

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| Drug Name | Status* | Requirements/Limits |
|--|----------------------------|---------------------|
| 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> | Preferred Generic | |
| <i>lithium citrate</i> | Non-Preferred Generic | |
| BLOOD GLUCOSE REGULATORS | | |
| ANTIDIABETIC AGENTS | | |
| <i>acarbose</i> | Non-Preferred Generic | |
| <i>ACTOPLUS MET XR</i> | Non-Preferred Brand | |
| <i>alogliptin benzoate</i> | Non-Preferred Generic | |
| <i>alogliptin benzoate/metformin hcl</i> | Non-Preferred Generic | |
| <i>alogliptin benzoate/pioglitazone hcl</i> | Non-Preferred Generic | |
| <i>CYCLOSET</i> | Non-Preferred Brand | |
| <i>FARXIGA</i> | Preferred Brand | |
| <i>glimepiride</i> | Preferred Generic - SH | |
| <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> | Preferred Generic - SH | |
| <i>glipizide/metformin hcl</i> | Non-Preferred Generic - SH | |
| <i>glyburide</i> | Preferred Generic - SH | |

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| Drug Name | Status* | Requirements/Limits |
|---|----------------------------|---------------------|
| <i>glyburide, micronized</i> | Preferred Generic - SH | |
| <i>glyburide/metformin hcl (2.5-500 mg tablet, 5 mg-500mg tablet)</i> | Preferred Generic - SH | |
| <i>glyburide/metformin hcl 1.25-250mg tablet</i> | Non-Preferred Generic - SH | |
| GLYXAMBI | Preferred Brand | |
| INVOKAMET | Non-Preferred Brand | PA |
| INVOKAMET XR | Non-Preferred Brand | PA |
| INVOKANA | Non-Preferred Brand | PA |
| JANUMET | Non-Preferred Brand | PA |
| JANUMET XR | Non-Preferred Brand | PA |
| JANUVIA | Non-Preferred Brand | PA |
| JARDIANCE | Preferred Brand | |
| JENTADUETO | Non-Preferred Brand | PA |
| JENTADUETO XR | Non-Preferred Brand | PA |
| KOMBIGLYZE XR | Non-Preferred Brand | PA |
| <i>metformin hcl 500 mg/5ml solution</i> | Non-Preferred Generic | |
| <i>metformin hcl (500 mg tablet, 850 mg tablet, 1000 mg tablet)</i> | Preferred Generic - SH | |
| <i>metformin hcl (500 mg tab er 24h, 750 mg tab er 24h) (generic for glucophage xr)</i> | Preferred Generic - SH | |
| <i>miglitol</i> | Non-Preferred Generic | |

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| Drug Name | Status* | Requirements/Limits |
|--|----------------------------|-----------------------------|
| <i>nateglinide</i> | Non-Preferred Generic - SH | |
| ONGLYZA | Non-Preferred Brand | PA |
| OZEMPIC (1 (2 MG/1.5ML), 1 (4 MG/3 ML), 2 (8 MG/3 ML)) | Preferred Brand | ST, QL (3 ML PER 28 DAYS) |
| OZEMPIC 0.25-0.5 MG/DOSE PEN | Preferred Brand | ST, QL (1.5 ML PER 28 DAYS) |
| <i>pioglitazone hcl</i> | Preferred Generic - SH | |
| <i>pioglitazone hcl/glimepiride</i> | Non-Preferred Generic | |
| <i>pioglitazone hcl/metformin hcl</i> | Non-Preferred Generic - SH | |
| QTERN | Non-Preferred Brand | PA |
| <i>repaglinide</i> | Non-Preferred Generic | |
| RYBELSUS | Preferred Brand | ST, QL (1 PER 1 DAY) |
| SEGLUROMET | Non-Preferred Brand | PA |
| STEGLATRO | Non-Preferred Brand | PA |
| STEGLUJAN | Non-Preferred Brand | PA |
| SYMLINPEN 120 | Non-Preferred Brand | PA |
| SYMLINPEN 60 | Non-Preferred Brand | PA |
| SYNJARDY | Preferred Brand | |
| SYNJARDY XR | Preferred Brand | |
| TRADJENTA | Non-Preferred Brand | PA |
| TRIJARDY XR | Preferred Brand | |

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

GLYCEMIC AGENTS

| | |
|--------------------------|-----------------------|
| BAQSIMI | Preferred Brand |
| <i>diazoxide</i> | Non-Preferred Generic |
| GLUCAGON EMERGENCY KIT | Preferred Brand |
| GVOKE | Preferred Brand |
| GVOKE HYPOOPEN 1-PACK | Preferred Brand |
| GVOKE HYPOOPEN 2-PACK | Preferred Brand |
| GVOKE PFS 1-PACK SYRINGE | Preferred Brand |
| GVOKE PFS 2-PACK SYRINGE | Preferred Brand |
| ZEGALOGUE AUTOINJECTOR | Preferred Brand |
| ZEGALOGUE SYRINGE | Preferred Brand |

INSULINS

| | | |
|-----------------------------------|----------------------|----|
| APIDRA | Non-Preferred Brand | PA |
| APIDRA SOLOSTAR | Non-Preferred Brand | PA |
| HUMALOG (100 CARTRIDGE, 100 VIAL) | Preferred Brand - SH | |
| HUMALOG JUNIOR KWIKPEN | Preferred Brand - SH | |
| HUMALOG KWIKPEN U-100 | Preferred Brand - SH | |
| HUMALOG KWIKPEN U-200 | Preferred Brand - SH | |
| HUMALOG MIX 50-50 | Preferred Brand - SH | |

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| Drug Name | Status* | Requirements/Limits |
|---------------------------|----------------------|---------------------|
| HUMALOG MIX 50-50 KWIKPEN | Preferred Brand - SH | |
| HUMALOG MIX 75-25 | Preferred Brand - SH | |
| HUMALOG MIX 75-25 KWIKPEN | Preferred Brand - SH | |
| HUMULIN 70-30 | Preferred Brand - SH | |
| HUMULIN 70/30 KWIKPEN | Preferred Brand - SH | |
| HUMULIN N | Preferred Brand - SH | |
| HUMULIN N KWIKPEN | Preferred Brand - SH | |
| HUMULIN R | Preferred Brand - SH | |
| HUMULIN R U-500 | Preferred Brand - SH | |
| HUMULIN R U-500 KWIKPEN | Preferred Brand - SH | |
| LANTUS | Preferred Brand | |
| LANTUS SOLOSTAR | Preferred Brand | |
| LEVEMIR | Preferred Brand | |
| LEVEMIR FLEXTOUCH | Preferred Brand | |
| TOUJEO MAX SOLOSTAR | Preferred Brand | |
| TOUJEO SOLOSTAR | Preferred Brand | |
| TRESIBA | Preferred Brand | |
| TRESIBA FLEXTOUCH U-100 | Preferred Brand | |
| TRESIBA FLEXTOUCH U-200 | Preferred Brand | |

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| Drug Name | Status* | Requirements/Limits |
|---|-------------------------|---------------------|
| BLOOD PRODUCTS AND MODIFIERS | | |
| ANTICOAGULANTS | | |
| ELIQUIS (2.5 MG TABLET, 5 MG TABLET, DVT-PE TREAT START 5MG) | Preferred Brand | |
| <i>enoxaparin sodium (30mg/0.3ml syringe, 40mg/0.4ml syringe, 60mg/0.6ml syringe, 80mg/0.8ml syringe, 100 mg/ml syringe, 120mg/.8ml syringe, 150 mg/ml syringe, 300mg/3ml vial)</i> | Non-Preferred Generic | |
| <i>fondaparinux sodium</i> | Non-Preferred Generic | |
| FRAGMIN (2,500 UNIT/0.2 ML SYR, 5,000 UNIT/0.2 ML SYR, 7,500 UNIT/0.3 ML SYR, 10,000 UNIT/ML SYRINGE, 12,500 UNIT/0.5 ML SYR, 15,000 UNIT/0.6 ML SYR, 18,000 UNIT/0.72 ML, 95,000 UNIT/3.8 ML VL) | Non-Preferred Specialty | |
| <i>heparin sodium,porcine (5000/ml syringe, 5000/ml vial, 10000/ml vial, 20000/ml vial)</i> | Non-Preferred Generic | |
| <i>heparin sodium,porcine/pf (5000/0.5ml syringe, 5000/ml syringe)</i> | Non-Preferred Generic | |
| <i>jantoven</i> | Preferred Generic - SH | |
| PRADAXA | Preferred Brand | |
| SAVAYSA | Non-Preferred Brand | |
| <i>warfarin sodium</i> | Preferred Generic - SH | |
| XARELTO (1 MG/ML SUSPENSION, 2.5 MG TABLET, 10 MG TABLET, 15 MG TABLET, 20 MG TABLET, DVT-PE TREAT START 30D) | Preferred Brand | |
| ZONTIVITY | Non-Preferred Brand | |

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| Drug Name | Status* | Requirements/Limits |
|---|----------------------------|------------------------|
| BLOOD PRODUCTS AND MODIFIERS, OTHER | | |
| <i>anagrelide hcl</i> | Non-Preferred Generic | |
| ARANESP (10 MCG/0.4 ML SYRINGE, 25 MCG/ML VIAL, 25 MCG/0.42 ML SYRING, 40 MCG/ML VIAL, 40 MCG/0.4 ML SYRINGE, 60 MCG/0.3 ML SYRINGE, 60 MCG/ML VIAL, 100 MCG/ML VIAL, 100 MCG/0.5 ML SYRINGE, 150 MCG/0.3 ML SYRINGE, 200 MCG/0.4 ML SYRINGE, 200 MCG/ML VIAL, 300 MCG/0.6 ML SYRINGE, 300 MCG/ML VIAL, 500 MCG/1 ML SYRINGE) | Preferred Specialty PA | |
| EPOGEN | Non-Preferred Specialty | PA |
| FULPHILA | Preferred Specialty | |
| GRANIX (300 MCG/ML VIAL, 300 MCG/0.5 ML SYRINGE, 300 MCG/0.5 ML SAFE SYR, 480 MCG/0.8 ML SYRINGE, 480 MCG/0.8 ML SAFE SYR, 480 MCG/1.6 ML VIAL) | Non-Preferred Specialty | |
| LEUKINE | Non-Preferred Specialty | |
| MULPLETA | Non-Preferred Specialty | PA, QL (7 PER 30 DAYS) |
| NEULASTA | Preferred Specialty | |
| NEULASTA ONPRO | Preferred Specialty | |
| NEUPOGEN (300 MCG/ML VIAL, 300 MCG/0.5 ML SYR, 480 MCG/1.6 ML VIAL, 480 MCG/0.8 ML SYR) | Preferred Specialty | |
| NIVESTYM (300 MCG/ML VIAL, 300 MCG/0.5 ML SYRING, 480 MCG/0.8 ML SYRING, 480 MCG/1.6 ML VIAL) | Preferred Specialty | |
| NYVEPRIA | Preferred Specialty | |
| PROCIT | Non-Preferred Specialty | PA |

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| Drug Name | Status* | Requirements/Limits |
|---|-------------------------|---------------------|
| PROMACTA (12.5 MG SUSPEN PACKET, 12.5 MG TABLET, 25 MG TABLET, 25 MG SUSPENSION PCKT, 50 MG TABLET, 75 MG TABLET) | Non-Preferred Specialty | PA, LA |
| RELEUKO (300 MCG/0.5 ML SYRINGE, 300 MCG/ML VIAL, 480 MCG/1.6 ML VIAL, 480 MCG/0.8 ML SYRINGE) | Preferred Specialty | |
| RETACRIT | Non-Preferred Specialty | PA |
| UDENYCA | Preferred Specialty | LA |
| ZARXIO | Preferred Specialty | |

HEMOSTASIS AGENTS

| | | |
|--|-----------------------|---------------------|
| <i>phytonadione (vit k1) 5 mg tablet</i> | Non-Preferred Generic | QL (10 PER 90 DAYS) |
| <i>tranexamic acid 650 mg tablet</i> | Non-Preferred Generic | |

PLATELET MODIFYING AGENTS

| | | |
|--|-------------------------|--------------------------|
| <i>aspirin/dipyridamole</i> | Non-Preferred Generic | |
| BRILINTA | Preferred Brand | |
| CABLIVI | Non-Preferred Specialty | PA, LA, QL (1 PER 1 DAY) |
| <i>cilostazol</i> | Non-Preferred Generic | |
| <i>clopidogrel bisulfate 75 mg tablet</i> | Preferred Generic - SH | |
| <i>dipyridamole (25 mg tablet, 50 mg tablet, 75 mg tablet)</i> | Non-Preferred Generic | |
| DOPTELET | Non-Preferred Specialty | PA, LA |
| <i>prasugrel hcl</i> | Non-Preferred Generic | |

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| Drug Name | Status* | Requirements/Limits |
|--|-------------------------------|---------------------|
| CARDIOVASCULAR AGENTS | | |
| ALPHA-ADRENERGIC AGONISTS | | |
| <i>clonidine</i> | Non-Preferred Generic | |
| <i>clonidine hcl (0.1 mg tablet, 0.2 mg tablet, 0.3 mg tablet)</i> | Preferred Generic | |
| <i>guanfacine hcl (1 mg tablet, 2 mg tablet)</i> | Preferred Generic | |
| <i>methyldopa</i> | Preferred Generic | |
| <i>midodrine hcl</i> | Non-Preferred Generic | |
| ALPHA-ADRENERGIC BLOCKING AGENTS | | |
| <i>doxazosin mesylate</i> | Preferred Generic | |
| <i>PHENOXYBENZAMINE HCL</i> | Non-Preferred Specialty | |
| <i>prazosin hcl</i> | Non-Preferred Generic | |
| <i>terazosin hcl</i> | Preferred Generic | |
| ANGIOTENSIN II RECEPTOR ANTAGONISTS | | |
| <i>candesartan cilexetil</i> | Non-Preferred Generic - SH | |
| <i>eprosartan mesylate</i> | Non-Preferred Generic | |
| <i>irbesartan</i> | Preferred Generic - SH | |
| <i>losartan potassium</i> | Preferred Generic - SH | |
| <i>olmesartan medoxomil</i> | Preferred Generic | |
| <i>telmisartan</i> | Non-Preferred Generic - SH | |

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| Drug Name | Status* | Requirements/Limits |
|---|-------------------------------|---------------------|
| <i>valsartan (40 mg tablet, 80 mg tablet, 160 mg tablet, 320 mg tablet)</i> | Non-Preferred Generic - SH | |
| ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS | | |
| <i>benazepril hcl</i> | Preferred Generic - SH | |
| <i>captopril</i> | Non-Preferred Generic - SH | |
| <i>enalapril maleate (1 mg/ml solution, 2.5 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet)</i> | Non-Preferred Generic - SH | |
| <i>fosinopril sodium</i> | Preferred Generic - SH | |
| <i>lisinopril</i> | Preferred Generic - SH | |
| <i>moexipril hcl</i> | Non-Preferred Generic - SH | |
| <i>perindopril erbumine</i> | Non-Preferred Generic - SH | |
| <i>quinapril hcl</i> | Preferred Generic - SH | |
| <i>ramipril</i> | Preferred Generic - SH | |
| <i>trandolapril</i> | Non-Preferred Generic - SH | |
| ANTIARRHYTHMICS | | |
| <i>amiodarone hcl (100 mg tablet, 400 mg tablet)</i> | Non-Preferred Generic | |
| <i>amiodarone hcl 200 mg tablet</i> | Preferred Generic | |
| <i>disopyramide phosphate</i> | Non-Preferred Generic | |
| <i>dofetilide</i> | Non-Preferred Generic | |
| <i>flecainide acetate</i> | Non-Preferred Generic | |

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

BETA-ADRENERGIC BLOCKING AGENTS

| | |
|--|----------------------------|
| <i>acebutolol hcl</i> | Non-Preferred Generic - SH |
| <i>atenolol</i> | Preferred Generic - SH |
| <i>betaxolol hcl (10 mg tablet, 20 mg tablet)</i> | Non-Preferred Generic - SH |
| <i>bisoprolol fumarate</i> | Non-Preferred Generic - SH |
| <i>carvedilol</i> | Preferred Generic - SH |
| <i>carvedilol phosphate</i> | Non-Preferred Generic |
| <i>labetalol hcl (100 mg tablet, 200 mg tablet, 300 mg tablet)</i> | Preferred Generic - SH |

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| Drug Name | Status* | Requirements/Limits |
|---|----------------------------|---------------------|
| <i>metoprolol succinate</i> | Preferred Generic - SH | |
| <i>metoprolol tarrate (25 mg tablet, 50 mg tablet, 100 mg tablet)</i> | Preferred Generic - SH | |
| <i>metoprolol tarrate (37.5 mg tablet, 75 mg tablet)</i> | Non-Preferred Generic | |
| <i>nadolol</i> | Non-Preferred Generic - SH | |
| <i>nebivolol hcl</i> | Non-Preferred Generic | |
| <i>pindolol</i> | Non-Preferred Generic - SH | |
| <i>propranolol hcl (20 mg/5 ml solution, 40mg/5ml solution, 60 mg cap sa 24h, 80 mg cap sa 24h, 120 mg cap sa 24h, 160 mg cap sa 24h)</i> | Non-Preferred Generic - SH | |
| <i>propranolol hcl (10 mg tablet, 20 mg tablet, 40 mg tablet, 60 mg tablet, 80 mg tablet)</i> | Preferred Generic - SH | |
| <i>timolol maleate (5 mg tablet, 10 mg tablet, 20 mg tablet)</i> | Non-Preferred Generic - SH | |

CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES

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

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| Drug Name | Status* | Requirements/Limits |
|--------------------|-------------------------------|---------------------|
| <i>nimodipine</i> | Non-Preferred Generic - SH | |
| <i>nisoldipine</i> | Non-Preferred Generic - SH | |

CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES

| | |
|---|-------------------------------|
| CARDIZEM LA 120 MG TABLET | Non-Preferred Brand |
| <i>cartia xt</i> | Non-Preferred Generic - SH |
| <i>dilt-xr</i> | Non-Preferred Generic - SH |
| <i>diltiazem hcl (60 mg cap er 12h, 90 mg cap er 12h, 120 mg cap er 12h, 120 mg cap sa 24h, 120 mg cap er 24h, 120 mg cap er deg, 180 mg cap er 24h, 180 mg tab er 24h, 180 mg cap sa 24h, 180 mg cap er deg, 240 mg cap sa 24h, 240 mg tab er 24h, 240 mg cap er deg, 240 mg cap er 24h, 300 mg tab er 24h, 300 mg cap sa 24h, 300 mg cap er 24h, 360 mg cap er 24h, 360 mg tab er 24h, 360 mg cap sa 24h, 420 mg tab er 24h, 420 mg cap sa 24h)</i> | Non-Preferred Generic - SH |
| <i>diltiazem hcl (30 mg tablet, 60 mg tablet, 90 mg tablet, 120 mg tablet)</i> | Preferred Generic - SH |
| <i>matzim la</i> | Non-Preferred Generic - SH |
| <i>taztia xt</i> | Non-Preferred Generic - SH |
| <i>tiadylt er</i> | Non-Preferred Generic - SH |
| <i>verapamil hcl (100 mg cap24h pct, 120 mg cap24h pel, 180 mg cap24h pel, 200 mg cap24h pct, 240 mg cap24h pel, 300 mg cap24h pct, 360 mg cap24h pel)</i> | Non-Preferred Generic - SH |
| <i>verapamil hcl (40 mg tablet, 80 mg tablet, 120 mg tablet, 120 mg tablet er, 180 mg tablet er, 240 mg tablet er)</i> | Preferred Generic - SH |

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| Drug Name | Status* | Requirements/Limits |
|--|-------------------------------|---------------------|
| CARDIOVASCULAR AGENTS, OTHER | | |
| <i>acetazolamide (125 mg tablet, 250 mg tablet, 500 mg capsule er)</i> | Non-Preferred Generic | |
| <i>aliskiren hemifumarate</i> | Non-Preferred Generic | |
| <i>amiloride hcl/hydrochlorothiazide</i> | Non-Preferred Generic | |
| <i>amlodipine besylate/atorvastatin calcium</i> | Non-Preferred Generic - SH | |
| <i>amlodipine besylate/benazepril hcl</i> | Preferred Generic - SH | |
| <i>amlodipine besylate/olmesartan medoxomil</i> | Non-Preferred Generic | |
| <i>amlodipine besylate/valsartan</i> | Non-Preferred Generic | |
| <i>amlodipine besylate/valsartan/hydrochlorothiazide</i> | Non-Preferred Generic | |
| <i>atenolol/chlorthalidone</i> | Preferred Generic | |
| <i>benazepril hcl/hydrochlorothiazide</i> | Non-Preferred Generic - SH | |
| <i>bisoprolol fumarate/hydrochlorothiazide</i> | Non-Preferred Generic | |
| <i>candesartan cilexetil/hydrochlorothiazide</i> | Non-Preferred Generic | |
| <i>captopril/hydrochlorothiazide</i> | Non-Preferred Generic - SH | |
| CORLANOR (5 MG/5 ML ORAL SOLN, 5 MG TABLET, 7.5 MG TABLET) | Non-Preferred Brand | PA |
| <i>digitek</i> | Non-Preferred Generic | |
| <i>digox</i> | Non-Preferred Generic | |
| <i>digoxin (50 mcg/ml solution, 125 mcg tablet, 250 mcg tablet)</i> | Non-Preferred Generic | |

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| Drug Name | Status* | Requirements/Limits |
|---|----------------------------|---------------------|
| <i>enalapril maleate/hydrochlorothiazide</i> | Preferred Generic - SH | |
| <i>ENTRESTO</i> | Preferred Brand | |
| <i>fosinopril sodium/hydrochlorothiazide</i> | Non-Preferred Generic - SH | |
| <i>irbesartan/hydrochlorothiazide</i> | Preferred Generic - SH | |
| <i>lisinopril/hydrochlorothiazide</i> | Preferred Generic - SH | |
| <i>losartan potassium/hydrochlorothiazide</i> | Preferred Generic - SH | |
| <i>metoprolol tartrate/hydrochlorothiazide</i> | Non-Preferred Generic | |
| <i>olmesartan medoxomil/amlodipine besylate/hydrochlorothiazide</i> | Non-Preferred Generic | |
| <i>olmesartan medoxomil/hydrochlorothiazide</i> | Non-Preferred Generic | |
| <i>pentoxifylline</i> | Non-Preferred Generic | |
| <i>propranolol hcl/hydrochlorothiazide</i> | Non-Preferred Generic | |
| <i>quinapril hcl/hydrochlorothiazide</i> | Non-Preferred Generic - SH | |
| <i>ranolazine</i> | Non-Preferred Generic | |
| <i>spironolactone/hydrochlorothiazide</i> | Non-Preferred Generic | |
| <i>telmisartan/hydrochlorothiazid 40-12.5 mg tablet</i> | Non-Preferred Generic | QL (1 PER 1 DAY) |
| <i>telmisartan/hydrochlorothiazide (80-12.5mg tablet, 80 mg-25mg tablet)</i> | Non-Preferred Generic | |
| <i>triamterene/hydrochlorothiazide (37.5-25 mg capsule, 37.5-25 mg tablet, 75 mg-50mg tablet)</i> | Preferred Generic | |

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| Drug Name | Status* | Requirements/Limits |
|--|-------------------------|--------------------------|
| <i>valsartan/hydrochlorothiazide</i> | Preferred Generic - SH | |
| VYNDAMAX | Non-Preferred Specialty | PA, LA, QL (1 PER 1 DAY) |
| DIURETICS, LOOP | | |
| <i>bumetanide (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i> | Non-Preferred Generic | |
| <i>ethacrynic acid</i> | Non-Preferred Generic | |
| <i>furosemide (10 mg/ml solution, 20 mg tablet, 40 mg tablet, 40mg/5ml solution, 80 mg tablet)</i> | Preferred Generic | |
| <i>torsemide</i> | Preferred Generic | |
| DIURETICS, POTASSIUM-SPARING | | |
| <i>amiloride hcl</i> | Non-Preferred Generic | |
| <i>eplerenone</i> | Non-Preferred Generic | |
| KERENDIA | Non-Preferred Brand | PA, QL (1 PER DAY) |
| <i>spironolactone</i> | Preferred Generic | |
| DIURETICS, THIAZIDE | | |
| <i>chlorthalidone</i> | Preferred Generic | |
| <i>hydrochlorothiazide (12.5 mg capsule, 12.5 mg tablet, 25 mg tablet, 50 mg tablet)</i> | Preferred Generic - SH | |
| <i>indapamide</i> | Preferred Generic | |
| <i>metolazone</i> | Non-Preferred Generic | |
| DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES | | |
| <i>fenofibrate (54 mg tablet, 160 mg tablet)</i> | Non-Preferred Generic | |

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| Drug Name | Status* | Requirements/Limits |
|--|-----------------------|---------------------|
| <i>fenofibrate nanocrystallized</i> | Non-Preferred Generic | |
| <i>fenofibrate, micronized (67 mg capsule, 134 mg capsule, 200 mg capsule)</i> | Non-Preferred Generic | |
| <i>fenofibric acid</i> | Non-Preferred Generic | |
| <i>fenofibric acid (choline)</i> | Non-Preferred Generic | |
| <i>gemfibrozil</i> | Preferred Generic | |

DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS

| | | |
|--|------------------------|---|
| <i>atorvastatin calcium</i> | Preferred Generic - SH | C (ACA ELIGIBLE AGES 40-75 YEARS) |
| <i>LIVALO</i> | Non-Preferred Brand | QL (1 PER 1 DAY) |
| <i>lovastatin</i> | Preferred Generic - SH | C (ACA ELIGIBLE AGES 40-75 YEARS) |
| <i>pravastatin sodium</i> | Preferred Generic - SH | C (ACA ELIGIBLE AGES 40-75 YEARS) |
| <i>rosuvastatin calcium</i> | Preferred Generic - SH | QL (1 PER DAY), C (ACA ELIGIBLE AGES 40-75 YEARS) |
| <i>simvastatin (5 mg tablet, 10 mg tablet, 20 mg tablet, 40 mg tablet, 80 mg tablet)</i> | Preferred Generic - SH | C (ACA ELIGIBLE AGES 40-75 YEARS) |

DYSLIPIDEMICS, OTHER

| | |
|--|-----------------------|
| <i>cholestyramine (with sugar) (sugar) 4 g powder, sugar) 4 g powd pack)</i> | Non-Preferred Generic |
| <i>cholestyramine/aspartame (4 g powd pack, 4 g powder)</i> | Non-Preferred Generic |
| <i>colesevelam hcl 625 mg tablet</i> | Non-Preferred Generic |
| <i>COLESTID FLAVORED GRANULES</i> | Non-Preferred Brand |
| <i>colestipol hcl (1 g tablet, 5 g packet, 5 g granules)</i> | Non-Preferred Generic |

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| Drug Name | Status* | Requirements/Limits |
|---|-------------------------|---------------------|
| <i>ezetimibe</i> | Non-Preferred Generic | |
| EZETIMIBE/SIMVASTATIN | Preferred Brand | |
| <i>icosapent ethyl</i> | Non-Preferred Generic | PA |
| JUXTAPID | Non-Preferred Specialty | PA, LA |
| <i>niacin (500 mg tablet, 500 mg tab er 24h, 750 mg tab er 24h, 1000 mg tab er 24h)</i> | Non-Preferred Generic | |
| <i>niacor</i> | Non-Preferred Generic | |
| <i>omega-3 acid ethyl esters</i> | Non-Preferred Generic | |
| PRALUENT PEN | Non-Preferred Specialty | PA |
| <i>prevalite (packet, powder)</i> | Non-Preferred Generic | |
| REPATHA PUSHTRONEX | Preferred Brand | PA |
| REPATHA SURECLICK | Preferred Brand | PA |
| REPATHA SYRINGE | Preferred Brand | PA |
| VASCEPA 0.5 GM CAPSULE | Preferred Brand | PA |

VASODILATORS, DIRECT-ACTING ARTERIAL

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

VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS

| | |
|---|-----------------------|
| DILATRATE-SR | Non-Preferred Brand |
| <i>isosorbide dinitrate (5 mg tablet, 10 mg tablet, 20 mg tablet, 30 mg tablet)</i> | Non-Preferred Generic |

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| Drug Name | Status* | Requirements/Limits |
|--|-----------------------|---------------------|
| <i>isosorbide mononitrate (10 mg tablet, 20 mg tablet, 30 mg tab er 24h, 60 mg tab er 24h, 120 mg tab er 24h)</i> | Preferred Generic | |
| <i>minitran</i> | Non-Preferred Generic | |
| NITRO-BID | Preferred Brand | |
| NITRO-DUR (0.3 PATCH, 0.8 PATCH) | Preferred Brand | |
| <i>nitro-time</i> | Non-Preferred Generic | |
| <i>nitroglycerin (0.1mg/hr patch td24, 0.2mg/hr patch td24, 0.3 mg tab subl, 0.4 mg tab subl, 0.4mg/hr patch td24, 0.6mg/hr patch td24, 0.6 mg tab subl, 400mcg/spr spray)</i> | Non-Preferred Generic | |
| NITROMIST | Non-Preferred Brand | |
| RECTIV | Non-Preferred 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> | Non-Preferred Generic | QL (1 PER 1 DAY) |
| <i>dextroamphetamine/amphetamine 20 mg cap er 24h</i> | Non-Preferred Generic | QL (2 PER 1 DAY) |
| <i>dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate (5 mg tablet, 7.5 mg tablet, 10 mg tablet, 12.5 mg tablet, 15 mg tablet, 20 mg tablet, 30 mg tablet)</i> | Non-Preferred Generic | |
| <i>dextroamphetamine sulfate (5 mg capsule er, 10 mg capsule er, 15 mg capsule er)</i> | Non-Preferred Generic | QL (2 PER 1 DAY) |

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| Drug Name | Status* | Requirements/Limits |
|--|-----------------------|---------------------|
| <i>dextroamphetamine sulfate (5 mg tablet, 10 mg tablet)</i> | Non-Preferred Generic | |
| <i>methamphetamine hcl</i> | Non-Preferred Generic | |
| <i>VYVANSE (10 MG CHEWABLE TABLET, 10 MG CAPSULE, 20 MG CAPSULE, 20 MG CHEWABLE TABLET, 30 MG CAPSULE, 30 MG CHEWABLE TABLET, 40 MG CHEWABLE TABLET, 40 MG CAPSULE, 50 MG CAPSULE, 50 MG CHEWABLE TABLET, 60 MG CAPSULE, 60 MG CHEWABLE TABLET, 70 MG CAPSULE)</i> | Non-Preferred Brand | QL (1 PER 1 DAY) |
| <i>zenzedi (5 mg tablet, 10 mg tablet)</i> | Non-Preferred Generic | |

ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES

| | | |
|---|-----------------------|------------------|
| <i>atomoxetine hcl (10 mg capsule, 18 mg capsule, 25 mg capsule, 40 mg capsule)</i> | Non-Preferred Generic | |
| <i>atomoxetine hcl (60 mg capsule, 80 mg capsule, 100 mg capsule)</i> | Non-Preferred Generic | QL (1 PER 1 DAY) |
| <i>clonidine hcl 0.1 mg tab er 12h</i> | Non-Preferred Generic | |
| <i>DAYTRANA</i> | Non-Preferred Brand | QL (1 PER 1 DAY) |
| <i>dexmethylphenidate hcl (5 mg cpbp 50-50, 10 mg cpbp 50-50, 15 mg cpbp 50-50, 20 mg cpbp 50-50, 25 mg cpbp 50-50, 30 mg cpbp 50-50, 35 mg cpbp 50-50, 40 mg cpbp 50-50)</i> | Non-Preferred Generic | QL (1 PER 1 DAY) |
| <i>dexmethylphenidate hcl (2.5 mg tablet, 5 mg tablet, 10 mg tablet)</i> | Non-Preferred Generic | |
| <i>guanfacine hcl (1 mg tab er 24h, 2 mg tab er 24h, 3 mg tab er 24h, 4 mg tab er 24h)</i> | Non-Preferred Generic | |
| <i>metadate er</i> | Non-Preferred Generic | QL (1 PER 1 DAY) |

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| Drug Name | Status* | Requirements/Limits |
|--|-----------------------|---------------------|
| <i>methylphenidate hcl (10 mg tablet er, 10 mg cpbp 30-70, 10 mg cpbp 50-50, 18 mg tab er 24, 20 mg cpbp 30-70, 20 mg cpbp 50-50, 20 mg tablet er, 27 mg tab er 24, 30 mg cpbp 50-50, 30 mg cpbp 30-70, 40 mg cpbp 50-50, 40 mg cpbp 30-70, 50 mg cpbp 30-70, 54 mg tab er 24, 60 mg cpbp 30-70, 60 mg cpbp 50-50)</i> | Non-Preferred Generic | QL (1 PER 1 DAY) |
| <i>methylphenidate hcl 36 mg tab er 24</i> | Non-Preferred Generic | QL (2 PER 1 DAY) |
| <i>methylphenidate hcl (2.5 mg tab chew, 5 mg tablet, 5 mg/5 ml solution, 5 mg tab chew, 10 mg tablet, 10 mg/5 ml solution, 10 mg tab chew, 20 mg tablet)</i> | Non-Preferred Generic | |

CENTRAL NERVOUS SYSTEM, OTHER

| | | |
|---|-------------------------|----------------------|
| AUSTEDO (6 MG TABLET, 12 MG TABLET) | Non-Preferred Specialty | PA, QL (4 PER 1 DAY) |
| AUSTEDO 9 MG TABLET | Non-Preferred Specialty | PA, QL (5 PER 1 DAY) |
| <i>butalbital/acetaminophen 50mg-325mg tablet</i> | Non-Preferred Generic | |
| <i>butalbital/acetaminophen/caffeine (50-300-40 capsule, 50-325-40 tablet, 50-325-40 capsule)</i> | Non-Preferred Generic | |
| EXSERVAN | Non-Preferred Specialty | |
| fioricet | Non-Preferred Generic | |
| HORIZANT | Non-Preferred Brand | PA, QL (1 PER 1 DAY) |
| NUEDEXTA | Non-Preferred Brand | PA, QL (2 PER 1 DAY) |
| <i>riluzole</i> | Non-Preferred Generic | |
| RUZURGI | Non-Preferred Specialty | PA, LA |

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2022 PROVIDENCE FORMULARY K

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

| Drug Name | Status* | Requirements/Limits |
|-------------------|-------------------------|---------------------|
| <i>tencon</i> | Non-Preferred Generic | |
| TETRABENAZINE | Preferred Specialty | PA, QL (4 PER DAY) |
| TIGLUTIK | Non-Preferred Specialty | |
| <i>vanatol lq</i> | Non-Preferred Generic | |
| <i>vanatol s</i> | Non-Preferred Generic | |
| <i>vtol lq</i> | Non-Preferred Generic | |

FIBROMYALGIA AGENTS

| | | |
|---|-----------------------|--------------------------|
| <i>duloxetine hcl (20 mg capsule dr, 30 mg capsule dr, 60 mg capsule dr)</i> | Non-Preferred Generic | |
| <i>pregabalin (25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule, 200 mg capsule, 225 mg capsule, 300 mg capsule)</i> | Non-Preferred Generic | |
| <i>pregabalin 20 mg/ml solution</i> | Non-Preferred Generic | QL (30 ML PER 1 DAY) |
| SAVELLA TITRATION PACK | Non-Preferred Brand | PA, QL (1 PER 365 CLAIM) |
| SAVELLA (12.5 MG TABLET, 25 MG TABLET, 50 MG TABLET, 100 MG TABLET) | Non-Preferred Brand | PA, QL (2 PER 1 DAY) |

MULTIPLE SCLEROSIS AGENTS

| | | |
|-------------------------------------|---------------------|------------------------|
| AUBAGIO | Preferred Specialty | LA, QL (1 PER 1 DAY) |
| AVONEX | Preferred Specialty | QL (4 PER 28 DAYS) |
| AVONEX PEN | Preferred Specialty | |
| BETASERON (0.3 MG VIAL, 0.3 MG KIT) | Preferred Specialty | |
| COPAXONE 20 MG/ML SYRINGE | Preferred Specialty | QL (1 ML PER 1 DAY) |
| COPAXONE 40 MG/ML SYRINGE | Preferred Specialty | QL (12 ML PER 28 DAYS) |

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| Drug Name | Status* | Requirements/Limits |
|--|-------------------------|-------------------------|
| dalfampridine | Non-Preferred Generic | QL (2 PER 1 DAY) |
| DIMETHYL FUMARATE | Preferred Specialty | QL (2 PER DAY) |
| EXTAVIA (0.3 MG VIAL, 0.3 MG KIT) | Non-Preferred Specialty | PA |
| GILENYA | Preferred Specialty | QL (1 PER 1 DAY) |
| GLATIRAMER ACETATE 20 MG/ML SYRINGE | Preferred Specialty | QL (1 ML PER 1 DAY) |
| GLATIRAMER ACETATE 40 MG/ML SYRINGE | Preferred Specialty | QL (12 ML PER 28 DAYS) |
| KESIMPTA PEN | Preferred Specialty | LA |
| MAVENCLAD | Non-Preferred Specialty | PA, LA |
| MAYZENT (0.25MG START-2MG MAINT, 0.25MG START-1MG MAINT, 2 MG TABLET) | Preferred Specialty | LA |
| MAYZENT 0.25 MG TABLET | Preferred Specialty | LA, QL (4 PER 1 DAY) |
| MAYZENT 1 MG TABLET | Preferred Specialty | LA, QL (1 PER DAY) |
| PLEGRIDY | Preferred Specialty | QL (1 ML PER 28 DAYS) |
| PLEGRIDY PEN | Preferred Specialty | QL (1 ML PER 28 DAYS) |
| REBIF (22 MCG/0.5 ML SYRINGE, 44 MCG/0.5 ML SYRINGE) | Preferred Specialty | QL (6 ML PER 28 DAYS) |
| REBIF TITRATION PACK | Preferred Specialty | QL (1 ML PER 365 DAYS) |
| REBIF REBIDOSE (22 MCG/0.5 ML, 44 MCG/0.5 ML) | Preferred Specialty | QL (6 ML PER 28 DAYS) |
| REBIF REBIDOSE TITRATION PACK | Preferred Specialty | QL (4.2 ML PER 28 DAYS) |
| VUMERTY | Non-Preferred Specialty | PA, LA |
| ZEPOSIA (0.23-0.46 MG START PCK, 0.23-0.46-0.92 MG KIT, 0.92 MG CAPSULE) | Preferred Specialty | PA |

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

| Drug Name | Status* | Requirements/Limits |
|---|--------------------------|---------------------|
| DENTAL AND ORAL AGENTS | | |
| <i>cevimeline hcl</i> | Non-Preferred Generic | |
| <i>chlorhexidine gluconate 0.12 % mouthwash</i> | Preferred Generic | |
| <i>oralone</i> | Non-Preferred Generic | |
| <i>paroex</i> | Preferred Generic | |
| <i>periogard</i> | Preferred Generic | |
| <i>pilocarpine hcl (5 mg tablet, 7.5 mg tablet)</i> | Non-Preferred Generic | |
| <i>triamcinolone acetonide 0.1 % paste (g)</i> | Non-Preferred Generic | |
| DERMATOLOGICAL AGENTS | | |
| ACNE AND ROSACEA AGENTS | | |
| <i>accutane</i> | Non-Preferred Generic | |
| <i>acitretin</i> | Non-Preferred Generic | |
| <i>ALTRENO</i> | Non-Preferred Brand | |
| <i>amnesteem</i> | Non-Preferred Generic | |
| <i>azelaic acid</i> | Non-Preferred Generic | |
| <i>claravis</i> | Non-Preferred Generic | |
| <i>clindamycin phosphate/benzoyl peroxide (1 %-5 % gel (gram), 1 %-5 % gel w/pump, 1.2(1)%-5% gel (gram))</i> | Non-Preferred Generic | |
| <i>erythromycin base/benzoyl peroxide</i> | Non-Preferred Generic | |

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| Drug Name | Status* | Requirements/Limits |
|---|-----------------------|---------------------|
| FINACEA 15% FOAM | Non-Preferred Brand | |
| <i>isotretinoin (10 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule)</i> | Non-Preferred Generic | |
| <i>myorisan</i> | Non-Preferred Generic | |
| <i>neuac gel</i> | Non-Preferred Generic | |
| <i>tazarotene 0.1 % cream (g)</i> | Non-Preferred Generic | |
| <i>tretinoin (0.01 % gel (gram), 0.025 % gel (gram), 0.025 % cream (g), 0.05 % cream (g), 0.05 % gel (gram), 0.1 % cream (g))</i> | Non-Preferred Generic | |
| <i>zenatane</i> | Non-Preferred Generic | |

DERMATITIS AND PRURITUS AGENTS

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

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2022 PROVIDENCE FORMULARY K

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

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| Drug Name | Status* | Requirements/Limits |
|---|-----------------------|---------------------|
| <i>hydrocortisone (1 % crm/pe app, 2.5 % lotion, 2.5 % crm/pe app)</i> | Non-Preferred Generic | |
| <i>hydrocortisone (2.5 % cream (g), 2.5 % oint. (g))</i> | Preferred Generic | |
| <i>hydrocortisone butyrate (0.1 % oint. (g), 0.1 % solution, 0.1 % cream (g))</i> | Non-Preferred Generic | |
| <i>hydrocortisone valerate (0.2 % cream (g), 0.2 % oint. (g))</i> | Non-Preferred Generic | |
| <i>hydrocortisone/mineral oil/petrolatum,white</i> | Non-Preferred Generic | |
| <i>mometasone furoate (0.1 % cream (g), 0.1 % oint. (g))</i> | Preferred Generic | |
| <i>mometasone furoate 0.1 % solution</i> | Non-Preferred Generic | |
| <i>pimecrolimus</i> | Non-Preferred Generic | ST |
| <i>prednicarbate (0.1 % cream (g), 0.1 % oint. (g))</i> | Non-Preferred Generic | |
| <i>procto-med hc</i> | Non-Preferred Generic | |
| <i>procto-pak</i> | Non-Preferred Generic | |
| <i>proctosol-hc</i> | Non-Preferred Generic | |
| <i>proctozone-hc</i> | Non-Preferred Generic | |
| <i>psorcon</i> | Non-Preferred Generic | |
| <i>selenium sulfide 2.5 % lotion</i> | Preferred Generic | |
| <i>tacrolimus (0.03 % oint. (g), 0.1 % oint. (g))</i> | Non-Preferred Generic | |
| <i>TEXACORT</i> | Non-Preferred Brand | |
| <i>triamcinolone acetonide (0.025 % lotion, 0.05 % oint. (g), 0.1 % lotion)</i> | Non-Preferred Generic | |

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| Drug Name | Status* | Requirements/Limits |
|---|-----------------------|---------------------|
| <i>triamcinolone acetonide (0.025 % cream (g), 0.025 % oint. (g), 0.1 % oint. (g), 0.1 % cream (g), 0.5 % oint. (g), 0.5 % cream (g))</i> | Preferred Generic | |
| <i>trianex</i> | Non-Preferred Generic | |
| <i>triderm</i> | Preferred Generic | |
| <i>tritocin</i> | Non-Preferred Generic | |

DERMATOLOGICAL AGENTS, OTHER

| | | |
|---|-----------------------|-------------------------|
| <i>calcipotriene (0.005 % cream (g), 0.005 % oint. (g), 0.005 % solution)</i> | Non-Preferred Generic | |
| <i>calcipotriene/betamethasone dipropionate (0.005-.064 oint. (g), 0.005-.064 suspension)</i> | Non-Preferred Generic | PA |
| <i>calcitriol 3 mcg/g oint. (g)</i> | Non-Preferred Generic | QL (100 GM PER 30 DAYS) |
| <i>clotrimazole/betamethasone dipropionate (1 %-0.05 % lotion, 1 %-0.05 % cream (g))</i> | Non-Preferred Generic | |
| <i>CONDYLOX</i> | Non-Preferred Brand | |
| <i>CORTISPORIN OINTMENT</i> | Non-Preferred Brand | |
| <i>diclofenac sodium 3 % gel (gram)</i> | Non-Preferred Generic | |
| <i>DRYSOL</i> | Non-Preferred Brand | |
| <i>EPIFOAM</i> | Non-Preferred Brand | |
| <i>FLUOROPLEX</i> | Non-Preferred Brand | |
| <i>fluorouracil 0.5 % cream (g)</i> | Non-Preferred Generic | PA |

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| Drug Name | Status* | Requirements/Limits |
|--|-------------------------|-------------------------|
| <i>fluorouracil (2 % solution, 5 % solution, 5 % cream (g))</i> | Non-Preferred Generic | |
| <i>imiquimod 5 % cream pack</i> | Non-Preferred Generic | |
| <i>imiquimod (3.75 % crm md pmp, 3.75 % cream pack)</i> | Non-Preferred Generic | PA |
| KLISYRI | Non-Preferred Brand | PA |
| METHOXSALEN | Non-Preferred Specialty | |
| <i>nystatin/triamcinolone acetonide (100000-0.1 cream (g), 100000-0.1 oint. (g))</i> | Non-Preferred Generic | |
| OTEZLA (28 DAY PACK, PACK) | Preferred Specialty | PA, QL (1 PER 365 DAYS) |
| OTEZLA 30 MG TABLET | Preferred Specialty | PA, QL (2 PER 1 DAY) |
| PICATO | Non-Preferred Brand | PA |
| <i>podofilox</i> | Non-Preferred Generic | |
| PROCTOFOAM-HC | Non-Preferred Brand | |
| QBREXZA | Non-Preferred Brand | PA, QL (1 PER 1 DAY) |
| <i>refissa</i> | Non-Preferred Generic | |
| REGRANEX | Non-Preferred Specialty | PA |
| <i>rosadan (0.75% gel, 0.75% cream)</i> | Non-Preferred Generic | |
| SANTYL | Non-Preferred Brand | QL (30 GM PER 30 DAYS) |
| <i>silvadene</i> | Non-Preferred Generic | |
| <i>silver sulfadiazine</i> | Non-Preferred Generic | |

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| Drug Name | Status* | Requirements/Limits |
|----------------------------------|-----------------------|---------------------|
| <i>spinossad</i> | Non-Preferred Generic | |
| <i>ssd</i> | Non-Preferred Generic | |
| TOLAK | Preferred Brand | PA |
| <i>tretinooin/emollient base</i> | Non-Preferred Generic | |
| ULESFIA | Non-Preferred Brand | |
| VEREGEN | Non-Preferred Brand | PA |
| ZYCLARA 2.5% CREAM PUMP | Non-Preferred Brand | PA |

PEDICULICIDES/SCABICIDES

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

TOPICAL ANTI-INFECTIVES

| | | |
|--------------------------------|-----------------------|-----------------------------|
| <i>acyclovir 5 % oint. (g)</i> | Non-Preferred Generic | PA, QL (30 GM PER 365 DAYS) |
| ALTABAX | Non-Preferred Brand | ST |
| <i>cicloidan 0.77% cream</i> | Non-Preferred Generic | |

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| Drug Name | Status* | Requirements/Limits |
|---|-----------------------|-----------------------------|
| <i>ciclopirox (0.77 % gel (gram), 1 % shampoo)</i> | Non-Preferred Generic | |
| <i>ciclopirox olamine (0.77 % cream (g), 0.77 % suspension)</i> | Non-Preferred Generic | |
| <i>clindamycin phosphate (1 % foam, 1 % lotion, 1 % gel (gram), 1 % solution)</i> | Non-Preferred Generic | |
| DENAVIR | Non-Preferred Brand | PA, QL (10 GM PER 365 DAYS) |
| ery | Non-Preferred Generic | |
| <i>erythromycin base in ethanol (in 2 % solution, in 2 % gel (gram))</i> | Non-Preferred Generic | |
| <i>mupirocin 2% ointment</i> | Preferred Generic | |
| SULFAMYLON 8.5% CREAM | Non-Preferred Brand | |
| XEPI | Non-Preferred Brand | ST |

ELECTROLYTES/MINERALS/METALS/VITAMINS

ELECTROLYTE/MINERAL REPLACEMENT

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

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| Drug Name | Status* | Requirements/Limits |
|--|-------------------------|---------------------|
| <i>potassium citrate (5 tablet er, 10 tablet er, 15 tablet er)</i> | Non-Preferred Generic | |
| ELECTROLYTE/MINERAL/METAL MODIFIERS | | |
| CHEMET | Non-Preferred Brand | |
| CLOVIQUE | Preferred Specialty | PA |
| DEFERASIROX (90 MG TABLET, 90 MG GRAN PACK, 125 MG TAB DISPER, 180 MG TABLET, 180 MG GRAN PACK, 250 MG TAB DISPER, 360 MG GRAN PACK, 360 MG TABLET, 500 MG TAB DISPER) | Non-Preferred Specialty | |
| DEFERIPRONE | Non-Preferred Specialty | |
| FERRIPROX 100 MG/ML SOLUTION | Non-Preferred Specialty | LA |
| JYNARQUE (15 MG TABLET, 15 MG-15 MG TABLET, 30 MG TABLET, 30 MG-15 MG TABLET, 45 MG-15 MG TABLET, 60 MG-30 MG TABLET, 90 MG-30 MG TABLET) | Non-Preferred Specialty | PA, LA |
| TOLVAPTAN | Non-Preferred Specialty | PA |
| TRIENTINE HCL | Preferred Specialty | PA |
| PHOSPHATE BINDERS | | |
| AURYXIA | Non-Preferred Brand | ST |
| <i>calcium acetate 667 mg capsule</i> | Non-Preferred Generic | |
| FOSRENOL (750 MG POWDER PACKET, 1,000 MG POWDER PACK) | Non-Preferred Brand | ST |
| <i>lanthanum carbonate</i> | Non-Preferred Generic | ST |
| PHOSLYRA | Non-Preferred Brand | ST |

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| Drug Name | Status* | Requirements/Limits |
|--|-----------------------|---------------------|
| <i>sevelamer carbonate (0.8 g powd pack, 2.4 g powd pack, 800 mg tablet)</i> | Non-Preferred Generic | |
| <i>sevelamer hcl</i> | Non-Preferred Generic | ST |
| <i>VELPHORO</i> | Non-Preferred Brand | ST |

POTASSIUM BINDERS

| | | |
|--|-----------------------|--|
| <i>kionex</i> | Non-Preferred Generic | |
| <i>sodium polystyrene sulfonate (15 g/60 ml oral susp, powder)</i> | Non-Preferred Generic | |
| <i>SPS 30 GM/120 ML ENEMA SUSP</i> | Non-Preferred Brand | |
| <i>sps 15 gm/60 ml suspension</i> | Non-Preferred Generic | |

VITAMINS

| | | |
|---|-----------------------|--------------------------|
| <i>CHILDREN'S IRON</i> | ACA Preventive | C (0 to 1 YEAR OLD) |
| <i>cyanocobalamin (vitamin b-12) 1000mcg/ml vial</i> | Preferred Generic | |
| <i>FERROUS SULFATE 15 MG/ML DROPS</i> | ACA Preventive | C (0 to 1 YEAR OLD) |
| <i>fluocinolone acetonide 0.025 % cream (g)</i> | Non-Preferred Generic | |
| <i>FLURA-DROPS</i> | ACA Preventive | C (0 TO 16 YEARS OF AGE) |
| <i>FOLIC ACID (0.4 MG TABLET, 0.8 MG TABLET)</i> | ACA Preventive | C (0 to 59 YEARS OF AGE) |
| <i>folic acid 1 mg tablet</i> | Non-Preferred Generic | |
| <i>levocarnitine (with sugar)</i> | Non-Preferred Generic | |
| <i>MULTIVITAMIN COMBINATION NO.51/FERROUS FUMARATE/FOLIC ACID</i> | ACA Preventive | C (0 to 59 YEARS OF AGE) |
| <i>NIVA-PLUS</i> | ACA Preventive | C (0 to 59 YEARS OF AGE) |

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| Drug Name | Status* | Requirements/Limits |
|--|----------------|--------------------------|
| PEDIA IRON | ACA Preventive | C (0 TO 1 YEAR OLD) |
| PRENATAL VITAMINS (NO DHA, FOLIC ACID - LESS THAN 1MG) | ACA Preventive | C (0 to 59 YEARS OF AGE) |
| WEE CARE | ACA Preventive | C (0 to 1 YEAR OLD) |

GASTROINTESTINAL AGENTS

ANTI-CONSTIPATION AGENTS

| | | |
|---|-----------------------|----|
| CLENPIQ | Non-Preferred Brand | |
| <i>constulose</i> | Preferred Generic | |
| <i>enulose</i> | Preferred Generic | |
| <i>generlac</i> | Preferred Generic | |
| <i>lactulose (10 g/15 ml solution, 20 g/30 ml solution)</i> | Preferred Generic | |
| <i>lubiprostone</i> | Non-Preferred Generic | |
| MOTEGRITY | Non-Preferred Brand | PA |
| MOVANTIK | Non-Preferred Brand | PA |
| OSMOPREP | Non-Preferred Brand | |
| PREPOPIK | Non-Preferred Brand | |
| SYMPROIC | Non-Preferred Brand | PA |

ANTI-DIARRHEAL AGENTS

| | | |
|--|-----------------------|----|
| <i>alosetron hcl</i> | Non-Preferred Generic | PA |
| <i>diphenoxylate hcl/atropine sulfate (2.5-.025mg tablet, 2.5-.025/5 liquid)</i> | Non-Preferred Generic | |
| MYTESI | Non-Preferred Brand | |

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2022 PROVIDENCE FORMULARY K

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

| Drug Name | Status* | Requirements/Limits |
|--|-------------------------|--------------------------------------|
| VIBERZI | Non-Preferred Brand | PA |
| XIFAXAN | Non-Preferred Brand | PA, QL (3 PER 1 DAY) |
| ANTISPASMODICS, GASTROINTESTINAL | | |
| <i>dicyclomine hcl 10 mg/5 ml solution</i> | Non-Preferred Generic | |
| <i>dicyclomine hcl (10 mg capsule, 20 mg tablet)</i> | Preferred Generic | |
| <i>glycopyrrolate (1 mg tablet, 1 mg/5 ml solution, 2 mg tablet)</i> | Non-Preferred Generic | |
| <i>methscopolamine bromide</i> | Non-Preferred Generic | |
| <i>propantheline bromide</i> | Non-Preferred Generic | |
| GASTROINTESTINAL AGENTS, OTHER | | |
| CHENODAL | Non-Preferred Specialty | PA, LA |
| GATTEX | Non-Preferred Specialty | PA, LA |
| <i>gavilyte-c</i> | Preferred Generic | C (ACA ELIGIBLE - AGES 45 AND OLDER) |
| <i>gavilyte-g</i> | Preferred Generic | C (ACA ELIGIBLE - AGES 45 AND OLDER) |
| <i>gavilyte-n</i> | Preferred Generic | C (ACA ELIGIBLE - AGES 45 AND OLDER) |
| IMCIVREE | Non-Preferred Specialty | PA, LA |
| <i>lansoprazole/amoxicillin trihydrate/clarithromycin</i> | Non-Preferred Generic | |
| MOTOFEN | Non-Preferred Brand | |
| MYALEPT | Non-Preferred Specialty | PA, LA |

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2022 PROVIDENCE FORMULARY K

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| Drug Name | Status* | Requirements/Limits |
|---|-------------------------|--|
| OCALIVA | Non-Preferred Specialty | PA, LA, QL (1 PER 1 DAY) |
| OMECLAMOX-PAK | Preferred Brand | |
| <i>opium tincture</i> | Non-Preferred Generic | QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day) |
| <i>peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride</i> | Preferred Generic | C (ACA ELIGIBLE - AGES 45 AND OLDER) |
| <i>peg 3350/sodium sulfate/sod chloride/kcl/ascorbate sod/vit c</i> | Non-Preferred Generic | |
| PLENUVU | Non-Preferred Brand | |
| PYLERA | Non-Preferred Brand | |
| <i>sodium chloride/sodium bicarbonate/potassium chloride/peg</i> | Preferred Generic | C (ACA ELIGIBLE - AGES 45 AND OLDER) |
| SUPREP | Preferred Brand | |
| SUTAB | Non-Preferred Brand | |
| <i>trilyte with flavor packets</i> | Preferred Generic | C (ACA ELIGIBLE - AGES 45 AND OLDER) |
| <i>ursodiol (250 mg tablet, 300 mg capsule, 500 mg tablet)</i> | Non-Preferred Generic | |

HISTAMINE2 (H2) RECEPTOR ANTAGONISTS

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

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2022 PROVIDENCE FORMULARY K

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| Drug Name | Status* | Requirements/Limits |
|---|----------------------------|----------------------------|
| PROTECTANTS | | |
| <i>misoprostol</i> | Non-Preferred Generic | |
| <i>sucralfate (1 g tablet, 1 g/10 ml oral susp)</i> | Non-Preferred Generic | |
| PROTON PUMP INHIBITORS | | |
| <i>dexlansoprazole</i> | Non-Preferred Generic | ST |
| <i>esomeprazole magnesium (20 mg capsule dr, 40 mg capsule dr)</i> | Non-Preferred Generic | |
| <i>lansoprazole 30 mg capsule dr</i> | Non-Preferred Generic | |
| <i>omeprazole (10 mg capsule dr, 20 mg capsule dr, 40 mg capsule dr)</i> | Preferred Generic | |
| <i>pantoprazole sodium 40 mg granpkt dr</i> | Non-Preferred Generic | |
| <i>pantoprazole sodium (20 mg tablet dr, 40 mg tablet dr)</i> | Preferred Generic | |
| <i>rabeprazole sodium 20 mg tablet dr</i> | Non-Preferred Generic | |
| GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT | | |
| <i>betaine</i> | Non-Preferred Generic | S (Specialty Drug) |
| <i>CERDELGA</i> | Non-Preferred Specialty | PA |
| <i>CHOLBAM</i> | Non-Preferred Specialty | PA, LA |
| <i>CREON</i> | Preferred Brand | |
| <i>cromolyn sodium 20 mg/ml oral conc</i> | Non-Preferred Generic | |
| <i>CYSTADROPS</i> | Non-Preferred Specialty | LA, QL (20 ML PER 28 DAYS) |

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2022 PROVIDENCE FORMULARY K

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| Drug Name | Status* | Requirements/Limits |
|--|-------------------------|-------------------------------|
| CYSTAGON | Preferred Specialty | LA |
| CYSTARAN | Non-Preferred Specialty | LA, QL (2 ML PER DAY) |
| GALAFOLD | Non-Preferred Specialty | PA, LA, QL (.5 PER 1 DAY) |
| MIGLUSTAT | Non-Preferred Specialty | PA |
| NITISINONE | Non-Preferred Specialty | LA |
| NITYR | Non-Preferred Specialty | LA |
| ORFADIN (4 MG/ML SUSPENSION, 20 MG CAPSULE) | Non-Preferred Specialty | LA |
| PALYNZIQ 10 MG/0.5 ML SYRINGE | Non-Preferred Specialty | PA, LA, QL (1 ML PER 1 DAY) |
| PALYNZIQ 2.5 MG/0.5 ML SYRINGE | Non-Preferred Specialty | PA, LA, QL (8 ML PER 28 DAYS) |
| PALYNZIQ 20 MG/ML SYRINGE | Non-Preferred Specialty | PA, LA, QL (3 ML PER DAY) |
| PROSYSBI (DR 25 MG CAPSULE, DR 75 MG CAPSULE, DR 75 MG GRANULE PKT, DR 300 MG GRANULE PKT) | Non-Preferred Specialty | PA, LA |
| RAVICTI | Non-Preferred Specialty | PA, LA |
| REVCovi | Non-Preferred Specialty | PA, LA |
| SAPROPTERIN DIHYDROCHLORIDE (100 MG TABLET SOL, 100 MG POWD PACK, 500 MG POWD PACK) | Non-Preferred Specialty | PA |
| SODIUM PHENYLBUTYRATE (0.94 G/G POWDER, 500 MG TABLET) | Non-Preferred Specialty | PA, LA |
| STRENSIQ | Non-Preferred Specialty | PA, LA |
| SUCRAID | Non-Preferred Specialty | PA, LA |

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2022 PROVIDENCE FORMULARY K

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| Drug Name | Status* | Requirements/Limits |
|-----------|-------------------------|-------------------------------|
| TEGSEDI | Non-Preferred Specialty | PA, LA, QL (6 ML PER 28 DAYS) |
| VISTOGARD | Non-Preferred Specialty | LA |
| VYNDAQEL | Non-Preferred Specialty | PA, LA, QL (4 PER 1 DAY) |
| XURIDEN | Non-Preferred Specialty | PA, LA |
| ZENPEP | Preferred Brand | |

GENITOURINARY AGENTS

ANTISPASMODICS, URINARY

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

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2022 PROVIDENCE FORMULARY K

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| Drug Name | Status* | Requirements/Limits |
|---|----------------------------|---------------------|
| BENIGN PROSTATIC HYPERPLASIA AGENTS | | |
| <i>alfuzosin hcl</i> | Non-Preferred Generic | |
| <i>dutasteride</i> | Non-Preferred Generic | |
| <i>finasteride 5 mg tablet</i> | Preferred Generic | |
| <i>silodosin</i> | Non-Preferred Generic | |
| <i>tadalafil 5 mg tablet</i> | Non-Preferred Generic | QL (1 PER DAY) |
| <i>tamsulosin hcl</i> | Preferred Generic | |
| GENITOURINARY AGENTS, OTHER | | |
| <i>bethanechol chloride</i> | Non-Preferred Generic | |
| D-PENAMINE | Preferred Specialty | |
| ELMIRON | Non-Preferred Brand | QL (3 PER 1 DAY) |
| GYNOL II | ACA Preventive | |
| PENICILLAMINE 250 MG TABLET | Preferred Specialty | |
| PHEXXI | ACA Preventive | |
| THIOLA EC | Non-Preferred Specialty | PA, LA |
| TIOPRONIN | Non-Preferred Specialty | PA |
| TODAY CONTRACEPTIVE SPONGE | ACA Preventive | |
| VCF (FILM, GEL) | ACA Preventive | |
| HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL) | | |
| ACTHAR | Non-Preferred Specialty | PA |
| <i>betamethasone acetate/betamethasone sodium phosphate</i> | Non-Preferred Generic | |

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2022 PROVIDENCE FORMULARY K

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| Drug Name | Status* | Requirements/Limits |
|---|-------------------------|---------------------|
| <i>cortisone acetate</i> | Non-Preferred Generic | |
| CORTROPHIN | Non-Preferred Specialty | PA |
| <i>decadron</i> | Preferred 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> | Preferred Generic | |
| <i>fludrocortisone acetate</i> | Non-Preferred Generic | |
| <i>halcinonide</i> | Non-Preferred Generic | |
| MEDROL 2 MG TABLET | Non-Preferred Brand | |
| <i>methylprednisolone (4 mg tablet, 4 mg tab ds pk, 8 mg tablet, 16 mg tablet, 32 mg tablet)</i> | Non-Preferred Generic | |
| <i>prednisolone</i> | Preferred Generic | |
| <i>prednisolone sodium phosphate 15 mg/5 ml solution</i> | Preferred Generic | |
| <i>prednisolone sodium phosphate (5 mg/5 ml solution, 10 mg tab rapdis, 15 mg tab rapdis, 30 mg tab rapdis)</i> | Non-Preferred Generic | |
| <i>prednisone (1 mg tablet, 2.5 mg tablet, 5 mg tablet, 5 mg/5 ml solution, 5 mg tab ds pk, 10 mg tab ds pk, 10 mg tablet, 20 mg tablet, 50 mg tablet)</i> | Preferred Generic | |
| <i>prednisone intensol</i> | Preferred Generic | |
| SOLU-CORTEF 100 MG ACT-O-VIAL | Non-Preferred Brand | QL (2 PER 180 DAYS) |

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)

| | | |
|-------------------------------|---------------------|----|
| CHORIONIC GONADOTROPIN, HUMAN | Preferred Specialty | PA |
|-------------------------------|---------------------|----|

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2022 PROVIDENCE FORMULARY K

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| Drug Name | Status* | Requirements/Limits |
|---|-------------------------|---------------------|
| DDAVP 10 MCG/0.1 ML SOLUTION | Non-Preferred Brand | |
| <i>desmopressin acetate (0.1 mg tablet, 0.2 mg tablet, 10/spray spray/pump)</i> | Non-Preferred Generic | |
| <i>desmopressin acetate (non-refrigerated)</i> | Non-Preferred Generic | |
| EGRIFTA | Non-Preferred Specialty | PA, LA |
| EGRIFTA SV | Non-Preferred Specialty | PA, LA |
| FOLLISTIM AQ | Preferred Specialty | PA |
| INCRELEX | Non-Preferred Specialty | PA, LA |
| NORDITROPIN FLEXPRO | Preferred Specialty | PA |
| NOVAREL | Preferred Specialty | PA |
| ORIAHNN | Non-Preferred Brand | PA |
| PREGNYL | Preferred Specialty | PA |
| STIMATE | Non-Preferred Specialty | |

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

ANABOLIC STEROIDS

| | |
|--------------------|-------------------------|
| ANADROL-50 | Non-Preferred Specialty |
| <i>oxandrolone</i> | Non-Preferred Generic |

ANDROGENS

| | |
|----------------|-----------------------|
| <i>danazol</i> | Non-Preferred Generic |
| METHITEST | Non-Preferred Brand |

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2022 PROVIDENCE FORMULARY K

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| Drug Name | Status* | Requirements/Limits |
|--|--------------------------|---------------------|
| <i>methyltestosterone</i> | Non-Preferred Generic | |
| <i>testosterone (12.5/1.25g gel md pmp, 25mg(1%) gel packet, 50 mg (1%) gel (gram), 50 mg (1%) gel packet)</i> | Non-Preferred Generic | |
| <i>testosterone cypionate</i> | Non-Preferred Generic | |
| <i>testosterone enanthate</i> | Non-Preferred Generic | |

ESTROGENS

| | |
|----------------|----------------|
| AFIRMELLE | ACA Preventive |
| ALTAVERA | ACA Preventive |
| ALYACEN | ACA Preventive |
| AMETHIA | ACA Preventive |
| AMETHIA LO | ACA Preventive |
| AMETHYST | ACA Preventive |
| ANNOVERA | ACA Preventive |
| APRI | ACA Preventive |
| ARANELLE | ACA Preventive |
| ASHLYNA | ACA Preventive |
| AUBRA | ACA Preventive |
| AUBRA EQ | ACA Preventive |
| AUROVELA | ACA Preventive |
| AUROVELA 24 FE | ACA Preventive |
| AUROVELA FE | ACA Preventive |
| AVIANE | ACA Preventive |
| AYUNA | ACA Preventive |
| AZURETTE | ACA Preventive |
| BALCOLTRA | ACA Preventive |

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2022 PROVIDENCE FORMULARY K

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| Drug Name | Status* | Requirements/Limits |
|---|-----------------------|---------------------|
| BALZIVA | ACA Preventive | |
| BEKYREE | ACA Preventive | |
| BLISOVI 24 FE | ACA Preventive | |
| BLISOVI FE | ACA Preventive | |
| BRIELLYN | ACA Preventive | |
| CAMRESE | ACA Preventive | |
| CAMRESE LO | ACA Preventive | |
| CAZIANT | ACA Preventive | |
| CHARLOTTE 24 FE | ACA Preventive | |
| CHATEAL | ACA Preventive | |
| CHATEAL EQ | ACA Preventive | |
| CRYSELLE | ACA Preventive | |
| CYCLAFEM | ACA Preventive | |
| CYRED | ACA Preventive | |
| CYRED EQ | ACA Preventive | |
| DASETTA | ACA Preventive | |
| DAYSEE | ACA Preventive | |
| DEPO-ESTRADIOL | Non-Preferred Brand | |
| DESOGESTREL-ETHINYL ESTRADIOL | ACA Preventive | |
| DESOGESTREL-ETHINYL ESTRADIOL/ETHINYL ESTRADIOL | ACA Preventive | |
| DOLISHALE | ACA Preventive | |
| <i>dotti</i> | Non-Preferred Generic | |
| DROSPIRENONE/ETHINYL ESTRADIOL/LEVOMEFOLATE CALCIUM | ACA Preventive | |
| ELINEST | ACA Preventive | |
| ELURYNG | ACA Preventive | |

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2022 PROVIDENCE FORMULARY K

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

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

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2022 PROVIDENCE FORMULARY K

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

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2022 PROVIDENCE FORMULARY K

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

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

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2022 PROVIDENCE FORMULARY K

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

| Drug Name | Status* | Requirements/Limits |
|----------------|-----------------------|---------------------|
| VELIVET | ACA Preventive | |
| VESTURA | ACA Preventive | |
| VIENVA | ACA Preventive | |
| VIORELE | ACA Preventive | |
| VOLNEA | ACA Preventive | |
| VYFEMLA | ACA Preventive | |
| VYLIBRA | ACA Preventive | |
| WERA | ACA Preventive | |
| WYMZYA FE | ACA Preventive | |
| XULANE | ACA Preventive | |
| <i>yuvafem</i> | Non-Preferred Generic | |
| ZAFEMY | ACA Preventive | |
| ZARAH | ACA Preventive | |
| ZOVIA 1-35 | ACA Preventive | |
| ZOVIA 1-35E | ACA Preventive | |
| ZUMANDIMINE | ACA Preventive | |

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

| | |
|--|-----------------------|
| <i>amabelz</i> | Non-Preferred Generic |
| BIJUVA | Non-Preferred Brand |
| COMBIPATCH | Non-Preferred Brand |
| <i>estradiol/norethindrone acetate</i> | Non-Preferred Generic |
| <i>lopreeza</i> | Non-Preferred Generic |
| <i>mimvey</i> | Non-Preferred Generic |

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2022 PROVIDENCE FORMULARY K

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| Drug Name | Status* | Requirements/Limits |
|---|-----------------------|---------------------|
| PROGESTINS | | |
| AFTER PILL | ACA Preventive | |
| AFTERA | ACA Preventive | |
| CAMILA | ACA Preventive | |
| CRINONE | Non-Preferred Brand | PA |
| DEBLITANE | ACA Preventive | |
| DEPO-SUBQ PROVERA 104 | ACA Preventive | |
| ECONTRA EZ | ACA Preventive | |
| ECONTRA ONE-STEP | ACA Preventive | |
| ELLA | ACA Preventive | |
| ENDOMETRIN | Preferred Brand | PA |
| ERRIN | ACA Preventive | |
| HEATHER | ACA Preventive | |
| INCASSIA | ACA Preventive | |
| JENCYCLA | ACA Preventive | |
| LEVONORGESTREL | ACA Preventive | |
| LYLEQ | ACA Preventive | |
| LYZA | ACA Preventive | |
| <i>medroxyprogesterone acetate (2.5 mg tablet, 5 mg tablet, 10 mg tablet)</i> | Preferred Generic | |
| MEDROXYPROGESTERONE ACETATE (150 MG/ML VIAL, 150 MG/ML SYRINGE) | ACA Preventive | |
| <i>megestrol acetate (20 mg tablet, 40 mg tablet, 400mg/10ml oral susp)</i> | Non-Preferred Generic | |
| MY CHOICE | ACA Preventive | |
| MY WAY | ACA Preventive | |
| NEW DAY | ACA Preventive | |

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2022 PROVIDENCE FORMULARY K

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| Drug Name | Status* | Requirements/Limits |
|---------------------------------|-----------------------|---------------------|
| NORA-BE | ACA Preventive | |
| NORETHINDRONE | ACA Preventive | |
| <i>norethindrone acetate</i> | Non-Preferred Generic | |
| NORLYDA | ACA Preventive | |
| OPCICON ONE-STEP | ACA Preventive | |
| OPTION 2 | ACA Preventive | |
| <i>progesterone</i> | Non-Preferred Generic | |
| <i>progesterone, micronized</i> | Non-Preferred Generic | |
| SHAROBEL | ACA Preventive | |
| SLYND | ACA Preventive | |
| TAKE ACTION | ACA Preventive | |
| TULANA | ACA Preventive | |

SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS

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

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)

| | |
|--|---------------------|
| ARMOUR THYROID (180 MG TABLET, 240 MG TABLET, 300 MG TABLET) | Non-Preferred Brand |
| <i>levothyroxine sodium (25 mcg tablet, 50 mcg tablet, 75 mcg tablet, 88 mcg tablet, 100 mcg tablet, 112 mcg tablet, 125 mcg tablet, 137 mcg tablet, 150 mcg tablet, 175 mcg tablet, 200 mcg tablet, 300 mcg tablet)</i> | Preferred Generic |

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2022 PROVIDENCE FORMULARY K

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| Drug Name | Status* | Requirements/Limits |
|---|-----------------------|---------------------|
| <i>liothyronine sodium (5 mcg tablet, 25 mcg tablet, 50 mcg tablet)</i> | Non-Preferred Generic | |
| <i>nature-throid (16.25 mg tablet, 48.75 mg tablet, 65 mg tablet, 81.25 mg tablet, 97.5 mg tablet, 113.75 mg tablet, 130 mg tablet, 146.25 mg tablet, 162.5 mg tablet, 195 mg tablet, 260 mg tablet, 325 mg tablet)</i> | Non-Preferred Generic | |
| NATURE-THROID 32.5 MG TABLET | Non-Preferred Brand | |
| <i>np thyroid</i> | Non-Preferred Generic | |
| WESTHROID | Non-Preferred Brand | |
| <i>wp thyroid (16.25 mg tablet, 48.75 mg tablet, 65 mg tablet, 81.25 mg tablet, 97.5 mg tablet, 113.75 mg tablet, 130 mg tablet)</i> | Non-Preferred Generic | |
| WP THYROID 32.5 MG TABLET | Non-Preferred Brand | |

HORMONAL AGENTS, SUPPRESSANT (ADRENAL)

| | | |
|----------|-------------------------|--------|
| LYSODREN | Non-Preferred Specialty | PA, LA |
|----------|-------------------------|--------|

HORMONAL AGENTS, SUPPRESSANT (PITUITARY)

| | | |
|---------------------------|-----------------------|------------------------|
| <i>cabergoline</i> | Non-Preferred Generic | |
| ELIGARD | Non-Preferred Brand | PA |
| FYREMADEL | Preferred Specialty | PA |
| GANIRELIX ACETATE | Preferred Specialty | PA |
| <i>leuprolide acetate</i> | Non-Preferred Generic | PA |
| MYCAPSSA | Preferred Specialty | PA, LA, QL (4 PER DAY) |

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2022 PROVIDENCE FORMULARY K

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| Drug Name | Status* | Requirements/Limits |
|---|-------------------------|---------------------|
| OCTREOTIDE ACETATE (50 MCG/ML VIAL, 50 MCG/ML AMPUL, 50 MCG/ML SYRINGE, 100 MCG/ML AMPUL, 100 MCG/ML VIAL, 100 MCG/ML SYRINGE, 200 MCG/ML VIAL, 500 MCG/ML AMPUL, 500 MCG/ML SYRINGE, 500 MCG/ML VIAL, 1000MCG/ML VIAL) | Non-Preferred Specialty | |
| ORGOVYX | Non-Preferred Specialty | PA, LA |
| ORLISSA | Non-Preferred Brand | PA |
| SIGNIFOR | Non-Preferred Specialty | PA, LA |
| SOMAVERT | Non-Preferred Specialty | PA, LA |
| SYNAREL | Non-Preferred Specialty | PA |

HORMONAL AGENTS, SUPPRESSANT (THYROID)

ANTITHYROID AGENTS

| | |
|-------------------------|-----------------------|
| <i>methimazole</i> | Preferred Generic |
| <i>propylthiouracil</i> | Non-Preferred Generic |

IMMUNOLOGICAL AGENTS

ANGIOEDEMA AGENTS

| | | |
|-------------------|-------------------------|-------------------------------|
| BERINERT | Non-Preferred Specialty | PA, LA, QL (2 PER 30 DAYS) |
| HAEGARDA | Non-Preferred Specialty | PA, LA |
| ICATIBANT ACETATE | Preferred Specialty | PA, LA, QL (9 ML PER 30 DAYS) |
| ORLADEYO | Non-Preferred Specialty | PA, LA, QL (1 PER DAY) |

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2022 PROVIDENCE FORMULARY K

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| Drug Name | Status* | Requirements/Limits |
|--|-------------------------|---------------------------------|
| SAJAZIR | Preferred Specialty | PA, QL (9 ML PER 30 DAYS) |
| TAKHYRO (300 MG/2 ML VIAL, 300 MG/2 ML SYRINGE) | Non-Preferred Specialty | PA, LA, QL (4 ML PER 28 DAYS) |
| IMMUNOGLOBULINS | | |
| CUTAQUIG | Non-Preferred Specialty | PA |
| GAMMAKED | Non-Preferred Specialty | PA |
| GAMUNEX-C | Non-Preferred Specialty | PA, LA |
| HIZENTRA (1 GRAM/5 ML SYRINGE, 1 GRAM/5 ML VIAL, 2 GRAM/10 ML SYRINGE, 2 GRAM/10 ML VIAL, 4 GRAM/20 ML SYRINGE, 4 GRAM/20 ML VIAL, 10 GRAM/50 ML VIAL) | Non-Preferred Specialty | PA, LA |
| HYQVIA | Non-Preferred Specialty | PA, LA |
| XEMBIFY | Non-Preferred Specialty | PA, LA |
| IMMUNOLOGICAL AGENTS, OTHER | | |
| ACTEMRA 162 MG/0.9 ML SYRINGE | Non-Preferred Specialty | PA, LA, QL (3.6 ML PER 28 DAYS) |
| ACTEMRA ACTPEN | Non-Preferred Specialty | PA, LA, QL (3.6 ML PER 28 DAYS) |
| BENLYSTA (200 MG/ML SYRINGE, 200 MG/ML AUTOINJECT) | Non-Preferred Specialty | PA, LA, QL (4 ML PER 28 DAYS) |
| COSENTYX (2 SYRINGES) | Preferred Specialty | PA, LA, QL (4 ML PER 56 DAYS) |
| COSENTYX PEN | Preferred Specialty | PA, LA, QL (2 ML PER 28 DAYS) |
| COSENTYX PEN (2 PENS) | Preferred Specialty | PA, LA, QL (2 ML PER 28 DAYS) |
| COSENTYX SYRINGE | Preferred Specialty | PA, LA, QL (2 ML PER 28 DAYS) |
| DUPIXENT 200 MG/1.14 ML PEN | Preferred Specialty | PA, QL (2.28 ML PER 28 DAYS) |
| DUPIXENT 300 MG/2 ML PEN | Preferred Specialty | PA, QL (4 ML PER 28 DAYS) |

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2022 PROVIDENCE FORMULARY K

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| Drug Name | Status* | Requirements/Limits |
|---|-------------------------|--------------------------------|
| DUPIXENT 100 MG/0.67 ML SYRING | Preferred Specialty | PA, QL (1.34 ML PER 28 DAYS) |
| DUPIXENT 200 MG/1.14 ML SYRING | Preferred Specialty | PA, QL (2.28 ML PER 28 DAYS) |
| DUPIXENT 300 MG/2 ML SYRINGE | Preferred Specialty | PA, QL (4 ML PER 28 DAYS) |
| KINERET | Non-Preferred Specialty | PA, LA, QL (0.67 ML PER 1 DAY) |
| ORENCIA 125 MG/ML SYRINGE | Non-Preferred Specialty | PA, QL (4 ML PER 28 DAYS) |
| ORENCIA 50 MG/0.4 ML SYRINGE | Non-Preferred Specialty | PA, QL (1.6 ML PER 28 DAYS) |
| ORENCIA 87.5 MG/0.7 ML SYRINGE | Non-Preferred Specialty | PA, QL (2.8 ML PER 28 DAYS) |
| ORENCIA CLICKJECT | Non-Preferred Specialty | PA, QL (4 ML PER 28 DAYS) |
| RIDAURA | Non-Preferred Specialty | |
| RINVOQ (ER 30 MG TABLET, ER 45 MG TABLET) | Preferred Specialty | PA, LA, QL (1 PER DAY) |
| RINVOQ ER 15 MG TABLET | Preferred Specialty | PA, LA, QL (1 PER 1 DAY) |
| SKYRIZI | Preferred Specialty | PA, QL (1 ML PER 84 DAYS) |
| SKYRIZI (2 SYRINGES) KIT | Preferred Specialty | PA, QL (1 PER 84 DAYS) |
| SKYRIZI PEN | Preferred Specialty | PA, QL (1 ML PER 84 DAYS) |
| STELARA (45 MG/0.5 ML VIAL, 45 MG/0.5 ML SYRINGE, 90 MG/ML SYRINGE) | Preferred Specialty | PA, QL (0.5 ML PER 84 DAYS) |
| TALTZ AUTOINJECTOR | Non-Preferred Specialty | PA, LA, QL (1 ML PER 28 DAYS) |
| TALTZ AUTOINJECTOR (2 PACK) | Non-Preferred Specialty | PA, LA, QL (1 ML PER 28 DAYS) |
| TALTZ AUTOINJECTOR (3 PACK) | Non-Preferred Specialty | PA, LA, QL (1 ML PER 28 DAYS) |
| TALTZ SYRINGE | Non-Preferred Specialty | PA, LA, QL (1 ML PER 28 DAYS) |
| TREMFYA (100 MG/ML INJECTOR, 100 MG/ML SYRINGE) | Preferred Specialty | PA, QL (1 ML PER 56 DAYS) |

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2022 PROVIDENCE FORMULARY K

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| Drug Name | Status* | Requirements/Limits |
|-------------------------------------|-------------------------|----------------------------|
| XELJANZ 1 MG/ML SOLUTION | Non-Preferred Specialty | PA, QL (10 ML PER DAY) |
| XELJANZ (5 MG TABLET, 10 MG TABLET) | Non-Preferred Specialty | PA, QL (2 PER 1 DAY) |
| XELJANZ XR | Non-Preferred Specialty | PA, QL (1 PER 1 DAY) |

IMMUNOSTIMULANTS

| | | |
|--|-------------------------|--------|
| ACTIMMUNE | Non-Preferred Specialty | PA, LA |
| INTRON A (10 MILLION UNITS VIL, 18 MILLION UNIT/3 ML, 18 MILLION UNITS VIL, 25 MILLION UNIT/2.5ML, 50 MILLION UNITS VIL) | Non-Preferred Specialty | LA |
| PEGASYS (180 MCG/ML VIAL, 180 MCG/0.5 ML SYRINGE) | Non-Preferred Specialty | |
| PEGINTRON | Non-Preferred Specialty | |
| SYLATRON | Non-Preferred Specialty | PA, LA |

IMMUNOSUPPRESSANTS

| | | |
|--|-------------------------|------------------------------|
| ASTAGRAF XL | Non-Preferred Brand | |
| <i>azathioprine 50 mg tablet</i> | Non-Preferred Generic | |
| CIMZIA (2X200 MG/ML SYRINGE KIT, 2X200 MG/ML(X3)START KT) | Non-Preferred Specialty | PA, LA, QL (1 PER 28 DAYS) |
| <i>cyclosporine (25 mg capsule, 100 mg capsule)</i> | Non-Preferred Generic | |
| <i>cyclosporine, modified (25 mg capsule, 50 mg capsule, 100 mg/ml solution, 100 mg capsule)</i> | Non-Preferred Generic | |
| ENBREL 25 MG/0.5 ML SYRINGE | Preferred Specialty | PA, QL (4.08 ML PER 28 DAYS) |
| ENBREL (25 MG/0.5 ML VIAL, 50 MG/ML SYRINGE) | Preferred Specialty | PA, QL (4 ML PER 28 DAYS) |

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2022 PROVIDENCE FORMULARY K

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| Drug Name | Status* | Requirements/Limits |
|--|-------------------------|---------------------------|
| ENBREL 25 MG KIT | Preferred Specialty | PA, QL (1 PER 28 DAYS) |
| ENBREL MINI | Preferred Specialty | PA, QL (4 ML PER 28 DAYS) |
| ENBREL SURECLICK | Preferred Specialty | PA, QL (4 ML PER 28 DAYS) |
| EVEROLIMUS (0.25 MG TABLET, 0.5 MG TABLET, 0.75 MG TABLET, 1 MG TABLET) | Non-Preferred Specialty | |
| <i>gengraf (25 mg capsule, 100 mg/ml solution, 100 mg capsule)</i> | Non-Preferred Generic | |
| HUMIRA | Preferred Specialty | PA, QL (2 PER 28 DAYS) |
| HUMIRA PEN | Preferred Specialty | PA, QL (2 PER 28 DAYS) |
| HUMIRA PEN CROHN'S-UC-HS | Preferred Specialty | PA, QL (6 PER 28 DAYS) |
| HUMIRA PEN PSOR-UVEITS-ADOL HS | Preferred Specialty | PA, QL (4 PER 28 DAYS) |
| HUMIRA(CF) | Preferred Specialty | PA, QL (2 PER 28 DAYS) |
| HUMIRA(CF) PEDI CROHN 80-40 MG | Preferred Specialty | PA, QL (2 PER 28 DAYS) |
| HUMIRA(CF) PEDI CROHN 80MG/0.8 | Preferred Specialty | PA, QL (3 PER 28 DAYS) |
| HUMIRA(CF) PEN | Preferred Specialty | PA, QL (2 PER 28 DAYS) |
| HUMIRA(CF) PEN CROHN'S-UC-HS | Preferred Specialty | PA, QL (3 PER 28 DAYS) |
| HUMIRA(CF) PEN PEDIATRIC UC | Preferred Specialty | PA, QL (4 PER 28 DAYS) |
| HUMIRA(CF) PEN PSOR-UV-ADOL HS | Preferred Specialty | PA, QL (3 PER 28 DAYS) |
| <i>leflunomide</i> | Non-Preferred Generic | |
| LUPKYNIS | Non-Preferred Specialty | PA, LA |
| <i>methotrexate sodium (2.5 mg tablet, 25 mg/ml vial)</i> | Non-Preferred Generic | |
| <i>methotrexate sodium/pf (1 g vial, 25 mg/ml vial)</i> | Non-Preferred Generic | |
| <i>mycophenolate mofetil (200 mg/ml susp recon, 250 mg capsule, 500 mg tablet)</i> | Non-Preferred Generic | |
| <i>mycophenolate sodium</i> | Non-Preferred Generic | |

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|--|-------------------------|------------------------|
| REZUROCK | Non-Preferred Specialty | PA, LA, QL (1 PER DAY) |
| SANDIMMUNE 100 MG/ML SOLN | Non-Preferred Brand | |
| <i>sirolimus (0.5 mg tablet, 1 mg tablet, 1 mg/ml solution, 2 mg tablet)</i> | Non-Preferred Generic | |
| <i>tacrolimus (0.5 mg capsule, 1 mg capsule, 5 mg capsule)</i> | Non-Preferred Generic | |

VACCINES

| | | |
|--|----------------|---|
| ACTHIB | ACA Preventive | QLC (1 dose (1 vial) per day; 4 doses (4 vials) per lifetime) |
| ADACEL TDAP SYRINGE | ACA Preventive | QLC (1 dose (0.5mL) per day; 1 dose (0.5mL per 10 years.) |
| ADACEL TDAP VIAL | ACA Preventive | QLC (1 dose (0.5mL) per day; 1 dose (0.5mL) per 10 years.) |
| AFLURIA QUAD 2019-20 (3YR UP) | ACA Preventive | |
| AFLURIA QUAD 2019-20 (6-35MO) | ACA Preventive | |
| AFLURIA QUAD 2019-2020 | ACA Preventive | |
| AFLURIA QUAD 2021-2022 | ACA Preventive | |
| AFLURIA QUAD 2021-22 (3YR UP) | ACA Preventive | |
| AFLURIA QUAD 2021-22 (6-35MO) | ACA Preventive | |
| BEXSERO | ACA Preventive | QLC (2 doses (1mL) per lifetime.) |
| BOOSTRIX TDAP (SYRINGE, VIAL) | ACA Preventive | QLC (1 dose (0.5mL) per day; 1 dose (0.5mL) per 10 years.) |
| DAPTACEL DTAP | ACA Preventive | QLC (1 dose (0.5mL) per day; 5 doses (2.5mL) per lifetime) |
| ENGERIX-B ADULT (20 MCG/ML SYRN, 20 MCG/ML VIAL) | ACA Preventive | QLC (1 dose (1mL) per day; 3 doses (3mL) per lifetime.) |
| ENGERIX-B PEDIATRIC-ADOLESCENT | ACA Preventive | QLC (1 dose (0.5mL) per day; 3 doses (1.5mL) per lifetime.) |
| FLUAD 2019-2020 | ACA Preventive | |
| FLUAD 2020-2021 | ACA Preventive | |

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2022 PROVIDENCE FORMULARY K

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| Drug Name | Status* | Requirements/Limits |
|--|----------------|--|
| FLUAD QUAD 2020-2021 | ACA Preventive | |
| FLUAD QUAD 2021-2022 | ACA Preventive | |
| FLUARIX QUAD 2020-2021 | ACA Preventive | |
| FLUBLOK QUAD 2020-2021 | ACA Preventive | |
| FLUCELVAX QUAD 2019-2020 (2019-2020 VIAL, 2019-2020 SYR) | ACA Preventive | |
| FLUCELVAX QUAD 2021-2022 (2021-2022 VIAL, 2021-2022 SYR) | ACA Preventive | |
| FLULALVAL QUAD 2020-2021 | ACA Preventive | |
| FLUMIST QUAD 2020-2021 | ACA Preventive | |
| FLUMIST QUAD 2021-2022 | ACA Preventive | |
| FLUZONE HIGH-DOSE QUAD 2020-21 | ACA Preventive | |
| FLUZONE QUAD 2020-2021 (2020-2021 VIAL, 2020-2021 SYRINGE) | ACA Preventive | |
| GARDASIL 9 (9 VIAL, 9 SYRINGE) | ACA Preventive | QLC (1 dose (0.5mL) per day; 3 doses (1.5mL) per lifetime.) |
| HAVRIX 1,440 UNIT/ML SYRINGE | ACA Preventive | QLC (1 dose (1mL) per day; 2 doses (2mL) per lifetime.) |
| HAVRIX 720 UNIT/0.5 ML SYRINGE | ACA Preventive | QLC (1 dose (0.5mL) per day; 2 doses (1mL) per lifetime.) |
| HEPLISAV-B | ACA Preventive | QLC (1 dose (0.5mL) per day; 2 doses (1mL) per lifetime.) |
| HIBERIX | ACA Preventive | QLC (1 dose (1 vial) per day; 4 doses (4 vials) per lifetime) |
| INFANRIX DTAP (SYRINGE, VIAL) | ACA Preventive | QLC (1 dose (0.5mL) per day; 5 doses (2.5mL) per lifetime.) |
| IPOL | ACA Preventive | QLC (1 dose (0.5mL) per day; 4 doses (2mL) per lifetime.) |
| KINRIX (TIP-LOK SYRINGE, VIAL) | ACA Preventive | QLC (1 dose (0.5mL) per day; 1 dose (0.5mL) per lifetime.) |
| M-M-R II VACCINE | ACA Preventive | QLC (1 dose (1 vial) per day; 3 doses (3 vials) per lifetime.) |

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| Drug Name | Status* | Requirements/Limits |
|---|----------------|--|
| MENACTRA | ACA Preventive | QLC (3 doses (1.5mL) per lifetime.) |
| MENVEO A-C-Y-W-135-DIP | ACA Preventive | QLC (2 doses (2 kits) per lifetime.) |
| PEDIARIX | ACA Preventive | QLC (1 dose (0.5mL) per day; 3 doses (1.5mL) per lifetime.) |
| PEDVAXHIB | ACA Preventive | QLC (1 dose (1 vial) per day; 4 doses (4 vials) per lifetime) |
| PENTACEL | ACA Preventive | QLC (1 dose (1 kit) per day; 4 doses (4 kits) per lifetime.) |
| PENTACEL ACTHIB COMPONENT | ACA Preventive | QLC (1 dose (1 kit) per day; 4 doses (4 kits) per lifetime.) |
| PENTACEL DTAP-IPV COMPONENT | ACA Preventive | QLC (1 dose (0.5mL) per day; 4 doses (2mL) per lifetime.) |
| PNEUMOVAX 23 (23 SYRINGE, 23 VIAL) | ACA Preventive | |
| PREHEVBRIOS | ACA Preventive | QLC (1 dose (1ml) per day; 3 doses (3mL) per lifetime) |
| PREVNAR 13 | ACA Preventive | |
| PREVNAR 20 | ACA Preventive | QL (0.5 ML PER LIFETIME) |
| PROQUAD | ACA Preventive | QLC (1 dose (1 vial) per day; 2 doses (2 vials) per lifetime.) |
| QUADRACEL DTAP-IPV SYRINGE | ACA Preventive | QLC (0.5mL PER DAY; 2mL PER LIFETIME) |
| QUADRACEL DTAP-IPV VIAL | ACA Preventive | QLC (1 dose (0.5mL) per day; 2 doses (1mL) per lifetime.) |
| RECOMBIVAX HB (10 MCG/ML SYR, 40 MCG/ML VIAL) | ACA Preventive | QLC (1 dose (1mL) per day; 3 doses (3mL) per lifetime.) |
| RECOMBIVAX HB (5 MCG/0.5 ML SYR, 5 MCG/0.5 ML VL) | ACA Preventive | QLC (1 dose (0.5mL) per day; 3 doses (1.5mL) per lifetime.) |
| RECOMBIVAX HB 10 MCG/ML VIAL | ACA Preventive | QLC (1 dose (1ml) per day; 3 doses (3mL) per lifetime) |
| ROTARIX | ACA Preventive | QLC (1 dose (1mL) per day; 2 doses (2mL) per lifetime.) |
| ROTATEQ | ACA Preventive | QLC (1 dose (2mL) per day; 3 doses (6mL) per lifetime.) |

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2022 PROVIDENCE FORMULARY K

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| Drug Name | Status* | Requirements/Limits |
|---|----------------|---|
| SHINGRIX | ACA Preventive | C (FOR 50 YEARS OF AGE AND OLDER), QLC (1 dose (1 kit) per day; 2 doses (2 kits) per lifetime.) |
| TENIVAC (SYRINGE, VIAL) | ACA Preventive | QL (1 ML PER 10 YEARS) |
| TETANUS AND DIPHTHERIA TOXOIDS, ADULT | ACA Preventive | QL (1 ML PER 10 YEARS) |
| TETANUS,DIPHTHERIA TOXOID PED/PF | ACA Preventive | QLC (1 dose (0.5mL) per day; 5 doses (2.5mL) per lifetime) |
| TRUMENBA | ACA Preventive | QLC (1 dose (0.5mL) per day; 3 doses (1.5mL) per lifetime.) |
| TWINRIX | ACA Preventive | QLC (1 dose (1mL) per day; 5 doses (5mL) per lifetime.) |
| VAQTA (50 SYRINGE, 50 VIAL) | ACA Preventive | QLC (1 dose (1mL) per day; 2 doses (2mL) per lifetime.) |
| VAQTA (25 UNITS/0.5 ML SYRINGE, 25 UNITS/0.5 ML VIAL) | ACA Preventive | QLC (1 dose (0.5mL) per day; 2 doses (1mL) per lifetime.) |
| VARIVAX VACCINE | ACA Preventive | QLC (1 dose (1 vial) per day; 2 doses (2 vials) per lifetime.) |
| VAXELIS (SYRINGE, VIAL) | ACA Preventive | QLC (1 dose (0.5mL) per day; 3 doses (1.5mL) per lifetime) |
| VAXNEUVANCE | ACA Preventive | QL (0.5 ML PER LIFETIME) |

INFLAMMATORY BOWEL DISEASE AGENTS

AMINOSALICYLATES

| | |
|---|-----------------------|
| <i>balsalazide disodium</i> | Non-Preferred Generic |
| DIPENTUM | Non-Preferred Brand |
| <i>mesalamine (0.375g cap er 24h, 1.2 g tablet dr, 4 g/60 ml enema, 400 mg cap(drtab), 800 mg tablet dr, 1000 mg supp.rect)</i> | Non-Preferred Generic |
| PENTASA | Preferred Brand |

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| Drug Name | Status* | Requirements/Limits |
|---|--------------------------|---------------------------|
| <i>sulfasalazine (500 mg tablet, 500 mg tablet dr)</i> | Non-Preferred Generic | |
| GLUCOCORTICOIDS | | |
| <i>budesonide 3 mg capdr - er</i> | Non-Preferred Generic | |
| <i>budesonide 9 mg tabdr - er</i> | Non-Preferred Generic | PA |
| <i>colocort</i> | Non-Preferred Generic | |
| <i>hydrocortisone (5 mg tablet, 10 mg tablet, 20 mg tablet, 100mg/60ml enema)</i> | Non-Preferred Generic | |
| METABOLIC BONE DISEASE AGENTS | | |
| <i>alendronate sodium (10 mg tablet, 35 mg tablet, 70 mg/75ml solution, 70 mg tablet)</i> | Preferred Generic - SH | |
| BABY DDROPS | ACA Preventive | C (FOR AGES 65 AND OLDER) |
| BABY VITAMIN D3 | ACA Preventive | C (FOR AGES 65 AND OLDER) |
| BABY'S SUPER DAILY D3 | ACA Preventive | |
| BINOSTO | Non-Preferred Brand | |
| <i>calcitonin, salmon, synthetic 200/spray spray/pump</i> | Non-Preferred Generic | |
| <i>calcitonin, salmon, synthetic 200/ml vial</i> | Non-Preferred Generic | PA |
| <i>calcitriol (0.25 mcg capsule, 0.5 mcg capsule, 1 mcg/ml solution)</i> | Non-Preferred Generic | |

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| Drug Name | Status* | Requirements/Limits |
|--|-------------------------------|---|
| CHOLECALCIFEROL (VITAMIN D3) (D3) 125 MCG CAPSULE, D3) 10(400)/ML DROPS, D3) 125 MCG/ML DROPS, D3) 10 MCG CAPSULE, D3) 125 MCG TABLET, D3) 25 MCG CAPSULE, D3) 10MCG/5ML LIQUID, D3) 25 MCG TAB CHEW, D3) 10 MCG TAB CHEW, D3) 75 MCG TABLET, D3) 50 MCG TABLET, D3) 10 MCG TABLET, D3) 1250 MCG CAPSULE, D3) 25 MCG TABLET, D3) 250 MCG TABLET, D3) 50 MCG CAPSULE) | ACA Preventive | C (FOR AGES 65 AND OLDER) |
| CINACALCET HCL (30 MG TABLET, 60 MG TABLET) | Non-Preferred Specialty | QL (2 PER 1 DAY) |
| CINACALCET HCL 90 MG TABLET | Non-Preferred Specialty | QL (4 PER 1 DAY) |
| D-VI-SOL | ACA Preventive | C (FOR AGES 65 AND OLDER) |
| D3 DOTS | ACA Preventive | C (FOR AGES 65 AND OLDER) |
| D3-2000 | ACA Preventive | C (FOR AGES 65 AND OLDER) |
| DECARA 50,000 UNIT SOFTGEL | ACA Preventive | C (FOR AGES 65 AND OLDER) |
| DELTA D3 | ACA Preventive | C (FOR AGES 65 AND OLDER) |
| DIALYVITE VITAMIN D | ACA Preventive | C (FOR AGES 65 AND OLDER) |
| DIALYVITE VITAMIN D3 MAX | ACA Preventive | C (FOR AGES 65 AND OLDER) |
| <i>doxercalciferol (0.5 mcg capsule, 1 mcg capsule, 2.5 mcg capsule)</i> | Non-Preferred Generic | ST |
| <i>ergocalciferol (vitamin d2) 1250 mcg capsule</i> | Preferred Generic | C (ACA Eligible for ages 65 and older) |
| ERGOCALCIFEROL (VITAMIN D2) 50 MCG CAPSULE | ACA Preventive | C (ACA ELIGIBLE FOR AGES 65 AND OLDER) |
| ERGOCALCIFEROL (VITAMIN D2) (D2) 10 MCG TABLET, D2) 50 MCG TABLET) | ACA Preventive | C (FOR AGES 65 AND OLDER) |
| <i>etidronate disodium</i> | Non-Preferred Generic | |
| FORTEO | Non-Preferred Specialty | PA |
| <i>ibandronate sodium 150 mg tablet</i> | Non-Preferred Generic - SH | |

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| Drug Name | Status* | Requirements/Limits |
|---|----------------------------|----------------------------|
| NATPARA | Non-Preferred Specialty | PA, LA, QL (2 PER 28 DAYS) |
| OPTIMAL D3 | ACA Preventive | C (FOR AGES 65 AND OLDER) |
| <i>paricalcitol (1 mcg capsule, 2 mcg capsule, 4 mcg capsule)</i> | Non-Preferred Generic | ST |
| PEDIA D-VITE | ACA Preventive | C (FOR AGES 65 AND OLDER) |
| <i>risedronate sodium (5 mg tablet, 30 mg tablet, 35 mg tablet dr, 35 mg tablet, 150 mg tablet)</i> | Non-Preferred Generic - SH | |
| TERIPARATIDE | Non-Preferred Specialty | PA |
| THERA-D (RAPID REPLETION TABLET, SPORT 2,000 UNIT TAB, 2000 TABLET) | ACA Preventive | C (FOR AGES 65 AND OLDER) |
| TYMLOS | Preferred Specialty | PA |
| VITAJOY DAILY D | ACA Preventive | C (FOR AGES 65 AND OLDER) |
| WEEKLY-D | ACA Preventive | |

MISCELLANEOUS

Diabetes Testing Supplies

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

MISCELLANEOUS THERAPEUTIC AGENTS

| | | |
|---------------------------|--------------------------|------------------------------|
| DEXCOM G5 RECEIVER KIT | Preferred Medical Supply | PA, QLC (1 KIT PER 365 DAYS) |
| DEXCOM G5 TRANSMITTER KIT | Preferred Medical Supply | PA, QLC (1 PACK PER 90 DAYS) |
| DEXCOM G5-G4 SENSOR KIT | Preferred Medical Supply | PA, QLC (1 PACK PER 30 DAYS) |

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| Drug Name | Status* | Requirements/Limits |
|---|--------------------------|------------------------------|
| DEXCOM G6 RECEIVER | Preferred Medical Supply | PA, QLC (1 KIT PER 365 DAYS) |
| DEXCOM G6 SENSOR | Preferred Medical Supply | PA, QLC (1 PACK PER 30 DAYS) |
| DEXCOM G6 TRANSMITTER | Preferred Medical Supply | PA, QLC (1 KIT PER 90 DAYS) |
| FREESTYLE LIBRE 10 DAY READER | Preferred Medical Supply | PA, QLC (1 KIT PER 365 DAYS) |
| FREESTYLE LIBRE 10 DAY SENSOR | Preferred Medical Supply | PA, QLC (1 PACK PER 10 DAYS) |
| FREESTYLE LIBRE 14 DAY READER | Preferred Medical Supply | PA, QLC (1 KIT PER 365 DAYS) |
| FREESTYLE LIBRE 14 DAY SENSOR | Preferred Medical Supply | PA, QLC (1 PACK PER 14 DAYS) |
| FREESTYLE LIBRE 2 READER | Preferred Medical Supply | PA, QLC (1 KIT PER 365 DAYS) |
| FREESTYLE LIBRE 2 SENSOR | Preferred Medical Supply | PA, QLC (1 PACK PER 14 DAYS) |
| <i>methergine</i> | Non-Preferred Generic | |
| <i>methylergonovine maleate 0.2 mg tablet</i> | Non-Preferred Generic | |

OPHTHALMIC AGENTS

OPHTHALMIC AGENTS, OTHER

| | |
|---------------------------------------|-----------------------|
| <i>ak-poly-bac</i> | Non-Preferred Generic |
| <i>atropine sulfate 1 % drops</i> | Non-Preferred Generic |
| <i>bacitracin/polymyxin b sulfate</i> | Non-Preferred Generic |
| BLEPHAMIDE | Preferred Brand |
| BLEPHAMIDE S.O.P. | Non-Preferred Brand |

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

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

OPHTHALMIC ANTI-ALLERGY AGENTS

| | | |
|------------------------------------|-----------------------|----|
| ALOCRIL | Non-Preferred Brand | |
| ALOMIDE | Non-Preferred Brand | |
| <i>azelastine hcl 0.05 % drops</i> | Non-Preferred Generic | |
| <i>bepotastine besilate</i> | Non-Preferred Generic | PA |
| <i>cromolyn sodium 4 % drops</i> | Preferred Generic | |
| <i>epinastine hcl</i> | Non-Preferred Generic | |
| <i>olopatadine hcl 0.1 % drops</i> | Non-Preferred Generic | |
| ZERVIATE | Non-Preferred Brand | PA |

OPHTHALMIC ANTI-INFECTIVES

| | | |
|---------|---------------------|--|
| AZASITE | Non-Preferred Brand | |
|---------|---------------------|--|

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| Drug Name | Status* | Requirements/Limits |
|--|-----------------------|---------------------|
| <i>bacitracin 500 unit/g oint. (g)</i> | Non-Preferred Generic | |
| BESIVANCE | Non-Preferred Brand | |
| <i>erythromycin base 5 mg/gram oint. (g)</i> | Preferred Generic | |
| <i>gatifloxacin</i> | Non-Preferred Generic | |
| <i>gentak</i> | Non-Preferred Generic | |
| <i>gentamicin sulfate 0.3 % drops</i> | Preferred Generic | |
| <i>levofloxacin 0.5 % drops</i> | Non-Preferred Generic | |
| <i>moxifloxacin hcl 0.5 % drops</i> | Non-Preferred Generic | |
| NATACYN | Non-Preferred Brand | |
| <i>ofloxacin 0.3 % drops</i> | Non-Preferred Generic | |
| <i>polymyxin b sulfate(trimethoprim</i> | Preferred Generic | |
| <i>sulfacetamide sodium (10 % drops, 10 % oint. (g))</i> | Non-Preferred Generic | |
| <i>tobramycin 0.3 % drops</i> | Preferred Generic | |
| TOBREX 0.3% EYE OINTMENT | Non-Preferred Brand | |
| <i>trifluridine</i> | Non-Preferred Generic | |
| ZIRGAN | Preferred Brand | |

OPHTHALMIC ANTI-INFLAMMATORIES

| | |
|-------------------------|-----------------------|
| ALREX | Non-Preferred Brand |
| <i>bromfenac sodium</i> | Non-Preferred Generic |

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| Drug Name | Status* | Requirements/Limits |
|--|-----------------------|---------------------|
| <i>dexamethasone sodium phosphate 0.1 % drops</i> | Non-Preferred Generic | |
| <i>diclofenac sodium 0.1 % drops</i> | Preferred Generic | |
| <i>difluprednate</i> | Non-Preferred Generic | |
| FLAREX | Non-Preferred Brand | |
| <i>fluorometholone</i> | Non-Preferred Generic | |
| <i>flurbiprofen sodium</i> | Preferred Generic | |
| FML FORTE | Non-Preferred Brand | |
| FML S.O.P. | Non-Preferred Brand | |
| INVELTYS | Non-Preferred Brand | |
| <i>ketorolac tromethamine (0.4 % drops, 0.5 % drops)</i> | Non-Preferred Generic | |
| LOTEMAX 0.5% EYE OINTMENT | Non-Preferred Brand | |
| <i>loteprednol etabonate (0.5 % drops susp, 0.5 % drops gel)</i> | Non-Preferred Generic | |
| MAXIDEX | Non-Preferred Brand | |
| NEVANAC | Non-Preferred Brand | |
| <i>prednisolone acetate</i> | Non-Preferred Generic | |
| <i>prednisolone sodium phosphate 1 % drops</i> | Non-Preferred Generic | |
| PROLENSA | Non-Preferred Brand | |

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| Drug Name | Status* | Requirements/Limits |
|--|--------------------------|---------------------|
| OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS | | |
| <i>betaxolol hcl 0.5 % drops</i> | Non-Preferred Generic | |
| BETIMOL | Non-Preferred Brand | |
| BETOPTIC S | Non-Preferred Brand | |
| <i>carteolol hcl</i> | Non-Preferred Generic | |
| <i>levobunolol hcl</i> | Non-Preferred Generic | |
| <i>metipranolol</i> | Non-Preferred Generic | |
| <i>timolol maleate (0.25 % sol-gel, 0.5 % sol-gel, 0.5 % drop daily)</i> | Non-Preferred Generic | |
| <i>timolol maleate (0.25 % drops, 0.5 % drops)</i> | Preferred Generic | |
| OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER | | |
| ALPHAGAN P 0.1% DROPS | Non-Preferred Brand | |
| <i>apraclonidine hcl</i> | Non-Preferred Generic | |
| <i>brimonidine tartrate 0.15 % drops</i> | Non-Preferred Generic | |
| <i>brimonidine tartrate 0.2 % drops</i> | Preferred Generic | |
| <i>brinzolamide</i> | Non-Preferred Generic | |
| <i>dorzolamide hcl</i> | Preferred Generic | |
| <i>methazolamide</i> | Non-Preferred Generic | |
| PHOSPHOLINE IODIDE | Non-Preferred Brand | |
| <i>pilocarpine hcl (1 % drops, 2 % drops, 4 % drops)</i> | Non-Preferred Generic | |

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| Drug Name | Status* | Requirements/Limits |
|--|-----------------------|-----------------------------|
| SIMBRINZA | Non-Preferred Brand | |
| OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS | | |
| <i>bimatoprost 0.03 % drops</i> | Non-Preferred Generic | ST, QL (2.5 ML PER 25 DAYS) |
| <i>latanoprost</i> | Preferred Generic | |
| LUMIGAN | Preferred Brand | ST, QL (2.5 ML PER 25 DAYS) |
| <i>travoprost</i> | Non-Preferred Generic | |
| VYZULTA | Non-Preferred Brand | ST, QL (2.5 ML PER 25 DAYS) |
| XELPROS | Non-Preferred Brand | |
| ZIOPTAN | Non-Preferred Brand | ST, QL (1 PER DAY) |
| Ophthalmic Agents, Other | | |
| UPNEEQ | Non-Preferred Brand | PA |
| OTIC AGENTS | | |
| <i>acetic acid 2 % solution</i> | Non-Preferred Generic | |
| CIPRO HC | Non-Preferred Brand | |
| <i>ciprofloxacin hcl 0.2 % droperette</i> | Non-Preferred Generic | |
| <i>ciprofloxacin hcl/dexamethasone</i> | Non-Preferred Generic | |
| CORTISPORIN-TC | Non-Preferred Brand | |
| <i>flac otic oil</i> | Non-Preferred Generic | |

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| Drug Name | Status* | Requirements/Limits |
|---|--------------------------|---------------------|
| <i>fluocinolone acetonide oil</i> | Non-Preferred Generic | |
| <i>hydrocortisone/acetic acid</i> | Non-Preferred Generic | |
| <i>neomycin sulfate/polymyxin b sulfate/hydrocortisone (3.5-10k-1 drops susp, 3.5-10k-1 solution)</i> | Non-Preferred Generic | |

RESPIRATORY TRACT/PULMONARY AGENTS

ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS

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

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| Drug Name | Status* | Requirements/Limits |
|---|-----------------------|---------------------|
| ANTIHISTAMINES | | |
| <i>azelastine hcl (137 mcg spray/pump, 205.5 mcg spray/pump)</i> | Non-Preferred Generic | |
| <i>carbinoxamine maleate (4 mg tablet, 4 mg/5 ml liquid)</i> | Non-Preferred Generic | |
| <i>clemastine fumarate (0.5 mg/5ml syrup, 2.68 mg tablet)</i> | Non-Preferred Generic | |
| <i>cypheoheptadine hcl (2 mg/5 ml syrup, 4 mg/10 ml syrup, 4 mg tablet)</i> | Non-Preferred Generic | |
| <i>desloratadine 5 mg tablet</i> | Non-Preferred Generic | |
| <i>hydroxyzine hcl (10 mg tablet, 10 mg/5 ml solution, 25 mg tablet, 50 mg/25ml solution, 50 mg tablet)</i> | Preferred Generic | |
| <i>hydroxyzine pamoate</i> | Preferred Generic | |
| <i>olopatadine hcl 0.6 % spray/pump</i> | Non-Preferred Generic | |
| <i>promethazine hcl (6.25mg/5ml syrup, 12.5 mg tablet, 25 mg tablet)</i> | Preferred Generic | |
| ANTILEUKOTRIENES | | |
| <i>montelukast sodium (4 mg gran pack, 4 mg tab chew, 5 mg tab chew, 10 mg tablet)</i> | Preferred Generic | |
| <i>zafirlukast</i> | Non-Preferred Generic | |
| <i>zileuton</i> | Non-Preferred Generic | PA |
| BRONCHODILATORS, ANTICHOLINERGIC | | |
| <i>ATROVENT HFA</i> | Preferred Brand | |
| <i>INCRUSE ELLIPTA</i> | Preferred Brand | |
| <i>ipratropium bromide (0.2 mg/ml solution, 21 mcg spray, 42 mcg spray)</i> | Non-Preferred Generic | |

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| Drug Name | Status* | Requirements/Limits |
|--|-----------------------|--|
| SPIRIVA | Preferred Brand | |
| SPIRIVA RESPIMAT | Preferred Brand | |
| BRONCHODILATORS, SYMPATHOMIMETIC | | |
| <i>albuterol sulfate 90 mcg hfa aer ad</i> | Non-Preferred Generic | QLC (2 INHALERS PER 30 DAYS) |
| <i>albuterol sulfate (0.63mg/3ml vial-neb, 1.25mg/3ml vial-neb, 2 mg/5 ml syrup, 2 mg tablet, 2.5 mg/3ml vial-neb, 2.5 mg/0.5 vial-neb, 4 mg tab er 12h, 4 mg tablet, 5 mg/ml solution, 8 mg tab er 12h)</i> | Non-Preferred Generic | |
| <i>arformoterol tartrate</i> | Non-Preferred Generic | QL (4 ML PER DAY) |
| AUVI-Q 0.1 MG AUTO-INJECTOR | Non-Preferred Brand | LA, QL (0 TO 17 YRS OLD; 6 PER 365 DAYS), QL (18 TO 101 YRS OLD; 4 PER 365 DAYS) |
| <i>epinephrine (0.15mg/0.3 auto inject, 0.15/0.15 auto inject, 0.3mg/0.3 auto inject)</i> | Non-Preferred Generic | QL (0 TO 17 YRS OLD; 6 PER 365 DAYS), QL (18 TO 101 YRS OLD; 4 PER 365 DAYS) |
| EPIPEN 2-PAK | Non-Preferred Brand | QL (0 TO 17 YRS OLD; 6 PER 365 DAYS), QL (18 TO 101 YRS OLD; 4 PER 365 DAYS) |
| FORMOTEROL FUMARATE | Preferred Brand | |
| <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> | Non-Preferred Generic | |
| <i>levalbuterol tartrate</i> | Non-Preferred Generic | |
| <i>metaproterenol sulfate</i> | Non-Preferred Generic | |
| PROAIR RESPICLICK | Non-Preferred Brand | QL (2 PER 30 DAYS) |
| SEREVENT DISKUS | Preferred Brand | |
| SYMJEPI | Preferred Brand | QL (0 TO 17 YRS OLD; 6 PER 365 DAYS), QL (18 TO 101 YRS OLD; 4 PER 365 DAYS) |

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

2022 PROVIDENCE FORMULARY K

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

| Drug Name | Status* | Requirements/Limits |
|--|-------------------------|----------------------------|
| <i>terbutaline sulfate (2.5 mg tablet, 5 mg tablet)</i> | Non-Preferred Generic | |
| CYSTIC FIBROSIS AGENTS | | |
| CAYSTON | Non-Preferred Specialty | LA |
| KALYDECO (25 MG GRANULES PACKET, 50 MG GRANULES PACKET, 75 MG GRANULES PACKET, 150 MG TABLET) | Non-Preferred Specialty | PA, LA, QL (2 PER 1 DAY) |
| ORKAMBI (100-125 MG GRANULE PKT, 150-188 MG GRANULE PKT) | Preferred Specialty | PA, LA, QL (2 PER 1 DAY) |
| ORKAMBI (100 MG-125 MG TABLET, 200 MG-125 MG TABLET) | Preferred Specialty | PA, LA, QL (4 PER 1 DAY) |
| PULMOZYME | Non-Preferred Specialty | |
| SYMDEKO | Preferred Specialty | PA, LA, QL (2 PER 1 DAY) |
| TOBI PODHALER | Preferred Specialty | LA |
| TOBRAMYCIN IN 0.225 % SODIUM CHLORIDE | Preferred Specialty | |
| TRIKAFTA | Preferred Specialty | PA, LA, QL (3 PER DAY) |
| MAST CELL STABILIZERS | | |
| <i>cromolyn sodium 20 mg/2 ml ampul-neb</i> | Non-Preferred Generic | |
| PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE | | |
| DALIRESP | Non-Preferred Brand | PA |
| <i>theophylline anhydrous (100 mg tab er 12h, 200 mg tab er 12h, 300 mg tab er 12h, 400 mg tab er 24h, 450 mg tab er 12h, 600 mg tab er 24h)</i> | Non-Preferred Generic | |
| PULMONARY ANTIHYPERTENSIVES | | |
| ADEMPAS | Non-Preferred Specialty | PA, LA |

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2022 PROVIDENCE FORMULARY K

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

PULMONARY FIBROSIS AGENTS

| | | |
|--|-------------------------|--------|
| ESBRIET (267 MG CAPSULE, 267 MG TABLET, 801 MG TABLET) | Non-Preferred Specialty | PA, LA |
| OFEV | Non-Preferred Specialty | PA, LA |

RESPIRATORY TRACT AGENTS, OTHER

| | |
|---|-----------------------|
| acetylcysteine (100 mg/ml vial, 200 mg/ml vial) | Non-Preferred Generic |
| ADVAIR HFA | Preferred Brand |

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2022 PROVIDENCE FORMULARY K

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

| Drug Name | Status* | Requirements/Limits |
|---|-----------------------|-------------------------------|
| ANORO ELLIPTA | Preferred Brand | |
| <i>benzonatate</i> | Preferred Generic | |
| BREO ELLIPTA | Preferred Brand | |
| <i>codeine phosphate/guaifenesin</i> | Preferred Generic | PA |
| COMBIVENT RESPIMAT | Preferred Brand | QL (8 GM PER 30 DAYS) |
| FASENRA PEN | Preferred Specialty | PA, LA, QL (1 ML PER 56 DAYS) |
| <i>fluticasone propionate/salmeterol xinafoate (55-14 mcg aer pow ba, 113-14 mcg aer pow ba, 232-14 mcg aer pow ba)</i> | Non-Preferred Generic | QL (1 PER 30 DAYS) |
| <i>g tussin ac</i> | Preferred Generic | PA |
| GRASTEK | Non-Preferred Brand | PA |
| <i>guaiatussin ac</i> | Preferred Generic | PA |
| <i>guaifenesin ac</i> | Preferred Generic | PA |
| <i>guaifenesin dac</i> | Non-Preferred Generic | PA |
| <i>hydrocodone bit/homatrop me-br 5-1.5 mg/5 syrup</i> | Non-Preferred Generic | |
| <i>hydromet</i> | Non-Preferred Generic | |
| HYPER-SAL 3.5% VIAL | Non-Preferred Brand | |
| <i>ipratropium bromide/albuterol sulfate</i> | Non-Preferred Generic | |
| <i>lortuss ex</i> | Non-Preferred Generic | PA |
| <i>maxi-tuss ac</i> | Preferred Generic | PA |
| <i>nebusal 3% vial</i> | Non-Preferred Generic | |
| NUCALA (100 MG/ML POWDER VIAL, 100 MG/ML AUTO-INJECTOR, 100 MG/ML SYRINGE) | Preferred Specialty | PA, LA, QL (1 PER 28 DAYS) |

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2022 PROVIDENCE FORMULARY K

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

SKELETAL MUSCLE RELAXANTS

| | | |
|---|-----------------------|--|
| <i>carisoprodol 250 mg tablet</i> | Non-Preferred Generic | |
| <i>carisoprodol 350 mg tablet</i> | Preferred Generic | |
| <i>carisoprodol/aspirin</i> | Non-Preferred Generic | |
| <i>carisoprodol/aspirin/codeine phosphate</i> | Non-Preferred Generic | PA, QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day) |

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2022 PROVIDENCE FORMULARY K

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

| Drug Name | Status* | Requirements/Limits |
|---|-----------------------|---------------------|
| <i>chlorzoxazone (250 mg tablet, 500 mg tablet)</i> | Non-Preferred Generic | |
| <i>cyclobenzaprine hcl (5 mg tablet, 7.5 mg tablet, 10 mg tablet)</i> | Preferred Generic | |
| <i>metaxall</i> | Non-Preferred Generic | |
| <i>metaxalone</i> | Non-Preferred Generic | |
| <i>methocarbamol (500 mg tablet, 750 mg tablet)</i> | Preferred Generic | |
| <i>orphenadrine citrate 100 mg tablet er</i> | Non-Preferred Generic | |
| <i>vanadom</i> | Preferred Generic | |

SLEEP DISORDER AGENTS

SLEEP PROMOTING AGENTS

| | | |
|---|-------------------------|---------------------------|
| <i>estazolam</i> | Non-Preferred Generic | |
| <i>eszopiclone (2 mg tablet, 3 mg tablet)</i> | Non-Preferred Generic | QL (1 PER 1 DAY) |
| <i>eszopiclone 1 mg tablet</i> | Non-Preferred Generic | QL (2 PER DAY) |
| <i>flurazepam hcl</i> | Non-Preferred Generic | |
| <i>HETLIOZ</i> | Non-Preferred Specialty | PA, LA, QL (1 PER 1 DAY) |
| <i>HETLIOZ LQ</i> | Non-Preferred Specialty | PA, LA, QL (5 ML PER DAY) |
| <i>ramelteon</i> | Non-Preferred Generic | |
| <i>temazepam</i> | Non-Preferred Generic | |
| <i>triazolam</i> | Non-Preferred Generic | |

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2022 PROVIDENCE FORMULARY K

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

| Drug Name | Status* | Requirements/Limits |
|--|-----------------------|---------------------|
| <i>zaleplon</i> | Preferred Generic | QL (2 PER 1 DAY) |
| <i>zolpidem tarrate 10 mg tablet</i> | Preferred Generic | QL (1 PER 1 DAY) |
| <i>zolpidem tarrate 5 mg tablet</i> | Preferred Generic | QL (2 PER 1 DAY) |
| <i>zolpidem tarrate (6.25 mg tab mphase, 12.5 mg tab mphase)</i> | Non-Preferred Generic | QL (1 PER 1 DAY) |

WAKEFULNESS PROMOTING AGENTS

| | | |
|--|-------------------------|---------------------------------|
| <i>armodafinil (150 mg tablet, 200 mg tablet, 250 mg tablet)</i> | Non-Preferred Generic | QL (1 PER 1 DAY) |
| <i>armodafinil 50 mg tablet</i> | Non-Preferred Generic | QL (2 PER 1 DAY) |
| <i>modafinil</i> | Non-Preferred Generic | |
| SUNOSI | Non-Preferred Brand | PA, QL (1 PER 1 DAY) |
| WAKIX | Preferred Specialty | PA, LA, QL (2 PER 1 DAY) |
| XYREM | Non-Preferred Specialty | PA, LA, QL (540 ML PER 30 DAYS) |
| XYWAV | Non-Preferred Specialty | PA, LA, QL (540 ML PER 30 DAYS) |

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