



# 2021 Prescription Drug List

Effective January 1, 2021



# Formulary Introduction

## SUMMARY OF FORMULARY BENEFITS

The information in this document is designed to help you understand the prescription drug benefits offered under this plan and to compare these benefits to those offered by other plans. Information contained in this summary is designed to help you compare both the value and scope of formulary benefits.

## HOW TO FIND INFORMATION ON THE COST OF PRESCRIPTION DRUGS

To find the cost of your prescription please visit <https://ambetter.superiorhealthplan.com/resources/pharmacy-resources.html>. In the Drug Cost Tool please select the plan in which you are participating (planning to participate) and enter medications that you are taking. The tool will provide you an approximate cost of your prescriptions, excluding any deductible or maximum out of pocket requirements. The tool uses median cost for generic prescriptions and actual allowed cost for branded products. If the total medication cost is less than the co-pay that you would pay for that Tier you will be responsible only for the lesser of amount.

## FORMULARY BY HEALTH BENEFIT PLAN

Plan	Formulary	Summary of Benefits and Coverage
Ambetter Balanced Care 11 (2021)	Standard Formulary	<a href="https://ambetter.superiorhealthplan.com/2021-brochures.html?plan=BalancedCare">https://ambetter.superiorhealthplan.com/2021-brochures.html?plan=BalancedCare</a>
Ambetter Balanced Care 12 (2021)	Standard Formulary	<a href="https://ambetter.superiorhealthplan.com/2021-brochures.html?plan=BalancedCare">https://ambetter.superiorhealthplan.com/2021-brochures.html?plan=BalancedCare</a>
Ambetter Balanced Care 201 HSA (2021)	Standard Formulary	<a href="https://ambetter.superiorhealthplan.com/2021-brochures.html?plan=BalancedCare">https://ambetter.superiorhealthplan.com/2021-brochures.html?plan=BalancedCare</a>
Ambetter Balanced Care 203 (2021)	Standard Formulary	<a href="https://ambetter.superiorhealthplan.com/2021-brochures.html?plan=BalancedCare">https://ambetter.superiorhealthplan.com/2021-brochures.html?plan=BalancedCare</a>
Ambetter Balanced Care 204 HSA (2021)	Standard Formulary	<a href="https://ambetter.superiorhealthplan.com/2021-brochures.html?plan=BalancedCare">https://ambetter.superiorhealthplan.com/2021-brochures.html?plan=BalancedCare</a>
Ambetter Balanced Care 205 (2021)	Standard Formulary	<a href="https://ambetter.superiorhealthplan.com/2021-brochures.html?plan=BalancedCare">https://ambetter.superiorhealthplan.com/2021-brochures.html?plan=BalancedCare</a>
Ambetter Balanced Care 207 (2021)	Standard Formulary	<a href="https://ambetter.superiorhealthplan.com/2021-brochures.html?plan=BalancedCare">https://ambetter.superiorhealthplan.com/2021-brochures.html?plan=BalancedCare</a>
Ambetter Balanced Care 209 (2021)	Standard Formulary	<a href="https://ambetter.superiorhealthplan.com/2021-brochures.html?plan=BalancedCare">https://ambetter.superiorhealthplan.com/2021-brochures.html?plan=BalancedCare</a>
Ambetter Balanced Care 25 (2021)	Standard Formulary	<a href="https://ambetter.superiorhealthplan.com/2021-brochures.html?plan=BalancedCare">https://ambetter.superiorhealthplan.com/2021-brochures.html?plan=BalancedCare</a>
Ambetter Balanced Care 25 HSA (2021)	Standard Formulary	<a href="https://ambetter.superiorhealthplan.com/2021-brochures.html?plan=BalancedCare">https://ambetter.superiorhealthplan.com/2021-brochures.html?plan=BalancedCare</a>
Ambetter Balanced Care 27 (2021)	Standard Formulary	<a href="https://ambetter.superiorhealthplan.com/2021-brochures.html?plan=BalancedCare">https://ambetter.superiorhealthplan.com/2021-brochures.html?plan=BalancedCare</a>
Ambetter Balanced Care 28 (2021)	Standard Formulary	<a href="https://ambetter.superiorhealthplan.com/2021-brochures.html?plan=BalancedCare">https://ambetter.superiorhealthplan.com/2021-brochures.html?plan=BalancedCare</a>
Ambetter Balanced Care 29 (2021)	Standard Formulary	<a href="https://ambetter.superiorhealthplan.com/2021-brochures.html?plan=BalancedCare">https://ambetter.superiorhealthplan.com/2021-brochures.html?plan=BalancedCare</a>
Ambetter Balanced Care 5 (2021)	Standard Formulary	<a href="https://ambetter.superiorhealthplan.com/2021-brochures.html?plan=BalancedCare">https://ambetter.superiorhealthplan.com/2021-brochures.html?plan=BalancedCare</a>
Ambetter Essential Care 1 (2021)	Standard Formulary	<a href="https://ambetter.superiorhealthplan.com/2021-brochures.html?plan=EssentialCare">https://ambetter.superiorhealthplan.com/2021-brochures.html?plan=EssentialCare</a>

Ambetter Essential Care 10 (2021)	Standard Formulary	<a href="https://ambetter.superiorhealthplan.com/2021-brochures.html?plan=EssentialCare">https://ambetter.superiorhealthplan.com/2021-brochures.html?plan=EssentialCare</a>
Ambetter Essential Care 2 HSA (2021)	Standard Formulary	<a href="https://ambetter.superiorhealthplan.com/2021-brochures.html?plan=EssentialCare">https://ambetter.superiorhealthplan.com/2021-brochures.html?plan=EssentialCare</a>
Ambetter Secure Care 15 (2021)	Standard Formulary	<a href="https://ambetter.superiorhealthplan.com/2021-brochures.html?plan=SecureCare">https://ambetter.superiorhealthplan.com/2021-brochures.html?plan=SecureCare</a>
Ambetter Secure Care 201 HSA (2021)	Standard Formulary	<a href="https://ambetter.superiorhealthplan.com/2021-brochures.html?plan=SecureCare">https://ambetter.superiorhealthplan.com/2021-brochures.html?plan=SecureCare</a>
Ambetter Secure Care 202 (2021)	Standard Formulary	<a href="https://ambetter.superiorhealthplan.com/2021-brochures.html?plan=SecureCare">https://ambetter.superiorhealthplan.com/2021-brochures.html?plan=SecureCare</a>
Ambetter Secure Care 5 (2021)	Standard Formulary	<a href="https://ambetter.superiorhealthplan.com/2021-brochures.html?plan=SecureCare">https://ambetter.superiorhealthplan.com/2021-brochures.html?plan=SecureCare</a>

## DRUG BY COST-SHARING TIER

Tier	Percent of drugs in each cost-sharing tier:
0	6%
1	84%
2	2%
3	2%
4	6%

## HOW PRESCRIPTION DRUGS ARE COVERED UNDER THE PLAN

### A) FORMULARY COMPOSITION:

- a. Ambetter formulary is guided by the principle of offering widest possible access to drugs at the lowest cost. With that in mind, we start with the Affordable Care Act mandated benchmark. We then review the formulary for addition of other clinically necessary and appropriate drugs. Ambetter's formulary is considered a closed formulary. This means that any drug not found in the formulary requires prior authorization. To make sure that our members always have access to appropriate drugs, we review and update our formulary on a monthly basis.



## B) RIGHT TO APPEAL

- a. If we deny your request for Prior Authorization you have 180 days from being denied coverage for a drug to file an appeal, and your appeal will be resolved within 30 days. In the event that your appeal is successful, non-specialty non-formulary drugs will be covered at your Tier 3 cost-share (co-pay or co-insurance) and specialty non-formulary drugs will be covered at your Tier 4 cost-share (co-pay or co-insurance). Please consult your individual Summary of Benefits and Coverage for additional information on your cost-share. All other provisions of your benefit, such as deductibles and maximum out of pockets, apply to formulary and non-formulary drugs that have been provided through an appeal.

## C) CONTINUATION OF COVERAGE

- a. Ambetter does not make changes to our formulary requiring a continuation of coverage. However, if a formulary change is made requiring a continuation of coverage, you would have the right to continue taking the drug at the coverage level or tier at which the drug was covered at the beginning of the plan year until your plan is renewed.

## D) OFF-LABEL DRUG USE

- a. We provide coverage for off-label drug use. Off-label use indicates medication use that has not been FDA approved for that condition. Coverage of a product under off-label use policy requires that the following must be true:
  - i. Use must be diagnosis specific as defined by ICD-10 code AND
  - ii. Off-label use must be supported by one major multi-site study or three smaller studies published in a reputable medical journal, peer reviewed specialty medical journal, or listed in reputable compendia.

## E) COST SHARING

- a. Cost sharing is your monetary participation in your care. You will need to know few items to determine the cost-share you are responsible for. Knowing the following items will help you estimate the cost you'll be responsible for at any given time: how much of your deductible you have already paid, how much deductible remains, what drug you are prescribed, and your maximum out of pocket allowance. All those items, with the exception of the tier, can be obtained from the Summary of Benefits and Coverage (see links above). To obtain the tier for your drug please consult the Formulary. To determine your cost share please follow those steps:
  - i. Determine the tier that the drug/product you are filling is listed under by consulting the Formulary.
  - ii. Once you have determined the tier, utilize the Summary of Benefits and Coverage (SBC) document to determine what cost-share will apply to your selected drug/product.
  - iii. If you have not met your deductible, you will be responsible for the full cost of the drug until you meet your deductible.
  - iv. If you have met your deductible, but not the Maximum Out of Pocket, you will be charged a copay for drugs that are assigned a copay under your SBC and co-insurance for drugs that are assigned a co-insurance under your SBC. Generally, you will pay one (1) co-pay for each 30 day supply of medication. Two co-pays will be charged for 2 month supply and three co-pays for 3 month supply of your medication, respectively.
  - v. To determine the cost for co-insurance drugs/products, please utilize our online drug search tool. Please see section: **"HOW TO FIND INFORMATION ON THE COST OF PRESCRIPTION DRUGS"** above.
- b. Please be aware that pharmacy claims will only process if you present your prescription to an in-network pharmacy. Out-of-network claims will not be covered. To find an in-network-pharmacy close to you please consult our Find a Provider tool available on our website under Pharmacy Resources.
- c. Your cost share for maintenance medications obtained through either Mail Order or at retail pharmacies participating in our Extended Day Supply retail network will be calculated based on the day supply that you obtain. For up to 30 day supply you will be charged one (1) copay or co-insurance, 31 to 60 day supply you will be responsible for two (2) copays or co-insurance and for day supply greater than 60 but less than 91 you will be charged three (3) copays or co-insurance.

## F) MEDICAL MANAGEMENT REQUIREMENTS

- a. Prior Authorization (PA) – Drugs that have PA indication on the Formulary require Prior Authorization. You or your provider have to request an authorization from us to use this drug/product prior to be able to fill a prescription for the drug/product.
- b. Step Therapy (ST) – Drugs that have ST indication on the Formulary require that you try and fail other formulary products before you can obtain the drug/product. When your provider does not feel that trying another product is appropriate your provider or you can submit a regular Prior Authorization request to obtain the Step Therapy drug/product.
- c. Quantity Limit (QL) – Drugs that have QL indication on the Formulary are limited to the quantity indicated. Those quantity limits are based on the FDA approved maximum doses. If your provider would like to request exception to those limits he/she may submit a Prior Authorization request. All request requested for quantity limit exemptions will be processed under our Off-Label policy.
- d. Non-Formulary Drugs – Drugs not found on this formulary are considered non-formulary drugs. To obtain non-formulary drugs your provider would have to submit a regular Prior Authorization request. All request for Non-Formulary Drugs will be reviewed under our Non-Formulary Drug Request Policy.

## STANDARD FORMULARY

The Ambetter from Superior Health Plan Formulary, or Preferred 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.

### 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 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 or gender limits apply.

**Tier 1** - Lowest copayment for those drugs that offer the greatest value compared to other drugs used to treat similar conditions. Select over-the-counter (OTC), generic or brand name 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** - Highest copayment covers higher cost brand name drugs. This tier may also cover non-specialty drugs that are not on the Preferred Drug List but approval has been granted for coverage.

**Tier 4** - Coverage for this tier is for “specialty” drugs. Specialty drugs are used to treat complex, chronic conditions and may require special handling, storage, or clinical management. Prescription drugs covered under the specialty tier 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.

## 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.

Drug Name	Drug Tier	Requirements/Limits
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders</b>		
<b>Amphetamines</b>		
ADDERALL TABS 1.25 MG-1.25 MG-1.25 MG-1.25 MG, 1.875 MG-1.875 MG-1.875 MG-1.875 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG, 3.125 MG-3.125 MG-3.125 MG-3.125 MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG, 5 MG-5 MG-5 MG-5 MG (Use amphetamine-dextroamphetamine)	NF	QL(3 ea daily)
ADDERALL TABS 7.5 MG-7.5 MG-7.5 MG-7.5 MG (Use amphetamine-dextroamphetamine)	NF	QL(2 ea daily)
ADDERALL XR CP24 1.25 MG-1.25 MG-1.25 MG-1.25 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG (Use amphetamine-dextroamphetamine)	NF	QL(1 ea daily)
ADDERALL XR CP24 3.75 MG-3.75 MG-3.75 MG-3.75 MG (Use amphetamine-dextroamphetamine)	NF	
ADDERALL XR CP24 5 MG-5 MG-5 MG-5 MG, 6.25 MG-6.25 MG-6.25 MG-6.25 MG, 7.5 MG-7.5 MG-7.5 MG-7.5 MG (Use amphetamine-dextroamphetamine)	NF	QL(2 ea daily)
ADZENYS ER SUER (Use amphetamine)	NF	
amphetamine-dextroamphetamine cp24 1.25 mg-1.25 mg-1.25 mg-1.25 mg, 2.5 mg-2.5 mg-2.5 mg-2.5 mg	1	QL(1 ea daily)
amphetamine-dextroamphetamine cp24 3.75 mg-3.75 mg-3.75 mg-3.75 mg	1	

Drug Name	Drug Tier	Requirements/Limits
amphetamine-dextroamphetamine cp24 5 mg-5 mg-5 mg-5 mg, 6.25 mg-6.25 mg-6.25 mg-6.25 mg, 7.5 mg-7.5 mg-7.5 mg-7.5 mg	1	QL(2 ea daily)
amphetamine-dextroamphetamine tabs 1.25 mg-1.25 mg-1.25 mg-1.25 mg, 1.875 mg-1.875 mg-1.875 mg-1.875 mg, 2.5 mg-2.5 mg-2.5 mg-2.5 mg, 3.125 mg-3.125 mg-3.125 mg-3.125 mg, 3.75 mg-3.75 mg-3.75 mg-3.75 mg, 5 mg-5 mg-5 mg-5 mg	1	QL(3 ea daily)
amphetamine-dextroamphetamine tabs 7.5 mg-7.5 mg-7.5 mg-7.5 mg	1	QL(2 ea daily)
DESOXYN TABS (Use methamphetamine hcl)	NF	QL(5 ea daily); AL(At least 6 yrs old)
DEXEDRINE CP24 10 MG, 15 MG (Use dextroamphetamine sulfate)	NF	QL(4 ea daily)
DEXEDRINE CP24 5 MG (Use dextroamphetamine sulfate)	NF	
dextroamphetamine sulfate cp24 10 mg, 15 mg	1	QL(4 ea daily)
dextroamphetamine sulfate cp24 5 mg	1	
dextroamphetamine sulfate tabs 10 mg, 5 mg	1	QL(4 ea daily)
methamphetamine hcl tabs	3	QL(5 ea daily); AL(At least 6 yrs old)
VYVANSE CAPS 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	3	ST; QL(1 ea daily)
<b>Anorexiants Non-Amphetamine</b>		
ADIPEX-P CAPS (Use phentermine hcl)	NF	PA
phendimetrazine tartrate tabs	1	PA

Drug Name	Drug Tier	Requirements/Limits
<i>phentermine hcl caps</i>	1	PA
<b>Anti-Obesity Agents</b>		
BELVIQ TABS	3	PA; QL(2 ea daily)
CONTRACE TB12	3	PA; QL(4 ea daily)
<b>Attention-Deficit/Hyperactivity Disorder (ADHD)</b>		
<i>atomoxetine hcl caps 10 mg, 25 mg, 40 mg, 18 mg</i>	1	QL(2 ea daily); AL(At least 6 yrs old)
<i>atomoxetine hcl caps 100 mg, 60 mg, 80 mg</i>	1	QL(1 ea daily); AL(At least 6 yrs old)
<i>clonidine hcl (adhd) tb12</i>	1	
<i>guanfacine hcl (adhd) tb24</i>	1	QL(1 ea daily); AL(At least 6 yrs old)
INTUNIV TB24 ( <i>Use guanfacine hcl (adhd)</i> )	NF	QL(1 ea daily); AL(At least 6 yrs old)
KAPVAY TB12 ( <i>Use clonidine hcl (adhd)</i> )	NF	
STRATTERA CAPS 10 MG, 25 MG, 40 MG, 18 MG ( <i>Use atomoxetine hcl</i> )	NF	QL(2 ea daily); AL(At least 6 yrs old)
STRATTERA CAPS 100 MG, 60 MG, 80 MG ( <i>Use atomoxetine hcl</i> )	NF	QL(1 ea daily); AL(At least 6 yrs old)
<b>Dopamine and Norepinephrine Reuptake</b>		
SUNOSI TABS	3	PA
<b>Stimulants - Misc.</b>		
<i>armodafinil tabs</i>	1	PA; QL(1 ea daily); AL(At least 17 yrs old)
CONCERTA TBCR 18 MG, 27 MG ( <i>Use methylphenidate hcl</i> )	NF	QL(1 ea daily); AL(At least 6 yrs old)
CONCERTA TBCR 36 MG, 54 MG ( <i>Use methylphenidate hcl</i> )	NF	QL(2 ea daily); AL(At least 6 yrs old)
DAYTRANA PTCH	3	PA; QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>dexmethylphenidate hcl cp24 35 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 40 mg, 5 mg</i>	1	QL(1 ea daily)
<i>dexmethylphenidate hcl tabs 2.5 mg, 10 mg, 5 mg</i>	1	QL(2 ea daily); AL(At least 6 yrs old)
FOCALIN TABS ( <i>Use dexmethylphenidate hcl</i> )	NF	QL(2 ea daily); AL(At least 6 yrs old)
FOCALIN XR CP24 ( <i>Use dexmethylphenidate hcl</i> )	NF	QL(1 ea daily)
METHYLIN SOLN ( <i>Use methylphenidate hcl</i> )	NF	QL(30 ml daily); AL(At least 6 yrs old)
<i>methylphenidate hcl cp24 20 mg, 40 mg</i>	1	AL(At least 6 yrs old)
<i>methylphenidate hcl cp24 30 mg</i>	1	QL(3 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl cpcr 40 mg, 20 mg, 60 mg, 10 mg, 30 mg, 50 mg</i>	1	QL(1 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl soln 10 mg/5ml, 5 mg/5ml</i>	1	QL(30 ml daily); AL(At least 6 yrs old)
<i>methylphenidate hcl tabs 10 mg, 20 mg</i>	1	QL(5 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl tabs 5 mg</i>	1	QL(6 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl tbcR 10 mg, 20 mg</i>	1	QL(3 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl tbcR 18 mg, 27 mg</i>	1	QL(1 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl tbcR 36 mg, 54 mg</i>	1	QL(2 ea daily); AL(At least 6 yrs old)
<i>modafinil tabs 100 mg</i>	1	PA; QL(1 ea daily); AL(At least 16 yrs old)

Ambetter Formulary Updated December 1, 2021



Drug Name	Drug Tier	Requirements/ Limits
<i>modafinil tabs 200 mg</i>	1	PA; QL(2 ea daily); AL(At least 16 yrs old)
NUVIGIL TABS ( <i>Use armodafinil</i> )	NF	PA; QL(1 ea daily); AL(At least 17 yrs old)
PROVIGIL TABS 100 MG ( <i>Use modafinil</i> )	NF	PA; QL(1 ea daily); AL(At least 16 yrs old)
PROVIGIL TABS 200 MG ( <i>Use modafinil</i> )	NF	PA; QL(2 ea daily); AL(At least 16 yrs old)
RITALIN LA CP24 20 MG, 40 MG ( <i>Use methylphenidate hcl</i> )	NF	AL(At least 6 yrs old)
RITALIN LA CP24 30 MG ( <i>Use methylphenidate hcl</i> )	NF	QL(3 ea daily); AL(At least 6 yrs old)
RITALIN TABS 10 MG, 20 MG ( <i>Use methylphenidate hcl</i> )	NF	QL(5 ea daily); AL(At least 6 yrs old)
RITALIN TABS 5 MG ( <i>Use methylphenidate hcl</i> )	NF	QL(6 ea daily); AL(At least 6 yrs old)
<b>ALLERGENIC EXTRACTS/BIOLOGICALS MISC</b>		
<b>Allergenic Extracts</b>		
GRASTEK SUBL	3	PA
<b>AMEBICIDES</b>		
<b>Amebicides</b>		
SOLOSEC PACK	3	PA
<b>AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections</b>		
<b>Aminoglycosides</b>		
<i>amikacin sulfate soln</i>	1	
ARIKAYCE SUSP	4	PA

Drug Name	Drug Tier	Requirements/ Limits
<i>gentamicin in saline soln 0.9 %-0.8 mg/ml, 0.9 %-1.2 mg/ml, 0.9 %-1.6 mg/ml, 1 mg/ml-0.9 %</i>	1	
<i>gentamicin sulfate soln 40 mg/ml</i>	1	
HUMATIN CAPS ( <i>Use paromomycin sulfate</i> )	NF	
KITABIS PAK NEBU ( <i>Use tobramycin</i> )	NF	PA
<i>neomycin sulfate tabs</i>	1	
<i>paromomycin sulfate caps</i>	1	
<i>streptomycin sulfate solr</i>	3	
TOBI NEBU ( <i>Use tobramycin</i> )	NF	PA
<i>tobramycin nebu 300 mg/5ml</i>	4	PA
<i>tobramycin sulfate soln 10 mg/ml, 40 mg/ml, 80 mg/2ml</i>	1	
<b>ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions</b>		
<b>Anti-TNF-alpha - Monoclonal Antibodies</b>		
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT	4	PA; 1 rtl pack lmt amt, 180 rtl pack lmt day(s), 1 mail pack lmt amt, 180 mail pack lmt day(s),
HUMIRA PEN PNKT 40 MG/0.4ML, 40 MG/0.8ML	4	PA; QL(0.143 ea daily)
HUMIRA PEN PNKT 80 MG/0.8ML	4	PA; 1 rtl pack lmt amt, 180 rtl pack lmt day(s), 1 mail pack lmt amt, 180 mail pack lmt day(s),
HUMIRA PEN-CD/UC/HS STARTER PNKT 40 MG/0.8ML	4	PA; QL(0.143 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
HUMIRA PEN-CD/UC/HS STARTER PNKT 80 MG/0.8ML	4	PA; 1 rtl pack lmt amt, 180 rtl pack lmt day(s), 1 mail pack lmt amt, 180 mail pack lmt day(s),
HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT	4	PA; 1 rtl pack lmt amt, 180 rtl pack lmt day(s), 1 mail pack lmt amt, 180 mail pack lmt day(s),
HUMIRA PEN-PS/UV STARTER PNKT	4	PA; 1 rtl pack lmt amt, 180 rtl pack lmt day(s), 1 mail pack lmt amt, 180 mail pack lmt day(s),
HUMIRA PEN-PS/UV STARTER PNKT	4	PA; QL(0.143 ea daily)
HUMIRA PSKT	4	PA; QL(0.143 ea daily)
<b>Antirheumatic - Enzyme Inhibitors</b>		
RINVOQ TB24	4	PA; QL(1 ea daily)
XELJANZ TABS 10 MG	4	PA; QL(2 ea daily)
XELJANZ TABS 5 MG	4	PA; QL(2 ea daily); SP
XELJANZ XR TB24	4	PA; QL(1 ea daily)
<b>Antirheumatic Antimetabolites</b>		
METHOTREXATE TABS	4	PA; QL(1.714 ea daily); SP
<b>Gold Compounds</b>		
RIDAURA CAPS	3	QL(3 ea daily)
<b>Interleukin-1 Blockers</b>		
ARCALYST SOLR	4	PA; QL(0.286 ea daily); SP

Drug Name	Drug Tier	Requirements/ Limits
<b>Interleukin-1beta Blockers</b>		
ILARIS SOLN	4	PA; QL(0.072 ml daily)
<b>Nonsteroidal Anti-inflammatory Agents (NSAIDs)</b>		
ARTHROTEC 50 TBEC (Use diclofenac w/ misoprostol)	NF	
ARTHROTEC 75 TBEC (Use diclofenac w/ misoprostol)	NF	
CELEBREX CAPS (Use celecoxib)	NF	PA
celecoxib caps	1	PA
CHILDRENS ADVIL SUSP (Use ibuprofen)	NF	RX/OTC
CHILDRENS MOTRIN SUSP (Use ibuprofen)	NF	RX/OTC
DAYPRO TABS (Use oxaprozin)	NF	
diclofenac potassium tabs 50 mg	1	
diclofenac sodium tb24	1	
diclofenac sodium tbec	1	
diclofenac w/ misoprostol tbec	1	
EC-NAPROSYN TBEC 500 MG (Use naproxen)	NF	
etodolac caps 200 mg, 300 mg	1	
etodolac tabs 400 mg, 500 mg	1	
FELDENE CAPS (Use piroxicam)	NF	
fenoprofen calcium tabs 600 mg	1	ST; QL(4 ea daily)
flurbiprofen tabs	1	
ibuprofen susp 100 mg/5ml	1	RX/OTC
ibuprofen tabs 400 mg, 600 mg, 800 mg	1	
indomethacin caps 25 mg, 50 mg	1	

Ambetter Formulary Updated December 1, 2021

Drug Name	Drug Tier	Requirements/Limits
<i>indomethacin cpcr 75 mg</i>	1	
<i>ketoprofen caps 50 mg, 75 mg</i>	1	
<i>ketorolac tromethamine tabs or 10 mg</i>	1	QL(0.667 ea daily)
LODINE TABS ( <i>Use etodolac</i> )	NF	
<i>meclofenamate sodium caps</i>	1	
<i>mefenamic acid caps</i>	1	ST; Must try ibuprofen. ;QL(5 ea daily)
<i>meloxicam tabs 15 mg, 7.5 mg</i>	1	QL(1 ea daily)
MOBIC TABS ( <i>Use meloxicam</i> )	NF	QL(1 ea daily)
<i>nabumetone tabs</i>	1	
NALFON TABS 600 MG ( <i>Use fenoprofen calcium</i> )	NF	ST; QL(4 ea daily)
NAPROSYN SUSP 125 MG/5ML ( <i>Use naproxen</i> )	NF	PA
NAPROSYN TABS 500 MG ( <i>Use naproxen</i> )	NF	
<i>naproxen sodium tabs 550 mg</i>	1	
<i>naproxen susp 125 mg/5ml</i>	1	PA
<i>naproxen tabs 250 mg, 375 mg, 500 mg</i>	1	
<i>naproxen tbec 500 mg</i>	1	
<i>oxaprozin tabs</i>	1	
<i>piroxicam caps</i>	1	
<i>sulindac tabs</i>	1	
<i>tolmetin sodium caps</i>	1	
<i>tolmetin sodium tabs</i>	1	
<b>Phosphodiesterase 4 (PDE4) Inhibitors</b>		
OTEZLA TABS	4	PA; QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
OTEZLA TBPk	4	PA; 1 rtl pack lmt amt, 180 rtl pack lmt day(s),
<b>Pyrimidine Synthesis Inhibitors</b>		
ARAVA TABS ( <i>Use leflunomide</i> )	NF	QL(1 ea daily)
<i>leflunomide tabs</i>	1	QL(1 ea daily)
<b>Soluble Tumor Necrosis Factor Receptor Agents</b>		
ENBREL MINI SOCT	4	PA; QL(0.15 ml daily)
ENBREL SOLN 25 MG/0.5ML	4	PA; QL(0.146 ml daily)
ENBREL SOLR 25 MG	4	PA; QL(0.286 ea daily); SP
ENBREL SOSY 25 MG/0.5ML	4	PA; QL(0.146 ml daily); SP
ENBREL SOSY 50 MG/ML	4	PA; QL(0.28 ml daily); SP
ENBREL SURECLICK SOAJ	4	PA; QL(0.143 ml daily); SP
<b>ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions</b>		
<b>Analgesic Combinations</b>		
<i>butalbital-acetaminophen tabs 325 mg-50 mg, 50 mg-325 mg</i>	1	
<i>butalbital-acetaminophen-caffeine caps 40 mg-50 mg-300 mg, 40 mg-50 mg-325 mg</i>	1	
<i>butalbital-acetaminophen-caffeine tabs 325 mg-40 mg-50 mg, 40 mg-50 mg-325 mg</i>	1	
<i>butalbital-aspirin-caffeine caps</i>	1	
BUTALBITAL/ACETAMINOPHEN CAPS ( <i>Use butalbital-acetaminophen</i> )	NF	
ESGIC TABS ( <i>Use butalbital-acetaminophen-caffeine</i> )	NF	

Drug Name	Drug Tier	Requirements/ Limits
FIORICET CAPS ( <i>Use butalbital-acetaminophen-caffeine</i> )	NF	
FIORINAL CAPS ( <i>Use butalbital-aspirin-caffeine</i> )	NF	
<b>Salicylates</b>		
<i>aspirin chew</i>	0	AL(At least 45 yrs old - Up to 79 yrs old)
<i>aspirin tabs</i>	0	AL(At least 45 yrs old - Up to 79 yrs old)
<i>aspirin tbec</i>	0	AL(At least 45 yrs old - Up to 79 yrs old)
<i>diflunisal tabs</i>	1	
<i>salsalate tabs</i>	1	
<b>ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions</b>		
<b>Opioid Agonists</b>		
ACTIQ LPOP ( <i>Use fentanyl citrate</i> )	NF	PA; QL(4 ea daily)
CODEINE SULFATE TABS 15 MG, 60 MG	1	New starts limited to 7 day supply
<i>codeine sulfate tabs 30 mg</i>	1	New starts limited to 7 day supply
CONZIP CP24 ( <i>Use tramadol hcl</i> )	NF	
DEMEROL SOLN 100 MG/ML, 25 MG/ML, 50 MG/ML ( <i>Use meperidine hcl</i> )	NF	
DILAUDID LIQD OR 1 MG/ML ( <i>Use hydromorphone hcl</i> )	NF	New starts limited to 7 day supply
DILAUDID SOLN IJ 1 MG/ML, 2 MG/ML ( <i>Use hydromorphone hcl</i> )	NF	
DILAUDID TABS OR 2 MG, 4 MG, 8 MG ( <i>Use hydromorphone hcl</i> )	NF	New starts limited to 7 day supply;QL(8 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
DURAGESIC PT72 ( <i>Use fentanyl</i> )	NF	QL(0.34 ea daily)
<i>fentanyl citrate lpop bu 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	1	PA; QL(4 ea daily)
<i>fentanyl pt72 td 12 mcg/hr, 100 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	1	QL(0.34 ea daily)
FENTORA TABS ( <i>Use fentanyl citrate</i> )	NF	
<i>hydrocodone bitartrate cp12 10 mg, 15 mg, 30 mg, 40 mg, 50 mg</i>	1	PA; QL(2 ea daily)
HYDROCODONE BITARTRATE ER CP12	1	PA; QL(2 ea daily)
<i>hydromorphone hcl liqd or 1 mg/ml</i>	1	New starts limited to 7 day supply
<i>hydromorphone hcl soln ij 10 mg/ml, 50 mg/5ml, 500 mg/50ml</i>	1	
<i>hydromorphone hcl tabs or 2 mg, 4 mg, 8 mg</i>	1	New starts limited to 7 day supply;QL(8 ea daily)
<i>hydromorphone hcl tb24 or 12 mg, 16 mg, 8 mg</i>	1	PA; QL(2 ea daily)
<i>hydromorphone hcl tb24 or 32 mg</i>	1	PA; QL(1 ea daily)
HYDROMORPHONE HYDROCHLORIDE SOLN IJ 10 MG/ML ( <i>Use hydromorphone hcl</i> )	NF	
KADIAN CP24 100 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG ( <i>Use morphine sulfate</i> )	NF	PA; QL(2 ea daily)
<i>levorphanol tartrate tabs 2 mg</i>	1	New starts limited to 7 day supply
<i>meperidine hcl soln ij 100 mg/ml, 25 mg/ml, 50 mg/ml</i>	1	
<i>meperidine hcl soln or 50 mg/5ml</i>	1	New starts limited to 7 day supply;QL(500 ml per fill retail)

Ambetter Formulary Updated December 1, 2021



Drug Name	Drug Tier	Requirements/ Limits
<i>meperidine hcl tabs or 50 mg</i>	1	New starts limited to 7 day supply;QL(6 ea daily)
<i>methadone hcl conc or 10 mg/ml</i>	1	QL(10 ml daily)
<i>methadone hcl soln ij 10 mg/ml</i>	1	
METHADONE HCL SOLN IJ 10 MG/ML (Use <i>methadone hcl</i> )	1	
<i>methadone hcl soln or 10 mg/5ml</i>	1	QL(50 ml daily)
<i>methadone hcl soln or 5 mg/5ml</i>	1	QL(100 ml daily)
<i>methadone hcl tabs or 10 mg</i>	1	QL(10 ea daily)
<i>methadone hcl tabs or 5 mg</i>	1	QL(4 ea daily)
<i>methadone hcl tbso or 40 mg</i>	1	QL(2 ea daily)
METHADOSE CONC (Use <i>methadone hcl</i> )	NF	QL(10 ml daily)
METHADOSE SUGAR-FREE CONC (Use <i>methadone hcl</i> )	NF	QL(10 ml daily)
MORPHABOND ER T12A 100 MG, 30 MG, 60 MG	3	PA; QL(1 ea daily)
MORPHABOND ER T12A 15 MG	3	PA; QL(3 ea daily)
<i>morphine sulfate cp24 or 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	1	PA; QL(2 ea daily)
<i>morphine sulfate soln ij 0.5 mg/ml, 1 mg/ml</i>	1	
MORPHINE SULFATE SOLN IV 10 MG/ML (Use <i>morphine sulfate</i> )	NF	
<i>morphine sulfate soln or 10 mg/5ml</i>	1	New starts limited to 7 day supply;QL(100 ml daily)
<i>morphine sulfate soln or 20 mg/5ml</i>	1	New starts limited to 7 day supply;QL(50 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>morphine sulfate tabs or 15 mg</i>	1	
<i>morphine sulfate tabs or 15 mg, 30 mg</i>	1	New starts limited to 7 day supply;QL(6 ea daily)
<i>morphine sulfate tbcr or 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	1	QL(2 ea daily)
MS CONTIN TBCR (Use <i>morphine sulfate</i> )	NF	QL(2 ea daily)
NUCYNTA ER TB12	2	PA; QL(2 ea daily)
NUCYNTA TABS	2	PA; QL(6 ea daily)
OPANA TABS (Use <i>oxymorphone hcl</i> )	NF	PA; QL(12 ea daily)
OXAYDO TABS 5 MG	2	New starts limited to 7 day supply;QL(12 ea daily)
<i>oxycodone hcl t12a 15 mg, 30 mg, 60 mg, 80 mg, 10 mg, 20 mg, 40 mg</i>	3	PA; QL(2 ea daily)
<i>oxycodone hcl tabs 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	1	New starts limited to 7 day supply;QL(12 ea daily)
OXYCONTIN T12A	3	PA; QL(2 ea daily)
<i>oxymorphone hcl tabs 10 mg, 5 mg</i>	1	PA; QL(12 ea daily)
<i>oxymorphone hcl tb12 10 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	1	PA; QL(2 ea daily)
<i>oxymorphone hcl tb12 40 mg</i>	1	PA; QL(4 ea daily)
ROXICODONE TABS (Use <i>oxycodone hcl</i> )	NF	New starts limited to 7 day supply;QL(12 ea daily)
SUBSYS LIQD 100 MCG	3	PA; QL(3 ea daily)
SUBSYS LIQD 1200 MCG, 1600 MCG, 800 MCG	3	PA; QL(8 ea daily)
SUBSYS LIQD 200 MCG, 400 MCG, 600 MCG	3	PA; QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>tramadol hcl tabs 50 mg</i>	1	New starts limited to 7 day supply;QL(8 ea daily)
<i>tramadol hcl tb24 100 mg, 200 mg, 300 mg</i>	1	QL(1 ea daily)
ULTRAM TABS ( <i>Use tramadol hcl</i> )	NF	New starts limited to 7 day supply;QL(8 ea daily)
XTAMPZA ER C12A	2	PA; QL(2 ea daily)
ZOHYDRO ER CP12	1	PA; QL(2 ea daily)
<b>Opioid Combinations</b>		
<i>acetaminophen w/ codeine soln 12 mg/5ml-120 mg/5ml</i>	1	New starts limited to 7 day supply;QL(75 ml daily)
<i>acetaminophen w/ codeine tabs 15 mg-300 mg, 300 mg-15 mg</i>	1	New starts limited to 7 day supply;QL(13 ea daily)
<i>acetaminophen w/ codeine tabs 30 mg-300 mg, 300 mg-30 mg</i>	1	New starts limited to 7 day supply;QL(12 ea daily)
<i>acetaminophen w/ codeine tabs 60 mg-300 mg</i>	1	New starts limited to 7 day supply;QL(6 ea daily)
<i>acetaminophen-caff-dihydrocod caps 16 mg-30 mg-320.5 mg</i>	3	PA; New starts limited to 7 day supply
<i>acetaminophen-caff-dihydrocod caps 320.5 mg-16 mg-30 mg</i>	1	New starts limited to 7 day supply
<i>butalbital-acetaminophen-caffeine w/ codeine caps 30 mg-40 mg-50 mg-300 mg</i>	1	New starts limited to 7 day supply
<i>butalbital-acetaminophen-caffeine w/ codeine caps 30 mg-40 mg-50 mg-325 mg, 325 mg-30 mg-40 mg-50 mg</i>	1	New starts limited to 7 day supply;QL(6 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>butalbital-aspirin-caffeine w/cod caps</i>	1	New starts limited to 7 day supply;QL(6 ea daily)
FIORICET/CODEINE CAPS ( <i>Use butalbital-acetaminophen-caffeine w/ codeine</i> )	NF	New starts limited to 7 day supply
FIORINAL/CODEINE #3 CAPS ( <i>Use butalbital-aspirin-caffeine w/cod</i> )	NF	New starts limited to 7 day supply;QL(6 ea daily)
<i>hydrocodone-acetaminophen soln 10 mg/15ml-325 mg/15ml</i>	1	New starts limited to 7 day supply
<i>hydrocodone-acetaminophen soln 2.5 mg/5ml-108 mg/5ml, 217 mg/10ml-5 mg/10ml, 325 mg/15ml-7.5 mg/15ml, 5 mg/10ml-217 mg/10ml, 7.5 mg/15ml-325 mg/15ml</i>	1	New starts limited to 7 day supply;QL(180 ml daily)
<i>hydrocodone-acetaminophen tabs 10 mg-300 mg, 5 mg-300 mg, 7.5 mg-300 mg</i>	1	New starts limited to 7 day supply;QL(13 ea daily)
<i>hydrocodone-acetaminophen tabs 5 mg-325 mg, 10 mg-325 mg, 325 mg-10 mg, 325 mg-7.5 mg, 7.5 mg-325 mg</i>	1	New starts limited to 7 day supply;QL(12 ea daily)
<i>hydrocodone-ibuprofen tabs 10 mg-200 mg, 5 mg-200 mg</i>	1	PA
<i>hydrocodone-ibuprofen tabs 200 mg-7.5 mg, 7.5 mg-200 mg</i>	1	New starts limited to 7 day supply;QL(5 ea daily)
LORTAB ELIX	2	New starts limited to 7 day supply;QL(60 ml daily)
NORCO TABS ( <i>Use hydrocodone-acetaminophen</i> )	NF	New starts limited to 7 day supply;QL(12 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>oxycodone w/ acetaminophen tabs 7.5 mg-325 mg, 10 mg-325 mg, 325 mg-10 mg, 325 mg-5 mg, 5 mg-325 mg</i>	1	New starts limited to 7 day supply; QL(12 ea daily)
<i>oxycodone-ibuprofen tabs</i>	1	New starts limited to 7 day supply; QL(1 ea daily)
PERCOCET TABS 7.5 MG-325 MG, 10 MG-325 MG, 5 MG-325 MG (Use <i>oxycodone w/ acetaminophen</i> )	NF	New starts limited to 7 day supply; QL(12 ea daily)
<i>tramadol-acetaminophen tabs</i>	1	New starts limited to 7 day supply; QL(8 ea daily)
TYLENOL/CODEINE #3 TABS (Use <i>acetaminophen w/ codeine</i> )	NF	New starts limited to 7 day supply; QL(12 ea daily)
TYLENOL/CODEINE #4 TABS (Use <i>acetaminophen w/ codeine</i> )	NF	New starts limited to 7 day supply; QL(6 ea daily)
ULTRACET TABS (Use <i>tramadol-acetaminophen</i> )	NF	New starts limited to 7 day supply; QL(8 ea daily)
<b>Opioid Partial Agonists</b>		
BUNAVAIL FILM 0.3 MG-2.1 MG, 2.1 MG-0.3 MG	3	PA; QL(4 ea daily)
BUNAVAIL FILM 0.7 MG-4.2 MG	3	PA; QL(2 ea daily)
BUNAVAIL FILM 1 MG-6.3 MG	3	PA; QL(1 ea daily)
BUPRENEX SOLN (Use <i>buprenorphine hcl</i> )	NF	
<i>buprenorphine hcl soln ij 0.3 mg/ml</i>	1	
<i>buprenorphine hcl subl sl 2 mg, 8 mg</i>	1	QL(3 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate film 0.5 mg-2 mg, 1 mg-4 mg</i>	1	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>buprenorphine hcl-naloxone hcl dihydrate film 2 mg-8 mg, 3 mg-12 mg</i>	1	QL(2 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate subl 0.5 mg-2 mg, 2 mg-8 mg</i>	1	QL(3 ea daily)
<i>buprenorphine ptwk td 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i>	1	PA; QL(0.143 ea daily)
<i>butorphanol tartrate soln ij 1 mg/ml, 2 mg/ml</i>	1	
<i>butorphanol tartrate soln na 10 mg/ml</i>	1	PA
BUTRANS PTWK 10 MCG/HR, 15 MCG/HR, 20 MCG/HR, 5 MCG/HR (Use <i>buprenorphine</i> )	NF	PA; QL(0.143 ea daily)
BUTRANS PTWK 7.5 MCG/HR (Use <i>buprenorphine</i> )	3	PA; QL(0.143 ea daily)
<i>nalbuphine hcl soln</i>	1	QL(8 ml daily)
<i>pentazocine w/ naloxone hcl tabs</i>	1	New starts limited to 7 day supply
SUBOXONE FILM 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-0.5 MG (Use <i>buprenorphine hcl-naloxone hcl dihydrate</i> )	NF	QL(3 ea daily)
SUBOXONE FILM 2 MG-8 MG, 3 MG-12 MG (Use <i>buprenorphine hcl-naloxone hcl dihydrate</i> )	NF	QL(2 ea daily)
<b>ANDROGENS-ANABOLIC - Drugs to Regulate Hormones</b>		
<b>Anabolic Steroids</b>		
ANADROL-50 TABS	3	
<i>oxandrolone tabs</i>	1	
<b>Androgens</b>		
ANDRODERM PT24	2	PA; QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ANDROGEL GEL 25 MG/2.5GM, 50 MG/5GM (Use testosterone)	NF	
<i>danazol caps</i>	1	
DEPO-TESTOSTERONE SOLN (Use testosterone cypionate)	NF	
METHITEST TABS	3	
TESTIM GEL (Use testosterone)	NF	
TESTOSTERONE CYPIONATE SOLN IJ 200 MG/ML	1	
<i>testosterone cypionate soln ij 200 mg/ml</i>	1	
<i>testosterone cypionate soln im 100 mg/ml, 200 mg/ml</i>	1	
<i>testosterone enanthate soln</i>	1	
VOGELXO GEL (Use testosterone)	NF	
VOGELXO PUMP GEL (Use testosterone)	NF	
<b>ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching</b>		
<b>Intrarectal Steroids</b>		
CORTENEMA ENEM (Use hydrocortisone (intrarectal))	NF	
<i>hydrocortisone (intrarectal) enem</i>	1	
UCERIS FOAM RE 2 MG/ACT	4	PA; QL(3.2 gm daily)
<b>Rectal Steroids</b>		
ANUSOL-HC CREA (Use hydrocortisone (rectal))	NF	
<i>hydrocortisone (rectal) crea</i>	1	
<i>hydrocortisone acetate (rectal) supp</i>	1	
PROCTOCORT CREA (Use hydrocortisone (rectal))	NF	

Drug Name	Drug Tier	Requirements/ Limits
PROCTOCORT SUPP (Use hydrocortisone acetate (rectal))	NF	
<b>Vasodilating Agents</b>		
RECTIV OINT	3	QL(2 gm daily)
<b>ANTHELMINTICS - Drugs to Treat Worm Infections</b>		
<b>Anthelmintics</b>		
<i>albendazole tabs</i>	1	PA
ALBENZA TABS (Use albendazole)	NF	PA
BILTRICIDE TABS (Use praziquantel)	NF	PA
EMVERM CHEW	2	QL(2 ea daily, 6 ea per fill retail, 6 ea per fill mail) 1 rtl MAX fill, 60 rtl day(s) supply, 1 mail MAX fill, 60 mail day(s) supply,
<i>ivermectin tabs or 3 mg</i>	1	
<i>praziquantel tabs</i>	1	PA
STROMEKTOL TABS (Use ivermectin)	NF	
<b>ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections</b>		
<b>Anti-infective Agents - Misc.</b>		
<i>bacitracin solr</i>	3	
FLAGYL TABS 500 MG (Use metronidazole)	NF	
IMPAVIDO CAPS	3	PA; QL(3 ea daily)
<i>metronidazole tabs or 250 mg, 500 mg</i>	1	
<i>trimethoprim tabs</i>	1	
XIFAXAN TABS	3	PA; AL(At least 12 yrs old)
<b>Anti-infective Misc. - Combinations</b>		

Ambetter Formulary Updated December 1, 2021



Drug Name	Drug Tier	Requirements/Limits
BACTRIM DS TABS ( <i>Use sulfamethoxazole-trimethoprim</i> )	NF	
BACTRIM TABS ( <i>Use sulfamethoxazole-trimethoprim</i> )	NF	
<i>sulfamethoxazole-trimethoprim soln</i>	1	
<i>sulfamethoxazole-trimethoprim susp</i>	1	
<i>sulfamethoxazole-trimethoprim tabs</i>	1	
<b>Antiprotozoal Agents</b>		
ALINIA SUSR 100 MG/5ML	2	PA
ALINIA TABS 500 MG ( <i>Use nitazoxanide</i> )	2	PA
<i>atovaquone susp</i>	1	
MEPRON SUSP ( <i>Use atovaquone</i> )	NF	
<i>nitazoxanide tabs or</i>	1	PA
<b>Carbapenems</b>		
<i>ertapenem sodium solr</i>	1	
<i>imipenem-cilastatin solr</i>	1	
INVANZ SOLR ( <i>Use ertapenem sodium</i> )	NF	
<i>meropenem solr</i>	1	
MERREM SOLR ( <i>Use meropenem</i> )	NF	
PRIMAXIN IV SOLR ( <i>Use imipenem-cilastatin</i> )	NF	
<b>Chloramphenicols</b>		
<i>chloramphenicol sodium succinate solr</i>	4	PA; SP
<b>Cyclic Lipopeptides</b>		
CUBICIN RF SOLR ( <i>Use daptomycin</i> )	NF	
CUBICIN SOLR ( <i>Use daptomycin</i> )	NF	

Drug Name	Drug Tier	Requirements/Limits
DAPTOMYCIN SOLR 350 MG ( <i>Use daptomycin</i> )	NF	
<i>daptomycin solr 500 mg</i>	1	
<b>Glycopeptides</b>		
FIRVANQ SOLR	2	QL(300 ml per fill retail)
VANCOCIN CAPS ( <i>Use vancomycin hcl</i> )	NF	QL(4 ea daily,40 ea per fill retail)
VANCOCIN HCL CAPS ( <i>Use vancomycin hcl</i> )	NF	QL(4 ea daily,40 ea per fill retail)
<i>vancomycin hcl caps or 125 mg, 250 mg</i>	1	QL(4 ea daily,40 ea per fill retail)
<i>vancomycin hcl solr iv 500 mg, 1 gm, 10 gm, 1000 mg</i>	1	
VANCOMYCIN HYDROCHLORIDE SOLR OR 250 MG/5ML	2	QL(300 ml per fill retail)
<b>Leprostatics</b>		
<i>dapsone tabs</i>	1	
<b>Lincosamides</b>		
CLEOCIN CAPS OR 75 MG, 150 MG, 300 MG ( <i>Use clindamycin hcl</i> )	NF	
CLEOCIN PEDIATRIC GRANULES SOLR ( <i>Use clindamycin palmitate hydrochloride</i> )	NF	
CLEOCIN PHOSPHATE SOLN IJ 600 MG/4ML, 900 MG/6ML, 300 MG/2ML, 9 GM/60ML ( <i>Use clindamycin phosphate</i> )	NF	
<i>clindamycin hcl caps</i>	1	
<i>clindamycin palmitate hydrochloride solr</i>	1	
<i>clindamycin phosphate soln</i>	1	
LINCOCIN SOLN ( <i>Use lincomycin hcl</i> )	NF	
<i>lincomycin hcl soln</i>	1	

Ambetter Formulary Updated December 1, 2021

Drug Name	Drug Tier	Requirements/Limits
<b>Monobactams</b>		
AZACTAM SOLR (Use aztreonam)	NF	
aztreonam solr	1	
CAYSTON SOLR	4	PA; QL(3 ml daily)
<b>Oxazolidinones</b>		
linezolid susr or 100 mg/5ml	1	
linezolid tabs or 600 mg	1	PA; QL(2 ea daily)
SIVEXTRO TABS OR	3	PA
ZYVOX SUSR OR 100 MG/5ML (Use linezolid)	NF	
ZYVOX TABS OR 600 MG (Use linezolid)	NF	PA; QL(2 ea daily)
<b>Polymyxins</b>		
polymyxin b sulfate solr	1	
<b>Urinary Anti-infectives</b>		
fosfomycin tromethamine pack	1	
HIPREX TABS (Use methenamine hippurate)	NF	
MACROBID CAPS (Use nitrofurantoin monohyd macro)	NF	
MACRODANTIN CAPS 50 MG, 100 MG (Use nitrofurantoin macrocrystal)	NF	
methenamine hippurate tabs	1	
MONUROL PACK (Use fosfomycin tromethamine)	3	
nitrofurantoin macrocrystal caps 50 mg, 100 mg	1	
nitrofurantoin monohyd macro caps	1	
nitrofurantoin susp	1	
<b>ANTIANGINAL AGENTS - Drugs to Treat Chest Pain</b>		
<b>Antianginals-Other</b>		

Drug Name	Drug Tier	Requirements/Limits
RANEXA TB12 1000 MG (Use ranolazine)	NF	QL(2 ea daily)
RANEXA TB12 500 MG (Use ranolazine)	NF	QL(3 ea daily)
ranolazine tb12 1000 mg	1	QL(2 ea daily)
ranolazine tb12 500 mg	1	QL(3 ea daily)
<b>Nitrates</b>		
ISORDIL TITRADOSE TABS 5 MG (Use isosorbide dinitrate)	NF	
isosorbide dinitrate tabs 30 mg, 10 mg, 20 mg, 5 mg	1	
isosorbide dinitrate tbcr 40 mg	1	
isosorbide mononitrate tabs	1	
isosorbide mononitrate tb24	1	
NITRO-BID OINT	3	
NITRO-DUR PT24 0.1 MG/HR, 0.4 MG/HR, 0.2 MG/HR, 0.6 MG/HR (Use nitroglycerin)	NF	
nitroglycerin cpcr or 2.5 mg, 6.5 mg, 9 mg	1	QL(4 ea daily)
nitroglycerin pt24 td 0.1 mg/hr, 0.4 mg/hr, 0.2 mg/hr, 0.6 mg/hr	1	
NITROGLYCERIN SOLN IV 5 MG/ML	1	
nitroglycerin subl sl 0.3 mg, 0.4 mg, 0.6 mg	1	
NITROSTAT SUBL (Use nitroglycerin)	NF	
<b>ANTIANGXIETY AGENTS - Drugs to Treat Anxiety</b>		
<b>Antianxiety Agents - Misc.</b>		
bupirone hcl tabs 10 mg, 30 mg, 7.5 mg, 15 mg	1	
bupirone hcl tabs 5 mg	1	QL(6 ea daily)
hydroxyzine hcl soln im 50 mg/ml	1	

Ambetter Formulary Updated December 1, 2021

Drug Name	Drug Tier	Requirements/Limits
hydroxyzine hcl syrp or 10 mg/5ml	1	
hydroxyzine hcl tabs or 10 mg, 25 mg, 50 mg	1	
hydroxyzine pamoate caps	1	
meprobamate tabs	1	
VISTARIL CAPS (Use hydroxyzine pamoate)	NF	
<b>Benzodiazepines</b>		
alprazolam tabs 0.25 mg, 0.5 mg, 1 mg, 2 mg	1	QL(4 ea daily)
alprazolam tb24 0.5 mg, 1 mg, 2 mg, 3 mg	1	
alprazolam tbdp 0.25 mg, 0.5 mg, 1 mg, 2 mg	1	
ATIVAN TABS OR 0.5 MG, 2 MG (Use lorazepam)	NF	QL(3 ea daily)
ATIVAN TABS OR 1 MG (Use lorazepam)	NF	QL(4 ea daily)
chlordiazepoxide hcl caps	1	
clorazepate dipotassium tabs	1	
diazepam conc or 5 mg/ml	1	
diazepam soln or 5 mg/5ml	1	
diazepam tabs or 10 mg, 2 mg, 5 mg	1	QL(4 ea daily)
lorazepam conc or 2 mg/ml	1	
lorazepam tabs or 0.5 mg, 2 mg	1	QL(3 ea daily)
lorazepam tabs or 1 mg	1	QL(4 ea daily)
oxazepam caps 10 mg, 15 mg, 30 mg	1	
TRANXENE T TABS (Use clorazepate dipotassium)	NF	
VALIUM TABS (Use diazepam)	NF	QL(4 ea daily)
XANAX TABS (Use alprazolam)	NF	QL(4 ea daily)
XANAX XR TB24 (Use alprazolam)	NF	

Ambetter Formulary Updated December 1, 2021

Drug Name	Drug Tier	Requirements/Limits
<b>ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms</b>		
<b>Antiarrhythmics Type I-A</b>		
disopyramide phosphate caps	1	
NORPACE CAPS (Use disopyramide phosphate)	NF	
procainamide hcl soln 500 mg/ml	1	
quinidine sulfate tabs	1	
<b>Antiarrhythmics Type I-B</b>		
mexiletine hcl caps 250 mg, 150 mg, 200 mg	1	
<b>Antiarrhythmics Type I-C</b>		
flecainide acetate tabs	1	
propafenone hcl cp12	1	
propafenone hcl tabs	1	
RYTHMOL SR CP12 (Use propafenone hcl)	NF	
<b>Antiarrhythmics Type III</b>		
amiodarone hcl soln iv 150 mg/3ml, 50 mg/ml	1	
amiodarone hcl tabs or 100 mg, 200 mg, 400 mg	1	
dofetilide caps	1	
MULTAQ TABS	3	
TIKOSYN CAPS (Use dofetilide)	NF	
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions</b>		
<b>Anti-Inflammatory Agents</b>		
cromolyn sodium nebu	1	QL(8 ml daily)
<b>Antiasthmatic - Monoclonal Antibodies</b>		
FASENRA PEN SOAJ	4	PA
FASENRA SOSY	4	PA

Drug Name	Drug Tier	Requirements/ Limits
NUCALA SOAJ	4	PA
NUCALA SOLR	4	PA
NUCALA SOSY	4	PA
XOLAIR SOLR 150 MG	4	PA; SP
XOLAIR SOSY 150 MG/ML, 75 MG/0.5ML	4	PA
<b>Bronchodilators - Anticholinergics</b>		
ATROVENT HFA AERS	3	QL(0.44 gm daily)
INCRUSE ELLIPTA AEPB	2	QL(1 ea daily)
<i>ipratropium bromide soln</i>	1	QL(15 ml daily)
SPIRIVA HANDIHALER CAPS	2	QL(1 ea daily)
SPIRIVA RESPIMAT AERS	2	QL(0.14 gm daily)
<b>Leukotriene Modulators</b>		
ACCOLATE TABS ( <i>Use zafirlukast</i> )	NF	QL(2 ea daily)
<i>montelukast sodium chew 4 mg, 5 mg</i>	1	QL(1 ea daily)
<i>montelukast sodium pack 4 mg</i>	1	PA; QL(1 ea daily)
<i>montelukast sodium tabs 10 mg</i>	1	QL(1 ea daily)
SINGULAIR CHEW 4 MG, 5 MG ( <i>Use montelukast sodium</i> )	NF	QL(1 ea daily)
SINGULAIR PACK 4 MG ( <i>Use montelukast sodium</i> )	NF	PA; QL(1 ea daily)
SINGULAIR TABS 10 MG ( <i>Use montelukast sodium</i> )	NF	QL(1 ea daily)
<i>zafirlukast tabs</i>	1	QL(2 ea daily)
<i>zileuton tb12</i>	1	QL(4 ea daily)
<b>Selective Phosphodiesterase 4 (PDE4) Inhibitors</b>		

Drug Name	Drug Tier	Requirements/ Limits
DALIRESP TABS 250 MCG	3	QL(1 ea daily)30 rtl MAX day(s) supply,180 rtl lmt day(s),30 mail MAX day(s) supply,180 mail lmt day(s),
DALIRESP TABS 500 MCG	3	QL(1 ea daily)
<b>Steroid Inhalants</b>		
ARNUITY ELLIPTA AEPB	2	
<i>budesonide (inhalation) susp</i>	1	PA; QL(4 ml daily)
FLOVENT DISKUS AEPB	2	
FLOVENT HFA AERO	2	
PULMICORT FLEXHALER AEPB	2	
PULMICORT SUSP ( <i>Use budesonide (inhalation)</i> )	NF	PA; QL(4 ml daily)
QVAR REDIHALER AERB	2	
<b>Sympathomimetics</b>		
ADVAIR DISKUS AEPB ( <i>Use fluticasone-salmeterol</i> )	NF	
ADVAIR HFA AERO	2	
AIRDUO RESPICLICK 113/14 AEPB ( <i>Use fluticasone-salmeterol</i> )	NF	
AIRDUO RESPICLICK 232/14 AEPB ( <i>Use fluticasone-salmeterol</i> )	NF	
AIRDUO RESPICLICK 55/14 AEPB ( <i>Use fluticasone-salmeterol</i> )	NF	
<i>albuterol sulfate aers in 108 mcg/act</i>	1	2 rtl pack lmt amt,30 rtl pack lmt day(s),



Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate aers in 108 mcg/act</i>	1	Limit 2 inhalers per month;1 rtl pack lmt per fill,2 rtl MAX fill,30 rtl day(s) supply,
<i>albuterol sulfate aers in 108 mcg/act</i>	1	Limit 2 Inhalers per month;1 rtl pack lmt per fill,2 rtl MAX fill,30 rtl day(s) supply,
<i>albuterol sulfate nebu in 0.5 %, 2.5 mg/0.5ml</i>	1	
<i>albuterol sulfate nebu in 0.63 mg/3ml, 1.25 mg/3ml, 0.083 %</i>	1	QL(15 ml daily)
<i>albuterol sulfate syrp or 2 mg/5ml</i>	1	
<i>albuterol sulfate tabs or 2 mg, 4 mg</i>	1	
<i>albuterol sulfate tb12 or 4 mg, 8 mg</i>	1	
ANORO ELLIPTA AEPB	2	QL(2 ea daily)
ARCAPTA NEOHALER CAPS	2	
<i>arformoterol tartrate nebu</i>	1	PA; QL(4 ml daily)
BEVESPI AEROSPHERE AERO	2	QL(0.36 gm daily)
BREO ELLIPTA AEPB	2	
BROVANA NEBU ( <i>Use arformoterol tartrate</i> )	3	PA; QL(4 ml daily)
<i>budesonide-formoterol fumarate dihydrate aero</i>	1	
<i>fluticasone-salmeterol aepb 50 mcg/dose-500 mcg/dose, 50 mcg/act-100 mcg/act, 50 mcg/act-250 mcg/act, 50 mcg/dose-100 mcg/dose, 50 mcg/dose-250 mcg/dose</i>	1	
<i>ipratropium-albuterol soln</i>	1	QL(18 ml daily)

Drug Name	Drug Tier	Requirements/Limits
<i>levalbuterol hcl nebu 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml</i>	1	PA; QL(12 ml daily)
<i>levalbuterol hcl nebu 1.25 mg/0.5ml</i>	1	PA
<i>levalbuterol tartrate aero</i>	3	PA; Limit 2 inhalers per month;QL(1 gm daily)
PROAIR HFA AERS ( <i>Use albuterol sulfate</i> )	NF	
PROVENTIL HFA AERS ( <i>Use albuterol sulfate</i> )	NF	
SEREVENT DISKUS AEPB	2	
STRIVERDI RESPIMAT AERS	2	
SYMBICORT AERO ( <i>Use budesonide-formoterol fumarate dihydrate</i> )	2	
<i>terbutaline sulfate soln</i>	1	
<i>terbutaline sulfate tabs</i>	1	
TRELEGY ELLIPTA AEPB	2	QL(2 ea daily)
UTIBRON NEOHALER CAPS	3	PA; QL(2 ea daily)
VENTOLIN HFA AERS ( <i>Use albuterol sulfate</i> )	NF	
XOPENEX CONCENTRATE NEBU ( <i>Use levalbuterol hcl</i> )	NF	PA
XOPENEX HFA AERO ( <i>Use levalbuterol tartrate</i> )	3	PA; Limit 2 inhalers per month;QL(1 gm daily)
XOPENEX NEBU ( <i>Use levalbuterol hcl</i> )	NF	PA; QL(12 ml daily)
<b>Xanthines</b>		
<i>aminophylline soln</i>	1	
ELIXOPHYLLIN ELIX	1	
<i>theophylline soln 80 mg/15ml</i>	1	QL(56 ml daily)

Drug Name	Drug Tier	Requirements/Limits
<i>theophylline tb12 300 mg, 450 mg</i>	1	
<i>theophylline tb24 400 mg, 600 mg</i>	1	
<b>ANTICOAGULANTS - Blood Thinners</b>		
<b>Coumarin Anticoagulants</b>		
COUMADIN TABS ( <i>Use warfarin sodium</i> )	2	
<i>warfarin sodium tabs</i>	1	
<b>Direct Factor Xa Inhibitors</b>		
BEVYXXA CAPS	3	QL(42 ea per 42 days retail, 42 ea per 42 days mail)
ELIQUIS STARTER PACK TBPK	2	QL(2.47 ea daily)
ELIQUIS TABS	2	QL(2.47 ea daily)
XARELTO STARTER PACK TBPK	2	1 rtl MAX fill, 365 rtl day(s) supply,
XARELTO TABS 10 MG, 20 MG	2	QL(1 ea daily)
XARELTO TABS 15 MG, 2.5 MG	2	QL(2 ea daily)
<b>Heparins And Heparinoid-Like Agents</b>		
ARIXTRA SOLN 10 MG/0.8ML ( <i>Use fondaparinux sodium</i> )	NF	QL(7.2 ml per 180 days retail, 7.2 ml per 180 days mail); SP
ARIXTRA SOLN 2.5 MG/0.5ML ( <i>Use fondaparinux sodium</i> )	NF	QL(4.5 ml per 180 days retail, 4.5 ml per 180 days mail); SP
ARIXTRA SOLN 5 MG/0.4ML ( <i>Use fondaparinux sodium</i> )	NF	QL(3.6 ml per 180 days retail, 3.6 ml per 180 days mail); SP

Drug Name	Drug Tier	Requirements/Limits
ARIXTRA SOLN 7.5 MG/0.6ML ( <i>Use fondaparinux sodium</i> )	NF	QL(5.4 ml per 180 days retail, 5.4 ml per 180 days mail); SP
<i>enoxaparin sodium soln ij 300 mg/3ml</i>	4	QL(6 ml daily)
<i>enoxaparin sodium soln sc 100 mg/ml, 150 mg/ml</i>	4	QL(2 ml daily)
<i>enoxaparin sodium soln sc 120 mg/0.8ml, 80 mg/0.8ml</i>	4	QL(1.6 ml daily)
<i>enoxaparin sodium soln sc 30 mg/0.3ml</i>	4	QL(0.6 ml daily); SP
<i>enoxaparin sodium soln sc 40 mg/0.4ml</i>	4	QL(0.8 ml daily, 30 day(s) limit); SP
<i>enoxaparin sodium soln sc 60 mg/0.6ml</i>	4	QL(1.2 ml daily, 30 day(s) limit); SP
<i>fondaparinux sodium soln 10 mg/0.8ml</i>	4	QL(7.2 ml per 180 days retail, 7.2 ml per 180 days mail); SP
<i>fondaparinux sodium soln 2.5 mg/0.5ml</i>	4	QL(4.5 ml per 180 days retail, 4.5 ml per 180 days mail); SP
<i>fondaparinux sodium soln 5 mg/0.4ml</i>	4	QL(3.6 ml per 180 days retail, 3.6 ml per 180 days mail); SP
<i>fondaparinux sodium soln 7.5 mg/0.6ml</i>	4	QL(5.4 ml per 180 days retail, 5.4 ml per 180 days mail); SP
FRAGMIN SOLN 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML	4	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
HEPARIN LOCK FLUSH SOLN (Use heparin sodium (porcine) lock flush)	NF	
heparin sod (porcine) in d5w soln 5 %-40 unit/ml	1	
heparin sodium (porcine) soln 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	1	
HEPARIN SODIUM/NACL 0.45% SOLN 0.45 %-12500 UNIT/250ML	1	
LOVENOX SOLN IJ 300 MG/3ML (Use enoxaparin sodium)	NF	QL(6 ml daily)
LOVENOX SOLN SC 100 MG/ML, 150 MG/ML (Use enoxaparin sodium)	NF	QL(2 ml daily)
LOVENOX SOLN SC 120 MG/0.8ML, 80 MG/0.8ML (Use enoxaparin sodium)	NF	QL(1.6 ml daily)
LOVENOX SOLN SC 30 MG/0.3ML (Use enoxaparin sodium)	NF	QL(0.6 ml daily); SP
LOVENOX SOLN SC 40 MG/0.4ML (Use enoxaparin sodium)	NF	QL(0.8 ml daily,30 day(s) limit); SP
LOVENOX SOLN SC 60 MG/0.6ML (Use enoxaparin sodium)	NF	QL(1.2 ml daily,30 day(s) limit); SP
<b>ANTICONVULSANTS - Drugs to Treat Seizures</b>		
<b>AMPA Glutamate Receptor Antagonists</b>		
FYCOMPA TABS 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	3	PA
<b>Anticonvulsants - Benzodiazepines</b>		
clobazam susp 2.5 mg/ml	1	PA; QL(16 ml daily)
clobazam tabs 10 mg, 20 mg	1	PA; QL(2 ea daily)
clonazepam tabs 0.5 mg, 1 mg, 2 mg	1	
DIASTAT ACUDIAL GEL (Use diazepam (anticonvulsant))	3	

Drug Name	Drug Tier	Requirements/ Limits
DIASTAT PEDIATRIC GEL (Use diazepam (anticonvulsant))	3	
diazepam (anticonvulsant) gel	3	
KLONOPIN TABS (Use clonazepam)	NF	
NAYZILAM SOLN	3	PA; QL(10 ea per 30 days retail)
ONFI SUSP 2.5 MG/ML (Use clobazam)	NF	PA; QL(16 ml daily)
ONFI TABS 10 MG, 20 MG (Use clobazam)	NF	PA; QL(2 ea daily)
VALTOCO LIQD	4	PA; QL(10 ea per 30 days retail)
VALTOCO LQPK	4	PA; QL(10 ea per 30 days retail)
<b>Anticonvulsants - Misc.</b>		
APTIOM TABS	3	ST; QL(2 ea daily)
BANZEL SUSP 40 MG/ML (Use rufinamide)	2	PA; QL(80 ml daily)
BANZEL TABS 200 MG (Use rufinamide)	2	PA; QL(2 ea daily)
BANZEL TABS 400 MG (Use rufinamide)	2	PA; QL(8 ea daily)
BRIVIACT SOLN OR 10 MG/ML	3	PA
BRIVIACT TABS OR 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	3	PA
carbamazepine chew 100 mg	1	
carbamazepine cp12 100 mg	1	
carbamazepine cp12 200 mg	1	QL(6 ea daily)
carbamazepine cp12 300 mg	1	QL(4 ea daily)
carbamazepine susp 100 mg/5ml	1	
carbamazepine tabs 200 mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>carbamazepine tb12 100 mg, 400 mg</i>	1	QL(4 ea daily)
<i>carbamazepine tb12 200 mg</i>	1	QL(6 ea daily)
CARBATROL CP12 100 MG ( <i>Use carbamazepine</i> )	NF	
CARBATROL CP12 200 MG ( <i>Use carbamazepine</i> )	NF	QL(6 ea daily)
CARBATROL CP12 300 MG ( <i>Use carbamazepine</i> )	NF	QL(4 ea daily)
DIACOMIT CAPS 250 MG	4	PA; QL(12 ea daily)
DIACOMIT CAPS 500 MG	4	PA; QL(6 ea daily)
DIACOMIT PACK 250 MG	4	PA; QL(12 ea daily)
DIACOMIT PACK 500 MG	4	PA; QL(6 ea daily)
EPIDIOLEX SOLN	3	PA
<i>gabapentin caps 100 mg, 300 mg, 400 mg</i>	1	
<i>gabapentin soln 250 mg/5ml, 300 mg/6ml</i>	1	QL(60 ml daily)
<i>gabapentin tabs 600 mg, 800 mg</i>	1	
KEPPRA SOLN IV 500 MG/5ML ( <i>Use levetiracetam</i> )	NF	QL(30 ml daily)
KEPPRA SOLN OR 100 MG/ML ( <i>Use levetiracetam</i> )	NF	QL(30 ml daily)
KEPPRA TABS OR 1000 MG ( <i>Use levetiracetam</i> )	NF	QL(3 ea daily)
KEPPRA TABS OR 250 MG, 750 MG ( <i>Use levetiracetam</i> )	NF	QL(4 ea daily)
KEPPRA TABS OR 500 MG ( <i>Use levetiracetam</i> )	NF	QL(6 ea daily)
KEPPRA XR TB24 ( <i>Use levetiracetam</i> )	NF	QL(4 ea daily)
LAMICTAL CHEWABLE DISPERSIBLE CHEW 25 MG ( <i>Use lamotrigine</i> )	NF	QL(20 ea daily)
LAMICTAL CHEWABLE DISPERSIBLE CHEW 5 MG ( <i>Use lamotrigine</i> )	NF	QL(100 ea daily)

Drug Name	Drug Tier	Requirements/Limits
LAMICTAL ODT TBDP 100 MG, 200 MG, 25 MG, 50 MG ( <i>Use lamotrigine</i> )	NF	QL(1 ea daily)
LAMICTAL TABS ( <i>Use lamotrigine</i> )	NF	
<i>lamotrigine chew 25 mg</i>	1	QL(20 ea daily)
<i>lamotrigine chew 5 mg</i>	1	QL(100 ea daily)
<i>lamotrigine tabs 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>lamotrigine tbdp 100 mg, 200 mg, 25 mg, 50 mg</i>	1	QL(1 ea daily)
<i>levetiracetam soln iv 500 mg/5ml</i>	1	QL(30 ml daily)
<i>levetiracetam soln or 100 mg/ml, 500 mg/5ml</i>	1	QL(30 ml daily)
<i>levetiracetam tabs or 1000 mg</i>	1	QL(3 ea daily)
<i>levetiracetam tabs or 250 mg, 750 mg</i>	1	QL(4 ea daily)
<i>levetiracetam tabs or 500 mg</i>	1	QL(6 ea daily)
<i>levetiracetam tb24 or 500 mg, 750 mg</i>	1	QL(4 ea daily)
LYRICA CAPS 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG ( <i>Use pregabalin</i> )	NF	PA; QL(3 ea daily)
LYRICA CAPS 225 MG, 300 MG ( <i>Use pregabalin</i> )	NF	PA; QL(2 ea daily)
LYRICA SOLN 20 MG/ML ( <i>Use pregabalin</i> )	NF	PA; QL(30 ml daily)
MYSOLINE TABS ( <i>Use primidone</i> )	NF	
NEURONTIN CAPS 100 MG, 300 MG, 400 MG ( <i>Use gabapentin</i> )	NF	
NEURONTIN SOLN 250 MG/5ML ( <i>Use gabapentin</i> )	NF	QL(60 ml daily)
NEURONTIN TABS 600 MG, 800 MG ( <i>Use gabapentin</i> )	NF	
<i>oxcarbazepine susp 300 mg/5ml, 60 mg/ml</i>	1	QL(40 ml daily)

Ambetter Formulary Updated December 1, 2021

Drug Name	Drug Tier	Requirements/Limits
<i>oxcarbazepine tabs 150 mg, 300 mg</i>	1	QL(3 ea daily)
<i>oxcarbazepine tabs 600 mg</i>	1	QL(4 ea daily)
<i>pregabalin caps 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	1	PA; QL(3 ea daily)
<i>pregabalin caps 225 mg, 300 mg</i>	1	PA; QL(2 ea daily)
<i>pregabalin soln 20 mg/ml</i>	1	PA; QL(30 ml daily)
<i>primidone tabs</i>	1	
QUDEXY XR CS24 ( <i>Use topiramate</i> )	NF	
<i>rufinamide susp 40 mg/ml</i>	1	PA; QL(80 ml daily)
<i>rufinamide tabs 200 mg</i>	1	PA; QL(2 ea daily)
<i>rufinamide tabs 400 mg</i>	1	PA; QL(8 ea daily)
TEGRETOL SUSP ( <i>Use carbamazepine</i> )	2	
TEGRETOL TABS ( <i>Use carbamazepine</i> )	2	
TEGRETOL-XR TB12 100 MG, 400 MG ( <i>Use carbamazepine</i> )	NF	QL(4 ea daily)
TEGRETOL-XR TB12 200 MG ( <i>Use carbamazepine</i> )	NF	QL(6 ea daily)
TOPAMAX SPRINKLE CPSP 15 MG ( <i>Use topiramate</i> )	NF	QL(6 ea daily)
TOPAMAX SPRINKLE CPSP 25 MG ( <i>Use topiramate</i> )	NF	QL(8 ea daily)
TOPAMAX TABS 100 MG, 25 MG ( <i>Use topiramate</i> )	NF	QL(4 ea daily)
TOPAMAX TABS 200 MG ( <i>Use topiramate</i> )	NF	QL(2 ea daily)
TOPAMAX TABS 50 MG ( <i>Use topiramate</i> )	NF	QL(6 ea daily)
<i>topiramate cpsp 15 mg</i>	1	QL(6 ea daily)
<i>topiramate cpsp 25 mg</i>	1	QL(8 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>topiramate tabs 100 mg, 25 mg</i>	1	QL(4 ea daily)
<i>topiramate tabs 200 mg</i>	1	QL(2 ea daily)
<i>topiramate tabs 50 mg</i>	1	QL(6 ea daily)
TRILEPTAL SUSP 300 MG/5ML ( <i>Use oxcarbazepine</i> )	NF	QL(40 ml daily)
TRILEPTAL TABS 150 MG, 300 MG ( <i>Use oxcarbazepine</i> )	NF	QL(3 ea daily)
TRILEPTAL TABS 600 MG ( <i>Use oxcarbazepine</i> )	NF	QL(4 ea daily)
VIMPAT SOLN IV 200 MG/20ML	3	QL(40 ml daily)
VIMPAT SOLN OR 10 MG/ML	3	PA; QL(40 ml daily)
VIMPAT TABS OR 100 MG, 150 MG, 200 MG, 50 MG	3	PA; QL(2 ea daily)
ZONEGRAN CAPS ( <i>Use zonisamide</i> )	NF	QL(6 ea daily)
<i>zonisamide caps</i>	1	QL(6 ea daily)
<b>Carbamates</b>		
<i>felbamate susp 600 mg/5ml</i>	1	QL(30 ml daily)
<i>felbamate tabs 400 mg</i>	1	QL(9 ea daily)
<i>felbamate tabs 600 mg</i>	1	QL(6 ea daily)
FELBATOL SUSP 600 MG/5ML ( <i>Use felbamate</i> )	NF	QL(30 ml daily)
FELBATOL TABS 400 MG ( <i>Use felbamate</i> )	NF	QL(9 ea daily)
FELBATOL TABS 600 MG ( <i>Use felbamate</i> )	NF	QL(6 ea daily)
<b>GABA Modulators</b>		
GABITRIL TABS 2 MG, 4 MG ( <i>Use tiagabine hcl</i> )	NF	
SABRIL PACK ( <i>Use vigabatrin</i> )	NF	PA; QL(6 ea daily); SP
SABRIL TABS ( <i>Use vigabatrin</i> )	NF	PA; QL(6 ea daily); SP



Drug Name	Drug Tier	Requirements/Limits
<i>tiagabine hcl tabs 2 mg, 4 mg</i>	1	
<i>vigabatrin pack</i>	4	PA; QL(6 ea daily); SP
<i>vigabatrin tabs</i>	4	PA; QL(6 ea daily); SP
<b>Hydantoins</b>		
CEREBYX SOLN ( <i>Use fosphenytoin sodium</i> )	NF	
DILANTIN CAPS 100 MG ( <i>Use phenytoin sodium extended</i> )	2	
DILANTIN CAPS 30 MG	2	
DILANTIN INFATABS CHEW ( <i>Use phenytoin</i> )	2	
DILANTIN-125 SUSP ( <i>Use phenytoin</i> )	2	
<i>fosphenytoin sodium soln</i>	1	
PEGANONE TABS	3	
PHENYTEK CAPS ( <i>Use phenytoin sodium extended</i> )	2	
<i>phenytoin chew</i>	1	
<i>phenytoin sodium extended caps</i>	1	
<i>phenytoin sodium soln</i>	1	
<i>phenytoin susp</i>	1	
<b>Succinimides</b>		
CELONTIN CAPS	3	QL(4 ea daily)
<i>ethosuximide caps 250 mg</i>	1	QL(6 ea daily)
<i>ethosuximide soln 250 mg/5ml</i>	1	QL(30 ml daily)
ZARONTIN CAPS 250 MG ( <i>Use ethosuximide</i> )	2	QL(6 ea daily)
ZARONTIN SOLN 250 MG/5ML ( <i>Use ethosuximide</i> )	NF	QL(30 ml daily)
<b>Valproic Acid</b>		

Drug Name	Drug Tier	Requirements/Limits
DEPAKOTE ER TB24 ( <i>Use divalproex sodium</i> )	NF	
DEPAKOTE TBEC ( <i>Use divalproex sodium</i> )	NF	
<i>divalproex sodium tb24 250 mg, 500 mg</i>	1	
<i>divalproex sodium tbec 125 mg, 250 mg, 500 mg</i>	1	
<i>valproate sodium soln</i>	1	
<i>valproic acid caps or</i>	1	
<b>ANTIDEPRESSANTS - Drugs to Treat Depression</b>		
<b>Alpha-2 Receptor Antagonists (Tetracyclics)</b>		
<i>mirtazapine tabs 15 mg</i>	1	QL(3 ea daily)
<i>mirtazapine tabs 30 mg</i>	1	QL(1.5 ea daily)
<i>mirtazapine tabs 45 mg, 7.5 mg</i>	1	QL(1 ea daily)
<i>mirtazapine tbdp 15 mg</i>	1	QL(3 ea daily)
<i>mirtazapine tbdp 30 mg</i>	1	QL(1.5 ea daily)
<i>mirtazapine tbdp 45 mg</i>	1	QL(1 ea daily)
REMERON SOLTAB TBDP 15 MG ( <i>Use mirtazapine</i> )	NF	QL(3 ea daily)
REMERON SOLTAB TBDP 30 MG ( <i>Use mirtazapine</i> )	NF	QL(1.5 ea daily)
REMERON SOLTAB TBDP 45 MG ( <i>Use mirtazapine</i> )	NF	QL(1 ea daily)
REMERON TABS 15 MG ( <i>Use mirtazapine</i> )	NF	QL(3 ea daily)
REMERON TABS 30 MG ( <i>Use mirtazapine</i> )	NF	QL(1.5 ea daily)
<b>Antidepressants - Misc.</b>		
<i>bupropion hcl tabs 100 mg, 75 mg</i>	1	QL(3 ea daily)
<i>bupropion hcl tb12 100 mg</i>	1	QL(4 ea daily)
<i>bupropion hcl tb12 150 mg</i>	1	QL(3 ea daily)
<i>bupropion hcl tb12 200 mg</i>	1	QL(2 ea daily)

Ambetter Formulary Updated December 1, 2021

Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hcl tb24 150 mg</i>	1	QL(3 ea daily)
<i>bupropion hcl tb24 300 mg</i>	1	QL(1 ea daily)
FORFIVO XL TB24 ( <i>Use bupropion hcl</i> )	NF	
<i>maprotiline hcl tabs</i>	1	
WELLBUTRIN SR TB12 100 MG ( <i>Use bupropion hcl</i> )	NF	QL(4 ea daily)
WELLBUTRIN SR TB12 150 MG ( <i>Use bupropion hcl</i> )	NF	QL(3 ea daily)
WELLBUTRIN SR TB12 200 MG ( <i>Use bupropion hcl</i> )	NF	QL(2 ea daily)
WELLBUTRIN XL TB24 150 MG ( <i>Use bupropion hcl</i> )	NF	QL(3 ea daily)
WELLBUTRIN XL TB24 300 MG ( <i>Use bupropion hcl</i> )	NF	QL(1 ea daily)
<b>Monoamine Oxidase Inhibitors (MAOIs)</b>		
EMSAM PT24	3	QL(1 ea daily)
MARPLAN TABS	2	QL(6 ea daily)
NARDIL TABS ( <i>Use phenelzine sulfate</i> )	NF	
PARNATE TABS ( <i>Use tranylcypromine sulfate</i> )	NF	
<i>phenelzine sulfate tabs</i>	1	
<i>tranylcypromine sulfate tabs</i>	1	
<b>N-Methyl-D-aspartic acid (NMDA) Receptor</b>		
SPRAVATO 56MG DOSE SOPK	4	PA
SPRAVATO 84MG DOSE SOPK	4	PA
<b>Selective Serotonin Reuptake Inhibitors (SSRIs)</b>		
CELEXA TABS 10 MG ( <i>Use citalopram hydrobromide</i> )	NF	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
CELEXA TABS 20 MG ( <i>Use citalopram hydrobromide</i> )	NF	QL(2 ea daily)
CELEXA TABS 40 MG ( <i>Use citalopram hydrobromide</i> )	NF	QL(1 ea daily)
<i>citalopram hydrobromide soln 10 mg/5ml</i>	1	QL(20 ml daily)
<i>citalopram hydrobromide tabs 10 mg</i>	1	QL(4 ea daily)
<i>citalopram hydrobromide tabs 20 mg</i>	1	QL(2 ea daily)
<i>citalopram hydrobromide tabs 40 mg</i>	1	QL(1 ea daily)
<i>escitalopram oxalate soln 5 mg/5ml</i>	1	QL(20 ml daily)
<i>escitalopram oxalate tabs 10 mg</i>	1	QL(2 ea daily)
<i>escitalopram oxalate tabs 20 mg</i>	1	QL(1 ea daily)
<i>escitalopram oxalate tabs 5 mg</i>	1	QL(4 ea daily)
<i>fluoxetine hcl caps 10 mg</i>	1	QL(1 ea daily)
<i>fluoxetine hcl caps 20 mg</i>	1	QL(3 ea daily)
<i>fluoxetine hcl caps 40 mg</i>	1	QL(2 ea daily)
<i>fluoxetine hcl cpdr 90 mg</i>	1	
<i>fluoxetine hcl soln 20 mg/5ml</i>	1	QL(20 ml daily)
<i>fluoxetine hcl tabs 10 mg, 60 mg</i>	1	QL(1 ea daily)
<i>fluoxetine hcl tabs 20 mg</i>	1	QL(3 ea daily)
FLUOXETINE HYDROCHLORIDE TABS ( <i>Use fluoxetine hcl</i> )	NF	QL(1 ea daily)
<i>fluvoxamine maleate tabs 100 mg</i>	1	QL(3 ea daily)
<i>fluvoxamine maleate tabs 25 mg, 50 mg</i>	1	QL(2 ea daily)
LEXAPRO TABS 10 MG ( <i>Use escitalopram oxalate</i> )	NF	QL(2 ea daily)
LEXAPRO TABS 20 MG ( <i>Use escitalopram oxalate</i> )	NF	QL(1 ea daily)

Ambetter Formulary Updated December 1, 2021

Drug Name	Drug Tier	Requirements/ Limits
LEXAPRO TABS 5 MG (Use escitalopram oxalate)	NF	QL(4 ea daily)
paroxetine hcl susp 10 mg/5ml	3	QL(30 ml daily)
paroxetine hcl tabs 10 mg	1	QL(6 ea daily)
paroxetine hcl tabs 20 mg	1	QL(3 ea daily)
paroxetine hcl tabs 30 mg	1	QL(2 ea daily)
paroxetine hcl tabs 40 mg	1	QL(1 ea daily)
paroxetine hcl tb24 12.5 mg	1	QL(1 ea daily)
paroxetine hcl tb24 37.5 mg, 25 mg	1	QL(2 ea daily)
PAXIL CR TB24 12.5 MG (Use paroxetine hcl)	NF	QL(1 ea daily)
PAXIL CR TB24 37.5 MG, 25 MG (Use paroxetine hcl)	NF	QL(2 ea daily)
PAXIL SUSP 10 MG/5ML (Use paroxetine hcl)	3	QL(30 ml daily)
PAXIL TABS 10 MG (Use paroxetine hcl)	NF	QL(6 ea daily)
PAXIL TABS 20 MG (Use paroxetine hcl)	NF	QL(3 ea daily)
PAXIL TABS 30 MG (Use paroxetine hcl)	NF	QL(2 ea daily)
PAXIL TABS 40 MG (Use paroxetine hcl)	NF	QL(1 ea daily)
PROZAC CAPS 10 MG (Use fluoxetine hcl)	NF	QL(1 ea daily)
PROZAC CAPS 20 MG (Use fluoxetine hcl)	NF	QL(3 ea daily)
PROZAC CAPS 40 MG (Use fluoxetine hcl)	NF	QL(2 ea daily)
sertraline hcl conc 20 mg/ml	1	QL(10 ml daily)
sertraline hcl tabs 100 mg	1	QL(2 ea daily)
sertraline hcl tabs 25 mg, 50 mg	1	QL(4 ea daily)
ZOLOFT CONC 20 MG/ML (Use sertraline hcl)	NF	QL(10 ml daily)
ZOLOFT TABS 100 MG (Use sertraline hcl)	NF	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ZOLOFT TABS 25 MG, 50 MG (Use sertraline hcl)	NF	QL(4 ea daily)
<b>Serotonin Modulators</b>		
nefazodone hcl tabs	1	
trazodone hcl tabs	1	
TRINTELLIX TABS	3	PA; QL(1 ea daily)
VIIBRYD STARTER PACK KIT	3	PA; 1 rtl pack lmt amt, 180 rtl pack lmt day(s),
VIIBRYD TABS	3	PA; QL(1 ea daily)
<b>Serotonin-Norepinephrine Reuptake Inhibitors</b>		
CYMBALTA CPEP (Use duloxetine hcl)	NF	QL(2 ea daily)
desvenlafaxine succinate tb24 100 mg	1	QL(4 ea daily)
desvenlafaxine succinate tb24 25 mg, 50 mg	1	QL(1 ea daily)
duloxetine hcl cpep or 20 mg, 60 mg, 30 mg	1	QL(2 ea daily)
duloxetine hcl cpep or 40 mg	1	
EFFEXOR XR CP24 150 MG (Use venlafaxine hcl)	NF	QL(2 ea daily)
EFFEXOR XR CP24 37.5 MG (Use venlafaxine hcl)	NF	QL(4 ea daily)
EFFEXOR XR CP24 75 MG (Use venlafaxine hcl)	NF	QL(5 ea daily)
FETZIMA CP24	3	PA
FETZIMA TITRATION PACK C4PK	3	PA
KHEDEZLA TB24 (Use desvenlafaxine)	NF	
PRISTIQ TB24 100 MG (Use desvenlafaxine succinate)	NF	QL(4 ea daily)
PRISTIQ TB24 25 MG, 50 MG (Use desvenlafaxine succinate)	NF	QL(1 ea daily)
venlafaxine hcl cp24 150 mg	1	QL(2 ea daily)

Ambetter Formulary Updated December 1, 2021

Drug Name	Drug Tier	Requirements/Limits
<i>venlafaxine hcl cp24 37.5 mg</i>	1	QL(4 ea daily)
<i>venlafaxine hcl cp24 75 mg</i>	1	QL(5 ea daily)
<i>venlafaxine hcl tabs 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	QL(3 ea daily)
<i>venlafaxine hcl tb24 150 mg</i>	1	QL(2 ea daily)
<i>venlafaxine hcl tb24 225 mg</i>	1	ST; QL(1 ea daily)
<i>venlafaxine hcl tb24 75 mg, 37.5 mg</i>	1	QL(1 ea daily)
<b>Tricyclic Agents</b>		
<i>amitriptyline hcl tabs</i>	1	
<i>amoxapine tabs</i>	3	
ANAFRANIL CAPS ( <i>Use clomipramine hcl</i> )	NF	
<i>clomipramine hcl caps</i>	1	
<i>desipramine hcl tabs</i>	1	
<i>doxepin hcl caps</i>	1	
<i>doxepin hcl conc</i>	1	
<i>imipramine hcl tabs</i>	1	
<i>imipramine pamoate caps</i>	1	
NORPRAMIN TABS ( <i>Use desipramine hcl</i> )	NF	
<i>nortriptyline hcl caps</i>	1	
<i>nortriptyline hcl soln</i>	1	
PAMELOR CAPS ( <i>Use nortriptyline hcl</i> )	NF	
<i>protriptyline hcl tabs</i>	1	
TOFRANIL TABS ( <i>Use imipramine hcl</i> )	NF	
<i>trimipramine maleate caps</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<b>ANTIDIABETICS - Drugs to Regulate Blood Sugar</b>		
<b>Alpha-Glucosidase Inhibitors</b>		
<i>acarbose tabs</i>	1	QL(3 ea daily)
GLYSET TABS ( <i>Use miglitol</i> )	NF	
<i>miglitol tabs</i>	1	
PRECOSE TABS ( <i>Use acarbose</i> )	NF	QL(3 ea daily)
<b>Antidiabetic - Amylin Analogs</b>		
SYMLINPEN 120 SOPN	2	PA; QL(0.36 ml daily)
SYMLINPEN 60 SOPN	2	PA; QL(0.2 ml daily)
<b>Antidiabetic Combinations</b>		
ACTOPLUS MET TABS ( <i>Use pioglitazone hcl-metformin hcl</i> )	NF	QL(2 ea daily)
DUETACT TABS ( <i>Use pioglitazone hcl-glimepiride</i> )	NF	QL(1 ea daily)
<i>glipizide-metformin hcl tabs 2.5 mg-250 mg, 2.5 mg-500 mg, 500 mg-2.5 mg</i>	1	QL(2 ea daily)
<i>glipizide-metformin hcl tabs 5 mg-500 mg</i>	1	QL(4 ea daily)
<i>glyburide-metformin tabs 1.25 mg-250 mg, 250 mg-1.25 mg</i>	1	QL(2 ea daily)
<i>glyburide-metformin tabs 2.5 mg-500 mg, 5 mg-500 mg</i>	1	QL(4 ea daily)
GLYXAMBI TABS	2	
JANUMET TABS	2	QL(2 ea daily)
JANUMET XR TB24 100 MG-1000 MG	2	QL(1 ea daily)
JANUMET XR TB24 50 MG-1000 MG, 50 MG-500 MG, 500 MG-50 MG	2	QL(2 ea daily)
KAZANO TABS ( <i>Use alogliptin-metformin hcl</i> )	NF	

Drug Name	Drug Tier	Requirements/Limits
OSENI TABS ( <i>Use alogliptin-pioglitazone</i> )	NF	
<i>pioglitazone hcl-glimepiride tabs</i>	1	QL(1 ea daily)
<i>pioglitazone hcl-metformin hcl tabs</i>	1	QL(2 ea daily)
<i>repaglinide-metformin hcl tabs</i>	1	QL(2 ea daily)
SEGLUROMET TABS	2	QL(2 ea daily)
SYNJARDY TABS	2	QL(2 ea daily)
SYNJARDY XR TB24 10 MG-1000 MG, 12.5 MG-1000 MG, 5 MG-1000 MG	2	QL(2 ea daily)
SYNJARDY XR TB24 25 MG-1000 MG	2	QL(1 ea daily)
TRIJARDY XR TB24	2	
XIGDUO XR TB24 10 MG-1000 MG, 10 MG-500 MG, 5 MG-500 MG	3	PA; QL(1 ea daily)
XIGDUO XR TB24 2.5 MG-1000 MG	3	QL(2 ea daily)
XIGDUO XR TB24 5 MG-1000 MG	3	PA; QL(2 ea daily)
XULTOPHY 100/3.6 SOPN	2	PA; QL(0.5 ml daily)
<b>Biguanides</b>		
<i>metformin hcl tabs 1000 mg</i>	1	QL(2.5 ea daily)
<i>metformin hcl tabs 500 mg</i>	1	QL(5 ea daily)
<i>metformin hcl tabs 850 mg</i>	1	QL(3 ea daily)
<i>metformin hcl tb24 500 mg</i>	1	QL(4 ea daily)
<i>metformin hcl tb24 750 mg</i>	1	QL(3 ea daily)
<b>Diabetic Other</b>		
BAQSIMI ONE PACK POWD	3	QL(0.069 ea daily)
BAQSIMI TWO PACK POWD	3	QL(0.069 ea daily)
<i>diazoxide susp</i>	1	

Drug Name	Drug Tier	Requirements/Limits
GLUCAGEN HYPOKIT SOLR	3	QL(0.035 ea daily)
<i>glucagon (rdna) kit</i>	1	QL(0.035 ea daily)
GLUCAGON EMERGENCY KIT KIT ( <i>Use glucagon (rdna)</i> )	3	QL(0.035 ea daily)
GVOKE PFS SOSY	3	QL(0.02 ml daily)
PROGLYCEM SUSP ( <i>Use diazoxide</i> )	NF	
<b>Dipeptidyl Peptidase-4 (DPP-4) Inhibitors</b>		
<i>alogliptin benzoate tabs</i>	1	QL(1 ea daily)
JANUVIA TABS	2	QL(1 ea daily)
NESINA TABS ( <i>Use alogliptin benzoate</i> )	NF	
<b>Dopamine Receptor Agonists - Antidiabetic</b>		
CYCLOSET TABS	3	QL(6 ea daily)
<b>Incretin Mimetic Agents (GLP-1 Receptor)</b>		
OZEMPIC SOPN 2 MG/1.5ML	2	PA; QL(0.054 ml daily)
OZEMPIC SOPN 2 MG/1.5ML, 4 MG/3ML	2	PA; QL(0.108 ml daily)
TRULICITY SOPN	2	PA; QL(0.143 ml daily)
VICTOZA SOPN	2	PA; QL(0.3 ml daily)
<b>Insulin Sensitizing Agents</b>		
ACTOS TABS ( <i>Use pioglitazone hcl</i> )	NF	QL(1 ea daily)
AVANDIA TABS	3	QL(1 ea daily)
<i>pioglitazone hcl tabs</i>	1	QL(1 ea daily)
<b>Insulin</b>		
APIDRA SOLN	3	PA
APIDRA SOLOSTAR SOPN	3	PA
BASAGLAR KWIKPEN SOPN	2	

Ambetter Formulary Updated December 1, 2021



Drug Name	Drug Tier	Requirements/Limits
FIASP FLEXTOUCH SOPN	2	
FIASP PENFILL SOCT	2	
FIASP SOLN	2	
HUMULIN R U-500 (CONCENTRATED) SOLN	2	
HUMULIN R U-500 KWIKPEN SOPN	2	
LEVEMIR FLEXTOUCH SOPN	2	
LEVEMIR SOLN	2	
NOVOLIN 70/30 FLEXPEN RELION SUPN	2	
NOVOLIN 70/30 FLEXPEN SUPN	2	
NOVOLIN 70/30 RELION SUSP	2	
NOVOLIN 70/30 SUSP	2	
NOVOLIN N RELION SUSP	2	
NOVOLIN N SUSP	2	
NOVOLIN R RELION SOLN	2	
NOVOLIN R SOLN	2	
NOVOLOG FLEXPEN SOPN	2	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN SUPN	2	
NOVOLOG MIX 70/30 SUSP	2	
NOVOLOG PENFILL SOCT	2	
NOVOLOG SOLN	2	
TRESIBA FLEXTOUCH SOPN	2	
TRESIBA SOLN	2	
<b>Meglitinide Analogues</b>		

Drug Name	Drug Tier	Requirements/Limits
<i>nateglinide tabs</i>	1	QL(3 ea daily)
<i>repaglinide tabs 0.5 mg, 1 mg</i>	1	QL(4 ea daily)
<i>repaglinide tabs 2 mg</i>	1	QL(8 ea daily)
STARLIX TABS (Use <i>nateglinide</i> )	NF	QL(3 ea daily)
<b>Sodium-Glucose Co-Transporter 2 (SGLT2)</b>		
FARXIGA TABS	3	PA; QL(1 ea daily)
JARDIANCE TABS	2	QL(1 ea daily)
STEGLATRO TABS	2	QL(1 ea daily)
<b>Sulfonylureas</b>		
AMARYL TABS 1 MG, 2 MG (Use <i>glimepiride</i> )	NF	QL(4 ea daily)
AMARYL TABS 4 MG (Use <i>glimepiride</i> )	NF	QL(2 ea daily)
<i>glimepiride tabs 1 mg, 2 mg</i>	1	QL(4 ea daily)
<i>glimepiride tabs 4 mg</i>	1	QL(2 ea daily)
<i>glipizide tabs 10 mg, 5 mg</i>	1	QL(4 ea daily)
<i>glipizide tb24 10 mg, 2.5 mg, 5 mg</i>	1	QL(2 ea daily)
GLUCOTROL TABS (Use <i>glipizide</i> )	NF	QL(4 ea daily)
GLUCOTROL XL TB24 (Use <i>glipizide</i> )	NF	QL(2 ea daily)
<i>glyburide micronized tabs</i>	1	QL(4 ea daily)
<i>glyburide tabs</i>	1	QL(4 ea daily)
GLYNASE TABS (Use <i>glyburide micronized</i> )	NF	QL(4 ea daily)
<i>tolbutamide tabs</i>	1	QL(6 ea daily)
<b>ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea</b>		
<b>Antiperistaltic Agents</b>		
<i>diphenoxylate w/ atropine liqd</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>diphenoxylate w/ atropine tabs</i>	1	
IMODIUM A-D CAPS (Use <i>loperamide hcl</i> )	NF	RX/OTC
LOMOTIL TABS (Use <i>diphenoxylate w/ atropine</i> )	NF	
<i>loperamide hcl caps 2 mg</i>	1	RX/OTC
MOTOFEN TABS	3	

### ANTIDOTES AND SPECIFIC ANTAGONISTS

#### Antidotes - Chelating Agents

CHEMET CAPS	3	
<i>deferasirox pack 180 mg, 360 mg, 90 mg</i>	4	PA
<i>deferasirox tabs 180 mg, 360 mg, 90 mg</i>	4	PA; SP
<i>deferasirox tbso 125 mg, 250 mg, 500 mg</i>	4	PA; SP
<i>deferiprone tabs</i>	1	
EXJADE TBSO (Use <i>deferasirox</i> )	NF	PA; SP
FERRIPROX TABS 500 MG (Use <i>deferiprone</i> )	3	
JADENU SPRINKLE PACK (Use <i>deferasirox</i> )	NF	PA
JADENU TABS (Use <i>deferasirox</i> )	NF	PA; SP

#### Antidotes and Specific Antagonists

VISTOGARD PACK	4	PA
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#### Opioid Antagonists

<i>naloxone hcl soln 0.4 mg/ml, 4 mg/10ml</i>	1	
<i>naltrexone hcl tabs</i>	1	
NARCAN LIQD	3	QL(2 ea per fill retail)2 rtl MAX fill,30 rtl day(s) supply,

### ANTIEMETICS - Drugs to Treat Nausea and Vomiting

#### 5-HT3 Receptor Antagonists

Drug Name	Drug Tier	Requirements/Limits
ALOXI SOLN (Use <i>palonosetron hcl</i> )	NF	
ANZEMET TABS	3	PA; QL(0.167 ea daily)
<i>granisetron hcl soln iv 1 mg/ml</i>	1	
<i>granisetron hcl tabs or 1 mg</i>	1	QL(0.34 ea daily)
<i>ondansetron hcl soln ij 4 mg/2ml</i>	1	
<i>ondansetron hcl soln or 4 mg/5ml</i>	1	QL(3.34 ml daily)
<i>ondansetron hcl tabs or 24 mg</i>	1	QL(0.143 ea daily)
<i>ondansetron hcl tabs or 4 mg</i>	1	QL(4 ea daily,60 ea per fill retail,60 ea per fill mail)
<i>ondansetron hcl tabs or 8 mg</i>	1	QL(3 ea daily,45 ea per fill retail,45 ea per fill mail)
<i>ondansetron tbdp 4 mg</i>	1	QL(1 ea daily)
<i>ondansetron tbdp 8 mg</i>	1	
<i>palonosetron hcl soln</i>	1	
ZOFRAN TABS 4 MG (Use <i>ondansetron hcl</i> )	NF	QL(4 ea daily,60 ea per fill retail,60 ea per fill mail)
ZOFRAN TABS 8 MG (Use <i>ondansetron hcl</i> )	NF	QL(3 ea daily,45 ea per fill retail,45 ea per fill mail)

#### Antiemetics - Anticholinergic

<i>meclizine hcl tabs</i>	1	RX/OTC
<i>scopolamine pt72</i>	1	QL(0.34 ea daily)
TIGAN CAPS OR 300 MG (Use <i>trimethobenzamide hcl</i> )	NF	
TRANSDERM SCOP PT72 (Use <i>scopolamine</i> )	2	QL(0.34 ea daily)

Ambetter Formulary Updated December 1, 2021

Drug Name	Drug Tier	Requirements/Limits
TRANSDERM-SCOP PT72 (Use scopolamine)	2	QL(0.34 ea daily)
trimethobenzamide hcl caps	1	
<b>Antiemetics - Miscellaneous</b>		
AKYNZEO CAPS OR 0.5 MG-300 MG	3	PA
DICLEGIS TBEC (Use doxylamine-pyridoxine)	NF	PA; QL(4 ea daily)3 rtl MAX fill,365 rtl day(s) supply,3 mail MAX fill,365 mail day(s) supply,
doxylamine-pyridoxine tbec	1	PA; QL(4 ea daily)3 rtl MAX fill,365 rtl day(s) supply,3 mail MAX fill,365 mail day(s) supply,
dronabinol caps	1	
MARINOL CAPS (Use dronabinol)	NF	
<b>Substance P/Neurokinin 1 (NK1) Receptor</b>		
aprepitant caps	1	PA
aprepitant caps 125 mg, 40 mg	1	PA; QL(0.067 ea daily)
aprepitant caps 80 mg	1	PA; QL(0.134 ea daily)
aprepitant misc	1	PA
EMEND CAPS OR 40 MG (Use aprepitant)	NF	PA; QL(0.067 ea daily)
EMEND CAPS OR 80 MG (Use aprepitant)	NF	PA; QL(0.134 ea daily)
EMEND SOLR IV 150 MG (Use fosaprepitant dimeglumine)	NF	
EMEND TRIPACK CAPS (Use aprepitant)	NF	PA
VARUBI TBPK	3	PA

### ANTIFUNGALS - Drugs to Treat Fungal Infections

Drug Name	Drug Tier	Requirements/Limits
<b>Antifungal - Glucan Synthesis Inhibitors</b>		
CANCIDAS SOLR (Use caspofungin acetate)	NF	
caspofungin acetate solr 50 mg, 70 mg	1	
ERAXIS SOLR	3	
micafungin sodium solr 100 mg, 50 mg	1	
MYCAMINE SOLR	3	
<b>Antifungals</b>		
ABELCET SUSP	3	
AMBISOME SUSR	3	
amphotericin b solr	3	
ANCOBON CAPS (Use flucytosine)	NF	
flucytosine caps	1	
griseofulvin microsize susp 125 mg/5ml	1	AL(At least 2 yrs old)
griseofulvin microsize tabs 500 mg	1	
griseofulvin ultramicrosize tabs	1	
nystatin tabs	1	
terbinafine hcl tabs	1	QL(1 ea daily)
<b>Imidazole-Related Antifungals</b>		
CRESEMBA CAPS OR 186 MG	3	PA
DIFLUCAN SUSR (Use fluconazole)	NF	
DIFLUCAN TABS (Use fluconazole)	NF	
fluconazole susr	1	
fluconazole tabs	1	
itraconazole caps 100 mg	1	PA; QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>itraconazole soln 10 mg/ml</i>	1	PA; QL(20 ml daily)
<i>ketoconazole tabs</i>	1	
NOXAFIL SUSP OR 40 MG/ML	3	QL(20 ml daily)
SPORANOX CAPS 100 MG (Use <i>itraconazole</i> )	NF	PA; QL(4 ea daily)
SPORANOX PULSEPAK CAPS (Use <i>itraconazole</i> )	NF	PA; QL(4 ea daily)
SPORANOX SOLN 10 MG/ML (Use <i>itraconazole</i> )	NF	PA; QL(20 ml daily)
TOLSURA CAPS	4	PA
VFEND TABS 200 MG, 50 MG (Use <i>voriconazole</i> )	NF	QL(4 ea daily)
<i>voriconazole tabs or 200 mg, 50 mg</i>	1	QL(4 ea daily)

### ANTIHISTAMINES - Drugs to Treat Allergies

#### Antihistamines - Alkylamines

<i>dexchlorpheniramine maleate soln</i>	1	
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#### Antihistamines - Ethanolamines

<i>carbinoxamine maleate soln 4 mg/5ml</i>	1	
<i>carbinoxamine maleate tabs 4 mg</i>	1	
CLEMASTINE FUMARATE SYRP 0.67 MG/5ML	1	
<i>clemastine fumarate tabs 2.68 mg</i>	1	
<i>diphenhydramine hcl caps or 50 mg</i>	1	
<i>diphenhydramine hcl elix or 12.5 mg/5ml</i>	1	
<i>diphenhydramine hcl liqd or 12.5 mg/5ml</i>	1	
<i>diphenhydramine hcl soln ij 50 mg/ml</i>	1	

#### Antihistamines - Non-Sedating

ALLEGRA ALLERGY CHILDRENS SUSP 30 MG/5ML (Use <i>fexofenadine hcl</i> )	1	QL(30 ml daily)
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Drug Name	Drug Tier	Requirements/Limits
ALLEGRA ALLERGY CHILDRENS TBDP 30 MG	1	QL(2 ea daily)
ALLEGRA ALLERGY TABS 180 MG (Use <i>fexofenadine hcl</i> )	1	QL(1 ea daily)
ALLEGRA ALLERGY TABS 60 MG (Use <i>fexofenadine hcl</i> )	1	QL(2 ea daily)
<i>cetirizine hcl caps 10 mg</i>	1	QL(1 ea daily)
<i>cetirizine hcl chew 5 mg, 10 mg</i>	1	QL(1 ea daily)
<i>cetirizine hcl soln 1 mg/ml, 5 mg/5ml</i>	1	QL(10 ml daily); RX/OTC
<i>cetirizine hcl syrp 1 mg/ml, 5 mg/5ml</i>	1	QL(10 ml daily); RX/OTC
<i>cetirizine hcl tabs 5 mg, 10 mg</i>	1	QL(1 ea daily)
CLARINEX TABS (Use <i>desloratadine</i> )	NF	QL(1 ea daily)
CLARITIN ALLERGY CHILDRENS SYRP (Use <i>loratadine</i> )	1	
CLARITIN CAPS (Use <i>loratadine</i> )	1	
CLARITIN CHEW (Use <i>loratadine</i> )	1	
CLARITIN CHILDRENS CHEW (Use <i>loratadine</i> )	1	
CLARITIN REDITABS TBDP 10 MG (Use <i>loratadine</i> )	1	
CLARITIN REDITABS TBDP 5 MG	1	
CLARITIN SYRP (Use <i>loratadine</i> )	1	
CLARITIN TABS (Use <i>loratadine</i> )	1	
<i>desloratadine tabs 5 mg</i>	1	QL(1 ea daily)
<i>desloratadine tbdp 2.5 mg</i>	1	QL(1 ea daily)
<i>fexofenadine hcl susp 30 mg/5ml</i>	1	QL(30 ml daily)
<i>fexofenadine hcl tabs 180 mg</i>	1	QL(1 ea daily)

Ambetter Formulary Updated December 1, 2021

Drug Name	Drug Tier	Requirements/Limits
<i>fexofenadine hcl tabs 60 mg</i>	1	QL(2 ea daily)
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml</i>	1	QL(10 ml daily); RX/OTC
<i>levocetirizine dihydrochloride tabs 5 mg</i>	1	QL(1 ea daily); RX/OTC
<i>loratadine caps</i>	1	
<i>loratadine chew</i>	1	
<i>loratadine soln</i>	1	
<i>loratadine syrp</i>	1	
<i>loratadine tabs</i>	1	
<i>loratadine tbdp</i>	1	
XYZAL ALLERGY 24HR CHILDRENS SOLN ( <i>Use levocetirizine dihydrochloride</i> )	NF	QL(10 ml daily); RX/OTC
XYZAL ALLERGY 24HR TABS ( <i>Use levocetirizine dihydrochloride</i> )	NF	QL(1 ea daily); RX/OTC
ZYRTEC ALLERGY CAPS ( <i>Use cetirizine hcl</i> )	1	QL(1 ea daily)
ZYRTEC ALLERGY TABS ( <i>Use cetirizine hcl</i> )	1	QL(1 ea daily)
ZYRTEC CHILDRENS ALLERGY SOLN ( <i>Use cetirizine hcl</i> )	1	QL(10 ml daily); RX/OTC
<b>Antihistamines - Phenothiazines</b>		
PHENERGAN SOLN ( <i>Use promethazine hcl</i> )	NF	
<i>promethazine hcl soln</i>	1	
<i>promethazine hcl supp</i>	1	
<i>promethazine hcl syrp</i>	1	
<i>promethazine hcl tabs</i>	1	
<b>Antihistamines - Piperidines</b>		
<i>cyproheptadine hcl syrp</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>cyproheptadine hcl tabs</i>	1	
<b>ANTHYPERLIPIDEMICS - Drugs to Treat High Cholesterol</b>		
<b>Antihyperlipidemics - Combinations</b>		
<i>ezetimibe-simvastatin tabs</i>	1	QL(1 ea daily)
VYTORIN TABS ( <i>Use ezetimibe-simvastatin</i> )	NF	QL(1 ea daily)
<b>Antihyperlipidemics - Misc.</b>		
<i>icosapent ethyl caps</i>	1	PA; QL(4 ea daily)
LOVAZA CAPS ( <i>Use omega-3-acid ethyl esters</i> )	NF	QL(4 ea daily)
<i>omega-3-acid ethyl esters caps</i>	1	QL(4 ea daily)
VASCEPA CAPS 0.5 GM	3	PA
VASCEPA CAPS 1 GM	3	PA; QL(4 ea daily)
<b>Bile Acid Sequestrants</b>		
<i>cholestyramine light pack 4 gm</i>	1	QL(6 ea daily)
<i>cholestyramine light powd 4 gm/dose</i>	1	QL(24 gm daily)
<i>cholestyramine pack 4 gm</i>	1	QL(6 ea daily)
<i>cholestyramine powd 4 gm/dose</i>	1	QL(25.2 gm daily)
<i>colesevelam hcl pack 3.75 gm</i>	1	PA; QL(1 ea daily)
<i>colesevelam hcl tabs 625 mg</i>	1	QL(7 ea daily)
COLESTID FLAVORED GRAN 5 GM ( <i>Use colestipol hcl</i> )	NF	QL(6 gm daily)
COLESTID FLAVORED PACK 5 GM/7.5GM ( <i>Use colestipol hcl</i> )	NF	QL(6 ea daily)
COLESTID GRAN 5 GM ( <i>Use colestipol hcl</i> )	NF	QL(6 gm daily)
COLESTID PACK 5 GM ( <i>Use colestipol hcl</i> )	NF	QL(6 ea daily)
COLESTID TABS 1 GM ( <i>Use colestipol hcl</i> )	NF	QL(16 ea daily)



Drug Name	Drug Tier	Requirements/Limits
<i>colestipol hcl gran 5 gm</i>	1	QL(6 gm daily)
<i>colestipol hcl pack 5 gm</i>	1	QL(6 ea daily)
<i>colestipol hcl tabs 1 gm</i>	1	QL(16 ea daily)
QUESTRAN LIGHT POWD (Use <i>cholestyramine light</i> )	NF	QL(24 gm daily)
QUESTRAN PACK 4 GM (Use <i>cholestyramine</i> )	NF	QL(6 ea daily)
QUESTRAN POWD 4 GM/DOSE (Use <i>cholestyramine</i> )	NF	QL(25.2 gm daily)
WELCHOL PACK 3.75 GM (Use <i>colesevelam hcl</i> )	NF	PA; QL(1 ea daily)
WELCHOL TABS 625 MG (Use <i>colesevelam hcl</i> )	NF	QL(7 ea daily)
<b>Fibric Acid Derivatives</b>		
<i>choline fenofibrate cpdr</i>	1	QL(1 ea daily)
<i>fenofibrate micronized caps 134 mg, 200 mg, 67 mg</i>	1	QL(1 ea daily)
<i>fenofibrate tabs 145 mg, 48 mg, 54 mg, 160 mg</i>	1	QL(1 ea daily)
FIBRICOR TABS (Use <i>fenofibric acid</i> )	NF	
<i>gemfibrozil tabs</i>	1	QL(2 ea daily)
LIPOFEN CAPS (Use <i>fenofibrate</i> )	NF	
LOPID TABS (Use <i>gemfibrozil</i> )	NF	QL(2 ea daily)
TRICOR TABS (Use <i>fenofibrate</i> )	NF	QL(1 ea daily)
TRILIPIX CPDR (Use <i>choline fenofibrate</i> )	NF	QL(1 ea daily)
<b>HMG CoA Reductase Inhibitors</b>		
ALTOPREV TB24	3	ST; QL(1 ea daily)
<i>atorvastatin calcium tabs</i>	1	QL(1 ea daily)
CRESTOR TABS (Use <i>rosuvastatin calcium</i> )	NF	QL(1 ea daily)
<i>fluvastatin sodium caps 20 mg</i>	1	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>fluvastatin sodium caps 40 mg</i>	1	QL(2 ea daily)
LIPITOR TABS (Use <i>atorvastatin calcium</i> )	NF	QL(1 ea daily)
LIVALO TABS	3	ST; QL(1 ea daily)
<i>lovastatin tabs 20 mg, 10 mg</i>	1	\$0 copay for generic only, age 40 to 76; QL(1 ea daily); PV
<i>lovastatin tabs 40 mg</i>	1	\$0 copay for generic only, age 40 to 76; QL(2 ea daily); PV
PRAVACHOL TABS (Use <i>pravastatin sodium</i> )	NF	QL(1 ea daily)
<i>pravastatin sodium tabs</i>	1	QL(1 ea daily)
<i>rosuvastatin calcium tabs</i>	3	QL(1 ea daily)
<i>simvastatin tabs 5 mg, 80 mg, 10 mg, 20 mg, 40 mg</i>	1	QL(1 ea daily)
ZOCOR TABS (Use <i>simvastatin</i> )	NF	QL(1 ea daily)
<b>Intestinal Cholesterol Absorption Inhibitors</b>		
<i>ezetimibe tabs</i>	1	QL(1 ea daily)
ZETIA TABS (Use <i>ezetimibe</i> )	NF	QL(1 ea daily)
<b>Nicotinic Acid Derivatives</b>		
<i>niacin (antihyperlipidemic) tbc 1000 mg, 500 mg, 750 mg</i>	1	QL(2 ea daily)
NIASPAN TBCR (Use <i>niacin (antihyperlipidemic)</i> )	NF	QL(2 ea daily)
<b>Proprotein Convertase Subtilisin/Kexin Type 9</b>		
REPATHA PUSHTRONEX SYSTEM SOCT	4	PA; QL(0.25 ml daily)
REPATHA SOSY	4	PA; QL(0.0714 ml daily)
REPATHA SURECLICK SOAJ	4	PA; QL(0.0714 ml daily)
<b>ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure</b>		

Ambetter Formulary Updated December 1, 2021

Drug Name	Drug Tier	Requirements/Limits
<b>ACE Inhibitors</b>		
ACCUPRIL TABS ( <i>Use quinapril hcl</i> )	NF	
ALTACE CAPS ( <i>Use ramipril</i> )	NF	
<i>benazepril hcl tabs</i>	1	
<i>captopril tabs</i>	1	
<i>enalapril maleate tabs 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>fosinopril sodium tabs</i>	1	
<i>lisinopril tabs</i>	1	
LOTENSIN TABS ( <i>Use benazepril hcl</i> )	NF	
<i>moexipril hcl tabs</i>	1	
<i>perindopril erbumine tabs</i>	1	
PRINIVIL TABS ( <i>Use lisinopril</i> )	NF	
<i>quinapril hcl tabs</i>	1	
<i>ramipril caps</i>	1	
<i>trandolapril tabs</i>	1	
VASOTEC TABS ( <i>Use enalapril maleate</i> )	NF	
ZESTRIL TABS ( <i>Use lisinopril</i> )	NF	
<b>Agents for Pheochromocytoma</b>		
DIBENZYLINE CAPS ( <i>Use phenoxybenzamine hcl</i> )	NF	PA
<i>phenoxybenzamine hcl caps</i>	3	PA
<b>Angiotensin II Receptor Antagonists</b>		
ATACAND TABS ( <i>Use candesartan cilexetil</i> )	NF	QL(1 ea daily)
AVAPRO TABS ( <i>Use irbesartan</i> )	NF	QL(1 ea daily)
BENICAR TABS ( <i>Use olmesartan medoxomil</i> )	NF	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>candesartan cilexetil tabs</i>	1	QL(1 ea daily)
COZAAR TABS ( <i>Use losartan potassium</i> )	NF	QL(1 ea daily)
DIOVAN TABS ( <i>Use valsartan</i> )	NF	QL(1 ea daily)
EDARBI TABS	3	ST; QL(1 ea daily)
<i>eprosartan mesylate tabs</i>	1	QL(1 ea daily)
<i>irbesartan tabs</i>	1	QL(1 ea daily)
<i>losartan potassium tabs or 100 mg, 25 mg, 50 mg</i>	1	QL(1 ea daily)
MICARDIS TABS ( <i>Use telmisartan</i> )	NF	QL(1 ea daily)
<i>olmesartan medoxomil tabs</i>	1	QL(1 ea daily)
<i>telmisartan tabs</i>	1	QL(1 ea daily)
<i>valsartan tabs</i>	1	QL(1 ea daily)
<b>Antiadrenergic Antihypertensives</b>		
CARDURA TABS ( <i>Use doxazosin mesylate</i> )	NF	
CATAPRES TABS ( <i>Use clonidine hcl</i> )	NF	QL(8 ea daily)
CATAPRES-TTS-1 PTWK ( <i>Use clonidine</i> )	NF	QL(0.15 ea daily)
CATAPRES-TTS-2 PTWK ( <i>Use clonidine</i> )	NF	QL(0.15 ea daily)
CATAPRES-TTS-3 PTWK ( <i>Use clonidine</i> )	NF	QL(0.15 ea daily)
<i>clonidine hcl tabs</i>	1	QL(8 ea daily)
<i>clonidine ptwk</i>	3	QL(0.15 ea daily)
<i>doxazosin mesylate tabs</i>	1	
<i>guanfacine hcl tabs</i>	1	
MINIPRESS CAPS ( <i>Use prazosin hcl</i> )	NF	QL(4 ea daily)
<i>prazosin hcl caps</i>	1	QL(4 ea daily)
<i>terazosin hcl caps</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<b>Antihypertensive Combinations</b>		
ACCURETIC TABS 10 MG-12.5 MG (Use <i>quinapril-hydrochlorothiazide</i> )	NF	QL(3 ea daily)
ACCURETIC TABS 12.5 MG-20 MG (Use <i>quinapril-hydrochlorothiazide</i> )	NF	QL(4 ea daily)
ACCURETIC TABS 20 MG-25 MG (Use <i>quinapril-hydrochlorothiazide</i> )	NF	QL(2 ea daily)
<i>amlodipine besylate-benazepril hcl caps</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tabs</i>	1	ST
<i>amlodipine besylate-valsartan tabs</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tabs</i>	1	
ATACAND HCT TABS (Use <i>candesartan cilexetil-hydrochlorothiazide</i> )	NF	
<i>atenolol &amp; chlorthalidone tabs</i>	1	
AVALIDE TABS (Use <i>irbesartan-hydrochlorothiazide</i> )	NF	
AZOR TABS (Use <i>amlodipine besylate-olmesartan medoxomil</i> )	NF	ST
<i>benazepril &amp; hydrochlorothiazide tabs</i>	1	
BENICAR HCT TABS (Use <i>olmesartan medoxomil-hydrochlorothiazide</i> )	NF	
<i>bisoprolol &amp; hydrochlorothiazide tabs</i>	1	QL(2 ea daily)
<i>candesartan cilexetil-hydrochlorothiazide tabs</i>	1	
DIOVAN HCT TABS (Use <i>valsartan-hydrochlorothiazide</i> )	NF	
<i>enalapril maleate &amp; hydrochlorothiazide tabs</i>	1	
EXFORGE HCT TABS	2	

Drug Name	Drug Tier	Requirements/Limits
EXFORGE TABS (Use <i>amlodipine besylate-valsartan</i> )	NF	
<i>fosinopril sodium &amp; hydrochlorothiazide tabs</i>	1	
HYZAAR TABS 12.5 MG-50 MG (Use <i>losartan potassium &amp; hydrochlorothiazide</i> )	NF	QL(2 ea daily)
HYZAAR TABS 25 MG-100 MG, 12.5 MG-100 MG (Use <i>losartan potassium &amp; hydrochlorothiazide</i> )	NF	QL(1 ea daily)
<i>irbesartan-hydrochlorothiazide tabs</i>	1	
<i>lisinopril &amp; hydrochlorothiazide tabs</i>	1	
LOPRESSOR HCT TABS (Use <i>metoprolol &amp; hydrochlorothiazide</i> )	NF	
<i>losartan potassium &amp; hydrochlorothiazide tabs 12.5 mg-50 mg, 50 mg-12.5 mg</i>	1	QL(2 ea daily)
<i>losartan potassium &amp; hydrochlorothiazide tabs 25 mg-100 mg, 100 mg-12.5 mg, 12.5 mg-100 mg</i>	1	QL(1 ea daily)
LOTENSIN HCT TABS (Use <i>benazepril &amp; hydrochlorothiazide</i> )	NF	
LOTREL CAPS (Use <i>amlodipine besylate-benazepril hcl</i> )	NF	
<i>metoprolol &amp; hydrochlorothiazide tabs</i>	1	
MICARDIS HCT TABS (Use <i>telmisartan-hydrochlorothiazide</i> )	NF	
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide tabs</i>	1	ST
<i>olmesartan medoxomil-hydrochlorothiazide tabs</i>	1	
<i>quinapril-hydrochlorothiazide tabs 10 mg-12.5 mg, 12.5 mg-10 mg</i>	1	QL(3 ea daily)

Ambetter Formulary Updated December 1, 2021

Drug Name	Drug Tier	Requirements/ Limits
<i>quinapril-hydrochlorothiazide tabs 12.5 mg-20 mg</i>	1	QL(4 ea daily)
<i>quinapril-hydrochlorothiazide tabs 20 mg-25 mg</i>	1	QL(2 ea daily)
TARKA TBCR ( <i>Use trandolapril-verapamil hcl</i> )	NF	
<i>telmisartan-amlodipine tabs</i>	1	
<i>telmisartan-hydrochlorothiazide tabs</i>	1	
TENORETIC 100 TABS ( <i>Use atenolol &amp; chlorthalidone</i> )	NF	
TENORETIC 50 TABS ( <i>Use atenolol &amp; chlorthalidone</i> )	NF	
<i>trandolapril-verapamil hcl tbc</i>	1	
TRANDOLAPRIL/VERAPAMIL HCL ER TBCR	2	
TRIBENZOR TABS ( <i>Use olmesartan medoxomil-amlodipine-hydrochlorothiazide</i> )	NF	ST
TWYNSTA TABS ( <i>Use telmisartan-amlodipine</i> )	NF	
<i>valsartan-hydrochlorothiazide tabs</i>	1	
VASERETIC TABS ( <i>Use enalapril maleate &amp; hydrochlorothiazide</i> )	NF	
ZESTORETIC TABS ( <i>Use lisinopril &amp; hydrochlorothiazide</i> )	NF	
ZIAC TABS ( <i>Use bisoprolol &amp; hydrochlorothiazide</i> )	NF	QL(2 ea daily)
<b>Antihypertensives - Misc.</b>		
VECAMYL TABS	3	PA
<b>Direct Renin Inhibitors</b>		
<i>aliskiren fumarate tabs</i>	1	QL(1 ea daily)
TEKTURNA TABS ( <i>Use aliskiren fumarate</i> )	NF	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<b>Selective Aldosterone Receptor Antagonists</b>		
<i>eplerenone tabs</i>	1	
INSPIRA TABS ( <i>Use eplerenone</i> )	NF	
<b>Vasodilators</b>		
<i>hydralazine hcl soln</i>	1	
<i>hydralazine hcl tabs</i>	1	
<i>minoxidil tabs</i>	1	
<b>ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)</b>		
<b>Antimalarial Combinations</b>		
<i>atovaquone-proguanil hcl tabs</i>	1	Covered for malaria treatment only. Limit 1 fill every 180 days;QL(12 ea per fill retail,12 ea per fill mail)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,
COARTEM TABS	2	Covered for malaria treatment only. Limit 1 fill every 180 days;QL(24 ea per fill retail,24 ea per fill mail)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,

Ambetter Formulary Updated December 1, 2021

Drug Name	Drug Tier	Requirements/ Limits
MALARONE TABS ( <i>Use atovaquone-proguanil hcl</i> )	NF	Covered for malaria treatment only. Limit 1 fill every 180 days; QL(12 ea per fill retail, 12 ea per fill mail) 1 rtl MAX fill, 180 rtl day(s) supply, 1 mail MAX fill, 180 mail day(s) supply,
<b>Antimalarials</b>		
<i>chloroquine phosphate tabs</i>	1	
DARAPRIM TABS	3	PA; QL(3 ea daily)
<i>hydroxychloroquine sulfate tabs 200 mg</i>	1	
KRINTAFEL TABS	3	QL(2 ea per 30 days retail)
<i>mefloquine hcl tabs</i>	1	Covered for malaria treatment only. Limit 1 fill every 180 days; QL(5 ea daily) 1 rtl MAX fill, 180 rtl day(s) supply, 1 mail MAX fill, 180 mail day(s) supply,
PLAQUENIL TABS ( <i>Use hydroxychloroquine sulfate</i> )	NF	
<i>primaquine phosphate tabs</i>	3	
PRIMAQUINE PHOSPHATE TABS ( <i>Use primaquine phosphate</i> )	NF	
<i>pyrimethamine tabs</i>	1	PA; QL(3 ea daily)
QUALAQUIN CAPS ( <i>Use quinine sulfate</i> )	NF	PA;
<i>quinine sulfate caps</i>	1	PA;

### ANTIMYASTHENIC/CHOLINERGIC AGENTS

Ambetter Formulary Updated December 1, 2021

Drug Name	Drug Tier	Requirements/ Limits
<b>Antimyasthenic/Cholinergic Agents</b>		
FIRDAPSE TABS	4	PA
GUANIDINE HCL TABS	2	
MESTINON SOLN ( <i>Use pyridostigmine bromide</i> )	NF	
MESTINON TABS ( <i>Use pyridostigmine bromide</i> )	NF	
MESTINON TIMESPAN TBCR ( <i>Use pyridostigmine bromide</i> )	NF	
NEOSTIGMINE METHYLSULFATE SOSY 3 MG/3ML	3	PA
<i>pyridostigmine bromide soln 60 mg/5ml</i>	1	
<i>pyridostigmine bromide tabs 60 mg</i>	1	
<i>pyridostigmine bromide tbcr 180 mg</i>	1	
RUZURGI TABS	4	PA; QL(10 ea daily)
<b>ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)</b>		
<b>Anti TB Combinations</b>		
RIFAMATE CAPS	3	
RIFATER TABS	3	QL(6 ea daily)
<b>Antimycobacterial Agents</b>		
CAPASTAT SULFATE SOLR	3	
<i>cycloserine caps</i>	1	QL(4 ea daily)
<i>ethambutol hcl tabs</i>	1	
<i>isoniazid soln</i>	1	
<i>isoniazid syrp</i>	1	
<i>isoniazid tabs</i>	1	
MYAMBUTOL TABS ( <i>Use ethambutol hcl</i> )	NF	



Drug Name	Drug Tier	Requirements/Limits
MYCOBUTIN CAPS ( <i>Use rifabutin</i> )	NF	PA
PASER PACK	3	QL(3 ea daily)
PRIFTIN TABS	3	
<i>pyrazinamide tabs</i>	1	
<i>rifabutin caps</i>	1	PA
RIFADIN CAPS ( <i>Use rifampin</i> )	NF	
RIFADIN SOLR ( <i>Use rifampin</i> )	NF	
<i>rifampin caps</i>	1	
<i>rifampin solr</i>	1	
SIRTURO TABS 100 MG	3	PA
TRECTOR TABS	3	QL(4 ea daily)
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer</b>		
<b>Alkylating Agents</b>		
ALKERAN SOLR ( <i>Use melphalan hcl</i> )	NF	
ALKERAN TABS ( <i>Use melphalan</i> )	NF	
BICNU SOLR ( <i>Use carmustine</i> )	NF	PA; SP
<i>busulfan soln</i>	4	PA; SP
BUSULFEX SOLN ( <i>Use busulfan</i> )	NF	PA; SP
<i>carboplatin soln 50 mg/5ml</i>	4	PA; SP
<i>carmustine solr</i>	4	PA; SP
<i>cisplatin soln 100 mg/100ml</i>	4	PA; SP
<i>cyclophosphamide caps or 25 mg, 50 mg</i>	1	PA
<i>cyclophosphamide solr ij 1 gm, 2 gm, 500 mg</i>	4	
GLEOSTINE CAPS 10 MG	4	PA; SP

Drug Name	Drug Tier	Requirements/Limits
GLEOSTINE CAPS 100 MG, 40 MG	4	PA
IFEX SOLR 1 GM ( <i>Use ifosfamide</i> )	NF	PA; SP
<i>ifosfamide soln 1 gm/20ml</i>	4	PA; SP
<i>ifosfamide solr 1 gm</i>	4	PA; SP
LEUKERAN TABS	4	PA; SP
<i>melphalan hcl solr</i>	1	
<i>melphalan tabs</i>	1	
MYLERAN TABS	4	PA; SP
<i>oxaliplatin soln 100 mg/20ml, 50 mg/10ml</i>	4	PA; SP
TEMODAR CAPS OR 100 MG, 140 MG, 180 MG, 20 MG, 250 MG, 5 MG ( <i>Use temozolomide</i> )	NF	PA; SP
TEMODAR SOLR IV 100 MG	4	
<i>temozolomide caps</i>	4	PA; SP
TEPADINA SOLR 100 MG ( <i>Use thiotepa</i> )	NF	
TEPADINA SOLR 15 MG ( <i>Use thiotepa</i> )	NF	PA; SP
<i>thiotepa solr 15 mg</i>	4	PA; SP
TREANDA SOLR	4	PA; SP
ZANOSAR SOLR	4	PA; SP
<b>Antimetabolites</b>		
ALIMTA SOLR 500 MG	4	PA; SP
ARRANON SOLN ( <i>Use nelarabine</i> )	4	PA; SP
<i>azacitidine susr</i>	4	PA; SP
<i>capecitabine tabs</i>	4	PA; SP
<i>clofarabine soln</i>	4	PA; SP

Ambetter Formulary Updated December 1, 2021

Drug Name	Drug Tier	Requirements/ Limits
CLOLAR SOLN ( <i>Use clofarabine</i> )	NF	PA; SP
<i>cytarabine soln 100 mg/ml, 20 mg/ml</i>	4	PA; SP
DACOGEN SOLR ( <i>Use decitabine</i> )	NF	PA; SP
<i>decitabine solr</i>	4	PA; SP
<i>floxuridine solr</i>	4	PA; SP
<i>fludarabine phosphate soln</i>	4	PA; SP
<i>fludarabine phosphate solr</i>	4	PA; SP
<i>fluorouracil soln 500 mg/10ml</i>	4	PA; SP
FOLOTYN SOLN 20 MG/ML	4	PA; SP
<i>gemcitabine hcl solr 2 gm, 200 mg</i>	4	PA; SP
GEMCITABINE HYDROCHLORIDE SOLN 1 GM/10ML, 2 GM/20ML, 200 MG/2ML ( <i>Use gemcitabine hcl</i> )	NF	
<i>mercaptopurine tabs</i>	1	
<i>methotrexate sodium soln ij 250 mg/10ml, 50 mg/2ml</i>	1	
<i>methotrexate sodium solr ij 1 gm</i>	1	SP
<i>methotrexate sodium tabs or 2.5 mg</i>	1	SP
<i>nelarabine soln</i>	4	PA; SP
TABLOID TABS	4	PA; SP
TREXALL TABS	4	PA; SP
VIDAZA SUSR ( <i>Use azacitidine</i> )	NF	PA; SP
XELODA TABS ( <i>Use capecitabine</i> )	NF	PA; SP
<b>Antineoplastic - Angiogenesis Inhibitors</b>		
INLYTA TABS	4	PA; QL(2 ea daily); SP

Drug Name	Drug Tier	Requirements/ Limits
LENVIMA 10 MG DAILY DOSE CPPK	4	PA; QL(1 ea daily)
LENVIMA 12MG DAILY DOSE CPPK	4	PA; QL(3 ea daily)
LENVIMA 14 MG DAILY DOSE CPPK	4	PA; QL(2 ea daily)
LENVIMA 18 MG DAILY DOSE CPPK	4	PA; QL(3 ea daily)
LENVIMA 20 MG DAILY DOSE CPPK	4	PA; QL(2 ea daily)
LENVIMA 24 MG DAILY DOSE CPPK	4	PA; QL(3 ea daily)
LENVIMA 4 MG DAILY DOSE CPPK	4	PA; QL(1 ea daily)
LENVIMA 8 MG DAILY DOSE CPPK	4	PA; QL(2 ea daily)
MVASI SOLN	4	PA
ZALTRAP SOLN 100 MG/4ML	4	PA; SP
ZIRABEV SOLN	4	PA
<b>Antineoplastic - Anti-HER2 Agents</b>		
HERCEPTIN SOLR	4	PA; SP
PERJETA SOLN	4	PA; SP
TUKYSA TABS	4	PA
<b>Antineoplastic - Antibodies</b>		
ADCETRIS SOLR	4	PA; SP
ARZERRA CONC	4	PA; SP
RITUXAN SOLN	4	PA; SP
RUXIENCE SOLN	4	PA
YERVOY SOLN	4	PA; SP
<b>Antineoplastic - EGFR Inhibitors</b>		
ERBITUX SOLN	4	PA; SP
<i>erlotinib hcl tabs</i>	4	PA; QL(1 ea daily); SP
GILOTRIF TABS	4	PA; QL(1 ea daily)

Ambetter Formulary Updated December 1, 2021

Drug Name	Drug Tier	Requirements/Limits
TARCEVA TABS ( <i>Use erlotinib hcl</i> )	NF	PA; QL(1 ea daily); SP
VECTIBIX SOLN 100 MG/5ML	4	PA; SP
VIZIMPRO TABS	4	PA
<b>Antineoplastic - Hedgehog Pathway Inhibitors</b>		
DAURISMO TABS	4	PA
ERIVEDGE CAPS	4	PA; QL(1 ea daily); SP
ODOMZO CAPS	4	PA; QL(1 ea daily)
<b>Antineoplastic - Hormonal and Related Agents</b>		
<i>abiraterone acetate tabs 250 mg</i>	4	PA; QL(4 ea daily); SP
<i>abiraterone acetate tabs 500 mg</i>	4	PA; QL(2 ea daily)
<i>anastrozole tabs</i>	1	QL(1 ea daily)
ARIMIDEX TABS ( <i>Use anastrozole</i> )	NF	QL(1 ea daily)
AROMASIN TABS ( <i>Use exemestane</i> )	NF	QL(1 ea daily); SP
<i>bicalutamide tabs</i>	4	PA; QL(1 ea daily); SP
CASODEX TABS ( <i>Use bicalutamide</i> )	NF	PA; QL(1 ea daily); SP
ELIGARD KIT 22.5 MG	4	PA; SP
ELIGARD KIT 30 MG	4	PA; SP
ELIGARD KIT 45 MG	4	PA; SP
ELIGARD KIT 7.5 MG	4	PA; QL(0.0089 ea daily); SP
EMCYT CAPS	4	PA; SP
<i>exemestane tabs</i>	4	QL(1 ea daily); SP
FARESTON TABS ( <i>Use toremifene citrate</i> )	NF	
FASLODEX SOLN ( <i>Use fulvestrant</i> )	NF	PA; QL(0.357 ml daily); SP
FEMARA TABS ( <i>Use letrozole</i> )	NF	

Drug Name	Drug Tier	Requirements/Limits
FIRMAGON SOLR	4	PA; QL(0.143 ea daily); SP
<i>flutamide caps</i>	4	PA; QL(6 ea daily); SP
<i>fulvestrant soln</i>	4	PA; QL(0.357 ml daily); SP
<i>letrozole tabs</i>	1	
<i>leuprolide acetate kit</i>	4	PA; SP
LUPRON DEPOT (1-MONTH) KIT	4	PA; QL(0.0357 ea daily); SP
LUPRON DEPOT (3-MONTH) KIT	4	PA; SP
LUPRON DEPOT (4-MONTH) KIT	4	PA; QL(0.1339 ea daily); SP
LUPRON DEPOT (6-MONTH) KIT	4	PA; QL(0.0089 ea daily); SP
LYSODREN TABS	4	PA; SP
<i>megestrol acetate susp</i>	1	
<i>megestrol acetate tabs</i>	1	
NILANDRON TABS ( <i>Use nilutamide</i> )	NF	QL(2 ea daily)
<i>nilutamide tabs</i>	1	QL(2 ea daily)
NUBEQA TABS	4	PA
<i>tamoxifen citrate tabs</i>	0	
<i>toremifene citrate tabs</i>	1	
TRELSTAR MIXJECT SUSR	4	PA; SP
XTANDI CAPS 40 MG	4	PA; QL(4 ea daily); SP
YONSA TABS	4	PA
ZOLADEX IMPL 10.8 MG	4	PA; QL(0.0119 ea daily); SP
ZOLADEX IMPL 3.6 MG	4	PA; QL(0.0357 ea daily); SP
ZYTIGA TABS 250 MG ( <i>Use abiraterone acetate</i> )	NF	PA; QL(4 ea daily); SP

Drug Name	Drug Tier	Requirements/Limits
ZYTIGA TABS 500 MG (Use abiraterone acetate)	4	PA; QL(2 ea daily)
<b>Antineoplastic - Immunomodulators</b>		
POMALYST CAPS	4	PA; QL(1 ea daily)
<b>Antineoplastic - PDGFR-alpha Inhibitors</b>		
AYVAKIT TABS 100 MG, 200 MG, 300 MG	4	PA; SL(1 ea daily)
<b>Antineoplastic - XPO1 Inhibitors</b>		
XPOVIO 100 MG ONCE WEEKLY TBPK	4	PA
XPOVIO 60 MG ONCE WEEKLY TBPK	4	PA
XPOVIO 80 MG ONCE WEEKLY TBPK	4	PA
XPOVIO 80 MG TWICE WEEKLY TBPK	4	PA
<b>Antineoplastic Antibiotics</b>		
bleomycin sulfate solr 15 unit	4	PA; SP
COSMEGEN SOLR (Use dactinomycin)	NF	PA; SP
dactinomycin solr	4	PA; SP
DAUNORUBICIN HYDROCHLORIDE SOLN 20 MG/4ML (Use daunorubicin hcl)	NF	
DOXIL INJ (Use doxorubicin hcl liposomal)	NF	PA; SP
doxorubicin hcl liposomal inj	4	PA; SP
doxorubicin hcl soln 2 mg/ml, 200 mg/100ml	4	PA; SP
doxorubicin hcl solr 50 mg, 10 mg	4	PA; SP
ELLENCES SOLN 50 MG/25ML (Use epirubicin hcl)	NF	PA; SP
epirubicin hcl soln 50 mg/25ml	4	PA; SP
IDAMYCIN PFS SOLN 10 MG/10ML, 5 MG/5ML (Use idarubicin hcl)	NF	PA; SP

Drug Name	Drug Tier	Requirements/Limits
IDAMYCIN PFS SOLN 20 MG/20ML (Use idarubicin hcl)	NF	PA
idarubicin hcl soln 10 mg/10ml, 5 mg/5ml	4	PA; SP
idarubicin hcl soln 20 mg/20ml	4	PA
mitomycin solr iv 20 mg	4	PA; SP
mitoxantrone hcl conc	4	PA; SP
valrubicin soln	4	PA; SP
VALSTAR SOLN (Use valrubicin)	NF	PA; SP
<b>Antineoplastic Combinations</b>		
KISQALI FEMARA 200 DOSE TBPK	3	PA
KISQALI FEMARA 400 DOSE TBPK	3	PA
KISQALI FEMARA 600 DOSE TBPK	3	PA
<b>Antineoplastic Enzyme Inhibitors</b>		
AFINITOR TABS (Use everolimus)	NF	PA; QL(1 ea daily); SP
ALECENSA CAPS	4	PA; QL(4 ea daily)
ALUNBRIG TABS	4	PA; QL(1 ea daily)
ALUNBRIG TBPK	4	PA; QL(1 ea daily)
BALVERSA TABS	4	PA
BORTEZOMIB SOLR	4	PA;
BOSULIF TABS 100 MG, 500 MG	4	PA; QL(1 ea daily); SP
BOSULIF TABS 400 MG	4	PA;
BRAFTOVI CAPS	4	PA; SP
BRUKINSA CAPS	4	PA
CAPRELSA TABS	4	PA; QL(1 ea daily); SP
COMETRIQ KIT	4	PA; QL(2 ea daily); SP

Ambetter Formulary Updated December 1, 2021

Drug Name	Drug Tier	Requirements/ Limits
COMETRIQ KIT	4	PA; QL(4 ea daily); SP
COMETRIQ KIT	4	PA; QL(3 ea daily); SP
COPIKTRA CAPS	4	PA
<i>everolimus tabs 10 mg, 5 mg, 7.5 mg, 2.5 mg</i>	4	PA; QL(1 ea daily); SP
GLEEVEC TABS ( <i>Use imatinib mesylate</i> )	NF	PA; QL(2 ea daily); SP
IBRANCE CAPS	3	PA
IBRANCE TABS	3	PA
ICLUSIG TABS 10 MG, 30 MG, 45 MG	4	PA; QL(1 ea daily)
ICLUSIG TABS 15 MG	4	PA; QL(2 ea daily)
<i>imatinib mesylate tabs</i>	4	PA; QL(2 ea daily); SP
IMBRUVICA CAPS 140 MG	4	PA; QL(3 ea daily)
IMBRUVICA CAPS 70 MG	4	PA; QL(1 ea daily)
IMBRUVICA TABS 140 MG, 280 MG, 420 MG, 560 MG	4	PA; QL(1 ea daily)
INREBIC CAPS	4	PA
ISTODAX ( <i>OVERFILL</i> ) SOLR	4	PA; SP
JAKAFI TABS 10 MG, 20 MG	4	PA; SP
JAKAFI TABS 15 MG, 25 MG, 5 MG	4	PA; QL(2 ea daily); SP
KISQALI TBPK	3	PA
KOSELUGO CAPS	4	PA
KYPROLIS SOLR	4	PA
<i>lapatinib ditosylate tabs</i>	4	PA; QL(6 ea daily); SP
LORBRENA TABS	4	PA
LYNPARZA TABS	4	PA; QL(16 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
MEKINIST TABS 0.5 MG	4	PA; QL(3 ea daily)
MEKINIST TABS 2 MG	4	PA; QL(1 ea daily)
MEKTOVI TABS	4	PA; SP
NEXAVAR TABS	4	PA; QL(4 ea daily); SP
NINLARO CAPS	4	PA; QL(0.143 ea daily)
PEMAZYRE TABS	4	PA; QL(1 ea daily)
PIQRAY 200MG DAILY DOSE TBPK	4	PA
PIQRAY 250MG DAILY DOSE TBPK	4	PA
PIQRAY 300MG DAILY DOSE TBPK	4	PA
QINLOCK TABS	4	PA
RETEVMO CAPS	4	PA
ROMIDEPSIN SOLR 10 MG	4	PA; SP
ROZLYTREK CAPS	4	PA
RUBRACA TABS	4	PA; QL(4 ea daily)
SPRYCEL TABS	4	PA; QL(1 ea daily); SP
STIVARGA TABS	4	PA; QL(4 ea daily); SP
<i>sunitinib malate caps 12.5 mg, 25 mg, 50 mg</i>	4	PA; QL(1 ea daily); SP
SUTENT CAPS 12.5 MG, 25 MG, 50 MG ( <i>Use sunitinib malate</i> )	4	PA; QL(1 ea daily); SP
TABRECTA TABS	4	PA
TAFINLAR CAPS	4	PA; QL(4 ea daily)
TALZENNA CAPS	4	PA
TASIGNA CAPS 150 MG, 200 MG	4	PA; QL(4 ea daily); SP
TASIGNA CAPS 50 MG	4	PA; QL(4 ea daily)

Ambetter Formulary Updated December 1, 2021



Drug Name	Drug Tier	Requirements/Limits
TAZVERIK TABS	4	PA
<i>temsirolimus soln</i>	4	PA; QL(0.143 ml daily); SP
TIBSOVO TABS	4	PA
TORISEL SOLN ( <i>Use temsirolimus</i> )	NF	PA; QL(0.143 ml daily); SP
TURALIO CAPS	4	PA
TYKERB TABS ( <i>Use lapatinib ditosylate</i> )	4	PA; QL(6 ea daily); SP
VELCADE SOLR	4	PA; SP
VERZENIO TABS	4	PA
VITRAKVI CAPS	4	PA
VITRAKVI SOLN	4	PA
VOTRIENT TABS	4	PA; QL(4 ea daily); SP
XALKORI CAPS	4	PA; QL(2 ea daily); SP
XOSPATA TABS	4	PA
ZEJULA CAPS	4	PA; QL(3 ea daily)
ZELBORAF TABS	4	PA; SP
ZOLINZA CAPS	4	PA; QL(4 ea daily); SP
ZYDELIG TABS	4	PA; QL(2 ea daily)
<b>Antineoplastic Enzymes</b>		
ERWINASE SOLR	4	PA; SP
ERWINAZE SOLR	4	PA; SP
ONCASPASOLN	4	PA; SP
<b>Antineoplastics Misc.</b>		
ACTIMMUNE SOLN	4	PA; SP
<i>arsenic trioxide soln 10 mg/10ml</i>	4	PA; SP

Drug Name	Drug Tier	Requirements/Limits
<i>bexarotene caps</i>	4	PA; SP
<i>dacarbazine solr 200 mg</i>	4	PA; SP
HYDREA CAPS ( <i>Use hydroxyurea</i> )	NF	
<i>hydroxyurea caps</i>	1	
INTRON A SOLR 18 MU	4	PA; SP
MATULANE CAPS	4	PA; SP
NIPENT SOLR	4	PA; SP
PHOTOFRIN SOLR	4	PA; SP
PROLEUKIN SOLR	4	PA; SP
SYNRIBO SOLR	4	PA; SP
TARGETIN CAPS OR 75 MG ( <i>Use bexarotene</i> )	NF	PA; SP
<i>tretinoin (chemotherapy) caps</i>	1	
UVADEX SOLN	4	PA; SP
<b>Chemotherapy Adjuncts</b>		
KEPIVANCE SOLR	4	PA; SP
<b>Chemotherapy Rescue/Antidote/Protective Agents</b>		
<i>leucovorin calcium solr ij 500 mg, 100 mg, 200 mg, 350 mg, 50 mg</i>	1	
<i>leucovorin calcium tabs or 25 mg, 5 mg, 10 mg, 15 mg</i>	1	
VORAXAZE SOLR	4	PA; SP
<b>Mitotic Inhibitors</b>		
ABRAXANE SUSR	4	PA; SP
<i>docetaxel conc 20 mg/ml</i>	4	PA; SP
DOCETAXEL CONC 20 MG/ML ( <i>Use docetaxel</i> )	NF	PA; SP
DOCETAXEL CONC 80 MG/4ML ( <i>Use docetaxel</i> )	NF	

Drug Name	Drug Tier	Requirements/Limits
DOCETAXEL SOLN 20 MG/2ML	4	PA; SP
<i>docetaxel soln 20 mg/2ml</i>	4	PA; SP
DOCETAXEL SOLN 20 MG/2ML (Use docetaxel)	4	PA; SP
ETOPOPHOS SOLR	4	PA; SP
<i>etoposide caps or 50 mg</i>	4	PA; SP
<i>etoposide soln iv 1 gm/50ml, 500 mg/25ml, 100 mg/5ml</i>	4	
HALAVEN SOLN	4	PA; SP
IXEMPRA KIT SOLR 15 MG	4	PA; SP
JEVTANA SOLN	4	PA; SP
NAVELBINE SOLN 10 MG/ML (Use vinorelbine tartrate)	NF	PA; SP
<i>paclitaxel conc 150 mg/25ml, 100 mg/16.7ml, 6 mg/ml</i>	4	PA; SP
TAXOTERE CONC (Use docetaxel)	NF	PA; SP
TENIPOSIDE SOLN	4	PA; SP
<i>vincristine sulfate soln</i>	4	PA; SP
<i>vinorelbine tartrate soln 10 mg/ml</i>	4	PA; SP
<b>Topoisomerase I Inhibitors</b>		
CAMPTOSAR SOLN 100 MG/5ML, 40 MG/2ML (Use irinotecan hcl)	NF	PA; SP
HYCAMTIN CAPS OR 0.25 MG, 1 MG	4	PA; SP
HYCAMTIN SOLR IV 4 MG (Use topotecan hcl)	NF	
<i>irinotecan hcl soln 100 mg/5ml, 40 mg/2ml</i>	4	PA; SP
<i>topotecan hcl soln 4 mg/4ml</i>	4	

Drug Name	Drug Tier	Requirements/Limits
TOPOTECAN HCL SOLN 4 MG/4ML (Use topotecan hcl)	NF	
<i>topotecan hcl solr 4 mg</i>	4	
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease</b>		
<b>Antiparkinson Adjunctive Therapy</b>		
<i>carbidopa tabs</i>	1	
LODOSYN TABS (Use carbidopa)	NF	
<b>Antiparkinson Anticholinergics</b>		
<i>benztropine mesylate soln</i>	1	
<i>benztropine mesylate tabs</i>	1	
COGENTIN SOLN (Use benztropine mesylate)	NF	
<i>trihexyphenidyl hcl soln</i>	1	
<i>trihexyphenidyl hcl tabs</i>	1	
<b>Antiparkinson COMT Inhibitors</b>		
COMTAN TABS (Use entacapone)	NF	QL(8 ea daily)
<i>entacapone tabs</i>	1	QL(8 ea daily)
TASMAR TABS (Use tolcapone)	NF	
<i>tolcapone tabs</i>	1	
<b>Antiparkinson Dopaminergics</b>		
<i>amantadine hcl caps</i>	1	
<i>amantadine hcl tabs</i>	1	
APOKYN SOCT	4	PA;
<i>bromocriptine mesylate caps</i>	1	
<i>bromocriptine mesylate tabs</i>	1	
<i>carbidopa-levodopa tabs</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa-levodopa tbc</i>	1	
<i>carbidopa-levodopa tbdp</i>	1	
<i>carbidopa-levodopa-entacapone tabs</i>	1	
CARBIDOPA/LEVODOPA ODT TBDP	1	
MIRAPEX TABS 0.125 MG (Use <i>pramipexole dihydrochloride</i> )	NF	QL(4 ea daily)
MIRAPEX TABS 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG (Use <i>pramipexole dihydrochloride</i> )	NF	
NEUPRO PT24	2	
PARLODEL CAPS (Use <i>bromocriptine mesylate</i> )	NF	
PARLODEL TABS (Use <i>bromocriptine mesylate</i> )	NF	
<i>pramipexole dihydrochloride tabs 0.125 mg</i>	1	QL(4 ea daily)
<i>pramipexole dihydrochloride tabs 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	
REQUIP XL TB24 12 MG, 8 MG (Use <i>ropinirole hydrochloride</i> )	NF	ST; QL(2 ea daily)
REQUIP XL TB24 6 MG (Use <i>ropinirole hydrochloride</i> )	NF	ST; QL(1 ea daily)
<i>ropinirole hydrochloride tabs 0.25 mg, 3 mg, 1 mg, 2 mg, 4 mg, 5 mg, 0.5 mg</i>	1	
<i>ropinirole hydrochloride tb24 12 mg, 8 mg</i>	1	ST; QL(2 ea daily)
<i>ropinirole hydrochloride tb24 2 mg, 4 mg, 6 mg</i>	1	ST; QL(1 ea daily)
SINEMET CR TBCR (Use <i>carbidopa-levodopa</i> )	NF	
SINEMET TABS (Use <i>carbidopa-levodopa</i> )	NF	

Drug Name	Drug Tier	Requirements/Limits
STALEVO 100 TABS (Use <i>carbidopa-levodopa-entacapone</i> )	1	
STALEVO 100 TABS (Use <i>carbidopa-levodopa-entacapone</i> )	NF	
STALEVO 125 TABS (Use <i>carbidopa-levodopa-entacapone</i> )	1	
STALEVO 125 TABS (Use <i>carbidopa-levodopa-entacapone</i> )	NF	
STALEVO 150 TABS (Use <i>carbidopa-levodopa-entacapone</i> )	1	
STALEVO 150 TABS (Use <i>carbidopa-levodopa-entacapone</i> )	NF	
STALEVO 200 TABS (Use <i>carbidopa-levodopa-entacapone</i> )	1	
STALEVO 200 TABS (Use <i>carbidopa-levodopa-entacapone</i> )	NF	
STALEVO 50 TABS (Use <i>carbidopa-levodopa-entacapone</i> )	1	
STALEVO 50 TABS (Use <i>carbidopa-levodopa-entacapone</i> )	NF	
STALEVO 75 TABS (Use <i>carbidopa-levodopa-entacapone</i> )	1	
STALEVO 75 TABS (Use <i>carbidopa-levodopa-entacapone</i> )	NF	
<b>Antiparkinson Monoamine Oxidase Inhibitors</b>		
AZILECT TABS (Use <i>rasagiline mesylate</i> )	NF	PA; QL(1 ea daily)
<i>rasagiline mesylate tabs</i>	1	PA; QL(1 ea daily)
<i>selegiline hcl caps</i>	1	
<i>selegiline hcl tabs</i>	1	

**ANTIPSYCHOTICS/ANTIMANIC AGENTS -  
Drugs to Treat Mood Disorders**

Ambetter Formulary Updated December 1, 2021

Drug Name	Drug Tier	Requirements/ Limits
<b>Antimanic Agents</b>		
<i>lithium carbonate caps</i>	1	
<i>lithium carbonate tabs</i>	1	
<i>lithium carbonate tbc</i>	1	
LITHIUM SOLN	1	
LITHOBID TBCR ( <i>Use lithium carbonate</i> )	NF	
<b>Antipsychotics - Misc.</b>		
EQUETRO CP12 100 MG	3	ST; QL(2 ea daily)
EQUETRO CP12 200 MG	3	ST; QL(8 ea daily)
EQUETRO CP12 300 MG	3	ST; QL(4 ea daily)
GEODON CAPS OR 20 MG, 40 MG, 60 MG, 80 MG ( <i>Use ziprasidone hcl</i> )	NF	QL(2 ea daily); AL(At least 18 yrs old)
LATUDA TABS 120 MG, 20 MG, 40 MG, 60 MG	3	PA; QL(1 ea daily)
LATUDA TABS 80 MG	3	PA; QL(2 ea daily)
<i>ziprasidone hcl caps</i>	1	QL(2 ea daily); AL(At least 18 yrs old)
<b>Benzisoxazoles</b>		
FANAPT TABS	2	PA; QL(2 ea daily)
FANAPT TITRATION PACK TABS	2	PA
INVEGA TB24 1.5 MG, 3 MG, 9 MG ( <i>Use paliperidone</i> )	NF	QL(1 ea daily)
INVEGA TB24 6 MG ( <i>Use paliperidone</i> )	NF	QL(2 ea daily)
<i>paliperidone tb24 1.5 mg, 3 mg, 9 mg</i>	1	QL(1 ea daily)
<i>paliperidone tb24 6 mg</i>	1	QL(2 ea daily)
PERSERIS PRSY	2	PA; QL(0.072 ea daily)
RISPERDAL CONSTA SRER	2	PA; QL(0.072 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
RISPERDAL SOLN 1 MG/ML ( <i>Use risperidone</i> )	NF	QL(8 ml daily)
RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG ( <i>Use risperidone</i> )	NF	QL(4 ea daily)
<i>risperidone soln 1 mg/ml</i>	1	QL(8 ml daily)
<i>risperidone tabs 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	QL(4 ea daily)
<i>risperidone tbdp 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	QL(2 ea daily)
<b>Butyrophenones</b>		
HALDOL DECANOATE 100 SOLN ( <i>Use haloperidol decanoate</i> )	NF	QL(0.036 ml daily)
HALDOL DECANOATE 50 SOLN ( <i>Use haloperidol decanoate</i> )	NF	QL(0.036 ml daily)
HALDOL SOLN ( <i>Use haloperidol lactate</i> )	NF	
<i>haloperidol decanoate soln</i>	1	QL(0.036 ml daily)
<i>haloperidol lactate conc</i>	1	
<i>haloperidol lactate soln</i>	1	
<i>haloperidol tabs</i>	1	
<b>Dibenzapines</b>		
<i>asenapine maleate subl 10 mg, 5 mg</i>	1	PA; QL(2 ea daily)
<i>asenapine maleate subl 2.5 mg</i>	1	PA; QL(4 ea daily)
<i>clozapine tabs 200 mg, 50 mg, 100 mg, 25 mg</i>	1	
<i>clozapine tbdp 100 mg</i>	1	QL(9 ea daily)
<i>clozapine tbdp 12.5 mg, 150 mg</i>	1	QL(6 ea daily)
<i>clozapine tbdp 200 mg</i>	1	QL(4 ea daily)
<i>clozapine tbdp 25 mg</i>	1	QL(3 ea daily)
CLOZARIL TABS ( <i>Use clozapine</i> )	NF	

Ambetter Formulary Updated December 1, 2021

Drug Name	Drug Tier	Requirements/Limits
FAZACLO TBDP 100 MG (Use clozapine)	NF	QL(9 ea daily)
FAZACLO TBDP 12.5 MG (Use clozapine)	NF	QL(6 ea daily)
FAZACLO TBDP 150 MG (Use clozapine)	1	QL(6 ea daily)
FAZACLO TBDP 200 MG (Use clozapine)	1	QL(4 ea daily)
FAZACLO TBDP 25 MG (Use clozapine)	NF	QL(3 ea daily)
<i>loxapine succinate caps</i>	1	
<i>olanzapine solr im 10 mg</i>	1	QL(0.215 ea daily)
<i>olanzapine tabs or 10 mg, 15 mg, 20 mg, 7.5 mg</i>	1	QL(2 ea daily)
<i>olanzapine tabs or 2.5 mg, 5 mg</i>	1	QL(4 ea daily)
<i>olanzapine tbdp or 10 mg, 15 mg, 5 mg</i>	1	QL(2 ea daily)
<i>olanzapine tbdp or 20 mg</i>	1	QL(1 ea daily)
<i>quetiapine fumarate tabs 100 mg, 200 mg, 25 mg, 50 mg</i>	1	QL(4 ea daily); AL(At least 10 yrs old)
<i>quetiapine fumarate tabs 300 mg, 400 mg</i>	1	QL(2 ea daily); AL(At least 10 yrs old)
<i>quetiapine fumarate tb24 150 mg, 200 mg, 50 mg</i>	1	PA; QL(1 ea daily)
<i>quetiapine fumarate tb24 300 mg, 400 mg</i>	1	PA; QL(2 ea daily)
SAPHRIS SUBL 10 MG, 5 MG (Use asenapine maleate)	3	PA; QL(2 ea daily)
SAPHRIS SUBL 2.5 MG (Use asenapine maleate)	3	PA; QL(4 ea daily)
SAPHRIS SUBL 5 MG	3	PA; QL(2 ea daily)
SEROQUEL TABS 100 MG, 200 MG, 25 MG, 50 MG (Use quetiapine fumarate)	NF	QL(4 ea daily); AL(At least 10 yrs old)
SEROQUEL TABS 300 MG, 400 MG (Use quetiapine fumarate)	NF	QL(2 ea daily); AL(At least 10 yrs old)

Drug Name	Drug Tier	Requirements/Limits
SEROQUEL XR TB24 150 MG, 200 MG, 50 MG (Use quetiapine fumarate)	NF	PA; QL(1 ea daily)
SEROQUEL XR TB24 300 MG, 400 MG (Use quetiapine fumarate)	NF	PA; QL(2 ea daily)
ZYPREXA SOLR IM 10 MG (Use olanzapine)	NF	QL(0.215 ea daily)
ZYPREXA TABS OR 10 MG, 15 MG, 20 MG, 7.5 MG (Use olanzapine)	NF	QL(2 ea daily)
ZYPREXA TABS OR 2.5 MG, 5 MG (Use olanzapine)	NF	QL(4 ea daily)
ZYPREXA ZYDIS TBDP 10 MG, 15 MG, 5 MG (Use olanzapine)	NF	QL(2 ea daily)
ZYPREXA ZYDIS TBDP 20 MG (Use olanzapine)	NF	QL(1 ea daily)
<b>Phenothiazines</b>		
<i>chlorpromazine hcl soln ij 25 mg/ml, 50 mg/2ml</i>	3	
<i>chlorpromazine hcl tabs or 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>fluphenazine hcl conc or 5 mg/ml</i>	1	
<i>fluphenazine hcl elix or 2.5 mg/5ml</i>	1	
<i>fluphenazine hcl soln ij 2.5 mg/ml</i>	1	
<i>fluphenazine hcl tabs or 1 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>perphenazine tabs</i>	1	
<i>prochlorperazine maleate tabs</i>	1	
<i>prochlorperazine supp</i>	1	
<i>thioridazine hcl tabs</i>	1	
<i>trifluoperazine hcl tabs</i>	1	
<b>Quinolinone Derivatives</b>		
ABILIFY TABS (Use aripiprazole)	NF	QL(1 ea daily); AL(At least 6 yrs old)

Ambetter Formulary Updated December 1, 2021



Drug Name	Drug Tier	Requirements/Limits
<i>aripiprazole soln 1 mg/ml</i>	3	QL(30 ml daily); AL(At least 6 yrs old)
<i>aripiprazole tabs 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	1	QL(1 ea daily); AL(At least 6 yrs old)
REXULTI TABS	3	PA
<b>Thioxanthenes</b>		
<i>thiothixene caps</i>	1	
<b>ANTIVIRALS - Drugs to Treat Viral Infections</b>		
<b>Antiretrovirals</b>		
<i>abacavir sulfate soln 20 mg/ml</i>	1	QL(32 ml daily)
<i>abacavir sulfate tabs 300 mg</i>	1	QL(2 ea daily)
<i>abacavir sulfate-lamivudine tabs</i>	1	QL(1 ea daily)
<i>abacavir sulfate-lamivudine-zidovudine tabs</i>	1	QL(2 ea daily)
APTIVUS CAPS 250 MG	2	QL(4 ea daily)
APTIVUS SOLN 100 MG/ML	2	QL(10 ml daily)
<i>atazanavir sulfate caps 150 mg, 300 mg</i>	1	QL(1 ea daily)
<i>atazanavir sulfate caps 200 mg</i>	1	QL(2 ea daily)
ATRIPLA TABS ( <i>Use efavirenz-emtricitabine-tenofovir disoproxil fumarate</i> )	3	QL(1 ea daily)
BIKTARVY TABS	2	QL(1 ea daily)
CIMDUO TABS	2	ST; QL(1 ea daily)
COMBIVIR TABS ( <i>Use lamivudine-zidovudine</i> )	NF	QL(2 ea daily)
COMPLERA TABS	3	QL(1 ea daily)
CRIXIVAN CAPS 200 MG	2	QL(9 ea daily)
CRIXIVAN CAPS 400 MG	2	QL(6 ea daily)

Drug Name	Drug Tier	Requirements/Limits
DELSTRIGO TABS	3	QL(1 ea daily)
DESCOVY TABS	2	PA; QL(1 ea daily)
<i>didanosine cpdr 200 mg</i>	1	QL(2 ea daily)
<i>didanosine cpdr 250 mg, 400 mg</i>	1	QL(1 ea daily)
DOVATO TABS	2	QL(1 ea daily)
EDURANT TABS	2	QL(1 ea daily)
<i>efavirenz caps 200 mg</i>	1	QL(2 ea daily)
<i>efavirenz caps 50 mg</i>	1	QL(3 ea daily)
<i>efavirenz tabs 600 mg</i>	1	QL(1 ea daily)
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate tabs</i>	1	QL(1 ea daily)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate tabs</i>	1	QL(1 ea daily)
<i>emtricitabine caps</i>	1	QL(1 ea daily)
<i>emtricitabine-tenofovir disoproxil fumarate tabs 133 mg-200 mg, 167 mg-250 mg, 100 mg-150 mg, 150 mg-100 mg</i>	1	QL(1 ea daily, 30 day(s) limit)
<i>emtricitabine-tenofovir disoproxil fumarate tabs 200 mg-300 mg</i>	0	QL(1 ea daily, 30 day(s) limit)
<i>emtricitabine-tenofovir disoproxil fumarate tabs 200 mg-300 mg, 300 mg-200 mg</i>	0	QL(1 ea daily)
EMTRIVA CAPS 200 MG ( <i>Use emtricitabine</i> )	2	QL(1 ea daily)
EMTRIVA SOLN 10 MG/ML	2	QL(24 ml daily)
EPIVIR SOLN 10 MG/ML ( <i>Use lamivudine</i> )	NF	QL(30 ml daily)
EPIVIR TABS 150 MG ( <i>Use lamivudine</i> )	NF	QL(2 ea daily)
EPIVIR TABS 300 MG ( <i>Use lamivudine</i> )	NF	QL(1 ea daily)

Ambetter Formulary Updated December 1, 2021

Drug Name	Drug Tier	Requirements/Limits
EPZICOM TABS ( <i>Use abacavir sulfate-lamivudine</i> )	NF	QL(1 ea daily)
<i>etravirine tabs 100 mg</i>	1	QL(4 ea daily)
<i>etravirine tabs 200 mg</i>	1	QL(2 ea daily)
<i>fosamprenavir calcium tabs</i>	1	QL(4 ea daily)
FUZEON SOLR	4	PA; SP
GENVOYA TABS	2	QL(1 ea daily)
INTELENCE TABS 100 MG ( <i>Use etravirine</i> )	2	QL(4 ea daily)
INTELENCE TABS 200 MG ( <i>Use etravirine</i> )	2	QL(2 ea daily)
INTELENCE TABS 25 MG	2	QL(8 ea daily)
INVIRASE TABS	2	QL(4 ea daily)
ISENTRESS CHEW 100 MG, 25 MG	2	QL(6 ea daily)
ISENTRESS HD TABS	2	QL(2 ea daily)
ISENTRESS TABS 400 MG	2	QL(2 ea daily)
JULUCA TABS	3	QL(1 ea daily)
KALETRA SOLN 400 MG/5ML-100 MG/5ML ( <i>Use lopinavir-ritonavir</i> )	NF	QL(12.5 ml daily)
KALETRA TABS 200 MG-50 MG, 25 MG-100 MG, 50 MG-200 MG ( <i>Use lopinavir-ritonavir</i> )	2	QL(4 ea daily)
<i>lamivudine soln 10 mg/ml</i>	1	QL(30 ml daily)
<i>lamivudine tabs 150 mg</i>	1	QL(2 ea daily)
<i>lamivudine tabs 300 mg</i>	1	QL(1 ea daily)
<i>lamivudine-zidovudine tabs</i>	1	QL(2 ea daily)
LEXIVA SUSP 50 MG/ML	2	QL(56 ml daily)
LEXIVA TABS 700 MG ( <i>Use fosamprenavir calcium</i> )	NF	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>lopinavir-ritonavir soln 100 mg/5ml-400 mg/5ml</i>	1	QL(12.5 ml daily)
<i>lopinavir-ritonavir tabs 25 mg-100 mg, 50 mg-200 mg</i>	1	QL(4 ea daily)
<i>nevirapine tabs 200 mg</i>	1	QL(2 ea daily)
<i>nevirapine tb24 100 mg</i>	1	QL(3 ea daily)
<i>nevirapine tb24 400 mg</i>	1	QL(1 ea daily)
NORVIR PACK 100 MG	2	QL(12 ea daily)30 rtl lmt day(s),30 mail lmt day(s),
NORVIR SOLN 80 MG/ML	2	QL(15 ml daily)
NORVIR TABS 100 MG ( <i>Use ritonavir</i> )	NF	QL(12 ea daily)
ODEFSEY TABS	2	QL(1 ea daily)
PIFELTRO TABS	2	QL(1 ea daily)
PREZCOBIX TABS	2	QL(1 ea daily)
PREZISTA SUSP 100 MG/ML	2	QL(12 ml daily)
PREZISTA TABS 150 MG, 600 MG, 75 MG	2	QL(2 ea daily)
PREZISTA TABS 800 MG	2	QL(1 ea daily)
RESCRIPTOR TABS	2	QL(6 ea daily)
RETROVIR CAPS 100 MG ( <i>Use zidovudine</i> )	NF	QL(6 ea daily)
RETROVIR IV INFUSION SOLN	1	
RETROVIR SYRP 50 MG/5ML ( <i>Use zidovudine</i> )	NF	QL(60 ml daily)
REYATAZ CAPS 150 MG, 300 MG ( <i>Use atazanavir sulfate</i> )	NF	QL(1 ea daily)
REYATAZ CAPS 200 MG ( <i>Use atazanavir sulfate</i> )	NF	QL(2 ea daily)
<i>ritonavir tabs</i>	1	QL(12 ea daily)
RUKOBIA TB12	4	PA

Ambetter Formulary Updated December 1, 2021

Drug Name	Drug Tier	Requirements/Limits
SELZENTRY SOLN 20 MG/ML	2	QL(30 ml daily)
SELZENTRY TABS 150 MG, 25 MG, 75 MG	2	QL(2 ea daily)
SELZENTRY TABS 300 MG	2	QL(4 ea daily)
<i>stavudine caps 15 mg, 20 mg, 30 mg, 40 mg</i>	1	QL(2 ea daily)
STAVUDINE CAPS 15 MG, 30 MG	2	QL(2 ea daily)
STAVUDINE CAPS 20 MG, 40 MG	1	QL(2 ea daily)
STRIBILD TABS	3	QL(1 ea daily)
SUSTIVA CAPS 200 MG (Use <i>efavirenz</i> )	NF	QL(2 ea daily)
SUSTIVA CAPS 50 MG (Use <i>efavirenz</i> )	NF	QL(3 ea daily)
SUSTIVA TABS 600 MG (Use <i>efavirenz</i> )	NF	QL(1 ea daily)
SYMFI LO TABS (Use <i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i> )	2	QL(1 ea daily)
SYMFI TABS (Use <i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i> )	2	QL(1 ea daily)
SYMTUZA TABS	3	ST; QL(1 ea daily)
TEMIXYS TABS	2	ST; QL(1 ea daily)
<i>tenofovir disoproxil fumarate tabs</i>	1	
TIVICAY TABS	3	QL(2 ea daily)
TRIUMEQ TABS	2	QL(1 ea daily)
TRIZIVIR TABS (Use <i>abacavir sulfate-lamivudine-zidovudine</i> )	NF	QL(2 ea daily)
TRUVADA TABS (Use <i>emtricitabine-tenofovir disoproxil fumarate</i> )	2	QL(1 ea daily, 30 day(s) limit)
TYBOST TABS	2	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
VIDEX EC CPDR 125 MG	2	QL(2 ea daily)
VIDEX EC CPDR 200 MG (Use <i>didanosine</i> )	NF	QL(2 ea daily)
VIDEX EC CPDR 250 MG (Use <i>didanosine</i> )	NF	QL(1 ea daily)
VIDEXPEDIATRIC SOLR	2	
VIRACEPT TABS 250 MG	2	QL(10 ea daily)
VIRACEPT TABS 625 MG	2	QL(4 ea daily)
VIRAMUNE SUSP 50 MG/5ML	NF	QL(40 ml daily)
VIRAMUNE TABS 200 MG (Use <i>nevirapine</i> )	NF	QL(2 ea daily)
VIRAMUNE XR TB24 (Use <i>nevirapine</i> )	NF	QL(1 ea daily)
VIREAD POWD 40 MG/GM	2	
VIREAD TABS 150 MG, 200 MG, 250 MG	2	QL(1 ea daily)
VIREAD TABS 300 MG (Use <i>tenofovir disoproxil fumarate</i> )	NF	
ZIAGEN SOLN 20 MG/ML (Use <i>abacavir sulfate</i> )	NF	QL(32 ml daily)
ZIAGEN TABS 300 MG (Use <i>abacavir sulfate</i> )	NF	QL(2 ea daily)
<i>zidovudine caps 100 mg</i>	1	QL(6 ea daily)
<i>zidovudine syrp 50 mg/5ml</i>	1	QL(60 ml daily)
<i>zidovudine tabs 300 mg</i>	1	QL(2 ea daily)
<b>CMV Agents</b>		
<i>cidofovir soln</i>	3	
CYTOVENE SOLR (Use <i>ganciclovir sodium</i> )	NF	
<i>ganciclovir sodium solr</i>	1	
VALCYTE TABS 450 MG (Use <i>valganciclovir hcl</i> )	NF	PA; QL(4 ea daily)
<i>valganciclovir hcl tabs 450 mg</i>	1	PA; QL(4 ea daily)
<b>Hepatitis Agents</b>		

Ambetter Formulary Updated December 1, 2021

Drug Name	Drug Tier	Requirements/Limits
<i>adefovir dipivoxil tabs</i>	4	PA; QL(1 ea daily); SP
BARACLUDE SOLN 0.05 MG/ML	4	PA; QL(20 ml daily); SP
BARACLUDE TABS 0.5 MG, 1 MG ( <i>Use entecavir</i> )	NF	PA; QL(1 ea daily); SP
<i>entecavir tabs</i>	4	PA; QL(1 ea daily); SP
EPCLUSA TABS 400 MG-100 MG, 50 MG-200 MG	4	PA; QL(1 ea daily)
EPIVIR HBV SOLN 5 MG/ML	4	PA; QL(60 ml daily); SP
EPIVIR HBV TABS 100 MG ( <i>Use lamivudine (hbv)</i> )	NF	QL(3 ea daily); SP
HEPSERA TABS ( <i>Use adefovir dipivoxil</i> )	NF	PA; QL(1 ea daily); SP
<i>lamivudine (hbv) tabs</i>	1	QL(3 ea daily); SP
MAVYRET TABS 100 MG-40 MG, 40 MG-100 MG	4	PA; QL(3 ea daily)
PEGASYS SOLN	4	PA; QL(0.0714 ml daily); SP
PEGINTRON KIT	4	PA; QL(0.143 ea daily); SP
<i>ribavirin (hepatitis c) caps</i>	1	QL(7 ea daily)
<i>ribavirin (hepatitis c) tabs</i>	1	PA; QL(7 ea daily)
SOFOSBUVIR/VELPATAS VIR TABS	4	PA; QL(1 ea daily)
VEMLIDY TABS	4	PA; QL(1 ea daily); SP
VOSEVI TABS	4	PA; QL(1 ea daily)
ZEPATIER TABS	4	PA
<b>Herpes Agents</b>		
<i>acyclovir caps 200 mg</i>	1	QL(5 ea daily,50 ea per fill retail,50 ea per fill mail)
<i>acyclovir susp 200 mg/5ml</i>	1	QL(13.34 ml daily)
<i>acyclovir tabs 400 mg, 800 mg</i>	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>famciclovir tabs 125 mg, 250 mg</i>	1	QL(3 ea daily)
<i>famciclovir tabs 500 mg</i>	1	QL(4 ea daily)
<i>valacyclovir hcl tabs 1 gm, 1000 mg</i>	1	QL(4 ea daily)
<i>valacyclovir hcl tabs 500 mg</i>	1	QL(2 ea daily)
VALTREX TABS 1 GM ( <i>Use valacyclovir hcl</i> )	NF	QL(4 ea daily)
VALTREX TABS 500 MG ( <i>Use valacyclovir hcl</i> )	NF	QL(2 ea daily)
ZOVIRAX CAPS OR 200 MG ( <i>Use acyclovir</i> )	NF	QL(5 ea daily,50 ea per fill retail,50 ea per fill mail)
ZOVIRAX SUSP OR 200 MG/5ML ( <i>Use acyclovir</i> )	NF	QL(13.34 ml daily)
ZOVIRAX TABS OR 400 MG, 800 MG ( <i>Use acyclovir</i> )	NF	QL(5 ea daily)
<b>Influenza Agents</b>		
FLUMADINE TABS ( <i>Use rimantadine hydrochloride</i> )	NF	QL(2 ea daily)
<i>oseltamivir phosphate caps or 30 mg, 45 mg, 75 mg</i>	1	Limit 1 fill every 90 days.;QL(10 ea per fill retail,10 ea per fill mail)1 rtl MAX fill,90 rtl day(s) supply,1 mail MAX fill,90 mail day(s) supply,
<i>oseltamivir phosphate susr or 6 mg/ml</i>	1	Limit 1 fill every 90 days.;QL(125 ml per fill retail)1 rtl MAX fill,90 rtl day(s) supply,
RELENZA DISKHALER AEPB	2	1 rtl pack lmt amt,30 rtl pack lmt day(s),
<i>rimantadine hydrochloride tabs</i>	1	QL(2 ea daily)

Ambetter Formulary Updated December 1, 2021

Drug Name	Drug Tier	Requirements/ Limits
TAMIFLU CAPS 30 MG, 45 MG, 75 MG (Use <i>oseltamivir phosphate</i> )	NF	Limit 1 fill every 90 days.;QL(10 ea per fill retail,10 ea per fill mail)1 rtl MAX fill,90 rtl day(s) supply,1 mail MAX fill,90 mail day(s) supply,
TAMIFLU SUSR 6 MG/ML (Use <i>oseltamivir phosphate</i> )	NF	Limit 1 fill every 90 days.;QL(125 ml per fill retail)1 rtl MAX fill,90 rtl day(s) supply,
<b>BETA BLOCKERS - Drugs to Treat High Blood Pressure</b>		
<b>Alpha-Beta Blockers</b>		
<i>carvedilol tabs</i>	1	
COREG TABS (Use <i>carvedilol</i> )	NF	
<i>labetalol hcl soln iv 5 mg/ml</i>	1	
<i>labetalol hcl tabs or 100 mg, 200 mg, 300 mg</i>	1	
<b>Beta Blockers Cardio-Selective</b>		
<i>acebutolol hcl caps</i>	1	
<i>atenolol tabs</i>	1	
<i>betaxolol hcl tabs</i>	1	
<i>bisoprolol fumarate tabs or 10 mg, 5 mg</i>	1	
BYSTOLIC TABS 2.5 MG, 10 MG, 5 MG (Use <i>nebivolol hcl</i> )	2	PA; QL(1 ea daily)
BYSTOLIC TABS 20 MG (Use <i>nebivolol hcl</i> )	2	PA; QL(2 ea daily)
LOPRESSOR TABS (Use <i>metoprolol tartrate</i> )	NF	
<i>metoprolol succinate tb24</i>	1	
<i>metoprolol tartrate soln iv 5 mg/5ml</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>metoprolol tartrate tabs or 100 mg, 25 mg, 50 mg</i>	1	
<i>nebivolol hcl tabs 2.5 mg, 10 mg, 5 mg</i>	1	PA; QL(1 ea daily)
<i>nebivolol hcl tabs 20 mg</i>	1	PA; QL(2 ea daily)
TENORMIN TABS (Use <i>atenolol</i> )	NF	
TOPROL XL TB24 (Use <i>metoprolol succinate</i> )	NF	
<b>Beta Blockers Non-Selective</b>		
BETAPACE AF TABS (Use <i>sotalol hcl (afib/af)</i> )	NF	
BETAPACE TABS (Use <i>sotalol hcl</i> )	NF	QL(2 ea daily)
CORGARD TABS (Use <i>nadolol</i> )	NF	
HEMANGEOL SOLN	4	PA; QL(75 ml daily)
INDERAL LA CP24 (Use <i>propranolol hcl</i> )	NF	
<i>nadolol tabs</i>	1	
<i>pindolol tabs</i>	1	
<i>propranolol hcl cp24 or 60 mg, 80 mg, 120 mg, 160 mg</i>	1	
<i>propranolol hcl soln iv 1 mg/ml</i>	1	
<i>propranolol hcl soln or 40 mg/5ml, 20 mg/5ml</i>	1	
<i>propranolol hcl tabs or 10 mg, 20 mg, 80 mg, 40 mg, 60 mg</i>	1	
<i>sotalol hcl (afib/af) tabs</i>	1	
<i>sotalol hcl tabs 120 mg, 160 mg, 80 mg</i>	1	QL(2 ea daily)
<i>sotalol hcl tabs 240 mg</i>	1	
<i>timolol maleate tabs</i>	1	
<b>CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure</b>		
<b>Calcium Channel Blockers</b>		

Ambetter Formulary Updated December 1, 2021



Drug Name	Drug Tier	Requirements/Limits
ADALAT CC TB24 (Use nifedipine)	NF	
amlodipine besylate tabs	1	
CALAN SR TBCR (Use verapamil hcl)	NF	
CARDIZEM CD CP24 (Use diltiazem hcl coated beads)	NF	
CARDIZEM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (Use diltiazem hcl coated beads)	NF	
CARDIZEM TABS (Use diltiazem hcl)	NF	
diltiazem hcl coated beads cp24	1	
diltiazem hcl coated beads tb24	1	
diltiazem hcl cp12 or 120 mg, 60 mg, 90 mg	1	
diltiazem hcl cp24 or 120 mg, 180 mg, 240 mg	1	
diltiazem hcl extended release beads cp24 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1	
diltiazem hcl soln iv 50 mg/10ml	1	
DILTIAZEM HCL SOLR IV 100 MG	1	
diltiazem hcl tabs or 120 mg, 30 mg, 60 mg, 90 mg	1	
felodipine tb24	1	
isradipine caps	1	
nicardipine hcl caps	1	
nicardipine hcl soln	1	
nifedipine caps	1	
nifedipine tb24	1	
nimodipine caps	1	

Drug Name	Drug Tier	Requirements/Limits
nisoldipine tb24 17 mg, 20 mg, 30 mg, 34 mg, 40 mg, 8.5 mg	1	
NORVASC TABS (Use amlodipine besylate)	NF	
PROCARDIA CAPS (Use nifedipine)	NF	
PROCARDIA XL TB24 (Use nifedipine)	NF	
SULAR TB24 (Use nisoldipine)	NF	
TIAZAC CP24 120 MG, 180 MG, 240 MG, 300 MG, 360 MG (Use diltiazem hcl extended release beads)	NF	
verapamil hcl cp24	1	
verapamil hcl soln	1	
verapamil hcl tabs	1	
verapamil hcl tbcr	1	
VERELAN CP24 120 MG, 180 MG, 240 MG (Use verapamil hcl)	NF	
VERELAN CP24 360 MG (Use verapamil hcl)	1	
VERELAN PM CP24 100 MG, 200 MG (Use verapamil hcl)	NF	
VERELAN PM CP24 300 MG (Use verapamil hcl)	1	
<b>CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm</b>		
<b>Cardiac Glycosides</b>		
digoxin soln	1	
digoxin tabs	1	
LANOXIN SOLN IJ 0.25 MG/ML (Use digoxin)	2	
LANOXIN TABS OR 250 MCG, 125 MCG (Use digoxin)	2	
LANOXIN TABS OR 62.5 MCG	2	

Ambetter Formulary Updated December 1, 2021

Drug Name	Drug Tier	Requirements/Limits
<b>CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions</b>		
<b>Cardioplegic Solutions</b>		
PLEGISOL SOLN ( <i>Use cardioplegic soln</i> )	NF	
<b>Cardiovascular Agents Misc. - Combinations</b>		
<i>amlodipine besylate-atorvastatin calcium tabs</i>	1	QL(1 ea daily)
BIDIL TABS	2	
CADUET TABS ( <i>Use amlodipine besylate-atorvastatin calcium</i> )	NF	QL(1 ea daily)
ENTRESTO TABS	3	PA
<b>Impotence Agents</b>		
CIALIS TABS 5 MG ( <i>Use tadalafil</i> )	NF	PA; BPH Only; QL(1 ea daily)
<i>sildenafil citrate tabs</i>	1	PA; QL(0.1334 ea daily)
STENDRA TABS	3	QL(0.134 ea daily)
<i>tadalafil tabs 5 mg</i>	1	PA; BPH Only; QL(1 ea daily)
VIAGRA TABS ( <i>Use sildenafil citrate</i> )	NF	PA; QL(0.1334 ea daily)
<b>Prostaglandin Vasodilators</b>		
<i>epoprostenol sodium solr</i>	4	PA
FLOLAN SOLR ( <i>Use epoprostenol sodium</i> )	NF	PA
ORENITRAM TBCR 0.125 MG, 0.25 MG, 1 MG, 2.5 MG	3	PA
<i>treprostinil soln</i>	4	PA; SP
VELETTRI SOLR ( <i>Use epoprostenol sodium</i> )	NF	PA
VENTAVIS SOLN	4	PA; SP
<b>Pulmonary Hypertension - Endothelin Receptor</b>		
<i>ambrisentan tabs</i>	4	PA; QL(1 ea daily); SP

Drug Name	Drug Tier	Requirements/Limits
<i>bosentan tabs 125 mg</i>	4	PA; QL(2 ea daily); SP
<i>bosentan tabs 62.5 mg</i>	4	PA; QL(2 ea daily)
LETAIRIS TABS ( <i>Use ambrisentan</i> )	NF	PA; QL(1 ea daily); SP
OPSUMIT TABS	4	PA; QL(1 ea daily)
TRACLEER TABS 125 MG ( <i>Use bosentan</i> )	NF	PA; QL(2 ea daily); SP
TRACLEER TABS 62.5 MG ( <i>Use bosentan</i> )	NF	PA; QL(2 ea daily)
TRACLEER TBSO 32 MG	4	PA; QL(2 ea daily); SP
<b>Pulmonary Hypertension - Phosphodiesterase</b>		
ADCIRCA TABS ( <i>Use tadalafil (pulmonary hypertension)</i> )	NF	PA; QL(2 ea daily); SP
REVATIO SOLN IV 10 MG/12.5ML ( <i>Use sildenafil citrate (pulmonary hypertension)</i> )	NF	PA; QL(37.5 ml daily); SP
REVATIO SUSR OR 10 MG/ML ( <i>Use sildenafil citrate (pulmonary hypertension)</i> )	NF	PA; QL(6 ml daily)
REVATIO TABS OR 20 MG ( <i>Use sildenafil citrate (pulmonary hypertension)</i> )	NF	PA; QL(3 ea daily); SP
<i>sildenafil citrate (pulmonary hypertension) soln iv 10 mg/12.5ml</i>	4	PA; QL(37.5 ml daily); SP
<i>sildenafil citrate (pulmonary hypertension) susr or 10 mg/ml</i>	4	PA; QL(6 ml daily)
<i>sildenafil citrate (pulmonary hypertension) tabs or 20 mg</i>	4	PA; QL(3 ea daily); SP
<i>tadalafil (pulmonary hypertension) tabs</i>	4	PA; QL(2 ea daily); SP
<b>Pulmonary Hypertension - Sol Guanylate Cyclase</b>		
ADEMPAS TABS 0.5 MG, 1.5 MG, 2 MG, 2.5 MG	4	PA; QL(3 ea daily)
<b>Sinus Node Inhibitors</b>		
CORLANOR SOLN 5 MG/5ML	3	PA; QL(15 ml daily)

Ambetter Formulary Updated December 1, 2021

Drug Name	Drug Tier	Requirements/ Limits
CORLANOR TABS 5 MG, 7.5 MG	3	PA; QL(2 ea daily)
<b>Transthyretin Stabilizers</b>		
VYNDAMAX CAPS	4	PA; QL(1 ea daily)
VYNDAQEL CAPS	4	PA; QL(4 ea daily)
<b>CEPHALOSPORINS - Drugs to Treat Bacterial Infections</b>		
<b>Cephalosporins - 1st Generation</b>		
<i>cefadroxil caps</i>	1	
<i>cefadroxil susr</i>	1	
<i>cefadroxil tabs</i>	1	
<i>cefazolin sodium solr ij 500 mg, 1 gm, 10 gm</i>	1	
<i>cephalexin caps</i>	1	
<i>cephalexin susr</i>	1	
<i>cephalexin tabs</i>	1	
KEFLEX CAPS (Use <i>cephalexin</i> )	NF	
<b>Cephalosporins - 2nd Generation</b>		
<i>cefaclor caps</i>	1	
<i>cefaclor susr</i>	1	
CEFOTAN SOLR (Use <i>cefotetan disodium</i> )	NF	
<i>cefotetan disodium solr</i>	1	
<i>cefoxitin sodium solr 1 gm, 2 gm</i>	1	
<i>cefprozil susr</i>	1	
<i>cefprozil tabs</i>	1	
<i>cefuroxime axetil tabs</i>	1	
<i>cefuroxime sodium solr ij 750 mg</i>	1	
<b>Cephalosporins - 3rd Generation</b>		

Drug Name	Drug Tier	Requirements/ Limits
<i>cefdinir caps</i>	1	
<i>cefdinir susr</i>	1	
<i>cefditoren pivoxil tabs 200 mg</i>	3	
<i>cefditoren pivoxil tabs 400 mg</i>	1	
<i>cefixime susr 100 mg/5ml, 200 mg/5ml</i>	1	ST
<i>cefotaxime sodium solr</i>	1	
<i>cefpodoxime proxetil susr</i>	1	
<i>cefpodoxime proxetil tabs</i>	1	
<i>ceftazidime solr ij 6 gm, 1 gm</i>	1	
<i>ceftriaxone sodium solr ij 250 mg, 500 mg, 1 gm, 2 gm</i>	1	
FORTAZ SOLR IJ 1 GM (Use <i>ceftazidime</i> )	NF	
FORTAZ SOLR IV 2 GM (Use <i>ceftazidime</i> )	NF	
SUPRAX SUSR 100 MG/5ML, 200 MG/5ML (Use <i>cefixime</i> )	NF	ST
<b>Cephalosporins - 4th Generation</b>		
<i>cefepime hcl solr</i>	1	
MAXIPIME SOLR IJ 1 GM, 2 GM (Use <i>cefepime hcl</i> )	NF	
<b>Cephalosporins - 5th Generation</b>		
TEFLARO SOLR	3	
<b>CONTRACEPTIVES - Drugs to Prevent Pregnancy</b>		
<b>Combination Contraceptives - Oral</b>		
BALCOLTRA TABS	0	
BEYAZ TABS (Use <i>drospirenone-ethinyl estradiol-levomefolate calcium</i> )	NF	

Ambetter Formulary Updated December 1, 2021

Drug Name	Drug Tier	Requirements/ Limits
<i>desogestrel &amp; ethinyl estradiol tabs</i>	0	
<i>desogestrel-ethinyl estradiol (biphasic) tabs</i>	0	
<i>desogestrel-ethinyl estradiol (triphasic) tabs</i>	0	
<i>drospirenone-ethinyl estradiol tabs</i>	0	
<i>drospirenone-ethinyl estradiol-levomefolate calcium tabs</i>	0	
ESTROSTEP FE TABS (Use <i>norethindrone acetate-ethinyl estradiol-fe</i> )	NF	
<i>ethynodiol diacet &amp; eth estrad tabs</i>	0	
FALESSA KIT	0	
GENERESS FE CHEW (Use <i>norethindrone &amp; ethinyl estradiol-fe</i> )	NF	
<i>levonorgestrel &amp; eth estradiol tabs</i>	0	
<i>levonorgestrel-eth estradiol (triphasic) tabs</i>	0	
<i>levonorgestrel-ethinyl estradiol (91-day) tabs</i>	0	
<i>levonorgestrel-ethinyl estradiol (continuous) tabs</i>	0	
LO LOESTRIN FE TABS	0	
LOSEASONIQUE TABS (Use <i>levonorgestrel-ethinyl estradiol (91-day)</i> )	NF	
MINASTRIN 24 FE CHEW (Use <i>norethin acet &amp; estrad-fe</i> )	NF	
MIRCETTE TABS (Use <i>desogestrel-ethinyl estradiol (biphasic)</i> )	NF	
NATAZIA TABS	0	
<i>norethin acet &amp; estrad-fe caps</i>	0	
<i>norethin acet &amp; estrad-fe chew</i>	0	

Drug Name	Drug Tier	Requirements/ Limits
<i>norethin acet &amp; estrad-fe tabs</i>	0	
<i>norethindrone &amp; eth estradiol tabs</i>	0	
<i>norethindrone &amp; ethinyl estradiol-fe chew</i>	0	
<i>norethindrone acet &amp; eth estra tabs</i>	0	
<i>norethindrone acetate-ethinyl estradiol-fe tabs</i>	0	
<i>norethindrone-eth estradiol (triphasic) tabs</i>	0	
<i>norgestimate-ethinyl estradiol (triphasic) tabs</i>	0	
<i>norgestimate-ethinyl estradiol tabs</i>	0	
<i>norgestrel &amp; ethinyl estradiol tabs</i>	0	
ORTHO TRI-CYCLEN LO TABS (Use <i>norgestimate-ethinyl estradiol (triphasic)</i> )	NF	
ORTHO-NOVUM 1/35 TABS (Use <i>norethindrone &amp; eth estradiol</i> )	NF	
ORTHO-NOVUM 7/7/7 TABS (Use <i>norethindrone-eth estradiol (triphasic)</i> )	NF	
QUARTETTE TABS (Use <i>levonorgestrel-ethinyl estradiol (91-day)</i> )	NF	
SAFYRAL TABS (Use <i>drospirenone-ethinyl estradiol-levomefolate calcium</i> )	NF	
SEASONIQUE TABS (Use <i>levonorgestrel-ethinyl estradiol (91-day)</i> )	NF	
TAYTULLA CAPS (Use <i>norethin acet &amp; estrad-fe</i> )	0	
TYBLUME CHEW	0	
YASMIN 28 TABS (Use <i>drospirenone-ethinyl estradiol</i> )	NF	
YAZ TABS (Use <i>drospirenone-ethinyl estradiol</i> )	NF	

Drug Name	Drug Tier	Requirements/Limits
<b>Combination Contraceptives - Transdermal</b>		
<i>norelgestromin-ethinyl estradiol ptwk</i>	0	
TWIRLA PTWK	0	QL(3 ea per 28 days retail)
<b>Combination Contraceptives - Vaginal</b>		
ANNOVERA RING	0	PA
<i>etonogestrel-ethinyl estradiol ring</i>	0	
NUVARING RING ( <i>Use etonogestrel-ethinyl estradiol</i> )	NF	
<b>Copper Contraceptives - IUD</b>		
PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A IUD	0	
<b>Emergency Contraceptives</b>		
ELLA TABS	0	
<i>levonorgestrel (emergency oc) tabs</i>	0	
PLAN B ONE-STEP TABS ( <i>Use levonorgestrel (emergency oc)</i> )	NF	
<b>Progestin Contraceptives - IUD</b>		
KYLEENA IUD	0	
LILETTA IUD	0	
MIRENA IUD	0	
SKYLA IUD	0	
<b>Progestin Contraceptives - Implants</b>		
NEXPLANON IMPL	0	
<b>Progestin Contraceptives - Injectable</b>		
DEPO-PROVERA CONTRACEPTIVE SUSP ( <i>Use medroxyprogesterone acetate (contraceptive)</i> )	NF	QL(1 ml per 90 days retail)

Drug Name	Drug Tier	Requirements/Limits
DEPO-PROVERA CONTRACEPTIVE SUSP ( <i>Use medroxyprogesterone acetate (contraceptive)</i> )	NF	QL(90 day(s) limit, 1 ml per 90 days retail)
DEPO-SUBQ PROVERA 104 SUSP	0	
<i>medroxyprogesterone acetate (contraceptive) susp</i>	0	QL(1 ml per 90 days retail)
<i>medroxyprogesterone acetate (contraceptive) susy</i>	0	QL(90 day(s) limit, 1 ml per 90 days retail)
<b>Progestin Contraceptives - Oral</b>		
<i>norethindrone (contraceptive) tabs</i>	0	
ORTHO MICRONOR TABS ( <i>Use norethindrone (contraceptive)</i> )	NF	
SLYND TABS	0	QL(1 ea daily)
<b>CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions</b>		
<b>Glucocorticosteroids</b>		
<i>budesonide cpep 3 mg</i>	1	QL(3 ea daily)
CELESTONE SOLUSPAN SUSP ( <i>Use betamethasone sod phosphate &amp; acetate</i> )	NF	
CELESTONE-SOLUSPAN SUSP ( <i>Use betamethasone sod phosphate &amp; acetate</i> )	NF	
CORTEF TABS ( <i>Use hydrocortisone</i> )	NF	
<i>cortisone acetate tabs</i>	1	
DEPO-MEDROL SUSP 20 MG/ML	3	
DEPO-MEDROL SUSP 80 MG/ML, 40 MG/ML ( <i>Use methylprednisolone acetate</i> )	NF	
<i>dexamethasone elix 0.5 mg/5ml</i>	1	
DEXAMETHASONE INTENSOL CONC	1	

Ambetter Formulary Updated December 1, 2021



Drug Name	Drug Tier	Requirements/Limits
<i>dexamethasone sodium phosphate soln ij 120 mg/30ml, 20 mg/5ml, 4 mg/ml</i>	1	
<i>dexamethasone soln 0.5 mg/5ml</i>	1	
<i>dexamethasone tabs 1 mg, 1.5 mg, 2 mg, 4 mg, 0.5 mg, 0.75 mg, 6 mg</i>	1	
EMFLAZA SUSP	4	PA
EMFLAZA TABS	4	PA
ENTOCORT EC CPEP (Use <i>budesonide</i> )	NF	QL(3 ea daily)
<i>hydrocortisone tabs</i>	1	
KENALOG-40 SUSP (Use <i>triamcinolone acetanide</i> )	NF	
MEDROL DOSEPAK TBPK (Use <i>methylprednisolone</i> )	NF	
MEDROL TABS 16 MG, 32 MG, 4 MG, 8 MG (Use <i>methylprednisolone</i> )	NF	
MEDROL TABS 2 MG	3	
<i>methylprednisolone acetate susp 80 mg/ml, 40 mg/ml</i>	1	
<i>methylprednisolone sod succ solr</i>	1	
<i>methylprednisolone tabs</i>	1	
<i>methylprednisolone tbpk</i>	1	
MILLIPRED DP TBPK	3	
MILLIPRED TABS	3	
ORAPRED ODT TBPK (Use <i>prednisolone sodium phosphate</i> )	NF	
PEDIAPRED SOLN (Use <i>prednisolone sodium phosphate</i> )	NF	

Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone sodium phosphate soln or 10 mg/5ml, 15 mg/5ml, 25 mg/5ml, 20 mg/5ml, 5 mg/5ml, 6.7 mg/5ml</i>	1	
<i>prednisolone sodium phosphate tbdp or 10 mg, 15 mg, 30 mg</i>	3	
<i>prednisolone soln</i>	1	
<i>prednisone soln</i>	1	
<i>prednisone tabs</i>	1	
<i>prednisone tbpk</i>	1	
SOLU-CORTEF SOLR 100 MG, 1000 MG, 500 MG	3	2 rtl MAX fill, 30 rtl day(s) supply,
SOLU-CORTEF SOLR 250 MG	3	
SOLU-MEDROL SOLR 2 GM	3	
SOLU-MEDROL SOLR 500 MG, 1000 MG, 125 MG, 40 MG (Use <i>methylprednisolone sod succ</i> )	NF	
<i>triamcinolone acetanide susp 40 mg/ml</i>	1	
<b>Mineralocorticoids</b>		
<i>fludrocortisone acetate tabs</i>	1	
<b>COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms</b>		
<b>Antitussives</b>		
<i>benzonatate caps 100 mg</i>	1	QL(6 ea daily)
<i>benzonatate caps 150 mg</i>	1	QL(4 ea daily)
<i>benzonatate caps 200 mg</i>	1	QL(3 ea daily)
TESSALON PERLES CAPS (Use <i>benzonatate</i> )	NF	QL(6 ea daily)
<b>Cough/Cold/Allergy Combinations</b>		

Drug Name	Drug Tier	Requirements/Limits
ALLEGRA-D 12 HOUR ALLERGY & CONGESTION TB12 (Use fexofenadine-pseudoephedrine)	NF	QL(2 ea daily)
ALLEGRA-D 24 HOUR ALLERGY & CONGESTION TB24 (Use fexofenadine-pseudoephedrine)	NF	QL(1 ea daily)
<i>cetirizine-pseudoephedrine tb12</i>	1	QL(2 ea daily)
CLARITIN-D 12 HOUR TB12 (Use loratadine & pseudoephedrine)	1	QL(2 ea daily)
CLARITIN-D 24 HOUR TB24 (Use loratadine & pseudoephedrine)	1	QL(1 ea daily)
<i>fexofenadine-pseudoephedrine tb12 120 mg-60 mg, 60 mg-120 mg</i>	1	QL(2 ea daily)
<i>fexofenadine-pseudoephedrine tb24 180 mg-240 mg</i>	1	QL(1 ea daily)
<i>hydrocodone polistirex-chlorpheniramine polistirex suer</i>	1	
<i>loratadine &amp; pseudoephedrine tb12 120 mg-5 mg, 5 mg-120 mg</i>	1	QL(2 ea daily)
<i>loratadine &amp; pseudoephedrine tb24 10 mg-10 mg-240 mg-240 mg, 240 mg-10 mg</i>	1	QL(1 ea daily)
TUZISTRA XR SUER	2	PA
ZYRTEC-D ALLERGY/CONGESTION TB12 (Use cetirizine-pseudoephedrine)	1	QL(2 ea daily)
<b>Misc. Respiratory Inhalants</b>		
HYPER-SAL NEBU (Use sodium chloride (inhalant))	NF	
HYPERSAL NEBU 3.5 %	1	
HYPERSAL NEBU 7 % (Use sodium chloride (inhalant))	NF	

Drug Name	Drug Tier	Requirements/Limits
NEBUSAL NEBU	1	
<i>sodium chloride (inhalant) nebu 7 %</i>	1	
<b>Mucolytics</b>		
<i>acetylcysteine soln</i>	1	
<b>DERMATOLOGICALS - Drugs to Treat Skin Conditions</b>		
<b>Acne Products</b>		
ABSORICA CAPS 30 MG, 10 MG, 20 MG, 40 MG (Use isotretinoin)	NF	PA; AL(At least 12 yrs old)
<i>adapalene crea 0.1 %</i>	1	PA; AL(At least 12 yrs old)
<i>adapalene gel 0.1 %</i>	1	PA; AL(At least 12 yrs old); RX/OTC
<i>adapalene gel 0.3 %</i>	1	ST; AL(At least 12 yrs old)
<i>adapalene-benzoyl peroxide gel</i>	1	ST; AL(At least 12 yrs old)
AZELEX CREA	3	ST; AL(At least 12 yrs old)
BENZAACLIN GEL (Use clindamycin phosphate-benzoyl peroxide)	NF	PA; AL(At least 12 yrs old)
BENZAACLIN WITH PUMP GEL (Use clindamycin phosphate-benzoyl peroxide)	NF	PA; AL(At least 12 yrs old)
BENZAMYCIN GEL (Use benzoyl peroxide-erythromycin)	NF	PA; AL(At least 12 yrs old)
BENZOYL PEROXIDE CLEANSER LIQD	2	AL(At least 12 yrs old)
<i>benzoyl peroxide foam 5.3 %</i>	1	AL(At least 12 yrs old); RX/OTC
<i>benzoyl peroxide foam 9.8 %</i>	1	AL(At least 12 yrs old)
<i>benzoyl peroxide gel 5 %, 10 %</i>	1	AL(At least 12 yrs old)
<i>benzoyl peroxide liqd 4 %, 7 %, 10 %</i>	1	AL(At least 12 yrs old)

Ambetter Formulary Updated December 1, 2021

Drug Name	Drug Tier	Requirements/ Limits
<i>benzoyl peroxide-erythromycin gel</i>	1	PA; AL(At least 12 yrs old)
CLEOCIN-T GEL ( <i>Use clindamycin phosphate (topical)</i> )	NF	AL(At least 12 yrs old)
CLEOCIN-T LOTN ( <i>Use clindamycin phosphate (topical)</i> )	NF	AL(At least 12 yrs old)
CLINDAGEL GEL ( <i>Use clindamycin phosphate (topical)</i> )	NF	AL(At least 12 yrs old)
<i>clindamycin phosphate (topical) foam</i>	1	PA; AL(At least 12 yrs old)
<i>clindamycin phosphate (topical) gel</i>	1	AL(At least 12 yrs old)
<i>clindamycin phosphate (topical) lotn</i>	1	AL(At least 12 yrs old)
<i>clindamycin phosphate (topical) soln</i>	1	QL(4 ml daily); AL(At least 12 yrs old)
<i>clindamycin phosphate (topical) swab</i>	1	AL(At least 12 yrs old)
<i>clindamycin phosphate-benzoyl peroxide (refrigerate) gel</i>	1	PA; AL(At least 12 yrs old)
<i>clindamycin phosphate-benzoyl peroxide gel 1 %-5 %, 5 %-1 %</i>	1	PA; AL(At least 12 yrs old)
<i>clindamycin phosphate-tretinoin gel</i>	1	ST; AL(At least 12 yrs old)
DIFFERIN CREA 0.1 % ( <i>Use adapalene</i> )	NF	PA; AL(At least 12 yrs old)
DIFFERIN GEL 0.1 % ( <i>Use adapalene</i> )	NF	PA; AL(At least 12 yrs old); RX/OTC
DIFFERIN GEL 0.3 % ( <i>Use adapalene</i> )	NF	ST; AL(At least 12 yrs old)
DIFFERIN LOTN 0.1 %	1	ST; AL(At least 12 yrs old)
DUAC GEL ( <i>Use clindamycin phosphate-benzoyl peroxide (refrigerate)</i> )	NF	PA; AL(At least 12 yrs old)
EPIDUO GEL ( <i>Use adapalene-benzoyl peroxide</i> )	NF	ST; AL(At least 12 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
<i>erythromycin (acne aid) pads</i>	1	AL(At least 12 yrs old)
<i>erythromycin (acne aid) soln</i>	1	AL(At least 12 yrs old)
EVOCLIN FOAM ( <i>Use clindamycin phosphate (topical)</i> )	NF	PA; AL(At least 12 yrs old)
<i>isotretinoin caps 30 mg, 10 mg, 20 mg, 40 mg</i>	3	PA; AL(At least 12 yrs old)
KLARON LOTN ( <i>Use sulfacetamide sodium (acne)</i> )	NF	AL(At least 12 yrs old)
RETIN-A CREA ( <i>Use tretinoin</i> )	NF	AL(At least 12 yrs old - Up to 30 yrs old)
RETIN-A GEL ( <i>Use tretinoin</i> )	NF	AL(At least 12 yrs old - Up to 30 yrs old)
RETIN-A MICRO GEL 0.1 % ( <i>Use tretinoin microsphere</i> )	NF	PA; AL(At least 12 yrs old - Up to 30 yrs old)
RETIN-A MICRO PUMP GEL 0.1 % ( <i>Use tretinoin microsphere</i> )	NF	PA; AL(At least 12 yrs old - Up to 30 yrs old)
<i>sulfacetamide sodium (acne) lotn</i>	1	AL(At least 12 yrs old)
<i>sulfacetamide sodium w/ sulfur crea 10 %-5 %, 5 %-10 %</i>	1	AL(At least 12 yrs old)
<i>sulfacetamide sodium w/ sulfur liqd 4.5 %-9 %, 9 %-4.5 %</i>	1	ST; AL(At least 12 yrs old)
<i>sulfacetamide sodium-sulfur in urea vehicle emul</i>	1	AL(At least 12 yrs old)
SUMADAN WASH LIQD ( <i>Use sulfacetamide sodium w/ sulfur</i> )	NF	ST; AL(At least 12 yrs old)
<i>tretinoin crea 0.05 %, 0.1 %, 0.025 %</i>	1	AL(At least 12 yrs old - Up to 30 yrs old)
<i>tretinoin gel 0.01 %, 0.025 %</i>	1	AL(At least 12 yrs old - Up to 30 yrs old)
<i>tretinoin microsphere gel 0.1 %</i>	1	PA; AL(At least 12 yrs old - Up to 30 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
VELTIN GEL ( <i>Use clindamycin phosphate-tretinoin</i> )	NF	ST; AL(At least 12 yrs old)
ZIANA GEL ( <i>Use clindamycin phosphate-tretinoin</i> )	NF	ST; AL(At least 12 yrs old)
<b>Agents for External Genital and Perianal Warts</b>		
VEREGEN OINT	3	
<b>Anti-inflammatory Agents - Topical</b>		
<i>diclofenac epolamine ptch</i>	1	PA; QL(2 ea daily)
<i>diclofenac sodium (topical) gel 1 %</i>	1	QL(3.34 gm daily); RX/OTC
FLECTOR PTCH ( <i>Use diclofenac epolamine</i> )	3	PA; QL(2 ea daily)
VOLTAREN GEL ( <i>Use diclofenac sodium (topical)</i> )	NF	QL(3.34 gm daily); RX/OTC
<b>Antibiotics - Topical</b>		
ALTABAX OINT	2	
<i>gentamicin sulfat (topical) crea</i>	1	QL(1 gm daily)
<i>gentamicin sulfat (topical) oint</i>	1	
<i>mupirocin oint</i>	1	
NEO-SYNALAR CREA	3	PA
<b>Antifungals - Topical</b>		
<i>butenafine hcl crea</i>	1	RX/OTC
<i>ciclopirox gel ex 0.77 %</i>	1	
<i>ciclopirox olamine crea</i>	1	QL(90 gm per fill retail)1 rtl MAX fill,30 rtl day(s) supply,
<i>ciclopirox olamine susp</i>	1	
<i>ciclopirox sham ex 1 %</i>	1	
<i>ciclopirox soln ex 8 %</i>	1	
<i>clotrimazole (topical) crea</i>	1	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
<i>clotrimazole (topical) soln</i>	1	RX/OTC
<i>clotrimazole w/ betamethasone crea</i>	1	
<i>clotrimazole w/ betamethasone lotn</i>	1	
<i>econazole nitrate crea</i>	1	QL(85 gm per fill retail,85 gm per fill mail)
ERTACZO CREA	3	
EXELDERM CREA ( <i>Use sulconazole nitrate</i> )	3	
EXELDERM SOLN	3	
EXELDERM SOLN ( <i>Use sulconazole nitrate</i> )	3	
JUBLIA SOLN	3	PA
KERYDIN SOLN ( <i>Use tavaborole</i> )	3	PA
<i>ketoconazole (topical) crea 2 %</i>	1	
<i>ketoconazole (topical) sham 2 %</i>	1	
LOPROX CREA ( <i>Use ciclopirox olamine</i> )	NF	QL(90 gm per fill retail)1 rtl MAX fill,30 rtl day(s) supply,
LOPROX SHAMPOO SHAM ( <i>Use ciclopirox</i> )	NF	
LOPROX SUSP ( <i>Use ciclopirox olamine</i> )	NF	
LOTRIMIN AF CREA ( <i>Use clotrimazole (topical)</i> )	NF	RX/OTC
LOTRIMIN AF JOCK ITCH CREA ( <i>Use clotrimazole (topical)</i> )	NF	RX/OTC
LOTRIMIN ULTRA CREA ( <i>Use butenafine hcl</i> )	1	RX/OTC
LOTRISONE CREA ( <i>Use clotrimazole w/ betamethasone</i> )	NF	
<i>luliconazole crea</i>	1	PA
LUZU CREA ( <i>Use luliconazole</i> )	3	PA

Ambetter Formulary Updated December 1, 2021

Drug Name	Drug Tier	Requirements/ Limits
<i>naftifine hcl crea 1 %</i>	1	QL(3 gm daily)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,
<i>naftifine hcl crea 2 %</i>	1	QL(2 gm daily)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,
<i>naftifine hcl gel 1 %</i>	1	QL(3 gm daily)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,
NAFTIFINE HYDROCHLORIDE CREA (Use <i>naftifine hcl</i> )	NF	QL(2 gm daily)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,
NAFTIN CREA 2 % (Use <i>naftifine hcl</i> )	NF	QL(2 gm daily)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,
NAFTIN GEL 1 % (Use <i>naftifine hcl</i> )	NF	QL(3 gm daily)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,
NIZORAL SHAM (Use <i>ketoconazole (topical)</i> )	NF	
<i>nystatin (topical) crea</i>	1	
<i>nystatin (topical) oint</i>	1	
<i>nystatin (topical) powd</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>nystatin-triamcinolone crea</i>	1	
<i>nystatin-triamcinolone oint</i>	1	
<i>oxiconazole nitrate crea</i>	1	Limit 1 Fill per 180 days;QL(3 gm daily)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,
OXISTAT CREA (Use <i>oxiconazole nitrate</i> )	NF	Limit 1 Fill per 180 days;QL(3 gm daily)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,
OXISTAT LOTN	2	Limit 1 Fill per 180 days;QL(2 ml daily)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,
PENLAC NAIL LACQUER SOLN (Use <i>ciclopirox</i> )	NF	
<i>sulconazole nitrate crea</i>	1	
<i>sulconazole nitrate soln</i>	1	
<i>tavaborole soln</i>	1	PA
VUSION OINT (Use <i>miconazole-zinc oxide-white petrolatum</i> )	NF	
<b>Antineoplastic or Premalignant Lesion Agents -</b>		
CARAC CREA (Use <i>fluorouracil (topical)</i> )	NF	
<i>diclofenac sodium (actinic keratoses) gel</i>	1	PA; QL(3.34 gm daily)
EFUDEX CREA (Use <i>fluorouracil (topical)</i> )	NF	
<i>fluorouracil (topical) crea 5 %</i>	1	



Drug Name	Drug Tier	Requirements/ Limits
<i>fluorouracil (topical) soln 2 % , 5 %</i>	1	
PANRETIN GEL	3	
PICATO GEL 0.015 %	2	QL(3 ea per fill retail,3 ea per fill mail)1 rtl MAX fill,60 rtl day(s) supply,1 mail MAX fill,60 mail day(s) supply,
PICATO GEL 0.05 %	2	QL(2 ea per fill retail,2 ea per fill mail)1 rtl MAX fill,60 rtl day(s) supply,1 mail MAX fill,60 mail day(s) supply,
TARGRETIN GEL EX 1 %	4	PA; SP
<b>Antipruritics - Topical</b>		
<i>doxepin hcl (antipruritic) crea</i>	3	PA; Limit 1 fill every 180 days;QL(45 gm per fill retail,45 gm per fill mail)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,
PRUDOXIN CREA ( <i>Use doxepin hcl (antipruritic)</i> )	3	PA; Limit 1 fill every 180 days;QL(45 gm per fill retail,45 gm per fill mail)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,

Drug Name	Drug Tier	Requirements/ Limits
ZONALON CREA ( <i>Use doxepin hcl (antipruritic)</i> )	3	PA; Limit 1 fill every 180 days;QL(45 gm per fill retail,45 gm per fill mail)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,
<b>Antipsoriatics</b>		
<i>acitretin caps 17.5 mg, 10 mg</i>	1	QL(1 ea daily)
<i>acitretin caps 25 mg</i>	1	QL(2 ea daily)
<i>calcipotriene crea</i>	1	PA; QL(4 gm daily)
<i>calcipotriene oint</i>	1	PA; QL(4 gm daily)
<i>calcipotriene soln</i>	1	PA; QL(4 ml daily)
<i>calcitriol (topical) oint</i>	1	QL(3.34 gm daily)
COSENTYX SENSOREADY PEN SOAJ	4	PA; QL(0.072 ml daily)
COSENTYX SOSY 150 MG/ML	4	PA; QL(0.036 ml daily)
COSENTYX SOSY 150 MG/ML	4	PA; QL(0.072 ml daily)
DOVONEX CREA ( <i>Use calcipotriene</i> )	NF	PA; QL(4 gm daily)
<i>methoxsalen rapid caps</i>	1	QL(4 ea daily)
OXSORALEN ULTRA CAPS ( <i>Use methoxsalen rapid</i> )	NF	QL(4 ea daily)
SKYRIZI PEN SOAJ	4	PA; QL(0.025 ml daily)
SKYRIZI PSKT 75 MG/0.83ML	4	PA; QL(0.025 ea daily)
SKYRIZI SOSY 150 MG/ML	4	PA; QL(0.025 ml daily)
SORIATANE CAPS 10 MG ( <i>Use acitretin</i> )	NF	QL(1 ea daily)
SORIATANE CAPS 25 MG ( <i>Use acitretin</i> )	NF	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
STELARA SOLN SC 45 MG/0.5ML	4	PA; QL(0.012 ml daily)
STELARA SOSY SC 45 MG/0.5ML	4	PA; QL(0.012 ml daily)
STELARA SOSY SC 90 MG/ML	4	PA; QL(0.018 ml daily); SP
<i>tazarotene crea</i>	1	PA
TAZORAC CREA 0.05 %	2	
TAZORAC CREA 0.1 % (Use <i>tazarotene</i> )	NF	PA
TAZORAC GEL 0.05 %, 0.1 %	2	
TREMFYA SOPN	4	PA; QL(0.018 ml daily)
TREMFYA SOSY	4	PA; QL(0.018 ml daily)
VECTICAL OINT (Use <i>calcitriol (topical)</i> )	1	QL(3.34 gm daily)
<b>Antiseborrheic Products</b>		
<i>selenium sulfide lotn</i>	1	
<b>Antivirals - Topical</b>		
<i>acyclovir topical crea</i>	1	
<i>acyclovir topical oint</i>	1	
DENAVIR CREA	3	QL(0.18 gm daily)
ZOVIRAX CREA EX 5 % (Use <i>acyclovir topical</i> )	NF	
ZOVIRAX OINT EX 5 % (Use <i>acyclovir topical</i> )	NF	
<b>Burn Products</b>		
<i>mafenide acetate pack</i>	3	
SILVADENE CREA (Use <i>silver sulfadiazine</i> )	NF	
<i>silver sulfadiazine crea</i>	1	
SULFAMYLON CREA 85 MG/GM	3	
SULFAMYLON PACK 5 % (Use <i>mafenide acetate</i> )	NF	
<b>Corticosteroids - Topical</b>		

Drug Name	Drug Tier	Requirements/ Limits
<i>alclometasone dipropionate crea</i>	1	
<i>alclometasone dipropionate oint</i>	1	
<i>amcinonide crea</i>	1	QL(60 gm per fill retail, 60 gm per fill mail) 1 rtl MAX fill, 30 rtl day(s) supply, 1 mail MAX fill, 30 mail day(s) supply,
<i>amcinonide lotn</i>	3	
AMCINONIDE OINT	3	
<i>betamethasone dipropionate (topical) crea</i>	1	
<i>betamethasone dipropionate (topical) lotn</i>	1	
<i>betamethasone dipropionate (topical) oint</i>	1	
<i>betamethasone dipropionate augmented crea</i>	1	
<i>betamethasone dipropionate augmented lotn</i>	1	
<i>betamethasone dipropionate augmented oint</i>	1	
<i>betamethasone valerate crea 0.1 %</i>	1	
<i>betamethasone valerate foam 0.12 %</i>	1	QL(1.67 gm daily)
<i>betamethasone valerate lotn 0.1 %</i>	1	
<i>betamethasone valerate oint 0.1 %</i>	1	
<i>calcipotriene-betamethasone dipropionate oint</i>	1	ST
<i>calcipotriene-betamethasone dipropionate susp</i>	1	ST
<i>clobetasol propionate crea</i>	1	PA; QL(3 gm daily)

Ambetter Formulary Updated December 1, 2021

Drug Name	Drug Tier	Requirements/ Limits
<i>clobetasol propionate emollient base crea</i>	1	PA; QL(1 gm daily)
<i>clobetasol propionate foam</i>	1	ST; QL(3 gm daily)
<i>clobetasol propionate gel</i>	1	ST; QL(2 gm daily)
<i>clobetasol propionate oint</i>	1	PA; QL(1 gm daily)
<i>clobetasol propionate soln</i>	1	PA; QL(3.34 ml daily)
<i>clocortolone pivalate crea</i>	3	
CLODERM CREA (Use <i>clocortolone pivalate</i> )	3	
CORDRAN CREA 0.05 % (Use <i>flurandrenolide</i> )	NF	
CORDRAN LOTN 0.05 % (Use <i>flurandrenolide</i> )	NF	
CORDRAN TAPE 4 MCG/SQCM	3	
CUTIVATE LOTN (Use <i>fluticasone propionate</i> )	NF	QL(6 ml daily)
DERMA-SMOOTH/FS BODY OIL (Use <i>fluocinolone acetonide</i> )	NF	QL(118.28 ml per fill retail)1 rtl MAX fill,30 rtl day(s) supply,
DERMA-SMOOTH/FS SCALP OIL (Use <i>fluocinolone acetonide</i> )	NF	
<i>desonide crea</i>	1	QL(4 gm daily)
<i>desonide lotn</i>	1	QL(4 ml daily)
<i>desonide oint</i>	1	QL(3 gm daily)
DESOWEN CREA (Use <i>desonide</i> )	NF	QL(4 gm daily)
<i>desoximetasone crea 0.25 %</i>	1	
<i>desoximetasone gel 0.05 %</i>	1	
<i>desoximetasone oint 0.25 %</i>	1	
<i>diflorasone diacetate crea</i>	1	PA
<i>diflorasone diacetate oint</i>	1	PA

Drug Name	Drug Tier	Requirements/ Limits
DIPROLENE AF CREA (Use <i>betamethasone dipropionate augmented</i> )	NF	
DIPROLENE OINT (Use <i>betamethasone dipropionate augmented</i> )	NF	
ELOCON CREA (Use <i>mometasone furoate</i> )	NF	
<i>fluocinolone acetonide crea 0.01 %, 0.025 %</i>	1	
<i>fluocinolone acetonide oil 0.01 %</i>	1	QL(118.28 ml per fill retail)1 rtl MAX fill,30 rtl day(s) supply,
<i>fluocinolone acetonide oil 0.01 %</i>	1	
<i>fluocinolone acetonide oint 0.025 %</i>	1	
<i>fluocinolone acetonide soln 0.01 %</i>	1	
<i>fluocinonide crea 0.05 %</i>	1	QL(2 gm daily)
<i>fluocinonide emulsified base crea</i>	1	QL(2 gm daily)
<i>fluocinonide gel 0.05 %</i>	1	
<i>fluocinonide oint 0.05 %</i>	1	QL(2 gm daily)
<i>fluocinonide soln 0.05 %</i>	1	QL(2 ml daily)
<i>flurandrenolide crea</i>	2	QL(2 gm daily)
<i>flurandrenolide lotn</i>	2	QL(2 ml daily)
<i>fluticasone propionate crea 0.05 %</i>	1	
<i>fluticasone propionate lotn 0.05 %</i>	1	QL(6 ml daily)
<i>fluticasone propionate oint 0.005 %</i>	1	
<i>halcinonide crea</i>	1	PA
<i>halobetasol propionate crea</i>	1	
<i>halobetasol propionate oint</i>	1	
HALOG CREA (Use <i>halcinonide</i> )	NF	PA

Ambetter Formulary Updated December 1, 2021

Drug Name	Drug Tier	Requirements/Limits
HALOG OINT	3	PA
<i>hydrocortisone (topical) crea 1 %</i>	1	RX/OTC
<i>hydrocortisone (topical) crea 2.5 %</i>	1	
<i>hydrocortisone (topical) lotn 2.5 %</i>	1	
<i>hydrocortisone (topical) oint 1 %</i>	1	RX/OTC
<i>hydrocortisone (topical) oint 2.5 %</i>	1	
<i>hydrocortisone butyrate crea</i>	1	
<i>hydrocortisone butyrate oint</i>	1	
<i>hydrocortisone butyrate soln</i>	1	
<i>hydrocortisone valerate crea</i>	1	
<i>hydrocortisone valerate oint</i>	1	
LOCOID CREA (Use <i>hydrocortisone butyrate</i> )	NF	
LOCOID SOLN (Use <i>hydrocortisone butyrate</i> )	NF	
LUXIQ FOAM (Use <i>betamethasone valerate</i> )	NF	QL(1.67 gm daily)
<i>mometasone furoate crea</i>	1	
<i>mometasone furoate oint</i>	1	
<i>mometasone furoate soln</i>	1	
MONISTAT SOOTHING CARE ITCH RELIEF CREA (Use <i>hydrocortisone (topical)</i> )	NF	RX/OTC
OLUX FOAM (Use <i>clobetasol propionate</i> )	NF	ST; QL(3 gm daily)
<i>prednicarbate crea</i>	1	
<i>prednicarbate oint</i>	1	
PSORCON CREA	2	PA

Drug Name	Drug Tier	Requirements/Limits
SYNALAR CREA (Use <i>fluocinolone acetonide</i> )	NF	
SYNALAR OINT (Use <i>fluocinolone acetonide</i> )	NF	
SYNALAR SOLN (Use <i>fluocinolone acetonide</i> )	NF	
TACLONEX OINT 0.005 %-0.064 % (Use <i>calcipotriene-betamethasone dipropionate</i> )	NF	ST
TACLONEX SUSP 0.005 %-0.064 %, 0.064 %-0.005 % (Use <i>calcipotriene-betamethasone dipropionate</i> )	3	ST
TEMOVATE CREA (Use <i>clobetasol propionate</i> )	NF	PA; QL(3 gm daily)
TEMOVATE OINT (Use <i>clobetasol propionate</i> )	NF	PA; QL(1 gm daily)
TOPICORT CREA 0.25 % (Use <i>desoximetasone</i> )	NF	
TOPICORT GEL 0.05 % (Use <i>desoximetasone</i> )	NF	
TOPICORT OINT 0.25 % (Use <i>desoximetasone</i> )	NF	
<i>triamcinolone acetonide (topical) crea 0.025 %, 0.5 %</i>	1	
<i>triamcinolone acetonide (topical) crea 0.1 %</i>	1	QL(3.34 gm daily)
<i>triamcinolone acetonide (topical) lotn 0.025 %, 0.1 %</i>	1	
<i>triamcinolone acetonide (topical) oint 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide-dimethicone-silicone kit</i>	1	PA
TRIDESILON CREA (Use <i>desonide</i> )	NF	QL(4 gm daily)
<b>Eczema Agents</b>		
DUPIXENT SOPN 300 MG/2ML	4	PA
DUPIXENT SOSY 200 MG/1.14ML, 300 MG/2ML	4	PA

Drug Name	Drug Tier	Requirements/ Limits
<b>Emollient/Keratolytic Agents</b>		
HYDRO 35 FOAM ( <i>Use urea in lactic acid vehicle</i> )	NF	
<b>Emollients</b>		
LAC-HYDRIN CREA ( <i>Use lactic acid (ammonium lactate)</i> )	NF	RX/OTC
LAC-HYDRIN TWELVE LOTN ( <i>Use lactic acid (ammonium lactate)</i> )	NF	RX/OTC
<i>lactic acid (ammonium lactate) crea</i>	1	RX/OTC
<i>lactic acid (ammonium lactate) lotn</i>	1	RX/OTC
<b>Enzymes - Topical</b>		
SANTYL OINT	3	PA
<b>Immunomodulating Agents - Topical</b>		
ALDARA CREA ( <i>Use imiquimod</i> )	NF	QL(12 ea per fill retail,12 ea per fill mail)
<i>imiquimod crea 5 %</i>	1	QL(12 ea per fill retail,12 ea per fill mail)
ZYCLARA CREA ( <i>Use imiquimod</i> )	NF	
ZYCLARA PUMP CREA 3.75 % ( <i>Use imiquimod</i> )	NF	
<b>Immunosuppressive Agents - Topical</b>		
ELIDEL CREA ( <i>Use pimecrolimus</i> )	NF	PA; AL(At least 2 yrs old)
<i>pimecrolimus crea</i>	1	PA; AL(At least 2 yrs old)
PROTOPIC OINT ( <i>Use tacrolimus (topical)</i> )	NF	PA; AL(At least 2 yrs old)
<i>tacrolimus (topical) oint</i>	1	PA; AL(At least 2 yrs old)
<b>Keratolytic/Antimitotic Agents</b>		
<i>podofilox soln</i>	1	
<b>Local Anesthetics - Topical</b>		
<i>lidocaine hcl gel ex 2 %</i>	1	QL(4 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>lidocaine hcl gel ex 2 %</i>	1	QL(4 ml daily); RX/OTC
<i>lidocaine hcl prsy ex 2 %</i>	1	QL(4 ml daily)
<i>lidocaine hcl soln ex 4 %</i>	1	
<i>lidocaine ptch ex 5 %</i>	1	PA
<i>lidocaine-prilocaine crea</i>	1	QL(1 gm daily)
LIDODERM PTCH ( <i>Use lidocaine</i> )	NF	PA
SYNERA PTCH	3	QL(10 ea per fill retail,10 ea per fill mail)1 rtl MAX fill,30 rtl day(s) supply,1 mail MAX fill,30 mail day(s) supply,
<b>Phosphodiesterase 4 (PDE4) Inhibitors - Topical</b>		
EUCRISA OINT	3	PA; QL(2 gm daily)
<b>Rosacea Agents</b>		
<i>azelaic acid gel</i>	1	PA
FINACEA GEL ( <i>Use azelaic acid</i> )	NF	PA
METROCREAM CREA ( <i>Use metronidazole (topical)</i> )	NF	
METROGEL GEL ( <i>Use metronidazole (topical)</i> )	NF	
METROLOTION LOTN ( <i>Use metronidazole (topical)</i> )	NF	
<i>metronidazole (topical) crea</i>	1	
<i>metronidazole (topical) gel</i>	1	
<i>metronidazole (topical) lotn</i>	1	
MIRVASO GEL	3	PA; QL(1 gm daily)
ORACEA CPDR ( <i>Use doxycycline (rosacea)</i> )	NF	

Ambetter Formulary Updated December 1, 2021



Drug Name	Drug Tier	Requirements/ Limits
SOOLANTRA CREA ( <i>Use ivermectin (rosacea)</i> )	NF	
<b>Scabicides &amp; Pediculicides</b>		
<i>crotamiton lotn</i>	1	PA
ELIMITE CREA ( <i>Use permethrin</i> )	NF	
EURAX CREA	3	
EURAX LOTN ( <i>Use crotamiton</i> )	NF	PA
<i>ivermectin (pediculicide) lotn</i>	1	PA; RX/OTC
IVERMECTIN LOTN EX 0.5 %	3	PA; RX/OTC
<i>lindane sham</i>	1	
<i>malathion lotn</i>	1	
NATROBA SUSP ( <i>Use spinosad</i> )	1	PA
NIX CREME RINSE LIQD ( <i>Use permethrin</i> )	NF	
OVIDE LOTN ( <i>Use malathion</i> )	NF	
<i>permethrin crea</i>	1	
<i>permethrin liqd</i>	1	
SKLICE LOTN ( <i>Use ivermectin (pediculicide)</i> )	3	PA; RX/OTC
<i>spinosad susp</i>	1	PA
ULESFIA LOTN	3	
<b>Wound Care Products</b>		
REGANEX GEL	3	
<b>DIAGNOSTIC PRODUCTS</b>		
<b>Diagnostic Drugs</b>		
GLUCAGEN DIAGNOSTIC SOLR	3	QL(0.035 ea daily)
<b>Diagnostic Tests</b>		
CHEMSTRIP-K STRP	1	

Drug Name	Drug Tier	Requirements/ Limits
FORA GTEL BLOOD KETONE TEST STRIPS STRP	1	
GOJJI BLOOD KETONE TEST STRIPS STRP	1	
KETONE STRP	1	
KETONE TEST STRIPS STRP	1	
KETOSTIX STRP	1	
NOVA MAX PLUS KETONE TESTSTRIPS STRP	1	
PRECISION XTRA STRP VI	1	
PTS PANELS KETONE TEST STRP	1	
RELION KETONE TEST STRIPS STRP	1	
RELION TRUE METRIX BLOODGLUCOSE TEST STRIPS STRP	1	QL(3.34 ea daily); RX/OTC
TRUE METRIX BLOOD GLUCOSETEST STRIPS STRP	1	Limit 100 per month;QL(3.34 ea daily); RX/OTC
TRUETRACK TEST STRP	1	Limit 100 per month;QL(3.34 ea daily); RX/OTC
<b>DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes</b>		
<b>Digestive Enzymes</b>		
CREON CPEP	2	
SUCRAID SOLN	3	
ZENPEP CPEP	2	
<b>DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure</b>		
<b>Carbonic Anhydrase Inhibitors</b>		
<i>acetazolamide cp12 500 mg</i>	1	QL(2 ea daily)

Ambetter Formulary Updated December 1, 2021

Drug Name	Drug Tier	Requirements/Limits
<i>acetazolamide sodium solr</i>	1	
<i>acetazolamide tabs 125 mg</i>	1	QL(8 ea daily)
<i>acetazolamide tabs 250 mg</i>	1	QL(4 ea daily)
KEVEYIS TABS	4	PA; QL(4 ea daily)
<i>methazolamide tabs</i>	1	QL(6 ea daily)
<b>Diuretic Combinations</b>		
ALDACTAZIDE TABS 25 MG-25 MG (Use <i>spironolactone &amp; hydrochlorothiazide</i> )	NF	
<i>amiloride &amp; hydrochlorothiazide tabs</i>	1	
DYAZIDE CAPS (Use <i>triamterene &amp; hydrochlorothiazide</i> )	NF	
MAXZIDE TABS (Use <i>triamterene &amp; hydrochlorothiazide</i> )	NF	
MAXZIDE-25 TABS (Use <i>triamterene &amp; hydrochlorothiazide</i> )	NF	
<i>spironolactone &amp; hydrochlorothiazide tabs</i>	1	
<i>triamterene &amp; hydrochlorothiazide caps</i>	1	
<i>triamterene &amp; hydrochlorothiazide tabs</i>	1	
<b>Loop Diuretics</b>		
<i>bumetanide soln ij 0.25 mg/ml</i>	1	
<i>bumetanide tabs or 0.5 mg, 1 mg, 2 mg</i>	1	QL(5 ea daily)
BUMEX TABS (Use <i>bumetanide</i> )	NF	QL(5 ea daily)
EDECIN TABS (Use <i>ethacrynic acid</i> )	NF	QL(16 ea daily)
<i>ethacrynic acid tabs</i>	1	QL(16 ea daily)
<i>furosemide soln</i>	1	
<i>furosemide tabs</i>	1	

Drug Name	Drug Tier	Requirements/Limits
LASIX TABS (Use <i>furosemide</i> )	NF	
<i>toremide tabs</i>	1	
<b>Potassium Sparing Diuretics</b>		
ALDACTONE TABS (Use <i>spironolactone</i> )	NF	
<i>amiloride hcl tabs</i>	1	
DYRENIUM CAPS (Use <i>triamterene</i> )	NF	QL(3 ea daily)
<i>spironolactone tabs</i>	1	
<i>triamterene caps</i>	1	QL(3 ea daily)
<b>Thiazides and Thiazide-Like Diuretics</b>		
<i>chlorthalidone tabs</i>	1	
DIURIL SUSP	2	QL(20 ml daily)
<i>hydrochlorothiazide caps</i>	1	QL(2 ea daily)
<i>hydrochlorothiazide tabs</i>	1	QL(2 ea daily)
<i>indapamide tabs 1.25 mg</i>	1	QL(1 ea daily)
<i>indapamide tabs 2.5 mg</i>	1	QL(2 ea daily)
<i>metolazone tabs</i>	1	QL(2 ea daily)
<b>ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones</b>		
<b>Bone Density Regulators</b>		
ACTONEL TABS 150 MG (Use <i>risedronate sodium</i> )	NF	PA; QL(0.036 ea daily)
ACTONEL TABS 35 MG (Use <i>risedronate sodium</i> )	NF	PA; QL(0.143 ea daily)
<i>alendronate sodium tabs 35 mg, 70 mg</i>	1	QL(0.143 ea daily)
<i>alendronate sodium tabs 5 mg, 10 mg</i>	1	QL(1 ea daily)
ATELVIA TBEC (Use <i>risedronate sodium</i> )	NF	PA
BONIVA SOLN IV 3 MG/3ML (Use <i>ibandronate sodium</i> )	NF	PA; SP

Ambetter Formulary Updated December 1, 2021

Drug Name	Drug Tier	Requirements/Limits
BONIVA TABS OR 150 MG (Use <i>ibandronate sodium</i> )	NF	QL(0.036 ea daily)
<i>calcitonin (salmon) soln na 200 unit/act</i>	1	
<i>etidronate disodium tabs</i>	1	
FOSAMAX PLUS D TABS	3	PA; QL(0.143 ea daily)
FOSAMAX TABS (Use <i>alendronate sodium</i> )	NF	QL(0.143 ea daily)
<i>ibandronate sodium soln iv 3 mg/3ml</i>	4	PA; SP
<i>ibandronate sodium tabs or 150 mg</i>	1	QL(0.036 ea daily)
<i>pamidronate disodium soln 30 mg/10ml, 90 mg/10ml</i>	4	PA; SP
PAMIDRONATE DISODIUM SOLN 6 MG/ML	4	PA; SP
<i>pamidronate disodium solr 30 mg, 90 mg</i>	4	PA; SP
PROLIA SOSY	4	PA; 1 rtl MAX fill, 180 rtl day(s) supply,; SP
RECLAST SOLN (Use <i>zoledronic acid</i> )	NF	PA; SP
<i>risedronate sodium tabs 150 mg</i>	1	PA; QL(0.036 ea daily)
<i>risedronate sodium tabs 30 mg, 5 mg</i>	1	PA; QL(1 ea daily)
<i>risedronate sodium tabs 35 mg</i>	1	PA; QL(0.143 ea daily)
<i>risedronate sodium tbec 35 mg</i>	1	PA
TYMLOS SOPN	4	PA;
XGEVA SOLN	4	PA; SP
<i>zoledronic acid conc 4 mg/5ml</i>	4	PA; SP
ZOLEDRONIC ACID SOLN 4 MG/100ML	4	PA; SP
<i>zoledronic acid soln 4 mg/100ml, 5 mg/100ml</i>	4	PA; SP
<b>Corticotropin</b>		

Drug Name	Drug Tier	Requirements/Limits
ACTHAR GEL	4	PA
<b>Fertility Regulators</b>		
CHORIONIC GONADOTROPIN SOLR	4	PA; SP
NOVAREL SOLR 10000 UNIT	4	PA; SP
PREGNYL W/DILUENT BENZYLALCOHOL/NACL SOLR	4	PA; SP
<b>GnRH/LHRH Antagonists</b>		
CETROTIDE KIT	4	PA
<i>ganirelix acetate sosy</i>	4	PA
GANIRELIX ACETATE SOSY (Use <i>ganirelix acetate</i> )	NF	PA
<b>Growth Hormone Receptor Antagonists</b>		
SOMAVERT SOLR 10 MG, 15 MG, 20 MG	4	PA; SP
<b>Growth Hormone Releasing Hormones (GHRH)</b>		
EGRIFTA SOLR	4	PA
EGRIFTA SV SOLR	4	PA
<b>Growth Hormones</b>		
GENOTROPIN MINIQUICK SOLR 0.2 MG	4	PA; SP
GENOTROPIN SOLR 5 MG	4	PA; SP
HUMATROPE COMBO PACK SOLR	4	PA; SP
HUMATROPE SOLR	4	PA; SP
NORDITROPIN FLEXPRO SOPN 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML	4	PA; SP
NORDITROPIN FLEXPRO SOPN 30 MG/3ML	4	PA
NUTROPIN AQ NUSPIN 10 SOPN	4	PA; SP
OMNITROPE SOCT 10 MG/1.5ML, 5 MG/1.5ML	4	PA; SP
SAIZEN SOLR	4	PA; SP

Ambetter Formulary Updated December 1, 2021

Drug Name	Drug Tier	Requirements/Limits
SAIZENPREP RECONSTITUTIONKIT SOLR	4	PA; SP
SEROSTIM SOLR	4	PA; SP
ZOMACTON SOLR	4	PA; SP
ZORBTIVE SOLR	4	PA; SP
<b>Hormone Receptor Modulators</b>		
EVISTA TABS ( <i>Use raloxifene hcl</i> )	NF	QL(1 ea daily)
OSPHENA TABS	3	PA
<i>raloxifene hcl tabs</i>	0	QL(1 ea daily)
<b>Insulin-Like Growth Factors (Somatomedins)</b>		
INCRELEX SOLN	4	PA; SP
<b>LHRH/GnRH Agonist Analog Pituitary</b>		
FENSOLVI KIT	4	PA; SP
LUPANETA PACK KIT	4	PA
LUPRON DEPOT-PED (1-MONTH) KIT	4	PA; SP
LUPRON DEPOT-PED (3-MONTH) KIT 30 MG	4	PA; SP
SYNAREL SOLN	4	PA; SP
<b>Metabolic Modifiers</b>		
ALDURAZYME SOLN	4	PA; SP
BUPHENYL POWD ( <i>Use sodium phenylbutyrate</i> )	NF	PA
BUPHENYL TABS ( <i>Use sodium phenylbutyrate</i> )	NF	PA
<i>calcitriol caps</i>	1	
<i>calcitriol soln</i>	1	
CARBAGLU TABS	4	PA; SP
<i>cinacalcet hcl tabs</i>	4	PA; QL(4 ea daily); SP
CYSTADANE POWD	4	PA; SP

Drug Name	Drug Tier	Requirements/Limits
<i>doxercalciferol caps</i>	1	
<i>doxercalciferol soln</i>	1	
ELAPRASE SOLN	4	PA; SP
FABRAZYME SOLR 35 MG	4	PA; SP
GALAFOLD CAPS	4	PA; QL(0.5 ea daily)
HECTOROL SOLN 4 MCG/2ML ( <i>Use doxercalciferol</i> )	NF	
KUVAN PACK ( <i>Use sapropterin dihydrochloride</i> )	NF	PA
KUVAN TABS ( <i>Use sapropterin dihydrochloride</i> )	NF	PA
LUMIZYME SOLR	4	PA; SP
MYALEPT SOLR	4	PA
NAGLAZYME SOLN	4	PA; SP
<i>nitisinone caps</i>	4	PA; SP
ORFADIN CAPS 10 MG, 2 MG, 5 MG ( <i>Use nitisinone</i> )	NF	PA; SP
PALYNZIQ SOSY	4	PA
<i>paricalcitol caps</i>	1	
<i>paricalcitol soln</i>	1	
ROCALTROL CAPS ( <i>Use calcitriol</i> )	NF	
ROCALTROL SOLN ( <i>Use calcitriol</i> )	NF	
<i>sapropterin dihydrochloride pack</i>	4	PA
<i>sapropterin dihydrochloride tabs</i>	4	PA
SENSIPAR TABS ( <i>Use cinacalcet hcl</i> )	NF	PA; QL(4 ea daily); SP
<i>sodium phenylbutyrate powd</i>	1	PA

Ambetter Formulary Updated December 1, 2021

Drug Name	Drug Tier	Requirements/Limits
<i>sodium phenylbutyrate tabs</i>	1	PA
ZEMPLAR CAPS ( <i>Use paricalcitol</i> )	NF	
ZEMPLAR SOLN ( <i>Use paricalcitol</i> )	NF	
<b>Posterior Pituitary Hormones</b>		
DDAVP SOLN IJ 4 MCG/ML ( <i>Use desmopressin acetate</i> )	NF	PA
DDAVP SOLN NA 0.01 % ( <i>Use desmopressin acetate spray</i> )	NF	
DDAVP TABS OR 0.1 MG ( <i>Use desmopressin acetate</i> )	NF	QL(6 ea daily)
DDAVP TABS OR 0.2 MG ( <i>Use desmopressin acetate</i> )	NF	QL(8 ea daily)
<i>desmopressin acetate soln ij 4 mcg/ml</i>	1	PA
DESMOPRESSIN ACETATE SOLN NA 1.5 MG/ML	4	PA; SP
<i>desmopressin acetate spray refrigerated soln</i>	1	
<i>desmopressin acetate spray soln</i>	1	
<i>desmopressin acetate tabs or 0.1 mg</i>	1	QL(6 ea daily)
<i>desmopressin acetate tabs or 0.2 mg</i>	1	QL(8 ea daily)
STIMATE SOLN	4	PA; SP
<b>Prolactin Inhibitors</b>		
<i>cabergoline tabs</i>	1	
<b>Somatostatic Agents</b>		
<i>octreotide acetate soln</i>	4	PA; SP
SANDOSTATIN SOLN ( <i>Use octreotide acetate</i> )	NF	PA; SP
SIGNIFOR SOLN	4	PA
SOMATULINE DEPOT SOLN 120 MG/0.5ML	4	PA; QL(0.0179 ml daily); SP

Drug Name	Drug Tier	Requirements/Limits
SOMATULINE DEPOT SOLN 60 MG/0.2ML	4	PA; QL(0.0075 ml daily); SP
SOMATULINE DEPOT SOLN 90 MG/0.3ML	4	PA; QL(0.011 ml daily); SP
<b>Vasopressin Receptor Antagonists</b>		
JYNARQUE TABS 15 MG, 30 MG	4	PA; QL(2 ea daily); SP
JYNARQUE TBPK	4	PA; SP
SAMSCA TABS ( <i>Use tolvaptan</i> )	4	PA; QL(2 ea daily); SP
<i>tolvaptan tabs</i>	4	PA; QL(2 ea daily); SP
<b>ESTROGENS - Hormone Replacement/Modifying Drugs</b>		
<b>Estrogen Combinations</b>		
CLIMARA PRO PTWK	3	
DUAVEE TABS	3	PA
FEMHRT TABS ( <i>Use norethindrone acetate-ethinyl estradiol</i> )	NF	
<i>norethindrone acetate-ethinyl estradiol tabs</i>	1	
PREMPHASE TABS	2	
PREMPRO TABS	2	
<b>Estrogens</b>		
CLIMARA PTWK ( <i>Use estradiol</i> )	NF	
DELESTROGEN OIL 10 MG/ML	1	
DELESTROGEN OIL 20 MG/ML, 40 MG/ML ( <i>Use estradiol valerate</i> )	NF	
DEPO-ESTRADIOL OIL	3	
DIVIGEL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 1 MG/GM	3	
ELESTRIN GEL	3	
ESTRACE TABS ( <i>Use estradiol</i> )	NF	

Ambetter Formulary Updated December 1, 2021



Drug Name	Drug Tier	Requirements/ Limits
<i>estradiol pttw td 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	1	QL(0.286 ea daily)
<i>estradiol ptwk td 0.025 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 37.5 mcg/24hr</i>	1	
<i>estradiol tabs or 0.5 mg, 1 mg, 2 mg</i>	1	
<i>estradiol valerate oil</i>	1	
ESTROGEL GEL	3	
EVAMIST SOLN	3	
MENEST TABS	3	
MENOSTAR PTWK	3	
MINIVELLE PTTW ( <i>Use estradiol</i> )	NF	QL(0.286 ea daily)
PREMARIN SOLR	2	
PREMARIN TABS	2	
VIVELLE-DOT PTTW ( <i>Use estradiol</i> )	NF	QL(0.286 ea daily)
<b>FLUOROQUINOLONES - Drugs to Treat Bacterial Infections</b>		
<b>Fluoroquinolones</b>		
<i>AVELOX SOLN (Use moxifloxacin hcl in sodium chloride)</i>	1	
BAXDELA SOLR	3	PA
BAXDELA TABS	3	PA
CIPRO SUSR 5 GM/100ML, 500 MG/5ML	2	2 rtl MAX fill,30 rtl day(s) supply,
CIPRO TABS 250 MG, 500 MG ( <i>Use ciprofloxacin hcl</i> )	NF	
<i>ciprofloxacin hcl tabs</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>ciprofloxacin in d5w soln 200 mg/100ml-5 %, 5 %-200 mg/100ml</i>	3	
<i>ciprofloxacin susr</i>	1	2 rtl MAX fill,30 rtl day(s) supply,
LEVAQUIN TABS ( <i>Use levofloxacin</i> )	NF	
<i>levofloxacin in d5w soln 5 %-500 mg/100ml</i>	1	
<i>levofloxacin soln</i>	1	
<i>levofloxacin tabs</i>	1	
<i>moxifloxacin hcl in sodium chloride soln</i>	1	
<i>moxifloxacin hcl tabs</i>	1	
<i>ofloxacin tabs</i>	1	
<b>GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs</b>		
<b>Bile Acid Synthesis Disorder Agents</b>		
CHOLBAM CAPS	4	PA; SP
<b>Gallstone Solubilizing Agents</b>		
<i>ACTIGALL CAPS (Use ursodiol)</i>	NF	
<i>URSO 250 TABS (Use ursodiol)</i>	NF	
<i>URSO FORTE TABS (Use ursodiol)</i>	NF	
<i>ursodiol caps 300 mg</i>	1	
<i>ursodiol tabs 250 mg, 500 mg</i>	1	
<b>Gastrointestinal Chloride Channel Activators</b>		
<i>AMITIZA CAPS (Use lubiprostone)</i>	2	PA; QL(2 ea daily)
<i>lubiprostone caps</i>	1	PA; QL(2 ea daily)
<b>Gastrointestinal Stimulants</b>		
<i>metoclopramide hcl soln ij 5 mg/ml</i>	1	

Ambetter Formulary Updated December 1, 2021

Drug Name	Drug Tier	Requirements/ Limits
<i>metoclopramide hcl soln or 10 mg/10ml, 5 mg/5ml</i>	1	QL(60 ml daily)
<i>metoclopramide hcl tabs or 10 mg, 5 mg</i>	1	QL(6 ea daily)
REGLAN TABS (Use <i>metoclopramide hcl</i> )	NF	QL(6 ea daily)
<b>Inflammatory Bowel Agents</b>		
APRISO CP24 (Use <i>mesalamine</i> )	NF	
ASACOL HD TBEC (Use <i>mesalamine</i> )	NF	QL(6 ea daily)
AVSOLA SOLR	4	PA
AZULFIDINE EN-TABS TBEC (Use <i>sulfasalazine</i> )	NF	
AZULFIDINE TABS (Use <i>sulfasalazine</i> )	NF	
<i>balsalazide disodium caps</i>	1	
CANASA SUPP (Use <i>mesalamine</i> )	NF	
COLAZAL CAPS (Use <i>balsalazide disodium</i> )	NF	
DELZICOL CPDR (Use <i>mesalamine</i> )	NF	
DIPENTUM CAPS	2	
INFLECTRA SOLR	4	PA; 30 rtl lmt day(s),30 mail lmt day(s),
LIALDA TBEC (Use <i>mesalamine</i> )	NF	
<i>mesalamine cp24 or 0.375 gm</i>	1	
<i>mesalamine cpdr or 400 mg</i>	1	
<i>mesalamine enem re 4 gm</i>	1	
<i>mesalamine supp re 1000 mg</i>	1	
<i>mesalamine tbec or 1.2 gm</i>	1	
<i>mesalamine tbec or 800 mg</i>	1	QL(6 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
RENFLEXIS SOLR	4	PA; 30 rtl lmt day(s),30 mail lmt day(s),
STELARA SOLN IV 130 MG/26ML	4	PA
<i>sulfasalazine tabs</i>	1	
<i>sulfasalazine tbec</i>	1	
<b>Intestinal Acidifiers</b>		
<i>lactulose (encephalopathy) soln</i>	1	
<b>Irritable Bowel Syndrome (IBS) Agents</b>		
<i>alose tron hcl tabs</i>	1	QL(2 ea daily)
LINZESS CAPS	2	PA; QL(1 ea daily)
LOT RONEX TABS (Use <i>alose tron hcl</i> )	NF	QL(2 ea daily)
<b>Peripheral Opioid Receptor Antagonists</b>		
<i>alvimopan caps</i>	1	
ENTEREG CAPS (Use <i>alvimopan</i> )	3	
RELISTOR SOLN SC 12 MG/0.6ML, 8 MG/0.4ML	3	PA
<b>Phosphate Binder Agents</b>		
<i>calcium acetate (phosphate binder) caps</i>	1	
<i>calcium acetate (phosphate binder) tabs</i>	1	RX/OTC
FOSRENOL CHEW 1000 MG, 500 MG, 750 MG (Use <i>lanthanum carbonate</i> )	NF	
<i>lanthanum carbonate chew</i>	1	
PHOSLYRA SOLN	2	
RENVELA PACK (Use <i>sevelamer carbonate</i> )	NF	
RENVELA TABS (Use <i>sevelamer carbonate</i> )	NF	
<i>sevelamer carbonate pack</i>	1	
<i>sevelamer carbonate tabs</i>	1	

Drug Name	Drug Tier	Requirements/Limits
VELPHORO CHEW	3	PA
<b>GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System</b>		
<b>Alkalinizers</b>		
<i>potassium citrate (alkalinizer) tbc</i> 10 meq, 1080 mg	1	
<i>sodium citrate &amp; citric acid soln</i>	1	RX/OTC
UROKIT-K 10 TBCR (Use <i>potassium citrate (alkalinizer)</i> )	NF	
<b>Cystinosis Agents</b>		
CYSTAGON CAPS	3	PA
<b>Genitourinary Irrigants</b>		
<i>acetic acid soln</i>	1	
<i>glycine (gu irrigant) soln</i>	1	
RESECTISOL SOLN	1	
<i>sodium chloride (gu irrigant) soln</i>	1	
SORBITOL SOLN	1	
SORBITOL-MANNITOL SOLN	1	
SORBITOL/MANNITOL IRRIGATION SOLN	1	
<b>Interstitial Cystitis Agents</b>		
ELMIRON CAPS	2	
<b>Prostatic Hypertrophy Agents</b>		
<i>alfuzosin hcl tb24</i>	1	QL(1 ea daily)
AVODART CAPS (Use <i>dutasteride</i> )	NF	QL(1 ea daily)
<i>dutasteride caps</i>	1	QL(1 ea daily)
<i>finasteride tabs</i>	1	5 mg only
FLOMAX CAPS (Use <i>tamsulosin hcl</i> )	NF	

Drug Name	Drug Tier	Requirements/Limits
PROSCAR TABS (Use <i>finasteride</i> )	NF	5 mg only
RAPAFLO CAPS (Use <i>silodosin</i> )	NF	
<i>silodosin caps 8 mg, 4 mg</i>	1	
<i>tamsulosin hcl caps</i>	1	
UROXATRAL TB24 (Use <i>alfuzosin hcl</i> )	NF	QL(1 ea daily)
<b>Urinary Analgesics</b>		
<i>phenazopyridine hcl tabs</i>	1	
PYRIDIUM TABS (Use <i>phenazopyridine hcl</i> )	NF	
<b>GOUT AGENTS - Drugs to Treat Gout</b>		
<b>Gout Agent Combinations</b>		
<i>colchicine w/ probenecid tabs</i>	1	
<b>Gout Agents</b>		
<i>allopurinol tabs</i>	1	
<i>colchicine tabs</i>	1	QL(1 ea daily)
COLCRYS TABS (Use <i>colchicine</i> )	NF	QL(1 ea daily)
<i>febuxostat tabs</i>	1	PA; QL(1 ea daily)
KRYSTEXXA SOLN	4	PA
MITIGARE CAPS (Use <i>colchicine</i> )	NF	
ULORIC TABS (Use <i>febuxostat</i> )	NF	PA; QL(1 ea daily)
ZYLOPRIM TABS (Use <i>allopurinol</i> )	NF	
<b>Uricosurics</b>		
<i>probenecid tabs</i>	1	
<b>HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders</b>		
<b>Bradykinin B2 Receptor Antagonists</b>		
FIRAZYR SOLN (Use <i>icatibant acetate</i> )	NF	PA; QL(9 ml daily)

Ambetter Formulary Updated December 1, 2021

Drug Name	Drug Tier	Requirements/Limits
<i>icatibant acetate soln</i>	4	PA; QL(9 ml daily)
<b>Complement Inhibitors</b>		
CINRYZE SOLR	4	PA
HAEGARDA SOLR	4	PA
RUCONEST SOLR	4	PA; QL(0.143 ea daily)
SOLIRIS SOLN	4	PA
<b>Hematorheologic Agents</b>		
<i>pentoxifylline tbc</i>	1	QL(3 ea daily)
<b>Plasma Kallikrein Inhibitors</b>		
TAKHZYRO SOLN	4	PA;
<b>Platelet Aggregation Inhibitors</b>		
AGGRENOX CP12 ( <i>Use aspirin-dipyridamole</i> )	NF	PA; QL(2 ea daily)
AGRYLIN CAPS ( <i>Use anagrelide hcl</i> )	NF	
<i>anagrelide hcl caps</i>	1	
<i>aspirin-dipyridamole cp12</i>	1	PA; QL(2 ea daily)
BRILINTA TABS	2	
CABLIVI KIT	4	PA
<i>cilostazol tabs</i>	1	
<i>clopidogrel bisulfate tabs 300 mg</i>	1	
<i>clopidogrel bisulfate tabs 75 mg</i>	1	QL(1 ea daily)
<i>dipyridamole tabs</i>	1	
EFFIENT TABS ( <i>Use prasugrel hcl</i> )	NF	QL(1 ea daily)
PLAVIX TABS ( <i>Use clopidogrel bisulfate</i> )	NF	QL(1 ea daily)
<i>prasugrel hcl tabs</i>	1	QL(1 ea daily)
ZONTIVITY TABS	3	PA

Drug Name	Drug Tier	Requirements/Limits
<b>HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders</b>		
<b>Agents for Gaucher Disease</b>		
CERDELGA CAPS	4	PA; QL(2 ea daily)
CEREZYME SOLR	4	PA; SP
ELELYSO SOLR	4	PA; SP
<i>miglustat caps</i>	4	PA; QL(3 ea daily); SP
VPRIV SOLR	4	PA; SP
ZAVESCA CAPS ( <i>Use miglustat</i> )	NF	PA; QL(3 ea daily); SP
<b>Agents for Sickle Cell Disease</b>		
DROXIA CAPS	3	
OXBRYTA TABS	4	PA
<b>Cobalamins</b>		
<i>cyanocobalamin soln ij 1000 mcg/ml</i>	1	QL(1 ml daily)
<b>Folic Acid/Folates</b>		
<i>folic acid tabs or 1 mg</i>	0	RX/OTC
<i>folic acid tabs or 400 mcg</i>	0	
<b>Hematopoietic Growth Factors</b>		
ARANESP ALBUMIN FREE SOLN 100 MCG/ML, 40 MCG/ML, 60 MCG/ML	4	PA; SP
ARANESP ALBUMIN FREE SOLN 25 MCG/ML	4	SP
ARANESP ALBUMIN FREE SOSY 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML	4	PA; SP
DOPTELET TABS	4	PA
EPOGEN SOLN	3	PA; SP
FULPHILA SOSY	4	PA;

Ambetter Formulary Updated December 1, 2021

Drug Name	Drug Tier	Requirements/Limits
LEUKINE SOLR	4	PA; SP
MIRCERA SOSY	4	PA
MULPLETA TABS	4	PA
NEULASTA ONPRO KIT PSKT	4	PA; SP
NEULASTA SOSY	4	PA; SP
NEUPOGEN SOLN	4	PA; SP
NEUPOGEN SOSY	4	PA; SP
NIVESTYM SOSY 300 MCG/0.5ML, 480 MCG/0.8ML	4	PA
NPLATE SOLR 250 MCG, 500 MCG	4	PA; SP
PROCRIT SOLN 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	3	PA; SP
PROCRIT SOLN 40000 UNIT/ML	4	PA; SP
PROMACTA PACK 12.5 MG	4	PA; QL(1 ea daily)
PROMACTA TABS 12.5 MG, 25 MG, 50 MG, 75 MG	4	PA; SP
RETACRIT SOLN 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/2ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	4	PA
UDENYCA SOSY	4	PA
ZARXIO SOSY	4	PA; 30 rtl lmt day(s), 30 mail lmt day(s),
ZIEXTENZO SOSY	4	PA;
<b>Hematopoietic Mixtures</b>		
<i>ferrous fumarate-folic acid tabs</i>	1	QL(1 ea daily)
<b>Iron</b>		
FER-IN-SOL SOLN ( <i>Use ferrous sulfate</i> )	0	AL(Up to 1 yrs old )

Drug Name	Drug Tier	Requirements/Limits
<i>ferrous sulfate soln or 15 mg/ml</i>	0	AL(Up to 1 yrs old )
<i>ferrous sulfate tabs or 325 mg, 65 mg</i>	0	
<i>ferrous sulfate tbec or 325 mg</i>	0	
<b>Stem Cell Mobilizers</b>		
MOZOBIL SOLN	4	PA; SP
<b>HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders</b>		
<b>Hemostatics - Systemic</b>		
AMICAR TABS 1000 MG, 500 MG ( <i>Use aminocaproic acid</i> )	NF	PA
<i>aminocaproic acid tabs or 1000 mg, 500 mg</i>	1	PA
CYKLOKAPRON SOLN ( <i>Use tranexamic acid</i> )	NF	
LYSTEDA TABS ( <i>Use tranexamic acid</i> )	NF	
<i>tranexamic acid soln</i>	1	
<i>tranexamic acid tabs</i>	1	
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS</b>		
<b>Barbiturate Hypnotics</b>		
<i>phenobarbital elix 20 mg/5ml</i>	1	
<i>phenobarbital soln 20 mg/5ml</i>	1	
<i>phenobarbital tabs 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg, 15 mg, 30 mg</i>	1	
<b>Hypnotics - Tricyclic Agents</b>		
<i>doxepin hcl (sleep) tabs</i>	1	PA; QL(1 ea daily)
SILENOR TABS ( <i>Use doxepin hcl (sleep)</i> )	NF	PA; QL(1 ea daily)
<b>Non-Barbiturate Hypnotics</b>		

Ambetter Formulary Updated December 1, 2021



Drug Name	Drug Tier	Requirements/ Limits
AMBIEN CR TBCR ( <i>Use zolpidem tartrate</i> )	NF	ST; Must try immediate release zolpidem.; QL(1 ea daily)
AMBIEN TABS ( <i>Use zolpidem tartrate</i> )	NF	QL(1 ea daily); AL(At least 18 yrs old)
DORAL TABS ( <i>Use quazepam</i> )	NF	
<i>estazolam tabs</i>	1	
<i>eszopiclone tabs</i>	1	ST; QL(1 ea daily); AL(At least 18 yrs old)
HALCION TABS ( <i>Use triazolam</i> )	NF	
LUNESTA TABS ( <i>Use eszopiclone</i> )	NF	ST; QL(1 ea daily); AL(At least 18 yrs old)
RESTORIL CAPS ( <i>Use temazepam</i> )	NF	QL(1 ea daily)
<i>temazepam caps</i>	1	QL(1 ea daily)
<i>triazolam tabs</i>	1	
<i>zaleplon caps 10 mg</i>	1	QL(2 ea daily); AL(At least 18 yrs old)
<i>zaleplon caps 5 mg</i>	1	QL(1 ea daily); AL(At least 18 yrs old)
<i>zolpidem tartrate tabs or 10 mg, 5 mg</i>	1	QL(1 ea daily); AL(At least 18 yrs old)
<i>zolpidem tartrate tbcr or 6.25 mg, 12.5 mg</i>	1	ST; Must try immediate release zolpidem.; QL(1 ea daily)
<b>Orexin Receptor Antagonists</b>		
BELSOMRA TABS	3	PA
<b>Selective Melatonin Receptor Agonists</b>		

Drug Name	Drug Tier	Requirements/ Limits
HETLIOZ CAPS	3	PA; QL(1 ea daily)
<i>ramelteon tabs</i>	1	ST; QL(1 ea daily); AL(At least 18 yrs old)
ROZEREM TABS ( <i>Use ramelteon</i> )	NF	ST; QL(1 ea daily); AL(At least 18 yrs old)
<b>LAXATIVES - Bowel Treatment Drugs</b>		
<b>Bulk Laxatives</b>		
<i>calcium polycarbophil tabs</i>	1	
FIBERCON TABS ( <i>Use calcium polycarbophil</i> )	NF	
<b>Laxative Combinations</b>		
CLENPIQ SOLN	3	PA
COLYTE-FLAVOR PACKS SOLR ( <i>Use peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i> )	NF	
GOLYTELY SOLR ( <i>Use peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i> )	0	
MOVIPREP SOLR ( <i>Use peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i> )	2	PA
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid solr</i>	1	PA
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate solr 2.97 gm-5.86 gm-6.74 gm-22.74 gm-236 gm</i>	0	
PREPOPIK PACK	3	PA
SUPREP BOWEL PREP KIT SOLN	0	
<b>Laxatives - Miscellaneous</b>		
<i>lactulose soln 10 gm/15ml, 20 gm/30ml</i>	1	
<b>Saline Laxatives</b>		

Drug Name	Drug Tier	Requirements/Limits
OSMOPREP TABS	3	PA
<b>Stimulant Laxatives</b>		
<i>bisacodyl tbec</i>	1	
DULCOLAX TBEC (Use <i>bisacodyl</i> )	NF	
<b>Surfactant Laxatives</b>		
COLACE CAPS (Use <i>docusate sodium</i> )	NF	
<i>docusate calcium caps</i>	1	
<i>docusate sodium caps</i>	1	
<b>LOCAL ANESTHETICS-Parenteral - Drugs for Numbing</b>		
<b>Local Anesthetics - Amides</b>		
<i>lidocaine hcl (local anesth.) soln 0.5 %, 1 %, 2 %</i>	1	
MARCAINE SOLN 0.5 % (Use <i>bupivacaine hcl</i> )	NF	
NAROPIN SOLN 5 MG/ML, 2 MG/ML (Use <i>ropivacaine hcl</i> )	NF	
XYLOCAINE SOLN 0.5 %, 1 % (Use <i>lidocaine hcl (local anesth.)</i> )	NF	
XYLOCAINE-MPF SOLN 0.5 %, 1 %, 2 % (Use <i>lidocaine hcl (local anesth.)</i> )	NF	
<b>MACROLIDES - Drugs to Treat Bacterial Infections</b>		
<b>Azithromycin</b>		
<i>azithromycin pack or 1 gm</i>	1	
<i>azithromycin solr iv 500 mg</i>	1	
<i>azithromycin susr or 100 mg/5ml, 200 mg/5ml</i>	1	
<i>azithromycin tabs or 250 mg</i>	1	QL(6 ea per fill retail,6 ea per fill mail)
<i>azithromycin tabs or 500 mg</i>	1	QL(4 ea per fill retail,4 ea per fill mail)

Drug Name	Drug Tier	Requirements/Limits
<i>azithromycin tabs or 600 mg</i>	1	QL(0.286 ea daily)
ZITHROMAX PACK OR 1 GM (Use <i>azithromycin</i> )	NF	
ZITHROMAX SOLR IV 500 MG (Use <i>azithromycin</i> )	NF	
ZITHROMAX SUSR OR 100 MG/5ML, 200 MG/5ML (Use <i>azithromycin</i> )	NF	
ZITHROMAX TABS OR 250 MG (Use <i>azithromycin</i> )	NF	QL(6 ea per fill retail,6 ea per fill mail)
ZITHROMAX TABS OR 500 MG (Use <i>azithromycin</i> )	NF	QL(4 ea per fill retail,4 ea per fill mail)
ZITHROMAX TABS OR 600 MG (Use <i>azithromycin</i> )	NF	QL(0.286 ea daily)
ZITHROMAX TRI-PAK TABS (Use <i>azithromycin</i> )	NF	QL(4 ea per fill retail,4 ea per fill mail)
ZITHROMAX Z-PAK TABS (Use <i>azithromycin</i> )	NF	QL(6 ea per fill retail,6 ea per fill mail)
<b>Clarithromycin</b>		
<i>clarithromycin susr</i>	1	
<i>clarithromycin tabs</i>	1	
<i>clarithromycin tb24</i>	1	
<b>Erythromycins</b>		
E.E.S. GRANULES SUSR (Use <i>erythromycin ethylsuccinate</i> )	NF	
ERYPED 200 SUSR (Use <i>erythromycin ethylsuccinate</i> )	NF	
ERYPED 400 SUSR (Use <i>erythromycin ethylsuccinate</i> )	3	
<i>erythromycin base cpep 250 mg</i>	3	
<i>erythromycin base tabs 250 mg, 500 mg</i>	3	
<i>erythromycin base tbec 333 mg, 500 mg, 250 mg</i>	1	

Ambetter Formulary Updated December 1, 2021

Drug Name	Drug Tier	Requirements/ Limits
<i>erythromycin ethylsuccinate susr 200 mg/5ml, 400 mg/5ml</i>	1	
<i>erythromycin ethylsuccinate tabs 400 mg</i>	3	
<b>Fidaxomicin</b>		
DIFICID TABS 200 MG	2	
<b>MEDICAL DEVICES AND SUPPLIES</b>		
<b>Contraceptives</b>		
AIMSCO LUBRICATED MISC	0	QL(2 ea daily)
CAYA DPRH	0	
DUREX EXTRA SENSITIVE DEVI	0	QL(2 ea daily)
FANTASY LUBRICATED MISC	0	QL(2 ea daily)
FANTASY LUBRICATED/SPERMICIDE MISC	0	QL(2 ea daily)
FC FEMALE CONDOM MISC	0	QL(1 ea daily)
FEMCAP DEVI	0	
K-Y ME & YOU EXTRA LUBRICATED DEVI	0	QL(2 ea daily)
K-Y ME & YOU INTENSE DEVI	0	QL(2 ea daily)
KAMELEON LUBRICATED MISC	0	QL(2 ea daily)
KIMONO COLORS DEVI	0	QL(2 ea daily)
KIMONO LUBRICATED MISC	0	QL(2 ea daily)
KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC	0	QL(2 ea daily)
KIMONO PLUS SPERMICIDE LUBRICATED MISC	0	QL(2 ea daily)
KIMONO PLUS SPERMICIDE/LUBRICATED MISC	0	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
KIMONO PS LUBRICATED MISC	0	QL(2 ea daily)
KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC	0	QL(2 ea daily)
KIMONO SENSATION LUBRICATED MISC	0	QL(2 ea daily)
KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC	0	QL(2 ea daily)
KIMONO SPECIAL DEVI	0	QL(2 ea daily)
MAXX LUBRICATED MISC	0	QL(2 ea daily)
MAXX PLUS SPERMICIDE LUBRICATED MISC	0	QL(2 ea daily)
OMNIFLEX DIAPHRAGM DPRH	0	
PREMIUM CONDOMS LUBRICATED MISC	0	QL(2 ea daily)
REALITY LATEX CONDOMS/LUBRICATED MISC	0	QL(2 ea daily)
REALITY LATEX/ULTRA TEXTURED DEVI	0	QL(2 ea daily)
REALITY LATEX/ULTRA THIN DEVI	0	QL(2 ea daily)
TRUSTEX COLOR CONDOMS + LUBE MISC	0	QL(2 ea daily)
TRUSTEX LUBRICATED EXTRALARGE MISC	0	QL(2 ea daily)
TRUSTEX LUBRICATED EXTRASTRENGTH MISC	0	QL(2 ea daily)
TRUSTEX LUBRICATED MISC	0	QL(2 ea daily)
TRUSTEX LUBRICATED/RIBBED/STUDDED MISC	0	QL(2 ea daily)
TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC	0	QL(2 ea daily)
TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC	0	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
TRUSTEX LUBRICATED/SPERMICIDE MISC	0	QL(2 ea daily)
TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC	0	QL(2 ea daily)
TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDDERED MISC	0	QL(2 ea daily)
TRUSTEX/RIA LUBRICATED MISC	0	QL(2 ea daily)
TRUSTEX/RIA LUBRICATED SPERMICIDE MISC	0	QL(2 ea daily)
TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC	0	QL(2 ea daily)
WIDE-SEAL SILICONE DIAPHRAGM KIT 60 DPRH	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 65 DPRH	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 70 DPRH	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 75 DPRH	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 80 DPRH	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 85 DPRH	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 90 DPRH	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 95 DPRH	0	
<b>Diabetic Supplies</b>		
1ST TIER UNILET COMFORTOUCH LANCETS 28G MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
1ST TIER UNILET COMFORTOUCH LANCETS 30G MISC	1	QL(6.6667 ea daily)
ACCU-CHEK FASTCLIX LANCETS MISC	1	QL(6.6667 ea daily)
ACCU-CHEK MULTICLIX LANCETS MISC	1	QL(6.6667 ea daily)
ACCU-CHEK SAFE-T-PRO LANCETS MISC	1	QL(6.6667 ea daily)
ACCU-CHEK SAFE-T-PRO PLUSLANCETS MISC	1	QL(6.6667 ea daily)
ACCU-CHEK SOFTCLIX LANCETS MISC	1	QL(6.6667 ea daily)
ACTI-LANCE LANCETS 28G MISC	1	QL(6.6667 ea daily)
ACTI-LANCE LITE SAFETY LANCETS 28G MISC	1	QL(6.6667 ea daily)
ACTI-LANCE SPECIAL SAFETY LANCETS 17G MISC	1	QL(6.6667 ea daily)
ACTI-LANCE SPECIAL SAFETY LANCETS 17G MISC	1	QL(6.6667 ea daily)
ACTI-LANCE UNIVERSAL SAFETY LANCETS 23G MISC	1	QL(6.6667 ea daily)
ADJUSTABLE LANCING DEVICE MISC	1	
ADVANCED MOBILE LANCET 30G MISC	1	QL(6.6667 ea daily)
ADVOCATE LANCETS 30G MISC	1	QL(6.6667 ea daily)
ADVOCATE LANCETS MISC	1	QL(6.6667 ea daily)
ADVOCATE LANCING DEVICE MISC	1	
ADVOCATE RAPID-SAFE LANCING DEVICE MISC	1	
ADVOCATE SAFETY LANCETS 26G MISC	1	QL(6.6667 ea daily)
ADVOCATE SAFETY LANCETS MISC	1	QL(6.6667 ea daily)
AGAMATRIX ULTRA-THIN LANCETS 33G MISC	1	QL(6.6667 ea daily)

Ambetter Formulary Updated December 1, 2021

Drug Name	Drug Tier	Requirements/ Limits
AIMSCO TWIST LANCETS 32G MISC	1	QL(6.6667 ea daily)
AIMSCO TWIST LANCETS 33G MISC	1	QL(6.6667 ea daily)
ALTERNATE SITE LANCING DEVICE MISC	1	
AQUA LANCE ADJUSTABLE LANCING DEVICE DEVI	1	
ASSURE HAEMOLANCE PLUS HIGH FLOW 18G MISC	1	QL(6.6667 ea daily)
ASSURE HAEMOLANCE PLUS LOW FLOW 25G MISC	1	QL(6.6667 ea daily)
ASSURE HAEMOLANCE PLUS MICRO FLOW 28G MISC	1	QL(6.6667 ea daily)
ASSURE HAEMOLANCE PLUS NORMAL FLOW 21G MISC	1	QL(6.6667 ea daily)
ASSURE HAEMOLANCE PLUS PEDIATRIC BLADE MISC	1	QL(6.6667 ea daily)
ASSURE LANCE LANCETS 21G MISC	1	QL(6.6667 ea daily)
ASSURE LANCE LANCETS MISC	1	QL(6.6667 ea daily)
ASSURE LANCE PLUS SAFETYLANCETS 25G MISC	1	QL(6.6667 ea daily)
ASSURE LANCE PLUS SAFETYLANCETS 30G MISC	1	QL(6.6667 ea daily)
ASSURE LANCE SAFETY LANCET 28G MISC	1	QL(6.6667 ea daily)
ASSURE LANCETS MISC	1	QL(6.6667 ea daily)
AURORA LANCET SUPER THIN30G MISC	1	QL(6.6667 ea daily)
AURORA LANCET THIN 23G MISC	1	QL(6.6667 ea daily)
AUTO-LANCET MINI MISC	1	
AUTO-LANCET MISC	1	

Drug Name	Drug Tier	Requirements/ Limits
AUTOLET IMPRESSION LANCING DEVICE MISC	1	
AUTOLET LANCING DEVICE MISC	1	
AUTOLET MINI MISC	1	
AUTOLET PLUS MISC	1	
BD LANCET ULTRAFINE 30G MISC	1	QL(6.6667 ea daily)
BD LANCET ULTRAFINE 33G MISC	1	QL(6.6667 ea daily)
BD MICROTAINER LANCETS MISC	1	QL(6.6667 ea daily)
BULLSEYE MINI SAFETY LANCETS MISC	1	QL(6.6667 ea daily)
BULLSEYE SAFETY LANCETS MISC	1	QL(6.6667 ea daily)
CARDIOCOM LANCING DEVICE MISC	1	
CAREONE ADVANCED LANCINGDEVICE MISC	1	
CAREONE LANCET SUPER THIN/30G MISC	1	QL(6.6667 ea daily)
CAREONE LANCET THIN MISC	1	QL(6.6667 ea daily)
CARESENS LANCETS MISC	1	QL(6.6667 ea daily)
CARETOUCH LANCING DEVICewith EJECTOR MISC	1	
CARETOUCH SAFETY LANCETS/26G MISC	1	QL(6.6667 ea daily)
CARETOUCH SAFETY LANCETS/28G MISC	1	QL(6.6667 ea daily)
CARETOUCH SAFETY LANCETS/30G MISC	1	QL(6.6667 ea daily)
CARETOUCH TWIST LANCETS 28G MISC	1	QL(6.6667 ea daily)
CARETOUCH TWIST LANCETS 30G MISC	1	QL(6.6667 ea daily)
CARETOUCH TWIST LANCETS 33G MISC	1	QL(6.6667 ea daily)
CLEANLET LANCETS 28G MISC	1	QL(6.6667 ea daily)



Drug Name	Drug Tier	Requirements/ Limits
COAGUCHEK LANCETS MISC	1	QL(6.6667 ea daily)
COMFORT ASSURED LANCETS MICRO THIN 33G MISC	1	QL(6.6667 ea daily)
COMFORT ASSURED LANCETS SUPER THIN 28G MISC	1	QL(6.6667 ea daily)
COMFORT LANCETS MISC	1	QL(6.6667 ea daily)
CVS LANCETS 21G MISC	1	QL(6.6667 ea daily)
CVS LANCETS MICRO THIN 33G MISC	1	QL(6.6667 ea daily)
CVS LANCETS MICRO-THIN 33G MISC	1	QL(6.6667 ea daily)
CVS LANCETS ORIGINAL MISC	1	QL(6.6667 ea daily)
CVS LANCETS THIN 26G MISC	1	QL(6.6667 ea daily)
CVS LANCETS ULTRA THIN 30G MISC	1	QL(6.6667 ea daily)
CVS LANCETS ULTRA-THIN 30G MISC	1	QL(6.6667 ea daily)
CVS LANCING DEVICE MISC	1	
CVS ULTRA THIN LANCETS MISC	1	QL(6.6667 ea daily)
DIATHRIVE LANCETS MISC	1	QL(6.6667 ea daily)
DIATHRIVE LANCETS ULTRA THIN 30G MISC	1	QL(6.6667 ea daily)
DIATHRIVE LANCING DEVICE MISC	1	
DROPLET GENTEEL LANCING DEVICE MISC	1	
DROPLET LANCETS ULTRA THIN 30G MISC	1	QL(6.6667 ea daily)
DROPLET LANCING DEVICE MISC	1	
DROPLET PERSONAL LANCETS 30G MISC	1	QL(6.6667 ea daily)
DRUG MART ADJUSTABLE LANCING DEVICE MISC	1	

Drug Name	Drug Tier	Requirements/ Limits
DRUG MART LANCETS THIN MISC	1	QL(6.6667 ea daily)
DRUG MART ON-THE-GO LANCETS GENTLE 30G MISC	1	QL(6.6667 ea daily)
DRUG MART UNILET LANCETS SUPER THIN 30G MISC	1	QL(6.6667 ea daily)
DRUG MART UNILET LANCETS ULTRA THIN 28G MISC	1	QL(6.6667 ea daily)
DRUG MART UNILET MICRO THIN LANCETS 33G MISC	1	QL(6.6667 ea daily)
E-Z JECT LANCETS 21G MISC	1	QL(6.6667 ea daily)
E-Z JECT LANCETS COLOR MISC	1	QL(6.6667 ea daily)
E-Z JECT LANCETS MISC	1	QL(6.6667 ea daily)
E-Z JECT LANCETS SUPER THIN 30G MISC	1	QL(6.6667 ea daily)
E-Z JECT LANCETS THIN 26G MISC	1	QL(6.6667 ea daily)
E-ZJECT LANCETS MICRO-THIN 33G MISC	1	QL(6.6667 ea daily)
EASY MINI EJECT LANCING DEVICE MISC	1	
EASY MINI LANCING DEVICE MISC	1	
EASY TOUCH LANCETS 21G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 23G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 26G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 26G/PULL-TOP MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 28G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 28G/PULL-TOP MISC	1	QL(6.6667 ea daily)

Ambetter Formulary Updated December 1, 2021

Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH LANCETS 28G/TWIST MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 30G/BUTTON-ACTIVATED MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 30G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 30G/PULL-TOP MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 30G/TWIST MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 32G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 32G/PULL-TOP MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 32G/TWIST MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 33G/TWIST MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCING DEVICE/EJECTOR MISC	1	
EASY TOUCH SAFETY LANCETS21G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)
EASY TOUCH SAFETY LANCETS23G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)
EASY TOUCH SAFETY LANCETS26G/BUTTON ACTIVATED MISC	1	QL(6.6667 ea daily)
EASY TOUCH SAFETY LANCETS26G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)
EASY TOUCH SAFETY LANCETS28G/BUTTON ACTIVATED MISC	1	QL(6.6667 ea daily)
EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)
EASY TWIST & CAP LANCETS MISC	1	QL(6.6667 ea daily)
EMBRACE LANCETS ULTRA THIN 30G MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
EMBRACE LANCING DEVICE WITH EJECTOR MISC	1	
EQL COLOR LANCETS 21G MISC	1	QL(6.6667 ea daily)
EQL COLOR LANCETS MICRO THIN 33G MISC	1	QL(6.6667 ea daily)
EQL SUPER THIN LANCETS 30G MISC	1	QL(6.6667 ea daily)
EQL THIN LANCETS 26G MISC	1	QL(6.6667 ea daily)
EZ-LETS LANCETS 21G MISC	1	QL(6.6667 ea daily)
EZ-LETS LANCETS 26G SUPER-SOFT MISC	1	QL(6.6667 ea daily)
EZ-LETS LANCETS 28G ULTRA-SOFT MISC	1	QL(6.6667 ea daily)
EZ-LETS LANCETS 30G MISC	1	QL(6.6667 ea daily)
FIFTY50 SAFETY SEAL LANCETS 30G MISC	1	QL(6.6667 ea daily)
FIFTY50 SAFETY SEAL LANCETS 32G MISC	1	QL(6.6667 ea daily)
FIFTY50 UNILET LANCETS 33G MISC	1	QL(6.6667 ea daily)
FINE 30 MISC	1	QL(6.6667 ea daily)
FINGERSTIX LANCETS MISC	1	QL(6.6667 ea daily)
FORA LANCETS MISC	1	QL(6.6667 ea daily)
FORA LANCING DEVICE MISC	1	
FORA LANCING DEVICE/CLEARCAP MISC	1	
FREDS PHARMACY AUTOLET LANCING DEVICE MISC	1	
FREDS PHARMACY UNILET LANCETS SUPER THIN 30G MISC	1	QL(6.6667 ea daily)
FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G MISC	1	QL(6.6667 ea daily)
FREESTYLE LANCETS MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
FREESTYLE UNISTICK II LANCETS MISC	1	QL(6.6667 ea daily)
GENTEEL BUTTERFLY TOUCH LANCETS MISC	1	QL(6.6667 ea daily)
GENTEEL LANCING DEVICE/GLORIOUS GOLD MISC	1	
GENTEEL LANCING DEVICE/PRECIOUS PLATINUM MISC	1	
GENTEEL LANCING DEVICE/STATELY SILVER MISC	1	
GENTEEL PLUS LANCING DEVICE/BUFF BLACK MISC	1	
GENTEEL PLUS LANCING DEVICE/BUTTERFLY BLUE MISC	1	
GENTEEL PLUS LANCING DEVICE/PLAYFUL PURPLE MISC	1	
GENTEEL PLUS LANCING DEVICE/PRINCESS PINK MISC	1	
GENTEEL PLUS LANCING DEVICE/WILLOWY WHITE MISC	1	
GENTLE-LET GP LANCETS MISC	1	QL(6.6667 ea daily)
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT MISC	1	QL(6.6667 ea daily)
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT MISC	1	QL(6.6667 ea daily)
GENTLE-LET LANCETS SAFETY STYLE/FINE POINT MISC	1	QL(6.6667 ea daily)
GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT MISC	1	QL(6.6667 ea daily)
GLOBAL LANCING DEVICE MISC	1	
GLUCOCOM LANCETS 28G MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
GLUCOCOM LANCETS 30G MISC	1	QL(6.6667 ea daily)
GLUCOCOM LANCETS 33G MISC	1	QL(6.6667 ea daily)
GNP LANCETS 21G MISC	1	QL(6.6667 ea daily)
GNP LANCETS MICRO THIN 33G MISC	1	QL(6.6667 ea daily)
GNP LANCETS SUPER THIN 30G MISC	1	QL(6.6667 ea daily)
GNP LANCETS THIN 26G MISC	1	QL(6.6667 ea daily)
GNP LANCETS THIN MISC	1	QL(6.6667 ea daily)
GNP LANCING SYSTEM DEVICE MISC	1	
GOJJI LANCING DEVICE/CLEAR CAP MISC	1	
GOJJI STERILE LANCETS 30G MISC	1	QL(6.6667 ea daily)
GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL MISC	1	QL(6.6667 ea daily)
GOODSENSE LANCETS MICRO-THIN 33G MISC	1	QL(6.6667 ea daily)
GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL MISC	1	QL(6.6667 ea daily)
GOODSENSE LANCETS ULTRA-THIN 26G UNIVERSAL MISC	1	QL(6.6667 ea daily)
GOODSENSE LANCETS ULTRA-THIN 30G MISC	1	QL(6.6667 ea daily)
GOODSENSE LANCETS ULTRA-THIN 30G UNIVERSAL MISC	1	QL(6.6667 ea daily)
GOODSENSE LANCING DEVICE MISC	1	
H-E-B INCONTROL ADVANCED LANCING DEVICE MISC	1	
H-E-B INCONTROL LANCETS MICRO THIN 33G MISC	1	QL(6.6667 ea daily)

Ambetter Formulary Updated December 1, 2021

Drug Name	Drug Tier	Requirements/ Limits
H-E-B INCONTROL LANCETS SUPER THIN 30G MISC	1	QL(6.6667 ea daily)
H-E-B INCONTROL LANCETS ULTRA THIN 28G MISC	1	QL(6.6667 ea daily)
HAEMOLANCE LOW FLOW LANCETS MISC	1	QL(6.6667 ea daily)
HAEMOLANCE MISC	1	QL(6.6667 ea daily)
HAEMOLANCE PLUS HIGH FLOW MISC	1	QL(6.6667 ea daily)
HAEMOLANCE PLUS LOW FLOW MISC	1	QL(6.6667 ea daily)
HAEMOLANCE PLUS MAX FLOW MISC	1	QL(6.6667 ea daily)
HAEMOLANCE PLUS MISC	1	QL(6.6667 ea daily)
HAEMOLANCE PLUS PEDIATRIC FLOW MISC	1	QL(6.6667 ea daily)
HEALTH CARE LANCING DEVICE MISC	1	
HEALTHY ACCENTS AUTOLET IMPRESSION LANCING DEVICE MISC	1	
HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G MISC	1	QL(6.6667 ea daily)
HY-VEE LANCETS MISC	1	QL(6.6667 ea daily)
HY-VEE THIN LANCETS MISC	1	QL(6.6667 ea daily)
IN TOUCH LANCING DEVICE MISC	1	
IN TOUCH STERILE LANCETS30G MISC	1	QL(6.6667 ea daily)
KINNEY LANCETS MISC	1	QL(6.6667 ea daily)
KINNEY THIN LANCETS MISC	1	QL(6.6667 ea daily)
KROGER AUTOLET LANCING DEVICE MISC	1	
KROGER HEALTHPRO TWIST LANCETS/26G MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
KROGER LANCETS 21G MISC	1	QL(6.6667 ea daily)
KROGER LANCETS MICRO THIN33G MISC	1	QL(6.6667 ea daily)
KROGER LANCETS MISC	1	QL(6.6667 ea daily)
KROGER LANCETS SUPER THIN MISC	1	QL(6.6667 ea daily)
KROGER LANCETS THIN 26G MISC	1	QL(6.6667 ea daily)
KROGER LANCETS THIN MISC	1	QL(6.6667 ea daily)
KROGER LANCETS ULTRATHIN30G MISC	1	QL(6.6667 ea daily)
KROGER LANCING DEVICE MISC	1	
LANCET DEVICE ADJUSTABLE MISC	1	
LANCET DEVICE WITH EJECTOR MISC	1	
LANCETS 26G TWIST TOP MISC	1	QL(6.6667 ea daily)
LANCETS 30G MISC	1	QL(6.6667 ea daily)
LANCETS 30G TWIST TOP MISC	1	QL(6.6667 ea daily)
LANCETS 30G/TWIST TOP MISC	1	QL(6.6667 ea daily)
LANCETS 31G TWIST TOP MISC	1	QL(6.6667 ea daily)
LANCETS 33G EXTRA FINE MISC	1	QL(6.6667 ea daily)
LANCETS MICRO THIN 33G MISC	1	QL(6.6667 ea daily)
LANCETS MISC	1	QL(6.6667 ea daily)
LANCETS SAFETY SEAL 21G MISC	1	QL(6.6667 ea daily)
LANCETS SAFETY SEAL 26G MISC	1	QL(6.6667 ea daily)
LANCETS SAFETY SEAL 28G MISC	1	QL(6.6667 ea daily)
LANCETS SAFETY SEAL 30G MISC	1	QL(6.6667 ea daily)
LANCETS SUPER THIN 28G MISC	1	QL(6.6667 ea daily)

Ambetter Formulary Updated December 1, 2021

Drug Name	Drug Tier	Requirements/ Limits
LANCETS THIN MISC	1	QL(6.6667 ea daily)
LANCETS TWIST TOP MISC	1	QL(6.6667 ea daily)
LANCETS ULTRA THIN 30G MISC	1	QL(6.6667 ea daily)
LANCETS ULTRA THIN MISC	1	QL(6.6667 ea daily)
LANCETSBULLSEYE SAFETY MISC	1	QL(6.6667 ea daily)
LANCING DEVICE ADJUSTABLE MISC	1	
LANCING DEVICE MISC	1	
LANZO MISC	1	
LEADER ADVANCED LANCING DEVICE MISC	1	
LIBERTY MEDICAL LANCETS 30G MISC	1	QL(6.6667 ea daily)
LIBERTY MINI LANCING DEVICE MISC	1	
LIFESCAN UNISTIK 2 DEEP PENETRATION MISC	1	QL(6.6667 ea daily)
LIFESCAN UNISTIK II LANCETS MISC	1	QL(6.6667 ea daily)
LITE TOUCH LANCETS MISC	1	QL(6.6667 ea daily)
LITE TOUCH LANCING PEN MISC	1	
LITETOUCH LANCETS MICRO THIN 33G MISC	1	QL(6.6667 ea daily)
LIVE BETTER ADVANCED LANCING DEVICE MISC	1	
LIVE BETTER LANCET SUPERTHIN 30G MISC	1	QL(6.6667 ea daily)
LIVE BETTER LANCET ULTRATHIN 28G MISC	1	QL(6.6667 ea daily)
LONGS LANCETS STANDARD MISC	1	QL(6.6667 ea daily)
LONGS LANCETS THIN MISC	1	QL(6.6667 ea daily)
LONGS LANCETS ULTRA THIN MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
MEDICHOICE PRE-SET SAFETY LANCET DUAL USE MISC	1	QL(6.6667 ea daily)
MEDICHOICE PRE-SET SAFETY LANCET LOW FLOW MISC	1	QL(6.6667 ea daily)
MEDICHOICE PRE-SET SAFETY LANCET MEDIUM FLOW MISC	1	QL(6.6667 ea daily)
MEDICHOICE PRE-SET SAFETY LANCET MODERATE FLOW MISC	1	QL(6.6667 ea daily)
MEDICHOICE SAFETY LANCETEXTRA MISC	1	QL(6.6667 ea daily)
MEDICHOICE SAFETY LANCETNORMAL MISC	1	QL(6.6667 ea daily)
MEDISENSE THIN LANCETS MISC	1	QL(6.6667 ea daily)
MEDLANCE PLUS EXTRA LANCETS 21G MISC	1	QL(6.6667 ea daily)
MEDLANCE PLUS LANCETS LITE 25G MISC	1	QL(6.6667 ea daily)
MEDLANCE PLUS LANCETS MISC	1	QL(6.6667 ea daily)
MEDLANCE PLUS LITE LANCETS 25G MISC	1	QL(6.6667 ea daily)
MEDLANCE PLUS SPECIAL LANCETS 0.8MM MISC	1	QL(6.6667 ea daily)
MEDLANCE PLUS SUPERLITE 30G MISC	1	QL(6.6667 ea daily)
MEDLANCE PLUS SUPERLITE 30G/COMFORT MAX MISC	1	QL(6.6667 ea daily)
MEDLANCE PLUS UNIVERSAL LANCETS 21G MISC	1	QL(6.6667 ea daily)
MEDLANCE PLUS/LITE 25G MISC	1	QL(6.6667 ea daily)
MEDLANCE/EXTRA MISC	1	QL(6.6667 ea daily)
MEDLANCE/LITE MISC	1	QL(6.6667 ea daily)
MEDLANCE/UNIVERSAL MISC	1	QL(6.6667 ea daily)

Ambetter Formulary Updated December 1, 2021



Drug Name	Drug Tier	Requirements/ Limits
MEIJER COLOR LANCETS UNIVERSAL 33G MISC	1	QL(6.6667 ea daily)
MEIJER LANCETS MISC	1	QL(6.6667 ea daily)
MEIJER LANCETS THIN MISC	1	QL(6.6667 ea daily)
MEIJER LANCETS UNIVERSAL21G MISC	1	QL(6.6667 ea daily)
MEIJER LANCETS UNIVERSAL30G MISC	1	QL(6.6667 ea daily)
MEIJER LANCETS UNIVERSAL33G MISC	1	QL(6.6667 ea daily)
MEIJER SUPER THIN LANCETS MISC	1	QL(6.6667 ea daily)
MICROLET LANCETS MISC	1	QL(6.6667 ea daily)
MICROLET NEXT MISC	1	
MINI LANCING DEVICE MISC	1	
MM LANCING DEVICE MISC	1	
MM TWIST LANCETS MISC	1	QL(6.6667 ea daily)
MOLOLET LANCETS MISC	1	QL(6.6667 ea daily)
MOLOLET OPD LANCETS MISC	1	QL(6.6667 ea daily)
MOLOLETTOR SAFETY LANCETS MISC	1	QL(6.6667 ea daily)
MPD SAFETY LANCET 21G/1.8MM MISC	1	QL(6.6667 ea daily)
MPD SAFETY LANCET 28G/1.8MM MISC	1	QL(6.6667 ea daily)
MPD SAFETY LANCET 30G/1.8MM MISC	1	QL(6.6667 ea daily)
MPD SAFETY LANCETS 23G/1.8MM MISC	1	QL(6.6667 ea daily)
MULTI-LANCET DEVICE MISC	1	
MYGLUCOHEALTH MGH SOFTLANC LANCETS 30G MISC	1	QL(6.6667 ea daily)
NOVA SAFETY LANCETS 23G MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
NOVA SAFETY LANCETS 28G MISC	1	QL(6.6667 ea daily)
NOVA SUREFLEX LANCETS MISC	1	QL(6.6667 ea daily)
NOVA SUREFLEX LANCING DEVICE MISC	1	
ON CALL LANCING DEVICE MISC	1	
ON CALL PLUS LANCING DEVICE MISC	1	
ONETOUCH CLUB LANCETS FINE POINT MISC	1	QL(6.6667 ea daily)
ONETOUCH DELICA LANCETS EXTRA FINE 33G MISC	1	QL(6.6667 ea daily)
ONETOUCH DELICA LANCETS FINE 30G MISC	1	QL(6.6667 ea daily)
ONETOUCH DELICA LANCING DEVICE MISC	1	
ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G MISC	1	QL(6.6667 ea daily)
ONETOUCH DELICA PLUS LANCETS FINE 30G MISC	1	QL(6.6667 ea daily)
ONETOUCH DELICA PLUS LANCING DEVICE MISC	1	
ONETOUCH DELICA SAFETY LANCING DEVICE MISC	1	
ONETOUCH FINEPOINT LANCETS MISC	1	QL(6.6667 ea daily)
ONETOUCH ULTRASOFT LANCETS MISC	1	QL(6.6667 ea daily)
PC LANCETS SUPER THIN 30G MISC	1	QL(6.6667 ea daily)
PERFECT LANCETS 30G MISC	1	QL(6.6667 ea daily)
PERFECT PRESSURE ACTIVATED SAFETY LANCETS 28G MISC	1	QL(6.6667 ea daily)
PHARMACY COUNTER LANCETS MISC	1	QL(6.6667 ea daily)
PIP LANCETS/28G MISC	1	QL(6.6667 ea daily)

Ambetter Formulary Updated December 1, 2021

Drug Name	Drug Tier	Requirements/ Limits
PIP LANCETS/30G MISC	1	QL(6.6667 ea daily)
PRECISION THINS GP LANCET MISC	1	QL(6.6667 ea daily)
PREFERRED PLUS LANCETS COLORED 21G MISC	1	QL(6.6667 ea daily)
PREFERRED PLUS LANCETS SUPER THIN 30G MISC	1	QL(6.6667 ea daily)
PREFERRED PLUS LANCETS THIN 26G MISC	1	QL(6.6667 ea daily)
PRESSURE ACTIVATED SAFETYLANCET 21G MISC	1	QL(6.6667 ea daily)
PRODIGY LANCING DEVICE MISC	1	
PRODIGY PRESSURE ACTIVATED SAFETY LANCETS MISC	1	QL(6.6667 ea daily)
PRODIGY SAFETY LANCETS MISC	1	QL(6.6667 ea daily)
PRODIGY TWIST TOP LANCETS MISC	1	QL(6.6667 ea daily)
PSS SELECT GP LANCETS MISC	1	QL(6.6667 ea daily)
PSS SELECT SAFETY LANCETS MISC	1	QL(6.6667 ea daily)
PUSH BUTTON SAFETY LANCETS 21G MISC	1	QL(6.6667 ea daily)
PUSH BUTTON SAFETY LANCETS 28G MISC	1	QL(6.6667 ea daily)
PX ADVANCED LANCING DEVICE MISC	1	
PX LANCET AUTO INJECTOR MISC	1	
PX LANCETS ULTRA THIN 28G MISC	1	QL(6.6667 ea daily)
PX LANCETS ULTRA THIN MISC	1	QL(6.6667 ea daily)
QC ADVANCED LANCING DEVICE MISC	1	
QC LANCETS SUPER THIN MISC	1	QL(6.6667 ea daily)
QC LANCETS ULTRA THIN MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
QC UNILET LANCETS 28G/ULTRA THIN MISC	1	QL(6.6667 ea daily)
QC UNILET LANCETS 33G/MICRO THIN MISC	1	QL(6.6667 ea daily)
RA E-ZJECT LANCETS 28G MISC	1	QL(6.6667 ea daily)
RA E-ZJECT LANCETS THIN 26G MISC	1	QL(6.6667 ea daily)
RA E-ZJECT LANCETS THIN 28G MISC	1	QL(6.6667 ea daily)
RA E-ZJECT LANCETS ULTRATHIN 30G MISC	1	QL(6.6667 ea daily)
READYLANCE SAFETY LANCETS/21G/2.2MM MISC	1	QL(6.6667 ea daily)
READYLANCE SAFETY LANCETS/23G/1.8MM MISC	1	QL(6.6667 ea daily)
READYLANCE SAFETY LANCETS/26G/1.8MM MISC	1	QL(6.6667 ea daily)
READYLANCE SAFETY LANCETS/28G/1.8MM MISC	1	QL(6.6667 ea daily)
READYLANCE SAFETY LANCETS/30G/1.6MM MISC	1	QL(6.6667 ea daily)
REALITY LANCETS MISC	1	QL(6.6667 ea daily)
REALITY TRIGGER LANCETS MISC	1	QL(6.6667 ea daily)
RELION 2-IN-1 LANCET DEVICES 30G MISC	1	
RELION 2-IN-1 LANCING DEVICE 25G MISC	1	
RELION 2-IN-1 LANCING DEVICE 30G MISC	1	
RELION LANCETS MICRO-THIN33G MISC	1	QL(6.6667 ea daily)
RELION LANCETS THIN 26G MISC	1	QL(6.6667 ea daily)
RELION LANCETS ULTRA-THIN30G MISC	1	QL(6.6667 ea daily)
RELION LANCING DEVICE MISC	1	

Ambetter Formulary Updated December 1, 2021

Drug Name	Drug Tier	Requirements/ Limits
RELION ULTRA THIN LANCETS/30G MISC	1	QL(6.6667 ea daily)
RELION ULTRA THIN LANCETS30G MISC	1	QL(6.6667 ea daily)
RELION ULTRA THIN PLUS LANCETS 32G MISC	1	QL(6.6667 ea daily)
RELION ULTRA THIN PLUS LANCETS 33G MISC	1	QL(6.6667 ea daily)
REXALL LANCETS ULTRA THIN MISC	1	QL(6.6667 ea daily)
RIGHTEST GD500 LANCING DEVICE MISC	1	
RIGHTEST GL300 LANCETS MISC	1	QL(6.6667 ea daily)
SAFE-T-LANCE LOW FLOW 25G MISC	1	QL(6.6667 ea daily)
SAFE-T-LANCE NORMAL FLOW21G MISC	1	QL(6.6667 ea daily)
SAFE-T-LANCE PLUS SAFETYLANCET HIGH FLOW MISC	1	QL(6.6667 ea daily)
SAFE-T-LANCE PLUS SAFETYLANCET LOW FLOW MISC	1	QL(6.6667 ea daily)
SAFE-T-LANCE PLUS SAFETYLANCET NORMAL FLOW MISC	1	QL(6.6667 ea daily)
SAFETY LANCET 21G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)
SAFETY LANCET 23G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)
SAFETY LANCET 28G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)
SAFETY LANCETS 21G MISC	1	QL(6.6667 ea daily)
SAFETY LANCETS 28G MISC	1	QL(6.6667 ea daily)
SAFETY LET LANCETS MISC	1	QL(6.6667 ea daily)
SB LANCETS THIN MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
SB LANCETS ULTRA THIN MISC	1	QL(6.6667 ea daily)
SELECT-LITE LANCING DEVICE MISC	1	
SHOPKO AUTOLET LANCING DEVICE MISC	1	
SHOPKO ON-THE-GO COMFORTLANCETS 30G MISC	1	QL(6.6667 ea daily)
SHOPKO UNILET LANCETS SUPER THIN 30G MISC	1	QL(6.6667 ea daily)
SHOPKO UNILET LANCETS ULTRA THIN 28G MISC	1	QL(6.6667 ea daily)
SIDE BUTTON SAFETY LANCET21G MISC	1	QL(6.6667 ea daily)
SIMPLE DIAGNOSTICS LANCING DEVICE MISC	1	
SINGLE-LET MISC	1	QL(6.6667 ea daily)
SM MICRO THIN LANCETS 33G MISC	1	QL(6.6667 ea daily)
SM TRUEDRAW LANCING DEVICE MISC	1	
SMART DIABETES VANTAGE LANCING DEVICE MISC	1	
SMART SENSE COLOR LANCETS UNIVERSAL 33G MISC	1	QL(6.6667 ea daily)
SMART SENSE STANDARD LANCETS UNIVERSAL 21G MISC	1	QL(6.6667 ea daily)
SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G MISC	1	QL(6.6667 ea daily)
SMART SENSE THIN LANCETSUNIVERSAL 26G MISC	1	QL(6.6667 ea daily)
SMARTTEST LANCETS 28G MISC	1	QL(6.6667 ea daily)
SOLUS V2 LANCING DEVICE MISC	1	
SOLUS V2 PRESSURE ACTIVATED SAFETY LANCETS 28G MISC	1	QL(6.6667 ea daily)

Ambetter Formulary Updated December 1, 2021

Drug Name	Drug Tier	Requirements/ Limits
SOLUS V2 TWIST LANCETS 30G MISC	1	QL(6.6667 ea daily)
STERILANCE TL MISC	1	QL(6.6667 ea daily)
SUPER THIN LANCETS MISC	1	QL(6.6667 ea daily)
SURE COMFORT LANCETS 18G MISC	1	QL(6.6667 ea daily)
SURE COMFORT LANCETS 21G MISC	1	QL(6.6667 ea daily)
SURE COMFORT LANCETS 23G MISC	1	QL(6.6667 ea daily)
SURE COMFORT LANCETS 28G MISC	1	QL(6.6667 ea daily)
SURE COMFORT LANCETS 30G MISC	1	QL(6.6667 ea daily)
SURE COMFORT LANCING PEN MISC	1	
SURE-LANCE FLAT LANCETS MISC	1	QL(6.6667 ea daily)
SURE-LANCE LANCETS 26G MISC	1	QL(6.6667 ea daily)
SURE-LANCE THIN LANCETS 28G MISC	1	QL(6.6667 ea daily)
SURE-LANCE ULTRA THIN LANCETS MISC	1	QL(6.6667 ea daily)
SURE-PEN MISC	1	
SURE-TOUCH LANCETS UNIVERSAL MISC	1	QL(6.6667 ea daily)
SURELITE LANCETS MISC	1	QL(6.6667 ea daily)
TECHLITE AST LANCETS MISC	1	QL(6.6667 ea daily)
TECHLITE LANCETS 30G MISC	1	QL(6.6667 ea daily)
TECHLITE LANCETS MISC	1	QL(6.6667 ea daily)
TGT LANCET MICRO THIN 33G MISC	1	QL(6.6667 ea daily)
TGT LANCET THIN 26G MISC	1	QL(6.6667 ea daily)
TGT LANCET ULTRA THIN 30G MISC	1	QL(6.6667 ea daily)
TGT LANCING DEVICE MISC	1	

Drug Name	Drug Tier	Requirements/ Limits
THINLETS GP LANCETS MISC	1	QL(6.6667 ea daily)
TODAYS HEALTH ADVANCED LANCING DEVICE MISC	1	
TODAYS HEALTH SUPER THINLANCETS 30G MISC	1	QL(6.6667 ea daily)
TODAYS HEALTH ULTRA THINLANCETS 28G MISC	1	QL(6.6667 ea daily)
TOPCARE LANCETS MICRO-THIN 33G MISC	1	QL(6.6667 ea daily)
TRAVEL LANCETS 30G MISC	1	QL(6.6667 ea daily)
TRAVEL LANCETS ADVANCED 28G MISC	1	QL(6.6667 ea daily)
TRUE METRIX CONTROL SOLUTION LEVEL 3 SOLN	1	
TRUEDRAW LANCING DEVICE MISC	1	
TRUEPLUS LANCETS 26G MISC	1	QL(6.6667 ea daily)
TRUEPLUS LANCETS 28G MISC	1	QL(6.6667 ea daily)
TRUEPLUS LANCETS 28G SUPER THIN MISC	1	QL(6.6667 ea daily)
TRUEPLUS LANCETS 30G MISC	1	QL(6.6667 ea daily)
TRUEPLUS LANCETS 30G ULTRA THIN MISC	1	QL(6.6667 ea daily)
TRUEPLUS LANCETS 33G MICRO THIN MISC	1	QL(6.6667 ea daily)
TRUEPLUS LANCETS 33G MISC	1	QL(6.6667 ea daily)
TRUEPLUS SAFETY LANCETS 28G MISC	1	QL(6.6667 ea daily)
ULTI-LANCE AUTOMATIC/CLEAR TIP MISC	1	
ULTILET CLASSIC LANCETS MISC	1	QL(6.6667 ea daily)
ULTILET LANCETS 33G MISC	1	QL(6.6667 ea daily)
ULTILET LANCETS MISC	1	QL(6.6667 ea daily)

Ambetter Formulary Updated December 1, 2021

Drug Name	Drug Tier	Requirements/ Limits
ULTILET SAFETY LANCETS 21G X 2.2MM MISC	1	QL(6.6667 ea daily)
ULTILET SAFETY LANCETS 23G MISC	1	QL(6.6667 ea daily)
ULTRA THIN LANCETS 31G MISC	1	QL(6.6667 ea daily)
ULTRA-THIN II AUTO LANCET MISC	1	QL(6.6667 ea daily)
ULTRA-THIN II LANCETS 28G MISC	1	QL(6.6667 ea daily)
ULTRA-THIN II LANCETS 30G MISC	1	QL(6.6667 ea daily)
UNILET COMFORTOUCH LANCET MISC	1	QL(6.6667 ea daily)
UNILET EXCELITE II MISC	1	QL(6.6667 ea daily)
UNILET EXCELITE MISC	1	QL(6.6667 ea daily)
UNILET G.P. LANCET MISC	1	QL(6.6667 ea daily)
UNILET G.P. SUPERLITE LANCET MISC	1	QL(6.6667 ea daily)
UNILET GP 28 ULTRA THIN MISC	1	QL(6.6667 ea daily)
UNILET LANCET MISC	1	QL(6.6667 ea daily)
UNILET LANCETS MICRO-THIN33G MISC	1	QL(6.6667 ea daily)
UNILET LANCETS SUPER-THIN30G MISC	1	QL(6.6667 ea daily)
UNILET LANCETS ULTRA-THIN 28G MISC	1	QL(6.6667 ea daily)
UNILET SUPERLITE LANCET MISC	1	QL(6.6667 ea daily)
UNISTIK 3 GENTLE MISC	1	QL(6.6667 ea daily)
UNISTIK PRO SAFETY LANCET 21G MISC	1	QL(6.6667 ea daily)
UNISTIK PRO SAFETY LANCET 25G MISC	1	QL(6.6667 ea daily)
UNISTIK PRO SAFETY LANCET 28G MISC	1	QL(6.6667 ea daily)
UNISTIK SAFETY LANCETS 28G MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
UNISTIK SAFETY LANCETS 30G MISC	1	QL(6.6667 ea daily)
UNISTIK TOUCH SAFETY LANCETS 21G MISC	1	QL(6.6667 ea daily)
UNISTIK TOUCH SAFETY LANCETS 23G MISC	1	QL(6.6667 ea daily)
UNISTIK TOUCH SAFETY LANCETS 28G MISC	1	QL(6.6667 ea daily)
UNISTIK TOUCH SAFETY LANCETS 30G MISC	1	QL(6.6667 ea daily)
UNIVERSAL 1 LANCETS THIN26G MISC	1	QL(6.6667 ea daily)
UNIVERSAL 1 LANCETS ULTRA THIN 30G MISC	1	QL(6.6667 ea daily)
UNIVERSAL 1 LANCETS/33G/MICRO-THIN MISC	1	QL(6.6667 ea daily)
VALUE PLUS LANCETS STANDARD 21G MISC	1	QL(6.6667 ea daily)
VALUE PLUS LANCETS SUPERTHIN 30G MISC	1	QL(6.6667 ea daily)
VALUE PLUS LANCETS THIN 26G MISC	1	QL(6.6667 ea daily)
VALUE PLUS LANCING DEVICE MISC	1	
VALUMARK LANCET SUPER THIN 30G MISC	1	QL(6.6667 ea daily)
VALUMARK LANCET ULTRA THIN 28G MISC	1	QL(6.6667 ea daily)
VIDA MIA AUTOLET LANCINGDEVICE MISC	1	
VIDA MIA UNILET LANCETS SUPER THIN 30G MISC	1	QL(6.6667 ea daily)
VIDA MIA UNILET LANCETS ULTRA THIN 28G MISC	1	QL(6.6667 ea daily)
VIVAGUARD LANCETS MISC	1	QL(6.6667 ea daily)
VIVAGUARD LANCING DEVICE MISC	1	
WALGREENS ADVANCED TRAVELLANCETS 28G MISC	1	QL(6.6667 ea daily)



Drug Name	Drug Tier	Requirements/ Limits
WALGREENS COMFORT ASSURED LANCETS MICRO THIN/33G MISC	1	QL(6.6667 ea daily)
WALGREENS COMFORT ASSURED LANCETS SUPER THIN/28G MISC	1	QL(6.6667 ea daily)
WALGREENS LANCETS MISC	1	QL(6.6667 ea daily)
WALGREENS THIN LANCETS MISC	1	QL(6.6667 ea daily)
WALGREENS ULTRA THIN LANCETS MISC	1	QL(6.6667 ea daily)
<b>Parenteral Therapy Supplies</b>		
ADVOCATE INSULIN SYRINGE/U-100/0.3ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.3ML/30GX5/16" MISC	1	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.3ML/31GX5/16" MISC	1	QL(5 ea daily)
ADVOCATE INSULIN SYRINGE/U-100/0.5ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.5ML/30GX5/16" MISC	1	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.5ML/31GX5/16" MISC	1	QL(5 ea daily)
ADVOCATE INSULIN SYRINGE/U-100/1ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/1ML/30GX5/16" MISC	1	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/1ML/31GX5/16" MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ASSURE ID INSULIN SAFETY SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
ASSURE ID INSULIN SAFETY SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
B-D INSULIN SYRINGE ULTRAFINE II/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
B-D INSULIN SYRINGE ULTRAFINE II/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
B-D INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2" MISC	1	QL(5 ea daily)
B-D INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
BD LO-DOSE INSULIN SYRINGE MICROFINE IV/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
BD AUTOSHIELD 29G X 3/16" MISC	1	QL(5 ea daily)
BD AUTOSHIELD 29G X 5/16" MISC	1	QL(5 ea daily)
BD AUTOSHIELD DUO 30G X 5MM MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE LUER-LOK/U-100/1ML MISC	1	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE MICROFINE IV/U-100/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/27G X 5/8" MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE MICROFINE/U-100/1ML/27G X 5/8" MISC	1	QL(5 ea daily)

Ambetter Formulary Updated December 1, 2021

Drug Name	Drug Tier	Requirements/ Limits
BD INSULIN SYRINGE MICROFINE/U-100/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE SLIP TIP/U-100/1ML MISC	1	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE ULTRA-FINE/0.3ML/30G X 12.7MM MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 8MM MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/31G X 8MM MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE ULTRA-FINE/1/2 UNIT/0.3ML/31G X 8MM MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE ULTRA-FINE/1ML/30G X 12.7MM MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE HALF-UNIT/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2" MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
BD INSULIN SYRINGE ULTRAFINE/1ML/30G X 1/2" MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE/0.3ML/29G X 12.7MM MISC	1	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE/0.5ML/29G X 12.7MM MISC	1	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE/1ML/27G X 12.7MM MISC	1	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE/1ML/29G X 12.7MM MISC	1	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 1" MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 5/8" MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/26G X 1/2" MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE/U-100/1ML/27G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
BD PEN NEEDLE/MICRO/ULTRAFINE/32G X 6MM MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
BD PEN NEEDLE/MINI/ULTRA-FINE/31G X 5MM MISC	1	QL(5 ea daily); RX/OTC
BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32" MISC	1	QL(5 ea daily); RX/OTC
BD PEN NEEDLE/NANO/ULTRA-FINE/32G X 4MM MISC	1	QL(5 ea daily); RX/OTC
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM MISC	1	QL(5 ea daily)
BD PEN NEEDLE/SHORT/ULTRA-FINE/31G X 8MM MISC	1	QL(5 ea daily); RX/OTC
BD SAFETY-GLIDE INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
BD SAFETY-LOK INSULIN SYRINGE/PERM NEEDLE/UF/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
BD SAFETYGLIDE INSULIN SYRINGE/1ML/31G X 15/64" MISC	1	QL(5 ea daily)
BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/1ML/31G X 6MM MISC	1	QL(5 ea daily)
BD VEO INSULIN SYRINGE ULTRA-FINE/U-100/1ML/31G X 15/64" MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
CAREONE INSULIN SYRINGES/0.3ML/30G X 1/2" MISC	1	QL(5 ea daily)
CAREONE INSULIN SYRINGES/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
CAREONE INSULIN SYRINGES/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
CAREONE INSULIN SYRINGES/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
CAREONE INSULIN SYRINGES/1ML/30G X 1/2" MISC	1	QL(5 ea daily)
CAREONE INSULIN SYRINGES/1ML/31GX5/16" MISC	1	QL(5 ea daily)
CARETOUCH INSULIN SYRINGE/0.3ML/31GX5/16" MISC	1	QL(5 ea daily)
CARETOUCH INSULIN SYRINGE/0.5ML/31GX5/16" MISC	1	QL(5 ea daily)
CARETOUCH INSULIN SYRINGE/1ML/30GX5/16" MISC	1	QL(5 ea daily); RX/OTC
CARETOUCH INSULIN SYRINGE/1ML/31GX5/16" MISC	1	QL(5 ea daily)
CARETOUCH INSULIN SYRINGE0.5ML/30GX5/16" MISC	1	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 1/2" MISC	1	QL(5 ea daily)
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC

Ambetter Formulary Updated December 1, 2021

Drug Name	Drug Tier	Requirements/ Limits
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2" MISC	1	QL(5 ea daily)
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/U-100/1ML/31GX5/16" MISC	1	QL(5 ea daily)
COMFORT ASSIST INSULIN SYRINGE 0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
COMFORT ASSIST INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
COMFORT ASSIST INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
COMFORT ASSIST INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
COMFORT ASSIST INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
COMFORT ASSIST INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
COMFORT ASSIST INSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
COMFORT ASSIST INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
COMFORT ASSIST INSULIN SYRINGE/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
COMFORT EZ INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
COMFORT EZ INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
DROPLET INSULIN SYRINGE 0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
DROPLET INSULIN SYRINGE 0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
DROPLET INSULIN SYRINGE 1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
DROPLET INSULIN SYRINGE U-100/0.3/31G X 5/16" MISC	1	QL(5 ea daily)
DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 1/2" MISC	1	QL(5 ea daily)
DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
DROPLET INSULIN SYRINGE U-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
DROPLET INSULIN SYRINGE U-100/1ML/30G X 1/2" MISC	1	QL(5 ea daily)
DROPLET INSULIN SYRINGE U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
DROPLET INSULIN SYRINGE U-100/1ML/31G X 15/64" MISC	1	QL(5 ea daily)
DROPLET INSULIN SYRINGE U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
DROPLET INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
DROPLET INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
DROPLET INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
DROPLET INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	1	QL(5 ea daily)
DROPLET INSULIN SYRINGE/U-100/1ML/31G X 15/64" MISC	1	QL(5 ea daily)
DROPLET INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
EASY COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
EASY COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
EASY COMFORT INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
EASY COMFORT INSULIN SYRINGE/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
EASY COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
EASY COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	1	QL(5 ea daily)
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX1/2" MISC	1	QL(5 ea daily)
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16" MISC	1	QL(5 ea daily)
EASY TOUCH INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC

Ambetter Formulary Updated December 1, 2021



Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
EASY TOUCH INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/30G X 1/2" MISC	1	QL(5 ea daily)
EASY TOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" MISC	1	QL(5 ea daily)
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/27G X 1/2" MISC	1	QL(5 ea daily)
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	1	QL(5 ea daily)
EASY TOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16" MISC	1	QL(5 ea daily)
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 1ML/30GX1/2" MISC	1	QL(5 ea daily)
ELITE-THIN INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
ELITE-THIN INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
ELITE-THIN INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ELITE-THIN INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ELITE-THIN INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
ELITE-THIN INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
ELITE-THIN INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
ELITE-THIN INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
ELITE-THIN INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
EQL INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
EQL INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
EQL INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
EQL INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
EQL INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
EQL INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
EQL INSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
EQL INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
EQL INSULIN SYRINGE/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
FREESTYLE PRECISION INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
FREESTYLE PRECISION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)

Ambetter Formulary Updated December 1, 2021

Drug Name	Drug Tier	Requirements/Limits
FREESTYLE PRECISION INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
FREESTYLE PRECISION INSULIN SYRINGES/U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
GLOBAL EASY GLIDE INSULIN SYRINGE/1ML/31G X 15/64" MISC	1	QL(5 ea daily)
GLOBAL EASY GLIDE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" MISC	1	QL(5 ea daily)
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	1	QL(5 ea daily)
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
GLOBAL INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" MISC	1	QL(5 ea daily)
GLOBAL INSULIN SYRINGES/U-100/0.3ML/30GX5/16" MISC	1	QL(5 ea daily); RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" MISC	1	QL(5 ea daily)
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	1	QL(5 ea daily)
GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
GNP INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
GNP INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
GNP INSULIN SYRINGE/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
GNP INSULIN SYRINGE/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
GNP INSULIN SYRINGES/0.3ML/30GX5/16" MISC	1	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGES/1/2ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGES/1ML/28GX1/2" MISC	1	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGES/1ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGES/1ML/30GX5/16" MISC	1	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGES/3ML/31GX5/16" MISC	1	QL(5 ea daily)
GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16" SHORT MISC	1	QL(5 ea daily); RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC

Ambetter Formulary Updated December 1, 2021

Drug Name	Drug Tier	Requirements/ Limits
HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
HEALTHWISE INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
HM ULTICARE INSULIN SYRINGE/1ML/30G X 1/2" MISC	1	QL(5 ea daily)
HM ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
INSULIN SYRINGE/0.3ML/29G X 1" MISC	1	QL(5 ea daily)
INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
INSULIN SYRINGE/0.5ML/27G X 1/2" MISC	1	QL(5 ea daily)
INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
INSULIN SYRINGE/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
INSULIN SYRINGE/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/NEEDLE 0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/NEEDLE 0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
INSULIN SYRINGE/NEEDLE 0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/NEEDLE 0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/NEEDLE 0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
INSULIN SYRINGE/NEEDLE 1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/NEEDLE 1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/NEEDLE 1ML/31G X 5/16" MISC	1	QL(5 ea daily)
INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC

Ambetter Formulary Updated December 1, 2021



Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily)
INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
INSULIN SYRINGES/0.5ML/27GX1/2" MISC	1	QL(5 ea daily)
INSULIN SYRINGES/0.5ML/28GX1/2" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/0.5ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/0.5ML/30GX5/16" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/0.5ML/31GX 5/16" MISC	1	QL(5 ea daily)
INSULIN SYRINGES/0.5ML/31GX5/16" MISC	1	QL(5 ea daily)
INSULIN SYRINGES/1ML/27GX1/2" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/1ML/27GX1/2" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/1ML/28GX1/2" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/1ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/1ML/30GX1/2" MISC	1	QL(5 ea daily)
INSULIN SYRINGES/1ML/31GX5/16" MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/Limits
KINRAY INSULIN SYRINGE PREFERRED PLUS/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
KINRAY INSULIN SYRINGE PREFERRED PLUS/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
KINRAY INSULIN SYRINGE PREFERRED PLUS/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
KINRAY INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
KMART VALU PLUS INSULIN SYRINGE/1ML/29G MISC	1	QL(5 ea daily); RX/OTC
KMART VALU PLUS INSULIN SYRINGE/1ML/30G MISC	1	QL(5 ea daily); RX/OTC
KROGER INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
KROGER INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
KROGER INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
KROGER INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
KROGER INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
KROGER INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
KROGER INSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
KROGER INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
KROGER INSULIN SYRINGE/1ML/31G X 5/16" MISC	1	QL(5 ea daily)

Ambetter Formulary Updated December 1, 2021

Drug Name	Drug Tier	Requirements/ Limits
LEADER INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
LEADER INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
LEADER INSULIN SYRINGE/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
LITETOUCH INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
LITETOUCH INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
LITETOUCH INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
LITETOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
LONGS INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC

Ambetter Formulary Updated December 1, 2021

Drug Name	Drug Tier	Requirements/ Limits
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
MAXI-COMFORT INSULIN SYRINGE/U-100/0.5ML/28GX1/2" MISC	1	QL(5 ea daily); RX/OTC
MAXI-COMFORT INSULIN SYRINGE/U-100/1ML/28GX1/2" MISC	1	QL(5 ea daily); RX/OTC
MAXICOMFORT INSULIN SYRINGES 27G X 1/2" MISC	1	QL(5 ea daily)
MAXICOMFORT INSULIN SYRINGES 27G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MEDIC INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
MEDIC INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
MM INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
MM INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
MM INSULIN SYRINGE/U-100/1/2ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
MM INSULIN SYRINGE/U-100/1/2ML/31G X 5/16" MISC	1	QL(5 ea daily)
MM INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
MM INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
MONOJECT INSULIN SYRINGE/1ML MISC	1	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/25G X 5/8" MISC	1	QL(5 ea daily)
MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/27G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/PERM NEEDLE/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/PERM NEEDLE/U-100/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC

Ambetter Formulary Updated December 1, 2021

Drug Name	Drug Tier	Requirements/Limits
MONOJECT INSULIN SYRINGE/SOFTPACK/1ML/27G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/SOFTPACK/U-100/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE REGULAR LUER TIP/SOFTPACK/1ML MISC	1	QL(5 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MS INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
MS INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
MS INSULIN SYRINGE/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
PRECISION SURE-DOSE INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/30G X 3/8" MISC	1	QL(5 ea daily)
PRECISION SURE-DOSE INSULIN SYRINGE/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
PRECISION SURE-DOSE PLUSINSULIN SYRINGE/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
PRECISION SURE-DOSE PLUSINSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
PRO COMFORT INSULIN SYRINGES/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
PRO COMFORT INSULIN SYRINGES/1ML/30G X 1/2" MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/Limits
PRO COMFORT INSULIN SYRINGES/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
PRO COMFORT INSULIN SYRINGES/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
PRODIGY INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
PRODIGY INSULIN SYRINGE/1/2ML/31G X 5/16" MISC	1	QL(5 ea daily)
PRODIGY INSULIN SYRINGE/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
PX INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
RA INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
RA INSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
RA INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
RA INSULIN SYRINGE/U-100/1 ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
REALITY INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
REALITY INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
REALITY INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
REALITY INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
RELION INSULIN SYRINGE 1ML/31GX15/64" MISC	1	QL(5 ea daily)

Ambetter Formulary Updated December 1, 2021



Drug Name	Drug Tier	Requirements/Limits
RELION INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
RELION INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
RELION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
RELION INSULIN SYRINGE/U-100/1ML/31G X 15/64" MISC	1	QL(5 ea daily)
RELION INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
SAFESNAP INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
SAFESNAP INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
SAFESNAP INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
SAFESNAP INSULIN SYRINGE/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
SAFESNAP INSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
SAFETY INSULIN SYRINGES 0.5ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
SAFETY INSULIN SYRINGES 0.5ML/30GX5/16" MISC	1	QL(5 ea daily); RX/OTC
SAFETY INSULIN SYRINGES 1ML/27GX1/2" MISC	1	QL(5 ea daily); RX/OTC
SAFETY INSULIN SYRINGES 1ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
SAFETY INSULIN SYRINGES 1ML/30GX1/2" MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/Limits
SB INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
SB INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
SB INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
SB INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
SB INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
SECURES SAFE SAFETY INSULIN SYRINGES/U-100/0.5ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
SECURES SAFE SAFETY INSULIN SYRINGES/U-100/1ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" MISC	1	QL(5 ea daily)
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC

Ambetter Formulary Updated December 1, 2021

Drug Name	Drug Tier	Requirements/ Limits
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
SURE COMFORT INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	1	QL(5 ea daily)
SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
SURE-JECT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
SURE-JECT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SURE-JECT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
SURE-JECT INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
TECHLITE INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
TECHLITE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" MISC	1	QL(5 ea daily)
TECHLITE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
TECHLITE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
TECHLITE INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
TECHLITE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)

Ambetter Formulary Updated December 1, 2021

Drug Name	Drug Tier	Requirements/ Limits
TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
TECHLITE INSULIN SYRINGEU-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
TECHLITE INSULIN SYRINGEU-100/1ML/30G X 1/2" MISC	1	QL(5 ea daily)
TECHLITE INSULIN SYRINGEU-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
TECHLITE INSULIN SYRINGEU-100/1ML/31G X 15/64" MISC	1	QL(5 ea daily)
TECHLITE INSULIN SYRINGEU-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16" MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
TRUE COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
TRUE COMFORT INSULIN SYRINGE/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
TRUE COMFORT PRO INSULINSYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
TRUE COMFORT PRO INSULINSYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
TRUE COMFORT PRO INSULINSYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
TRUE COMFORT PRO INSULINSYRINGE/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
TRUE COMFORT PRO INSULINSYRINGE/U-100/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
TRUE COMFORT PRO INSULINSYRINGE/U-100/1ML/30G X 1/2" MISC	1	QL(5 ea daily)
TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
TRUEPLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
ULTICARE INSULIN SAFETY SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SAFETY SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/0.3ML/30G X 1/2" MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/Limits
ULTICARE INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/1ML/30G X 1/2" MISC	1	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/SHORT/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/1ML/31G X 5/16" MISC	1	QL(5 ea daily)

Ambetter Formulary Updated December 1, 2021

Drug Name	Drug Tier	Requirements/Limits
ULTICARE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" MISC	1	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	1	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
ULTICARE INSULIN SYRINGEULTRAFINE U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
ULTICARE INSULIN SYRINGEULTRAFINE U-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
ULTICARE INSULIN SYRINGEULTRAFINE U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
ULTIGUARD SAFEPACK INSULIN SYRINGE 0.3ML/30G X 1/2"/SHARPS C MISC	1	QL(5 ea daily)
ULTIGUARD SAFEPACK INSULIN SYRINGE 1/2ML 30G X 1/2"/SHARPS C MISC	1	QL(5 ea daily)
ULTIGUARD SAFEPACK INSULIN SYRINGE 1ML 30G X 1/2"/SHARPS CON MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/Limits
ULTIGUARD SAFEPACK INSULIN SYRINGE 1ML 31G X 5/16"/SHARPS CO MISC	1	QL(5 ea daily)
ULTIGUARD SAFEPACK INSULIN SYRINGE/0.3ML/30G X 1/2"/SHARPS C MISC	1	QL(5 ea daily)
ULTIGUARD SAFEPACK INSULIN SYRINGE/0.3ML/31G X 5/16"/SHARPS MISC	1	QL(5 ea daily)
ULTIGUARD SAFEPACK INSULIN SYRINGE/0.5ML/30G X 1/2"/SHARPS C MISC	1	QL(5 ea daily)
ULTIGUARD SAFEPACK/SYRINGE/NE EDLE/31G X 5/16"/SHARPS CONTAIN MISC	1	QL(5 ea daily)
ULTILET INSULIN SYRINGE/0.3ML/30G X 8MM MISC	1	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/0.3ML/31G X 8MM MISC	1	QL(5 ea daily)
ULTILET INSULIN SYRINGE/0.5ML/30G X 8MM MISC	1	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/1ML/30G X 8MM MISC	1	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/1ML/31G X 8MM MISC	1	QL(5 ea daily)
ULTILET INSULIN SYRINGE/SHORT/0.3ML/30G X 12.7MM MISC	1	QL(5 ea daily)
ULTILET INSULIN SYRINGE/SHORT/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/SHORT/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
ULTILET INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC



Drug Name	Drug Tier	Requirements/Limits
ULTILET INSULIN SYRINGE/SHORT/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
ULTILET INSULIN SYRINGE/SHORT/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/SHORT/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
ULTILET INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
ULTILET INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	1	QL(5 ea daily)
ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN SYRINGE 0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN SYRINGE 0.3ML/30GX1/2" MISC	1	QL(5 ea daily)
ULTRA FLO INSULIN SYRINGE 0.3ML/30GX5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN SYRINGE 0.3ML/31GX5/16" MISC	1	QL(5 ea daily)
ULTRA FLO INSULIN SYRINGE 0.5ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN SYRINGE 0.5ML/30GX1/2" MISC	1	QL(5 ea daily)
ULTRA FLO INSULIN SYRINGE 0.5ML/30GX5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN SYRINGE 0.5ML/31GX5/16" MISC	1	QL(5 ea daily)
ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/30GX1/2" MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/Limits
ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/30GX5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/31GX5/16" MISC	1	QL(5 ea daily)
ULTRA FLO INSULIN SYRINGE 1M/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN SYRINGE 1ML/30GX1/2" MISC	1	QL(5 ea daily)
ULTRA FLO INSULIN SYRINGE 1ML/30GX5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN SYRINGE 1ML/31GX5/16" MISC	1	QL(5 ea daily)
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)

Ambetter Formulary Updated December 1, 2021

Drug Name	Drug Tier	Requirements/Limits
ULTRA-COMFORT INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/30GX5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/31GX5/16" MISC	1	QL(5 ea daily)
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/30GX5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/31GX5/16" MISC	1	QL(5 ea daily)
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/30GX5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/31GX5/16" MISC	1	QL(5 ea daily)
ULTRA-THIN II INSULIN SYRINGE/U-100/0.5ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
ULTRA-THIN II INSULIN SYRINGE/U-100/1ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ULTRACARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
ULTRACARE INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	1	QL(5 ea daily)
ULTRACARE INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
VALUE HEALTH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
VALUE HEALTH INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
VANISHPOINT INSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
VANISHPOINT INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
VP INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ZEV RX INSULIN SYRINGE/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
ZEV RX INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ZEV RX INSULIN SYRINGE/1ML/30G X 1/2" MISC	1	QL(5 ea daily)
ZEV RX INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
<b>MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches</b>		
<b>Calcitonin Gene-Related Peptide (CGRP)</b>		
AIMOVIG SOAJ	2	PA; QL(0.04 ml daily)
EMGALITY SOAJ 120 MG/ML	2	PA; QL(0.07 ml daily)
EMGALITY SOSY 100 MG/ML	3	PA; QL(0.1 ml daily)
EMGALITY SOSY 120 MG/ML	2	PA; QL(0.07 ml daily)
<b>Migraine Combinations</b>		
CAFERGOT TABS (Use ergotamine w/ caffeine)	NF	
ergotamine w/ caffeine tabs or 1 mg-100 mg	1	
sumatriptan-naproxen sodium tabs	3	QL(10 ea per 30 days retail, 10 ea per 30 days mail)
TREXIMET TABS (Use sumatriptan-naproxen sodium)	NF	QL(10 ea per 30 days retail, 10 ea per 30 days mail)
<b>Migraine Products</b>		
D.H.E. 45 SOLN (Use dihydroergotamine mesylate)	NF	
dihydroergotamine mesylate soln ij 1 mg/ml	1	
dihydroergotamine mesylate soln na 4 mg/ml	1	PA; QL(0.267 ml daily)
dihydroergotamine mesylate soln na 4 mg/ml	1	QL(0.267 ml daily)

Drug Name	Drug Tier	Requirements/Limits
ERGOMAR SUBL	3	QL(0.667 ea daily)
MIGRANAL SOLN (Use dihydroergotamine mesylate)	NF	ST; QL(0.267 ml daily)
<b>Serotonin Agonists</b>		
almotriptan malate tabs 12.5 mg	1	ST; QL(0.4 ea daily); AL(At least 12 yrs old)
almotriptan malate tabs 6.25 mg	1	ST; QL(0.3 ea daily); AL(At least 12 yrs old)
AMERGE TABS (Use naratriptan hcl)	NF	QL(0.3 ea daily); AL(At least 18 yrs old)
eletriptan hydrobromide tabs	1	ST; QL(0.2 ea daily); AL(At least 18 yrs old)
FROVA TABS (Use frovatriptan succinate)	NF	ST; QL(0.4 ea daily); AL(At least 18 yrs old)
frovatriptan succinate tabs	1	ST; QL(0.4 ea daily); AL(At least 18 yrs old)
IMITREX SOLN NA 20 MG/ACT, 5 MG/ACT (Use sumatriptan)	NF	QL(0.2 ea daily); AL(At least 18 yrs old)
IMITREX SOLN SC 6 MG/0.5ML (Use sumatriptan succinate)	NF	QL(0.134 ml daily); AL(At least 18 yrs old)
IMITREX STATDOSE REFILL SOCT (Use sumatriptan succinate)	NF	QL(0.134 ml daily); AL(At least 18 yrs old)
IMITREX STATDOSE SYSTEM SOAJ (Use sumatriptan succinate)	NF	QL(0.134 ml daily); AL(At least 18 yrs old)

Ambetter Formulary Updated December 1, 2021

Drug Name	Drug Tier	Requirements/ Limits
IMITREX TABS OR 100 MG, 25 MG, 50 MG (Use <i>sumatriptan succinate</i> )	NF	QL(0.3 ea daily); AL(At least 18 yrs old)
MAXALT TABS (Use <i>rizatriptan benzoate</i> )	NF	QL(0.6 ea daily); AL(At least 6 yrs old)
MAXALT-MLT TBDP (Use <i>rizatriptan benzoate</i> )	NF	QL(0.6 ea daily); AL(At least 6 yrs old)
<i>naratriptan hcl tabs</i>	1	QL(0.3 ea daily); AL(At least 18 yrs old)
RELPAK TABS (Use <i>eletriptan hydrobromide</i> )	NF	ST; QL(0.2 ea daily); AL(At least 18 yrs old)
<i>rizatriptan benzoate tabs 10 mg</i>	1	QL(0.6 ea daily); AL(At least 6 yrs old)
<i>rizatriptan benzoate tabs 5 mg</i>	1	QL(0.4 ea daily); AL(At least 6 yrs old)
<i>rizatriptan benzoate tbdp 10 mg</i>	1	QL(0.6 ea daily); AL(At least 6 yrs old)
<i>rizatriptan benzoate tbdp 5 mg</i>	1	QL(0.4 ea daily); AL(At least 6 yrs old)
<i>sumatriptan soln</i>	1	QL(0.2 ea daily); AL(At least 18 yrs old)
<i>sumatriptan succinate soaj sc 6 mg/0.5ml, 4 mg/0.5ml</i>	1	QL(0.134 ml daily); AL(At least 18 yrs old)
<i>sumatriptan succinate soct sc 6 mg/0.5ml, 4 mg/0.5ml</i>	1	QL(0.134 ml daily); AL(At least 18 yrs old)
<i>sumatriptan succinate soln sc 6 mg/0.5ml</i>	1	QL(0.134 ml daily); AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
<i>sumatriptan succinate sosal sc 6 mg/0.5ml</i>	1	QL(0.134 ml daily); AL(At least 18 yrs old)
<i>sumatriptan succinate tabs or 100 mg, 25 mg, 50 mg</i>	1	QL(0.3 ea daily); AL(At least 18 yrs old)
<i>zolmitriptan soln na 2.5 mg, 5 mg</i>	1	ST; QL(0.2 ea daily); AL(At least 12 yrs old)
<i>zolmitriptan tabs or 2.5 mg, 5 mg</i>	1	ST; QL(0.3 ea daily); AL(At least 12 yrs old)
<i>zolmitriptan tbdp or 2.5 mg, 5 mg</i>	1	ST; QL(0.3 ea daily); AL(At least 12 yrs old)
ZOMIG SOLN NA 2.5 MG, 5 MG (Use <i>zolmitriptan</i> )	3	ST; QL(0.2 ea daily); AL(At least 12 yrs old)
ZOMIG TABS OR 2.5 MG, 5 MG (Use <i>zolmitriptan</i> )	NF	ST; QL(0.3 ea daily); AL(At least 12 yrs old)
ZOMIG ZMT TBDP (Use <i>zolmitriptan</i> )	NF	ST; QL(0.3 ea daily); AL(At least 12 yrs old)
<b>MINERALS &amp; ELECTROLYTES</b>		
<b>Bicarbonates</b>		
SODIUM ACETATE SOLN 2 MEQ/ML (Use <i>sodium acetate</i> )	1	
<i>sodium acetate soln 2 meq/ml, 4 meq/ml</i>	1	
<b>Calcium</b>		
<i>calcium chloride (dihydrate) soln</i>	1	
CALCIUM GLUCONATE SOLN	1	
<i>calcium gluconate soln</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<b>Electrolyte Mixtures</b>		
DEXTROSE 5%/NACL 0.3% SOLN ( <i>Use dextrose w/ sodium chloride</i> )	NF	
<i>dextrose in lactated ringers soln</i>	1	
DEXTROSE/SODIUM CHLORIDE SOLN ( <i>Use dextrose w/ sodium chloride</i> )	NF	
IONOSOL-MB/DEXTROSE 5% SOLN 20 MEQ/L-3 MEQ/L-3 MEQ/L-5 %-22 MEQ/L-23 MEQ/L-25 MEQ/L, 3 MEQ/L-3 MMEQ/L-5 %-20 MEQ/L-22 MEQ/L-23 MEQ/L-25 MEQ/L	1	
ISOLYTE-P/DEXTROSE 5% SOLN	1	
ISOLYTE-S SOLN	1	
KCL 0.3%/D5W/NACL 0.9% SOLN	1	
<i>lactated ringer's soln 109 meq/l-3 meq/l-4 meq/l-28 meq/l-130 meq/l, 20 mg/100ml-30 mg/100ml-310 mg/100ml-600 mg/100ml, 3 meq/l-130 meq/l-4 meq/l-28 meq/l-109 meq/l, 3 meq/l-4 meq/l-28 meq/l-109 meq/l-130 meq/l</i>	1	
NORMOSOL-M IN D5W SOLN	1	
NORMOSOL-M/D5W SOLN	1	
NORMOSOL-R SOLN	1	
<i>parenteral electrolytes conc</i>	1	
PLASMA-LYTE A SOLN	1	
PLASMA-LYTE-148 SOLN	1	
<i>potassium chloride in dextrose &amp; sodium chloride soln</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>potassium chloride in dextrose soln</i>	1	
<i>potassium chloride in nacl soln 0.45 %-20 meq/l, 0.9 %-40 meq/l, 0.15 %-0.9 %, 0.9 %-20 meq/l, 20 meq/l-0.9 %</i>	1	
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS SOLN 2.7 MEQ/L-5 %-24 MEQ/L-28 MEQ/L-129 MEQ/L-130 MEQ/L, 3 MEQ/L-5 %-24 MEQ/L-28 MEQ/L-130 MEQ/L-149 MEQ/L	1	
POTASSIUM CHLORIDE/SODIUM CHLORIDE SOLN 0.45 %-20 MEQ/L ( <i>Use potassium chloride in nacl</i> )	1	
<i>ringer's soln</i>	1	
<b>Fluoride</b>		
<i>sodium fluoride chew 0.25 mg, 0.5 mg, 1 mg, 2.2 mg</i>	0	QL(1 ea daily)
<b>Magnesium</b>		
<i>magnesium sulfate soln ij 50 %</i>	1	
<b>Phosphate</b>		
<i>potassium phosphates soln 224 mg/ml-236 mg/ml</i>	1	
<b>Potassium</b>		
K-TAB TBCR 10 MEQ ( <i>Use potassium chloride</i> )	NF	
K-TAB TBCR 8 MEQ ( <i>Use potassium chloride</i> )	1	
<i>potassium acetate soln</i>	1	
<i>potassium bicarbonate tbcf</i>	1	
<i>potassium chloride cpcr or 10 meq, 8 meq</i>	1	
<i>potassium chloride microencapsulated crystals er tbcf 15 meq, 20 meq, 10 meq</i>	1	

Ambetter Formulary Updated December 1, 2021



Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride pack or 20 meq</i>	1	PA
POTASSIUM CHLORIDE SOLN IV 10 MEQ/100ML, 10 MEQ/50ML	1	
POTASSIUM CHLORIDE SOLN IV 10 MEQ/100ML, 10 MEQ/50ML ( <i>Use potassium chloride</i> )	1	
<i>potassium chloride soln iv 10 meq/50ml, 20 meq/50ml, 2 meq/ml</i>	1	
POTASSIUM CHLORIDE SOLN IV 20 MEQ/100ML, 20 MEQ/50ML ( <i>Use potassium chloride</i> )	NF	
<i>potassium chloride soln or 10 %</i>	1	
<i>potassium chloride tbc or 10 meq, 8 meq</i>	1	
<b>Sodium</b>		
<i>sodium chloride soln ij 2.5 meq/ml</i>	1	
<i>sodium chloride soln iv 3 %, 5 %, 4 meq/ml, 0.45 %, 0.9 %</i>	1	
<b>MISCELLANEOUS THERAPEUTIC CLASSES</b>		
<b>Chelating Agents</b>		
CUPRIMINE CAPS ( <i>Use penicillamine</i> )	NF	PA
DEPEN TITRATABS TABS ( <i>Use penicillamine</i> )	NF	QL(8 ea daily)
<i>penicillamine caps</i>	1	PA
<i>penicillamine tabs</i>	1	QL(8 ea daily)
SYPRINE CAPS ( <i>Use trientine hcl</i> )	NF	PA; QL(8 ea daily); SP
<i>trientine hcl caps</i>	4	PA; QL(8 ea daily); SP
<b>Immunomodulators</b>		
REVLIMID CAPS 10 MG, 15 MG, 2.5 MG, 25 MG, 5 MG	4	PA; QL(1 ea daily); SP

Drug Name	Drug Tier	Requirements/Limits
REVLIMID CAPS 20 MG	4	PA;
THALOMID CAPS	4	PA; QL(3 ea daily); SP
<b>Immunosuppressive Agents</b>		
ATGAM INJ	4	PA; SP
AZATHIOPRINE SOLR IJ 100 MG	1	
<i>azathioprine tabs or 100 mg, 50 mg, 75 mg</i>	1	
CELLCEPT CAPS 250 MG ( <i>Use mycophenolate mofetil</i> )	NF	
CELLCEPT TABS 500 MG ( <i>Use mycophenolate mofetil</i> )	NF	
<i>cyclosporine caps</i>	1	
<i>cyclosporine modified (for microemulsion) caps</i>	1	
<i>cyclosporine modified (for microemulsion) soln</i>	1	
<i>cyclosporine soln</i>	1	
<i>everolimus (immunosuppressant) tabs 0.25 mg, 0.5 mg, 0.75 mg</i>	4	PA; QL(20 ea daily); SP
IMURAN TABS ( <i>Use azathioprine</i> )	NF	
<i>mycophenolate mofetil caps or 250 mg</i>	1	
<i>mycophenolate mofetil tabs or 500 mg</i>	1	
<i>mycophenolate sodium tbec</i>	1	
MYFORTIC TBEC ( <i>Use mycophenolate sodium</i> )	NF	
NEORAL CAPS ( <i>Use cyclosporine modified (for microemulsion)</i> )	NF	
NEORAL SOLN ( <i>Use cyclosporine modified (for microemulsion)</i> )	NF	
NULOJIX SOLR	4	PA; SP

Drug Name	Drug Tier	Requirements/Limits
PROGRAF CAPS OR 0.5 MG, 1 MG, 5 MG (Use tacrolimus)	NF	
PROGRAF PACK OR 0.2 MG, 1 MG	2	PA
PROGRAF SOLN IV 5 MG/ML	2	
RAPAMUNE TABS 0.5 MG, 1 MG, 2 MG (Use sirolimus)	NF	
SANDIMMUNE CAPS OR 100 MG, 25 MG (Use cyclosporine)	NF	
SANDIMMUNE SOLN IV 50 MG/ML (Use cyclosporine)	NF	
SIMULECT SOLR	3	
sirolimus tabs 0.5 mg, 1 mg, 2 mg	1	
tacrolimus caps	1	
THYMOGLOBULIN SOLR	4	PA; SP
ZORTRESS TABS 0.25 MG, 0.5 MG, 0.75 MG (Use everolimus (immunosuppressant))	NF	PA; QL(20 ea daily); SP
<b>Irrigation Solutions</b>		
irrigation solutions, physiological soln	1	
lactated ringer's (irrigation) soln	1	
ringer's irrigation soln	1	
water for irrigation, sterile soln	1	
<b>Potassium Removing Agents</b>		
sodium polystyrene sulfonate powd	1	
sodium polystyrene sulfonate susp	1	
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<b>Anesthetics Topical Oral</b>		

Drug Name	Drug Tier	Requirements/Limits
lidocaine hcl (mouth-throat) soln 2 %	1	QL(4 ml daily)
lidocaine hcl (mouth-throat) soln 4 %	1	
<b>Anti-infectives - Throat</b>		
clotrimazole troc	1	
nystatin (mouth-throat) susp	1	
<b>Antiseptics - Mouth/Throat</b>		
chlorhexidine gluconate (mouth-throat) soln	1	
DEBACTEROL SOLN	2	
PERIDEX SOLN (Use chlorhexidine gluconate (mouth-throat))	NF	
<b>Dental Products</b>		
stannous fluoride conc	0	RX/OTC
<b>Steroids - Mouth/Throat/Dental</b>		
triamcinolone acetonide (mouth) pste	1	
<b>Throat Products - Misc.</b>		
cevimeline hcl caps	1	
EVOXAC CAPS (Use cevimeline hcl)	NF	
pilocarpine hcl (oral) tabs	1	
SALAGEN TABS (Use pilocarpine hcl (oral))	NF	
<b>MULTIVITAMINS</b>		
<b>Prenatal Vitamins</b>		
CLASSIC PRENATAL TABS	2	QL(1 ea daily)
CVS PRENATAL TABS	2	QL(1 ea daily)
EQL PRENATAL FORMULA TABS	2	QL(1 ea daily)
GNP PRENATAL TABS	2	QL(1 ea daily)
GOODSENSE PRENATAL VITAMINS TABS	2	QL(1 ea daily)

Ambetter Formulary Updated December 1, 2021

Drug Name	Drug Tier	Requirements/ Limits
HM PRENATAL TABS	2	QL(1 ea daily)
KP PRENATAL MULTIVITAMINS TABS	2	QL(1 ea daily)
M-NATAL PLUS TABS	2	QL(1 ea daily); RX/OTC
MULTI PRENATAL TABS	2	QL(1 ea daily)
NEONATAL COMPLETE TABS 0.2 MG-1.84 MG-2 MG-2 MG-3 MG-5 MG-9.2 MG-10 MCG-10 MG-12 MCG-20 MG-25 MG-27 MG-120 MG-200 MG-1000 MCG-1200 MCG	2	QL(1 ea daily); RX/OTC
NEONATAL PLUS TABS	2	QL(1 ea daily); RX/OTC
NEONATAL VITAMIN TABS	2	QL(1 ea daily)
NIVA-PLUS TABS	2	QL(1 ea daily); RX/OTC
O-CAL FA TABS	2	QL(1 ea daily); RX/OTC
ONE VITE WOMENS PRENATALVITAMIN PLUS TABS	2	QL(1 ea daily); RX/OTC
ONE VITE WOMENS PRENATALVITAMIN TABS	2	QL(1 ea daily)
PRENATAL LOW IRON TABS	2	QL(1 ea daily)
PRENATAL MULTIVITAMIN TABS	2	QL(1 ea daily)
PRENATAL ONE DAILY TABS	2	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
PRENATAL TABS 0.8 MG-1.5 MG-1.7 MG-2.6 MG-4 MCG-11 UNIT-18 MG-25 MG-27 MG-100 MG-263 MG-400 UNIT-4000 UNIT, 0.8 MG-1.5 MG-1.7 MG-2.6 MG-4 MCG-18 MG-27 MG-100 MG-263 MG-400 UNIT-4000 UNIT-25 MG-11 UNIT, 0.8 MG-1.7 MG-1.8 MG-2.6 MG-8 MCG-20 MG-25 MG-28 MG-30 UNIT-120 MG-200 MG-400 UNIT-4000 UNIT, 1.5 MG-1.7 MG-2.6 MG-4 MCG-5 MG-10 MCG-18 MG-25 MG-27 MG-100 MG-200 MG-800 MCG-1200 MCG, 1.7 MG-1.8 MG-2.6 MG-8 MCG-20 MG-25 MG-28 MG-30 UNIT-120 MG-200 MG-400 UNIT-800 MCG-4000 UNIT, 1.7 MG-1.84 MG-2.6 MG-4 MCG-11 UNIT-18 MG-25 MG-27 MG-100 MG-160 MG-200 MG-400 UNIT-800 MCG-4000 UNIT, 8 MCG-1.7 MG-1.8 MG-2.6 MG-20 MG-25 MG-28 MG-30 UNIT-120 MG-200 MG-400 UNIT-800 MCG-4000 UNIT, 8 MCG-1.7 MG-1.8 MG-2.6 MG-20 MG-28 MG-30 UNIT-120 MG-200 MG-400 UNIT-800 MCG-4000 UNIT-25 MG, 8 MCG-20 MG-1.7 MG-1.8 MG-2.6 MG-25 MG-28 MG-30 UNIT-120 MG-200 MG-400 UNIT-800 MCG-4000 UNIT	2	QL(1 ea daily)
PRENATAL TABS 1 MG-1.84 MG-2 MG-3 MG-10 MCG-10 MG-10 MG-12 MCG-20 MG-25 MG-27 MG-120 MG-200 MG-1200 MCG, 3 MG-1 MG-1.84 MG-2 MG-10 MCG-10 MG-10 MG-12 MCG-20 MG-25 MG-27 MG-120 MG-200 MG-1200 MCG	2	QL(1 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
PRENATAL VITAMIN & MINERAL TABS	2	QL(1 ea daily)
PRENATAL VITAMIN TABS	2	QL(1 ea daily)
PRENATAL VITAMIN/IRON TABS	2	QL(1 ea daily)
PRENATAL VITAMINS PLUS LOW IRON TABS	2	QL(1 ea daily); RX/OTC
PRENATAL VITAMINS TABS	2	QL(1 ea daily)
PRENATRIX TABS	2	QL(1 ea daily); RX/OTC
PRENATRYL TABS	2	QL(1 ea daily); RX/OTC
PREPLUS TABS	2	QL(1 ea daily); RX/OTC
PX PRENATAL MULTIVITAMINS TABS	2	QL(1 ea daily)
QC PRENATAL TABS	2	QL(1 ea daily)
RA PRENATAL FORMULA/FOLICACID TABS	2	QL(1 ea daily)
RA PRENATAL TABS	2	QL(1 ea daily)
RIGHT STEP PRENATAL TABS	2	QL(1 ea daily)
SM PRENATAL VITAMINS TABS	2	QL(1 ea daily)
THERANATAL CORE NUTRITION TABS	2	QL(1 ea daily); RX/OTC
TRICARE TABS	2	QL(1 ea daily); RX/OTC
VITATHELY/GINGER TABS	2	QL(1 ea daily); RX/OTC
VOL-PLUS TABS	2	QL(1 ea daily); RX/OTC
WESTAB PLUS TABS	2	QL(1 ea daily); RX/OTC
<b>MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms</b>		
<b>Central Muscle Relaxants</b>		
<i>baclofen tabs or 10 mg, 20 mg</i>	1	
<i>carisoprodol tabs</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>chlorzoxazone tabs 500 mg</i>	1	QL(6 ea daily)
<i>cyclobenzaprine hcl tabs 10 mg, 5 mg</i>	1	QL(3 ea daily)
<i>metaxalone tabs 800 mg</i>	1	QL(4 ea daily)
<i>methocarbamol tabs or 500 mg, 750 mg</i>	1	
<i>orphenadrine citrate tb 12 or 100 mg</i>	1	QL(2 ea daily)
ROBAXIN-750 TABS ( <i>Use methocarbamol</i> )	NF	
SKELAXIN TABS ( <i>Use metaxalone</i> )	NF	QL(4 ea daily)
SOMA TABS ( <i>Use carisoprodol</i> )	NF	
<i>tizanidine hcl caps</i>	1	
<i>tizanidine hcl tabs</i>	1	
ZANAFLEX CAPS ( <i>Use tizanidine hcl</i> )	NF	
ZANAFLEX TABS ( <i>Use tizanidine hcl</i> )	NF	
<b>Direct Muscle Relaxants</b>		
DANTRIUM CAPS ( <i>Use dantrolene sodium</i> )	NF	QL(4 ea daily)
<i>dantrolene sodium caps or 100 mg, 25 mg, 50 mg</i>	1	QL(4 ea daily)
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus</b>		
<b>Nasal Antiallergy</b>		
<i>azelastine hcl soln</i>	1	
<i>olopatadine hcl (nasal) soln</i>	1	
PATANASE SOLN ( <i>Use olopatadine hcl (nasal)</i> )	NF	
<b>Nasal Anticholinergics</b>		
<i>ipratropium bromide (nasal) soln 0.03 %</i>	1	QL(1 ml daily)
<i>ipratropium bromide (nasal) soln 0.06 %</i>	1	
<b>Nasal Steroids</b>		

Ambetter Formulary Updated December 1, 2021

Drug Name	Drug Tier	Requirements/Limits
<i>budesonide (nasal) susp</i>	1	
FLONASE ALLERGY RELIEF CHILDRENS SUSP ( <i>Use fluticasone propionate (nasal)</i> )	NF	Limit 2 inhalers per month; QL(32 ml per 30 days retail); RX/OTC
FLONASE ALLERGY RELIEF SUSP ( <i>Use fluticasone propionate (nasal)</i> )	NF	Limit 2 inhalers per month; QL(32 ml per 30 days retail); RX/OTC
<i>flunisolide (nasal) soln</i>	1	1 rtl pack lmt per fill,
<i>fluticasone propionate (nasal) susp</i>	1	Limit 2 inhalers per month; QL(32 ml per 30 days retail); RX/OTC
<i>mometasone furoate (nasal) susp</i>	1	PA; QL(1.14 gm daily)
NASACORT ALLERGY 24HR AERO ( <i>Use triamcinolone acetonide (nasal)</i> )	NF	
NASACORT ALLERGY 24HR CHILDRENS AERO ( <i>Use triamcinolone acetonide (nasal)</i> )	NF	
NASONEX SUSP ( <i>Use mometasone furoate (nasal)</i> )	NF	PA; QL(1.14 gm daily)
<i>triamcinolone acetonide (nasal) aero</i>	1	
<b>NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles</b>		
<b>ALS Agents</b>		
RILUTEK TABS ( <i>Use riluzole</i> )	NF	
<i>riluzole tabs</i>	3	
<b>Neuromuscular Blocking Agent - Neurotoxins</b>		
BOTOX SOLR	3	PA
DYSPORE SOLR	3	PA

Drug Name	Drug Tier	Requirements/Limits
XEOMIN SOLR	3	PA
<b>NUTRIENTS</b>		
<b>Proteins</b>		
CLINIMIX 4.25%/DEXTROSE 10% SOLN	3	
CLINIMIX 4.25%/DEXTROSE 25% SOLN	3	
CLINIMIX 4.25%/DEXTROSE 5% SOLN	3	
CLINIMIX 5%/DEXTROSE 25% SOLN	3	
CLINIMIX E 5%/DEXTROSE 20% SOLN	3	
<b>OPHTHALMIC AGENTS - Drugs to Treat the Eye</b>		
<b>Artificial Tears and Lubricants</b>		
LACRISERT INST	3	
<b>Beta-blockers - Ophthalmic</b>		
<i>betaxolol hcl (ophth) soln</i>	1	
<i>carteolol hcl (ophth) soln</i>	1	
COMBIGAN SOLN	2	
COSOPT SOLN ( <i>Use dorzolamide hcl-timolol maleate</i> )	NF	
<i>dorzolamide hcl-timolol maleate soln 2 %-0.5 %, 22.3 mg/ml-6.8 mg/ml, 5 mg/ml-20 mg/ml, 6.8 mg/ml-22.3 mg/ml</i>	1	
<i>levobunolol hcl soln</i>	1	
<i>timolol maleate (ophth) solg 0.25 %, 0.5 %</i>	1	
<i>timolol maleate (ophth) soln 0.25 %, 0.5 %</i>	1	
TIMOPTIC SOLN ( <i>Use timolol maleate (ophth)</i> )	NF	

Ambetter Formulary Updated December 1, 2021



Drug Name	Drug Tier	Requirements/Limits
TIMOPTIC-XE SOLG ( <i>Use timolol maleate (ophth)</i> )	NF	
<b>Cycloplegic Mydriatics</b>		
MYDRIACYL SOLN ( <i>Use tropicamide</i> )	NF	
<i>tropicamide soln</i>	1	
<b>Miotics</b>		
ISOPTO CARPINE SOLN ( <i>Use pilocarpine hcl</i> )	NF	
PHOSPHOLINE IODIDE SOLR	3	
<i>pilocarpine hcl soln</i>	1	
<b>Ophthalmic Adrenergic Agents</b>		
ALPHAGAN P SOLN 0.15 % ( <i>Use brimonidine tartrate</i> )	NF	
<i>apraclonidine hcl soln</i>	1	
<i>brimonidine tartrate soln</i>	1	
IOPIDINE SOLN	3	
SIMBRINZA SUSP	3	PA
<b>Ophthalmic Anti-infectives</b>		
AZASITE SOLN	3	
<i>bacitracin (ophthalmic) oint</i>	3	
BLEPH-10 SOLN ( <i>Use sulfacetamide sodium (ophth)</i> )	NF	
CILOXAN SOLN ( <i>Use ciprofloxacin hcl (ophth)</i> )	NF	
<i>ciprofloxacin hcl (ophth) soln</i>	1	
<i>erythromycin (ophth) oint</i>	1	
<i>gatifloxacin (ophth) soln</i>	1	
<i>gentamicin sulfate (ophth) oint</i>	1	
<i>gentamicin sulfate (ophth) soln</i>	1	

Drug Name	Drug Tier	Requirements/Limits
KLARITY-A SOLN	3	
<i>levofloxacin (ophth) soln</i>	1	
<i>moxifloxacin hcl (ophth) soln</i>	1	
NATACYN SUSP	2	
<i>neomycin-bacitracin zn-polymyxin oint</i>	1	
OCUFLOX SOLN ( <i>Use ofloxacin (ophth)</i> )	NF	
<i>ofloxacin (ophth) soln</i>	1	
<i>polymyxin b-trimethoprim soln</i>	1	
POLYTRIM SOLN ( <i>Use polymyxin b-trimethoprim</i> )	NF	
<i>sulfacetamide sodium (ophth) soln</i>	1	
<i>tobramycin (ophth) soln</i>	1	
TOBREX SOLN ( <i>Use tobramycin (ophth)</i> )	NF	
<i>trifluridine soln</i>	1	
VIGAMOX SOLN ( <i>Use moxifloxacin hcl (ophth)</i> )	NF	
ZIRGAN GEL	2	
ZYMAXID SOLN ( <i>Use gatifloxacin (ophth)</i> )	NF	
<b>Ophthalmic Immunomodulators</b>		
RESTASIS EMUL	2	PA
RESTASIS MULTIDOSE EMUL	2	PA
<b>Ophthalmic Local Anesthetics</b>		
ALCAINE SOLN ( <i>Use proparacaine hcl</i> )	NF	
<i>proparacaine hcl soln</i>	1	
<b>Ophthalmic Nerve Growth Factors</b>		
OXERVATE SOLN	4	PA
<b>Ophthalmic Steroids</b>		

Ambetter Formulary Updated December 1, 2021

Drug Name	Drug Tier	Requirements/Limits
ALREX SUSP	3	PA
<i>dexamethasone sodium phosphate (ophth) soln</i>	1	
<i>difluprednate emul</i>	1	PA
DUREZOL EMUL ( <i>Use difluprednate</i> )	3	PA
<i>fluorometholone (ophth) susp</i>	1	
FML FORTE SUSP	3	PA
FML LIQUIFILM SUSP ( <i>Use fluorometholone (ophth)</i> )	NF	
FML OINT	3	PA
LOTEMAX GEL ( <i>Use loteprednol etabonate</i> )	3	PA
LOTEMAX OINT	3	PA
LOTEMAX SUSP ( <i>Use loteprednol etabonate</i> )	NF	PA
<i>loteprednol etabonate gel</i>	1	PA
<i>loteprednol etabonate susp</i>	1	PA
MAXIDEX SUSP	3	PA
MAXITROL OINT ( <i>Use neomycin-polymyxin-dexameth</i> )	NF	
MAXITROL SUSP ( <i>Use neomycin-polymyxin-dexameth</i> )	NF	
<i>neomycin-polymyxin-dexameth oint</i>	1	
<i>neomycin-polymyxin-dexameth susp</i>	1	
<i>neomycin-polymyxin-hc (ophth) susp</i>	1	
PRED FORTE SUSP ( <i>Use prednisolone acetate (ophth)</i> )	NF	
PRED MILD SUSP	3	PA
<i>prednisolone acetate (ophth) susp</i>	1	

Drug Name	Drug Tier	Requirements/Limits
PREDNISOLONE ACETATE P-F SUSP	1	
PREDNISOLONE SODIUM PHOSPHATE SOLN OP 1 %	3	
TOBRADEX SUSP ( <i>Use tobramycin-dexamethasone</i> )	NF	
<i>tobramycin-dexamethasone susp</i>	1	
<b>Ophthalmics - Misc.</b>		
ACULAR LS SOLN ( <i>Use ketorolac tromethamine (ophth)</i> )	NF	
ACULAR SOLN ( <i>Use ketorolac tromethamine (ophth)</i> )	NF	
ALOCRIOL SOLN	3	PA
ALOMIDE SOLN	3	PA
<i>azelastine hcl (ophth) soln</i>	1	
<i>bepotastine besilate soln</i>	3	PA
BEPREVE SOLN ( <i>Use bepotastine besilate</i> )	3	PA
<i>bromfenac sodium (ophth) soln</i>	1	
<i>cromolyn sodium (ophth) soln</i>	1	
CYSTARAN SOLN	2	PA; QL(2.143 ml daily)
<i>diclofenac sodium (ophth) soln</i>	1	
<i>dorzolamide hcl soln</i>	1	
<i>epinastine hcl (ophth) soln</i>	1	
<i>flurbiprofen sodium soln</i>	1	
ILEVRO SUSP	3	ST; QL(0.2 ml daily)
<i>ketorolac tromethamine (ophth) soln</i>	1	
<i>ketotifen fumarate (ophth) soln</i>	1	

Ambetter Formulary Updated December 1, 2021

Drug Name	Drug Tier	Requirements/Limits
LASTACRAFT SOLN	3	PA
NEVANAC SUSP	3	ST; QL(0.2 ml daily)
<i>olopatadine hcl soln</i>	1	RX/OTC
PATADAY SOLN ( <i>Use olopatadine hcl</i> )	NF	RX/OTC
PATANOL SOLN ( <i>Use olopatadine hcl</i> )	NF	RX/OTC
TRUSOPT SOLN ( <i>Use dorzolamide hcl</i> )	NF	
ZADITOR SOLN ( <i>Use ketotifen fumarate (ophth)</i> )	NF	
ZERVIAE SOLN	3	PA
<b>Prostaglandins - Ophthalmic</b>		
<i>bimatoprost soln</i>	3	
<i>latanoprost soln</i>	1	
LUMIGAN SOLN	3	ST
TRAVATAN Z SOLN ( <i>Use travoprost</i> )	NF	
<i>travoprost soln</i>	1	
XALATAN SOLN ( <i>Use latanoprost</i> )	NF	
ZIOPTAN SOLN	2	
<b>OTIC AGENTS - Drugs to Treat the Ear</b>		
<b>Otic Agents - Miscellaneous</b>		
<i>acetic acid (otic) soln</i>	1	
<b>Otic Anti-infectives</b>		
CETRAXAL SOLN ( <i>Use ciprofloxacin hcl (otic)</i> )	1	
<i>ciprofloxacin hcl (otic) soln</i>	1	
<i>ofloxacin (otic) soln</i>	1	
<b>Otic Combinations</b>		
CIPRO HC SUSP	3	

Drug Name	Drug Tier	Requirements/Limits
CIPRODEX SUSP ( <i>Use ciprofloxacin-dexamethasone</i> )	NF	PA
<i>ciprofloxacin-dexamethasone susp</i>	1	PA
<i>ciprofloxacin-fluocinolone acetamide soln</i>	1	PA; QL(0.5 ea daily)
COLY-MYCIN S SUSP	3	
CORTISPORIN-TC SUSP	3	
<i>neomycin-polymyxin-hc (otic) soln</i>	1	
<i>neomycin-polymyxin-hc (otic) susp</i>	1	
OTOVEL SOLN ( <i>Use ciprofloxacin-fluocinolone acetamide</i> )	3	PA; QL(0.5 ea daily)
<b>Otic Steroids</b>		
DERMOTIC OIL ( <i>Use fluocinolone acetamide (otic)</i> )	NF	
<i>fluocinolone acetamide (otic) oil</i>	1	
<i>hydrocortisone w/acetic acid soln</i>	1	
<b>PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System</b>		
<b>Immune Serums</b>		
CUVITRU SOLN 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML	4	PA; SP
GAMMAGARD LIQUID SOLN 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 5 GM/50ML	4	PA; SP
GAMMAGARD LIQUID SOLN 30 GM/300ML	4	PA
GAMMAGARD S/D IGA LESS THAN 1MCG/ML SOLR	4	PA; SP
GAMMAKED SOLN	4	PA; SP
GAMUNEX-C SOLN	4	PA; SP

Ambetter Formulary Updated December 1, 2021

Drug Name	Drug Tier	Requirements/Limits
HIZENTRA SOLN 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML	4	PA; SP
<b>Passive Immunizing Agents - Combinations</b>		
HYQVIA KIT	4	PA
<b>PENICILLINS - Drugs to Treat Bacterial Infections</b>		
<b>Aminopenicillins</b>		
<i>amoxicillin caps</i>	1	
<i>amoxicillin chew</i>	1	
<i>amoxicillin susr</i>	1	
<i>amoxicillin tabs</i>	1	
<i>ampicillin caps</i>	1	
<i>ampicillin sodium solr ij 1 gm</i>	1	
<i>ampicillin sodium solr iv 10 gm</i>	1	
<b>Natural Penicillins</b>		
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE SOLN 40000 UNIT/ML, 60000 UNIT/ML	1	
<i>penicillin g potassium solr 5000000 unit</i>	1	
PENICILLIN G PROCAINE SUSP	3	
<i>penicillin g sodium solr</i>	3	
<i>penicillin v potassium solr</i>	1	
<i>penicillin v potassium tabs</i>	1	
<b>Penicillin Combinations</b>		
<i>amoxicillin &amp; pot clavulanate chew</i>	1	
<i>amoxicillin &amp; pot clavulanate susr</i>	1	
<i>amoxicillin &amp; pot clavulanate tabs</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin &amp; pot clavulanate tb12</i>	1	
<i>ampicillin &amp; sulbactam sodium solr ij 1 gm-2 gm, 0.5 gm-1 gm, 1 gm-0.5 gm</i>	1	
<i>ampicillin &amp; sulbactam sodium solr iv 10 gm-5 gm, 5 gm-10 gm</i>	1	
AUGMENTIN ES-600 SUSR (Use amoxicillin & pot clavulanate)	NF	
AUGMENTIN SUSR 62.5 MG/5ML-250 MG/5ML (Use amoxicillin & pot clavulanate)	NF	
AUGMENTIN TABS 125 MG-500 MG (Use amoxicillin & pot clavulanate)	NF	
<i>piperacillin sodium-tazobactam sodium solr</i>	1	
UNASYN BULK PACK SOLR (Use ampicillin & sulbactam sodium)	NF	
UNASYN SOLR (Use ampicillin & sulbactam sodium)	NF	
ZOSYN SOLR 0.375 GM-3 GM, 0.5 GM-4 GM, 4.5 GM-36 GM, 2 GM-0.25 GM (Use piperacillin sodium-tazobactam sodium)	NF	
<b>Penicillinase-Resistant Penicillins</b>		
<i>dicloxacillin sodium caps</i>	1	
<i>nafcillin sodium solr ij 1 gm</i>	1	
<i>nafcillin sodium solr iv 10 gm</i>	1	
<i>oxacillin sodium solr ij 1 gm</i>	1	
<i>oxacillin sodium solr iv 10 gm</i>	1	
<b>PROGESTINS - Hormone Replacement/Modifying Drugs</b>		
<b>Progestins</b>		

Drug Name	Drug Tier	Requirements/Limits
AYGESTIN TABS ( <i>Use norethindrone acetate</i> )	NF	
<i>medroxyprogesterone acetate tabs</i>	1	
MEGACE ES SUSP ( <i>Use megestrol acetate (appetite)</i> )	NF	PA
<i>megestrol acetate (appetite) susp</i>	1	PA
<i>norethindrone acetate tabs</i>	0	
<i>progesterone caps or 100 mg, 200 mg</i>	1	
PROMETRIUM CAPS ( <i>Use progesterone</i> )	NF	
PROVERA TABS ( <i>Use medroxyprogesterone acetate</i> )	NF	
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions</b>		
<b>Agents for Chemical Dependency</b>		
<i>acamprosate calcium tbec</i>	1	
ANTABUSE TABS ( <i>Use disulfiram</i> )	NF	
<i>disulfiram tabs</i>	1	
LUCEMYRA TABS	3	PA; QL(224 ea per 14 days retail)
<b>Anti-Cataplectic Agents</b>		
XYREM SOLN	4	PA; QL(18 ml daily); SP
<b>Antidementia Agents</b>		
ARICEPT TABS 10 MG ( <i>Use donepezil hydrochloride</i> )	NF	QL(2 ea daily)
ARICEPT TABS 5 MG ( <i>Use donepezil hydrochloride</i> )	NF	QL(1 ea daily)
<i>donepezil hydrochloride tabs 10 mg</i>	1	QL(2 ea daily)
<i>donepezil hydrochloride tabs 5 mg</i>	1	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>donepezil hydrochloride tbdp 10 mg</i>	1	QL(2 ea daily)
<i>donepezil hydrochloride tbdp 5 mg</i>	1	QL(1 ea daily)
<i>galantamine hydrobromide cp24 16 mg, 24 mg, 8 mg</i>	1	QL(1 ea daily)
<i>galantamine hydrobromide soln 4 mg/ml</i>	1	QL(6 ml daily)
<i>galantamine hydrobromide tabs 12 mg, 4 mg, 8 mg</i>	1	QL(2 ea daily)
<i>memantine hcl tabs</i>	1	
<i>memantine hcl tabs 10 mg</i>	1	QL(2 ea daily)
<i>memantine hcl tabs 5 mg</i>	1	QL(1 ea daily)
NAMENDA TABS 10 MG ( <i>Use memantine hcl</i> )	NF	QL(2 ea daily)
NAMENDA TABS 5 MG ( <i>Use memantine hcl</i> )	NF	QL(1 ea daily)
NAMENDA TITRATION PAK TABS ( <i>Use memantine hcl</i> )	NF	
RAZADYNE ER CP24 ( <i>Use galantamine hydrobromide</i> )	NF	QL(1 ea daily)
RAZADYNE TABS ( <i>Use galantamine hydrobromide</i> )	NF	QL(2 ea daily)
<i>rivastigmine tartrate caps</i>	1	
<b>Combination Psychotherapeutics</b>		
<i>perphenazine-amitriptyline tabs</i>	1	QL(4 ea daily)
<b>Fibromyalgia Agents</b>		
SAVELLA TABS	2	PA; QL(2 ea daily)
SAVELLA TITRATION PACK MISC	2	PA
<b>Movement Disorder Drug Therapy</b>		
AUSTEDO TABS	4	PA; QL(4 ea daily)
<i>tetrabenazine tabs</i>	4	PA; QL(3 ea daily); SP
XENAZINE TABS ( <i>Use tetrabenazine</i> )	NF	PA; QL(3 ea daily); SP
<b>Multiple Sclerosis Agents</b>		

Ambetter Formulary Updated December 1, 2021



Drug Name	Drug Tier	Requirements/Limits
AMPYRA TB12 ( <i>Use dalfampridine</i> )	NF	PA; QL(2 ea daily); SP
AUBAGIO TABS	4	PA
AVONEX PEN AJKT	4	PA; QL(0.0714 ml daily); SP
AVONEX PSKT	4	PA; QL(0.0714 ml daily); SP
BETASERON KIT	4	PA; QL(0.5 ea daily); SP
COPAXONE SOSY 20 MG/ML ( <i>Use glatiramer acetate</i> )	3	PA; QL(1 ml daily); SP
COPAXONE SOSY 40 MG/ML ( <i>Use glatiramer acetate</i> )	3	PA; QL(0.429 ml daily); SP
<i>dalfampridine tb12</i>	4	PA; QL(2 ea daily); SP
<i>dimethyl fumarate cpdr</i>	4	PA
<i>dimethyl fumarate misc</i>	4	PA
EXTAVIA KIT	4	PA; QL(0.5 ea daily); SP
GILENYA CAPS	4	PA
<i>glatiramer acetate sosal 20 mg/ml</i>	3	PA; QL(1 ml daily); SP
<i>glatiramer acetate sosal 40 mg/ml</i>	3	PA; QL(0.429 ml daily); SP
MAVENCLAD TBPk	4	PA
MAYZENT STARTER PACK TBPk	4	PA
MAYZENT TABS	4	PA
OCREVUS SOLN	4	PA
PLEGRIDY SOPN SC	4	PA; QL(0.036 ml daily)
PLEGRIDY SOSY IM	4	PA; QL(0.036 ml daily)
PLEGRIDY SOSY SC	4	PA
PLEGRIDY STARTER PACK SOPN	4	PA

Drug Name	Drug Tier	Requirements/Limits
PLEGRIDY STARTER PACK SOSY	4	PA; QL(0.036 ml daily)
REBIF REBIDOSE SOAJ	4	PA; QL(0.214 ml daily); SP
REBIF REBIDOSE TITRATIONPACK SOAJ	4	PA; SP
REBIF SOSY	4	PA; QL(0.214 ml daily); SP
REBIF TITRATION PACK SOSY	4	PA; SP
TECFIDERA CPDR ( <i>Use dimethyl fumarate</i> )	NF	PA
TECFIDERA STARTER PACK MISC ( <i>Use dimethyl fumarate</i> )	NF	PA
TYSABRI CONC	4	PA; QL(0.536 ml daily); SP
<b>Postherpetic Neuralgia (PHN)/Neuropathic Pain</b>		
LYRICA CR TB24 165 MG, 82.5 MG ( <i>Use pregabalin (once-daily)</i> )	3	PA; QL(1 ea daily)
LYRICA CR TB24 330 MG ( <i>Use pregabalin (once-daily)</i> )	3	PA; QL(2 ea daily)
<i>pregabalin (once-daily) tb24 165 mg, 82.5 mg</i>	3	PA; QL(1 ea daily)
<i>pregabalin (once-daily) tb24 330 mg</i>	3	PA; QL(2 ea daily)
<b>Pseudobulbar Affect (PBA) Agents</b>		
NUEDEXTA CAPS	3	PA
<b>Psychotherapeutic and Neurological Agents -</b>		
<i>ergoloid mesylates tabs</i>	1	
<i>pimozide tabs</i>	1	
<b>Restless Leg Syndrome (RLS) Agents</b>		
HORIZANT TBCR	3	PA; QL(2 ea daily)
<b>Smoking Deterrents</b>		
APO-VARENICLINE TABS	0	QL(2 ea daily)
<i>bupropion hcl (smoking deterrent) tb12</i>	0	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
CHANTIX CONTINUING MONTHPAK TABS	0	QL(2 ea daily)
CHANTIX STARTING MONTH PAK TABS	0	
CHANTIX TABS	0	QL(2 ea daily)
NICODERM CQ PT24 ( <i>Use nicotine</i> )	NF	QL(1 ea daily)
NICORETTE GUM ( <i>Use nicotine polacrilex</i> )	NF	
NICORETTE LOZG ( <i>Use nicotine polacrilex</i> )	NF	
NICORETTE MINI LOZG ( <i>Use nicotine polacrilex</i> )	NF	
NICORETTE STARTER KIT GUM ( <i>Use nicotine polacrilex</i> )	NF	
<i>nicotine polacrilex gum</i>	0	
<i>nicotine polacrilex lozg</i>	0	
<i>nicotine pt24</i>	0	QL(1 ea daily)
NICOTINE TRANSDERMAL SYSTEM KIT	0	
NICOTROL INHALER INHA	0	
NICOTROL NS SOLN	0	
VARENICLINE TARTRATE TABS	0	QL(2 ea daily)
<b>Transthyretin Amyloidosis Agents</b>		
TEGSEDI SOSY	4	PA
<b>RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions</b>		
<b>Alpha-Proteinase Inhibitor (Human)</b>		
ARALAST NP SOLR 1000 MG	4	PA; SP
ARALAST NP SOLR 500 MG	4	PA
PROLASTIN-C SOLN 1000 MG/20ML	4	PA;
PROLASTIN-C SOLR 1000 MG	4	PA; SP

Drug Name	Drug Tier	Requirements/Limits
ZEMAIRA SOLR	4	PA; SP
<b>Cystic Fibrosis Agents</b>		
KALYDECO TABS 150 MG	4	PA; QL(2 ea daily); SP
ORKAMBI PACK 100 MG-125 MG, 150 MG-188 MG	4	PA; QL(2 ea daily)
ORKAMBI TABS 100 MG-125 MG, 125 MG-200 MG	4	PA; QL(4 ea daily)
PULMOZYME SOLN	4	PA; QL(2.5 ml daily); SP
TRIKAFTA TBPK 50 MG-100 MG	4	PA; QL(3 ea daily)
<b>Pulmonary Fibrosis Agents</b>		
OFEV CAPS	4	PA; QL(2 ea daily)
<b>SULFONAMIDES - Drugs to Treat Bacterial Infections</b>		
<b>Sulfonamides</b>		
SULFADIAZINE TABS	1	
<b>TETRACYCLINES - Drugs to Treat Bacterial Infections</b>		
<b>Glycylcyclines</b>		
<i>tigecycline solr</i>	1	
TYGACIL SOLR ( <i>Use tigecycline</i> )	NF	
<b>Tetracyclines</b>		
<i>demeclocycline hcl tabs</i>	1	
<i>doxycycline (monohydrate) caps 50 mg, 100 mg</i>	1	QL(2 ea daily)
<i>doxycycline (monohydrate) caps 75 mg</i>	1	
<i>doxycycline (monohydrate) tabs 100 mg</i>	1	QL(2 ea daily)
<i>doxycycline (monohydrate) tabs 50 mg</i>	1	
<i>doxycycline hyclate caps or 50 mg, 100 mg</i>	1	QL(2 ea daily)
<i>doxycycline hyclate solr iv 100 mg</i>	1	

Ambetter Formulary Updated December 1, 2021

Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline hyclate tabs or 20 mg, 100 mg</i>	1	QL(2 ea daily)
MINOCIN CAPS OR 50 MG ( <i>Use minocycline hcl</i> )	NF	QL(3 ea daily)
<i>minocycline hcl caps 100 mg, 50 mg, 75 mg</i>	1	QL(3 ea daily)
<i>minocycline hcl tabs 100 mg, 50 mg, 75 mg</i>	1	QL(3 ea daily)
TARGADOX TABS ( <i>Use doxycycline hyclate</i> )	NF	
<i>tetracycline hcl caps</i>	1	QL(8 ea daily)
VIBRAMYCIN CAPS 100 MG ( <i>Use doxycycline hyclate</i> )	NF	QL(2 ea daily)
XIMINO CP24 135 MG, 45 MG, 90 MG ( <i>Use minocycline hcl</i> )	NF	
<b>THYROID AGENTS - Drugs to Regulate Thyroid Hormones</b>		
<b>Antithyroid Agents</b>		
<i>methimazole tabs</i>	1	
<i>propylthiouracil tabs</i>	1	
TAPAZOLE TABS ( <i>Use methimazole</i> )	NF	
<b>Thyroid Hormones</b>		
ARMOUR THYROID TABS 120 MG, 15 MG, 30 MG, 60 MG, 90 MG ( <i>Use thyroid</i> )	2	QL(1 ea daily)
ARMOUR THYROID TABS 180 MG, 240 MG, 300 MG	2	QL(1 ea daily)
CYTOMEL TABS ( <i>Use liothyronine sodium</i> )	NF	
<i>levothyroxine sodium tabs or 300 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>liothyronine sodium soln</i>	1	
<i>liothyronine sodium tabs</i>	1	

Drug Name	Drug Tier	Requirements/Limits
NATURE-THROID NT-2.5 TABS	2	
NATURE-THROID TABS	2	
SYNTHROID TABS ( <i>Use levothyroxine sodium</i> )	2	
<i>thyroid tabs</i>	1	QL(1 ea daily)
TRIOSTAT SOLN ( <i>Use liothyronine sodium</i> )	NF	
WESTHROID TABS	2	
WP THYROID TABS	2	
<b>TOXOIDS</b>		
<b>Toxoid Combinations</b>		
ADACEL SUSP	0	
BOOSTRIX SUSP	0	
DAPTACEL SUSP	0	
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP	0	
INFANRIX SUSP	0	
KINRIX SUSP	0	
PEDIARIX SUSP	0	
PENTACEL SUSP	0	
QUADRACEL SUSP	0	
TDVAX SUSP	0	
TENIVAC INJ	0	
TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT SUSP	0	
<b>ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions</b>		
<b>Antispasmodics</b>		
<i>atropine sulfate soln ij 0.4 mg/ml, 1 mg/ml</i>	1	

Ambetter Formulary Updated December 1, 2021

Drug Name	Drug Tier	Requirements/Limits
<i>atropine sulfate sosy ij 0.25 mg/5ml</i>	1	
<i>chlordiazepoxide hcl-clidinium bromide caps</i>	1	
<i>dicyclomine hcl caps or 10 mg</i>	1	
<i>dicyclomine hcl soln or 10 mg/5ml</i>	1	
<i>dicyclomine hcl tabs or 20 mg</i>	1	
<i>glycopyrrolate soln ij 4 mg/20ml</i>	1	
<i>glycopyrrolate tabs or 1 mg, 2 mg</i>	1	
LIBRAX CAPS ( <i>Use chlordiazepoxide hcl-clidinium bromide</i> )	NF	
<i>methscopolamine bromide tabs</i>	1	
<b>H-2 Antagonists</b>		
<i>cimetidine hcl soln 300 mg/5ml</i>	1	QL(20 ml daily)
<i>cimetidine tabs 200 mg</i>	1	RX/OTC
<i>cimetidine tabs 300 mg, 400 mg, 800 mg</i>	1	
<i>famotidine in nacl soln</i>	1	
<i>famotidine soln iv 20 mg/2ml, 200 mg/20ml, 40 mg/4ml</i>	1	
<i>famotidine susr or 40 mg/5ml</i>	1	QL(10 ml daily)
<i>famotidine tabs or 20 mg</i>	1	RX/OTC
<i>famotidine tabs or 40 mg</i>	1	
<i>nizatidine caps 150 mg, 300 mg</i>	1	
<i>nizatidine soln 15 mg/ml</i>	1	QL(20 ml daily)
PEPCID AC MAXIMUM STRENGTH TABS ( <i>Use famotidine</i> )	NF	RX/OTC
PEPCID AC TABS ( <i>Use famotidine</i> )	NF	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
PEPCID TABS 20 MG ( <i>Use famotidine</i> )	NF	RX/OTC
PEPCID TABS 40 MG ( <i>Use famotidine</i> )	NF	
<i>ranitidine hcl caps or 150 mg, 300 mg</i>	1	
<i>ranitidine hcl soln ij 150 mg/6ml</i>	1	
<i>ranitidine hcl syrp or 15 mg/ml, 150 mg/10ml, 75 mg/5ml</i>	1	QL(40 ml daily)
<i>ranitidine hcl tabs or 150 mg</i>	1	RX/OTC
<i>ranitidine hcl tabs or 300 mg</i>	1	
TAGAMET HB TABS ( <i>Use cimetidine</i> )	NF	RX/OTC
ZANTAC 150 MAXIMUM STRENGTH TABS ( <i>Use ranitidine hcl</i> )	NF	RX/OTC
<b>Misc. Anti-Ulcer</b>		
CARAFATE SUSP 1 GM/10ML ( <i>Use sucralfate</i> )	NF	QL(40 ml daily)
CARAFATE TABS 1 GM ( <i>Use sucralfate</i> )	NF	QL(4 ea daily)
<i>sucralfate susp 1 gm/10ml</i>	1	QL(40 ml daily)
<i>sucralfate tabs 1 gm</i>	1	QL(4 ea daily)
<b>Proton Pump Inhibitors</b>		
ACIPHEX TBEC ( <i>Use rabeprazole sodium</i> )	NF	QL(1 ea daily)
DEXILANT CPDR	3	PA; QL(1 ea daily)
<i>esomeprazole magnesium cpdr 20 mg</i>	1	QL(2 ea daily); RX/OTC
<i>esomeprazole magnesium cpdr 40 mg</i>	3	QL(1 ea daily)
<i>esomeprazole magnesium tbec 20 mg</i>	1	QL(2 ea daily)
<i>lansoprazole cpdr 15 mg</i>	1	QL(2 ea daily); RX/OTC
<i>lansoprazole cpdr 30 mg</i>	1	
NEXIUM 24HR TBEC ( <i>Use esomeprazole magnesium</i> )	1	QL(2 ea daily)

Ambetter Formulary Updated December 1, 2021

Drug Name	Drug Tier	Requirements/Limits
NEXIUM CPDR 20 MG (Use esomeprazole magnesium)	NF	QL(2 ea daily); RX/OTC
NEXIUM CPDR 40 MG (Use esomeprazole magnesium)	NF	QL(1 ea daily)
omeprazole cpdr 10 mg, 40 mg	1	QL(2 ea daily)
omeprazole cpdr 20 mg	1	QL(2 ea daily); RX/OTC
omeprazole magnesium cpdr	1	QL(4 ea daily)
omeprazole magnesium tbec	1	QL(4 ea daily)
omeprazole tbec 20 mg	1	QL(2 ea daily)
pantoprazole sodium tbec or 20 mg	1	QL(1 ea daily)
pantoprazole sodium tbec or 40 mg	1	
PREVACID 24HR CPDR (Use lansoprazole)	NF	QL(2 ea daily); RX/OTC
PREVACID CPDR 15 MG (Use lansoprazole)	NF	QL(2 ea daily); RX/OTC
PREVACID CPDR 30 MG (Use lansoprazole)	NF	
PRILOSEC OTC TBEC (Use omeprazole magnesium)	1	QL(4 ea daily)
PROTONIX TBEC OR 20 MG (Use pantoprazole sodium)	NF	QL(1 ea daily)
PROTONIX TBEC OR 40 MG (Use pantoprazole sodium)	NF	
rabeprazole sodium tbec	1	QL(1 ea daily)
<b>Ulcer Drugs - Prostaglandins</b>		
CYTOTEC TABS (Use misoprostol)	NF	QL(4 ea daily)
misoprostol tabs	1	QL(4 ea daily)
<b>Ulcer Therapy Combinations</b>		
omeprazole-sodium bicarbonate caps 20 mg-1100 mg	1	QL(1 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ZEGERID CAPS 20 MG-1100 MG (Use omeprazole-sodium bicarbonate)	NF	RX/OTC
<b>URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms</b>		
<b>Urinary Antispasmodic - Antimuscarinics</b>		
darifenacin hydrobromide tb24	1	QL(1 ea daily)
DETROL LA CP24 (Use tolterodine tartrate)	NF	QL(1 ea daily)
DETROL TABS (Use tolterodine tartrate)	NF	
DITROPAN XL TB24 (Use oxybutynin chloride)	NF	
ENABLEX TB24 (Use darifenacin hydrobromide)	NF	QL(1 ea daily)
oxybutynin chloride syrpf	1	
oxybutynin chloride tabs	1	
oxybutynin chloride tb24	1	
solifenacin succinate tabs	1	PA; QL(1 ea daily)
tolterodine tartrate cp24 2 mg, 4 mg	1	QL(1 ea daily)
tolterodine tartrate tabs 1 mg, 2 mg	1	
TOVIAZ TB24	3	PA; QL(1 ea daily)
tropium chloride cp24 60 mg	1	QL(1 ea daily)
tropium chloride tabs 20 mg	1	
VESICARE TABS (Use solifenacin succinate)	NF	PA; QL(1 ea daily)
<b>Urinary Antispasmodics - Beta-3 Adrenergic</b>		
MYRBETRIQ TB24 25 MG, 50 MG	3	PA
<b>Urinary Antispasmodics - Cholinergic Agonists</b>		
bethanechol chloride tabs 10 mg, 5 mg, 50 mg	1	QL(4 ea daily)
bethanechol chloride tabs 25 mg	1	

Ambetter Formulary Updated December 1, 2021



Drug Name	Drug Tier	Requirements/ Limits
URECHOLINE TABS 10 MG, 5 MG, 50 MG ( <i>Use bethanechol chloride</i> )	NF	QL(4 ea daily)
URECHOLINE TABS 25 MG ( <i>Use bethanechol chloride</i> )	NF	
<b>Urinary Antispasmodics - Direct Muscle Relaxants</b>		
<i>flavoxate hcl tabs</i>	1	
<b>VACCINES</b>		
<b>Bacterial Vaccines</b>		
ACTHIB SOLR	0	
BEXSERO SUSY	0	
HIBERIX SOLR	0	
MENQUADFI SOLN	0	
MENVEO SOLR	0	
PEDVAX HIB SUSP	0	
PNEUMOVAX 23 INJ	0	
PNEUMOVAX 23/1 DOSE INJ	0	
PREVNAR 13 SUSP	0	
TRUMENBA SUSY	0	
<b>Viral Vaccines</b>		
AFLURIA QUADRIVALENT 2019-2020 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
AFLURIA QUADRIVALENT 2019-2020 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
AFLURIA QUADRIVALENT 2020-2021 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,

Drug Name	Drug Tier	Requirements/ Limits
AFLURIA QUADRIVALENT 2020-2021 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
AFLURIA QUADRIVALENT 2021-2022 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
AFLURIA QUADRIVALENT 2021-2022 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
ENGERIX-B INJ	0	3 rtl MAX fill,365 rtl day(s) supply,3 mail MAX fill,365 mail day(s) supply,
ENGERIX-B SUSP	0	3 rtl MAX fill,365 rtl day(s) supply,3 mail MAX fill,365 mail day(s) supply,
FLUAD 2019-2020 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUAD 2020-2021 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUAD QUADRIVALENT 2021-2022 PRSY	0	1 rtl MAX fill,180 rtl day(s) supply,
FLUAD QUADRIVALENT INFLUENZA VACCINE FOR ADULTS PRSY	0	1 rtl MAX fill,180 rtl day(s) supply,
FLUARIX QUADRIVALENT 2019-2020 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUARIX QUADRIVALENT 2020-2021 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,

Drug Name	Drug Tier	Requirements/ Limits
FLUARIX QUADRIVALENT 2021-2022 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUBLOK QUADRIVALENT 2019-2020 SOSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUBLOK QUADRIVALENT 2020-2021 SOSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUBLOK QUADRIVALENT 2021-2022 SOSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUCELVAX QUADRIVALENT 2019-2020 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUCELVAX QUADRIVALENT 2019-2020 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUCELVAX QUADRIVALENT 2020-2021 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUCELVAX QUADRIVALENT 2020-2021 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUCELVAX QUADRIVALENT 2021-2022 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUCELVAX QUADRIVALENT 2021-2022 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLULAVAL QUADRIVALENT 2019-2020 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLULAVAL QUADRIVALENT 2019-2020 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,

Drug Name	Drug Tier	Requirements/ Limits
FLULAVAL QUADRIVALENT 2020-2021 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLULAVAL QUADRIVALENT 2021-2022 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUMIST QUADRIVALENT SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUZONE HIGH-DOSE PF 2019-2020 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUZONE HIGH-DOSE PF 2020-2021 SUSY	0	1 rtl MAX fill,180 rtl day(s) supply,
FLUZONE HIGH-DOSE PF 2021-2022 SUSY	0	1 rtl MAX fill,180 rtl day(s) supply,
FLUZONE QUADRIVALENT 2019-2020 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUZONE QUADRIVALENT 2019-2020 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUZONE QUADRIVALENT 2020-2021 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUZONE QUADRIVALENT 2020-2021 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUZONE QUADRIVALENT 2021-2022 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUZONE QUADRIVALENT 2021-2022 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,

Drug Name	Drug Tier	Requirements/ Limits
GARDASIL 9 SUSP	0	3 rtl MAX fill,365 rtl day(s) supply,
GARDASIL 9 SUSY	0	3 rtl MAX fill,365 rtl day(s) supply,
HAVRIX SUSP	0	
HEPLISAV-B SOSY	0	
IPOL INACTIVATED IPV INJ	0	
M-M-R II SOLR	0	1 rtl MAX fill,365 rtl day(s) supply,
RECOMBIVAX HB SUSP	0	
ROTARIX SUSR	0	
ROTATEQ SOLN	0	
SHINGRIX SUSR	0	2 rtl pack lmt amt,999 rtl pack lmt day(s);; AL(At least 18 yrs old)
TWINRIX SUSY	0	
VAQTA SUSP	0	
VARIVAX INJ	0	2 rtl MAX fill,365 rtl day(s) supply,
ZOSTAVAX SUSR	0	1 rtl pack lmt amt,999 rtl pack lmt day(s);; AL(At least 50 yrs old)
<b>VAGINAL AND RELATED PRODUCTS</b>		
<b>Miscellaneous Vaginal Products</b>		
INTRAROSA INST	3	PA
<b>Spermicides</b>		
SHUR-SEAL GEL	0	

Drug Name	Drug Tier	Requirements/ Limits
TODAY SPONGE MISC	0	
<b>Vaginal Anti-infectives</b>		
CLEOCIN CREA VA 2 % (Use clindamycin phosphate vaginal)	NF	
clindamycin phosphate vaginal crea	1	
clotrimazole vaginal crea	1	
GYNAZOLE-1 CREA	3	
GYNE-LOTRIMIN CREA (Use clotrimazole vaginal)	NF	
metronidazole vaginal gel	1	
miconazole nitrate vaginal supp	1	
terconazole vaginal crea	1	
terconazole vaginal supp	1	
<b>Vaginal Contraceptive - pH Modulators</b>		
PHEXXI GEL	0	PV
<b>Vaginal Estrogens</b>		
ESTRACE CREA (Use estradiol vaginal)	NF	
estradiol vaginal crea	1	
estradiol vaginal tabs	1	
FEMRING RING	3	
PREMARIN CREA	2	
VAGIFEM TABS (Use estradiol vaginal)	NF	
<b>VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions</b>		
<b>Anaphylaxis Therapy Agents</b>		
ADRENALIN SOLN IJ 30 MG/30ML (Use epinephrine (anaphylaxis))	NF	

Ambetter Formulary Updated December 1, 2021

Drug Name	Drug Tier	Requirements/ Limits
<i>epinephrine (anaphylaxis) soaj 0.15 mg/0.3ml</i>	1	QL(2 ea per fill retail,2 ea per fill mail)2 rtl MAX fill,365 rtl day(s) supply,2 mail MAX fill,365 mail day(s) supply,
<i>epinephrine (anaphylaxis) soaj 0.3 mg/0.3ml</i>	2	QL(2 ea per fill retail)2 rtl MAX fill,365 rtl day(s) supply,
<i>epinephrine (anaphylaxis) soaj 0.3 mg/0.3ml</i>	2	QL(2 ea per fill retail,2 ea per fill mail)2 rtl MAX fill,365 rtl day(s) supply,2 mail MAX fill,365 mail day(s) supply,
EPIPEN 2-PAK SOAJ (Use <i>epinephrine (anaphylaxis)</i> )	NF	
EPIPEN-JR 2-PAK SOAJ (Use <i>epinephrine (anaphylaxis)</i> )	2	QL(2 ea per fill retail,2 ea per fill mail)2 rtl MAX fill,365 rtl day(s) supply,2 mail MAX fill,365 mail day(s) supply,
<b>Vasopressors</b>		
<i>midodrine hcl tabs</i>	1	
<b>VITAMINS</b>		
<b>Oil Soluble Vitamins</b>		
<i>cholecalciferol caps 1.25 mg, 50000 unit</i>	1	
<i>cholecalciferol tabs 400 unit</i>	0	
DRISDOL CAPS (Use <i>ergocalciferol</i> )	0	
<i>ergocalciferol caps or 1.25 mg, 50000 unit</i>	0	
<i>ergocalciferol soln or 200 mcg/ml, 8000 unit/ml</i>	1	
VITAMIN D2 TABS	0	AL(At least 65 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
<b>Water Soluble Vitamins</b>		
<i>niacin cpcr or 500 mg, 250 mg</i>	1	
<i>niacin tabs or 250 mg, 50 mg, 100 mg, 500 mg</i>	1	
<i>niacin tbcrr or 750 mg, 250 mg, 500 mg</i>	1	
NIACIN TR TBCR	1	
<i>niacinamide tabs or 100 mg, 500 mg</i>	1	
SLO-NIACIN TBCR (Use <i>niacin</i> )	1	

Ambetter Formulary Updated December 1, 2021

## Index

1ST TIER UNILET COMFORTOUCH LANCETS 28G	78	ACTIGALL	70	ADVOCATE INSULIN SYRINGE/U-100/1ML/31GX5/16"	90
1ST TIER UNILET COMFORTOUCH LANCETS 30G	78	ACTIMMUNE	40	ADVOCATE LANCETS	78
abacavir sulfate	45	ACTIQ	6	ADVOCATE LANCETS 30G	78
abacavir sulfate-lamivudine	45	ACTONEL	66	ADVOCATE LANCING DEVICE	78
abacavir sulfate-lamivudine- zidovudine	45	ACTOPLUS MET	23	ADVOCATE RAPID-SAFE LANCING DEVICE	78
ABELCET	27	ACTOS	24	ADVOCATE SAFETY LANCETS	78
ABILIFY	44	ACULAR	121	ADVOCATE SAFETY LANCETS 26G	78
abiraterone acetate	37	ACULAR LS	121	ADZENYS ER	1
ABRAXANE	40	acyclovir	48	AFINITOR	38
ABSORICA	56	acyclovir topical	61	AFLURIA QUADRIVALENT 2019-2020	130
acamprosate calcium	124	ADACEL	127	AFLURIA QUADRIVALENT 2020-2021	130
acarbose	23	ADALAT CC	50	AFLURIA QUADRIVALENT 2021-2022	130
ACCOLATE	14	adapalene	56	AGAMATRIX ULTRA-THIN LANCETS 33G	78
ACCU-CHEK FASTCLIX LANCETS	78	adapalene-benzoyl peroxide	56	AGGRENOLX	73
ACCU-CHEK MULTICLIX LANCETS	78	ADCETRIS	36	AGRYLIN	73
ACCU-CHEK SAFE-T-PRO LANCETS	78	ADCIRCA	51	AIMOVIG	112
ACCU-CHEK SAFE-T-PRO PLUSLANCETS	78	ADDERALL	1	AIMSCO LUBRICATED	77
ACCU-CHEK SOFTCLIX LANCETS	78	ADDERALL XR	1	AIMSCO TWIST LANCETS 32G	79
ACCUPRIL	31	adefovir dipivoxil	48	AIMSCO TWIST LANCETS 33G	79
ACCURETIC	32	ADEMPAS	51	AIRDUO RESPICLICK 113/14	14
acebutolol hcl	49	ADIPEX-P	1	AIRDUO RESPICLICK 232/14	14
acetaminophen w/ codeine	8	ADJUSTABLE LANCING DEVICE	78	AIRDUO RESPICLICK 55/1414	
acetaminophen-caff- dihydrocod	8	ADRENALIN	132	AKYNZEO	27
acetazolamide	65,66	ADVAIR DISKUS	14	albendazole	10
acetazolamide sodium	66	ADVAIR HFA	14	ALBENZA	10
acetic acid	72	ADVANCED MOBILE LANCET 30G	78	albuterol sulfate	14,15
acetic acid (otic)	122	ADVOCATE INSULIN SYRINGE/U- 100/0.3ML/29GX1/2"	90	ALCAINE	120
acetylcysteine	56	ADVOCATE INSULIN SYRINGE/U- 100/0.3ML/30GX5/16"	90	alclometasone dipropionate	61
ACIPHEX	128	ADVOCATE INSULIN SYRINGE/U- 100/0.3ML/31GX5/16"	90	ALDACTAZIDE	66
acitretin	60	ADVOCATE INSULIN SYRINGE/U- 100/0.5ML/29GX1/2"	90	ALDACTONE	66
ACTHAR	67	ADVOCATE INSULIN SYRINGE/U- 100/0.5ML/30GX5/16"	90	ALDARA	64
ACTHIB	130	ADVOCATE INSULIN SYRINGE/U- 100/0.5ML/31GX5/16"	90	ALDURAZYME	68
ACTI-LANCE LANCETS 28G	78	ADVOCATE INSULIN SYRINGE/U- 100/0.5ML/29GX1/2"	90	ALECENSA	38
ACTI-LANCE LITE SAFETY LANCETS 28G	78	ADVOCATE INSULIN SYRINGE/U- 100/1ML/29GX1/2"	90	alendronate sodium	66
ACTI-LANCE SPECIAL SAFETY LANCETS 17G	78	ADVOCATE INSULIN SYRINGE/U- 100/1ML/30GX5/16"	90	alfuzosin hcl	72
ACTI-LANCE SPECIAL SAFETYLANCETS 17G	78			ALIMTA	35
ACTI-LANCE UNIVERSAL SAFETY LANCETS 23G	78			ALINIA	11
				aliskiren fumarate	33



ALKERAN .....	35	amlodipine besylate-olmesartan medoxomil .....	32	ARIMIDEX .....	37
ALLEGRA ALLERGY .....	28	amlodipine besylate- valsartan .....	32	aripiprazole .....	45
ALLEGRA ALLERGY CHILDRENS .....	28	amlodipine-valsartan- hydrochlorothiazide .....	32	ARIXTRA .....	16
ALLEGRA-D 12 HOUR ALLERGY & CONGESTION .....	56	amoxapine .....	23	armodafinil .....	2
ALLEGRA-D 24 HOUR ALLERGY & CONGESTION .....	56	amoxicillin .....	123	ARMOUR THYROID .....	127
allopurinol .....	72	amoxicillin & pot clavulanate .....	123	ARNUITY ELLIPTA .....	14
almotriptan malate .....	112	amphetamine- dextroamphetamine .....	1	AROMASIN .....	37
ALOCRIL .....	121	amphotericin b .....	27	ARRANON .....	35
alogliptin benzoate .....	24	ampicillin .....	123	arsenic trioxide .....	40
ALOMIDE .....	121	ampicillin & sulbactam sodium .....	123	ARTHROTEC 50 .....	4
alosectron hcl .....	71	ampicillin sodium .....	123	ARTHROTEC 75 .....	4
ALOXI .....	26	AMPYRA .....	125	ARZERRA .....	36
ALPHAGAN P .....	120	ANADROL-50 .....	9	ASACOL HD .....	71
alprazolam .....	13	ANAFRANIL .....	23	asenapine maleate .....	43
ALREX .....	121	anagrelide hcl .....	73	aspirin .....	6
ALTABAX .....	58	anastrozole .....	37	aspirin-dipyridamole .....	73
ALTACE .....	31	ANCOBON .....	27	ASSURE HAEMOLANCE PLUS HIGH FLOW 18G .....	79
ALTERNATE SITE LANCING DEVICE .....	79	ANDRODERM .....	9	ASSURE HAEMOLANCE PLUS LOW FLOW 25G .....	79
ALTOPREV .....	30	ANDROGEL .....	10	ASSURE HAEMOLANCE PLUS MICRO FLOW 28G .....	79
ALUNBRIG .....	38	ANNOVERA .....	54	ASSURE HAEMOLANCE PLUS NORMAL FLOW 21G .....	79
alvimopan .....	71	ANORO ELLIPTA .....	15	ASSURE HAEMOLANCE PLUS PEDIATRIC BLADE .....	79
amantadine hcl .....	41	ANTABUSE .....	124	ASSURE ID INSULIN SAFETYSYRINGE/U- 100/0.5ML/29G X 1/2" .....	90
AMARYL .....	25	ANUSOL-HC .....	10	ASSURE ID INSULIN SAFETYSYRINGE/U- 100/1ML/29G X 1/2" .....	90
AMBIEN .....	75	ANZEMET .....	26	ASSURE LANCE LANCETS 79 ASSURE LANCE LANCETS 21G .....	79
AMBIEN CR .....	75	APIDRA .....	24	ASSURE LANCE PLUS SAFETYLANCETS 25G .....	79
AMBISOME .....	27	APIDRA SOLOSTAR .....	24	ASSURE LANCE PLUS SAFETYLANCETS 30G .....	79
ambrisentan .....	51	APO-VARENICLINE .....	125	ASSURE LANCE SAFETY LANCET 28G .....	79
amcinonide .....	61	APOKYN .....	41	ASSURE LANCETS .....	79
AMCINONIDE .....	61	apraclonidine hcl .....	120	ATACAND .....	31
AMERGE .....	112	aprepitant .....	27	ATACAND HCT .....	32
AMICAR .....	74	APRISO .....	71	atazanavir sulfate .....	45
amikacin sulfate .....	3	APTIOM .....	17	ATELVIA .....	66
amiloride & hydrochlorothiazide .....	66	APTIVUS .....	45	atenolol .....	49
amiloride hcl .....	66	AQUA LANCE ADJUSTABLE LANCING DEVICE .....	79	atenolol & chlorthalidone .....	32
aminocaproic acid .....	74	ARALAST NP .....	126	ATGAM .....	115
aminophylline .....	15	ARANESP ALBUMIN FREE .....	73	ATIVAN .....	13
amiodarone hcl .....	13	ARAVA .....	5	atomoxetine hcl .....	2
AMITIZA .....	70	ARCALYST .....	4		
amitriptyline hcl .....	23	ARCAPTA NEOHALER .....	15		
amlodipine besylate .....	50	arformoterol tartrate .....	15		
amlodipine besylate-atorvastatin calcium .....	51	ARICEPT .....	124		
amlodipine besylate-benazepril hcl .....	32	ARIKAYCE .....	3		

atorvastatin calcium.....	30	B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16".....	90	BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2".....	91
atovaquone.....	11	B-D INSULIN SYRINGE ULTRAFINE II/0.5ML/31G X 5/16".....	90	BD INSULIN SYRINGE SLIP TIP/U-100/1ML.....	91
atovaquone-proguanil hcl....	33	B-D INSULIN SYRINGE ULTRAFINE II/1ML/31G X 5/16".....	90	BD INSULIN SYRINGE ULTRA- FINE/0.3ML/30G X 12.7MM..	91
ATRIPLA.....	45	B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/30G X 1/2".....	90	BD INSULIN SYRINGE ULTRA- FINE/0.3ML/31G X 8MM.....	91
atropine sulfate.....	127,128	B-D INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2".....	90	BD INSULIN SYRINGE ULTRA- FINE/0.5ML/30G X 12.7MM..	91
ATROVENT HFA.....	14	B-D INSULIN SYRINGE ULTRAFINE/0.5ML/31G X 8MM.....	91	BD INSULIN SYRINGE ULTRA- FINE/0.5ML/31G X 8MM.....	91
AUBAGIO.....	125	bacitracin.....	10	BD INSULIN SYRINGE ULTRA- FINE/1/2 UNIT/0.3ML/31G X 8MM.....	91
AUGMENTIN.....	123	bacitracin (ophthalmic)....	120	BD INSULIN SYRINGE ULTRA- FINE/1ML/30G X 12.7MM..	91
AUGMENTIN ES-600.....	123	baclofen.....	118	BD INSULIN SYRINGE ULTRA- FINE/1ML/31G X 8MM.....	91
AURORA LANCET SUPER THIN30G.....	79	BACTRIM.....	11	BD INSULIN SYRINGE ULTRAFINE HALF- UNIT/0.3ML/31G X 5/16"....	91
AURORA LANCET THIN 23G.....	79	BACTRIM DS.....	11	BD INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2".....	91
AUSTEDO.....	124	BALCOLTRA.....	52	BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16".....	91
AUTO-LANCET.....	79	balsalazide disodium.....	71	BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2".....	91
AUTO-LANCET MINI.....	79	BALVERSA.....	38	BD INSULIN SYRINGE ULTRAFINE/1ML/30G X 1/2".....	91
AUTOLET IMPRESSION LANCING DEVICE.....	79	BANZEL.....	17	BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16".....	91
AUTOLET LANCING DEVICE.....	79	BAQSIMI ONE PACK.....	24	BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2".....	91
AUTOLET MINI.....	79	BAQSIMI TWO PACK.....	24	BD INSULIN SYRINGE ULTRAFINE/1ML/30G X 1/2".....	91
AUTOLET PLUS.....	79	BARACLUDGE.....	48	BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/29G X 1/2".....	91
AVALIDE.....	32	BASAGLAR KWIKPEN.....	24	BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/29G X 1/2".....	91
AVANDIA.....	24	BAXDELA.....	70	BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/29G X 1/2".....	91
AVAPRO.....	31	BD LO-DOSE INSULIN SYRINGE MICROFINE IV/0.5ML/28G X 1/2".....	90	BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/31G X 5/16".....	91
AVELOX.....	70	BD AUTOSHIELD 29G X 3/16".....	90	BD INSULIN SYRINGE ULTRAFINE/1ML/30G X 1/2".....	91
AVODART.....	72	BD AUTOSHIELD 29G X 5/16".....	90	BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/29G X 1/2".....	91
AVONEX.....	125	BD AUTOSHIELD DUO 30G X 5MM.....	90	BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/29G X 1/2".....	91
AVONEX PEN.....	125	BD INSULIN SYRINGE LUER- LOK/U-100/1ML.....	90	BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/29G X 1/2".....	91
AVSOLA.....	71	BD INSULIN SYRINGE MICROFINE IV/U- 100/0.5ML/28G X 1/2"....	90	BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/31G X 5/16".....	91
AYGESTIN.....	124	BD INSULIN SYRINGE MICROFINE IV/U- 100/1ML/27G X 5/8".....	90	BD INSULIN SYRINGE/0.3ML/29G X 12.7MM.....	91
AYVAKIT.....	38	BD INSULIN SYRINGE MICROFINE IV/U- 100/1ML/28G X 1/2".....	90	BD INSULIN SYRINGE/0.5ML/29G X 12.7MM.....	91
azacitidine.....	35	BD INSULIN SYRINGE MICROFINE/U-100/1ML/27G X 5/8".....	90	BD INSULIN SYRINGE/1ML/27G X 12.7MM.....	91
AZACTAM.....	12	BD INSULIN SYRINGE 1/2".....	91		
AZASITE.....	120				
AZATHIOPRINE.....	115				
azathioprine.....	115				
azelaic acid.....	64				
azelastine hcl.....	118				
azelastine hcl (ophth).....	121				
AZELEX.....	56				
AZILECT.....	42				
azithromycin.....	76				
AZOR.....	32				
aztreonam.....	12				
AZULFIDINE.....	71				
AZULFIDINE EN-TABS.....	71				

BD INSULIN SYRINGE/1ML/29G X 12.7MM.....	91	BD VEO INSULIN SYRINGE ULTRA-FINE/U-100/1ML/31G X 15/64".....	92	BLEPH-10.....	120
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 1".....	91	BELSOMRA.....	75	BONIVA.....	66,67
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 5/8".....	91	BELVIQ.....	2	BOOSTRIX.....	127
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/26G X 1/2".....	91	benazepril & hydrochlorothiazide.....	32	BORTEZOMIB.....	38
BD INSULIN SYRINGE/U-100/1ML/27G X 1/2".....	91	benazepril hcl.....	31	bosentan.....	51
BD LANCET ULTRAFINE 30G.....	79	BENICAR.....	31	BOSULIF.....	38
BD LANCET ULTRAFINE 33G.....	79	BENICAR HCT.....	32	BOTOX.....	119
BD MICROTAINER LANCETS.....	79	BENZAACLIN.....	56	BRAFTOVI.....	38
BD PEN NEEDLE/MICRO/ULTRA-FINE/32G X 6MM.....	91	BENZAACLIN WITH PUMP.....	56	BREO ELLIPTA.....	15
BD PEN NEEDLE/MINI/ULTRAFINE/31G X 5MM.....	92	BENZAMYCIN.....	56	BRILINTA.....	73
BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32".....	92	benzonatate.....	55	brimonidine tartrate.....	120
BD PEN NEEDLE/NANO/ULTRAFINE/32G X 4MM.....	92	benzoyl peroxide.....	56	BRIVIACT.....	17
BD PEN NEEDLE/ORIGINAL/ULTRAFINE/29G X 12.7MM.....	92	BENZOYL PEROXIDE CLEANSER.....	56	bromfenac sodium (ophth).....	121
BD PEN NEEDLE/SHORT/ULTRAFINE/31G X 8MM.....	92	benzoyl peroxide-erythromycin.....	57	bromocriptine mesylate.....	41
BD SAFETY-GLIDE INSULIN SYRINGE/0.5ML/29G X 1/2".....	92	benztropine mesylate.....	41	BROVANA.....	15
BD SAFETY-LOK INSULIN SYRINGE/PERM NEEDLE/UF/1ML/29G X 1/2".....	92	bepotastine besilate.....	121	BRUKINSA.....	38
BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/29G X 1/2".....	92	BEPREVE.....	121	budesonide.....	54
BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 5/16".....	92	betamethasone dipropionate (topical).....	61	budesonide (inhalation).....	14
BD SAFETYGLIDE INSULIN SYRINGE/1ML/31G X 15/64".....	92	betamethasone dipropionate augmented.....	61	budesonide (nasal).....	119
BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/30G X 5/16".....	92	betamethasone valerate.....	61	budesonide-formoterol fumarate dihydrate.....	15
BD VEO INSULIN SYRINGE ULTRA-FINE/1ML/31G X 6MM.....	92	BETAPACE.....	49	BULLSEYE MINI SAFETY LANCETS.....	79
		BETAPACE AF.....	49	BULLSEYE SAFETY LANCETS.....	79
		BETASERON.....	125	bumetanide.....	66
		betaxolol hcl.....	49	BUMEX.....	66
		betaxolol hcl (ophth).....	119	BUNAVAIL.....	9
		bethanechol chloride.....	129	BUPHENYL.....	68
		BEVESPI AEROSPHERE.....	15	BUPRENEX.....	9
		BEVYXXA.....	16	buprenorphine.....	9
		bexarotene.....	40	buprenorphine hcl.....	9
		BEXSERO.....	130	buprenorphine hcl-naloxone hcl dihydrate.....	9
		BEYAZ.....	52	bupropion hcl.....	20,21
		bicalutamide.....	37	bupropion hcl (smoking deterrent).....	125
		BICNU.....	35	buspirone hcl.....	12
		BIDIL.....	51	busulfan.....	35
		BIKTARVY.....	45	BUSULFEX.....	35
		BILTRICIDE.....	10	butalbital-acetaminophen.....	5
		bimatoprost.....	122	butalbital-acetaminophen-caffeine.....	5
		bisacodyl.....	76	butalbital-acetaminophen-caffeine w/ codeine.....	8
		bisoprolol & hydrochlorothiazide.....	32	butalbital-aspirin-caffeine.....	5
		bisoprolol fumarate.....	49	butalbital-aspirin-caffeine w/cod.....	8
		bleomycin sulfate.....	38	BUTALBITAL/ACETAMINOPHEN.....	5

butenafine hcl	58	CARDURA	31	carvedilol	49
butorphanol tartrate	9	CAREONE ADVANCED LANCINGDEVICE	79	CASODEX	37
BUTRANS	9	CAREONE INSULIN SYRINGES/0.3ML/30G X 1/2"	92	caspofungin acetate	27
BYSTOLIC	49	CAREONE INSULIN SYRINGES/0.3ML/31G X 5/16"	92	CATAPRES	31
cabergoline	69	CAREONE INSULIN SYRINGES/0.5ML/30G X 1/2"	92	CATAPRES-TTS-1	31
CABLIVI	73	CAREONE INSULIN SYRINGES/0.5ML/31G X 5/16"	92	CATAPRES-TTS-2	31
CADUET	51	CAREONE INSULIN SYRINGES/1ML/30G X 1/2"	92	CATAPRES-TTS-3	31
CAFERGOT	112	CAREONE INSULIN SYRINGES/1ML/31GX5/16"	92	CAYA	77
CALAN SR	50	CAREONE LANCET SUPER THIN/30G	79	CAYSTON	12
calcipotriene	60	CAREONE LANCET THIN	79	cefaclor	52
calcipotriene-betamethasone dipropionate	61	CARESENS LANCETS	79	cefadroxil	52
calcitonin (salmon)	67	CARETOUCH INSULIN SYRINGE/0.3ML/31GX5/16"	92	cefazolin sodium	52
calcitriol	68	CARETOUCH INSULIN SYRINGE/0.5ML/31GX5/16"	92	cefdinir	52
calcitriol (topical)	60	CARETOUCH INSULIN SYRINGE/1ML/30GX5/16"	92	cefditoren pivoxil	52
calcium acetate (phosphate binder)	71	CARETOUCH INSULIN SYRINGE/1ML/31GX5/16"	92	cefepime hcl	52
calcium chloride (dihydrate)	113	CARETOUCH INSULIN SYRINGE/0.5ML/31GX5/16"	92	cefixime	52
CALCIUM GLUCONATE	113	CARETOUCH INSULIN SYRINGE/1ML/30GX5/16"	92	CEFOTAN	52
calcium gluconate	113	CARETOUCH INSULIN SYRINGE/1ML/31GX5/16"	92	cefotaxime sodium	52
calcium polycarbophil	75	CARETOUCH INSULIN SYRINGE0.5ML/30GX5/16"	92	cefotetan disodium	52
CAMPTOSAR	41	CARETOUCH LANCING DEVICEWITH EJECTOR	79	cefoxitin sodium	52
CANASA	71	CARETOUCH SAFETY LANCETS/26G	79	cefpodoxime proxetil	52
CANCIDAS	27	CARETOUCH SAFETY LANCETS/28G	79	cefprozil	52
candesartan cilexetil	31	CARETOUCH SAFETY LANCETS/30G	79	ceftazidime	52
candesartan cilexetil-hydrochlorothiazide	32	CARETOUCH TWIST LANCETS 28G	79	ceftriaxone sodium	52
CAPASTAT SULFATE	34	CARETOUCH TWIST LANCETS 30G	79	cefuroxime axetil	52
capecitabine	35	CARETOUCH TWIST LANCETS 33G	79	cefuroxime sodium	52
CAPRELSA	38	carisoprodol	118	CELEBREX	4
captopril	31	carmustine	35	celecoxib	4
CARAC	59	carteolol hcl (ophth)	119	CELESTONE SOLUSPAN	54
CARAFATE	128			CELESTONE-SOLUSPAN	54
CARBAGLU	68			CELEXA	21
carbamazepine	17,18			CELLCEPT	115
CARBATROL	18			CELONTIN	20
carbidopa	41			cephalexin	52
carbidopa-levodopa	41			CERDELGA	73
carbidopa-levodopa-entacapone	42			CEREBYX	20
CARBIDOPA/LEVODOPA ODT	42			CEREZYME	73
carbinoxamine maleate	28			cetirizine hcl	28
carboplatin	35			cetirizine-pseudoephedrine	56
CARDIOCOM LANCING DEVICE	79			CETRAXAL	122
CARDIZEM	50			CETROTIDE	67
CARDIZEM CD	50			cevimeline hcl	116
CARDIZEM LA	50			CHANTIX	126
				CHANTIX CONTINUING MONTHPAK	126
				CHANTIX STARTING MONTH PAK	126

CHEMET	26	CLARITIN	28	CLEVER CHOICE COMFORT	
CHEMSTRIP-K	65	CLARITIN ALLERGY		EZINSULIN	
CHILDRENS ADVIL	4	CHILDRENS	28	SYRINGE/1.0ML/30G X 1/2"	93
CHILDRENS MOTRIN	4	CLARITIN CHILDRENS	28	CLEVER CHOICE COMFORT	
chloramphenicol sodium		CLARITIN REDITABS	28	EZINSULIN SYRINGE/1ML/28G	
succinate	11	CLARITIN-D 12 HOUR	56	X 1/2"	93
chlordiazepoxide hcl	13	CLARITIN-D 24 HOUR	56	CLEVER CHOICE COMFORT	
chlordiazepoxide hcl-clidinium		CLASSIC PRENATAL	116	EZINSULIN SYRINGE/1ML/29G	
bromide	128	CLEANLET LANCETS		X 1/2"	93
chlorhexidine gluconate (mouth-		28G	79	CLEVER CHOICE COMFORT	
throat)	116	CLEMASTINE		EZINSULIN SYRINGE/1ML/30G	
chloroquine phosphate	34	FUMARATE	28	X 5/16"	93
chlorpromazine hcl	44	clemastine fumarate	28	CLEVER CHOICE COMFORT	
chlorthalidone	66	CLENPIQ	75	EZINSULIN SYRINGE/U-	
chlorzoxazone	118	CLEOCIN	11,132	100/1ML/31GX5/16"	93
CHOLBAM	70	CLEOCIN PEDIATRIC		CLIMARA	69
cholecalciferol	133	GRANULES	11	CLIMARA PRO	69
cholestyramine	29	CLEOCIN PHOSPHATE	11	CLINDAGEL	57
cholestyramine light	29	CLEOCIN-T	57	clindamycin hcl	11
choline fenofibrate	30	CLEVER CHOICE COMFORT		clindamycin palmitate	
CHORIONIC		EZINSULIN		hydrochloride	11
GONADOTROPIN	67	SYRINGE/0.3ML/29G X		clindamycin phosphate	11
CIALIS	51	1/2"	92	clindamycin phosphate	
ciclopirox	58	CLEVER CHOICE COMFORT		(topical)	57
ciclopirox olamine	58	EZINSULIN		clindamycin phosphate	
cidofovir	47	SYRINGE/0.3ML/30G X		vaginal	132
cilostazol	73	1/2"	92	clindamycin phosphate-benzoyl	
CILOXAN	120	CLEVER CHOICE COMFORT		peroxide	57
CIMDUO	45	EZINSULIN		clindamycin phosphate-benzoyl	
cimetidine	128	SYRINGE/0.3ML/31G X		peroxide (refrigerate)	57
cimetidine hcl	128	5/16"	92	clindamycin phosphate-	
cinacalcet hcl	68	CLEVER CHOICE COMFORT		tretinoin	57
CINRYZE	73	EZINSULIN		CLINIMIX 4.25%/DEXTROSE	
CIPRO	70	SYRINGE/0.5ML/28G X		10%	119
CIPRO HC	122	1/2"	93	CLINIMIX 4.25%/DEXTROSE	
CIPRODEX	122	CLEVER CHOICE COMFORT		25%	119
ciprofloxacin	70	EZINSULIN		CLINIMIX 4.25%/DEXTROSE	
ciprofloxacin hcl	70	SYRINGE/0.5ML/29G X		5%	119
ciprofloxacin hcl (ophth)	120	1/2"	93	CLINIMIX 5%/DEXTROSE	
ciprofloxacin hcl (otic)	122	CLEVER CHOICE COMFORT		25%	119
ciprofloxacin in d5w	70	EZINSULIN		CLINIMIX E 5%/DEXTROSE	
ciprofloxacin-dexamethasone		SYRINGE/0.5ML/30G X		20%	119
	122	1/2"	93	clobazam	17
ciprofloxacin-fluocinolone		CLEVER CHOICE COMFORT		clobetasol propionate	61
acetonide	122	EZINSULIN		clobetasol propionate emollient	
cisplatin	35	SYRINGE/0.5ML/30G X		base	62
citalopram hydrobromide	21	5/16"	93	clocortolone pivalate	62
CLARINEX	28	CLEVER CHOICE COMFORT		CLODERM	62
clarithromycin	76	EZINSULIN		clofarabine	35
		SYRINGE/0.5ML/31G X		CLOLAR	36
		5/16"	93	clomipramine hcl	23
				clonazepam	17
				clonidine	31
				clonidine hcl	31
				clonidine hcl (adhd)	2



clopidogrel bisulfate.....	73	COMFORT ASSURED LANCETS MICRO THIN 33G.....	80	CVS LANCETS MICRO THIN 33G.....	80
clorazepate dipotassium.....	13	COMFORT ASSURED LANCETS SUPER THIN 28G.....	80	CVS LANCETS MICRO-THIN 33G.....	80
clotrimazole.....	116	COMFORT EZ INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	93	CVS LANCETS ORIGINAL.....	80
clotrimazole (topical).....	58	COMFORT EZ INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	93	CVS LANCETS THIN 26G.....	80
clotrimazole vaginal.....	132	COMFORT LANCETS.....	80	CVS LANCETS ULTRA THIN 30G.....	80
clotrimazole w/ betamethasone.....	58	COMPLERA.....	45	CVS LANCETS ULTRA-THIN 30G.....	80
clozapine.....	43	COMTAN.....	41	CVS LANCING DEVICE.....	80
CLOZARIL.....	43	CONCERTA.....	2	CVS PRENATAL.....	116
COAGUCHEK LANCETS.....	80	CONTRAVE.....	2	CVS ULTRA THIN LANCETS.....	80
COARTEM.....	33	CONZIP.....	6	cyanocobalamin.....	73
CODEINE SULFATE.....	6	COPAXONE.....	125	cyclobenzaprine hcl.....	118
codeine sulfate.....	6	COPIKTRA.....	39	cyclophosphamide.....	35
COGENTIN.....	41	CORDRAN.....	62	cycloserine.....	34
COLACE.....	76	COREG.....	49	CYCLOSET.....	24
COLAZAL.....	71	CORGARD.....	49	cyclosporine.....	115
colchicine.....	72	CORLANOR.....	51,52	cyclosporine modified (for microemulsion).....	115
colchicine w/ probenecid.....	72	CORTEF.....	54	CYKLOKAPRON.....	74
COLCRYS.....	72	CORTENEMA.....	10	CYMBALTA.....	22
colesevelam hcl.....	29	cortisone acetate.....	54	cyproheptadine hcl.....	29
COLESTID.....	29	CORTISPORIN-TC.....	122	CYSTADANE.....	68
COLESTID FLAVORED.....	29	COSENTYX.....	60	CYSTAGON.....	72
colestipol hcl.....	30	COSENTYX SENSOREADY PEN.....	60	CYSTARAN.....	121
COLY-MYCIN S.....	122	COSMEGEN.....	38	cytarabine.....	36
COLYTE-FLAVOR PACKS.....	75	COSOPT.....	119	CYTOMEL.....	127
COMBIGAN.....	119	COUMADIN.....	16	CYTOTEC.....	129
COMBIVIR.....	45	COZAAR.....	31	CYTOVENE.....	47
COMETRIQ.....	38	CREON.....	65	D.H.E. 45.....	112
COMFORT ASSIST INSULIN SYRINGE 0.3ML/29G X 1/2".....	93	CRESEMBA.....	27	dacarbazine.....	40
COMFORT ASSIST INSULIN SYRINGE/0.3ML/30G X 5/16".....	93	CRESTOR.....	30	DACOGEN.....	36
COMFORT ASSIST INSULIN SYRINGE/0.3ML/31G X 5/16".....	93	CRIVAN.....	45	dactinomycin.....	38
COMFORT ASSIST INSULIN SYRINGE/0.5ML/29G X 1/2".....	93	cromolyn sodium.....	13	dalfampridine.....	125
COMFORT ASSIST INSULIN SYRINGE/0.5ML/30G X 5/16".....	93	cromolyn sodium (ophth).....	121	DALIRESP.....	14
COMFORT ASSIST INSULIN SYRINGE/0.5ML/31G X 5/16".....	93	crotamiton.....	65	danazol.....	10
COMFORT ASSIST INSULIN SYRINGE/1ML/29G X 1/2".....	93	CUBICIN.....	11	DANTRIUM.....	118
COMFORT ASSIST INSULIN SYRINGE/1ML/30G X 5/16".....	93	CUBICIN RF.....	11	dantrolene sodium.....	118
COMFORT ASSIST INSULIN SYRINGE/1ML/31G X 5/16".....	93	CUPRIMINE.....	115	dapsone.....	11
		CUTIVATE.....	62	DAPTACEL.....	127
		CUVITRU.....	122	DAPTOMYCIN.....	11
		CVS LANCETS 21G.....	80	daptomycin.....	11
				DARAPRIM.....	34
				darifenacin hydrobromide.....	129
				DAUNORUBICIN HYDROCHLORIDE.....	38

DAURISMO.....	37	DETROL.....	129	difluprednate.....	121
DAYPRO.....	4	DETROL LA.....	129	digoxin.....	50
DAYTRANA.....	2	dexamethasone.....	54,55	dihydroergotamine mesylate.....	112
DDAVP.....	69	DEXAMETHASONE INTENSOL.....	54	DILANTIN.....	20
DEBACTEROL.....	116	dexamethasone sodium phosphate.....	55	DILANTIN INFATABS.....	20
decitabine.....	36	dexamethasone sodium phosphate (ophth).....	121	DILANTIN-125.....	20
deferasirox.....	26	dexchlorpheniramine maleate.....	28	DILAUDID.....	6
deferiprone.....	26	DEXEDRINE.....	1	diltiazem hcl.....	50
DELESTROGEN.....	69	DEXILANT.....	128	DILTIAZEM HCL.....	50
DELSTRIGO.....	45	dexmethylphenidate hcl.....	2	diltiazem hcl.....	50
DELZICOL.....	71	dextroamphetamine sulfate.....	1	diltiazem hcl coated beads.....	50
demeclocycline hcl.....	126	DEXTROSE 5%/NACL 0.3%.....	114	diltiazem hcl extended release beads.....	50
DEMEROL.....	6	dextrose in lactated ringers.....	114	dimethyl fumarate.....	125
DENAVIR.....	61	DEXTROSE/SODIUM CHLORIDE.....	114	DIOVAN.....	31
DEPAKOTE.....	20	DIACOMIT.....	18	DIOVAN HCT.....	32
DEPAKOTE ER.....	20	DIASTAT ACUDIAL.....	17	DIPENTUM.....	71
DEPEN TITRATABS.....	115	DIASTAT PEDIATRIC.....	17	diphenhydramine hcl.....	28
DEPO-ESTRADIOL.....	69	DIATHRIVE LANCETS.....	80	diphenoxylate w/ atropine.....	25
DEPO-MEDROL.....	54	DIATHRIVE LANCETS ULTRA THIN 30G.....	80	DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC.....	127
DEPO-PROVERA CONTRACEPTIVE.....	54	DIATHRIVE LANCING DEVICE.....	80	DIPROLENE.....	62
DEPO-SUBQ PROVERA 104.....	54	diazepam.....	13	DIPROLENE AF.....	62
DEPO-TESTOSTERONE.....	10	diazepam (anticonvulsant).....	17	dipyridamole.....	73
DERMA-SMOOTH/FS BODY.....	62	diazoxide.....	24	disopyramide phosphate.....	13
DERMA-SMOOTH/FS SCALP.....	62	DIBENZYLINE.....	31	disulfiram.....	124
DERMOTIC.....	122	DICLEGIS.....	27	DITROPAN XL.....	129
DESCOVY.....	45	diclofenac epolamine.....	58	DIURIL.....	66
desipramine hcl.....	23	diclofenac potassium.....	4	divalproex sodium.....	20
desloratadine.....	28	diclofenac sodium.....	4	DIVIGEL.....	69
desmopressin acetate.....	69	diclofenac sodium (actinic keratoses).....	59	docetaxel.....	40
DESMOPRESSIN ACETATE.....	69	diclofenac sodium (ophth).....	121	DOCETAXEL.....	40,41
desmopressin acetate.....	69	diclofenac sodium (topical).....	58	docetaxel.....	41
desmopressin acetate spray.....	69	diclofenac w/ misoprostol.....	4	docusate calcium.....	76
desmopressin acetate spray refrigerated.....	69	dicloxacin sodium.....	123	docusate sodium.....	76
desogestrel & ethinyl estradiol.....	53	dicyclomine hcl.....	128	dofetilide.....	13
desogestrel-ethinyl estradiol (biphasic).....	53	didanosine.....	45	donepezil hydrochloride.....	124
desogestrel-ethinyl estradiol (triphasic).....	53	DIFFERIN.....	57	DOPTelet.....	73
desonide.....	62	DIFICID.....	77	DORAL.....	75
DESOWEN.....	62	diflorasone diacetate.....	62	dorzolamide hcl.....	121
desoximetasone.....	62	DIFLUCAN.....	27	dorzolamide hcl-timolol maleate.....	119
DESOXYN.....	1	diflunisal.....	6	DOVATO.....	45
desvenlafaxine succinate.....	22			DOVONEX.....	60
				doxazosin mesylate.....	31
				doxepin hcl.....	23

doxepin hcl (antipruritic).....	60	DROPLET INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	94	EASY COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16".....	94
doxepin hcl (sleep).....	74	DROPLET LANCETS ULTRA THIN 30G.....	80	EASY COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16".....	94
doxercalciferol.....	68	DROPLET LANCING DEVICE.....	80	EASY COMFORT INSULIN SYRINGE/1ML/30G X 5/16".....	94
DOXIL.....	38	DROPLET PERSONAL LANCETS30G.....	80	EASY COMFORT INSULIN SYRINGE/1ML/31G X 5/16".....	94
doxorubicin hcl.....	38	drosiprenone-ethinyl estradiol.....	53	EASY COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	94
doxorubicin hcl liposomal....	38	drosiprenone-ethinyl estradiol-levomefolate calcium.....	53	EASY COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	94
doxycycline (monohydrate).....	126	DROXIA.....	73	EASY MINI EJECT LANCING DEVICE.....	80
doxycycline hyclate....	126,127	DRUG MART ADJUSTABLE LANCING DEVICE.....	80	EASY MINI LANCING DEVICE.....	80
doxylamine-pyridoxine.....	27	DRUG MART LANCETS THIN.....	80	EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2".....	94
DRISDOL.....	133	DRUG MART ON-THE-GO LANCETS GENTLE 30G.....	80	EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX1/2".....	94
dronabinol.....	27	DRUG MART UNILET LANCETSSUPER THIN 30G.....	80	EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16".....	94
DROPLET GENTEEL LANCING DEVICE.....	80	DRUG MART UNILET LANCETSULTRA THIN 28G.....	80	EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16".....	94
DROPLET INSULIN SYRINGE 0.3ML/29G X 1/2".....	93	DRUG MART UNILET MICRO THIN LANCETS 33G.....	80	EASY TOUCH INSULIN SYRINGE/0.3ML/30G X 5/16".....	94
DROPLET INSULIN SYRINGE 0.5ML/29G X 1/2".....	93	DUAC.....	57	EASY TOUCH INSULIN SYRINGE/0.3ML/31G X 5/16".....	95
DROPLET INSULIN SYRINGE 1ML/29G X 1/2".....	93	DUAVEE.....	69	EASY TOUCH INSULIN SYRINGE/0.5ML/29G X 1/2".....	95
DROPLET INSULIN SYRINGE U-100/0.3/31G X 5/16".....	94	DUETACT.....	23	EASY TOUCH INSULIN SYRINGE/0.5ML/30G X 5/16".....	95
DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 1/2".....	94	DULCOLAX.....	76	EASY TOUCH INSULIN SYRINGE/1ML/30G X 5/16".....	95
DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 5/16".....	94	duloxetine hcl.....	22	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/29G X 1/2".....	95
DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 1/2".....	94	DUPIXENT.....	63	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/30G X 5/16".....	95
DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 5/16".....	94	DURAGESIC.....	6	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/29G X 1/2".....	95
DROPLET INSULIN SYRINGE U-100/0.5ML/31G X 5/16".....	94	DUREX EXTRA SENSITIVE.....	77	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/30G X 1/2".....	95
DROPLET INSULIN SYRINGE U-100/1ML/30G X 1/2".....	94	DUREZOL.....	121	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/29G X 1/2".....	95
DROPLET INSULIN SYRINGE U-100/1ML/30G X 5/16".....	94	dutasteride.....	72	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/30G X 1/2".....	95
DROPLET INSULIN SYRINGE U-100/1ML/31G X 15/64".....	94	DYAZIDE.....	66	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/30G X 1/2".....	95
DROPLET INSULIN SYRINGE U-100/1ML/31G X 5/16".....	94	DYRENIUM.....	66	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/30G X 1/2".....	95
DROPLET INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	94	DYSPOET.....	119	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/30G X 1/2".....	95
DROPLET INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	94	E-Z JECT LANCETS.....	80	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/30G X 1/2".....	95
DROPLET INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	94	E-Z JECT LANCETS 21G.....	80	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/30G X 1/2".....	95
DROPLET INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	94	E-Z JECT LANCETS COLOR.....	80	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/30G X 1/2".....	95
DROPLET INSULIN SYRINGE/U-100/1ML/31G X 15/64".....	94	E-Z JECT LANCETS SUPER THIN 30G.....	80	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/30G X 1/2".....	95
		E-Z JECT LANCETS THIN 26G.....	80		
		E-ZJECT LANCETS MICRO-THIN 33G.....	80		
		E.E.S. GRANULES.....	76		

EASY TOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 1/2".....	95	EASY TOUCH LANCETS 30G/TWIST.....	81	EFFIENT.....	73
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/27G X 1/2".....	95	EASY TOUCH LANCETS 32G/PRESSURE ACTIVATED.....	81	EFUDEX.....	59
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	95	EASY TOUCH LANCETS 32G/PULL-TOP.....	81	EGRIFTA.....	67
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	95	EASY TOUCH LANCETS 32G/TWIST.....	81	EGRIFTA SV.....	67
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	95	EASY TOUCH LANCETS 33G/TWIST.....	81	ELAPRASE.....	68
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	95	EASY TOUCH LANCING DEVICE/EJECTOR.....	81	ELELYSO.....	73
EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 1/2".....	95	EASY TOUCH SAFETY LANCETS21G/PRESSURE ACTIVATED.....	81	ELESTRIN.....	69
EASY TOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	95	EASY TOUCH SAFETY LANCETS23G/PRESSURE ACTIVATED.....	81	eletriptan hydrobromide....	112
EASY TOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	95	EASY TOUCH SAFETY LANCETS26G/BUTTON ACTIVATED.....	81	ELIDEL.....	64
EASY TOUCH INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	95	EASY TOUCH SAFETY LANCETS26G/PRESSURE ACTIVATED.....	81	ELIGARD.....	37
EASY TOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	95	EASY TOUCH SAFETY LANCETS28G/BUTTON ACTIVATED.....	81	ELIMITE.....	65
EASY TOUCH LANCETS 21G/PRESSURE ACTIVATED.....	80	EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED.....	81	ELIQUIS.....	16
EASY TOUCH LANCETS 23G/PRESSURE ACTIVATED.....	80	EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2".....	95	ELIQUIS STARTER PACK..	16
EASY TOUCH LANCETS 26G/PRESSURE ACTIVATED.....	80	EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16".....	95	ELITE-THIN INSULIN SYRINGE/0.3ML/31G X 5/16".....	95
EASY TOUCH LANCETS 26G/PULL-TOP.....	80	EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16".....	95	ELITE-THIN INSULIN SYRINGE/0.5ML/29G X 1/2".....	95
EASY TOUCH LANCETS 28G/PRESSURE ACTIVATED.....	80	EASY TOUCH SHEATHLOCK SAFETY SYRINGE 1ML/30GX1/2".....	95	ELITE-THIN INSULIN SYRINGE/0.5ML/30G X 5/16".....	95
EASY TOUCH LANCETS 28G/PULL-TOP.....	80	EASY TWIST & CAP LANCETS.....	81	ELITE-THIN INSULIN SYRINGE/1ML/30G X 5/16".....	95
EASY TOUCH LANCETS 28G/TWIST.....	81	EC-NAPROSYN.....	4	ELITE-THIN INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	96
EASY TOUCH LANCETS 30G/BUTTON-ACTIVATED.....	81	econazole nitrate.....	58	ELITE-THIN INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	96
EASY TOUCH LANCETS 30G/PRESSURE ACTIVATED.....	81	EDARBI.....	31	ELITE-THIN INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	96
EASY TOUCH LANCETS 30G/PULL-TOP.....	81	EDECIN.....	66	ELITE-THIN INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	96
		EDURANT.....	45	ELITE-THIN INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	96
		efavirenz.....	45	ELIXOPHYLLIN.....	15
		efavirenz-emtricitabine- tenofovir disoproxil fumarate.....	45	ELLA.....	54
		efavirenz-lamivudine-tenofovir disoproxil fumarate.....	45	ELLECE.....	38
		EFFEXOR XR.....	22	ELMIRON.....	72
				ELOCON.....	62
				EMBRACE LANCETS ULTRA THIN 30G.....	81
				EMBRACE LANCING DEVICE WITH EJECTOR.....	81
				EMCYT.....	37
				EMEND.....	27
				EMEND TRIPACK.....	27
				EMFLAZA.....	55
				EMGALITY.....	112

EMSAM	21	EQL INSULIN SYRINGE/0.5ML/30G X 5/16"	96	ethacrynic acid	66
emtricitabine	45	EQL INSULIN SYRINGE/0.5ML/31G X 5/16"	96	ethambutol hcl	34
emtricitabine-tenofovir disoproxil fumarate	45	EQL INSULIN SYRINGE/1ML/29G X 1/2"	96	ethosuximide	20
EMTRIVA	45	EQL INSULIN SYRINGE/1ML/30G X 5/16"	96	ethynodiol diacet & eth estrad	53
EMVERM	10	EQL INSULIN SYRINGE/1ML/31G X 5/16"	96	etidronate disodium	67
ENABLEX	129	EQL PRENATAL FORMULA	116	etodolac	4
enalapril maleate	31	EQL SUPER THIN LANCETS 30G	81	etonogestrel-ethinyl estradiol	54
enalapril maleate & hydrochlorothiazide	32	EQL THIN LANCETS 26G	81	ETOPOPHOS	41
ENBREL	5	EQUETRO	43	etoposide	41
ENBREL MINI	5	ERAXIS	27	etravirine	46
ENBREL SURECLICK	5	ERBITUX	36	EUCRISA	64
ENGERIX-B	130	ergocalciferol	133	EURAX	65
enoxaparin sodium	16	ergoloid mesylates	125	EVAMIST	70
entacapone	41	ERGOMAR	112	everolimus	39
entecavir	48	ergotamine w/ caffeine	112	everolimus (immunosuppressant)	115
ENTEREG	71	ERIVEDGE	37	EVISTA	68
ENTOCORT EC	55	erlotinib hcl	36	EVOCLIN	57
ENTRESTO	51	ERTACZO	58	EVOXAC	116
EPCLUSA	48	ertapenem sodium	11	EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/29G X 1/2"	96
EPIDIOLEX	18	ERWINASE	40	EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/30G X 5/16"	96
EPIDUO	57	ERWINAZE	40	EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/28G X 1/2"	96
epinastine hcl (ophth)	121	ERYPED 200	76	EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/29G X 1/2"	96
epinephrine (anaphylaxis)	133	ERYPED 400	76	EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/30G X 5/16"	96
EPIPEN 2-PAK	133	erythromycin (acne aid)	57	EXEL COMFORT POINT INSULIN SYRINGE/1ML/28G X 1/2"	96
EPIPEN-JR 2-PAK	133	erythromycin (ophth)	120	EXEL COMFORT POINT INSULIN SYRINGE/1ML/29G X 1/2"	96
epirubicin hcl	38	erythromycin base	76	EXEL COMFORT POINT INSULIN SYRINGE/1ML/30G X 5/16"	96
EPIVIR	45	erythromycin		EXELDERM	58
EPIVIR HBV	48	ethylsuccinate	77	exemestane	37
eplerenone	33	escitalopram oxalate	21	EXFORGE	32
EPOGEN	73	ESGIC	5	EXFORGE HCT	32
epoprostenol sodium	51	esomeprazole	128	EXJADE	26
eprosartan mesylate	31	estazolam	75	EXTAVIA	125
EPZICOM	46	ESTRACE	69	EZ-LETS LANCETS 21G	81
EQL COLOR LANCETS 21G	81	estradiol	70	EZ-LETS LANCETS 26G	81
EQL COLOR LANCETS MICRO THIN 33G	81	estradiol vaginal	132	SUPER-SOFT	81
EQL INSULIN SYRINGE/0.3ML/29G X 1/2"	96	estradiol valerate	70		
EQL INSULIN SYRINGE/0.3ML/30G X 5/16"	96	ESTROGEL	70		
EQL INSULIN SYRINGE/0.3ML/31G X 5/16"	96	ESTROSTEP FE	53		
EQL INSULIN SYRINGE/0.5ML/29G X 1/2"	96	eszopiclone	75		



EZ-LETS LANCETS 28G			FLUAD QUADRIVALENT 2021-2022	130
ULTRA-SOFT	81		FLUAD QUADRIVALENT INFLUENZA VACCINE FOR ADULTS	130
EZ-LETS LANCETS 30G	81		FLUARIX QUADRIVALENT 2019-2020	130
ezetimibe	30		FLUARIX QUADRIVALENT 2020-2021	130
ezetimibe-simvastatin	29		FLUARIX QUADRIVALENT 2021-2022	131
FABRAZYME	68		FLUBLOK QUADRIVALENT 2019-2020	131
FALESSA	53		FLUBLOK QUADRIVALENT 2020-2021	131
famciclovir	48		FLUBLOK QUADRIVALENT 2021-2022	131
famotidine	128		FLUCELVAX QUADRIVALENT 2019-2020	131
famotidine in nacl	128		FLUCELVAX QUADRIVALENT 2020-2021	131
FANAPT	43		FLUCELVAX QUADRIVALENT 2021-2022	131
FANAPT TITRATION PACK	43		fluconazole	27
FANTASY LUBRICATED	77		flucytosine	27
FANTASY LUBRICATED/SPERMICIDE	77		fludarabine phosphate	36
FARESTON	37		fludrocortisone acetate	55
FARXIGA	25		FLULAVAL QUADRIVALENT 2019-2020	131
FASENRA	13		FLULAVAL QUADRIVALENT 2020-2021	131
FASENRA PEN	13		FLULAVAL QUADRIVALENT 2021-2022	131
FASLODEX	37		FLUMADINE	48
FAZACLO	44		FLUMIST QUADRIVALENT	131
FC FEMALE CONDOM	77		flunisolide (nasal)	119
febuxostat	72		fluocinolone acetonide	62
felbamate	19		fluocinolone acetonide (otic)	122
FELBATOL	19		fluocinonide	62
FELDENE	4		fluocinonide emulsified base	62
felodipine	50		fluorometholone (ophth)	121
FEMARA	37		fluorouracil	36
FEMCAP	77		fluorouracil (topical)	59,60
FEMHRT	69		fluoxetine hcl	21
FEMRING	132		FLUOXETINE	
fenofibrate	30		HYDROCHLORIDE	21
fenofibrate micronized	30		fluphenazine hcl	44
fenopropfen calcium	4		flurandrenolide	62
FENSOLVI	68		flurbiprofen	4
fentanyl	6		flurbiprofen sodium	121
fentanyl citrate	6		flutamide	37
FENTORA	6		fluticasone propionate	62
FER-IN-SOL	74			
FERRIPROX	26			
ferrous fumarate-folic acid	74			
ferrous sulfate	74			
FETZIMA	22			
FETZIMA TITRATION PACK	22			
fexofenadine hcl	28,29			
fexofenadine-pseudoephedrine	56			
FIASP	25			
FIASP FLEXTOUCH	25			
FIASP PENFILL	25			
FIBERCON	75			
FIBRICOR	30			
FIFTY50 SAFETY SEAL LANCETS 30G	81			
FIFTY50 SAFETY SEAL LANCETS 32G	81			
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.3ML/31G X 5/16"	96			
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.5ML/31G X 5/16"	96			
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/1ML/31G X 5/16"	96			
FIFTY50 UNILET LANCETS 33G	81			
FINACEA	64			
finasteride	72			
FINE 30	81			
FINGERSTIX LANCETS	81			
FIORICET	6			
FIORICET/CODEINE	8			
FIORINAL	6			
FIORINAL/CODEINE #3	8			
FIRAZYR	72			
FIRDAPSE	34			
FIRMAGON	37			
FIRVANQ	11			
FLAGYL	10			
flavoxate hcl	130			
flecainide acetate	13			
FLECTOR	58			
FLOLAN	51			
FLOMAX	72			
FLOXETINE ALLERGY RELIEF	119			
FLOXETINE ALLERGY RELIEF CHILDRENS	119			
FLOVENT DISKUS	14			
FLOVENT HFA	14			
floxuridine	36			
FLUAD 2019-2020	130			
FLUAD 2020-2021	130			

fluticasone propionate (nasal).....	119	FREESTYLE PRECISION INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	96	GENTEEL LANCING DEVICE/GLORIOUS GOLD.....	82
fluticasone-salmeterol.....	15	FREESTYLE PRECISION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	96	GENTEEL LANCING DEVICE/PRECIOUS PLATINUM.....	82
fluvastatin sodium.....	30	FREESTYLE PRECISION INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	97	GENTEEL LANCING DEVICE/STATELY SILVER.....	82
fluvoxamine maleate.....	21	FREESTYLE PRECISION INSULIN SYRINGES/U-100/1ML/30G X 5/16".....	97	GENTEEL PLUS LANCING DEVICE/BUFF BLACK.....	82
FLUZONE HIGH-DOSE PF 2019-2020.....	131	FREESTYLE UNISTICK II LANCETS.....	82	GENTEEL PLUS LANCING DEVICE/BUTTERFLY BLUE.....	82
FLUZONE HIGH-DOSE PF 2020-2021.....	131	FROVA.....	112	GENTEEL PLUS LANCING DEVICE/PLAYFUL PURPLE.....	82
FLUZONE HIGH-DOSE PF 2021-2022.....	131	frovatriptan succinate.....	112	GENTEEL PLUS LANCING DEVICE/PRINCESS PINK.....	82
FLUZONE QUADRIVALENT 2019-2020.....	131	FULPHILA.....	73	GENTEEL PLUS LANCING DEVICE/WILLOWY WHITE.....	82
FLUZONE QUADRIVALENT 2020-2021.....	131	fulvestrant.....	37	GENTLE-LET GP LANCETS.....	82
FLUZONE QUADRIVALENT 2021-2022.....	131	furosemide.....	66	GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT.....	82
FML.....	121	FUZEON.....	46	GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT.....	82
FML FORTE.....	121	FYCOMPA.....	17	GENTLE-LET LANCETS SAFETY STYLE/FINE POINT.....	82
FML LIQUIFILM.....	121	gabapentin.....	18	GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT.....	82
FOCALIN.....	2	GABITRIL.....	19	GENVOYA.....	46
FOCALIN XR.....	2	GALAFOLD.....	68	GEODON.....	43
folic acid.....	73	galantamine hydrobromide.....	124	GILENYA.....	125
FOLOTYN.....	36	GAMMAGARD LIQUID.....	122	GILOTRIF.....	36
fondaparinux sodium.....	16	GAMMAGARD S/D IGA LESS THAN 1MCG/ML.....	122	glatiramer acetate.....	125
FORA GTEL BLOOD KETONE TEST STRIPS.....	65	GAMMAKED.....	122	GLEEVEC.....	39
FORA LANCETS.....	81	GAMUNEX-C.....	122	GLEOSTINE.....	35
FORA LANCING DEVICE.....	81	ganciclovir sodium.....	47	glimepiride.....	25
FORA LANCING DEVICE/CLEARCAP.....	81	ganirelix acetate.....	67	glipizide.....	25
FORFIVO XL.....	21	GANIRELIX ACETATE.....	67	glipizide-metformin hcl.....	23
FORTAZ.....	52	GARDASIL 9.....	132	GLOBAL EASY GLIDE INSULIN SYRINGE/1ML/31G X 15/64".....	97
FOSAMAX.....	67	gatifloxacin (ophth).....	120	GLOBAL EASY GLIDE INSULINSYRINGE/U-100/0.3ML/31G X 5/16".....	97
FOSAMAX PLUS D.....	67	gemcitabine hcl.....	36	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/29G X 1/2".....	97
fosamprenavir calcium.....	46	GEMCITABINE HYDROCHLORIDE.....	36	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2".....	97
fosfomycin tromethamine.....	12	gemfibrozil.....	30	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	97
fosinopril sodium.....	31	GENERESS FE.....	53		
fosinopril sodium & hydrochlorothiazide.....	32	GENOTROPIN.....	67		
fosphenytoin sodium.....	20	GENOTROPIN MINIQUICK.....	67		
FOSRENOL.....	71	gentamicin in saline.....	3		
FRAGMIN.....	16	gentamicin sulfate.....	3		
FREDS PHARMACY AUTOLET LANCING DEVICE.....	81	gentamicin sulfate (ophth).....	120		
FREDS PHARMACY UNILET LANCETS SUPER THIN 30G.....	81	gentamicin sulfate (topical).....	58		
FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G.....	81	GENTEEL BUTTERFLY TOUCH LANCETS.....	82		
FREESTYLE LANCETS.....	81				

GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	97	GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	97	GNP INSULIN SYRINGE/1ML/31G X 5/16"	98
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	97	GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	98	GNP INSULIN SYRINGES/0.3ML/30GX5/16"	98
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	97	GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	98	GNP INSULIN SYRINGES/1/2ML/29GX1/2"	98
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	97	GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 1/2"	98	GNP INSULIN SYRINGES/1ML/28GX1/2"	98
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	97	GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 5/16"	98	GNP INSULIN SYRINGES/1ML/29GX1/2"	98
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	97	GLUCOPRO INSULIN SYRINGE/U-100/1ML/31G X 5/16"	98	GNP INSULIN SYRINGES/1ML/30GX5/16"	98
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/28G X 1/2"	97	GLUCOTROL	25	GNP INSULIN SYRINGES/3ML/31GX5/16"	98
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/29G X 1/2"	97	GLUCOTROL XL	25	GNP LANCETS 21G	82
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 1/2"	97	glyburide	25	GNP LANCETS MICRO THIN 33G	82
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 1/2"	97	glyburide micronized	25	GNP LANCETS SUPER THIN 30G	82
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	97	glyburide-metformin	23	GNP LANCETS THIN	82
GLOBAL INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	97	glycine (gu irrigant)	72	GNP LANCETS THIN 26G	82
GLOBAL INSULIN SYRINGES/U-100/0.3ML/30GX5/16"	97	glycopyrrolate	128	GNP LANCING SYSTEM DEVICE	82
GLOBAL LANCING DEVICE	82	GLYNASE	25	GNP PRENATAL	116
GLUCAGEN DIAGNOSTIC	65	GLYSET	23	GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2"	98
GLUCAGEN HYPOKIT	24	GLYXAMBI	23	GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16" SHORT	98
glucagon (rdna)	24	GNP INSULIN SYRINGE/0.3ML/29G X 1/2"	98	GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2"	98
GLUCAGON EMERGENCY KIT	24	GNP INSULIN SYRINGE/0.3ML/30G X 5/16"	98	GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2"	98
GLUCOCOM LANCETS 28G	82	GNP INSULIN SYRINGE/0.3ML/31G X 5/16"	98	GNP ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2"	98
GLUCOCOM LANCETS 30G	82	GNP INSULIN SYRINGE/0.5ML/28G X 1/2"	98	GNP ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2"	98
GLUCOCOM LANCETS 33G	82	GNP INSULIN SYRINGE/0.5ML/29G X 1/2"	98	GOJJI BLOOD KETONE TEST STRIPS	65
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	97	GNP INSULIN SYRINGE/0.5ML/30G X 5/16"	98	GOJJI LANCING DEVICE/CLEAR CAP	82
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	97	GNP INSULIN SYRINGE/0.5ML/31G X 5/16"	98	GOJJI STERILE LANCETS 30G	82
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	97	GNP INSULIN SYRINGE/1ML/28G X 1/2"	98	GOLYTELY	75
		GNP INSULIN SYRINGE/1ML/29G X 1/2"	98	GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL	82
		GNP INSULIN SYRINGE/1ML/30G X 5/16"	98	GOODSENSE LANCETS MICRO-THIN 33G	82

GOODSENSE LANCETS			
MICRO-THIN 33G			
UNIVERSAL	82		
GOODSENSE LANCETS			
ULTRA-THIN 26G			
UNIVERSAL	82		
GOODSENSE LANCETS			
ULTRA-THIN 30G	82		
GOODSENSE LANCETS			
ULTRA-THIN 30G			
UNIVERSAL	82		
GOODSENSE LANCING			
DEVICE	82		
GOODSENSE PRENATAL			
VITAMINS	116		
granisetron hcl	26		
GRASTEK	3		
griseofulvin microsize	27		
griseofulvin ultramicrosize	27		
guanfacine hcl	31		
guanfacine hcl (adhd)	2		
GUANIDINE HCL	34		
GVOKE PFS	24		
GYNAZOLE-1	132		
GYNE-LOTRIMIN	132		
H-E-B INCONTROL			
ADVANCEDLANCING			
DEVICE	82		
H-E-B INCONTROL LANCETS			
MICRO THIN 33G	82		
H-E-B INCONTROL LANCETS			
SUPER THIN 30G	83		
H-E-B INCONTROL LANCETS			
ULTRA THIN 28G	83		
HAEGARDA	73		
HAEMOLANCE	83		
HAEMOLANCE LOW FLOW			
LANCETS	83		
HAEMOLANCE PLUS	83		
HAEMOLANCE PLUS HIGH			
FLOW	83		
HAEMOLANCE PLUS LOW			
FLOW	83		
HAEMOLANCE PLUS MAX			
FLOW	83		
HAEMOLANCE PLUS			
PEDIATRIC FLOW	83		
HALAVEN	41		
halcinonide	62		
HALCION	75		
HALDOL	43		
HALDOL DECANOATE 100	43		
HALDOL DECANOATE 50	43		
halobetasol propionate	62		
HALOG	62		
haloperidol	43		
haloperidol decanoate	43		
haloperidol lactate	43		
HAVRIX	132		
HEALTH CARE LANCING			
DEVICE	83		
HEALTHWISE INSULIN			
SYRINGE/U-100/0.3ML/30G X			
5/16"	99		
HEALTHWISE INSULIN			
SYRINGE/U-100/0.3ML/31G X			
5/16"	99		
HEALTHWISE INSULIN			
SYRINGE/U-100/0.5ML/30G X			
5/16"	99		
HEALTHWISE INSULIN			
SYRINGE/U-100/0.5ML/31G X			
5/16"	99		
HEALTHWISE INSULIN			
SYRINGE/U-100/1ML/30G X			
5/16"	99		
HEALTHWISE INSULIN			
SYRINGE/U-100/1ML/31G X			
5/16"	99		
HEALTHY ACCENTS			
AUTOLET IMPRESSION			
LANCING DEVICE	83		
HEALTHY ACCENTS UNILET			
LANCETS SUPER THIN			
30G	83		
HECTOROL	68		
HEMANGEOL	49		
HEPARIN LOCK FLUSH	17		
heparin sod (porcine) in			
d5w	17		
heparin sodium (porcine)	17		
HEPARIN SODIUM/NACL			
0.45%	17		
HEPLISAV-B	132		
HEPSERA	48		
HERCEPTIN	36		
HETLIOZ	75		
HIBERIX	130		
HIPREX	12		
HIZENTRA	123		
HM PRENATAL	117		
HM ULTICARE INSULIN			
SYRINGE/1ML/30G X 1/2"	99		
HM ULTICARE INSULIN			
SYRINGE/U-100/0.3ML/31G X			
5/16"	99		
HORIZANT	125		
HUMATIN	3		
HUMATROPE	67		
HUMATROPE COMBO			
PACK	67		
HUMIRA	4		
HUMIRA PEDIATRIC CROHNS			
DISEASE STARTER PACK	3		
HUMIRA PEN	3		
HUMIRA PEN-CD/UC/HS			
STARTER	3,4		
HUMIRA PEN-PEDIATRIC UC			
STARTER PACK	4		
HUMIRA PEN-PS/UV			
STARTER	4		
HUMULIN R U-500			
(CONCENTRATED)	25		
HUMULIN R U-500			
KWIKPEN	25		
HY-VEE LANCETS	83		
HY-VEE THIN LANCETS	83		
HYCANTIN	41		
hydralazine hcl	33		
HYDREA	40		
HYDRO 35	64		
hydrochlorothiazide	66		
hydrocodone bitartrate	6		
HYDROCODONE BITARTRATE			
ER	6		
hydrocodone polistirex-			
chlorpheniramine polistirex	56		
hydrocodone-acetaminophen	8		
hydrocodone-ibuprofen	8		
hydrocortisone	55		
hydrocortisone (intrarectal)	10		
hydrocortisone (rectal)	10		
hydrocortisone (topical)	63		
hydrocortisone acetate			
(rectal)	10		
hydrocortisone butyrate	63		
hydrocortisone valerate	63		
hydrocortisone w/acetic			
acid	122		
hydromorphone hcl	6		
HYDROMORPHONE			
HYDROCHLORIDE	6		
hydroxychloroquine sulfate	34		
hydroxyurea	40		
hydroxyzine hcl	12,13		
hydroxyzine pamoate	13		
HYPER-SAL	56		
HYPERSAL	56		
HYQVIA	123		

HYZAAR.....	32	INSULIN SYRINGE/0.5ML/27G X 1/2".....	99	INSULIN SYRINGES/0.5ML/31GX5/16".....	100
ibandronate sodium.....	67	INSULIN SYRINGE/0.5ML/28G X 1/2".....	99	INSULIN SYRINGES/1ML/27GX1/2".....	100
IBRANCE.....	39	INSULIN SYRINGE/0.5ML/30G X 1/2".....	99	INSULIN SYRINGES/1ML/27GX1/2".....	100
ibuprofen.....	4	INSULIN SYRINGE/0.5ML/30G X 5/16".....	99	INSULIN SYRINGES/1ML/28GX1/2".....	100
icatibant acetate.....	73	INSULIN SYRINGE/0.5ML/31G X 5/16".....	99	INSULIN SYRINGES/1ML/29GX1/2".....	100
ICLUSIG.....	39	INSULIN SYRINGE/1ML/28G X 1/2".....	99	INSULIN SYRINGES/1ML/30GX1/2".....	100
icosapent ethyl.....	29	INSULIN SYRINGE/1ML/29G X 1/2".....	99	INSULIN SYRINGES/1ML/31GX5/16".....	100
IDAMYCIN PFS.....	38	INSULIN SYRINGE/NEEDLE 0.3ML/30G X 5/16".....	99	INTELENCE.....	46
idarubicin hcl.....	38	INSULIN SYRINGE/NEEDLE 0.3ML/31G X 5/16".....	99	INTRAROSA.....	132
IFEX.....	35	INSULIN SYRINGE/NEEDLE 0.5ML/29G X 1/2".....	99	INTRON A.....	40
ifosfamide.....	35	INSULIN SYRINGE/NEEDLE 0.5ML/30G X 5/16".....	99	INTUNIV.....	2
ILARIS.....	4	INSULIN SYRINGE/NEEDLE 0.5ML/30G X 5/16".....	99	INVANZ.....	11
ILEVRO.....	121	INSULIN SYRINGE/NEEDLE 0.5ML/31G X 5/16".....	99	INVEGA.....	43
imatinib mesylate.....	39	INSULIN SYRINGE/NEEDLE 1ML/29G X 1/2".....	99	INVIRASE.....	46
IMBRUVICA.....	39	INSULIN SYRINGE/NEEDLE 1ML/30G X 5/16".....	99	IONOSOL-MB/DEXTROSE 5%.....	114
imipenem-cilastatin.....	11	INSULIN SYRINGE/NEEDLE 1ML/30G X 5/16".....	99	IOPIDINE.....	120
imipramine hcl.....	23	INSULIN SYRINGE/NEEDLE 1ML/31G X 5/16".....	99	IPOL INACTIVATED IPV.....	132
imipramine pamoate.....	23	INSULIN SYRINGE/U-100/0.3ML/29G X 1/2".....	99	ipratropium bromide.....	14
imiquimod.....	64	INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	99	ipratropium bromide (nasal).....	118
IMITREX.....	112,113	INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	100	ipratropium-albuterol.....	15
IMITREX STATDOSE REFILL.....	112	INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	100	irbesartan.....	31
IMITREX STATDOSE SYSTEM.....	112	INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	100	irbesartan-hydrochlorothiazide.....	32
IMODIUM A-D.....	26	INSULIN SYRINGES/0.5ML/27GX1/2".....	100	irinotecan hcl.....	41
IMPAVIDO.....	10	INSULIN SYRINGES/0.5ML/28GX1/2".....	100	irrigation solutions, physiological.....	116
IMURAN.....	115	INSULIN SYRINGES/0.5ML/29GX1/2".....	100	ISENTRESS.....	46
IN TOUCH LANCING DEVICE.....	83	INSULIN SYRINGES/0.5ML/29GX1/2".....	100	ISENTRESS HD.....	46
IN TOUCH STERILE LANCETS30G.....	83	INSULIN SYRINGES/0.5ML/30GX5/16".....	100	ISOLYTE-P/DEXTROSE 5%.....	114
INCRELEX.....	68	INSULIN SYRINGES/0.5ML/31GX 5/16".....	100	ISOLYTE-S.....	114
INCRUSE ELLIPTA.....	14	INSULIN SYRINGES/0.5ML/31GX 5/16".....	100	isoniazid.....	34
indapamide.....	66	INSULIN SYRINGES/0.5ML/27GX1/2".....	100	ISOPTO CARPINE.....	120
INDERAL LA.....	49	INSULIN SYRINGES/0.5ML/28GX1/2".....	100	ISORDIL TITRADOSE.....	12
indomethacin.....	4,5	INSULIN SYRINGES/0.5ML/29GX1/2".....	100	isosorbide dinitrate.....	12
INFANRIX.....	127	INSULIN SYRINGES/0.5ML/30GX5/16".....	100	isosorbide mononitrate.....	12
INFLECTRA.....	71	INSULIN SYRINGES/0.5ML/31GX 5/16".....	100	isotretinoin.....	57
INLYTA.....	36	INSULIN SYRINGES/0.5ML/31GX 5/16".....	100	isradipine.....	50
INREBIC.....	39	INSULIN SYRINGES/0.5ML/27GX1/2".....	100	ISTODAX (OVERFILL).....	39
INSPIRA.....	33	INSULIN SYRINGES/0.5ML/28GX1/2".....	100	itraconazole.....	27,28
INSULIN SYRINGE/0.3ML/29G X 1".....	99	INSULIN SYRINGES/0.5ML/29GX1/2".....	100	ivermectin.....	10
INSULIN SYRINGE/0.3ML/29G X 1/2".....	99	INSULIN SYRINGES/0.5ML/30GX5/16".....	100		
INSULIN SYRINGE/0.3ML/30G X 5/16".....	99	INSULIN SYRINGES/0.5ML/31GX 5/16".....	100		
INSULIN SYRINGE/0.3ML/31G X 5/16".....	99				



IVERMECTIN .....	65	KIMONO PLUS SPERMICIDE LUBRICATED .....	77	KROGER INSULIN SYRINGE/0.3ML/29G X 1/2" .....	100
ivermectin (pediculicide) .....	65	KIMONO PLUS SPERMICIDE/LUBRICATED .....	77	KROGER INSULIN SYRINGE/0.3ML/30G X 5/16" .....	100
IXEMPRA KIT .....	41	KIMONO PS LUBRICATED .....	77	KROGER INSULIN SYRINGE/0.3ML/31G X 5/16" .....	100
JADENU .....	26	KIMONO PS PLUS SPERMICIDE/LUBRICATED .....	77	KROGER INSULIN SYRINGE/0.5ML/29G X 1/2" .....	100
JADENU SPRINKLE .....	26	KIMONO SENSATION LUBRICATED .....	77	KROGER INSULIN SYRINGE/0.5ML/30G X 5/16" .....	100
JAKAFI .....	39	KIMONO SENSATION PLUS SPERMICIDE LUBRICATED .....	77	KROGER INSULIN SYRINGE/1ML/29G X 1/2" .....	100
JANUMET .....	23	KIMONO SPECIAL .....	77	KROGER INSULIN SYRINGE/1ML/30G X 5/16" .....	100
JANUMET XR .....	23	KINNEY LANCETS .....	83	KROGER INSULIN SYRINGE/1ML/31G X 5/16" .....	100
JANUVIA .....	24	KINNEY THIN LANCETS .....	83	KROGER INSULIN SYRINGE/0.5ML/29G X 1/2" .....	100
JARDIANCE .....	25	KINRAY INSULIN SYRINGE PREFERRED PLUS/0.3ML/31G X 5/16" .....	100	KROGER INSULIN SYRINGE/0.5ML/31G X 5/16" .....	100
JEVTANA .....	41	KINRAY INSULIN SYRINGE PREFERRED PLUS/0.5ML/31G X 5/16" .....	100	KROGER INSULIN SYRINGE/1ML/31G X 5/16" .....	100
JUBLIA .....	58	KINRAY INSULIN SYRINGE PREFERRED PLUS/1ML/31G X 5/16" .....	100	KROGER LANCETS .....	83
JULUCA .....	46	KINRAY INSULIN SYRINGE/0.5ML/29G X 1/2" .....	100	KROGER LANCETS 21G .....	83
JYNARQUE .....	69	KINRIX .....	127	KROGER LANCETS MICRO THIN33G .....	83
K-TAB .....	114	KISQALI .....	39	KROGER LANCETS SUPER THIN .....	83
K-Y ME & YOU EXTRA LUBRICATED .....	77	KISQALI FEMARA 200 DOSE .....	38	KROGER LANCETS THIN .....	83
K-Y ME & YOU INTENSE .....	77	KISQALI FEMARA 400 DOSE .....	38	KROGER LANCETS THIN 26G .....	83
KADIAN .....	6	KISQALI FEMARA 600 DOSE .....	38	KROGER LANCETS ULTRATHIN30G .....	83
KALETRA .....	46	KITABIS PAK .....	3	KROGER LANCING DEVICE .....	83
KALYDECO .....	126	KLARITY-A .....	120	KRYSTEXXA .....	72
KAMELEON LUBRICATED .....	77	KLARON .....	57	KUVAN .....	68
KAPVAY .....	2	KLONOPIN .....	17	KYLEENA .....	54
KAZANO .....	23	KMART VALU PLUS INSULIN SYRINGE/1ML/29G .....	100	KYPROLIS .....	39
KCL 0.3%/D5W/NACL 0.9% .....	114	KMART VALU PLUS INSULIN SYRINGE/1ML/30G .....	100	labetalol hcl .....	49
KEFLEX .....	52	KOSELUGO .....	39	LAC-HYDRIN .....	64
KENALOG-40 .....	55	KP PRENATAL MULTIVITAMINS .....	117	LAC-HYDRIN TWELVE .....	64
KEPIVANCE .....	40	KRINTAFEL .....	34	LACRISERT .....	119
KEPPRA .....	18	KROGER AUTOLET LANCING DEVICE .....	83	lactated ringer's .....	114
KEPPRA XR .....	18	KROGER HEALTHPRO TWIST LANCETS/26G .....	83	lactated ringer's (irrigation) .....	116
KERYDIN .....	58			lactic acid (ammonium lactate) .....	64
ketoconazole .....	28			lactulose .....	75
ketoconazole (topical) .....	58			lactulose (encephalopathy) .....	71
KETONE .....	65			LAMICTAL .....	18
KETONE TEST STRIPS .....	65				
ketoprofen .....	5				
ketorolac tromethamine .....	5				
ketorolac tromethamine (ophth) .....	121				
KETOSTIX .....	65				
ketotifen fumarate (ophth) .....	121				
KEVEYIS .....	66				
KHEDEZLA .....	22				
KIMONO COLORS .....	77				
KIMONO LUBRICATED .....	77				
KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED .....	77				

LAMICTAL CHEWABLE DISPERSIBLE.....	18	LEADER INSULIN SYRINGE/0.3ML/29G X 1/2".....	101	levabuterol tartrate.....	15
LAMICTAL ODT.....	18	LEADER INSULIN SYRINGE/0.3ML/30G X 5/16".....	101	LEVAQUIN.....	70
lamivudine.....	46	LEADER INSULIN SYRINGE/0.3ML/31G X 5/16".....	101	LEVEMIR.....	25
lamivudine (hbv).....	48	LEADER INSULIN SYRINGE/0.5ML/28G X 1/2".....	101	LEVEMIR FLEXTOUCH.....	25
lamivudine-zidovudine.....	46	LEADER INSULIN SYRINGE/0.5ML/29G X 1/2".....	101	levetiracetam.....	18
lamotrigine.....	18	LEADER INSULIN SYRINGE/0.5ML/30G X 5/16".....	101	levobunolol hcl.....	119
LANCET DEVICE ADJUSTABLE.....	83	LEADER INSULIN SYRINGE/0.5ML/31G X 5/16".....	101	levocetirizine dihydrochloride.....	29
LANCET DEVICE WITH EJECTOR.....	83	LEADER INSULIN SYRINGE/1ML/28G X 1/2".....	101	levofloxacin.....	70
LANCETS.....	83	LEADER INSULIN SYRINGE/1ML/29G X 1/2".....	101	levofloxacin (ophth).....	120
LANCETS 26G TWIST TOP.....	83	LEADER INSULIN SYRINGE/1ML/30G X 5/16".....	101	levofloxacin in d5w.....	70
LANCETS 30G.....	83	LEADER INSULIN SYRINGE/1ML/31G X 5/16".....	101	levonorgestrel & eth estradiol.....	53
LANCETS 30G TWIST TOP.....	83	LEADER INSULIN SYRINGE/1ML/28G X 1/2".....	101	levonorgestrel (emergency oc).....	54
LANCETS 30G/TWIST TOP.....	83	LEADER INSULIN SYRINGE/1ML/30G X 5/16".....	101	levonorgestrel-eth estradiol (triphasic).....	53
LANCETS 31G TWIST TOP.....	83	LEADER INSULIN SYRINGE/1ML/31G X 5/16".....	101	levonorgestrel-ethinyl estradiol (91-day).....	53
LANCETS 33G EXTRA FINE.....	83	leflunomide.....	5	levonorgestrel-ethinyl estradiol (continuous).....	53
LANCETS MICRO THIN 33G.....	83	LENVIMA 10 MG DAILY DOSE.....	36	levorphanol tartrate.....	6
LANCETS SAFETY SEAL 21G.....	83	LENVIMA 12MG DAILY DOSE.....	36	levothyroxine sodium.....	127
LANCETS SAFETY SEAL 26G.....	83	LENVIMA 14 MG DAILY DOSE.....	36	LEXAPRO.....	21,22
LANCETS SAFETY SEAL 28G.....	83	LENVIMA 18 MG DAILY DOSE.....	36	LEXIVA.....	46
LANCETS SAFETY SEAL 30G.....	83	LENVIMA 20 MG DAILY DOSE.....	36	LIALDA.....	71
LANCETS SUPER THIN 28G.....	83	LENVIMA 24 MG DAILY DOSE.....	36	LIBERTY MEDICAL LANCETS 30G.....	84
LANCETS THIN.....	84	LENVIMA 4 MG DAILY DOSE.....	36	LIBERTY MINI LANCING DEVICE.....	84
LANCETS TWIST TOP.....	84	LENVIMA 8 MG DAILY DOSE.....	36	LIBRAX.....	128
LANCETS ULTRA THIN.....	84	LETAIRIS.....	51	lidocaine.....	64
LANCETS ULTRA THIN 30G.....	84	letrozole.....	37	lidocaine hcl.....	64
LANCETS BULLSEYE SAFETY.....	84	leucovorin calcium.....	40	lidocaine hcl (local anesth.).....	76
LANCING DEVICE.....	84	LEUKERAN.....	35	lidocaine hcl (mouth-throat).....	116
LANCING DEVICE ADJUSTABLE.....	84	LEUKINE.....	74	lidocaine-prilocaine.....	64
LANOXIN.....	50	leuprolide acetate.....	37	LIDODERM.....	64
lansoprazole.....	128	levabuterol hcl.....	15	LIFESCAN UNISTIK 2 DEEP PENETRATION.....	84
lanthanum carbonate.....	71			LIFESCAN UNISTIK II LANCETS.....	84
LANZO.....	84			LILETTA.....	54
lapatinib ditosylate.....	39			LINCOCIN.....	11
LASIX.....	66			lincomycin hcl.....	11
LASTACAFT.....	122			lindane.....	65
latanoprost.....	122			linezolid.....	12
LATUDA.....	43			LINZESS.....	71
LEADER ADVANCED LANCING DEVICE.....	84			liothyronine sodium.....	127
				LIPITOR.....	30
				LIPOFEN.....	30
				lisinopril.....	31

lisinopril & hydrochlorothiazide	32	LIVALO	30	loxapine succinate	44
LITE TOUCH LANCETS	84	LIVE BETTER ADVANCED LANCING DEVICE	84	lubiprostone	70
LITE TOUCH LANCING PEN	84	LIVE BETTER LANCET SUPERTHIN 30G	84	LUCEMYRA	124
LITETOUCH INSULIN SYRINGE/0.3ML/29G X 1/2"	101	LIVE BETTER LANCET ULTRATHIN 28G	84	luliconazole	58
LITETOUCH INSULIN SYRINGE/0.3ML/30G X 5/16"	101	LO LOESTRIN FE	53	LUMIGAN	122
LITETOUCH INSULIN SYRINGE/0.3ML/31G X 5/16"	101	LOCOID	63	LUMIZYME	68
LITETOUCH INSULIN SYRINGE/0.5ML/30G X 5/16"	101	LODINE	5	LUNESTA	75
LITETOUCH INSULIN SYRINGE/0.5ML/31G X 5/16"	101	LODOSYN	41	LUPANETA PACK	68
LITETOUCH INSULIN SYRINGE/1ML/30G X 5/16"	101	LOMOTIL	26	LUPRON DEPOT (1-MONTH)	37
LITETOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	101	LONGS INSULIN SYRINGE/0.5ML/31G X 5/16"	101	LUPRON DEPOT (3-MONTH)	37
LITETOUCH INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	101	LONGS LANCETS STANDARD	84	LUPRON DEPOT (4-MONTH)	37
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	101	LONGS LANCETS THIN	84	LUPRON DEPOT (6-MONTH)	37
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	101	LONGS LANCETS ULTRA THIN	84	LUPRON DEPOT-PED (1-MONTH)	68
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	101	loperamide hcl	26	LUPRON DEPOT-PED (3-MONTH)	68
LITETOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2"	101	LOPID	30	LUXIQ	63
LITETOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2"	101	lopinavir-ritonavir	46	LUZU	58
LITETOUCH INSULIN SYRINGE/U-100/1ML/30G X 5/16"	101	LOPRESSOR	49	LYNPARZA	39
LITETOUCH LANCETS MICRO THIN 33G	84	LOPRESSOR HCT	32	LYRICA	18
LITHIUM	43	LOPROX	58	LYRICA CR	125
lithium carbonate	43	LOPROX SHAMPOO	58	LYSODREN	37
LITHOBID	43	loratadine	29	LYSTEDA	74
		loratadine & pseudoephedrine	56	M-M-R II	132
		lorazepam	13	M-NATAL PLUS	117
		LORBRENA	39	MACROBID	12
		LORTAB	8	MACRODANTIN	12
		losartan potassium	31	mafenide acetate	61
		losartan potassium & hydrochlorothiazide	32	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/29G X 1/2"	101
		LOSEASONIQUE	53	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/30G X 5/16"	102
		LOTEMAX	121	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/29G X 1/2"	102
		LOTENSIN	31	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/30G X 5/16"	102
		LOTENSIN HCT	32	MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/29G X 1/2"	102
		loteprednol etabonate	121	MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/30G X 5/16"	102
		LOTREL	32	MALARONE	34
		LOTRIMIN AF	58	malathion	65
		LOTRIMIN AF JOCK ITCH	58		
		LOTRIMIN ULTRA	58		
		LOTRISONE	58		
		LOTRONEX	71		
		lovastatin	30		
		LOVAZA	29		
		LOVENOX	17		

maprotiline hcl.....	21	MEDLANCE PLUS EXTRA		MENOSTAR.....	70
MARCAINE.....	76	LANCETS 21G.....	84	MENQUADFI.....	130
MARINOL.....	27	MEDLANCE PLUS		MENVEO.....	130
MARPLAN.....	21	LANCETS.....	84	mepidine hcl.....	6,7
MATULANE.....	40	MEDLANCE PLUS LANCETS		meprobamate.....	13
MAVENCLAD.....	125	LITE 25G.....	84	MEPRON.....	11
MAVYRET.....	48	MEDLANCE PLUS LITE		mercaptopurine.....	36
MAXALT.....	113	LANCETS 25G.....	84	meropenem.....	11
MAXALT-MLT.....	113	MEDLANCE PLUS SPECIAL		MERREM.....	11
MAXI-COMFORT INSULIN		LANCETS 0.8MM.....	84	mesalamine.....	71
SYRINGE/U-		MEDLANCE PLUS		MESTINON.....	34
100/0.5ML/28GX1/2"	102	SUPERLITE 30G.....	84	MESTINON TIMESPAN.....	34
MAXI-COMFORT INSULIN		MEDLANCE PLUS		metaxalone.....	118
SYRINGE/U-100/1ML/28GX1/2"	102	SUPERLITE 30G/COMFORT		metformin hcl.....	24
.....	102	MAX.....	84	methadone hcl.....	7
MAXICOMFORT INSULIN		MEDLANCE PLUS		METHADONE HCL.....	7
SYRINGES 27G X 1/2"	102	UNIVERSAL LANCETS		methadone hcl.....	7
MAXIDEX.....	121	21G.....	84	METHADOSE.....	7
MAXIPIME.....	52	MEDLANCE PLUS/LITE		METHADOSE SUGAR-FREE.....	7
MAXITROL.....	121	25G.....	84	methamphetamine hcl.....	1
MAXX LUBRICATED.....	77	MEDLANCE/EXTRA.....	84	methazolamide.....	66
MAXX PLUS SPERMICIDE		MEDLANCE/LITE.....	84	methenamine hippurate.....	12
LUBRICATED.....	77	MEDLANCE/UNIVERSAL.....	84	methimazole.....	127
MAXZIDE.....	66	MEDROL.....	55	METHITEST.....	10
MAXZIDE-25.....	66	MEDROL DOSEPAK.....	55	methocarbamol.....	118
MAYZENT.....	125	medroxyprogesterone		METHOTREXATE.....	4
MAYZENT STARTER		acetate.....	124	methotrexate sodium.....	36
PACK.....	125	medroxyprogesterone acetate		methoxsalen rapid.....	60
meclizine hcl.....	26	(contraceptive).....	54	methscopolamine bromide.....	128
meclofenamate sodium.....	5	mefenamic acid.....	5	METHYLIN.....	2
MEDIC INSULIN		mefloquine hcl.....	34	methylphenidate hcl.....	2
SYRINGE/0.3ML/30G X		MEGACE ES.....	124	methylprednisolone.....	55
5/16"	102	megestrol acetate.....	37	methylprednisolone acetate.....	55
MEDIC INSULIN		megestrol acetate		methylprednisolone sod	
SYRINGE/0.5ML/30G X		(appetite).....	124	succ.....	55
5/16"	102	MEIJER COLOR LANCETS		metoclopramide hcl.....	70,71
MEDICHOICE PRE-SET		UNIVERSAL 33G.....	85	metolazone.....	66
SAFETY LANCET DUAL		MEIJER LANCETS.....	85	metoprolol &	
USE.....	84	MEIJER LANCETS THIN.....	85	hydrochlorothiazide.....	32
MEDICHOICE PRE-SET		MEIJER LANCETS		metoprolol succinate.....	49
SAFETY LANCET LOW		UNIVERSAL21G.....	85	metoprolol tartrate.....	49
FLOW.....	84	MEIJER LANCETS		METROCREAM.....	64
MEDICHOICE PRE-SET		UNIVERSAL30G.....	85	METROGEL.....	64
SAFETY LANCET MEDIUM		MEIJER LANCETS		METROLOTION.....	64
FLOW.....	84	UNIVERSAL33G.....	85	metronidazole.....	10
MEDICHOICE PRE-SET		MEIJER SUPER THIN		metronidazole (topical).....	64
SAFETY LANCET MODERATE		LANCETS.....	85	metronidazole vaginal.....	132
FLOW.....	84	MEKINIST.....	39		
MEDICHOICE SAFETY		MEKTOVI.....	39		
LANCETEXTRA.....	84	meloxicam.....	5		
MEDICHOICE SAFETY		melphalan.....	35		
LANCETNORMAL.....	84	melphalan hcl.....	35		
MEDISENSE THIN		memantine hcl.....	124		
LANCETS.....	84	MENEST.....	70		

mexiletine hcl.....	13	mometasone furoate (nasal).....	119	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2".....	103
micafungin sodium.....	27	MONISTAT SOOTHING CARE ITCH RELIEF.....	63	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16".....	103
MICARDIS.....	31	MONOJECT INSULIN SYRINGE/1ML.....	102	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16".....	103
MICARDIS HCT.....	32	MONOJECT INSULIN SYRINGE/1ML/31G X 5/16".....	102	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2".....	103
miconazole nitrate vaginal.....	132	MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/25G X 5/8".....	102	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2".....	103
MICROLET LANCETS.....	85	MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/27G X 1/2".....	102	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16".....	103
MICROLET NEXT.....	85	MONOJECT INSULIN SYRINGE/PERM NEEDLE/1ML/28G X 1/2".....	102	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16".....	103
midodrine hcl.....	133	MONOJECT INSULIN SYRINGE/PERM NEEDLE/U- 100/0.5ML/28G X 1/2".....	102	MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2".....	103
miglitol.....	23	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29G X 1/2".....	102	MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2".....	103
miglustat.....	73	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29GX1/2".....	102	MONOLET LANCETS.....	85
MIGRANAL.....	112	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2".....	102	MONOLET OPD LANCETS.....	85
MILLIPRED.....	55	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2".....	102	MONOLETTOR SAFETY LANCETS.....	85
MILLIPRED DP.....	55	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2".....	102	montelukast sodium.....	14
MINASTRIN 24 FE.....	53	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2".....	102	MONUROL.....	12
MINI LANCING DEVICE.....	85	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2".....	102	MORPHABOND ER.....	7
MINIPRESS.....	31	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2".....	102	morphine sulfate.....	7
MINIVELLE.....	70	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2".....	102	MORPHINE SULFATE.....	7
MINOCIN.....	127	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2".....	102	morphine sulfate.....	7
minocycline hcl.....	127	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2".....	102	MOTOFEN.....	26
minoxidil.....	33	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2".....	102	MOVIPREP.....	75
MIRAPEX.....	42	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2".....	102	moxifloxacin hcl.....	70
MIRCERA.....	74	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2".....	102	moxifloxacin hcl (ophth).....	120
MIRCETTE.....	53	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2".....	102	moxifloxacin hcl in sodium chloride.....	70
MIRENA.....	54	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2".....	102	MOZOBIL.....	74
mirtazapine.....	20	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2".....	102	MPD SAFETY LANCET 21G/1.8MM.....	85
MIRVASO.....	64	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2".....	102	MPD SAFETY LANCET 28G/1.8MM.....	85
misoprostol.....	129	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2".....	102	MPD SAFETY LANCET 30G/1.8MM.....	85
MITIGARE.....	72	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2".....	102	MPD SAFETY LANCETS 23G/1.8MM.....	85
mitomycin.....	38	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2".....	102	MS CONTIN.....	7
mitoxantrone hcl.....	38	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2".....	102		
MM INSULIN SYRINGE/U- 100/0.3ML/30G X 5/16".....	102	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2".....	102		
MM INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16".....	102	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2".....	102		
MM INSULIN SYRINGE/U- 100/1/2ML/30G X 5/16".....	102	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2".....	102		
MM INSULIN SYRINGE/U- 100/1/2ML/31G X 5/16".....	102	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2".....	102		
MM INSULIN SYRINGE/U- 100/1ML/30G X 5/16".....	102	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2".....	102		
MM INSULIN SYRINGE/U- 100/1ML/31G X 5/16".....	102	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2".....	102		
MM LANCING DEVICE.....	85	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2".....	102		
MM TWIST LANCETS.....	85	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2".....	102		
MOBIC.....	5	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2".....	102		
modafinil.....	2,3	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2".....	102		
moexipril hcl.....	31	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2".....	102		
mometasone furoate.....	63	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2".....	102		



MS INSULIN SYRINGE/0.3ML/31G X 5/16".....	103	NAROPIN.....	76	niacinamide.....	133
MS INSULIN SYRINGE/0.5ML/31G X 5/16".....	103	NASACORT ALLERGY 24HR.....	119	NIASPAN.....	30
MS INSULIN SYRINGE/1ML/31G X 5/16".....	103	NASACORT ALLERGY 24HR CHILDRENS.....	119	nicardipine hcl.....	50
MULPLETA.....	74	NASONEX.....	119	NICODERM CQ.....	126
MULTAQ.....	13	NATACYN.....	120	NICORETTE.....	126
MULTI PRENATAL.....	117	NATAZIA.....	53	NICORETTE MINI.....	126
MULTI-LANCET DEVICE.....	85	nateglinide.....	25	NICORETTE STARTER KIT.....	126
mupirocin.....	58	NATROBA.....	65	nicotine.....	126
MVASI.....	36	NATURE-THROID.....	127	nicotine polacrilex.....	126
MYALEPT.....	68	NATURE-THROID NT- 2.5.....	127	NICOTINE TRANSDERMAL SYSTEM.....	126
MYAMBUTOL.....	34	NAVELBINE.....	41	NICOTROL INHALER.....	126
MYCAMINE.....	27	NAYZILAM.....	17	NICOTROL NS.....	126
MYCOBUTIN.....	35	nebivolol hcl.....	49	nifedipine.....	50
mycophenolate mofetil.....	115	NEBUSAL.....	56	NILANDRON.....	37
mycophenolate sodium.....	115	nefazodone hcl.....	22	nilutamide.....	37
MYDRIACYL.....	120	nelarabine.....	36	nimodipine.....	50
MYFORTIC.....	115	NEO-SYNALAR.....	58	NINLARO.....	39
MYGLUCOHEALTH MGH SOFTLANCE LANCETS 30G.....	85	neomycin sulfate.....	3	NIPENT.....	40
MYLERAN.....	35	neomycin-bacitracin zn- polymyxin.....	120	nisoldipine.....	50
MYRBETRIQ.....	129	neomycin-polymyxin- dexameth.....	121	nitazoxanide.....	11
MYSOLINE.....	18	neomycin-polymyxin-hc (ophth).....	121	nitisinone.....	68
nabumetone.....	5	neomycin-polymyxin-hc (otic).....	122	NITRO-BID.....	12
nadolol.....	49	NEONATAL COMPLETE.....	117	NITRO-DUR.....	12
nafcillin sodium.....	123	NEONATAL PLUS.....	117	nitrofurantoin.....	12
naftifine hcl.....	59	NEONATAL VITAMIN.....	117	nitrofurantoin macrocrystal.....	12
NAFTIFINE HYDROCHLORIDE.....	59	NEORAL.....	115	nitrofurantoin monohyd macro.....	12
NAFTIN.....	59	NEOSTIGMINE.....	34	nitroglycerin.....	12
NAGLAZYME.....	68	METHYLSULFATE.....	34	NITROGLYCERIN.....	12
nalbuphine hcl.....	9	NESINA.....	24	nitroglycerin.....	12
NALFON.....	5	NEULASTA.....	74	NITROSTAT.....	12
naloxone hcl.....	26	NEULASTA ONPRO KIT.....	74	NIVA-PLUS.....	117
naltrexone hcl.....	26	NEUPOGEN.....	74	NIVESTYM.....	74
NAMENDA.....	124	NEUPRO.....	42	NIX CREME RINSE.....	65
NAMENDA TITRATION PAK.....	124	NEURONTIN.....	18	nizatidine.....	128
NAPROSYN.....	5	NEVANAC.....	122	NIZORAL.....	59
naproxen.....	5	nevirapine.....	46	NORCO.....	8
naproxen sodium.....	5	NEXAVAR.....	39	NORDITROPIN FLEXPRO.....	67
naratriptan hcl.....	113	NEXIUM.....	129	norelgestromin-ethinyl estradiol.....	54
NARCAN.....	26	NEXIUM 24HR.....	128	norethin acet & estrad-fe.....	53
NARDIL.....	21	NEXPLANON.....	54	norethindrone & eth estradiol 53	53
		niacin.....	133	norethindrone & ethinyl estradiol- fe.....	53
		niacin (antihyperlipidemic).....	30	norethindrone (contraceptive).....	54
		NIACIN TR.....	133		

norethindrone acet & eth			
estra	53		
norethindrone acetate	124		
norethindrone acetate-ethinyl			
estradiol	69		
norethindrone acetate-ethinyl			
estradiol-fe	53		
norethindrone-eth estradiol			
(triphasic)	53		
norgestimate-ethinyl			
estradiol	53		
norgestimate-ethinyl estradiol			
(triphasic)	53		
norgestrel & ethinyl estradiol	53		
NORMOSOL-M IN D5W	114		
NORMOSOL-M/D5W	114		
NORMOSOL-R	114		
NORPACE	13		
NORPRAMIN	23		
nortriptyline hcl	23		
NORVASC	50		
NORVIR	46		
NOVA MAX PLUS KETONE			
TESTSTRIPS	65		
NOVA SAFETY LANCETS			
23G	85		
NOVA SAFETY LANCETS			
28G	85		
NOVA SUREFLEX			
LANCETS	85		
NOVA SUREFLEX LANCING			
DEVICE	85		
NOVAREL	67		
NOVOLIN 70/30	25		
NOVOLIN 70/30 FLEXPEN	25		
NOVOLIN 70/30 FLEXPEN			
RELION	25		
NOVOLIN 70/30 RELION	25		
NOVOLIN N	25		
NOVOLIN N RELION	25		
NOVOLIN R	25		
NOVOLIN R RELION	25		
NOVOLOG	25		
NOVOLOG FLEXPEN	25		
NOVOLOG MIX 70/30	25		
NOVOLOG MIX 70/30			
PREFILLED FLEXPEN	25		
NOVOLOG PENFILL	25		
NOXAFIL	28		
NPLATE	74		
NUBEQA	37		
NUCALA	14		
NUCYNTA	7		
NUCYNTA ER	7		
NUEDEXTA	125		
NULOJIX	115		
NUTROPIN AQ NUSPIN			
10	67		
NUVARING	54		
NUVIGIL	3		
nystatin	27		
nystatin (mouth-throat)	116		
nystatin (topical)	59		
nystatin-triamcinolone	59		
O-CAL FA	117		
OCREVUS	125		
octreotide acetate	69		
OCUFLOX	120		
ODEFSEY	46		
ODOMZO	37		
OFEV	126		
ofloxacin	70		
ofloxacin (ophth)	120		
ofloxacin (otic)	122		
olanzapine	44		
olmesartan medoxomil	31		
olmesartan medoxomil-			
amlodipine-hydrochlorothiazide	32		
olmesartan medoxomil-			
hydrochlorothiazide	32		
olopatadine hcl	122		
olopatadine hcl (nasal)	118		
OLUX	63		
omega-3-acid ethyl esters	29		
omeprazole	129		
omeprazole magnesium	129		
omeprazole-sodium			
bicarbonate	129		
OMNIFLEX DIAPHRAGM	77		
OMNITROPE	67		
ON CALL LANCING			
DEVICE	85		
ON CALL PLUS LANCING			
DEVICE	85		
ONCASPAR	40		
ondansetron	26		
ondansetron hcl	26		
ONE VITE WOMENS			
PRENATALVITAMIN	117		
ONE VITE WOMENS			
PRENATALVITAMIN PLUS	117		
ONETOUCH CLUB LANCETS			
FINE POINT	85		
ONETOUCH DELICA LANCETS			
EXTRA FINE 33G	85		
ONETOUCH DELICA LANCETS			
FINE 30G	85		
ONETOUCH DELICA LANCING			
DEVICE	85		
ONETOUCH DELICA PLUS			
LANCETS EXTRA FINE			
33G	85		
ONETOUCH DELICA PLUS			
LANCETS FINE 30G	85		
ONETOUCH DELICA PLUS			
LANCING DEVICE	85		
ONETOUCH DELICA SAFETY			
LANCING DEVICE	85		
ONETOUCH FINEPOINT			
LANCETS	85		
ONETOUCH ULTRASOFT			
LANCETS	85		
ONFI	17		
OPANA	7		
OPSUMIT	51		
ORACEA	64		
ORAPRED ODT	55		
ORENITRAM	51		
ORFADIN	68		
ORKAMBI	126		
orphenadrine citrate	118		
ORTHO MICRONOR	54		
ORTHO TRI-CYCLEN LO	53		
ORTHO-NOVUM 1/35	53		
ORTHO-NOVUM 7/7/7	53		
oseltamivir phosphate	48		
OSENI	24		
OSMOPREP	76		
OSPHENA	68		
OTEZLA	5		
OTOVEL	122		
OVIDE	65		
oxacillin sodium	123		
oxaliplatin	35		
oxandrolone	9		
oxaprozin	5		
OXAYDO	7		
oxazepam	13		
OXBRYTA	73		
oxcarbazepine	18,19		

OXERVATE.....	120	PEMAZYRE.....	39	PIFELTRO.....	46
oxiconazole nitrate.....	59	penicillamine.....	115	pilocarpine hcl.....	120
OXISTAT.....	59	penicillin g potassium.....	123	pilocarpine hcl (oral).....	116
OXSORALEN ULTRA.....	60	PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE.....	123	pimecrolimus.....	64
oxybutynin chloride.....	129	PENICILLIN G PROCAINE.....	123	pimozide.....	125
oxycodone hcl.....	7	penicillin g sodium.....	123	pindolol.....	49
oxycodone w/ acetaminophen.....	9	penicillin v potassium.....	123	pioglitazone hcl.....	24
oxycodone-ibuprofen.....	9	PENLAC NAIL LACQUER.....	59	pioglitazone hcl-glimepiride.....	24
OXYCONTIN.....	7	PENTACEL.....	127	pioglitazone hcl-metformin hcl.....	24
oxymorphone hcl.....	7	pentazocine w/ naloxone hcl.....	9	PIP LANCETS/28G.....	85
OZEMPIC.....	24	pentoxifylline.....	73	PIP LANCETS/30G.....	86
paclitaxel.....	41	PEPCID.....	128	piperacillin sodium-tazobactam sodium.....	123
paliperidone.....	43	PEPCID AC.....	128	PIQRAY 200MG DAILY DOSE.....	39
palonosetron hcl.....	26	PEPCID AC MAXIMUM STRENGTH.....	128	PIQRAY 250MG DAILY DOSE.....	39
PALYNZIQ.....	68	PERCOCET.....	9	PIQRAY 300MG DAILY DOSE.....	39
PAMELOR.....	23	PERFECT LANCETS 30G.....	85	piroxicam.....	5
pamidronate disodium.....	67	PERFECT PRESSURE ACTIVATED SAFETY LANCETS 28G.....	85	PLAN B ONE-STEP.....	54
PAMIDRONATE DISODIUM.....	67	PERIDEX.....	116	PLAQUENIL.....	34
PANRETIN.....	60	perindopril erbumine.....	31	PLASMA-LYTE A.....	114
pantoprazole sodium.....	129	PERJETA.....	36	PLASMA-LYTE-148.....	114
PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A.....	54	permethrin.....	65	PLAVIX.....	73
parenteral electrolytes.....	114	perphenazine.....	44	PLEGISOL.....	51
paricalcitol.....	68	perphenazine-amitriptyline.....	124	PLEGRIDY.....	125
PARLODEL.....	42	PERSERIS.....	43	PLEGRIDY STARTER PACK.....	125
PARNATE.....	21	PHARMACY COUNTER LANCETS.....	85	PNEUMOVAX 23.....	130
paromomycin sulfate.....	3	phenazopyridine hcl.....	72	PNEUMOVAX 23/1 DOSE.....	130
paroxetine hcl.....	22	phendimetrazine tartrate.....	1	podofilox.....	64
PASER.....	35	phenelzine sulfate.....	21	polymyxin b sulfate.....	12
PATADAY.....	122	PHENERGAN.....	29	polymyxin b-trimethoprim.....	120
PATANASE.....	118	phenobarbital.....	74	POLYTRIM.....	120
PATANOL.....	122	phenoxybenzamine hcl.....	31	POMALYST.....	38
PAXIL.....	22	phentermine hcl.....	2	potassium acetate.....	114
PAXIL CR.....	22	PHENYTEK.....	20	potassium bicarbonate.....	114
PC LANCETS SUPER THIN 30G.....	85	phenytoin.....	20	potassium chloride.....	114,115
PEDIAPRED.....	55	phenytoin sodium.....	20	POTASSIUM CHLORIDE.....	115
PEDIARIX.....	127	phenytoin sodium extended.....	20	potassium chloride.....	115
PEDVAX HIB.....	130	PHEXXI.....	132	potassium chloride in dextrose.....	114
peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid.....	75	PHOSLYRA.....	71	potassium chloride in dextrose & sodium chloride.....	114
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate.....	75	PHOSPHOLINE IODIDE.....	120	potassium chloride in nacl.....	114
PEGANONE.....	20	PHOTOFRIN.....	40		
PEGASYS.....	48	PICATO.....	60		
PEGINTRON.....	48				

potassium chloride microencapsulated crystals er.....	114	PREDNISOLONE SODIUM PHOSPHATE.....	121	PRENATRYL.....	118
POTASSIUM CHLORIDE/DEXTROSE/LACTA TED RINGERS.....	114	prednisone.....	55	PREPLUS.....	118
POTASSIUM CHLORIDE/SODIUM CHLORIDE.....	114	PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2".....	104	PREPOPIK.....	75
potassium citrate (alkalinizer).....	72	PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	104	PRESSURE ACTIVATED SAFETYLANCET 21G.....	86
potassium phosphates.....	114	PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	104	PREVACID.....	129
pramipexole dihydrochloride.....	42	PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	104	PREVACID 24HR.....	129
prasugrel hcl.....	73	PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	104	PREVNAR 13.....	130
PRAVACHOL.....	30	PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	104	PREZCOBIX.....	46
pravastatin sodium.....	30	PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	104	PREZISTA.....	46
praziquantel.....	10	PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	104	PRIFTIN.....	35
prazosin hcl.....	31	PREFERRED PLUS LANCETS COLORED 21G.....	86	PRIOSEC OTC.....	129
PRECISION SURE-DOSE INSULIN SYRINGE/0.3ML/30G X 5/16".....	103	PREFERRED PLUS LANCETS SUPER THIN 30G.....	86	primaquine phosphate.....	34
PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/28G X 1/2".....	103	PREFERRED PLUS LANCETS THIN 26G.....	86	PRIMAQUINE PHOSPHATE.....	34
PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/29G X 1/2".....	103	pregabalin.....	19	PRIMAXIN IV.....	11
PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/30G X 3/8".....	103	pregabalin (once-daily).....	125	primidone.....	19
PRECISION SURE-DOSE INSULIN SYRINGE/1ML/28G X 1/2".....	103	PREGNYL W/DILUENT BENZYLALCOHOL/NACL.....	67	PRINIVIL.....	31
PRECISION SURE-DOSE PLUSINSULIN SYRINGE/0.3ML/29G X 1/2".....	103	PREMARIN.....	70	PRISTIQ.....	22
PRECISION SURE-DOSE PLUSINSULIN SYRINGE/1ML/29G X 1/2".....	104	PREMIUM CONDOMS LUBRICATED.....	77	PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 1/2".....	104
PRECISION THINS GP LANCET.....	86	PREMPHASE.....	69	PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 5/16".....	104
PRECISION XTRA.....	65	PREMPRO.....	69	PRO COMFORT INSULIN SYRINGES/1ML/30G X 1/2".....	104
PRECOSE.....	23	PRENATAL.....	117	PRO COMFORT INSULIN SYRINGES/1ML/30G X 5/16".....	104
PRED FORTE.....	121	PRENATAL LOW IRON.....	117	PROAIR HFA.....	15
PRED MILD.....	121	PRENATAL MULTIVITAMIN.....	117	probenecid.....	72
prednicarbate.....	63	PRENATAL ONE DAILY.....	117	procainamide hcl.....	13
prednisolone.....	55	PRENATAL VITAMIN.....	118	PROCARDIA.....	50
prednisolone acetate (ophth).....	121	PRENATAL VITAMIN & MINERAL.....	118	PROCARDIA XL.....	50
PREDNISOLONE ACETATE P- F.....	121	PRENATAL VITAMIN/IRON.....	118	prochlorperazine.....	44
prednisolone sodium phosphate.....	55	PRENATAL VITAMINS.....	118	prochlorperazine maleate.....	44
		PRENATAL VITAMINS PLUS LOW IRON.....	118	PROCRIT.....	74
		PRENATRIX.....	118	PROCTOCORT.....	10
				PRODIGY INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16".....	104
				PRODIGY INSULIN SYRINGE/1/2ML/31G X 5/16".....	104
				PRODIGY INSULIN SYRINGE/1ML/28G X 1/2".....	104

PRODIGY LANCING DEVICE	86	PX LANCETS ULTRA THIN 28G	86	rabeprazole sodium	129
PRODIGY PRESSURE ACTIVATED SAFETY LANCETS	86	PX PRENATAL MULTIVITAMINS	118	raloxifene hcl	68
PRODIGY SAFETY LANCETS	86	pyrazinamide	35	ramelteon	75
PRODIGY TWIST TOP LANCETS	86	PYRIDIDIUM	72	ramipril	31
progesterone	124	pyridostigmine bromide	34	RANEXA	12
PROGLYCEM	24	pyrimethamine	34	ranitidine hcl	128
PROGRAF	116	QC ADVANCED LANCING DEVICE	86	ranolazine	12
PROLASTIN-C	126	QC LANCETS SUPER THIN	86	RAPAFLO	72
PROLEUKIN	40	QC LANCETS ULTRA THIN	86	RAPAMUNE	116
PROLIA	67	QC PRENATAL	118	rasagiline mesylate	42
PROMACTA	74	QC UNILET LANCETS 28G/ULTRA THIN	86	RAZADYNE	124
promethazine hcl	29	QC UNILET LANCETS 33G/MICRO THIN	86	RAZADYNE ER	124
PROMETRIUM	124	QINLOCK	39	READYLANCE SAFETY LANCETS/21G/2.2MM	86
propafenone hcl	13	QUADRACEL	127	READYLANCE SAFETY LANCETS/23G/1.8MM	86
proparacaine hcl	120	QUALAQUIN	34	READYLANCE SAFETY LANCETS/26G/1.8MM	86
propranolol hcl	49	QUARTETTE	53	READYLANCE SAFETY LANCETS/28G/1.8MM	86
propylthiouracil	127	QUDEXY XR	19	READYLANCE SAFETY LANCETS/30G/1.6MM	86
PROSCAR	72	QUESTRAN	30	REALITY INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	104
PROTONIX	129	QUESTRAN LIGHT	30	REALITY INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	104
protriptyline hcl	23	quetiapine fumarate	44	REALITY INSULIN SYRINGE/U-100/1ML/28G X 1/2"	104
PROVENTIL HFA	15	quinapril hcl	31	REALITY INSULIN SYRINGE/U-100/1ML/29G X 1/2"	104
PROVERA	124	quinapril-hydrochlorothiazide	32,33	REALITY LANCETS	86
PROVIGIL	3	quinidine sulfate	13	REALITY LATEX CONDOMS/LUBRICATED	77
PROZAC	22	quinine sulfate	34	REALITY LATEX/ULTRA TEXTURED	77
PRUDOXIN	60	QVAR REDHALER	14	REALITY LATEX/ULTRA THIN	77
PSORCON	63	RA E-ZJECT LANCETS 28G	86	REALITY TRIGGER LANCETS	86
PSS SELECT GP LANCETS	86	RA E-ZJECT LANCETS THIN 26G	86	REBIF	125
PSS SELECT SAFETY LANCETS	86	RA E-ZJECT LANCETS THIN 28G	86	REBIF REBIDOSE	125
PTS PANELS KETONE TEST	65	RA E-ZJECT LANCETS ULTRATHIN 30G	86	REBIF REBIDOSE TITRATIONPACK	125
PULMICORT	14	RA INSULIN SYRINGE/0.5ML/29G X 1/2"	104	RECLAST	67
PULMICORT FLEXHALER	14	RA INSULIN SYRINGE/1ML/29G X 1/2"	104	RECOMBIVAX HB	132
PULMOZYME	126	RA INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	104	RECTIV	10
PUSH BUTTON SAFETY LANCETS 21G	86	RA INSULIN SYRINGE/U-100/1 ML/30G X 5/16"	104	REGLAN	71
PUSH BUTTON SAFETY LANCETS 28G	86	RA PRENATAL	118	REGRANEX	65
PX ADVANCED LANCING DEVICE	86	RA PRENATAL FORMULA/FOLICACID	118	RELENZA DISKHALER	48
PX INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	104			RELION 2-IN-1 LANCET DEVICES 30G	86
PX LANCET AUTO INJECTOR	86				
PX LANCETS ULTRA THIN	86				



RELION 2-IN-1 LANCING DEVICE 25G	86	RETACRIT	74	ROTATEQ	132
RELION 2-IN-1 LANCING DEVICE 30G	86	RETEVMO	39	ROXICODONE	7
RELION INSULIN SYRINGE 1ML/31GX15/64"	104	RETIN-A	57	ROZEREM	75
RELION INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	105	RETIN-A MICRO	57	ROZLYTREK	39
RELION INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	105	RETIN-A MICRO PUMP	57	RUBRACA	39
RELION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	105	RETROVIR	46	RUCONEST	73
RELION INSULIN SYRINGE/U-100/1ML/31G X 15/64"	105	RETROVIR IV INFUSION	46	rufinamide	19
RELION INSULIN SYRINGE/U-100/1ML/31G X 5/16"	105	REVATIO	51	RUKOBIA	46
RELION KETONE TEST STRIPS	65	REVLIMID	115	RUXIENCE	36
RELION LANCETS MICRO-THIN33G	86	REXALL LANCETS ULTRA THIN	87	RUZURGI	34
RELION LANCETS THIN 26G	86	REXULTI	45	RYTHMOL SR	13
RELION LANCETS ULTRA-THIN30G	86	REYATAZ	46	SABRIL	19
RELION LANCING DEVICE	86	ribavirin (hepatitis c)	48	SAFE-T-LANCE LOW FLOW 25G	87
RELION TRUE METRIX BLOODGLUCOSE TEST STRIPS	65	RIDAURA	4	SAFE-T-LANCE NORMAL FLOW/21G	87
RELION ULTRA THIN LANCETS/30G	87	rifabutin	35	SAFE-T-LANCE PLUS SAFETYLANCET HIGH FLOW	87
RELION ULTRA THIN LANCETS30G	87	RIFADIN	35	SAFE-T-LANCE PLUS SAFETYLANCET LOW FLOW	87
RELION ULTRA THIN PLUS LANCETS 32G	87	RIFAMATE	34	SAFE-T-LANCE PLUS SAFETYLANCET NORMAL FLOW	87
RELION ULTRA THIN PLUS LANCETS 33G	87	rifampin	35	SAFESNAP INSULIN SYRINGE/0.3ML/30G X 5/16"	105
RELISTOR	71	RIFATER	34	SAFESNAP INSULIN SYRINGE/0.5ML/29G X 1/2"	105
RELPAK	113	RIGHT STEP PRENATAL	118	SAFESNAP INSULIN SYRINGE/0.5ML/30G X 5/16"	105
REMERON	20	RIGHTEST GD500 LANCING DEVICE	87	SAFESNAP INSULIN SYRINGE/1ML/28G X 1/2"	105
REMERON SOLTAB	20	RIGHTEST GL300 LANCETS	87	SAFESNAP INSULIN SYRINGE/1ML/29G X 1/2"	105
RENFLEXIS	71	RILUTEK	119	SAFETY INSULIN SYRINGES 0.5ML/29GX1/2"	105
RENEVELA	71	riluzole	119	SAFETY INSULIN SYRINGES 0.5ML/30GX5/16"	105
repaglinide	25	rimantadine hydrochloride	48	SAFETY INSULIN SYRINGES 1ML/27GX1/2"	105
repaglinide-metformin hcl	24	ringer's	114	SAFETY INSULIN SYRINGES 1ML/29GX1/2"	105
REPATHA	30	ringer's irrigation	116	SAFETY INSULIN SYRINGES 1ML/30GX1/2"	105
REPATHA PUSHTRONEX SYSTEM	30	RINVOQ	4	SAFETY LANCET 21G/PRESSURE ACTIVATED	87
REPATHA SURECLICK	30	risedronate sodium	67	SAFETY LANCET 23G/PRESSURE ACTIVATED	87
REQUIP XL	42	RISPERDAL	43		
RESCRIPTOR	46	RISPERDAL CONSTA	43		
RESECTISOL	72	risperidone	43		
RESTASIS	120	RITALIN	3		
RESTASIS MULTIDOSE	120	RITALIN LA	3		
RESTORIL	75	ritonavir	46		
		RITUXAN	36		
		rivastigmine tartrate	124		
		rizatriptan benzoate	113		
		ROBAXIN-750	118		
		ROCALTROL	68		
		ROMIDEPSIN	39		
		ropinirole hydrochloride	42		
		rosuvastatin calcium	30		
		ROTARIX	132		

SAFETY LANCET			
28G/PRESSURE			
ACTIVATED	87		
SAFETY LANCETS 21G	87		
SAFETY LANCETS 28G	87		
SAFETY LET LANCETS	87		
SAFYRAL	53		
SAIZEN	67		
SAIZENPREP			
RECONSTITUTIONKIT	68		
SALAGEN	116		
salsalate	6		
SAMSCA	69		
SANDIMMUNE	116		
SANDOSTATIN	69		
SANTYL	64		
SAPHRIS	44		
sapropterin dihydrochloride	68		
SAVELLA	124		
SAVELLA TITRATION			
PACK	124		
SB INSULIN SYRINGE/U-			
100/0.5ML/29G X 1/2"	105		
SB INSULIN SYRINGE/U-			
100/0.5ML/30G X 5/16"	105		
SB INSULIN SYRINGE/U-			
100/1ML/29G X 1/2"	105		
SB INSULIN SYRINGE/U-			
100/1ML/30G X 5/16"	105		
SB INSULIN SYRINGE/U-			
100/1ML/31G X 5/16"	105		
SB LANCETS THIN	87		
SB LANCETS ULTRA THIN	87		
scopolamine	26		
SEASONIQUE	53		
SECURESAFE SAFETY			
INSULIN SYRINGES/U-			
100/0.5ML/29GX1/2"	105		
SECURESAFE SAFETY			
INSULIN SYRINGES/U-			
100/1ML/29GX1/2"	105		
SEGLUROMET	24		
SELECT-LITE LANCING			
DEVICE	87		
selegiline hcl	42		
selenium sulfide	61		
SELZENTRY	47		
SENSIPAR	68		
SEREVENT DISKUS	15		
SEROQUEL	44		
SEROQUEL XR	44		
SEROSTIM	68		
sertraline hcl	22		
sevelamer carbonate	71		
SHINGRIX	132		
SHOPKO AUTOLET LANCING			
DEVICE	87		
SHOPKO ON-THE-GO			
COMFORTLANCETS 30G	87		
SHOPKO UNILET LANCETS			
SUPER THIN 30G	87		
SHOPKO UNILET LANCETS			
ULTRA THIN 28G	87		
SHUR-SEAL	132		
SIDE BUTTON SAFETY			
LANCET21G	87		
SIGNIFOR	69		
sildenafil citrate	51		
sildenafil citrate (pulmonary			
hypertension)	51		
SILENOR	74		
silodosin	72		
SILVADENE	61		
silver sulfadiazine	61		
SIMBRINZA	120		
SIMPLE DIAGNOSTICS			
LANCING DEVICE	87		
SIMULECT	116		
simvastatin	30		
SINEMET	42		
SINEMET CR	42		
SINGLE-LET	87		
SINGULAIR	14		
sirolimus	116		
SIRTURO	35		
SIVEXTRO	12		
SKELAXIN	118		
SKLICE	65		
SKYLA	54		
SKYRIZI	60		
SKYRIZI PEN	60		
SLO-NIACIN	133		
SLYND	54		
SM MICRO THIN LANCETS			
33G	87		
SM PRENATAL			
VITAMINS	118		
SM TRUEDRAW LANCING			
DEVICE	87		
SMART DIABETES VANTAGE			
LANCING DEVICE	87		
SMART SENSE COLOR			
LANCETS UNIVERSAL			
33G	87		
SMART SENSE STANDARD			
LANCETS UNIVERSAL 21G	87		
SMART SENSE SUPER THIN			
LANCETS UNIVERSAL 30G	87		
SMART SENSE THIN			
LANCETSUNIVERSAL 26G	87		
SMARTEST LANCETS 28G	87		
SODIUM ACETATE	113		
sodium acetate	113		
sodium chloride	115		
sodium chloride (gu irrigant)	72		
sodium chloride (inhalant)	56		
sodium citrate & citric acid	72		
sodium fluoride	114		
sodium phenylbutyrate	68		
sodium polystyrene			
sulfonate	116		
SOFOSBUVIR/VELPATASVIR			
	48		
solifenacin succinate	129		
SOLIRIS	73		
SOLOSEC	3		
SOLU-CORTEF	55		
SOLU-MEDROL	55		
SOLUS V2 LANCING			
DEVICE	87		
SOLUS V2 PRESSURE			
ACTIVATED SAFETY LANCETS			
28G	87		
SOLUS V2 TWIST LANCETS			
30G	88		
SOMA	118		
SOMATULINE DEPOT	69		
SOMAVERT	67		
SOOLANTRA	65		
SORBITOL	72		
SORBITOL-MANNITOL	72		
SORBITOL/MANNITOL			
IRRIGATION	72		
SORIATANE	60		
sotalol hcl	49		
sotalol hcl (afib/af)	49		
spinosad	65		
SPIRIVA HANDIHALER	14		
SPIRIVA RESPIMAT	14		
spironolactone	66		
spironolactone &			
hydrochlorothiazide	66		
SPORANOX	28		
SPORANOX PULSEPAK	28		
SPRAVATO 56MG DOSE	21		

SPRAVATO 84MG DOSE	21	SUNOSI	2	SURE COMFORT LANCETS	
SPRYCEL	39	SUPER THIN LANCETS	88	30G	88
STALEVO 100	42	SUPRAX	52	SURE COMFORT LANCING	
STALEVO 125	42	SUPREP BOWEL PREP		PEN	88
STALEVO 150	42	KIT	75	SURE-JECT INSULIN	
STALEVO 200	42	SURE COMFORT INSULIN		SYRINGE/U-100/0.3ML/29G X	
STALEVO 50	42	1/2"	105	1/2"	106
STALEVO 75	42	SURE COMFORT INSULIN		SURE-JECT INSULIN	
stannous fluoride	116	SYRINGE/U-100/0.3ML/30G X		5/16"	106
STARLIX	25	1/2"	105	SURE-JECT INSULIN	
stavudine	47	SURE COMFORT INSULIN		SYRINGE/U-100/0.3ML/31G X	
STAVUDINE	47	5/16"	105	5/16"	106
STEGLATRO	25	SURE COMFORT INSULIN		SURE-JECT INSULIN	
STELARA	61,71	SYRINGE/U-100/0.3ML/31G X		1/2"	106
STENDRA	51	5/16"	105	SURE-JECT INSULIN	
STERILANCE TL	88	SURE COMFORT INSULIN		SYRINGE/U-100/0.5ML/28G X	
STIMATE	69	1/2"	105	1/2"	106
STIVARGA	39	SURE COMFORT INSULIN		SURE-JECT INSULIN	
STRATTERA	2	SYRINGE/U-100/0.5ML/28G X		5/16"	106
streptomycin sulfate	3	1/2"	105	SURE-JECT INSULIN	
STRIBILD	47	SURE COMFORT INSULIN		SYRINGE/U-100/0.5ML/31G X	
STRIVERDI RESPIMAT	15	1/2"	105	1/2"	106
STROMECTOL	10	SURE COMFORT INSULIN		SURE-JECT INSULIN	
SUBOXONE	9	SYRINGE/U-100/0.5ML/30G X		5/16"	106
SUBSYS	7	5/16"	106	SURE-JECT INSULIN	
SUCRAID	65	SURE COMFORT INSULIN		SYRINGE/U-100/1ML/28G X	
sucralfate	128	1/2"	105	1/2"	106
SULAR	50	SURE COMFORT INSULIN		SURE-JECT INSULIN	
sulconazole nitrate	59	SYRINGE/U-100/0.5ML/31G X		5/16"	106
sulfacetamide sodium (acne)	57	5/16"	106	SURE-JECT INSULIN	
sulfacetamide sodium		SURE COMFORT INSULIN		SYRINGE/U-100/1ML/30G X	
(ophth)	120	1/2"	106	5/16"	106
sulfacetamide sodium w/		SURE COMFORT INSULIN		SURE-JECT INSULIN	
sulfur	57	SYRINGE/U-100/1ML/28G X		5/16"	106
sulfacetamide sodium-sulfur in		1/2"	106	SURE-LANCE FLAT	
urea vehicle	57	SURE COMFORT INSULIN		LANCETS	88
SULFADIAZINE	126	SYRINGE/U-100/1ML/30G X		SURE-LANCE LANCETS	
sulfamethoxazole-trimethoprim	11	1/2"	106	26G	88
SULFAMYLON	61	SURE COMFORT INSULIN		SURE-LANCE THIN LANCETS	
sulfasalazine	71	SYRINGE/U-100/1ML/31G X		28G	88
sulindac	5	5/16"	106	SURE-LANCE ULTRA THIN	
SUMADAN WASH	57	SURE COMFORT LANCETS		LANCETS	88
sumatriptan	113	18G	88	SURE-PEN	88
sumatriptan succinate	113	SURE COMFORT LANCETS		SURE-TOUCH LANCETS	
sumatriptan-naproxen		21G	88	UNIVERSAL	88
sodium	112	SURE COMFORT LANCETS		SURELITE LANCETS	88
sunitinib malate	39	23G	88	SUSTIVA	47
		SURE COMFORT LANCETS		SUTENT	39
		28G	88	SYMBICORT	15
				SYMFI	47
				SYMFI LO	47
				SYMLINPEN 120	23
				SYMLINPEN 60	23

SYMTUZA.....	47	TECHLITE INSULIN		TENORMIN.....	49
SYNALAR.....	63	SYRINGEU-100/0.3ML/31G X		TEPADINA.....	35
SYNAREL.....	68	5/16".....	106	terazosin hcl.....	31
SYNERA.....	64	TECHLITE INSULIN		terbinafine hcl.....	27
SYNJARDY.....	24	SYRINGEU-100/0.5ML/29G X		terbutaline sulfate.....	15
SYNJARDY XR.....	24	1/2".....	106	terconazole vaginal.....	132
SYNRIBO.....	40	TECHLITE INSULIN		TESSALON PERLES.....	55
SYNTHROID.....	127	SYRINGEU-100/0.5ML/30G X		TESTIM.....	10
SYPRINE.....	115	1/2".....	106	TESTOSTERONE	
TABLOID.....	36	5/16".....	107	CYPIONATE.....	10
TABRECTA.....	39	TECHLITE INSULIN		testosterone cypionate.....	10
TACLONEX.....	63	SYRINGEU-100/0.5ML/31G X		testosterone enanthate.....	10
tacrolimus.....	116	5/16".....	107	TETANUS/DIPHThERIA	
tacrolimus (topical).....	64	TECHLITE INSULIN		TOXOIDS-ADSORBED	
tadalafil.....	51	SYRINGEU-100/1ML/29G X		ADULT.....	127
tadalafil (pulmonary		1/2".....	107	tetrabenazine.....	124
hypertension).....	51	TECHLITE INSULIN		tetracycline hcl.....	127
TAFINLAR.....	39	SYRINGEU-100/1ML/30G X		TGT LANCET MICRO THIN	
TAGAMET HB.....	128	1/2".....	107	33G.....	88
TAKHZYRO.....	73	TECHLITE INSULIN		TGT LANCET THIN 26G.....	88
TALZENNA.....	39	SYRINGEU-100/1ML/30G X		TGT LANCET ULTRA THIN	
TAMIFLU.....	49	5/16".....	107	30G.....	88
tamoxifen citrate.....	37	TECHLITE INSULIN		TGT LANCING DEVICE.....	88
tamsulosin hcl.....	72	SYRINGEU-100/1ML/31G X		THALOMID.....	115
TAPAZOLE.....	127	15/64".....	107	theophylline.....	15,16
TARCEVA.....	37	TECHLITE INSULIN		ThERANATAL CORE	
TARGADOX.....	127	SYRINGEU-100/1ML/31G X		NUTRITION.....	118
TARGRETIN.....	40,60	5/16".....	107	THINLETS GP LANCETS.....	88
TARKA.....	33	TECHLITE LANCETS.....	88	thioridazine hcl.....	44
TASIGNA.....	39	TECHLITE LANCETS 30G.....	88	thiotepa.....	35
TASMAR.....	41	TEFLARO.....	52	thiothixene.....	45
tavaborole.....	59	TEGRETOL.....	19	THYMOGLOBULIN.....	116
TAXOTERE.....	41	TEGRETOL-XR.....	19	thyroid.....	127
TAYTULLA.....	53	TEGSEDI.....	126	tiagabine hcl.....	20
tazarotene.....	61	TEKTURNa.....	33	TIAZAC.....	50
TAZORAC.....	61	telmisartan.....	31	TIBSOVO.....	40
TAZVERIK.....	40	telmisartan-amlodipine.....	33	TIGAN.....	26
TDVAX.....	127	telmisartan-hydrochlorothiazide		tigecycline.....	126
TECFIDERA.....	125	.....	33	TIKOSYN.....	13
TECFIDERA STARTER		temazepam.....	75	timolol maleate.....	49
PACK.....	125	TEMIXYS.....	47	timolol maleate (ophth).....	119
TECHLITE AST LANCETS.....	88	TEMODAR.....	35	TIMOPTIC.....	119
TECHLITE INSULIN SYRINGEU-		TEMOVATE.....	63	TIMOPTIC-XE.....	120
100/0.3ML/29G X 1/2".....	106	temozolomide.....	35	TIVICAY.....	47
TECHLITE INSULIN SYRINGEU-		temsirolimus.....	40	tizanidine hcl.....	118
100/0.3ML/30G X 1/2".....	106	TENIPOSIDE.....	41	TOBI.....	3
TECHLITE INSULIN SYRINGEU-		TENIVAC.....	127	TOBRADEX.....	121
100/0.3ML/30G X 5/16".....	106	tenofovir disoproxil		tobramycin.....	3
		fumarate.....	47		
		TENORETIC 100.....	33		
		TENORETIC 50.....	33		

tobramycin (ophth).....	120	topotecan hcl.....	41	triazolam.....	75
tobramycin sulfate.....	3	TOPROL XL.....	49	TRIBENZOR.....	33
tobramycin- dexamethasone.....	121	toremifene citrate.....	37	TRICARE.....	118
TOBREX.....	120	TORISEL.....	40	TRICOR.....	30
TODAY SPONGE.....	132	torseamide.....	66	TRIDESILON.....	63
TODAYS HEALTH ADVANCED LANCING DEVICE.....	88	TOVIAZ.....	129	trientine hcl.....	115
TODAYS HEALTH SUPER THINLANCETS 30G.....	88	TRACLEER.....	51	trifluoperazine hcl.....	44
TODAYS HEALTH ULTRA THINLANCETS 28G.....	88	tramadol hcl.....	8	trifluridine.....	120
TOFRANIL.....	23	tramadol-acetaminophen... 9		trihexyphenidyl hcl.....	41
tolbutamide.....	25	trandolapril.....	31	TRIJARDY XR.....	24
tolcapone.....	41	trandolapril-verapamil hcl.. 33		TRIKAFTA.....	126
tolmetin sodium.....	5	TRANDOLAPRIL/VERAPAMIL HCL ER.....	33	TRILEPTAL.....	19
TOLSURA.....	28	tranexamic acid.....	74	TRILIPIX.....	30
tolterodine tartrate.....	129	TRANSDERM SCOP.....	26	trimethobenzamide hcl.....	27
tolvaptan.....	69	TRANSDERM-SCOP.....	27	trimethoprim.....	10
TOPAMAX.....	19	TRANXENE T.....	13	trimipramine maleate.....	23
TOPAMAX SPRINKLE.....	19	tranylcypromine sulfate... 21		TRINTELLIX.....	22
TOPCARE LANCETS MICRO- THIN 33G.....	88	TRAVATAN Z.....	122	TRIOSTAT.....	127
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16".....	107	TRAVEL LANCETS 30G.. 88		TRIUMEQ.....	47
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16".....	107	TRAVEL LANCETS ADVANCED 28G.....	88	TRIZIVIR.....	47
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16".....	107	travoprost.....	122	tropicamide.....	120
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16".....	107	trazodone hcl.....	22	trospium chloride.....	129
TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16".....	107	TREANDA.....	35	TRUE COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16".....	107
TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16".....	107	TRECATOR.....	35	TRUE COMFORT INSULIN SYRINGE/1ML/31G X 5/16".....	107
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U- 100/0.3ML/29G X 1/2".....	107	TRELEGY ELLIPTA.....	15	TRUE COMFORT PRO INSULINSYRINGE/0.5ML/30G X 5/16".....	107
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2".....	107	TRELSTAR MIXJECT.....	37	TRUE COMFORT PRO INSULINSYRINGE/0.5ML/31G X 5/16".....	107
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U- 100/1ML/29G X 1/2".....	107	TREMFYA.....	61	TRUE COMFORT PRO INSULINSYRINGE/1ML/30G X 5/16".....	107
TOPICORT.....	63	treprostinil.....	51	TRUE COMFORT PRO INSULINSYRINGE/1ML/31G X 5/16".....	107
topiramate.....	19	TRESIBA.....	25	TRUE COMFORT PRO INSULINSYRINGE/U- 100/0.5ML/30G X 1/2".....	107
topotecan hcl.....	41	TRESIBA FLEXTOUCH... 25		TRUE COMFORT PRO INSULINSYRINGE/1ML/30G X 5/16".....	107
TOPOTECAN HCL.....	41	tretinoin.....	57	TRUE COMFORT PRO INSULINSYRINGE/1ML/31G X 5/16".....	107
		tretinoin (chemotherapy)... 40		TRUE COMFORT PRO INSULINSYRINGE/U- 100/0.3ML/29G X 1/2".....	107
		tretinoin microsphere..... 57		TRUE COMFORT PRO INSULINSYRINGE/U- 100/0.5ML/30G X 1/2".....	107
		TREXALL.....	36	TRUE COMFORT PRO INSULINSYRINGE/1ML/30G X 1/2".....	107
		TREXIMET.....	112	TRUE METRIX BLOOD GLUCOSETEST STRIPS... 65	
		triamcinolone acetonide... 55		TRUE METRIX CONTROL SOLUTION LEVEL 3..... 88	
		triamcinolone acetonide (mouth).....	116	TRUEDRAW LANCING DEVICE.....	88
		triamcinolone acetonide (nasal).....	119		
		triamcinolone acetonide (topical).....	63		
		triamcinolone acetonide- dimethicone-silicone..... 63			
		triamterene.....	66		
		triamterene & hydrochlorothiazide..... 66			



TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2".....	107	TRUSTEX LUBRICATED/RIBBED/STUDD ED.....	77	ULTICARE INSULIN SYRINGE/0.3ML/29G X 1/2".....	108
TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	107	TRUSTEX LUBRICATED/SPERMICIDE .....	78	ULTICARE INSULIN SYRINGE/0.3ML/30G X 1/2".....	108
TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	108	TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE.....	77	ULTICARE INSULIN SYRINGE/0.3ML/30G X 5/16".....	108
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	108	TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH.....	77	ULTICARE INSULIN SYRINGE/0.5ML/28G X 1/2".....	108
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	108	TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED.....	78	ULTICARE INSULIN SYRINGE/0.5ML/29G X 1/2".....	108
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	108	TRUSTEX WITH NONOXYNOL- 9/RIBBED/STUDD.....	78	ULTICARE INSULIN SYRINGE/0.5ML/30G X 1/2".....	108
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	108	TRUSTEX/RIA LUBRICATED.....	78	ULTICARE INSULIN SYRINGE/0.5ML/30G X 5/16".....	108
TRUEPLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	108	TRUSTEX/RIA LUBRICATED SPERMICIDE.....	78	ULTICARE INSULIN SYRINGE/1ML/28G X 1/2".....	108
TRUEPLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	108	TRUSTEX/RIA LUBRICATED/SPERMICIDE .....	78	ULTICARE INSULIN SYRINGE/1ML/29G X 1/2".....	108
TRUEPLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	108	TRUVADA.....	47	ULTICARE INSULIN SYRINGE/1ML/30G X 1/2".....	108
TRUEPLUS INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	108	TUKYSA.....	36	ULTICARE INSULIN SYRINGE/1ML/30G X 5/16".....	108
TRUEPLUS LANCETS 26G.....	88	TURALIO.....	40	ULTICARE INSULIN SYRINGE/SHORT/0.3ML/30G X 5/16".....	108
TRUEPLUS LANCETS 28G.....	88	TUZISTRA XR.....	56	ULTICARE INSULIN SYRINGE/SHORT/0.3ML/31G X 5/16".....	108
TRUEPLUS LANCETS 28G SUPER THIN.....	88	TWINRIX.....	132	ULTICARE INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16".....	108
TRUEPLUS LANCETS 30G.....	88	TWIRLA.....	54	ULTICARE INSULIN SYRINGE/SHORT/0.5ML/31G X 5/16".....	108
TRUEPLUS LANCETS 30G ULTRA THIN.....	88	TWYNSTA.....	33	ULTICARE INSULIN SYRINGE/SHORT/1ML/30G X 5/16".....	108
TRUEPLUS LANCETS 33G.....	88	TYBLUME.....	53	ULTICARE INSULIN SYRINGE/SHORT/1ML/31G X 5/16".....	108
TRUEPLUS LANCETS 33G MICRO THIN.....	88	TYBOST.....	47	ULTICARE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2".....	109
TRUEPLUS SAFETY LANCETS 28G.....	88	TYGACIL.....	126	ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	109
TRUETRACK TEST.....	65	TYKERB.....	40	ULTICARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	109
TRULICITY.....	24	TYLENOL/CODEINE #3.....	9	ULTICARE INSULIN SYRINGE/U-100/0.5ML/31G X 1/2".....	109
TRUMENBA.....	130	TYLENOL/CODEINE #4.....	9	ULTICARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	109
TRUSOPT.....	122	TYMLOS.....	67	ULTICARE INSULIN SAFETY SYRINGE/0.5ML/29G X 1/2".....	108
TRUSTEX COLOR CONDOMS + LUBE.....	77	TYSABRI.....	125	ULTICARE INSULIN SAFETY SYRINGE/1ML/29G X 1/2".....	108
TRUSTEX LUBRICATED.....	77	UCERIS.....	10	ULTI-LANCE AUTOMATIC/ CLEAR TIP.....	88
TRUSTEX LUBRICATED EXTRALARGE.....	77	UDENYCA.....	74	ULTICARE INSULIN SAFETY SYRINGE/0.5ML/29G X 1/2".....	108
TRUSTEX LUBRICATED EXTRASTRENGTH.....	77	ULESFIA.....	65	ULTICARE INSULIN SAFETY SYRINGE/1ML/29G X 1/2".....	108

ULTICARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	109	ULTILET INSULIN SYRINGE/SHORT/0.3ML/30G X 12.7MM.....	109	ULTRA FLO INSULIN SYRINGE 0.5ML/31GX5/16".....	110
ULTICARE INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	109	ULTILET INSULIN SYRINGE/SHORT/0.3ML/30G X 5/16".....	109	ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/30GX1/2".....	110
ULTICARE INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	109	ULTILET INSULIN SYRINGE/SHORT/0.3ML/31G X 5/16".....	109	ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/30GX5/16" .....	110
ULTICARE INSULIN SYRINGEULTRAFINE U- 100/0.3ML/31G X 5/16".....	109	ULTILET INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16".....	109	ULTRA FLO INSULIN SYRINGE 1M/29GX1/2".....	110
ULTICARE INSULIN SYRINGEULTRAFINE U- 100/0.5ML/31G X 5/16".....	109	ULTILET INSULIN SYRINGE/SHORT/0.5ML/31G X 5/16".....	110	ULTRA FLO INSULIN SYRINGE 1ML/30GX1/2".....	110
ULTICARE INSULIN SYRINGEULTRAFINE U- 100/1ML/31G X 5/16".....	109	ULTILET INSULIN SYRINGE/SHORT/1ML/30G X 5/16".....	110	ULTRA FLO INSULIN SYRINGE 1ML/30GX5/16".....	110
ULTIGUARD SAFEPACK INSULIN SYRINGE 0.3ML/30G X 1/2"/SHARPS C.....	109	ULTILET INSULIN SYRINGE/SHORT/1ML/31G X 5/16".....	110	ULTRA FLO INSULIN SYRINGE 1ML/31GX5/16".....	110
ULTIGUARD SAFEPACK INSULIN SYRINGE 1/2ML 30G X 1/2"/SHARPS C.....	109	ULTILET INSULIN SYRINGE/SHORT/1ML/31G X 5/16".....	110	ULTRA THIN LANCETS 31G.....	89
ULTIGUARD SAFEPACK INSULIN SYRINGE 1ML 30G X 1/2"/SHARPS CON.....	109	ULTILET INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	110	ULTRA-COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2".....	110
ULTIGUARD SAFEPACK INSULIN SYRINGE 1ML 31G X 5/16"/SHARPS CO.....	109	ULTILET INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	110	ULTRA-COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	110
ULTIGUARD SAFEPACK INSULIN SYRINGE/0.3ML/30G X 1/2"/SHARPS C.....	109	ULTILET LANCETS.....	88	ULTRA-COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	110
ULTIGUARD SAFEPACK INSULIN SYRINGE/0.3ML/31G X 5/16"/SHARPS.....	109	ULTILET LANCETS 33G.....	88	ULTRA-COMFORT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	110
ULTIGUARD SAFEPACK INSULIN SYRINGE/0.5ML/30G X 1/2"/SHARPS C.....	109	ULTILET SAFETY LANCETS 21G X 2.2MM.....	89	ULTRA-COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	110
ULTIGUARD SAFEPACK/SYRINGE/NEEDLE/ 31G X 5/16"/SHARPS CONTAIN.....	109	ULTILET SAFETY LANCETS 23G.....	89	ULTRA-COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	110
ULTILET CLASSIC LANCETS.....	88	ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	110	ULTRA-COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	110
ULTILET INSULIN SYRINGE/0.3ML/30G X 8MM.....	109	ULTRA FLO INSULIN SYRINGE 0.3ML/29G X 1/2".....	110	ULTRA-COMFORT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	110
ULTILET INSULIN SYRINGE/0.3ML/31G X 8MM.....	109	ULTRA FLO INSULIN SYRINGE 0.3ML/30GX1/2".....	110	ULTRA-COMFORT INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	111
ULTILET INSULIN SYRINGE/0.5ML/30G X 8MM.....	109	ULTRA FLO INSULIN SYRINGE 0.3ML/30GX5/16".....	110	ULTRA-COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	111
ULTILET INSULIN SYRINGE/1ML/30G X 8MM.....	109	ULTRA FLO INSULIN SYRINGE 0.3ML/31GX5/16".....	110	ULTRA-COMFORT INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	111
ULTILET INSULIN SYRINGE/1ML/31G X 8MM.....	109	ULTRA FLO INSULIN SYRINGE 0.5ML/29GX1/2".....	110	ULTRA-COMFORT INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	111
		ULTRA FLO INSULIN SYRINGE 0.5ML/30GX1/2".....	110	ULTRA-THIN II AUTO LANCET.....	89
		ULTRA FLO INSULIN SYRINGE 0.5ML/30GX5/16".....	110	ULTRA-THIN II INSULIN SYRINGE SHORT/U- 100/0.3ML/30GX5/16".....	111

ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/31GX5/16" . . . . .	111	UNILET G.P. LANCET . . . . .	89	valproic acid . . . . .	20
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/30GX5/16" . . . . .	111	UNILET G.P. SUPERLITE LANCET . . . . .	89	valrubicin . . . . .	38
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/31GX5/16" . . . . .	111	UNILET GP 28 ULTRA THIN . . . . .	89	valsartan . . . . .	31
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/30GX5/16" . . . . .	111	UNILET LANCET . . . . .	89	valsartan-hydrochlorothiazide . . . . .	33
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/31GX5/16" . . . . .	111	UNILET LANCETS MICRO-THIN33G . . . . .	89	VALSTAR . . . . .	38
ULTRA-THIN II INSULIN SYRINGE/U-100/0.5ML/29GX1/2" . . . . .	111	UNILET LANCETS SUPER-THIN30G . . . . .	89	VALTOCO . . . . .	17
ULTRA-THIN II INSULIN SYRINGE/U-100/1ML/29GX1/2" . . . . .	111	UNILET LANCETS ULTRA-THIN 28G . . . . .	89	VALTRESX . . . . .	48
ULTRA-THIN II LANCETS 28G . . . . .	89	UNILET SUPERLITE LANCET . . . . .	89	VALUE HEALTH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" . . . . .	111
ULTRA-THIN II LANCETS 30G . . . . .	89	UNISTIK 3 GENTLE . . . . .	89	VALUE HEALTH INSULIN SYRINGE/U-100/1ML/29G X 1/2" . . . . .	111
ULTRACARE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" . . . . .	111	UNISTIK PRO SAFETY LANCET 21G . . . . .	89	VALUE PLUS LANCETS STANDARD 21G . . . . .	89
ULTRACARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" . . . . .	111	UNISTIK PRO SAFETY LANCET 25G . . . . .	89	VALUE PLUS LANCETS SUPERTHIN 30G . . . . .	89
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" . . . . .	111	UNISTIK PRO SAFETY LANCET 28G . . . . .	89	VALUE PLUS LANCETS THIN 26G . . . . .	89
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" . . . . .	111	UNISTIK SAFETY LANCETS 28G . . . . .	89	VALUE PLUS LANCING DEVICE . . . . .	89
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" . . . . .	111	UNISTIK SAFETY LANCETS 30G . . . . .	89	VALUMARK LANCET SUPER THIN 30G . . . . .	89
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" . . . . .	111	UNISTIK TOUCH SAFETY LANCETS 21G . . . . .	89	VALUMARK LANCET ULTRA THIN 28G . . . . .	89
ULTRACARE INSULIN SYRINGE/U-100/1ML/30G X 1/2" . . . . .	111	UNISTIK TOUCH SAFETY LANCETS 23G . . . . .	89	VANCOCIN . . . . .	11
ULTRACARE INSULIN SYRINGE/U-100/1ML/30G X 5/16" . . . . .	111	UNISTIK TOUCH SAFETY LANCETS 28G . . . . .	89	VANCOCIN HCL . . . . .	11
ULTRACARE INSULIN SYRINGE/U-100/1ML/31G X 5/16" . . . . .	111	UNISTIK TOUCH SAFETY LANCETS 30G . . . . .	89	vancomycin hcl . . . . .	11
ULTRACET . . . . .	9	UNIVERSAL 1 LANCETS THIN26G . . . . .	89	VANCOMYCIN HYDROCHLORIDE . . . . .	11
ULTRAM . . . . .	8	UNIVERSAL 1 LANCETS ULTRA THIN 30G . . . . .	89	VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 1/2" . . . . .	111
UNASYN . . . . .	123	UNIVERSAL 1 LANCETS LANCETS/33G/MICRO-THIN . . . . .	89	VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 5/16" . . . . .	111
UNASYN BULK PACK . . . . .	123	URECHOLINE . . . . .	130	VANISHPOINT INSULIN SYRINGE/1ML/29G X 1/2" . . . . .	111
UNILET COMFORTOUCH LANCET . . . . .	89	UROCIT-K 10 . . . . .	72	VANISHPOINT INSULIN SYRINGE/1ML/30G X 5/16" . . . . .	111
UNILET EXCELITE . . . . .	89	UROXATRAL . . . . .	72	VAQTA . . . . .	132
UNILET EXCELITE II . . . . .	89	URSO 250 . . . . .	70	VARENICLINE TARTRATE . . . . .	126
		URSO FORTE . . . . .	70	VARIVAX . . . . .	132
		ursodiol . . . . .	70	VARUBI . . . . .	27
		UTIBRON NEOHALER . . . . .	15	VASCEPA . . . . .	29
		UVADEX . . . . .	40	VASERETIC . . . . .	33
		VAGIFEM . . . . .	132	VASOTEC . . . . .	31
		valacyclovir hcl . . . . .	48	VECAMYL . . . . .	33
		VALCYTE . . . . .	47	VECTIBIX . . . . .	37
		valganciclovir hcl . . . . .	47	VECTICAL . . . . .	61
		VALIUM . . . . .	13	VELCADE . . . . .	40
		valproate sodium . . . . .	20		

VELETRI	51	VOGELXO PUMP	10	XALKORI	40
VELPHORO	72	VOL-PLUS	118	XANAX	13
VELTIN	58	VOLTAREN	58	XANAX XR	13
VEMLIDY	48	VORAXAZE	40	XARELTO	16
venlafaxine hcl	22,23	voriconazole	28	XARELTO STARTER PACK	16
VENTAVIS	51	VOSEVI	48	XELJANZ	4
VENTOLIN HFA	15	VOTRIENT	40	XELJANZ XR	4
verapamil hcl	50	VP INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	111	XELODA	36
VEREGEN	58	VPRIV	73	XENAZINE	124
VERELAN	50	VUSION	59	XEOMIN	119
VERELAN PM	50	VYNDAMAX	52	XGEVA	67
VERZENIO	40	VYNDAQEL	52	XIFAXAN	10
VESICARE	129	VYTORIN	29	XIGDUO XR	24
VFEND	28	VYVANSE	1	XIMINO	127
VIAGRA	51	WALGREENS ADVANCED TRAVELLANCETS 28G	89	XOLAIR	14
VIBRAMYCIN	127	WALGREENS COMFORT ASSURED LANCETS MICRO THIN/33G	90	XOPENEX	15
VICTOZA	24	WALGREENS COMFORT ASSURED LANCETS SUPER THIN/28G	90	XOPENEX CONCENTRATE	15
VIDA MIA AUTOLET LANCING DEVICE	89	WALGREENS LANCETS	90	XOPENEX HFA	15
VIDA MIA UNILET LANCETS SUPER THIN 30G	89	WALGREENS THIN LANCETS	90	XOSPATA	40
VIDA MIA UNILET LANCETS ULTRA THIN 28G	89	WALGREENS ULTRA THIN LANCETS	90	XPOVIO 100 MG ONCE WEEKLY	38
VIDAZA	36	warfarin sodium	16	XPOVIO 60 MG ONCE WEEKLY	38
VIDEX EC	47	water for irrigation, sterile	116	XPOVIO 80 MG ONCE WEEKLY	38
VIDEXPEDIATRIC	47	WELCHOL	30	XPOVIO 80 MG TWICE WEEKLY	38
vigabatrin	20	WELLBUTRIN SR	21	XTAMPZA ER	8
VIGAMOX	120	WELLBUTRIN XL	21	XTANDI	37
VIIBRYD	22	WESTAB PLUS	118	XULTOPHY 100/3.6	24
VIIBRYD STARTER PACK	22	WESTHROID	127	XYLOCAINE	76
VIMPAT	19	WIDE-SEAL SILICONE DIAPHRAGM KIT 60	78	XYLOCAINE-MPF	76
vincristine sulfate	41	WIDE-SEAL SILICONE DIAPHRAGM KIT 65	78	XYREM	124
vinorelbine tartrate	41	WIDE-SEAL SILICONE DIAPHRAGM KIT 70	78	XYZAL ALLERGY 24HR	29
VIRACEPT	47	WIDE-SEAL SILICONE DIAPHRAGM KIT 75	78	XYZAL ALLERGY 24HR CHILDRENS	29
VIRAMUNE	47	WIDE-SEAL SILICONE DIAPHRAGM KIT 80	78	YASMIN 28	53
VIRAMUNE XR	47	WIDE-SEAL SILICONE DIAPHRAGM KIT 85	78	YAZ	53
VIREAD	47	WIDE-SEAL SILICONE DIAPHRAGM KIT 90	78	YERVOY	36
VISTARIL	13	WIDE-SEAL SILICONE DIAPHRAGM KIT 95	78	YONSA	37
VISTOGARD	26	WP THYROID	127	ZADITOR	122
VITAMIN D2	133	XALATAN	122	zafirlukast	14
VITATHELY/GINGER	118			zaleplon	75
VITRAKVI	40			ZALTRAP	36
VIVAGUARD LANCETS	89			ZANAFLEX	118
VIVAGUARD LANCING DEVICE	89			ZANOSAR	35
VIVELLE-DOT	70			ZANTAC 150 MAXIMUM STRENGTH	128
VIZIMPRO	37			ZARONTIN	20
VOGELXO	10				

ZARXIO.....	74	ZOMACTON.....	68
ZAVESCA.....	73	ZOMIG.....	113
ZEGERID.....	129	ZOMIG ZMT.....	113
ZEJULA.....	40	ZONALON.....	60
ZELBORAF.....	40	ZONEGRAN.....	19
ZEMAIRA.....	126	zonisamide.....	19
ZEMPLAR.....	69	ZONTIVITY.....	73
ZENPEP.....	65	ZORBTIVE.....	68
ZEPATIER.....	48	ZORTRESS.....	116
ZERVIAE.....	122	ZOSTAVAX.....	132
ZESTORETIC.....	33	ZOSYN.....	123
ZESTRIL.....	31	ZOVIRAX.....	48,61
ZETIA.....	30	ZYCLARA.....	64
ZEVRX INSULIN		ZYCLARA PUMP.....	64
SYRINGE/0.5ML/30G X		ZYDELIG.....	40
1/2".....	112	ZYLOPRIM.....	72
ZEVRX INSULIN		ZYMAXID.....	120
SYRINGE/0.5ML/30G X		ZYPREXA.....	44
5/16".....	112	ZYPREXA ZYDIS.....	44
ZEVRX INSULIN		ZYRTEC ALLERGY.....	29
SYRINGE/1ML/30G X 1/2".....	112	ZYRTEC CHILDRENS	
ZEVRX INSULIN		ALLERGY.....	29
SYRINGE/1ML/30G X		ZYRTEC-D	
5/16".....	112	ALLERGY/CONGESTION.....	56
ZIAC.....	33	ZYTIGA.....	37,38
ZIAGEN.....	47	ZYVOX.....	12
ZIANA.....	58		
zidovudine.....	47		
ZIEXTENZO.....	74		
zileuton.....	14		
ZIOPTAN.....	122		
ziprasidone hcl.....	43		
ZIRABEV.....	36		
ZIRGAN.....	120		
ZITHROMAX.....	76		
ZITHROMAX TRI-PAK.....	76		
ZITHROMAX Z-PAK.....	76		
ZOCOR.....	30		
ZOFRAN.....	26		
ZOHYDRO ER.....	8		
ZOLADEX.....	37		
zoledronic acid.....	67		
ZOLEDRONIC ACID.....	67		
zoledronic acid.....	67		
ZOLINZA.....	40		
zolmitriptan.....	113		
ZOLOFT.....	22		
zolpidem tartrate.....	75		







## Statement of Non-Discrimination

Ambetter from Superior HealthPlan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Ambetter from Superior HealthPlan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

### **Ambetter from Superior HealthPlan:**

- **Provides free aids and services to people with disabilities to communicate effectively with us, such as:**
  - o Qualified sign language interpreters
  - o Written information in other formats (large print, audio, accessible electronic formats, other formats)
- **Provides free language services to people whose primary language is not English, such as:**
  - o Qualified interpreters
  - o Information written in other languages

If you need these services, contact Ambetter from Superior HealthPlan at 1-877-687-1196 (Relay Texas/TTY: 1-800-735-2989).

If you believe that Ambetter from Superior HealthPlan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a complaint with:

**Superior HealthPlan Complaints Department**  
**5900 E Ben White Blvd., Austin, TX 78741**  
**1-877-687-1196 (Relay Texas/TTY: 1-800-735-2989)**  
**Fax 1-866-683-5369**

You can file a complaint by mail, fax, or email. If you need help filing a complaint, Ambetter from Superior HealthPlan is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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## Declaración de no discriminación

Ambetter de Superior HealthPlan cumple con las leyes de derechos civiles federales aplicables y no discrimina basándose en la raza, color, origen nacional, edad, discapacidad, o sexo. Ambetter de Superior HealthPlan no excluye personas o las trata de manera diferente debido a su raza, color, origen nacional, edad, discapacidad, o sexo.

### **Ambetter de Superior HealthPlan:**

- **Proporciona ayuda y servicios gratuitos a las personas con discapacidad para que se comuniquen eficazmente con nosotros, tales como:**
  - o Intérpretes calificados de lenguaje por señas
  - o Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos)
- **Proporciona servicios de idiomas a las personas cuyo lenguaje primario no es el inglés, tales como:**
  - o Intérpretes calificados
  - o Información escrita en otros idiomas

Si necesita estos servicios, comuníquese con Ambetter de Superior HealthPlan a 1-877-687-1196 (Relay Texas/TTY: 1-800-735-2989).

Si considera que Ambetter de Superior HealthPlan no le ha proporcionado estos servicios, o en cierto modo le ha discriminado debido a su raza, color, origen nacional, edad, discapacidad o sexo, puede presentar una queja ante:

**Superior HealthPlan Complaints Department**  
**5900 E Ben White Blvd., Austin, TX 78741**  
**1-877-687-1196 (Relay Texas/TTY: 1-800-735-2989)**  
**Fax 1-866-683-5369**

Usted puede presentar una queja por correo, fax, o correo electrónico. Si necesita ayuda para presentar una queja, Ambetter de Superior HealthPlan está disponible para brindarle ayuda.

También puede presentar una queja de violación a sus derechos civiles ante la Oficina de derechos civiles del Departamento de Salud y Servicios Humanos de Estados Unidos (U.S. Department of Health and Human Services), en forma electrónica a través del portal de quejas de la Oficina de derechos civiles, disponible en <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, o por correo o vía telefónica llamando al: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD).

Los formularios de queja están disponibles en <http://www.hhs.gov/ocr/office/file/index.html>.



<b>Spanish:</b>	Si usted, o alguien a quien está ayudando, tiene preguntas acerca de Ambetter de Superior HealthPlan, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989).
<b>Vietnamese:</b>	Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Ambetter from Superior HealthPlan, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989).
<b>Chinese:</b>	如果您，或是您正在協助的對象，有關於 Ambetter from Superior HealthPlan 方面的問題，您有權利免費以您的母語得到幫助和訊息。如果要與一位翻譯員講話，請撥電話 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989)。
<b>Korean:</b>	만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Ambetter from Superior HealthPlan 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989) 로 전화하십시오.
<b>Arabic:</b>	إذا كان لديك أو لدى شخص تساعد أسئلة حول Ambetter from Superior HealthPlan ، لديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989).
<b>Urdu:</b>	اگر Ambetter from Superior HealthPlan کے بارے میں آپ، یا جن کی آپ مدد کر رہے ہیں ان کے سوالات ہوں تو، آپ کو بلا معاوضہ اپنی زبان میں مدد اور معلومات حاصل کرنے کا حق ہے۔ کسی مترجم سے بات کرنے کے لیے، 1-877-687-1196، (Relay Texas/TTY 1-800-735-2989) پر کال کریں۔
<b>Tagalog:</b>	Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa Ambetter from Superior HealthPlan, may karapatan ka na makakuha nang tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989).
<b>French:</b>	Si vous-même ou une personne que vous aidez avez des questions à propos d'Ambetter from Superior HealthPlan, vous avez le droit de bénéficier gratuitement d'aide et d'informations dans votre langue. Pour parler à un interprète, appelez le 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989).
<b>Hindi:</b>	आप या जिसकी आप मदद कर रहे हैं उनके, Ambetter from Superior HealthPlan के बारे में कोई सवाल हों, तो आपको बिना किसी खर्च के अपनी भाषा में मदद और जानकारी प्राप्त करने का अधिकार है। किसी दुभाषिये से बात करने के लिए 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989) पर कॉल करें।
<b>Persian:</b>	اگر شما، یا کسی کہ بہ او کمک می کنید سوالی در مورد Ambetter from Superior HealthPlan دارید، از این حق برخوردارید کہ کمک و اطلاعات را بصورت رایگان بہ زبان خود دریافت کنید۔ برای صحبت کردن با مترجم با شماره 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989) تماس بگیرید۔
<b>German:</b>	Falls Sie oder jemand, dem Sie helfen, Fragen zu Ambetter from Superior HealthPlan hat, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989) an.
<b>Gujarati:</b>	જે તમને અથવા તમે જેમની મદદ કરી રહ્યા હોય તેમને, Ambetter from Superior HealthPlan વિશે કોઈ પ્રશ્ન હોય તો તમને, કોઈ ખર્ચ વિના તમારી ભાષામાં મદદ અને માહિતી પ્રાપ્ત કરવાનો અધિકાર છે. દુભાષિયા સાથે વાત કરવા માટે 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989) ઉપર કોલ કરો.
<b>Russian:</b>	В случае возникновения у вас или у лица, которому вы помогаете, каких-либо вопросов о программе страхования Ambetter from Superior HealthPlan вы имеете право получить бесплатную помощь и информацию на своем родном языке. Чтобы поговорить с переводчиком, позвоните по телефону 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989).
<b>Japanese:</b>	Ambetter from Superior HealthPlan について何かご質問がございましたらご連絡ください。ご希望の言語によるサポートや情報を無料でご提供いたします。通訳が必要な場合は、1-877-687-1196 (Relay Texas/TTY 1-800-735-2989) までお電話ください。
<b>Laotian:</b>	ຖ້າທ່ານ ຫຼືຄົນທີ່ທ່ານກຳລັງຊ່ວຍເຫຼືອ ມອ່າຖາມກ່ຽວກັບ Ambetter from Superior HealthPlan, ທ່ານມີສິດທິຈະໄດ້ຮັບການຊ່ວຍເຫຼືອແລະຂໍ້ມູນຂ່າວສານທີ່ເປັນພາສາຂອງທ່ານ ໂດຍບໍ່ມອ່າໃຊ້ຈ່າຍ. ເພື່ອຈະເວົ້າກັບນາຍພາສາ, ໃຫ້ໂທຫາ 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989).