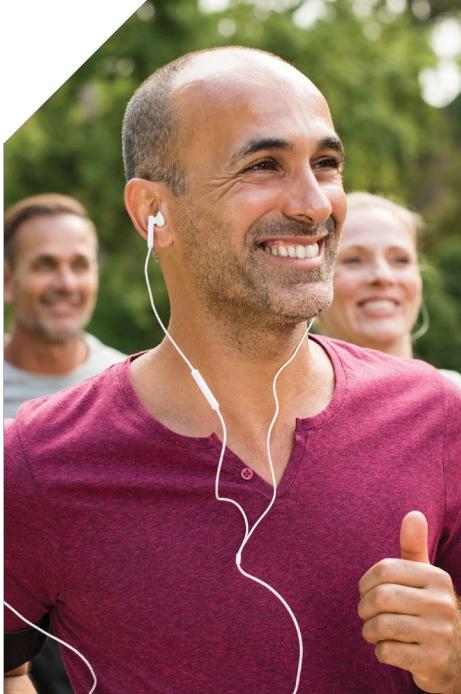




FROM | silversummit  
healthplan



# DANH MỤC THUỐC NĂM 2025

CÓ HIỆU LỰC TỪ NGÀY  
1 THÁNG 1 NĂM 2025



[Ambetter.SilversummitHealthPlan.com](http://Ambetter.SilversummitHealthPlan.com)

# Giới Thiệu về Danh Mục Thuốc

## DANH MỤC THUỐC

Danh Mục Thuốc Ambetter, hay còn gọi là Danh Sách Thuốc Theo Toa, là tài liệu hướng dẫn về các loại thuốc gốc và thuốc biệt dược hiện có đã được Cục Quản Lý Thực Phẩm và Dược Phẩm Hoa Kỳ (FDA) phê duyệt và được đài thọ thông qua quyền lợi thuốc theo toa của quý vị. Thuốc gốc có cùng thành phần hoạt chất như thuốc biệt dược tương ứng và nên được coi là thuốc điều trị bước một. FDA yêu cầu các thuốc gốc phải an toàn và có tác dụng giống như thuốc biệt dược. Nếu không có sẵn thuốc gốc, có thể có nhiều hơn một loại thuốc biệt dược để điều trị bệnh trạng. Thuốc biệt dược ưu tiên được liệt kê ở Bậc 2 giúp xác định các loại thuốc biệt dược là các phương án điều trị phù hợp về mặt lâm sàng, an toàn và tiết kiệm chi phí, nếu thuốc gốc trong danh mục thuốc không phù hợp với bệnh trạng của quý vị.

Xin lưu ý rằng Danh Mục Thuốc không phải là một danh sách đầy đủ các thuốc được quyền lợi thuốc kê toa của quý vị đài thọ. Không phải tất cả các dạng bào chế hoặc hàm lượng của một loại thuốc đều có thể được đài thọ. Danh sách này được đánh giá và cập nhật định kỳ và có thể thay đổi. Các loại thuốc có thể được bổ sung hoặc xóa khỏi danh sách, hoặc yêu cầu bổ sung có thể được đưa vào để có thể phê duyệt việc tiếp tục sử dụng một loại thuốc cụ thể.

Các thiết kế chương trình quyền lợi thuốc theo toa cụ thể có thể không bao gồm một số sản phẩm hoặc danh mục nhất định, bất kể chúng có được đề cập trong tài liệu này hay không. Vui lòng kiểm tra các quyền lợi của quý vị để biết các giới hạn về phạm vi bảo hiểm và khoản chia sẻ chi phí cho thuốc của quý vị.

Chú thích Trong Danh Sách Thuốc:

Thuốc biệt dược được liệt kê bằng CHỮ IN HOA và thuốc gốc được liệt kê bằng chữ in thường.

Các loại thuốc được đài thọ theo các bậc đồng thanh toán khác nhau tùy thuộc vào quyền lợi của quý vị:

**Bậc 0** - Không có khoản đồng thanh toán cho những loại thuốc được sử dụng vì mục đích phòng ngừa và được Đạo Luật Bảo Vệ Bệnh Nhân và Chăm Sóc Khỏe Giá Cả Phải Chăng quy định. Một số loại thuốc chọn lọc bao gồm thuốc tránh thai đường uống, vitamin D, axit folic cho phụ nữ trong độ tuổi sinh đẻ, aspirin không cần toa (OTC) và các sản phẩm cai thuốc lá có thể được đài thọ theo bậc này. Có thể áp dụng một số giới hạn nhất định về độ tuổi.

**Bậc 1<sub>A</sub>** - Khoản đồng thanh toán thấp nhất cho một số loại thuốc chọn lọc mang lại giá trị lớn nhất so với các loại thuốc khác được sử dụng để điều trị các bệnh trạng tương tự. Một số thuốc không cần toa (OTC) được chọn có thể được đài thọ theo bậc này.

**Bậc 1<sub>B</sub>** - Khoản đồng thanh toán thấp cho những loại thuốc mang lại giá trị lớn so với các loại thuốc khác được sử dụng để điều trị các bệnh trạng tương tự. Một số thuốc không cần toa (OTC) được chọn có thể được đài thọ theo bậc này.

**Bậc 2** - Khoản đồng thanh toán trung bình đài thọ các loại thuốc biệt dược thường có giá cả phải chăng hơn hoặc có thể được ưa tiên hơn so với các loại thuốc khác để điều trị các bệnh trạng tương tự.

**Bậc 3** - Khoản đồng thanh toán cao đài thọ các loại thuốc biệt dược có giá cao hơn và thuốc gốc không được ưu tiên. Bậc này cũng có thể đài thọ các loại thuốc không chuyên khoa không có trong Danh Sách Thuốc Theo Toa nhưng đã được phê duyệt bảo hiểm.

**Bậc 4** - Khoản đồng thanh toán cao nhất dành cho các loại thuốc “chuyên khoa” dùng để điều trị các bệnh trạng phức tạp, mạn tính có thể cần xử lý, bảo quản hoặc quản lý lâm sàng đặc biệt. Các thuốc theo toa được đài thọ theo bậc thuốc chuyên khoa có thể được yêu cầu mua tại nhà thuốc tham gia vào các hệ thống “chuyên khoa” hoặc “bệnh máu khó đông” của Ambetter. Để biết thêm thông tin về các nhà thuốc trong các hệ thống “chuyên khoa” hoặc “bệnh máu khó đông” của chúng tôi, vui lòng tham khảo phần thông tin nhà thuốc trên trang web của Ambetter.

### **Sự Ủy Quyền Trước đối với Các Loại Thuốc không Thuộc Danh Mục Thuốc**

Để có được sự ủy quyền trước đối với một loại thuốc không thuộc danh mục thuốc, nhà cung cấp của quý vị phải điền vào mẫu đơn Ủy Quyền Trước. Bộ phận Dịch Vụ sẽ phản hồi qua fax hoặc điện thoại trong vòng 24 giờ kể từ khi nhận được tất cả thông tin cần thiết để giải quyết các yêu cầu khẩn cấp và trong vòng 72 giờ đối với các yêu cầu không khẩn cấp, trừ khi luật tiểu bang yêu cầu phản hồi nhanh hơn. Nếu yêu cầu không được phê duyệt, thông báo từ chối sẽ có phần giải thích rõ ràng về các lý do cụ thể dẫn đến việc từ chối yêu cầu ủy quyền trước hoặc nếu yêu cầu không đầy đủ, phần giải thích sẽ chỉ rõ thông tin quan trọng còn thiếu cần thiết để hoàn thành yêu cầu.

### **Các Từ Viết Tắt trong Danh Mục Thuốc:**

| Từ viết tắt | Thuật ngữ                  | Ý nghĩa  |
|-------------|----------------------------|--|
| AL          | Giới Hạn Độ Tuổi           | Một số loại thuốc chỉ được đài thọ cho một số độ tuổi nhất định.   |
| QL          | Giới Hạn Số Lượng          | Một số loại thuốc chỉ được đài thọ cho một lượng nhất định.  |
| PA          | Sự Ủy Quyền Trước          | Bác sĩ của quý vị phải xin Ambetter phê duyệt trước khi một số loại thuốc được đài thọ.  |
| ST          | Liệu Pháp Từng Bước        | Trong một số trường hợp, quý vị trước tiên phải dùng thử một số loại thuốc nhất định trước khi Ambetter đài thọ cho một loại thuốc khác để điều trị bệnh trạng của quý vị. Ví dụ: nếu cả Thuốc A và Thuốc B đều điều trị cho bệnh trạng của quý vị, Ambetter có thể không đài thọ cho Thuốc B trừ khi quý vị dùng thử Thuốc A trước. |
| NF          | Không thuộc danh mục thuốc | Sản phẩm này không được đài thọ trừ khi quý vị hoặc nhà cung cấp của quý vị yêu cầu một trường hợp ngoại lệ. Các loại thuốc thay thế được liệt kê bên cạnh sản phẩm không được đài thọ   |
| RX/OTC      | Thuốc theo toa và OTC      | Những loại thuốc này được sản xuất ở cả dạng theo toa và không cần toa (OTC).  |
| SP          | Thuốc Chuyên Khoa          | Những sản phẩm này là Thuốc Chuyên Khoa có thể có yêu cầu đặc biệt khi mua thuốc.  |
| SF          | Chia Nhỏ Lượng Thuốc       | Ban đầu, một số loại thuốc nhất định có thể chỉ được cung cấp với các lượng nhỏ đủ dùng trong 15 ngày cho đến khi tình trạng của quý vị ổn định sau khi dùng thuốc. Sau khi quý vị đã dùng thuốc được 90 ngày, hạn chế này có thể không còn được áp dụng nữa.  |

### **Nhóm Thuốc Opioid:**

Các loại thuốc được xác định trong danh mục thuốc theo yêu cầu “**Các lần mua thuốc đầu tiên bị giới hạn ở lượng thuốc đủ dùng trong 7 ngày**” cho phép tối đa hai lần mua thuốc cho lượng thuốc đủ dùng trong 7 ngày trong khoảng thời gian 28 ngày bất kỳ và tối đa tổng lượng thuốc đủ dùng trong 28 ngày không liên tục trong khoảng thời gian 90 ngày bất kỳ. Giới hạn này áp dụng theo hình thức tích lũy cho tất cả các loại thuốc thuộc nhóm opioid được mua. Đối với những lần mua thuốc vượt quá các giới hạn này, nhà cung cấp của quý vị có thể gửi yêu cầu Ủy Quyền Trước.

| Drug Name  | Drug Tier | Requirements/Limits | Drug Name  | Drug Tier | Requirements/Limits                    |
|--|-----------|---------------------|--|-----------|--|
| ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders          |           |                     |  |           |  |
| Amphetamines   |           |                     |  |           |  |
|  |           |                     |  |           |  |
| ADDERALL XR CP24 PO 20 MG, 25 MG, 30 MG ( <i>Use amphetamine-dextroamphetamine</i> )                     | 9         | QL(2 EA daily)      | DESOXYN PO ( <i>Use methamphetamine hcl</i> )                                | 9         | QL(5 EA daily); AL(At least 6 yrs old) |
| ADDERALL XR CP24 PO 5 MG, 10 MG ( <i>Use amphetamine-dextroamphetamine</i> )                             | 9         | QL(1 EA daily)      | DEXEDRINE CP24 PO 10 MG, 15 MG ( <i>Use dextroamphetamine sulfate</i> )      | 9         | QL(4 EA daily)                         |
| ADDERALL XR CP24 PO 15 MG ( <i>Use amphetamine-dextroamphetamine</i> )                                   | 9         |                     | <i>dextroamphetamine sulfate CP24 PO 10 MG, 15 MG</i>                        | 1         | QL(4 EA daily)                         |
| ADDERALL TABS PO 30 MG ( <i>Use amphetamine-dextroamphetamine</i> )                                      | 9         | QL(2 EA daily)      | <i>dextroamphetamine sulfate CP24 PO 5 MG</i>                                | 1         |  |
| ADDERALL TABS PO 5 MG, 7.5 MG, 10 MG, 12.5 MG, 15 MG, 20 MG ( <i>Use amphetamine-dextroamphetamine</i> ) | 9         | QL(3 EA daily)      | <i>dextroamphetamine sulfate TABS PO 2.5 MG, 7.5 MG, 15 MG, 20 MG, 30 MG</i> | 1         |  |
| <i>amphetamine-dextroamphetamine CP24 PO 5 MG, 10 MG</i>   | 1         | QL(1 EA daily)      | <i>dextroamphetamine sulfate TABS PO 5 MG, 10 MG</i>                         | 1         | QL(4 EA daily)                         |
| <i>amphetamine-dextroamphetamine CP24 PO 15 MG</i>   | 1         |                     | <i>lisdexamfetamine dimesylate CAPS PO</i>                                   | 1         | QL(1 EA daily); ST                     |
| <i>amphetamine-dextroamphetamine CP24 PO 20 MG, 25 MG, 30 MG</i>   | 1         | QL(2 EA daily)      | <i>lisdexamfetamine dimesylate CHEW</i>                                      | 1         | QL(1 EA daily); ST                     |
| <i>amphetamine-dextroamphetamine TABS PO 5 MG, 7.5 MG, 10 MG, 12.5 MG, 15 MG, 20 MG</i>                  | 1         | QL(3 EA daily)      | <i>methamphetamine hcl PO</i>  | 1         | QL(5 EA daily); AL(At least 6 yrs old) |
| <i>amphetamine-dextroamphetamine TABS PO 30 MG</i>   | 1         | QL(2 EA daily)      | Anorexiants Non-Amphetamine  |           |  |
|  |           |                     | ADIPEX-P CAPS PO ( <i>Use phentermine hcl</i> )                              | 9         | PA                                     |
|  |           |                     | <i>phendimetrazine tartrate TABS PO</i>                                      | 1         | PA                                     |
|  |           |                     | <i>phentermine hcl CAPS PO</i>   | 1         | PA                                     |
| Anti-Obesity Agents  |           |                     |  |           |  |
|  |           |                     | CONTRAVE PO  | 3         | QL(4 EA daily); PA                     |
| Attention-Deficit/Hyperactivity Disorder (ADHD) Agents   |           |                     |  |           |  |
|  |           |                     | <i>atomoxetine hcl PO 60 MG, 80 MG, 100 MG</i>                               | 1         | QL(1 EA daily); AL(At least 6 yrs old) |

| Drug Name  | Drug Tier | Requirements/Limits                         | Drug Name   | Drug Tier | Requirements/Limits                     |
|--|-----------|---|---|-----------|---|
| <i>atomoxetine hcl PO 10 MG, 18 MG, 25 MG, 40 MG</i>                 | 1         | QL(2 EA daily); AL(At least 6 yrs old)      | FOCALIN XR CP24 PO ( <i>Use dexmethylphenidate hcl</i> )      | 9         | QL(1 EA daily)                          |
| <i>clonidine hcl (adhd) TB12 PO</i>                                  | 1         |   | FOCALIN TABS PO ( <i>Use dexmethylphenidate hcl</i> )         | 9         | QL(2 EA daily); AL(At least 6 yrs old)  |
| <i>guanfacine hcl (adhd) PO</i>                                      | 1         | QL(1 EA daily); AL(At least 6 yrs old)      | METADATE CD CPCR PO ( <i>Use methylphenidate hcl</i> )        | 9         | QL(1 EA daily); AL(At least 6 yrs old)  |
| <i>INTUNIV PO (Use guanfacine hcl (adhd))</i>                        | 9         | QL(1 EA daily); AL(At least 6 yrs old)      | METHYLIN SOLN PO ( <i>Use methylphenidate hcl</i> )           | 9         | QL(30 ML daily); AL(At least 6 yrs old) |
| <i>KAPVAY TB12 PO (Use clonidine hcl (adhd))</i>                     | 9         |   | <i>methylphenidate hcl CHEW PO 5 MG</i>                       | 1         | QL(6 EA daily)                          |
| <i>STRATTERA PO 10 MG, 18 MG, 25 MG, 40 MG (Use atomoxetine hcl)</i> | 9         | QL(2 EA daily); AL(At least 6 yrs old)      | <i>methylphenidate hcl CHEW PO 10 MG</i>                      | 1         | QL(5 EA daily)                          |
| <i>STRATTERA PO 60 MG, 80 MG, 100 MG (Use atomoxetine hcl)</i>       | 9         | QL(1 EA daily); AL(At least 6 yrs old)      | <i>methylphenidate hcl CHEW PO 2.5 MG</i>                     | 1         | QL(2 EA daily)                          |
| <b>Dopamine and Norepinephrine Reuptake Inhibitors (DNReIs)</b>      |           |   | <i>methylphenidate hcl CP24 PO</i>                            | 1         | QL(1 EA daily)                          |
| SUNOSI PO 150 MG   | 3         | QL(1 EA daily); PA                          | <i>methylphenidate hcl CP24 PO 30 MG</i>                      | 1         | QL(2 EA daily); AL(At least 6 yrs old)  |
| SUNOSI PO 75 MG  | 3         | QL(2 EA daily); PA                          | <i>methylphenidate hcl CP24 PO 10 MG, 20 MG, 40 MG, 60 MG</i> | 1         | QL(1 EA daily); AL(At least 6 yrs old)  |
| <b>Stimulants - Misc.</b>  |           |   | <i>methylphenidate hcl CPCR PO</i>                            | 1         | QL(1 EA daily); AL(At least 6 yrs old)  |
| APTENSIO XR CP24 PO ( <i>Use methylphenidate hcl</i> )               | 9         | QL(1 EA daily)                              | <i>methylphenidate hcl SOLN PO</i>                            | 1         | QL(30 ML daily); AL(At least 6 yrs old) |
| armodafinil PO   | 1         | QL(1 EA daily); AL(At least 17 yrs old); PA | <i>methylphenidate hcl TABS PO 5 MG</i>                       | 1         | QL(6 EA daily); AL(At least 6 yrs old)  |
| CONCERTA TBCR PO 36 MG, 54 MG ( <i>Use methylphenidate hcl</i> )     | 9         | QL(2 EA daily); AL(At least 6 yrs old)      | <i>methylphenidate hcl TABS PO 10 MG, 20 MG</i>               | 1         | QL(5 EA daily); AL(At least 6 yrs old)  |
| CONCERTA TBCR PO 18 MG, 27 MG ( <i>Use methylphenidate hcl</i> )     | 9         | QL(1 EA daily); AL(At least 6 yrs old)      | <i>methylphenidate hcl TB24 PO 36 MG, 54 MG</i>               | 1         | QL(2 EA daily); AL(At least 6 yrs old)  |
| DAYTRANA PTCH ( <i>Use methylphenidate</i> )                         | 9         | QL(1 EA daily); PA                          | <i>methylphenidate hcl TB24 PO 18 MG, 27 MG</i>               | 1         | QL(1 EA daily); AL(At least 6 yrs old)  |
| <i>dexamethylphenidate hcl CP24 PO</i>                               | 1         | QL(1 EA daily)                              | <i>methylphenidate hcl TBCR PO 18 MG, 27 MG</i>               | 1         | QL(1 EA daily); AL(At least 6 yrs old)  |
| <i>dexamethylphenidate hcl TABS PO</i>                               | 1         | QL(2 EA daily); AL(At least 6 yrs old)      |   |           |   |

Ambetter NV Formulary Updated January 1, 2025

| Drug Name  | Drug Tier | Requirements/Limits                            | Drug Name   | Drug Tier | Requirements/Limits  |  |
|--|-----------|--|---|-----------|--|--|
| methylphenidate hcl<br>TBCR PO 36 MG, 54 MG                      | 1         | QL(2 EA daily);<br>AL(At least 6 yrs old)      | ARIKAYCE  | 4         | PA   |  |
| methylphenidate hcl<br>TBCR PO 10 MG, 20 MG                      | 1         | QL(3 EA daily);<br>AL(At least 6 yrs old)      | 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 %       | 1         |  |  |
| methylphenidate PTCH   | 1         | QL(1 EA daily);<br>PA                          | gentamicin sulfate IJ 40 MG/ML  | 1         |  |  |
| modafinil PO 100 MG  | 1         | QL(1 EA daily);<br>PA                          | KITABIS PAK NEBU (Use tobramycin)   | 9         | QL(280 ML per 56 day(s) retail; 280 ML per 56 days mail); PA |  |
| modafinil PO 200 MG  | 1         | QL(2 EA daily);<br>PA                          | neomycin sulfate TABS PO  | 1         |  |  |
| NUVIGIL PO (Use armodafinil)                                     | 9         | QL(1 EA daily);<br>AL(At least 17 yrs old); PA | streptomycin sulfate SOLR   | 3         |  |  |
| PROVIGIL PO 100 MG (Use modafinil)                               | 9         | QL(1 EA daily);<br>PA                          | TOBI NEBU (Use tobramycin)  | 9         | QL(280 ML per 56 day(s) retail; 280 ML per 56 days mail); PA |  |
| PROVIGIL PO 200 MG (Use modafinil)                               | 9         | QL(2 EA daily);<br>PA                          | tobramycin sulfate SOLN IJ 2 GM/50ML, 10 MG/ML, 80 MG/2ML                                   | 1         |  |  |
| RITALIN LA CP24 PO 10 MG, 20 MG, 40 MG (Use methylphenidate hcl) | 9         | QL(1 EA daily);<br>AL(At least 6 yrs old)      | tobramycin NEBU   | 4         | QL(280 ML per 56 day(s) retail; 280 ML per 56 days mail); PA |  |
| RITALIN LA CP24 PO 30 MG (Use methylphenidate hcl)               | 9         | QL(2 EA daily);<br>AL(At least 6 yrs old)      | ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions |           |  |  |
| RITALIN TABS PO 5 MG (Use methylphenidate hcl)                   | 9         | QL(6 EA daily);<br>AL(At least 6 yrs old)      | Antirheumatic - Enzyme Inhibitors   |           |  |  |
| RITALIN TABS PO 10 MG, 20 MG (Use methylphenidate hcl)           | 9         | QL(5 EA daily);<br>AL(At least 6 yrs old)      | RINVOQ LQ SOLN  | 4         | QL(12 ML daily); PA  |  |
| ALLERGENIC EXTRACTS/BIOLOGICALS MISC                             |           |  | RINVOQ TB24 PO  | 4         | QL(1 EA daily); PA   |  |
| Allergenic Extracts  |           |  | XELJANZ XR TB24 PO  | 4         | QL(1 EA daily); PA   |  |
| GRASTEK SUBL   | 3         | PA   | XELJANZ SOLN  | 4         | QL(20 ML daily); PA  |  |
| AMEBICIDES   |           |  | XELJANZ TABS 10 MG  | 4         | QL(2 EA daily); PA   |  |
| Amebicides   |           |  | XELJANZ TABS 5 MG   | 4         | QL(2 EA daily); SP; PA                                       |  |
| SOLOSEC  | 3         | PA   | Anti-TNF-alpha - Monoclonal Antibodies  |           |  |  |
| AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections            |           |  | CYLTEZO (2 PEN) AJKT  | 4         | QL(0.072 EA daily); PA                                       |  |
| Aminoglycosides  |           |  |   |           |  |  |
| amikacin sulfate SOLN 1 GM/4ML, 500 MG/2ML                       | 1         |  |   |           |  |  |

Ambetter NV Formulary Updated January 1, 2025

| Drug Name   | Drug Tier | Requirements/Limits  | Drug Name  | Drug Tier | Requirements/Limits  |  |
|---|-----------|--|--|-----------|--|--|
| CYLTEZO (2 PEN) AJKT                              | 4         | QL(0.215 EA daily); PA   | HUMIRA-PED>/=40KG UC STARTER AJKT                  | 4         | 1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA   |  |
| 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 (2 SYRINGE) PSKT 10 MG/0.2ML, 40 MG/0.4ML | 4         | QL(0.072 EA daily); PA   | HUMIRA-PSORIASIS/UVEIT 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-CD/UC/HS STARTER AJKT                     | 4         | QL(0.215 EA daily); PA   | YUFLYMA (1 PEN) AJKT                               | 4         | QL(0.143 EA daily); PA   |  |
| CYLTEZO-PSORIASIS/UV STARTER AJKT                 | 4         | QL(0.143 EA daily); PA   | YUFLYMA (2 PEN) AJKT                               | 4         | QL(0.29 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 SYRINGE) PSKT                           | 4         | QL(0.143 EA daily); PA   |  |
| HUMIRA (2 PEN) AJKT                               | 4         | QL(0.143 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 PEN) AJKT 80 MG/0.8ML                   | 4         | QL(0.072 EA daily); PA   | Gold Compounds                                     |           |  |  |
| HUMIRA (2 SYRINGE) PSKT                           | 4         | QL(0.143 EA daily); PA   | RIDAURA PO   | 3         | QL(3 EA daily)   |  |
| HUMIRA-CD/UC/HS STARTER AJKT                      | 4         | 1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA   | Interleukin-1 Blockers                             |           |  |  |
| HUMIRA-PED<40KG CROHNS STARTER PSKT               | 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   |  |
| HUMIRA-PED>/=40KG CROHNS START PSKT               | 4         | 1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA   | Interleukin-6 Receptor Inhibitors                  |           |  |  |
|   |           |  | KEVZARA SOAJ                                       | 4         | QL(0.082 ML daily); PA   |  |
|   |           |  | KEVZARA SOSY                                       | 4         | QL(0.082 ML daily); PA   |  |
|   |           |  | Nonsteroidal Anti-inflammatory Agents (NSAIDs)     |           |  |  |
|   |           |  | ANAPROX DS TABS PO<br><i>(Use naproxen sodium)</i> | 9         |  |  |

| Drug Name   | Drug Tier | Requirements/Limits | Drug Name                                      | Drug Tier | Requirements/Limits  |
|---|-----------|---------------------|--|-----------|--|
| ARTHROTEC TBEC PO<br><i>(Use diclofenac w/ misoprostol)</i> | 9         |                     | <i>ketoprofen CAPS PO 50 MG</i>                | 1         |  |
| CELEBREX PO <i>(Use celecoxib)</i>                          | 9         | QL(2 EA daily)      | <i>ketorolac tromethamine TABS PO</i>          | 1         | QL(0.667 EA daily)   |
| <i>celecoxib PO</i>   | 1         | QL(2 EA daily)      | LODINE TABS PO <i>(Use etodolac)</i>           | 9         |  |
| CHILDRENS ADVIL SUSP PO 100 MG/5ML <i>(Use ibuprofen)</i>   | 9         | RX/OTC              | <i>meclofenamate sodium CAPS PO</i>            | 1         |  |
| CHILDRENS MOTRIN SUSP PO 100 MG/5ML <i>(Use ibuprofen)</i>  | 9         | RX/OTC              | <i>mefenamic acid CAPS PO</i>                  | 1         | Must try ibuprofen.; QL(5 EA daily); ST                                    |
| DAYPRO TABS PO <i>(Use oxaprozin)</i>                       | 9         |                     | <i>meloxicam TABS PO</i>                       | 7         | QL(1 EA daily)   |
| <i>diclofenac potassium TABS PO 50 MG</i>                   | 1         |                     | <i>nabumetone PO</i>                           | 1         |  |
| <i>diclofenac sodium TB24 PO</i>                            | 1         |                     | NALFON TABS PO <i>(Use fenoprofen calcium)</i> | 9         | QL(4 EA daily); ST   |
| <i>diclofenac sodium TBEC PO</i>                            | 1         |                     | NAPROSYN SUSP PO <i>(Use naproxen)</i>         | 9         | PA   |
| <i>diclofenac w/ misoprostol TBEC PO</i>                    | 1         |                     | NAPROSYN TABS PO 500 MG <i>(Use naproxen)</i>  | 9         |  |
| EC-NAPROSYN TBEC PO 500 MG <i>(Use naproxen)</i>            | 9         | QL(3 EA daily)      | <i>naproxen sodium TABS PO 550 MG</i>          | 1         |  |
| <i>etodolac CAPS PO</i>                                     | 1         |                     | <i>naproxen SUSP PO</i>                        | 1         | PA   |
| <i>etodolac TABS PO</i>                                     | 1         |                     | <i>naproxen TABS PO</i>                        | 1         |  |
| FELDENE CAPS PO <i>(Use piroxicam)</i>                      | 9         |                     | <i>naproxen TBEC PO 500 MG</i>                 | 1         | QL(3 EA daily)   |
| <i>fenoprofen calcium TABS PO</i>                           | 1         | QL(4 EA daily); ST  | <i>oxaprozin TABS PO</i>                       | 1         |  |
| <i>flurbiprofen TABS PO</i>                                 | 1         |                     | <i>piroxicam CAPS PO</i>                       | 1         |  |
| <i>ibuprofen SUSP PO 100 MG/5ML</i>                         | 1         | RX/OTC              | <i>sulindac TABS PO</i>                        | 1         |  |
| <i>ibuprofen TABS PO 800 MG</i>                             | 1         |                     | <i>tolmetin sodium CAPS PO</i>                 | 1         |  |
| <i>ibuprofen TABS PO 400 MG, 600 MG</i>                     | 7         |                     | <i>tolmetin sodium TABS PO 600 MG</i>          | 1         |  |
| <i>indomethacin CAPS PO 25 MG, 50 MG</i>                    | 1         |                     | Phosphodiesterase 4 (PDE4) Inhibitors          |           |  |
| <i>indomethacin CPCR PO</i>                                 | 1         |                     | OTEZLA TABS PO                                 | 4         | QL(2 EA daily); PA   |
|   |           |                     | OTEZLA TBPK PO                                 | 4         | 1 package(s) per 180 day(s) retail; PA                                     |
|   |           |                     | OTEZLA TBPK PO                                 | 4         | 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA |

Ambetter NV Formulary Updated January 1, 2025

| Drug Name   | Drug Tier | Requirements/Limits                        | Drug Name   | Drug Tier | Requirements/Limits                                |
|---|-----------|--|---|-----------|--|
| Pyrimidine Synthesis Inhibitors   |           |  |   |           |  |
| ARAVA PO ( <i>Use leflunomide</i> )   | 9         | QL(1 EA daily)                             | aspirin TABS PO 325 MG  | 0         | AL(At least 45 yrs old - Up to 79 yrs old)         |
| <i>leflunomide</i> PO   | 1         | QL(1 EA daily)                             | aspirin TBEC PO 81 MG   | 0         | AL(At least 45 yrs old - Up to 79 yrs old)         |
| Soluble Tumor Necrosis Factor Receptor Agents                               |           |  |   |           |  |
| ENBREL MINI SOCT  | 4         | QL(0.146 ML daily); PA                     | aspirin TBEC PO 325 MG  | 7         |  |
| ENBREL SURECLICK SOAJ   | 4         | QL(0.146 ML daily); PA                     | diflunisal TABS PO  | 1         |  |
| ENBREL SOLN   | 4         | QL(0.146 ML daily); PA                     | ECOTRIN ARTHRTIS PAIN TBEC PO ( <i>Use aspirin</i> )                        | 9         |  |
| ENBREL SOSY 50 MG/ML  | 4         | QL(0.286 ML daily); SP; PA                 | ECOTRIN TBEC PO ( <i>Use aspirin</i> )                                      | 9         |  |
| ENBREL SOSY 25 MG/0.5ML   | 4         | QL(0.146 ML daily); PA                     | salsalate PO  | 1         |  |
| ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions |           |  |   |           |  |
| Analgesic Combinations  |           |  |   |           |  |
| <i>butalbital-acetaminophen-caffeine</i> CAPS PO 40 MG-50 MG-300 MG         | 1         | QL(6 EA daily)                             | Opioid Agonists   |           |  |
| <i>butalbital-acetaminophen-caffeine</i> CAPS PO 40 MG-50 MG-325 MG         | 1         |  | ACTIQ LPOP ( <i>Use fentanyl citrate</i> )                                  | 9         | QL(4 EA daily); PA                                 |
| <i>butalbital-acetaminophen-caffeine</i> TABS PO 40 MG-50 MG-325 MG         | 1         | QL(6 EA daily)                             | codeine sulfate TABS PO 30 MG   | 1         | New starts limited to 7 day supply                 |
| <i>butalbital-acetaminophen</i> TABS PO 50 MG-325 MG                        | 1         | QL(6 EA daily)                             | CODEINE SULFATE TABS PO   | 1         | New starts limited to 7 day supply                 |
| <i>butalbital-aspirin-caffeine</i> CAPS PO                                  | 1         | QL(4 EA daily)                             | DEMEROL SOLN IJ 25 MG/ML, 50 MG/ML, 100 MG/ML ( <i>Use meperidine hcl</i> ) | 9         |  |
| ESGIC TABS PO ( <i>Use butalbital-acetaminophen-caffeine</i> )              | 9         | QL(6 EA daily)                             | DILAUDID LIQD PO ( <i>Use hydromorphone hcl</i> )                           | 9         | New starts limited to 7 day supply                 |
| FIORICET CAPS PO ( <i>Use butalbital-acetaminophen-caffeine</i> )           | 9         | QL(6 EA daily)                             | DILAUDID TABS PO ( <i>Use hydromorphone hcl</i> )                           | 9         | New starts limited to 7 day supply; QL(8 EA daily) |
| Salicylates   |           |  |   |           |  |
| aspirin CHEW PO   | 0         | AL(At least 45 yrs old - Up to 79 yrs old) | fentanyl citrate LPOP   | 1         | QL(4 EA daily); PA                                 |
|   |           |  | fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR        | 1         | QL(0.34 EA daily)                                  |
|   |           |  | hydrocodone bitartrate CP12 PO  | 3         | QL(2 EA daily); PA                                 |

Ambetter NV Formulary Updated January 1, 2025

| Drug Name   | Drug Tier | Requirements/Limits  | Drug Name  | Drug Tier | Requirements/Limits                                  |
|---|-----------|--|--|-----------|--|
| hydrocodone bitartrate T24A                                   | 3         | QL(2 EA daily); PA   | <i>methadone hcl TABS PO 10 MG</i>   | 1         | QL(10 EA daily)                                      |
| HYDROMORPHONE HCL PF SOLN IJ ( <i>Use hydromorphone hcl</i> ) | 9         |  | <i>methadone hcl TBSO PO</i>   | 1         | QL(2 EA daily)                                       |
| hydromorphone hcl LIQD PO                                     | 1         | New starts limited to 7 day supply                             | METHADOSE SUGAR-FREE CONC PO ( <i>Use methadone hcl</i> )                        | 9         | QL(10 ML daily)                                      |
| hydromorphone hcl SOLN IJ 10 MG/ML, 50 MG/5ML, 500 MG/50ML    | 1         |  | METHADOSE CONC PO ( <i>Use methadone hcl</i> )                                   | 9         | QL(10 ML daily)                                      |
| hydromorphone hcl TABS PO                                     | 1         | New starts limited to 7 day supply; QL(8 EA daily)             | <i>morphine sulfate CP24 PO 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG</i> | 1         | QL(2 EA daily); PA                                   |
| hydromorphone hcl TB24 PO 8 MG, 12 MG, 16 MG                  | 1         | QL(2 EA daily); PA   | <i>morphine sulfate SOLN PO 20 MG/5ML</i>  | 1         | New starts limited to 7 day supply; QL(50 ML daily)  |
| hydromorphone hcl TB24 PO 32 MG                               | 1         | QL(1 EA daily); PA   | <i>morphine sulfate SOLN IJ 0.5 MG/ML, 1 MG/ML</i>                               | 1         |  |
| levorphanol tartrate TABS PO 2 MG                             | 1         | New starts limited to 7 day supply                             | <i>morphine sulfate SOLN PO 10 MG/5ML</i>  | 1         | New starts limited to 7 day supply; QL(100 ML daily) |
| meperidine hcl SOLN IJ 25 MG/ML, 50 MG/ML, 100 MG/ML          | 1         |  | <i>morphine sulfate TABS PO</i>  | 1         | New starts limited to 7 day supply; QL(6 EA daily)   |
| meperidine hcl SOLN PO 50 MG/5ML                              | 1         | New starts limited to 7 day supply; QL(500 ML per fill retail) | <i>morphine sulfate TBCR PO</i>  | 1         | QL(2 EA daily)                                       |
| meperidine hcl TABS PO 50 MG                                  | 1         | QL(6 EA daily)   | MS CONTIN TBCR PO ( <i>Use morphine sulfate</i> )                                | 9         | QL(2 EA daily)                                       |
| <i>methadone hcl CONC PO</i>                                  | 1         | QL(10 ML daily)  | <i>oxycodone hcl T12A PO 10 MG, 20 MG, 40 MG, 80 MG</i>                          | 3         | QL(2 EA daily); PA                                   |
| <i>methadone hcl SOLN PO 10 MG/5ML</i>                        | 1         | QL(50 ML daily)  | <i>oxycodone hcl TABS PO</i>   | 1         | New starts limited to 7 day supply; QL(12 EA daily)  |
| <i>methadone hcl SOLN IJ 10 MG/ML</i>                         | 1         |  | <i>oxymorphone hcl TABS PO</i>   | 1         | QL(12 EA daily); PA                                  |
| <i>methadone hcl SOLN PO 5 MG/5ML</i>                         | 1         | QL(100 ML daily)   | <i>oxymorphone hcl TB12 PO 5 MG, 7.5 MG, 10 MG, 15 MG, 20 MG, 30 MG</i>          | 1         | QL(2 EA daily); PA                                   |
| METHADONE HCL SOLN IJ   | 1         |  | <i>oxymorphone hcl TB12 PO 40 MG</i>   | 1         | QL(4 EA daily); PA                                   |
| <i>methadone hcl TABS PO 5 MG</i>                             | 1         | QL(4 EA daily)   |  |           |  |

Ambetter NV Formulary Updated January 1, 2025

| Drug Name   | Drug Tier | Requirements/Limits                                 | Drug Name  | Drug Tier | Requirements/Limits                                  |
|---|-----------|---|--|-----------|--|
| ROXICODONE TABS PO 15 MG, 30 MG ( <i>Use oxycodone hcl</i> )                    | 9         | New starts limited to 7 day supply; QL(12 EA daily) | <i>butalbital-aspirin-caffeine w/cod PO</i>  | 1         | New starts limited to 7 day supply; QL(6 EA daily)   |
| SUBSYS LIQD 1200 MCG, 1600 MCG, 800 MCG   | 3         | QL(8 EA daily); PA                                  | FIORICET/CODEINE PO 30 MG-40 MG-50 MG-300 MG ( <i>Use butalbital-acetaminophen-caffeine w/ codeine</i> )       | 9         | New starts limited to 7 day supply                   |
| SUBSYS LIQD 100 MCG   | 3         | QL(3 EA daily); PA                                  | <i>hydrocodone-acetaminophen SOLN PO 325 MG/15ML-10 MG/15ML</i>  | 1         | 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 PO 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML</i> | 1         | New starts limited to 7 day supply; QL(180 ML daily) |
| <i>tramadol hcl TABS PO 50 MG</i>   | 7         | New starts limited to 7 day supply; QL(8 EA daily)  | <i>hydrocodone-acetaminophen TABS PO 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG</i>                              | 1         | New starts limited to 7 day supply; QL(13 EA daily)  |
| <i>tramadol hcl TB24 PO</i>   | 1         | QL(1 EA daily)                                      | <i>hydrocodone-acetaminophen TABS PO 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>                              | 1         | New starts limited to 7 day supply; QL(12 EA daily)  |
| Opioid Combinations   |           |   | <i>hydrocodone-ibuprofen PO 10 MG-200 MG, 5 MG-200 MG</i>  | 1         | PA   |
| <i>acetaminophen w/ codeine SOLN PO</i>   | 7         | New starts limited to 7 day supply; QL(75 ML daily) | <i>hydrocodone-ibuprofen PO 7.5 MG-200 MG</i>  | 1         | New starts limited to 7 day supply; QL(5 EA daily)   |
| <i>acetaminophen w/ codeine TABS PO 30 MG-300 MG</i>                            | 7         | New starts limited to 7 day supply; QL(12 EA daily) | <i>oxycodone w/ acetaminophen TABS PO 325 MG-2.5 MG</i>  | 1         | New starts limited to 7 day supply; QL(13 EA daily)  |
| <i>acetaminophen w/ codeine TABS PO 60 MG-300 MG</i>                            | 1         | New starts limited to 7 day supply; QL(6 EA daily)  | <i>oxycodone w/ acetaminophen TABS PO 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>                             | 1         | New starts limited to 7 day supply; QL(12 EA daily)  |
| <i>acetaminophen w/ codeine TABS PO 15 MG-300 MG</i>                            | 1         | New starts limited to 7 day supply; QL(13 EA daily) | PERCOSET TABS PO 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG ( <i>Use oxycodone w/ acetaminophen</i> )            | 9         | New starts limited to 7 day supply; QL(12 EA daily)  |
| <i>acetaminophen-caff-dihydrocod CAPS PO 30 MG-320.5 MG-16 MG</i>               | 3         | New starts limited to 7 day supply; PA              |  |           |  |
| <i>acetaminophen-caff-dihydrocod CAPS PO 30 MG-320.5 MG-16 MG</i>               | 1         | New starts limited to 7 day supply                  |  |           |  |
| <i>butalbital-acetaminophen-caffeine w/ codeine PO 30 MG-40 MG-50 MG-325 MG</i> | 1         | New starts limited to 7 day supply; QL(6 EA daily)  |  |           |  |
| <i>butalbital-acetaminophen-caffeine w/ codeine PO 30 MG-40 MG-50 MG-300 MG</i> | 1         | New starts limited to 7 day supply                  |  |           |  |

Ambetter NV Formulary Updated January 1, 2025

| Drug Name   | Drug Tier | Requirements/Limits                                 | Drug Name  | Drug Tier | Requirements/Limits  |
|---|-----------|---|--|-----------|----------------------|
| PERCOCET TABS PO<br>325 MG-2.5 MG ( <i>Use oxycodone w/ acetaminophen</i> ) | 9         | New starts limited to 7 day supply; QL(13 EA daily) | Hormones   |           |                      |
| tramadol-acetaminophen PO   | 1         | New starts limited to 7 day supply; QL(8 EA daily)  | Anabolic Steroids  |           |                      |
| <b>Opioid Partial Agonists</b>  |           |   | <i>oxandrolone PO</i>  | 1         |                      |
| BRIXADI (WEEKLY)<br>SOSY  | 3         |   | Androgens  |           |                      |
| BRIXADI SOSY 64 MG/0.18ML, 96 MG/0.27ML, 128 MG/0.36ML                      | 3         |   | ANDRODERM PT24 2 MG/24HR, 4 MG/24HR  | 2         | QL(1 EA daily); PA   |
| BUPRENEK SOLN ( <i>Use buprenorphine hcl</i> )                              | 9         |   | <i>danazol CAPS PO</i>   | 1         |                      |
| buprenorphine hcl-naloxone hcl dihydrate FILM SL                            | 1         |   | <i>methyltestosterone TABS</i>   | 1         |                      |
| buprenorphine hcl-naloxone hcl dihydrate SUBL                               | 1         |   | <i>testosterone cypionate SOLN IM</i>  | 1         |                      |
| buprenorphine hcl SOLN  | 1         |   | TESTOSTERONE CYPIONATE SOLN IJ 200 MG/ML   | 1         |                      |
| buprenorphine hcl SUBL  | 1         |   | <i>testosterone enanthate SOLN IM</i>  | 1         |                      |
| buprenorphine PTWK  | 1         | QL(0.143 EA daily); PA                              | <b>ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching</b> |           |                      |
| butorphanol tartrate NA 10 MG/ML  | 1         | PA  | <b>Intrarectal Steroids</b>  |           |                      |
| butorphanol tartrate IJ 1 MG/ML, 2 MG/ML                                    | 1         |   | <i>budesonide (intrarectal)</i>  | 4         | QL(3.2 GM daily); PA |
| BUTRANS PTWK ( <i>Use buprenorphine</i> )                                   | 9         | QL(0.143 EA daily); PA                              | CORTENEMA PR ( <i>Use hydrocortisone (intrarectal)</i> )                                 | 9         |                      |
| nalbuphine hcl  | 1         |   | <i>hydrocortisone (intrarectal) PR</i>   | 1         |                      |
| pentazocine w/ naloxone hcl PO  | 1         | New starts limited to 7 day supply                  | UCERIS ( <i>Use budesonide (intrarectal)</i> )   | 9         | QL(3.2 GM daily); PA |
| SUBLOCADE SOSY  | 3         | 1 max fill(s) per 26 day(s) retail                  | <b>Rectal Steroids</b>   |           |                      |
| SUBOXONE FILM SL ( <i>Use buprenorphine hcl-naloxone hcl dihydrate</i> )    | 9         |   | <i>ANUSOL-HC EX (Use hydrocortisone (rectal))</i>  | 9         |                      |
| ZUBSOLV SUBL  | 3         |   | <i>hydrocortisone (rectal) EX</i>  | 1         | RX/OTC               |
| <b>ANDROGENS-ANABOLIC - Drugs to Regulate</b>                               |           |   | <i>hydrocortisone acetate (rectal) PR</i>  | 1         |                      |
|   |           |   | PROCTOCORT PR ( <i>Use hydrocortisone acetate (rectal)</i> )                             | 9         |                      |
|   |           |   | <b>Vasodilating Agents</b>   |           |                      |
|   |           |   | <i>nitroglycerin (intra-anal) PR</i>   | 1         | QL(2 GM daily)       |

Ambetter NV Formulary Updated January 1, 2025

| Drug Name   | Drug Tier | Requirements/Limits   | Drug Name  | Drug Tier | Requirements/Limits |
|---|-----------|---|--|-----------|---------------------|
| RECTIV PR ( <i>Use nitroglycerin (intra-anal)</i> ) | 9         | QL(2 GM daily)  | ISORDIL TITRADOSE TABS PO 5 MG ( <i>Use isosorbide dinitrate</i> ) | 9         |                     |
| ANTHELMINTICS - Drugs to Treat Worm Infections      |           |   | <i>isosorbide dinitrate TABS PO 5 MG, 10 MG, 20 MG, 30 MG</i>      | 1         |                     |
| Anthelmintics                                       |           |   | <i>isosorbide mononitrate TABS PO</i>                              | 1         |                     |
| <i>albendazole PO</i>                               | 1         | PA  | <i>isosorbide mononitrate TB24 PO</i>                              | 1         |                     |
| BILTRICIDE PO ( <i>Use praziquantel</i> )           | 9         | PA  | NITRO-BID OINT   | 3         |                     |
| EMVERM CHEW PO                                      | 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 | NITRO-DUR PT24 ( <i>Use nitroglycerin</i> )                        | 9         |                     |
| <i>ivermectin PO</i>                                | 1         | 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>nitroglycerin CPCR PO</i>                                       | 1         | QL(4 EA daily)      |
| <i>praziquantel PO</i>                              | 1         | PA  | <i>nitroglycerin PT24</i>  | 1         |                     |
| STROMECTOL PO ( <i>Use ivermectin</i> )             | 9         | 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             | NITROGLYCERIN SOLN IV  | 1         |                     |
| ANTIANGINAL AGENTS - Drugs to Treat Chest Pain      |           |   | <i>nitroglycerin SUBL</i>  | 1         |                     |
| Antianginals-Other                                  |           |   | NITROSTAT SUBL ( <i>Use nitroglycerin</i> )                        | 9         |                     |
| RANEXA TB12 PO 500 MG ( <i>Use ranolazine</i> )     | 9         | QL(3 EA daily)  | ANTIANXIETY AGENTS - Drugs to Treat Anxiety                        |           |                     |
| RANEXA TB12 PO 1000 MG ( <i>Use ranolazine</i> )    | 9         | QL(2 EA daily)  | Antianxiety Agents - Misc.   |           |                     |
| <i>ranolazine TB12 PO 500 MG</i>                    | 1         | QL(3 EA daily)  | <i>buspirone hcl PO 5 MG</i>                                       | 7         |                     |
| <i>ranolazine TB12 PO 1000 MG</i>                   | 1         | QL(2 EA daily)  | <i>buspirone hcl PO 7.5 MG, 10 MG, 15 MG, 30 MG</i>                | 1         |                     |
| Nitrates  |           |   | <i>hydroxyzine hcl SOLN 50 MG/ML</i>                               | 1         |                     |
|   |           |   | <i>hydroxyzine hcl SYRP PO</i>                                     | 1         |                     |
|   |           |   | <i>hydroxyzine hcl TABS PO</i>                                     | 1         |                     |
|   |           |   | <i>hydroxyzine pamoate CAPS PO</i>                                 | 1         |                     |
|   |           |   | <i>meprobamate PO</i>  | 1         | QL(6 EA daily)      |
|   |           |   | VISTARIL CAPS PO ( <i>Use hydroxyzine pamoate</i> )                | 9         |                     |
|   |           |   | Benzodiazepines  |           |                     |
|   |           |   | <i>alprazolam TABS PO 2 MG</i>                                     | 1         | QL(4 EA daily)      |
|   |           |   | <i>alprazolam TABS PO 0.25 MG, 0.5 MG, 1 MG</i>                    | 7         | QL(4 EA daily)      |
|   |           |   | <i>alprazolam TB24 PO</i>  | 1         |                     |

Ambetter NV Formulary Updated January 1, 2025

| Drug Name   | Drug Tier | Requirements/ Limits | Drug Name  | Drug Tier | Requirements/ Limits    |
|---|-----------|----------------------|--|-----------|-------------------------|
| <i>alprazolam TBDP PO</i>                                 | 1         |                      | Antiarrhythmics Type I-B   |           |                         |
| ATIVAN TABS PO 0.5 MG, 2 MG ( <i>Use lorazepam</i> )      | 9         | QL(3 EA daily)       | <i>mexiletine hcl PO</i>   | 1         |                         |
| ATIVAN TABS PO 1 MG ( <i>Use lorazepam</i> )              | 9         | QL(4 EA daily)       | Antiarrhythmics Type I-C   |           |                         |
| <i>chlordiazepoxide hcl CAPS PO</i>                       | 1         |                      | <i>flecainide acetate PO</i>   | 1         |                         |
| <i>clorazepate dipotassium TABS PO</i>                    | 1         |                      | <i>propafenone hcl CP12 PO</i>   | 1         |                         |
| <i>diazepam CONC</i>                                      | 1         |                      | <i>propafenone hcl TABS PO</i>   | 1         |                         |
| <i>diazepam SOLN PO 5 MG/5ML</i>                          | 1         |                      | RYTHMOL SR CP12 PO ( <i>Use propafenone hcl</i> )                        | 9         |                         |
| <i>diazepam TABS PO</i>                                   | 7         | QL(4 EA daily)       | Antiarrhythmics Type III   |           |                         |
| <i>lorazepam CONC PO</i>                                  | 1         |                      | <i>amiodarone hcl SOLN 150 MG/3ML</i>                                    | 1         |                         |
| <i>lorazepam TABS PO 0.5 MG, 2 MG</i>                     | 7         | QL(3 EA daily)       | <i>amiodarone hcl TABS PO</i>  | 1         |                         |
| <i>lorazepam TABS PO 1 MG</i>                             | 7         | QL(4 EA daily)       | <i>dofetilide PO</i>   | 1         |                         |
| <i>oxazepam CAPS PO</i>                                   | 1         |                      | TIKOSYN PO ( <i>Use dofetilide</i> )                                     | 9         |                         |
| TRANXENE-T TABS PO ( <i>Use clorazepate dipotassium</i> ) | 9         |                      | ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions |           |                         |
| VALIUM TABS PO ( <i>Use diazepam</i> )                    | 9         | QL(4 EA daily)       | Antiasthmatic - Monoclonal Antibodies                                    |           |                         |
| XANAX XR TB24 PO ( <i>Use alprazolam</i> )                | 9         |                      | FASENRA PEN SOAJ   | 4         | QL(0.036 ML daily); PA  |
| XANAX TABS PO ( <i>Use alprazolam</i> )                   | 9         | QL(4 EA daily)       | FASENRA SOSY 30 MG/ML  | 4         | QL(0.036 ML daily); PA  |
| ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms   |           |                      | NUCALA SOAJ  | 4         | QL(0.1073 ML daily); PA |
| Antiarrhythmics Type I-A                                  |           |                      | NUCALA SOLR  | 4         | QL(0.1073 EA daily); PA |
| <i>disopyramide phosphate CAPS PO</i>                     | 1         |                      | NUCALA SOSY 40 MG/0.4ML  | 4         | QL(0.0144 ML daily); PA |
| NORPACE CAPS PO ( <i>Use disopyramide phosphate</i> )     | 9         |                      | NUCALA SOSY 100 MG/ML  | 4         | QL(0.1073 ML daily); PA |
| <i>procainamide hcl SOLN 500 MG/ML</i>                    | 1         |                      | XOLAIR SOAJ 150 MG/ML, 300 MG/2ML  | 4         | QL(0.286 ML daily); PA  |
| <i>quinidine sulfate TABS PO</i>                          | 1         |                      | XOLAIR SOAJ 75 MG/0.5ML  | 4         | QL(0.036 ML daily); PA  |
|   |           |                      | XOLAIR SOLR  | 4         | QL(0.286 EA daily); PA  |
|   |           |                      | XOLAIR SOSY 150 MG/ML, 300 MG/2ML  | 4         | QL(0.286 ML daily); PA  |

Ambetter NV Formulary Updated January 1, 2025

| Drug Name  | Drug Tier | Requirements/Limits    | Drug Name   | Drug Tier | Requirements/Limits  |
|--|-----------|------------------------|---|-----------|--|
| XOLAIR SOSY 75 MG/0.5ML                                      | 4         | QL(0.036 ML daily); PA | ALVESCO   | 3         | 3 package(s) per 30 day(s) retail; 9 package(s) per 90 day(s) mail; PA |
| Anti-Inflammatory Agents                                     |           |                        | ARNUITY ELLIPTA   |           |  |
| cromolyn sodium NEBU   | 1         | QL(8 ML daily)         | budesonide (inhalation) SUSP                                  |           |  |
| Bronchodilators - Anticholinergics                           |           |                        | FLOVENT DISKUS AEPB (Use fluticasone propionate (inhalation)) | NF        |  |
| ATROVENT HFA   | 3         | QL(0.44 GM daily)      | FLOVENT HFA (Use fluticasone propionate hfa)                  | NF        |  |
| INCRUSE ELLIPTA  | 2         | QL(1 EA daily)         | fluticasone propionate (inhalation) AEPB                      | 1         |  |
| ipratropium bromide SOLN 0.02 %                              | 1         | QL(15 ML daily)        | fluticasone propionate hfa                                    | 1         | QL(0.8 GM daily)   |
| SPIRIVA HANDIHALER CAPS (Use tiotropium bromide monohydrate) | 9         | QL(1 EA daily)         | PULMICORT FLEXHALER AEPB                                      | 2         | 1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail     |
| SPIRIVA RESPIMAT AERS  | 2         | QL(0.14 GM daily)      | PULMICORT SUSP (Use budesonide (inhalation))                  | 9         | QL(4 ML daily); PA   |
| tiotropium bromide monohydrate CAPS                          | 1         | QL(1 EA daily)         | QVAR REDIHALER  | 2         | 1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail     |
| Leukotriene Modulators                                       |           |                        | Sympathomimetics  |           |  |
| ACCOLATE PO (Use zafirlukast)                                | 9         | QL(2 EA daily)         | ADVAIR DISKUS AEPB (Use fluticasone-salmeterol)               | 9         | 1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail     |
| montelukast sodium CHEW PO                                   | 1         | QL(1 EA daily)         | ADVAIR HFA AERO (Use fluticasone-salmeterol)                  | NF        |  |
| montelukast sodium PACK PO                                   | 1         | QL(1 EA daily)         | albuterol sulfate AERS  | 1         |  |
| montelukast sodium TABS PO                                   | 1         | QL(1 EA daily)         |   |           |  |
| SINGULAIR CHEW PO (Use montelukast sodium)                   | 9         | QL(1 EA daily)         |   |           |  |
| SINGULAIR PACK PO (Use montelukast sodium)                   | 9         | QL(1 EA daily)         |   |           |  |
| SINGULAIR TABS PO (Use montelukast sodium)                   | 9         | QL(1 EA daily)         |   |           |  |
| zafirlukast PO   | 1         | QL(2 EA daily)         |   |           |  |
| zileuton TB12 PO   | 3         | QL(4 EA daily); PA     |   |           |  |
| Selective Phosphodiesterase 4 (PDE4) Inhibitors              |           |                        |   |           |  |
| DALIRESP PO (Use roflumilast)                                | 9         | QL(1 EA daily)         |   |           |  |
| roflumilast PO   | 3         | QL(1 EA daily)         |   |           |  |
| Steroid Inhalants  |           |                        |   |           |  |

Ambetter NV Formulary Updated January 1, 2025

| Drug Name   | Drug Tier | Requirements/Limits  | Drug Name   | Drug Tier | Requirements/Limits  |
|---|-----------|--|---|-----------|--|
| <i>albuterol sulfate NEBU 0.083 %, 0.63 MG/3ML, 1.25 MG/3ML</i>   | 1         | QL(15 ML daily)  | <i>fluticasone-salmeterol AERO</i>                              | 1         | 1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail   |
| <i>albuterol sulfate NEBU</i>   | 1         |  | <i>formoterol fumarate NEBU</i>                                 | 1         | QL(4 ML daily)   |
| <i>albuterol sulfate SYRP PO</i>  | 1         |  | <i>ipratropium-albuterol SOLN</i>                               | 1         | QL(18 ML daily)  |
| <i>albuterol sulfate TABS PO</i>  | 1         |  | <i>levalbuterol hcl 1.25 MG/0.5ML</i>                           | 1         |  |
| <i>ANORO ELLIPTA</i>  | 2         | QL(2 EA daily)   | <i>levalbuterol hcl</i>   | 1         | QL(12 ML daily)  |
| <i>arformoterol tartrate</i>  | 1         | QL(4 ML daily)   | <i>levalbuterol tartrate</i>                                    | 1         | QL(0.5 GM daily)   |
| <i>BREO ELLIPTA (Use fluticasone furoate-vilanterol)</i>  | 2         | 1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail   | <i>PERFOROMIST NEBU (Use formoterol fumarate)</i>               | 9         | QL(4 ML daily)   |
| <i>BREO ELLIPTA</i>   | 2         | 1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail   | <i>PROAIR HFA AERS (Use albuterol sulfate)</i>                  | NF        |  |
| <i>BREZTRI AEROSPHERE</i>   | 2         | QL(0.38 GM daily)  | <i>PROVENTIL HFA AERS (Use albuterol sulfate)</i>               | NF        |  |
| <i>BROVANA (Use arformoterol tartrate)</i>  | 9         | QL(4 ML daily)   | <i>SEREVENT DISKUS</i>  | 2         | 1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail   |
| <i>budesonide-formoterol fumarate dihydrate</i>   | 1         | 1 package(s) per 30 day(s) retail; 1 max fill(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail; 1 max fill(s) per 30 day(s) mail | <i>STIOLTO RESPIMAT</i>   | 2         | 1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail   |
| <i>DULERA</i>   | 2         |  | <i>STRIVERDI RESPIMAT</i>                                       | 2         |  |
| <i>fluticasone furoate-vilanterol</i>   | 1         | 1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail   | <i>SYMBICORT (Use budesonide-formoterol fumarate dihydrate)</i> | 9         | 1 package(s) per 30 day(s) retail; 1 max fill(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail; 1 max fill(s) per 30 day(s) mail |
| <i>fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT</i> | 1         | 1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail   | <i>terbutaline sulfate SOLN</i>                                 | 1         |  |
|   |           |  | <i>terbutaline sulfate TABS PO</i>                              | 1         |  |
|   |           |  | <i>TRELEGY ELLIPTA</i>  | 2         | QL(2 EA daily)   |

Ambetter NV Formulary Updated January 1, 2025

| Drug Name   | Drug Tier | Requirements/Limits  | Drug Name   | Drug Tier | Requirements/Limits  |
|---|-----------|--|---|-----------|--|
| VENTOLIN HFA AERS<br><i>(Use albuterol sulfate)</i>     | NF        |  | ARIIXTRA 7.5 MG/0.6ML<br><i>(Use fondaparinux sodium)</i> | 9         | QL(5.4 ML per 180 day(s) retail; 5 ML per 180 days mail); SP |
| XOPENEX <i>(Use levalbuterol hcl)</i>                   | 9         | QL(12 ML daily)  | ARIIXTRA 2.5 MG/0.5ML<br><i>(Use fondaparinux sodium)</i> | 9         | QL(4.5 ML per 180 day(s) retail; 4 ML per 180 days mail); SP |
| XOPENEX CONCENTRATE <i>(Use levalbuterol hcl)</i>       | 9         |  | ARIIXTRA 10 MG/0.8ML<br><i>(Use fondaparinux sodium)</i>  | 9         | QL(7.2 ML per 180 day(s) retail; 7 ML per 180 days mail); SP |
| XOPENEX HFA <i>(Use levalbuterol tartrate)</i>          | NF        |  | enoxaparin sodium SOLN IJ 300 MG/3ML                      | 4         | QL(6 ML daily)   |
| Xanthines   |           |  | enoxaparin sodium SOSY 30 MG/0.3ML                        | 4         | QL(0.6 ML daily); SP   |
| <i>aminophylline SOLN</i>                               | 1         |  | enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML               | 4         | QL(2 ML daily)   |
| <i>theophylline ELIX PO</i>                             | 1         |  | enoxaparin sodium SOSY 40 MG/0.4ML                        | 4         | QL(0.8 ML daily; 30 Day(s) limit); SP                        |
| <i>theophylline SOLN PO</i>                             | 1         | QL(56 ML daily)  | enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML          | 4         | QL(1.6 ML daily)   |
| <i>theophylline TB12 PO</i>                             | 1         |  | enoxaparin sodium SOSY 60 MG/0.6ML                        | 4         | QL(1.2 ML daily; 30 Day(s) limit); SP                        |
| <i>theophylline TB24 PO</i>                             | 1         |  | fondaparinux sodium 7.5 MG/0.6ML                          | 4         | QL(5.4 ML per 180 day(s) retail; 5 ML per 180 days mail); SP |
| ANTICOAGULANTS - Blood Thinners                         |           |  |   |           |  |
| Coumarin Anticoagulants                                 |           |  | fondaparinux sodium 5 MG/0.4ML                            | 4         | QL(3.6 ML per 180 day(s) retail; 4 ML per 180 days mail); SP |
| <i>warfarin sodium TABS PO</i>                          | 1         |  | fondaparinux sodium 2.5 MG/0.5ML                          | 4         | QL(4.5 ML per 180 day(s) retail; 4 ML per 180 days mail); SP |
| Direct Factor Xa Inhibitors                             |           |  |   |           |  |
| 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)   |   |           |  |
| Heparins And Heparinoid-Like Agents                     |           |  |   |           |  |
| ARIIXTRA 5 MG/0.4ML<br><i>(Use fondaparinux sodium)</i> | 9         | QL(3.6 ML per 180 day(s) retail; 4 ML per 180 days mail); SP |   |           |  |

Ambetter NV Formulary Updated January 1, 2025

| Drug Name   | Drug Tier | Requirements/Limits  | Drug Name  | Drug Tier | Requirements/Limits  |  |
|---|-----------|--|--|-----------|--|--|
| fondaparinux sodium 10 MG/0.8ML   | 4         | QL(7.2 ML per 180 day(s) retail; 7 ML per 180 days mail); SP | FYCOMPA TABS 2 MG  | 3         | QL(6 EA daily); PA   |  |
| FRAGMIN SOSY  | 4         | SP; PA   | FYCOMPA TABS 6 MG  | 3         | QL(2 EA daily); PA   |  |
| HEPARIN (PORCINE) IN NACL SOLN IV 0.45 %-12500 UNIT/250ML                   | 1         |  | Anticonvulsants - Benzodiazepines                        |           |  |  |
| heparin sodium (porcine) SOLN IJ 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML | 1         |  | clobazam SUSP  | 1         | QL(16 ML daily); PA  |  |
| LOVENOX SOLN IJ 300 MG/3ML (Use enoxaparin sodium)                          | 9         | QL(6 ML daily)   | clobazam TABS PO   | 1         | QL(2 EA daily); PA   |  |
| LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML (Use enoxaparin sodium)              | 9         | QL(1.6 ML daily)   | clonazepam TABS PO                                       | 7         |  |  |
| LOVENOX SOSY 60 MG/0.6ML (Use enoxaparin sodium)                            | 9         | QL(1.2 ML daily; 30 Day(s) limit); SP                        | DIASTAT ACUDIAL GEL PR (Use diazepam (anticonvulsant))   | 9         | 5 package(s) per 30 day(s) retail; 5 package(s) per 30 day(s) mail |  |
| LOVENOX SOSY 100 MG/ML, 150 MG/ML (Use enoxaparin sodium)                   | 9         | QL(2 ML daily)   | DIASTAT PEDIATRIC GEL PR (Use diazepam (anticonvulsant)) | 9         | 5 package(s) per 30 day(s) retail; 5 package(s) per 30 day(s) mail |  |
| LOVENOX SOSY 30 MG/0.3ML (Use enoxaparin sodium)                            | 9         | QL(0.6 ML daily); SP   | diazepam (anticonvulsant) GEL PR                         | 3         | 5 package(s) per 30 day(s) retail; 5 package(s) per 30 day(s) mail |  |
| LOVENOX SOSY 40 MG/0.4ML (Use enoxaparin sodium)                            | 9         | QL(0.8 ML daily; 30 Day(s) limit); SP                        | KLONOPIN TABS PO (Use clonazepam)                        | 9         |  |  |
| Thrombin Inhibitors   |           |  | NAYZILAM   | 3         | QL(10 EA per 30 day(s) retail); PA                                 |  |
| dabigatran etexilate mesylate CAPS PO                                       | 1         |  | ONFI SUSP (Use clobazam)                                 | 9         | QL(16 ML daily); PA  |  |
| PRADAXA CAPS PO (Use dabigatran etexilate mesylate)                         | 9         |  | ONFI TABS PO (Use clobazam)                              | 9         | QL(2 EA daily); PA   |  |
| ANTICONVULSANTS - Drugs to Treat Seizures                                   |           |  | VALTOCO 10 MG DOSE LIQD                                  | 4         | QL(10 EA per 30 day(s) retail); PA                                 |  |
| AMPA Glutamate Receptor Antagonists   |           |  | VALTOCO 15 MG DOSE LQPK                                  | 4         | QL(10 EA per 30 day(s) retail); PA                                 |  |
| FYCOMPA TABS 8 MG, 10 MG, 12 MG   | 3         | QL(1 EA daily); PA   | VALTOCO 20 MG DOSE LQPK                                  | 4         | QL(10 EA per 30 day(s) retail); PA                                 |  |
| FYCOMPA TABS 4 MG   | 3         | QL(3 EA daily); PA   | VALTOCO 5 MG DOSE LIQD                                   | 4         | QL(10 EA per 30 day(s) retail); PA                                 |  |
| Anticonvulsants - Misc.   |           |  |  |           |  |  |

Ambetter NV Formulary Updated January 1, 2025

| Drug Name   | Drug Tier | Requirements/Limits | Drug Name   | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|---|-----------|---------------------|
| APTIOM  | 3         | QL(2 EA daily); ST  | <i>gabapentin CAPS PO</i>                                       | 1         |                     |
| BANZEL SUSP ( <i>Use rufinamide</i> )                 | 9         | QL(80 ML daily); PA | <i>gabapentin SOLN PO</i>                                       | 1         | QL(60 ML daily)     |
| BANZEL TABS PO 400 MG ( <i>Use rufinamide</i> )       | 2         | QL(8 EA daily); PA  | <i>gabapentin TABS PO 600 MG, 800 MG</i>                        | 1         |                     |
| BANZEL TABS PO 200 MG ( <i>Use rufinamide</i> )       | 2         | QL(2 EA daily); PA  | <i>KEPPRA XR TB24 PO (<i>Use levetiracetam</i>)</i>             | 9         | QL(4 EA daily)      |
| BRIVIACT SOLN PO 10 MG/ML                             | 3         | QL(20 ML daily); PA | <i>KEPPRA SOLN PO 100 MG/ML (<i>Use levetiracetam</i>)</i>      | 9         | QL(30 ML daily)     |
| BRIVIACT TABS   | 3         | QL(2 EA daily); PA  | <i>KEPPRA TABS PO 500 MG (<i>Use levetiracetam</i>)</i>         | 9         | QL(6 EA daily)      |
| <i>carbamazepine CHEW PO 100 MG</i>                   | 1         |                     | <i>KEPPRA TABS PO 1000 MG (<i>Use levetiracetam</i>)</i>        | 9         | QL(3 EA daily)      |
| <i>carbamazepine CP12 PO 200 MG</i>                   | 1         | QL(6 EA daily)      | <i>KEPPRA TABS PO 250 MG, 750 MG (<i>Use levetiracetam</i>)</i> | 9         | QL(4 EA daily)      |
| <i>carbamazepine CP12 PO 100 MG</i>                   | 1         |                     | <i>lacosamide SOLN PO 10 MG/ML, 50 MG/5ML, 100 MG/10ML</i>      | 1         | QL(40 ML daily)     |
| <i>carbamazepine CP12 PO 300 MG</i>                   | 1         | QL(4 EA daily)      | <i>lacosamide TABS PO</i>                                       | 1         | QL(2 EA daily)      |
| <i>carbamazepine SUSP PO</i>                          | 1         |                     | <i>LAMICTAL ODT TBDP PO (<i>Use lamotrigine</i>)</i>            | 9         | QL(1 EA daily)      |
| <i>carbamazepine TABS PO</i>                          | 1         |                     | <i>LAMICTAL CHEW PO 5 MG (<i>Use lamotrigine</i>)</i>           | 9         | QL(100 EA daily)    |
| <i>carbamazepine TB12 PO 200 MG</i>                   | 1         | QL(6 EA daily)      | <i>LAMICTAL CHEW PO 25 MG (<i>Use lamotrigine</i>)</i>          | 9         | QL(20 EA daily)     |
| <i>carbamazepine TB12 PO 100 MG, 400 MG</i>           | 1         | QL(4 EA daily)      | <i>LAMICTAL TABS PO (<i>Use lamotrigine</i>)</i>                | 9         |                     |
| CARBATROL CP12 PO 200 MG ( <i>Use carbamazepine</i> ) | 9         | QL(6 EA daily)      | <i>lamotrigine CHEW PO 5 MG</i>                                 | 1         | QL(100 EA daily)    |
| CARBATROL CP12 PO 300 MG ( <i>Use carbamazepine</i> ) | 9         | QL(4 EA daily)      | <i>lamotrigine CHEW PO 25 MG</i>                                | 1         | QL(20 EA daily)     |
| CARBATROL CP12 PO 100 MG ( <i>Use carbamazepine</i> ) | 9         |                     | <i>lamotrigine TABS PO</i>                                      | 1         |                     |
| DIACOMIT CAPS 500 MG                                  | 4         | QL(6 EA daily); PA  | <i>lamotrigine TBDP PO</i>                                      | 1         | QL(1 EA daily)      |
| DIACOMIT CAPS 250 MG                                  | 4         | QL(12 EA daily); PA | <i>levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML</i>              | 1         | QL(30 ML daily)     |
| DIACOMIT PACK 500 MG                                  | 4         | QL(6 EA daily); PA  | <i>levetiracetam TABS PO 1000 MG</i>                            | 1         | QL(3 EA daily)      |
| DIACOMIT PACK 250 MG                                  | 4         | QL(12 EA daily); PA | <i>levetiracetam TABS PO 250 MG, 750 MG</i>                     | 1         | QL(4 EA daily)      |
| EPIDIOLEX   | 3         | PA                  |   |           |                     |

Ambetter NV Formulary Updated January 1, 2025

| Drug Name   | Drug Tier | Requirements/Limits | Drug Name  | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|--|-----------|---------------------|
| levetiracetam TABS PO 500 MG  | 1         | QL(6 EA daily)      | TEGRETOL SUSP PO (Use carbamazepine)                   | 2         |                     |
| levetiracetam TB24 PO   | 1         | QL(4 EA daily)      | TEGRETOL TABS PO (Use carbamazepine)                   | 2         |                     |
| LYRICA CAPS PO 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG (Use pregabalin) | 9         | QL(3 EA daily); PA  | TEGRETOL-XR TB12 PO 100 MG, 400 MG (Use carbamazepine) | 9         | QL(4 EA daily)      |
| LYRICA CAPS PO 225 MG, 300 MG (Use pregabalin)                              | 9         | QL(2 EA daily); PA  | TEGRETOL-XR TB12 PO 200 MG (Use carbamazepine)         | 9         | QL(6 EA daily)      |
| LYRICA SOLN (Use pregabalin)  | 9         | QL(30 ML daily); PA | TOPAMAX SPRINKLE CPSP PO 15 MG (Use topiramate)        | 9         | QL(6 EA daily)      |
| MYSOLINE PO (Use primidone)   | 9         |                     | TOPAMAX SPRINKLE CPSP PO 25 MG (Use topiramate)        | 9         | QL(8 EA daily)      |
| NEURONTIN CAPS PO (Use gabapentin)  | 9         |                     | TOPAMAX TABS PO 25 MG, 100 MG (Use topiramate)         | 9         | QL(4 EA daily)      |
| NEURONTIN SOLN PO (Use gabapentin)  | 9         | QL(60 ML daily)     | TOPAMAX TABS PO 200 MG (Use topiramate)                | 9         | QL(2 EA daily)      |
| NEURONTIN TABS PO (Use gabapentin)  | 9         |                     | TOPAMAX TABS PO 50 MG (Use topiramate)                 | 9         | QL(6 EA daily)      |
| oxcarbazepine SUSP PO   | 1         | QL(40 ML daily)     | topiramate CPSPO 15 MG                                 | 1         | QL(6 EA daily)      |
| oxcarbazepine TABS PO 150 MG, 300 MG  | 1         | QL(3 EA daily)      | topiramate CPSP 25 MG                                  | 1         | QL(8 EA daily)      |
| oxcarbazepine TABS PO 600 MG  | 1         | QL(4 EA daily)      | topiramate CS24 PO                                     | 3         | PA                  |
| pregabalin CAPS PO 225 MG, 300 MG   | 3         | QL(2 EA daily); PA  | topiramate TABS PO 50 MG                               | 1         | QL(6 EA daily)      |
| pregabalin CAPS PO 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG              | 3         | QL(3 EA daily); PA  | topiramate TABS PO 25 MG, 100 MG                       | 1         | QL(4 EA daily)      |
| pregabalin SOLN   | 3         | QL(30 ML daily); PA | topiramate TABS PO 200 MG                              | 1         | QL(2 EA daily)      |
| primidone PO 50 MG, 250 MG  | 1         |                     | TRILEPTAL SUSP PO (Use oxcarbazepine)                  | 9         | QL(40 ML daily)     |
| QUDEXY XR CS24 PO (Use topiramate)  | 9         | PA                  | TRILEPTAL TABS PO 150 MG, 300 MG (Use oxcarbazepine)   | 9         | QL(3 EA daily)      |
| rufinamide SUSP   | 1         | QL(80 ML daily); PA | TRILEPTAL TABS PO 600 MG (Use oxcarbazepine)           | 9         | QL(4 EA daily)      |
| rufinamide TABS PO 400 MG   | 1         | QL(8 EA daily); PA  | VIMPAT SOLN PO 10 MG/ML (Use lacosamide)               | 9         | QL(40 ML daily)     |
| rufinamide TABS PO 200 MG   | 1         | QL(2 EA daily); PA  |  |           |                     |

Ambetter NV Formulary Updated January 1, 2025

| Drug Name  | Drug Tier | Requirements/Limits    | Drug Name  | Drug Tier | Requirements/Limits |
|--|-----------|------------------------|--|-----------|---------------------|
| VIMPAT TABS PO ( <i>Use lacosamide</i> )                 | 9         | QL(2 EA daily)         | DILANTIN-125 SUSP PO ( <i>Use phenytoin</i> )              | 2         |                     |
| ZONEGRAN CAPS PO 25 MG, 100 MG ( <i>Use zonisamide</i> ) | 9         | QL(6 EA daily)         | DILANTIN SUSP PO ( <i>Use phenytoin</i> )                  | 2         |                     |
| <i>zonisamide CAPS PO</i>                                | 1         | QL(6 EA daily)         | <i>fosphenytoin sodium</i>                                 | 1         |                     |
| Carbamates   |           |                        | <i>phenytoin sodium extended PO 100 MG, 200 MG, 300 MG</i> | 1         |                     |
| <i>felbamate SUSP</i>                                    | 1         | QL(30 ML daily)        | <i>phenytoin sodium SOLN</i>                               | 1         |                     |
| <i>felbamate TABS PO 400 MG</i>                          | 1         | QL(9 EA daily)         | <i>phenytoin CHEW PO</i>                                   | 1         |                     |
| <i>felbamate TABS PO 600 MG</i>                          | 1         | QL(6 EA daily)         | <i>phenytoin SUSP PO</i>                                   | 1         |                     |
| FELBATOL SUSP ( <i>Use felbamate</i> )                   | 9         | QL(30 ML daily)        | Succinimides   |           |                     |
| FELBATOL TABS PO 400 MG ( <i>Use felbamate</i> )         | 9         | QL(9 EA daily)         | CELONTIN ( <i>Use methsuximide</i> )                       | 9         | QL(4 EA daily)      |
| FELBATOL TABS PO 600 MG ( <i>Use felbamate</i> )         | 9         | QL(6 EA daily)         | <i>ethosuximide CAPS PO</i>                                | 1         | QL(6 EA daily)      |
| GABA Modulators  |           |                        | <i>ethosuximide SOLN PO</i>                                | 1         | QL(30 ML daily)     |
| GABITRIL PO ( <i>Use tiagabine hcl</i> )                 | 9         |                        | <i>methsuximide</i>  | 1         | QL(4 EA daily)      |
| SABRIL PACK ( <i>Use vigabatrin</i> )                    | 9         | QL(6 EA daily); SP; PA | ZARONTIN CAPS PO ( <i>Use ethosuximide</i> )               | 2         | QL(6 EA daily)      |
| SABRIL TABS ( <i>Use vigabatrin</i> )                    | 9         | QL(6 EA daily); SP; PA | ZARONTIN SOLN PO ( <i>Use ethosuximide</i> )               | 9         | QL(30 ML daily)     |
| <i>tiagabine hcl PO</i>                                  | 1         |                        | Valproic Acid  |           |                     |
| <i>vigabatrin PACK</i>                                   | 4         | QL(6 EA daily); SP; PA | DEPAKOTE ER TB24 PO ( <i>Use divalproex sodium</i> )       | 9         |                     |
| <i>vigabatrin TABS</i>                                   | 4         | QL(6 EA daily); SP; PA | DEPAKOTE TBEC PO ( <i>Use divalproex sodium</i> )          | 9         |                     |
| Hydantoins   |           |                        | <i>divalproex sodium TB24 PO</i>                           | 1         |                     |
| CEREBYX ( <i>Use fosphenytoin sodium</i> )               | 9         |                        | <i>divalproex sodium TBEC PO</i>                           | 1         |                     |
| DILANTIN PO ( <i>Use phenytoin sodium extended</i> )     | 2         |                        | <i>valproate sodium SOLN IV 100 MG/ML, 500 MG/5ML</i>      | 1         |                     |
| DILANTIN PO  | 2         |                        | <i>valproic acid CAPS PO</i>                               | 1         |                     |
| DILANTIN INFATABS CHEW PO ( <i>Use phenytoin</i> )       | 2         |                        | ANTIDEPRESSANTS - Drugs to Treat Depression                |           |                     |
| Alpha-2 Receptor Antagonists (Tetracyclics)              |           |                        |  |           |                     |
| <i>mirtazapine TABS PO 7.5 MG, 45 MG</i>                 |           |                        | <i>mirtazapine TABS PO 7.5 MG, 45 MG</i>                   | 1         | QL(1 EA daily)      |

| Drug Name   | Drug Tier | Requirements/Limits | Drug Name   | Drug Tier | Requirements/Limits |  |
|---|-----------|---------------------|---|-----------|---------------------|--|
| mirtazapine TABS PO 30 MG                                 | 1         | QL(1.5 EA daily)    | WELLBUTRIN SR TB12 PO 150 MG ( <i>Use bupropion hcl</i> )   | 9         | QL(3 EA daily)      |  |
| mirtazapine TABS PO 15 MG                                 | 1         | QL(3 EA daily)      | WELLBUTRIN XL TB24 PO 300 MG ( <i>Use bupropion hcl</i> )   | 9         | QL(1 EA daily)      |  |
| mirtazapine TBDP PO 15 MG                                 | 1         | QL(3 EA daily)      | WELLBUTRIN XL TB24 PO 150 MG ( <i>Use bupropion hcl</i> )   | 9         | QL(3 EA daily)      |  |
| mirtazapine TBDP PO 45 MG                                 | 1         | QL(1 EA daily)      | Monoamine Oxidase Inhibitors (MAOIs)                        |           |                     |  |
| mirtazapine TBDP PO 30 MG                                 | 1         | QL(1.5 EA daily)    | EMSAM   | 3         | QL(1 EA daily)      |  |
| REMERON SOLTAB TBDP PO 45 MG ( <i>Use mirtazapine</i> )   | 9         | QL(1 EA daily)      | MARPLAN PO  | 2         | QL(6 EA daily)      |  |
| REMERON SOLTAB TBDP PO 15 MG ( <i>Use mirtazapine</i> )   | 9         | QL(3 EA daily)      | NARDIL PO ( <i>Use phenelzine sulfate</i> )                 | 9         |                     |  |
| REMERON SOLTAB TBDP PO 30 MG ( <i>Use mirtazapine</i> )   | 9         | QL(1.5 EA daily)    | PARNATE PO ( <i>Use tranylcypromine sulfate</i> )           | 9         |                     |  |
| REMERON TABS PO 15 MG ( <i>Use mirtazapine</i> )          | 9         | QL(3 EA daily)      | phenelzine sulfate PO                                       | 1         |                     |  |
| REMERON TABS PO 30 MG ( <i>Use mirtazapine</i> )          | 9         | QL(1.5 EA daily)    | tranylcypromine sulfate PO                                  | 1         |                     |  |
| Antidepressants - Misc.                                   |           |                     |   |           |                     |  |
| bupropion hcl TABS PO                                     | 1         | QL(3 EA daily)      | SPRAVATO (56 MG DOSE)                                       | 4         | PA                  |  |
| bupropion hcl TB12 PO 150 MG                              | 1         | QL(3 EA daily)      | SPRAVATO (84 MG DOSE)                                       | 4         | PA                  |  |
| bupropion hcl TB12 PO 100 MG                              | 1         | QL(4 EA daily)      | Selective Serotonin Reuptake Inhibitors (SSRIs)             |           |                     |  |
| bupropion hcl TB12 PO 200 MG                              | 1         | QL(2 EA daily)      | CELEXA TABS PO 20 MG ( <i>Use citalopram hydrobromide</i> ) | 9         | QL(2 EA daily)      |  |
| bupropion hcl TB24 PO 150 MG                              | 1         | QL(3 EA daily)      | CELEXA TABS PO 10 MG ( <i>Use citalopram hydrobromide</i> ) | 9         | QL(4 EA daily)      |  |
| bupropion hcl TB24 PO 300 MG                              | 1         | QL(1 EA daily)      | CELEXA TABS PO 40 MG ( <i>Use citalopram hydrobromide</i> ) | 9         | QL(1 EA daily)      |  |
| WELLBUTRIN SR TB12 PO 100 MG ( <i>Use bupropion hcl</i> ) | 9         | QL(4 EA daily)      | citalopram hydrobromide SOLN PO                             | 1         | QL(20 ML daily)     |  |
| WELLBUTRIN SR TB12 PO 200 MG ( <i>Use bupropion hcl</i> ) | 9         | QL(2 EA daily)      | citalopram hydrobromide TABS PO 10 MG                       | 1         | QL(4 EA daily)      |  |
|   |           |                     | citalopram hydrobromide TABS PO 20 MG                       | 1         | QL(2 EA daily)      |  |

Ambetter NV Formulary Updated January 1, 2025

| Drug Name   | Drug Tier | Requirements/Limits | Drug Name   | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|---|-----------|---------------------|
| citalopram hydrobromide TABS PO 40 MG                     | 1         | QL(1 EA daily)      | paroxetine hcl TABS PO 40 MG                                  | 1         | QL(1 EA daily)      |
| escitalopram oxalate SOLN PO                              | 1         | QL(20 ML daily)     | paroxetine hcl TABS PO 30 MG                                  | 1         | QL(2 EA daily)      |
| escitalopram oxalate TABS PO 10 MG                        | 1         | QL(2 EA daily)      | paroxetine hcl TABS PO 10 MG                                  | 1         | QL(6 EA daily)      |
| escitalopram oxalate TABS PO 5 MG                         | 1         | QL(4 EA daily)      | paroxetine hcl TB24 PO 12.5 MG                                | 1         | QL(1 EA daily)      |
| escitalopram oxalate TABS PO 20 MG                        | 1         | QL(1 EA daily)      | paroxetine hcl TB24 PO 25 MG, 37.5 MG                         | 1         | QL(2 EA daily)      |
| fluoxetine hcl CAPS PO 40 MG                              | 1         | QL(2 EA daily)      | PAXIL CR TB24 PO 12.5 MG ( <i>Use paroxetine hcl</i> )        | 9         | QL(1 EA daily)      |
| fluoxetine hcl CAPS PO 10 MG                              | 7         | QL(1 EA daily)      | PAXIL CR TB24 PO 25 MG, 37.5 MG ( <i>Use paroxetine hcl</i> ) | 9         | QL(2 EA daily)      |
| fluoxetine hcl CAPS PO 20 MG                              | 1         | QL(3 EA daily)      | PAXIL SUSP PO ( <i>Use paroxetine hcl</i> )                   | 9         | QL(30 ML daily)     |
| fluoxetine hcl CPDR PO                                    | 1         |                     | PAXIL TABS PO 30 MG ( <i>Use paroxetine hcl</i> )             | 9         | QL(2 EA daily)      |
| fluoxetine hcl SOLN PO                                    | 1         | QL(20 ML daily)     | PAXIL TABS PO 20 MG ( <i>Use paroxetine hcl</i> )             | 9         | QL(3 EA daily)      |
| fluoxetine hcl TABS PO 10 MG, 60 MG                       | 1         | QL(1 EA daily)      | PAXIL TABS PO 40 MG ( <i>Use paroxetine hcl</i> )             | 9         | QL(1 EA daily)      |
| fluoxetine hcl TABS PO 20 MG                              | 1         | QL(3 EA daily)      | PAXIL TABS PO 10 MG ( <i>Use paroxetine hcl</i> )             | 9         | QL(6 EA daily)      |
| FLUOXETINE HCL TABS PO ( <i>Use fluoxetine hcl</i> )      | 9         | QL(1 EA daily)      | PROZAC CAPS PO 10 MG ( <i>Use fluoxetine hcl</i> )            | 9         | QL(1 EA daily)      |
| fluvoxamine maleate TABS PO 25 MG, 50 MG                  | 1         | QL(2 EA daily)      | PROZAC CAPS PO 40 MG ( <i>Use fluoxetine hcl</i> )            | 9         | QL(2 EA daily)      |
| fluvoxamine maleate TABS PO 100 MG                        | 1         | QL(3 EA daily)      | PROZAC CAPS PO 20 MG ( <i>Use fluoxetine hcl</i> )            | 9         | QL(3 EA daily)      |
| LEXAPRO TABS PO 20 MG ( <i>Use escitalopram oxalate</i> ) | 9         | QL(1 EA daily)      | sertraline hcl CONC PO  | 1         | QL(10 ML daily)     |
| LEXAPRO TABS PO 5 MG ( <i>Use escitalopram oxalate</i> )  | 9         | QL(4 EA daily)      | sertraline hcl TABS PO 100 MG                                 | 1         | QL(2 EA daily)      |
| LEXAPRO TABS PO 10 MG ( <i>Use escitalopram oxalate</i> ) | 9         | QL(2 EA daily)      | sertraline hcl TABS PO 25 MG, 50 MG                           | 1         | QL(4 EA daily)      |
| paroxetine hcl SUSP PO                                    | 1         | QL(30 ML daily)     | ZOLOFT CONC PO ( <i>Use sertraline hcl</i> )                  | 9         | QL(10 ML daily)     |
| paroxetine hcl TABS PO 20 MG                              | 1         | QL(3 EA daily)      | ZOLOFT TABS PO 100 MG ( <i>Use sertraline hcl</i> )           | 9         | QL(2 EA daily)      |

| Drug Name  | Drug Tier | Requirements/Limits                | Drug Name  | Drug Tier | Requirements/Limits |
|--|-----------|------------------------------------|--|-----------|---------------------|
| ZOLOFT TABS PO 25 MG, 50 MG (Use sertraline hcl)     | 9         | QL(4 EA daily)                     | PRISTIQ PO 25 MG, 50 MG (Use desvenlafaxine succinate) | 9         | QL(1 EA daily)      |
| Serotonin Modulators                                 |           |                                    |  |           |                     |
| nefazodone hcl PO                                    | 1         |                                    | venlafaxine hcl CP24 PO 75 MG                          | 1         | QL(5 EA daily)      |
| trazodone hcl TABS PO                                | 1         |                                    | venlafaxine hcl CP24 PO 37.5 MG                        | 1         | QL(4 EA daily)      |
| TRINTELLIX PO  | 3         | QL(1 EA daily); PA                 | venlafaxine hcl CP24 PO 150 MG                         | 1         | QL(2 EA daily)      |
| VIIBRYD STARTER PACK KIT PO                          | 3         | 1 package(s) per 180 day(s) retail | venlafaxine hcl TABS PO                                | 1         | QL(3 EA daily)      |
| VIIBRYD TABS (Use vilazodone hcl)                    | 9         | QL(1 EA daily)                     | venlafaxine hcl TB24 PO 37.5 MG, 75 MG, 225 MG         | 1         | QL(1 EA daily)      |
| vilazodone hcl TABS                                  | 1         | QL(1 EA daily)                     | venlafaxine hcl TB24 PO 150 MG                         | 1         | QL(2 EA daily)      |
| Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs) |           |                                    |  |           |                     |
| CYMBALTA CPEP PO (Use duloxetine hcl)                | 9         | QL(2 EA daily)                     | Tricyclic Agents                                       |           |                     |
| desvenlafaxine succinate PO 100 MG                   | 1         | QL(4 EA daily)                     | amitriptyline hcl TABS PO                              | 1         |                     |
| desvenlafaxine succinate PO 25 MG, 50 MG             | 1         | QL(1 EA daily)                     | amoxapine PO   | 1         |                     |
| duloxetine hcl CPEP PO 20 MG, 30 MG, 60 MG           | 1         | QL(2 EA daily)                     | ANAFRANIL PO (Use clomipramine hcl)                    | 9         |                     |
| duloxetine hcl CPEP PO 40 MG                         | 1         |                                    | clomipramine hcl PO                                    | 1         |                     |
| EFFEXOR XR CP24 PO 75 MG (Use venlafaxine hcl)       | 9         | QL(5 EA daily)                     | desipramine hcl TABS PO                                | 1         |                     |
| EFFEXOR XR CP24 PO 150 MG (Use venlafaxine hcl)      | 9         | QL(2 EA daily)                     | doxepin hcl CAPS PO                                    | 1         |                     |
| EFFEXOR XR CP24 PO 37.5 MG (Use venlafaxine hcl)     | 9         | QL(4 EA daily)                     | doxepin hcl CONC PO                                    | 1         |                     |
| FETZIMA TITRATION C4PK                               | 3         | PA                                 | imipramine hcl TABS PO                                 | 1         |                     |
| FETZIMA CP24   | 3         | QL(1 EA daily); PA                 | imipramine pamoate PO                                  | 1         |                     |
| PRISTIQ PO 100 MG (Use desvenlafaxine succinate)     | 9         | QL(4 EA daily)                     | NORPRAMIN TABS PO 10 MG, 25 MG (Use desipramine hcl)   | 9         |                     |
| ANTIDIABETICS - Drugs to Regulate Blood Sugar        |           |                                    |  |           |                     |
| Alpha-Glucosidase Inhibitors                         |           |                                    |  |           |                     |
| acarbose PO  | 1         | QL(3 EA daily)                     | miglitol PO  | 1         | QL(3 EA daily)      |

Ambetter NV Formulary Updated January 1, 2025

| Drug Name   | Drug Tier | Requirements/Limits | Drug Name  | Drug Tier | Requirements/Limits  |
|---|-----------|---------------------|--|-----------|----------------------|
| Antidiabetic Combinations   |           |                     | KOMBIGLYZE XR PO<br>1000 MG-5 MG, 500 MG-5 MG<br><i>(Use saxagliptin-metformin hcl)</i>            | 9         | QL(1 EA daily)       |
| ACTOPLUS MET TABS PO<br><i>(Use pioglitazone hcl-metformin hcl)</i> | 9         | QL(2 EA daily)      | KOMBIGLYZE XR PO<br>1000 MG-2.5 MG<br><i>(Use saxagliptin-metformin hcl)</i>                       | 9         | QL(2 EA daily)       |
| alogliptin-metformin hcl  | 1         | QL(2 EA daily); PA  | OSENI 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG<br><i>(Use alogliptin-pioglitazone)</i> | NF        |                      |
| alogliptin-pioglitazone 30 MG-12.5 MG                               | 1         | QL(2 EA daily); PA  | pioglitazone hcl-glimepiride   | 1         | QL(1 EA daily)       |
| alogliptin-pioglitazone 15 MG-25 MG, 30 MG-25 MG, 45 MG-25 MG       | 1         | QL(1 EA daily); PA  | pioglitazone hcl-metformin hcl TABS PO   | 1         | QL(2 EA daily)       |
| dapagliflozin propanediol-metformin hcl PO 1000 MG-10 MG            | 2         | QL(1 EA daily)      | saxagliptin-metformin hcl PO 1000 MG-2.5 MG  | 1         | QL(2 EA daily)       |
| dapagliflozin propanediol-metformin hcl PO 1000 MG-5 MG             | 2         | QL(2 EA daily)      | saxagliptin-metformin hcl PO 1000 MG-5 MG, 500 MG-5 MG   | 1         | QL(1 EA daily)       |
| DUETACT <i>(Use pioglitazone hcl-glimepiride)</i>                   | 9         | QL(1 EA daily)      | SOLIQUA  | 2         | QL(0.5 ML daily); PA |
| glipizide-metformin hcl PO 250 MG-2.5 MG, 500 MG-2.5 MG             | 1         | QL(2 EA daily)      | SYNJARDY XR TB24 1000 MG-25 MG   | 2         | QL(1 EA daily)       |
| glipizide-metformin hcl PO 500 MG-5 MG                              | 1         | QL(4 EA daily)      | SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-12.5 MG, 1000 MG-5 MG                                      | 2         | QL(2 EA daily)       |
| glyburide-metformin PO 250 MG-1.25 MG                               | 1         | QL(2 EA daily)      | SYNJARDY TABS  | 2         | QL(2 EA daily)       |
| glyburide-metformin PO 500 MG-2.5 MG, 500 MG-5 MG                   | 1         | QL(4 EA daily)      | TRIJARDY XR 1000 MG-2.5 MG-12.5 MG, 1000 MG-2.5 MG-5 MG  | 2         | QL(2 EA daily)       |
| GLYXAMBI PO   | 2         | QL(1 EA daily)      | TRIJARDY XR 1000 MG-5 MG-10 MG, 1000 MG-5 MG-25 MG   | 2         | QL(1 EA daily)       |
| JANUMET XR TB24 PO 1000 MG-50 MG, 500 MG-50 MG                      | 2         | QL(2 EA daily)      | XIGDUO XR PO 1000 MG-2.5 MG, 1000 MG-5 MG  | 2         | QL(2 EA daily)       |
| JANUMET XR TB24 PO 1000 MG-100 MG                                   | 2         | QL(1 EA daily)      | XIGDUO XR PO <i>(Use dapagliflozin propanediol-metformin hcl)</i>                                  | 2         | QL(2 EA daily)       |
| JANUMET TABS PO   | 2         | QL(2 EA daily)      | XIGDUO XR PO <i>(Use dapagliflozin propanediol-metformin hcl)</i>                                  | 2         | QL(1 EA daily)       |
| KAZANO 500 MG-12.5 MG <i>(Use alogliptin-metformin hcl)</i>         | 9         | QL(2 EA daily); PA  |  |           |                      |
| KAZANO 1000 MG-12.5 MG <i>(Use alogliptin-metformin hcl)</i>        | NF        |                     |  |           |                      |

| Drug Name   | Drug Tier | Requirements/Limits  | Drug Name                              | Drug Tier | Requirements/Limits    |
|---|-----------|----------------------|--|-----------|------------------------|
| XIGDUO XR PO 1000 MG-10 MG, 500 MG-10 MG, 500 MG-5 MG | 2         | QL(1 EA daily)       | OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN     | 2         | QL(0.108 ML daily); PA |
| XULTOPHY  | 2         | QL(0.5 ML daily); PA | OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN     | 2         | QL(0.054 ML daily); PA |
| Biguanides  |           |                      |  |           |                        |
| GLUMETZA TB24 PO (Use metformin hcl)                  | NF        |                      | OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML      | 2         | QL(0.108 ML daily); PA |
| metformin hcl TABS PO 850 MG                          | 0         | QL(3 EA daily)       | OZEMPIC (2 MG/DOSE) SOPN               | 2         | QL(0.108 ML daily); PA |
| metformin hcl TABS PO 500 MG                          | 1         | QL(5 EA daily)       | RYBELSUS TABS PO                       | 2         | QL(1 EA daily); PA     |
| metformin hcl TABS PO 1000 MG                         | 1         | QL(2.5 EA daily)     | TRULICITY                              | 2         | QL(0.143 ML daily); PA |
| metformin hcl TB24 PO 750 MG                          | 1         | QL(3 EA daily)       | VICTOZA (Use liraglutide)              | 2         | QL(0.3 ML daily); PA   |
| metformin hcl TB24 PO 500 MG                          | 1         | QL(4 EA daily)       | Insulin                                |           |                        |
| Diabetic Other  |           |                      |  |           |                        |
| diazoxide   | 3         |                      | APIDRA SOLOSTAR SOPN                   | 3         | PA                     |
| glucagon (rdna)                                       | 1         | QL(0.035 EA daily)   | APIDRA SOLN                            | 3         | PA                     |
| GLUCAGON EMERGENCY (Use glucagon (rdna))              | 9         | QL(0.035 EA daily)   | HUMULIN R U-500 (CONCENTRATED) SOLN SC | 2         | QL(1.34 ML daily)      |
| PROGLYCEM (Use diazoxide)                             | 9         |                      | HUMULIN R U-500 KWIKPEN SOPN SC        | 2         | QL(1.34 ML daily)      |
| Dipeptidyl Peptidase-4 (DPP-4) Inhibitors             |           |                      |  |           |                        |
| alogliptin benzoate 12.5 MG                           | 1         | QL(1 EA daily)       | INSULIN ASP PROT & ASP FLEXPEN SUPN    | 1         |                        |
| alogliptin benzoate 25 MG                             | 1         |                      | INSULIN ASPART FLEXPEN SOPN            | 1         |                        |
| JANUVIA PO  | 2         | QL(1 EA daily)       | INSULIN ASPART PENFILL SOCT            | 1         |                        |
| NESINA 12.5 MG (Use alogliptin benzoate)              | NF        | QL(1 EA daily)       | INSULIN ASPART PROT & ASPART SUSP      | 1         |                        |
| NESINA 6.25 MG, 25 MG (Use alogliptin benzoate)       | NF        |                      | INSULIN ASPART SOLN IJ                 | 1         |                        |
| ONGLYZA PO (Use saxagliptin hcl)                      | 9         | QL(1 EA daily)       | INSULIN DEGLUDEC FLEXTOUCH SOPN        | 2         |                        |
| saxagliptin hcl PO                                    | 1         | QL(1 EA daily)       | INSULIN DEGLUDEC SOLN                  | 2         |                        |
| Incretin Mimetic Agents                               |           |                      |  |           |                        |
|   |           |                      |  |           |                        |

Ambetter NV Formulary Updated January 1, 2025

| Drug Name   | Drug Tier | Requirements/Limits | Drug Name  | Drug Tier | Requirements/Limits  |  |
|---|-----------|---------------------|--|-----------|--|--|
| NOVOLIN N SUSP                                      | 2         |                     | <i>glyburide TABS PO</i>                                 | 1         | QL(4 EA daily)   |  |
| NOVOLIN R FLEXPEN<br>SOPN IJ                        | 2         |                     | GLYNASE PO ( <i>Use glyburide micronized</i> )           | 9         | QL(4 EA daily)   |  |
| NOVOLIN R SOLN IJ                                   | 2         |                     | ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea |           |  |  |
| REZVOGLAR KWIKPEN                                   | 3         | PA                  | Antiperistaltic Agents                                   |           |  |  |
| SEMGLEE (YFGN) SOLN                                 | 2         |                     | <i>diphenoxylate w/ atropine LIQD PO</i>                 | 1         |  |  |
| SEMGLEE (YFGN) SOPN                                 | 2         |                     | <i>diphenoxylate w/ atropine TABS PO</i>                 | 1         |  |  |
| Insulin Sensitizing Agents                          |           |                     | IMODIUM A-D CAPS PO ( <i>Use loperamide hcl</i> )        | 9         | RX/OTC   |  |
| ACTOS PO ( <i>Use pioglitazone hcl</i> )            | 9         | QL(1 EA daily)      | LOMOTIL TABS PO ( <i>Use diphenoxylate w/ atropine</i> ) | 9         |  |  |
| <i>pioglitazone hcl PO</i>                          | 1         | QL(1 EA daily)      | <i>loperamide hcl CAPS PO</i>                            | 1         | RX/OTC   |  |
| Meglitinide Analogues                               |           |                     | MOTOFEN PO   | 3         |  |  |
| <i>nateglinide PO</i>                               | 1         | QL(3 EA daily)      | ANTIDOTES AND SPECIFIC ANTAGONISTS                       |           |  |  |
| <i>repaglinide PO 0.5 MG, 1 MG</i>                  | 1         | QL(4 EA daily)      | Antidotes - Chelating Agents                             |           |  |  |
| <i>repaglinide PO 2 MG</i>                          | 1         | QL(8 EA daily)      | CHEMET PO  | 3         |  |  |
| Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors  |           |                     | <i>deferasirox PACK</i>                                  | 4         | PA   |  |
| <i>dapagliflozin propanediol PO</i>                 | 2         | QL(1 EA daily)      | <i>deferasirox TABS PO</i>                               | 4         | SP; PA   |  |
| FARXIGA PO ( <i>Use dapagliflozin propanediol</i> ) | 2         | QL(1 EA daily)      | <i>deferasirox TBSO</i>                                  | 4         | SP; PA   |  |
| JARDIANCE PO  | 2         | QL(1 EA daily)      | EXJADE TBSO ( <i>Use deferasirox</i> )                   | 9         | SP; PA   |  |
| Sulfonylureas                                       |           |                     | JADENU SPRINKLE PACK ( <i>Use deferasirox</i> )          | 9         | PA   |  |
| AMARYL PO 4 MG ( <i>Use glimepiride</i> )           | 9         | QL(2 EA daily)      | JADENU TABS PO ( <i>Use deferasirox</i> )                | 9         | SP; PA   |  |
| AMARYL PO 1 MG, 2 MG ( <i>Use glimepiride</i> )     | 9         | QL(4 EA daily)      | Antidotes and Specific Antagonists                       |           |  |  |
| <i>glimepiride PO 4 MG</i>                          | 1         | QL(2 EA daily)      | VISTOGARD  | 4         | PA   |  |
| <i>glimepiride PO 1 MG, 2 MG</i>                    | 1         | QL(4 EA daily)      | Opioid Antagonists                                       |           |  |  |
| <i>glipizide TABS PO 5 MG, 10 MG</i>                | 1         | QL(4 EA daily)      | KLOXXADO LIQD  | 3         |  |  |
| <i>glipizide TB24 PO</i>                            | 1         | QL(2 EA daily)      | <i>naloxone hcl LIQD</i>                                 | 1         | QL(2 EA per fill retail); 2 max fill(s) per 30 day(s) retail; RX/OTC |  |
| GLUCOTROL XL TB24 PO ( <i>Use glipizide</i> )       | 9         | QL(2 EA daily)      |  |           |  |  |
| <i>glyburide micronized PO 1.5 MG, 3 MG, 6 MG</i>   | 1         | QL(4 EA daily)      |  |           |  |  |

Ambetter NV Formulary Updated January 1, 2025

| Drug Name   | Drug Tier | Requirements/Limits  | Drug Name   | Drug Tier | Requirements/Limits  |
|---|-----------|--|---|-----------|--|
| <i>naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML</i>           | 1         |  | <i>meclizine hcl TABS PO 12.5 MG</i>                | 7         | RX/OTC   |
| <i>naltrexone hcl PO</i>                                | 1         |  | <i>meclizine hcl TABS PO 25 MG</i>                  | 1         | RX/OTC   |
| <i>NARCAN LIQD (Use naloxone hcl)</i>                   | 9         | QL(2 EA per fill retail); 2 max fill(s) per 30 day(s) retail; RX/OTC | <i>scopolamine</i>                                  | 1         | QL(0.34 EA daily)  |
| <i>OPVEE NA</i>   | 3         |  | <i>TRANSDERM-SCOP (Use scopolamine)</i>             | 9         | QL(0.34 EA daily)  |
| <i>VIVITROL</i>   | 3         | 1 max fill(s) per 30 day(s) retail                                   | <i>trimethobenzamide hcl CAPS PO</i>                | 1         |  |
| <i>ZIMHI SOSY</i>                                       | 3         |  | Antiemetics - Miscellaneous                         |           |  |
| <b>ANTIEMETICS - Drugs to Treat Nausea and Vomiting</b> |           |  | <i>AKYNZEO PO</i>                                   | 3         | PA   |
| 5-HT3 Receptor Antagonists                              |           |  | <i>DICLEGIS TBEC PO (Use doxylamine-pyridoxine)</i> | 9         | QL(4 EA daily); 3 max fill(s) per 365 day(s) retail; 3 max fill(s) per 365 day(s) mail; PA |
| <i>ANZEMET TABS PO 50 MG</i>                            | 3         | QL(0.167 EA daily); PA   | <i>doxylamine-pyridoxine TBEC PO</i>                | 1         | QL(4 EA daily); 3 max fill(s) per 365 day(s) retail; 3 max fill(s) per 365 day(s) mail; PA |
| <i>granisetron hcl SOLN IV 1 MG/ML</i>                  | 1         |  | <i>dronabinol CAPS PO</i>                           | 1         |  |
| <i>granisetron hcl TABS PO</i>                          | 1         | QL(0.34 EA daily)  | <i>MARINOL CAPS PO (Use dronabinol)</i>             | 9         |  |
| <i>ondansetron hcl SOLN IJ 4 MG/2ML</i>                 | 1         |  | Substance P/Neurokinin 1 (NK1) Receptor Antagonists |           |  |
| <i>ondansetron hcl SOLN PO 4 MG/5ML</i>                 | 1         | QL(3.34 ML daily)  | <i>aprepitant CAPS PO 80 MG</i>                     | 1         | QL(0.134 EA daily)   |
| <i>ondansetron hcl SOSY</i>                             | 1         |  | <i>aprepitant CAPS PO 40 MG, 125 MG</i>             | 1         | QL(0.067 EA daily)   |
| <i>ondansetron hcl TABS PO 24 MG</i>                    | 1         | QL(0.143 EA daily)   | <i>aprepitant CAPS PO</i>                           | 1         | PA   |
| <i>ondansetron hcl TABS PO 8 MG</i>                     | 1         | QL(3 EA daily; 45 EA per fill retail; 45 per fill mail)              | <i>aprepitant MISC PO</i>                           | 1         | PA   |
| <i>ondansetron hcl TABS PO 4 MG</i>                     | 1         | QL(4 EA daily; 60 EA per fill retail; 60 per fill mail)              | <i>EMEND TRI-PACK CAPS PO (Use aprepitant)</i>      | 9         | PA   |
| <i>ondansetron TBDP PO 4 MG</i>                         | 1         | QL(1 EA daily)   | <i>EMEND CAPS PO 80 MG (Use aprepitant)</i>         | 9         | QL(0.134 EA daily)   |
| <i>ondansetron TBDP PO 8 MG</i>                         | 1         |  | <i>VARUBI (180 MG DOSE) TBPK PO</i>                 | 3         | PA   |
| <i>palonosetron hcl SOLN</i>                            | 1         |  | ANTIFUNGALS - Drugs to Treat Fungal Infections      |           |  |
| Antiemetics - Anticholinergic                           |           |  |   |           |  |

Ambetter NV Formulary Updated January 1, 2025

| Drug Name   | Drug Tier | Requirements/Limits    | Drug Name  | Drug Tier | Requirements/Limits |  |  |  |
|---|-----------|------------------------|--|-----------|---------------------|--|--|--|
| Antifungal - Glucan Synthesis Inhibitors                  |           |                        |  |           |                     |  |  |  |
| CANCIDAS (Use caspofungin acetate)                        | 9         |                        | ketoconazole PO  | 1         |                     |  |  |  |
| caspofungin acetate                                       | 1         |                        | NOXAFL SUSP (Use posaconazole)                               | 9         | QL(20 ML daily)     |  |  |  |
| ERAXIS  | 3         |                        | posaconazole SUSP  | 3         | QL(20 ML daily)     |  |  |  |
| micafungin sodium   | 1         | PA                     | SPORANOX CAPS PO (Use itraconazole)                          | 9         | QL(4 EA daily); PA  |  |  |  |
| MYCAMINE (Use micafungin sodium)                          | 9         | PA                     | SPORANOX SOLN (Use itraconazole)                             | 9         | QL(20 ML daily); PA |  |  |  |
| Antifungals   |           |                        |  |           |                     |  |  |  |
| ABELCET   | 3         |                        | TOLSURA CAPS PO  | 4         | PA                  |  |  |  |
| AMBISOME (Use amphotericin b liposome)                    | 9         |                        | VFEND TABS PO (Use voriconazole)                             | 9         | QL(4 EA daily)      |  |  |  |
| amphotericin b IV   | 3         |                        | voriconazole TABS PO   | 1         | QL(4 EA daily)      |  |  |  |
| amphotericin b liposome                                   | 3         |                        | ANTIHISTAMINES - Drugs to Treat Allergies                    |           |                     |  |  |  |
| ANCOBON PO (Use flucytosine)                              | 9         |                        | Antihistamines - Alkylamines                                 |           |                     |  |  |  |
| flucytosine PO  | 1         |                        | dexchlorpheniramine maleate SOLN                             | 1         |                     |  |  |  |
| griseofulvin microsize SUSP PO                            | 1         | AL(At least 2 yrs old) | Antihistamines - Ethanolamines                               |           |                     |  |  |  |
| griseofulvin microsize TABS PO                            | 1         |                        | BENADRYL ALLERGY CHILDRENS LIQD PO (Use diphenhydramine hcl) | NF        |                     |  |  |  |
| griseofulvin ultramicrosize PO                            | 1         |                        | carbinoxamine maleate SOLN PO                                | 1         |                     |  |  |  |
| nystatin TABS PO  | 1         |                        | carbinoxamine maleate TABS PO 4 MG                           | 1         |                     |  |  |  |
| terbinafine hcl TABS PO                                   | 1         | QL(1 EA daily)         | clemastine fumarate SYRP PO                                  | 1         |                     |  |  |  |
| Imidazole-Related Antifungals                             |           |                        | clemastine fumarate TABS PO 2.68 MG                          | 1         |                     |  |  |  |
| CRESEMBA CAPS 186 MG                                      | 3         | PA                     | diphenhydramine hcl CAPS PO 50 MG                            | 7         |                     |  |  |  |
| DIFLUCAN SUSR PO (Use fluconazole)                        | 9         |                        | diphenhydramine hcl ELIX PO 12.5 MG/5ML                      | 1         |                     |  |  |  |
| DIFLUCAN TABS PO 100 MG, 150 MG, 200 MG (Use fluconazole) | 9         |                        | diphenhydramine hcl LIQD PO 12.5 MG/5ML                      | 1         |                     |  |  |  |
| fluconazole SUSR PO                                       | 1         |                        | diphenhydramine hcl SOLN 50 MG/ML                            | 1         |                     |  |  |  |
| fluconazole TABS PO                                       | 1         |                        | Antihistamines - Non-Sedating                                |           |                     |  |  |  |
| itraconazole CAPS PO                                      | 1         | QL(4 EA daily); PA     | cetirizine hcl TABS PO                                       | 7         | QL(1 EA daily)      |  |  |  |
| itraconazole SOLN   | 1         | QL(20 ML daily); PA    |  |           |                     |  |  |  |

Ambetter NV Formulary Updated January 1, 2025

| Drug Name   | Drug Tier | Requirements/Limits     | Drug Name   | Drug Tier | Requirements/Limits |
|---|-----------|-------------------------|---|-----------|---------------------|
| CLARINEX TABS PO<br><i>(Use desloratadine)</i>                                      | 9         | QL(1 EA daily)          | ZYRTEC ALLERGY TABS PO<br><i>(Use cetirizine hcl)</i> | 9         | QL(1 EA daily)      |
| CLARITIN ALLERGY CHILDRENS SOLN PO<br><i>(Use loratadine)</i>                       | 9         |                         | Antihistamines - Phenothiazines                       |           |                     |
| CLARITIN CHILDRENS CHEW PO<br><i>(Use loratadine)</i>                               | NF        |                         | PHENERGAN SOLN IJ<br><i>(Use promethazine hcl)</i>    | 9         |                     |
| CLARITIN REDITABS JUNIORS TBDP PO<br><i>(Use loratadine)</i>                        | 9         |                         | <i>promethazine hcl SOLN PO 6.25 MG/5ML</i>           | 1         |                     |
| CLARITIN REDITABS TBDP PO<br><i>(Use loratadine)</i>                                | 9         |                         | <i>promethazine hcl SUPP PR 12.5 MG, 25 MG</i>        | 1         | QL(6 EA daily)      |
| CLARITIN CAPS PO<br><i>(Use loratadine)</i>   | 9         |                         | <i>promethazine hcl SUPP PR 50 MG</i>                 | 1         |                     |
| CLARITIN CHEW PO<br><i>(Use loratadine)</i>   | NF        |                         | <i>promethazine hcl TABS PO</i>                       | 1         |                     |
| CLARITIN SOLN PO<br><i>(Use loratadine)</i>   | 9         |                         | Antihistamines - Piperidines                          |           |                     |
| CLARITIN TABS PO<br><i>(Use loratadine)</i>   | 9         |                         | <i>cyproheptadine hcl SYRP PO</i>                     | 1         |                     |
| <i>desloratadine TABS PO</i>  | 1         | QL(1 EA daily)          | <i>cyproheptadine hcl TABS PO</i>                     | 1         |                     |
| <i>desloratadine TBDP PO 2.5 MG</i>   | 1         | QL(1 EA daily)          | ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol |           |                     |
| <i>levocetirizine dihydrochloride SOLN PO</i>                                       | 1         | QL(10 ML daily); RX/OTC | Antihyperlipidemics - Combinations                    |           |                     |
| <i>levocetirizine dihydrochloride TABS PO</i>                                       | 1         | QL(1 EA daily); RX/OTC  | <i>ezetimibe-simvastatin PO</i>                       | 1         | QL(1 EA daily)      |
| <i>loratadine CAPS PO</i>   | 1         |                         | <i>VYTORIN PO (Use ezetimibe-simvastatin)</i>         | 9         | QL(1 EA daily)      |
| <i>loratadine CHEW PO</i>   | 1         |                         | Antihyperlipidemics - Misc.                           |           |                     |
| <i>loratadine SOLN PO</i>   | 1         |                         | <i>icosapent ethyl 1 GM</i>                           | 1         | QL(4 EA daily); PA  |
| <i>loratadine TABS PO</i>   | 7         |                         | <i>LOVAZA PO (Use omega-3-acid ethyl esters)</i>      | 9         | QL(4 EA daily)      |
| <i>loratadine TBDP PO</i>   | 1         |                         | <i>omega-3-acid ethyl esters PO</i>                   | 1         | QL(4 EA daily)      |
| XYZAL ALLERGY 24HR CHILDRENS SOLN PO<br><i>(Use levocetirizine dihydrochloride)</i> | 9         | QL(10 ML daily); RX/OTC | <i>VASCEPA 1 GM (Use icosapent ethyl)</i>             | 9         | QL(4 EA daily); PA  |
| XYZAL ALLERGY 24HR TABS PO<br><i>(Use levocetirizine dihydrochloride)</i>           | 9         | QL(1 EA daily); RX/OTC  | Bile Acid Sequestrants                                |           |                     |
|   |           |                         | <i>cholestyramine light PACK PO</i>                   | 1         | QL(6 EA daily)      |
|   |           |                         | <i>cholestyramine light POWD PO</i>                   | 1         | QL(24 GM daily)     |
|   |           |                         | <i>cholestyramine PACK PO</i>                         | 1         | QL(6 EA daily)      |

Ambetter NV Formulary Updated January 1, 2025

| Drug Name  | Drug Tier | Requirements/Limits | Drug Name   | Drug Tier | Requirements/Limits  |
|--|-----------|---------------------|---|-----------|--|
| cholestyramine POWD PO   | 1         | QL(25.2 GM daily)   | FENOGLIDE TABS PO (Use fenofibrate)                 | NF        |  |
| colesevelam hcl PACK   | 1         | QL(1 EA daily); PA  | gemfibrozil TABS PO                                 | 1         | QL(2 EA daily)   |
| colesevelam hcl TABS PO  | 1         | QL(7 EA daily)      | LOPID TABS PO (Use gemfibrozil)                     | 9         | QL(2 EA daily)   |
| COLESTID FLAVORED GRAN PO (Use colestipol hcl)                 | 9         | QL(6 GM daily)      | TRICOR TABS PO (Use fenofibrate)                    | 9         | QL(1 EA daily)   |
| COLESTID FLAVORED PACK PO (Use colestipol hcl)                 | 9         | QL(6 EA daily)      | TRILIPIX PO (Use choline fenofibrate)               | 9         | QL(1 EA daily)   |
| COLESTID GRAN PO (Use colestipol hcl)                          | 9         | QL(6 GM daily)      | HMG CoA Reductase Inhibitors                        |           |  |
| COLESTID PACK PO (Use colestipol hcl)                          | 9         | QL(6 EA daily)      | atorvastatin calcium TABS PO                        | 1         | QL(1 EA daily)   |
| COLESTID TABS PO (Use colestipol hcl)                          | 9         | QL(16 EA daily)     | CRESTOR TABS PO (Use rosuvastatin calcium)          | 9         | QL(1 EA daily)   |
| colestipol hcl GRAN PO   | 1         | QL(6 GM daily)      | fluvastatin sodium CAPS PO 20 MG                    | 1         | QL(1 EA daily)   |
| colestipol hcl PACK PO   | 1         | QL(6 EA daily)      | fluvastatin sodium CAPS PO 40 MG                    | 1         | QL(2 EA daily)   |
| colestipol hcl TABS PO   | 1         | QL(16 EA daily)     | LIPITOR TABS PO (Use atorvastatin calcium)          | 9         | QL(1 EA daily)   |
| QUESTRAN LIGHT POWD PO (Use cholestyramine light)              | 9         | QL(24 GM daily)     | lovastatin TABS PO 40 MG                            | 1         | \$0 copay for generic only, age 40 to 76; QL(2 EA daily); PV |
| QUESTRAN PACK PO (Use cholestyramine)                          | 9         | QL(6 EA daily)      | lovastatin TABS PO 10 MG, 20 MG                     | 1         | \$0 copay for generic only, age 40 to 76; QL(1 EA daily); PV |
| QUESTRAN POWD PO (Use cholestyramine)                          | 9         | QL(25.2 GM daily)   | pravastatin sodium PO                               | 1         | QL(1 EA daily)   |
| WELCHOL PACK (Use colesevelam hcl)                             | 9         | QL(1 EA daily); PA  | rosuvastatin calcium TABS PO                        | 3         | QL(1 EA daily)   |
| WELCHOL TABS PO (Use colesevelam hcl)                          | 9         | QL(7 EA daily)      | simvastatin TABS PO                                 | 1         | QL(1 EA daily)   |
| Fibric Acid Derivatives  |           |                     | ZOCOR TABS PO 10 MG, 20 MG, 40 MG (Use simvastatin) | 9         | QL(1 EA daily)   |
| ANTARA PO 30 MG, 90 MG (Use fenofibrate micronized)            | NF        |                     | Intestinal Cholesterol Absorption Inhibitors        |           |  |
| choline fenofibrate PO   | 1         | QL(1 EA daily)      | ezetimibe PO  | 1         | QL(1 EA daily)   |
| fenofibrate micronized PO 43 MG, 67 MG, 130 MG, 134 MG, 200 MG | 1         | QL(1 EA daily)      | ZETIA PO (Use ezetimibe)                            | 9         | QL(1 EA daily)   |
| fenofibrate TABS PO 48 MG, 54 MG, 145 MG, 160 MG               | 1         | QL(1 EA daily)      |   |           |  |

Ambetter NV Formulary Updated January 1, 2025

| Drug Name   | Drug Tier | Requirements/Limits     | Drug Name  | Drug Tier | Requirements/Limits |
|---|-----------|-------------------------|--|-----------|---------------------|
| Nicotinic Acid Derivatives  |           |                         |  |           |                     |
| niacin ( <i>antihyperlipidemic</i> )<br><i>TBCR PO</i>              | 1         | QL(2 EA daily)          | <i>quinapril hcl PO 20 MG, 40 MG</i>             | 1         |                     |
| Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors            |           |                         |  |           |                     |
| REPATHA PUSHTRONEX SYSTEM SOCT                                      | 4         | QL(0.25 ML daily); PA   | <i>quinapril hcl PO 5 MG, 10 MG</i>              | 1         | QL(2 EA daily)      |
| REPATHA SURECLICK SOAJ  | 4         | QL(0.0714 ML daily); PA | <i>ramipril CAPS PO</i>                          | 1         |                     |
| REPATHA SOSY  | 4         | QL(0.0714 ML daily); PA | <i>trandolapril PO 1 MG, 2 MG</i>                | 1         | QL(1 EA daily)      |
| ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure              |           |                         |  |           |                     |
| ACE Inhibitors  |           |                         |  |           |                     |
| ACCUPRIL PO 5 MG, 10 MG ( <i>Use quinapril hcl</i> )                | 9         | QL(2 EA daily)          | <i>trandolapril PO 4 MG</i>                      | 1         | QL(2 EA daily)      |
| ACCUPRIL PO 20 MG, 40 MG ( <i>Use quinapril hcl</i> )               | 9         |                         | <i>VASOTEC TABS PO (Use enalapril maleate)</i>   | 9         |                     |
| ALTACE CAPS PO 1.25 MG, 2.5 MG, 5 MG, 10 MG ( <i>Use ramipril</i> ) | 9         |                         | <i>ZESTRIL TABS PO (Use lisinopril)</i>          | 9         |                     |
| <i>benazepril hcl PO</i>  | 1         |                         | Agents for Pheochromocytoma                      |           |                     |
| <i>captopril PO 25 MG, 50 MG, 100 MG</i>                            | 1         | QL(3 EA daily)          | <i>DIBENZYLINE PO (Use phenoxybenzamine hcl)</i> | 9         | PA                  |
| <i>captopril PO 12.5 MG</i>   | 1         |                         | <i>phenoxybenzamine hcl PO</i>                   | 3         | PA                  |
| <i>enalapril maleate TABS PO</i>                                    | 1         |                         | Angiotensin II Receptor Antagonists              |           |                     |
| <i>fosinopril sodium PO</i>   | 1         |                         | <i>ATACAND PO (Use candesartan cilexetil)</i>    | 9         | QL(1 EA daily)      |
| <i>lisinopril TABS PO 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i>  | 1         |                         | <i>AVAPRO PO (Use irbesartan)</i>                | 9         | QL(1 EA daily)      |
| LOTENSIN PO 10 MG, 20 MG, 40 MG ( <i>Use benazepril hcl</i> )       | 9         |                         | <i>BENICAR PO (Use olmesartan medoxomil)</i>     | 9         | QL(1 EA daily)      |
| <i>moexipril hcl PO</i>   | 1         | QL(2 EA daily)          | <i>candesartan cilexetil PO</i>                  | 1         | QL(1 EA daily)      |
| <i>perindopril erbumine PO 2 MG, 8 MG</i>                           | 1         | QL(2 EA daily)          | <i>COZAAR PO (Use losartan potassium)</i>        | 9         | QL(1 EA daily)      |
| <i>perindopril erbumine PO 4 MG</i>                                 | 1         |                         | <i>DIOVAN TABS PO (Use valsartan)</i>            | 9         | QL(1 EA daily)      |
| Antiadrenergic Antihypertensives                                    |           |                         |  |           |                     |

Ambetter NV Formulary Updated January 1, 2025

| Drug Name   | Drug Tier | Requirements/Limits | Drug Name   | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|---|-----------|---------------------|
| CARDURA PO ( <i>Use doxazosin mesylate</i> )                            | 9         |                     | AVALIDE PO ( <i>Use irbesartan-hydrochlorothiazide</i> )                            | 9         |                     |
| CATAPRES-TTS-1 PTWK ( <i>Use clonidine</i> )                            | 9         | QL(0.15 EA daily)   | AZOR PO ( <i>Use amlodipine besylate-olmesartan medoxomil</i> )                     | 9         | ST                  |
| CATAPRES-TTS-2 PTWK ( <i>Use clonidine</i> )                            | 9         | QL(0.15 EA daily)   | <i>benazepril &amp; hydrochlorothiazide PO 12.5 MG-10 MG, 25 MG-20 MG</i>           | 1         | QL(1 EA daily)      |
| CATAPRES-TTS-3 PTWK ( <i>Use clonidine</i> )                            | 9         | QL(0.15 EA daily)   | <i>benazepril &amp; hydrochlorothiazide PO 12.5 MG-20 MG, 6.25 MG-5 MG</i>          | 1         |                     |
| clonidine hcl TABS PO   | 1         | QL(8 EA daily)      | BENICAR HCT PO ( <i>Use olmesartan medoxomil-hydrochlorothiazide</i> )              | 9         |                     |
| clonidine PTWK  | 3         | QL(0.15 EA daily)   | <i>bisoprolol &amp; hydrochlorothiazide PO</i>                                      | 1         | QL(2 EA daily)      |
| doxazosin mesylate PO   | 1         |                     | <i>candesartan cilexetil-hydrochlorothiazide PO</i>                                 | 1         |                     |
| guanfacine hcl PO   | 1         |                     | DIOVAN HCT PO ( <i>Use valsartan-hydrochlorothiazide</i> )                          | 9         | QL(1 EA daily)      |
| methyldopa TABS PO  | 1         | QL(6 EA daily)      | <i>enalapril maleate &amp; hydrochlorothiazide PO 25 MG-10 MG</i>                   | 1         |                     |
| MINIPRESS CAPS PO ( <i>Use prazosin hcl</i> )                           | 9         | QL(4 EA daily)      | <i>enalapril maleate &amp; hydrochlorothiazide PO 12.5 MG-5 MG</i>                  | 1         | QL(2 EA daily)      |
| prazosin hcl CAPS PO  | 1         | QL(4 EA daily)      | EXFORGE PO ( <i>Use amlodipine besylate-valsartan</i> )                             | 9         | QL(1 EA daily)      |
| terazosin hcl PO  | 1         |                     | EXFORGE HCT PO ( <i>Use amlodipine-valsartan-hydrochlorothiazide</i> )              | 9         |                     |
| Antihypertensive Combinations   |           |                     | <i>fosinopril sodium &amp; hydrochlorothiazide PO</i>                               | 1         | QL(1 EA daily)      |
| ACCURETIC PO 25 MG-20 MG ( <i>Use quinapril-hydrochlorothiazide</i> )   | 9         | QL(2 EA daily)      | HYZAAR PO 12.5 MG-50 MG ( <i>Use losartan potassium &amp; hydrochlorothiazide</i> ) | 9         | QL(2 EA daily)      |
| ACCURETIC PO 12.5 MG-10 MG ( <i>Use quinapril-hydrochlorothiazide</i> ) | 9         | QL(3 EA daily)      |   |           |                     |
| ACCURETIC PO 12.5 MG-20 MG ( <i>Use quinapril-hydrochlorothiazide</i> ) | 9         | QL(4 EA daily)      |   |           |                     |
| amlodipine besylate-benazepril hcl PO                                   | 1         |                     |   |           |                     |
| amlodipine besylate-olmesartan medoxomil PO                             | 1         | ST                  |   |           |                     |
| amlodipine besylate-valsartan PO  | 1         | QL(1 EA daily)      |   |           |                     |
| amlodipine-valsartan-hydrochlorothiazide PO                             | 3         |                     |   |           |                     |
| ATACAND HCT PO ( <i>Use candesartan cilexetil-hydrochlorothiazide</i> ) | 9         |                     |   |           |                     |
| atenolol & chlorthalidone PO  | 1         |                     |   |           |                     |

| Drug Name  | Drug Tier | Requirements/Limits | Drug Name   | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|---|-----------|---------------------|
| HYZAAR PO 12.5 MG-100 MG, 25 MG-100 MG ( <i>Use losartan potassium &amp; hydrochlorothiazide</i> )           | 9         | QL(1 EA daily)      | <i>quinapril-hydrochlorothiazide PO 12.5 MG-10 MG</i>                               | 1         | QL(3 EA daily)      |
| <i>irbesartan-hydrochlorothiazide PO</i>   | 1         |                     | <i>quinapril-hydrochlorothiazide PO 12.5 MG-20 MG</i>                               | 1         | QL(4 EA daily)      |
| <i>lisinopril &amp; hydrochlorothiazide PO</i>   | 1         |                     | <i>quinapril-hydrochlorothiazide PO 25 MG-20 MG</i>                                 | 1         | QL(2 EA daily)      |
| <i>losartan potassium &amp; hydrochlorothiazide PO 12.5 MG-100 MG, 25 MG-100 MG</i>                          | 1         | QL(1 EA daily)      | <i>telmisartan-amlodipine PO</i>  | 1         | QL(1 EA daily)      |
| <i>losartan potassium &amp; hydrochlorothiazide PO 12.5 MG-50 MG</i>   | 1         | QL(2 EA daily)      | <i>telmisartan-hydrochlorothiazide PO</i>   | 1         | QL(1 EA daily)      |
| LOTENSIN HCT PO 12.5 MG-10 MG, 25 MG-20 MG ( <i>Use benazepril &amp; hydrochlorothiazide</i> )               | 9         | QL(1 EA daily)      | TENORETIC 100 PO ( <i>Use atenolol &amp; chlorthalidone</i> )                       | 9         |                     |
| LOTENSIN HCT PO 12.5 MG-20 MG ( <i>Use benazepril &amp; hydrochlorothiazide</i> )                            | 9         |                     | TENORETIC 50 PO ( <i>Use atenolol &amp; chlorthalidone</i> )                        | 9         |                     |
| LOTREL PO 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG ( <i>Use amlodipine besylate-benazepril hcl</i> ) | 9         |                     | <i>trandolapril-verapamil hcl PO 180 MG-2 MG, 240 MG-1 MG</i>                       | 3         |                     |
| <i>metoprolol &amp; hydrochlorothiazide TABS PO 25 MG-50 MG</i>  | 1         | QL(1 EA daily)      | <i>trandolapril-verapamil hcl PO 240 MG-2 MG, 240 MG-4 MG</i>                       | 3         | QL(1 EA daily)      |
| <i>metoprolol &amp; hydrochlorothiazide TABS PO 25 MG-100 MG, 50 MG-100 MG</i>                               | 1         |                     | TRIBENZOR PO ( <i>Use olmesartan medoxomil-amlodipine-hydrochlorothiazide</i> )     | 9         | ST                  |
| MICARDIS HCT PO ( <i>Use telmisartan-hydrochlorothiazide</i> )   | 9         | QL(1 EA daily)      | <i>valsartan-hydrochlorothiazide PO</i>   | 1         | QL(1 EA daily)      |
| <i>olmesartan medoxomil-amlodipine-hydrochlorothiazide PO</i>  | 1         | ST                  | VASERETIC PO 25 MG-10 MG ( <i>Use enalapril maleate &amp; hydrochlorothiazide</i> ) | 9         |                     |
| <i>olmesartan medoxomil-hydrochlorothiazide PO</i>   | 1         |                     | ZESTORETIC PO ( <i>Use lisinopril &amp; hydrochlorothiazide</i> )                   | 9         |                     |
| Antihypertensives - Misc.  |           |                     |   |           |                     |
| VECAMYL PO   | 3         | PA                  | Direct Renin Inhibitors   |           |                     |
| <i>aliskiren fumarate PO</i>   | 1         | QL(1 EA daily)      |   |           |                     |

Ambetter NV Formulary Updated January 1, 2025

| Drug Name   | Drug Tier | Requirements/Limits   | Drug Name   | Drug Tier | Requirements/Limits |
|---|-----------|---|---|-----------|---------------------|
| TEKTURNA PO ( <i>Use aliskiren fumarate</i> )                       | 9         | QL(1 EA daily)  | <i>sulfamethoxazole-trimethoprim SUSP PO</i>                    | 1         |                     |
| Selective Aldosterone Receptor Antagonists (SARAs)                  |           |   | <i>sulfamethoxazole-trimethoprim TABS PO</i>                    | 7         |                     |
| <i>eplerenone PO</i>  | 1         |   | Antiprotozoal Agents  |           |                     |
| INSPRA PO ( <i>Use eplerenone</i> )                                 | 9         |   | ALINIA SUSR PO  | 2         | PA                  |
| Vasodilators  |           |   | ALINIA TABS PO ( <i>Use nitazoxanide</i> )                      | 9         | PA                  |
| <i>hydralazine hcl SOLN</i>   | 1         |   | <i>atovaquone PO</i>  | 1         |                     |
| <i>hydralazine hcl TABS PO</i>                                      | 1         |   | MEPRON PO ( <i>Use atovaquone</i> )                             | 9         |                     |
| <i>minoxidil PO 2.5 MG, 10 MG</i>                                   | 1         |   | <i>nitazoxanide TABS PO</i>                                     | 1         | PA                  |
| ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections |           |   |   |           |                     |
| Anti-infective Agents - Misc.                                       |           |   |   |           |                     |
| <i>bacitracin</i>   | 3         |   | <i>ertapenem sodium IJ</i>                                      | 1         |                     |
| IMPAVIDO  | 3         | QL(3 EA daily); PA  | <i>imipenem-cilastatin IV</i>                                   | 1         |                     |
| <i>metronidazole TABS PO</i>  | 1         |   | INVANZ IJ ( <i>Use ertapenem sodium</i> )                       | 9         |                     |
| <i>trimethoprim TABS PO</i>   | 1         |   | <i>meropenem</i>  | 1         |                     |
| XIFAXAN PO 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 | PRIMAXIN IV IV 500 MG-500 MG ( <i>Use imipenem-cilastatin</i> ) | 9         |                     |
| XIFAXAN PO 550 MG   | 3         | QL(3 EA daily); AL(At least 12 yrs old); PA   | Chloramphenicols  |           |                     |
| Anti-infective Misc. - Combinations                                 |           |   | <i>chloramphenicol sodium succinate</i>                         | 4         | SP; PA              |
| BACTRIM DS TABS PO ( <i>Use sulfamethoxazole-trimethoprim</i> )     | 9         |   | Cyclic Lipopeptides   |           |                     |
| BACTRIM TABS PO ( <i>Use sulfamethoxazole-trimethoprim</i> )        | 9         |   | CUBICIN RF ( <i>Use daptomycin</i> )                            | 9         |                     |
| <i>sulfamethoxazole-trimethoprim SOLN</i>                           | 1         |   | <i>daptomycin 500 MG</i>  | 1         |                     |
| Glycopeptides   |           |   |   |           |                     |
| FIRVANQ SOLR PO ( <i>Use vancomycin hcl</i> )                       |           |   |   |           |                     |
| VANCOCIN CAPS PO ( <i>Use vancomycin hcl</i> )                      |           |   |   |           |                     |
| <i>vancomycin hcl CAPS PO</i>                                       |           |   |   |           |                     |
| <i>vancomycin hcl SOLR IV 1 GM, 10 GM, 500 MG</i>                   |           |   |   |           |                     |

| Drug Name  | Drug Tier | Requirements/Limits        | Drug Name  | Drug Tier   | Requirements/Limits  |
|--|-----------|----------------------------|--|---|--|
| <i>vancomycin hcl SOLR PO<br/>25 MG/ML, 50 MG/ML,<br/>250 MG/5ML</i>                             | 1         | QL(300 ML per fill retail) | <i>fosfomycin tromethamine</i>                                       | 1   |  |
| <b>Leprostatics</b>  |           |                            |  | <i>HIPREX PO (Use methenamine hippurate)</i>                          | 9  |
| <i>dapsone PO</i>  | 1         |                            | <i>MACROBID PO (Use nitrofurantoin monohyd macro)</i>                | 9   |  |
| <b>Lincosamides</b>  |           |                            |  | <i>MACRODANTIN PO 50 MG, 100 MG (Use nitrofurantoin macrocrystal)</i> | 9  |
| <i>CLEOCIN PO (Use clindamycin palmitate hydrochloride)</i>                                      | 9         |                            | <i>methenamine hippurate PO</i>                                      | 1   |  |
| <i>CLEOCIN PO (Use clindamycin hcl)</i>  | 9         |                            | <i>MONUROL (Use fosfomycin tromethamine)</i>                         | 9   |  |
| <i>CLEOCIN PHOSPHATE SOLN IJ (Use clindamycin phosphate)</i>                                     | 9         |                            | <i>nitrofurantoin PO</i>   | 1   |  |
| <i>clindamycin hcl PO</i>  | 1         |                            | <i>nitrofurantoin macrocrystal PO 50 MG, 100 MG</i>                  | 1   |  |
| <i>clindamycin palmitate hydrochloride PO</i>  | 1         |                            | <i>nitrofurantoin monohyd macro PO</i>                               | 1   |  |
| <i>clindamycin phosphate SOLN IJ 9 GM/60ML, 300 MG/2ML, 600 MG/4ML, 900 MG/6ML, 9000 MG/60ML</i> | 1         |                            | <b>ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)</b> |   |  |
| <i>LINCOCIN (Use lincomycin hcl)</i>   | 9         |                            | <b>Antimalarial Combinations</b>                                     |   |  |
| <i>lincomycin hcl</i>  | 1         |                            | <i>atovaquone-proguanil hcl PO</i>                                   | 1   | 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 |
| <b>Monobactams</b>   |           |                            |  |   |  |
| <i>CAYSTON</i>   | 4         | QL(3 ML daily); PA         |  |   |  |
| <b>Oxazolidinones</b>  |           |                            |  |   |  |
| <i>linezolid SUSR</i>  | 1         |                            |  |   |  |
| <i>linezolid TABS PO</i>   | 1         | QL(2 EA daily); PA         |  |   |  |
| <i>SIVEXTRO TABS</i>   | 3         | PA                         |  |   |  |
| <i>ZYVOX SUSR (Use linezolid)</i>  | 9         |                            |  |   |  |
| <i>ZYVOX TABS PO (Use linezolid)</i>   | 9         | QL(2 EA daily); PA         |  |   |  |
| <b>Polymyxins</b>  |           |                            |  |   |  |
| <i>polymyxin b sulfate SOLR</i>  | 1         |                            |  |   |  |
| <b>Urinary Anti-infectives</b>   |           |                            |  |   |  |

Ambetter NV Formulary Updated January 1, 2025

| Drug Name   | Drug Tier | Requirements/Limits  | Drug Name   | Drug Tier | Requirements/Limits   |
|---|-----------|--|---|-----------|---|
| 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 | <i>mefloquine hcl PO</i>  | 1         | 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 |
| MALARONE PO ( <i>Use atovaquone-proguanil hcl</i> ) | 9         | 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 | <i>PLAQUENIL PO (Use hydroxychloroquine sulfate)</i>                  | 9         | QL(3 EA daily)  |
|   |           |  | <i>primaquine phosphate TABS PO</i>                                   | 3         |   |
|   |           |  | <i>PRIMAQUINE PHOSPHATE TABS PO (Use primaquine phosphate)</i>        | 9         |   |
|   |           |  | <i>pyrimethamine PO</i>   | 1         | QL(3 EA daily); PA  |
| <b>Antimalarials</b>                                |           |  | <i>QUALAQUIN CAPS PO (Use quinine sulfate)</i>                        | 9         | PA  |
| <i>chloroquine phosphate TABS PO 250 MG</i>         | 1         | QL(3 EA daily)   | <i>quinine sulfate CAPS PO 324 MG</i>                                 | 1         | PA  |
| <i>chloroquine phosphate TABS PO 500 MG</i>         | 1         |  | <b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>                              |           |   |
| <i>DARAPRIM PO (Use pyrimethamine)</i>              | 9         | QL(3 EA daily); PA   | <b>Antimyasthenic/Cholinergic Agents</b>                              |           |   |
| <i>hydroxychloroquine sulfate PO 400 MG</i>         | 1         | QL(1 EA daily)   | <i>FIRDAPSE</i>   | 4         | PA  |
| <i>hydroxychloroquine sulfate PO 100 MG</i>         | 1         | QL(4 EA daily)   | <i>MESTINON SOLN PO (Use pyridostigmine bromide)</i>                  | 9         |   |
| <i>hydroxychloroquine sulfate PO 200 MG</i>         | 1         | QL(3 EA daily)   | <i>MESTINON TABS PO (Use pyridostigmine bromide)</i>                  | 9         |   |
| KRINTAFEL   | 3         | QL(2 EA per 30 day(s) retail)  | <i>MESTINON TBCR PO (Use pyridostigmine bromide)</i>                  | 9         |   |
|   |           |  | <i>neostigmine methylsulfate SOSY</i>                                 | 3         | PA  |
|   |           |  | <i>NEOSTIGMINE METHYLSULFATE SOSY (Use neostigmine methylsulfate)</i> | 9         | PA  |

| Drug Name  | Drug Tier | Requirements/Limits | Drug Name   | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|---|-----------|---------------------|
| <i>pyridostigmine bromide SOLN PO</i>  | 1         |                     | BUSULFEX SOLN ( <i>Use busulfan</i> )                 | 9         | SP; PA              |
| <i>pyridostigmine bromide TABS PO 60 MG</i>  | 1         |                     | carboplatin SOLN 50 MG/5ML                            | 4         | SP; PA              |
| <i>pyridostigmine bromide TBCR PO</i>  | 1         |                     | carmustine  | 4         | SP; PA              |
| <b>ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)</b> |           |                     | <i>cisplatin SOLN 100 MG/100ML</i>                    | 4         | SP; PA              |
| Antimycobacterial Agents   |           |                     | <i>cyclophosphamide CAPS</i>                          | 1         | PA                  |
| <i>cycloserine PO</i>  | 1         | QL(4 EA daily)      | <i>cyclophosphamide SOLR IJ</i>                       | 4         | SP; PA              |
| <i>ethambutol hcl TABS PO</i>  | 1         |                     | GLEOSTINE PO 10 MG                                    | 4         | SP; PA              |
| <i>isoniazid SOLN</i>  | 1         |                     | GLEOSTINE PO 40 MG, 100 MG                            | 4         | PA                  |
| <i>isoniazid SYRP PO</i>   | 1         |                     | IFEX SOLR ( <i>Use ifosfamide</i> )                   | 9         | SP; PA              |
| <i>isoniazid TABS PO</i>   | 1         |                     | <i>ifosfamide SOLN 1 GM/20ML</i>                      | 4         | SP; PA              |
| MYAMBUTOL TABS PO 400 MG ( <i>Use ethambutol hcl</i> )                               | 9         |                     | <i>ifosfamide SOLR</i>                                | 4         | SP; PA              |
| MYCOBUTIN PO ( <i>Use rifabutin</i> )  | 9         | PA                  | LEUKERAN PO   | 4         | SP; PA              |
| PRIFTIN PO   | 3         |                     | <i>melphalan PO</i>                                   | 1         |                     |
| <i>pyrazinamide PO</i>   | 1         |                     | <i>melphalan hcl IV</i>                               | 1         |                     |
| <i>rifabutin PO</i>  | 1         | PA                  | MYLERAN TABS PO                                       | 4         | SP; PA              |
| RIFADIN SOLR ( <i>Use rifampin</i> )   | 9         |                     | <i>oxaliplatin SOLN 50 MG/10ML, 100 MG/20ML</i>       | 4         | SP; PA              |
| <i>rifampin CAPS PO</i>  | 1         |                     | TEMODAR CAPS PO 250 MG ( <i>Use temozolomide</i> )    | 9         | SP; PA              |
| <i>rifampin SOLR</i>   | 1         |                     | TEMODAR SOLR  | 4         | SP; PA              |
| SIRTURO  | 3         | PA                  | <i>temozolomide CAPS PO</i>                           | 4         | SP; PA              |
| TRECATOR PO  | 3         | QL(4 EA daily)      | TEPADINA 15 MG ( <i>Use thioteضا</i> )                | 9         | SP; PA              |
| <b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer</b>              |           |                     | <i>thioteضا 15 MG</i>                                 | 4         | SP; PA              |
| Alkylating Agents  |           |                     | TREANDA SOLR ( <i>Use bendamustine hcl</i> )          | 9         | SP; PA              |
| ALKERAN PO ( <i>Use melphalan</i> )  | 9         |                     | ZANOSAR   | 4         | SP; PA              |
| ALKERAN IV ( <i>Use melphalan hcl</i> )  | 9         |                     | <b>Antimetabolites</b>                                |           |                     |
| <i>bendamustine hcl SOLR</i>   | 4         | SP; PA              | ALIMTA SOLR 500 MG ( <i>Use pemetrexed disodium</i> ) | 9         | SP; PA              |
| <i>BICNU (Use carmustine)</i>  | 9         | SP; PA              | ARRANON ( <i>Use nelarabine</i> )                     | 9         | SP; PA              |
| <i>busulfan SOLN</i>   | 4         | SP; PA              |   |           |                     |

Ambetter NV Formulary Updated January 1, 2025

| Drug Name  | Drug Tier | Requirements/Limits    | Drug Name                         | Drug Tier | Requirements/Limits    |
|--|-----------|------------------------|-----------------------------------|-----------|------------------------|
| <i>azacitidine SUSR</i>                                | 4         | SP; PA                 | LENVIMA (12 MG DAILY DOSE)        | 4         | QL(3 EA daily); PA     |
| <i>capecitabine PO</i>                                 | 4         | SP; PA                 | LENVIMA (14 MG DAILY DOSE)        | 4         | QL(2 EA daily); PA     |
| <i>clofarabine</i>                                     | 4         | SP; PA                 | LENVIMA (18 MG DAILY DOSE)        | 4         | QL(3 EA daily); PA     |
| <i>CLOLAR (Use clofarabine)</i>                        | 9         | SP; PA                 | LENVIMA (20 MG DAILY DOSE)        | 4         | QL(2 EA daily); PA     |
| <i>cytarabine SOLN</i>                                 | 4         | SP; PA                 | LENVIMA (24 MG DAILY DOSE)        | 4         | QL(3 EA daily); PA     |
| <i>decitabine</i>                                      | 4         | SP; PA                 | LENVIMA (4 MG DAILY DOSE)         | 4         | QL(1 EA daily); PA     |
| <i>floxuridine</i>                                     | 4         | SP; PA                 | LENVIMA (8 MG DAILY DOSE)         | 4         | QL(2 EA daily); PA     |
| <i>fludarabine phosphate SOLN</i>                      | 4         | SP; PA                 | MVASI                             | 4         | PA                     |
| <i>fludarabine phosphate SOLR</i>                      | 4         | SP; PA                 | ZALTRAP 100 MG/4ML                | 4         | SP; PA                 |
| <i>fluorouracil 500 MG/10ML</i>                        | 4         | SP; PA                 | ZIRABEV                           | 4         | PA                     |
| <i>gemcitabine hcl SOLR 2 GM, 200 MG</i>               | 4         | SP; PA                 | Antineoplastic - Antibodies       |           |                        |
| <i>mercaptopurine TABS PO</i>                          | 1         |                        | ADCETRIS                          | 4         | SP; PA                 |
| <i>methotrexate sodium SOLN 50 MG/2ML, 250 MG/10ML</i> | 1         |                        | ARZERRA                           | 4         | SP; PA                 |
| <i>methotrexate sodium SOLR</i>                        | 1         | SP                     | RUXIENCE                          | 4         | PA                     |
| <i>methotrexate sodium TABS PO 2.5 MG</i>              | 1         | SP                     | TRUXIMA                           | 4         | PA                     |
| <i>nelarabine</i>                                      | 4         | SP; PA                 | YERVOY                            | 4         | SP; PA                 |
| <i>pemetrexed disodium SOLR 500 MG</i>                 | 4         | SP; PA                 | Antineoplastic - Anti-HER2 Agents |           |                        |
| <i>pralatrexate 20 MG/ML</i>                           | 4         | SP; PA                 | KANJINTI                          | 4         | PA                     |
| <i>TABLOID PO</i>                                      | 4         | SP; PA                 | OGIVRI                            | 4         | PA                     |
| <i>TREXALL TABS PO 5 MG, 7.5 MG, 10 MG, 15 MG</i>      | 4         | SP; PA                 | PERJETA                           | 4         | SP; PA                 |
| <i>VIDAZA SUSR (Use azacitidine)</i>                   | 9         | SP; PA                 | TRAZIMERA                         | 4         | PA                     |
| <i>XELODA PO (Use capecitabine)</i>                    | 9         | SP; PA                 | TUKYSA                            | 4         | PA                     |
| Antineoplastic - Angiogenesis Inhibitors               |           |                        | Antineoplastic - EGFR Inhibitors  |           |                        |
| <i>INLYTA</i>  | 4         | QL(2 EA daily); SP; PA | ERBITUX                           | 4         | SP; PA                 |
| <i>LENVIMA (10 MG DAILY DOSE)</i>                      | 4         | QL(1 EA daily); PA     | <i>erlotinib hcl</i>              | 4         | QL(1 EA daily); SP; PA |
|  |           |                        | <i>gefitinib</i>                  | 4         | QL(2 EA daily); PA     |
|  |           |                        | <i>GILOTrif</i>                   | 4         | QL(1 EA daily); PA     |
|  |           |                        | <i>IRESSA (Use gefitinib)</i>     | 9         | QL(2 EA daily); PA     |

| Drug Name                                     | Drug Tier | Requirements/Limits         | Drug Name                                   | Drug Tier | Requirements/Limits         |
|---|-----------|-----------------------------|---|-----------|-----------------------------|
| TAGRISSO 80 MG                                | 4         | QL(1 EA daily); PA          | FASLODEX SOSY ( <i>Use fulvestrant</i> )    | 9         | QL(0.357 ML daily); PA      |
| TAGRISSO 40 MG                                | 4         | QL(2 EA daily); PA          | FEMARA PO ( <i>Use letrozole</i> )          | 9         |                             |
| TARCEVA ( <i>Use erlotinib hcl</i> )          | 9         | QL(1 EA daily); SP; PA      | FIRMAGON 80 MG                              | 4         | QL(0.143 EA daily); SP; PA  |
| VECTIBIX 100 MG/5ML                           | 4         | SP; PA                      | FIRMAGON (240 MG DOSE)                      | 4         | QL(0.143 EA daily); SP; PA  |
| VIZIMPRO                                      | 4         | QL(1 EA daily); PA          | <i>flutamide PO</i>                         | 4         | QL(6 EA daily); SP; PA      |
| Antineoplastic - Hedgehog Pathway Inhibitors  |           |                             | <i>fulvestrant SOSY</i>                     | 4         | QL(0.357 ML daily); PA      |
| DAURISMO                                      | 4         | PA                          | <i>letrozole PO</i>                         | 1         |                             |
| ERIVEDGE                                      | 4         | QL(1 EA daily); SP; PA      | <i>leuprolide acetate KIT IJ 1 MG/0.2ML</i> | 4         | SP; PA                      |
| ODOMZO PO                                     | 4         | QL(1 EA daily); PA          | LUPRON DEPOT (1-MONTH) KIT IM               | 4         | QL(0.0357 EA daily); SP; PA |
| Antineoplastic - Hormonal and Related Agents  |           |                             | LUPRON DEPOT (3-MONTH) KIT IM               | 4         | SP; PA                      |
| <i>abiraterone acetate 250 MG</i>             | 4         | QL(4 EA daily); SP; PA      | LUPRON DEPOT (4-MONTH) IM                   | 4         | QL(0.1339 EA daily); SP; PA |
| <i>abiraterone acetate 500 MG</i>             | 4         | QL(2 EA daily); SP; PA      | LUPRON DEPOT (6-MONTH) IM                   | 4         | QL(0.0089 EA daily); SP; PA |
| <i>anastrozole PO</i>                         | 1         | QL(1 EA daily)              | LYSODREN PO                                 | 4         | SP; PA                      |
| ARIMIDEX PO ( <i>Use anastrozole</i> )        | 9         | QL(1 EA daily)              | <i>megestrol acetate SUSP PO</i>            | 1         |                             |
| AROMASIN PO ( <i>Use exemestane</i> )         | 9         | QL(1 EA daily); SP          | <i>megestrol acetate TABS PO</i>            | 1         |                             |
| <i>bicalutamide PO</i>                        | 1         | QL(1 EA daily); SP          | NILANDRON PO ( <i>Use nilutamide</i> )      | 9         | QL(2 EA daily)              |
| CASODEX PO ( <i>Use bicalutamide</i> )        | 9         | QL(1 EA daily); SP          | <i>nilutamide PO</i>                        | 1         | QL(2 EA daily)              |
| ELIGARD SC 22.5 MG, 30 MG, 45 MG              | 4         | SP; PA                      | NUBEQA                                      | 4         | QL(4 EA daily); PA          |
| ELIGARD KIT SC 7.5 MG                         | 4         | QL(0.0089 EA daily); SP; PA | ORGOVYX                                     | 4         | PA                          |
| EMCYT PO                                      | 4         | SP; PA                      | <i>tamoxifen citrate TABS PO</i>            | 0         |                             |
| ERLEADA 60 MG                                 | 4         | QL(4 EA daily); PA          | <i>tamoxifen citrate TABS PO</i>            | 0         |                             |
| ERLEADA 240 MG                                | 4         | QL(1 EA daily); PA          | <i>toremifene citrate PO</i>                | 1         |                             |
| <i>exemestane PO</i>                          | 4         | QL(1 EA daily); SP          | TRELSTAR MIXJECT                            | 4         | SP; PA                      |
| FARESTON PO ( <i>Use toremifene citrate</i> ) | 9         |                             | XTANDI CAPS                                 | 4         | QL(4 EA daily); SP; PA      |

Ambetter NV Formulary Updated January 1, 2025

| Drug Name   | Drug Tier | Requirements/Limits         | Drug Name   | Drug Tier | Requirements/Limits    |
|---|-----------|-----------------------------|---|-----------|------------------------|
| XTANDI TABS 40 MG                                   | 4         | QL(4 EA daily); PA          | <i>doxorubicin hcl liposomal SUSP</i>                           | 4         | SP; PA                 |
| XTANDI TABS 80 MG                                   | 4         | QL(2 EA daily); PA          | <i>doxorubicin hcl SOLN</i>                                     | 4         | SP; PA                 |
| YONSA   | 4         | QL(4 EA daily); PA          | DOXORUBICIN HCL SOLN ( <i>Use doxorubicin hcl</i> )             | 9         | SP; PA                 |
| ZOLADEX 3.6 MG                                      | 4         | QL(0.0357 EA daily); SP; PA | <i>doxorubicin hcl SOLR 10 MG, 50 MG</i>                        | 4         | SP; PA                 |
| ZOLADEX 10.8 MG                                     | 4         | QL(0.0119 EA daily); SP; PA | IDAMYCIN PFS 20 MG/20ML ( <i>Use idarubicin hcl</i> )           | 9         | PA                     |
| ZYTIGA 500 MG ( <i>Use abiraterone acetate</i> )    | 9         | QL(2 EA daily); SP; PA      | IDAMYCIN PFS 5 MG/5ML, 10 MG/10ML ( <i>Use idarubicin hcl</i> ) | 9         | SP; PA                 |
| ZYTIGA 250 MG ( <i>Use abiraterone acetate</i> )    | 9         | QL(4 EA daily); SP; PA      | <i>idarubicin hcl 20 MG/20ML</i>                                | 4         | PA                     |
| Antineoplastic - Immunomodulators                   |           |                             | <i>idarubicin hcl 5 MG/5ML, 10 MG/10ML</i>                      | 4         | SP; PA                 |
| POMALYST  | 4         | QL(1 EA daily); PA          | <i>mitomycin SOLR IV 20 MG</i>                                  | 4         | SP; PA                 |
| Antineoplastic - PDGFR-alpha Inhibitors             |           |                             | <i>mitoxantrone hcl 25 MG/12.5ML</i>                            | 4         | SP; PA                 |
| AYVAKIT   | 4         | QL(1 EA daily); PA          | <i>valrubicin</i>   | 4         | SP; PA                 |
| Antineoplastic - XPO1 Inhibitors                    |           |                             | VALSTAR ( <i>Use valrubicin</i> )                               | 9         | SP; PA                 |
| XPOVIO (100 MG ONCE WEEKLY) PO 50 MG                | 4         | PA                          | Antineoplastic Combinations                                     |           |                        |
| XPOVIO (40 MG ONCE WEEKLY) PO 40 MG                 | 4         | PA                          | KISQALI FEMARA (200 MG DOSE)                                    | 4         | QL(2 EA daily); PA     |
| XPOVIO (40 MG TWICE WEEKLY) PO 40 MG                | 4         | PA                          | KISQALI FEMARA (400 MG DOSE)                                    | 4         | QL(2.5 EA daily); PA   |
| XPOVIO (60 MG ONCE WEEKLY) PO 60 MG                 | 4         | PA                          | KISQALI FEMARA (600 MG DOSE)                                    | 4         | QL(3.25 EA daily); PA  |
| XPOVIO (60 MG TWICE WEEKLY) PO                      | 4         | PA                          | Antineoplastic Enzyme Inhibitors                                |           |                        |
| XPOVIO (80 MG ONCE WEEKLY) PO 40 MG                 | 4         | PA                          | AFINITOR TABS ( <i>Use everolimus</i> )                         | 9         | QL(1 EA daily); SP; PA |
| XPOVIO (80 MG TWICE WEEKLY) PO                      | 4         | PA                          | ALECensa  | 4         | QL(4 EA daily); PA     |
| Antineoplastic Antibiotics                          |           |                             | ALUNBRIG TABS PO  | 4         | QL(1 EA daily); PA     |
| <i>bleomycin sulfate 15 UNIT</i>                    | 4         | SP; PA                      | ALUNBRIG TBPK   | 4         | QL(1 EA daily); PA     |
| COSMEGEN ( <i>Use dactinomycin</i> )                | 9         | SP; PA                      | BALVERSA  | 4         | PA                     |
| <i>dactinomycin</i>                                 | 4         | SP; PA                      |   |           |                        |
| DOXIL SUSP ( <i>Use doxorubicin hcl liposomal</i> ) | 9         | SP; PA                      |   |           |                        |

Ambetter NV Formulary Updated January 1, 2025

| Drug Name                                   | Drug Tier | Requirements/Limits    | Drug Name                                    | Drug Tier | Requirements/Limits    |
|---|-----------|------------------------|--|-----------|------------------------|
| bortezomib SOLR IJ                          | 4         | SP; PA                 | IMBRUVICA TABS                               | 4         | QL(1 EA daily); PA     |
| BORTEZOMIB SOLR IV 3.5 MG                   | 4         | SP; PA                 | INREBIC                                      | 4         | PA                     |
| BOSULIF TABS 400 MG                         | 4         | QL(1 EA daily); PA     | ISTODAX SOLR ( <i>Use romidepsin</i> )       | 9         | SP; PA                 |
| BOSULIF TABS 100 MG, 500 MG                 | 4         | QL(1 EA daily); SP; PA | JAKAFI                                       | 4         | QL(2 EA daily); SP; PA |
| BRAFTOVI PO 75 MG                           | 4         | QL(6 EA daily); SP; PA | KISQALI (200 MG DOSE)                        | 4         | QL(2 EA daily); PA     |
| BRUKINSA                                    | 4         | PA                     | KISQALI (400 MG DOSE)                        | 4         | QL(2 EA daily); PA     |
| CABOMETYX TABS PO                           | 4         | QL(1 EA daily); PA     | KISQALI (600 MG DOSE)                        | 4         | QL(2.5 EA daily); PA   |
| CALQUENCE                                   | 4         | QL(2 EA daily); PA     | KOSELUGO                                     | 4         | PA                     |
| CALQUENCE                                   | 4         | QL(2 EA daily); PA     | KYPROLIS                                     | 4         | PA                     |
| CAPRELSA PO                                 | 4         | QL(1 EA daily); SP; PA | <i>lapatinib ditosylate</i>                  | 4         | QL(6 EA daily); SP; PA |
| COMETRIQ (100 MG DAILY DOSE) KIT            | 4         | QL(2 EA daily); SP; PA | LORBRENA                                     | 4         | QL(1 EA daily); PA     |
| COMETRIQ (140 MG DAILY DOSE) KIT            | 4         | QL(4 EA daily); SP; PA | LYNPARZA TABS PO                             | 4         | QL(4 EA daily); PA     |
| COMETRIQ (60 MG DAILY DOSE) KIT             | 4         | QL(3 EA daily); SP; PA | MEKINIST TABS PO 2 MG                        | 4         | QL(1 EA daily); PA     |
| COPIKTRA PO                                 | 4         | PA                     | MEKINIST TABS PO 0.5 MG                      | 4         | QL(3 EA daily); PA     |
| <i>dasatinib</i>                            | 4         | QL(1 EA daily); SP; PA | MEKTOVI                                      | 4         | QL(6 EA daily); SP; PA |
| everolimus TABS                             | 4         | QL(1 EA daily); SP; PA | NEXAVAR PO ( <i>Use sorafenib tosylate</i> ) | 9         | QL(4 EA daily); SP; PA |
| GLEEVEC PO ( <i>Use imatinib mesylate</i> ) | 9         | QL(2 EA daily); SP; PA | NINLARO                                      | 4         | QL(0.143 EA daily); PA |
| IBRANCE CAPS                                | 4         | QL(1 EA daily); PA     | <i>pazopanib hcl</i>                         | 4         | QL(4 EA daily); SP; PA |
| IBRANCE TABS                                | 4         | QL(1 EA daily); PA     | PEMAZYRE                                     | 4         | QL(1 EA daily); PA     |
| ICLUSIG PO                                  | 4         | QL(1 EA daily); PA     | PIQRAY (200 MG DAILY DOSE)                   | 4         | QL(1 EA daily); PA     |
| <i>imatinib mesylate PO</i>                 | 4         | QL(2 EA daily); SP; PA | PIQRAY (250 MG DAILY DOSE)                   | 4         | QL(1 EA daily); PA     |
| IMBRUVICA CAPS 140 MG                       | 4         | QL(3 EA daily); PA     | PIQRAY (300 MG DAILY DOSE)                   | 4         | QL(1 EA daily); PA     |
| IMBRUVICA CAPS 70 MG                        | 4         | QL(1 EA daily); PA     | QINLOCK                                      | 4         | PA                     |
| IMBRUVICA SUSP                              | 4         | QL(8 ML daily); PA     | RETEVMO CAPS                                 | 4         | PA                     |
|   |           |                        | <i>romidepsin SOLR</i>                       | 4         | SP; PA                 |
|   |           |                        | ROZLYTREK CAPS                               | 4         | PA                     |

Ambetter NV Formulary Updated January 1, 2025

| Drug Name   | Drug Tier | Requirements/Limits        | Drug Name                                 | Drug Tier | Requirements/Limits    |
|---|-----------|----------------------------|---|-----------|------------------------|
| RUBRACA   | 4         | QL(4 EA daily); PA         | VERZENIO                                  | 4         | QL(2 EA daily); PA     |
| SCEMBLIX 20 MG, 40 MG   | 4         | QL(2 EA daily); PA         | VITRAKVI CAPS PO                          | 4         | PA                     |
| SCEMBLIX 100 MG   | 4         | QL(4 EA daily); PA         | VITRAKVI SOLN                             | 4         | PA                     |
| <i>sorafenib tosylate PO</i>                                    | 4         | QL(4 EA daily); SP; PA     | VOTRIENT ( <i>Use pazopanib hcl</i> )     | 9         | QL(4 EA daily); SP; PA |
| SPRYCEL ( <i>Use dasatinib</i> )                                | 4         | QL(1 EA daily); SP; PA     | XALKORI CAPS                              | 4         | QL(2 EA daily); SP; PA |
| STIVARGA  | 4         | QL(4 EA daily); SP; PA     | XOSPATA                                   | 4         | PA                     |
| <i>sunitinib malate PO 37.5 MG</i>                              | 4         | QL(1 EA daily); PA         | ZEJULA CAPS PO                            | 4         | QL(3 EA daily); PA     |
| <i>sunitinib malate PO 12.5 MG, 25 MG, 50 MG</i>                | 4         | QL(1 EA daily); SP; PA     | ZEJULA TABS 200 MG, 300 MG                | 4         | QL(1 EA daily); PA     |
| SUTENT PO 37.5 MG ( <i>Use sunitinib malate</i> )               | 9         | QL(1 EA daily); PA         | ZEJULA TABS 100 MG                        | 4         | QL(3 EA daily); PA     |
| SUTENT PO 12.5 MG, 25 MG, 50 MG ( <i>Use sunitinib malate</i> ) | 9         | QL(1 EA daily); SP; PA     | ZELBORAF PO                               | 4         | QL(8 EA daily); SP; PA |
| TABRECTA  | 4         | QL(4 EA daily); PA         | ZOLINZA                                   | 4         | QL(4 EA daily); SP; PA |
| TAFINLAR CAPS PO  | 4         | QL(4 EA daily); PA         | ZYDELIG                                   | 4         | QL(2 EA daily); PA     |
| TALZENNA  | 4         | QL(1 EA daily); PA         | Antineoplastic Enzymes                    |           |                        |
| TALZENNA  | 4         | QL(1 EA daily); PA         | ONCASPAR                                  | 4         | SP; PA                 |
| TASIGNA 150 MG, 200 MG  | 4         | QL(4 EA daily); SP; PA     | Antineoplastics Misc.                     |           |                        |
| TASIGNA 50 MG   | 4         | QL(4 EA daily); PA         | ACTIMMUNE 100 MCG/0.5ML                   | 4         | SP; PA                 |
| TAZVERIK  | 4         | PA                         | <i>arsenic trioxide 10 MG/10ML</i>        | 4         | SP; PA                 |
| <i>temsirolimus</i>   | 4         | QL(0.143 ML daily); SP; PA | <i>bexarotene PO</i>                      | 4         | SP; PA                 |
| TIBSOVO   | 4         | PA                         | <i>dacarbazine SOLR 200 MG</i>            | 4         | SP; PA                 |
| TORISEL ( <i>Use temsirolimus</i> )                             | 9         | QL(0.143 ML daily); SP; PA | <i>HYDREA PO (<i>Use hydroxyurea</i>)</i> | 9         |                        |
| TURALIO PO  | 4         | PA                         | <i>hydroxyurea PO</i>                     | 1         |                        |
| TURALIO PO  | 4         | AC; PA                     | MATULANE PO                               | 4         | SP; PA                 |
| TYKERB ( <i>Use lapatinib ditosylate</i> )                      | 9         | QL(6 EA daily); SP; PA     | NIPENT                                    | 4         | SP; PA                 |
| VELCADE SOLR IJ ( <i>Use bortezomib</i> )                       | 9         | SP; PA                     | PHOTOFRIN                                 | 4         | SP; PA                 |
|   |           |                            | PROLEUKIN                                 | 4         | SP; PA                 |
|   |           |                            | SYNRIBO                                   | 4         | SP; PA                 |
|   |           |                            | TARGETIN PO ( <i>Use bexarotene</i> )     | 9         | SP; PA                 |

Ambetter NV Formulary Updated January 1, 2025

| Drug Name   | Drug Tier | Requirements/Limits | Drug Name   | Drug Tier | Requirements/Limits |  |  |  |
|---|-----------|---------------------|---|-----------|---------------------|--|--|--|
| <i>tretinoin (chemotherapy) PO</i>                                | 1         |                     | CAMPTOSAR 40 MG/2ML, 100 MG/5ML ( <i>Use irinotecan hcl</i> )                 | 9         | SP; PA              |  |  |  |
| UVADEX  | 4         | SP; PA              | HYCAMTIN CAPS PO  | 4         | SP; PA              |  |  |  |
| Chemotherapy Adjuncts   |           |                     |   |           |                     |  |  |  |
| KEPIVANCE 6.25 MG   | 4         | SP; PA              | HYCAMTIN SOLR ( <i>Use topotecan hcl</i> )                                    | 9         | SP; PA              |  |  |  |
| Chemotherapy Rescue/Antidote/Protective Agents                    |           |                     |   |           |                     |  |  |  |
| <i>leucovorin calcium SOLR</i>                                    | 1         |                     | <i>irinotecan hcl 40 MG/2ML, 100 MG/5ML</i>                                   | 4         | SP; PA              |  |  |  |
| <i>leucovorin calcium TABS PO</i>                                 | 1         |                     | <i>topotecan hcl SOLR</i>   | 4         | SP; PA              |  |  |  |
| VORAXAZE  | 4         | SP; PA              | ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease |           |                     |  |  |  |
| Mitotic Inhibitors  |           |                     |   |           |                     |  |  |  |
| ABRAXANE 100 MG ( <i>Use paclitaxel protein-bound particles</i> ) | 9         | SP; PA              | Antiparkinson Adjunctive Therapy  |           |                     |  |  |  |
| <i>docetaxel CONC 20 MG/ML</i>                                    | 4         | SP; PA              | <i>carbidopa PO</i>   | 1         |                     |  |  |  |
| DOCETAXEL CONC 20 MG/ML ( <i>Use docetaxel</i> )                  | 9         | SP; PA              | LODOSYN PO ( <i>Use carbidopa</i> )   | 9         |                     |  |  |  |
| <i>docetaxel SOLN 20 MG/2ML</i>                                   | 4         | SP; PA              | Antiparkinson Anticholinergics  |           |                     |  |  |  |
| DOCETAXEL SOLN 20 MG/2ML ( <i>Use docetaxel</i> )                 | 9         | SP; PA              | <i>benztropine mesylate SOLN</i>  | 1         |                     |  |  |  |
| <i>eribulin mesylate</i>  | 4         | SP; PA              | <i>benztropine mesylate TABS PO</i>   | 1         |                     |  |  |  |
| ETOPOPHOS   | 4         | SP; PA              | <i>trihexyphenidyl hcl SOLN</i>   | 1         |                     |  |  |  |
| <i>etoposide CAPS PO</i>  | 4         | SP; PA              | <i>trihexyphenidyl hcl TABS PO</i>  | 1         |                     |  |  |  |
| <i>etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML</i>          | 4         | SP; PA              | Antiparkinson COMT Inhibitors   |           |                     |  |  |  |
| HALAVEN ( <i>Use eribulin mesylate</i> )                          | 4         | SP; PA              | <i>COMTAN PO (Use entacapone)</i>   | 9         | QL(8 EA daily)      |  |  |  |
| IXEMPRAL KIT 15 MG  | 4         | SP; PA              | <i>entacapone PO</i>  | 1         | QL(8 EA daily)      |  |  |  |
| JEVDTANA  | 4         | SP; PA              | TASMAR PO ( <i>Use tolcapone</i> )  | 9         |                     |  |  |  |
| <i>paclitaxel 100 MG/16.7ML, 150 MG/25ML</i>                      | 4         | SP; PA              | <i>tolcapone PO</i>   | 1         |                     |  |  |  |
| <i>paclitaxel protein-bound particles</i>                         | 4         | SP; PA              | Antiparkinson Dopaminergics   |           |                     |  |  |  |
| <i>vincristine sulfate</i>  | 4         | SP; PA              | <i>amantadine hcl CAPS PO</i>   | 1         |                     |  |  |  |
| <i>vinorelbine tartrate 10 MG/ML</i>                              | 4         | SP; PA              | <i>amantadine hcl SOLN</i>  | 1         |                     |  |  |  |
|   |           |                     | <i>amantadine hcl TABS PO</i>   | 1         |                     |  |  |  |
|   |           |                     | <i>apomorphine hydrochloride SOCT</i>   | 4         | PA                  |  |  |  |

Ambetter NV Formulary Updated January 1, 2025

| Drug Name  | Drug Tier | Requirements/Limits | Drug Name   | Drug Tier | Requirements/Limits                     |  |
|--|-----------|---------------------|---|-----------|---|--|
| bromocriptine mesylate CAPS PO   | 1         |                     | STALEVO 150 PO ( <i>Use carbidopa-levodopa-entacapone</i> )     | 9         |   |  |
| bromocriptine mesylate TABS PO 2.5 MG  | 1         |                     | STALEVO 200 PO ( <i>Use carbidopa-levodopa-entacapone</i> )     | 9         |   |  |
| carbidopa-levodopa-entacapone PO   | 1         |                     | STALEVO 50 PO ( <i>Use carbidopa-levodopa-entacapone</i> )      | 9         |   |  |
| carbidopa-levodopa TABS PO   | 1         |                     | STALEVO 75 PO ( <i>Use carbidopa-levodopa-entacapone</i> )      | 9         |   |  |
| carbidopa-levodopa TBCR PO   | 1         |                     | Antiparkinson Monoamine Oxidase Inhibitors                      |           |   |  |
| carbidopa-levodopa TBDP PO   | 1         |                     | AZILECT PO ( <i>Use rasagiline mesylate</i> )                   | 9         | QL(1 EA daily); PA                      |  |
| NEUPRO   | 2         |                     | rasagiline mesylate PO  | 1         | QL(1 EA daily); PA                      |  |
| PARLODEL CAPS PO ( <i>Use bromocriptine mesylate</i> )                       | 9         |                     | selegiline hcl CAPS PO  | 1         |   |  |
| PARLODEL TABS PO ( <i>Use bromocriptine mesylate</i> )                       | 9         |                     | selegiline hcl TABS PO  | 1         |   |  |
| pramipexole dihydrochloride TABS PO 0.125 MG                                 | 1         | QL(4 EA daily)      | ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders |           |   |  |
| pramipexole dihydrochloride TABS PO 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG   | 1         |                     | Antimanic Agents  |           |   |  |
| ropinirole hydrochloride TABS PO   | 1         |                     | lithium PO  | 1         |   |  |
| ropinirole hydrochloride TB24 PO 8 MG, 12 MG                                 | 1         | QL(2 EA daily); ST  | lithium carbonate CAPS PO                                       | 1         |   |  |
| ropinirole hydrochloride TB24 PO 2 MG, 4 MG, 6 MG                            | 1         | QL(1 EA daily); ST  | lithium carbonate TABS PO                                       | 1         |   |  |
| SINEMET TABS PO 100 MG-10 MG, 100 MG-25 MG ( <i>Use carbidopa-levodopa</i> ) | 9         |                     | lithium carbonate TBCR PO                                       | 1         |   |  |
| STALEVO 100 PO ( <i>Use carbidopa-levodopa-entacapone</i> )                  | 9         |                     | LITHOBID TBCR PO ( <i>Use lithium carbonate</i> )               | 9         |   |  |
| STALEVO 125 PO ( <i>Use carbidopa-levodopa-entacapone</i> )                  | 9         |                     | Antipsychotics - Misc.  |           |   |  |
|  |           |                     | EQUETRO PO 300 MG   | 3         | QL(4 EA daily); ST                      |  |
|  |           |                     | EQUETRO PO 100 MG   | 3         | QL(2 EA daily); ST                      |  |
|  |           |                     | EQUETRO PO 200 MG   | 3         | QL(8 EA daily); ST                      |  |
|  |           |                     | GEODON PO ( <i>Use ziprasidone hcl</i> )                        | 9         | QL(2 EA daily); AL(At least 18 yrs old) |  |

| Drug Name   | Drug Tier | Requirements/Limits                     | Drug Name   | Drug Tier | Requirements/Limits                     |
|---|-----------|---|---|-----------|---|
| LATUDA PO 80 MG ( <i>Use lurasidone hcl</i> )                               | 9         | QL(2 EA daily)                          | HALDOL DECANOATE ( <i>Use haloperidol decanoate</i> )           | 9         | QL(0.036 ML daily)                      |
| LATUDA PO 20 MG, 40 MG, 60 MG, 120 MG ( <i>Use lurasidone hcl</i> )         | 9         | QL(1 EA daily)                          | <i>haloperidol decanoate</i>                                    | 1         | QL(0.036 ML daily)                      |
| <i>lurasidone hcl PO 20 MG, 40 MG, 60 MG, 120 MG</i>                        | 1         | QL(1 EA daily)                          | <i>haloperidol lactate CONC PO</i>                              | 1         |   |
| <i>lurasidone hcl PO 80 MG</i>  | 1         | QL(2 EA daily)                          | <i>haloperidol lactate SOLN</i>                                 | 1         |   |
| <i>ziprasidone hcl PO</i>   | 1         | QL(2 EA daily); AL(At least 18 yrs old) | <i>haloperidol TABS PO</i>                                      | 1         |   |
| Benzisoxazoles  |           |   |   |           |   |
| FANAPT PO   | 2         | QL(2 EA daily); PA                      | <i>asenapine maleate 5 MG, 10 MG</i>                            | 1         | QL(2 EA daily); PA                      |
| FANAPT TITRATION PACK PO  | 2         | PA                                      | <i>asenapine maleate 2.5 MG</i>                                 | 1         | QL(4 EA daily); PA                      |
| INVEGA PO 6 MG ( <i>Use paliperidone</i> )                                  | 9         | QL(2 EA daily)                          | <i>clozapine TABS PO</i>  | 1         |   |
| INVEGA PO 1.5 MG, 3 MG, 9 MG ( <i>Use paliperidone</i> )                    | 9         | QL(1 EA daily)                          | <i>clozapine TBDP PO 100 MG</i>                                 | 1         | QL(9 EA daily)                          |
| <i>paliperidone PO 6 MG</i>   | 1         | QL(2 EA daily)                          | <i>clozapine TBDP PO 25 MG</i>                                  | 1         | QL(3 EA daily)                          |
| <i>paliperidone PO 1.5 MG, 3 MG, 9 MG</i>                                   | 1         | QL(1 EA daily)                          | <i>clozapine TBDP PO 12.5 MG, 150 MG</i>                        | 1         | QL(6 EA daily)                          |
| PERSERIS PRSY   | 2         | QL(0.072 EA daily); PA                  | <i>CLOZARIL TABS PO (<i>Use clozapine</i>)</i>                  | 9         |   |
| RISPERDAL CONSTA ( <i>Use risperidone microspheres</i> )                    | 9         | QL(0.072 EA daily); PA                  | <i>loxapine succinate PO</i>                                    | 1         |   |
| RISPERDAL SOLN PO ( <i>Use risperidone</i> )                                | 9         | QL(8 ML daily)                          | <i>olanzapine SOLR</i>  | 1         | QL(0.215 EA daily)                      |
| RISPERDAL TABS PO 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG ( <i>Use risperidone</i> ) | 9         | QL(4 EA daily)                          | <i>olanzapine TABS PO 2.5 MG, 5 MG</i>                          | 1         | QL(4 EA daily)                          |
| <i>risperidone microspheres</i>   | 1         | QL(0.072 EA daily); PA                  | <i>olanzapine TABS PO 7.5 MG, 10 MG, 15 MG, 20 MG</i>           | 1         | QL(2 EA daily)                          |
| <i>risperidone SOLN PO</i>  | 1         | QL(8 ML daily)                          | <i>olanzapine TBDP PO 5 MG, 10 MG, 15 MG</i>                    | 1         | QL(2 EA daily)                          |
| <i>risperidone TABS PO</i>  | 1         | QL(4 EA daily)                          | <i>olanzapine TBDP PO 20 MG</i>                                 | 1         | QL(1 EA daily)                          |
| <i>risperidone TBDP PO</i>  | 1         | QL(4 EA daily)                          | <i>quetiapine fumarate TABS PO 25 MG, 50 MG, 100 MG, 200 MG</i> | 1         | QL(4 EA daily); AL(At least 10 yrs old) |
| Butyrophенones  |           |   |   |           |   |
|   |           |   | <i>quetiapine fumarate TABS PO 300 MG, 400 MG</i>               | 1         | QL(2 EA daily); AL(At least 10 yrs old) |

| Drug Name  | Drug Tier | Requirements/Limits                     | Drug Name  | Drug Tier | Requirements/Limits                     |
|--|-----------|---|--|-----------|---|
| quetiapine fumarate TB24 PO 50 MG, 150 MG, 200 MG                                | 1         | QL(1 EA daily)                          | <i>fluphenazine hcl SOLN</i>   | 1         |   |
| quetiapine fumarate TB24 PO 300 MG, 400 MG                                       | 1         | QL(2 EA daily)                          | <i>fluphenazine hcl TABS PO</i>  | 1         |   |
| SAPHRIS 2.5 MG ( <i>Use asenapine maleate</i> )                                  | 9         | QL(4 EA daily); PA                      | <i>perphenazine TABS PO</i>  | 1         |   |
| SAPHRIS 5 MG, 10 MG ( <i>Use asenapine maleate</i> )                             | 9         | QL(2 EA daily); PA                      | <i>prochlorperazine PR</i>   | 1         |   |
| SEROQUEL XR TB24 PO 300 MG, 400 MG ( <i>Use quetiapine fumarate</i> )            | 9         | QL(2 EA daily)                          | <i>prochlorperazine maleate TABS PO</i>  | 1         |   |
| SEROQUEL XR TB24 PO 50 MG, 150 MG, 200 MG ( <i>Use quetiapine fumarate</i> )     | 9         | QL(1 EA daily)                          | <i>thioridazine hcl PO</i>   | 1         |   |
| SEROQUEL TABS PO 25 MG, 50 MG, 100 MG, 200 MG ( <i>Use quetiapine fumarate</i> ) | 9         | QL(4 EA daily); AL(At least 10 yrs old) | <i>trifluoperazine hcl TABS PO</i>   | 1         |   |
| SEROQUEL TABS PO 300 MG, 400 MG ( <i>Use quetiapine fumarate</i> )               | 9         | QL(2 EA daily); AL(At least 10 yrs old) | Quinolinone Derivatives  |           |   |
| ZYPREXA ZYDIS TBDP PO 20 MG ( <i>Use olanzapine</i> )                            | 9         | QL(1 EA daily)                          | ABILIFY TABS PO ( <i>Use aripiprazole</i> )  | 9         | QL(1 EA daily); AL(At least 6 yrs old)  |
| ZYPREXA ZYDIS TBDP PO 5 MG, 10 MG, 15 MG ( <i>Use olanzapine</i> )               | 9         | QL(2 EA daily)                          | <i>aripiprazole SOLN PO</i>  | 1         | QL(30 ML daily); AL(At least 6 yrs old) |
| ZYPREXA SOLR ( <i>Use olanzapine</i> )   | 9         | QL(0.215 EA daily)                      | <i>aripiprazole TABS PO</i>  | 1         | QL(1 EA daily); AL(At least 6 yrs old)  |
| ZYPREXA TABS PO 7.5 MG, 10 MG, 15 MG, 20 MG ( <i>Use olanzapine</i> )            | 9         | QL(2 EA daily)                          | REXULTI  | 3         | PA                                      |
| ZYPREXA TABS PO 2.5 MG, 5 MG ( <i>Use olanzapine</i> )                           | 9         | QL(4 EA daily)                          | Thioxanthenes  |           |   |
| Phenothiazines   |           |   | <i>thiothixene PO</i>  | 1         |   |
| <i>chlorpromazine hcl SOLN</i>   | 3         |   | ANTIVIRALS - Drugs to Treat Viral Infections   |           |   |
| <i>chlorpromazine hcl TABS PO</i>  | 1         |   | Antiretrovirals  |           |   |
| <i>fluphenazine hcl CONC PO</i>  | 1         |   | <i>abacavir sulfate-lamivudine PO</i>  | 1         |   |
| <i>fluphenazine hcl ELIX PO</i>  | 1         |   | <i>abacavir sulfate SOLN PO</i>  | 1         |   |
|  |           |   | <i>abacavir sulfate TABS PO</i>  | 1         |   |
|  |           |   | <i>APTIVUS CAPS</i>  | 3         |   |
|  |           |   | <i>atazanavir sulfate CAPS PO</i>  | 1         |   |
|  |           |   | <i>ATRIPLA PO (<i>Use efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>)</i> | 9         |   |
|  |           |   | <i>BIKTARVY</i>  | 3         |   |
|  |           |   | <i>CIMDUO</i>  | 3         | ST                                      |
|  |           |   | <i>COMBIVIR PO (<i>Use lamivudine-zidovudine</i>)</i>                                | 9         |   |

Ambetter NV Formulary Updated January 1, 2025

| Drug Name   | Drug Tier | Requirements/<br>Limits | Drug Name   | Drug Tier | Requirements/<br>Limits |
|---|-----------|-------------------------|---|-----------|-------------------------|
| COMPLERA  | 3         |                         | ISENTRESS HD TABS PO                                | 3         |                         |
| <i>darunavir TABS</i>   | 1         |                         | ISENTRESS CHEW                                      | 3         |                         |
| DELSTRIGO   | 3         |                         | ISENTRESS TABS PO                                   | 3         |                         |
| DOVATO  | 3         |                         | JULUCA  | 3         |                         |
| EDURANT   | 3         |                         | KALETRA SOLN PO ( <i>Use lopinavir-ritonavir</i> )  | 9         |                         |
| <i>efavirenz CAPS PO</i>  | 1         |                         | KALETRA TABS PO ( <i>Use lopinavir-ritonavir</i> )  | 9         |                         |
| <i>efavirenz-emtricitabine-tenofovir disoproxil fumarate PO</i>                                   | 1         |                         | <i>lamivudine SOLN PO</i>                           | 1         |                         |
| <i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>   | 1         |                         | <i>lamivudine TABS PO</i>                           | 1         |                         |
| <i>efavirenz TABS PO</i>  | 1         |                         | <i>lamivudine-zidovudine PO</i>                     | 1         |                         |
| <i>emtricitabine CAPS PO</i>  | 1         |                         | LEXIVA SUSP PO                                      | 3         |                         |
| <i>emtricitabine-tenofovir disoproxil fumarate PO 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG</i> | 1         |                         | LEXIVA TABS PO ( <i>Use fosamprenavir calcium</i> ) | 9         |                         |
| <i>emtricitabine-tenofovir disoproxil fumarate PO 200 MG-300 MG</i>                               | 0         |                         | <i>lopinavir-ritonavir SOLN PO</i>                  | 1         |                         |
| EMTRIVA CAPS PO ( <i>Use emtricitabine</i> )  | 9         |                         | <i>lopinavir-ritonavir TABS PO</i>                  | 1         |                         |
| EMTRIVA SOLN  | 3         |                         | <i>maraviroc TABS PO</i>                            | 1         |                         |
| EPIVIR SOLN PO ( <i>Use lamivudine</i> )  | 9         |                         | <i>nevirapine SUSP PO</i>                           | 1         |                         |
| EPIVIR TABS PO ( <i>Use lamivudine</i> )  | 9         |                         | <i>nevirapine TABS PO</i>                           | 1         |                         |
| EPZICOM PO ( <i>Use abacavir sulfate-lamivudine</i> )   | 9         |                         | <i>nevirapine TB24 PO</i>                           | 1         |                         |
| <i>etravirine PO</i>  | 1         |                         | NORVIR CAPS PO                                      | 2         |                         |
| EVOTAZ  | 3         |                         | NORVIR PACK   | 3         |                         |
| <i>fosamprenavir calcium TABS PO</i>  | 1         |                         | NORVIR SOLN   | 3         |                         |
| FUZEON SOLR   | 4         | SP; PA                  | NORVIR TABS PO ( <i>Use ritonavir</i> )             | 9         |                         |
| GENVOYA   | 3         |                         | ODEFSEY   | 3         |                         |
| INTELENCE PO 25 MG  | 3         |                         | PIFELTRO  | 3         |                         |
| INTELENCE PO ( <i>Use etravirine</i> )  | 9         |                         | PREZCOBIX   | 3         |                         |
|   |           |                         | PREZISTA SUSP                                       | 3         |                         |
|   |           |                         | PREZISTA TABS ( <i>Use darunavir</i> )              | 9         |                         |
|   |           |                         | PREZISTA TABS 75 MG, 150 MG                         | 3         |                         |
|   |           |                         | RETROVIR CAPS PO ( <i>Use zidovudine</i> )          | 9         |                         |
|   |           |                         | RETROVIR SOLN                                       | 3         |                         |

Ambetter NV Formulary Updated January 1, 2025

| Drug Name  | Drug Tier | Requirements/<br>Limits | Drug Name   | Drug Tier | Requirements/<br>Limits                                 |
|--|-----------|-------------------------|---|-----------|---|
| RETROVIR SYRP PO<br><i>(Use zidovudine)</i>                              | 9         |                         | <i>zidovudine CAPS PO</i>                               | 1         |   |
| REYATAZ CAPS PO 200 MG, 300 MG <i>(Use atazanavir sulfate)</i>           | 9         |                         | <i>zidovudine SYRP PO</i>                               | 1         |   |
| <i>ritonavir TABS PO</i>   | 1         |                         | <i>zidovudine TABS PO</i>                               | 1         |   |
| SELZENTRY SOLN   | 3         |                         | <b>CMV Agents</b>                                       |           |   |
| SELZENTRY TABS PO <i>(Use maraviroc)</i>                                 | 9         |                         | <i>cidofovir</i>  | 3         |   |
| SELZENTRY TABS PO 25 MG, 75 MG   | 3         |                         | <i>ganciclovir sodium SOLR</i>                          | 1         |   |
| <i>stavudine CAPS PO</i>   | 1         |                         | <i>VALCYTE TABS PO <i>(Use valganciclovir hcl)</i></i>  | 9         | QL(4 EA daily); PA                                      |
| STRIBILD   | 3         |                         | <i>valganciclovir hcl TABS PO</i>                       | 1         | QL(4 EA daily); PA                                      |
| SUSTIVA CAPS PO <i>(Use efavirenz)</i>                                   | 9         |                         | <b>Hepatitis Agents</b>                                 |           |   |
| SYMF1 <i>(Use efavirenz-lamivudine-tenofovir disoproxil fumarate)</i>    | 9         |                         | <i>adefovir dipivoxil PO</i>                            | 4         | SP; PA  |
| SYMF1 LO <i>(Use efavirenz-lamivudine-tenofovir disoproxil fumarate)</i> | 9         |                         | <i>BARACLUDE TABS PO <i>(Use entecavir)</i></i>         | 9         | SP; PA  |
| <i>tenofovir disoproxil fumarate TABS PO</i>                             | 1         |                         | <i>entecavir TABS PO</i>                                | 4         | SP; PA  |
| TIVICAY TABS   | 3         |                         | <i>EPIVIR HBV SOLN</i>                                  | 4         | SP; PA  |
| TRIUMEQ TABS   | 3         |                         | <i>EPIVIR HBV TABS PO <i>(Use lamivudine (hbv))</i></i> | 9         | SP  |
| TRIZIVIR PO  | 3         |                         | <i>lamivudine (hbv) TABS PO</i>                         | 1         | SP  |
| TRUVADA PO <i>(Use emtricitabine-tenofovir disoproxil fumarate)</i>      | 9         |                         | <i>PEGASYS SOLN</i>                                     | 4         | SP; PA  |
| TYBOST   | 3         |                         | <i>PEGASYS SOSY</i>                                     | 4         | PA  |
| VIRACEPT TABS PO   | 3         |                         | <i>ribavirin (hepatitis c) CAPS PO</i>                  | 1         |   |
| VIREAD POWD  | 3         |                         | <i>ribavirin (hepatitis c) TABS PO 200 MG</i>           | 1         |   |
| VIREAD TABS PO <i>(Use tenofovir disoproxil fumarate)</i>                | 9         |                         | <i>SOFOSBUVIR-VELPATASVIR TABS</i>                      | 4         | PA  |
| VIREAD TABS PO 150 MG, 200 MG, 250 MG                                    | 3         |                         | <i>VOSEVI</i>   | 4         | QL(1 EA daily); PA                                      |
| ZIAGEN SOLN PO <i>(Use abacavir sulfate)</i>                             | 9         |                         | <b>Herpes Agents</b>                                    |           |   |
| ZIAGEN TABS PO <i>(Use abacavir sulfate)</i>                             | 9         |                         | <i>acyclovir CAPS PO</i>                                | 7         | QL(5 EA daily; 50 EA per fill retail; 50 per fill mail) |
|  |           |                         | <i>acyclovir SUSP PO</i>                                | 1         | QL(13.34 ML daily)                                      |
|  |           |                         | <i>acyclovir TABS PO</i>                                | 1         | QL(5 EA daily)  |
|  |           |                         | <i>famciclovir PO 125 MG, 250 MG</i>                    | 1         | QL(3 EA daily)  |

Ambetter NV Formulary Updated January 1, 2025

| Drug Name   | Drug Tier | Requirements/Limits  | Drug Name                              | Drug Tier | Requirements/Limits |
|---|-----------|--|--|-----------|---------------------|
| famciclovir PO 500 MG                               | 1         | QL(4 EA daily)   | Pressure                               |           |                     |
| valacyclovir hcl PO 1 GM                            | 1         | QL(4 EA daily)   | Alpha-Beta Blockers                    |           |                     |
| valacyclovir hcl PO 500 MG                          | 1         | QL(2 EA daily)   | carvedilol PO                          | 1         |                     |
| VALTREX PO 1 GM (Use valacyclovir hcl)              | 9         | QL(4 EA daily)   | carvedilol phosphate PO                | 3         | QL(1 EA daily)      |
| VALTREX PO 500 MG (Use valacyclovir hcl)            | 9         | QL(2 EA daily)   | COREG PO (Use carvedilol)              | 9         |                     |
| ZOVIRAX SUSP PO (Use acyclovir)                     | 9         | QL(13.34 ML daily)   | COREG CR PO (Use carvedilol phosphate) | 9         | QL(1 EA daily)      |
| Influenza Agents                                    |           |  | labetalol hcl SOLN                     | 1         |                     |
| oseltamivir phosphate CAPS PO                       | 1         | 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 | labetalol hcl TABS PO 100 MG, 200 MG   | 1         |                     |
| oseltamivir phosphate SUSR PO                       | 1         | Limit 1 fill every 90 days.; QL(125 ML per fill retail); 1 max fill(s) per 90 day(s) retail  | labetalol hcl TABS PO 300 MG           | 1         | QL(8 EA daily)      |
| RELENZA DISKHALER                                   | 2         | 1 package(s) per 30 day(s) retail  | Beta Blockers Cardio-Selective         |           |                     |
| rimantadine hydrochloride TABS PO                   | 1         | QL(2 EA daily)   | acebutolol hcl CAPS PO                 | 1         |                     |
| TAMIFLU CAPS PO (Use oseltamivir phosphate)         | 9         | 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 | atenolol TABS PO                       | 1         |                     |
| TAMIFLU SUSR PO (Use oseltamivir phosphate)         | 9         | Limit 1 fill every 90 days.; QL(125 ML per fill retail); 1 max fill(s) per 90 day(s) retail  | betaxolol hcl PO                       | 1         |                     |
| BETA BLOCKERS - Drugs to Treat High Blood Pressure  |           |  |  |           |                     |
| Alpha-Beta Blockers                                 |           |  |  |           |                     |
| carvedilol fumarate PO                              |           |  |  |           |                     |
| BYSTOLIC PO 20 MG (Use nebivolol hcl)               |           |  |  |           |                     |
| BYSTOLIC PO 2.5 MG, 5 MG, 10 MG (Use nebivolol hcl) |           |  |  |           |                     |
| LOPRESSOR TABS PO (Use metoprolol tartrate)         |           |  |  |           |                     |
| metoprolol succinate TB24 PO 25 MG, 50 MG, 100 MG   |           |  |  |           |                     |
| metoprolol succinate TB24 PO 200 MG                 |           |  |  |           |                     |
| metoprolol tartrate SOLN IV 5 MG/5ML                |           |  |  |           |                     |
| metoprolol tartrate TABS PO 25 MG, 50 MG, 100 MG    |           |  |  |           |                     |
| nebivolol hcl PO 20 MG                              |           |  |  |           |                     |
| nebivolol hcl PO 2.5 MG, 5 MG, 10 MG                |           |  |  |           |                     |
| TENORMIN TABS PO (Use atenolol)                     |           |  |  |           |                     |

Ambetter NV Formulary Updated January 1, 2025

| Drug Name  | Drug Tier | Requirements/Limits | Drug Name  | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|--|-----------|---------------------|
| TOPROL XL TB24 PO 25 MG, 50 MG, 100 MG ( <i>Use metoprolol succinate</i> ) | 9         |                     | <i>amlodipine besylate TABS PO</i>   | 1         |                     |
| TOPROL XL TB24 PO 200 MG ( <i>Use metoprolol succinate</i> )               | 9         | QL(2 EA daily)      | CALAN SR TBCR PO ( <i>Use verapamil hcl</i> )  | 9         |                     |
| Beta Blockers Non-Selective  |           |                     |  |           |                     |
| BETAPACE AF PO ( <i>Use sotalol hcl (afib/afl)</i> )                       | 9         |                     | CARDIZEM CD CP24 PO 120 MG, 300 MG, 360 MG ( <i>Use diltiazem hcl coated beads</i> ) | 9         |                     |
| BETAPACE TABS PO 80 MG, 120 MG, 160 MG ( <i>Use sotalol hcl</i> )          | 9         | QL(2 EA daily)      | CARDIZEM CD CP24 PO 180 MG, 240 MG ( <i>Use diltiazem hcl coated beads</i> )         | 9         | QL(2 EA daily)      |
| CORGARD TABS PO 80 MG ( <i>Use nadolol</i> )                               | 9         |                     | CARDIZEM LA TB24 ( <i>Use diltiazem hcl</i> )  | 9         |                     |
| CORGARD TABS PO 40 MG ( <i>Use nadolol</i> )                               | 9         | QL(6 EA daily)      | CARDIZEM TABS PO 30 MG, 60 MG, 120 MG ( <i>Use diltiazem hcl</i> )                   | 9         |                     |
| CORGARD TABS PO 20 MG ( <i>Use nadolol</i> )                               | 9         | QL(3 EA daily)      | <i>diltiazem hcl coated beads CP24 PO 180 MG, 240 MG</i>                             | 1         | QL(2 EA daily)      |
| HEMANGEOL SOLN PO  | 4         | QL(75 ML daily); PA | <i>diltiazem hcl coated beads CP24 PO 120 MG, 300 MG, 360 MG</i>                     | 1         |                     |
| INDERAL LA CP24 PO ( <i>Use propranolol hcl</i> )                          | 9         | QL(2 EA daily)      | <i>diltiazem hcl extended release beads PO</i>                                       | 1         |                     |
| <i>nadolol TABS PO 80 MG</i>   | 1         |                     | <i>diltiazem hcl CP12 PO</i>   | 1         | QL(2 EA daily)      |
| <i>nadolol TABS PO 20 MG</i>   | 1         | QL(3 EA daily)      | <i>diltiazem hcl CP24 PO</i>   | 1         |                     |
| <i>nadolol TABS PO 40 MG</i>   | 1         | QL(6 EA daily)      | <i>diltiazem hcl SOLN 50 MG/10ML</i>   | 1         |                     |
| <i>pindolol TABS PO</i>  | 1         |                     | DILTIAZEM HCL SOLR   | 1         |                     |
| <i>propranolol hcl CP24 PO</i>   | 1         | QL(2 EA daily)      | <i>diltiazem hcl TABS PO</i>   | 1         |                     |
| <i>propranolol hcl SOLN IV 1 MG/ML</i>                                     | 1         |                     | <i>diltiazem hcl TB24</i>  | 1         |                     |
| <i>propranolol hcl TABS PO</i>   | 1         |                     | <i>felodipine PO</i>   | 1         |                     |
| <i>sotalol hcl (afib/afl) PO</i>   | 1         |                     | <i>isradipine CAPS PO</i>  | 1         |                     |
| <i>sotalol hcl TABS PO 240 MG</i>  | 1         |                     | <i>nicardipine hcl CAPS PO</i>   | 1         |                     |
| <i>sotalol hcl TABS PO 80 MG, 120 MG, 160 MG</i>                           | 1         | QL(2 EA daily)      | <i>nicardipine hcl SOLN</i>  | 1         |                     |
| <i>timolol maleate TABS PO</i>   | 1         |                     | NICARDIPINE HCL SOLN ( <i>Use nicardipine hcl</i> )                                  | 9         |                     |
| CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure              |           |                     | <i>nifedipine CAPS PO 20 MG</i>  | 1         | QL(9 EA daily)      |
| Calcium Channel Blockers   |           |                     | <i>nifedipine CAPS PO 10 MG</i>  | 1         |                     |

| Drug Name   | Drug Tier | Requirements/Limits | Drug Name  | Drug Tier | Requirements/Limits          |
|---|-----------|---------------------|--|-----------|------------------------------|
| nifedipine TB24 PO  | 1         |                     | LANOXIN TABS PO 62.5 MCG, 125 MCG, 250 MCG ( <i>Use digoxin</i> )  | 2         |                              |
| nimodipine CAPS PO  | 1         |                     | CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions  |           |                              |
| nisoldipine PO  | 1         |                     | Cardiovascular Agents Misc. - Combinations   |           |                              |
| NORVASC TABS PO ( <i>Use amlodipine besylate</i> )                    | 9         |                     | <i>amlodipine besylate-atorvastatin calcium</i> PO   | 1         | QL(1 EA daily)               |
| PROCARDIA XL TB24 PO ( <i>Use nifedipine</i> )                        | 9         |                     | BIDIL PO ( <i>Use isosorbide dinitrate-hydralazine hcl</i> )   | 9         |                              |
| SULAR PO 8.5 MG, 17 MG, 34 MG ( <i>Use nisoldipine</i> )              | 9         |                     | CADUET PO 10 MG-10 MG, 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG ( <i>Use amlodipine besylate-atorvastatin calcium</i> ) | 9         | QL(1 EA daily)               |
| TIAZAC PO ( <i>Use diltiazem hcl extended release beads</i> )         | 9         |                     | <i>isosorbide dinitrate-hydralazine hcl</i> PO   | 1         |                              |
| VERAPAMIL HCL ER CP24 PO ( <i>Use verapamil hcl</i> )                 | 9         |                     | Impotence Agents   |           |                              |
| verapamil hcl CP24 PO 120 MG, 180 MG, 240 MG, 360 MG                  | 1         | QL(1 EA daily)      | avanafil PO  | 1         | QL(0.134 EA daily)           |
| verapamil hcl CP24 PO 100 MG, 200 MG, 300 MG                          | 1         |                     | CIALIS PO 2.5 MG, 10 MG, 20 MG ( <i>Use tadalafil</i> )  | NF        |                              |
| verapamil hcl SOLN 2.5 MG/ML  | 1         |                     | CIALIS PO 5 MG ( <i>Use tadalafil</i> )  | 9         | BPH Only; QL(1 EA daily); PA |
| verapamil hcl TABS PO   | 1         |                     | sildenafil citrate PO  | 1         | QL(0.1334 EA daily); PA      |
| verapamil hcl TBCR PO   | 1         |                     | STENDRA PO 50 MG, 100 MG, 200 MG ( <i>Use avanafil</i> )   | 3         | QL(0.134 EA daily)           |
| VERELAN PM CP24 PO ( <i>Use verapamil hcl</i> )                       | 9         |                     | tadalafil PO 5 MG  | 1         | BPH Only; QL(1 EA daily); PA |
| VERELAN CP24 PO ( <i>Use verapamil hcl</i> )                          | 9         | QL(1 EA daily)      | VIAGRA PO ( <i>Use sildenafil citrate</i> )  | 9         | QL(0.1334 EA daily); PA      |
| CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm |           |                     | Prostaglandin Vasodilators   |           |                              |
| Cardiac Glycosides  |           |                     | epoprostenol sodium  | 4         | PA                           |
| digoxin SOLN PO 0.05 MG/ML  | 1         |                     | FLOLAN ( <i>Use eprostrenol sodium</i> )   | 9         | PA                           |
| digoxin TABS PO 62.5 MCG, 125 MCG, 250 MCG                            | 1         |                     |  |           |                              |
| LANOXIN SOLN IJ ( <i>Use digoxin</i> )                                | 2         |                     |  |           |                              |

Ambetter NV Formulary Updated January 1, 2025

| Drug Name   | Drug Tier | Requirements/Limits       | Drug Name  | Drug Tier | Requirements/Limits                     |  |
|---|-----------|---------------------------|--|-----------|---|--|
| ORENITRAM TBCR  | 4         | PA                        | <i>sildenafil citrate (pulmonary hypertension) SOLN</i>                        | 4         | QL(37.5 ML daily); SP; PA               |  |
| <i>treprostinil SOLN IJ</i>   | 4         | SP; PA                    | <i>sildenafil citrate (pulmonary hypertension) SUSR</i>                        | 4         | QL(6 ML daily); PA                      |  |
| TYVASO REFILL KIT SOLN IN   | 4         | PA                        | <i>sildenafil citrate (pulmonary hypertension) TABS PO</i>                     | 4         | QL(3 EA daily); SP; PA                  |  |
| TYVASO STARTER KIT SOLN IN  | 4         | PA                        | <i>tadalafil (pulmonary hypertension) TABS PO</i>                              | 4         | QL(2 EA daily); SP; PA                  |  |
| TYVASO SOLN IN  | 4         | PA                        | Pulmonary Hypertension - Prostacyclin Receptor Agonist                         |           |   |  |
| VELETRI (Use <i>epoprostenol sodium</i> )                                 | 9         | PA                        | UPTRAVI TITRATION TBPK   | 4         | 1 max fill(s) per 180 day(s) retail; PA |  |
| Pulmonary Hypertension - Endothelin Receptor Antagonists                  |           |                           |  |           |   |  |
| <i>ambrisentan PO</i>   | 4         | QL(1 EA daily); SP; PA    | UPTRAVI TABS 200 MCG   | 4         | PA                                      |  |
| <i>bosentan TABS 62.5 MG</i>  | 4         | QL(2 EA daily); PA        | UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG | 4         | QL(2 EA daily); PA                      |  |
| <i>bosentan TABS 125 MG</i>   | 4         | QL(2 EA daily); SP; PA    | Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator                      |           |   |  |
| LETAIRIS PO (Use <i>ambrisentan</i> )                                     | 9         | QL(1 EA daily); SP; PA    | ADEMPAS PO   | 4         | QL(3 EA daily); PA                      |  |
| OPSUMIT   | 4         | QL(1 EA daily); PA        | Sinus Node Inhibitors  |           |   |  |
| TRACLEER TABS 62.5 MG (Use <i>bosentan</i> )                              | 9         | QL(2 EA daily); PA        | CORLANOR TABS PO (Use <i>ivabradine hcl</i> )                                  | 9         | QL(2 EA daily); PA                      |  |
| TRACLEER TABS 125 MG (Use <i>bosentan</i> )                               | 9         | QL(2 EA daily); SP; PA    | <i>ivabradine hcl TABS PO</i>  | 3         | QL(2 EA daily); PA                      |  |
| TRACLEER TBSO   | 4         | QL(2 EA daily); SP; PA    | Transthyretin Stabilizers  |           |   |  |
| Pulmonary Hypertension - Phosphodiesterase Inhibitors                     |           |                           |  |           |   |  |
| ADCIRCA TABS PO (Use <i>tadalafil (pulmonary hypertension)</i> )          | 9         | QL(2 EA daily); SP; PA    | VYNDAMAX   | 4         | QL(1 EA daily); PA                      |  |
| REVATIO SOLN (Use <i>sildenafil citrate (pulmonary hypertension)</i> )    | 9         | QL(37.5 ML daily); SP; PA | VYNDAQEL   | 4         | QL(4 EA daily); PA                      |  |
| REVATIO SUSR (Use <i>sildenafil citrate (pulmonary hypertension)</i> )    | 9         | QL(6 ML daily); PA        | CEPHALOSPORINS - Drugs to Treat Bacterial Infections                           |           |   |  |
| REVATIO TABS PO (Use <i>sildenafil citrate (pulmonary hypertension)</i> ) | 9         | QL(3 EA daily); SP; PA    | Cephalosporins - 1st Generation  |           |   |  |
|   |           |                           | <i>cefadroxil CAPS PO</i>  | 1         |   |  |

Ambetter NV Formulary Updated January 1, 2025

| Drug Name   | Drug Tier | Requirements/Limits | Drug Name  | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|--|-----------|---------------------|
| cefadroxil SUSR PO                                  | 1         |                     | SUPRAX SUSR PO 200 MG/5ML ( <i>Use cefixime</i> )                              | 9         | ST                  |
| cefadroxil TABS PO                                  | 1         |                     | Cephalosporins - 4th Generation  |           |                     |
| cefazolin sodium SOLR IJ 1 GM, 10 GM, 500 MG        | 1         |                     | cefeprazole hcl SOLR IJ 1 GM   | 1         |                     |
| cephalexin CAPS PO                                  | 1         |                     | Cephalosporins - 5th Generation  |           |                     |
| cephalexin SUSR PO                                  | 1         |                     | TEFLARO  | 3         |                     |
| Cephalosporins - 2nd Generation                     |           |                     | CONTRACEPTIVES - Drugs to Prevent Pregnancy                                    |           |                     |
| cefaclor CAPS PO                                    | 1         |                     | Combination Contraceptives - Oral  |           |                     |
| cefaclor SUSR PO 125 MG/5ML, 250 MG/5ML, 375 MG/5ML | 1         |                     | BALCOLTRA PO ( <i>Use levonorgestrel-ethynodiol-estradiol-iron</i> )           | 9         |                     |
| CEFOTAN IJ ( <i>Use cefotetan disodium</i> )        | 9         |                     | BEYAZ PO ( <i>Use drospirenone-ethynodiol-estradiol-levomefolate calcium</i> ) | 9         |                     |
| cefotetan disodium IJ 1 GM, 2 GM                    | 1         |                     | desogestrel & ethynodiol PO  | 0         |                     |
| cefoxitin sodium IV 1 GM, 2 GM                      | 1         |                     | desogestrel-ethynodiol estradiol (biphasic) PO                                 | 0         |                     |
| cefprozil SUSR PO                                   | 1         |                     | desogestrel-ethynodiol estradiol (triphasic) PO                                | 0         |                     |
| cefprozil TABS PO                                   | 1         |                     | drospirenone-ethynodiol PO   | 0         |                     |
| cefuroxime axetil TABS PO                           | 1         |                     | drospirenone-ethynodiol-estradiol-levomefolate calcium PO                      | 0         |                     |
| cefuroxime sodium IJ 750 MG                         | 1         |                     | ethynodiol diacetate & ethynodiol PO   | 0         |                     |
| Cephalosporins - 3rd Generation                     |           |                     | FEMLYV TBDP  | 0         |                     |
| cefdinir CAPS PO                                    | 1         |                     | GENERESS FE PO ( <i>Use norethindrone &amp; ethynodiol-estradiol-fe</i> )      | 9         |                     |
| cefdinir SUSR PO                                    | 1         |                     | levonorgestrel & ethynodiol TABS PO  | 0         |                     |
| cefixime CAPS PO                                    | 1         |                     | levonorgestrel-ethynodiol (triphasic) PO                                       | 0         |                     |
| cefixime SUSR PO                                    | 1         | ST                  | levonorgestrel-ethynodiol (91-day) PO 0.03 MG-0.15 MG                          | 0         |                     |
| cefpodoxime proxetil SUSR PO                        | 1         |                     |  |           |                     |
| cefpodoxime proxetil TABS PO                        | 1         |                     |  |           |                     |
| ceftazidime IJ 1 GM, 6 GM                           | 1         |                     |  |           |                     |
| ceftriaxone sodium IJ 250 MG                        | 7         |                     |  |           |                     |
| ceftriaxone sodium IJ 1 GM, 2 GM, 500 MG            | 1         |                     |  |           |                     |
| SUPRAX CAPS PO ( <i>Use cefixime</i> )              | 9         |                     |  |           |                     |

Ambetter NV Formulary Updated January 1, 2025

| Drug Name   | Drug Tier | Requirements/Limits | Drug Name   | Drug Tier | Requirements/Limits           |  |
|---|-----------|---------------------|---|-----------|-------------------------------|--|
| levonorgestrel-ethynodiol (continuous) PO   | 0         |                     | QUARTETTE PO (Use levonorgestrel-ethynodiol (91-day))         | 9         |                               |  |
| levonorgestrel-ethynodiol-iron PO   | 0         |                     | SAFYRAL PO (Use drospirenone-ethynodiol-levomefolate calcium) | 9         |                               |  |
| LO LOESTRIN FE TABS   | 0         |                     | SEASONIQUE PO (Use levonorgestrel-ethynodiol (91-day))        | 9         |                               |  |
| LOSEASONIQUE PO (Use levonorgestrel-ethynodiol estradiol (91-day))                  | 9         |                     | TAYTULLA CAPS (Use norethindrone acetate & estradiol)         | 9         |                               |  |
| MINASTRIN 24 FE CHEW PO (Use norethindrone acetate & estradiol)                     | 9         |                     | TYBLUME CHEW  | 0         |                               |  |
| MIRCETTE PO (Use desogestrel-ethynodiol estradiol (biphasic))                       | 9         |                     | YASMIN 28 PO (Use drospirenone-ethynodiol estradiol)          | 9         |                               |  |
| NATAZIA   | 0         |                     | YAZ PO (Use drospirenone-ethynodiol estradiol)                | 9         |                               |  |
| NEXTSTELLIS   | 0         |                     | Combination Contraceptives - Transdermal                      |           |                               |  |
| norethindrone acetate & estradiol fe CAPS   | 0         |                     | norelgestromin-ethynodiol                                     | 0         |                               |  |
| norethindrone acetate & estradiol fe CHEW PO  | 0         |                     | TWIRLA  | 0         | QL(3 EA per 28 day(s) retail) |  |
| norethindrone acetate & estradiol fe TABS PO 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG | 0         |                     | Combination Contraceptives - Vaginal                          |           |                               |  |
| norethindrone acetate & ethynodiol PO   | 0         |                     | ANNOVERA  | 0         |                               |  |
| norethindrone acetate & ethynodiol fe PO  | 0         |                     | etongestrel-ethynodiol  | 0         | QL(0.05 EA daily)             |  |
| norethindrone acetate & ethynodiol fe TABS PO                                       | 0         |                     | NUVARING (Use etongestrel-ethynodiol estradiol)               | 9         | QL(0.05 EA daily)             |  |
| norethindrone acetate & ethynodiol fe PO  | 0         |                     | Emergency Contraceptives                                      |           |                               |  |
| norethindrone acetate & ethynodiol (triphasic) PO                                   | 0         |                     | ELLA PO   | 0         |                               |  |
| norgestimate-ethynodiol estradiol PO  | 0         |                     | levonorgestrel (emergency oc) PO 1.5 MG                       | 0         |                               |  |
| norgestimate-ethynodiol estradiol (triphasic) PO                                    | 0         |                     | PLAN B ONE-STEP PO (Use levonorgestrel (emergency oc))        | 9         |                               |  |
| norgestrel & ethynodiol estradiol PO 30 MCG-0.3 MG                                  | 0         |                     | Progestin Contraceptives - Injectable                         |           |                               |  |

| Drug Name   | Drug Tier | Requirements/Limits           | Drug Name   | Drug Tier | Requirements/Limits                |
|---|-----------|-------------------------------|---|-----------|------------------------------------|
| DEPO-PROVERA SUSP IM (Use medroxyprogesterone acetate (contraceptive))        | 9         | QL(1 ML per 90 day(s) retail) | <i>dexamethasone sodium phosphate SOSY IJ 4 MG/ML</i>             | 1         |                                    |
| DEPO-PROVERA SUSY IM (Use medroxyprogesterone acetate (contraceptive))        | 9         | QL(1 ML per 90 day(s) retail) | <i>dexamethasone ELIX PO</i>                                      | 1         |                                    |
| DEPO-SUBQ PROVERA 104 SUSY SC   | 0         |                               | <i>dexamethasone SOLN PO</i>                                      | 1         |                                    |
| <i>medroxyprogesterone acetate (contraceptive) SUSP IM</i>                    | 0         | QL(1 ML per 90 day(s) retail) | <i>dexamethasone TABS PO 0.5 MG, 0.75 MG</i>                      | 7         |                                    |
| <i>medroxyprogesterone acetate (contraceptive) SUSY IM</i>                    | 0         | QL(1 ML per 90 day(s) retail) | <i>dexamethasone TABS PO 1 MG, 1.5 MG, 2 MG, 4 MG, 6 MG</i>       | 1         |                                    |
| Progesterin Contraceptives - Oral   |           |                               | <i>EMFLAZA SUSP PO (Use deflazacort)</i>                          | 4         | PA                                 |
| <i>norethindrone (contraceptive) PO</i>                                       | 0         |                               | <i>EMFLAZA TABS PO (Use deflazacort)</i>                          | 9         | PA                                 |
| OPILL PO  | 0         |                               | <i>hydrocortisone sod succinate 100 MG</i>                        | 1         | 2 max fill(s) per 30 day(s) retail |
| SLYND PO  | 0         | QL(1 EA daily)                | <i>hydrocortisone TABS PO</i>                                     | 1         |                                    |
| CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions |           |                               |   |           |                                    |
| Glucocorticosteroids  |           |                               | <i>KENALOG-40 SUSP (Use triamcinolone acetonide)</i>              | 9         |                                    |
| <i>budesonide CPEP PO</i>   | 1         | QL(3 EA daily)                | <i>MEDROL TABS PO 4 MG, 8 MG, 16 MG (Use methylprednisolone)</i>  | 9         |                                    |
| <i>CORTEF TABS PO (Use hydrocortisone)</i>                                    | 9         |                               | <i>MEDROL TABS PO</i>   | 3         |                                    |
| <i>deflazacort SUSP PO</i>  | 4         | PA                            | <i>MEDROL TBPK PO (Use methylprednisolone)</i>                    | 9         |                                    |
| <i>deflazacort TABS PO</i>  | 4         | PA                            | <i>methylprednisolone acetate SUSP</i>                            | 1         |                                    |
| <i>DEPO-MEDROL SUSP</i>   | 3         |                               | <i>methylprednisolone sod succ 40 MG, 125 MG, 500 MG, 1000 MG</i> | 1         |                                    |
| <i>DEPO-MEDROL SUSP (Use methylprednisolone acetate)</i>                      | 9         |                               | <i>methylprednisolone TABS PO</i>                                 | 1         |                                    |
| <i>DEXAMETHASONE INTENSOL CONC</i>  | 1         |                               | <i>methylprednisolone TBPK PO</i>                                 | 1         |                                    |
| <i>dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML</i> | 1         |                               | <i>ORAPRED ODT TBDP PO (Use prednisolone sodium phosphate)</i>    | 9         |                                    |
|   |           |                               | <i>PEDIAPRED SOLN PO (Use prednisolone sodium phosphate)</i>      | 9         |                                    |
|   |           |                               | <i>prednisolone sodium phosphate SOLN PO</i>                      | 1         |                                    |

Ambetter NV Formulary Updated January 1, 2025

| Drug Name   | Drug Tier | Requirements/Limits                | Drug Name   | Drug Tier | Requirements/Limits   |
|---|-----------|------------------------------------|---|-----------|---|
| <i>prednisolone sodium phosphate TBDP PO</i>  | 3         |                                    | <i>hydrocodone bitartrate-homatropine methylbromide TABS PO</i>   | 3         | PA  |
| <i>prednisolone SOLN</i>  | 1         |                                    |   |           |   |
| <i>prednisolone TABS PO</i>   | 1         |                                    | Cough/Cold/Allergy Combinations                                   |           |   |
| <i>prednisone SOLN PO</i>   | 1         |                                    | <i>hydrocodone polistirex-chlorpheniramine polistirex SUER PO</i> | 1         |   |
| <i>prednisone TABS PO 1 MG, 5 MG</i>  | 1         |                                    | <i>TUZISTRA XR PO</i>   | 2         | PA  |
| <i>prednisone TABS PO 2.5 MG, 10 MG, 20 MG, 50 MG</i>                                     | 7         |                                    |   |           |   |
| <i>prednisone TBPK PO</i>   | 1         |                                    | Misc. Respiratory Inhalants                                       |           |   |
| <i>SOLU-CORTEF 100 MG, 500 MG, 1000 MG</i>  | 3         | 2 max fill(s) per 30 day(s) retail | <i>HYPERSAL NEBU (Use sodium chloride (inhalant))</i>             | 9         |   |
| <i>SOLU-CORTEF 250 MG</i>   | 3         |                                    | <i>HYPERSAL NEBU</i>  | 1         |   |
| <i>SOLU-CORTEF (Use hydrocortisone sod succinate)</i>                                     | 3         | 2 max fill(s) per 30 day(s) retail | <i>NEBUSAL NEBU</i>   | 1         |   |
| <i>SOLU-MEDROL 500 MG, 1000 MG (Use methylprednisolone sod succ)</i>                      | 9         |                                    | <i>sodium chloride (inhalant) NEBU 7 %</i>                        | 1         |   |
| <i>SOLU-MEDROL 2 GM</i>   | 3         |                                    |   |           |   |
| <i>triamcinolone acetonide SUSP 40 MG/ML</i>  | 1         |                                    | Mucolytics  |           |   |
| Mineralocorticoids  |           |                                    | <i>acetylcysteine SOLN</i>  | 1         |   |
| <i>fludrocortisone acetate TABS PO</i>  | 1         |                                    |   |           |   |
| COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms                      |           |                                    | DERMATOLOGICALS - Drugs to Treat Skin Conditions                  |           |   |
| Antitussives  |           |                                    | Acne Products   |           |   |
| <i>benzonatate PO 200 MG</i>  | 1         | QL(3 EA daily)                     | <i>ABSORICA PO 10 MG, 20 MG, 30 MG, 40 MG (Use isotretinoin)</i>  | 9         | AL(At least 12 yrs old); PA   |
| <i>benzonatate PO 100 MG</i>  | 1         | QL(6 EA daily)                     | <i>adapalene-benzoyl peroxide GEL 2.5 %-0.1 %</i>                 | 1         | AL(At least 12 yrs old); ST   |
| <i>benzonatate PO 150 MG</i>  | 1         | QL(4 EA daily)                     | <i>adapalene CREA</i>   | 1         | AL(At least 12 yrs old); ST   |
| <i>HYCODAN TABS PO 1.5 MG-5 MG (Use hydrocodone bitartrate-homatropine methylbromide)</i> | 9         | PA                                 | <i>adapalene GEL</i>  | 1         | AL(At least 12 yrs old); ST; RX/OTC   |
|   |           |                                    | <i>AVAR-E LS CREA (Use sulfacetamide sodium w/ sulfur)</i>        | NF        |   |
|   |           |                                    | <i>AZELEX</i>   | 3         | QL(50 GM per 30 day(s) retail; 50 GM per 30 days mail); AL(At least 12 yrs old); ST |

| Drug Name   | Drug Tier | Requirements/Limits                     | Drug Name  | Drug Tier | Requirements/Limits  |
|---|-----------|---|--|-----------|--|
| BENZAMYCIN GEL (Use benzoyl peroxide-erythromycin)          | 9         | AL(At least 12 yrs old); PA             | <i>clindamycin phosphate-tretinoin</i>               | 1         | AL(At least 12 yrs old); ST                                    |
| BENZEPRO CREAMY WASH LIQD                                   | 2         | AL(At least 12 yrs old)                 | DIFFERIN CREA (Use adapalene)                        | 9         | AL(At least 12 yrs old); ST                                    |
| BENZEPRO FOAM 5.3 %   | 2         | AL(At least 12 yrs old); RX/OTC         | DIFFERIN GEL (Use adapalene)                         | 9         | AL(At least 12 yrs old); ST; RX/OTC                            |
| <i>benzoyl peroxide-erythromycin GEL</i>                    | 1         | AL(At least 12 yrs old); PA             | DIFFERIN LOTN  | 2         | AL(At least 12 yrs old); ST                                    |
| <i>benzoyl peroxide FOAM 5.3 %, 9.8 %</i>                   | 1         | AL(At least 12 yrs old); RX/OTC         | EPIDUO GEL (Use adapalene-benzoyl peroxide)          | 9         | AL(At least 12 yrs old); ST                                    |
| <i>benzoyl peroxide GEL 5 %</i>                             | 1         | QL(3 GM daily); AL(At least 12 yrs old) | <i>erythromycin (acne aid) PADS</i>                  | 1         | AL(At least 12 yrs old)  |
| <i>benzoyl peroxide GEL 10 %</i>                            | 1         | AL(At least 12 yrs old)                 | <i>erythromycin (acne aid) SOLN</i>                  | 1         | AL(At least 12 yrs old)  |
| <i>benzoyl peroxide LIQD 4 %, 10 %</i>                      | 1         | AL(At least 12 yrs old)                 | EVOCLIN FOAM (Use clindamycin phosphate (topical))   | 9         | AL(At least 12 yrs old); PA                                    |
| CLEOCIN-T LOTN (Use clindamycin phosphate (topical))        | 9         | AL(At least 12 yrs old)                 | <i>isotretinoin PO 10 MG, 20 MG, 30 MG, 40 MG</i>    | 3         | AL(At least 12 yrs old); PA                                    |
| CLINDAGEL GEL (Use clindamycin phosphate (topical))         | 9         | QL(8 ML daily)                          | KLARON (Use sulfacetamide sodium (acne))             | 9         | AL(At least 12 yrs old)  |
| <i>clindamycin phosphate (topical) FOAM</i>                 | 1         | AL(At least 12 yrs old); PA             | PR BENZOYL PEROXIDE WASH LIQD                        | 2         | AL(At least 12 yrs old)  |
| <i>clindamycin phosphate (topical) GEL</i>                  | 1         | QL(8 GM daily)                          | RETIN-A MICRO 0.1 % (Use tretinoin microsphere)      | 9         | QL(3 GM daily); AL(At least 12 yrs old - Up to 30 yrs old); PA |
| <i>clindamycin phosphate (topical) LOTN</i>                 | 1         | AL(At least 12 yrs old)                 | RETIN-A MICRO PUMP 0.1 % (Use tretinoin microsphere) | 9         | QL(3 GM daily); AL(At least 12 yrs old - Up to 30 yrs old); PA |
| <i>clindamycin phosphate (topical) SOLN</i>                 | 1         | QL(4 ML daily); AL(At least 12 yrs old) | RETIN-A CREA (Use tretinoin)                         | 9         | QL(3 GM daily); AL(At least 12 yrs old - Up to 30 yrs old); PA |
| <i>clindamycin phosphate (topical) SWAB</i>                 | 1         | AL(At least 12 yrs old)                 | RETIN-A GEL (Use tretinoin)                          | 9         | QL(3 GM daily); AL(At least 12 yrs old - Up to 30 yrs old); PA |
| <i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i> | 1         | AL(At least 12 yrs old); PA             |  |           |  |
| <i>clindamycin phosphate-benzoyl peroxide GEL 5 % - 1 %</i> | 1         | AL(At least 12 yrs old); PA             |  |           |  |

Ambetter NV Formulary Updated January 1, 2025

| Drug Name  | Drug Tier | Requirements/Limits  | Drug Name                               | Drug Tier | Requirements/Limits   |  |
|--|-----------|--|---|-----------|---|--|
| sulfacetamide sodium (acne)                                    | 1         | AL(At least 12 yrs old)  | mupirocin OINT                          | 1         | QL(6 GM daily)  |  |
| sulfacetamide sodium w/ sulfur CREA 10 %-5 %                   | 1         | AL(At least 12 yrs old)  | NEO-SYNALAR                             | 3         | QL(60 GM per 30 day(s) retail; 60 GM per 30 days mail); PA    |  |
| sulfacetamide sodium w/ sulfur LIQD 10 %-5 %                   | 1         | AL(At least 12 yrs old)  | Antifungals - Topical                   |           |   |  |
| sulfacetamide sodium w/ sulfur LIQD 9 %-4.5 %                  | 1         | AL(At least 12 yrs old); ST                                    | butenafine hcl                          | 1         | QL(6 GM daily); RX/OTC  |  |
| sulfacetamide sodium-sulfur in urea vehicle EMUL 10 %-10 %-4 % | 1         | AL(At least 12 yrs old)  | ciclopirox olamine CREA                 | 1         | QL(90 GM per fill retail); 1 max fill(s) per 30 day(s) retail |  |
| SUMADAN WASH LIQD (Use sulfacetamide sodium w/ sulfur)         | 9         | AL(At least 12 yrs old); ST                                    | ciclopirox olamine SUSP                 | 1         |   |  |
| tretinoin microsphere 0.1 %                                    | 1         | QL(3 GM daily); AL(At least 12 yrs old - Up to 30 yrs old); PA | ciclopirox GEL                          | 1         | QL(3.35 GM daily)   |  |
| tretinoin CREA 0.025 %, 0.05 %, 0.1 %                          | 1         | QL(3 GM daily); AL(At least 12 yrs old - Up to 30 yrs old); PA | ciclopirox SHAM                         | 1         | QL(10 ML daily)   |  |
| tretinoin GEL 0.01 %, 0.025 %                                  | 1         | QL(3 GM daily); AL(At least 12 yrs old - Up to 30 yrs old); PA | ciclopirox SOLN                         | 1         | QL(0.22 ML daily)   |  |
| VELTIN (Use clindamycin phosphate-tretinoin)                   | 9         | AL(At least 12 yrs old); ST                                    | clotrimazole (topical) CREA             | 1         | QL(4.5 GM daily); RX/OTC                                      |  |
| ZIANA (Use clindamycin phosphate-tretinoin)                    | 9         | AL(At least 12 yrs old); ST                                    | clotrimazole (topical) SOLN             | 1         | QL(10 ML daily); RX/OTC                                       |  |
| Agents for External Genital and Perianal Warts                 |           |  |   |           |   |  |
| VEREGEN  | 3         | QL(1 GM daily)   | clotrimazole w/ betamethasone CREA      | 1         | QL(8 GM daily)  |  |
| Antibiotics - Topical  |           |  | clotrimazole w/ betamethasone LOTN      | 1         |   |  |
| ALTABAX  | 2         | QL(15 GM per 30 day(s) retail; 15 GM per 30 days mail)         | econazole nitrate CREA                  | 1         | QL(85 GM per fill retail; 85 per fill mail)                   |  |
| gentamicin sulfate (topical) CREA                              | 1         | QL(1 GM daily)   | ERTACZO                                 | 3         | QL(2.15 GM daily)   |  |
| gentamicin sulfate (topical) OINT                              | 1         |  | EXELDERM CREA (Use sulconazole nitrate) | NF        |   |  |
|  |           |  | EXELDERM SOLN (Use sulconazole nitrate) | NF        |   |  |
|  |           |  | KERYDIN (Use tavaborole)                | 9         | PA  |  |
|  |           |  | ketoconazole (topical) CREA             | 1         | QL(10 GM daily)   |  |
|  |           |  | ketoconazole (topical) SHAM 2 %         | 1         | QL(20 ML daily)   |  |

Ambetter NV Formulary Updated January 1, 2025

| Drug Name   | Drug Tier | Requirements/Limits  | Drug Name   | Drug Tier | Requirements/Limits   |  |
|---|-----------|--|---|-----------|---|--|
| LOPROX CREA (Use <i>ciclopirox olamine</i> )                    | 9         | QL(90 GM per fill retail); 1 max fill(s) per 30 day(s) retail                          | <i>oxiconazole nitrate CREA</i>   | 1         | 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 |  |
| LOPROX SHAM (Use <i>ciclopirox</i> )                            | 9         | QL(10 ML daily)  | <i>OXISTAT CREA (Use oxiconazole nitrate)</i>                           | 9         | 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 |  |
| LOPROX SUSP (Use <i>ciclopirox olamine</i> )                    | 9         |  | <i>OXISTAT LOTN</i>   | 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 |  |
| LOTRIMIN AF JOCK ITCH CREA (Use <i>clotrimazole (topical)</i> ) | 9         | QL(4.5 GM daily); RX/OTC   | <i>sulconazole nitrate CREA</i>   | 1         |   |  |
| LOTRIMIN AF CREA (Use <i>clotrimazole (topical)</i> )           | 9         | QL(4.5 GM daily); RX/OTC   | <i>sulconazole nitrate SOLN</i>   | 1         | 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail  |  |
| LOTRIMIN ULTRA (Use <i>butenafine hcl</i> )                     | 9         | QL(6 GM daily); RX/OTC   | <i>tavaborole</i>   | 1         | PA  |  |
| <i>luliconazole</i>   | 1         | PA   | Anti-inflammatory Agents - Topical                                      |           |   |  |
| LUZU (Use <i>luliconazole</i> )                                 | NF        |  | <i>diclofenac epolamine PTCH EX</i>                                     | 1         | QL(2 EA daily); PA  |  |
| <i>naftifine hcl CREA 2 %</i>                                   | 1         | QL(2 GM daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail | <i>diclofenac sodium (topical) GEL EX</i>                               | 1         | QL(3.34 GM daily); RX/OTC   |  |
| <i>naftifine hcl CREA 1 %</i>                                   | 1         | QL(3 GM daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail | <i>FLECTOR PTCH EX (Use diclofenac epolamine)</i>                       | NF        |   |  |
| <i>nystatin (topical) CREA</i>                                  | 1         | QL(10 GM daily)  | <i>VOLTAREN ARTHRITIS PAIN GEL EX (Use diclofenac sodium (topical))</i> | 9         | QL(3.34 GM daily); RX/OTC   |  |
| <i>nystatin (topical) OINT</i>                                  | 1         | QL(6 GM daily)   | Antineoplastic or Premalignant Lesion Agents - Topical                  |           |   |  |
| <i>nystatin (topical) POWD EX</i>                               | 1         | QL(10 GM daily)  | <i>bexarotene (topical)</i>   | 4         | SP; PA  |  |
| <i>nystatin-triamcinolone CREA</i>                              | 1         | QL(10 GM daily)  |   |           |   |  |
| <i>nystatin-triamcinolone OINT</i>                              | 1         | QL(4 GM daily)   |   |           |   |  |

| Drug Name  | Drug Tier | Requirements/Limits   | Drug Name                                  | Drug Tier | Requirements/Limits        |
|--|-----------|---|--|-----------|----------------------------|
| <i>diclofenac sodium (actinic keratoses) EX</i>  | 1         | QL(3.34 GM daily); PA   | <i>calcipotriene SOLN</i>                  | 1         | QL(4 ML daily); PA         |
| <i>EFUDEX CREA (Use fluorouracil (topical))</i>  | 9         | QL(4 GM daily)  | <i>calcitriol (topical)</i>                | 1         | QL(3.34 GM daily)          |
| <i>fluorouracil (topical) CREA 5 %</i>           | 1         | QL(4 GM daily)  | <i>COSENTYX (300 MG DOSE) SOSY</i>         | 4         | QL(0.072 ML daily); PA     |
| <i>fluorouracil (topical) SOLN</i>               | 1         | QL(2 ML daily)  | <i>COSENTYX SENSOREADY (300 MG) SOAJ</i>   | 4         | QL(0.072 ML daily); PA     |
| <i>PANRETIN</i>                                  | 3         | QL(60 GM per 30 day(s) retail; 60 GM per 30 days mail)  | <i>COSENTYX SENSOREADY PEN SOAJ</i>        | 4         | QL(0.072 ML daily); PA     |
| <i>TARGRETIN (Use bexarotene (topical))</i>      | 9         | SP; PA  | <i>COSENTYX UNOREADY SOAJ</i>              | 4         | QL(0.072 ML daily); PA     |
| <b>Antipruritics - Topical</b>                   |           |   |  |           |                            |
| <i>doxepin hcl (antipruritic)</i>                | 3         | 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 | <i>COSENTYX SOSY 150 MG/ML</i>             | 4         | QL(0.036 ML daily); PA     |
| <i>PRUDOXIN (Use doxepin hcl (antipruritic))</i> | 9         | 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 | <i>COSENTYX SOSY 75 MG/0.5ML</i>           | 4         | QL(0.18 ML daily); PA      |
| <i>ZONALON (Use doxepin hcl (antipruritic))</i>  | 9         | 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 | <i>DOVONEX CREA (Use calcipotriene)</i>    | 9         | QL(4 GM daily); PA         |
| <b>Antipsoriatics</b>                            |           |   |  |           |                            |
| <i>acitretin PO 10 MG, 17.5 MG</i>               | 1         | QL(1 EA daily)  | <i>methoxsalen rapid PO</i>                | 1         | QL(4 EA daily)             |
| <i>acitretin PO 25 MG</i>                        | 1         | QL(2 EA daily)  | <i>SKYRIZI (150 MG DOSE) PSKT</i>          | 4         | QL(0.025 EA daily); PA     |
| <i>calcipotriene CREA</i>                        | 1         | QL(4 GM daily); PA  | <i>SKYRIZI PEN SOAJ</i>                    | 4         | QL(0.025 ML daily); PA     |
| <i>calcipotriene OINT</i>                        | 1         | QL(4 GM daily); PA  | <i>SKYRIZI SOSY</i>                        | 4         | QL(0.025 ML daily); PA     |
|  |           |   | <i>STELARA SOLN 45 MG/0.5ML</i>            | 4         | QL(0.012 ML daily); PA     |
|  |           |   | <i>STELARA SOSY 45 MG/0.5ML</i>            | 4         | QL(0.012 ML daily); PA     |
|  |           |   | <i>STELARA SOSY 90 MG/ML</i>               | 4         | QL(0.018 ML daily); SP; PA |
|  |           |   | <i>tazarotene CREA 0.1 %</i>               | 1         | QL(1 GM daily)             |
|  |           |   | <i>TAZORAC CREA 0.1 % (Use tazarotene)</i> | 9         | QL(1 GM daily)             |
|  |           |   | <i>TREMFYA SOAJ 200 MG/2ML</i>             | 4         | QL(0.072 ML daily); PA     |
|  |           |   | <i>TREMFYA SOAJ 100 MG/ML</i>              | 4         | QL(0.018 ML daily); PA     |
|  |           |   | <i>TREMFYA SOLN</i>                        | 4         | QL(0.72 ML daily); PA      |
|  |           |   | <i>TREMFYA SOSY 200 MG/2ML</i>             | 4         | QL(0.072 ML daily); PA     |

Ambetter NV Formulary Updated January 1, 2025

| Drug Name                                   | Drug Tier | Requirements/Limits                                      | Drug Name   | Drug Tier | Requirements/Limits   |
|---|-----------|--|---|-----------|---|
| TREMFYA SOSY 100 MG/ML                      | 4         | QL(0.018 ML daily); PA                                   | <i>amcinonide CREA</i>                                | 1         | 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 |
| VECTICAL (Use calcitriol (topical))         | 9         | QL(3.34 GM daily)  | <i>amcinonide LOTN</i>                                | 3         |   |
| Antiseborrheic Products                     |           |  |   |           |   |
| <i>selenium sulfide LOTN 2.5 %</i>          | 1         |  | <i>amcinonide OINT</i>                                | 3         |   |
| Antivirals - Topical                        |           |  | <i>betamethasone dipropionate (topical) CREA</i>      | 1         | QL(3 GM daily)  |
| <i>acyclovir topical CREA</i>               | 1         | 1 package(s) per fill retail; 1 package(s) per fill mail | <i>betamethasone dipropionate (topical) LOTN</i>      | 1         |   |
| <i>acyclovir topical OINT</i>               | 1         | 1 package(s) per fill retail; 1 package(s) per fill mail | <i>betamethasone dipropionate (topical) OINT</i>      | 1         | QL(3 GM daily)  |
| DENAVIR (Use penciclovir)                   | 9         | QL(0.18 GM daily)  | <i>betamethasone dipropionate augmented CREA</i>      | 1         | QL(3.5 GM daily)  |
| <i>penciclovir</i>                          | 3         | QL(0.18 GM daily)  | <i>betamethasone dipropionate augmented LOTN</i>      | 1         | QL(5 ML daily)  |
| ZOVIRAX CREA (Use acyclovir topical)        | 9         | 1 package(s) per fill retail; 1 package(s) per fill mail | <i>betamethasone dipropionate augmented OINT</i>      | 1         | QL(3.5 GM daily)  |
| ZOVIRAX OINT (Use acyclovir topical)        | 9         | 1 package(s) per fill retail; 1 package(s) per fill mail | <i>betamethasone valerate CREA</i>                    | 1         | QL(2.5 GM daily)  |
| Burn Products                               |           |  | <i>betamethasone valerate FOAM</i>                    | 1         | QL(1.67 GM daily)   |
| <i>mafenide acetate PACK</i>                | 3         |  | <i>betamethasone valerate LOTN</i>                    | 1         | QL(5 ML daily)  |
| SILVADENE (Use silver sulfadiazine)         | 9         | QL(20 GM daily)  | <i>betamethasone valerate OINT</i>                    | 1         | QL(3 GM daily)  |
| <i>silver sulfadiazine</i>                  | 1         | QL(20 GM daily)  | <i>calcipotriene- betamethasone dipropionate OINT</i> | 1         | ST  |
| SULFAMYLYON CREA                            | 3         |  | <i>calcipotriene- betamethasone dipropionate SUSP</i> | 1         | ST  |
| SULFAMYLYON PACK 5 % (Use mafenide acetate) | 9         |  | <i>clobetasol propionate emollient base 0.05 %</i>    | 1         | QL(1 GM daily); PA  |
| Corticosteroids - Topical                   |           |  |   |           |   |
| <i>alclometasone dipropionate CREA</i>      | 1         | QL(2 GM daily)   |   |           |   |
| <i>alclometasone dipropionate OINT</i>      | 1         | QL(3 GM daily)   |   |           |   |

Ambetter NV Formulary Updated January 1, 2025

| Drug Name   | Drug Tier | Requirements/Limits  | Drug Name  | Drug Tier | Requirements/Limits   |
|---|-----------|--|--|-----------|---|
| clobetasol propionate CREA 0.05 %                               | 1         | QL(3 GM daily); PA   | DIPROLENE OINT ( <i>Use betamethasone dipropionate augmented</i> ) | 9         | QL(3.5 GM daily)  |
| clobetasol propionate FOAM                                      | 1         | QL(3 GM daily); ST   | fluocinolone acetonide CREA 0.01 %                                 | 1         |   |
| clobetasol propionate GEL 0.05 %                                | 1         | QL(2 GM daily); ST   | fluocinolone acetonide CREA 0.025 %                                | 1         | QL(4 GM daily)  |
| clobetasol propionate OINT 0.05 %                               | 1         | QL(1 GM daily); PA   | fluocinolone acetonide OIL   | 1         | QL(118.28 ML per fill retail); 1 max fill(s) per 30 day(s) retail |
| clobetasol propionate SOLN 0.05 %                               | 1         | QL(3.34 ML daily); PA  | fluocinolone acetonide OINT  | 1         | QL(4 GM daily)  |
| clocortolone pivalate   | 3         | QL(3 GM daily)   | fluocinolone acetonide SOLN  | 1         | QL(4 ML daily)  |
| CLODERM ( <i>Use clocortolone pivalate</i> )                    | 9         | QL(3 GM daily)   | fluocinonide emulsified base                                       | 1         | QL(2 GM daily)  |
| CORDRAN CREA ( <i>Use flurandrenolide</i> )                     | NF        |  | fluocinonide CREA 0.1 %  | 1         | QL(4 GM daily)  |
| CORDRAN LOTN ( <i>Use flurandrenolide</i> )                     | NF        |  | fluocinonide CREA 0.05 %   | 1         | QL(2 GM daily)  |
| CORDRAN TAPE  | 3         | 1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail | fluocinonide GEL   | 1         |   |
| DERMA-SMOOTH/FS BODY OIL ( <i>Use fluocinolone acetonide</i> )  | 9         | QL(118.28 ML per fill retail); 1 max fill(s) per 30 day(s) retail  | fluocinonide OINT  | 1         | QL(2 GM daily)  |
| DERMA-SMOOTH/FS SCALP OIL ( <i>Use fluocinolone acetonide</i> ) | 9         | QL(8 ML daily)   | fluocinonide SOLN  | 1         | QL(2 ML daily)  |
| desonide CREA   | 1         | QL(4 GM daily)   | flurandrenolide CREA   | 2         | QL(2 GM daily)  |
| desonide LOTN   | 1         | QL(4 ML daily)   | flurandrenolide LOTN   | 2         | QL(2 ML daily)  |
| desonide OINT   | 1         | QL(3 GM daily)   | fluticasone propionate CREA 0.05 %                                 | 1         | QL(4 GM daily)  |
| DESOWEN CREA ( <i>Use desonide</i> )                            | 9         | QL(4 GM daily)   | fluticasone propionate LOTN  | 1         | QL(6 ML daily)  |
| desoximetasone CREA 0.25 %                                      | 1         | QL(4 GM daily)   | fluticasone propionate OINT  | 1         | QL(4 GM daily)  |
| desoximetasone GEL  | 1         | QL(3 GM daily)   | halcinonide CREA   | 1         | PA  |
| desoximetasone OINT 0.25 %                                      | 1         | QL(4 GM daily)   | halobetasol propionate CREA  | 1         | QL(3.5 GM daily)  |
| diflorasone diacetate CREA                                      | 1         | PA   | halobetasol propionate OINT  | 1         | QL(3.5 GM daily)  |
| diflorasone diacetate OINT                                      | 1         | PA   | HALOG CREA ( <i>Use halcinonide</i> )                              | 9         | PA  |
|   |           |  | HALOG OINT   | 3         | PA  |
|   |           |  | hydrocortisone (topical) CREA 1 %, 2.5 %                           | 1         | QL(15.15 GM daily); RX/OTC  |

Ambetter NV Formulary Updated January 1, 2025

| Drug Name   | Drug Tier | Requirements/Limits        | Drug Name   | Drug Tier | Requirements/Limits       |
|---|-----------|----------------------------|---|-----------|---------------------------|
| hydrocortisone ( <i>topical</i> )<br>LOTN 2.5 %                       | 1         |                            | TOPICORT OINT 0.25 %<br>( <i>Use desoximetasone</i> )             | 9         | QL(4 GM daily)            |
| hydrocortisone ( <i>topical</i> )<br>OINT 1 %, 2.5 %                  | 1         | QL(15.15 GM daily); RX/OTC | triamcinolone acetonide<br>( <i>topical</i> ) CREA 0.025 %        | 1         | QL(15.15 GM daily)        |
| hydrocortisone butyrate<br>CREA                                       | 1         | QL(3 GM daily)             | triamcinolone acetonide<br>( <i>topical</i> ) CREA 0.1 %          | 1         | QL(3.34 GM daily)         |
| hydrocortisone butyrate<br>OINT                                       | 1         | QL(3 GM daily)             | triamcinolone acetonide<br>( <i>topical</i> ) CREA 0.5 %          | 1         | QL(5 GM daily)            |
| hydrocortisone butyrate<br>SOLN                                       | 1         | QL(5 ML daily)             | triamcinolone acetonide<br>( <i>topical</i> ) LOTN 0.025 %        | 1         |                           |
| hydrocortisone valerate<br>CREA                                       | 1         |                            | triamcinolone acetonide<br>( <i>topical</i> ) LOTN 0.1 %          | 1         | QL(6 ML daily)            |
| hydrocortisone valerate<br>OINT                                       | 1         |                            | triamcinolone acetonide<br>( <i>topical</i> ) OINT 0.025 %, 0.1 % | 1         | QL(15.15 GM daily)        |
| LUXIQ FOAM ( <i>Use betamethasone valerate</i> )                      | 9         | QL(1.67 GM daily)          | triamcinolone acetonide<br>( <i>topical</i> ) OINT 0.5 %          | 1         | QL(6 GM daily)            |
| mometasone furoate<br>CREA  | 1         | QL(3 GM daily)             | TRIDESILON CREA 0.05 % ( <i>Use desonide</i> )                    | 9         | QL(4 GM daily)            |
| mometasone furoate<br>OINT  | 1         | QL(4 GM daily)             | VANOS CREA ( <i>Use fluocinonide</i> )                            | 9         | QL(4 GM daily)            |
| mometasone furoate<br>SOLN  | 1         | QL(5 ML daily)             | Eczema Agents   |           |                           |
| OLUX FOAM ( <i>Use clobetasol propionate</i> )                        | 9         | QL(3 GM daily); ST         | DUPIXENT SOAJ 300 MG/2ML  | 4         | QL(0.29 ML daily); PA     |
| prednicarbate OINT  | 1         |                            | DUPIXENT SOAJ 200 MG/1.14ML                                       | 4         | QL(0.082 ML daily); PA    |
| SYNALAR CREA ( <i>Use fluocinolone acetonide</i> )                    | 9         | QL(4 GM daily)             | DUPIXENT SOSY 300 MG/2ML  | 4         | QL(0.29 ML daily); PA     |
| SYNALAR OINT ( <i>Use fluocinolone acetonide</i> )                    | 9         | QL(4 GM daily)             | DUPIXENT SOSY 100 MG/0.67ML                                       | 4         | QL(0.048 ML daily); PA    |
| SYNALAR SOLN ( <i>Use fluocinolone acetonide</i> )                    | 9         | QL(4 ML daily)             | DUPIXENT SOSY 200 MG/1.14ML                                       | 4         | QL(0.082 ML daily); PA    |
| TACLONEX OINT ( <i>Use calcipotriene-betamethasone dipropionate</i> ) | 9         | ST                         | Emollients  |           |                           |
| TACLONEX SUSP ( <i>Use calcipotriene-betamethasone dipropionate</i> ) | 9         | ST                         | lactic acid (ammonium lactate) CREA                               | 1         | QL(12.9 GM daily); RX/OTC |
| TOPICORT CREA 0.25 % ( <i>Use desoximetasone</i> )                    | 9         | QL(4 GM daily)             | lactic acid (ammonium lactate) LOTN 12 %                          | 1         | RX/OTC                    |
| TOPICORT GEL ( <i>Use desoximetasone</i> )                            | 9         | QL(3 GM daily)             | Enzymes - Topical   |           |                           |
|   |           |                            | SANTYL OINT   | 3         | PA                        |
|   |           |                            | Immunomodulating Agents - Topical                                 |           |                           |

Ambetter NV Formulary Updated January 1, 2025

| Drug Name  | Drug Tier | Requirements/Limits   | Drug Name   | Drug Tier | Requirements/Limits |
|--|-----------|---|---|-----------|---------------------|
| <i>imiquimod 5 %</i>                                   | 1         | QL(12 EA per fill retail; 12 per fill mail)   | <i>brimonidine tartrate (topical)</i>                 | 3         | QL(1 GM daily); PA  |
| <b>Immunosuppressive Agents - Topical</b>              |           |   |   |           |                     |
| <i>ELIDEL (Use pimecrolimus)</i>                       | 9         | QL(3 GM daily); AL(At least 2 yrs old); PA  | <i>METROCREAM CREA (Use metronidazole (topical))</i>  | 9         | QL(3 GM daily)      |
| <i>pimecrolimus</i>                                    | 1         | QL(3 GM daily); AL(At least 2 yrs old); PA  | <i>METROGEL GEL 1 % (Use metronidazole (topical))</i> | 9         | QL(5 GM daily)      |
| <i>PROTOPIC OINT (Use tacrolimus (topical))</i>        | 9         | AL(At least 2 yrs old); PA  | <i>METROLOTION LOTN (Use metronidazole (topical))</i> | 9         |                     |
| <i>tacrolimus (topical) OINT</i>                       | 1         | AL(At least 2 yrs old); PA  | <i>metronidazole (topical) CREA</i>                   | 1         | QL(3 GM daily)      |
| <b>Keratolytic/Antimitotic/Vesicant Agents</b>         |           |   |   |           |                     |
| <i>podofilox SOLN</i>                                  | 1         |   | <i>metronidazole (topical) GEL 1 %</i>                | 1         | QL(5 GM daily)      |
| <b>Local Anesthetics - Topical</b>                     |           |   | <i>metronidazole (topical) GEL 0.75 %</i>             | 1         | QL(3 GM daily)      |
| <i>GEN7T PTCH (Use lidocaine)</i>                      | NF        | RX/OTC  | <i>metronidazole (topical) LOTN</i>                   | 1         |                     |
| <i>lidocaine hcl GEL 2 %</i>                           | 1         | QL(4 ML daily); RX/OTC  | <i>MIRVASO (Use brimonidine tartrate (topical))</i>   | 9         | QL(1 GM daily); PA  |
| <i>lidocaine hcl PRSY</i>                              | 1         | QL(4 ML daily)  | <b>Scabicides &amp; Pediculicides</b>                 |           |                     |
| <i>lidocaine hcl SOLN</i>                              | 1         | QL(10 ML daily)   | <i>crotamiton LOTN</i>                                | 1         | PA                  |
| <i>lidocaine-prilocaine CREA</i>                       | 1         | QL(1 GM daily)  | <i>ELIMITE CREA (Use permethrin)</i>                  | 9         |                     |
| <i>lidocaine PTCH 5 %</i>                              | 1         | PA  | <i>ivermectin (pediculicide)</i>                      | 1         | PA                  |
| <i>LIDODERM PTCH (Use lidocaine)</i>                   | 9         | PA  | <i>malathion</i>                                      | 1         |                     |
| <i>SYNERA PTCH</i>                                     | 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 | <i>NATROBA (Use spinosad)</i>                         | 9         | PA                  |
| <b>Phosphodiesterase 4 (PDE4) Inhibitors - Topical</b> |           |   | <i>NIX CREME RINSE LIQD EX (Use permethrin)</i>       | 9         |                     |
| <i>EUCRISA</i>   | 3         | QL(2 GM daily); PA  | <i>OVIDE (Use malathion)</i>                          | 9         |                     |
| <b>Rosacea Agents</b>                                  |           |   | <i>permethrin CREA</i>                                | 1         |                     |
| <i>azelaic acid GEL</i>                                | 1         | QL(1.67 GM daily)   | <i>permethrin LIQD EX</i>                             | 1         |                     |
| <b>Wound Care Products</b>                             |           |   | <i>SKLICE (Use ivermectin (pediculicide))</i>         | 9         | PA                  |
|  |           |   | <i>spinosad</i>                                       | 1         | PA                  |

Ambetter NV Formulary Updated January 1, 2025

| Drug Name  | Drug Tier | Requirements/Limits  | Drug Name  | Drug Tier | Requirements/Limits                               |
|--|-----------|--|--|-----------|---|
| REGRANEX   | 3         | QL(0.5 GM daily)   | CREON CPEP PO  | 2         | Non-FDA approved uses require Prior Authorization |
| <b>DIAGNOSTIC PRODUCTS</b>                                   |           |  |  |           |   |
| Diagnostic Drugs   |           |  |  |           |   |
| GLUCAGEN DIAGNOSTIC  | 3         | QL(0.035 EA daily)   | ZENPEP CPEP PO<br>105000 UNIT-79000<br>UNIT-25000 UNIT, 14000<br>UNIT-10000 UNIT-3000<br>UNIT, 168000 UNIT-<br>126000 UNIT-40000 UNIT,<br>24000 UNIT-17000 UNIT-<br>5000 UNIT, 42000 UNIT-<br>32000 UNIT-10000 UNIT,<br>63000 UNIT-47000 UNIT-<br>15000 UNIT, 84000 UNIT-<br>63000 UNIT-20000 UNIT | 2         | Non-FDA approved uses require Prior Authorization |
| THYROGEN 0.9 MG  | 3         | 1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; PA | ZENPEP CPEP PO<br>252600 UNIT-189600<br>UNIT-60000 UNIT  | 2         |   |
| Diagnostic Tests   |           |  |  |           |   |
| CHEMSTRIP K STRP   | 1         |  | <b>DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure</b>   |           |   |
| FORA GTEL BLOOD KETONE TEST                                  | 1         |  | Carbonic Anhydrase Inhibitors  |           |   |
| FORA TEST N'GO ADV-VOICE-6 CON                               | 1         |  | <i>acetazolamide sodium</i>  | 1         |   |
| GOJJI BLOOD KETONE TEST                                      | 1         |  | <i>acetazolamide CP12 PO</i>   | 1         | QL(2 EA daily)                                    |
| KETONE TEST STRP   | 1         |  | <i>acetazolamide TABS PO 250 MG</i>  | 1         | QL(4 EA daily)                                    |
| KETOSTIX STRP  | 1         |  | <i>acetazolamide TABS PO 125 MG</i>  | 1         | QL(8 EA daily)                                    |
| NOVA MAX PLUS KETONE TEST                                    | 1         |  | <i>dichlorphenamide PO</i>   | 4         | QL(4 EA daily); PA                                |
| PRECISION XTRA KETONE  | 1         |  | <i>KEVEYIS PO (Use dichlorphenamide)</i>   | 9         | QL(4 EA daily); PA                                |
| RELION KETONE TEST STRP                                      | 1         |  | <i>methazolamide TABS PO</i>   | 1         | QL(6 EA daily)                                    |
| RELION TRUE METRIX TEST STRIPS STRP                          | 1         | QL(3.34 EA daily); RX/OTC  | Diuretic Combinations  |           |   |
| TRUE METRIX BLOOD GLUCOSE TEST STRP                          | 1         | QL(3.34 EA daily); RX/OTC  | <i>ALDACTAZIDE PO (Use spironolactone &amp; hydrochlorothiazide)</i>   | 9         |   |
| TRUE METRIX BLOOD GLUCOSE TEST STRP                          | 1         | Limit 100 per month; QL(3.34 EA daily); RX/OTC                             | <i>amiloride &amp; hydrochlorothiazide PO</i>  | 1         |   |
| <b>DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes</b> |           |  | <i>MAXZIDE-25 TABS PO (Use triamterene &amp; hydrochlorothiazide)</i>  | 9         |   |
| Digestive Enzymes  |           |  |  |           |   |

| Drug Name  | Drug Tier | Requirements/Limits | Drug Name   | Drug Tier | Requirements/Limits       |
|--|-----------|---------------------|---|-----------|---------------------------|
| MAXZIDE TABS PO ( <i>Use triamterene &amp; hydrochlorothiazide</i> ) | 9         |                     | <i>hydrochlorothiazide TABS PO 25 MG, 50 MG</i>   | 7         | QL(2 EA daily)            |
| <i>spironolactone &amp; hydrochlorothiazide PO</i>                   | 1         |                     | <i>hydrochlorothiazide TABS PO 12.5 MG</i>  | 1         | QL(2 EA daily)            |
| <i>triamterene &amp; hydrochlorothiazide CAPS PO 25 MG-37.5 MG</i>   | 1         |                     | <i>indapamide TABS PO 2.5 MG</i>  | 1         | QL(2 EA daily)            |
| <i>triamterene &amp; hydrochlorothiazide TABS PO</i>                 | 1         |                     | <i>indapamide TABS PO 1.25 MG</i>   | 1         | QL(1 EA daily)            |
| Loop Diuretics   |           |                     | <i>metolazone PO</i>  | 1         | QL(2 EA daily)            |
| <i>bumetanide SOLN 0.25 MG/ML</i>                                    | 1         |                     | ENDOCRINE AND METABOLIC AGENTS - MISC.<br>- Drugs to Treat Bone Disease and Regulate Hormones |           |                           |
| <i>bumetanide TABS PO</i>  | 1         | QL(5 EA daily)      | Bone Density Regulators   |           |                           |
| <i>BUMEX TABS PO 0.5 MG (<i>Use bumetanide</i>)</i>                  | 9         | QL(5 EA daily)      | <i>ACTONEL TABS PO 35 MG (<i>Use risedronate sodium</i>)</i>                                  | 9         | QL(0.143 EA daily); PA    |
| <i>EDECRIN PO (<i>Use ethacrynic acid</i>)</i>                       | 9         | QL(16 EA daily)     | <i>ACTONEL TABS PO 150 MG (<i>Use risedronate sodium</i>)</i>                                 | 9         | QL(0.036 EA daily); PA    |
| <i>ethacrynic acid PO</i>  | 1         | QL(16 EA daily)     | <i>alendronate sodium TABS PO 5 MG, 10 MG</i>   | 1         | QL(1 EA daily)            |
| <i>furosemide SOLN IJ 10 MG/ML</i>                                   | 1         |                     | <i>alendronate sodium TABS PO 35 MG, 70 MG</i>  | 1         | QL(0.143 EA daily)        |
| <i>furosemide TABS PO</i>  | 1         |                     | <i>ATELVIA TBEC PO (<i>Use risedronate sodium</i>)</i>  | 9         | PA                        |
| <i>LASIX TABS PO (<i>Use furosemide</i>)</i>                         | 9         |                     | <i>calcitonin (salmon) NA</i>   | 1         | QL(0.14 ML daily)         |
| <i>torsemide TABS PO</i>   | 1         |                     | <i>FORTEO SOPN (<i>Use teriparatide</i>)</i>  | 9         | QL(0.09 ML daily); SP; PA |
| Potassium Sparing Diuretics  |           |                     | <i>FOSAMAX PLUS D PO</i>  | 3         | QL(0.143 EA daily); PA    |
| <i>ALDACTONE TABS PO (<i>Use spironolactone</i>)</i>                 | 9         |                     | <i>FOSAMAX TABS PO 70 MG (<i>Use alendronate sodium</i>)</i>                                  | 9         | QL(0.143 EA daily)        |
| <i>amiloride hcl TABS PO</i>   | 1         |                     | <i>ibandronate sodium SOLN</i>  | 4         | SP; PA                    |
| <i>DYRENIUM CAPS PO (<i>Use triamterene</i>)</i>                     | 9         | QL(3 EA daily)      | <i>ibandronate sodium TABS PO</i>   | 1         | QL(0.036 EA daily)        |
| <i>spironolactone TABS PO</i>  | 1         |                     | <i>pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML</i>                                       | 4         | SP; PA                    |
| <i>triamterene CAPS PO</i>   | 1         | QL(3 EA daily)      |   |           |                           |
| Thiazides and Thiazide-Like Diuretics                                |           |                     |   |           |                           |
| <i>chlorthalidone PO 25 MG, 50 MG</i>                                | 1         |                     |   |           |                           |
| <i>hydrochlorothiazide CAPS PO</i>                                   | 1         | QL(2 EA daily)      |   |           |                           |

| Drug Name   | Drug Tier | Requirements/Limits                         | Drug Name   | Drug Tier | Requirements/Limits    |  |
|---|-----------|---|---|-----------|------------------------|--|
| PAMIDRONATE DISODIUM SOLN                               | 4         | SP; PA                                      | NORDITROPIN FLEXPRO SOPN 30 MG/3ML                            | 4         | PA                     |  |
| PROLIA SOSY   | 4         | 1 max fill(s) per 180 day(s) retail; SP; PA | NORDITROPIN FLEXPRO SOPN 5 MG/1.5ML, 10 MG/1.5ML, 15 MG/1.5ML | 4         | SP; PA                 |  |
| RECLAST SOLN ( <i>Use zoledronic acid</i> )             | 9         | SP; PA                                      | ZORBTIVE SC   | 4         | SP; PA                 |  |
| <i>risedronate sodium TABS PO 5 MG, 30 MG</i>           | 1         | QL(1 EA daily); PA                          | Hormone Receptor Modulators                                   |           |                        |  |
| <i>risedronate sodium TABS PO 35 MG</i>                 | 1         | QL(0.143 EA daily); PA                      | EVISTA PO ( <i>Use raloxifene hcl</i> )                       | 9         | QL(1 EA daily)         |  |
| <i>risedronate sodium TABS PO 150 MG</i>                | 1         | QL(0.036 EA daily); PA                      | OSPHENA PO  | 3         | PA                     |  |
| <i>risedronate sodium TBEC PO</i>                       | 1         | PA  | <i>raloxifene hcl PO</i>                                      | 0         | QL(1 EA daily)         |  |
| <i>teriparatide SOPN</i>                                | 4         | QL(0.09 ML daily); SP; PA                   | Insulin-Like Growth Factors (Somatomedins)                    |           |                        |  |
| TYMLOS  | 4         | PA  | INCRELEX  | 4         | SP; PA                 |  |
| XGEVA SOLN  | 4         | SP; PA                                      | LHRH/GnRH Agonist Analog Pituitary Suppressants               |           |                        |  |
| <i>zoledronic acid CONC</i>                             | 4         | SP; PA                                      | FENSOLVI (6 MONTH) SC   | 4         | SP; PA                 |  |
| <i>zoledronic acid SOLN</i>                             | 4         | SP; PA                                      | LUPRON DEPOT-PED (1-MONTH)                                    | 4         | SP; PA                 |  |
| Corticotropin   |           |   | LUPRON DEPOT-PED (3-MONTH) 11.25 MG                           | 4         | PA                     |  |
| ACTHAR GEL  | 3         | PA  | LUPRON DEPOT-PED (3-MONTH) 30 MG                              | 4         | SP; PA                 |  |
| Fertility Regulators                                    |           |   | SYNAREL   | 4         | SP; PA                 |  |
| CHORIONIC GONADOTROPIN IM                               | 4         | PA  | Metabolic Modifiers   |           |                        |  |
| GnRH/LHRH Antagonists                                   |           |   | ALDURAZYME  | 4         | SP; PA                 |  |
| <i>ganirelix acetate</i>                                | 4         | PA  | <i>betaine PO</i>   | 4         | SP; PA                 |  |
| <i>GANIRELIX ACETATE (<i>Use ganirelix acetate</i>)</i> | 9         | PA  | BUPHENYL POWD PO ( <i>Use sodium phenylbutyrate</i> )         | 9         | PA                     |  |
| ORILISSA  | 2         | PA  | BUPHENYL TABS PO ( <i>Use sodium phenylbutyrate</i> )         | 9         | PA                     |  |
| Growth Hormone Releasing Hormones (GHRH)                |           |   | <i>calcitriol CAPS PO</i>                                     | 1         |                        |  |
| EGRIFTA SV  | 4         | PA  | <i>calcitriol SOLN IV</i>                                     | 1         |                        |  |
| Growth Hormones   |           |   | <i>cinacalcet hcl PO</i>                                      | 4         | QL(4 EA daily); SP; PA |  |
| GENOTROPIN MINIQUICK PRSY                               | 4         | PA  | CYSTADANE PO ( <i>Use betaine</i> )                           | 9         | SP; PA                 |  |
| GENOTROPIN CART SC                                      | 4         | PA  |   |           |                        |  |
| HUMATROPE CART IJ                                       | 4         | SP; PA                                      |   |           |                        |  |

Ambetter NV Formulary Updated January 1, 2025

| Drug Name  | Drug Tier | Requirements/Limits    | Drug Name  | Drug Tier | Requirements/Limits    |  |
|--|-----------|------------------------|--|-----------|------------------------|--|
| <i>doxercalciferol CAPS PO</i>                           | 1         |                        | DDAVP PF SOLN IJ ( <i>Use desmopressin acetate</i> )                                 | 9         | PA                     |  |
| <i>doxercalciferol SOLN</i>                              | 1         |                        | DDAVP SOLN IJ 4 MCG/ML ( <i>Use desmopressin acetate</i> )                           | 9         | PA                     |  |
| ELAPRASE   | 4         | SP; PA                 | DDAVP TABS PO 0.1 MG ( <i>Use desmopressin acetate</i> )                             | 9         | QL(6 EA daily)         |  |
| HECTOROL SOLN ( <i>Use doxercalciferol</i> )             | 9         |                        | DDAVP TABS PO 0.2 MG ( <i>Use desmopressin acetate</i> )                             | 9         | QL(8 EA daily)         |  |
| KUVAN PACK ( <i>Use sapropterin dihydrochloride</i> )    | 9         | PA                     | <i>desmopressin acetate spray</i>  | 1         |                        |  |
| KUVAN TABS ( <i>Use sapropterin dihydrochloride</i> )    | 9         | PA                     | <i>desmopressin acetate spray refrigerated 0.01 %</i>                                | 1         |                        |  |
| LUMIZYME   | 4         | SP; PA                 | <i>desmopressin acetate SOLN IJ</i>  | 1         | PA                     |  |
| MYALEPT  | 4         | PA                     | DESMOPRESSIN ACETATE SOLN NA   | 4         | SP; PA                 |  |
| <i>nitisinone CAPS PO</i>                                | 4         | PA                     | <i>desmopressin acetate TABS PO 0.1 MG</i>   | 1         | QL(6 EA daily)         |  |
| ORFADIN CAPS PO ( <i>Use nitisinone</i> )                | 9         | PA                     | <i>desmopressin acetate TABS PO 0.2 MG</i>   | 1         | QL(8 EA daily)         |  |
| <i>paricalcitol CAPS PO</i>                              | 1         |                        | Prolactin Inhibitors   |           |                        |  |
| <i>paricalcitol SOLN</i>                                 | 1         |                        | <i>cabergoline PO</i>  | 1         |                        |  |
| PHEBURANE PLLT   | 4         | PA                     | Somatostatic Agents  |           |                        |  |
| ROCALTROL CAPS PO ( <i>Use calcitriol</i> )              | 9         |                        | <i>octreotide acetate SOLN</i>   | 4         | SP; PA                 |  |
| ROCALTROL SOLN PO ( <i>Use calcitriol</i> )              | 9         |                        | SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML, 500 MCG/ML ( <i>Use octreotide acetate</i> ) | 9         | SP; PA                 |  |
| <i>sapropterin dihydrochloride PACK</i>                  | 4         | PA                     | SIGNIFOR   | 4         | PA                     |  |
| <i>sapropterin dihydrochloride TABS</i>                  | 4         | PA                     | Vasopressin Receptor Antagonists   |           |                        |  |
| SENSIPAR PO ( <i>Use cinacalcet hcl</i> )                | 9         | QL(4 EA daily); SP; PA | JYNARQUE TBPK  | 4         | SP; PA                 |  |
| <i>sodium phenylbutyrate POWD PO</i>                     | 1         | PA                     | SAMSCA TABS ( <i>Use tolvaptan</i> )   | 9         | QL(2 EA daily); SP; PA |  |
| <i>sodium phenylbutyrate TABS PO</i>                     | 1         | PA                     | <i>tolvaptan TABS</i>  | 4         | QL(2 EA daily); SP; PA |  |
| STRENSIQ   | 4         | PA                     | ESTROGENS - Hormone Replacement/Modifying Drugs                                      |           |                        |  |
| ZEMPLAR CAPS PO 1 MCG, 2 MCG ( <i>Use paricalcitol</i> ) | 9         |                        |  |           |                        |  |
| ZEMPLAR SOLN ( <i>Use paricalcitol</i> )                 | 9         |                        |  |           |                        |  |
| Posterior Pituitary Hormones                             |           |                        |  |           |                        |  |

| Drug Name  | Drug Tier | Requirements/Limits | Drug Name  | Drug Tier | Requirements/Limits                |  |  |  |
|--|-----------|---------------------|--|-----------|------------------------------------|--|--|--|
| Estrogen Combinations  |           |                     |  |           |                                    |  |  |  |
| BIJUVA   | 3         | PA                  | VIVELLE-DOT PTTW<br><i>(Use estradiol)</i>                             | 9         | QL(0.286 EA daily)                 |  |  |  |
| CLIMARA PRO  | 3         |                     | FLUOROQUINOLONES - Drugs to Treat Bacterial Infections                 |           |                                    |  |  |  |
| DUAVEE   | 3         | PA                  | Fluoroquinolones   |           |                                    |  |  |  |
| <i>norethindrone acetate-ethinyl estradiol PO</i>  | 1         |                     | BAXDELA SOLR   | 3         | PA                                 |  |  |  |
| PREMPHASE PO   | 2         |                     | BAXDELA TABS   | 3         | PA                                 |  |  |  |
| PREMPRO PO   | 2         | QL(1 EA daily)      | <i>ciprofloxacin hcl TABS PO</i>                                       | 1         |                                    |  |  |  |
| Estrogens  |           |                     | <i>ciprofloxacin in d5w 200 MG/100ML</i>                               | 3         |                                    |  |  |  |
| CLIMARA PTWK 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR<br><i>(Use estradiol)</i> | 9         |                     | <i>ciprofloxacin SUSR PO</i>   | 1         | 2 max fill(s) per 30 day(s) retail |  |  |  |
| DELESTROGEN <i>(Use estradiol valerate)</i>  | 9         |                     | CIPRO TABS PO 250 MG, 500 MG <i>(Use ciprofloxacin hcl)</i>            | 9         |                                    |  |  |  |
| DEPO-ESTRADOL  | 3         |                     | <i>levofloxacin in d5w 500 MG/100ML</i>                                | 1         |                                    |  |  |  |
| DIVIGEL GEL <i>(Use estradiol)</i>   | 9         |                     | <i>levofloxacin SOLN PO</i>  | 1         |                                    |  |  |  |
| ELESTRIN GEL   | 3         |                     | <i>levofloxacin TABS PO 500 MG</i>                                     | 7         |                                    |  |  |  |
| ESTRACE TABS PO <i>(Use estradiol)</i>   | 9         |                     | <i>levofloxacin TABS PO 250 MG, 750 MG</i>                             | 1         |                                    |  |  |  |
| <i>estradiol valerate</i>  | 1         |                     | <i>moxifloxacin hcl in sodium chloride</i>                             | 1         |                                    |  |  |  |
| <i>estradiol GEL</i>   | 1         |                     | <i>moxifloxacin hcl TABS PO</i>  | 1         |                                    |  |  |  |
| <i>estradiol GEL</i>   | 3         |                     | <i>ofloxacin PO 300 MG, 400 MG</i>                                     | 1         |                                    |  |  |  |
| <i>estradiol PTTW</i>  | 1         | QL(0.286 EA daily)  | GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs |           |                                    |  |  |  |
| <i>estradiol PTWK</i>  | 1         |                     | Bile Acid Synthesis Disorder Agents                                    |           |                                    |  |  |  |
| <i>estradiol TABS PO</i>   | 1         |                     | CHOLBAM  | 4         | SP; PA                             |  |  |  |
| ESTROGEL GEL <i>(Use estradiol)</i>  | 3         |                     | Gallstone Solubilizing Agents  |           |                                    |  |  |  |
| EVAMIST SOLN   | 3         |                     | URSO 250 TABS PO<br><i>(Use ursodiol)</i>                              | 9         |                                    |  |  |  |
| MENEST PO  | 3         |                     | URSO FORTE TABS PO<br><i>(Use ursodiol)</i>                            | 9         |                                    |  |  |  |
| MENOSTAR PTWK  | 3         |                     | <i>ursodiol CAPS PO</i>  | 1         | QL(3 EA daily)                     |  |  |  |
| MINIVELLE PTTW <i>(Use estradiol)</i>  | 9         | QL(0.286 EA daily)  | <i>ursodiol TABS PO</i>  | 1         |                                    |  |  |  |
| PREMARIN SOLR  | 2         |                     |  |           |                                    |  |  |  |
| PREMARIN TABS PO   | 2         | QL(1 EA daily)      |  |           |                                    |  |  |  |

Ambetter NV Formulary Updated January 1, 2025

| Drug Name   | Drug Tier | Requirements/Limits | Drug Name   | Drug Tier | Requirements/Limits    |
|---|-----------|---------------------|---|-----------|------------------------|
| Gastrointestinal Chloride Channel Activators            |           |                     |   |           |                        |
| AMITIZA PO ( <i>Use lubiprostone</i> )                  | 9         | QL(2 EA daily)      | <i>mesalamine TBEC PO 1.2 GM</i>                  | 3         |                        |
| <i>lubiprostone PO</i>                                  | 1         | QL(2 EA daily)      | <i>mesalamine TBEC PO 800 MG</i>                  | 3         | QL(6 EA daily)         |
| Gastrointestinal Stimulants                             |           |                     |   |           |                        |
| <i>metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML</i>  | 1         | QL(60 ML daily)     | RENFLEXIS   | 4         | PA                     |
| <i>metoclopramide hcl SOLN IJ 5 MG/ML</i>               | 1         |                     | SKYRIZI SOCT                                      | 4         | QL(0.043 ML daily); PA |
| <i>metoclopramide hcl TABS PO</i>                       | 7         | QL(6 EA daily)      | SKYRIZI SOLN                                      | 4         | QL(0.36 ML daily); PA  |
| REGLAN TABS PO ( <i>Use metoclopramide hcl</i> )        | 9         | QL(6 EA daily)      | STELARA 130 MG/26ML                               | 4         | QL(3.47 ML daily); PA  |
| Inflammatory Bowel Agents                               |           |                     |   |           |                        |
| APRISO CP24 ( <i>Use mesalamine</i> )                   | 9         |                     | <i>sulfasalazine TABS PO</i>                      | 1         |                        |
| ASACOL HD TBEC PO ( <i>Use mesalamine</i> )             | 9         | QL(6 EA daily)      | <i>sulfasalazine TBEC PO</i>                      | 1         |                        |
| AZULFIDINE EN-TABS TBEC PO ( <i>Use sulfasalazine</i> ) | 9         |                     | Intestinal Acidifiers                             |           |                        |
| AZULFIDINE TABS PO ( <i>Use sulfasalazine</i> )         | 9         |                     | <i>lactulose (encephalopathy) PO</i>              | 1         |                        |
| <i>balsalazide disodium CAPS PO</i>                     | 1         | QL(9 EA daily)      | Irritable Bowel Syndrome (IBS) Agents             |           |                        |
| CANASA SUPP PR ( <i>Use mesalamine</i> )                | 9         |                     | <i>alosetron hcl PO</i>                           | 1         | QL(2 EA daily)         |
| COLAZAL CAPS PO ( <i>Use balsalazide disodium</i> )     | 9         | QL(9 EA daily)      | LINZESS   | 2         | QL(1 EA daily)         |
| DELZICOL CPDR PO ( <i>Use mesalamine</i> )              | 9         |                     | LOTRONEX PO ( <i>Use alosetron hcl</i> )          | 9         | QL(2 EA daily)         |
| DIPENTUM PO   | 2         |                     | Peripheral Opioid Receptor Antagonists            |           |                        |
| INFLECTRA SOLR  | 4         | PA                  | <i>alvimopan PO</i>                               | 1         |                        |
| LIALDA TBEC PO ( <i>Use mesalamine</i> )                | 9         |                     | <i>ENTEREG PO (<i>Use alvimopan</i>)</i>          | 9         |                        |
| <i>mesalamine CP24</i>                                  | 1         |                     | MOVANTIK PO                                       | 3         | QL(1 EA daily); PA     |
| <i>mesalamine CPDR PO</i>                               | 1         |                     | Phosphate Binder Agents                           |           |                        |
| <i>mesalamine ENEM PR</i>                               | 3         |                     | <i>calcium acetate (phosphate binder) CAPS PO</i> | 1         |                        |
| <i>mesalamine SUPP PR</i>                               | 3         |                     | <i>calcium acetate (phosphate binder) TABS PO</i> | 1         | RX/OTC                 |

Ambetter NV Formulary Updated January 1, 2025

| Drug Name   | Drug Tier | Requirements/ Limits | Drug Name   | Drug Tier | Requirements/ Limits   |
|---|-----------|----------------------|---|-----------|------------------------|
| RENELA TABS PO ( <i>Use sevelamer carbonate</i> )                       | 9         |                      | <i>alfuzosin hcl PO</i>                                 | 1         | QL(1 EA daily)         |
| <i>sevelamer carbonate</i><br>PACK                                      | 1         |                      | AVODART PO ( <i>Use dutasteride</i> )                   | 9         | QL(1 EA daily)         |
| <i>sevelamer carbonate</i><br>TABS PO                                   | 1         |                      | <i>dutasteride PO</i>                                   | 1         | QL(1 EA daily)         |
| GENITOURINARY AGENTS - MISCELLANEOUS -                                  |           |                      | <i>finasteride PO</i>                                   | 1         | 5 mg only              |
| Miscellaneous Drugs to Treat Reproductive<br>Organs and Urinary System  |           |                      | FLOMAX PO ( <i>Use tamsulosin hcl</i> )                 | 9         |                        |
| Alkalinizers  |           |                      | PROSCAR PO ( <i>Use finasteride</i> )                   | 9         | 5 mg only              |
| <i>potassium citrate</i><br>(alkalinizer) TBCR PO                       | 1         |                      | RAPAFLO PO ( <i>Use silodosin</i> )                     | 9         |                        |
| <i>sodium citrate &amp; citric acid</i><br>PO                           | 1         | RX/OTC               | <i>silodosin PO</i>                                     | 1         |                        |
| UROCIT-K 10 TBCR PO<br>( <i>Use potassium citrate</i><br>(alkalinizer)) | 9         |                      | <i>tamsulosin hcl PO</i>                                | 1         |                        |
| UROCIT-K 15 TBCR PO<br>( <i>Use potassium citrate</i><br>(alkalinizer)) | 9         |                      | UROXATRAL PO ( <i>Use alfuzosin hcl</i> )               | 9         | QL(1 EA daily)         |
| UROCIT-K 5 TBCR PO<br>( <i>Use potassium citrate</i><br>(alkalinizer))  | 9         |                      | Urinary Analgesics                                      |           |                        |
| Cystinosis Agents   |           |                      | <i>phenazopyridine hcl</i><br>TABS PO 100 MG, 200<br>MG | 1         |                        |
| CYSTAGON CAPS PO  | 3         | PA                   | PYRIDIUM TABS PO<br>( <i>Use phenazopyridine hcl</i> )  | 9         |                        |
| Genitourinary Irrigants   |           |                      | Urinary Stone Agents                                    |           |                        |
| <i>acetic acid 0.25 %</i>   | 1         |                      | THIOLA EC TBEC 100<br>MG ( <i>Use tiopronin</i> )       | 3         | QL(3 EA daily);<br>PA  |
| <i>glycine (gu irrigant)</i> SOLN<br>1.5 %                              | 1         |                      | THIOLA EC TBEC 300<br>MG ( <i>Use tiopronin</i> )       | 3         | QL(10 EA<br>daily); PA |
| <i>sodium chloride (gu</i><br><i>irrigant) 0.9 %</i>                    | 1         |                      | <i>tiopronin TBEC 100 MG</i>                            | 3         | QL(3 EA daily);<br>PA  |
| SORBITOL 3 %  | 1         |                      | <i>tiopronin TBEC 300 MG</i>                            | 3         | QL(10 EA<br>daily); PA |
| SORBITOL-MANNITOL<br>2.7 GM/100ML-0.54<br>GM/100ML                      | 1         |                      | GOUT AGENTS - Drugs to Treat Gout                       |           |                        |
| Interstitial Cystitis Agents  |           |                      | Gout Agent Combinations                                 |           |                        |
| ELMIRON CAPS PO   | 2         | QL(3 EA daily)       | <i>colchicine w/ probenecid</i><br>PO                   | 1         |                        |
| Prostatic Hypertrophy Agents  |           |                      | Gout Agents   |           |                        |
|   |           |                      | <i>allopurinol PO 100 MG,</i><br>300 MG                 | 1         |                        |
|   |           |                      | <i>colchicine TABS PO</i>                               | 1         | QL(1 EA daily)         |

Ambetter NV Formulary Updated January 1, 2025

| Drug Name  | Drug Tier | Requirements/<br>Limits | Drug Name   | Drug Tier | Requirements/<br>Limits   |
|--|-----------|-------------------------|---|-----------|---------------------------|
| COLCRYSTABS PO<br><i>(Use colchicine)</i>                                | 9         | QL(1 EA daily)          | Complement Inhibitors                                 |           |                           |
| febuxostat   | 1         | QL(1 EA daily);<br>PA   | GOHIBIC   | 4         | PA                        |
| ULORIC <i>(Use febuxostat)</i>   | 9         | QL(1 EA daily);<br>PA   | HAEGARDA SOLR SC                                      | 4         | PA                        |
| ZYLOPRIM PO <i>(Use allopurinol)</i>                                     | 9         |                         | Hemataologic - Tyrosine Kinase Inhibitors             |           |                           |
| Uricosurics  |           |                         | TAVALISSE   | 4         | QL(2 EA daily);<br>SP; PA |
| probenecid PO  | 1         |                         | Hematorheologic Agents                                |           |                           |
| HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders            |           |                         | pentoxifylline PO                                     | 1         | QL(3 EA daily)            |
| Antihemophilic Products  |           |                         | Plasma Kallikrein Inhibitors                          |           |                           |
| ADVATE   | 4         | PA                      | ORLADEYO  | 4         | PA                        |
| ADYNOVATE  | 4         | PA                      | TAKHYRO SOLN  | 4         | PA                        |
| AFSTYLA 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 2500 UNIT   | 4         | PA                      | TAKHYRO SOSY  | 4         | PA                        |
| ALPROLIX   | 4         | PA                      | Platelet Aggregation Inhibitors                       |           |                           |
| ALTUVIPIO 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT | 4         | PA                      | AGRYLIN PO 0.5 MG<br><i>(Use anagrelide hcl)</i>      | 9         |                           |
| BENEFIX KIT  | 4         | PA                      | anagrelide hcl PO                                     | 1         |                           |
| ELOCTATE   | 4         | PA                      | aspirin-dipyridamole PO                               | 1         | QL(2 EA daily);<br>PA     |
| ESPEROCT   | 4         | PA                      | BRILINTA PO   | 2         | QL(2 EA daily)            |
| IDELVION   | 4         | PA                      | cilostazol PO   | 1         |                           |
| JIVI   | 4         | PA                      | clopidogrel bisulfate PO<br>300 MG                    | 1         |                           |
| KOGENATE FS KIT  | 4         | PA                      | clopidogrel bisulfate PO<br>75 MG                     | 1         | QL(1 EA daily)            |
| KOVALTRY   | 4         | PA                      | dipyridamole PO                                       | 1         |                           |
| NOVOEIGHT  | 4         | PA                      | EFFIENT PO <i>(Use prasugrel hcl)</i>                 | 9         | QL(1 EA daily)            |
| XYNTHA   | 4         | PA                      | PLAVIX PO 75 MG <i>(Use clopidogrel bisulfate)</i>    | 9         | QL(1 EA daily)            |
| XYNTHA SOLOFUSE  | 4         | PA                      | prasugrel hcl PO                                      | 1         | QL(1 EA daily)            |
| Bradykinin B2 Receptor Antagonists                                       |           |                         | ZONTIVITY PO  | 3         | PA                        |
| FIRAZYR SOSY <i>(Use icatibant acetate)</i>                              | 9         | QL(9 ML daily);<br>PA   | HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders |           |                           |
| icatibant acetate SOSY   | 4         | QL(9 ML daily);<br>PA   | Agents for Gaucher Disease                            |           |                           |
|  |           |                         | CERDELGA  | 4         | QL(2 EA daily);<br>PA     |
|  |           |                         | CEREZYME 400 UNIT                                     | 4         | SP; PA                    |

| Drug Name   | Drug Tier | Requirements/Limits    | Drug Name  | Drug Tier | Requirements/Limits |  |  |  |
|---|-----------|------------------------|--|-----------|---------------------|--|--|--|
| miglustat   | 4         | QL(3 EA daily); SP; PA | UDENYCA SOAJ   | 4         | PA                  |  |  |  |
| ZAVESCA (Use miglustat)   | 9         | QL(3 EA daily); SP; PA | UDENYCA SOSY   | 4         | PA                  |  |  |  |
| Agents for Sickle Cell Disease  |           |                        |  |           |                     |  |  |  |
| DROXIA CAPS   | 3         |                        | ZARXIO   | 4         | PA                  |  |  |  |
| Cobalamins  |           |                        |  |           |                     |  |  |  |
| cyanocobalamin SOLN IJ 1000 MCG/ML  | 1         | QL(1 ML daily)         | Iron   |           |                     |  |  |  |
| Folic Acid/Folates  |           |                        |  |           |                     |  |  |  |
| folic acid TABS PO  | 0         |                        | FER-IN-SOL SOLN PO ( <i>Use ferrous sulfate</i> )          | 9         | AL(Up to 1 yrs old) |  |  |  |
| Hematopoietic Growth Factors  |           |                        | ferrous sulfate SOLN PO 15 MG/ML, 15 MG/ML                 | 0         | AL(Up to 1 yrs old) |  |  |  |
| ARANESP (ALBUMIN FREE) SOLN 25 MCG/ML, 40 MCG/ML, 60 MCG/ML, 100 MCG/ML             | 4         | SP; PA                 | ferrous sulfate TABS PO 325 MG, 65 MG, 325 MG              | 0         |                     |  |  |  |
| ARANESP (ALBUMIN FREE) SOSY 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML | 4         | SP; PA                 | ferrous sulfate TBEC PO                                    | 0         |                     |  |  |  |
| DOPTELET  | 4         | QL(3 EA daily); PA     | Stem Cell Mobilizers                                       |           |                     |  |  |  |
| EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML       | 4         | SP; PA                 | MOZOBIL ( <i>Use plerixafor</i> )                          | 9         | SP; PA              |  |  |  |
| LEUKINE SOLR IJ   | 4         | SP; PA                 | plerixafor   | 4         | SP; PA              |  |  |  |
| MIRCERA   | 4         | PA                     | HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders |           |                     |  |  |  |
| MULPLETA  | 4         | QL(1 EA daily); PA     | Hemostatics - Systemic                                     |           |                     |  |  |  |
| NYVEPRIA  | 4         | PA                     | AMICAR TABS PO ( <i>Use aminocaproic acid</i> )            | 9         | PA                  |  |  |  |
| PROCRIT   | 4         | SP; PA                 | aminocaproic acid TABS PO                                  | 1         | PA                  |  |  |  |
| PROCRIT   | 4         | SP; PA                 | CYKLOKAPRON SOLN ( <i>Use tranexamic acid</i> )            | 9         |                     |  |  |  |
| PROMACTA PACK   | 4         | QL(1 EA daily); PA     | LYSTEDA TABS PO ( <i>Use tranexamic acid</i> )             | 9         |                     |  |  |  |
| PROMACTA TABS PO  | 4         | QL(1 EA daily); PA     | tranexamic acid SOLN 1000 MG/10ML                          | 1         |                     |  |  |  |
| RETACRIT  | 4         | PA                     | tranexamic acid TABS PO                                    | 1         |                     |  |  |  |
| UDENYCA ONBODY SOSY   | 4         | PA                     | HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS                  |           |                     |  |  |  |
| Barbiturate Hypnotics   |           |                        |  |           |                     |  |  |  |
| <i>phenobarbital ELIX PO</i>  |           |                        |  |           |                     |  |  |  |
| <i>phenobarbital TABS PO</i>  |           |                        |  |           |                     |  |  |  |
| Hypnotics - Tricyclic Agents  |           |                        |  |           |                     |  |  |  |
| <i>doxepin hcl (sleep) PO</i>   |           |                        |  |           |                     |  |  |  |
| 1 QL(1 EA daily); PA  |           |                        |  |           |                     |  |  |  |

Ambetter NV Formulary Updated January 1, 2025

| Drug Name  | Drug Tier | Requirements/Limits                         | Drug Name   | Drug Tier | Requirements/Limits                     |
|--|-----------|---|---|-----------|---|
| SILENOR PO ( <i>Use doxepin hcl (sleep)</i> )      | 9         | QL(1 EA daily); PA                          | ROZEREM PO ( <i>Use ramelteon</i> )   | 9         | QL(1 EA daily); AL(At least 18 yrs old) |
| Non-Barbiturate Hypnotics                          |           |   |   |           |   |
| AMBIEN CR TBCR PO ( <i>Use zolpidem tartrate</i> ) | 9         | QL(1 EA daily)                              | LAXATIVES - Bowel Treatment Drugs   |           |   |
| AMBIEN TABS PO ( <i>Use zolpidem tartrate</i> )    | 9         | QL(1 EA daily); AL(At least 18 yrs old)     | Bulk Laxatives  |           |   |
| <i>estazolam PO</i>                                | 1         |   | <i>calcium polycarbophil TABS PO</i>  | 1         |   |
| <i>eszopiclone PO</i>                              | 1         | QL(1 EA daily); AL(At least 18 yrs old); ST | Laxative Combinations   |           |   |
| <i>flurazepam hcl PO</i>                           | 1         | PA  | GOLYTELY SOLR PO ( <i>Use peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i> )        | 9         |   |
| HALCION PO 0.25 MG ( <i>Use triazolam</i> )        | 9         |   | MOVIPREP PO ( <i>Use peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i> )      | 9         |   |
| LUNESTA PO ( <i>Use eszopiclone</i> )              | 9         | QL(1 EA daily); AL(At least 18 yrs old); ST | <i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid PO</i>                       | 1         |   |
| RESTORIL PO ( <i>Use temazepam</i> )               | 9         | QL(1 EA daily)                              | <i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR PO 236 GM</i>                  | 0         |   |
| <i>temazepam PO 15 MG, 30 MG</i>                   | 7         | QL(1 EA daily)                              | <i>peg 3350-potassium chloride-sod bicarbonate-sod chloride PO</i>                      | 1         | PA                                      |
| <i>temazepam PO 7.5 MG, 22.5 MG</i>                | 1         | QL(1 EA daily)                              | <i>sodium sulfate-potassium sulfate-magnesium sulfate</i>                               | 1         |   |
| <i>triazolam PO</i>                                | 1         |   | SUPREP BOWEL PREP KIT ( <i>Use sodium sulfate-potassium sulfate-magnesium sulfate</i> ) | 9         |   |
| <i> zaleplon PO 5 MG</i>                           | 1         | QL(1 EA daily); AL(At least 18 yrs old)     | Laxatives - Miscellaneous   |           |   |
| <i> zaleplon PO 10 MG</i>                          | 1         | QL(2 EA daily); AL(At least 18 yrs old)     | <i>lactulose SOLN PO</i>  | 1         |   |
| <i> zolpidem tartrate TABS PO</i>                  | 7         | QL(1 EA daily); AL(At least 18 yrs old)     | Saline Laxatives  |           |   |
| <i> zolpidem tartrate TBCR PO</i>                  | 1         | QL(1 EA daily)                              | OSMOPREP PO   | 3         | PA                                      |
| Orexin Receptor Antagonists                        |           |   |   |           |   |
| BELSOMRA   | 3         | PA  | Stimulant Laxatives   |           |   |
| Selective Melatonin Receptor Agonists              |           |   | <i>bisacodyl SUPP PR</i>  | 7         |   |
| <i>ramelteon PO</i>                                | 1         | QL(1 EA daily); AL(At least 18 yrs old)     | <i>bisacodyl TBEC PO</i>  | 7         |   |
|  |           |   | <i>DULCOLAX PINK LAXATIVE TBEC PO (<i>Use bisacodyl</i>)</i>                            | 9         |   |

Ambetter NV Formulary Updated January 1, 2025

| Drug Name   | Drug Tier | Requirements/Limits                       | Drug Name  | Drug Tier | Requirements/Limits                       |
|---|-----------|---|--|-----------|---|
| DULCOLAX SUPP PR<br><i>(Use bisacodyl)</i>                                    | 9         |   | ZITHROMAX TRI-PAK TABS PO <i>(Use azithromycin)</i>              | 9         | QL(4 EA per fill retail; 4 per fill mail) |
| DULCOLAX TBEC PO<br><i>(Use bisacodyl)</i>                                    | 9         |   | ZITHROMAX Z-PAK TABS PO <i>(Use azithromycin)</i>                | 9         | QL(6 EA per fill retail; 6 per fill mail) |
| Surfactant Laxatives  |           |   |  |           |   |
| COLACE CAPS PO 100 MG <i>(Use docusate sodium)</i>                            | 9         | QL(4 EA daily)                            | ZITHROMAX SOLR <i>(Use azithromycin)</i>                         | 9         |   |
| <i>docusate calcium PO</i>  | 7         | QL(1 EA daily)                            | ZITHROMAX SUSR PO <i>(Use azithromycin)</i>                      | 9         |   |
| <i>docusate sodium CAPS PO 250 MG</i>   | 7         |   | ZITHROMAX TABS PO 250 MG <i>(Use azithromycin)</i>               | 9         | QL(6 EA per fill retail; 6 per fill mail) |
| <i>docusate sodium CAPS PO 100 MG</i>   | 7         | QL(4 EA daily)                            | ZITHROMAX TABS PO 500 MG <i>(Use azithromycin)</i>               | 9         | QL(4 EA per fill retail; 4 per fill mail) |
| LOCAL ANESTHETICS-Parenteral - Drugs for Numbing                              |           |   |  |           |   |
| Local Anesthetics - Amides  |           |   |  |           |   |
| <i>lidocaine hcl (local anesth.) SOLN 0.5 %, 1 %, 2 %</i>                     | 1         |   | Clarithromycin   |           |   |
| XYLOCAINE-MPF SOLN 0.5 %, 1 %, 2 % <i>(Use lidocaine hcl (local anesth.))</i> | 9         |   | <i>clarithromycin SUSR PO</i>                                    | 1         |   |
| XYLOCAINE SOLN 0.5 %, 1 % <i>(Use lidocaine hcl (local anesth.))</i>          | 9         |   | <i>clarithromycin TABS PO</i>                                    | 1         |   |
| MACROLIDES - Drugs to Treat Bacterial Infections                              |           |   | <i>clarithromycin TB24 PO</i>                                    | 1         |   |
| Azithromycin  |           |   | Erythromycins  |           |   |
| <i>azithromycin PACK PO</i>   | 1         |   | E.E.S. GRANULES SUSR PO <i>(Use erythromycin ethylsuccinate)</i> | 9         |   |
| <i>azithromycin SOLR</i>  | 1         |   | ERYPED 200 SUSR PO <i>(Use erythromycin ethylsuccinate)</i>      | 9         |   |
| <i>azithromycin SUSR PO</i>   | 1         |   | ERYPED 400 SUSR PO <i>(Use erythromycin ethylsuccinate)</i>      | 9         |   |
| <i>azithromycin TABS PO 250 MG</i>  | 1         | QL(6 EA per fill retail; 6 per fill mail) | <i>erythromycin base CPEP PO</i>                                 | 3         |   |
| <i>azithromycin TABS PO 600 MG</i>  | 1         | QL(0.286 EA daily)                        | <i>erythromycin base TABS PO</i>                                 | 3         |   |
| <i>azithromycin TABS PO 500 MG</i>  | 1         | QL(4 EA per fill retail; 4 per fill mail) | <i>erythromycin base TBEC PO</i>                                 | 1         |   |
| Fidaxomicin   |           |   | <i>erythromycin ethylsuccinate SUSR PO</i>                       | 1         |   |
|   |           |   | <i>erythromycin ethylsuccinate TABS PO</i>                       | 3         |   |

Ambetter NV Formulary Updated January 1, 2025

| Drug Name                           | Drug Tier | Requirements/<br>Limits   | Drug Name                           | Drug Tier | Requirements/<br>Limits |
|-------------------------------------|-----------|---|-------------------------------------|-----------|-------------------------|
| DIFICID TABS                        | 2         |   | K-Y ME & YOU EXTRA LUBRICATED DEVI  | 0         |                         |
| <b>MEDICAL DEVICES AND SUPPLIES</b> |           |   |                                     |           |                         |
| Contraceptives                      |           |   |                                     |           |                         |
| AIMSCO LUBRICATED MISC              | 0         |   | MAXX PLUS MISC                      | 0         |                         |
| CAYA DPRH                           | 0         |   | MAXX MISC                           | 0         |                         |
| DUREX EXTRA SENSITIVE THIN DEVI     | 0         |   | OMNIFLEX DIAPHRAGM                  | 0         |                         |
| DUREX EXTRA SENSITIVE THIN MISC     | 0         |   | REALITY LATEX CONDOMS MISC          | 0         |                         |
| DUREX TROPICAL MISC                 | 0         |   | REALITY LATEX/ULTRA TEXTURED DEVI   | 0         |                         |
| FANTASY LUBRICATED/SPERMICI DE MISC | 0         |   | REALITY LATEX/ULTRA THIN DEVI       | 0         |                         |
| FANTASY LUBRICATED MISC             | 0         |   | TROJAN MAGNUM MISC                  | 0         |                         |
| 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 | TROJAN ULTRA THIN/SPERMICIDAL MISC  | 0         |                         |
| FEMCAP DEVI                         | 0         |   | TROJAN ULTRA THIN MISC              | 0         |                         |
| KAMELEON LUBRICATED MISC            | 0         |   | TROJAN-ENZ LUBRICATED MISC          | 0         |                         |
| KIMONO COLORS DEVI                  | 0         |   | TROJAN-ENZ/SPERMICIDAL MISC         | 0         |                         |
| KIMONO MAXX-LARGE FLARE MISC        | 0         |   | TRUE COVER DEVI                     | 0         |                         |
| KIMONO MICRO THIN PLUS MISC         | 0         |   | TRUSTEX COLOR CONDOMS + LUBE MISC   | 0         |                         |
| KIMONO PLUS MISC                    | 0         |   | TRUSTEX LUB/RIBBED/STUDDED MISC     | 0         |                         |
| KIMONO PS PLUS MISC                 | 0         |   | TRUSTEX LUB/SPERMICIDE EX ST MISC   | 0         |                         |
| KIMONO PS MISC                      | 0         |   | TRUSTEX LUB/SPERMICIDE XL MISC      | 0         |                         |
| KIMONO SENSATION PLUS MISC          | 0         |   | TRUSTEX LUBRICATED EX LARGE MISC    | 0         |                         |
| KIMONO SENSATION MISC               | 0         |   | TRUSTEX LUBRICATED EXTRA ST MISC    | 0         |                         |
| KIMONO SPECIAL DEVI                 | 0         |   | TRUSTEX LUBRICATED/SPERMICI DE MISC | 0         |                         |
| KIMONO MISC                         | 0         |   |                                     |           |                         |

| Drug Name                           | Drug Tier | Requirements/Limits                | Drug Name  | Drug Tier | Requirements/Limits                                    |  |
|-------------------------------------|-----------|------------------------------------|--|-----------|--|--|
| 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         | QL(1 EA per 365 day(s) retail); PA                     |  |
| TRUSTEX RIA LUBRICATED MISC         | 0         |                                    | ONETOUCH DELICA SAFETY LANCING                         | 1         | RX/OTC   |  |
| TRUSTEX-NONOXYNOL-9/RIB/STUD MISC   | 0         |                                    | RELION LANCET DEVICES 30G                              | 1         | RX/OTC   |  |
| WIDE-SEAL DIAPHRAGM 60              | 0         |                                    | RELION LANCETS   | 1         | RX/OTC   |  |
| WIDE-SEAL DIAPHRAGM 65              | 0         |                                    | TRUE METRIX LEVEL 3 SOLN                               | 1         |  |  |
| WIDE-SEAL DIAPHRAGM 70              | 0         |                                    | MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches  |           |  |  |
| WIDE-SEAL DIAPHRAGM 75              | 0         |                                    | Calcitonin Gene-Related Peptide (CGRP) Receptor Antag  |           |  |  |
| WIDE-SEAL DIAPHRAGM 80              | 0         |                                    | AIMOVIG  | 2         | QL(0.04 ML daily); PA                                  |  |
| WIDE-SEAL DIAPHRAGM 85              | 0         |                                    | EMGALITY (300 MG DOSE) SOSY                            | 2         | QL(0.1 ML daily); PA                                   |  |
| WIDE-SEAL DIAPHRAGM 90              | 0         |                                    | EMGALITY SOAJ  | 2         | QL(0.07 ML daily); PA                                  |  |
| WIDE-SEAL DIAPHRAGM 95              | 0         |                                    | EMGALITY SOSY  | 2         | QL(0.07 ML daily); PA                                  |  |
| Diabetic Supplies                   |           |                                    | UBRELVY PO   | 3         | QL(10 EA per 30 day(s) retail); ST                     |  |
| FREESTYLE LIBRE 14 DAY READER       | 3         | QL(1 EA per 365 day(s) retail); PA | Migraine Combinations                                  |           |  |  |
| FREESTYLE LIBRE 14 DAY SENSOR       | 3         | QL(0.072 EA daily); PA             | CAFERGOT TABS PO ( <i>Use ergotamine w/ caffeine</i> ) | 9         | QL(1.5 EA daily)                                       |  |
| FREESTYLE LIBRE 2 PLUS SENSOR       | 3         | QL(0.072 EA daily); PA             | ergotamine w/ caffeine TABS PO                         | 1         | QL(1.5 EA daily)                                       |  |
| FREESTYLE LIBRE 2 READER            | 3         | QL(1 EA per 365 day(s) retail); PA | sumatriptan-naproxen sodium PO                         | 3         | QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail) |  |
| FREESTYLE LIBRE 2 SENSOR            | 3         | QL(0.072 EA daily); PA             | TREXIMET PO ( <i>Use sumatriptan-naproxen sodium</i> ) | 9         | QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail) |  |
| FREESTYLE LIBRE 3 PLUS SENSOR       | 3         | QL(0.072 EA daily); PA             |  |           |  |  |

Ambetter NV Formulary Updated January 1, 2025

| Drug Name   | Drug Tier | Requirements/Limits                           | Drug Name  | Drug Tier | Requirements/Limits                           |
|---|-----------|---|--|-----------|---|
| Migraine Products   |           |   | IMITREX TABS PO ( <i>Use sumatriptan succinate</i> )         | 9         | QL(0.3 EA daily); AL(At least 18 yrs old)     |
| dihydroergotamine mesylate SOLN NA 4 MG/ML                        | 1         | QL(0.267 ML daily)                            | MAXALT-MLT TBDP PO 10 MG ( <i>Use rizatriptan benzoate</i> ) | 9         | QL(0.6 EA daily); AL(At least 6 yrs old)      |
| dihydroergotamine mesylate SOLN IJ 1 MG/ML                        | 1         |   | MAXALT TABS PO 10 MG ( <i>Use rizatriptan benzoate</i> )     | 9         | QL(0.6 EA daily); AL(At least 6 yrs old)      |
| ERGOMAR SUBL  | 3         | QL(0.667 EA daily)                            | naratriptan hcl PO   | 1         | QL(0.3 EA daily); AL(At least 18 yrs old)     |
| MIGRANAL SOLN NA ( <i>Use dihydroergotamine mesylate</i> )        | 9         | QL(0.267 ML daily)                            | RELPAX PO ( <i>Use eletriptan hydrobromide</i> )             | 9         | QL(0.2 EA daily); AL(At least 18 yrs old); ST |
| Serotonin Agonists  |           |   | rizatriptan benzoate TABS PO 5 MG                            | 1         | QL(0.4 EA daily); AL(At least 6 yrs old)      |
| almotriptan malate PO 12.5 MG                                     | 1         | QL(0.4 EA daily); AL(At least 12 yrs old); ST | rizatriptan benzoate TABS PO 10 MG                           | 1         | QL(0.6 EA daily); AL(At least 6 yrs old)      |
| almotriptan malate PO 6.25 MG                                     | 1         | QL(0.3 EA daily); AL(At least 12 yrs old); ST | rizatriptan benzoate TBDP PO 10 MG                           | 1         | QL(0.6 EA daily); AL(At least 6 yrs old)      |
| eletriptan hydrobromide PO  | 1         | QL(0.2 EA daily); AL(At least 18 yrs old); ST | rizatriptan benzoate TBDP PO 5 MG                            | 1         | QL(0.4 EA daily); AL(At least 6 yrs old)      |
| FROVA PO ( <i>Use frovatriptan succinate</i> )                    | 9         | QL(0.4 EA daily); AL(At least 18 yrs old); ST | sumatriptan  | 1         | QL(0.2 EA daily); AL(At least 18 yrs old)     |
| frovatriptan succinate PO   | 1         | QL(0.4 EA daily); AL(At least 18 yrs old); ST | sumatriptan succinate SOAJ                                   | 1         | QL(0.134 ML daily); AL(At least 18 yrs old)   |
| IMITREX 5 MG/ACT, 20 MG/ACT ( <i>Use sumatriptan</i> )            | 9         | QL(0.2 EA daily); AL(At least 18 yrs old)     | sumatriptan succinate SOCT                                   | 1         | QL(0.134 ML daily); AL(At least 18 yrs old)   |
| IMITREX STATDOSE REFILL SOCT ( <i>Use sumatriptan succinate</i> ) | 9         | QL(0.134 ML daily); AL(At least 18 yrs old)   | sumatriptan succinate SOLN 6 MG/0.5ML                        | 1         | QL(0.134 ML daily); AL(At least 18 yrs old)   |
| IMITREX STATDOSE SYSTEM SOAJ ( <i>Use sumatriptan succinate</i> ) | 9         | QL(0.134 ML daily); AL(At least 18 yrs old)   |  |           |   |

| Drug Name  | Drug Tier | Requirements/Limits                           | Drug Name  | Drug Tier | Requirements/Limits |
|--|-----------|---|--|-----------|---------------------|
| <i>sumatriptan succinate TABS PO</i>                   | 1         | QL(0.3 EA daily); AL(At least 18 yrs old)     | KCL IN DEXTROSE-NACL 5 %-40 MEQ/L-0.9 % ( <i>Use potassium chloride in dextrose &amp; sodium chloride</i> )  | 1         |                     |
| <i>zolmitriptan SOLN</i>                               | 1         | QL(0.2 EA daily); AL(At least 12 yrs old); ST | KCL-LACTATED RINGERS-D5W   | 1         |                     |
| <i>zolmitriptan TABS PO</i>                            | 1         | QL(0.3 EA daily); AL(At least 12 yrs old); ST | <i>lactated ringer's</i>   | 1         |                     |
| <i>zolmitriptan TBDP PO</i>                            | 1         | QL(0.3 EA daily); AL(At least 12 yrs old); ST | NORMOSOL-M IN D5W  | 1         |                     |
| ZOMIG SOLN ( <i>Use zolmitriptan</i> )                 | 9         | QL(0.2 EA daily); AL(At least 12 yrs old); ST | NORMOSOL-R PH 7.4  | 1         |                     |
| ZOMIG TABS PO 2.5 MG, 5 MG ( <i>Use zolmitriptan</i> ) | 9         | QL(0.3 EA daily); AL(At least 12 yrs old); ST | PLASMA-LYTE 148 ( <i>Use electrolyte-148</i> )   | 1         |                     |
| <b>MINERALS &amp; ELECTROLYTES</b>                     |           |   |  |           |                     |
| Bicarbonates   |           |   |  |           |                     |
| <i>sodium acetate SOLN</i>                             | 1         |   | <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> | 1         |                     |
| SODIUM ACETATE SOLN ( <i>Use sodium acetate</i> )      | 1         |   | <i>potassium chloride in nacl 20 MEQ/L-0.45 %, 20 MEQ/L-0.9 %, 40 MEQ/L-0.9 %</i>  | 1         |                     |
| Calcium  |           |   |  |           |                     |
| <i>calcium chloride (dihydrate) SOLN</i>               | 1         |   | POTASSIUM CHLORIDE IN NACL 20 MEQ/L-0.45 % ( <i>Use potassium chloride in nacl</i> )   | 1         |                     |
| Electrolyte Mixtures                                   |           |   |  |           |                     |
| <i>dextrose in lactated ringers</i>                    | 1         |   | POTASSIUM CHLORIDE IN NACL 20 MEQ/L-0.9 %, 40 MEQ/L-0.9 % ( <i>Use potassium chloride in nacl</i> )  | 9         |                     |
| <i>electrolyte-148</i>                                 | 1         |   | <i>ringer's</i>  | 1         |                     |
| <i>electrolyte-a</i>                                   | 1         |   | Fluoride   |           |                     |
| IONOSOL-MB IN D5W                                      | 1         |   | <i>sodium fluoride CHEW PO</i>   | 0         | QL(1 EA daily)      |
| ISOLYTE-P IN D5W                                       | 1         |   |  |           |                     |
| ISOLYTE-S  | 1         |   |  |           |                     |

Ambetter NV Formulary Updated January 1, 2025

| Drug Name   | Drug Tier | Requirements/ Limits | Drug Name   | Drug Tier | Requirements/ Limits   |
|---|-----------|----------------------|---|-----------|------------------------|
| Magnesium   |           |                      |   |           |                        |
| magnesium sulfate IJ 50 %                                       | 1         |                      | CUPRIMINE CAPS PO (Use penicillamine)             | 9         | PA                     |
| Phosphate   |           |                      |   |           |                        |
| potassium phosphates 45 MMOLE/15ML                              | 1         |                      | DEPEN TITRATABS TABS PO (Use penicillamine)       | 9         | QL(8 EA daily)         |
| POTASSIUM PHOSPHATES(66 MEQ K) (Use potassium phosphates)       | 9         |                      | penicillamine CAPS PO                             | 1         | PA                     |
| Potassium   |           |                      | penicillamine TABS PO                             | 1         | QL(8 EA daily)         |
| K-TAB TBCR PO 10 MEQ, 20 MEQ (Use potassium chloride)           | 9         |                      | SYPRINE PO (Use trientine hcl)                    | 9         | QL(8 EA daily); SP; PA |
| potassium acetate SOLN 2 MEQ/ML                                 | 1         |                      | trientine hcl PO 250 MG                           | 4         | QL(8 EA daily); SP; PA |
| potassium bicarbonate TBEF PO                                   | 1         |                      | Immunomodulators                                  |           |                        |
| potassium chloride microencapsulated crystals er PO             | 1         |                      | lenalidomide PO 2.5 MG, 5 MG, 10 MG, 15 MG, 25 MG | 4         | QL(1 EA daily); SP; PA |
| potassium chloride CPCR PO                                      | 1         |                      | lenalidomide PO 20 MG                             | 4         | QL(1 EA daily); PA     |
| potassium chloride PACK PO 20 MEQ                               | 1         | PA                   | THALOMID PO                                       | 4         | QL(3 EA daily); SP; PA |
| potassium chloride SOLN PO 10 %, 10 %                           | 1         |                      | Immunosuppressive Agents                          |           |                        |
| POTASSIUM CHLORIDE SOLN IV 10 MEQ/50ML (Use potassium chloride) | 1         |                      | ATGAM   | 4         | SP; PA                 |
| POTASSIUM CHLORIDE SOLN IV 20 MEQ/50ML (Use potassium chloride) | 9         |                      | AZATHIOPRINE SODIUM                               | 1         |                        |
| potassium chloride TBCR PO 8 MEQ, 10 MEQ, 20 MEQ                | 1         |                      | azathioprine TABS PO                              | 1         |                        |
| Sodium  |           |                      | CELLCEPT CAPS PO (Use mycophenolate mofetil)      | 9         |                        |
| sodium chloride SOLN IV 0.45 %, 0.9 %, 3 %, 4 MEQ/ML, 5 %       | 1         |                      | CELLCEPT TABS PO (Use mycophenolate mofetil)      | 9         |                        |
| MISCELLANEOUS THERAPEUTIC CLASSES                               |           |                      | cyclosporine modified (for microemulsion) CAPS PO | 1         |                        |
|   |           |                      | cyclosporine modified (for microemulsion) SOLN PO | 1         |                        |
|   |           |                      | cyclosporine CAPS PO                              | 1         |                        |
|   |           |                      | cyclosporine SOLN IV 50 MG/ML                     | 1         |                        |
|   |           |                      | ENSPRYNG  | 4         | PA                     |
|   |           |                      | everolimus (immunosuppressant) 1 MG               | 4         | QL(10 EA daily); PA    |

Ambetter NV Formulary Updated January 1, 2025

| Drug Name  | Drug Tier | Requirements/Limits     | Drug Name   | Drug Tier | Requirements/Limits |  |
|--|-----------|-------------------------|---|-----------|---------------------|--|
| everolimus<br>(immunosuppressant)<br>0.25 MG, 0.5 MG, 0.75 MG          | 4         | QL(20 EA daily); SP; PA | <i>irrigation solutions, physiological</i>              | 1         |                     |  |
| IMURAN TABS PO (Use azathioprine)                                      | 9         |                         | <i>lactated ringer's (irrigation)</i>                   | 1         |                     |  |
| <i>mycophenolate mofetil CAPS PO</i>                                   | 1         |                         | <i>ringer's irrigation</i>                              | 1         |                     |  |
| <i>mycophenolate mofetil TABS PO</i>                                   | 1         |                         | <i>water for irrigation, sterile</i>                    | 1         |                     |  |
| <i>mycophenolate sodium PO</i>   | 1         |                         | <b>Potassium Removing Agents</b>                        |           |                     |  |
| MYFORTIC PO (Use mycophenolate sodium)                                 | 9         |                         | LOKELMA   | 3         | QL(1 EA daily); PA  |  |
| NEORAL CAPS PO (Use cyclosporine modified (for microemulsion))         | 9         |                         | <i>sodium polystyrene sulfonate POWD PO</i>             | 1         |                     |  |
| NEORAL SOLN PO (Use cyclosporine modified (for microemulsion))         | 9         |                         | <i>sodium polystyrene sulfonate SUSP PR 30 GM/120ML</i> | 1         |                     |  |
| NULOJIX  | 4         | SP; PA                  | <b>MOUTH/THROAT/DENTAL AGENTS</b>                       |           |                     |  |
| PROGRAF CAPS PO (Use tacrolimus)                                       | 9         |                         | <b>Anesthetics Topical Oral</b>                         |           |                     |  |
| PROGRAF PACK   | 2         | PA                      | <i>lidocaine hcl (mouth-throat) 2 %</i>                 | 1         | QL(4 ML daily)      |  |
| PROGRAF SOLN   | 2         |                         | <i>lidocaine hcl (mouth-throat) 4 %</i>                 | 1         |                     |  |
| RAPAMUNE TABS PO (Use sirolimus)                                       | 9         |                         | <b>Anti-infectives - Throat</b>                         |           |                     |  |
| SANDIMMUNE CAPS PO (Use cyclosporine)                                  | 9         |                         | <i>clotrimazole</i>                                     | 1         |                     |  |
| SIMULECT   | 3         |                         | <i>NYSTATIN (Use nystatin (mouth-throat))</i>           | 9         |                     |  |
| <i>sirolimus TABS PO</i>   | 1         |                         | <i>nystatin (mouth-throat)</i>                          | 1         |                     |  |
| <i>tacrolimus CAPS PO</i>  | 1         |                         | <b>Antiseptics - Mouth/Throat</b>                       |           |                     |  |
| THYMOGLOBULIN  | 4         | SP; PA                  | <i>chlorhexidine gluconate (mouth-throat)</i>           | 1         |                     |  |
| ZORTRESS 1 MG (Use everolimus (immunosuppressant))                     | 9         | QL(10 EA daily); PA     | DEBACTEROL  | 2         |                     |  |
| ZORTRESS 0.25 MG, 0.5 MG, 0.75 MG (Use everolimus (immunosuppressant)) | 9         | QL(20 EA daily); SP; PA | PERIDEX (Use chlorhexidine gluconate (mouth-throat))    | 9         |                     |  |
| <b>Irrigation Solutions</b>  |           |                         | <b>Dental Products</b>                                  |           |                     |  |
|  |           |                         | <i>stannous fluoride CONC</i>                           | 0         | RX/OTC              |  |
|  |           |                         | <b>Steroids - Mouth/Throat/Dental</b>                   |           |                     |  |
|  |           |                         | <i>triamcinolone acetonide (mouth)</i>                  | 1         |                     |  |
|  |           |                         | <b>Throat Products - Misc.</b>                          |           |                     |  |

Ambetter NV Formulary Updated January 1, 2025

| Drug Name   | Drug Tier | Requirements/Limits    | Drug Name   | Drug Tier | Requirements/Limits    |
|---|-----------|------------------------|---|-----------|------------------------|
| cevimeline hcl PO   | 1         |                        | NEONATAL PRENATAL TABS PO   | 2         | QL(1 EA daily)         |
| EVOXAC PO (Use cevimeline hcl)  | 9         |                        | NEONATAL VITAMIN TABS PO  | 2         | QL(1 EA daily)         |
| pilocarpine hcl (oral) PO   | 1         |                        | NIVA-PLUS TABS PO   | 2         | QL(1 EA daily); RX/OTC |
| SALAGEN PO (Use pilocarpine hcl (oral))   | 9         |                        | ONE VITE WOMENS PLUS TABS PO  | 2         | QL(1 EA daily); RX/OTC |
| MULTIVITAMINS   |           |                        | ONE VITE WOMENS TABS PO   | 2         | QL(1 EA daily)         |
| Ped MV w/ Fluoride  |           |                        | PRENATAL ONE DAILY TABS PO  | 2         | QL(1 EA daily)         |
| pediatric multivitamins w/fl CHEW PO  | 7         | RX/OTC                 | PRENATAL PLUS VITAMIN/MINERAL TABS PO   | 2         | QL(1 EA daily); RX/OTC |
| Prenatal Vitamins   |           |                        | PRENATAL PLUS TABS PO   | 2         | QL(1 EA daily); RX/OTC |
| CLASSIC PRENATAL TABS PO  | 2         | QL(1 EA daily)         | PRENATAL VITAMIN AND MINERAL TABS PO  | 2         | QL(1 EA daily)         |
| CVS PRENATAL TABS PO 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)         | PRENATAL VITAMINS TABS PO 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)         |
| EQL PRENATAL FORMULA TABS PO  | 2         | QL(1 EA daily)         | PRENATAL VITAMIN TABS PO  | 2         | QL(1 EA daily)         |
| FT PRENATAL TABS PO   | 2         | QL(1 EA daily)         | PRENATAL/IRON TABS PO 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)         |
| GNP PRENATAL TABS PO  | 2         | QL(1 EA daily)         | PRENATAL TABS PO  | 2         | QL(1 EA daily)         |
| KP PRENATAL MULTIVITAMINS TABS PO   | 2         | QL(1 EA daily)         | PRENATRIX TABS PO   | 2         | QL(1 EA daily); RX/OTC |
| MASONATAL TABS PO   | 2         | QL(1 EA daily)         | PRENATRYL TABS PO   | 2         | QL(1 EA daily); RX/OTC |
| M-NATAL PLUS TABS PO  | 2         | QL(1 EA daily); RX/OTC |   |           |                        |
| MULTI PRENATAL TABS PO  | 2         | QL(1 EA daily)         |   |           |                        |
| NEONATAL COMPLETE TABS PO 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 |   |           |                        |
| NEONATAL PLUS TABS PO   | 2         | QL(1 EA daily); RX/OTC |   |           |                        |

Ambetter NV Formulary Updated January 1, 2025

| Drug Name  | Drug Tier | Requirements/Limits    | Drug Name   | Drug Tier | Requirements/Limits  |
|--|-----------|------------------------|---|-----------|--|
| PX PRENATAL MULTIVITAMINS TABS PO                      | 2         | QL(1 EA daily)         | DIRECT MUSCLE RELAXANTS   |           |  |
| QC PRENATAL TABS PO                                    | 2         | QL(1 EA daily)         | DANTRIUM CAPS PO 25 MG ( <i>Use dantrolene sodium</i> )                   | 9         | QL(4 EA daily)   |
| RA PRENATAL FORMULA TABS PO                            | 2         | QL(1 EA daily)         | dantrolene sodium CAPS PO   | 1         | QL(4 EA daily)   |
| RA PRENATAL TABS PO                                    | 2         | QL(1 EA daily)         | MUSCLE RELAXANT COMBINATIONS  |           |  |
| SM PRENATAL VITAMINS TABS PO                           | 2         | QL(1 EA daily)         | orphenadrine w/ aspirin & caff PO 385 MG-30 MG-25 MG                      | 3         | PA   |
| THERANATAL CORE NUTRITION TABS PO                      | 2         | QL(1 EA daily); RX/OTC | NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus    |           |  |
| TRICARE TABS PO  | 2         | QL(1 EA daily); RX/OTC | Nasal Antiallergy   |           |  |
| VITATELY WITH GINGER TABS PO                           | 2         | QL(1 EA daily); RX/OTC | azelastine hcl  | 1         | RX/OTC   |
| WESTAB PLUS TABS PO                                    | 2         | QL(1 EA daily); RX/OTC | olopatadine hcl (nasal)   | 1         |  |
| MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms |           |                        | PATANASE ( <i>Use olopatadine hcl (nasal)</i> )                           | 9         |  |
| Central Muscle Relaxants                               |           |                        | Nasal Anticholinergics  |           |  |
| baclofen TABS PO                                       | 1         |                        | ipratropium bromide (nasal) 0.03 %  | 1         | QL(1 ML daily)   |
| carisoprodol TABS PO                                   | 1         |                        | ipratropium bromide (nasal) 0.06 %  | 1         |  |
| chlorzoxazone TABS PO 500 MG                           | 1         | QL(6 EA daily)         | Nasal Steroids  |           |  |
| chlorzoxazone TABS PO 750 MG                           | 1         | QL(4 EA daily)         | budesonide (nasal)  | 1         |  |
| cyclobenzaprine hcl TABS PO 5 MG, 10 MG                | 7         | QL(3 EA daily)         | FLONASE ALLERGY RELIEF SUSP ( <i>Use fluticasone propionate (nasal)</i> ) | 9         | Limit 2 inhalers per month; QL(32 ML per 30 day(s) retail); RX/OTC |
| metaxalone PO 800 MG                                   | 1         | QL(4 EA daily)         | flunisolide (nasal)   | 1         | 1 package(s) per fill retail                                       |
| methocarbamol TABS PO 500 MG, 750 MG                   | 1         |                        | fluticasone propionate (nasal) SUSP                                       | 1         | Limit 2 inhalers per month; QL(32 ML per 30 day(s) retail); RX/OTC |
| orphenadrine citrate TB12 PO                           | 1         | QL(2 EA daily)         | mometasone furoate (nasal) SUSP   | 1         | QL(1.14 GM daily); PA; RX/OTC                                      |
| SOMA TABS PO ( <i>Use carisoprodol</i> )               | 9         |                        |   |           |  |
| tizanidine hcl CAPS PO                                 | 1         |                        |   |           |  |
| tizanidine hcl TABS PO                                 | 1         |                        |   |           |  |
| ZANAFLEX CAPS PO ( <i>Use tizanidine hcl</i> )         | 9         |                        |   |           |  |
| ZANAFLEX TABS PO 4 MG ( <i>Use tizanidine hcl</i> )    | 9         |                        |   |           |  |

Ambetter NV Formulary Updated January 1, 2025

| Drug Name  | Drug Tier | Requirements/Limits           | Drug Name   | Drug Tier | Requirements/Limits |
|--|-----------|-------------------------------|---|-----------|---------------------|
| NASACORT ALLERGY 24HR AERO (Use <i>triamcinolone acetonide (nasal)</i> ) | 9         |                               | COMBIGAN (Use <i>brimonidine tartrate-timolol maleate</i> ) | 9         |                     |
| NASONEX 24HR SUSP (Use <i>mometasone furoate (nasal)</i> )               | 9         | QL(1.14 ML daily); PA; RX/OTC | COSOPT (Use <i>dorzolamide hcl-timolol maleate</i> )        | 9         |                     |
| <i>triamcinolone acetonide (nasal) AERO</i>                              | 1         |                               | <i>dorzolamide hcl-timolol maleate</i>                      | 1         |                     |
| XHANCE EXHU  | 3         | PA                            | <i>levobunolol hcl 0.5 %</i>                                | 1         |                     |
| NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles                   |           |                               | <i>timolol maleate (ophth) SOLG</i>                         | 1         |                     |
| ALS Agents   |           |                               | <i>timolol maleate (ophth) SOLN</i>                         | 1         |                     |
| RILUTEK TABS PO (Use <i>riluzole</i> )                                   | 9         |                               | TIMOPTIC SOLN (Use <i>timolol maleate (ophth)</i> )         | 9         |                     |
| <i>riluzole TABS PO</i>  | 3         |                               | TIMOPTIC-XE SOLG (Use <i>timolol maleate (ophth)</i> )      | 9         |                     |
| Neuromuscular Blocking Agent - Neurotoxins                               |           |                               |   |           |                     |
| XEOMIN   | 3         | PA                            | Cycloplegic Mydriatics                                      |           |                     |
| Nondepolarizing Muscle Relaxants   |           |                               | MYDRIACYL SOLN (Use <i>tropicamide</i> )                    | 9         |                     |
| <i>atracurium besylate 50 MG/5ML</i>                                     | 3         | PA                            | <i>tropicamide SOLN 0.5 %</i>                               | 1         | QL(2.5 ML daily)    |
| NUTRIENTS  |           |                               | <i>tropicamide SOLN 1 %</i>                                 | 1         |                     |
| Proteins   |           |                               | Miotics   |           |                     |
| CLINIMIX E/DEXTROSE (5/20)   | 3         |                               | <i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i>                   | 1         |                     |
| CLINIMIX/DEXTROSE (4.25/10)  | 3         |                               | Ophthalmic Adrenergic Agents                                |           |                     |
| CLINIMIX/DEXTROSE (4.25/5)   | 3         |                               | ALPHAGAN P 0.15 % (Use <i>brimonidine tartrate</i> )        | 9         |                     |
| OPHTHALMIC AGENTS - Drugs to Treat the Eye                               |           |                               | <i>apraclonidine hcl</i>                                    | 1         |                     |
| Beta-blockers - Ophthalmic   |           |                               | <i>brimonidine tartrate 0.15 %, 0.2 %</i>                   | 1         |                     |
| <i>betaxolol hcl (ophth) SOLN</i>  | 1         |                               | IOPIDINE  | 3         |                     |
| <i>brimonidine tartrate-timolol maleate</i>                              | 1         |                               | Ophthalmic Anti-infectives                                  |           |                     |
| <i>carteolol hcl (ophth)</i>   | 1         |                               | <i>bacitracin (ophthalmic)</i>                              | 3         |                     |
|  |           |                               | CILOXAN SOLN (Use <i>ciprofloxacin hcl (ophth)</i> )        | 9         |                     |
|  |           |                               | <i>ciprofloxacin hcl (ophth) SOLN</i>                       | 1         |                     |

Ambetter NV Formulary Updated January 1, 2025

| Drug Name                                      | Drug Tier | Requirements/Limits | Drug Name  | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|--|-----------|---------------------|
| erythromycin (ophth)                           | 1         |                     | ALREX SUSP (Use loteprednol etabonate)           | 3         | PA                  |
| gatifloxacin (ophth)                           | 1         |                     | dexamethasone sodium phosphate (ophth)           | 1         | QL(0.4 ML daily)    |
| gentamicin sulfate (ophth) OINT                | 1         |                     | difluprednate                                    | 1         | PA                  |
| gentamicin sulfate (ophth) SOLN                | 1         |                     | DUREZOL (Use difluprednate)                      | 9         | PA                  |
| levofloxacin (ophth) 0.5 %                     | 1         |                     | fluorometholone (ophth) SUSP                     | 1         |                     |
| moxifloxacin hcl (ophth) SOLN OP               | 1         |                     | FML FORTE SUSP                                   | 3         | PA                  |
| NATACYN  | 2         |                     | FML LIQUIFILM SUSP (Use fluorometholone (ophth)) | 9         |                     |
| neomycin-bacitracin zn-polymyxin               | 1         |                     | FML OINT   | 3         | PA                  |
| OCUFLOX (Use ofloxacin (ophth))                | 9         |                     | LOTEMAX GEL (Use loteprednol etabonate)          | 9         | PA                  |
| ofloxacin (ophth)                              | 1         |                     | LOTEMAX OINT                                     | 3         | PA                  |
| polymyxin b-trimethoprim                       | 1         |                     | LOTEMAX SUSP (Use loteprednol etabonate)         | 9         | PA                  |
| POLYTRIM (Use polymyxin b-trimethoprim)        | 9         |                     | loteprednol etabonate GEL                        | 1         | PA                  |
| sulfacetamide sodium (ophth) SOLN              | 1         |                     | loteprednol etabonate SUSP                       | 1         | PA                  |
| tobramycin (ophth) SOLN                        | 1         |                     | MAXIDEX SUSP OP                                  | 3         | PA                  |
| trifluridine                                   | 1         |                     | MAXITROL OINT (Use neomycin-polymy-dexameth)     | 9         |                     |
| VIGAMOX SOLN OP (Use moxifloxacin hcl (ophth)) | 9         |                     | MAXITROL SUSP (Use neomycin-polymy-dexameth)     | 9         |                     |
| ZIRGAN GEL                                     | 2         |                     | neomycin-polymy-dexameth OINT                    | 1         |                     |
| ZYMAXID (Use gatifloxacin (ophth))             | 9         |                     | neomycin-polymy-dexameth SUSP                    | 1         |                     |
| Ophthalmic Immunomodulators                    |           |                     |  |           |                     |
| cyclosporine (ophth) EMUL                      | 3         | PA                  | neomycin-polymyxin-hc (ophth)                    | 1         | QL(2.5 ML daily)    |
| RESTASIS EMUL (Use cyclosporine (ophth))       | 9         | PA                  | PRED FORTE (Use prednisolone acetate (ophth))    | 9         |                     |
| Ophthalmic Local Anesthetics                   |           |                     | PRED MILD  | 3         | PA                  |
| ALCAINE (Use proparacaine hcl)                 | 9         |                     | prednisolone acetate (ophth)                     | 1         |                     |
| proparacaine hcl                               | 1         |                     |  |           |                     |
| Ophthalmic Steroids                            |           |                     |  |           |                     |

Ambetter NV Formulary Updated January 1, 2025

| Drug Name   | Drug Tier | Requirements/Limits    | Drug Name   | Drug Tier | Requirements/Limits       |
|---|-----------|------------------------|---|-----------|---------------------------|
| PREDNISOLONE SODIUM PHOSPHATE                           | 3         |                        | NEVANAC   | 3         | QL(0.2 ML daily); ST      |
| <i>sulfacetamide sod-prednisolone SOLN</i>              | 3         | PA                     | <i>olopatadine hcl 0.2 %</i>                              | 1         | RX/OTC                    |
| TOBRADEX SUSP ( <i>Use tobramycin-dexamethasone</i> )   | 9         |                        | <i>olopatadine hcl 0.1 %</i>                              | 1         | QL(0.34 ML daily); RX/OTC |
| <i>tobramycin-dexamethasone SUSP</i>                    | 1         |                        | PATADAY 0.2 % ( <i>Use olopatadine hcl</i> )              | 9         | RX/OTC                    |
| Ophthalmics - Misc.                                     |           |                        | PATADAY 0.1 % ( <i>Use olopatadine hcl</i> )              | 9         | QL(0.34 ML daily); RX/OTC |
| ACULAR ( <i>Use ketorolac tromethamine (ophth)</i> )    | 9         |                        | PROLENSA ( <i>Use bromfenac sodium (ophth)</i> )          | 9         |                           |
| ACULAR LS ( <i>Use ketorolac tromethamine (ophth)</i> ) | 9         |                        | TRUSOPT ( <i>Use dorzolamide hcl</i> )                    | 9         |                           |
| ALOCRIL   | 3         | PA                     | ZADITOR 0.035 % ( <i>Use ketotifen fumarate (ophth)</i> ) | 9         |                           |
| ALOMIDE   | 3         | PA                     | Prostaglandins - Ophthalmic                               |           |                           |
| <i>azelastine hcl (ophth)</i>                           | 1         |                        | <i>bimatoprost SOLN</i>                                   | 3         |                           |
| AZOPT ( <i>Use brinzolamide</i> )                       | 9         |                        | <i>latanoprost SOLN</i>                                   | 1         |                           |
| <i>bepotastine besilate</i>                             | 3         | PA                     | <i>tafluprost</i>   | 1         |                           |
| BEPREVE ( <i>Use bepotastine besilate</i> )             | 9         | PA                     | TRAVATAN Z SOLN ( <i>Use travoprost</i> )                 | 9         |                           |
| <i>brinzolamide</i>                                     | 1         |                        | <i>travoprost SOLN</i>                                    | 1         |                           |
| <i>bromfenac sodium (ophth)</i>                         | 1         |                        | XALATAN SOLN ( <i>Use latanoprost</i> )                   | 9         |                           |
| BROMSITE ( <i>Use bromfenac sodium (ophth)</i> )        | 9         |                        | ZIOPTAN ( <i>Use tafluprost</i> )                         | 9         |                           |
| <i>cromolyn sodium (ophth)</i>                          | 1         |                        | OTIC AGENTS - Drugs to Treat the Ear                      |           |                           |
| CYSTARAN  | 2         | QL(2.143 ML daily); PA | Otic Agents - Miscellaneous                               |           |                           |
| <i>diclofenac sodium (ophth)</i>                        | 1         |                        | <i>acetic acid (otic)</i>                                 | 1         | QL(0.5 ML daily)          |
| <i>dorzolamide hcl</i>                                  | 1         |                        | Otic Anti-infectives                                      |           |                           |
| <i>epinastine hcl (ophth)</i>                           | 1         |                        | <i>CETRAXAL (<i>Use ciprofloxacin hcl (otic)</i>)</i>     | 9         |                           |
| <i>flurbiprofen sodium</i>                              | 1         |                        | <i>ciprofloxacin hcl (otic)</i>                           | 1         |                           |
| <i>ketorolac tromethamine (ophth)</i>                   | 1         |                        | <i>ofloxacin (otic)</i>                                   | 1         |                           |
| <i>ketotifen fumarate (ophth) 0.035 %</i>               | 1         |                        | Otic Combinations   |           |                           |
| LASTACRAFT  | 3         | PA                     | <i>CIPRODEX (<i>Use ciprofloxacin-dexamethasone</i>)</i>  | 9         | PA                        |

Ambetter NV Formulary Updated January 1, 2025

| Drug Name   | Drug Tier | Requirements/Limits  | Drug Name  | Drug Tier | Requirements/Limits |
|---|-----------|----------------------|--|-----------|---------------------|
| ciprofloxacin-dexamethasone   | 1         | PA                   | <i>amoxicillin CAPS PO</i>   | 7         |                     |
| ciprofloxacin-fluocinolone acetonide  | 1         | QL(0.5 EA daily); PA | <i>amoxicillin CHEW PO 125 MG, 250 MG</i>                          | 1         |                     |
| CORTISPORIN-TC  | 3         |                      | <i>amoxicillin SUSR PO 200 MG/5ML, 250 MG/5ML, 400 MG/5ML</i>      | 1         |                     |
| <i>neomycin-polymyxin-hc (otic) SOLN</i>  | 1         | QL(2 ML daily)       | <i>amoxicillin SUSR PO 125 MG/5ML</i>                              | 7         |                     |
| <i>neomycin-polymyxin-hc (otic) SUSP</i>  | 1         |                      | <b>AMOXICILLIN SUSR PO (Use amoxicillin)</b>                       | 9         |                     |
| OTOVEL (Use ciprofloxacin-fluocinolone acetonide)                                   | NF        |                      | <i>amoxicillin TABS PO</i>   | 1         |                     |
| Otic Steroids   |           |                      | <i>ampicillin sodium IJ 1 GM</i>                                   | 1         |                     |
| DERMOTIC (Use fluocinolone acetonide (otic))  | 9         |                      | <i>ampicillin CAPS PO 500 MG</i>                                   | 1         |                     |
| fluocinolone acetonide (otic)   | 1         |                      | Natural Penicillins  |           |                     |
| hydrocortisone w/acetic acid  | 1         |                      | <b>PENICILLIN POT IN DEXTROSE 40000 UNIT/ML, 60000 UNIT/ML</b>     | 1         |                     |
| PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System |           |                      | <i>penicillin g potassium 5000000 UNIT</i>                         | 1         |                     |
| Immune Serums   |           |                      | <b>PENICILLIN G PROCAINE</b>                                       | 3         |                     |
| GAMMAGARD 30 GM/300ML   | 4         | PA                   | <i>penicillin g sodium</i>   | 3         |                     |
| GAMMAGARD 1 GM/10ML, 2.5 GM/25ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML               | 4         | SP; PA               | <i>penicillin v potassium SOLR PO</i>                              | 1         |                     |
| GAMMAGARD S/D LESS IGA SOLR   | 4         | SP; PA               | <i>penicillin v potassium TABS PO</i>                              | 1         |                     |
| GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML                             | 4         | SP; PA               | Penicillin Combinations  |           |                     |
| GAMUNEX-C   | 4         | SP; PA               | <i>amoxicillin &amp; pot clavulanate CHEW PO</i>                   | 1         |                     |
| Passive Immunizing Agents - Combinations  |           |                      | <i>amoxicillin &amp; pot clavulanate SUSR PO</i>                   | 1         |                     |
| HYQVIA  | 4         | PA                   | <i>amoxicillin &amp; pot clavulanate TABS PO</i>                   | 1         |                     |
| PENICILLINS - Drugs to Treat Bacterial Infections                                   |           |                      | <i>amoxicillin &amp; pot clavulanate TB12 PO</i>                   | 1         |                     |
| Aminopenicillins  |           |                      | <i>ampicillin &amp; sulbactam sodium IJ 1 GM-0.5 GM, 2 GM-1 GM</i> | 1         |                     |

Ambetter NV Formulary Updated January 1, 2025

| Drug Name   | Drug Tier | Requirements/<br>Limits | Drug Name  | Drug Tier | Requirements/<br>Limits         |
|---|-----------|-------------------------|--|-----------|---------------------------------|
| AUGMENTIN ES-600<br>SUSR PO ( <i>Use amoxicillin &amp; pot clavulanate</i> )      | 9         |                         | Emotional Conditions   |           |                                 |
| AUGMENTIN TABS PO 125 MG-500 MG ( <i>Use amoxicillin &amp; pot clavulanate</i> )  | 9         |                         | Agents for Chemical Dependency                                     |           |                                 |
| <i>piperacillin sodium-tazobactam sodium</i>                                      | 1         |                         | <i>acamprosate calcium PO</i>                                      | 1         |                                 |
| UNASYN IJ 1 GM-0.5 GM, 2 GM-1 GM ( <i>Use ampicillin &amp; sulbactam sodium</i> ) | 9         |                         | <i>disulfiram PO</i>   | 1         |                                 |
| Penicillinase-Resistant Penicillins   |           |                         | <i>lofexidine hcl</i>  | 1         | QL(224 EA per 14 day(s) retail) |
| <i>dicloxacillin sodium PO</i>  | 1         |                         | LUCEMYRA ( <i>Use lofexidine hcl</i> )                             | 3         | QL(224 EA per 14 day(s) retail) |
| <i>nafcillin sodium IV 10 GM</i>  | 1         |                         | Antidementia Agents  |           |                                 |
| <i>oxacillin sodium IJ 1 GM</i>   | 1         |                         | ARICEPT TABS PO 5 MG, 23 MG ( <i>Use donepezil hydrochloride</i> ) | 9         | QL(1 EA daily)                  |
| PROGESTINS - Hormone Replacement/Modifying Drugs                                  |           |                         | ARICEPT TABS PO 10 MG ( <i>Use donepezil hydrochloride</i> )       | 9         | QL(2 EA daily)                  |
| Progesterins  |           |                         | <i>donepezil hydrochloride TABS PO 10 MG</i>                       | 1         | QL(2 EA daily)                  |
| AYGESTIN TABS PO ( <i>Use norethindrone acetate</i> )                             | 9         |                         | <i>donepezil hydrochloride TABS PO 5 MG, 23 MG</i>                 | 1         | QL(1 EA daily)                  |
| <i>medroxyprogesterone acetate PO 2.5 MG, 5 MG</i>                                | 1         |                         | <i>donepezil hydrochloride TBDP PO 5 MG</i>                        | 1         | QL(1 EA daily)                  |
| <i>medroxyprogesterone acetate PO 10 MG</i>                                       | 7         |                         | <i>donepezil hydrochloride TBDP PO 10 MG</i>                       | 1         | QL(2 EA daily)                  |
| <i>megestrol acetate (appetite) PO</i>  | 1         | PA                      | <i>galantamine hydrobromide CP24 PO</i>                            | 1         | QL(1 EA daily)                  |
| <i>norethindrone acetate TABS PO</i>  | 0         |                         | <i>galantamine hydrobromide SOLN PO</i>                            | 1         | QL(6 ML daily)                  |
| <i>progesterone CAPS PO</i>   | 1         |                         | <i>galantamine hydrobromide TABS PO</i>                            | 1         | QL(2 EA daily)                  |
| PROMETRIUM CAPS PO ( <i>Use progesterone</i> )                                    | 9         |                         | <i>memantine hcl TABS PO</i>                                       | 1         | QL(2 EA daily)                  |
| PROVERA PO 5 MG, 10 MG ( <i>Use medroxyprogesterone acetate</i> )                 | 9         |                         | <i>memantine hcl TABS PO</i>                                       | 1         |                                 |
| PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and     |           |                         | NAMENDA TITRATION PAK TABS PO ( <i>Use memantine hcl</i> )         | NF        |                                 |
|   |           |                         | NAMENDA TABS PO ( <i>Use memantine hcl</i> )                       | 9         | QL(2 EA daily)                  |
|   |           |                         | RAZADYNE ER CP24 PO ( <i>Use galantamine hydrobromide</i> )        | 9         | QL(1 EA daily)                  |
|   |           |                         | <i>rivastigmine tartrate CAPS PO</i>                               | 1         |                                 |

| Drug Name  | Drug Tier | Requirements/Limits  | Drug Name  | Drug Tier | Requirements/Limits                         |
|--|-----------|--|--|-----------|---|
| Combination Psychotherapeutics                       |           |  |  |           |   |
| chlordiazepoxide-amitriptyline PO                    | 1         |  | COPAXONE SOSY 20 MG/ML ( <i>Use glatiramer acetate</i> ) | 9         | QL(1 ML daily)                              |
| perphenazine-amitriptyline PO                        | 1         | QL(4 EA daily)   | COPAXONE SOSY 40 MG/ML ( <i>Use glatiramer acetate</i> ) | 9         | QL(0.43 ML daily)                           |
| Fibromyalgia Agents                                  |           |  |  |           |   |
| SAVELLA TITRATION PACK MISC                          | 2         | 1 max fill(s) per 365 day(s) retail; PA                                    | dalfampridine  | 4         | QL(2 EA daily); SP; PA                      |
| SAVELLA TABS PO                                      | 2         | QL(2 EA daily); PA   | dimethyl fumarate CDPK                                   | 1         | QL(2 EA daily)                              |
| Movement Disorder Drug Therapy                       |           |  | dimethyl fumarate CPDR                                   | 1         | QL(2 EA daily)                              |
| 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 | fingolimod hcl PO  | 4         | QL(1 EA daily)                              |
| AUSTEDO XR TB24                                      | 4         | QL(1 EA daily); PA   | GILENYA PO ( <i>Use fingolimod hcl</i> )                 | 9         | QL(1 EA daily)                              |
| AUSTEDO TABS   | 4         | QL(4 EA daily); PA   | glatiramer acetate SOSY 20 MG/ML                         | 4         | QL(1 ML daily)                              |
| INGREZZA CAPS  | 4         | QL(1 EA daily); PA   | glatiramer acetate SOSY 40 MG/ML                         | 4         | QL(0.43 ML daily)                           |
| INGREZZA CPPK  | 4         | 1 max fill(s) per 180 day(s) retail; PA                                    | LEMTRADA   | 4         | QL(1.2 ML daily); PA                        |
| INGREZZA CPSP  | 4         | QL(1 EA daily); PA   | PLEGRIDY STARTER PACK SOAJ                               | 4         | QL(0.036 ML daily); PA                      |
| tetrabenazine PO                                     | 4         | QL(3 EA daily); SP; PA   | PLEGRIDY STARTER PACK SOSY SC                            | 4         | QL(0.036 ML daily); PA                      |
| XENAZINE PO ( <i>Use tetrabenazine</i> )             | 9         | QL(3 EA daily); SP; PA   | PLEGRIDY SOAJ  | 4         | QL(0.036 ML daily); PA                      |
| Multiple Sclerosis Agents                            |           |  | PLEGRIDY SOSY IM   | 4         | QL(0.036 ML daily); PA                      |
| AMPYRA ( <i>Use dalfampridine</i> )                  | 9         | QL(2 EA daily); SP; PA   | REBIF REBIDOSE TITRATION PACK SOAJ                       | 4         | 1 max fill(s) per 365 day(s) retail; SP; PA |
| AUBAGIO PO ( <i>Use teriflunomide</i> )              | 9         | QL(1 EA daily)   | REBIF REBIDOSE SOAJ                                      | 4         | QL(0.214 ML daily); SP; PA                  |
| AVONEX PEN AJKT                                      | 4         | QL(0.0714 EA daily); SP; PA  | REBIF TITRATION PACK SOSY                                | 4         | 1 max fill(s) per 365 day(s) retail; SP; PA |
| AVONEX PREFILLED PSKT                                | 4         | QL(0.0714 EA daily); SP; PA  | REBIF SOSY   | 4         | QL(0.214 ML daily); SP; PA                  |
| BETASERON KIT  | 4         | QL(0.5 EA daily); SP; PA   | TECFIDERA CDPK ( <i>Use dimethyl fumarate</i> )          | 9         | QL(2 EA daily)                              |
| Postherpetic Neuralgia (PHN)/Neuropathic Pain Agents |           |  | TECFIDERA CPDR ( <i>Use dimethyl fumarate</i> )          | 9         | QL(2 EA daily)                              |
|  |           |  | teriflunomide PO   | 4         | QL(1 EA daily)                              |

Ambetter NV Formulary Updated January 1, 2025

| Drug Name   | Drug Tier | Requirements/Limits | Drug Name   | Drug Tier | Requirements/Limits      |
|---|-----------|---------------------|---|-----------|--------------------------|
| LYRICA CR 82.5 MG, 165 MG ( <i>Use pregabalin (once-daily)</i> )    | 9         | QL(1 EA daily); PA  | NICOTROL INHA   | 0         |                          |
| LYRICA CR 330 MG ( <i>Use pregabalin (once-daily)</i> )             | 9         | QL(2 EA daily); PA  | <i>varenicline tartrate TABS PO</i>                         | 0         | QL(2 EA daily)           |
| <i>pregabalin (once-daily) 330 MG</i>                               | 3         | QL(2 EA daily); PA  | <i>varenicline tartrate TBPK</i>                            | 0         |                          |
| <i>pregabalin (once-daily) 82.5 MG, 165 MG</i>                      | 3         | QL(1 EA daily); PA  | RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions |           |                          |
| Pseudobulbar Affect (PBA) Agents                                    |           |                     | Alpha-Proteinase Inhibitor (Human)                          |           |                          |
| NUEDEXTA  | 3         | QL(2 EA daily); PA  | PROLASTIN-C SOLN  | 4         | PA                       |
| Psychotherapeutic and Neurological Agents - Misc.                   |           |                     | Cystic Fibrosis Agents                                      |           |                          |
| <i>ergoloid mesylates TABS PO</i>                                   | 1         |                     | KALYDECO TABS   | 4         | QL(2 EA daily); SP; PA   |
| <i>pimozide PO</i>  | 1         |                     | ORKAMBI PACK  | 4         | QL(2 EA daily); PA       |
| Smoking Deterrents  |           |                     | ORKAMBI TABS  | 4         | QL(4 EA daily); PA       |
| <i>bupropion hcl (smoking deterrent) PO</i>                         | 0         | QL(2 EA daily)      | PULMOZYME   | 4         | QL(2.5 ML daily); SP; PA |
| CHANTIX STARTING MONTH PAK TBPK ( <i>Use varenicline tartrate</i> ) | 9         |                     | TRIKAFTA TBPK   | 4         | QL(3 EA daily); PA       |
| NICODERM CQ PT24 TD ( <i>Use nicotine</i> )                         | 9         | QL(1 EA daily)      | Pulmonary Fibrosis Agents                                   |           |                          |
| NICORETTE MINI LOZG ( <i>Use nicotine polacrilex</i> )              | 9         |                     | ESBRIET CAPS ( <i>Use pirfenidone</i> )                     | 9         |                          |
| NICORETTE STARTER KIT GUM ( <i>Use nicotine polacrilex</i> )        | 9         |                     | OFEV  | 4         | QL(2 EA daily); PA       |
| NICORETTE GUM ( <i>Use nicotine polacrilex</i> )                    | 9         |                     | <i>pirfenidone CAPS</i>                                     | 4         |                          |
| NICORETTE LOZG ( <i>Use nicotine polacrilex</i> )                   | 9         |                     | <i>pirfenidone TABS PO 534 MG</i>                           | 4         | QL(3 EA daily); PA       |
| <i>nicotine polacrilex GUM</i>                                      | 0         |                     | SULFONAMIDES - Drugs to Treat Bacterial Infections          |           |                          |
| <i>nicotine polacrilex LOZG</i>                                     | 0         |                     | Sulfonamides  |           |                          |
| NICOTINE KIT  | 0         |                     | <i>sulfadiazine TABS PO</i>                                 | 1         |                          |
| <i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>           | 0         | QL(1 EA daily)      | TETRACYCLINES - Drugs to Treat Bacterial Infections         |           |                          |
| NICOTROL NS SOLN  | 0         |                     | Glycylcyclines  |           |                          |
|   |           |                     | <i>tigecycline</i>  | 1         |                          |
|   |           |                     | TYGACIL ( <i>Use tigecycline</i> )                          | 9         |                          |
|   |           |                     | Tetracyclines   |           |                          |

Ambetter NV Formulary Updated January 1, 2025

| Drug Name  | Drug Tier | Requirements/Limits | Drug Name  | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|--|-----------|---------------------|
| ACTICLATE TABS PO<br><i>(Use doxycycline hyclate)</i>                | NF        |                     | <i>levothyroxine sodium TABS PO</i>                    | 1         |                     |
| <i>demeclocycline hcl TABS PO</i>                                    | 1         |                     | <i>liothyronine sodium SOLN</i>                        | 1         |                     |
| <i>doxycycline (monohydrate) CAPS PO 50 MG, 100 MG</i>               | 1         | QL(2 EA daily)      | <i>liothyronine sodium TABS PO</i>                     | 1         |                     |
| <i>doxycycline (monohydrate) CAPS PO 75 MG</i>                       | 1         |                     | NP THYROID TABS PO                                     | 1         | QL(1 EA daily)      |
| <i>doxycycline (monohydrate) TABS PO 100 MG</i>                      | 1         | QL(2 EA daily)      | SYNTHROID TABS PO<br><i>(Use levothyroxine sodium)</i> | 2         |                     |
| <i>doxycycline (monohydrate) TABS PO 50 MG, 75 MG</i>                | 1         |                     | TRIOSTAT SOLN <i>(Use liothyronine sodium)</i>         | 9         |                     |
| <i>doxycycline hyclate CAPS PO</i>                                   | 1         | QL(2 EA daily)      | TOXOIDS  |           |                     |
| <i>doxycycline hyclate SOLR</i>                                      | 1         |                     | Toxoid Combinations                                    |           |                     |
| <i>doxycycline hyclate TABS PO 20 MG, 100 MG</i>                     | 1         | QL(2 EA daily)      | ADACEL SUSP  | 0         |                     |
| <i>minocycline hcl CAPS PO</i>                                       | 1         | QL(3 EA daily)      | BOOSTRIX SUSP  | 0         |                     |
| <i>minocycline hcl TABS PO</i>                                       | 1         | QL(3 EA daily)      | BOOSTRIX SUSY  | 0         |                     |
| <i>tetracycline hcl CAPS PO</i>                                      | 1         | QL(8 EA daily)      | DAPTACEL   | 0         |                     |
| VIBRAMYCIN CAPS PO<br><i>(Use doxycycline hyclate)</i>               | 9         | QL(2 EA daily)      | DIPHTHERIA-TETANUS TOXOIDS DT SUSP                     | 0         |                     |
| THYROID AGENTS - Drugs to Regulate Thyroid Hormones                  |           |                     |  |           |                     |
| Antithyroid Agents   |           |                     |  |           |                     |
| <i>methimazole TABS PO</i>   | 1         |                     | INFANRIX   | 0         |                     |
| <i>propylthiouracil PO</i>   | 1         |                     | KINRIX SUSY  | 0         |                     |
| Thyroid Hormones   |           |                     |  |           |                     |
| ADTHYZA TABS PO<br>16.25 MG, 32.5 MG, 65 MG, 97.5 MG, 130 MG         | 2         |                     | PEDIARIX SUSY  | 0         |                     |
| ARMOUR THYROID TABS PO   | 2         | QL(1 EA daily)      | PENTACEL   | 0         |                     |
| CYTOMEL TABS PO<br><i>(Use liothyronine sodium)</i>                  | 9         |                     | QUADRACEL SUSP   | 0         |                     |
| ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions |           |                     |  |           |                     |
| Antispasmodics   |           |                     |  |           |                     |
| <i>atropine sulfate SOLN IJ 0.4 MG/ML, 1 MG/ML</i>                   |           |                     |  |           |                     |
| <i>atropine sulfate SOSY IJ 0.25 MG/5ML</i>                          |           |                     |  |           |                     |
| <i>chlordiazepoxide hcl-clidinium bromide PO</i>                     |           |                     |  |           |                     |

Ambetter NV Formulary Updated January 1, 2025

| Drug Name   | Drug Tier | Requirements/<br>Limits | Drug Name  | Drug Tier | Requirements/<br>Limits |
|---|-----------|-------------------------|--|-----------|-------------------------|
| <i>dicyclomine hcl CAPS PO</i>                                | 1         |                         | CARAFATE SUSP PO<br><i>(Use sucralfate)</i>              | 9         | QL(40 ML daily)         |
| <i>dicyclomine hcl SOLN PO</i>                                | 1         |                         | CARAFATE TABS PO<br><i>(Use sucralfate)</i>              | 9         | QL(4 EA daily)          |
| <i>dicyclomine hcl TABS PO</i>                                | 1         |                         | <i>sucralfate SUSP PO</i>                                | 1         | QL(40 ML daily)         |
| <i>glycopyrrolate SOLN IJ 4 MG/20ML</i>                       | 1         |                         | <i>sucralfate TABS PO</i>                                | 1         | QL(4 EA daily)          |
| <i>glycopyrrolate TABS PO 2 MG</i>                            | 1         | QL(6 EA daily)          | Proton Pump Inhibitors                                   |           |                         |
| <i>glycopyrrolate TABS PO 1 MG</i>                            | 1         |                         | ACIPHEX TBEC PO<br><i>(Use rabeprazole sodium)</i>       | 9         | QL(1 EA daily)          |
| <i>LIBRAX PO (Use chlordiazepoxide hcl-clidinium bromide)</i> | 9         |                         | DEXILANT PO<br><i>(Use dexlansoprazole)</i>              | 9         | QL(1 EA daily)          |
| <i>methscopolamine bromide PO</i>                             | 1         |                         | <i>dexlansoprazole PO</i>                                | 3         | QL(1 EA daily)          |
| <i>ROBINUL-FORTE TABS PO (Use glycopyrrolate)</i>             | 9         | QL(6 EA daily)          | <i>esomeprazole magnesium CPDR PO 40 MG</i>              | 3         | QL(1 EA daily)          |
| <i>ROBINUL TABS PO (Use glycopyrrolate)</i>                   | 9         |                         | <i>esomeprazole magnesium CPDR PO 20 MG</i>              | 1         | QL(2 EA daily); RX/OTC  |
| <b>H-2 Antagonists</b>  |           |                         | <i>esomeprazole magnesium TBEC</i>                       | 1         | QL(2 EA daily)          |
| <i>cimetidine TABS PO</i>                                     | 1         | RX/OTC                  | <i>lansoprazole CPDR PO 15 MG</i>                        | 1         | QL(2 EA daily); RX/OTC  |
| <i>famotidine in nacl SOLN</i>                                | 1         |                         | <i>lansoprazole CPDR PO 30 MG</i>                        | 1         |                         |
| <i>famotidine SOLN 40 MG/4ML, 200 MG/20ML</i>                 | 1         |                         | <i>NEXIUM 24HR TBEC (Use esomeprazole magnesium)</i>     | 1         | QL(2 EA daily)          |
| <i>famotidine SOLN 20 MG/2ML</i>                              | 7         |                         | <i>NEXIUM CPDR PO 20 MG (Use esomeprazole magnesium)</i> | NF        | QL(2 EA daily); RX/OTC  |
| <i>famotidine SUSR PO</i>                                     | 1         | QL(10 ML daily)         | <i>NEXIUM CPDR PO 40 MG (Use esomeprazole magnesium)</i> | 9         | QL(1 EA daily)          |
| <i>famotidine TABS PO 20 MG, 40 MG</i>                        | 1         | RX/OTC                  | <i>omeprazole magnesium CPDR PO</i>                      | 1         | QL(4 EA daily)          |
| <i>nizatidine CAPS PO</i>                                     | 1         |                         | <i>omeprazole CPDR PO</i>                                | 1         | QL(2 EA daily)          |
| <i>PEPCID AC MAXIMUM STRENGTH TABS PO (Use famotidine)</i>    | 9         | RX/OTC                  | <i>omeprazole TBEC PO</i>                                | 1         | QL(2 EA daily)          |
| <i>PEPCID TABS PO (Use famotidine)</i>                        | 9         | RX/OTC                  | <i>pantoprazole sodium TBEC PO 40 MG</i>                 | 1         |                         |
| <i>TAGAMET HB 200 TABS PO (Use cimetidine)</i>                | 9         | RX/OTC                  | <i>pantoprazole sodium TBEC PO 20 MG</i>                 | 1         | QL(1 EA daily)          |
| <i>TAGAMET HB TABS PO (Use cimetidine)</i>                    | 9         | RX/OTC                  | <i>PREVACID 24HR CPDR PO (Use lansoprazole)</i>          | 9         | QL(2 EA daily); RX/OTC  |
| <b>Misc. Anti-Ulcer</b>                                       |           |                         |  |           |                         |

Ambetter NV Formulary Updated January 1, 2025

| Drug Name  | Drug Tier | Requirements/Limits  | Drug Name  | Drug Tier | Requirements/Limits |
|--|-----------|--|--|-----------|---------------------|
| PREVACID CPDR PO 30 MG ( <i>Use lansoprazole</i> )                         | 9         |  | DETROL LA CP24 PO ( <i>Use tolterodine tartrate</i> )              | 9         | QL(1 EA daily)      |
| PROTONIX TBEC PO 20 MG ( <i>Use pantoprazole sodium</i> )                  | 9         | QL(1 EA daily)   | DETROL TABS PO ( <i>Use tolterodine tartrate</i> )                 | 9         |                     |
| PROTONIX TBEC PO 40 MG ( <i>Use pantoprazole sodium</i> )                  | 9         |  | DITROPAN XL TB24 PO 5 MG, 10 MG ( <i>Use oxybutynin chloride</i> ) | 9         |                     |
| rabeprazole sodium TBEC PO   | 3         | QL(1 EA daily)   | fesoterodine fumarate  | 1         | QL(1 EA daily); PA  |
| Ulcer Drugs - Prostaglandins   |           |  | oxybutynin chloride SOLN   | 1         |                     |
| CYTOTEC PO ( <i>Use misoprostol</i> )                                      | 9         | QL(4 EA daily)   | oxybutynin chloride TABS PO 5 MG                                   | 1         |                     |
| misoprostol PO   | 1         | QL(4 EA daily)   | oxybutynin chloride TB24 PO  | 1         |                     |
| Ulcer Therapy Combinations   |           |  | solifenacin succinate TABS PO                                      | 1         | QL(1 EA daily); PA  |
| amoxicillin-clarithromycin w/ lansoprazole THPK                            | 1         | 14 day(s) max supply per 365 day(s) retail; 14 day(s) max supply per 365 day(s) mail | tolterodine tartrate CP24 PO                                       | 1         | QL(1 EA daily)      |
| omeprazole-sodium bicarbonate CAPS PO 1100 MG-20 MG                        | 1         | QL(1 EA daily); RX/OTC   | tolterodine tartrate TABS PO                                       | 1         |                     |
| ZEGERID OTC CAPS PO ( <i>Use omeprazole-sodium bicarbonate</i> )           | 9         | QL(1 EA daily); RX/OTC   | TOVIAZ ( <i>Use fesoterodine fumarate</i> )                        | 9         | QL(1 EA daily); PA  |
| ZEGERID CAPS PO 1100 MG-20 MG ( <i>Use omeprazole-sodium bicarbonate</i> ) | 9         | QL(1 EA daily); RX/OTC   | trospium chloride CP24 PO  | 1         | QL(1 EA daily)      |
| ZEGERID CAPS PO 1100 MG-40 MG ( <i>Use omeprazole-sodium bicarbonate</i> ) | NF        |  | trospium chloride TABS PO  | 1         | QL(3 EA daily)      |
| URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms       |           |  | VESICARE TABS PO ( <i>Use solifenacin succinate</i> )              | 9         | QL(1 EA daily); PA  |
| Urinary Antispasmodic - Antimuscarinics (Anticholinergic)                  |           |  | Urinary Antispasmodics - Cholinergic Agonists                      |           |                     |
| darifenacin hydrobromide PO  | 1         | QL(1 EA daily)   | bethanechol chloride PO 25 MG                                      | 1         |                     |
|  |           |  | bethanechol chloride PO 5 MG, 10 MG, 50 MG                         | 1         | QL(4 EA daily)      |
|  |           |  | Urinary Antispasmodics - Direct Muscle Relaxants                   |           |                     |
|  |           |  | flavoxate hcl PO   | 1         |                     |
|  |           |  | VACCINES   |           |                     |
|  |           |  | Bacterial Vaccines   |           |                     |
|  |           |  | ACTHIB SOLR IM   | 0         |                     |
|  |           |  | BEXZERO  | 0         |                     |

Ambetter NV Formulary Updated January 1, 2025

| Drug Name                        | Drug Tier | Requirements/Limits  | Drug Name                      | Drug Tier | Requirements/Limits  |
|----------------------------------|-----------|--|--------------------------------|-----------|--|
| HIBERIX SOLR IJ                  | 0         |  | FLUAD                          | 0         | 1 max fill(s) per 180 day(s) retail                          |
| MENACTRA                         | 0         |  | FLUAD QUADRIVALENT             | 0         | 1 max fill(s) per 180 day(s) retail                          |
| MENQUADFI                        | 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         | 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         | 1 max fill(s) per 180 day(s) retail                          |
| PREVNAR 13                       | 0         |  | FLUCELVAX QUADRIVALENT SUSY    | 0         | 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                          |
| Viral Vaccines                   |           |  | FLULAVAL SUSY                  | 0         | Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail |
| ABRYSVO                          | 0         |  | FLUMIST                        | 0         | 1 max fill(s) per 180 day(s) retail                          |
| AFLURIA PRESERVATIVE FREE SUSY   | 0         | Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail           | FLUMIST QUADRIVALENT           | 0         | 1 max fill(s) per 180 day(s) retail                          |
| AFLURIA QUADRIVALENT SUSP        | 0         | 1 max fill(s) per 180 day(s) retail                                    | FLUZONE HIGH-DOSE QUADRIVALENT | 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 |                                |           |  |
| ENGERIX-B SUSY                   | 0         | 3 max fill(s) per 365 day(s) retail; 3 max fill(s) per 365 day(s) mail |                                |           |  |

Ambetter NV Formulary Updated January 1, 2025

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

Ambetter NV Formulary Updated January 1, 2025

| Drug Name  | Drug Tier | Requirements/Limits  | Drug Name   | Drug Tier | Requirements/Limits   |  |  |  |
|--|-----------|--|---|-----------|---|--|--|--|
| ROTATEQ SOLN PO  | 0         | 1 max fill(s) per 365 day(s) retail                          | Vaginal Anti-inflammatory Agents                                      |           |   |  |  |  |
| SHINGRIX   | 0         | 2 max fill(s) per 999 day(s) retail; AL(At least 18 yrs old) | <i>hydrocortisone vaginal</i>   | 1         | QL(15.15 GM daily)  |  |  |  |
| SPIKEVAX COVID-19 VACCINE SUSP                           | 0         |  | MONISTAT CARE INSTANT ITCH RLF (Use <i>hydrocortisone vaginal</i> )   | 9         | QL(15.15 GM daily)  |  |  |  |
| SPIKEVAX SUSP  | 0         |  | Vaginal Contraceptive - pH Modulators                                 |           |   |  |  |  |
| SPIKEVAX SUSY  | 0         |  | PHEXXI  | 0         | PV  |  |  |  |
| TWINRIX SUSY   | 0         | 1 max fill(s) per 365 day(s) retail                          | Vaginal Estrogens   |           |   |  |  |  |
| VAQTA  | 0         | 1 max fill(s) per 365 day(s) retail                          | ESTRACE CREA (Use <i>estradiol vaginal</i> )                          | 9         | QL(2 GM daily)  |  |  |  |
| VARIVAX SUSR   | 0         | 2 max fill(s) per 365 day(s) retail                          | <i>estradiol vaginal CREA</i>   | 1         | QL(2 GM daily)  |  |  |  |
| <b>VAGINAL AND RELATED PRODUCTS</b>                      |           |  |   |           |   |  |  |  |
| Spermicides  |           |  |   |           |   |  |  |  |
| TODAY SPONGE MISC  | 0         |  | <b>VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions</b> |           |   |  |  |  |
| Vaginal Anti-infectives                                  |           |  |   |           |   |  |  |  |
| CLEOCIN CREA (Use <i>clindamycin phosphate vaginal</i> ) | 9         |  | Anaphylaxis Therapy Agents  |           |   |  |  |  |
| <i>clindamycin phosphate vaginal CREA</i>                | 1         |  | <i>epinephrine (anaphylaxis) SOAJ 0.15 MG/0.3ML</i>                   | 1         | 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>clotrimazole vaginal CREA 1 %</i>                     | 1         |  | <i>epinephrine (anaphylaxis) SOAJ 0.3 MG/0.3ML</i>                    | 2         | QL(2 EA per fill retail); 2 max fill(s) per 365 day(s) retail   |  |  |  |
| GYNAZOLE-1   | 3         | QL(5 GM per 30 day(s) retail; 5 GM per 30 days mail)         | EPIPEN 2-PAK SOAJ (Use <i>epinephrine (anaphylaxis)</i> )             | NF        |   |  |  |  |
| GYNE-LOTRIMIN CREA (Use <i>clotrimazole vaginal</i> )    | 9         |  | EPIPEN JR 2-PAK SOAJ (Use <i>epinephrine (anaphylaxis)</i> )          | 9         | 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>metronidazole vaginal</i>                             | 1         |  |   |           |   |  |  |  |
| <i>miconazole nitrate vaginal SUPP 200 MG</i>            | 1         |  |   |           |   |  |  |  |
| <i>terconazole vaginal CREA</i>                          | 1         |  |   |           |   |  |  |  |
| <i>terconazole vaginal SUPP</i>                          | 1         |  |   |           |   |  |  |  |

Ambetter NV Formulary Updated January 1, 2025

| Drug Name   | Drug Tier | Requirements/<br>Limits    |
|---|-----------|----------------------------|
| Vasopressors  |           |                            |
| <i>midodrine hcl PO</i>                             | 1         |                            |
| VITAMINS  |           |                            |
| Oil Soluble Vitamins                                |           |                            |
| <i>cholecalciferol CAPS PO</i>                      | 7         |                            |
| <i>cholecalciferol TABS PO<br/>10 MCG, 400 UNIT</i> | 0         |                            |
| <i>DRISDOL CAPS PO (Use<br/>ergocalciferol)</i>     | 9         |                            |
| <i>ergocalciferol CAPS PO</i>                       | 0         |                            |
| <i>ergocalciferol SOLN PO<br/>200 MCG/ML</i>        | 1         |                            |
| <i>VITAMIN D2 TABS 400<br/>UNIT</i>                 | 0         | AL(At least 65<br>yrs old) |
| Water Soluble Vitamins                              |           |                            |
| <i>NIACIN ER TBCR PO</i>                            | 1         |                            |
| <i>niacinamide TABS PO<br/>500 MG</i>               | 7         |                            |
| <i>niacinamide TABS PO<br/>100 MG</i>               | 1         |                            |
| <i>niacin CPCR PO 250 MG,<br/>500 MG</i>            | 7         |                            |
| <i>niacin TABS PO</i>                               | 7         |                            |
| <i>niacin TBCR PO</i>                               | 7         |                            |
| <i>SLO-NIACIN TBCR PO<br/>(Use niacin)</i>          | 9         |                            |

## INDEX

|                                     |    |                                     |    |                                    |    |
|-------------------------------------|----|-------------------------------------|----|------------------------------------|----|
| abacavir sulfate SOLN PO .....      | 44 | 30 MG-300 MG .....                  | 8  | acyclovir CAPS PO .....            | 46 |
| abacavir sulfate TABS PO .....      | 44 | acetaminophen w/ codeine TABS PO    |    | acyclovir SUSP PO .....            | 46 |
| abacavir sulfate-lamivudine PO ...  | 44 | 60 MG-300 MG .....                  | 8  | acyclovir TABS PO .....            | 46 |
| ABELCET .....                       | 26 | acetaminophen-caff-dihydrocod       |    | acyclovir topical CREA .....       | 59 |
| ABILIFY TABS PO (Use aripiprazole)  |    | CAPS PO 30 MG-320.5 MG-16 MG 8      |    | acyclovir topical OINT .....       | 59 |
| .....                               | 44 | acetazolamide CP12 PO .....         | 63 | ADACEL SUSP .....                  | 89 |
| abiraterone acetate 250 MG .....    | 37 | acetazolamide sodium .....          | 63 | adapalene CREA .....               | 54 |
| abiraterone acetate 500 MG .....    | 37 | acetazolamide TABS PO 125 MG .      | 63 | adapalene GEL .....                | 54 |
| ABRAXANE 100 MG (Use paclitaxel     |    | acetazolamide TABS PO 250 MG .      | 63 | adapalene-benzoyl peroxide GEL 2.5 |    |
| protein-bound particles) .....      | 41 | acetic acid (otic) .....            | 84 | %-0.1 % .....                      | 54 |
| ABRYSVO .....                       | 92 | acetic acid 0.25 % .....            | 69 | ADCETRIS .....                     | 36 |
| ABSORICA PO 10 MG, 20 MG, 30        |    | acetylcysteine SOLN .....           | 54 | ADCIRCA TABS PO (Use tadalafil     |    |
| MG, 40 MG (Use isotretinoin) .....  | 54 | ACIPHEX TBEC PO (Use                |    | (pulmonary hypertension)) .....    | 50 |
| acamprosate calcium PO .....        | 86 | rabeprazole sodium) .....           | 90 | ADDERALL TABS PO 30 MG (Use        |    |
| acarbose PO .....                   | 21 | acitretin PO 10 MG, 17.5 MG .....   | 58 | amphetamine-dextroamphetamine) .1  |    |
| ACCOLATE PO (Use zafirlukast) ..    | 12 | acitretin PO 25 MG .....            | 58 | ADDERALL TABS PO 5 MG, 7.5         |    |
| ACCUPRIL PO 20 MG, 40 MG (Use       |    | ACTHAR GEL .....                    | 65 | MG, 10 MG, 12.5 MG, 15 MG, 20 MG   |    |
| quinapril hcl) .....                | 29 | ACTHIB SOLR IM .....                | 91 | (Use amphetamine-                  |    |
| ACCUPRIL PO 5 MG, 10 MG (Use        |    | ACTICLATE TABS PO (Use              |    | dextroamphetamine) .....           | 1  |
| quinapril hcl) .....                | 29 | doxycycline hyolate) .....          | 89 | ADDERALL XR CP24 PO 15 MG          |    |
| ACCURETIC PO 12.5 MG-10 MG          |    | ACTIMMUNE 100 MCG/0.5ML ..          | 40 | (Use amphetamine-                  |    |
| (Use quinapril-hydrochlorothiazide) |    | ACTIQ LPOP (Use fentanyl citrate) . | 6  | dextroamphetamine) .....           | 1  |
| 30                                  |    | ACTONEL TABS PO 150 MG (Use         |    | ADDERALL XR CP24 PO 20 MG, 25      |    |
| ACCURETIC PO 12.5 MG-20 MG          |    | risedronate sodium) .....           | 64 | MG, 30 MG (Use amphetamine-        |    |
| (Use quinapril-hydrochlorothiazide) |    | ACTONEL TABS PO 35 MG (Use          |    | dextroamphetamine) .....           | 1  |
| 30                                  |    | risedronate sodium) .....           | 64 | ADDERALL XR CP24 PO 5 MG, 10       |    |
| ACCURETIC PO 25 MG-20 MG (Use       |    | ACTOPLUS MET TABS PO (Use           |    | MG (Use amphetamine-               |    |
| quinapril-hydrochlorothiazide) ..   | 30 | pioglitazone hcl-metformin hcl) ..  | 22 | dextroamphetamine) .....           | 1  |
| acebutolol hcl CAPS PO .....        | 47 | ACTOS PO (Use pioglitazone hcl) .   | 24 | adefovir dipivoxil PO .....        | 46 |
| acetaminophen w/ codeine SOLN PO    |    | ACULAR (Use ketorolac               |    | ADEMPAS PO .....                   | 50 |
| .....                               | 8  | tromethamine (ophth)) .....         | 84 | ADIPEX-P CAPS PO (Use              |    |
| acetaminophen w/ codeine TABS PO    |    | ACULAR LS (Use ketorolac            |    | phentermine hcl) .....             | 1  |
| 15 MG-300 MG .....                  | 8  | tromethamine (ophth)) .....         | 84 | ADTHYZA TABS PO 16.25 MG, 32.5     |    |
| acetaminophen w/ codeine TABS PO    |    |                                     |    | MG, 65 MG, 97.5 MG, 130 MG ..      | 89 |
|                                     |    |                                     |    | ADVAIR DISKUS AEPB (Use            |    |

|  |    |   |    |  |    |
|--|----|---|----|--|----|
| fluticasone-salmeterol) .....  | 12 | hydrochlorothiazide) .....  | 63 | alprazolam TABS PO 0.25 MG, 0.5 MG, 1 MG .....                                 | 10 |
| ADVAIR HFA AERO (Use fluticasone-salmeterol) .....                           | 12 | ALDACTONE TABS PO (Use spironolactone) .....                        | 64 | alprazolam TABS PO 2 MG .....  | 10 |
| ADVATE .....   | 70 | ALDURAZYME .....  | 65 | alprazolam TB24 PO .....   | 10 |
| ADYNOVATE .....  | 70 | ALECENSA .....  | 38 | alprazolam TBDP PO .....   | 11 |
| AFINITOR TABS (Use everolimus) 38  |    | alendronate sodium TABS PO 35 MG, 70 MG .....                       | 64 | ALPROLIX .....   | 70 |
| AFLURIA PRESERVATIVE FREE SUSY .....   | 92 | alendronate sodium TABS PO 5 MG, 10 MG .....                        | 64 | ALREX SUSP (Use loteprednol etabonate) .....                                   | 83 |
| AFLURIA QUADRIVALENT SUSP 92   |    | alfuzosin hcl PO .....  | 69 | ALTABAX .....  | 56 |
| AFLURIA QUADRIVALENT SUSY 0.5 ML .....                                       | 92 | ALIMTA SOLR 500 MG (Use pemetrexed disodium) .....                  | 35 | ALTACE CAPS PO 1.25 MG, 2.5 MG, 5 MG, 10 MG (Use ramipril) ..                  | 29 |
| AFLURIA SUSP .....   | 92 | ALINIA SUSR PO .....  | 32 | ALTUVIPIO 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT ..... | 70 |
| AFSTYLA 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 2500 UNIT ..... | 70 | ALINIA TABS PO (Use nitazoxanide) 32                                |    | ALUNBRIG TABS PO .....   | 38 |
| AGRYLIN PO 0.5 MG (Use anagrelide hcl) .....                                 | 70 | aliskiren fumarate PO .....   | 31 | ALUNBRIG TBPK .....  | 38 |
| AIMOVIG .....  | 75 | ALKERAN IV (Use melphalan hcl) ..                                   | 35 | ALVESCO .....  | 12 |
| AIMSCO LUBRICATED MISC .....   | 74 | ALKERAN PO (Use melphalan) ..                                       | 35 | alvimopan PO .....   | 68 |
| AKYNZEO PO .....   | 25 | allopurinol PO 100 MG, 300 MG ..                                    | 69 | amantadine hcl CAPS PO .....   | 41 |
| albendazole PO .....   | 10 | almotriptan malate PO 12.5 MG ..                                    | 76 | amantadine hcl SOLN .....  | 41 |
| albuterol sulfate AERS .....   | 12 | almotriptan malate PO 6.25 MG ..                                    | 76 | amantadine hcl TABS PO .....   | 41 |
| albuterol sulfate NEBU 0.083 %, 0.63 MG/3ML, 1.25 MG/3ML .....               | 13 | ALOCRIL .....   | 84 | AMARYL PO 1 MG, 2 MG (Use glimepiride) .....                                   | 24 |
| albuterol sulfate NEBU .....   | 13 | alogliptin benzoate 12.5 MG ..                                      | 23 | AMARYL PO 4 MG (Use glimepiride) ..  | 24 |
| albuterol sulfate SYRP PO .....  | 13 | alogliptin benzoate 25 MG .....                                     | 23 | AMBIEN CR TBCR PO (Use zolpidem tartrate) .....                                | 72 |
| albuterol sulfate TABS PO .....  | 13 | alogliptin-metformin hcl .....                                      | 22 | AMBIEN TABS PO (Use zolpidem tartrate) .....                                   | 72 |
| ALCAINE (Use proparacaine hcl) ..  | 83 | alogliptin-pioglitazone 15 MG-25 MG, 30 MG-25 MG, 45 MG-25 MG ..... | 22 | AMBISOME (Use amphotericin b liposome) .....                                   | 26 |
| alclometasone dipropionate CREA ..   | 59 | alogliptin-pioglitazone 30 MG-12.5 MG .....                         | 22 | ambrisentan PO .....   | 50 |
| alclometasone dipropionate OINT ..   | 59 | alosetron hcl PO .....  | 68 | amcinonide CREA .....  | 59 |
| ALDACTAZIDE PO (Use spironolactone &   |    | ALPHAGAN P 0.15 % (Use brimonidine tartrate) .....                  | 82 |  |    |

|  |     |  |     |  |     |
|--|-----|--|-----|--|-----|
| amcinonide LOTN .....                              | .59 | PO .....   | .85 | ANAPROX DS TABS PO (Use naproxen sodium) .....   | 4   |
| amcinonide OINT .....                              | .59 | amoxicillin CAPS PO .....  | .85 | anastrozole PO .....   | .37 |
| AMICAR TABS PO (Use aminocaproic acid) .....       | .71 | amoxicillin CHEW PO 125 MG, 250 MG .....   | .85 | ANCOBON PO (Use flucytosine) ..  | .26 |
| amikacin sulfate SOLN 1 GM/4ML, 500 MG/2ML .....   | .3  | AMOXICILLIN SUSR PO (Use amoxicillin) .....  | .85 | ANDRODERM PT24 2 MG/24HR, 4 MG/24HR .....  | .9  |
| amiloride & hydrochlorothiazide PO 63              |     | amoxicillin SUSR PO 125 MG/5ML .....   | .85 | ANNOVERA .....   | .52 |
| amiloride hcl TABS PO .....                        | .64 | amoxicillin SUSR PO 200 MG/5ML, 250 MG/5ML, 400 MG/5ML .....                           | .85 | ANORO ELLIPTA .....  | .13 |
| aminocaproic acid TABS PO .....                    | .71 | amoxicillin TABS PO .....  | .85 | ANTARA PO 30 MG, 90 MG (Use fenofibrate micronized) .....                              | .28 |
| aminophylline SOLN .....                           | .14 | amoxicillin-clarithromycin w/ lansoprazole THPK .....                                  | .91 | ANUSOL-HC EX (Use hydrocortisone (rectal)) .....                                       | .9  |
| amiodarone hcl SOLN 150 MG/3ML . 11                |     | amphetamine-dextroamphetamine CP24 PO 15 MG .....                                      | .1  | ANZEMET TABS PO 50 MG .....  | .25 |
| amiodarone hcl TABS PO .....                       | .11 | amphetamine-dextroamphetamine CP24 PO 20 MG, 25 MG, 30 MG ..                           | .1  | APIDRA SOLN .....  | .23 |
| AMITIZA PO (Use lubiprostone) ...68                |     | amphetamine-dextroamphetamine CP24 PO 5 MG, 10 MG .....                                | .1  | APIDRA SOLOSTAR SOPN .....   | .23 |
| amitriptyline hcl TABS PO .....                    | .21 | amphetamine-dextroamphetamine TABS PO 30 MG .....                                      | .1  | apomorphine hydrochloride SOCT ..  | .41 |
| amlodipine besylate TABS PO ....48                 |     | amphetamine-dextroamphetamine TABS PO 5 MG, 7.5 MG, 10 MG, 12.5 MG, 15 MG, 20 MG ..... | .1  | apraclonidine hcl .....  | .82 |
| amlodipine besylate-atorvastatin calcium PO .....  | .49 | amphetamine-dextroamphetamine TABS PO 5 MG .....                                       | .1  | aprepitant CAPS PO 40 MG, 125 MG .....   | .25 |
| amlodipine besylate-benazepril hcl PO .....        | .30 | amphetamine-dextroamphetamine TABS PO 5 MG, 7.5 MG, 10 MG, 12.5 MG, 15 MG, 20 MG ..... | .1  | aprepitant CAPS PO 80 MG .....   | .25 |
| amlodipine besylate-olmesartan medoxomil PO .....  | .30 | amphotericin b IV .....  | .26 | aprepitant CAPS PO .....   | .25 |
| amlodipine besylate-valsartan PO .30               |     | amphotericin b liposome .....  | .26 | aprepitant MISC PO .....   | .25 |
| amlodipine-valsartan- hydrochlorothiazide PO ..... | .30 | ampicillin & sulbactam sodium IJ 1 GM-0.5 GM, 2 GM-1 GM .....                          | .85 | APRISO CP24 (Use mesalamine) ..  | .68 |
| amoxapine PO .....                                 | .21 | ampicillin CAPS PO 500 MG .....  | .85 | APTENSIO XR CP24 PO (Use methylphenidate hcl) .....                                    | .2  |
| amoxicillin & pot clavulanate CHEW PO .....        | .85 | ampicillin sodium IJ 1 GM .....  | .85 | APTIOM .....   | .16 |
| amoxicillin & pot clavulanate SUSR PO .....        | .85 | AMPYRA (Use dalfampridine) ..  | .87 | APTIVUS CAPS .....   | .44 |
| amoxicillin & pot clavulanate TABS PO .....        | .85 | ANAFRANIL PO (Use clomipramine hcl) .....  | .21 | ARANESP (ALBUMIN FREE) SOLN 25 MCG/ML, 40 MCG/ML, 60 MCG/ML, 100 MCG/ML .....          | .71 |
| amoxicillin & pot clavulanate TB12                 |     | anagrelide hcl PO .....  | .70 | ARANESP (ALBUMIN FREE) SOSY 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML .. | .71 |

|  |    |   |    |   |    |
|--|----|---|----|---|----|
| ARAVA PO (Use lefunomide) .....                                    | 6  | asenapine maleate 5 MG, 10 MG .   | 43 | atropine sulfate SOSY IJ 0.25<br>MG/5ML .....                                   | 89 |
| ARCALYST .....   | 4  | aspirin CHEW PO .....   | 6  | ATROVENT HFA .....  | 12 |
| AREXVY .....   | 92 | aspirin TABS PO 325 MG .....  | 6  | AUBAGIO PO (Use teriflunomide) .  | 87 |
| arformoterol tartrate .....  | 13 | aspirin TBEC PO 325 MG .....  | 6  | AUGMENTIN ES-600 SUSR PO<br>(Use amoxicillin & pot clavulanate)                 | 86 |
| ARICEPT TABS PO 10 MG (Use<br>donepezil hydrochloride) .....       | 86 | aspirin TBEC PO 81 MG .....   | 6  | AUGMENTIN TABS PO 125 MG-500<br>MG (Use amoxicillin & pot<br>clavulanate) ..... | 86 |
| ARICEPT TABS PO 5 MG, 23 MG<br>(Use donepezil hydrochloride) ..... | 86 | aspirin-dipyridamole PO .....   | 70 | AUSTEDO TABS .....  | 87 |
| ARIKAYCE .....   | 3  | ATACAND HCT PO (Use<br>candesartan cilexetil-<br>hydrochlorothiazide) .....         | 30 | AUSTEDO XR PATIENT TITRATION<br>TEPK .....                                      | 87 |
| ARIMIDEX PO (Use anastrozole) .                                    | 37 | ATACAND PO (Use candesartan<br>cilexetil) .....                                     | 29 | AUSTEDO XR TB24 .....   | 87 |
| aripiprazole SOLN PO .....   | 44 | atazanavir sulfate CAPS PO .....  | 44 | AVALIDE PO (Use irbesartan-<br>hydrochlorothiazide) .....                       | 30 |
| aripiprazole TABS PO .....   | 44 | ATELVIA TBEC PO (Use risedronate<br>sodium) .....                                   | 64 | avanafil PO .....   | 49 |
| ARIXTRA 10 MG/0.8ML (Use<br>fondaparinux sodium) .....             | 14 | atenolol & chlorthalidone PO .....  | 30 | AVAPRO PO (Use irbesartan) ..   | 29 |
| ARIXTRA 2.5 MG/0.5ML (Use<br>fondaparinux sodium) .....            | 14 | atenolol TABS PO .....  | 47 | AVAR-E LS CREA (Use<br>sulfacetamide sodium w/ sulfur) ...                      | 54 |
| ARIXTRA 5 MG/0.4ML (Use<br>fondaparinux sodium) .....              | 14 | ATGAM .....   | 78 | AVODART PO (Use dutasteride) ..   | 69 |
| ARIXTRA 7.5 MG/0.6ML (Use<br>fondaparinux sodium) .....            | 14 | ATIVAN TABS PO 0.5 MG, 2 MG<br>(Use lorazepam) .....                                | 11 | AVONEX PEN AJKT .....   | 87 |
| armodafinil PO .....   | 2  | ATIVAN TABS PO 1 MG (Use<br>lorazepam) .....  | 11 | AVONEX PREFILLED PSKT .....   | 87 |
| ARMOUR THYROID TABS PO ...   | 89 | atomoxetine hcl PO 10 MG, 18 MG,<br>25 MG, 40 MG .....                              | 2  | AYGESTIN TABS PO (Use<br>norethindrone acetate) .....                           | 86 |
| ARNUITY ELLIPTA .....  | 12 | atomoxetine hcl PO 60 MG, 80 MG,<br>100 MG .....                                    | 1  | AYVAKIT .....   | 38 |
| AROMASIN PO (Use exemestane)<br>37                                 |    | atorvastatin calcium TABS PO .....  | 28 | azacitidine SUSR .....  | 36 |
| ARRANON (Use nelarabine) .....                                     | 35 | atovaquone PO .....   | 32 | AZATHIOPRINE SODIUM .....   | 78 |
| arsenic trioxide 10 MG/10ML .....                                  | 40 | atovaquone-proguanil hcl PO .....   | 33 | azathioprine TABS PO .....  | 78 |
| ARTHROTEC TBEC PO (Use<br>diclofenac w/ misoprostol) .....         | 5  | atracurium besylate 50 MG/5ML ..  | 82 | azelaic acid GEL .....  | 62 |
| ARZERRA .....  | 36 | ATRIPLA PO (Use efavirenz-<br>emtricitabine-tenofovir disoproxil<br>fumarate) ..... | 44 | azelastine hcl (ophth) .....  | 84 |
| ASACOL HD TBEC PO (Use<br>mesalamine) .....                        | 68 | atropine sulfate SOLN IJ 0.4 MG/ML,<br>1 MG/ML .....                                | 89 | azelastine hcl .....  | 81 |
| asenapine maleate 2.5 MG .....                                     | 43 |   |    | AZELEX .....  | 54 |
|  |    |   |    | AZILECT PO (Use rasagiline)   |    |

|   |     |   |     |  |     |
|---|-----|---|-----|--|-----|
| mesylate) .....   | .42 | BAXDELA SOLR .....  | .67 | benztropine mesylate TABS PO ...                                 | .41 |
| azithromycin PACK PO .....  | .73 | BAXDELA TABS .....  | .67 | bepotastine besilate .....                                       | .84 |
| azithromycin SOLR .....   | .73 | BELSOMRA .....  | .72 | BEPREVE (Use bepotastine<br>besilate) .....                      | .84 |
| azithromycin SUSR PO .....  | .73 | BENADRYL ALLERGY CHILDRENS<br>LIQD PO (Use diphenhydramine hcl)<br>26 |     | betaine PO .....   | .65 |
| azithromycin TABS PO 250 MG ...                                     | .73 | benazepril & hydrochlorothiazide PO<br>12.5 MG-10 MG, 25 MG-20 MG ... | .30 | betamethasone dipropionate (topical)<br>CREA .....               | .59 |
| azithromycin TABS PO 500 MG ...                                     | .73 | benazepril & hydrochlorothiazide PO<br>12.5 MG-20 MG, 6.25 MG-5 MG .. | .30 | betamethasone dipropionate (topical)<br>LOTN .....               | .59 |
| AZOPT (Use brinzolamide) .....                                      | .84 | benazepril hcl PO .....   | .29 | betamethasone dipropionate (topical)<br>OINT .....               | .59 |
| AZOR PO (Use amlodipine besilate-<br>olmesartan medoxomil) .....    | .30 | bendamustine hcl SOLR .....   | .35 | betamethasone dipropionate<br>augmented CREA .....               | .59 |
| AZULFIDINE EN-TABS TBEC PO<br>(Use sulfasalazine) .....             | .68 | BENEFIX KIT .....   | .70 | betamethasone dipropionate<br>augmented LOTN .....               | .59 |
| AZULFIDINE TABS PO (Use<br>sulfasalazine) .....                     | .68 | BENICAR HCT PO (Use olmesartan<br>medoxomil-hydrochlorothiazide) ...  | .30 | betamethasone dipropionate<br>augmented OINT .....               | .59 |
| bacitracin (ophthalmic) .....                                       | .82 | BENICAR PO (Use olmesartan<br>medoxomil) .....                        | .29 | betamethasone valerate CREA ....                                 | .59 |
| bacitracin .....  | .32 | BENZAMYCIN GEL (Use benzoyl<br>peroxide-erythromycin) .....           | .55 | betamethasone valerate FOAM ...                                  | .59 |
| baclofen TABS PO .....  | .81 | BENZEPRO CREAMY WASH LIQD .<br>55                                     |     | betamethasone valerate LOTN ....                                 | .59 |
| BACTRIM DS TABS PO (Use<br>sulfamethoxazole-trimethoprim) ...       | .32 | BENZEPRO FOAM 5.3 % .....   | .55 | betamethasone valerate OINT ....                                 | .59 |
| BACTRIM TABS PO (Use<br>sulfamethoxazole-trimethoprim) ...          | .32 | benzonatate PO 100 MG .....   | .54 | BETAPACE AF PO (Use sotalol hcl<br>(afib/afl)) .....             | .48 |
| BALCOLTRA PO (Use<br>levonorgestrel-ethinyl estradiol-iron) .<br>51 |     | benzonatate PO 150 MG .....   | .54 | BETAPACE TABS PO 80 MG, 120<br>MG, 160 MG (Use sotalol hcl) .... | .48 |
| balsalazide disodium CAPS PO ...                                    | .68 | benzonatate PO 200 MG .....   | .54 | BETASERON KIT .....  | .87 |
| BALVERSA .....  | .38 | benzoyl peroxide FOAM 5.3 %, 9.8 %<br>.....                           | .55 | betaxolol hcl (ophth) SOLN .....                                 | .82 |
| BANZEL SUSP (Use rufinamide) ..                                     | .16 | benzoyl peroxide GEL 10 % .....                                       | .55 | betaxolol hcl PO .....   | .47 |
| BANZEL TABS PO 200 MG (Use<br>rufinamide) .....                     | .16 | benzoyl peroxide GEL 5 % .....  | .55 | bethanechol chloride PO 25 MG ...                                | .91 |
| BANZEL TABS PO 400 MG (Use<br>rufinamide) .....                     | .16 | benzoyl peroxide LIQD 4 %, 10 % .                                     | .55 | bethanechol chloride PO 5 MG, 10<br>MG, 50 MG .....              | .91 |
| BARACLUDE TABS PO (Use<br>entecavir) .....                          | .46 | benzoyl peroxide-erythromycin GEL<br>55                               |     | bexarotene (topical) .....                                       | .57 |
|   |     | benztropine mesylate SOLN .....                                       | .41 | bexarotene PO .....  | .40 |

|  |    |  |    |   |    |
|--|----|--|----|---|----|
| BEXSERO .....  | 91 | BRILINTA PO .....  | 70 | phenylbutyrate) .....   | 65 |
| BEYAZ PO (Use drospirenone-ethinyl estradiol-levomefolate calcium) ..... | 51 | brimonidine tartrate (topical) .....                         | 62 | BUPRENEX SOLN (Use buprenorphine hcl) .....                                 | 9  |
| bicalutamide PO .....  | 37 | brimonidine tartrate 0.15 %, 0.2 %                           | 82 | buprenorphine hcl SOLN .....  | 9  |
| BICNU (Use carmustine) .....   | 35 | brimonidine tartrate-timolol maleate ..                      | 82 | buprenorphine hcl SUBL .....  | 9  |
| BIDIL PO (Use isosorbide dinitrate-hydralazine hcl) .....                | 49 | brinzolamide .....   | 84 | buprenorphine hcl-naloxone hcl dihydrate FILM SL .....                      | 9  |
| BIJUVA .....   | 67 | BRIVIACT SOLN PO 10 MG/ML ..                                 | 16 | buprenorphine hcl-naloxone hcl dihydrate SUBL .....                         | 9  |
| BIKTARVY .....   | 44 | BRIVIACT TABS .....  | 16 | buprenorphine PTWK .....  | 9  |
| BILTRICIDE PO (Use praziquantel) 10                                      |    | BRIXADI (WEEKLY) SOSY .....                                  | 9  | bupropion hcl (smoking deterrent) PO .....                                  | 88 |
| bimatoprost SOLN .....   | 84 | BRIXADI SOSY 64 MG/0.18ML, 96 MG/0.27ML, 128 MG/0.36ML ..... | 9  | bupropion hcl TABS PO .....   | 19 |
| bisacodyl SUPP PR .....  | 72 | bromfenac sodium (ophth) .....                               | 84 | bupropion hcl TB12 PO 100 MG ..   | 19 |
| bisacodyl TBEC PO .....  | 72 | bromocriptine mesylate CAPS PO ..                            | 42 | bupropion hcl TB12 PO 150 MG ..   | 19 |
| bisoprolol & hydrochlorothiazide PO . 30                                 |    | bromocriptine mesylate TABS PO 2.5 MG .....                  | 42 | bupropion hcl TB12 PO 200 MG ..   | 19 |
| bisoprolol fumarate PO .....   | 47 | BROMSITE (Use bromfenac sodium (ophth)) .....                | 84 | bupropion hcl TB24 PO 150 MG ..   | 19 |
| bleomycin sulfate 15 UNIT .....  | 38 | BROVANA (Use arformoterol tartrate) .....                    | 13 | bupropion hcl TB24 PO 300 MG ..   | 19 |
| BOOSTRIX SUSP .....  | 89 | BRUKINSA .....   | 39 | buspirone hcl PO 5 MG .....   | 10 |
| BOOSTRIX SUSY .....  | 89 | budesonide (inhalation) SUSP .....                           | 12 | buspirone hcl PO 7.5 MG, 10 MG, 15 MG, 30 MG .....                          | 10 |
| bortezomib SOLR IJ .....   | 39 | budesonide (intrarectal) .....                               | 9  | busulfan SOLN .....   | 35 |
| BORTEZOMIB SOLR IV 3.5 MG ..   | 39 | budesonide (nasal) .....                                     | 81 | BUSULFEX SOLN (Use busulfan) ..   | 35 |
| bosentan TABS 125 MG .....   | 50 | budesonide CPEP PO .....                                     | 53 | butalbital-acetaminophen TABS PO 50 MG-325 MG .....                         | 6  |
| bosentan TABS 62.5 MG .....  | 50 | budesonide-formoterol fumarate dihydrate .....               | 13 | butalbital-acetaminophen-caffeine CAPS PO 40 MG-50 MG-300 MG ..             | 6  |
| BOSULIF TABS 100 MG, 500 MG ..   | 39 | bumetanide SOLN 0.25 MG/ML ..                                | 64 | butalbital-acetaminophen-caffeine CAPS PO 40 MG-50 MG-325 MG ..             | 6  |
| BOSULIF TABS 400 MG .....  | 39 | bumetanide TABS PO .....                                     | 64 | butalbital-acetaminophen-caffeine TABS PO 40 MG-50 MG-325 MG ..             | 6  |
| BRAFTOVI PO 75 MG .....  | 39 | BUMEX TABS PO 0.5 MG (Use bumetanide) .....                  | 64 | butalbital-acetaminophen-caffeine w/ codeine PO 30 MG-40 MG-50 MG-300 MG .. | 8  |
| BREO ELLIPTA (Use fluticasone furoate-vilanterol) .....                  | 13 | BUPHENYL POWD PO (Use sodium phenylbutyrate) .....           | 65 |   |    |
| BREO ELLIPTA .....   | 13 | BUPHENYL TABS PO (Use sodium                                 |    |   |    |
| BREZTRI AEROSPHERE .....   | 13 |  |    |   |    |

|   |    |  |    |   |    |
|---|----|--|----|---|----|
| butalbital-acetaminophen-caffeine w/ codeine PO 30 MG-40 MG-50 MG-325 MG .....  | 8  | calcitriol (topical) .....                                 | 58 | carbamazepine SUSP PO .....   | 16 |
| butalbital-aspirin-caffeine CAPS PO 6   |    | calcitriol CAPS PO .....                                   | 65 | carbamazepine TABS PO .....   | 16 |
| butalbital-aspirin-caffeine w/cod PO 8  |    | calcitriol SOLN IV .....                                   | 65 | carbamazepine TB12 PO 100 MG, 400 MG .....  | 16 |
| butenafine hcl .....  | 56 | calcium acetate (phosphate binder) CAPS PO .....           | 68 | carbamazepine TB12 PO 200 MG .16  |    |
| butorphanol tartrate IJ 1 MG/ML, 2 MG/ML .....  | 9  | calcium acetate (phosphate binder) TABS PO .....           | 68 | CARBATROL CP12 PO 100 MG (Use carbamazepine) .....                                | 16 |
| butorphanol tartrate NA 10 MG/ML .9   |    | calcium chloride (dihydrate) SOLN 77                       |    | CARBATROL CP12 PO 200 MG (Use carbamazepine) .....                                | 16 |
| BUTTRANS PTWK (Use buprenorphine) .....   | 9  | calcium polycarbophil TABS PO ...72                        |    | CARBATROL CP12 PO 300 MG (Use carbamazepine) .....                                | 16 |
| BYSTOLIC PO 2.5 MG, 5 MG, 10 MG (Use nebivolol hcl) .....   | 47 | CALQUENCE .....  | 39 | carbidopa PO .....  | 41 |
| BYSTOLIC PO 20 MG (Use nebivolol hcl) .....   | 47 | CAMPTOSAR 40 MG/2ML, 100 MG/5ML (Use irinotecan hcl) ..... | 41 | carbidopa-levodopa TABS PO ....42   |    |
| cabergoline PO .....  | 66 | CANASA SUPP PR (Use mesalamine) .....                      | 68 | carbidopa-levodopa TBCR PO ....42   |    |
| CABOMETYX TABS PO .....   | 39 | CANCIDAS (Use caspofungin acetate) .....                   | 26 | carbidopa-levodopa TBDP PO ....42   |    |
| CADUET PO 10 MG-10 MG, 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG (Use amlodipine besylate-atorvastatin calcium) ..... | 49 | candesartan cilexetil PO .....                             | 29 | carbinoxamine maleate SOLN PO .26   |    |
| CAFERGOT TABS PO (Use ergotamine w/ caffeine) .....   | 75 | candesartan cilexetil-hydrochlorothiazide PO .....         | 30 | carbinoxamine maleate TABS PO 4 MG .....  | 26 |
| CALAN SR TBCR PO (Use verapamil hcl) .....  | 48 | capecitabine PO .....                                      | 36 | carboplatin SOLN 50 MG/5ML ....35   |    |
| calcipotriene CREA .....  | 58 | CAPRELSA PO .....  | 39 | CARDIZEM CD CP24 PO 120 MG, 300 MG, 360 MG (Use diltiazem hcl coated beads) ..... | 48 |
| calcipotriene OINT .....  | 58 | captopril PO 12.5 MG .....                                 | 29 | CARDIZEM CD CP24 PO 180 MG, 240 MG (Use diltiazem hcl coated beads) .....         | 48 |
| calcipotriene SOLN .....  | 58 | captopril PO 25 MG, 50 MG, 100 MG .....                    | 29 | CARDIZEM LA TB24 (Use diltiazem hcl) .....  | 48 |
| calcipotriene-betamethasone dipropionate OINT .....   | 59 | CARAFATE SUSP PO (Use sucralfate) .....                    | 90 | CARDIZEM TABS PO 30 MG, 60 MG, 120 MG (Use diltiazem hcl) ..48                    |    |
| calcipotriene-betamethasone dipropionate SUSP .....   | 59 | CARAFATE TABS PO (Use sucralfate) .....                    | 90 | CARDURA PO (Use doxazosin mesylate) .....   | 30 |
| calcitonin (salmon) NA .....  | 64 | carbamazepine CHEW PO 100 MG 16                            |    | carisoprodol TABS PO .....  | 81 |
|   |    | carbamazepine CP12 PO 100 MG 16                            |    |   |    |
|   |    | carbamazepine CP12 PO 200 MG 16                            |    |   |    |
|   |    | carbamazepine CP12 PO 300 MG 16                            |    |   |    |

|                                   |    |                                   |    |                                   |     |
|-----------------------------------|----|-----------------------------------|----|-----------------------------------|-----|
| carmustine                        | 35 | cefpodoxime proxetil TABS PO      | 51 | TBPK (Use varenicline tartrate)   | 88  |
| carteolol hcl (ophth)             | 82 | cefprozil SUSR PO                 | 51 | CHEMET PO                         | 24  |
| carvedilol phosphate PO           | 47 | cefprozil TABS PO                 | 51 | CHEMSTRIP K STRP                  | 63  |
| carvedilol PO                     | 47 | ceftazidime IJ 1 GM, 6 GM         | 51 | CHILDRENS ADVIL SUSP PO 100       |     |
| CASODEX PO (Use bicalutamide)     | 37 | ceftriaxone sodium IJ 1 GM, 2 GM, |    | MG/5ML (Use ibuprofen)            | 5   |
| caspofungin acetate               | 26 | 500 MG                            | 51 | CHILDRENS MOTRIN SUSP PO 100      |     |
| CATAPRES-TTS-1 PTWK (Use          |    | ceftriaxone sodium IJ 250 MG      | 51 | MG/5ML (Use ibuprofen)            | 5   |
| clonidine)                        | 30 | cefuroxime axetil TABS PO         | 51 | chloramphenicol sodium succinate  |     |
| CATAPRES-TTS-2 PTWK (Use          |    | cefuroxime sodium IJ 750 MG       | 51 | 32                                |     |
| clonidine)                        | 30 | CELEBREX PO (Use celecoxib)       | 5  | chlordiazepoxide hcl CAPS PO      | 11  |
| CATAPRES-TTS-3 PTWK (Use          |    | celecoxib PO                      | 5  | chlordiazepoxide hcl-clidinium    |     |
| clonidine)                        | 30 | CELEXA TABS PO 10 MG (Use         |    | bromide PO                        | 89  |
| CAYA DPRH                         | 74 | citalopram hydrobromide)          | 19 | chlordiazepoxide-amitriptyline PO | .87 |
| CAYSTON                           | 33 | CELEXA TABS PO 20 MG (Use         |    | chlorhexidine gluconate (mouth-   |     |
| cefaclor CAPS PO                  | 51 | citalopram hydrobromide)          | 19 | throat)                           | 79  |
| cefaclor SUSR PO 125 MG/5ML, 250  |    | CELEXA TABS PO 40 MG (Use         |    | chloroquine phosphate TABS PO 250 |     |
| MG/5ML, 375 MG/5ML                | 51 | citalopram hydrobromide)          | 19 | MG                                | 34  |
| cefadroxil CAPS PO                | 50 | CELLCEPT CAPS PO (Use             |    | chloroquine phosphate TABS PO 500 |     |
| cefadroxil SUSR PO                | 51 | mycophenolate mofetil)            | 78 | MG                                | 34  |
| cefadroxil TABS PO                | 51 | CELLCEPT TABS PO (Use             |    | chlorpromazine hcl SOLN           | 44  |
| cefazolin sodium SOLR IJ 1 GM, 10 |    | mycophenolate mofetil)            | 78 | chlorpromazine hcl TABS PO        | 44  |
| GM, 500 MG                        | 51 | CELONTIN (Use methsuximide)       | 18 | chlorthalidone PO 25 MG, 50 MG    | .64 |
| cefdinir CAPS PO                  | 51 | cephalexin CAPS PO                | 51 | chlorzoxazone TABS PO 500 MG      | .81 |
| cefdinir SUSR PO                  | 51 | cephalexin SUSR PO                | 51 | chlorzoxazone TABS PO 750 MG      | .81 |
| cefepime hcl SOLR IJ 1 GM         | 51 | CERDELGA                          | 70 | CHOLBAM                           | .67 |
| cefixime CAPS PO                  | 51 | CEREBYX (Use fosphenytoin         |    | cholecalciferol CAPS PO           | 95  |
| cefixime SUSR PO                  | 51 | sodium)                           | 18 | cholecalciferol TABS PO 10 MCG,   |     |
| CEFOTAN IJ (Use cefotetan         |    | CEREZYME 400 UNIT                 | 70 | 400 UNIT                          | 95  |
| disodium)                         | 51 | cetirizine hcl TABS PO            | 26 | cholestyramine light PACK PO      | .27 |
| cefotetan disodium IJ 1 GM, 2 GM  | 51 | CETRAXAL (Use ciprofloxacin hcl   |    | cholestyramine light POWD PO      | .27 |
| cefoxitin sodium IV 1 GM, 2 GM    | 51 | (otic))                           | 84 | cholestyramine PACK PO            | .27 |
| cefpodoxime proxetil SUSR PO      | 51 | cevimeline hcl PO                 | 80 | cholestyramine POWD PO            | .28 |
|                                   |    | CHANTIX STARTING MONTH PAK        |    | choline fenofibrate PO            | .28 |

|   |  |    |   |    |
|---|--|----|---|----|
| CHORIONIC GONADOTROPIN IM<br>65                               | citalopram hydrobromide TABS PO<br>10 MG .....                 | 19 | CLEOCIN PO (Use clindamycin hcl) .<br>33  |    |
| CIALIS PO 2.5 MG, 10 MG, 20 MG<br>(Use tadalafil) .....       | citalopram hydrobromide TABS PO<br>20 MG .....                 | 19 | CLEOCIN PO (Use clindamycin<br>palmitate hydrochloride) .....   | 33 |
| CIALIS PO 5 MG (Use tadalafil) ...<br>49                      | citalopram hydrobromide TABS PO<br>40 MG .....                 | 20 | CLEOCIN-T LOTN (Use clindamycin<br>phosphate (topical)) .....   | 55 |
| ciclopirox GEL .....  | CLARINEX TABS PO (Use<br>desloratadine) .....                  | 27 | CLIMARA PRO .....   | 67 |
| ciclopirox olamine CREA .....                                 | clarithromycin SUSR PO .....                                   | 73 | CLIMARA PTWK 0.025 MG/24HR,<br>0.0375 MG/24HR, 0.05 MG/24HR,<br>0.06 MG/24HR, 0.075 MG/24HR, 0.1<br>MG/24HR (Use estradiol) ..... | 67 |
| ciclopirox olamine SUSP .....                                 | clarithromycin TABS PO .....                                   | 73 | CLINDAGEL GEL (Use clindamycin<br>phosphate (topical)) .....  | 55 |
| ciclopirox SHAM .....   | clarithromycin TB24 PO .....                                   | 73 | clindamycin hcl PO .....  | 33 |
| ciclopirox SOLN .....   | CLARITIN ALLERGY CHILDRENS<br>SOLN PO (Use loratadine) .....   | 27 | clindamycin palmitate hydrochloride<br>PO .....   | 33 |
| cidofovir .....   | CLARITIN CAPS PO (Use loratadine)<br>.....                     | 27 | clindamycin phosphate (topical)<br>FOAM .....   | 55 |
| cilostazol PO .....   | CLARITIN CHEW PO (Use<br>loratadine) .....                     | 27 | clindamycin phosphate (topical) GEL<br>55   |    |
| CILOXAN SOLN (Use ciprofloxacin<br>hcl (ophth)) .....         | CLARITIN CHILDRENS CHEW PO<br>(Use loratadine) .....           | 27 | clindamycin phosphate (topical)<br>LOTN .....   | 55 |
| CIMDUO .....  | CLARITIN REDITABS JUNIORS<br>TBDP PO (Use loratadine) .....    | 27 | clindamycin phosphate (topical)<br>SOLN .....   | 55 |
| cimetidine TABS PO .....                                      | CLARITIN REDITABS TBDP PO<br>(Use loratadine) .....            | 27 | clindamycin phosphate (topical)<br>SWAB .....   | 55 |
| cinacalcet hcl PO .....                                       | CLARITIN SOLN PO (Use loratadine)<br>.....                     | 27 | clindamycin phosphate SOLN IJ 9<br>GM/60ML, 300 MG/2ML, 600<br>MG/4ML, 900 MG/6ML, 9000<br>MG/60ML .....                          | 33 |
| CIPRO TABS PO 250 MG, 500 MG<br>(Use ciprofloxacin hcl) ..... | CLARITIN TABS PO (Use loratadine)<br>.....                     | 27 | clindamycin phosphate vaginal CREA<br>.....   | 94 |
| CIPRODEX (Use ciprofloxacin-<br>dexamethasone) .....          | CLASSIC PRENATAL TABS PO ..                                    | 80 | clindamycin phosphate-benzoyl<br>peroxide (refrigerate) .....   | 55 |
| ciprofloxacin hcl (ophth) SOLN ..                             | clemastine fumarate SYRP PO ..                                 | 26 | clindamycin phosphate-benzoyl<br>peroxide GEL 5 %-1 % .....   | 55 |
| ciprofloxacin hcl (otic) .....                                | clemastine fumarate TABS PO 2.68<br>MG .....                   | 26 | clindamycin phosphate-tretinoi ..   | 55 |
| ciprofloxacin hcl TABS PO .....                               | CLEOCIN CREA (Use clindamycin<br>phosphate vaginal) .....      | 94 |   |    |
| ciprofloxacin in d5w 200 MG/100ML ..<br>67                    | CLEOCIN PHOSPHATE SOLN IJ<br>(Use clindamycin phosphate) ..... | 33 |   |    |
| ciprofloxacin SUSR PO .....                                   |  |    |   |    |
| ciprofloxacin-dexamethasone .....                             |  |    |   |    |
| ciprofloxacin-fluocinolone acetonide ..<br>85                 |  |    |   |    |
| cisplatin SOLN 100 MG/100ML ...                               |  |    |   |    |
| citalopram hydrobromide SOLN PO<br>19                         |  |    |   |    |

|   |  |  |
|---|--|--|
| CLINIMIX E/DEXTROSE (5/20) ...82                    | clotrimazole vaginal CREA 1 % ...94                    | hcl) .....28   |
| CLINIMIX/DEXTROSE (4.25/10) .82                     | clotrimazole w/ betamethasone                          | colestipol hcl GRAN PO .....28                                 |
| CLINIMIX/DEXTROSE (4.25/5) ...82                    | CREA .....56   | colestipol hcl PACK PO .....28                                 |
| clobazam SUSP .....15                               | clotrimazole w/ betamethasone                          | colestipol hcl TABS PO .....28                                 |
| clobazam TABS PO .....15                            | LOTN .....56   |  |
| clobetasol propionate CREA 0.05 % .60               | clozapine TABS PO .....43                              | COMBIGAN (Use brimonidine tartrate-timolol maleate) .....82    |
| clobetasol propionate emollient base 0.05 % .....59 | clozapine TBDP PO 100 MG .....43                       | COMBIVIR PO (Use lamivudine-zidovudine) .....44                |
| clobetasol propionate FOAM .....60                  | clozapine TBDP PO 12.5 MG, 150 MG .....43              | COMETRIQ (100 MG DAILY DOSE) KIT .....39                       |
| clobetasol propionate GEL 0.05 % 60                 | clozapine TBDP PO 25 MG .....43                        | COMETRIQ (140 MG DAILY DOSE) KIT .....39                       |
| clobetasol propionate OINT 0.05 % 60                | CLOZARIL TABS PO (Use clozapine) .....43               | COMETRIQ (60 MG DAILY DOSE) KIT .....39                        |
| clobetasol propionate SOLN 0.05 % .60               | COARTEM .....34  |  |
| clocortolone pivalate .....60                       | codeine sulfate TABS PO 30 MG ...6                     | CODEINE SULFATE TABS PO .....6                                 |
| CLODERM (Use clocortolone pivalate) .....60         | COLACE CAPS PO 100 MG (Use docusate sodium) .....73    | COMIRNATY SUSP .....92   |
| clofarabine .....36                                 | COLAZAL CAPS PO (Use balsalazide disodium) .....68     | COMIRNATY SUSY .....92   |
| CLOLAR (Use clofarabine) .....36                    | colchicine TABS PO .....69                             | COMPLERA .....45   |
| clomipramine hcl PO .....21                         | colchicine w/ probenecid PO .....69                    | COMTAN PO (Use entacapone) ..41                                |
| clonazepam TABS PO .....15                          | COLCRYS TABS PO (Use colchicine) .....70               | CONCERTA TBCR PO 18 MG, 27 MG (Use methylphenidate hcl) .....2 |
| clonidine hcl (adhd) TB12 PO .....2                 | colesevelam hcl PACK .....28                           | CONCERTA TBCR PO 36 MG, 54 MG (Use methylphenidate hcl) .....2 |
| clonidine hcl TABS PO .....30                       | colesevelam hcl TABS PO .....28                        | CONTRAVE PO .....1   |
| clonidine PTWK .....30                              | COLESTID FLAVORED GRAN PO (Use colestipol hcl) .....28 | COPAXONE SOSY 20 MG/ML (Use glatiramer acetate) .....87        |
| clopidogrel bisulfate PO 300 MG ..70                | COLESTID FLAVORED PACK PO (Use colestipol hcl) .....28 | COPAXONE SOSY 40 MG/ML (Use glatiramer acetate) .....87        |
| clopidogrel bisulfate PO 75 MG ....70               | COLESTID GRAN PO (Use colestipol hcl) .....28          | COPIKTRA PO .....39  |
| clorazepate dipotassium TABS PO 11                  | COLESTID PACK PO (Use colestipol hcl) .....28          | CORDRAN CREA (Use flurandrenolide) .....60                     |
| clotrimazole (topical) CREA .....56                 | COLESTID TABS PO (Use colestipol hcl) .....28          | CORDRAN LOTN (Use flurandrenolide) .....60                     |
| clotrimazole (topical) SOLN .....56                 |  | CORDRAN TAPE .....60   |
| clotrimazole .....79                                |  | COREG CR PO (Use carvedilol                                    |

|   |    |  |    |  |    |
|---|----|--|----|--|----|
| phosphate) .....                                      | 47 | cromolyn sodium NEBU .....   | 12 | STARTER AJKT .....   | 4  |
| COREG PO (Use carvedilol) .....                       | 47 | crotamiton LOTN .....  | 62 | CYMBALTA CPEP PO (Use duloxetine hcl) .....                    | 21 |
| CORGARD TABS PO 20 MG (Use nadolol) .....             | 48 | CUBICIN RF (Use daptomycin) ...  | 32 | cyproheptadine hcl SYRP PO .....                               | 27 |
| CORGARD TABS PO 40 MG (Use nadolol) .....             | 48 | CUPRIMINE CAPS PO (Use penicillamine) .....  | 78 | cyproheptadine hcl TABS PO .....                               | 27 |
| CORGARD TABS PO 80 MG (Use nadolol) .....             | 48 | CVS PRENATAL TABS PO 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 . | 80 | CYSTADANE PO (Use betaine) ...                                 | 65 |
| CORLANOR TABS PO (Use ivabradine hcl) .....           | 50 | cyanocobalamin SOLN IJ 1000 MCG/ML .....   | 71 | CYSTAGON CAPS PO .....   | 69 |
| CORTEF TABS PO (Use hydrocortisone) .....             | 53 | cyclobenzaprine hcl TABS PO 5 MG, 10 MG .....  | 81 | CYSTARAN .....   | 84 |
| CORTENEMA PR (Use hydrocortisone (intrarectal)) ..... | 9  | cyclophosphamide CAPS .....  | 35 | cytarabine SOLN .....  | 36 |
| CORTISPORIN-TC .....                                  | 85 | cyclophosphamide SOLR IJ .....   | 35 | CYTOMEL TABS PO (Use liothyronine sodium) .....                | 89 |
| COSENTYX (300 MG DOSE) SOSY .                         | 58 | cycloserine PO .....   | 35 | CYTOTEC PO (Use misoprostol) ..                                | 91 |
| COSENTYX SENSOREADY (300 MG) SOAJ .....               | 58 | cyclosporine (ophth) EMUL .....  | 83 | dabigatran etexilate mesylate CAPS PO .....                    | 15 |
| COSENTYX SENSOREADY PEN SOAJ .....                    | 58 | cyclosporine CAPS PO .....   | 78 | dacarbazine SOLR 200 MG .....                                  | 40 |
| COSENTYX SOSY 150 MG/ML ..                            | 58 | cyclosporine modified (for microemulsion) CAPS PO .....  | 78 | dactinomycin .....   | 38 |
| COSENTYX SOSY 75 MG/0.5ML .                           | 58 | cyclosporine modified (for microemulsion) SOLN PO .....  | 78 | dalfampridine .....  | 87 |
| COSENTYX UNOREADY SOAJ ..                             | 58 | cyclosporine SOLN IV 50 MG/ML .  | 78 | DALIRESP PO (Use roflumilast) ..                               | 12 |
| COSMEGEN (Use dactinomycin) .                         | 38 | CYKLOKAPRON SOLN (Use tranexamic acid) .....   | 71 | danazol CAPS PO .....  | 9  |
| COSOPT (Use dorzolamide hcl-timolol maleate) .....    | 82 | CYLTEZO (2 PEN) AJKT .....   | 3  | DANTRIUM CAPS PO 25 MG (Use dantrolene sodium) .....           | 81 |
| COZAAR PO (Use losartan potassium) .....              | 29 | CYLTEZO (2 PEN) AJKT .....   | 4  | dantrolene sodium CAPS PO .....                                | 81 |
| CREON CPEP PO .....                                   | 63 | CYLTEZO (2 SYRINGE) PSKT 10 MG/0.2ML, 40 MG/0.4ML .....  | 4  | dapagliflozin propanediol PO .....                             | 24 |
| CRESEMBA CAPS 186 MG .....                            | 26 | CYLTEZO (2 SYRINGE) PSKT 20 MG/0.4ML, 40 MG/0.8ML .....  | 4  | dapagliflozin propanediol-metformin hcl PO 1000 MG-10 MG ..... | 22 |
| CRESTOR TABS PO (Use rosuvastatin calcium) .....      | 28 | CYLTEZO-CD/UC/HS STARTER AJKT .....  | 4  | dapagliflozin propanediol-metformin hcl PO 1000 MG-5 MG .....  | 22 |
| cromolyn sodium (ophth) .....                         | 84 | CYLTEZO-PSORIASIS/UV   |    | dapsone PO .....   | 33 |
|   |    |  |    | DAPTACEL .....   | 89 |
|   |    |  |    | daptomycin 500 MG .....  | 32 |
|   |    |  |    | DARAPRIM PO (Use pyrimethamine)                                |    |
|   |    |  |    |  | 34 |

|  |    |  |    |  |    |
|--|----|--|----|--|----|
| darifenacin hydrobromide PO .....  | 91 | DEPAKOTE ER TB24 PO (Use<br>divalproex sodium) .....                               | 18 | desmopressin acetate TABS PO 0.2<br>MG .....                                       | 66 |
| darunavir TABS .....   | 45 | DEPAKOTE TBEC PO (Use<br>divalproex sodium) .....                                  | 18 | desogestrel & ethinyl estradiol PO .51   |    |
| dasatinib .....  | 39 | DEPEN TITRATABS TABS PO (Use<br>penicillamine) .....                               | 78 | desogestrel-ethinyl estradiol<br>(biphasic) PO .....                               | 51 |
| DAURISMO .....   | 37 | DEPO-ESTRADIOL .....   | 67 | desogestrel-ethinyl estradiol<br>(triphasic) PO .....                              | 51 |
| DAYPRO TABS PO (Use oxaprozin) .<br>5  |    | DEPO-MEDROL SUSP (Use<br>methylprednisolone acetate) .....                         | 53 | desonide CREA .....  | 60 |
| DAYTRANA PTCH (Use<br>methylphenidate) .....                                   | 2  | DEPO-MEDROL SUSP .....   | 53 | desonide LOTN .....  | 60 |
| DDAVP PF SOLN IJ (Use<br>desmopressin acetate) .....                           | 66 | DEPO-PROVERA SUSP IM (Use<br>medroxyprogesterone acetate<br>(contraceptive)) ..... | 53 | desonide OINT .....  | 60 |
| DDAVP SOLN IJ 4 MCG/ML (Use<br>desmopressin acetate) .....                     | 66 | DEPO-PROVERA SUSY IM (Use<br>medroxyprogesterone acetate<br>(contraceptive)) ..... | 53 | DESOWEN CREA (Use desonide) 60   |    |
| DDAVP TABS PO 0.1 MG (Use<br>desmopressin acetate) .....                       | 66 | DEPO-SUBQ PROVERA 104 SUSY<br>SC .....   | 53 | desoximetasone CREA 0.25 % ...   | 60 |
| DDAVP TABS PO 0.2 MG (Use<br>desmopressin acetate) .....                       | 66 | DERMA-SMOOTH/FS BODY OIL<br>(Use fluocinolone acetonide) .....                     | 60 | desoximetasone GEL .....   | 60 |
| DEBACTEROL .....   | 79 | DERMA-SMOOTH/FS SCALP OIL<br>(Use fluocinolone acetonide) .....                    | 60 | desoximetasone OINT 0.25 % ...   | 60 |
| decitabine .....   | 36 | DERMOTIC (Use fluocinolone<br>acetonide (otic)) .....                              | 85 | DESOXYN PO (Use<br>methamphetamine hcl) .....                                      | 1  |
| deferasirox PACK .....   | 24 | desipramine hcl TABS PO .....  | 21 | desvenlafaxine succinate PO 100<br>MG .....  | 21 |
| deferasirox TABS PO .....  | 24 | desloratadine TABS PO .....  | 27 | desvenlafaxine succinate PO 25 MG,<br>50 MG .....                                  | 21 |
| deferasirox TBSO .....   | 24 | desloratadine TBDP PO 2.5 MG ..  | 27 | DETROL LA CP24 PO (Use<br>tolterodine tartrate) .....                              | 91 |
| deflazacort SUSP PO .....  | 53 | desmopressin acetate SOLN IJ ...   | 66 | DETROL TABS PO (Use tolterodine<br>tartrate) .....                                 | 91 |
| deflazacort TABS PO .....  | 53 | DESMOPRESSIN ACETATE SOLN<br>NA .....  | 66 | dexamethasone ELIX PO .....  | 53 |
| DELESTROGEN (Use estradiol<br>valerate) .....                                  | 67 | desmopressin acetate spray .....   | 66 | DEXAMETHASONE INTENSOL<br>CONC .....   | 53 |
| DELSTRIGO .....  | 45 | desmopressin acetate spray<br>refrigerated 0.01 % .....                            | 66 | dexamethasone sodium phosphate<br>(ophth) .....                                    | 83 |
| DELZICOL CPDR PO (Use<br>mesalamine) .....                                     | 68 | desmopressin acetate TABS PO 0.1<br>MG .....                                       | 66 | dexamethasone sodium phosphate<br>SOLN IJ 4 MG/ML, 20 MG/5ML, 120<br>MG/30ML ..... | 53 |
| demeocycline hcl TABS PO .....   | 89 |  |    | dexamethasone sodium phosphate<br>SOSY IJ 4 MG/ML .....                            | 53 |
| DEMEROL SOLN IJ 25 MG/ML, 50<br>MG/ML, 100 MG/ML (Use meperidine<br>hcl) ..... | 6  |  |    |  |    |
| DENAVIR (Use penciclovir) .....  | 59 |  |    |  |    |

|   |    |  |    |   |    |
|---|----|--|----|---|----|
| dexamethasone SOLN PO .....   | 53 | diazepam CONC .....                                | 11 | fluconazole) .....  | 26 |
| dexamethasone TABS PO 0.5 MG, 0.75 MG .....                                 | 53 | diazepam SOLN PO 5 MG/5ML .....                    | 11 | DIFLUCAN TABS PO 100 MG, 150 MG, 200 MG (Use fluconazole) ..... | 26 |
| dexamethasone TABS PO 1 MG, 1.5 MG, 2 MG, 4 MG, 6 MG .....                  | 53 | diazepam TABS PO .....                             | 11 | diflunisal TABS PO .....  | 6  |
| dexchlorpheniramine maleate SOLN . 26                                       |    | diazoxide .....                                    | 23 | dilfluprednate .....  | 83 |
| DEXEDRINE CP24 PO 10 MG, 15 MG (Use dextroamphetamine sulfate) .....        | 1  | DIBENZYLINE PO (Use phenoxybenzamine hcl) .....    | 29 | digoxin SOLN PO 0.05 MG/ML .....                                | 49 |
| DEXILANT PO (Use dexlansoprazole) .....                                     | 90 | dichlorphenamide PO .....                          | 63 | digoxin TABS PO 62.5 MCG, 125 MCG, 250 MCG .....                | 49 |
| dexlansoprazole PO .....  | 90 | DICLEGIS TBEC PO (Use doxylamine-pyridoxine) ..... | 25 | dihydroergotamine mesylate SOLN IJ 1 MG/ML .....                | 76 |
| dexamethylphenidate hcl CP24 PO ..  | 2  | diclofenac epolamine PTCH EX .....                 | 57 | dihydroergotamine mesylate SOLN NA 4 MG/ML .....                | 76 |
| dexamethylphenidate hcl TABS PO ..  | 2  | diclofenac potassium TABS PO 50 MG .....           | 5  | DILANTIN INFATABS CHEW PO (Use phenytoin) .....                 | 18 |
| dextroamphetamine sulfate CP24 PO 10 MG, 15 MG .....                        | 1  | diclofenac sodium (actinic keratoses) EX .....     | 58 | DILANTIN PO (Use phenytoin sodium extended) .....               | 18 |
| dextroamphetamine sulfate CP24 PO 5 MG .....                                | 1  | diclofenac sodium (ophth) .....                    | 84 | DILANTIN PO .....   | 18 |
| dextroamphetamine sulfate TABS PO 2.5 MG, 7.5 MG, 15 MG, 20 MG, 30 MG ..... | 1  | diclofenac sodium (topical) GEL EX 57              |    | DILANTIN SUSP PO (Use phenytoin) .....                          | 18 |
| dextroamphetamine sulfate TABS PO 5 MG, 10 MG .....                         | 1  | diclofenac sodium TB24 PO .....                    | 5  | DILANTIN-125 SUSP PO (Use phenytoin) .....                      | 18 |
| dextrose in lactated ringers .....  | 77 | diclofenac sodium TBEC PO .....                    | 5  | DILAUDID LIQD PO (Use hydromorphone hcl) .....                  | 6  |
| DIACOMIT CAPS 250 MG .....  | 16 | diclofenac w/ misoprostol TBEC PO 5                |    | DILAUDID TABS PO (Use hydromorphone hcl) .....                  | 6  |
| DIACOMIT CAPS 500 MG .....  | 16 | dicloxacillin sodium PO .....                      | 86 | diltiazem hcl coated beads CP24 PO 120 MG, 300 MG, 360 MG ..... | 48 |
| DIACOMIT PACK 250 MG .....  | 16 | dicyclomine hcl CAPS PO .....                      | 90 | diltiazem hcl coated beads CP24 PO 180 MG, 240 MG .....         | 48 |
| DIACOMIT PACK 500 MG .....  | 16 | dicyclomine hcl SOLN PO .....                      | 90 | diltiazem hcl CP12 PO .....                                     | 48 |
| DIASTAT ACUDIAL GEL PR (Use diazepam (anticonvulsant)) .....                | 15 | dicyclomine hcl TABS PO .....                      | 90 | diltiazem hcl CP24 PO .....                                     | 48 |
| DIASTAT PEDIATRIC GEL PR (Use diazepam (anticonvulsant)) .....              | 15 | DIFFERIN CREA (Use adapalene) 55                   |    | diltiazem hcl extended release beads PO .....                   | 48 |
| diazepam (anticonvulsant) GEL PR 15   |    | DIFFERIN GEL (Use adapalene) ..55                  |    | diltiazem hcl SOLN 50 MG/10ML ..                                | 48 |
|   |    | DIFFERIN LOTN .....                                | 55 |   |    |
|   |    | DIFCID TABS .....                                  | 74 |   |    |
|   |    | diflorasone diacetate CREA .....                   | 60 |   |    |
|   |    | diflorasone diacetate OINT .....                   | 60 |   |    |
|   |    | DIFLUCAN SUSP PO (Use                              |    |   |    |

|   |    |  |    |  |    |
|---|----|--|----|--|----|
| DILTIAZEM HCL SOLR .....  | 48 | divalproex sodium TBEC PO .....                | 18 | doxercalciferol CAPS PO .....                                | 66 |
| diltiazem hcl TABS PO .....                                     | 48 | DIVIGEL GEL (Use estradiol) .....              | 67 | doxercalciferol SOLN .....                                   | 66 |
| diltiazem hcl TB24 .....  | 48 | DOCETAXEL CONC 20 MG/ML (Use docetaxel) .....  | 41 | DOXIL SUSP (Use doxorubicin hcl liposomal) .....             | 38 |
| dimethyl fumarate CDPK .....                                    | 87 | docetaxel CONC 20 MG/ML .....                  | 41 | doxorubicin hcl liposomal SUSP ..                            | 38 |
| dimethyl fumarate CPDR .....                                    | 87 | DOCETAXEL SOLN 20 MG/2ML (Use docetaxel) ..... | 41 | DOXORUBICIN HCL SOLN (Use doxorubicin hcl) .....             | 38 |
| DIOVAN HCT PO (Use valsartan-hydrochlorothiazide) .....         | 30 | docetaxel SOLN 20 MG/2ML .....                 | 41 | doxorubicin hcl SOLN .....                                   | 38 |
| DIOVAN TABS PO (Use valsartan) 29                               |    | docusate calcium PO .....                      | 73 | doxorubicin hcl SOLR 10 MG, 50 MG .....                      | 38 |
| DIPENTUM PO .....   | 68 | docusate sodium CAPS PO 100 MG ..              |    | doxycycline (monohydrate) CAPS PO 50 MG, 100 MG .....        | 89 |
| diphenhydramine hcl CAPS PO 50 MG .....                         | 26 | 73   |    | doxycycline (monohydrate) CAPS PO 75 MG .....                | 89 |
| diphenhydramine hcl ELIX PO 12.5 MG/5ML .....                   | 26 | docusate sodium CAPS PO 250 MG ..              |    | doxycycline (monohydrate) TABS PO 100 MG .....               | 89 |
| diphenhydramine hcl LIQD PO 12.5 MG/5ML .....                   | 26 | 73   |    | doxycycline (monohydrate) TABS PO 50 MG, 75 MG .....         | 89 |
| diphenhydramine hcl SOLN 50 MG/ML .....                         | 26 | dofetilide PO .....                            | 11 | doxycycline hyclate CAPS PO .....                            | 89 |
| diphenoxylate w/ atropine LIQD PO 24                            |    | donepezil hydrochloride TABS PO 10 MG .....    | 86 | doxycycline hyclate SOLR .....                               | 89 |
| diphenoxylate w/ atropine TABS PO 24                            |    | MG .....                                       | 86 | doxycycline hyclate TABS PO 20 MG, 100 MG .....              | 89 |
| DIPHThERIA-TETANUS TOXOIDS DT SUSP .....                        | 89 | DOPTELET .....                                 | 71 | doxylamine-pyridoxine TBEC PO ..                             | 25 |
| DIPROLENE OINT (Use betamethasone dipropionate augmented) ..... | 60 | dorzolamide hcl .....                          | 84 | DRISDOL CAPS PO (Use ergocalciferol) .....                   | 95 |
| dipyridamole PO .....   | 70 | dorzolamide hcl-timolol maleate ..             | 82 | dronabinol CAPS PO .....                                     | 25 |
| disopyramide phosphate CAPS PO 11                               |    | DOVATO .....                                   | 45 | drospirenone-ethinyl estradiol PO ..                         | 51 |
| disulfiram PO .....   | 86 | DOVONEX CREA (Use calcipotriene) ..            | 58 | drospirenone-ethinyl estradiol-levomefolate calcium PO ..... | 51 |
| DITROPAN XL TB24 PO 5 MG, 10 MG (Use oxybutynin chloride) ..... | 91 | doxazosin mesylate PO .....                    | 30 | DROXIA CAPS .....  | 71 |
| divalproex sodium TB24 PO .....                                 | 18 | doxepin hcl (antipruritic) .....               | 58 | DUAVEE .....   | 67 |
|   |    | doxepin hcl (sleep) PO .....                   | 71 | DUETACT (Use pioglitazone hcl-glimepiride) .....             | 22 |
|   |    | doxepin hcl CAPS PO .....                      | 21 | DULCOLAX PINK LAXATIVE TBEC                                  |    |
|   |    | doxepin hcl CONC PO .....                      | 21 |  |    |

|   |    |   |    |   |    |
|---|----|---|----|---|----|
| PO (Use bisacodyl) .....  | 72 | EDARBI PO .....   | 29 | ELLA PO .....   | 52 |
| DULCOLAX SUPP PR (Use<br>bisacodyl) .....                       | 73 | EDECRRIN PO (Use ethacrynic acid) .<br>64                         |    | ELMIRON CAPS PO .....   | 69 |
| DULCOLAX TBEC PO (Use<br>bisacodyl) .....                       | 73 | EDURANT .....   | 45 | ELOCTATE .....  | 70 |
| DULERA .....  | 13 | efavirenz CAPS PO .....   | 45 | EMCYT PO .....  | 37 |
| duloxetine hcl CPEP PO 20 MG, 30<br>MG, 60 MG .....             | 21 | efavirenz TABS PO .....   | 45 | EMEND CAPS PO 80 MG (Use<br>aprepitant) .....   | 25 |
| duloxetine hcl CPEP PO 40 MG ...                                | 21 | efavirenz-emtricitabine-tenofovir<br>disoproxil fumarate PO ..... | 45 | EMEND TRI-PACK CAPS PO (Use<br>aprepitant) .....  | 25 |
| DUPIXENT SOAJ 200 MG/1.14ML<br>61                               |    | efavirenz-lamivudine-tenofovir<br>disoproxil fumarate .....       | 45 | EMFLAZA SUSP PO (Use<br>deflazacort) .....  | 53 |
| DUPIXENT SOAJ 300 MG/2ML ...                                    | 61 | EFFEXOR XR CP24 PO 150 MG<br>(Use venlafaxine hcl) .....          | 21 | EMFLAZA TABS PO (Use<br>deflazacort) .....  | 53 |
| DUPIXENT SOSY 100 MG/0.67ML<br>61                               |    | EFFEXOR XR CP24 PO 37.5 MG<br>(Use venlafaxine hcl) .....         | 21 | EMGALITY (300 MG DOSE) SOSY<br>75   |    |
| DUPIXENT SOSY 200 MG/1.14ML<br>61                               |    | EFFEXOR XR CP24 PO 75 MG (Use<br>venlafaxine hcl) .....           | 21 | EMGALITY SOAJ .....   | 75 |
| DUPIXENT SOSY 300 MG/2ML ...                                    | 61 | EFFIENT PO (Use prasugrel hcl) ..                                 | 70 | EMGALITY SOSY .....   | 75 |
| DUREX EXTRA SENSITIVE THIN<br>DEVI .....                        | 74 | EFUDEX CREA (Use fluorouracil<br>(topical)) .....                 | 58 | EMSAM .....   | 19 |
| DUREX EXTRA SENSITIVE THIN<br>MISC .....                        | 74 | EGRIFTA SV .....  | 65 | emtricitabine CAPS PO .....   | 45 |
| DUREX TROPICAL MISC .....                                       | 74 | ELAPRASE .....  | 66 | emtricitabine-tenofovir disoproxil<br>fumarate PO 100 MG-150 MG, 133<br>MG-200 MG, 167 MG-250 MG .... | 45 |
| DUREZOL (Use difluprednate) ...                                 | 83 | electrolyte-148 .....   | 77 | emtricitabine-tenofovir disoproxil<br>fumarate PO 200 MG-300 MG ....                                  | 45 |
| dutasteride PO .....  | 69 | electrolyte-a .....   | 77 | EMTRIVA CAPS PO (Use<br>emtricitabine) .....  | 45 |
| DYRENium CAPS PO (Use<br>triamterene) .....                     | 64 | ELESTRIN GEL .....  | 67 | EMTRIVA SOLN .....  | 45 |
| E.E.S. GRANULES SUSR PO (Use<br>erythromycin ethylsuccinate) .. | 73 | eletriptan hydrobromide PO .....                                  | 76 | EMVERM CHEW PO .....  | 10 |
| EC-NAPROSYN TBEC PO 500 MG<br>(Use naproxen) .....              | 5  | ELIDEL (Use pimecrolimus) .....                                   | 62 | enalapril maleate &<br>hydrochlorothiazide PO 12.5 MG-5<br>MG .....                                   | 30 |
| econazole nitrate CREA .....                                    | 56 | ELIGARD KIT SC 7.5 MG .....                                       | 37 | enalapril maleate &<br>hydrochlorothiazide PO 25 MG-10<br>MG .....                                    | 30 |
| ECOTRIN ARTHRTIS PAIN TBEC<br>PO (Use aspirin) .....            | 6  | ELIGARD SC 22.5 MG, 30 MG, 45<br>MG .....                         | 37 | enalapril maleate TABS PO .....   | 29 |
| ECOTRIN TBEC PO (Use aspirin) ..                                | 6  | ELIMITE CREA (Use permethrin) .                                   | 62 |   |    |
|   |    | ELIQUIS DVT/PE STARTER PACK<br>TBPk .....                         | 14 |   |    |
|   |    | ELIQUIS TABS .....  | 14 |   |    |

|   |    |   |    |   |    |
|---|----|---|----|---|----|
| ENBREL MINI SOCT .....                                  | 6  | EPIPEN JR 2-PAK SOAJ (Use epinephrine (anaphylaxis)) .....                          | 94 | erlotinib hcl .....   | 36 |
| ENBREL SOLN .....                                       | 6  | EPIVIR HBV SOLN .....   | 46 | ERTACZO .....   | 56 |
| ENBREL SOSY 25 MG/0.5ML .....                           | 6  | EPIVIR HBV TABS PO (Use lamivudine (hbv)) .....                                     | 46 | ertapenem sodium IJ .....                                   | 32 |
| ENBREL SOSY 50 MG/ML .....                              | 6  | EPIVIR SOLN PO (Use lamivudine) .....   | 45 | ERYPED 200 SUSR PO (Use erythromycin ethylsuccinate) .....  | 73 |
| ENBREL SURECLICK SOAJ .....                             | 6  | EPIVIR TABS PO (Use lamivudine) .....   | 45 | ERYPED 400 SUSR PO (Use erythromycin ethylsuccinate) .....  | 73 |
| ENGERIX-B SUSP 20 MCG/ML ...                            | 92 | eplerenone PO .....   | 32 | erythromycin (acne aid) PADS .....                          | 55 |
| ENGERIX-B SUSY .....                                    | 92 | EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML ..... | 71 | erythromycin (acne aid) SOLN .....                          | 55 |
| exoxaparin sodium SOLN IJ 300 MG/3ML .....              | 14 | epoprostenol sodium .....   | 49 | erythromycin (ophth) .....                                  | 83 |
| exoxaparin sodium SOSY 100 MG/ML, 150 MG/ML .....       | 14 | EPZICOM PO (Use abacavir sulfate-lamivudine) .....                                  | 45 | erythromycin base CPEP PO .....                             | 73 |
| exoxaparin sodium SOSY 30 MG/0.3ML .....                | 14 | EQL PRENATAL FORMULA TABS PO .....  | 80 | erythromycin base TABS PO .....                             | 73 |
| exoxaparin sodium SOSY 40 MG/0.4ML .....                | 14 | EQUETRO PO 100 MG .....   | 42 | erythromycin base TBEC PO .....                             | 73 |
| exoxaparin sodium SOSY 60 MG/0.6ML .....                | 14 | EQUETRO PO 200 MG .....   | 42 | erythromycin ethylsuccinate SUSR PO .....                   | 73 |
| exoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML .....  | 14 | EQUETRO PO 300 MG .....   | 42 | erythromycin ethylsuccinate TABS PO .....                   | 73 |
| ENSPRYNG .....  | 78 | ERAXIS .....  | 26 | ESBRIET CAPS (Use pirfenidone) .....                        | 88 |
| entacapone PO .....                                     | 41 | ERBITUX .....   | 36 | escitalopram oxalate SOLN PO ...                            | 20 |
| entecavir TABS PO .....                                 | 46 | ergocalciferol CAPS PO .....  | 95 | escitalopram oxalate TABS PO 10 MG .....                    | 20 |
| ENTEREG PO (Use alvimopan) ...                          | 68 | ergocalciferol SOLN PO 200 MCG/ML .....   | 95 | escitalopram oxalate TABS PO 20 MG .....                    | 20 |
| EPIDIOLEX .....   | 16 | ergoloid mesylates TABS PO .....  | 88 | ESGIC TABS PO (Use butalbital-acetaminophen-caffeine) ..... | 6  |
| EPIDUO GEL (Use adapalene-benzoyl peroxide) .....       | 55 | ERGOMAR SUBL .....  | 76 | esomeprazole magnesium CPDR PO 20 MG .....                  | 90 |
| epinastine hcl (ophth) .....                            | 84 | ergotamine w/ caffeine TABS PO ..   | 75 | esomeprazole magnesium CPDR PO 40 MG .....                  | 90 |
| epinephrine (anaphylaxis) SOAJ 0.15 MG/0.3ML .....      | 94 | eribulin mesylate .....   | 41 | esomeprazole magnesium TBEC ..                              | 90 |
| epinephrine (anaphylaxis) SOAJ 0.3 MG/0.3ML .....       | 94 | ERIVEDGE .....  | 37 | ESPEROCT .....  | 70 |
| EPIPEN 2-PAK SOAJ (Use epinephrine (anaphylaxis)) ..... | 94 | ERLEADA 240 MG .....  | 37 |   |    |
|   |    | ERLEADA 60 MG .....   | 37 |   |    |

|   |    |   |    |   |
|---|----|---|----|---|
| estazolam PO .....  | 72 | everolimus (immunosuppressant) MG .....                             | 78 | FANTASY LUBRICATED/SPERMICIDE MISC                                |
| ESTRACE CREA (Use estradiol vaginal) .....                    | 94 | everolimus TABS .....   | 39 | 74  |
| ESTRACE TABS PO (Use estradiol) ..                            | 67 | EVISTA PO (Use raloxifene hcl) ..                                   | 65 | FARESTON PO (Use toremifene citrate) .....                        |
| estradiol GEL .....   | 67 | EVOCLIN FOAM (Use clindamycin phosphate (topical)) .....            | 55 | 37  |
| estradiol PTTW .....  | 67 | EVOTAZ .....  | 45 | FARXIGA PO (Use dapagliflozin propanediol) .....                  |
| estradiol PTWK .....  | 67 | EVOXAC PO (Use cevimeline hcl) ..                                   | 80 | 24  |
| estradiol TABS PO .....                                       | 67 | EXELDERM CREA (Use sulconazole nitrate) .....                       | 56 | FASENRA PEN SOAJ .....  |
| estradiol vaginal CREA .....                                  | 94 | EXELDERM SOLN (Use sulconazole nitrate) .....                       | 56 | 11  |
| estradiol vaginal TABS .....                                  | 94 | exemestane PO .....   | 37 | FASENRA SOSY 30 MG/ML .....                                       |
| estradiol valerate .....                                      | 67 | EXFORGE HCT PO (Use amlodipine-valsartan-hydrochlorothiazide) ..... | 30 | 11  |
| ESTROGEL GEL (Use estradiol) ..                               | 67 | EXFORGE PO (Use amlodipine besylate-valsartan) .....                | 30 | FASLODEX SOSY (Use fulvestrant) ..                                |
| eszopiclone PO .....  | 72 | EXJADE TBSO (Use deferasirox) ..                                    | 24 | 37  |
| ethacrynic acid PO .....                                      | 64 | ezetimibe PO .....  | 28 | FC2 FEMALE CONDOM .....   |
| ethambutol hcl TABS PO .....                                  | 35 | ezetimibe-simvastatin PO .....                                      | 27 | 74  |
| ethosuximide CAPS PO .....                                    | 18 | famciclovir PO 125 MG, 250 MG ..                                    | 46 | febuxostat .....  |
| ethosuximide SOLN PO .....                                    | 18 | famciclovir PO 500 MG .....   | 47 | 18  |
| ethynodiol diacet & eth estrad PO                             | 51 | famotidine in nacl SOLN .....                                       | 90 | felbamate SUSP .....  |
| etodolac CAPS PO .....  | 5  | famotidine SOLN 20 MG/2ML ..  | 90 | 18  |
| etodolac TABS PO .....  | 5  | famotidine SOLN 40 MG/4ML, 200 MG/20ML .....                        | 90 | felbamate TABS PO 400 MG .....                                    |
| etonogestrel-ethinyl estradiol ..                             | 52 | famotidine SUSR PO .....  | 90 | 18  |
| ETOPOPHOS .....   | 41 | famotidine TABS PO 20 MG, 40 MG ..                                  |    | FELBATOL SUSP (Use felbamate) ..                                  |
| etoposide CAPS PO .....                                       | 41 | 90  | 18 |   |
| etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML .....       | 41 | FANAPT PO .....   | 43 | FELBATOL TABS PO 400 MG (Use felbamate) .....                     |
| etravirine PO .....   | 45 | FANAPT TITRATION PACK PO ..   | 43 | 18  |
| EUCRISA .....   | 62 | FANTASY LUBRICATED MISC ..  | 74 | FELDENE CAPS PO (Use piroxicam) ..                                |
| EVAMIST SOLN .....  | 67 |   |    | 5   |
| everolimus (immunosuppressant) 0.25 MG, 0.5 MG, 0.75 MG ..... | 79 |   |    | felodipine PO .....   |
|   |    |   |    | 48  |
|   |    |   |    | FEMARA PO (Use letrozole) .....                                   |
|   |    |   |    | 37  |
|   |    |   |    | FEMCAP DEVI .....   |
|   |    |   |    | 74  |
|   |    |   |    | FEMLYV TBDP .....   |
|   |    |   |    | 51  |
|   |    |   |    | FEMRING .....   |
|   |    |   |    | 94  |
|   |    |   |    | fenofibrate micronized PO 43 MG, 67 MG, 130 MG, 134 MG, 200 MG .. |
|   |    |   |    | 28  |
|   |    |   |    | fenofibrate TABS PO 48 MG, 54 MG, 145 MG, 160 MG .....            |
|   |    |   |    | 28  |
|   |    |   |    | FENOGLIDE TABS PO (Use  |

|   |    |  |    |   |    |
|---|----|--|----|---|----|
| fenofibrate) .....  | 28 | flecainide acetate PO .....  | 11 | FLULALVAL QUADRIVALENT SUSY .....                 | 92 |
| fenoprofen calcium TABS PO .....  | 5  | FLECTOR PTCH EX (Use diclofenac epolamine) .....                       | 57 | FLULALVAL SUSY .....                              | 92 |
| FENSOLVI (6 MONTH) SC .....   | 65 | FLOLAN (Use epoprostenol sodium) .....                                 | 49 | FLUMIST .....                                     | 92 |
| fentanyl citrate LPOP .....   | 6  | FLOMAX PO (Use tamsulosin hcl) .....                                   | 69 | FLUMIST QUADRIVALENT .....                        | 92 |
| fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR .....                            | 6  | FLONASE ALLERGY RELIEF SUSP (Use fluticasone propionate (nasal)) ..... | 81 | flunisolide (nasal) .....                         | 81 |
| FER-IN-SOL SOLN PO (Use ferrous sulfate) .....  | 71 | FLOVENT DISKUS AEPB (Use fluticasone propionate (inhalation)) .....    | 12 | fluocinolone acetonide (otic) .....               | 85 |
| ferrous sulfate SOLN PO 15 MG/ML, 15 MG/ML .....  | 71 | FLOVENT HFA (Use fluticasone propionate hfa) .....                     | 12 | fluocinolone acetonide CREA 0.01 % .....          | 60 |
| ferrous sulfate TABS PO 325 MG, 65 MG, 325 MG .....   | 71 | floxuridine .....  | 36 | fluocinolone acetonide CREA 0.025 % .....         | 60 |
| ferrous sulfate TBEC PO .....   | 71 | FLUAD .....  | 92 | fluocinolone acetonide OIL .....                  | 60 |
| fesoterodine fumarate .....   | 91 | FLUAD QUADRIVALENT .....   | 92 | fluocinolone acetonide OINT .....                 | 60 |
| FETZIMA CP24 .....  | 21 | FLUARIX QUADRIVALENT SUSY .....  | 92 | fluocinolone acetonide SOLN .....                 | 60 |
| FETZIMA TITRATION C4PK .....  | 21 | FLUARIX SUSY .....   | 92 | fluocinonide CREA 0.05 % .....                    | 60 |
| FINACEA GEL (Use azelaic acid) .....  | 62 | FLUBLOK QUADRIVALENT .....   | 92 | fluocinonide CREA 0.1 % .....                     | 60 |
| finasteride PO .....  | 69 | FLUBLOK SOSY .....   | 92 | fluocinonide emulsified base .....                | 60 |
| fingolimod hcl PO .....   | 87 | FLUCELVAX QUADRIVALENT SUSP .....                                      | 92 | fluocinonide GEL .....                            | 60 |
| FIORICET CAPS PO (Use butalbital-acetaminophen-caffeine) .....  | 6  | FLUCELVAX QUADRIVALENT SUSY .....                                      | 92 | fluocinonide OINT .....                           | 60 |
| FIORICET/CODEINE PO 30 MG-40 MG-50 MG-300 MG (Use butalbital-acetaminophen-caffeine w/ codeine) ..... | 8  | FLUCELVAX SUSP .....   | 92 | fluocinonide SOLN .....                           | 60 |
| FIRAZYR SOSY (Use icatibant acetate) .....  | 70 | FLUCELVAX SUSY .....   | 92 | fluorometholone (ophth) SUSP .....                | 83 |
| FIRDAPSE .....  | 34 | fluconazole SUSR PO .....  | 26 | fluorouracil (topical) CREA 5 % .....             | 58 |
| FIRMAGON (240 MG DOSE) .....  | 37 | fluconazole TABS PO .....  | 26 | fluorouracil (topical) SOLN .....                 | 58 |
| FIRMAGON 80 MG .....  | 37 | flucytosine PO .....   | 26 | fluorouracil 500 MG/10ML .....                    | 36 |
| FIRVANQ SOLR PO (Use vancomycin hcl) .....  | 32 | fludarabine phosphate SOLN .....                                       | 36 | fluoxetine hcl CAPS PO 10 MG .....                | 20 |
| flavoxate hcl PO .....  | 91 | fludarabine phosphate SOLR .....                                       | 36 | fluoxetine hcl CAPS PO 20 MG .....                | 20 |
|   |    | fludrocortisone acetate TABS PO .....                                  | 54 | fluoxetine hcl CPDR PO .....                      | 20 |
|   |    |  |    | fluoxetine hcl SOLN PO .....                      | 20 |
|   |    |  |    | FLUOXETINE HCL TABS PO (Use fluoxetine hcl) ..... | 20 |

|   |    |  |     |  |    |
|---|----|--|-----|--|----|
| fluoxetine hcl TABS PO 10 MG, 60 MG .....               | 20 | MG .....   | 20  | FOSAMAX PLUS D PO .....                              | 64 |
| fluoxetine hcl TABS PO 20 MG ....                       | 20 | fluvoxamine maleate TABS PO 25 MG, 50 MG .....         | 20  | FOSAMAX TABS PO 70 MG (Use alendronate sodium) ..... | 64 |
| fluphenazine hcl CONC PO .....                          | 44 | FLUZONE HIGH-DOSE QUADRIVALENT .....                   | 92  | fosamprenavir calcium TABS PO ..                     | 45 |
| fluphenazine hcl ELIX PO .....                          | 44 | FLUZONE HIGH-DOSE SUSY ....                            | 93  | fosfomycin tromethamine .....                        | 33 |
| fluphenazine hcl SOLN .....                             | 44 | FLUZONE QUADRIVALENT SUSP                              | 93  | fisinopril sodium &                                  |    |
| fluphenazine hcl TABS PO .....                          | 44 | FLUZONE QUADRIVALENT SUSY                              | 93  | hydrochlorothiazide PO .....                         | 30 |
| flurandrenolide CREA .....                              | 60 | FLUZONE QUADRIVALENT SUSY                              | 93  | fisinopril sodium PO .....                           | 29 |
| flurandrenolide LOTN .....                              | 60 | FLUZONE SUSP .....                                     | 93  | fosphenytoin sodium .....                            | 18 |
| flurazepam hcl PO .....                                 | 72 | FLUZONE SUSY .....                                     | 93  | FOSRENOL CHEW PO (Use lanthanum carbonate) .....     | 68 |
| flurbiprofen sodium .....                               | 84 | FML FORTE SUSP .....                                   | 83  | FRAGMIN SOSY .....                                   | 15 |
| flurbiprofen TABS PO .....                              | 5  | FML LIQUIFILM SUSP (Use fluorometholone (ophth)) ..... | 83  | FREESTYLE LIBRE 14 DAY READER .....                  | 75 |
| flutamide PO .....                                      | 37 | FML OINT .....   | 83  | FREESTYLE LIBRE 14 DAY SENSOR .....                  | 75 |
| fluticasone furoate-vilanterol .....                    | 13 | FOCALIN TABS PO (Use dexmethylphenidate hcl) .....     | 2   | FREESTYLE LIBRE 2 PLUS SENSOR .....                  | 75 |
| fluticasone propionate (inhalation) AEPB .....          | 12 | FOCALIN XR CP24 PO (Use dexmethylphenidate hcl) .....  | 2   | FREESTYLE LIBRE 2 READER ..                          | 75 |
| fluticasone propionate (nasal) SUSP .                   | 81 | folic acid TABS PO .....                               | 71  | FREESTYLE LIBRE 2 SENSOR ..                          | 75 |
| fluticasone propionate CREA 0.05 %                      | 60 | fondaparinux sodium 10 MG/0.8ML                        |     | FREESTYLE LIBRE 3 PLUS SENSOR .....                  | 75 |
| fluticasone propionate hfa .....                        | 12 | 15   |     | FREESTYLE LIBRE 3 READER ..                          | 75 |
| fluticasone propionate LOTN .....                       | 60 | fondaparinux sodium 2.5 MG/0.5ML                       |     | FREESTYLE LIBRE 3 SENSOR ..                          | 75 |
| fluticasone propionate OINT .....                       | 60 | 14   |     | FREESTYLE LIBRE READER ..                            | 75 |
| fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 |    | fondaparinux sodium 5 MG/0.4ML                         | .14 | FROVA PO (Use frovatriptan succinate) .....          | 76 |
| MCG/ACT-50 MCG/ACT, 500                                 |    | fondaparinux sodium 7.5 MG/0.6ML                       | .   | frovatriptan succinate PO .....                      | 76 |
| MCG/ACT-50 MCG/ACT .....                                | 13 | 14   |     | FT PRENATAL TABS PO .....                            | 80 |
| fluticasone-salmeterol AERO .....                       | 13 | FORA GTEL BLOOD KETONE TEST                            |     | fulvestrant SOSY .....                               | 37 |
| fluvastatin sodium CAPS PO 20 MG .                      | 28 | .....  | 63  | furosemide SOLN IJ 10 MG/ML ...                      | 64 |
| fluvastatin sodium CAPS PO 40 MG .                      | 28 | FORA TEST N'GO ADV-VOICE-6                             |     | furosemide TABS PO .....                             | 64 |
| fluvoxamine maleate TABS PO 100                         |    | CON .....  | 63  | FUZEON SOLR .....                                    | 45 |
|   |    | formoterol fumarate NEBU .....                         | 13  |  |    |
|   |    | FORTEO SOPN (Use teriparatide)                         | 64  |  |    |

|   |    |   |    |   |    |
|---|----|---|----|---|----|
| FYCOMPA TABS 2 MG .....   | 15 | gemcitabine hcl SOLR 2 GM, 200 MG .....   | 36 | glipizide TB24 PO .....   | 24 |
| FYCOMPA TABS 4 MG .....   | 15 | gemfibrozil TABS PO .....   | 28 | glipizide-metformin hcl PO 250 MG-2.5 MG, 500 MG-2.5 MG .....                 | 22 |
| FYCOMPA TABS 6 MG .....   | 15 | GEN7T PTCH (Use lidocaine) .....  | 62 | glipizide-metformin hcl PO 500 MG-5 MG .....                                  | 22 |
| FYCOMPA TABS 8 MG, 10 MG, 12 MG .....                                       | 15 | GENERESS FE PO (Use norethindrone & ethinyl estradiol-fe) 51                                |    | GLUCAGEN DIAGNOSTIC .....   | 63 |
| gabapentin CAPS PO .....  | 16 | GENOTROPIN CART SC .....  | 65 | glucagon (rdna) .....   | 23 |
| gabapentin SOLN PO .....  | 16 | GENOTROPIN MINIQUICK PRSY 65  |    | GLUCAGON EMERGENCY (Use glucagon (rdna)) .....                                | 23 |
| gabapentin TABS PO 600 MG, 800 MG .....                                     | 16 | 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 % ..... | 3  | GLUCOTROL XL TB24 PO (Use glipizide) .....                                    | 24 |
| GABITRIL PO (Use tiagabine hcl) .   | 18 | gentamicin sulfate (ophth) OINT ..  | 83 | GLUMETZA TB24 PO (Use metformin hcl) .....                                    | 23 |
| galantamine hydrobromide CP24 PO 86   |    | gentamicin sulfate (ophth) SOLN ..  | 83 | glyburide micronized PO 1.5 MG, 3 MG, 6 MG .....                              | 24 |
| galantamine hydrobromide SOLN PO .....                                      | 86 | gentamicin sulfate (topical) CREA ..  | 56 | glyburide TABS PO .....   | 24 |
| galantamine hydrobromide TABS PO .....                                      | 86 | gentamicin sulfate (topical) OINT ..  | 56 | glyburide-metformin PO 250 MG-1.25 MG .....                                   | 22 |
| GAMMAGARD 1 GM/10ML, 2.5 GM/25ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML ..... | 85 | gentamicin sulfate IJ 40 MG/ML ..   | 3  | glyburide-metformin PO 500 MG-2.5 MG, 500 MG-5 MG .....                       | 22 |
| GAMMAGARD 30 GM/300ML .....   | 85 | GENVOYA .....   | 45 | glycine (gu irrigant) SOLN 1.5 % ..   | 69 |
| GAMMAGARD S/D LESS IGA SOLR .....   | 85 | GEODON PO (Use ziprasidone hcl) 42  |    | glycopyrrolate SOLN IJ 4 MG/20ML ..   | 90 |
| GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML .....               | 85 | GILENYA PO (Use fingolimod hcl) 87  |    | glycopyrrolate TABS PO 1 MG ..  | 90 |
| GAMUNEX-C .....   | 85 | GILOTrif .....  | 36 | glycopyrrolate TABS PO 2 MG ..  | 90 |
| ganciclovir sodium SOLR .....   | 46 | glatiramer acetate SOSY 20 MG/ML ..   | 87 | GLYNASE PO (Use glyburide micronized) .....                                   | 24 |
| GANIRELIX ACETATE (Use ganirelix acetate) .....                             | 65 | glatiramer acetate SOSY 40 MG/ML ..   | 87 | GLYXAMBI PO .....   | 22 |
| ganirelix acetate .....   | 65 | GLEEVEC PO (Use imatinib mesylate) .....  | 39 | GNP PRENATAL TABS PO .....  | 80 |
| GARDASIL 9 SUSP .....   | 93 | GLEOSTINE PO 10 MG .....  | 35 | GOHIBIC .....   | 70 |
| GARDASIL 9 SUSY .....   | 93 | GLEOSTINE PO 40 MG, 100 MG ..   | 35 | GOJJI BLOOD KETONE TEST ..  | 63 |
| gatifloxacin (ophth) .....  | 83 | glimepiride PO 1 MG, 2 MG .....   | 24 | GOLYTELY SOLR PO (Use peg 3350-kcl-sod bicarb-sod chloride-sod sulfate) ..... | 72 |
| gefitinib .....   | 36 | glimepiride PO 4 MG .....   | 24 | glipizide TABS PO 5 MG, 10 MG ..  | 24 |

|                                   |    |                                  |                                       |    |
|-----------------------------------|----|----------------------------------|---------------------------------------|----|
| gransetron hcl SOLN IV 1 MG/ML    | 25 | SOLN IV 0.45 %-12500 UNIT/250ML  | homatropine methylbromide) .....      | 54 |
| gransetron hcl TABS PO .....      | 25 | 15                               | hydralazine hcl SOLN .....            | 32 |
| GRASTEK SUBL .....                | 3  | heparin sodium (porcine) SOLN IJ | hydralazine hcl TABS PO .....         | 32 |
| griseofulvin microsize SUSP PO .. | 26 | 5000 UNIT/ML, 10000 UNIT/ML,     | HYDREA PO (Use hydroxyurea) ..        | 40 |
| griseofulvin microsize TABS PO .. | 26 | 20000 UNIT/ML .....              | hydrochlorothiazide CAPS PO ..        | 64 |
| griseofulvin ultramicrosize PO .. | 26 | HIBERIX SOLR IJ .....            | hydrochlorothiazide TABS PO 12.5      |    |
| guanfacine hcl (adhd) PO .....    | 2  | HIPREX PO (Use methenamine       | MG .....                              | 64 |
| guanfacine hcl PO .....           | 30 | hippurate) .....                 | hydrochlorothiazide TABS PO 25        |    |
| GYNAZOLE-1 .....                  | 94 | HUMATROPE CART IJ .....          | MG, 50 MG .....                       | 64 |
| GYNE-LOTRIMIN CREA (Use           |    | HUMIRA (2 PEN) AJKT 80           | hydrocodone bitartrate CP12 PO ..     | 6  |
| clotrimazole vaginal) .....       | 94 | MG/0.8ML .....                   | hydrocodone bitartrate T24A .....     | 7  |
| HAEGARDA SOLR SC .....            | 70 | HUMIRA (2 PEN) AJKT .....        | hydrocodone bitartrate-homatropine    |    |
| HALAVEN (Use eribulin mesylate)   |    | HUMIRA (2 SYRINGE) PSKT .....    | methylbromide TABS PO .....           | 54 |
| 41                                |    | HUMIRA-CD/UC/HS STARTER          | hydrocodone polistirex-               |    |
| halcinonide CREA .....            | 60 | AJKT .....                       | chlorpheniramine polistirex SUER PO   |    |
| HALCION PO 0.25 MG (Use           |    | HUMIRA-PED<40KG CROHNS           | .....54                               |    |
| triazolam) .....                  | 72 | STARTER PSKT .....               | hydrocodone-acetaminophen SOLN        |    |
| HALDOL DECANOATE (Use             |    | HUMIRA-PED>/=40KG CROHNS         | PO 108 MG/5ML-2.5 MG/5ML, 217         |    |
| haloperidol decanoate) .....      | 43 | START PSKT .....                 | MG/10ML-5 MG/10ML, 325                |    |
| halobetasol propionate CREA ..    | 60 | HUMIRA-PED>/=40KG UC             | MG/15ML-7.5 MG/15ML .....             | 8  |
| halobetasol propionate OINT ..    | 60 | STARTER AJKT .....               | hydrocodone-acetaminophen SOLN        |    |
| HALOG CREA (Use halcinonide) ..   | 60 | HUMIRA-PS/UV/ADOL HS             | PO 325 MG/15ML-10 MG/15ML .....       | 8  |
| HALOG OINT .....                  | 60 | STARTER AJKT .....               | hydrocodone-acetaminophen TABS        |    |
| haloperidol decanoate .....       | 43 | HUMIRA-PSORIASIS/UVEIT           | PO 300 MG-10 MG, 300 MG-5 MG,         |    |
| haloperidol lactate CONC PO ..    | 43 | STARTER AJKT .....               | 300 MG-7.5 MG .....                   | 8  |
| haloperidol lactate SOLN .....    | 43 | HUMULIN R U-500                  | hydrocodone-acetaminophen TABS        |    |
| haloperidol TABS PO .....         | 43 | (CONCENTRATED) SOLN SC .....     | PO 325 MG-10 MG, 325 MG-5 MG,         |    |
| HAVRIX .....                      | 93 | 23                               | 325 MG-7.5 MG .....                   | 8  |
| HECTOROL SOLN (Use                |    | HUMULIN R U-500 KWIKPEN SOPN     | hydrocodone-ibuprofen PO 10 MG-       |    |
| doxercalciferol) .....            | 66 | SC .....                         | 200 MG, 5 MG-200 MG .....             | 8  |
| HEMANGEOL SOLN PO .....           | 48 | HYCAMTIN CAPS PO .....           | hydrocodone-ibuprofen PO 7.5 MG-      |    |
| HEPARIN (PORCINE) IN NACL         |    | 41                               | 200 MG .....                          | 8  |
|                                   |    | HYCAMTIN SOLR (Use topotecan     | hydrocortisone (intrarectal) PR ..... | 9  |
|                                   |    | hcl) .....                       | hydrocortisone (rectal) EX .....      | 9  |
|                                   |    | HYCODAN TABS PO 1.5 MG-5 MG      | hydrocortisone (topical) CREA 1 %,    |    |

|                                       |    |                                   |    |                                   |    |
|---------------------------------------|----|-----------------------------------|----|-----------------------------------|----|
| 2.5 % .....                           | 60 | hydroxyzine hcl SOLN 50 MG/ML .   | 10 | IFEX SOLR (Use ifosfamide) .....  | 35 |
| hydrocortisone (topical) LOTN 2.5 % . |    | hydroxyzine hcl SYRP PO .....     | 10 | ifosfamide SOLN 1 GM/20ML .....   | 35 |
| 61                                    |    | hydroxyzine hcl TABS PO .....     | 10 | ifosfamide SOLR .....             | 35 |
| hydrocortisone (topical) OINT 1 % ,   |    | hydroxyzine pamoate CAPS PO ...   | 10 | imatinib mesylate PO .....        | 39 |
| 2.5 % .....                           | 61 | HYPERSAL NEBU (Use sodium         |    | IMBRUVICA CAPS 140 MG .....       | 39 |
| hydrocortisone acetate (rectal) PR .. | 9  | chloride (inhalant)) .....        | 54 | IMBRUVICA CAPS 70 MG .....        | 39 |
| hydrocortisone butyrate CREA ..       | 61 | HYPERSAL NEBU .....               | 54 | IMBRUVICA SUSP .....              | 39 |
| hydrocortisone butyrate OINT .....    | 61 | HYQVIA .....                      | 85 | IMBRUVICA TABS .....              | 39 |
| hydrocortisone butyrate SOLN .....    | 61 | HYZAAR PO 12.5 MG-100 MG, 25      |    | imipenem-cilastatin IV .....      | 32 |
| hydrocortisone sod succinate 100      |    | MG-100 MG (Use losartan potassium |    | imipramine hcl TABS PO .....      | 21 |
| MG .....                              | 53 | & hydrochlorothiazide) .....      | 31 | imipramine pamoate PO .....       | 21 |
| hydrocortisone TABS PO .....          | 53 | HYZAAR PO 12.5 MG-50 MG (Use      |    | imiquimod 5 % .....               | 62 |
| hydrocortisone vaginal .....          | 94 | losartan potassium &              |    | IMITREX 5 MG/ACT, 20 MG/ACT       |    |
| hydrocortisone valerate CREA ..       | 61 | hydrochlorothiazide) .....        | 30 | (Use sumatriptan) .....           | 76 |
| hydrocortisone valerate OINT .....    | 61 | ibandronate sodium SOLN .....     | 64 | IMITREX STATDOSE REFILL SOCT      |    |
| hydrocortisone w/acetic acid .....    | 85 | ibandronate sodium TABS PO .....  | 64 | (Use sumatriptan succinate) ..... | 76 |
| hydromorphone hcl LIQD PO .....       | 7  | IBRANCE CAPS .....                | 39 | IMITREX STATDOSE SYSTEM           |    |
| HYDROMORPHONE HCL PF SOLN             |    | IBRANCE TABS .....                | 39 | SOAJ (Use sumatriptan succinate)  |    |
| IJ (Use hydromorphone hcl) .....      | 7  | ibuprofen SUSP PO 100 MG/5ML ..   | 5  | 76                                |    |
| hydromorphone hcl SOLN IJ 10          |    | ibuprofen TABS PO 400 MG, 600     |    | IMITREX TABS PO (Use sumatriptan  |    |
| MG/ML, 50 MG/5ML, 500 MG/50ML .       | 7  | MG .....                          | 5  | succinate) .....                  | 76 |
| hydromorphone hcl TABS PO .....       | 7  | ibuprofen TABS PO 800 MG .....    | 5  | IMODIUM A-D CAPS PO (Use          |    |
| hydromorphone hcl TB24 PO 32 MG       |    | icatibant acetate SOSY .....      | 70 | loperamide hcl) .....             | 24 |
| 7                                     |    | ICLUSIG PO .....                  | 39 | IMPAVIDO .....                    | 32 |
| hydromorphone hcl TB24 PO 8 MG,       |    | icosapent ethyl 1 GM .....        | 27 | IMURAN TABS PO (Use               |    |
| 12 MG, 16 MG .....                    | 7  | IDAMYCIN PFS 20 MG/20ML (Use      |    | azathioprine) .....               | 79 |
| hydroxychloroquine sulfate PO 100     |    | idarubicin hcl) .....             | 38 | INCRELEX .....                    | 65 |
| MG .....                              | 34 | IDAMYCIN PFS 5 MG/5ML, 10         |    | INCRUSE ELLIPTA .....             | 12 |
| hydroxychloroquine sulfate PO 200     |    | MG/10ML (Use idarubicin hcl) ..   | 38 | indapamide TABS PO 1.25 MG ...    | 64 |
| MG .....                              | 34 | idarubicin hcl 20 MG/20ML .....   | 38 | indapamide TABS PO 2.5 MG ....    | 64 |
| hydroxychloroquine sulfate PO 400     |    | idarubicin hcl 5 MG/5ML, 10       |    | INDERAL LA CP24 PO (Use           |    |
| MG .....                              | 34 | MG/10ML .....                     | 38 | propranolol hcl) .....            | 48 |
| hydroxyurea PO .....                  | 40 | IDELEVION .....                   | 70 | indomethacin CAPS PO 25 MG, 50    |    |

|  |    |  |    |   |    |
|--|----|--|----|---|----|
| MG .....   | 5  | IOPIDINE .....   | 82 | isradipine CAPS PO .....                                | 48 |
| indomethacin CPCR PO .....                               | 5  | IPOL .....   | 93 | ISTODAX SOLR (Use romidepsin) .....                     | 39 |
| INFANRIX .....   | 89 | ipratropium bromide (nasal) 0.03 %<br>81                           |    | itraconazole CAPS PO .....                              | 26 |
| INFLECTRA SOLR .....                                     | 68 | ipratropium bromide (nasal) 0.06 %<br>81                           |    | itraconazole SOLN .....                                 | 26 |
| INGREZZA CAPS .....                                      | 87 | ipratropium bromide SOLN 0.02 % 12                                 |    | ivabradine hcl TABS PO .....                            | 50 |
| INGREZZA CPPK .....                                      | 87 | ipratropium-albuterol SOLN .....                                   | 13 | ivermectin (pediculicide) .....                         | 62 |
| INGREZZA CPSP .....                                      | 87 | irbesartan PO .....  | 29 | ivermectin PO .....                                     | 10 |
| INLYTA .....   | 36 | irbesartan-hydrochlorothiazide PO .....                            | 31 | IXEMPRA KIT 15 MG .....                                 | 41 |
| INREBIC .....  | 39 | IRESSA (Use gefitinib) .....                                       | 36 | JADENU SPRINKLE PACK (Use<br>deferasirox) .....         | 24 |
| INSPRA PO (Use eplerenone) .....                         | 32 | irinotecan hcl 40 MG/2ML, 100<br>MG/5ML .....                      | 41 | JADENU TABS PO (Use deferasirox)<br>.....               | 24 |
| INSULIN ASP PROT & ASP<br>FLEXPEN SUPN .....             | 23 | irrigation solutions, physiological .....                          | 79 | JAKAFI .....  | 39 |
| INSULIN ASPART FLEXPEN SOPN ..<br>23                     |    | ISENTRESS CHEW .....   | 45 | JANSSEN COVID-19 VACCINE .....                          | 93 |
| INSULIN ASPART PENFILL SOCT<br>23                        |    | ISENTRESS HD TABS PO .....   | 45 | JANUMET TABS PO .....                                   | 22 |
| INSULIN ASPART PROT & ASPART<br>SUSP .....               | 23 | ISENTRESS TABS PO .....  | 45 | JANUMET XR TB24 PO 1000 MG-<br>100 MG .....             | 22 |
| INSULIN ASPART SOLN IJ .....                             | 23 | ISOLYTE-P IN D5W .....   | 77 | JANUMET XR TB24 PO 1000 MG-50<br>MG, 500 MG-50 MG ..... | 22 |
| INSULIN DEGLUDEC FLEXTOUCH<br>SOPN .....                 | 23 | ISOLYTE-S .....  | 77 | JANUVIA PO .....  | 23 |
| INSULIN DEGLUDEC SOLN .....                              | 23 | isoniazid SOLN .....   | 35 | JARDIANCE PO .....                                      | 24 |
| INTELENCE PO (Use etravirine) ..                         | 45 | isoniazid SYRP PO .....  | 35 | JEVTANA .....   | 41 |
| INTELENCE PO 25 MG .....                                 | 45 | isoniazid TABS PO .....  | 35 | JIVI .....  | 70 |
| INTUNIV PO (Use guanfacine hcl<br>(adhd)) .....          | 2  | ISORDIL TITRADOSE TABS PO 5<br>MG (Use isosorbide dinitrate) ..... | 10 | JULUCA .....  | 45 |
| INVANZ IJ (Use ertapenem sodium) ..<br>32                |    | isosorbide dinitrate TABS PO 5 MG,<br>10 MG, 20 MG, 30 MG .....    | 10 | JYNARQUE TBPK .....                                     | 66 |
| INVEGA PO 1.5 MG, 3 MG, 9 MG<br>(Use paliperidone) ..... | 43 | isosorbide dinitrate-hydralazine hcl<br>PO .....                   | 49 | KALETRA SOLN PO (Use lopinavir-<br>ritonavir) .....     | 45 |
| INVEGA PO 6 MG (Use paliperidone)<br>.....               | 43 | isosorbide mononitrate TABS PO ..                                  | 10 | KALETRA TABS PO (Use lopinavir-<br>ritonavir) .....     | 45 |
| IONOSOL-MB IN D5W .....                                  | 77 | isosorbide mononitrate TB24 PO ..                                  | 10 | KALYDECO TABS .....                                     | 88 |
|  |    | isotretinoin PO 10 MG, 20 MG, 30<br>MG, 40 MG .....                | 55 | KAMELEON LUBRICATED MISC ..                             | 74 |
|  |    |  |    | KANJINTI .....  | 36 |

|  |    |  |                   |  |    |
|--|----|--|-------------------|--|----|
| KAPVAY TB12 PO (Use clonidine hcl (adhd)) .....  | 2  | 84   | clonazepam) ..... | 15   |    |
| KAZANO 1000 MG-12.5 MG (Use alogliptin-metformin hcl) .....  | 22 | KEVEYIS PO (Use dichlorphenamide) .....        | 63                | KLOXXADO LIQD .....  | 24 |
| KAZANO 500 MG-12.5 MG (Use alogliptin-metformin hcl) .....   | 22 | KEVZARA SOAJ .....                             | 4                 | KOGENATE FS KIT .....  | 70 |
| KCL IN DEXTROSE-NACL 5 %-40 MEQ/L-0.9 % (Use potassium chloride in dextrose & sodium chloride) ..... | 77 | KEVZARA SOSY .....                             | 4                 | KOMBIGLYZE XR PO 1000 MG-2.5 MG (Use saxagliptin-metformin hcl) .....            | 22 |
| KCL-LACTATED RINGERS-D5W   | 77 | KIMONO COLORS DEVI .....                       | 74                | KOMBIGLYZE XR PO 1000 MG-5 MG, 500 MG-5 MG (Use saxagliptin-metformin hcl) ..... | 22 |
| KENALOG-40 SUSP (Use triamcinolone acetonide) .....  | 53 | KIMONO MAXX-LARGE FLARE MISC .....             | 74                | KOSELUGO .....   | 39 |
| KEPIVANCE 6.25 MG .....  | 41 | KIMONO MICRO THIN PLUS MISC ..                 | 74                | KOVALTRY .....   | 70 |
| KEPPRA SOLN PO 100 MG/ML (Use levetiracetam) .....   | 16 | KIMONO MISC .....                              | 74                | KP PRENATAL MULTIVITAMINS TABS PO .....  | 80 |
| KEPPRA TABS PO 1000 MG (Use levetiracetam) .....   | 16 | KIMONO PLUS MISC .....                         | 74                | KRINTAFEL .....  | 34 |
| KEPPRA TABS PO 250 MG, 750 MG (Use levetiracetam) .....  | 16 | KIMONO PS MISC .....                           | 74                | K-TAB TBCR PO 10 MEQ, 20 MEQ (Use potassium chloride) .....                      | 78 |
| KEPPRA TABS PO 500 MG (Use levetiracetam) .....  | 16 | KIMONO PS PLUS MISC .....                      | 74                | KUVAN PACK (Use sapropterin dihydrochloride) .....                               | 66 |
| KEPPRA XR TB24 PO (Use levetiracetam) .....  | 16 | KIMONO SENSATION MISC .....                    | 74                | KUVAN TABS (Use sapropterin dihydrochloride) .....                               | 66 |
| KERYDIN (Use tavaborole) .....   | 56 | KIMONO SENSATION PLUS MISC ..                  | 74                | K-Y ME & YOU EXTRA LUBRICATED DEVI .....   | 74 |
| ketoconazole (topical) CREA .....  | 56 | KIMONO SPECIAL DEVI .....                      | 74                | K-Y ME & YOU INTENSE DEVI .....  | 74 |
| ketoconazole (topical) SHAM 2 % ..   | 56 | KINRIX SUSY .....                              | 89                | KYPROLIS .....   | 39 |
| ketoconazole PO .....  | 26 | KISQALI (200 MG DOSE) .....                    | 39                | labetalol hcl SOLN .....   | 47 |
| KETONE TEST STRP .....   | 63 | KISQALI (400 MG DOSE) .....                    | 39                | labetalol hcl TABS PO 100 MG, 200 MG .....                                       | 47 |
| ketoprofen CAPS PO 50 MG .....   | 5  | KISQALI (600 MG DOSE) .....                    | 39                | labetalol hcl TABS PO 300 MG .....   | 47 |
| ketorolac tromethamine (ophth) ..  | 84 | KISQALI FEMARA (200 MG DOSE) ..                | 38                | lacosamide SOLN PO 10 MG/ML, 50 MG/5ML, 100 MG/10ML .....                        | 16 |
| ketorolac tromethamine TABS PO ..  | 5  | KISQALI FEMARA (400 MG DOSE) ..                | 38                | lacosamide TABS PO .....   | 16 |
| KETOSTIX STRP .....  | 63 | KISQALI FEMARA (600 MG DOSE) ..                | 38                | lactated ringer's (irrigation) .....   | 79 |
| ketotifen fumarate (ophth) 0.035 %   |    | KITABIS PAK NEBU (Use tobramycin) .....        | 3                 | lactated ringer's .....  | 77 |
|  |    | KLARON (Use sulfacetamide sodium (acne)) ..... | 55                | lactic acid (ammonium lactate) CREA ..   |    |

|   |  |    |  |    |
|---|--|----|--|----|
| 61  | LATUDA PO 20 MG, 40 MG, 60 MG, 120 MG (Use lurasidone hcl) ..... | 43 | MG ..... 16  |    |
| lactic acid (ammonium lactate) LOTN 12 % .....              | LATUDA PO 80 MG (Use lurasidone hcl) .....                       | 43 | levetiracetam TABS PO 500 MG .. 17                                 |    |
| lactulose (encephalopathy) PO .....                         | lefunomide PO .....  | 6  | levetiracetam TB24 PO ..... 17                                     |    |
| lactulose SOLN PO .....                                     | LEMTRADA .....   | 87 | levobunolol hcl 0.5 % ..... 82                                     |    |
| LAMICTAL CHEW PO 25 MG (Use lamotrigine) .....              | lenalidomide PO 2.5 MG, 5 MG, 10 MG, 15 MG, 25 MG .....          | 78 | levocetirizine dihydrochloride SOLN PO ..... 27                    |    |
| LAMICTAL CHEW PO 5 MG (Use lamotrigine) .....               | lenalidomide PO 20 MG .....                                      | 78 | levocetirizine dihydrochloride TABS PO ..... 27                    |    |
| LAMICTAL ODT TBDP PO (Use lamotrigine) .....                | LENVIMA (10 MG DAILY DOSE) ..                                    | 36 | levofloxacin (ophth) 0.5 % ..... 83                                |    |
| LAMICTAL TABS PO (Use lamotrigine) .....                    | LENVIMA (12 MG DAILY DOSE) ..                                    | 36 | levofloxacin in d5w 500 MG/100ML                                   |    |
| lamivudine (hbv) TABS PO .....                              | LENVIMA (14 MG DAILY DOSE) ..                                    | 36 | levofloxacin SOLN PO ..... 67                                      |    |
| lamivudine SOLN PO .....                                    | LENVIMA (18 MG DAILY DOSE) ..                                    | 36 | levofloxacin TABS PO 250 MG, 750 MG .....                          | 67 |
| lamivudine TABS PO .....                                    | LENVIMA (20 MG DAILY DOSE) ..                                    | 36 | levofloxacin TABS PO 500 MG .... 67                                |    |
| lamivudine-zidovudine PO .....                              | LENVIMA (24 MG DAILY DOSE) ..                                    | 36 | levonorgestrel & eth estradiol TABS PO .....                       | 51 |
| lamotrigine CHEW PO 25 MG .....                             | LENVIMA (4 MG DAILY DOSE) ..                                     | 36 | levonorgestrel (emergency oc) PO 1.5 MG .....                      | 52 |
| lamotrigine CHEW PO 5 MG .....                              | LETAIRIS PO (Use ambrisentan) ..                                 | 50 | levonorgestrel-eth estradiol (triphasic) PO .....                  | 51 |
| lamotrigine TABS PO .....                                   | letrozole PO .....   | 37 | levonorgestrel-ethinyl estradiol (91-day) PO 0.03 MG-0.15 MG ..... | 51 |
| lamotrigine TBDP PO .....                                   | leucovorin calcium SOLR .....                                    | 41 | levonorgestrel-ethinyl estradiol (continuous) PO .....             | 52 |
| LANOXIN SOLN IJ (Use digoxin) ..                            | leucovorin calcium TABS PO .....                                 | 41 | levonorgestrel-ethinyl estradiol-iron PO .....                     | 52 |
| LANOXIN TABS PO 62.5 MCG, 125 MCG, 250 MCG (Use digoxin) .. | LEUKERAN PO .....  | 35 | levorphanol tartrate TABS PO 2 MG . 7                              |    |
| lansoprazole CPDR PO 15 MG ..                               | LEUKINE SOLR IJ .....  | 71 | levothyroxine sodium TABS PO ... 89                                |    |
| lansoprazole CPDR PO 30 MG ..                               | leuprolide acetate KIT IJ 1 MG/0.2ML .....                       | 37 | LEXAPRO TABS PO 10 MG (Use escitalopram oxalate) .....             | 20 |
| lanthanum carbonate CHEW PO ..                              | levalbuterol hcl .....   | 13 | LEXAPRO TABS PO 20 MG (Use escitalopram oxalate) .....             | 20 |
| lapatinib ditosylate .....                                  | levalbuterol hcl 1.25 MG/0.5ML ..                                | 13 |  |    |
| LASIX TABS PO (Use furosemide) 64                           | levalbuterol tartrate .....                                      | 13 |  |    |
| LASTACRAFT .....  | levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML .....                | 16 |  |    |
| latanoprost SOLN .....                                      | levetiracetam TABS PO 1000 MG ..                                 | 16 |  |    |
|   | levetiracetam TABS PO 250 MG, 750                                |    |  |    |

|  |    |   |    |   |    |
|--|----|---|----|---|----|
| LEXAPRO TABS PO 5 MG (Use escitalopram oxalate) .....        | 20 | lisinopril TABS PO 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG ..... | 29 | lorazepam CONC PO .....   | 11 |
| LEXIVA SUSP PO .....   | 45 | lithium carbonate CAPS PO .....                                   | 42 | lorazepam TABS PO 0.5 MG, 2 MG .....  | 11 |
| LEXIVA TABS PO (Use fosamprenavir calcium) .....             | 45 | lithium carbonate TABS PO .....                                   | 42 | lorazepam TABS PO 1 MG .....  | 11 |
| LIALDA TBEC PO (Use mesalamine) .....                        | 68 | lithium carbonate TBCR PO .....                                   | 42 | LORBRENA .....  | 39 |
| LIBRAX PO (Use chlordiazepoxide hcl-clidinium bromide) ..... | 90 | lithium PO .....  | 42 | losartan potassium & hydrochlorothiazide PO 12.5 MG-100 MG, 25 MG-100 MG .....                            | 31 |
| lidocaine hcl (local anesth.) SOLN 0.5 %, 1 %, 2 % .....     | 73 | LITHOBID TBCR PO (Use lithium carbonate) .....                    | 42 | losartan potassium & hydrochlorothiazide PO 12.5 MG-50 MG .....   | 31 |
| lidocaine hcl (mouth-throat) 2 % ..                          | 79 | LO LOESTRIN FE TABS .....   | 52 | losartan potassium PO .....   | 29 |
| lidocaine hcl (mouth-throat) 4 % ..                          | 79 | LODOSYN PO (Use carbidopa) ..                                     | 41 | LOSEASONIQUE PO (Use levonorgestrel-ethynodiol (91-day)) .....  | 52 |
| lidocaine hcl GEL 2 % .....                                  | 62 | lofexidine hcl .....  | 86 | LOTEMAX GEL (Use loteprednol etabonate) .....   | 83 |
| lidocaine hcl PRSY .....                                     | 62 | LOKELMA .....   | 79 | LOTEMAX OINT .....  | 83 |
| lidocaine hcl SOLN .....                                     | 62 | LOMOTIL TABS PO (Use diphenoxylate w/ atropine) .....             | 24 | LOTEMAX SUSP (Use loteprednol etabonate) .....  | 83 |
| lidocaine PTCH 5 % .....                                     | 62 | loperamide hcl CAPS PO .....                                      | 24 | LOTENSIN HCT PO 12.5 MG-10 MG, 25 MG-20 MG (Use benazepril & hydrochlorothiazide) .....                   | 31 |
| lidocaine-prilocaine CREA .....                              | 62 | LOPID TABS PO (Use gemfibrozil) ..                                | 28 | LOTENSIN HCT PO 12.5 MG-20 MG (Use benazepril & hydrochlorothiazide) .....                                | 31 |
| LIDODERM PTCH (Use lidocaine) ..                             | 62 | lopinavir-ritonavir SOLN PO .....                                 | 45 | LOTENSIN PO 10 MG, 20 MG, 40 MG (Use benazepril hcl) .....  | 29 |
| LINCOCIN (Use lincomycin hcl) ..                             | 33 | lopinavir-ritonavir TABS PO .....                                 | 45 | loteprednol etabonate GEL .....   | 83 |
| lincomycin hcl .....   | 33 | LOPRESSOR TABS PO (Use metoprolol tartrate) .....                 | 47 | loteprednol etabonate SUSP .....  | 83 |
| linezolid SUSR .....   | 33 | LOPROX CREA (Use ciclopirox olamine) .....                        | 57 | LOTREL PO 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (Use amlodipine besylate-benazepril hcl) ..... | 31 |
| linezolid TABS PO .....                                      | 33 | LOPROX SHAM (Use ciclopirox) ..                                   | 57 | LOTRIMIN AF CREA (Use clotrimazole (topical)) .....   | 57 |
| LINZESS .....  | 68 | LOPROX SUSP (Use ciclopirox olamine) .....                        | 57 |   |    |
| liothyronine sodium SOLN .....                               | 89 | loratadine CAPS PO .....  | 27 |   |    |
| liothyronine sodium TABS PO .....                            | 89 | loratadine CHEW PO .....  | 27 |   |    |
| LIPITOR TABS PO (Use atorvastatin calcium) .....             | 28 | loratadine SOLN PO .....  | 27 |   |    |
| lisdexamfetamine dimesylate CAPS PO .....                    | 1  | loratadine TABS PO .....  | 27 |   |    |
| lisdexamfetamine dimesylate CHEW ..                          | 1  | loratadine TBDP PO .....  | 27 |   |    |
| lisinopril & hydrochlorothiazide PO ..                       | 31 |   |    |   |    |

|   |    |   |                |  |    |
|---|----|---|----------------|--|----|
| LOTRIMIN AF JOCK ITCH CREA<br>(Use clotrimazole (topical)) .....    | 57 | LUPRON DEPOT (6-MONTH) IM .   | 37             | malathion .....  | 62 |
| LOTRIMIN ULTRA (Use butenafine<br>hcl) .....                        | 57 | LUPRON DEPOT-PED (1-MONTH) .  | 65             | maraviroc TABS PO .....  | 45 |
| LOTRONEX PO (Use alosetron hcl) .                                   | 68 | LUPRON DEPOT-PED (3-MONTH)  | 11.25 MG ..... | MARINOL CAPS PO (Use<br>dronabinol) .....                        | 25 |
| lovastatin TABS PO 10 MG, 20 MG                                     | 28 | 30 MG .....   | 65             | MARPLAN PO .....   | 19 |
| lovastatin TABS PO 40 MG .....                                      | 28 | Iurasidone hcl PO 20 MG, 40 MG, 60  |                | MASONATAL TABS PO .....  | 80 |
| LOVAZA PO (Use omega-3-acid<br>ethyl esters) .....                  | 27 | MG, 120 MG .....  | 43             | MATULANE PO .....  | 40 |
| LOVENOX SOLN IJ 300 MG/3ML<br>(Use enoxaparin sodium) .....         | 15 | Iurasidone hcl PO 80 MG .....   | 43             | MAXALT TABS PO 10 MG (Use<br>rizatriptan benzoate) .....         | 76 |
| LOVENOX SOSY 100 MG/ML, 150<br>MG/ML (Use enoxaparin sodium) .      | 15 | LUXIQ FOAM (Use betamethasone<br>valerate) .....  | 61             | MAXALT-MLT TBDP PO 10 MG (Use<br>rizatriptan benzoate) .....     | 76 |
| LOVENOX SOSY 30 MG/0.3ML (Use<br>exoxaparin sodium) .....           | 15 | LUZU (Use luliconazole) .....   | 57             | MAXIDEX SUSP OP .....  | 83 |
| LOVENOX SOSY 40 MG/0.4ML (Use<br>exoxaparin sodium) .....           | 15 | LYNPARZA TABS PO .....  | 39             | MAXITROL OINT (Use neomycin-<br>polymy-dexameth) .....           | 83 |
| LOVENOX SOSY 60 MG/0.6ML (Use<br>exoxaparin sodium) .....           | 15 | LYRICA CAPS PO 225 MG, 300 MG<br>(Use pregabalin) .....                                 | 17             | MAXITROL SUSP (Use neomycin-<br>polymy-dexameth) .....           | 83 |
| LOVENOX SOSY 80 MG/0.8ML, 120<br>MG/0.8ML (Use exoxaparin sodium) . | 15 | LYRICA CAPS PO 25 MG, 50 MG,<br>75 MG, 100 MG, 150 MG, 200 MG<br>(Use pregabalin) ..... | 17             | MAXX MISC .....  | 74 |
| loxapine succinate PO .....   | 43 | LYRICA CR 330 MG (Use pregabalin<br>(once-daily)) .....                                 | 88             | MAXX PLUS MISC .....   | 74 |
| lubiprostone PO .....   | 68 | LYRICA CR 82.5 MG, 165 MG (Use<br>pregabalin (once-daily)) .....                        | 88             | MAXZIDE TABS PO (Use<br>triamterene & hydrochlorothiazide) 64    |    |
| LUCEMYRA (Use lofexidine hcl) .                                     | 86 | LYRICA SOLN (Use pregabalin) ..   | 17             | MAXZIDE-25 TABS PO (Use<br>triamterene & hydrochlorothiazide) 63 |    |
| luliconazole .....  | 57 | LYSODREN PO .....   | 37             | meclizine hcl TABS PO 12.5 MG ..                                 | 25 |
| LUMIZYME .....  | 66 | LYSTEDA TABS PO (Use<br>tranexamic acid) .....  | 71             | meclizine hcl TABS PO 25 MG ..                                   | 25 |
| LUNESTA PO (Use eszopiclone) .                                      | 72 | MACROBID PO (Use nitrofurantoin<br>monohyd macro) .....                                 | 33             | meclofenamate sodium CAPS PO ..                                  | 5  |
| LUPRON DEPOT (1-MONTH) KIT IM                                       | 37 | MACRODANTIN PO 50 MG, 100 MG<br>(Use nitrofurantoin macrocrystal) ..                    | 33             | MEDROL TABS PO 4 MG, 8 MG, 16                                    |    |
| LUPRON DEPOT (3-MONTH) KIT IM                                       | 37 | mafенide acetate PACK .....   | 59             | MG (Use methylprednisolone) ..                                   | 53 |
| LUPRON DEPOT (4-MONTH) IM .   | 37 | magnesium sulfate IJ 50 % .....   | 78             | MEDROL TABS PO .....   | 53 |
|   |    | MALARONE PO (Use atovaquone-<br>proguanil hcl) .....                                    | 34             | MEDROL TBPK PO (Use<br>methylprednisolone) .....                 | 53 |
|   |    |   |                | medroxyprogesterone acetate<br>(contraceptive) SUSP IM .....     | 53 |
|   |    |   |                | medroxyprogesterone acetate<br>(contraceptive) SUSY IM .....     | 53 |

|  |    |  |    |  |    |
|--|----|--|----|--|----|
| medroxyprogesterone acetate PO 10 MG .....                 | 86 | mesalamine CPDR PO .....                               | 68 | methamphetamine hcl PO .....                                     | 1  |
| medroxyprogesterone acetate PO 2.5 MG, 5 MG .....          | 86 | mesalamine ENEM PR .....                               | 68 | methazolamide TABS PO .....                                      | 63 |
| mefenamic acid CAPS PO .....                               | 5  | mesalamine SUPP PR .....                               | 68 | methenamine hippurate PO .....                                   | 33 |
| mefloquine hcl PO .....                                    | 34 | mesalamine TBEC PO 1.2 GM ....                         | 68 | methimazole TABS PO .....  | 89 |
| megestrol acetate (appetite) PO ..                         | 86 | mesalamine TBEC PO 800 MG ...                          | 68 | methocarbamol TABS PO 500 MG, 750 MG .....                       | 81 |
| megestrol acetate SUSP PO .....                            | 37 | MESTINON SOLN PO (Use pyridostigmine bromide) .....    | 34 | methotrexate sodium SOLN 50 MG/2ML, 250 MG/10ML .....            | 36 |
| megestrol acetate TABS PO .....                            | 37 | MESTINON TABS PO (Use pyridostigmine bromide) .....    | 34 | methotrexate sodium SOLR .....                                   | 36 |
| MEKINIST TABS PO 0.5 MG .....                              | 39 | MESTINON TBCR PO (Use pyridostigmine bromide) .....    | 34 | methotrexate sodium TABS PO 2.5 MG .....                         | 36 |
| MEKINIST TABS PO 2 MG .....                                | 39 | METADATE CD CPCR PO (Use methylphenidate hcl) .....    | 2  | methoxsalen rapid PO .....                                       | 58 |
| MEKTOVI .....  | 39 | metaxalone PO 800 MG .....                             | 81 | methscopolamine bromide PO .....                                 | 90 |
| meloxicam TABS PO .....                                    | 5  | metformin hcl TABS PO 1000 MG .                        | 23 | methsuximide .....   | 18 |
| melphalan hcl IV .....                                     | 35 | metformin hcl TABS PO 500 MG ..                        | 23 | methyldopa TABS PO .....   | 30 |
| melphalan PO .....   | 35 | metformin hcl TABS PO 850 MG ..                        | 23 | METHYLIN SOLN PO (Use methylphenidate hcl) .....                 | 2  |
| memantine hcl TABS PO .....                                | 86 | metformin hcl TB24 PO 500 MG ..                        | 23 | methylphenidate hcl CHEW PO 10 MG .....                          | 2  |
| MENACTRA .....   | 92 | metformin hcl TB24 PO 750 MG ..                        | 23 | methylphenidate hcl CHEW PO 2.5 MG .....                         | 2  |
| MENEST PO .....  | 67 | methadone hcl CONC PO .....                            | 7  | methylphenidate hcl CHEW PO 5 MG .....                           | 2  |
| MENOSTAR PTWK .....  | 67 | methadone hcl SOLN IJ 10 MG/ML .                       | 7  | methylphenidate hcl CP24 PO 10 MG, 20 MG, 40 MG, 60 MG .....     | 2  |
| MENQUADFI .....  | 92 | METHADONE HCL SOLN IJ .....                            | 7  | methylphenidate hcl CP24 PO 30 MG .....                          | 2  |
| MENVEO SOLR .....  | 92 | methadone hcl SOLN PO 10 MG/5ML ..                     | 7  | methylphenidate hcl CP24 PO .....                                | 2  |
| meperidine hcl SOLN IJ 25 MG/ML, 50 MG/ML, 100 MG/ML ..... | 7  | methadone hcl SOLN PO 5 MG/5ML ..                      | 7  | methylphenidate hcl CPCR PO .....                                | 2  |
| meperidine hcl SOLN PO 50 MG/5ML .....                     | 7  | methadone hcl TABS PO 10 MG ...                        | 7  | methylphenidate hcl SOLN PO .....                                | 2  |
| meperidine hcl TABS PO 50 MG .....                         | 7  | methadone hcl TABS PO 5 MG .....                       | 7  | methylphenidate hcl TABS PO 10 MG, 20 MG .....                   | 2  |
| meprobamate PO .....                                       | 10 | methadone hcl TBSO PO .....                            | 7  | methylphenidate hcl SUGAR-FREE CONC PO (Use methadone hcl) ..... | 2  |
| MEPRON PO (Use atovaquone) ..                              | 32 | METHADOSE CONC PO (Use methadone hcl) .....            | 7  | methylphenidate hcl TABS PO 5 MG .....                           | 2  |
| mercaptopurine TABS PO .....                               | 36 | METHADOSE SUGAR-FREE CONC PO (Use methadone hcl) ..... | 7  | methylphenidate hcl CP24 PO .....                                | 2  |
| meropenem .....  | 32 | METHADOSE SUGAR-FREE CONC PO (Use methadone hcl) ..... | 7  | methylphenidate hcl CPCR PO .....                                | 2  |
| mesalamine CP24 .....                                      | 68 | METHADOSE SUGAR-FREE CONC PO (Use methadone hcl) ..... | 7  | methylphenidate hcl SOLN PO .....                                | 2  |

|   |    |   |    |  |    |
|---|----|---|----|--|----|
| methylphenidate hcl TB24 PO 18 MG, 27 MG .....                            | 2  | 50 MG, 100 MG .....   | 47 | minoxidil PO 2.5 MG, 10 MG .....                                 | 32 |
| methylphenidate hcl TB24 PO 36 MG, 54 MG .....                            | 2  | METROCREAM CREA (Use metronidazole (topical)) .....           | 62 | MIRCERA .....  | 71 |
| methylphenidate hcl TBCR PO 10 MG, 20 MG .....                            | 3  | METROGEL GEL 1 % (Use metronidazole (topical)) .....          | 62 | MIRCETTE PO (Use desogestrel-ethinyl estradiol (biphasic)) ..... | 52 |
| methylphenidate hcl TBCR PO 18 MG, 27 MG .....                            | 2  | METROLOTION LOTN (Use metronidazole (topical)) .....          | 62 | mirtazapine TABS PO 15 MG .....                                  | 19 |
| methylphenidate hcl TBCR PO 36 MG, 54 MG .....                            | 3  | metronidazole (topical) CREA .....                            | 62 | mirtazapine TABS PO 30 MG .....                                  | 19 |
| methylphenidate PTCH .....  | 3  | metronidazole (topical) GEL 0.75 % .....                      | 62 | mirtazapine TABS PO 7.5 MG, 45 MG .....                          | 18 |
| methylprednisolone acetate SUSP .....                                     | 53 | metronidazole (topical) GEL 1 % .....                         | 62 | mirtazapine TBDP PO 15 MG .....                                  | 19 |
| methylprednisolone sod succ 40 MG, 125 MG, 500 MG, 1000 MG .....          | 53 | metronidazole TABS PO .....                                   | 32 | mirtazapine TBDP PO 30 MG .....                                  | 19 |
| methylprednisolone TABS PO .....  | 53 | metronidazole vaginal .....                                   | 94 | MIRVASO (Use brimonidine tartrate (topical)) .....               | 62 |
| methylprednisolone TBPK PO .....  | 53 | mexiletine hcl PO .....                                       | 11 | misoprostol PO .....   | 91 |
| methyltestosterone TABS .....   | 9  | micafungin sodium .....                                       | 26 | mitomycin SOLR IV 20 MG .....                                    | 38 |
| metoclopramide hcl SOLN IJ 5 MG/ML .....                                  | 68 | MICARDIS HCT PO (Use telmisartan-hydrochlorothiazide) .....   | 31 | mitoxantrone hcl 25 MG/12.5ML .....                              | 38 |
| metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML .....                     | 68 | MICARDIS PO (Use telmisartan) .....                           | 29 | M-M-R II SOLR .....  | 93 |
| metoclopramide hcl TABS PO .....  | 68 | miconazole nitrate vaginal SUPP 200 MG .....                  | 94 | M-NATAL PLUS TABS PO .....                                       | 80 |
| metolazone PO .....   | 64 | midodrine hcl PO .....  | 95 | modafinil PO 100 MG .....  | 3  |
| metoprolol & hydrochlorothiazide TABS PO 25 MG-100 MG, 50 MG-100 MG ..... | 31 | miglitol PO .....   | 21 | modafinil PO 200 MG .....  | 3  |
| metoprolol & hydrochlorothiazide TABS PO 25 MG-50 MG .....                | 31 | miglustat .....   | 71 | MODERNA COVID-19 BIVAL 6M-5Y .....                               | 93 |
| metoprolol succinate TB24 PO 200 MG .....                                 | 47 | MIGRAL SOLN NA (Use dihydroergotamine mesylate) .....         | 76 | MODERNA COVID-19 BIVALENT 93                                     |    |
| metoprolol succinate TB24 PO 25 MG, 50 MG, 100 MG .....                   | 47 | MINASTRIN 24 FE CHEW PO (Use norethin acet & estrad-fe) ..... | 52 | MODERNA COVID-19 VAC (BOOSTER) SUSP .....                        | 93 |
| metoprolol tartrate SOLN IV 5 MG/5ML .....                                | 47 | MINIPRESS CAPS PO (Use prazosin hcl) .....                    | 30 | MODERNA COVID-19 VAC 6M-11Y SUSP .....                           | 93 |
| metoprolol tartrate TABS PO 25 MG, .....                                  |    | MINIVELLE PTTW (Use estradiol) .....                          | 67 | MODERNA COVID-19 VAC 6M-11Y SUSY .....                           | 93 |
|   |    | minocycline hcl CAPS PO .....                                 | 89 | MODERNA COVID-19 VACC 6M-5Y SUSP .....                           | 93 |
|   |    | minocycline hcl TABS PO .....                                 | 89 | MODERNA COVID-19 VACCINE   |    |

|   |    |   |    |  |    |
|---|----|---|----|--|----|
| SUSP .....  | 93 | MOZOBIL (Use plerixafor) .....                      | 71 | naloxone hcl LIQD .....  | 24 |
| moexipril hcl PO .....  | 29 | MS CONTIN TBCR PO (Use morphine sulfate) .....      | 7  | naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML .....                           | 25 |
| mometasone furoate (nasal) SUSP 81  |    | MULPLETA .....                                      | 71 | naltrexone hcl PO .....  | 25 |
| mometasone furoate CREA .....   | 61 | MULTI PRENATAL TABS PO .....                        | 80 | NAMENDA TABS PO (Use memantine hcl) .....                              | 86 |
| mometasone furoate OINT .....   | 61 | mupirocin OINT .....                                | 56 | NAMENDA TITRATION PAK TABS PO (Use memantine hcl) .....                | 86 |
| mometasone furoate SOLN .....   | 61 | MVASI .....   | 36 | NAPROSYN SUSP PO (Use naproxen) .....                                  | 5  |
| MONISTAT CARE INSTANT ITCH RLF (Use hydrocortisone vaginal) 94                  |    | MYALEPT .....                                       | 66 | NAPROSYN TABS PO 500 MG (Use naproxen) .....                           | 5  |
| montelukast sodium CHEW PO ...  | 12 | MYAMBUTOL TABS PO 400 MG (Use ethambutol hcl) ..... | 35 | naproxen sodium TABS PO 550 MG ..                                      |    |
| montelukast sodium PACK PO ...  | 12 | MYCAMINE (Use micafungin sodium) .....              | 26 |  |    |
| montelukast sodium TABS PO ...  | 12 | MYCOBUTIN PO (Use rifabutin) ..                     | 35 | 5  |    |
| MONUROL (Use fosfomycin tromethamine) .....                                     | 33 | mycophenolate mofetil CAPS PO .                     | 79 | naproxen SUSP PO .....   | 5  |
| morphine sulfate CP24 PO 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG ..... | 7  | mycophenolate mofetil TABS PO ..                    | 79 | naproxen TABS PO .....   | 5  |
| morphine sulfate SOLN IJ 0.5 MG/ML, 1 MG/ML .....                               | 7  | mycophenolate sodium PO .....                       | 79 | naproxen TBEC PO 500 MG .....  | 5  |
| morphine sulfate SOLN PO 10 MG/5ML .....  | 7  | MYDRIACYL SOLN (Use tropicamide) .....              | 82 | naratriptan hcl PO .....   | 76 |
| morphine sulfate SOLN PO 20 MG/5ML .....  | 7  | MYFORTIC PO (Use mycophenolate sodium) .....        | 79 | NARCAN LIQD (Use naloxone hcl) 25                                      |    |
| morphine sulfate SOLN PO 20 MG/5ML .....  | 7  | MYLERAN TABS PO .....                               | 35 | NARDIL PO (Use phenelzine sulfate) .....                               | 19 |
| morphine sulfate TABS PO .....  | 7  | MYSOLINE PO (Use primidone) ..                      | 17 | NASACORT ALLERGY 24HR AERO (Use triamcinolone acetonide (nasal)) ..... | 82 |
| morphine sulfate TBCR PO .....  | 7  | nabumetone PO .....                                 | 5  | NASONEX 24HR SUSP (Use mometasone furoate (nasal)) .....               | 82 |
| MOTOFEN PO .....  | 24 | nadolol TABS PO 20 MG .....                         | 48 | NATACYN .....  | 83 |
| MOVANTIK PO .....   | 68 | nadolol TABS PO 40 MG .....                         | 48 | nafcillin sodium IV 10 GM .....  | 86 |
| MOVIPREP PO (Use peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid) ..... | 72 | nadolol TABS PO 80 MG .....                         | 48 | NATAZIA .....  | 52 |
| moxifloxacin hcl (ophth) SOLN OP 83   |    | naftifine hcl CREA 1 % .....                        | 57 | nateglinide PO .....   | 24 |
| moxifloxacin hcl in sodium chloride 67  |    | naftifine hcl CREA 2 % .....                        | 57 | NATROBA (Use spinosad) .....   | 62 |
| moxifloxacin hcl TABS PO .....  | 67 | nalbuphine hcl .....                                | 9  | NAYZILAM .....   | 15 |
|   |    | NALFON TABS PO (Use fenoprofen calcium) .....       | 5  | nebivolol hcl PO 2.5 MG, 5 MG, 10 MG .....                             | 47 |

|   |    |   |    |   |    |
|---|----|---|----|---|----|
| nebivolol hcl PO 20 MG .....  | 47 | benzoate) .....   | 23 | NICARDIPINE HCL SOLN (Use nicardipine hcl) .....          | 48 |
| NEBUSAL NEBU .....  | 54 | NESINA 6.25 MG, 25 MG (Use alogliptin benzoate) .....   | 23 | nicardipine hcl SOLN .....                                | 48 |
| nefazodone hcl PO .....   | 21 | NEUPRO .....  | 42 | NICODERM CQ PT24 TD (Use nicotine) .....                  | 88 |
| nelarabine .....  | 36 | NEURONTIN CAPS PO (Use gabapentin) .....                | 17 | NICORETTE GUM (Use nicotine polacrilex) .....             | 88 |
| neomycin sulfate TABS PO .....  | 3  | NEURONTIN SOLN PO (Use gabapentin) .....                | 17 | NICORETTE LOZG (Use nicotine polacrilex) .....            | 88 |
| neomycin-bacitracin zn-polymyxin  | 83 | NEURONTIN TABS PO (Use gabapentin) .....                | 17 | NICORETTE MINI LOZG (Use nicotine polacrilex) .....       | 88 |
| neomycin-polomy-dexameth OINT   | 83 | NEVANAC .....   | 84 | NICORETTE STARTER KIT GUM (Use nicotine polacrilex) ..... | 88 |
| neomycin-polomy-dexameth SUSP   | 83 | nevirapine SUSP PO .....                                | 45 | NICOTINE KIT .....  | 88 |
| neomycin-polomyxin-hc (ophth) ...   | 83 | nevirapine TABS PO .....                                | 45 | nicotine polacrilex GUM .....                             | 88 |
| neomycin-polomyxin-hc (otic) SOLN .   | 85 | nevirapine TB24 PO .....                                | 45 | nicotine polacrilex LOZG .....                            | 88 |
| neomycin-polomyxin-hc (otic) SUSP .   | 85 | NEXAVAR PO (Use sorafenib tosylate) .....               | 39 | nicotine PT24 TD 7 MG/24HR, 14                            |    |
| NEONATAL COMPLETE TABS PO 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 ... | 80 | NEXIUM 24HR TBEC (Use esomeprazole magnesium) .....     | 90 | MG/24HR, 21 MG/24HR .....                                 | 88 |
| NEONATAL PLUS TABS PO .....   | 80 | NEXIUM CPDR PO 20 MG (Use esomeprazole magnesium) ..... | 90 | NICOTROL INHA .....                                       | 88 |
| NEONATAL PRENATAL TABS PO 80  |    | NEXIUM CPDR PO 40 MG (Use esomeprazole magnesium) ..... | 90 | NICOTROL NS SOLN .....                                    | 88 |
| NEONATAL VITAMIN TABS PO ..   | 80 | NEXTSTELLIS .....                                       | 52 | nifedipine CAPS PO 10 MG .....                            | 48 |
| NEORAL CAPS PO (Use cyclosporine modified (for microemulsion)) .....  | 79 | niacin (antihyperlipidemic) TBCR PO 29                  |    | nifedipine CAPS PO 20 MG .....                            | 48 |
| NEORAL SOLN PO (Use cyclosporine modified (for microemulsion)) .....  | 79 | niacin CPCR PO 250 MG, 500 MG 95                        |    | nifedipine TB24 PO .....                                  | 49 |
| NEOSTIGMINE METHYLSULFATE SOSY (Use neostigmine methylsulfate) .....  | 34 | NIACIN ER TBCR PO .....                                 | 95 | NILANDRON PO (Use nilutamide) .....                       | 37 |
| neostigmine methylsulfate SOSY ..   | 34 | niacin TABS PO .....                                    | 95 | nilutamide PO .....                                       | 37 |
| NEO-SYNALAR .....   | 56 | niacin TBCR PO .....                                    | 95 | nimodipine CAPS PO .....                                  | 49 |
| NESINA 12.5 MG (Use alogliptin  |    | niacinamide TABS PO 100 MG ...                          | 95 | NINLARO .....   | 39 |
|   |    | niacinamide TABS PO 500 MG ...                          | 95 | NIPENT .....  | 40 |
|   |    | nicardipine hcl CAPS PO .....                           | 48 | nisoldipine PO .....                                      | 49 |
|   |    |   |    | nitazoxanide TABS PO .....                                | 32 |
|   |    |   |    | nitisinone CAPS PO .....                                  | 66 |
|   |    |   |    | NITRO-BID OINT .....                                      | 10 |

|  |    |  |   |
|--|----|--|---|
| NITRO-DUR PT24 (Use nitroglycerin) .....                                       | 10 | PO ..... 52  | NOVOLIN 70/30 FLEXPEN SUPN 23                         |
| nitrofurantoin macrocrystal PO 50 MG, 100 MG .....                             | 33 | norethindrone acetate TABS PO .. 86                        | NOVOLIN 70/30 SUSP ..... 23                           |
| nitrofurantoin monohyd macro PO ..   | 33 | norethindrone acetate-ethinyl estradiol PO ..... 67        | NOVOLIN N FLEXPEN SUPN ....23                         |
| nitrofurantoin PO .....  | 33 | norethindrone acetate-ethinyl estradiol-fe PO ..... 52     | NOVOLIN N SUSP ..... 24                               |
| nitroglycerin (intra-anal) PR .....  | 9  | norethindrone-eth estradiol (triphasic) PO ..... 52        | NOVOLIN R FLEXPEN SOPN IJ ..24                        |
| nitroglycerin CPCR PO .....  | 10 | norgestimate-ethinyl estradiol (triphasic) PO ..... 52     | NOVOLIN R SOLN IJ ..... 24                            |
| nitroglycerin PT24 .....   | 10 | norgestimate-ethinyl estradiol PO . 52                     | NOXAFIL SUSP (Use posaconazole) ..... 26              |
| NITROGLYCERIN SOLN IV .....  | 10 | norgestrel & ethinyl estradiol PO 30 MCG-0.3 MG .....      | NP THYROID TABS PO ..... 89                           |
| nitroglycerin SUBL .....   | 10 | NORMOSOL-M IN D5W .....                                    | NUBEQA ..... 37                                       |
| NITROSTAT SUBL (Use nitroglycerin) .....                                       | 10 | NORMOSOL-R PH 7.4 .....                                    | NUCALA SOAJ ..... 11                                  |
| NIVA-PLUS TABS PO .....  | 80 | NORPACE CAPS PO (Use disopyramide phosphate) .....         | NUCALA SOLR ..... 11                                  |
| NIX CREME RINSE LIQD EX (Use permethrin) .....                                 | 62 | NUCLEXTA .....   | NUCALA SOSY 100 MG/ML .....11                         |
| nizatidine CAPS PO .....   | 90 | NORPRAMIN TABS PO 10 MG, 25 MG (Use desipramine hcl) ..... | NUCALA SOSY 40 MG/0.4ML .....11                       |
| NORDITROPIN FLEXPRESS SOPN 30 MG/3ML .....                                     | 65 | nortriptyline hcl CAPS PO .....                            | NUEDEXTA ..... 88                                     |
| NORDITROPIN FLEXPRESS SOPN 5 MG/1.5ML, 10 MG/1.5ML, 15 MG/1.5ML .....          | 65 | nortriptyline hcl SOLN PO .....                            | NULOJIX ..... 79                                      |
| norelgestromin-ethinyl estradiol ..  | 52 | NORVASC TABS PO (Use amlodipine besylate) .....            | NUVARING (Use etonogestrel-ethinyl estradiol) .....52 |
| norethin acet & estrad-fe CAPS ..  | 52 | NORVIR CAPS PO .....                                       | NUVIGIL PO (Use armodafinil) ....3                    |
| norethin acet & estrad-fe CHEW PO ..   | 52 | NORVIR PACK .....  | NYSTATIN (Use nystatin (mouth-throat)) .....          |
| norethin acet & estrad-fe TABS PO 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG ..... | 52 | NORVIR SOLN .....  | 79  |
| norethindrone & eth estradiol PO ..  | 52 | NORVIR TABS PO (Use ritonavir) ..45                        | nystatin (mouth-throat) .....                         |
| norethindrone & ethinyl estradiol-fe PO .....                                  | 52 | NOVA MAX PLUS KETONE TEST 63                               | nystatin (topical) CREA .....                         |
| norethindrone (contraceptive) PO ..  | 53 | NOVAVAX COVID-19 VACCINE SUSP .....                        | 57  |
| norethindrone acet & eth estra TABS ..   |    | NOVAVAX COVID-19 VACCINE SUSY .....                        | nystatin (topical) OINT .....                         |
|  |    | NOVOEIGHT .....  | 57  |
|  |    | 70   | nystatin (topical) POWD EX .....                      |
|  |    |  | nystatin TABS PO .....                                |
|  |    |  | 26  |
|  |    |  | nystatin-triamcinolone CREA .....                     |
|  |    |  | 57  |
|  |    |  | nystatin-triamcinolone OINT .....                     |
|  |    |  | 57  |
|  |    |  | NYVEPRIA .....  |
|  |    |  | 71  |
|  |    |  | octreotide acetate SOLN .....                         |
|  |    |  | 66  |
|  |    |  | OCUFLOX (Use ofloxacin (ophth))                       |

|   |                          |   |                    |  |    |
|---|--------------------------|---|--------------------|--|----|
| 83  | OMNIFLEX DIAPHRAGM ..... | 74  | ORKAMBI TABS ..... | 88   |    |
| ODEFSEY .....   | 45                       | ONCASPAR .....  | 40                 | ORLADEYO .....   | 70 |
| ODOMZO PO .....   | 37                       | ondansetron hcl SOLN IJ 4 MG/2ML .<br>25                        |                    | orphenadrine citrate TB12 PO .....   | 81 |
| OFEV .....  | 88                       | ondansetron hcl SOLN PO 4<br>MG/5ML .....                       | 25                 | orphenadrine w/ aspirin & caff PO<br>385 MG-30 MG-25 MG .....  | 81 |
| ofloxacin (ophth) .....   | 83                       | ondansetron hcl SOSY .....                                      | 25                 | oseltamivir phosphate CAPS PO ..   | 47 |
| ofloxacin (otic) .....  | 84                       | ondansetron hcl TABS PO 24 MG .25                               |                    | oseltamivir phosphate SUSR PO ..   | 47 |
| ofloxacin PO 300 MG, 400 MG ....                                | 67                       | ondansetron hcl TABS PO 4 MG ..25                               |                    | OSENI 15 MG-25 MG, 30 MG-12.5<br>MG, 30 MG-25 MG, 45 MG-25 MG<br>(Use alogliptin-pioglitazone) ..... | 22 |
| OGIVRI .....  | 36                       | ondansetron hcl TABS PO 8 MG ..25                               |                    | OSMOPREP PO .....  | 72 |
| olanzapine SOLR .....   | 43                       | ondansetron TBDP PO 4 MG ..25                                   |                    | OSPHENA PO .....   | 65 |
| olanzapine TABS PO 2.5 MG, 5 MG .<br>43                         |                          | ondansetron TBDP PO 8 MG ..25                                   |                    | OTEZLA TABS PO .....   | 5  |
| olanzapine TABS PO 7.5 MG, 10<br>MG, 15 MG, 20 MG .....         | 43                       | ONE VITE WOMENS PLUS TABS<br>PO .....                           | 80                 | OTEZLA TBPK PO .....   | 5  |
| olanzapine TBDP PO 20 MG .....                                  | 43                       | ONE VITE WOMENS TABS PO ..80                                    |                    | OTOVEL (Use ciprofloxacin-<br>fluocinolone acetonide) .....  | 85 |
| olanzapine TBDP PO 5 MG, 10 MG,<br>15 MG .....                  | 43                       | ONETOUCH DELICA SAFETY<br>LANCING .....                         | 75                 | OVIDE (Use malathion) .....  | 62 |
| olmesartan medoxomil PO .....                                   | 29                       | ONFI SUSP (Use clobazam) ..15                                   |                    | oxacillin sodium IJ 1 GM .....   | 86 |
| olmesartan medoxomilamlodipine-<br>hydrochlorothiazide PO ..... | 31                       | ONFI TABS PO (Use clobazam) ...15                               |                    | oxaliplatin SOLN 50 MG/10ML, 100<br>MG/20ML .....  | 35 |
| olmesartan medoxomil-<br>hydrochlorothiazide PO .....           | 31                       | ONGLYZA PO (Use saxagliptin hcl)<br>23                          |                    | oxandrolone PO .....   | 9  |
| olopatadine hcl (nasal) .....                                   | 81                       | OPILL PO .....  | 53                 | oxaprozin TABS PO .....  | 5  |
| olopatadine hcl 0.1 % .....                                     | 84                       | OPSUMIT .....   | 50                 | oxazepam CAPS PO .....   | 11 |
| olopatadine hcl 0.2 % .....                                     | 84                       | OPVEE NA .....  | 25                 | oxcarbazepine SUSP PO .....  | 17 |
| OLUX FOAM (Use clobetasol<br>propionate) .....                  | 61                       | ORAPRED ODT TBDP PO (Use<br>prednisolone sodium phosphate) ..53 |                    | oxcarbazepine TABS PO 150 MG,<br>300 MG .....  | 17 |
| omega-3-acid ethyl esters PO .....                              | 27                       | ORENITRAM TBCR .....  | 50                 | oxcarbazepine TABS PO 600 MG .17   |    |
| omeprazole CPDR PO .....  | 90                       | ORFADIN CAPS PO (Use nitisinone)<br>.....66                     |                    | oxiconazole nitrate CREA .....   | 57 |
| omeprazole magnesium CPDR PO<br>90                              |                          | ORGOVYX .....   | 37                 | OXISTAT CREA (Use oxiconazole<br>nitrate) .....  | 57 |
| omeprazole TBEC PO .....  | 90                       | ORILISSA .....  | 65                 | OXISTAT LOTN .....   | 57 |
| omeprazole-sodium bicarbonate<br>CAPS PO 1100 MG-20 MG .....    | 91                       | ORKAMBI PACK .....  | 88                 | oxybutynin chloride SOLN .....   | 91 |

|  |   |  |
|--|---|--|
| oxybutynin chloride TABS PO 5 MG .<br>91   | pantoprazole sodium TBEC PO 20<br>MG .....90                    | PAXIL TABS PO 20 MG (Use<br>paroxetine hcl) .....20                    |
| oxybutynin chloride TB24 PO .....91  | pantoprazole sodium TBEC PO 40<br>MG .....90                    | PAXIL TABS PO 30 MG (Use<br>paroxetine hcl) .....20                    |
| oxycodone hcl T12A PO 10 MG, 20<br>MG, 40 MG, 80 MG .....7                               | paricalcitol CAPS PO .....66                                    | PAXIL TABS PO 40 MG (Use<br>paroxetine hcl) .....20                    |
| oxycodone hcl TABS PO .....7   | paricalcitol SOLN .....66                                       | pazopanib hcl .....39  |
| oxycodone w/ acetaminophen TABS<br>PO 325 MG-10 MG, 325 MG-5 MG,<br>325 MG-7.5 MG .....8 | PARLODEL CAPS PO (Use<br>bromocriptine mesylate) .....42        | PEDIAPRED SOLN PO (Use<br>prednisolone sodium phosphate) ..53          |
| oxycodone w/ acetaminophen TABS<br>PO 325 MG-2.5 MG .....8                               | PARLODEL TABS PO (Use<br>bromocriptine mesylate) .....42        | PEDIARIX SUSY .....89  |
| oxymorphone hcl TABS PO .....7   | PARNATE PO (Use tranylcypromine<br>sulfate) .....19             | pediatric multivitamins w/fl CHEW PO<br>.....80                        |
| oxymorphone hcl TB12 PO 40 MG . 7  | paroxetine hcl SUSP PO .....20                                  | PEDVAX HIB SUSP .....92  |
| oxymorphone hcl TB12 PO 5 MG, 7.5<br>MG, 10 MG, 15 MG, 20 MG, 30 MG 7                    | paroxetine hcl TABS PO 10 MG ...20                              | peg 3350-kcl-nacl-na sulfate-na<br>ascorbate-ascorbic acid PO .....72  |
| OZEMPIC (0.25 OR 0.5 MG/DOSE)<br>SOPN .....23  | paroxetine hcl TABS PO 20 MG ...20                              | peg 3350-kcl-sod bicarb-sod<br>chloride-sod sulfate SOLR PO 236        |
| OZEMPIC (1 MG/DOSE) SOPN 4<br>MG/3ML .....23   | paroxetine hcl TABS PO 30 MG ...20                              | GM .....72   |
| OZEMPIC (2 MG/DOSE) SOPN ...23   | paroxetine hcl TABS PO 40 MG ...20                              | peg 3350-potassium chloride-sod<br>bicarbonate-sod chloride PO .....72 |
| paclitaxel 100 MG/16.7ML, 150<br>MG/25ML .....41   | paroxetine hcl TB24 PO 12.5 MG . 20                             | PEGASYS SOLN .....46   |
| paclitaxel protein-bound particles .41   | paroxetine hcl TB24 PO 25 MG, 37.5<br>MG .....20                | PEGASYS SOSY .....46   |
| paliperidone PO 1.5 MG, 3 MG, 9<br>MG .....43  | PATADAY 0.1 % (Use olopatadine<br>hcl) .....84                  | PEMAZYRE .....39   |
| paliperidone PO 6 MG .....43   | PATADAY 0.2 % (Use olopatadine<br>hcl) .....84                  | pemetrexed disodium SOLR 500 MG<br>36                                  |
| palonosetron hcl SOLN .....25  | PATANASE (Use olopatadine hcl<br>(nasal)) .....81               | penciclovir .....59  |
| PAMELOR CAPS PO (Use<br>nortriptyline hcl) .....21                                       | PAXIL CR TB24 PO 12.5 MG (Use<br>paroxetine hcl) .....20        | penicillamine CAPS PO .....78  |
| pamidronate disodium SOLN 30<br>MG/10ML, 90 MG/10ML .....64                              | PAXIL CR TB24 PO 25 MG, 37.5 MG<br>(Use paroxetine hcl) .....20 | penicillamine TABS PO .....78  |
| PAMIDRONATE DISODIUM SOLN<br>65  | PAXIL SUSP PO (Use paroxetine<br>hcl) .....20                   | PENICILLIN G POT IN DEXTROSE<br>40000 UNIT/ML, 60000 UNIT/ML ..85      |
| PANRETIN .....58   | PAXIL TABS PO 10 MG (Use<br>paroxetine hcl) .....20             | penicillin g potassium 5000000 UNIT<br>85                              |
|  |   | PENICILLIN G PROCAINE .....85  |
|  |   | penicillin g sodium .....85  |

|  |    |  |   |    |
|--|----|--|---|----|
| penicillin v potassium SOLR PO   | 85 | 93   | pindolol TABS PO  | 48 |
| penicillin v potassium TABS PO   | 85 | PFIZER COVID-19 VAC-TRIS 5-11Y<br>SUSP                 | pioglitazone hcl PO                                       | 24 |
| PENTACEL   | 89 | 93   | pioglitazone hcl-glimepiride                              | 22 |
| pentazocine w/ naloxone hcl PO   | 9  | PFIZER COVID-19 VAC-TRIS 6M-4Y<br>SUSP                 | pioglitazone hcl-metformin hcl TABS<br>PO                 | 22 |
| pentoxifylline PO  | 70 | PFIZER-BIONT COVID-19 VAC-<br>TRIS SUSP                | piperacillin sodium-tazobactam<br>sodium                  | 86 |
| PEPCID AC MAXIMUM STRENGTH<br>TABS PO (Use famotidine)   | 90 | 93   | PIQRAY (200 MG DAILY DOSE)                                | 39 |
| PEPCID TABS PO (Use famotidine)  | 90 | PFIZER-BIONTECH COVID-19<br>VACC SUSP                  | PIQRAY (250 MG DAILY DOSE)                                | 39 |
| PERCOCET TABS PO 325 MG-10<br>MG, 325 MG-5 MG, 325 MG-7.5 MG<br>(Use oxycodone w/ acetaminophen) | 8  | PHEBURANE PLLT   | PIQRAY (300 MG DAILY DOSE)                                | 39 |
| PERCOCET TABS PO 325 MG-2.5<br>MG (Use oxycodone w/<br>acetaminophen)                            | 9  | phenazopyridine hcl TABS PO 100<br>MG, 200 MG          | pirfenidone CAPS  | 88 |
| PERFOROMIST NEBU (Use<br>formoterol fumarate)  | 13 | phenazopyridine hcl TABS PO .1                         | pirfenidone TABS PO 534 MG                                | 88 |
| PERIDEX (Use chlorhexidine<br>gluconate (mouth-throat))  | 79 | phenelzine sulfate PO                                  | piroxicam CAPS PO   | 5  |
| perindopril erbumine PO 2 MG, 8 MG   | 29 | PHENERGAN SOLN IJ (Use<br>promethazine hcl)            | PLAN B ONE-STEP PO (Use<br>levonorgestrel (emergency oc)) | 52 |
| perindopril erbumine PO 4 MG   | 29 | phenobarbital ELIX PO                                  | PLAQUENIL PO (Use<br>hydroxychloroquine sulfate)          | 34 |
| PERJETA  | 36 | phenobarbital TABS PO                                  | PLASMA-LYTE 148 (Use electrolyte-<br>148)                 | 77 |
| permethrin CREA  | 62 | phenoxybenzamine hcl PO                                | PLASMA-LYTE A (Use electrolyte-a)                         | 77 |
| permethrin LIQD EX   | 62 | phentermine hcl CAPS PO                                | PLAVIX PO 75 MG (Use clopidogrel<br>bisulfate)            | 70 |
| perphenazine TABS PO   | 44 | phenytoin CHEW PO                                      | PLEGRIDY SOAJ   | 87 |
| perphenazine-amitriptyline PO  | 87 | phenytoin sodium extended PO 100<br>MG, 200 MG, 300 MG | PLEGRIDY SOSY IM  | 87 |
| PERSERIS PRSY  | 43 | phenytoin sodium SOLN                                  | PLEGRIDY STARTER PACK SOAJ                                | 87 |
| PFIZER COVID-19 BIVAL 6MO-4YR  | 93 | phenytoin SUSP PO                                      | PLEGRIDY STARTER PACK SOSY<br>SC                          | 87 |
| PFIZER COVID-19 VAC BIVAL 5-11   | 93 | PHEXXI   | plerixafor  | 71 |
| PFIZER COVID-19 VAC BIVALENT   | .  | PHOTOFRIN  | PNEUMOVAX 23 SOLN   | 92 |
|  |    | PIFELTRO   | PNEUMOVAX 23 SOSY   | 92 |
|  |    | pilocarpine hcl (oral) PO                              | podofilox SOLN  | 62 |
|  |    | pilocarpine hcl SOLN 1 %, 2 %, 4 %                     |   |    |
|  |    | 82   |   |    |
|  |    | pimecrolimus   |   |    |
|  |    | 62   |   |    |
|  |    | pimozide PO  |   |    |
|  |    | 88   |   |    |

|   |    |  |    |  |    |
|---|----|--|----|--|----|
| polymyxin b sulfate SOLR .....  | 33 | 20 MEQ/50ML (Use potassium chloride) .....                                       | 78 | prednisolone sodium phosphate SOLN PO .....          | 53 |
| polymyxin b-trimethoprim .....  | 83 | potassium chloride SOLN PO 10 %, 10 % .....                                      | 78 | prednisolone sodium phosphate TBDP PO .....          | 54 |
| POLYTRIM (Use polymyxin b-trimethoprim) .....   | 83 | potassium chloride TBCR PO 8 MEQ, 10 MEQ, 20 MEQ .....                           | 78 | prednisolone SOLN .....                              | 54 |
| POMALYST .....  | 38 | potassium citrate (alkalinizer) TBCR PO .....                                    | 69 | prednisolone TABS PO .....                           | 54 |
| posaconazole SUSP .....   | 26 | potassium phosphates 45  |    | prednisone SOLN PO .....                             | 54 |
| potassium acetate SOLN 2 MEQ/ML .   | 78 | MMOLE/15ML .....   | 78 | prednisone TABS PO 1 MG, 5 MG                        | 54 |
| potassium bicarbonate TBEF PO ..  | 78 | POTASSIUM PHOSPHATES(66 MEQ K) (Use potassium phosphates) .....                  | 78 | prednisone TABS PO 2.5 MG, 10 MG, 20 MG, 50 MG ..... | 54 |
| potassium chloride CPCR PO .....  | 78 | PR BENZOYL PEROXIDE WASH LIQD .....  | 55 | prednisone TBPK PO .....                             | 54 |
| 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 % ..... | 77 | PRADAXA CAPS PO (Use dabigatran etexilate mesylate) .....                        | 15 | pregabalin (once-daily) 330 MG ..                    | 88 |
| potassium chloride in dextrose 20 MEQ/L .....   | 77 | pralatrexate 20 MG/ML .....  | 36 | pregabalin (once-daily) 82.5 MG, 165 MG .....        | 88 |
| POTASSIUM CHLORIDE IN NACL 20 MEQ/L-0.45 % (Use potassium chloride in nacl) .....   | 77 | pramipexole dihydrochloride TABS PO 0.125 MG .....                               | 42 | pregabalin CAPS PO 225 MG, 300 MG .....              | 17 |
| potassium chloride in nacl 20 MEQ/L-0.45 %, 20 MEQ/L-0.9 %, 40 MEQ/L-0.9 % .....  | 77 | pramipexole dihydrochloride TABS PO 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG ..... | 42 | pregabalin SOLN .....                                | 17 |
| POTASSIUM CHLORIDE IN NACL 20 MEQ/L-0.9 %, 40 MEQ/L-0.9 % (Use potassium chloride in nacl) .....  | 77 | prasugrel hcl PO .....   | 70 | PREHEVBARIO .....                                    | 93 |
| potassium chloride microencapsulated crystals er PO ..  | 78 | pravastatin sodium PO .....  | 28 | PREMARIN .....                                       | 94 |
| potassium chloride PACK PO 20 MEQ .....   | 78 | praziquantel PO .....  | 10 | PREMARIN SOLR .....                                  | 67 |
| POTASSIUM CHLORIDE SOLN IV 10 MEQ/50ML (Use potassium chloride) .....   | 78 | prazosin hcl CAPS PO .....   | 30 | PREMARIN TABS PO .....                               | 67 |
| POTASSIUM CHLORIDE SOLN IV  |    | PRECISION XTRA KETONE .....  | 63 | PREMPHASE PO .....                                   | 67 |
|   |    | PRED FORTE (Use prednisolone acetate (ophth)) .....                              | 83 | PREMPRO PO .....                                     | 67 |
|   |    | PRED MILD .....  | 83 | PRENATAL ONE DAILY TABS PO 80                        |    |
|   |    | prednicarbate OINT .....   | 61 | PRENATAL PLUS TABS PO .....                          | 80 |
|   |    | prednisolone acetate (ophth) .....   | 83 | PRENATAL PLUS VITAMIN/MINERAL TABS PO .....          | 80 |
|   |    | PREDNISOLONE SODIUM PHOSPHATE .....  | 84 | PRENATAL TABS PO .....                               | 80 |
|   |    |  |    | PRENATAL VITAMIN AND                                 |    |

|  |    |   |    |   |    |
|--|----|---|----|---|----|
| MINERAL TABS PO .....  | 80 | PRISTIQ PO 100 MG (Use<br>desvenlafaxine succinate) .....       | 21 | promethazine hcl SUPP PR 50 MG<br>27                                |    |
| PRENATAL VITAMIN TABS PO ...   | 80 | PRISTIQ PO 25 MG, 50 MG (Use<br>desvenlafaxine succinate) ..... | 21 | promethazine hcl TABS PO ..... 27                                   |    |
| PRENATAL VITAMINS TABS PO<br>100 MG-800 MCG-1.84 MG-18 MG-<br>2.6 MG-1.7 MG-27 MG-10 MCG-4.95<br>MG-25 MG-200 MG-160 MG-1200<br>MCG-4 MCG, 120 MG-2.6 MG-800<br>MCG-400 UNIT-8 MCG-1.7 MG-20<br>MG-28 MG-200 MG-1.8 MG-25 MG-<br>4000 UNIT-30 UNIT ..... | 80 | PROAIR HFA AERS (Use albuterol<br>sulfate) .....                | 13 | PROMETRIUM CAPS PO (Use<br>progesterone) ..... 86                   |    |
|  |    | probenecid PO .....   | 70 | propafenone hcl CP12 PO ..... 11                                    |    |
|  |    | procainamide hcl SOLN 500 MG/ML .<br>11                         |    | propafenone hcl TABS PO ..... 11                                    |    |
|  |    | PROCARDIA XL TB24 PO (Use<br>nifedipine) .....                  | 49 | proparacaine hcl ..... 83   |    |
|  |    | prochlorperazine maleate TABS PO .<br>44                        |    | propranolol hcl CP24 PO ..... 48                                    |    |
|  |    | prochlorperazine PR .....                                       | 44 | propranolol hcl SOLN IV 1 MG/ML 48                                  |    |
|  |    | PROCRIT .....   | 71 | propranolol hcl TABS PO ..... 48                                    |    |
|  |    | PROCTOCORT PR (Use<br>hydrocortisone acetate (rectal)) .....    | 9  | propylthiouracil PO ..... 89  |    |
|  |    | progesterone CAPS PO .....                                      | 86 | PROQUAD SUSR ..... 93   |    |
|  |    | PROGLYCEM (Use diazoxide) ... 23                                |    | PROSCAR PO (Use finasteride) ... 69                                 |    |
| PREVACID 24HR CPDR PO (Use<br>lansoprazole) .....  | 90 | PROGRAF CAPS PO (Use<br>tacrolimus) .....                       | 79 | PROTONIX TBEC PO 20 MG (Use<br>pantoprazole sodium) ..... 91        |    |
| PREVACID CPDR PO 30 MG (Use<br>lansoprazole) .....   | 91 | PROGRAF PACK .....  | 79 | PROTONIX TBEC PO 40 MG (Use<br>pantoprazole sodium) ..... 91        |    |
| PREVNAR 13 .....   | 92 | PROGRAF SOLN .....  | 79 | PROTOPIC OINT (Use tacrolimus<br>(topical)) .....                   | 62 |
| PREVNAR 20 .....   | 92 | PROLASTIN-C SOLN .....  | 88 | protriptyline hcl PO ..... 21                                       |    |
| PREZCOBIX .....  | 45 | PROLENSA (Use bromfenac sodium<br>(ophth)) .....                | 84 | PROVENTIL HFA AERS (Use<br>albuterol sulfate) ..... 13              |    |
| PREZISTA SUSP .....  | 45 | PROLEUKIN .....   | 40 | PROVERA PO 5 MG, 10 MG (Use<br>medroxyprogesterone acetate) .... 86 |    |
| PREZISTA TABS (Use darunavir) .45  |    | PROLIA SOSY .....   | 65 | PROVIGIL PO 100 MG (Use<br>modafinil) ..... 3                       |    |
| PREZISTA TABS 75 MG, 150 MG 45   |    | PROMACTA PACK .....   | 71 | PROVIGIL PO 200 MG (Use<br>modafinil) ..... 3                       |    |
| PRIFTIN PO .....   | 35 | PROMACTA TABS PO .....  | 71 | PROZAC CAPS PO 10 MG (Use<br>fluoxetine hcl) ..... 20               |    |
| PRIMAQUINE PHOSPHATE TABS<br>PO (Use primaquine phosphate) .. 34   |    | promethazine hcl SOLN PO 6.25<br>MG/5ML .....                   | 27 | PROZAC CAPS PO 20 MG (Use<br>fluoxetine hcl) ..... 20               |    |
| primaquine phosphate TABS PO ..34  |    | promethazine hcl SUPP PR 12.5 MG,<br>25 MG .....                | 27 | PROZAC CAPS PO 40 MG (Use   |    |
| PRIMAXIN IV IV 500 MG-500 MG<br>(Use imipenem-cilastatin) .....  | 32 |   |    |   |    |
| primidone PO 50 MG, 250 MG ....  | 17 |   |    |   |    |
| PRIORIX SUSR .....   | 93 |   |    |   |    |

|  |     |  |    |  |    |
|--|-----|--|----|--|----|
| fluoxetine hcl) .....  | 20  | quetiapine fumarate TABS PO 25 MG, 50 MG, 100 MG, 200 MG ..... | 43 | RAPAMUNE TABS PO (Use sirolimus) .....                   | 79 |
| PRUDOXIN (Use doxepin hcl (antipruritic)) .....                    | 58  | quetiapine fumarate TABS PO 300 MG, 400 MG .....               | 43 | rasagiline mesylate PO .....                             | 42 |
| PULMICORT FLEXHALER AEPB .   | 12  | quetiapine fumarate TB24 PO 300 MG, 400 MG .....               | 44 | RAZADYNE ER CP24 PO (Use galantamine hydrobromide) ..... | 86 |
| PULMICORT SUSP (Use budesonide (inhalation)) .....                 | 12  | quetiapine fumarate TB24 PO 50 MG, 150 MG, 200 MG .....        | 44 | REALITY LATEX CONDOMS MISC .                             |    |
| PULMOZYME .....  | 88  | quetiapine fumarate TB24 PO 50 MG, 150 MG, 200 MG .....        | 44 | 74   |    |
| PX PRENATAL MULTIVITAMINS TABS PO .....                            | 81  | quinapril hcl PO 20 MG, 40 MG ...                              | 29 | REALITY LATEX/ULTRA TEXTURED DEVI .....                  | 74 |
| pyrazinamide PO .....  | 35  | quinapril hcl PO 5 MG, 10 MG ....                              | 29 | REALITY LATEX/ULTRA THIN DEVI                            |    |
| PYRIDIUM TABS PO (Use phenazopyridine hcl) .....                   | 69  | quinapril-hydrochlorothiazide PO 12.5 MG-10 MG .....           | 31 | 74   |    |
| pyridostigmine bromide SOLN PO                                     | .35 | quinapril-hydrochlorothiazide PO 12.5 MG-20 MG .....           | 31 | REBIF REBIDOSE SOAJ .....                                | 87 |
| pyridostigmine bromide TABS PO 60 MG .....                         | 35  | quinapril-hydrochlorothiazide PO 25 MG-20 MG .....             | 31 | REBIF REBIDOSE TITRATION                                 |    |
| pyridostigmine bromide TBCR PO                                     | .35 | quinidine sulfate TABS PO .....                                | 11 | PACK SOAJ .....  | 87 |
| pyrimethamine PO .....   | 34  | quinine sulfate CAPS PO 324 MG .34                             |    | REBIF SOSY .....   | 87 |
| QC PRENATAL TABS PO .....  | 81  | QVAR REDIHALER .....   | 12 | REBIF TITRATION PACK SOSY ..                             | 87 |
| QINLOCK .....  | 39  | RA PRENATAL FORMULA TABS                                       |    | RECLAST SOLN (Use zoledronic acid) .....                 | 65 |
| QUADRACEL SUSP .....   | 89  | PO .....   | 81 | RECOMBIVAX HB SUSP .....                                 | 93 |
| QUADRACEL SUSY .....   | 89  | RA PRENATAL TABS PO .....                                      | 81 | RECOMBIVAX HB SUSY .....                                 | 93 |
| QUALAQUIN CAPS PO (Use quinine sulfate) .....                      | 34  | rabeprazole sodium TBEC PO ....                                | 91 | RECTIV PR (Use nitroglycerin (intra-anal)) .....         | 10 |
| QUARTETTE PO (Use levonorgestrel-ethinyl estradiol (91-day)) ..... | 52  | raloxifene hcl PO .....  | 65 | REGLAN TABS PO (Use metoclopramide hcl) .....            | 68 |
| QUDEXY XR CS24 PO (Use topiramate) .....                           | 17  | ramelteon PO .....   | 72 | REGRANEX .....   | 63 |
| QUESTRAN LIGHT POWD PO (Use cholestyramine light) .....            | 28  | ramipril CAPS PO .....   | 29 | RELENZA DISKHALER .....                                  | 47 |
| QUESTRAN PACK PO (Use cholestyramine) .....                        | 28  | RANEXA TB12 PO 1000 MG (Use ranolazine) .....                  | 10 | RELION KETONE TEST STRP ...                              | 63 |
| QUESTRAN POWD PO (Use cholestyramine) .....                        | 28  | RANEXA TB12 PO 500 MG (Use ranolazine) .....                   | 10 | RELION LANCET DEVICES 30G .75                            |    |
|  |     | ranolazine TB12 PO 1000 MG .....                               | 10 | RELION LANCETS .....                                     | 75 |
|  |     | ranolazine TB12 PO 500 MG .....                                | 10 | RELION TRUE METRIX TEST                                  |    |
|  |     | RAPAFLO PO (Use silodosin) .....                               | 69 | STRIPS STRP .....  | 63 |
|  |     |  |    | RELPAX PO (Use eletriptan hydrobromide) .....            | 76 |
|  |     |  |    | REMERON SOLTAB TBDP PO 15                                |    |

|  |    |   |    |  |    |
|--|----|---|----|--|----|
| MG (Use mirtazapine) .....                                 | 19 | RETROVIR SYRP PO (Use zidovudine) .....                             | 46 | 30 MG .....  | 65 |
| REMERON SOLTAB TBDP PO 30                                  |    | REVATIO SOLN (Use sildenafil citrate (pulmonary hypertension)) .    | 50 | risedronate sodium TBEC PO .....                             | 65 |
| MG (Use mirtazapine) .....                                 | 19 | REVATIO SUSR (Use sildenafil citrate (pulmonary hypertension)) .    | 50 | RISPERDAL CONSTA (Use risperidone microspheres) .....        | 43 |
| REMERON SOLTAB TBDP PO 45                                  |    | REVATIO TABS PO (Use sildenafil citrate (pulmonary hypertension)) . | 50 | RISPERDAL SOLN PO (Use risperidone) .....                    | 43 |
| MG (Use mirtazapine) .....                                 | 19 | REXULTI .....   | 44 | RISPERDAL TABS PO 0.5 MG, 1                                  |    |
| REMERON TABS PO 15 MG (Use mirtazapine) .....              | 19 | REYATAZ CAPS PO 200 MG, 300   |    | MG, 2 MG, 3 MG, 4 MG (Use risperidone) .....                 | 43 |
| REMERON TABS PO 30 MG (Use mirtazapine) .....              | 19 | MG (Use atazanavir sulfate) .....                                   | 46 | risperidone microspheres .....                               | 43 |
| RENFLEXIS .....  | 68 | REZVOGLAR KWIKPEN .....   | 24 | risperidone SOLN PO .....                                    | 43 |
| RENVELA PACK (Use sevelamer carbonate) .....               | 68 | ribavirin (hepatitis c) CAPS PO .....                               | 46 | risperidone TABS PO .....                                    | 43 |
| RENVELA TABS PO (Use sevelamer carbonate) .....            | 69 | ribavirin (hepatitis c) TABS PO 200                                 |    | risperidone TBDP PO .....                                    | 43 |
| repaglinide PO 0.5 MG, 1 MG .....                          | 24 | MG .....  | 46 | RITALIN LA CP24 PO 10 MG, 20                                 |    |
| repaglinide PO 2 MG .....                                  | 24 | RIDAURA PO .....  | 4  | MG, 40 MG (Use methylphenidate hcl) .....                    | 3  |
| REPATHA PUSHTRONEX SYSTEM SOCT .....                       | 29 | rifabutin PO .....  | 35 | RITALIN LA CP24 PO 30 MG (Use methylphenidate hcl) .....     | 3  |
| REPATHA SOSY .....   | 29 | RIFADIN SOLR (Use rifampin) .....                                   | 35 | RITALIN TABS PO 10 MG, 20 MG (Use methylphenidate hcl) ..... | 3  |
| REPATHA SURECLICK SOAJ .....                               | 29 | rifampin CAPS PO .....  | 35 | RITALIN TABS PO 5 MG (Use methylphenidate hcl) .....         | 3  |
| RESTASIS EMUL (Use cyclosporine (ophth)) .....             | 83 | rifampin SOLR .....   | 35 | ritonavir TABS PO .....                                      | 46 |
| RESTORIL PO (Use temazepam) .....                          | 72 | RILUTEK TABS PO (Use riluzole) ..                                   | 82 | rivastigmine tartrate CAPS PO .....                          | 86 |
| RETACRIT .....   | 71 | riluzole TABS PO .....  | 82 | rizatriptan benzoate TABS PO 10 MG .....                     | 76 |
| RETEVMO CAPS .....   | 39 | rimantadine hydrochloride TABS PO ..                                | 47 | rizatriptan benzoate TABS PO 5 MG ..                         | 76 |
| RETIN-A CREA (Use tretinoin) .....                         | 55 | ringer's .....  | 77 | rizatriptan benzoate TBDP PO 10 MG .....                     | 76 |
| RETIN-A GEL (Use tretinoin) .....                          | 55 | ringer's irrigation .....   | 79 | rizatriptan benzoate TBDP PO 5 MG ..                         | 76 |
| RETIN-A MICRO 0.1 % (Use tretinoin microsphere) .....      | 55 | RINVOQ LQ SOLN .....  | 3  | rizatriptan benzoate TABS PO .....                           | 90 |
| RETIN-A MICRO PUMP 0.1 % (Use tretinoin microsphere) ..... | 55 | RINVOQ TB24 PO .....  | 3  | ROBINUL TABS PO (Use glycopyrrolate) .....                   | 90 |
| RETROVIR CAPS PO (Use zidovudine) .....                    | 45 | risedronate sodium TABS PO 150                                      |    | ROBINUL-FORTE TABS PO (Use                                   |    |
| RETROVIR SOLN .....  | 45 | MG .....  | 65 |  |    |
|  |    | risedronate sodium TABS PO 35 MG                                    | 65 |  |    |
|  |    | risedronate sodium TABS PO 5 MG,                                    |    |  |    |

|   |    |   |    |   |    |
|---|----|---|----|---|----|
| glycopyrrolate) .....   | 90 | SALAGEN PO (Use pilocarpine hcl (oral)) .....                                     | 80 | SELZENTRY TABS PO (Use maraviroc) .....                                       | 46 |
| ROCALTROL CAPS PO (Use calcitriol) .....                            | 66 | salsalate PO .....  | 6  | SELZENTRY TABS PO 25 MG, 75 MG .....  | 46 |
| ROCALTROL SOLN PO (Use calcitriol) .....                            | 66 | SAMSCA TABS (Use tolvaptan) .....   | 66 | SEMLEE (YFGN) SOLN .....  | 24 |
| roflumilast PO .....  | 12 | SANDIMMUNE CAPS PO (Use cyclosporine) .....                                       | 79 | SEMLEE (YFGN) SOPN .....  | 24 |
| romidepsin SOLR .....   | 39 | SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML, 500 MCG/ML (Use octreotide acetate) ..... | 66 | SENSIPAR PO (Use cinacalcet hcl) .....  | 66 |
| ropinirole hydrochloride TABS PO .42                                |    | SANTYL OINT .....   | 61 | SEREVENT DISKUS .....   | 13 |
| ropinirole hydrochloride TB24 PO 2 MG, 4 MG, 6 MG .....             | 42 | SAPHRIS 2.5 MG (Use asenapine maleate) .....                                      | 44 | SEROQUEL TABS PO 25 MG, 50 MG, 100 MG, 200 MG (Use quetiapine fumarate) ..... | 44 |
| ropinirole hydrochloride TB24 PO 8 MG, 12 MG .....                  | 42 | SAPHRIS 5 MG, 10 MG (Use asenapine maleate) .....                                 | 44 | SEROQUEL TABS PO 300 MG, 400 MG (Use quetiapine fumarate) .....               | 44 |
| rosuvastatin calcium TABS PO .....                                  | 28 | sapropterin dihydrochloride PACK .....  | 66 | SEROQUEL XR TB24 PO 300 MG, 400 MG (Use quetiapine fumarate) .....            | 44 |
| ROTARIX SUSP .....  | 93 | sapropterin dihydrochloride TABS .....  | 66 |   |    |
| ROTARIX SUSR PO .....   | 93 | SAVELLA TABS PO .....   | 87 |   |    |
| ROTATEQ SOLN PO .....   | 94 | SAVELLA TITRATION PACK MISC .....   | 87 |   |    |
| ROXICODONE TABS PO 15 MG, 30 MG (Use oxycodone hcl) .....           | 8  | saxagliptin hcl PO .....  | 23 |   |    |
| ROZEREM PO (Use ramelteon) .....                                    | 72 | saxagliptin-metformin hcl PO 1000 MG-2.5 MG .....                                 | 22 |   |    |
| ROZLYTREK CAPS .....  | 39 | saxagliptin-metformin hcl PO 1000 MG-5 MG, 500 MG-5 MG .....                      | 22 |   |    |
| RUBRACA .....   | 40 | SCEMBLIX 100 MG .....   | 40 |   |    |
| rufinamide SUSP .....   | 17 | SCEMBLIX 20 MG, 40 MG .....   | 40 |   |    |
| rufinamide TABS PO 200 MG .....                                     | 17 | scopolamine .....   | 25 |   |    |
| rufinamide TABS PO 400 MG .....                                     | 17 | SEASONIQUE PO (Use levonorgestrel-ethynodiol (91-day)) .....                      | 52 |   |    |
| RUXIENCE .....  | 36 | selegiline hcl CAPS PO .....  | 42 |   |    |
| RYBELSUS TABS PO .....  | 23 | selegiline hcl TABS PO .....  | 42 |   |    |
| RYTHMOL SR CP12 PO (Use propafenone hcl) .....                      | 11 | selenium sulfide LOTN 2.5 % .....   | 59 |   |    |
| SABRIL PACK (Use vigabatrin) .....                                  | 18 | SELZENTRY SOLN .....  | 46 |   |    |
| SABRIL TABS (Use vigabatrin) .....                                  | 18 |   |    |   |    |
| SAFYRAL PO (Use drospirenone-ethynodiol-levomefolate calcium) ..... | 52 |   |    |   |    |

|   |    |   |    |   |    |
|---|----|---|----|---|----|
| SILENOR PO (Use doxepin hcl (sleep)) .....                                | 72 | SODIUM ACETATE SOLN (Use sodium acetate) .....                  | 77 | sorafenib tosylate PO .....                                     | 40 |
| silodosin PO .....  | 69 | sodium acetate SOLN .....                                       | 77 | SORBITOL 3 % .....  | 69 |
| SILVADENE (Use silver sulfadiazine) .....                                 | 59 | sodium chloride (gu irrigant) 0.9 %                             | 69 | SORBITOL-MANNITOL 2.7 GM/100ML-0.54 GM/100ML .....              | 69 |
| silver sulfadiazine .....   | 59 | sodium chloride (inhalant) NEBU 7 %                             | 54 | sotalol hcl (afib/afl) PO .....                                 | 48 |
| SIMPONI ARIA SOLN .....   | 4  | sodium chloride SOLN IV 0.45 %, 0.9 %, 3 %, 4 MEQ/ML, 5 % ..... | 78 | sotalol hcl TABS PO 240 MG .....                                | 48 |
| SIMULECT .....  | 79 | sodium citrate & citric acid PO .....                           | 69 | sotalol hcl TABS PO 80 MG, 120 MG, 160 MG .....                 | 48 |
| simvastatin TABS PO .....   | 28 | sodium fluoride CHEW PO .....                                   | 77 | SPIKEVAX COVID-19 VACCINE SUSP .....                            | 94 |
| SINEMET TABS PO 100 MG-10 MG, 100 MG-25 MG (Use carbidopa-levodopa) ..... | 42 | sodium phenylbutyrate POWD PO .....                             | 66 | SPIKEVAX SUSP .....   | 94 |
| SINGULAIR CHEW PO (Use montelukast sodium) .....                          | 12 | sodium phenylbutyrate TABS PO .....                             | 66 | SPIKEVAX SUSY .....   | 94 |
| SINGULAIR PACK PO (Use montelukast sodium) .....                          | 12 | sodium polystyrene sulfonate POWD PO .....                      | 79 | spinosad .....  | 62 |
| SINGULAIR TABS PO (Use montelukast sodium) .....                          | 12 | sodium polystyrene sulfonate SUSP PR 30 GM/120ML .....          | 79 | SPIRIVA HANDIHALER CAPS (Use tiotropium bromide monohydrate) .. | 12 |
| sirolimus TABS PO .....   | 79 | sodium sulfate-potassium sulfate-magnesium sulfate .....        | 72 | SPIRIVA RESPIMAT AERS .....                                     | 12 |
| SIRTURO .....   | 35 | SOFOSBUVIR-VELPATASVIR TABS .....                               | 46 | spironolactone & hydrochlorothiazide PO .....                   | 64 |
| SIVEXTRO TABS .....   | 33 | solifenacin succinate TABS PO .....                             | 91 | spironolactone TABS PO .....                                    | 64 |
| SKLICE (Use ivermectin (pediculicide)) .....                              | 62 | SOLIQUA .....   | 22 | SPORANOX CAPS PO (Use itraconazole) .....                       | 26 |
| SKYRIZI (150 MG DOSE) PSKT .....  | 58 | SOLOSEC .....   | 3  | SPORANOX SOLN (Use itraconazole) .....                          | 26 |
| SKYRIZI PEN SOAJ .....  | 58 | SOLU-CORTEF (Use hydrocortisone sod succinate) .....            | 54 | SPRAVATO (56 MG DOSE) .....                                     | 19 |
| SKYRIZI SOCT .....  | 68 | SOLU-CORTEF 100 MG, 500 MG, 1000 MG .....                       | 54 | SPRAVATO (84 MG DOSE) .....                                     | 19 |
| SKYRIZI SOLN .....  | 68 | SOLU-CORTEF 250 MG .....  | 54 | SPRYCEL (Use dasatinib) .....                                   | 40 |
| SKYRIZI SOSY .....  | 58 | SOLU-MEDROL 2 GM .....  | 54 | STALEVO 100 PO (Use carbidopa-levodopa-entacapone) .....        | 42 |
| SLO-NIACIN TBCR PO (Use niacin) ..  | 95 | SOLU-MEDROL 500 MG, 1000 MG (Use methylprednisolone sod succ)   | 54 | STALEVO 125 PO (Use carbidopa-levodopa-entacapone) .....        | 42 |
| SLYND PO .....  | 53 | SOMA TABS PO (Use carisoprodol) ..                              | 81 | STALEVO 150 PO (Use carbidopa-levodopa-entacapone) .....        | 42 |
| SM PRENATAL VITAMINS TABS PO .....  | 81 |   |    | STALEVO 200 PO (Use carbidopa-levodopa-entacapone) .....        | 42 |

|   |    |  |                                    |  |    |
|---|----|--|------------------------------------|--|----|
| STALEVO 50 PO (Use carbidopa-levodopa-entacapone) .....               | 42 | sucralfate SUSP PO .....   | 90                                 | sumatriptan .....  | 76 |
| STALEVO 75 PO (Use carbidopa-levodopa-entacapone) .....               | 42 | sucralfate TABS PO .....   | 90                                 | sumatriptan succinate SOAJ .....   | 76 |
| stannous fluoride CONC .....  | 79 | SULAR PO 8.5 MG, 17 MG, 34 MG (Use nisoldipine) .....                | 49                                 | sumatriptan succinate SOCT .....   | 76 |
| stavudine CAPS PO .....   | 46 | sulconazole nitrate CREA .....                                       | 57                                 | sumatriptan succinate SOLN 6 MG/0.5ML .....  | 76 |
| STELARA 130 MG/26ML .....   | 68 | sulconazole nitrate SOLN .....                                       | 57                                 | sumatriptan succinate TABS PO ..   | 77 |
| STELARA SOLN 45 MG/0.5ML ..   | 58 | sulfacetamide sodium (acne) .....                                    | 56                                 | sumatriptan-naproxen sodium PO ..  | 75 |
| STELARA SOSY 45 MG/0.5ML ...  | 58 | sulfacetamide sodium (ophth) SOLN ..                                 |                                    | sunitinib malate PO 12.5 MG, 25 MG, 50 MG .....                                      | 40 |
| STELARA SOSY 90 MG/ML .....   | 58 | sulfacetamide sodium w/ sulfur CREA 10 %-5 % .....                   | 56                                 | sunitinib malate PO 37.5 MG .....  | 40 |
| STENDRA PO 50 MG, 100 MG, 200 MG (Use avanafil) .....                 | 49 | sulfacetamide sodium w/ sulfur LIQD 10 %-5 % .....                   | 56                                 | SUNOSI PO 150 MG .....   | 2  |
| STIOLTO RESPIMAT .....  | 13 | sulfacetamide sodium w/ sulfur LIQD 9 %-4.5 % .....                  | 56                                 | SUNOSI PO 75 MG .....  | 2  |
| STIVARGA .....  | 40 | sulfacetamide sodium-sulfur in urea vehicle EMUL 10 %-10 %-4 % ..... | 56                                 | SUPRAX CAPS PO (Use cefixime) ..   |    |
| STRATTERA PO 10 MG, 18 MG, 25 MG, 40 MG (Use atomoxetine hcl) ..      | 2  | sulfacetamide sod-prednisolone SOLN .....                            | 84                                 | 51   |    |
| STRATTERA PO 60 MG, 80 MG, 100 MG (Use atomoxetine hcl) .....         | 2  | sulfadiazine TABS PO .....   | 88                                 | SUPRAX SUSR PO 200 MG/5ML (Use cefixime) .....                                       | 51 |
| STRENSIQ .....  | 66 | sulfamethoxazole-trimethoprim SOLN .....                             |                                    | SUPREP BOWEL PREP KIT (Use sodium sulfate-potassium sulfate-magnesium sulfate) ..... | 72 |
| streptomycin sulfate SOLR .....                                       | 3  | 32   | SUSTIVA CAPS PO (Use efavirenz) .. |  |    |
| STRIBILD .....  | 46 | 32   | 46                                 |  |    |
| STRIVERDI RESPIMAT .....  | 13 | sulfamethoxazole-trimethoprim SUSP PO .....                          | 32                                 | SUTENT PO 12.5 MG, 25 MG, 50 MG (Use sunitinib malate) .....                         | 40 |
| STROMECTOL PO (Use ivermectin) ..                                     |    | sulfamethoxazole-trimethoprim TABS PO .....                          | 32                                 | SUTENT PO 37.5 MG (Use sunitinib malate) .....                                       | 40 |
| 10  |    | SULFAMYLYON CREA .....   | 59                                 | SYMBICORT (Use budesonide-formoterol fumarate dihydrate) ..                          |    |
| SUBLOCADE SOSY .....  | 9  | SULFAMYLYON PACK 5 % (Use mafenide acetate) .....                    | 59                                 | 13   |    |
| SUBOXONE FILM SL (Use buprenorphine hcl-naloxone hcl dihydrate) ..... | 9  | sulfasalazine TABS PO .....  | 68                                 | SYMFI (Use efavirenz-lamivudine-tenofovir disoproxil fumarate) .....                 | 46 |
| SUBSYS LIQD 100 MCG .....   | 8  | sulfasalazine TBEC PO .....  | 68                                 | SYMFI LO (Use efavirenz-lamivudine-tenofovir disoproxil fumarate) .....              | 46 |
| SUBSYS LIQD 1200 MCG, 1600 MCG, 800 MCG .....                         | 8  | sulindac TABS PO .....   | 5                                  | SYNALAR CREA (Use fluocinolone acetonide) .....                                      | 61 |
| SUBSYS LIQD 200 MCG, 400 MCG, 600 MCG .....                           | 8  | SUMADAN WASH LIQD (Use sulfacetamide sodium w/ sulfur) ..            | 56                                 | SYNALAR OINT (Use fluocinolone   |    |

|   |    |   |    |  |    |
|---|----|---|----|--|----|
| acetonide) .....  | 61 | TAGRISSO 80 MG .....                                | 37 | carbamazepine) .....   | 17 |
| SYNALAR SOLN (Use fluocinolone acetonide) .....                     | 61 | TAKHZYRO SOLN .....                                 | 70 | TEGRETOL TABS PO (Use carbamazepine) .....                   | 17 |
| SYNAREL .....   | 65 | TAKHZYRO SOSY .....                                 | 70 | TEGRETOL-XR TB12 PO 100 MG, 400 MG (Use carbamazepine) ..... | 17 |
| SYNERA PTCH .....   | 62 | TALZENNA .....                                      | 40 | TEGRETOL-XR TB12 PO 200 MG (Use carbamazepine) .....         | 17 |
| SYNJARDY TABS .....   | 22 | TAMIFLU CAPS PO (Use oseltamivir phosphate) .....   | 47 | TEKTURNA PO (Use aliskiren fumarate) .....                   | 32 |
| SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-12.5 MG, 1000 MG-5 MG ..... | 22 | TAMIFLU SUSR PO (Use oseltamivir phosphate) .....   | 47 | telmisartan PO .....   | 29 |
| SYNJARDY XR TB24 1000 MG-25 MG .....                                | 22 | tamoxifen citrate TABS PO .....                     | 37 | telmisartan-amlodipine PO .....                              | 31 |
| SYNRIBO .....   | 40 | tamsulosin hcl PO .....                             | 69 | telmisartan-hydrochlorothiazide PO .....                     | 31 |
| SYNTROID TABS PO (Use levothyroxine sodium) .....                   | 89 | TARCEVA (Use erlotinib hcl) .....                   | 37 | temazepam PO 15 MG, 30 MG .....                              | 72 |
| SYPRINE PO (Use trientine hcl) .....                                | 78 | TARGRETIN (Use bexarotene (topical)) .....          | 58 | temazepam PO 7.5 MG, 22.5 MG .....                           | 72 |
| TABLOID PO .....  | 36 | TARGRETIN PO (Use bexarotene) .....                 | 40 | TEMODAR CAPS PO 250 MG (Use temozolomide) .....              | 35 |
| TABRECTA .....  | 40 | TASIGNA 150 MG, 200 MG .....                        | 40 | TEMODAR SOLR .....   | 35 |
| TACLONEX OINT (Use calcipotriene-betamethasone dipropionate) .....  | 61 | TASIGNA 50 MG .....                                 | 40 | temozolomide CAPS PO .....                                   | 35 |
| TACLONEX SUSP (Use calcipotriene-betamethasone dipropionate) .....  | 61 | TASMAR PO (Use tolcapone) .....                     | 41 | temsirolimus .....   | 40 |
| tacrolimus (topical) OINT .....                                     | 62 | tavaborole .....                                    | 57 | TENIVAC INJ .....  | 89 |
| tacrolimus CAPS PO .....  | 79 | TAVALISSE .....                                     | 70 | tenofovir disoproxil fumarate TABS PO .....                  | 46 |
| tadalafil (pulmonary hypertension) TABS PO .....                    | 50 | TAYTULLA CAPS (Use norethin acet & estrad-fe) ..... | 52 | TENORETIC 100 PO (Use atenolol & chlorthalidone) .....       | 31 |
| tadalafil PO 5 MG .....   | 49 | tazarotene CREA 0.1 % .....                         | 58 | TENORETIC 50 PO (Use atenolol & chlorthalidone) .....        | 31 |
| TAFINLAR CAPS PO .....  | 40 | TAZORAC CREA 0.1 % (Use tazarotene) .....           | 58 | TENORMIN TABS PO (Use atenolol) .....                        | 47 |
| tafluprost .....  | 84 | TAZVERIK .....                                      | 40 | TEPADINA 15 MG (Use thioteapa) .....                         | 35 |
| TAGAMET HB 200 TABS PO (Use cimetidine) .....                       | 90 | TDVAX SUSP .....                                    | 89 | terazosin hcl PO .....                                       | 30 |
| TAGAMET HB TABS PO (Use cimetidine) .....                           | 90 | TECFIDERA CDPK (Use dimethyl fumarate) .....        | 87 | terbinafine hcl TABS PO .....                                | 26 |
| TAGRISSO 40 MG .....  | 37 | TECFIDERA CPDR (Use dimethyl fumarate) .....        | 87 | terbutaline sulfate SOLN .....                               | 13 |
| TEGRETOL SUSP PO (Use carbamazepine) .....                          |    | TEFLARO .....                                       | 51 |  |    |

|   |    |  |    |   |    |
|---|----|--|----|---|----|
| terbutaline sulfate TABS PO .....                         | 13 | TIBSOVO .....  | 40 | tolterodine tartrate TABS PO .....                                      | 91 |
| terconazole vaginal CREA .....                            | 94 | tigecycline .....  | 88 | tolvaptan TABS .....  | 66 |
| terconazole vaginal SUPP .....                            | 94 | TIKOSYN PO (Use dofetilide) .....                            | 11 | TOPAMAX SPRINKLE CPSP PO 15 MG (Use topiramate) .....                   | 17 |
| teriflunomide PO .....                                    | 87 | timolol maleate (ophth) SOLG .....                           | 82 | TOPAMAX SPRINKLE CPSP PO 25 MG (Use topiramate) .....                   | 17 |
| teriparatide SOPN .....                                   | 65 | timolol maleate (ophth) SOLN .....                           | 82 | TOPAMAX TABS PO 200 MG (Use topiramate) .....                           | 17 |
| TESTOSTERONE CYPIONATE SOLN IJ 200 MG/ML .....            | 9  | timolol maleate TABS PO .....                                | 48 | TOPAMAX TABS PO 25 MG, 100 MG (Use topiramate) .....                    | 17 |
| testosterone cypionate SOLN IM ...                        | 9  | TIMOPTIC SOLN (Use timolol maleate (ophth)) .....            | 82 | TOPAMAX TABS PO 50 MG (Use topiramate) .....                            | 17 |
| testosterone enanthate SOLN IM ...                        | 9  | TIMOPTIC-XE SOLG (Use timolol maleate (ophth)) .....         | 82 | TOPICORT CREA 0.25 % (Use desoximetasone) .....                         | 61 |
| TETANUS-DIPHTHERIA TOXOIDS TD SUSP .....                  | 89 | tiopronin TBEC 100 MG .....                                  | 69 | TOPICORT GEL (Use desoximetasone) .....                                 | 61 |
| tetrabenazine PO .....                                    | 87 | tiopronin TBEC 300 MG .....                                  | 69 | TOPICORT OINT 0.25 % (Use desoximetasone) .....                         | 61 |
| tetracycline hcl CAPS PO .....                            | 89 | tiotropium bromide monohydrate CAPS .....                    | 12 | topiramate CPSP PO 15 MG .....  | 17 |
| THALOMID PO .....   | 78 | TIVICAY TABS .....   | 46 | topiramate CPSP PO 25 MG .....  | 17 |
| theophylline ELIX PO .....                                | 14 | tizanidine hcl CAPS PO .....                                 | 81 | topiramate CS24 PO .....  | 17 |
| theophylline SOLN PO .....                                | 14 | tizanidine hcl TABS PO .....                                 | 81 | topiramate TABS PO 200 MG .....   | 17 |
| theophylline TB12 PO .....                                | 14 | TOBI NEBU (Use tobramycin) .....                             | 3  | topiramate TABS PO 25 MG, 100 MG .....                                  | 17 |
| theophylline TB24 PO .....                                | 14 | TOBRADEX SUSP (Use tobramycin-dexamethasone) .....           | 84 | topiramate TABS PO 50 MG .....  | 17 |
| THERANATAL CORE NUTRITION TABS PO .....                   | 81 | tobramycin (ophth) SOLN .....                                | 83 | topotecan hcl SOLR .....  | 41 |
| THIOLA EC TBEC 100 MG (Use tiopronin) .....               | 69 | tobramycin NEBU .....  | 3  | TOPROL XL TB24 PO 200 MG (Use metoprolol succinate) .....               | 48 |
| THIOLA EC TBEC 300 MG (Use tiopronin) .....               | 69 | tobramycin sulfate SOLN IJ 2 GM/50ML, 10 MG/ML, 80 MG/2ML .. | 3  | TOPROL XL TB24 PO 25 MG, 50 MG, 100 MG (Use metoprolol succinate) ..... | 48 |
| thioridazine hcl PO .....                                 | 44 | tobramycin-dexamethasone SUSP .....                          | 84 | toremifene citrate PO .....   | 37 |
| thiotepa 15 MG .....                                      | 35 | TODAY SPONGE MISC .....                                      | 94 | TORISEL (Use temsirolimus) .....  | 40 |
| thiothixene PO .....                                      | 44 | tolcapone PO .....   | 41 | torsemide TABS PO .....   | 64 |
| THYMOGLOBULIN .....                                       | 79 | tolmetin sodium CAPS PO .....                                | 5  |   |    |
| THYROGEN 0.9 MG .....                                     | 63 | tolmetin sodium TABS PO 600 MG ..                            | 5  |   |    |
| tiagabine hcl PO .....                                    | 18 | TOLSURA CAPS PO .....  | 26 |   |    |
| TAZAC PO (Use diltiazem hcl extended release beads) ..... | 49 | tolterodine tartrate CP24 PO .....                           | 91 |   |    |

|  |    |   |    |  |    |
|--|----|---|----|--|----|
| TOVIAZ (Use fesoterodine fumarate) .....                     | 91 | TRELSTAR MIXJECT .....                                      | 37 | MG/ML .....  | 54 |
| TRACLEER TABS 125 MG (Use bosentan) .....                    | 50 | TREMFYA SOAJ 100 MG/ML .....                                | 58 | triamterene & hydrochlorothiazide CAPS PO 25 MG-37.5 MG .....                | 64 |
| TRACLEER TABS 62.5 MG (Use bosentan) .....                   | 50 | TREMFYA SOAJ 200 MG/2ML .....                               | 58 | triamterene & hydrochlorothiazide TABS PO .....                              | 64 |
| TRACLEER TBSO .....  | 50 | TREMFYA SOLN .....  | 58 | triamterene CAPS PO .....  | 64 |
| tramadol hcl TABS PO 50 MG .....                             | 8  | TREMFYA SOSY 100 MG/ML .....                                | 59 | triazolam PO .....   | 72 |
| tramadol hcl TB24 PO .....                                   | 8  | TREMFYA SOSY 200 MG/2ML .....                               | 58 | TRIBENZOR PO (Use olmesartan medoxomil-amlodipine-hydrochlorothiazide) ..... | 31 |
| tramadol-acetaminophen PO .....                              | 9  | treprostinil SOLN IJ .....                                  | 50 | TRICARE TABS PO .....  | 81 |
| trandolapril PO 1 MG, 2 MG .....                             | 29 | tretinoïn (chemotherapy) PO .....                           | 41 | TRICOR TABS PO (Use fenofibrate) .....                                       | 28 |
| trandolapril PO 4 MG .....                                   | 29 | tretinoïn CREA 0.025 %, 0.05 %, 0.1 % .....                 | 56 | TRIDESILON CREA 0.05 % (Use desonide) .....                                  | 61 |
| trandolapril-verapamil hcl PO 180 MG-2 MG, 240 MG-1 MG ..... | 31 | tretinoïn GEL 0.01 %, 0.025 % .....                         | 56 | trientine hcl PO 250 MG .....  | 78 |
| trandolapril-verapamil hcl PO 240 MG-2 MG, 240 MG-4 MG ..... | 31 | tretinoïn microsphere 0.1 % .....                           | 56 | trifluoperazine hcl TABS PO .....  | 44 |
| tranexamic acid SOLN 1000 MG/10ML .....                      | 71 | TREXALL TABS PO 5 MG, 7.5 MG, 10 MG, 15 MG .....            | 36 | trifluridine .....   | 83 |
| tranexamic acid TABS PO .....                                | 71 | TREXIMET PO (Use sumatriptan-naproxen sodium) .....         | 75 | trihexyphenidyl hcl SOLN .....   | 41 |
| TRANSDERM-SCOP (Use scopolamine) .....                       | 25 | triamcinolone acetonide (mouth) .....                       | 79 | trihexyphenidyl hcl TABS PO .....  | 41 |
| TRANXENE-T TABS PO (Use clorazepate dipotassium) .....       | 11 | triamcinolone acetonide (nasal) AERO .....                  | 82 | TRIJARDY XR 1000 MG-2.5 MG-12.5 MG, 1000 MG-2.5 MG-5 MG .....                | 22 |
| tranylcypramine sulfate PO .....                             | 19 | triamcinolone acetonide (topical) CREA 0.025 % .....        | 61 | TRIJARDY XR 1000 MG-5 MG-10 MG, 1000 MG-5 MG-25 MG .....                     | 22 |
| TRAVATAN Z SOLN (Use travoprost) .....                       | 84 | triamcinolone acetonide (topical) CREA 0.1 % .....          | 61 | TRIKAFTA TBPK .....  | 88 |
| travoprost SOLN .....  | 84 | triamcinolone acetonide (topical) CREA 0.5 % .....          | 61 | TRILEPTAL SUSP PO (Use oxcarbazepine) .....                                  | 17 |
| TRAZIMERA .....  | 36 | triamcinolone acetonide (topical) LOTN 0.025 % .....        | 61 | TRILEPTAL TABS PO 150 MG, 300 MG (Use oxcarbazepine) .....                   | 17 |
| trazodone hcl TABS PO .....                                  | 21 | triamcinolone acetonide (topical) LOTN 0.1 % .....          | 61 | TRILEPTAL TABS PO 600 MG (Use oxcarbazepine) .....                           | 17 |
| TREANDA SOLR (Use bendamustine hcl) .....                    | 35 | triamcinolone acetonide (topical) OINT 0.025 %, 0.1 % ..... | 61 | TRILIPIX PO (Use choline fenofibrate) .....                                  | 28 |
| TRECATOR PO .....  | 35 | triamcinolone acetonide (topical) OINT 0.5 % .....          | 61 | trimethobenzamide hcl CAPS PO .....  | 25 |
| TRELEGY ELLIPTA .....  | 13 | triamcinolone acetonide SUSP 40                             |    |  |    |

|  |    |  |    |  |    |
|--|----|--|----|--|----|
| trimethoprim TABS PO .....                       | 32 | MISC .....   | 74 | TYVASO STARTER KIT SOLN IN .....   | 50 |
| trimipramine maleate CAPS PO ...                 | 21 | TRUSTEX LUBRICATED EX LARGE  |    | UBRELVY PO .....   | 75 |
| TRINTELLIX PO .....                              | 21 | MISC .....   | 74 | UCERIS (Use budesonide<br>(intrarectal)) .....   | 9  |
| TRIOSTAT SOLN (Use liothyronine<br>sodium) ..... | 89 | TRUSTEX LUBRICATED EXTRA ST<br>MISC .....                              | 74 | UDENYCA ONBODY SOSY .....  | 71 |
| TRIUMEQ TABS .....                               | 46 | TRUSTEX LUBRICATED MISC .....  | 75 | UDENYCA SOAJ .....   | 71 |
| TRIZIVIR PO .....                                | 46 | TRUSTEX<br>LUBRICATED/SPERMICIDE MISC                                  |    | UDENYCA SOSY .....   | 71 |
| TROJAN MAGNUM MISC .....                         | 74 | 74   |    | ULORIC (Use febuxostat) .....  | 70 |
| TROJAN ULTRA THIN MISC .....                     | 74 | TRUSTEX NATURAL CONDOMS +<br>LUBE MISC .....                           | 75 | UNASYN IJ 1 GM-0.5 GM, 2 GM-1<br>GM (Use ampicillin & sulbactam<br>sodium) .....           | 86 |
| TROJAN ULTRA<br>THIN/SPERMICIDAL MISC .....      | 74 | TRUSTEX RIA LUB/SPERMICIDE<br>MISC .....                               | 75 | UPTRAVI TABS 200 MCG .....   | 50 |
| TROJAN-ENZ LUBRICATED MISC<br>74                 |    | TRUSTEX RIA LUBRICATED MISC ..<br>75                                   |    | UPTRAVI TABS 400 MCG, 600<br>MCG, 800 MCG, 1000 MCG, 1200<br>MCG, 1400 MCG, 1600 MCG ..... | 50 |
| TROJAN-ENZ/SPERMICIDAL MISC ..<br>74             |    | TRUSTEX-NONOXYNOL-<br>9/RIB/STUD MISC .....                            | 75 | UPTRAVI TITRATION TBPK .....   | 50 |
| tropicamide SOLN 0.5 % .....                     | 82 | TRUVADA PO (Use emtricitabine-<br>tenofovir disoproxil fumarate) ..... | 46 | UROCIT-K 10 TBCR PO (Use<br>potassium citrate (alkalinizer)) .....                         | 69 |
| tropicamide SOLN 1 % .....                       | 82 | TRUXIMA .....  | 36 | UROCIT-K 15 TBCR PO (Use<br>potassium citrate (alkalinizer)) .....                         | 69 |
| trospium chloride CP24 PO .....                  | 91 | TUKYSA .....   | 36 | UROCIT-K 5 TBCR PO (Use<br>potassium citrate (alkalinizer)) .....                          | 69 |
| trospium chloride TABS PO .....                  | 91 | TURALIO PO .....   | 40 | UROXATRAL PO (Use alfuzosin hcl)   |    |
| TRUE COVER DEVI .....                            | 74 | TUZISTRA XR PO .....   | 54 |  |    |
| TRUE METRIX BLOOD GLUCOSE<br>TEST STRP .....     | 63 | TWINRIX SUSY .....   | 94 |  |    |
| TRUE METRIX LEVEL 3 SOLN ...                     | 75 | TWIRLA .....   | 52 |  |    |
| TRULICITY .....                                  | 23 | TYBLUME CHEW .....   | 52 |  |    |
| TRUMENBA .....                                   | 92 | TYBOST .....   | 46 |  |    |
| TRUSOPT (Use dorzolamide hcl) .                  | 84 | TYGACIL (Use tigecycline) .....  | 88 |  |    |
| TRUSTEX COLOR CONDOMS +<br>LUBE MISC .....       | 74 | TYKERB (Use lapatinib ditosylate)<br>40                                |    |  |    |
| TRUSTEX LUB/RIBBED/STUDDED<br>MISC .....         | 74 | TYMLOS .....   | 65 |  |    |
| TRUSTEX LUB/SPERMICIDE EX ST<br>MISC .....       | 74 | TYVASO REFILL KIT SOLN IN .....  | 50 |  |    |
| TRUSTEX LUB/SPERMICIDE XL                        |    | TYVASO SOLN IN .....   | 50 | VAGIFEM TABS (Use estradiol<br>vaginal) .....  | 94 |
|  |    |  |    | valacyclovir hcl PO 1 GM .....   | 47 |

|  |    |  |   |    |
|--|----|--|---|----|
| valacyclovir hcl PO 500 MG .....                           | 47 | VARUBI (180 MG DOSE) TBPK PO .<br>25   | verapamil hcl SOLN 2.5 MG/ML ...                        | 49 |
| VALCYTE TABS PO (Use<br>valganciclovir hcl) .....          | 46 | VASCEPA 1 GM (Use icosapent<br>ethyl) .....  | verapamil hcl TABS PO .....                             | 49 |
| valganciclovir hcl TABS PO .....                           | 46 | VASERETIC PO 25 MG-10 MG (Use<br>enalapril maleate &<br>hydrochlorothiazide) ..... | verapamil hcl TBCR PO .....                             | 49 |
| VALIUM TABS PO (Use diazepam)<br>11                        |    | VASOTEC TABS PO (Use enalapril<br>maleate) .....                                   | VEREGEN .....   | 56 |
| valproate sodium SOLN IV 100<br>MG/ML, 500 MG/5ML .....    | 18 | VAXNEUVANCE .....  | VERELAN CP24 PO (Use verapamil<br>hcl) .....            | 49 |
| valproic acid CAPS PO .....                                | 18 | VECAMYL PO .....   | VERELAN PM CP24 PO (Use<br>verapamil hcl) .....         | 49 |
| valrubicin .....   | 38 | VECTIBIX 100 MG/5ML .....  | VERZENIO .....  | 40 |
| valsartan TABS PO .....                                    | 29 | VECTICAL (Use calcitriol (topical))  | VESICARE TABS PO (Use<br>solifenacin succinate) .....   | 91 |
| valsartan-hydrochlorothiazide PO .                         | 31 | VALSTAR (Use valrubicin) .....   | VFEND TABS PO (Use voriconazole)                        | 26 |
| VALTOCO 10 MG DOSE LIQD ....                               | 15 | VELCADE SOLR IJ (Use bortezomib)   | VIAGRA PO (Use sildenafil citrate)                      |    |
| VALTOCO 15 MG DOSE LQPK ...                                | 15 | .....40  | 49  |    |
| VALTOCO 20 MG DOSE LQPK ...                                | 15 | VELETRI (Use epoprostenol<br>sodium) .....   | VIBRAMYCIN CAPS PO (Use<br>doxycycline hydiate) .....   | 89 |
| VALTOCO 5 MG DOSE LIQD ....                                | 15 | VELTIN (Use clindamycin<br>phosphate-tretinoin) .....                              | VICTOZA (Use liraglutide) .....                         | 23 |
| VALTREX PO 1 GM (Use<br>valacyclovir hcl) .....            | 47 | venlafaxine hcl CP24 PO 150 MG .21   | VIDAZA SUSR (Use azacitidine) ..                        | 36 |
| VALTREX PO 500 MG (Use<br>valacyclovir hcl) .....          | 47 | venlafaxine hcl CP24 PO 37.5 MG .21  | vigabatrin PACK .....                                   | 18 |
| VANCOCIN CAPS PO (Use<br>vancomycin hcl) .....             | 32 | venlafaxine hcl CP24 PO 75 MG ..21   | vigabatrin TABS .....                                   | 18 |
| vancomycin hcl CAPS PO .....                               | 32 | venlafaxine hcl TABS PO .....  | VIGAMOX SOLN OP (Use<br>moxifloxacin hcl (ophth)) ..... | 83 |
| vancomycin hcl SOLR IV 1 GM, 10<br>GM, 500 MG .....        | 32 | venlafaxine hcl TB24 PO 150 MG .21   | VIIBRYD STARTER PACK KIT PO<br>21                       |    |
| vancomycin hcl SOLR PO 25<br>MG/ML, 50 MG/ML, 250 MG/5ML . | 33 | venlafaxine hcl TB24 PO 37.5 MG,<br>75 MG, 225 MG .....                            | VIIBRYD TABS (Use vilazodone hcl)                       |    |
| VANOS CREA (Use fluocinonide) .                            | 61 | VENTOLIN HFA AERS (Use<br>albuterol sulfate) .....                                 | 21  |    |
| VAQTA .....  | 94 | verapamil hcl CP24 PO 100 MG, 200<br>MG, 300 MG .....                              | VIMPAT SOLN PO 10 MG/ML (Use<br>lacosamide) .....       | 17 |
| varenicline tartrate TABS PO .....                         | 88 | verapamil hcl CP24 PO 120 MG, 180<br>MG, 240 MG, 360 MG .....                      | VIMPAT TABS PO (Use lacosamide)                         |    |
| varenicline tartrate TBPK .....                            | 88 | VERAPAMIL HCL ER CP24 PO (Use<br>verapamil hcl) .....                              | vincristine sulfate .....                               | 41 |
| VARIVAX SUSR .....   | 94 | vinorelbine tartrate 10 MG/ML ..   | vinorelbine tartrate 10 MG/ML ..                        | 41 |

|   |    |  |    |  |    |
|---|----|--|----|--|----|
| VIRACEPT TABS PO .....  | 46 | WELCHOL TABS PO (Use colesevelam hcl) .....            | 28 | XELJANZ SOLN .....   | 3  |
| VIREAD POWD .....   | 46 | WELLBUTRIN SR TB12 PO 100 MG (Use bupropion hcl) ..... | 19 | XELJANZ TABS 10 MG .....   | 3  |
| VIREAD TABS PO (Use tenofovir disoproxil fumarate) .....              | 46 | WELLBUTRIN SR TB12 PO 150 MG (Use bupropion hcl) ..... | 19 | XELJANZ TABS 5 MG .....  | 3  |
| VIREAD TABS PO 150 MG, 200 MG, 250 MG .....                           | 46 | WELLBUTRIN SR TB12 PO 200 MG (Use bupropion hcl) ..... | 19 | XELJANZ XR TB24 PO .....   | 3  |
| VISTARIL CAPS PO (Use hydroxyzine pamoate) .....                      | 10 | WELLBUTRIN XL TB24 PO 150 MG (Use bupropion hcl) ..... | 19 | XELODA PO (Use capecitabine) ..                                  | 36 |
| VISTOGARD .....   | 24 | WELLBUTRIN XL TB24 PO 300 MG (Use bupropion hcl) ..... | 19 | XENAZINE PO (Use tetrabenazine) ..                               | 87 |
| VITAMIN D2 TABS 400 UNIT .....  | 95 | WESTAB PLUS TABS PO .....                              | 81 | XEOMIN .....   | 82 |
| VITATHELY WITH GINGER TABS PO .....                                   | 81 | WIDE-SEAL DIAPHRAGM 60 .....                           | 75 | XGEVA SOLN .....   | 65 |
| VITRAKVI CAPS PO .....  | 40 | WIDE-SEAL DIAPHRAGM 65 .....                           | 75 | XHANCE EXHU .....  | 82 |
| VITRAKVI SOLN .....   | 40 | WIDE-SEAL DIAPHRAGM 70 .....                           | 75 | XIFAXAN PO 200 MG .....  | 32 |
| VIVELLE-DOT PTTW (Use estradiol) 67                                   |    | WIDE-SEAL DIAPHRAGM 75 .....                           | 75 | XIFAXAN PO 550 MG .....  | 32 |
| VIVITROL .....  | 25 | WIDE-SEAL DIAPHRAGM 80 .....                           | 75 | XIGDUO XR PO (Use dapagliflozin propanediol-metformin hcl) ..... | 22 |
| VIZIMPRO .....  | 37 | WIDE-SEAL DIAPHRAGM 85 .....                           | 75 | XIGDUO XR PO 1000 MG-10 MG, 500 MG-10 MG, 500 MG-5 MG .....      | 23 |
| VOLTAREN ARTHRITIS PAIN GEL EX (Use diclofenac sodium (topical)) . 57 |    | WIDE-SEAL DIAPHRAGM 90 .....                           | 75 | XIGDUO XR PO 1000 MG-2.5 MG, 1000 MG-5 MG .....                  | 22 |
| VORAXAZE .....  | 41 | WIDE-SEAL DIAPHRAGM 95 .....                           | 75 | XOLAIR SOAJ 150 MG/ML, 300 MG/2ML .....                          | 11 |
| voriconazole TABS PO .....  | 26 | XALATAN SOLN (Use latanoprost) 84                      |    | XOLAIR SOAJ 75 MG/0.5ML .....                                    | 11 |
| VOSEVI .....  | 46 | XALKORI CAPS .....                                     | 40 | XOLAIR SOLR .....  | 11 |
| VOTRIENT (Use pazopanib hcl) ..                                       | 40 | XANAX TABS PO (Use alprazolam) . 11                    |    | XOLAIR SOSY 150 MG/ML, 300 MG/2ML .....                          | 11 |
| VYNDAMAX .....  | 50 | XANAX XR TB24 PO (Use alprazolam) .....                | 11 | XOLAIR SOSY 75 MG/0.5ML .....                                    | 12 |
| VYNDAQEL .....  | 50 | XARELTO STARTER PACK TBPK 14                           |    | XOPENEX (Use levalbuterol hcl) ..                                | 14 |
| VYTORIN PO (Use ezetimibe-simvastatin) .....                          | 27 | XARELTO SUSR .....                                     | 14 | XOPENEX CONCENTRATE (Use levalbuterol hcl) .....                 | 14 |
| warfarin sodium TABS PO .....   | 14 | XARELTO TABS 10 MG, 20 MG ..                           | 14 | XOPENEX HFA (Use levalbuterol tartrate) .....                    | 14 |
| water for irrigation, sterile .....                                   | 79 | XARELTO TABS 2.5 MG, 15 MG ..                          | 14 | XOSPATA .....  | 40 |
| WELCHOL PACK (Use colesevelam hcl) .....                              | 28 | XPOVIO (100 MG ONCE WEEKLY) PO 50 MG .....             | 38 |  |    |

|   |    |   |    |   |    |
|---|----|---|----|---|----|
| XPOVIO (40 MG ONCE WEEKLY)<br>PO 40 MG .....  | 38 | YUFLYMA (1 PEN) AJKT .....  | 4  | ZEMPLAR CAPS PO 1 MCG, 2 MCG<br>(Use paricalcitol) .....  | 66 |
| XPOVIO (40 MG TWICE WEEKLY)<br>PO 40 MG .....   | 38 | YUFLYMA (2 PEN) AJKT .....  | 4  | ZEMPLAR SOLN (Use paricalcitol)   |    |
| XPOVIO (60 MG ONCE WEEKLY)<br>PO 60 MG .....  | 38 | YUFLYMA (2 SYRINGE) PSKT .....  | 4  | 66  |    |
| XPOVIO (60 MG TWICE WEEKLY)<br>PO .....   | 38 | YUFLYMA-CD/UC/HS STARTER<br>AJKT .....  | 4  | ZENPEP CPEP PO 105000 UNIT-<br>79000 UNIT-25000 UNIT, 14000<br>UNIT-10000 UNIT-3000 UNIT,<br>168000 UNIT-126000 UNIT-40000<br>UNIT, 24000 UNIT-17000 UNIT-5000<br>UNIT, 42000 UNIT-32000 UNIT-<br>10000 UNIT, 63000 UNIT-47000<br>UNIT-15000 UNIT, 84000 UNIT-<br>63000 UNIT-20000 UNIT ..... | 63 |
| XPOVIO (80 MG ONCE WEEKLY)<br>PO 40 MG .....  | 38 | zafirlukast PO .....  | 12 | 10000 UNIT, 63000 UNIT-47000<br>UNIT-15000 UNIT, 84000 UNIT-<br>63000 UNIT-20000 UNIT .....   | 63 |
| XPOVIO (80 MG TWICE WEEKLY)<br>PO .....   | 38 | zaleplon PO 10 MG .....   | 72 | ZALTRAP 100 MG/4ML .....  | 36 |
| XTANDI CAPS .....   | 37 | zaleplon PO 5 MG .....  | 72 | ZENPEP CPEP PO 252600 UNIT-<br>189600 UNIT-60000 UNIT .....   | 63 |
| XTANDI TABS 40 MG .....   | 38 | ZANAFLEX CAPS PO (Use<br>tizanidine hcl) .....                                | 81 | ZESTORETIC PO (Use lisinopril &<br>hydrochlorothiazide) .....   | 31 |
| XTANDI TABS 80 MG .....   | 38 | ZANAFLEX TABS PO 4 MG (Use<br>tizanidine hcl) .....                           | 81 | ZESTRIL TABS PO (Use lisinopril)  |    |
| XULTOPHY .....  | 23 | ZANOSAR .....   | 35 | 29  |    |
| XYLOCAINE SOLN 0.5 %, 1 % (Use<br>lidocaine hcl (local anesth.)) .....                | 73 | ZARONTIN CAPS PO (Use<br>ethosuximide) .....                                  | 18 | ZETIA PO (Use ezetimibe) .....  | 28 |
| XYLOCAINE-MPF SOLN 0.5 %, 1 %,<br>2 % (Use lidocaine hcl (local<br>anesth.)) .....    | 73 | ZARONTIN SOLN PO (Use<br>ethosuximide) .....                                  | 18 | ZIAC PO (Use bisoprolol &<br>hydrochlorothiazide) .....   | 31 |
| XYNTHA .....  | 70 | ZARXIO .....  | 71 | ZIAGEN SOLN PO (Use abacavir<br>sulfate) .....  | 46 |
| XYNTHA SOLOFUSE .....   | 70 | ZAVESCA (Use miglustat) .....   | 71 | ZIAGEN TABS PO (Use abacavir<br>sulfate) .....  | 46 |
| XYZAL ALLERGY 24HR<br>CHILDRENS SOLN PO (Use<br>levocetirizine dihydrochloride) ..... | 27 | ZEGERID CAPS PO 1100 MG-20<br>MG (Use omeprazole-sodium<br>bicarbonate) ..... | 91 | ZIANA (Use clindamycin phosphate-<br>tretinoin) .....   | 56 |
| XYZAL ALLERGY 24HR TABS PO<br>(Use levocetirizine dihydrochloride)                    | 27 | ZEGERID CAPS PO 1100 MG-40<br>MG (Use omeprazole-sodium<br>bicarbonate) ..... | 91 | zidovudine CAPS PO .....  | 46 |
| YASMIN 28 PO (Use drospirenone-<br>ethinyl estradiol) .....                           | 52 | ZEGERID OTC CAPS PO (Use<br>omeprazole-sodium bicarbonate) ..                 | 91 | zidovudine SYRP PO .....  | 46 |
| YAZ PO (Use drospirenone-ethinyl<br>estradiol) .....                                  | 52 | ZEJULA CAPS PO .....  | 40 | zidovudine TABS PO .....  | 46 |
| YEROVY .....  | 36 | ZEJULA TABS 100 MG .....  | 40 | zileuton TB12 PO .....  | 12 |
| YONSA .....   | 38 | ZEJULA TABS 200 MG, 300 MG ..   | 40 | ZIMHI SOSY .....  | 25 |
|   |    | ZELBORAFO PO .....  | 40 | ZIOPTAN (Use tafluprost) .....  | 84 |
|   |    |   |    | ziprasidone hcl PO .....  | 43 |
|   |    |   |    | ZIRABEV .....   | 36 |

|  |    |  |    |  |    |
|--|----|--|----|--|----|
| ZIRGAN GEL .....   | 83 | ZONALON (Use doxepin hcl<br>(antipruritic)) .....                                  | 58 | ZYTIGA 250 MG (Use abiraterone<br>acetate) ..... | 38 |
| ZITHROMAX SOLR (Use<br>azithromycin) .....                   | 73 | ZONEGRAN CAPS PO 25 MG, 100<br>MG (Use zonisamide) .....                           | 18 | ZYTIGA 500 MG (Use abiraterone<br>acetate) ..... | 38 |
| ZITHROMAX SUSR PO (Use<br>azithromycin) .....                | 73 | zonisamide CAPS PO .....   | 18 | ZYVOX SUSR (Use linezolid) .....                 | 33 |
| ZITHROMAX TABS PO 250 MG<br>(Use azithromycin) .....         | 73 | ZONTIVITY PO .....   | 70 | ZYVOX TABS PO (Use linezolid) ..                 | 33 |
| ZITHROMAX TABS PO 500 MG<br>(Use azithromycin) .....         | 73 | ZORBTIVE SC .....  | 65 |  |    |
| ZITHROMAX TRI-PAK TABS PO<br>(Use azithromycin) .....        | 73 | ZORTRESS 0.25 MG, 0.5 MG, 0.75<br>MG (Use everolimus<br>(immunosuppressant)) ..... | 79 |  |    |
| ZITHROMAX Z-PAK TABS PO (Use<br>azithromycin) .....          | 73 | ZORTRESS 1 MG (Use everolimus<br>(immunosuppressant)) .....                        | 79 |  |    |
| ZOCOR TABS PO 10 MG, 20 MG,<br>40 MG (Use simvastatin) ..... | 28 | ZOVIRAX CREA (Use acyclovir<br>topical) .....                                      | 59 |  |    |
| ZOLADEX 10.8 MG .....  | 38 | ZOVIRAX OINT (Use acyclovir<br>topical) .....                                      | 59 |  |    |
| ZOLADEX 3.6 MG .....   | 38 | ZOVIRAX SUSP PO (Use acyclovir) ..   | 47 |  |    |
| zoledronic acid CONC .....                                   | 65 | ZUBSOLV SUBL .....   | 9  |  |    |
| zoledronic acid SOLN .....                                   | 65 | ZYDELIG .....  | 40 |  |    |
| ZOLINZA .....  | 40 | ZYLOPRIM PO (Use allopurinol) ..   | 70 |  |    |
| zolmitriptan SOLN .....                                      | 77 | ZYMAXID (Use gatifloxacin (ophth)) ..  | 83 |  |    |
| zolmitriptan TABS PO .....                                   | 77 | ZYPREXA SOLR (Use olanzapine)  |    |  |    |
| zolmitriptan TBDP PO .....                                   | 77 | 44   |    |  |    |
| ZOLOFT CONC PO (Use sertraline<br>hcl) .....                 | 20 | ZYPREXA TABS PO 2.5 MG, 5 MG<br>(Use olanzapine) .....                             | 44 |  |    |
| ZOLOFT TABS PO 100 MG (Use<br>sertraline hcl) .....          | 20 | ZYPREXA TABS PO 7.5 MG, 10 MG,<br>15 MG, 20 MG (Use olanzapine) ..                 | 44 |  |    |
| ZOLOFT TABS PO 25 MG, 50 MG<br>(Use sertraline hcl) .....    | 21 | ZYPREXA ZYDIS TBDP PO 20 MG<br>(Use olanzapine) .....                              | 44 |  |    |
| zolpidem tartrate TABS PO .....                              | 72 | ZYPREXA ZYDIS TBDP PO 5 MG,<br>10 MG, 15 MG (Use olanzapine) ..                    | 44 |  |    |
| zolpidem tartrate TBCR PO .....                              | 72 | ZYRTEC ALLERGY TABS PO (Use<br>cetirizine hcl) .....                               | 27 |  |    |
| ZOMIG SOLN (Use zolmitriptan) ..                             | 77 |  |    |  |    |
| ZOMIG TABS PO 2.5 MG, 5 MG<br>(Use zolmitriptan) .....       | 77 |  |    |  |    |

Ambetter from SilverSummit Healthplan được bảo lãnh bởi SilverSummit Healthplan, Inc., đây là đơn vị phát hành Chương Trình Bảo Hiểm Y Tế Đủ Điều Kiện trên Thị Trường Bảo Hiểm Y Tế Nevada. Đây là thư mời chào mua bảo hiểm. ©2024 SilverSummit Healthplan, Inc., Ambetter.SilverSummitHealthplan.com. Để biết thông tin về quyền được nhận một chương trình Ambetter from SilverSummit Healthplan mà không bị phân biệt đối xử hoặc quyền được nhận các dịch vụ hỗ trợ ngôn ngữ, thính giác và/hoặc thị giác, vui lòng truy cập AmbetterHealth.com và cuộn xuống cuối trang.