

# Providence Formulary P

## Providence prescription drug coverage

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

### Know more, save more

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

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

### Retail pharmacies

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

### ACA Preventive drugs

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

### Maintenance drugs

Maintenance medications are those typically prescribed to treat long-term or chronic conditions, such as diabetes, high blood pressure and high cholesterol. A 90-day supply of maintenance medication is available through participating mail-order pharmacies, as well as through preferred retail pharmacies. Your 90-day supply copay or coinsurance applies. Not all covered prescription drugs are available in a 90-day supply. We require that new prescriptions be filled for an initial 30-day supply before a 90-day supply of maintenance medication is allowed to process.

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

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## Specialty drugs

Specialty drugs are prescriptions that require special delivery, handling, administration and monitoring by your pharmacist. These drugs are listed in the Providence formulary with a status of "Specialty," and are available through [Credena Health](#).

## Generic drugs

Making the switch from brand to generic medication can save you money. Generic drugs, which are available only after the brand-name patent expires:

- Have the same active ingredient formula as the brand-name drug and
- Are tested by the Food and Drug Administration (FDA) to be as safe and effective as the brand-name drug.

There are two types of generic drugs:

- **Generic equivalent** - A generic equivalent is a generic drug that has the same active ingredient, dosage form and strength as its brand-name counterpart. The FDA assures sameness between brand-name and generic equivalent products. Generic equivalents are an important option to brand-name prescription drugs because they cost less.

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

- **Generic alternative** - A generic alternative is a generic drug used to treat the same condition as a brand-name drug. It is not, however, the exact same medication as the brand- name drug. According to clinical evidence, a generic alternative can be expected to treat the same condition as well as the brand-name option.

Example: duloxetine, the generic form of Cymbalta®, may be prescribed instead of Viibryd® in the treatment of depression. Generic alternatives are an important option for prescription drugs for which there is no generic available.

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

## The Providence formulary

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

# Providence Formulary P

## Search the formulary

There are two ways to search the formulary.

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

## Formulary updates

The formulary is updated every two months. Providence's Oregon Regional Pharmacy and Therapeutics committee (comprised of doctors and pharmacists who practice in the communities we serve) continuously reviews the latest evidence to identify opportunities to promote safe, effective and affordable drug therapy. Generally, the formulary status of a drug covered by your Providence Health Plan prescription drug coverage will not change during the year unless:

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

## Formulary brand-name drugs

The Providence formulary includes prescription drugs that are proven safe, effective and that offer value. Refer to your benefit summary for your brand-name drug copay or coinsurance amount. Remember, even if a generic equivalent is not yet available, safe and effective generic alternatives may be available to treat most common conditions. Using these options can provide cost savings. Depending on your benefit, brand name medications may no longer be covered at its current cost sharing tier when the generic equivalent becomes available. You may be subject to a higher cost share. The formulary document may not immediately reflect this change upon the release of the generic formulation to the market.

## Non-approved drugs

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

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

# **Providence Formulary P**

## **Prior authorization**

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

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

Keep in mind, the formulary may contain other suitable options. You and your doctor may wish to discuss the possibility of changing your prescription to an effective formulary alternative. Otherwise, your doctor may submit a prior authorization request on your behalf.

## **Formulary exceptions**

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

## **Step therapy**

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

## **Quantity limit**

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

## **Answers to frequently asked questions**

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

# Providence Formulary P

## Providence Health Plan's Formulary Drug List

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

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

- |  |   |
|--|---|
| <ul style="list-style-type: none"><li>• 'ACA Preventive'</li><li>• 'Tier 1'</li><li>• 'Tier 2'</li><li>• 'Tier 3'</li><li>• 'Tier 4'</li><li>• 'Tier 5'</li><li>• 'Tier 6'</li></ul> | <ul style="list-style-type: none"><li>- Covered in full, zero cost share.</li><li>- Refer to your benefit summary for details.</li><li>- Refer to your benefit summary for details.</li></ul> |
|--|---|

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

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

### COVERAGE NOTES ABBREVIATIONS

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

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

Drug Name	Status*	Requirements/Limits
<b>ANALGESICS</b>		
<b>NONSTEROIDAL ANTI-INFLAMMATORY DRUGS</b>		
ASPIRIN (81 MG TAB CHEW, 81 MG TABLET DR)	ACA Preventive	C (Male - 50 to 59 yrs old; Female - 12 to 59 yrs old)
BUTALBITAL/ASPIRIN/CAFFEINE 50-325-40 TABLET	Tier 2	
CAMBIA	Tier 4	PA, QL (9 PER 30 DAYS)
CELECOXIB	Tier 2	
DICLOFENAC EPOLAMINE	Tier 4	ST
DICLOFENAC POTASSIUM	Tier 2	
DICLOFENAC SODIUM 100 MG TAB ER 24H	Tier 3	
DICLOFENAC SODIUM (25 MG TABLET DR, 50 MG TABLET DR, 75 MG TABLET DR)	Tier 2	
DICLOFENAC SODIUM/MISOPROSTOL	Tier 4	
DIFLUNISAL	Tier 4	
ETODOLAC (200 MG CAPSULE, 300 MG CAPSULE, 400 MG TABLET, 500 MG TABLET)	Tier 2	
ETODOLAC (400 MG TAB ER 24H, 500 MG TAB ER 24H, 600 MG TAB ER 24H)	Tier 3	
FENOPROFEN CALCIUM 600 MG TABLET	Tier 2	
FLURBIPROFEN 100 MG TABLET	Tier 2	
FLURBIPROFEN 50 MG TABLET	Tier 3	
IBUPROFEN (400 MG TABLET, 600 MG TABLET, 800 MG TABLET)	Tier 2	
IBUPROFEN (400 MG TABLET, 600 MG TABLET, 800 MG TABLET)	Tier 2	
INDOMETHACIN (25 MG CAPSULE, 50 MG CAPSULE, 75 MG CAPSULE ER)	Tier 2	

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

# 2021 PROVIDENCE FORMULARY P

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Drug Name	Status*	Requirements/Limits
KETOPROFEN 50 MG CAPSULE	Tier 3	
KETOROLAC TROMETHAMINE (15 MG/ML VIAL, 15 MG/ML CARTRIDGE, 15 MG/ML SYRINGE, 30MG/ML(1) VIAL, 30 MG/ML SYRINGE, 30 MG/ML CARTRIDGE)	Tier 2	PA, QL (20 ML PER 28 DAYS)
KETOROLAC TROMETHAMINE 10 MG TABLET	Tier 2	
KETOROLAC TROMETHAMINE (60 MG/2 ML CARTRIDGE, 60 MG/2 ML VIAL, 60 MG/2 ML SYRINGE)	Tier 2	PA, QL (10 ML PER 28 DAYS)
MECLOFENAMATE SODIUM	Tier 4	
MEFENAMIC ACID	Tier 4	
MELOXICAM	Tier 2	
MOBIC 7.5 MG/5 ML SUSPENSION	Tier 4	
NABUMETONE	Tier 2	
NAPROXEN (125 MG/5ML ORAL SUSP, 250 MG TABLET, 375 MG TABLET, 375 MG TABLET DR, 500 MG TABLET DR, 500 MG TABLET)	Tier 2	
NAPROXEN SODIUM (275 MG TABLET, 550 MG TABLET)	Tier 2	
OXaprozin	Tier 3	
PIROXICAM	Tier 2	
PROFENO	Tier 2	
SULINDAC	Tier 2	
TOLMETIN SODIUM (200 MG TABLET, 400 MG CAPSULE, 600 MG TABLET)	Tier 4	
<b>OPIOID ANALGESICS, LONG-ACTING</b>		
BUPRENORPHINE	Tier 4	PA, QL (4 PER 28 DAYS), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)

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<b>Drug Name</b>	<b>Status*</b>	<b>Requirements/Limits</b>
FENTANYL (12 MCG/HR PATCH TD72, 25 MCG/HR PATCH TD72, 50MCG/HR PATCH TD72, 75MCG/HR PATCH TD72, 100 MCG/HR PATCH TD72)	Tier 4	QL (15 PER 30 DAYS), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
HYDROCODONE BITARTRATE	Tier 4	PA, QL (2 PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
HYDROMORPHONE HCL (8 MG TAB ER 24H, 12 MG TAB ER 24H, 16 MG TAB ER 24H, 32 MG TAB ER 24H)	Tier 4	PA, QL (1 PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
METHADONE HCL 10 MG/5 ML SOLUTION	Tier 2	QL (20 ML PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
METHADONE HCL 5 MG/5 ML SOLUTION	Tier 2	QL (40 ML PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
METHADONE HCL (10 MG/ML ORAL CONC, 10 MG TABLET)	Tier 2	QL (4 PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
METHADONE HCL 5 MG TABLET	Tier 2	QL (8 PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
METHADONE HCL 40 MG TABLET SOL	Tier 2	QL (1 PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
METHADONE INTENSOL	Tier 2	QL (4 ML PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
METHADOSE 40 MG TABLET DISPR	Tier 2	QL (1 PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)

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<b>Drug Name</b>	<b>Status*</b>	<b>Requirements/Limits</b>
MORPHINE SULFATE (30 MG CPMP 24HR, 45 MG CPMP 24HR, 60 MG CPMP 24HR, 75 MG CPMP 24HR, 90 MG CPMP 24HR, 120 MG CPMP 24HR)	Tier 4	PA, QL (1 PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
MORPHINE SULFATE (15 MG TABLET ER, 30 MG TABLET ER, 60 MG TABLET ER, 100 MG TABLET ER, 200 MG TABLET ER)	Tier 2	QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
NUCYNTA ER	Tier 4	PA, QL (2 PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
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)	Tier 4	PA, QL (2 PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
OXYMORPHONE HCL 40 MG TAB ER 12H	Tier 4	PA, QL (2 PER DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
TRAMADOL HCL (100 MG TBMP 24HR, 100 MG TAB ER 24H, 200 MG TBMP 24HR, 200 MG TAB ER 24H, 300 MG TAB ER 24H, 300 MG TBMP 24HR)	Tier 3	PA, QL (1 PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
XTAMPZA ER	Tier 4	PA, QL (2 PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)

## **OPIOID ANALGESICS, SHORT-ACTING**

ACETAMINOPHEN WITH CODEINE PHOSPHATE (120-12MG/5 SOLUTION, 300MG/12.5 SOLUTION, 300MG-30MG TABLET, 300MG-60MG TABLET, 300MG-15MG TABLET)	Tier 2	PA, QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
ASCOMP WITH CODEINE	Tier 3	PA, QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
BUTALBIT/ACETAMIN/CAFF/CODEINE 50-325-30 CAPSULE	Tier 3	PA, QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)

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Drug Name	Status*	Requirements/Limits
BUTALBITAL/ASPIRIN/CAFFEINE 50-325-40 CAPSULE	Tier 3	
BUTORPHANOL TARTRATE 10 MG/ML SPRAY	Tier 2	QL (5 ML PER 30 DAYS), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
CARISOPRODOL/ASPIRIN/CODEINE PHOSPHATE	Tier 4	PA, QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
CO-GESIC	Tier 2	QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
CODEINE PHOSPHATE/BUTALBITAL/ASPIRIN/CAFEINE	Tier 3	PA, QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
CODEINE SULFATE	Tier 3	PA, QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
ENDOCET (2.5-325 MG TABLET, 5-325 TABLET, 7.5-325 MG TABLET)	Tier 2	QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
ENDOCET 10-325 MG TABLET	Tier 2	QL (8 PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
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)	Tier 4	PA, QL (4 PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
HYDROCODONE BITARTRATE/ACETAMINOPHEN (2.5-108/5 SOLUTION, 5 MG-325MG TABLET, 5-217MG/10 SOLUTION, 7.5-325/15 SOLUTION, 7.5-750 MG TABLET, 7.5-325 MG TABLET, 7.5-650 MG TABLET, 10MG-325MG TABLET, 10MG-650MG TABLET, 10MG-750MG TABLET, 10MG-660MG TABLET, 10MG-500MG TABLET)	Tier 2	QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)

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Drug Name	Status*	Requirements/Limits
HYDROCODONE/IBUPROFEN (5MG-200MG TABLET, 10MG-200MG TABLET)	Tier 4	QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
HYDROCODONE/IBUPROFEN 7.5-200 MG TABLET	Tier 2	QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
HYDROMORPHONE HCL (1 MG/ML LIQUID, 4 MG TABLET, 8 MG TABLET)	Tier 2	QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
HYDROMORPHONE HCL 3 MG SUPP.RECT	Tier 4	QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
HYDROMORPHONE HCL 2 MG TABLET	Tier 2	QL (10 PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
IBUDONE 5-200 MG TABLET	Tier 4	QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
IBUPROFEN/OXYCODONE HCL	Tier 4	QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
LORCET	Tier 2	QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
LORCET HD	Tier 2	QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
LORCET PLUS 7.5-325 MG TABLET	Tier 2	QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
LORTAB (5-325 MG TABLET, 5-500 TABLET, 7.5-325 MG TABLET, 10-325 MG TABLET)	Tier 2	QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
LORTAB 7.5-500 TABLET	Tier 4	QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)

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<b>Drug Name</b>	<b>Status*</b>	<b>Requirements/Limits</b>
MEPERIDINE HCL (50 MG TABLET, 100 MG TABLET)	Tier 2	QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
MORPHINE SULFATE (5 MG SUPP.RECT, 10 MG SUPP.RECT, 15 MG TABLET, 20 MG SUPP.RECT, 30 MG TABLET, 30 MG SUPP.RECT, 100 MG/5ML SOLUTION)	Tier 2	QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
MORPHINE SULFATE 10 MG/5 ML SOLUTION	Tier 2	QL (60 ML PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
MORPHINE SULFATE 20 MG/5 ML SOLUTION	Tier 2	QL (30 ML PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
NUCYNTA	Tier 4	PA, QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
OXYCODONE HCL 5 MG CAPSULE	Tier 2	QL (10 PER DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
OXYCODONE HCL 5 MG/5 ML SOLUTION	Tier 3	QL (80 ML PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
OXYCODONE HCL (5 MG TABLET, 10 MG TABLET, 15 MG TABLET, 20 MG TABLET, 30 MG TABLET)	Tier 2	QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
OXYCODONE HCL 100 MG/5 ML CONC	Tier 2	QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
OXYCODONE HCL/ACETAMINOPHEN (2.5-325 MG TABLET, 5-325/5 ML SOLUTION, 5 MG-500MG CAPSULE, 5 MG-325MG TABLET, 7.5-325 MG TABLET, 7.5-500 MG TABLET)	Tier 2	QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
OXYCODONE HCL/ACETAMINOPHEN (10MG-650MG TABLET, 10MG-325MG TABLET)	Tier 2	QL (8 PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)

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Drug Name	Status*	Requirements/Limits
OXYCODONE HCL/ASPIRIN	Tier 4	QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
OXYMORPHONE HCL (5 MG TABLET, 10 MG TABLET)	Tier 3	PA, QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
REPREXAIN	Tier 4	QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
ROXICET	Tier 2	QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
STAGESIC	Tier 2	QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
TRAMADOL HCL 50 MG TABLET	Tier 2	PA, QL (8 PER 1 DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)
TRAMADOL HCL/ACETAMINOPHEN	Tier 2	PA, QL (10 PER DAY), QLC (Total cumulative opioid dose limited to 90 morphine milligram equivalent (MME) per day)

## ANESTHETICS

### LOCAL ANESTHETICS

GLYDO	Tier 2	
LIDOCAINE 5 % ADH. PATCH	Tier 4	PA
LIDOCAINE 5 % OINT. (G)	Tier 4	
LIDOCAINE HCL (2 % JELLY(ML), 2 % SOLUTION, 2 % JEL/PF APP, 4 % SOLUTION, 40 MG/ML SOLUTION)	Tier 2	
LIDOCAINE/PRILOCAINE 2.5 %-2.5% CREAM (G)	Tier 3	

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Drug Name	Status*	Requirements/Limits
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)	Tier 2	
MIDAZOLAM HCL/PF (2 MG/2 ML CARTRIDGE, 2 MG/2 ML VIAL, 2 MG/2 ML SYRINGE, 5 MG/ML SYRINGE, 5 MG/ML CARTRIDGE, 5 MG/5 ML VIAL, 5 MG/ML(1) VIAL, 10 MG/2 ML VIAL, 10 MG/2 ML SYRINGE)	Tier 2	

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

### **ALCOHOL DETERRENTS/ANTI-CRAVING**

ACAMPROSATE CALCIUM	Tier 2
DISULFIRAM	Tier 3
NALTREXONE HCL	Tier 2
REVIA	Tier 2

### **OPIOID DEPENDENCE TREATMENTS**

BUPRENORPHINE HCL 2 MG TAB SUBL	Tier 2	QL (4 PER 1 DAY)
BUPRENORPHINE HCL 8 MG TAB SUBL	Tier 2	QL (3 PER 1 DAY)
BUPRENORPHINE HCL/NALOXONE HCL (/NALOXONE 2 MG-0.5MG FILM, /NALOXONE 2 MG-0.5MG TAB SUBL, /NALOXONE 4MG-1MG FILM)	Tier 2	QL (4 PER 1 DAY)
BUPRENORPHINE HCL/NALOXONE HCL (/NALOXONE 8 MG-2 MG FILM, /NALOXONE 12 MG-3 MG FILM)	Tier 2	QL (3 PER 1 DAY)
BUPRENORPHINE HCL/NALOXONE HCL 8 MG-2 MG TAB SUBL	Tier 2	QL (3 PER DAY)
LUCEMYRA	Tier 4	ST, QL (168 PER 90 DAYS)

### **OPIOID REVERSAL AGENTS**

NALOXONE HCL 2 MG/0.4ML AUTO INJCT	Tier 3
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# 2021 PROVIDENCE FORMULARY P

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

Drug Name	Status*	Requirements/Limits
NALOXONE HCL (0.4 MG/ML VIAL, 0.4 MG/ML CARTRIDGE, 1 MG/ML SYRINGE)	Tier 2	
NARCAN	Tier 2	
<b>SMOKING CESSATION AGENTS</b>		
BUPROBAN	ACA Preventive	
BUPROPION HCL 150 MG TAB ER 12H	ACA Preventive	
CHANTIX (0.5 MG TABLET, 1 MG CONT MONTH BOX, 1 MG TABLET, STARTING MONTH BOX)	ACA Preventive	
NICOTINE (GUM, LOZENGE, PATCH)	ACA Preventive	
NICOTROL	ACA Preventive	
NICOTROL NS	ACA Preventive	
<b>ANTIBACTERIALS</b>		
<b>AMINOGLYCOSIDES</b>		
GARAMYCIN	Tier 2	
GENTAK	Tier 3	
GENTAMICIN SULFATE 0.3 % DROPS	Tier 2	
GENTAMICIN SULFATE (0.1 % OINT. (G), 0.1 % CREAM (G))	Tier 3	
NEOMYCIN SULFATE	Tier 2	
PAROMOMYCIN SULFATE	Tier 4	
TOBRAMYCIN 0.3 % DROPS	Tier 2	
TOBREX 0.3% EYE OINTMENT	Tier 4	
<b>ANTIBACTERIALS, OTHER</b>		
AKTIPAK	Tier 4	
ALTABAX	Tier 4	PA
BACITRACIN 500 UNIT/G OINT. (G)	Tier 4	

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# 2021 PROVIDENCE FORMULARY P

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Drug Name	Status*	Requirements/Limits
CLINDACIN ETZ 1% PLEDGET	Tier 2	
CLINDACIN P	Tier 2	
CLINDAMYCIN HCL	Tier 2	
CLINDAMYCIN PALMITATE HCL	Tier 3	
CLINDAMYCIN PHOSPHATE 1 % GEL (GRAM)	Tier 3	
CLINDAMYCIN PHOSPHATE (1 % FOAM, 1 % LOTION, 2 % CREAM/APPL)	Tier 4	
CLINDAMYCIN PHOSPHATE (1 % MED. SWAB, 1 % SOLUTION)	Tier 2	
ERYTHROMYCIN BASE/BENZOYL PEROXIDE	Tier 4	
FIRVANQ 25 MG/ML SOLUTION	Tier 4	
FOSFOMYCIN TROMETHAMINE	Tier 3	
LINEZOLID 100 MG/5ML SUSP RECON	Tier 4	
LINEZOLID 600 MG TABLET	Tier 3	
METHENAMINE HIPPURATE	Tier 4	
METRONIDAZOLE (0.75 % GEL W/APPL, 375 MG CAPSULE)	Tier 4	
METRONIDAZOLE (250 MG TABLET, 500 MG TABLET)	Tier 2	
MUPIROCIN 2% OINTMENT	Tier 2	
NITROFURANTOIN MACROCRYSTAL (50 MG CAPSULE, 100 MG CAPSULE)	Tier 2	
NITROFURANTOIN MACROCRYSTAL 25 MG CAPSULE	Tier 4	
NITROFURANTOIN MONOHYDRATE/MACROCRYSTALS	Tier 2	
PRIMSOL	Tier 4	
SIVEXTRO 200 MG TABLET	Tier 6	QL (6 PER 30 DAYS)
SULFAMYLON 8.5% CREAM	Tier 4	

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# 2021 PROVIDENCE FORMULARY P

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Drug Name	Status*	Requirements/Limits
TINIDAZOLE	Tier 4	
TRIMETHOPRIM	Tier 2	
TRIMPEX	Tier 4	
VANCOMYCIN HCL (125 MG CAPSULE, 250 MG CAPSULE)	Tier 4	
VANCOMYCIN HCL 50 MG/ML SOLN RECON	Tier 3	
VANDAZOLE	Tier 4	
XIFAXAN	Tier 4	PA, QL (3 PER 1 DAY)

## BETA-LACTAM, CEPHALOSPORINS

CEDAX	Tier 4
CEFACLOR (250 MG CAPSULE, 500 MG CAPSULE)	Tier 2
CEFACLOR (125 MG/5ML SUSP RECON, 250 MG/5ML SUSP RECON, 375 MG/5ML SUSP RECON, 500 MG TAB ER 12H)	Tier 4
CEFADROXIL (1 G TABLET, 250 MG/5ML SUSP RECON, 500 MG CAPSULE, 500 MG/5ML SUSP RECON)	Tier 2
CEFDINIR (125 MG/5ML SUSP RECON, 250 MG/5ML SUSP RECON, 300 MG CAPSULE)	Tier 2
CEFDITOREN PIVOXIL 400 MG TABLET	Tier 4
CEFIXIME (100 MG/5ML SUSP RECON, 200 MG/5ML SUSP RECON, 400 MG CAPSULE)	Tier 4
CEFPODOXIME PROXETIL (50 MG/5 ML SUSP RECON, 100 MG TABLET, 100 MG/5ML SUSP RECON, 200 MG TABLET)	Tier 4
CEFPROZIL (125 MG/5ML SUSP RECON, 250 MG TABLET, 250 MG/5ML SUSP RECON, 500 MG TABLET)	Tier 3
CEFUROXIME AXETIL (250 MG TABLET, 500 MG TABLET)	Tier 2

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# 2021 PROVIDENCE FORMULARY P

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Drug Name	Status*	Requirements/Limits
CEPHALEXIN (125 MG/5ML SUSP RECON, 250 MG CAPSULE, 250 MG/5ML SUSP RECON, 500 MG CAPSULE, 750 MG CAPSULE)	Tier 2	
CEPHALEXIN (250 MG TABLET, 500 MG TABLET)	Tier 4	
<b>BETA-LACTAM, PENICILLINS</b>		
AMOXICILLIN (125 MG/5ML SUSP RECON, 200 MG/5ML SUSP RECON, 250 MG CAPSULE, 250 MG/5ML SUSP RECON, 400 MG/5ML SUSP RECON, 500 MG TABLET, 500 MG CAPSULE, 875 MG TABLET)	Tier 2	
AMOXICILLIN (125 MG TAB CHEW, 250 MG TAB CHEW)	Tier 3	
AMOXICILLIN 775 MG TBMP 24HR	Tier 4	
AMOXICILLIN/POTASSIUM CLAVULANATE (200-28.5MG TAB CHEW, 400-57MG TAB CHEW, 1000-62.5 TAB ER 12H)	Tier 3	
AMOXICILLIN/POTASSIUM CLAVULANATE (200-28.5/5 SUSP RECON, 250-125 MG TABLET, 250-62.5/5 SUSP RECON, 400-57MG/5 SUSP RECON, 500-125 MG TABLET, 600-42.9/5 SUSP RECON, 875-125 MG TABLET)	Tier 2	
AMPICILLIN TRIHYDRATE	Tier 2	
DICLOXA CILLIN SODIUM	Tier 2	
PENICILLIN V POTASSIUM (125 MG/5ML SOLN RECON, 250 MG TABLET, 250 MG/5ML SOLN RECON, 500 MG TABLET)	Tier 2	
<b>MACROLIDES</b>		
AZASITE	Tier 4	

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# 2021 PROVIDENCE FORMULARY P

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

Drug Name	Status*	Requirements/Limits
AZITHROMYCIN (1 G PACKET, 100 MG/5ML SUSP RECON, 200 MG/5ML SUSP RECON, 250 MG TABLET, 500 MG TABLET, 600 MG TABLET)	Tier 2	
CLARITHROMYCIN (125 MG/5ML SUSP RECON, 250 MG/5ML SUSP RECON)	Tier 4	
CLARITHROMYCIN (250 MG TABLET, 500 MG TAB ER 24H, 500 MG TABLET)	Tier 2	
DIFICID 200 MG TABLET	Tier 6	ST
ERY	Tier 3	
ERYTHROMYCIN BASE 5 MG/GRAM OINT. (G)	Tier 2	
ERYTHROMYCIN BASE IN ETHANOL 2 % GEL (GRAM)	Tier 4	
ERYTHROMYCIN BASE IN ETHANOL (IN 2 % SOLUTION, IN 2 % MED. SWAB)	Tier 3	

## QUINOLONES

BESIVANCE	Tier 4
CIPROFLOXACIN HCL 0.2 % DROPERETTE	Tier 4
CIPROFLOXACIN HCL (0.3 % DROPS, 100 MG TABLET, 250 MG TABLET, 500 MG TABLET, 750 MG TABLET)	Tier 2
CIPROFLOXACIN/CIPROFLOXA HCL 1000 MG TBMP 24HR	Tier 4
FACTIVE	Tier 4
GATIFLOXACIN	Tier 3
LEVOFLOXACIN 0.5 % DROPS	Tier 3
LEVOFLOXACIN (250MG/10ML SOLUTION, 250 MG TABLET, 500 MG TABLET, 750 MG TABLET)	Tier 2
MOXIFLOXACIN HCL (0.5 % DROPS, 400 MG TABLET)	Tier 3

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# 2021 PROVIDENCE FORMULARY P

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<b>Drug Name</b>	<b>Status*</b>	<b>Requirements/Limits</b>
OFLOXACIN (0.3 % DROPS, 200 MG TABLET)	Tier 2	
OFLOXACIN (300 MG TABLET, 400 MG TABLET)	Tier 3	
<b>SULFONAMIDES</b>		
BLEPH-10	Tier 3	
SILVER SULFADIAZINE	Tier 2	
SULFACETAMIDE SODIUM (10 % DROPS, 10 % OINT. (G))	Tier 3	
SULFACETAMIDE SODIUM 10 % SUSPENSION	Tier 4	
SULFADIAZINE	Tier 4	
SULFAMETHOXAZOLE/TRIMETHOPRIM (200-40MG/5 ORAL SUSP, 800-160/20 ORAL SUSP)	Tier 4	
SULFAMETHOXAZOLE/TRIMETHOPRIM (400MG-80MG TABLET, 800-160 MG TABLET)	Tier 2	
SULFAMIDE	Tier 3	
<b>TETRACYCLINES</b>		
AVIDOXY	Tier 2	
DEMECLOCYCLINE HCL	Tier 4	
DOXYCYCLINE HYCLATE (20 MG TABLET, 50 MG CAPSULE, 100 MG CAPSULE, 100 MG TABLET)	Tier 2	
DOXYCYCLINE MONOHYDRATE 25 MG/5 ML SUSP RECON	Tier 4	
DOXYCYCLINE MONOHYDRATE (50 MG CAPSULE, 50 MG TABLET, 75 MG TABLET, 100 MG TABLET, 100 MG CAPSULE, 150 MG TABLET)	Tier 2	
DYNACIN (50 MG TABLET, 100 MG TABLET)	Tier 4	

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# 2021 PROVIDENCE FORMULARY P

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Drug Name	Status*	Requirements/Limits
MINOCYCLINE HCL (50 MG CAPSULE, 75 MG CAPSULE, 100 MG CAPSULE)	Tier 2	
MINOCYCLINE HCL (50 MG TABLET, 75 MG TABLET, 100 MG TABLET)	Tier 4	
MONDOXYNE NL 100 MG CAPSULE	Tier 2	
MORGIDOX (50 MG CAPSULE, 100 MG CAPSULE)	Tier 2	
TETRACYCLINE HCL	Tier 4	

## ANTICONVULSANTS

### ANTICONVULSANTS, OTHER

BRIVIACT (10 MG/ML ORAL SOLN, 10 MG TABLET, 25 MG TABLET, 50 MG TABLET, 75 MG TABLET, 100 MG TABLET)	Tier 4	ST
DIACOMIT (250 MG CAPSULE, 250 MG POWDER PACKET)	Tier 6	PA, LA, QL (12 PER 1 DAY)
DIACOMIT (500 MG POWDER PACKET, 500 MG CAPSULE)	Tier 6	PA, LA, QL (6 PER 1 DAY)
EPIDIOLEX	Tier 5	PA, LA
FINTEPLA	Tier 6	PA, QL (12 ML PER DAY)
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)	Tier 2	
NAYZILAM	Tier 4	PA, QL (2 PER 30 DAYS)
ROWEEPRA	Tier 2	
ROWEEPRA XR	Tier 2	
XCOPRI (12.5-25 MG TITRATION PK, 50 MG TABLET, 50-100 MG TITRATION PAK, 100 MG TABLET, 150-200 MG TITRATION PK, 150 MG TABLET, 200 MG TABLET, 250 MG DAILY DOSE PACK, 350 MG DAILY DOSE PACK)	Tier 4	ST

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# 2021 PROVIDENCE FORMULARY P

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

Drug Name	Status*	Requirements/Limits
<b>CALCIUM CHANNEL MODIFYING AGENTS</b>		
CELONTIN	Tier 4	
ETHOSUXIMIDE (250 MG/5ML SOLUTION, 250 MG CAPSULE)	Tier 4	
ZONISAMIDE	Tier 2	
<b>GAMMA-AMINOBUTYRIC ACID (GABA) AUGMENTING AGENTS</b>		
CLOBAZAM 2.5 MG/ML ORAL SUSP	Tier 4	
CLOBAZAM (10 MG TABLET, 20 MG TABLET)	Tier 3	
DIAZEPAM (2.5 MG KIT, 5-7.5-10MG KIT, 12.5-15-20 KIT)	Tier 4	
DIVALPROEX SODIUM (125 MG TABLET DR, 125 MG CAP DR SPR, 250 MG TAB ER 24H, 250 MG TABLET DR, 500 MG TABLET DR, 500 MG TAB ER 24H)	Tier 2	
GABAPENTIN (100 MG CAPSULE, 250 MG/5ML SOLUTION, 300 MG CAPSULE, 400 MG CAPSULE, 600 MG TABLET, 800 MG TABLET)	Tier 2	
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)	Tier 3	
PRIMIDONE	Tier 2	
SYMPAZAN	Tier 4	PA
TIAGABINE HCL	Tier 4	
VALPROIC ACID	Tier 2	
VALPROIC ACID (AS SODIUM SALT) (VALPROATE SODIUM) (SALT) 250 MG/5ML SOLUTION, (SALT) 500MG/10ML SOLUTION)	Tier 2	
VALTOCO	Tier 4	PA, QL (2 PER 30 DAYS)

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# 2021 PROVIDENCE FORMULARY P

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<b>Drug Name</b>	<b>Status*</b>	<b>Requirements/Limits</b>
VIGABATRIN (500 MG TABLET, 500 MG POWD PACK)	Tier 6	PA, LA
VIGADRONE	Tier 6	PA, LA
<b>GLUTAMATE REDUCING AGENTS</b>		
FELBAMATE (400 MG TABLET, 600 MG TABLET, 600 MG/5ML ORAL SUSP)	Tier 4	
FYCOMPA (0.5 MG/ML ORAL SUSP, 2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	Tier 4	ST
LAMICTAL XR (BLUE)	Tier 4	ST
LAMICTAL XR (GREEN)	Tier 4	ST
LAMICTAL XR (ORANGE)	Tier 4	ST
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)	Tier 4	ST
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)	Tier 2	
SUBVENITE	Tier 2	
SUBVENITE (BLUE)	Tier 2	
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)	Tier 4	PA
TOPIRAMATE (15 MG CAP SPRINK, 25 MG CAP SPRINK)	Tier 3	
TOPIRAMATE (25 MG TABLET, 50 MG TABLET, 100 MG TABLET, 200 MG TABLET)	Tier 2	
<b>SODIUM CHANNEL AGENTS</b>		
APTIOM	Tier 4	ST

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# 2021 PROVIDENCE FORMULARY P

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Drug Name	Status*	Requirements/Limits
BANZEL (40 MG/ML SUSPENSION, 200 MG TABLET, 400 MG TABLET)	Tier 4	ST
CARBAMAZEPINE (100 MG TAB ER 12H, 100 MG CPMP 12HR, 100 MG TAB CHEW, 100 MG/5ML ORAL SUSP, 200 MG TABLET, 200 MG TAB ER 12H, 200 MG CPMP 12HR, 300 MG CPMP 12HR, 400 MG TAB ER 12H)	Tier 3	
DILANTIN 30 MG CAPSULE	Tier 4	
EPITOL	Tier 3	
OXCARBAZEPINE (150 MG TABLET, 300 MG TABLET, 300 MG/5ML ORAL SUSP, 600 MG TABLET)	Tier 2	
OXTELLAR XR	Tier 4	ST
PEGANONE	Tier 4	
PHENYTOIN (50 MG TAB CHEW, 100 MG/4ML ORAL SUSP, 125 MG/5ML ORAL SUSP)	Tier 2	
PHENYTOIN SODIUM EXTENDED	Tier 2	
VIMPAT (10 MG/ML SOLUTION, 50 MG TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET)	Tier 4	ST

## ANTIDEMENTIA AGENTS

### ANTIDEMENTIA AGENTS, OTHER

ERGOLOID MESYLATES	Tier 4
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### CHOLINESTERASE INHIBITORS

DONEPEZIL HCL (5 MG TAB RAPDIS, 5 MG TABLET, 10 MG TABLET, 10 MG TAB RAPDIS, 23 MG TABLET)	Tier 2
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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)	Tier 3
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# 2021 PROVIDENCE FORMULARY P

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Drug Name	Status*	Requirements/Limits
RIVASTIGMINE	Tier 4	
RIVASTIGMINE TARTRATE	Tier 2	QL (2 PER 1 DAY)
<b>N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST</b>		
MEMANTINE HCL (7 MG CAP SPR 24, 14 MG CAP SPR 24, 21 MG CAP SPR 24, 28 MG CAP SPR 24)	Tier 4	QL (1 PER 1 DAY)
MEMANTINE HCL 2 MG/ML SOLUTION	Tier 2	QL (10 ML PER 1 DAY)
MEMANTINE HCL (5 MG-10 MG TAB DS PK, 5 MG TABLET, 10 MG TABLET)	Tier 2	
<b>ANTIDEPRESSANTS</b>		
<b>ANTIDEPRESSANTS, OTHER</b>		
BUDEPRION SR	Tier 2	
BUDEPRION XL	Tier 2	
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)	Tier 2	
MIRTAZAPINE (7.5 MG TABLET, 15 MG TABLET, 15 MG TAB RAPDIS, 30 MG TABLET, 30 MG TAB RAPDIS, 45 MG TABLET, 45 MG TAB RAPDIS)	Tier 2	
OLANZAPINE/FLUOXETINE HCL	Tier 4	
PERPHENAZINE/AMITRIPTYLINE HCL	Tier 4	
<b>MONOAMINE OXIDASE INHIBITORS</b>		
EMSAM	Tier 4	
MARPLAN	Tier 4	
PHENELZINE SULFATE	Tier 4	
TRANLYCYPROMINE SULFATE	Tier 4	

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# 2021 PROVIDENCE FORMULARY P

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Drug Name	Status*	Requirements/Limits
<b>SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)</b>		
CITALOPRAM HYDROBROMIDE (10 MG TABLET, 10 MG/5 ML SOLUTION, 20 MG/10ML SOLUTION, 20 MG TABLET, 40 MG TABLET)	Tier 2	
DESVENLAFAKINE SUCCINATE (25 MG TAB ER 24H, 100 MG TAB ER 24H)	Tier 2	QL (1 PER 1 DAY)
DESVENLAFAKINE SUCCINATE 50 MG TAB ER 24H	Tier 2	QL (1 PER DAY)
ESCITALOPRAM OXALATE (5 MG TABLET, 5 MG/5 ML SOLUTION, 10 MG TABLET, 20 MG TABLET)	Tier 2	
FETZIMA (20-40 MG TITRATION PAK, ER 20 MG CAPSULE, ER 40 MG CAPSULE, ER 80 MG CAPSULE, ER 120 MG CAPSULE)	Tier 4	ST
FLUOXETINE HCL (10 MG CAPSULE, 20 MG/5 ML SOLUTION, 20 MG CAPSULE, 40 MG CAPSULE)	Tier 2	
FLUVOXAMINE MALEATE (100 MG CAP ER 24H, 150 MG CAP ER 24H)	Tier 4	
FLUVOXAMINE MALEATE (25 MG TABLET, 50 MG TABLET, 100 MG TABLET)	Tier 2	
MAPROTILINE HCL	Tier 4	
NEFAZODONE HCL	Tier 4	
PAROXETINE HCL (12.5 MG TAB ER 24H, 25 MG TAB ER 24H, 37.5 MG TAB ER 24H)	Tier 3	
PAROXETINE HCL (10 MG TABLET, 20 MG TABLET, 30 MG TABLET, 40 MG TABLET)	Tier 2	
PAXIL 10 MG/5 ML SUSPENSION	Tier 4	
SERTRALINE HCL (20 MG/ML ORAL CONC, 25 MG TABLET, 50 MG TABLET, 100 MG TABLET)	Tier 2	

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# 2021 PROVIDENCE FORMULARY P

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Drug Name	Status*	Requirements/Limits
TRAZODONE HCL	Tier 2	
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)	Tier 2	
VIIBRYD (10 MG TABLET, 10-20 MG STARTER PACK, 10-20-40 MG STARTER PK, 20 MG TABLET, 40 MG TABLET)	Tier 4	ST

## TRICYCLICS

AMITRIPTYLINE HCL	Tier 2	
AMOXAPINE	Tier 4	
CLOMIPRAMINE HCL	Tier 4	
DESIPRAMINE HCL	Tier 3	
ELAVIL	Tier 4	
IMIPRAMINE HCL	Tier 2	
IMIPRAMINE PAMOATE	Tier 4	
NORTRIPTYLINE HCL (10 MG/5 ML SOLUTION, 10 MG CAPSULE, 25 MG CAPSULE, 50 MG CAPSULE, 75 MG CAPSULE)	Tier 2	
PROTRIPTYLINE HCL	Tier 4	
TRIMIPRAMINE MALEATE	Tier 4	

## ANTIEMETICS

### ANTIEMETICS, OTHER

BONJESTA	Tier 4	QL (2 PER 1 DAY)
COMPRO	Tier 4	
DOXYLAMINE SUCCINATE/PYRIDOXINE HCL (VITAMIN B6)	Tier 4	
METOCLOPRAMIDE HCL (5 MG TABLET, 5 MG/5 ML SOLUTION, 10 MG TABLET, 10 MG/10ML SOLUTION)	Tier 2	

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# 2021 PROVIDENCE FORMULARY P

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Drug Name	Status*	Requirements/Limits
PERPHENAZINE	Tier 3	
PHENADOZ	Tier 4	
PROCHLORPERAZINE	Tier 4	
PROCHLORPERAZINE MALEATE	Tier 2	
PROMETHAZINE HCL (12.5 MG SUPP.RECT, 25 MG SUPP.RECT, 50 MG SUPP.RECT)	Tier 4	
PROMETHAZINE HCL (12.5 MG TABLET, 25 MG TABLET, 50 MG TABLET)	Tier 2	
PROMETHEGAN	Tier 4	
SCOPOLAMINE	Tier 4	
TRIMETHOBENZAMIDE HCL 300 MG CAPSULE	Tier 4	

## EMETOGENIC THERAPY ADJUNCTS

AKYNZE 300-0.5 MG CAPSULE	Tier 4	QL (4 PER 28 DAYS)
APREPITANT 125MG-80MG CAP DS PK	Tier 4	QL (6 PER 30 DAYS)
APREPITANT 125 MG CAPSULE	Tier 4	QL (2 PER 30 DAYS)
APREPITANT 40 MG CAPSULE	Tier 4	QL (8 PER 30 DAYS)
APREPITANT 80 MG CAPSULE	Tier 4	QL (4 PER 30 DAYS)
DRONABINOL	Tier 4	PA
EMEND (125 MG POWDER PACKET, 125 MG CAPSULE)	Tier 4	QL (2 PER 30 DAYS)
EMEND 40 MG CAPSULE	Tier 4	QL (8 PER 30 DAYS)
EMEND 80 MG CAPSULE	Tier 4	QL (4 PER 30 DAYS)
GRANISETRON HCL 1 MG TABLET	Tier 2	QL (8 PER 30 DAYS)
ONDANSETRON HCL (4 MG/5 ML SOLUTION, 4 MG TABLET, 8 MG TABLET, 24 MG TABLET)	Tier 2	
ONDANSETRON ODT (4 MG TABLET, 8 MG TABLET)	Tier 2	

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Drug Name	Status*	Requirements/Limits
SANCUSO	Tier 4	ST, QL (2 PER 30 DAYS)
VARUBI 90 MG TABLET	Tier 4	LA, QL (8 PER 28 DAYS)

## ANTIFUNGALS

CICLODAN 0.77% CREAM	Tier 2	
CICLOPIROX (0.77 % GEL (GRAM), 1 % SHAMPOO)	Tier 3	
CICLOPIROX OLAMINE 0.77 % CREAM (G)	Tier 2	
CICLOPIROX OLAMINE 0.77 % SUSPENSION	Tier 3	
CLOTRIMAZOLE 10 MG TROCHE	Tier 2	
CRESEMBA 186 MG CAPSULE	Tier 6	PA
ECONAZOLE NITRATE	Tier 3	
ERTACZO	Tier 4	
FLUCONAZOLE (10 MG/ML SUSP RECON, 40 MG/ML SUSP RECON, 50 MG TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET)	Tier 2	
FLUCYTOSINE	Tier 4	
GRISEOFULVIN ULTRAMICROSIZE	Tier 4	
GRISEOFULVIN, MICROSIZE (125 MG/5ML ORAL SUSP, 500 MG TABLET)	Tier 4	
ITRACONAZOLE (10 MG/ML SOLUTION, 100 MG CAPSULE)	Tier 4	PA
KETOCONAZOLE 2 % CREAM (G)	Tier 3	
KETOCONAZOLE 2 % FOAM	Tier 4	
KETOCONAZOLE 2 % SHAMPOO	Tier 2	
KETODAN	Tier 4	
LAMISIL (125 MG GRANULES PACKET, 187.5 MG GRANULES PACK)	Tier 4	

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# 2021 PROVIDENCE FORMULARY P

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Drug Name	Status*	Requirements/Limits
MICONAZOLE NITRATE 200 MG SUPP.VAG	Tier 3	
NAFTIFINE HCL (1 % GEL (GRAM), 1 % CREAM (G))	Tier 4	
NAFTIN 1% CREAM	Tier 4	
NATACYN	Tier 4	
NYAMYC	Tier 2	
NYATA	Tier 2	
NYSTATIN (100000/ML ORAL SUSP, 100000/G POWDER, 100000/G CREAM (G), 100000/G OINT. (G))	Tier 2	
NYSTATIN 500K UNIT TABLET	Tier 3	
NYSTATIN/TRIAMCINOLOLNE ACETONIDE (100000-0.1 CREAM (G), 100000-0.1 OINT. (G))	Tier 3	
NYSTOP	Tier 2	
ORAVIG	Tier 4	
OXICONAZOLE NITRATE	Tier 4	
OXISTAT 1% CREAM	Tier 4	
POSACONAZOLE (100 MG TABLET DR, 200 MG/5ML ORAL SUSP)	Tier 6	PA
SULCONAZOLE NITRATE (1 % CREAM (G), 1 % SOLUTION)	Tier 4	
TERBINAFINE HCL 250 MG TABLET	Tier 2	
TERCONAZOLE (0.4 % CREAM/APPL, 0.8 % CREAM/APPL, 80 MG SUPP.VAG)	Tier 3	
VORICONAZOLE (50 MG TABLET, 200 MG TABLET, 200 MG/5ML SUSP RECON)	Tier 4	PA

## ANTIGOUT AGENTS

ALLOPURINOL	Tier 2
COLCHICINE (0.6 MG CAPSULE, 0.6 MG TABLET)	Tier 3

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# 2021 PROVIDENCE FORMULARY P

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Drug Name	Status*	Requirements/Limits
FEBUXOSTAT	Tier 4	
PROBENECID	Tier 2	
PROBENECID/COLCHICINE	Tier 2	

## ANTIMIGRAINE AGENTS

### ANTIMIGRAINE AGENTS, OTHER

AIMOVIG AUTOINJECTOR	Tier 3	PA
AIMOVIG AUTOINJECTOR (2 PACK)	Tier 3	PA
EMGALITY PEN	Tier 3	PA
EMGALITY SYRINGE	Tier 3	PA

### ERGOT ALKALOIDS

CAFERGOT	Tier 4	QL (40 PER 28 DAYS)
DIHYDROERGOTAMINE MESYLATE 1 MG/ML AMPUL	Tier 4	PA, QL (24 ML PER 48 DAYS)
DIHYDROERGOTAMINE MESYLATE 0.5MG/SPRY SPRAY/PUMP	Tier 4	PA, QL (8 ML PER 30 DAYS)
ERGOMAR	Tier 6	LA, QL (20 PER 30 DAYS)
ERGOTAMINE TARTRATE/CAFFEINE	Tier 4	QL (40 PER 28 DAYS)
MIGERGOT	Tier 4	QL (20 PER 28 DAYS)

### SEROTONIN (5-HT) 1B/1D RECEPTOR AGONISTS

ALMOTRIPTAN MALATE	Tier 4	ST, QL (12 PER 30 DAYS)
ELETRIPTAN HYDROBROMIDE	Tier 4	ST, QL (12 PER 30 DAYS)
FROVATRIPTAN SUCCINATE	Tier 4	QL (9 PER 30 DAYS)
NARatriptan HCL	Tier 2	QL (9 PER 30 DAYS)
RIZATRIPTAN BENZOATE (5 MG TABLET, 5 MG TAB RAPDIS, 10 MG TABLET, 10 MG TAB RAPDIS)	Tier 2	QL (9 PER 30 DAYS)
SUMATRIPTAN	Tier 4	QL (6 PER 30 DAYS)

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# 2021 PROVIDENCE FORMULARY P

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Drug Name	Status*	Requirements/Limits
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)	Tier 4	QL (4 ML PER 30 DAYS)
SUMATRIPTAN SUCCINATE 6 MG/0.5ML SYRINGE	Tier 4	QL (2 ML PER 30 DAYS)
SUMATRIPTAN SUCCINATE (25 MG TABLET, 50 MG TABLET, 100 MG TABLET)	Tier 2	QL (9 PER 30 DAYS)
ZOLMITRIPTAN (2.5 MG TAB RAPDIS, 2.5 MG TABLET)	Tier 3	ST, QL (12 PER 30 DAYS)
ZOLMITRIPTAN (5 MG TAB RAPDIS, 5 MG TABLET)	Tier 3	ST, QL (9 PER 30 DAYS)
ZOMIG 2.5 MG NASAL SPRAY	Tier 4	QL (12 PER 30 DAYS)
ZOMIG 5 MG NASAL SPRAY	Tier 4	QL (6 PER 30 DAYS)

## ANTIMYASTHENIC AGENTS

### PARASYMPATHOMIMETICS

GUANIDINE HCL	Tier 2
PYRIDOSTIGMINE BROMIDE (60 MG/5 ML SOLUTION, 60 MG TABLET, 180 MG TABLET ER)	Tier 4

## ANTIMYCOBACTERIALS

### ANTIMYCOBACTERIALS, OTHER

DAPSONE (25 MG TABLET, 100 MG TABLET)	Tier 4
RIFABUTIN	Tier 4

## ANTITUBERCULARS

CYCLOSERINE	Tier 2
ETHAMBUTOL HCL	Tier 2

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# 2021 PROVIDENCE FORMULARY P

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Drug Name	Status*	Requirements/Limits
ISONIAZID (50 MG/5 ML SOLUTION, 100 MG TABLET, 300 MG TABLET)	Tier 2	
PASER	Tier 4	
PRIFTIN	Tier 4	
PYRAZINAMIDE	Tier 4	
RIFAMATE	Tier 4	
RIFAMPIN (150 MG CAPSULE, 300 MG CAPSULE)	Tier 2	
RIFATER	Tier 4	
SIRTURO	Tier 6	LA
TRECATOR	Tier 3	

## ANTINEOPLASTICS

### ALKYLATING AGENTS

CEENU	Tier 4	
CYCLOPHOSPHAMIDE (25 MG CAPSULE, 50 MG CAPSULE)	Tier 4	
GLEOSTINE	Tier 4	
HEXALEN	Tier 6	
LEUKERAN	Tier 3	
LOMUSTINE	Tier 4	
MATULANE	Tier 6	LA
MELPHALAN	Tier 3	PA
TEMOZOLOMIDE	Tier 6	PA
VALCHLOR	Tier 6	LA

### ANTIANDROGENS

ABIRATERONE ACETATE 250 MG TABLET	Tier 5	PA
BICALUTAMIDE	Tier 2	

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Drug Name	Status*	Requirements/Limits
ERLEADA	Tier 6	PA, LA
FLUTAMIDE	Tier 2	
NILUTAMIDE	Tier 6	
NUBEQA	Tier 5	PA, LA
XTANDI	Tier 5	PA, LA
YONSA	Tier 6	PA
ZYTIGA 500 MG TABLET	Tier 6	PA, LA
<b>ANTIANGIOGENIC AGENTS</b>		
POMALYST	Tier 6	PA, LA
REVLIMID	Tier 5	PA, LA
THALOMID	Tier 6	LA
<b>ANTIESTROGENS/MODIFIERS</b>		
EMCYT	Tier 6	
SOLTAMOX	Tier 4	
TAMOXIFEN CITRATE	Tier 2	C (ACA ELIGIBLE - FOR FEMALE AT HIGH RISK FOR BREAST CANCER)
TOREMIFENE CITRATE	Tier 6	
<b>ANTIMETABOLITES</b>		
CAPECITABINE	Tier 6	
DROXIA	Tier 3	
FLUOROURACIL (2 % SOLUTION, 5 % SOLUTION, 5 % CREAM (G))	Tier 3	
HYDROXYUREA	Tier 2	
MERCAPTOPURINE	Tier 3	
PURIXAN	Tier 4	LA
SIKLOS 100 MG TABLET	Tier 4	QL (1 PER 1 DAY)
TABLOID	Tier 4	

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Drug Name	Status*	Requirements/Limits
<b>ANTINEOPLASTICS, OTHER</b>		
ALUNBRIG (30 MG TABLET, 90 MG TABLET, 90 MG-180 MG TAB PACK, 180 MG TABLET)	Tier 6	PA, LA
AYVAKIT	Tier 6	PA, LA
BALVERSA	Tier 6	PA, LA
BRUKINSA	Tier 6	PA, LA
COPIKTRA	Tier 6	PA, LA
IDHIFA	Tier 6	PA, LA, QL (1 PER 1 DAY)
INREBIC	Tier 6	PA, LA
LEUCOVORIN CALCIUM (5 MG TABLET, 10 MG TABLET, 15 MG TABLET, 25 MG TABLET)	Tier 2	
LONSURF	Tier 6	PA, LA
LYSODREN	Tier 3	LA
NINLARO	Tier 6	PA, LA
ONUREG	Tier 6	PA
QINLOCK	Tier 6	PA
RETEVMO 40 MG CAPSULE	Tier 6	PA, QL (2 PER DAY)
RETEVMO 80 MG CAPSULE	Tier 6	PA
ROZLYTREK	Tier 6	PA, LA
RUBRACA	Tier 5	PA, LA
RYDAPT	Tier 6	PA
SYLATRON	Tier 6	PA, LA
SYLATRON 4-PACK	Tier 6	PA, LA
SYNRIBO	Tier 6	PA, LA
TABRECTA	Tier 5	PA
TAZVERIK	Tier 6	PA, LA
TIBSOVO	Tier 6	PA, LA

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<b>Drug Name</b>	<b>Status*</b>	<b>Requirements/Limits</b>
TUKYSA	Tier 6	PA, LA
TURALIO	Tier 6	PA, LA
VITRAKVI (20 MG/ML SOLUTION, 25 MG CAPSULE, 100 MG CAPSULE)	Tier 6	PA
VIZIMPRO	Tier 6	PA, LA
XOSPATA	Tier 6	PA, LA
XPOVIO	Tier 6	PA, LA
ZOLINZA	Tier 6	PA, LA

## **AROMATASE INHIBITORS, 3RD GENERATION**

ANASTROZOLE	Tier 2
EXEMESTANE	Tier 4
LETROZOLE	Tier 2

## **ENZYME INHIBITORS**

ETOPOSIDE 50 MG CAPSULE	Tier 6	
HYCAMTIN (0.25 MG CAPSULE, 1 MG CAPSULE)	Tier 6	LA
LORBRENA	Tier 6	PA, LA
PIQRAY	Tier 6	PA

## **MOLECULAR TARGET INHIBITORS**

AFINITOR 10 MG TABLET	Tier 6	PA
AFINITOR DISPERZ	Tier 6	PA
ALECENSA	Tier 6	PA, LA
BOSULIF	Tier 6	PA, LA
BRAFTOVI	Tier 6	PA, LA
CABOMETYX	Tier 6	PA, LA
CALQUENCE	Tier 6	PA, LA
CAPRELSA	Tier 6	PA, LA
COMETRIQ	Tier 6	PA, LA

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<b>Drug Name</b>	<b>Status*</b>	<b>Requirements/Limits</b>
COTELLIC	Tier 6	PA, LA, QL (63 PER 28 DAYS)
DAURISMO	Tier 6	PA
ERIVEDGE	Tier 6	PA, LA
ERLOTINIB HCL	Tier 6	PA
EVEROLIMUS (2.5 MG TABLET, 5 MG TABLET, 7.5 MG TABLET)	Tier 6	PA
FARYDAK	Tier 6	PA, QL (6 PER 21 DAYS)
GILOTRIF	Tier 6	PA, LA
IBRANCE (75 MG TABLET, 75 MG CAPSULE, 100 MG CAPSULE, 100 MG TABLET, 125 MG TABLET, 125 MG CAPSULE)	Tier 5	PA, LA
ICLUSIG	Tier 6	PA, LA
IMATINIB MESYLATE	Tier 6	PA
IMBRUVIDA (70 MG CAPSULE, 140 MG CAPSULE, 140 MG TABLET, 280 MG TABLET, 420 MG TABLET, 560 MG TABLET)	Tier 6	PA, LA
INLYTA	Tier 6	PA, LA
IRESSA	Tier 6	PA, LA, QL (1 PER 1 DAY)
JAKAFI	Tier 6	PA, LA
KISQALI	Tier 6	PA
KISQALI FEMARA CO-PACK	Tier 6	PA
KOSELUGO	Tier 5	PA, LA
LAPATINIB DITOSYLATE	Tier 6	PA
LENVIMA	Tier 6	PA, LA
LYNPARZA	Tier 5	PA, LA
MEKINIST	Tier 6	PA, LA
MEKTOVI	Tier 6	PA, LA
NERLYNX	Tier 6	PA, LA, QL (6 PER 1 DAY)

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Drug Name	Status*	Requirements/Limits
NEXAVAR	Tier 6	PA, LA
ODOMZO	Tier 6	PA
PEMAZYRE	Tier 6	PA, LA
SPRYCEL	Tier 5	PA
STIVARGA	Tier 6	PA, LA
SUTENT	Tier 6	PA, LA
TAFINLAR	Tier 6	PA, LA
TAGRISSO	Tier 6	PA, LA
TALZENNA	Tier 6	PA, LA
TASIGNA	Tier 6	PA
VANDETANIB	Tier 6	PA, LA
VENCLEXTA	Tier 6	PA, LA
VENCLEXTA STARTING PACK	Tier 6	PA, LA
VERZENIO	Tier 5	PA, LA
VOTRIENT	Tier 6	PA, LA
XALKORI	Tier 6	PA, LA
ZEJULA	Tier 6	PA, LA
ZELBORAF	Tier 6	PA, LA
ZYDELIG	Tier 6	PA, LA, QL (2 PER 1 DAY)
ZYKADIA (150 MG TABLET, 150 MG CAPSULE)	Tier 6	PA, LA

## RETINOIDS

BEXAROTENE	Tier 6	PA
PANRETIN	Tier 6	
TARGETIN 1% GEL	Tier 6	PA
TRETINOIN 10 MG CAPSULE	Tier 6	PA

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Drug Name	Status*	Requirements/Limits
<b>TREATMENT ADJUNCTS</b>		
MESNEX 400 MG TABLET	Tier 3	
<b>ANTIPARASITICS</b>		
<b>ANTIHELMINTHICS</b>		
ALBENDAZOLE	Tier 4	PA
EMVERM	Tier 4	PA
IVERMECTIN 3 MG TABLET	Tier 4	
PRAZIQUANTEL	Tier 4	QL (12 PER 30 DAYS)
SKLICE	Tier 4	
<b>ANTIPROTOZOALS</b>		
ALINIA 100 MG/5 ML SUSPENSION	Tier 4	PA, QL (150 ML PER 30 DAYS)
ALINIA 500 MG TABLET	Tier 3	PA, QL (6 PER 30 DAYS)
ATOVAQUONE	Tier 6	PA
ATOVAQUONE/PROGUANIL HCL	Tier 3	C (1 CLAIM PER 365 DAYS)
BENZNIDAZOLE	Tier 6	LA, QL (2 TO 12 YRS OLD; 60 PER 365 DAYS)
CHLOROQUINE PHOSPHATE	Tier 3	
COARTEM	Tier 4	PA
HYDROXYCHLOROQUINE SULFATE	Tier 2	
MEFLOQUINE HCL	Tier 2	
PENTAMIDINE ISETHIONATE 300 MG VIAL-NEB	Tier 5	
PRIMAQUINE PHOSPHATE	Tier 2	
PYRIMETHAMINE	Tier 4	PA
QUININE SULFATE	Tier 4	C (1 CLAIM PER 365 DAYS)

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Drug Name	Status*	Requirements/Limits
<b>PEDICULICIDES/SCABICIDES</b>		
EURAX 10% CREAM	Tier 4	
LINDANE 1 % LOTION	Tier 2	
LINDANE 1 % SHAMPOO	Tier 4	
MALATHION	Tier 4	
PERMETHRIN	Tier 3	
<b>ANTIPARKINSON AGENTS</b>		
<b>ANTICHOLINERGICS</b>		
BENZTROPINE MESYLATE (0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET)	Tier 2	
TRIHEXYPHENIDYL HCL (2 MG/5 ML ELIXIR, 2 MG TABLET, 5 MG TABLET)	Tier 2	
<b>ANTIPARKINSON AGENTS, OTHER</b>		
AMANTADINE HCL (50 MG/5 ML SOLUTION, 100 MG TABLET, 100 MG CAPSULE)	Tier 3	
CARBIDOPA/LEVODOPA/ENTACAPONE	Tier 4	
ENTACAPONE	Tier 4	
NOURIANZ	Tier 4	PA, LA, QL (1 PER 1 DAY)
OSMOLEX ER (ER 129 MG TABLET, ER 193 MG TABLET, ER 258 MG TABLET)	Tier 4	PA, LA, QL (1 PER 1 DAY)
OSMOLEX ER 322 MG DAILY DOSE	Tier 4	PA, LA, QL (2 PER DAY)
TOLCAPONE	Tier 4	
<b>DOPAMINE AGONISTS</b>		
APOKYN	Tier 6	PA, LA
BROMOCRIPTINE MESYLATE (2.5 MG TABLET, 5 MG CAPSULE)	Tier 3	
INBRIJA	Tier 3	LA

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Drug Name	Status*	Requirements/Limits
KYNMOBI	Tier 5	PA, LA, QL (5 PER DAY)
NEUPRO	Tier 4	ST
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)	Tier 2	
ROPINIROLE HCL (2 MG TAB ER 24H, 4 MG TAB ER 24H)	Tier 3	
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)	Tier 2	

## DOPAMINE PRECURSORS/L-AMINO ACID DECARBOXYLASE INHIBITORS

CARBIDOPA	Tier 4
CARBIDOPA/LEVODOPA (10MG-100MG TABLET, 25MG-250MG TABLET, 25MG-100MG TABLET ER, 25MG-100MG TABLET, 50MG-200MG TABLET ER)	Tier 2
CARBIDOPA/LEVODOPA (10MG-100MG TAB RAPDIS, 25MG-250MG TAB RAPDIS, 25MG-100MG TAB RAPDIS)	Tier 4

## MONOAMINE OXIDASE B (MAO-B) INHIBITORS

RASAGILINE MESYLATE	Tier 4
SELEGILINE HCL (5 MG TABLET, 5 MG CAPSULE)	Tier 3
ZELAPAR	Tier 4

## ANTIPSYCHOTICS

### 1ST GENERATION/TYPICAL

CHLORPROMAZINE HCL (10 MG TABLET, 25 MG TABLET, 50 MG TABLET, 100 MG TABLET, 200 MG TABLET)	Tier 4
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Drug Name	Status*	Requirements/Limits
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)	Tier 3	
HALOPERIDOL	Tier 2	
HALOPERIDOL LACTATE 2 MG/ML ORAL CONC	Tier 2	
LOXAPINE SUCCINATE	Tier 2	
PIMOZIDE	Tier 2	
THIORIDAZINE HCL	Tier 3	
THIOTHIXENE	Tier 3	
TRIFLUOPERAZINE HCL	Tier 3	

## 2ND GENERATION/ATYPICAL

ARIPIPRAZOLE (1 MG/ML SOLUTION, 2 MG TABLET, 5 MG TABLET, 10 MG TABLET, 15 MG TABLET, 20 MG TABLET, 30 MG TABLET)	Tier 2	
ARIPIPRAZOLE (10 MG TAB RAPDIS, 15 MG TAB RAPDIS)	Tier 4	
CAPLYTA	Tier 4	ST
FANAPT (1 MG TABLET, 2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET, TITRATION PACK)	Tier 4	
LATUDA	Tier 4	ST, QL (1 PER 1 DAY)
OLANZAPINE (2.5 MG TABLET, 5 MG TABLET, 5 MG TAB RAPDIS, 7.5 MG TABLET, 10 MG TAB RAPDIS, 10 MG TABLET, 15 MG TAB RAPDIS, 15 MG TABLET, 20 MG TABLET, 20 MG TAB RAPDIS)	Tier 2	
PALIPERIDONE	Tier 4	
QUETIAPINE FUMARATE (150 MG TAB ER 24H, 200 MG TAB ER 24H)	Tier 2	QL (1 PER 1 DAY)

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Drug Name	Status*	Requirements/Limits
QUETIAPINE FUMARATE (50 MG TAB ER 24H, 300 MG TAB ER 24H, 400 MG TAB ER 24H)	Tier 2	QL (2 PER 1 DAY)
QUETIAPINE FUMARATE (25 MG TABLET, 50 MG TABLET, 100 MG TABLET, 200 MG TABLET, 300 MG TABLET, 400 MG TABLET)	Tier 2	
REXULTI	Tier 4	ST
RISPERIDONE (0.25 MG TABLET, 0.5 MG TABLET, 1 MG/ML SOLUTION, 1 MG TABLET, 2 MG TABLET, 3 MG TABLET, 4 MG TABLET)	Tier 2	
RISPERIDONE (0.25 MG TAB RAPDIS, 0.5 MG TAB RAPDIS, 1 MG TAB RAPDIS, 2 MG TAB RAPDIS, 3 MG TAB RAPDIS, 4 MG TAB RAPDIS)	Tier 3	
SAPHRIS	Tier 4	ST
SECUADO	Tier 4	ST
VRAYLAR (1.5 MG CAPSULE, 1.5 MG-3 MG PACK, 3 MG CAPSULE, 4.5 MG CAPSULE, 6 MG CAPSULE)	Tier 4	ST
ZIPRASIDONE HCL	Tier 2	

## TREATMENT-RESISTANT

CLOZAPINE (25 MG TABLET, 50 MG TABLET, 100 MG TABLET, 200 MG TABLET)	Tier 3
CLOZAPINE (12.5 MG TAB RAPDIS, 25 MG TAB RAPDIS, 100 MG TAB RAPDIS, 150 MG TAB RAPDIS, 200 MG TAB RAPDIS)	Tier 4
FAZACLO (150 MG ODT, 200 MG ODT)	Tier 4
VERSACLOZ	Tier 4

## ANTISPASTICITY AGENTS

BACLOFEN (5 MG TABLET, 10 MG TABLET, 20 MG TABLET)	Tier 2
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Drug Name	Status*	Requirements/Limits
DANTROLENE SODIUM (25 MG CAPSULE, 50 MG CAPSULE, 100 MG CAPSULE)	Tier 3	
TIZANIDINE HCL (2 MG TABLET, 4 MG TABLET)	Tier 2	

## ANTIVIRALS

### ANTI-CYTOMEGALOVIRUS (CMV) AGENTS

PREVYMIS (240 MG TABLET, 480 MG TABLET)	Tier 6	PA, LA
VALGANCICLOVIR HCL 50 MG/ML SOLN RECON	Tier 6	QL (36 ML PER 1 DAY)
VALGANCICLOVIR HCL 450 MG TABLET	Tier 6	QL (4 PER 1 DAY)
ZIRGAN	Tier 3	

### ANTI-HEPATITIS B (HBV) AGENTS

ADEFOVIR DIPIVOXIL	Tier 4	QL (1 PER 1 DAY)
BARACLUDE 0.05 MG/ML SOLUTION	Tier 6	
ENTECAVIR	Tier 6	
EPIVIR HBV 25 MG/5 ML SOLN	Tier 3	
LAMIVUDINE 100 MG TABLET	Tier 4	
TYZEKA	Tier 6	QL (1 PER 1 DAY)
VEMLIDY	Tier 3	

### ANTI-HEPATITIS C (HCV) AGENTS, DIRECT ACTING AGENTS

HARVONI (, 33.75-150 MG PELLET PK, 45-200 MG TABLET, 45-200 MG PELLET PACKT)	Tier 5	PA
MAVYRET	Tier 5	PA
SOFOSBUVIR/VELPATASVIR	Tier 5	PA
SOVALDI (150 MG PELLET PACKET, 200 MG PELLET PACKET, 200 MG TABLET, 400 MG TABLET)	Tier 5	PA

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# 2021 PROVIDENCE FORMULARY P

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<b>Drug Name</b>	<b>Status*</b>	<b>Requirements/Limits</b>
VIEKIRA PAK	Tier 6	PA
VOSEVI	Tier 5	PA
ZEPATIER	Tier 6	PA
<b>ANTI-HEPATITIS C (HCV) AGENTS, OTHER</b>		
INFERGEN	Tier 6	
INTRON A (10 MILLION UNITS VIL, 18 MILLION UNIT/3 ML, 18 MILLION UNITS VIL, 25 MILLION UNIT/2.5ML, 50 MILLION UNITS VIL)	Tier 6	LA
MODERIBA (200-400 MG, 400-400 MG, 600-600 MG, 600-400 MG)	Tier 6	
MODERIBA 200 MG TABLET	Tier 5	
PEGASYS (180 MCG/ML VIAL, 180 MCG/0.5 ML SYRINGE)	Tier 6	
PEGASYS PROCLICK	Tier 6	
PEGINTRON	Tier 6	
PEGINTRON REDIPEN	Tier 6	
REBETOL 40 MG/ML SOLUTION	Tier 6	
RIBASPHERE (200 MG TABLET, 200 MG CAPSULE)	Tier 5	
RIBASPHERE (400 MG TABLET, 600 MG TABLET)	Tier 6	
RIBASPHERE RIBAPAK	Tier 6	
RIBAVIRIN (200 MG CAPSULE, 200 MG TABLET)	Tier 5	
RIBAVIRIN (400 MG TABLET, 600 MG TABLET)	Tier 6	
<b>ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)</b>		
BIKTARVY	Tier 3	
GENVOYA	Tier 3	
ISENTRESS (100 MG POWDER PACKET, 400 MG TABLET)	Tier 3	

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# 2021 PROVIDENCE FORMULARY P

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Drug Name	Status*	Requirements/Limits
ISENTRESS HD	Tier 3	
STRIBILD	Tier 4	
TIVICAY	Tier 4	
TIVICAY PD	Tier 4	QL (6 PER DAY)
VITEKTA	Tier 4	

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

COMPLERA	Tier 3
DELSTRIGO	Tier 4
EDURANT	Tier 3
EFAVIRENZ (50 MG CAPSULE, 200 MG CAPSULE, 600 MG TABLET)	Tier 2
EFAVIRENZ/EMTRICITABINE/TENOFOVIR DISOPROXIL FUMARATE	Tier 3
EFAVIRENZ/LAMIVUDINE/TENOFOVIR DISOPROXIL FUMARATE	Tier 4
INTELENCE	Tier 3
NEVIRAPINE (100 MG TAB ER 24H, 400 MG TAB ER 24H)	Tier 4
NEVIRAPINE 200 MG TABLET	Tier 2
ODEFSEY	Tier 3
PIFELTRO	Tier 4
RESCRIPTOR	Tier 3

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

ABACAVIR SULFATE 20 MG/ML SOLUTION	Tier 3
ABACAVIR SULFATE 300 MG TABLET	Tier 4
ABACAVIR SULFATE/LAMIVUDINE	Tier 4
ABACAVIR SULFATE/LAMIVUDINE/ZIDOVUDINE	Tier 4

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# 2021 PROVIDENCE FORMULARY P

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Drug Name	Status*	Requirements/Limits
DIDANOSINE	Tier 2	
EMTRICITABINE	Tier 3	
EMTRICITABINE/TENOFOVIR DISOPROXIL FUMARATE	Tier 3	C (ACA Eligible for members not infected with HIV and are at higher risk of HIV infection)
EMTRIVA 10 MG/ML SOLUTION	Tier 3	
LAMIVUDINE (10 MG/ML SOLUTION, 150 MG TABLET, 300 MG TABLET)	Tier 3	
LAMIVUDINE/ZIDOVUDINE	Tier 3	
STAVUDINE (1 MG/ML SOLN RECON, 15 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE)	Tier 2	
TENOFOVIR DISOPROXIL FUMARATE	Tier 4	C (ACA Eligible for members not infected with HIV and are at higher risk of HIV infection)
TRUVADA (100 MG-150 MG TABLET, 133 MG-200 MG TABLET, 167 MG-250 MG TABLET)	Tier 3	
VIDEX	Tier 3	
VIREAD (150 MG TABLET, 200 MG TABLET, 250 MG TABLET, POWDER)	Tier 3	
ZIDOVUDINE (10 MG/ML SYRUP, 100 MG CAPSULE, 300 MG TABLET)	Tier 2	

## ANTI-HIV AGENTS, OTHER

DOVATO	Tier 3	
FUZEON	Tier 4	
JULUCA	Tier 3	
RUKOBIA	Tier 6	PA
SELZENTRY (20 MG/ML ORAL SOLN, 25 MG TABLET, 75 MG TABLET, 150 MG TABLET, 300 MG TABLET)	Tier 3	
TRIUMEQ	Tier 3	

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# 2021 PROVIDENCE FORMULARY P

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Drug Name	Status*	Requirements/Limits
TYBOST	Tier 3	
<b>ANTI-HIV AGENTS, PROTEASE INHIBITORS</b>		
APTIVUS (100 MG/ML SOLUTION, 250 MG CAPSULE)	Tier 3	
ATAZANAVIR SULFATE	Tier 4	
CRIXIVAN	Tier 3	
EVOTAZ	Tier 4	
FOSAMPRENAVIR CALCIUM	Tier 4	
INVIRASE	Tier 3	
KALETRA (100-25 MG TABLET, 200-50 MG TABLET)	Tier 3	
LEXIVA 50 MG/ML SUSPENSION	Tier 3	
LEXIVA 700 MG TABLET	Tier 4	
LOPINAVIR/RITONAVIR	Tier 2	
NORVIR (80 MG/ML SOLUTION, 100 MG POWDER PACKET)	Tier 3	
PREZCOBIX	Tier 4	
PREZISTA (75 MG TABLET, 100 MG/ML SUSPENSION, 150 MG TABLET, 400 MG TABLET, 600 MG TABLET, 800 MG TABLET)	Tier 3	
REYATAZ (50 MG POWDER PACKET, 100 MG CAPSULE)	Tier 3	
RITONAVIR	Tier 2	
SYMTUZA	Tier 6	
VIRACEPT	Tier 3	
<b>ANTI-INFLUENZA AGENTS</b>		
OSELTAMIVIR PHOSPHATE (6 MG/ML SUSP RECON, 30 MG CAPSULE, 45 MG CAPSULE, 75 MG CAPSULE)	Tier 3	
RELENZA	Tier 3	

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Drug Name	Status*	Requirements/Limits
RIMANTADINE HCL	Tier 4	
<b>ANTIHERPETIC AGENTS</b>		
ACYCLOVIR 5 % OINT. (G)	Tier 4	PA
ACYCLOVIR (200 MG CAPSULE, 200 MG/5ML ORAL SUSP, 400 MG TABLET, 800 MG TABLET)	Tier 2	
DENAVIR	Tier 4	PA
FAMCICLOVIR	Tier 2	
TRIFLURIDINE	Tier 4	
VALACYCLOVIR HCL	Tier 2	
<b>ANXIOLYTICS</b>		
<b>ANXIOLYTICS, OTHER</b>		
BUSPIRONE HCL	Tier 2	
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)	Tier 2	
MEPROBAMATE 400 MG TABLET	Tier 4	
<b>BENZODIAZEPINES</b>		
ALPRAZOLAM (0.25 MG TABLET, 0.5 MG TAB ER 24H, 0.5 MG TABLET, 1 MG TABLET, 1 MG TAB ER 24H, 2 MG TABLET, 2 MG TAB ER 24H, 3 MG TAB ER 24H)	Tier 2	
ALPRAZOLAM INTENSOL	Tier 2	
CHLORDIAZEPOXIDE HCL	Tier 2	
CLONAZEPAM (0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET)	Tier 2	
CLONAZEPAM (0.125 MG TAB RAPDIS, 0.25 MG TAB RAPDIS, 0.5 MG TAB RAPDIS, 1 MG TAB RAPDIS, 2 MG TAB RAPDIS)	Tier 3	

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Drug Name	Status*	Requirements/Limits
CLORAZEPATE DIPOTASSIUM	Tier 4	
DIAZEPAM 5 MG/ML ORAL CONC	Tier 3	
DIAZEPAM (2 MG TABLET, 5 MG/5 ML SOLUTION, 5 MG TABLET, 10 MG TABLET)	Tier 2	
LORAZEPAM (0.5 MG TABLET, 1 MG TABLET, 2 MG/ML ORAL CONC, 2 MG TABLET)	Tier 2	
LORAZEPAM INTENSOL	Tier 2	
OXAZEPAM	Tier 3	

## BIPOLAR AGENTS

### MOOD STABILIZERS

LITHANE	Tier 2	
LITHIUM CARBONATE (150 MG CAPSULE, 300 MG TABLET ER, 300 MG TABLET, 300 MG CAPSULE, 450 MG TABLET ER, 600 MG CAPSULE)	Tier 2	
LITHIUM CITRATE	Tier 4	

## BLOOD GLUCOSE REGULATORS

### ANTIDIABETIC AGENTS

ACARBOSE	Tier 2	
ACTOPLUS MET XR	Tier 4	
ALOGLIPTIN BENZOATE (6.25 MG TABLET, 25 MG TABLET)	Tier 4	
ALOGLIPTIN BENZOATE 12.5 MG TABLET	Tier 4	PA
ALOGLIPTIN BENZOATE/METFORMIN HCL	Tier 4	
ALOGLIPTIN BENZOATE/PIOGLITAZONE HCL	Tier 4	

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Drug Name	Status*	Requirements/Limits
CHLORPROPAMIDE	Tier 2	
CYCLOSET	Tier 4	
FARXIGA	Tier 3	
GLIMEPIRIDE	Tier 1	
GLIPIZIDE (2.5 MG TAB ER 24, 5 MG TABLET, 5 MG TAB ER 24, 10 MG TAB ER 24, 10 MG TABLET)	Tier 1	
GLIPIZIDE/METFORMIN HCL	Tier 2	
GLYBURIDE	Tier 1	
GLYBURIDE,MICRONIZED	Tier 1	
GLYBURIDE/METFORMIN HCL (2.5-500 MG TABLET, 5 MG-500MG TABLET)	Tier 1	
GLYBURIDE/METFORMIN HCL 1.25-250MG TABLET	Tier 2	
GLYXAMBI	Tier 3	
JANUMET	Tier 4	PA
JANUMET XR	Tier 4	PA
JANUVIA	Tier 4	PA
JARDIANCE	Tier 3	
JENTADUETO	Tier 4	PA
JENTADUETO XR	Tier 4	PA
KOMBIGLYZE XR	Tier 4	PA
METFORMIN HCL 500 MG/5ML SOLUTION	Tier 4	
METFORMIN HCL (500 MG TABLET, 850 MG TABLET, 1000 MG TABLET)	Tier 1	
METFORMIN HCL (500 MG TAB ER 24H, 750 MG TAB ER 24H) (GENERIC FOR GLUCOPHAGE XR)	Tier 1	
MIGLITOL	Tier 4	
NATEGLINIDE	Tier 3	

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Drug Name	Status*	Requirements/Limits
NESINA (6.25 MG TABLET, 25 MG TABLET)	Tier 4	
NESINA 12.5 MG TABLET	Tier 4	PA
ONGLYZA	Tier 4	PA
OZEMPIC 0.25-0.5 MG DOSE PEN	Tier 3	ST, QL (1.5 ML PER 28 DAYS)
OZEMPIC 1 MG DOSE PEN	Tier 3	ST, QL (3 ML PER 28 DAYS)
PIOGLITAZONE HCL	Tier 1	
PIOGLITAZONE HCL/GLIMEPIRIDE	Tier 4	
PIOGLITAZONE HCL/METFORMIN HCL	Tier 3	
QTERN	Tier 4	PA
REPAGLINIDE	Tier 2	
RIOMET	Tier 4	
RYBELSUS	Tier 3	ST, QL (1 PER 1 DAY)
STEGLUJAN	Tier 4	PA
SYMLINPEN 120	Tier 4	PA
SYMLINPEN 60	Tier 4	PA
SYNJARDY	Tier 3	
SYNJARDY XR	Tier 3	
TOLAZAMIDE	Tier 4	
TOLBUTAMIDE	Tier 2	
TRADJENTA	Tier 4	PA
TRIJARDY XR	Tier 3	
TRULICITY	Tier 3	ST, QL (2 ML PER 28 DAYS)
VICTOZA 2-PAK	Tier 3	ST, QL (9 ML PER 30 DAYS)
VICTOZA 3-PAK	Tier 3	ST, QL (9 ML PER 30 DAYS)
XIGDUO XR	Tier 3	

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Drug Name	Status*	Requirements/Limits
<b>GLYCEMIC AGENTS</b>		
BAQSIMI	Tier 3	
DIAZOXIDE	Tier 4	
GLUCAGEN 1 MG HYPOKIT	Tier 3	
GLUCAGON EMERGENCY KIT	Tier 3	
GVOKE HYPOPEN 1-PACK	Tier 3	
GVOKE HYPOPEN 2-PACK	Tier 3	
GVOKE PFS 1-PACK SYRINGE	Tier 3	
GVOKE PFS 2-PACK SYRINGE	Tier 3	
<b>INSULINS</b>		
APIDRA	Tier 4	PA
APIDRA SOLOSTAR	Tier 4	PA
HUMALOG (100 CARTRIDGE, 100 VIAL)	Tier 3	
HUMALOG JUNIOR KWIKPEN	Tier 3	
HUMALOG KWIKPEN U-100	Tier 3	
HUMALOG KWIKPEN U-200	Tier 3	
HUMALOG MIX 50-50	Tier 3	
HUMALOG MIX 50-50 KWIKPEN	Tier 3	
HUMALOG MIX 75-25	Tier 3	
HUMALOG MIX 75-25 KWIKPEN	Tier 3	
HUMULIN 70-30	Tier 3	
HUMULIN 70/30 KWIKPEN	Tier 3	
HUMULIN N	Tier 3	
HUMULIN N KWIKPEN	Tier 3	
HUMULIN R	Tier 3	
HUMULIN R U-500	Tier 3	
HUMULIN R U-500 KWIKPEN	Tier 3	

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Drug Name	Status*	Requirements/Limits
INSULIN ASPART (100/ML CARTRIDGE, 100/ML VIAL, 100/ML (3) INSULN PEN)	Tier 4	PA
INSULIN ASPART PROTAMINE HUMAN/INSULIN ASPART (ART 70-30/ML VIAL, ART 70-30/ML INSULN PEN)	Tier 4	PA
LANTUS	Tier 3	
LANTUS SOLOSTAR	Tier 3	
LEVEMIR	Tier 3	
LEVEMIR FLEXTOUCH	Tier 3	
NOVOLIN 70-30	Tier 4	PA
NOVOLIN N	Tier 4	PA
NOVOLIN R	Tier 4	PA
NOVOLOG (100 CARTRIDGE, 100 VIAL)	Tier 4	PA
NOVOLOG FLEXPEN	Tier 4	PA
NOVOLOG MIX 70-30	Tier 4	PA
NOVOLOG MIX 70-30 FLEXPEN	Tier 4	PA
TOUJEO MAX SOLOSTAR	Tier 3	
TOUJEO SOLOSTAR	Tier 3	
TRESIBA	Tier 3	
TRESIBA FLEXTOUCH U-100	Tier 3	
TRESIBA FLEXTOUCH U-200	Tier 3	

## BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS

### ANTICOAGULANTS

ELIQUIS (2.5 MG TABLET, 5 MG TABLET, DVT-PE TREAT START 5MG)	Tier 3
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)	Tier 4

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Drug Name	Status*	Requirements/Limits
FONDAPARINUX SODIUM	Tier 4	
FRAGMIN (2,500 UNIT/0.2 ML SYR, 2,500 UNITS/0.2 ML SYR, 5,000 UNIT/0.2 ML SYR, 5,000 UNITS/0.2 ML SYR, 7,500 UNITS/0.3 ML SYR, 7,500 UNIT/0.3 ML SYR, 10,000 UNITS/ML SYRINGE, 10,000 UNIT/ML SYRINGE, 12,500 UNITS/0.5 ML, 12,500 UNIT/0.5 ML SYR, 15,000 UNIT/0.6 ML SYR, 15,000 UNITS/0.6 ML, 18,000 UNIT/0.72 ML, 18,000 UNITS/0.72 ML, 25,000 UNITS/ML VIAL, 95,000 UNIT/3.8 ML VL)	Tier 6	
HEPARIN SODIUM, PORCINE (5000/ML SYRINGE, 10000/ML VIAL)	Tier 4	
JANTOVEN	Tier 1	
PRADAXA	Tier 3	
SAVAYSA	Tier 4	
WARFARIN SODIUM	Tier 1	
XARELTO (2.5 MG TABLET, 10 MG TABLET, 15 MG TABLET, 20 MG TABLET, DVT-PE TREAT START 30D)	Tier 3	
ZONTIVITY	Tier 4	

## BLOOD FORMATION MODIFIERS

ANAGRELIDE HCL	Tier 4	
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, 150 MCG/0.75 ML VIAL, 200 MCG/0.4 ML SYRINGE, 200 MCG/ML VIAL, 300 MCG/0.6 ML SYRINGE, 300 MCG/ML VIAL, 500 MCG/1 ML SYRINGE)	Tier 5	PA
CABLIVI	Tier 6	PA, LA, QL (1 PER 1 DAY)

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Drug Name	Status*	Requirements/Limits
DOPTELET	Tier 6	PA, LA
EPOGEN	Tier 6	PA
FULPHILA	Tier 5	
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)	Tier 6	
LEUKINE (250 MCG VIAL, 500 MCG/ML VIAL)	Tier 6	
MULPLETA	Tier 6	PA, QL (7 PER 30 DAYS)
NEULASTA	Tier 5	
NEULASTA ONPRO	Tier 5	
NEUMEGA	Tier 6	
NEUPOGEN (300 MCG/ML VIAL, 300 MCG/0.5 ML SYR, 480 MCG/1.6 ML VIAL, 480 MCG/0.8 ML SYR)	Tier 5	
NIVESTYM (300 MCG/ML VIAL, 300 MCG/0.5 ML SYRING, 480 MCG/0.8 ML SYRING, 480 MCG/1.6 ML VIAL)	Tier 5	
OMONTYS	Tier 6	
PROCRT	Tier 6	PA
PROMACTA (12.5 MG SUSPEN PACKET, 12.5 MG TABLET, 25 MG TABLET, 25 MG SUSPENSION PCKT, 50 MG TABLET, 75 MG TABLET)	Tier 6	PA, LA
RETACRIT (2,000 VIAL, 3,000 VIAL, 4,000 VIAL, 10,000 VIAL, 40,000 VIAL)	Tier 6	PA
UDENYCA	Tier 5	LA
ZARXIO	Tier 5	
<b>HEMOSTASIS AGENTS</b>		
PHYTONADIONE (VIT K1) 5 MG TABLET	Tier 4	QL (10 PER 90 DAYS)

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<b>Drug Name</b>	<b>Status*</b>	<b>Requirements/Limits</b>
TRANEXAMIC ACID 650 MG TABLET	Tier 4	
<b>PLATELET MODIFYING AGENTS</b>		
ASPIRIN/DIPYRIDAMOLE	Tier 4	
BRILINTA	Tier 3	
CILOSTAZOL	Tier 2	
CLOPIDOGREL BISULFATE 75 MG TABLET	Tier 1	
DIPYRIDAMOLE (25 MG TABLET, 50 MG TABLET, 75 MG TABLET)	Tier 2	
PRASUGREL HCL	Tier 4	
<b>CARDIOVASCULAR AGENTS</b>		
<b>ALPHA-ADRENERGIC AGONISTS</b>		
CLONIDINE	Tier 4	
CLONIDINE HCL (0.1 MG TABLET, 0.2 MG TABLET, 0.3 MG TABLET)	Tier 2	
GUANFACINE HCL (1 MG TABLET, 2 MG TABLET)	Tier 2	
METHYLDOPA	Tier 2	
MIDODRINE HCL	Tier 3	
<b>ALPHA-ADRENERGIC BLOCKING AGENTS</b>		
DOXAZOSIN MESYLATE	Tier 2	
PHENOXYBENZAMINE HCL	Tier 6	
PRAZOSIN HCL	Tier 2	
TERAZOSIN HCL	Tier 2	
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
CANDESARTAN CILEXETIL	Tier 3	
EDARBI	Tier 4	ST

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Drug Name	Status*	Requirements/Limits
EPROSARTAN MESYLATE	Tier 4	
IRBESARTAN	Tier 1	
LOSARTAN POTASSIUM	Tier 1	
OLMESARTAN MEDOXOMIL	Tier 1	
TELMISARTAN	Tier 2	
VALSARTAN	Tier 2	

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

BENAZEPRIL HCL	Tier 1
CAPTOPRIL	Tier 3
ENALAPRIL MALEATE	Tier 2
EPANED	Tier 4
FOSINOPRIL SODIUM	Tier 1
LISINOPRIL	Tier 1
MOEXIPRIL HCL	Tier 2
PERINDOPRIL ERBUMINE	Tier 2
QUINAPRIL HCL	Tier 1
RAMIPRIL	Tier 1
TRANDOLAPRIL	Tier 2

## **ANTIARRHYTHMICS**

AMIODARONE HCL (100 MG TABLET, 400 MG TABLET)	Tier 4
AMIODARONE HCL 200 MG TABLET	Tier 1
DISOPYRAMIDE PHOSPHATE	Tier 4
DOFETILIDE	Tier 3
FLECAINIDE ACETATE	Tier 2
MEXILETINE HCL	Tier 4
MULTAQ	Tier 3

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Drug Name	Status*	Requirements/Limits
NORPACE CR	Tier 3	
PACERONE 200 MG TABLET	Tier 1	
PROPAFENONE HCL (225 MG CAP ER 12H, 325 MG CAP ER 12H, 425 MG CAP ER 12H)	Tier 4	
PROPAFENONE HCL (150 MG TABLET, 225 MG TABLET, 300 MG TABLET)	Tier 2	
QUINIDINE GLUCONATE 324 MG TABLET ER	Tier 4	
QUINIDINE SULFATE (200 MG TABLET, 300 MG TABLET)	Tier 4	
QUINIDINE SULFATE 300 MG TABLET ER	Tier 2	
SORINE	Tier 1	
SOTALOL HCL (80 MG TABLET, 120 MG TABLET, 160 MG TABLET, 240 MG TABLET)	Tier 1	

## BETA-ADRENERGIC BLOCKING AGENTS

ACEBUTOLOL HCL	Tier 2	
ATENOLOL	Tier 1	
BETAXOLOL HCL (10 MG TABLET, 20 MG TABLET)	Tier 2	
BISOPROLOL FUMARATE	Tier 2	
BYSTOLIC	Tier 4	ST
CARVEDILOL	Tier 1	
CARVEDILOL PHOSPHATE	Tier 4	
LABETALOL HCL (100 MG TABLET, 200 MG TABLET, 300 MG TABLET)	Tier 1	
METOPROLOL SUCCINATE	Tier 1	
METOPROLOL TARTRATE (25 MG TABLET, 37.5 MG TABLET, 50 MG TABLET, 75 MG TABLET, 100 MG TABLET)	Tier 1	

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Drug Name	Status*	Requirements/Limits
NADOLOL	Tier 3	
PINDOLOL	Tier 2	
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)	Tier 2	
PROPRANOLOL HCL (10 MG TABLET, 20 MG TABLET, 40 MG TABLET, 60 MG TABLET, 80 MG TABLET)	Tier 1	
TIMOLOL MALEATE (5 MG TABLET, 10 MG TABLET, 20 MG TABLET)	Tier 3	

## CALCIUM CHANNEL BLOCKING AGENTS

AFEDITAB CR	Tier 2
AMLODIPINE BESYLATE	Tier 1
CARDIZEM LA 120 MG TABLET	Tier 4
CARTIA XT	Tier 2
DILT-CD	Tier 2
DILT-XR	Tier 2
DILTIAZEM HCL (120 MG CAP ER 24H, 120 MG CAP SA 24H, 120 MG CAP ER DEG, 180 MG CAP ER 24H, 180 MG CAP SA 24H, 180 MG CAP ER DEG, 240 MG CAP SA 24H, 240 MG CAP ER DEG, 240 MG CAP ER 24H, 300 MG CAP SA 24H, 300 MG CAP ER 24H, 360 MG CAP ER 24H, 360 MG CAP SA 24H, 420 MG CAP SA 24H)	Tier 2
DILTIAZEM HCL (60 MG CAP ER 12H, 90 MG CAP ER 12H, 120 MG CAP ER 12H, 180 MG TAB ER 24H, 240 MG TAB ER 24H, 300 MG TAB ER 24H, 360 MG TAB ER 24H, 420 MG TAB ER 24H)	Tier 4
DILTIAZEM HCL (30 MG TABLET, 60 MG TABLET, 90 MG TABLET, 120 MG TABLET)	Tier 1

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# 2021 PROVIDENCE FORMULARY P

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Drug Name	Status*	Requirements/Limits
DILTZAC ER	Tier 2	
FELODIPINE	Tier 2	
ISRADIPINE	Tier 4	
MATZIM LA	Tier 4	
NICARDIPINE HCL (20 MG CAPSULE, 30 MG CAPSULE)	Tier 4	
NIFEDIAC CC	Tier 2	
NIFEDICAL XL	Tier 2	
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)	Tier 2	
NIFEDIPINE (10 MG CAPSULE, 20 MG CAPSULE)	Tier 2	
NIMODIPINE	Tier 4	
NISOLDIPINE	Tier 4	
TAZTIA XT	Tier 2	
TIADYLT ER	Tier 2	
VERAPAMIL HCL (100 MG CAP24H PCT, 200 MG CAP24H PCT, 300 MG CAP24H PCT, 360 MG CAP24H PEL)	Tier 4	
VERAPAMIL HCL (120 MG CAP24H PEL, 180 MG CAP24H PEL, 240 MG CAP24H PEL)	Tier 3	
VERAPAMIL HCL (40 MG TABLET, 80 MG TABLET, 120 MG TABLET, 120 MG TABLET ER, 180 MG TABLET ER, 240 MG TABLET ER)	Tier 1	

## CARDIOVASCULAR AGENTS, OTHER

ALISKIREN HEMIFUMARATE	Tier 4
AMILORIDE HCL/HYDROCHLOROTHIAZIDE	Tier 2

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# 2021 PROVIDENCE FORMULARY P

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Drug Name	Status*	Requirements/Limits
AMLODIPINE BESYLATE/ATORVASTATIN CALCIUM	Tier 4	
AMLODIPINE BESYLATE/BENAZEPRIL HCL	Tier 1	
AMLODIPINE BESYLATE/OLMESARTAN MEDOXOMIL	Tier 2	
AMLODIPINE BESYLATE/VALSARTAN	Tier 2	
AMLODIPINE BESYLATE/VALSARTAN/HYDROCHLOROTHIAZIDE	Tier 3	
ATENOLOL/CHLORTHALIDONE	Tier 2	
BENAZEPRIL HCL/HYDROCHLOROTHIAZIDE	Tier 2	
BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE	Tier 2	
CANDESARTAN CILEXETIL/HYDROCHLOROTHIAZIDE	Tier 4	
CAPTOPRIL/HYDROCHLOROTHIAZIDE	Tier 4	
CORLANOR (5 MG/5 ML ORAL SOLN, 5 MG TABLET, 7.5 MG TABLET)	Tier 4	PA
DIGITEK	Tier 2	
DIGOX	Tier 2	
DIGOXIN (50 MCG/ML SOLUTION, 125 MCG TABLET, 250 MCG TABLET)	Tier 2	
EDARBYCLOR	Tier 4	ST
ENALAPRIL MALEATE/HYDROCHLOROTHIAZIDE	Tier 1	
ENTRESTO	Tier 3	
FOSINOPRIL SODIUM/HYDROCHLOROTHIAZIDE	Tier 3	
IRBESARTAN/HYDROCHLOROTHIAZIDE	Tier 1	
LISINOPRIL/HYDROCHLOROTHIAZIDE	Tier 1	

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# 2021 PROVIDENCE FORMULARY P

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Drug Name	Status*	Requirements/Limits
LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	Tier 1	
METHYLDOPA/HYDROCHLOROTHIAZIDE	Tier 4	
METOPROLOL TARTRATE/HYDROCHLOROTHIAZIDE	Tier 2	
NADOLOL/BENDROFLUMETHIAZIDE 80 MG-5 MG TABLET	Tier 4	
OLMESARTAN MEDOXOMIL/AMLODIPINE BESYLATE/HYDROCHLOROTHIAZIDE	Tier 3	
OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	Tier 2	
PENTOXIFYLLINE	Tier 2	
PROPRANOLOL HCL/HYDROCHLOROTHIAZIDE	Tier 3	
QUINAPRIL HCL/HYDROCHLOROTHIAZIDE	Tier 2	
RANOLAZINE	Tier 3	
SPIRONOLACTONE/HYDROCHLOROTHIAZIDE	Tier 2	
TELMISARTAN/HYDROCHLOROTHIAZIDE 40-12.5 MG TABLET	Tier 3	QL (1 PER 1 DAY)
TELMISARTAN/HYDROCHLOROTHIAZIDE (80-12.5MG TABLET, 80 MG-25MG TABLET)	Tier 3	
TRIAMTERENE/HYDROCHLOROTHIAZIDE (37.5-25 MG CAPSULE, 37.5-25 MG TABLET, 75 MG-50MG TABLET)	Tier 2	
VALSARTAN/HYDROCHLOROTHIAZIDE	Tier 1	
VYNDAMAX	Tier 6	PA, LA, QL (1 PER 1 DAY)
VYNDAQEL	Tier 6	PA, LA, QL (4 PER 1 DAY)

## DIURETICS, CARBONIC ANHYDRASE INHIBITORS

ACETAZOLAMIDE (125 MG TABLET, 250 MG TABLET, 500 MG CAPSULE ER)	Tier 3
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# 2021 PROVIDENCE FORMULARY P

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Drug Name	Status*	Requirements/Limits
METHAZOLAMIDE	Tier 4	
<b>DIURETICS, LOOP</b>		
BUMETANIDE (0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET)	Tier 3	
ETHACRYNIC ACID	Tier 4	
FUROSEMIDE (10 MG/ML SOLUTION, 20 MG TABLET, 40 MG TABLET, 40MG/5ML SOLUTION, 80 MG TABLET)	Tier 2	
TORSEMIDE (5 MG TABLET, 10 MG TABLET, 20 MG TABLET, 100 MG TABLET)	Tier 2	
<b>DIURETICS, POTASSIUM-SPARING</b>		
AMILORIDE HCL	Tier 2	
EPLERENONE	Tier 3	
SPIRONOLACTONE	Tier 2	
<b>DIURETICS, THIAZIDE</b>		
CHLOROTHIAZIDE	Tier 2	
CHLORTHALIDONE	Tier 2	
HYDROCHLOROTHIAZIDE (12.5 MG CAPSULE, 12.5 MG TABLET, 25 MG TABLET, 50 MG TABLET)	Tier 1	
INDAPAMIDE	Tier 2	
METHYCLOTHIAZIDE	Tier 4	
METOLAZONE	Tier 3	
<b>DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES</b>		
FENOFIBRATE (54 MG TABLET, 160 MG TABLET)	Tier 2	
FENOFIBRATE NANOCRYSTALLIZED (48 MG TABLET, 145 MG TABLET)	Tier 2	
FENOFIBRATE, MICRONIZED (67 MG CAPSULE, 134 MG CAPSULE, 200 MG CAPSULE)	Tier 2	

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# 2021 PROVIDENCE FORMULARY P

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Drug Name	Status*	Requirements/Limits
FENOFIBRIC ACID	Tier 3	
FENOFIBRIC ACID (CHOLINE)	Tier 3	
GEMFIBROZIL	Tier 2	
LOFIBRA (54 MG TABLET, 67 MG CAPSULE, 134 MG CAPSULE, 160 MG TABLET, 200 MG CAPSULE)	Tier 2	

## DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS

ATORVASTATIN CALCIUM (10 MG TABLET, 20 MG TABLET)	Tier 1	QL (1 PER 1 DAY), C (ACA ELIGIBLE AGES 40-75 YEARS)
ATORVASTATIN CALCIUM 40 MG TABLET	Tier 1	QL (1.5 PER 1 DAY), C (ACA ELIGIBLE AGES 40-75 YEARS)
ATORVASTATIN CALCIUM 80 MG TABLET	Tier 1	C (ACA ELIGIBLE AGES 40-75 YEARS)
LIVALO	Tier 4	QL (1 PER 1 DAY)
LOVASTATIN	Tier 1	C (ACA ELIGIBLE AGES 40-75 YEARS)
PRAVASTATIN SODIUM	Tier 1	C (ACA ELIGIBLE AGES 40-75 YEARS)
ROSUVASTATIN CALCIUM	Tier 1	C (ACA ELIGIBLE AGES 40-75 YEARS)
SIMVASTATIN (5 MG TABLET, 10 MG TABLET, 20 MG TABLET, 80 MG TABLET)	Tier 1	C (ACA ELIGIBLE AGES 40-75 YEARS)
SIMVASTATIN 40 MG TABLET	Tier 1	QL (1 PER 1 DAY), C (ACA ELIGIBLE AGES 40-75 YEARS)

## DYSLIPIDEMICS, OTHER

COLESTYRAMINE (WITH SUGAR) (SUGAR) 4 G POWDER, SUGAR) 4 G POWD PACK)	Tier 4
COLESTYRAMINE/ASPARTAME (4 G POWD PACK, 4 G POWDER)	Tier 4
COLESEVELAM HCL 625 MG TABLET	Tier 4
COlestid Flavored Granules	Tier 4
COlestipol HCL (1 G TABLET, 5 G PACKET, 5 G GRANULES)	Tier 4

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Drug Name	Status*	Requirements/Limits
EZETIMIBE	Tier 2	
EZETIMIBE/SIMVASTATIN	Tier 3	
JUXTAPID	Tier 6	PA, LA
NIACIN (500 MG TAB ER 24H, 750 MG TAB ER 24H, 1000 MG TAB ER 24H)	Tier 2	
NIACIN 500 MG TABLET	Tier 4	
NIACOR	Tier 4	
OMEGA-3 ACID ETHYL ESTERS	Tier 2	
PRALUENT PEN	Tier 6	PA
PRALUENT SYRINGE	Tier 6	PA
PREVALITE (PACKET, POWDER)	Tier 4	
REPATHA PUSHTRONEX	Tier 3	PA
REPATHA SURECLICK	Tier 3	PA
REPATHA SYRINGE	Tier 3	PA
TRIKLO	Tier 2	
VASCEPA	Tier 3	PA

## VASODILATORS, DIRECT-ACTING ARTERIAL

HYDRALAZINE HCL (10 MG TABLET, 25 MG TABLET, 50 MG TABLET, 100 MG TABLET)	Tier 2
MINOXIDIL (2.5 MG TABLET, 10 MG TABLET)	Tier 2

## VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS

DILATRATE-SR	Tier 4
ISOCHRON	Tier 3
ISODITRATE	Tier 3
ISOSORBIDE DINITRATE (5 MG TABLET, 10 MG TABLET, 20 MG TABLET, 30 MG TABLET, 40 MG TABLET ER)	Tier 3

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Drug Name	Status*	Requirements/Limits
ISOSORBIDE DINITRATE 2.5 MG TAB SUBL	Tier 2	
ISOSORBIDE MONONITRATE (10 MG TABLET, 20 MG TABLET, 30 MG TAB ER 24H, 60 MG TAB ER 24H, 120 MG TAB ER 24H)	Tier 2	
MINITRAN	Tier 2	
NITRO-BID	Tier 3	
NITRO-DUR (0.3 PATCH, 0.8 PATCH)	Tier 3	
NITRO-TIME	Tier 2	
NITROGLYCERIN 400MCG/SPR SPRAY	Tier 4	
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, 2.5 MG CAPSULE ER, 6.5 MG CAPSULE ER, 9 MG CAPSULE ER)	Tier 2	

## CENTRAL NERVOUS SYSTEM AGENTS

### ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES

DEXTROAMPHETAMINE SULF-SACCHARATE/AMPHETAMINE SULF-ASPARTATE (5 MG CAP ER 24H, 10 MG CAP ER 24H, 15 MG CAP ER 24H, 25 MG CAP ER 24H, 30 MG CAP ER 24H)	Tier 3	QL (1 PER 1 DAY)
DEXTROAMPHETAMINE/AMPHETAMINE 20 MG CAP ER 24H	Tier 3	QL (2 PER 1 DAY)
DEXTROAMPHETAMINE SULF-SACCHARATE/AMPHETAMINE SULF-ASPARTATE (5 MG TABLET, 7.5 MG TABLET, 10 MG TABLET, 12.5 MG TABLET, 15 MG TABLET, 20 MG TABLET, 30 MG TABLET)	Tier 2	
DEXTROAMPHETAMINE SULFATE (5 MG CAPSULE ER, 10 MG CAPSULE ER, 15 MG CAPSULE ER)	Tier 4	QL (2 PER 1 DAY)

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Drug Name	Status*	Requirements/Limits
DEXTROAMPHETAMINE SULFATE (5 MG TABLET, 10 MG TABLET)	Tier 3	
METHAMPHETAMINE HCL	Tier 4	
VYVANSE (10 MG CHEWABLE TABLET, 10 MG CAPSULE, 20 MG CHEWABLE TABLET, 20 MG CAPSULE, 30 MG CHEWABLE TABLET, 30 MG CAPSULE, 40 MG CHEWABLE TABLET, 40 MG CAPSULE, 50 MG CAPSULE, 50 MG CHEWABLE TABLET, 60 MG CAPSULE, 60 MG CHEWABLE TABLET, 70 MG CAPSULE)	Tier 4	QL (1 PER 1 DAY)
ZENZEDI (5 MG TABLET, 10 MG TABLET)	Tier 3	

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

ATOMOXETINE HCL (10 MG CAPSULE, 18 MG CAPSULE, 25 MG CAPSULE, 40 MG CAPSULE)	Tier 4	
ATOMOXETINE HCL (60 MG CAPSULE, 80 MG CAPSULE, 100 MG CAPSULE)	Tier 4	QL (1 PER 1 DAY)
CLONIDINE HCL 0.1 MG TAB ER 12H	Tier 4	
DAYTRANA	Tier 4	QL (1 PER 1 DAY)
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)	Tier 4	QL (1 PER 1 DAY)
DEXMETHYLPHENIDATE HCL (2.5 MG TABLET, 5 MG TABLET, 10 MG TABLET)	Tier 2	
GUANFACINE HCL (1 MG TAB ER 24H, 2 MG TAB ER 24H, 3 MG TAB ER 24H, 4 MG TAB ER 24H)	Tier 2	
METADATE ER	Tier 3	QL (1 PER 1 DAY)

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Drug Name	Status*	Requirements/Limits
METHYLPHENIDATE HCL (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, 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)	Tier 4	QL (1 PER 1 DAY)
METHYLPHENIDATE HCL (2.5 MG TAB CHEW, 5 MG/5 ML SOLUTION, 5 MG TAB CHEW, 10 MG/5 ML SOLUTION, 10 MG TAB CHEW)	Tier 4	
METHYLPHENIDATE HCL 36 MG TAB ER 24	Tier 4	QL (2 PER 1 DAY)
METHYLPHENIDATE HCL (5 MG TABLET, 10 MG TABLET, 20 MG TABLET)	Tier 2	
METHYLPHENIDATE HCL (10 MG TABLET ER, 20 MG TABLET ER)	Tier 3	QL (1 PER 1 DAY)

## CENTRAL NERVOUS SYSTEM, OTHER

AUSTEDO (6 MG TABLET, 12 MG TABLET)	Tier 6	PA, QL (4 PER 1 DAY)
AUSTEDO 9 MG TABLET	Tier 6	PA, QL (5 PER 1 DAY)
BUTALBITAL/ACETAMINOPHEN 50MG- 325MG TABLET	Tier 2	
BUTALBITAL/ACETAMINOPHEN/CAFFEI NE (50-300-40 CAPSULE, 50-325-40 TABLET, 50-325-40 CAPSULE)	Tier 4	
FIORICET	Tier 4	
HORIZANT	Tier 4	PA, QL (1 PER 1 DAY)
NUEDEXTA	Tier 4	PA, QL (2 PER 1 DAY)
PHRENILIN FORTE 50-300-40 MG	Tier 4	
RILUZOLE	Tier 3	
RUZURGI	Tier 6	PA, LA
TEGSEDI	Tier 6	PA, LA, QL (6 ML PER 28 DAYS)

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Drug Name	Status*	Requirements/Limits
TENCON 50-325 MG TABLET	Tier 2	
TETRABENAZINE	Tier 6	PA, QL (4 PER DAY)
TIGLUTIK	Tier 6	
VANATOL LQ	Tier 4	
VANATOL S	Tier 4	
VTOL LQ	Tier 4	

## FIBROMYALGIA AGENTS

DULOXETINE HCL (20 MG CAPSULE DR, 30 MG CAPSULE DR, 60 MG CAPSULE DR)	Tier 2	
PREGABALIN (225 MG CAPSULE, 300 MG CAPSULE)	Tier 2	QL (2 PER 1 DAY)
PREGABALIN (25 MG CAPSULE, 50 MG CAPSULE, 75 MG CAPSULE, 100 MG CAPSULE, 150 MG CAPSULE, 200 MG CAPSULE)	Tier 2	QL (3 PER 1 DAY)
PREGABALIN 20 MG/ML SOLUTION	Tier 2	QL (30 ML PER 1 DAY)
SAVELLA TITRATION PACK	Tier 4	PA, QL (1 PER 365 CLAIM)
SAVELLA (12.5 MG TABLET, 25 MG TABLET, 50 MG TABLET, 100 MG TABLET)	Tier 4	PA, QL (2 PER 1 DAY)

## MULTIPLE SCLEROSIS AGENTS

AUBAGIO	Tier 5	LA, QL (1 PER 1 DAY)
AVONEX PREFILLED SYR 30 MCG	Tier 5	
AVONEX (30 MCG VIAL KIT, PREFILLED SYR 30 MCG KT)	Tier 5	QL (4 PER 28 DAYS)
AVONEX PEN	Tier 5	
BETASERON (0.3 MG VIAL, 0.3 MG KIT)	Tier 5	
COPAXONE 20 MG/ML SYRINGE	Tier 5	QL (1 ML PER 1 DAY)
COPAXONE 40 MG/ML SYRINGE	Tier 5	QL (12 ML PER 28 DAYS)
DALFAMPRIDINE	Tier 4	QL (2 PER 1 DAY)

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<b>Drug Name</b>	<b>Status*</b>	<b>Requirements/Limits</b>
DIMETHYL FUMARATE	Tier 5	LA, QL (2 PER DAY)
EXTAVIA (0.3 MG VIAL, 0.3 MG KIT)	Tier 6	PA
GILENYA 0.5 MG CAPSULE	Tier 5	QL (1 PER 1 DAY)
GLATIRAMER ACETATE 20 MG/ML SYRINGE	Tier 5	QL (1 ML PER 1 DAY)
GLATIRAMER ACETATE 40 MG/ML SYRINGE	Tier 5	QL (12 ML PER 28 DAYS)
MAVENCLAD	Tier 6	PA, LA
MAYZENT 0.25 MG TABLET	Tier 5	LA, QL (4 PER 1 DAY)
MAYZENT 2 MG TABLET	Tier 5	LA
PLEGRIDY	Tier 5	QL (1 ML PER 28 DAYS)
PLEGRIDY PEN	Tier 5	QL (1 ML PER 28 DAYS)
REBIF (22 MCG/0.5 ML SYRINGE, 44 MCG/0.5 ML SYRINGE)	Tier 5	QL (6 ML PER 28 DAYS)
REBIF TITRATION PACK	Tier 5	QL (1 ML PER 365 DAYS)
REBIF REBIDOSE (22 MCG/0.5 ML, 44 MCG/0.5 ML)	Tier 5	QL (6 ML PER 28 DAYS)
REBIF REBIDOSE TITRATION PACK	Tier 5	QL (4.2 ML PER 28 DAYS)
VUMERTY	Tier 6	ST, LA
ZEPOSIA (0.23-0.46 MG START PCK, 0.23-0.46-0.92 MG KIT, 0.92 MG CAPSULE)	Tier 5	LA

## **DENTAL AND ORAL AGENTS**

CEVIMELINE HCL	Tier 4
CHLORHEXIDINE GLUCONATE 0.12 % MOUTHWASH	Tier 2
ORALONE	Tier 2
PAROEX	Tier 2
PERIOGARD	Tier 2

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Drug Name	Status*	Requirements/Limits
PILOCARPINE HCL (5 MG TABLET, 7.5 MG TABLET)	Tier 4	
TRIAMCINOLONE ACETONIDE 0.1 % PASTE (G)	Tier 2	

## DERMATOLOGICAL AGENTS

8-MOP	Tier 6	
ACITRETIN	Tier 4	
ALTRENO	Tier 4	
AMNESTEEM	Tier 4	
AVITA 0.025% CREAM	Tier 3	
AZELAIC ACID	Tier 3	ST
AZELEX	Tier 4	ST
CALCIPOTRIENE (0.005 % CREAM (G), 0.005 % OINT. (G), 0.005 % SOLUTION)	Tier 3	
CALCIPOTRIENE/BETAMETHASONE DIPROPIONATE (0.005-.064 OINT. (G), 0.005-.064 SUSPENSION)	Tier 4	PA
CALCITRENE	Tier 3	
CALCITRIOL 3 MCG/G OINT. (G)	Tier 4	QL (100 GM PER 30 DAYS)
CLARAVIS	Tier 4	
CLINDAMYCIN PHOSPHATE/BENZOYL PEROXIDE (1 %-5 % GEL (GRAM), 1 %-5 % GEL W/PUMP, 1.2(1)%-5% GEL (GRAM))	Tier 3	
CLOTRIMAZOLE/BETAMETHASONE DIP 1 %-0.05 % CREAM (G)	Tier 2	
CLOTRIMAZOLE/BETAMETHASONE DIP 1 %-0.05 % LOTION	Tier 4	
CONDYLOX	Tier 4	
CORTISPORIN (CREAM, OINTMENT)	Tier 4	
COSENTYX (2 SYRINGES)	Tier 5	PA, LA, QL (4 ML PER 56 DAYS)

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<b>Drug Name</b>	<b>Status*</b>	<b>Requirements/Limits</b>
COSENTYX PEN	Tier 5	PA, LA, QL (2 ML PER 28 DAYS)
COSENTYX PEN (2 PENS)	Tier 5	PA, LA, QL (2 ML PER 28 DAYS)
COSENTYX SYRINGE	Tier 5	PA, LA, QL (2 ML PER 28 DAYS)
DICLOFENAC SODIUM (1 % GEL (GRAM), 1.5 % DROPS, 3 % GEL (GRAM))	Tier 3	
DRYSOL	Tier 4	
DUPIXENT PEN	Tier 5	PA, QL (4 ML PER 28 DAYS)
DUPIXENT 200 MG/1.14 ML SYRING	Tier 5	PA, QL (2.28 ML PER 28 DAYS)
DUPIXENT 300 MG/2 ML SYRINGE	Tier 5	PA, QL (4 ML PER 28 DAYS)
EPIFOAM	Tier 4	
EUCRISA	Tier 4	PA
FINACEA 15% FOAM	Tier 4	ST
FLUOROPLEX	Tier 4	
FLUOROURACIL 0.5 % CREAM (G)	Tier 4	PA
IMIQUIMOD 5 % CREAM PACK	Tier 2	
IMIQUIMOD 3.75 % CRM MD PMP	Tier 4	PA
ISOTRETINOIN	Tier 4	
IVERMECTIN 1 % CREAM (G)	Tier 4	ST, QL (45 GM PER 30 DAYS)
METHOXSALEN	Tier 6	
METRONIDAZOLE (0.75 % GEL (GRAM), 0.75 % CREAM (G))	Tier 2	
METRONIDAZOLE (1 % GEL W/PUMP, 1 % GEL (GRAM))	Tier 4	
METRONIDAZOLE 0.75 % LOTION	Tier 3	
MYORISAN	Tier 4	
NEUAC GEL	Tier 3	
PHISOHEX	Tier 4	
PICATO	Tier 4	PA

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Drug Name	Status*	Requirements/Limits
PIMECROLIMUS	Tier 4	ST
PODOFILOX	Tier 3	
PROCTOFOAM-HC	Tier 4	
QBREXZA	Tier 4	PA, QL (1 PER 1 DAY)
RECTIV	Tier 4	
REFISSA	Tier 3	
REGRANEX	Tier 6	PA
ROSADAN (0.75% GEL, 0.75% CREAM)	Tier 2	
SANTYL	Tier 4	QL (30 GM PER 30 DAYS)
SELENIUM SULFIDE 2.5 % LOTION	Tier 2	
SKYRIZI (2 SYRINGES) KIT	Tier 5	PA, QL (1 PER 84 DAYS)
SPINOSAD	Tier 4	
STELARA 90 MG/ML SYRINGE	Tier 5	PA, QL (1 ML PER 84 DAYS)
STELARA (45 MG/0.5 ML VIAL, 45 MG/0.5 ML SYRINGE)	Tier 5	PA, QL (0.5 ML PER 84 DAYS)
TACROLIMUS (0.03 % OINT. (G), 0.1 % OINT. (G))	Tier 3	
TALTZ AUTOINJECTOR	Tier 6	PA, LA, QL (1 ML PER 28 DAYS)
TALTZ AUTOINJECTOR (2 PACK)	Tier 6	PA, LA, QL (1 ML PER 28 DAYS)
TALTZ AUTOINJECTOR (3 PACK)	Tier 6	PA, LA, QL (1 ML PER 28 DAYS)
TALTZ SYRINGE	Tier 6	PA, LA, QL (1 ML PER 28 DAYS)
TAZAROTENE	Tier 3	
TOLAK	Tier 3	PA
TREMFYA (100 MG/ML INJECTOR, 100 MG/ML SYRINGE)	Tier 5	PA, QL (1 ML PER 56 DAYS)
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))	Tier 3	
TRETINOIN/EMOLlient BASE	Tier 3	

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Drug Name	Status*	Requirements/Limits
ULESFIA	Tier 4	
VEREGEN	Tier 6	PA
VITAZOL	Tier 2	
XEPI	Tier 4	PA
ZENATANE	Tier 4	
ZYCLARA (2.5% CREAM PUMP, 3.75% CREAM)	Tier 4	PA

## ELECTROLYTES/MINERALS/METALS/VITAMINS

### ELECTROLYTE/MINERAL REPLACEMENT

CHILDREN'S IRON	ACA Preventive	C (0 to 1 YEAR OLD)
FERROUS SULFATE 15 MG/ML DROPS	ACA Preventive	C (0 to 1 YEAR OLD)
FLUORABON	ACA Preventive	C (0 TO 16 YEARS OF AGE)
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)
FLURA-DROPS	ACA Preventive	C (0 TO 16 YEARS OF AGE)
K-TAB ER 8 MEQ TABLET	Tier 2	
KLOR-CON 8	Tier 2	
KLOR-CON M10	Tier 2	
KLOR-CON M15	Tier 4	
KLOR-CON M20	Tier 2	
KLOR-CON SPRINKLE	Tier 2	
LEVOCARNITINE (WITH SUGAR)	Tier 3	
PEDIA IRON	ACA Preventive	C (0 TO 1 YEAR OLD)
POTASSIUM CHLORIDE (8 CAPSULE ER, 8 TABLET ER, 10 TABLET ER, 10 TAB ER PRT, 10 CAPSULE ER, 20 TABLET ER, 20 TAB ER PRT)	Tier 2	

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# 2021 PROVIDENCE FORMULARY P

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Drug Name	Status*	Requirements/Limits
WEE CARE	ACA Preventive	C (0 to 1 YEAR OLD)
<b>ELECTROLYTE/MINERAL/METAL MODIFIERS</b>		
CHEMET	Tier 4	
CLOVIQUE	Tier 6	PA
DEFERASIROX (125 MG TAB DISPER, 250 MG TAB DISPER, 500 MG TAB DISPER)	Tier 6	LA
DEFERASIROX (90 MG TABLET, 90 MG GRAN PACK, 180 MG TABLET, 180 MG GRAN PACK, 360 MG GRAN PACK, 360 MG TABLET)	Tier 6	
DEFERIPRONE	Tier 6	LA
FERRIPROX (100 MG/ML SOLUTION, 1,000 MG TABLET)	Tier 6	LA
FERRIPROX (2 TIMES A DAY)	Tier 6	LA
JYNARQUE (15 MG TABLET, 15 MG-15 MG TABLET, 30 MG TABLET, 30 MG-15 MG TABLET, 45 MG-15 MG TABLET, 60 MG-30 MG TABLET, 90 MG-30 MG TABLET)	Tier 6	PA, LA
KIONEX	Tier 2	
SODIUM POLYSTYRENE SULFONATE (15 G/60 ML ORAL SUSP, 30 G/120ML ENEMA, 50 G/200ML ENEMA, POWDER)	Tier 2	
SPS 30 GM/120 ML ENEMA SUSP	Tier 4	
SPS 15 GM/60 ML SUSPENSION	Tier 2	
TOLVAPTAN	Tier 6	PA
TRIENTINE HCL	Tier 6	PA
<b>PHOSPHATE BINDERS</b>		
AURYXIA	Tier 4	ST
CALCIUM ACETATE 667 MG CAPSULE	Tier 2	
FOSRENOL (750 MG POWDER PACKET, 1,000 MG POWDER PACK)	Tier 4	ST

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Drug Name	Status*	Requirements/Limits
LANTHANUM CARBONATE	Tier 4	ST
PHOSLYRA	Tier 4	ST
RENVELA (0.8 GM POWDER PACKET, 2.4 GM POWDER PACKET)	Tier 3	
SEVELAMER CARBONATE (0.8 G POWD PACK, 2.4 G POWD PACK, 800 MG TABLET)	Tier 3	
SEVELAMER HCL	Tier 4	ST
VELPHORO	Tier 4	ST

## VITAMINS

CYANOCOBALAMIN (VITAMIN B-12) 1000MCG/ML VIAL	Tier 2	
FOLIC ACID (0.4 MG TABLET, 0.8 MG TABLET)	ACA Preventive	C (0 to 59 YEARS OF AGE)
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)
PNV-VP-U	ACA Preventive	C (0 to 59 YEARS OF AGE)
PREGNATAL VITAMINS (NO DHA, FOLIC ACID - LESS THAN 1MG)	ACA Preventive	C (0 to 59 YEARS OF AGE)
XURIDEN	Tier 6	PA, LA

## GASTROINTESTINAL AGENTS

### ANTISPASMODICS, GASTROINTESTINAL

CUVPOSA	Tier 4	
DICYCLOMINE HCL (10 MG CAPSULE, 10 MG/5 ML SOLUTION, 20 MG TABLET)	Tier 2	
GLYCOPYLROLATE (1 MG TABLET, 2 MG TABLET)	Tier 2	
METHSCOPOLAMINE BROMIDE	Tier 2	

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Drug Name	Status*	Requirements/Limits
PROPANTHELINE BROMIDE	Tier 4	
<b>GASTROINTESTINAL AGENTS, OTHER</b>		
CHENODAL	Tier 6	PA, LA
CROMOLYN SODIUM 20 MG/ML ORAL CONC	Tier 4	
DIPHENOXYLATE HCL/ATROPINE 2.5-.025/5 LIQUID	Tier 4	
DIPHENOXYLATE HCL/ATROPINE 2.5-.025MG TABLET	Tier 2	
FULYZAQ	Tier 4	
GATTEX	Tier 6	PA, LA
LANSOPRAZOLE/AMOXICILLIN TRIHYDRATE/CLARITHROMYCIN	Tier 4	
MOTEGRITY	Tier 4	PA
MOTOFEN	Tier 4	
MOVANTIK	Tier 4	PA
MYALEPT	Tier 6	PA, LA
MYTESI	Tier 4	
OMECLAMOX-PAK	Tier 3	
PYLERA	Tier 4	
SYMPROIC	Tier 4	PA
URSODIOL 300 MG CAPSULE	Tier 3	
URSODIOL (250 MG TABLET, 500 MG TABLET)	Tier 4	
<b>HISTAMINE2 (H2) RECEPTOR ANTAGONISTS</b>		
CIMETIDINE (300 MG TABLET, 400 MG TABLET, 800 MG TABLET)	Tier 3	
CIMETIDINE HCL	Tier 3	
FAMOTIDINE (40MG/5ML ORAL SUSP, 40 MG TABLET)	Tier 2	

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Drug Name	Status*	Requirements/Limits
NIZATIDINE (150MG/10ML SOLUTION, 150 MG CAPSULE, 300 MG CAPSULE)	Tier 2	
PEPCID 40 MG TABLET	Tier 4	
RANITIDINE HCL 15 MG/ML SYRUP	Tier 2	
<b>IRRITABLE BOWEL SYNDROME AGENTS</b>		
ALOSETRON HCL	Tier 4	PA
AMITIZA	Tier 4	PA
VIBERZI	Tier 4	PA
<b>LAXATIVES</b>		
CLENPIQ	Tier 4	
CONSTULOSE	Tier 2	
ENULOSE	Tier 2	
GAVILYTE-C	Tier 2	C (ACA ELIGIBLE - AGES 50 AND OLDER)
GAVILYTE-G	Tier 2	C (ACA ELIGIBLE - AGES 50 AND OLDER)
GAVILYTE-N	Tier 2	C (ACA ELIGIBLE - AGES 50 AND OLDER)
GENERLAC	Tier 2	
GOLYTELY PACKET	Tier 4	
LACTULOSE (10 G/15 ML SOLUTION, 20 G/30 ML SOLUTION)	Tier 2	
NULYTLY WITH FLAVOR PACKS	Tier 2	C (ACA ELIGIBLE - AGES 50 AND OLDER)
OSMOPREP	Tier 4	
PEG 3350/SOD SULF/SOD BICARB/SOD CHLORIDE/POTASSIUM CHLORIDE	Tier 2	C (ACA ELIGIBLE - AGES 50 AND OLDER)
PEG 3350/SODIUM SULFATE/SOD CHLORIDE/KCL/ASCORBATE SOD/VIT C	Tier 4	
PLENUVU	Tier 4	

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Drug Name	Status*	Requirements/Limits
PREPOPIK	Tier 4	
SODIUM CHLORIDE/SODIUM BICARBONATE/POTASSIUM CHLORIDE/PEG	Tier 2	C (ACA ELIGIBLE - AGES 50 AND OLDER)
SUPREP	Tier 3	
TRILYTE WITH FLAVOR PACKETS	Tier 2	C (ACA ELIGIBLE - AGES 50 AND OLDER)

## PROTECTANTS

MISOPROSTOL	Tier 4
SUCRALFATE 1 G/10 ML ORAL SUSP	Tier 3
SUCRALFATE 1 G TABLET	Tier 2

## PROTON PUMP INHIBITORS

DEXILANT	Tier 4	PA
ESOMEPRAZOLE MAGNESIUM (20 MG CAPSULE DR, 40 MG CAPSULE DR)	Tier 2	
LANSOPRAZOLE 30 MG CAPSULE DR	Tier 2	
OMEPRAZOLE (10 MG CAPSULE DR, 20 MG CAPSULE DR, 40 MG CAPSULE DR)	Tier 2	
PANTOPRAZOLE SODIUM 40 MG GRANPKT DR	Tier 4	
PANTOPRAZOLE SODIUM (20 MG TABLET DR, 40 MG TABLET DR)	Tier 2	
RABEPRAZOLE SODIUM 20 MG TABLET DR	Tier 2	

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

ADAGEN	Tier 6	LA
CARBAGLU	Tier 6	PA, LA
CERDELGA	Tier 6	PA
CHOLBAM	Tier 6	PA, LA

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Drug Name	Status*	Requirements/Limits
CREON	Tier 3	
CYSTADANE	Tier 4	LA
CYSTAGON	Tier 5	LA
GALAFOLD	Tier 6	PA, LA, QL (.5 PER 1 DAY)
GIVLAARI	Tier 5	PA, LA
MIGLUSTAT	Tier 6	PA
NITISINONE	Tier 6	LA
NITYR	Tier 6	LA
OCALIVA	Tier 6	PA, LA, QL (1 PER 1 DAY)
ORFADIN (4 MG/ML SUSPENSION, 20 MG CAPSULE)	Tier 6	LA
PALYNZIQ 10 MG/0.5 ML SYRINGE	Tier 6	PA, LA, QL (1 ML PER 1 DAY)
PALYNZIQ 2.5 MG/0.5 ML SYRINGE	Tier 6	PA, LA, QL (8 ML PER 28 DAYS)
PALYNZIQ 20 MG/ML SYRINGE	Tier 6	PA, LA, QL (2 ML PER 1 DAY)
PROCYSB (DR 25 MG CAPSULE, DR 75 MG CAPSULE, DR 75 MG GRANULE PKT, DR 300 MG GRANULE PKT)	Tier 6	PA, LA
RAVICTI	Tier 6	PA, LA
REVCovi	Tier 6	PA, LA
SAPROPTERIN DIHYDROCHLORIDE (100 MG TABLET SOL, 100 MG POWD PACK, 500 MG POWD PACK)	Tier 6	PA, S (Specialty Drug)
SODIUM PHENYLBUTYRATE (0.94 G/G POWDER, 500 MG TABLET)	Tier 6	PA, LA
STRENSIQ	Tier 6	PA, LA
SUCRAID	Tier 6	PA, LA
ZENPEP	Tier 3	

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Drug Name	Status*	Requirements/Limits
<b>GENITOURINARY AGENTS</b>		
<b>ANTISPASMODICS, URINARY</b>		
DARIFENACIN HYDROBROMIDE	Tier 4	ST
FLAVOXATE HCL	Tier 2	
MYRBETRIQ	Tier 4	ST
OXYBUTYNIN CHLORIDE (5 MG/5 ML SYRUP, 5 MG TABLET, 5 MG TAB ER 24, 10 MG TAB ER 24, 15 MG TAB ER 24)	Tier 2	
SOLIFENACIN SUCCINATE	Tier 4	ST
TOLTERODINE TARTRATE (2 MG CAP ER 24H, 4 MG CAP ER 24H)	Tier 4	
TOLTERODINE TARTRATE (1 MG TABLET, 2 MG TABLET)	Tier 3	
TOVIAZ	Tier 4	ST
TROSPiUM CHLORIDE 60 MG CAP ER 24H	Tier 4	
TROSPiUM CHLORIDE 20 MG TABLET	Tier 3	
<b>BENIGN PROSTATIC HYPERPLASIA AGENTS</b>		
ALFUZOSIN HCL	Tier 2	
DUTASTERIDE	Tier 2	
FINASTERIDE 5 MG TABLET	Tier 2	
SILODOSIN	Tier 3	PA
TADALAFIL 5 MG TABLET	Tier 2	QL (1 PER DAY)
TAMSULOSIN HCL	Tier 2	
<b>GENITOURINARY AGENTS, OTHER</b>		
BETHANECHOL CHLORIDE	Tier 3	
D-PENAMINE	Tier 5	
ELMIRON	Tier 4	QL (3 PER 1 DAY)

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Drug Name	Status*	Requirements/Limits
GYNOL II	ACA Preventive	
PENICILLAMINE 250 MG TABLET	Tier 5	
PHEXXI	ACA Preventive	
POTASSIUM CITRATE	Tier 3	
THIOLA	Tier 6	PA, LA
THIOLA EC	Tier 6	PA, LA
TODAY CONTRACEPTIVE SPONGE	ACA Preventive	
VCF (FILM, FOAM, GEL)	ACA Preventive	

## HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)

ACTHAR	Tier 6	PA
ALA-CORT 2.5% CREAM	Tier 2	
ALCLOMETASONE DIPROPIONATE 0.05 % CREAM (G)	Tier 3	
ALCLOMETASONE DIPROPIONATE 0.05 % OINT. (G)	Tier 2	
AMCINONIDE (0.1 % CREAM (G), 0.1 % LOTION, 0.1 % OINT. (G))	Tier 4	
APEXICON	Tier 4	
APEXICON E	Tier 4	
BESER	Tier 4	
BETA-DERM	Tier 3	
BETAMETHASONE ACETATE/BETAMETHASONE SODIUM PHOSPHATE	Tier 4	
BETAMETHASONE DIPROPIONATE (0.05 % LOTION, 0.05 % GEL (GRAM), 0.05 % CREAM (G))	Tier 3	
BETAMETHASONE DIPROPIONATE 0.05 % OINT. (G)	Tier 4	
BETAMETHASONE/PROPYLENE GLYC 0.05 % CREAM (G)	Tier 2	

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Drug Name	Status*	Requirements/Limits
BETAMETHASONE DIPROPIONATE/PROPYLENE GLYCOL (0.05 % OINT. (G), 0.05 % LOTION)	Tier 4	
BETAMETHASONE VALERATE (0.1 % CREAM (G), 0.1 % LOTION)	Tier 3	
BETAMETHASONE VALERATE 0.1 % OINT. (G)	Tier 2	
CLOBETASOL PROPIONATE (0.05 % SOLUTION, 0.05 % CREAM (G), 0.05 % GEL (GRAM))	Tier 3	
CLOBETASOL PROPIONATE (0.05 % LOTION, 0.05 % SHAMPOO, 0.05 % OINT. (G))	Tier 4	
CLOBETASOL PROPIONATE/EMOLL 0.05 % CREAM (G)	Tier 4	
CLOCORTOLONE PIVALATE	Tier 4	
CLODAN 0.05% SHAMPOO	Tier 4	
CORDRAN 4 MCG/SQ CM TAPE LARGE	Tier 4	
CORMAX	Tier 3	
CORTISONE ACETATE	Tier 4	
DECADRON 0.5 MG/5 ML ELIXIR	Tier 3	
DECADRON (0.5 MG TABLET, 0.75 MG TABLET, 4 MG TABLET, 6 MG TABLET)	Tier 2	
DESONIDE 0.05 % LOTION	Tier 4	
DESONIDE (0.05 % CREAM (G), 0.05 % OINT. (G))	Tier 3	
DESOXIMETASONE (0.05 % GEL (GRAM), 0.25 % CREAM (G))	Tier 3	
DESOXIMETASONE (0.05 % CREAM (G), 0.05 % OINT. (G), 0.25 % OINT. (G))	Tier 4	
DEXAMETHASONE (0.5 MG/5ML ELIXIR, 0.5 MG/5ML SOLUTION)	Tier 3	

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Drug Name	Status*	Requirements/Limits
DEXAMETHASONE (0.5 MG TABLET, 0.75 MG TABLET, 1 MG TABLET, 1.5 MG TABLET, 2 MG TABLET, 4 MG TABLET, 6 MG TABLET)	Tier 2	
DIFLORASONE DIACETATE (0.05 % OINT. (G), 0.05 % CREAM (G))	Tier 4	
FLUDROCORTISONE ACETATE	Tier 2	
FLUOCINOLONE ACETONIDE (0.01 % SOLUTION, 0.025 % CREAM (G))	Tier 3	
FLUOCINOLONE ACETONIDE (0.01 % CREAM (G), 0.01 % OIL, 0.025 % OINT. (G))	Tier 4	
FLUOCINOLONE ACETONIDE/SHOWER CAP	Tier 4	
FLUOCINONIDE (0.05 % CREAM (G), 0.05 % OINT. (G), 0.1 % CREAM (G))	Tier 3	
FLUOCINONIDE (0.05 % GEL (GRAM), 0.05 % SOLUTION)	Tier 4	
FLUOCINONIDE/EMOLLIENT BASE	Tier 4	
FLUTICASONE PROPIONATE (0.005 % OINT. (G), 0.05 % CREAM (G))	Tier 2	
FLUTICASONE PROPIONATE 0.05 % LOTION	Tier 4	
H.P. ACTHAR	Tier 6	PA
HALCINONIDE	Tier 4	
HALOBETASOL PROPIONATE (0.05 % OINT. (G), 0.05 % CREAM (G))	Tier 4	
HYDROCORTISONE 2.5 % CRM/PE APP	Tier 3	
HYDROCORTISONE (1 % CRM/PE APP, 2.5 % LOTION, 2.5 % CREAM (G), 2.5 % OINT. (G), 5 MG TABLET, 10 MG TABLET, 20 MG TABLET)	Tier 2	
HYDROCORTISONE BUTYRATE (0.1 % OINT. (G), 0.1 % SOLUTION, 0.1 % CREAM (G))	Tier 4	

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Drug Name	Status*	Requirements/Limits
HYDROCORTISONE VALERATE (0.2 % CREAM (G), 0.2 % OINT. (G))	Tier 4	
HYDROCORTISONE/MINERAL OIL/PETROLATUM,WHITE	Tier 4	
MEDROL 2 MG TABLET	Tier 4	
METHYLPREDNISOLONE (4 MG TABLET, 4 MG TAB DS PK)	Tier 2	
METHYLPREDNISOLONE (8 MG TABLET, 16 MG TABLET, 32 MG TABLET)	Tier 3	
MOMETASONE FUROATE (0.1 % CREAM (G), 0.1 % OINT. (G), 0.1 % SOLUTION)	Tier 2	
PREDNICARBATE (0.1 % CREAM (G), 0.1 % OINT. (G))	Tier 4	
PREDNISOLONE 15 MG/5 ML SOLUTION	Tier 2	
PREDNISOLONE SODIUM PHOSPHATE (5 MG/5 ML SOLUTION, 15 MG/5 ML SOLUTION)	Tier 2	
PREDNISOLONE SODIUM PHOSPHATE (10 MG TAB RAPDIS, 15 MG TAB RAPDIS, 30 MG TAB RAPDIS)	Tier 4	
PREDNISONE 5 MG/5 ML SOLUTION	Tier 4	
PREDNISONE (1 MG TABLET, 2.5 MG TABLET, 5 MG TABLET, 5 MG TAB DS PK, 10 MG TAB DS PK, 10 MG TABLET, 20 MG TABLET, 50 MG TABLET)	Tier 2	
PREDNISONE INTENSOL	Tier 4	
PSORCON	Tier 4	
SOLU-CORTEF 100 MG ACT-O-VIAL	Tier 4	QL (2 PER 180 DAYS)
TEXACORT	Tier 4	
TRIAMCINOLONE ACETONIDE (0.025 % CREAM (G), 0.025 % OINT. (G), 0.025 % LOTION, 0.1 % LOTION, 0.1 % OINT. (G), 0.1 % CREAM (G), 0.5 % OINT. (G), 0.5 % CREAM (G))	Tier 2	

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Drug Name	Status*	Requirements/Limits
TRIAMCINOLONE ACETONIDE 0.05 % OINT. (G)	Tier 4	
TRIANEX	Tier 4	
TRIDERM	Tier 2	

## HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)

DDAVP 10 MCG/0.1 ML SOLUTION	Tier 4	
DESMOPRESSIN ACETATE 10/SPRAY SPRAY/PUMP	Tier 4	
DESMOPRESSIN ACETATE (0.1 MG TABLET, 0.2 MG TABLET)	Tier 3	
DESMOPRESSIN ACETATE (NON-REFRIGERATED)	Tier 4	
EGRIFTA	Tier 6	PA, LA
EGRIFTA SV	Tier 6	PA, LA
INCRELEX	Tier 6	PA, LA
NORDITROPIN	Tier 5	PA
NORDITROPIN FLEXPRO	Tier 5	PA
NORDITROPIN NORDIFLEX	Tier 5	PA
ORIAHNN	Tier 4	PA
ORILISSA	Tier 4	PA
STIMATE	Tier 6	

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

### ANABOLIC STEROIDS

ANADROL-50	Tier 6	
OXANDROLONE	Tier 2	

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Drug Name	Status*	Requirements/Limits
<b>ANDROGENS</b>		
DANAZOL	Tier 3	
METHITEST	Tier 4	
METHYLTESTOSTERONE	Tier 4	
TESTOSTERONE (12.5/1.25G GEL MD PMP, 25MG(1%) GEL PACKET, 50 MG (1%) GEL (GRAM), 50 MG (1%) GEL PACKET)	Tier 4	
TESTOSTERONE CYPIONATE (100 MG/ML VIAL, 200 MG/ML VIAL)	Tier 2	
TESTOSTERONE ENANTHATE	Tier 2	
<b>ESTROGENS</b>		
AFIRMELLE	ACA Preventive	
ALTAVERA	ACA Preventive	
ALYACEN	ACA Preventive	
AMABELZ	Tier 3	
AMETHIA	ACA Preventive	
AMETHIA LO	ACA Preventive	
AMETHYST	ACA Preventive	
ANNOVERA	ACA Preventive	
APRI	ACA Preventive	
ARANELLE	ACA Preventive	
ASHLYNA	ACA Preventive	
AUBRA	ACA Preventive	
AUBRA EQ	ACA Preventive	
AUROVELA	ACA Preventive	
AUROVELA 24 FE	ACA Preventive	
AUROVELA FE	ACA Preventive	
AVIANE	ACA Preventive	

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# 2021 PROVIDENCE FORMULARY P

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Drug Name	Status*	Requirements/Limits
AYUNA	ACA Preventive	
AZURETTE	ACA Preventive	
BALCOLTRA	ACA Preventive	
BALZIVA	ACA Preventive	
BEKYREE	ACA Preventive	
BIJUVA	Tier 4	
BLISOVI 24 FE	ACA Preventive	
BLISOVI FE	ACA Preventive	
BRIELLYN	ACA Preventive	
CAMRESE	ACA Preventive	
CAMRESE LO	ACA Preventive	
CAZIANT	ACA Preventive	
CHARLOTTE 24 FE	ACA Preventive	
CHATEAL	ACA Preventive	
CHATEAL EQ	ACA Preventive	
COMBIPATCH	Tier 4	
CRYSELLE	ACA Preventive	
CYCLAFEM	ACA Preventive	
CYRED	ACA Preventive	
CYRED EQ	ACA Preventive	
DASETTA	ACA Preventive	
DAYSEE	ACA Preventive	
DELYLA	ACA Preventive	
DEPO-ESTRADIOL	Tier 4	
DESOGESTREL-ETHINYL ESTRADIOL	ACA Preventive	
DESOGESTREL-ETHINYL ESTRADIOL/ETHINYL ESTRADIOL	ACA Preventive	
DOTTI	Tier 3	

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# 2021 PROVIDENCE FORMULARY P

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Drug Name	Status*	Requirements/Limits
DROSPIRENONE/ETHINYL ESTRADIOL/LEVOMEFOLATE CALCIUM	ACA Preventive	
ELINEST	ACA Preventive	
ELURYNG	ACA Preventive	
EMOQUETTE	ACA Preventive	
ENJUVIA (0.3 MG TABLET, 0.45 MG TABLET, 0.625 MG TABLET)	Tier 4	
ENPRESSE	ACA Preventive	
ENSKYCE	ACA Preventive	
ESTARYLLA	ACA Preventive	
ESTRADIOL (.025MG/24H PATCH TDSW, .025MG/24H PATCH TDWK, .0375MG/24 PATCH TDWK, .0375MG/24 PATCH TDSW, .05MG/24H PATCH TDSW, .05MG/24H PATCH TDWK, .06MG/24H PATCH TDWK, .075MG/24H PATCH TDWK, .075MG/24H PATCH TDSW, .1MG/24HR PATCH TDWK, .1MG/24HR PATCH TDSW, 10 MCG TABLET)	Tier 3	
ESTRADIOL (0.01 % CREAM/APPL, 0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET)	Tier 2	
ESTRADIOL VALERATE 20 MG/ML VIAL	Tier 4	
ESTRADIOL/NORETHINDRONE ACETATE	Tier 3	
ESTRING	Tier 4	
ETHINYL ESTRADIOL/DROSPIRENONE	ACA Preventive	
ETHYNODIOL DIACETATE-ETHINYL ESTRADIOL	ACA Preventive	
ETONOGESTREL/ETHINYL ESTRADIOL	ACA Preventive	
FALMINA	ACA Preventive	
FAYOSIM	ACA Preventive	

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# 2021 PROVIDENCE FORMULARY P

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Drug Name	Status*	Requirements/Limits
FEMYNOR	ACA Preventive	
FYAVOLV	Tier 3	
GEMMILY	ACA Preventive	
GIANVI	ACA Preventive	
GILDESS	ACA Preventive	
GILDESS 24 FE	ACA Preventive	
HAILEY	ACA Preventive	
HAILEY 24 FE	ACA Preventive	
HAILEY FE	ACA Preventive	
INTROVALE	ACA Preventive	
ISIBLOOM	ACA Preventive	
JAIMIESS	ACA Preventive	
JASMIEL	ACA Preventive	
JINTELI	Tier 3	
JOLESSA	ACA Preventive	
JULEBER	ACA Preventive	
JUNEL	ACA Preventive	
JUNEL FE	ACA Preventive	
JUNEL FE 24	ACA Preventive	
KAITLIB FE	ACA Preventive	
KALLIGA	ACA Preventive	
KARIVA	ACA Preventive	
KELNOR 1-35	ACA Preventive	
KELNOR 1-50	ACA Preventive	
KURVELO	ACA Preventive	
LARIN	ACA Preventive	
LARIN 24 FE	ACA Preventive	

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Drug Name	Status*	Requirements/Limits
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	
LEVORA-28	ACA Preventive	
LILLOW	ACA Preventive	
LO LOESTRIN FE	ACA Preventive	
LO MINASTRIN FE	ACA Preventive	
LO-ZUMANDIMINE	ACA Preventive	
LOJAIMIESS	ACA Preventive	
LOPREEZA	Tier 3	
LORYNA	ACA Preventive	
LOW-OGESTREL	ACA Preventive	
LUTERA	ACA Preventive	
MARLISSA	ACA Preventive	
MELODETTA 24 FE	ACA Preventive	
MENEST	Tier 4	
MIBELAS 24 FE	ACA Preventive	
MICROGESTIN	ACA Preventive	
MICROGESTIN 24 FE	ACA Preventive	
MICROGESTIN FE	ACA Preventive	
MILI	ACA Preventive	

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# 2021 PROVIDENCE FORMULARY P

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Drug Name	Status*	Requirements/Limits
MIMVEY	Tier 3	
MIMVEY LO	Tier 3	
MONO-LINYAH	ACA Preventive	
MONONESSA	ACA Preventive	
MYZILRA	ACA Preventive	
NATAZIA	ACA Preventive	
NECON	ACA Preventive	
NIKKI	ACA Preventive	
NORETHINDRONE ACETATE-ETHINYL ESTRADIOL (0.5MG-2.5 TABLET, 1MG-5MCG TABLET)	Tier 3	
NORETHINDRONE ACETATE-ETHINYL ESTRADIOL (1MG-20MCG TABLET, 1.5-0.03MG TABLET)	ACA Preventive	
NORETHINDRONE ACETATE-ETHINYL ESTRADIOL/FERROUS FUMARATE (1MG-20(24) CAPSULE, 1MG-20(24) TABLET, 1MG-20(24) TAB CHEW, 1MG-20(21) TABLET, 1.5-30(21) TABLET)	ACA Preventive	
NORETHINDRONE-ETHINYL ESTRADIOL/FERROUS FUMARATE	ACA Preventive	
NORGESTIMATE-ETHINYL ESTRADIOL	ACA Preventive	
NORTREL	ACA Preventive	
OCELLA	ACA Preventive	
OGESTREL	ACA Preventive	
ORSYTHIA	ACA Preventive	
ORTHO-NOVUM 7-7-7-28 TABLET	ACA Preventive	C (ACA ELIGIBLE)
PHILITH	ACA Preventive	
PIMTREA	ACA Preventive	
PIRMELLA	ACA Preventive	
PORTIA	ACA Preventive	

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Drug Name	Status*	Requirements/Limits
PREMARIN (0.3 MG TABLET, 0.45 MG TABLET, 0.625 MG TABLET, 0.9 MG TABLET, 1.25 MG TABLET, VAGINAL CREAM-APPL)	Tier 3	
PREMPHASE	Tier 4	
PREMPRO	Tier 4	
PREVIFEM	ACA Preventive	
QUASENSE	ACA Preventive	
RECLIPSEN	ACA Preventive	
RIVELSA	ACA Preventive	
SETLAKIN	ACA Preventive	
SIMLIYA	ACA Preventive	
SIMPESSE	ACA Preventive	
SPRINTEC	ACA Preventive	
SRONYX	ACA Preventive	
SYEDA	ACA Preventive	
TARINA 24 FE	ACA Preventive	
TARINA FE	ACA Preventive	
TARINA FE 1-20 EQ	ACA Preventive	
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	

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Drug Name	Status*	Requirements/Limits
TRI-PREVIFEM	ACA Preventive	
TRI-SPRINTEC	ACA Preventive	
TRI-VYLIBRA	ACA Preventive	
TRI-VYLIBRA LO	ACA Preventive	
TRIVORA-28	ACA Preventive	
TWIRLA	ACA Preventive	
TYDEMY	ACA Preventive	
VELIVET	ACA Preventive	
VESTURA	ACA Preventive	
VIENVA	ACA Preventive	
VIORELE	ACA Preventive	
VOLNEA	ACA Preventive	
VYFEMLA	ACA Preventive	
VYLIBRA	ACA Preventive	
WERA	ACA Preventive	
WYMZYA FE	ACA Preventive	
XULANE	ACA Preventive	
YUVAFEM	Tier 3	
ZARAH	ACA Preventive	
ZOVIA 1-35	ACA Preventive	
ZOVIA 1-35E	ACA Preventive	
ZUMANDIMINE	ACA Preventive	
<b>PROGESTERONE AGONISTS/ANTAGONISTS</b>		
ELLA	ACA Preventive	
<b>PROGESTINS</b>		
AFTERA	ACA Preventive	
CAMILA	ACA Preventive	

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Drug Name	Status*	Requirements/Limits
CRINONE	Tier 4	PA
DEBLITANE	ACA Preventive	
DEPO-SUBQ PROVERA 104	Tier 4	
ECONTRA EZ	ACA Preventive	
ECONTRA ONE-STEP	ACA Preventive	
ENDOMETRIN	Tier 4	PA
ERRIN	ACA Preventive	
HEATHER	ACA Preventive	
INCASSIA	ACA Preventive	
JENCYCLA	ACA Preventive	
JOLIVETTE	ACA Preventive	
LEVONORGESTREL	ACA Preventive	
LYZA	ACA Preventive	
MEDROXYPROGESTERONE ACETATE (2.5 MG TABLET, 5 MG TABLET, 10 MG TABLET)	Tier 2	
MEDROXYPROGESTERONE ACETATE (150 MG/ML VIAL, 150 MG/ML SYRINGE)	ACA Preventive	
MEGESTROL ACETATE (20 MG TABLET, 40 MG TABLET, 400MG/10ML ORAL SUSP)	Tier 2	
MY CHOICE	ACA Preventive	
MY WAY	ACA Preventive	
NEW DAY	ACA Preventive	
NORA-BE	ACA Preventive	
NORETHINDRONE	ACA Preventive	
NORETHINDRONE ACETATE	Tier 2	
NORLYDA	ACA Preventive	
NORLYROC	ACA Preventive	

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Drug Name	Status*	Requirements/Limits
OPCICON ONE-STEP	ACA Preventive	
OPTION 2	ACA Preventive	
PROGESTERONE, MICRONIZED	Tier 2	
SHAROBEL	ACA Preventive	
SLYND	Tier 4	
TAKE ACTION	ACA Preventive	
TULANA	ACA Preventive	

## SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS

CLOMIPHENE CITRATE	Tier 2	
DUAVEE	Tier 4	
RALOXIFENE HCL	Tier 2	C (ACA ELIGIBLE - FOR FEMALE AT HIGH RISK FOR BREAST CANCER)

## HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)

ARMOUR THYROID (180 MG TABLET, 240 MG TABLET, 300 MG TABLET)	Tier 4	
LEVO-T	Tier 2	
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)	Tier 2	
LEVOXYL	Tier 2	
LIOTHYRONINE SODIUM (5 MCG TABLET, 25 MCG TABLET, 50 MCG TABLET)	Tier 2	
NATURE-THROID	Tier 2	
NP THYROID	Tier 2	
THYROID	Tier 2	

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Drug Name	Status*	Requirements/Limits
THYROID,PORK	Tier 2	
THYROLAR-1	Tier 4	
THYROLAR-1/2	Tier 4	
THYROLAR-1/4	Tier 4	
THYROLAR-2	Tier 4	
THYROLAR-3	Tier 4	
UNITHROID	Tier 2	
WESTHROID	Tier 2	
WP THYROID	Tier 2	

## HORMONAL AGENTS, SUPPRESSANT (PITUITARY)

CABERGOLINE	Tier 3	
ELIGARD	Tier 4	PA
LEUPROLIDE ACETATE	Tier 4	PA
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)	Tier 6	PA
SIGNIFOR	Tier 6	PA, LA
SOMAVERT	Tier 6	PA, LA
SYNAREL	Tier 6	PA

## HORMONAL AGENTS, SUPPRESSANT (THYROID)

### ANTITHYROID AGENTS

METHIMAZOLE	Tier 2	
PROPYLTHIOURACIL	Tier 3	

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Drug Name	Status*	Requirements/Limits
<b>IMMUNOLOGICAL AGENTS</b>		
<b>ANGIOEDEMA AGENTS</b>		
BERINERT	Tier 6	PA, LA, QL (2 PER 30 DAYS)
HAEGARDA	Tier 6	PA, LA
ICATIBANT ACETATE	Tier 6	PA, LA, QL (9 ML PER 30 DAYS)
TAKHZYRO	Tier 6	PA, LA, QL (4 ML PER 28 DAYS)
<b>IMMUNE SUPPRESSANTS</b>		
ASTAGRAF XL	Tier 4	
AZATHIOPRINE	Tier 2	
CIMZIA (2X200 MG/ML SYRINGE KIT, 2X200 MG/ML(X3)START KT)	Tier 6	PA, LA, QL (1 PER 28 DAYS)
CYCLOSPORINE (25 MG CAPSULE, 100 MG CAPSULE)	Tier 4	
CYCLOSPORINE, MODIFIED (100 MG/ML SOLUTION, 100 MG CAPSULE)	Tier 4	
CYCLOSPORINE, MODIFIED (25 MG CAPSULE, 50 MG CAPSULE)	Tier 3	
ENBREL 25 MG/0.5 ML SYRINGE	Tier 5	PA, QL (4.08 ML PER 28 DAYS)
ENBREL 50 MG/ML SYRINGE	Tier 5	PA, QL (4 ML PER 28 DAYS)
ENBREL 25 MG KIT	Tier 5	PA, QL (8 PER 28 DAYS)
ENBREL 25 MG/0.5 ML VIAL	Tier 5	PA, QL (2 ML PER 28 DAYS)
ENBREL MINI	Tier 5	PA, QL (4 ML PER 28 DAYS)
ENBREL SURECLICK	Tier 5	PA, QL (4 ML PER 28 DAYS)
EVEROLIMUS (0.25 MG TABLET, 0.5 MG TABLET, 0.75 MG TABLET)	Tier 6	
GENGRAF 25 MG CAPSULE	Tier 3	
GENGRAF (100 MG/ML SOLUTION, 100 MG CAPSULE)	Tier 4	
HUMIRA	Tier 5	PA, QL (2 PER 28 DAYS)

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Drug Name	Status*	Requirements/Limits
HUMIRA PEDIATRIC CROHN'S	Tier 5	PA, QL (6 PER 28 DAYS)
HUMIRA PEN	Tier 5	PA, QL (2 PER 28 DAYS)
HUMIRA PEN CROHN'S-UC-HS	Tier 5	PA, QL (6 PER 28 DAYS)
HUMIRA PEN PSOR-UVEITS-ADOL HS	Tier 5	PA, QL (4 PER 28 DAYS)
HUMIRA(CF)	Tier 5	PA, QL (2 PER 28 DAYS)
HUMIRA(CF) PEDI CROHN 80-40 MG	Tier 5	PA, QL (2 PER 28 DAYS)
HUMIRA(CF) PEDI CROHN 80MG/0.8	Tier 5	PA, QL (3 PER 28 DAYS)
HUMIRA(CF) PEN 40 MG/0.4 ML	Tier 5	PA, QL (2 PER 28 DAYS)
HUMIRA(CF) PEN 80 MG/0.8 ML	Tier 5	PA, QL (3 PER 28 DAYS)
HUMIRA(CF) PEN CROHN'S-UC-HS	Tier 5	PA, QL (3 PER 28 DAYS)
HUMIRA(CF) PEN PSOR-UV-ADOL HS	Tier 5	PA, QL (3 PER 28 DAYS)
KINERET (100 MG/0.67 ML SYRINGE, 100 MG/0.67 ML SYR)	Tier 6	PA, LA, QL (0.67 ML PER 1 DAY)
METHOTREXATE SODIUM (2.5 MG TABLET, 25 MG/ML VIAL)	Tier 2	
METHOTREXATE SODIUM/PF (1 G VIAL, 25 MG/ML VIAL)	Tier 2	
MYCOPHENOLATE MOFETIL 200 MG/ML SUSP RECON	Tier 4	
MYCOPHENOLATE MOFETIL (250 MG CAPSULE, 500 MG TABLET)	Tier 2	
MYCOPHENOLATE SODIUM	Tier 4	
ORENCIA 125 MG/ML SYRINGE	Tier 6	PA, QL (4 ML PER 28 DAYS)
ORENCIA 50 MG/0.4 ML SYRINGE	Tier 6	PA, QL (1.6 ML PER 28 DAYS)
ORENCIA 87.5 MG/0.7 ML SYRINGE	Tier 6	PA, QL (2.8 ML PER 28 DAYS)
ORENCIA CLICKJECT	Tier 6	PA, QL (4 ML PER 28 DAYS)
RHEUMATREX	Tier 4	
RINVOQ	Tier 5	PA, LA, QL (1 PER 1 DAY)
SANDIMMUNE 100 MG/ML SOLN	Tier 4	

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Drug Name	Status*	Requirements/Limits
SIROLIMUS (0.5 MG TABLET, 1 MG TABLET, 1 MG/ML SOLUTION, 2 MG TABLET)	Tier 4	
TACROLIMUS (0.5 MG CAPSULE, 1 MG CAPSULE)	Tier 2	
TACROLIMUS 5 MG CAPSULE	Tier 4	
XELJANZ	Tier 6	PA, QL (2 PER 1 DAY)
XELJANZ XR	Tier 6	PA, QL (1 PER 1 DAY)
ZORTRESS 1 MG TABLET	Tier 6	
<b>IMMUNIZING AGENTS, PASSIVE</b>		
CUTAQUIG	Tier 6	PA
GAMMAKED	Tier 6	PA
GAMUNEX-C	Tier 6	PA, LA
HIZENTRA (1 GRAM/5 ML SYRINGE, 1 GRAM/5 ML VIAL, 2 GRAM/10 ML SYRINGE, 2 GRAM/10 ML VIAL, 4 GRAM/20 ML SYRINGE, 4 GRAM/20 ML VIAL, 10 GRAM/50 ML VIAL)	Tier 6	PA, LA
HYQVIA	Tier 6	PA, LA
XEMBIFY	Tier 6	PA, LA
<b>IMMUNOMODULATORS</b>		
ACTEMRA 162 MG/0.9 ML SYRINGE	Tier 6	PA, LA, QL (3.6 ML PER 28 DAYS)
ACTEMRA ACTPEN	Tier 6	PA, LA, QL (3.6 ML PER 28 DAYS)
ACTIMMUNE	Tier 6	PA, LA
BENLYSTA (200 MG/ML SYRINGE, 200 MG/ML AUTOINJECT)	Tier 6	PA, LA, QL (4 ML PER 28 DAYS)
GRASTEK	Tier 4	PA
LEFLUNOMIDE	Tier 4	
ODACTRA	Tier 4	PA
ORALAIR	Tier 4	PA, LA

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<b>Drug Name</b>	<b>Status*</b>	<b>Requirements/Limits</b>
OTEZLA (28 DAY PACK, PACK)	Tier 5	PA, QL (1 PER 365 DAYS)
OTEZLA 30 MG TABLET	Tier 5	PA, QL (2 PER 1 DAY)
RAGWITEK	Tier 4	PA
RIDAURA	Tier 6	

## VACCINES

ACTHIB	ACA Preventive	
ADACEL TDAP (SYRINGE, VIAL)	ACA Preventive	QL (1 ML PER 10 YEARS)
AFLURIA QUAD 2019-20 (3YR UP)	ACA Preventive	
AFLURIA QUAD 2019-20 (6-35MO)	ACA Preventive	
AFLURIA QUAD 2019-2020	ACA Preventive	
BEXSERO	ACA Preventive	QL (2 ML PER LIFETIME)
BOOSTRIX TDAP (SYRINGE, VIAL)	ACA Preventive	QL (1 ML PER 10 YEARS)
DAPTACEL DTAP	ACA Preventive	QL (2.5 ML PER LIFETIME)
ENGERIX-B ADULT (20 MCG/ML SYRN, 20 MCG/ML VIAL)	ACA Preventive	QL (3 ML PER LIFETIME)
ENGERIX-B PEDIATRIC-ADOLESCENT	ACA Preventive	QL (3 ML PER LIFETIME)
FLUAD 2019-2020	ACA Preventive	
FLUCELVAX QUAD 2019-2020 (2019- 2020 VIAL, 2019-2020 SYR)	ACA Preventive	
GARDASIL 9 (9 VIAL, 9 SYRINGE)	ACA Preventive	QL (1.5 ML PER LIFETIME)
HAVRIX (720 UNITS/0.5 ML VIAL, 720 UNIT/0.5 ML SYRINGE, 1,440 UNITS/ML VIAL, 1,440 UNITS/ML SYRINGE)	ACA Preventive	QL (2 ML PER LIFETIME)
HEPLISAV-B (20 MCG/0.5 ML VIAL, 20 MCG/0.5 ML SYRNG)	ACA Preventive	
HIBERIX	ACA Preventive	
INFANRIX DTAP (SYRINGE, VIAL)	ACA Preventive	QL (2.5 ML PER LIFETIME)
IPOL	ACA Preventive	QL (4 ML PER LIFETIME)
KINRIX (TIP-LOK SYRINGE, VIAL)	ACA Preventive	QL (2 ML PER LIFETIME)

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M-M-R II VACCINE	ACA Preventive	QL (3 PER LIFETIME)
MENACTRA	ACA Preventive	QL (3 ML PER LIFETIME)
MENOMUNE-A-C-Y-W-135	ACA Preventive	
MENVEO A-C-Y-W-135-DIP	ACA Preventive	QL (4 PER LIFETIME)
PEDIARIX	ACA Preventive	
PEDVAXHIB	ACA Preventive	
PENTACEL	ACA Preventive	QL (2 PER LIFETIME)
PENTACEL ACTHIB COMPONENT	ACA Preventive	
PENTACEL DTAP-IPV COMPONENT	ACA Preventive	QL (2 ML PER LIFETIME)
PNEUMOVAX 23 (23 SYRINGE, 23 VIAL)	ACA Preventive	
PREVNAR 13	ACA Preventive	QL (1 ML PER LIFETIME), MED (Medical Drug)
PROQUAD	ACA Preventive	QL (2 PER LIFETIME)
QUADRACEL DTAP-IPV	ACA Preventive	QL (2 ML PER LIFETIME)
RECOMBIVAX HB (5 MCG/0.5 ML SYR, 5 MCG/0.5 ML VL, 10 MCG/ML VIAL, 10 MCG/ML SYR, 40 MCG/ML VIAL)	ACA Preventive	QL (3 ML PER LIFETIME)
ROTARIX	ACA Preventive	
ROTAVERSE	ACA Preventive	
SHINGRIX	ACA Preventive	QL (2 PER LIFETIME), C (FOR 50 YEARS OF AGE AND OLDER)
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	
TRUMENBA	ACA Preventive	QL (3 ML PER LIFETIME)
TWINRIX	ACA Preventive	QL (4 ML PER LIFETIME)
VAQTA (25 UNITS/0.5 ML SYRINGE, 25 UNITS/0.5 ML VIAL, 50 UNITS/ML SYRINGE, 50 UNITS/ML VIAL)	ACA Preventive	QL (2 ML PER LIFETIME)

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# 2021 PROVIDENCE FORMULARY P

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

Drug Name	Status*	Requirements/Limits
VARIVAX VACCINE	ACA Preventive	QL (2 PER LIFETIME)
ZOSTAVAX	ACA Preventive	QL (1 PER LIFETIME)

## INFLAMMATORY BOWEL DISEASE AGENTS

### AMINOSALICYLATES

BALSALAZIDE DISODIUM	Tier 3
DIPENTUM	Tier 4
MESALAMINE 0.375G CAP ER 24H	Tier 3
MESALAMINE (1.2 G TABLET DR, 4 G/60 ML ENEMA, 400 MG CAP(DRTAB), 800 MG TABLET DR, 1000 MG SUPP.RECT)	Tier 4
MESALAMINE WITH CLEANSING WIPES	Tier 4
PENTASA	Tier 3

### GLUCOCORTICOIDS

ANUSOL-HC 2.5% CREAM	Tier 3	
BUDESONIDE 3 MG CAPDR - ER	Tier 4	
BUDESONIDE 9 MG TABDR - ER	Tier 4	PA
COLOCORT	Tier 2	
HYDROCORTISONE 100MG/60ML ENEMA	Tier 2	
PROCTO-MED HC	Tier 3	
PROCTO-PAK	Tier 2	
PROCTOCREAM-HC	Tier 2	
PROCTOSOL-HC	Tier 3	
PROCTOZONE-HC	Tier 3	

### SULFONAMIDES

SULFASALAZINE 500 MG TABLET	Tier 2
SULFASALAZINE 500 MG TABLET DR	Tier 3

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# 2021 PROVIDENCE FORMULARY P

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Drug Name	Status*	Requirements/Limits
<b>METABOLIC BONE DISEASE AGENTS</b>		
ALENDRONATE SODIUM (5 MG TABLET, 10 MG TABLET, 35 MG TABLET, 70 MG TABLET)	Tier 1	
ALENDRONATE SODIUM 40 MG TABLET	Tier 2	
BABY DDROPS	ACA Preventive	C (FOR AGES 65 AND OLDER)
BABY VITAMIN D3	ACA Preventive	C (FOR AGES 65 AND OLDER)
BABY'S SUPER DAILY D3	ACA Preventive	
BINOSTO	Tier 4	
CALCITONIN,SALMON,SYNTHETIC	Tier 3	
CALCITRIOL (0.25 MCG CAPSULE, 0.5 MCG CAPSULE, 1 MCG/ML SOLUTION)	Tier 2	
CHOLECALCIFEROL (VITAMIN D3) (D3) 125 MCG CAPSULE, D3) 10(400)/ML DROPS, D3) 125 MCG/ML DROPS, D3) 10 MCG CAPSULE, D3) 125 MCG TABLET, D3) 25 MCG CAPSULE, D3) 10MCG/5ML LIQUID, D3) 25 MCG TAB CHEW, D3) 10 MCG TAB CHEW, D3) 75 MCG TABLET, D3) 50 MCG TABLET, D3) 10 MCG TABLET, D3) 1250 MCG CAPSULE, D3) 25 MCG TABLET, D3) 100 MCG CAPSULE, D3) 50 MCG CAPSULE, D3) 250 MCG TABLET)	ACA Preventive	C (FOR AGES 65 AND OLDER)
CINACALCET HCL (30 MG TABLET, 60 MG TABLET)	Tier 6	QL (2 PER 1 DAY)
CINACALCET HCL 90 MG TABLET	Tier 6	QL (4 PER 1 DAY)
D-VI-SOL	ACA Preventive	C (FOR AGES 65 AND OLDER)
D3 DOTS	ACA Preventive	C (FOR AGES 65 AND OLDER)
D3-2000	ACA Preventive	C (FOR AGES 65 AND OLDER)
DECARA 50,000 UNIT SOFTGEL	ACA Preventive	C (FOR AGES 65 AND OLDER)
DELTA D3	ACA Preventive	C (FOR AGES 65 AND OLDER)
DIALYVITE VITAMIN D	ACA Preventive	C (FOR AGES 65 AND OLDER)

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<b>Drug Name</b>	<b>Status*</b>	<b>Requirements/Limits</b>
DIALYVITE VITAMIN D3 MAX	ACA Preventive	C (FOR AGES 65 AND OLDER)
DOXERCALCIFEROL (0.5 MCG CAPSULE, 1 MCG CAPSULE, 2.5 MCG CAPSULE)	Tier 4	ST
ERGOCALCIFEROL (VITAMIN D2) 1250 MCG CAPSULE	Tier 2	C (ACA Eligible for ages 65 and older)
ERGOCALCIFEROL (VITAMIN D2) 50 MCG CAPSULE	ACA Preventive	C (ACA ELIGIBLE FOR AGES 65 AND OLDER)
ERGOCALCIFEROL (VITAMIN D2) (D2) 10 MCG TABLET, (D2) 50 MCG TABLET)	ACA Preventive	C (FOR AGES 65 AND OLDER)
ETIDRONATE DISODIUM	Tier 2	
FORTEO	Tier 6	PA
IBANDRONATE SODIUM 150 MG TABLET	Tier 2	
KIDS FIRST VITAMIN D3	ACA Preventive	
MIACALCIN 400 UNIT/2 ML VIAL	Tier 4	PA
NATPARA	Tier 6	PA, LA, QL (2 PER 28 DAYS)
OPTIMAL D3	ACA Preventive	C (FOR AGES 65 AND OLDER)
PARICALCITOL (1 MCG CAPSULE, 2 MCG CAPSULE, 4 MCG CAPSULE)	Tier 4	ST
PEDIA D-VITE	ACA Preventive	C (FOR AGES 65 AND OLDER)
RISEDRONATE SODIUM (5 MG TABLET, 30 MG TABLET, 35 MG TABLET DR, 35 MG TABLET, 150 MG TABLET)	Tier 3	
TERIPARATIDE	Tier 6	PA
THERA-D (RAPID REPLETION TABLET, SPORT 2,000 UNIT TAB, 2000 TABLET)	ACA Preventive	C (FOR AGES 65 AND OLDER)
TYMLOS	Tier 5	PA
VITAJOY DAILY D	ACA Preventive	C (FOR AGES 65 AND OLDER)
WEEKLY-D	ACA Preventive	

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# 2021 PROVIDENCE FORMULARY P

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Drug Name	Status*	Requirements/Limits
<b>MISCELLANEOUS</b>		
<b>Diabetes Testing Supplies</b>		
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	
<b>MISCELLANEOUS THERAPEUTIC AGENTS</b>		
METHERGINE	Tier 4	
METHYLERGONOVINE MALEATE 0.2 MG TABLET	Tier 4	
VISTOGARD	Tier 6	PA, LA
<b>OPHTHALMIC AGENTS</b>		
<b>OPHTHALMIC AGENTS, OTHER</b>		
AK-POLY-BAC	Tier 2	
ATROPINE SULFATE 1 % DROPS	Tier 3	
BACITRACIN/POLYMYXIN B SULFATE	Tier 2	
BLEPHAMIDE	Tier 3	
BLEPHAMIDE S.O.P.	Tier 4	
CYCLOPENTOLATE HCL 1 % DROPS	Tier 2	
CYSTARAN	Tier 6	LA, QL (2 ML PER DAY)
LACRISERT	Tier 4	
NEO-POLYCIN	Tier 4	
NEO-POLYCIN HC	Tier 4	
NEOMYCIN SULFATE/BACITRACIN ZINC/POLYMYXIN B/HYDROCORTISONE	Tier 4	

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Drug Name	Status*	Requirements/Limits
NEOMYCIN SULFATE/BACITRACIN/POLYMYXIN B	Tier 4	
NEOMYCIN SULFATE/POLYMYXIN B SULFATE/GRAMICIDIN D	Tier 4	
NEOMYCIN/POLYMYXIN B/HYDROCORT 3.5-10K-10 DROPS SUSP	Tier 4	
NEOMYCIN/POLYMYXIN B SULFATE/DEXAMETHASONE (0.1 % DROPS SUSP, 3.5-10K-.1 OINT. (G))	Tier 2	
OXERVATE	Tier 6	PA, LA, QL (1 ML PER 1 DAY)
POLYCIN	Tier 2	
POLYMYXIN B SULFATE/TRIMETHOPRIM	Tier 2	
PROPARACAIN HCL	Tier 4	
RESTASIS	Tier 4	QL (2 PER 1 DAY)
RESTASIS MULTIDOSE	Tier 4	QL (5.5 ML PER 28 DAYS)
SULFACETAMIDE SODIUM/PREDNISOLONE SODIUM PHOSPHATE	Tier 4	
TOBRADEX EYE OINTMENT	Tier 4	
TOBRADEX ST	Tier 4	
TOBRAMYCIN/DEXAMETHASONE	Tier 4	
TROPICAMIDE	Tier 4	
XIIDRA	Tier 4	QL (2 PER 1 DAY)
ZYLET	Tier 4	

## OPHTHALMIC ANTI-ALLERGY AGENTS

ALOCRIL	Tier 4
ALOMIDE	Tier 4
AZELASTINE HCL 0.05 % DROPS	Tier 2
BEPREVE	Tier 4
	PA

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# 2021 PROVIDENCE FORMULARY P

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Drug Name	Status*	Requirements/Limits
CROMOLYN SODIUM 4 % DROPS	Tier 2	
EMADINE	Tier 4	
EPINASTINE HCL	Tier 3	
LASTACRAFT	Tier 4	PA
OLOPATADINE HCL 0.1 % DROPS	Tier 2	
PAZEO	Tier 4	PA

## OPHTHALMIC ANTI-INFLAMMATORIES

ALREX	Tier 4
BROMFENAC SODIUM	Tier 4
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % DROPS	Tier 3
DICLOFENAC SODIUM 0.1 % DROPS	Tier 2
DUREZOL	Tier 4
FLAREX	Tier 4
FLUOROMETHOLONE	Tier 3
FLURBIPROFEN SODIUM	Tier 2
FML FORTE	Tier 4
FML S.O.P.	Tier 4
INVELTYS	Tier 4
KETOROLAC TROMETHAMINE 0.4 % DROPS	Tier 3
KETOROLAC TROMETHAMINE 0.5 % DROPS	Tier 2
LOTEMAX (0.5% OPHTHALMIC GEL, 0.5% EYE OINTMENT)	Tier 4
LOTEMAX SM	Tier 4
LOTEPREDNOL ETABONATE	Tier 4
MAXIDEX	Tier 4
NEVANAC	Tier 4

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Drug Name	Status*	Requirements/Limits
PREDNISOLONE ACETATE	Tier 3	
PREDNISOLONE SODIUM PHOSPHATE 1 % DROPS	Tier 2	
PROLENSA	Tier 4	
VEXOL	Tier 4	

## OPHTHALMIC ANTIGLAUCOMA AGENTS

ALPHAGAN P 0.1% DROPS	Tier 4
APRACLONIDINE HCL	Tier 4
AZOPT	Tier 4
BETAXOLOL HCL 0.5 % DROPS	Tier 3
BETIMOL	Tier 4
BETOPTIC S	Tier 4
BRIMONIDINE TARTRATE 0.15 % DROPS	Tier 4
BRIMONIDINE TARTRATE 0.2 % DROPS	Tier 2
CARTEOLOL HCL	Tier 2
DORZOLAMIDE HCL	Tier 2
DORZOLAMIDE HCL/TIMOLOL MALEATE	Tier 2
DORZOLAMIDE/TIMOLOL/PF 2 %-0.5 % DROPERETTE	Tier 4
LEVOBUNOLOL HCL 0.5 % DROPS	Tier 2
METIPRANOLOL	Tier 2
PHOSPHOLINE IODIDE	Tier 4
PILOCARPINE HCL (1 % DROPS, 2 % DROPS, 4 % DROPS)	Tier 3
PILOPINE HS	Tier 4
SIMBRINZA	Tier 4
TIMOLOL MALEATE (0.25 % SOL-GEL, 0.5 % SOL-GEL, 0.5 % DROP DAILY)	Tier 4
TIMOLOL MALEATE (0.25 % DROPS, 0.5 % DROPS)	Tier 2

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Drug Name	Status*	Requirements/Limits
<b>OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS</b>		
BIMATOPROST 0.03 % DROPS	Tier 4	ST, QL (2.5 ML PER 25 DAYS)
LATANOPROST	Tier 2	
LUMIGAN	Tier 3	ST, QL (2.5 ML PER 25 DAYS)
TRAVOPROST	Tier 2	
TRAVOPROST (BENZALKONIUM)	Tier 2	
VYZULTA	Tier 4	ST
XELPROS	Tier 4	
ZIOPTAN	Tier 4	
<b>OTIC AGENTS</b>		
ACETASOL HC	Tier 4	
ACETIC ACID 2 % SOLUTION	Tier 2	
ACETIC ACID/ALUMINUM ACETATE	Tier 2	
CIPRO HC	Tier 4	
CIPROFLOXACIN HCL/DEXAMETHASONE	Tier 3	
COLY-MYCIN S	Tier 4	
CORTISPORIN-TC	Tier 4	
FLAC OTIC OIL	Tier 4	
FLUOCINOLONE ACETONIDE OIL	Tier 4	
HYDROCORTISONE/ACETIC ACID	Tier 4	
NEOMYCIN SULFATE/POLYMYXIN B SULFATE/HYDROCORTISONE (3.5-10K-1 DROPS SUSP, 3.5-10K-1 SOLUTION)	Tier 4	
OTICIN HC	Tier 4	

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Drug Name	Status*	Requirements/Limits
<b>RESPIRATORY TRACT/PULMONARY AGENTS</b>		
<b>ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS</b>		
AEROSPAN	Tier 4	
ALVESCO	Tier 3	
ARNUITY ELLIPTA	Tier 3	
ASMANEX	Tier 3	
ASMANEX HFA	Tier 3	
BUDESONIDE (0.25MG/2ML AMPUL-NEB, 0.5 MG/2ML AMPUL-NEB, 1 MG/2 ML AMPUL-NEB)	Tier 4	
FLOVENT DISKUS	Tier 3	
FLOVENT HFA	Tier 3	
FLUNISOLIDE 25 MCG SPRAY	Tier 3	
FLUNISOLIDE 29MCG SPRAY	Tier 2	
FLUTICASONE PROPIONATE 50 MCG SPRAY SUSP	Tier 2	
MOMETASONE FUROATE 50 MCG SPRAY/PUMP	Tier 3	QL (17 GM PER 30 DAYS)
OMNARIS	Tier 4	PA
PULMICORT FLEXHALER	Tier 3	
QVAR	Tier 3	
QVAR REDIHALER	Tier 3	
VERAMYST	Tier 4	PA
ZETONNA	Tier 4	PA
<b>ANTIHISTAMINES</b>		
ARBINOXA	Tier 2	
AZELASTINE HCL 137 MCG SPRAY/PUMP	Tier 2	

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Drug Name	Status*	Requirements/Limits
AZELASTINE HCL 205.5 MCG SPRAY/PUMP	Tier 3	
CARBINOXAMINE MALEATE 4 MG/5 ML LIQUID	Tier 4	
CARBINOXAMINE MALEATE 4 MG TABLET	Tier 2	
CLEMASTINE FUMARATE 0.67MG/5ML SYRUP	Tier 2	
CLEMASTINE FUMARATE 2.68 MG TABLET	Tier 4	
CYPROHEPTADINE HCL (2 MG/5 ML SYRUP, 4 MG/10 ML SYRUP, 4 MG TABLET)	Tier 2	
DESLORATADINE 5 MG TABLET	Tier 2	
DEXCHLORPHENIRAMINE MALEATE	Tier 4	
HYDROXYZINE HCL (10 MG TABLET, 10 MG/5 ML SOLUTION, 25 MG TABLET, 50 MG/25ML SOLUTION, 50 MG TABLET)	Tier 2	
HYDROXYZINE PAMOATE	Tier 2	
OLOPATADINE HCL 0.6 % SPRAY/PUMP	Tier 2	
PROMETHAZINE HCL 6.25MG/5ML SYRUP	Tier 2	

## ANTILEUKOTRIENES

MONTELUKAST SODIUM (4 MG GRAN PACK, 4 MG TAB CHEW, 5 MG TAB CHEW, 10 MG TABLET)	Tier 2
ZAFIRLUKAST	Tier 3
ZILEUTON	Tier 4

## BRONCHODILATORS, ANTICHOLINERGIC

ATROVENT HFA	Tier 3
INCRUSE ELLIPTA	Tier 3
IPRATROPIUM BROMIDE (0.2 MG/ML SOLUTION, 21 MCG SPRAY, 42 MCG SPRAY)	Tier 2

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Drug Name	Status*	Requirements/Limits
SPIRIVA	Tier 3	
SPIRIVA RESPIMAT	Tier 3	
<b>BRONCHODILATORS, SYMPATHOMIMETIC</b>		
ALBUTEROL SULFATE 90 MCG HFA AER AD	Tier 2	QLC (2 INHALERS PER 30 DAYS)
ALBUTEROL SULFATE (2 MG TABLET, 4 MG TAB ER 12H, 4 MG TABLET, 8 MG TAB ER 12H)	Tier 4	
ALBUTEROL SULFATE (0.63MG/3ML VIAL-NEB, 1.25MG/3ML VIAL-NEB, 2.5 MG/0.5 VIAL-NEB, 5 MG/ML SOLUTION)	Tier 3	
ALBUTEROL SULFATE (2 MG/5 ML SYRUP, 2.5 MG/3ML VIAL-NEB)	Tier 2	
ARCAPTA NEOHALER	Tier 4	QL (1 PER 1 DAY)
AUVI-Q 0.1 MG AUTO-INJECTOR	Tier 4	LA, QL (0 TO 17 YRS OLD; 6 PER 365 DAYS), QL (18 TO 101 YRS OLD; 4 PER 365 DAYS)
BROVANA	Tier 6	QL (4 ML PER 1 DAY)
EPINEPHRINE (0.15MG/0.3 AUTO INJCT, 0.15/0.15 AUTO INJCT, 0.3MG/0.3 AUTO INJCT)	Tier 2	QL (0 TO 17 YRS OLD; 6 PER 365 DAYS), QL (18 TO 101 YRS OLD; 4 PER 365 DAYS)
EPINEPHRINE 1 MG/ML VIAL	Tier 2	
EPIPEN 2-PAK	Tier 4	QL (0 TO 17 YRS OLD; 6 PER 365 DAYS), QL (18 TO 101 YRS OLD; 4 PER 365 DAYS)
EPIPEN JR 2-PAK	Tier 4	QL (0 TO 17 YRS OLD; 6 PER 365 DAYS), QL (18 TO 101 YRS OLD; 4 PER 365 DAYS)
LEVALBUTEROL HCL (0.31MG/3ML VIAL-NEB, 0.63MG/3ML VIAL-NEB, 1.25MG/0.5 VIAL-NEB, 1.25MG/3ML VIAL-NEB)	Tier 4	
LEVALBUTEROL TARTRATE	Tier 4	
METAPROTERENOL SULFATE (10 MG TABLET, 10 MG/5 ML SYRUP, 20 MG TABLET)	Tier 2	

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Drug Name	Status*	Requirements/Limits
PERFOROMIST	Tier 3	
PROAIR RESPICLICK	Tier 4	QL (2 PER 30 DAYS)
SEREVENT DISKUS	Tier 3	
SYMJEPI	Tier 3	QL (0 TO 17 YRS OLD; 6 PER 365 DAYS), QL (18 TO 101 YRS OLD; 4 PER 365 DAYS)
TERBUTALINE SULFATE (2.5 MG TABLET, 5 MG TABLET)	Tier 2	
XOPENEX HFA	Tier 4	

## CYSTIC FIBROSIS AGENTS

CAYSTON	Tier 6	LA
KALYDECO (25 MG GRANULES PACKET, 50 MG GRANULES PACKET, 75 MG GRANULES PACKET, 150 MG TABLET)	Tier 6	PA, LA, QL (2 PER 1 DAY)
ORKAMBI (100-125 MG GRANULE PKT, 150-188 MG GRANULE PKT)	Tier 5	PA, LA, QL (2 PER 1 DAY)
ORKAMBI (100 MG-125 MG TABLET, 200 MG-125 MG TABLET)	Tier 5	PA, LA, QL (4 PER 1 DAY)
PULMOZYME	Tier 6	
SYMDEKO	Tier 5	PA, LA, QL (2 PER 1 DAY)
TOBI PODHALER	Tier 5	LA
TOBRAMYCIN IN 0.225 % SODIUM CHLORIDE	Tier 5	
TRIKAFTA	Tier 5	PA, LA, QL (3 PER DAY)

## MAST CELL STABILIZERS

CROMOLYN SODIUM 20 MG/2 ML AMPUL-NEB	Tier 4
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## PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE

DALIRESP	Tier 4	PA
THEOPHYLLINE ANHYDROUS (100 MG TAB ER 12H, 200 MG TAB ER 12H, 300 MG TAB ER 12H, 400 MG TAB ER 24H, 450 MG TAB ER 12H, 600 MG TAB ER 24H)	Tier 2	

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Drug Name	Status*	Requirements/Limits
<b>PULMONARY ANTIHYPERTENSIVES</b>		
ADEMPAS	Tier 6	PA, LA
ALYQ	Tier 3	PA, QL (2 PER 1 DAY)
AMBRISENTAN	Tier 5	PA, LA
BOSENTAN	Tier 5	PA, LA
OPSUMIT	Tier 5	PA, LA
SILDENAFIL CITRATE 10 MG/ML SUSP RECON	Tier 6	PA
SILDENAFIL CITRATE 20 MG TABLET	Tier 2	
TADALAFIL 20 MG TABLET	Tier 3	PA, QL (2 PER 1 DAY)
TRACLEER 32 MG TABLET FOR SUSP	Tier 5	PA, LA
TYVASO	Tier 5	PA, LA
TYVASO INSTITUTIONAL START KIT	Tier 5	PA, LA
TYVASO REFILL KIT	Tier 5	PA, LA
TYVASO STARTER KIT	Tier 5	PA, LA
UPTRAVI 200-800 TITRATION PACK	Tier 5	PA, LA
UPTRAVI (200 MCG TABLET, 400 MCG TABLET, 600 MCG TABLET, 800 MCG TABLET, 1,000 MCG TABLET, 1,200 MCG TABLET, 1,400 MCG TABLET, 1,600 MCG TABLET)	Tier 5	PA, LA, QL (2 PER 1 DAY)
<b>PULMONARY FIBROSIS AGENTS</b>		
ESBRIET (267 MG CAPSULE, 267 MG TABLET, 801 MG TABLET)	Tier 6	PA, LA
OFEV	Tier 6	PA, LA
<b>RESPIRATORY TRACT AGENTS, OTHER</b>		
ACETYLCYSTEINE (100 MG/ML VIAL, 200 MG/ML VIAL)	Tier 2	
ADVAIR DISKUS	Tier 2	
ADVAIR HFA	Tier 3	

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Drug Name	Status*	Requirements/Limits
ANORO ELLIPTA	Tier 3	
BENZONATATE	Tier 2	
BREO ELLIPTA	Tier 3	
CHERATUSSIN AC	Tier 2	PA
CODEINE PHOSPHATE/GUAIFENESIN	Tier 2	PA
COMBIVENT RESPIMAT	Tier 3	QL (4 GM PER 30 DAYS)
FASENRA PEN	Tier 5	PA, LA, QL (1 ML PER 56 DAYS)
FLUTICASONE PROPIONATE/SALMETEROL XINAFOATE (55-14 MCG AER POW BA, 113-14 MCG AER POW BA, 232-14 MCG AER POW BA)	Tier 2	QL (1 PER 30 DAYS)
G TUSSIN AC	Tier 2	PA
GUAIATUSSIN AC	Tier 2	PA
GUAIFENESIN AC	Tier 2	PA
GUAIFENESIN DAC	Tier 2	PA
HYDROCODONE BIT/HOMATROP ME-BR 5-1.5 MG/5 SYRUP	Tier 2	
HYDROMET	Tier 2	
HYPER-SAL 3.5% VIAL	Tier 4	
IPRATROPIUM BROMIDE/ALBUTEROL SULFATE	Tier 2	
LORTUSS EX	Tier 2	PA
MAXI-TUSS AC	Tier 2	PA
NEBUSAL 3% VIAL	Tier 2	
NUCALA (100 MG/ML AUTO-INJECTOR, 100 MG/ML SYRINGE)	Tier 5	PA, LA, QL (1 ML PER 28 DAYS)
PHENYLEPHRINE HCL/PROMETHAZINE HCL	Tier 2	
PROMETHAZINE HCL/CODEINE	Tier 2	PA
PROMETHAZINE HCL/DEXTROMETHORPHAN HBR	Tier 2	

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Drug Name	Status*	Requirements/Limits
PROMETHAZINE/PHENYLEPHRINE HCL/CODEINE	Tier 2	PA
PULMOSAL	Tier 2	QL (240 ML PER 30 DAYS)
ROBAFEN AC	Tier 2	PA
SODIUM CHLORIDE FOR INHALATION (3 % VIAL-NEB, 10 % VIAL-NEB)	Tier 2	
SODIUM CHLORIDE FOR INHALATION 7 % VIAL-NEB	Tier 2	QL (240 ML PER 30 DAYS)
STIOLTO RESPIMAT	Tier 3	
SYMBICORT	Tier 3	
TRELEGY ELLIPTA	Tier 3	
VIRTUSSIN AC	Tier 2	PA
VIRTUSSIN DAC	Tier 2	PA

## SKELETAL MUSCLE RELAXANTS

CARISOPRODOL 250 MG TABLET	Tier 4
CARISOPRODOL 350 MG TABLET	Tier 2
CARISOPRODOL/ASPIRIN	Tier 4
CHLORZOXAZONE (250 MG TABLET, 500 MG TABLET)	Tier 4
CYCLOBENZAPRINE HCL (5 MG TABLET, 7.5 MG TABLET, 10 MG TABLET)	Tier 2
METAXALL	Tier 4
METAXALONE	Tier 4
METHOCARBAMOL (500 MG TABLET, 750 MG TABLET)	Tier 2
ORPHENADRINE CITRATE 100 MG TABLET ER	Tier 2
VANADOM	Tier 2

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

# 2021 PROVIDENCE FORMULARY P

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

Drug Name	Status*	Requirements/Limits
<b>SLEEP DISORDER AGENTS</b>		
<b>GABA RECEPTOR MODULATORS</b>		
ESTAZOLAM	Tier 2	
ESZOPICLONE	Tier 2	QL (1 PER 1 DAY)
FLURAZEPAM HCL	Tier 2	
TEMAZEPAM (15 MG CAPSULE, 30 MG CAPSULE)	Tier 2	
TEMAZEPAM (7.5 MG CAPSULE, 22.5 MG CAPSULE)	Tier 4	
TRIAZOLAM	Tier 2	
ZALEPLON	Tier 2	QL (2 PER 1 DAY)
ZOLPIDEM TARTRATE 5 MG TABLET	Tier 2	QL (2 PER 1 DAY)
ZOLPIDEM TARTRATE (6.25 MG TAB MPHASE, 10 MG TABLET, 12.5 MG TAB MPHASE)	Tier 2	QL (1 PER 1 DAY)
<b>SLEEP DISORDERS, OTHER</b>		
ARMODAFINIL (150 MG TABLET, 200 MG TABLET, 250 MG TABLET)	Tier 3	QL (1 PER 1 DAY)
ARMODAFINIL 50 MG TABLET	Tier 3	QL (2 PER 1 DAY)
HETLIOZ	Tier 6	PA, LA, QL (1 PER 1 DAY)
MODAFINIL	Tier 3	
RAMELTEON	Tier 4	PA
XYREM	Tier 6	PA, LA, QL (540 ML PER 30 DAYS)

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glyburide/metformin hcl	51	HUMALOG	53
glycopyrrolate	77	HUMALOG JUNIOR KWIKPEN	53
GLYDO	13	HUMALOG KWIKPEN U-100	53
GLYXAMBI	51	HUMALOG KWIKPEN U-200	53
GOLYTELY	79	HUMALOG MIX 50-50	53
granisetron hcl	28	HUMALOG MIX 50-50 KWIKPEN	53
GRANIX	56	HUMALOG MIX 75-25	53
GRASTEK	101	HUMALOG MIX 75-25 KWIKPEN	53
griseofulvin ultramicrosize	29	HUMIRA	99
griseofulvin, microsize	29	HUMIRA PEDIATRIC CROHN'S	100
GUAIATUSSIN AC	117	HUMIRA PEN	100
GUAIFENESIN AC	117	HUMIRA PEN CROHN'S-UC-HS	100
GUAIFENESIN DAC	117	HUMIRA PEN PSOR-UVEITS-ADOL HS	100
guanfacine hcl	57,68	HUMIRA(CF)	100
guanidine hcl	32	HUMIRA(CF) PEDIATRIC CROHN'S	100
GVOKE HYPOPEN 1-PACK	53	HUMIRA(CF) PEN	100
GVOKE HYPOPEN 2-PACK	53	HUMIRA(CF) PEN CROHN'S-UC-HS	100
GVOKE PFS 1-PACK SYRINGE	53	HUMIRA(CF) PEN PSOR-UV-ADOL HS	100
GVOKE PFS 2-PACK SYRINGE	53	HUMULIN 70-30	53
GYNOL II	83	HUMULIN 70/30 KWIKPEN	53
<b>H</b>		HUMULIN N	53
H.P. ACTHAR	85	HUMULIN N KWIKPEN	53
HAEGARDA	99	HUMULIN R	53
HAILEY	91	HUMULIN R U-500	53
HAILEY 24 FE	91	HUMULIN R U-500 KWIKPEN	53
HAILEY FE	91	HYCAMTIN	36
halcinonide	85	hydralazine hcl	66
halobetasol propionate	85	hydrochlorothiazide	64
haloperidol	42	hydrocodone bitartrate	8
haloperidol lactate	42	hydrocodone bitartrate/acetaminophen	10
HARVONI	44	hydrocodone bitartrate/homatropine methylbromide	117
HAVRIX	102	hydrocodone/ibuprofen	11
HEATHER	96	hydrocortisone	.85,104
heparin sodium,porcine	55	hydrocortisone butyrate	85
HEPLISAV-B	102	hydrocortisone valerate	86
HETLIOZ	119	hydrocortisone/acetic acid	111
HEXALEN	33	hydrocortisone/mineral oil/petrolatum,white	86
HIBERIX	102	HYDROMET	117
HIZENTRA	101	hydromorphone hcl	8,11
HORIZANT	69	hydroxychloroquine sulfate	39
		hydroxyurea	34

hydroxyzine hcl	113	irbesartan	58
hydroxyzine pamoate	113	irbesartan/hydrochlorothiazide	62
HYPER-SAL	117	IRESSA	37
HYQVIA	101	ISENTRESS	45
		ISENTRESS HD	46
		ISIBLOOM	91
ibandronate sodium	106	ISOCHRON	66
IBRANCE	37	ISODITRATE	66
IBUDONE	11	isoniazid	33
ibuprofen	6	isosorbide dinitrate	66,67
ibuprofen (400 mg tablet, 600 mg tablet, 800 mg tablet)	6	isosorbide mononitrate	67
ibuprofen/oxycodone hcl	11	isotretinoin	73
icatibant acetate	99	isradipine	61
ICLUSIG	37	itraconazole	29
IDHIFA	35	ivermectin	39,73
imatinib mesylate	37		
IMBRUVICA	37		
imipramine hcl	27	J	
imipramine pamoate	27	JAIMESS	91
imiquimod	73	JAKAFI	37
INBRIJA	40	JANTOVEN	55
INCASSIA	96	JANUMET	51
INCRELEX	87	JANUMET XR	51
INCRUSE ELLIPTA	113	JANUVIA	51
indapamide	64	JARDIANCE	51
indomethacin	6	JASMIEL	91
INFANRIX DTAP	102	JENCYCLA	96
INFERGEN	45	JENTADUETO	51
INLYTA	37	JENTADUETO XR	51
INREBIC	35	JINTELI	91
insulin aspart	54	JOLESSA	91
insulin aspart protamine human/insulin aspart	54	JOLIVETTE	96
INTELENCE	46	JULEBER	91
INTRON A	45	JULUCA	47
INTROVALE	91	JUNEL	91
INVELTYS	109	JUNEL FE	91
INVIRASE	48	JUNEL FE 24	91
IPOL	102	JUXTAPIID	66
ipratropium bromide	113	JYNARQUE	76
ipratropium bromide/albuterol sulfate	117		

## K

K-TAB ER	75
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KAITLIB FE	91	LANTUS	54
KALETRA	48	LANTUS SOLOSTAR	54
KALLIGA	91	lapatinib ditosylate	37
KALYDECO	115	LARIN	91
KARIVA	91	LARIN 24 FE	91
KELNOR 1-35	91	LARIN FE	92
KELNOR 1-50	91	LARISSIA	92
ketoconazole	29	LASTACAFT	109
KETODAN	29	latanoprost	111
ketoprofen	7	LATUDA	42
ketorolac tromethamine	7,109	LEENA	92
KIDS FIRST VITAMIN D3	106	leflunomide	101
KINERET	100	LENVIMA	37
KINRIX	102	LESSINA	92
KIONEX	76	letrozole	36
KISQALI	37	leucovorin calcium	35
KISQALI FEMARA CO-PACK	37	LEUKERAN	33
KLOR-CON 8	75	LEUKINE	56
KLOR-CON M10	75	leuprolide acetate	98
KLOR-CON M15	75	levalbuterol hcl	114
KLOR-CON M20	75	levalbuterol tartrate	114
KLOR-CON SPRINKLE	75	LEVEMIR	54
KOMBIGLYZE XR	51	LEVEMIR FLEXTOUCH	54
KOSELUGO	37	levetiracetam	21
KURVELO	91	LEVO-T	97
KYNMOBI	41	levobunolol hcl	110
 <b>L</b>		levocarnitine (with sugar)	75
labetalol hcl	59	levofloxacin	19
LACRISERT	107	LEVONEST	92
lactulose	79	levonorgestrel	96
LAMICTAL XR (BLUE)	23	levonorgestrel/ethinyl estradiol	92
LAMICTAL XR (GREEN)	23	levonorgestrel/ethinyl estradiol and ethinyl estradiol	92
LAMICTAL XR (ORANGE)	23	LEVORA-28	92
LAMISIL	29	levothyroxine sodium	97
lamivudine	44,47	LEVOXYL	97
lamivudine/zidovudine	47	LEXIVA	48
lamotrigine	23	lidocaine	13
lansoprazole	80	lidocaine hcl	13
lansoprazole/amoxicillin trihydrate/clarithromycin	78	lidocaine/prilocaine	13
lanthanum carbonate	77	LILLOW	92
		lindane	40

linezolid	16
liothyronine sodium	97
lisinopril	58
lisinopril/hydrochlorothiazide	62
LITHANE	50
lithium carbonate	50
lithium citrate	50
LIVALO	65
LO LOESTRIN FE	92
LO MINASTRIN FE	92
LO-ZUMANDIMINE	92
LOFIBRA	65
LOJAIMIESS	92
lomustine	33
LONSURF	35
lopinavir/ritonavir	48
LOPREEZA	92
lorazepam	50
LORAZEPAM INTENSOL	50
LORBRENA	36
LORCET	11
LORCET HD	11
LORCET PLUS	11
LORTAB	11
LORTUSS EX	117
LORYNA	92
losartan potassium	58
losartan potassium/hydrochlorothiazide	63
LOTEMAX	109
LOTEMAX SM	109
loteprednol etabonate	109
lovastatin	65
LOW-OGESTREL	92
loxapine succinate	42
LUCEMYRA	14
LUMIGAN	111
LUTERA	92
LYNPARZA	37
LYSODREN	35
LYZA	96

## M

M-M-R II VACCINE	103
malathion	40
maprotiline hcl	26
MARLISSA	92
MARPLAN	25
MATULANE	33
MATZIM LA	61
MAVENCLAD	71
MAVYRET	44
MAXI-TUSS AC	117
MAXIDEX	109
MAYZENT	71
meclofenamate sodium	7
MEDROL	86
medroxyprogesterone acetate	96
mefenamic acid	7
mefloquine hcl	39
megestrol acetate	96
MEKINIST	37
MEKTOVI	37
MELODETTA 24 FE	92
meloxicam	7
melphalan	33
memantine hcl	25
MENACTRA	103
MENEST	92
MENOMUNE-A-C-Y-W-135	103
MENVEO A-C-Y-W-135-DIP	103
meperidine hcl	12
meprobamate	49
mercaptopurine	34
mesalamine	104
mesalamine with cleansing wipes	104
MESNEX	39
METADATE ER	68
metaproterenol sulfate	114
METAXALL	118
metaxalone	118
metformin hcl	51

METFORMIN HCL (500 MG TAB ER 24H, 750 MG TAB ER 24H) (GENERIC FOR GLUCOPHAGE XR)	.51
methadone hcl	.8
METHADONE INTENSOL	.8
METHADOSE	.8
methamphetamine hcl	.68
methazolamide	.64
methenamine hippurate	.16
METHERGINE	.107
methimazole	.98
METHITEST	.88
methocarbamol	.118
methotrexate sodium	.100
methotrexate sodium/pf	.100
methoxsalen	.73
methscopolamine bromide	.77
methylclothiazide	.64
methyldopa	.57
methyldopa/hydrochlorothiazide	.63
methylergonovine maleate	.107
methylphenidate hcl	.69
methylprednisolone	.86
methyltestosterone	.88
metipranolol	.110
metoclopramide hcl	.27
metolazone	.64
metoprolol succinate	.59
metoprolol tartrate	.59
metoprolol tartrate/hydrochlorothiazide	.63
metronidazole	.16,.73
mexiletine hcl	.58
MIACALCIN	.106
MIBELAS 24 FE	.92
miconazole nitrate	.30
MICROGESTIN	.92
MICROGESTIN 24 FE	.92
MICROGESTIN FE	.92
midazolam hcl	.14
midazolam hcl/pf	.14
midodrine hcl	.57
MIGERGOT	.31
miglitol	.51
miglustat	.81
MILI	.92
MIMVEY	.93
MIMVEY LO	.93
MINITRAN	.67
minocycline hcl	.21
minoxidil	.66
mirtazapine	.25
misoprostol	.80
MOBIC	.7
modafinil	.119
MODERIBA	.45
moexipril hcl	.58
mometasone furoate	.86,.112
MONDOXYNE NL	.21
MONO-LINYAH	.93
MONONESSA	.93
montelukast sodium	.113
MORGIDOX	.21
morphine sulfate	.9,.12
MOTEGRITY	.78
MOTOFEN	.78
MOVANTIK	.78
moxifloxacin hcl	.19
MULPLETA	.56
MULTAQ	.58
multivitamin combination no.51/ferrous fumarate/folic acid	.77
MUPIROCIN 2% OINTMENT	.16
MY CHOICE	.96
MY WAY	.96
MYALEPT	.78
mycophenolate mofetil	.100
mycophenolate sodium	.100
MYORISAN	.73
MYRBETRIQ	.82
MYTESI	.78
MYZILRA	.93

# N

nabumetone	7	nevirapine	46
nadolol	60	NEW DAY	96
nadolol/bendroflumethiazide	63	NEXAVAR	38
naftifine hcl	30	niacin	66
NAFTIN	30	NIACOR	66
naloxone hcl	14,15	nicardipine hcl	61
naltrexone hcl	14	NICOTINE (GUM, LOZENGE, PATCH)	15
naproxen	7	NICOTROL	15
naproxen sodium	7	NICOTROL NS	15
naratriptan hcl	31	NIFEDIAC CC	61
NARCAN	15	NIFEDICAL XL	61
NATACYN	30	nifedipine	61
NATAZIA	93	NIFEDIPINE (10 MG CAPSULE, 20 MG CAPSULE)	61
nateglinide	51	NIKKI	93
NATPARA	106	nilutamide	34
NATURE-THROID	97	nimodipine	61
NAYZILAM	21	NINLARO	35
NEBUSAL	117	nisoldipine	61
NECON	93	nitisinone	81
nefazodone hcl	26	NITRO-BID	67
NEO-POLYCIN	107	NITRO-DUR	67
NEO-POLYCIN HC	107	NITRO-TIME	67
neomycin sulfate	15	nitrofurantoin macrocrystal	16
neomycin sulfate/bacitracin zinc/polymyxin b/hydrocortisone	107	nitrofurantoin monohydrate/macrocrys	16
neomycin sulfate/bacitracin/polymyxin b	108	nitroglycerin	67
neomycin sulfate/polymyxin b sulfate/gramicidin d	108	NITYR	81
neomycin sulfate/polymyxin b sulfate/hydrocortisone	108,111	NIVA-PLUS	77
neomycin/polymyxin b sulfate/dexamethasone	108	NIVESTYM	56
NERLYNX	37	nizatidine	79
NESINA	52	NORA-BE	96
NEUAC	73	NORDITROPIN	87
NEULASTA	56	NORDITROPIN FLEXPRO	87
NEULASTA ONPRO	56	NORDITROPIN NORDIFLEX	87
NEUMEGA	56	norethindrone	96
NEUPOGEN	56	norethindrone acetate	96
NEUPRO	41	norethindrone acetate-ethinyl estradiol	93
NEVANAC	109	norethindrone acetate-ethinyl estradiol/ferrous fumarate	93
		norethindrone-ethinyl estradiol/ferrous fumarate	93
		norgestimate-ethinyl estradiol	93
		NORLYDA	96

NORLYROC	96	olmesartan medoxomil/hydrochlorothiazide	63
NORPACE CR	59	olopatadine hcl	109,113
NORTREL	93	OMECLAMOX-PAK	78
nortriptyline hcl	27	omega-3 acid ethyl esters	66
NORVIR	48	omeprazole	80
NOURIANZ	40	OMNARIS	112
NOVOLIN 70-30	54	OMONTYS	56
NOVOLIN N	54	ondansetron hcl	28
NOVOLIN R	54	ONDANSETRON ODT (4 MG TABLET, 8 MG TABLET)	28
NOVOLOG	54	ONGLYZA	52
NOVOLOG FLEXPEN	54	ONUREG	35
NOVOLOG MIX 70-30	54	OPCICON ONE-STEP	97
NOVOLOG MIX 70-30 FLEXPEN	54	OPSUMIT	116
NP THYROID	97	OPTIMAL D3	106
NUBEQA	34	OPTION 2	97
NUCALA	117	ORALAIR	101
NUCYNTA	12	ORALONE	71
NUCYNTA ER	9	ORAVIG	30
NUEDEXTA	69	ORENCIA	100
NULYTELY WITH FLAVOR PACKS	79	ORENCIA CLICKJECT	100
NYAMYC	30	ORFADIN	81
NYATA	30	ORIAHNN	87
nystatin	30	ORILISSA	87
nystatin/triamcinolone acetonide	30	ORKAMBI	115
NYSTOP	30	orphenadrine citrate	118
O		ORSYTHIA	93
OCALIVA	81	ORTHO-NOVUM	93
OCELLA	93	oseltamivir phosphate	48
octreotide acetate	98	OSMOLEX ER	40
ODACTRA	101	OSMOPREP	79
ODEFSEY	46	OTEZLA	102
ODOMZO	38	OTICIN HC	111
OFEV	116	oxandrolone	87
ofloxacin	20	oxaprozin	7
OGESTREL	93	oxazepam	50
olanzapine	42	oxcarbazepine	24
olanzapine/fluoxetine hcl	25	OXERVATE	108
olmesartan medoxomil	58	oxiconazole nitrate	30
olmesartan medoxomil/amlodipine besylate/hydrochlorothiazide	63	OXISTAT	30
		OXTELLAR XR	24

oxybutynin chloride	82	PENTASA	104
oxycodone hcl	12	pentoxifylline	63
OXYCODONE HCL 100 MG/5 ML CONC	12	PEPCID	79
oxycodone hcl/acetaminophen	12	PERFOROMIST	115
oxycodone hcl/aspirin	13	perindopril erbumine	58
oxymorphone hcl	9,13	PERIOGARD	71
OZEMPIK	52	permethrin	40
<b>P</b>		perphenazine	28
PACERONE	59	perphenazine/amitriptyline hcl	25
paliperidone	42	PHENADOZ	28
PALYNZIQ	81	phenelzine sulfate	25
PANRETIN	38	phenobarbital	22
pantoprazole sodium	80	phenoxybenzamine hcl	57
paricalcitol	106	phenylephrine hcl/promethazine hcl	117
PAROEX	71	phenytoin	24
paromomycin sulfate	15	phenytoin sodium extended	24
paroxetine hcl	26	PHEXXI	83
PASER	33	PHILITH	93
PAXIL	26	PHISOHEX	73
PAZEO	109	PHOSLYRA	77
PEDIA D-VITE	106	PHOSPHOLINE IODIDE	110
PEDIA IRON	75	PHRENILIN FORTE	69
PEDIARIX	103	phytonadione (vit k1)	56
PEDVAXHIB	103	PICATO	73
peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride	79	PIFELTRO	46
peg 3350/sodium sulfate/sod chloride/kcl/ascorbate sod/vit c	79	pilocarpine hcl	72,110
PEGANONE	24	PILOPINE HS	110
PEGASYS	45	pimecrolimus	74
PEGASYS PROCLICK	45	pimozide	42
PEGINTRON	45	PIMTREA	93
PEGINTRON REDIPEN	45	pindolol	60
PEMAZYRE	38	pioglitazone hcl	52
penicillamine	83	pioglitazone hcl/glimepiride	52
penicillin v potassium	18	pioglitazone hcl/metformin hcl	52
PENTACEL	103	PIQRAY	36
PENTACEL ACTHIB COMPONENT	103	PIRMELLA	93
PENTACEL DTAP-IPV COMPONENT	103	piroxicam	7
pentamidine isethionate	39	PLEGRIDY	71
		PLEGRIDY PEN	71
		PLENVU	79
		PNEUMOVAX 23	103

PNV-VP-U	77	probenecid	31
podofilox	74	probenenid/colchicine	31
POLYCIN	108	prochlorperazine	28
polymyxin b sulfate/trimethoprim	108	prochlorperazine maleate	28
POMALYST	34	PROCIT	56
PORTIA	93	PROCTO-MED HC	104
posaconazole	30	PROCTO-PAK	104
potassium chloride	75	PROCTOCREAM-HC	104
potassium citrate	83	PROCTOFOAM-HC	74
PRADAXA	55	PROCTOSOL-HC	104
PRALUENT PEN	66	PROCTOZONE-HC	104
PRALUENT SYRINGE	66	PROCYSB	81
pramipexole di-hcl	41	PROFENO	7
prasugrel hcl	57	progesterone, micronized	97
pravastatin sodium	65	PROLENSA	110
praziquantel	39	PROMACTA	56
prazosin hcl	57	promethazine hcl	28,113
prednicarbate	86	promethazine hcl/codeine	117
prednisolone	86	promethazine hcl/dextromethorphan hbr	117
prednisolone acetate	110	promethazine/phenylephrine hcl/codeine	118
prednisolone sodium phosphate	86,110	PROMETHEGAN	28
prednisone	86	propafenone hcl	59
PREDNISONE INTENSOL	86	propantheline bromide	78
pregabalin	70	proparacaine hcl	108
PREMARIN	94	propranolol hcl	60
PREMPHASE	94	propranolol hcl/hydrochlorothiazide	63
PREMPRO	94	propylthiouracil	98
PRENATAL VITAMINS (NO DHA, FOLIC ACID - LESS THAN 1MG)	77	PROQUAD	103
PREPOPIK	80	protriptyline hcl	27
PREVALITE	66	PSORCON	86
PREVIFEM	94	PULMICORT FLEXHALER	112
PREVNAR 13	103	PULMOSAL	118
PREVYMIC	44	PULMOZYME	115
PREZCOBIX	48	PURIXAN	34
PREZISTA	48	PYLERA	78
PRIFTIN	33	pyrazinamide	33
primaquine phosphate	39	pyridostigmine bromide	32
primidone	22	pyrimethamine	39
PRIMSOL	16		
PROAIR RESPICLICK	115	QBREXZA	74

## Q

QINLOCK	35	RETACRIT	56
QTERN	52	RETEVMO	35
QUADRACEL DTAP-IPV	103	REVCovi	81
QUASENSE	94	REVIA	14
quetiapine fumarate	42,43	REVLIMID	34
quinapril hcl	58	REXULTI	43
quinapril hcl/hydrochlorothiazide	63	REYATAZ	48
quinidine gluconate	59	RHEUMATREX	100
quinidine sulfate	59	RIBASPHERE	45
quinine sulfate	39	RIBASPHERE RIBAPAK	45
QVAR	112	ribavirin	45
QVAR REDIHALER	112	RIDAURA	102
<b>R</b>		rifabutin	32
rabeprazole sodium	80	RIFAMATE	33
RAGWITEK	102	rifampin	33
raloxifene hcl	97	RIFATER	33
ramelteon	119	riluzole	69
ramipril	58	rimantadine hcl	49
ranitidine hcl	79	RINVOQ	100
ranolazine	63	RIOMET	52
rasagiline mesylate	41	risedronate sodium	106
RAVICTI	81	risperidone	43
REBETOL	45	ritonavir	48
REBIF	71	rivastigmine	25
REBIF REBIDOSE	71	rivastigmine tartrate	25
RECLIPSEN	94	RIVELSA	94
RECOMBIVAX HB	103	rizatriptan benzoate	31
RECTIV	74	ROBAFEN AC	118
REFISSA	74	ropinirole hcl	41
REGRANEX	74	ROSADAN	74
RELENZA	48	rosuvastatin calcium	65
RENVELA	77	ROTARIX	103
repaglinide	52	ROTATEQ	103
REPATHA PUSHTRONEX	66	ROWEEPRA	21
REPATHA SURECLICK	66	ROWEEPRA XR	21
REPATHA SYRINGE	66	ROXICET	13
REPREXAIN	13	ROZLYTREK	35
SCRIPTOR	46	RUBRACA	35
RESTASIS	108	RUKOBIA	47
RESTASIS MULTIDOSE	108	RUZURGI	69
		RYBELSUS	52

RYDAPT	35	sodium polystyrene sulfonate	76
<b>S</b>		sofosbuvir/velpatasvir	44
SANCUSO	29	solifenacin succinate	82
SANDIMMUNE	100	SOLTAMOX	34
SANTYL	74	SOLU-CORTEF	86
SAPHRIS	43	SOMAVERT	98
sapropterin dihydrochloride	81	SORINE	59
SAVAYSA	55	sotalol hcl	59
SAVELLA	70	SOVALDI	44
scopolamine	28	spinosad	74
SECUADO	43	SPIRIVA	114
selegiline hcl	41	SPIRIVA RESPIMAT	114
selenium sulfide	74	spironolactone	64
SELZENTRY	47	spironolactone/hydrochlorothiazide	63
SEREVENT DISKUS	115	SPRINTEC	94
sertraline hcl	26	SPRYCEL	38
SETLAKIN	94	SPS	76
sevelamer carbonate	77	SRONYX	94
sevelamer hcl	77	STAGESIC	13
SHAROBEL	97	stavudine	47
SHINGRIX	103	STEGLUJAN	52
SIGNIFOR	98	STELARA	74
SIKLOS	34	STIMATE	87
sildenafil citrate	116	STIOLTO RESPIMAT	118
silodosin	82	STIVARGA	38
silver sulfadiazine	20	STRENSIQ	81
SIMBRINZA	110	STRIBILD	46
SIMLIYA	94	SUBVENITE	23
SIMPESSE	94	SUBVENITE (BLUE)	23
simvastatin	65	SUCRAID	81
sirolimus	101	sucralfate	80
SIRTURO	33	sulconazole nitrate	30
SIVEXTRO	16	sulfacetamide sodium	20
SKLICE	39	sulfacetamide sodium/prednisolone sodium	
SKYRIZI (2 SYRINGES) KIT	74	phosphate	108
SLYND	97	sulfadiazine	20
sodium chloride for inhalation	118	sulfamethoxazole/trimethoprim	20
sodium chloride/sodium bicarbonate/potassium		SULFAMIDE	20
chloride/peg	80	SULFAMYLYON	16
sodium phenylbutyrate	81	sulfasalazine	104
		sulindac	7

sumatriptan	31	tazarotene	74
sumatriptan succinate	32	TAZTIA XT	61
SUPREP	80	TAZVERIK	35
SUTENT	38	TEGSEDI	69
SYEDA	94	telmisartan	58
SYLATRON	35	telmisartan/hydrochlorothiazide	63
SYLATRON 4-PACK	35	temazepam	119
SYMBICORT	118	temozolomide	33
SYMDEKO	115	TENCON	70
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# 2021 PHARMACY BENEFIT COVERED MEDICAL SUPPLY

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

Drug Name	Status*	Requirements/Limits
<b>MISCELLANEOUS</b>		
<b>Diabetic Testing Supplies</b>		
DEXCOM G5 TRANSMITTER KIT	1-Preferred Pharmacy Benefit Covered Medical Supply	QLC (1 PACK PER 180 DAYS)
DEXCOM G5 RECEIVER KIT	1-Preferred Pharmacy Benefit Covered Medical Supply	QLC (1 KIT PER 365 DAYS)
DEXCOM G5-G4 SENSOR	1-Preferred Pharmacy Benefit Covered Medical Supply	QLC (1 PACK PER 30 DAYS)
DEXCOM G6 RECEIVER	1-Preferred Pharmacy Benefit Covered Medical Supply	QLC (1 KIT PER 365 DAYS)
DEXCOM G6 SENSOR	1-Preferred Pharmacy Benefit Covered Medical Supply	QLC (1 PACK PER 30 DAYS)
DEXCOM G6 TRANSMITTER	1-Preferred Pharmacy Benefit Covered Medical Supply	QLC (1 KIT PER 90 DAYS)
OMNIPOD DASH 5 PACK POD	1-Preferred Pharmacy Benefit Covered Medical Supply	QLC (10 POD PER 30 DAYS)
OMNIPOD DASH PDM KIT	1-Preferred Pharmacy Benefit Covered Medical Supply	

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