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

What is a formulary?

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

- **Generic drugs**, which are available only after the brand-name patent expires:
  - Have the same active ingredient formula as the brand-name drug and
  - Are tested by the Food and Drug Administration (FDA) to be as safe and effective as the brand-name drug.

- **Brand-name drugs** are those that are sold under a specific name or trademark by the company that originally got FDA approval. These drugs are protected by patents and typically cost more than generic drugs.

- **Specialty drugs** are those that require special delivery, handling, administration, and monitoring by a pharmacist.
  - These drugs are listed in the Providence formulary with a status of “Specialty,” and are available typically through our preferred specialty pharmacy Credena Health.

How do I find drugs on the formulary?

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

There are two ways to search this formulary document:

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

You can also search for your drugs on the “Drug Search” online tool for your formulary found at: [https://www.providencehealthplan.com/members/pharmacy-resources](https://www.providencehealthplan.com/members/pharmacy-resources)

What if my drug is not on the formulary?

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

There are some drugs that are excluded from coverage under your prescription drug benefit. Refer
to your summary plan document for a full list of benefit exclusion. Some examples include, but are not limited to:

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

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

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

The first column of the chart lists the “Drug Name”
- Brand-name drugs are CAPITALIZED (for example, JANUVIA®)
- Generic drugs are listed in lower-case italics (for example, simvastatin)

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

The third column of the chart lists the “Requirements/Limits”
- This lets you know if there are any special requirements for coverage of your drug.
- Some examples of requirements are prior authorizations, quantity limits or step therapy.

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

**Formulary updates**

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

Generally, the formulary status of a drug covered by your prescription drug coverage will not change during the year unless:
- The drug becomes available in generic form;
- There are safety or effectiveness concerns raised about the prescription drug; or
- The P&T Committee determines that changes to the formulary would be in the best overall interest of members.
Know more, Save more

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

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

Tips for maximizing your benefit

Get a 90-day Supply of your Maintenance Drugs

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

Use Preferred or Mail-Order Pharmacies

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

Search your pharmacy directory for a pharmacy near you

Try Generic Alternatives

- Making the switch from brand to generic drug can save you money.
- There are two types of generic drugs:
  - **Generic equivalent** - A generic equivalent is a generic drug that has the same active ingredient, dosage form and strength as its brand-name counterpart. Generic equivalents are an important option to brand-name prescription drugs because they cost less.
    - Example: Crestor®, a brand-name drug commonly used to treat high cholesterol, is now available in generic form under the name rosuvastatin. Crestor® and rosuvastatin are identical drugs – the only difference is that one costs more than the other.
Generic alternative - A generic alternative is a generic drug used to treat the same condition as a brand-name drug. It is not, however, the exact same drug as the brand-name drug. According to clinical evidence, a generic alternative can be expected to treat the same condition as well as the brand-name option. Generic alternatives are an important option for prescription drugs for which there is no generic available.

- Example: duloxetine, the generic form of Cymbalta®, may be prescribed instead of brand-name Fetzima® in the treatment of depression.

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

Additional Information About Your Formulary

Drug Tiers

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

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

Refer to your benefit summary for additional details.

Restrictions/Limitations

The following abbreviations may be found within the formulary list:

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>PA</td>
<td>Prior Authorization</td>
<td>You (or your provider) are required to get prior authorization before you</td>
</tr>
<tr>
<td></td>
<td>Required</td>
<td>fill your prescription for this drug. Without prior approval, your drug may</td>
</tr>
<tr>
<td></td>
<td></td>
<td>not be covered.</td>
</tr>
<tr>
<td>Abbreviation</td>
<td>Description</td>
<td>Explanation</td>
</tr>
<tr>
<td>--------------</td>
<td>---------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>QL</td>
<td>Quantity Limit</td>
<td>Applies There are limits to the amount of this drug that is covered per prescription or within a specific time frame.</td>
</tr>
<tr>
<td>ST</td>
<td>Step Therapy Required</td>
<td>Required This means that you must first try another drug to treat your medical condition. This drug may only be covered if the other drug does not work for you.</td>
</tr>
<tr>
<td>Specialty Drug</td>
<td>Requires use of Specialty Pharmacy</td>
<td>This drug may only be filled at a contracted Specialty pharmacy, such as Credena Health</td>
</tr>
<tr>
<td>LA</td>
<td>Limited Access Drug</td>
<td>This drug may only be filled at certain pharmacies per the drug manufacturer. Credena Health may not be able to provide some of these drugs since they are limited to only a few pharmacies. Contact Customer Service at 877-216-3644 (TTY: 711), Monday – Friday, 8 a.m. to 6 p.m. (Pacific Time), for more information</td>
</tr>
<tr>
<td>C</td>
<td>Custom Message</td>
<td>This will be a message specific to that drug to outline special requirements for coverage</td>
</tr>
</tbody>
</table>

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

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

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

- For example, sumatriptan tablets (used for migraine headaches) are limited to nine (9) tablets every 30 days. This is because using too much of this drug can actually cause more frequent and more severe headaches.
Step therapy is a form of prior authorization. Its purpose is to confirm if drugs generally considered “first-line” therapy based on clinical evidence have already been tried.

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

**ACA Preventive Drugs**

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

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

**Safe Harbor Preventive Drugs**

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

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

**For More Information**

Learn more about your prescription drug coverage by reviewing the pharmacy resource site at: [https://www.providencehealthplan.com/members/pharmacy-resources](https://www.providencehealthplan.com/members/pharmacy-resources)
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Status*</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ANALGESICS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>NONSTEROIDAL ANTI-INFLAMMATORY DRUGS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>butalbital/aspirin/caffeine (50-325-40 capsule, 50-325-40 tablet)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>celecoxib</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>diclofenac potassium 50 mg powd pack</td>
<td>Generic</td>
<td>PA, QL (9 PER 30 DAYS)</td>
</tr>
<tr>
<td>diclofenac potassium 50 mg tablet</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>diclofenac sodium (1 % gel (gram), 1.5 % drops, 25 mg tablet dr, 50 mg tablet dr, 75 mg tablet dr)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>diclofenac sodium/misoprostol</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>diflunisal</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>etodolac (200 mg capsule, 300 mg capsule, 400 mg tablet, 500 mg tablet)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>fenoprofen calcium 600 mg tablet</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>flurbiprofen</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>ibuprofen (400 mg tablet, 600 mg tablet, 800 mg tablet)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>ibuprofen (400 mg tablet, 600 mg tablet, 800 mg tablet)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>indomethacin (25 mg capsule, 50 mg capsule, 75 mg capsule er)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>ketoprofen 50 mg capsule</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>ketorolac tromethamine (15 mg/ml vial, 15 mg/ml syringe, 30mg/ml(1) vial, 30 mg/ml syringe)</td>
<td>Generic</td>
<td>PA, QL (20 ML PER 28 DAYS)</td>
</tr>
<tr>
<td>ketorolac tromethamine 10 mg tablet</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>ketorolac tromethamine (60 mg/2 ml vial, 60 mg/2 ml syringe)</td>
<td>Generic</td>
<td>PA, QL (10 ML PER 28 DAYS)</td>
</tr>
<tr>
<td>meclofenamate sodium</td>
<td>Generic</td>
<td></td>
</tr>
</tbody>
</table>

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

LAST UPDATE 11/2023
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Status*</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>mefenamic acid</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>meloxicam (7.5 mg tablet, 7.5 mg/5 ml oral susp, 15 mg tablet)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>nabumetone</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>naproxen (125 mg/5 ml oral susp, 250 mg tablet, 375 mg tablet, 375 mg tablet dr, 500 mg tablet dr, 500 mg tablet)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>naproxen sodium (275 mg tablet, 550 mg tablet)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>oxaprozin</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>piroxicam</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>sulindac</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>tolnetin sodium 600 mg tablet</td>
<td>Generic</td>
<td></td>
</tr>
</tbody>
</table>

**OPIOID ANALGESICS, LONG-ACTING**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Status*</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>buprenorphine</td>
<td>Generic</td>
<td>PA, QL (4 PER 28 DAYS), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)</td>
</tr>
<tr>
<td>fentanyl (12 mcg/hr patch td72, 25 mcg/hr patch td72, 50mcg/hr patch td72, 75mcg/hr patch td72, 100 mcg/hr patch td72)</td>
<td>Generic</td>
<td>PA, QL (15 PER 30 DAYS), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)</td>
</tr>
<tr>
<td>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)</td>
<td>Generic</td>
<td>PA, QL (2 PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)</td>
</tr>
<tr>
<td>hydromorphone hcl (8 mg tab er 24h, 12 mg tab er 24h, 16 mg tab er 24h, 32 mg tab er 24h)</td>
<td>Generic</td>
<td>PA, QL (1 PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)</td>
</tr>
<tr>
<td>methadone hcl 10 mg/ml oral conc</td>
<td>Generic</td>
<td>QL (4 ML PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)</td>
</tr>
<tr>
<td>methadone hcl 10 mg/5 ml solution</td>
<td>Generic</td>
<td>QL (20 ML PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)</td>
</tr>
</tbody>
</table>

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

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PA - Prior Authorization, QL - Quantity Limits, ST - Step Therapy, LA- Limited Access
## 2023 PROVIDENCE FORMULARY D

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

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

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PA - Prior Authorization, QL - Quantity Limits, ST - Step Therapy, LA- Limited Access
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Status</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>hydromorphone hcl (1 mg/ml liquid, 3 mg supp.rect, 4 mg tablet, 8 mg tablet)</td>
<td>Generic</td>
<td>QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)</td>
</tr>
<tr>
<td>hydromorphone hcl 2 mg tablet</td>
<td>Generic</td>
<td>QL (10 PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)</td>
</tr>
<tr>
<td>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)</td>
<td>Generic</td>
<td>QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)</td>
</tr>
<tr>
<td>morphine sulfate 10 mg/5 ml solution</td>
<td>Generic</td>
<td>QL (60 ML PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)</td>
</tr>
<tr>
<td>morphine sulfate 20 mg/5 ml solution</td>
<td>Generic</td>
<td>QL (30 ML PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)</td>
</tr>
<tr>
<td>oxycodone hcl 5 mg capsule</td>
<td>Generic</td>
<td>QL (10 PER DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)</td>
</tr>
<tr>
<td>oxycodone hcl (5 mg/5 ml solution, 5 mg tablet, 10 mg tablet, 15 mg tablet, 20 mg tablet, 30 mg tablet)</td>
<td>Generic</td>
<td>QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)</td>
</tr>
<tr>
<td>oxycodone hcl 100 mg/5 ml conc</td>
<td>Generic</td>
<td>QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)</td>
</tr>
<tr>
<td>oxycodone hcl/acetaminophen (2.5-325 mg tablet, 5 mg-325mg tablet, 7.5-325 mg tablet)</td>
<td>Generic</td>
<td>QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)</td>
</tr>
<tr>
<td>oxycodone hcl/acetaminophen 10mg-325mg tablet</td>
<td>Generic</td>
<td>QL (8 PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)</td>
</tr>
<tr>
<td>tramadol hcl 50 mg tablet</td>
<td>Generic</td>
<td>PA, QL (8 PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)</td>
</tr>
</tbody>
</table>

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

**ANESTHETICS**

**LOCAL ANESTHETICS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Status*</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>dermacinrx lidocan</td>
<td>Generic</td>
<td>PA</td>
</tr>
<tr>
<td>glydo</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>lidocaine 5 % adh. patch</td>
<td>Generic</td>
<td>PA</td>
</tr>
<tr>
<td>lidocaine 5 % oint. (g)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>lidocaine hcl (2 % jelly(ml), 2 % solution, 2 % jel/pf app, 4 % solution, 40 mg/ml solution)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>lidocaine/prilocaine 2.5 %-2.5% cream (g)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>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)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>midazolam hcl/pf (2 mg/2 ml vial, 2 mg/2 ml syringe, 5 mg/ml syringe, 5 mg/5 ml vial, 5 mg/ml(1) vial, 10 mg/2 ml vial, 10 mg/2 ml syringe)</td>
<td>Generic</td>
<td></td>
</tr>
</tbody>
</table>

**ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS**

**ALCOHOL DETERRENTS/ANTI-CRAVING**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Status*</th>
</tr>
</thead>
<tbody>
<tr>
<td>acamprosate calcium</td>
<td>Generic</td>
</tr>
<tr>
<td>disulfiram</td>
<td>Generic</td>
</tr>
<tr>
<td>naltrexone hcl</td>
<td>Generic</td>
</tr>
</tbody>
</table>

**OPIOID DEPENDENCE**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Status*</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>buprenorphine hcl 2 mg tab subl</td>
<td>Generic</td>
<td>QL (4 PER 1 DAY)</td>
</tr>
</tbody>
</table>

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### 2023 PROVIDENCE FORMULARY D
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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Status*</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>buprenorphine hcl 8 mg tab subl</td>
<td>Generic</td>
<td>QL (3 PER 1 DAY)</td>
</tr>
<tr>
<td>buprenorphine hcl/naloxone hcl (/naloxone 2 mg-0.5mg film, /naloxone 2 mg-0.5mg tab subl, /naloxone 4mg-1mg film)</td>
<td>Generic</td>
<td>QL (4 PER 1 DAY)</td>
</tr>
<tr>
<td>buprenorphine hcl/naloxone hcl 12 mg-3 mg film</td>
<td>Generic</td>
<td>QL (3 PER 1 DAY)</td>
</tr>
<tr>
<td>buprenorphine hcl/naloxone hcl (/naloxone 8 mg-2 mg tab subl, /naloxone 8 mg-2 mg film)</td>
<td>Generic</td>
<td>QL (4 PER DAY)</td>
</tr>
<tr>
<td>LUCEMYRA</td>
<td>Brand</td>
<td>ST, QL (224 PER 30 DAYS)</td>
</tr>
</tbody>
</table>

### OPIOID REVERSAL AGENTS

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

### SMOKING CESSATION AGENTS

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

### ANTIBACTERIALS

### AMINOGLYCOSIDES

- **gentamicin sulfate (0.1 % oint. (g), 0.1 % cream (g))**
- **neomycin sulfate**
- **paromomycin sulfate**

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## 2023 PROVIDENCE FORMULARY D

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

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

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# 2023 PROVIDENCE FORMULARY D

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

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## Drug Name

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Status*</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>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)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>minocycline hcl (50 mg capsule, 75 mg capsule, 100 mg capsule)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>mondoxyne nl 100 mg capsule</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>tetracycline hcl</td>
<td>Generic</td>
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</table>

### ANTICONVULSANTS

**ANTICONVULSANTS, OTHER**

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

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

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# 2023 PROVIDENCE FORMULARY D

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<tr>
<th>Drug Name</th>
<th>Status*</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>XCOPRI 200 MG TABLET</td>
<td>Brand</td>
<td>ST, QL (2 PER DAY)</td>
</tr>
<tr>
<td>ZTALMY</td>
<td>Specialty</td>
<td>PA, LA, QL (36 ML PER DAY), S (Specialty Drug)</td>
</tr>
</tbody>
</table>

### CALCIUM CHANNEL MODIFYING AGENTS

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

- **methsuximide**  
  Generic

### GAMMA-AMINOBUTYRIC ACID (GABA) AUGMENTING AGENTS

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

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

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

- **phenobarbital** *(15 mg tablet, 16.2 mg tablet, 20 mg/5 ml elixir, 30 mg tablet, 32.4 mg tablet, 60 mg tablet, 64.8 mg tablet, 97.2mg tablet, 100 mg tablet)*  
  Generic

- **primidone**  
  Generic

### SYMPAZAN

- **tiagabine hcl**  
  Generic

### SYMPAZAN

- **VALTOCO**  
  Brand

### SYMPAZAN

- **VIGABATRIN** *(500 MG TABLET, 500 MG POWD PACK)*  
  Specialty

- **VIGADRONE** *(500 MG POWDER PACKET, 500 MG TABLET)*  
  Specialty

### SODIUM CHANNEL AGENTS

- **APTIOM** *(200 MG TABLET, 400 MG TABLET)*  
  Brand

- **APTIOM** *(600 MG TABLET, 800 MG TABLET)*  
  Brand

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

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### 2023 PROVIDENCE FORMULARY D
[To help find a drug see the back of the document for an alphabetical listing]

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

**ANTICONVULSANTS, OTHER**

**ANTICONVULSANTS**

| NAYZILAM | Brand | PA, QL (10 PER 30 DAYS) |

**ANTIDEMENTIA AGENTS**

**ANTIDEMENTIA AGENTS, OTHER**

| ergoloid mesylates | Generic |

**CHOLINESTERASE INHIBITORS**

| donepezil hcl (5 mg tab rapdis, 5 mg tablet, 10 mg tablet, 10 mg tab rapdis, 23 mg tablet) | Generic |

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## Drug Name

<table>
<thead>
<tr>
<th>Status*</th>
<th>Requirements/Limits</th>
</tr>
</thead>
</table>

### 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)

- **Generic**

### rivastigmine

- **Generic**

### rivastigmine tartrate

- **Generic**

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

#### memantine hcl (7 mg cap spr 24, 14 mg cap spr 24, 21 mg cap spr 24, 28 mg cap spr 24)

- **Generic**

#### memantine hcl 2 mg/ml solution

- **Generic**

#### memantine hcl (5 mg-10 mg tab ds pk, 5 mg tablet, 10 mg tablet)

- **Generic**

### ANTIDEPRESSANTS

#### ANTIDEPRESSANTS, OTHER

#### BUPROPION HCL (75 MG TABLET, 100 MG TAB SR 12H, 100 MG TABLET, 150 MG TAB ER 24H, 150 MG TAB SR 12H, 200 MG TAB SR 12H, 300 MG TAB ER 24H)

- **Value**

#### LYBALVI (15-10 MG TABLET, 20-10 MG TABLET)

- **Brand**

#### LYBALVI (5-10 MG TABLET, 10-10 MG TABLET)

- **Brand**

#### MIRTAZAPINE (7.5 MG TABLET, 15 MG TABLET, 30 MG TABLET, 45 MG TABLET)

- **Value**

#### mirtazapine (15 mg tab rapdis, 30 mg tab rapdis, 45 mg tab rapdis)

- **Generic**

#### olanzapine/fluoxetine hcl

- **Generic**

#### perphenazine/amitriptyline hcl

- **Generic**

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Status*</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MONOAMINE OXIDASE INHIBITORS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EMSAM</td>
<td>Brand</td>
<td></td>
</tr>
<tr>
<td>MARPLAN</td>
<td>Brand</td>
<td></td>
</tr>
<tr>
<td>phenelzine sulfate</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>TRANLYCYPROMINE SULFATE</td>
<td>Value</td>
<td></td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Status*</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>CITALOPRAM HYDROBROMIDE (10 MG TABLET, 10 MG/5 ML SOLUTION, 20 MG/10ML SOLUTION, 20 MG TABLET, 40 MG TABLET)</td>
<td>Value</td>
<td></td>
</tr>
<tr>
<td>desvenlafaxine succinate 100 mg tab er 24h</td>
<td>Generic</td>
<td>QL (4 PER DAY)</td>
</tr>
<tr>
<td>desvenlafaxine succinate 25 mg tab er 24h</td>
<td>Generic</td>
<td>QL (1 PER 1 DAY)</td>
</tr>
<tr>
<td>desvenlafaxine succinate 50 mg tab er 24h</td>
<td>Generic</td>
<td>QL (1 PER DAY)</td>
</tr>
<tr>
<td>escitalopram oxalate (5 mg tablet, 5 mg/5 ml solution, 10 mg tablet, 20 mg tablet)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>FETZIMA 20-40 MG TITRATION PAK</td>
<td>Brand</td>
<td>ST, QL (1 PER 365 DAYS)</td>
</tr>
<tr>
<td>FETZIMA (ER 20 MG CAPSULE, ER 40 MG CAPSULE, ER 80 MG CAPSULE)</td>
<td>Brand</td>
<td>ST</td>
</tr>
<tr>
<td>FETZIMA ER 120 MG CAPSULE</td>
<td>Brand</td>
<td>ST, QL (1 PER DAY)</td>
</tr>
<tr>
<td>FLUOXETINE HCL (10 MG CAPSULE, 20 MG/5 ML SOLUTION, 20 MG CAPSULE, 40 MG CAPSULE)</td>
<td>Value</td>
<td></td>
</tr>
<tr>
<td>fluoxetine hcl (10 mg tablet, 20 mg tablet, 60 mg tablet)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>fluvoxamine maleate (100 mg cap er 24h, 150 mg cap er 24h)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>FLUVOXAMINE MALEATE (25 MG TABLET, 50 MG TABLET, 100 MG TABLET)</td>
<td>Value</td>
<td></td>
</tr>
</tbody>
</table>

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

**TRICYCLICS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Status*</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMITRIPTYLINE HCL</td>
<td>Value</td>
<td></td>
</tr>
<tr>
<td>AMOXAPINE</td>
<td>Value</td>
<td></td>
</tr>
<tr>
<td>CLOMIPRAMINE HCL</td>
<td>Value</td>
<td></td>
</tr>
<tr>
<td>desipramine hcl</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>DOXEPIN HCL (10 MG CAPSULE, 25 MG CAPSULE, 50 MG CAPSULE, 75 MG CAPSULE, 100 MG CAPSULE)</td>
<td>Value</td>
<td></td>
</tr>
<tr>
<td>doxepin hcl (10 mg/ml oral conc, 150 mg capsule)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>IMIPRAMINE HCL</td>
<td>Value</td>
<td></td>
</tr>
<tr>
<td>NORTRIPTYLINE HCL (10 MG/5 ML SOLUTION, 10 MG CAPSULE, 25 MG CAPSULE, 50 MG CAPSULE, 75 MG CAPSULE)</td>
<td>Value</td>
<td></td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Status</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>protriptyline hcl</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>trimipramine maleate</td>
<td>Generic</td>
<td></td>
</tr>
</tbody>
</table>

**ANTIEMETICS**

**ANTIEMETICS, OTHER**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Status</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>compro</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>metoclopramide hcl (5 mg tablet, 5 mg/5 ml solution, 10 mg tablet, 10 mg/10ml solution)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>perphenazine</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>prochlorperazine</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>prochlorperazine maleate</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>promethazine hcl (12.5 mg supp.rect, 25 mg supp.rect, 50 mg supp.rect, 50 mg tablet)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>promethegan</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>scopolamine</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>trimethobenzamide hcl</td>
<td>Generic</td>
<td></td>
</tr>
</tbody>
</table>

**EMETOGENIC THERAPY ADJUNCTS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Status</th>
<th>Requirements/Limit(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>AKYNZEO 300-0.5 MG CAPSULE</td>
<td>Brand</td>
<td>QL (4 PER 28 DAYS)</td>
</tr>
<tr>
<td>ANZEMET</td>
<td>Brand</td>
<td></td>
</tr>
<tr>
<td>aprepitant 125mg-80mg cap ds pk</td>
<td>Generic</td>
<td>QL (6 PER 30 DAYS)</td>
</tr>
<tr>
<td>aprepitant 125 mg capsule</td>
<td>Generic</td>
<td>QL (2 PER 30 DAYS)</td>
</tr>
<tr>
<td>aprepitant 40 mg capsule</td>
<td>Generic</td>
<td>QL (8 PER 30 DAYS)</td>
</tr>
<tr>
<td>aprepitant 80 mg capsule</td>
<td>Generic</td>
<td>QL (4 PER 30 DAYS)</td>
</tr>
<tr>
<td>dronabinol</td>
<td>Generic</td>
<td>PA</td>
</tr>
<tr>
<td>EMEND 125 MG POWDER PACKET</td>
<td>Brand</td>
<td>QL (2 PER 30 DAYS)</td>
</tr>
<tr>
<td>granisetron hcl 1 mg tablet</td>
<td>Generic</td>
<td>QL (8 PER 30 DAYS)</td>
</tr>
<tr>
<td>ondansetron hcl (4 mg/5 ml solution, 4 mg tablet, 8 mg tablet, 24 mg tablet)</td>
<td>Generic</td>
<td></td>
</tr>
</tbody>
</table>

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

**ANTIFUNGALS**

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

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### Drug Name

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

### ANTIGOUT AGENTS

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Status*</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>allopurinol (100 mg tablet, 300 mg tablet)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>colchicine (0.6 mg capsule, 0.6 mg tablet)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>febuxostat</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>probenecid</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>probenecid/colchicine</td>
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</table>

### ANTIMIGRAINE AGENTS

### ANTIMIGRAINE AGENTS, OTHER

<table>
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<tr>
<th>Drug Name</th>
<th>Status*</th>
<th>Requirements/Limits</th>
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</thead>
<tbody>
<tr>
<td>AJOVY AUTOINJECTOR</td>
<td>Brand</td>
<td>PA, QL (1.5 ML PER 28 DAYS)</td>
</tr>
<tr>
<td>NURTEC ODT</td>
<td>Brand</td>
<td>PA, QL (8 PER 30 DAYS)</td>
</tr>
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</table>

### ERGOT ALKALOIDS

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Status*</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>dihydroergotamine mesylate 1 mg/ml ampul</td>
<td>Generic</td>
<td>QL (24 ML PER 28 DAYS)</td>
</tr>
<tr>
<td>dihydroergotamine mesylate 0.5mg/spry spray/pump</td>
<td>Generic</td>
<td>QL (8 ML PER 30 DAYS)</td>
</tr>
<tr>
<td>ERGOMAR</td>
<td>Specialty</td>
<td>LA, QL (20 PER 30 DAYS), S (Specialty Drug)</td>
</tr>
</tbody>
</table>

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

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### 2023 PROVIDENCE FORMULARY D
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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Status*</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>zomig 5 mg tablet</td>
<td>Generic</td>
<td>QL (9 PER 30 DAYS)</td>
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</table>

**ANTIMYASTHENIC AGENTS**

### PARASYMPATHOMIMETICS

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Status*</th>
</tr>
</thead>
<tbody>
<tr>
<td>pyridostigmine bromide (60 mg/5 ml solution, 60 mg tablet, 180 mg tablet)</td>
<td>Generic</td>
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### ANTIMYCOBACTERIALS

#### ANTIMYCOBACTERIALS, OTHER

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Status*</th>
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</thead>
<tbody>
<tr>
<td>dapsone (25 mg tablet, 100 mg tablet)</td>
<td>Generic</td>
</tr>
<tr>
<td>rifabutin</td>
<td>Generic</td>
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#### ANTITUBERCULARS

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Status*</th>
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<tbody>
<tr>
<td>cycloserine</td>
<td>Generic</td>
</tr>
<tr>
<td>ethambutol hcl</td>
<td>Generic</td>
</tr>
<tr>
<td>isoniazid (50 mg/5 ml solution, 100 mg tablet, 300 mg tablet)</td>
<td>Generic</td>
</tr>
<tr>
<td>PASER</td>
<td>Brand</td>
</tr>
<tr>
<td>PRIFTIN</td>
<td>Brand</td>
</tr>
<tr>
<td>pyrazinamide</td>
<td>Generic</td>
</tr>
<tr>
<td>rifampin (150 mg capsule, 300 mg capsule)</td>
<td>Generic</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Status*</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>SIRTURO</td>
<td>Specialty</td>
<td>LA, S (Specialty Drug)</td>
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<tr>
<td>TRECATOR</td>
<td>Brand</td>
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### ANTINEOPLASTICS

#### ALKYLATING AGENTS

<table>
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<th>Status*</th>
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</thead>
<tbody>
<tr>
<td>cyclophosphamide (25 mg tablet, 25 mg capsule, 50 mg tablet, 50 mg capsule)</td>
<td>Generic</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Status*</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>GLEOSTINE</td>
<td>Brand</td>
<td>S (Specialty Drug)</td>
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<tr>
<td>LEUKERAN</td>
<td>Brand</td>
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</tr>
<tr>
<td>MATULANE</td>
<td>Specialty</td>
<td>LA, S (Specialty Drug)</td>
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<tr>
<td>melphalan</td>
<td>Generic</td>
<td>PA</td>
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<tr>
<td>TEMOZOLOMIDE</td>
<td>Specialty</td>
<td>PA, S (Specialty Drug)</td>
</tr>
<tr>
<td>VALCHLOR</td>
<td>Specialty</td>
<td>LA, S (Specialty Drug)</td>
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**ANTIANDROGENS**

<table>
<thead>
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<th>Drug Name</th>
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<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>ABIRATERONE ACETATE 250 MG TABLET</td>
<td>Specialty</td>
<td>PA, S (Specialty Drug)</td>
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<tr>
<td>bicalutamide</td>
<td>Generic</td>
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<tr>
<td>ERLEADA</td>
<td>Specialty</td>
<td>PA, LA, S (Specialty Drug)</td>
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<tr>
<td>flutamide</td>
<td>Generic</td>
<td></td>
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<tr>
<td>NILUTAMIDE</td>
<td>Specialty</td>
<td>S (Specialty Drug)</td>
</tr>
<tr>
<td>NUBEQA</td>
<td>Specialty</td>
<td>PA, LA, S (Specialty Drug)</td>
</tr>
<tr>
<td>TOREMIFENE CITRATE</td>
<td>Specialty</td>
<td>S (Specialty Drug)</td>
</tr>
<tr>
<td>XTANDI (40 MG TABLET, 40 MG CAPSULE, 80 MG TABLET)</td>
<td>Specialty</td>
<td>PA, LA, S (Specialty Drug)</td>
</tr>
<tr>
<td>YONSA</td>
<td>Specialty</td>
<td>PA, S (Specialty Drug)</td>
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**ANTIANGIOGENIC AGENTS**

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<tbody>
<tr>
<td>LENALIDOMIDE</td>
<td>Specialty</td>
<td>PA, LA, S (Specialty Drug)</td>
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<tr>
<td>POMALYST</td>
<td>Specialty</td>
<td>PA, LA, S (Specialty Drug)</td>
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<tr>
<td>THALOMID</td>
<td>Specialty</td>
<td>LA, S (Specialty Drug)</td>
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**ANTIESTROGENS/MODIFIERS**

<table>
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<th>Drug Name</th>
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<tbody>
<tr>
<td>EMCYT</td>
<td>Specialty</td>
<td>S (Specialty Drug)</td>
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<td>ORSERDU</td>
<td>Specialty</td>
<td>PA, LA, S (Specialty Drug)</td>
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<tr>
<td>SOLTAMOX</td>
<td>Brand</td>
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<tr>
<td>tamoxifen citrate</td>
<td>Generic</td>
<td>C (ACA ELIGIBLE - FOR FEMALE AT HIGH RISK FOR BREAST CANCER)</td>
</tr>
</tbody>
</table>

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# 2023 PROVIDENCE FORMULARY D

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<table>
<thead>
<tr>
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<td><strong>ANTIMETABOLITES</strong></td>
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<tr>
<td>CAPECITABINE</td>
<td>Specialty</td>
<td>S (Specialty Drug)</td>
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<tr>
<td>DROXIA</td>
<td>Brand</td>
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<tr>
<td>hydroxyurea</td>
<td>Generic</td>
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<tr>
<td>INQOVI</td>
<td>Specialty</td>
<td>PA, LA, S (Specialty Drug)</td>
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<tr>
<td>mercaptopurine</td>
<td>Generic</td>
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<tr>
<td>PURIXAN</td>
<td>Brand</td>
<td>LA</td>
</tr>
<tr>
<td>SIKLOS 100 MG TABLET</td>
<td>Brand</td>
<td>QL (1 PER 1 DAY)</td>
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<tr>
<td>TABloid</td>
<td>Brand</td>
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<tr>
<td><strong>ANTINEOPLASTICS, OTHER</strong></td>
<td></td>
<td></td>
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<tr>
<td>AYVAKIT</td>
<td>Specialty</td>
<td>PA, LA, S (Specialty Drug)</td>
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<tr>
<td>BRUKINSA</td>
<td>Specialty</td>
<td>PA, LA, S (Specialty Drug)</td>
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<tr>
<td>EXKIVITY</td>
<td>Specialty</td>
<td>PA, LA, S (Specialty Drug)</td>
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<tr>
<td>HEMANGEOL</td>
<td>Brand</td>
<td>LA, S (Specialty Drug)</td>
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<tr>
<td>IDHIFA</td>
<td>Specialty</td>
<td>PA, LA, QL (1 PER 1 DAY), S (Specialty Drug)</td>
</tr>
<tr>
<td>INREBIC</td>
<td>Specialty</td>
<td>PA, LA, S (Specialty Drug)</td>
</tr>
<tr>
<td>KISQALI FEMARA 200 MG CO-PACK</td>
<td>Specialty</td>
<td>PA, QL (49 PER 28 DAYS), S (Specialty Drug)</td>
</tr>
<tr>
<td>KISQALI FEMARA 400 MG CO-PACK</td>
<td>Specialty</td>
<td>PA, QL (70 PER 28 DAYS), S (Specialty Drug)</td>
</tr>
<tr>
<td>KISQALI FEMARA 600 MG CO-PACK</td>
<td>Specialty</td>
<td>PA, QL (91 PER 28 DAYS), S (Specialty Drug)</td>
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<tr>
<td>KOSELUGO</td>
<td>Specialty</td>
<td>PA, LA, S (Specialty Drug)</td>
</tr>
<tr>
<td><em>leucovorin calcium (5 mg tablet, 10 mg tablet, 15 mg tablet, 25 mg tablet)</em></td>
<td>Generic</td>
<td></td>
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<tr>
<td>LONSURF</td>
<td>Specialty</td>
<td>PA, LA, S (Specialty Drug)</td>
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<tr>
<td>NINLARO</td>
<td>Specialty</td>
<td>PA, LA, S (Specialty Drug)</td>
</tr>
<tr>
<td>ONUREG</td>
<td>Specialty</td>
<td>PA, S (Specialty Drug)</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>Drug Name</th>
<th>Status*</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>QINLOCK</td>
<td>Specialty</td>
<td>PA, LA, S (Specialty Drug)</td>
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<tr>
<td>SYNRIBO</td>
<td>Specialty</td>
<td>PA, LA, S (Specialty Drug)</td>
</tr>
<tr>
<td>TAZVERIK</td>
<td>Specialty</td>
<td>PA, LA, S (Specialty Drug)</td>
</tr>
<tr>
<td>UKONIQ</td>
<td>Specialty</td>
<td>PA, S (Specialty Drug)</td>
</tr>
<tr>
<td>WELIREG</td>
<td>Specialty</td>
<td>PA, LA, S (Specialty Drug)</td>
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<tr>
<td>XPOVIO</td>
<td>Specialty</td>
<td>PA, LA, S (Specialty Drug)</td>
</tr>
<tr>
<td>ZOLINZA</td>
<td>Specialty</td>
<td>PA, LA, S (Specialty Drug)</td>
</tr>
</tbody>
</table>

### AROMATASE INHIBITORS, 3RD GENERATION

- **anastrozole**
  - Generic
  - C (ACA ELIGIBLE - FOR FEMALE AT HIGH RISK FOR BREAST CANCER)

- **exemestane**
  - Generic

- **letrozole**
  - Generic
  - C (ACA ELIGIBLE - FOR FEMALE AT HIGH RISK FOR BREAST CANCER)

### ENZYME INHIBITORS

- **ETOPOSIDE 50 MG CAPSULE**
  - Specialty
  - S (Specialty Drug)

- **HYCAMTIN (0.25 MG CAPSULE, 1 MG CAPSULE)**
  - Specialty
  - LA, S (Specialty Drug)

### MOLECULAR TARGET INHIBITORS

- **ALECENSA**
  - Specialty
  - PA, LA, S (Specialty Drug)

- **ALUNBRIG (30 MG TABLET, 90 MG TABLET, 90 MG-180 MG TAB PACK, 180 MG TABLET)**
  - Specialty
  - PA, LA, S (Specialty Drug)

- **BALVERSA**
  - Specialty
  - PA, LA, S (Specialty Drug)

- **BOSULIF**
  - Specialty
  - PA, LA, S (Specialty Drug)

- **BRAFTOVI**
  - Specialty
  - PA, LA, S (Specialty Drug)

- **CABOMETYX**
  - Specialty
  - PA, LA, QL (1 PER DAY), S (Specialty Drug)

- **CALQUENCE (100 MG TABLET, 100 MG CAPSULE)**
  - Specialty
  - PA, LA, S (Specialty Drug)

- **CAPRELSA**
  - Specialty
  - PA, LA, S (Specialty Drug)

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

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

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# 2023 PROVIDENCE FORMULARY D

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

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

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<table>
<thead>
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<th>Drug Name</th>
<th>Status*</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>XOSPATA</td>
<td>Specialty</td>
<td>PA, LA, S (Specialty Drug)</td>
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<tr>
<td>ZEJULA 100 MG CAPSULE</td>
<td>Specialty</td>
<td>PA, LA, QL (2 PER DAY), S (Specialty Drug)</td>
</tr>
<tr>
<td>ZEJULA (100 MG TABLET, 200 MG TABLET, 300 MG TABLET)</td>
<td>Specialty</td>
<td>PA, LA, QL (1 PER DAY), S (Specialty Drug)</td>
</tr>
<tr>
<td>ZELBORAF</td>
<td>Specialty</td>
<td>PA, LA, S (Specialty Drug)</td>
</tr>
<tr>
<td>ZYDELIG</td>
<td>Specialty</td>
<td>PA, LA, QL (2 PER 1 DAY), S (Specialty Drug)</td>
</tr>
<tr>
<td>ZYKADIA</td>
<td>Specialty</td>
<td>PA, LA, S (Specialty Drug)</td>
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**RETINOIDS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Status*</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>BEXAROTENE (1 % GEL (GRAM), 75 MG CAPSULE)</td>
<td>Specialty</td>
<td>PA, S (Specialty Drug)</td>
</tr>
<tr>
<td>PANRETIN</td>
<td>Specialty</td>
<td>S (Specialty Drug)</td>
</tr>
<tr>
<td>TRETINOIN 10 MG CAPSULE</td>
<td>Specialty</td>
<td>PA, S (Specialty Drug)</td>
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**TREATMENT ADJUNCTS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Status*</th>
<th>Requirements/Limits</th>
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</thead>
<tbody>
<tr>
<td>MESNEX 400 MG TABLET</td>
<td>Brand</td>
<td></td>
</tr>
<tr>
<td>VONJO</td>
<td>Specialty</td>
<td>PA, LA, QL (4 PER DAY), S (Specialty Drug)</td>
</tr>
</tbody>
</table>

**ANTIPARASITICS**

**ANTHELMINTHICS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Status*</th>
<th>Requirements/Limits</th>
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</thead>
<tbody>
<tr>
<td>albendazole</td>
<td>Generic</td>
<td>PA</td>
</tr>
<tr>
<td>EMVERM</td>
<td>Brand</td>
<td>PA</td>
</tr>
<tr>
<td>ivermectin 3 mg tablet</td>
<td>Generic</td>
<td>PA</td>
</tr>
<tr>
<td>praziquantel</td>
<td>Generic</td>
<td>QL (12 PER 30 DAYS)</td>
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</tbody>
</table>

**ANTIPROTOZOALS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Status*</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALINIA 100 MG/5 ML SUSPENSION</td>
<td>Brand</td>
<td>PA, QL (50 ML PER DAY)</td>
</tr>
<tr>
<td>atovaquone</td>
<td>Generic</td>
<td>PA</td>
</tr>
<tr>
<td>atovaquone/proguanil hcl</td>
<td>Generic</td>
<td>C (1 CLAIM PER 365 DAYS)</td>
</tr>
</tbody>
</table>

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

ANTIPARKINSON AGENTS

ANTICHOLINERGICS

- benzotropine mesylate (0.5 mg tablet, 1 mg tablet, 2 mg tablet) | Generic |
- trihexyphenidyl hcl (2 mg tablet, 2 mg/5 ml solution, 5 mg tablet) | Generic |

ANTIPARKINSON AGENTS, OTHER

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

DOPAMINE AGONISTS

- bromocriptine mesylate (2.5 mg tablet, 5 mg capsule) | Generic |

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Status*</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>KYNMOBI</td>
<td>Specialty</td>
<td>QL (5 PER DAY), S (Specialty Drug)</td>
</tr>
<tr>
<td>NEUPRO</td>
<td>Brand</td>
<td>ST</td>
</tr>
<tr>
<td>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)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>ropinirole hcl (2 mg tab er 24h, 4 mg tab er 24h, 6 mg tab er 24h)</td>
<td>Generic</td>
<td>QL (1 PER DAY)</td>
</tr>
<tr>
<td>ropinirole hcl (8 mg tab er 24h, 12 mg tab er 24h)</td>
<td>Generic</td>
<td>QL (2 PER DAY)</td>
</tr>
<tr>
<td>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)</td>
<td>Generic</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Status*</th>
</tr>
</thead>
<tbody>
<tr>
<td>carbidopa</td>
<td>Generic</td>
</tr>
<tr>
<td>carbidopa/levodopa (10mg-100mg tab rapdis, 10mg-100mg tablet, 25mg-250mg tab rapdis, 25mg-250mg tablet, 25mg-100mg tab rapdis, 25mg-100mg tablet er, 25mg-100mg tablet, 50mg-200mg tablet er)</td>
<td>Generic</td>
</tr>
<tr>
<td>INBRIJA</td>
<td>Brand</td>
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**MONOAMINE OXIDASE B (MAO-B) INHIBITORS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Status*</th>
</tr>
</thead>
<tbody>
<tr>
<td>rasagiline mesylate</td>
<td>Generic</td>
</tr>
<tr>
<td>selegiline hcl (5 mg tablet, 5 mg capsule)</td>
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<tr>
<td>ZELAPAR</td>
<td>Brand</td>
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</table>

**ANTIPSYCHOTICS**

**1ST GENERATION/TYPICAL**

<table>
<thead>
<tr>
<th>Drug Name</th>
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</tr>
</thead>
<tbody>
<tr>
<td>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)</td>
<td>Generic</td>
</tr>
</tbody>
</table>

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### Drug Name

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Status*</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>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)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>haloperidol</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>haloperidol lactate 2 mg/ml oral conc</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>loxapine succinate</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>pimozide</td>
<td>Generic</td>
<td></td>
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<tr>
<td>thioridazine hcl</td>
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<tr>
<td>thiothixene</td>
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<tr>
<td>trifluoperazine hcl</td>
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### 2ND GENERATION/ATYPICAL

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<th>Drug Name</th>
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<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>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)</td>
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<tr>
<td>asenapine maleate (5 mg tab subl, 10 mg tab subl)</td>
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<td>PA, QL (2 PER DAY)</td>
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<tr>
<td>asenapine maleate 2.5 mg tab subl</td>
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<td>PA</td>
</tr>
<tr>
<td>CAPLYTA (10.5 MG CAPSULE, 21 MG CAPSULE)</td>
<td>Brand</td>
<td>PA</td>
</tr>
<tr>
<td>CAPLYTA 42 MG CAPSULE</td>
<td>Brand</td>
<td>PA, QL (1 PER DAY)</td>
</tr>
<tr>
<td>FANAPT TITRATION PACK</td>
<td>Brand</td>
<td>PA, QL (1 PER 365 DAYS)</td>
</tr>
<tr>
<td>FANAPT (1 MG TABLET, 2 MG TABLET, 4 MG TABLET, 6 MG TABLET)</td>
<td>Brand</td>
<td>PA</td>
</tr>
<tr>
<td>FANAPT (8 MG TABLET, 10 MG TABLET, 12 MG TABLET)</td>
<td>Brand</td>
<td>PA, QL (2 PER DAY)</td>
</tr>
<tr>
<td>lurasidone hcl</td>
<td>Generic</td>
<td>PA, QL (1 PER DAY)</td>
</tr>
<tr>
<td>olanzapine (2.5 mg tablet, 5 mg tablet, 5 mg tab rapdis, 7.5 mg tablet, 10 mg tab rapdis, 10 mg tablet, 15 mg tab rapdis, 15 mg tablet, 20 mg tablet, 20 mg tab rapdis)</td>
<td>Generic</td>
<td></td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Status*</th>
</tr>
</thead>
<tbody>
<tr>
<td>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)</td>
<td>Generic</td>
</tr>
<tr>
<td>VERSACLOZ</td>
<td>Brand</td>
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</tbody>
</table>

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

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

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

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### 2023 PROVIDENCE FORMULARY D

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

<table>
<thead>
<tr>
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<th>Requirements/Limits</th>
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<tr>
<td>FUZEON</td>
<td>Brand</td>
<td>PA</td>
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<tr>
<td>maraviroc</td>
<td>Generic</td>
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</tr>
<tr>
<td>RUKOBLIA</td>
<td>Specialty</td>
<td>S (Specialty Drug)</td>
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<tr>
<td>SELZENTRY (20 MG/ML ORAL SOLN, 25 MG TABLET, 75 MG TABLET)</td>
<td>Brand</td>
<td></td>
</tr>
<tr>
<td>SUNLENCA (4-300 MG TABLET, 5-300 MG TABLET)</td>
<td>Specialty</td>
<td>PA, S (Specialty Drug)</td>
</tr>
</tbody>
</table>
# 2023 PROVIDENCE FORMULARY D

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

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# 2023 PROVIDENCE FORMULARY D
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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Status*</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>valacyclovir hcl</td>
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## ANXIOLYTICS

### ANXIOLYTICS, OTHER

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Status*</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>buspirone hcl</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>meprobamate 400 mg tablet</td>
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</table>

## BENZODIAZEPINES

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Status*</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>alprazolam (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 1 mg tablet er 24h, 2 mg tablet, 2 mg tablet er 24h, 3 mg tablet er 24h)</td>
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<td></td>
</tr>
<tr>
<td>clordiazepoxide hcl</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>clonazepam (0.125 mg tab rapdis, 0.25 mg tab rapdis, 0.5 mg tablet, 0.5 mg tab rapdis, 1 mg tab rapdis, 1 mg tablet, 2 mg tab rapdis, 2 mg tablet)</td>
<td>Generic</td>
<td></td>
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<tr>
<td>clorazepate dipotassium</td>
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<td></td>
</tr>
<tr>
<td>diazepam (2 mg tablet, 5 mg/5 ml solution, 5 mg tablet, 5 mg/ml oral conc, 10 mg tablet)</td>
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</tr>
<tr>
<td>lorazepam (0.5 mg tablet, 1 mg tablet, 2 mg/ml oral conc, 2 mg tablet)</td>
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<tr>
<td>lorazepam intensol</td>
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<tr>
<td>oxazepam</td>
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## BIPOLAR AGENTS

## MOOD STABILIZERS

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<thead>
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<th>Requirements/Limits</th>
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</thead>
<tbody>
<tr>
<td>lithium carbonate (150 mg capsule, 300 mg tablet er, 300 mg tablet, 300 mg capsule, 450 mg tablet er, 600 mg capsule)</td>
<td>Generic</td>
<td></td>
</tr>
</tbody>
</table>

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

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<thead>
<tr>
<th>Drug Name</th>
<th>Status</th>
<th>Requirements/Limits</th>
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</thead>
<tbody>
<tr>
<td>JENTADUETO XR</td>
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<td>PA</td>
</tr>
<tr>
<td>metformin hcl 500 mg/5ml solution</td>
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</tr>
<tr>
<td>METFORMIN HCL (500 MG TABLET, 850 MG TABLET, 1000 MG TABLET)</td>
<td>Value</td>
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</tr>
<tr>
<td>METFORMIN HCL (500 MG TAB ER 24H, 750 MG TAB ER 24H) (GENERIC FOR GLUCOPHAGE XR)</td>
<td>Value</td>
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<td>miglitol</td>
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</tr>
<tr>
<td>MOUNJARO</td>
<td>Brand</td>
<td>ST, QL (2 ML PER 28 DAYS)</td>
</tr>
<tr>
<td>nateglinide</td>
<td>Generic</td>
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</tr>
<tr>
<td>OSENI (12.5-15 MG TABLET, 12.5-45 MG TABLET)</td>
<td>Brand</td>
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</tr>
<tr>
<td>OZEMPIC (1 (2 MG/1.5ML), 1 (4 MG/3 ML), 2 (8 MG/3 ML))</td>
<td>Brand</td>
<td>PA, ST, QL (3 ML PER 28 DAYS)</td>
</tr>
<tr>
<td>OZEMPIC 0.25-0.5 MG/DOSE PEN (2MG/1.5ML)</td>
<td>Brand</td>
<td>PA, ST, QL (1.5 ML PER 28 DAYS)</td>
</tr>
<tr>
<td>OZEMPIC 0.25-0.5 MG/DOSE PEN (2MG/3ML)</td>
<td>Brand</td>
<td>PA, ST, QL (3 ML PER 28 DAYS)</td>
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<tr>
<td>pioglitazone hcl</td>
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<tr>
<td>pioglitazone hcl/glimepiride</td>
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<tr>
<td>pioglitazone hcl/metformin hcl</td>
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<td>QTERN</td>
<td>Brand</td>
<td>PA</td>
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<tr>
<td>repaglinide</td>
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<td>RYBELSUS</td>
<td>Brand</td>
<td>ST, QL (1 PER 1 DAY)</td>
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<td>saxagliptin hcl</td>
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<td>PA</td>
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<tr>
<td>saxagliptin hcl/metformin hcl</td>
<td>Generic</td>
<td>PA</td>
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<td>SEGLUROMET</td>
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<td>STEGLATRO</td>
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<td>PA</td>
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<td>STEGLUJAN</td>
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<td>PA</td>
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<tr>
<td>SYNJARDY</td>
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<thead>
<tr>
<th>Drug Name</th>
<th>Status*</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>SYNJARDY XR</td>
<td>Brand</td>
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</tr>
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<td>TRADJENTA</td>
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<td>PA</td>
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<tr>
<td>TRIJARDY XR</td>
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<tr>
<td>TRULICITY</td>
<td>Brand</td>
<td>PA, ST, QL (2 ML PER 28 DAYS)</td>
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<tr>
<td>VICTOZA 2-PAK</td>
<td>Brand</td>
<td>PA, ST, QL (9 ML PER 30 DAYS)</td>
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<tr>
<td>VICTOZA 3-PAK</td>
<td>Brand</td>
<td>PA, ST, QL (9 ML PER 30 DAYS)</td>
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<td>XIGDUO XR</td>
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### GLYCEMIC AGENTS

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<tbody>
<tr>
<td>BAQSIMI</td>
<td>Brand</td>
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</tr>
<tr>
<td>diazoxide</td>
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<tr>
<td>glucagon emergency kit</td>
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<td>GVOKE</td>
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<tr>
<td>GVOKE HYPOPEN 1-PACK</td>
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<td>GVOKE HYPOPEN 2-PACK</td>
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<td>GVOKE PFS 1-PACK SYRINGE</td>
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<td>GVOKE PFS 2-PACK SYRINGE</td>
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<tr>
<td>ZEGALOGUE AUTOINJECTOR</td>
<td>Brand</td>
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</tr>
<tr>
<td>ZEGALOGUE SYRINGE</td>
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### INSULINS

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Status*</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>APIDRA</td>
<td>Brand</td>
<td>PA, C (Exempt from deductible, if applicable)</td>
</tr>
<tr>
<td>APIDRA SOLOSTAR</td>
<td>Brand</td>
<td>PA, C (Exempt from deductible, if applicable)</td>
</tr>
<tr>
<td>HUMALOG (100 CARTRIDGE, 100 VIAL)</td>
<td>Brand</td>
<td>C (Exempt from deductible, if applicable)</td>
</tr>
<tr>
<td>HUMALOG JUNIOR KWIKPEN</td>
<td>Brand</td>
<td>C (Exempt from deductible, if applicable)</td>
</tr>
<tr>
<td>HUMALOG KWIKPEN U-100</td>
<td>Brand</td>
<td>C (Exempt from deductible, if applicable)</td>
</tr>
</tbody>
</table>

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

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## 2023 PROVIDENCE FORMULARY D
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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Status</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>LEVEMIR FLEXTOUCH</td>
<td>Brand</td>
<td>C (Exempt from deductible, if applicable)</td>
</tr>
<tr>
<td>TOUJEJO MAX SOLOSTAR</td>
<td>Brand</td>
<td>C (Exempt from deductible, if applicable)</td>
</tr>
<tr>
<td>TOUJEJO SOLOSTAR</td>
<td>Brand</td>
<td>C (Exempt from deductible, if applicable)</td>
</tr>
<tr>
<td>TRESIBA</td>
<td>Brand</td>
<td>C (Exempt from deductible, if applicable)</td>
</tr>
<tr>
<td>TRESIBA FLEXTOUCH U-100</td>
<td>Brand</td>
<td>C (Exempt from deductible, if applicable)</td>
</tr>
<tr>
<td>TRESIBA FLEXTOUCH U-200</td>
<td>Brand</td>
<td>C (Exempt from deductible, if applicable)</td>
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</table>

**BLOOD PRODUCTS AND MODIFIERS**

**ANTICOAGULANTS**

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

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## 2023 PROVIDENCE FORMULARY D

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

**BLOOD PRODUCTS AND MODIFIERS, OTHER**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Status*</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>anagrelide hcl</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>ARANESP (10 MCG/0.4 ML SYRINGE, 25 MCG/ML VIAL, 25 MCG/0.42 ML SYRINGE, 40 MCG/ML VIAL, 40 MCG/0.4 ML SYRINGE, 60 MCG/0.3 ML SYRINGE, 60 MCG/ML VIAL, 100 MCG/ML VIAL, 100 MCG/0.5 ML SYRINGE, 150 MCG/0.3 ML SYRINGE, 200 MCG/0.4 ML SYRINGE, 200 MCG/ML VIAL, 300 MCG/0.6 ML SYRINGE, 500 MCG/1 ML SYRINGE)</td>
<td>Specialty</td>
<td>PA, S (Specialty Drug)</td>
</tr>
<tr>
<td>EPOGEN</td>
<td>Specialty</td>
<td>PA, S (Specialty Drug)</td>
</tr>
<tr>
<td>FULPHILA</td>
<td>Specialty</td>
<td>C (COVERED MEDICAL BENEFIT), S (Specialty Drug)</td>
</tr>
<tr>
<td>FYLNETRA</td>
<td>Specialty</td>
<td>C (COVERED MEDICAL BENEFIT), S (Specialty Drug)</td>
</tr>
<tr>
<td>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)</td>
<td>Specialty</td>
<td>S (Specialty Drug)</td>
</tr>
<tr>
<td>LEUKINE</td>
<td>Specialty</td>
<td>S (Specialty Drug)</td>
</tr>
<tr>
<td>MULPLETA</td>
<td>Specialty</td>
<td>PA, QL (7 PER 30 DAYS), S (Specialty Drug)</td>
</tr>
</tbody>
</table>

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# 2023 PROVIDENCE FORMULARY D

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Status*</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEULASTA</td>
<td>Specialty</td>
<td>C (COVERED MEDICAL BENEFIT), S (Specialty Drug)</td>
</tr>
<tr>
<td>NEULASTA ONPRO</td>
<td>Specialty</td>
<td>C (COVERED MEDICAL BENEFIT), S (Specialty Drug)</td>
</tr>
<tr>
<td>NEUPOGEN (300 MCG/ML VIAL, 300 MCG/0.5 ML SYR, 480 MCG/1.6 ML VIAL, 480 MCG/0.8 ML SYR)</td>
<td>Specialty</td>
<td>S (Specialty Drug)</td>
</tr>
<tr>
<td>NIVESTYM (300 MCG/ML VIAL, 300 MCG/0.5 ML SYRING, 480 MCG/0.8 ML SYRING, 480 MCG/1.6 ML VIAL)</td>
<td>Specialty</td>
<td>S (Specialty Drug)</td>
</tr>
<tr>
<td>NYVEPRIA</td>
<td>Specialty</td>
<td>C (COVERED MEDICAL BENEFIT), S (Specialty Drug)</td>
</tr>
<tr>
<td>PROCRIT</td>
<td>Specialty</td>
<td>PA, S (Specialty Drug)</td>
</tr>
<tr>
<td>PROMACTA (12.5 MG SUSPEN PACKET, 12.5 MG TABLET, 25 MG TABLET, 25 MG SUSPENSION PCKT, 50 MG TABLET, 75 MG TABLET)</td>
<td>Specialty</td>
<td>PA, LA, S (Specialty Drug)</td>
</tr>
<tr>
<td>PYRUKYND (5 MG TAPER PACK, 5 MG TABLET, 20 MG TABLET, 20-5 MG TAPER PACK, 50-20 MG TAPER PACK, 50 MG TABLET)</td>
<td>Specialty</td>
<td>PA, LA, QL (2 PER DAY), S (Specialty Drug)</td>
</tr>
<tr>
<td>RELEUKO (300 MCG/0.5 ML SYRINGE, 300 MCG/ML VIAL, 480 MCG/1.6 ML VIAL, 480 MCG/0.8 ML SYRINGE)</td>
<td>Specialty</td>
<td>S (Specialty Drug)</td>
</tr>
<tr>
<td>RETACRIT</td>
<td>Specialty</td>
<td>PA, S (Specialty Drug)</td>
</tr>
<tr>
<td>STIMUFEND</td>
<td>Specialty</td>
<td>C (COVERED MEDICAL BENEFIT), S (Specialty Drug)</td>
</tr>
<tr>
<td>UDENYCA</td>
<td>Specialty</td>
<td>LA, C (COVERED MEDICAL BENEFIT), S (Specialty Drug)</td>
</tr>
<tr>
<td>UDENYCA AUTOINJECTOR</td>
<td>Specialty</td>
<td>LA, C (COVERED MEDICAL BENEFIT), S (Specialty Drug)</td>
</tr>
<tr>
<td>ZARXIO</td>
<td>Specialty</td>
<td>S (Specialty Drug)</td>
</tr>
<tr>
<td>ZIEXTENZO</td>
<td>Specialty</td>
<td>C (COVERED MEDICAL BENEFIT), S (Specialty Drug)</td>
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</thead>
<tbody>
<tr>
<td><strong>HEMOSTASIS AGENTS</strong></td>
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<td></td>
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<tr>
<td>phytonadione (vit k1) 5 mg tablet</td>
<td>Generic</td>
<td>QL (10 PER 90 DAYS)</td>
</tr>
<tr>
<td>tranexamic acid 650 mg tablet</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td><strong>PLATELET MODIFYING AGENTS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>aspirin/dipyridamole</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>BRILINTA</td>
<td>Brand</td>
<td></td>
</tr>
<tr>
<td>CABLIVI</td>
<td>Specialty</td>
<td>PA, LA, QL (1 PER 1 DAY), S (Specialty Drug)</td>
</tr>
<tr>
<td>cilostazol</td>
<td>Generic</td>
<td></td>
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<tr>
<td>clopidogrel bisulfate 75 mg tablet</td>
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<td></td>
</tr>
<tr>
<td>dipyridamole (25 mg tablet, 50 mg tablet, 75 mg tablet)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>DOPELET</td>
<td>Specialty</td>
<td>PA, LA, S (Specialty Drug)</td>
</tr>
<tr>
<td>prasugrel hcl</td>
<td>Generic</td>
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<tr>
<td><strong>CARDIOVASCULAR AGENTS</strong></td>
<td></td>
<td></td>
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<tr>
<td><strong>ALPHA-ADRENERGIC AGONISTS</strong></td>
<td></td>
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<tr>
<td>clonidine</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>clonidine hcl (0.1 mg tablet, 0.2 mg tablet, 0.3 mg tablet)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>guanfacine hcl (1 mg tablet, 2 mg tablet)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>methyldopa</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>midodrine hcl</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td><strong>ALPHA-ADRENERGIC BLOCKING AGENTS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>doxazosin mesylate</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>PHENOXYBENZAMINE HCL</td>
<td>Specialty</td>
<td>S (Specialty Drug)</td>
</tr>
<tr>
<td>prazosin hcl</td>
<td>Generic</td>
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</tbody>
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<th>Status*</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>terazosin hcl</td>
<td>Generic</td>
<td></td>
</tr>
</tbody>
</table>

**ANGIOTENSIN II RECEPTOR ANTAGONISTS**

- candesartan cilexetil            | Generic |
- eprosartan mesylate               | Generic |
- irbesartan                        | Generic |
- LOSARTAN POTASSIUM                | Value   |
- olmesartan medoxomil              | Generic |
- telmisartan                       | Generic |
- valsartan (40 mg tablet, 80 mg tablet, 160 mg tablet, 320 mg tablet) | Generic |

**ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS**

- BENAZEPRIL HCL                    | Value   |
- CAPTOPRIL                         | Value   |
- enalapril maleate 1 mg/ml solution | Generic |
- ENALAPRIL MALEATE (2.5 MG TABLET, 5 MG TABLET, 10 MG TABLET, 20 MG TABLET) | Value |
- FOSINOPRIL SODIUM                 | Value   |
- LISINOPRIL                        | Value   |
- MOEXIPRIL HCL                     | Value   |
- perindopril erbumine              | Generic |
- QUINAPRIL HCL                     | Value   |
- RAMIPRIL                          | Value   |
- TRANDOLAPRIL                      | Value   |

**ANTIARRHYTHMICS**

- amiodarone hcl (100 mg tablet, 200 mg tablet, 400 mg tablet) | Generic |
- disopyramide phosphate            | Generic |

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</thead>
<tbody>
<tr>
<td>dovetilide</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>flecainide acetate</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>mexiletine hcl</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>MULTAQ</td>
<td>Brand</td>
<td></td>
</tr>
<tr>
<td>NORPACE CR</td>
<td>Brand</td>
<td></td>
</tr>
<tr>
<td>pacerone 200 mg tablet</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>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)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>quinidine gluconate</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>quinidine sulfate</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>sorine</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>sotalol af</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>sotalol hcl (80 mg tablet, 120 mg tablet, 160 mg tablet, 240 mg tablet)</td>
<td>Generic</td>
<td></td>
</tr>
</tbody>
</table>

BETA-ADRENERGIC BLOCKING AGENTS

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Value</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>ACEBUTOLOL HCL</td>
<td>Value</td>
<td></td>
</tr>
<tr>
<td>ATENOLOL</td>
<td>Value</td>
<td></td>
</tr>
<tr>
<td>betaxolol hcl (10 mg tablet, 20 mg tablet)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>BISOPROLOL FUMARATE</td>
<td>Value</td>
<td></td>
</tr>
<tr>
<td>CARVEDILOL</td>
<td>Value</td>
<td></td>
</tr>
<tr>
<td>carvedilol phosphate</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>Labetalol HCL (100 MG TABLET, 200 MG TABLET, 300 MG TABLET)</td>
<td>Value</td>
<td></td>
</tr>
<tr>
<td>METOPROLOL SUCCINATE</td>
<td>Value</td>
<td></td>
</tr>
<tr>
<td>METOPROLOL TARTRATE (25 MG TABLET, 50 MG TABLET, 100 MG TABLET)</td>
<td>Value</td>
<td></td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>Drug Name</th>
<th>Status*</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>metoprolol tartrate (37.5 mg tablet, 75 mg tablet)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>NADOLOL</td>
<td>Value</td>
<td></td>
</tr>
<tr>
<td>nebivolol hcl</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>PINDOLOL</td>
<td>Value</td>
<td></td>
</tr>
<tr>
<td>PROPRANOLOL HCL (10 MG TABLET, 20 MG/5 ML SOLUTION, 20 MG TABLET, 40 MG TABLET, 40MG/5ML SOLUTION, 60 MG CAP SA 24H, 60 MG TABLET, 80 MG TABLET, 80 MG CAP SA 24H, 120 MG CAP SA 24H, 160 MG CAP SA 24H)</td>
<td>Value</td>
<td></td>
</tr>
<tr>
<td>TIMOLOL MALEATE (5 MG TABLET, 10 MG TABLET, 20 MG TABLET)</td>
<td>Value</td>
<td></td>
</tr>
</tbody>
</table>

**CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES**

| AMLODIPINE BESYLATE                               | Value   |                     |
| felodipine                                      | Generic |                     |
| isradipine                                      | Generic |                     |
| nicardipine hcl (20 mg capsule, 30 mg capsule)   | Generic |                     |
| 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) | Generic |                     |
| nifedipine (10 mg capsule, 20 mg capsule)       | Generic |                     |
| nimodipine                                      | Generic |                     |
| nisoldipine                                     | Generic |                     |

**CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES**

| cartia xt                                      | Generic |                     |
| dilt-xr                                        | Generic |                     |

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

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

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Status*</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>diltiazem hcl (30 mg tablet, 60 mg cap er 12h, 60 mg tablet, 90 mg cap er 12h, 90 mg tablet, 120 mg cap er 12h, 120 mg cap er 24h, 120 mg cap sa 24h, 120 mg cap er deg, 120 mg tab er 24h, 120 mg tablet, 180 mg cap er 24h, 180 mg cap er deg, 180 mg tab er 24h, 180 mg cap sa 24h, 240 mg cap sa 24h, 240 mg tab er 24h, 240 mg cap er deg, 240 mg cap er 24h, 300 mg cap sa 24h, 300 mg cap er 24h, 300 mg cap er 48h, 300 mg cap er 72h, 300 mg cap sa 24h, 300 mg cap sa 48h, 300 mg cap sa 72h, 360 mg cap er 24h, 360 mg cap er 48h, 360 mg cap er 72h, 360 mg cap sa 24h, 360 mg cap sa 48h, 360 mg cap sa 72h, 420 mg cap er 24h, 420 mg cap er deg, 420 mg cap sa 24h, 420 mg cap sa 48h, 420 mg cap sa 72h)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>matzim la</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>taztia xt</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>tiadylt er</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>verapamil hcl (40 mg tablet, 80 mg tablet, 100 mg cap24h pct, 120 mg cap24h pel, 120 mg tablet, 120 mg tablet er, 180 mg tablet er, 180 mg cap24h pel, 200 mg cap24h pct, 240 mg cap24h pel, 240 mg tablet er, 300 mg cap24h pct, 360 mg cap24h pel)</td>
<td>Generic</td>
<td></td>
</tr>
</tbody>
</table>

## CARDIOVASCULAR AGENTS, OTHER

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Status*</th>
</tr>
</thead>
<tbody>
<tr>
<td>acetazolamide (125 mg tablet, 250 mg tablet, 500 mg capsule er)</td>
<td>Generic</td>
</tr>
<tr>
<td>aliskiren hemifumarate</td>
<td>Generic</td>
</tr>
<tr>
<td>amiloride hcl/hydrochlorothiazide</td>
<td>Generic</td>
</tr>
<tr>
<td>amlodipine besylate/atorvastatin calcium</td>
<td>Generic</td>
</tr>
<tr>
<td>amlodipine besylate/benazepril hcl</td>
<td>Generic</td>
</tr>
<tr>
<td>amlodipine besylate/olmesartan medoxomil</td>
<td>Generic</td>
</tr>
<tr>
<td>amlodipine besylate/valsartan</td>
<td>Generic</td>
</tr>
<tr>
<td>amlodipine besylate/valsartan/hydrochlorothiazide</td>
<td>Generic</td>
</tr>
</tbody>
</table>

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

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

**DIURETICS, LOOP**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Status*</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>bumetanide (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>ethacrynic acid</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>furosemide (10 mg/ml solution, 40mg/5ml solution)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>FUROSEMIDE (20 MG TABLET, 40 MG TABLET, 80 MG TABLET)</td>
<td>Value</td>
<td></td>
</tr>
<tr>
<td>torsemide</td>
<td>Generic</td>
<td></td>
</tr>
</tbody>
</table>

**DIURETICS, POTASSIUM-SPARING**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Status*</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>amiloride hcl</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>eplerenone</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>KERENDIA</td>
<td>Brand</td>
<td>PA, QL (1 PER DAY)</td>
</tr>
<tr>
<td>SPIRONOLACTONE (25 MG TABLET, 50 MG TABLET, 100 MG TABLET)</td>
<td>Value</td>
<td></td>
</tr>
</tbody>
</table>

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

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

**VASODILATORS, DIRECT-ACTING ARTERIAL**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Status*</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>hydralazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>minoxidil (2.5 mg tablet, 10 mg tablet)</td>
<td>Generic</td>
<td></td>
</tr>
</tbody>
</table>

**VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Status*</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>isosorbide dinitrate (5 mg tablet, 10 mg tablet, 20 mg tablet, 30 mg tablet)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>isosorbide mononitrate (10 mg tablet, 20 mg tablet, 30 mg tab er 24h, 60 mg tab er 24h, 120 mg tab er 24h)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>minitran</td>
<td>Generic</td>
<td></td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Status*</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>NITRO-BID</td>
<td>Brand</td>
<td></td>
</tr>
<tr>
<td>NITRO-DUR (0.3 PATCH, 0.8 PATCH)</td>
<td>Brand</td>
<td></td>
</tr>
<tr>
<td>nitro-time</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>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)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>NITROMIST</td>
<td>Brand</td>
<td></td>
</tr>
<tr>
<td>RECTIV</td>
<td>Brand</td>
<td></td>
</tr>
</tbody>
</table>

**CENTRAL NERVOUS SYSTEM AGENTS**

**ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES**

- **dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate (10 mg cap er 24h, 15 mg cap er 24h, 25 mg cap er 24h, 30 mg cap er 24h)**
  - Generic
  - QL (1 PER DAY)

- **dextroamphetamine/amphetamine 20 mg cap er 24h**
  - Generic
  - QL (2 PER DAY)

- **dextroamphetamine/amphetamine 5 mg cap er 24h**
  - Generic
  - QL (1 PER 1 DAY)

- **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)**
  - Generic

- **dextroamphetamine sulfate (5 mg capsule er, 10 mg capsule er)**
  - Generic
  - QL (2 PER 1 DAY)

- **dextroamphetamine sulfate 15 mg capsule er**
  - Generic
  - QL (4 PER DAY)

- **dextroamphetamine sulfate (5 mg tablet, 10 mg tablet)**
  - Generic

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Status*</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>lisdexamfetamine dimesylate (10 mg tab chew, 10 mg capsule, 20 mg tab chew, 20 mg capsule, 30 mg tab chew, 30 mg capsule, 40 mg capsule, 40 mg tab chew, 50 mg tab chew, 50 mg capsule, 60 mg tab chew, 60 mg capsule, 70 mg capsule)</td>
<td>Generic</td>
<td>QL (1 PER DAY)</td>
</tr>
<tr>
<td>methamphetamine hcl</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>zenzedi (5 mg tablet, 10 mg tablet)</td>
<td>Generic</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Status*</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>atomoxetine hcl</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>clonidine hcl 0.1 mg tab er 12h</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>dexamethylphenidate 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)</td>
<td>Generic</td>
<td>QL (1 PER 1 DAY)</td>
</tr>
<tr>
<td>dexamethylphenidate hcl (2.5 mg tablet, 5 mg tablet, 10 mg tablet)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>guanfacine hcl (1 mg tab er 24h, 2 mg tab er 24h, 3 mg tab er 24h, 4 mg tab er 24h)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>metadate er</td>
<td>Generic</td>
<td>QL (1 PER 1 DAY)</td>
</tr>
<tr>
<td>methylphenidate</td>
<td>Generic</td>
<td>QL (1 PER 1 DAY)</td>
</tr>
<tr>
<td>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)</td>
<td>Generic</td>
<td>QL (1 PER 1 DAY)</td>
</tr>
<tr>
<td>methylphenidate hcl 36 mg tab er 24</td>
<td>Generic</td>
<td>QL (2 PER 1 DAY)</td>
</tr>
</tbody>
</table>

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<tbody>
<tr>
<td>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)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>AUSTEDO (6 MG TABLET, 12 MG TABLET)</td>
<td>Specialty</td>
<td>PA, QL (4 PER 1 DAY), S (Specialty Drug)</td>
</tr>
<tr>
<td>AUSTEDO 9 MG TABLET</td>
<td>Specialty</td>
<td>PA, QL (5 PER 1 DAY), S (Specialty Drug)</td>
</tr>
<tr>
<td>AUSTEDO XR (6 MG TABLET, 24 MG TABLET)</td>
<td>Specialty</td>
<td>PA, QL (2 PER DAY), S (Specialty Drug)</td>
</tr>
<tr>
<td>AUSTEDO XR 12 MG TABLET</td>
<td>Specialty</td>
<td>PA, QL (3 PER DAY), S (Specialty Drug)</td>
</tr>
<tr>
<td>AUSTEDO XR TITRATION KT(WK1-4)</td>
<td>Specialty</td>
<td>PA, QL (1 PER 365 DAYS), S (Specialty Drug)</td>
</tr>
<tr>
<td>butalbital/acetaminophen 50mg-325mg tablet</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>butalbital/acetaminophen/caffeine (50-300-40 capsule, 50-325-40 tablet, 50-325-40 capsule)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>diethylpropion hcl (25 mg tablet, 75 mg tablet er)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>EXSERVAN</td>
<td>Specialty</td>
<td>LA, S (Specialty Drug)</td>
</tr>
<tr>
<td>fioricet</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>NUEDEXTA</td>
<td>Brand</td>
<td>PA, QL (2 PER 1 DAY)</td>
</tr>
<tr>
<td>RADICAVA ORS</td>
<td>Specialty</td>
<td>PA, LA, QL (50 ML PER 28 DAYS), S (Specialty Drug)</td>
</tr>
<tr>
<td>RELYVRIO</td>
<td>Specialty</td>
<td>PA, LA, QL (56 PER 28 DAYS), S (Specialty Drug)</td>
</tr>
<tr>
<td>riluzole</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>tencon</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>tetrabenazine</td>
<td>Generic</td>
<td>PA, QL (4 PER DAY), S (Specialty Drug)</td>
</tr>
<tr>
<td>TIGLUTIK</td>
<td>Specialty</td>
<td>LA, S (Specialty Drug)</td>
</tr>
</tbody>
</table>

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# 2023 PROVIDENCE FORMULARY D

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

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Status*</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>vtol lq</td>
<td>Generic</td>
<td></td>
</tr>
</tbody>
</table>

## FIBROMYALGIA AGENTS

- **Duloxetine hcl (20 mg capsule dr, 30 mg capsule dr, 60 mg capsule dr)**
  - Generic

- **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)**
  - Generic

- **Pregabalin 20 mg/ml solution**
  - Generic
  - QL (30 ML PER DAY)

- **Savella TitrAion Pack**
  - Brand
  - PA, QL (1 PER 365 DAYS)

- **Savella (12.5 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet)**
  - Brand
  - PA, QL (2 PER 1 DAY)

## MULTIPLE SCLEROSIS AGENTS

- **Avonex**
  - Specialty
  - PA, QL (4 PER 28 DAYS), S (Specialty Drug)

- **Avonex Pen**
  - Specialty
  - PA, S (Specialty Drug)

- **Betaseron (0.3 mg vial, 0.3 mg kit)**
  - Specialty
  - PA, S (Specialty Drug)

- **COPAXONE 20 mg/ml syringe**
  - Specialty
  - PA, QL (1 ML PER 1 DAY), S (Specialty Drug)

- **COPAXONE 40 mg/ml syringe**
  - Specialty
  - PA, QL (12 ML PER 28 DAYS), S (Specialty Drug)

- **Dalfampridine**
  - Generic
  - QL (2 PER 1 DAY)

- **Dimethyl fumarate**
  - Generic
  - QL (2 PER DAY)

- **Extavia (0.3 mg vial, 0.3 mg kit)**
  - Specialty
  - PA, S (Specialty Drug)

- **Fingolimod hcl**
  - Specialty
  - QL (1 PER DAY), S (Specialty Drug)

- **Gilenya 0.25 mg capsule**
  - Specialty
  - PA, QL (1 PER DAY), S (Specialty Drug)

- **Glatiramer acetate 20 mg/ml syringe**
  - Specialty
  - PA, QL (1 ML PER 1 DAY), S (Specialty Drug)

- **Glatiramer acetate 40 mg/ml syringe**
  - Specialty
  - PA, QL (12 ML PER 28 DAYS), S (Specialty Drug)

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## Drug Name

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

### DENTAL AND ORAL AGENTS

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>cevimeline hcl</td>
<td>Generic</td>
</tr>
<tr>
<td>chlorhexidine gluconate 0.12 % mouthwash</td>
<td>Generic</td>
</tr>
</tbody>
</table>

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LAST UPDATE 11/2023
# 2023 PROVIDENCE FORMULARY D

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

## DERMATOLOGICAL AGENTS

### ACNE AND ROSacea AGENTS

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

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## 2023 PROVIDENCE FORMULARY D
[To help find a drug see the back of the document for an alphabetical listing]

### DERMATITIS AND PRURITUS AGENTS

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Status*</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>alclometasone dipropionate (0.05 % oint. (g), 0.05 % cream (g))</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>amcinonide (0.1 % cream (g), 0.1 % lotion, 0.1 % oint. (g))</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>anusol-hc 2.5% cream</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>apexicon e</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>beser</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>betamethasone dipropionate (0.05 % lotion, 0.05 % gel (gram), 0.05 % cream (g), 0.05 % oint. (g))</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>betamethasone dipropionate/propylene glycol (0.05 % cream (g), 0.05 % oint. (g), 0.05 % lotion)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>betamethasone valerate (0.1 % cream (g), 0.1 % lotion, 0.1 % oint. (g))</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>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))</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>clobetasol propionate/emoll 0.05 % cream (g)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>clocortolone pivalate</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>clodan 0.05% shampoo</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>CORDRAN 4 MCG/SQ CM TAPE LARGE</td>
<td>Brand</td>
<td></td>
</tr>
<tr>
<td>desonide (0.05 % lotion, 0.05 % cream (g), 0.05 % oint. (g))</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>desoximetasone (0.05 % cream (g), 0.05 % gel (gram), 0.05 % oint. (g), 0.25 % oint. (g), 0.25 % cream (g))</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>diflrasone diacetate (0.05 % oint. (g), 0.05 % cream (g))</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>EPIFOAM</td>
<td>Brand</td>
<td></td>
</tr>
</tbody>
</table>

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

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# 2023 PROVIDENCE FORMULARY D

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Status*</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOLU-CORTEF 100 MG ACT-O-VIAL</td>
<td>Brand</td>
<td>QL (2 PER 180 DAYS)</td>
</tr>
<tr>
<td><em>tacrolimus (0.03 % oint. (g), 0.1 % oint. (g))</em></td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>TEXACORT</td>
<td>Brand</td>
<td></td>
</tr>
<tr>
<td><em>triamcinolone acetonide (0.025 % cream (g), 0.025 % oint. (g), 0.025 % lotion, 0.05 % oint. (g), 0.1 % lotion, 0.1 % oint. (g), 0.1 % cream (g), 0.5 % oint. (g), 0.5 % cream (g))</em></td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>trianex</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>triderm</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>tritocin</td>
<td>Generic</td>
<td></td>
</tr>
</tbody>
</table>

### DERMATOLOGICAL AGENTS, OTHER

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Status*</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>calcipotriene (0.005 % cream (g), 0.005 % oint. (g), 0.005 % solution)</em></td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td><em>calcipotriene/betamethasone dipropionate (0.005-.064 oint. (g), 0.005-.064 suspension)</em></td>
<td>Generic</td>
<td>PA</td>
</tr>
<tr>
<td><em>calcitriol 3 mcg/g oint. (g)</em></td>
<td>Generic</td>
<td>QL (100 GM PER 30 DAYS)</td>
</tr>
<tr>
<td><em>calsodore 0.005% cream</em></td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td><em>clotrimazole/betamethasone dipropionate (1 %-0.05 % lotion, 1 %-0.05 % cream (g))</em></td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>CONDYLOX</td>
<td>Brand</td>
<td></td>
</tr>
<tr>
<td><em>diclofenac sodium 3 % gel (gram)</em></td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>DRYSOL</td>
<td>Brand</td>
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</tr>
</tbody>
</table>

### FLUOROPLEX

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Status*</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>fluorouracil 0.5 % cream (g)</em></td>
<td>Generic</td>
<td>PA</td>
</tr>
<tr>
<td><em>fluorouracil (2 % solution, 5 % solution, 5 % cream (g))</em></td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td><em>imiquimod 5 % cream pack</em></td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td><em>imiquimod (3.75 % crm md pmp, 3.75 % cream pack)</em></td>
<td>Generic</td>
<td>PA</td>
</tr>
</tbody>
</table>

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## 2023 PROVIDENCE FORMULARY D
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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Status*</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>KLISYRI</td>
<td>Brand</td>
<td>PA</td>
</tr>
<tr>
<td>METHOXSALLEN</td>
<td>Specialty</td>
<td></td>
</tr>
<tr>
<td>nystatin/triamcinolone acetonide</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>(nystatin/triamcin 100000-0.1 cream (g), nystatin/triamcin 100000-0.1 oint. (g), nystatin/triamcinolone acet 100000-0.1 cream (g), nystatin/triamcinolone acet 100000-0.1 oint. (g))</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OTEZLA (28 DAY PACK, PACK)</td>
<td>Specialty</td>
<td>PA, QL (1 PER 365 DAYS), S (Specialty Drug)</td>
</tr>
<tr>
<td>OTEZLA 30 MG TABLET</td>
<td>Specialty</td>
<td>PA, QL (2 PER 1 DAY), S (Specialty Drug)</td>
</tr>
<tr>
<td>podofilox</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>QBREXZA</td>
<td>Brand</td>
<td>PA, QL (1 PER 1 DAY)</td>
</tr>
<tr>
<td>refissa</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>REGRANEX</td>
<td>Specialty</td>
<td>PA, QL (15 GM PER 6 MONTH), S (Specialty Drug)</td>
</tr>
<tr>
<td>SANTYL</td>
<td>Brand</td>
<td>QL (30 GM PER 30 DAYS)</td>
</tr>
<tr>
<td>silvadene</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>silver sulfadiazine</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>spinosad</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>ssd</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>tretinoin/emollient base</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>ULESFIA</td>
<td>Brand</td>
<td></td>
</tr>
<tr>
<td>ZYCLARA 2.5% CREAM PUMP</td>
<td>Brand</td>
<td>PA</td>
</tr>
</tbody>
</table>

**PEDICULICIDES/SCABICIDES**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Status*</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>EURAX 10% CREAM</td>
<td>Brand</td>
<td></td>
</tr>
<tr>
<td>ivermectin 1 % cream (g)</td>
<td>Generic</td>
<td>ST, QL (45 GM PER 30 DAYS)</td>
</tr>
<tr>
<td>ivermectin 0.5 % lotion</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>lindane</td>
<td>Generic</td>
<td></td>
</tr>
</tbody>
</table>

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

**ELECTROLYTES/ MINERALS/ METALS/ VITAMINS**

**ELECTROLYTE/MINERAL REPLACEMENT**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Status</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carglumic Acid</td>
<td>Specialty</td>
<td>PA, S (Specialty Drug)</td>
</tr>
<tr>
<td>FLUORIDE (0.25MG(0.55) TAB CHEW, 0.5MG(1.1) TAB CHEW, 1MG(2.2) TAB CHEW)</td>
<td>ACA Preventive</td>
<td>C (0 TO 16 YEARS OF AGE)</td>
</tr>
<tr>
<td>FLUORIDE (SODIUM) 0.5 MG/ML DROPS</td>
<td>ACA Preventive</td>
<td>C (0 TO 16 YEARS OF AGE)</td>
</tr>
<tr>
<td>klor-con m10</td>
<td>Generic</td>
<td></td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Status*</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>klor-con m20</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>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)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>potassium citrate (5 tablet er, 10 tablet er, 15 tablet er)</td>
<td>Generic</td>
<td></td>
</tr>
</tbody>
</table>

**ELECTROLYTE/MINERAL/METAL MODIFIERS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Status*</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHEMET</td>
<td>Brand</td>
<td></td>
</tr>
<tr>
<td>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)</td>
<td>Specialty</td>
<td>S (Specialty Drug)</td>
</tr>
<tr>
<td>DEFERIPRONE</td>
<td>Specialty</td>
<td>LA, S (Specialty Drug)</td>
</tr>
<tr>
<td>FERRIPROX 100 MG/ML SOLUTION</td>
<td>Specialty</td>
<td>LA, S (Specialty Drug)</td>
</tr>
<tr>
<td>FERRIPROX (2 TIMES A DAY)</td>
<td>Specialty</td>
<td>LA, S (Specialty Drug)</td>
</tr>
<tr>
<td>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)</td>
<td>Specialty</td>
<td>PA, LA, S (Specialty Drug)</td>
</tr>
<tr>
<td>TOLVAPTAN</td>
<td>Specialty</td>
<td>PA, S (Specialty Drug)</td>
</tr>
<tr>
<td>TRIENTINE HCL 250 MG CAPSULE</td>
<td>Specialty</td>
<td>PA, S (Specialty Drug)</td>
</tr>
</tbody>
</table>

**PHOSPHATE BINDERS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Status*</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>AURYXIA</td>
<td>Brand</td>
<td>ST</td>
</tr>
<tr>
<td>calcium acetate 667 mg capsule</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>FOSRENOL (750 MG POWDER PACKET, 1,000 MG POWDER PACK)</td>
<td>Brand</td>
<td>ST</td>
</tr>
<tr>
<td>lanthanum carbonate</td>
<td>Generic</td>
<td>ST</td>
</tr>
<tr>
<td>PHOSLYRA</td>
<td>Brand</td>
<td>ST</td>
</tr>
<tr>
<td>sevelamer carbonate (0.8 g powd pack, 2.4 g powd pack)</td>
<td>Generic</td>
<td>ST</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Status*</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>sevelamer carbonate 800 mg tablet</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>sevelamer hcl</td>
<td>Generic</td>
<td>ST</td>
</tr>
<tr>
<td>VELPHORO</td>
<td>Brand</td>
<td>ST</td>
</tr>
</tbody>
</table>

**POTASSIUM BINDERS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Status*</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOKELMA</td>
<td>Brand</td>
</tr>
<tr>
<td>sodium polystyrene sulfonate</td>
<td>Generic</td>
</tr>
<tr>
<td>SPS 30 GM/120 ML ENEMA SUSP</td>
<td>Brand</td>
</tr>
<tr>
<td>sps 15 gm/60 ml suspension</td>
<td>Generic</td>
</tr>
<tr>
<td>VELTASSA</td>
<td>Brand</td>
</tr>
</tbody>
</table>

**VITAMINS**

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

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# 2023 PROVIDENCE FORMULARY D

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

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Status*</th>
<th>Requirements/Limits</th>
</tr>
</thead>
</table>

## GASTROINTESTINAL AGENTS

### ANTI-CONSTIPATION AGENTS

- **CLENPIQ**
  - Brand
- **constulose**
  - Generic
- **enulose**
  - Generic
- **generlac**
  - Generic
- **lactulose (10 g/15 ml solution, 20 g/30 ml solution)**
  - Generic
- **lubiprostone**
  - Generic
- **MOTEGRITY**
  - Brand
  - PA
- **MOVANTIK**
  - Brand
  - PA
- **OSMOPREP**
  - Brand
- **SYMPROIC**
  - Brand
  - PA

### ANTI-DIARRHEAL AGENTS

- **alosetron hcl**
  - Generic
  - PA
- **diphenoxylate hcl/atropine sulfate (2.5-.025mg tablet, 2.5-.025/5 liquid)**
  - Generic
- **MYTESI**
  - Brand
- **VIBERZI**
  - Brand
  - PA
- **XIFAXAN**
  - Brand
  - PA, QL (3 PER 1 DAY)

### ANTISPASMODICS, GASTROINTESTINAL

- **dicyclomine hcl (10 mg capsule, 10 mg/5 ml solution, 20 mg tablet)**
  - Generic
- **glycopyrrolate (1 mg tablet, 1 mg/5 ml solution, 2 mg tablet)**
  - Generic
- **methscopolamine bromide**
  - Generic

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### 2023 PROVIDENCE FORMULARY D

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

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<thead>
<tr>
<th>Drug Name</th>
<th>Status*</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>TALICIA</td>
<td>Brand</td>
<td>QL (168 PER 28 DAYS)</td>
</tr>
<tr>
<td>ursodiol (250 mg tablet, 300 mg capsule, 500 mg tablet)</td>
<td>Generic</td>
<td></td>
</tr>
</tbody>
</table>

**HISTAMINE2 (H2) RECEPTOR ANTAGONISTS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Status*</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>cimetidine (300 mg tablet, 400 mg tablet, 800 mg tablet)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>cimetidine hcl</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>famotidine (40mg/5ml susp recon, 40 mg tablet)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>nizatidine (150mg/10ml solution, 150 mg capsule, 300 mg capsule)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>pepcid 40 mg tablet</td>
<td>Generic</td>
<td></td>
</tr>
</tbody>
</table>

**PROTECTANTS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Status*</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>misoprostol</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>sucralfate (1 g tablet, 1 g/10 ml oral susp)</td>
<td>Generic</td>
<td></td>
</tr>
</tbody>
</table>

**PROTON PUMP INHIBITORS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Status*</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>esomeprazole magnesium (20 mg capsule dr, 40 mg capsule dr)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>lansoprazole 30 mg capsule dr</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>omeprazole (10 mg capsule dr, 20 mg capsule dr, 40 mg capsule dr)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>pantoprazole sodium (20 mg tablet dr, 40 mg granpckt dr, 40 mg tablet dr)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>rabeprazole sodium 20 mg tablet dr</td>
<td>Generic</td>
<td></td>
</tr>
</tbody>
</table>

**GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Status*</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>betaine</td>
<td>Generic</td>
<td>S (Specialty Drug)</td>
</tr>
<tr>
<td>CERDELGA</td>
<td>Specialty</td>
<td>PA, S (Specialty Drug)</td>
</tr>
<tr>
<td>CHOLBAM</td>
<td>Specialty</td>
<td>PA, LA, S (Specialty Drug)</td>
</tr>
</tbody>
</table>

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

### GENITOURINARY AGENTS

#### ANTISPASMODICS, URINARY

- **darifenacin hydrobromide**: Generic
- **flavoxate hcl**: Generic
- **MYRBETRIQ (ER 8 MG/ML SUSP, ER 25 MG TABLET, ER 50 MG TABLET)**: Brand - ST
- **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)**: Generic
- **solifenacin succinate**: Generic
- **tolterodine tartrate (1 mg tablet, 2 mg tablet, 2 mg cap er 24h, 4 mg cap er 24h)**: Generic
- **trockopium chloride (20 mg tablet, 60 mg cap er 24h)**: Generic

#### BENIGN PROSTATIC HYPERPROPHPHY AGENTS

- **alfuzosin hcl**: Generic
- **dutasteride**: Generic
- **finasteride 5 mg tablet**: Generic
- **silodosin**: Generic
- **tadalafil 5 mg tablet**: Generic - QL (1 PER DAY)
- **tamsulosin hcl**: Generic

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## 2023 PROVIDENCE FORMULARY D
[To help find a drug see the back of the document for an alphabetical listing]

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<th>Status</th>
<th>Requirements/Limits</th>
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<td>bethanechol chloride</td>
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<tr>
<td>ELMIRON</td>
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<td>methyleryngonovine maleate 0.2 mg tablet</td>
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<td>PENICILLAMINE 250 MG TABLET</td>
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<td>PHEXXI</td>
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<td>betamethasone acetate/betamethasone sodium phosphate</td>
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<td>CORTROPHIN</td>
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<td>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)</td>
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<td>fludrocortisone acetate</td>
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<td>halcinonide</td>
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<td>MEDROL 2 MG TABLET</td>
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<td>methylprednisolone (4 mg tablet, 4 mg tab ds pk, 8 mg tablet, 16 mg tablet, 32 mg tablet)</td>
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<tr>
<td>prednisolone 15 mg/5 ml solution</td>
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<td>prednisolone sodium phosphate (5 mg/5 ml solution, 10 mg tab rapdis, 15 mg/5 ml solution, 15 mg tab rapdis, 30 mg tab rapdis)</td>
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<td>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)</td>
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**HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)**

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<td>desmopressin acetate (0.1 mg tablet, 0.2 mg tablet, 10/spray spray/pump)</td>
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<td>desmopressin acetate (non-refrigerated)</td>
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<td>FOLLISTIM AQ</td>
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<tr>
<td>GENOTROPIN (MINIQUICK 0.2 MG, MINIQUICK 0.4 MG, MINIQUICK 0.6 MG, MINIQUICK 0.8 MG, MINIQUICK 1 MG, MINIQUICK 1.2 MG, MINIQUICK 1.4 MG, MINIQUICK 1.6 MG, MINIQUICK 1.8 MG, MINIQUICK 2 MG, 5 MG CARTRIDGE, 12 MG CARTRIDGE)</td>
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<td>PA, S (Specialty Drug)</td>
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<td>NORDITROPIN FLEXPRO</td>
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<td>Brand</td>
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<tr>
<td>PREGNYL</td>
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## 2023 PROVIDENCE FORMULARY D
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<td>KYZATREX</td>
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<td>methyltestosterone</td>
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<td>testosterone (12.5/1.25g gel md pmp, 20.25/1.25 gel md pmp, 25mg(1%) gel packet, 30mg/1.5ml sol md pmp, 50 mg (1%) gel (gram), 50 mg (1%) gel packet)</td>
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# 2023 PROVIDENCE FORMULARY D

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<td>DROSPIRENONE/ETHINYL ESTRADIOL/LEVOMEFOLATE CALCIUM</td>
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<td>ACA Preventive</td>
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<td>estradiol (0.01 % cream/appl, .025mg/24h patch tdwk, .025mg/24h patch tdsw, .0375mg/24 patch tdwk, .0375mg/24 patch tdsw, 0.05mg/24h patch tdwk, 0.05mg/24h patch tdsw, 0.06mg/24h patch tdwk, 0.075mg/24h patch tdwk, 0.075mg/24h patch tdsw, 0.1mg/24hr patch tdwk, 0.1mg/24hr patch tdsw, 0.5mg tablet, 1mg tablet, 2mg tablet, 10mcg tablet)</td>
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<tr>
<td>(0.1-0.02MG TABLET, 0.15-0.03 TBDSPK 3MO, 0.15-0.03 TABLET, 6-5-10 TABLET, 90-20 MCG TABLET)</td>
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</tbody>
</table>

*Specialty medications are only available through the Providence specialty network. See introduction.

PA - Prior Authorization, QL - Quantity Limits, ST - Step Therapy, LA - Limited Access
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<thead>
<tr>
<th>Drug Name</th>
<th>Status*</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
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<tr>
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<tr>
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<td>MERZEE</td>
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<td>MIBELAS 24 FE</td>
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<td>MICROGESTIN</td>
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<tr>
<td>MICROGESTIN 24 FE</td>
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<tr>
<td>MICROGESTIN FE</td>
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<td>MONO-LINYAH</td>
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<td>NATAZIA</td>
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<td>NECON</td>
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</tr>
<tr>
<td>NIKKI</td>
<td>ACA Preventive</td>
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<tr>
<td>norethindrone acetate-ethinyl estradiol (0.5mg-2.5 tablet, 1mg-5mcg tablet)</td>
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<tr>
<td>NORETHINDRONE ACETATE-ETHINYL ESTRADIOL (1MG-20MCG TABLET, 1.5-0.03MG TABLET)</td>
<td>ACA Preventive</td>
<td></td>
</tr>
</tbody>
</table>

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# 2023 PROVIDENCE FORMULARY D

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

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Status*</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>NORETHINDRONE ACETATE-ETHINYL ESTRADIOL/FERROUS FUMARATE</td>
<td>ACA Preventive</td>
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</tr>
<tr>
<td>(1MG-20(24) CAPSULE, 1MG-20(24) TAB CHEW, 1MG-20(21) TABLET, 1.5-30(21) TABLET, 5-7-9-7 TABLET)</td>
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<tr>
<td>NORETHINDRONE-ETHINYL ESTRADIOL/FERROUS FUMARATE</td>
<td>ACA Preventive</td>
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<td>NORGESTIMATE-ETHINYL ESTRADIOL</td>
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<td>PORTIA</td>
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<tr>
<td>PREMARIN (0.3 MG TABLET, 0.45 MG TABLET, 0.625 MG TABLET, 0.9 MG TABLET, 1.25 MG TABLET, VAGINAL CREAM-APPL)</td>
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<tr>
<td>PREMPHASE</td>
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<td>PREMPRO</td>
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<td>SIMPESSE</td>
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<td>SPRINTEC</td>
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<td>SRONYX</td>
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<th>Drug Name</th>
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<td>TARINA FE</td>
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<td>TRI-LO-SPRINTEC</td>
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<tr>
<td>VIENVA</td>
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<td>ZARAH</td>
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<td>ZOVIA 1-35</td>
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<td>ZOVIA 1-35E</td>
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<tr>
<td>ZUMANDIMINE</td>
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</table>

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

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<tbody>
<tr>
<td><em>amabelz</em></td>
<td>Generic</td>
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<tr>
<td>BIJUVA</td>
<td>Brand</td>
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<tr>
<td>COMBIPATCH</td>
<td>Brand</td>
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<tr>
<td><em>estradiol/norethindrone acetate</em></td>
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<tr>
<td><em>mimvey</em></td>
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**PROGESTINS**

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<tr>
<td>AFTERA</td>
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<tr>
<td>CAMILA</td>
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</tr>
<tr>
<td>CRINONE</td>
<td>Brand</td>
</tr>
<tr>
<td>DEBLITANE</td>
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<tr>
<td>DEPO-SUBQ PROVERA 104</td>
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</table>

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LAST UPDATE 11/2023
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<th>Drug Name</th>
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<td>ELLA</td>
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<td>ENDOMETRIN</td>
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<tr>
<td>INCASSIA</td>
<td>ACA Preventive</td>
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<tr>
<td>JENCYCLA</td>
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<td>LEVONORGESTREL</td>
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<tr>
<td>LYZA</td>
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<tr>
<td>medroxyprogesterone acetate (2.5 mg tablet, 5 mg tablet, 10 mg tablet)</td>
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<tr>
<td>MEDROXYPROGESTERONE ACETATE (150 MG/ML VIAL, 150 MG/ML SYRINGE)</td>
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<tr>
<td>megestrol acetate (20 mg tablet, 40 mg tablet, 400mg/10ml oral susp)</td>
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<td>MY CHOICE</td>
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<td>MY WAY</td>
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<td>NEW DAY</td>
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<td>NORA-BE</td>
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<td>NORETHINDRONE</td>
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<tr>
<td>norethindrone acetate</td>
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<td>NORLYDA</td>
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<td>OPCICON ONE-STEP</td>
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<tr>
<td>progesterone, micronized</td>
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</tbody>
</table>

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PA - Prior Authorization, QL - Quantity Limits, ST - Step Therapy, LA - Limited Access
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<td><strong>SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS</strong></td>
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<td><em>clomiphene citrate</em></td>
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<td>DUAVEE</td>
<td>Brand</td>
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<tr>
<td><em>raloxifene hcl</em></td>
<td>Generic</td>
<td>C (ACA ELIGIBLE - FOR FEMALE AT HIGH RISK FOR BREAST CANCER)</td>
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<td><strong>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)</strong></td>
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<td><em>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)</em></td>
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</tr>
<tr>
<td><em>liothyronine sodium (5 mcg tablet, 25 mcg tablet, 50 mcg tablet)</em></td>
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<tr>
<td><em>niva thyroid</em></td>
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<td><em>np thyroid</em></td>
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<td><em>thyroid,pork</em></td>
<td>Generic</td>
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<tr>
<td>LYSODREN</td>
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<td>PA, LA, S (Specialty Drug)</td>
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<td><strong>HORMONAL AGENTS, SUPPRESSANT (PITUITARY)</strong></td>
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<td><em>cabergoline</em></td>
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</tbody>
</table>

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LAST UPDATE 11/2023
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<th>Requirements/Limits</th>
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<td>PA</td>
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<td>leuprolide acetate 1 mg/0.2ml kit</td>
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<td>PA</td>
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<td>Specialty</td>
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<td>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)</td>
<td>Specialty</td>
<td>S (Specialty Drug)</td>
</tr>
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<td>ORGOVYX</td>
<td>Specialty</td>
<td>PA, LA, S (Specialty Drug)</td>
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<td>ORILISSA 150 MG TABLET</td>
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<td>PA, QL (1 PER DAY)</td>
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<td>ORILISSA 200 MG TABLET</td>
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<td>PA, QL (2 PER DAY)</td>
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<tr>
<td>SYNAREL</td>
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<td>PA, S (Specialty Drug)</td>
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</tbody>
</table>

**HORMONAL AGENTS, SUPPRESSANT (THYROID)**

**ANTITHYROID AGENTS**

- *methimazole*  
  Generic

- *propylthiouracil*  
  Generic

**IMMUNOLOGICAL AGENTS**

**ANGIOEDEMA AGENTS**

- BERINERT  
  Specialty  
  PA, LA, QL (2 PER 30 DAYS), S (Specialty Drug)

- HAEGARDA  
  Specialty  
  PA, LA, S (Specialty Drug)

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

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PA - Prior Authorization, QL - Quantity Limits, ST - Step Therapy, LA- Limited Access*
# 2023 PROVIDENCE FORMULARY D

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

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

## IMMUNOGLOBULINS

<table>
<thead>
<tr>
<th>Drug Name</th>
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<th>Requirements/Limits</th>
</tr>
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<tbody>
<tr>
<td>CUTAQUIG</td>
<td>Specialty</td>
<td>PA, S (Specialty Drug)</td>
</tr>
<tr>
<td>GAMMAKED</td>
<td>Specialty</td>
<td>PA, S (Specialty Drug)</td>
</tr>
<tr>
<td>GAMUNEX-C</td>
<td>Specialty</td>
<td>PA, LA, S (Specialty Drug)</td>
</tr>
<tr>
<td>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)</td>
<td>Specialty</td>
<td>PA, LA, S (Specialty Drug)</td>
</tr>
<tr>
<td>HYQVIA</td>
<td>Specialty</td>
<td>PA, LA, S (Specialty Drug)</td>
</tr>
<tr>
<td>XEMBIFY</td>
<td>Specialty</td>
<td>PA, LA, S (Specialty Drug)</td>
</tr>
</tbody>
</table>

## IMMUNOLOGICAL AGENTS, OTHER

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Status*</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACTEMRA 162 MG/0.9 ML SYRINGE</td>
<td>Specialty</td>
<td>PA, LA, QL (3.6 ML PER 28 DAYS), S (Specialty Drug)</td>
</tr>
<tr>
<td>ACTEMRA ACTPEN</td>
<td>Specialty</td>
<td>PA, LA, QL (3.6 ML PER 28 DAYS), S (Specialty Drug)</td>
</tr>
<tr>
<td>BENLYSTA (200 MG/ML SYRINGE, 200 MG/ML AUTOINJECT)</td>
<td>Specialty</td>
<td>PA, LA, QL (4 ML PER 28 DAYS), S (Specialty Drug)</td>
</tr>
<tr>
<td>COSENTYX (2 SYRINGES)</td>
<td>Specialty</td>
<td>PA, LA, QL (4 ML PER 56 DAYS), S (Specialty Drug)</td>
</tr>
<tr>
<td>COSENTYX SENSOREADY (2 PENS)</td>
<td>Specialty</td>
<td>PA, LA, QL (2 ML PER 28 DAYS), S (Specialty Drug)</td>
</tr>
<tr>
<td>COSENTYX SENSOREADY PEN</td>
<td>Specialty</td>
<td>PA, LA, QL (2 ML PER 28 DAYS), S (Specialty Drug)</td>
</tr>
<tr>
<td>COSENTYX SYRINGE</td>
<td>Specialty</td>
<td>PA, LA, QL (2 ML PER 28 DAYS), S (Specialty Drug)</td>
</tr>
</tbody>
</table>

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# 2023 PROVIDENCE FORMULARY D

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

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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>SOTYKTU</td>
<td>Specialty</td>
<td>PA, QL (1 PER DAY), S (Specialty Drug)</td>
</tr>
<tr>
<td>STELARA 90 MG/ML SYRINGE</td>
<td>Specialty</td>
<td>PA, QL (1 ML PER 84 DAYS), S (Specialty Drug)</td>
</tr>
<tr>
<td>STELARA (45 MG/0.5 ML VIAL, 45 MG/0.5 ML SYRINGE)</td>
<td>Specialty</td>
<td>PA, QL (0.5 ML PER 84 DAYS), S (Specialty Drug)</td>
</tr>
<tr>
<td>TALTZ AUTOINJECTOR</td>
<td>Specialty</td>
<td>PA, LA, QL (1 ML PER 28 DAYS), S (Specialty Drug)</td>
</tr>
<tr>
<td>TALTZ AUTOINJECTOR (2 PACK)</td>
<td>Specialty</td>
<td>PA, LA, QL (1 ML PER 28 DAYS), S (Specialty Drug)</td>
</tr>
<tr>
<td>TALTZ AUTOINJECTOR (3 PACK)</td>
<td>Specialty</td>
<td>PA, LA, QL (1 ML PER 28 DAYS), S (Specialty Drug)</td>
</tr>
<tr>
<td>TALTZ SYRINGE</td>
<td>Specialty</td>
<td>PA, LA, QL (1 ML PER 28 DAYS), S (Specialty Drug)</td>
</tr>
<tr>
<td>TREMFYA (100 MG/ML INJECTOR, 100 MG/ML SYRINGE)</td>
<td>Specialty</td>
<td>PA, QL (1 ML PER 56 DAYS), S (Specialty Drug)</td>
</tr>
<tr>
<td>XELJANZ 1 MG/ML SOLUTION</td>
<td>Specialty</td>
<td>PA, QL (10 ML PER DAY), S (Specialty Drug)</td>
</tr>
<tr>
<td>XELJANZ (5 MG TABLET, 10 MG TABLET)</td>
<td>Specialty</td>
<td>PA, QL (2 PER 1 DAY), S (Specialty Drug)</td>
</tr>
<tr>
<td>XELJANZ XR</td>
<td>Specialty</td>
<td>PA, QL (1 PER 1 DAY), S (Specialty Drug)</td>
</tr>
<tr>
<td>XOLAIR (75 MG/0.5 ML SYRINGE, 150 MG/ML SYRINGE)</td>
<td>Specialty</td>
<td>PA, LA, S (Specialty Drug)</td>
</tr>
</tbody>
</table>

**Immunostimulants**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Status*</th>
<th>Requirements/Limits</th>
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</thead>
<tbody>
<tr>
<td>ACTIMMUNE</td>
<td>Specialty</td>
<td>PA, LA, S (Specialty Drug)</td>
</tr>
<tr>
<td>INTRON A 10 MILLION UNITS VIAL</td>
<td>Specialty</td>
<td>LA, S (Specialty Drug)</td>
</tr>
<tr>
<td>PEGASYS (180 MCG/ML VIAL, 180 MCG/0.5 ML SYRINGE)</td>
<td>Specialty</td>
<td>PA, S (Specialty Drug)</td>
</tr>
</tbody>
</table>

**Immunosuppressants**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Status*</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMJEVITA(CF) 10MG/0.2ML SYRING</td>
<td>Specialty</td>
<td>PA, QL (0.4 ML PER 28 DAYS), C (Amgen Preferred (Manufacturer NDC 55513); biosimilar to HUMIRA), S (Specialty Drug)</td>
</tr>
</tbody>
</table>

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

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<tr>
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<tbody>
<tr>
<td>HADLIMA</td>
<td>Specialty</td>
<td>PA, QL (1.6 ML PER 28 DAYS), S (Specialty Drug)</td>
</tr>
<tr>
<td>HADLIMA PUSHTOUCH</td>
<td>Specialty</td>
<td>PA, QL (1.6 ML PER 28 DAYS), S (Specialty Drug)</td>
</tr>
<tr>
<td>HADLIMA(CF)</td>
<td>Specialty</td>
<td>PA, QL (0.8 ML PER 28 DAYS), S (Specialty Drug)</td>
</tr>
<tr>
<td>HADLIMA(CF) PUSHTOUCH</td>
<td>Specialty</td>
<td>PA, QL (0.8 ML PER 28 DAYS), S (Specialty Drug)</td>
</tr>
<tr>
<td>HUMIRA</td>
<td>Specialty</td>
<td>PA, QL (2 PER 28 DAYS), S (Specialty Drug)</td>
</tr>
<tr>
<td>HUMIRA PEN</td>
<td>Specialty</td>
<td>PA, QL (2 PER 28 DAYS), S (Specialty Drug)</td>
</tr>
<tr>
<td>HUMIRA PEN CROHN'S-UC-HS</td>
<td>Specialty</td>
<td>PA, QL (6 PER 28 DAYS), S (Specialty Drug)</td>
</tr>
<tr>
<td>HUMIRA PEN PSOR-UVEITS-ADOL HS</td>
<td>Specialty</td>
<td>PA, QL (4 PER 28 DAYS), S (Specialty Drug)</td>
</tr>
<tr>
<td>HUMIRA(CF)</td>
<td>Specialty</td>
<td>PA, QL (2 PER 28 DAYS), S (Specialty Drug)</td>
</tr>
<tr>
<td>HUMIRA(CF) PEDI CROHN 80-40 MG</td>
<td>Specialty</td>
<td>PA, QL (2 PER 28 DAYS), S (Specialty Drug)</td>
</tr>
<tr>
<td>HUMIRA(CF) PEDI CROHN 80MG/0.8</td>
<td>Specialty</td>
<td>PA, QL (3 PER 28 DAYS), S (Specialty Drug)</td>
</tr>
<tr>
<td>HUMIRA(CF) PEN</td>
<td>Specialty</td>
<td>PA, QL (2 PER 28 DAYS), S (Specialty Drug)</td>
</tr>
<tr>
<td>HUMIRA(CF) PEN CROHN'S-UC-HS</td>
<td>Specialty</td>
<td>PA, QL (3 PER 28 DAYS), S (Specialty Drug)</td>
</tr>
<tr>
<td>HUMIRA(CF) PEN PEDIATRIC UC</td>
<td>Specialty</td>
<td>PA, QL (4 PER 28 DAYS), S (Specialty Drug)</td>
</tr>
<tr>
<td>HUMIRA(CF) PEN PSOR-UV-ADOL HS</td>
<td>Specialty</td>
<td>PA, QL (3 PER 28 DAYS), S (Specialty Drug)</td>
</tr>
</tbody>
</table>

leflunomide                        | Generic      |                                    |
| LUPKYNIS                          | Specialty    | PA, LA, S (Specialty Drug)          |

methotrexate sodium (2.5 mg tablet, 25 mg/ml vial) | Generic |                                    |

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### Drug Name

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

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

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LAST UPDATE 11/2023
## 2023 PROVIDENCE FORMULARY D

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<tr>
<th>Drug Name</th>
<th>Status*</th>
<th>Requirements/Limits</th>
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</thead>
<tbody>
<tr>
<td>HAVRIX 1,440 UNIT/ML SYRINGE</td>
<td>ACA Preventive</td>
<td>QLC (1 dose (1mL) per day; 2 doses (2mL) per lifetime.)</td>
</tr>
<tr>
<td>HAVRIX 720 UNIT/0.5 ML SYRINGE</td>
<td>ACA Preventive</td>
<td>QLC (1 dose (0.5mL) per day; 2 doses (1mL) per lifetime.)</td>
</tr>
<tr>
<td>HEPLISAV-B</td>
<td>ACA Preventive</td>
<td>QLC (1 dose (0.5mL) per day; 2 doses (1mL) per lifetime.)</td>
</tr>
<tr>
<td>HIBERIX</td>
<td>ACA Preventive</td>
<td>QLC (1 dose (1 vial) per day; 4 doses (4 vials) per lifetime)</td>
</tr>
<tr>
<td>INFANRIX DTAP</td>
<td>ACA Preventive</td>
<td>QLC (1 dose (0.5mL) per day; 5 doses (2.5mL) per lifetime.)</td>
</tr>
<tr>
<td>IPOL</td>
<td>ACA Preventive</td>
<td>QLC (1 dose (0.5mL) per day; 4 doses (2mL) per lifetime.)</td>
</tr>
<tr>
<td>KINRIX (TIP-LOK SYRINGE, VIAL)</td>
<td>ACA Preventive</td>
<td>QLC (1 dose (0.5mL) per day; 1 dose (0.5mL) per lifetime.)</td>
</tr>
<tr>
<td>M-M-R II VACCINE</td>
<td>ACA Preventive</td>
<td></td>
</tr>
<tr>
<td>MENACTRA</td>
<td>ACA Preventive</td>
<td>QLC (3 doses (1.5mL) per lifetime.)</td>
</tr>
<tr>
<td>MENQUADFI</td>
<td>ACA Preventive</td>
<td>QLC (1 dose (0.5mL) per day; 2 doses (1mL) per lifetime.)</td>
</tr>
<tr>
<td>PEDIArix</td>
<td>ACA Preventive</td>
<td>QLC (1 dose (0.5mL) per day; 3 doses (1.5mL) per lifetime.)</td>
</tr>
<tr>
<td>PEDVAXHIB</td>
<td>ACA Preventive</td>
<td>QLC (1 dose (1 vial) per day; 4 doses (4 vials) per lifetime)</td>
</tr>
<tr>
<td>PENTACEL</td>
<td>ACA Preventive</td>
<td>QLC (1 dose (1 kit) per day; 4 doses (4 kits) per lifetime.)</td>
</tr>
<tr>
<td>PENTACEL ACTHIB COMPONENT</td>
<td>ACA Preventive</td>
<td>QLC (1 dose (1 kit) per day; 4 doses (4 kits) per lifetime.)</td>
</tr>
<tr>
<td>PENTACEL DTAP-IPV COMPONENT</td>
<td>ACA Preventive</td>
<td>QLC (1 dose (0.5mL) per day; 4 doses (2mL) per lifetime.)</td>
</tr>
<tr>
<td>PNEUMOVAX 23 (23 SYRINGE, 23 VIAL)</td>
<td>ACA Preventive</td>
<td>QL (0.5 ML PER LIFETIME)</td>
</tr>
<tr>
<td>PREHEVBRI O</td>
<td>ACA Preventive</td>
<td>QLC (1 dose (1mL) per day; 3 doses (3mL) per lifetime)</td>
</tr>
</tbody>
</table>

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2023 PROVIDENCE FORMULARY D
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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Status*</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>PREVNAR 13</td>
<td>ACA Preventive</td>
<td>QL (0.5 ML PER 365 DAYS)</td>
</tr>
<tr>
<td>PREVNAR 20</td>
<td>ACA Preventive</td>
<td>QL (0.5 ML PER DAY)</td>
</tr>
<tr>
<td>PRIORIX</td>
<td>ACA Preventive</td>
<td></td>
</tr>
<tr>
<td>PROQUAD</td>
<td>ACA Preventive</td>
<td>QLC (1 dose (1 vial) per day; 2 doses (2 vials) per lifetime.)</td>
</tr>
<tr>
<td>QUADRACEL DTAP-IPV SYRINGE</td>
<td>ACA Preventive</td>
<td>QLC (0.5mL PER DAY; 2mL PER LIFETIME)</td>
</tr>
<tr>
<td>QUADRACEL DTAP-IPV VIAL</td>
<td>ACA Preventive</td>
<td>QLC (1 dose (0.5mL) per day; 2 doses (1mL) per lifetime.)</td>
</tr>
<tr>
<td>RECOMBIVAX HB (10 MCG/ML SYR, 40 MCG/ML VIAL)</td>
<td>ACA Preventive</td>
<td>QLC (1 dose (1mL) per day; 3 doses (3mL) per lifetime.)</td>
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<tr>
<td>RECOMBIVAX HB (5 MCG/0.5 ML SYR, 5 MCG/0.5 ML VL)</td>
<td>ACA Preventive</td>
<td>QLC (1 dose (0.5mL) per day; 3 doses (1.5mL) per lifetime.)</td>
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<tr>
<td>RECOMBIVAX HB 10 MCG/ML VIAL</td>
<td>ACA Preventive</td>
<td>QLC (1 dose (1mL) per day; 3 doses (3mL) per lifetime)</td>
</tr>
<tr>
<td>ROTARIX (ORAL SYRINGE, SUSPENSION)</td>
<td>ACA Preventive</td>
<td>QLC (1 dose (1mL) per day; 2 doses (2mL) per lifetime.)</td>
</tr>
<tr>
<td>ROTATEQ</td>
<td>ACA Preventive</td>
<td>QLC (1 dose (2mL) per day; 3 doses (6mL) per lifetime.)</td>
</tr>
<tr>
<td>SHINGRIX</td>
<td>ACA Preventive</td>
<td>C (FOR 50 YEARS OF AGE AND OLDER), QLC (1 dose (1 kit) per day; 2 doses (2 kits) per lifetime.)</td>
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<tr>
<td>TENIVAC (SYRINGE, VIAL)</td>
<td>ACA Preventive</td>
<td>QL (1 ML PER 10 YEARS)</td>
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<tr>
<td>TETANUS AND DIPHTHERIA TOXOIDS, ADULT</td>
<td>ACA Preventive</td>
<td>QL (1 ML PER 10 YEARS)</td>
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<tr>
<td>TETANUS,DIPHTHERIA TOXOID PED/PF</td>
<td>ACA Preventive</td>
<td>QLC (1 dose (0.5mL) per day; 5 doses (2.5mL) per lifetime)</td>
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<td>TRUMENBA</td>
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<td>QLC (1 dose (0.5mL) per day; 3 doses (1.5mL) per lifetime.)</td>
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<tr>
<td>TWINRIX</td>
<td>ACA Preventive</td>
<td>QLC (1 dose (1mL) per day; 5 doses (5mL) per lifetime.)</td>
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<tr>
<td>VAQTA (50 SYRINGE, 50 VIAL)</td>
<td>ACA Preventive</td>
<td>QLC (1 dose (1mL) per day; 2 doses (2mL) per lifetime.)</td>
</tr>
</tbody>
</table>

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### INFLAMMATORY BOWEL DISEASE AGENTS

#### AMINOSALICYLATES

- **balsalazide disodium**
  - Status: Generic
- **mesalamine**
  - Status: Generic

#### GLUCOCORTICOIDS

- **budesonide 3 mg capdr - er**
  - Status: Generic
- **budesonide 9 mg tabdr - er**
  - Status: Generic
- **hydrocortisone**
  - Status: Generic

#### METABOLIC BONE DISEASE AGENTS

- **alendronate sodium**
  - Status: Generic
- **calcitonin, salmon, synthetic 200/spray spray/pump**
  - Status: Generic

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### Drug Name

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

#### Diabetes Testing Supplies

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<tr>
<th>Item</th>
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<tbody>
<tr>
<td>ACCU CHEK (METERS &amp; TEST STRIPS)</td>
<td>Diabetic Supplies</td>
<td>QL (150 STRIPS PER 30 DAYS)</td>
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<tr>
<td>LIFESCAN (METERS &amp; TEST STRIPS)</td>
<td>Diabetic Supplies</td>
<td>QL (150 STRIPS PER 30 DAYS)</td>
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<tr>
<td>NOVOFINE NEEDLES</td>
<td>Diabetic Supplies</td>
<td>QL</td>
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<tr>
<td>URINE TEST STRIPS</td>
<td>Diabetic Supplies</td>
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### MISCELLANEOUS THERAPEUTIC AGENTS

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<tr>
<th>Item</th>
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<tbody>
<tr>
<td>BLOOD-GLUCOSE METER,CONTINUOUS</td>
<td>Preferred Medical Supply</td>
<td>PA, QLC (1 KIT PER 365 DAYS)</td>
</tr>
<tr>
<td>BLOOD-GLUCOSE SENSOR</td>
<td>Preferred Medical Supply</td>
<td>PA, QLC (1 PACK PER 30 DAYS)</td>
</tr>
</tbody>
</table>

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

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

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<tr>
<th>Drug Name</th>
<th>Status*</th>
<th>Requirements/Limits</th>
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</thead>
<tbody>
<tr>
<td>sulfacetamide sodium/prednisolone sodium phosphate</td>
<td>Generic</td>
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</tr>
<tr>
<td>TOBRADEX EYE OINTMENT</td>
<td>Brand</td>
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</tr>
<tr>
<td>TOBRADEX ST</td>
<td>Brand</td>
<td></td>
</tr>
<tr>
<td>tobramycin/dexamethasone</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>tropicamide</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>XIIDRA</td>
<td>Brand</td>
<td>QL (2 PER 1 DAY)</td>
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<tr>
<td>ZYLET</td>
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### OPHTHALMIC ANTI-ALLERGY AGENTS

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<tbody>
<tr>
<td>ALOCRIL</td>
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<tr>
<td>ALOMIDE</td>
<td>Brand</td>
<td></td>
</tr>
<tr>
<td>azelastine hcl 0.05 % drops</td>
<td>Generic</td>
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</tr>
<tr>
<td>bepotastine besilate</td>
<td>Generic</td>
<td>PA</td>
</tr>
<tr>
<td>cromolyn sodium 4 % drops</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>epinastine hcl</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>olopatadine hcl 0.1 % drops</td>
<td>Generic</td>
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<tr>
<td>ZERVIATE</td>
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### OPHTHALMIC ANTI-INFECTIVES

<table>
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<tr>
<th>Drug Name</th>
<th>Status*</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>AZASITE</td>
<td>Brand</td>
<td></td>
</tr>
<tr>
<td>bacitracin 500 unit/g oint. (g)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>BESIVANCE</td>
<td>Brand</td>
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</tr>
<tr>
<td>erythromycin base 5 mg/gram oint. (g)</td>
<td>Generic</td>
<td>QL (7 GM PER 30 DAYS)</td>
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<tr>
<td>gatifloxacin</td>
<td>Generic</td>
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<tr>
<td>gentak</td>
<td>Generic</td>
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</tr>
<tr>
<td>gentamicin sulfate 0.3 % drops</td>
<td>Generic</td>
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</tr>
<tr>
<td>levofloxacin (0.5 % drops, 1.5 % drops)</td>
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<tr>
<td>moxifloxacin hcl 0.5 % drops</td>
<td>Generic</td>
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</tbody>
</table>

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<table>
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<tr>
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<tbody>
<tr>
<td>NATACYN</td>
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<tr>
<td>ofloxacin 0.3 % drops</td>
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</tr>
<tr>
<td>polymyxin b sulfate/trimethoprim</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>sulfacetamide sodium (10 % drops, 10 % oint. (g))</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>tobramycin 0.3 % drops</td>
<td>Generic</td>
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<tr>
<td>TOBREX 0.3% EYE OINTMENT</td>
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<td>trifluridine</td>
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**OPHTHALMIC ANTI-INFLAMMATORIES**

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

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Status*</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>prednisolone acetate</strong></td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td><strong>prednisolone sodium phosphate 1 % drops</strong></td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td><strong>PROLENSA</strong></td>
<td>Brand</td>
<td></td>
</tr>
</tbody>
</table>

**OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Status*</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>betaxolol hcl 0.5 % drops</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td><strong>BETIMOL</strong></td>
<td>Brand</td>
<td></td>
</tr>
<tr>
<td><strong>BETOPTIC S</strong></td>
<td>Brand</td>
<td></td>
</tr>
<tr>
<td><strong>carteolol hcl</strong></td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>levobunolol hcl</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>timolol maleate (0.25 % drops, 0.25 % sol-gel, 0.5 % sol-gel, 0.5 % drops, 0.5 % drop daily)</td>
<td>Generic</td>
<td></td>
</tr>
</tbody>
</table>

**OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Status*</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>apraclonidine hcl</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>brimonidine tartrate (0.1 % drops, 0.15 % drops, 0.2 % drops)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td><strong>brinzolamide</strong></td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>dorzolamide hcl</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>methazolamide</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>pilocarpine hcl (1 % drops, 2 % drops, 4 % drops)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td><strong>RHOPRESSA</strong></td>
<td>Brand</td>
<td>ST, QL (2.5 ML PER 25 DAYS)</td>
</tr>
<tr>
<td><strong>SIMBRINZA</strong></td>
<td>Brand</td>
<td></td>
</tr>
</tbody>
</table>

**OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Status*</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>bimatoprost 0.03 % drops</td>
<td>Generic</td>
<td>ST, QL (2.5 ML PER 25 DAYS)</td>
</tr>
<tr>
<td>latanoprost</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td><strong>LUMIGAN</strong></td>
<td>Brand</td>
<td>ST, QL (2.5 ML PER 25 DAYS)</td>
</tr>
<tr>
<td>tafloprost/pf</td>
<td>Generic</td>
<td>ST, QL (1 PER DAY)</td>
</tr>
</tbody>
</table>

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## 2023 PROVIDENCE FORMULARY D

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

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Status*</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>travoprost</strong></td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td><strong>VYZULTA</strong></td>
<td>Brand</td>
<td>ST, QL (2.5 ML PER 25 DAYS)</td>
</tr>
<tr>
<td><strong>XELPROS</strong></td>
<td>Brand</td>
<td></td>
</tr>
</tbody>
</table>

### Ophthalmic Agents, Other

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Status*</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>UPNEEQ</strong></td>
<td>Brand</td>
<td>PA, QL (2 PER DAY)</td>
</tr>
</tbody>
</table>

### OTIC AGENTS

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Status*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>acetic acid 2 % solution</strong></td>
<td>Generic</td>
</tr>
<tr>
<td><strong>CIPRO HC</strong></td>
<td>Brand</td>
</tr>
<tr>
<td><strong>ciprofloxacin hcl 0.2 % droperette</strong></td>
<td>Generic</td>
</tr>
<tr>
<td><strong>ciprofloxacin hcl/dexamethasone</strong></td>
<td>Generic</td>
</tr>
<tr>
<td><strong>CORTISPORIN-TC</strong></td>
<td>Brand</td>
</tr>
<tr>
<td><strong>flac otic oil</strong></td>
<td>Generic</td>
</tr>
<tr>
<td><strong>fluocinolone acetonide oil</strong></td>
<td>Generic</td>
</tr>
<tr>
<td><strong>hydrocortisone/acetic acid</strong></td>
<td>Generic</td>
</tr>
<tr>
<td><strong>neomycin sulfate/polymyxin b sulfate/hydrocortisone (3.5-10k-1 drops susp, 3.5-10k-1 solution)</strong></td>
<td>Generic</td>
</tr>
</tbody>
</table>

### RESPIRATORY TRACT/PULMONARY AGENTS

#### ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Status*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ALVESCO</strong></td>
<td>Brand</td>
</tr>
<tr>
<td><strong>ARNUITY ELLIPTA</strong></td>
<td>Brand</td>
</tr>
<tr>
<td><strong>ASMANEX</strong></td>
<td>Brand</td>
</tr>
<tr>
<td><strong>ASMANEX HFA</strong></td>
<td>Brand</td>
</tr>
<tr>
<td><strong>budesonide (0.25mg/2ml ampul-neb, 0.5 mg/2ml ampul-neb, 1 mg/2 ml ampul-neb)</strong></td>
<td>Generic</td>
</tr>
<tr>
<td><strong>FLOVENT DISKUS</strong></td>
<td>Value</td>
</tr>
</tbody>
</table>

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# 2023 PROVIDENCE FORMULARY D

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

**ANTIHISTAMINES**

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

**ANTILEUKOTRIENES**

- montelukast sodium (4 mg gran pack, 4 mg tab chew, 5 mg tab chew, 10 mg tablet) | Generic |
- zafirlukast | Generic |

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<thead>
<tr>
<th>Drug Name</th>
<th>Status*</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>zileuton</td>
<td>Generic</td>
<td>ST</td>
</tr>
</tbody>
</table>

## BRONCHODILATORS, ANTICHOLINERGIC

- **ATROVENT HFA**
  - Brand

- **INCRUSE ELLIPTA**
  - Brand

- **ipratropium bromide (0.2 mg/ml solution, 21 mcg spray, 42 mcg spray)**
  - Generic

- **SPIRIVA HANDIHALER**
  - Brand

- **SPIRIVA RESPIMAT**
  - Brand

## BRONCHODILATORS, SYMPATHOMIMETIC

### ALBUTEROL SULFATE 90 MCG HFA AER
- **AD**
  - Value
  - **QLC (2 INHALERS PER 30 DAYS)**

### **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)
  - Generic

- **arformoterol tartrate**
  - Generic
  - **QL (4 ML PER DAY)**

### **AUVI-Q 0.1 MG AUTO-INJECTOR**
  - Brand
  - **LA, QL (0 TO 17 YRS OLD; 6 PER 365 DAYS), QL (18 TO 101 YRS OLD; 4 PER 365 DAYS)**

### **epinephrine (0.15mg/0.3 auto injct, 0.3mg/0.3 auto injct)**
  - Generic
  - **QL (0 TO 17 YRS OLD; 6 PER 365 DAYS), QL (18 TO 101 YRS OLD; 4 PER 365 DAYS)**

### **EPIPEN 2-PAK**
  - Brand
  - **QL (0 TO 17 YRS OLD; 6 PER 365 DAYS), QL (18 TO 101 YRS OLD; 4 PER 365 DAYS)**

### **formoterol fumarate**
  - Generic

### **levalbuterol hcl (0.31mg/3ml vial-neb, 0.63mg/3ml vial-neb, 1.25mg/0.5 vial-neb, 1.25mg/3ml vial-neb)**
  - Generic

- **levalbuterol tartrate**
  - Generic

- **PROAIR RESPICLICK**
  - Value
  - **QL (2 PER 30 DAYS)**

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# 2023 PROVIDENCE FORMULARY D

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Status*</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>SEREVENT DISKUS</td>
<td>Brand</td>
<td></td>
</tr>
<tr>
<td>SYMJEPI</td>
<td>Brand</td>
<td>QL (0 TO 17 YRS OLD; 6 PER 365 DAYS), QL (18 TO 101 YRS OLD; 4 PER 365 DAYS)</td>
</tr>
<tr>
<td>terbutaline sulfate (2.5 mg tablet, 5 mg tablet)</td>
<td>Generic</td>
<td></td>
</tr>
</tbody>
</table>

## CYSTIC FIBROSIS AGENTS

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Status*</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAYSTON</td>
<td>Specialty</td>
<td>LA, S (Specialty Drug)</td>
</tr>
<tr>
<td>KALYDECO (25 MG GRANULES PACKET, 50 MG GRANULES PACKET, 75 MG GRANULES PACKET, 150 MG TABLET)</td>
<td>Specialty</td>
<td>PA, LA, QL (2 PER 1 DAY), S (Specialty Drug)</td>
</tr>
<tr>
<td>KALYDECO (5.8 MG GRANULES PKT, 13.4 MG GRANULES PKT)</td>
<td>Specialty</td>
<td>PA, LA, QL (2 PER DAY), S (Specialty Drug)</td>
</tr>
<tr>
<td>ORKAMBI (100-125 MG GRANULE PKT, 150-188 MG GRANULE PKT)</td>
<td>Specialty</td>
<td>PA, LA, QL (2 PER 1 DAY), S (Specialty Drug)</td>
</tr>
<tr>
<td>ORKAMBI 75-94 MG GRANULE PKT</td>
<td>Specialty</td>
<td>PA, LA, QL (2 PER DAY), S (Specialty Drug)</td>
</tr>
<tr>
<td>ORKAMBI (100 MG-125 MG TABLET, 200 MG-125 MG TABLET)</td>
<td>Specialty</td>
<td>PA, LA, QL (4 PER 1 DAY), S (Specialty Drug)</td>
</tr>
<tr>
<td>PULMOZYMExE</td>
<td>Specialty</td>
<td>S (Specialty Drug)</td>
</tr>
<tr>
<td>SYMDEKO</td>
<td>Specialty</td>
<td>PA, LA, QL (2 PER 1 DAY), S (Specialty Drug)</td>
</tr>
<tr>
<td>TOBRAMYCIN IN 0.225 % SODIUM CHLORIDE</td>
<td>Specialty</td>
<td>S (Specialty Drug)</td>
</tr>
<tr>
<td>TRIKAFTA (80-40-60MG/59.5MG PKT, 100-50-75 MG/75MG PKT)</td>
<td>Specialty</td>
<td>PA, LA, QL (2 PER DAY), S (Specialty Drug)</td>
</tr>
<tr>
<td>TRIKAFTA (50-25-37.5 MG/75 MG, 100-50-75 MG/150 MG)</td>
<td>Specialty</td>
<td>PA, LA, QL (3 PER DAY), S (Specialty Drug)</td>
</tr>
</tbody>
</table>

## MAST CELL STABILIZERS

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Status*</th>
</tr>
</thead>
<tbody>
<tr>
<td>cromolyn sodium 20 mg/2 ml ampul-neb</td>
<td>Generic</td>
</tr>
</tbody>
</table>

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## 2023 PROVIDENCE FORMULATORY D

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

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LAST UPDATE 11/2023
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Status*</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>RESPIRATORY TRACT AGENTS, OTHER</td>
<td></td>
<td></td>
</tr>
<tr>
<td>acetylcysteine (100 mg/ml vial, 200 mg/ml vial)</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>advair diskus</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>ADAIR HFA</td>
<td>Brand</td>
<td></td>
</tr>
<tr>
<td>ANORO ELLIPTA</td>
<td>Brand</td>
<td></td>
</tr>
<tr>
<td>benzonatate</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>BREO ELLIPTA</td>
<td>Brand</td>
<td></td>
</tr>
<tr>
<td>COMBIVENT RESPIMAT</td>
<td>Brand</td>
<td>QL (8 GM PER 30 DAYS)</td>
</tr>
<tr>
<td>FASENRA PEN</td>
<td>Specialty</td>
<td>PA, LA, QL (1 ML PER 56 DAYS), S (Specialty Drug)</td>
</tr>
<tr>
<td>fluticasone propionate/salmeterol xinafoate (55-14 mcg aer pow ba, 113-14 mcg aer pow ba, 232-14 mcg aer pow ba)</td>
<td>Generic</td>
<td>QL (1 PER 30 DAYS)</td>
</tr>
<tr>
<td>GRASTEK</td>
<td>Brand</td>
<td></td>
</tr>
<tr>
<td>hydrocodone bit/homatrop me-br 5-1.5 mg/5 syrup</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>hydromet</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>hyper-sal 3.5% vial</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>hyper-sal 7% vial</td>
<td>Generic</td>
<td>QL (240 ML PER 30 DAYS)</td>
</tr>
<tr>
<td>ipratropium bromide/albuterol sulfate</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>nebusal</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>NUCALA 40 MG/0.4 ML SYRINGE</td>
<td>Specialty</td>
<td>PA, LA, QL (0.4 ML PER 28 DAYS), S (Specialty Drug)</td>
</tr>
<tr>
<td>NUCALA (100 MG/ML POWDER VIAL, 100 MG/ML AUTO-INJECTOR, 100 MG/ML SYRINGE)</td>
<td>Specialty</td>
<td>PA, LA, QL (1 PER 28 DAYS), S (Specialty Drug)</td>
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<td>ODACTRA</td>
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<tr>
<td>ORALAIR</td>
<td>Brand</td>
<td>LA</td>
</tr>
<tr>
<td>phenylephrine hcl/promethazine hcl</td>
<td>Generic</td>
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*Specialty medications are only available through the Providence specialty network. See introduction. PA - Prior Authorization, QL - Quantity Limits, ST - Step Therapy, LA- Limited Access
## Drug Name

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<tr>
<th>Drug Name</th>
<th>Status*</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>promethazine hcl/codeine</td>
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<td>PA</td>
</tr>
<tr>
<td>promethazine hcl/dextromethorphan hbr</td>
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<tr>
<td>promethazine/phenylephrine hcl/codeine</td>
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<td>PA</td>
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<td>pulmosal</td>
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<td>QL (240 ML PER 30 DAYS)</td>
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<td>RAGWITEK</td>
<td>Brand</td>
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<tr>
<td>sodium chloride for inhalation (0.9 % vial-neb, 3 % vial-neb)</td>
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<tr>
<td>sodium chloride for inhalation 7 % vial-neb</td>
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<tr>
<td>SYMBICORT</td>
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<td>carisoprodol</td>
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<td>carisoprodol/aspirin</td>
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<tr>
<td>carisoprodol/aspirin/codeine phosphate</td>
<td>Generic</td>
<td>PA, QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)</td>
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<tr>
<td>chlorzoxazone (250 mg tablet, 500 mg tablet)</td>
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<tr>
<td>cyclobenzaprin hcl (5 mg tablet, 7.5 mg tablet, 10 mg tablet)</td>
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<tr>
<td>metaxalone</td>
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<tr>
<td>methocarbamol (500 mg tablet, 750 mg tablet)</td>
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<td>orphenadrine citrate 100 mg tablet er</td>
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<tr>
<td>vanadom</td>
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*Specialty medications are only available through the Providence specialty network. See introduction.
PA - Prior Authorization, QL - Quantity Limits, ST - Step Therapy, LA- Limited Access
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[To help find a drug see the back of the document for an alphabetical listing]

## SLEEP DISORDER AGENTS

### SLEEP PROMOTING AGENTS

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<td>eszopiclone (2 mg tablet, 3 mg tablet)</td>
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<td>flurazepam hcl</td>
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<td>HETLIOZ LQ</td>
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<td>ramelteon</td>
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<tr>
<td>TASIMELTEON</td>
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<td>temazepam</td>
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<td>triazolam</td>
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<tr>
<td>zaleplon</td>
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## WAKEFULNESS PROMOTING AGENTS

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<td>PA, LA, QL (540 ML PER 30 DAYS), S (Specialty Drug)</td>
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*Specialty medications are only available through the Providence specialty network. See introduction.

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