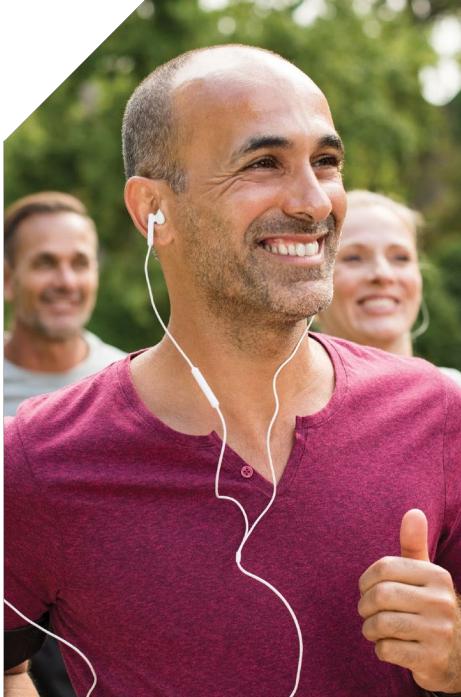




FROM | pa health
& wellness™



2025 FORMULARY

EFFECTIVE JANUARY 1, 2025



Ambetter.PAhealthwellness.com

Formulary Introduction

FORMULARY

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

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

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

Drug List Key:

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

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

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

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

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

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

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

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

Prior Authorization for Non-Formulary Drugs

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

Formulary Abbreviations:

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

Opioid Medications:

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

Introducción al Formulario

FORMULARIO

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

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

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

Clave de la lista de medicamentos:

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

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

Nivel 0 - Sin copago para aquellos medicamentos que se usan para prevención y son obligatorios según la Ley de Cuidado de Salud Asequible. Los anticonceptivos orales seleccionados, la vitamina D, el ácido fólico para mujeres en edad fértil, las aspirinas de venta libre (OTC) y los productos para dejar de fumar pueden estar cubiertos en este nivel. Es posible que se apliquen ciertos límites de edad.

Nivel 1_A - El copago más bajo para medicamentos seleccionados que ofrecen el mayor valor en comparación con otros medicamentos utilizados para tratar condiciones similares. Ciertos medicamentos de venta libre (OTC) seleccionados pueden estar cubiertos en este nivel.

Nivel 1_B - Copago bajo para aquellos medicamentos que ofrecen un gran valor en comparación con otros medicamentos utilizados para tratar condiciones similares. Ciertos medicamentos de venta libre (OTC) seleccionados pueden estar cubiertos en este nivel.

Nivel 2 - El copago medio cubre los medicamentos de marca que suelen ser más asequibles o que pueden ser preferidos en comparación con otros medicamentos para tratar las mismas condiciones.

Nivel 3 - El copago alto cubre los medicamentos de marca de costo más alto y medicamentos genéricos no preferidos. Este nivel también puede cubrir medicamentos no especializados que no figuran en la Lista de medicamentos recetados, pero cuya cobertura ha sido aprobada.

Nivel 4 - El copago más alto es para medicamentos “de especialidad” usados para tratar condiciones crónicas complejas que pueden requerir una manipulación, almacenamiento o administración clínica especiales. Los medicamentos recetados cubiertos en el nivel de especialidad pueden tener que ser surtidos en una farmacia que participe de las redes de “especialidad” o de “hemofilia” de Ambetter. Para obtener información adicional sobre qué farmacias están dentro de nuestras redes de “especialidad” o “hemofilia”, debe consultar la sección de información farmacéutica del sitio web de Ambetter.

Autorización previa para medicamentos no incluidos en el Formulario

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

Abreviaturas del Formulario:

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

Medicamentos opioides:

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders					
Amphetamines					
amphetamine sulfate TABS					
amphetamine sulfate TABS	3	PA	phendimetrazine tartrate TABS	1	PA
amphetamine-dextroamphetamine CP24 5 MG, 10 MG	1B	QL(1 EA daily)	phentermine hcl CAPS	1	PA
amphetamine-dextroamphetamine CP24 20 MG, 25 MG, 30 MG	1B	QL(2 EA daily)	Anti-Obesity Agents		
amphetamine-dextroamphetamine CP24 15 MG	1B		CONTRAVE	3	QL(4 EA daily); PA
amphetamine-dextroamphetamine TABS 30 MG	1B	QL(2 EA daily)	Attention-Deficit/Hyperactivity Disorder (ADHD) Agents		
amphetamine-dextroamphetamine TABS 5 MG, 7.5 MG, 10 MG, 12.5 MG, 15 MG, 20 MG	1B	QL(3 EA daily)	atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG	1	QL(2 EA daily); AL(At least 6 yrs old)
dextroamphetamine sulfate CP24 5 MG	1B		atomoxetine hcl 60 MG, 80 MG, 100 MG	1	QL(1 EA daily); AL(At least 6 yrs old)
dextroamphetamine sulfate CP24 10 MG, 15 MG	1B	QL(4 EA daily)	clonidine hcl (adhd) TB12	1B	
dextroamphetamine sulfate TABS 2.5 MG, 7.5 MG, 15 MG, 20 MG, 30 MG	1		guanfacine hcl (adhd)	1B	QL(1 EA daily); AL(At least 6 yrs old)
dextroamphetamine sulfate TABS 5 MG, 10 MG	1	QL(4 EA daily)	Dopamine and Norepinephrine Reuptake Inhibitors (DNRIs)		
lisdexamfetamine dimesylate CAPS	1	QL(1 EA daily); ST	SUNOSI 150 MG	3	QL(1 EA daily); PA
lisdexamfetamine dimesylate CHEW	1	QL(1 EA daily); ST	SUNOSI 75 MG	3	QL(2 EA daily); PA
methamphetamine hcl	1	QL(5 EA daily); AL(At least 6 yrs old)	Stimulants - Misc.		
Anorexiants Non-Amphetamine					
armodafinil	1	QL(1 EA daily); AL(At least 17 yrs old); PA	armodafinil	1	QL(1 EA daily); AL(At least 17 yrs old); PA
dexmethylphenidate hcl CP24	1	QL(1 EA daily)	dexmethylphenidate hcl CP24	1	QL(1 EA daily)
methylphenidate hcl CHEW 10 MG	1B	QL(2 EA daily); AL(At least 6 yrs old)	dexmethylphenidate hcl TABS	1B	QL(2 EA daily); AL(At least 6 yrs old)
methylphenidate hcl CHEW 2.5 MG	1	QL(2 EA daily)	methylphenidate hcl CHEW 10 MG	1	QL(5 EA daily)
methylphenidate hcl CHEW 5 MG	1	QL(6 EA daily)	methylphenidate hcl CHEW 2.5 MG	1	QL(2 EA daily)
methylphenidate hcl CP24 10 MG, 60 MG	1	QL(1 EA daily); AL(At least 6 yrs old)	methylphenidate hcl CHEW 5 MG	1	QL(6 EA daily)
methylphenidate hcl CP24	1	QL(1 EA daily)	methylphenidate hcl CP24 10 MG, 60 MG	1	QL(1 EA daily); AL(At least 6 yrs old)

Ambetter Formulary Updated March 1, 2025

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
methylphenidate hcl CP24 30 MG	1B	QL(2 EA daily); AL(At least 6 yrs old)	Infections		
methylphenidate hcl CP24 20 MG, 40 MG	1B	QL(1 EA daily); AL(At least 6 yrs old)	Aminoglycosides		
methylphenidate hcl CPCR	1B	QL(1 EA daily); AL(At least 6 yrs old)	amikacin sulfate SOLN 1 GM/4ML, 500 MG/2ML	1	
methylphenidate hcl SOLN	1B	QL(30 ML daily); AL(At least 6 yrs old)	ARIKAYCE	4	PA
methylphenidate hcl TABS 5 MG	1B	QL(6 EA daily); 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 hcl TABS 10 MG, 20 MG	1B	QL(5 EA daily); AL(At least 6 yrs old)	gentamicin sulfate IJ 40 MG/ML	1	
methylphenidate hcl TB24 36 MG, 54 MG	1	QL(2 EA daily); AL(At least 6 yrs old)	neomycin sulfate TABS	1	
methylphenidate hcl TB24 18 MG, 27 MG	1	QL(1 EA daily); AL(At least 6 yrs old)	streptomycin sulfate SOLR	3	
methylphenidate hcl TBCR 36 MG, 54 MG	1	QL(2 EA daily); AL(At least 6 yrs old)	tobramycin sulfate SOLN IJ 2 GM/50ML, 10 MG/ML, 80 MG/2ML	1	
methylphenidate hcl TBCR 10 MG, 20 MG	1B	QL(3 EA daily); AL(At least 6 yrs old)	tobramycin NEBU	4	QL(280 ML per 56 day(s) retail; 280 ML per 56 days mail); PA
methylphenidate hcl TBCR 18 MG, 27 MG	1	QL(1 EA daily); AL(At least 6 yrs old)	ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
methylphenidate PTCH	1	QL(1 EA daily); PA	Antirheumatic - Enzyme Inhibitors		
modafinil 200 MG	1B	QL(2 EA daily); PA	RINVOQ LQ SOLN	4	QL(12 ML daily); PA
modafinil 100 MG	1B	QL(1 EA daily); PA	RINVOQ TB24	4	QL(1 EA daily); PA
ALLERGENIC EXTRACTS/BIOLOGICALS MISC			XELJANZ XR TB24	4	QL(1 EA daily); PA
Allergenic Extracts			XELJANZ SOLN	4	QL(20 ML daily); PA
GRASTEK SUBL	3	PA	XELJANZ TABS 5 MG	4	QL(2 EA daily); SP; PA
AMEBICIDES			XELJANZ TABS 10 MG	4	QL(2 EA daily); PA
Amebicides			Anti-TNF-alpha - Monoclonal Antibodies		
SOLOSEC	3	PA	CYLTEZO (2 PEN) AJKT	4	QL(0.072 EA daily); PA
AMINOGLYCOSIDES - Drugs to Treat Bacterial			CYLTEZO (2 PEN) AJKT	4	QL(0.215 EA daily); PA

Ambetter Formulary Updated March 1, 2025

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits	
CYLTEZO (2 SYRINGE) PSKT 10 MG/0.2ML, 40 MG/0.4ML	4	QL(0.072 EA daily); PA	YUFLYMA (2 SYRINGE) PSKT	4	QL(0.143 EA daily); PA	
CYLTEZO (2 SYRINGE) PSKT 20 MG/0.4ML, 40 MG/0.8ML	4	QL(0.215 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	
CYLTEZO-CD/UC/HS STARTER AJKT	4	QL(0.215 EA daily); PA	Gold Compounds			
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	AURANOFIN 3 MG	3	QL(3 EA daily)	
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	RIDAURA	3	QL(3 EA daily)	
CYLTEZO-PSORIASIS/UV STARTER AJKT	4	QL(0.143 EA daily); PA	Interleukin-1 Blockers			
HUMIRA (2 SYRINGE) PSKT	4	QL(0.143 EA daily); PA	ARCALYST	4	QL(0.286 EA daily); SP; PA	
HUMIRA-PED<40KG CROHNS STARTER PSKT	4	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA	Interleukin-6 Receptor Inhibitors			
HUMIRA-PED>/=40KG CROHNS START PSKT	4	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA	ACTEMRA ACTPEN SOAJ	4	QL(0.13 ML daily); SP; PA	
HUMIRA-PSORIASIS/UVEIT STARTER AJKT	4	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA	ACTEMRA SOLN	4	QL(1.43 ML daily); SP; PA	
SIMPONI ARIA SOLN	4	PA	ACTEMRA SOSY	4	QL(0.13 ML daily); SP; PA	
YUFLYMA (1 PEN) AJKT	4	QL(0.143 EA daily); PA	KEVZARA SOAJ	4	QL(0.082 ML daily); PA	
YUFLYMA (2 PEN) AJKT	4	QL(0.29 EA daily); PA	KEVZARA SOSY	4	QL(0.082 ML daily); PA	
Nonsteroidal Anti-inflammatory Agents (NSAIDs)						
<i>celecoxib</i>						
<i>diclofenac potassium TABS 50 MG</i>						
<i>diclofenac sodium TB24</i>						
<i>diclofenac sodium TBEC</i>						
<i>diclofenac w/ misoprostol TBEC</i>						
<i>etodolac CAPS</i>						
<i>etodolac TABS</i>						
<i>fenoprofen calcium TABS</i>						
<i>flurbiprofen TABS</i>						
<i>ibuprofen SUSP 100 MG/5ML, 200 MG/10ML</i>						
<i>ibuprofen TABS 400 MG, 600 MG</i>						

Ambetter Formulary Updated March 1, 2025

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>ibuprofen TABS 800 MG</i>	1		ENBREL MINI SOCT	4	QL(0.146 ML daily); PA
<i>indomethacin CAPS 25 MG, 50 MG</i>	1		ENBREL SURECLICK SOAJ	4	QL(0.146 ML daily); PA
<i>indomethacin CPCR</i>	1		ENBREL SOLN	4	QL(0.146 ML daily); PA
<i>ketoprofen CAPS 50 MG</i>	1		ENBREL SOSY 50 MG/ML	4	QL(0.286 ML daily); SP; PA
<i>ketorolac tromethamine TABS</i>	1	QL(0.667 EA daily)	ENBREL SOSY 25 MG/0.5ML	4	QL(0.146 ML daily); PA
<i>meclofenamate sodium CAPS</i>	1		ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
<i>mefenamic acid CAPS</i>	1	Must try ibuprofen.; QL(5 EA daily); ST	Analgesic Combinations		
<i>meloxicam TABS</i>	1A	QL(1 EA daily)	<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG</i>	1	QL(6 EA daily)
<i>nabumetone</i>	1		<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG</i>	1	
<i>naproxen sodium TABS 550 MG</i>	1		<i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>	1	QL(6 EA daily)
<i>naproxen SUSP</i>	1	PA	<i>butalbital-acetaminophen TABS 50 MG-325 MG</i>	1	QL(6 EA daily)
<i>naproxen TABS</i>	1		<i>butalbital-aspirin-caffeine CAPS</i>	1	QL(4 EA daily)
<i>naproxen TBEC 500 MG</i>	1	QL(3 EA daily)	Salicylates		
<i>oxaprozin TABS</i>	1		<i>aspirin CHEW</i>	0	AL(At least 45 yrs old - Up to 79 yrs old)
<i>piroxicam CAPS</i>	1		<i>aspirin TABS 325 MG</i>	0	AL(At least 45 yrs old - Up to 79 yrs old)
<i>sulindac TABS</i>	1		<i>aspirin TBEC 325 MG</i>	1A	
<i>tolmetin sodium CAPS</i>	1		<i>aspirin TBEC 81 MG</i>	0	AL(At least 45 yrs old - Up to 79 yrs old)
<i>tolmetin sodium TABS 600 MG</i>	1		<i>diflunisal TABS</i>	1	
Phosphodiesterase 4 (PDE4) Inhibitors			<i>salsalate</i>	1	
<i>OTEZLA TABS</i>	4	QL(2 EA daily); PA	ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
<i>OTEZLA TBPK</i>	4	1 package(s) per 180 day(s) retail; PA	Opioid Agonists		
<i>OTEZLA TBPK</i>	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA			
Pyrimidine Synthesis Inhibitors					
<i>leflunomide</i>	1B	QL(1 EA daily)			
Soluble Tumor Necrosis Factor Receptor Agents					

Ambetter Formulary Updated March 1, 2025

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
codeine sulfate TABS 30 MG	1B	New starts limited to 7 day supply	methadone hcl SOLN PO 10 MG/5ML	1	QL(50 ML daily)
CODEINE SULFATE TABS	1B	New starts limited to 7 day supply	methadone hcl SOLN IJ 10 MG/ML	1B	
fentanyl citrate LPOP	1B	QL(4 EA daily); PA	methadone hcl SOLN PO 5 MG/5ML	1	QL(100 ML daily)
fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR	1B	QL(0.34 EA daily)	METHADONE HCL SOLN IJ (methadone hcl)	1B	
hydrocodone bitartrate CP12	3	QL(2 EA daily); PA	methadone hcl TABS	1A	
hydrocodone bitartrate T24A	3	QL(2 EA daily); PA	methadone hcl TBSO	1	QL(2 EA daily)
hydromorphone hcl LIQD	1	New starts limited to 7 day supply	morphine sulfate CP24 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG	1B	QL(2 EA daily); PA
hydromorphone hcl SOLN IJ 10 MG/ML, 50 MG/5ML, 500 MG/50ML	1		morphine sulfate CP24 10 MG	1	QL(2 EA daily); PA
hydromorphone hcl TABS	1B	New starts limited to 7 day supply; QL(8 EA daily)	morphine sulfate SOLN IJ 0.5 MG/ML, 1 MG/ML	1	
hydromorphone hcl TB24 8 MG, 12 MG, 16 MG	1B	QL(2 EA daily); PA	morphine sulfate SOLN PO 10 MG/5ML	1	New starts limited to 7 day supply; QL(100 ML daily)
hydromorphone hcl TB24 32 MG	1	QL(1 EA daily); PA	morphine sulfate SOLN PO 20 MG/5ML	1	New starts limited to 7 day supply; QL(50 ML daily)
levorphanol tartrate TABS 2 MG	1	New starts limited to 7 day supply	morphine sulfate TABS	1	New starts limited to 7 day supply; QL(6 EA daily)
meperidine hcl SOLN IJ 25 MG/ML, 50 MG/ML, 100 MG/ML	1		morphine sulfate TBCR	1B	QL(2 EA daily)
meperidine hcl SOLN PO 50 MG/5ML	1	New starts limited to 7 day supply; QL(500 ML per fill retail)	oxycodone hcl T12A 10 MG, 20 MG, 40 MG, 80 MG	3	QL(2 EA daily); PA
meperidine hcl TABS 50 MG	1	New starts limited to 7 day supply; QL(6 EA daily)	oxycodone hcl TABS 5 MG, 10 MG, 20 MG	1	New starts limited to 7 day supply; QL(12 EA daily)
methadone hcl CONC	1	QL(10 ML daily)	oxycodone hcl TABS 15 MG, 30 MG	1B	New starts limited to 7 day supply; QL(12 EA daily)
			oxymorphone hcl TABS	1B	QL(12 EA daily); PA
			oxymorphone hcl TB12 40 MG	1	QL(4 EA daily); PA

Ambetter Formulary Updated March 1, 2025

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits			
buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG	1A	QL(2 EA daily)	Intrarectal Steroids					
buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG	1A	QL(3 EA daily)	<i>budesonide (intrarectal)</i>	4	QL(3.2 GM daily); PA			
buprenorphine hcl-naloxone hcl dihydrate SUBL	1A	QL(3 EA daily)	<i>hydrocortisone (intrarectal)</i>	1				
buprenorphine hcl SOLN	1		Rectal Steroids					
buprenorphine hcl SUBL	1A	QL(3 EA daily)	<i>hydrocortisone (rectal) EX</i>	1	RX/OTC			
buprenorphine PTWK	1	QL(0.143 EA daily); PA	<i>hydrocortisone acetate (rectal)</i>	1				
butorphanol tartrate IJ 1 MG/ML, 2 MG/ML	1		Vasodilating Agents					
butorphanol tartrate NA 10 MG/ML	1	QL(0.34 ML daily); PA	<i>nitroglycerin (intra-anal)</i>	1	QL(2 GM daily)			
nalbuphine hcl	1	QL(8 ML daily)	ANTHELMINTICS - Drugs to Treat Worm Infections					
pentazocine w/ naloxone hcl	1	New starts limited to 7 day supply	Anthelmintics					
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones								
Anabolic Steroids								
oxandrolone	1		<i>albendazole</i>	1	PA			
Androgens			EMVERM CHEW	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			
ANDRODERM PT24 2 MG/24HR, 4 MG/24HR	2	QL(1 EA daily); PA	<i>ivermectin</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			
danazol CAPS	1		<i>praziquantel</i>	1	PA			
methyltestosterone TABS	1B		ANTIANGINAL AGENTS - Drugs to Treat Chest Pain					
testosterone cypionate SOLN IM	1		Antianginals-Other					
TESTOSTERONE CYPIONATE SOLN IJ 200 MG/ML	1B		<i>ranolazine TB12 1000 MG</i>	1B	QL(2 EA daily)			
testosterone enanthate SOLN IM	1		<i>ranolazine TB12 500 MG</i>	1	QL(3 EA daily)			
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching								
Nitrates								

Ambetter Formulary Updated March 1, 2025

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits	
<i>isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG</i>	1		<i>lorazepam CONC</i>	1		
<i>isosorbide mononitrate TABS</i>	1		<i>lorazepam TABS 0.5 MG, 2 MG</i>	1A	QL(3 EA daily)	
<i>isosorbide mononitrate TB24</i>	1		<i>lorazepam TABS 1 MG</i>	1A	QL(4 EA daily)	
NITRO-BID OINT	3		<i>oxazepam CAPS</i>	1		
<i>nitroglycerin CPCR</i>	1	QL(4 EA daily)	ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms			
<i>nitroglycerin PT24</i>	1		Antiarrhythmics Type I-A			
NITROGLYCERIN SOLN IV	1B		<i>disopyramide phosphate CAPS</i>	1		
<i>nitroglycerin SUBL</i>	1		<i>procainamide hcl SOLN 500 MG/ML</i>	1B		
ANTIANXIETY AGENTS - Drugs to Treat Anxiety			<i>quinidine sulfate TABS</i>	1		
Antianxiety Agents - Misc.			Antiarrhythmics Type I-B			
<i>buspirone hcl 5 MG</i>	1A		<i>mexiletine hcl</i>	1		
<i>buspirone hcl 7.5 MG, 10 MG, 15 MG, 30 MG</i>	1		Antiarrhythmics Type I-C			
<i>hydroxyzine hcl SOLN 50 MG/ML</i>	1		<i>flecainide acetate</i>	1		
<i>hydroxyzine hcl SYRP</i>	1		<i>propafenone hcl CP12</i>	1		
<i>hydroxyzine hcl TABS</i>	1		<i>propafenone hcl TABS</i>	1		
<i>hydroxyzine pamoate CAPS</i>	1		Antiarrhythmics Type III			
<i>meprobamate</i>	1	QL(6 EA daily)	<i>amiodarone hcl SOLN 150 MG/3ML</i>	1		
Benzodiazepines			<i>amiodarone hcl TABS</i>	1		
<i>alprazolam TABS 0.25 MG, 0.5 MG, 1 MG</i>	1A	QL(4 EA daily)	<i>dofetilide</i>	1		
<i>alprazolam TABS 2 MG</i>	1B	QL(4 EA daily)	ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions			
<i>alprazolam TB24</i>	1		Antiasthmatic - Monoclonal Antibodies			
<i>alprazolam TBDP</i>	1		<i>FASENRA PEN SOAJ</i>	4	QL(0.036 ML daily); PA	
<i>chlordiazepoxide hcl CAPS</i>	1		<i>FASENRA SOSY 10 MG/0.5ML</i>	4	QL(0.018 ML daily); PA	
<i>clorazepate dipotassium TABS</i>	1		<i>FASENRA SOSY 30 MG/ML</i>	4	QL(0.036 ML daily); PA	
<i>diazepam CONC</i>	1		<i>NUCALA SOAJ</i>	4	QL(0.1073 ML daily); PA	
<i>diazepam SOLN PO 5 MG/5ML</i>	1		<i>NUCALA SOLR</i>	4	QL(0.1073 EA daily); PA	
<i>diazepam TABS</i>	1A	QL(4 EA daily)				

Ambetter Formulary Updated March 1, 2025

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits	
NUCALA SOSY 100 MG/ML	4	QL(0.1073 ML daily); PA	ARNUITY ELLIPTA	2		
NUCALA SOSY 40 MG/0.4ML	4	QL(0.0144 ML daily); PA	<i>budesonide (inhalation) SUSP</i>	1	QL(4 ML daily); PA	
XOLAIR SOAJ 150 MG/ML, 300 MG/2ML	4	QL(0.286 ML daily); PA	<i>fluticasone propionate (inhalation) AEPB</i>	1B		
XOLAIR SOAJ 75 MG/0.5ML	4	QL(0.036 ML daily); PA	<i>fluticasone propionate hfa</i>	1B	QL(0.8 GM daily)	
XOLAIR SOLR	4	QL(0.286 EA daily); PA	PULMICORT FLEXHALER AEPB	2		
XOLAIR SOSY 150 MG/ML, 300 MG/2ML	4	QL(0.286 ML daily); PA	QVAR REDIHALER	2		
XOLAIR SOSY 75 MG/0.5ML	4	QL(0.036 ML daily); PA	Sympathomimetics			
Anti-Inflammatory Agents			AIRDUO DIGIHALER	3		
<i>cromolyn sodium NEBU</i>	1B	QL(8 ML daily)	AIRSUPRA	3		
Bronchodilators - Anticholinergics			<i>albuterol sulfate AERS</i>	1B		
ATROVENT HFA	3	QL(0.44 GM daily)	<i>albuterol sulfate NEBU</i>	1		
INCRUSE ELLIPTA	2	QL(1 EA daily)	<i>albuterol sulfate NEBU 0.63 MG/3ML, 1.25 MG/3ML</i>	1B		
<i>ipratropium bromide SOLN 0.02 %</i>	1	QL(15 ML daily)	<i>albuterol sulfate SYRP</i>	1		
SPIRIVA RESPIMAT AERS	2	QL(0.14 GM daily)	<i>albuterol sulfate TABS</i>	1		
<i>tiotropium bromide monohydrate CAPS</i>	1	QL(1 EA daily)	ANORO ELLIPTA	2	QL(2 EA daily)	
Leukotriene Modulators			<i>arformoterol tartrate</i>	1	QL(4 ML daily)	
<i>montelukast sodium CHEW</i>	1B	QL(1 EA daily)	BREO ELLIPTA	2		
<i>montelukast sodium PACK</i>	1B	QL(1 EA daily)	<i>BREO ELLIPTA (fluticasone furoate-vilanterol)</i>	2		
<i>montelukast sodium TABS</i>	1B	QL(1 EA daily)	BREZTRI AEROSPHERE	2	QL(0.38 GM daily)	
<i>zafirlukast</i>	1B	QL(2 EA daily)	<i>budesonide-formoterol fumarate dihydrate</i>	1		
<i>zileuton TB12</i>	3	QL(4 EA daily); PA	DULERA	2		
Selective Phosphodiesterase 4 (PDE4) Inhibitors			<i>fluticasone furoate-vilanterol</i>	1B		
<i>roflumilast</i>	3	QL(1 EA daily)	<i>fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT</i>	1		
Steroid Inhalants						
ALVESCO	3	PA				

Ambetter Formulary Updated March 1, 2025

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits	
<i>fluticasone-salmeterol AEPB 113 MCG/ACT-14 MCG/ACT, 232 MCG/ACT-14 MCG/ACT, 55 MCG/ACT-14 MCG/ACT</i>	1B		ELIQUIS DVT/PE STARTER PACK TBPK	2	QL(2.47 EA daily); 1 max fill(s) per 180 day(s) retail	
<i>fluticasone-salmeterol AERO</i>	1B		ELIQUIS TABS	2	QL(2 EA daily)	
<i>formoterol fumarate NEBU</i>	1	QL(4 ML daily)	XARELTO STARTER PACK TBPK	2	1 max fill(s) per 365 day(s) retail	
<i>ipratropium-albuterol SOLN</i>	1B	QL(18 ML daily)	XARELTO SUSR	2	QL(900 ML per 30 day(s) retail; 900 ML per 30 days mail)	
<i>levalbuterol hcl</i>	1B		XARELTO TABS 2.5 MG, 15 MG	2	QL(2 EA daily)	
<i>levalbuterol hcl 1.25 MG/0.5ML</i>	1		XARELTO TABS 10 MG, 20 MG	2	QL(1 EA daily)	
<i>levalbuterol tartrate</i>	1B	QL(0.5 GM daily)	Heparins And Heparinoid-Like Agents			
PROAIR DIGIHALER	3		<i>enoxaparin sodium SOLN IJ 300 MG/3ML</i>	4	QL(6 ML daily)	
PROAIR RESPICLICK AEPB	3		<i>enoxaparin sodium SOSY 60 MG/0.6ML</i>	4	QL(1.2 ML daily; 30 Day(s) limit); SP	
SEREVENT DISKUS	2		<i>enoxaparin sodium SOSY 30 MG/0.3ML</i>	4	QL(0.6 ML daily); SP	
STIOLTO RESPIMAT	2		<i>enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML</i>	4	QL(1.6 ML daily)	
STRIVERDI RESPIMAT	2		<i>enoxaparin sodium SOSY 40 MG/0.4ML</i>	4	QL(0.8 ML daily; 30 Day(s) limit); SP	
<i>terbutaline sulfate SOLN</i>	1		<i>enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML</i>	4	QL(2 ML daily)	
<i>terbutaline sulfate TABS</i>	1		<i>fondaparinux sodium 2.5 MG/0.5ML</i>	4	QL(4.5 ML per 180 day(s) retail; 4 ML per 180 days mail); SP	
TRELEGY ELLIPTA	2	QL(2 EA daily)	<i>fondaparinux sodium 5 MG/0.4ML</i>	4	QL(3.6 ML per 180 day(s) retail; 4 ML per 180 days mail); SP	
Xanthines			<i>fondaparinux sodium 7.5 MG/0.6ML</i>	4	QL(5.4 ML per 180 day(s) retail; 5 ML per 180 days mail); SP	
<i>aminophylline SOLN</i>	1					
<i>theophylline ELIX</i>	1B					
<i>theophylline SOLN</i>	1	QL(56 ML daily)				
<i>theophylline TB12</i>	1					
<i>theophylline TB24</i>	1					
ANTICOAGULANTS - Blood Thinners						
Coumarin Anticoagulants						
<i>warfarin sodium TABS</i>	1B					
Direct Factor Xa Inhibitors						

Ambetter Formulary Updated March 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	VALTOCO 15 MG DOSE LIQPK	4	QL(10 EA per 30 day(s) retail); PA
FRAGMIN SOSY	4	SP; PA	VALTOCO 20 MG DOSE LIQPK	4	QL(10 EA per 30 day(s) retail); PA
HEPARIN (PORCINE) IN NACL SOLN IV 0.45 %-12500 UNIT/250ML	1B		VALTOCO 5 MG DOSE LIQD	4	QL(10 EA per 30 day(s) retail); PA
heparin sodium (porcine) SOLN IJ 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	1		Anticonvulsants - Misc.		
Thrombin Inhibitors			APTIOM	3	QL(2 EA daily); ST
dabigatran etexilate mesylate CAPS	1		BANZEL TABS 200 MG (rufinamide)	2	QL(2 EA daily); PA
ANTICONVULSANTS - Drugs to Treat Seizures			BANZEL TABS 400 MG (rufinamide)	2	QL(8 EA daily); PA
AMPA Glutamate Receptor Antagonists			BRIVIACT SOLN PO 10 MG/ML	3	QL(20 ML daily); PA
FYCOMPA TABS 2 MG	3	QL(6 EA daily); PA	BRIVIACT TABS	3	QL(2 EA daily); PA
FYCOMPA TABS 4 MG	3	QL(3 EA daily); PA	carbamazepine CHEW 100 MG	1B	
FYCOMPA TABS 6 MG	3	QL(2 EA daily); PA	carbamazepine CP12 100 MG	1B	
FYCOMPA TABS 8 MG, 10 MG, 12 MG	3	QL(1 EA daily); PA	carbamazepine CP12 200 MG	1B	QL(6 EA daily)
Anticonvulsants - Benzodiazepines			carbamazepine CP12 300 MG	1B	QL(4 EA daily)
clobazam SUSP	1	QL(16 ML daily); PA	carbamazepine SUSP	1B	
clobazam TABS	1	QL(2 EA daily); PA	carbamazepine TABS	1B	
clonazepam TABS	1A		carbamazepine TB12 200 MG	1B	QL(6 EA daily)
diazepam (anticonvulsant) GEL	3	5 package(s) per 30 day(s) retail; 5 package(s) per 30 day(s) mail	carbamazepine TB12 100 MG, 400 MG	1B	QL(4 EA daily)
NAYZILAM	3	QL(10 EA per 30 day(s) retail); PA	DIACOMIT CAPS 500 MG	4	QL(6 EA daily); PA
VALTOCO 10 MG DOSE LIQD	4	QL(10 EA per 30 day(s) retail); PA	DIACOMIT CAPS 250 MG	4	QL(12 EA daily); PA
			DIACOMIT PACK 500 MG	4	QL(6 EA daily); PA
			DIACOMIT PACK 250 MG	4	QL(12 EA daily); PA
			EPIDIOLEX	3	PA
			gabapentin CAPS	1	

Ambetter Formulary Updated March 1, 2025

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

Ambetter Formulary Updated March 1, 2025

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits			
<i>phenytoin CHEW</i>	1B		Monoamine Oxidase Inhibitors (MAOIs)					
<i>phenytoin SUSP</i>	1B		EMSAM	3	QL(1 EA daily)			
Succinimides								
<i>ethosuximide CAPS</i>	1B	QL(6 EA daily)	MARPLAN	2	QL(6 EA daily)			
<i>ethosuximide SOLN</i>	1B	QL(30 ML daily)	<i>phenelzine sulfate</i>	1				
<i>methsuximide</i>	1	QL(4 EA daily)	<i>tranylcypromine sulfate</i>	1				
ZARONTIN CAPS (<i>ethosuximide</i>)	2	QL(6 EA daily)	N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists					
Valproic Acid								
<i>divalproex sodium TB24</i>	1		SPRAVATO (56 MG DOSE)	4	PA			
<i>divalproex sodium TBEC</i>	1		SPRAVATO (84 MG DOSE)	4	PA			
<i>valproate sodium SOLN IV 100 MG/ML, 500 MG/5ML</i>	1		Selective Serotonin Reuptake Inhibitors (SSRIs)					
<i>valproic acid CAPS</i>	1		<i>citalopram hydrobromide SOLN</i>	1	QL(20 ML daily)			
ANTIDEPRESSANTS - Drugs to Treat Depression			<i>citalopram hydrobromide TABS 10 MG</i>	1B	QL(4 EA daily)			
Alpha-2 Receptor Antagonists (Tetracyclics)			<i>citalopram hydrobromide TABS 20 MG</i>	1B	QL(2 EA daily)			
<i>mirtazapine TABS 15 MG</i>	1B	QL(3 EA daily)	<i>citalopram hydrobromide TABS 40 MG</i>	1B	QL(1 EA daily)			
<i>mirtazapine TABS 45 MG</i>	1B	QL(1 EA daily)	<i>escitalopram oxalate SOLN</i>	1B	QL(20 ML daily)			
<i>mirtazapine TABS 30 MG</i>	1B	QL(1.5 EA daily)	<i>escitalopram oxalate TABS 20 MG</i>	1B	QL(1 EA daily)			
<i>mirtazapine TABS 7.5 MG</i>	1	QL(1 EA daily)	<i>escitalopram oxalate TABS 10 MG</i>	1B	QL(2 EA daily)			
<i>mirtazapine TBDP 30 MG</i>	1B	QL(1.5 EA daily)	<i>escitalopram oxalate TABS 5 MG</i>	1B	QL(4 EA daily)			
<i>mirtazapine TBDP 45 MG</i>	1B	QL(1 EA daily)	<i>fluoxetine hcl CAPS 20 MG</i>	1B	QL(3 EA daily)			
<i>mirtazapine TBDP 15 MG</i>	1B	QL(3 EA daily)	<i>fluoxetine hcl CAPS 40 MG</i>	1B	QL(2 EA daily)			
Antidepressants - Misc.			<i>fluoxetine hcl CAPS 10 MG</i>	1A	QL(1 EA daily)			
<i>bupropion hcl TABS</i>	1B	QL(3 EA daily)	<i>fluoxetine hcl CPDR</i>	1				
<i>bupropion hcl TB12 200 MG</i>	1B	QL(2 EA daily)	<i>fluoxetine hcl SOLN</i>	1	QL(20 ML daily)			
<i>bupropion hcl TB12 150 MG</i>	1B	QL(3 EA daily)	<i>fluoxetine hcl TABS 20 MG</i>	1	QL(3 EA daily)			
<i>bupropion hcl TB12 100 MG</i>	1B	QL(4 EA daily)						
<i>bupropion hcl TB24 150 MG</i>	1B	QL(3 EA daily)						
<i>bupropion hcl TB24 300 MG</i>	1B	QL(1 EA daily)						

Ambetter Formulary Updated March 1, 2025

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

Ambetter Formulary Updated March 1, 2025

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
acarbose	1B	QL(3 EA daily)	saxagliptin-metformin hcl 1000 MG-5 MG, 500 MG-5 MG	1	QL(1 EA daily)
miglitol	1	QL(3 EA daily)	saxagliptin-metformin hcl 1000 MG-2.5 MG	1	QL(2 EA daily)
Antidiabetic Combinations					
alogliptin-metformin hcl 500 MG-12.5 MG	1	QL(2 EA daily); PA	SOLIQUA	2	QL(0.5 ML daily); PA
alogliptin-metformin hcl 1000 MG-12.5 MG	1B	QL(2 EA daily); PA	SYNJARDY XR TB24 1000 MG-25 MG	2	QL(1 EA daily)
alogliptin-pioglitazone 30 MG-12.5 MG	1B	QL(2 EA daily); PA	SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-12.5 MG, 1000 MG-5 MG	2	QL(2 EA daily)
alogliptin-pioglitazone 15 MG-25 MG, 30 MG-25 MG, 45 MG-25 MG	1B	QL(1 EA daily); PA	SYNJARDY TABS	2	QL(2 EA daily)
dapagliflozin propanediol-metformin hcl 1000 MG-5 MG	2	QL(2 EA daily)	TRIJARDY XR 1000 MG-5 MG-10 MG, 1000 MG-5 MG-25 MG	2	QL(1 EA daily)
dapagliflozin propanediol-metformin hcl 1000 MG-10 MG	2	QL(1 EA daily)	TRIJARDY XR 1000 MG-2.5 MG-12.5 MG, 1000 MG-2.5 MG-5 MG	2	QL(2 EA daily)
glipizide-metformin hcl 500 MG-2.5 MG	1	QL(2 EA daily)	XIGDUO XR (dapagliflozin propanediol-metformin hcl)	2	QL(1 EA daily)
glipizide-metformin hcl 500 MG-5 MG	1	QL(4 EA daily)	XIGDUO XR (dapagliflozin propanediol-metformin hcl)	2	QL(2 EA daily)
glipizide-metformin hcl 250 MG-2.5 MG	1B	QL(2 EA daily)	XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG, 500 MG-5 MG	2	QL(1 EA daily)
glyburide-metformin 250 MG-1.25 MG	1B	QL(2 EA daily)	XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG	2	QL(2 EA daily)
glyburide-metformin 500 MG-2.5 MG, 500 MG-5 MG	1B	QL(4 EA daily)	XULTOPHY	2	QL(0.5 ML daily); PA
GLYXAMBI	2	QL(1 EA daily)	Biguanides		
JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG	2	QL(2 EA daily)	metformin hcl TABS 1000 MG	1B	QL(2.5 EA daily)
JANUMET XR TB24 1000 MG-100 MG	2	QL(1 EA daily)	metformin hcl TABS 850 MG	0	QL(3 EA daily)
JANUMET TABS	2	QL(2 EA daily)	metformin hcl TABS 500 MG	1B	QL(5 EA daily)
pioglitazone hcl-glimepiride	1	QL(1 EA daily)	metformin hcl TB24 750 MG	1	QL(3 EA daily)
pioglitazone hcl-metformin hcl TABS	1B	QL(2 EA daily)			

Ambetter Formulary Updated March 1, 2025

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>metformin hcl TB24 500 MG</i>	1	QL(4 EA daily)	INSULIN ASPART PROT & ASPART SUSP	1B	
Diabetic Other			INSULIN ASPART SOLN IJ	1B	
<i>diazoxide</i>	3		INSULIN DEGLUDEC FLEXTOUCH SOPN	2	
<i>glucagon (rdna)</i>	1	QL(0.035 EA daily)	INSULIN DEGLUDEC SOLN	2	
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors					
<i>alogliptin benzoate</i>	1B	QL(1 EA daily)	INSULIN LISPRO SOLN IJ	2	
JANUVIA	2	QL(1 EA daily)	NOVOLIN 70/30 FLEXPEN SUPN	2	
<i>saxagliptin hcl</i>	1	QL(1 EA daily)	NOVOLIN 70/30 SUSP	2	
Incretin Mimetic Agents					
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	2	QL(0.054 ML daily); PA	NOVOLIN N FLEXPEN SUPN	2	
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	2	QL(0.108 ML daily); PA	NOVOLIN N SUSP	2	
OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	2	QL(0.108 ML daily); PA	NOVOLIN R FLEXPEN SOPN IJ	2	
OZEMPIC (2 MG/DOSE) SOPN	2	QL(0.108 ML daily); PA	NOVOLIN R SOLN IJ	2	
RYBELSUS TABS	2	QL(1 EA daily); PA	REZVOGLAR KWIKPEN	3	PA
TRULICITY	2	QL(0.143 ML daily); PA	SEMGLEE (YFGN) SOLN	2	
VICTOZA (<i>liraglutide</i>)	2	QL(0.3 ML daily); PA	SEMGLEE (YFGN) SOPN	2	
Insulin					
APIDRA SOLOSTAR SOPN	3	PA	Insulin Sensitizing Agents		
APIDRA SOLN	3	PA	<i>pioglitazone hcl</i>	1B	QL(1 EA daily)
HUMULIN R U-500 (CONCENTRATED) SOLN SC	2	QL(1.34 ML daily)	Meglitinide Analogues		
HUMULIN R U-500 KWIKPEN SOPN SC	2	QL(1.34 ML daily)	<i>nateglinide</i>	1B	QL(3 EA daily)
INSULIN ASP PROT & ASP FLEXPEN SUPN	1B		<i>repaglinide 0.5 MG, 1 MG</i>	1B	QL(4 EA daily)
INSULIN ASPART FLEXPEN SOPN	1B		<i>repaglinide 2 MG</i>	1B	QL(8 EA daily)
INSULIN ASPART PENFILL SOCT	1B		Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
			<i>dapagliflozin propanediol</i>	2	QL(1 EA daily)
			<i>FARXIGA (dapagliflozin propanediol)</i>	2	QL(1 EA daily)
			JARDIANCE	2	QL(1 EA daily)
			Sulfonylureas		
			<i>glimepiride 1 MG, 2 MG</i>	1B	QL(4 EA daily)
			<i>glimepiride 4 MG</i>	1B	QL(2 EA daily)

Ambetter Formulary Updated March 1, 2025

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits			
<i>glipizide TABS 5 MG, 10 MG</i>	1B	QL(4 EA daily)	<i>granisetron hcl TABS</i>	1	QL(0.34 EA daily)			
<i>glipizide TB24</i>	1B	QL(2 EA daily)	<i>ondansetron hcl SOLN PO 4 MG/5ML</i>	1B	QL(3.34 ML daily)			
<i>glyburide micronized 1.5 MG, 3 MG, 6 MG</i>	1B	QL(4 EA daily)	<i>ondansetron hcl SOLN IJ 4 MG/2ML</i>	1				
<i>glyburide TABS</i>	1	QL(4 EA daily)	<i>ondansetron hcl SOSY</i>	1				
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea								
Antiperistaltic Agents								
<i>diphenoxylate w/ atropine LIQD</i>	1		<i>ondansetron hcl TABS 8 MG</i>	1B	QL(3 EA daily; 45 EA per fill retail; 45 per fill mail)			
<i>diphenoxylate w/ atropine TABS</i>	1		<i>ondansetron hcl TABS 24 MG</i>	1	QL(0.143 EA daily)			
<i>loperamide hcl CAPS</i>	1	RX/OTC	<i>ondansetron TBDP 4 MG</i>	1B	QL(1 EA daily)			
<i>MOTOFEN</i>	3		<i>ondansetron TBDP 8 MG</i>	1B				
ANTIDOTES AND SPECIFIC ANTAGONISTS								
Antidotes - Chelating Agents								
<i>CHEMET</i>	3		Antiemetics - Anticholinergic					
<i>deferasirox PACK</i>	4	PA	<i>meclizine hcl TABS 25 MG</i>	1	RX/OTC			
<i>deferasirox TABS</i>	4	SP; PA	<i>meclizine hcl TABS 12.5 MG</i>	1A	RX/OTC			
<i>deferasirox TBSO</i>	4	SP; PA	<i>scopolamine</i>	1	QL(0.34 EA daily)			
Antidotes and Specific Antagonists								
<i>VISTOGARD</i>	4	PA	<i>trimethobenzamide hcl CAPS</i>	1				
Opioid Antagonists			Antiemetics - Miscellaneous					
<i>naloxone hcl LIQD</i>	1	RX/OTC	<i>AKYNZEO</i>	3	PA			
<i>naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML</i>	1		<i>doxylamine-pyridoxine TBEC</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>naltrexone hcl</i>	1A		<i>dronabinol CAPS</i>	1				
<i>VIVITROL</i>	7		Substance P/Neurokinin 1 (NK1) Receptor Antagonists					
ANTIEMETICS - Drugs to Treat Nausea and Vomiting								
5-HT3 Receptor Antagonists								
<i>ANZEMET TABS 50 MG</i>	3	QL(0.167 EA daily); PA	<i>aprepitant CAPS 40 MG, 125 MG</i>	1	QL(0.067 EA daily)			
<i>granisetron hcl SOLN IV 1 MG/ML</i>	1							

Ambetter Formulary Updated March 1, 2025

Drug Name	Drug Tier	Requirements/ Limits
<i>aprepitant CAPS</i>	1	PA
<i>aprepitant CAPS 80 MG</i>	1	QL(0.134 EA daily)
<i>aprepitant MISC</i>	1	PA
<i>VARUBI (180 MG DOSE) TBPK</i>	3	PA
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungal - Glucan Synthesis Inhibitors		
<i>caspofungin acetate</i>	1	
<i>ERAXIS</i>	3	
<i>micafungin sodium</i>	1	PA
Antifungals		
<i>ABELCET</i>	3	
<i>amphotericin b IV</i>	3	
<i>amphotericin b liposome</i>	3	
<i>flucytosine</i>	1	
<i>griseofulvin microsize SUSP</i>	1	AL(At least 2 yrs old)
<i>griseofulvin microsize TABS</i>	1	
<i>griseofulvin ultramicrosize</i>	1	
<i>nystatin TABS</i>	1	
<i>terbinafine hcl TABS</i>	1B	QL(1 EA daily)
Imidazole-Related Antifungals		
<i>CRESEMBA CAPS 186 MG</i>	3	PA
<i>fluconazole SUSR</i>	1	
<i>fluconazole TABS</i>	1	
<i>itraconazole CAPS</i>	1B	QL(4 EA daily); PA
<i>itraconazole SOLN</i>	1	QL(20 ML daily); PA
<i>ketoconazole</i>	1	
<i>posaconazole SUSP</i>	3	QL(20 ML daily)
<i>TOLSURA CAPS</i>	4	PA
<i>voriconazole TABS</i>	1B	QL(4 EA daily)
ANTIHISTAMINES - Drugs to Treat Allergies		

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits			
<i>promethazine hcl SUPP 50 MG</i>	1		<i>fenofibrate TABS 48 MG, 54 MG</i>	1B	QL(1 EA daily)			
<i>promethazine hcl SUPP 12.5 MG, 25 MG</i>	1	QL(6 EA daily)	<i>fenofibrate TABS 145 MG, 160 MG</i>	1	QL(1 EA daily)			
<i>promethazine hcl TABS</i>	1		<i>gemfibrozil TABS</i>	1B	QL(2 EA daily)			
Antihistamines - Piperidines								
<i>cyproheptadine hcl SYRP</i>	1		HMG CoA Reductase Inhibitors					
<i>cyproheptadine hcl TABS</i>	1		<i>atorvastatin calcium TABS</i>	1B	QL(1 EA daily)			
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol			<i>fluvastatin sodium CAPS 20 MG</i>	1	QL(1 EA daily)			
Antihyperlipidemics - Combinations			<i>fluvastatin sodium CAPS 40 MG</i>	1	QL(2 EA daily)			
<i>ezetimibe-simvastatin</i>	1	QL(1 EA daily)	<i>lovastatin TABS 20 MG</i>	1B	\$0 copay for generic only, age 40 to 76; QL(1 EA daily); PV			
Antihyperlipidemics - Misc.			<i>lovastatin TABS 10 MG</i>	1	\$0 copay for generic only, age 40 to 76; QL(1 EA daily); PV			
<i>icosapent ethyl 1 GM</i>	1	QL(4 EA daily); PA	<i>lovastatin TABS 40 MG</i>	1B	\$0 copay for generic only, age 40 to 76; QL(2 EA daily); PV			
<i>omega-3-acid ethyl esters</i>	1B	QL(4 EA daily)	<i>pravastatin sodium</i>	1B	QL(1 EA daily)			
Bile Acid Sequestrants			<i>rosuvastatin calcium TABS</i>	3	QL(1 EA daily)			
<i>cholestyramine light PACK</i>	1B	QL(6 EA daily)	<i>simvastatin TABS</i>	1B	QL(1 EA daily)			
<i>cholestyramine light POWD</i>	1B	QL(24 GM daily)	Intestinal Cholesterol Absorption Inhibitors					
<i>cholestyramine PACK</i>	1B	QL(6 EA daily)	<i>ezetimibe</i>	1	QL(1 EA daily)			
<i>cholestyramine POWD</i>	1B	QL(25.2 GM daily)	Nicotinic Acid Derivatives					
<i>colesevelam hcl PACK</i>	1	QL(1 EA daily); PA	<i>niacin (antihyperlipidemic) TBCR</i>	1B	QL(2 EA daily)			
<i>colesevelam hcl TABS</i>	1	QL(7 EA daily)	Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors					
<i>colestipol hcl GRAN</i>	1B	QL(6 GM daily)	<i>REPATHA PUSHTRONEX SYSTEM SOCT</i>	4	QL(0.25 ML daily); PA			
<i>colestipol hcl PACK</i>	1B	QL(6 EA daily)	<i>REPATHA SURECLICK SOAJ</i>	4	QL(0.0714 ML daily); PA			
<i>colestipol hcl TABS</i>	1B	QL(16 EA daily)						
Fibrin Acid Derivatives								
<i>choline fenofibrate</i>	1	QL(1 EA daily)						
<i>fenofibrate micronized 43 MG, 130 MG</i>	1	QL(1 EA daily)						
<i>fenofibrate micronized 67 MG, 134 MG, 200 MG</i>	1B	QL(1 EA daily)						

Ambetter Formulary Updated March 1, 2025

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
REPATHA SOSY	4	QL(0.0714 ML daily); PA	<i>clonidine PTWK</i>	3	QL(0.15 EA daily)
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure					
ACE Inhibitors					
<i>benazepril hcl</i>	1		<i>doxazosin mesylate</i>	1	
<i>captopril 12.5 MG</i>	1		<i>guanfacine hcl</i>	1	
<i>captopril 25 MG, 50 MG, 100 MG</i>	1	QL(3 EA daily)	<i>methyldopa TABS</i>	1	QL(6 EA daily)
<i>enalapril maleate TABS</i>	1		<i>prazosin hcl CAPS</i>	1B	QL(4 EA daily)
<i>flosinopril sodium</i>	1		<i>terazosin hcl</i>	1	
<i>lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i>	1		Antihypertensive Combinations		
<i>moexipril hcl</i>	1	QL(2 EA daily)	<i>amlodipine besylate-benazepril hcl</i>	1	
<i>perindopril erbumine 4 MG</i>	1		<i>amlodipine besylate-olmesartan medoxomil</i>	1B	ST
<i>perindopril erbumine 2 MG, 8 MG</i>	1	QL(2 EA daily)	<i>amlodipine besylate-valsartan</i>	1B	QL(1 EA daily)
<i>quinapril hcl 20 MG, 40 MG</i>	1		<i>amlodipine-valsartan-hydrochlorothiazide</i>	3	
<i>quinapril hcl 5 MG, 10 MG</i>	1	QL(2 EA daily)	<i>atenolol & chlorthalidone</i>	1	
<i>ramipril CAPS</i>	1		<i>benazepril & hydrochlorothiazide 12.5 MG-10 MG, 25 MG-20 MG</i>	1	QL(1 EA daily)
<i>trandolapril 4 MG</i>	1	QL(2 EA daily)	<i>benazepril & hydrochlorothiazide 12.5 MG-20 MG, 6.25 MG-5 MG</i>	1	
<i>trandolapril 1 MG, 2 MG</i>	1	QL(1 EA daily)	<i>bisoprolol & hydrochlorothiazide</i>	1	QL(2 EA daily)
Agents for Pheochromocytoma					
<i>phenoxybenzamine hcl</i>	3	PA	<i>candesartan cilexetil-hydrochlorothiazide</i>	1	
Angiotensin II Receptor Antagonists					
<i>candesartan cilexetil</i>	1B	QL(1 EA daily)	<i>enalapril maleate & hydrochlorothiazide 12.5 MG-5 MG</i>	1	QL(2 EA daily)
<i>EDARBI</i>	3	QL(1 EA daily); ST	<i>enalapril maleate & hydrochlorothiazide 25 MG-10 MG</i>	1	
<i>irbesartan</i>	1B	QL(1 EA daily)	<i>flosinopril sodium & hydrochlorothiazide</i>	1	QL(1 EA daily)
<i>losartan potassium</i>	1B	QL(1 EA daily)	<i>irbesartan-hydrochlorothiazide</i>	1	
<i>olmesartan medoxomil</i>	1	QL(1 EA daily)	<i>lisinopril & hydrochlorothiazide</i>	1	
<i>telmisartan</i>	1B	QL(1 EA daily)			
<i>valsartan TABS</i>	1B	QL(1 EA daily)			
Antiadrenergic Antihypertensives					
<i>clonidine hcl TABS</i>	1B	QL(8 EA daily)			

Ambetter Formulary Updated March 1, 2025

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>losartan potassium & hydrochlorothiazide 12.5 MG-50 MG</i>	1B	QL(2 EA daily)	Selective Aldosterone Receptor Antagonists (SARAs)		
<i>losartan potassium & hydrochlorothiazide 12.5 MG-100 MG, 25 MG-100 MG</i>	1B	QL(1 EA daily)	<i>eplerenone</i>	1	
<i>metoprolol & hydrochlorothiazide TABS 25 MG-100 MG, 50 MG-100 MG</i>	1		Vasodilators		
<i>metoprolol & hydrochlorothiazide TABS 25 MG-50 MG</i>	1	QL(1 EA daily)	<i>hydralazine hcl SOLN</i>	1	
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	1B	ST	<i>hydralazine hcl TABS</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide</i>	1		<i>minoxidil 2.5 MG, 10 MG</i>	1	
<i>quinapril-hydrochlorothiazide 12.5 MG-20 MG</i>	1	QL(4 EA daily)	ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
<i>quinapril-hydrochlorothiazide 25 MG-20 MG</i>	1	QL(2 EA daily)	Anti-infective Agents - Misc.		
<i>quinapril-hydrochlorothiazide 12.5 MG-10 MG</i>	1	QL(3 EA daily)	<i>bacitracin</i>	3	
<i>telmisartan-amlodipine</i>	1B	QL(1 EA daily)	<i>IMPAVIDO</i>	3	QL(3 EA daily); PA
<i>telmisartan-hydrochlorothiazide</i>	1	QL(1 EA daily)	<i>metronidazole TABS 250 MG, 500 MG</i>	1	
<i>trandolapril-verapamil hcl 240 MG-2 MG, 240 MG-4 MG</i>	3	QL(1 EA daily)	<i>trimethoprim TABS</i>	1	
<i>trandolapril-verapamil hcl 180 MG-2 MG, 240 MG-1 MG</i>	3		<i>XIFAXAN 550 MG</i>	3	QL(3 EA daily); AL(At least 12 yrs old); PA
<i>valsartan-hydrochlorothiazide</i>	1	QL(1 EA daily)	<i>XIFAXAN 200 MG</i>	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
Antihypertensives - Misc.			Anti-infective Misc. - Combinations		
VECAMYL	3	PA	<i>sulfamethoxazole-trimethoprim SOLN</i>	1B	
Direct Renin Inhibitors			<i>sulfamethoxazole-trimethoprim SUSP</i>	1	
<i>aliskiren fumarate</i>	1	QL(1 EA daily)	<i>sulfamethoxazole-trimethoprim TABS</i>	1A	
Carbapenems			Antiprotozoal Agents		
			<i>ALINIA SUSR</i>	2	PA
			<i>atovaquone</i>	1	
			<i>nitazoxanide TABS</i>	1	PA

Ambetter Formulary Updated March 1, 2025

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>ertapenem sodium IJ</i>	1		Polymyxins		
<i>imipenem-cilastatin IV</i>	1		<i>polymyxin b sulfate SOLR</i>	1	
<i>meropenem</i>	1		Urinary Anti-infectives		
Chloramphenicols					
<i>chloramphenicol sodium succinate</i>	4	SP; PA	<i>fosfomycin tromethamine</i>	1	
Cyclic Lipopeptides			<i>methenamine hippurate</i>	1	
<i>daptomycin 500 MG</i>	1		<i>nitrofurantoin</i>	1	
Glycopeptides			<i>nitrofurantoin macrocrystal 50 MG, 100 MG</i>	1	
<i>vancomycin hcl CAPS</i>	1B	QL(4 EA daily; 40 EA per fill retail)	<i>nitrofurantoin monohyd macro</i>	1	
<i>vancomycin hcl SOLR IV 1 GM, 10 GM, 500 MG</i>	1		ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
<i>vancomycin hcl SOLR PO 25 MG/ML, 50 MG/ML, 250 MG/5ML</i>	1B	QL(300 ML per fill retail)	Antimalarial Combinations		
Leprostatics			<i>atovaquone-proguanil hcl</i>	1B	Covered for malaria treatment only. Limit 1 fill every 180 days; QL(12 EA per fill retail; 12 per fill mail); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
<i>dapsone</i>	1		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
Lincosamides			Antimalarials		
<i>clindamycin hcl</i>	1		<i>chloroquine phosphate TABS 250 MG</i>	1	QL(3 EA daily)
<i>clindamycin palmitate hydrochloride</i>	1		<i>chloroquine phosphate TABS 500 MG</i>	1	
<i>clindamycin phosphate SOLN IJ 9 GM/60ML, 300 MG/2ML, 600 MG/4ML, 900 MG/6ML, 9000 MG/60ML</i>	1				
<i>lincomycin hcl</i>	1				
Monobactams					
<i>aztreonam 1 GM</i>	1				
<i>CAYSTON</i>	4	QL(3 ML daily); PA			
Oxazolidinones					
<i>linezolid SUSR</i>	1				
<i>linezolid TABS</i>	1B	QL(2 EA daily); PA			
<i>SIVEXTRO TABS</i>	3	PA			

Ambetter Formulary Updated March 1, 2025

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits			
hydroxychloroquine sulfate 100 MG	1	QL(4 EA daily)	isoniazid SYRP	1				
hydroxychloroquine sulfate 400 MG	1	QL(1 EA daily)	isoniazid TABS 100 MG	1B				
hydroxychloroquine sulfate 200 MG	1	QL(3 EA daily)	isoniazid TABS 300 MG	1				
KRINTAFEL	3	QL(2 EA per 30 day(s) retail)	PRIFTIN	3				
mefloquine hcl	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	pyrazinamide	1				
primaquine phosphate TABS	3		rifabutin	1B	PA			
pyrimethamine	1	QL(3 EA daily); PA	rifampin CAPS	1				
quinine sulfate CAPS 324 MG	1B	PA	rifampin SOLR	1				
ANTIMYASTHENIC/CHOLINERGIC AGENTS								
Antimyasthenic/Cholinergic Agents								
FIRDAPSE	4	PA	SIRTURO	3	PA			
neostigmine methylsulfate SOSY	3	PA	TRECATOR	3	QL(4 EA daily)			
pyridostigmine bromide SOLN PO	1		ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer					
pyridostigmine bromide TABS 60 MG	1		Alkylating Agents					
pyridostigmine bromide TBCR	1		bendamustine hcl SOLR	4	SP; PA			
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)			busulfan SOLN	4	SP; PA			
Antimycobacterial Agents			carboplatin SOLN 50 MG/5ML	4	SP; PA			
cycloserine	1	QL(4 EA daily)	carmustine	4	SP; PA			
ethambutol hcl TABS	1		cisplatin SOLN 100 MG/100ML	4	SP; PA			
isoniazid SOLN	1		cyclophosphamide CAPS	1	PA			
			cyclophosphamide SOLR IJ	4				
			GLEOSTINE 10 MG	4	SP; PA			
			GLEOSTINE 40 MG, 100 MG	4	PA			
			ifosfamide SOLN 1 GM/20ML	4	SP; PA			
			ifosfamide SOLR	4	SP; PA			
			LEUKERAN	4	SP; PA			
			melphalan	1				
			melphalan hcl IV	1				
			MYLERAN TABS	4	SP; PA			
			oxaliplatin SOLN 50 MG/10ML, 100 MG/20ML	4	SP; PA			
			TEMODAR SOLR	4				
			temozolomide CAPS	4	SP; PA			
			thiotepa 15 MG	4	SP; PA			

Ambetter Formulary Updated March 1, 2025

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

Ambetter Formulary Updated March 1, 2025

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits			
VIZIMPRO	4	QL(1 EA daily); PA	LUPRON DEPOT (6-MONTH) IM	4	QL(0.0089 EA daily); SP; PA			
Antineoplastic - Hedgehog Pathway Inhibitors								
DAURISMO	4	PA	LYSODREN	4	SP; PA			
ERIVEDGE	4	QL(1 EA daily); SP; PA	<i>megestrol acetate SUSP</i>	1				
ODOMZO	4	QL(1 EA daily); PA	<i>megestrol acetate TABS</i>	1				
Antineoplastic - Hormonal and Related Agents			<i>nilutamide</i>	1	QL(2 EA daily)			
<i>abiraterone acetate 500 MG</i>	4	QL(2 EA daily); PA	NUBEQA	4	QL(4 EA daily); PA			
<i>abiraterone acetate 250 MG</i>	4	QL(4 EA daily); SP; PA	ORGOVYX	4	PA			
<i>anastrozole</i>	1	QL(1 EA daily)	<i>tamoxifen citrate TABS</i>	0				
<i>bicalutamide</i>	1	QL(1 EA daily); SP	<i>toremifene citrate</i>	1				
ELIGARD SC 22.5 MG, 30 MG, 45 MG	4	SP; PA	TRELSTAR MIXJECT	4	SP; PA			
ELIGARD KIT SC 7.5 MG	4	QL(0.0089 EA daily); SP; PA	XTANDI CAPS	4	QL(4 EA daily); SP; PA			
EMCYT	4	SP; PA	XTANDI TABS 80 MG	4	QL(2 EA daily); PA			
ERLEADA 60 MG	4	QL(4 EA daily); PA	XTANDI TABS 40 MG	4	QL(4 EA daily); PA			
ERLEADA 240 MG	4	QL(1 EA daily); PA	YONSA	4	QL(4 EA daily); PA			
<i>exemestane</i>	4	QL(1 EA daily); SP	ZOLADEX 3.6 MG	4	QL(0.0357 EA daily); SP; PA			
FIRMAGON 80 MG	4	QL(0.143 EA daily); SP; PA	ZOLADEX 10.8 MG	4	QL(0.0119 EA daily); SP; PA			
FIRMAGON (240 MG DOSE)	4	QL(0.143 EA daily); SP; PA	Antineoplastic - Immunomodulators					
<i>fulvestrant SOSY</i>	4	QL(0.357 ML daily); SP; PA	POMALYST	4	QL(1 EA daily); PA			
<i>letrozole</i>	1		Antineoplastic - PDGFR-alpha Inhibitors					
<i>leuprolide acetate KIT IJ 1 MG/0.2ML</i>	4	SP; PA	AYVAKIT	4	QL(1 EA daily); PA			
LUPRON DEPOT (1-MONTH) KIT IM	4	QL(0.0358 EA daily); SP; PA	Antineoplastic - XPO1 Inhibitors					
LUPRON DEPOT (3-MONTH) KIT IM	4	SP; PA	XPOVIO (100 MG ONCE WEEKLY) 50 MG	4	PA			
LUPRON DEPOT (4-MONTH) IM	4	QL(0.1339 EA daily); SP; PA	XPOVIO (40 MG ONCE WEEKLY) 40 MG	4	PA			
			XPOVIO (40 MG TWICE WEEKLY) 40 MG	4	PA			
			XPOVIO (60 MG ONCE WEEKLY) 60 MG	4	PA			
			XPOVIO (60 MG TWICE WEEKLY)	4	PA			

Ambetter Formulary Updated March 1, 2025

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
XPOVIO (80 MG ONCE WEEKLY) 40 MG	4	PA	BOSULIF TABS 100 MG, 500 MG	4	QL(1 EA daily); SP; PA
XPOVIO (80 MG TWICE WEEKLY)	4	PA	BRAFTOVI 75 MG	4	QL(6 EA daily); SP; PA
Antineoplastic Antibiotics					
<i>bleomycin sulfate 15 UNIT</i>	4	SP; PA	BRUKINSA	4	PA
<i>dactinomycin</i>	4	SP; PA	CABOMETYX TABS	4	QL(1 EA daily); PA
<i>doxorubicin hcl liposomal SUSP</i>	4	SP; PA	CALQUENCE	4	QL(2 EA daily); PA
<i>doxorubicin hcl SOLN</i>	4	SP; PA	CAPRELSA	4	QL(1 EA daily); SP; PA
<i>doxorubicin hcl SOLR 10 MG, 50 MG</i>	4	SP; PA	COMETRIQ (100 MG DAILY DOSE) KIT	4	QL(2 EA daily); SP; PA
<i>idarubicin hcl 5 MG/5ML, 10 MG/10ML</i>	4	SP; PA	COMETRIQ (140 MG DAILY DOSE) KIT	4	QL(4 EA daily); SP; PA
<i>idarubicin hcl 20 MG/20ML</i>	4	PA	COMETRIQ (60 MG DAILY DOSE) KIT	4	QL(3 EA daily); SP; PA
<i>mitomycin SOLR IV 20 MG</i>	4	SP; PA	COPIKTRA	4	PA
<i>mitoxantrone hcl 25 MG/12.5ML</i>	4	SP; PA	<i>dasatinib</i>	4	QL(1 EA daily); SP; PA
<i>valrubicin</i>	4	SP; PA	everolimus TABS	4	QL(1 EA daily); SP; PA
Antineoplastic Combinations					
KISQALI FEMARA (200 MG DOSE)	4	QL(2 EA daily); PA	IBRANCE CAPS	4	QL(1 EA daily); PA
KISQALI FEMARA (400 MG DOSE)	4	QL(2.5 EA daily); PA	IBRANCE TABS	4	QL(1 EA daily); PA
KISQALI FEMARA (600 MG DOSE)	4	QL(3.25 EA daily); PA	ICLUSIG	4	QL(1 EA daily); PA
Antineoplastic Enzyme Inhibitors					
ALECENSA	4	QL(8 EA daily); PA	<i>imatinib mesylate TABS</i>	4	QL(2 EA daily); SP; PA
ALUNBRIG TABS	4	QL(1 EA daily); PA	IMBRUVICA CAPS 140 MG	4	QL(3 EA daily); PA
ALUNBRIG TBPK	4	QL(1 EA daily); PA	IMBRUVICA CAPS 70 MG	4	QL(1 EA daily); PA
BALVERSA	4	PA	IMBRUVICA SUSP	4	QL(8 ML daily); PA
<i>bortezomib SOLR IJ</i>	4	SP; PA	IMBRUVICA TABS	4	QL(1 EA daily); PA
BORTEZOMIB SOLR IV 3.5 MG	4	PA	INREBIC	4	PA
BOSULIF TABS 400 MG	4	QL(1 EA daily); PA	JAKAFI	4	QL(2 EA daily); SP; PA
			KISQALI (200 MG DOSE)	4	QL(2 EA daily); PA
			KISQALI (400 MG DOSE)	4	QL(2 EA daily); PA
			KISQALI (600 MG DOSE)	4	QL(2.5 EA daily); PA

Ambetter Formulary Updated March 1, 2025

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

Ambetter Formulary Updated March 1, 2025

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits	
ACTIMMUNE 100 MCG/0.5ML	4	SP; PA	IXEMPRA KIT 15 MG	4	SP; PA	
<i>arsenic trioxide 10 MG/10ML</i>	4	SP; PA	JEVTANA	4	SP; PA	
<i>bexarotene</i>	4	SP; PA	<i>paclitaxel 100 MG/16.7ML, 150 MG/25ML</i>	4	SP; PA	
<i>dacarbazine SOLR 200 MG</i>	4	SP; PA	<i>paclitaxel protein-bound particles</i>	4	SP; PA	
<i>hydroxyurea</i>	1B		<i>vincristine sulfate</i>	4	SP; PA	
MATULANE	4	SP; PA	<i>vinorelbine tartrate 10 MG/ML</i>	4	SP; PA	
NIPENT	4	SP; PA	Topoisomerase I Inhibitors			
PHOTOFRIN	4	SP; PA	HYCAMTIN CAPS	4	SP; PA	
PROLEUKIN	4	SP; PA	<i>irinotecan hcl 40 MG/2ML, 100 MG/5ML</i>	4	SP; PA	
SYNRIBO	4	SP; PA	<i>topotecan hcl SOLN</i>	4		
<i>tretinooin (chemotherapy)</i>	1		<i>topotecan hcl SOLR</i>	4		
UVADEX	4	SP; PA	ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease			
Chemotherapy Adjuncts			Antiparkinson Adjunctive Therapy			
KEPIVANCE 6.25 MG	4	SP; PA	<i>carbidopa</i>	1		
Chemotherapy Rescue/Antidote/Protective Agents			Antiparkinson Anticholinergics			
<i>leucovorin calcium SOLR 50 MG, 100 MG, 200 MG, 350 MG</i>	1		<i>benztropine mesylate SOLN</i>	1		
<i>leucovorin calcium SOLR 500 MG</i>	1B		<i>benztropine mesylate TABS</i>	1		
<i>leucovorin calcium TABS</i>	1		<i>trihexyphenidyl hcl SOLN</i>	1		
VORAXAZE	4	SP; PA	<i>trihexyphenidyl hcl TABS</i>	1		
Mitotic Inhibitors			Antiparkinson COMT Inhibitors			
<i>docetaxel CONC 20 MG/ML</i>	4	SP; PA	<i>entacapone</i>	1B	QL(8 EA daily)	
<i>docetaxel SOLN 20 MG/2ML</i>	4	SP; PA	<i>tolcapone</i>	1		
<i>eribulin mesylate</i>	4	SP; PA	Antiparkinson Dopaminergics			
ETOPOPHOS	4	SP; PA	<i>amantadine hcl CAPS</i>	1		
<i>etoposide CAPS</i>	4	SP; PA	<i>amantadine hcl SOLN</i>	1		
<i>etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML</i>	4	PA	<i>amantadine hcl TABS</i>	1B		
HALAVEN (eribulin mesylate)	4	SP; PA	<i>apomorphine hydrochloride SOCT</i>	4	PA	

Ambetter Formulary Updated March 1, 2025

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
bromocriptine mesylate CAPS	1		EQUETRO 200 MG	3	QL(8 EA daily); ST
bromocriptine mesylate TABS 2.5 MG	1		EQUETRO 300 MG	3	QL(4 EA daily); ST
carbidopa-levodopa-entacapone	1		lurasidone hcl 20 MG, 40 MG, 60 MG, 120 MG	1	QL(1 EA daily)
carbidopa-levodopa TABS	1		lurasidone hcl 80 MG	1	QL(2 EA daily)
carbidopa-levodopa TBCR	1		ziprasidone hcl	1B	QL(2 EA daily); AL(At least 18 yrs old)
carbidopa-levodopa TBDP	1B		Benzisoxazoles		
NEUPRO	2		FANAPT	2	QL(2 EA daily); PA
pramipexole dihydrochloride TABS 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG	1		FANAPT TITRATION PACK	2	PA
pramipexole dihydrochloride TABS 0.125 MG	1B	QL(4 EA daily)	paliperidone 1.5 MG, 3 MG, 9 MG	1	QL(1 EA daily)
ropinirole hydrochloride TABS	1		paliperidone 6 MG	1	QL(2 EA daily)
ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG	1B	QL(1 EA daily); ST	PERSERIS PRSY	2	QL(0.072 EA daily); PA
ropinirole hydrochloride TB24 8 MG, 12 MG	1B	QL(2 EA daily); ST	risperidone microspheres	1	QL(0.072 EA daily); PA
Antiparkinson Monoamine Oxidase Inhibitors			risperidone SOLN	1B	QL(8 ML daily)
rasagiline mesylate	1	QL(1 EA daily); PA	risperidone TABS	1B	QL(4 EA daily)
selegiline hcl CAPS	1		risperidone TBDP 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	1B	QL(4 EA daily)
selegiline hcl TABS	1		risperidone TBDP 0.25 MG	1	QL(4 EA daily)
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders			Butyrophenones		
Antimanic Agents			haloperidol decanoate	1B	QL(0.036 ML daily)
lithium	1B		haloperidol lactate CONC	1	
lithium carbonate CAPS	1		haloperidol lactate SOLN	1	
lithium carbonate TABS	1		haloperidol TABS	1	
lithium carbonate TBCR	1		Dibenzapines		
Antipsychotics - Misc.			asenapine maleate 2.5 MG	1	QL(4 EA daily); PA
EQUETRO 100 MG	3	QL(2 EA daily); ST	asenapine maleate 5 MG, 10 MG	1	QL(2 EA daily); PA
			clozapine TABS	1	
			clozapine TBDP 25 MG	1	QL(3 EA daily)

Ambetter Formulary Updated March 1, 2025

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits	
<i>clozapine TBDP 100 MG</i>	1	QL(9 EA daily)	<i>aripiprazole TABS</i>	1B	QL(1 EA daily); AL(At least 6 yrs old)	
<i>clozapine TBDP 12.5 MG, 150 MG</i>	1	QL(6 EA daily)	REXULTI	3	PA	
<i>loxapine succinate</i>	1		Thioxanthenes			
<i>olanzapine SOLR</i>	1B	QL(0.215 EA daily)	<i>thiothixene</i>	1		
<i>olanzapine TABS 2.5 MG, 5 MG</i>	1B	QL(4 EA daily)	ANTIVIRALS - Drugs to Treat Viral Infections			
<i>olanzapine TABS 7.5 MG, 10 MG, 15 MG, 20 MG</i>	1B	QL(2 EA daily)	Antiretrovirals			
<i>olanzapine TBDP 20 MG</i>	1	QL(1 EA daily)	<i>abacavir sulfate-lamivudine</i>	1B	QL(1 EA daily)	
<i>olanzapine TBDP 5 MG, 10 MG, 15 MG</i>	1	QL(2 EA daily)	<i>abacavir sulfate SOLN</i>	1	QL(32 ML daily)	
<i>quetiapine fumarate TABS 300 MG, 400 MG</i>	1B	QL(2 EA daily); AL(At least 10 yrs old)	<i>abacavir sulfate TABS</i>	1B	QL(2 EA daily)	
<i>quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG</i>	1B	QL(4 EA daily); AL(At least 10 yrs old)	<i>APTIVUS CAPS</i>	3	QL(4 EA daily)	
<i>quetiapine fumarate TB24 300 MG, 400 MG</i>	1B	QL(2 EA daily)	<i>atazanavir sulfate CAPS 150 MG, 300 MG</i>	1	QL(1 EA daily)	
<i>quetiapine fumarate TB24 50 MG, 150 MG, 200 MG</i>	1B	QL(1 EA daily)	<i>atazanavir sulfate CAPS 200 MG</i>	1	QL(2 EA daily)	
Phenothiazines			<i>BIKTARVY</i>	3	QL(1 EA daily)	
<i>chlorpromazine hcl SOLN</i>	3		<i>CIMDUO</i>	3	QL(1 EA daily); ST	
<i>chlorpromazine hcl TABS</i>	1		<i>COMPLERA</i>	3	QL(1 EA daily)	
<i>fluphenazine hcl CONC</i>	1		<i>darunavir TABS</i>	1		
<i>fluphenazine hcl ELIX</i>	1		<i>DELSTRIGO</i>	3	QL(1 EA daily)	
<i>fluphenazine hcl SOLN</i>	1		<i>DOVATO</i>	3	QL(1 EA daily)	
<i>fluphenazine hcl TABS</i>	1		<i>EDURANT</i>	3	QL(1 EA daily)	
<i>perphenazine TABS</i>	1		<i>efavirenz CAPS 200 MG</i>	1B	QL(2 EA daily)	
<i>prochlorperazine</i>	1		<i>efavirenz CAPS 50 MG</i>	1B	QL(3 EA daily)	
<i>prochlorperazine maleate TABS</i>	1		<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	1	QL(1 EA daily)	
<i>thioridazine hcl</i>	1		<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	1	QL(1 EA daily)	
<i>trifluoperazine hcl TABS</i>	1		<i>efavirenz TABS</i>	1B	QL(1 EA daily)	
Quinolinone Derivatives			<i>emtricitabine CAPS</i>	1	QL(1 EA daily)	
<i>ariPIPRAZOLE SOLN PO</i>	1	QL(30 ML daily); AL(At least 6 yrs old)	<i>emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG</i>	1	QL(1 EA daily)	

Ambetter Formulary Updated March 1, 2025

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG</i>	0	QL(1 EA daily)	PREZISTA SUSP	3	QL(12 ML daily)
EMTRIVA SOLN	3	QL(24 ML daily)	PREZISTA TABS 75 MG, 150 MG	3	QL(2 EA daily)
<i>etravirine 100 MG</i>	1	QL(4 EA daily)	RETROVIR SOLN	3	
<i>etravirine 200 MG</i>	1	QL(2 EA daily)	<i>ritonavir TABS</i>	1	QL(12 EA daily)
EVOTAZ	3	QL(1 EA daily)	SELZENTRY SOLN	3	QL(30 ML daily)
<i>fosamprenavir calcium TABS</i>	1	QL(4 EA daily)	SELZENTRY TABS 25 MG, 75 MG	3	QL(2 EA daily)
FUZEON SOLR	4	SP; PA	<i>stavudine CAPS</i>	1B	QL(2 EA daily)
GENVOYA	3	QL(1 EA daily)	STRIBILD	3	QL(1 EA daily)
INTELENCE 25 MG	3	QL(8 EA daily)	<i>tenofovir disoproxil fumarate TABS</i>	1	
ISENTRESS HD TABS	3	QL(2 EA daily)	TIVICAY TABS	3	QL(2 EA daily)
ISENTRESS CHEW	3	QL(6 EA daily)	TRIUMEQ TABS	3	QL(1 EA daily)
ISENTRESS TABS	3	QL(2 EA daily)	TRIZIVIR	3	QL(2 EA daily)
JULUCA	3	QL(1 EA daily)	TYBOST	3	QL(1 EA daily)
<i>lamivudine SOLN</i>	1	QL(30 ML daily)	VIRACEPT TABS 625 MG	3	QL(4 EA daily)
<i>lamivudine TABS 300 MG</i>	1	QL(1 EA daily)	VIRACEPT TABS 250 MG	3	QL(10 EA daily)
<i>lamivudine TABS 150 MG</i>	1	QL(2 EA daily)	VIREAD POWD	3	QL(7.5 GM daily)
<i>lamivudine-zidovudine</i>	1B	QL(2 EA daily)	VIREAD TABS 150 MG, 200 MG, 250 MG	3	QL(1 EA daily)
LEXIVA SUSP	3	QL(56 ML daily)	<i>zidovudine CAPS</i>	1B	QL(6 EA daily)
<i>lopinavir-ritonavir SOLN</i>	1B	QL(12.5 ML daily)	<i>zidovudine SYRP</i>	1B	QL(60 ML daily)
<i>lopinavir-ritonavir TABS</i>	1	QL(4 EA daily)	<i>zidovudine TABS</i>	1B	QL(2 EA daily)
<i>maraviroc TABS 300 MG</i>	1	QL(4 EA daily)	CMV Agents		
<i>maraviroc TABS 150 MG</i>	1	QL(2 EA daily)	<i>cidofovir</i>	3	
<i>nevirapine SUSP</i>	1	QL(40 ML daily)	<i>ganciclovir sodium SOLR</i>	1	
<i>nevirapine TABS</i>	1B	QL(2 EA daily)	<i>valganciclovir hcl TABS</i>	1	QL(4 EA daily); PA
<i>nevirapine TB24 100 MG</i>	1	QL(3 EA daily)	Hepatitis Agents		
<i>nevirapine TB24 400 MG</i>	1	QL(1 EA daily)	<i>adefovir dipivoxil</i>	4	QL(1 EA daily); SP
NORVIR CAPS	2	QL(12 EA daily)	<i>entecavir TABS</i>	4	QL(1 EA daily); SP
NORVIR PACK	3	QL(12 EA daily)	EPIVIR HBV SOLN	4	QL(60 ML daily); SP; PA
ODEFSEY	3	QL(1 EA daily)			
PIFELTRO	3	QL(1 EA daily)			
PREZCOBIX	3	QL(1 EA daily)			

Ambetter Formulary Updated March 1, 2025

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits	
<i>lamivudine (hbv) TABS</i>	1B	QL(3 EA daily); SP	<i>oseltamivir phosphate SUSR</i>	1	Limit 1 fill every 90 days.; QL(125 ML per fill retail); 1 max fill(s) per 90 day(s) retail	
PEGASYS SOLN	4	QL(0.0714 ML daily); SP; PA	RELENZA DISKHALER	2	1 package(s) per 30 day(s) retail	
PEGASYS SOSY	4	QL(0.072 ML daily); PA	<i>rimantadine hydrochloride TABS</i>	1	QL(2 EA daily)	
<i>ribavirin (hepatitis c) CAPS</i>	1B	QL(7 EA daily)	BETA BLOCKERS - Drugs to Treat High Blood Pressure			
<i>ribavirin (hepatitis c) TABS 200 MG</i>	1B	QL(7 EA daily)	Alpha-Beta Blockers			
SOFOSBUVIR-VELPATASVIR TABS	1B	QL(1 EA daily); PA	<i>carvedilol</i>	1		
SOVALDI TABS 400 MG	4	QL(1 EA daily); SP; PA	<i>carvedilol phosphate</i>	3	QL(1 EA daily)	
SOVALDI TABS 200 MG	4	QL(1 EA daily); PA	<i>labetalol hcl SOLN</i>	1		
VOSEVI	4	QL(1 EA daily); PA	<i>labetalol hcl TABS 100 MG, 200 MG</i>	1		
Herpes Agents			<i>labetalol hcl TABS 300 MG</i>	1	QL(8 EA daily)	
<i>acyclovir CAPS</i>	1A	QL(5 EA daily; 50 EA per fill retail; 50 per fill mail)	Beta Blockers Cardio-Selective			
<i>acyclovir SUSP</i>	1B	QL(13.34 ML daily)	<i>acebutolol hcl CAPS</i>	1		
<i>acyclovir TABS PO</i>	1B	QL(5 EA daily)	<i>atenolol TABS</i>	1		
<i>famciclovir 125 MG, 250 MG</i>	1B	QL(3 EA daily)	<i>betaxolol hcl</i>	1		
<i>famciclovir 500 MG</i>	1B	QL(4 EA daily)	<i>bisoprolol fumarate</i>	1		
<i>valacyclovir hcl 500 MG</i>	1B	QL(2 EA daily)	<i>metoprolol succinate TB24 200 MG</i>	1	QL(2 EA daily)	
<i>valacyclovir hcl 1 GM</i>	1B	QL(4 EA daily)	<i>metoprolol succinate TB24 25 MG, 50 MG, 100 MG</i>	1		
Influenza Agents			<i>metoprolol tartrate SOLN IV 5 MG/5ML</i>	1		
<i>oseltamivir phosphate CAPS</i>	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	<i>metoprolol tartrate TABS 25 MG, 50 MG, 100 MG</i>	1		
			<i>nebivolol hcl 20 MG</i>	3	QL(2 EA daily)	
			<i>nebivolol hcl 2.5 MG, 5 MG, 10 MG</i>	3	QL(1 EA daily)	
Beta Blockers Non-Selective						
			<i>HEMANGEOL SOLN PO</i>	4	QL(75 ML daily); PA	

Ambetter Formulary Updated March 1, 2025

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits	
<i>nadolol TABS 80 MG</i>	1		<i>nifedipine TB24</i>	1		
<i>nadolol TABS 40 MG</i>	1	QL(6 EA daily)	<i>nimodipine CAPS</i>	1		
<i>nadolol TABS 20 MG</i>	1	QL(3 EA daily)	<i>nisoldipine</i>	1		
<i>pindolol TABS</i>	1		<i>verapamil hcl CP24 120 MG, 180 MG, 240 MG, 360 MG</i>	1	QL(1 EA daily)	
<i>propranolol hcl CP24</i>	1	QL(2 EA daily)	<i>verapamil hcl CP24 100 MG, 200 MG, 300 MG</i>	1		
<i>propranolol hcl SOLN IV 1 MG/ML</i>	1		<i>verapamil hcl SOLN 2.5 MG/ML</i>	1		
<i>propranolol hcl TABS</i>	1		<i>verapamil hcl TABS</i>	1		
<i>sotalol hcl (afib/afl)</i>	1		<i>verapamil hcl TBCR</i>	1		
<i>sotalol hcl TABS 240 MG</i>	1		CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm			
<i>sotalol hcl TABS 80 MG, 120 MG, 160 MG</i>	1B	QL(2 EA daily)	Cardiac Glycosides			
<i>timolol maleate TABS</i>	1B		<i>digoxin SOLN PO 0.05 MG/ML</i>	1		
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure						
Calcium Channel Blockers						
<i>amlodipine besylate TABS</i>	1		<i>digoxin SOLN IJ 0.25 MG/ML</i>	1B		
<i>diltiazem hcl coated beads CP24 180 MG, 240 MG</i>	1	QL(2 EA daily)	<i>digoxin TABS 62.5 MCG, 125 MCG, 250 MCG</i>	1B		
<i>diltiazem hcl coated beads CP24 120 MG, 300 MG, 360 MG</i>	1		<i>LANOXIN SOLN IJ (digoxin)</i>	2		
<i>diltiazem hcl extended release beads</i>	1		<i>LANOXIN TABS 62.5 MCG, 125 MCG, 250 MCG (digoxin)</i>	2		
<i>diltiazem hcl CP12</i>	1	QL(2 EA daily)	CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions			
<i>diltiazem hcl CP24</i>	1		Cardiovascular Agents Misc. - Combinations			
<i>diltiazem hcl SOLN 50 MG/10ML</i>	1		<i>amlodipine besylate-atorvastatin calcium</i>	1	QL(1 EA daily)	
<i>DILTIAZEM HCL SOLR</i>	1B		<i>isosorbide dinitrate-hydralazine hcl</i>	1		
<i>diltiazem hcl TABS</i>	1		Impotence Agents			
<i>diltiazem hcl TB24</i>	1		<i>avanafil</i>	1B	QL(0.134 EA daily)	
<i>felodipine</i>	1		<i>sildenafil citrate</i>	1	QL(0.1334 EA daily); PA	
<i>isradipine CAPS</i>	1		<i>STENDRA (avanafil)</i>	3	QL(0.134 EA daily)	
<i>nicardipine hcl CAPS</i>	1					
<i>nicardipine hcl SOLN</i>	1					
<i>nifedipine CAPS 20 MG</i>	1	QL(9 EA daily)				
<i>nifedipine CAPS 10 MG</i>	1					

Ambetter Formulary Updated March 1, 2025

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits			
<i>tadalafil 5 MG</i>	1	BPH Only; QL(1 EA daily); PA	UPTRAVI TITRATION TBPK	4	1 max fill(s) per 180 day(s) retail; PA			
Prostaglandin Vasodilators								
<i>epoprostenol sodium</i>	4	PA	UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG	4	QL(2 EA daily); PA			
<i>ORENITRAM TBCR</i>	4	PA	UPTRAVI TABS 200 MCG	4	PA			
<i>treprostинil SOLN IJ</i>	4	SP; PA	Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator					
<i>TYVASO REFILL KIT SOLN IN</i>	4	PA	ADEMPAS	4	QL(3 EA daily); PA			
<i>TYVASO STARTER KIT SOLN IN</i>	4	PA	Sinus Node Inhibitors					
<i>TYVASO SOLN IN</i>	4	PA	<i>ivabradine hcl TABS</i>	3	QL(2 EA daily); PA			
Pulmonary Hypertension - Endothelin Receptor Antagonists								
<i>ambrisentan</i>	4	QL(1 EA daily); SP; PA	Transthyretin Stabilizers					
<i>bosentan TABS 125 MG</i>	4	QL(2 EA daily); SP; PA	VYNDAMAX	4	QL(1 EA daily); PA			
<i>bosentan TABS 62.5 MG</i>	4	QL(2 EA daily); PA	VYNDAQEL	4	QL(4 EA daily); PA			
<i>OPSUMIT</i>	4	QL(1 EA daily); PA	CEPHALOSPORINS - Drugs to Treat Bacterial Infections					
<i>TRACLEER TBSO</i>	4	QL(2 EA daily); SP; PA	Cephalosporins - 1st Generation					
Pulmonary Hypertension - Phosphodiesterase Inhibitors								
<i>sildenafil citrate (pulmonary hypertension) SOLN</i>	4	QL(37.5 ML daily); SP; PA	<i>cefadroxil CAPS</i>	1				
<i>sildenafil citrate (pulmonary hypertension) SUSR</i>	4	QL(6 ML daily); PA	<i>cefadroxil SUSR</i>	1				
<i>sildenafil citrate (pulmonary hypertension) TABS</i>	4	QL(3 EA daily); SP; PA	<i>cefadroxil TABS</i>	1				
<i>tadalafil (pulmonary hypertension) TABS</i>	4	QL(2 EA daily); SP; PA	<i>cefazolin sodium SOLR IJ 1 GM, 10 GM, 500 MG</i>	1				
Pulmonary Hypertension - Prostacyclin Receptor Agonist			<i>cephalexin CAPS</i>	1				
			<i>cephalexin SUSR</i>	1				
			Cephalosporins - 2nd Generation					
			<i>cefaclor CAPS</i>	1				
			<i>cefaclor SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML</i>	1				
			<i>cefotetan disodium IJ 1 GM, 2 GM</i>	1				
			<i>cefoxitin sodium IV 1 GM, 2 GM</i>	1				

Ambetter Formulary Updated March 1, 2025

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>cefprozil SUSR</i>	1		<i>ethynodiol diacet & eth estrad</i>	0	
<i>cefprozil TABS</i>	1		<i>FEMLYV TBDP</i>	0	
<i>cefuroxime axetil TABS</i>	1		<i>levonorgestrel & eth estradiol TABS</i>	0	
<i>cefuroxime sodium IJ 750 MG</i>	1		<i>levonorgestrel-eth estradiol (triphasic)</i>	0	
Cephalosporins - 3rd Generation			<i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i>	0	
<i>cefdinir CAPS</i>	1		<i>levonorgestrel-ethinyl estradiol (continuous)</i>	0	
<i>cefdinir SUSR</i>	1		<i>levonorgestrel-ethinyl estradiol-iron</i>	0	
<i>cefixime CAPS</i>	1		<i>LO LOESTRIN FE TABS</i>	0	
<i>cefixime SUSR</i>	1	ST	<i>NATAZIA</i>	0	
<i>cefpodoxime proxetil SUSR</i>	1		<i>NEXTSTELLIS</i>	0	
<i>cefpodoxime proxetil TABS</i>	1		<i>norethin acet & estrad-fe CAPS</i>	0	
<i>ceftazidime IJ 1 GM, 6 GM</i>	1		<i>norethin acet & estrad-fe CHEW</i>	0	
<i>ceftriaxone sodium IJ 250 MG</i>	1A		<i>norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i>	0	
<i>ceftriaxone sodium IJ 1 GM, 2 GM, 500 MG</i>	1		<i>norethindrone & eth estradiol</i>	0	
Cephalosporins - 4th Generation			<i>norethindrone & ethinyl estradiol-fe</i>	0	
<i>cefepime hcl SOLR IJ 1 GM</i>	1		<i>norethindrone acet & eth estra TABS</i>	0	
Cephalosporins - 5th Generation			<i>norethindrone acetate-ethinyl estradiol-fe</i>	0	
TEFLARO	3		<i>norethindrone-eth estradiol (triphasic)</i>	0	
CONTRACEPTIVES - Drugs to Prevent Pregnancy			<i>norgestimate-ethinyl estradiol</i>	0	
Combination Contraceptives - Oral			<i>norgestimate-ethinyl estradiol (triphasic)</i>	0	
<i>desogestrel & ethinyl estradiol</i>	0		<i>norgestrel & ethinyl estradiol 30 MCG-0.3 MG</i>	0	
<i>desogestrel-ethinyl estradiol (biphasic)</i>	0		<i>TYBLUME CHEW</i>	0	
<i>desogestrel-ethinyl estradiol (triphasic)</i>	0				
<i>drospirenone-ethinyl estradiol</i>	0				
<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>	0				

Ambetter Formulary Updated March 1, 2025

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits			
Combination Contraceptives - Transdermal								
<i>norelgestromin-ethynodiol estradiol</i>	0		OPILL	0				
TWIRLA	0	QL(3 EA per 28 day(s) retail; 9 EA per 84 days mail)	SLYND	0	QL(1 EA daily)			
Combination Contraceptives - Vaginal								
ANNOVERA	0		CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions					
<i>etonogestrel-ethynodiol estradiol</i>	0	QL(0.05 EA daily)	Glucocorticosteroids					
Copper Contraceptives - IUD								
PARAGARD INTRAUTERINE COPPER	0		<i>budesonide CPEP</i>	1	QL(3 EA daily)			
Emergency Contraceptives			<i>deflazacort SUSP</i>	4	PA			
ELLA	0		<i>deflazacort TABS</i>	4	PA			
<i>levonorgestrel (emergency oc) 1.5 MG</i>	0		DEPO-MEDROL SUSP	3				
Progestin Contraceptives - Implants			DEXAMETHASONE INTENSOL CONC	1B				
NEXPLANON	0		<i>dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML</i>	1				
Progestin Contraceptives - Injectable			<i>dexamethasone sodium phosphate SOSY IJ 4 MG/ML</i>	1				
DEPO-SUBQ PROVERA 104 SUSY SC	0		<i>dexamethasone ELIX</i>	1				
<i>medroxyprogesterone acetate (contraceptive) SUSP IM</i>	0	QL(1 ML per 90 day(s) retail)	<i>dexamethasone SOLN</i>	1				
<i>medroxyprogesterone acetate (contraceptive) SUSY IM</i>	0	QL(90 Day(s) limit ; 1 ML per 90 day(s) retail)	<i>dexamethasone TABS 1 MG, 1.5 MG, 2 MG, 4 MG, 6 MG</i>	1				
Progestin Contraceptives - IUD			<i>dexamethasone TABS 0.5 MG, 0.75 MG</i>	1A				
KYLEENA	0		<i>EMFLAZA SUSP (deflazacort)</i>	4	PA			
LILETTA (52 MG)	0		<i>hydrocortisone sod succinate 100 MG</i>	1B	2 max fill(s) per 30 day(s) retail			
MIRENA (52 MG)	0		<i>hydrocortisone TABS</i>	1				
SKYLA	0		<i>MEDROL TABS</i>	3				
Progestin Contraceptives - Oral			<i>methylprednisolone acetate SUSP</i>	1				
<i>norethindrone (contraceptive)</i>	0		<i>methylprednisolone sod succ 40 MG, 125 MG, 500 MG, 1000 MG</i>	1				
			<i>methylprednisolone TABS</i>	1				
			<i>methylprednisolone TBPK</i>	1				
			<i>prednisolone sodium phosphate SOLN</i>	1				

Ambetter Formulary Updated March 1, 2025

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>prednisolone sodium phosphate TBDP</i>	3		Mucolytics		
<i>prednisolone SOLN</i>	1		<i>acetylcysteine SOLN</i>	1	
<i>prednisolone TABS</i>	1		DERMATOLOGICALS - Drugs to Treat Skin Conditions		
<i>prednisone SOLN</i>	1		Acne Products		
<i>prednisone TABS 2.5 MG, 10 MG, 20 MG, 50 MG</i>	1A		<i>adapalene-benzoyl peroxide GEL 2.5 %-0.1 %</i>	1	AL(At least 12 yrs old); ST
<i>prednisone TABS 1 MG, 5 MG</i>	1		<i>adapalene CREA</i>	1B	AL(At least 12 yrs old); ST
<i>prednisone TBPK</i>	1B		<i>adapalene GEL</i>	1B	AL(At least 12 yrs old); ST; RX/OTC
SOLU-CORTEF 250 MG	3		AZELEX	3	QL(50 GM per 30 day(s) retail; 50 GM per 30 days mail); AL(At least 12 yrs old); ST
SOLU-CORTEF 100 MG, 500 MG, 1000 MG	3	2 max fill(s) per 30 day(s) retail	BENZEPRO CREAMY WASH LIQD	2	AL(At least 12 yrs old)
SOLU-CORTEF (<i>hydrocortisone sod succinate</i>)	3	2 max fill(s) per 30 day(s) retail	BENZEPRO FOAM 5.3 %	2	AL(At least 12 yrs old); RX/OTC
SOLU-MEDROL 2 GM	3		<i>benzoyl peroxide-erythromycin GEL</i>	1B	AL(At least 12 yrs old); PA
<i>triamcinolone acetonide SUSP 40 MG/ML</i>	1		<i>benzoyl peroxide FOAM 5.3 %, 9.8 %</i>	1B	AL(At least 12 yrs old); RX/OTC
Mineralocorticoids			<i>benzoyl peroxide GEL 10 %</i>	1B	AL(At least 12 yrs old)
<i>fludrocortisone acetate TABS</i>	1		<i>benzoyl peroxide GEL 5 %</i>	1B	QL(3 GM daily); AL(At least 12 yrs old)
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms			<i>benzoyl peroxide LIQD 4 %, 10 %</i>	1B	AL(At least 12 yrs old)
Antitussives			<i>clindamycin phosphate (topical) FOAM</i>	1B	AL(At least 12 yrs old); PA
<i>benzonatate 150 MG</i>	1	QL(4 EA daily)	<i>clindamycin phosphate (topical) GEL</i>	1	QL(8 ML daily)
<i>benzonatate 200 MG</i>	1B	QL(3 EA daily)	<i>clindamycin phosphate (topical) LOTN</i>	1B	AL(At least 12 yrs old)
<i>benzonatate 100 MG</i>	1B	QL(6 EA daily)			
Cough/Cold/Allergy Combinations					
<i>hydrocodone polistirex-chlorpheniramine polistirex SUER</i>	1B				
TUZISTRA XR	2	PA			
Misc. Respiratory Inhalants					
HYPERSAL NEBU	1B				
NEBUSAL NEBU	1B				
<i>sodium chloride (inhalant) NEBU 7 %</i>	1				

Ambetter Formulary Updated March 1, 2025

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits	
<i>clindamycin phosphate (topical) SOLN</i>	1B	QL(4 ML daily); AL(At least 12 yrs old)	<i>tretinoin GEL 0.01 %, 0.025 %</i>	1B	QL(3 GM daily); AL(At least 12 yrs old - Up to 30 yrs old)	
<i>clindamycin phosphate (topical) SWAB</i>	1B	AL(At least 12 yrs old)	Agents for External Genital and Perianal Warts			
<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	1B	AL(At least 12 yrs old); PA	<i>VEREGEN</i>	3	QL(1 GM daily)	
<i>clindamycin phosphate-benzoyl peroxide GEL 5 %-1 %</i>	1B	AL(At least 12 yrs old); PA	Antibiotics - Topical			
<i>clindamycin phosphate-tretinoin</i>	1	AL(At least 12 yrs old); ST	<i>ALTABAX</i>	2	QL(15 GM per 30 day(s) retail; 15 GM per 30 days mail)	
<i>DIFFERIN LOTN</i>	2	AL(At least 12 yrs old); ST	<i>gentamicin sulfate (topical) CREA</i>	1	QL(1 GM daily)	
<i>erythromycin (acne aid) PADS</i>	1	AL(At least 12 yrs old)	<i>gentamicin sulfate (topical) OINT</i>	1		
<i>erythromycin (acne aid) SOLN</i>	1	AL(At least 12 yrs old)	<i>mupirocin OINT</i>	1	QL(6 GM daily)	
<i>isotretinoin 10 MG, 20 MG, 30 MG, 40 MG</i>	3	AL(At least 12 yrs old); PA	<i>NEO-SYNALAR</i>	3	QL(60 GM per 30 day(s) retail; 60 GM per 30 days mail); PA	
<i>PR BENZOYL PEROXIDE WASH LIQD</i>	2	AL(At least 12 yrs old)	Antifungals - Topical			
<i>sulfacetamide sodium (acne)</i>	1B	AL(At least 12 yrs old)	<i>butenafine hcl</i>	1	QL(6 GM daily); RX/OTC	
<i>sulfacetamide sodium w/ sulfur CREA 10 %-5 %</i>	1B	AL(At least 12 yrs old)	<i>ciclopirox olamine CREA</i>	1	QL(90 GM per fill retail); 1 max fill(s) per 30 day(s) retail	
<i>sulfacetamide sodium w/ sulfur LIQD 9 %-4.5 %</i>	1B	AL(At least 12 yrs old); ST	<i>ciclopirox olamine SUSP</i>	1		
<i>sulfacetamide sodium w/ sulfur LIQD 10 %-5 %</i>	1B	AL(At least 12 yrs old)	<i>ciclopirox GEL</i>	1	QL(3.35 GM daily)	
<i>sulfacetamide sodium-sulfur in urea vehicle EMUL 10 %-10 %-4 %</i>	1	AL(At least 12 yrs old)	<i>ciclopirox SHAM</i>	1	QL(10 ML daily)	
<i>tretinoin microsphere 0.1 %</i>	1B	QL(3 GM daily); AL(At least 12 yrs old - Up to 30 yrs old); PA	<i>ciclopirox SOLN</i>	1	QL(0.22 ML daily)	
<i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i>	1B	QL(3 GM daily); AL(At least 12 yrs old - Up to 30 yrs old)	<i>clotrimazole (topical) CREA</i>	1	QL(4.5 GM daily); RX/OTC	
			<i>clotrimazole (topical) SOLN</i>	1	QL(10 ML daily); RX/OTC	
			<i>clotrimazole w/ betamethasone CREA</i>	1	QL(8 GM daily)	
			<i>clotrimazole w/ betamethasone LOTN</i>	1		

Ambetter Formulary Updated March 1, 2025

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits	
econazole nitrate CREA	1	QL(85 GM per fill retail; 85 per fill mail)	sulconazole nitrate CREA	1B		
ERTACZO	3	QL(2.15 GM daily)	sulconazole nitrate SOLN	1B	1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail	
ketoconazole (topical) CREA	1	QL(10 GM daily)	tavaborole	1	PA	
ketoconazole (topical) SHAM 2 %	1	QL(20 ML daily)	Anti-inflammatory Agents - Topical			
luliconazole	1B	PA	diclofenac epolamine PTCH EX	1B	QL(2 EA daily); PA	
naftifine hcl CREA 2 %	1	QL(2 GM daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail	diclofenac sodium (topical) GEL EX	1	QL(3.34 GM daily); RX/OTC	
naftifine hcl CREA 1 %	1	QL(3 GM daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail	Antineoplastic or Premalignant Lesion Agents - Topical			
nystatin (topical) CREA	1	QL(10 GM daily)	bexarotene (topical)	4	SP; PA	
nystatin (topical) OINT	1	QL(6 GM daily)	diclofenac sodium (actinic keratoses) EX	1	QL(3.34 GM daily); PA	
nystatin (topical) POWD EX	1	QL(10 GM daily)	fluorouracil (topical) CREA 5 %	1B	QL(4 GM daily)	
nystatin-triamcinolone CREA	1	QL(10 GM daily)	fluorouracil (topical) SOLN 5 %	1	QL(2 ML daily)	
nystatin-triamcinolone OINT	1	QL(4 GM daily)	fluorouracil (topical) SOLN 2 %	1B	QL(2 ML daily)	
oxiconazole nitrate CREA	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	PANRETIN	3	QL(60 GM per 30 day(s) retail; 60 GM per 30 days mail)	
OXISTAT LOTN	2	Limit 1 Fill per 180 days; QL(2 ML daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail	Antipruritics - Topical			
			doxepin hcl (antipruritic)	3	Limit 1 fill every 180 days; QL(45 GM per fill retail; 45 per fill mail); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA	
			Antipsoriatics			
			acitretin 25 MG	1B	QL(2 EA daily)	
			acitretin 10 MG, 17.5 MG	1B	QL(1 EA daily)	
			calcipotriene CREA	1B	QL(4 GM daily); PA	

Ambetter Formulary Updated March 1, 2025

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>calcipotriene OINT</i>	1	QL(4 GM daily); PA	Antiseborrheic Products		
<i>calcipotriene SOLN</i>	1B	QL(4 ML daily); PA	<i>selenium sulfide LOTN 2.5 %</i>	1	
<i>calcitriol (topical)</i>	1	QL(3.34 GM daily)	Antivirals - Topical		
COSENTYX (300 MG DOSE) SOSY	4	QL(0.072 ML daily); PA	<i>acyclovir topical CREA</i>	1	1 package(s) per fill retail; 1 package(s) per fill mail
COSENTYX SENSOREADY (300 MG) SOAJ	4	QL(0.072 ML daily); PA	<i>acyclovir topical OINT</i>	1	1 package(s) per fill retail; 1 package(s) per fill mail
COSENTYX SENSOREADY PEN SOAJ	4	QL(0.072 ML daily); PA	<i>penciclovir</i>	3	QL(0.18 GM daily)
COSENTYX UNOREADY SOAJ	4	QL(0.072 ML daily); PA	Burn Products		
COSENTYX SOSY 75 MG/0.5ML	4	QL(0.18 ML daily); PA	<i>mafenide acetate PACK</i>	3	
COSENTYX SOSY 150 MG/ML	4	QL(0.036 ML daily); PA	<i>silver sulfadiazine</i>	1	QL(20 GM daily)
<i>methoxsalen rapid</i>	1B	QL(4 EA daily)	SULFAMYLYON CREA	3	
SKYRIZI (150 MG DOSE) PSKT	4	QL(0.025 EA daily); PA	Corticosteroids - Topical		
SKYRIZI PEN SOAJ	4	QL(0.025 ML daily); PA	<i>alclometasone dipropionate CREA</i>	1	QL(2 GM daily)
SKYRIZI SOSY	4	QL(0.025 ML daily); PA	<i>alclometasone dipropionate OINT</i>	1	QL(3 GM daily)
STELARA SOLN 45 MG/0.5ML	4	QL(0.012 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
STELARA SOSY 45 MG/0.5ML	4	QL(0.012 ML daily); PA	<i>amcinonide LOTN</i>	3	
STELARA SOSY 90 MG/ML	4	QL(0.018 ML daily); SP; PA	<i>amcinonide OINT</i>	3	
<i>tazarotene CREA 0.1 %</i>	1	QL(1 GM daily)	<i>betamethasone dipropionate (topical) CREA</i>	1	QL(3 GM daily)
TREMFYA SOAJ 100 MG/ML	4	QL(0.018 ML daily); PA	<i>betamethasone dipropionate (topical) LOTN</i>	1	
TREMFYA SOAJ 200 MG/2ML	4	QL(0.072 ML daily); PA	<i>betamethasone dipropionate (topical) OINT</i>	1	QL(3 GM daily)
TREMFYA SOLN	4	QL(0.72 ML daily); PA			
TREMFYA SOSY 100 MG/ML	4	QL(0.018 ML daily); PA			
TREMFYA SOSY 200 MG/2ML	4	QL(0.072 ML daily); PA			

Ambetter Formulary Updated March 1, 2025

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone dipropionate augmented CREA</i>	1	QL(3.5 GM daily)	<i>desonide OINT</i>	1	QL(3 GM daily)
<i>betamethasone dipropionate augmented LOTN</i>	1	QL(5 ML daily)	<i>desoximetasone CREA 0.25 %</i>	1	QL(4 GM daily)
<i>betamethasone dipropionate augmented OINT</i>	1	QL(3.5 GM daily)	<i>desoximetasone GEL</i>	1	QL(3 GM daily)
<i>betamethasone valerate CREA</i>	1	QL(2.5 GM daily)	<i>desoximetasone OINT 0.25 %</i>	1	QL(4 GM daily)
<i>betamethasone valerate FOAM</i>	1	QL(1.67 GM daily)	<i>diflorasone diacetate CREA</i>	1	PA
<i>betamethasone valerate LOTN</i>	1	QL(5 ML daily)	<i>diflorasone diacetate OINT</i>	1	PA
<i>betamethasone valerate OINT</i>	1	QL(3 GM daily)	<i>fluocinolone acetonide CREA 0.01 %</i>	1	
<i>calcipotriene-betamethasone dipropionate OINT</i>	1B	ST	<i>fluocinolone acetonide CREA 0.025 %</i>	1	QL(4 GM daily)
<i>calcipotriene-betamethasone dipropionate SUSP</i>	1	ST	<i>fluocinolone acetonide OIL</i>	1	QL(118.28 ML per fill retail); 1 max fill(s) per 30 day(s) retail
<i>clobetasol propionate emollient base 0.05 %</i>	1	QL(1 GM daily); PA	<i>fluocinolone acetonide OINT</i>	1	QL(4 GM daily)
<i>clobetasol propionate CREA 0.05 %</i>	1	QL(3 GM daily); PA	<i>fluocinolone acetonide SOLN</i>	1	QL(4 ML daily)
<i>clobetasol propionate FOAM</i>	1	QL(3 GM daily); ST	<i>fluocinonide emulsified base</i>	1	QL(2 GM daily)
<i>clobetasol propionate GEL 0.05 %</i>	1	QL(2 GM daily); ST	<i>fluocinonide CREA 0.05 %</i>	1	QL(2 GM daily)
<i>clobetasol propionate OINT 0.05 %</i>	1	QL(1 GM daily); PA	<i>fluocinonide CREA 0.1 %</i>	1	QL(4 GM daily)
<i>clobetasol propionate SOLN 0.05 %</i>	1	QL(3.34 ML daily); PA	<i>fluocinonide GEL</i>	1	
<i>clocortolone pivalate</i>	3	QL(3 GM daily)	<i>fluocinonide OINT</i>	1	QL(2 GM daily)
<i>CORDRAN TAPE</i>	3	1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail	<i>fluocinonide SOLN</i>	1	QL(2 ML daily)
<i>desonide CREA</i>	1	QL(4 GM daily)	<i>flurandrenolide CREA</i>	2	QL(2 GM daily)
<i>desonide LOTN</i>	1	QL(4 ML daily)	<i>flurandrenolide LOTN</i>	2	QL(2 ML daily)
			<i>fluticasone propionate CREA 0.05 %</i>	1	QL(4 GM daily)
			<i>fluticasone propionate LOTN</i>	1	QL(6 ML daily)
			<i>fluticasone propionate OINT</i>	1	QL(4 GM daily)
			<i>halcinonide CREA</i>	1	PA
			<i>halobetasol propionate CREA</i>	1	QL(3.5 GM daily)

Ambetter Formulary Updated March 1, 2025

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
halobetasol propionate OINT	1	QL(3.5 GM daily)	DUPIXENT SOAJ 300 MG/2ML	4	QL(0.29 ML daily); PA
HALOG OINT	3	PA	DUPIXENT SOAJ 200 MG/1.14ML	4	QL(0.082 ML daily); PA
hydrocortisone (topical) CREA 1 %, 2.5 %	1	QL(15.15 GM daily); RX/OTC	DUPIXENT SOSY 100 MG/0.67ML	4	QL(0.048 ML daily); PA
hydrocortisone (topical) LOTN 2.5 %	1		DUPIXENT SOSY 200 MG/1.14ML	4	QL(0.082 ML daily); PA
hydrocortisone (topical) OINT 1 %, 2.5 %	1	QL(15.15 GM daily); RX/OTC	DUPIXENT SOSY 300 MG/2ML	4	QL(0.29 ML daily); PA
hydrocortisone butyrate CREA	1	QL(3 GM daily)	Emollients		
hydrocortisone butyrate OINT	1	QL(3 GM daily)	<i>lactic acid (ammonium lactate) CREA</i>	1	QL(12.9 GM daily); RX/OTC
hydrocortisone butyrate SOLN	1	QL(5 ML daily)	<i>lactic acid (ammonium lactate) LOTN 12 %</i>	1	RX/OTC
hydrocortisone valerate CREA	1		Enzymes - Topical		
hydrocortisone valerate OINT	1		SANTYL OINT	3	PA
mometasone furoate CREA	1	QL(3 GM daily)	Immunomodulating Agents - Topical		
mometasone furoate OINT	1	QL(4 GM daily)	<i>imiquimod 5 %</i>	1B	QL(12 EA per fill retail; 12 per fill mail)
mometasone furoate SOLN	1	QL(5 ML daily)	Immunosuppressive Agents - Topical		
prednicarbate OINT	1		<i>pimecrolimus</i>	1	QL(3 GM daily); AL(At least 2 yrs old); PA
triamcinolone acetonide (topical) CREA 0.5 %	1	QL(5 GM daily)	<i>tacrolimus (topical) OINT</i>	1B	AL(At least 2 yrs old); PA
triamcinolone acetonide (topical) CREA 0.025 %	1	QL(15.15 GM daily)	Keratolytic/Antimitotic/Vesicant Agents		
triamcinolone acetonide (topical) CREA 0.1 %	1	QL(3.34 GM daily)	<i>podofilox SOLN</i>	1	
triamcinolone acetonide (topical) LOTN 0.1 %	1	QL(6 ML daily)	Local Anesthetics - Topical		
triamcinolone acetonide (topical) LOTN 0.025 %	1		<i>lidocaine hcl GEL 2 %</i>	1	QL(4 ML daily); RX/OTC
triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %	1	QL(15.15 GM daily)	<i>lidocaine hcl PRSY</i>	1	QL(4 ML daily)
triamcinolone acetonide (topical) OINT 0.5 %	1	QL(6 GM daily)	<i>lidocaine hcl SOLN</i>	1	QL(10 ML daily)
Eczema Agents			<i>lidocaine-prilocaine CREA</i>	1	QL(1 GM daily)
			<i>lidocaine PTCH 5 %</i>	1	PA

Ambetter Formulary Updated March 1, 2025

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits			
SYNERA PTCH	3	QL(10 EA per fill retail; 10 per fill mail); 1 max fill(s) per 30 day(s) retail; 1 max fill(s) per 30 day(s) mail	THYROGEN 0.9 MG	3	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; PA			
Phosphodiesterase 4 (PDE4) Inhibitors - Topical								
EUCRISA	3	QL(2 GM daily); PA	CHEMSTRIP K STRP	1B				
Rosacea Agents								
<i>azelaic acid GEL</i>	1	QL(1.67 GM daily)	FORA GTEL BLOOD KETONE TEST	1B				
<i>brimonidine tartrate (topical)</i>	3	QL(1 GM daily); PA	FORA TEST N'GO ADV-VOICE-6 CON	1B				
<i>metronidazole (topical) CREA</i>	1	QL(3 GM daily)	GOJJI BLOOD KETONE TEST	1B				
<i>metronidazole (topical) GEL 1 %</i>	1	QL(5 GM daily)	KETONE TEST STRP	1B				
<i>metronidazole (topical) GEL 0.75 %</i>	1	QL(3 GM daily)	KETOSTIX STRP	1B				
<i>metronidazole (topical) LOTN</i>	1		NOVA MAX PLUS KETONE TEST	1B				
Scabicides & Pediculicides								
<i>crotamiton LOTN</i>	1	PA	PRECISION XTRA KETONE	1B				
<i>ivermectin (pediculicide)</i>	1	PA	RELION KETONE TEST STRP	1B				
<i>malathion</i>	1		RELION TRUE METRIX TEST STRIPS STRP	1B	QL(3.34 EA daily); RX/OTC			
<i>permethrin CREA</i>	1		TRUE METRIX BLOOD GLUCOSE TEST STRP	1B	Limit 100 per month; QL(3.34 EA daily); RX/OTC			
<i>permethrin LIQD EX</i>	1		TRUE METRIX BLOOD GLUCOSE TEST STRP	1B	QL(3.34 EA daily); RX/OTC			
<i>spinosad</i>	1	PA	DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes					
Wound Care Products								
REGRANEX	3	QL(0.5 GM daily)	Digestive Enzymes					
DIAGNOSTIC PRODUCTS								
Diagnostic Drugs								
GLUCAGEN DIAGNOSTIC	3	QL(0.035 EA daily)	CREON CPEP	2	Non-FDA approved uses require Prior Authorization			
			ZENPEP CPEP 252600 UNIT-189600 UNIT-60000 UNIT	2				

Ambetter Formulary Updated March 1, 2025

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT	2	Non-FDA approved uses require Prior Authorization	<i>furosemide TABS</i>	1	
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure			<i>torsemide TABS</i>	1	
Carbonic Anhydrase Inhibitors			Potassium Sparing Diuretics		
<i>acetazolamide sodium</i>	1		<i>amiloride hcl TABS</i>	1	
<i>acetazolamide CP12</i>	1B	QL(2 EA daily)	<i>spironolactone TABS</i>	1	
<i>acetazolamide TABS 250 MG</i>	1	QL(4 EA daily)	<i>triamterene CAPS</i>	1	QL(3 EA daily)
<i>acetazolamide TABS 125 MG</i>	1B	QL(8 EA daily)	Thiazides and Thiazide-Like Diuretics		
<i>dichlorphenamide</i>	4	QL(4 EA daily); PA	<i>chlorthalidone 25 MG, 50 MG</i>	1	
<i>methazolamide TABS</i>	1B	QL(6 EA daily)	DIURIL SUSP	2	QL(20 ML daily)
Diuretic Combinations			<i>hydrochlorothiazide CAPS</i>	1B	QL(2 EA daily)
<i>amiloride & hydrochlorothiazide</i>	1		<i>hydrochlorothiazide TABS 12.5 MG</i>	1	QL(2 EA daily)
<i>spironolactone & hydrochlorothiazide</i>	1		<i>hydrochlorothiazide TABS 25 MG, 50 MG</i>	1A	QL(2 EA daily)
<i>triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG</i>	1		<i>indapamide TABS 2.5 MG</i>	1	QL(2 EA daily)
<i>triamterene & hydrochlorothiazide TABS</i>	1		<i>indapamide TABS 1.25 MG</i>	1	QL(1 EA daily)
Loop Diuretics			<i>metolazone 10 MG</i>	1	QL(2 EA daily)
<i>bumetanide SOLN 0.25 MG/ML</i>	1		<i>metolazone 2.5 MG, 5 MG</i>	1B	QL(2 EA daily)
<i>bumetanide TABS</i>	1B	QL(5 EA daily)	ENDOCRINE AND METABOLIC AGENTS - MISC.		
<i>ethacrynic acid</i>	1	QL(16 EA daily)	- Drugs to Treat Bone Disease and Regulate Hormones		
<i>furosemide SOLN IJ 10 MG/ML</i>	1		Bone Density Regulators		
Ambetter Formulary Updated March 1, 2025			<i>alendronate sodium TABS 10 MG</i>	1B	QL(1 EA daily)
			<i>alendronate sodium TABS 5 MG</i>	1	QL(1 EA daily)
			<i>alendronate sodium TABS 35 MG, 70 MG</i>	1B	QL(0.143 EA daily)
			<i>calcitonin (salmon) NA</i>	1	QL(0.14 ML daily)
			FOSAMAX PLUS D	3	QL(0.143 EA daily); PA
			<i>ibandronate sodium SOLN</i>	4	SP; PA
			<i>ibandronate sodium TABS</i>	1B	QL(0.036 EA daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML	4	SP; PA	NORDITROPIN FLEXPRO SOPN 5 MG/1.5ML, 10 MG/1.5ML, 15 MG/1.5ML	4	SP; PA
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	ZORBTIVE SC	4	SP; PA
risedronate sodium TABS 35 MG	1B	QL(0.143 EA daily); PA	Hormone Receptor Modulators		
risedronate sodium TABS 150 MG	1B	QL(0.036 EA daily); PA	OSPHENA	3	PA
risedronate sodium TABS 5 MG, 30 MG	1B	QL(1 EA daily); PA	raloxifene hcl	0	QL(1 EA daily)
risedronate sodium TBEC	1B	PA	Insulin-Like Growth Factors (Somatomedins)		
teriparatide SOPN	4	QL(0.09 ML daily); SP; PA	INCRELEX	4	SP; PA
TYMLOS	4	PA	LHRH/GnRH Agonist Analog Pituitary Suppressants		
XGEVA SOLN	4	SP; PA	FENSOLVI (6 MONTH) SC	4	SP; PA
zoledronic acid CONC	4	SP; PA	LUPRON DEPOT-PED (1-MONTH)	4	SP; PA
zoledronic acid SOLN	4	SP; PA	LUPRON DEPOT-PED (3-MONTH) 11.25 MG	4	PA
Corticotropin			LUPRON DEPOT-PED (3-MONTH) 30 MG	4	SP; PA
ACTHAR GEL	3	PA	SYNAREL	4	SP; PA
Fertility Regulators			Metabolic Modifiers		
CHORIONIC GONADOTROPIN IM	4	PA	ALDURAZYME	4	SP; PA
clomiphene citrate TABS	3	PA	betaine	4	SP; PA
GnRH/LHRH Antagonists			calcitriol CAPS	1	
ganirelix acetate	4	PA	calcitriol SOLN IV	1	
ORILISSA	2	PA	cinacalcet hcl	4	QL(4 EA daily); SP; PA
Growth Hormone Releasing Hormones (GHRH)			doxercalciferol CAPS	1	
EGRIFTA SV	4	PA	doxercalciferol SOLN	1	
Growth Hormones			ELAPRASE	4	SP; PA
GENOTROPIN MINIQUICK PRSY	4	PA	LUMIZyme	4	SP; PA
GENOTROPIN CART SC	4	PA	MYALEPT	4	PA
HUMATROPE CART IJ	4	SP; PA	nitisinone CAPS	4	PA
			paricalcitol CAPS	1B	
			paricalcitol SOLN	1	

Ambetter Formulary Updated March 1, 2025

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PHEBURANE PLLT	4	PA	ANGELIQ	3	
<i>sapropterin dihydrochloride PACK</i>	4	PA	BIJUVA	3	
<i>sapropterin dihydrochloride TABS</i>	4	PA	CLIMARA PRO	3	
<i>sodium phenylbutyrate POWD</i>	1	PA	COMBIPATCH PTTW	3	
<i>sodium phenylbutyrate TABS</i>	1	PA	DUAVEE	3	
STRENSIQ	4	PA	<i>esterified estrogens & methyltestosterone</i>	3	
Posterior Pituitary Hormones					
<i>desmopressin acetate spray</i>	1		<i>norethindrone acetate-ethinodiol estradiol</i>	1B	
<i>desmopressin acetate spray refrigerated 0.01 %</i>	1		PREFEST	3	
<i>desmopressin acetate SOLN IJ</i>	1B	PA	PREMPHASE	2	
DESMOPRESSIN ACETATE SOLN NA	4	SP; PA	PREMPRO	2	QL(1 EA daily)
<i>desmopressin acetate TABS 0.2 MG</i>	1B	QL(8 EA daily)	Estrogens		
<i>desmopressin acetate TABS 0.1 MG</i>	1B	QL(6 EA daily)	DEPO-ESTRADIOL	3	
Prolactin Inhibitors			ELESTRIN GEL	3	
<i>cabergoline</i>	1		<i>estradiol valerate</i>	1	
Somatostatic Agents			<i>estradiol GEL</i>	3	
<i>octreotide acetate SOLN</i>	4	SP; PA	<i>estradiol GEL</i>	1	
SIGNIFOR	4	PA	<i>estradiol PTTW</i>	1	QL(0.286 EA daily)
Vasopressin Receptor Antagonists			<i>estradiol PTWK</i>	1	
JYNARQUE TBPK	4	SP; PA	<i>estradiol TABS</i>	1	
<i>tolvaptan TABS</i>	4	QL(2 EA daily); SP; PA	ESTROGEL GEL (<i>estradiol</i>)	3	
ESTROGENS - Hormone Replacement/Modifying Drugs			EVAMIST SOLN	3	
Estrogen Combinations			MENEST	3	
ACTIVELLA TABS 1 MG-0.5 MG (<i>estradiol & norethindrone acetate</i>)	3		MENOSTAR PTWK	3	
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections			PREMARIN SOLR	2	
Fluoroquinolones			PREMARIN TABS	2	QL(1 EA daily)
BAXDELA SOLR	3	PA	FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
BAXDELA TABS	3	PA	Fluoroquinolones		
<i>ciprofloxacin hcl TABS</i>	1		BAXDELA SOLR	3	PA
			BAXDELA TABS	3	PA
			<i>ciprofloxacin hcl TABS</i>	1	

Ambetter Formulary Updated March 1, 2025

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ciprofloxacin in d5w 200 MG/100ML	3		DIPENTUM	2	
ciprofloxacin SUSR	1	2 max fill(s) per 30 day(s) retail	INFLECTRA SOLR	4	PA
levofloxacin in d5w 500 MG/100ML	1		mesalamine CP24	1	
levofloxacin SOLN PO	1		mesalamine CPDR	1	
levofloxacin TABS 500 MG	1A		mesalamine ENEM	3	
levofloxacin TABS 250 MG, 750 MG	1		mesalamine SUPP	3	
moxifloxacin hcl in sodium chloride	1B		mesalamine TBEC 800 MG	3	QL(6 EA daily)
moxifloxacin hcl TABS	1		mesalamine TBEC 1.2 GM	3	
ofloxacin 300 MG, 400 MG	1		RENFLEXIS	4	PA
GASTROINTESTINAL AGENTS - MISC. -			SKYRIZI SOCT	4	QL(0.043 ML daily); PA
Miscellaneous Gastrointestinal Drugs			SKYRIZI SOLN	4	QL(0.36 ML daily); PA
Agents for Chronic Idiopathic Constipation (CIC)			STELARA 130 MG/26ML	4	QL(3.47 ML daily); PA
TRULANCE	2	QL(1 EA daily)	sulfasalazine TABS	1	
Bile Acid Synthesis Disorder Agents			sulfasalazine TBEC	1	
CHOLBAM	4	SP; PA	Intestinal Acidifiers		
Gallstone Solubilizing Agents			lactulose (encephalopathy)	1	
ursodiol CAPS	1	QL(3 EA daily)	Irritable Bowel Syndrome (IBS) Agents		
ursodiol TABS	1		alosetron hcl	1	QL(2 EA daily)
Gastrointestinal Chloride Channel Activators			LINZESS	2	QL(1 EA daily)
lubiprostone	1	QL(2 EA daily)	Peripheral Opioid Receptor Antagonists		
Gastrointestinal Stimulants			alvimopan	1	
metoclopramide hcl SOLN IJ 5 MG/ML	1		MOVANTIK	3	QL(1 EA daily); PA
metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML	1	QL(60 ML daily)	Phosphate Binder Agents		
metoclopramide hcl TABS	1A	QL(6 EA daily)	calcium acetate (phosphate binder) CAPS	1	
Inflammatory Bowel Agents			calcium acetate (phosphate binder) TABS	1	RX/OTC
balsalazide disodium CAPS	1	QL(9 EA daily)	lanthanum carbonate CHEW	1	
			sevelamer carbonate PACK	1B	

Ambetter Formulary Updated March 1, 2025

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits			
<i>sevelamer carbonate TABS</i>	1B		<i>phenazopyridine hcl TABS 100 MG, 200 MG</i>	1				
VELPHORO	3	PA	Urinary Stone Agents					
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System								
Alkalinizers								
<i>potassium citrate (alkalinizer) TBCR</i>	1		<i>THIOLA EC TBEC 100 MG (tiopronin)</i>	3	QL(3 EA daily); PA			
<i>potassium citrate (alkalinizer) TBCR 10 MEQ, 1080 MG</i>	1B		<i>THIOLA EC TBEC 300 MG (tiopronin)</i>	3	QL(10 EA daily); PA			
<i>sodium citrate & citric acid</i>	1	RX/OTC	<i>tiopronin TBEC 100 MG</i>	3	QL(3 EA daily); PA			
Cystinosis Agents								
CYSTAGON CAPS	3	PA	<i>tiopronin TBEC 300 MG</i>	3	QL(10 EA daily); PA			
Genitourinary Irrigants			GOUT AGENTS - Drugs to Treat Gout					
<i>acetic acid 0.25 %</i>	1		Gout Agent Combinations					
<i>glycine (gu irrigant) SOLN 1.5 %</i>	1		<i>colchicine w/ probenecid</i>	1				
<i>sodium chloride (gu irrigant) 0.9 %</i>	1		Gout Agents					
SORBITOL 3 %	1B		<i>allopurinol 100 MG, 300 MG</i>	1				
SORBITOL-MANNITOL 2.7 GM/100ML-0.54 GM/100ML	1B		<i>colchicine TABS</i>	1	QL(1 EA daily)			
Interstitial Cystitis Agents			<i>febuxostat</i>	1	QL(1 EA daily); PA			
ELMIRON CAPS	2	QL(3 EA daily)	Uricosurics					
Prostatic Hypertrophy Agents			<i>probenecid</i>	1				
<i>alfuzosin hcl</i>	1B	QL(1 EA daily)	HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders					
<i>dutasteride</i>	1B	QL(1 EA daily)	Antihemophilic Products					
<i>dutasteride-tamsulosin hcl</i>	3	PA	ADVATE	4	PA			
<i>finasteride</i>	1	5 mg only	ADYNOVATE	4	PA			
<i>silodosin</i>	1		AFSTYLA 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 2500 UNIT	4	PA			
<i>tamsulosin hcl</i>	1		ALPROLIX	4	PA			
Urinary Analgesics			ALTUVIPIO 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT	4	PA			
			BENEFIX KIT	4	PA			
			ELOCTATE	4	PA			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits	
ESPEROCT 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT	4	PA	<i>prasugrel hcl</i>	1	QL(1 EA daily)	
IDEVION	4	PA	ZONTIVITY	3	PA	
JIVI 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT	4	PA	HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders			
KOGENATE FS KIT	4	PA	Agents for Gaucher Disease			
KOVALTRY	4	PA	CERDELGA	4	QL(2 EA daily); PA	
NOVOEIGHT	4	PA	CEREZYME 400 UNIT	4	SP; PA	
XYNTHA	4	PA	<i>miglustat</i>	4	QL(3 EA daily); SP; PA	
XYNTHA SOLOFUSE	4	PA	Agents for Sickle Cell Disease			
Bradykinin B2 Receptor Antagonists						
<i>icatibant acetate SOSY</i>	4	QL(9 ML daily); PA	DROXIA CAPS	3		
Complement Inhibitors			Cobalamins			
GOHIBIC	4	PA	<i>cyanocobalamin SOLN IJ 1000 MCG/ML</i>	1	QL(1 ML daily)	
HAEGARD A SOLR SC	4	PA	Folic Acid/Folates			
Hemataologic - Tyrosine Kinase Inhibitors			<i>folic acid TABS</i>	0		
TAVALISSE	4	QL(2 EA daily); SP; PA	Hematopoietic Growth Factors			
Hematorheologic Agents			ARANESP (ALBUMIN FREE) SOLN 25 MCG/ML, 40 MCG/ML, 60 MCG/ML, 100 MCG/ML	4	SP; PA	
<i>pentoxifylline</i>	1B	QL(3 EA daily)	ARANESP (ALBUMIN FREE) SOSY 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML	4	SP; PA	
Plasma Kallikrein Inhibitors			DOPTELET	4	QL(3 EA daily); PA	
ORLADEYO	4	PA	EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	4	SP; PA	
TAKHZYRO SOLN	4	PA	LEUKINE SOLR IJ	4	SP; PA	
TAKHZYRO SOSY	4	PA	MIRCERA	4	PA	
Platelet Aggregation Inhibitors			MULPLETA	4	QL(1 EA daily); PA	
<i>anagrelide hcl</i>	1		NYVEPRIA	4	PA	
<i>aspirin-dipyridamole</i>	1	QL(2 EA daily); PA	PROCRIT	4	SP; PA	
BRILINTA	2	QL(2 EA daily)	PROCRIT	4	SP; PA	
<i>cilostazol</i>	1					
<i>clopidogrel bisulfate 75 MG</i>	1B	QL(1 EA daily)				
<i>clopidogrel bisulfate 300 MG</i>	1					
<i>dipyridamole</i>	1					

Ambetter Formulary Updated March 1, 2025

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits	
PROMACTA PACK	4	QL(1 EA daily); PA	<i>doxepin hcl (sleep)</i>	1	QL(1 EA daily); PA	
PROMACTA TABS	4	QL(1 EA daily); PA	Non-Barbiturate Hypnotics			
RETACRIT	4	PA	<i>estazolam</i>	1		
UDENYCA ONBODY SOSY	4	PA	<i>eszopiclone</i>	1B	QL(1 EA daily); AL(At least 18 yrs old); ST	
UDENYCA SOAJ	4	PA	<i>flurazepam hcl</i>	1	PA	
UDENYCA SOSY	4	PA	<i>temazepam 7.5 MG, 22.5 MG</i>	1	QL(1 EA daily)	
ZARXIO	4	PA	<i>temazepam 15 MG, 30 MG</i>	1A	QL(1 EA daily)	
Iron			<i>triazolam 0.25 MG</i>	1		
<i>ferrous sulfate SOLN 15 MG/ML, 15 MG/ML</i>	0	AL(Up to 1 yrs old)	<i>triazolam 0.125 MG</i>	1B		
<i>ferrous sulfate TABS 325 MG, 65 MG, 325 MG</i>	0		<i>zaleplon 10 MG</i>	1B	QL(2 EA daily); AL(At least 18 yrs old)	
<i>ferrous sulfate TBEC 325 MG</i>	0		<i>zaleplon 5 MG</i>	1B	QL(1 EA daily); AL(At least 18 yrs old)	
Stem Cell Mobilizers			<i>zolpidem tartrate TABS</i>	1A	QL(1 EA daily); AL(At least 18 yrs old)	
<i>plerixafor</i>	4	SP; PA	<i>zolpidem tartrate TBCR</i>	1	QL(1 EA daily)	
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders						
Hemostatics - Systemic			Orexin Receptor Antagonists			
<i>aminocaproic acid TABS</i>	1	PA	<i>BELSOMRA</i>	3	PA	
<i>tranexamic acid SOLN 1000 MG/10ML</i>	1		Selective Melatonin Receptor Agonists			
<i>tranexamic acid TABS</i>	1		<i>ramelteon</i>	1	QL(1 EA daily); AL(At least 18 yrs old)	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS						
Barbiturate Hypnotics			LAXATIVES - Bowel Treatment Drugs			
<i>phenobarbital ELIX</i>	1		Bulk Laxatives			
<i>phenobarbital TABS 30 MG, 100 MG</i>	1B		<i>calcium polycarbophil TABS</i>	1		
<i>phenobarbital TABS 15 MG, 16.2 MG, 32.4 MG, 60 MG, 64.8 MG, 97.2 MG</i>	1		Laxative Combinations			
Hypnotics - Tricyclic Agents			<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>	1		
			<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 236 GM</i>	0		

Ambetter Formulary Updated March 1, 2025

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits			
peg 3350-potassium chloride-sod bicarbonate-sod chloride	1	PA	<i>azithromycin TABS 600 MG</i>	1B	QL(0.286 EA daily)			
sodium sulfate-potassium sulfate-magnesium sulfate	1		Clarithromycin					
Laxatives - Miscellaneous								
<i>lactulose SOLN</i>	1		<i>clarithromycin SUSR</i>	1				
Saline Laxatives			<i>clarithromycin TABS</i>	1				
OSMOPREP	3	PA	<i>clarithromycin TB24</i>	1				
Stimulant Laxatives								
<i>bisacodyl SUPP</i>	1A		Erythromycins					
<i>bisacodyl TBEC</i>	1A		<i>erythromycin base CPEP</i>	3				
Surfactant Laxatives			<i>erythromycin base TABS</i>	3				
<i>docusate calcium</i>	1A	QL(1 EA daily)	<i>erythromycin base TBEC</i>	1				
<i>docusate sodium CAPS 100 MG</i>	1A	QL(4 EA daily)	<i>erythromycin ethylsuccinate SUSR</i>	1				
<i>docusate sodium CAPS 250 MG</i>	1A		<i>erythromycin ethylsuccinate TABS</i>	3				
LOCAL ANESTHETICS-Parenteral - Drugs for Numbing			Fidaxomicin					
Local Anesthetics - Amides			DIFID TABS	2				
<i>lidocaine hcl (local anesth.) SOLN 0.5 %, 1 %, 2 %</i>	1		MEDICAL DEVICES AND SUPPLIES					
MACROLIDES - Drugs to Treat Bacterial Infections			Contraceptives					
Azithromycin			AIMSCO LUBRICATED MISC	0				
<i>azithromycin PACK</i>	1		CAYA DPRH	0				
<i>azithromycin SOLR</i>	1		DUREX EXTRA SENSITIVE THIN DEVI	0				
<i>azithromycin SUSR 100 MG/5ML</i>	1		DUREX EXTRA SENSITIVE THIN MISC	0				
<i>azithromycin SUSR 200 MG/5ML</i>	1B		DUREX TROPICAL MISC	0				
<i>azithromycin TABS 500 MG</i>	1B	QL(4 EA per fill retail; 4 per fill mail)	FANTASY LUBRICATED DE MISC	0				
<i>azithromycin TABS 250 MG</i>	1B	QL(6 EA per fill retail; 6 per fill mail)	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			
			FEMCAP DEVI	0				

Ambetter Formulary Updated March 1, 2025

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
KAMELEON LUBRICATED MISC	0		TRUSTEX COLOR CONDOMS + LUBE MISC	0	
KIMONO COLORS DEVI	0		TRUSTEX LUB/RIBBED/STUDDED MISC	0	
KIMONO MAXX-LARGE FLARE MISC	0		TRUSTEX LUB/SPERMICIDE EX ST MISC	0	
KIMONO MICRO THIN PLUS MISC	0		TRUSTEX LUB/SPERMICIDE XL MISC	0	
KIMONO PLUS MISC	0		TRUSTEX LUBRICATED EX LARGE MISC	0	
KIMONO PS PLUS MISC	0		TRUSTEX LUBRICATED EXTRA ST MISC	0	
KIMONO PS MISC	0		TRUSTEX LUBRICATED/SPERMICIDE MISC	0	
KIMONO SENSATION PLUS MISC	0		TRUSTEX LUBRICATED MISC	0	
KIMONO SENSATION MISC	0		TRUSTEX NATURAL CONDOMS + LUBE MISC	0	
KIMONO SPECIAL DEVI	0		TRUSTEX RIA LUB/SPERMICIDE MISC	0	
KIMONO MISC	0		TRUSTEX RIA LUBRICATED MISC	0	
K-Y ME & YOU EXTRA LUBRICATED DEVI	0		TRUSTEX-NONOXYNOL-9/RIB/STUD MISC	0	
K-Y ME & YOU INTENSE DEVI	0		WIDE-SEAL DIAPHRAGM 60	0	
MAXX PLUS MISC	0		WIDE-SEAL DIAPHRAGM 65	0	
MAXX MISC	0		WIDE-SEAL DIAPHRAGM 70	0	
OMNIFLEX DIAPHRAGM	0		WIDE-SEAL DIAPHRAGM 75	0	
REALITY LATEX CONDOMS MISC	0		WIDE-SEAL DIAPHRAGM 80	0	
REALITY LATEX/ULTRA TEXTURED DEVI	0		WIDE-SEAL DIAPHRAGM 85	0	
REALITY LATEX/ULTRA THIN DEVI	0		WIDE-SEAL DIAPHRAGM 90	0	
TROJAN MAGNUM MISC	0				
TROJAN ULTRA THIN/SPERMICIDAL MISC	0				
TROJAN ULTRA THIN MISC	0				
TROJAN-ENZ LUBRICATED MISC	0				
TROJAN-ENZ/SPERMICIDAL MISC	0				
TRUE COVER DEVI	0				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits	
WIDE-SEAL DIAPHRAGM 95	0		EMGALITY SOSY	2	QL(0.07 ML daily); PA	
Diabetic Supplies				UBRELVY	3	
FREESTYLE LIBRE 14 DAY READER	3	QL(1 EA per 365 day(s) retail); PA			QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail); ST	
FREESTYLE LIBRE 14 DAY SENSOR	3	QL(0.072 EA daily); PA	Migraine Combinations			
FREESTYLE LIBRE 2 PLUS SENSOR	3	QL(0.072 EA daily); PA	<i>ergotamine w/ caffeine TABS</i>	1	QL(1.5 EA daily)	
FREESTYLE LIBRE 2 READER	3	QL(1 EA per 365 day(s) retail); PA	<i>sumatriptan-naproxen sodium</i>	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	Migraine Products			
FREESTYLE LIBRE 3 PLUS SENSOR	3	QL(0.072 EA daily); PA	<i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i>	1	QL(0.267 ML daily)	
FREESTYLE LIBRE 3 READER	3	QL(1 EA per 365 day(s) retail); PA	<i>dihydroergotamine mesylate SOLN IJ 1 MG/ML</i>	1		
FREESTYLE LIBRE 3 SENSOR	3	QL(0.072 EA daily); PA	ERGOMAR SUBL	3	QL(0.667 EA daily)	
FREESTYLE LIBRE READER	3	QL(1 EA per 365 day(s) retail); PA	Serotonin Agonists			
ONETOUCH DELICA SAFETY LANCING	1B	RX/OTC	<i>almotriptan malate 12.5 MG</i>	1	QL(0.4 EA daily); AL(At least 12 yrs old); ST	
RELION LANCET DEVICES 30G	1B	RX/OTC	<i>almotriptan malate 6.25 MG</i>	1	QL(0.3 EA daily); AL(At least 12 yrs old); ST	
RELION LANCETS	1B	RX/OTC	<i>eletriptan hydrobromide</i>	1	QL(0.2 EA daily); AL(At least 18 yrs old); ST	
TRUE METRIX LEVEL 3 SOLN	1B		<i>frovatriptan succinate</i>	1	QL(0.4 EA daily); AL(At least 18 yrs old); ST	
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches						
Calcitonin Gene-Related Peptide (CGRP) Receptor Antag						
AIMOVIG	2	QL(0.04 ML daily); PA	<i>naratriptan hcl</i>	1B	QL(0.3 EA daily); AL(At least 18 yrs old)	
EMGALITY (300 MG DOSE) SOSY	2	QL(0.1 ML daily); PA	<i>rizatriptan benzoate TABS 10 MG</i>	1B	QL(0.6 EA daily); AL(At least 6 yrs old)	
EMGALITY SOAJ	2	QL(0.07 ML daily); PA				

Ambetter Formulary Updated March 1, 2025

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>rizatriptan benzoate TABS 5 MG</i>	1B	QL(0.4 EA daily); AL(At least 6 yrs old)	<i>sodium acetate SOLN 4 MEQ/ML</i>	1	
<i>rizatriptan benzoate TBDP 5 MG</i>	1B	QL(0.4 EA daily); AL(At least 6 yrs old)	<i>sodium acetate SOLN 2 MEQ/ML</i>	1B	
<i>rizatriptan benzoate TBDP 10 MG</i>	1B	QL(0.6 EA daily); AL(At least 6 yrs old)	SODIUM ACETATE SOLN (<i>sodium acetate</i>)	1B	
<i>sumatriptan</i>	1	QL(0.2 EA daily); AL(At least 18 yrs old)	Calcium		
<i>sumatriptan succinate SOAJ 6 MG/0.5ML</i>	1	QL(0.134 ML daily); AL(At least 18 yrs old)	<i>calcium chloride (dihydrate) SOLN</i>	1	
<i>sumatriptan succinate SOAJ 4 MG/0.5ML</i>	1B	QL(0.134 ML daily); AL(At least 18 yrs old)	Electrolyte Mixtures		
<i>sumatriptan succinate SOCT</i>	1B	QL(0.134 ML daily); AL(At least 18 yrs old)	<i>dextrose in lactated ringers</i>	1	
<i>sumatriptan succinate SOLN 6 MG/0.5ML</i>	1B	QL(0.134 ML daily); AL(At least 18 yrs old)	<i>electrolyte-148</i>	1B	
<i>sumatriptan succinate TABS</i>	1B	QL(0.3 EA daily); AL(At least 18 yrs old)	<i>electrolyte-a</i>	1B	
<i>zolmitriptan SOLN</i>	1	QL(0.2 EA daily); AL(At least 12 yrs old); ST	IONOSOL-MB IN D5W	1B	
<i>zolmitriptan TABS</i>	1B	QL(0.3 EA daily); AL(At least 12 yrs old); ST	ISOLYTE-P IN D5W	1B	
<i>zolmitriptan TBDP</i>	1B	QL(0.3 EA daily); AL(At least 12 yrs old); ST	ISOLYTE-S	1B	
MINERALS & ELECTROLYTES			KCL IN DEXTROSE-NACL 5 %-40 MEQ/L-0.9 % (<i>potassium chloride in dextrose & sodium chloride</i>)	1B	
Bicarbonates			KCL-LACTATED RINGERS-D5W	1B	
			<i>lactated ringer's</i>	1	
			NORMOSOL-M IN D5W	1B	
			NORMOSOL-R PH 7.4	1B	
			PLASMA-LYTE 148 27 MEQ/L-23 MEQ/L-98 MEQ/L-140 MEQ/L-3 MEQ/L-5 MEQ/L	1B	
			PLASMA-LYTE A (<i>electrolyte-a</i>)	1B	
			<i>potassium chloride in dextrose 20 MEQ/L</i>	1	
			<i>potassium chloride in dextrose & sodium chloride 5 %-40 MEQ/L-0.9 %</i>	1B	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>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 %</i>	1		<i>potassium chloride SOLN PO 10 %, 10 %</i>	1	
<i>potassium chloride in nacl 20 MEQ/L-0.9 %, 40 MEQ/L-0.9 %</i>	1		POTASSIUM CHLORIDE SOLN IV 10 MEQ/50ML (potassium chloride)	1B	
<i>potassium chloride in nacl 20 MEQ/L-0.45 %</i>	1B		<i>potassium chloride TBCR 8 MEQ, 10 MEQ, 20 MEQ</i>	1	
POTASSIUM CHLORIDE IN NACL 20 MEQ/L-0.45 % (potassium chloride in nacl)	1B		Sodium		
<i>ringer's</i>	1		<i>sodium chloride SOLN IV 0.45 %, 0.9 %, 3 %, 4 MEQ/ML, 5 %</i>	1	
Fluoride					
<i>sodium fluoride CHEW</i>	0	QL(1 EA daily)	MISCELLANEOUS THERAPEUTIC CLASSES		
Magnesium					
<i>magnesium sulfate IJ 50 %</i>	1		Chelating Agents		
Phosphate					
<i>potassium phosphates 45 MMOLE/15ML</i>	1		<i>penicillamine CAPS</i>	1	PA
Potassium			<i>penicillamine TABS</i>	1	QL(8 EA daily)
<i>potassium acetate SOLN 2 MEQ/ML</i>	1		<i>trientine hcl 250 MG</i>	4	QL(8 EA daily); SP; PA
<i>potassium bicarbonate TBEF</i>	1		Immunomodulators		
<i>potassium chloride microencapsulated crystals er</i>	1		<i>lenalidomide 20 MG</i>	4	QL(1 EA daily); PA
<i>potassium chloride CPCR</i>	1		<i>lenalidomide 2.5 MG, 5 MG, 10 MG, 15 MG, 25 MG</i>	4	QL(1 EA daily); SP; PA
<i>potassium chloride PACK PO 20 MEQ</i>	1	PA	<i>THALOMID</i>	4	QL(3 EA daily); SP; PA
<i>potassium chloride SOLN IV 10 MEQ/50ML</i>	1B		Immunosuppressive Agents		
			<i>ATGAM</i>	4	SP; PA
			<i>AZATHIOPRINE SODIUM</i>	1B	
			<i>azathioprine TABS 75 MG, 100 MG</i>	1B	
			<i>azathioprine TABS 50 MG</i>	1	
			<i>cyclosporine modified (for microemulsion) CAPS</i>	1	
			<i>cyclosporine modified (for microemulsion) SOLN</i>	1	
			<i>cyclosporine CAPS</i>	1	
			<i>cyclosporine SOLN IV 50 MG/ML</i>	1	
			<i>ENSPRYNG</i>	4	PA

Ambetter Formulary Updated March 1, 2025

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>everolimus (immunosuppressant) 1 MG</i>	4	QL(10 EA daily); PA	Anti-infectives - Throat		
<i>everolimus (immunosuppressant) 0.25 MG, 0.5 MG, 0.75 MG</i>	4	QL(20 EA daily); SP; PA	<i>clotrimazole</i>	1	
<i>mycophenolate mofetil CAPS</i>	1		<i>nystatin (mouth-throat)</i>	1	
<i>mycophenolate mofetil TABS</i>	1		Antiseptics - Mouth/Throat		
<i>mycophenolate sodium</i>	1		<i>chlorhexidine gluconate (mouth-throat)</i>	1	
<i>NULOJIX</i>	4	SP; PA	<i>DEBACTEROL</i>	2	
<i>PROGRAF PACK</i>	2	PA	Dental Products		
<i>PROGRAF SOLN</i>	2		<i>stannous fluoride CONC</i>	0	RX/OTC
<i>SIMULECT</i>	3		Steroids - Mouth/Throat/Dental		
<i>sirolimus TABS</i>	1		<i>triamcinolone acetonide (mouth)</i>	1	
<i>tacrolimus CAPS</i>	1		Throat Products - Misc.		
<i>THYMOGLOBULIN</i>	4	SP; PA	<i>cevimeline hcl</i>	1	
Irrigation Solutions			<i>pilocarpine hcl (oral)</i>	1	
<i>irrigation solutions, physiological</i>	1		MULTIVITAMINS		
<i>lactated ringer's (irrigation)</i>	1		Ped MV w/ Fluoride		
<i>ringer's irrigation</i>	1		<i>pediatric multivitamins w/fl CHEW</i>	1A	RX/OTC
<i>water for irrigation, sterile</i>	1		Prenatal Vitamins		
Potassium Removing Agents			<i>CLASSIC PRENATAL TABS</i>	2	QL(1 EA daily)
<i>LOKELMA</i>	3	QL(1 EA daily); PA	<i>CVS PRENATAL TABS 100 MG-2.6 MG-800 MCG-400 UNIT-4 MCG-1.7 MG-18 MG-27 MG-1.5 MG-25 MG-263 MG-11 UNIT-4000 UNIT</i>	2	QL(1 EA daily)
<i>sodium polystyrene sulfonate POWD</i>	1		<i>EQL PRENATAL FORMULA TABS</i>	2	QL(1 EA daily)
<i>sodium polystyrene sulfonate SUSP PR 30 GM/120ML</i>	1		<i>FT PRENATAL TABS</i>	2	QL(1 EA daily)
MOUTH/THROAT/DENTAL AGENTS			<i>GNP PRENATAL TABS</i>	2	QL(1 EA daily)
Anesthetics Topical Oral			<i>KP PRENATAL MULTIVITAMINS TABS</i>	2	QL(1 EA daily)
<i>lidocaine hcl (mouth-throat) 2 %</i>	1	QL(4 ML daily)	<i>MASONATAL TABS</i>	2	QL(1 EA daily)
<i>lidocaine hcl (mouth-throat) 4 %</i>	1		<i>M-NATAL PLUS TABS</i>	2	QL(1 EA daily); RX/OTC

Ambetter Formulary Updated March 1, 2025

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MULTI PRENATAL TABS	2	QL(1 EA daily)	PRENATAL/IRON TABS	2	QL(1 EA daily)
NEONATAL COMPLETE TABS 120 MG-10 MG-9.2 MG-1000 MCG-10 MCG-12 MCG-3 MG-5 MG-20 MG-27 MG-200 MG-1.84 MG-25 MG-2 MG-1200 MCG-2 MG-0.2 MG	2	QL(1 EA daily); RX/OTC	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		
NEONATAL PLUS TABS	2	QL(1 EA daily); RX/OTC	PRENATAL TABS	2	QL(1 EA daily)
NEONATAL PRENATAL TABS	2	QL(1 EA daily)	PRENATRIX TABS	2	QL(1 EA daily); RX/OTC
NEONATAL VITAMIN TABS	2	QL(1 EA daily)	PRENATRYL TABS	2	QL(1 EA daily); RX/OTC
NIVA-PLUS TABS	2	QL(1 EA daily); RX/OTC	PX PRENATAL MULTIVITAMINS TABS	2	QL(1 EA daily)
ONE VITE WOMENS PLUS TABS	2	QL(1 EA daily); RX/OTC	QC PRENATAL TABS	2	QL(1 EA daily)
ONE VITE WOMENS TABS	2	QL(1 EA daily)	RA PRENATAL FORMULA TABS	2	QL(1 EA daily)
PRENATAL ONE DAILY TABS	2	QL(1 EA daily)	RA PRENATAL TABS	2	QL(1 EA daily)
PRENATAL PLUS VITAMIN/MINERAL TABS	2	QL(1 EA daily); RX/OTC	SM PRENATAL VITAMINS TABS	2	QL(1 EA daily)
PRENATAL PLUS TABS	2	QL(1 EA daily); RX/OTC	THERANATAL CORE NUTRITION TABS	2	QL(1 EA daily); RX/OTC
PRENATAL VITAMIN AND MINERAL TABS	2	QL(1 EA daily)	TRICARE TABS	2	QL(1 EA daily); RX/OTC
PRENATAL VITAMINS TABS 100 MG-800 MCG-1.84 MG-18 MG-2.6 MG-1.7 MG-27 MG-10 MCG-4.95 MG-25 MG-200 MG-160 MG-1200 MCG-4 MCG, 120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT-30 UNIT	2	QL(1 EA daily)	VITATELY WITH GINGER TABS	2	QL(1 EA daily); RX/OTC
PRENATAL VITAMIN TABS	2	QL(1 EA daily)	WESTAB PLUS TABS	2	QL(1 EA daily); RX/OTC
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms					
Central Muscle Relaxants					
<i>baclofen TABS</i>					
1					
<i>carisoprodol TABS</i>					
1					
<i>chlorzoxazone TABS 750 MG</i>					
1					
<i>chlorzoxazone TABS 500 MG</i>					
1					
<i>cyclobenzaprine hcl TABS 5 MG, 10 MG</i>					
1A					
<i>metaxalone 800 MG</i>					
1B					
<i>methocarbamol TABS 500 MG, 750 MG</i>					
1					
<i>orphenadrine citrate TB12</i>					
1					

Ambetter Formulary Updated March 1, 2025

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits			
<i>tizanidine hcl CAPS</i>	1		<i>atracurium besylate 50 MG/ML, 100 MG/10ML</i>	3	PA			
<i>tizanidine hcl TABS</i>	1		NUTRIENTS					
Direct Muscle Relaxants								
<i>dantrolene sodium CAPS</i>	1B	QL(4 EA daily)	Proteins					
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus								
Nasal Antiallergy								
<i>azelastine hcl</i>	1B	RX/OTC	<i>CLINIMIX E/DEXTROSE (5/20)</i>	3				
<i>olopatadine hcl (nasal)</i>	1		<i>CLINIMIX/DEXTROSE (4.25/10)</i>	3				
Nasal Anticholinergics								
<i>ipratropium bromide (nasal) 0.03 %</i>	1B	QL(1 ML daily)	<i>CLINIMIX/DEXTROSE (4.25/5)</i>	3				
<i>ipratropium bromide (nasal) 0.06 %</i>	1		OPHTHALMIC AGENTS - Drugs to Treat the Eye					
Nasal Steroids								
<i>budesonide (nasal)</i>	1B		Beta-blockers - Ophthalmic					
<i>flunisolide (nasal)</i>	1	1 package(s) per fill retail	<i>betaxolol hcl (ophth) SOLN</i>	1				
<i>fluticasone propionate (nasal) SUSP</i>	1B	Limit 2 inhalers per month; QL(32 ML per 30 day(s) retail); RX/OTC	<i>brimonidine tartrate-timolol maleate</i>	1				
<i>mometasone furoate (nasal) SUSP</i>	1	QL(1.14 GM daily); PA; RX/OTC	<i>carteolol hcl (ophth)</i>	1				
<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								
ALS Agents								
<i>riluzole TABS</i>	3		<i>timolol maleate (ophth) SOLG</i>	1				
Neuromuscular Blocking Agent - Neurotoxins			<i>timolol maleate (ophth) SOLN</i>	1	QL(2.5 ML daily)			
XEOMIN	3	PA	Miotics					
Nondepolarizing Muscle Relaxants			<i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i>	1				
Ophthalmic Adrenergic Agents			Ophthalamic Anti-infectives					
			<i>apraclonidine hcl</i>	1				
			<i>brimonidine tartrate 0.15 %</i>	1B				
			<i>brimonidine tartrate 0.2 %</i>	1				
			IOPIDINE	3				

Ambetter Formulary Updated March 1, 2025

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
bacitracin (ophthalmic)	3		loteprednol etabonate GEL	1	PA
BESIVANCE	3	PA	loteprednol etabonate SUSP 0.5 %	1	PA
ciprofloxacin hcl (ophth) SOLN	1		loteprednol etabonate SUSP 0.2 %	1B	PA
erythromycin (ophth)	1		MAXIDEX SUSP OP	3	PA
gatifloxacin (ophth)	1		neomycin-polymyxin-dexameth OINT	1	
gentamicin sulfate (ophth) OINT	1		neomycin-polymyxin-dexameth SUSP	1	
gentamicin sulfate (ophth) SOLN	1		neomycin-polymyxin-hc (ophth)	1	QL(2.5 ML daily)
levofloxacin (ophth) 0.5 %	1		PRED MILD	3	PA
moxifloxacin hcl (ophth) SOLN OP	1		prednisolone acetate (ophth)	1	
NATACYN	2		PREDNISOLONE SODIUM PHOSPHATE	3	
neomycin-bacitracin zn-polymyxin	1		sulfacetamide sod-prednisolone SOLN	3	PA
ofloxacin (ophth)	1		tobramycin-dexamethasone SUSP	1	
polymyxin b-trimethoprim	1		ZYLET	3	PA
sulfacetamide sodium (ophth) SOLN	1B		Ophthalmic Surgical Aids		
tobramycin (ophth) SOLN	1		HEALON PRO SOSY	3	PA
trifluridine	1		PROVISC SOSY	3	PA
ZIRGAN GEL	2		Ophthalmics - Misc.		
Ophthalmic Immunomodulators			ALOCRIL	3	PA
cyclosporine (ophth) EMUL	3	PA	ALOMIDE	3	PA
Ophthalmic Local Anesthetics			azelastine hcl (ophth)	1B	
proparacaine hcl	1		bepotastine besilate	3	PA
Ophthalmic Steroids			brinzolamide	1	
ALREX SUSP (loteprednol etabonate)	3	PA	bromfenac sodium (ophth)	1	
dexamethasone sodium phosphate (ophth)	1	QL(0.4 ML daily)	cromolyn sodium (ophth)	1	
difluprednate	1	PA	CYSTARAN	2	QL(2.143 ML daily); PA
fluorometholone (ophth) SUSP	1		diclofenac sodium (ophth)	1	
FML FORTE SUSP	3	PA	dorzolamide hcl	1	
LOTEMAX OINT	3	PA	epinastine hcl (ophth)	1	

Ambetter Formulary Updated March 1, 2025

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>flurbiprofen sodium</i>	1		PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
<i>ketorolac tromethamine (ophth)</i>	1B		Immune Serums		
<i>ketotifen fumarate (ophth) 0.035 %</i>	1		GAMMAGARD 1 GM/10ML, 2.5 GM/25ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	4	SP; PA
LASTACAFT	3	PA	GAMMAGARD 30 GM/300ML	4	PA
NEVANAC	3	QL(0.2 ML daily); ST	GAMMAGARD S/D LESS IGA SOLR	4	SP; PA
<i>olopatadine hcl 0.2 %</i>	1	RX/OTC	GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	4	SP; PA
<i>olopatadine hcl 0.1 %</i>	1	QL(0.34 ML daily); RX/OTC	GAMUNEX-C	4	SP; PA
Prostaglandins - Ophthalmic			Passive Immunizing Agents - Combinations		
<i>bimatoprost SOLN</i>	3		HYQVIA	4	PA
<i>latanoprost SOLN</i>	1		PENICILLINS - Drugs to Treat Bacterial Infections		
<i>tafluprost</i>	1		Aminopenicillins		
<i>travoprost SOLN</i>	1		<i>amoxicillin CAPS</i>	1A	
OTIC AGENTS - Drugs to Treat the Ear			<i>amoxicillin CHEW 125 MG, 250 MG</i>	1	
Otic Agents - Miscellaneous			<i>amoxicillin SUSR 200 MG/5ML, 250 MG/5ML, 400 MG/5ML</i>	1	
<i>acetic acid (otic)</i>	1	QL(0.5 ML daily)	<i>amoxicillin SUSR 125 MG/5ML</i>	1A	
Otic Anti-infectives			<i>amoxicillin TABS</i>	1	
<i>ciprofloxacin hcl (otic)</i>	1		<i>ampicillin sodium IJ 1 GM</i>	1	
<i>ofloxacin (otic)</i>	1		<i>ampicillin CAPS 500 MG</i>	1	
Otic Combinations			Natural Penicillins		
<i>ciprofloxacin-dexamethasone</i>	1	PA	<i>PENICILLIN G POT IN DEXTROSE 40000 UNIT/ML, 60000 UNIT/ML</i>	1B	
<i>ciprofloxacin-fluocinolone acetonide</i>	1B	QL(0.5 EA daily); PA	<i>penicillin g potassium 5000000 UNIT</i>	1	
CORTISPORIN-TC	3		<i>PENICILLIN G PROCAINE</i>	3	
<i>neomycin-polymyxin-hc (otic) SOLN</i>	1	QL(2 ML daily)			
<i>neomycin-polymyxin-hc (otic) SUSP</i>	1				
Otic Steroids					
<i>fluocinolone acetonide (otic)</i>	1				
<i>hydrocortisone w/acetic acid</i>	1				

Ambetter Formulary Updated March 1, 2025

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits		
<i>penicillin g sodium</i>	3		Agents for Chemical Dependency				
<i>penicillin v potassium SOLR</i>	1		<i>acamprosate calcium</i>	1			
<i>penicillin v potassium TABS</i>	1		<i>disulfiram</i>	1			
Penicillin Combinations					<i>lofexidine hcl</i>	1B	QL(224 EA per 14 day(s) retail); PA
<i>amoxicillin & pot clavulanate CHEW</i>	1		<i>LUCEMYRA (lofexidine hcl)</i>	3	QL(224 EA per 14 day(s) retail); PA		
<i>amoxicillin & pot clavulanate SUSR</i>	1		Antidementia Agents				
<i>amoxicillin & pot clavulanate TABS</i>	1		<i>donepezil hydrochloride TABS 23 MG</i>	1	QL(1 EA daily)		
<i>amoxicillin & pot clavulanate TB12</i>	1		<i>donepezil hydrochloride TABS 5 MG</i>	1B	QL(1 EA daily)		
<i>ampicillin & sulbactam sodium IJ 1 GM-0.5 GM, 2 GM-1 GM</i>	1		<i>donepezil hydrochloride TABS 10 MG</i>	1B	QL(2 EA daily)		
<i>piperacillin sodium-tazobactam sodium</i>	1		<i>donepezil hydrochloride TBDP 5 MG</i>	1B	QL(1 EA daily)		
Penicillinase-Resistant Penicillins			<i>donepezil hydrochloride TBDP 10 MG</i>	1B	QL(2 EA daily)		
<i>dicloxacillin sodium</i>	1		<i>galantamine hydrobromide CP24</i>	1B	QL(1 EA daily)		
<i>nafcillin sodium IV 10 GM</i>	1		<i>galantamine hydrobromide SOLN</i>	1	QL(6 ML daily)		
<i>oxacillin sodium IJ 1 GM</i>	1		<i>galantamine hydrobromide TABS</i>	1B	QL(2 EA daily)		
PROGESTINS - Hormone Replacement/Modifying Drugs			<i>memantine hcl TABS</i>	1B	QL(2 EA daily)		
Progesterins			<i>memantine hcl TABS</i>	1B			
<i>medroxyprogesterone acetate 2.5 MG, 5 MG</i>	1		<i>rivastigmine tartrate CAPS</i>	1			
<i>medroxyprogesterone acetate 10 MG</i>	1A		Combination Psychotherapeutics				
<i>megestrol acetate (appetite)</i>	1	PA	<i>chlordiazepoxide-amitriptyline</i>	1			
<i>norethindrone acetate TABS</i>	0		<i>perphenazine-amitriptyline</i>	1	QL(4 EA daily)		
<i>progesterone CAPS</i>	1		Fibromyalgia Agents				
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions			<i>SAVELLA TITRATION PACK MISC</i>	2	1 max fill(s) per 365 day(s) retail; PA		
			<i>SAVELLA TABS</i>	2	QL(2 EA daily); PA		
Movement Disorder Drug Therapy							

Ambetter Formulary Updated March 1, 2025

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits	
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	REBIF REBIDOSE TITRATION PACK SOAJ	4	1 max fill(s) per 365 day(s) retail; SP; PA	
AUSTEDO XR TB24	4	QL(1 EA daily); PA	REBIF REBIDOSE SOAJ	4	QL(0.214 ML daily); SP; PA	
AUSTEDO TABS	4	QL(4 EA daily); PA	REBIF TITRATION PACK SOSY	4	1 max fill(s) per 365 day(s) retail; SP; PA	
INGREZZA CAPS	4	QL(1 EA daily); PA	REBIF SOSY	4	QL(0.214 ML daily); SP; PA	
INGREZZA CPPK	4	1 max fill(s) per 180 day(s) retail; PA	<i>teriflunomide</i>	4	QL(1 EA daily)	
INGREZZA CPSP	4	QL(1 EA daily); PA	Postherpetic Neuralgia (PHN)/Neuropathic Pain Agents			
<i>tetrabenazine</i>	4	QL(3 EA daily); SP; PA	<i>pregabalin (once-daily) 82.5 MG, 165 MG</i>	3	QL(1 EA daily); PA	
Multiple Sclerosis Agents			<i>pregabalin (once-daily) 330 MG</i>	3	QL(2 EA daily); PA	
AVONEX PEN AJKT	4	QL(0.0714 EA daily); SP; PA	Pseudobulbar Affect (PBA) Agents			
AVONEX PREFILLED PSKT	4	QL(0.0714 EA daily); SP; PA	NUDEEXTA	3	QL(2 EA daily); PA	
BETASERON KIT	4	QL(0.5 EA daily); SP; PA	Psychotherapeutic and Neurological Agents - Misc.			
<i>dalfampridine</i>	4	QL(2 EA daily); SP; PA	<i>ergoloid mesylates TABS</i>	1		
<i>dimethyl fumarate CDPK</i>	1	QL(2 EA daily)	<i>pimozide</i>	1		
<i>dimethyl fumarate CPDR</i>	1	QL(2 EA daily)	Smoking Deterrents			
<i> fingolimod hcl</i>	4	QL(1 EA daily)	<i>bupropion hcl (smoking deterrent)</i>	0	QL(2 EA daily)	
<i> glatiramer acetate SOSY 40 MG/ML</i>	4	QL(0.43 ML daily)	<i>nicotine polacrilex GUM</i>	0		
<i> glatiramer acetate SOSY 20 MG/ML</i>	4	QL(1 ML daily)	<i>nicotine polacrilex LOZG</i>	0		
LEMTRADA	4	QL(1.2 ML daily); PA	<i>NICOTINE KIT</i>	0		
PLEGRIDY STARTER PACK SOAJ	4	QL(0.036 ML daily); PA	<i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>	0	QL(1 EA daily)	
PLEGRIDY STARTER PACK SOSY SC	4	QL(0.036 ML daily); PA	<i>NICOTROL NS SOLN</i>	0		
PLEGRIDY SOAJ	4	QL(0.036 ML daily); PA	<i>NICOTROL INHA</i>	0		
PLEGRIDY SOSY IM	4	QL(0.036 ML daily); PA	<i>varenicline tartrate TABS</i>	0	QL(2 EA daily)	
			<i>varenicline tartrate TBPK</i>	0		
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions						

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Alpha-Proteinase Inhibitor (Human)					
PROLASTIN-C SOLN	4	PA	<i>doxycycline (monohydrate) CAPS 50 MG, 100 MG</i>	1B	QL(2 EA daily)
Cystic Fibrosis Agents					
KALYDECO TABS	4	QL(2 EA daily); SP; PA	<i>doxycycline (monohydrate) TABS 50 MG, 75 MG</i>	1	
ORKAMBI PACK	4	QL(2 EA daily); PA	<i>doxycycline (monohydrate) TABS 100 MG</i>	1	QL(2 EA daily)
ORKAMBI TABS	4	QL(4 EA daily); PA	<i>doxycycline hyclate CAPS 100 MG</i>	1B	QL(2 EA daily)
PULMOZYME	4	QL(2.5 ML daily); SP; PA	<i>doxycycline hyclate CAPS 50 MG</i>	1	QL(2 EA daily)
TRIKAFTA TBPK	4	QL(3 EA daily); PA	<i>doxycycline hyclate SOLR</i>	1	
Pulmonary Fibrosis Agents			<i>doxycycline hyclate TABS 20 MG</i>	1B	QL(2 EA daily)
OFEV	4	QL(2 EA daily); PA	<i>doxycycline hyclate TABS 100 MG</i>	1	QL(2 EA daily)
<i>pirfenidone CAPS</i>	4	QL(1 EA daily); PA	<i>minocycline hcl CAPS</i>	1B	QL(3 EA daily)
<i>pirfenidone TABS 534 MG</i>	4	QL(3 EA daily); PA	<i>minocycline hcl TABS</i>	1B	QL(3 EA daily)
<i>pirfenidone TABS 267 MG, 801 MG</i>	4	QL(1 EA daily); PA	<i>tetracycline hcl CAPS</i>	1	QL(8 EA daily)
SULFONAMIDES - Drugs to Treat Bacterial Infections					
Sulfonamides					
<i>sulfadiazine TABS</i>	1B		Antithyroid Agents		
TETRACYCLINES - Drugs to Treat Bacterial Infections			<i>methimazole TABS</i>	1	
Fluorocyclines			<i>propylthiouracil</i>	1	
XERAVA	4	PA	Thyroid Hormones		
Glycylcyclines			<i>ADTHYZA TABS 16.25 MG, 32.5 MG, 65 MG, 97.5 MG, 130 MG</i>	2	
<i>tigecycline</i>	1		<i>ARMOUR THYROID TABS</i>	2	QL(1 EA daily)
Tetracyclines			<i>levothyroxine sodium TABS</i>	1B	
<i>demeclocycline hcl TABS</i>	1		<i>liothyronine sodium SOLN</i>	1	
<i>doxycycline (monohydrate) CAPS 75 MG</i>	1		<i>liothyronine sodium TABS</i>	1	
TOXOIDS			<i>NP THYROID TABS</i>	1B	QL(1 EA daily)
			<i>SYNTHROID TABS (levothyroxine sodium)</i>	2	

Ambetter Formulary Updated March 1, 2025

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Toxoid Combinations					
ADACEL SUSP	0		cimetidine TABS	1	RX/OTC
BOOSTRIX SUSP	0		famotidine in nacl SOLN	1	
BOOSTRIX SUSY	0		famotidine SOLN 20 MG/2ML	1A	
DAPTACEL	0		famotidine SOLN 40 MG/4ML, 200 MG/20ML	1	
DIPHTHERIA-TETANUS TOXOIDS DT SUSP	0		famotidine SUSR	1B	QL(10 ML daily)
INFANRIX	0		famotidine TABS 20 MG, 40 MG	1	RX/OTC
KINRIX SUSY	0		nizatidine CAPS 150 MG	1B	
PEDIARIX SUSY	0		nizatidine CAPS 300 MG	1	
PENTACEL	0		Misc. Anti-Ulcer		
QUADRACEL SUSP	0		sucralfate SUSP	1	QL(40 ML daily)
QUADRACEL SUSY	0		sucralfate TABS	1B	QL(4 EA daily)
TDVAX SUSP	0		Proton Pump Inhibitors		
TENIVAC INJ	0		dexlansoprazole	3	QL(1 EA daily)
TETANUS-DIPHTHERIA TOXOIDS TD SUSP	0		esomeprazole magnesium CPDR 20 MG	1B	QL(2 EA daily); RX/OTC
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions					
Antispasmodics					
atropine sulfate SOLN IJ 0.4 MG/ML, 1 MG/ML	1		esomeprazole magnesium CPDR 40 MG	3	QL(1 EA daily)
atropine sulfate SOSY IJ 0.25 MG/5ML	1		esomeprazole magnesium TBEC	1B	QL(2 EA daily)
chlordiazepoxide hcl-clidinium bromide	1		lansoprazole CPDR 30 MG	1	
dicyclomine hcl CAPS	1		lansoprazole CPDR 15 MG	1	QL(2 EA daily); RX/OTC
dicyclomine hcl SOLN PO	1		NEXIUM 24HR TBEC (esomeprazole magnesium)	1B	QL(2 EA daily)
dicyclomine hcl TABS	1		omeprazole magnesium CPDR	1	QL(4 EA daily)
glycopyrrolate SOLN IJ 4 MG/20ML	1		omeprazole CPDR	1B	QL(2 EA daily)
glycopyrrolate TABS 1 MG	1		omeprazole TBEC	1	QL(2 EA daily)
glycopyrrolate TABS 2 MG	1	QL(6 EA daily)	pantoprazole sodium TBEC 20 MG	1B	QL(1 EA daily)
methscopolamine bromide	1		pantoprazole sodium TBEC 40 MG	1	
H-2 Antagonists			rabeprazole sodium TBEC	3	QL(1 EA daily)

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

Drug Name	Drug Tier	Requirements/ Limits
ACTHIB SOLR IM	0	
BEXSERO	0	
CAPVAXIVE	0	
HIBERIX SOLR IJ	0	
MENACTRA	0	
MENQUADFI	0	
MENVEO SOLN	0	
MENVEO SOLR	0	
PEDVAX HIB SUSP	0	
PNEUMOVAX 23 SOLN	0	
PNEUMOVAX 23 SOSY	0	
PREVNAR 13	0	
PREVNAR 20	0	1 max fill(s) per 999 day(s) retail
TRUMENBA	0	
VAXNEUVANCE	0	4 max fill(s) per 999 day(s) retail
Viral Vaccines		
ABRYSVO	0	
AFLURIA PRESERVATIVE FREE SUSY	0	1 max fill(s) per 180 day(s) retail
AFLURIA QUADRIVALENT SUSP	0	1 max fill(s) per 180 day(s) retail
AFLURIA QUADRIVALENT SUSY 0.5 ML	0	1 max fill(s) per 180 day(s) retail
AFLURIA SUSP	0	1 max fill(s) per 180 day(s) retail
AREXVY	0	
COMIRNATY SUSP	0	
COMIRNATY SUSY	0	
ENGERIX-B SUSP 20 MCG/ML	0	3 max fill(s) per 365 day(s) retail; 3 max fill(s) per 365 day(s) mail

Ambetter Formulary Updated March 1, 2025

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ENGERIX-B SUSY	0	3 max fill(s) per 365 day(s) retail; 3 max fill(s) per 365 day(s) mail	FLUZONE HIGH-DOSE SUSY	0	1 max fill(s) per 180 day(s) retail
FLUAD	0	1 max fill(s) per 180 day(s) retail	FLUZONE QUADRIVALENT SUSP	0	1 max fill(s) per 180 day(s) retail
FLUAD QUADRIVALENT	0	1 max fill(s) per 180 day(s) retail	FLUZONE QUADRIVALENT SUSY	0	1 max fill(s) per 180 day(s) retail
FLUARIX QUADRIVALENT SUSY	0	1 max fill(s) per 180 day(s) retail	FLUZONE SUSP	0	1 max fill(s) per 180 day(s) retail
FLUARIX SUSY	0	1 max fill(s) per 180 day(s) retail	FLUZONE SUSY	0	1 max fill(s) per 180 day(s) retail
FLUBLOK QUADRIVALENT	0	1 max fill(s) per 180 day(s) retail	GARDASIL 9 SUSP	0	3 max fill(s) per 365 day(s) retail
FLUBLOK SOSY	0	1 max fill(s) per 180 day(s) retail	GARDASIL 9 SUSY	0	3 max fill(s) per 365 day(s) retail
FLUCELVAX QUADRIVALENT SUSP	0	1 max fill(s) per 180 day(s) retail	HAVRIX	0	
FLUCELVAX QUADRIVALENT SUSY	0	1 max fill(s) per 180 day(s) retail	HEPLISAV-B SOSY	0	2 max fill(s) per 292 day(s) retail; 2 max fill(s) per 292 day(s) mail
FLUCELVAX SUSP	0	1 max fill(s) per 180 day(s) retail	IPOL	0	
FLUCELVAX SUSY	0	1 max fill(s) per 180 day(s) retail	JANSSEN COVID-19 VACCINE	0	
FLULAVAL QUADRIVALENT SUSY	0	1 max fill(s) per 180 day(s) retail	M-M-R II SOLR	0	2 max fill(s) per 365 day(s) retail
FLULAVAL SUSY	0	1 max fill(s) per 180 day(s) retail	MODERNA COVID-19 BIVAL 6M-5Y	0	
FLUMIST	0	1 max fill(s) per 180 day(s) retail	MODERNA COVID-19 BIVALENT	0	
FLUMIST QUADRIVALENT	0	1 max fill(s) per 180 day(s) retail	MODERNA COVID-19 VAC (BOOSTER) SUSP	0	
FLUZONE HIGH-DOSE QUADRIVALENT	0	1 max fill(s) per 180 day(s) retail	MODERNA COVID-19 VAC 6M-11Y SUSP	0	
			MODERNA COVID-19 VAC 6M-11Y SUSY	0	
			MODERNA COVID-19 VACC 6M-5Y SUSP	0	

Ambetter Formulary Updated March 1, 2025

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MODERNA COVID-19 VACCINE SUSP	0		TWINRIX SUSY	0	
NOVAVAX COVID-19 VACCINE SUSP	0		VAQTA	0	
NOVAVAX COVID-19 VACCINE SUSY	0		VARIVAX SUSR	0	2 max fill(s) per 365 day(s) retail
PFIZER COVID-19 BIVAL 6MO-4YR	0		VAGINAL AND RELATED PRODUCTS		
PFIZER COVID-19 VAC BIVAL 5-11	0		Spermicides		
PFIZER COVID-19 VAC BIVALENT	0		TODAY SPONGE MISC	0	
PFIZER COVID-19 VAC-TRIS 5-11Y SUSP	0		Vaginal Anti-infectives		
PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP	0		<i>clindamycin phosphate vaginal CREA</i>	1	
PFIZER-BIONT COVID-19 VAC-TRIS SUSP	0		<i>clotrimazole vaginal CREA 1 %</i>	1	
PFIZER-BIONTECH COVID-19 VACC SUSP	0		GYNAZOLE-1	3	QL(5 GM per 30 day(s) retail; 5 GM per 30 days mail)
PREHEVBRIOSUSP	0	3 max fill(s) per 365 day(s) retail	<i>metronidazole vaginal</i>	1	
PRIORIX SUSP	0	3 max fill(s) per 365 day(s) retail	<i>miconazole nitrate vaginal SUPP 200 MG</i>	1	
PROQUAD SUSP	0	2 max fill(s) per 365 day(s) retail	<i>terconazole vaginal CREA 0.4 %</i>	1B	
RECOMBIVAX HB SUSP	0		<i>terconazole vaginal CREA 0.8 %</i>	1	
RECOMBIVAX HB SUSY	0		<i>terconazole vaginal SUPP</i>	1B	
ROTARIX SUSP	0		Vaginal Anti-inflammatory Agents		
ROTARIX SUSR	0		<i>hydrocortisone vaginal</i>	1	QL(15.15 GM daily)
ROTATEQ SOLN	0		Vaginal Contraceptive - pH Modulators		
SHINGRIX	0	2 max fill(s) per 999 day(s) retail; AL(At least 18 yrs old)	PHEXXI	0	PV
SPIKEVAX COVID-19 VACCINE SUSP	0		Vaginal Estrogens		
SPIKEVAX SUSP	0		<i>estradiol vaginal CREA</i>	1	QL(2 GM daily)
SPIKEVAX SUSY	0		<i>estradiol vaginal TABS</i>	1	
			ESTRING RING	3	
			FEMRING	3	
			PREMARIN	2	QL(1.5 GM daily)
			VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		

Ambetter Formulary Updated March 1, 2025

Drug Name	Drug Tier	Requirements/ Limits
Anaphylaxis Therapy Agents		
<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
<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
Vasopressors		
<i>midodrine hcl</i>	1	
VITAMINS		
Oil Soluble Vitamins		
<i>cholecalciferol CAPS</i>	1A	
<i>cholecalciferol TABS 10 MCG, 400 UNIT</i>	0	
<i>ergocalciferol CAPS</i>	0	
<i>ergocalciferol SOLN PO 200 MCG/ML</i>	1	
<i>VITAMIN D2 TABS 400 UNIT</i>	0	AL(At least 65 yrs old)
Water Soluble Vitamins		
<i>ascorbic acid SOLN IJ</i>	3	QL(0.4 ML daily)
<i>NIACIN ER TBCR</i>	1B	
<i>niacinamide TABS 500 MG</i>	1A	
<i>niacinamide TABS 100 MG</i>	1	
<i>niacin CPCR 250 MG, 500 MG</i>	1A	
<i>niacin TABS</i>	1A	
<i>niacin TBCR</i>	1A	

INDEX

abacavir sulfate SOLN	30	ACTHAR GEL	45	AIMSCO LUBRICATED MISC	51
abacavir sulfate TABS	30	ACTHIB SOLR IM	65	AIRDUO DIGIHALER	9
abacavir sulfate-lamivudine	30	ACTIMMUNE 100 MCG/0.5ML	28	AIRSUPRA	9
ABELCET	18	ACTIVELLA TABS 1 MG-0.5 MG (estradiol & norethindrone acetate)		AKYNZEO	17
abiraterone acetate 250 MG	25	46		albendazole	7
abiraterone acetate 500 MG	25	acyclovir CAPS	32	albuterol sulfate AERS	9
ABRYSVO	65	acyclovir SUSP	32	albuterol sulfate NEBU 0.63 MG/3ML, 1.25 MG/3ML	9
acamprosate calcium	61	acyclovir TABS PO	32	albuterol sulfate NEBU	9
acarbose	15	acyclovir topical CREA	40	albuterol sulfate SYRP	9
acebutolol hcl CAPS	32	acyclovir topical OINT	40	albuterol sulfate TABS	9
acetaminophen w/ codeine SOLN ..	6	ADACEL SUSP	64	alclometasone dipropionate CREA 40	
acetaminophen w/ codeine TABS 15 MG-300 MG	6	adapalene CREA	37	alclometasone dipropionate OINT .40	
acetaminophen w/ codeine TABS 30 MG-300 MG	6	adapalene GEL	37	ALDURAZYME	45
acetaminophen w/ codeine TABS 60 MG-300 MG	6	adapalene-benzoyl peroxide GEL 2.5 %-0.1 %	37	ALECENSA	26
acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG	6	ADCETRIS	24	alendronate sodium TABS 10 MG .44	
acetazolamide CP12	44	adefovir dipivoxil	31	alendronate sodium TABS 35 MG, 70 MG	44
acetazolamide sodium	44	ADEMPAS	34	alendronate sodium TABS 5 MG ..44	
acetazolamide TABS 125 MG	44	ADVATE	48	alfuzosin hcl	48
acetazolamide TABS 250 MG	44	ADYNOVATE	48	ALINIA SUSR	21
acetic acid (otic)	60	AFLURIA PRESERVATIVE FREE SUSY	65	aliskiren fumarate	21
acetic acid 0.25 %	48	AFLURIA QUADRIVALENT SUSP 65		allopurinol 100 MG, 300 MG ..48	
acetylcysteine SOLN	37	AFLURIA QUADRIVALENT SUSY 0.5 ML	65	almotriptan malate 12.5 MG ..53	
acitretin 10 MG, 17.5 MG	39	AFLURIA SUSP	65	almotriptan malate 6.25 MG ..53	
acitretin 25 MG	39	AFSTYLA 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 2500 UNIT	48	ALOCRIL	59
ACTEMRA ACTPEN SOAJ	3	AIMOVIG	53	alogliptin benzoate	16
ACTEMRA SOLN	3			alogliptin-metformin hcl 1000 MG- 12.5 MG	15
ACTEMRA SOSY	3			alogliptin-metformin hcl 500 MG-12.5 MG	15

alogliptin-pioglitazone 15 MG-25 MG, 30 MG-25 MG, 45 MG-25 MG	15	amiloride hcl TABS	44	amphetamine sulfate TABS	1
alogliptin-pioglitazone 30 MG-12.5 MG	15	aminocaproic acid TABS	50	amphetamine-dextroamphetamine CP24 15 MG	1
ALOMIDE	59	aminophylline SOLN	10	amphetamine-dextroamphetamine CP24 20 MG, 25 MG, 30 MG	1
alosetron hcl	47	amiodarone hcl SOLN 150 MG/3ML . 8	8	amphetamine-dextroamphetamine CP24 5 MG, 10 MG	1
alprazolam TABS 0.25 MG, 0.5 MG, 1 MG	8	amitriptyline hcl TABS	14	amphetamine-dextroamphetamine TABS 30 MG	1
alprazolam TABS 2 MG	8	amlodipine besylate TABS	33	amphetamine-dextroamphetamine TABS 5 MG, 7.5 MG, 10 MG, 12.5 MG, 15 MG, 20 MG	1
alprazolam TB24	8	amlodipine besylate-atorvastatin calcium	33	amphotericin b IV	18
alprazolam TBDP	8	amlodipine besylate-benazepril hcl		amphotericin b liposome	18
ALPROLIX	48	20		ampicillin & sulbactam sodium IJ 1 GM-0.5 GM, 2 GM-1 GM	61
ALREX SUSP (loteprednol etabonate)	59	amlodipine besylate-olmesartan medoxomil	20	ampicillin CAPS 500 MG	60
ALTABAX	38	amlodipine besylate-valsartan	20	ampicillin sodium IJ 1 GM	60
ALTUVIPIO 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT	48	amlopitant	20	anagrelide hcl	49
ALUNBRIG TABS	26	amoxapine	14	anastrozole	25
ALUNBRIG TBPK	26	amoxicillin & pot clavulanate CHEW . 61		ANDRODERM PT24 2 MG/24HR, 4 MG/24HR	7
ALVESCO	9	amoxicillin & pot clavulanate SUSR 61		ANGELIQ	46
alvimopan	47	amoxicillin & pot clavulanate TABS 61		ANNOVERA	36
amantadine hcl CAPS	28	amoxicillin & pot clavulanate TB12 61		ANORO ELLIPTA	9
amantadine hcl SOLN	28	amoxicillin CAPS	60	ANZEMET TABS 50 MG	17
amantadine hcl TABS	28	amoxicillin CHEW 125 MG, 250 MG . 60		APIDRA SOLN	16
ambrisentan	34	amoxicillin & pot clavulanate TB12 61		APIDRA SOLOSTAR SOPN	16
amcinonide CREA	40	amoxicillin CAPS	60	apomorphine hydrochloride SOCT	28
amcinonide LOTN	40	amoxicillin SUSR 125 MG/5ML	60	apraclonidine hcl	58
amcinonide OINT	40	amoxicillin SUSR 200 MG/5ML, 250 MG/5ML, 400 MG/5ML	60	aprepitant CAPS 40 MG, 125 MG	17
amikacin sulfate SOLN 1 GM/4ML, 500 MG/2ML	2	amoxicillin TABS	60	aprepitant CAPS 80 MG	18
amiloride & hydrochlorothiazide	44	amoxicillin-clarithromycin w/ lansoprazole THPK	65	aprepitant CAPS	18

aprepitant MISC	18	atenolol TABS	32	azelastine hcl	58
APTIOM	11	ATGAM	55	AZELEX	37
APTIVUS CAPS	30	atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG	1	azithromycin PACK	51
ARANESP (ALBUMIN FREE) SOLN 25 MCG/ML, 40 MCG/ML, 60 MCG/ML, 100 MCG/ML	49	atomoxetine hcl 60 MG, 80 MG, 100 MG	1	azithromycin SOLR	51
ARANESP (ALBUMIN FREE) SOSY 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML	49	atorvastatin calcium TABS	19	azithromycin SUSR 100 MG/5ML ..	51
ARCALYST	3	atovaquone	21	azithromycin SUSR 200 MG/5ML ..	51
AREXVY	65	atovaquone-proguanil hcl	22	azithromycin TABS 250 MG	51
arformoterol tartrate	9	atracurium besylate 50 MG/5ML, 100 MG/10ML	58	azithromycin TABS 500 MG	51
ARIKAYCE	2	atropine sulfate SOLN IJ 0.4 MG/ML, 1 MG/ML	64	aztreonam 1 GM	22
ariPIPRAZOLE SOLN PO	30	atropine sulfate SOSY IJ 0.25 MG/5ML	64	bacitracin (ophthalmic)	59
ariPIPRAZOLE TABS	30	ATROVENT HFA	9	bacitracin	21
armodafinil	1	AURANOFIN 3 MG	3	baclofen TABS	57
ARMOUR THYROID TABS	63	AUSTEDO TABS	62	balsalazide disodium CAPS	47
ARNUITY ELLIPTA	9	AUSTEDO XR PATIENT TITRATION TEPK	62	BALVERSA	26
arsenic trioxide 10 MG/10ML	28	AUSTEDO XR TB24	62	BANZEL TABS 200 MG (rufinamide)	11
ARZERRA	24	avanafil	33	BANZEL TABS 400 MG (rufinamide)	11
ascorbic acid SOLN IJ	68	AVONEX PEN AJKT	62	BAXDELA SOLR	46
asenapine maleate 2.5 MG	29	AVONEX PREFILLED PSKT	62	BAXDELA TABS	46
asenapine maleate 5 MG, 10 MG ..	29	AYVAKIT	25	BELSOMRA	50
aspirin CHEW	4	azacitidine SUSR	24	benazepril & hydrochlorothiazide 12.5 MG-10 MG, 25 MG-20 MG ..	20
aspirin TABS 325 MG	4	AZATHIOPRINE SODIUM	55	benazepril & hydrochlorothiazide 12.5 MG-20 MG, 6.25 MG-5 MG ..	20
aspirin TBEC 325 MG	4	azathioprine TABS 50 MG	55	benazepril hcl	20
aspirin TBEC 81 MG	4	azathioprine TABS 75 MG, 100 MG	43	bendamustine hcl SOLR	23
aspirin-dipyridamole	49	azelaic acid GEL	43	BENEFIX KIT	48
atazanavir sulfate CAPS 150 MG, 300 MG	30	azelastine hcl (ophth)	59	BENZEPRO CREAMY WASH LIQD ..	37
atazanavir sulfate CAPS 200 MG ..	30			BENZEPRO FOAM 5.3 %	37
atenolol & chlorthalidone	20				

benzonatate 100 MG	37	betaxolol hcl	32	brimonidine tartrate 0.15 %	58
benzonatate 150 MG	37	bethanechol chloride 25 MG	65	brimonidine tartrate 0.2 %	58
benzonatate 200 MG	37	bethanechol chloride 5 MG, 10 MG, 50 MG	65	brimonidine tartrate-timolol maleate ..	
benzoyl peroxide FOAM 5.3 %, 9.8 %	37	bexarotene (topical)	39	brinzolamide	59
benzoyl peroxide GEL 10 %	37	bexarotene	28	BRIVIACT SOLN PO 10 MG/ML ..	11
benzoyl peroxide GEL 5 %	37	BEXSERO	65	BRIVIACT TABS	11
benzoyl peroxide LIQD 4 %, 10 % .	37	bicalutamide	25	bromfenac sodium (ophth)	59
benzoyl peroxide-erythromycin GEL . 37		BIJUVA	46	bromocriptine mesylate CAPS	29
benztropine mesylate SOLN	28	BIKTARVY	30	bromocriptine mesylate TABS 2.5 MG	29
benztropine mesylate TABS	28	bimatoprost SOLN	60	BRUKINSA	26
bepotastine besilate	59	bisacodyl SUPP	51	budesonide (inhalation) SUSP	9
BESIVANCE	59	bisacodyl TBEC	51	budesonide (intrarectal)	7
betaine	45	bisoprolol & hydrochlorothiazide ..	20	budesonide (nasal)	58
betamethasone dipropionate (topical) CREA	40	bisoprolol fumarate	32	budesonide CPEP	36
betamethasone dipropionate (topical) LOTN	40	bleomycin sulfate 15 UNIT	26	budesonide-formoterol fumarate dihydrate	9
betamethasone dipropionate (topical) OINT	40	BOOSTRIX SUSP	64	bumetanide SOLN 0.25 MG/ML ..	44
betamethasone dipropionate augmented CREA	41	BOOSTRIX SUSY	64	bumetanide TABS	44
betamethasone dipropionate augmented LOTN	41	bortezomib SOLR IJ	26	buprenorphine hcl SOLN	7
betamethasone dipropionate augmented OINT	41	BORTEZOMIB SOLR IV 3.5 MG ..	26	buprenorphine hcl SUBL	7
betamethasone valerate CREA	41	bosentan TABS 125 MG	34	buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG	7
betamethasone valerate FOAM	41	bosentan TABS 62.5 MG	34	buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG ..	7
betamethasone valerate LOTN	41	BOSULIF TABS 100 MG, 500 MG ..	26	buprenorphine hcl-naloxone hcl dihydrate SUBL	7
betamethasone valerate OINT	41	BOSULIF TABS 400 MG	26	buprenorphine PTWK	7
BETASERON KIT	62	BRAFTOVI 75 MG	26	bupropion hcl (smoking deterrent) ..	62
betaxolol hcl (ophth) SOLN	58	BREO ELLIPTA (fluticasone furoate- vilanterol)	9	bupropion hcl TABS	13
		BREO ELLIPTA	9		
		BRILINTA	49		
		brimonidine tartrate (topical)	43		

bupropion hcl TB12 100 MG	13	calcipotriene SOLN	40	carbamazepine TB12 200 MG	11
bupropion hcl TB12 150 MG	13	calcipotriene-betamethasone dipropionate OINT	41	carbidopa	28
bupropion hcl TB12 200 MG	13	calcipotriene-betamethasone dipropionate SUSP	41	carbidopa-levodopa TABS	29
bupropion hcl TB24 150 MG	13	calcitonin (salmon) NA	44	carbidopa-levodopa TBCR	29
bupropion hcl TB24 300 MG	13	calcitriol (topical)	40	carbidopa-levodopa TBDP	29
buspirone hcl 5 MG	8	calcitriol CAPS	45	carbidopa-levodopa-entacapone ..	29
buspirone hcl 7.5 MG, 10 MG, 15 MG, 30 MG	8	calcitriol SOLN IV	45	carbinoxamine maleate SOLN	18
busulfan SOLN	23	calcium acetate (phosphate binder) CAPS	47	carbinoxamine maleate TABS 4 MG ..	18
butalbital-acetaminophen TABS 50 MG-325 MG	4	calcium acetate (phosphate binder) TABS	47	carboplatin SOLN 50 MG/5ML	23
butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG	4	calcium chloride (dihydrate) SOLN 54	54	carisoprodol TABS	57
butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG	4	calcium polycarbophil TABS	50	carmustine	23
butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG	4	CALQUENCE	26	carteolol hcl (ophth)	58
butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG	6	candesartan cilexetil	20	carvedilol	32
butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG	6	candesartan cilexetil- hydrochlorothiazide	20	carvedilol phosphate	32
butalbital-aspirin-caffeine CAPS	4	capecitabine	24	caspofungin acetate	18
butalbital-aspirin-caffeine w/cod	6	CAPRELSA	26	CAYA DPRH	51
butenafine hcl	38	captopril 12.5 MG	20	CAYSTON	22
butorphanol tartrate IJ 1 MG/ML, 2 MG/ML	7	captopril 25 MG, 50 MG, 100 MG ..	20	cefaclor CAPS	34
butorphanol tartrate NA 10 MG/ML ..	7	CAPVAXIVE	65	cefaclor SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML	34
cabergoline	46	carbamazepine CHEW 100 MG ..	11	cefadroxil CAPS	34
CABOMETYX TABS	26	carbamazepine CP12 100 MG	11	cefadroxil SUSR	34
calcipotriene CREA	39	carbamazepine CP12 200 MG	11	cefadroxil TABS	34
calcipotriene OINT	40	carbamazepine CP12 300 MG	11	cefazolin sodium SOLR IJ 1 GM, 10 GM, 500 MG	34
		carbamazepine SUSP	11	cefdinir CAPS	35
		carbamazepine TABS	11	cefdinir SUSR	35
		carbamazepine TB12 100 MG, 400 MG	11	cefepime hcl SOLR IJ 1 GM	35
				cefixime CAPS	35
				cefixime SUSR	35

cefotetan disodium IJ 1 GM, 2 GM	34	MG	22	47
cefoxitin sodium IV 1 GM, 2 GM	34	chlorpromazine hcl SOLN	30	ciprofloxacin SUSR
cefpodoxime proxetil SUSR	35	chlorpromazine hcl TABS	30	ciprofloxacin-dexamethasone ..
cefpodoxime proxetil TABS	35	chlorthalidone 25 MG, 50 MG	44	ciprofloxacin-fluocinolone acetonide ..
cefprozil SUSR	35	chlorzoxazone TABS 500 MG	57	60
cefprozil TABS	35	chlorzoxazone TABS 750 MG	57	cisplatin SOLN 100 MG/100ML ...
ceftazidime IJ 1 GM, 6 GM	35	CHOLBAM	47	23
ceftriaxone sodium IJ 1 GM, 2 GM, 500 MG	35	cholecalciferol CAPS	68	citalopram hydrobromide SOLN ...
ceftriaxone sodium IJ 250 MG	35	cholecalciferol TABS 10 MCG, 400 UNIT	68	13
cefuroxime axetil TABS	35	cholestyramine light PACK	19	citalopram hydrobromide TABS 10 MG
cefuroxime sodium IJ 750 MG	35	cholestyramine light POWD	19	13
celecoxib	3	cholestyramine PACK	19	citalopram hydrobromide TABS 20 MG
cephalexin CAPS	34	cholestyramine POWD	19	13
cephalexin SUSR	34	choline fenofibrate	19	clarithromycin SUSR
CERDELGA	49	CHORIONIC GONADOTROPIN IM 45		51
CEREZYME 400 UNIT	49	ciclopirox GEL	38	clarithromycin TABS
cetirizine hcl TABS	18	ciclopirox olamine CREA	38	51
cevimeline hcl	56	ciclopirox olamine SUSP	38	clarithromycin TB24
CHEMET	17	ciclopirox SHAM	38	51
CHEMSTRIP K STRP	43	ciclopirox SOLN	38	CLASSIC PRENATAL TABS
chloramphenicol sodium succinate 22		cidofovir	31	56
chlordiazepoxide hcl CAPS	8	cilostazol	49	clemastine fumarate SYRP
chlordiazepoxide hcl-clidinium bromide	64	CIMDUO	30	18
chlordiazepoxide-amitriptyline	61	cimetidine TABS	64	clemastine fumarate TABS 2.68 MG ..
chlorhexidine gluconate (mouth- throat)	56	cinacalcet hcl	45	18
chloroquine phosphate TABS 250 MG	22	ciprofloxacin hcl (ophth) SOLN	59	CLIMARA PRO
chloroquine phosphate TABS 500		ciprofloxacin hcl (otic)	60	46
		ciprofloxacin hcl TABS	46	clindamycin hcl
		ciprofloxacin in d5w 200 MG/100ML ..		22
				clindamycin palmitate hydrochloride ..
				22
				clindamycin phosphate (topical) FOAM
				37
				clindamycin phosphate (topical) GEL ..
				37
				clindamycin phosphate (topical) LOTN
				37
				clindamycin phosphate (topical) SOLN
				38
				clindamycin phosphate (topical) SWAB
				38

clindamycin phosphate SOLN IJ 9 GM/6ML, 300 MG/2ML, 600 MG/4ML, 900 MG/6ML, 9000 MG/6ML	22	clonidine PTWK	20	COMETRIQ (60 MG DAILY DOSE) KIT	26
clindamycin phosphate vaginal CREA	67	clopidogrel bisulfate 300 MG	49	COMIRNATY SUSP	65
clindamycin phosphate-benzoyl peroxide (refrigerate)	38	clopidogrel bisulfate 75 MG	49	COMIRNATY SUSY	65
clindamycin phosphate-benzoyl peroxide GEL 5 %-1 %	38	clorazepate dipotassium TABS	8	COMPLERA	30
clindamycin phosphate-tretinoin ..	38	clotrimazole (topical) CREA	38	CONTRAVE	1
CLINIMIX E/DEXTROSE (5/20) ..	58	clotrimazole (topical) SOLN	38	COPIKTRA	26
CLINIMIX/DEXTROSE (4.25/10) ..	58	clotrimazole	56	CORDRAN TAPE	41
CLINIMIX/DEXTROSE (4.25/5) ..	58	clotrimazole vaginal CREA 1 % ..	67	CORTISPORIN-TC	60
clobazam SUSP	11	clotrimazole w/ betamethasone CREA	38	COSENTYX (300 MG DOSE) SOSY . 40	
clobazam TABS	11	clotrimazole w/ betamethasone LOTN	38	COSENTYX SENSOREADY (300 MG) SOAJ	40
clobetasol propionate CREA 0.05 % . 41		clozapine TABS	29	COSENTYX SENSOREADY PEN SOAJ	40
clobetasol propionate emollient base 0.05 %	41	clozapine TBDP 100 MG	30	COSENTYX SOSY 150 MG/ML ..	40
clobetasol propionate FOAM	41	clozapine TBDP 12.5 MG, 150 MG 30		COSENTYX SOSY 75 MG/0.5ML .	40
clobetasol propionate GEL 0.05 % 41		clozapine TBDP 25 MG	29	COSENTYX UNOREADY SOAJ ..	40
clobetasol propionate OINT 0.05 % 41		COARTEM	22	CREON CPEP	43
clobetasol propionate SOLN 0.05 % . 41		codeine sulfate TABS 30 MG	5	CRESEMBA CAPS 186 MG	18
clocortolone pivalate	41	CODEINE SULFATE TABS	5	cromolyn sodium (ophth)	59
clofarabine	24	colchicine TABS	48	cromolyn sodium NEBU	9
clomiphene citrate TABS	45	colchicine w/ probenecid	48	crotamiton LOTN	43
clomipramine hcl	14	colesevelam hcl PACK	19	CVS PRENATAL TABS 100 MG-2.6 MG-800 MCG-400 UNIT-4 MCG-1.7 MG-18 MG-27 MG-1.5 MG-25 MG-263 MG-11 UNIT-4000 UNIT	56
clonazepam TABS	11	colesevelam hcl TABS	19	cyanocobalamin SOLN IJ 1000 MCG/MIL	49
clonidine hcl (adhd) TB12	1	colestipol hcl GRAN	19	cyclobenzaprine hcl TABS 5 MG, 10 MG	57
clonidine hcl TABS	20	colestipol hcl PACK	19	cyclophosphamide CAPS	23
		colestipol hcl TABS	19	cyclophosphamide SOLR IJ	23
		COMBIPATCH PTTW	46		
		COMETRIQ (100 MG DAILY DOSE) KIT	26		
		COMETRIQ (140 MG DAILY DOSE) KIT	26		

cycloserine	23	hcl 1000 MG-5 MG	15	46	
cyclosporine (ophth) EMUL	59	dapsone	22	desmopressin acetate TABS 0.2 MG 46	
cyclosporine CAPS	55	DAPTACEL	64	desogestrel & ethinyl estradiol 35	
cyclosporine modified (for microemulsion) CAPS	55	daptomycin 500 MG	22	desogestrel-ethinyl estradiol (biphasic)	35
cyclosporine modified (for microemulsion) SOLN	55	darifenacin hydrobromide	65	desogestrel-ethinyl estradiol (triphasic)	35
cyclosporine SOLN IV 50 MG/ML .	55	darunavir TABS	30	desonide CREA	41
CYLTEZO (2 PEN) AJKT	2	dasatinib	26	desonide LOTN	41
CYLTEZO (2 SYRINGE) PSKT 10 MG/0.2ML, 40 MG/0.4ML	3	DAURISMO	25	desonide OINT	41
CYLTEZO (2 SYRINGE) PSKT 20 MG/0.4ML, 40 MG/0.8ML	3	DEBACTEROL	56	desoximetasone GEL	41
CYLTEZO-CD/UC/HS STARTER AJKT	3	decitabine	24	desoximetasone OINT 0.25 % 41	
CYLTEZO-PSORIASIS/UV STARTER AJKT	3	deferasirox PACK	17	desvenlafaxine succinate 100 MG .14	
cyproheptadine hcl SYRP	19	deferasirox TABS	17	desvenlafaxine succinate 25 MG, 50 MG	14
cyproheptadine hcl TABS	19	deferasirox TBSO	17	dexamethasone ELIX	36
CYSTAGON CAPS	48	DELSTRIGO	30	DEXAMETHASONE INTENSOL CONC	36
CYSTARAN	59	demeclocycline hcl TABS	63	dexamethasone sodium phosphate (ophth)	59
cytarabine SOLN	24	DEPO-ESTRADIOL	46	dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML	36
dabigatran etexilate mesylate CAPS . 11		DEPO-MEDROL SUSP	36	dexamethasone sodium phosphate SOSY IJ 4 MG/ML	36
dacarbazine SOLR 200 MG	28	DEPO-SUBQ PROVERA 104 SUSY SC	36	dexamethasone SOLN	36
dactinomycin	26	desipramine hcl TABS	14	dexamethasone TABS 0.5 MG, 0.75 MG	36
dalfampridine	62	desloratadine TABS	18	dexamethasone TABS 1 MG, 1.5 MG, 2 MG, 4 MG, 6 MG	36
danazol CAPS	7	DESMOPRESSIN ACETATE SOLN NA	46	dexchlorpheniramine maleate SOLN . 18	
dantrolene sodium CAPS	58	desmopressin acetate spray	46		
dapagliflozin propanediol	16	desmopressin acetate spray refrigerated 0.01 %	46		
dapagliflozin propanediol-metformin hcl 1000 MG-10 MG	15	desmopressin acetate TABS 0.1 MG			
dapagliflozin propanediol-metformin					

dexlansoprazole	64	diclofenac w/ misoprostol TBEC	3	diltiazem hcl extended release beads	33
dexamethylphenidate hcl CP24	1	dicloxacillin sodium	61	diltiazem hcl SOLN 50 MG/10ML	33
dexamethylphenidate hcl TABS	1	dicyclomine hcl CAPS	64	DILTAZEM HCL SOLR	33
dextroamphetamine sulfate CP24 10 MG, 15 MG	1	dicyclomine hcl SOLN PO	64	diltiazem hcl TABS	33
dextroamphetamine sulfate CP24 5 MG	1	dicyclomine hcl TABS	64	diltiazem hcl TB24	33
dextroamphetamine sulfate TABS 2.5 MG, 7.5 MG, 15 MG, 20 MG, 30 MG . 1		DIFFERIN LOTN	38	dimethyl fumarate CDPK	62
dextroamphetamine sulfate TABS 5 MG, 10 MG	1	DIFICID TABS	51	dimethyl fumarate CPDR	62
dextrose in lactated ringers	54	diflorasone diacetate CREA	41	DIPENTUM	47
DIACOMIT CAPS 250 MG	11	diflorasone diacetate OINT	41	diphenhydramine hcl CAPS 50 MG 18	
DIACOMIT CAPS 500 MG	11	diflunisal TABS	4	diphenhydramine hcl ELIX 12.5 MG/5ML	18
DIACOMIT PACK 250 MG	11	difluprednate	59	diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML	18
DIACOMIT PACK 500 MG	11	digoxin SOLN IJ 0.25 MG/ML	33	diphenhydramine hcl SOLN 50 MG/ML	18
diazepam (anticonvulsant) GEL ...	11	digoxin SOLN PO 0.05 MG/ML	33	diphenoxylate w/ atropine LIQD ...	17
diazepam CONC	8	digoxin TABS 62.5 MCG, 125 MCG, 250 MCG	33	diphenoxylate w/ atropine TABS ...	17
diazepam SOLN PO 5 MG/5ML	8	dihydroergotamine mesylate SOLN IJ 1 MG/ML	53	DIPHTHERIA-TETANUS TOXOIDS DT SUSP	64
diazepam TABS	8	dihydroergotamine mesylate SOLN NA 4 MG/ML	53	dipyridamole	49
diazoxide	16	DILANTIN (phenytoin sodium extended)	12	disopyramide phosphate CAPS	8
dichlorphenamide	44	DILANTIN	12	disulfiram	61
diclofenac epolamine PTCH EX ...	39	DILANTIN INFATABS CHEW (phenytoin)	12	DIURIL SUSP	44
diclofenac potassium TABS 50 MG . 3		DILANTIN SUSP (phenytoin)	12	divalproex sodium TB24	13
diclofenac sodium (actinic keratoses) EX	39	DILANTIN-125 SUSP (phenytoin)	12	divalproex sodium TBEC	13
diclofenac sodium (ophth)	59	diltiazem hcl coated beads CP24 120 MG, 300 MG, 360 MG	33	docetaxel CONC 20 MG/ML	28
diclofenac sodium (topical) GEL EX 39		diltiazem hcl coated beads CP24 180 MG, 240 MG	33	docetaxel SOLN 20 MG/2ML	28
diclofenac sodium TB24	3	diltiazem hcl CP12	33	docusate calcium	51
diclofenac sodium TBEC	3	diltiazem hcl CP24	33	docusate sodium CAPS 100 MG ..	51

docusate sodium CAPS 250 MG ..	51	doxycycline (monohydrate) TABS 100 MG	63	DUREX TROPICAL MISC	51
dofetilide	8	doxycycline (monohydrate) TABS 50 MG, 75 MG	63	dutasteride	48
donepezil hydrochloride TABS 10 MG	61	doxycycline hyclate CAPS 100 MG 63		dutasteride-tamsulosin hcl	48
donepezil hydrochloride TABS 23 MG	61	doxycycline hyclate CAPS 50 MG .63		econazole nitrate CREA	39
donepezil hydrochloride TABS 5 MG . 61		doxycycline hyclate SOLR	63	EDARBI	20
donepezil hydrochloride TBDP 10 MG	61	doxycycline hyclate TABS 100 MG 63		EDURANT	30
donepezil hydrochloride TBDP 5 MG 61		doxycycline hyclate TABS 20 MG .63		efavirenz CAPS 200 MG	30
DOPTELET	49	doxylamine-pyridoxine TBEC	17	efavirenz CAPS 50 MG	30
dorzolamide hcl	59	dronabinol CAPS	17	efavirenz TABS	30
dorzolamide hcl-timolol maleate ..	58	drospirenone-ethinyl estradiol	35	efavirenz-emtricitabine-tenofovir	
DOVATO	30	drospirenone-ethinyl estradiol- levomefolate calcium	35	disoproxil fumarate	30
doxazosin mesylate	20	DROXIA CAPS	49	efavirenz-lamivudine-tenofovir	
doxepin hcl (antipruritic)	39	DUAVEE	46	disoproxil fumarate	30
doxepin hcl (sleep)	50	DULERA	9	EGRIFTA SV	45
doxepin hcl CAPS 10 MG, 25 MG, 50 MG, 100 MG, 150 MG	14	duloxetine hcl CPEP 20 MG, 30 MG, 60 MG	14	ELAPRASE	45
doxepin hcl CAPS 75 MG	14	duloxetine hcl CPEP 40 MG	14	electrolyte-148	54
doxepin hcl CONC	14	DUPIXENT SOAJ 200 MG/1.14ML 42		electrolyte-a	54
doxercalciferol CAPS	45	DUPIXENT SOAJ 300 MG/2ML ...42		ELESTRIN GEL	46
doxercalciferol SOLN	45	DUPIXENT SOSY 100 MG/0.67ML 42		eletriptan hydrobromide	53
doxorubicin hcl liposomal SUSP ..	26	DUPIXENT SOSY 200 MG/1.14ML 42		ELIGARD KIT SC 7.5 MG	25
doxorubicin hcl SOLN	26	DUPIXENT SOSY 300 MG/2ML ...42		ELIGARD SC 22.5 MG, 30 MG, 45 MG	25
doxorubicin hcl SOLR 10 MG, 50 MG	26	DUREX EXTRA SENSITIVE THIN DEVI	51	ELIQUIS DVT/PE STARTER PACK TBPK	10
doxycycline (monohydrate) CAPS 50 MG, 100 MG	63	DUREX EXTRA SENSITIVE THIN MISC	51	ELIQUIS TABS	10
doxycycline (monohydrate) CAPS 75 MG	63	EMCYT		ELLA	36
		EMFLAZA SUSP (deflazacort) ....36		ELMIRON CAPS	48
		EMGALITY (300 MG DOSE) SOSY 53		ELOCTATE	48
				EMCYT	25
				EMFLAZA SUSP (deflazacort) ....36	
				EMGALITY (300 MG DOSE) SOSY 53	

EMGALITY SOAJ	53	enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML	10	ERLEADA 240 MG	25
EMGALITY SOSY	53			ERLEADA 60 MG	25
EMSAM	13	ENSPRYNG	55	erlotinib hcl	24
emtricitabine CAPS	30	entacapone	28	ERTACZO	39
emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG	30	entecavir TABS	31	ertapenem sodium IJ	22
emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG	31	EPIDIOLEX	11	erythromycin (acne aid) PADS	38
EMTRIVA SOLN	31	epinastine hcl (ophth)	59	erythromycin (acne aid) SOLN	38
EMVERM CHEW	7	epinephrine (anaphylaxis) SOAJ 0.15 MG/0.3ML	68	erythromycin (ophth)	59
enalapril maleate & hydrochlorothiazide 12.5 MG-5 MG 20		epinephrine (anaphylaxis) SOAJ 0.3 MG/0.3ML	68	erythromycin base CPEP	51
enalapril maleate & hydrochlorothiazide 25 MG-10 MG 20		EPIVIR HBV SOLN	31	erythromycin base TABS	51
enalapril maleate TABS	20	eplerenone	21	erythromycin base TBEC	51
ENBREL MINI SOCT	4	EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	49	erythromycin ethylsuccinate SUSR 51	
ENBREL SOLN	4	epoprostenol sodium	34	erythromycin ethylsuccinate TABS 51	
ENBREL SOSY 25 MG/0.5ML	4	EQL PRENATAL FORMULA TABS		escitalopram oxalate SOLN	13
ENBREL SOSY 50 MG/ML	4	56		escitalopram oxalate TABS 10 MG 13	
ENBREL SURECLICK SOAJ	4	EQUETRO 100 MG	29	escitalopram oxalate TABS 20 MG 13	
ENGERIX-B SUSP 20 MCG/ML ...	65	EQUETRO 200 MG	29	escitalopram oxalate TABS 5 MG . 13	
ENGERIX-B SUSY	66	EQUETRO 300 MG	29	esomeprazole magnesium CPDR 20 MG	64
enoxaparin sodium SOLN IJ 300 MG/3ML	10	ERAXIS	18	esomeprazole magnesium CPDR 40 MG	64
enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML	10	ERBITUX	24	esomeprazole magnesium TBEC . 64	
enoxaparin sodium SOSY 30 MG/0.3ML	10	ergocalciferol CAPS	68	ESPEROCT 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT 49	
enoxaparin sodium SOSY 40 MG/0.4ML	10	ergocalciferol SOLN PO 200 MCG/ML	68	estazolam	50
enoxaparin sodium SOSY 60 MG/0.6ML	10	ergoloid mesylates TABS	62	esterified estrogens & methyltestosterone	46
		ERGOMAR SUBL	53	estradiol & norethindrone acetate TABS	46
		ergotamine w/ caffeine TABS	53		
		eribulin mesylate	28		
		ERIVEDGE	25		

estradiol GEL	46	EVOTAZ	31	FEMRING	67
estradiol PTTW	46	exemestane	25	fenofibrate micronized 43 MG, 130	
estradiol PTWK	46	ezetimibe	19	MG	19
estradiol TABS	46	ezetimibe-simvastatin	19	fenofibrate micronized 67 MG, 134	
estradiol vaginal CREA	67	famciclovir 125 MG, 250 MG	32	MG, 200 MG	19
estradiol vaginal TABS	67	famciclovir 500 MG	32	fenofibrate TABS 145 MG, 160 MG	
estradiol valerate	46	famotidine in nacl SOLN	64	19	
ESTRING RING	67	famotidine SOLN 20 MG/2ML	64	fenoprofen calcium TABS	3
ESTROGEL GEL (estradiol)	46	famotidine SOLN 40 MG/4ML, 200		FENSOLVI (6 MONTH) SC	45
eszopiclone	50	MG/20ML	64	fentanyl citrate LPOP	5
ethacrynic acid	44	famotidine SUSR	64	fentanyl PT72 12 MCG/HR, 25	
ethambutol hcl TABS	23	famotidine TABS 20 MG, 40 MG ..	64	MCG/HR, 50 MCG/HR, 75 MCG/HR,	
ethosuximide CAPS	13	FANAPT	29	100 MCG/HR	5
ethosuximide SOLN	13	FANAPT TITRATION PACK	29	ferrous sulfate SOLN 15 MG/ML, 15	
ethynodiol diacet & eth estrad	35	FANTASY LUBRICATED MISC ..	51	MG/ML	50
etodolac CAPS	3	FANTASY		ferrous sulfate TABS 325 MG, 65	
etodolac TABS	3	LUBRICATED/SPERMICIDE MISC		MG, 325 MG	50
etonogestrel-ethynodiol	36	51		ferrous sulfate TBEC 325 MG	50
ETOPOPHOS	28	FARXIGA (dapagliflozin propanediol)		fesoterodine fumarate	65
etoposide CAPS	28	.....16		FETZIMA CP24	14
etoposide SOLN 1 GM/50ML, 100		FASENRA PEN SOAJ	8	FETZIMA TITRATION C4PK	14
MG/5ML, 500 MG/25ML	28	FASENRA SOSY 10 MG/0.5ML	8	finasteride	48
etravirine 100 MG	31	FASENRA SOSY 30 MG/ML	8	fingolimod hcl	62
etravirine 200 MG	31	FC2 FEMALE CONDOM	51	FIRDAPSE	23
EUCRISA	43	febuxostat	48	FIRMAGON (240 MG DOSE)	25
EVAMIST SOLN	46	felbamate SUSP	12	FIRMAGON 80 MG	25
everolimus (immunosuppressant)		felbamate TABS 400 MG	12	flavoxate hcl	65
0.25 MG, 0.5 MG, 0.75 MG	56	felbamate TABS 600 MG	12	flecainide acetate	8
everolimus (immunosuppressant) 1		felodipine	33	floxuridine	24
MG	56	FEMCAP DEVI	51	FLUAD	66
everolimus TABS	26	FEMLYV TBDP	35	FLUAD QUADRIVALENT	66

FLUARIX QUADRIVALENT SUSY	66	fluocinonide emulsified base	41	fluticasone propionate CREA 0.05 %
FLUARIX SUSY	66	fluocinonide GEL	41	41
FLUBLOK QUADRIVALENT	66	fluocinonide OINT	41	fluticasone propionate hfa
FLUBLOK SOSY	66	fluocinonide SOLN	41	9
FLUCELVAX QUADRIVALENT SUSP	66	fluorometholone (ophth) SUSP	59	fluticasone propionate LOTN
FLUCELVAX QUADRIVALENT SUSY	66	fluorouracil (topical) CREA 5 % ...	39	41
FLUCELVAX SUSP	66	fluorouracil (topical) SOLN 2 % ...	39	fluticasone-salmeterol AEPB 100
FLUCELVAX SUSY	66	fluorouracil (topical) SOLN 5 % ...	39	MCG/ACT-50 MCG/ACT, 250
fluconazole SUSR	18	fluorouracil 500 MG/10ML	24	MCG/ACT-50 MCG/ACT, 500
fluconazole TABS	18	fluoxetine hcl CAPS 10 MG	13	MCG/ACT-50 MCG/ACT
flucytosine	18	fluoxetine hcl CAPS 20 MG	13	9
fludarabine phosphate SOLN	24	fluoxetine hcl CAPS 40 MG	13	fluticasone-salmeterol AEPB 113
fludarabine phosphate SOLR	24	fluoxetine hcl CPDR	13	MCG/ACT-14 MCG/ACT, 232
fludrocortisone acetate TABS	37	fluoxetine hcl SOLN	13	MCG/ACT-14 MCG/ACT
FLULAVAL QUADRIVALENT SUSY	66	fluoxetine hcl TABS 10 MG, 60 MG		10
		14	fluticasone-salmeterol AERO	
			10	
		fluoxetine hcl TABS 20 MG	13	fluvastatin sodium CAPS 20 MG ..
			14	19
FLULAVAL SUSY	66	fluphenazine hcl CONC	30	fluvastatin sodium CAPS 40 MG ..
FLUMIST	66	fluphenazine hcl ELIX	30	19
FLUMIST QUADRIVALENT	66	fluphenazine hcl SOLN	30	fluvoxamine maleate TABS 100 MG .
flunisolide (nasal)	58	fluphenazine hcl TABS	30	14
fluocinolone acetonide (otic)	60	flurandrenolide CREA	41	fluvoxamine maleate TABS 25 MG,
fluocinolone acetonide CREA 0.01 %	41	flurandrenolide LOTN	41	50 MG
41		flurazepam hcl	50	14
fluocinolone acetonide CREA 0.025 %	41	flurbiprofen sodium	60	FLUZONE HIGH-DOSE
fluocinolone acetonide OIL	41	flurbiprofen TABS	3	QUADRIVALENT
fluocinolone acetonide OINT	41	fluticasone furoate-vilanterol	9	66
fluocinolone acetonide SOLN	41	fluticasone propionate (inhalation)		FLUZONE HIGH-DOSE SUSY
fluocinonide CREA 0.05 %	41	AEPB	9	66
fluocinonide CREA 0.1 %	41	fluticasone propionate (nasal) SUSP .		FLUZONE QUADRIVALENT SUSP
		58		66
				FLUZONE QUADRIVALENT SUSY
				66
				FLUZONE SUSP
				66
				FLUZONE SUSY
				66
				FML FORTE SUSP
				59
				folic acid TABS
				49
				fondaparinux sodium 10 MG/0.8ML
				11
				fondaparinux sodium 2.5 MG/0.5ML .
				10

fondaparinux sodium 5 MG/0.4ML	.10	furosemide TABS	44	GENOTROPIN CART SC	45
fondaparinux sodium 7.5 MG/0.6ML	.10	FUZEON SOLR	31	GENOTROPIN MINIQUICK PRSY	45
FORA GTEL BLOOD KETONE TEST	.43	FYCOMPA TABS 2 MG	11	gentamicin in saline 0.8 MG/ML-0.9	% , 1 MG/ML-0.9 % , 1.2 MG/ML-0.9
FORA TEST N'GO ADV-VOICE-6 CON	.43	FYCOMPA TABS 4 MG	11	% , 1.6 MG/ML-0.9 %	2
formoterol fumarate NEBU	.10	FYCOMPA TABS 6 MG	11	gentamicin sulfate (ophth) OINT ..	59
FOSAMAX PLUS D	.44	FYCOMPA TABS 8 MG, 10 MG, 12 MG	11	gentamicin sulfate (ophth) SOLN ..	59
fosamprenavir calcium TABS	.31	gabapentin CAPS	11	gentamicin sulfate (topical) CREA ..	38
fosfomycin tromethamine	.22	gabapentin SOLN	12	gentamicin sulfate (topical) OINT ..	38
fosinopril sodium & hydrochlorothiazide	.20	gabapentin TABS 600 MG, 800 MG 12	11	gentamicin sulfate IJ 40 MG/ML ..	2
fosinopril sodium	.20	galantamine hydrobromide CP24 ..	61	GENVOYA	31
fosphenytoin sodium	.12	galantamine hydrobromide SOLN ..	61	GILOTrif	24
FRAGMIN SOSY	.11	galantamine hydrobromide TABS ..	61	glatiramer acetate SOSY 20 MG/ML ..	62
FREESTYLE LIBRE 14 DAY READER	.53	GAMMAGARD 1 GM/10ML, 2.5 GM/25ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	60	GLEOSTINE 10 MG	23
FREESTYLE LIBRE 14 DAY SENSOR	.53	GAMMAGARD 30 GM/300ML	60	GLEOSTINE 40 MG, 100 MG	23
FREESTYLE LIBRE 2 PLUS SENSOR	.53	GAMMAGARD S/D LESS IGA SOLR	60	glimepiride 1 MG, 2 MG	16
FREESTYLE LIBRE 2 READER	.53	GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	60	glimepiride 4 MG	16
FREESTYLE LIBRE 2 SENSOR	.53	GAMUNEX-C	60	glipizide TABS 5 MG, 10 MG	17
FREESTYLE LIBRE 3 PLUS SENSOR	.53	ganciclovir sodium SOLR	31	glipizide TB24	17
FREESTYLE LIBRE 3 READER	.53	ganirelix acetate	45	glipizide-metformin hcl 250 MG-2.5 MG	15
FREESTYLE LIBRE 3 SENSOR	.53	GARDASIL 9 SUSP	66	glipizide-metformin hcl 500 MG-2.5 MG	15
FREESTYLE LIBRE READER	.53	GARDASIL 9 SUSY	66	glipizide-metformin hcl 500 MG-5 MG	15
frovatriptan succinate	.53	gatifloxacin (ophth)	59	GLUCAGEN DIAGNOSTIC	43
FT PRENATAL TABS	.56	gefitinib	24	glucagon (rdna)	16
fulvestrant SOSY	.25	gemcitabine hcl SOLR 2 GM, 200 MG	24	glyburide micronized 1.5 MG, 3 MG, 6 MG	17
furosemide SOLN IJ 10 MG/ML	.44	gemfibrozil TABS	19	glyburide TABS	17

glyburide-metformin 250 MG-1.25 MG	15	haloperidol TABS	29	hydrocodone polistirex-chlorpheniramine polistirex SUER	37
glyburide-metformin 500 MG-2.5 MG, 500 MG-5 MG	15	HAVRIX	66	hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML	6
glycine (gu irrigant) SOLN 1.5 % ..	48	HEALON PRO SOSY	59	hydrocodone-acetaminophen SOLN 325 MG/15ML-10 MG/15ML	6
glycopyrrolate SOLN IJ 4 MG/20ML 64		HEMANGEOL SOLN PO	32	hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG	6
glycopyrrolate TABS 1 MG	64	HEPARIN (PORCINE) IN NACL SOLN IV 0.45 %-12500 UNIT/250ML 11		hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	6
glycopyrrolate TABS 2 MG	64	heparin sodium (porcine) SOLN IJ 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	11	hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG	6
GLYXAMBI	15	HEPLISAV-B SOSY	66	hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	6
GNP PRENATAL TABS	56	HIBERIX SOLR IJ	65	hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG	6
GOHIBIC	49	HUMATROPE CART IJ	45	hydrocodone-ibuprofen 7.5 MG-200 MG	6
GOJJI BLOOD KETONE TEST ...	43	HUMIRA (2 SYRINGE) PSKT	3	hydrocortisone (intrarectal)	7
granisetron hcl SOLN IV 1 MG/ML	17	HUMIRA-PED<40KG CROHNS STARTER PSKT	3	hydrocortisone (rectal) EX	7
granisetron hcl TABS	17	HUMIRA-PED>/=40KG CROHNS STARTER PSKT	3	hydrocortisone (topical) CREA 1 %, 2.5 %	42
GRASTEK SUBL	2	START PSKT	3	hydrocortisone (topical) LOTN 2.5 % .42	
griseofulvin microsize SUSP	18	HUMIRA-PSORIASIS/UVEIT STARTER AJKT	3	hydrocortisone acetate (rectal)	7
griseofulvin microsize TABS	18	HUMULIN R U-500 (CONCENTRATED) SOLN SC	16	hydrocortisone butyrate CREA	42
griseofulvin ultramicrosize	18	HUMULIN R U-500 KWIKPEN SOPN SC	16	hydrocortisone butyrate OINT	42
guanfacine hcl (adhd)	1	HYCAMTIN CAPS	28	hydrocortisone butyrate SOLN	42
guanfacine hcl	20	hydralazine hcl SOLN	21	hydrocortisone sod succinate 100 MG	36
GYNAZOLE-1	67	hydralazine hcl TABS	21	hydrocortisone TABS	36
HAEGARDA SOLR SC	49	hydrochlorothiazide CAPS	44	hydrocortisone vaginal	67
HALAVEN (eribulin mesylate)	28	hydrochlorothiazide TABS 12.5 MG 44		hydrocortisone valerate CREA	42
halcinonide CREA	41	hydrochlorothiazide TABS 25 MG, 50 MG	44		
halobetasol propionate CREA	41	hydrocodone bitartrate CP12	5		
halobetasol propionate OINT	42	hydrocodone bitartrate T24A	5		
HALOG OINT	42				
haloperidol decanoate	29				
haloperidol lactate CONC	29				
haloperidol lactate SOLN	29				

hydrocortisone valerate OINT	42	ICLUSIG	26	INREBIC	26
hydrocortisone w/acetic acid	60	icosapent ethyl 1 GM	19	INSULIN ASP PROT & ASP FLEXPEN SUPN	16
hydromorphone hcl LIQD	5	idarubicin hcl 20 MG/20ML	26	INSULIN ASPART FLEXPEN SOPN .. 16	16
hydromorphone hcl SOLN IJ 10 MG/ML, 50 MG/5ML, 500 MG/50ML .. 5		idarubicin hcl 5 MG/5ML, 10 MG/10ML	26	INSULIN ASPART PENFILL SOCT 16	
hydromorphone hcl TABS	5	IDELVION	49	ifosfamide SOLN 1 GM/20ML	23
hydromorphone hcl TB24 32 MG ..	5	ifosfamide SOLR	23	INSULIN ASPART PROT & ASPART SUSP	16
hydromorphone hcl TB24 8 MG, 12 MG, 16 MG	5	imatinib mesylate TABS	26	INSULIN ASPART SOLN IJ	16
hydroxychloroquine sulfate 100 MG 23		IMBRUVICA CAPS 140 MG	26	INSULIN DEGLUDEC FLEXTOUCH SOPN	16
hydroxychloroquine sulfate 200 MG 23		IMBRUVICA CAPS 70 MG	26	INSULIN DEGLUDEC SOLN	16
hydroxychloroquine sulfate 400 MG 23		IMBRUVICA SUSP	26	INSULIN LISPRO SOLN IJ	16
hydroxyurea	28	IMBRUVICA TABS	26	INTELENCE 25 MG	31
hydroxyzine hcl SOLN 50 MG/ML ..	8	imipenem-cilastatin IV	22	IONOSOL-MB IN D5W	54
hydroxyzine hcl SYRP	8	imipramine hcl TABS	14	IOPIDINE	58
hydroxyzine hcl TABS	8	imipramine pamoate	14	IPOL	66
hydroxyzine pamoate CAPS	8	imiquimod 5 %	42	ipratropium bromide (nasal) 0.03 % 58	
HYPERSAL NEBU	37	IMPAVIDO	21	ipratropium bromide (nasal) 0.06 % 58	
HYQVIA	60	INCRELEX	45	ipratropium bromide SOLN 0.02 % .9	
ibandronate sodium SOLN	44	INCRUSE ELLIPTA	9	ipratropium-albuterol SOLN	10
ibandronate sodium TABS	44	indapamide TABS 1.25 MG	44	irbesartan	20
IBRANCE CAPS	26	indapamide TABS 2.5 MG	44	irbesartan-hydrochlorothiazide ..	20
IBRANCE TABS	26	indomethacin CAPS 25 MG, 50 MG .. 4	4	irinotecan hcl 40 MG/2ML, 100 MG/5ML	28
ibuprofen SUSP 100 MG/5ML, 200 MG/10ML	3	indomethacin CPCR	4	irrigation solutions, physiological ..	56
ibuprofen TABS 400 MG, 600 MG ..	3	INFANRIX	64	ISENTRESS CHEW	31
ibuprofen TABS 800 MG	4	INFLECTRA SOLR	47	ISENTRESS HD TABS	31
icatibant acetate SOSY	49	INGREZZA CAPS	62	ISENTRESS TABS	31
		INGREZZA CPPK	62	ISOLYTE-P IN D5W	54
		INGREZZA CPSP	62		
		INLYTA	24		

ISOLYTE-S	54	JULUCA	31	KIMONO SENSATION PLUS MISC	
isoniazid SOLN	23	JYNARQUE TBPK	46	52	
isoniazid SYRP	23	KALYDECO TABS	63	KIMONO SPECIAL DEVI	52
isoniazid TABS 100 MG	23	KAMELEON LUBRICATED MISC	.52	KINRIX SUSY	64
isoniazid TABS 300 MG	23	KANJINTI	24	KISQALI (200 MG DOSE)	26
isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG	8	KCL IN DEXTROSE-NACL 5 %-40 MEQ/L-0.9 % (potassium chloride in dextrose & sodium chloride)	54	KISQALI (400 MG DOSE)	26
isosorbide dinitrate-hydralazine hcl 33		KCL-LACTATED RINGERS-D5W	54	KISQALI (600 MG DOSE)	26
isosorbide mononitrate TABS	8	KEPIVANCE 6.25 MG	28	KISQALI FEMARA (200 MG DOSE) .	
isosorbide mononitrate TB24	8	ketoconazole (topical) CREA	39	26	
isotretinoin 10 MG, 20 MG, 30 MG, 40 MG	38	ketoconazole (topical) SHAM 2 %	.39	KISQALI FEMARA (600 MG DOSE) .	
isradipine CAPS	33	ketoconazole	18	26	
itraconazole CAPS	18	KETONE TEST STRP	43	KOGENATE FS KIT	49
itraconazole SOLN	18	ketoprofen CAPS 50 MG	4	KOSELUGO	27
ivabradine hcl TABS	34	ketorolac tromethamine (ophth) ...	60	KOVALTRY	49
ivermectin (pediculicide)	43	ketorolac tromethamine TABS	4	KP PRENATAL MULTIVITAMINS	
ivermectin	7	KETOSTIX STRP	43	TABS	56
IXEMPRA KIT 15 MG	28	ketotifen fumarate (ophth) 0.035 %		KRINTAFEL	23
JAKAFI	26	60		K-Y ME & YOU EXTRA	
JANSSEN COVID-19 VACCINE ..	66	KEVZARA SOAJ	3	LUBRICATED DEVI	52
JANUMET TABS	15	KEVZARA SOSY	3	KYLEENA	36
JANUMET XR TB24 1000 MG-100 MG	15	KIMONO COLORS DEVI	52	KYPROLIS	27
JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG	15	KIMONO MAXX-LARGE FLARE		labetalol hcl SOLN	32
JANUVIA	16	MISC	52	labetalol hcl TABS 100 MG, 200 MG .	
JARDIANCE	16	KIMONO MICRO THIN PLUS MISC .		32	
JEVTANA	28	52		labetalol hcl TABS 300 MG	32
JIVI 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT	49	KIMONO MISC	52	lacosamide SOLN PO 10 MG/ML, 50	
		KIMONO PLUS MISC	52	MG/5ML, 100 MG/10ML	12
		KIMONO PS MISC	52	lacosamide TABS	12
		KIMONO PS PLUS MISC	52	lactated ringer's (irrigation)	56
		KIMONO SENSATION MISC	52	lactated ringer's	54

lactic acid (ammonium lactate) CREA	LENVIMA (14 MG DAILY DOSE) .24	47	
.....42	LENVIMA (18 MG DAILY DOSE) .24	levofloxacin SOLN PO .....47	
lactic acid (ammonium lactate) LOTN	LENVIMA (20 MG DAILY DOSE) .24	levofloxacin TABS 250 MG, 750 MG .	
12 %42	LENVIMA (24 MG DAILY DOSE) .24	47	
lactulose (encephalopathy)	LENVIMA (4 MG DAILY DOSE) ..24	levofloxacin TABS 500 MG .....47	
lactulose SOLN	LENVIMA (8 MG DAILY DOSE) ..24	levonorgestrel & eth estradiol TABS	
lamivudine (hbv) TABS	letrozole	35	
lamivudine SOLN	leucovorin calcium SOLR 50 MG,	levonorgestrel (emergency oc) 1.5	
lamivudine TABS 150 MG	100 MG, 200 MG, 350 MG	MG .....36	
lamivudine TABS 300 MG	leucovorin calcium SOLR 500 MG .28	levonorgestrel-eth estradiol	
lamivudine-zidovudine	leucovorin calcium TABS	(triphasic) .....35	
lamotrigine CHEW 25 MG	LEUKERAN	levonorgestrel-ethinyl estradiol (91-	
lamotrigine CHEW 5 MG	LEUKINE SOLR IJ	day) 0.03 MG-0.15 MG .....35	
lamotrigine TABS	leuprolide acetate KIT IJ 1 MG/0.2ML	levonorgestrel-ethinyl estradiol	
lamotrigine TBDP .....	.....25	(continuous) .....35
LANOXIN SOLN IJ (digoxin)	levalbuterol hcl	levonorgestrel-ethinyl estradiol-iron	
LANOXIN TABS 62.5 MCG, 125	levalbuterol hcl 1.25 MG/0.5ML ...10	35	
MCG, 250 MCG (digoxin)	levalbuterol tartrate	levorphanol tartrate TABS 2 MG ....5	
lansoprazole CPDR 15 MG	levetiracetam SOLN PO 100 MG/ML,	levothyroxine sodium TABS .....63	
lansoprazole CPDR 30 MG	500 MG/5ML	LEXIVA SUSP .....31	
lanthanum carbonate CHEW	levetiracetam TABS 1000 MG	lidocaine hcl (local anesth.) SOLN	
lapatinib ditosylate	12	0.5 %, 1 %, 2 %51	
LASTACRAFT	levetiracetam TABS 250 MG, 750	lidocaine hcl (mouth-throat) 2 % ...56	
latanoprost SOLN	MG	lidocaine hcl (mouth-throat) 4 % ...56	
leflunomide	levetiracetam TABS 500 MG	lidocaine hcl GEL 2 %42	
LEMTRADA	levetiracetam TB24	lidocaine hcl PRSY .....42	
lenalidomide 2.5 MG, 5 MG, 10 MG,	levobunolol hcl 0.5 %	lidocaine hcl SOLN .....42	
15 MG, 25 MG	levocetirizine dihydrochloride SOLN	lidocaine PTCH 5 %42	
lenalidomide 20 MG	18	lidocaine-prilocaine CREA .....42	
LENVIMA (10 MG DAILY DOSE) .24	levocetirizine dihydrochloride TABS	LILETTA (52 MG) .....36	
LENVIMA (12 MG DAILY DOSE) .24	18	lincomycin hcl	22
	levofloxacin (ophth) 0.5 %	linezolid SUSR	22
	59	linezolid TABS	22

LINZESS	47	losartan potassium & hydrochlorothiazide 12.5 MG-50 MG . 21	lurasidone hcl 80 MG	29
liothyronine sodium SOLN	63	losartan potassium	LYNPARZA TABS	27
liothyronine sodium TABS	63	losartan potassium	LYSODREN	25
lisdexamfetamine dimesylate CAPS 1		LOTEMAX OINT	mafénide acetate PACK	40
lisdexamfetamine dimesylate CHEW . 1		loteprednol etabonate GEL	magnesium sulfate IJ 50 %	55
lisinopril & hydrochlorothiazide	20	loteprednol etabonate SUSP 0.2 %	malathion	43
lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG	20	loteprednol etabonate SUSP 0.5 %	maraviroc TABS 150 MG	31
lithium	29	lovastatin TABS 10 MG	maraviroc TABS 300 MG	31
lithium carbonate CAPS	29	lovastatin TABS 20 MG	MARPLAN	13
lithium carbonate TABS	29	lovastatin TABS 40 MG	MASONATAL TABS	56
lithium carbonate TBCR	29	loxapine succinate	MATULANE	28
LO LOESTRIN FE TABS	35	lubiprostone	MAXIDEX SUSP OP	59
lofexidine hcl	61	LUCEMYRA (lofexidine hcl)	MAXX MISC	52
LOKELMA	56	luliconazole	MAXX PLUS MISC	52
loperamide hcl CAPS	17	LUMAKRAS	meclizine hcl TABS 12.5 MG	17
lopinavir-ritonavir SOLN	31	LUMIZYME	meclizine hcl TABS 25 MG	17
lopinavir-ritonavir TABS	31	LUPRON DEPOT (1-MONTH) KIT IM	meclofenamate sodium CAPS	4
loratadine CAPS	18	LUPRON DEPOT (3-MONTH) KIT IM	MEDROL TABS	36
loratadine CHEW	18	LUPRON DEPOT (4-MONTH) IM	medroxyprogesterone acetate (contraceptive) SUSP IM	36
loratadine SOLN	18	LUPRON DEPOT (6-MONTH) IM	medroxyprogesterone acetate (contraceptive) SUSY IM	36
loratadine TABS	18	LUPRON DEPOT-PED (1-MONTH)	medroxyprogesterone acetate 10 MG	61
loratadine TBDP	18	LUPRON DEPOT-PED (3-MONTH)	medroxyprogesterone acetate 2.5 MG, 5 MG	61
lorazepam CONC	8	LUPRON DEPOT-PED (6-MONTH)	mefenamic acid CAPS	4
lorazepam TABS 0.5 MG, 2 MG	8	LUPRON DEPOT-PED (1-MONTH)	mefloquine hcl	23
lorazepam TABS 1 MG	8	LUPRON DEPOT-PED (3-MONTH)	megestrol acetate (appetite)	61
LORBRENA	27	LUPRON DEPOT-PED (6-MONTH)	megestrol acetate SUSP	25
losartan potassium & hydrochlorothiazide 12.5 MG-100 MG, 25 MG-100 MG	21	lurasidone hcl 20 MG, 40 MG, 60 MG, 120 MG	megestrol acetate TABS	25

MEKINIST SOLR	27	metformin hcl TABS 850 MG	15	methylphenidate hcl CHEW 5 MG ..	1
MEKINIST TABS 0.5 MG	27	metformin hcl TB24 500 MG	16	methylphenidate hcl CP24 10 MG, 60	
MEKINIST TABS 2 MG	27	metformin hcl TB24 750 MG	15	MG	1
MEKTOVI	27	methadone hcl CONC	5	methylphenidate hcl CP24 20 MG, 40	
meloxicam TABS	4	METHADONE HCL SOLN IJ (methadone hcl)	5	MG	2
melphalan	23	methadone hcl SOLN IJ 10 MG/ML	.5	methylphenidate hcl CP24	1
melphalan hcl IV	23	methadone hcl SOLN PO 10		methylphenidate hcl CPCR	2
memantine hcl TABS	61	MG/5ML	5	methylphenidate hcl SOLN	2
MENACTRA	65	methadone hcl SOLN PO 5 MG/5ML		methylphenidate hcl TABS 10 MG,	
MENEST	46	5		20 MG	2
MENOSTAR PTWK	46	methadone hcl TABS	5	methylphenidate hcl TABS 5 MG ..	2
MENQUADFI	65	methadone hcl TBSO	5	methylphenidate hcl TB24 18 MG, 27	
MENVEO SOLN	65	methamphetamine hcl	1	MG	2
MENVEO SOLR	65	methazolamide TABS	44	methylphenidate hcl TB24 36 MG, 54	
meperidine hcl SOLN IJ 25 MG/ML, 50 MG/ML, 100 MG/ML	5	methenamine hippurate	22	MG	2
meperidine hcl SOLN PO 50		methimazole TABS	63	methylphenidate hcl TBCR 10 MG,	
MG/5ML	5	methocarbamol TABS 500 MG, 750		20 MG	2
meperidine hcl TABS 50 MG	5	MG	57	methylphenidate hcl TBCR 18 MG,	
meprobamate	8	methotrexate sodium SOLN 50		27 MG	2
mercaptopurine TABS	24	MG/2ML, 250 MG/10ML	24	methylphenidate hcl TBCR 36 MG,	
meropenem	22	methotrexate sodium SOLN 50		54 MG	2
mesalamine CP24	47	MG/2ML	24	methylphenidate PTCH	2
mesalamine CPDR	47	methotrexate sodium SOLR	24	methylprednisolone acetate SUSP 36	
mesalamine ENEM	47	methotrexate sodium TABS 2.5 MG		methylprednisolone sod succ 40 MG,	
mesalamine SUPP	47	24		125 MG, 500 MG, 1000 MG	36
mesalamine TBEC 1.2 GM	47	methoxsalen rapid	40	methylprednisolone TABS	36
mesalamine TBEC 800 MG	47	methscopolamine bromide	64	methylprednisolone TBPK	36
metaxalone 800 MG	57	methsuximide	13	methyltestosterone TABS	7
metformin hcl TABS 1000 MG	15	methyldopa TABS	20	metoclopramide hcl SOLN IJ 5	
metformin hcl TABS 500 MG	15	mg/ML		MG/ML	47
		methylphenidate hcl CHEW 10 MG .1		metoclopramide hcl SOLN PO 5	
		methylphenidate hcl CHEW 2.5 MG 1		MG/5ML, 10 MG/10ML	47
				metoclopramide hcl TABS	47

metolazone 10 MG	44	MIRCERA	49	mometasone furoate CREA	42
metolazone 2.5 MG, 5 MG	44	MIRENA (52 MG)	36	mometasone furoate OINT	42
metoprolol & hydrochlorothiazide TABS 25 MG-100 MG, 50 MG-100 MG	21	mirtazapine TABS 15 MG	13	mometasone furoate SOLN	42
metoprolol & hydrochlorothiazide TABS 25 MG-50 MG	21	mirtazapine TABS 30 MG	13	montelukast sodium CHEW	9
metoprolol succinate TB24 200 MG 32		mirtazapine TABS 45 MG	13	montelukast sodium PACK	9
metoprolol succinate TB24 25 MG, 50 MG, 100 MG	32	mirtazapine TABS 7.5 MG	13	montelukast sodium TABS	9
metoprolol tartrate SOLN IV 5 MG/5ML	32	mirtazapine TBDP 15 MG	13	morphine sulfate CP24 10 MG	5
metoprolol tartrate TABS 25 MG, 50 MG, 100 MG	32	mirtazapine TBDP 30 MG	13	morphine sulfate CP24 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG 5	
metronidazole (topical) CREA	43	mirtazapine TBDP 45 MG	13	morphine sulfate SOLN IJ 0.5 MG/ML, 1 MG/ML	5
metronidazole (topical) GEL 0.75 % 43		misoprostol	65	morphine sulfate SOLN PO 10 MG/5ML	5
metronidazole (topical) GEL 1 % ..	43	mitomycin SOLR IV 20 MG	26	morphine sulfate SOLN PO 20 MG/5ML	5
metronidazole (topical) LOTN	43	mitoxantrone hcl 25 MG/12.5ML ..	26	morphine sulfate TABS	5
metronidazole TABS 250 MG, 500 MG	21	M-M-R II SOLR	66	morphine sulfate TBCR	5
metronidazole vaginal	67	M-NATAL PLUS TABS	56	MOTOFEN	17
mexiletine hcl	8	modafinil 100 MG	2	MOVANTIK	47
micafungin sodium	18	modafinil 200 MG	2	moxifloxacin hcl (ophth) SOLN OP 59	
miconazole nitrate vaginal SUPP 200 MG	67	MODERNA COVID-19 BIVAL 6M-5Y	66	moxifloxacin hcl in sodium chloride	
midodrine hcl	68	MODERNA COVID-19 BIVALENT 66		moxifloxacin hcl TABS	47
miglitol	15	MODERNA COVID-19 VAC (BOOSTER) SUSP	66	MULPLETA	49
miglustat	49	MODERNA COVID-19 VAC 6M-11Y SUSP	66	MULTI PRENATAL TABS	57
minocycline hcl CAPS	63	MODERNA COVID-19 VAC 6M-11Y SUSY	66	mupirocin OINT	38
minocycline hcl TABS	63	MODERNA COVID-19 VACC 6M-5Y SUSP	66	MVASI	24
minoxidil 2.5 MG, 10 MG	21	MODERNA COVID-19 VACCINE SUSP	67	MYALEPT	45
		moexipril hcl	20	mycophenolate mofetil CAPS	56
		mometasone furoate (nasal) SUSP 58		mycophenolate mofetil TABS	56
				mycophenolate sodium	56

MYLERAN TABS	23	neomycin-polymy-dexameth SUSP 59	niacinamide TABS 500 MG	68	
nabumetone	4	neomycin-polymyxin-hc (ophth) ...	59	nicardipine hcl CAPS	33
nadolol TABS 20 MG	33	neomycin-polymyxin-hc (otic) SOLN . 60	nicardipine hcl SOLN	33	
nadolol TABS 40 MG	33	neomycin-polymyxin-hc (otic) SUSP . 60	NICOTINE KIT	62	
nadolol TABS 80 MG	33	neomycin-polymyxin-hc (otic) SUSP . 60	nicotine polacrilex GUM	62	
nafcillin sodium IV 10 GM	61	neomycin-polymyxin-hc (otic) SUSP . 60	nicotine polacrilex LOZG	62	
naftifine hcl CREA 1 %	39	NEONATAL COMPLETE TABS 120 MG-10 MG-9.2 MG-1000 MCG-10 MCG-12 MCG-3 MG-5 MG-20 MG- 27 MG-200 MG-1.84 MG-25 MG-2 MG-1200 MCG-2 MG-0.2 MG	57	nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR	62
naftifine hcl CREA 2 %	39	NEONATAL PLUS TABS	57	NICOTROL INHA	62
nalbuphine hcl	7	NEONATAL PRENATAL TABS	57	NICOTROL NS SOLN	62
naloxone hcl LIQD	17	NEONATAL VITAMIN TABS	57	nifedipine CAPS 10 MG	33
naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML	17	neostigmine methylsulfate SOSY ..	23	nifedipine CAPS 20 MG	33
naltrexone hcl	17	NEO-SYNALAR	38	nifedipine TB24	33
naproxen sodium TABS 550 MG ...	4	NEUPRO	29	NINLARO	27
naproxen SUSP	4	NEVANAC	60	NIPENT	28
naproxen TABS	4	nevirapine SUSP	31	nisoldipine	33
naproxen TBEC 500 MG	4	nevirapine TABS	31	nitazoxanide TABS	21
naratriptan hcl	53	nevirapine TB24 100 MG	31	nitisinone CAPS	45
NATACYN	59	nevirapine TB24 400 MG	31	NITRO-BID OINT	8
NATAZIA	35	NEXIUM 24HR TBEC (esomeprazole magnesium)	64	nitrofurantoin	22
nateglinide	16	NEXPLANON	36	nitrofurantoin macrocrystal 50 MG, 100 MG	22
NAYZILAM	11	NEXTSTELLIS	35	nitrofurantoin monohyd macro ..	22
nebivolol hcl 2.5 MG, 5 MG, 10 MG 32		niacin (antihyperlipidemic) TBCR ..	19	nitroglycerin (intra-anal)	7
nebivolol hcl 20 MG	32	niacin CPCR 250 MG, 500 MG ..	68	nitroglycerin CPCR	8
NEBUSAL NEBU	37	niacin ER TBCR	68	nitroglycerin PT24	8
nefazodone hcl	14	niacin TABS	68	NITROGLYCERIN SOLN IV	8
nelarabine	24	niacin TBCR	68	nitroglycerin SUBL	8
neomycin sulfate TABS	2	niacinamide TABS 100 MG	68	NIVA-PLUS TABS	57
neomycin-bacitracin zn-polymyxin	59				
neomycin-polymy-dexameth OINT	59				

nizatidine CAPS 150 MG	64	nortriptyline hcl SOLN	14	NYVEPRIA	49
nizatidine CAPS 300 MG	64	NORVIR CAPS	31	octreotide acetate SOLN	46
NORDITROPIN FLEXPRO SOPN 30 MG/3ML	45	NORVIR PACK	31	ODEFSEY	31
NORDITROPIN FLEXPRO SOPN 5 MG/1.5ML, 10 MG/1.5ML, 15 MG/1.5ML	45	NOVA MAX PLUS KETONE TEST 43		ODOMZO	25
norelgestromin-ethinyl estradiol ..	36	NOVAVAX COVID-19 VACCINE SUSP	67	OFEV	63
norethin acet & estrad-fe CAPS ..	35	NOVAVAX COVID-19 VACCINE SUSY	67	ofloxacin (ophth)	59
norethin acet & estrad-fe CHEW ..	35	NOVOEIGHT	49	ofloxacin (otic)	60
norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG	35	NOVOLIN 70/30 FLEXPEN SUPN 16		ofloxacin 300 MG, 400 MG	47
norethindrone & eth estradiol ..	35	NOVOLIN 70/30 SUSP	16	OGIVRI	24
norethindrone & ethinyl estradiol-fe 35		NOVOLIN N FLEXPEN SUPN	16	olanzapine SOLR	30
norethindrone (contraceptive) ..	36	NOVOLIN N SUSP	16	olanzapine TABS 2.5 MG, 5 MG ..	30
norethindrone acet & eth estra TABS 35		NOVOLIN R FLEXPEN SOPN IJ ..	16	olanzapine TABS 7.5 MG, 10 MG, 15 MG, 20 MG	30
norethindrone acetate TABS	61	NOVOLIN R SOLN IJ	16	olanzapine TBDP 20 MG	30
norethindrone acetate-ethinyl estradiol	46	NP THYROID TABS	63	olanzapine TBDP 5 MG, 10 MG, 15 MG	30
norethindrone acetate-ethinyl estradiol-fe	35	NUBEQA	25	olmesartan medoxomil	20
norethindrone-eth estradiol (triphasic)	35	NUCALA SOAJ	8	olmesartan medoxomil-amlodipine- hydrochlorothiazide	21
norgestimate-ethinyl estradiol (triphasic)	35	NUCALA SOLR	8	olmesartan medoxomil- hydrochlorothiazide	21
norgestimate-ethinyl estradiol	35	NUCALA SOSY 100 MG/ML	9	olopatadine hcl (nasal)	58
norgestrel & ethinyl estradiol 30 MCG-0.3 MG	35	NUCALA SOSY 40 MG/0.4ML	9	olopatadine hcl 0.1 %	60
NORMOSOL-M IN D5W	54	NUEDEXTA	62	olopatadine hcl 0.2 %	60
NORMOSOL-R PH 7.4	54	NULOJIX	56	omega-3-acid ethyl esters	19
nortriptyline hcl CAPS	14	nystatin (mouth-throat)	56	omeprazole CPDR	64
		nystatin (topical) CREA	39	omeprazole magnesium CPDR	64
		nystatin (topical) OINT	39	omeprazole TBEC	64
		nystatin (topical) POWD EX	39	omeprazole-sodium bicarbonate CAPS 1100 MG-20 MG	65
		nystatin TABS	18	OMNIFLEX DIAPHRAGM	52
		nystatin-triamcinolone CREA	39	ONCASPAR	27
		nystatin-triamcinolone OINT	39		

ondansetron hcl SOLN IJ 4 MG/2ML .	17	oxaliplatin SOLN 50 MG/10ML, 100 MG/20ML	23	paclitaxel 100 MG/16.7ML, 150 MG/25ML	28
ondansetron hcl SOLN PO 4 MG/5ML	17	oxandrolone	7	paclitaxel protein-bound particles	.28
ondansetron hcl SOSY	17	oxaprozin TABS	4	paliperidone 1.5 MG, 3 MG, 9 MG	.29
ondansetron hcl TABS 24 MG	17	oxazepam CAPS	8	paliperidone 6 MG .....	.29
ondansetron hcl TABS 4 MG	17	oxcarbazepine SUSP	12	palonosetron hcl SOLN .....	.17
ondansetron hcl TABS 8 MG	17	oxcarbazepine TABS 150 MG, 300 MG	12	pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML .....	.45
ondansetron TBDP 4 MG	17	oxcarbazepine TABS 600 MG	12	PAMIDRONATE DISODIUM SOLN 45	
ondansetron TBDP 8 MG	17	oxiconazole nitrate CREA	39	PANRETIN .....	.39
ONE VITE WOMENS PLUS TABS	57	OXISTAT LOTN	39	pantoprazole sodium TBEC 20 MG 64	
ONE VITE WOMENS TABS	57	oxybutynin chloride SOLN	65	pantoprazole sodium TBEC 40 MG 64	
ONETOUCH DELICA SAFETY LANCING	53	oxybutynin chloride TABS 5 MG	65	PARAGARD INTRAUTERINE COPPER .....	.36
OPILL	36	oxybutynin chloride TB24	65	paricalcitol CAPS .....	.45
OPSUMIT	34	oxycodone hcl T12A 10 MG, 20 MG, 40 MG, 80 MG	5	paricalcitol SOLN .....	.45
ORENITRAM TBCR	34	oxycodone hcl TABS 15 MG, 30 MG . 5		paroxetine hcl SUSP .....	.14
ORGOVYX	25	oxycodone hcl TABS 5 MG, 10 MG, 20 MG	5	paroxetine hcl TABS 10 MG .....	.14
ORILISSA	45	oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	6	paroxetine hcl TABS 20 MG .....	.14
ORKAMBI PACK	63	oxycodone w/ acetaminophen TABS 325 MG-2.5 MG	6	paroxetine hcl TABS 30 MG .....	.14
ORKAMBI TABS	63	oxymorphone hcl TABS	5	paroxetine hcl TABS 40 MG .....	.14
ORLADEYO	49	oxymorphone hcl TB12 40 MG	5	paroxetine hcl TB24 12.5 MG .....	.14
orphenadrine citrate TB12	57	oxymorphone hcl TB12 5 MG, 7.5 MG, 10 MG, 15 MG, 20 MG, 30 MG 6		paroxetine hcl TB24 25 MG, 37.5 MG .....	.14
oseltamivir phosphate CAPS	32	OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN		pazopanib hcl .....	.27
oseltamivir phosphate SUSR	32	OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	16	PEDIARIX SUSY .....	.64
OSMOPREP	51	OZEMPIC (2 MG/DOSE) SOPN ...16		pediatric multivitamins w/fl CHEW ..56	
OSPHENA	45			PEDVAX HIB SUSP .....	.65
OTEZLA TABS	4			peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid .....	.50
OTEZLA TBPK	4				
oxacillin sodium IJ 1 GM	61				

peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 236 GM 50	PFIZER COVID-19 BIVAL 6MO-4YR	67	PIFELTRO	31
peg 3350-potassium chloride-sod bicarbonate-sod chloride	PFIZER COVID-19 VAC BIVAL 5-11	67	pilocarpine hcl (oral)	56
PEGASYS SOLN	PFIZER COVID-19 VAC BIVALENT ..	67	pilocarpine hcl SOLN 1 %, 2 %, 4 % .	58
PEGASYS SOSY	PFIZER COVID-19 VAC-TRIS 5-11Y SUSP	67	pimecrolimus	42
PEMAZYRE	PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP	67	pimozide	62
pemetrexed disodium SOLR 500 MG 24	PFIZER-BIONT COVID-19 VAC-TRIS SUSP	67	pindolol TABS	33
penciclovir	PFIZER-BIONTECH COVID-19 VACC SUSP	67	pioglitazone hcl	16
penicillamine CAPS	PHEBURANE PLLT	46	pioglitazone hcl-glimepiride	15
penicillamine TABS	phenazopyridine hcl TABS 100 MG, 200 MG	48	pioglitazone hcl-metformin hcl TABS .	15
PENICILLIN G POT IN DEXTROSE 40000 UNIT/ML, 60000 UNIT/ML . 60	phenacetin TARTRATE TABS	1	piperacillin sodium-tazobactam sodium	61
penicillin g potassium 5000000 UNIT 60	phenelzine sulfate	13	PIQRAY (200 MG DAILY DOSE) . 27	
PENICILLIN G PROCAINE	phenobarbital ELIX	50	PIQRAY (250 MG DAILY DOSE) . 27	
penicillin g sodium	phenobarbital TABS 15 MG, 16.2 MG, 32.4 MG, 60 MG, 64.8 MG, 97.2 MG	50	PIQRAY (300 MG DAILY DOSE) . 27	
penicillin v potassium SOLR	phenobarbital TABS 30 MG, 100 MG 50		pirfenidone CAPS	63
penicillin v potassium TABS	phenoxybenzamine hcl	20	pirfenidone TABS 267 MG, 801 MG 63	
PENTACEL	phentermine hcl CAPS	1	pirfenidone TABS 534 MG	63
pentazocine w/ naloxone hcl	phenytoin CHEW	13	piroxicam CAPS	4
pentoxifylline	phenytoin sodium extended 100 MG, 200 MG, 300 MG	12	PLASMA-LYTE 148 27 MEQ/L-23 MEQ/L-98 MEQ/L-140 MEQ/L-3 MEQ/L-5 MEQ/L	54
perindopril erbumine 2 MG, 8 MG . 20	phenytoin sodium SOLN	12	PLASMA-LYTE A (electrolyte-a) .. 54	
perindopril erbumine 4 MG	phenytoin SUSP	13	PLEGRIDY SOAJ	62
PERJETA	PHEXXI	67	PLEGRIDY SOSY IM	62
permethrin CREA	PHOTOFRIN	28	PLEGRIDY STARTER PACK SOAJ .	
permethrin LIQD EX			62	
perphenazine TABS			PLEGRIDY STARTER PACK SOSY SC	62
perphenazine-amitriptyline			plerixafor	50
PERSERIS PRSY			PNEUMOVAX 23 SOLN	65

PNEUMOVAX 23 SOSY	65	potassium chloride SOLN IV 10 MEQ/50ML	55	prednisolone SOLN	37
podofilox SOLN	42	potassium chloride SOLN PO 10 %, 10 %	55	prednisolone TABS	37
polymyxin b sulfate SOLR	22	potassium chloride TBCR 8 MEQ, 10 MEQ, 20 MEQ	55	prednisone SOLN	37
polymyxin b-trimethoprim	59	potassium chloride TBCR 10 MEQ, 1080 MG	48	prednisone TABS 1 MG, 5 MG	37
POMALYST	25	potassium citrate (alkalinizer) TBCR . 48	48	prednisone TABS 2.5 MG, 10 MG, 20 MG, 50 MG	37
posaconazole SUSP	18	potassium citrate (alkalinizer) TBCR . 45	45	prednisone TBPK	37
potassium acetate SOLN 2 MEQ/ML . 55		potassium phosphates 45 MMOLE/15ML	55	PREFEST	46
potassium bicarbonate TBEF	55	PR BENZOYL PEROXIDE WASH LIQD	38	pregabalin (once-daily) 330 MG	62
potassium chloride CPCR	55	pralatrexate 20 MG/ML	24	pregabalin (once-daily) 82.5 MG, 165 MG	62
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-0.45 %, 5 %-20 MEQ/L-0.9 %, 5 %-30 MEQ/L-0.45 %, 5 %-40 MEQ/L-0.45 %	55	pramipexole dihydrochloride TABS 0.125 MG	29	pregabalin CAPS 225 MG, 300 MG 12	
potassium chloride in dextrose & sodium chloride 5 %-40 MEQ/L-0.9 %	54	pramipexole dihydrochloride TABS 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG	29	pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG	12
potassium chloride in dextrose 20 MEQ/L	54	prasugrel hcl	49	pregabalin SOLN	12
POTASSIUM CHLORIDE IN NACL 20 MEQ/L-0.45 % (potassium chloride in nacl)	55	pravastatin sodium	19	PREHEVBRIOPREMARIN	67
potassium chloride in nacl 20 MEQ/L-0.45 %	55	praziquantel	7	PREMARIN	67
potassium chloride in nacl 20 MEQ/L-0.9 %, 40 MEQ/L-0.9 %	55	prazosin hcl CAPS	20	PREMPHASE	46
potassium chloride microencapsulated crystals er	55	PRECISION XTRA KETONE	43	PREMPRO	46
potassium chloride PACK PO 20 MEQ	55	PRED MILD	59	PRENATAL ONE DAILY TABS	57
POTASSIUM CHLORIDE SOLN IV 10 MEQ/50ML (potassium chloride)	55	prednicarbate OINT	42	PRENATAL PLUS TABS	57
		prednisolone acetate (ophth)	59	PRENATAL PLUS VITAMIN/MINERAL TABS	57
		PREDNISOLONE SODIUM PHOSPHATE	59	PRENATAL TABS	57
		prednisolone sodium phosphate SOLN	36	PRENATAL VITAMIN AND MINERAL TABS	57
		prednisolone sodium phosphate TBDP	37	PRENATAL VITAMIN TABS	57
				PRENATAL VITAMINS TABS 100 MG-800 MCG-1.84 MG-18 MG-2.6 MG-1.7 MG-27 MG-10 MCG-4.95	

MG-25 MG-200 MG-160 MG-1200	PROLIA SOSY	45	QUADRACEL SUSP	64
MCG-4 MCG, 120 MG-2.6 MG-800	PROMACTA PACK	50	QUADRACEL SUSY	64
MCG-400 UNIT-8 MCG-1.7 MG-20	PROMACTA TABS	50	quetiapine fumarate TABS 25 MG, 50	
MG-28 MG-200 MG-1.8 MG-25 MG-	promethazine hcl SOLN PO 6.25		MG, 100 MG, 200 MG	30
4000 UNIT-30 UNIT	MG/5ML	18	quetiapine fumarate TABS 300 MG,	
PRENATAL/IRON TABS 120 MG-2.6	promethazine hcl SUPP 12.5 MG, 25		400 MG	30
MG-800 MCG-400 UNIT-8 MCG-1.7	MG	19	quetiapine fumarate TB24 300 MG,	
MG-20 MG-28 MG-200 MG-1.8 MG-	promethazine hcl SUPP 50 MG ...	19	400 MG	30
25 MG-4000 UNIT-30 UNIT	promethazine hcl TABS	19	quetiapine fumarate TB24 50 MG,	
PRENATRIX TABS	propafenone hcl CP12	8	150 MG, 200 MG	30
PRENATRYL TABS	propafenone hcl TABS	8	quinapril hcl 20 MG, 40 MG	20
PREVNAR 13	proparacaine hcl	59	quinapril hcl 5 MG, 10 MG	20
PREVNAR 20	propranolol hcl CP24	33	quinapril-hydrochlorothiazide 12.5	
PREZCOBIX	propranolol hcl SOLN IV 1 MG/ML	33	MG-10 MG	21
PREZISTA SUSP	propranolol hcl TABS	33	quinapril-hydrochlorothiazide 12.5	
PREZISTA TABS 75 MG, 150 MG	propylthiouracil	63	MG-20 MG	21
PRIFTIN	PROQUAD SUSR	67	quinapril-hydrochlorothiazide 25 MG-	
primaquine phosphate TABS	protriptyline hcl	14	20 MG	21
primidone 50 MG, 250 MG	PROVISC SOSY	59	quinidine sulfate TABS	8
PRIORIX SUSR	PULMICORT FLEXHALER AEPB ..	9	quinine sulfate CAPS 324 MG	23
PROAIR DIGIHALER	PULMOZYME	63	QUZYTIR SOLN IV	18
PROAIR RESPICLICK AEPB	PX PRENATAL MULTIVITAMINS		QVAR REDIHALER	9
probenecid	TABS	57	RA PRENATAL FORMULA TABS	57
procainamide hcl SOLN 500 MG/ML	pyrazinamide	23	RA PRENATAL TABS	57
8	pyridostigmine bromide SOLN PO	23	rabeprazole sodium TBEC	64
prochlorperazine	pyridostigmine bromide TABS 60 MG	.....	raloxifene hcl	45
prochlorperazine maleate TABS ..	.....	23	ramelteon	50
PROCIT	pyridostigmine bromide TBCR	23	ramipril CAPS	20
progesterone CAPS	pyrimethamine	23	ranolazine TB12 1000 MG	7
PROGRAF PACK	QC PRENATAL TABS	57	ranolazine TB12 500 MG	7
PROGRAF SOLN	QINLOCK	27	rasagiline mesylate	29
PROLASTIN-C SOLN			REALITY LATEX CONDOMS MISC .	
PROLEUKIN			52	

REALITY LATEX/ULTRA	32	ropinirole hydrochloride TB24 2 MG,
TEXTURED DEVI	.52	4 MG, 6 MG 29
REALITY LATEX/ULTRA THIN DEVI		ropinirole hydrochloride TB24 8 MG,
52		12 MG 29
REBIF REBIDOSE SOAJ	.62	rosuvastatin calcium TABS 19
REBIF REBIDOSE TITRATION		ROTARIX SUSP 67
PACK SOAJ	.62	ROTARIX SUSR 67
REBIF SOSY	.62	ROTATEQ SOLN 67
REBIF TITRATION PACK SOSY	.62	ROZLYTREK CAPS 27
RECOMBIVAX HB SUSP	.67	RUBRACA 27
RECOMBIVAX HB SUSY	.67	rufinamide SUSP 12
REGRANEX	.43	rufinamide TABS 200 MG 12
RELENZA DISKHALER	.32	rufinamide TABS 400 MG 12
RELION KETONE TEST STRP	.43	RUXIENCE 24
RELION LANCET DEVICES 30G	.53	RYBELSUS TABS 16
RELION LANCETS	.53	salsalate 4
RELION TRUE METRIX TEST		SANTYL OINT 42
STRIPS STRP	.43	sapropterin dihydrochloride PACK
RENFLEXIS	.47	.46
repaglinide 0.5 MG, 1 MG	.16	sapropterin dihydrochloride TABS
repaglinide 2 MG	.16	.46
REPATHA PUSHTRONEX SYSTEM		SAVELLA TABS 61
SOCT	.19	SAVELLA TITRATION PACK MISC
REPATHA SOSY	.20	61
REPATHA SURECLICK SOAJ	.19	saxagliptin hcl 16
RETACRIT	.50	saxagliptin-metformin hcl 1000 MG-
RETEVMO CAPS	.27	2.5 MG 15
RETROVIR SOLN	.31	saxagliptin-metformin hcl 1000 MG-5
REXULTI	.30	MG, 500 MG-5 MG 15
REZVOGLAR KWIKPEN	.16	SCEMBLIX 100 MG 27
ribavirin (hepatitis c) CAPS	.32	SCEMBLIX 20 MG, 40 MG 27
ribavirin (hepatitis c) TABS 200 MG		scopolamine 17
		selegiline hcl CAPS 29
		selegiline hcl TABS 29

selenium sulfide LOTN 2.5 %	40	SKYRIZI PEN SOAJ	40	1000 MG	37
SELZENTRY SOLN	31	SKYRIZI SOCT	47	SOLU-CORTEF 250 MG	37
SELZENTRY TABS 25 MG, 75 MG 31		SKYRIZI SOLN	47	SOLU-MEDROL 2 GM	37
SEMGLEE (YFGN) SOLN	16	SKYRIZI SOSY	40	sorafenib tosylate	27
SEMGLEE (YFGN) SOPN	16	SLYND	36	SORBITOL 3 %	48
SEREVENT DISKUS	10	SM PRENATAL VITAMINS TABS .57		SORBITOL-MANNITOL 2.7	
sertraline hcl CONC	14	SODIUM ACETATE SOLN (sodium acetate)	54	GM/100ML-0.54 GM/100ML	48
sertraline hcl TABS 100 MG	14	sodium acetate SOLN 2 MEQ/ML .54		sotalol hcl (afib/afl)	33
sertraline hcl TABS 25 MG, 50 MG 14		sodium acetate SOLN 4 MEQ/ML .54		sotalol hcl TABS 240 MG	33
sevelamer carbonate PACK	47	sodium chloride (gu irrigant) 0.9 % .48		sotalol hcl TABS 80 MG, 120 MG, 160 MG	33
sevelamer carbonate TABS	48	sodium chloride (inhalant) NEBU 7 %	37	SOVALDI TABS 200 MG	32
SHINGRIX	67	sodium chloride SOLN IV 0.45 %, 0.9 %, 3 %, 4 MEQ/ML, 5 %	55	SOVALDI TABS 400 MG	32
SIGNIFOR	46	sodium citrate & citric acid	48	SPIKEVAX COVID-19 VACCINE SUSP	67
sildenafil citrate (pulmonary hypertension) SOLN	34	sodium fluoride CHEW	55	SPIKEVAX SUSY	67
sildenafil citrate (pulmonary hypertension) SUSR	34	sodium phenylbutyrate POWD	46	spinosad	43
sildenafil citrate (pulmonary hypertension) TABS	34	sodium phenylbutyrate TABS	46	SPIRIVA RESPIMAT AERS	9
sildenafil citrate	33	sodium polystyrene sulfonate POWD 56		spironolactone & hydrochlorothiazide	44
silodosin	48	sodium polystyrene sulfonate SUSP PR 30 GM/120ML	56	spironolactone TABS	44
silver sulfadiazine	40	sodium sulfate-potassium sulfate- magnesium sulfate	51	SPRAVATO (56 MG DOSE)	13
SIMPONI ARIA SOLN	3	SOFOSBUVIR-VELPATASVIR TABS	32	SPRAVATO (84 MG DOSE)	13
SIMULECT	56	solifenacin succinate TABS	65	SPRYCEL (dasatinib)	27
simvastatin TABS	19	SOLIQUA	15	stannous fluoride CONC	56
sirolimus TABS	56	SOLOSEC	2	stavudine CAPS	31
SIRTURO	23	SOLU-CORTEF (hydrocortisone sod succinate)	37	STELARA 130 MG/26ML	47
SIVEXTRO TABS	22	SOLU-CORTEF 250 MG		STELARA SOLN 45 MG/0.5ML ..	40
SKYLA	36	SOLU-CORTEF 100 MG, 500 MG,		STELARA SOSY 45 MG/0.5ML ..	40
SKYRIZI (150 MG DOSE) PSKT ..	40	STELARA SOSY 90 MG/ML		STELARA SOSY 90 MG/ML	40

STENDRA (avanafil)	33	.....	21	TABLOID	24
STIOLTO RESPIMAT	10	sulfamethoxazole-trimethoprim TABS		TABRECTA	27
STIVARGA	27	.....	21	tacrolimus (topical) OINT	42
STRENSIQ	46	SULFAMYLYON CREA	40	tacrolimus CAPS	56
streptomycin sulfate SOLR	2	sulfasalazine TABS	47	tadalafil (pulmonary hypertension)	
STRIBILD	31	sulfasalazine TBEC	47	TABS	34
STRIVERDI RESPIMAT	10	sulindac TABS	4	tadalafil 5 MG	34
SUBSYS LIQD 100 MCG	6	sumatriptan	54	TAFINLAR CAPS	27
SUBSYS LIQD 1200 MCG, 1600 MCG, 800 MCG	6	sumatriptan succinate SOAJ 4 MG/0.5ML	54	TAFINLAR TBSO	27
SUBSYS LIQD 200 MCG, 400 MCG, 600 MCG	6	sumatriptan succinate SOAJ 6 MG/0.5ML	54	tafluprost	60
sucralfate SUSP	64	sumatriptan succinate SOCT	54	TAGRISSO 40 MG	24
sucralfate TABS	64	sumatriptan succinate SOLN 6 MG/0.5ML	54	TAGRISSO 80 MG	24
sulconazole nitrate CREA	39	sumatriptan succinate TABS	54	TAKHYRO SOLN	49
sulconazole nitrate SOLN	39	sumatriptan-naproxen sodium	53	TAKHYRO SOSY	49
sulfacetamide sodium (acne)	38	sunitinib malate 12.5 MG, 25 MG, 50 MG	27	TALZENNA	27
sulfacetamide sodium (ophth) SOLN	59	sunitinib malate 37.5 MG	27	tamoxifen citrate TABS	25
sulfacetamide sodium w/ sulfur CREA 10 %-5 %	38	SUNOSI 150 MG	1	tamsulosin hcl	48
sulfacetamide sodium w/ sulfur LIQD 10 %-5 %	38	SUNOSI 75 MG	1	TASIGNA 150 MG, 200 MG	27
sulfacetamide sodium w/ sulfur LIQD 9 %-4.5 %	38	SYNAREL	45	TASIGNA 50 MG	27
sulfacetamide sodium-sulfur in urea vehicle EMUL 10 %-10 %-4 %	38	SYNERA PTCH	43	tavaborole	39
sulfacetamide sod-prednisolone SOLN	59	SYNJARDY TABS	15	TAVALISSE	49
sulfadiazine TABS	63	SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-12.5 MG, 1000 MG-5 MG	15	tazarotene CREA 0.1 %	40
sulfamethoxazole-trimethoprim SOLN	21	SYNJARDY XR TB24 1000 MG-25 MG	15	TAZVERIK	27
sulfamethoxazole-trimethoprim SUSP		SYNRIBO	28	TDVAX SUSP	64
		SYNTHROID TABS (levothyroxine sodium)	63	TEFLARO	35
				TEGRETOL SUSP (carbamazepine)	12
				TEGRETOL TABS (carbamazepine)	12
				telmisartan	20
				telmisartan-amlodipine	21

telmisartan-hydrochlorothiazide	21	THERANATAL CORE NUTRITION TABS	57	tolmetin sodium CAPS	4
temazepam 15 MG, 30 MG	50	THIOLA EC TBEC 100 MG (tiopronin)	48	tolmetin sodium TABS 600 MG	4
temazepam 7.5 MG, 22.5 MG	50	THIOLA EC TBEC 300 MG (tiopronin)	48	TOLSURA CAPS	18
TEMODAR SOLR	23	thioridazine hcl	30	tolterodine tartrate CP24	65
temozolomide CAPS	23	thiotepa 15 MG	23	tolterodine tartrate TABS	65
temsirolimus	27	thiothixene	30	tolvaptan TABS	46
TENIVAC INJ	64	THYMOGLOBULIN	56	topiramate CPSP 15 MG	12
tenofovir disoproxil fumarate TABS	31	THYROGEN 0.9 MG	43	topiramate CPSP 25 MG	12
terazosin hcl	20	tiagabine hcl	12	topiramate CS24	12
terbinafine hcl TABS	18	TIBSOVO	27	topiramate TABS 200 MG	12
terbutaline sulfate SOLN	10	tigecycline	63	topiramate TABS 25 MG, 100 MG	12
terbutaline sulfate TABS	10	timolol maleate (ophth) SOLG	58	topotecan hcl SOLN	28
terconazole vaginal CREA 0.4 %	67	timolol maleate (ophth) SOLN	58	topotecan hcl SOLR	28
terconazole vaginal CREA 0.8 %	67	timolol maleate TABS	33	toremifene citrate	25
terconazole vaginal SUPP	67	tiopronin TBEC 100 MG	48	torsemide TABS	44
teriflunomide	62	tiopronin TBEC 300 MG	48	TRACLEER TBSO	34
teriparatide SOPN	45	tiotropium bromide monohydrate CAPS	9	tramadol hcl TABS 50 MG	6
TESTOSTERONE CYPIONATE SOLN IJ 200 MG/ML	7	TIVICAY TABS	31	tramadol hcl TB24	6
testosterone cypionate SOLN IM	7	tizanidine hcl CAPS	58	tramadol-acetaminophen	6
testosterone enanthate SOLN IM	7	tizanidine hcl TABS	58	trandolapril 1 MG, 2 MG	20
TETANUS-DIPHTHERIA TOXOIDS TD SUSP	64	tobramycin (ophth) SOLN	59	trandolapril 4 MG	20
tetrabenazine	62	tobramycin NEBU	2	trandolapril-verapamil hcl 180 MG-2 MG, 240 MG-1 MG	21
tetracycline hcl CAPS	63	tobramycin sulfate SOLN IJ 2 GM/50ML, 10 MG/ML, 80 MG/2ML	2	trandolapril-verapamil hcl 240 MG-2 MG, 240 MG-4 MG	21
THALOMID	55	tobramycin-dexamethasone SUSP		tranexamic acid SOLN 1000 MG/10ML	50
theophylline ELIX	10	59		tranexamic acid TABS	50
theophylline SOLN	10	TODAY SPONGE MISC	67		
theophylline TB12	10	tolcapone	28		
theophylline TB24	10				

tranylcypromine sulfate	13	triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %	42	TROJAN ULTRA THIN/SPERMICIDAL MISC	52
travoprost SOLN	60	triamcinolone acetonide (topical) OINT 0.5 %	42	TROJAN-ENZ LUBRICATED MISC ..	52
TRAZIMERA	24	triamcinolone acetonide SUSP 40 MG/ML	37	TROJAN-ENZ/SPERMICIDAL MISC ..	52
trazodone hcl TABS	14	triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG	44	tropicamide SOLN 0.5 %	58
TRECATOR	23	triamterene & hydrochlorothiazide TABS	44	tropicamide SOLN 1 %	58
TRELEGY ELLIPTA	10	triamterene CAPS	44	trospium chloride CP24	65
TRELSTAR MIXJECT	25	triazolam 0.125 MG	50	trospium chloride TABS	65
TREMFYA SOAJ 100 MG/ML	40	triazolam 0.25 MG	50	TRUE COVER DEVI	52
TREMFYA SOAJ 200 MG/2ML	40	TRICARE TABS	57	TRUE METRIX BLOOD GLUCOSE TEST STRP	43
TREMFYA SOLN	40	trientine hcl 250 MG	55	TRUE METRIX LEVEL 3 SOLN ..	53
TREMFYA SOSY 100 MG/ML	40	trifluoperazine hcl TABS	30	TRULANCE	47
TREMFYA SOSY 200 MG/2ML ...	40	trifluridine	59	TRULICITY	16
treprostинil SOLN IJ	34	trihexyphenidyl hcl SOLN	28	TRUMENBA	65
tretinoин (chemotherapy)	28	trihexyphenidyl hcl TABS	28	TRUSTEX COLOR CONDOMS + LUBE MISC	52
tretinoин CREA 0.025 %, 0.05 %, 0.1 %	38	TRIJARDY XR 1000 MG-2.5 MG- 12.5 MG, 1000 MG-2.5 MG-5 MG .15		TRUSTEX LUB/RIBBED/STUDDED MISC	52
tretinoин GEL 0.01 %, 0.025 %	38	TRIJARDY XR 1000 MG-5 MG-10 MG, 1000 MG-5 MG-25 MG	15	TRUSTEX LUB/SPERMICIDE EX ST MISC	52
tretinoин microsphere 0.1 %	38	TRIKAFTA TBPK	63	TRUSTEX LUB/SPERMICIDE XL MISC	52
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	24	trimethobenzamide hcl CAPS	17	TRUSTEX LUBRICATED EX LARGE MISC	52
triamcinolone acetonide (mouth) ..	56	trimethoprim TABS	21	TRUSTEX LUBRICATED EXTRA ST MISC	52
triamcinolone acetonide (nasal) AERO	58	trimipramine maleate CAPS	14	TRUSTEX LUBRICATED SPERMICIDE MISC	52
triamcinolone acetonide (topical) CREA 0.025 %	42	TRINTELLIX	14	TRUSTEX LUBRICATED SPERMICIDE XL MISC	52
triamcinolone acetonide (topical) CREA 0.1 %	42	TRIUMEQ TABS	31	TRUSTEX LUBRICATED MISC ..	52
triamcinolone acetonide (topical) CREA 0.5 %	42	TRIZIVIR	31	TRUSTEX LUBRICATED/SPERMICIDE MISC ..	52
triamcinolone acetonide (topical) LOTN 0.025 %	42	TROJAN MAGNUM MISC	52	TRUSTEX NATURAL CONDOMS +	
triamcinolone acetonide (topical) LOTN 0.1 %	42	TROJAN ULTRA THIN MISC	52		

LUBE MISC	52	valacyclovir hcl 500 MG	32	venlafaxine hcl TB24 37.5 MG, 75 MG, 225 MG	14
TRUSTEX RIA LUB/SPERMICIDE MISC	52	valganciclovir hcl TABS	31	verapamil hcl CP24 100 MG, 200 MG, 300 MG	33
TRUSTEX RIA LUBRICATED MISC . 52		valproate sodium SOLN IV 100 MG/ML, 500 MG/5ML	13	verapamil hcl CP24 120 MG, 180 MG, 240 MG, 360 MG	33
TRUSTEX-NONOXYNOL- 9/RIB/STUD MISC	52	valproic acid CAPS	13	verapamil hcl SOLN 2.5 MG/ML ...	33
TRUXIMA	24	valrubicin	26	verapamil hcl TABS	33
TUKYSA	24	valsartan TABS	20	verapamil hcl TBCR	33
TURALIO 125 MG	27	valsartan-hydrochlorothiazide	21	VEREGEN	38
TUZISTRA XR	37	VALTOCO 10 MG DOSE LIQD	11	VERZENIO	27
TWINRIX SUSY	67	VALTOCO 15 MG DOSE LQPK ...	11	VICTOZA (liraglutide)	16
TWIRLA	36	VALTOCO 20 MG DOSE LQPK ...	11	vigabatrin PACK	12
TYBLUME CHEW	35	VALTOCO 5 MG DOSE LIQD	11	vigabatrin TABS	12
TYBOST	31	vancomycin hcl CAPS	22	VIIBRYD STARTER PACK KIT ...	14
TYMLOS	45	vancomycin hcl SOLR IV 1 GM, 10 GM, 500 MG	22	vilazodone hcl TABS	14
TYVASO REFILL KIT SOLN IN ...	34	TYVASO SOLN IN	34	vincristine sulfate	28
TYVASO STARTER KIT SOLN IN .	34	VAQTA	67	vinorelbine tartrate 10 MG/ML	28
UBRELVY	53	varenicline tartrate TABS	62	VIRACEPT TABS 250 MG	31
UDENYCA ONBODY SOSY	50	varenicline tartrate TBPK	62	VIRACEPT TABS 625 MG	31
UDENYCA SOAJ	50	VARIVAX SUSR	67	VIREAD POWD	31
UDENYCA SOSY	50	VARUBI (180 MG DOSE) TBPK ...	18	VIREAD TABS 150 MG, 200 MG, 250 MG	31
UPTRAVI TABS 200 MCG	34	VAXNEUVANCE	65	VISTOGARD	17
UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG	34	VECAMYL	21	VITAMIN D2 TABS 400 UNIT	68
UPTRAVI TITRATION TBPK	34	VECTIBIX 100 MG/5ML	24	VITATHELY WITH GINGER TABS 57	
ursodiol CAPS	47	VELPHORO	48	VITRAKVI CAPS	27
ursodiol TABS	47	venlafaxine hcl CP24 150 MG	14	VITRAKVI SOLN	27
UVADEX	28	venlafaxine hcl CP24 37.5 MG	14	VIVITROL	17
valacyclovir hcl 1 GM	32	venlafaxine hcl CP24 75 MG	14	VIZIMPRO	25
		venlafaxine hcl TABS	14	VORAXAZE	28

voriconazole TABS	18	XIFAXAN 550 MG	21	XYNTHA SOLOFUSE	49
VOSEVI	32	XIGDUO XR (dapagliflozin propanediol-metformin hcl)	15	YERVOY	24
VYNDAMAX	34	XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG, 500 MG-5 MG	15	YONSA	25
VYNDAQEL	34	XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG	15	YUFLYMA (1 PEN) AJKT	3
warfarin sodium TABS	10	XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG	15	YUFLYMA (2 PEN) AJKT	3
water for irrigation, sterile	56	XOLAIR SOAJ 150 MG/ML, 300 MG/2ML	9	YUFLYMA (2 SYRINGE) PSKT	3
WESTAB PLUS TABS	57	XOLAIR SOAJ 75 MG/0.5ML	9	YUFLYMA-CD/UC/HS STARTER AJKT	3
WIDE-SEAL DIAPHRAGM 60	52	XOLAIR SOLR	9	zafirlukast	9
WIDE-SEAL DIAPHRAGM 65	52	XOLAIR SOSY 150 MG/ML, 300 MG/2ML	9	zaleplon 10 MG	50
WIDE-SEAL DIAPHRAGM 70	52	XOLAIR SOSY 75 MG/0.5ML	9	zaleplon 5 MG	50
WIDE-SEAL DIAPHRAGM 75	52	XOSPATA	27	ZALTRAP 100 MG/4ML	24
WIDE-SEAL DIAPHRAGM 80	52	XPOVIO (100 MG ONCE WEEKLY) 50 MG	25	ZANOSAR	24
WIDE-SEAL DIAPHRAGM 85	52	XPOVIO (40 MG ONCE WEEKLY) 40 MG	25	ZARONTIN CAPS (ethosuximide) ..	13
WIDE-SEAL DIAPHRAGM 90	52	XPOVIO (40 MG TWICE WEEKLY) 40 MG	25	ZARXIO	50
WIDE-SEAL DIAPHRAGM 95	53	XPOVIO (60 MG ONCE WEEKLY) 60 MG	25	ZEJULA CAPS	27
XALKORI CAPS	27	XPOVIO (60 MG TWICE WEEKLY) ..	25	ZEJULA TABS 100 MG	27
XARELTO STARTER PACK TBPK 10	10	XPOVIO (80 MG ONCE WEEKLY) 40 MG	26	ZEJULA TABS 200 MG, 300 MG ..	27
XARELTO SUSR	10	XPOVIO (80 MG TWICE WEEKLY) 40 MG	26	ZELBORA F	27
XARELTO TABS 10 MG, 20 MG ..	10	XPOVIO (120 MG ONCE WEEKLY) 60 MG	25	ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT	44
XARELTO TABS 2.5 MG, 15 MG ..	10	XPOVIO (120 MG TWICE WEEKLY) ..	25	ZENPEP CPEP 252600 UNIT-189600 UNIT-60000 UNIT	43
XELJANZ SOLN	2	XELJANZ TABS 10 MG	25	zidovudine CAPS	31
XELJANZ TABS 10 MG	2	XELJANZ TABS 5 MG	26	zidovudine SYRP	31
XELJANZ TABS 5 MG	2	XELJANZ XR TB24	26	zidovudine TABS	31
XEOMIN	58	XTANDI CAPS	25		
XERAVA	63	XTANDI TABS 40 MG	25		
XGEVA SOLN	45	XTANDI TABS 80 MG	25		
XHANCE EXHU	58	XULTOPHY	15		
XIFAXAN 200 MG	21	XYNTHA	49		

zileuton TB12	9
ziprasidone hcl	29
ZIRABEV	24
ZIRGAN GEL	59
ZOLADEX 10.8 MG	25
ZOLADEX 3.6 MG	25
zoledronic acid CONC	45
zoledronic acid SOLN	45
ZOLINZA	27
zolmitriptan SOLN	54
zolmitriptan TABS	54
zolmitriptan TBDP	54
zolpidem tartrate TABS	50
zolpidem tartrate TBCR	50
zonisamide CAPS 25 MG, 100 MG 12	
zonisamide CAPS 50 MG	12
ZONTIVITY	49
ZORBTIVE SC	45
ZYDELIG	27
ZYLET	59

Ambetter from PA Health & Wellness is underwritten by Pennsylvania Health & Wellness, Inc., which is a Qualified Health Plan issuer in the Pennsylvania Health Insurance Marketplace. This is a solicitation for insurance. ©2024 Pennsylvania Health & Wellness, Inc., Ambetter.PAhealthwellness.com. For information on your right to receive an Ambetter from PA Health & Wellness plan free of discrimination, or your right to receive language, auditory and/or visual assistance services, please visit AmbetterHealth.com and scroll to the bottom of the page.