



# 2025 FORMULARY

EFFECTIVE JANUARY 1, 2025



[Ambetter.NebraskaTotalCare.com](https://Ambetter.NebraskaTotalCare.com)

# Formulary Introduction

## FORMULARY

The Ambetter Formulary, or Prescription Drug List, is a guide to available brand and generic drugs that are approved by the Food and Drug Administration (FDA) and covered through your prescription drug benefit. Generic drugs have the same active ingredients as their brand name counterparts and should be considered the first line of treatment. The FDA requires generics to be safe and work the same as brand name drugs. If there is no generic available, there may be more than one brand name drug to treat a condition. Preferred brand name drugs are listed on Tier 2 to help identify brand drugs that are clinically appropriate, safe, and cost-effective treatment options, if a generic medication on the formulary is not suitable for your condition.

Please note, the Formulary is not meant to be a complete list of the drugs covered under your prescription benefit. Not all dosage forms or strengths of a drug may be covered. This list is periodically reviewed and updated and may be subject to change. Drugs may be added or removed, or additional requirements may be added in order to approve continued usage of a specific drug.

Specific prescription benefit plan designs may not cover certain products or categories, regardless of their appearance in this document. Please check your benefits for coverage limitations and your share of cost for your drugs.

### Drug List Key:

Brand name drugs are listed in CAPS and generic drugs are lower case.

Drugs are covered under different copay tiers depending on your benefit:

**Tier 0** - No copayment for those drugs that are used for prevention and are mandated by the Affordable Care Act. Select oral contraceptives, vitamin D, folic acid for women of child bearing age, over-the-counter (OTC) aspirin, and smoking cessation products may be covered under this tier. Certain age limits may apply.

**Tier 1<sub>A</sub>** - Lowest copayment for select drugs that offer the greatest value compared to other drugs used to treat similar conditions. Select over-the-counter (OTC) drugs may be covered under this tier.

**Tier 1<sub>B</sub>** - Low copayment for those drugs that offer great value compared to other drugs used to treat similar conditions. Select over-the-counter (OTC) drugs may be covered under this tier.

**Tier 2** - Medium copayment covers brand name drugs that are generally more affordable, or may be preferred compared to other drugs to treat the same conditions.

**Tier 3** - High copayment covers higher cost brand name and non-preferred generic drugs. This tier may also cover non-specialty drugs that are not on the Prescription Drug List but approval has been granted for coverage.

**Tier 4** - Highest copayment is for "specialty" drugs used to treat complex, chronic conditions that may require special handling, storage or clinical management. Prescription drugs covered under the specialty tier may require fulfillment at a pharmacy that participates in Ambetter's "specialty" or "hemophilia" networks. For additional information on which pharmacies are within our "specialty" or "hemophilia" networks, please consult Ambetter website's pharmacy information section.

### Prior Authorization for Non-Formulary Drugs

To obtain prior authorization for a non-formulary drug, your provider must fill out the Prior Authorization form. Services will respond via fax or phone within 24 hours of receipt of all necessary information for urgent requests, and within 72 hours for non-urgent requests, unless state law requires faster response. If the request is disapproved, the notice of disapproval will contain a clear explanation of the specific reasons for disapproving the prior authorization request, or if the request was incomplete, the explanation will identify the missing material information that is necessary to complete the request.

### Formulary Abbreviations:

Abbreviation	Term	What it means
AL	Age Limit	Some drugs are only covered for certain ages.
QL	Quantity Limit	Some drugs are only covered for a certain amount.
PA	Prior Authorization	Your doctor must ask for approval from Ambetter before some drugs will be covered.
ST	Step Therapy	In some cases, you must first try certain drugs before Ambetter covers another drug for your medical condition. For example, if Drug A and Drug B both treat your medical condition, Ambetter may not cover Drug B unless you try Drug A first.
NF	Non-formulary	This product is not covered unless you or your provider request an exception. Alternative medications are listed next to non-covered product
RX/OTC	Prescription and OTC	These drugs are made in both prescription form and Over-the-counter (OTC) form.
SP	Specialty Drug	These products are Specialty Drugs that may have special fill requirements.
SF	Split Fill	Initially, certain medications may only be available in 15-day-supply increments until you are stabilized on the medication. After you have been taking the medication for 90 days, this restriction may no longer apply.
#/+	Not applicable	Medications on the formulary with #/+ may take alternative copays for certain benefit designs. Please consult your benefit documents for more information.

### Opioid Medications:

Medications identified on the formulary by "New starts limited to 7 day supply" allow up to two 7 day fills during any 28 day period and up to a total of 28 day non-consecutive supply in any 90 day period. This limit applies cumulatively to all opioid medications filled. For fills exceeding these limits, your providers may submit a Prior Authorization request.

# Introducción al Formulario

## FORMULARIO

El Formulario de Ambetter o la Lista de medicamentos recetados, es una guía de los medicamentos de marca y genéricos disponibles que están aprobados por la Administración de Alimentos y Medicamentos (FDA) y que están cubiertos a través de su beneficio de medicamentos recetados. Los medicamentos genéricos tienen los mismos principios activos que los de marca y deben considerarse la primera línea de tratamiento. La FDA exige que los medicamentos genéricos sean seguros y funcionen igual que los medicamentos de marca. Si no hay un genérico disponible, podría haber más de un medicamento de marca para tratar una condición. Los medicamentos de marca preferidos figuran en el nivel 2 para ayudar a identificar los medicamentos de marca que son opciones de tratamiento clínicamente adecuadas, seguras y rentables, si un medicamento genérico del Formulario no es adecuado para su condición.

Tenga en cuenta que el Formulario no pretende ser una lista completa de los medicamentos cubiertos por su beneficio de medicamentos recetados. Es posible que no estén cubiertas todas las formas farmacéuticas o concentraciones de un medicamento. Esta lista se revisa y actualiza periódicamente y puede estar sujeta a cambios. Se pueden agregar o eliminar medicamentos, o se pueden incorporar requisitos adicionales para aprobar el uso continuado de un medicamento específico.

Es posible que determinados diseños de planes de beneficios de medicamentos recetados no cubran algunos productos o categorías, independientemente de que figuren en este documento. Revise sus beneficios para conocer las limitaciones de la cobertura y la parte que le corresponde pagar por sus medicamentos.

Clave de la lista de medicamentos:

Los medicamentos de marca aparecen en MAYÚSCULAS y los medicamentos genéricos aparecen en minúsculas.

Los medicamentos están cubiertos por diferentes niveles de copago en función de su beneficio:

- Nivel 0** - Sin copago para aquellos medicamentos que se usan para prevención y son obligatorios según la Ley de Cuidado de Salud Asequible. Los anticonceptivos orales seleccionados, la vitamina D, el ácido fólico para mujeres en edad fértil, las aspirinas de venta libre (OTC) y los productos para dejar de fumar pueden estar cubiertos en este nivel. Es posible que se apliquen ciertos límites de edad.
- Nivel 1<sub>A</sub>** - El copago más bajo para medicamentos seleccionados que ofrecen el mayor valor en comparación con otros medicamentos utilizados para tratar condiciones similares. Ciertos medicamentos de venta libre (OTC) seleccionados pueden estar cubiertos en este nivel.
- Nivel 1<sub>B</sub>** - Copago bajo para aquellos medicamentos que ofrecen un gran valor en comparación con otros medicamentos utilizados para tratar condiciones similares. Ciertos medicamentos de venta libre (OTC) seleccionados pueden estar cubiertos en este nivel.
- Nivel 2** - El copago medio cubre los medicamentos de marca que suelen ser más asequibles o que pueden ser preferidos en comparación con otros medicamentos para tratar las mismas condiciones.
- Nivel 3** - El copago alto cubre los medicamentos de marca de costo más alto y medicamentos genéricos no preferidos. Este nivel también puede cubrir medicamentos no especializados que no figuran en la Lista de medicamentos recetados, pero cuya cobertura ha sido aprobada.
- Nivel 4** - El copago más alto es para medicamentos “de especialidad” usados para tratar condiciones crónicas complejas que pueden requerir una manipulación, almacenamiento o administración clínica especiales. Los medicamentos recetados cubiertos en el nivel de especialidad pueden tener que ser surtidos en una farmacia que participe de las redes de “especialidad” o de “hemofilia” de Ambetter. Para obtener información adicional sobre qué farmacias están dentro de nuestras redes de “especialidad” o “hemofilia”, debe consultar la sección de información farmacéutica del sitio web de Ambetter.

## Autorización previa para medicamentos no incluidos en el Formulario

Para obtener autorización previa para un medicamento no incluido en el Formulario, su proveedor debe completar el formulario de autorización previa. Los servicios responderán por fax o teléfono en un plazo de 24 horas a partir de la recepción de toda la información necesaria para las solicitudes urgentes, y en un plazo de 72 horas en caso de solicitudes no urgentes, a menos que la legislación estatal exija una respuesta más rápida. Si la solicitud es denegada, el aviso de la denegación incluirá una explicación clara de los motivos específicos para denegar la solicitud de autorización previa, o si la autorización estaba incompleta, la explicación identificará la información material faltante necesaria para completar la solicitud.

### Abreviaturas del Formulario:

Abreviatura	Plazo	Significado
AL	Límite de edad	Algunos medicamentos solo están cubiertos para determinadas edades.
QL	Límite de cantidad	Algunos medicamentos solo están cubiertos para determinadas cantidades.
PA	Autorización previa	Su médico debe solicitar la aprobación de Ambetter antes de que algunos medicamentos tengan cobertura.
ST	Terapia escalonada	En algunos casos, usted primero debe probar un medicamento determinado antes de que Ambetter cubra otro medicamento para su condición médica. Por ejemplo, si tanto el medicamento A como el medicamento B tratan su condición médica, Ambetter podría no cubrir el medicamento B a menos que usted pruebe primero el medicamento A.
NF	No incluido en el Formulario	Este producto no está cubierto a menos que usted o su proveedor soliciten una excepción. Hay medicamentos alternativos que figuran a continuación del producto no cubierto.
RX/OTC	Medicamentos recetados y OTC	Estos medicamentos se fabrican tanto como medicamento recetado como de venta libre (OTC).
SP	Medicamento de especialidad	Estos productos son medicamentos de especialidad que pueden tener requisitos de surtido especiales.
SF	Surtido dividido	Al principio es posible que ciertos medicamentos solo estén disponibles en suministros incrementales cada 15 días hasta que usted se estabilice con el medicamento. Una vez transcurridos 90 días desde que comenzó a tomar este medicamento, es posible que esta restricción ya no se aplique.
#/+	No se aplica	Los medicamentos que aparecen en el Formulario con los símbolos #/+ pueden conllevar copagos alternativos para ciertos diseños de beneficio. Consulte sus documentos sobre los beneficios para obtener más información.

### Medicamentos opioides:

Los medicamentos identificados en el Formulario como “Nuevos pedidos limitados a suministro de 7 días” permiten hasta dos surtidos de 7 días durante cualquier periodo de 28 días y hasta un total de 28 días no consecutivos en un periodo de 90 días. Este límite se aplica de forma acumulativa a todos los medicamentos opioides surtidos. Para surtidos que superen estos límites, sus proveedores pueden presentar una solicitud de autorización previa.



Drug Name	Drug Tier	Requirements/Limits
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders</b>		
<b>Amphetamines</b>		
<i>amphetamine sulfate TABS</i>	3	PA
<i>amphetamine-dextroamphetamine CP24 15 MG</i>	1B	
<i>amphetamine-dextroamphetamine CP24 5 MG, 10 MG</i>	1B	QL(1 EA daily)
<i>amphetamine-dextroamphetamine CP24 20 MG, 25 MG, 30 MG</i>	1B	QL(2 EA daily)
<i>amphetamine-dextroamphetamine TABS 30 MG</i>	1B	QL(2 EA daily)
<i>amphetamine-dextroamphetamine TABS 5 MG, 7.5 MG, 10 MG, 12.5 MG, 15 MG, 20 MG</i>	1B	QL(3 EA daily)
<i>dextroamphetamine sulfate CP24 5 MG</i>	1B	
<i>dextroamphetamine sulfate CP24 10 MG, 15 MG</i>	1B	QL(4 EA daily)
<i>dextroamphetamine sulfate TABS 2.5 MG, 7.5 MG, 15 MG, 20 MG, 30 MG</i>	1B	
<i>dextroamphetamine sulfate TABS 5 MG, 10 MG</i>	1B	QL(4 EA daily)
<i>lisdexamfetamine dimesylate CAPS</i>	1B	QL(1 EA daily); ST
<i>lisdexamfetamine dimesylate CHEW</i>	1B	QL(1 EA daily); ST
<i>methamphetamine hcl</i>	1B	QL(5 EA daily); AL(At least 6 yrs old)
<b>Anorexiant Non-Amphetamine</b>		

Drug Name	Drug Tier	Requirements/Limits
<i>phendimetrazine tartrate TABS</i>	1B	PA
<i>phentermine hcl CAPS</i>	1B	PA
<b>Anti-Obesity Agents</b>		
CONTRAVE	3	QL(4 EA daily); PA
<b>Attention-Deficit/Hyperactivity Disorder (ADHD) Agents</b>		
<i>atomoxetine hcl 60 MG, 80 MG, 100 MG</i>	1B	QL(1 EA daily); AL(At least 6 yrs old)
<i>atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG</i>	1B	QL(2 EA daily); AL(At least 6 yrs old)
<i>clonidine hcl (adhd) TB12</i>	1B	
<i>guanfacine hcl (adhd)</i>	1B	QL(1 EA daily); AL(At least 6 yrs old)
<b>Dopamine and Norepinephrine Reuptake Inhibitors (DNRIs)</b>		
SUNOSI 75 MG	3	QL(2 EA daily); PA
SUNOSI 150 MG	3	QL(1 EA daily); PA
<b>Stimulants - Misc.</b>		
<i>armodafinil</i>	1B	QL(1 EA daily); AL(At least 17 yrs old); PA
<i>dexmethylphenidate hcl CP24</i>	1B	QL(1 EA daily)
<i>dexmethylphenidate hcl TABS</i>	1B	QL(2 EA daily); AL(At least 6 yrs old)
<i>methylphenidate hcl CHEW 5 MG</i>	1B	QL(6 EA daily)
<i>methylphenidate hcl CHEW 2.5 MG</i>	1B	QL(2 EA daily)
<i>methylphenidate hcl CHEW 10 MG</i>	1B	QL(5 EA daily)
<i>methylphenidate hcl CP24 10 MG, 20 MG, 40 MG, 60 MG</i>	1B	QL(1 EA daily); AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl CP24 30 MG</i>	1B	QL(2 EA daily); AL(At least 6 yrs old)
<i>methylphenidate hcl CP24</i>	1B	QL(1 EA daily)
<i>methylphenidate hcl CPCR</i>	1B	QL(1 EA daily); AL(At least 6 yrs old)
<i>methylphenidate hcl SOLN</i>	1B	QL(30 ML daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TABS 10 MG, 20 MG</i>	1B	QL(5 EA daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TABS 5 MG</i>	1B	QL(6 EA daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TB24 18 MG, 27 MG</i>	1B	QL(1 EA daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TB24 36 MG, 54 MG</i>	1B	QL(2 EA daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TBCR 10 MG, 20 MG</i>	1B	QL(3 EA daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TBCR 36 MG, 54 MG</i>	1B	QL(2 EA daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TBCR 18 MG, 27 MG</i>	1B	QL(1 EA daily); AL(At least 6 yrs old)
<i>methylphenidate PTCH</i>	1B	QL(1 EA daily); PA
<i>modafinil 100 MG</i>	1B	QL(1 EA daily); PA
<i>modafinil 200 MG</i>	1B	QL(2 EA daily); PA

#### ALLERGENIC EXTRACTS/BIOLOGICALS MISC

##### Allergenic Extracts

GRASTEK SUBL	3	PA
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#### AMEBICIDES

##### Amebicides

SOLOSEC	3	PA
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#### AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections

Drug Name	Drug Tier	Requirements/Limits
<b>Aminoglycosides</b>		
<i>amikacin sulfate SOLN 1 GM/4ML, 500 MG/2ML</i>	1B	
ARIKAYCE	4	PA
<i>gentamicin in saline 0.8 MG/ML-0.9 %, 1 MG/ML-0.9 %, 1.2 MG/ML-0.9 %, 1.6 MG/ML-0.9 %</i>	1B	
<i>gentamicin sulfate IJ 40 MG/ML</i>	1B	
<i>neomycin sulfate TABS</i>	1B	
<i>streptomycin sulfate SOLR</i>	3	
<i>tobramycin sulfate SOLN IJ 2 GM/50ML, 10 MG/ML, 80 MG/2ML</i>	1B	
<i>tobramycin NEBU</i>	4	QL(280 ML per 56 day(s) retail; 280 ML per 56 days mail); PA
<b>ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions</b>		
<b>Antirheumatic - Enzyme Inhibitors</b>		
RINVOQ LQ SOLN	4	QL(12 ML daily); PA
RINVOQ TB24	4	QL(1 EA daily); PA
XELJANZ XR TB24	4	QL(1 EA daily); PA
XELJANZ SOLN	4	QL(20 ML daily); PA
XELJANZ TABS 5 MG	4	QL(2 EA daily); SP; PA
XELJANZ TABS 10 MG	4	QL(2 EA daily); PA
<b>Anti-TNF-alpha - Monoclonal Antibodies</b>		
CYLTEZO (2 PEN) AJKT	4	QL(0.215 EA daily); PA
CYLTEZO (2 PEN) AJKT	4	QL(0.072 EA daily); PA
CYLTEZO (2 SYRINGE) PSKT 10 MG/0.2ML, 40 MG/0.4ML	4	QL(0.072 EA daily); PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CYLTEZO (2 SYRINGE) PSKT 20 MG/0.4ML, 40 MG/0.8ML	4	QL(0.215 EA daily); PA	HUMIRA-PS/UV/ADOL HS STARTER AJKT	4	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA
CYLTEZO-CD/UC/HS STARTER AJKT	4	QL(0.215 EA daily); PA	HUMIRA-PSORIASIS/UEIT STARTER AJKT	4	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA
CYLTEZO-CD/UC/HS STARTER AJKT	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA	SIMPONI ARIA SOLN	4	PA
CYLTEZO-PSORIASIS/UV STARTER AJKT	4	QL(0.143 EA daily); PA	YUFLYMA (1 PEN) AJKT	4	QL(0.143 EA daily); PA
CYLTEZO-PSORIASIS/UV STARTER AJKT	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA	YUFLYMA (2 PEN) AJKT	4	QL(0.29 EA daily); PA
HUMIRA (2 PEN) AJKT	4	QL(0.143 EA daily); PA	YUFLYMA (2 SYRINGE) PSKT	4	QL(0.143 EA daily); PA
HUMIRA (2 PEN) AJKT 80 MG/0.8ML	4	QL(0.072 EA daily); PA	YUFLYMA-CD/UC/HS STARTER AJKT	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA
HUMIRA (2 SYRINGE) PSKT	4	QL(0.143 EA daily); PA	<b>Gold Compounds</b>		
HUMIRA-CD/UC/HS STARTER AJKT	4	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA	AURANOFIN 3 MG	3	QL(3 EA daily)
HUMIRA-PED<40KG CROHNS STARTER PSKT	4	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA	RIDAURA	3	QL(3 EA daily)
HUMIRA-PED>/=40KG CROHNS START PSKT	4	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA	<b>Interleukin-1 Blockers</b>		
HUMIRA-PED>/=40KG UC STARTER AJKT	4	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA	ARCALYST	4	QL(0.286 EA daily); SP; PA
			<b>Interleukin-6 Receptor Inhibitors</b>		
			ACTEMRA ACTPEN SOAJ	4	QL(0.13 ML daily); SP; PA
			ACTEMRA SOLN	4	QL(1.43 ML daily); SP; PA
			ACTEMRA SOSY	4	QL(0.13 ML daily); SP; PA
			KEVZARA SOAJ	4	QL(0.082 ML daily); PA
			KEVZARA SOSY	4	QL(0.082 ML daily); PA
			<b>Nonsteroidal Anti-inflammatory Agents (NSAIDs)</b>		
			<i>celecoxib</i>	1B	QL(2 EA daily)

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Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac potassium TABS 50 MG</i>	1B	
<i>diclofenac sodium TB24</i>	1B	
<i>diclofenac sodium TBEC</i>	1B	
<i>diclofenac w/ misoprostol TBEC</i>	1B	
<i>etodolac CAPS</i>	1B	
<i>etodolac TABS</i>	1B	
<i>fenoprofen calcium TABS</i>	1B	QL(4 EA daily); ST
<i>flurbiprofen TABS</i>	1B	
<i>ibuprofen SUSP 100 MG/5ML, 200 MG/10ML</i>	1B	RX/OTC
<i>ibuprofen TABS 400 MG, 600 MG</i>	1A	
<i>ibuprofen TABS 800 MG</i>	1B	
<i>indomethacin CAPS 25 MG, 50 MG</i>	1B	
<i>indomethacin CPCR</i>	1B	
<i>ketoprofen CAPS 50 MG</i>	1B	
<i>ketorolac tromethamine TABS</i>	1B	QL(0.667 EA daily)
<i>meclofenamate sodium CAPS</i>	1B	
<i>mefenamic acid CAPS</i>	1B	Must try ibuprofen. ; QL(5 EA daily); ST
<i>meloxicam TABS</i>	1A	QL(1 EA daily)
<i>nabumetone</i>	1B	
<i>naproxen sodium TABS 550 MG</i>	1B	
<i>naproxen SUSP</i>	1B	PA
<i>naproxen TABS</i>	1B	
<i>naproxen TBEC 500 MG</i>	1B	QL(3 EA daily)
<i>oxaprozin TABS</i>	1B	
<i>piroxicam CAPS</i>	1B	
<i>sulindac TABS</i>	1B	
<i>tolmetin sodium CAPS</i>	1B	
<i>tolmetin sodium TABS 600 MG</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<b>Phosphodiesterase 4 (PDE4) Inhibitors</b>		
<i>OTEZLA TABS</i>	4	QL(2 EA daily); PA
<i>OTEZLA TBPB</i>	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA
<i>OTEZLA TBPB</i>	4	1 package(s) per 180 day(s) retail; PA
<b>Pyrimidine Synthesis Inhibitors</b>		
<i>leflunomide</i>	1B	QL(1 EA daily)
<b>Soluble Tumor Necrosis Factor Receptor Agents</b>		
<i>ENBREL MINI SOCT</i>	4	QL(0.146 ML daily); PA
<i>ENBREL SURECLICK SOAJ</i>	4	QL(0.146 ML daily); PA
<i>ENBREL SOLN</i>	4	QL(0.146 ML daily); PA
<i>ENBREL SOSY 25 MG/0.5ML</i>	4	QL(0.146 ML daily); PA
<i>ENBREL SOSY 50 MG/ML</i>	4	QL(0.286 ML daily); SP; PA
<b>ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions</b>		
<b>Analgesic Combinations</b>		
<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG</i>	1B	
<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG</i>	1B	QL(6 EA daily)
<i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>	1B	QL(6 EA daily)
<i>butalbital-acetaminophen TABS 50 MG-325 MG</i>	1B	QL(6 EA daily)
<i>butalbital-aspirin-caffeine CAPS</i>	1B	QL(4 EA daily)
<b>Salicylates</b>		

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>aspirin CHEW</i>	0	AL(At least 45 yrs old - Up to 79 yrs old)	<i>levorphanol tartrate TABS 2 MG</i>	1B	New starts limited to 7 day supply
<i>aspirin TABS 325 MG</i>	0	AL(At least 45 yrs old - Up to 79 yrs old)	<i>meperidine hcl SOLN IJ 25 MG/ML, 50 MG/ML, 100 MG/ML</i>	1B	
<i>aspirin TBEC 81 MG</i>	0	AL(At least 45 yrs old - Up to 79 yrs old)	<i>meperidine hcl SOLN PO 50 MG/5ML</i>	1B	New starts limited to 7 day supply; QL(500 ML per fill retail)
<i>aspirin TBEC 325 MG</i>	1A		<i>meperidine hcl TABS 50 MG</i>	1B	New starts limited to 7 day supply; QL(6 EA daily)
<i>diflunisal TABS</i>	1B		<i>methadone hcl CONC</i>	1B	QL(10 ML daily)
<i>salsalate</i>	1B		<i>methadone hcl SOLN PO 10 MG/5ML</i>	1B	QL(50 ML daily)
<b>ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions</b>			<i>methadone hcl SOLN IJ 10 MG/ML</i>	1B	
<b>Opioid Agonists</b>			<i>methadone hcl SOLN PO 5 MG/5ML</i>	1B	QL(100 ML daily)
<i>codeine sulfate TABS 30 MG</i>	1B	New starts limited to 7 day supply	<b>METHADONE HCL SOLN IJ (methadone hcl)</b>	1B	
<b>CODEINE SULFATE TABS</b>	1B	New starts limited to 7 day supply	<i>methadone hcl TABS 10 MG</i>	1B	QL(10 EA daily)
<i>fentanyl citrate LPOP</i>	1B	QL(4 EA daily); PA	<i>methadone hcl TABS 5 MG</i>	1B	QL(4 EA daily)
<i>fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR</i>	1B	QL(0.34 EA daily)	<i>methadone hcl TBSO</i>	1B	QL(2 EA daily)
<i>hydrocodone bitartrate CP12</i>	3	QL(2 EA daily); PA	<i>morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG</i>	1B	QL(2 EA daily); PA
<i>hydrocodone bitartrate T24A</i>	3	QL(2 EA daily); PA	<i>morphine sulfate SOLN IJ 0.5 MG/ML, 1 MG/ML</i>	1B	
<i>hydromorphone hcl LIQD</i>	1B	New starts limited to 7 day supply	<i>morphine sulfate SOLN PO 10 MG/5ML</i>	1B	New starts limited to 7 day supply; QL(100 ML daily)
<i>hydromorphone hcl SOLN IJ 10 MG/ML, 50 MG/5ML, 500 MG/50ML</i>	1B		<i>morphine sulfate SOLN PO 20 MG/5ML</i>	1B	New starts limited to 7 day supply; QL(50 ML daily)
<i>hydromorphone hcl TABS</i>	1B	New starts limited to 7 day supply; QL(8 EA daily)			
<i>hydromorphone hcl TB24 32 MG</i>	1B	QL(1 EA daily); PA			
<i>hydromorphone hcl TB24 8 MG, 12 MG, 16 MG</i>	1B	QL(2 EA daily); PA			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate TABS</i>	1B	New starts limited to 7 day supply; QL(6 EA daily)	<i>acetaminophen w/ codeine TABS 15 MG-300 MG</i>	1B	New starts limited to 7 day supply; QL(13 EA daily)
<i>morphine sulfate TBCR</i>	1B	QL(2 EA daily)	<i>acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG</i>	1B	New starts limited to 7 day supply
<i>oxycodone hcl T12A 10 MG, 20 MG, 40 MG, 80 MG</i>	3	QL(2 EA daily); PA	<i>acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG</i>	3	New starts limited to 7 day supply; PA
<i>oxycodone hcl TABS</i>	1B	New starts limited to 7 day supply; QL(12 EA daily)	<i>butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG</i>	1B	New starts limited to 7 day supply
<i>oxymorphone hcl TABS</i>	1B	QL(12 EA daily); PA	<i>butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG</i>	1B	New starts limited to 7 day supply; QL(6 EA daily)
<i>oxymorphone hcl TB12 5 MG, 7.5 MG, 10 MG, 15 MG, 20 MG, 30 MG</i>	1B	QL(2 EA daily); PA	<i>butalbital-aspirin-caffeine w/cod</i>	1B	New starts limited to 7 day supply; QL(6 EA daily)
<i>oxymorphone hcl TB12 40 MG</i>	1B	QL(4 EA daily); PA	<i>hydrocodone-acetaminophen SOLN 325 MG/15ML-10 MG/15ML</i>	1B	New starts limited to 7 day supply
SUBSYS LIQD 200 MCG, 400 MCG, 600 MCG	3	QL(4 EA daily); PA	<i>hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML</i>	1B	New starts limited to 7 day supply; QL(180 ML daily)
SUBSYS LIQD 1200 MCG, 1600 MCG, 800 MCG	3	QL(8 EA daily); PA	<i>hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	1B	New starts limited to 7 day supply; QL(12 EA daily)
SUBSYS LIQD 100 MCG	3	QL(3 EA daily); PA	<i>hydrocodone-acetaminophen TABS 325 MG-2.5 MG</i>	1B	New starts limited to 7 day supply
<i>tramadol hcl TABS 50 MG</i>	1A	New starts limited to 7 day supply; QL(8 EA daily)	<i>hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG</i>	1B	New starts limited to 7 day supply; QL(13 EA daily)
<i>tramadol hcl TB24</i>	1B	QL(1 EA daily)	<i>hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG</i>	1B	PA
<b>Opioid Combinations</b>					
<i>acetaminophen w/ codeine SOLN</i>	1A	New starts limited to 7 day supply; QL(75 ML daily)			
<i>acetaminophen w/ codeine TABS 30 MG-300 MG</i>	1A	New starts limited to 7 day supply; QL(12 EA daily)			
<i>acetaminophen w/ codeine TABS 60 MG-300 MG</i>	1B	New starts limited to 7 day supply; QL(6 EA daily)			

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone-ibuprofen 7.5 MG-200 MG</i>	1B	New starts limited to 7 day supply; QL(5 EA daily)
<i>oxycodone w/ acetaminophen TABS 325 MG-2.5 MG</i>	1B	New starts limited to 7 day supply; QL(13 EA daily)
<i>oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	1B	New starts limited to 7 day supply; QL(12 EA daily)
<i>tramadol-acetaminophen</i>	1B	New starts limited to 7 day supply; QL(8 EA daily)
<b>Opioid Partial Agonists</b>		
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG</i>	1B	QL(2 EA daily)
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG</i>	1B	QL(3 EA daily)
<i>buprenorphine hcl-naloxone hcl dihydrate SUBL</i>	1B	QL(3 EA daily)
<i>buprenorphine hcl SOLN</i>	1B	
<i>buprenorphine hcl SUBL</i>	1B	QL(3 EA daily)
<i>buprenorphine PTWK</i>	1B	QL(0.143 EA daily); PA
<i>butorphanol tartrate IJ 1 MG/ML, 2 MG/ML</i>	1B	
<i>butorphanol tartrate NA 10 MG/ML</i>	1B	QL(0.34 ML daily); PA
<i>nalbuphine hcl</i>	1B	QL(8 ML daily)
<i>pentazocine w/ naloxone hcl</i>	1B	New starts limited to 7 day supply
<b>ANDROGENS-ANABOLIC - Drugs to Regulate Hormones</b>		
<b>Anabolic Steroids</b>		
<i>oxandrolone</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<b>Androgens</b>		
<i>ANDRODERM PT24 2 MG/24HR, 4 MG/24HR</i>	2	QL(1 EA daily); PA
<i>danazol CAPS</i>	1B	
<i>methyltestosterone TABS</i>	1B	
<i>testosterone cypionate SOLN IM</i>	1B	
<i>TESTOSTERONE CYPIONATE SOLN IJ 200 MG/ML</i>	1B	
<i>testosterone enanthate SOLN IM</i>	1B	
<b>ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching</b>		
<b>Intrarectal Steroids</b>		
<i>budesonide (intrarectal)</i>	4	QL(3.2 GM daily); PA
<i>hydrocortisone (intrarectal)</i>	1B	
<b>Rectal Steroids</b>		
<i>hydrocortisone (rectal) EX</i>	1B	RX/OTC
<i>hydrocortisone acetate (rectal)</i>	1B	
<b>Vasodilating Agents</b>		
<i>nitroglycerin (intra-anal)</i>	1B	QL(2 GM daily)
<b>ANTHELMINTICS - Drugs to Treat Worm Infections</b>		
<b>Anthelmintics</b>		
<i>albendazole</i>	1B	PA
<i>EMVERM CHEW</i>	2	QL(2 EA daily; 6 EA per fill retail; 6 per fill mail); 1 max fill(s) per 60 day(s) retail; 1 max fill(s) per 60 day(s) mail

Drug Name	Drug Tier	Requirements/Limits
<i>ivermectin</i>	1B	QL(9 EA per fill retail; 9 per fill mail); 1 max fill(s) per 75 day(s) retail; 1 max fill(s) per 75 day(s) mail
<i>praziquantel</i>	1B	PA
<b>ANTIANGINAL AGENTS - Drugs to Treat Chest Pain</b>		
Antianginals-Other		
<i>ranolazine TB12 500 MG</i>	1B	QL(3 EA daily)
<i>ranolazine TB12 1000 MG</i>	1B	QL(2 EA daily)
Nitrates		
<i>isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG</i>	1B	
<i>isosorbide mononitrate TABS</i>	1B	
<i>isosorbide mononitrate TB24</i>	1B	
NITRO-BID OINT	3	
<i>nitroglycerin CPR</i>	1B	QL(4 EA daily)
<i>nitroglycerin PT24</i>	1B	
NITROGLYCERIN SOLN IV	1B	
<i>nitroglycerin SUBL</i>	1B	
<b>ANTIANGIETY AGENTS - Drugs to Treat Anxiety</b>		
Antianxiety Agents - Misc.		
<i>buspirone hcl 5 MG</i>	1A	
<i>buspirone hcl 7.5 MG, 10 MG, 15 MG, 30 MG</i>	1B	
<i>hydroxyzine hcl SOLN 50 MG/ML</i>	1B	
<i>hydroxyzine hcl SYRP</i>	1B	
<i>hydroxyzine hcl TABS</i>	1B	
<i>hydroxyzine pamoate CAPS</i>	1B	
<i>meprobamate</i>	1B	QL(6 EA daily)

Drug Name	Drug Tier	Requirements/Limits
Benzodiazepines		
<i>alprazolam TABS 2 MG</i>	1B	QL(4 EA daily)
<i>alprazolam TABS 0.25 MG, 0.5 MG, 1 MG</i>	1A	QL(4 EA daily)
<i>alprazolam TB24</i>	1B	
<i>alprazolam TBDP</i>	1B	
<i>chlordiazepoxide hcl CAPS</i>	1B	
<i>clorazepate dipotassium TABS</i>	1B	
<i>diazepam CONC</i>	1B	
<i>diazepam SOLN PO 5 MG/5ML</i>	1B	
<i>diazepam TABS</i>	1A	QL(4 EA daily)
<i>lorazepam CONC</i>	1B	
<i>lorazepam TABS 0.5 MG, 2 MG</i>	1A	QL(3 EA daily)
<i>lorazepam TABS 1 MG</i>	1A	QL(4 EA daily)
<i>oxazepam CAPS</i>	1B	
<b>ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms</b>		
Antiarrhythmics Type I-A		
<i>disopyramide phosphate CAPS</i>	1B	
<i>procainamide hcl SOLN 500 MG/ML</i>	1B	
<i>quinidine sulfate TABS</i>	1B	
Antiarrhythmics Type I-B		
<i>mexiletine hcl</i>	1B	
Antiarrhythmics Type I-C		
<i>flecainide acetate</i>	1B	
<i>propafenone hcl CP12</i>	1B	
<i>propafenone hcl TABS</i>	1B	
Antiarrhythmics Type III		
<i>amiodarone hcl SOLN 150 MG/3ML</i>	1B	
<i>amiodarone hcl TABS</i>	1B	

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Drug Name	Drug Tier	Requirements/Limits
<i>dofetilide</i>	1B	
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions</b>		
Antiasthmatic - Monoclonal Antibodies		
FASENRA PEN SOAJ	4	QL(0.036 ML daily); PA
FASENRA SOSY 30 MG/ML	4	QL(0.036 ML daily); PA
FASENRA SOSY 10 MG/0.5ML	4	QL(0.018 ML daily); PA
NUCALA SOAJ	4	QL(0.1073 ML daily); PA
NUCALA SOLR	4	QL(0.1073 EA daily); PA
NUCALA SOSY 40 MG/0.4ML	4	QL(0.0144 ML daily); PA
NUCALA SOSY 100 MG/ML	4	QL(0.1073 ML daily); PA
XOLAIR SOAJ 75 MG/0.5ML	4	QL(0.036 ML daily); PA
XOLAIR SOAJ 150 MG/ML, 300 MG/2ML	4	QL(0.286 ML daily); PA
XOLAIR SOLR	4	QL(0.286 EA daily); PA
XOLAIR SOSY 75 MG/0.5ML	4	QL(0.036 ML daily); PA
XOLAIR SOSY 150 MG/ML, 300 MG/2ML	4	QL(0.286 ML daily); PA
Anti-Inflammatory Agents		
<i>cromolyn sodium NEBU</i>	1B	QL(8 ML daily)
Bronchodilators - Anticholinergics		
ATROVENT HFA	3	QL(0.44 GM daily)
INCRUSE ELLIPTA	2	QL(1 EA daily)
<i>ipratropium bromide SOLN 0.02 %</i>	1B	QL(15 ML daily)
SPIRIVA RESPIMAT AERS	2	QL(0.14 GM daily)
<i>tiotropium bromide monohydrate CAPS</i>	1B	QL(1 EA daily)
Leukotriene Modulators		

Drug Name	Drug Tier	Requirements/Limits
<i>montelukast sodium CHEW</i>	1B	QL(1 EA daily)
<i>montelukast sodium PACK</i>	1B	QL(1 EA daily)
<i>montelukast sodium TABS</i>	1B	QL(1 EA daily)
<i>zafirlukast</i>	1B	QL(2 EA daily)
<i>zileuton TB12</i>	3	QL(4 EA daily); PA
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
<i>roflumilast</i>	3	QL(1 EA daily)
Steroid Inhalants		
ALVESCO	3	PA
ARNUITY ELLIPTA	2	
<i>budesonide (inhalation) SUSP</i>	1B	QL(4 ML daily); PA
<i>fluticasone propionate (inhalation) AEPB</i>	1B	
<i>fluticasone propionate hfa</i>	1B	QL(0.8 GM daily)
PULMICORT FLEXHALER AEPB	2	
QVAR REDHALER	2	
Sympathomimetics		
AIRDUO DIGIHALER	3	
AIRSUPRA	3	
<i>albuterol sulfate AERS</i>	1B	
<i>albuterol sulfate NEBU</i>	1B	
<i>albuterol sulfate SYRP</i>	1B	
<i>albuterol sulfate TABS</i>	1B	
ANORO ELLIPTA	2	QL(2 EA daily)
<i>arformoterol tartrate</i>	1B	QL(4 ML daily)
BREO ELLIPTA ( <i>fluticasone furoate-vilanterol</i> )	2	
BREO ELLIPTA	2	
BREZTRI AEROSPHERE	2	QL(0.38 GM daily)

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Drug Name	Drug Tier	Requirements/Limits
<i>budesonide-formoterol fumarate dihydrate</i>	1B	
DULERA	2	
<i>fluticasone furoate-vilanterol</i>	1B	
<i>fluticasone-salmeterol AEPB</i>	1B	
<i>fluticasone-salmeterol AERO</i>	1B	
<i>formoterol fumarate NEBU</i>	1B	QL(4 ML daily)
<i>ipratropium-albuterol SOLN</i>	1B	QL(18 ML daily)
<i>levalbuterol hcl</i>	1B	
<i>levalbuterol tartrate</i>	1B	QL(0.5 GM daily)
PROAIR DIGIHALER	3	
PROAIR RESPICLICK AEPB	3	
SEREVENT DISKUS	2	
STIOLTO RESPIMAT	2	
STRIVERDI RESPIMAT	2	
<i>terbutaline sulfate SOLN</i>	1B	
<i>terbutaline sulfate TABS</i>	1B	
TRELEGY ELLIPTA	2	QL(2 EA daily)
<b>Xanthines</b>		
<i>aminophylline SOLN</i>	1B	
<i>theophylline ELIX</i>	1B	
<i>theophylline SOLN</i>	1B	QL(56 ML daily)
<i>theophylline TB12</i>	1B	
<i>theophylline TB24</i>	1B	
<b>ANTICOAGULANTS - Blood Thinners</b>		
<b>Coumarin Anticoagulants</b>		
<i>warfarin sodium TABS</i>	1B	
<b>Direct Factor Xa Inhibitors</b>		

Drug Name	Drug Tier	Requirements/Limits
ELIQUIS DVT/PE STARTER PACK TBPK	2	QL(2.47 EA daily); 1 max fill(s) per 180 day(s) retail
ELIQUIS TABS	2	QL(2 EA daily)
XARELTO STARTER PACK TBPK	2	1 max fill(s) per 365 day(s) retail
XARELTO SUSR	2	QL(900 ML per 30 day(s) retail; 900 ML per 30 days mail)
XARELTO TABS 2.5 MG, 15 MG	2	QL(2 EA daily)
XARELTO TABS 10 MG, 20 MG	2	QL(1 EA daily)
<b>Heparins And Heparinoid-Like Agents</b>		
<i>enoxaparin sodium SOLN IJ 300 MG/3ML</i>	4	QL(6 ML daily)
<i>enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML</i>	4	QL(2 ML daily)
<i>enoxaparin sodium SOSY 40 MG/0.4ML</i>	4	QL(0.8 ML daily; 30 Day(s) limit); SP
<i>enoxaparin sodium SOSY 30 MG/0.3ML</i>	4	QL(0.6 ML daily); SP
<i>enoxaparin sodium SOSY 60 MG/0.6ML</i>	4	QL(1.2 ML daily; 30 Day(s) limit); SP
<i>enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML</i>	4	QL(1.6 ML daily)
<i>fondaparinux sodium 7.5 MG/0.6ML</i>	4	QL(5.4 ML per 180 day(s) retail; 5 ML per 180 days mail); SP
<i>fondaparinux sodium 5 MG/0.4ML</i>	4	QL(3.6 ML per 180 day(s) retail; 4 ML per 180 days mail); SP
<i>fondaparinux sodium 10 MG/0.8ML</i>	4	QL(7.2 ML per 180 day(s) retail; 7 ML per 180 days mail); SP

Drug Name	Drug Tier	Requirements/Limits
<i>fondaparinux sodium 2.5 MG/0.5ML</i>	4	QL(4.5 ML per 180 day(s) retail; 4 ML per 180 days mail); SP
FRAGMIN SOSY	4	SP; PA
HEPARIN (PORCINE) IN NACL SOLN IV 0.45 %-12500 UNIT/250ML	1B	
<i>heparin sodium (porcine) SOLN IJ 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML</i>	1B	
Thrombin Inhibitors		
<i>dabigatran etexilate mesylate CAPS</i>	1B	
<b>ANTICONVULSANTS - Drugs to Treat Seizures</b>		
AMPA Glutamate Receptor Antagonists		
FYCOMPA TABS 8 MG, 10 MG, 12 MG	3	QL(1 EA daily); PA
FYCOMPA TABS 2 MG	3	QL(6 EA daily); PA
FYCOMPA TABS 6 MG	3	QL(2 EA daily); PA
FYCOMPA TABS 4 MG	3	QL(3 EA daily); PA
Anticonvulsants - Benzodiazepines		
<i>clobazam SUSP</i>	1B	QL(16 ML daily); PA
<i>clobazam TABS</i>	1B	QL(2 EA daily); PA
<i>clonazepam TABS</i>	1A	
<i>diazepam (anticonvulsant) GEL</i>	3	5 package(s) per 30 day(s) retail; 5 package(s) per 30 day(s) mail
NAYZILAM	3	QL(10 EA per 30 day(s) retail); PA
VALTOCO 10 MG DOSE LIQD	4	QL(10 EA per 30 day(s) retail); PA

Drug Name	Drug Tier	Requirements/Limits
VALTOCO 15 MG DOSE LQPK	4	QL(10 EA per 30 day(s) retail); PA
VALTOCO 20 MG DOSE LQPK	4	QL(10 EA per 30 day(s) retail); PA
VALTOCO 5 MG DOSE LIQD	4	QL(10 EA per 30 day(s) retail); PA
Anticonvulsants - Misc.		
APTIOM	3	QL(2 EA daily); ST
BANZEL TABS 400 MG ( <i>rufinamide</i> )	2	QL(8 EA daily); PA
BANZEL TABS 200 MG ( <i>rufinamide</i> )	2	QL(2 EA daily); PA
BRIVIACT SOLN PO 10 MG/ML	3	QL(20 ML daily); PA
BRIVIACT TABS	3	QL(2 EA daily); PA
<i>carbamazepine CHEW 100 MG</i>	1B	
<i>carbamazepine CP12 100 MG</i>	1B	
<i>carbamazepine CP12 300 MG</i>	1B	QL(4 EA daily)
<i>carbamazepine CP12 200 MG</i>	1B	QL(6 EA daily)
<i>carbamazepine SUSP</i>	1B	
<i>carbamazepine TABS</i>	1B	
<i>carbamazepine TB12 100 MG, 400 MG</i>	1B	QL(4 EA daily)
<i>carbamazepine TB12 200 MG</i>	1B	QL(6 EA daily)
DIACOMIT CAPS 500 MG	4	QL(6 EA daily); PA
DIACOMIT CAPS 250 MG	4	QL(12 EA daily); PA
DIACOMIT PACK 250 MG	4	QL(12 EA daily); PA
DIACOMIT PACK 500 MG	4	QL(6 EA daily); PA
EPIDIOLEX	3	PA
<i>gabapentin CAPS</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>gabapentin SOLN</i>	1B	QL(60 ML daily)	TEGRETOL SUSP ( <i>carbamazepine</i> )	2	
<i>gabapentin TABS 600 MG, 800 MG</i>	1B		TEGRETOL TABS ( <i>carbamazepine</i> )	2	
<i>lacosamide SOLN PO 10 MG/ML, 50 MG/5ML, 100 MG/10ML</i>	1B	QL(40 ML daily)	<i>topiramate CPSP 15 MG</i>	1B	QL(6 EA daily)
<i>lacosamide TABS</i>	1B	QL(2 EA daily)	<i>topiramate CPSP 25 MG</i>	1B	QL(8 EA daily)
<i>lamotrigine CHEW 25 MG</i>	1B	QL(20 EA daily)	<i>topiramate CS24</i>	3	PA
<i>lamotrigine CHEW 5 MG</i>	1B	QL(100 EA daily)	<i>topiramate TABS 50 MG</i>	1B	QL(6 EA daily)
<i>lamotrigine TABS</i>	1B		<i>topiramate TABS 200 MG</i>	1B	QL(2 EA daily)
<i>lamotrigine TBDP</i>	1B	QL(1 EA daily)	<i>topiramate TABS 25 MG, 100 MG</i>	1B	QL(4 EA daily)
<i>levetiracetam SOLN IV 500 MG/5ML</i>	1B	QL(30 ML daily)	<i>zonisamide CAPS</i>	1B	QL(6 EA daily)
<i>levetiracetam TABS 250 MG, 750 MG</i>	1B	QL(4 EA daily)	<b>Carbamates</b>		
<i>levetiracetam TABS 1000 MG</i>	1B	QL(3 EA daily)	<i>felbamate SUSP</i>	1B	QL(30 ML daily)
<i>levetiracetam TABS 500 MG</i>	1B	QL(6 EA daily)	<i>felbamate TABS 600 MG</i>	1B	QL(6 EA daily)
<i>levetiracetam TB24</i>	1B	QL(4 EA daily)	<i>felbamate TABS 400 MG</i>	1B	QL(9 EA daily)
<i>oxcarbazepine SUSP</i>	1B	QL(40 ML daily)	<b>GABA Modulators</b>		
<i>oxcarbazepine TABS 150 MG, 300 MG</i>	1B	QL(3 EA daily)	<i>tiagabine hcl</i>	1B	
<i>oxcarbazepine TABS 600 MG</i>	1B	QL(4 EA daily)	<i>vigabatrin PACK</i>	4	QL(6 EA daily); SP; PA
<i>pregabalin CAPS 225 MG, 300 MG</i>	3	QL(2 EA daily); PA	<i>vigabatrin TABS</i>	4	QL(6 EA daily); SP; PA
<i>pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG</i>	3	QL(3 EA daily); PA	<b>Hydantoins</b>		
<i>pregabalin SOLN</i>	3	QL(30 ML daily); PA	DILANTIN	2	
<i>primidone 50 MG, 250 MG</i>	1B		DILANTIN ( <i>phenytoin sodium extended</i> )	2	
<i>rufinamide SUSP</i>	1B	QL(80 ML daily); PA	DILANTIN INFATABS CHEW ( <i>phenytoin</i> )	2	
<i>rufinamide TABS 400 MG</i>	1B	QL(8 EA daily); PA	DILANTIN-125 SUSP ( <i>phenytoin</i> )	2	
<i>rufinamide TABS 200 MG</i>	1B	QL(2 EA daily); PA	DILANTIN SUSP ( <i>phenytoin</i> )	2	
			<i>fosphenytoin sodium</i>	1B	
			<i>phenytoin sodium extended 100 MG, 200 MG, 300 MG</i>	1B	
			<i>phenytoin sodium SOLN</i>	1B	
			<i>phenytoin CHEW</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>phenytoin SUSP</i>	1B	
<b>Succinimides</b>		
<i>ethosuximide CAPS</i>	1B	QL(6 EA daily)
<i>ethosuximide SOLN</i>	1B	QL(30 ML daily)
<i>methsuximide</i>	1B	QL(4 EA daily)
ZARONTIN CAPS ( <i>ethosuximide</i> )	2	QL(6 EA daily)
<b>Valproic Acid</b>		
<i>divalproex sodium TB24</i>	1B	
<i>divalproex sodium TBEC</i>	1B	
<i>valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML</i>	1B	
<i>valproic acid CAPS</i>	1B	
<b>ANTIDEPRESSANTS - Drugs to Treat Depression</b>		
<b>Alpha-2 Receptor Antagonists (Tetracyclics)</b>		
<i>mirtazapine TABS 15 MG</i>	1B	QL(3 EA daily)
<i>mirtazapine TABS 30 MG</i>	1B	QL(1.5 EA daily)
<i>mirtazapine TABS 7.5 MG, 45 MG</i>	1B	QL(1 EA daily)
<i>mirtazapine TBDP 15 MG</i>	1B	QL(3 EA daily)
<i>mirtazapine TBDP 45 MG</i>	1B	QL(1 EA daily)
<i>mirtazapine TBDP 30 MG</i>	1B	QL(1.5 EA daily)
<b>Antidepressants - Misc.</b>		
<i>bupropion hcl TABS</i>	1B	+; QL(3 EA daily)
<i>bupropion hcl TB12 150 MG</i>	1B	+; QL(3 EA daily)
<i>bupropion hcl TB12 200 MG</i>	1B	+; QL(2 EA daily)
<i>bupropion hcl TB12 100 MG</i>	1B	+; QL(4 EA daily)
<i>bupropion hcl TB24 300 MG</i>	1B	QL(1 EA daily)
<i>bupropion hcl TB24 150 MG</i>	1B	QL(3 EA daily)

Drug Name	Drug Tier	Requirements/Limits
<b>Monoamine Oxidase Inhibitors (MAOIs)</b>		
EMSAM	3	QL(1 EA daily)
MARPLAN	2	QL(6 EA daily)
<i>phenelzine sulfate</i>	1B	
<i>tranylcypromine sulfate</i>	1B	
<b>N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists</b>		
SPRAVATO (56 MG DOSE)	4	PA
SPRAVATO (84 MG DOSE)	4	PA
<b>Selective Serotonin Reuptake Inhibitors (SSRIs)</b>		
<i>citalopram hydrobromide SOLN</i>	1B	QL(20 ML daily)
<i>citalopram hydrobromide TABS 20 MG</i>	1B	#; QL(2 EA daily)
<i>citalopram hydrobromide TABS 40 MG</i>	1B	#; QL(1 EA daily)
<i>citalopram hydrobromide TABS 10 MG</i>	1B	#; QL(4 EA daily)
<i>escitalopram oxalate SOLN</i>	1B	QL(20 ML daily)
<i>escitalopram oxalate TABS 20 MG</i>	1B	+; QL(1 EA daily)
<i>escitalopram oxalate TABS 5 MG</i>	1B	+; QL(4 EA daily)
<i>escitalopram oxalate TABS 10 MG</i>	1B	+; QL(2 EA daily)
<i>fluoxetine hcl CAPS 20 MG</i>	1B	#; QL(3 EA daily)
<i>fluoxetine hcl CAPS 10 MG</i>	1A	#; QL(1 EA daily)
<i>fluoxetine hcl CAPS 40 MG</i>	1B	#; QL(2 EA daily)
<i>fluoxetine hcl CPDR</i>	1B	
<i>fluoxetine hcl SOLN</i>	1B	QL(20 ML daily)
<i>fluoxetine hcl TABS 10 MG, 60 MG</i>	1B	QL(1 EA daily)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>fluoxetine hcl TABS 20 MG</i>	1B	QL(3 EA daily)	<i>desvenlafaxine succinate 100 MG</i>	1B	QL(4 EA daily)
<i>fluvoxamine maleate TABS 25 MG, 50 MG</i>	1B	+; QL(2 EA daily)	<i>duloxetine hcl CPEP 20 MG, 30 MG, 60 MG</i>	1B	#; QL(2 EA daily)
<i>fluvoxamine maleate TABS 100 MG</i>	1B	+; QL(3 EA daily)	<i>duloxetine hcl CPEP 40 MG</i>	1B	#
<i>paroxetine hcl SUSP</i>	1B	QL(30 ML daily)	FETZIMA TITRATION C4PK	3	PA
<i>paroxetine hcl TABS 10 MG</i>	1B	#; QL(6 EA daily)	FETZIMA CP24	3	QL(1 EA daily); PA
<i>paroxetine hcl TABS 30 MG</i>	1B	#; QL(2 EA daily)	<i>venlafaxine hcl CP24 37.5 MG</i>	1B	+; QL(4 EA daily)
<i>paroxetine hcl TABS 40 MG</i>	1B	#; QL(1 EA daily)	<i>venlafaxine hcl CP24 75 MG</i>	1B	+; QL(5 EA daily)
<i>paroxetine hcl TABS 20 MG</i>	1B	#; QL(3 EA daily)	<i>venlafaxine hcl CP24 150 MG</i>	1B	+; QL(2 EA daily)
<i>paroxetine hcl TB24 25 MG, 37.5 MG</i>	1B	QL(2 EA daily)	<i>venlafaxine hcl TABS</i>	1B	#; QL(3 EA daily)
<i>paroxetine hcl TB24 12.5 MG</i>	1B	QL(1 EA daily)	<i>venlafaxine hcl TB24 37.5 MG, 75 MG, 225 MG</i>	1B	QL(1 EA daily)
<i>sertraline hcl CONC</i>	1B	QL(10 ML daily)	<i>venlafaxine hcl TB24 150 MG</i>	1B	QL(2 EA daily)
<i>sertraline hcl TABS 25 MG, 50 MG</i>	1B	#; QL(4 EA daily)	<b>Tricyclic Agents</b>		
<i>sertraline hcl TABS 100 MG</i>	1B	#; QL(2 EA daily)	<i>amitriptyline hcl TABS</i>	1B	#
<b>Serotonin Modulators</b>			<i>amoxapine</i>	1B	
<i>nefazodone hcl</i>	1B		<i>clomipramine hcl</i>	1B	
<i>trazodone hcl TABS</i>	1B		<i>desipramine hcl TABS</i>	1B	
TRINTELLIX	3	QL(1 EA daily); PA	<i>doxepin hcl CAPS</i>	1B	
VIIBRYD STARTER PACK KIT	3	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail	<i>doxepin hcl CONC</i>	1B	
<i>vilazodone hcl TABS</i>	1B	QL(1 EA daily)	<i>imipramine hcl TABS</i>	1B	+
<b>Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)</b>			<i>imipramine pamoate</i>	1B	
<i>desvenlafaxine succinate 25 MG, 50 MG</i>	1B	QL(1 EA daily)	<i>nortriptyline hcl CAPS</i>	1B	
			<i>nortriptyline hcl SOLN</i>	1B	
			<i>protriptyline hcl</i>	1B	
			<i>trimipramine maleate CAPS</i>	1B	
<b>ANTIDIABETICS - Drugs to Regulate Blood Sugar</b>					
<b>Alpha-Glucosidase Inhibitors</b>					
<i>acarbose</i>				1B	QL(3 EA daily)

Drug Name	Drug Tier	Requirements/Limits
<i>migliol</i>	1B	QL(3 EA daily)
<b>Antidiabetic Combinations</b>		
<i>alogliptin-metformin hcl</i>	1B	QL(2 EA daily); PA
<i>alogliptin-pioglitazone 15 MG-25 MG, 30 MG-25 MG, 45 MG-25 MG</i>	1B	QL(1 EA daily); PA
<i>alogliptin-pioglitazone 30 MG-12.5 MG, 45 MG-12.5 MG</i>	1B	QL(2 EA daily); PA
<i>dapagliflozin propanediol-metformin hcl 1000 MG-10 MG</i>	2	QL(1 EA daily)
<i>dapagliflozin propanediol-metformin hcl 1000 MG-5 MG</i>	2	QL(2 EA daily)
<i>glipizide-metformin hcl 250 MG-2.5 MG, 500 MG-2.5 MG</i>	1B	+; QL(2 EA daily)
<i>glipizide-metformin hcl 500 MG-5 MG</i>	1B	+; QL(4 EA daily)
<i>glyburide-metformin 250 MG-1.25 MG</i>	1B	+; QL(2 EA daily)
<i>glyburide-metformin 500 MG-2.5 MG, 500 MG-5 MG</i>	1B	+; QL(4 EA daily)
GLYXAMBI	2	QL(1 EA daily)
JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG	2	QL(2 EA daily)
JANUMET XR TB24 1000 MG-100 MG	2	QL(1 EA daily)
JANUMET TABS	2	QL(2 EA daily)
<i>pioglitazone hcl-glimepiride</i>	1B	QL(1 EA daily)
<i>pioglitazone hcl-metformin hcl TABS</i>	1B	QL(2 EA daily)
<i>saxagliptin-metformin hcl 1000 MG-2.5 MG</i>	1B	QL(2 EA daily)
<i>saxagliptin-metformin hcl 1000 MG-5 MG, 500 MG-5 MG</i>	1B	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/Limits
SOLQUA	2	QL(0.5 ML daily); PA
SYNJARDY XR TB24 1000 MG-25 MG	2	QL(1 EA daily)
SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-12.5 MG, 1000 MG-5 MG	2	QL(2 EA daily)
SYNJARDY TABS	2	QL(2 EA daily)
TRIJARDY XR 1000 MG-2.5 MG-12.5 MG, 1000 MG-2.5 MG-5 MG	2	QL(2 EA daily)
TRIJARDY XR 1000 MG-5 MG-10 MG, 1000 MG-5 MG-25 MG	2	QL(1 EA daily)
XIGDUO XR ( <i>dapagliflozin propanediol-metformin hcl</i> )	2	QL(1 EA daily)
XIGDUO XR ( <i>dapagliflozin propanediol-metformin hcl</i> )	2	QL(2 EA daily)
XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG	2	QL(2 EA daily)
XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG, 500 MG-5 MG	2	QL(1 EA daily)
XULTOPHY	2	QL(0.5 ML daily); PA
<b>Biguanides</b>		
<i>metformin hcl TABS 1000 MG</i>	1B	+; QL(2.5 EA daily)
<i>metformin hcl TABS 850 MG</i>	0	QL(3 EA daily)
<i>metformin hcl TABS 500 MG</i>	1B	+; QL(5 EA daily)
<i>metformin hcl TB24 750 MG</i>	1B	+; QL(3 EA daily)
<i>metformin hcl TB24 500 MG</i>	1B	+; QL(4 EA daily)
<b>Diabetic Other</b>		
<i>diazoxide</i>	3	
<i>glucagon (rdna)</i>	1B	+; QL(0.035 EA daily)

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Drug Name	Drug Tier	Requirements/Limits
<b>Dipeptidyl Peptidase-4 (DPP-4) Inhibitors</b>		
<i>alogliptin benzoate</i>	1B	QL(1 EA daily)
JANUVIA	2	QL(1 EA daily)
<i>saxagliptin hcl</i>	1B	QL(1 EA daily)
<b>Incretin Mimetic Agents</b>		
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	2	QL(0.054 ML daily); PA
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	2	QL(0.108 ML daily); PA
OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	2	QL(0.108 ML daily); PA
OZEMPIC (2 MG/DOSE) SOPN	2	QL(0.108 ML daily); PA
RYBELSUS TABS	2	QL(1 EA daily); PA
TRULICITY	2	QL(0.143 ML daily); PA
VICTOZA ( <i>liraglutide</i> )	2	QL(0.3 ML daily); PA
<b>Insulin</b>		
APIDRA SOLOSTAR SOPN	3	PA
APIDRA SOLN	3	PA
HUMULIN R U-500 (CONCENTRATED) SOLN SC	2	#: QL(1.34 ML daily)
HUMULIN R U-500 KWIKPEN SOPN SC	2	#: QL(1.34 ML daily)
INSULIN ASP PROT & ASP FLEXPEN SUPN	1B	#
INSULIN ASPART FLEXPEN SOPN	1B	#
INSULIN ASPART PENFILL SOCT	1B	#
INSULIN ASPART PROT & ASPART SUSP	1B	#
INSULIN ASPART SOLN IJ	1B	#
INSULIN DEGLUDEC FLEXTOUCH SOPN	2	#

Drug Name	Drug Tier	Requirements/Limits
INSULIN DEGLUDEC SOLN	2	#
INSULIN LISPRO SOLN IJ	2	
NOVOLIN 70/30 FLEXPEN SUPN	2	#
NOVOLIN 70/30 SUSP	2	#
NOVOLIN N FLEXPEN SUPN	2	#
NOVOLIN N SUSP	2	#
NOVOLIN R FLEXPEN SOPN IJ	2	#
NOVOLIN R SOLN IJ	2	#
REZVOGLAR KWIKPEN	3	PA
SEMGLEE (YFGN) SOLN	2	#
SEMGLEE (YFGN) SOPN	2	#
<b>Insulin Sensitizing Agents</b>		
<i>pioglitazone hcl</i>	1B	+: QL(1 EA daily)
<b>Meglitinide Analogues</b>		
<i>nateglinide</i>	1B	QL(3 EA daily)
<i>repaglinide 2 MG</i>	1B	QL(8 EA daily)
<i>repaglinide 0.5 MG, 1 MG</i>	1B	QL(4 EA daily)
<b>Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors</b>		
<i>dapagliflozin propanediol</i>	2	QL(1 EA daily)
FARXIGA ( <i>dapagliflozin propanediol</i> )	2	QL(1 EA daily)
JARDIANCE	2	QL(1 EA daily)
<b>Sulfonylureas</b>		
<i>glimepiride 1 MG, 2 MG</i>	1B	+: QL(4 EA daily)
<i>glimepiride 4 MG</i>	1B	+: QL(2 EA daily)
<i>glipizide TABS 5 MG, 10 MG</i>	1B	+: QL(4 EA daily)
<i>glipizide TB24</i>	1B	+: QL(2 EA daily)
<i>glyburide micronized 1.5 MG, 3 MG, 6 MG</i>	1B	+: QL(4 EA daily)

Drug Name	Drug Tier	Requirements/Limits
<i>glyburide TABS</i>	1B	+; QL(4 EA daily)
<b>ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea</b>		
Antiperistaltic Agents		
<i>diphenoxylate w/ atropine LIQD</i>	1B	
<i>diphenoxylate w/ atropine TABS</i>	1B	
<i>loperamide hcl CAPS</i>	1B	RX/OTC
MOTOFEN	3	
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>		
Antidotes - Chelating Agents		
CHEMET	3	
<i>deferasirox PACK</i>	4	PA
<i>deferasirox TABS</i>	4	SP; PA
<i>deferasirox TBSO</i>	4	SP; PA
Antidotes and Specific Antagonists		
VISTOGARD	4	PA
Opioid Antagonists		
<i>naloxone hcl LIQD</i>	1B	QL(2 EA per fill retail); 2 max fill(s) per 30 day(s) retail; RX/OTC
<i>naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML</i>	1B	
<i>naltrexone hcl</i>	1B	
<b>ANTIEMETICS - Drugs to Treat Nausea and Vomiting</b>		
5-HT3 Receptor Antagonists		
ANZEMET TABS 50 MG	3	QL(0.167 EA daily); PA
<i>granisetron hcl SOLN IV 1 MG/ML</i>	1B	
<i>granisetron hcl TABS</i>	1B	QL(0.34 EA daily)

Drug Name	Drug Tier	Requirements/Limits
<i>ondansetron hcl SOLN IJ 4 MG/2ML</i>	1B	
<i>ondansetron hcl SOLN PO 4 MG/5ML</i>	1B	QL(3.34 ML daily)
<i>ondansetron hcl SOSY</i>	1B	
<i>ondansetron hcl TABS 4 MG</i>	1B	QL(4 EA daily; 60 EA per fill retail; 60 per fill mail)
<i>ondansetron hcl TABS 24 MG</i>	1B	QL(0.143 EA daily)
<i>ondansetron hcl TABS 8 MG</i>	1B	QL(3 EA daily; 45 EA per fill retail; 45 per fill mail)
<i>ondansetron TBDP 8 MG</i>	1B	
<i>ondansetron TBDP 4 MG</i>	1B	QL(1 EA daily)
<i>palonosetron hcl SOLN</i>	1B	
Antiemetics - Anticholinergic		
<i>meclizine hcl TABS 25 MG</i>	1B	RX/OTC
<i>meclizine hcl TABS 12.5 MG</i>	1A	RX/OTC
<i>scopolamine</i>	1B	QL(0.34 EA daily)
<i>trimethobenzamide hcl CAPS</i>	1B	
Antiemetics - Miscellaneous		
AKYNZEO	3	PA
<i>doxylamine-pyridoxine TBEC</i>	1B	QL(4 EA daily); 3 max fill(s) per 365 day(s) retail; 3 max fill(s) per 365 day(s) mail; PA
<i>dronabinol CAPS</i>	1B	
Substance P/Neurokinin 1 (NK1) Receptor Antagonists		
<i>aprepitant CAPS 80 MG</i>	1B	QL(0.134 EA daily)
<i>aprepitant CAPS 40 MG, 125 MG</i>	1B	QL(0.067 EA daily)

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Drug Name	Drug Tier	Requirements/Limits
<i>aprepitant CAPS</i>	1B	PA
<i>aprepitant MISC</i>	1B	PA
VARUBI (180 MG DOSE) TBPB	3	PA
<b>ANTIFUNGALS - Drugs to Treat Fungal Infections</b>		
Antifungal - Glucan Synthesis Inhibitors		
<i>caspofungin acetate</i>	1B	
ERAXIS	3	
<i>micafungin sodium</i>	1B	PA
Antifungals		
ABELCET	3	
<i>amphotericin b IV</i>	3	
<i>amphotericin b liposome</i>	3	
<i>flucytosine</i>	1B	
<i>griseofulvin microsize SUSP</i>	1B	AL(At least 2 yrs old)
<i>griseofulvin microsize TABS</i>	1B	
<i>griseofulvin ultramicrosize</i>	1B	
<i>nystatin TABS</i>	1B	
<i>terbinafine hcl TABS</i>	1B	QL(1 EA daily)
Imidazole-Related Antifungals		
CRESEMBA CAPS 186 MG	3	PA
<i>fluconazole SUSP</i>	1B	
<i>fluconazole TABS</i>	1B	
<i>itraconazole CAPS</i>	1B	QL(4 EA daily); PA
<i>itraconazole SOLN</i>	1B	QL(20 ML daily); PA
<i>ketoconazole</i>	1B	
<i>posaconazole SUSP</i>	3	QL(20 ML daily)
TOLSURA CAPS	4	PA
<i>voriconazole TABS</i>	1B	QL(4 EA daily)
<b>ANTIHISTAMINES - Drugs to Treat Allergies</b>		
Antihistamines - Alkylamines		

Drug Name	Drug Tier	Requirements/Limits
<i>dexchlorpheniramine maleate SOLN</i>	1B	
Antihistamines - Ethanolamines		
<i>carbinoxamine maleate SOLN</i>	1B	
<i>carbinoxamine maleate TABS 4 MG</i>	1B	
<i>clemastine fumarate SYRP</i>	1B	
<i>clemastine fumarate TABS 2.68 MG</i>	1B	
<i>diphenhydramine hcl CAPS 50 MG</i>	1A	
<i>diphenhydramine hcl ELIX 12.5 MG/5ML</i>	1B	
<i>diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML</i>	1B	QL(20 ML daily)
<i>diphenhydramine hcl SOLN 50 MG/ML</i>	1B	
Antihistamines - Non-Sedating		
<i>cetirizine hcl TABS</i>	1A	QL(1 EA daily)
<i>desloratadine TABS</i>	1B	QL(1 EA daily)
<i>desloratadine TBDP 2.5 MG</i>	1B	QL(1 EA daily)
<i>levocetirizine dihydrochloride SOLN</i>	1B	QL(10 ML daily); RX/OTC
<i>levocetirizine dihydrochloride TABS</i>	1B	QL(1 EA daily); RX/OTC
<i>loratadine CAPS</i>	1B	
<i>loratadine CHEW</i>	1B	
<i>loratadine SOLN</i>	1B	
<i>loratadine TABS</i>	1A	
<i>loratadine TBDP</i>	1B	
QUZYTIR SOLN IV	3	PA
Antihistamines - Phenothiazines		
<i>promethazine hcl SOLN PO 6.25 MG/5ML</i>	1B	
<i>promethazine hcl SUPP 50 MG</i>	1B	

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Drug Name	Drug Tier	Requirements/Limits
<i>promethazine hcl SUPP 12.5 MG, 25 MG</i>	1B	QL(6 EA daily)
<i>promethazine hcl TABS</i>	1B	
<b>Antihistamines - Piperidines</b>		
<i>cyproheptadine hcl SYRP</i>	1B	
<i>cyproheptadine hcl TABS</i>	1B	
<b>ANTIHYPERTENSIVES - Drugs to Treat High Cholesterol</b>		
<b>Antihyperlipidemics - Combinations</b>		
<i>ezetimibe-simvastatin</i>	1B	QL(1 EA daily)
<b>Antihyperlipidemics - Misc.</b>		
<i>icosapent ethyl 1 GM</i>	1B	QL(4 EA daily); PA
<i>omega-3-acid ethyl esters</i>	1B	+; QL(4 EA daily)
<b>Bile Acid Sequestrants</b>		
<i>cholestyramine light PACK</i>	1B	QL(6 EA daily)
<i>cholestyramine light POWD</i>	1B	QL(24 GM daily)
<i>cholestyramine PACK</i>	1B	QL(6 EA daily)
<i>cholestyramine POWD</i>	1B	QL(25.2 GM daily)
<i>colesevelam hcl PACK</i>	1B	QL(1 EA daily); PA
<i>colesevelam hcl TABS</i>	1B	QL(7 EA daily)
<i>colestipol hcl GRAN</i>	1B	QL(6 GM daily)
<i>colestipol hcl PACK</i>	1B	QL(6 EA daily)
<i>colestipol hcl TABS</i>	1B	QL(16 EA daily)
<b>Fibric Acid Derivatives</b>		
<i>choline fenofibrate</i>	1B	+; QL(1 EA daily)
<i>fenofibrate micronized 67 MG, 134 MG, 200 MG</i>	1B	+; QL(1 EA daily)
<i>fenofibrate micronized 43 MG, 130 MG</i>	1B	QL(1 EA daily)
<i>fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG</i>	1B	+; QL(1 EA daily)

Drug Name	Drug Tier	Requirements/Limits
<i>gemfibrozil TABS</i>	1B	+; QL(2 EA daily)
<b>HMG CoA Reductase Inhibitors</b>		
<i>atorvastatin calcium TABS</i>	1B	+; QL(1 EA daily)
<i>fluvastatin sodium CAPS 40 MG</i>	1B	QL(2 EA daily)
<i>fluvastatin sodium CAPS 20 MG</i>	1B	QL(1 EA daily)
<i>lovastatin TABS 10 MG, 20 MG</i>	1B	+; QL(1 EA daily); PV
<i>lovastatin TABS 40 MG</i>	1B	+; QL(2 EA daily); PV
<i>pravastatin sodium</i>	1B	+; QL(1 EA daily)
<i>rosuvastatin calcium TABS</i>	3	QL(1 EA daily)
<i>simvastatin TABS</i>	1B	+; QL(1 EA daily)
<b>Intestinal Cholesterol Absorption Inhibitors</b>		
<i>ezetimibe</i>	1B	+; QL(1 EA daily)
<b>Nicotinic Acid Derivatives</b>		
<i>niacin (antihyperlipidemic) TBCR</i>	1B	QL(2 EA daily)
<b>Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors</b>		
<i>REPATHA PUSHTRONEX SYSTEM SOCT</i>	4	QL(0.25 ML daily); PA
<i>REPATHA SURECLICK SOAJ</i>	4	QL(0.0714 ML daily); PA
<i>REPATHA SOSY</i>	4	QL(0.0714 ML daily); PA
<b>ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure</b>		
<b>ACE Inhibitors</b>		
<i>benazepril hcl</i>	1B	+
<i>captopril 12.5 MG</i>	1B	
<i>captopril 25 MG, 50 MG, 100 MG</i>	1B	QL(3 EA daily)

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Drug Name	Drug Tier	Requirements/Limits
<i>enalapril maleate TABS</i>	1B	+
<i>fosinopril sodium</i>	1B	+
<i>lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i>	1B	+
<i>moexipril hcl</i>	1B	QL(2 EA daily)
<i>perindopril erbumine 4 MG</i>	1B	
<i>perindopril erbumine 2 MG, 8 MG</i>	1B	QL(2 EA daily)
<i>quinapril hcl 5 MG, 10 MG</i>	1B	QL(2 EA daily)
<i>quinapril hcl 20 MG, 40 MG</i>	1B	
<i>ramipril CAPS</i>	1B	+
<i>trandolapril 1 MG, 2 MG</i>	1B	+; QL(1 EA daily)
<i>trandolapril 4 MG</i>	1B	+; QL(2 EA daily)
<b>Agents for Pheochromocytoma</b>		
<i>phenoxybenzamine hcl</i>	3	PA
<b>Angiotensin II Receptor Antagonists</b>		
<i>candesartan cilexetil</i>	1B	QL(1 EA daily)
EDARBI	3	QL(1 EA daily); ST
<i>irbesartan</i>	1B	+; QL(1 EA daily)
<i>losartan potassium</i>	1B	+; QL(1 EA daily)
<i>olmesartan medoxomil</i>	1B	+; QL(1 EA daily)
<i>telmisartan</i>	1B	QL(1 EA daily)
<i>valsartan TABS</i>	1B	+; QL(1 EA daily)
<b>Antiadrenergic Antihypertensives</b>		
<i>clonidine hcl TABS</i>	1B	+; QL(8 EA daily)
<i>clonidine PTWK</i>	3	QL(0.15 EA daily)
<i>doxazosin mesylate</i>	1B	
<i>guanfacine hcl</i>	1B	
<i>methyldopa TABS</i>	1B	QL(6 EA daily)

Drug Name	Drug Tier	Requirements/Limits
<i>prazosin hcl CAPS</i>	1B	QL(4 EA daily)
<i>terazosin hcl</i>	1B	
<b>Antihypertensive Combinations</b>		
<i>amlodipine besylate-benazepril hcl</i>	1B	
<i>amlodipine besylate-olmesartan medoxomil</i>	1B	ST
<i>amlodipine besylate-valsartan</i>	1B	QL(1 EA daily)
<i>amlodipine-valsartan-hydrochlorothiazide</i>	3	
<i>atenolol &amp; chlorthalidone</i>	1B	
<i>benazepril &amp; hydrochlorothiazide 12.5 MG-20 MG, 6.25 MG-5 MG</i>	1B	
<i>benazepril &amp; hydrochlorothiazide 12.5 MG-10 MG, 25 MG-20 MG</i>	1B	QL(1 EA daily)
<i>bisoprolol &amp; hydrochlorothiazide</i>	1B	QL(2 EA daily)
<i>candesartan cilexetil-hydrochlorothiazide</i>	1B	
<i>enalapril maleate &amp; hydrochlorothiazide 12.5 MG-5 MG</i>	1B	QL(2 EA daily)
<i>enalapril maleate &amp; hydrochlorothiazide 25 MG-10 MG</i>	1B	
<i>fosinopril sodium &amp; hydrochlorothiazide</i>	1B	QL(1 EA daily)
<i>irbesartan-hydrochlorothiazide</i>	1B	+
<i>lisinopril &amp; hydrochlorothiazide</i>	1B	+
<i>losartan potassium &amp; hydrochlorothiazide 12.5 MG-100 MG, 25 MG-100 MG</i>	1B	+; QL(1 EA daily)
<i>losartan potassium &amp; hydrochlorothiazide 12.5 MG-50 MG</i>	1B	+; QL(2 EA daily)

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Drug Name	Drug Tier	Requirements/Limits
<i>metoprolol &amp; hydrochlorothiazide TABS 25 MG-50 MG</i>	1B	QL(1 EA daily)
<i>metoprolol &amp; hydrochlorothiazide TABS 25 MG-100 MG, 50 MG-100 MG</i>	1B	
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	1B	ST
<i>olmesartan medoxomil-hydrochlorothiazide</i>	1B	
<i>quinapril-hydrochlorothiazide 25 MG-20 MG</i>	1B	QL(2 EA daily)
<i>quinapril-hydrochlorothiazide 12.5 MG-10 MG</i>	1B	QL(3 EA daily)
<i>quinapril-hydrochlorothiazide 12.5 MG-20 MG</i>	1B	QL(4 EA daily)
<i>telmisartan-amlodipine</i>	1B	QL(1 EA daily)
<i>telmisartan-hydrochlorothiazide</i>	1B	QL(1 EA daily)
<i>trandolapril-verapamil hcl 180 MG-2 MG, 240 MG-1 MG</i>	3	
<i>trandolapril-verapamil hcl 240 MG-2 MG, 240 MG-4 MG</i>	3	QL(1 EA daily)
<i>valsartan-hydrochlorothiazide</i>	1B	QL(1 EA daily)
Antihypertensives - Misc.		
VECAMYL	3	PA
Direct Renin Inhibitors		
<i>aliskiren fumarate</i>	1B	QL(1 EA daily)
Selective Aldosterone Receptor Antagonists (SARAs)		
<i>eplerenone</i>	1B	
Vasodilators		

Drug Name	Drug Tier	Requirements/Limits
<i>hydralazine hcl SOLN</i>	1B	
<i>hydralazine hcl TABS</i>	1B	+
<i>minoxidil 2.5 MG, 10 MG</i>	1B	+
<b>ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections</b>		
Anti-infective Agents - Misc.		
<i>bacitracin</i>	3	
IMPAVIDO	3	QL(3 EA daily); PA
<i>metronidazole TABS 250 MG, 500 MG</i>	1B	
<i>trimethoprim TABS</i>	1B	
XIFAXAN 550 MG	3	QL(3 EA daily); AL(At least 12 yrs old); PA
XIFAXAN 200 MG	3	QL(3 EA daily); 9 EA per 3 day(s) retail; 9 EA per 3 days mail); AL(At least 12 yrs old); PA
Anti-infective Misc. - Combinations		
<i>sulfamethoxazole-trimethoprim SOLN</i>	1B	
<i>sulfamethoxazole-trimethoprim SUSP</i>	1B	
<i>sulfamethoxazole-trimethoprim TABS</i>	1A	
Antiprotozoal Agents		
ALINIA SUSR	2	PA
<i>atovaquone</i>	1B	
<i>nitazoxanide TABS</i>	1B	PA
Carbapenems		
<i>ertapenem sodium IJ</i>	1B	
<i>imipenem-cilastatin IV</i>	1B	
<i>meropenem</i>	1B	
Chloramphenicols		

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Drug Name	Drug Tier	Requirements/Limits
<i>chloramphenicol sodium succinate</i>	4	SP; PA
Cyclic Lipopeptides		
<i>daptomycin 500 MG</i>	1B	
Glycopeptides		
<i>vancomycin hcl CAPS</i>	1B	QL(4 EA daily; 40 EA per fill retail)
<i>vancomycin hcl SOLR IV 1 GM, 10 GM, 500 MG</i>	1B	
<i>vancomycin hcl SOLR PO 25 MG/ML, 50 MG/ML, 250 MG/5ML</i>	1B	QL(300 ML per fill retail)
Leprostatics		
<i>dapsone</i>	1B	
Lincosamides		
<i>clindamycin hcl</i>	1B	
<i>clindamycin palmitate hydrochloride</i>	1B	
<i>clindamycin phosphate SOLN IJ 9 GM/60ML, 300 MG/2ML, 600 MG/4ML, 900 MG/6ML, 9000 MG/60ML</i>	1B	
<i>lincomycin hcl</i>	1B	
Monobactams		
<i>aztreonam 1 GM</i>	1B	
CAYSTON	4	QL(3 ML daily); PA
Oxazolidinones		
<i>linezolid SUSR</i>	1B	
<i>linezolid TABS</i>	1B	QL(2 EA daily); PA
SIVEXTRO TABS	3	PA
Polymyxins		
<i>polymyxin b sulfate SOLR</i>	1B	
Urinary Anti-infectives		
<i>fosfomycin tromethamine</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>methenamine hippurate</i>	1B	
<i>nitrofurantoin</i>	1B	
<i>nitrofurantoin macrocrystal 50 MG, 100 MG</i>	1B	
<i>nitrofurantoin monohyd macro</i>	1B	
<b>ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)</b>		
Antimalarial Combinations		
<i>atovaquone-proguanil hcl</i>	1B	Covered for malaria treatment only. Limit 1 fill every 180 days; QL(12 EA per fill retail; 12 per fill mail); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
COARTEM	2	Covered for malaria treatment only. Limit 1 fill every 180 days; QL(24 EA per fill retail; 24 per fill mail); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
Antimalarials		
<i>chloroquine phosphate TABS 250 MG</i>	1B	QL(3 EA daily)
<i>chloroquine phosphate TABS 500 MG</i>	1B	
<i>hydroxychloroquine sulfate 200 MG</i>	1B	QL(3 EA daily)
<i>hydroxychloroquine sulfate 400 MG</i>	1B	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/Limits
<i>hydroxychloroquine sulfate 100 MG</i>	1B	QL(4 EA daily)
KRINTAFEL	3	QL(2 EA per 30 day(s) retail)
<i>mefloquine hcl</i>	1B	Covered for malaria treatment only. Limit 1 fill every 180 days; QL(5 EA daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
<i>primaquine phosphate TABS</i>	3	
<i>pyrimethamine</i>	1B	QL(3 EA daily); PA
<i>quinine sulfate CAPS 324 MG</i>	1B	PA
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
Antimyasthenic/Cholinergic Agents		
FIRDAPSE	4	PA
<i>neostigmine methylsulfate SOSY</i>	3	PA
<i>pyridostigmine bromide SOLN PO</i>	1B	
<i>pyridostigmine bromide TABS 60 MG</i>	1B	
<i>pyridostigmine bromide TBCR</i>	1B	
<b>ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)</b>		
Antimycobacterial Agents		
<i>cycloserine</i>	1B	QL(4 EA daily)
<i>ethambutol hcl TABS</i>	1B	
<i>isoniazid SOLN</i>	1B	
<i>isoniazid SYRP</i>	1B	
<i>isoniazid TABS</i>	1B	
PRIFTIN	3	

Drug Name	Drug Tier	Requirements/Limits
<i>pyrazinamide</i>	1B	
<i>rifabutin</i>	1B	PA
<i>rifampin CAPS</i>	1B	
<i>rifampin SOLR</i>	1B	
SIRTURO	3	PA
TRECATOR	3	QL(4 EA daily)
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer</b>		
Alkylating Agents		
<i>bendamustine hcl SOLR</i>	4	SP; PA
<i>busulfan SOLN</i>	4	SP; PA
<i>carboplatin SOLN 50 MG/5ML</i>	4	SP; PA
<i>carmustine</i>	4	SP; PA
<i>cisplatin SOLN 100 MG/100ML</i>	4	SP; PA
<i>cyclophosphamide CAPS</i>	1B	PA
<i>cyclophosphamide SOLR IJ</i>	4	
GLEOSTINE 40 MG, 100 MG	4	PA
GLEOSTINE 10 MG	4	SP; PA
<i>ifosfamide SOLN 1 GM/20ML</i>	4	SP; PA
<i>ifosfamide SOLR</i>	4	SP; PA
LEUKERAN	4	SP; PA
<i>melphalan</i>	1B	
<i>melphalan hcl IV</i>	1B	
MYLERAN TABS	4	SP; PA
<i>oxaliplatin SOLN 50 MG/10ML, 100 MG/20ML</i>	4	SP; PA
TEMODAR SOLR	4	
<i>temozolomide CAPS</i>	4	SP; PA
<i>thiotepa 15 MG</i>	4	SP; PA
ZANOSAR	4	SP; PA
Antimetabolites		
<i>azacitidine SUSR</i>	4	SP; PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>capecitabine</i>	4	SP; PA	LENVIMA (24 MG DAILY DOSE)	4	QL(3 EA daily); PA
<i>clofarabine</i>	4	SP; PA	LENVIMA (4 MG DAILY DOSE)	4	QL(1 EA daily); PA
<i>cytarabine SOLN</i>	4	SP; PA	LENVIMA (8 MG DAILY DOSE)	4	QL(2 EA daily); PA
<i>decitabine</i>	4	SP; PA	MVASI	4	PA
<i>floxuridine</i>	4	SP; PA	ZALTRAP 100 MG/4ML	4	SP; PA
<i>fludarabine phosphate SOLN</i>	4	SP; PA	ZIRABEV	4	PA
<i>fludarabine phosphate SOLR</i>	4	SP; PA	Antineoplastic - Antibodies		
<i>fluorouracil 500 MG/10ML</i>	4	SP; PA	ADCETRIS	4	SP; PA
<i>gemcitabine hcl SOLR 2 GM, 200 MG</i>	4	SP; PA	ARZERRA	4	SP; PA
<i>mercaptopurine TABS</i>	1B		RUXIENCE	4	PA
<i>methotrexate sodium SOLN 50 MG/2ML, 250 MG/10ML</i>	1B		TRUXIMA	4	PA
<i>methotrexate sodium SOLR</i>	1B	SP	YERVOY	4	SP; PA
<i>methotrexate sodium TABS 2.5 MG</i>	1B	SP	Antineoplastic - Anti-HER2 Agents		
<i>nelarabine</i>	4	SP; PA	KANJINTI	4	PA
<i>pemetrexed disodium SOLR 500 MG</i>	4	SP; PA	OGIVRI	4	PA
<i>pralatrexate 20 MG/ML</i>	4	SP; PA	PERJETA	4	SP; PA
TABLOID	4	SP; PA	TRAZIMERA	4	PA
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	4	SP; PA	TUKYSA	4	PA
Antineoplastic - Angiogenesis Inhibitors			Antineoplastic - EGFR Inhibitors		
INLYTA	4	QL(2 EA daily); SP; PA	ERBITUX	4	SP; PA
LENVIMA (10 MG DAILY DOSE)	4	QL(1 EA daily); PA	<i>erlotinib hcl</i>	4	QL(1 EA daily); SP; PA
LENVIMA (12 MG DAILY DOSE)	4	QL(3 EA daily); PA	<i>gefitinib</i>	4	QL(2 EA daily); PA
LENVIMA (14 MG DAILY DOSE)	4	QL(2 EA daily); PA	GILOTRIF	4	QL(1 EA daily); PA
LENVIMA (18 MG DAILY DOSE)	4	QL(3 EA daily); PA	TAGRISSO 40 MG	4	QL(2 EA daily); PA
LENVIMA (20 MG DAILY DOSE)	4	QL(2 EA daily); PA	TAGRISSO 80 MG	4	QL(1 EA daily); PA
			VECTIBIX 100 MG/5ML	4	SP; PA
			VIZIMPRO	4	QL(1 EA daily); PA
			Antineoplastic - Hedgehog Pathway Inhibitors		
			DAURISMO	4	PA

Drug Name	Drug Tier	Requirements/Limits
ERIVEDGE	4	QL(1 EA daily); SP; PA
ODOMZO	4	QL(1 EA daily); PA
<b>Antineoplastic - Hormonal and Related Agents</b>		
<i>abiraterone acetate 250 MG</i>	4	QL(4 EA daily); SP; PA
<i>abiraterone acetate 500 MG</i>	4	QL(2 EA daily); PA
<i>anastrozole</i>	1B	QL(1 EA daily)
<i>bicalutamide</i>	1B	QL(1 EA daily); SP
ELIGARD SC 22.5 MG, 30 MG, 45 MG	4	SP; PA
ELIGARD KIT SC 7.5 MG	4	QL(0.0089 EA daily); SP; PA
EMCYT	4	SP; PA
ERLEADA 60 MG	4	QL(4 EA daily); PA
ERLEADA 240 MG	4	QL(1 EA daily); PA
<i>exemestane</i>	4	QL(1 EA daily); SP
FIRMAGON 80 MG	4	QL(0.143 EA daily); SP; PA
FIRMAGON (240 MG DOSE)	4	QL(0.143 EA daily); SP; PA
<i>fulvestrant SOSY</i>	4	QL(0.357 ML daily); SP; PA
<i>letrozole</i>	1B	
<i>leuprolide acetate KIT IJ 1 MG/0.2ML</i>	4	SP; PA
LUPRON DEPOT (1-MONTH) KIT IM	4	QL(0.0358 EA daily); SP; PA
LUPRON DEPOT (3-MONTH) KIT IM	4	SP; PA
LUPRON DEPOT (4-MONTH) IM	4	QL(0.1339 EA daily); SP; PA
LUPRON DEPOT (6-MONTH) IM	4	QL(0.0089 EA daily); SP; PA
LYSODREN	4	SP; PA
<i>megestrol acetate SUSP</i>	1B	
<i>megestrol acetate TABS</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>nilutamide</i>	1B	QL(2 EA daily)
NUBEQA	4	QL(4 EA daily); PA
ORGOVYX	4	PA
<i>tamoxifen citrate TABS</i>	0	
<i>toremifene citrate</i>	1B	
TRELSTAR MIXJECT	4	SP; PA
XTANDI CAPS	4	QL(4 EA daily); SP; PA
XTANDI TABS 40 MG	4	QL(4 EA daily); PA
XTANDI TABS 80 MG	4	QL(2 EA daily); PA
YONSA	4	QL(4 EA daily); PA
ZOLADEX 10.8 MG	4	QL(0.0119 EA daily); SP; PA
ZOLADEX 3.6 MG	4	QL(0.0357 EA daily); SP; PA
<b>Antineoplastic - Immunomodulators</b>		
POMALYST	4	QL(1 EA daily); PA
<b>Antineoplastic - PDGFR-alpha Inhibitors</b>		
AYVAKIT	4	QL(1 EA daily); PA
<b>Antineoplastic - XPO1 Inhibitors</b>		
XPOVIO (100 MG ONCE WEEKLY) 50 MG	4	PA
XPOVIO (40 MG ONCE WEEKLY) 40 MG	4	PA
XPOVIO (40 MG TWICE WEEKLY) 40 MG	4	PA
XPOVIO (60 MG ONCE WEEKLY) 60 MG	4	PA
XPOVIO (60 MG TWICE WEEKLY)	4	PA
XPOVIO (80 MG ONCE WEEKLY) 40 MG	4	PA
XPOVIO (80 MG TWICE WEEKLY)	4	PA
<b>Antineoplastic Antibiotics</b>		
<i>bleomycin sulfatate 15 UNIT</i>	4	SP; PA

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>dactinomycin</i>	4	SP; PA	CALQUENCE	4	QL(2 EA daily); PA
<i>doxorubicin hcl liposomal SUSP</i>	4	SP; PA	CAPRELSA	4	QL(1 EA daily); SP; PA
<i>doxorubicin hcl SOLN</i>	4	SP; PA	COMETRIQ (100 MG DAILY DOSE) KIT	4	QL(2 EA daily); SP; PA
<i>doxorubicin hcl SOLR 10 MG, 50 MG</i>	4	SP; PA	COMETRIQ (140 MG DAILY DOSE) KIT	4	QL(4 EA daily); SP; PA
<i>idarubicin hcl 20 MG/20ML</i>	4	PA	COMETRIQ (60 MG DAILY DOSE) KIT	4	QL(3 EA daily); SP; PA
<i>idarubicin hcl 5 MG/5ML, 10 MG/10ML</i>	4	SP; PA	COPIKTRA	4	PA
<i>mitomycin SOLR IV 20 MG</i>	4	SP; PA	<i>dasatinib</i>	4	QL(1 EA daily); SP; PA
<i>mitoxantrone hcl 25 MG/12.5ML</i>	4	SP; PA	<i>everolimus TABS</i>	4	QL(1 EA daily); SP; PA
<i>valrubicin</i>	4	SP; PA	IBRANCE CAPS	4	QL(1 EA daily); PA
<b>Antineoplastic Combinations</b>			IBRANCE TABS	4	QL(1 EA daily); PA
KISQALI FEMARA (200 MG DOSE)	4	QL(2 EA daily); PA	ICLUSIG	4	QL(1 EA daily); PA
KISQALI FEMARA (400 MG DOSE)	4	QL(2.5 EA daily); PA	<i>imatinib mesylate TABS</i>	4	QL(2 EA daily); SP; PA
KISQALI FEMARA (600 MG DOSE)	4	QL(3.25 EA daily); PA	IMBRUVICA CAPS 70 MG	4	QL(1 EA daily); PA
<b>Antineoplastic Enzyme Inhibitors</b>			IMBRUVICA CAPS 140 MG	4	QL(3 EA daily); PA
ALECENSA	4	QL(8 EA daily); PA	IMBRUVICA SUSP	4	QL(8 ML daily); PA
ALUNBRIG TABS	4	QL(1 EA daily); PA	IMBRUVICA TABS	4	QL(1 EA daily); PA
ALUNBRIG TBPK	4	QL(1 EA daily); PA	INREBIC	4	PA
BALVERSA	4	PA	JAKAFI	4	QL(2 EA daily); SP; PA
<i>bortezomib SOLR IJ</i>	4	SP; PA	KISQALI (200 MG DOSE)	4	QL(2 EA daily); PA
BORTEZOMIB SOLR IV 3.5 MG	4	PA	KISQALI (400 MG DOSE)	4	QL(2 EA daily); PA
BOSULIF TABS 400 MG	4	QL(1 EA daily); PA	KISQALI (600 MG DOSE)	4	QL(2.5 EA daily); PA
BOSULIF TABS 100 MG, 500 MG	4	QL(1 EA daily); SP; PA	KOSELUGO	4	PA
BRAFTOVI 75 MG	4	QL(6 EA daily); SP; PA	KYPROLIS	4	PA
BRUKINSA	4	PA	<i>lapatinib ditosylate</i>	4	QL(6 EA daily); SP; PA
CABOMETYX TABS	4	QL(1 EA daily); PA	LORBRENA	4	QL(1 EA daily); PA

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LUMAKRAS	4	PA	TAFINLAR CAPS	4	QL(4 EA daily); PA
LYNPARZA TABS	4	QL(4 EA daily); PA	TAFINLAR TBSO	4	QL(30 EA daily); PA
MEKINIST SOLR	4	QL(40 ML daily); PA	TALZENNA	4	QL(1 EA daily); PA
MEKINIST TABS 2 MG	4	QL(1 EA daily); PA	TASIGNA 150 MG, 200 MG	4	QL(4 EA daily); SP; PA
MEKINIST TABS 0.5 MG	4	QL(3 EA daily); PA	TASIGNA 50 MG	4	QL(4 EA daily); PA
MEKTOVI	4	QL(6 EA daily); SP; PA	TAZVERIK	4	PA
NINLARO	4	QL(0.143 EA daily); PA	<i>temsirolimus</i>	4	QL(0.143 ML daily); SP; PA
<i>pazopanib hcl</i>	4	QL(4 EA daily); SP; PA	TIBSOVO	4	PA
PEMAZYRE	4	QL(1 EA daily); PA	TURALIO 125 MG	4	PA
PIQRAY (200 MG DAILY DOSE)	4	QL(1 EA daily); PA	VERZENIO	4	QL(2 EA daily); PA
PIQRAY (250 MG DAILY DOSE)	4	QL(2 EA daily); PA	VITRAKVI CAPS	4	PA
PIQRAY (300 MG DAILY DOSE)	4	QL(2 EA daily); PA	VITRAKVI SOLN	4	PA
QINLOCK	4	PA	XALKORI CAPS	4	QL(2 EA daily); SP; PA
RETEVMO CAPS	4	PA	XOSPATA	4	PA
<i>romidepsin SOLR</i>	4	SP; PA	ZEJULA CAPS	4	QL(3 EA daily); PA
ROZLYTREK CAPS	4	PA	ZEJULA TABS 100 MG	4	QL(3 EA daily); PA
RUBRACA	4	QL(4 EA daily); PA	ZEJULA TABS 200 MG, 300 MG	4	QL(1 EA daily); PA
SCEMBLIX 100 MG	4	QL(4 EA daily); PA	ZELBORAF	4	QL(8 EA daily); SP; PA
SCEMBLIX 20 MG, 40 MG	4	QL(2 EA daily); PA	ZOLINZA	4	QL(4 EA daily); SP; PA
<i>sorafenib tosylate</i>	4	QL(4 EA daily); SP; PA	ZYDELIG	4	QL(2 EA daily); PA
SPRYCEL ( <i>dasatinib</i> )	4	QL(1 EA daily); SP; PA	Antineoplastic Enzymes		
STIVARGA	4	QL(4 EA daily); SP; PA	ONCASPARG	4	SP; PA
<i>sunitinib malate 12.5 MG, 25 MG, 50 MG</i>	4	QL(1 EA daily); SP; PA	Antineoplastics Misc.		
<i>sunitinib malate 37.5 MG</i>	4	QL(1 EA daily); PA	ACTIMMUNE 100 MCG/0.5ML	4	SP; PA
TABRECTA	4	QL(4 EA daily); PA	<i>arsenic trioxide 10 MG/10ML</i>	4	SP; PA
			<i>bexarotene</i>	4	SP; PA

Drug Name	Drug Tier	Requirements/Limits
<i>dacarbazine SOLR 200 MG</i>	4	SP; PA
<i>hydroxyurea</i>	1B	
MATULANE	4	SP; PA
NIPENT	4	SP; PA
PHOTOFRIN	4	SP; PA
PROLEUKIN	4	SP; PA
SYNRIBO	4	SP; PA
<i>tretinoin (chemotherapy)</i>	1B	
UVADEX	4	SP; PA
Chemotherapy Adjuncts		
KEPIVANCE 6.25 MG	4	SP; PA
Chemotherapy Rescue/Antidote/Protective Agents		
<i>leucovorin calcium SOLR</i>	1B	
<i>leucovorin calcium TABS</i>	1B	
VORAXAZE	4	SP; PA
Mitotic Inhibitors		
<i>docetaxel CONC 20 MG/ML</i>	4	SP; PA
<i>docetaxel SOLN 20 MG/2ML</i>	4	SP; PA
<i>eribulin mesylate</i>	4	SP; PA
ETOPOPHOS	4	SP; PA
<i>etoposide CAPS</i>	4	SP; PA
<i>etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML</i>	4	PA
HALAVEN ( <i>eribulin mesylate</i> )	4	SP; PA
IXEMPRA KIT 15 MG	4	SP; PA
JEVTANA	4	SP; PA
<i>paclitaxel 100 MG/16.7ML, 150 MG/25ML</i>	4	SP; PA
<i>paclitaxel protein-bound particles</i>	4	SP; PA
<i>vincristine sulfate</i>	4	SP; PA

Drug Name	Drug Tier	Requirements/Limits
<i>vinorelbine tartrate 10 MG/ML</i>	4	SP; PA
Topoisomerase I Inhibitors		
HYCAMTIN CAPS	4	SP; PA
<i>irinotecan hcl 40 MG/2ML, 100 MG/5ML</i>	4	SP; PA
<i>topotecan hcl SOLN</i>	4	
<i>topotecan hcl SOLR</i>	4	
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease</b>		
Antiparkinson Adjunctive Therapy		
<i>carbidopa</i>	1B	
Antiparkinson Anticholinergics		
<i>benztropine mesylate SOLN</i>	1B	
<i>benztropine mesylate TABS</i>	1B	
<i>trihexyphenidyl hcl SOLN</i>	1B	
<i>trihexyphenidyl hcl TABS</i>	1B	
Antiparkinson COMT Inhibitors		
<i>entacapone</i>	1B	QL(8 EA daily)
<i>tolcapone</i>	1B	
Antiparkinson Dopaminergics		
<i>amantadine hcl CAPS</i>	1B	
<i>amantadine hcl SOLN</i>	1B	
<i>amantadine hcl TABS</i>	1B	
<i>apomorphine hydrochloride SOCT</i>	4	PA
<i>bromocriptine mesylate CAPS</i>	1B	
<i>bromocriptine mesylate TABS 2.5 MG</i>	1B	
<i>carbidopa-levodopa-entacapone</i>	1B	
<i>carbidopa-levodopa TABS</i>	1B	
<i>carbidopa-levodopa TBCR</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa-levodopa TBDP</i>	1B	
NEUPRO	2	
<i>pramipexole dihydrochloride TABS 0.125 MG</i>	1B	QL(4 EA daily)
<i>pramipexole dihydrochloride TABS 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG</i>	1B	
<i>ropinirole hydrochloride TABS</i>	1B	
<i>ropinirole hydrochloride TB24 8 MG, 12 MG</i>	1B	QL(2 EA daily); ST
<i>ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG</i>	1B	QL(1 EA daily); ST
<b>Antiparkinson Monoamine Oxidase Inhibitors</b>		
<i>rasagiline mesylate</i>	1B	QL(1 EA daily); PA
<i>selegiline hcl CAPS</i>	1B	
<i>selegiline hcl TABS</i>	1B	
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders</b>		
<b>Antimanic Agents</b>		
<i>lithium</i>	1B	
<i>lithium carbonate CAPS</i>	1B	
<i>lithium carbonate TABS</i>	1B	
<i>lithium carbonate TBCR</i>	1B	
<b>Antipsychotics - Misc.</b>		
EQUETRO 100 MG	3	QL(2 EA daily); ST
EQUETRO 300 MG	3	QL(4 EA daily); ST
EQUETRO 200 MG	3	QL(8 EA daily); ST
<i>lurasidone hcl 80 MG</i>	1B	QL(2 EA daily)
<i>lurasidone hcl 20 MG, 40 MG, 60 MG, 120 MG</i>	1B	QL(1 EA daily)
<i>ziprasidone hcl</i>	1B	QL(2 EA daily); AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/Limits
<b>Benzisoxazoles</b>		
FANAPT	2	QL(2 EA daily); PA
FANAPT TITRATION PACK	2	PA
<i>paliperidone 1.5 MG, 3 MG, 9 MG</i>	1B	QL(1 EA daily)
<i>paliperidone 6 MG</i>	1B	QL(2 EA daily)
PERSERIS PRSY	2	QL(0.072 EA daily); PA
<i>risperidone microspheres</i>	1B	QL(0.072 EA daily); PA
<i>risperidone SOLN</i>	1B	QL(8 ML daily)
<i>risperidone TABS</i>	1B	QL(4 EA daily)
<i>risperidone TBDP</i>	1B	QL(4 EA daily)
<b>Butyrophenones</b>		
<i>haloperidol decanoate</i>	1B	QL(0.036 ML daily)
<i>haloperidol lactate CONC</i>	1B	
<i>haloperidol lactate SOLN</i>	1B	
<i>haloperidol TABS</i>	1B	
<b>Dibenzapines</b>		
<i>asenapine maleate 2.5 MG</i>	1B	QL(4 EA daily); PA
<i>asenapine maleate 5 MG, 10 MG</i>	1B	QL(2 EA daily); PA
<i>clozapine TABS</i>	1B	
<i>clozapine TBDP 100 MG</i>	1B	QL(9 EA daily)
<i>clozapine TBDP 25 MG</i>	1B	QL(3 EA daily)
<i>clozapine TBDP 12.5 MG, 150 MG</i>	1B	QL(6 EA daily)
<i>loxapine succinate</i>	1B	
<i>olanzapine SOLR</i>	1B	QL(0.215 EA daily)
<i>olanzapine TABS 7.5 MG, 10 MG, 15 MG, 20 MG</i>	1B	QL(2 EA daily)
<i>olanzapine TABS 2.5 MG, 5 MG</i>	1B	QL(4 EA daily)
<i>olanzapine TBDP 20 MG</i>	1B	QL(1 EA daily)



Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>olanzapine TBDP 5 MG, 10 MG, 15 MG</i>	1B	QL(2 EA daily)	<i>abacavir sulfate SOLN</i>	1B	QL(32 ML daily)
<i>quetiapine fumarate TABS 300 MG, 400 MG</i>	1B	QL(2 EA daily); AL(At least 10 yrs old)	<i>abacavir sulfate TABS</i>	1B	QL(2 EA daily)
<i>quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG</i>	1B	QL(4 EA daily); AL(At least 10 yrs old)	APTIVUS CAPS	3	QL(4 EA daily)
<i>quetiapine fumarate TB24 50 MG, 150 MG, 200 MG</i>	1B	QL(1 EA daily)	<i>atazanavir sulfate CAPS 200 MG</i>	1B	QL(2 EA daily)
<i>quetiapine fumarate TB24 300 MG, 400 MG</i>	1B	QL(2 EA daily)	<i>atazanavir sulfate CAPS 150 MG, 300 MG</i>	1B	QL(1 EA daily)
<b>Phenothiazines</b>			BIKTARVY	3	QL(1 EA daily)
<i>chlorpromazine hcl SOLN</i>	3		CIMDUO	3	QL(1 EA daily); ST
<i>chlorpromazine hcl TABS</i>	1B		COMPLERA	3	QL(1 EA daily)
<i>fluphenazine hcl CONC</i>	1B		<i>darunavir TABS</i>	1B	
<i>fluphenazine hcl ELIX</i>	1B		DELSTRIGO	3	QL(1 EA daily)
<i>fluphenazine hcl SOLN</i>	1B		DOVATO	3	QL(1 EA daily)
<i>fluphenazine hcl TABS</i>	1B		EDURANT	3	QL(1 EA daily)
<i>perphenazine TABS</i>	1B		<i>efavirenz CAPS 50 MG</i>	1B	QL(3 EA daily)
<i>prochlorperazine</i>	1B		<i>efavirenz CAPS 200 MG</i>	1B	QL(2 EA daily)
<i>prochlorperazine maleate TABS</i>	1B		<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	1B	QL(1 EA daily)
<i>thioridazine hcl</i>	1B		<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	1B	QL(1 EA daily)
<i>trifluoperazine hcl TABS</i>	1B		<i>efavirenz TABS</i>	1B	QL(1 EA daily)
<b>Quinolinone Derivatives</b>			<i>emtricitabine CAPS</i>	1B	QL(1 EA daily)
<i>aripiprazole SOLN PO</i>	1B	QL(30 ML daily); AL(At least 6 yrs old)	<i>emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG</i>	1B	QL(1 EA daily)
<i>aripiprazole TABS</i>	1B	QL(1 EA daily); AL(At least 6 yrs old)	<i>emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG</i>	0	QL(1 EA daily)
REXULTI	3	PA	EMTRIVA SOLN	3	QL(24 ML daily)
<b>Thioxanthenes</b>			<i>etravirine 200 MG</i>	1B	QL(2 EA daily)
<i>thiothixene</i>	1B		<i>etravirine 100 MG</i>	1B	QL(4 EA daily)
<b>ANTIVIRALS - Drugs to Treat Viral Infections</b>					
<b>Antiretrovirals</b>					
<i>abacavir sulfate-lamivudine</i>	1B	QL(1 EA daily)	EVOTAZ	3	QL(1 EA daily)
			<i>fosamprenavir calcium TABS</i>	1B	QL(4 EA daily)
			FUZEON SOLR	4	SP; PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
GENVOYA	3	QL(1 EA daily)	STRIBILD	3	QL(1 EA daily)
INTELENCE 25 MG	3	QL(8 EA daily)	<i>tenofovir disoproxil fumarate TABS</i>	1B	
ISENTRESS HD TABS	3	QL(2 EA daily)	TIVICAY TABS	3	QL(2 EA daily)
ISENTRESS CHEW	3	QL(6 EA daily)	TRIUMEQ TABS	3	QL(1 EA daily)
ISENTRESS TABS	3	QL(2 EA daily)	TRIZIVIR	3	QL(2 EA daily)
JULUCA	3	QL(1 EA daily)	TYBOST	3	QL(1 EA daily)
<i>lamivudine SOLN</i>	1B	QL(30 ML daily)	VIRACEPT TABS 250 MG	3	QL(10 EA daily)
<i>lamivudine TABS 300 MG</i>	1B	QL(1 EA daily)	VIRACEPT TABS 625 MG	3	QL(4 EA daily)
<i>lamivudine TABS 150 MG</i>	1B	QL(2 EA daily)	VIREAD POWD	3	QL(7.5 GM daily)
<i>lamivudine-zidovudine</i>	1B	QL(2 EA daily)	VIREAD TABS 150 MG, 200 MG, 250 MG	3	QL(1 EA daily)
LEXIVA SUSP	3	QL(56 ML daily)	<i>zidovudine CAPS</i>	1B	QL(6 EA daily)
<i>lopinavir-ritonavir SOLN</i>	1B	QL(12.5 ML daily)	<i>zidovudine SYRP</i>	1B	QL(60 ML daily)
<i>lopinavir-ritonavir TABS</i>	1B	QL(4 EA daily)	<i>zidovudine TABS</i>	1B	QL(2 EA daily)
<i>maraviroc TABS 150 MG</i>	1B	QL(2 EA daily)	<b>CMV Agents</b>		
<i>maraviroc TABS 300 MG</i>	1B	QL(4 EA daily)	<i>cidofovir</i>	3	
<i>nevirapine SUSP</i>	1B	QL(40 ML daily)	<i>ganciclovir sodium SOLR</i>	1B	
<i>nevirapine TABS</i>	1B	QL(2 EA daily)	<i>valganciclovir hcl TABS</i>	1B	QL(4 EA daily); PA
<i>nevirapine TB24 400 MG</i>	1B	QL(1 EA daily)	<b>Hepatitis Agents</b>		
<i>nevirapine TB24 100 MG</i>	1B	QL(3 EA daily)	<i>adefovir dipivoxil</i>	4	QL(1 EA daily); SP
NORVIR CAPS	2	QL(12 EA daily)	<i>entecavir TABS</i>	4	QL(1 EA daily); SP
NORVIR PACK	3	QL(12 EA daily)	EPIVIR HBV SOLN	4	QL(60 ML daily); SP; PA
ODEFSEY	3	QL(1 EA daily)	<i>lamivudine (hbv) TABS</i>	1B	QL(3 EA daily); SP
PIFELTRO	3	QL(1 EA daily)	PEGASYS SOLN	4	QL(0.0714 ML daily); SP; PA
PREZCOBIX	3	QL(1 EA daily)	PEGASYS SOSY	4	QL(0.072 ML daily); PA
PREZISTA SUSP	3	QL(12 ML daily)	<i>ribavirin (hepatitis c) CAPS</i>	1B	QL(7 EA daily)
PREZISTA TABS 75 MG, 150 MG	3	QL(2 EA daily)	<i>ribavirin (hepatitis c) TABS 200 MG</i>	1B	QL(7 EA daily)
RETROVIR SOLN	3		SOFOSBUVIR-VELPATASVIR TABS	1B	QL(1 EA daily); PA
<i>ritonavir TABS</i>	1B	QL(12 EA daily)			
SELZENTRY SOLN	3	QL(30 ML daily)			
SELZENTRY TABS 25 MG, 75 MG	3	QL(2 EA daily)			
<i>stavudine CAPS</i>	1B	QL(2 EA daily)			

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Drug Name	Drug Tier	Requirements/Limits
SOVALDI TABS 200 MG	4	QL(1 EA daily); PA
SOVALDI TABS 400 MG	4	QL(1 EA daily); SP; PA
VOSEVI	4	QL(1 EA daily); PA
<b>Herpes Agents</b>		
<i>acyclovir CAPS</i>	1A	QL(5 EA daily; 50 EA per fill retail; 50 per fill mail)
<i>acyclovir SUSP</i>	1B	QL(13.34 ML daily)
<i>acyclovir TABS PO</i>	1B	QL(5 EA daily)
<i>famciclovir 125 MG, 250 MG</i>	1B	QL(3 EA daily)
<i>famciclovir 500 MG</i>	1B	QL(4 EA daily)
<i>valacyclovir hcl 500 MG</i>	1B	QL(2 EA daily)
<i>valacyclovir hcl 1 GM</i>	1B	QL(4 EA daily)
<b>Influenza Agents</b>		
<i>oseltamivir phosphate CAPS</i>	1B	Limit 1 fill every 90 days.; QL(10 EA per fill retail; 10 per fill mail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
<i>oseltamivir phosphate SUSR</i>	1B	Limit 1 fill every 90 days.; QL(125 ML per fill retail); 1 max fill(s) per 90 day(s) retail
RELENZA DISKHALER	2	1 package(s) per 30 day(s) retail
<i>rimantadine hydrochloride TABS</i>	1B	QL(2 EA daily)
<b>BETA BLOCKERS - Drugs to Treat High Blood Pressure</b>		
<b>Alpha-Beta Blockers</b>		
<i>carvedilol</i>	1B	+

Drug Name	Drug Tier	Requirements/Limits
<i>carvedilol phosphate</i>	3	QL(1 EA daily)
<i>labetalol hcl SOLN</i>	1B	
<i>labetalol hcl TABS 100 MG, 200 MG</i>	1B	+
<i>labetalol hcl TABS 300 MG</i>	1B	+; QL(8 EA daily)
<b>Beta Blockers Cardio-Selective</b>		
<i>acebutolol hcl CAPS</i>	1B	
<i>atenolol TABS</i>	1B	+
<i>betaxolol hcl</i>	1B	
<i>bisoprolol fumarate</i>	1B	+
<i>metoprolol succinate TB24 25 MG, 50 MG, 100 MG</i>	1B	+
<i>metoprolol succinate TB24 200 MG</i>	1B	+; QL(2 EA daily)
<i>metoprolol tartrate SOLN IV 5 MG/5ML</i>	1B	
<i>metoprolol tartrate TABS 25 MG, 50 MG, 100 MG</i>	1B	+
<i>nebivolol hcl 2.5 MG, 5 MG, 10 MG</i>	3	QL(1 EA daily)
<i>nebivolol hcl 20 MG</i>	3	QL(2 EA daily)
<b>Beta Blockers Non-Selective</b>		
HEMANGEOL SOLN PO	4	QL(75 ML daily); PA
<i>nadolol TABS 40 MG</i>	1B	QL(6 EA daily)
<i>nadolol TABS 20 MG</i>	1B	QL(3 EA daily)
<i>nadolol TABS 80 MG</i>	1B	
<i>pindolol TABS</i>	1B	
<i>propranolol hcl CP24</i>	1B	QL(2 EA daily)
<i>propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML</i>	1B	
<i>propranolol hcl TABS</i>	1B	
<i>sotalol hcl (afib/af)</i>	1B	
<i>sotalol hcl TABS 240 MG</i>	1B	
<i>sotalol hcl TABS 80 MG, 120 MG, 160 MG</i>	1B	QL(2 EA daily)
<i>timolol maleate TABS</i>	1B	

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Drug Name	Drug Tier	Requirements/Limits
<b>CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure</b>		
Calcium Channel Blockers		
<i>amlodipine besylate TABS</i>	1B	+
<i>diltiazem hcl coated beads CP24 120 MG, 300 MG, 360 MG</i>	1B	
<i>diltiazem hcl coated beads CP24 180 MG, 240 MG</i>	1B	QL(2 EA daily)
<i>diltiazem hcl extended release beads 120 MG, 180 MG, 240 MG, 300 MG, 360 MG</i>	1B	+
<i>diltiazem hcl extended release beads 420 MG</i>	1B	
<i>diltiazem hcl CP12</i>	1B	QL(2 EA daily)
<i>diltiazem hcl CP24</i>	1B	+
<i>diltiazem hcl SOLN 50 MG/10ML</i>	1B	
<b>DILTIAZEM HCL SOLR</b>	1B	
<i>diltiazem hcl TABS</i>	1B	+
<i>diltiazem hcl TB24</i>	1B	
<i>felodipine</i>	1B	+
<i>isradipine CAPS</i>	1B	
<i>nicardipine hcl CAPS</i>	1B	
<i>nicardipine hcl SOLN</i>	1B	
<i>nifedipine CAPS 20 MG</i>	1B	QL(9 EA daily)
<i>nifedipine CAPS 10 MG</i>	1B	
<i>nifedipine TB24 90 MG</i>	1B	+; QL(1 EA daily)
<i>nifedipine TB24 30 MG</i>	1B	+
<i>nifedipine TB24</i>	1B	
<i>nifedipine TB24 60 MG</i>	1B	+; QL(2 EA daily)
<i>nimodipine CAPS</i>	1B	
<i>nisoldipine</i>	1B	
<i>verapamil hcl CP24 120 MG, 180 MG, 240 MG, 360 MG</i>	1B	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/Limits
<i>verapamil hcl CP24 100 MG, 200 MG, 300 MG</i>	1B	
<i>verapamil hcl SOLN 2.5 MG/ML</i>	1B	
<i>verapamil hcl TABS</i>	1B	+
<i>verapamil hcl TBCR</i>	1B	+
<b>CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm</b>		
Cardiac Glycosides		
<i>digoxin SOLN PO 0.05 MG/ML</i>	1B	
<i>digoxin TABS 62.5 MCG, 125 MCG, 250 MCG</i>	1B	
<b>LANOXIN SOLN IJ (digoxin)</b>	2	
<b>LANOXIN TABS 62.5 MCG, 125 MCG, 250 MCG (digoxin)</b>	2	
<b>CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions</b>		
Cardiovascular Agents Misc. - Combinations		
<i>amlodipine besylate-atorvastatin calcium</i>	1B	QL(1 EA daily)
<i>isosorbide dinitrate-hydralazine hcl</i>	1B	
Impotence Agents		
<i>avanafil</i>	1B	QL(0.134 EA daily)
<i>sildenafil citrate</i>	1B	QL(0.1334 EA daily); PA
<b>STENDRA (avanafil)</b>	3	QL(0.134 EA daily)
<i>tadalafil 5 MG</i>	1B	BPH Only; QL(1 EA daily); PA
Prostaglandin Vasodilators		
<i>epoprostenol sodium</i>	4	PA
<b>ORENITRAM TBCR</b>	4	PA
<i>treprostinil SOLN IJ</i>	4	SP; PA

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Drug Name	Drug Tier	Requirements/Limits
TYVASO REFILL KIT SOLN IN	4	PA
TYVASO STARTER KIT SOLN IN	4	PA
TYVASO SOLN IN	4	PA
Pulmonary Hypertension - Endothelin Receptor Antagonists		
<i>ambrisentan</i>	4	QL(1 EA daily); SP; PA
<i>bosentan TABS 125 MG</i>	4	QL(2 EA daily); SP; PA
<i>bosentan TABS 62.5 MG</i>	4	QL(2 EA daily); PA
OPSUMIT	4	QL(1 EA daily); PA
TRACLEER TBSO	4	QL(2 EA daily); SP; PA
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
<i>sildenafil citrate (pulmonary hypertension) SOLN</i>	4	QL(37.5 ML daily); SP; PA
<i>sildenafil citrate (pulmonary hypertension) SUSR</i>	4	QL(6 ML daily); PA
<i>sildenafil citrate (pulmonary hypertension) TABS</i>	4	QL(3 EA daily); SP; PA
<i>tadalafil (pulmonary hypertension) TABS</i>	4	QL(2 EA daily); SP; PA
Pulmonary Hypertension - Prostacyclin Receptor Agonist		
UPTRAVI TITRATION TBPK	4	1 max fill(s) per 180 day(s) retail; PA
UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG	4	QL(2 EA daily); PA
UPTRAVI TABS 200 MCG	4	PA
Pulmonary Hypertension - Sol Guanylate Cyclase		

Drug Name	Drug Tier	Requirements/Limits
Stimulator		
ADEMPAS	4	QL(3 EA daily); PA
Sinus Node Inhibitors		
<i>ivabradine hcl TABS</i>	3	QL(2 EA daily); PA
Transthyretin Stabilizers		
VYNDAMAX	4	QL(1 EA daily); PA
VYNDAQEL	4	QL(4 EA daily); PA
<b>CEPHALOSPORINS - Drugs to Treat Bacterial Infections</b>		
Cephalosporins - 1st Generation		
<i>cefadroxil CAPS</i>	1B	
<i>cefadroxil SUSR</i>	1B	
<i>cefadroxil TABS</i>	1B	
<i>cefazolin sodium SOLR IJ 1 GM, 10 GM, 500 MG</i>	1B	
<i>cephalexin CAPS</i>	1B	
<i>cephalexin SUSR</i>	1B	
Cephalosporins - 2nd Generation		
<i>cefaclor CAPS</i>	1B	
<i>cefaclor SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML</i>	1B	
<i>cefotetan disodium IJ 1 GM, 2 GM</i>	1B	
<i>cefoxitin sodium IV 1 GM, 2 GM</i>	1B	
<i>cefprozil SUSR</i>	1B	
<i>cefprozil TABS</i>	1B	
<i>cefuroxime axetil TABS</i>	1B	
<i>cefuroxime sodium IJ 750 MG</i>	1B	
Cephalosporins - 3rd Generation		
<i>cefdinir CAPS</i>	1B	
<i>cefdinir SUSR</i>	1B	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>cefixime CAPS</i>	1B		<i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i>	0	
<i>cefixime SUSR</i>	1B	ST	<i>levonorgestrel-ethinyl estradiol (continuous)</i>	0	
<i>cefpodoxime proxetil SUSR</i>	1B		<i>levonorgestrel-ethinyl estradiol-iron</i>	0	
<i>cefpodoxime proxetil TABS</i>	1B		LO LOESTRIN FE TABS	0	
<i>ceftazidime IJ 1 GM, 6 GM</i>	1B		NATAZIA	0	
<i>ceftriaxone sodium IJ 250 MG</i>	1A		NEXTSTELLIS	0	
<i>ceftriaxone sodium IJ 1 GM, 2 GM, 500 MG</i>	1B		<i>norethin acet &amp; estrad-fe CAPS</i>	0	
Cephalosporins - 4th Generation			<i>norethin acet &amp; estrad-fe CHEW</i>	0	
<i>cefepime hcl SOLR IV 2 GM</i>	1B		<i>norethin acet &amp; estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i>	0	
Cephalosporins - 5th Generation			<i>norethindrone &amp; eth estradiol</i>	0	
TEFLARO	3		<i>norethindrone &amp; ethinyl estradiol-fe</i>	0	
<b>CONTRACEPTIVES - Drugs to Prevent Pregnancy</b>					
Combination Contraceptives - Oral					
<i>desogestrel &amp; ethinyl estradiol</i>	0		<i>norethindrone acet &amp; eth estra TABS</i>	0	
<i>desogestrel-ethinyl estradiol (biphasic)</i>	0		<i>norethindrone acetate-ethinyl estradiol-fe</i>	0	
<i>desogestrel-ethinyl estradiol (triphasic)</i>	0		<i>norethindrone-eth estradiol (triphasic)</i>	0	
<i>drospirenone-ethinyl estradiol</i>	0		<i>norgestimate-ethinyl estradiol</i>	0	
<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>	0		<i>norgestimate-ethinyl estradiol (triphasic)</i>	0	
<i>ethynodiol diacet &amp; eth estrad</i>	0		<i>norgestrel &amp; ethinyl estradiol 30 MCG-0.3 MG</i>	0	
FALESSA	0		TYBLUME CHEW	0	
FEMLYV TBDP	0		Combination Contraceptives - Transdermal		
<i>levonorgestrel &amp; eth estradiol TABS</i>	0		<i>norelgestromin-ethinyl estradiol</i>	0	
<i>levonorgestrel-eth estradiol (triphasic)</i>	0		TWIRLA	0	QL(3 EA per 28 day(s) retail; 9 EA per 84 days mail)

Drug Name	Drug Tier	Requirements/Limits
<b>Combination Contraceptives - Vaginal</b>		
ANNOVERA	0	
<i>etonogestrel-ethinyl estradiol</i>	0	QL(0.05 EA daily)
<b>Copper Contraceptives - IUD</b>		
PARAGARD INTRAUTERINE COPPER	0	
<b>Emergency Contraceptives</b>		
ELLA	0	
<i>levonorgestrel (emergency oc) 1.5 MG</i>	0	
<b>Progestin Contraceptives - Implants</b>		
NEXPLANON	0	
<b>Progestin Contraceptives - Injectable</b>		
DEPO-SUBQ PROVERA 104 SUSY SC	0	
<i>medroxyprogesterone acetate (contraceptive) SUSP IM</i>	0	QL(1 ML per 90 day(s) retail)
<i>medroxyprogesterone acetate (contraceptive) SUSY IM</i>	0	QL(90 Day(s) limit ; 1 ML per 90 day(s) retail)
<b>Progestin Contraceptives - IUD</b>		
KYLEENA	0	
LILETTA (52 MG)	0	
MIRENA (52 MG)	0	
SKYLA	0	
<b>Progestin Contraceptives - Oral</b>		
<i>norethindrone (contraceptive)</i>	0	
OPILL	0	
SLYND	0	QL(1 EA daily)
<b>CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions</b>		
<b>Glucocorticosteroids</b>		
<i>budesonide CPEP</i>	1B	QL(3 EA daily)

Drug Name	Drug Tier	Requirements/Limits
<i>deflazacort SUSP</i>	4	PA
<i>deflazacort TABS</i>	4	PA
DEPO-MEDROL SUSP	3	
DEXAMETHASONE INTENSOL CONC	1B	
<i>dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML</i>	1B	
<i>dexamethasone sodium phosphate SOSY IJ 4 MG/ML</i>	1B	
<i>dexamethasone ELIX</i>	1B	
<i>dexamethasone SOLN</i>	1B	
<i>dexamethasone TABS 1 MG, 1.5 MG, 2 MG, 4 MG, 6 MG</i>	1B	
<i>dexamethasone TABS 0.5 MG, 0.75 MG</i>	1A	
EMFLAZA SUSP ( <i>deflazacort</i> )	4	PA
<i>hydrocortisone sod succinate 100 MG</i>	1B	2 max fill(s) per 30 day(s) retail
<i>hydrocortisone TABS</i>	1B	
MEDROL TABS	3	
<i>methylprednisolone acetate SUSP</i>	1B	
<i>methylprednisolone sod succ 40 MG, 125 MG, 500 MG, 1000 MG</i>	1B	
<i>methylprednisolone TABS</i>	1B	
<i>methylprednisolone TBPK</i>	1B	
<i>prednisolone sodium phosphate SOLN 5 MG/5ML, 6.7 MG/5ML, 10 MG/5ML, 15 MG/5ML, 25 MG/5ML</i>	1B	
<i>prednisolone sodium phosphate TBDP</i>	3	
<i>prednisolone SOLN</i>	1B	
<i>prednisolone TABS</i>	1B	
<i>prednisone SOLN</i>	1B	

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Drug Name	Drug Tier	Requirements/Limits
<i>prednisone TABS 2.5 MG, 10 MG, 20 MG, 50 MG</i>	1A	
<i>prednisone TABS 1 MG, 5 MG</i>	1B	
<i>prednisone TBPK</i>	1B	
SOLU-CORTEF 250 MG	3	
SOLU-CORTEF 100 MG, 500 MG, 1000 MG	3	2 max fill(s) per 30 day(s) retail
SOLU-CORTEF ( <i>hydrocortisone sod succinate</i> )	3	2 max fill(s) per 30 day(s) retail
SOLU-MEDROL 2 GM	3	
<i>triamcinolone acetonide SUSP 40 MG/ML</i>	1B	
Mineralocorticoids		
<i>fludrocortisone acetate TABS</i>	1B	
<b>COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms</b>		
Antitussives		
<i>benzonatate 150 MG</i>	1B	QL(4 EA daily)
<i>benzonatate 100 MG</i>	1B	QL(6 EA daily)
<i>benzonatate 200 MG</i>	1B	QL(3 EA daily)
Cough/Cold/Allergy Combinations		
<i>hydrocodone polistirex-chlorpheniramine polistirex SUER</i>	1B	
TUZISTRA XR	2	PA
Misc. Respiratory Inhalants		
HYPERSAL NEBU	1B	
NEBUSAL NEBU	1B	
<i>sodium chloride (inhalant) NEBU 7 %</i>	1B	
Mucolytics		
<i>acetylcysteine SOLN</i>	1B	
<b>DERMATOLOGICALS - Drugs to Treat Skin Conditions</b>		

Drug Name	Drug Tier	Requirements/Limits
Acne Products		
<i>adapalene-benzoyl peroxide GEL 2.5 %-0.1 %</i>	1B	AL(At least 12 yrs old); ST
<i>adapalene CREA</i>	1B	AL(At least 12 yrs old); ST
<i>adapalene GEL</i>	1B	AL(At least 12 yrs old); ST; RX/OTC
AZELEX	3	QL(50 GM per 30 day(s) retail; 50 GM per 30 days mail); AL(At least 12 yrs old); ST
BENZEPRO CREAMY WASH LIQD	2	AL(At least 12 yrs old)
BENZEPRO FOAM 5.3 %	2	AL(At least 12 yrs old); RX/OTC
<i>benzoyl peroxide-erythromycin GEL</i>	1B	AL(At least 12 yrs old); PA
<i>benzoyl peroxide FOAM 5.3 %, 9.8 %</i>	1B	AL(At least 12 yrs old); RX/OTC
<i>benzoyl peroxide GEL 10 %</i>	1B	AL(At least 12 yrs old)
<i>benzoyl peroxide GEL 5 %</i>	1B	QL(3 GM daily); AL(At least 12 yrs old)
<i>benzoyl peroxide LIQD 4 %, 10 %</i>	1B	AL(At least 12 yrs old)
<i>clindamycin phosphate (topical) FOAM</i>	1B	AL(At least 12 yrs old); PA
<i>clindamycin phosphate (topical) GEL</i>	1B	QL(8 ML daily)
<i>clindamycin phosphate (topical) LOTN</i>	1B	AL(At least 12 yrs old)
<i>clindamycin phosphate (topical) SOLN</i>	1B	QL(4 ML daily); AL(At least 12 yrs old)
<i>clindamycin phosphate (topical) SWAB</i>	1B	AL(At least 12 yrs old)

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Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	1B	AL(At least 12 yrs old); PA
<i>clindamycin phosphate-benzoyl peroxide GEL 5 %-1 %</i>	1B	AL(At least 12 yrs old); PA
<i>clindamycin phosphate-tretinoin</i>	1B	AL(At least 12 yrs old); ST
DIFFERIN LOTN	2	AL(At least 12 yrs old); ST
<i>erythromycin (acne aid) PADS</i>	1B	AL(At least 12 yrs old)
<i>erythromycin (acne aid) SOLN</i>	1B	AL(At least 12 yrs old)
<i>isotretinoin 10 MG, 20 MG, 30 MG, 40 MG</i>	3	AL(At least 12 yrs old); PA
PR BENZOYL PEROXIDE WASH LIQD	2	AL(At least 12 yrs old)
<i>sulfacetamide sodium (acne)</i>	1B	AL(At least 12 yrs old)
<i>sulfacetamide sodium w/ sulfur CREA 10 %-5 %</i>	1B	AL(At least 12 yrs old)
<i>sulfacetamide sodium w/ sulfur LIQD 10 %-5 %</i>	1B	AL(At least 12 yrs old)
<i>sulfacetamide sodium w/ sulfur LIQD 9 %-4.5 %</i>	1B	AL(At least 12 yrs old); ST
<i>sulfacetamide sodium-sulfur in urea vehicle EMUL 10 %-10 %-4 %</i>	1B	AL(At least 12 yrs old)
<i>tretinoin microsphere 0.1 %</i>	1B	QL(3 GM daily); AL(At least 12 yrs old - Up to 30 yrs old); PA
<i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i>	1B	QL(3 GM daily); AL(At least 12 yrs old - Up to 30 yrs old)
<i>tretinoin GEL 0.01 %, 0.025 %</i>	1B	QL(3 GM daily); AL(At least 12 yrs old - Up to 30 yrs old)
<b>Agents for External Genital and Perianal Warts</b>		

Drug Name	Drug Tier	Requirements/Limits
VEREGEN	3	QL(1 GM daily)
<b>Antibiotics - Topical</b>		
ALTABAX	2	QL(15 GM per 30 day(s) retail; 15 GM per 30 days mail)
<i>gentamicin sulfate (topical) CREA</i>	1B	QL(1 GM daily)
<i>gentamicin sulfate (topical) OINT</i>	1B	
<i>mupirocin OINT</i>	1B	QL(6 GM daily)
NEO-SYNALAR	3	QL(60 GM per 30 day(s) retail; 60 GM per 30 days mail); PA
<b>Antifungals - Topical</b>		
<i>butenafine hcl</i>	1B	QL(6 GM daily); RX/OTC
<i>ciclopirox olamine CREA</i>	1B	QL(90 GM per fill retail); 1 max fill(s) per 30 day(s) retail
<i>ciclopirox olamine SUSP</i>	1B	
<i>ciclopirox GEL</i>	1B	QL(3.35 GM daily)
<i>ciclopirox SHAM</i>	1B	QL(10 ML daily)
<i>ciclopirox SOLN</i>	1B	QL(0.22 ML daily)
<i>clotrimazole (topical) CREA</i>	1B	QL(4.5 GM daily); RX/OTC
<i>clotrimazole (topical) SOLN</i>	1B	QL(10 ML daily); RX/OTC
<i>clotrimazole w/ betamethasone CREA</i>	1B	QL(8 GM daily)
<i>clotrimazole w/ betamethasone LOTN</i>	1B	
<i>econazole nitrate CREA</i>	1B	QL(85 GM per fill retail; 85 per fill mail)
ERTACZO	3	QL(2.15 GM daily)
<i>ketoconazole (topical) CREA</i>	1B	QL(10 GM daily)

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Drug Name	Drug Tier	Requirements/Limits
<i>ketoconazole (topical) SHAM 2 %</i>	1B	QL(20 ML daily)
<i>luliconazole</i>	1B	PA
<i>naftifine hcl CREA 2 %</i>	1B	QL(2 GM daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
<i>naftifine hcl CREA 1 %</i>	1B	QL(3 GM daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
<i>nystatin (topical) CREA</i>	1B	QL(10 GM daily)
<i>nystatin (topical) OINT</i>	1B	QL(6 GM daily)
<i>nystatin (topical) POWD EX</i>	1B	QL(10 GM daily)
<i>nystatin-triamcinolone CREA</i>	1B	QL(10 GM daily)
<i>nystatin-triamcinolone OINT</i>	1B	QL(4 GM daily)
<i>oxiconazole nitrate CREA</i>	1B	Limit 1 Fill per 180 days; QL(3 GM daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
OXISTAT LOTN	2	Limit 1 Fill per 180 days; QL(2 ML daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
<i>sulconazole nitrate CREA</i>	1B	
<i>sulconazole nitrate SOLN</i>	1B	1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
<i>tavaborole</i>	1B	PA
<b>Anti-inflammatory Agents - Topical</b>		

Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac epolamine PTCH EX</i>	1B	QL(2 EA daily); PA
<i>diclofenac sodium (topical) GEL EX</i>	1B	QL(3.34 GM daily); RX/OTC
<b>Antineoplastic or Premalignant Lesion Agents - Topical</b>		
<i>bexarotene (topical)</i>	4	SP; PA
<i>diclofenac sodium (actinic keratoses) EX</i>	1B	QL(3.34 GM daily); PA
<i>fluorouracil (topical) CREA 5 %</i>	1B	QL(4 GM daily)
<i>fluorouracil (topical) SOLN</i>	1B	QL(2 ML daily)
PANRETIN	3	QL(60 GM per 30 day(s) retail; 60 GM per 30 days mail)
<b>Antipruritics - Topical</b>		
<i>doxepin hcl (antipruritic)</i>	3	Limit 1 fill every 180 days; QL(45 GM per fill retail; 45 per fill mail); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA
<b>Antipsoriatics</b>		
<i>acitretin 25 MG</i>	1B	QL(2 EA daily)
<i>acitretin 10 MG, 17.5 MG</i>	1B	QL(1 EA daily)
<i>calcipotriene CREA</i>	1B	QL(4 GM daily); PA
<i>calcipotriene OINT</i>	1B	QL(4 GM daily); PA
<i>calcipotriene SOLN</i>	1B	QL(4 ML daily); PA
<i>calcitriol (topical)</i>	1B	QL(3.34 GM daily)
COSENTYX (300 MG DOSE) SOSY	4	QL(0.072 ML daily); PA
COSENTYX SENSOREADY (300 MG) SOAJ	4	QL(0.072 ML daily); PA

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Drug Name	Drug Tier	Requirements/Limits
COSENTYX SENSOREADY PEN SOAJ	4	QL(0.072 ML daily); PA
COSENTYX UNOREADY SOAJ	4	QL(0.072 ML daily); PA
COSENTYX SOSY 150 MG/ML	4	QL(0.036 ML daily); PA
COSENTYX SOSY 75 MG/0.5ML	4	QL(0.18 ML daily); PA
<i>methoxsalen rapid</i>	1B	QL(4 EA daily)
SKYRIZI (150 MG DOSE) PSKT	4	QL(0.025 EA daily); PA
SKYRIZI PEN SOAJ	4	QL(0.025 ML daily); PA
SKYRIZI SOSY	4	QL(0.025 ML daily); PA
STELARA SOLN 45 MG/0.5ML	4	QL(0.012 ML daily); PA
STELARA SOSY 45 MG/0.5ML	4	QL(0.012 ML daily); PA
STELARA SOSY 90 MG/ML	4	QL(0.018 ML daily); SP; PA
<i>tazarotene CREA 0.1 %</i>	1B	QL(1 GM daily)
TREMFYA SOAJ 100 MG/ML	4	QL(0.018 ML daily); PA
TREMFYA SOAJ 200 MG/2ML	4	QL(0.072 ML daily); PA
TREMFYA SOLN	4	QL(0.72 ML daily); PA
TREMFYA SOSY 200 MG/2ML	4	QL(0.072 ML daily); PA
TREMFYA SOSY 100 MG/ML	4	QL(0.018 ML daily); PA
Antiseborrheic Products		
<i>selenium sulfide LOTN 2.5 %</i>	1B	
Antivirals - Topical		
<i>acyclovir topical CREA</i>	1B	1 package(s) per fill retail; 1 package(s) per fill mail

Drug Name	Drug Tier	Requirements/Limits
<i>acyclovir topical OINT</i>	1B	1 package(s) per fill retail; 1 package(s) per fill mail
<i>penciclovir</i>	3	QL(0.18 GM daily)
Burn Products		
<i>mafenide acetate PACK</i>	3	
<i>silver sulfadiazine</i>	1B	QL(20 GM daily)
SULFAMYLON CREA	3	
Corticosteroids - Topical		
<i>alclometasone dipropionate CREA</i>	1B	QL(2 GM daily)
<i>alclometasone dipropionate OINT</i>	1B	QL(3 GM daily)
<i>amcinonide CREA</i>	1B	QL(60 GM per fill retail; 60 per fill mail); 1 max fill(s) per 30 day(s) retail; 1 max fill(s) per 30 day(s) mail
<i>amcinonide LOTN</i>	3	
<i>amcinonide OINT</i>	3	
<i>betamethasone dipropionate (topical) CREA</i>	1B	QL(3 GM daily)
<i>betamethasone dipropionate (topical) LOTN</i>	1B	
<i>betamethasone dipropionate (topical) OINT</i>	1B	QL(3 GM daily)
<i>betamethasone dipropionate augmented CREA</i>	1B	QL(3.5 GM daily)
<i>betamethasone dipropionate augmented LOTN</i>	1B	QL(5 ML daily)
<i>betamethasone dipropionate augmented OINT</i>	1B	QL(3.5 GM daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone valerate CREA</i>	1B	QL(2.5 GM daily)	<i>diflorasone diacetate OINT</i>	1B	PA
<i>betamethasone valerate FOAM</i>	1B	QL(1.67 GM daily)	<i>fluocinolone acetonide CREA 0.025 %</i>	1B	QL(4 GM daily)
<i>betamethasone valerate LOTN</i>	1B	QL(5 ML daily)	<i>fluocinolone acetonide CREA 0.01 %</i>	1B	
<i>betamethasone valerate OINT</i>	1B	QL(3 GM daily)	<i>fluocinolone acetonide OIL</i>	1B	QL(8 ML daily)
<i>calcipotriene-betamethasone dipropionate OINT</i>	1B	ST	<i>fluocinolone acetonide OINT</i>	1B	QL(4 GM daily)
<i>calcipotriene-betamethasone dipropionate SUSP</i>	1B	ST	<i>fluocinolone acetonide SOLN</i>	1B	QL(4 ML daily)
<i>clobetasol propionate emollient base 0.05 %</i>	1B	QL(1 GM daily); PA	<i>fluocinonide emulsified base</i>	1B	QL(2 GM daily)
<i>clobetasol propionate CREA 0.05 %</i>	1B	QL(3 GM daily); PA	<i>fluocinonide CREA 0.05 %</i>	1B	QL(2 GM daily)
<i>clobetasol propionate FOAM</i>	1B	QL(3 GM daily); ST	<i>fluocinonide CREA 0.1 %</i>	1B	QL(4 GM daily)
<i>clobetasol propionate GEL 0.05 %</i>	1B	QL(2 GM daily); ST	<i>fluocinonide GEL</i>	1B	
<i>clobetasol propionate OINT 0.05 %</i>	1B	QL(1 GM daily); PA	<i>fluocinonide OINT</i>	1B	QL(2 GM daily)
<i>clobetasol propionate SOLN 0.05 %</i>	1B	QL(3.34 ML daily); PA	<i>fluocinonide SOLN</i>	1B	QL(2 ML daily)
<i>clocortolone pivalate</i>	3	QL(3 GM daily)	<i>flurandrenolide CREA</i>	2	QL(2 GM daily)
CORDRAN TAPE	3	1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail	<i>flurandrenolide LOTN</i>	2	QL(2 ML daily)
<i>desonide CREA</i>	1B	QL(4 GM daily)	<i>fluticasone propionate CREA 0.05 %</i>	1B	QL(4 GM daily)
<i>desonide LOTN</i>	1B	QL(4 ML daily)	<i>fluticasone propionate LOTN</i>	1B	QL(6 ML daily)
<i>desonide OINT</i>	1B	QL(3 GM daily)	<i>fluticasone propionate OINT</i>	1B	QL(4 GM daily)
<i>desoximetasone CREA 0.25 %</i>	1B	QL(4 GM daily)	<i>halcinonide CREA</i>	1B	PA
<i>desoximetasone GEL</i>	1B	QL(3 GM daily)	<i>halobetasol propionate CREA</i>	1B	QL(3.5 GM daily)
<i>desoximetasone OINT 0.25 %</i>	1B	QL(4 GM daily)	<i>halobetasol propionate OINT</i>	1B	QL(3.5 GM daily)
<i>diflorasone diacetate CREA</i>	1B	PA	HALOG OINT	3	PA
			<i>hydrocortisone (topical) CREA 1 %, 2.5 %</i>	1B	QL(15.15 GM daily); RX/OTC
			<i>hydrocortisone (topical) LOTN 2.5 %</i>	1B	
			<i>hydrocortisone (topical) OINT 1 %, 2.5 %</i>	1B	QL(15.15 GM daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone butyrate CREA</i>	1B	QL(3 GM daily)
<i>hydrocortisone butyrate OINT</i>	1B	QL(3 GM daily)
<i>hydrocortisone butyrate SOLN</i>	1B	QL(5 ML daily)
<i>hydrocortisone valerate CREA</i>	1B	
<i>hydrocortisone valerate OINT</i>	1B	
<i>mometasone furoate CREA</i>	1B	QL(3 GM daily)
<i>mometasone furoate OINT</i>	1B	QL(4 GM daily)
<i>mometasone furoate SOLN</i>	1B	QL(5 ML daily)
<i>prednicarbate OINT</i>	1B	
<i>triamcinolone acetonide (topical) CREA 0.1 %</i>	1B	QL(3.34 GM daily)
<i>triamcinolone acetonide (topical) CREA 0.5 %</i>	1B	QL(5 GM daily)
<i>triamcinolone acetonide (topical) CREA 0.025 %</i>	1B	QL(15.15 GM daily)
<i>triamcinolone acetonide (topical) LOTN 0.025 %</i>	1B	
<i>triamcinolone acetonide (topical) LOTN 0.1 %</i>	1B	QL(6 ML daily)
<i>triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %</i>	1B	QL(15.15 GM daily)
<i>triamcinolone acetonide (topical) OINT 0.5 %</i>	1B	QL(6 GM daily)
<b>Eczema Agents</b>		
DUPIXENT SOAJ 300 MG/2ML	4	QL(0.29 ML daily); PA
DUPIXENT SOAJ 200 MG/1.14ML	4	QL(0.082 ML daily); PA
DUPIXENT SOSY 100 MG/0.67ML	4	QL(0.048 ML daily); PA
DUPIXENT SOSY 200 MG/1.14ML	4	QL(0.082 ML daily); PA

Drug Name	Drug Tier	Requirements/Limits
DUPIXENT SOSY 300 MG/2ML	4	QL(0.29 ML daily); PA
<b>Emollients</b>		
<i>lactic acid (ammonium lactate) CREA</i>	1B	QL(12.9 GM daily); RX/OTC
<i>lactic acid (ammonium lactate) LOTN 12 %</i>	1B	RX/OTC
<b>Enzymes - Topical</b>		
SANTYL OINT	3	PA
<b>Immunomodulating Agents - Topical</b>		
<i>imiquimod 5 %</i>	1B	QL(12 EA per fill retail; 12 per fill mail)
<b>Immunosuppressive Agents - Topical</b>		
<i>pimecrolimus</i>	1B	QL(3 GM daily); AL(At least 2 yrs old); PA
<i>tacrolimus (topical) OINT</i>	1B	AL(At least 2 yrs old); PA
<b>Keratolytic/Antimitotic/Vesicant Agents</b>		
<i>podofilox SOLN</i>	1B	
<b>Local Anesthetics - Topical</b>		
<i>lidocaine hcl GEL 2 %</i>	1B	QL(4 ML daily)
<i>lidocaine hcl PRSY</i>	1B	QL(4 ML daily)
<i>lidocaine hcl SOLN</i>	1B	QL(10 ML daily)
<i>lidocaine-prilocaine CREA</i>	1B	QL(1 GM daily)
<i>lidocaine PTCH 5 %</i>	1B	PA
SYNERA PTCH	3	QL(10 EA per fill retail; 10 per fill mail); 1 max fill(s) per 30 day(s) retail; 1 max fill(s) per 30 day(s) mail
<b>Phosphodiesterase 4 (PDE4) Inhibitors - Topical</b>		
EUCRISA	3	QL(2 GM daily); PA
<b>Rosacea Agents</b>		

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Drug Name	Drug Tier	Requirements/Limits
<i>azelaic acid GEL</i>	1B	QL(1.67 GM daily)
<i>brimonidine tartrate (topical)</i>	3	QL(1 GM daily); PA
<i>metronidazole (topical) CREA</i>	1B	QL(3 GM daily)
<i>metronidazole (topical) GEL 1 %</i>	1B	QL(5 GM daily)
<i>metronidazole (topical) GEL 0.75 %</i>	1B	QL(3 GM daily)
<i>metronidazole (topical) LOTN</i>	1B	
<b>Scabicides &amp; Pediculicides</b>		
<i>crotamiton LOTN</i>	1B	PA
<i>ivermectin (pediculicide)</i>	1B	PA
<i>lindane SHAM</i>	1B	
<i>malathion</i>	1B	
<i>permethrin CREA</i>	1B	
<i>permethrin LIQD EX</i>	1B	
<i>spinosad</i>	1B	PA
<b>Wound Care Products</b>		
REGRANEX	3	QL(0.5 GM daily)
<b>DIAGNOSTIC PRODUCTS</b>		
<b>Diagnostic Drugs</b>		
GLUCAGEN DIAGNOSTIC	3	QL(0.035 EA daily)
THYROGEN 0.9 MG	3	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; PA
<b>Diagnostic Tests</b>		
CHEMSTRIP K STRP	1B	#
FORA GTEL BLOOD KETONE TEST	1B	#
FORA TEST N'GO ADV-VOICE-6 CON	1B	#
GOJJI BLOOD KETONE TEST	1B	#

Drug Name	Drug Tier	Requirements/Limits
KETONE TEST STRP	1B	#
KETOSTIX STRP	1B	#
NOVA MAX PLUS KETONE TEST	1B	#
PRECISION XTRA KETONE	1B	#
RELION KETONE TEST STRP	1B	#
RELION TRUE METRIX TEST STRIPS STRP	1B	#; QL(3.34 EA daily); RX/OTC
TRUE METRIX BLOOD GLUCOSE TEST STRP	1B	#; QL(3.34 EA daily); RX/OTC
<b>DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes</b>		
<b>Digestive Enzymes</b>		
CREON CPEP	2	Non-FDA approved uses require Prior Authorization
ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT	2	Non-FDA approved uses require Prior Authorization
ZENPEP CPEP 252600 UNIT-189600 UNIT-60000 UNIT	2	
<b>DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure</b>		
<b>Carbonic Anhydrase Inhibitors</b>		
<i>acetazolamide sodium</i>	1B	
<i>acetazolamide CP12</i>	1B	QL(2 EA daily)
<i>acetazolamide TABS 125 MG</i>	1B	QL(8 EA daily)

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Drug Name	Drug Tier	Requirements/Limits
<i>acetazolamide TABS 250 MG</i>	1B	QL(4 EA daily)
<i>dichlorphenamide</i>	4	QL(4 EA daily); PA
<i>methazolamide TABS</i>	1B	QL(6 EA daily)
<b>Diuretic Combinations</b>		
<i>amiloride &amp; hydrochlorothiazide</i>	1B	
<i>spironolactone &amp; hydrochlorothiazide</i>	1B	
<i>triamterene &amp; hydrochlorothiazide CAPS 25 MG-37.5 MG</i>	1B	
<i>triamterene &amp; hydrochlorothiazide TABS</i>	1B	
<b>Loop Diuretics</b>		
<i>bumetanide SOLN 0.25 MG/ML</i>	1B	
<i>bumetanide TABS</i>	1B	QL(5 EA daily)
<i>ethacrynic acid</i>	1B	QL(16 EA daily)
<i>furosemide SOLN PO 8 MG/ML, 10 MG/ML</i>	1B	
<i>furosemide TABS</i>	1B	
<i>torseamide TABS</i>	1B	
<b>Potassium Sparing Diuretics</b>		
<i>amiloride hcl TABS</i>	1B	
<i>spironolactone TABS</i>	1B	
<i>triamterene CAPS</i>	1B	QL(3 EA daily)
<b>Thiazides and Thiazide-Like Diuretics</b>		
<i>chlorthalidone 25 MG, 50 MG</i>	1B	
DIURIL SUSP	2	QL(20 ML daily)
<i>hydrochlorothiazide CAPS</i>	1B	QL(2 EA daily)
<i>hydrochlorothiazide TABS 12.5 MG</i>	1B	QL(2 EA daily)
<i>hydrochlorothiazide TABS 25 MG, 50 MG</i>	1A	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/Limits
<i>indapamide TABS 1.25 MG</i>	1B	QL(1 EA daily)
<i>indapamide TABS 2.5 MG</i>	1B	QL(2 EA daily)
<i>metolazone</i>	1B	QL(2 EA daily)
<b>ENDOCRINE AND METABOLIC AGENTS - MISC.</b>		
<b>- Drugs to Treat Bone Disease and Regulate Hormones</b>		
<b>Bone Density Regulators</b>		
<i>alendronate sodium TABS 35 MG, 70 MG</i>	1B	QL(0.143 EA daily)
<i>alendronate sodium TABS 5 MG, 10 MG</i>	1B	QL(1 EA daily)
<i>calcitonin (salmon) NA</i>	1B	QL(0.14 ML daily)
FOSAMAX PLUS D	3	QL(0.143 EA daily); PA
<i>ibandronate sodium SOLN</i>	4	SP; PA
<i>ibandronate sodium TABS</i>	1B	QL(0.036 EA daily)
<i>pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML</i>	4	SP; PA
PAMIDRONATE DISODIUM SOLN	4	SP; PA
PROLIA SOSY	4	1 max fill(s) per 180 day(s) retail; SP; PA
<i>risedronate sodium TABS 150 MG</i>	1B	QL(0.036 EA daily); PA
<i>risedronate sodium TABS 5 MG, 30 MG</i>	1B	QL(1 EA daily); PA
<i>risedronate sodium TABS 35 MG</i>	1B	QL(0.143 EA daily); PA
<i>risedronate sodium TBEC</i>	1B	PA
<i>teriparatide SOPN</i>	4	QL(0.09 ML daily); SP; PA
TYMLOS	4	PA
XGEVA SOLN	4	SP; PA
<i>zoledronic acid CONC</i>	4	SP; PA
<i>zoledronic acid SOLN</i>	4	SP; PA

Drug Name	Drug Tier	Requirements/Limits
Corticotropin		
ACTHAR GEL	3	PA
Fertility Regulators		
CHORIONIC GONADOTROPIN IM	4	PA
<i>clomiphene citrate TABS</i>	3	PA
NOVAREL IM 10000 UNIT	4	PA
GnRH/LHRH Antagonists		
<i>ganirelix acetate</i>	4	PA
ORILISSA	2	PA
Growth Hormone Releasing Hormones (GHRH)		
EGRIFTA SV	4	PA
Growth Hormones		
GENOTROPIN MINIQUICK PRSY	4	PA
GENOTROPIN CART SC	4	PA
HUMATROPE CART IJ	4	SP; PA
NORDITROPIN FLEXPRO SOPN 5 MG/1.5ML, 10 MG/1.5ML, 15 MG/1.5ML	4	SP; PA
NORDITROPIN FLEXPRO SOPN 30 MG/3ML	4	PA
ZORBTIVE SC	4	SP; PA
Hormone Receptor Modulators		
OSPHENA	3	PA
<i>raloxifene hcl</i>	0	QL(1 EA daily)
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX	4	SP; PA
LHRH/GnRH Agonist Analog Pituitary Suppressants		
FENSOLVI (6 MONTH) SC	4	SP; PA
LUPRON DEPOT-PED (1-MONTH)	4	SP; PA
LUPRON DEPOT-PED (3-MONTH) 11.25 MG	4	PA

Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT-PED (3-MONTH) 30 MG	4	SP; PA
SYNAREL	4	SP; PA
Metabolic Modifiers		
ALDURAZYME	4	SP; PA
<i>betaine</i>	4	SP; PA
<i>calcitriol CAPS</i>	1B	
<i>calcitriol SOLN IV</i>	1B	
<i>cinacalcet hcl</i>	4	QL(4 EA daily); SP; PA
<i>doxercalciferol CAPS</i>	1B	
<i>doxercalciferol SOLN</i>	1B	
ELAPRASE	4	SP; PA
LUMIZYME	4	SP; PA
MYALEPT	4	PA
<i>nitisinone CAPS</i>	4	PA
<i>paricalcitol CAPS</i>	1B	
<i>paricalcitol SOLN</i>	1B	
PHEBURANE PLLT	4	PA
<i>sapropterin dihydrochloride PACK</i>	4	PA
<i>sapropterin dihydrochloride TABS</i>	4	PA
<i>sodium phenylbutyrate POWD</i>	1B	PA
<i>sodium phenylbutyrate TABS</i>	1B	PA
STRENSIQ	4	PA
Posterior Pituitary Hormones		
<i>desmopressin acetate spray</i>	1B	
<i>desmopressin acetate spray refrigerated 0.01 %</i>	1B	
<i>desmopressin acetate SOLN IJ</i>	1B	PA
DESMOPRESSIN ACETATE SOLN NA	4	SP; PA
<i>desmopressin acetate TABS 0.2 MG</i>	1B	QL(8 EA daily)

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Drug Name	Drug Tier	Requirements/Limits
<i>desmopressin acetate TABS 0.1 MG</i>	1B	QL(6 EA daily)
<b>Prolactin Inhibitors</b>		
<i>cabergoline</i>	1B	
<b>Somatostatic Agents</b>		
<i>octreotide acetate SOLN</i>	4	SP; PA
SIGNIFOR	4	PA
<b>Vasopressin Receptor Antagonists</b>		
JYNARQUE TBPK	4	SP; PA
<i>tolvaptan TABS</i>	4	QL(2 EA daily); SP; PA
<b>ESTROGENS - Hormone Replacement/Modifying Drugs</b>		
<b>Estrogen Combinations</b>		
ACTIVELLA TABS 1 MG-0.5 MG ( <i>estradiol &amp; norethindrone acetate</i> )	3	
ANGELIQ	3	
BIJUVA	3	
CLIMARA PRO	3	
COMBIPATCH PTTW	3	
DUAVEE	3	
<i>esterified estrogens &amp; methyltestosterone</i>	3	
<i>estradiol &amp; norethindrone acetate TABS</i>	3	
<i>norethindrone acetate-ethinyl estradiol</i>	1B	
PREFEST	3	
PREMPHASE	2	
PREMPRO	2	QL(1 EA daily)
<b>Estrogens</b>		
DEPO-ESTRADIOL	3	
ELESTRIN GEL	3	
<i>estradiol valerate</i>	1B	
<i>estradiol GEL</i>	3	
<i>estradiol GEL</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol PTTW</i>	1B	QL(0.286 EA daily)
<i>estradiol PTWK</i>	1B	
<i>estradiol TABS</i>	1B	
ESTROGEL GEL ( <i>estradiol</i> )	3	
EVAMIST SOLN	3	
MENEST	3	
MENOSTAR PTWK	3	
PREMARIN SOLR	2	
PREMARIN TABS	2	QL(1 EA daily)
<b>FLUOROQUINOLONES - Drugs to Treat Bacterial Infections</b>		
<b>Fluoroquinolones</b>		
BAXDELA SOLR	3	PA
BAXDELA TABS	3	PA
<i>ciprofloxacin hcl TABS</i>	1B	
<i>ciprofloxacin in d5w 200 MG/100ML</i>	3	
<i>ciprofloxacin SUSR</i>	1B	2 max fill(s) per 30 day(s) retail
<i>levofloxacin in d5w 500 MG/100ML</i>	1B	
<i>levofloxacin SOLN PO</i>	1B	
<i>levofloxacin TABS 250 MG, 750 MG</i>	1B	
<i>levofloxacin TABS 500 MG</i>	1A	
<i>moxifloxacin hcl in sodium chloride</i>	1B	
<i>moxifloxacin hcl TABS</i>	1B	
<i>ofloxacin 300 MG, 400 MG</i>	1B	
<b>GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs</b>		
<b>Agents for Chronic Idiopathic Constipation (CIC)</b>		
TRULANCE	2	QL(1 EA daily)
<b>Bile Acid Synthesis Disorder Agents</b>		

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Drug Name	Drug Tier	Requirements/Limits
CHOLBAM	4	SP; PA
Gallstone Solubilizing Agents		
<i>ursodiol CAPS</i>	1B	QL(3 EA daily)
<i>ursodiol TABS</i>	1B	
Gastrointestinal Chloride Channel Activators		
<i>lubiprostone</i>	1B	QL(2 EA daily)
Gastrointestinal Stimulants		
<i>metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML</i>	1B	QL(60 ML daily)
<i>metoclopramide hcl SOLN IJ 5 MG/ML</i>	1B	
<i>metoclopramide hcl TABS</i>	1A	QL(6 EA daily)
Inflammatory Bowel Agents		
<i>balsalazide disodium CAPS</i>	1B	QL(9 EA daily)
DIPENTUM	2	
INFLECTRA SOLR	4	PA
<i>mesalamine CP24</i>	1B	
<i>mesalamine CPDR</i>	1B	
<i>mesalamine ENEM</i>	3	
<i>mesalamine SUPP</i>	3	
<i>mesalamine TBEC 800 MG</i>	3	QL(6 EA daily)
<i>mesalamine TBEC 1.2 GM</i>	3	
RENFLEXIS	4	PA
SKYRIZI SOCT	4	QL(0.043 ML daily); PA
SKYRIZI SOLN	4	QL(0.36 ML daily); PA
STELARA 130 MG/26ML	4	QL(3.47 ML daily); PA
<i>sulfasalazine TABS</i>	1B	
<i>sulfasalazine TBEC</i>	1B	
Intestinal Acidifiers		
<i>lactulose (encephalopathy)</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
Irritable Bowel Syndrome (IBS) Agents		
<i>alosetron hcl</i>	1B	QL(2 EA daily)
LINZESS	2	QL(1 EA daily)
Peripheral Opioid Receptor Antagonists		
<i>alvimopan</i>	1B	
MOVANTIK	3	QL(1 EA daily); PA
Phosphate Binder Agents		
<i>calcium acetate (phosphate binder) CAPS</i>	1B	
<i>calcium acetate (phosphate binder) TABS</i>	1B	RX/OTC
<i>lanthanum carbonate CHEW</i>	1B	
<i>sevelamer carbonate PACK</i>	1B	
<i>sevelamer carbonate TABS</i>	1B	
VELPHORO	3	PA
<b>GENITOURINARY AGENTS - MISCELLANEOUS -</b>		
<b>Miscellaneous Drugs to Treat Reproductive Organs and Urinary System</b>		
Alkalinizers		
<i>potassium citrate (alkalinizer) TBCR</i>	1B	
<i>sodium citrate &amp; citric acid</i>	1B	RX/OTC
Cystinosis Agents		
CYSTAGON CAPS	3	PA
Genitourinary Irrigants		
<i>acetic acid 0.25 %</i>	1B	
<i>glycine (gu irrigant) SOLN 1.5 %</i>	1B	
<i>sodium chloride (gu irrigant) 0.9 %</i>	1B	
SORBITOL 3 %	1B	

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Drug Name	Drug Tier	Requirements/Limits
SORBITOL-MANNITOL 2.7 GM/100ML-0.54 GM/100ML	1B	
Interstitial Cystitis Agents		
ELMIRON CAPS	2	QL(3 EA daily)
Prostatic Hypertrophy Agents		
<i>alfuzosin hcl</i>	1B	QL(1 EA daily)
<i>dutasteride</i>	1B	QL(1 EA daily)
<i>dutasteride-tamsulosin hcl</i>	3	PA
<i>finasteride</i>	1B	5 mg only
<i>silodosin</i>	1B	
<i>tamsulosin hcl</i>	1B	
Urinary Analgesics		
<i>phenazopyridine hcl</i> TABS 100 MG, 200 MG	1B	
Urinary Stone Agents		
THIOLA EC TBEC 100 MG ( <i>tiopronin</i> )	3	QL(3 EA daily); PA
THIOLA EC TBEC 300 MG ( <i>tiopronin</i> )	3	QL(10 EA daily); PA
<i>tiopronin TBEC 100 MG</i>	3	QL(3 EA daily); PA
<i>tiopronin TBEC 300 MG</i>	3	QL(10 EA daily); PA
<b>GOUT AGENTS - Drugs to Treat Gout</b>		
Gout Agent Combinations		
<i>colchicine w/ probenecid</i>	1B	
Gout Agents		
<i>allopurinol 100 MG, 300 MG</i>	1B	
<i>colchicine TABS</i>	1B	QL(1 EA daily)
<i>febuxostat</i>	1B	QL(1 EA daily); PA
Uricosurics		
<i>probenecid</i>	1B	
<b>HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders</b>		

Drug Name	Drug Tier	Requirements/Limits
Antihemophilic Products		
ADVATE	4	PA
ADYNOVATE	4	PA
AFSTYLA 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 2500 UNIT	4	PA
ALPROLIX	4	PA
ALTUVIIIO 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT	4	PA
BENEFIX KIT	4	PA
ELOCTATE	4	PA
ESPEROCT 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT	4	PA
IDELVION	4	PA
JIVI 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT	4	PA
KOGENATE FS KIT	4	PA
KOVALTRY	4	PA
NOVOEIGHT	4	PA
XYNTHA	4	PA
XYNTHA SOLOFUSE	4	PA
Bradykinin B2 Receptor Antagonists		
<i>icatibant acetate SOSY</i>	4	QL(9 ML daily); PA
Complement Inhibitors		
GOHIBIC	4	PA
HAEGARDA SOLR SC	4	PA
Hemataologic - Tyrosine Kinase Inhibitors		
TAVALISSE	4	QL(2 EA daily); SP; PA
Hematorheologic Agents		
<i>pentoxifylline</i>	1B	QL(3 EA daily)
Plasma Kallikrein Inhibitors		
ORLADEYO	4	PA

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Drug Name	Drug Tier	Requirements/Limits
TAKHZYRO SOLN	4	PA
TAKHZYRO SOSY	4	PA
Platelet Aggregation Inhibitors		
<i>anagrelide hcl</i>	1B	
<i>aspirin-dipyridamole</i>	1B	QL(2 EA daily); PA
BRILINTA	2	QL(2 EA daily)
<i>cilostazol</i>	1B	
<i>clopidogrel bisulfate 75 MG</i>	1B	QL(1 EA daily)
<i>clopidogrel bisulfate 300 MG</i>	1B	
<i>dipyridamole</i>	1B	
<i>prasugrel hcl</i>	1B	QL(1 EA daily)
ZONTIVITY	3	PA
<b>HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders</b>		
Agents for Gaucher Disease		
CERDELGA	4	QL(2 EA daily); PA
CEREZYME 400 UNIT	4	SP; PA
<i>miglustat</i>	4	QL(3 EA daily); SP; PA
Agents for Sickle Cell Disease		
DROXIA CAPS	3	
Cobalamins		
<i>cyanocobalamin SOLN IJ 1000 MCG/ML</i>	1B	QL(1 ML daily)
Folic Acid/Folates		
<i>folic acid TABS</i>	0	
Hematopoietic Growth Factors		
ARANESP (ALBUMIN FREE) SOLN 40 MCG/ML, 60 MCG/ML, 100 MCG/ML	4	SP; PA
ARANESP (ALBUMIN FREE) SOLN 25 MCG/ML	4	SP; PA

Drug Name	Drug Tier	Requirements/Limits
ARANESP (ALBUMIN FREE) SOSY 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML	4	SP; PA
DOPTELET	4	QL(3 EA daily); PA
EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	4	SP; PA
LEUKINE SOLR IJ	4	SP; PA
MIRCERA	4	PA
MULPLETA	4	QL(1 EA daily); PA
NYVEPRIA	4	PA
PROCRIT 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	4	SP; PA
PROCRIT 40000 UNIT/ML	4	SP; PA
PROCRIT 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	4	SP; PA
PROMACTA PACK	4	QL(1 EA daily); PA
PROMACTA TABS	4	QL(1 EA daily); PA
RETACRIT	4	PA
UDENYCA ONBODY SOSY	4	PA
UDENYCA SOAJ	4	PA
UDENYCA SOSY	4	PA
ZARXIO	4	PA
Iron		
<i>ferrous sulfate SOLN 15 MG/ML, 15 MG/ML</i>	0	AL(Up to 1 yrs old)
<i>ferrous sulfate TABS 325 MG, 65 MG, 325 MG</i>	0	
<i>ferrous sulfate TBEC 325 MG</i>	0	
Stem Cell Mobilizers		

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Drug Name	Drug Tier	Requirements/Limits
<i>plerixafor</i>	4	SP; PA
<b>HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders</b>		
Hemostatics - Systemic		
<i>aminocaproic acid TABS</i>	1B	PA
<i>tranexamic acid SOLN 1000 MG/10ML</i>	1B	
<i>tranexamic acid TABS</i>	1B	
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS</b>		
Barbiturate Hypnotics		
<i>phenobarbital ELIX</i>	1B	
<i>phenobarbital TABS</i>	1B	
Hypnotics - Tricyclic Agents		
<i>doxepin hcl (sleep)</i>	1B	QL(1 EA daily); PA
Non-Barbiturate Hypnotics		
<i>estazolam</i>	1B	
<i>eszopiclone</i>	1B	QL(1 EA daily); AL(At least 18 yrs old); ST
<i>flurazepam hcl</i>	1B	PA
<i>temazepam 15 MG, 30 MG</i>	1A	QL(1 EA daily)
<i>temazepam 7.5 MG, 22.5 MG</i>	1B	QL(1 EA daily)
<i>triazolam</i>	1B	
<i>zaleplon 5 MG</i>	1B	QL(1 EA daily); AL(At least 18 yrs old)
<i>zaleplon 10 MG</i>	1B	QL(2 EA daily); AL(At least 18 yrs old)
<i>zolpidem tartrate TABS</i>	1A	QL(1 EA daily); AL(At least 18 yrs old)
<i>zolpidem tartrate TBCR</i>	1B	QL(1 EA daily)
Orexin Receptor Antagonists		
<i>BELSOMRA</i>	3	PA

Drug Name	Drug Tier	Requirements/Limits
Selective Melatonin Receptor Agonists		
<i>ramelteon</i>	1B	QL(1 EA daily); AL(At least 18 yrs old)
<b>LAXATIVES - Bowel Treatment Drugs</b>		
Bulk Laxatives		
<i>calcium polycarbophil TABS</i>	1B	
Laxative Combinations		
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>	1B	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 236 GM</i>	0	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	1B	PA
<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>	1B	
Laxatives - Miscellaneous		
<i>lactulose SOLN</i>	1B	
Saline Laxatives		
<i>OSMOPREP</i>	3	PA
Stimulant Laxatives		
<i>bisacodyl SUPP</i>	1A	
<i>bisacodyl TBEC</i>	1A	
Surfactant Laxatives		
<i>docusate calcium</i>	1A	QL(1 EA daily)
<i>docusate sodium CAPS 100 MG</i>	1A	QL(4 EA daily)
<i>docusate sodium CAPS 250 MG</i>	1A	
<b>LOCAL ANESTHETICS-Parenteral - Drugs for Numbing</b>		
Local Anesthetics - Amides		

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine hcl (local anesth.) SOLN 0.5 %, 1 %, 2 %</i>	1B		DUREX EXTRA SENSITIVE THIN MISC	0	
<b>MACROLIDES - Drugs to Treat Bacterial Infections</b>			DUREX TROPICAL MISC	0	
<b>Azithromycin</b>			FANTASY LUBRICATED/SPERMICI DE MISC	0	
<i>azithromycin PACK</i>	1B		FANTASY LUBRICATED MISC	0	
<i>azithromycin SOLR</i>	1B		FC2 FEMALE CONDOM	0	QL(12 EA per fill retail; 12 per fill mail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
<i>azithromycin SUSR</i>	1B		FEMCAP DEVI	0	
<i>azithromycin TABS 500 MG</i>	1B	QL(4 EA per fill retail; 4 per fill mail)	KAMELEON LUBRICATED MISC	0	
<i>azithromycin TABS 250 MG</i>	1B	QL(6 EA per fill retail; 6 per fill mail)	KIMONO COLORS DEVI	0	
<i>azithromycin TABS 600 MG</i>	1B	QL(0.286 EA daily)	KIMONO MAXX-LARGE FLARE MISC	0	
<b>Clarithromycin</b>			KIMONO MICRO THIN PLUS MISC	0	
<i>clarithromycin SUSR</i>	1B		KIMONO PLUS MISC	0	
<i>clarithromycin TABS</i>	1B		KIMONO PS PLUS MISC	0	
<i>clarithromycin TB24</i>	1B		KIMONO PS MISC	0	
<b>Erythromycins</b>			KIMONO SENSATION PLUS MISC	0	
<i>erythromycin base CPEP</i>	3		KIMONO SENSATION MISC	0	
<i>erythromycin base TABS</i>	3		KIMONO SPECIAL DEVI	0	
<i>erythromycin base TBEC</i>	1B		KIMONO MISC	0	
<i>erythromycin ethylsuccinate SUSR</i>	1B		K-Y ME & YOU EXTRA LUBRICATED DEVI	0	
<i>erythromycin ethylsuccinate TABS</i>	3		K-Y ME & YOU INTENSE DEVI	0	
<b>Fidaxomicin</b>			MAXX PLUS MISC	0	
DIFICID TABS	2		MAXX MISC	0	
<b>MEDICAL DEVICES AND SUPPLIES</b>			OMNIFLEX DIAPHRAGM	0	
<b>Contraceptives</b>			REALITY LATEX CONDOMS MISC	0	
AIMSCO LUBRICATED MISC	0				
CAYA DPRH	0				
DUREX EXTRA SENSITIVE THIN DEVI	0				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
REALITY LATEX/ULTRA TEXTURED DEVI	0		WIDE-SEAL DIAPHRAGM 60	0	
REALITY LATEX/ULTRA THIN DEVI	0		WIDE-SEAL DIAPHRAGM 65	0	
TROJAN MAGNUM MISC	0		WIDE-SEAL DIAPHRAGM 70	0	
TROJAN ULTRA THIN/SPERMICIDAL MISC	0		WIDE-SEAL DIAPHRAGM 75	0	
TROJAN ULTRA THIN MISC	0		WIDE-SEAL DIAPHRAGM 80	0	
TROJAN-ENZ LUBRICATED MISC	0		WIDE-SEAL DIAPHRAGM 85	0	
TROJAN-ENZ/SPERMICIDAL MISC	0		WIDE-SEAL DIAPHRAGM 90	0	
TRUE COVER DEVI	0		WIDE-SEAL DIAPHRAGM 95	0	
TRUSTEX COLOR CONDOMS + LUBE MISC	0		<b>Diabetic Supplies</b>		
TRUSTEX LUB/RIBBED/STUDED MISC	0		FREESTYLE LIBRE 14 DAY READER	3	PA
TRUSTEX LUB/SPERMICIDE EX ST MISC	0		FREESTYLE LIBRE 14 DAY SENSOR	3	QL(0.072 EA daily); PA
TRUSTEX LUB/SPERMICIDE XL MISC	0		FREESTYLE LIBRE 2 PLUS SENSOR	3	QL(0.072 EA daily); PA
TRUSTEX LUBRICATED EX LARGE MISC	0		FREESTYLE LIBRE 2 READER	3	PA
TRUSTEX LUBRICATED EXTRA ST MISC	0		FREESTYLE LIBRE 2 SENSOR	3	QL(0.072 EA daily); PA
TRUSTEX LUBRICATED/SPERMICIDE MISC	0		FREESTYLE LIBRE 3 PLUS SENSOR	3	QL(0.072 EA daily); PA
TRUSTEX LUBRICATED MISC	0		FREESTYLE LIBRE 3 READER	3	QL(1 EA per 365 day(s) retail); PA
TRUSTEX NATURAL CONDOMS + LUBE MISC	0		FREESTYLE LIBRE 3 SENSOR	3	QL(0.072 EA daily); PA
TRUSTEX RIA LUB/SPERMICIDE MISC	0		FREESTYLE LIBRE READER	3	PA
TRUSTEX RIA LUBRICATED MISC	0		ONETOUCH DELICA SAFETY LANCING	1B	#, RX/OTC
TRUSTEX-NONOXYNOL-9/RIB/STUD MISC	0		RELION LANCET DEVICES 30G	1B	#, RX/OTC
			RELION LANCETS	1B	#, RX/OTC
			SELECT LANCETS	1B	6.66/day

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SELECT LANCETS	1	6.66/day	<i>almotriptan malate 12.5 MG</i>	1B	QL(0.4 EA daily); AL(At least 12 yrs old); ST
TRUE METRIX LEVEL 3 SOLN	1B	#	<i>almotriptan malate 6.25 MG</i>	1B	QL(0.3 EA daily); AL(At least 12 yrs old); ST
Parenteral Therapy Supplies			<i>eletriptan hydrobromide</i>	1B	QL(0.2 EA daily); AL(At least 18 yrs old); ST
SELECT INSULIN SYRINGES	1B	5/day; #	<i>frovatriptan succinate</i>	1B	QL(0.4 EA daily); AL(At least 18 yrs old); ST
SELECT INSULIN SYRINGES	1	5/day	<i>naratriptan hcl</i>	1B	QL(0.3 EA daily); AL(At least 18 yrs old)
<b>MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches</b>			<i>rizatriptan benzoate TABS 10 MG</i>	1B	QL(0.6 EA daily); AL(At least 6 yrs old)
Calcitonin Gene-Related Peptide (CGRP) Receptor Antag			<i>rizatriptan benzoate TABS 5 MG</i>	1B	QL(0.4 EA daily); AL(At least 6 yrs old)
AIMOVIG	2	QL(0.04 ML daily); PA	<i>rizatriptan benzoate TBDP 10 MG</i>	1B	QL(0.6 EA daily); AL(At least 6 yrs old)
EMGALITY (300 MG DOSE) SOSY	2	QL(0.1 ML daily); PA	<i>rizatriptan benzoate TBDP 5 MG</i>	1B	QL(0.4 EA daily); AL(At least 6 yrs old)
EMGALITY SOAJ	2	QL(0.07 ML daily); PA	<i>sumatriptan</i>	1B	QL(0.2 EA daily); AL(At least 18 yrs old)
EMGALITY SOSY	2	QL(0.07 ML daily); PA	<i>sumatriptan succinate SOAJ</i>	1B	QL(0.134 ML daily); AL(At least 18 yrs old)
UBRELVY	3	QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail); ST	<i>sumatriptan succinate SOCT</i>	1B	QL(0.134 ML daily); AL(At least 18 yrs old)
Migraine Combinations			<i>sumatriptan succinate SOLN 6 MG/0.5ML</i>	1B	QL(0.134 ML daily); AL(At least 18 yrs old)
<i>ergotamine w/ caffeine TABS</i>	1B	QL(1.5 EA daily)			
<i>sumatriptan-naproxen sodium</i>	3	QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail)			
Migraine Products					
<i>dihydroergotamine mesylate SOLN IJ 1 MG/ML</i>	1B				
<i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i>	1B	QL(0.267 ML daily)			
ERGOMAR SUBL	3	QL(0.667 EA daily)			
Serotonin Agonists					

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Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan succinate TABS</i>	1B	QL(0.3 EA daily); AL(At least 18 yrs old)
<i>zolmitriptan SOLN</i>	1B	QL(0.2 EA daily); AL(At least 12 yrs old); ST
<i>zolmitriptan TABS</i>	1B	QL(0.3 EA daily); AL(At least 12 yrs old); ST
<i>zolmitriptan TBDP</i>	1B	QL(0.3 EA daily); AL(At least 12 yrs old); ST
<b>MINERALS &amp; ELECTROLYTES</b>		
Bicarbonates		
<i>sodium acetate SOLN</i>	1B	
SODIUM ACETATE SOLN ( <i>sodium acetate</i> )	1B	
Calcium		
<i>calcium chloride (dihydrate) SOLN</i>	1B	
Electrolyte Mixtures		
<i>dextrose in lactated ringers</i>	1B	
<i>electrolyte-148</i>	1B	
<i>electrolyte-a</i>	1B	
IONOSOL-MB IN D5W	1B	
ISOLYTE-P IN D5W	1B	
ISOLYTE-S	1B	
KCL IN DEXTROSE-NACL 5 %-40 MEQ/L-0.9 % ( <i>potassium chloride in dextrose &amp; sodium chloride</i> )	1B	
KCL-LACTATED RINGERS-D5W	1B	
<i>lactated ringer's</i>	1B	
NORMOSOL-M IN D5W	1B	
NORMOSOL-R PH 7.4	1B	

Drug Name	Drug Tier	Requirements/Limits
PLASMA-LYTE 148 27 MEQ/L-23 MEQ/L-98 MEQ/L-140 MEQ/L-3 MEQ/L-5 MEQ/L	1B	
PLASMA-LYTE A ( <i>electrolyte-a</i> )	1B	
<i>potassium chloride in dextrose 20 MEQ/L</i>	1B	
<i>potassium chloride in dextrose &amp; sodium chloride 5 %-0.075 %-0.45 %, 5 %-0.15 %-0.9 %, 5 %-10 MEQ/L-0.45 %, 5 %-20 MEQ/L-0.2 %, 5 %-20 MEQ/L-0.45 %, 5 %-20 MEQ/L-0.9 %, 5 %-30 MEQ/L-0.45 %, 5 %-40 MEQ/L-0.45 %, 5 %-40 MEQ/L-0.9 %</i>	1B	
<i>potassium chloride in nacl 20 MEQ/L-0.45 %, 20 MEQ/L-0.9 %, 40 MEQ/L-0.9 %</i>	1B	
POTASSIUM CHLORIDE IN NACL 20 MEQ/L-0.45 % ( <i>potassium chloride in nacl</i> )	1B	
<i>ringer's</i>	1B	
Fluoride		
<i>sodium fluoride CHEW</i>	0	QL(1 EA daily)
Magnesium		
<i>magnesium sulfat IJ 50 %</i>	1B	
Phosphate		
<i>potassium phosphates 45 MMOLE/15ML</i>	1B	
Potassium		
<i>potassium acetate SOLN 2 MEQ/ML</i>	1B	
<i>potassium bicarbonate TBEF</i>	1B	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride microencapsulated crystals er</i>	1B		<i>cyclosporine CAPS</i>	1B	
<i>potassium chloride CPCR</i>	1B		<i>cyclosporine SOLN IV 50 MG/ML</i>	1B	
<i>potassium chloride PACK PO 20 MEQ</i>	1B	PA	ENSPRYNG	4	PA
<i>potassium chloride SOLN IV 2 MEQ/ML, 10 MEQ/50ML, 20 MEQ/50ML</i>	1B		<i>everolimus (immunosuppressant) 0.25 MG, 0.5 MG, 0.75 MG</i>	4	QL(20 EA daily); SP; PA
POTASSIUM CHLORIDE SOLN IV 10 MEQ/50ML ( <i>potassium chloride</i> )	1B		<i>everolimus (immunosuppressant) 1 MG</i>	4	QL(10 EA daily); PA
<i>potassium chloride TBCR 8 MEQ, 10 MEQ, 20 MEQ</i>	1B		<i>mycophenolate mofetil CAPS</i>	1B	
Sodium			<i>mycophenolate mofetil TABS</i>	1B	
<i>sodium chloride SOLN IV 0.45 %, 0.9 %, 3 %, 4 MEQ/ML, 5 %</i>	1B		<i>mycophenolate sodium</i>	1B	
<b>MISCELLANEOUS THERAPEUTIC CLASSES</b>			NULOJIX	4	SP; PA
Chelating Agents			PROGRAF PACK	2	PA
<i>penicillamine CAPS</i>	1B	PA	PROGRAF SOLN	2	
<i>penicillamine TABS</i>	1B	QL(8 EA daily)	SIMULECT	3	
<i>trientine hcl 250 MG</i>	4	QL(8 EA daily); SP; PA	<i>sirolimus TABS</i>	1B	
Immunomodulators			<i>tacrolimus CAPS</i>	1B	
<i>lenalidomide 2.5 MG, 5 MG, 10 MG, 15 MG, 25 MG</i>	4	QL(1 EA daily); SP; PA	THYMOGLOBULIN	4	SP; PA
<i>lenalidomide 20 MG</i>	4	QL(1 EA daily); PA	Irrigation Solutions		
THALOMID	4	QL(3 EA daily); SP; PA	<i>irrigation solutions, physiological</i>	1B	
Immunosuppressive Agents			<i>lactated ringer's (irrigation)</i>	1B	
ATGAM	4	SP; PA	<i>ringer's irrigation</i>	1B	
AZATHIOPRINE SODIUM	1B		<i>water for irrigation, sterile</i>	1B	
<i>azathioprine TABS</i>	1B		Potassium Removing Agents		
<i>cyclosporine modified (for microemulsion) CAPS</i>	1B		LOKELMA	3	QL(1 EA daily); PA
<i>cyclosporine modified (for microemulsion) SOLN</i>	1B		<i>sodium polystyrene sulfonate POWD</i>	1B	
			<i>sodium polystyrene sulfonate SUSP CO 15 GM/60ML</i>	1B	
<b>MOUTH/THROAT/DENTAL AGENTS</b>					
Anesthetics Topical Oral					

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine hcl (mouth-throat) 2 %</i>	1B	QL(4 ML daily)	KP PRENATAL MULTIVITAMINS TABS	2	QL(1 EA daily)
<i>lidocaine hcl (mouth-throat) 4 %</i>	1B		MASONATAL TABS	2	QL(1 EA daily)
Anti-infectives - Throat			M-NATAL PLUS TABS	2	QL(1 EA daily); RX/OTC
<i>clotrimazole</i>	1B		MULTI PRENATAL TABS	2	QL(1 EA daily)
<i>nystatin (mouth-throat)</i>	1B		NEONATAL COMPLETE TABS 120 MG-10 MG-9.2 MG-1000 MCG-10 MCG-12 MCG-3 MG-5 MG-20 MG-27 MG-200 MG-1.84 MG-25 MG-2 MG-1200 MCG-2 MG-0.2 MG	2	QL(1 EA daily); RX/OTC
Antiseptics - Mouth/Throat			NEONATAL PLUS TABS	2	QL(1 EA daily); RX/OTC
<i>chlorhexidine gluconate (mouth-throat)</i>	1B		NEONATAL PRENATAL TABS	2	QL(1 EA daily)
DEBACTEROL	2		NEONATAL VITAMIN TABS	2	QL(1 EA daily)
Dental Products			NIVA-PLUS TABS	2	QL(1 EA daily); RX/OTC
<i>stannous fluoride CONC</i>	0	RX/OTC	ONE VITE WOMENS PLUS TABS	2	QL(1 EA daily); RX/OTC
Steroids - Mouth/Throat/Dental			ONE VITE WOMENS TABS	2	QL(1 EA daily)
<i>triamcinolone acetonide (mouth)</i>	1B		PRENATAL ONE DAILY TABS	2	QL(1 EA daily)
Throat Products - Misc.			PRENATAL PLUS VITAMIN/MINERAL TABS	2	QL(1 EA daily); RX/OTC
<i>cevimeline hcl</i>	1B		PRENATAL PLUS TABS	2	QL(1 EA daily); RX/OTC
<i>pilocarpine hcl (oral)</i>	1B		PRENATAL VITAMIN AND MINERAL TABS	2	QL(1 EA daily)
<b>MULTIVITAMINS</b>			PRENATAL VITAMINS TABS 100 MG-800 MCG-1.84 MG-18 MG-2.6 MG-1.7 MG-27 MG-10 MCG-4.95 MG-25 MG-200 MG-160 MG-1200 MCG-4 MCG, 120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT-30 UNIT	2	QL(1 EA daily)
Ped MV w/ Fluoride					
<i>pediatric multivitamins w/fl CHEW</i>	1A	RX/OTC			
Prenatal Vitamins					
CLASSIC PRENATAL TABS	2	QL(1 EA daily)			
CVS PRENATAL TABS 100 MG-2.6 MG-800 MCG-400 UNIT-4 MCG-1.7 MG-18 MG-27 MG-1.5 MG-25 MG-263 MG-11 UNIT-4000 UNIT	2	QL(1 EA daily)			
EQL PRENATAL FORMULA TABS	2	QL(1 EA daily)			
FT PRENATAL TABS	2	QL(1 EA daily)			
GNP PRENATAL TABS	2	QL(1 EA daily)			

Drug Name	Drug Tier	Requirements/Limits
PRENATAL VITAMIN TABS	2	QL(1 EA daily)
PRENATAL/IRON TABS 120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT-30 UNIT	2	QL(1 EA daily)
PRENATAL TABS	2	QL(1 EA daily)
PRENATRIX TABS	2	QL(1 EA daily); RX/OTC
PRENATRYL TABS	2	QL(1 EA daily); RX/OTC
PX PRENATAL MULTIVITAMINS TABS	2	QL(1 EA daily)
QC PRENATAL TABS	2	QL(1 EA daily)
RA PRENATAL FORMULA TABS	2	QL(1 EA daily)
RA PRENATAL TABS	2	QL(1 EA daily)
SM PRENATAL VITAMINS TABS	2	QL(1 EA daily)
THERANATAL CORE NUTRITION TABS	2	QL(1 EA daily); RX/OTC
TRICARE TABS	2	QL(1 EA daily); RX/OTC
VITATHELY WITH GINGER TABS	2	QL(1 EA daily); RX/OTC
WESTAB PLUS TABS	2	QL(1 EA daily); RX/OTC
<b>MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms</b>		
Central Muscle Relaxants		
<i>baclofen TABS</i>	1B	
<i>carisoprodol TABS</i>	1B	
<i>chlorzoxazone TABS 500 MG</i>	1B	QL(6 EA daily)
<i>chlorzoxazone TABS 750 MG</i>	1B	QL(4 EA daily)
<i>cyclobenzaprine hcl TABS 5 MG, 10 MG</i>	1A	QL(3 EA daily)
<i>metaxalone 800 MG</i>	1B	QL(4 EA daily)

Drug Name	Drug Tier	Requirements/Limits
<i>methocarbamol TABS 500 MG, 750 MG</i>	1B	
<i>orphenadrine citrate TB12</i>	1B	QL(2 EA daily)
<i>tizanidine hcl CAPS</i>	1B	
<i>tizanidine hcl TABS</i>	1B	
Direct Muscle Relaxants		
<i>dantrolene sodium CAPS</i>	1B	QL(4 EA daily)
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus</b>		
Nasal Antiallergy		
<i>azelastine hcl</i>	1B	RX/OTC
<i>olopatadine hcl (nasal)</i>	1B	
Nasal Anticholinergics		
<i>ipratropium bromide (nasal) 0.06 %</i>	1B	
<i>ipratropium bromide (nasal) 0.03 %</i>	1B	QL(1 ML daily)
Nasal Steroids		
<i>budesonide (nasal)</i>	1B	
<i>flunisolide (nasal)</i>	1B	1 package(s) per fill retail
<i>fluticasone propionate (nasal) SUSP</i>	1B	Limit 2 inhalers per month; QL(32 ML per 30 day(s) retail); RX/OTC
<i>mometasone furoate (nasal) SUSP</i>	1B	QL(1.14 GM daily); PA; RX/OTC
<i>triamcinolone acetonide (nasal) AERO</i>	1B	
XHANCE EXHU	3	PA
<b>NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles</b>		
ALS Agents		
<i>riluzole TABS</i>	3	
Neuromuscular Blocking Agent - Neurotoxins		
XEOMIN	3	PA

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Drug Name	Drug Tier	Requirements/Limits
<b>Nondepolarizing Muscle Relaxants</b>		
<i>atracurium besylate 50 MG/5ML, 100 MG/10ML</i>	3	PA
<b>NUTRIENTS</b>		
<b>Proteins</b>		
CLINIMIX E/DEXTROSE (5/20)	3	
CLINIMIX/DEXTROSE (4.25/10)	3	
CLINIMIX/DEXTROSE (4.25/5)	3	
<b>OPHTHALMIC AGENTS - Drugs to Treat the Eye</b>		
<b>Beta-blockers - Ophthalmic</b>		
<i>betaxolol hcl (ophth) SOLN</i>	1B	
<i>brimonidine tartrate-timolol maleate</i>	1B	
<i>carteolol hcl (ophth)</i>	1B	
<i>dorzolamide hcl-timolol maleate</i>	1B	
<i>levobunolol hcl 0.5 %</i>	1B	
<i>timolol maleate (ophth) SOLG</i>	1B	
<i>timolol maleate (ophth) SOLN</i>	1B	
<b>Cycloplegic Mydriatics</b>		
<i>tropicamide SOLN 0.5 %</i>	1B	QL(2.5 ML daily)
<i>tropicamide SOLN 1 %</i>	1B	
<b>Miotics</b>		
<i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i>	1B	
<b>Ophthalmic Adrenergic Agents</b>		
<i>apraclonidine hcl</i>	1B	
<i>brimonidine tartrate 0.15 %, 0.2 %</i>	1B	
IOPIDINE	3	

Drug Name	Drug Tier	Requirements/Limits
<b>Ophthalmic Anti-infectives</b>		
<i>bacitracin (ophthalmic)</i>	3	
BESIVANCE	3	PA
<i>ciprofloxacin hcl (ophth) SOLN</i>	1B	
<i>erythromycin (ophth)</i>	1B	
<i>gatifloxacin (ophth)</i>	1B	
<i>gentamicin sulfate (ophth) OINT</i>	1B	
<i>gentamicin sulfate (ophth) SOLN</i>	1B	
<i>levofloxacin (ophth) 0.5 %</i>	1B	
<i>moxifloxacin hcl (ophth) SOLN OP</i>	1B	
NATACYN	2	
<i>neomycin-bacitracin zn-polymyxin</i>	1B	
<i>ofloxacin (ophth)</i>	1B	
<i>polymyxin b-trimethoprim</i>	1B	
<i>sulfacetamide sodium (ophth) SOLN</i>	1B	
<i>tobramycin (ophth) SOLN</i>	1B	
<i>trifluridine</i>	1B	
ZIRGAN GEL	2	
<b>Ophthalmic Immunomodulators</b>		
<i>cyclosporine (ophth) EMUL</i>	3	PA
<b>Ophthalmic Local Anesthetics</b>		
<i>proparacaine hcl</i>	1B	
<b>Ophthalmic Steroids</b>		
ALREX SUSP ( <i>loteprednol etabonate</i> )	3	PA
<i>dexamethasone sodium phosphate (ophth)</i>	1B	QL(0.4 ML daily)
<i>difluprednate</i>	1B	PA
<i>fluorometholone (ophth) SUSP</i>	1B	
FML FORTE SUSP	3	PA

Drug Name	Drug Tier	Requirements/Limits
LOTEMAX OINT	3	PA
<i>loteprednol etabonate GEL</i>	1B	PA
<i>loteprednol etabonate SUSP</i>	1B	PA
MAXIDEX SUSP OP	3	PA
<i>neomycin-polymyx-dexameth OINT</i>	1B	
<i>neomycin-polymyx-dexameth SUSP</i>	1B	
<i>neomycin-polymyxin-hc (ophth)</i>	1B	QL(2.5 ML daily)
PRED MILD	3	PA
<i>prednisolone acetate (ophth)</i>	1B	
PREDNISOLONE SODIUM PHOSPHATE	3	
<i>sulfacetamide sod-prednisolone SOLN</i>	3	PA
<i>tobramycin-dexamethasone SUSP</i>	1B	
ZYLET	3	PA
Ophthalmic Surgical Aids		
HEALON PRO SOSY	3	PA
PROVISC SOSY	3	PA
Ophthalmics - Misc.		
ALOCRIAL	3	PA
ALOMIDE	3	PA
<i>azelastine hcl (ophth)</i>	1B	
<i>bepotastine besilate</i>	3	PA
<i>brinzolamide</i>	1B	
<i>bromfenac sodium (ophth)</i>	1B	
<i>cromolyn sodium (ophth)</i>	1B	
CYSTARAN	2	QL(2.143 ML daily); PA
<i>diclofenac sodium (ophth)</i>	1B	
<i>dorzolamide hcl</i>	1B	
<i>epinastine hcl (ophth)</i>	1B	
<i>flurbiprofen sodium</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>ketorolac tromethamine (ophth)</i>	1B	
<i>ketotifen fumarate (ophth) 0.035 %</i>	1B	
LASTACAFT	3	PA
NEVANAC	3	QL(0.2 ML daily); ST
<i>olopatadine hcl 0.1 %</i>	1B	QL(0.34 ML daily); RX/OTC
<i>olopatadine hcl 0.2 %</i>	1B	RX/OTC
Prostaglandins - Ophthalmic		
<i>bimatoprost SOLN</i>	3	
<i>latanoprost SOLN</i>	1B	
<i>tafluprost</i>	1B	
<i>travoprost SOLN</i>	1B	
<b>OTIC AGENTS - Drugs to Treat the Ear</b>		
Otic Agents - Miscellaneous		
<i>acetic acid (otic)</i>	1B	QL(0.5 ML daily)
Otic Anti-infectives		
<i>ciprofloxacin hcl (otic)</i>	1B	
<i>ofloxacin (otic)</i>	1B	
Otic Combinations		
<i>ciprofloxacin-dexamethasone</i>	1B	PA
<i>ciprofloxacin-fluocinolone acetamide</i>	1B	QL(0.5 EA daily); PA
CORTISPORIN-TC	3	
<i>neomycin-polymyxin-hc (otic) SOLN</i>	1B	QL(2 ML daily)
<i>neomycin-polymyxin-hc (otic) SUSP</i>	1B	
Otic Steroids		
<i>fluocinolone acetamide (otic)</i>	1B	
<i>hydrocortisone w/acetic acid</i>	1B	
<b>PASSIVE IMMUNIZING AND TREATMENT</b>		

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Drug Name	Drug Tier	Requirements/Limits
<b>AGENTS - Antibody Drugs to Treat Low Immune System</b>		
Immune Serums		
GAMMAGARD 1 GM/10ML, 2.5 GM/25ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	4	SP; PA
GAMMAGARD 30 GM/300ML	4	PA
GAMMAGARD S/D LESS IGA SOLR	4	SP; PA
GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	4	SP; PA
GAMUNEX-C	4	SP; PA
Passive Immunizing Agents - Combinations		
HYQVIA	4	PA
<b>PENICILLINS - Drugs to Treat Bacterial Infections</b>		
Aminopenicillins		
<i>amoxicillin CAPS</i>	1A	
<i>amoxicillin CHEW 125 MG, 250 MG</i>	1B	
<i>amoxicillin SUSR 125 MG/5ML</i>	1A	
<i>amoxicillin SUSR 200 MG/5ML, 250 MG/5ML, 400 MG/5ML</i>	1B	
<i>amoxicillin TABS</i>	1B	
<i>ampicillin sodium IJ 1 GM</i>	1B	
<i>ampicillin CAPS 500 MG</i>	1B	
Natural Penicillins		
PENICILLIN G POT IN DEXTROSE 40000 UNIT/ML, 60000 UNIT/ML	1B	
<i>penicillin g potassium 5000000 UNIT</i>	1B	
PENICILLIN G PROCAINE	3	
<i>penicillin g sodium</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>penicillin v potassium SOLR</i>	1B	
<i>penicillin v potassium TABS</i>	1B	
Penicillin Combinations		
<i>amoxicillin &amp; pot clavulanate CHEW</i>	1B	
<i>amoxicillin &amp; pot clavulanate SUSR</i>	1B	
<i>amoxicillin &amp; pot clavulanate TABS</i>	1B	
<i>amoxicillin &amp; pot clavulanate TB12</i>	1B	
<i>ampicillin &amp; sulbactam sodium IJ 1 GM-0.5 GM, 2 GM-1 GM</i>	1B	
<i>piperacillin sodium-tazobactam sodium</i>	1B	
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium</i>	1B	
<i>naftillin sodium IV 10 GM</i>	1B	
<i>oxacillin sodium IV 10 GM</i>	1B	
<b>PROGESTINS - Hormone Replacement/Modifying Drugs</b>		
Progestins		
<i>medroxyprogesterone acetate 2.5 MG, 5 MG</i>	1B	
<i>medroxyprogesterone acetate 10 MG</i>	1A	
<i>megestrol acetate (appetite)</i>	1B	PA
<i>norethindrone acetate TABS</i>	0	
<i>progesterone CAPS</i>	1B	
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions</b>		
Agents for Chemical Dependency		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>acamprosate calcium</i>	1B		AUSTEDO XR PATIENT TITRATION TEPK	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA
<i>disulfiram</i>	1B		AUSTEDO XR TB24	4	QL(1 EA daily); PA
<i>lofexidine hcl</i>	1B	QL(224 EA per 14 day(s) retail); PA	AUSTEDO TABS	4	QL(4 EA daily); PA
LUCEMYRA ( <i>lofexidine hcl</i> )	3	QL(224 EA per 14 day(s) retail); PA	INGREZZA CAPS	4	QL(1 EA daily); PA
<b>Antidementia Agents</b>			INGREZZA CPPK	4	1 max fill(s) per 180 day(s) retail; PA
<i>donepezil hydrochloride TABS 10 MG</i>	1B	QL(2 EA daily)	INGREZZA CPSP	4	QL(1 EA daily); PA
<i>donepezil hydrochloride TABS 5 MG, 23 MG</i>	1B	QL(1 EA daily)	<i>tetrabenazine</i>	4	QL(3 EA daily); SP; PA
<i>donepezil hydrochloride TBDP 10 MG</i>	1B	QL(2 EA daily)	<b>Multiple Sclerosis Agents</b>		
<i>donepezil hydrochloride TBDP 5 MG</i>	1B	QL(1 EA daily)	AVONEX PEN AJKT	4	QL(0.0714 EA daily); SP; PA
<i>galantamine hydrobromide CP24</i>	1B	QL(1 EA daily)	AVONEX PREFILLED PSKT	4	QL(0.0714 EA daily); SP; PA
<i>galantamine hydrobromide SOLN</i>	1B	QL(6 ML daily)	BETASERON KIT	4	QL(0.5 EA daily); SP; PA
<i>galantamine hydrobromide TABS</i>	1B	QL(2 EA daily)	<i>dalfampridine</i>	4	QL(2 EA daily); SP; PA
<i>memantine hcl TABS</i>	1B		<i>dimethyl fumarate CDPK</i>	1B	QL(2 EA daily)
<i>memantine hcl TABS</i>	1B	QL(2 EA daily)	<i>dimethyl fumarate CPDR</i>	1B	QL(2 EA daily)
<i>rivastigmine tartrate CAPS</i>	1B		<i> fingolimod hcl</i>	4	QL(1 EA daily)
<b>Combination Psychotherapeutics</b>			<i>glatiramer acetate SOSY 40 MG/ML</i>	4	QL(0.43 ML daily)
<i>chlordiazepoxide-amitriptyline</i>	1B		<i>glatiramer acetate SOSY 20 MG/ML</i>	4	QL(1 ML daily)
<i>perphenazine-amitriptyline</i>	1B	QL(4 EA daily)	LEMTRADA	4	QL(1.2 ML daily); PA
<b>Fibromyalgia Agents</b>			PLEGRIDY STARTER PACK SOAJ	4	QL(0.036 ML daily); PA
SAVELLA TITRATION PACK MISC	2	1 max fill(s) per 365 day(s) retail; PA	PLEGRIDY STARTER PACK SOSY SC	4	QL(0.036 ML daily); PA
SAVELLA TABS	2	QL(2 EA daily); PA	PLEGRIDY SOAJ	4	QL(0.036 ML daily); PA
<b>Movement Disorder Drug Therapy</b>			PLEGRIDY SOSY SC	4	QL(0.036 ML daily); PA



Drug Name	Drug Tier	Requirements/Limits
REBIF REBIDOSE TITRATION PACK SOAJ	4	1 max fill(s) per 365 day(s) retail; SP; PA
REBIF REBIDOSE SOAJ	4	QL(0.214 ML daily); SP; PA
REBIF TITRATION PACK SOSY	4	1 max fill(s) per 365 day(s) retail; SP; PA
REBIF SOSY	4	QL(0.214 ML daily); SP; PA
<i>teriflunomide</i>	4	QL(1 EA daily)
Postherpetic Neuralgia (PHN)/Neuropathic Pain Agents		
<i>pregabalin (once-daily) 82.5 MG, 165 MG</i>	3	QL(1 EA daily); PA
<i>pregabalin (once-daily) 330 MG</i>	3	QL(2 EA daily); PA
Pseudobulbar Affect (PBA) Agents		
NUDEXTA	3	QL(2 EA daily); PA
Psychotherapeutic and Neurological Agents - Misc.		
<i>ergoloid mesylates TABS</i>	1B	
<i>pimozide</i>	1B	
Smoking Deterrents		
<i>bupropion hcl (smoking deterrent)</i>	0	QL(2 EA daily)
<i>nicotine polacrilex GUM</i>	0	
<i>nicotine polacrilex LOZG</i>	0	
NICOTINE KIT	0	
<i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>	0	QL(1 EA daily)
NICOTROL NS SOLN	0	
NICOTROL INHA	0	
<i>varenicline tartrate TABS</i>	0	QL(2 EA daily)
<i>varenicline tartrate TBPK</i>	0	
<b>RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions</b>		

Drug Name	Drug Tier	Requirements/Limits
Alpha-Proteinase Inhibitor (Human)		
PROLASTIN-C SOLN	4	PA
PROLASTIN-C SOLR	4	PA
Cystic Fibrosis Agents		
KALYDECO TABS	4	QL(2 EA daily); SP; PA
ORKAMBI PACK	4	QL(2 EA daily); PA
ORKAMBI TABS	4	QL(4 EA daily); PA
PULMOZYME	4	QL(2.5 ML daily); SP; PA
TRIKAFTA TBPK	4	QL(3 EA daily); PA
Pulmonary Fibrosis Agents		
OFEV	4	QL(2 EA daily); PA
<i>pirfenidone CAPS</i>	4	QL(1 EA daily); PA
<i>pirfenidone TABS 267 MG, 801 MG</i>	4	QL(1 EA daily); PA
<i>pirfenidone TABS 534 MG</i>	4	QL(3 EA daily); PA
<b>SULFONAMIDES - Drugs to Treat Bacterial Infections</b>		
Sulfonamides		
<i>sulfadiazine TABS</i>	1B	
<b>TETRACYCLINES - Drugs to Treat Bacterial Infections</b>		
Fluorocyclines		
XERAVA	4	PA
Glycylcyclines		
<i>tigecycline</i>	1B	
Tetracyclines		
<i>demeclocycline hcl TABS</i>	1B	
<i>doxycycline (monohydrate) CAPS 50 MG, 100 MG</i>	1B	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline (monohydrate) CAPS 75 MG</i>	1B		BOOSTRIX SUSY	0	
<i>doxycycline (monohydrate) TABS 100 MG</i>	1B	QL(2 EA daily)	DAPTACEL	0	
<i>doxycycline (monohydrate) TABS 50 MG, 75 MG</i>	1B		DIPHThERIA-TETANUS TOXOIDS DT SUSP	0	
<i>doxycycline hyclate CAPS</i>	1B	QL(2 EA daily)	INFANRIX	0	
<i>doxycycline hyclate SOLR</i>	1B		KINRIX SUSY	0	
<i>doxycycline hyclate TABS 20 MG, 100 MG</i>	1B	QL(2 EA daily)	PEDIARIX SUSY	0	
<i>minocycline hcl CAPS</i>	1B	QL(3 EA daily)	PENTACEL	0	
<i>minocycline hcl TABS</i>	1B	QL(3 EA daily)	QUADRACEL SUSP	0	
<i>tetracycline hcl CAPS</i>	1B	QL(8 EA daily)	QUADRACEL SUSY	0	
<b>THYROID AGENTS - Drugs to Regulate Thyroid Hormones</b>			TDVAX SUSP	0	
<b>Antithyroid Agents</b>			TENIVAC INJ	0	
<i>methimazole TABS</i>	1B		TETANUS-DIPHThERIA TOXOIDS TD SUSP	0	
<i>propylthiouracil</i>	1B		<b>ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions</b>		
<b>Thyroid Hormones</b>			<b>Antispasmodics</b>		
ADTHYZA TABS 16.25 MG, 32.5 MG, 65 MG, 97.5 MG, 130 MG	2		<i>atropine sulfate SOLN IJ 0.4 MG/ML, 1 MG/ML</i>	1B	
ARMOUR THYROID TABS	2	QL(1 EA daily)	<i>atropine sulfate SOSY IJ 0.25 MG/5ML</i>	1B	
<i>levothyroxine sodium TABS</i>	1B		<i>chlordiazepoxide hcl-clidinium bromide</i>	1B	
<i>liothyronine sodium SOLN</i>	1B		<i>dicyclomine hcl CAPS</i>	1B	
<i>liothyronine sodium TABS</i>	1B		<i>dicyclomine hcl SOLN PO</i>	1B	
NP THYROID TABS	1B	QL(1 EA daily)	<i>dicyclomine hcl TABS</i>	1B	
SYNTHROID TABS ( <i>levothyroxine sodium</i> )	2		<i>glycopyrrolate SOLN IJ 4 MG/20ML</i>	1B	
<b>TOXOIDS</b>			<i>glycopyrrolate TABS 1 MG</i>	1B	
<b>Toxoid Combinations</b>			<i>glycopyrrolate TABS 2 MG</i>	1B	QL(6 EA daily)
ADACEL SUSP	0		<i>methscopolamine bromide</i>	1B	
BOOSTRIX SUSP	0		<b>H-2 Antagonists</b>		
			<i>cimetidine TABS</i>	1B	RX/OTC
			<i>famotidine in nacl SOLN</i>	1B	
			<i>famotidine SOLN 20 MG/2ML</i>	1A	

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Drug Name	Drug Tier	Requirements/Limits
<i>famotidine SOLN 40 MG/4ML, 200 MG/20ML</i>	1B	
<i>famotidine SUSR</i>	1B	QL(10 ML daily)
<i>famotidine TABS 20 MG, 40 MG</i>	1B	RX/OTC
<i>nizatidine CAPS</i>	1B	
Misc. Anti-Ulcer		
<i>sucralfate SUSP</i>	1B	QL(40 ML daily)
<i>sucralfate TABS</i>	1B	QL(4 EA daily)
Proton Pump Inhibitors		
<i>dexlansoprazole</i>	3	QL(1 EA daily)
<i>esomeprazole magnesium CPDR 20 MG</i>	1B	QL(2 EA daily); RX/OTC
<i>esomeprazole magnesium CPDR 40 MG</i>	3	QL(1 EA daily)
<i>esomeprazole magnesium TBEC</i>	1B	QL(2 EA daily)
<i>lansoprazole CPDR 15 MG</i>	1B	QL(2 EA daily); RX/OTC
<i>lansoprazole CPDR 30 MG</i>	1B	
<i>NEXIUM 24HR TBEC (esomeprazole magnesium)</i>	1B	QL(2 EA daily)
<i>omeprazole magnesium CPDR</i>	1B	QL(4 EA daily)
<i>omeprazole CPDR</i>	1B	QL(2 EA daily)
<i>omeprazole TBEC</i>	1B	QL(2 EA daily)
<i>pantoprazole sodium TBEC 20 MG</i>	1B	QL(1 EA daily)
<i>pantoprazole sodium TBEC 40 MG</i>	1B	
<i>rabeprazole sodium TBEC</i>	3	QL(1 EA daily)
Ulcer Drugs - Prostaglandins		
<i>misoprostol</i>	1B	QL(4 EA daily)
Ulcer Therapy Combinations		

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin-clarithromycin w/ lansoprazole THPK</i>	1B	14 day(s) max supply per 365 day(s) retail; 14 day(s) max supply per 365 day(s) mail
<i>omeprazole-sodium bicarbonate CAPS 1100 MG-20 MG</i>	1B	QL(1 EA daily); RX/OTC
<b>URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms</b>		
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
<i>darifenacin hydrobromide</i>	1B	QL(1 EA daily)
<i>fesoterodine fumarate</i>	1B	QL(1 EA daily); PA
<i>oxybutynin chloride SOLN</i>	1B	
<i>oxybutynin chloride TABS 5 MG</i>	1B	
<i>oxybutynin chloride TB24</i>	1B	
<i>solifenacin succinate TABS</i>	1B	QL(1 EA daily); PA
<i>tolterodine tartrate CP24</i>	1B	QL(1 EA daily)
<i>tolterodine tartrate TABS</i>	1B	
<i>tropium chloride CP24</i>	1B	QL(1 EA daily)
<i>tropium chloride TABS</i>	1B	QL(3 EA daily)
Urinary Antispasmodics - Cholinergic Agonists		
<i>bethanechol chloride 5 MG, 10 MG, 50 MG</i>	1B	QL(4 EA daily)
<i>bethanechol chloride 25 MG</i>	1B	
Urinary Antispasmodics - Direct Muscle Relaxants		
<i>flavoxate hcl</i>	1B	
<b>VACCINES</b>		
Bacterial Vaccines		
ACTHIB SOLR IM	0	
BEXSERO	0	
CAPVAXIVE	0	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
HIBERIX SOLR IJ	0		ENGERIX-B SUSY	0	3 max fill(s) per 365 day(s) retail; 3 max fill(s) per 365 day(s) mail
MENACTRA	0		FLUAD	0	1 max fill(s) per 180 day(s) retail
MENQUADFI	0		FLUAD QUADRIVALENT	0	1 max fill(s) per 180 day(s) retail
MENVEO SOLN	0		FLUARIX QUADRIVALENT SUSY	0	1 max fill(s) per 180 day(s) retail
MENVEO SOLR	0		FLUARIX SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
PEDVAX HIB SUSP	0		FLUBLOK QUADRIVALENT	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
PNEUMOVAX 23 SOLN	0		FLUBLOK SOSY	0	1 max fill(s) per 180 day(s) retail
PNEUMOVAX 23 SOSY	0		FLUCELVAX QUADRIVALENT SUSP	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
PREVNAR 13	0		FLUCELVAX QUADRIVALENT SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
PREVNAR 20	0	1 max fill(s) per 999 day(s) retail	FLUCELVAX SUSP	0	1 max fill(s) per 180 day(s) retail
TRUMENBA	0		FLUCELVAX SUSY	0	1 max fill(s) per 180 day(s) retail
VAXNEUVANCE	0	4 max fill(s) per 999 day(s) retail	FLULAVAL QUADRIVALENT SUSY	0	1 max fill(s) per 180 day(s) retail
<b>Viral Vaccines</b>					
ABRYSVO	0				
AFLURIA PRESERVATIVE FREE SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail			
AFLURIA QUADRIVALENT SUSP	0	1 max fill(s) per 180 day(s) retail			
AFLURIA QUADRIVALENT SUSY 0.5 ML	0	1 max fill(s) per 180 day(s) retail			
AFLURIA SUSP	0	1 max fill(s) per 180 day(s) retail			
AREXVY	0				
COMIRNATY SUSP	0				
COMIRNATY SUSY	0				
ENGERIX-B SUSP 20 MCG/ML	0	3 max fill(s) per 365 day(s) retail; 3 max fill(s) per 365 day(s) mail			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FLULAVAL SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail	M-M-R II SOLR	0	2 max fill(s) per 365 day(s) retail
FLUMIST	0	1 max fill(s) per 180 day(s) retail	MODERNA COVID-19 BIVAL 6M-5Y	0	
FLUMIST QUADRIVALENT	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail	MODERNA COVID-19 BIVALENT	0	
FLUZONE HIGH-DOSE QUADRIVALENT	0	1 max fill(s) per 180 day(s) retail	MODERNA COVID-19 VAC (BOOSTER) SUSP	0	
FLUZONE HIGH-DOSE SUSY	0	1 max fill(s) per 180 day(s) retail	MODERNA COVID-19 VAC 6M-11Y SUSP	0	
FLUZONE QUADRIVALENT SUSP	0	1 max fill(s) per 180 day(s) retail	MODERNA COVID-19 VAC 6M-11Y SUSY	0	
FLUZONE QUADRIVALENT SUSY	0	1 max fill(s) per 180 day(s) retail	MODERNA COVID-19 VACC 6M-5Y SUSP	0	
FLUZONE SUSP	0	1 max fill(s) per 180 day(s) retail	MODERNA COVID-19 VACCINE SUSP	0	
FLUZONE SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail	NOVAVAX COVID-19 VACCINE SUSP	0	
GARDASIL 9 SUSP	0	3 max fill(s) per 365 day(s) retail	NOVAVAX COVID-19 VACCINE SUSY	0	
GARDASIL 9 SUSY	0	3 max fill(s) per 365 day(s) retail	PFIZER COVID-19 BIVAL 6MO-4YR	0	
HAVRIX	0		PFIZER COVID-19 VAC BIVAL 5-11	0	
HEPLISAV-B SOSY	0	2 max fill(s) per 292 day(s) retail; 2 max fill(s) per 292 day(s) mail	PFIZER COVID-19 VAC BIVALENT	0	
IPOL	0		PFIZER COVID-19 VAC-TRIS 5-11Y SUSP	0	
JANSSEN COVID-19 VACCINE	0		PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP	0	
			PFIZER-BIONT COVID-19 VAC-TRIS SUSP	0	
			PFIZER-BIONTECH COVID-19 VACC SUSP	0	
			PREHEVBRIO	0	3 max fill(s) per 365 day(s) retail
			PRIORIX SUSR	0	3 max fill(s) per 365 day(s) retail
			PROQUAD SUSR	0	2 max fill(s) per 365 day(s) retail

Drug Name	Drug Tier	Requirements/Limits
RECOMBIVAX HB SUSP	0	
RECOMBIVAX HB SUSY	0	
ROTARIX SUSP	0	
ROTARIX SUSR	0	
ROTATEQ SOLN	0	
SHINGRIX	0	2 max fill(s) per 999 day(s) retail; AL(At least 18 yrs old)
SPIKEVAX COVID-19 VACCINE SUSP	0	
SPIKEVAX SUSP	0	
SPIKEVAX SUSY	0	
TWINRIX SUSY	0	
VAQTA	0	
VARIVAX SUSR	0	2 max fill(s) per 365 day(s) retail

#### VAGINAL AND RELATED PRODUCTS

Spermicides		
SHUR-SEAL CONTRACEPTIVE GEL	0	
TODAY SPONGE MISC	0	
Vaginal Anti-infectives		
<i>clindamycin phosphate vaginal CREA</i>	1B	
<i>clotrimazole vaginal CREA 1 %</i>	1B	
GYNAZOLE-1	3	QL(5 GM per 30 day(s) retail; 5 GM per 30 days mail)
<i>metronidazole vaginal</i>	1B	
<i>miconazole nitrate vaginal SUPP 200 MG</i>	1B	
<i>terconazole vaginal CREA</i>	1B	
<i>terconazole vaginal CREA</i>	1B	
<i>terconazole vaginal SUPP</i>	1B	
Vaginal Anti-inflammatory Agents		

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone vaginal</i>	1B	QL(15.15 GM daily)
Vaginal Contraceptive - pH Modulators		
PHEXXI	0	PV
Vaginal Estrogens		
<i>estradiol vaginal CREA</i>	1B	QL(2 GM daily)
<i>estradiol vaginal TABS</i>	1B	
ESTRING RING	3	
FEMRING	3	
PREMARIN	2	QL(1.5 GM daily)
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
<i>epinephrine (anaphylaxis) SOAJ 0.15 MG/0.3ML</i>	1B	QL(2 EA per fill retail; 2 per fill mail); 2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail
<i>epinephrine (anaphylaxis) SOAJ 0.3 MG/0.3ML</i>	2	QL(2 EA per fill retail; 2 per fill mail); 2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail
Vasopressors		
<i>midodrine hcl</i>	1B	
VITAMINS		
Oil Soluble Vitamins		
<i>cholecalciferol CAPS</i>	1A	
<i>cholecalciferol TABS 10 MCG, 400 UNIT</i>	0	
<i>ergocalciferol CAPS</i>	0	
<i>ergocalciferol SOLN PO 200 MCG/ML</i>	1B	
VITAMIN D2 TABS 400 UNIT	0	AL(At least 65 yrs old)

Ambetter Formulary Updated March 1, 2025

Drug Name	Drug Tier	Requirements/ Limits
Water Soluble Vitamins		
<i>ascorbic acid SOLN IJ</i>	3	QL(0.4 ML daily)
NIACIN ER TBCR	1B	
<i>niacinamide TABS 500 MG</i>	1A	
<i>niacinamide TABS 100 MG</i>	1B	
<i>niacin CPCR 250 MG, 500 MG</i>	1A	
<i>niacin TABS</i>	1A	
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dapsone .....	22	desmopressin acetate spray refrigerated 0.01 % .....	45	dexmethylphenidate hcl TABS .....	1
DAPTACEL .....	63	desmopressin acetate TABS 0.1 MG 46		dextroamphetamine sulfate CP24 10 MG, 15 MG .....	1
daptomycin 500 MG .....	22	desmopressin acetate TABS 0.2 MG 45		dextroamphetamine sulfate CP24 5	
darifenacin hydrobromide .....	64	desogestrel & ethinyl estradiol ....	35		
		desogestrel-ethinyl estradiol (biphasic) .....	35		

MG .....	1	DIFICID TABS .....	51	diltiazem hcl TB24 .....	33
dextroamphetamine sulfate TABS 2.5 MG, 7.5 MG, 15 MG, 20 MG, 30 MG . 1		diflorasone diacetate CREA .....	41	dimethyl fumarate CDPK .....	61
dextroamphetamine sulfate TABS 5 MG, 10 MG .....	1	diflorasone diacetate OINT .....	41	dimethyl fumarate CPDR .....	61
dextrose in lactated ringers .....	54	diflunisal TABS .....	5	DIPENTUM .....	47
DIACOMIT CAPS 250 MG .....	11	difluprednate .....	58	diphenhydramine hcl CAPS 50 MG 18	
DIACOMIT CAPS 500 MG .....	11	digoxin SOLN PO 0.05 MG/ML ....	33	diphenhydramine hcl ELIX 12.5 MG/5ML .....	18
DIACOMIT PACK 250 MG .....	11	digoxin TABS 62.5 MCG, 125 MCG, 250 MCG .....	33	diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML .....	18
DIACOMIT PACK 500 MG .....	11	dihydroergotamine mesylate SOLN IJ 1 MG/ML .....	53	diphenhydramine hcl SOLN 50 MG/ML .....	18
diazepam (anticonvulsant) GEL ...	11	dihydroergotamine mesylate SOLN NA 4 MG/ML .....	53	diphenoxylate w/ atropine LIQD ...	17
diazepam CONC .....	8	DILANTIN (phenytoin sodium extended) .....	12	diphenoxylate w/ atropine TABS ...	17
diazepam SOLN PO 5 MG/5ML ....	8	DILANTIN .....	12	DIPHThERIA-TETANUS TOXOIDS DT SUSP .....	63
diazepam TABS .....	8	DILANTIN INFATABS CHEW (phenytoin) .....	12	dipyridamole .....	49
diazoxide .....	15	DILANTIN SUSP (phenytoin) .....	12	disopyramide phosphate CAPS ....	8
dichlorphenamide .....	44	DILANTIN-125 SUSP (phenytoin) .	12	disulfiram .....	61
diclofenac epolamine PTCH EX ...	39	diltiazem hcl coated beads CP24 120 MG, 300 MG, 360 MG .....	33	DIURIL SUSP .....	44
diclofenac potassium TABS 50 MG .4		diltiazem hcl coated beads CP24 180 MG, 240 MG .....	33	divalproex sodium TB24 .....	13
diclofenac sodium (actinic keratoses) EX .....	39	diltiazem hcl CP12 .....	33	divalproex sodium TBEC .....	13
diclofenac sodium (ophth) .....	59	diltiazem hcl CP24 .....	33	docetaxel CONC 20 MG/ML .....	28
diclofenac sodium (topical) GEL EX 39		diltiazem hcl extended release beads 120 MG, 180 MG, 240 MG, 300 MG, 360 MG .....	33	docetaxel SOLN 20 MG/2ML .....	28
diclofenac sodium TB24 .....	4	diltiazem hcl extended release beads 420 MG .....	33	docusate calcium .....	50
diclofenac sodium TBEC .....	4	DILTIAZEM HCL SOLR .....	33	docusate sodium CAPS 100 MG ..	50
diclofenac w/ misoprostol TBEC ....	4	diltiazem hcl TABS .....	33	docusate sodium CAPS 250 MG ..	50
dicloxacillin sodium .....	60	DILTIAZEM HCL SOLR .....	33	dofetilide .....	9
dicyclomine hcl CAPS .....	63	diltiazem hcl TABS .....	33	donepezil hydrochloride TABS 10 MG .....	61
dicyclomine hcl SOLN PO .....	63			donepezil hydrochloride TABS 5 MG, 23 MG .....	61
dicyclomine hcl TABS .....	63				
DIFFERIN LOTN .....	38				



donepezil hydrochloride TBDP 10 MG .....	61	drospirenone-ethinyl estradiol-levomefolate calcium .....	35	disoproxil fumarate .....	30
donepezil hydrochloride TBDP 5 MG 61		DROXIA CAPS .....	49	EGRIFTA SV .....	45
DOPTELET .....	49	DUAVEE .....	46	ELAPRASE .....	45
dorzolamide hcl .....	59	DULERA .....	10	electrolyte-148 .....	54
dorzolamide hcl-timolol maleate ..	58	duloxetine hcl CPEP 20 MG, 30 MG, 60 MG .....	14	electrolyte-a .....	54
DOVATO .....	30	duloxetine hcl CPEP 40 MG .....	14	ELESTRIN GEL .....	46
doxazosin mesylate .....	20	DUPIXENT SOAJ 200 MG/1.14ML 42		eletriptan hydrobromide .....	53
doxepin hcl (antipruritic) .....	39	DUPIXENT SOAJ 300 MG/2ML ...	42	ELIGARD KIT SC 7.5 MG .....	25
doxepin hcl (sleep) .....	50	DUPIXENT SOSY 100 MG/0.67ML 42		ELIGARD SC 22.5 MG, 30 MG, 45 MG .....	25
doxepin hcl CAPS .....	14	DUPIXENT SOSY 200 MG/1.14ML 42		ELIQUIS DVT/PE STARTER PACK TBPK .....	10
doxepin hcl CONC .....	14	DUPIXENT SOSY 300 MG/2ML ...	42	ELIQUIS TABS .....	10
doxercalciferol CAPS .....	45	DUREX EXTRA SENSITIVE THIN DEVI .....	51	ELLA .....	36
doxercalciferol SOLN .....	45	DUREX EXTRA SENSITIVE THIN MISC .....	51	ELMIRON CAPS .....	48
doxorubicin hcl liposomal SUSP ...	26	DUREX TROPICAL MISC .....	51	ELOCTATE .....	48
doxorubicin hcl SOLN .....	26	dutasteride .....	48	EMCYT .....	25
doxorubicin hcl SOLR 10 MG, 50 MG .....	26	dutasteride-tamsulosin hcl .....	48	EMFLAZA SUSP (deflazacort) ....	36
doxycycline (monohydrate) CAPS 50 MG, 100 MG .....	62	econazole nitrate CREA .....	38	EMGALITY (300 MG DOSE) SOSY 53	
doxycycline (monohydrate) CAPS 75 MG .....	63	EDARBI .....	20	EMGALITY SOAJ .....	53
doxycycline (monohydrate) TABS 100 MG .....	63	EDURANT .....	30	EMGALITY SOSY .....	53
doxycycline (monohydrate) TABS 50 MG, 75 MG .....	63	efavirenz CAPS 200 MG .....	30	EMSAM .....	13
doxycycline hyclate CAPS .....	63	efavirenz CAPS 50 MG .....	30	emtricitabine CAPS .....	30
doxycycline hyclate SOLR .....	63	efavirenz TABS .....	30	emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG .....	30
doxycycline hyclate TABS 20 MG, 100 MG .....	63	efavirenz-emtricitabine-tenofovir disoproxil fumarate .....	30	emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG .....	30
doxylamine-pyridoxine TBEC .....	17	efavirenz-lamivudine-tenofovir		EMTRIVA SOLN .....	30
dronabinol CAPS .....	17			EMVERM CHEW .....	7
				enalapril maleate &	

hydrochlorothiazide 12.5 MG-5 MG 20	EPIVIR HBV SOLN ..... 31	erythromycin base TBEC ..... 51
enalapril maleate & hydrochlorothiazide 25 MG-10 MG 20	eplerenone ..... 21	erythromycin ethylsuccinate SUSR 51
enalapril maleate TABS ..... 20	EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML ..... 49	erythromycin ethylsuccinate TABS 51
ENBREL MINI SOCT ..... 4	epoprostenol sodium ..... 33	escitalopram oxalate SOLN ..... 13
ENBREL SOLN ..... 4	EQL PRENATAL FORMULA TABS 56	escitalopram oxalate TABS 10 MG 13
ENBREL SOSY 25 MG/0.5ML ..... 4	EQUETRO 100 MG ..... 29	escitalopram oxalate TABS 20 MG 13
ENBREL SOSY 50 MG/ML ..... 4	EQUETRO 200 MG ..... 29	escitalopram oxalate TABS 5 MG . 13
ENBREL SURECLICK SOAJ ..... 4	EQUETRO 300 MG ..... 29	esomeprazole magnesium CPDR 20 MG ..... 64
ENGERIX-B SUSP 20 MCG/ML ... 65	ERAXIS ..... 18	esomeprazole magnesium CPDR 40 MG ..... 64
ENGERIX-B SUSY ..... 65	ERBITUX ..... 24	esomeprazole magnesium TBEC . 64
enoxaparin sodium SOLN IJ 300 MG/3ML ..... 10	ergocalciferol CAPS ..... 67	ESPEROCT 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT 48
enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML ..... 10	ergocalciferol SOLN PO 200 MCG/ML ..... 67	estazolam ..... 50
enoxaparin sodium SOSY 30 MG/0.3ML ..... 10	ergoloid mesylates TABS ..... 62	esterified estrogens & methyltestosterone ..... 46
enoxaparin sodium SOSY 40 MG/0.4ML ..... 10	ERGOMAR SUBL ..... 53	estradiol & norethindrone acetate TABS ..... 46
enoxaparin sodium SOSY 60 MG/0.6ML ..... 10	ergotamine w/ caffeine TABS ..... 53	estradiol GEL ..... 46
enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML ..... 10	eribulin mesylate ..... 28	estradiol PTTW ..... 46
ENSPRYNG ..... 55	ERIVEDGE ..... 25	estradiol PTWK ..... 46
entacapone ..... 28	ERLEADA 240 MG ..... 25	estradiol TABS ..... 46
entecavir TABS ..... 31	ERLEADA 60 MG ..... 25	estradiol vaginal CREA ..... 67
EPIDIOLEX ..... 11	erlotinib hcl ..... 24	estradiol vaginal TABS ..... 67
epinastine hcl (ophth) ..... 59	ERTACZO ..... 38	estradiol valerate ..... 46
epinephrine (anaphylaxis) SOAJ 0.15 MG/0.3ML ..... 67	ertapenem sodium IJ ..... 21	ESTRING RING ..... 67
epinephrine (anaphylaxis) SOAJ 0.3 MG/0.3ML ..... 67	erythromycin (acne aid) PADS .... 38	ESTROGEL GEL (estradiol) ..... 46
	erythromycin (acne aid) SOLN .... 38	eszopiclone ..... 50
	erythromycin (ophth) ..... 58	
	erythromycin base CPEP ..... 51	
	erythromycin base TABS ..... 51	

ethacrynic acid	44	MG/20ML	64	fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR	5
ethambutol hcl TABS	23	famotidine SUSR	64	ferrous sulfate SOLN 15 MG/ML, 15 MG/ML	49
ethosuximide CAPS	13	famotidine TABS 20 MG, 40 MG	64	ferrous sulfate TABS 325 MG, 65 MG, 325 MG	49
ethosuximide SOLN	13	FANAPT	29	ferrous sulfate TBEC 325 MG	49
ethynodiol diacet & eth estrad	35	FANAPT TITRATION PACK	29	fesoterodine fumarate	64
etodolac CAPS	4	FANTASY LUBRICATED MISC	51	FETZIMA CP24	14
etodolac TABS	4	FANTASY LUBRICATED/SPERMICIDE MISC	51	FETZIMA TITRATION C4PK	14
etonogestrel-ethinyl estradiol	36	FARXIGA (dapagliflozin propanediol)	16	finasteride	48
ETOPOPHOS	28	.....	16	fingolimod hcl	61
etoposide CAPS	28	FASENRA PEN SOAJ	9	FIRDAPSE	23
etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML	28	FASENRA SOSY 10 MG/0.5ML	9	FIRMAGON (240 MG DOSE)	25
etravirine 100 MG	30	FASENRA SOSY 30 MG/ML	9	FIRMAGON 80 MG	25
etravirine 200 MG	30	FC2 FEMALE CONDOM	51	flavoxate hcl	64
EUCRISA	42	febuxostat	48	flecainide acetate	8
EVAMIST SOLN	46	felbamate SUSP	12	floxuridine	24
everolimus (immunosuppressant) 0.25 MG, 0.5 MG, 0.75 MG	55	felbamate TABS 400 MG	12	FLUAD	65
everolimus (immunosuppressant) 1 MG	55	felbamate TABS 600 MG	12	FLUAD QUADRIVALENT	65
everolimus TABS	26	felodipine	33	FLUARIX QUADRIVALENT SUSY	65
EVOTAZ	30	FEMCAP DEVI	51	FLUARIX SUSY	65
exemestane	25	FEMLYV TBDP	35	FLUBLOK QUADRIVALENT	65
ezetimibe	19	FEMRING	67	FLUBLOK SOSY	65
ezetimibe-simvastatin	19	fenofibrate micronized 43 MG, 130 MG	19	FLUCELVAX QUADRIVALENT SUSP	65
FALESSA	35	fenofibrate micronized 67 MG, 134 MG, 200 MG	19	FLUCELVAX QUADRIVALENT SUSY	65
famciclovir 125 MG, 250 MG	32	fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG	19	FLUCELVAX SUSP	65
famciclovir 500 MG	32	fenoprofen calcium TABS	4	FLUCELVAX SUSY	65
famotidine in nacl SOLN	63	FENSOLVI (6 MONTH) SC	45	fluconazole SUSR	18
famotidine SOLN 20 MG/2ML	63	fentanyl citrate LPOP	5		
famotidine SOLN 40 MG/4ML, 200					

fluconazole TABS .....	18	fluoxetine hcl CAPS 40 MG .....	13	50 MG .....	14
flucytosine .....	18	fluoxetine hcl CPDR .....	13	FLUZONE HIGH-DOSE	
fludarabine phosphate SOLN .....	24	fluoxetine hcl SOLN .....	13	QUADRIVALENT .....	66
fludarabine phosphate SOLR .....	24	fluoxetine hcl TABS 10 MG, 60 MG		FLUZONE HIGH-DOSE SUSY .....	66
fludrocortisone acetate TABS .....	37	13		FLUZONE QUADRIVALENT SUSP	
FLULAVAL QUADRIVALENT SUSY .		fluoxetine hcl TABS 20 MG .....	14	66	
65		fluphenazine hcl CONC .....	30	FLUZONE QUADRIVALENT SUSY	
FLULAVAL SUSY .....	66	fluphenazine hcl ELIX .....	30	66	
FLUMIST .....	66	fluphenazine hcl SOLN .....	30	FLUZONE SUSP .....	66
FLUMIST QUADRIVALENT .....	66	fluphenazine hcl TABS .....	30	FLUZONE SUSY .....	66
flunisolide (nasal) .....	57	flurandrenolide CREA .....	41	FML FORTE SUSP .....	58
fluocinolone acetonide (otic) .....	59	flurandrenolide LOTN .....	41	folic acid TABS .....	49
fluocinolone acetonide CREA 0.01 %		flurazepam hcl .....	50	fondaparinux sodium 10 MG/0.8ML	
41		flurbiprofen sodium .....	59	10	
fluocinolone acetonide CREA 0.025		flurbiprofen TABS .....	4	fondaparinux sodium 2.5 MG/0.5ML .	
% .....	41	fluticasone furoate-vilanterol .....	10	11	
fluocinolone acetonide OIL .....	41	fluticasone propionate (inhalation)		fondaparinux sodium 5 MG/0.4ML .10	
fluocinolone acetonide OINT .....	41	AEPB .....	9	10	
fluocinolone acetonide SOLN .....	41	fluticasone propionate (nasal) SUSP .		fondaparinux sodium 7.5 MG/0.6ML .	
fluocinonide CREA 0.05 % .....	41	57		10	
fluocinonide CREA 0.1 % .....	41	fluticasone propionate CREA 0.05 %		FORA GTEL BLOOD KETONE TEST	
fluocinonide emulsified base .....	41	41		.....	43
fluocinonide GEL .....	41	fluticasone propionate hfa .....	9	FORA TEST N'GO ADV-VOICE-6	
fluocinonide OINT .....	41	fluticasone propionate LOTN .....	41	CON .....	43
fluocinonide SOLN .....	41	fluticasone propionate OINT .....	41	formoterol fumarate NEBU .....	10
fluorometholone (ophth) SUSP .....	58	fluticasone-salmeterol AEPB .....	10	FOSAMAX PLUS D .....	44
fluorouracil (topical) CREA 5 % .....	39	fluticasone-salmeterol AERO .....	10	fosamprenavir calcium TABS .....	30
fluorouracil (topical) SOLN .....	39	fluvastatin sodium CAPS 20 MG .....	19	fosfomycin tromethamine .....	22
fluorouracil 500 MG/10ML .....	24	fluvastatin sodium CAPS 40 MG .....	19	fosinopril sodium &	
fluoxetine hcl CAPS 10 MG .....	13	fluvoxamine maleate TABS 100 MG .		hydrochlorothiazide .....	20
fluoxetine hcl CAPS 20 MG .....	13	14		fosinopril sodium .....	20
		fluvoxamine maleate TABS 25 MG,		fosphenytoin sodium .....	12
				FRAGMIN SOSY .....	11
				FREESTYLE LIBRE 14 DAY	

READER .....	52	GM/25ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML .....	60	61	GLEOSTINE 10 MG .....	23
FREESTYLE LIBRE 14 DAY SENSOR .....	52	GAMMAGARD 30 GM/300ML .....	60		GLEOSTINE 40 MG, 100 MG .....	23
FREESTYLE LIBRE 2 PLUS SENSOR .....	52	GAMMAGARD S/D LESS IGA SOLR .....	60		glimepiride 1 MG, 2 MG .....	16
FREESTYLE LIBRE 2 READER ..	52	GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML .....	60		glimepiride 4 MG .....	16
FREESTYLE LIBRE 2 SENSOR ..	52	GAMUNEX-C .....	60		glipizide TABS 5 MG, 10 MG .....	16
FREESTYLE LIBRE 3 PLUS SENSOR .....	52	ganciclovir sodium SOLR .....	31		glipizide TB24 .....	16
FREESTYLE LIBRE 3 READER ..	52	ganirelix acetate .....	45		glipizide-metformin hcl 250 MG-2.5 MG, 500 MG-2.5 MG .....	15
FREESTYLE LIBRE 3 SENSOR ..	52	GARDASIL 9 SUSP .....	66		glipizide-metformin hcl 500 MG-5 MG .....	15
FREESTYLE LIBRE READER ....	52	GARDASIL 9 SUSY .....	66		GLUCAGEN DIAGNOSTIC .....	43
frovatriptan succinate .....	53	gatifloxacin (ophth) .....	58		glucagon (rdna) .....	15
FT PRENATAL TABS .....	56	gefitinib .....	24		glyburide micronized 1.5 MG, 3 MG, 6 MG .....	16
fulvestrant SOSY .....	25	gemcitabine hcl SOLR 2 GM, 200 MG .....	24		glyburide TABS .....	17
furosemide SOLN PO 8 MG/ML, 10 MG/ML .....	44	gemfibrozil TABS .....	19		glyburide-metformin 250 MG-1.25 MG .....	15
furosemide TABS .....	44	GENOTROPIN CART SC .....	45		glyburide-metformin 500 MG-2.5 MG, 500 MG-5 MG .....	15
FUZEON SOLR .....	30	GENOTROPIN MINIQUICK PRSY	45		glycine (gu irrigant) SOLN 1.5 % ..	47
FYCOMPA TABS 2 MG .....	11	gentamicin in saline 0.8 MG/ML-0.9 %, 1 MG/ML-0.9 %, 1.2 MG/ML-0.9 %, 1.6 MG/ML-0.9 % .....	2		glycopyrrolate SOLN IJ 4 MG/20ML 63	
FYCOMPA TABS 4 MG .....	11	gentamicin sulfate (ophth) OINT ..	58		glycopyrrolate TABS 1 MG .....	63
FYCOMPA TABS 6 MG .....	11	gentamicin sulfate (ophth) SOLN ..	58		glycopyrrolate TABS 2 MG .....	63
FYCOMPA TABS 8 MG, 10 MG, 12 MG .....	11	gentamicin sulfate (topical) CREA ..	38		GLYXAMBI .....	15
gabapentin CAPS .....	11	gentamicin sulfate (topical) OINT ..	38		GNP PRENATAL TABS .....	56
gabapentin SOLN .....	12	gentamicin sulfate (topical) OINT ..	38		GOHIBIC .....	48
gabapentin TABS 600 MG, 800 MG 12		gentamicin sulfate IJ 40 MG/ML ....	2		GOJJI BLOOD KETONE TEST ...	43
galantamine hydrobromide CP24 ..	61	GENVOYA .....	31		granisetron hcl SOLN IV 1 MG/ML	17
galantamine hydrobromide SOLN ..	61	GILOTRIF .....	24		granisetron hcl TABS .....	17
galantamine hydrobromide TABS ..	61	glatiramer acetate SOSY 20 MG/ML . 61			GRASTEK SUBL .....	2
GAMMAGARD 1 GM/10ML, 2.5		glatiramer acetate SOSY 40 MG/ML .				

griseofulvin microsize SUSP .....	18	HUMIRA-CD/UC/HS STARTER AJKT .....	3	300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG .....	6
griseofulvin microsize TABS .....	18	HUMIRA-PED<40KG CROHNS STARTER PSKT .....	3	hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG .....	6
griseofulvin ultramicrosize .....	18	HUMIRA-PED>/=40KG CROHNS START PSKT .....	3	hydrocodone-acetaminophen TABS 325 MG-2.5 MG .....	6
guanfacine hcl (adhd) .....	1	HUMIRA-PED>/=40KG UC STARTER AJKT .....	3	hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG .....	6
guanfacine hcl .....	20	HUMIRA-PS/UV/ADOL HS STARTER AJKT .....	3	hydrocodone-ibuprofen 7.5 MG-200 MG .....	7
GYNAZOLE-1 .....	67	HUMIRA-PSORIASIS/UVEIT STARTER AJKT .....	3	hydrocortisone (intrarectal) .....	7
HAEGARDA SOLR SC .....	48	HUMULIN R U-500 (CONCENTRATED) SOLN SC ....	16	hydrocortisone (rectal) EX .....	7
HALAVEN (eribulin mesylate) ....	28	HUMULIN R U-500 KWIKPEN SOPN SC .....	16	hydrocortisone (topical) CREA 1 %, 2.5 % .....	41
halcinonide CREA .....	41	HYCAMTIN CAPS .....	28	hydrocortisone (topical) LOTN 2.5 % . 41	
halobetasol propionate CREA ....	41	hydralazine hcl SOLN .....	21	hydrocortisone (topical) OINT 1 %, 2.5 % .....	41
halobetasol propionate OINT .....	41	hydralazine hcl TABS .....	21	hydrocortisone acetate (rectal) .....	7
HALOG OINT .....	41	hydrochlorothiazide CAPS .....	44	hydrocortisone acetate (rectal) .....	7
haloperidol decanoate .....	29	hydrochlorothiazide TABS 12.5 MG 44		hydrocortisone butyrate CREA ....	42
haloperidol lactate CONC .....	29	hydrochlorothiazide TABS 25 MG, 50 MG .....	44	hydrocortisone butyrate OINT .....	42
haloperidol lactate SOLN .....	29	hydrocodone bitartrate CP12 .....	5	hydrocortisone butyrate SOLN ....	42
haloperidol TABS .....	29	hydrocodone bitartrate T24A .....	5	hydrocortisone sod succinate 100 MG .....	36
HAVRIX .....	66	hydrocodone polistirex- chlorpheniramine polistirex SUER .	37	hydrocortisone TABS .....	36
HEALON PRO SOSY .....	59	hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML .....	6	hydrocortisone vaginal .....	67
HEMANGEOL SOLN PO .....	32	hydrocodone-acetaminophen SOLN 325 MG/15ML-10 MG/15ML .....	6	hydrocortisone valerate CREA ....	42
HEPARIN (PORCINE) IN NAACL SOLN IV 0.45 %-12500 UNIT/250ML 11		hydrocodone-acetaminophen TABS 325 MG/15ML-10 MG/15ML .....	6	hydrocortisone valerate OINT .....	42
heparin sodium (porcine) SOLN IJ 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML .....	11	hydrocodone-acetaminophen TABS 325 MG/15ML-10 MG/15ML .....	6	hydrocortisone w/acetic acid .....	59
HEPLISAV-B SOSY .....	66	hydrocodone-acetaminophen TABS	5	hydromorphone hcl LIQD .....	5
HIBERIX SOLR IJ .....	65			hydromorphone hcl SOLN IJ 10 MG/ML, 50 MG/5ML, 500 MG/50ML .	5
HUMATROPE CART IJ .....	45				
HUMIRA (2 PEN) AJKT 80 MG/0.8ML .....	3				
HUMIRA (2 PEN) AJKT .....	3				
HUMIRA (2 SYRINGE) PSKT .....	3				

hydromorphone hcl TABS .....	5	ifosfamide SOLN 1 GM/20ML .....	23	INSULIN ASPART PROT & ASPART SUSP .....	16
hydromorphone hcl TB24 32 MG ...	5	ifosfamide SOLR .....	23	INSULIN ASPART SOLN IJ .....	16
hydromorphone hcl TB24 8 MG, 12 MG, 16 MG .....	5	imatinib mesylate TABS .....	26	INSULIN DEGLUDEC FLEXTOUCH SOPN .....	16
hydroxychloroquine sulfate 100 MG 23		IMBRUVICA CAPS 140 MG .....	26	INSULIN DEGLUDEC SOLN .....	16
hydroxychloroquine sulfate 200 MG 22		IMBRUVICA CAPS 70 MG .....	26	INSULIN LISPRO SOLN IJ .....	16
hydroxychloroquine sulfate 400 MG 22		IMBRUVICA SUSP .....	26	INTELENCE 25 MG .....	31
hydroxyurea .....	28	IMBRUVICA TABS .....	26	IONOSOL-MB IN D5W .....	54
hydroxyzine hcl SOLN 50 MG/ML ...	8	imipenem-cilastatin IV .....	21	IOPIDINE .....	58
hydroxyzine hcl SYRP .....	8	imipramine hcl TABS .....	14	IPOL .....	66
hydroxyzine hcl TABS .....	8	imipramine pamoate .....	14	ipratropium bromide (nasal) 0.03 % 57	
hydroxyzine pamoate CAPS .....	8	imiquimod 5 % .....	42	ipratropium bromide (nasal) 0.06 % 57	
HYPERSAL NEBU .....	37	IMPAVIDO .....	21	ipratropium bromide SOLN 0.02 % .	9
HYQVIA .....	60	INCRELEX .....	45	ipratropium-albuterol SOLN .....	10
ibandronate sodium SOLN .....	44	INCRUSE ELLIPTA .....	9	irbesartan .....	20
ibandronate sodium TABS .....	44	indapamide TABS 1.25 MG .....	44	irbesartan-hydrochlorothiazide ...	20
IBRANCE CAPS .....	26	indapamide TABS 2.5 MG .....	44	irinotecan hcl 40 MG/2ML, 100 MG/5ML .....	28
IBRANCE TABS .....	26	indomethacin CAPS 25 MG, 50 MG	4	irrigation solutions, physiological	55
ibuprofen SUSP 100 MG/5ML, 200 MG/10ML .....	4	indomethacin CPCR .....	4	ISENTRESS CHEW .....	31
ibuprofen TABS 400 MG, 600 MG ...	4	INFANRIX .....	63	ISENTRESS HD TABS .....	31
ibuprofen TABS 800 MG .....	4	INFLECTRA SOLR .....	47	ISENTRESS TABS .....	31
icatibant acetate SOSY .....	48	INGREZZA CAPS .....	61	ISOLYTE-P IN D5W .....	54
ICLUSIG .....	26	INGREZZA CPPK .....	61	ISOLYTE-S .....	54
icosapent ethyl 1 GM .....	19	INGREZZA CPSP .....	61	isoniazid SOLN .....	23
idarubicin hcl 20 MG/20ML .....	26	INLYTA .....	24	isoniazid SYRP .....	23
idarubicin hcl 5 MG/5ML, 10 MG/10ML .....	26	INREBIC .....	26	isoniazid TABS .....	23
IDELVION .....	48	INSULIN ASP PROT & ASP FLEXPEN SUPN .....	16	isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG .....	8
		INSULIN ASPART FLEXPEN SOPN .	16		
		INSULIN ASPART PENFILL SOCT	16		

isosorbide dinitrate-hydralazine hcl 33	dextrose & sodium chloride) ..... 54	KISQALI (600 MG DOSE) ..... 26
isosorbide mononitrate TABS .....8	KCL-LACTATED RINGERS-D5W 54	KISQALI FEMARA (200 MG DOSE) . 26
isosorbide mononitrate TB24 ..... 8	KEPIVANCE 6.25 MG ..... 28	KISQALI FEMARA (400 MG DOSE) . 26
isotretinoin 10 MG, 20 MG, 30 MG, 40 MG .....38	ketoconazole (topical) CREA ..... 38	KISQALI FEMARA (600 MG DOSE) . 26
isradipine CAPS .....33	ketoconazole (topical) SHAM 2 % .39	
itraconazole CAPS .....18	ketoconazole ..... 18	
itraconazole SOLN .....18	KETONE TEST STRP ..... 43	KOGENATE FS KIT ..... 48
ivabradine hcl TABS ..... 34	ketoprofen CAPS 50 MG ..... 4	KOSELUGO .....26
ivermectin (pediculicide) ..... 43	ketorolac tromethamine (ophth) ...59	KOVALTRY ..... 48
ivermectin .....8	ketorolac tromethamine TABS ..... 4	KP PRENATAL MULTIVITAMINS TABS .....56
IXEMPRA KIT 15 MG .....28	KETOSTIX STRP .....43	KRINTAFEL .....23
JAKAFI .....26	ketotifen fumarate (ophth) 0.035 % 59	K-Y ME & YOU EXTRA LUBRICATED DEVI ..... 51
JANSSEN COVID-19 VACCINE ..66	KEVZARA SOAJ ..... 3	K-Y ME & YOU INTENSE DEVI ...51
JANUMET TABS .....15	KEVZARA SOSY .....3	KYLEENA ..... 36
JANUMET XR TB24 1000 MG-100 MG ..... 15	KIMONO COLORS DEVI ..... 51	KYPROLIS ..... 26
JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG ..... 15	KIMONO MAXX-LARGE FLARE MISC ..... 51	labetalol hcl SOLN .....32
JANUVIA ..... 16	KIMONO MICRO THIN PLUS MISC . 51	labetalol hcl TABS 100 MG, 200 MG . 32
JARDIANCE .....16	KIMONO MISC ..... 51	labetalol hcl TABS 300 MG .....32
JEVTANA .....28	KIMONO PLUS MISC .....51	lacosamide SOLN PO 10 MG/ML, 50 MG/5ML, 100 MG/10ML ..... 12
JIVI 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT ..... 48	KIMONO PS MISC .....51	lacosamide TABS .....12
JULUCA .....31	KIMONO PS PLUS MISC .....51	lactated ringer's (irrigation) .....55
JYNARQUE TBPK .....46	KIMONO SENSATION MISC .....51	lactated ringer's ..... 54
KALYDECO TABS .....62	KIMONO SENSATION PLUS MISC 51	lactic acid (ammonium lactate) CREA .....42
KAMELEON LUBRICATED MISC .51	KIMONO SPECIAL DEVI ..... 51	lactic acid (ammonium lactate) LOTN 12 % .....42
KANJINTI .....24	KINRIX SUSY .....63	lactulose (encephalopathy) ..... 47
KCL IN DEXTROSE-NACL 5 %-40 MEQ/L-0.9 % (potassium chloride in	KISQALI (200 MG DOSE) .....26	lactulose SOLN ..... 50
	KISQALI (400 MG DOSE) .....26	



lamivudine (hbv) TABS .....	31	letrozole .....	25	(triphasic) .....	35
lamivudine SOLN .....	31	leucovorin calcium SOLR .....	28	levonorgestrel-ethinyl estradiol (91- day) 0.03 MG-0.15 MG .....	35
lamivudine TABS 150 MG .....	31	leucovorin calcium TABS .....	28	levonorgestrel-ethinyl estradiol (continuous) .....	35
lamivudine TABS 300 MG .....	31	LEUKERAN .....	23	levonorgestrel-ethinyl estradiol-iron 35	
lamivudine-zidovudine .....	31	LEUKINE SOLR IJ .....	49	levorphanol tartrate TABS 2 MG ....	5
lamotrigine CHEW 25 MG .....	12	leuprolide acetate KIT IJ 1 MG/0.2ML .....	25	levothyroxine sodium TABS .....	63
lamotrigine CHEW 5 MG .....	12	levabuterol hcl .....	10	LEXIVA SUSP .....	31
lamotrigine TABS .....	12	levabuterol tartrate .....	10	lidocaine hcl (local anesth.) SOLN 0.5 %, 1 %, 2 % .....	51
lamotrigine TBDP .....	12	levetiracetam SOLN IV 500 MG/5ML 12		lidocaine hcl (mouth-throat) 2 % ...	56
LANOXIN SOLN IJ (digoxin) .....	33	levetiracetam TABS 1000 MG ....	12	lidocaine hcl (mouth-throat) 4 % ...	56
LANOXIN TABS 62.5 MCG, 125 MCG, 250 MCG (digoxin) .....	33	levetiracetam TABS 250 MG, 750 MG .....	12	lidocaine hcl GEL 2 % .....	42
lansoprazole CPDR 15 MG .....	64	levetiracetam TABS 500 MG .....	12	lidocaine hcl PRSY .....	42
lansoprazole CPDR 30 MG .....	64	levetiracetam TB24 .....	12	lidocaine hcl SOLN .....	42
lanthanum carbonate CHEW .....	47	levobunolol hcl 0.5 % .....	58	lidocaine PTCH 5 % .....	42
lapatinib ditosylate .....	26	levocetirizine dihydrochloride SOLN 18		lidocaine-prilocaine CREA .....	42
LASTACFT .....	59	levocetirizine dihydrochloride TABS 18		LILETTA (52 MG) .....	36
latanoprost SOLN .....	59	levofloxacin (ophth) 0.5 % .....	58	lincomycin hcl .....	22
leflunomide .....	4	levofloxacin in d5w 500 MG/100ML 46		lindane SHAM .....	43
LEMTRADA .....	61	levofloxacin SOLN PO .....	46	linezolid SUSR .....	22
lenalidomide 2.5 MG, 5 MG, 10 MG, 15 MG, 25 MG .....	55	levofloxacin TABS 250 MG, 750 MG . 46		linezolid TABS .....	22
lenalidomide 20 MG .....	55	levofloxacin TABS 500 MG .....	46	LINZESS .....	47
LENVIMA (10 MG DAILY DOSE) .	24	levonorgestrel & eth estradiol TABS 35		liothyronine sodium SOLN .....	63
LENVIMA (12 MG DAILY DOSE) .	24	levonorgestrel (emergency oc) 1.5 MG .....	36	liothyronine sodium TABS .....	63
LENVIMA (14 MG DAILY DOSE) .	24	levonorgestrel-eth estradiol		lisdexamfetamine dimesylate CAPS 1 1	
LENVIMA (18 MG DAILY DOSE) .	24			lisdexamfetamine dimesylate CHEW . 1	
LENVIMA (20 MG DAILY DOSE) .	24			lisinopril & hydrochlorothiazide ...	20
LENVIMA (24 MG DAILY DOSE) .	24			lisinopril TABS 2.5 MG, 5 MG, 10	
LENVIMA (4 MG DAILY DOSE) ..	24				
LENVIMA (8 MG DAILY DOSE) ..	24				

MG, 20 MG, 30 MG, 40 MG	20	lovastatin TABS 40 MG	19	MAXIDEX SUSP OP	59
lithium	29	loxapine succinate	29	MAXX MISC	51
lithium carbonate CAPS	29	lubiprostone	47	MAXX PLUS MISC	51
lithium carbonate TABS	29	LUCEMYRA (lofexidine hcl)	61	meclizine hcl TABS 12.5 MG	17
lithium carbonate TBCR	29	luliconazole	39	meclizine hcl TABS 25 MG	17
LO LOESTRIN FE TABS	35	LUMAKRAS	27	meclofenamate sodium CAPS	4
lofexidine hcl	61	LUMIZYME	45	MEDROL TABS	36
LOKELMA	55	LUPRON DEPOT (1-MONTH) KIT IM	25	medroxyprogesterone acetate (contraceptive) SUSP IM	36
loperamide hcl CAPS	17	LUPRON DEPOT (3-MONTH) KIT IM	25	medroxyprogesterone acetate (contraceptive) SUSY IM	36
lopinavir-ritonavir SOLN	31	LUPRON DEPOT (4-MONTH) IM	25	medroxyprogesterone acetate 10 MG	60
lopinavir-ritonavir TABS	31	LUPRON DEPOT (6-MONTH) IM	25	medroxyprogesterone acetate 2.5 MG, 5 MG	60
loratadine CAPS	18	LUPRON DEPOT-PED (1-MONTH)	45	mefenamic acid CAPS	4
loratadine CHEW	18	LUPRON DEPOT-PED (3-MONTH)	45	mefloquine hcl	23
loratadine SOLN	18	11.25 MG	45	megestrol acetate (appetite)	60
loratadine TABS	18	LUPRON DEPOT-PED (3-MONTH)	45	megestrol acetate SUSP	25
loratadine TBDP	18	30 MG	45	megestrol acetate TABS	25
lorazepam CONC	8	lurasidone hcl 20 MG, 40 MG, 60 MG, 120 MG	29	MEKINIST SOLR	27
lorazepam TABS 0.5 MG, 2 MG	8	lurasidone hcl 80 MG	29	MEKINIST TABS 0.5 MG	27
lorazepam TABS 1 MG	8	LYNPARZA TABS	27	MEKINIST TABS 2 MG	27
LORBRENA	26	LYSODREN	25	MEKTOVI	27
losartan potassium & hydrochlorothiazide 12.5 MG-100 MG, 25 MG-100 MG	20	mafenide acetate PACK	40	meloxicam TABS	4
losartan potassium & hydrochlorothiazide 12.5 MG-50 MG 20	20	magnesium sulfate IJ 50 %	54	melphalan	23
losartan potassium	20	malathion	43	melphalan hcl IV	23
LOTEMAX OINT	59	maraviroc TABS 150 MG	31	memantine hcl TABS	61
loteprednol etabonate GEL	59	maraviroc TABS 300 MG	31	MENACTRA	65
loteprednol etabonate SUSP	59	MARPLAN	13	MENEST	46
lovastatin TABS 10 MG, 20 MG	19	MASONATAL TABS	56	MENOSTAR PTWK	46
		MATULANE	28		

MENQUADFI .....	65	methadone hcl TABS 5 MG .....	5	MG .....	2
MENVEO SOLN .....	65	methadone hcl TBSO .....	5	methylphenidate hcl TBCR 10 MG, 20 MG .....	2
MENVEO SOLR .....	65	methamphetamine hcl .....	1	methylphenidate hcl TBCR 18 MG, 27 MG .....	2
meperidine hcl SOLN IJ 25 MG/ML, 50 MG/ML, 100 MG/ML .....	5	methazolamide TABS .....	44	methylphenidate hcl TBCR 36 MG, 54 MG .....	2
meperidine hcl SOLN PO 50 MG/5ML .....	5	methenamine hippurate .....	22	methylphenidate PTCH .....	2
meperidine hcl TABS 50 MG .....	5	methimazole TABS .....	63	methylprednisolone acetate SUSP	36
meprobamate .....	8	methocarbamol TABS 500 MG, 750 MG .....	57	methylprednisolone sod succ 40 MG, 125 MG, 500 MG, 1000 MG .....	36
mercaptapurine TABS .....	24	methotrexate sodium SOLN 50 MG/2ML, 250 MG/10ML .....	24	methylprednisolone TABS .....	36
meropenem .....	21	methotrexate sodium SOLR .....	24	methylprednisolone TBPK .....	36
mesalamine CP24 .....	47	methotrexate sodium TABS 2.5 MG 24		methyltestosterone TABS .....	7
mesalamine CPDR .....	47	methoxsalen rapid .....	40	metoclopramide hcl SOLN IJ 5 MG/ML .....	47
mesalamine ENEM .....	47	methscopolamine bromide .....	63	metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML .....	47
mesalamine SUPP .....	47	methsuximide .....	13	metoclopramide hcl TABS .....	47
mesalamine TBEC 1.2 GM .....	47	methylidopa TABS .....	20	metolazone .....	44
mesalamine TBEC 800 MG .....	47	methylphenidate hcl CHEW 10 MG	.1	metoprolol & hydrochlorothiazide TABS 25 MG-100 MG, 50 MG-100 MG .....	21
metaxalone 800 MG .....	57	methylphenidate hcl CHEW 2.5 MG	1	metoprolol & hydrochlorothiazide TABS 25 MG-50 MG .....	21
metformin hcl TABS 1000 MG .....	15	methylphenidate hcl CHEW 5 MG	.1	metoprolol succinate TB24 200 MG 32	
metformin hcl TABS 500 MG .....	15	methylphenidate hcl CP24 10 MG, 20 MG, 40 MG, 60 MG .....	1	metoprolol succinate TB24 25 MG, 50 MG, 100 MG .....	32
metformin hcl TABS 850 MG .....	15	methylphenidate hcl CP24 30 MG	.2	metoprolol tartrate SOLN IV 5 MG/5ML .....	32
metformin hcl TB24 500 MG .....	15	methylphenidate hcl CP24 .....	2	metoprolol tartrate TABS 25 MG, 50 MG, 100 MG .....	32
metformin hcl TB24 750 MG .....	15	methylphenidate hcl CPCR .....	2	metronidazole (topical) CREA .....	43
methadone hcl CONC .....	5	methylphenidate hcl SOLN .....	2		
METHADONE HCL SOLN IJ (methadone hcl) .....	5	methylphenidate hcl TABS 10 MG, 20 MG .....	2		
methadone hcl SOLN IJ 10 MG/ML	.5	methylphenidate hcl TABS 5 MG	.2		
methadone hcl SOLN PO 10 MG/5ML .....	5	methylphenidate hcl TB24 18 MG, 27 MG .....	2		
methadone hcl SOLN PO 5 MG/5ML	5	methylphenidate hcl TB24 36 MG, 54			
methadone hcl TABS 10 MG .....	5				

metronidazole (topical) GEL 0.75 % 43	modafinil 200 MG ..... 2	morphine sulfate TBCR ..... 6
metronidazole (topical) GEL 1 % .. 43	MODERNA COVID-19 BIVAL 6M-5Y ..... 66	MOTOFEN ..... 17
metronidazole (topical) LOTN ..... 43	MODERNA COVID-19 BIVALENT 66	MOVANTIK ..... 47
metronidazole TABS 250 MG, 500 MG ..... 21	MODERNA COVID-19 VAC (BOOSTER) SUSP ..... 66	moxifloxacin hcl (ophth) SOLN OP 58
metronidazole vaginal ..... 67	MODERNA COVID-19 VAC 6M-11Y SUSP ..... 66	moxifloxacin hcl in sodium chloride 46
mexiletine hcl ..... 8	MODERNA COVID-19 VAC 6M-11Y SUSY ..... 66	moxifloxacin hcl TABS ..... 46
micafungin sodium ..... 18	MODERNA COVID-19 VACC 6M-5Y SUSP ..... 66	MULPLETA ..... 49
miconazole nitrate vaginal SUPP 200 MG ..... 67	MODERNA COVID-19 VACC 6M-5Y SUSP ..... 66	MULTI PRENATAL TABS ..... 56
midodrine hcl ..... 67	MODERNA COVID-19 VACCINE SUSP ..... 66	mupirocin OINT ..... 38
miglitol ..... 15	moexipril hcl ..... 20	MVASI ..... 24
miglustat ..... 49	mometasone furoate (nasal) SUSP 57	MYALEPT ..... 45
minocycline hcl CAPS ..... 63	mometasone furoate CREA ..... 42	mycophenolate mofetil CAPS ..... 55
minocycline hcl TABS ..... 63	mometasone furoate OINT ..... 42	mycophenolate mofetil TABS ..... 55
minoxidil 2.5 MG, 10 MG ..... 21	mometasone furoate SOLN ..... 42	mycophenolate sodium ..... 55
MIRCERA ..... 49	montelukast sodium CHEW ..... 9	MYLERAN TABS ..... 23
MIRENA (52 MG) ..... 36	montelukast sodium PACK ..... 9	nabumetone ..... 4
mirtazapine TABS 15 MG ..... 13	montelukast sodium TABS ..... 9	nadolol TABS 20 MG ..... 32
mirtazapine TABS 30 MG ..... 13	morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG ..... 5	nadolol TABS 40 MG ..... 32
mirtazapine TABS 7.5 MG, 45 MG 13	morphine sulfate SOLN IJ 0.5 MG/ML, 1 MG/ML ..... 5	nadolol TABS 80 MG ..... 32
mirtazapine TBDP 15 MG ..... 13	morphine sulfate SOLN PO 10 MG/5ML ..... 5	nafcillin sodium IV 10 GM ..... 60
mirtazapine TBDP 30 MG ..... 13	morphine sulfate SOLN PO 20 MG/5ML ..... 5	naftifine hcl CREA 1 % ..... 39
mirtazapine TBDP 45 MG ..... 13		naftifine hcl CREA 2 % ..... 39
misoprostol ..... 64		nalbuphine hcl ..... 7
mitomycin SOLR IV 20 MG ..... 26		naloxone hcl LIQD ..... 17
mitoxantrone hcl 25 MG/12.5ML .. 26		naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML ..... 17
M-M-R II SOLR ..... 66		naltrexone hcl ..... 17
M-NATAL PLUS TABS ..... 56		naproxen sodium TABS 550 MG ... 4
modafinil 100 MG ..... 2		naproxen SUSP ..... 4
		naproxen TABS ..... 4

naproxen TBEC 500 MG .....	4	NEVANAC .....	59	nilutamide .....	25
naratriptan hcl .....	53	nevirapine SUSP .....	31	nimodipine CAPS .....	33
NATACYN .....	58	nevirapine TABS .....	31	NINLARO .....	27
NATAZIA .....	35	nevirapine TB24 100 MG .....	31	NIPENT .....	28
nateglinide .....	16	nevirapine TB24 400 MG .....	31	nisoldipine .....	33
NAYZILAM .....	11	NEXIUM 24HR TBEC (esomeprazole magnesium) .....	64	nitazoxanide TABS .....	21
nebivolol hcl 2.5 MG, 5 MG, 10 MG 32		NEXPLANON .....	36	nitisinone CAPS .....	45
nebivolol hcl 20 MG .....	32	NEXTSTELLIS .....	35	NITRO-BID OINT .....	8
NEBUSAL NEBU .....	37	niacin (antihyperlipidemic) TBCR ..	19	nitrofurantoin .....	22
nefazodone hcl .....	14	niacin CPCR 250 MG, 500 MG ...	68	nitrofurantoin macrocrystal 50 MG, 100 MG .....	22
nelarabine .....	24	NIACIN ER TBCR .....	68	nitrofurantoin monohyd macro ....	22
neomycin sulfate TABS .....	2	niacin TABS .....	68	nitroglycerin (intra-anal) .....	7
neomycin-bacitracin zn-polymyxin	58	niacin TBCR .....	68	nitroglycerin CPCR .....	8
neomycin-polymy-dexameth OINT	59	niacinamide TABS 100 MG .....	68	nitroglycerin PT24 .....	8
neomycin-polymy-dexameth SUSP	59	niacinamide TABS 500 MG .....	68	NITROGLYCERIN SOLN IV .....	8
neomycin-polymyxin-hc (ophth) ...	59	nicardipine hcl CAPS .....	33	nitroglycerin SUBL .....	8
neomycin-polymyxin-hc (otic) SOLN .	59	nicardipine hcl SOLN .....	33	NIVA-PLUS TABS .....	56
neomycin-polymyxin-hc (otic) SUSP .	59	NICOTINE KIT .....	62	nizatidine CAPS .....	64
NEONATAL COMPLETE TABS 120 MG-10 MG-9.2 MG-1000 MCG-10 MCG-12 MCG-3 MG-5 MG-20 MG- 27 MG-200 MG-1.84 MG-25 MG-2 MG-1200 MCG-2 MG-0.2 MG .....	56	nicotine polacrilex GUM .....	62	NORDITROPIN FLEXPPO SOPN 30 MG/3ML .....	45
NEONATAL PLUS TABS .....	56	nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR .....	62	NORDITROPIN FLEXPPO SOPN 5 MG/1.5ML, 10 MG/1.5ML, 15 MG/1.5ML .....	45
NEONATAL PRENATAL TABS ...	56	NICOTROL INHA .....	62	norelgestromin-ethinyl estradiol ...	35
NEONATAL VITAMIN TABS .....	56	NICOTROL NS SOLN .....	62	norethin acet & estrad-fe CAPS ...	35
neostigmine methylsulfate SOSY ..	23	nifedipine CAPS 10 MG .....	33	norethin acet & estrad-fe CHEW ..	35
NEO-SYNALAR .....	38	nifedipine CAPS 20 MG .....	33	norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG .....	35
NEUPRO .....	29	nifedipine TB24 30 MG .....	33	norethindrone & eth estradiol .....	35
		nifedipine TB24 60 MG .....	33	norethindrone & ethinyl estradiol-fe	
		nifedipine TB24 90 MG .....	33		
		nifedipine TB24 .....	33		

35	NOVOLIN N SUSP .....	16	MG, 20 MG .....	29	
norethindrone (contraceptive) .....	36	NOVOLIN R FLEXPEN SOPN IJ ..	16	olanzapine TBDP 20 MG .....	29
norethindrone acet & eth estra TABS	35	NOVOLIN R SOLN IJ .....	16	olanzapine TBDP 5 MG, 10 MG, 15	
		NP THYROID TABS .....	63	MG .....	30
norethindrone acetate TABS .....	60	NUBEQA .....	25	olmesartan medoxomil .....	20
norethindrone acetate-ethinyl		NUCALA SOAJ .....	9	olmesartan medoxomil-amlodipine-	
estradiol .....	46	NUCALA SOLR .....	9	hydrochlorothiazide .....	21
norethindrone acetate-ethinyl		NUCALA SOSY 100 MG/ML .....	9	olmesartan medoxomil-	
estradiol-fe .....	35	NUCALA SOSY 40 MG/0.4ML .....	9	hydrochlorothiazide .....	21
norethindrone-eth estradiol (triphasic)		NUEDEXTA .....	62	olopatadine hcl (nasal) .....	57
.....	35	NULOJIX .....	55	olopatadine hcl 0.1 % .....	59
norgestimate-ethinyl estradiol		nystatin (mouth-throat) .....	56	olopatadine hcl 0.2 % .....	59
(triphasic) .....	35	nystatin (topical) CREA .....	39	omega-3-acid ethyl esters .....	19
norgestimate-ethinyl estradiol .....	35	nystatin (topical) OINT .....	39	omeprazole CPDR .....	64
norgestrel & ethinyl estradiol 30		nystatin (topical) POWD EX .....	39	omeprazole magnesium CPDR ...	64
MCG-0.3 MG .....	35	nystatin (topical) TABS .....	18	omeprazole TBEC .....	64
NORMOSOL-M IN D5W .....	54	nystatin-triamcinolone CREA .....	39	OMNIFLEX DIAPHRAGM .....	51
NORMOSOL-R PH 7.4 .....	54	nystatin-triamcinolone OINT .....	39	ONCASPAR .....	27
nortriptyline hcl CAPS .....	14	NYVEPRIA .....	49	ondansetron hcl SOLN IJ 4 MG/2ML .	17
nortriptyline hcl SOLN .....	14	octreotide acetate SOLN .....	46	ondansetron hcl SOLN PO 4	
NORVIR CAPS .....	31	ODEFSEY .....	31	MG/5ML .....	17
NORVIR PACK .....	31	ODOMZO .....	25	ondansetron hcl SOSY .....	17
NOVA MAX PLUS KETONE TEST		OFEV .....	62	ondansetron hcl TABS 24 MG .....	17
43		ofloxacin (ophth) .....	58	ondansetron hcl TABS 4 MG .....	17
NOVAREL IM 10000 UNIT .....	45	ofloxacin (otic) .....	59	ondansetron hcl TABS 8 MG .....	17
NOVAVAX COVID-19 VACCINE		ofloxacin 300 MG, 400 MG .....	46	ondansetron TBDP 4 MG .....	17
SUSP .....	66	OGIVRI .....	24	ondansetron TBDP 8 MG .....	17
NOVAVAX COVID-19 VACCINE		olanzapine SOLR .....	29	ONE VITE WOMENS PLUS TABS	
SUSY .....	66	olanzapine TABS 2.5 MG, 5 MG ..	29	56	
NOVOEIGHT .....	48	olanzapine TABS 7.5 MG, 10 MG, 15			
NOVOLIN 70/30 FLEXPEN SUPN	16				
NOVOLIN 70/30 SUSP .....	16				
NOVOLIN N FLEXPEN SUPN .....	16				

ONE VITE WOMENS TABS .....	56	oxybutynin chloride TABS 5 MG ...	64	PARAGARD INTRAUTERINE COPPER .....	36
ONETOUCH DELICA SAFETY LANCING .....	52	oxybutynin chloride TB24 .....	64	paricalcitol CAPS .....	45
OPILL .....	36	oxycodone hcl T12A 10 MG, 20 MG, 40 MG, 80 MG .....	6	paricalcitol SOLN .....	45
OPSUMIT .....	34	oxycodone hcl TABS .....	6	paroxetine hcl SUSP .....	14
ORENITRAM TBCR .....	33	oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG .....	7	paroxetine hcl TABS 10 MG .....	14
ORGOVYX .....	25	oxycodone w/ acetaminophen TABS 325 MG-2.5 MG .....	7	paroxetine hcl TABS 20 MG .....	14
ORLISSA .....	45	oxymorphone hcl TABS .....	6	paroxetine hcl TABS 30 MG .....	14
ORKAMBI PACK .....	62	oxymorphone hcl TB12 40 MG .....	6	paroxetine hcl TABS 40 MG .....	14
ORKAMBI TABS .....	62	oxymorphone hcl TB12 5 MG, 7.5 MG, 10 MG, 15 MG, 20 MG, 30 MG 6	6	paroxetine hcl TB24 12.5 MG .....	14
ORLADEYO .....	48	OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN .....	16	paroxetine hcl TB24 25 MG, 37.5 MG .....	14
orphenadrine citrate TB12 .....	57	OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML .....	16	pazopanib hcl .....	27
oseltamivir phosphate CAPS .....	32	OZEMPIC (2 MG/DOSE) SOPN ...	16	PEDIARIX SUSY .....	63
oseltamivir phosphate SUSP .....	32	paclitaxel 100 MG/16.7ML, 150 MG/25ML .....	28	pediatric multivitamins w/fl CHEW	.56
OSMOPREP .....	50	paclitaxel protein-bound particles	.28	PEDVAX HIB SUSP .....	65
OSPHENA .....	45	paliperidone 1.5 MG, 3 MG, 9 MG	.29	peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid .....	50
OTEZLA TABS .....	4	paliperidone 6 MG .....	29	peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 236 GM	50
OTEZLA TBPK .....	4	palonosetron hcl SOLN .....	17	peg 3350-potassium chloride-sod bicarbonate-sod chloride .....	50
oxacillin sodium IV 10 GM .....	60	pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML .....	44	PEGASYS SOLN .....	31
oxaliplatin SOLN 50 MG/10ML, 100 MG/20ML .....	23	PAMIDRONATE DISODIUM SOLN 44		PEGASYS SOSY .....	31
oxandrolone .....	7	PANRETIN .....	39	PEMAZYRE .....	27
oxaprozin TABS .....	4	pantoprazole sodium TBEC 20 MG 64		pemetrexed disodium SOLR 500 MG 24	
oxazepam CAPS .....	8	pantoprazole sodium TBEC 40 MG 64		penciclovir .....	40
oxcarbazepine SUSP .....	12			penicillamine CAPS .....	55
oxcarbazepine TABS 150 MG, 300 MG .....	12			penicillamine TABS .....	55
oxcarbazepine TABS 600 MG .....	12			PENICILLIN G POT IN DEXTROSE 40000 UNIT/ML, 60000 UNIT/ML	.60
oxiconazole nitrate CREA .....	39				
OXISTAT LOTN .....	39				
oxybutynin chloride SOLN .....	64				

penicillin g potassium 5000000 UNIT 60	200 MG ..... 48	pirfenidone TABS 267 MG, 801 MG 62
PENICILLIN G PROCAINE ..... 60	phendimetrazine tartrate TABS ..... 1	pirfenidone TABS 534 MG ..... 62
penicillin g sodium ..... 60	phenelzine sulfate ..... 13	piroxicam CAPS ..... 4
penicillin v potassium SOLR ..... 60	phenobarbital ELIX ..... 50	PLASMA-LYTE 148 27 MEQ/L-23 MEQ/L-98 MEQ/L-140 MEQ/L-3 MEQ/L-5 MEQ/L ..... 54
penicillin v potassium TABS ..... 60	phenobarbital TABS ..... 50	PLASMA-LYTE A (electrolyte-a) .. 54
PENTACEL ..... 63	phenoxybenzamine hcl ..... 20	PLEGRIDY SOAJ ..... 61
pentazocine w/ naloxone hcl ..... 7	phentermine hcl CAPS ..... 1	PLEGRIDY SOSY SC ..... 61
pentoxifylline ..... 48	phenytoin CHEW ..... 12	PLEGRIDY STARTER PACK SOAJ . 61
perindopril erbumine 2 MG, 8 MG . 20	phenytoin sodium extended 100 MG, 200 MG, 300 MG ..... 12	PLEGRIDY STARTER PACK SOSY SC ..... 61
perindopril erbumine 4 MG ..... 20	phenytoin sodium SOLN ..... 12	plerixafor ..... 50
PERJETA ..... 24	phenytoin SUSP ..... 13	PNEUMOVAX 23 SOLN ..... 65
permethrin CREA ..... 43	PHEXXI ..... 67	PNEUMOVAX 23 SOSY ..... 65
permethrin LIQD EX ..... 43	PHOTOFRIN ..... 28	podofilox SOLN ..... 42
perphenazine TABS ..... 30	PIFELTRO ..... 31	polymyxin b sulfate SOLR ..... 22
perphenazine-amitriptyline ..... 61	pilocarpine hcl (oral) ..... 56	polymyxin b-trimethoprim ..... 58
PERSERIS PRSY ..... 29	pilocarpine hcl SOLN 1 %, 2 %, 4 % . 58	POMALYST ..... 25
PFIZER COVID-19 BIVAL 6MO-4YR ..... 66	pimecrolimus ..... 42	posaconazole SUSP ..... 18
PFIZER COVID-19 VAC BIVAL 5-11 ..... 66	pimozide ..... 62	potassium acetate SOLN 2 MEQ/ML . 54
PFIZER COVID-19 VAC BIVALENT . 66	pindolol TABS ..... 32	potassium bicarbonate TBEF ..... 54
PFIZER COVID-19 VAC-TRIS 5-11Y SUSP ..... 66	pioglitazone hcl ..... 16	potassium chloride CPCR ..... 55
PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP ..... 66	pioglitazone hcl-glimepiride ..... 15	potassium chloride in dextrose & sodium chloride 5 %-0.075 %-0.45 %, 5 %-0.15 %-0.9 %, 5 %-10 MEQ/L-0.45 %, 5 %-20 MEQ/L-0.2 %, 5 %-20 MEQ/L-0.45 %, 5 %-20 MEQ/L-0.9 %, 5 %-30 MEQ/L-0.45 %, 5 %-40 MEQ/L-0.45 %, 5 %-40 MEQ/L-0.9 % ..... 54
PFIZER-BIONT COVID-19 VAC- TRIS SUSP ..... 66	pioglitazone hcl-metformin hcl TABS . 15	
PFIZER-BIONTECH COVID-19 VACC SUSP ..... 66	piperacillin sodium-tazobactam sodium ..... 60	
PHEBURANE PLLT ..... 45	PIQRAY (200 MG DAILY DOSE) . 27	
phenazopyridine hcl TABS 100 MG, Index 25	PIQRAY (250 MG DAILY DOSE) . 27	
	PIQRAY (300 MG DAILY DOSE) . 27	
	pirfenidone CAPS ..... 62	



potassium chloride in dextrose 20 MEQ/L .....	54	PRECISION XTRA KETONE .....	43	PREMPRO .....	46
POTASSIUM CHLORIDE IN NACL 20 MEQ/L-0.45 % (potassium chloride in nacl) .....	54	PRED MILD .....	59	PRENATAL ONE DAILY TABS .....	56
potassium chloride in nacl 20 MEQ/L-0.45 %, 20 MEQ/L-0.9 %, 40 MEQ/L-0.9 % .....	54	prednicarbate OINT .....	42	PRENATAL PLUS TABS .....	56
potassium chloride microencapsulated crystals er .....	55	prednisolone acetate (ophth) .....	59	PRENATAL PLUS VITAMIN/MINERAL TABS .....	56
potassium chloride PACK PO 20 MEQ .....	55	PREDNISOLONE SODIUM PHOSPHATE .....	59	PRENATAL TABS .....	57
POTASSIUM CHLORIDE SOLN IV 10 MEQ/50ML (potassium chloride) 55		prednisolone sodium phosphate SOLN 5 MG/5ML, 6.7 MG/5ML, 10 MG/5ML, 15 MG/5ML, 25 MG/5ML 36		PRENATAL VITAMIN AND MINERAL TABS .....	56
potassium chloride SOLN IV 2 MEQ/ML, 10 MEQ/50ML, 20 MEQ/50ML .....	55	prednisolone sodium phosphate TBDP .....	36	PRENATAL VITAMIN TABS .....	57
potassium chloride TBCR 8 MEQ, 10 MEQ, 20 MEQ .....	55	prednisolone SOLN .....	36	PRENATAL VITAMINS TABS 100 MG-800 MCG-1.84 MG-18 MG-2.6 MG-1.7 MG-27 MG-10 MCG-4.95 MG-25 MG-200 MG-160 MG-1200 MCG-4 MCG, 120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT-30 UNIT .....	56
potassium citrate (alkalinizer) TBCR . 47		prednisone SOLN .....	36	PRENATAL/IRON TABS 120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT-30 UNIT .....	57
potassium phosphates 45 MMOLE/15ML .....	54	prednisone TABS 1 MG, 5 MG .....	37	PRENATRYL TABS .....	57
PR BENZOYL PEROXIDE WASH LIQD .....	38	prednisone TABS 2.5 MG, 10 MG, 20 MG, 50 MG .....	37	PREVNAR 13 .....	65
pralatrexate 20 MG/ML .....	24	prednisone TBPk .....	37	PREVNAR 20 .....	65
pramipexole dihydrochloride TABS 0.125 MG .....	29	PREFEST .....	46	PREZCOBIX .....	31
pramipexole dihydrochloride TABS 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG .....	29	pregabalin (once-daily) 330 MG .....	62	PREZISTA SUSP .....	31
prasugrel hcl .....	49	pregabalin (once-daily) 82.5 MG, 165 MG .....	62	PREZISTA TABS 75 MG, 150 MG .....	31
pravastatin sodium .....	19	pregabalin CAPS 225 MG, 300 MG 12		PRIFTIN .....	23
praziquantel .....	8	pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG .....	12	primaquine phosphate TABS .....	23
prazosin hcl CAPS .....	20	pregabalin SOLN .....	12	primidone 50 MG, 250 MG .....	12
		PREHEVBRIO .....	66	PRIORIX SUSR .....	66
		PREMARIN .....	67	PROAIR DIGIHALER .....	10
		PREMARIN SOLR .....	46	PROAIR RESPICLICK AEPB .....	10
		PREMARIN TABS .....	46		
		PREMPHASE .....	46		

probenecid .....	48	PROQUAD SUSR .....	66	quinidine sulfate TABS .....	8
procainamide hcl SOLN 500 MG/ML . 8		protriptyline hcl .....	14	quinine sulfate CAPS 324 MG .....	23
prochlorperazine .....	30	PROVISC SOSY .....	59	QUZYTIR SOLN IV .....	18
prochlorperazine maleate TABS ...	30	PULMICORT FLEXHALER AEPB ..	9	QVAR REDHALER .....	9
PROCRIPT 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML .....	49	PULMOZYME .....	62	RA PRENATAL FORMULA TABS .	57
PROCRIPT 40000 UNIT/ML .....	49	PX PRENATAL MULTIVITAMINS TABS .....	57	RA PRENATAL TABS .....	57
progesterone CAPS .....	60	pyrazinamide .....	23	rabeprazole sodium TBEC .....	64
PROGRAF PACK .....	55	pyridostigmine bromide SOLN PO	23	raloxifene hcl .....	45
PROGRAF SOLN .....	55	pyridostigmine bromide TABS 60 MG .....	23	ramelteon .....	50
PROLASTIN-C SOLN .....	62	pyridostigmine bromide TBCR ....	23	ramipril CAPS .....	20
PROLASTIN-C SOLR .....	62	pyrimethamine .....	23	ranolazine TB12 1000 MG .....	8
PROLEUKIN .....	28	QC PRENATAL TABS .....	57	ranolazine TB12 500 MG .....	8
PROLIA SOSY .....	44	QINLOCK .....	27	rasagiline mesylate .....	29
PROMACTA PACK .....	49	QUADRACEL SUSP .....	63	REALITY LATEX CONDOMS MISC . 51	
PROMACTA TABS .....	49	QUADRACEL SUSY .....	63	REALITY LATEX/ULTRA TEXTURED DEVI .....	52
promethazine hcl SOLN PO 6.25 MG/5ML .....	18	quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG .....	30	REALITY LATEX/ULTRA THIN DEVI 52	
promethazine hcl SUPP 12.5 MG, 25 MG .....	19	quetiapine fumarate TABS 300 MG, 400 MG .....	30	REBIF REBIDOSE SOAJ .....	62
promethazine hcl SUPP 50 MG ...	18	quetiapine fumarate TB24 300 MG, 400 MG .....	30	REBIF REBIDOSE TITRATION PACK SOAJ .....	62
promethazine hcl TABS .....	19	quetiapine fumarate TB24 50 MG, 150 MG, 200 MG .....	30	REBIF SOSY .....	62
propafenone hcl CP12 .....	8	quinapril hcl 20 MG, 40 MG .....	20	REBIF TITRATION PACK SOSY ..	62
propafenone hcl TABS .....	8	quinapril hcl 5 MG, 10 MG .....	20	RECOMBIVAX HB SUSP .....	67
proparacaine hcl .....	58	quinapril-hydrochlorothiazide 12.5 MG-10 MG .....	21	RECOMBIVAX HB SUSY .....	67
propranolol hcl CP24 .....	32	quinapril-hydrochlorothiazide 12.5 MG-20 MG .....	21	REGANEX .....	43
propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML .....	32	quinapril-hydrochlorothiazide 25 MG- 20 MG .....	21	RELENZA DISKHALER .....	32
propranolol hcl TABS .....	32			RELION KETONE TEST STRP ...	43
propylthiouracil .....	63			RELION LANCET DEVICES 30G .	52
				RELION LANCETS .....	52

RELION TRUE METRIX TEST STRIPS STRP .....	43	risedronate sodium TBEC .....	44	sapropterin dihydrochloride PACK .....	45
RENFLEXIS .....	47	risperidone microspheres .....	29	sapropterin dihydrochloride TABS .....	45
repaglinide 0.5 MG, 1 MG .....	16	risperidone SOLN .....	29	SAVELLA TABS .....	61
repaglinide 2 MG .....	16	risperidone TABS .....	29	SAVELLA TITRATION PACK MISC .....	61
REPATHA PUSHTRONEX SYSTEM SOCT .....	19	risperidone TBDP .....	29	saxagliptin hcl .....	16
REPATHA SOSY .....	19	ritonavir TABS .....	31	saxagliptin-metformin hcl 1000 MG-2.5 MG .....	15
REPATHA SURECLICK SOAJ .....	19	rivastigmine tartrate CAPS .....	61	saxagliptin-metformin hcl 1000 MG-5 MG, 500 MG-5 MG .....	15
RETACRIT .....	49	rizatriptan benzoate TABS 10 MG .....	53	SCSEMBLIX 100 MG .....	27
RETEVMO CAPS .....	27	rizatriptan benzoate TABS 5 MG .....	53	SCSEMBLIX 20 MG, 40 MG .....	27
RETROVIR SOLN .....	31	rizatriptan benzoate TBDP 10 MG .....	53	scopolamine .....	17
REXULTI .....	30	rizatriptan benzoate TBDP 5 MG .....	53	SELECT INSULIN SYRINGES .....	53
REZVOGLAR KWIKPEN .....	16	roflumilast .....	9	SELECT LANCETS .....	52
ribavirin (hepatitis c) CAPS .....	31	romidepsin SOLR .....	27	SELECT LANCETS .....	53
ribavirin (hepatitis c) TABS 200 MG .....	31	ropinirole hydrochloride TABS .....	29	selegiline hcl CAPS .....	29
RIDAURA .....	3	ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG .....	29	selegiline hcl TABS .....	29
rifabutin .....	23	ropinirole hydrochloride TB24 8 MG, 12 MG .....	29	selenium sulfide LOTN 2.5 % .....	40
rifampin CAPS .....	23	rosuvastatin calcium TABS .....	19	SELZENTRY SOLN .....	31
rifampin SOLR .....	23	ROTARIX SUSP .....	67	SELZENTRY TABS 25 MG, 75 MG .....	31
riluzole TABS .....	57	ROTARIX SUSR .....	67	SEMGLEE (YFGN) SOLN .....	16
rimantadine hydrochloride TABS .....	32	ROTATEQ SOLN .....	67	SEMGLEE (YFGN) SOPN .....	16
ringer's .....	54	ROZLYTREK CAPS .....	27	SEREVENT DISKUS .....	10
ringer's irrigation .....	55	RUBRACA .....	27	sertraline hcl CONC .....	14
RINVOQ LQ SOLN .....	2	rufinamide SUSP .....	12	sertraline hcl TABS 100 MG .....	14
RINVOQ TB24 .....	2	rufinamide TABS 200 MG .....	12	sertraline hcl TABS 25 MG, 50 MG .....	14
risedronate sodium TABS 150 MG .....	44	rufinamide TABS 400 MG .....	12	sevelamer carbonate PACK .....	47
risedronate sodium TABS 35 MG .....	44	RUXIENCE .....	24	sevelamer carbonate TABS .....	47
risedronate sodium TABS 5 MG, 30 MG .....	44	RYBELSUS TABS .....	16	SHINGRIX .....	67
		salsalate .....	5		
		SANTYL OINT .....	42		

SHUR-SEAL CONTRACEPTIVE GEL .....	34	sodium chloride SOLN IV 0.45 %, 0.9 %, 3 %, 4 MEQ/ML, 5 % .....	55	SPIKEVAX COVID-19 VACCINE SUSP .....	67
SIGNIFOR .....	46	sodium citrate & citric acid .....	47	SPIKEVAX SUSP .....	67
sildenafil citrate (pulmonary hypertension) SOLN .....	34	sodium fluoride CHEW .....	54	SPIKEVAX SUSY .....	67
sildenafil citrate (pulmonary hypertension) SUSR .....	34	sodium phenylbutyrate POWD .....	45	spinosad .....	43
sildenafil citrate (pulmonary hypertension) TABS .....	34	sodium phenylbutyrate TABS .....	45	SPIRIVA RESPIMAT AERS .....	9
sildenafil citrate .....	33	sodium polystyrene sulfonate POWD 55 .....	55	spironolactone & hydrochlorothiazide .....	44
silodosin .....	48	sodium polystyrene sulfonate SUSP CO 15 GM/60ML .....	55	spironolactone TABS .....	44
silver sulfadiazine .....	40	sodium sulfate-potassium sulfate-magnesium sulfate .....	50	SPRAVATO (56 MG DOSE) .....	13
SIMPONI ARIA SOLN .....	3	SOFOSBUVIR-VELPATASVIR TABS .....	31	SPRAVATO (84 MG DOSE) .....	13
SIMULECT .....	55	solifenacin succinate TABS .....	64	SPRYCEL (dasatinib) .....	27
simvastatin TABS .....	19	SOLQUA .....	15	stannous fluoride CONC .....	56
sirolimus TABS .....	55	SOLOSEC .....	2	stavudine CAPS .....	31
SIRTURO .....	23	SOLU-CORTEF (hydrocortisone sod succinate) .....	37	STELARA 130 MG/26ML .....	47
SIVEXTRO TABS .....	22	SOLU-CORTEF 100 MG, 500 MG, 1000 MG .....	37	STELARA SOLN 45 MG/0.5ML ...	40
SKYLA .....	36	SOLU-CORTEF 250 MG .....	37	STELARA SOSY 45 MG/0.5ML ...	40
SKYRIZI (150 MG DOSE) PSKT ..	40	SOLU-MEDROL 2 GM .....	37	STELARA SOSY 90 MG/ML .....	40
SKYRIZI PEN SOAJ .....	40	sorafenib tosylate .....	27	STENDRA (avanafil) .....	33
SKYRIZI SOCT .....	47	SORBITOL 3 % .....	47	STIOLTO RESPIMAT .....	10
SKYRIZI SOLN .....	47	SORBITOL-MANNITOL 2.7 GM/100ML-0.54 GM/100ML .....	48	STIVARGA .....	27
SKYRIZI SOSY .....	40	sotalol hcl (afib/afi) .....	32	STRENSIQ .....	45
SLYND .....	36	sotalol hcl TABS 240 MG .....	32	streptomycin sulfate SOLR .....	2
SM PRENATAL VITAMINS TABS ..	57	sotalol hcl TABS 80 MG, 120 MG, 160 MG .....	32	STRIBILD .....	31
SODIUM ACETATE SOLN (sodium acetate) .....	54	SOVALDI TABS 200 MG .....	32	STRIVERDI RESPIMAT .....	10
sodium acetate SOLN .....	54	SOVALDI TABS 400 MG .....	32	SUBSYS LIQD 100 MCG .....	6
sodium chloride (gu irrigant) 0.9 %	47			SUBSYS LIQD 1200 MCG, 1600 MCG, 800 MCG .....	6
sodium chloride (inhalant) NEBU 7 % .....	37			SUBSYS LIQD 200 MCG, 400 MCG, 600 MCG .....	6
				sucalfate SUSP .....	64

sucralfate TABS .....	64	sumatriptan-naproxen sodium .....	53	tamoxifen citrate TABS .....	25
sulconazole nitrate CREA .....	39	sunitinib malate 12.5 MG, 25 MG, 50 MG .....	27	tamsulosin hcl .....	48
sulconazole nitrate SOLN .....	39	sunitinib malate 37.5 MG .....	27	TASIGNA 150 MG, 200 MG .....	27
sulfacetamide sodium (acne) .....	38	SUNOSI 150 MG .....	1	TASIGNA 50 MG .....	27
sulfacetamide sodium (ophth) SOLN . 58		SUNOSI 75 MG .....	1	tavaborole .....	39
sulfacetamide sodium w/ sulfur CREA 10 %-5 % .....	38	SYNAREL .....	45	TAVALISSE .....	48
sulfacetamide sodium w/ sulfur LIQD 10 %-5 % .....	38	SYNERA PTCH .....	42	tazarotene CREA 0.1 % .....	40
sulfacetamide sodium w/ sulfur LIQD 9 %-4.5 % .....	38	SYNJARDY TABS .....	15	TAZVERIK .....	27
sulfacetamide sodium-sulfur in urea vehicle EMUL 10 %-10 %-4 % .....	38	SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-12.5 MG, 1000 MG-5 MG .....	15	TDVAX SUSP .....	63
sulfacetamide sod-prednisolone SOLN .....	59	SYNJARDY XR TB24 1000 MG-25 MG .....	15	TEFLARO .....	35
sulfadiazine TABS .....	62	SYNRIBO .....	28	TEGRETOL SUSP (carbamazepine) . 12	
sulfamethoxazole-trimethoprim SOLN .....	21	SYNTHROID TABS (levothyroxine sodium) .....	63	TEGRETOL TABS (carbamazepine) . 12	
sulfamethoxazole-trimethoprim SUSP .....	21	TABLOID .....	24	telmisartan .....	20
sulfamethoxazole-trimethoprim TABS .....	21	TABRECTA .....	27	telmisartan-amlodipine .....	21
SULFAMYLON CREA .....	40	tacrolimus (topical) OINT .....	42	telmisartan-hydrochlorothiazide ..	21
sulfasalazine TABS .....	47	tacrolimus CAPS .....	55	temazepam 15 MG, 30 MG .....	50
sulfasalazine TBEC .....	47	tadalafil (pulmonary hypertension) TABs .....	34	temazepam 7.5 MG, 22.5 MG .....	50
sulindac TABS .....	4	tadalafil 5 MG .....	33	TEMODAR SOLR .....	23
sumatriptan .....	53	TAFINLAR CAPS .....	27	temozolomide CAPS .....	23
sumatriptan succinate SOAJ .....	53	TAFINLAR TBSO .....	27	temsirolimus .....	27
sumatriptan succinate SOCT .....	53	tafluprost .....	59	TENIVAC INJ .....	63
sumatriptan succinate SOLN 6 MG/0.5ML .....	53	TAGRISSO 40 MG .....	24	tenofovir disoproxil fumarate TABS 31	
sumatriptan succinate TABS .....	54	TAGRISSO 80 MG .....	24	terazosin hcl .....	20
		TAKHZYRO SOLN .....	49	terbinafine hcl TABS .....	18
		TAKHZYRO SOSY .....	49	terbutaline sulfate SOLN .....	10
		TALZENNA .....	27	terbutaline sulfate TABS .....	10
				terconazole vaginal CREA .....	67
				terconazole vaginal SUPP .....	67

teriflunomide .....	62	tiopronin TBEC 100 MG .....	48	TRACLEER TBSO .....	34
teriparatide SOPN .....	44	tiopronin TBEC 300 MG .....	48	tramadol hcl TABS 50 MG .....	6
TESTOSTERONE CYPIONATE SOLN IJ 200 MG/ML .....	7	tiotropium bromide monohydrate CAPS .....	9	tramadol hcl TB24 .....	6
testosterone cypionate SOLN IM ...	7	TIVICAY TABS .....	31	tramadol-acetaminophen .....	7
testosterone enanthate SOLN IM ...	7	tizanidine hcl CAPS .....	57	trandolapril 1 MG, 2 MG .....	20
TETANUS-DIPHThERIA TOXOIDS TD SUSP .....	63	tizanidine hcl TABS .....	57	trandolapril 4 MG .....	20
tetrabenazine .....	61	tobramycin (ophth) SOLN .....	58	trandolapril-verapamil hcl 180 MG-2 MG, 240 MG-1 MG .....	21
tetracycline hcl CAPS .....	63	tobramycin NEBU .....	2	trandolapril-verapamil hcl 240 MG-2 MG, 240 MG-4 MG .....	21
THALOMID .....	55	tobramycin sulfate SOLN IJ 2 GM/50ML, 10 MG/ML, 80 MG/2ML .	2	tranexamic acid SOLN 1000 MG/10ML .....	50
theophylline ELIX .....	10	tobramycin-dexamethasone SUSP 59		tranexamic acid TABS .....	50
theophylline SOLN .....	10	TODAY SPONGE MISC .....	67	tranylcypromine sulfate .....	13
theophylline TB12 .....	10	tolcapone .....	28	travoprost SOLN .....	59
theophylline TB24 .....	10	tolmetin sodium CAPS .....	4	TRAZIMERA .....	24
THERANATAL CORE NUTRITION TABs .....	57	tolmetin sodium TABs 600 MG ....	4	trazodone hcl TABs .....	14
THIOLA EC TBEC 100 MG (tiopronin) .....	48	TOLSURA CAPS .....	18	TRECTOR .....	23
THIOLA EC TBEC 300 MG (tiopronin) .....	48	tolterodine tartrate CP24 .....	64	TRELEGY ELLIPTA .....	10
thioridazine hcl .....	30	tolterodine tartrate TABs .....	64	TRELSTAR MIXJECT .....	25
thiotepa 15 MG .....	23	tolvaptan TABs .....	46	TREMFYA SOAJ 100 MG/ML ....	40
thiothixene .....	30	topiramate CPSP 15 MG .....	12	TREMFYA SOAJ 200 MG/2ML ...	40
THYMOGLOBULIN .....	55	topiramate CPSP 25 MG .....	12	TREMFYA SOLN .....	40
THYROGEN 0.9 MG .....	43	topiramate CS24 .....	12	TREMFYA SOSY 100 MG/ML ....	40
tiagabine hcl .....	12	topiramate TABs 200 MG .....	12	TREMFYA SOSY 200 MG/2ML ...	40
TIBSOVO .....	27	topiramate TABs 25 MG, 100 MG .	12	treprostinil SOLN IJ .....	33
tigecycline .....	62	topiramate TABs 50 MG .....	12	tretinoin (chemotherapy) .....	28
timolol maleate (ophth) SOLG ....	58	topotecan hcl SOLN .....	28	tretinoin CREA 0.025 %, 0.05 %, 0.1 % .....	38
timolol maleate (ophth) SOLN ....	58	topotecan hcl SOLR .....	28	tretinoin GEL 0.01 %, 0.025 % ....	38
timolol maleate TABs .....	32	toremifene citrate .....	25	tretinoin microsphere 0.1 % .....	38
		torsemide TABs .....	44		

TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG .....	24	12.5 MG, 1000 MG-2.5 MG-5 MG .15	MISC .....	52
triamcinolone acetonide (mouth) ..	56	TRIJARDY XR 1000 MG-5 MG-10 MG, 1000 MG-5 MG-25 MG .....	TRUSTEX LUB/SPERMICIDE EX ST MISC .....	52
triamcinolone acetonide (nasal) AERO .....	57	TRIKAFTA TBPK .....	TRUSTEX LUB/SPERMICIDE XL MISC .....	52
triamcinolone acetonide (topical) CREA 0.025 % .....	42	trimethobenzamide hcl CAPS .....	TRUSTEX LUBRICATED EX LARGE MISC .....	52
triamcinolone acetonide (topical) CREA 0.1 % .....	42	trimethoprim TABS .....	TRUSTEX LUBRICATED EXTRA ST MISC .....	52
triamcinolone acetonide (topical) CREA 0.5 % .....	42	trimipramine maleate CAPS .....	TRUSTEX LUBRICATED MISC ...	52
triamcinolone acetonide (topical) LOTN 0.025 % .....	42	TRINTELLIX .....	TRUSTEX LUBRICATED/SPERMICIDE MISC	52
triamcinolone acetonide (topical) LOTN 0.1 % .....	42	TRIUMEQ TABS .....	TRUSTEX NATURAL CONDOMS + LUBE MISC .....	52
triamcinolone acetonide (topical) OINT 0.025 %, 0.1 % .....	42	TRIZIVIR .....	TRUSTEX RIA LUB/SPERMICIDE MISC .....	52
triamcinolone acetonide (topical) OINT 0.5 % .....	42	TROJAN MAGNUM MISC .....	TRUSTEX RIA LUBRICATED MISC .	52
triamcinolone acetonide SUSP 40 MG/ML .....	37	TROJAN ULTRA THIN MISC .....	TRUSTEX-NONOXYNOL-9/RIB/STUD MISC .....	52
triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG .....	44	TROJAN ULTRA THIN/SPERMICIDAL MISC .....	TRUXIMA .....	24
triamterene & hydrochlorothiazide TABS .....	44	TROJAN-ENZ LUBRICATED MISC	TUKYSA .....	24
triamterene CAPS .....	44	52	TURALIO 125 MG .....	27
triazolam .....	50	TROJAN-ENZ/SPERMICIDAL MISC .	TUZISTRA XR .....	37
TRICARE TABS .....	57	52	TWINRIX SUSY .....	67
trientine hcl 250 MG .....	55	TROJAN-ENZ/SPERMICIDAL MISC .	TWIRLA .....	35
trifluoperazine hcl TABS .....	30	52	TYBLUME CHEW .....	35
trifluridine .....	58	TROJAN-ENZ/SPERMICIDAL MISC .	TYBOST .....	31
trihexyphenidyl hcl SOLN .....	28	52	TYMLOS .....	44
trihexyphenidyl hcl TABS .....	28	TROJAN-ENZ/SPERMICIDAL MISC .	TYVASO REFILL KIT SOLN IN ...	34
TRIJARDY XR 1000 MG-2.5 MG-		52	TYVASO SOLN IN .....	34
		TRUSTEX LUB/RIBBED/STUDDED	TYVASO STARTER KIT SOLN IN	34

UBRELVY .....	53	varenicline tartrate TBPK .....	62	VIRACEPT TABS 625 MG .....	31
UDENYCA ONBODY SOSY .....	49	VARIVAX SUSR .....	67	VIREAD POWD .....	31
UDENYCA SOAJ .....	49	VARUBI (180 MG DOSE) TBPK ...	18	VIREAD TABS 150 MG, 200 MG, 250 MG .....	31
UDENYCA SOSY .....	49	VAXNEUVANCE .....	65	VISTOGARD .....	17
UPTRAVI TABS 200 MCG .....	34	VECAMYL .....	21	VITAMIN D2 TABS 400 UNIT .....	67
UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG .....	34	VECTIBIX 100 MG/5ML .....	24	VITATHELY WITH GINGER TABS 57	
UPTRAVI TITRATION TBPK .....	34	VELPHORO .....	47	VITRAKVI CAPS .....	27
ursodiol CAPS .....	47	venlafaxine hcl CP24 150 MG .....	14	VITRAKVI SOLN .....	27
ursodiol TABS .....	47	venlafaxine hcl CP24 37.5 MG .....	14	VIZIMPRO .....	24
UVADEX .....	28	venlafaxine hcl CP24 75 MG .....	14	VORAXAZE .....	28
valacyclovir hcl 1 GM .....	32	venlafaxine hcl CP24 75 MG .....	14	voriconazole TABS .....	18
valacyclovir hcl 500 MG .....	32	venlafaxine hcl TB24 150 MG .....	14	VOSEVI .....	32
valganciclovir hcl TABS .....	31	venlafaxine hcl TB24 37.5 MG, 75 MG, 225 MG .....	14	VYNDAMAX .....	34
valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML .....	13	venlafaxine hcl TB24 150 MG .....	14	VYNDAQEL .....	34
valproic acid CAPS .....	13	venlafaxine hcl TB24 37.5 MG, 75 MG, 225 MG .....	14	warfarin sodium TABS .....	10
valrubicin .....	26	verapamil hcl CP24 100 MG, 200 MG, 300 MG .....	33	water for irrigation, sterile .....	55
valsartan TABS .....	20	verapamil hcl CP24 120 MG, 180 MG, 240 MG, 360 MG .....	33	WESTAB PLUS TABS .....	57
valsartan-hydrochlorothiazide .....	21	verapamil hcl SOLN 2.5 MG/ML ...	33	WIDE-SEAL DIAPHRAGM 60 ....	52
VALTOCO 10 MG DOSE LIQD ....	11	verapamil hcl TABS .....	33	WIDE-SEAL DIAPHRAGM 65 ....	52
VALTOCO 15 MG DOSE LQPK ...	11	verapamil hcl TBCR .....	33	WIDE-SEAL DIAPHRAGM 70 ....	52
VALTOCO 20 MG DOSE LQPK ...	11	VEREGEN .....	38	WIDE-SEAL DIAPHRAGM 75 ....	52
VALTOCO 5 MG DOSE LIQD .....	11	VERZENIO .....	27	WIDE-SEAL DIAPHRAGM 80 ....	52
vancomycin hcl CAPS .....	22	VICTOZA (liraglutide) .....	16	WIDE-SEAL DIAPHRAGM 85 ....	52
vancomycin hcl SOLR IV 1 GM, 10 GM, 500 MG .....	22	vigabatrin PACK .....	12	WIDE-SEAL DIAPHRAGM 90 ....	52
vancomycin hcl SOLR PO 25 MG/ML, 50 MG/ML, 250 MG/5ML ..	22	vigabatrin TABS .....	12	WIDE-SEAL DIAPHRAGM 95 ....	52
VAQTA .....	67	VIIBRYD STARTER PACK KIT ....	14	XALKORI CAPS .....	27
varenicline tartrate TABS .....	62	vilazodone hcl TABS .....	14	XARELTO STARTER PACK TBPK 10	
		vincristine sulfate .....	28	XARELTO SUSR .....	10
		vinorelbine tartrate 10 MG/ML .....	28		
		VIRACEPT TABS 250 MG .....	31		



XARELTO TABS 10 MG, 20 MG .. 10	60 MG .....25	ZENPEP CPEP 105000 UNIT-79000
XARELTO TABS 2.5 MG, 15 MG ..10	XPOVIO (60 MG TWICE WEEKLY) .	UNIT-25000 UNIT, 14000 UNIT-
XELJANZ SOLN .....2	25	10000 UNIT-3000 UNIT, 168000
XELJANZ TABS 10 MG .....2	XPOVIO (80 MG ONCE WEEKLY)	UNIT-126000 UNIT-40000 UNIT,
XELJANZ TABS 5 MG .....2	40 MG .....25	24000 UNIT-17000 UNIT-5000 UNIT,
XELJANZ XR TB24 .....2	XPOVIO (80 MG TWICE WEEKLY) .	42000 UNIT-32000 UNIT-10000
XEOMIN .....57	25	UNIT, 63000 UNIT-47000 UNIT-
XERAFA .....62	XTANDI CAPS .....25	15000 UNIT, 84000 UNIT-63000
XGEVA SOLN .....44	XTANDI TABS 40 MG .....25	UNIT-20000 UNIT .....43
XHANCE EXHU .....57	XTANDI TABS 80 MG .....25	ZENPEP CPEP 252600 UNIT-
XIFAXAN 200 MG .....21	XULTOPHY .....15	189600 UNIT-60000 UNIT .....43
XIFAXAN 550 MG .....21	XYNTHA .....48	zidovudine CAPS .....31
XIGDUO XR (dapagliflozin	XYNTHA SOLOFUSE .....48	zidovudine SYRP .....31
propanediol-metformin hcl) .....15	YERVOY .....24	zidovudine TABS .....31
XIGDUO XR 1000 MG-10 MG, 500	YONSA .....25	zileuton TB12 .....9
MG-10 MG, 500 MG-5 MG .....15	YUFLYMA (1 PEN) AJKT .....3	ziprasidone hcl .....29
XIGDUO XR 1000 MG-2.5 MG, 1000	YUFLYMA (2 PEN) AJKT .....3	ZIRABEV .....24
MG-5 MG .....15	YUFLYMA (2 SYRINGE) PSKT .....3	ZIRGAN GEL .....58
XOLAIR SOAJ 150 MG/ML, 300	YUFLYMA-CD/UC/HS STARTER	ZOLADEX 10.8 MG .....25
MG/2ML .....9	AJKT .....3	ZOLADEX 3.6 MG .....25
XOLAIR SOAJ 75 MG/0.5ML .....9	zafirlukast .....9	zoledronic acid CONC .....44
XOLAIR SOLR .....9	zaleplon 10 MG .....50	zoledronic acid SOLN .....44
XOLAIR SOSY 150 MG/ML, 300	zaleplon 5 MG .....50	ZOLINZA .....27
MG/2ML .....9	ZALTRAP 100 MG/4ML .....24	zolmitriptan SOLN .....54
XOLAIR SOSY 75 MG/0.5ML .....9	ZANOSAR .....23	zolmitriptan TABS .....54
XOSPATA .....27	ZARONTIN CAPS (ethosuximide) .13	zolmitriptan TBDP .....54
XPOVIO (100 MG ONCE WEEKLY)	ZARXIO .....49	zolpidem tartrate TABS .....50
50 MG .....25	ZEJULA CAPS .....27	zolpidem tartrate TBCR .....50
XPOVIO (40 MG ONCE WEEKLY)	ZEJULA TABS 100 MG .....27	zonisamide CAPS .....12
40 MG .....25	ZEJULA TABS 200 MG, 300 MG .27	ZONTIVITY .....49
XPOVIO (40 MG TWICE WEEKLY)	ZELBORAF .....27	ZORBTIVE SC .....45
40 MG .....25		ZYDELIG .....27
XPOVIO (60 MG ONCE WEEKLY)		ZYLET .....59

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