

Administered by



Providence
Health Plan

2023 Prescription Drug 5-Tier Formulary

Last Updated:

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

The Providence formulary

What is a formulary?

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

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

How do I find drugs on the formulary?

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

There are two ways to search this formulary document:

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

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

What if my drug is not on the formulary?

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

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

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

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

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

The first column of the chart lists the “Drug Name”

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

The second column of the chart lists the “Drug Status”

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

The third column of the chart lists the “Requirements/Limits”

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

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

Formulary updates

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

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

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

Know more, Save more

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

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

Tips for maximizing your benefit

Get a 90-day Supply of your Maintenance Drugs

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

Use Preferred or Mail-Order Pharmacies

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

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

Try Generic Alternatives

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

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

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

Additional Information About Your Formulary

Drug Tiers

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

Tier Name	Definition
ACA Preventive	Covered in full, zero cost share
Preferred Generic	Generic drugs with high value
Non-Preferred Generic	All other generic drugs
Preferred Brand	High-value brand-name drugs
Non-Preferred Brand	All other non-specialty brand-name drugs
Specialty	Specialty drugs (brand-name and generic)

Refer to your benefit summary for additional details.

Restrictions/Limitations

The following abbreviations may be found within the formulary list:

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

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

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

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

- For example, sumatriptan tablets (used for migraine headaches) are limited to nine (9) tablets every 30 days. This is because using too much of this drug can actually cause more frequent and more severe headaches.

Step therapy is a form of prior authorization. Its purpose is to confirm if drugs generally considered "first-line" therapy based on clinical evidence have already been tried.

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

ACA Preventive Drugs

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

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

Safe Harbor Preventive Drugs

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

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

For More Information

Learn more about your prescription drug coverage by reviewing the pharmacy resource site at: <https://www.providencehealthplan.com/members/pharmacy-resources>

2023 PROVIDENCE FORMULARY B: HARRISON

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

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

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

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Drug Name	Status*	Requirements/Limits
<i>ketorolac tromethamine 10 mg tablet</i>	Non-Preferred Generic	
<i>ketorolac tromethamine (60 mg/2 ml vial, 60 mg/2 ml syringe)</i>	Non-Preferred Generic	PA, QL (10 ML PER 28 DAYS)
<i>meclofenamate sodium</i>	Non-Preferred Generic	
<i>mefenamic acid</i>	Non-Preferred Generic	
<i>meloxicam (7.5 mg tablet, 7.5 mg/5ml oral susp, 15 mg tablet)</i>	Preferred Generic	
<i>nabumetone</i>	Non-Preferred Generic	
<i>naproxen (250 mg tablet, 375 mg tablet, 500 mg tablet)</i>	Preferred Generic	
<i>naproxen (125 mg/5ml oral susp, 375 mg tablet dr, 500 mg tablet dr)</i>	Non-Preferred Generic	
<i>naproxen sodium (275 mg tablet, 550 mg tablet)</i>	Non-Preferred Generic	
<i>oxaprozin</i>	Non-Preferred Generic	
<i>piroxicam</i>	Non-Preferred Generic	
<i>sulindac</i>	Non-Preferred Generic	
TOLMETIN SODIUM 600 MG TABLET	Non-Preferred Brand	

OPIOID ANALGESICS, LONG-ACTING

<i>buprenorphine</i>	Non-Preferred Generic	PA, QL (4 PER 28 DAYS), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
<i>fentanyl (12 mcg/hr patch td72, 25 mcg/hr patch td72, 50mcg/hr patch td72, 75mcg/hr patch td72, 100 mcg/hr patch td72)</i>	Non-Preferred Generic	PA, QL (15 PER 30 DAYS), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)

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Drug Name	Status*	Requirements/Limits
<i>hydrocodone bitartrate (10 mg cap er 12h, 15 mg cap er 12h, 20 mg cap er 12h, 30 mg cap er 12h, 40 mg cap er 12h, 50 mg cap er 12h)</i>	Non-Preferred Generic	PA, QL (2 PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
<i>hydromorphone hcl (8 mg tab er 24h, 12 mg tab er 24h, 16 mg tab er 24h, 32 mg tab er 24h)</i>	Non-Preferred Generic	PA, QL (1 PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
<i>methadone hcl 10 mg/ml oral conc</i>	Non-Preferred Generic	QL (4 ML PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
<i>methadone hcl 10 mg/5 ml solution</i>	Non-Preferred Generic	QL (20 ML PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
<i>methadone hcl 5 mg/5 ml solution</i>	Non-Preferred Generic	QL (40 ML PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
<i>methadone hcl (5 mg tablet, 10 mg tablet, 40 mg tablet sol)</i>	Non-Preferred Generic	PA, QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
<i>methadone intensol</i>	Non-Preferred Generic	QL (4 ML PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
<i>methadose 40 mg tablet dispr</i>	Non-Preferred Generic	PA, QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
<i>morphine sulfate (15 mg tablet er, 30 mg tablet er, 60 mg tablet er, 100 mg tablet er, 200 mg tablet er)</i>	Non-Preferred Generic	QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
NUCYNTA ER	Non-Preferred Brand	PA, QL (2 PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)

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

OPIOID ANALGESICS, SHORT-ACTING

<i>acetaminophen with codeine phosphate (120-12mg/5 solution, 300mg/12.5 solution, 300mg-30mg tablet, 300mg-60mg tablet, 300mg-15mg tablet)</i>	Non-Preferred Generic	PA, QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
<i>ascomp with codeine</i>	Non-Preferred Generic	PA, QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
<i>butalbit/acetamin/caff/codeine 50-325-30 capsule</i>	Non-Preferred Generic	PA, QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
<i>butorphanol tartrate 10 mg/ml spray</i>	Non-Preferred Generic	QL (5 ML PER 30 DAYS), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
<i>codeine phosphate/butalbital/aspirin/caffeine</i>	Non-Preferred Generic	PA, QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)

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Drug Name	Status*	Requirements/Limits
<i>codeine sulfate</i>	Non-Preferred Generic	PA, QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
<i>endocet (2.5-325 mg tablet, 5-325 mg tablet, 7.5-325 mg tablet)</i>	Non-Preferred Generic	QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
<i>endocet 10-325 mg tablet</i>	Non-Preferred Generic	QL (8 PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
<i>fentanyl citrate (200 mcg lozenge hd, 400 mcg lozenge hd, 600 mcg lozenge hd, 800 mcg lozenge hd, 1200 mcg lozenge hd, 1600 mcg lozenge hd)</i>	Non-Preferred Generic	PA, QL (4 PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
<i>hydrocodone bitartrate/acetaminophen (2.5-108/5 solution, 5 mg-325mg tablet, 5-217mg/10 solution, 7.5-325/15 solution, 7.5-325 mg tablet, 10mg-325mg tablet)</i>	Non-Preferred Generic	QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
<i>hydrocodone/ibuprofen</i>	Non-Preferred Generic	QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
<i>hydromorphone hcl (1 mg/ml liquid, 3 mg supp.rect, 4 mg tablet, 8 mg tablet)</i>	Non-Preferred Generic	QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
<i>hydromorphone hcl 2 mg tablet</i>	Non-Preferred Generic	QL (10 PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
<i>morphine sulfate (5 mg supp.rect, 10 mg supp.rect, 15 mg tablet, 20 mg supp.rect, 30 mg tablet, 30 mg supp.rect, 100 mg/5ml solution)</i>	Non-Preferred Generic	QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
<i>morphine sulfate 10 mg/5 ml solution</i>	Non-Preferred Generic	QL (60 ML PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
<i>morphine sulfate 20 mg/5 ml solution</i>	Non-Preferred Generic	QL (30 ML PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)

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Drug Name	Status*	Requirements/Limits
<i>oxycodone hcl 5 mg capsule</i>	Non-Preferred Generic	QL (10 PER DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
<i>oxycodone hcl (5 mg/5 ml solution, 5 mg tablet, 10 mg tablet, 15 mg tablet, 20 mg tablet, 30 mg tablet)</i>	Non-Preferred Generic	QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
<i>oxycodone hcl 100 mg/5 ml conc</i>	Non-Preferred Generic	QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
<i>oxycodone hcl/acetaminophen (2.5-325 mg tablet, 5 mg-325mg tablet, 7.5-325 mg tablet)</i>	Non-Preferred Generic	QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
<i>oxycodone hcl/acetaminophen 10mg-325mg tablet</i>	Non-Preferred Generic	QL (8 PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
<i>tramadol hcl 50 mg tablet</i>	Non-Preferred Generic	PA, QL (8 PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
<i>tramadol hcl/acetaminophen</i>	Non-Preferred Generic	PA, QL (10 PER DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)

ANESTHETICS

LOCAL ANESTHETICS

<i>dermacinrx lidocan</i>	Non-Preferred Generic	PA
<i>glydo</i>	Non-Preferred Generic	
<i>lidocaine 5 % adh. patch</i>	Non-Preferred Generic	PA
<i>lidocaine 5 % oint. (g)</i>	Non-Preferred Generic	

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Drug Name	Status*	Requirements/Limits
<i>lidocaine hcl (2 % jelly(ml), 2 % solution, 2 % jel/pf app, 4 % solution, 40 mg/ml solution)</i>	Non-Preferred Generic	
<i>lidocaine/prilocaine 2.5 %-2.5% cream (g)</i>	Non-Preferred Generic	
<i>midazolam hcl (2 mg/2 ml vial, 5 mg/ml(1) vial, 5 mg/ml vial, 5 mg/5 ml vial, 10 mg/2 ml vial, 10 mg/10ml vial, 150mg/30ml syringe)</i>	Non-Preferred Generic	
<i>midazolam hcl/pf (2 mg/2 ml vial, 2 mg/2 ml syringe, 5 mg/ml syringe, 5 mg/5 ml vial, 5 mg/ml(1) vial, 10 mg/2 ml vial, 10 mg/2 ml syringe)</i>	Non-Preferred Generic	

ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS

ALCOHOL DETERRENENTS/ANTI-CRAVING

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

OPIOID DEPENDENCE

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

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Drug Name	Status*	Requirements/Limits
LUCEMYRA	Non-Preferred Brand	ST, QL (224 PER 30 DAYS)
OPIOID REVERSAL AGENTS		
KLOXXADO	Non-Preferred Brand	
<i>naloxone hcl (0.4 mg/ml vial, 0.4 mg/ml cartridge, 1 mg/ml syringe, 4 mg spray)</i>	Non-Preferred Generic	
ZIMHI	Non-Preferred Brand	
SMOKING CESSATION AGENTS		
BUPROPION HCL 150 MG TAB ER 12H	ACA Preventive	
NICOTINE (GUM, LOZENGE, PATCH)	ACA Preventive	
NICOTROL	ACA Preventive	
NICOTROL NS	ACA Preventive	
VARENICLINE TARTRATE (0.5 (11)-1 TAB DS PK, 0.5 MG TABLET, 1 MG TABLET)	ACA Preventive	
ANTIBACTERIALS		
AMINOGLYCOSIDES		
<i>gentamicin sulfate (0.1 % oint. (g), 0.1 % cream (g))</i>	Non-Preferred Generic	
<i>neomycin sulfate</i>	Preferred Generic	
<i>paromomycin sulfate</i>	Non-Preferred Generic	
ANTIBACTERIALS, OTHER		
<i>clindacin etz 1% pledget</i>	Non-Preferred Generic	
<i>clindacin p</i>	Non-Preferred Generic	
<i>clindamycin hcl</i>	Preferred Generic	

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2023 PROVIDENCE FORMULARY B: HARRISON

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

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

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2023 PROVIDENCE FORMULARY B: HARRISON

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Drug Name	Status*	Requirements/Limits
<i>cefadroxil (1 g tablet, 250 mg/5ml susp recon, 500 mg capsule, 500 mg/5ml susp recon)</i>	Non-Preferred Generic	
<i>cefdinir (125 mg/5ml susp recon, 250 mg/5ml susp recon, 300 mg capsule)</i>	Non-Preferred Generic	
<i>cefixime (100 mg/5ml susp recon, 200 mg/5ml susp recon, 400 mg capsule)</i>	Non-Preferred Generic	
<i>cefpodoxime proxetil (50 mg/5 ml susp recon, 100 mg tablet, 100 mg/5ml susp recon, 200 mg tablet)</i>	Non-Preferred Generic	
<i>cefprozil (125 mg/5ml susp recon, 250 mg tablet, 250 mg/5ml susp recon, 500 mg tablet)</i>	Non-Preferred Generic	
<i>cefuroxime axetil</i>	Non-Preferred Generic	
<i>cephalexin 750 mg capsule</i>	Non-Preferred Generic	
<i>cephalexin (125 mg/5ml susp recon, 250 mg capsule, 250 mg/5ml susp recon, 500 mg capsule)</i>	Preferred Generic	

BETA-LACTAM, PENICILLINS

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

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2023 PROVIDENCE FORMULARY B: HARRISON

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Drug Name	Status*	Requirements/Limits
MOXATAG	Non-Preferred Brand	
<i>penicillin v potassium (125 mg/5ml soln recon, 250 mg/5ml soln recon)</i>	Non-Preferred Generic	
<i>penicillin v potassium (250 mg tablet, 500 mg tablet)</i>	Preferred Generic	
MACROLIDES		
<i>azithromycin (1 g packet, 100 mg/5ml susp recon, 200 mg/5ml susp recon)</i>	Non-Preferred Generic	
<i>azithromycin (250 mg tablet, 500 mg tablet, 600 mg tablet)</i>	Preferred Generic	
<i>clarithromycin (125 mg/5ml susp recon, 250 mg/5ml susp recon, 250 mg tablet, 500 mg tab er 24h, 500 mg tablet)</i>	Non-Preferred Generic	
DIFICID 40 MG/ML SUSPENSION	Non-Preferred Brand	QL (136 ML PER 30 DAYS)
DIFICID 200 MG TABLET	Non-Preferred Brand	QL (20 PER 30 DAYS)
QUINOLONES		
<i>ciprofloxacin hcl (0.3 % drops, 100 mg tablet, 250 mg tablet, 500 mg tablet, 750 mg tablet)</i>	Preferred Generic	
FACTIVE	Non-Preferred Brand	
<i>levofloxacin 250mg/10ml solution</i>	Non-Preferred Generic	
<i>levofloxacin (250 mg tablet, 500 mg tablet, 750 mg tablet)</i>	Preferred Generic	
<i>moxifloxacin hcl 400 mg tablet</i>	Non-Preferred Generic	
<i>ofloxacin (300 mg tablet, 400 mg tablet)</i>	Non-Preferred Generic	

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2023 PROVIDENCE FORMULARY B: HARRISON

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Drug Name	Status*	Requirements/Limits
SULFONAMIDES		
<i>sulfacetamide sodium 10 % suspension</i>	Non-Preferred Generic	
<i>sulfadiazine</i>	Non-Preferred Generic	
<i>sulfamethoxazole/trimethoprim (200-40mg/5 oral susp, 800-160/20 oral susp)</i>	Non-Preferred Generic	
<i>sulfamethoxazole/trimethoprim (400mg-80mg tablet, 800-160 mg tablet)</i>	Preferred Generic	
TETRACYCLINES		
<i>avidoxy</i>	Non-Preferred Generic	
<i>demeclocycline hcl</i>	Non-Preferred Generic	
<i>doxycycline hyclate (20 mg tablet, 50 mg capsule, 100 mg capsule, 100 mg tablet)</i>	Non-Preferred Generic	
<i>doxycycline monohydrate (25 mg/5 ml susp recon, 50 mg capsule, 50 mg tablet, 75 mg tablet, 100 mg tablet, 100 mg capsule, 150 mg tablet)</i>	Non-Preferred Generic	
<i>minocycline hcl (50 mg capsule, 75 mg capsule, 100 mg capsule)</i>	Non-Preferred Generic	
<i>mondoxyne nl 100 mg capsule</i>	Non-Preferred Generic	
<i>tetracycline hcl</i>	Non-Preferred Generic	
ANTICONVULSANTS		
ANTICONVULSANTS, OTHER		
BRIVIACT 10 MG/ML ORAL SOLN	Non-Preferred Brand	ST, QL (10 ML PER DAY)

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2023 PROVIDENCE FORMULARY B: HARRISON

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Drug Name	Status*	Requirements/Limits
BRIVIACT (25 MG TABLET, 50 MG TABLET)	Non-Preferred Brand	ST
BRIVIACT (75 MG TABLET, 100 MG TABLET)	Non-Preferred Brand	ST, QL (2 PER DAY)
BRIVIACT 10 MG TABLET	Non-Preferred Brand	ST, QL (4 PER DAY)
DIACOMIT (250 MG CAPSULE, 250 MG POWDER PACKET)	Specialty	PA, LA, QL (12 PER 1 DAY), S (Specialty Drug)
DIACOMIT (500 MG POWDER PACKET, 500 MG CAPSULE)	Specialty	PA, LA, QL (6 PER 1 DAY), S (Specialty Drug)
<i>divalproex sodium (125 mg cap dr spr, 250 mg tab er 24h, 500 mg tab er 24h)</i>	Non-Preferred Generic	
<i>divalproex sodium (125 mg tablet dr, 250 mg tablet dr, 500 mg tablet dr)</i>	Preferred Generic	
EPIDIOLEX	Specialty	PA, LA, S (Specialty Drug)
<i>felbamate (400 mg tablet, 600 mg tablet, 600 mg/5ml oral susp)</i>	Non-Preferred Generic	
FINTEPLA	Specialty	PA, LA, QL (12 ML PER DAY), S (Specialty Drug)
FYCOMPA 0.5 MG/ML ORAL SUSP	Non-Preferred Brand	ST, QL (24 ML PER DAY)
FYCOMPA (2 MG TABLET, 4 MG TABLET, 6 MG TABLET)	Non-Preferred Brand	ST
FYCOMPA (8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	Non-Preferred Brand	ST, QL (1 PER DAY)
LAMICTAL XR (BLUE)	Non-Preferred Brand	
LAMICTAL XR (GREEN)	Non-Preferred Brand	
LAMICTAL XR (ORANGE)	Non-Preferred Brand	
<i>lamotrigine (25 mg tab er 24, 50 mg tab er 24, 100 mg tab er 24, 200 mg tab er 24, 250 mg tab er 24, 300 mg tab er 24)</i>	Non-Preferred Generic	

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2023 PROVIDENCE FORMULARY B: HARRISON

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Drug Name	Status*	Requirements/Limits
<i>lamotrigine (5 mg tb chw dsp, 25 mg tablet, 25mg (35) tab ds pk, 25 mg tb chw dsp, 100 mg tablet, 150 mg tablet, 200 mg tablet)</i>	Preferred Generic	
<i>levetiracetam (100 mg/ml solution, 250 mg tablet, 500 mg tab er 24h, 500 mg/5ml solution, 500 mg tablet, 750 mg tab er 24h, 750 mg tablet, 1000 mg tablet)</i>	Non-Preferred Generic	
<i>roweepra</i>	Non-Preferred Generic	
<i>subvenite</i>	Preferred Generic	
<i>subvenite (blue)</i>	Preferred Generic	
<i>topiramate (25 mg cap spr 24, 50 mg cap spr 24, 100 mg cap spr 24, 150 mg cap spr 24, 200 mg cap spr 24)</i>	Non-Preferred Generic	PA
<i>topiramate (15 mg cap sprink, 25 mg cap sprink)</i>	Non-Preferred Generic	
<i>topiramate (25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)</i>	Preferred Generic	
<i>valproic acid</i>	Non-Preferred Generic	
<i>valproic acid (as sodium salt) (valproate sodium) (salt) 250 mg/5ml solution, salt) 500mg/10ml solution)</i>	Non-Preferred Generic	
XCOPRI (12.5-25 MG PK, 50-100 MG PAK, 150-200 MG PK)	Non-Preferred Brand	ST, QL (1 PER 365 DAYS)
XCOPRI (150 MG TABLET, 350 MG DAILY DOSE PACK)	Non-Preferred Brand	ST, QL (1 PER DAY)
XCOPRI (50 MG TABLET, 100 MG TABLET, 250 MG DAILY DOSE PACK)	Non-Preferred Brand	ST
XCOPRI 200 MG TABLET	Non-Preferred Brand	ST, QL (2 PER DAY)
ZTALMY	Specialty	PA, LA, QL (36 ML PER DAY), S (Specialty Drug)

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2023 PROVIDENCE FORMULARY B: HARRISON

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

Drug Name	Status*	Requirements/Limits
CALCIUM CHANNEL MODIFYING AGENTS		
<i>ethosuximide (250 mg/5ml solution, 250 mg capsule)</i>	Non-Preferred Generic	
<i>methsuximide</i>	Non-Preferred Generic	
GAMMA-AMINO BUTYRIC ACID (GABA) AUGMENTING AGENTS		
<i>clobazam (2.5 mg/ml oral susp, 10 mg tablet, 20 mg tablet)</i>	Non-Preferred Generic	
<i>diazepam (2.5 mg kit, 5-7.5-10mg kit, 12.5-15-20 kit)</i>	Non-Preferred Generic	
<i>gabapentin (100 mg capsule, 250 mg/5ml solution, 300 mg capsule, 400 mg capsule, 600 mg tablet, 800 mg tablet)</i>	Preferred Generic	
<i>phenobarbital (15 mg tablet, 16.2 mg tablet, 20 mg/5 ml elixir, 30 mg tablet, 32.4 mg tablet, 60 mg tablet, 64.8 mg tablet, 97.2mg tablet, 100 mg tablet)</i>	Non-Preferred Generic	
<i>primidone</i>	Non-Preferred Generic	
SYMPAZAN	Non-Preferred Brand	PA
<i>tiagabine hcl</i>	Non-Preferred Generic	
VALTOCO	Non-Preferred Brand	PA, QL (10 PER 30 DAYS)
VIGABATRIN (500 MG TABLET, 500 MG POWD PACK)	Specialty	PA, LA, S (Specialty Drug)
VIGADRONE (500 MG POWDER PACKET, 500 MG TABLET)	Specialty	PA, LA, S (Specialty Drug)
SODIUM CHANNEL AGENTS		
APTIOM (200 MG TABLET, 400 MG TABLET)	Non-Preferred Brand	ST
APTIOM (600 MG TABLET, 800 MG TABLET)	Non-Preferred Brand	ST, QL (2 PER DAY)

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

ANTICONVULSANTS, OTHER

ANTICONVULSANTS

NAYZILAM	Non-Preferred Brand	PA, QL (10 PER 30 DAYS)
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2023 PROVIDENCE FORMULARY B: HARRISON

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

Drug Name	Status*	Requirements/Limits
ANTIDEMENTIA AGENTS		
ANTIDEMENTIA AGENTS, OTHER		
<i>ergoloid mesylates</i>	Non-Preferred Generic	
CHOLINESTERASE INHIBITORS		
<i>donepezil hcl 23 mg tablet</i>	Non-Preferred Generic	
<i>donepezil hcl (5 mg tab rapdis, 5 mg tablet, 10 mg tablet, 10 mg tab rapdis)</i>	Preferred Generic	
<i>galantamine hbr (4 mg tablet, 4 mg/ml solution, 8 mg cap24h pel, 8 mg tablet, 12 mg tablet, 16 mg cap24h pel, 24 mg cap24h pel)</i>	Non-Preferred Generic	
<i>rivastigmine</i>	Non-Preferred Generic	
<i>rivastigmine tartrate</i>	Non-Preferred Generic	QL (2 PER 1 DAY)
N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST		
<i>memantine hcl (7 mg cap spr 24, 14 mg cap spr 24, 21 mg cap spr 24, 28 mg cap spr 24)</i>	Non-Preferred Generic	QL (1 PER 1 DAY)
<i>memantine hcl 2 mg/ml solution</i>	Non-Preferred Generic	QL (10 ML PER 1 DAY)
<i>memantine hcl (5 mg-10 mg tab ds pk, 5 mg tablet, 10 mg tablet)</i>	Non-Preferred Generic	
ANTIDEPRESSANTS		
ANTIDEPRESSANTS, OTHER		
<i>bupropion hcl (75 mg tablet, 100 mg tab sr 12h, 100 mg tablet, 150 mg tab er 24h, 150 mg tab sr 12h, 200 mg tab sr 12h, 300 mg tab er 24h)</i>	Preferred Generic	

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

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

MONOAMINE OXIDASE INHIBITORS

EMSAM	Non-Preferred Brand	
MARPLAN	Non-Preferred Brand	
<i>phenelzine sulfate</i>	Non-Preferred Generic	
<i>tranylcypromine sulfate</i>	Non-Preferred Generic	

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

<i>citalopram hydrobromide (10 mg tablet, 10 mg/5 ml solution, 20 mg/10ml solution, 20 mg tablet, 40 mg tablet)</i>	Preferred Generic	
<i>desvenlafaxine succinate 100 mg tab er 24h</i>	Non-Preferred Generic	QL (4 PER DAY)
<i>desvenlafaxine succinate 25 mg tab er 24h</i>	Non-Preferred Generic	QL (1 PER 1 DAY)
<i>desvenlafaxine succinate 50 mg tab er 24h</i>	Non-Preferred Generic	QL (1 PER DAY)
<i>escitalopram oxalate (5 mg tablet, 5 mg/5 ml solution, 10 mg tablet, 20 mg tablet)</i>	Preferred Generic	

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Drug Name	Status*	Requirements/Limits
FETZIMA 20-40 MG TITRATION PAK	Non-Preferred Brand	ST, QL (1 PER 365 DAYS)
FETZIMA (ER 20 MG CAPSULE, ER 40 MG CAPSULE, ER 80 MG CAPSULE)	Non-Preferred Brand	ST
FETZIMA ER 120 MG CAPSULE	Non-Preferred Brand	ST, QL (1 PER DAY)
<i>fluoxetine hcl (10 mg capsule, 20 mg/5 ml solution, 20 mg capsule, 40 mg capsule)</i>	Preferred Generic	
<i>fluoxetine hcl (10 mg tablet, 20 mg tablet, 60 mg tablet)</i>	Non-Preferred Generic	
<i>fluvoxamine maleate (100 mg cap er 24h, 150 mg cap er 24h)</i>	Non-Preferred Generic	
<i>fluvoxamine maleate (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	Preferred Generic	
<i>nefazodone hcl</i>	Non-Preferred Generic	
<i>paroxetine hcl (10 mg/5 ml oral susp, 12.5 mg tab er 24h, 25 mg tab er 24h, 37.5 mg tab er 24h)</i>	Non-Preferred Generic	
<i>paroxetine hcl (10 mg tablet, 20 mg tablet, 30 mg tablet, 40 mg tablet)</i>	Preferred Generic	
<i>sertraline hcl (20 mg/ml oral conc, 25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	Preferred Generic	
<i>trazodone hcl (50 mg tablet, 100 mg tablet, 150 mg tablet)</i>	Preferred Generic	
TRINTELLIX (5 MG TABLET, 10 MG TABLET)	Non-Preferred Brand	ST
TRINTELLIX 20 MG TABLET	Non-Preferred Brand	ST, QL (1 PER DAY)
<i>venlafaxine hcl (25 mg tablet, 37.5 mg cap er 24h, 37.5 mg tablet, 50 mg tablet, 75 mg cap er 24h, 75 mg tablet, 100 mg tablet, 150 mg cap er 24h)</i>	Preferred Generic	
VIIBRYD 10-20 MG STARTER PACK	Non-Preferred Brand	QL (1 PER 365 DAYS)

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Drug Name	Status*	Requirements/Limits
<i>vilazodone hcl</i>	Non-Preferred Generic	
TRICYCLICS		
<i>amitriptyline hcl</i>	Preferred Generic	
<i>amoxapine</i>	Non-Preferred Generic	
<i>clomipramine hcl</i>	Non-Preferred Generic	
<i>desipramine hcl</i>	Non-Preferred Generic	
<i>doxepin hcl (10 mg/ml oral conc, 10 mg capsule, 25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule)</i>	Non-Preferred Generic	
<i>imipramine hcl</i>	Preferred Generic	
<i>nortriptyline hcl (10 mg capsule, 25 mg capsule, 50 mg capsule, 75 mg capsule)</i>	Preferred Generic	
<i>nortriptyline hcl 10 mg/5 ml solution</i>	Non-Preferred Generic	
<i>protriptyline hcl</i>	Non-Preferred Generic	
<i>trimipramine maleate</i>	Non-Preferred Generic	

ANTIEMETICS

ANTIEMETICS, OTHER

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

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Drug Name	Status*	Requirements/Limits
<i>prochlorperazine</i>	Non-Preferred Generic	
<i>prochlorperazine maleate</i>	Preferred Generic	
<i>promethazine hcl (12.5 mg supp.rect, 25 mg supp.rect, 50 mg supp.rect)</i>	Non-Preferred Generic	
<i>promethazine hcl 50 mg tablet</i>	Preferred Generic	
<i>promethegan</i>	Non-Preferred Generic	
<i>scopolamine</i>	Non-Preferred Generic	
<i>trimethobenzamide hcl</i>	Non-Preferred Generic	
EMETOGENIC THERAPY ADJUNCTS		
AKYNZEO 300-0.5 MG CAPSULE	Non-Preferred Brand	QL (4 PER 28 DAYS)
ANZEMET	Non-Preferred Brand	
<i>aprepitant 125mg-80mg cap ds pk</i>	Non-Preferred Generic	QL (6 PER 30 DAYS)
<i>aprepitant 125 mg capsule</i>	Non-Preferred Generic	QL (2 PER 30 DAYS)
<i>aprepitant 40 mg capsule</i>	Non-Preferred Generic	QL (8 PER 30 DAYS)
<i>aprepitant 80 mg capsule</i>	Non-Preferred Generic	QL (4 PER 30 DAYS)
<i>dronabinol</i>	Non-Preferred Generic	PA
EMEND 125 MG POWDER PACKET	Non-Preferred Brand	QL (2 PER 30 DAYS)
<i>granisetron hcl 1 mg tablet</i>	Non-Preferred Generic	QL (8 PER 30 DAYS)
<i>ondansetron hcl (4 mg/5 ml solution, 24 mg tablet)</i>	Non-Preferred Generic	

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Drug Name	Status*	Requirements/Limits
<i>ondansetron hcl (4 mg tablet, 8 mg tablet)</i>	Preferred Generic	
<i>ondansetron odt (4 mg tablet, 8 mg tablet)</i>	Preferred Generic	
SANCUSO	Non-Preferred Brand	ST, QL (2 PER 30 DAYS)
VARUBI	Non-Preferred Brand	LA, QL (8 PER 28 DAYS)

ANTIFUNGALS

<i>clotrimazole 10 mg troche</i>	Non-Preferred Generic	
CRESEMBA (74.5 MG CAPSULE, 186 MG CAPSULE)	Specialty	PA, S (Specialty Drug)
<i>econazole nitrate</i>	Non-Preferred Generic	
ERTACZO	Non-Preferred Brand	
<i>fluconazole (10 mg/ml susp recon, 40 mg/ml susp recon, 50 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)</i>	Preferred Generic	
<i>flucytosine</i>	Non-Preferred Generic	
<i>griseofulvin ultramicrosize</i>	Non-Preferred Generic	
<i>griseofulvin, microsize (125 mg/5ml oral susp, 500 mg tablet)</i>	Non-Preferred Generic	
<i>itraconazole (10 mg/ml solution, 100 mg capsule)</i>	Non-Preferred Generic	PA
<i>ketoconazole (2 % cream (g), 2 % shampoo, 200 mg tablet)</i>	Non-Preferred Generic	
<i>miconazole nitrate 200 mg supp.vag</i>	Non-Preferred Generic	

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Drug Name	Status*	Requirements/Limits
<i>naftifine hcl (1 % gel (gram), 1 % cream (g))</i>	Non-Preferred Generic	
<i>nyamyc</i>	Non-Preferred Generic	
<i>nystatin (500k unit tablet, 100000/ml oral susp, 100000/g powder, 100000/g cream (g), 100000/g oint. (g))</i>	Non-Preferred Generic	
<i>nystop</i>	Non-Preferred Generic	
ORAVIG	Non-Preferred Brand	
<i>oxiconazole nitrate</i>	Non-Preferred Generic	
<i>posaconazole (100 mg tablet dr, 200 mg/5ml oral susp)</i>	Non-Preferred Generic	PA
<i>sulconazole nitrate (1 % cream (g), 1 % solution)</i>	Non-Preferred Generic	
<i>terbinafine hcl 250 mg tablet</i>	Preferred Generic	
<i>terconazole (0.4 % cream/appl, 0.8 % cream/appl, 80 mg supp.vag)</i>	Non-Preferred Generic	
<i>voriconazole (50 mg tablet, 200 mg tablet, 200 mg/5ml susp recon)</i>	Non-Preferred Generic	PA

ANTIGOUT AGENTS

<i>allopurinol (100 mg tablet, 300 mg tablet)</i>	Preferred Generic	
<i>colchicine (0.6 mg capsule, 0.6 mg tablet)</i>	Non-Preferred Generic	
<i>febuxostat</i>	Non-Preferred Generic	
<i>probenecid</i>	Non-Preferred Generic	
<i>probenecid/colchicine</i>	Non-Preferred Generic	

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2023 PROVIDENCE FORMULARY B: HARRISON

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

Drug Name	Status*	Requirements/Limits
ANTIMIGRAINE AGENTS		
ANTIMIGRAINE AGENTS, OTHER		
AJOVY AUTOINJECTOR	Preferred Brand	PA, QL (1.5 ML PER 28 DAYS)
NURTEC ODT	Preferred Brand	PA, QL (8 PER 30 DAYS)
ERGOT ALKALOIDS		
<i>dihydroergotamine mesylate 1 mg/ml ampul</i>	Non-Preferred Generic	QL (24 ML PER 28 DAYS)
<i>dihydroergotamine mesylate 0.5mg/spry spray/pump</i>	Non-Preferred Generic	QL (8 ML PER 30 DAYS)
ERGOMAR	Specialty	LA, QL (20 PER 30 DAYS), S (Specialty Drug)
<i>ergotamine tartrate/caffeine</i>	Non-Preferred Generic	QL (40 PER 28 DAYS)
PROPHYLACTIC		
AIMOVIQ AUTOINJECTOR	Preferred Brand	PA, QL (1 ML PER 28 DAYS)
AJOVY SYRINGE	Preferred Brand	PA, QL (1.5 ML PER 28 DAYS)
EMGALITY PEN	Preferred Brand	PA, QL (1 ML PER 28 DAYS)
EMGALITY 120 MG/ML SYRINGE	Preferred Brand	PA, QL (1 ML PER 28 DAYS)
EMGALITY 300 MG (100 MG X3SYR)	Preferred Brand	PA, QL (3 ML PER 28 DAYS)
QULIPTA	Preferred Brand	PA, QL (1 PER DAY)
SEROTONIN (5-HT) RECEPTOR AGONIST		
<i>eletriptan hydrobromide</i>	Non-Preferred Generic	QL (12 PER 30 DAYS)
<i>frovatriptan succinate</i>	Non-Preferred Generic	PA, QL (9 PER 30 DAYS)
<i>naratriptan hcl</i>	Non-Preferred Generic	QL (9 PER 30 DAYS)
REYVOW 100 MG TABLET	Non-Preferred Brand	PA, QL (8 PER 30 DAYS)

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2023 PROVIDENCE FORMULARY B: HARRISON

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

ANTIMYASTHENIC AGENTS

PARASYMPATHOMIMETICS

<i>pyridostigmine bromide (60 mg/5 ml solution, 60 mg tablet, 180 mg tablet er)</i>	Non-Preferred Generic
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ANTIMYCOBACTERIALS

ANTIMYCOBACTERIALS, OTHER

<i>dapsone (25 mg tablet, 100 mg tablet)</i>	Non-Preferred Generic
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2023 PROVIDENCE FORMULARY B: HARRISON

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

Drug Name	Status*	Requirements/Limits
<i>rifabutin</i>	Non-Preferred Generic	
ANTITUBERCULARS		
<i>cycloserine</i>	Non-Preferred Generic	
<i>ethambutol hcl</i>	Non-Preferred Generic	
<i>isoniazid (50 mg/5 ml solution, 100 mg tablet, 300 mg tablet)</i>	Preferred Generic	
PASER	Non-Preferred Brand	
PRIFTIN	Non-Preferred Brand	
<i>pyrazinamide</i>	Non-Preferred Generic	
<i>rifampin (150 mg capsule, 300 mg capsule)</i>	Non-Preferred Generic	
SIRTURO	Specialty	LA, S (Specialty Drug)
TRECTOR	Preferred Brand	

ANTINEOPLASTICS

ALKYLATING AGENTS

<i>cyclophosphamide (25 mg capsule, 50 mg capsule)</i>	Non-Preferred Generic	
CYCLOPHOSPHAMIDE (25 MG TABLET, 50 MG TABLET)	Non-Preferred Brand	
GLEOSTINE	Non-Preferred Brand	S (Specialty Drug)
LEUKERAN	Preferred Brand	
MATULANE	Specialty	LA, S (Specialty Drug)
<i>melphalan</i>	Non-Preferred Generic	PA

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2023 PROVIDENCE FORMULARY B: HARRISON

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

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

Drug Name	Status*	Requirements/Limits
DROXIA	Non-Preferred Brand	
<i>hydroxyurea</i>	Non-Preferred Generic	
INQOVI	Specialty	PA, LA, S (Specialty Drug)
<i>mercaptopurine</i>	Non-Preferred Generic	
PURIXAN	Non-Preferred Brand	LA
SIKLOS 100 MG TABLET	Non-Preferred Brand	QL (1 PER 1 DAY)
TABLOID	Non-Preferred Brand	

ANTINEOPLASTICS, OTHER

AYVAKIT	Specialty	PA, LA, S (Specialty Drug)
BRUKINSA	Specialty	PA, LA, S (Specialty Drug)
EXKIVITY	Specialty	PA, LA, S (Specialty Drug)
HEMANGEOL	Non-Preferred Brand	LA, S (Specialty Drug)
IDHIFA	Specialty	PA, LA, QL (1 PER 1 DAY), S (Specialty Drug)
INREBIC	Specialty	PA, LA, S (Specialty Drug)
KISQALI FEMARA 200 MG CO-PACK	Specialty	PA, QL (49 PER 28 DAYS), S (Specialty Drug)
KISQALI FEMARA 400 MG CO-PACK	Specialty	PA, QL (70 PER 28 DAYS), S (Specialty Drug)
KISQALI FEMARA 600 MG CO-PACK	Specialty	PA, QL (91 PER 28 DAYS), S (Specialty Drug)
KOSELUGO	Specialty	PA, LA, S (Specialty Drug)
<i>leucovorin calcium (5 mg tablet, 10 mg tablet, 15 mg tablet, 25 mg tablet)</i>	Non-Preferred Generic	
LONSURF	Specialty	PA, LA, S (Specialty Drug)

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2023 PROVIDENCE FORMULARY B: HARRISON

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

Drug Name	Status*	Requirements/Limits
NINLARO	Specialty	PA, LA, S (Specialty Drug)
ONUREG	Specialty	PA, S (Specialty Drug)
QINLOCK	Specialty	PA, LA, S (Specialty Drug)
SYNRIBO	Specialty	PA, LA, S (Specialty Drug)
TAZVERIK	Specialty	PA, LA, S (Specialty Drug)
UKONIQ	Specialty	PA, S (Specialty Drug)
WELIREG	Specialty	PA, LA, S (Specialty Drug)
XPOVIO	Specialty	PA, LA, S (Specialty Drug)
ZOLINZA	Specialty	PA, LA, S (Specialty Drug)

AROMATASE INHIBITORS, 3RD GENERATION

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

ENZYME INHIBITORS

ETOPOSIDE 50 MG CAPSULE	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)

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2023 PROVIDENCE FORMULARY B: HARRISON

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Drug Name	Status*	Requirements/Limits
CALQUENCE (100 MG TABLET, 100 MG CAPSULE)	Specialty	PA, LA, S (Specialty Drug)
CAPRELSA	Specialty	PA, LA, S (Specialty Drug)
COMETRIQ	Specialty	PA, LA, S (Specialty Drug)
COPIKTRA	Specialty	PA, LA, S (Specialty Drug)
COTELLIC	Specialty	PA, LA, QL (63 PER 28 DAYS), S (Specialty Drug)
DAURISMO	Specialty	PA, S (Specialty Drug)
ERIVEDGE	Specialty	PA, LA, S (Specialty Drug)
ERLOTINIB HCL	Specialty	PA, S (Specialty Drug)
EVEROLIMUS (2.5 MG TABLET, 5 MG TABLET, 7.5 MG TABLET, 10 MG TABLET)	Specialty	PA, S (Specialty Drug)
FARYDAK	Specialty	PA, QL (6 PER 21 DAYS), S (Specialty Drug)
FOTIVDA	Specialty	PA, LA, S (Specialty Drug)
GAVRETO	Specialty	PA, LA, S (Specialty Drug)
GEFITINIB	Specialty	PA, LA, QL (1 PER DAY), S (Specialty Drug)
GILOTRIF	Specialty	PA, LA, S (Specialty Drug)
IBRANCE (75 MG TABLET, 75 MG CAPSULE, 100 MG CAPSULE, 100 MG TABLET, 125 MG TABLET, 125 MG CAPSULE)	Specialty	PA, LA, QL (21 PER 28 DAYS), S (Specialty Drug)
ICLUSIG (10 MG TABLET, 15 MG TABLET)	Specialty	PA, LA, QL (1 PER DAY), S (Specialty Drug)
ICLUSIG (30 MG TABLET, 45 MG TABLET)	Specialty	PA, LA, S (Specialty Drug)
IMATINIB MESYLATE	Specialty	PA, S (Specialty Drug)
IMBRUVICA (70 MG/ML SUSPENSION, 70 MG CAPSULE, 140 MG CAPSULE, 420 MG TABLET, 560 MG TABLET)	Specialty	PA, LA, S (Specialty Drug)
INLYTA	Specialty	PA, LA, S (Specialty Drug)

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Drug Name	Status*	Requirements/Limits
JAKAFI (20 MG TABLET, 25 MG TABLET)	Specialty	PA, LA, S (Specialty Drug)
JAKAFI (5 MG TABLET, 10 MG TABLET, 15 MG TABLET)	Specialty	PA, LA, QL (2 PER DAY), S (Specialty Drug)
JAYPIRCA	Specialty	PA, LA, S (Specialty Drug)
KISQALI 200 MG DAILY DOSE	Specialty	PA, QL (21 PER 28 DAYS), S (Specialty Drug)
KISQALI 400 MG DAILY DOSE	Specialty	PA, QL (42 PER 28 DAYS), S (Specialty Drug)
KISQALI 600 MG DAILY DOSE	Specialty	PA, QL (63 PER 28 DAYS), S (Specialty Drug)
KRAZATI	Specialty	PA, LA, S (Specialty Drug)
LAPATINIB DITOSYLATE	Specialty	PA, S (Specialty Drug)
LENVIMA	Specialty	PA, LA, S (Specialty Drug)
LORBRENA 100 MG TABLET	Specialty	PA, LA, S (Specialty Drug)
LORBRENA 25 MG TABLET	Specialty	PA, LA, QL (3 PER DAY), S (Specialty Drug)
LUMAKRAS	Specialty	PA, LA, S (Specialty Drug)
LYNPARZA	Specialty	PA, LA, S (Specialty Drug)
LYTGOBI	Specialty	PA, LA, QL (5 PER DAY), S (Specialty Drug)
MEKINIST (0.05 MG/ML SOLUTION, 0.5 MG TABLET, 2 MG TABLET)	Specialty	PA, LA, S (Specialty Drug)
MEKTOVI	Specialty	PA, LA, S (Specialty Drug)
NERLYNX	Specialty	PA, LA, QL (6 PER 1 DAY), S (Specialty Drug)
ODOMZO	Specialty	PA, S (Specialty Drug)
PAZOPANIB HCL	Specialty	PA, LA, S (Specialty Drug)
PEMAZYRE	Specialty	PA, LA, S (Specialty Drug)
PIQRAY	Specialty	PA, S (Specialty Drug)
RETEVMO 40 MG CAPSULE	Specialty	PA, LA, QL (2 PER DAY), S (Specialty Drug)

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2023 PROVIDENCE FORMULARY B: HARRISON

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Drug Name	Status*	Requirements/Limits
RETEVMO 80 MG CAPSULE	Specialty	PA, LA, S (Specialty Drug)
REZLIDHIA	Specialty	PA, LA, S (Specialty Drug)
ROZLYTREK (100 MG CAPSULE, 200 MG CAPSULE)	Specialty	PA, LA, S (Specialty Drug)
RUBRACA	Specialty	PA, LA, S (Specialty Drug)
RYDAPT	Specialty	PA, S (Specialty Drug)
SCEMBLIX	Specialty	PA, QL (2 PER DAY), S (Specialty Drug)
SORAFENIB TOSYLATE	Specialty	PA, S (Specialty Drug)
SPRYCEL	Specialty	PA, S (Specialty Drug)
STIVARGA	Specialty	PA, LA, S (Specialty Drug)
SUNITINIB MALATE (37.5 MG CAPSULE, 50 MG CAPSULE)	Specialty	PA, S (Specialty Drug)
SUNITINIB MALATE 12.5 MG CAPSULE	Specialty	PA, QL (3 PER DAY), S (Specialty Drug)
SUNITINIB MALATE 25 MG CAPSULE	Specialty	PA, QL (2 PER DAY), S (Specialty Drug)
TABRECTA	Specialty	PA, S (Specialty Drug)
TAFINLAR (10 MG TABLET FOR SUSP, 50 MG CAPSULE, 75 MG CAPSULE)	Specialty	PA, LA, S (Specialty Drug)
TAGRISO	Specialty	PA, LA, S (Specialty Drug)
TALZENNA	Specialty	PA, LA, S (Specialty Drug)
TASIGNA	Specialty	PA, S (Specialty Drug)
TEPMETKO	Specialty	PA, LA, S (Specialty Drug)
TIBSOVO	Specialty	PA, LA, S (Specialty Drug)
TRUSELTIQ	Specialty	PA, LA, S (Specialty Drug)
TUKYSA	Specialty	PA, LA, S (Specialty Drug)
TURALIO	Specialty	PA, LA, S (Specialty Drug)
VENCLEXTA	Specialty	PA, LA, S (Specialty Drug)
VENCLEXTA STARTING PACK	Specialty	PA, LA, S (Specialty Drug)
VERZENIO	Specialty	PA, LA, QL (2 PER DAY), S (Specialty Drug)

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Drug Name	Status*	Requirements/Limits
VITRAKVI (20 MG/ML SOLUTION, 25 MG CAPSULE, 100 MG CAPSULE)	Specialty	PA, S (Specialty Drug)
VIZIMPRO	Specialty	PA, LA, S (Specialty Drug)
XALKORI	Specialty	PA, LA, S (Specialty Drug)
XOSPATA	Specialty	PA, LA, S (Specialty Drug)
ZEJULA 100 MG CAPSULE	Specialty	PA, LA, QL (2 PER DAY), S (Specialty Drug)
ZEJULA (100 MG TABLET, 200 MG TABLET, 300 MG TABLET)	Specialty	PA, LA, QL (1 PER DAY), S (Specialty Drug)
ZELBORAF	Specialty	PA, LA, S (Specialty Drug)
ZYDELIG	Specialty	PA, LA, QL (2 PER 1 DAY), S (Specialty Drug)
ZYKADIA	Specialty	PA, LA, S (Specialty Drug)

RETINOIDS

BEXAROTENE (1 % GEL (GRAM), 75 MG CAPSULE)	Specialty	PA, S (Specialty Drug)
PANRETIN	Specialty	S (Specialty Drug)
TRETINOIN 10 MG CAPSULE	Specialty	PA, S (Specialty Drug)

TREATMENT ADJUNCTS

MESNEX 400 MG TABLET	Preferred Brand	
VONJO	Specialty	PA, LA, QL (4 PER DAY), S (Specialty Drug)

ANTIPARASITICS

ANTHELMINTHICS

<i>albendazole</i>	Non-Preferred Generic	PA
EMVERM	Non-Preferred Brand	PA
<i>ivermectin 3 mg tablet</i>	Non-Preferred Generic	PA

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

ANTIPARKINSON AGENTS

ANTICHOLINERGICS

<i>benztropine mesylate (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	Preferred Generic
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[To help find a drug see the back of the document for an alphabetical listing]

Drug Name	Status*	Requirements/Limits
<i>trihexyphenidyl hcl (2 mg tablet, 2 mg/5 ml solution, 5 mg tablet)</i>	Non-Preferred Generic	
ANTIPARKINSON AGENTS, OTHER		
<i>amantadine hcl (50 mg/5 ml solution, 100 mg tablet, 100 mg capsule)</i>	Non-Preferred Generic	
<i>carbidopa/levodopa/entacapone</i>	Non-Preferred Generic	
<i>entacapone</i>	Non-Preferred Generic	
NOURIANZ	Non-Preferred Brand	PA, LA, QL (1 PER 1 DAY)
<i>tolcapone</i>	Non-Preferred Generic	
DOPAMINE AGONISTS		
<i>bromocriptine mesylate (2.5 mg tablet, 5 mg capsule)</i>	Non-Preferred Generic	
KYNMOBI	Specialty	QL (5 PER DAY), S (Specialty Drug)
NEUPRO	Non-Preferred Brand	ST
<i>pramipexole di-hcl (0.125 mg tablet, 0.25 mg tablet, 0.5 mg tablet, 0.75 mg tablet, 1 mg tablet, 1.5 mg tablet)</i>	Preferred Generic	
<i>ropinirole hcl (2 mg tab er 24h, 4 mg tab er 24h, 6 mg tab er 24h)</i>	Non-Preferred Generic	QL (1 PER DAY)
<i>ropinirole hcl (8 mg tab er 24h, 12 mg tab er 24h)</i>	Non-Preferred Generic	QL (2 PER DAY)
<i>ropinirole hcl (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 3 mg tablet, 4 mg tablet, 5 mg tablet)</i>	Preferred Generic	
DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS		
<i>carbidopa</i>	Non-Preferred Generic	
<i>carbidopa/levodopa (10mg-100mg tablet, 25mg-250mg tablet, 25mg-100mg tablet)</i>	Preferred Generic	

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

MONOAMINE OXIDASE B (MAO-B) INHIBITORS

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

ANTIPSYCHOTICS

1ST GENERATION/TYPICAL

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

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

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2023 PROVIDENCE FORMULARY B: HARRISON

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

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

TREATMENT-RESISTANT

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

ANTISPASTICITY AGENTS

<i>baclofen (10 mg tablet, 20 mg tablet)</i>	Preferred Generic
<i>baclofen 5 mg tablet</i>	Non-Preferred Generic

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2023 PROVIDENCE FORMULARY B: HARRISON

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Drug Name	Status*	Requirements/Limits
<i>dantrolene sodium (25 mg capsule, 50 mg capsule, 100 mg capsule)</i>	Non-Preferred Generic	
<i>tizanidine hcl (2 mg tablet, 4 mg tablet)</i>	Preferred Generic	

ANTIVIRALS

ANTI-CYTOMEGALOVIRUS (CMV) AGENTS

PREVYMIS (240 MG TABLET, 480 MG TABLET)	Specialty	PA, LA, S (Specialty Drug)
VALGANCICLOVIR HCL 50 MG/ML SOLN RECON	Specialty	QL (36 ML PER DAY), S (Specialty Drug)
VALGANCICLOVIR HCL 450 MG TABLET	Specialty	QL (4 PER 1 DAY), S (Specialty Drug)

ANTI-HEPATITIS B (HBV) AGENTS

<i>adefovir dipivoxil</i>	Non-Preferred Generic	QL (1 PER 1 DAY)
BARACLUDE 0.05 MG/ML SOLUTION	Specialty	S (Specialty Drug)
ENTECAVIR	Specialty	S (Specialty Drug)
EPIVIR HBV 25 MG/5 ML SOLN	Preferred Brand	
<i>lamivudine 100 mg tablet</i>	Non-Preferred Generic	
VEMLIDY	Preferred Brand	

ANTI-HEPATITIS C (HCV) AGENTS

LEDIPASVIR/SOFOSBUVIR	Specialty	PA, S (Specialty Drug)
MAVYRET (50-20 MG PELLETT PACKET, 100-40 MG TABLET)	Specialty	PA, S (Specialty Drug)
<i>ribavirin (200 mg capsule, 200 mg tablet)</i>	Non-Preferred Generic	
SOFOSBUVIR/VELPATASVIR	Specialty	PA, S (Specialty Drug)
VOSEVI	Specialty	PA, S (Specialty Drug)

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2023 PROVIDENCE FORMULARY B: HARRISON

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

Drug Name	Status*	Requirements/Limits
ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)		
BIKTARVY	Preferred Brand	
DOVATO	Preferred Brand	
GENVOYA	Preferred Brand	
ISENTRESS (100 MG POWDER PACKET, 400 MG TABLET)	Preferred Brand	
ISENTRESS HD	Preferred Brand	
JULUCA	Preferred Brand	
STRIBILD	Non-Preferred Brand	
TIVICAY	Non-Preferred Brand	
TIVICAY PD	Non-Preferred Brand	QL (6 PER DAY)
ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)		
COMPLERA	Preferred Brand	
DELSTRIGO	Non-Preferred Brand	
EDURANT	Preferred Brand	
<i>efavirenz (50 mg capsule, 200 mg capsule, 600 mg tablet)</i>	Non-Preferred Generic	
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	Non-Preferred Generic	
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	Non-Preferred Generic	
<i>etravirine</i>	Non-Preferred Generic	
INTELENCE 25 MG TABLET	Preferred Brand	
<i>nevirapine (100 mg tab er 24h, 200 mg tablet, 400 mg tab er 24h)</i>	Non-Preferred Generic	
ODEFSEY	Preferred Brand	

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2023 PROVIDENCE FORMULARY B: HARRISON

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

Drug Name	Status*	Requirements/Limits
PIFELTRO	Non-Preferred Brand	
ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)		
<i>abacavir sulfate (20 mg/ml solution, 300 mg tablet)</i>	Non-Preferred Generic	
<i>abacavir sulfate/lamivudine</i>	Non-Preferred Generic	
<i>abacavir sulfate/lamivudine/zidovudine</i>	Non-Preferred Generic	
<i>didanosine</i>	Non-Preferred Generic	
<i>emtricitabine</i>	Non-Preferred Generic	
<i>emtricitabine/tenofovir (tdf) 200-300 mg tablet</i>	Non-Preferred Generic	C (ACA Eligible for members not infected with HIV and are at higher risk of HIV infection)
<i>emtricitabine/tenofovir disoproxil fumarate ((tdf) 100-150 mg tablet, (tdf) 133-200 mg tablet, (tdf) 167-250 mg tablet)</i>	Non-Preferred Generic	
EMTRIVA 10 MG/ML SOLUTION	Preferred Brand	
<i>lamivudine (10 mg/ml solution, 150 mg tablet, 300 mg tablet)</i>	Non-Preferred Generic	
<i>lamivudine/zidovudine</i>	Non-Preferred Generic	
<i>stavudine</i>	Non-Preferred Generic	
<i>tenofovir disoproxil fumarate</i>	Non-Preferred Generic	C (ACA Eligible for members not infected with HIV and are at higher risk of HIV infection)
TRIUMEQ	Preferred Brand	
TRIUMEQ PD	Preferred Brand	
VIREAD (150 MG TABLET, 200 MG TABLET, 250 MG TABLET, POWDER)	Preferred Brand	

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2023 PROVIDENCE FORMULARY B: HARRISON

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

Drug Name	Status*	Requirements/Limits
<i>zidovudine (10 mg/ml syrup, 100 mg capsule, 300 mg tablet)</i>	Non-Preferred Generic	
ANTI-HIV AGENTS, OTHER		
FUZEON	Non-Preferred Brand	PA
<i>maraviroc</i>	Non-Preferred Generic	
RUKOBIA	Specialty	S (Specialty Drug)
SELZENTRY (20 MG/ML ORAL SOLN, 25 MG TABLET, 75 MG TABLET)	Preferred Brand	
SUNLENCA (4- 300 MG TABLET, 5- 300 MG TABLET)	Specialty	PA, S (Specialty Drug)
TYBOST	Preferred Brand	
ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)		
APTIVUS	Preferred Brand	
<i>atazanavir sulfate</i>	Non-Preferred Generic	
EVOTAZ	Non-Preferred Brand	
<i>fosamprenavir calcium</i>	Non-Preferred Generic	
LEXIVA 50 MG/ML SUSPENSION	Preferred Brand	
<i>lopinavir/ritonavir (100mg-25mg tablet, 200mg-50mg tablet, 400-100/5 solution)</i>	Non-Preferred Generic	
NORVIR (80 MG/ML SOLUTION, 100 MG POWDER PACKET)	Preferred Brand	
PREZCOBIX	Non-Preferred Brand	
PREZISTA (75 MG TABLET, 100 MG/ML SUSPENSION, 150 MG TABLET, 600 MG TABLET, 800 MG TABLET)	Preferred Brand	
REYATAZ 50 MG POWDER PACKET	Preferred Brand	

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

Drug Name	Status*	Requirements/Limits
<i>ritonavir</i>	Non-Preferred Generic	
SYMTUZA	Specialty	S (Specialty Drug)
VIRACEPT	Preferred Brand	

ANTI-INFLUENZA AGENTS

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

ANTIHERPETIC AGENTS

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

ANXIOLYTICS

ANXIOLYTICS, OTHER

<i>buspirone hcl</i>	Preferred Generic	
<i>meprobamate 400 mg tablet</i>	Non-Preferred Generic	

BENZODIAZEPINES

<i>alprazolam (0.5 mg tab er 24h, 1 mg tab er 24h, 2 mg tab er 24h, 3 mg tab er 24h)</i>	Non-Preferred Generic	
<i>alprazolam (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	Preferred Generic	

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Drug Name	Status*	Requirements/Limits
<i>chlordiazepoxide hcl</i>	Preferred Generic	
<i>clonazepam (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	Preferred Generic	
<i>clonazepam (0.125 mg tab rapdis, 0.25 mg tab rapdis, 0.5 mg tab rapdis, 1 mg tab rapdis, 2 mg tab rapdis)</i>	Non-Preferred Generic	
<i>clorazepate dipotassium</i>	Non-Preferred Generic	
<i>diazepam (2 mg tablet, 5 mg/5 ml solution, 5 mg tablet, 5 mg/ml oral conc)</i>	Non-Preferred Generic	
<i>diazepam 10 mg tablet</i>	Preferred Generic	
<i>lorazepam (0.5 mg tablet, 1 mg tablet, 2 mg/ml oral conc, 2 mg tablet)</i>	Non-Preferred Generic	
<i>lorazepam intensol</i>	Non-Preferred Generic	
<i>oxazepam</i>	Non-Preferred Generic	

BIPOLAR AGENTS

MOOD STABILIZERS

<i>lithium carbonate (150 mg capsule, 300 mg tablet er, 300 mg tablet, 300 mg capsule, 450 mg tablet er, 600 mg capsule)</i>	Preferred Generic
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BLOOD GLUCOSE REGULATORS

ANTIDIABETIC AGENTS

<i>acarbose</i>	Non-Preferred Generic
<i>alogliptin benzoate</i>	Non-Preferred Generic
<i>alogliptin benzoate/metformin hcl</i>	Non-Preferred Generic

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Drug Name	Status*	Requirements/Limits
<i>alogliptin benzoate/pioglitazone hcl (12.5-30 mg tablet, 25 mg-30mg tablet, 25 mg-45mg tablet, 25 mg-15mg tablet)</i>	Non-Preferred Generic	
CYCLOSET	Non-Preferred Brand	
FARXIGA	Preferred Brand	
<i>glimepiride</i>	Preferred Generic	
<i>glipizide (2.5 mg tab er 24, 5 mg tablet, 5 mg tab er 24, 10 mg tab er 24, 10 mg tablet)</i>	Preferred Generic	
<i>glipizide/metformin hcl</i>	Non-Preferred Generic	
<i>glyburide</i>	Preferred Generic	
<i>glyburide,micronized</i>	Preferred Generic	
<i>glyburide/metformin hcl (2.5-500 mg tablet, 5 mg-500mg tablet)</i>	Preferred Generic	
<i>glyburide/metformin hcl 1.25-250mg tablet</i>	Non-Preferred Generic	
GLYXAMBI	Preferred Brand	
INVOKAMET	Non-Preferred Brand	PA
INVOKAMET XR	Non-Preferred Brand	PA
INVOKANA	Non-Preferred Brand	PA
JANUMET	Non-Preferred Brand	PA
JANUMET XR	Non-Preferred Brand	PA
JANUVIA	Non-Preferred Brand	PA
JARDIANCE	Preferred Brand	

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2023 PROVIDENCE FORMULARY B: HARRISON

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

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2023 PROVIDENCE FORMULARY B: HARRISON

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Drug Name	Status*	Requirements/Limits
<i>saxagliptin hcl</i>	Non-Preferred Generic	PA
<i>saxagliptin hcl/metformin hcl</i>	Non-Preferred Generic	PA
SEGLUROMET	Non-Preferred Brand	PA
STEGLATRO	Non-Preferred Brand	PA
STEGLUJAN	Non-Preferred Brand	PA
SYNJARDY	Preferred Brand	
SYNJARDY XR	Preferred Brand	
TRADJENTA	Non-Preferred Brand	PA
TRIJARDY XR	Preferred Brand	
TRULICITY	Preferred Brand	PA, ST, QL (2 ML PER 28 DAYS)
VICTOZA 2-PAK	Preferred Brand	PA, ST, QL (9 ML PER 30 DAYS)
VICTOZA 3-PAK	Preferred Brand	PA, ST, QL (9 ML PER 30 DAYS)
WEGOVY (0.25 MG/0.5 ML PEN, 0.5 MG/0.5 ML PEN, 1 MG/0.5 ML PEN)	Preferred Brand	PA, QL (2 ML PER 28 DAYS), C (For groups with weight loss medication coverage only)
WEGOVY (1.7 MG/0.75 ML PEN, 2.4 MG/0.75 ML PEN)	Preferred Brand	PA, QL (3 ML PER 28 DAYS), C (For groups with weight loss medication coverage only)
XIGDUO XR	Preferred Brand	
GLYCEMIC AGENTS		
BAQSIMI	Preferred Brand	
<i>diazoxide</i>	Non-Preferred Generic	
GLUCAGON EMERGENCY KIT	Preferred Brand	
GVOKE	Preferred Brand	
GVOKE HYPOPEN 1-PACK	Preferred Brand	

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Drug Name	Status*	Requirements/Limits
GVOKE HYPOPEN 2-PACK	Preferred Brand	
GVOKE PFS 1-PACK SYRINGE	Preferred Brand	
GVOKE PFS 2-PACK SYRINGE	Preferred Brand	
ZEGALOGUE AUTOINJECTOR	Preferred Brand	
ZEGALOGUE SYRINGE	Preferred Brand	

INSULINS

APIDRA	Non-Preferred Brand	PA, C (Exempt from deductible, if applicable)
APIDRA SOLOSTAR	Non-Preferred Brand	PA, C (Exempt from deductible, if applicable)
HUMALOG (100 CARTRIDGE, 100 VIAL)	Preferred Brand	C (Exempt from deductible, if applicable)
HUMALOG JUNIOR KWIKPEN	Preferred Brand	C (Exempt from deductible, if applicable)
HUMALOG KWIKPEN U-100	Preferred Brand	C (Exempt from deductible, if applicable)
HUMALOG KWIKPEN U-200	Preferred Brand	C (Exempt from deductible, if applicable)
HUMALOG MIX 50-50	Preferred Brand	C (Exempt from deductible, if applicable)
HUMALOG MIX 50-50 KWIKPEN	Preferred Brand	C (Exempt from deductible, if applicable)
HUMALOG MIX 75-25	Preferred Brand	C (Exempt from deductible, if applicable)
HUMALOG MIX 75-25 KWIKPEN	Preferred Brand	C (Exempt from deductible, if applicable)
HUMALOG TEMPO PEN U-100	Preferred Brand	C (Exempt from deductible, if applicable)
HUMULIN 70-30	Preferred Brand	C (Exempt from deductible, if applicable)
HUMULIN 70/30 KWIKPEN	Preferred Brand	C (Exempt from deductible, if applicable)

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Drug Name	Status*	Requirements/Limits
HUMULIN N	Preferred Brand	C (Exempt from deductible, if applicable)
HUMULIN N KWIKPEN	Preferred Brand	C (Exempt from deductible, if applicable)
HUMULIN R	Preferred Brand	C (Exempt from deductible, if applicable)
HUMULIN R U-500	Preferred Brand	C (Exempt from deductible, if applicable)
HUMULIN R U-500 KWIKPEN	Preferred Brand	C (Exempt from deductible, if applicable)
LANTUS	Preferred Brand	C (Exempt from deductible, if applicable)
LANTUS SOLOSTAR	Preferred Brand	C (Exempt from deductible, if applicable)
LEVEMIR	Preferred Brand	C (Exempt from deductible, if applicable)
LEVEMIR FLEXPEN	Preferred Brand	C (Exempt from deductible, if applicable)
LEVEMIR FLEXTOUCH	Preferred Brand	C (Exempt from deductible, if applicable)
TOUJEO MAX SOLOSTAR	Preferred Brand	C (Exempt from deductible, if applicable)
TOUJEO SOLOSTAR	Preferred Brand	C (Exempt from deductible, if applicable)
TRESIBA	Preferred Brand	C (Exempt from deductible, if applicable)
TRESIBA FLEXTOUCH U-100	Preferred Brand	C (Exempt from deductible, if applicable)
TRESIBA FLEXTOUCH U-200	Preferred Brand	C (Exempt from deductible, if applicable)

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Drug Name	Status*	Requirements/Limits
BLOOD PRODUCTS AND MODIFIERS		
ANTICOAGULANTS		
<i>dabigatran etexilate mesylate</i>	Non-Preferred Generic	
ELIQUIS (2.5 MG TABLET, 5 MG TABLET, DVT-PE TREAT START 5MG)	Preferred Brand	
<i>enoxaparin sodium (30mg/0.3ml syringe, 40mg/0.4ml syringe, 60mg/0.6ml syringe, 80mg/0.8ml syringe, 100 mg/ml syringe, 120mg/.8ml syringe, 150 mg/ml syringe, 300mg/3ml vial)</i>	Non-Preferred Generic	PA
<i>fondaparinux sodium</i>	Non-Preferred Generic	PA
FRAGMIN (2,500 UNIT/0.2 ML SYR, 5,000 UNIT/0.2 ML SYR, 7,500 UNIT/0.3 ML SYR, 10,000 UNIT/ML SYRINGE, 10,000 UNIT/4 ML VIAL, 12,500 UNIT/0.5 ML SYR, 15,000 UNIT/0.6 ML SYR, 18,000 UNIT/0.72 ML, 95,000 UNIT/3.8 ML VL)	Specialty	PA, S (Specialty Drug)
<i>heparin sodium,porcine (5000/ml syringe, 5000/ml vial, 10000/ml vial, 20000/ml vial)</i>	Non-Preferred Generic	
<i>heparin sodium,porcine/pf (5000/0.5ml syringe, 5000/ml syringe)</i>	Non-Preferred Generic	
<i>jantoven</i>	Preferred Generic	
PRADAXA 110 MG CAPSULE	Preferred Brand	
SAVAYSA	Non-Preferred Brand	
<i>warfarin sodium</i>	Preferred Generic	
XARELTO (1 MG/ML SUSPENSION, 2.5 MG TABLET, 10 MG TABLET, 15 MG TABLET, 20 MG TABLET, DVT-PE TREAT START 30D)	Preferred Brand	

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2023 PROVIDENCE FORMULARY B: HARRISON

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

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

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2023 PROVIDENCE FORMULARY B: HARRISON

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

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

HEMOSTASIS AGENTS

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

PLATELET MODIFYING AGENTS

<i>aspirin/dipyridamole</i>	Non-Preferred Generic	
BRILINTA	Preferred Brand	

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

2023 PROVIDENCE FORMULARY B: HARRISON

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

Drug Name	Status*	Requirements/Limits
CABLIVI	Specialty	PA, LA, QL (1 PER 1 DAY), S (Specialty Drug)
<i>cilostazol</i>	Non-Preferred Generic	
<i>clopidogrel bisulfate 75 mg tablet</i>	Preferred Generic	
<i>dipyridamole (25 mg tablet, 50 mg tablet, 75 mg tablet)</i>	Non-Preferred Generic	
DOPTELET	Specialty	PA, LA, S (Specialty Drug)
<i>prasugrel hcl</i>	Non-Preferred Generic	

CARDIOVASCULAR AGENTS

ALPHA-ADRENERGIC AGONISTS

<i>clonidine</i>	Non-Preferred Generic	
<i>clonidine hcl (0.1 mg tablet, 0.2 mg tablet, 0.3 mg tablet)</i>	Preferred Generic	
<i>guanfacine hcl (1 mg tablet, 2 mg tablet)</i>	Preferred Generic	
<i>methyldopa</i>	Preferred Generic	
<i>midodrine hcl</i>	Non-Preferred Generic	

ALPHA-ADRENERGIC BLOCKING AGENTS

<i>doxazosin mesylate</i>	Preferred Generic	
PHENOXYBENZAMINE HCL	Specialty	S (Specialty Drug)
<i>prazosin hcl</i>	Non-Preferred Generic	
<i>terazosin hcl</i>	Preferred Generic	

ANGIOTENSIN II RECEPTOR ANTAGONISTS

<i>candesartan cilexetil</i>	Non-Preferred Generic	
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2023 PROVIDENCE FORMULARY B: HARRISON

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

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

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

Drug Name	Status*	Requirements/Limits
<i>dofetilide</i>	Non-Preferred Generic	
<i>flecainide acetate</i>	Non-Preferred Generic	
<i>mexiletine hcl</i>	Non-Preferred Generic	
MULTAQ	Preferred Brand	
NORPACE CR	Preferred Brand	
<i>pacerone 200 mg tablet</i>	Preferred Generic	
<i>propafenone hcl (150 mg tablet, 225 mg cap er 12h, 225 mg tablet, 300 mg tablet, 325 mg cap er 12h, 425 mg cap er 12h)</i>	Non-Preferred Generic	
<i>quinidine gluconate</i>	Non-Preferred Generic	
<i>quinidine sulfate</i>	Non-Preferred Generic	
<i>sorine</i>	Preferred Generic	
<i>sotalol af</i>	Preferred Generic	
<i>sotalol hcl (80 mg tablet, 120 mg tablet, 160 mg tablet, 240 mg tablet)</i>	Preferred Generic	
BETA-ADRENERGIC BLOCKING AGENTS		
<i>acebutolol hcl</i>	Non-Preferred Generic	
<i>atenolol</i>	Preferred Generic	
<i>betaxolol hcl (10 mg tablet, 20 mg tablet)</i>	Non-Preferred Generic	
<i>bisoprolol fumarate</i>	Non-Preferred Generic	
<i>carvedilol</i>	Preferred Generic	
<i>carvedilol phosphate</i>	Non-Preferred Generic	

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

Drug Name	Status*	Requirements/Limits
<i>labetalol hcl (100 mg tablet, 200 mg tablet, 300 mg tablet)</i>	Preferred Generic	
<i>metoprolol succinate</i>	Preferred Generic	
<i>metoprolol tartrate (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	Preferred Generic	
<i>metoprolol tartrate (37.5 mg tablet, 75 mg tablet)</i>	Non-Preferred Generic	
<i>nadolol</i>	Non-Preferred Generic	
<i>nebivolol hcl</i>	Non-Preferred Generic	
<i>pindolol</i>	Non-Preferred Generic	
<i>propranolol hcl (20 mg/5 ml solution, 40mg/5ml solution, 60 mg cap sa 24h, 80 mg cap sa 24h, 120 mg cap sa 24h, 160 mg cap sa 24h)</i>	Non-Preferred Generic	
<i>propranolol hcl (10 mg tablet, 20 mg tablet, 40 mg tablet, 60 mg tablet, 80 mg tablet)</i>	Preferred Generic	
<i>timolol maleate (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	Non-Preferred Generic	

CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES

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

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Drug Name	Status*	Requirements/Limits
<i>nimodipine</i>	Non-Preferred Generic	
<i>nisoldipine</i>	Non-Preferred Generic	
CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES		
<i>cartia xt</i>	Non-Preferred Generic	
<i>dilt-xr</i>	Non-Preferred Generic	
<i>diltiazem hcl (60 mg cap er 12h, 90 mg cap er 12h, 120 mg cap er 12h, 120 mg cap sa 24h, 120 mg cap er 24h, 120 mg cap er deg, 120 mg tab er 24h, 180 mg cap er 24h, 180 mg tab er 24h, 180 mg cap sa 24h, 180 mg cap er deg, 240 mg cap sa 24h, 240 mg tab er 24h, 240 mg cap er deg, 240 mg cap er 24h, 300 mg tab er 24h, 300 mg cap sa 24h, 300 mg cap er 24h, 360 mg cap er 24h, 360 mg tab er 24h, 360 mg cap sa 24h, 420 mg tab er 24h, 420 mg cap sa 24h)</i>	Non-Preferred Generic	
<i>diltiazem hcl (30 mg tablet, 60 mg tablet, 90 mg tablet, 120 mg tablet)</i>	Preferred Generic	
<i>matzim la</i>	Non-Preferred Generic	
<i>taztia xt</i>	Non-Preferred Generic	
<i>tiadyt er</i>	Non-Preferred Generic	
<i>verapamil hcl (100 mg cap24h pct, 120 mg cap24h pel, 180 mg cap24h pel, 200 mg cap24h pct, 240 mg cap24h pel, 300 mg cap24h pct, 360 mg cap24h pel)</i>	Non-Preferred Generic	
<i>verapamil hcl (40 mg tablet, 80 mg tablet, 120 mg tablet, 120 mg tablet er, 180 mg tablet er, 240 mg tablet er)</i>	Preferred Generic	

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

Drug Name	Status*	Requirements/Limits
CARDIOVASCULAR AGENTS, OTHER		
<i>acetazolamide (125 mg tablet, 250 mg tablet, 500 mg capsule er)</i>	Non-Preferred Generic	
<i>aliskiren hemifumarate</i>	Non-Preferred Generic	
<i>amiloride hcl/hydrochlorothiazide</i>	Non-Preferred Generic	
<i>amlodipine besylate/atorvastatin calcium</i>	Non-Preferred Generic	
<i>amlodipine besylate/benazepril hcl</i>	Preferred Generic	
<i>amlodipine besylate/olmesartan medoxomil</i>	Non-Preferred Generic	
<i>amlodipine besylate/valsartan</i>	Non-Preferred Generic	
<i>amlodipine besylate/valsartan/hydrochlorothiazide</i>	Non-Preferred Generic	
<i>atenolol/chlorthalidone</i>	Preferred Generic	
<i>benazepril hcl/hydrochlorothiazide</i>	Non-Preferred Generic	
<i>bisoprolol fumarate/hydrochlorothiazide</i>	Non-Preferred Generic	
CAMZYOS	Specialty	PA, LA, QL (1 PER DAY), S (Specialty Drug)
<i>candesartan cilexetil/hydrochlorothiazide</i>	Non-Preferred Generic	
<i>captopril/hydrochlorothiazide</i>	Non-Preferred Generic	
CORLANOR 5 MG/5 ML ORAL SOLN	Non-Preferred Brand	PA, LA
CORLANOR (5 MG TABLET, 7.5 MG TABLET)	Non-Preferred Brand	PA
<i>digitek</i>	Non-Preferred Generic	

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

Drug Name	Status*	Requirements/Limits
<i>digoxin (50 mcg/ml solution, 125 mcg tablet, 250 mcg tablet)</i>	Non-Preferred Generic	
<i>enalapril maleate/hydrochlorothiazide</i>	Preferred Generic	
ENTRESTO	Preferred Brand	
<i>fosinopril sodium/hydrochlorothiazide</i>	Non-Preferred Generic	
<i>irbesartan/hydrochlorothiazide</i>	Preferred Generic	
<i>lisinopril/hydrochlorothiazide</i>	Preferred Generic	
<i>losartan potassium/hydrochlorothiazide</i>	Preferred Generic	
<i>metoprolol tartrate/hydrochlorothiazide</i>	Non-Preferred Generic	
<i>olmesartan medoxomil/amlodipine besylate/hydrochlorothiazide</i>	Non-Preferred Generic	
<i>olmesartan medoxomil/hydrochlorothiazide</i>	Non-Preferred Generic	
<i>pentoxifylline</i>	Non-Preferred Generic	
<i>propranolol hcl/hydrochlorothiazide</i>	Non-Preferred Generic	
<i>quinapril hcl/hydrochlorothiazide</i>	Non-Preferred Generic	
<i>ranolazine</i>	Non-Preferred Generic	
<i>spironolactone/hydrochlorothiazide</i>	Non-Preferred Generic	
<i>telmisartan/hydrochlorothiazid 40-12.5 mg tablet</i>	Non-Preferred Generic	QL (1 PER 1 DAY)
<i>telmisartan/hydrochlorothiazide (80-12.5mg tablet, 80 mg-25mg tablet)</i>	Non-Preferred Generic	
<i>triamterene/hydrochlorothiazide (37.5-25 mg capsule, 37.5-25 mg tablet, 75 mg-50mg tablet)</i>	Preferred Generic	
<i>valsartan/hydrochlorothiazide</i>	Preferred Generic	

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Drug Name	Status*	Requirements/Limits
VYNDAMAX	Specialty	PA, LA, QL (1 PER 1 DAY), S (Specialty Drug)
VYNDAQEL	Specialty	PA, LA, QL (4 PER 1 DAY), S (Specialty Drug)
DIURETICS, LOOP		
<i>bumetanide (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	Non-Preferred Generic	
<i>ethacrynic acid</i>	Non-Preferred Generic	
<i>furosemide (10 mg/ml solution, 20 mg tablet, 40 mg tablet, 40mg/5ml solution, 80 mg tablet)</i>	Preferred Generic	
<i>torseamide</i>	Preferred Generic	
DIURETICS, POTASSIUM-SPARING		
<i>amiloride hcl</i>	Non-Preferred Generic	
<i>eplerenone</i>	Non-Preferred Generic	
KERENDIA	Non-Preferred Brand	PA, QL (1 PER DAY)
<i>spironolactone (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	Preferred Generic	
DIURETICS, THIAZIDE		
<i>chlorthalidone</i>	Preferred Generic	
<i>hydrochlorothiazide (12.5 mg capsule, 12.5 mg tablet, 25 mg tablet, 50 mg tablet)</i>	Preferred Generic	
<i>indapamide</i>	Preferred Generic	
<i>metolazone</i>	Non-Preferred Generic	
DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES		
<i>fenofibrate (54 mg tablet, 160 mg tablet)</i>	Non-Preferred Generic	

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

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

VASODILATORS, DIRECT-ACTING ARTERIAL

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

VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS

<i>isosorbide dinitrate (5 mg tablet, 10 mg tablet, 20 mg tablet, 30 mg tablet)</i>	Non-Preferred Generic
<i>isosorbide mononitrate (10 mg tablet, 20 mg tablet, 30 mg tab er 24h, 60 mg tab er 24h, 120 mg tab er 24h)</i>	Preferred Generic
<i>minitran</i>	Non-Preferred Generic
NITRO-BID	Preferred Brand
NITRO-DUR (0.3 PATCH, 0.8 PATCH)	Preferred Brand

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Drug Name	Status*	Requirements/Limits
<i>nitro-time</i>	Non-Preferred Generic	
<i>nitroglycerin (0.1mg/hr patch td24, 0.2mg/hr patch td24, 0.3 mg tab subl, 0.4 mg tab subl, 0.4mg/hr patch td24, 0.6mg/hr patch td24, 0.6 mg tab subl, 400mcg/spr spray)</i>	Non-Preferred Generic	
NITROMIST	Non-Preferred Brand	
RECTIV	Non-Preferred Brand	

CENTRAL NERVOUS SYSTEM AGENTS

ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES

<i>dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate (10 mg cap er 24h, 15 mg cap er 24h, 25 mg cap er 24h, 30 mg cap er 24h)</i>	Non-Preferred Generic	QL (1 PER DAY)
<i>dextroamphetamine/amphetamine 20 mg cap er 24h</i>	Non-Preferred Generic	QL (2 PER DAY)
<i>dextroamphetamine/amphetamine 5 mg cap er 24h</i>	Non-Preferred Generic	QL (1 PER 1 DAY)
<i>dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate (5 mg tablet, 7.5 mg tablet, 10 mg tablet, 12.5 mg tablet, 15 mg tablet, 20 mg tablet, 30 mg tablet)</i>	Non-Preferred Generic	
<i>dextroamphetamine sulfate (5 mg capsule er, 10 mg capsule er)</i>	Non-Preferred Generic	QL (2 PER 1 DAY)
<i>dextroamphetamine sulfate 15 mg capsule er</i>	Non-Preferred Generic	QL (4 PER DAY)
<i>dextroamphetamine sulfate (5 mg tablet, 10 mg tablet)</i>	Non-Preferred Generic	

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Drug Name	Status*	Requirements/Limits
<i>lisdexamfetamine dimesylate (10 mg tab chew, 10 mg capsule, 20 mg tab chew, 20 mg capsule, 30 mg tab chew, 30 mg capsule, 40 mg capsule, 40 mg tab chew, 50 mg tab chew, 50 mg capsule, 60 mg tab chew, 60 mg capsule, 70 mg capsule)</i>	Non-Preferred Generic	QL (1 PER DAY)
<i>methamphetamine hcl</i>	Non-Preferred Generic	
<i>zenzedi (5 mg tablet, 10 mg tablet)</i>	Non-Preferred Generic	
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES		
<i>atomoxetine hcl</i>	Non-Preferred Generic	
<i>clonidine hcl 0.1 mg tab er 12h</i>	Non-Preferred Generic	
<i>dexmethylphenidate hcl (5 mg cpbp 50-50, 10 mg cpbp 50-50, 15 mg cpbp 50-50, 20 mg cpbp 50-50, 25 mg cpbp 50-50, 30 mg cpbp 50-50, 35 mg cpbp 50-50, 40 mg cpbp 50-50)</i>	Non-Preferred Generic	QL (1 PER 1 DAY)
<i>dexmethylphenidate hcl (2.5 mg tablet, 5 mg tablet, 10 mg tablet)</i>	Non-Preferred Generic	
<i>guanfacine hcl (1 mg tab er 24h, 2 mg tab er 24h, 3 mg tab er 24h, 4 mg tab er 24h)</i>	Non-Preferred Generic	
<i>metadate er</i>	Non-Preferred Generic	QL (1 PER 1 DAY)
<i>methylphenidate</i>	Non-Preferred Generic	QL (1 PER DAY)

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Drug Name	Status*	Requirements/Limits
<i>methylphenidate hcl (10 mg tablet er, 10 mg cpbp 30-70, 10 mg cpbp 50-50, 18 mg tab er 24, 20 mg cpbp 30-70, 20 mg cpbp 50-50, 20 mg tablet er, 27 mg tab er 24, 30 mg cpbp 50-50, 30 mg cpbp 30-70, 40 mg cpbp 50-50, 40 mg cpbp 30-70, 50 mg cpbp 30-70, 54 mg tab er 24, 60 mg cpbp 30-70, 60 mg cpbp 50-50)</i>	Non-Preferred Generic	QL (1 PER 1 DAY)
<i>methylphenidate hcl 36 mg tab er 24</i>	Non-Preferred Generic	QL (2 PER 1 DAY)
<i>methylphenidate hcl (2.5 mg tab chew, 5 mg tablet, 5 mg/5 ml solution, 5 mg tab chew, 10 mg tablet, 10 mg/5 ml solution, 10 mg tab chew, 20 mg tablet)</i>	Non-Preferred Generic	
CENTRAL NERVOUS SYSTEM, OTHER		
AUSTEDO (6 MG TABLET, 12 MG TABLET)	Specialty	PA, QL (4 PER 1 DAY), S (Specialty Drug)
AUSTEDO 9 MG TABLET	Specialty	PA, QL (5 PER 1 DAY), S (Specialty Drug)
AUSTEDO XR (6 MG TABLET, 24 MG TABLET)	Specialty	PA, QL (2 PER DAY), S (Specialty Drug)
AUSTEDO XR 12 MG TABLET	Specialty	PA, QL (3 PER DAY), S (Specialty Drug)
AUSTEDO XR TITRATION KT(WK1-4)	Specialty	PA, QL (1 PER 365 DAYS), S (Specialty Drug)
BENZPHETAMINE HCL	Non-Preferred Brand	
<i>butalbital/acetaminophen 50mg-325mg tablet</i>	Non-Preferred Generic	
<i>butalbital/acetaminophen/caffeine (50-300-40 capsule, 50-325-40 tablet, 50-325-40 capsule)</i>	Non-Preferred Generic	
DIETHYLPROPION HCL (25 MG TABLET, 75 MG TABLET ER)	Non-Preferred Brand	
EXSERVAN	Specialty	LA, S (Specialty Drug)
<i>fioricet</i>	Non-Preferred Generic	

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Drug Name	Status*	Requirements/Limits
NUEDEXTA	Non-Preferred Brand	PA, QL (2 PER 1 DAY)
PHENDIMETRAZINE TARTRATE (35 MG TABLET, 105 MG CAPSULE ER)	Non-Preferred Brand	C (For groups with weight loss medication coverage only)
PLENITY	Non-Preferred Brand	
QSYMIA	Preferred Brand	PA, QL (1 PER DAY), C (For groups with weight loss medication coverage only)
RADICAVA ORS	Specialty	PA, LA, QL (50 ML PER 28 DAYS), S (Specialty Drug)
RELYVRIO	Specialty	PA, LA, QL (56 PER 28 DAYS), S (Specialty Drug)
<i>riluzole</i>	Non-Preferred Generic	
<i>tencon</i>	Non-Preferred Generic	
<i>tetrabenazine</i>	Non-Preferred Generic	PA, QL (4 PER DAY), S (Specialty Drug)
TIGLUTIK	Specialty	LA, S (Specialty Drug)
<i>vtol iq</i>	Non-Preferred Generic	

FIBROMYALGIA AGENTS

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

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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]

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

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

DENTAL AND ORAL AGENTS

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

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

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

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Drug Name	Status*	Requirements/Limits
<i>zenatane</i>	Non-Preferred Generic	
DERMATITIS AND PRURITUS AGENTS		
<i>alclometasone dipropionate (0.05 % oint. (g), 0.05 % cream (g))</i>	Non-Preferred Generic	
<i>amcinonide (0.1 % cream (g), 0.1 % lotion, 0.1 % oint. (g))</i>	Non-Preferred Generic	
<i>anusol-hc 2.5% cream</i>	Non-Preferred Generic	
<i>apexicon e</i>	Non-Preferred Generic	
<i>beser</i>	Non-Preferred Generic	
<i>betamethasone dipropionate (0.05 % lotion, 0.05 % gel (gram), 0.05 % cream (g), 0.05 % oint. (g))</i>	Non-Preferred Generic	
<i>betamethasone dipropionate/propylene glycol (0.05 % cream (g), 0.05 % oint. (g), 0.05 % lotion)</i>	Non-Preferred Generic	
<i>betamethasone valerate (0.1 % cream (g), 0.1 % lotion, 0.1 % oint. (g))</i>	Non-Preferred Generic	
<i>clobetasol propionate (0.05 % solution, 0.05 % lotion, 0.05 % shampoo, 0.05 % spray, 0.05 % cream (g), 0.05 % foam, 0.05 % oint. (g), 0.05 % gel (gram))</i>	Non-Preferred Generic	
<i>clobetasol propionate/emoll 0.05 % cream (g)</i>	Non-Preferred Generic	
<i>clocortolone pivalate</i>	Non-Preferred Generic	
<i>clodan 0.05% shampoo</i>	Non-Preferred Generic	
CORDRAN 4 MCG/SQ CM TAPE LARGE	Non-Preferred Brand	
<i>desonide (0.05 % lotion, 0.05 % cream (g), 0.05 % oint. (g))</i>	Non-Preferred Generic	

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Drug Name	Status*	Requirements/Limits
<i>desoximetasone (0.05 % cream (g), 0.05 % gel (gram), 0.05 % oint. (g), 0.25 % oint. (g), 0.25 % cream (g))</i>	Non-Preferred Generic	
<i>diflorasone diacetate (0.05 % oint. (g), 0.05 % cream (g))</i>	Non-Preferred Generic	
EPIFOAM	Non-Preferred Brand	
EUCRISA	Non-Preferred Brand	PA
<i>fluocinolone acetonide (0.01 % cream (g), 0.01 % oil, 0.01 % solution, 0.025 % oint. (g), 0.025 % cream (g))</i>	Non-Preferred Generic	
<i>fluocinolone acetonide/shower cap</i>	Non-Preferred Generic	
<i>fluocinonide (0.05 % gel (gram), 0.05 % solution, 0.05 % cream (g), 0.05 % oint. (g), 0.1 % cream (g))</i>	Non-Preferred Generic	
<i>fluocinonide/emollient base</i>	Non-Preferred Generic	
<i>fluticasone propionate (0.005 % oint. (g), 0.05 % lotion, 0.05 % cream (g))</i>	Non-Preferred Generic	
<i>halobetasol propionate (0.05 % oint. (g), 0.05 % cream (g))</i>	Non-Preferred Generic	
<i>hydrocortisone (1 % crm/pe app, 2.5 % lotion, 2.5 % crm/pe app)</i>	Non-Preferred Generic	
<i>hydrocortisone (2.5 % cream (g), 2.5 % oint. (g))</i>	Preferred Generic	
<i>hydrocortisone butyrate (0.1 % oint. (g), 0.1 % solution, 0.1 % cream (g))</i>	Non-Preferred Generic	
<i>hydrocortisone valerate (0.2 % cream (g), 0.2 % oint. (g))</i>	Non-Preferred Generic	
<i>mometasone furoate (0.1 % cream (g), 0.1 % oint. (g))</i>	Preferred Generic	
<i>mometasone furoate 0.1 % solution</i>	Non-Preferred Generic	

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

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

Drug Name	Status*	Requirements/Limits
DERMATOLOGICAL AGENTS, OTHER		
<i>calcipotriene (0.005 % cream (g), 0.005 % oint. (g), 0.005 % solution)</i>	Non-Preferred Generic	
<i>calcipotriene/betamethasone dipropionate (0.005-.064 oint. (g), 0.005-.064 suspension)</i>	Non-Preferred Generic	PA
<i>calcitriol 3 mcg/g oint. (g)</i>	Non-Preferred Generic	QL (100 GM PER 30 DAYS)
<i>calsodore 0.005% cream</i>	Non-Preferred Generic	
<i>clotrimazole/betamethasone dipropionate (1 %-0.05 % lotion, 1 %-0.05 % cream (g))</i>	Non-Preferred Generic	
CONDYLOX	Non-Preferred Brand	
<i>diclofenac sodium 3 % gel (gram)</i>	Non-Preferred Generic	
DRYSOL	Non-Preferred Brand	
FLUOROPLEX	Non-Preferred Brand	
<i>fluorouracil 0.5 % cream (g)</i>	Non-Preferred Generic	PA
<i>fluorouracil (2 % solution, 5 % solution, 5 % cream (g))</i>	Non-Preferred Generic	
<i>imiquimod 5 % cream pack</i>	Non-Preferred Generic	
<i>imiquimod (3.75 % crm md pmp, 3.75 % cream pack)</i>	Non-Preferred Generic	PA
KLISYRI	Non-Preferred Brand	PA
METHOXSALEN	Specialty	

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

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Drug Name	Status*	Requirements/Limits
PEDICULICIDES/SCABICIDES		
EURAX 10% CREAM	Non-Preferred Brand	
<i>ivermectin 1 % cream (g)</i>	Non-Preferred Generic	ST, QL (45 GM PER 30 DAYS)
<i>ivermectin 0.5 % lotion</i>	Non-Preferred Generic	
<i>lindane</i>	Non-Preferred Generic	
<i>malathion</i>	Non-Preferred Generic	
<i>permethrin</i>	Non-Preferred Generic	
TOPICAL ANTI-INFECTIVES		
<i>acyclovir 5 % oint. (g)</i>	Non-Preferred Generic	PA, QL (30 GM PER 365 DAYS)
ALTABAX	Non-Preferred Brand	ST
<i>ciclopirox (0.77 % gel (gram), 1 % shampoo)</i>	Non-Preferred Generic	
<i>ciclopirox olamine (0.77 % cream (g), 0.77 % suspension)</i>	Non-Preferred Generic	
<i>clindacin</i>	Non-Preferred Generic	
<i>clindamycin phosphate (1 % foam, 1 % lotion, 1 % gel (gram), 1 % solution)</i>	Non-Preferred Generic	
DAPSONE (5 % GEL (GRAM), 7.5 % GEL W/PUMP)	Non-Preferred Brand	
<i>ery</i>	Non-Preferred Generic	
<i>erythromycin base in ethanol (in 2 % solution, in 2 % gel (gram))</i>	Non-Preferred Generic	
<i>mupirocin 2% ointment</i>	Preferred Generic	

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Drug Name	Status*	Requirements/Limits
<i>penciclovir</i>	Non-Preferred Generic	PA, QL (10 GM PER 365 DAYS)
SULFAMYLON 8.5% CREAM	Non-Preferred Brand	
XEPI	Non-Preferred Brand	ST

ELECTROLYTES/MINERALS/METALS/VITAMINS

ELECTROLYTE/MINERAL REPLACEMENT

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

ELECTROLYTE/MINERAL/METAL MODIFIERS

CHEMET	Non-Preferred Brand	
DEFERASIROX (90 MG TABLET, 90 MG GRAN PACK, 125 MG TAB DISPER, 180 MG TABLET, 180 MG GRAN PACK, 250 MG TAB DISPER, 360 MG GRAN PACK, 360 MG TABLET, 500 MG TAB DISPER)	Specialty	S (Specialty Drug)
DEFERIPRONE	Specialty	LA, S (Specialty Drug)
FERRIPROX 100 MG/ML SOLUTION	Specialty	LA, S (Specialty Drug)

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Drug Name	Status*	Requirements/Limits
FERRIPROX (2 TIMES A DAY)	Specialty	LA, S (Specialty Drug)
JYNARQUE (15 MG TABLET, 15 MG-15 MG TABLET, 30 MG TABLET, 30 MG-15 MG TABLET, 45 MG-15 MG TABLET, 60 MG-30 MG TABLET, 90 MG-30 MG TABLET)	Specialty	PA, LA, S (Specialty Drug)
TOLVAPTAN	Specialty	PA, S (Specialty Drug)
TRIENTINE HCL 250 MG CAPSULE	Specialty	PA, S (Specialty Drug)

PHOSPHATE BINDERS

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

POTASSIUM BINDERS

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

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Drug Name	Status*	Requirements/Limits
<i>sps 15 gm/60 ml suspension</i>	Non-Preferred Generic	
VELTASSA	Preferred Brand	

VITAMINS

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

GASTROINTESTINAL AGENTS

ANTI-CONSTIPATION AGENTS

CLENPIQ	Non-Preferred Brand	
<i>constulose</i>	Preferred Generic	
<i>enulose</i>	Preferred Generic	

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Drug Name	Status*	Requirements/Limits
<i>generlac</i>	Preferred Generic	
<i>lactulose (10 g/15 ml solution, 20 g/30 ml solution)</i>	Preferred Generic	
<i>lubiprostone</i>	Non-Preferred Generic	
MOTEGRITY	Non-Preferred Brand	PA
MOVANTIK	Non-Preferred Brand	PA
OSMOPREP	Non-Preferred Brand	
SYMPROIC	Non-Preferred Brand	PA
ANTI-DIARRHEAL AGENTS		
<i>alosetron hcl</i>	Non-Preferred Generic	PA
<i>diphenoxylate hcl/atropine sulfate (2.5-.025mg tablet, 2.5-.025/5 liquid)</i>	Non-Preferred Generic	
MYTESI	Non-Preferred Brand	
VIBERZI	Non-Preferred Brand	PA
XIFAXAN	Non-Preferred Brand	PA, QL (3 PER 1 DAY)
ANTISPASMODICS, GASTROINTESTINAL		
<i>dicyclomine hcl 10 mg/5 ml solution</i>	Non-Preferred Generic	
<i>dicyclomine hcl (10 mg capsule, 20 mg tablet)</i>	Preferred Generic	
<i>glycopyrrolate (1 mg tablet, 1 mg/5 ml solution, 2 mg tablet)</i>	Non-Preferred Generic	
<i>methscopolamine bromide</i>	Non-Preferred Generic	

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

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2023 PROVIDENCE FORMULARY B: HARRISON

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Drug Name	Status*	Requirements/Limits
<i>sodium chloride/sodium bicarbonate/potassium chloride/peg</i>	Preferred Generic	C (ACA ELIGIBLE - AGES 45 AND OLDER)
SUPREP	Preferred Brand	
SUTAB	Non-Preferred Brand	
TALICIA	Non-Preferred Brand	QL (168 PER 28 DAYS)
<i>ursodiol (250 mg tablet, 300 mg capsule, 500 mg tablet)</i>	Non-Preferred Generic	

HISTAMINE2 (H2) RECEPTOR ANTAGONISTS

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

PROTECTANTS

<i>misoprostol</i>	Non-Preferred Generic
<i>sucralfate (1 g tablet, 1 g/10 ml oral susp)</i>	Non-Preferred Generic

PROTON PUMP INHIBITORS

<i>esomeprazole magnesium (20 mg capsule dr, 40 mg capsule dr)</i>	Non-Preferred Generic
<i>lansoprazole 30 mg capsule dr</i>	Non-Preferred Generic
<i>omeprazole (10 mg capsule dr, 20 mg capsule dr, 40 mg capsule dr)</i>	Preferred Generic
<i>pantoprazole sodium 40 mg granpkt dr</i>	Non-Preferred Generic

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

2023 PROVIDENCE FORMULARY B: HARRISON

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

Drug Name	Status*	Requirements/Limits
<i>pantoprazole sodium (20 mg tablet dr, 40 mg tablet dr)</i>	Preferred Generic	
<i>rabeprazole sodium 20 mg tablet dr</i>	Non-Preferred Generic	

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

<i>betaine</i>	Non-Preferred Generic	S (Specialty Drug)
CERDELGA	Specialty	PA, S (Specialty Drug)
CHOLBAM	Specialty	PA, LA, S (Specialty Drug)
CREON	Preferred Brand	
<i>cromolyn sodium 20 mg/ml oral conc</i>	Non-Preferred Generic	
CYSTADROPS	Specialty	LA, QL (20 ML PER 28 DAYS), S (Specialty Drug)
CYTAGON	Specialty	LA, S (Specialty Drug)
CYSTARAN	Specialty	LA, QL (2 ML PER DAY), S (Specialty Drug)
GALAFOLD	Specialty	PA, LA, QL (.5 PER 1 DAY), S (Specialty Drug)
JAVYGTOR (100 MG TABLET, 100 MG POWDER PACKET, 500 MG POWDER PACKET)	Specialty	PA, LA, S (Specialty Drug)
MIGLUSTAT	Specialty	PA, S (Specialty Drug)
NITISINONE	Specialty	LA, S (Specialty Drug)
NITYR	Specialty	LA, S (Specialty Drug)
ORFADIN 4 MG/ML SUSPENSION	Specialty	LA, S (Specialty Drug)
PALYNZIQ 10 MG/0.5 ML SYRINGE	Specialty	PA, LA, QL (1 ML PER 1 DAY), S (Specialty Drug)
PALYNZIQ 2.5 MG/0.5 ML SYRINGE	Specialty	PA, LA, QL (8 ML PER 28 DAYS), S (Specialty Drug)
PALYNZIQ 20 MG/ML SYRINGE	Specialty	PA, LA, QL (3 ML PER DAY), S (Specialty Drug)

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2023 PROVIDENCE FORMULARY B: HARRISON

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

Drug Name	Status*	Requirements/Limits
PROCYSBI (DR 25 MG CAPSULE, DR 75 MG CAPSULE, DR 75 MG GRANULE PKT, DR 300 MG GRANULE PKT)	Specialty	PA, LA, S (Specialty Drug)
RAVICTI	Specialty	PA, LA, S (Specialty Drug)
REVCIVI	Specialty	PA, LA, S (Specialty Drug)
SAPROPTERIN DIHYDROCHLORIDE (100 MG TABLET SOL, 100 MG POWD PACK, 500 MG POWD PACK)	Specialty	PA, S (Specialty Drug)
SODIUM PHENYL BUTYRATE (0.94 G/G POWDER, 500 MG TABLET)	Specialty	PA, LA, S (Specialty Drug)
STRENSIQ	Specialty	PA, LA, S (Specialty Drug)
SUCRAID	Specialty	PA, LA, S (Specialty Drug)
TEGSEDI	Specialty	PA, QL (6 ML PER 28 DAYS), S (Specialty Drug)
VISTOGARD	Specialty	LA, S (Specialty Drug)
XURIDEN	Specialty	PA, LA, S (Specialty Drug)
ZENPEP	Preferred Brand	

GENITOURINARY AGENTS

ANTISPASMODICS, URINARY

<i>darifenacin hydrobromide</i>	Non-Preferred Generic	
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<i>flavoxate hcl</i>	Non-Preferred Generic	
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MYRBETRIQ (ER 8 MG/ML SUSP, ER 25 MG TABLET, ER 50 MG TABLET)	Non-Preferred Brand	ST
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<i>oxybutynin chloride (5 mg/5 ml syrup, 5 mg tablet, 5 mg tab er 24, 10 mg tab er 24, 15 mg tab er 24)</i>	Non-Preferred Generic	
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<i>solifenacin succinate</i>	Non-Preferred Generic	
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<i>tolterodine tartrate (1 mg tablet, 2 mg tablet, 2 mg cap er 24h, 4 mg cap er 24h)</i>	Non-Preferred Generic	
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2023 PROVIDENCE FORMULARY B: HARRISON

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

Drug Name	Status*	Requirements/Limits
<i>trosipium chloride (20 mg tablet, 60 mg cap er 24h)</i>	Non-Preferred Generic	
BENIGN PROSTATIC HYPERTROPHY AGENTS		
<i>alfuzosin hcl</i>	Non-Preferred Generic	
<i>dutasteride</i>	Non-Preferred Generic	
<i>finasteride 5 mg tablet</i>	Preferred Generic	
<i>silodosin</i>	Non-Preferred Generic	
<i>tadalafil 5 mg tablet</i>	Non-Preferred Generic	QL (1 PER DAY)
<i>tamsulosin hcl</i>	Preferred Generic	
GENITOURINARY AGENTS, OTHER		
<i>bethanechol chloride</i>	Non-Preferred Generic	
D-PENAMINE	Specialty	
ELMIRON	Non-Preferred Brand	QL (3 PER 1 DAY)
GYNOL II	ACA Preventive	
<i>methylergonovine maleate 0.2 mg tablet</i>	Non-Preferred Generic	
PENICILLAMINE 250 MG TABLET	Specialty	
PHEXXI	ACA Preventive	
THIOLA EC	Specialty	LA, S (Specialty Drug)
TIOPRONIN	Specialty	S (Specialty Drug)
TODAY CONTRACEPTIVE SPONGE	ACA Preventive	
VCF (FILM, GEL)	ACA Preventive	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
ACTHAR	Specialty	PA, S (Specialty Drug)

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2023 PROVIDENCE FORMULARY B: HARRISON

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

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

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)

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

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2023 PROVIDENCE FORMULARY B: HARRISON

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

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

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

ANABOLIC STEROIDS

<i>oxandrolone</i>	Non-Preferred Generic
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ANDROGENS

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

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2023 PROVIDENCE FORMULARY B: HARRISON

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

Drug Name	Status*	Requirements/Limits
<i>testosterone cypionate</i>	Non-Preferred Generic	
<i>testosterone enanthate</i>	Non-Preferred Generic	
ESTROGENS		
AFIRMELLE	ACA Preventive	
ALTAVERA	ACA Preventive	
ALYACEN	ACA Preventive	
AMETHIA	ACA Preventive	
AMETHYST	ACA Preventive	
ANNOVERA	ACA Preventive	
APRI	ACA Preventive	
ARANELLE	ACA Preventive	
ASHLYNA	ACA Preventive	
AUBRA	ACA Preventive	
AUBRA EQ	ACA Preventive	
AUROVELA	ACA Preventive	
AUROVELA 24 FE	ACA Preventive	
AUROVELA FE	ACA Preventive	
AVIANE	ACA Preventive	
AYUNA	ACA Preventive	
AZURETTE	ACA Preventive	
BALZIVA	ACA Preventive	
BLISOVI 24 FE	ACA Preventive	
BLISOVI FE	ACA Preventive	
BRIELLYN	ACA Preventive	
CAMRESE	ACA Preventive	
CAMRESE LO	ACA Preventive	

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2023 PROVIDENCE FORMULARY B: HARRISON

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

Drug Name	Status*	Requirements/Limits
CAZIAN T	ACA Preventive	
CHARLOTTE 24 FE	ACA Preventive	
CHATEAL	ACA Preventive	
CHATEAL EQ	ACA Preventive	
CRYSELLE	ACA Preventive	
CYCLAFEM	ACA Preventive	
CYRED	ACA Preventive	
CYRED EQ	ACA Preventive	
DASETTA	ACA Preventive	
DAYSEE	ACA Preventive	
DEPO-ESTRADIOL	Non-Preferred Brand	
DESOGESTREL-ETHINYL ESTRADIOL	ACA Preventive	
DESOGESTREL-ETHINYL ESTRADIOL/ETHINYL ESTRADIOL	ACA Preventive	
DOLISHALE	ACA Preventive	
<i>dotti</i>	Non-Preferred Generic	
DROSPIRENONE/ETHINYL ESTRADIOL/LEVOMEFOLATE CALCIUM	ACA Preventive	
ELINEST	ACA Preventive	
ELURYNG	ACA Preventive	
EMOQUETTE	ACA Preventive	
ENILLORING	ACA Preventive	
ENPRESSE	ACA Preventive	
ENSKYCE	ACA Preventive	
ESTARYLLA	ACA Preventive	

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2023 PROVIDENCE FORMULARY B: HARRISON

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

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

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2023 PROVIDENCE FORMULARY B: HARRISON

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

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

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2023 PROVIDENCE FORMULARY B: HARRISON

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

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

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2023 PROVIDENCE FORMULARY B: HARRISON

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

Drug Name	Status*	Requirements/Limits
NORETHINDRONE ACETATE-ETHINYL ESTRADIOL/FERROUS FUMARATE (1MG-20(24) CAPSULE, 1MG-20(24) TAB CHEW, 1MG-20(21) TABLET, 1.5-30(21) TABLET, 5-7-9-7 TABLET)	ACA Preventive	
NORETHINDRONE-ETHINYL ESTRADIOL/FERROUS FUMARATE	ACA Preventive	
NORGESTIMATE-ETHINYL ESTRADIOL	ACA Preventive	
NORTREL	ACA Preventive	
NYLIA	ACA Preventive	
NYMYO	ACA Preventive	
OCELLA	ACA Preventive	
ORSYTHIA	ACA Preventive	
PHILITH	ACA Preventive	
PIMTREA	ACA Preventive	
PIRMELLA	ACA Preventive	
PORTIA	ACA Preventive	
PREMARIN (0.3 MG TABLET, 0.45 MG TABLET, 0.625 MG TABLET, 0.9 MG TABLET, 1.25 MG TABLET, VAGINAL CREAM-APPL)	Preferred Brand	
PREMPHASE	Non-Preferred Brand	
PREMPRO	Non-Preferred Brand	
PREVIFEM	ACA Preventive	
RECLIPSEN	ACA Preventive	
RIVELSA	ACA Preventive	
SETLAKIN	ACA Preventive	
SIMLIYA	ACA Preventive	
SIMPESSE	ACA Preventive	

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2023 PROVIDENCE FORMULARY B: HARRISON

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

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

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2023 PROVIDENCE FORMULARY B: HARRISON

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

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

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

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

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2023 PROVIDENCE FORMULARY B: HARRISON

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

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

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2023 PROVIDENCE FORMULARY B: HARRISON

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

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

SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS

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

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)

ADTHYZA	Non-Preferred Brand	
ARMOUR THYROID (180 MG TABLET, 240 MG TABLET, 300 MG TABLET)	Non-Preferred Brand	

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2023 PROVIDENCE FORMULARY B: HARRISON

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

Drug Name	Status*	Requirements/Limits
<i>levothyroxine sodium (25 mcg tablet, 50 mcg tablet, 75 mcg tablet, 88 mcg tablet, 100 mcg tablet, 112 mcg tablet, 125 mcg tablet, 137 mcg tablet, 150 mcg tablet, 175 mcg tablet, 200 mcg tablet, 300 mcg tablet)</i>	Preferred Generic	
<i>liothyronine sodium (5 mcg tablet, 25 mcg tablet, 50 mcg tablet)</i>	Non-Preferred Generic	
<i>niva thyroid</i>	Non-Preferred Generic	
<i>np thyroid</i>	Non-Preferred Generic	
<i>thyroid,pork</i>	Non-Preferred Generic	

HORMONAL AGENTS, SUPPRESSANT (ADRENAL)

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

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

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

2023 PROVIDENCE FORMULARY B: HARRISON

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

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

HORMONAL AGENTS, SUPPRESSANT (THYROID)

ANTITHYROID AGENTS

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

IMMUNOLOGICAL AGENTS

ANGIOEDEMA AGENTS

BERINERT	Specialty	PA, LA, QL (2 PER 30 DAYS), S (Specialty Drug)
HAEGARDA	Specialty	PA, LA, S (Specialty Drug)
ICATIBANT ACETATE	Specialty	PA, LA, QL (9 ML PER 30 DAYS), S (Specialty Drug)
ORLADEYO	Specialty	PA, LA, QL (1 PER DAY), S (Specialty Drug)
SAJAZIR	Specialty	PA, LA, QL (9 ML PER 30 DAYS), S (Specialty Drug)

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2023 PROVIDENCE FORMULARY B: HARRISON

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Drug Name	Status*	Requirements/Limits
TAKHZYRO (300 MG/2 ML VIAL, 300 MG/2 ML SYRINGE)	Specialty	PA, LA, QL (4 ML PER 28 DAYS), S (Specialty Drug)
TAKHZYRO 150 MG/ML SYRINGE	Specialty	PA, LA, QL (2 ML PER 28 DAYS), S (Specialty Drug)

IMMUNOGLOBULINS

CUTAQUIG	Specialty	PA, S (Specialty Drug)
GAMMAKED	Specialty	PA, S (Specialty Drug)
GAMUNEX-C	Specialty	PA, LA, S (Specialty Drug)
HIZENTRA (1 GRAM/5 ML SYRINGE, 1 GRAM/5 ML VIAL, 2 GRAM/10 ML SYRINGE, 2 GRAM/10 ML VIAL, 4 GRAM/20 ML SYRINGE, 4 GRAM/20 ML VIAL, 10 GRAM/50 ML VIAL)	Specialty	PA, LA, S (Specialty Drug)
HYQVIA	Specialty	PA, LA, S (Specialty Drug)
XEMBIFY	Specialty	PA, LA, S (Specialty Drug)

IMMUNOLOGICAL AGENTS, OTHER

ACTEMRA 162 MG/0.9 ML SYRINGE	Specialty	PA, LA, QL (3.6 ML PER 28 DAYS), S (Specialty Drug)
ACTEMRA ACTPEN	Specialty	PA, LA, QL (3.6 ML PER 28 DAYS), S (Specialty Drug)
BENLYSTA (200 MG/ML SYRINGE, 200 MG/ML AUTOINJECT)	Specialty	PA, LA, QL (4 ML PER 28 DAYS), S (Specialty Drug)
COSENTYX (2 SYRINGES)	Specialty	PA, LA, QL (4 ML PER 56 DAYS), S (Specialty Drug)
COSENTYX SENSOREADY (2 PENS)	Specialty	PA, LA, QL (2 ML PER 28 DAYS), S (Specialty Drug)
COSENTYX SENSOREADY PEN	Specialty	PA, LA, QL (2 ML PER 28 DAYS), S (Specialty Drug)
COSENTYX SYRINGE	Specialty	PA, LA, QL (2 ML PER 28 DAYS), S (Specialty Drug)
COSENTYX UNOREADY PEN	Specialty	PA, LA, QL (2 ML PER 28 DAYS), S (Specialty Drug)
DUPIXENT 200 MG/1.14 ML PEN	Specialty	PA, QL (2.28 ML PER 28 DAYS), S (Specialty Drug)

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2023 PROVIDENCE FORMULARY B: HARRISON

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

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2023 PROVIDENCE FORMULARY B: HARRISON

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

Drug Name	Status*	Requirements/Limits
STELARA (45 MG/0.5 ML VIAL, 45 MG/0.5 ML SYRINGE)	Specialty	PA, QL (0.5 ML PER 84 DAYS), S (Specialty Drug)
TALTZ AUTOINJECTOR	Specialty	PA, LA, QL (1 ML PER 28 DAYS), S (Specialty Drug)
TALTZ AUTOINJECTOR (2 PACK)	Specialty	PA, LA, QL (1 ML PER 28 DAYS), S (Specialty Drug)
TALTZ AUTOINJECTOR (3 PACK)	Specialty	PA, LA, QL (1 ML PER 28 DAYS), S (Specialty Drug)
TALTZ SYRINGE	Specialty	PA, LA, QL (1 ML PER 28 DAYS), S (Specialty Drug)
TREMFYA (100 MG/ML INJECTOR, 100 MG/ML SYRINGE)	Specialty	PA, QL (1 ML PER 56 DAYS), S (Specialty Drug)
XELJANZ 1 MG/ML SOLUTION	Specialty	PA, QL (10 ML PER DAY), S (Specialty Drug)
XELJANZ (5 MG TABLET, 10 MG TABLET)	Specialty	PA, QL (2 PER 1 DAY), S (Specialty Drug)
XELJANZ XR	Specialty	PA, QL (1 PER 1 DAY), S (Specialty Drug)
XOLAIR (75 MG/0.5 ML SYRINGE, 150 MG/ML SYRINGE)	Specialty	PA, LA, S (Specialty Drug)
IMMUNOSTIMULANTS		
ACTIMMUNE	Specialty	PA, LA, S (Specialty Drug)
INTRON A 10 MILLION UNITS VIAL	Specialty	LA, S (Specialty Drug)
PEGASYS (180 MCG/ML VIAL, 180 MCG/0.5 ML SYRINGE)	Specialty	PA, S (Specialty Drug)
IMMUNOSUPPRESSANTS		
AMJEVITA(CF) 10MG/0.2ML SYRING	Specialty	PA, QL (0.4 ML PER 28 DAYS), C (Amgen Preferred (Manufacturer NDC 55513); biosimilar to HUMIRA), S (Specialty Drug)
AMJEVITA(CF) 20MG/0.4ML SYRING	Specialty	PA, QL (0.8 ML PER 28 DAYS), C (Amgen Preferred (Manufacturer NDC 55513); biosimilar to HUMIRA), S (Specialty Drug)

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2023 PROVIDENCE FORMULARY B: HARRISON

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

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2023 PROVIDENCE FORMULARY B: HARRISON

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Drug Name	Status*	Requirements/Limits
HADLIMA PUSHTOUCH	Specialty	PA, QL (1.6 ML PER 28 DAYS), S (Specialty Drug)
HADLIMA(CF)	Specialty	PA, QL (0.8 ML PER 28 DAYS), S (Specialty Drug)
HADLIMA(CF) PUSHTOUCH	Specialty	PA, QL (0.8 ML PER 28 DAYS), S (Specialty Drug)
HUMIRA	Specialty	PA, QL (2 PER 28 DAYS), S (Specialty Drug)
HUMIRA PEN	Specialty	PA, QL (2 PER 28 DAYS), S (Specialty Drug)
HUMIRA PEN CROHN'S-UC-HS	Specialty	PA, QL (6 PER 28 DAYS), S (Specialty Drug)
HUMIRA PEN PSOR-UVEITS-ADOL HS	Specialty	PA, QL (4 PER 28 DAYS), S (Specialty Drug)
HUMIRA(CF)	Specialty	PA, QL (2 PER 28 DAYS), S (Specialty Drug)
HUMIRA(CF) PEDI CROHN 80-40 MG	Specialty	PA, QL (2 PER 28 DAYS), S (Specialty Drug)
HUMIRA(CF) PEDI CROHN 80MG/0.8	Specialty	PA, QL (3 PER 28 DAYS), S (Specialty Drug)
HUMIRA(CF) PEN	Specialty	PA, QL (2 PER 28 DAYS), S (Specialty Drug)
HUMIRA(CF) PEN CROHN'S-UC-HS	Specialty	PA, QL (3 PER 28 DAYS), S (Specialty Drug)
HUMIRA(CF) PEN PEDIATRIC UC	Specialty	PA, QL (4 PER 28 DAYS), S (Specialty Drug)
HUMIRA(CF) PEN PSOR-UV-ADOL HS	Specialty	PA, QL (3 PER 28 DAYS), S (Specialty Drug)
<i>leflunomide</i>	Non-Preferred Generic	
LUPKYNIS	Specialty	PA, LA, S (Specialty Drug)
<i>methotrexate sodium (2.5 mg tablet, 25 mg/ml vial)</i>	Non-Preferred Generic	
<i>methotrexate sodium/pf (1 g vial, 25 mg/ml vial)</i>	Non-Preferred Generic	

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2023 PROVIDENCE FORMULARY B: HARRISON

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Drug Name	Status*	Requirements/Limits
<i>mycophenolate mofetil (200 mg/ml susp recon, 250 mg capsule, 500 mg tablet)</i>	Non-Preferred Generic	
<i>mycophenolate sodium</i>	Non-Preferred Generic	
REZUROCK	Specialty	PA, LA, QL (1 PER DAY), S (Specialty Drug)
SANDIMMUNE 100 MG/ML SOLN	Non-Preferred Brand	
<i>sirolimus (0.5 mg tablet, 1 mg tablet, 1 mg/ml solution, 2 mg tablet)</i>	Non-Preferred Generic	
<i>tacrolimus (0.5 mg capsule, 1 mg capsule, 5 mg capsule)</i>	Non-Preferred Generic	

VACCINES

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

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2023 PROVIDENCE FORMULARY B: HARRISON

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Drug Name	Status*	Requirements/Limits
HAVRIX 1,440 UNIT/ML SYRINGE	ACA Preventive	QLC (1 dose (1mL) per day; 2 doses (2mL) per lifetime.)
HAVRIX 720 UNIT/0.5 ML SYRINGE	ACA Preventive	QLC (1 dose (0.5mL) per day; 2 doses (1mL) per lifetime.)
HEPLISAV-B	ACA Preventive	QLC (1 dose (0.5mL) per day; 2 doses (1mL) per lifetime.)
HIBERIX	ACA Preventive	QLC (1 dose (1 vial) per day; 4 doses (4 vials) per lifetime)
INFANRIX DTAP	ACA Preventive	QLC (1 dose (0.5mL) per day; 5 doses (2.5mL) per lifetime.)
IPOL	ACA Preventive	QLC (1 dose (0.5mL) per day; 4 doses (2mL) per lifetime.)
KINRIX (TIP-LOK SYRINGE, VIAL)	ACA Preventive	QLC (1 dose (0.5mL) per day; 1 dose (0.5mL) per lifetime.)
M-M-R II VACCINE	ACA Preventive	
MENACTRA	ACA Preventive	QLC (3 doses (1.5mL) per lifetime.)
MENQUADFI	ACA Preventive	QLC (1 dose (0.5mL) per day; 2 doses (1mL) per lifetime.)
MENVEO A-C-Y-W-135-DIP (1 VIAL-A-C-Y-W-135-DIP, A-C-Y-W KIT (2 VIALS))	ACA Preventive	
PEDIARIX	ACA Preventive	QLC (1 dose (0.5mL) per day; 3 doses (1.5mL) per lifetime.)
PEDVAXHIB	ACA Preventive	QLC (1 dose (1 vial) per day; 4 doses (4 vials) per lifetime)
PENTACEL	ACA Preventive	QLC (1 dose (1 kit) per day; 4 doses (4 kits) per lifetime.)
PENTACEL ACTHIB COMPONENT	ACA Preventive	QLC (1 dose (1 kit) per day; 4 doses (4 kits) per lifetime.)
PENTACEL DTAP-IPV COMPONENT	ACA Preventive	QLC (1 dose (0.5mL) per day; 4 doses (2mL) per lifetime.)
PNEUMOVAX 23 (23 SYRINGE, 23 VIAL)	ACA Preventive	QL (0.5 ML PER LIFETIME)
PREHEVBRIO	ACA Preventive	QLC (1 dose (1mL) per day; 3 doses (3mL) per lifetime)

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2023 PROVIDENCE FORMULARY B: HARRISON

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

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Drug Name	Status*	Requirements/Limits
VAQTA (25 UNITS/0.5 ML SYRINGE, 25 UNITS/0.5 ML VIAL)	ACA Preventive	QLC (1 dose (0.5mL) per day; 2 doses (1mL) per lifetime.)
VARIVAX VACCINE	ACA Preventive	QLC (1 dose (1 vial) per day; 2 doses (2 vials) per lifetime.)
VAXELIS (SYRINGE, VIAL)	ACA Preventive	QLC (1 dose (0.5mL) per day; 3 doses (1.5mL) per lifetime)
VAXNEUVANCE	ACA Preventive	QL (0.5 ML PER LIFETIME)

INFLAMMATORY BOWEL DISEASE AGENTS

AMINOSALICYLATES

<i>balsalazide disodium</i>	Non-Preferred Generic
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DIPENTUM	Non-Preferred Brand
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<i>mesalamine (0.375g cap er 24h, 1.2 g tablet dr, 4 g/60 ml enema, 400 mg cap(drtab), 500 mg capsule er, 800 mg tablet dr, 1000 mg supp.rect)</i>	Non-Preferred Generic
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PENTASA 250 MG CAPSULE	Preferred Brand
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<i>sulfasalazine (500 mg tablet, 500 mg tablet dr)</i>	Non-Preferred Generic
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GLUCOCORTICOIDS

<i>budesonide 3 mg capdr - er</i>	Non-Preferred Generic
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<i>budesonide 9 mg tabdr - er</i>	Non-Preferred Generic	PA
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<i>hydrocortisone (5 mg tablet, 10 mg tablet, 20 mg tablet, 100mg/60ml enema)</i>	Non-Preferred Generic
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METABOLIC BONE DISEASE AGENTS

<i>alendronate sodium (10 mg tablet, 35 mg tablet, 70 mg/75ml solution, 70 mg tablet)</i>	Preferred Generic
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Drug Name	Status*	Requirements/Limits
<i>calcitonin, salmon, synthetic 200/spray spray/pump</i>	Non-Preferred Generic	
<i>calcitriol (0.25 mcg capsule, 0.5 mcg capsule, 1 mcg/ml solution)</i>	Non-Preferred Generic	
<i>cinacalcet hcl (30 mg tablet, 60 mg tablet)</i>	Non-Preferred Generic	QL (2 PER 1 DAY)
<i>cinacalcet hcl 90 mg tablet</i>	Non-Preferred Generic	QL (4 PER 1 DAY)
<i>doxercalciferol (0.5 mcg capsule, 1 mcg capsule, 2.5 mcg capsule)</i>	Non-Preferred Generic	
<i>ergocalciferol (vitamin d2) 1250 mcg capsule</i>	Preferred Generic	
FORTEO	Specialty	PA, S (Specialty Drug)
<i>ibandronate sodium 150 mg tablet</i>	Non-Preferred Generic	
<i>paricalcitol (1 mcg capsule, 2 mcg capsule, 4 mcg capsule)</i>	Non-Preferred Generic	
<i>risedronate sodium (5 mg tablet, 30 mg tablet, 35 mg tablet dr, 35 mg tablet, 150 mg tablet)</i>	Non-Preferred Generic	
TERIPARATIDE	Specialty	PA, S (Specialty Drug)
TYMLOS	Specialty	PA, S (Specialty Drug)

MISCELLANEOUS

Diabetes Testing Supplies

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

MISCELLANEOUS THERAPEUTIC AGENTS

BLOOD-GLUCOSE METER,CONTINUOUS	Preferred Brand	PA, QLC (1 KIT PER 365 DAYS)
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2023 PROVIDENCE FORMULARY B: HARRISON

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Drug Name	Status*	Requirements/Limits
BLOOD-GLUCOSE SENSOR	Preferred Brand	PA, QLC (1 PACK PER 30 DAYS)
DEXCOM G5 RECEIVER KIT	Preferred Brand	PA, QLC (1 KIT PER 365 DAYS)
DEXCOM G5 TRANSMITTER KIT	Preferred Brand	PA, QLC (1 PACK PER 90 DAYS)
DEXCOM G5-G4 SENSOR KIT	Preferred Brand	PA, QLC (1 PACK PER 30 DAYS)
DEXCOM G6 RECEIVER	Preferred Brand	PA, QLC (1 KIT PER 365 DAYS)
DEXCOM G6 SENSOR	Preferred Brand	PA, QLC (1 PACK PER 30 DAYS)
DEXCOM G6 TRANSMITTER	Preferred Brand	PA, QLC (1 KIT PER 90 DAYS)
FREESTYLE LIBRE 14 DAY READER	Preferred Brand	PA, QLC (1 KIT PER 365 DAYS)
FREESTYLE LIBRE 14 DAY SENSOR	Preferred Brand	PA, QLC (1 PACK PER 14 DAYS)
FREESTYLE LIBRE 2 READER	Preferred Brand	PA, QLC (1 KIT PER 365 DAYS)
FREESTYLE LIBRE 2 SENSOR	Preferred Brand	PA, QLC (1 PACK PER 14 DAYS)
FREESTYLE LIBRE 3 SENSOR	Preferred Brand	PA, QLC (1 PACK PER 14 DAYS)
OMNIPOD 5 G6 INTRO KIT (GEN 5)	Preferred Brand	PA, QL (1 PER 365 DAYS)
OMNIPOD 5 G6 PODS (GEN 5) 5PK	Preferred Brand	PA, QL (10 PER 30 DAYS)
OMNIPOD DASH INTRO KIT (GEN 4)	Preferred Brand	PA, QL (1 PER 365 DAYS)
OMNIPOD DASH PODS (GEN 4) 5PK	Preferred Brand	PA, QL (10 PER 30 DAYS)
SAXENDA	Preferred Brand	PA, QL (0.5 ML PER DAY), C (For groups with weight loss medication coverage only)

OPHTHALMIC AGENTS

OPHTHALMIC AGENTS, OTHER

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

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2023 PROVIDENCE FORMULARY B: HARRISON

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

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

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2023 PROVIDENCE FORMULARY B: HARRISON

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

Drug Name	Status*	Requirements/Limits
TOBRADEX EYE OINTMENT	Non-Preferred Brand	
TOBRADEX ST	Non-Preferred Brand	
<i>tobramycin/dexamethasone</i>	Non-Preferred Generic	
<i>tropicamide</i>	Non-Preferred Generic	
XIIDRA	Non-Preferred Brand	QL (2 PER 1 DAY)
ZYLET	Non-Preferred Brand	
OPHTHALMIC ANTI-ALLERGY AGENTS		
ALOCRIAL	Non-Preferred Brand	
ALOMIDE	Non-Preferred Brand	
<i>azelastine hcl 0.05 % drops</i>	Non-Preferred Generic	
<i>bepotastine besilate</i>	Non-Preferred Generic	PA
<i>cromolyn sodium 4 % drops</i>	Preferred Generic	
<i>epinastine hcl</i>	Non-Preferred Generic	
<i>olopatadine hcl 0.1 % drops</i>	Non-Preferred Generic	
ZERVIATE	Non-Preferred Brand	PA
OPHTHALMIC ANTI-INFECTIVES		
AZASITE	Non-Preferred Brand	
<i>bacitracin 500 unit/g oint. (g)</i>	Non-Preferred Generic	

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2023 PROVIDENCE FORMULARY B: HARRISON

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Drug Name	Status*	Requirements/Limits
BESIVANCE	Non-Preferred Brand	
<i>erythromycin base 5 mg/gram oint. (g)</i>	Preferred Generic	QL (7 GM PER 30 DAYS)
<i>gatifloxacin</i>	Non-Preferred Generic	
<i>gentak</i>	Non-Preferred Generic	
<i>gentamicin sulfate 0.3 % drops</i>	Preferred Generic	
<i>levofloxacin (0.5 % drops, 1.5 % drops)</i>	Non-Preferred Generic	
<i>moxifloxacin hcl 0.5 % drops</i>	Non-Preferred Generic	
NATACYN	Non-Preferred Brand	
<i>ofloxacin 0.3 % drops</i>	Non-Preferred Generic	
<i>polymyxin b sulfate/trimethoprim</i>	Preferred Generic	
<i>sulfacetamide sodium (10 % drops, 10 % oint. (g))</i>	Non-Preferred Generic	
<i>tobramycin 0.3 % drops</i>	Preferred Generic	
TOBREX 0.3% EYE OINTMENT	Non-Preferred Brand	
<i>trifluridine</i>	Non-Preferred Generic	
ZIRGAN	Preferred Brand	
OPHTHALMIC ANTI-INFLAMMATORIES		
ALREX	Non-Preferred Brand	
<i>bromfenac sodium</i>	Non-Preferred Generic	
<i>dexamethasone sodium phosphate 0.1 % drops</i>	Non-Preferred Generic	

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2023 PROVIDENCE FORMULARY B: HARRISON

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

OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS

<i>betaxolol hcl 0.5 % drops</i>	Non-Preferred Generic	
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2023 PROVIDENCE FORMULARY B: HARRISON

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

Drug Name	Status*	Requirements/Limits
BETIMOL	Non-Preferred Brand	
BETOPTIC S	Non-Preferred Brand	
<i>carteolol hcl</i>	Non-Preferred Generic	
<i>levobunolol hcl</i>	Non-Preferred Generic	
<i>timolol maleate (0.25 % sol-gel, 0.5 % sol-gel, 0.5 % drop daily)</i>	Non-Preferred Generic	
<i>timolol maleate (0.25 % drops, 0.5 % drops)</i>	Preferred Generic	
OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER		
<i>apraclonidine hcl</i>	Non-Preferred Generic	
<i>brimonidine tartrate (0.1 % drops, 0.15 % drops)</i>	Non-Preferred Generic	
<i>brimonidine tartrate 0.2 % drops</i>	Preferred Generic	
<i>brinzolamide</i>	Non-Preferred Generic	
<i>dorzolamide hcl</i>	Preferred Generic	
<i>methazolamide</i>	Non-Preferred Generic	
<i>pilocarpine hcl (1 % drops, 2 % drops, 4 % drops)</i>	Non-Preferred Generic	
RHOPRESSA	Non-Preferred Brand	ST, QL (2.5 ML PER 25 DAYS)
SIMBRINZA	Non-Preferred Brand	
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS		
<i>bimatoprost 0.03 % drops</i>	Non-Preferred Generic	ST, QL (2.5 ML PER 25 DAYS)
<i>latanoprost</i>	Preferred Generic	

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Drug Name	Status*	Requirements/Limits
LUMIGAN	Preferred Brand	ST, QL (2.5 ML PER 25 DAYS)
<i>tafluprost/pf</i>	Non-Preferred Generic	ST, QL (1 PER DAY)
<i>travoprost</i>	Non-Preferred Generic	
VYZULTA	Non-Preferred Brand	ST, QL (2.5 ML PER 25 DAYS)
XELPROS	Non-Preferred Brand	

Ophthalmic Agents, Other

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

<i>acetic acid 2 % solution</i>	Non-Preferred Generic	
CIPRO HC	Non-Preferred Brand	
<i>ciprofloxacin hcl 0.2 % droperette</i>	Non-Preferred Generic	
<i>ciprofloxacin hcl/dexamethasone</i>	Non-Preferred Generic	
CORTISPORIN-TC	Non-Preferred Brand	
<i>flac otic oil</i>	Non-Preferred Generic	
<i>fluocinolone acetonide oil</i>	Non-Preferred Generic	
<i>hydrocortisone/acetic acid</i>	Non-Preferred Generic	
<i>neomycin sulfate/polymyxin b sulfate/hydrocortisone (3.5-10k-1 drops susp, 3.5-10k-1 solution)</i>	Non-Preferred Generic	

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2023 PROVIDENCE FORMULARY B: HARRISON

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Drug Name	Status*	Requirements/Limits
RESPIRATORY TRACT/PULMONARY AGENTS		
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS		
ALVESCO	Preferred Brand	
ARNUITY ELLIPTA	Preferred Brand	
ASMANEX	Preferred Brand	
ASMANEX HFA	Preferred Brand	
<i>budesonide (0.25mg/2ml ampul-neb, 0.5 mg/2ml ampul-neb, 1 mg/2 ml ampul-neb)</i>	Non-Preferred Generic	
FLOVENT DISKUS	Preferred Brand	
FLOVENT HFA	Preferred Brand	
<i>flunisolide</i>	Non-Preferred Generic	
<i>fluticasone propionate 50 mcg spray susp</i>	Non-Preferred Generic	
<i>mometasone furoate 50 mcg spray/pump</i>	Non-Preferred Generic	QL (17 GM PER 30 DAYS)
OMNARIS	Non-Preferred Brand	PA
PULMICORT FLEXHALER	Preferred Brand	
QVAR REDHALER	Preferred Brand	
ZETONNA	Non-Preferred Brand	PA
ANTIHISTAMINES		
<i>azelastine hcl 137 mcg spray/pump</i>	Non-Preferred Generic	
<i>carbinoxamine maleate (4 mg tablet, 4 mg/5 ml liquid)</i>	Non-Preferred Generic	
<i>clemastine fumarate (0.5 mg/5ml syrup, 2.68 mg tablet)</i>	Non-Preferred Generic	

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Drug Name	Status*	Requirements/Limits
<i>cyproheptadine hcl (2 mg/5 ml syrup, 4 mg tablet)</i>	Non-Preferred Generic	
<i>desloratadine 5 mg tablet</i>	Non-Preferred Generic	
<i>hydroxyzine hcl (10 mg tablet, 10 mg/5 ml solution, 25 mg tablet, 50 mg/25ml solution, 50 mg tablet)</i>	Preferred Generic	
<i>hydroxyzine pamoate</i>	Preferred Generic	
<i>olopatadine hcl 0.6 % spray/pump</i>	Non-Preferred Generic	
<i>promethazine hcl (6.25mg/5ml syrup, 12.5 mg tablet, 25 mg tablet)</i>	Preferred Generic	

ANTILEUKOTRIENES

<i>montelukast sodium (4 mg gran pack, 4 mg tab chew, 5 mg tab chew, 10 mg tablet)</i>	Preferred Generic	
<i>zafirlukast</i>	Non-Preferred Generic	
<i>zileuton</i>	Non-Preferred Generic	ST

BRONCHODILATORS, ANTICHOLINERGIC

ATROVENT HFA	Preferred Brand	
INCRUSE ELLIPTA	Preferred Brand	
<i>ipratropium bromide (0.2 mg/ml solution, 21 mcg spray, 42 mcg spray)</i>	Non-Preferred Generic	
SPIRIVA HANDHALER	Preferred Brand	
SPIRIVA RESPIMAT	Preferred Brand	

BRONCHODILATORS, SYMPATHOMIMETIC

<i>albuterol sulfate 90 mcg hfa aer ad</i>	Non-Preferred Generic	QLC (2 INHALERS PER 30 DAYS)
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2023 PROVIDENCE FORMULARY B: HARRISON

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

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

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Drug Name	Status*	Requirements/Limits
KALYDECO (5.8 MG GRANULES PKT, 13.4 MG GRANULES PKT)	Specialty	PA, LA, QL (2 PER DAY), S (Specialty Drug)
ORKAMBI (100-125 MG GRANULE PKT, 150-188 MG GRANULE PKT)	Specialty	PA, LA, QL (2 PER 1 DAY), S (Specialty Drug)
ORKAMBI 75-94 MG GRANULE PKT	Specialty	PA, LA, QL (2 PER DAY), S (Specialty Drug)
ORKAMBI (100 MG-125 MG TABLET, 200 MG-125 MG TABLET)	Specialty	PA, LA, QL (4 PER 1 DAY), S (Specialty Drug)
PULMOZYME	Specialty	S (Specialty Drug)
SYMDEKO	Specialty	PA, LA, QL (2 PER 1 DAY), S (Specialty Drug)
TOBRAMYCIN IN 0.225 % SODIUM CHLORIDE	Specialty	S (Specialty Drug)
TRIKAFTA (80-40-60MG/59.5MG PKT, 100-50-75 MG/75MG PKT)	Specialty	PA, LA, QL (2 PER DAY), S (Specialty Drug)
TRIKAFTA (50-25-37.5 MG/75 MG, 100-50-75 MG/150 MG)	Specialty	PA, LA, QL (3 PER DAY), S (Specialty Drug)
MAST CELL STABILIZERS		
<i>cromolyn sodium 20 mg/2 ml ampul- neb</i>	Non-Preferred Generic	
PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE		
<i>roflumilast</i>	Non-Preferred Generic	QL (1 PER DAY)
<i>theophylline anhydrous (300 mg tab er 12h, 400 mg tab er 24h, 450 mg tab er 12h, 600 mg tab er 24h)</i>	Non-Preferred Generic	
PULMONARY ANTIHYPERTENSIVES		
ADEMPAS	Specialty	PA, LA, S (Specialty Drug)
<i>alyq</i>	Non-Preferred Generic	QL (2 PER 1 DAY)
AMBRISENTAN	Preferred Brand	PA, LA, S (Specialty Drug)
BOSENTAN	Preferred Brand	PA, LA, S (Specialty Drug)

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Drug Name	Status*	Requirements/Limits
OPSUMIT	Specialty	PA, LA, S (Specialty Drug)
SILDENAFIL CITRATE 10 MG/ML SUSP RECON	Specialty	PA, S (Specialty Drug)
<i>sildenafil citrate 20 mg tablet</i>	Non-Preferred Generic	
<i>tadalafil 20 mg tablet</i>	Non-Preferred Generic	QL (2 PER 1 DAY)
TRACLEER 32 MG TABLET FOR SUSP	Specialty	PA, LA, S (Specialty Drug)
TYVASO	Specialty	PA, LA, S (Specialty Drug)
TYVASO DPI	Specialty	PA, S (Specialty Drug)
TYVASO INSTITUTIONAL START KIT	Specialty	PA, LA, S (Specialty Drug)
TYVASO REFILL KIT	Specialty	PA, LA, S (Specialty Drug)
TYVASO STARTER KIT	Specialty	PA, LA, S (Specialty Drug)
UPTRAVI 200-800 TITRATION PACK	Specialty	PA, LA, S (Specialty Drug)
UPTRAVI (200 MCG TABLET, 400 MCG TABLET, 600 MCG TABLET, 800 MCG TABLET, 1,000 MCG TABLET, 1,200 MCG TABLET, 1,400 MCG TABLET, 1,600 MCG TABLET)	Specialty	PA, LA, QL (2 PER 1 DAY), S (Specialty Drug)
PULMONARY FIBROSIS AGENTS		
OFEV	Specialty	PA, LA, S (Specialty Drug)
PIRFENIDONE (267 MG TABLET, 534 MG TABLET, 801 MG TABLET)	Specialty	PA, QL (3 PER DAY), S (Specialty Drug)
RESPIRATORY TRACT AGENTS, OTHER		
<i>acetylcysteine (100 mg/ml vial, 200 mg/ml vial)</i>	Non-Preferred Generic	
<i>advair diskus</i>	Non-Preferred Generic	
ADVAIR HFA	Preferred Brand	
ANORO ELLIPTA	Preferred Brand	
<i>benzonatate</i>	Preferred Generic	

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Drug Name	Status*	Requirements/Limits
BREO ELLIPTA	Preferred Brand	
COMBIVENT RESPIMAT	Preferred Brand	QL (8 GM PER 30 DAYS)
FASENRA PEN	Specialty	PA, LA, QL (1 ML PER 56 DAYS), S (Specialty Drug)
<i>fluticasone propionate/salmeterol xinafoate (55-14 mcg aer pow ba, 113-14 mcg aer pow ba, 232-14 mcg aer pow ba)</i>	Non-Preferred Generic	QL (1 PER 30 DAYS)
GRASTEK	Non-Preferred Brand	
<i>hydrocodone bit/homatrop me-br 5-1.5 mg/5 syrup</i>	Non-Preferred Generic	
<i>hydromet</i>	Non-Preferred Generic	
HYPER-SAL 3.5% VIAL	Non-Preferred Brand	
HYPER-SAL 7% VIAL	Non-Preferred Brand	QL (240 ML PER 30 DAYS)
<i>ipratropium bromide/albuterol sulfate</i>	Non-Preferred Generic	
<i>nebusal 3% vial</i>	Non-Preferred Generic	
NEBUSAL 6% VIAL	Non-Preferred Brand	
NUCALA 40 MG/0.4 ML SYRINGE	Specialty	PA, LA, QL (0.4 ML PER 28 DAYS), S (Specialty Drug)
NUCALA (100 MG/ML POWDER VIAL, 100 MG/ML AUTO-INJECTOR, 100 MG/ML SYRINGE)	Specialty	PA, LA, QL (1 PER 28 DAYS), S (Specialty Drug)
ODACTRA	Non-Preferred Brand	
ORALAIR	Non-Preferred Brand	LA
<i>phenylephrine hcl/promethazine hcl</i>	Preferred Generic	

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Drug Name	Status*	Requirements/Limits
<i>promethazine hcl/codeine</i>	Preferred Generic	PA
<i>promethazine hcl/dextromethorphan hbr</i>	Preferred Generic	
<i>promethazine/phenylephrine hcl/codeine</i>	Preferred Generic	PA
<i>pulmosal</i>	Non-Preferred Generic	QL (240 ML PER 30 DAYS)
RAGWITEK	Non-Preferred Brand	
<i>sodium chloride for inhalation (3 % vial-neb, 10 % vial-neb)</i>	Non-Preferred Generic	
SODIUM CHLORIDE FOR INHALATION 0.9 % VIAL-NEB	Non-Preferred Brand	
<i>sodium chloride for inhalation 7 % vial-neb</i>	Non-Preferred Generic	QL (240 ML PER 30 DAYS)
STIOLTO RESPIMAT	Preferred Brand	
SYMBICORT	Preferred Brand	
TRELEGY ELLIPTA	Preferred Brand	

SKELETAL MUSCLE RELAXANTS

<i>carisoprodol 250 mg tablet</i>	Non-Preferred Generic	
<i>carisoprodol 350 mg tablet</i>	Preferred Generic	
<i>carisoprodol/aspirin</i>	Non-Preferred Generic	
<i>carisoprodol/aspirin/codeine phosphate</i>	Non-Preferred Generic	PA, QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
<i>chlorzoxazone (250 mg tablet, 500 mg tablet)</i>	Non-Preferred Generic	
<i>cyclobenzaprine hcl (5 mg tablet, 7.5 mg tablet, 10 mg tablet)</i>	Preferred Generic	
<i>metaxalone</i>	Non-Preferred Generic	

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Drug Name	Status*	Requirements/Limits
<i>methocarbamol (500 mg tablet, 750 mg tablet)</i>	Preferred Generic	
<i>orphenadrine citrate 100 mg tablet er</i>	Non-Preferred Generic	
<i>vanadom</i>	Preferred Generic	

SLEEP DISORDER AGENTS

SLEEP PROMOTING AGENTS

<i>estazolam</i>	Non-Preferred Generic	
<i>eszopiclone (2 mg tablet, 3 mg tablet)</i>	Non-Preferred Generic	QL (1 PER 1 DAY)
<i>eszopiclone 1 mg tablet</i>	Non-Preferred Generic	QL (2 PER DAY)
<i>flurazepam hcl</i>	Non-Preferred Generic	
HETLIOZ LQ	Specialty	PA, LA, QL (5 ML PER DAY), S (Specialty Drug)
<i>ramelteon</i>	Non-Preferred Generic	
TASIMELTEON	Specialty	PA, QL (1 PER DAY), S (Specialty Drug)
<i>temazepam</i>	Non-Preferred Generic	
<i>triazolam</i>	Non-Preferred Generic	
<i>zaleplon</i>	Preferred Generic	QL (2 PER 1 DAY)
<i>zolpidem tartrate 10 mg tablet</i>	Preferred Generic	QL (1 PER 1 DAY)
<i>zolpidem tartrate 5 mg tablet</i>	Preferred Generic	QL (2 PER 1 DAY)
<i>zolpidem tartrate (6.25 mg tab mphase, 12.5 mg tab mphase)</i>	Non-Preferred Generic	QL (1 PER 1 DAY)

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Drug Name	Status*	Requirements/Limits
WAKEFULNESS PROMOTING AGENTS		
<i>armodafinil (150 mg tablet, 200 mg tablet, 250 mg tablet)</i>	Non-Preferred Generic	QL (1 PER 1 DAY)
<i>armodafinil 50 mg tablet</i>	Non-Preferred Generic	QL (2 PER 1 DAY)
LUMRYZ	Specialty	PA, LA, QL (1 PER DAY), S (Specialty Drug)
<i>modafinil</i>	Non-Preferred Generic	
SODIUM OXYBATE	Specialty	PA, LA, QL (540 ML PER 30 DAYS), S (Specialty Drug)
SUNOSI	Non-Preferred Brand	PA, QL (1 PER 1 DAY)
WAKIX	Specialty	PA, LA, QL (2 PER 1 DAY), S (Specialty Drug)
XYWAV	Specialty	PA, LA, QL (540 ML PER 30 DAYS), S (Specialty Drug)

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Alphabetical Listing

A

abacavir sulfate	48	alfuzosin hcl	91
abacavir sulfate/lamivudine	48	ALINIA	41
abacavir sulfate/lamivudine/zidovudine	48	aliskiren hemifumarate	65
abiraterone acetate	34	allopurinol	30
ABRYSVO	111	ALOCRIAL	118
acamprosate calcium	14	alogliptin benzoate	51
acarbose	51	alogliptin benzoate/metformin hcl	51
accutane	76	alogliptin benzoate/pioglitazone hcl	52
acebutolol hcl	62	ALOMIDE	118
acetaminophen with codeine phosphate	11	alosetron hcl	86
acetazolamide	65	alprazolam	50
acetic acid	122	ALREX	119
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acitretin	76	ALTAVERA	94
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AKYNZEO	28	amlodipine besylate/benazepril hcl	65
albendazole	40	amlodipine besylate/olmesartan medoxomil	65
albuterol sulfate	124,125	amlodipine besylate/valsartan	65
alclometasone dipropionate	77	amlodipine besylate/valsartan/hydrochlorothiazide	65
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		amoxicillin	17
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aprepitant	28	AVONEX PEN	74
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ARANESP	58	azelaic acid	76
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aripiprazole	44	AZURETTE	94
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atorvastatin calcium	68	benzonatate	127
atovaquone	41	benzphetamine hcl	72
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betamethasone dipropionate/propylene glycol	77	buspirone hcl	50
betamethasone valerate	77	butalbital/acetaminophen	72
BETASERON	74	butalbital/acetaminophen/caffeine	72
betaxolol hcl	62,120	butalbital/acetaminophen/caffeine/codeine phosphate	11
bethanechol chloride	91	butalbital/aspirin/caffeine	8
BETIMOL	121	butorphanol tartrate	11
BETOPTIC S	121		
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BEXSERO	111	cabergoline	104
bicalutamide	34	CABLIVI	60
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BIKTARVY	47	calcipotriene	80
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bisoprolol fumarate	62	calcitonin,salmon,synthetic	115
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BRILINTA	59	captopril	61
brimonidine tartrate	121	captopril/hydrochlorothiazide	65
brinzolamide	121	carbamazepine	23
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BRUKINSA	35	carbinoxamine maleate	123
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buprenorphine	9	carisoprodol/aspirin	129

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CAZIAN	95	clemastine fumarate	123
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cefadroxil	17	clindacin	82
cefdinir	17	clindacin etz	15
cefixime	17	clindacin p	15
cefpodoxime proxetil	17	clindamycin hcl	15
cefprozil	17	clindamycin palmitate hcl	16
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cevimeline hcl	75	clobetasol propionate/emollient base	77
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CHATEAL EQ	95	clomid	103
CHEMET	83	clomiphene citrate	103
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chlordiazepoxide hcl	51	clonidine	60
chlorhexidine gluconate	75	clonidine hcl	60,71
chloroquine phosphate	41	clopidogrel bisulfate	60
chlorpromazine hcl	43	clorazepate dipotassium	51
chlorthalidone	67	clotrimazole	29
chlorzoxazone	129	clotrimazole/betamethasone dipropionate	80
CHOLBAM	89	clozapine	45
cholestyramine (with sugar)	68	COARTEM	41
cholestyramine/aspartame	68	codeine phosphate/butalbital/aspirin/caffeine	11
chorionic gonadotropin, human	92	codeine sulfate	12
ciclopirox	82	colchicine	30
ciclopirox olamine	82	colesevelam hcl	68
cilostazol	60	COLESTID	68
cimetidine	88	colestipol hcl	68
cimetidine hcl	88	colloidal bismuth subcitrate/metronidazole/tetracycline hcl	87
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cyclosporine	109
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diazoxide	54	drosiprone/ethinyl estradiol/levomefolate calcium	95
diclofenac potassium	8	DROXIA	35
diclofenac sodium	8,80,120	DRYSOL	80
diclofenac sodium/misoprostol	8	DUAVEE	103
dicloxacillin sodium	17	duloxetine hcl	73
dicyclomine hcl	86	DUPIXENT PEN	106,107
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disopyramide phosphate	61	ELLA	102
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DOLISHALE	95	EMGALITY PEN	31
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dorzolamide hcl	121	EMSAM	25
dorzolamide hcl/timolol maleate	117	emtricitabine	48
dorzolamide hcl/timolol maleate/pf	117	emtricitabine/tenofovir disoproxil fumarate	48
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doxepin hcl	27	enalapril maleate/hydrochlorothiazide	66
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ENGERIX-B PEDIATRIC-ADOLESCENT	111	ethacrynic acid	67
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enoxaparin sodium	57	ethinyl estradiol/drospirenone	96
ENPRESSE	95	ethosuximide	22
ENSKYCE	95	ethynodiol diacetate-ethinyl estradiol	96
entacapone	42	etodolac	8
entecavir	46	etonogestrel/ethinyl estradiol	96
ENTRESTO	66	etoposide	36
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epinephrine	125	EVOTAZ	49
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eplerenone	67	EXTAVIA	74
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eprosartan mesylate	61	ezetimibe/simvastatin	68
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ergoloid mesylates	24	F	
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ergotamine tartrate/caffeine	31	FALMINA	96
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ERLEADA	34	famotidine	88
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ERTACZO	29	FARYDAK	37
ery	82	FASENRA PEN	128
erythromycin base	119	febuxostat	30
erythromycin base in ethanol	82	felbamate	20
erythromycin base/benzoyl peroxide	76	felodipine	63
escitalopram oxalate	25	FEMYNOR	96
esomeprazole magnesium	88	fenofibrate	67
ESTARYLLA	95	fenofibrate nanocrystallized	68
estazolam	130	fenofibrate, micronized	68

fenofibric acid	68	flutamide	34
fenofibric acid (choline)	68	fluticasone propionate	78,123
fenoprofen calcium	8	fluticasone propionate/salmeterol xinafoate	128
fentanyl	9	fluvoxamine maleate	26
fentanyl citrate	12	FML FORTE	120
FERRIPROX	83	FML S.O.P.	120
FERRIPROX (2 TIMES A DAY)	84	folic acid	85
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FINACEA	76	formoterol fumarate	125
finasteride	91	FORTEO	115
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FINTEPLA	20	fosfomycin tromethamine	16
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fluocinolone acetonide	78	furosemide	67
fluocinolone acetonide oil	122	FUZEON	49
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fluocinonide	78	FYCOMPA	20
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FLUOROPLEX	80	gabapentin	22
fluorouracil	80	GALAFOLD	89
fluoxetine hcl	26	galantamine hbr	24
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		gatifloxacin	119

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