



2022 Prescription Drug List

Effective January 1, 2022



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 (2022)	Standard Formulary	https://ambetter.superiorhealthplan.com/2022-brochures.html?plan=BalancedCare
Ambetter Balanced Care 12 (2022)	Standard Formulary	https://ambetter.superiorhealthplan.com/2022-brochures.html?plan=BalancedCare
Ambetter Balanced Care 201 HSA (2022)	Standard Formulary	https://ambetter.superiorhealthplan.com/2022-brochures.html?plan=BalancedCare
Ambetter Balanced Care 203 (2022)	Standard Formulary	https://ambetter.superiorhealthplan.com/2022-brochures.html?plan=BalancedCare
Ambetter Balanced Care 207 (2022)	Standard Formulary	https://ambetter.superiorhealthplan.com/2022-brochures.html?plan=BalancedCare
Ambetter Balanced Care 209 (2022)	Standard Formulary	https://ambetter.superiorhealthplan.com/2022-brochures.html?plan=BalancedCare
Ambetter Balanced Care 210 (2022)	Standard Formulary	https://ambetter.superiorhealthplan.com/2022-brochures.html?plan=BalancedCare
Ambetter Balanced Care 29 (2022)	Standard Formulary	https://ambetter.superiorhealthplan.com/2022-brochures.html?plan=BalancedCare
Ambetter Balanced Care 30 (2022)	Standard Formulary	https://ambetter.superiorhealthplan.com/2022-brochures.html?plan=BalancedCare
Ambetter Balanced Care 31 (2022)	Standard Formulary	https://ambetter.superiorhealthplan.com/2022-brochures.html?plan=BalancedCare
Ambetter Balanced Care 32 (2022)	Standard Formulary	https://ambetter.superiorhealthplan.com/2022-brochures.html?plan=BalancedCare
Ambetter Balanced Care 5 (2022)	Standard Formulary	https://ambetter.superiorhealthplan.com/2022-brochures.html?plan=BalancedCare
Ambetter Value Silver 11 (2022)	Standard Formulary	https://ambetter.superiorhealthplan.com/2022-brochures.html?plan=ValueSilver

Ambetter Value Silver 30 (2022)	Standard Formulary	https://ambetter.superiorhealthplan.com/2022-brochures.html?plan=ValueSilver
Ambetter Value Silver 31 (2022)	Standard Formulary	https://ambetter.superiorhealthplan.com/2022-brochures.html?plan=ValueSilver
Ambetter Value Silver 32 (2022)	Standard Formulary	https://ambetter.superiorhealthplan.com/2022-brochures.html?plan=ValueSilver
Ambetter Virtual Access Silver (2022)	Standard Formulary	https://ambetter.superiorhealthplan.com/2022-brochures.html?plan=VirtualAccess
Ambetter Essential Care 1 (2022)	Standard Formulary	https://ambetter.superiorhealthplan.com/2022-brochures.html?plan=EssentialCare
Ambetter Essential Care 10 (2022)	Standard Formulary	https://ambetter.superiorhealthplan.com/2022-brochures.html?plan=EssentialCare
Ambetter Essential Care 2 (2022)	Standard Formulary	https://ambetter.superiorhealthplan.com/2022-brochures.html?plan=EssentialCare
Ambetter Essential Care 2 HSA (2022)	Standard Formulary	https://ambetter.superiorhealthplan.com/2022-brochures.html?plan=EssentialCare
Ambetter Essential Care 22 HSA (2022)	Standard Formulary	https://ambetter.superiorhealthplan.com/2022-brochures.html?plan=EssentialCare
Ambetter Essential Care: \$0 Medical Deductible	Standard Formulary	https://ambetter.superiorhealthplan.com/2022-brochures.html?plan=EssentialCare
Ambetter Essential Care: \$1,500 Medical Deductible	Standard Formulary	https://ambetter.superiorhealthplan.com/2022-brochures.html?plan=EssentialCare
Ambetter Virtual Access Bronze (2022)	Standard Formulary	https://ambetter.superiorhealthplan.com/2022-brochures.html?plan=VirtualAccess
Ambetter Secure Care 201 HSA (2022)	Standard Formulary	https://ambetter.superiorhealthplan.com/2022-brochures.html?plan=SecureCare
Ambetter Secure Care 202 (2022)	Standard Formulary	https://ambetter.superiorhealthplan.com/2022-brochures.html?plan=SecureCare
Ambetter Secure Care 5 (2022)	Standard Formulary	https://ambetter.superiorhealthplan.com/2022-brochures.html?plan=SecureCare
Ambetter Secure Care 20 (2022)	Standard Formulary	https://ambetter.superiorhealthplan.com/2022-brochures.html?plan=SecureCare
Ambetter Secure Care 203 (2022)	Standard Formulary	https://ambetter.superiorhealthplan.com/2022-brochures.html?plan=SecureCare
Ambetter Value Gold 20 (2022)	Standard Formulary	https://ambetter.superiorhealthplan.com/2022-brochures.html?plan=ValueGold
Ambetter Virtual Access Gold (2022)	Standard Formulary	https://ambetter.superiorhealthplan.com/2022-brochures.html?plan=VirtualAccess

DRUG BY COST-SHARING TIER

Tier	Percent of drugs in each cost-sharing tier:
0	6.5%
1a	5.1%
1b	77.6%
2	1.8%
3	2.6%
4	6.4%

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 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 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 medications 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) COSTSHARING

- 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 your 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 or online drug sear 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, 31-60 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 drug/product. When your provider does not feel that trying another product is appropriate your provider or you can submit a regular Prior Authorization 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 FDA approved maximum doses. If your provider would like to request exception to those limits, he/she may submit a Prior Authorization request. All requests for quantity limit exceptions 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 you provider would have to submit a regular Prior Authorization request. All requests for Non-Formulary Drugs will be reviewed under our Non-Formulary Drug Request Policy.

STANDARD FORMULARY

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

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

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

Drug List Key:

Brand name drugs are listed in CAPS and generic drugs are lower case.
Drugs are covered under different copay tiers depending on your benefit:

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

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

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

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

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

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

Prior Authorization for Non-Formulary Drugs

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

Formulary Abbreviations:

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

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Amphetamines		
ADDERALL TABS 7.5 MG-7.5 MG-7.5 MG (Use amphetamine-dextroamphetamine)	NF	QL(2 ea daily)
ADDERALL TABS 1.25 MG-1.25 MG-1.25 MG, 1.875 MG-1.875 MG-1.875 MG, 2.5 MG-2.5 MG-2.5 MG, 3.125 MG-3.125 MG-3.125 MG, 3.75 MG-3.75 MG-3.75 MG, 5 MG-5 MG-5 MG (Use amphetamine-dextroamphetamine)	NF	QL(3 ea daily)
ADDERALL XR CP24 12.5 MG-12.5 MG-12.5 MG, 3.125 MG-3.125 MG-3.125 MG, 3.75 MG-3.75 MG-3.75 MG, 6.25 MG-6.25 MG-6.25 MG, 9.375 MG-9.375 MG-9.375 MG (Use amphetamine-dextroamphetamine)	NF	

Drug Name	Drug Tier	Requirements/Limits
ADDERALL XR CP24 1.25 MG-1.25 MG-1.25 MG, 2.5 MG-2.5 MG-2.5 MG (Use amphetamine-dextroamphetamine)	NF	QL(1 ea daily)
ADDERALL XR CP24 5 MG-5 MG-5 MG, 6.25 MG-6.25 MG-6.25 MG, 7.5 MG-7.5 MG-7.5 MG (Use amphetamine-dextroamphetamine)	NF	QL(2 ea daily)
amphetamine sulfate tabs	1B	PA
amphetamine-dextroamphetamine tabs 7.5 MG-7.5 MG-7.5 MG	1B	QL(2 ea daily)
amphetamine-dextroamphetamine cp24 1.25 MG-1.25 MG-1.25 MG, 2.5 MG-2.5 MG-2.5 MG	1B	QL(1 ea daily)
DESOXYN (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	1B	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>dextroamphetamine sulfate tabs 5 MG, 10 MG</i>	1B	QL(4 ea daily)
<i>dextroamphetamine sulfate cp24 5 MG</i>	1B	
EVEKEO TABS (<i>Use amphetamine sulfate</i>)	3	PA
<i>methamphetamine hcl</i>	1B	QL(5 ea daily);AL(At least 6 yrs old)
VYVANSE CAPS	3	QL(1 ea daily);ST
Anorexiants Non-Amphetamine		
ADIPEX-P CAPS (<i>Use phentermine hcl</i>)	NF	PA
<i>phendimetrazine tartrate tabs</i>	1B	PA
<i>phentermine hcl caps</i>	1B	PA
Anti-Obesity Agents		
CONTRAVE 90 MG-8 MG	3	QL(4 ea daily);PA
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents		
<i>atomoxetine hcl 60 MG, 80 MG, 100 MG</i>	1B	QL(1 ea daily);AL(At least 6 yrs old)
<i>atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG</i>	1B	QL(2 ea daily);AL(At least 6 yrs old)
<i>clonidine hcl (adhd) tb12</i>	1B	
<i>guanfacine hcl (adhd)</i>	1B	QL(1 ea daily);AL(At least 6 yrs old)
INTUNIV (<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 10 MG, 18 MG, 25 MG, 40 MG (<i>Use atomoxetine hcl</i>)	NF	QL(2 ea daily);AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirements/Limits
STRATTERA 60 MG, 80 MG, 100 MG (<i>Use atomoxetine hcl</i>)	NF	QL(1 ea daily);AL(At least 6 yrs old)
Dopamine and Norepinephrine Reuptake Inhibitors (DNRI)		
SUNOSI 150 MG	3	QL(1 ea daily);PA
SUNOSI 75 MG	3	QL(2 ea daily);PA
Stimulants - Misc.		
<i>armodafinil</i>	1B	QL(1 ea daily);AL(At least 17 yrs old);PA
CONCERTA TBCR 36 MG, 54 MG (<i>Use methylphenidate hcl</i>)	NF	QL(2 ea daily);AL(At least 6 yrs old)
CONCERTA TBCR 18 MG, 27 MG (<i>Use methylphenidate hcl</i>)	NF	QL(1 ea daily);AL(At least 6 yrs old)
DAYTRANA PTCH (<i>Use methylphenidate</i>)	3	QL(1 ea daily);PA
<i>dexmethylphenidate hcl cp24</i>	1B	QL(1 ea daily)
<i>dexmethylphenidate hcl tabs</i>	1B	QL(2 ea daily);AL(At least 6 yrs old)
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 ptch</i>	1B	QL(1 ea daily);PA
<i>methylphenidate hcl soln</i>	1B	QL(30 ml daily);AL(At least 6 yrs old)
<i>methylphenidate hcl cp24 20 MG, 40 MG</i>	1B	AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirement s/Limits
<i>methylphenidate hcl tabs 5 MG</i>	1B	QL(6 ea daily);AL(At least 6 yrs old)
<i>methylphenidate hcl tbc 18 MG, 27 MG</i>	1B	QL(1 ea daily);AL(At least 6 yrs old)
<i>methylphenidate hcl cp24 30 MG</i>	1B	QL(3 ea daily);AL(At least 6 yrs old)
<i>methylphenidate hcl cpcr</i>	1B	QL(1 ea daily);AL(At least 6 yrs old)
<i>methylphenidate hcl tabs 10 MG, 20 MG</i>	1B	QL(5 ea daily);AL(At least 6 yrs old)
<i>methylphenidate hcl tbc 10 MG, 20 MG</i>	1B	QL(3 ea daily);AL(At least 6 yrs old)
<i>methylphenidate hcl tbc 36 MG, 54 MG</i>	1B	QL(2 ea daily);AL(At least 6 yrs old)
<i>modafinil 200 MG</i>	1B	QL(2 ea daily);PA
<i>modafinil 100 MG</i>	1B	QL(1 ea daily);PA
<i>NUVIGIL (Use armodafinil)</i>	NF	QL(1 ea daily);AL(At least 17 yrs old);PA
<i>PROVIGIL 100 MG (Use modafinil)</i>	NF	QL(1 ea daily);PA
<i>PROVIGIL 200 MG (Use modafinil)</i>	NF	QL(2 ea daily);PA
<i>RITALIN TABS 5 MG (Use methylphenidate hcl)</i>	NF	QL(6 ea daily);AL(At least 6 yrs old)
<i>RITALIN TABS 10 MG, 20 MG (Use methylphenidate hcl)</i>	NF	QL(5 ea daily);AL(At least 6 yrs old)
<i>RITALIN LA CP24 20 MG, 40 MG (Use methylphenidate hcl)</i>	NF	AL(At least 6 yrs old)
<i>RITALIN LA CP24 30 MG (Use methylphenidate hcl)</i>	NF	QL(3 ea daily);AL(At least 6 yrs old)

Ambetter Formulary Updated December 1, 2022

Drug Name	Drug Tier	Requirement s/Limits
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
Allergenic Extracts		
GRASTEK SUBL	3	PA
AMEBICIDES		
Amebicides		
SOLOSEC	3	PA
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
<i>amikacin sulfate soln 1 GM/4ML, 500 MG/2ML</i>	1B	
ARIKAYCE	4	PA
<i>gentamicin in saline 0.9 %-0.8 MG/ML, 0.9 %-1 MG/ML, 0.9 %-1.2 MG/ML, 0.9 %-1.6 MG/ML</i>	1B	
<i>gentamicin sulfate ij 40 MG/ML</i>	1B	
<i>HUMATIN (Use paromomycin sulfate)</i>	NF	
<i>KITABIS PAK NEBU (Use tobramycin)</i>	NF	PA
<i>neomycin sulfate tabs</i>	1B	
<i>paromomycin sulfate</i>	1B	
<i>streptomycin sulfate solr</i>	3	
<i>TOBI NEBU (Use tobramycin)</i>	NF	PA
<i>tobramycin nebu</i>	4	PA
<i>tobramycin sulfate soln ij 10 MG/ML, 40 MG/ML, 80 MG/2ML</i>	1B	
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Antirheumatic - Enzyme Inhibitors		

Drug Name	Drug Tier	Requirement s/Limits
RINVOQ 15 MG	4	QL(1 ea daily);PA
XELJANZ TABS 10 MG	4	QL(2 ea daily);PA
XELJANZ TABS 5 MG	4	QL(2 ea daily);SP;PA
XELJANZ XR TB24	4	QL(1 ea daily);PA
Antirheumatic Antimetabolites		
METHOTREXATE	4	QL(1.714 ea daily);SP;PA
Anti-TNF-alpha - Monoclonal Antibodies		
HUMIRA PSKT	4	QL(0.143 ea daily);PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML	4	1 rtl pack lmt amt,180 rtl pack lmt day(s);1 mail pack lmt amt,180 mail pack lmt day(s);PA
HUMIRA PEN PNKT 80 MG/0.8ML	4	QL(0.072 ea daily);PA
HUMIRA PEN PNKT	4	QL(0.143 ea daily);PA
HUMIRA PEN-CD/UC/HS STARTER PNKT 80 MG/0.8ML	4	1 rtl pack lmt amt,180 rtl pack lmt day(s);1 mail pack lmt amt,180 mail pack lmt day(s);PA
HUMIRA PEN-CD/UC/HS STARTER PNKT	4	QL(0.143 ea daily);PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT	4	1 rtl pack lmt amt,180 rtl pack lmt day(s);1 mail pack lmt amt,180 mail pack lmt day(s);PA
HUMIRA PEN-PS/UV STARTER PNKT	4	1 rtl pack lmt amt,180 rtl pack lmt day(s);1 mail pack lmt amt,180 mail pack lmt day(s);PA

Drug Name	Drug Tier	Requirement s/Limits
HUMIRA PEN-PS/UV STARTER PNKT	4	QL(0.143 ea daily);PA
Gold Compounds		
RIDAURA	3	QL(3 ea daily)
Interleukin-1 Blockers		
ARCALYST	4	QL(0.286 ea daily);SP;PA
Interleukin-6 Receptor Inhibitors		
KEVZARA SOAJ	4	QL(0.082 ml daily);PA
KEVZARA SOSY	4	QL(0.082 ml daily);PA
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
ANAPROX DS TABS (Use naproxen sodium)	NF	
ARTHROTEC 50 TBEC 200 MCG-50 MG (Use diclofenac w/ misoprostol)	NF	
ARTHROTEC 75 TBEC 200 MCG-75 MG (Use diclofenac w/ misoprostol)	NF	
CELEBREX (Use celecoxib)	NF	PA
celecoxib	1B	PA
CHILDRENS ADVIL SUSP 100 MG/5ML (Use ibuprofen)	NF	RX/OTC
CHILDRENS MOTRIN SUSP 100 MG/5ML (Use ibuprofen)	NF	RX/OTC
DAYPRO (Use oxaprozin)	NF	
diclofenac potassium tabs 50 MG	1B	
diclofenac sodium tbec	1B	

Ambetter Formulary Updated December 1, 2022

Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac sodium tb24</i>	1B	
<i>diclofenac w/ misoprostol tbec</i>	1B	
DUEXIS 26.6 MG-800 MG (Use <i>ibuprofen-famotidine</i>)	3	PA
<i>etodolac caps</i>	1B	
<i>etodolac tabs</i>	1B	
FELDENE CAPS (Use <i>piroxicam</i>)	NF	
<i>fenoprofen calcium tabs</i>	1B	QL(4 ea daily);ST
<i>flurbiprofen tabs</i>	1B	
<i>ibuprofen tabs 400 MG, 600 MG</i>	1A	
<i>ibuprofen tabs 800 MG</i>	1B	
<i>ibuprofen susp 100 MG/5ML</i>	1B	RX/OTC
<i>ibuprofen-famotidine 26.6 MG-800 MG</i>	1B	PA
<i>indomethacin caps 25 MG, 50 MG</i>	1B	
<i>indomethacin cpcr</i>	1B	
<i>ketoprofen caps 50 MG, 75 MG</i>	1B	
<i>ketorolac tromethamine tabs</i>	1B	QL(0.667 ea daily)
LODINE TABS (Use <i>etodolac</i>)	NF	
<i>meclofenamate sodium caps</i>	1B	
<i>mefenamic acid caps</i>	1B	Must try <i>ibuprofen.</i> ;QL(5 ea daily);ST
<i>meloxicam susp</i>	1B	
<i>meloxicam tabs</i>	1A	QL(1 ea daily)
MELOXICAM SUSP	1B	

Drug Name	Drug Tier	Requirements/Limits
MOBIC TABS (Use <i>meloxicam</i>)	NF	QL(1 ea daily)
<i>nabumetone</i>	1B	
NALFON TABS (Use <i>fenoprofen calcium</i>)	NF	QL(4 ea daily);ST
NAPROSYN SUSP (Use <i>naproxen</i>)	NF	PA
NAPROSYN TABS 500 MG (Use <i>naproxen</i>)	NF	
<i>naproxen susp</i>	1B	PA
<i>naproxen tbec 500 MG</i>	1B	
<i>naproxen tabs</i>	1B	
<i>naproxen sodium tabs 550 MG</i>	1B	
<i>oxaprozin</i>	1B	
<i>piroxicam caps</i>	1B	
<i>sulindac tabs</i>	1B	
<i>tolmetin sodium caps</i>	1B	
<i>tolmetin sodium tabs 600 MG</i>	1B	
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA TBPK	4	1 rtl pack lmt amt,180 rtl pack lmt day(s);PA
OTEZLA TABS	4	QL(2 ea daily);PA
Pyrimidine Synthesis Inhibitors		
ARAVA (Use <i>leflunomide</i>)	NF	QL(1 ea daily)
<i>leflunomide</i>	1B	QL(1 ea daily)
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL SOSY 25 MG/0.5ML	4	QL(0.146 ml daily);SP;PA
ENBREL SOLR	4	QL(0.286 ea daily);SP;PA
ENBREL SOLN	4	QL(0.146 ml daily);PA

Drug Name	Drug Tier	Requirements/Limits
ENBREL SOSY 50 MG/ML	4	QL(0.28 ml daily);SP;PA
ENBREL MINI SOCT	4	QL(0.15 ml daily);PA
ENBREL SURECLICK SOAJ	4	QL(0.143 ml daily);SP;PA
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		
<i>butalbital-acetaminophen tabs 325 MG-50 MG</i>	1B	
<i>butalbital-acetaminophen-caffeine tabs 325 MG-40 MG-50 MG</i>	1B	
<i>butalbital-acetaminophen-caffeine caps 300 MG-40 MG-50 MG, 325 MG-40 MG-50 MG</i>	1B	
<i>butalbital-aspirin-caffeine caps 50 MG-325 MG-40 MG</i>	1B	
ESGIC TABS 325 MG-40 MG-50 MG (Use <i>butalbital-acetaminophen-caffeine</i>)	NF	
FIORICET CAPS 300 MG-40 MG-50 MG (Use <i>butalbital-acetaminophen-caffeine</i>)	NF	
FIORINAL CAPS 50 MG-325 MG-40 MG (Use <i>butalbital-aspirin-caffeine</i>)	NF	
Salicylates		
<i>aspirin tbec 325 MG</i>	1A	

Drug Name	Drug Tier	Requirements/Limits
<i>aspirin tabs 325 MG</i>	0	AL(At least 45 yrs old- Up to 79 yrs old)
<i>aspirin chew</i>	0	AL(At least 45 yrs old- Up to 79 yrs old)
<i>aspirin tbec 81 MG</i>	0	AL(At least 45 yrs old- Up to 79 yrs old)
<i>diflunisal tabs</i>	1B	
ECOTRIN TBEC (Use <i>aspirin</i>)	NF	
ECOTRIN REGULAR STRENGTH TBEC (Use <i>aspirin</i>)	NF	
<i>salsalate</i>	1B	
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
Opioid Agonists		
ACTIQ LPOP (Use <i>fentanyl citrate</i>)	NF	QL(4 ea daily);PA
<i>codeine sulfate tabs</i>	1B	New starts limited to 7 day supply
CODEINE SULFATE TABS	1B	New starts limited to 7 day supply
DEMEROL SOLN IJ (Use <i>meperidine hcl</i>)	NF	
DILAUDID LIQD (Use <i>hydromorphone hcl</i>)	NF	New starts limited to 7 day supply
DILAUDID SOLN IJ (Use <i>hydromorphone hcl</i>)	NF	
DILAUDID TABS (Use <i>hydromorphone hcl</i>)	NF	New starts limited to 7 day supply;QL(8 ea daily)

Ambetter Formulary Updated December 1, 2022

Drug Name	Drug Tier	Requirement s/Limits
DURAGESIC PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR (Use fentanyl)	NF	QL(0.34 ea daily)
fentanyl pt72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR	1B	QL(0.34 ea daily)
fentanyl citrate lpop	1B	QL(4 ea daily);PA
hydrocodone bitartrate cp12	1B	QL(2 ea daily);PA
hydromorphone hcl tb24 32 MG	1B	QL(1 ea daily);PA
hydromorphone hcl soln ij 10 MG/ML, 50 MG/5ML, 500 MG/50ML	1B	
hydromorphone hcl tb24 8 MG, 12 MG, 16 MG	1B	QL(2 ea daily);PA
hydromorphone hcl tabs	1B	New starts limited to 7 day supply;QL(8 ea daily)
hydromorphone hcl liqd	1B	New starts limited to 7 day supply
HYDROMORPHONE HYDROCHLORIDE SOLN IJ (Use hydromorphone hcl)	NF	
KADIAN CP24 10 MG, 40 MG, 200 MG (Use morphine sulfate)	NF	
KADIAN CP24 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG (Use morphine sulfate)	NF	QL(2 ea daily);PA

Drug Name	Drug Tier	Requirement s/Limits
levorphanol tartrate tabs 2 MG	1B	New starts limited to 7 day supply
meperidine hcl soln ij 25 MG/ML, 50 MG/ML, 100 MG/ML	1B	
meperidine hcl soln or 50 MG/5ML	1B	New starts limited to 7 day supply;QL(500 ml per fill retail)
meperidine hcl tabs 50 MG	1B	New starts limited to 7 day supply;QL(6 ea daily)
methadone hcl soln or 10 MG/5ML	1B	QL(50 ml daily)
methadone hcl tbso	1B	QL(2 ea daily)
methadone hcl tabs 5 MG	1B	QL(4 ea daily)
methadone hcl tabs 10 MG	1B	QL(10 ea daily)
methadone hcl soln or 5 MG/5ML	1B	QL(100 ml daily)
methadone hcl conc	1B	QL(10 ml daily)
methadone hcl soln ij 10 MG/ML	1B	
METHADONE HCL SOLN IJ (Use methadone hcl)	1B	
METHADOSE CONC (Use methadone hcl)	NF	QL(10 ml daily)
METHADOSE SUGAR-FREE CONC (Use methadone hcl)	NF	QL(10 ml daily)
morphine sulfate tabs	1B	New starts limited to 7 day supply;QL(6 ea daily)
morphine sulfate cp24 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG	1B	QL(2 ea daily);PA

Drug Name	Drug Tier	Requirement s/Limits
<i>morphine sulfate soln or 20 MG/5ML</i>	1B	New starts limited to 7 day supply;QL(50 ml daily)
<i>morphine sulfate tbc</i>	1B	QL(2 ea daily)
<i>morphine sulfate soln ij .5 MG/ML, 1 MG/ML</i>	1B	
<i>morphine sulfate soln or 10 MG/5ML</i>	1B	New starts limited to 7 day supply;QL(100 ml daily)
MS CONTIN TBCR (<i>Use morphine sulfate</i>)	NF	QL(2 ea daily)
NUCYNTA TABS	2	QL(6 ea daily);PA
NUCYNTA ER TB12	2	QL(2 ea daily);PA
<i>oxycodone hcl tabs</i>	1B	New starts limited to 7 day supply;QL(12 ea daily)
<i>oxycodone hcl t12a</i>	3	QL(2 ea daily);PA
<i>oxymorphone hcl tabs</i>	1B	QL(12 ea daily);PA
<i>oxymorphone hcl tb12 5 MG, 7.5 MG, 10 MG, 15 MG, 20 MG, 30 MG</i>	1B	QL(2 ea daily);PA
<i>oxymorphone hcl tb12 40 MG</i>	1B	QL(4 ea daily);PA
ROXICODONE TABS (<i>Use oxycodone hcl</i>)	NF	New starts limited to 7 day supply;QL(12 ea daily)
SUBSYS LIQD 200 MCG, 400 MCG, 600 MCG	3	QL(4 ea daily);PA
SUBSYS LIQD 800 MCG, 1200 MCG, 1600 MCG	3	QL(8 ea daily);PA
SUBSYS LIQD 100 MCG	3	QL(3 ea daily);PA
<i>tramadol hcl tb24</i>	1B	QL(1 ea daily)

Drug Name	Drug Tier	Requirement s/Limits
<i>tramadol hcl tabs 50 MG</i>	1A	New starts limited to 7 day supply;QL(8 ea daily)
ULTRAM TABS (<i>Use tramadol hcl</i>)	NF	New starts limited to 7 day supply;QL(8 ea daily)
XTAMPZA ER	2	QL(2 ea daily);PA
ZOHYDRO ER CP12 (<i>Use hydrocodone bitartrate</i>)	1B	QL(2 ea daily);PA
Opioid Combinations		
<i>acetaminophen w/ codeine tabs 300 MG-30 MG</i>	1A	New starts limited to 7 day supply;QL(12 ea daily)
<i>acetaminophen w/ codeine tabs 300 MG-60 MG</i>	1B	New starts limited to 7 day supply;QL(6 ea daily)
<i>acetaminophen w/ codeine soln 120 MG/5ML-12 MG/5ML</i>	1A	New starts limited to 7 day supply;QL(75 ml daily)
<i>acetaminophen w/ codeine tabs 300 MG-15 MG</i>	1B	New starts limited to 7 day supply;QL(13 ea daily)
<i>acetaminophen-caff-dihydrocod caps 16 MG-30 MG-320.5 MG</i>	3	New starts limited to 7 day supply;PA
<i>acetaminophen-caff-dihydrocod caps 16 MG-30 MG-320.5 MG</i>	1B	New starts limited to 7 day supply
<i>butalbital-acetaminophen-caffeine w/ codeine 300 MG-30 MG-40 MG-50 MG</i>	1B	New starts limited to 7 day supply

Drug Name	Drug Tier	Requirement s/Limits
<i>butalbital-aspirin-caffeine w/cod 50 MG-325 MG-30 MG-40 MG</i>	1B	New starts limited to 7 day supply;QL(6 ea daily)
FIORICET/CODEINE 300 MG-30 MG-40 MG-50 MG (Use <i>butalbital-acetaminophen-caffeine w/ codeine</i>)	NF	New starts limited to 7 day supply
FIORINAL/CODEINE #3 50 MG-325 MG-30 MG-40 MG (Use <i>butalbital-aspirin-caffeine w/cod</i>)	NF	New starts limited to 7 day supply;QL(6 ea daily)
<i>hydrocodone-acetaminophen soln 2.5 MG/5ML-108 MG/5ML, 5 MG/10ML-217 MG/10ML, 7.5 MG/15ML-325 MG/15ML</i>	1B	New starts limited to 7 day supply;QL(180 ml daily)
<i>hydrocodone-acetaminophen soln 10 MG/15ML-325 MG/15ML</i>	1B	New starts limited to 7 day supply
<i>hydrocodone-acetaminophen tabs 10 MG-325 MG, 5 MG-325 MG, 7.5 MG-325 MG</i>	1B	New starts limited to 7 day supply;QL(12 ea daily)
<i>hydrocodone-ibuprofen 200 MG-7.5 MG</i>	1B	New starts limited to 7 day supply;QL(5 ea daily)
LORTAB ELIX 10 MG/15ML-300 MG/15ML	2	New starts limited to 7 day supply;QL(60 ml daily)
NORCO TABS (Use <i>hydrocodone-acetaminophen</i>)	NF	New starts limited to 7 day supply;QL(12 ea daily)

Drug Name	Drug Tier	Requirement s/Limits
<i>oxycodone w/acetaminophen tabs 10 MG-325 MG, 5 MG-325 MG, 7.5 MG-325 MG</i>	1B	New starts limited to 7 day supply;QL(12 ea daily)
PERCOCET TABS 10 MG-325 MG, 5 MG-325 MG, 7.5 MG-325 MG (Use <i>oxycodone w/acetaminophen</i>)	NF	New starts limited to 7 day supply;QL(12 ea daily)
<i>tramadol-acetaminophen 37.5 MG-325 MG</i>	1B	New starts limited to 7 day supply;QL(8 ea daily)
ULTRACET 37.5 MG-325 MG (Use <i>tramadol-acetaminophen</i>)	NF	New starts limited to 7 day supply;QL(8 ea daily)
Opioid Partial Agonists		
BUPRENEX SOLN (Use <i>buprenorphine hcl</i>)	NF	
<i>buprenorphine ptwk</i>	1B	QL(0.143 ea daily);PA
<i>buprenorphine hcl subl</i>	1B	QL(3 ea daily)
<i>buprenorphine hcl soln</i>	1B	
<i>buprenorphine hcl-naloxone hcl dihydrate subl</i>	1B	QL(3 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate film sl 2 MG-0.5 MG, 4 MG-1 MG</i>	1B	QL(3 ea daily)
<i>butorphanol tartrate ij 1 MG/ML, 2 MG/ML</i>	1B	
<i>butorphanol tartrate na 10 MG/ML</i>	1B	PA
BUTRANS PTWK (Use <i>buprenorphine</i>)	NF	QL(0.143 ea daily);PA
<i>nalbuphine hcl</i>	1B	QL(8 ml daily)

Ambetter Formulary Updated December 1, 2022

Drug Name	Drug Tier	Requirement s/Limits
<i>pentazocine w/ naloxone hcl 50 MG-0.5 MG</i>	1B	New starts limited to 7 day supply
SUBOXONE FILM SL 12 MG-3 MG, 8 MG-2 MG (Use <i>buprenorphine hcl-naloxone hcl dihydrate</i>)	NF	QL(2 ea daily)
SUBOXONE FILM SL 2 MG-0.5 MG, 4 MG-1 MG (Use <i>buprenorphine hcl-naloxone hcl dihydrate</i>)	NF	QL(3 ea daily)

ANDROGENS-ANABOLIC - Drugs to Regulate Hormones

Anabolic Steroids

ANADROL-50	3	
<i>oxandrolone</i>	1B	

Androgens

ANDRODERM PT24 2 MG/24HR, 4 MG/24HR	2	QL(1 ea daily);PA
<i>danazol caps</i>	1B	
DEPO-TESTOSTERONE SOLN IM (Use <i>testosterone cypionate</i>)	NF	
METHITEST TABS	3	
<i>testosterone cypionate soln im</i>	1B	
TESTOSTERONE CYPIONATE SOLN IJ 200 MG/ML	1B	
<i>testosterone enanthate soln im</i>	1B	

ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching

Drug Name	Drug Tier	Requirement s/Limits
Intrarectal Steroids		
CORTENEMA (Use <i>hydrocortisone (intrarectal)</i>)	NF	
<i>hydrocortisone (intrarectal)</i>	1B	
UCERIS	4	QL(3.2 gm daily);PA

Rectal Steroids

ANUSOL-HC EX (Use <i>hydrocortisone (rectal)</i>)	NF	
<i>hydrocortisone (rectal) ex</i>	1B	
<i>hydrocortisone acetate (rectal)</i>	1B	
PROCTOCORT (Use <i>hydrocortisone acetate (rectal)</i>)	NF	
PROCTOCORT EX (Use <i>hydrocortisone (rectal)</i>)	NF	

Vasodilating Agents

RECTIV	3	QL(2 gm daily)
--------	---	----------------

ANTHELMINTICS - Drugs to Treat Worm Infections

Anthelmintics

<i>albendazole</i>	1B	PA
ALBENZA (Use <i>albendazole</i>)	NF	PA
BILTRICIDE (Use <i>praziquantel</i>)	NF	PA
EMVERM CHEW	2	1 rtl MAX fill,60 rtl day(s) supply;1 mail MAX fill;QL(2 ea daily,6 ea per fill retail,6 per fill mail MG)

Drug Name	Drug Tier	Requirement s/Limits
<i>ivermectin</i>	1B	1 rtl MAX fill,75 rtl day(s) supply;1 mail MAX fill;QL(9 ea per fill retail,9 per fill mail MG)
<i>praziquantel</i>	1B	PA
STROMEKTOL (<i>Use ivermectin</i>)	NF	1 rtl MAX fill,75 rtl day(s) supply;1 mail MAX fill;QL(9 ea per fill retail,9 per fill mail MG)
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
RANEXA TB12 1000 MG (<i>Use ranolazine</i>)	NF	QL(2 ea daily)
RANEXA TB12 500 MG (<i>Use ranolazine</i>)	NF	QL(3 ea daily)
<i>ranolazine tb12 1000 MG</i>	1B	QL(2 ea daily)
<i>ranolazine tb12 500 MG</i>	1B	QL(3 ea daily)
Nitrates		
<i>isosorbide dinitrate tabs 5 MG, 10 MG, 20 MG, 30 MG</i>	1B	
<i>isosorbide mononitrate tabs</i>	1B	
<i>isosorbide mononitrate tb24</i>	1B	
NITRO-BID OINT	3	
NITRO-DUR PT24 (<i>Use nitroglycerin</i>)	NF	
<i>nitroglycerin cpcr</i>	1B	QL(4 ea daily)
<i>nitroglycerin pt24</i>	1B	
<i>nitroglycerin subl</i>	1B	
NITROGLYCERIN SOLN IV	1B	

Drug Name	Drug Tier	Requirement s/Limits
NITROSTAT SUBL (<i>Use nitroglycerin</i>)	NF	
ANTIANSXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
<i>buspirone hcl 7.5 MG, 10 MG, 15 MG, 30 MG</i>	1B	
<i>buspirone hcl 5 MG</i>	1A	
<i>hydroxyzine hcl soln 50 MG/ML</i>	1B	
<i>hydroxyzine hcl syrp</i>	1B	
<i>hydroxyzine hcl tabs</i>	1B	
<i>hydroxyzine pamoate caps</i>	1B	
<i>meprobamate</i>	1B	
VISTARIL CAPS (<i>Use hydroxyzine pamoate</i>)	NF	
Benzodiazepines		
<i>alprazolam tabs 2 MG</i>	1B	QL(4 ea daily)
<i>alprazolam tabs .25 MG, .5 MG, 1 MG</i>	1A	QL(4 ea daily)
<i>alprazolam tb24</i>	1B	
<i>alprazolam tbdp</i>	1B	
ATIVAN TABS 1 MG (<i>Use lorazepam</i>)	NF	QL(4 ea daily)
ATIVAN TABS .5 MG, 2 MG (<i>Use lorazepam</i>)	NF	QL(3 ea daily)
<i>chlordiazepoxide hcl caps</i>	1B	
<i>clorazepate dipotassium tabs</i>	1B	
<i>diazepam conc</i>	1B	
<i>diazepam soln or 5 MG/5ML</i>	1B	
<i>diazepam tabs</i>	1A	QL(4 ea daily)
<i>lorazepam conc</i>	1B	
<i>lorazepam tabs 1 MG</i>	1A	QL(4 ea daily)

Drug Name	Drug Tier	Requirement s/Limits
<i>lorazepam tabs .5 MG, 2 MG</i>	1A	QL(3 ea daily)
<i>oxazepam caps</i>	1B	
TRANXENE T TABS 7.5 MG (Use <i>clorazepate dipotassium</i>)	NF	
VALIUM TABS (Use <i>diazepam</i>)	NF	QL(4 ea daily)
XANAX TABS (Use <i>alprazolam</i>)	NF	QL(4 ea daily)
XANAX XR TB24 (Use <i>alprazolam</i>)	NF	
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
<i>disopyramide phosphate caps</i>	1B	
NORPACE CAPS (Use <i>disopyramide phosphate</i>)	NF	
<i>procainamide hcl soln 500 MG/ML</i>	1B	
<i>quinidine sulfate tabs</i>	1B	
Antiarrhythmics Type I-B		
<i>mexiletine hcl</i>	1B	
Antiarrhythmics Type I-C		
<i>flecainide acetate</i>	1B	
<i>propafenone hcl tabs</i>	1B	
<i>propafenone hcl cp12</i>	1B	
RYTHMOL SR CP12 (Use <i>propafenone hcl</i>)	NF	
Antiarrhythmics Type III		
<i>amiodarone hcl soln 50 MG/ML, 150 MG/3ML</i>	1B	
<i>amiodarone hcl tabs</i>	1B	
<i>dofetilide</i>	1B	
MULTAQ	3	

Ambetter Formulary Updated December 1, 2022

Drug Name	Drug Tier	Requirement s/Limits
TIKOSYN (Use <i>dofetilide</i>)	NF	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Antiasthmatic - Monoclonal Antibodies		
FASENRA SOSY	4	PA
FASENRA PEN SOAJ	4	PA
NUCALA SOAJ	4	PA
NUCALA SOSY 100 MG/ML	4	PA
NUCALA SOLR	4	PA
XOLAIR SOLR	4	SP;PA
XOLAIR SOSY	4	PA
Anti-Inflammatory Agents		
<i>cromolyn sodium nebu</i>	1B	QL(8 ml daily)
Bronchodilators - Anticholinergics		
ATROVENT HFA	3	QL(0.44 gm daily)
INCRUSE ELLIPTA	2	QL(1 ea daily)
<i>ipratropium bromide soln .02 %</i>	1B	QL(15 ml daily)
SPIRIVA HANDIHALER CAPS	2	QL(1 ea daily)
SPIRIVA RESPIMAT AERS	2	QL(0.14 gm daily)
Leukotriene Modulators		
ACCOLATE (Use <i>zafirlukast</i>)	NF	QL(2 ea daily)
<i>montelukast sodium tabs</i>	1B	QL(1 ea daily)
<i>montelukast sodium chew</i>	1B	QL(1 ea daily)
<i>montelukast sodium pack</i>	1B	QL(1 ea daily);PA
SINGULAIR TABS (Use <i>montelukast sodium</i>)	NF	QL(1 ea daily)
SINGULAIR PACK (Use <i>montelukast sodium</i>)	NF	QL(1 ea daily);PA

Drug Name	Drug Tier	Requirements/Limits
SINGULAIR CHEW (<i>Use montelukast sodium</i>)	NF	QL(1 ea daily)
<i>zafirlukast</i>	1B	QL(2 ea daily)
<i>zileuton tb12</i>	1B	QL(4 ea daily)
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
DALIRESP 250 MCG (<i>Use roflumilast</i>)	3	30 rtl MAX day(s) supply,180 rtl lmt day(s);30 mail MAX day(s) supply,180 mail lmt day(s);QL(1 ea daily)
DALIRESP 500 MCG (<i>Use roflumilast</i>)	3	QL(1 ea daily)
<i>roflumilast 250 MCG</i>	1B	30 rtl MAX day(s) supply,180 rtl lmt day(s);30 mail MAX day(s) supply,180 mail lmt day(s);QL(1 ea daily)
<i>roflumilast 500 MCG</i>	1B	QL(1 ea daily)
Steroid Inhalants		
ALVESCO	3	PA
ARNUITY ELLIPTA	2	
<i>budesonide (inhalation) susp</i>	1B	QL(4 ml daily);PA
FLOVENT DISKUS AEPB	2	
FLOVENT HFA	2	
PULMICORT SUSP (<i>Use budesonide (inhalation)</i>)	NF	QL(4 ml daily);PA
PULMICORT FLEXHALER AEPB	2	
QVAR REDIHALER	2	
Sympathomimetics		

Drug Name	Drug Tier	Requirements/Limits
ADVAIR DISKUS AEPB (<i>Use fluticasone-salmeterol</i>)	NF	
ADVAIR HFA AERO	2	
AIRDUO RESPICLICK 113/14 AEPB 14 MCG/ACT-113 MCG/ACT (<i>Use fluticasone-salmeterol</i>)	NF	
AIRDUO RESPICLICK 232/14 AEPB 14 MCG/ACT-232 MCG/ACT (<i>Use fluticasone-salmeterol</i>)	NF	
AIRDUO RESPICLICK 55/14 AEPB 14 MCG/ACT-55 MCG/ACT (<i>Use fluticasone-salmeterol</i>)	NF	
<i>albuterol sulfate nebu .5 %, 2.5 MG/0.5ML</i>	1B	
<i>albuterol sulfate aers</i>	1B	Limit 2 Inhalers per month;1 rtl pack lmt per fill,2 rtl MAX fill,30 rtl day(s) supply
<i>albuterol sulfate nebu .083 %, .63 MG/3ML, 1.25 MG/3ML</i>	1B	QL(15 ml daily)
<i>albuterol sulfate tb12</i>	1B	
<i>albuterol sulfate tabs</i>	1B	
<i>albuterol sulfate syrup</i>	1B	
ANORO ELLIPTA 62.5 MCG/INH-25 MCG/INH	2	QL(2 ea daily)
ARCAPTA NEOHALER	2	
<i>arformoterol tartrate</i>	1B	QL(4 ml daily)

Drug Name	Drug Tier	Requirements/Limits
BEVESPI AEROSPHERE 4.8 MCG/ACT-9 MCG/ACT	2	QL(0.36 gm daily)
BREO ELLIPTA	2	
BREZTRI AEROSPHERE 4.8 MCG/ACT-9 MCG/ACT-160 MCG/ACT	2	QL(0.38 gm daily)
BROVANA (Use <i>arformoterol tartrate</i>)	3	QL(4 ml daily)
<i>budesonide- formoterol fumarate dihydrate</i>	1B	
<i>fluticasone-salmeterol aepb 50 MCG/ACT-100 MCG/ACT, 50 MCG/ACT-250 MCG/ACT, 50 MCG/ACT-500 MCG/ACT</i>	1B	
<i>formoterol fumarate nebu</i>	1B	
<i>ipratropium-albuterol soln 0.5 MG/3ML-2.5 MG/3ML</i>	1B	QL(18 ml daily)
<i>levalbuterol hcl</i>	1B	QL(12 ml daily);PA
<i>levalbuterol hcl 1.25 MG/0.5ML</i>	1B	PA
<i>levalbuterol tartrate</i>	3	Limit 2 inhalers per month;QL(1 gm daily);PA
PERFOROMIST NEBU (Use <i>formoterol fumarate</i>)	3	
PROAIR HFA AERS (Use <i>albuterol sulfate</i>)	NF	Limit 2 Inhalers per month;1 rtl pack lmt per fill,2 rtl MAX fill,30 rtl day(s) supply

Drug Name	Drug Tier	Requirements/Limits
PROVENTIL HFA AERS (Use <i>albuterol sulfate</i>)	NF	Limit 2 Inhalers per month;1 rtl pack lmt per fill,2 rtl MAX fill,30 rtl day(s) supply
SEREVENT DISKUS	2	
STRIVERDI RESPIMAT	2	
SYMBICORT	2	
<i>terbutaline sulfate tabs</i>	1B	
<i>terbutaline sulfate soln</i>	1B	
TRELEGY ELLIPTA	2	QL(2 ea daily)
UTIBRON NEOHALER 27.5 MCG-15.6 MCG	3	QL(2 ea daily);PA
VENTOLIN HFA AERS (Use <i>albuterol sulfate</i>)	NF	Limit 2 Inhalers per month;1 rtl pack lmt per fill,2 rtl MAX fill,30 rtl day(s) supply
XOPENEX (Use <i>levalbuterol hcl</i>)	NF	QL(12 ml daily);PA
XOPENEX CONCENTRATE (Use <i>levalbuterol hcl</i>)	NF	PA
XOPENEX HFA (Use <i>levalbuterol tartrate</i>)	NF	Limit 2 inhalers per month;QL(1 gm daily);PA
Xanthines		
<i>aminophylline soln</i>	1B	
<i>theophylline elix</i>	1B	
<i>theophylline tb24</i>	1B	
<i>theophylline tb12 300 MG, 450 MG</i>	1B	
<i>theophylline soln</i>	1B	QL(56 ml daily)
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		

Drug Name	Drug Tier	Requirement s/Limits
<i>warfarin sodium tabs</i>	1B	
Direct Factor Xa Inhibitors		
ELIQUIS TABS	2	QL(2 ea daily)
ELIQUIS STARTER PACK TBPK	2	1 rtl MAX fill,180 rtl day(s) supply;QL(2.47 ea daily)
XARELTO TABS 10 MG, 20 MG	2	QL(1 ea daily)
XARELTO SUSR	2	QL(900 ml per 30 days retail,900 ml per 30 days mail)
XARELTO TABS 2.5 MG, 15 MG	2	QL(2 ea daily)
XARELTO STARTER PACK TBPK	2	1 rtl MAX fill,365 rtl day(s) supply
Heparins And Heparinoid-Like Agents		
ARIXTRA 7.5 MG/0.6ML (<i>Use fondaparinux sodium</i>)	NF	QL(5.4 ml per 180 days retail,5 ml per 180 days mail);SP
ARIXTRA 10 MG/0.8ML (<i>Use fondaparinux sodium</i>)	NF	QL(7.2 ml per 180 days retail,7 ml per 180 days mail);SP
ARIXTRA 2.5 MG/0.5ML (<i>Use fondaparinux sodium</i>)	NF	QL(4.5 ml per 180 days retail,4 ml per 180 days mail);SP
ARIXTRA 5 MG/0.4ML (<i>Use fondaparinux sodium</i>)	NF	QL(3.6 ml per 180 days retail,3 ml per 180 days mail);SP
<i>enoxaparin sodium soln ij 300 MG/3ML</i>	4	QL(6 ml daily)
<i>enoxaparin sodium sosal 30 MG/0.3ML</i>	4	QL(0.6 ml daily);SP
<i>enoxaparin sodium sosal 40 MG/0.4ML</i>	4	QL(0.8 ml daily,30 Day(s) limit MG/0.4ML);SP

Drug Name	Drug Tier	Requirement s/Limits
<i>enoxaparin sodium sosal 80 MG/0.8ML, 120 MG/0.8ML</i>	4	QL(1.6 ml daily)
<i>enoxaparin sodium sosal 60 MG/0.6ML</i>	4	QL(1.2 ml daily,30 Day(s) limit MG/0.6ML);SP
<i>enoxaparin sodium sosal 100 MG/ML, 150 MG/ML</i>	4	QL(2 ml daily)
<i>fondaparinux sodium 7.5 MG/0.6ML</i>	4	QL(5.4 ml per 180 days retail,5 ml per 180 days mail);SP
<i>fondaparinux sodium 2.5 MG/0.5ML</i>	4	QL(4.5 ml per 180 days retail,4 ml per 180 days mail);SP
<i>fondaparinux sodium 10 MG/0.8ML</i>	4	QL(7.2 ml per 180 days retail,7 ml per 180 days mail);SP
<i>fondaparinux sodium 5 MG/0.4ML</i>	4	QL(3.6 ml per 180 days retail,3 ml per 180 days mail);SP
FRAGMIN SOSY	4	SP;PA
<i>heparin sodium (porcine) soln ij 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML</i>	1B	
HEPARIN SODIUM/NAACL 0.45% SOLN IV 12500 UNIT/250ML-0.45 %	1B	
LOVENOX SOSY 40 MG/0.4ML (<i>Use enoxaparin sodium</i>)	NF	QL(0.8 ml daily,30 Day(s) limit MG/0.4ML);SP
LOVENOX SOSY 30 MG/0.3ML (<i>Use enoxaparin sodium</i>)	NF	QL(0.6 ml daily);SP

Drug Name	Drug Tier	Requirements/Limits
LOVENOX SOLN IJ 300 MG/3ML (Use enoxaparin sodium)	NF	QL(6 ml daily)
LOVENOX SOSY 60 MG/0.6ML (Use enoxaparin sodium)	NF	QL(1.2 ml daily,30 Day(s) limit MG/0.6ML);SP
LOVENOX SOSY 100 MG/ML, 150 MG/ML (Use enoxaparin sodium)	NF	QL(2 ml daily)
LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML (Use enoxaparin sodium)	NF	QL(1.6 ml daily)
ANTICONVULSANTS - Drugs to Treat Seizures		
AMPA Glutamate Receptor Antagonists		
FYCOMPA TABS	3	PA
Anticonvulsants - Benzodiazepines		
<i>clobazam susp</i>	1B	QL(16 ml daily);PA
<i>clobazam tabs</i>	1B	QL(2 ea daily);PA
<i>clonazepam tabs</i>	1A	
DIASTAT ACUDIAL GEL (Use diazepam (anticonvulsant))	NF	
DIASTAT PEDIATRIC GEL (Use diazepam (anticonvulsant))	NF	
<i>diazepam (anticonvulsant) gel</i>	3	
KLONOPIN TABS (Use clonazepam)	NF	
NAYZILAM	3	QL(10 ea per 30 days retail);PA
ONFI TABS (Use clobazam)	NF	QL(2 ea daily);PA
ONFI SUSP (Use clobazam)	NF	QL(16 ml daily);PA
VALTOCO LIQD	4	QL(10 ea per 30 days retail);PA

Drug Name	Drug Tier	Requirements/Limits
VALTOCO LQPK	4	QL(10 ea per 30 days retail);PA
Anticonvulsants - Misc.		
APTIOM	3	QL(2 ea daily);ST
BANZEL SUSP (Use rufinamide)	NF	QL(80 ml daily);PA
BANZEL TABS 200 MG (Use rufinamide)	2	QL(2 ea daily);PA
BANZEL TABS 400 MG (Use rufinamide)	2	QL(8 ea daily);PA
BRIVIACT TABS	3	PA
BRIVIACT SOLN OR 10 MG/ML	3	PA
<i>carbamazepine susp</i>	1B	
<i>carbamazepine cp12 200 MG</i>	1B	QL(6 ea daily)
<i>carbamazepine tb12 200 MG</i>	1B	QL(6 ea daily)
<i>carbamazepine tabs</i>	1B	
<i>carbamazepine tb12 100 MG, 400 MG</i>	1B	QL(4 ea daily)
<i>carbamazepine cp12 300 MG</i>	1B	QL(4 ea daily)
<i>carbamazepine chew</i>	1B	
<i>carbamazepine cp12 100 MG</i>	1B	
CARBATROL CP12 200 MG (Use carbamazepine)	NF	QL(6 ea daily)
CARBATROL CP12 100 MG (Use carbamazepine)	NF	
CARBATROL CP12 300 MG (Use carbamazepine)	NF	QL(4 ea daily)
DIACOMIT PACK 500 MG	4	QL(6 ea daily);PA
DIACOMIT PACK 250 MG	4	QL(12 ea daily);PA

Ambetter Formulary Updated December 1, 2022

Drug Name	Drug Tier	Requirements/Limits
DIACOMIT CAPS 250 MG	4	QL(12 ea daily);PA
DIACOMIT CAPS 500 MG	4	QL(6 ea daily);PA
EPIDIOLEX	3	PA
<i>gabapentin soln</i>	1B	QL(60 ml daily)
<i>gabapentin caps</i>	1B	
<i>gabapentin tabs 600 MG, 800 MG</i>	1B	
KEPPRA TABS 250 MG, 750 MG (Use <i>levetiracetam</i>)	NF	QL(4 ea daily)
KEPPRA TABS 500 MG (Use <i>levetiracetam</i>)	NF	QL(6 ea daily)
KEPPRA TABS 1000 MG (Use <i>levetiracetam</i>)	NF	QL(3 ea daily)
KEPPRA SOLN IV 500 MG/5ML (Use <i>levetiracetam</i>)	NF	QL(30 ml daily)
KEPPRA XR TB24 (Use <i>levetiracetam</i>)	NF	QL(4 ea daily)
<i>lacosamide soln iv 200 MG/20ML</i>	1B	QL(40 ml daily)
<i>lacosamide soln or 10 MG/ML</i>	1B	QL(40 ml daily);PA
<i>lacosamide tabs</i>	1B	QL(2 ea daily);PA
LAMICTAL TABS (Use <i>lamotrigine</i>)	NF	
LAMICTAL CHEWABLE DISPERSIBLE CHEW 5 MG (Use <i>lamotrigine</i>)	NF	QL(100 ea daily)
LAMICTAL CHEWABLE DISPERSIBLE CHEW 25 MG (Use <i>lamotrigine</i>)	NF	QL(20 ea daily)
LAMICTAL ODT TBDP (Use <i>lamotrigine</i>)	NF	QL(1 ea daily)
<i>lamotrigine chew 25 MG</i>	1B	QL(20 ea daily)

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

Drug Name	Drug Tier	Requirement s/Limits
<i>pregabalin caps 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG</i>	1B	QL(3 ea daily);PA
<i>primidone</i>	1B	
QUDEXY XR CS24 (<i>Use topiramate</i>)	NF	PA
<i>rufinamide tabs 400 MG</i>	1B	QL(8 ea daily);PA
<i>rufinamide tabs 200 MG</i>	1B	QL(2 ea daily);PA
<i>rufinamide susp</i>	1B	QL(80 ml daily);PA
TEGRETOL TABS (<i>Use carbamazepine</i>)	2	
TEGRETOL SUSP (<i>Use carbamazepine</i>)	2	
TEGRETOL-XR TB12 200 MG (<i>Use carbamazepine</i>)	NF	QL(6 ea daily)
TEGRETOL-XR TB12 100 MG, 400 MG (<i>Use carbamazepine</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)
TOPAMAX TABS 25 MG, 100 MG (<i>Use topiramate</i>)	NF	QL(4 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)
<i>topiramate cpsp 25 MG</i>	1B	QL(8 ea daily)
<i>topiramate tabs 25 MG, 100 MG</i>	1B	QL(4 ea daily)
<i>topiramate cs24</i>	3	PA

Drug Name	Drug Tier	Requirement s/Limits
<i>topiramate tabs 200 MG</i>	1B	QL(2 ea daily)
<i>topiramate cpsp 15 MG</i>	1B	QL(6 ea daily)
<i>topiramate tabs 50 MG</i>	1B	QL(6 ea 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)
TRILEPTAL SUSP (<i>Use oxcarbazepine</i>)	NF	QL(40 ml daily)
VIMPAT TABS (<i>Use lacosamide</i>)	3	QL(2 ea daily);PA
VIMPAT SOLN OR 10 MG/ML (<i>Use lacosamide</i>)	3	QL(40 ml daily);PA
VIMPAT SOLN IV 200 MG/20ML (<i>Use lacosamide</i>)	3	QL(40 ml daily)
ZONEGRAN CAPS 25 MG, 100 MG (<i>Use zonisamide</i>)	NF	QL(6 ea daily)
<i>zonisamide caps</i>	1B	QL(6 ea daily)
Carbamates		
<i>felbamate tabs 600 MG</i>	1B	QL(6 ea daily)
<i>felbamate susp</i>	1B	QL(30 ml daily)
<i>felbamate tabs 400 MG</i>	1B	QL(9 ea daily)
FELBATOL TABS 600 MG (<i>Use felbamate</i>)	NF	QL(6 ea daily)
FELBATOL TABS 400 MG (<i>Use felbamate</i>)	NF	QL(9 ea daily)
FELBATOL SUSP (<i>Use felbamate</i>)	NF	QL(30 ml daily)
GABA Modulators		
GABITRIL (<i>Use tiagabine hcl</i>)	NF	

Ambetter Formulary Updated December 1, 2022

Drug Name	Drug Tier	Requirements/Limits
SABRIL PACK (Use vigabatrin)	NF	QL(6 ea daily);SP;PA
SABRIL TABS (Use vigabatrin)	NF	QL(6 ea daily);SP;PA
tiagabine hcl	1B	
vigabatrin tabs	4	QL(6 ea daily);SP;PA
vigabatrin pack	4	QL(6 ea daily);SP;PA
Hydantoins		
CEREBYX (Use fosphenytoin sodium)	NF	
DILANTIN	2	
DILANTIN (Use phenytoin sodium extended)	2	
DILANTIN INFATABS CHEW (Use phenytoin)	2	
DILANTIN-125 SUSP (Use phenytoin)	2	
fosphenytoin sodium	1B	
PHENYTEK (Use phenytoin sodium extended)	2	
phenytoin chew	1B	
phenytoin susp	1B	
phenytoin sodium soln	1B	
phenytoin sodium extended 100 MG, 200 MG, 300 MG	1B	
Succinimides		
CELONTIN	3	QL(4 ea daily)
ethosuximide soln	1B	QL(30 ml daily)
ethosuximide caps	1B	QL(6 ea daily)
ZARONTIN SOLN (Use ethosuximide)	NF	QL(30 ml daily)
ZARONTIN CAPS (Use ethosuximide)	2	QL(6 ea daily)

Drug Name	Drug Tier	Requirements/Limits
Valproic Acid		
DEPAKOTE TBEC (Use divalproex sodium)	NF	
DEPAKOTE ER TB24 (Use divalproex sodium)	NF	
divalproex sodium tbec	1B	
divalproex sodium tb24	1B	
valproate sodium soln or 250 MG/5ML	1B	
valproic acid caps	1B	
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
mirtazapine tabs 30 MG	1B	QL(1.5 ea daily)
mirtazapine tbdp 15 MG	1B	QL(3 ea daily)
mirtazapine tbdp 45 MG	1B	QL(1 ea daily)
mirtazapine tabs 7.5 MG, 45 MG	1B	QL(1 ea daily)
mirtazapine tabs 15 MG	1B	QL(3 ea daily)
mirtazapine tbdp 30 MG	1B	QL(1.5 ea daily)
REMERON TABS 30 MG (Use mirtazapine)	NF	QL(1.5 ea daily)
REMERON TABS 15 MG (Use mirtazapine)	NF	QL(3 ea daily)
REMERON SOLTAB TBDP 15 MG (Use mirtazapine)	NF	QL(3 ea daily)
REMERON SOLTAB TBDP 45 MG (Use mirtazapine)	NF	QL(1 ea daily)
REMERON SOLTAB TBDP 30 MG (Use mirtazapine)	NF	QL(1.5 ea daily)

Ambetter Formulary Updated December 1, 2022

Drug Name	Drug Tier	Requirements/Limits
Antidepressants - Misc.		
<i>bupropion hcl tabs</i>	1B	QL(3 ea daily)
<i>bupropion hcl tb12 200 MG</i>	1B	QL(2 ea daily)
<i>bupropion hcl tb24 150 MG</i>	1B	QL(3 ea daily)
<i>bupropion hcl tb12 150 MG</i>	1B	QL(3 ea daily)
<i>bupropion hcl tb24 300 MG</i>	1B	QL(1 ea daily)
<i>bupropion hcl tb12 100 MG</i>	1B	QL(4 ea daily)
FORFIVO XL TB24 (<i>Use bupropion hcl</i>)	NF	
<i>maprotiline hcl</i>	1B	
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 300 MG (<i>Use bupropion hcl</i>)	NF	QL(1 ea daily)
WELLBUTRIN XL TB24 150 MG (<i>Use bupropion hcl</i>)	NF	QL(3 ea daily)
Monoamine Oxidase Inhibitors (MAOIs)		
EMSAM	3	QL(1 ea daily)
MARPLAN	2	QL(6 ea daily)
NARDIL (<i>Use phenelzine sulfate</i>)	NF	
PARNATE (<i>Use tranylcypromine sulfate</i>)	NF	
<i>phenelzine sulfate</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>tranylcypromine sulfate</i>	1B	
N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists		
SPRAVATO 56MG DOSE	4	PA
SPRAVATO 84MG DOSE	4	PA
Selective Serotonin Reuptake Inhibitors (SSRIs)		
CELEXA TABS 10 MG (<i>Use citalopram hydrobromide</i>)	NF	QL(4 ea daily)
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 tabs 20 MG</i>	1B	QL(2 ea daily)
<i>citalopram hydrobromide tabs 40 MG</i>	1B	QL(1 ea daily)
<i>citalopram hydrobromide soln</i>	1B	QL(20 ml daily)
<i>citalopram hydrobromide tabs 10 MG</i>	1B	QL(4 ea daily)
<i>escitalopram oxalate soln</i>	1B	QL(20 ml daily)
<i>escitalopram oxalate tabs 20 MG</i>	1B	QL(1 ea daily)
<i>escitalopram oxalate tabs 10 MG</i>	1B	QL(2 ea daily)
<i>escitalopram oxalate tabs 5 MG</i>	1B	QL(4 ea daily)
<i>fluoxetine hcl caps 20 MG</i>	1B	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>fluoxetine hcl tabs 20 MG</i>	1B	QL(3 ea daily)
<i>fluoxetine hcl caps 40 MG</i>	1B	QL(2 ea daily)
<i>fluoxetine hcl soln</i>	1B	QL(20 ml daily)
<i>fluoxetine hcl cpdr</i>	1B	
<i>fluoxetine hcl caps 10 MG</i>	1A	QL(1 ea daily)
<i>fluoxetine hcl tabs 10 MG, 60 MG</i>	1B	QL(1 ea daily)
FLUOXETINE HYDROCHLORIDE TABS (Use <i>fluoxetine hcl</i>)	NF	QL(1 ea daily)
<i>fluvoxamine maleate tabs 100 MG</i>	1B	QL(3 ea daily)
<i>fluvoxamine maleate tabs 25 MG, 50 MG</i>	1B	QL(2 ea daily)
LEXAPRO TABS 10 MG (Use <i>escitalopram oxalate</i>)	NF	QL(2 ea daily)
LEXAPRO TABS 5 MG (Use <i>escitalopram oxalate</i>)	NF	QL(4 ea daily)
LEXAPRO TABS 20 MG (Use <i>escitalopram oxalate</i>)	NF	QL(1 ea daily)
<i>paroxetine hcl susp</i>	1B	QL(30 ml daily)
<i>paroxetine hcl tabs 30 MG</i>	1B	QL(2 ea daily)
<i>paroxetine hcl tabs 10 MG</i>	1B	QL(6 ea daily)
<i>paroxetine hcl tb24 25 MG, 37.5 MG</i>	1B	QL(2 ea daily)
<i>paroxetine hcl tabs 40 MG</i>	1B	QL(1 ea daily)
<i>paroxetine hcl tabs 20 MG</i>	1B	QL(3 ea daily)
<i>paroxetine hcl tb24 12.5 MG</i>	1B	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
PAXIL TABS 40 MG (Use <i>paroxetine hcl</i>)	NF	QL(1 ea daily)
PAXIL TABS 10 MG (Use <i>paroxetine hcl</i>)	NF	QL(6 ea daily)
PAXIL SUSP (Use <i>paroxetine hcl</i>)	NF	QL(30 ml daily)
PAXIL TABS 30 MG (Use <i>paroxetine hcl</i>)	NF	QL(2 ea daily)
PAXIL TABS 20 MG (Use <i>paroxetine hcl</i>)	NF	QL(3 ea daily)
PAXIL CR TB24 25 MG, 37.5 MG (Use <i>paroxetine hcl</i>)	NF	QL(2 ea daily)
PAXIL CR TB24 12.5 MG (Use <i>paroxetine hcl</i>)	NF	QL(1 ea daily)
PROZAC CAPS 40 MG (Use <i>fluoxetine hcl</i>)	NF	QL(2 ea daily)
PROZAC CAPS 10 MG (Use <i>fluoxetine hcl</i>)	NF	QL(1 ea daily)
PROZAC CAPS 20 MG (Use <i>fluoxetine hcl</i>)	NF	QL(3 ea daily)
<i>sertraline hcl conc</i>	1B	QL(10 ml daily)
<i>sertraline hcl tabs 25 MG, 50 MG</i>	1B	QL(4 ea daily)
<i>sertraline hcl tabs 100 MG</i>	1B	QL(2 ea daily)
ZOLOFT CONC (Use <i>sertraline hcl</i>)	NF	QL(10 ml daily)
ZOLOFT TABS 25 MG, 50 MG (Use <i>sertraline hcl</i>)	NF	QL(4 ea daily)
ZOLOFT TABS 100 MG (Use <i>sertraline hcl</i>)	NF	QL(2 ea daily)
Serotonin Modulators		
<i>nefazodone hcl</i>	1B	
<i>trazodone hcl tabs</i>	1B	
TRINTELLIX	3	QL(1 ea daily);PA
VIIBRYD TABS (Use <i>vilazodone hcl</i>)	3	QL(1 ea daily);PA

Drug Name	Drug Tier	Requirement s/Limits
VIIBRYD STARTER PACK KIT	3	1 rtl pack lmt amt,180 rtl pack lmt day(s)
<i>vilazodone hcl tabs</i>	1B	QL(1 ea daily)
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
CYMBALTA CPEP (<i>Use duloxetine hcl</i>)	NF	QL(2 ea daily)
<i>desvenlafaxine succinate 25 MG, 50 MG</i>	1B	QL(1 ea daily)
<i>desvenlafaxine succinate 100 MG</i>	1B	QL(4 ea daily)
<i>duloxetine hcl cpep 40 MG</i>	1B	
<i>duloxetine hcl cpep 20 MG, 30 MG, 60 MG</i>	1B	QL(2 ea daily)
EFFEXOR XR CP24 75 MG (<i>Use venlafaxine hcl</i>)	NF	QL(5 ea daily)
EFFEXOR XR CP24 150 MG (<i>Use venlafaxine hcl</i>)	NF	QL(2 ea daily)
EFFEXOR XR CP24 37.5 MG (<i>Use venlafaxine hcl</i>)	NF	QL(4 ea daily)
FETZIMA CP24	3	PA
FETZIMA TITRATION PACK C4PK	3	PA
PRISTIQ 25 MG, 50 MG (<i>Use desvenlafaxine succinate</i>)	NF	QL(1 ea daily)
PRISTIQ 100 MG (<i>Use desvenlafaxine succinate</i>)	NF	QL(4 ea daily)
<i>venlafaxine hcl cp24 75 MG</i>	1B	QL(5 ea daily)
<i>venlafaxine hcl tb24 225 MG</i>	1B	QL(1 ea daily);ST

Drug Name	Drug Tier	Requirement s/Limits
<i>venlafaxine hcl tb24 150 MG</i>	1B	QL(2 ea daily)
<i>venlafaxine hcl cp24 150 MG</i>	1B	QL(2 ea daily)
<i>venlafaxine hcl tabs</i>	1B	QL(3 ea daily)
<i>venlafaxine hcl cp24 37.5 MG</i>	1B	QL(4 ea daily)
<i>venlafaxine hcl tb24 37.5 MG, 75 MG</i>	1B	QL(1 ea daily)
Tricyclic Agents		
<i>amitriptyline hcl tabs</i>	1B	
<i>amoxapine</i>	1B	
ANAFRANIL (<i>Use clomipramine hcl</i>)	NF	
<i>clomipramine hcl</i>	1B	
<i>desipramine hcl tabs</i>	1B	
<i>doxepin hcl conc</i>	1B	
<i>doxepin hcl caps</i>	1B	
<i>imipramine hcl tabs</i>	1B	
<i>imipramine pamoate</i>	1B	
NORPRAMIN TABS 10 MG, 25 MG (<i>Use desipramine hcl</i>)	NF	
<i>nortriptyline hcl caps</i>	1B	
<i>nortriptyline hcl soln</i>	1B	
PAMELOR CAPS (<i>Use nortriptyline hcl</i>)	NF	
<i>protriptyline hcl</i>	1B	
<i>trimipramine maleate caps</i>	1B	
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Alpha-Glucosidase Inhibitors		
<i>acarbose</i>	1B	QL(3 ea daily)
GLYSET 100 MG (<i>Use miglitol</i>)	NF	

Ambetter Formulary Updated December 1, 2022

Drug Name	Drug Tier	Requirements/Limits
<i>miglitol</i>	1B	
PRECOSE (<i>Use acarbose</i>)	NF	QL(3 ea daily)
Antidiabetic - Amylin Analogs		
SYMLINPEN 120 SOPN	2	QL(0.36 ml daily);PA
SYMLINPEN 60 SOPN	2	QL(0.2 ml daily);PA
Antidiabetic Combinations		
ACTOPLUS MET TABS (<i>Use pioglitazone hcl-metformin hcl</i>)	NF	QL(2 ea daily)
DUETACT (<i>Use pioglitazone hcl-glimepiride</i>)	NF	QL(1 ea daily)
<i>glipizide-metformin hcl 2.5 MG-250 MG, 2.5 MG-500 MG</i>	1B	QL(2 ea daily)
<i>glyburide-metformin 2.5 MG-500 MG, 5 MG-500 MG</i>	1B	QL(4 ea daily)
GLYXAMBI	2	QL(1 ea daily)
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	2	QL(2 ea daily)
<i>pioglitazone hcl-glimepiride</i>	1B	QL(1 ea daily)
<i>pioglitazone hcl-metformin hcl tabs</i>	1B	QL(2 ea daily)
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)

Drug Name	Drug Tier	Requirements/Limits
TRIJARDY XR 12.5 MG-1000 MG-2.5 MG, 5 MG-1000 MG-2.5 MG	2	QL(2 ea daily)
TRIJARDY XR 10 MG-1000 MG-5 MG, 25 MG-1000 MG-5 MG	2	QL(1 ea daily)
XIGDUO XR 2.5 MG-1000 MG, 5 MG-1000 MG	3	QL(2 ea daily);PA
XIGDUO XR 10 MG-1000 MG, 10 MG-500 MG, 5 MG-500 MG	3	QL(1 ea daily);PA
XULTOPHY 100/3.6 100 UNIT/ML-3.6 MG/ML	2	QL(0.5 ml daily);PA
Biguanides		
FORTAMET TB24 (<i>Use metformin hcl</i>)	NF	
<i>metformin hcl tb24 500 MG</i>	1B	QL(4 ea daily)
<i>metformin hcl tabs 850 MG</i>	1B	QL(3 ea daily)
<i>metformin hcl tabs 500 MG</i>	1B	QL(5 ea daily)
<i>metformin hcl tb24 750 MG</i>	1B	QL(3 ea daily)
<i>metformin hcl tabs 1000 MG</i>	1B	QL(2.5 ea daily)
Diabetic Other		
<i>diazoxide</i>	1B	
GLUCAGEN HYPOKIT	3	QL(0.035 ea daily)
<i>glucagon (rdna)</i>	1B	QL(0.035 ea daily)
GLUCAGON EMERGENCY KIT (<i>Use glucagon (rdna)</i>)	NF	QL(0.035 ea daily)

Drug Name	Drug Tier	Requirements/Limits
PROGLYCEM (<i>Use diazoxide</i>)	NF	
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
<i>alogliptin benzoate</i>	1B	QL(1 ea daily)
JANUVIA	2	QL(1 ea daily)
NESINA (<i>Use alogliptin benzoate</i>)	NF	
Dopamine Receptor Agonists - Antidiabetic		
CYCLOSET	3	QL(6 ea daily)
Incretin Mimetic Agents		
OZEMPIC SOPN 8 MG/3ML-14 MG/ML-5.5 MG/ML	2	QL(0.108 ml daily);PA
OZEMPIC SOPN 2 MG/1.5ML	2	QL(0.054 ml daily);PA
TRULICITY	2	QL(0.143 ml daily);PA
VICTOZA	2	QL(0.3 ml daily);PA
Insulin		
APIDRA SOLN	3	PA
APIDRA SOLOSTAR SOPN	3	PA
BASAGLAR KWIKPEN SOPN	2	
FIASP SOLN 100 UNIT/ML	2	
FIASP FLEXTOUCH SOPN 100 UNIT/ML	2	
FIASP PENFILL SOCT 100 UNIT/ML-20.8 MG/ML	2	
HUMULIN R U-500 (CONCENTRATED) SOLN SC	2	QL(1.34 ml daily)
HUMULIN R U-500 KWIKPEN SOPN SC	2	QL(1.34 ml daily)
INSULIN DEGLUDEC SOLN	2	

Drug Name	Drug Tier	Requirements/Limits
INSULIN DEGLUDEC FLEXTOUCH SOPN	2	
LEVEMIR SOLN	2	
LEVEMIR FLEXTOUCH SOPN	2	
NOVOLIN 70/30 SUSP 70 UNIT/ML-30 UNIT/ML	2	
NOVOLIN 70/30 FLEXPEN SUPN 70 UNIT/ML-30 UNIT/ML	2	
NOVOLIN 70/30 FLEXPEN RELION SUPN 70 UNIT/ML-30 UNIT/ML	2	
NOVOLIN 70/30 RELION SUSP 70 UNIT/ML-30 UNIT/ML	2	
NOVOLIN N SUSP	2	
NOVOLIN N FLEXPEN SUPN	2	
NOVOLIN N FLEXPEN RELION SUPN	2	
NOVOLIN N RELION SUSP	2	
NOVOLIN R SOLN IJ	2	
NOVOLIN R RELION SOLN IJ	2	
NOVOLOG SOLN IJ	2	
NOVOLOG FLEXPEN SOPN	2	
NOVOLOG FLEXPEN RELION SOPN	2	
NOVOLOG MIX 70/30 SUSP 70 UNIT/ML-30 UNIT/ML	2	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN SUPN 70 UNIT/ML-30 UNIT/ML	2	

Drug Name	Drug Tier	Requirement s/Limits
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION SUPN 70 UNIT/ML-30 UNIT/ML	2	
NOVOLOG PENFILL SOCT	2	
TRESIBA SOLN	2	
TRESIBA FLEXTOUCH SOPN	2	
Insulin Sensitizing Agents		
ACTOS (Use <i>pioglitazone hcl</i>)	NF	QL(1 ea daily)
AVANDIA 2 MG, 4 MG <i>pioglitazone hcl</i>	3 1B	QL(1 ea daily) QL(1 ea daily)
Meglitinide Analogues		
<i>nateglinide</i>	1B	QL(3 ea daily)
<i>repaglinide .5 MG, 1 MG</i>	1B	QL(4 ea daily)
<i>repaglinide 2 MG</i>	1B	QL(8 ea daily)
STARLIX (Use <i>nateglinide</i>)	NF	QL(3 ea daily)
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
FARXIGA	3	QL(1 ea daily);PA
JARDIANCE	2	QL(1 ea daily)
Sulfonylureas		
AMARYL 1 MG, 2 MG (Use <i>glimepiride</i>)	NF	QL(4 ea daily)
AMARYL 4 MG (Use <i>glimepiride</i>)	NF	QL(2 ea daily)
<i>glimepiride 4 MG</i>	1B	QL(2 ea daily)
<i>glimepiride 1 MG, 2 MG</i>	1B	QL(4 ea daily)
<i>glipizide tb24</i>	1B	QL(2 ea daily)
<i>glipizide tabs</i>	1B	QL(4 ea daily)
GLUCOTROL TABS (Use <i>glipizide</i>)	NF	QL(4 ea daily)

Drug Name	Drug Tier	Requirement s/Limits
GLUCOTROL XL TB24 (Use <i>glipizide</i>)	NF	QL(2 ea daily)
<i>glyburide tabs</i>	1B	QL(4 ea daily)
<i>glyburide micronized 1.5 MG, 3 MG, 6 MG</i>	1B	QL(4 ea daily)
GLYNASE (Use <i>glyburide micronized</i>)	NF	QL(4 ea daily)
<i>tolbutamide</i>	1B	QL(6 ea daily)

ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea

Antiperistaltic Agents

<i>diphenoxylate w/ atropine liqd 2.5 MG/5ML-0.025 MG/5ML</i>	1B	
<i>diphenoxylate w/ atropine tabs 2.5 MG-0.025 MG</i>	1B	
IMODIUM A-D CAPS (Use <i>loperamide hcl</i>)	NF	RX/OTC
LOMOTIL TABS 2.5 MG-0.025 MG (Use <i>diphenoxylate w/ atropine</i>)	NF	
<i>loperamide hcl caps</i>	1B	RX/OTC
MOTOFEN 1 MG-0.025 MG	3	

ANTIDOTES AND SPECIFIC ANTAGONISTS

Antidotes - Chelating Agents

CHEMET	3	
<i>deferasirox tbso</i>	4	SP;PA
<i>deferasirox tabs</i>	4	SP;PA
<i>deferasirox pack</i>	4	PA
<i>deferiprone tabs 500 MG</i>	1B	
EXJADE TBSO (Use <i>deferasirox</i>)	NF	SP;PA
FERRIPROX TABS (Use <i>deferiprone</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
JADENU TABS (<i>Use deferasirox</i>)	NF	SP;PA
JADENU SPRINKLE PACK (<i>Use deferasirox</i>)	NF	PA
Antidotes and Specific Antagonists		
VISTOGARD	4	PA
Opioid Antagonists		
<i>naloxone hcl liqd</i>	1B	2 rtl MAX fill,30 rtl day(s) supply;QL(2 ea per fill retail)
<i>naloxone hcl soln .4 MG/ML, 4 MG/10ML</i>	1B	
<i>naltrexone hcl</i>	1B	
NARCAN LIQD (<i>Use naloxone hcl</i>)	3	2 rtl MAX fill,30 rtl day(s) supply;QL(2 ea per fill retail)
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
ANZEMET TABS	3	QL(0.167 ea daily);PA
<i>granisetron hcl tabs</i>	1B	QL(0.34 ea daily)
<i>granisetron hcl soln iv 1 MG/ML</i>	1B	
<i>ondansetron tbdp 8 MG</i>	1B	
<i>ondansetron tbdp 4 MG</i>	1B	QL(1 ea daily)
<i>ondansetron hcl tabs 24 MG</i>	1B	QL(0.143 ea daily)
<i>ondansetron hcl sosy</i>	1B	
<i>ondansetron hcl tabs 4 MG</i>	1B	QL(4 ea daily,60 ea per fill retail,60 per fill mail MG)
<i>ondansetron hcl soln ij 4 MG/2ML</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>ondansetron hcl soln or 4 MG/5ML</i>	1B	QL(3.34 ml daily)
<i>ondansetron hcl tabs 8 MG</i>	1B	QL(3 ea daily,45 ea per fill retail,45 per fill mail MG)
<i>palonosetron hcl soln</i>	1B	
ZOFRAN TABS 4 MG (<i>Use ondansetron hcl</i>)	NF	QL(4 ea daily,60 ea per fill retail,60 per fill mail MG)
Antiemetics - Anticholinergic		
<i>meclizine hcl tabs 12.5 MG</i>	1A	RX/OTC
<i>meclizine hcl tabs 25 MG</i>	1B	RX/OTC
<i>scopolamine</i>	1B	QL(0.34 ea daily)
TIGAN CAPS (<i>Use trimethobenzamide hcl</i>)	NF	
TRANSDERM SCOP (<i>Use scopolamine</i>)	NF	QL(0.34 ea daily)
TRANSDERM-SCOP (<i>Use scopolamine</i>)	NF	QL(0.34 ea daily)
<i>trimethobenzamide hcl caps</i>	1B	
Antiemetics - Miscellaneous		
AKYNZEO 300 MG-0.5 MG	3	PA
DICLEGIS TBEC 10 MG-10 MG (<i>Use doxylamine-pyridoxine</i>)	NF	3 rtl MAX fill,365 rtl day(s) supply;3 mail MAX fill;QL(4 ea daily);PA
<i>doxylamine-pyridoxine tbec 10 MG-10 MG</i>	1B	3 rtl MAX fill,365 rtl day(s) supply;3 mail MAX fill;QL(4 ea daily);PA
<i>dronabinol caps</i>	1B	

Ambetter Formulary Updated December 1, 2022

Drug Name	Drug Tier	Requirement s/Limits
MARINOL CAPS (<i>Use dronabinol</i>)	NF	
Substance P/Neurokinin 1 (NK1) Receptor Antagonists		
<i>aprepitant misc</i>	1B	PA
<i>aprepitant caps</i>	1B	PA
<i>aprepitant caps 40 MG, 125 MG</i>	1B	QL(0.067 ea daily)
<i>aprepitant caps 80 MG</i>	1B	QL(0.134 ea daily)
EMEND CAPS 80 MG (<i>Use aprepitant</i>)	NF	QL(0.134 ea daily)
EMEND TRIPACK CAPS (<i>Use aprepitant</i>)	NF	PA
VARUBI TBPK	3	PA
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungal - Glucan Synthesis Inhibitors		
CANCIDAS (<i>Use caspofungin acetate</i>)	NF	
<i>caspofungin acetate</i>	1B	
ERAXIS	3	
<i>micafungin sodium</i>	1B	PA
MYCAMINE (<i>Use micafungin sodium</i>)	NF	PA
Antifungals		
ABELCET	3	
AMBISOME (<i>Use amphotericin b liposome</i>)	3	
<i>amphotericin b iv</i>	3	
<i>amphotericin b liposome</i>	1B	
ANCOBON (<i>Use flucytosine</i>)	NF	
<i>flucytosine</i>	1B	
<i>griseofulvin microsize susp</i>	1B	AL(At least 2 yrs old)

Ambetter Formulary Updated December 1, 2022

Drug Name	Drug Tier	Requirement s/Limits
<i>griseofulvin microsize tabs</i>	1B	
<i>griseofulvin ultramicrosize</i>	1B	
<i>nystatin tabs</i>	1B	
<i>terbinafine hcl tabs</i>	1B	QL(1 ea daily)
Imidazole-Related Antifungals		
CRESEMBA CAPS	3	PA
DIFLUCAN SUSR (<i>Use fluconazole</i>)	NF	
DIFLUCAN TABS (<i>Use fluconazole</i>)	NF	
<i>fluconazole tabs</i>	1B	
<i>fluconazole susr</i>	1B	
<i>itraconazole caps</i>	1B	QL(4 ea daily);PA
<i>itraconazole soln</i>	1B	QL(20 ml daily);PA
<i>ketoconazole</i>	1B	
NOXAFIL SUSP	3	QL(20 ml daily)
SPORANOX SOLN (<i>Use itraconazole</i>)	NF	QL(20 ml daily);PA
SPORANOX CAPS (<i>Use itraconazole</i>)	NF	QL(4 ea daily);PA
SPORANOX PULSEPAK CAPS (<i>Use itraconazole</i>)	NF	QL(4 ea daily);PA
TOLSURA CAPS	4	PA
VFEND TABS (<i>Use voriconazole</i>)	NF	QL(4 ea daily)
<i>voriconazole tabs</i>	1B	QL(4 ea daily)
ANTI-HISTAMINES - Drugs to Treat Allergies		
Antihistamines - Alkylamines		
<i>dexchlorpheniramine maleate soln</i>	1B	
Antihistamines - Ethanolamines		
BENADRYL ALLERGY CHILDRENS LIQD (<i>Use diphenhydramine hcl</i>)	NF	QL(20 ml daily)

Drug Name	Drug Tier	Requirements/Limits
<i>carbinoxamine maleate soln</i>	1B	
<i>carbinoxamine maleate tabs 4 MG</i>	1B	
<i>clemastine fumarate tabs 2.68 MG</i>	1B	
CLEMASTINE FUMARATE SYRP	1B	
<i>diphenhydramine hcl liqd 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML</i>	1B	QL(20 ml daily)
<i>diphenhydramine hcl elix 12.5 MG/5ML</i>	1B	
<i>diphenhydramine hcl soln 50 MG/ML</i>	1B	
<i>diphenhydramine hcl caps 50 MG</i>	1A	
Antihistamines - Non-Sedating		
<i>cetirizine hcl tabs</i>	1A	QL(1 ea daily)
CLARINEX TABS (<i>Use desloratadine</i>)	NF	QL(1 ea daily)
CLARITIN CAPS (<i>Use loratadine</i>)	NF	
CLARITIN CHEW (<i>Use loratadine</i>)	NF	
CLARITIN TABS (<i>Use loratadine</i>)	NF	
CLARITIN SYRP (<i>Use loratadine</i>)	NF	
CLARITIN ALLERGY CHILDRENS SYRP (<i>Use loratadine</i>)	NF	
CLARITIN CHILDRENS CHEW (<i>Use loratadine</i>)	NF	
CLARITIN REDITABS TBDP (<i>Use loratadine</i>)	NF	
<i>desloratadine tbdp 2.5 MG</i>	1B	QL(1 ea daily)
<i>desloratadine tabs</i>	1B	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>levocetirizine dihydrochloride soln</i>	1B	QL(10 ml daily);RX/OTC
<i>levocetirizine dihydrochloride tabs</i>	1B	QL(1 ea daily);RX/OTC
<i>loratadine chew</i>	1B	
<i>loratadine tabs</i>	1A	
<i>loratadine tbdp</i>	1B	
<i>loratadine caps</i>	1B	
<i>loratadine soln</i>	1B	
<i>loratadine syrp</i>	1B	
QUZYTIR SOLN IV	3	PA
XYZAL ALLERGY 24HR TABS (<i>Use levocetirizine dihydrochloride</i>)	NF	QL(1 ea daily);RX/OTC
XYZAL ALLERGY 24HR CHILDRENS SOLN (<i>Use levocetirizine dihydrochloride</i>)	NF	QL(10 ml daily);RX/OTC
ZYRTEC ALLERGY TABS (<i>Use cetirizine hcl</i>)	NF	QL(1 ea daily)
Antihistamines - Phenothiazines		
PHENERGAN SOLN (<i>Use promethazine hcl</i>)	NF	
<i>promethazine hcl syrp</i>	1B	
<i>promethazine hcl supp</i>	1B	
<i>promethazine hcl tabs</i>	1B	
<i>promethazine hcl soln 25 MG/ML, 50 MG/ML</i>	1B	
Antihistamines - Piperidines		
<i>cyproheptadine hcl tabs</i>	1B	
<i>cyproheptadine hcl syrp</i>	1B	
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		

Ambetter Formulary Updated December 1, 2022

Drug Name	Drug Tier	Requirements/Limits
Antihyperlipidemics - Combinations		
<i>ezetimibe-simvastatin</i>	1B	QL(1 ea daily)
VYTORIN (Use <i>ezetimibe-simvastatin</i>)	NF	QL(1 ea daily)
Antihyperlipidemics - Misc.		
<i>icosapent ethyl .5 GM</i>	1B	QL(8 ea daily);PA
<i>icosapent ethyl 1 GM</i>	1B	QL(4 ea daily);PA
LOVAZA 1 GM-375 MG-465 MG (Use <i>omega-3-acid ethyl esters</i>)	NF	QL(4 ea daily)
<i>omega-3-acid ethyl esters 1 GM-375 MG-465 MG</i>	1B	QL(4 ea daily)
VASCEPA .5 GM (Use <i>icosapent ethyl</i>)	3	QL(8 ea daily);PA
VASCEPA 1 GM (Use <i>icosapent ethyl</i>)	NF	QL(4 ea daily);PA
Bile Acid Sequestrants		
<i>cholestyramine powd</i>	1B	QL(25.2 gm daily)
<i>cholestyramine pack</i>	1B	QL(6 ea daily)
<i>cholestyramine light pack</i>	1B	QL(6 ea daily)
<i>cholestyramine light powd</i>	1B	QL(24 gm daily)
<i>colesevelam hcl pack</i>	1B	QL(1 ea daily);PA
<i>colesevelam hcl tabs</i>	1B	QL(7 ea daily)
COLESTID GRAN (Use <i>colestipol hcl</i>)	NF	QL(6 gm daily)
COLESTID PACK (Use <i>colestipol hcl</i>)	NF	QL(6 ea daily)
COLESTID TABS (Use <i>colestipol hcl</i>)	NF	QL(16 ea daily)
COLESTID FLAVORED PACK (Use <i>colestipol hcl</i>)	NF	QL(6 ea daily)
COLESTID FLAVORED GRAN (Use <i>colestipol hcl</i>)	NF	QL(6 gm daily)

Drug Name	Drug Tier	Requirements/Limits
<i>colestipol hcl pack</i>	1B	QL(6 ea daily)
<i>colestipol hcl gran</i>	1B	QL(6 gm daily)
<i>colestipol hcl tabs</i>	1B	QL(16 ea daily)
QUESTRAN PACK (Use <i>cholestyramine</i>)	NF	QL(6 ea daily)
QUESTRAN POWD (Use <i>cholestyramine</i>)	NF	QL(25.2 gm daily)
QUESTRAN LIGHT POWD (Use <i>cholestyramine light</i>)	NF	QL(24 gm daily)
WELCHOL PACK (Use <i>colesevelam hcl</i>)	NF	QL(1 ea daily);PA
WELCHOL TABS (Use <i>colesevelam hcl</i>)	NF	QL(7 ea daily)
Fibric Acid Derivatives		
<i>choline fenofibrate</i>	1B	QL(1 ea daily)
<i>fenofibrate tabs 48 MG, 54 MG, 145 MG, 160 MG</i>	1B	QL(1 ea daily)
<i>fenofibrate micronized 67 MG, 134 MG, 200 MG</i>	1B	QL(1 ea daily)
<i>gemfibrozil tabs</i>	1B	QL(2 ea daily)
LOPID TABS (Use <i>gemfibrozil</i>)	NF	QL(2 ea daily)
TRICOR TABS (Use <i>fenofibrate</i>)	NF	QL(1 ea daily)
TRILIPIX (Use <i>choline fenofibrate</i>)	NF	QL(1 ea daily)
HMG CoA Reductase Inhibitors		
ALTOPREV TB24 20 MG, 40 MG, 60 MG	3	QL(1 ea daily);ST
<i>atorvastatin calcium</i>	1B	QL(1 ea daily)
CRESTOR TABS (Use <i>rosuvastatin calcium</i>)	NF	QL(1 ea daily)
<i>fluvastatin sodium caps 40 MG</i>	1B	QL(2 ea daily)
<i>fluvastatin sodium caps 20 MG</i>	1B	QL(1 ea daily)

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

Drug Name	Drug Tier	Requirement s/Limits
Blood Pressure		
ACE Inhibitors		
ACCUPRIL (Use quinapril hcl)	NF	
ALTACE CAPS 1.25 MG, 2.5 MG, 5 MG, 10 MG (Use ramipril)	NF	
benazepril hcl	1B	
captopril	1B	
enalapril maleate tabs	1B	
fosinopril sodium	1B	
lisinopril tabs 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG	1B	
LOTENSIN 10 MG, 20 MG, 40 MG (Use benazepril hcl)	NF	
moexipril hcl	1B	
perindopril erbumine	1B	
PRINIVIL TABS (Use lisinopril)	NF	
quinapril hcl	1B	
ramipril caps	1B	
trandolapril	1B	
VASOTEC TABS (Use enalapril maleate)	NF	
ZESTRIL TABS (Use lisinopril)	NF	
Agents for Pheochromocytoma		
DIBENZYLINE (Use phenoxybenzamine hcl)	NF	PA
phenoxybenzamine hcl	3	PA
Angiotensin II Receptor Antagonists		
ATACAND (Use candesartan cilexetil)	NF	QL(1 ea daily)
AVAPRO (Use irbesartan)	NF	QL(1 ea daily)

Ambetter Formulary Updated December 1, 2022

Drug Name	Drug Tier	Requirements/Limits
BENICAR (Use olmesartan medoxomil)	NF	QL(1 ea daily)
candesartan cilexetil	1B	QL(1 ea daily)
COZAAR (Use losartan potassium)	NF	QL(1 ea daily)
DIOVAN TABS (Use valsartan)	NF	QL(1 ea daily)
EDARBI	3	QL(1 ea daily);ST
irbesartan	1B	QL(1 ea daily)
losartan potassium	1B	QL(1 ea daily)
MICARDIS (Use telmisartan)	NF	QL(1 ea daily)
olmesartan medoxomil	1B	QL(1 ea daily)
telmisartan	1B	QL(1 ea daily)
valsartan tabs	1B	QL(1 ea daily)
Antiadrenergic Antihypertensives		
CARDURA (Use doxazosin mesylate)	NF	
CATAPRES TABS (Use clonidine hcl)	NF	QL(8 ea daily)
CATAPRES-TTS-1 (Use clonidine)	NF	QL(0.15 ea daily)
CATAPRES-TTS-2 (Use clonidine)	NF	QL(0.15 ea daily)
CATAPRES-TTS-3 (Use clonidine)	NF	QL(0.15 ea daily)
clonidine	3	QL(0.15 ea daily)
clonidine hcl tabs	1B	QL(8 ea daily)
doxazosin mesylate	1B	
guanfacine hcl	1B	
methyldopa tabs	1B	QL(6 ea daily)
MINIPRESS CAPS (Use prazosin hcl)	NF	QL(4 ea daily)
prazosin hcl caps	1B	QL(4 ea daily)
terazosin hcl	1B	

Drug Name	Drug Tier	Requirements/Limits
Antihypertensive Combinations		
ACCURETIC 10 MG-12.5 MG (Use quinapril-hydrochlorothiazide)	NF	QL(3 ea daily)
ACCURETIC 20 MG-25 MG (Use quinapril-hydrochlorothiazide)	NF	QL(2 ea daily)
ACCURETIC 20 MG-12.5 MG (Use quinapril-hydrochlorothiazide)	NF	QL(4 ea daily)
amlodipine besylate-benazepril hcl	1B	
amlodipine besylate-olmesartan medoxomil	1B	ST
amlodipine besylate-valsartan	1B	
amlodipine-valsartan-hydrochlorothiazide	1B	
ATACAND HCT (Use candesartan cilexetil-hydrochlorothiazide)	NF	
atenolol & chlorthalidone	1B	
AVALIDE (Use irbesartan-hydrochlorothiazide)	NF	
AZOR (Use amlodipine besylate-olmesartan medoxomil)	NF	ST
benazepril & hydrochlorothiazide	1B	
BENICAR HCT (Use olmesartan medoxomil-hydrochlorothiazide)	NF	
bisoprolol & hydrochlorothiazide	1B	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>candesartan cilexetil-hydrochlorothiazide</i>	1B	
DIOVAN HCT (Use <i>valsartan-hydrochlorothiazide</i>)	NF	
<i>enalapril maleate & hydrochlorothiazide</i>	1B	
EXFORGE (Use <i>amlodipine besylate-valsartan</i>)	NF	
EXFORGE HCT (Use <i>amlodipine-valsartan-hydrochlorothiazide</i>)	NF	
<i>fosinopril sodium & hydrochlorothiazide</i>	1B	
HYZAAR 100 MG-12.5 MG, 100 MG-25 MG (Use <i>losartan potassium & hydrochlorothiazide</i>)	NF	QL(1 ea daily)
HYZAAR 50 MG-12.5 MG (Use <i>losartan potassium & hydrochlorothiazide</i>)	NF	QL(2 ea daily)
<i>irbesartan-hydrochlorothiazide</i>	1B	
<i>lisinopril & hydrochlorothiazide</i>	1B	
LOPRESSOR HCT TABS 50 MG-25 MG (Use <i>metoprolol & hydrochlorothiazide</i>)	NF	
<i>losartan potassium & hydrochlorothiazide 50 MG-12.5 MG</i>	1B	QL(2 ea daily)
LOTENSIN HCT 10 MG-12.5 MG, 20 MG-12.5 MG, 20 MG-25 MG (Use <i>benazepril & hydrochlorothiazide</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
LOTREL 10 MG-20 MG, 10 MG-40 MG, 5 MG-10 MG, 5 MG-20 MG (Use <i>amlodipine besylate-benazepril hcl</i>)	NF	
<i>metoprolol & hydrochlorothiazide tabs</i>	1B	
MICARDIS HCT (Use <i>telmisartan-hydrochlorothiazide</i>)	NF	
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	1B	ST
<i>olmesartan medoxomil-hydrochlorothiazide</i>	1B	
<i>quinapril-hydrochlorothiazide 20 MG-12.5 MG</i>	1B	QL(4 ea daily)
<i>quinapril-hydrochlorothiazide 20 MG-25 MG</i>	1B	QL(2 ea daily)
TARKA 2 MG-180 MG, 2 MG-240 MG, 4 MG-240 MG (Use <i>trandolapril-verapamil hcl</i>)	NF	
<i>telmisartan-amlodipine</i>	1B	
<i>telmisartan-hydrochlorothiazide</i>	1B	
TENORETIC 100 100 MG-25 MG (Use <i>atenolol & chlorthalidone</i>)	NF	
TENORETIC 50 50 MG-25 MG (Use <i>atenolol & chlorthalidone</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
<i>trandolapril-verapamil hcl</i>	1B	
TRIBENZOR (Use olmesartan medoxomil-amlodipine-hydrochlorothiazide)	NF	ST
TWYNSTA (Use telmisartan-amlodipine)	NF	
<i>valsartan-hydrochlorothiazide</i>	1B	
VASERETIC 10 MG-25 MG (Use enalapril maleate & hydrochlorothiazide)	NF	
ZESTORETIC (Use lisinopril & hydrochlorothiazide)	NF	
ZIAC (Use bisoprolol & hydrochlorothiazide)	NF	QL(2 ea daily)
Antihypertensives - Misc.		
VECAMYL	3	PA
Direct Renin Inhibitors		
<i>aliskiren fumarate</i>	1B	QL(1 ea daily)
TEKTURNA (Use aliskiren fumarate)	NF	QL(1 ea daily)
Selective Aldosterone Receptor Antagonists (SARAs)		
<i>eplerenone</i>	1B	
INSPIRA (Use eplerenone)	NF	
Vasodilators		
<i>hydralazine hcl tabs</i>	1B	
<i>hydralazine hcl soln</i>	1B	
<i>minoxidil 2.5 MG, 10 MG</i>	1B	
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		

Ambetter Formulary Updated December 1, 2022

Drug Name	Drug Tier	Requirements/Limits
Anti-infective Agents - Misc.		
<i>bacitracin</i>	3	
FLAGYL TABS 500 MG (Use metronidazole)	NF	
IMPAVIDO	3	QL(3 ea daily);PA
<i>metronidazole tabs</i>	1B	
<i>trimethoprim tabs</i>	1B	
XIFAXAN	3	AL(At least 12 yrs old);PA
Anti-infective Misc. - Combinations		
BACTRIM TABS 80 MG-400 MG (Use sulfamethoxazole-trimethoprim)	NF	
BACTRIM DS TABS 160 MG-800 MG (Use sulfamethoxazole-trimethoprim)	NF	
<i>sulfamethoxazole-trimethoprim susp 40 MG/5ML-200 MG/5ML</i>	1B	
<i>sulfamethoxazole-trimethoprim soln 80 MG/5ML-400 MG/5ML</i>	1B	
<i>sulfamethoxazole-trimethoprim tabs</i>	1A	
Antiprotozoal Agents		
ALINIA TABS (Use nitazoxanide)	NF	PA
ALINIA SUSR	2	PA
<i>atovaquone</i>	1B	
MEPRON (Use atovaquone)	NF	
<i>nitazoxanide tabs</i>	1B	PA
Carbapenems		
<i>ertapenem sodium ij</i>	1B	
<i>imipenem-cilastatin iv</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
INVANZ IJ (<i>Use ertapenem sodium</i>)	NF	
<i>meropenem</i>	1B	
MERREM 500 MG (<i>Use meropenem</i>)	NF	
PRIMAXIN IV IV 500 MG-500 MG (<i>Use imipenem-cilastatin</i>)	NF	
Chloramphenicols		
<i>chloramphenicol sodium succinate</i>	4	SP;PA
Cyclic Lipopeptides		
CUBICIN (<i>Use daptomycin</i>)	NF	
CUBICIN RF (<i>Use daptomycin</i>)	NF	
<i>daptomycin 500 MG</i>	1B	
DAPTOMYCIN (<i>Use daptomycin</i>)	NF	
Glycopeptides		
FIRVANQ SOLR OR	2	QL(300 ml per fill retail)
VANCOCIN CAPS (<i>Use vancomycin hcl</i>)	NF	QL(4 ea daily,40 ea per fill retail)
<i>vancomycin hcl caps</i>	1B	QL(4 ea daily,40 ea per fill retail)
<i>vancomycin hcl solr iv 1 GM, 10 GM, 500 MG, 1000 MG</i>	1B	
VANCOMYCIN HYDROCHLORIDE SOLR OR 25 MG/ML, 50 MG/ML, 250 MG/5ML	2	QL(300 ml per fill retail)
Leprostatics		
<i>dapsone</i>	1B	
Lincosamides		
CLEOCIN (<i>Use clindamycin hcl</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
CLEOCIN PEDIATRIC GRANULES (<i>Use clindamycin palmitate hydrochloride</i>)	NF	
CLEOCIN PHOSPHATE SOLN IJ 9 GM/60ML, 300 MG/2ML, 600 MG/4ML, 900 MG/6ML (<i>Use clindamycin phosphate</i>)	NF	
<i>clindamycin hcl</i>	1B	
<i>clindamycin palmitate hydrochloride</i>	1B	
<i>clindamycin phosphate soln ij 9 GM/60ML, 300 MG/2ML, 600 MG/4ML, 900 MG/6ML, 9000 MG/60ML</i>	1B	
LINCOCIN (<i>Use lincomycin hcl</i>)	NF	
<i>lincomycin hcl</i>	1B	
Monobactams		
AZACTAM 1 GM (<i>Use aztreonam</i>)	NF	
<i>aztreonam 1 GM</i>	1B	
CAYSTON	4	QL(3 ml daily);PA
Oxazolidinones		
<i>linezolid tabs</i>	1B	QL(2 ea daily);PA
<i>linezolid susr</i>	1B	
SIVEXTRO TABS	3	PA
ZYVOX TABS (<i>Use linezolid</i>)	NF	QL(2 ea daily);PA
ZYVOX SUSR (<i>Use linezolid</i>)	NF	
Polymyxins		
<i>polymyxin b sulfate solr</i>	1B	

Ambetter Formulary Updated December 1, 2022

Drug Name	Drug Tier	Requirement s/Limits
Urinary Anti-infectives		
<i>fosfomycin tromethamine</i>	1B	
HIPREX (Use <i>methenamine hippurate</i>)	NF	
MACROBID (Use <i>nitrofurantoin monohyd macro</i>)	NF	
<i>methenamine hippurate</i>	1B	
MONUROL (Use <i>fosfomycin tromethamine</i>)	NF	
<i>nitrofurantoin</i>	1B	
<i>nitrofurantoin macrocrystal 50 MG, 100 MG</i>	1B	
<i>nitrofurantoin monohyd macro</i>	1B	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
<i>atovaquone-proguanil hcl</i>	1B	Covered for malaria treatment only. Limit 1 fill every 180 days;1 rtl MAX fill,180 rtl day(s) supply;1 mail MAX fill;QL(12 ea per fill retail,12 per fill mail)

Drug Name	Drug Tier	Requirement s/Limits
COARTEM 120 MG-20 MG	2	Covered for malaria treatment only. Limit 1 fill every 180 days;1 rtl MAX fill,180 rtl day(s) supply;1 mail MAX fill;QL(24 ea per fill retail,24 per fill mail)
MALARONE (Use <i>atovaquone-proguanil hcl</i>)	NF	Covered for malaria treatment only. Limit 1 fill every 180 days;1 rtl MAX fill,180 rtl day(s) supply;1 mail MAX fill;QL(12 ea per fill retail,12 per fill mail)
Antimalarials		
<i>chloroquine phosphate tabs</i>	1B	
DARAPRIM (Use <i>pyrimethamine</i>)	NF	QL(3 ea daily);PA
<i>hydroxychloroquine sulfite</i>	1B	
KRINTAFEL	3	QL(2 ea per 30 days retail)
<i>mefloquine hcl</i>	1B	Covered for malaria treatment only. Limit 1 fill every 180 days;1 rtl MAX fill,180 rtl day(s) supply;1 mail MAX fill;QL(5 ea daily)
PLAQUENIL (Use <i>hydroxychloroquine sulfite</i>)	NF	

Drug Name	Drug Tier	Requirement s/Limits
<i>primaquine phosphate tabs</i>	3	
PRIMAQUINE PHOSPHATE TABS (Use <i>primaquine phosphate</i>)	NF	
<i>pyrimethamine</i>	1B	QL(3 ea daily);PA
QUALAQUIN CAPS (Use <i>quinine sulfate</i>)	NF	PA
<i>quinine sulfate caps 324 MG</i>	1B	PA

ANTIMYASTHENIC/CHOLINERGIC AGENTS

Antimyasthenic/Cholinergic Agents

FIRDAPSE	4	PA
GUANIDINE HCL	2	
MESTINON TABS (Use <i>pyridostigmine bromide</i>)	NF	
MESTINON SOLN OR (Use <i>pyridostigmine bromide</i>)	NF	
MESTINON TIMESPAN TBCR (Use <i>pyridostigmine bromide</i>)	NF	
<i>neostigmine methylsulfate sosy</i>	3	PA
NEOSTIGMINE METHYLSULFATE SOSY 3 MG/3ML	3	PA
<i>pyridostigmine bromide tabs 60 MG</i>	1B	
<i>pyridostigmine bromide tbc</i>	1B	
<i>pyridostigmine bromide soln or</i>	1B	
RUZURGI	4	QL(10 ea daily);PA

ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)

Drug Name	Drug Tier	Requirement s/Limits
Antimycobacterial Agents		
CAPASTAT SULFATE	3	
<i>cycloserine</i>	1B	QL(4 ea daily)
<i>ethambutol hcl tabs</i>	1B	
<i>isoniazid tabs</i>	1B	
<i>isoniazid syrp</i>	1B	
<i>isoniazid soln</i>	1B	
MYAMBUTOL TABS 400 MG (Use <i>ethambutol hcl</i>)	NF	
MYCOBUTIN (Use <i>rifabutin</i>)	NF	PA
PASER PACK	3	QL(3 ea daily)
PRIFTIN	3	
<i>pyrazinamide</i>	1B	
<i>rifabutin</i>	1B	PA
RIFADIN SOLR (Use <i>rifampin</i>)	NF	
<i>rifampin caps</i>	1B	
<i>rifampin solr</i>	1B	
SIRTURO	3	PA
TRECTOR	3	QL(4 ea daily)
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
ALKERAN (Use <i>melphalan hcl</i>)	NF	
ALKERAN (Use <i>melphalan</i>)	NF	
BICNU (Use <i>carmustine</i>)	NF	SP;PA
<i>busulfan soln</i>	4	SP;PA
BUSULFEX SOLN (Use <i>busulfan</i>)	NF	SP;PA
<i>carboplatin soln 50 MG/5ML</i>	4	SP;PA

Drug Name	Drug Tier	Requirement s/Limits
<i>carmustine</i>	4	SP;PA
<i>cisplatin soln 100 MG/100ML</i>	4	SP;PA
<i>cyclophosphamide solr ij</i>	4	
<i>cyclophosphamide caps</i>	1B	PA
GLEOSTINE 10 MG	4	SP;PA
GLEOSTINE 40 MG, 100 MG	4	PA
IFEX SOLR (Use <i>ifosfamide</i>)	NF	SP;PA
<i>ifosfamide soln 1 GM/20ML</i>	4	SP;PA
<i>ifosfamide solr</i>	4	SP;PA
LEUKERAN	4	SP;PA
<i>melphalan</i>	1B	
<i>melphalan hcl</i>	1B	
MYLERAN TABS	4	SP;PA
<i>oxaliplatin soln 50 MG/10ML, 100 MG/20ML</i>	4	SP;PA
TEMODAR CAPS 20 MG, 100 MG, 140 MG, 180 MG, 250 MG (Use <i>temozolomide</i>)	NF	SP;PA
TEMODAR SOLR	4	
<i>temozolomide caps</i>	4	SP;PA
TEPADINA 15 MG (Use <i>thiotepa</i>)	NF	SP;PA
<i>thiotepa 15 MG</i>	4	SP;PA
TREANDA SOLR	4	SP;PA
ZANOSAR	4	SP;PA
Antimetabolites		
ALIMTA SOLR 500 MG (Use <i>pemetrexed disodium</i>)	4	SP;PA

Drug Name	Drug Tier	Requirement s/Limits
ARRANON (Use <i>nelarabine</i>)	4	SP;PA
<i>azacitidine susr</i>	4	SP;PA
<i>capecitabine</i>	4	SP;PA
<i>clofarabine</i>	4	SP;PA
CLOLAR (Use <i>clofarabine</i>)	NF	SP;PA
<i>cytarabine soln</i>	4	SP;PA
DACOGEN (Use <i>decitabine</i>)	NF	SP;PA
<i>decitabine</i>	4	SP;PA
<i>floxuridine</i>	4	SP;PA
<i>fludarabine phosphate soln</i>	4	SP;PA
<i>fludarabine phosphate solr</i>	4	SP;PA
<i>fluorouracil 500 MG/10ML</i>	4	SP;PA
FOLOTYN 20 MG/ML	4	SP;PA
<i>gemcitabine hcl solr 200 MG</i>	4	SP;PA
<i>gemcitabine hcl solr 2 GM</i>	4	SP;PA
<i>mercaptopurine tabs</i>	1B	
<i>methotrexate sodium soln 50 MG/2ML, 250 MG/10ML</i>	1B	
<i>methotrexate sodium solr</i>	1B	SP
<i>methotrexate sodium tabs 2.5 MG</i>	1B	SP
<i>nelarabine</i>	4	SP;PA
<i>pemetrexed disodium solr 500 MG</i>	4	SP;PA
<i>pralatrexate 20 MG/ML</i>	4	SP;PA
TABLOID	4	SP;PA

Drug Name	Drug Tier	Requirements/Limits
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	4	SP;PA
VIDAZA SUSR (<i>Use azacitidine</i>)	NF	SP;PA
XELODA (<i>Use capecitabine</i>)	NF	SP;PA
Antineoplastic - Angiogenesis Inhibitors		
INLYTA	4	QL(2 ea daily);SP;PA
LENVIMA 10 MG DAILY DOSE	4	QL(1 ea daily);PA
LENVIMA 12MG DAILY DOSE	4	QL(3 ea daily);PA
LENVIMA 14 MG DAILY DOSE	4	QL(2 ea daily);PA
LENVIMA 18 MG DAILY DOSE	4	QL(3 ea daily);PA
LENVIMA 20 MG DAILY DOSE	4	QL(2 ea daily);PA
LENVIMA 24 MG DAILY DOSE	4	QL(3 ea daily);PA
LENVIMA 4 MG DAILY DOSE	4	QL(1 ea daily);PA
LENVIMA 8 MG DAILY DOSE	4	QL(2 ea daily);PA
MVASI	4	PA
ZALTRAP 100 MG/4ML	4	SP;PA
ZIRABEV	4	PA
Antineoplastic - Antibodies		
ADCETRIS	4	SP;PA
ARZERRA	4	SP;PA
RITUXAN	4	SP;PA
RUXIENCE	4	PA
TRUXIMA	4	PA
YERVOY	4	SP;PA
Antineoplastic - Anti-HER2 Agents		
KANJINTI	4	PA

Drug Name	Drug Tier	Requirements/Limits
OGIVRI	4	PA
PERJETA	4	SP;PA
TRAZIMERA	4	PA
TUKYSA	4	PA
Antineoplastic - EGFR Inhibitors		
ERBITUX	4	SP;PA
<i>erlotinib hcl</i>	4	QL(1 ea daily);SP;PA
GILOTRIF	4	QL(1 ea daily);PA
IRESSA	4	PA
TAGRISO	4	PA
TARCEVA (<i>Use erlotinib hcl</i>)	NF	QL(1 ea daily);SP;PA
VECTIBIX 100 MG/5ML	4	SP;PA
VIZIMPRO	4	PA
Antineoplastic - Hedgehog Pathway Inhibitors		
DAURISMO	4	PA
ERIVEDGE	4	QL(1 ea daily);SP;PA
ODOMZO	4	QL(1 ea daily);PA
Antineoplastic - Hormonal and Related Agents		
<i>abiraterone acetate 250 MG</i>	4	QL(4 ea daily);SP;PA
<i>abiraterone acetate 500 MG</i>	4	QL(2 ea daily);PA
<i>anastrozole</i>	1B	QL(1 ea daily)
ARIMIDEX (<i>Use anastrozole</i>)	NF	QL(1 ea daily)
AROMASIN (<i>Use exemestane</i>)	NF	QL(1 ea daily);SP
<i>bicalutamide</i>	4	QL(1 ea daily);SP;PA
CASODEX (<i>Use bicalutamide</i>)	NF	QL(1 ea daily);SP;PA

Ambetter Formulary Updated December 1, 2022

Drug Name	Drug Tier	Requirements/Limits
ELIGARD SC 30 MG	4	SP;PA
ELIGARD KIT SC 7.5 MG	4	QL(0.0089 ea daily);SP;PA
EMCYT	4	SP;PA
ERLEADA	4	QL(4 ea daily);PA
EULEXIN	4	QL(6 ea daily);SP;PA
<i>exemestane</i>	4	QL(1 ea daily);SP
FARESTON (<i>Use toremifene citrate</i>)	NF	
FASLODEX SOSY (<i>Use fulvestrant</i>)	4	QL(0.357 ml daily);SP;PA
FEMARA (<i>Use letrozole</i>)	NF	
FIRMAGON	4	QL(0.143 ea daily);SP;PA
<i>flutamide</i>	4	QL(6 ea daily);SP;PA
<i>fulvestrant sosy</i>	4	QL(0.357 ml daily);SP;PA
<i>letrozole</i>	1B	
<i>leuprolide acetate kit ij 1 MG/0.2ML</i>	4	SP;PA
LUPRON DEPOT (1-MONTH) KIT IM	4	QL(0.0357 ea daily);SP;PA
LUPRON DEPOT (3-MONTH) IM	4	SP;PA
LUPRON DEPOT (4-MONTH) IM	4	QL(0.1339 ea daily);SP;PA
LUPRON DEPOT (6-MONTH) IM	4	QL(0.0089 ea daily);SP;PA
LYSODREN	4	SP;PA
<i>megestrol acetate susp</i>	1B	
<i>megestrol acetate tabs</i>	1B	
NILANDRON (<i>Use nilutamide</i>)	NF	QL(2 ea daily)
<i>nilutamide</i>	1B	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
NUBEQA	4	QL(4 ea daily);PA
<i>tamoxifen citrate tabs 20 MG</i>	0	
<i>tamoxifen citrate tabs 10 MG</i>	0	
<i>toremifene citrate</i>	1B	
TRELSTAR MIXJECT	4	SP;PA
XTANDI TABS 40 MG	4	QL(4 ea daily);PA
XTANDI TABS 80 MG	4	QL(2 ea daily);PA
XTANDI CAPS	4	QL(4 ea daily);SP;PA
YONSA	4	QL(4 ea daily);PA
ZOLADEX 3.6 MG	4	QL(0.0357 ea daily);SP;PA
ZOLADEX 10.8 MG	4	QL(0.0119 ea daily);SP;PA
ZYTIGA 500 MG (<i>Use abiraterone acetate</i>)	NF	QL(2 ea daily);PA
ZYTIGA 250 MG (<i>Use abiraterone acetate</i>)	NF	QL(4 ea daily);SP;PA
Antineoplastic - Immunomodulators		
POMALYST	4	QL(1 ea daily);PA
Antineoplastic - PDGFR-alpha Inhibitors		
AYVAKIT	4	QL(1 ea daily);PA
Antineoplastic - XPO1 Inhibitors		
XPOVIO 100 MG ONCE WEEKLY	4	PA
XPOVIO 60 MG ONCE WEEKLY	4	PA
XPOVIO 80 MG ONCE WEEKLY	4	PA
XPOVIO 80 MG TWICE WEEKLY	4	PA
Antineoplastic Antibiotics		
<i>bleomycin sulfate 15 UNIT</i>	4	SP;PA
<i>COSMEGEN (Use dactinomycin)</i>	NF	SP;PA

Drug Name	Drug Tier	Requirements/Limits
<i>dactinomycin</i>	4	SP;PA
DOXIL (Use <i>doxorubicin hcl liposomal</i>)	NF	SP;PA
<i>doxorubicin hcl solr 10 MG, 50 MG</i>	4	SP;PA
<i>doxorubicin hcl soln</i>	4	SP;PA
<i>doxorubicin hcl liposomal</i>	4	SP;PA
<i>epirubicin hcl soln 50 MG/25ML</i>	4	SP;PA
IDAMYCIN PFS 20 MG/20ML (Use <i>idarubicin hcl</i>)	NF	PA
IDAMYCIN PFS 5 MG/5ML, 10 MG/10ML (Use <i>idarubicin hcl</i>)	NF	SP;PA
<i>idarubicin hcl 5 MG/5ML, 10 MG/10ML</i>	4	SP;PA
<i>idarubicin hcl 20 MG/20ML</i>	4	PA
<i>mitomycin solr iv 20 MG</i>	4	SP;PA
<i>mitoxantrone hcl 2 MG/ML</i>	4	SP;PA
<i>valrubicin</i>	4	SP;PA
VALSTAR (Use <i>valrubicin</i>)	NF	SP;PA
Antineoplastic Combinations		
KISQALI FEMARA 200 DOSE 200 MG-2.5 MG	3	PA
KISQALI FEMARA 400 DOSE 200 MG-2.5 MG	3	PA
KISQALI FEMARA 600 DOSE 200 MG-2.5 MG	3	PA
Antineoplastic Enzyme Inhibitors		
AFINITOR TABS (Use <i>everolimus</i>)	NF	QL(1 ea daily);SP;PA

Drug Name	Drug Tier	Requirements/Limits
ALECENSA	4	QL(4 ea daily);PA
ALUNBRIG TABS	4	QL(1 ea daily);PA
ALUNBRIG TBPK	4	QL(1 ea daily);PA
BALVERSA	4	PA
<i>bortezomib solr ij</i>	4	SP;PA
BORTEZOMIB SOLR IV 3.5 MG	4	PA
BOSULIF 400 MG	4	PA
BOSULIF 100 MG, 500 MG	4	QL(1 ea daily);SP;PA
BRAFTOVI 75 MG	4	SP;PA
BRUKINSA	4	PA
CABOMETYX TABS	4	QL(1 ea daily);PA
CALQUENCE	4	QL(2 ea daily);PA
CALQUENCE	4	QL(2 ea daily);PA
CAPRELSA	4	QL(1 ea daily);SP;PA
COMETRIQ KIT 0	4	QL(4 ea daily);SP;PA
COMETRIQ KIT	4	QL(3 ea daily);SP;PA
COMETRIQ KIT 0	4	QL(2 ea daily);SP;PA
COPIKTRA	4	PA
<i>everolimus tabs</i>	4	QL(1 ea daily);SP;PA
GLEEVEC (Use <i>imatinib mesylate</i>)	NF	QL(2 ea daily);SP;PA
IBRANCE CAPS	3	PA
IBRANCE TABS	3	PA
ICLUSIG	4	QL(1 ea daily);PA
<i>imatinib mesylate</i>	4	QL(2 ea daily);SP;PA
IMBRUVICA CAPS 70 MG	4	QL(1 ea daily);PA
IMBRUVICA CAPS 140 MG	4	QL(3 ea daily);PA

Ambetter Formulary Updated December 1, 2022

Drug Name	Drug Tier	Requirement s/Limits
IMBRUVICA SUSP	4	QL(8 ml daily);PA
IMBRUVICA TABS	4	QL(1 ea daily);PA
INREBIC	4	PA
ISTODAX (OVERFILL) SOLR (Use romidepsin)	4	SP;PA
JAKAFI 5 MG, 15 MG, 25 MG	4	QL(2 ea daily);SP;PA
JAKAFI 10 MG, 20 MG	4	SP;PA
KISQALI	3	PA
KOSELUGO	4	PA
KYPROLIS	4	PA
<i>lapatinib ditosylate</i>	4	QL(6 ea daily);SP;PA
LORBRENA	4	QL(1 ea daily);PA
LYNPARZA TABS	4	QL(4 ea daily);PA
MEKINIST 2 MG	4	QL(1 ea daily);PA
MEKINIST .5 MG	4	QL(3 ea daily);PA
MEKTOVI	4	SP;PA
NEXAVAR (Use sorafenib tosylate)	4	QL(4 ea daily);SP;PA
NINLARO	4	QL(0.143 ea daily);PA
PEMAZYRE	4	QL(1 ea daily);PA
PIQRAY 200MG DAILY DOSE	4	PA
PIQRAY 250MG DAILY DOSE	4	PA
PIQRAY 300MG DAILY DOSE	4	PA
QINLOCK	4	PA
RETEVMO	4	PA
<i>romidepsin solr</i>	4	SP;PA
ROZLYTREK	4	PA
RUBRACA	4	QL(4 ea daily);PA
<i>sorafenib tosylate</i>	4	QL(4 ea daily);SP;PA

Drug Name	Drug Tier	Requirement s/Limits
SPRYCEL	4	QL(1 ea daily);SP;PA
STIVARGA	4	QL(4 ea daily);SP;PA
<i>sunitinib malate 12.5 MG, 25 MG, 50 MG</i>	4	QL(1 ea daily);SP;PA
SUTENT 12.5 MG, 25 MG, 50 MG (Use <i>sunitinib malate</i>)	4	QL(1 ea daily);SP;PA
TABRECTA	4	PA
TAFINLAR	4	QL(4 ea daily);PA
TALZENNA	4	QL(1 ea daily);PA
TASIGNA 50 MG	4	QL(4 ea daily);PA
TASIGNA 150 MG, 200 MG	4	QL(4 ea daily);SP;PA
TAZVERIK	4	PA
<i>temsirolimus</i>	4	QL(0.143 ml daily);SP;PA
TIBSOVO	4	PA
TORISEL (Use <i>temsirolimus</i>)	NF	QL(0.143 ml daily);SP;PA
TURALIO	4	PA
TYKERB (Use <i>lapatinib ditosylate</i>)	4	QL(6 ea daily);SP;PA
VELCADE SOLR IJ (Use <i>bortezomib</i>)	4	SP;PA
VERZENIO	4	PA
VITRAKVI CAPS	4	PA
VITRAKVI SOLN	4	PA
VOTRIENT	4	QL(4 ea daily);SP;PA
XALKORI	4	QL(2 ea daily);SP;PA
XOSPATA	4	PA
ZEJULA	4	QL(3 ea daily);PA
ZELBORAF	4	SP;PA
ZOLINZA	4	QL(4 ea daily);SP;PA

Ambetter Formulary Updated December 1, 2022

Drug Name	Drug Tier	Requirement s/Limits
ZYDELIG	4	QL(2 ea daily);PA
Antineoplastic Enzymes		
ERWINASE	4	SP;PA
ERWINAZE	4	SP;PA
ONCASPAS	4	SP;PA
Antineoplastics Misc.		
ACTIMMUNE	4	SP;PA
<i>arsenic trioxide 10 MG/10ML</i>	4	SP;PA
<i>bexarotene</i>	4	SP;PA
<i>dacarbazine solr 200 MG</i>	4	SP;PA
HYDREA (<i>Use hydroxyurea</i>)	NF	
<i>hydroxyurea</i>	1B	
INTRON A SOLR 18000000 UNIT	4	SP;PA
MATULANE	4	SP;PA
NIPENT	4	SP;PA
PHOTOFRIN	4	SP;PA
PROLEUKIN	4	SP;PA
SYNRIBO	4	SP;PA
TARGRETIN (<i>Use bexarotene</i>)	NF	SP;PA
<i>tretinoin (chemotherapy)</i>	1B	
UVADEX	4	SP;PA
Chemotherapy Adjuncts		
KEPIVANCE	4	SP;PA
Chemotherapy Rescue/Antidote/Protective Agents		
<i>leucovorin calcium solr</i>	1B	
<i>leucovorin calcium tabs</i>	1B	
VORAXAZE	4	SP;PA

Drug Name	Drug Tier	Requirement s/Limits
Mitotic Inhibitors		
ABRAXANE 100 MG-900 MG (<i>Use paclitaxel protein-bound particles</i>)	4	SP;PA
<i>docetaxel conc 20 MG/ML</i>	4	SP;PA
<i>docetaxel soln 20 MG/2ML</i>	4	SP;PA
DOCETAXEL CONC 20 MG/ML (<i>Use docetaxel</i>)	NF	SP;PA
DOCETAXEL SOLN 20 MG/2ML (<i>Use docetaxel</i>)	4	SP;PA
ETOPOPHOS	4	SP;PA
<i>etoposide caps</i>	4	SP;PA
<i>etoposide soln 1 GM/50ML, 100 MG/5ML, 500 MG/25ML</i>	4	
HALAVEN	4	SP;PA
IXEMPRA KIT 15 MG	4	SP;PA
JEVTANA	4	SP;PA
NAVELBINE 10 MG/ML (<i>Use vinorelbine tartrate</i>)	NF	SP;PA
NAVELBINE 50 MG/5ML (<i>Use vinorelbine tartrate</i>)	NF	
<i>paclitaxel 6 MG/ML, 100 MG/16.7ML</i>	4	SP;PA
<i>paclitaxel 150 MG/25ML</i>	4	SP;PA
<i>paclitaxel protein-bound particles 100 MG-900 MG</i>	4	SP;PA

Ambetter Formulary Updated December 1, 2022

Drug Name	Drug Tier	Requirements/Limits
PACLITAXEL PROTEIN-BOUND PARTICLES 100 MG-900 MG (Use paclitaxel protein-bound particles)	4	SP;PA
TENIPOSIDE	4	SP;PA
vincristine sulfate	4	SP;PA
vinorelbine tartrate 10 MG/ML	4	SP;PA
Topoisomerase I Inhibitors		
CAMPTOSAR 40 MG/2ML, 100 MG/5ML (Use irinotecan hcl)	NF	SP;PA
HYCAMTIN SOLR (Use topotecan hcl)	NF	
HYCAMTIN CAPS	4	SP;PA
irinotecan hcl 40 MG/2ML, 100 MG/5ML	4	SP;PA
topotecan hcl solr	4	
topotecan hcl soln	4	
TOPOTECAN HCL SOLN (Use topotecan hcl)	NF	
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjunctive Therapy		
carbidopa	1B	
LODOSYN (Use carbidopa)	NF	
Antiparkinson Anticholinergics		
benztropine mesylate tabs	1B	
benztropine mesylate soln	1B	
COGENTIN SOLN (Use benztropine mesylate)	NF	

Drug Name	Drug Tier	Requirements/Limits
trihexyphenidyl hcl tabs	1B	
trihexyphenidyl hcl soln	1B	
Antiparkinson COMT Inhibitors		
COMTAN (Use entacapone)	NF	QL(8 ea daily)
entacapone	1B	QL(8 ea daily)
TASMAR (Use tolcapone)	NF	
tolcapone	1B	
Antiparkinson Dopaminergics		
amantadine hcl caps	1B	
amantadine hcl soln	1B	
amantadine hcl tabs	1B	
APOKYN SOCT	4	PA
apomorphine hydrochloride soct	4	PA
bromocriptine mesylate caps	1B	
bromocriptine mesylate tabs 2.5 MG	1B	
carbidopa-levodopa tbc	1B	
carbidopa-levodopa tbdp	1B	
carbidopa-levodopa tabs	1B	
carbidopa-levodopa-entacapone	1B	
MIRAPEX TABS .5 MG, .75 MG, 1 MG (Use pramipexole dihydrochloride)	NF	
MIRAPEX TABS .125 MG (Use pramipexole dihydrochloride)	NF	QL(4 ea daily)
NEUPRO	2	

Drug Name	Drug Tier	Requirements/Limits
PARLODEL TABS (<i>Use bromocriptine mesylate</i>)	NF	
PARLODEL CAPS (<i>Use bromocriptine mesylate</i>)	NF	
<i>pramipexole dihydrochloride tabs .25 MG, .5 MG, .75 MG, 1 MG, 1.5 MG</i>	1B	
<i>pramipexole dihydrochloride tabs .125 MG</i>	1B	QL(4 ea daily)
<i>ropinirole hydrochloride tb24 8 MG, 12 MG</i>	1B	QL(2 ea daily);ST
<i>ropinirole hydrochloride tb24 2 MG, 4 MG, 6 MG</i>	1B	QL(1 ea daily);ST
<i>ropinirole hydrochloride tabs</i>	1B	
SINEMET TABS (<i>Use carbidopa-levodopa</i>)	NF	
STALEVO 100 200 MG-100 MG-25 MG (<i>Use carbidopa-levodopa-entacapone</i>)	NF	
STALEVO 125 200 MG-125 MG-31.25 MG (<i>Use carbidopa-levodopa-entacapone</i>)	NF	
STALEVO 150 200 MG-150 MG-37.5 MG (<i>Use carbidopa-levodopa-entacapone</i>)	NF	
STALEVO 200 200 MG-200 MG-50 MG (<i>Use carbidopa-levodopa-entacapone</i>)	NF	
STALEVO 50 200 MG-50 MG-12.5 MG (<i>Use carbidopa-levodopa-entacapone</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
STALEVO 75 200 MG-75 MG-18.75 MG (<i>Use carbidopa-levodopa-entacapone</i>)	NF	
Antiparkinson Monoamine Oxidase Inhibitors		
AZILECT (<i>Use rasagiline mesylate</i>)	NF	QL(1 ea daily);PA
<i>rasagiline mesylate</i>	1B	QL(1 ea daily);PA
<i>selegiline hcl caps</i>	1B	
<i>selegiline hcl tabs</i>	1B	
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
<i>lithium carbonate tabs</i>	1B	
<i>lithium carbonate tbc</i>	1B	
<i>lithium carbonate caps</i>	1B	
LITHOBID TBCR (<i>Use lithium carbonate</i>)	NF	
Antipsychotics - Misc.		
EQUETRO 200 MG	3	QL(8 ea daily);ST
EQUETRO 100 MG	3	QL(2 ea daily);ST
EQUETRO 300 MG	3	QL(4 ea daily);ST
GEODON (<i>Use ziprasidone hcl</i>)	NF	QL(2 ea daily);AL(At least 18 yrs old)
LATUDA 20 MG, 40 MG, 60 MG, 120 MG	3	QL(1 ea daily);PA
LATUDA 80 MG	3	QL(2 ea daily);PA
<i>ziprasidone hcl</i>	1B	QL(2 ea daily);AL(At least 18 yrs old)
Benzisoxazoles		
FANAPT	2	QL(2 ea daily);PA
FANAPT TITRATION PACK	2	PA

Ambetter Formulary Updated December 1, 2022

Drug Name	Drug Tier	Requirements/Limits
INVEGA 1.5 MG, 3 MG, 9 MG (Use paliperidone)	NF	QL(1 ea daily)
INVEGA 6 MG (Use paliperidone)	NF	QL(2 ea daily)
paliperidone 1.5 MG, 3 MG, 9 MG	1B	QL(1 ea daily)
paliperidone 6 MG	1B	QL(2 ea daily)
PERSERIS PRSY	2	QL(0.072 ea daily);PA
RISPERDAL TABS .5 MG, 1 MG, 2 MG, 3 MG, 4 MG (Use risperidone)	NF	QL(4 ea daily)
RISPERDAL SOLN (Use risperidone)	NF	QL(8 ml daily)
RISPERDAL CONSTA	2	QL(0.072 ea daily);PA
risperidone soln	1B	QL(8 ml daily)
risperidone tbdp	1B	QL(4 ea daily)
risperidone tabs	1B	QL(4 ea daily)
Butyrophenones		
HALDOL SOLN (Use haloperidol lactate)	NF	
HALDOL DECANOATE 100 (Use haloperidol decanoate)	NF	QL(0.036 ml daily)
HALDOL DECANOATE 50 (Use haloperidol decanoate)	NF	QL(0.036 ml daily)
haloperidol tabs	1B	
haloperidol decanoate	1B	QL(0.036 ml daily)
haloperidol lactate soln	1B	
haloperidol lactate conc	1B	
Dibenzapines		
asenapine maleate 2.5 MG	1B	QL(4 ea daily);PA

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

Ambetter Formulary Updated December 1, 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>trifluoperazine hcl tabs</i>	1B	
Quinolinone Derivatives		
ABILIFY TABS (<i>Use aripiprazole</i>)	NF	QL(1 ea daily);AL(At least 6 yrs old)
<i>aripiprazole tabs</i>	1B	QL(1 ea daily);AL(At least 6 yrs old)
<i>aripiprazole soln or</i>	1B	QL(30 ml daily);AL(At least 6 yrs old)
REXULTI	3	PA
Thioxanthenes		
<i>thiothixene</i>	1B	
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
<i>abacavir sulfate soln</i>	1B	QL(32 ml daily)
<i>abacavir sulfate tabs</i>	1B	QL(2 ea daily)
<i>abacavir sulfate-lamivudine</i>	1B	QL(1 ea daily)
<i>abacavir sulfate-lamivudine-zidovudine 300 MG-300 MG-150 MG</i>	1B	QL(2 ea daily)
APTIVUS CAPS	2	QL(4 ea daily)
APTIVUS SOLN	2	QL(10 ml daily)
<i>atazanavir sulfate caps 150 MG, 300 MG</i>	1B	QL(1 ea daily)
<i>atazanavir sulfate caps 200 MG</i>	1B	QL(2 ea daily)
ATRIPLA 300 MG-200 MG-600 MG (<i>Use efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>)	3	QL(1 ea daily)
BIKTARVY 15 MG-120 MG-30 MG	3	QL(1 ea daily)

Ambetter Formulary Updated December 1, 2022

Drug Name	Drug Tier	Requirements/Limits
BIKTARVY 25 MG-200 MG-50 MG	2	QL(1 ea daily)
CIMDUO 300 MG-300 MG	2	QL(1 ea daily);ST
COMBIVIR 150 MG-300 MG (Use lamivudine-zidovudine)	NF	QL(2 ea daily)
COMPLERA 25 MG-200 MG-300 MG	3	QL(1 ea daily)
CRIXIVAN 400 MG	2	QL(6 ea daily)
CRIXIVAN 200 MG	2	QL(9 ea daily)
DELSTRIGO 100 MG-300 MG-300 MG	3	QL(1 ea daily)
didanosine cpdr 200 MG	1B	QL(2 ea daily)
didanosine cpdr 250 MG, 400 MG	1B	QL(1 ea daily)
DOVATO 50 MG-300 MG	2	QL(1 ea daily)
EDURANT	2	QL(1 ea daily)
efavirenz caps 200 MG	1B	QL(2 ea daily)
efavirenz tabs	1B	QL(1 ea daily)
efavirenz caps 50 MG	1B	QL(3 ea daily)
efavirenz-emtricitabine-tenofovir disoproxil fumarate 300 MG-200 MG-600 MG	1B	QL(1 ea daily)
efavirenz-lamivudine-tenofovir disoproxil fumarate	1B	QL(1 ea daily)
emtricitabine caps	1B	QL(1 ea daily)
emtricitabine-tenofovir disoproxil fumarate 150 MG-100 MG, 200 MG-133 MG, 250 MG-167 MG	1B	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
emtricitabine-tenofovir disoproxil fumarate 300 MG-200 MG	0	QL(1 ea daily)
EMTRIVA CAPS (Use emtricitabine)	NF	QL(1 ea daily)
EMTRIVA SOLN	2	QL(24 ml daily)
EPIVIR TABS 300 MG (Use lamivudine)	NF	QL(1 ea daily)
EPIVIR TABS 150 MG (Use lamivudine)	NF	QL(2 ea daily)
EPIVIR SOLN (Use lamivudine)	NF	QL(30 ml daily)
EPZICOM 600 MG-300 MG (Use abacavir sulfate-lamivudine)	NF	QL(1 ea daily)
etravirine 200 MG	1B	QL(2 ea daily)
etravirine 100 MG	1B	QL(4 ea daily)
EVOTAZ 150 MG-300 MG	3	QL(1 ea daily)
fosamprenavir calcium tabs	1B	QL(4 ea daily)
FUZEON SOLR	4	SP;PA
GENVOYA 150 MG-200 MG-150 MG-10 MG	2	QL(1 ea daily)
INTELENCE 25 MG	2	QL(8 ea daily)
INTELENCE 200 MG (Use etravirine)	2	QL(2 ea daily)
INTELENCE 100 MG (Use etravirine)	2	QL(4 ea daily)
INVIRASE TABS	2	QL(4 ea daily)
ISENTRESS TABS	2	QL(2 ea daily)
ISENTRESS CHEW	2	QL(6 ea daily)
ISENTRESS HD TABS	2	QL(2 ea daily)
JULUCA 50 MG-25 MG	3	QL(1 ea daily)

Drug Name	Drug Tier	Requirement s/Limits
KALETRA SOLN 400 MG/5ML-100 MG/5ML (<i>Use lopinavir-ritonavir</i>)	NF	QL(12.5 ml daily)
KALETRA TABS (<i>Use lopinavir-ritonavir</i>)	2	QL(4 ea daily)
<i>lamivudine tabs 300 MG</i>	1B	QL(1 ea daily)
<i>lamivudine soln</i>	1B	QL(30 ml daily)
<i>lamivudine tabs 150 MG</i>	1B	QL(2 ea daily)
<i>lamivudine-zidovudine 150 MG-300 MG</i>	1B	QL(2 ea daily)
LEXIVA SUSP	2	QL(56 ml daily)
LEXIVA TABS (<i>Use fosamprenavir calcium</i>)	NF	QL(4 ea daily)
<i>lopinavir-ritonavir tabs</i>	1B	QL(4 ea daily)
<i>lopinavir-ritonavir soln 400 MG/5ML-100 MG/5ML</i>	1B	QL(12.5 ml daily)
<i>maraviroc tabs 300 MG</i>	1B	QL(4 ea daily)
<i>maraviroc tabs 150 MG</i>	1B	QL(2 ea daily)
<i>nevirapine tb24 400 MG</i>	1B	QL(1 ea daily)
<i>nevirapine tb24 100 MG</i>	1B	QL(3 ea daily)
<i>nevirapine tabs</i>	1B	QL(2 ea daily)
<i>nevirapine susp</i>	1B	QL(40 ml daily)
NORVIR PACK	2	QL(12 ea daily)
NORVIR TABS (<i>Use ritonavir</i>)	NF	QL(12 ea daily)
NORVIR SOLN	2	QL(15 ml daily)
ODEFSEY 25 MG-200 MG-25 MG	2	QL(1 ea daily)
PIFELTRO	2	QL(1 ea daily)

Drug Name	Drug Tier	Requirement s/Limits
PREZCOBIX 800 MG-150 MG	2	QL(1 ea daily)
PREZISTA TABS 75 MG, 150 MG, 600 MG	2	QL(2 ea daily)
PREZISTA TABS 800 MG	2	QL(1 ea daily)
PREZISTA SUSP	2	QL(12 ml daily)
RETROVIR CAPS (<i>Use zidovudine</i>)	NF	QL(6 ea daily)
RETROVIR SYRP (<i>Use zidovudine</i>)	NF	QL(60 ml daily)
RETROVIR IV INFUSION SOLN	1B	
REYATAZ CAPS 200 MG (<i>Use atazanavir sulfate</i>)	NF	QL(2 ea daily)
REYATAZ CAPS 150 MG, 300 MG (<i>Use atazanavir sulfate</i>)	NF	QL(1 ea daily)
<i>ritonavir tabs</i>	1B	QL(12 ea daily)
RUKOBIA	4	PA
SELZENTRY TABS 25 MG, 75 MG, 150 MG	2	QL(2 ea daily)
SELZENTRY SOLN	2	QL(30 ml daily)
SELZENTRY TABS 300 MG (<i>Use maraviroc</i>)	2	QL(4 ea daily)
SELZENTRY TABS (<i>Use maraviroc</i>)	2	QL(2 ea daily)
<i>stavudine caps</i>	1B	QL(2 ea daily)
STRIBILD 150 MG-200 MG-300 MG-150 MG	3	QL(1 ea daily)
SUSTIVA CAPS 50 MG (<i>Use efavirenz</i>)	NF	QL(3 ea daily)
SUSTIVA CAPS 200 MG (<i>Use efavirenz</i>)	NF	QL(2 ea daily)
SUSTIVA TABS (<i>Use efavirenz</i>)	NF	QL(1 ea daily)

Ambetter Formulary Updated December 1, 2022

Drug Name	Drug Tier	Requirements/Limits
SYMFI 300 MG-300 MG-600 MG (<i>Use efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	NF	QL(1 ea daily)
SYMFI LO 300 MG-300 MG-400 MG (<i>Use efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	NF	QL(1 ea daily)
SYMTUZA 800 MG-200 MG-10 MG-150 MG	3	QL(1 ea daily);ST
TEMIXYS 300 MG-300 MG	2	QL(1 ea daily);ST
<i>tenofovir disoproxil fumarate tabs</i>	1B	
TIVICAY TABS	3	QL(2 ea daily)
TRIUMEQ TABS 50 MG-300 MG-600 MG	2	QL(1 ea daily)
TRIZIVIR 300 MG-300 MG-150 MG	2	QL(2 ea daily)
TRUVADA (<i>Use emtricitabine-tenofovir disoproxil fumarate</i>)	NF	QL(1 ea daily)
TYBOST	2	QL(1 ea daily)
VIRACEPT TABS 625 MG	2	QL(4 ea daily)
VIRACEPT TABS 250 MG	2	QL(10 ea daily)
VIRAMUNE SUSP (<i>Use nevirapine</i>)	NF	QL(40 ml daily)
VIRAMUNE XR TB24 400 MG (<i>Use nevirapine</i>)	NF	QL(1 ea daily)
VIREAD TABS (<i>Use tenofovir disoproxil fumarate</i>)	NF	
VIREAD TABS 150 MG, 200 MG, 250 MG	2	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
VIREAD POWD	2	
ZIAGEN SOLN (<i>Use abacavir sulfate</i>)	NF	QL(32 ml daily)
ZIAGEN TABS (<i>Use abacavir sulfate</i>)	NF	QL(2 ea daily)
<i>zidovudine caps</i>	1B	QL(6 ea daily)
<i>zidovudine syrps</i>	1B	QL(60 ml daily)
<i>zidovudine tabs</i>	1B	QL(2 ea daily)
CMV Agents		
<i>cidofovir</i>	3	
<i>ganciclovir sodium solr</i>	1B	
VALCYTE TABS (<i>Use valganciclovir hcl</i>)	NF	QL(4 ea daily);PA
<i>valganciclovir hcl tabs</i>	1B	QL(4 ea daily);PA
Hepatitis Agents		
<i>adefovir dipivoxil</i>	4	QL(1 ea daily);SP;PA
BARACLUDE SOLN	4	QL(20 ml daily);SP;PA
BARACLUDE TABS (<i>Use entecavir</i>)	NF	QL(1 ea daily);SP
<i>entecavir tabs</i>	4	QL(1 ea daily);SP
EPCLUSA TABS	4	QL(1 ea daily);PA
EPCLUSA PACK	4	QL(1 ea daily);PA
EPCLUSA TABS	4	QL(1 ea daily);PA
EPIVIR HBV SOLN	4	QL(60 ml daily);SP;PA
EPIVIR HBV TABS (<i>Use lamivudine (hbv)</i>)	NF	QL(3 ea daily);SP
HEPSERA (<i>Use adefovir dipivoxil</i>)	NF	QL(1 ea daily);SP;PA
<i>lamivudine (hbv) tabs</i>	1B	QL(3 ea daily);SP
PEGASYS SOSY	4	QL(0.072 ml daily);PA
PEGASYS SOLN	4	QL(0.0714 ml daily);SP;PA

Drug Name	Drug Tier	Requirement s/Limits
PEGINTRON 50 MCG/0.5ML	4	QL(0.143 ea daily);SP;PA
<i>ribavirin (hepatitis c) caps</i>	1B	QL(7 ea daily)
<i>ribavirin (hepatitis c) tabs 200 MG</i>	1B	QL(7 ea daily)
SOFOSBUVIR/VELPAT ASVIR TABS 400 MG-100 MG	4	QL(1 ea daily);PA
SOVALDI TABS 400 MG	4	QL(1 ea daily);SP;PA
SOVALDI TABS 200 MG	4	QL(1 ea daily);PA
VEMLIDY	4	QL(1 ea daily);SP;PA
VOSEVI 400 MG-100 MG-100 MG	4	QL(1 ea daily);PA
Herpes Agents		
<i>acyclovir caps</i>	1A	QL(5 ea daily,50 ea per fill retail,50 per fill mail MG)
<i>acyclovir susp</i>	1B	QL(13.34 ml daily)
<i>acyclovir tabs or</i>	1B	QL(5 ea daily)
<i>famciclovir 500 MG</i>	1B	QL(4 ea daily)
<i>famciclovir 125 MG, 250 MG</i>	1B	QL(3 ea daily)
<i>valacyclovir hcl 1 GM, 1000 MG</i>	1B	QL(4 ea daily)
<i>valacyclovir hcl 500 MG</i>	1B	QL(2 ea daily)
VALTREX 1 GM (<i>Use valacyclovir hcl</i>)	NF	QL(4 ea daily)
VALTREX 500 MG (<i>Use valacyclovir hcl</i>)	NF	QL(2 ea daily)
ZOVIRAX SUSP (<i>Use acyclovir</i>)	NF	QL(13.34 ml daily)
Influenza Agents		

Drug Name	Drug Tier	Requirement s/Limits
<i>oseltamivir phosphate susr</i>	1B	Limit 1 fill every 90 days.;1 rtl MAX fill,90 rtl day(s) supply;QL(125 ml per fill retail)
<i>oseltamivir phosphate caps</i>	1B	Limit 1 fill every 90 days.;1 rtl MAX fill,90 rtl day(s) supply;1 mail MAX fill;QL(10 ea per fill retail,10 per fill mail MG)
RELENZA DISKHALER	2	1 rtl pack lmt amt,30 rtl pack lmt day(s)
<i>rimantadine hydrochloride tabs</i>	1B	QL(2 ea daily)
TAMIFLU CAPS (<i>Use oseltamivir phosphate</i>)	NF	Limit 1 fill every 90 days.;1 rtl MAX fill,90 rtl day(s) supply;1 mail MAX fill;QL(10 ea per fill retail,10 per fill mail MG)
TAMIFLU SUSR (<i>Use oseltamivir phosphate</i>)	NF	Limit 1 fill every 90 days.;1 rtl MAX fill,90 rtl day(s) supply;QL(125 ml per fill retail)
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
<i>carvedilol</i>	1B	
COREG (<i>Use carvedilol</i>)	NF	
<i>labetalol hcl soln</i>	1B	
<i>labetalol hcl tabs</i>	1B	
Beta Blockers Cardio-Selective		

Drug Name	Drug Tier	Requirements/Limits
<i>acebutolol hcl caps</i>	1B	
<i>atenolol tabs</i>	1B	
<i>betaxolol hcl</i>	1B	
<i>bisoprolol fumarate</i>	1B	
BYSTOLIC 2.5 MG, 5 MG, 10 MG (Use <i>nebivolol hcl</i>)	2	QL(1 ea daily)
BYSTOLIC 20 MG (Use <i>nebivolol hcl</i>)	2	QL(2 ea daily)
LOPRESSOR TABS (Use <i>metoprolol tartrate</i>)	NF	
<i>metoprolol succinate tb24</i>	1B	
<i>metoprolol tartrate tabs 25 MG, 50 MG, 100 MG</i>	1B	
<i>metoprolol tartrate soln iv 5 MG/5ML</i>	1B	
<i>nebivolol hcl 20 MG</i>	1B	QL(2 ea daily)
<i>nebivolol hcl 2.5 MG, 5 MG, 10 MG</i>	1B	QL(1 ea daily)
TENORMIN TABS (Use <i>atenolol</i>)	NF	
TOPROL XL TB24 (Use <i>metoprolol succinate</i>)	NF	
Beta Blockers Non-Selective		
BETAPACE TABS 80 MG, 120 MG, 160 MG (Use <i>sotalol hcl</i>)	NF	QL(2 ea daily)
BETAPACE AF (Use <i>sotalol hcl (afib/afl)</i>)	NF	
CORGARD TABS 20 MG, 40 MG, 80 MG (Use <i>nadolol</i>)	NF	
HEMANGEOL SOLN OR	4	QL(75 ml daily);PA
INDERAL LA CP24 (Use <i>propranolol hcl</i>)	NF	
<i>nadolol tabs 20 MG, 40 MG, 80 MG</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>pindolol tabs</i>	1B	
<i>propranolol hcl cp24</i>	1B	
<i>propranolol hcl tabs</i>	1B	
<i>propranolol hcl soln or 20 MG/5ML, 40 MG/5ML</i>	1B	
<i>sotalol hcl tabs 80 MG, 120 MG, 160 MG</i>	1B	QL(2 ea daily)
<i>sotalol hcl tabs 240 MG</i>	1B	
<i>sotalol hcl (afib/afl)</i>	1B	
<i>timolol maleate tabs</i>	1B	
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		
<i>amlodipine besylate tabs</i>	1B	
CALAN SR TBCR (Use <i>verapamil hcl</i>)	NF	
CARDIZEM TABS 30 MG, 60 MG, 120 MG (Use <i>diltiazem hcl</i>)	NF	
CARDIZEM CD CP24 (Use <i>diltiazem hcl coated beads</i>)	NF	
CARDIZEM LA TB24 (Use <i>diltiazem hcl coated beads</i>)	NF	
<i>diltiazem hcl soln 50 MG/10ML</i>	1B	
<i>diltiazem hcl cp12</i>	1B	
<i>diltiazem hcl tabs</i>	1B	
<i>diltiazem hcl cp24</i>	1B	
DILTIAZEM HCL SOLR	1B	
<i>diltiazem hcl coated beads cp24</i>	1B	
<i>diltiazem hcl coated beads tb24</i>	1B	

Ambetter Formulary Updated December 1, 2022

Drug Name	Drug Tier	Requirement s/Limits
<i>diltiazem hcl extended release beads 120 MG, 180 MG, 240 MG, 300 MG, 360 MG</i>	1B	
<i>felodipine</i>	1B	
<i>isradipine caps</i>	1B	
<i>nicardipine hcl soln</i>	1B	
<i>nicardipine hcl caps</i>	1B	
<i>nifedipine caps</i>	1B	
<i>nifedipine tb24</i>	1B	
<i>nimodipine caps</i>	1B	
<i>nisoldipine 8.5 MG, 17 MG, 20 MG, 30 MG, 34 MG, 40 MG</i>	1B	
NORVASC TABS (Use <i>amlodipine besylate</i>)	NF	
PROCARDIA CAPS (Use <i>nifedipine</i>)	NF	
PROCARDIA XL TB24 (Use <i>nifedipine</i>)	NF	
SULAR (Use <i>nisoldipine</i>)	NF	
<i>verapamil hcl cp24</i>	1B	
<i>verapamil hcl tabs</i>	1B	
<i>verapamil hcl soln 2.5 MG/ML</i>	1B	
<i>verapamil hcl tbcr</i>	1B	
VERELAN CP24 (Use <i>verapamil hcl</i>)	NF	
VERELAN PM CP24 (Use <i>verapamil hcl</i>)	NF	
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
<i>digoxin tabs .0625 MG, .125 MG, .25 MG, 62.5 MCG, 125 MCG, 250 MCG</i>	1B	

Drug Name	Drug Tier	Requirement s/Limits
<i>digoxin soln or .05 MG/ML</i>	1B	
LANOXIN SOLN IJ (Use <i>digoxin</i>)	2	
LANOXIN TABS 62.5 MCG, 125 MCG, 250 MCG (Use <i>digoxin</i>)	2	
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiovascular Agents Misc. - Combinations		
<i>amlodipine besylate-atorvastatin calcium</i>	1B	QL(1 ea daily)
BIDIL 37.5 MG-20 MG (Use <i>isosorbide dinitrate-hydralazine hcl</i>)	2	
CADUET 10 MG-10 MG, 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG, 40 MG-5 MG, 80 MG-10 MG, 80 MG-5 MG (Use <i>amlodipine besylate-atorvastatin calcium</i>)	NF	QL(1 ea daily)
ENTRESTO	3	QL(2 ea daily);PA
<i>isosorbide dinitrate-hydralazine hcl 37.5 MG-20 MG</i>	1B	
Impotence Agents		
CIALIS 5 MG (Use <i>tadalafil</i>)	NF	BPH Only;QL(1 ea daily);PA
<i>sildenafil citrate</i>	1B	QL(0.1334 ea daily);PA
STENDRA	3	QL(0.134 ea daily)
<i>tadalafil 5 MG</i>	1B	BPH Only;QL(1 ea daily);PA
VIAGRA (Use <i>sildenafil citrate</i>)	NF	QL(0.1334 ea daily);PA
Prostaglandin Vasodilators		

Ambetter Formulary Updated December 1, 2022

Drug Name	Drug Tier	Requirement s/Limits
<i>epoprostenol sodium</i>	4	PA
FLOLAN (<i>Use epoprostenol sodium</i>)	NF	PA
ORENITRAM .125 MG, .25 MG, 1 MG, 2.5 MG	3	PA
<i>treprostinil soln ij</i>	4	SP;PA
TYVASO SOLN IN	4	PA
TYVASO REFILL SOLN IN	4	PA
TYVASO STARTER SOLN IN	4	PA
VELETRI (<i>Use epoprostenol sodium</i>)	NF	PA
VENTAVIS	4	SP;PA
Pulmonary Hypertension - Endothelin Receptor Antagonists		
<i>ambrisentan</i>	4	QL(1 ea daily);SP;PA
<i>bosentan tabs 125 MG</i>	4	QL(2 ea daily);SP;PA
<i>bosentan tabs 62.5 MG</i>	4	QL(2 ea daily);PA
LETAIRIS (<i>Use ambrisentan</i>)	NF	QL(1 ea daily);SP;PA
OPSUMIT	4	QL(1 ea daily);PA
TRACLEER TABS 62.5 MG (<i>Use bosentan</i>)	NF	QL(2 ea daily);PA
TRACLEER TBSO	4	QL(2 ea daily);SP;PA
TRACLEER TABS 125 MG (<i>Use bosentan</i>)	NF	QL(2 ea daily);SP;PA
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
ADCIRCA TABS (<i>Use tadalafil (pulmonary hypertension)</i>)	NF	QL(2 ea daily);SP;PA

Drug Name	Drug Tier	Requirement s/Limits
REVATIO TABS (<i>Use sildenafil citrate (pulmonary hypertension)</i>)	NF	QL(3 ea daily);SP;PA
REVATIO SUSR (<i>Use sildenafil citrate (pulmonary hypertension)</i>)	NF	QL(6 ml daily);PA
REVATIO SOLN (<i>Use sildenafil citrate (pulmonary hypertension)</i>)	NF	QL(37.5 ml daily);SP;PA
<i>sildenafil citrate (pulmonary hypertension) tabs</i>	4	QL(3 ea daily);SP;PA
<i>sildenafil citrate (pulmonary hypertension) susr</i>	4	QL(6 ml daily);PA
<i>sildenafil citrate (pulmonary hypertension) soln</i>	4	QL(37.5 ml daily);SP;PA
<i>tadalafil (pulmonary hypertension) tabs</i>	4	QL(2 ea daily);SP;PA
Pulmonary Hypertension - Prostacyclin Receptor Agonist		
UPTRAVI TABS 200 MCG	4	PA
UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG	4	QL(2 ea daily);PA
UPTRAVI TITRATION PACK TBPK	4	1 rtl MAX fill,180 rtl day(s) supply;PA
Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator		
ADEMPAS	4	QL(3 ea daily);PA
Sinus Node Inhibitors		
CORLANOR SOLN	3	QL(15 ml daily);PA

Drug Name	Drug Tier	Requirement s/Limits
CORLANOR TABS	3	QL(2 ea daily);PA
Transthyretin Stabilizers		
VYNDAMAX	4	QL(1 ea daily);PA
VYNDAQEL	4	QL(4 ea daily);PA
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
<i>cefadroxil tabs</i>	1B	
<i>cefadroxil caps</i>	1B	
<i>cefadroxil susr</i>	1B	
<i>cefazolin sodium solr ij 1 GM, 10 GM, 500 MG</i>	1B	
<i>cephalexin caps</i>	1B	
<i>cephalexin susr</i>	1B	
<i>cephalexin tabs</i>	1B	
KEFLEX CAPS (Use <i>cephalexin</i>)	NF	
Cephalosporins - 2nd Generation		
<i>cefaclor caps</i>	1B	
<i>cefaclor susr 125 MG/5ML, 250 MG/5ML, 375 MG/5ML</i>	1B	
CEFOTAN IJ (Use <i>cefotetan disodium</i>)	NF	
<i>cefotetan disodium ij 1 GM, 2 GM</i>	1B	
<i>cefoxitin sodium iv 1 GM, 2 GM</i>	1B	
<i>cefprozil susr</i>	1B	
<i>cefprozil tabs</i>	1B	
<i>cefuroxime axetil tabs</i>	1B	
<i>cefuroxime sodium ij 750 MG</i>	1B	
Cephalosporins - 3rd Generation		
<i>cefdinir susr</i>	1B	

Drug Name	Drug Tier	Requirement s/Limits
<i>cefdinir caps</i>	1B	
<i>cefixime caps</i>	1B	
<i>cefixime susr</i>	1B	ST
<i>cefotaxime sodium ij 1 GM, 2 GM</i>	1B	
CEFOTAXIME SODIUM IJ 1 GM	2	
<i>cefpodoxime proxetil susr</i>	1B	
<i>cefpodoxime proxetil tabs</i>	1B	
<i>ceftazidime ij 1 GM, 6 GM</i>	1B	
<i>ceftriaxone sodium ij 1 GM, 2 GM, 500 MG</i>	1B	
<i>ceftriaxone sodium ij 250 MG</i>	1A	
FORTAZ IV 1 GM, 2 GM (Use <i>ceftazidime</i>)	NF	
SUPRAX SUSR (Use <i>cefixime</i>)	NF	ST
SUPRAX CAPS (Use <i>cefixime</i>)	NF	
Cephalosporins - 4th Generation		
<i>cefepime hcl solr ij</i>	1B	
Cephalosporins - 5th Generation		
TEFLARO	3	
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
BALCOLTRA 36.5 MG-20 MCG-0.1 MG	0	
BEYAZ 0.451 MG-0.02 MG-3 MG (Use <i>drospirenone-ethinyl estradiol-levomefolate calcium</i>)	NF	
<i>desogestrel & ethinyl estradiol</i>	0	

Ambetter Formulary Updated December 1, 2022

Drug Name	Drug Tier	Requirements/Limits
<i>desogestrel-ethinyl estradiol (biphasic)</i>	0	
<i>desogestrel-ethinyl estradiol (triphasic)</i>	0	
<i>drospirenone-ethinyl estradiol</i>	0	
<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>	0	
ESTROSTEP FE 75 MG-1 MG (Use <i>norethindrone acetate-ethinyl estradiol-fe</i>)	NF	
<i>ethynodiol diacet & eth estrad</i>	0	
FALESSA 1 MG-20 MCG-0.1 MG	0	
GENERESS FE 75 MG-25 MCG-0.8 MG (Use <i>norethindrone & ethinyl estradiol-fe</i>)	NF	
<i>levonorgestrel & eth estradiol tabs</i>	0	
<i>levonorgestrel-eth estradiol (triphasic)</i>	0	
<i>levonorgestrel-ethinyl estradiol (91-day) 0.15 MG-0.03 MG</i>	0	
<i>levonorgestrel-ethinyl estradiol (continuous) 90 MCG-20 MCG</i>	0	
LO LOESTRIN FE TABS 75 MG-1 MG-10 MCG	0	
LOSEASONIQUE (Use <i>levonorgestrel-ethinyl estradiol (91-day)</i>)	NF	
MINASTRIN 24 FE CHEW 75 MG-1 MG-20 MCG (Use <i>norethin acet & estrad-fe</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
MIRCETTE 0 (Use <i>desogestrel-ethinyl estradiol (biphasic)</i>)	NF	
NATAZIA	0	
NEXTSTELLIS 14.2 MG-3 MG	0	QL(1 ea daily)
<i>norethin acet & estrad-fe caps 75 MG-1 MG-20 MCG</i>	0	
<i>norethin acet & estrad-fe chew 75 MG-1 MG-20 MCG</i>	0	
<i>norethin acet & estrad-fe tabs 75 MG-1 MG-20 MCG, 75 MG-1.5 MG-30 MCG</i>	0	
<i>norethindrone & eth estradiol</i>	0	
<i>norethindrone & ethinyl estradiol-fe</i>	0	
<i>norethindrone acet & eth estra</i>	0	
<i>norethindrone acetate-ethinyl estradiol-fe 75 MG-1 MG</i>	0	
<i>norethindrone-eth estradiol (triphasic) 0</i>	0	
<i>norgestimate-ethinyl estradiol 0.25 MG-35 MCG</i>	0	
<i>norgestimate-ethinyl estradiol (triphasic) 0</i>	0	
<i>norgestrel & ethinyl estradiol 0.3 MG-30 MCG</i>	0	
QUARTETTE (Use <i>levonorgestrel-ethinyl estradiol (91-day)</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
SAFYRAL 0.451 MG-0.03 MG-3 MG (Use drospirenone-ethinyl estradiol-levomefolate calcium)	NF	
SEASONIQUE (Use levonorgestrel-ethinyl estradiol (91-day))	NF	
TAYTULLA CAPS 75 MG-1 MG-20 MCG (Use norethin acet & estrad-fe)	NF	
TYBLUME CHEW 0.1 MG-20 MCG	0	
YASMIN 28 3 MG-0.03 MG (Use drospirenone-ethinyl estradiol)	NF	
YAZ 3 MG-0.02 MG (Use drospirenone-ethinyl estradiol)	NF	
Combination Contraceptives - Transdermal		
norelgestromin-ethinyl estradiol 150 MCG/24HR-35 MCG/24HR	0	
TWIRLA 120 MCG/24HR-30 MCG/24HR	0	QL(3 ea per 28 days retail)
Combination Contraceptives - Vaginal		
ANNOVERA 0.15 MG/24HR-0.013 MG/24HR	0	PA
etonogestrel-ethinyl estradiol 0.12 MG/24HR-0.015 MG/24HR	0	
NUVARING 0.12 MG/24HR-0.015 MG/24HR (Use etonogestrel-ethinyl estradiol)	NF	

Drug Name	Drug Tier	Requirements/Limits
Emergency Contraceptives		
ELLA	0	
levonorgestrel (emergency oc) 1.5 MG	0	
PLAN B ONE-STEP (Use levonorgestrel (emergency oc))	NF	
Progestin Contraceptives - Injectable		
DEPO-PROVERA CONTRACEPTIVE SUSY IM (Use medroxyprogesterone acetate (contraceptive))	NF	QL(90 Day(s) limit MG/ML,1 ml per 90 days retail)
DEPO-PROVERA CONTRACEPTIVE SUSP IM (Use medroxyprogesterone acetate (contraceptive))	NF	90 rtl day(s) supply,90 rtl lmt day(s);QL(1 ml per 90 days retail)
DEPO-SUBQ PROVERA 104 SUSY SC	0	
medroxyprogesterone acetate (contraceptive) susy im	0	QL(90 Day(s) limit MG/ML,1 ml per 90 days retail)
medroxyprogesterone acetate (contraceptive) susp im	0	90 rtl day(s) supply,90 rtl lmt day(s);QL(1 ml per 90 days retail)
Progestin Contraceptives - Oral		
norethindrone (contraceptive)	0	
ORTHO MICRONOR (Use norethindrone (contraceptive))	NF	
SLYND	0	QL(1 ea daily)
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		

Drug Name	Drug Tier	Requirements/Limits
Glucocorticosteroids		
<i>budesonide cpep</i>	1B	QL(3 ea daily)
CORTEF TABS (Use hydrocortisone)	NF	
DEPO-MEDROL SUSP	3	
DEPO-MEDROL SUSP (Use methylprednisolone acetate)	NF	
<i>dexamethasone tabs 1 MG, 1.5 MG, 2 MG, 4 MG, 6 MG</i>	1B	
<i>dexamethasone elix</i>	1B	
<i>dexamethasone soln</i>	1B	
<i>dexamethasone tabs .5 MG, .75 MG</i>	1A	
DEXAMETHASONE INTENSOL CONC	1B	
<i>dexamethasone sodium phosphate soln ij 4 MG/ML, 20 MG/5ML, 120 MG/30ML</i>	1B	
EMFLAZA SUSP	4	PA
EMFLAZA TABS	4	PA
ENTOCORT EC CPEP (Use budesonide)	NF	QL(3 ea daily)
<i>hydrocortisone tabs</i>	1B	
KENALOG-40 SUSP (Use triamcinolone acetonide)	NF	
MEDROL TABS	3	
MEDROL TABS (Use methylprednisolone)	NF	
MEDROL DOSEPAK TBPK (Use methylprednisolone)	NF	
<i>methylprednisolone tabs</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>methylprednisolone tbpk</i>	1B	
<i>methylprednisolone acetate susp</i>	1B	
<i>methylprednisolone sod succ 40 MG, 125 MG, 500 MG, 1000 MG</i>	1B	
MILLIPRED TABS	3	
MILLIPRED DP TBPK	3	
ORAPRED ODT TBDP (Use prednisolone sodium phosphate)	NF	
PEDIAPRED SOLN (Use prednisolone sodium phosphate)	NF	
<i>prednisolone soln</i>	1B	
<i>prednisolone sodium phosphate tbdp</i>	3	
<i>prednisolone sodium phosphate soln</i>	1B	
<i>prednisone tabs 2.5 MG, 10 MG, 20 MG, 50 MG</i>	1A	
<i>prednisone tabs 1 MG, 5 MG</i>	1B	
<i>prednisone soln</i>	1B	
<i>prednisone tbpk</i>	1B	
SOLU-CORTEF 100 MG, 500 MG, 1000 MG	3	2 rtl MAX fill,30 rtl day(s) supply
SOLU-CORTEF 250 MG	3	
SOLU-MEDROL 40 MG, 125 MG, 500 MG, 1000 MG (Use methylprednisolone sod succ)	NF	
SOLU-MEDROL 2 GM	3	

Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetate susp 40 MG/ML, 200 MG/5ML, 400 MG/10ML</i>	1B	
Mineralocorticoids		
<i>fludrocortisone acetate tabs</i>	1B	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		
<i>benzonatate 100 MG</i>	1B	QL(6 ea daily)
<i>benzonatate 200 MG</i>	1B	QL(3 ea daily)
<i>benzonatate 150 MG</i>	1B	QL(4 ea daily)
TESSALON PERLES (Use <i>benzonatate</i>)	NF	QL(6 ea daily)
Cough/Cold/Allergy Combinations		
ALLEGRA-D 12 HOUR ALLERGY & CONGESTION TB12 60 MG-120 MG (Use <i>fexofenadine-pseudoephedrine</i>)	NF	QL(2 ea daily)
ALLEGRA-D 24 HOUR ALLERGY & CONGESTION TB24 180 MG-240 MG (Use <i>fexofenadine-pseudoephedrine</i>)	NF	QL(1 ea daily)
<i>cetirizine-pseudoephedrine 5 MG-120 MG</i>	1B	QL(2 ea daily)
CLARITIN-D 12 HOUR TB12 5 MG-120 MG (Use <i>loratadine & pseudoephedrine</i>)	NF	QL(2 ea daily)
CLARITIN-D 24 HOUR TB24 10 MG-240 MG (Use <i>loratadine & pseudoephedrine</i>)	NF	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>fexofenadine-pseudoephedrine tb24 180 MG-240 MG</i>	1B	QL(1 ea daily)
<i>fexofenadine-pseudoephedrine tb12 60 MG-120 MG</i>	1B	QL(2 ea daily)
<i>hydrocodone polistirex-chlorpheniramine polistirex suer 10 MG/5ML-8 MG/5ML</i>	1B	
<i>loratadine & pseudoephedrine tb24 10 MG-240 MG</i>	1B	QL(1 ea daily)
<i>loratadine & pseudoephedrine tb12 5 MG-120 MG</i>	1B	QL(2 ea daily)
TUZISTRA XR 14.7 MG/5ML-2.8 MG/5ML	2	PA
ZYRTEC-D ALLERGY/CONGESTION 5 MG-120 MG (Use <i>cetirizine-pseudoephedrine</i>)	NF	QL(2 ea daily)
Misc. Respiratory Inhalants		
HYPERSAL NEBU (Use <i>sodium chloride (inhalant)</i>)	NF	
HYPERSAL NEBU	1B	
NEBUSAL NEBU	1B	
<i>sodium chloride (inhalant) nebu 3.5 %, 6 %, 7 %</i>	1B	
Mucolytics		
<i>acetylcysteine soln</i>	1B	
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		
ABSORICA 10 MG, 20 MG, 30 MG, 40 MG (Use <i>isotretinoin</i>)	NF	AL(At least 12 yrs old);PA

Ambetter Formulary Updated December 1, 2022

Drug Name	Drug Tier	Requirement s/Limits
<i>adapalene gel .3 %</i>	1B	AL(At least 12 yrs old);ST
<i>adapalene crea</i>	1B	AL(At least 12 yrs old);PA
<i>adapalene gel .1 %</i>	1B	AL(At least 12 yrs old);PA;RX/OTC
<i>adapalene-benzoyl peroxide gel 0.1 %-2.5 %</i>	1B	AL(At least 12 yrs old);ST
AZELEX	3	AL(At least 12 yrs old);ST
BENZAACLIN GEL 1 %-5 % (Use <i>clindamycin phosphate-benzoyl peroxide</i>)	NF	AL(At least 12 yrs old);PA
BENZAACLIN WITH PUMP GEL 1 %-5 % (Use <i>clindamycin phosphate-benzoyl peroxide</i>)	NF	AL(At least 12 yrs old);PA
BENZAMYCIN GEL 3 %-5 % (Use <i>benzoyl peroxide-erythromycin</i>)	NF	AL(At least 12 yrs old);PA
<i>benzoyl peroxide liqd 4 %, 7 %, 10 %</i>	1B	AL(At least 12 yrs old)
<i>benzoyl peroxide foam</i>	1B	AL(At least 12 yrs old);RX/OTC
<i>benzoyl peroxide gel 5 %, 10 %</i>	1B	AL(At least 12 yrs old)
BENZOYL PEROXIDE CLEANSER LIQD	2	AL(At least 12 yrs old)
<i>benzoyl peroxide-erythromycin gel 3 %-5 %</i>	1B	AL(At least 12 yrs old);PA
CLEOCIN-T LOTN (Use <i>clindamycin phosphate (topical)</i>)	NF	AL(At least 12 yrs old)
CLINDAGEL GEL (Use <i>clindamycin phosphate (topical)</i>)	NF	

Drug Name	Drug Tier	Requirement s/Limits
<i>clindamycin phosphate (topical) gel</i>	1B	
<i>clindamycin phosphate (topical) soln</i>	1B	QL(4 ml daily);AL(At least 12 yrs old)
<i>clindamycin phosphate (topical) swab</i>	1B	AL(At least 12 yrs old)
<i>clindamycin phosphate (topical) foam</i>	1B	AL(At least 12 yrs old);PA
<i>clindamycin phosphate (topical) lotn</i>	1B	AL(At least 12 yrs old)
<i>clindamycin phosphate-benzoyl peroxide gel 1 %-5 %</i>	1B	AL(At least 12 yrs old);PA
<i>clindamycin phosphate-benzoyl peroxide (refrigerate) 1.2 %-5 %</i>	1B	AL(At least 12 yrs old);PA
<i>clindamycin phosphate-tretinoin 1.2 %-0.025 %</i>	1B	AL(At least 12 yrs old);ST
DIFFERIN GEL .3 % (Use <i>adapalene</i>)	NF	AL(At least 12 yrs old);ST
DIFFERIN LOTN	2	AL(At least 12 yrs old);ST
DIFFERIN CREA (Use <i>adapalene</i>)	NF	AL(At least 12 yrs old);PA
DIFFERIN GEL .1 % (Use <i>adapalene</i>)	NF	AL(At least 12 yrs old);PA;RX/OTC
EPIDUO GEL 0.1 %-2.5 % (Use <i>adapalene-benzoyl peroxide</i>)	NF	AL(At least 12 yrs old);ST
<i>erythromycin (acne aid) soln</i>	1B	AL(At least 12 yrs old)
<i>erythromycin (acne aid) pads</i>	1B	AL(At least 12 yrs old)

Drug Name	Drug Tier	Requirement s/Limits
EVOCLIN FOAM (Use clindamycin phosphate (topical))	NF	AL(At least 12 yrs old);PA
isotretinoin 10 MG, 20 MG, 30 MG, 40 MG	3	AL(At least 12 yrs old);PA
KLARON (Use sulfacetamide sodium (acne))	NF	AL(At least 12 yrs old)
RETIN-A GEL (Use tretinoin)	NF	AL(At least 12 yrs old- Up to 30 yrs old)
RETIN-A CREA (Use tretinoin)	NF	AL(At least 12 yrs old- Up to 30 yrs old)
RETIN-A MICRO .1 % (Use tretinoin microsphere)	NF	AL(At least 12 yrs old- Up to 30 yrs old);PA
RETIN-A MICRO PUMP .1 % (Use tretinoin microsphere)	NF	AL(At least 12 yrs old- Up to 30 yrs old);PA
sulfacetamide sodium (acne)	1B	AL(At least 12 yrs old)
sulfacetamide sodium w/ sulfur liqd 4.5 %-9 %	1B	AL(At least 12 yrs old);ST
sulfacetamide sodium w/ sulfur crea 5 %-10 %	1B	AL(At least 12 yrs old)
sulfacetamide sodium-sulfur in urea vehicle emul 4 %-10 %-10 %	1B	AL(At least 12 yrs old)
SUMADAN WASH LIQD 4.5 %-9 % (Use sulfacetamide sodium w/ sulfur)	NF	AL(At least 12 yrs old);ST
SUMAXIN WASH LIQD 4 %-9 % (Use sulfacetamide sodium w/ sulfur)	NF	
tretinoin crea .025 %, .05 %, .1 %	1B	AL(At least 12 yrs old- Up to 30 yrs old)

Drug Name	Drug Tier	Requirement s/Limits
tretinoin gel .01 %, .025 %	1B	AL(At least 12 yrs old- Up to 30 yrs old)
tretinoin microsphere .1 %	1B	AL(At least 12 yrs old- Up to 30 yrs old);PA
VELTIN 1.2 %-0.025 % (Use clindamycin phosphate-tretinoin)	NF	AL(At least 12 yrs old);ST
ZIANA 1.2 %-0.025 % (Use clindamycin phosphate-tretinoin)	NF	AL(At least 12 yrs old);ST
Agents for External Genital and Perianal Warts		
VEREGEN	3	
Antibiotics - Topical		
ALTABAX	2	
gentamicin sulfate (topical) oint	1B	
gentamicin sulfate (topical) crea	1B	QL(1 gm daily)
mupirocin oint	1B	
NEO-SYNALAR 0.5 %-0.025 %	3	PA
Antifungals - Topical		
butenafine hcl	1B	RX/OTC
ciclopirox soln	1B	
ciclopirox gel	1B	
ciclopirox sham	1B	
ciclopirox olamine susp	1B	
ciclopirox olamine crea	1B	1 rtl MAX fill,30 rtl day(s) supply;QL(90 gm per fill retail)
clotrimazole (topical) soln	1B	RX/OTC
clotrimazole (topical) crea	1B	RX/OTC

Ambetter Formulary Updated December 1, 2022

Drug Name	Drug Tier	Requirement s/Limits
<i>clotrimazole w/ betamethasone crea 1 %-0.05 %</i>	1B	
<i>clotrimazole w/ betamethasone lotn 1 %-0.05 %</i>	1B	
<i>econazole nitrate crea</i>	1B	QL(85 gm per fill retail,85 per fill mail %)
ERTACZO	3	QL(2.15 gm daily)
EXELDERM SOLN (<i>Use sulconazole nitrate</i>)	NF	1 rtl MAX fill,90 rtl day(s) supply;1 mail MAX fill
EXELDERM CREA (<i>Use sulconazole nitrate</i>)	NF	
JUBLIA	3	PA
KERYDIN (<i>Use tavaborole</i>)	NF	PA
<i>ketoconazole (topical) sham 2 %</i>	1B	
<i>ketoconazole (topical) crea</i>	1B	
LOPROX SUSP (<i>Use ciclopirox olamine</i>)	NF	
LOPROX CREA (<i>Use ciclopirox olamine</i>)	NF	1 rtl MAX fill,30 rtl day(s) supply;QL(90 gm per fill retail)
LOPROX SHAMPOO SHAM (<i>Use ciclopirox</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 (<i>Use butenafine hcl</i>)	NF	RX/OTC
<i>luliconazole</i>	1B	PA

Drug Name	Drug Tier	Requirement s/Limits
LUZU (<i>Use luliconazole</i>)	NF	PA
<i>naftifine hcl gel</i>	1B	1 rtl MAX fill,180 rtl day(s) supply;1 mail MAX fill;QL(3 gm daily)
<i>naftifine hcl crea 2 %</i>	1B	1 rtl MAX fill,180 rtl day(s) supply;1 mail MAX fill;QL(2 gm daily)
<i>naftifine hcl crea 1 %</i>	1B	1 rtl MAX fill,180 rtl day(s) supply;1 mail MAX fill;QL(3 gm daily)
NAFTIN CREA 2 % (<i>Use naftifine hcl</i>)	NF	1 rtl MAX fill,180 rtl day(s) supply;1 mail MAX fill;QL(2 gm daily)
<i>nystatin (topical) oint</i>	1B	
<i>nystatin (topical) crea</i>	1B	
<i>nystatin (topical) powd ex</i>	1B	
<i>nystatin-triamcinolone oint 100000 UNIT/GM-0.1 %</i>	1B	
<i>nystatin-triamcinolone crea 100000 UNIT/GM-1 MG/GM</i>	1B	
<i>oxiconazole nitrate crea</i>	1B	Limit 1 Fill per 180 days;1 rtl MAX fill,180 rtl day(s) supply;1 mail MAX fill;QL(3 gm daily)

Drug Name	Drug Tier	Requirement s/Limits
OXISTAT CREA (<i>Use oxiconazole nitrate</i>)	NF	Limit 1 Fill per 180 days;1 rtl MAX fill,180 rtl day(s) supply;1 mail MAX fill;QL(3 gm daily)
OXISTAT LOTN	2	Limit 1 Fill per 180 days;1 rtl MAX fill,180 rtl day(s) supply;1 mail MAX fill;QL(2 ml daily)
<i>sulconazole nitrate crea</i>	1B	
<i>sulconazole nitrate soln</i>	1B	1 rtl MAX fill,90 rtl day(s) supply;1 mail MAX fill
<i>tavaborole</i>	1B	PA
Anti-inflammatory Agents - Topical		
<i>diclofenac epolamine ptch ex</i>	1B	QL(2 ea daily);PA
<i>diclofenac sodium (topical) gel ex</i>	1B	QL(3.34 gm daily);RX/OTC
FLECTOR PTCH EX (<i>Use diclofenac epolamine</i>)	NF	QL(2 ea daily);PA
VOLTAREN GEL EX (<i>Use diclofenac sodium (topical)</i>)	NF	QL(3.34 gm daily);RX/OTC
Antineoplastic or Premalignant Lesion Agents - Topical		
<i>bexarotene (topical)</i>	4	SP;PA
CARAC CREA (<i>Use fluorouracil (topical)</i>)	NF	
<i>diclofenac sodium (actinic keratoses) ex</i>	1B	QL(3.34 gm daily);PA
EFUDEX CREA (<i>Use fluorouracil (topical)</i>)	NF	
<i>fluorouracil (topical) soln</i>	1B	

Drug Name	Drug Tier	Requirement s/Limits
<i>fluorouracil (topical) crea 5 %</i>	1B	
PANRETIN	3	
PICATO .05 %	2	1 rtl MAX fill,60 rtl day(s) supply;1 mail MAX fill;QL(2 ea per fill retail,2 per fill mail %)
PICATO .015 %	2	1 rtl MAX fill,60 rtl day(s) supply;1 mail MAX fill;QL(3 ea per fill retail,3 per fill mail %)
TARGRETIN (<i>Use bexarotene (topical)</i>)	4	SP;PA
Antipruritics - Topical		
<i>doxepin hcl (antipruritic)</i>	3	Limit 1 fill every 180 days;1 rtl MAX fill,180 rtl day(s) supply;1 mail MAX fill;QL(45 gm per fill retail,45 per fill mail %);PA
PRUDOXIN (<i>Use doxepin hcl (antipruritic)</i>)	NF	Limit 1 fill every 180 days;1 rtl MAX fill,180 rtl day(s) supply;1 mail MAX fill;QL(45 gm per fill retail,45 per fill mail %);PA
ZONALON (<i>Use doxepin hcl (antipruritic)</i>)	NF	Limit 1 fill every 180 days;1 rtl MAX fill,180 rtl day(s) supply;1 mail MAX fill;QL(45 gm per fill retail,45 per fill mail %);PA
Antipsoriatics		

Ambetter Formulary Updated December 1, 2022

Drug Name	Drug Tier	Requirements/Limits
<i>acitretin 10 MG, 17.5 MG</i>	1B	QL(1 ea daily)
<i>acitretin 25 MG</i>	1B	QL(2 ea daily)
<i>calcipotriene crea</i>	1B	QL(4 gm daily);PA
<i>calcipotriene soln</i>	1B	QL(4 ml daily);PA
<i>calcipotriene oint</i>	1B	QL(4 gm daily);PA
<i>calcitriol (topical)</i>	1B	QL(3.34 gm daily)
COSENTYX SOSY 150 MG/ML	4	QL(0.072 ml daily);PA
COSENTYX SOSY 150 MG/ML	4	QL(0.036 ml daily);PA
COSENTYX SENSOREADY PEN SOAJ	4	QL(0.072 ml daily);PA
DOVONEX CREA (<i>Use calcipotriene</i>)	NF	QL(4 gm daily);PA
<i>methoxsalen rapid</i>	1B	QL(4 ea daily)
OXSORALEN ULTRA (<i>Use methoxsalen rapid</i>)	NF	QL(4 ea daily)
SKYRIZI SOSY	4	QL(0.025 ml daily);PA
SKYRIZI PSKT	4	QL(0.025 ea daily);PA
SKYRIZI PEN SOAJ	4	QL(0.025 ml daily);PA
SORIATANE 10 MG (<i>Use acitretin</i>)	NF	QL(1 ea daily)
SORIATANE 25 MG (<i>Use acitretin</i>)	NF	QL(2 ea daily)
STELARA SOSY 45 MG/0.5ML	4	QL(0.012 ml daily);PA
STELARA SOSY 90 MG/ML	4	QL(0.018 ml daily);SP;PA
<i>tazarotene crea</i>	1B	QL(1 gm daily)
TAZORAC CREA (<i>Use tazarotene</i>)	NF	QL(1 gm daily)

Drug Name	Drug Tier	Requirements/Limits
TREMFYA SOPN	4	QL(0.018 ml daily);PA
TREMFYA SOSY	4	QL(0.018 ml daily);PA
VECTICAL (<i>Use calcitriol (topical)</i>)	NF	QL(3.34 gm daily)
Antiseborrheic Products		
<i>selenium sulfide lotn 2.5 %</i>	1B	
Antivirals - Topical		
<i>acyclovir topical oint</i>	1B	
<i>acyclovir topical crea</i>	1B	
DENAVIR 1 % (<i>Use penciclovir</i>)	3	QL(0.18 gm daily)
<i>penciclovir 1 %</i>	1B	QL(0.18 gm daily)
ZOVIRAX CREA (<i>Use acyclovir topical</i>)	NF	
ZOVIRAX OINT (<i>Use acyclovir topical</i>)	NF	
Burn Products		
<i>mafenide acetate pack</i>	3	
SILVADENE (<i>Use silver sulfadiazine</i>)	NF	
<i>silver sulfadiazine</i>	1B	
SULFAMYLON CREA	3	
SULFAMYLON PACK 5 % (<i>Use mafenide acetate</i>)	NF	
Corticosteroids - Topical		
<i>alclometasone dipropionate crea</i>	1B	
<i>alclometasone dipropionate oint</i>	1B	

Drug Name	Drug Tier	Requirement s/Limits
<i>amcinonide crea</i>	1B	1 rtl MAX fill,30 rtl day(s) supply;1 mail MAX fill;QL(60 gm per fill retail,60 per fill mail %)
<i>amcinonide lotn</i>	3	
AMCINONIDE OINT	3	
<i>betamethasone dipropionate (topical) crea</i>	1B	
<i>betamethasone dipropionate (topical) oint</i>	1B	
<i>betamethasone dipropionate (topical) lotn</i>	1B	
<i>betamethasone dipropionate augmented lotn</i>	1B	
<i>betamethasone dipropionate augmented crea</i>	1B	
<i>betamethasone dipropionate augmented oint</i>	1B	
<i>betamethasone valerate foam</i>	1B	QL(1.67 gm daily)
<i>betamethasone valerate crea</i>	1B	
<i>betamethasone valerate lotn</i>	1B	
<i>betamethasone valerate oint</i>	1B	
<i>calcipotriene-betamethasone dipropionate susp 0.005 %-0.064 %</i>	1B	ST

Drug Name	Drug Tier	Requirement s/Limits
<i>calcipotriene-betamethasone dipropionate oint 0.005 %-0.064 %</i>	1B	ST
<i>clobetasol propionate gel .05 %</i>	1B	QL(2 gm daily);ST
<i>clobetasol propionate crea .05 %</i>	1B	QL(3 gm daily);PA
<i>clobetasol propionate foam</i>	1B	QL(3 gm daily);ST
<i>clobetasol propionate oint .05 %</i>	1B	QL(1 gm daily);PA
<i>clobetasol propionate soln .05 %</i>	1B	QL(3.34 ml daily);PA
<i>clobetasol propionate emollient base .05 %</i>	1B	QL(1 gm daily);PA
<i>clocortolone pivalate</i>	3	
CLODERM (Use <i>clocortolone pivalate</i>)	NF	
CORDRAN LOTN (Use <i>flurandrenolide</i>)	NF	
CORDRAN TAPE	3	
CORDRAN CREA (Use <i>flurandrenolide</i>)	NF	
CUTIVATE LOTN (Use <i>fluticasone propionate</i>)	NF	QL(6 ml daily)
DERMA-SMOOTH/FS BODY OIL (Use <i>fluocinolone acetonide</i>)	NF	1 rtl MAX fill,30 rtl day(s) supply;QL(118.28 ml per fill retail)
DERMA-SMOOTH/FS SCALP OIL (Use <i>fluocinolone acetonide</i>)	NF	
<i>desonide crea</i>	1B	QL(4 gm daily)
<i>desonide oint</i>	1B	QL(3 gm daily)
<i>desonide lotn</i>	1B	QL(4 ml daily)
DESOWEN CREA (Use <i>desonide</i>)	NF	QL(4 gm daily)

Drug Name	Drug Tier	Requirements/Limits
<i>desoximetasone crea .25 %</i>	1B	
<i>desoximetasone gel</i>	1B	
<i>desoximetasone oint .25 %</i>	1B	
<i>diflorasone diacetate crea</i>	1B	PA
<i>diflorasone diacetate oint</i>	1B	PA
DIPROLENE OINT (Use <i>betamethasone dipropionate augmented</i>)	NF	
DIPROLENE AF CREA (Use <i>betamethasone dipropionate augmented</i>)	NF	
<i>fluocinolone acetonide oint</i>	1B	
<i>fluocinolone acetonide oil</i>	1B	1 rtl MAX fill,30 rtl day(s) supply;QL(118.28 ml per fill retail)
<i>fluocinolone acetonide crea</i>	1B	
<i>fluocinolone acetonide soln</i>	1B	
<i>fluocinonide gel</i>	1B	
<i>fluocinonide soln</i>	1B	QL(2 ml daily)
<i>fluocinonide crea .05 %</i>	1B	QL(2 gm daily)
<i>fluocinonide oint</i>	1B	QL(2 gm daily)
<i>fluocinonide emulsified base</i>	1B	QL(2 gm daily)
<i>flurandrenolide crea</i>	2	
<i>flurandrenolide lotn</i>	2	QL(2 ml daily)
<i>fluticasone propionate crea .05 %</i>	1B	
<i>fluticasone propionate lotn</i>	1B	QL(6 ml daily)

Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone propionate oint</i>	1B	
<i>halcinonide crea</i>	1B	PA
<i>halobetasol propionate crea</i>	1B	
<i>halobetasol propionate oint</i>	1B	
HALOG CREA (Use <i>halcinonide</i>)	NF	PA
HALOG OINT	3	PA
<i>hydrocortisone (topical) oint 1 %, 2.5 %</i>	1B	RX/OTC
<i>hydrocortisone (topical) lotn 2.5 %</i>	1B	
<i>hydrocortisone (topical) crea 1 %, 2.5 %</i>	1B	RX/OTC
<i>hydrocortisone butyrate soln</i>	1B	
<i>hydrocortisone butyrate oint</i>	1B	
<i>hydrocortisone butyrate crea</i>	1B	
<i>hydrocortisone valerate crea</i>	1B	
<i>hydrocortisone valerate oint</i>	1B	
LUXIQ FOAM (Use <i>betamethasone valerate</i>)	NF	QL(1.67 gm daily)
<i>mometasone furoate soln</i>	1B	
<i>mometasone furoate oint</i>	1B	
<i>mometasone furoate crea</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
MONISTAT SOOTHING CARE ITCH RELIEF CREA (Use hydrocortisone (topical))	NF	RX/OTC
OLUX FOAM (Use clobetasol propionate)	NF	QL(3 gm daily);ST
prednicarbate oint	1B	
prednicarbate crea	1B	
SYNALAR SOLN (Use fluocinolone acetonide)	NF	
SYNALAR CREA (Use fluocinolone acetonide)	NF	
SYNALAR OINT (Use fluocinolone acetonide)	NF	
TACLONEX SUSP 0.005 %-0.064 % (Use calcipotriene-betamethasone dipropionate)	NF	ST
TACLONEX OINT 0.005 %-0.064 % (Use calcipotriene-betamethasone dipropionate)	NF	ST
TEMOVATE OINT (Use clobetasol propionate)	NF	QL(1 gm daily);PA
TEMOVATE CREA (Use clobetasol propionate)	NF	QL(3 gm daily);PA
TOPICORT GEL (Use desoximetasone)	NF	
triamcinolone acetonide (topical) lotn	1B	
triamcinolone acetonide (topical) oint .025 %, .1 %, .5 %	1B	

Drug Name	Drug Tier	Requirements/Limits
triamcinolone acetonide (topical) crea .1 %	1B	QL(3.34 gm daily)
triamcinolone acetonide (topical) crea .025 %, .5 %	1B	
triamcinolone acetonide-dimethicone-silicone 5 %-0.1 %	1B	PA
TRIDESILON CREA .05 % (Use desonide)	NF	QL(4 gm daily)
Eczema Agents		
DUPIXENT SOSY 200 MG/1.14ML, 300 MG/2ML	4	PA
DUPIXENT SOPN 300 MG/2ML	4	PA
Emollients		
lactic acid (ammonium lactate) crea	1B	RX/OTC
lactic acid (ammonium lactate) lotn 12 %	1B	RX/OTC
Enzymes - Topical		
SANTYL OINT	3	PA
Immunomodulating Agents - Topical		
ALDARA (Use imiquimod)	NF	QL(12 ea per fill retail,12 per fill mail %)
imiquimod 5 %	1B	QL(12 ea per fill retail,12 per fill mail %)
ZYCLARA (Use imiquimod)	NF	
ZYCLARA PUMP (Use imiquimod)	NF	
Immunosuppressive Agents - Topical		
ELIDEL (Use pimecrolimus)	NF	AL(At least 2 yrs old);PA
pimecrolimus	1B	AL(At least 2 yrs old);PA

Ambetter Formulary Updated December 1, 2022

Drug Name	Drug Tier	Requirements/Limits
PROTOPIC OINT (<i>Use tacrolimus (topical)</i>)	NF	AL(At least 2 yrs old);PA
<i>tacrolimus (topical) oint</i>	1B	AL(At least 2 yrs old);PA
Keratolytic/Antimitotic Agents		
<i>podofilox soln</i>	1B	
Local Anesthetics - Topical		
<i>lidocaine ptch 5 %</i>	1B	PA
<i>lidocaine hcl soln</i>	1B	
<i>lidocaine hcl gel 2 %</i>	1B	QL(4 ml daily)
<i>lidocaine hcl prsy</i>	1B	QL(4 ml daily)
<i>lidocaine-prilocaine crea</i>	1B	QL(1 gm daily)
LIDODERM PTCH (<i>Use lidocaine</i>)	NF	PA
SYNERA PTCH 70 MG-70 MG	3	1 rtl MAX fill,30 rtl day(s) supply;1 mail MAX fill;QL(10 ea per fill retail,10 per fill mail)
Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
EUCRISA	3	QL(2 gm daily);PA
Rosacea Agents		
<i>azelaic acid gel</i>	1B	
FINACEA GEL (<i>Use azelaic acid</i>)	NF	
METROCREAM CREA (<i>Use metronidazole (topical)</i>)	NF	
METROGEL GEL 1 % (<i>Use metronidazole (topical)</i>)	NF	
METROLOTION LOTN (<i>Use metronidazole (topical)</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole (topical) gel</i>	1B	
<i>metronidazole (topical) crea</i>	1B	
<i>metronidazole (topical) lotn</i>	1B	
MIRVASO	3	QL(1 gm daily);PA
Scabicides & Pediculicides		
<i>crotamiton lotn</i>	1B	PA
ELIMITE CREA (<i>Use permethrin</i>)	NF	
<i>ivermectin (pediculicide)</i>	1B	PA;RX/OTC
<i>lindane sham</i>	1B	
<i>malathion</i>	1B	
NATROBA (<i>Use spinosad</i>)	NF	PA
NIX CREME RINSE LIQD EX (<i>Use permethrin</i>)	NF	
OVIDE (<i>Use malathion</i>)	NF	
<i>permethrin liqd ex</i>	1B	
<i>permethrin crea</i>	1B	
SKLICE (<i>Use ivermectin (pediculicide)</i>)	NF	PA;RX/OTC
<i>spinosad</i>	1B	PA
Wound Care Products		
REGANEX	3	
DIAGNOSTIC PRODUCTS		
Diagnostic Drugs		
GLUCAGEN DIAGNOSTIC	3	QL(0.035 ea daily)
THYROGEN .9 MG	3	1 rtl MAX fill,365 rtl day(s) supply;1 mail MAX fill;PA

Drug Name	Drug Tier	Requirements/Limits
Diagnostic Tests		
CHEMSTRIP-K STRP	1B	
FORA GTEL BLOOD KETONE TEST STRIPS	1B	
GNP TRUETRACK SMART SYSTEM STRP	2	QL(3.34 ea daily);RX/OTC
GOJJI BLOOD KETONE TEST STRIPS	1B	
KETONE STRP	1B	
KETONE TEST STRIPS STRP	1B	
KETOSTIX STRP	1B	
NOVA MAX PLUS KETONE TESTSTRIPS	1B	
PRECISION XTRA	1B	
PTS PANELS KETONE TEST	1B	
RELION KETONE TEST STRIPS STRP	1B	
RELION TRUE METRIX BLOODGLUCOSE TEST STRIPS STRP	1B	QL(3.34 ea daily);RX/OTC
TRUE METRIX BLOOD GLUCOSETEST STRIPS STRP	1B	Limit 100 per month;QL(3.34 ea daily);RX/OTC
TRUETRACK TEST STRP	1B	Limit 100 per month;QL(3.34 ea daily);RX/OTC
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
CREON CPEP	2	Non-FDA approved uses require Prior Authorization
SUCRAID	3	

Drug Name	Drug Tier	Requirements/Limits
ZENPEP CPEP 10000 UNIT-42000 UNIT-32000 UNIT, 12000 UNIT-60000 UNIT-38000 UNIT, 15000 UNIT-63000 UNIT-47000 UNIT, 20000 UNIT-84000 UNIT-63000 UNIT, 24000 UNIT-120000 UNIT-76000 UNIT, 25000 UNIT-105000 UNIT-79000 UNIT, 3000 UNIT-14000 UNIT-10000 UNIT, 3000 UNIT-15000 UNIT-9500 UNIT, 36000 UNIT-180000 UNIT-114000 UNIT, 40000 UNIT-168000 UNIT-126000 UNIT, 5000 UNIT-24000 UNIT-17000 UNIT, 6000 UNIT-30000 UNIT-19000 UNIT	2	Non-FDA approved uses require Prior Authorization
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
<i>acetazolamide cp12</i>	1B	QL(2 ea daily)
<i>acetazolamide tabs 250 MG</i>	1B	QL(4 ea daily)
<i>acetazolamide tabs 125 MG</i>	1B	QL(8 ea daily)
<i>acetazolamide sodium</i>	1B	
KEVEYIS	4	QL(4 ea daily);PA
<i>methazolamide tabs</i>	1B	QL(6 ea daily)
Diuretic Combinations		
ALDACTAZIDE 25 MG-25 MG (<i>Use spironolactone & hydrochlorothiazide</i>)	NF	

Drug Name	Drug Tier	Requirement s/Limits
<i>amiloride & hydrochlorothiazide 5 MG-50 MG</i>	1B	
DYAZIDE CAPS 37.5 MG-25 MG (<i>Use triamterene & hydrochlorothiazide</i>)	NF	
MAXZIDE TABS 75 MG-50 MG (<i>Use triamterene & hydrochlorothiazide</i>)	NF	
MAXZIDE-25 TABS 37.5 MG-25 MG (<i>Use triamterene & hydrochlorothiazide</i>)	NF	
<i>spironolactone & hydrochlorothiazide 25 MG-25 MG</i>	1B	
<i>triamterene & hydrochlorothiazide tabs</i>	1B	
<i>triamterene & hydrochlorothiazide caps 37.5 MG-25 MG</i>	1B	
Loop Diuretics		
<i>bumetanide tabs</i>	1B	QL(5 ea daily)
<i>bumetanide soln .25 MG/ML</i>	1B	
BUMEX TABS (<i>Use bumetanide</i>)	NF	QL(5 ea daily)
EDECIN (<i>Use ethacrynic acid</i>)	NF	QL(16 ea daily)
<i>ethacrynic acid</i>	1B	QL(16 ea daily)
<i>furosemide soln or 10 MG/ML, 40 MG/5ML</i>	1B	
<i>furosemide tabs</i>	1B	
LASIX TABS (<i>Use furosemide</i>)	NF	
<i>toremide tabs</i>	1B	
Potassium Sparing Diuretics		

Drug Name	Drug Tier	Requirement s/Limits
ALDACTONE TABS (<i>Use spironolactone</i>)	NF	
<i>amiloride hcl tabs</i>	1B	
DYRENIUM CAPS (<i>Use triamterene</i>)	NF	QL(3 ea daily)
<i>spironolactone tabs</i>	1B	
<i>triamterene caps</i>	1B	QL(3 ea daily)
Thiazides and Thiazide-Like Diuretics		
<i>chlorthalidone 25 MG, 50 MG</i>	1B	
DIURIL SUSP	2	QL(20 ml daily)
<i>hydrochlorothiazide tabs 25 MG, 50 MG</i>	1A	QL(2 ea daily)
<i>hydrochlorothiazide caps</i>	1B	QL(2 ea daily)
<i>hydrochlorothiazide tabs 12.5 MG</i>	1B	QL(2 ea daily)
<i>indapamide tabs 2.5 MG</i>	1B	QL(2 ea daily)
<i>indapamide tabs 1.25 MG</i>	1B	QL(1 ea daily)
<i>metolazone</i>	1B	QL(2 ea daily)
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
Bone Density Regulators		
ACTONEL TABS 150 MG (<i>Use risedronate sodium</i>)	NF	QL(0.036 ea daily);PA
ACTONEL TABS 35 MG (<i>Use risedronate sodium</i>)	NF	QL(0.143 ea daily);PA
<i>alendronate sodium tabs 5 MG, 10 MG</i>	1B	QL(1 ea daily)
<i>alendronate sodium tabs 35 MG, 70 MG</i>	1B	QL(0.143 ea daily)
ATELVIA TBEC (<i>Use risedronate sodium</i>)	NF	PA

Drug Name	Drug Tier	Requirements/Limits
BONIVA SOLN (<i>Use ibandronate sodium</i>)	NF	SP;PA
BONIVA TABS (<i>Use ibandronate sodium</i>)	NF	QL(0.036 ea daily)
<i>calcitonin (salmon) na</i>	1B	
FORTEO SOPN	4	QL(0.09 ml daily);SP;PA
FOSAMAX TABS 70 MG (<i>Use alendronate sodium</i>)	NF	QL(0.143 ea daily)
FOSAMAX PLUS D	3	QL(0.143 ea daily);PA
<i>ibandronate sodium soln</i>	4	SP;PA
<i>ibandronate sodium tabs</i>	1B	QL(0.036 ea daily)
<i>pamidronate disodium soln</i>	4	SP;PA
PAMIDRONATE DISODIUM SOLN	4	SP;PA
PROLIA SOSY	4	1 rtl MAX fill,180 rtl day(s) supply;SP;PA
RECLAST SOLN (<i>Use zoledronic acid</i>)	NF	SP;PA
<i>risedronate sodium tbec</i>	1B	PA
<i>risedronate sodium tabs 5 MG, 30 MG</i>	1B	QL(1 ea daily);PA
<i>risedronate sodium tabs 150 MG</i>	1B	QL(0.036 ea daily);PA
<i>risedronate sodium tabs 35 MG</i>	1B	QL(0.143 ea daily);PA
TERIPARATIDE SOPN	4	QL(0.09 ml daily);PA
TYMLOS	4	PA
XGEVA SOLN	4	SP;PA
<i>zoledronic acid soln</i>	4	SP;PA
<i>zoledronic acid conc</i>	4	SP;PA
Corticotropin		

Drug Name	Drug Tier	Requirements/Limits
ACTHAR	4	PA
CORTROPHIN	4	PA
Fertility Regulators		
CHORIONIC GONADOTROPIN IM	4	SP;PA
<i>clomiphene citrate tabs</i>	3	PA
NOVAREL IM 10000 UNIT	4	SP;PA
PREGNYL W/DILUENT BENZYLALCOHOL/NAC L IM	4	SP;PA
GnRH/LHRH Antagonists		
<i>cetorelix acetate</i>	4	PA
CETROTIDE .25 MG (<i>Use cetorelix acetate</i>)	4	PA
<i>ganirelix acetate</i>	4	PA
GANIRELIX ACETATE (<i>Use ganirelix acetate</i>)	NF	PA
Growth Hormone Receptor Antagonists		
SOMAVERT 10 MG, 15 MG, 20 MG	4	SP;PA
Growth Hormone Releasing Hormones (GHRH)		
EGRIFTA 2 MG	4	PA
EGRIFTA SV	4	PA
Growth Hormones		
NORDITROPIN FLEXPRO SOPN 5 MG/1.5ML, 10 MG/1.5ML, 15 MG/1.5ML	4	SP;PA
NORDITROPIN FLEXPRO SOPN 30 MG/3ML	4	PA
ZORBTIVE SC	4	SP;PA
Hormone Receptor Modulators		

Ambetter Formulary Updated December 1, 2022

Drug Name	Drug Tier	Requirements/Limits
EVISTA (<i>Use raloxifene hcl</i>)	NF	QL(1 ea daily)
OSPHENA	3	PA
<i>raloxifene hcl</i>	0	QL(1 ea daily)
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX	4	SP;PA
LHRH/GnRH Agonist Analog Pituitary Suppressants		
FENSOLVI	4	SP;PA
LUPANETA PACK	4	PA
LUPRON DEPOT-PED (1-MONTH)	4	SP;PA
LUPRON DEPOT-PED (3-MONTH) 11.25 MG	4	PA
LUPRON DEPOT-PED (3-MONTH) 30 MG	4	SP;PA
SYNAREL	4	SP;PA
Metabolic Modifiers		
ALDURAZYME	4	SP;PA
<i>betaine</i>	4	SP;PA
BUPHENYL POWD (<i>Use sodium phenylbutyrate</i>)	NF	PA
BUPHENYL TABS (<i>Use sodium phenylbutyrate</i>)	NF	PA
<i>calcitriol caps</i>	1B	
<i>calcitriol soln iv</i>	1B	
<i>cinacalcet hcl</i>	4	QL(4 ea daily);SP;PA
CYSTADANE (<i>Use betaine</i>)	4	SP;PA
<i>doxercalciferol soln</i>	1B	
<i>doxercalciferol caps</i>	1B	
ELAPRASE	4	SP;PA
FABRAZYME 35 MG	4	SP;PA

Drug Name	Drug Tier	Requirements/Limits
GALAFOLD	4	QL(0.5 ea daily);PA
HECTOROL SOLN (<i>Use doxercalciferol</i>)	NF	
KUVAN PACK (<i>Use sapropterin dihydrochloride</i>)	NF	PA
KUVAN TABS (<i>Use sapropterin dihydrochloride</i>)	NF	PA
LUMIZYME	4	SP;PA
MYALEPT	4	PA
NAGLAZYME	4	SP;PA
<i>nitisinone caps</i>	4	SP;PA
ORFADIN CAPS (<i>Use nitisinone</i>)	NF	SP;PA
PALYNZIQ	4	PA
<i>paricalcitol soln</i>	1B	
<i>paricalcitol caps</i>	1B	
ROCALTROL SOLN OR (<i>Use calcitriol</i>)	NF	
ROCALTROL CAPS (<i>Use calcitriol</i>)	NF	
<i>sapropterin dihydrochloride tabs</i>	4	PA
<i>sapropterin dihydrochloride pack</i>	4	PA
SENSIPAR (<i>Use cinacalcet hcl</i>)	NF	QL(4 ea daily);SP;PA
<i>sodium phenylbutyrate tabs</i>	1B	PA
<i>sodium phenylbutyrate powd</i>	1B	PA
ZEMPLAR CAPS 1 MCG, 2 MCG (<i>Use paricalcitol</i>)	NF	
ZEMPLAR SOLN (<i>Use paricalcitol</i>)	NF	
Posterior Pituitary Hormones		

Drug Name	Drug Tier	Requirements/Limits
DDAVP TABS .2 MG (Use <i>desmopressin acetate</i>)	NF	QL(8 ea daily)
DDAVP TABS .1 MG (Use <i>desmopressin acetate</i>)	NF	QL(6 ea daily)
DDAVP SOLN IJ 4 MCG/ML (Use <i>desmopressin acetate</i>)	NF	PA
DDAVP .01 % (Use <i>desmopressin acetate spray</i>)	NF	
<i>desmopressin acetate tabs .2 MG</i>	1B	QL(8 ea daily)
<i>desmopressin acetate tabs .1 MG</i>	1B	QL(6 ea daily)
<i>desmopressin acetate soln ij</i>	1B	PA
DESMOPRESSIN ACETATE SOLN NA	4	SP;PA
<i>desmopressin acetate spray</i>	1B	
<i>desmopressin acetate spray refrigerated</i>	1B	
STIMATE SOLN NA	4	SP;PA
Prolactin Inhibitors		
<i>cabergoline</i>	1B	
Somatostatic Agents		
LANREOTIDE ACETATE	4	QL(0.0179 ml daily);SP;PA
<i>octreotide acetate soln</i>	4	SP;PA
SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML, 500 MCG/ML (Use <i>octreotide acetate</i>)	NF	SP;PA
SIGNIFOR	4	PA
SOMATULINE DEPOT 60 MG/0.2ML	4	QL(0.0075 ml daily);SP;PA

Drug Name	Drug Tier	Requirements/Limits
SOMATULINE DEPOT 120 MG/0.5ML	4	QL(0.0179 ml daily);SP;PA
SOMATULINE DEPOT 90 MG/0.3ML	4	QL(0.011 ml daily);SP;PA
Vasopressin Receptor Antagonists		
JYNARQUE TABS	4	QL(2 ea daily);SP;PA
JYNARQUE TBPK 0	4	SP;PA
SAMSCA TABS (Use <i>tolvaptan</i>)	4	QL(2 ea daily);SP;PA
<i>tolvaptan tabs</i>	4	QL(2 ea daily);SP;PA
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
CLIMARA PRO 0.015 MG/DAY-0.045 MG/DAY	3	
DUAVEE 20 MG-0.45 MG	3	PA
FEMHRT 2.5 MCG-0.5 MG (Use <i>norethindrone acetate-ethinyl estradiol</i>)	NF	
<i>norethindrone acetate-ethinyl estradiol</i>	1B	
PREMPHASE 0.625 MG-5 MG	2	
PREMPRO	2	
Estrogens		
CLIMARA PTWK (Use <i>estradiol</i>)	NF	
DELESTROGEN 20 MG/ML, 40 MG/ML (Use <i>estradiol valerate</i>)	NF	
DELESTROGEN	1B	
DEPO-ESTRADIOL	3	

Ambetter Formulary Updated December 1, 2022

Drug Name	Drug Tier	Requirements/Limits
DIVIGEL GEL (<i>Use estradiol</i>)	3	
DIVIGEL GEL	3	
ELESTRIN GEL	3	
ESTRACE TABS (<i>Use estradiol</i>)	NF	
<i>estradiol tabs</i>	1B	
<i>estradiol pttw</i>	1B	QL(0.286 ea daily)
<i>estradiol ptwk</i>	1B	
<i>estradiol gel</i>	1B	
<i>estradiol valerate</i>	1B	
ESTROGEL GEL	3	
EVAMIST SOLN	3	
MENEST .3 MG, .625 MG, 1.25 MG	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)
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
BAXDELA SOLR	3	PA
BAXDELA TABS	3	PA
CIPRO SUSR	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>	1B	
<i>ciprofloxacin in d5w 200 MG/100ML-5 %</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>levofloxacin tabs 250 MG, 750 MG</i>	1B	
<i>levofloxacin tabs 500 MG</i>	1A	
<i>levofloxacin soln or</i>	1B	
<i>levofloxacin in d5w 500 MG/100ML-5 %</i>	1B	
<i>moxifloxacin hcl tabs</i>	1B	
<i>moxifloxacin hcl in sodium chloride 400 MG/250ML-0.8 %</i>	1B	
<i>ofloxacin 300 MG, 400 MG</i>	1B	
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
Bile Acid Synthesis Disorder Agents		
CHOLBAM	4	SP;PA
Gallstone Solubilizing Agents		
ACTIGALL CAPS (<i>Use ursodiol</i>)	NF	
URSO 250 TABS (<i>Use ursodiol</i>)	NF	
URSO FORTE TABS (<i>Use ursodiol</i>)	NF	
<i>ursodiol tabs</i>	1B	
<i>ursodiol caps</i>	1B	
Gastrointestinal Chloride Channel Activators		
AMITIZA (<i>Use lubiprostone</i>)	NF	QL(2 ea daily);PA
<i>lubiprostone</i>	1B	QL(2 ea daily);PA
LUBIPROSTONE (<i>Use lubiprostone</i>)	NF	QL(2 ea daily);PA
Gastrointestinal Stimulants		
<i>metoclopramide hcl tabs</i>	1A	QL(6 ea daily)
<i>metoclopramide hcl soln ij 5 MG/ML</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>metoclopramide hcl soln or 5 MG/5ML, 10 MG/10ML</i>	1B	QL(60 ml daily)
REGLAN TABS (<i>Use metoclopramide hcl</i>)	NF	QL(6 ea daily)
Inflammatory Bowel Agents		
APRISO CP24 (<i>Use mesalamine</i>)	NF	
ASACOL HD TBEC (<i>Use mesalamine</i>)	NF	QL(6 ea daily)
AVSOLA	4	PA
AZULFIDINE TABS (<i>Use sulfasalazine</i>)	NF	
AZULFIDINE EN-TABS TBEC (<i>Use sulfasalazine</i>)	NF	
<i>balsalazide disodium caps</i>	1B	
CANASA SUPP (<i>Use mesalamine</i>)	NF	
COLAZAL CAPS (<i>Use balsalazide disodium</i>)	NF	
DELZICOL CPDR (<i>Use mesalamine</i>)	NF	
DIPENTUM	2	
INFLECTRA	4	PA
LIALDA TBEC (<i>Use mesalamine</i>)	NF	
<i>mesalamine enem</i>	1B	
<i>mesalamine tbec 1.2 GM</i>	1B	
<i>mesalamine cpdr</i>	1B	
<i>mesalamine tbec 800 MG</i>	1B	QL(6 ea daily)
<i>mesalamine supp</i>	1B	
<i>mesalamine cp24</i>	1B	
RENFLEXIS	4	PA
STELARA 130 MG/26ML	4	PA

Drug Name	Drug Tier	Requirements/Limits
<i>sulfasalazine tbec</i>	1B	
<i>sulfasalazine tabs</i>	1B	
Intestinal Acidifiers		
<i>lactulose (encephalopathy)</i>	1B	
Irritable Bowel Syndrome (IBS) Agents		
<i>alosetron hcl</i>	1B	QL(2 ea daily)
LINZESS	2	QL(1 ea daily);PA
LOTRONEX (<i>Use alosetron hcl</i>)	NF	QL(2 ea daily)
Peripheral Opioid Receptor Antagonists		
<i>alvimopan</i>	1B	
ENTEREG (<i>Use alvimopan</i>)	NF	
RELISTOR SOLN	3	PA
Phosphate Binder Agents		
<i>calcium acetate (phosphate binder) caps</i>	1B	
<i>calcium acetate (phosphate binder) tabs</i>	1B	RX/OTC
FOSRENOL CHEW (<i>Use lanthanum carbonate</i>)	NF	
<i>lanthanum carbonate chew</i>	1B	
PHOSLYRA SOLN	2	
RENVELA PACK (<i>Use sevelamer carbonate</i>)	NF	
RENVELA TABS (<i>Use sevelamer carbonate</i>)	NF	
<i>sevelamer carbonate pack</i>	1B	
<i>sevelamer carbonate tabs</i>	1B	
VELPHORO	3	PA

GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive

Ambetter Formulary Updated December 1, 2022

Drug Name	Drug Tier	Requirements/Limits
Organs and Urinary System		
Alkalinizers		
<i>potassium citrate (alkalinizer) tbc</i> 10 MEQ, 1080 MG	1B	
<i>sodium citrate & citric acid</i> 334 MG/5ML-500 MG/5ML	1B	RX/OTC
UROKIT-K 10 TBCR (Use <i>potassium citrate (alkalinizer)</i>)	NF	
Cystinosis Agents		
CYSTAGON CAPS	3	PA
Genitourinary Irrigants		
<i>acetic acid .25 %</i>	1B	
<i>glycine (gu irrigant) soln 1.5 %</i>	1B	
RESECTISOL	1B	
<i>sodium chloride (gu irrigant) .9 %</i>	1B	
SORBITOL 3 %, 3.3 %	1B	
SORBITOL/MANNITOL IRRIGATION 0.54 GM/100ML-2.7 GM/100ML	1B	
Interstitial Cystitis Agents		
ELMIRON CAPS	2	
Prostatic Hypertrophy Agents		
<i>alfuzosin hcl</i>	1B	QL(1 ea daily)
AVODART (Use <i>dutasteride</i>)	NF	QL(1 ea daily)
<i>dutasteride</i>	1B	QL(1 ea daily)
<i>dutasteride-tamsulosin hcl</i> 0.5 MG-0.4 MG	1B	PA
<i>finasteride</i>	1B	5 mg only
FLOMAX (Use <i>tamsulosin hcl</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
JALYN 0.5 MG-0.4 MG (Use <i>dutasteride-tamsulosin hcl</i>)	3	PA
PROSCAR (Use <i>finasteride</i>)	NF	5 mg only
RAPAFLO (Use <i>silodosin</i>)	NF	
<i>silodosin</i>	1B	
<i>tamsulosin hcl</i>	1B	
UROXATRAL (Use <i>alfuzosin hcl</i>)	NF	QL(1 ea daily)
Urinary Analgesics		
<i>phenazopyridine hcl tabs</i> 100 MG, 100 MG, 200 MG	1B	
PYRIDIDIUM TABS (Use <i>phenazopyridine hcl</i>)	NF	
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
<i>colchicine w/ probenecid</i> 0.5 MG-500 MG	1B	
Gout Agents		
<i>allopurinol</i>	1B	
<i>colchicine tabs</i>	1B	QL(1 ea daily)
COLCRYS TABS (Use <i>colchicine</i>)	NF	QL(1 ea daily)
<i>febuxostat</i>	1B	QL(1 ea daily);PA
ULORIC (Use <i>febuxostat</i>)	NF	QL(1 ea daily);PA
ZYLOPRIM (Use <i>allopurinol</i>)	NF	
Uricosurics		
<i>probenecid</i>	1B	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Bradykinin B2 Receptor Antagonists		

Ambetter Formulary Updated December 1, 2022

Drug Name	Drug Tier	Requirement s/Limits
FIRAZYR (<i>Use icatibant acetate</i>)	NF	QL(9 ml daily);PA
<i>icatibant acetate</i>	4	QL(9 ml daily);PA
Complement Inhibitors		
CINRYZE SOLR IV	4	PA
HAEGARDA SOLR SC	4	PA
RUCONEST	4	QL(0.143 ea daily);PA
Hematorheologic Agents		
<i>pentoxifylline</i>	1B	QL(3 ea daily)
Plasma Kallikrein Inhibitors		
TAKHZYRO SOLN	4	PA
Platelet Aggregation Inhibitors		
AGRYLIN .5 MG (<i>Use anagrelide hcl</i>)	NF	
<i>anagrelide hcl</i>	1B	
<i>aspirin-dipyridamole 200 MG-25 MG</i>	1B	QL(2 ea daily);PA
BRILINTA	2	QL(2 ea daily)
CABLIVI	4	PA
<i>cilostazol</i>	1B	
<i>clopidogrel bisulfate 75 MG</i>	1B	QL(1 ea daily)
<i>clopidogrel bisulfate 300 MG</i>	1B	
<i>dipyridamole</i>	1B	
EFFIENT (<i>Use prasugrel hcl</i>)	NF	QL(1 ea daily)
PLAVIX 75 MG (<i>Use clopidogrel bisulfate</i>)	NF	QL(1 ea daily)
<i>prasugrel hcl</i>	1B	QL(1 ea daily)
ZONTIVITY	3	PA
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
CERDELGA	4	QL(2 ea daily);PA

Drug Name	Drug Tier	Requirement s/Limits
CEREZYME 400 UNIT	4	SP;PA
<i>miglustat</i>	4	QL(3 ea daily);SP;PA
ZAVESCA (<i>Use miglustat</i>)	NF	QL(3 ea daily);SP;PA
Agents for Sickle Cell Disease		
DROXIA CAPS	3	
OXBRYTA TABS	4	PA
Cobalamins		
<i>cyanocobalamin soln ij</i>	1B	QL(1 ml daily)
Folic Acid/Folates		
<i>folic acid tabs</i>	0	
Hematopoietic Growth Factors		
ARANESP ALBUMIN FREE SOLN 25 MCG/ML	4	SP
ARANESP ALBUMIN FREE SOLN 40 MCG/ML, 60 MCG/ML, 100 MCG/ML	4	SP;PA
ARANESP ALBUMIN FREE SOSY 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML	4	SP;PA
DOPTELET	4	QL(3 ea daily);PA
EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	3	SP;PA
LEUKINE SOLR IJ	4	SP;PA
MIRCERA	4	PA
MULPLETA	4	QL(1 ea daily);PA
NPLATE 250 MCG, 500 MCG	4	SP;PA

Ambetter Formulary Updated December 1, 2022

Drug Name	Drug Tier	Requirement s/Limits
PROCRIT 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	3	SP;PA
PROCRIT 40000 UNIT/ML	4	SP;PA
PROMACTA TABS	4	SP;PA
PROMACTA PACK 12.5 MG	4	QL(1 ea daily);PA
RETACRIT	4	PA
RETACRIT	4	PA
ZARXIO	4	PA
ZIEXTENZO	4	PA
Hematopoietic Mixtures		
<i>ferrous fumarate-folic acid 324 MG-1 MG</i>	1B	QL(1 ea daily)
Iron		
FER-IN-SOL SOLN (<i>Use ferrous sulfate</i>)	0	AL(Up to 1 yrs old)
<i>ferrous sulfate tabs 65 MG, 325 MG</i>	0	
<i>ferrous sulfate soln</i>	0	AL(Up to 1 yrs old)
<i>ferrous sulfate tbec</i>	0	
Stem Cell Mobilizers		
MOZOBI	4	SP;PA
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
AMICAR TABS (<i>Use aminocaproic acid</i>)	NF	PA
<i>aminocaproic acid tabs</i>	1B	PA
CYKLOKAPRON SOLN (<i>Use tranexamic acid</i>)	NF	

Drug Name	Drug Tier	Requirement s/Limits
LYSTEDA TABS (<i>Use tranexamic acid</i>)	NF	
<i>tranexamic acid tabs</i>	1B	
<i>tranexamic acid soln 1000 MG/10ML</i>	1B	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Barbiturate Hypnotics		
<i>phenobarbital elix</i>	1B	
<i>phenobarbital tabs 15 MG, 16.2 MG, 30 MG, 32.4 MG, 64.8 MG, 97.2 MG, 100 MG</i>	1B	
Hypnotics - Tricyclic Agents		
<i>doxepin hcl (sleep)</i>	1B	QL(1 ea daily);PA
SILENOR (<i>Use doxepin hcl (sleep)</i>)	NF	QL(1 ea daily);PA
Non-Barbiturate Hypnotics		
AMBIEN TABS (<i>Use zolpidem tartrate</i>)	NF	QL(1 ea daily);AL(At least 18 yrs old)
AMBIEN CR TBCR (<i>Use zolpidem tartrate</i>)	NF	QL(1 ea daily)
<i>estazolam</i>	1B	
<i>eszopiclone</i>	1B	QL(1 ea daily);AL(At least 18 yrs old);ST
<i>flurazepam hcl</i>	1B	PA
HALCION .25 MG (<i>Use triazolam</i>)	NF	
LUNESTA (<i>Use eszopiclone</i>)	NF	QL(1 ea daily);AL(At least 18 yrs old);ST
RESTORIL (<i>Use temazepam</i>)	NF	QL(1 ea daily)
<i>temazepam 7.5 MG, 22.5 MG</i>	1B	QL(1 ea daily)
<i>temazepam 15 MG, 30 MG</i>	1A	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>triazolam</i>	1B	
<i>zaleplon 10 MG</i>	1B	QL(2 ea daily);AL(At least 18 yrs old)
<i>zaleplon 5 MG</i>	1B	QL(1 ea daily);AL(At least 18 yrs old)
<i>zolpidem tartrate tbc</i>	1B	QL(1 ea daily)
<i>zolpidem tartrate tabs</i>	1A	QL(1 ea daily);AL(At least 18 yrs old)
Orexin Receptor Antagonists		
BELSOMRA	3	PA
Selective Melatonin Receptor Agonists		
HETLIOZ CAPS	3	QL(1 ea daily);PA
<i>ramelteon</i>	1B	QL(1 ea daily);AL(At least 18 yrs old)
ROZEREM (<i>Use ramelteon</i>)	NF	QL(1 ea daily);AL(At least 18 yrs old)
LAXATIVES - Bowel Treatment Drugs		
Bulk Laxatives		
<i>calcium polycarbophil tabs</i>	1B	
FIBERCON TABS (<i>Use calcium polycarbophil</i>)	NF	
Laxative Combinations		
GOLYTELY SOLR 236 GM-6.74 GM-2.97 GM-5.86 GM-22.74 GM (<i>Use peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>)	0	
MOVIPREP 100 GM-4.7 GM-5.9 GM-1.015 GM-2.691 GM-7.5 GM (<i>Use peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
NULYTELY 420 GM-5.72 GM-1.48 GM-11.2 GM (<i>Use peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>)	3	PA
NULYTELY/FLAVOR PACKS 420 GM-5.72 GM-1.48 GM-11.2 GM (<i>Use peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>)	3	PA
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid 100 GM-4.7 GM-5.9 GM-1.015 GM-2.691 GM-7.5 GM</i>	1B	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate solr 236 GM-6.74 GM-2.97 GM-5.86 GM-22.74 GM</i>	0	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride 420 GM-5.72 GM-1.48 GM-11.2 GM</i>	1B	PA
<i>sodium sulfate-potassium sulfate-magnesium sulfate 3.13 GM/177ML-1.6 GM/177ML-17.5 GM/177ML</i>	1B	PA

Ambetter Formulary Updated December 1, 2022

Drug Name	Drug Tier	Requirement s/Limits
SUPREP BOWEL PREP KIT 3.13 GM/177ML-1.6 GM/177ML-17.5 GM/177ML (Use sodium sulfate-potassium sulfate-magnesium sulfate)	3	PA
Laxatives - Miscellaneous		
<i>lactulose soln</i>	1B	
Saline Laxatives		
OSMOPREP 1.102 GM-0.398 GM	3	PA
Stimulant Laxatives		
<i>bisacodyl tbec</i>	1A	
<i>bisacodyl supp</i>	1A	
DULCOLAX TBEC (Use <i>bisacodyl</i>)	NF	
DULCOLAX SUPP (Use <i>bisacodyl</i>)	NF	
DULCOLAX PINK LAXATIVE TBEC (Use <i>bisacodyl</i>)	NF	
Surfactant Laxatives		
COLACE CAPS 100 MG (Use <i>docusate sodium</i>)	NF	
<i>docusate calcium</i>	1A	
<i>docusate sodium caps 100 MG, 250 MG</i>	1A	
LOCAL ANESTHETICS-Parenteral - Drugs for Numbing		
Local Anesthetics - Amides		
<i>lidocaine hcl (local anesth.) soln .5 %, 1 %, 2 %</i>	1B	
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
<i>azithromycin solr</i>	1B	

Drug Name	Drug Tier	Requirement s/Limits
<i>azithromycin tabs 500 MG</i>	1B	QL(4 ea per fill retail,4 per fill mail MG)
<i>azithromycin tabs 600 MG</i>	1B	QL(0.286 ea daily)
<i>azithromycin tabs 250 MG</i>	1B	QL(6 ea per fill retail,6 per fill mail MG)
<i>azithromycin susr</i>	1B	
<i>azithromycin pack</i>	1B	
ZITHROMAX TABS 500 MG (Use <i>azithromycin</i>)	NF	QL(4 ea per fill retail,4 per fill mail MG)
ZITHROMAX PACK (Use <i>azithromycin</i>)	NF	
ZITHROMAX SOLR (Use <i>azithromycin</i>)	NF	
ZITHROMAX TABS 250 MG (Use <i>azithromycin</i>)	NF	QL(6 ea per fill retail,6 per fill mail MG)
ZITHROMAX SUSR (Use <i>azithromycin</i>)	NF	
ZITHROMAX TRI-PAK TABS (Use <i>azithromycin</i>)	NF	QL(4 ea per fill retail,4 per fill mail MG)
ZITHROMAX Z-PAK TABS (Use <i>azithromycin</i>)	NF	QL(6 ea per fill retail,6 per fill mail MG)
Clarithromycin		
<i>clarithromycin tabs</i>	1B	
<i>clarithromycin susr</i>	1B	
<i>clarithromycin tb24</i>	1B	
Erythromycins		
E.E.S. GRANULES SUSR (Use <i>erythromycin ethylsuccinate</i>)	NF	
ERYPED 200 SUSR (Use <i>erythromycin ethylsuccinate</i>)	NF	

Ambetter Formulary Updated December 1, 2022

Drug Name	Drug Tier	Requirements/Limits
ERYPED 400 SUSR (Use erythromycin ethylsuccinate)	3	
erythromycin base tabs	3	
erythromycin base cpep	3	
erythromycin base tbec	1B	
erythromycin ethylsuccinate susr	1B	
erythromycin ethylsuccinate tabs	3	
Fidaxomicin		
DIFICID TABS	2	
MEDICAL DEVICES AND SUPPLIES		
Contraceptives		
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)
FC2 FEMALE CONDOM	0	QL(4 ea per fill retail,4 per fill mail)
FEMCAP DEVI 0	0	
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)

Drug Name	Drug Tier	Requirements/Limits
KIMONO PLUS SPERMICIDE LUBRICATED MISC	0	QL(2 ea daily)
KIMONO PLUS SPERMICIDE/LUBRICATED MISC	0	QL(2 ea daily)
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)
K-Y ME & YOU EXTRA LUBRICATED DEVI	0	QL(2 ea daily)
K-Y ME & YOU INTENSE 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	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 MISC	0	QL(2 ea daily)

Ambetter Formulary Updated December 1, 2022

Drug Name	Drug Tier	Requirements/Limits
TRUSTEX LUBRICATED EXTRALARGE MISC	0	QL(2 ea daily)
TRUSTEX LUBRICATED EXTRASTRENGTH MISC	0	QL(2 ea daily)
TRUSTEX LUBRICATED/RIBBED/STUDED MISC	0	QL(2 ea daily)
TRUSTEX LUBRICATED/SPERMICIDE 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)
TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC	0	QL(2 ea daily)
TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDED 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	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 65	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 70	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 75	0	

Drug Name	Drug Tier	Requirements/Limits
WIDE-SEAL SILICONE DIAPHRAGM KIT 80	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 85	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 90	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 95	0	
Diabetic Supplies		
FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM	3	PA
FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM	3	QL(0.072 ea daily);PA
FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM	3	PA
FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM	3	QL(0.072 ea daily);PA
FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM	3	PA
FREESTYLE LIBRE/SENSOR/FLASH MONITORING SYSTEM	3	QL(0.1 ea daily);PA
LANCETS 28G	1B	QL(6.6667 ea daily)
LANCETS ULTRA FINE	1B	QL(6.6667 ea daily)
PHARMACIST CHOICE ULTRA THIN LANCETS 33G	1B	QL(6.6667 ea daily)
SAFETY SEAL LANCETS 28G	1B	QL(6.6667 ea daily)
SAFETY SEAL LANCETS 30G	1B	QL(6.6667 ea daily)
SELECT LANCETS	1B	6.66/day

Drug Name	Drug Tier	Requirements/Limits
SELECT LANCETS	1	6.66/day
TRUE METRIX CONTROL SOLUTION LEVEL 3 SOLN	1B	
Parenteral Therapy Supplies		
SELECT INSULIN SYRINGES	1B	5/day
SELECT INSULIN SYRINGES	1	5/day
TRUEPLUS PEN NEEDLES 31GX5MM	1B	QL(5 ea daily);RX/OTC
ULTIGUARD SAFEPACK/MINI PEN NEEDLE/32G X 1/4"/SHARPS CONTAIN	1B	QL(5 ea daily)
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antag		
AIMOVIG	2	QL(0.04 ml daily);PA
EMGALITY SOSY 120 MG/ML	2	QL(0.07 ml daily);PA
EMGALITY SOAJ	2	QL(0.07 ml daily);PA
EMGALITY SOSY 100 MG/ML	3	QL(0.1 ml daily);PA
UBRELVY	3	QL(10 ea per 30 days retail);ST
Migraine Combinations		
CAFERGOT TABS 1 MG-100 MG (Use ergotamine w/ caffeine)	NF	QL(1.5 ea daily)
ergotamine w/ caffeine tabs 1 MG-100 MG	1B	QL(1.5 ea daily)
sumatriptan-naproxen sodium 85 MG-500 MG	3	QL(10 ea per 30 days retail,10 ea per 30 days mail)

Drug Name	Drug Tier	Requirements/Limits
TREXIMET 85 MG-500 MG (Use sumatriptan-naproxen sodium)	NF	QL(10 ea per 30 days retail,10 ea per 30 days mail)
Migraine Products		
D.H.E. 45 SOLN IJ (Use dihydroergotamine mesylate)	NF	
dihydroergotamine mesylate soln na 4 MG/ML	1B	QL(0.267 ml daily)
dihydroergotamine mesylate soln ij 1 MG/ML	1B	
ERGOMAR SUBL	3	QL(0.667 ea daily)
MIGRANAL SOLN NA (Use dihydroergotamine mesylate)	NF	QL(0.267 ml daily)
Serotonin Agonists		
almotriptan malate 12.5 MG	1B	QL(0.4 ea daily);AL(At least 12 yrs old);ST
almotriptan malate 6.25 MG	1B	QL(0.3 ea daily);AL(At least 12 yrs old);ST
AMERGE (Use naratriptan hcl)	NF	QL(0.3 ea daily);AL(At least 18 yrs old)
eletriptan hydrobromide	1B	QL(0.2 ea daily);AL(At least 18 yrs old);ST
FROVA (Use frovatriptan succinate)	NF	QL(0.4 ea daily);AL(At least 18 yrs old);ST
frovatriptan succinate	1B	QL(0.4 ea daily);AL(At least 18 yrs old);ST
IMITREX 5 MG/ACT, 20 MG/ACT (Use sumatriptan)	NF	QL(0.2 ea daily);AL(At least 18 yrs old)

Ambetter Formulary Updated December 1, 2022

Drug Name	Drug Tier	Requirements/Limits
IMITREX SOLN 6 MG/0.5ML (Use <i>sumatriptan succinate</i>)	NF	QL(0.134 ml daily);AL(At least 18 yrs old)
IMITREX TABS (Use <i>sumatriptan succinate</i>)	NF	QL(0.3 ea daily);AL(At least 18 yrs old)
IMITREX STATDOSE REFILL SOCT (Use <i>sumatriptan succinate</i>)	NF	QL(0.134 ml daily);AL(At least 18 yrs old)
IMITREX STATDOSE SYSTEM SOAJ (Use <i>sumatriptan succinate</i>)	NF	QL(0.134 ml daily);AL(At least 18 yrs old)
MAXALT TABS 10 MG (Use <i>rizatriptan benzoate</i>)	NF	QL(0.6 ea daily);AL(At least 6 yrs old)
MAXALT-MLT TBDP 10 MG (Use <i>rizatriptan benzoate</i>)	NF	QL(0.6 ea daily);AL(At least 6 yrs old)
<i>naratriptan hcl</i>	1B	QL(0.3 ea daily);AL(At least 18 yrs old)
RELPAK (Use <i>eletriptan hydrobromide</i>)	NF	QL(0.2 ea daily);AL(At least 18 yrs old);ST
<i>rizatriptan benzoate tbdp 10 MG</i>	1B	QL(0.6 ea daily);AL(At least 6 yrs old)
<i>rizatriptan benzoate tabs 5 MG</i>	1B	QL(0.4 ea daily);AL(At least 6 yrs old)
<i>rizatriptan benzoate tbdp 5 MG</i>	1B	QL(0.4 ea daily);AL(At least 6 yrs old)
<i>rizatriptan benzoate tabs 10 MG</i>	1B	QL(0.6 ea daily);AL(At least 6 yrs old)
<i>sumatriptan</i>	1B	QL(0.2 ea daily);AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan succinate soct</i>	1B	QL(0.134 ml daily);AL(At least 18 yrs old)
<i>sumatriptan succinate soaj</i>	1B	QL(0.134 ml daily);AL(At least 18 yrs old)
<i>sumatriptan succinate tabs</i>	1B	QL(0.3 ea daily);AL(At least 18 yrs old)
<i>sumatriptan succinate soln 6 MG/0.5ML</i>	1B	QL(0.134 ml daily);AL(At least 18 yrs old)
<i>sumatriptan succinate sosy 6 MG/0.5ML</i>	1B	QL(0.134 ml daily);AL(At least 18 yrs old)
<i>zolmitriptan soln</i>	1B	QL(0.2 ea daily);AL(At least 12 yrs old);ST
<i>zolmitriptan tbdp</i>	1B	QL(0.3 ea daily);AL(At least 12 yrs old);ST
<i>zolmitriptan tabs</i>	1B	QL(0.3 ea daily);AL(At least 12 yrs old);ST
ZOMIG TABS 2.5 MG, 5 MG (Use <i>zolmitriptan</i>)	NF	QL(0.3 ea daily);AL(At least 12 yrs old);ST
ZOMIG SOLN (Use <i>zolmitriptan</i>)	3	QL(0.2 ea daily);AL(At least 12 yrs old);ST
ZOMIG ZMT TBDP (Use <i>zolmitriptan</i>)	NF	QL(0.3 ea daily);AL(At least 12 yrs old);ST
MINERALS & ELECTROLYTES		
Bicarbonates		
<i>sodium acetate soln</i>	1B	
SODIUM ACETATE SOLN (Use <i>sodium acetate</i>)	1B	
Calcium		
<i>calcium chloride (dihydrate) soln</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
Electrolyte Mixtures		
<i>dextrose in lactated ringers</i>	1B	
IONOSOL-MB/DEXTROSE 5% 23 MEQ/L-5 %-3 MMOLE/L-22 MEQ/L-25 MEQ/L-3 MEQ/L-20 MEQ/L	1B	
ISOLYTE-P/DEXTROSE 5% 20 MEQ/L-5 %-23 MEQ/L-3 MEQ/L-23 MEQ/L-25 MEQ/L-3 MEQ/L	1B	
ISOLYTE-S 5 MEQ/L-27 MEQ/L-23 MEQ/L-98 MEQ/L-140 MEQ/L-3 MEQ/L	1B	
KCL 0.3%/D5W/NACL 0.9% 0.9 %-5 %-40 MEQ/L	1B	
<i>lactated ringer's</i> 28 MEQ/L-3 MEQ/L-109 MEQ/L-130 MEQ/L-4 MEQ/L	1B	
NORMOSOL-M IN D5W 13 MEQ/L-5 %-16 MEQ/L-40 MEQ/L-40 MEQ/L-3 MEQ/L	1B	
NORMOSOL-M/D5W 13 MEQ/L-5 %-16 MEQ/L-40 MEQ/L-40 MEQ/L-3 MEQ/L	1B	
NORMOSOL-R 98 MEQ/L-27 MEQ/L-23 MEQ/L-3 MEQ/L-5 MEQ/L-140 MEQ/L	1B	
PLASMA-LYTE A 5 MEQ/L-27 MEQ/L-23 MEQ/L-98 MEQ/L-140 MEQ/L-3 MEQ/L	1B	

Drug Name	Drug Tier	Requirements/Limits
PLASMA-LYTE-148 5 MEQ/L-27 MEQ/L-23 MEQ/L-98 MEQ/L-140 MEQ/L-3 MEQ/L	1B	
<i>potassium chloride in dextrose</i> 20 MEQ/L-5 %	1B	
<i>potassium chloride in dextrose & sodium chloride</i> 0.2 %-5 %-20 MEQ/L, 0.45 %-5 %-0.075 %, 0.45 %-5 %-10 MEQ/L, 0.45 %-5 %-20 MEQ/L, 0.45 %-5 %-30 MEQ/L, 0.45 %-5 %-40 MEQ/L, 0.9 %-5 %-0.15 %, 0.9 %-5 %-20 MEQ/L, 0.9 %-5 %-40 MEQ/L	1B	
<i>potassium chloride in nacl</i>	1B	
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS	1B	
POTASSIUM CHLORIDE/SODIUM CHLORIDE (Use <i>potassium chloride in nacl</i>)	1B	
POTASSIUM CHLORIDE/SODIUM CHLORIDE (Use <i>potassium chloride in nacl</i>)	NF	
<i>ringer's</i> 4 MEQ/L-4 MEQ/L-155 MEQ/L-147 MEQ/L	1B	
Fluoride		
<i>sodium fluoride chew</i> .25 MG, .5 MG, 1 MG, 2.2 MG	0	QL(1 ea daily)
Magnesium		

Drug Name	Drug Tier	Requirements/Limits
<i>magnesium sulfate ij 50 %</i>	1B	
Phosphate		
<i>potassium phosphates 224 MG/ML-236 MG/ML</i>	1B	
Potassium		
<i>K-TAB TBCR (Use potassium chloride)</i>	NF	
<i>potassium acetate soln 2 MEQ/ML</i>	1B	
<i>potassium bicarbonate tbef</i>	1B	
<i>potassium chloride soln iv 2 MEQ/ML, 10 MEQ/50ML, 20 MEQ/50ML</i>	1B	
<i>potassium chloride pack or 20 MEQ</i>	1B	PA
<i>potassium chloride tbcr 8 MEQ, 10 MEQ</i>	1B	
<i>potassium chloride cpcr</i>	1B	
<i>POTASSIUM CHLORIDE SOLN IV 2 MEQ/ML, 10 MEQ/50ML, 20 MEQ/50ML (Use potassium chloride)</i>	1B	
<i>potassium chloride microencapsulated crystals er</i>	1B	
Sodium		
<i>sodium chloride soln iv .45 %, .9 %, 3 %, 4 MEQ/ML, 5 %</i>	1B	
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
<i>CUPRIMINE CAPS (Use penicillamine)</i>	NF	PA

Drug Name	Drug Tier	Requirements/Limits
<i>DEPEN TITRATABS TABS (Use penicillamine)</i>	NF	QL(8 ea daily)
<i>penicillamine caps</i>	1B	PA
<i>penicillamine tabs</i>	1B	QL(8 ea daily)
<i>SYPRINE (Use trientine hcl)</i>	NF	QL(8 ea daily);SP;PA
<i>trientine hcl</i>	4	QL(8 ea daily);SP;PA
Immunomodulators		
<i>lenalidomide 2.5 MG, 5 MG, 10 MG, 15 MG, 25 MG</i>	4	QL(1 ea daily);SP;PA
<i>lenalidomide 20 MG</i>	4	PA
<i>REVLIMID 2.5 MG, 5 MG, 10 MG, 15 MG, 25 MG</i>	4	QL(1 ea daily);SP;PA
<i>REVLIMID 20 MG</i>	4	PA
<i>THALOMID</i>	4	QL(3 ea daily);SP;PA
Immunosuppressive Agents		
<i>ATGAM</i>	4	SP;PA
<i>azathioprine tabs</i>	1B	
<i>AZATHIOPRINE</i>	1B	
<i>CELLCEPT CAPS (Use mycophenolate mofetil)</i>	NF	
<i>CELLCEPT TABS (Use mycophenolate mofetil)</i>	NF	
<i>cyclosporine soln iv 50 MG/ML</i>	1B	
<i>cyclosporine caps</i>	1B	
<i>cyclosporine modified (for microemulsion) caps</i>	1B	
<i>cyclosporine modified (for microemulsion) soln</i>	1B	

Drug Name	Drug Tier	Requirement s/Limits
<i>everolimus (immunosuppressant) .25 MG, .5 MG, .75 MG</i>	4	QL(20 ea daily);SP;PA
IMURAN TABS (Use azathioprine)	NF	
<i>mycophenolate mofetil caps</i>	1B	
<i>mycophenolate mofetil tabs</i>	1B	
<i>mycophenolate sodium</i>	1B	
MYFORTIC (Use mycophenolate sodium)	NF	
NEORAL SOLN (Use cyclosporine modified (for microemulsion))	NF	
NEORAL CAPS (Use cyclosporine modified (for microemulsion))	NF	
NULOJIX	4	SP;PA
PROGRAF CAPS (Use tacrolimus)	NF	
PROGRAF PACK	2	PA
PROGRAF SOLN	2	
RAPAMUNE TABS (Use sirolimus)	NF	
SANDIMMUNE SOLN IV 50 MG/ML (Use cyclosporine)	NF	
SANDIMMUNE CAPS (Use cyclosporine)	NF	
SIMULECT	3	
<i>sirolimus tabs</i>	1B	
<i>tacrolimus caps</i>	1B	
THYMOGLOBULIN	4	SP;PA

Drug Name	Drug Tier	Requirement s/Limits
ZORTRESS .25 MG, .5 MG, .75 MG (Use everolimus (immunosuppressant))	NF	QL(20 ea daily);SP;PA
Irrigation Solutions		
<i>irrigation solutions, physiological 30 MG/100ML-222 MG/100ML-502 MG/100ML-37 MG/100ML-526 MG/100ML</i>	1B	
<i>lactated ringer's (irrigation) 20 MG/100ML-310 MG/100ML-30 MG/100ML-600 MG/100ML</i>	1B	
<i>ringer's irrigation 4 MEQ/L-4.5 MEQ/L-156 MEQ/L-147.5 MEQ/L</i>	1B	
<i>water for irrigation, sterile</i>	1B	
Potassium Removing Agents		
<i>sodium polystyrene sulfonate susp or 15 GM/60ML</i>	1B	
<i>sodium polystyrene sulfonate powd</i>	1B	
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
<i>lidocaine hcl (mouth-throat) 2 %</i>	1B	QL(4 ml daily)
<i>lidocaine hcl (mouth-throat) 4 %</i>	1B	
Anti-infectives - Throat		
<i>clotrimazole</i>	1B	
<i>nystatin (mouth-throat)</i>	1B	
Antiseptics - Mouth/Throat		

Drug Name	Drug Tier	Requirements/Limits
<i>chlorhexidine gluconate (mouth-throat)</i>	1B	
DEBACTEROL 50 %-30 %	2	
PERIDEX (<i>Use chlorhexidine gluconate (mouth-throat)</i>)	NF	
Dental Products		
<i>stannous fluoride conc</i>	0	RX/OTC
Steroids - Mouth/Throat/Dental		
<i>triamcinolone acetonide (mouth)</i>	1B	
Throat Products - Misc.		
<i>cevimeline hcl</i>	1B	
EVOXAC (<i>Use cevimeline hcl</i>)	NF	
<i>pilocarpine hcl (oral)</i>	1B	
SALAGEN (<i>Use pilocarpine hcl (oral)</i>)	NF	
MULTIVITAMINS		
Ped MV w/ Fluoride		
<i>pediatric multivitamins w/fl chew</i>	1A	RX/OTC
Prenatal Vitamins		
CLASSIC PRENATAL TABS 200 MG-60 MG-4 MG-800 MCG-400 UNIT-8 MCG-2 MG-20 MG-8000 UNIT-28 MG-1.7 MG-100 MG-150 MCG-30 UNIT	2	QL(1 ea daily)
CVS PRENATAL TABS	2	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
EQL PRENATAL FORMULA TABS 4000 UNIT-120 MG-2.6 MG-30 UNIT-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG	2	QL(1 ea daily)
GNP PRENATAL TABS 30 UNIT-120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT	2	QL(1 ea daily)
GOODSENSE PRENATAL VITAMINS TABS 30 UNIT-120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT	2	QL(1 ea daily)
KP PRENATAL MULTIVITAMINS TABS 30 UNIT-120 MG-2.6 MG-0.8 MG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT	2	QL(1 ea daily)
MASONATAL TABS 8 MCG-120 MG-800 MCG-1.8 MG-20 MG-2.6 MG-1.7 MG-28 MG-10 MCG-13.5 MG-25 MG-244 MG-600 MCG	2	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
M-NATAL PLUS TABS 22 UNIT-120 MG-10 MG-1 MG-400 UNIT-12 MCG-3 MG-20 MG-4000 UNIT-27 MG-1.84 MG-25 MG-2 MG-200 MG	2	QL(1 ea daily);RX/OTC
MULTI PRENATAL TABS 200 MG-400 UNIT-100 MG-2.6 MG-800 MCG-4 MCG-1.7 MG-18 MG-4000 UNIT-27 MG-1.5 MG-25 MG-11 UNIT	2	QL(1 ea daily)
NEONATAL COMPLETE TABS	2	QL(1 ea daily);RX/OTC
NEONATAL PLUS TABS 12 MCG-120 MG-1 MG-1.84 MG-20 MG-10 MG-3 MG-5 MG-27 MG-10 MCG-9.2 MG-0.2 MG-2 MG-25 MG-200 MG-1200 MCG-2 MG	2	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
NEONATAL PRENATAL VITAMIN TABS 0.05 MG-50 MG-1 MG-0.8 MG-400 UNIT-2 MCG-4000 UNIT-2 MG-10 MG-27 MG-3 MG-0.15 MG-0.085 MG-0.01 MG-0.15 MG-250 MG-0.835 MG, 0.2 MG-100 MG-2.6 MG-0.8 MG-10 MCG-4 MCG-1.7 MG-5 MG-18 MG-27 MG-1.5 MG-25 MG-263 MG-4.6 MG-1200 MCG-2 MG, 0.2 MG-100 MG-2.6 MG-800 MCG-1.5 MG-10 MCG-4 MCG-1.7 MG-5 MG-1.8 MG-1200 MCG-27 MG-263 MG-25 MG-4.6 MG-2 MG, 0.2 MG-120 MG-10 MG-1 MG-10 MCG-12 MCG-3 MG-5 MG-20 MG-27 MG-200 MG-1.84 MG-25 MG-2 MG-9.2 MG-1200 MCG-2 MG, 0.2 MG-120 MG-10 MG-9.2 MG-1000 MCG-10 MCG-12 MCG-3 MG-5 MG-20 MG-27 MG-200 MG-1.84 MG-25 MG-2 MG-1200 MCG-2 MG, 0.2 MG-20 MG-10 MG-1000 MCG-10 MCG-12 MCG-3 MG-5 MG-20 MG-1200 MCG-27 MG-200 MG-1.84 MG-25 MG-2 MG-9.2 MG-2 MG, 10 MG-120 MG-10 MG-1	2	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
MG-10 MCG-12 MCG-3 MG-20 MG-1200 MCG-27 MG-200 MG-1.84 MG-25 MG-2 MG, 11 UNIT-100 MG-2.6 MG-0.8 MG-400 UNIT-4 MCG-1.7 MG-18 MG-4000 UNIT-27 MG-1.5 MG-25 MG-263 MG, 12 MCG-120 MG-1 MG-1.84 MG-20 MG-10 MG-3 MG-27 MG-10 MCG-9.9 MG-2 MG-25 MG-200 MG-1200 MCG, 12 MCG-120 MG-1 MG-1.84 MG-20 MG-10 MG-3 MG-400 UNIT-22 MG-27 MG-2 MG-25 MG-200 MG-4000 UNIT, 12 MCG-120 MG-1 MG-1.84 MG-20 MG-10 MG-3 MG-5 MG-27 MG-10 MCG-9.2 MG-0.2 MG-2 MG-25 MG-200 MG-1200 MCG-2 MG, 1200 MCG-120 MG-10 MG-1 MG-10 MCG-12 MCG-3 MG-20 MG-27 MG-200 MG-1.84 MG-25 MG-2 MG-9.9 MG, 160 MG-100 MG-2.6 MG-800 MCG-400 UNIT-4 MCG-1.7 MG-18 MG-4000 UNIT-27 MG-1.84 MG-25 MG-200 MG-11 UNIT, 20 MG-85 MG-1.9 MG-1000 MCG-15 MCG-2.6 MCG-27		

Drug Name	Drug Tier	Requirements/Limits
MG-330 MCG-44 MG, 200 MG-100 MG-1 MG-1.6 MG-20 MG-3.1 MG-12 MCG-1.6 MG-27 MG-10 MCG-30 UNIT-2 MG-10 MG, 200 MG-100 MG-2.6 MG-5 MG-800 MCG-10 MCG-4 MCG-1.7 MG-18 MG-1200 MCG-27 MG-1.5 MG-25 MG, 200 MG-120 MG-10 MG-1 MG-400 UNIT-12 MCG-3 MG-20 MG-4000 UNIT-27 MG-1.84 MG-25 MG-2 MG-22 MG, 200 MG-120 MG-10 MG-22 UNIT-1 MG-400 UNIT-12 MCG-3 MG-20 MG-4000 UNIT-27 MG-1.84 MG-25 MG-2 MG, 200 MG-400 UNIT-100 MG-2.6 MG-800 MCG-4 MCG-1.7 MG-18 MG-4000 UNIT-27 MG-1.5 MG-25 MG-11 UNIT, 200 MG-400 UNIT-3 MG-100 MCG-15 UNIT-800 MCG-2 MG-10 MCG-2000 UNIT-3 MG-20 MG-10 MG-27 MG-2 MG-15 MG-60 MG-100 MG-2 MG, 200 MG-60 MG-4 MG-800 MCG-400 UNIT-8 MCG-2 MG-20 MG-8000 UNIT-28 MG-1.7 MG-100 MG-150 MCG-30		

Drug Name	Drug Tier	Requirements/Limits
UNIT, 22 MG-120 MG-10 MG-1 MG-400 UNIT-12 MCG-3 MG-20 MG-4000 UNIT-27 MG-200 MG-1.84 MG-25 MG-2 MG, 22 UNIT-120 MG-10 MG-1 MG-400 UNIT-12 MCG-3 MG-20 MG-4000 UNIT-27 MG-1.84 MG-25 MG-2 MG-200 MG, 25 MG-100 MG-2.6 MG-11 MG-0.8 MG-400 UNIT-4 MCG-1.7 MG-18 MG-4000 UNIT-27 MG-200 MG-1.5 MG, 30 UNIT-120 MG-2.6 MG-0.8 MG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT, 30 UNIT-120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-1.8 MG-25 MG-4000 UNIT-200 MG, 30 UNIT-120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT, 30 UNIT-120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-4000 UNIT-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG, 30 UNIT-120 MG-800		

Drug Name	Drug Tier	Requirements/Limits
MCG-2.6 MG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT, 4000 UNIT-100 MG-2.6 MG-800 MCG-400 UNIT-4 MCG-1.7 MG-18 MG-27 MG-1.5 MG-25 MG-263 MG-11 UNIT, 4000 UNIT-120 MG-2.6 MG-30 UNIT-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG, 4000 UNIT-120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-1.8 MG-25 MG-200 MG-30 UNIT, 4000 UNIT-120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-30 UNIT, 45 MCG-120 MG-50 MG-1000 MCG-20 MCG-10 MCG-3.4 MG-55 MG-20 MG-1720 MCG-27 MG-200 MG-3 MG-200 MG-25 MG-1.3 MG-150 MCG-30 MG-2.6 MG-50 MCG-70 MCG, 50 MCG-50 MG-1 MG-800 MCG-400 UNIT-2 MCG-2 MG-10 MG-4000 UNIT-27 MG-300 MG-3		

Ambetter Formulary Updated December 1, 2022

Drug Name	Drug Tier	Requirements/Limits
MG-150 MCG-88 MCG-150 MCG-835 MCG-10 MCG, 70 MCG-100 MG-12 MG-30 MCG-1 MG-2000 UNIT-12 MCG-1.7 MG-50 MG-20 MG-6 MG-27 MG-140 MG-1.5 MG-50 MG-2 MG-30 UNIT-15 MG-3000 UNIT-50 MCG-220 MCG-30 MCG, 70 MCG-120 MG-50 MG-1000 MCG-20 MCG-10 MCG-3.4 MG-55 MG-20 MG-1500 MCG-27 MG-200 MG-3 MG-200 MG-25 MG-150 MCG-30 MG-2.6 MG-45 MCG-50 MCG, 8 MCG-120 MG-800 MCG-1.8 MG-20 MG-2.6 MG-1.7 MG-28 MG-10 MCG-13.5 MG-25 MG-244 MG-600 MCG		
NEONATAL VITAMIN TABS 0.2 MG-100 MG-2.6 MG-800 MCG-1.5 MG-10 MCG-4 MCG-1.7 MG-5 MG-1.8 MG-1200 MCG-27 MG-263 MG-25 MG-4.6 MG-2 MG	2	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
NIVA-PLUS TABS 200 MG-120 MG-10 MG-22 UNIT-1 MG-400 UNIT-12 MCG-3 MG-20 MG-4000 UNIT-27 MG-1.84 MG-25 MG-2 MG	2	QL(1 ea daily);RX/OTC
ONE VITE WOMENS PRENATALVITAMIN TABS 0.2 MG-100 MG-2.6 MG-0.8 MG-10 MCG-4 MCG-1.7 MG-5 MG-18 MG-27 MG-1.5 MG-25 MG-263 MG-4.6 MG-1200 MCG-2 MG	2	QL(1 ea daily)
ONE VITE WOMENS PRENATALVITAMIN PLUS TABS 0.2 MG-120 MG-10 MG-1 MG-10 MCG-12 MCG-3 MG-5 MG-20 MG-27 MG-200 MG-1.84 MG-25 MG-2 MG-9.2 MG-1200 MCG-2 MG	2	QL(1 ea daily);RX/OTC
PRENATAL TABS	2	QL(1 ea daily)
PRENATAL LOW IRON TABS	2	QL(1 ea daily)
PRENATAL MULTIVITAMIN TABS 30 UNIT-120 MG-800 MCG-2.6 MG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT	2	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
PRENATAL ONE DAILY TABS 200 MG-400 UNIT-3 MG-100 MCG-15 UNIT-800 MCG-2 MG-10 MCG-2000 UNIT-3 MG-20 MG-10 MG-27 MG-2 MG-15 MG-60 MG-100 MG-2 MG	2	QL(1 ea daily)
PRENATAL PLUS TABS 12 MCG-120 MG-1 MG-1.84 MG-20 MG-10 MG-3 MG-400 UNIT-22 MG-27 MG-2 MG-25 MG-200 MG-4000 UNIT	2	QL(1 ea daily);RX/OTC
PRENATAL PLUS VITAMIN ANDMINERAL TABS 12 MCG-120 MG-1 MG-1.84 MG-20 MG-10 MG-3 MG-27 MG-10 MCG-9.9 MG-2 MG-25 MG-200 MG-1200 MCG	2	QL(1 ea daily);RX/OTC
PRENATAL VITAMIN TABS 50 MCG-50 MG-1 MG-800 MCG-400 UNIT-2 MCG-2 MG-10 MG-4000 UNIT-27 MG-300 MG-3 MG-150 MCG-88 MCG-150 MCG-835 MCG-10 MCG	2	QL(1 ea daily)
PRENATAL VITAMIN & MINERAL TABS 30 UNIT-120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-4000 UNIT-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG	2	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
PRENATAL VITAMIN/IRON TABS 30 UNIT-120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT	2	QL(1 ea daily)
PRENATAL VITAMINS TABS	2	QL(1 ea daily)
PRENATAL VITAMINS PLUS LOW IRON TABS 22 MG-120 MG-10 MG-1 MG-400 UNIT-12 MCG-3 MG-20 MG-4000 UNIT-27 MG-200 MG-1.84 MG-25 MG-2 MG	2	QL(1 ea daily);RX/OTC
PRENATRIX TABS 45 MCG-120 MG-50 MG-1000 MCG-20 MCG-10 MCG-3.4 MG-55 MG-20 MG-1720 MCG-27 MG-200 MG-3 MG-200 MG-25 MG-1.3 MG-150 MCG-30 MG-2.6 MG-50 MCG-70 MCG	2	QL(1 ea daily);RX/OTC
PRENATRYL TABS 70 MCG-120 MG-50 MG-1000 MCG-20 MCG-10 MCG-3.4 MG-55 MG-20 MG-1500 MCG-27 MG-200 MG-3 MG-200 MG-25 MG-150 MCG-30 MG-2.6 MG-45 MCG-50 MCG	2	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
PREPLUS TABS 22 UNIT-120 MG-10 MG-1 MG-400 UNIT-12 MCG-3 MG-20 MG-4000 UNIT-27 MG-1.84 MG-25 MG-2 MG-200 MG	2	QL(1 ea daily);RX/OTC
PX PRENATAL MULTIVITAMINS TABS 30 UNIT-120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT	2	QL(1 ea daily)
QC PRENATAL TABS 30 UNIT-120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT	2	QL(1 ea daily)
RA PRENATAL TABS 30 UNIT-120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT	2	QL(1 ea daily)
RA PRENATAL FORMULA/FOLICACID TABS 30 UNIT-120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT	2	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
RIGHT STEP PRENATAL TABS 0.05 MG-50 MG-1 MG-0.8 MG-400 UNIT-2 MCG-4000 UNIT-2 MG-10 MG-27 MG-3 MG-0.15 MG-0.085 MG-0.01 MG-0.15 MG-250 MG-0.835 MG	2	QL(1 ea daily)
SM PRENATAL VITAMINS TABS 30 UNIT-120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT	2	QL(1 ea daily)
THERANATAL CORE NUTRITION TABS 70 MCG-100 MG-12 MG-30 MCG-1 MG-2000 UNIT-12 MCG-1.7 MG-50 MG-20 MG-6 MG-27 MG-140 MG-1.5 MG-50 MG-2 MG-30 UNIT-15 MG-3000 UNIT-50 MCG-220 MCG-30 MCG	2	QL(1 ea daily);RX/OTC
TRICARE TABS 200 MG-100 MG-1 MG-1.6 MG-20 MG-3.1 MG-12 MCG-1.6 MG-27 MG-10 MCG-30 UNIT-2 MG-10 MG	2	QL(1 ea daily);RX/OTC
VITATHELY/GINGER TABS 20 MG-85 MG-1.9 MG-1000 MCG-15 MCG-2.6 MCG-27 MG-330 MCG-44 MG	2	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
VOL-PLUS TABS 200 MG-120 MG-10 MG-1 MG-400 UNIT-12 MCG-3 MG-20 MG-4000 UNIT-27 MG-1.84 MG-25 MG-2 MG-22 MG	2	QL(1 ea daily);RX/OTC
WESTAB PLUS TABS 1200 MCG-120 MG-10 MG-1 MG-10 MCG-12 MCG-3 MG-20 MG-27 MG-200 MG-1.84 MG-25 MG-2 MG-9.9 MG	2	QL(1 ea daily);RX/OTC

MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms

Central Muscle Relaxants

<i>baclofen tabs 10 MG, 20 MG</i>	1B	
<i>carisoprodol tabs</i>	1B	
<i>chlorzoxazone tabs 500 MG</i>	1B	QL(6 ea daily)
<i>cyclobenzaprine hcl tabs 5 MG, 10 MG</i>	1A	QL(3 ea daily)
<i>metaxalone 800 MG</i>	1B	QL(4 ea daily)
<i>methocarbamol tabs</i>	1B	
<i>orphenadrine citrate tb12</i>	1B	QL(2 ea daily)
ROBAXIN-750 TABS (Use <i>methocarbamol</i>)	NF	
SKELAXIN (Use <i>metaxalone</i>)	NF	QL(4 ea daily)
SOMA TABS (Use <i>carisoprodol</i>)	NF	
<i>tizanidine hcl caps</i>	1B	
<i>tizanidine hcl tabs</i>	1B	
ZANAFLEX TABS 4 MG (Use <i>tizanidine hcl</i>)	NF	
ZANAFLEX CAPS (Use <i>tizanidine hcl</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
Direct Muscle Relaxants		
DANTRIUM CAPS 25 MG, 50 MG (Use <i>dantrolene sodium</i>)	NF	QL(4 ea daily)
<i>dantrolene sodium caps</i>	1B	QL(4 ea daily)
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Antiallergy		
<i>azelastine hcl</i>	1B	RX/OTC
<i>olopatadine hcl (nasal)</i>	1B	
PATANASE (Use <i>olopatadine hcl (nasal)</i>)	NF	
Nasal Anticholinergics		
<i>ipratropium bromide (nasal) .06 %</i>	1B	
<i>ipratropium bromide (nasal) .03 %</i>	1B	QL(1 ml daily)
Nasal Steroids		
<i>budesonide (nasal)</i>	1B	
FLONASE ALLERGY RELIEF SUSP (Use <i>fluticasone propionate (nasal)</i>)	NF	Limit 2 inhalers per month;QL(32 ml per 30 days retail);RX/OTC
FLONASE ALLERGY RELIEF CHILDRENS SUSP (Use <i>fluticasone propionate (nasal)</i>)	NF	Limit 2 inhalers per month;QL(32 ml per 30 days retail);RX/OTC
<i>flunisolide (nasal) .025 %</i>	1B	1 rtl pack lmt per fill
<i>fluticasone propionate (nasal) susp</i>	1B	Limit 2 inhalers per month;QL(32 ml per 30 days retail);RX/OTC
<i>mometasone furoate (nasal) susp</i>	1B	QL(1.14 gm daily);PA

Ambetter Formulary Updated December 1, 2022

Drug Name	Drug Tier	Requirements/Limits
NASACORT ALLERGY 24HR AERO (Use triamcinolone acetonide (nasal))	NF	
NASACORT ALLERGY 24HR CHILDRENS AERO (Use triamcinolone acetonide (nasal))	NF	
NASONEX SUSP (Use mometasone furoate (nasal))	NF	QL(1.14 gm daily);PA
<i>triamcinolone acetonide (nasal) aereo</i>	1B	
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		
RILUTEK TABS (Use riluzole)	NF	
<i>riluzole tabs</i>	3	
Neuromuscular Blocking Agent - Neurotoxins		
BOTOX IJ	3	PA
DYSPORE	3	PA
XEOMIN	3	PA
Nondepolarizing Muscle Relaxants		
<i>atracurium besylate 100 MG/10ML</i>	3	PA
NUTRIENTS		
Proteins		

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX 4.25%/DEXTROSE 10% 17 MEQ/L-10 GM/100ML-438 MG/100ML-880 MG/100ML-213 MG/100ML-17 MG/100ML-311 MG/100ML-170 MG/100ML-238 MG/100ML-204 MG/100ML-37 MEQ/L-247 MG/100ML-179 MG/100ML-77 MG/100ML-255 MG/100ML-489 MG/100ML-289 MG/100ML-247 MG/100ML	3	
CLINIMIX 4.25%/DEXTROSE 5% 17 MEQ/L-5 GM/100ML-438 MG/100ML-880 MG/100ML-213 MG/100ML-17 MG/100ML-311 MG/100ML-170 MG/100ML-238 MG/100ML-204 MG/100ML-37 MEQ/L-247 MG/100ML-179 MG/100ML-77 MG/100ML-255 MG/100ML-489 MG/100ML-289 MG/100ML-247 MG/100ML	3	

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX E 5%/DEXTROSE 20% 33 MG/100ML-20 GM/100ML-515 MG/100ML-1035 MG/100ML-250 MG/100ML-20 MG/100ML-365 MG/100ML-200 MG/100ML-280 MG/100ML-240 MG/100ML-290 MG/100ML-210 MG/100ML-90 MG/100ML-300 MG/100ML-575 MG/100ML-340 MG/100ML-290 MG/100ML-340 MG/100ML-59 MG/100ML-826 MG/100ML-261 MG/100ML-51 MG/100ML	3	
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Artificial Tears and Lubricants		
LACRISERT	3	
Beta-blockers - Ophthalmic		
<i>betaxolol hcl (ophth) soln</i>	1B	
<i>brimonidine tartrate-timolol maleate 0.2 %-0.5 %</i>	1B	
<i>carteolol hcl (ophth)</i>	1B	
COMBIGAN 0.2 %-0.5 % (Use <i>brimonidine tartrate-timolol maleate</i>)	2	
COSOPT (Use <i>dorzolamide hcl-timolol maleate</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
<i>dorzolamide hcl-timolol maleate</i>	1B	
<i>levobunolol hcl .5 %</i>	1B	
<i>timolol maleate (ophth) soln</i>	1B	
<i>timolol maleate (ophth) solg</i>	1B	
TIMOPTIC SOLN (Use <i>timolol maleate (ophth)</i>)	NF	
TIMOPTIC-XE SOLG (Use <i>timolol maleate (ophth)</i>)	NF	
Cycloplegic Mydriatics		
MYDRIACYL SOLN (Use <i>tropicamide</i>)	NF	
<i>tropicamide soln</i>	1B	
Miotics		
ISOPTO CARPINE SOLN (Use <i>pilocarpine hcl</i>)	NF	
PHOSPHOLINE IODIDE	3	
<i>pilocarpine hcl soln 1 %, 2 %, 4 %</i>	1B	
Ophthalmic Adrenergic Agents		
ALPHAGAN P (Use <i>brimonidine tartrate</i>)	NF	
<i>apraclonidine hcl</i>	1B	
<i>brimonidine tartrate</i>	1B	
IOPIDINE	3	
SIMBRINZA 1 %-0.2 %	3	PA
Ophthalmic Anti-infectives		
AZASITE	3	
<i>bacitracin (ophthalmic)</i>	3	
BESIVANCE	3	PA

Drug Name	Drug Tier	Requirements/Limits
BLEPH-10 SOLN (Use sulfacetamide sodium (ophth))	NF	
CILOXAN SOLN (Use ciprofloxacin hcl (ophth))	NF	
ciprofloxacin hcl (ophth) soln	1B	
erythromycin (ophth)	1B	
gatifloxacin (ophth)	1B	
gentamicin sulfate (ophth) soln	1B	
gentamicin sulfate (ophth) oint	1B	
KLARITY-A	3	
levofloxacin (ophth) .5 %	1B	
MOXEZA SOLN OP (Use moxifloxacin hcl (ophth))	NF	
moxifloxacin hcl (ophth) soln op	1B	
NATACYN	2	
neomycin-bacitracin zn-polymyxin 400 UNIT/GM-3.5 MG/GM-10000 UNIT/GM	1B	
OCUFLOX (Use ofloxacin (ophth))	NF	
ofloxacin (ophth)	1B	
polymyxin b-trimethoprim 0.1 %-10000 UNIT/ML	1B	
POLYTRIM 0.1 %-10000 UNIT/ML (Use polymyxin b-trimethoprim)	NF	
sulfacetamide sodium (ophth) soln	1B	

Drug Name	Drug Tier	Requirements/Limits
tobramycin (ophth) soln	1B	
TOBEX SOLN (Use tobramycin (ophth))	NF	
trifluridine	1B	
VIGAMOX SOLN OP (Use moxifloxacin hcl (ophth))	NF	
ZIRGAN GEL	2	
ZYMAXID (Use gatifloxacin (ophth))	NF	
Ophthalmic Immunomodulators		
cyclosporine (ophth) emul	3	PA
RESTASIS EMUL (Use cyclosporine (ophth))	NF	PA
Ophthalmic Local Anesthetics		
ALCAINE (Use proparacaine hcl)	NF	
proparacaine hcl	1B	
Ophthalmic Nerve Growth Factors		
OXERVATE	4	PA
Ophthalmic Steroids		
ALREX SUSP	3	PA
dexamethasone sodium phosphate (ophth)	1B	
difluprednate	1B	PA
DUREZOL (Use difluprednate)	3	PA
fluorometholone (ophth) susp	1B	
FML OINT	3	PA
FML FORTE SUSP	3	PA
FML LIQUIFILM SUSP (Use fluorometholone (ophth))	NF	

Drug Name	Drug Tier	Requirement s/Limits
LOTEMAX GEL (Use loteprednol etabonate)	3	PA
LOTEMAX SUSP (Use loteprednol etabonate)	NF	PA
LOTEMAX OINT	3	PA
loteprednol etabonate gel	1B	PA
loteprednol etabonate susp	1B	PA
MAXIDEX SUSP OP	3	PA
MAXITROL OINT 10000 UNIT/GM-0.1 %-3.5 MG/GM (Use neomycin-polymy-dexameth)	NF	
MAXITROL SUSP 10000 UNIT/ML-0.1 %-3.5 MG/ML (Use neomycin-polymy-dexameth)	NF	
neomycin-polymy-dexameth oint 10000 UNIT/GM-0.1 %-3.5 MG/GM	1B	
neomycin-polymy-dexameth susp 10000 UNIT/ML-0.1 %-3.5 MG/ML	1B	
neomycin-polymyxin-hc (ophth) 10000 UNIT/ML-1 %-3.5 MG/ML	1B	
PRED FORTE (Use prednisolone acetate (ophth))	NF	
PRED MILD	3	PA
PRED-G SUSP 0.3 %-1 %	3	PA
prednisolone acetate (ophth)	1B	

Drug Name	Drug Tier	Requirement s/Limits
PREDNISOLONE SODIUM PHOSPHATE	3	
sulfacetamide sod-prednisolone soln 10 %-0.23 %	1B	PA
TOBRADEX SUSP (Use tobramycin-dexamethasone)	NF	
tobramycin-dexamethasone susp 0.3 %-0.1 %	1B	
ZYLET 0.5 %-0.3 %	3	PA
Ophthalmic Surgical Aids		
HEALON PRO SOSY	3	PA
PROVISC SOSY	3	PA
Ophthalmics - Misc.		
ACULAR (Use ketorolac tromethamine (ophth))	NF	
ACULAR LS (Use ketorolac tromethamine (ophth))	NF	
ALOCRIAL	3	PA
ALOMIDE	3	PA
azelastine hcl (ophth)	1B	
AZOPT (Use brinzolamide)	NF	
bepotastine besilate	3	PA
BEPREVE (Use bepotastine besilate)	3	PA
brinzolamide	1B	
bromfenac sodium (ophth)	1B	
cromolyn sodium (ophth)	1B	
CYSTARAN	2	QL(2.143 ml daily);PA

Ambetter Formulary Updated December 1, 2022

Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac sodium (ophth)</i>	1B	
<i>dorzolamide hcl</i>	1B	
<i>epinastine hcl (ophth)</i>	1B	
<i>flurbiprofen sodium</i>	1B	
ILEVRO	3	QL(0.2 ml daily);ST
<i>ketorolac tromethamine (ophth)</i>	1B	
<i>ketotifen fumarate (ophth) .025 %</i>	1B	
LASTACAFT	3	PA;RX/OTC
NEVANAC	3	QL(0.2 ml daily);ST
<i>olopatadine hcl</i>	1B	RX/OTC
PATADAY (Use <i>olopatadine hcl</i>)	NF	RX/OTC
TRUSOPT (Use <i>dorzolamide hcl</i>)	NF	
ZADITOR (Use <i>ketotifen fumarate (ophth)</i>)	NF	
ZERVIAE	3	PA
Prostaglandins - Ophthalmic		
<i>bimatoprost soln</i>	3	
<i>latanoprost soln</i>	1B	
<i>tafluprost .015 MG/ML</i>	1B	
TRAVATAN Z (Use <i>travoprost</i>)	NF	
<i>travoprost</i>	1B	
XALATAN SOLN (Use <i>latanoprost</i>)	NF	
ZIOPTAN	2	
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
<i>acetic acid (otic)</i>	1B	

Ambetter Formulary Updated December 1, 2022

Drug Name	Drug Tier	Requirements/Limits
Otic Anti-infectives		
CETRAXAL (Use <i>ciprofloxacin hcl (otic)</i>)	NF	
<i>ciprofloxacin hcl (otic)</i>	1B	
<i>ofloxacin (otic)</i>	1B	
Otic Combinations		
CIPRO HC 0.2 %-1 %	3	
CIPRODEX 0.3 %-0.1 % (Use <i>ciprofloxacin-dexamethasone</i>)	NF	PA
<i>ciprofloxacin-dexamethasone 0.3 %-0.1 %</i>	1B	PA
<i>ciprofloxacin-fluocinolone acetonide 0.3 %-0.025 %</i>	1B	QL(0.5 ea daily);PA
CORTISPORIN-TC 3.3 MG/ML-10 MG/ML-0.5 MG/ML-3 MG/ML	3	
<i>neomycin-polymyxin-hc (otic) soln 10000 UNIT/ML-1 %-3.5 MG/ML</i>	1B	
<i>neomycin-polymyxin-hc (otic) susp 10000 UNIT/ML-1 %-3.5 MG/ML</i>	1B	
OTOVEL 0.3 %-0.025 % (Use <i>ciprofloxacin-fluocinolone acetonide</i>)	NF	QL(0.5 ea daily);PA
Otic Steroids		
DERMOTIC (Use <i>fluocinolone acetonide (otic)</i>)	NF	
<i>fluocinolone acetonide (otic)</i>	1B	
<i>hydrocortisone w/acetic acid 2 %-1 %</i>	1B	
PASSIVE IMMUNIZING AND TREATMENT		

Drug Name	Drug Tier	Requirement s/Limits
AGENTS - Antibody Drugs to Treat Low Immune System		
Immune Serums		
CUVITRU SOLN 1 GM/5ML, 2 GM/10ML, 4 GM/20ML, 10 GM/50ML	4	SP;PA
GAMMAGARD LIQUID 1 GM/10ML	4	SP;PA
GAMMAGARD LIQUID 2.5 GM/25ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML, 40 GM/400ML	4	SP;PA
GAMMAGARD LIQUID 30 GM/300ML	4	PA
GAMMAGARD S/D IGA LESS THAN 1MCG/ML SOLR	4	SP;PA
GAMMAKED 1 GM/10ML	4	SP;PA
GAMMAKED	4	SP;PA
GAMUNEX-C 1 GM/10ML	4	SP;PA
GAMUNEX-C 2.5 GM/25ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML, 40 GM/400ML	4	SP;PA
HIZENTRA SOLN	4	SP;PA
Passive Immunizing Agents - Combinations		
HYQVIA	4	PA
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
<i>amoxicillin tabs</i>	1B	

Drug Name	Drug Tier	Requirement s/Limits
<i>amoxicillin susr 125 MG/5ML</i>	1A	
<i>amoxicillin caps</i>	1A	
<i>amoxicillin chew 125 MG, 250 MG</i>	1B	
<i>amoxicillin susr 200 MG/5ML, 250 MG/5ML, 400 MG/5ML</i>	1B	
<i>ampicillin caps 500 MG</i>	1B	
<i>ampicillin sodium ij 1 GM</i>	1B	
Natural Penicillins		
<i>penicillin g potassium 5000000 UNIT</i>	1B	
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE 40000 UNIT/ML, 60000 UNIT/ML	1B	
PENICILLIN G PROCAINE	3	
<i>penicillin g sodium</i>	3	
<i>penicillin v potassium solr</i>	1B	
<i>penicillin v potassium tabs</i>	1B	
Penicillin Combinations		
<i>amoxicillin & pot clavulanate tb12 1000 MG-62.5 MG</i>	1B	
<i>amoxicillin & pot clavulanate chew</i>	1B	
<i>amoxicillin & pot clavulanate susr</i>	1B	
<i>amoxicillin & pot clavulanate tabs</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>ampicillin & sulbactam sodium ij 0.5 GM-1 GM, 1 GM-2 GM</i>	1B	
AUGMENTIN TABS 500 MG-125 MG (Use amoxicillin & pot clavulanate)	NF	
AUGMENTIN SUSR (Use amoxicillin & pot clavulanate)	NF	
AUGMENTIN ES-600 SUSR 600 MG/5ML-42.9 MG/5ML (Use amoxicillin & pot clavulanate)	NF	
<i>piperacillin sodium-tazobactam sodium</i>	1B	
UNASYN IJ 0.5 GM-1 GM, 1 GM-2 GM (Use ampicillin & sulbactam sodium)	NF	
UNASYN BULK PACK IV 5 GM-10 GM (Use ampicillin & sulbactam sodium)	NF	
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium</i>	1B	
<i>nafcillin sodium iv 10 GM</i>	1B	
<i>oxacillin sodium iv 10 GM</i>	1B	
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
AYGESTIN TABS (Use norethindrone acetate)	NF	
<i>medroxyprogesterone acetate 2.5 MG, 5 MG</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>medroxyprogesterone acetate 10 MG</i>	1A	
<i>megestrol acetate (appetite)</i>	1B	PA
<i>norethindrone acetate tabs</i>	0	
<i>progesterone caps</i>	1B	
PROMETRIUM CAPS (Use progesterone)	NF	
PROVERA (Use medroxyprogesterone acetate)	NF	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
<i>acamprosate calcium</i>	1B	
<i>disulfiram</i>	1B	
LUCEMYRA	3	QL(224 ea per 14 days retail);PA
Antidementia Agents		
ARICEPT TABS 10 MG (Use donepezil hydrochloride)	NF	QL(2 ea daily)
ARICEPT TABS 5 MG (Use donepezil hydrochloride)	NF	QL(1 ea daily)
<i>donepezil hydrochloride tbdp 5 MG</i>	1B	QL(1 ea daily)
<i>donepezil hydrochloride tabs 5 MG</i>	1B	QL(1 ea daily)
<i>donepezil hydrochloride tbdp 10 MG</i>	1B	QL(2 ea daily)
<i>donepezil hydrochloride tabs 10 MG</i>	1B	QL(2 ea daily)

Drug Name	Drug Tier	Requirement s/Limits
<i>galantamine hydrobromide tabs</i>	1B	QL(2 ea daily)
<i>galantamine hydrobromide soln</i>	1B	QL(6 ml daily)
<i>galantamine hydrobromide cp24</i>	1B	QL(1 ea daily)
<i>memantine hcl tabs</i>	1B	QL(2 ea daily)
<i>memantine hcl tabs</i>	1B	
NAMENDA TABS (Use <i>memantine hcl</i>)	NF	QL(2 ea daily)
NAMENDA TITRATION PAK TABS (Use <i>memantine hcl</i>)	NF	
RAZADYNE ER CP24 (Use <i>galantamine hydrobromide</i>)	NF	QL(1 ea daily)
<i>rivastigmine tartrate caps</i>	1B	
Combination Psychotherapeutics		
<i>chlordiazepoxide-amitriptyline 12.5 MG-5 MG</i>	1B	PA
<i>perphenazine-amitriptyline</i>	1B	QL(4 ea daily)
Fibromyalgia Agents		
SAVELLA TABS	2	QL(2 ea daily);PA
SAVELLA TITRATION PACK MISC	2	PA
Movement Disorder Drug Therapy		
AUSTEDO	4	QL(4 ea daily);PA
INGREZZA CAPS	4	QL(1 ea daily);PA
INGREZZA CPPK	4	1 rtl MAX fill,180 rtl day(s) supply;PA
<i>tetrabenazine</i>	4	QL(3 ea daily);SP;PA
XENAZINE (Use <i>tetrabenazine</i>)	NF	QL(3 ea daily);SP;PA
Multiple Sclerosis Agents		

Drug Name	Drug Tier	Requirement s/Limits
AMPYRA (Use <i>dalfampridine</i>)	NF	QL(2 ea daily);SP;PA
AUBAGIO	4	PA
AVONEX PSKT	4	QL(0.0714 ml daily);SP;PA
AVONEX PEN AJKT	4	QL(0.0714 ml daily);SP;PA
BETASERON KIT	4	QL(0.5 ea daily);SP;PA
COPAXONE SOSY 40 MG/ML	3	QL(0.43 ml daily);PA
COPAXONE SOSY 20 MG/ML	3	QL(1 ml daily);PA
<i>dalfampridine</i>	4	QL(2 ea daily);SP;PA
<i>dimethyl fumarate cpdr</i>	4	PA
<i>dimethyl fumarate misc</i>	4	PA
EXTAVIA KIT	4	QL(0.5 ea daily);SP;PA
<i>fingolimod hcl</i>	4	PA
GILENYA	4	PA
<i>glatiramer acetate sosy 40 MG/ML</i>	3	QL(0.43 ml daily);PA
<i>glatiramer acetate sosy 20 MG/ML</i>	3	QL(1 ml daily);PA
KESIMPTA	4	QL(0.0144 ml daily);PA
MAVENCLAD	4	PA
OCREVUS	4	PA
PLEGRIDY SOSY SC	4	QL(0.036 ml daily);PA
PLEGRIDY SOPN	4	QL(0.036 ml daily);PA
PLEGRIDY STARTER PACK SOSY SC	4	QL(0.036 ml daily);PA

Ambetter Formulary Updated December 1, 2022

Drug Name	Drug Tier	Requirement s/Limits
PLEGRIDY STARTER PACK SOPN	4	QL(0.036 ml daily);PA
REBIF SOSY	4	QL(0.214 ml daily);SP;PA
REBIF REBIDOSE SOAJ	4	QL(0.214 ml daily);SP;PA
REBIF REBIDOSE TITRATIONPACK SOAJ	4	SP;PA
REBIF TITRATION PACK SOSY	4	SP;PA
TECFIDERA CPDR (<i>Use dimethyl fumarate</i>)	NF	PA
TECFIDERA STARTER PACK MISC (<i>Use dimethyl fumarate</i>)	NF	PA
TYSABRI	4	QL(0.536 ml daily);SP;PA
Postherpetic Neuralgia (PHN)/Neuropathic Pain Agents		
LYRICA CR 330 MG (<i>Use pregabalin (once-daily)</i>)	3	QL(2 ea daily);PA
LYRICA CR 82.5 MG, 165 MG (<i>Use pregabalin (once-daily)</i>)	3	QL(1 ea daily);PA
<i>pregabalin (once-daily) 330 MG</i>	3	QL(2 ea daily);PA
<i>pregabalin (once-daily) 82.5 MG, 165 MG</i>	3	QL(1 ea daily);PA
Pseudobulbar Affect (PBA) Agents		
NUEDEXTA 10 MG-20 MG	3	PA
Psychotherapeutic and Neurological Agents - Misc.		
<i>ergoloid mesylates tabs</i>	1B	
<i>pimozide</i>	1B	
Restless Leg Syndrome (RLS) Agents		

Drug Name	Drug Tier	Requirement s/Limits
HORIZANT	3	QL(2 ea daily);PA
Smoking Deterrents		
APO-VARENICLINE TABS	0	QL(2 ea daily)
<i>bupropion hcl (smoking deterrent)</i>	0	QL(2 ea daily)
CHANTIX TABS (<i>Use varenicline tartrate</i>)	NF	QL(2 ea daily)
CHANTIX CONTINUING MONTHPAK TABS (<i>Use varenicline tartrate</i>)	NF	QL(2 ea daily)
CHANTIX STARTING MONTH PAK TBPK (<i>Use varenicline tartrate</i>)	NF	
NICODERM CQ PT24 (<i>Use nicotine</i>)	NF	QL(1 ea daily)
NICORETTE LOZG (<i>Use nicotine polacrilex</i>)	NF	
NICORETTE GUM (<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 pt24 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>	0	QL(1 ea daily)
<i>nicotine polacrilex lozg</i>	0	
<i>nicotine polacrilex gum</i>	0	
NICOTINE TRANSDERMAL SYSTEM KIT	0	
NICOTROL INHALER INHA	0	

Drug Name	Drug Tier	Requirements/Limits
NICOTROL NS SOLN	0	
<i>varenicline tartrate tabs</i>	0	QL(2 ea daily)
<i>varenicline tartrate tbpk</i>	0	
Transthyretin Amyloidosis Agents		
TEGSEDI	4	PA
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Alpha-Proteinase Inhibitor (Human)		
ARALAST NP SOLR 500 MG	4	PA
ARALAST NP SOLR 1000 MG	4	SP;PA
PROLASTIN-C SOLN	4	PA
PROLASTIN-C SOLR	4	SP;PA
ZEMAIRA SOLR	4	SP;PA
Cystic Fibrosis Agents		
KALYDECO TABS	4	QL(2 ea daily);SP;PA
ORKAMBI TABS	4	QL(4 ea daily);PA
ORKAMBI PACK 100 MG-125 MG, 150 MG-188 MG	4	QL(2 ea daily);PA
PULMOZYME	4	QL(2.5 ml daily);SP;PA
TRIKAFTA 50 MG-100 MG	4	QL(3 ea daily);PA
Pulmonary Fibrosis Agents		
ESBRIET TABS (<i>Use pirfenidone</i>)	4	QL(1 ea daily);PA
ESBRIET CAPS	4	QL(1 ea daily);PA
OFEV	4	QL(2 ea daily);PA
<i>pirfenidone tabs 534 MG</i>	4	QL(3 ea daily);PA
<i>pirfenidone tabs 267 MG, 801 MG</i>	4	QL(1 ea daily);PA
SULFONAMIDES - Drugs to Treat Bacterial		

Drug Name	Drug Tier	Requirements/Limits
Infections		
Sulfonamides		
<i>sulfadiazine tabs</i>	1B	
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Fluorocyclines		
XERAVA	4	PA
Glycylcyclines		
<i>tigecycline</i>	1B	
TYGACIL (<i>Use tigecycline</i>)	NF	
Tetracyclines		
<i>demeclocycline hcl tabs</i>	1B	
<i>doxycycline (monohydrate) tabs 100 MG</i>	1B	QL(2 ea daily)
<i>doxycycline (monohydrate) caps 50 MG, 100 MG</i>	1B	QL(2 ea daily)
<i>doxycycline (monohydrate) tabs 50 MG</i>	1B	
<i>doxycycline (monohydrate) caps 75 MG</i>	1B	
<i>doxycycline hyclate caps</i>	1B	QL(2 ea daily)
<i>doxycycline hyclate tabs 20 MG, 100 MG</i>	1B	QL(2 ea daily)
<i>doxycycline hyclate solr</i>	1B	
<i>minocycline hcl tabs</i>	1B	QL(3 ea daily)
<i>minocycline hcl caps</i>	1B	QL(3 ea daily)
TARGADOX TABS (<i>Use doxycycline hyclate</i>)	NF	
<i>tetracycline hcl caps</i>	1B	QL(8 ea daily)

Ambetter Formulary Updated December 1, 2022

Drug Name	Drug Tier	Requirements/Limits
VIBRAMYCIN CAPS (Use doxycycline hyclate)	NF	QL(2 ea daily)
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
<i>methimazole tabs</i>	1B	
<i>propylthiouracil</i>	1B	
TAPAZOLE TABS 10 MG (Use methimazole)	NF	
Thyroid Hormones		
ARMOUR THYROID TABS	2	QL(1 ea daily)
CYTOMEL TABS (Use liothyronine sodium)	NF	
<i>levothyroxine sodium tabs</i>	1B	
<i>liothyronine sodium tabs</i>	1B	
<i>liothyronine sodium soln</i>	1B	
SYNTHROID TABS (Use levothyroxine sodium)	2	
<i>thyroid tabs 15 MG, 30 MG, 60 MG, 90 MG, 120 MG</i>	1B	QL(1 ea daily)
TRIOSTAT SOLN (Use liothyronine sodium)	NF	
TOXOIDS		
Toxoid Combinations		
ADACEL SUSP 15.5 MCG/0.5ML-2 LF/0.5ML-5 LF/0.5ML	0	
BOOSTRIX SUSP 18.5 MCG/0.5ML-2.5 LF/0.5ML-5 LF/0.5ML	0	
BOOSTRIX SUSY 18.5 MCG/0.5ML-2.5 LF/0.5ML-5 LF/0.5ML	0	

Drug Name	Drug Tier	Requirements/Limits
DAPTACEL 23 MCG/0.5ML-15 LF/0.5ML-5 LF/0.5ML	0	
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP 5 LFU/0.5ML-25 LFU/0.5ML	0	
INFANRIX 58 MCG/0.5ML-25 LFU/0.5ML-10 LFU/0.5ML	0	
KINRIX SUSP 58 MCG/0.5ML-25 LFU/0.5ML-10 LFU/0.5ML	0	
KINRIX SUSY 58 MCG/0.5ML-25 LFU/0.5ML-10 LFU/0.5ML	0	
PEDIARIX SUSY 58 MCG/0.5ML-10 MCG/0.5ML-25 LFU/0.5ML-10 LFU/0.5ML	0	
PENTACEL 48 MCG/0.5ML-15 LFU/0.5ML-5 LFU/0.5ML	0	
QUADRACEL SUSY 48 MCG/0.5ML-15 LFU/0.5ML-5 LFU/0.5ML	0	
QUADRACEL SUSP 48 MCG/0.5ML-15 LFU/0.5ML-5 LFU/0.5ML	0	
TDVAX SUSP 2 LF/0.5ML-2 LF/0.5ML	0	
TENIVAC INJ 5 LFU-2 LFU	0	

Drug Name	Drug Tier	Requirement s/Limits
TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT SUSP 2 LF/0.5ML-2 LF/0.5ML	0	
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		
<i>atropine sulfate soln ij .4 MG/ML, 1 MG/ML</i>	1B	
<i>atropine sulfate sosy ij .25 MG/5ML</i>	1B	
ATROPINE SULFATE SOSY IJ (Use atropine sulfate)	NF	
<i>chlordiazepoxide hcl-clidinium bromide 2.5 MG-5 MG</i>	1B	
<i>dicyclomine hcl caps</i>	1B	
<i>dicyclomine hcl tabs</i>	1B	
<i>dicyclomine hcl soln or</i>	1B	
<i>glycopyrrolate tabs 1 MG, 2 MG</i>	1B	
<i>glycopyrrolate soln ij 4 MG/20ML</i>	1B	
LIBRAX 2.5 MG-5 MG (Use chlordiazepoxide hcl-clidinium bromide)	NF	
<i>methscopolamine bromide</i>	1B	
ROBINUL TABS (Use glycopyrrolate)	NF	
ROBINUL FORTE TABS (Use glycopyrrolate)	NF	
H-2 Antagonists		
<i>cimetidine tabs</i>	1B	RX/OTC
<i>cimetidine hcl or 300 MG/5ML</i>	1B	QL(20 ml daily)
<i>famotidine soln 40 MG/4ML, 200 MG/20ML</i>	1B	

Drug Name	Drug Tier	Requirement s/Limits
<i>famotidine soln 20 MG/2ML</i>	1A	
<i>famotidine susr</i>	1B	QL(10 ml daily)
<i>famotidine tabs 20 MG, 40 MG</i>	1B	RX/OTC
<i>famotidine in nacl soln 0.4 MG/ML-0.9 %</i>	1B	
<i>nizatidine caps</i>	1B	
<i>nizatidine soln</i>	1B	QL(20 ml daily)
PEPCID TABS (Use famotidine)	NF	RX/OTC
PEPCID AC TABS (Use famotidine)	NF	RX/OTC
PEPCID AC MAXIMUM STRENGTH TABS (Use famotidine)	NF	RX/OTC
<i>ranitidine hcl tabs 150 MG</i>	1B	
TAGAMET HB TABS (Use cimetidine)	NF	RX/OTC
Misc. Anti-Ulcer		
CARAFATE TABS (Use sucralfate)	NF	QL(4 ea daily)
CARAFATE SUSP (Use sucralfate)	NF	QL(40 ml daily)
<i>sucralfate susp</i>	1B	QL(40 ml daily)
<i>sucralfate tabs</i>	1B	QL(4 ea daily)
Proton Pump Inhibitors		
ACIPHEX TBEC (Use rabeprazole sodium)	NF	QL(1 ea daily)
DEXILANT (Use dexlansoprazole)	3	QL(1 ea daily);PA
<i>dexlansoprazole</i>	1B	QL(1 ea daily);PA
<i>esomeprazole magnesium cpdr 20 MG</i>	1B	QL(2 ea daily);RX/OTC
<i>esomeprazole magnesium cpdr 40 MG</i>	3	QL(1 ea daily)

Ambetter Formulary Updated December 1, 2022

Drug Name	Drug Tier	Requirements/Limits
<i>esomeprazole magnesium tbec</i>	1B	QL(2 ea daily)
<i>lansoprazole cpdr 30 MG</i>	1B	
<i>lansoprazole cpdr 15 MG</i>	1B	QL(2 ea daily);RX/OTC
NEXIUM CPDR 20 MG (Use <i>esomeprazole magnesium</i>)	NF	QL(2 ea daily);RX/OTC
NEXIUM CPDR 40 MG (Use <i>esomeprazole magnesium</i>)	NF	QL(1 ea daily)
NEXIUM 24HR TBEC (Use <i>esomeprazole magnesium</i>)	1B	QL(2 ea daily)
<i>omeprazole cpdr</i>	1B	QL(2 ea daily);RX/OTC
<i>omeprazole tbec</i>	1B	QL(2 ea daily)
<i>omeprazole magnesium cpdr</i>	1B	QL(4 ea daily)
<i>pantoprazole sodium tbec 40 MG</i>	1B	
<i>pantoprazole sodium tbec 20 MG</i>	1B	QL(1 ea daily)
PREVACID CPDR 15 MG (Use <i>lansoprazole</i>)	NF	QL(2 ea daily);RX/OTC
PREVACID CPDR 30 MG (Use <i>lansoprazole</i>)	NF	
PREVACID 24HR CPDR (Use <i>lansoprazole</i>)	NF	QL(2 ea daily);RX/OTC
PROTONIX TBEC 40 MG (Use <i>pantoprazole sodium</i>)	NF	
PROTONIX TBEC 20 MG (Use <i>pantoprazole sodium</i>)	NF	QL(1 ea daily)
<i>rabeprazole sodium tbec</i>	1B	QL(1 ea daily)
Ulcer Drugs - Prostaglandins		
CYTOTEC (Use <i>misoprostol</i>)	NF	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>misoprostol</i>	1B	QL(4 ea daily)
Ulcer Therapy Combinations		
<i>amoxicillin-clarithromycin w/ lansoprazole 30 MG-500 MG-500 MG</i>	1B	14 rtl MAX day(s) supply,365 rtl lmt day(s);14 mail MAX day(s) supply,365 mail lmt day(s)
<i>omeprazole-sodium bicarbonate caps 20 MG-1100 MG</i>	1B	QL(1 ea daily);RX/OTC
ZEGERID CAPS 20 MG-1100 MG (Use <i>omeprazole-sodium bicarbonate</i>)	NF	QL(1 ea daily);RX/OTC
ZEGERID OTC CAPS 20 MG-1100 MG (Use <i>omeprazole-sodium bicarbonate</i>)	NF	QL(1 ea daily);RX/OTC
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
<i>darifenacin hydrobromide</i>	1B	QL(1 ea daily)
DETROL TABS (Use <i>tolterodine tartrate</i>)	NF	
DETROL LA CP24 (Use <i>tolterodine tartrate</i>)	NF	QL(1 ea daily)
DITROPAN XL TB24 5 MG, 10 MG (Use <i>oxybutynin chloride</i>)	NF	
ENABLEX 7.5 MG (Use <i>darifenacin hydrobromide</i>)	NF	QL(1 ea daily)
<i>fesoterodine fumarate</i>	1B	QL(1 ea daily);PA
<i>oxybutynin chloride tb24</i>	1B	
<i>oxybutynin chloride tabs</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>oxybutynin chloride syrup</i>	1B	
<i>solifenacin succinate tabs</i>	1B	QL(1 ea daily);PA
<i>tolterodine tartrate tabs</i>	1B	
<i>tolterodine tartrate cp24</i>	1B	QL(1 ea daily)
TOVIAZ (<i>Use fesoterodine fumarate</i>)	3	QL(1 ea daily);PA
<i>tropium chloride cp24</i>	1B	QL(1 ea daily)
<i>tropium chloride tabs</i>	1B	
VESICARE TABS (<i>Use solifenacin succinate</i>)	NF	QL(1 ea daily);PA
Urinary Antispasmodics - Cholinergic Agonists		
<i>bethanechol chloride 25 MG</i>	1B	
<i>bethanechol chloride 5 MG, 10 MG, 50 MG</i>	1B	QL(4 ea daily)
Urinary Antispasmodics - Direct Muscle Relaxants		
<i>flavoxate hcl</i>	1B	
VACCINES		
Bacterial Vaccines		
ACTHIB SOLR IM	0	
BEXSERO	0	
HIBERIX SOLR IJ	0	
MENACTRA	0	
MENQUADFI	0	
MENVEO	0	
PEDVAX HIB SUSP	0	
PNEUMOVAX 23	0	
PNEUMOVAX 23/1 DOSE	0	

Drug Name	Drug Tier	Requirements/Limits
PREVNAR 13	0	
PREVNAR 20	0	1 rtl MAX fill,999 rtl day(s) supply
TRUMENBA	0	
VAXNEUVANCE	0	1 rtl MAX fill,999 rtl day(s) supply
Viral Vaccines		
AFLURIA QUADRIVALENT 2020-2021 SUSY 0	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
AFLURIA QUADRIVALENT 2021-2022 SUSY 0	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 2022-2023 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply
AFLURIA QUADRIVALENT 2022-2023 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply
ENGERIX-B SUSP 20 MCG/ML	0	3 rtl MAX fill,365 rtl day(s) supply;3 mail MAX fill
FLUAD 2020-2021	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply
FLUAD QUADRIVALENT 2021-2022	0	1 rtl MAX fill,180 rtl day(s) supply

Ambetter Formulary Updated December 1, 2022

Drug Name	Drug Tier	Requirement s/Limits
FLUAD QUADRIVALENT 2022-2023	0	1 rtl MAX fill,180 rtl day(s) supply
FLUAD QUADRIVALENT INFLUENZA VACCINE FOR ADULTS	0	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
FLUARIX QUADRIVALENT 2021-2022 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply
FLUARIX QUADRIVALENT 2022-2023 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply
FLUBLOK QUADRIVALENT 2020-2021	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply
FLUBLOK QUADRIVALENT 2021-2022	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply
FLUBLOK QUADRIVALENT 2022-2023	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 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply

Drug Name	Drug Tier	Requirement s/Limits
FLUCELVAX QUADRIVALENT 2021-2022 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply
FLUCELVAX QUADRIVALENT 2022-2023 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply
FLUCELVAX QUADRIVALENT 2022-2023 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply
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
FLULAVAL QUADRIVALENT 2022-2023 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply
FLUMIST QUADRIVALENT	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply
FLUZONE HIGH-DOSE PF 2020-2021	0	1 rtl MAX fill,180 rtl day(s) supply
FLUZONE HIGH-DOSE PF 2021-2022	0	1 rtl MAX fill,180 rtl day(s) supply
FLUZONE HIGH-DOSE PF 2022-2023	0	1 rtl MAX fill,180 rtl day(s) supply
FLUZONE QUADRIVALENT 2020-2021 SUSP 0	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

Drug Name	Drug Tier	Requirement s/Limits
FLUZONE QUADRIVALENT 2021-2022 SUSP 0	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
FLUZONE QUADRIVALENT 2022-2023 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply
FLUZONE QUADRIVALENT 2022-2023 SUSP 0	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply
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	0	
HEPLISAV-B SOSY	0	2 rtl MAX fill,292 rtl day(s) supply;2 mail MAX fill
IPOL INACTIVATED IPV	0	
M-M-R II SOLR	0	1 rtl MAX fill,365 rtl day(s) supply
RECOMBIVAX HB SUSP	0	
ROTARIX	0	
ROTATEQ SOLN	0	
SHINGRIX	0	2 rtl MAX fill,999 rtl day(s) supply;AL(At least 18 yrs old)
TWINRIX SUSY 720 ELU/ML-20 MCG/ML	0	
VAQTA	0	
VARIVAX INJ	0	2 rtl MAX fill,365 rtl day(s) supply

Drug Name	Drug Tier	Requirement s/Limits
VAGINAL AND RELATED PRODUCTS		
Miscellaneous Vaginal Products		
INTRAROSA	3	PA
Spermicides		
SHUR-SEAL GEL	0	
TODAY SPONGE MISC	0	
Vaginal Anti-infectives		
CLEOCIN CREA (<i>Use clindamycin phosphate vaginal</i>)	NF	
<i>clindamycin phosphate vaginal crea</i>	1B	
<i>clotrimazole vaginal crea 1 %</i>	1B	
GYNAZOLE-1	3	
GYNE-LOTTRIMIN CREA (<i>Use clotrimazole vaginal</i>)	NF	
<i>metronidazole vaginal</i>	1B	
<i>miconazole nitrate vaginal supp 200 MG</i>	1B	
<i>terconazole vaginal crea .8 %</i>	1B	
<i>terconazole vaginal supp</i>	1B	
<i>terconazole vaginal crea .4 %</i>	1B	
Vaginal Contraceptive - pH Modulators		
PHEXXI 0.4 %-1.8 %-1 %	0	PV
Vaginal Estrogens		
ESTRACE CREA (<i>Use estradiol vaginal</i>)	NF	
<i>estradiol vaginal crea</i>	1B	
<i>estradiol vaginal tabs</i>	1B	
FEMRING	3	PA
PREMARIN	2	

Ambetter Formulary Updated December 1, 2022

Drug Name	Drug Tier	Requirements/Limits
VAGIFEM TABS (Use estradiol vaginal)	NF	
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
<i>epinephrine (anaphylaxis) soaj</i>	2	2 rtl MAX fill,365 rtl day(s) supply;2 mail MAX fill;QL(2 ea per fill retail,2 per fill mail MG/0.3ML)
<i>epinephrine (anaphylaxis) soaj .15 MG/0.3ML</i>	1B	2 rtl MAX fill,365 rtl day(s) supply;2 mail MAX fill;QL(2 ea per fill retail,2 per fill mail MG/0.3ML)
EPIPEN 2-PAK SOAJ (Use epinephrine (anaphylaxis))	2	
EPIPEN 2-PAK SOAJ (Use epinephrine (anaphylaxis))	NF	
EPIPEN-JR 2-PAK SOAJ (Use epinephrine (anaphylaxis))	2	2 rtl MAX fill,365 rtl day(s) supply;2 mail MAX fill;QL(2 ea per fill retail,2 per fill mail MG/0.3ML)
Vasopressors		
<i>midodrine hcl</i>	1B	
VITAMINS		
Oil Soluble Vitamins		
<i>cholecalciferol tabs 400 UNIT</i>	0	
<i>cholecalciferol caps 1.25 MG, 1.25 MG, 50 MCG, 400 UNIT, 2000 UNIT, 50000 UNIT</i>	1A	

Drug Name	Drug Tier	Requirements/Limits
DRISDOL CAPS (Use ergocalciferol)	0	
<i>ergocalciferol soln or ergocalciferol caps</i>	1B	
VITAMIN D2 TABS 400 UNIT	0	AL(At least 65 yrs old)
Water Soluble Vitamins		
<i>niacin cpcr 250 MG, 500 MG</i>	1A	
<i>niacin tbcrr</i>	1A	
<i>niacin tabs</i>	1A	
NIACIN TR TBCR	1B	
<i>niacinamide tabs 100 MG</i>	1B	
<i>niacinamide tabs 500 MG</i>	1A	
SLO-NIACIN TBCR (Use niacin)	NF	

INDEX

<i>abacavir sulfate</i>	46	ACULAR LS.....	98	ALDACTONE.....	69
<i>abacavir sulfate-lamivudine</i> ...	46	<i>acyclovir</i>	50	ALDARA.....	66
<i>abacavir sulfate-lamivudine- zidovudine</i>	46	<i>acyclovir topical</i>	63	ALDURAZYME.....	71
ABELCET.....	27	ADACEL.....	105	ALECENSA.....	40
ABILIFY.....	46	<i>adapalene</i>	59	<i>alendronate sodium</i>	69
<i>abiraterone acetate</i>	38	<i>adapalene-benzoyl peroxide</i> ..	59	<i>alfuzosin hcl</i>	75
ABRAXANE.....	42	ADCETRIS.....	38	ALIMTA.....	37
ABSORICA.....	58	ADCIRCA.....	53	ALINIA.....	33
<i>acamprosate calcium</i>	101	ADDERALL.....	1	<i>aliskiren fumarate</i>	33
<i>acarbose</i>	22	ADDERALL XR.....	1	ALKERAN.....	36
ACCOLATE.....	12	<i>adefovir dipivoxil</i>	49	ALLEGRA-D 12 HOUR ALLERGY & CONGESTION.....	58
ACCUPRIL.....	30	ADEMPAS.....	53	ALLEGRA-D 24 HOUR ALLERGY & CONGESTION.....	58
ACCURETIC.....	31	ADIPEX-P.....	2	<i>allopurinol</i>	75
<i>acebutolol hcl</i>	51	ADVAIR DISKUS.....	13	<i>almotriptan malate</i>	82
<i>acetaminophen w/ codeine</i>	8	ADVAIR HFA.....	13	ALOCRIL.....	98
<i>acetaminophen-caff-dihydrocod</i>	8	AFINITOR.....	40	<i>alogliptin benzoate</i>	24
<i>acetazolamide</i>	68	AFLURIA QUADRIVALENT 2020-2021.....	108	ALOMIDE.....	98
<i>acetazolamide sodium</i>	68	AFLURIA QUADRIVALENT 2021-2022.....	108	<i>alosetron hcl</i>	74
<i>acetic acid</i>	75	AFLURIA QUADRIVALENT 2022-2023.....	108	ALPHAGAN P.....	96
<i>acetic acid (otic)</i>	99	AGRYLIN.....	76	<i>alprazolam</i>	11
<i>acetylcysteine</i>	58	AIMOVIG.....	82	ALREX.....	97
ACIPHEX.....	106	AIMSCO LUBRICATED.....	80	ALTABAX.....	60
<i>acitretin</i>	63	AIRDUO RESPICLICK 113/14...	13	ALTACE.....	30
ACTHAR.....	70	AIRDUO RESPICLICK 232/14...	13	ALTOPREV.....	29
ACTHIB.....	108	AIRDUO RESPICLICK 55/14.....	13	ALUNBRIG.....	40
ACTIGALL.....	73	AKYNZEO.....	26	ALVESCO.....	13
ACTIMMUNE.....	42	<i>albendazole</i>	10	<i>alvimopan</i>	74
ACTIQ.....	6	ALBENZA.....	10	<i>amantadine hcl</i>	43
ACTONEL.....	69	<i>albuterol sulfate</i>	13	AMARYL.....	25
ACTOPLUS MET.....	23	ALCAINE.....	97	AMBIEN.....	77
ACTOS.....	25	<i>alclometasone dipropionate</i> ...	63	AMBIEN CR.....	77
ACULAR.....	98	ALDACTAZIDE.....	68	AMBISOME.....	27

<i>ambrisentan</i>	53	<i>ampicillin</i>	100	ARIMIDEX.....	38
<i>amcinonide</i>	64	<i>ampicillin & sulbactam sodium</i>	101	<i>aripiprazole</i>	46
AMCINONIDE.....	64	<i>ampicillin sodium</i>	100	ARIXTRA.....	15
AMERGE.....	82	AMPYRA.....	102	<i>armodafinil</i>	2
AMICAR.....	77	ANADROL-50.....	10	ARMOUR THYROID.....	105
<i>amikacin sulfate</i>	3	ANAFRANIL.....	22	ARNUITY ELLIPTA.....	13
<i>amiloride & hydrochlorothiazide</i>	69	<i>anagrelide hcl</i>	76	AROMASIN.....	38
<i>amiloride hcl</i>	69	ANAPROX DS.....	4	ARRANON.....	37
<i>aminocaproic acid</i>	77	<i>anastrozole</i>	38	<i>arsenic trioxide</i>	42
<i>aminophylline</i>	14	ANCOBON.....	27	ARTHROTEC 50.....	4
<i>amiodarone hcl</i>	12	ANDRODERM.....	10	ARTHROTEC 75.....	4
AMITIZA.....	73	ANNOVERA.....	56	ARZERRA.....	38
<i>amitriptyline hcl</i>	22	ANORO ELLIPTA.....	13	ASACOL HD.....	74
<i>amlodipine besylate</i>	51	ANUSOL-HC.....	10	<i>asenapine maleate</i>	45
<i>amlodipine besylate-</i> <i>atorvastatin calcium</i>	52	ANZEMET.....	26	<i>aspirin</i>	6
<i>amlodipine besylate-benazepril</i> <i>hcl</i>	31	APIDRA.....	24	<i>aspirin-dipyridamole</i>	76
<i>amlodipine besylate-olmesartan</i> <i>medoxomil</i>	31	APIDRA SOLOSTAR.....	24	ATACAND.....	30
<i>amlodipine besylate-valsartan</i>	31	APOKYN.....	43	ATACAND HCT.....	31
<i>amlodipine-valsartan-</i> <i>hydrochlorothiazide</i>	31	<i>apomorphine hydrochloride</i> ...	43	<i>atazanavir sulfate</i>	46
<i>amoxapine</i>	22	APO-VARENICLINE.....	103	ATELVIA.....	69
<i>amoxicillin</i>	100	<i>apraclonidine hcl</i>	96	<i>atenolol</i>	51
<i>amoxicillin & pot clavulanate</i>	100	<i>aprepitant</i>	27	<i>atenolol & chlorthalidone</i>	31
<i>amoxicillin-clarithromycin w/</i> <i>lansoprazole</i>	107	APRISO.....	74	ATGAM.....	85
<i>amphetamine sulfate</i>	1	APTIOM.....	16	ATIVAN.....	11
<i>amphetamine-</i> <i>dextroamphetamine</i>	1	APTIVUS.....	46	<i>atomoxetine hcl</i>	2
<i>amphotericin b</i>	27	ARALAST NP.....	104	<i>atorvastatin calcium</i>	29
<i>amphotericin b liposome</i>	27	ARANESP ALBUMIN FREE.....	76	<i>atovaquone</i>	33
		ARAVA.....	5	<i>atovaquone-proguanil hcl</i>	35
		ARCALYST.....	4	<i>atracurium besylate</i>	95
		ARCAPTA NEOHALER.....	13	ATRIPLA.....	46
		<i>arformoterol tartrate</i>	13	<i>atropine sulfate</i>	106
		ARICEPT.....	101	ATROPINE SULFATE.....	106
		ARIKAYCE.....	3	ATROVENT HFA.....	12
				AUBAGIO.....	102

AUGMENTIN.....	101	<i>balsalazide disodium</i>	74	BETASERON.....	102
AUGMENTIN ES-600.....	101	BALVERSA.....	40	<i>betaxolol hcl</i>	51
AUSTEDO.....	102	BANZEL.....	16	<i>betaxolol hcl (ophth)</i>	96
AVALIDE.....	31	BARACLUDE.....	49	<i>bethanechol chloride</i>	108
AVANDIA.....	25	BASAGLAR KWIKPEN.....	24	BEVESPI AEROSPHERE.....	14
AVAPRO.....	30	BAXDELA.....	73	<i>bexarotene</i>	42
AVODART.....	75	BELSOMRA.....	78	<i>bexarotene (topical)</i>	62
AVONEX.....	102	BENADRYL ALLERGY CHILDRENS	27	BEXSERO.....	108
AVONEX PEN.....	102	<i>benazepril & hydrochlorothiazide</i>	31	BEYAZ.....	54
AVSOLA.....	74	<i>benazepril hcl</i>	30	<i>bicalutamide</i>	38
AYGESTIN.....	101	BENICAR.....	31	BICNU.....	36
AYVAKIT.....	39	BENICAR HCT.....	31	BIDIL.....	52
<i>azacitidine</i>	37	BENZAACLIN.....	59	BIKTARVY.....	46,47
AZACTAM.....	34	BENZAACLIN WITH PUMP.....	59	BILTRICIDE.....	10
AZASITE.....	96	BENZAMYCIN.....	59	<i>bimatoprost</i>	99
<i>azathioprine</i>	85	<i>benzonatate</i>	58	<i>bisacodyl</i>	79
AZATHIOPRINE.....	85	<i>benzoyl peroxide</i>	59	<i>bisoprolol & hydrochlorothiazide</i>	31
<i>azelaic acid</i>	67	BENZOYL PEROXIDE CLEANSER	59	<i>bisoprolol fumarate</i>	51
<i>azelastine hcl</i>	94	<i>benzoyl peroxide-erythromycin</i>	59	<i>bleomycin sulfate</i>	39
<i>azelastine hcl (ophth)</i>	98	<i>benztropine mesylate</i>	43	BLEPH-10.....	97
AZELEX.....	59	<i>bepotastine besilate</i>	98	BONIVA.....	70
AZILECT.....	44	BEPREVE.....	98	BOOSTRIX.....	105
<i>azithromycin</i>	79	BESIVANCE.....	96	<i>bortezomib</i>	40
AZOPT.....	98	<i>betaine</i>	71	BORTEZOMIB.....	40
AZOR.....	31	<i>betamethasone dipropionate (topical)</i>	64	<i>bosentan</i>	53
<i>aztreonam</i>	34	<i>betamethasone dipropionate augmented</i>	64	BOSULIF.....	40
AZULFIDINE.....	74	<i>betamethasone valerate</i>	64	BOTOX.....	95
AZULFIDINE EN-TABS.....	74	BETAPACE.....	51	BRAFTOVI.....	40
<i>bacitracin</i>	33	BETAPACE AF.....	51	BREO ELLIPTA.....	14
<i>bacitracin (ophthalmic)</i>	96			BREZTRI AEROSPHERE.....	14
<i>baclofen</i>	94			BRILINTA.....	76
BACTRIM.....	33			<i>brimonidine tartrate</i>	96
BACTRIM DS.....	33				
BALCOLTRA.....	54				

<i>brimonidine tartrate-timolol maleate</i>	96	<i>butorphanol tartrate</i>	9	<i>carbidopa-levodopa</i>	43
<i>brinzolamide</i>	98	BUTRANS.....	9	<i>carbidopa-levodopa-entacapone</i>	43
BRIVIACT.....	16	BYSTOLIC.....	51	<i>carbinoxamine maleate</i>	28
<i>bromfenac sodium (ophth)</i>	98	<i>cabergoline</i>	72	<i>carboplatin</i>	36
<i>bromocriptine mesylate</i>	43	CABLIVI.....	76	CARDIZEM.....	51
BROVANA.....	14	CABOMETYX.....	40	CARDIZEM CD.....	51
BRUKINSA.....	40	CADUET.....	52	CARDIZEM LA.....	51
<i>budesonide</i>	57	CAFERGOT.....	82	CARDURA.....	31
<i>budesonide (inhalation)</i>	13	CALAN SR.....	51	<i>carisoprodol</i>	94
<i>budesonide (nasal)</i>	94	<i>calcipotriene</i>	63	<i>carmustine</i>	37
<i>budesonide-formoterol fumarate dihydrate</i>	14	<i>calcipotriene-betamethasone dipropionate</i>	64	<i>carteolol hcl (ophth)</i>	96
<i>bumetanide</i>	69	<i>calcitonin (salmon)</i>	70	<i>carvedilol</i>	50
BUMEX.....	69	<i>calcitriol</i>	71	CASODEX.....	38
BUPHENYL.....	71	<i>calcitriol (topical)</i>	63	<i>casprofungin acetate</i>	27
BUPRENEX.....	9	<i>calcium acetate (phosphate binder)</i>	74	CATAPRES.....	31
<i>buprenorphine</i>	9	<i>calcium chloride (dihydrate)</i> ...	83	CATAPRES-TTS-1.....	31
<i>buprenorphine hcl</i>	9	<i>calcium polycarbophil</i>	78	CATAPRES-TTS-2.....	31
<i>buprenorphine hcl-naloxone hcl dihydrate</i>	9	CALQUENCE.....	40	CATAPRES-TTS-3.....	31
<i>bupropion hcl</i>	20	CAMPTOSAR.....	43	CAYA.....	80
<i>bupropion hcl (smoking deterrent)</i>	103	CANASA.....	74	CAYSTON.....	34
<i>buspiron hcl</i>	11	CANCIDAS.....	27	<i>cefaclor</i>	54
<i>busulfan</i>	36	<i>candesartan cilexetil</i>	31	<i>cefadroxil</i>	54
BUSULFEX.....	36	<i>candesartan cilexetil-hydrochlorothiazide</i>	32	<i>cefazolin sodium</i>	54
<i>butalbital-acetaminophen</i>	6	CAPASTAT SULFATE.....	36	<i>cefdinir</i>	54
<i>butalbital-acetaminophen-caffeine</i>	6	<i>capecitabine</i>	37	<i>cefepime hcl</i>	54
<i>butalbital-acetaminophen-caffeine w/ codeine</i>	8	CAPRELSA.....	40	<i>cefixime</i>	54
<i>butalbital-aspirin-caffeine</i>	6	<i>captopril</i>	30	CEFOTAN.....	54
<i>butalbital-aspirin-caffeine w/cod</i>	9	CARAC.....	62	<i>cefotaxime sodium</i>	54
<i>butenafine hcl</i>	60	CARAFATE.....	106	CEFOTAXIME SODIUM.....	54
		<i>carbamazepine</i>	16	<i>cefotetan disodium</i>	54
		CARBATROL.....	16	<i>cefoxitin sodium</i>	54
		<i>carbidopa</i>	43	<i>cefpodoxime proxetil</i>	54
				<i>cefprozil</i>	54

<i>ceftazidime</i>	54	<i>chlorhexidine gluconate</i> (<i>mouth-throat</i>).....	87	<i>citalopram hydrobromide</i>	20
<i>ceftriaxone sodium</i>	54	<i>chloroquine phosphate</i>	35	CLARINEX.....	28
<i>cefuroxime axetil</i>	54	<i>chlorpromazine hcl</i>	46	<i>clarithromycin</i>	79
<i>cefuroxime sodium</i>	54	<i>chlorthalidone</i>	69	CLARITIN.....	28
CELEBREX.....	4	<i>chlorzoxazone</i>	94	CLARITIN ALLERGY CHILDRENS	28
<i>celecoxib</i>	4	CHOLBAM.....	73	CLARITIN CHILDRENS.....	28
CELEXA.....	20	<i>cholecalciferol</i>	111	CLARITIN REDITABS.....	28
CELLCEPT.....	85	<i>cholestyramine</i>	29	CLARITIN-D 12 HOUR.....	58
CELONTIN.....	19	<i>cholestyramine light</i>	29	CLARITIN-D 24 HOUR.....	58
<i>cephalexin</i>	54	<i>choline fenofibrate</i>	29	CLASSIC PRENATAL.....	87
CERDELGA.....	76	CHORIONIC GONADOTROPIN.....	70	<i>clemastine fumarate</i>	28
CEREBYX.....	19	CIALIS.....	52	CLEMASTINE FUMARATE.....	28
CEREZYME.....	76	<i>ciclopirox</i>	60	CLEOCIN.....	34,110
<i>cetirizine hcl</i>	28	<i>ciclopirox olamine</i>	60	CLEOCIN PEDIATRIC GRANULES	34
<i>cetirizine-pseudoephedrine</i>	58	<i>cidofovir</i>	49	CLEOCIN PHOSPHATE.....	34
CETRAXAL.....	99	<i>cilostazol</i>	76	CLEOCIN-T.....	59
<i>cetorelix acetate</i>	70	CILOXAN.....	97	CLIMARA.....	72
CETROTIDE.....	70	CIMDUO.....	47	CLIMARA PRO.....	72
<i>cevimeline hcl</i>	87	<i>cimetidine</i>	106	CLINDAGEL.....	59
CHANTIX.....	103	<i>cimetidine hcl</i>	106	<i>clindamycin hcl</i>	34
CHANTIX CONTINUING MONTHPAK.....	103	<i>cinacalcet hcl</i>	71	<i>clindamycin palmitate</i> <i>hydrochloride</i>	34
CHANTIX STARTING MONTH PAK.....	103	CINRYZE.....	76	<i>clindamycin phosphate</i>	34
CHEMET.....	25	CIPRO.....	73	<i>clindamycin phosphate (topical)</i>	59
CHEMSTRIP-K.....	68	CIPRO HC.....	99	<i>clindamycin phosphate vaginal</i>	110
CHILDRENS ADVIL.....	4	CIPRODEX.....	99	<i>clindamycin phosphate-benzoyl</i> <i>peroxide</i>	59
CHILDRENS MOTRIN.....	4	<i>ciprofloxacin hcl</i>	73	<i>clindamycin phosphate-benzoyl</i> <i>peroxide (refrigerate)</i>	59
<i>chloramphenicol sodium</i> <i>succinate</i>	34	<i>ciprofloxacin hcl (ophth)</i>	97	<i>clindamycin phosphate-tretinoin</i>	59
<i>chlordiazepoxide hcl</i>	11	<i>ciprofloxacin hcl (otic)</i>	99		
<i>chlordiazepoxide hcl-clidinium</i> <i>bromide</i>	106	<i>ciprofloxacin in d5w</i>	73		
<i>chlordiazepoxide-amitriptyline</i>	102	<i>ciprofloxacin-dexamethasone</i>	99		
		<i>ciprofloxacin-fluocinolone</i> <i>acetamide</i>	99		
		<i>cisplatin</i>	37		

CLINIMIX 4.25%/DEXTROSE 10%	95	<i>colchicine</i>	75	<i>cromolyn sodium (ophth)</i>	98
CLINIMIX 4.25%/DEXTROSE 5%	95	<i>colchicine w/ probenecid</i>	75	<i>crotamiton</i>	67
CLINIMIX E 5%/DEXTROSE 20%	96	COLCRYS.....	75	CUBICIN.....	34
<i>clobazam</i>	16	<i>colesevelam hcl</i>	29	CUBICIN RF.....	34
<i>clobetasol propionate</i>	64	COLESTID.....	29	CUPRIMINE.....	85
<i>clobetasol propionate emollient base</i>	64	COLESTID FLAVORED.....	29	CUTIVATE.....	64
<i>clocortolone pivalate</i>	64	<i>colestipol hcl</i>	29	CUVITRU.....	100
CLODERM.....	64	COMBIGAN.....	96	CVS PRENATAL.....	87
<i>clofarabine</i>	37	COMBIVIR.....	47	<i>cyanocobalamin</i>	76
CLOLAR.....	37	COMETRIQ.....	40	<i>cyclobenzaprine hcl</i>	94
<i>clomiphene citrate</i>	70	COMPLERA.....	47	<i>cyclophosphamide</i>	37
<i>clomipramine hcl</i>	22	COMTAN.....	43	<i>cycloserine</i>	36
<i>clonazepam</i>	16	CONCERTA.....	2	CYCLOSET.....	24
<i>clonidine</i>	31	CONTRAVE.....	2	<i>cyclosporine</i>	85
<i>clonidine hcl</i>	31	COPAXONE.....	102	<i>cyclosporine (ophth)</i>	97
<i>clonidine hcl (adhd)</i>	2	COPIKTRA.....	40	<i>cyclosporine modified (for microemulsion)</i>	85
<i>clopidogrel bisulfate</i>	76	CORDRAN.....	64	CYKLOKAPRON.....	77
<i>clorazepate dipotassium</i>	11	COREG.....	50	CYMBALTA.....	22
<i>clotrimazole</i>	86	CORGARD.....	51	<i>cyproheptadine hcl</i>	28
<i>clotrimazole (topical)</i>	60	CORLANOR.....	53,54	CYSTADANE.....	71
<i>clotrimazole vaginal</i>	110	CORTEF.....	57	CYSTAGON.....	75
<i>clotrimazole w/ betamethasone</i>	61	CORTENEMA.....	10	CYSTARAN.....	98
<i>clozapine</i>	45	CORTISPORIN-TC.....	99	<i>cytarabine</i>	37
CLOZARIL.....	45	CORTROPHIN.....	70	CYTOMEL.....	105
COARTEM.....	35	COSENTYX.....	63	CYTOTEC.....	107
<i>codeine sulfate</i>	6	COSENTYX SENSOREADY PEN.....	63	D.H.E. 45.....	82
CODEINE SULFATE.....	6	COSMEGEN.....	39	<i>dacarbazine</i>	42
COGENTIN.....	43	COSOPT.....	96	DACOGEN.....	37
COLACE.....	79	COZAAR.....	31	<i>dactinomycin</i>	40
COLAZAL.....	74	CREON.....	68	<i>dalfampridine</i>	102
		CRESEMBA.....	27	DALIRESP.....	13
		CRESTOR.....	29	<i>danazol</i>	10
		CRIXIVAN.....	47	DANTRIUM.....	94
		<i>cromolyn sodium</i>	12		

<i>dantrolene sodium</i>	94	<i>desloratadine</i>	28	<i>diazepam</i>	11
<i>dapsone</i>	34	<i>desmopressin acetate</i>	72	<i>diazepam (anticonvulsant)</i>	16
DAPTACEL.....	105	DESMOPRESSIN ACETATE.....	72	<i>diazoxide</i>	23
<i>daptomycin</i>	34	<i>desmopressin acetate spray</i> ...	72	DIBENZYLIN.....	30
DAPTOMYCIN.....	34	<i>desmopressin acetate spray</i>		DICLEGIS.....	26
DARAPRIM.....	35	<i>refrigerated</i>	72	<i>diclofenac epolamine</i>	62
<i>darifenacin hydrobromide</i>	107	<i>desogestrel & ethinyl estradiol</i>		<i>diclofenac potassium</i>	4
DAURISMO.....	38	.....	54	<i>diclofenac sodium</i>	4,5
DAYPRO.....	4	<i>desogestrel-ethinyl estradiol</i>		<i>diclofenac sodium (actinic</i>	
DAYTRANA.....	2	<i>(biphasic)</i>	55	<i>keratoses)</i>	62
DDAVP.....	72	<i>desogestrel-ethinyl estradiol</i>		<i>diclofenac sodium (ophth)</i>	99
DEBACTEROL.....	87	<i>(triphasic)</i>	55	<i>diclofenac sodium (topical)</i>	62
<i>decitabine</i>	37	<i>desonide</i>	64	<i>diclofenac w/ misoprostol</i>	5
<i>deferasirox</i>	25	DESOWEN.....	64	<i>dicloxacillin sodium</i>	101
<i>deferiprone</i>	25	<i>desoximetasone</i>	65	<i>dicyclomine hcl</i>	106
DELESTROGEN.....	72	DESOXYN.....	1	<i>didanosine</i>	47
DELSTRIGO.....	47	<i>desvenlafaxine succinate</i>	22	DIFFERIN.....	59
DELZICOL.....	74	DETROL.....	107	DIFICID.....	80
<i>demeclocycline hcl</i>	104	DETROL LA.....	107	<i>diflorasone diacetate</i>	65
DEMEROL.....	6	<i>dexamethasone</i>	57	DIFLUCAN.....	27
DENAVIR.....	63	DEXAMETHASONE INTENSOL.....	57	<i>diflunisal</i>	6
DEPAKOTE.....	19	<i>dexamethasone sodium</i>		<i>difluprednate</i>	97
DEPAKOTE ER.....	19	<i>phosphate</i>	57	<i>digoxin</i>	52
DEPEN TITRATABS.....	85	<i>dexamethasone sodium</i>		<i>dihydroergotamine mesylate</i>	82
DEPO-ESTRADIOL.....	72	<i>phosphate (ophth)</i>	97	DILANTIN.....	19
DEPO-MEDROL.....	57	<i>dexchlorpheniramine maleate</i>	27	DILANTIN INFATABS.....	19
DEPO-PROVERA		DEXEDRINE.....	1	DILANTIN-125.....	19
CONTRACEPTIVE.....	56	DEXILANT.....	106	DILAUDID.....	6
DEPO-SUBQ PROVERA.....	56	<i>dexlansoprazole</i>	106	<i>diltiazem hcl</i>	51
DEPO-TESTOSTERONE.....	10	<i>dexamethylphenidate hcl</i>	2	DILTIAZEM HCL.....	51
DERMA-SMOOTH/FS BODY..	64	<i>dextroamphetamine sulfate</i> ..	1,2	<i>diltiazem hcl coated beads</i>	51
DERMA-SMOOTH/FS SCALP..	64	<i>dextrose in lactated ringers</i>	84	<i>diltiazem hcl extended release</i>	
DERMOTIC.....	99	DIACOMIT.....	16,17	<i>beads</i>	52
<i>desipramine hcl</i>	22	DIASTAT ACUDIAL.....	16	<i>dimethyl fumarate</i>	102
		DIASTAT PEDIATRIC.....	16		

DIOVAN.....	31	<i>doxorubicin hcl</i>	40	<i>efavirenz</i>	47
DIOVAN HCT.....	32	<i>doxorubicin hcl liposomal</i>	40	<i>efavirenz-emtricitabine-</i>	
DIPENTUM.....	74	<i>doxycycline (monohydrate)</i> ..	104	<i>tenofovir disoproxil fumarate</i> ..	47
<i>diphenhydramine hcl</i>	28	<i>doxycycline hyclate</i>	104	<i>efavirenz-lamivudine-tenofovir</i>	
<i>diphenoxylate w/ atropine</i>	25	<i>doxylamine-pyridoxine</i>	26	<i>disoproxil fumarate</i>	47
DIPHThERIA/TETANUS TOXOIDS		DRISDOL.....	111	EFFEXOR XR.....	22
ADSORBED PEDIATRIC.....	105	<i>dronabinol</i>	26	EFFIENT.....	76
DIPROLENE.....	65	<i>drospirenone-ethinyl estradiol</i>		EFUDEX.....	62
DIPROLENE AF.....	65	.....	55	EGRIFTA.....	70
<i>dipyridamole</i>	76	<i>drospirenone-ethinyl estradiol-</i>		EGRIFTA SV.....	70
<i>disopyramide phosphate</i>	12	<i>levomefolate calcium</i>	55	ELAPRASE.....	71
<i>disulfiram</i>	101	DROXIA.....	76	ELESTRIN.....	73
DITROPAN XL.....	107	DUAVEE.....	72	<i>eletriptan hydrobromide</i>	82
DIURIL.....	69	DUETACT.....	23	ELIDEL.....	66
<i>divalproex sodium</i>	19	DUEXIS.....	5	ELIGARD.....	39
DIVIGEL.....	73	DULCOLAX.....	79	ELIMITE.....	67
<i>docetaxel</i>	42	DULCOLAX PINK LAXATIVE.....	79	ELIQUIS.....	15
DOCETAXEL.....	42	<i>duloxetine hcl</i>	22	ELIQUIS STARTER PACK.....	15
<i>docusate calcium</i>	79	DUPIXENT.....	66	ELLA.....	56
<i>docusate sodium</i>	79	DURAGESIC.....	7	ELMIRON.....	75
<i>dofetilide</i>	12	DUREX EXTRA SENSITIVE.....	80	EMCYT.....	39
<i>donepezil hydrochloride</i>	101	DUREZOL.....	97	EMEND.....	27
DOPTelet.....	76	<i>dutasteride</i>	75	EMEND TRIPACK.....	27
<i>dorzolamide hcl</i>	99	<i>dutasteride-tamsulosin hcl</i>	75	EMFLAZA.....	57
<i>dorzolamide hcl-timolol maleate</i>		DYAZIDE.....	69	EMGALITY.....	82
.....	96	DYRENIUM.....	69	EMSAM.....	20
DOVATO.....	47	DYSPORT.....	95	<i>emtricitabine</i>	47
DOVONEX.....	63	E.E.S. GRANULES.....	79	<i>emtricitabine-tenofovir</i>	
<i>doxazosin mesylate</i>	31	<i>econazole nitrate</i>	61	<i>disoproxil fumarate</i>	47
<i>doxepin hcl</i>	22	ECOTRIN.....	6	EMTRIVA.....	47
<i>doxepin hcl (antipruritic)</i>	62	ECOTRIN REGULAR STRENGTH.	6	EMVERM.....	10
<i>doxepin hcl (sleep)</i>	77	EDARBI.....	31	ENABLEX.....	107
<i>doxercalciferol</i>	71	EDECRIIN.....	69	<i>enalapril maleate</i>	30
DOXIL.....	40	EDURANT.....	47	<i>enalapril maleate &</i>	
				<i>hydrochlorothiazide</i>	32

ENBREL.....	5,6	<i>erlotinib hcl</i>	38	EUCRISA.....	67
ENBREL MINI.....	6	ERTACZO.....	61	EULEXIN.....	39
ENBREL SURECLICK.....	6	<i>ertapenem sodium</i>	33	EVAMIST.....	73
ENGERIX-B.....	108	ERWINASE.....	42	EVEKEO.....	2
<i>enoxaparin sodium</i>	15	ERWINAZE.....	42	<i>everolimus</i>	40
<i>entacapone</i>	43	ERYPED 200.....	79	<i>everolimus</i>	
<i>entecavir</i>	49	ERYPED 400.....	80	(<i>immunosuppressant</i>).....	86
ENTEREG.....	74	<i>erythromycin (acne aid)</i>	59	EVISTA.....	71
ENTOCORT EC.....	57	<i>erythromycin (ophth)</i>	97	EVOCLIN.....	60
ENTRESTO.....	52	<i>erythromycin base</i>	80	EVOTAZ.....	47
EPCLUSA.....	49	<i>erythromycin ethylsuccinate</i> ..	80	EVOXAC.....	87
EPIDIOLEX.....	17	ESBRIET.....	104	EXELDERM.....	61
EPIDUO.....	59	<i>escitalopram oxalate</i>	20	<i>exemestane</i>	39
<i>epinastine hcl (ophth)</i>	99	ESGIC.....	6	EXFORGE.....	32
<i>epinephrine (anaphylaxis)</i>	111	<i>esomeprazole magnesium</i> ...		EXFORGE HCT.....	32
EPIPEN 2-PAK.....	111	106,107		EXJADE.....	25
EPIPEN-JR 2-PAK.....	111	<i>estazolam</i>	77	EXTAVIA.....	102
<i>epirubicin hcl</i>	40	ESTRACE.....	73,110	<i>ezetimibe</i>	30
EPIVIR.....	47	<i>estradiol</i>	73	<i>ezetimibe-simvastatin</i>	29
EPIVIR HBV.....	49	<i>estradiol vaginal</i>	110	FABRAZYME.....	71
<i>eplerenone</i>	33	<i>estradiol valerate</i>	73	FALESSA.....	55
EPOGEN.....	76	ESTROGEL.....	73	<i>famciclovir</i>	50
<i>epoprostenol sodium</i>	53	ESTROSTEP FE.....	55	<i>famotidine</i>	106
EPZICOM.....	47	<i>eszopiclone</i>	77	<i>famotidine in nacl</i>	106
EQL PRENATAL FORMULA.....	87	<i>ethacrynic acid</i>	69	FANAPT.....	44
EQUETRO.....	44	<i>ethambutol hcl</i>	36	FANAPT TITRATION PACK.....	44
ERAXIS.....	27	<i>ethosuximide</i>	19	FANTASY LUBRICATED.....	80
ERBITUX.....	38	<i>ethynodiol diacet & eth estrad</i>		FANTASY	
<i>ergocalciferol</i>	111	.....	55	LUBRICATED/SPERMICIDE.....	80
<i>ergoloid mesylates</i>	103	<i>etodolac</i>	5	FARESTON.....	39
ERGOMAR.....	82	<i>etonogestrel-ethinyl estradiol</i>	56	FARXIGA.....	25
<i>ergotamine w/ caffeine</i>	82	ETOPOPHOS.....	42	FASENRA.....	12
ERIVEDGE.....	38	<i>etoposide</i>	42	FASENRA PEN.....	12
ERLEADA.....	39	<i>etravirine</i>	47	FASLODEX.....	39

FC2 FEMALE CONDOM.....	80	FIORINAL.....	6	FLUBLOK QUADRIVALENT 2022-2023.....	109
<i>febuxostat</i>	75	FIORINAL/CODEINE #3.....	9	FLUCELVAX QUADRIVALENT 2020-2021.....	109
<i>felbamate</i>	18	FIRAZYR.....	76	FLUCELVAX QUADRIVALENT 2021-2022.....	109
FELBATOL.....	18	FIRDAPSE.....	36	FLUCELVAX QUADRIVALENT 2022-2023.....	109
FELDENE.....	5	FIRMAGON.....	39	<i>fluconazole</i>	27
<i>felodipine</i>	52	FIRVANQ.....	34	<i>flucytosine</i>	27
FEMARA.....	39	FLAGYL.....	33	<i>fludarabine phosphate</i>	37
FEMCAP.....	80	<i>flavoxate hcl</i>	108	<i>fludrocortisone acetate</i>	58
FEMHRT.....	72	<i>flecainide acetate</i>	12	FLULAVAL QUADRIVALENT 2020-2021.....	109
FEMRING.....	110	FLECTOR.....	62	FLULAVAL QUADRIVALENT 2021-2022.....	109
<i>fenofibrate</i>	29	FLOLAN.....	53	FLULAVAL QUADRIVALENT 2022-2023.....	109
<i>fenofibrate micronized</i>	29	FLOMAX.....	75	FLUMIST QUADRIVALENT.....	109
<i>fenopropfen calcium</i>	5	FLOINASE ALLERGY RELIEF.....	94	<i>flunisolide (nasal)</i>	94
FENSOLVI.....	71	FLOINASE ALLERGY RELIEF CHILDRENS.....	94	<i>fluocinolone acetate</i>	65
<i>fentanyl</i>	7	FLOVENT DISKUS.....	13	<i>fluocinolone acetate (otic)</i> ..	99
<i>fentanyl citrate</i>	7	FLOVENT HFA.....	13	<i>fluocinonide</i>	65
FER-IN-SOL.....	77	<i>floxuridine</i>	37	<i>fluocinonide emulsified base</i> ..	65
FERRIPROX.....	25	FLUAD 2020-2021.....	108	<i>fluorometholone (ophth)</i>	97
<i>ferrous fumarate-folic acid</i>	77	FLUAD QUADRIVALENT 2021-2022.....	108	<i>fluorouracil</i>	37
<i>ferrous sulfate</i>	77	FLUAD QUADRIVALENT 2022-2023.....	109	<i>fluorouracil (topical)</i>	62
<i>fesoterodine fumarate</i>	107	FLUAD QUADRIVALENT INFLUENZA VACCINE FOR ADULTS.....	109	<i>fluoxetine hcl</i>	20,21
FETZIMA.....	22	FLUARIX QUADRIVALENT 2020-2021.....	109	FLUOXETINE HYDROCHLORIDE	21
FETZIMA TITRATION PACK.....	22	FLUARIX QUADRIVALENT 2021-2022.....	109	<i>fluphenazine hcl</i>	46
<i>fexofenadine-pseudoephedrine</i>	58	FLUARIX QUADRIVALENT 2022-2023.....	109	<i>flurandrenolide</i>	65
FIASP.....	24	FLUBLOK QUADRIVALENT 2020-2021.....	109	<i>flurazepam hcl</i>	77
FIASP FLEXTOUCH.....	24	FLUBLOK QUADRIVALENT 2021-2022.....	109	<i>flurbiprofen</i>	5
FIASP PENFILL.....	24	FLUBLOK QUADRIVALENT 2022-2023.....	109	<i>flurbiprofen sodium</i>	99
FIBERCON.....	78	FLUBLOK QUADRIVALENT 2021-2022.....	109	<i>flutamide</i>	39
FINACEA.....	67				
<i>finasteride</i>	75				
<i> fingolimod hcl</i>	102				
FIORICET.....	6				
FIORICET/CODEINE.....	9				

<i>fluticasone propionate</i>	65	<i>fosinopril sodium</i>	30	GAMMAKED.....	100
<i>fluticasone propionate (nasal)</i> 94		<i>fosinopril sodium &</i>		GAMUNEX-C.....	100
<i>fluticasone-salmeterol</i>	14	<i>hydrochlorothiazide</i>	32	<i>ganciclovir sodium</i>	49
<i>fluvastatin sodium</i>	29	<i>fosphenytoin sodium</i>	19	<i>ganirelix acetate</i>	70
<i>fluvoxamine maleate</i>	21	FOSRENOL.....	74	GANIRELIX ACETATE.....	70
FLUZONE HIGH-DOSE PF		FRAGMIN.....	15	GARDASIL 9.....	110
2020-2021.....	109	FREESTYLE LIBRE 14		<i>gatifloxacin (ophth)</i>	97
FLUZONE HIGH-DOSE PF		DAY/READER/FLASH		<i>gemcitabine hcl</i>	37
2021-2022.....	109	MONITORING SYSTEM.....	81	<i>gemfibrozil</i>	29
FLUZONE HIGH-DOSE PF		FREESTYLE LIBRE 14		GENERESS FE.....	55
2022-2023.....	109	DAY/SENSOR/FLASH		<i>gentamicin in saline</i>	3
FLUZONE QUADRIVALENT		MONITORING SYSTEM.....	81	<i>gentamicin sulfate</i>	3
2020-2021.....	109	FREESTYLE LIBRE		<i>gentamicin sulfate (ophth)</i>	97
FLUZONE QUADRIVALENT		2/READER/FLASH GLUCOSE		<i>gentamicin sulfate (topical)</i>	60
2021-2022.....	110	MONITORING SYSTEM.....	81	GENVOYA.....	47
FLUZONE QUADRIVALENT		FREESTYLE LIBRE		GEODON.....	44
2022-2023.....	110	2/SENSOR/FLASH GLUCOSE		GILENYA.....	102
FML.....	97	MONITORING SYSTEM.....	81	GILOTRIF.....	38
FML FORTE.....	97	FREESTYLE		<i>glatiramer acetate</i>	102
FML LIQUIFILM.....	97	LIBRE/READER/FLASH		GLEEVEC.....	40
FOCALIN.....	2	MONITORING SYSTEM.....	81	GLEOSTINE.....	37
FOCALIN XR.....	2	FREESTYLE		<i>glimepiride</i>	25
<i>folic acid</i>	76	LIBRE/SENSOR/FLASH		<i>glipizide</i>	25
FOLOTYN.....	37	MONITORING SYSTEM.....	81	<i>glipizide-metformin hcl</i>	23
<i>fondaparinux sodium</i>	15	FROVA.....	82	GLUCAGEN DIAGNOSTIC.....	67
FORA GTEL BLOOD KETONE		<i>frovatriptan succinate</i>	82	GLUCAGEN HYPOKIT.....	23
TEST STRIPS.....	68	<i>fulvestrant</i>	39	<i>glucagon (rdna)</i>	23
FORFIVO XL.....	20	<i>furosemide</i>	69	GLUCAGON EMERGENCY KIT..	23
<i>formoterol fumarate</i>	14	FUZEON.....	47	GLUCOTROL.....	25
FORTAMET.....	23	FYCOMPA.....	16	GLUCOTROL XL.....	25
FORTAZ.....	54	<i>gabapentin</i>	17	<i>glyburide</i>	25
FORTEO.....	70	GABITRIL.....	18	<i>glyburide micronized</i>	25
FOSAMAX.....	70	GALAFOLD.....	71	<i>glyburide-metformin</i>	23
FOSAMAX PLUS D.....	70	<i>galantamine hydrobromide</i> ..	102	<i>glycine (gu irrigant)</i>	75
<i>fosamprenavir calcium</i>	47	GAMMAGARD LIQUID.....	100		
<i>fosfomycin tromethamine</i>	35	GAMMAGARD S/D IGA LESS			
		THAN 1MCG/ML.....	100		

<i>glycopyrrolate</i>	106	HECTOROL.....	71	<i>hydrocortisone (intrarectal)</i> ...	10
GLYNASE.....	25	HEMANGEOL.....	51	<i>hydrocortisone (rectal)</i>	10
GLYSET.....	22	<i>heparin sodium (porcine)</i>	15	<i>hydrocortisone (topical)</i>	65
GLYXAMBI.....	23	HEPARIN SODIUM/NACL 0.45%	.....	<i>hydrocortisone acetate (rectal)</i>	.....
GNP PRENATAL.....	87	.....	15	.....	10
GNP TRUETRACK SMART		HEPLISAV-B.....	110	<i>hydrocortisone butyrate</i>	65
SYSTEM.....	68	HEPSERA.....	49	<i>hydrocortisone valerate</i>	65
GOJJI BLOOD KETONE TEST		HETLIOZ.....	78	<i>hydrocortisone w/acetic acid</i> .	99
STRIPS.....	68	HIBERIX.....	108	<i>hydromorphone hcl</i>	7
GOLYTELY.....	78	HIPREX.....	35	HYDROMORPHONE	
GOODSENSE PRENATAL		HIZENTRA.....	100	HYDROCHLORIDE.....	7
VITAMINS.....	87	HORIZANT.....	103	<i>hydroxychloroquine sulfate</i>	35
<i>granisetron hcl</i>	26	HUMATIN.....	3	<i>hydroxyurea</i>	42
GRASTEK.....	3	HUMIRA.....	4	<i>hydroxyzine hcl</i>	11
<i>griseofulvin microsize</i>	27	HUMIRA.....	4	<i>hydroxyzine pamoate</i>	11
<i>griseofulvin ultramicrosize</i>	27	HUMIRA PEDIATRIC CROHNS		HYPERSAL.....	58
<i>guanfacine hcl</i>	31	DISEASE STARTER PACK.....	4	HYQVIA.....	100
<i>guanfacine hcl (adhd)</i>	2	HUMIRA PEN.....	4	HYZAAR.....	32
GUANIDINE HCL.....	36	HUMIRA PEN-CD/UC/HS		<i>ibandronate sodium</i>	70
GYNAZOLE-1.....	110	STARTER.....	4	IBRANCE.....	40
GYNE-LOTRIMIN.....	110	HUMIRA PEN-PEDIATRIC UC		<i>ibuprofen</i>	5
HAEGARDA.....	76	STARTER PACK.....	4	<i>ibuprofen-famotidine</i>	5
HALAVEN.....	42	HUMIRA PEN-PS/UV STARTER..	4	<i>icatibant acetate</i>	76
<i>halcinonide</i>	65	HUMULIN R U-500		ICLUSIG.....	40
HALCION.....	77	(CONCENTRATED).....	24	<i>icosapent ethyl</i>	29
HALDOL.....	45	HUMULIN R U-500 KWIKPEN..	24	IDAMYCIN PFS.....	40
HALDOL DECANOATE 100.....	45	HYCAMTIN.....	43	<i>idarubicin hcl</i>	40
HALDOL DECANOATE 50.....	45	<i>hydralazine hcl</i>	33	IFEX.....	37
<i>halobetasol propionate</i>	65	HYDREA.....	42	<i>ifosfamide</i>	37
HALOG.....	65	<i>hydrochlorothiazide</i>	69	ILEVRO.....	99
<i>haloperidol</i>	45	<i>hydrocodone bitartrate</i>	7	<i>imatinib mesylate</i>	40
<i>haloperidol decanoate</i>	45	<i>hydrocodone polistirex-</i>		IMBRUVICA.....	40,41
<i>haloperidol lactate</i>	45	<i>chlorpheniramine polistirex</i>	58	<i>imipenem-cilastatin</i>	33
HAVRIX.....	110	<i>hydrocodone-acetaminophen</i> ..	9	<i>imipramine hcl</i>	22
HEALON PRO.....	98	<i>hydrocodone-ibuprofen</i>	9		
		<i>hydrocortisone</i>	57		

<i>imipramine pamoate</i>	22	<i>ipratropium-albuterol</i>	14	JULUCA.....	47
<i>imiquimod</i>	66	<i>irbesartan</i>	31	JYNARQUE.....	72
IMITREX.....	82,83	<i>irbesartan-hydrochlorothiazide</i>	32	KADIAN.....	7
IMITREX STATDOSE REFILL.....	83	IRESSA.....	38	KALETRA.....	48
IMITREX STATDOSE SYSTEM...83		<i>irinotecan hcl</i>	43	KALYDECO.....	104
IMODIUM A-D.....	25	<i>irrigation solutions,</i> <i>physiological</i>	86	KAMELEON LUBRICATED.....	80
IMPAVIDO.....	33	ISENTRESS.....	47	KANJINTI.....	38
IMURAN.....	86	ISENTRESS HD.....	47	KAPVAY.....	2
INCRELEX.....	71	ISOLYTE-P/DEXTROSE 5%.....	84	KCL 0.3%/D5W/NACL 0.9%....84	
INCRUSE ELLIPTA.....	12	ISOLYTE-S.....	84	KEFLEX.....	54
<i>indapamide</i>	69	<i>isoniazid</i>	36	KENALOG-40.....	57
INDERAL LA.....	51	ISOPTO CARPINE.....	96	KEPIVANCE.....	42
<i>indomethacin</i>	5	<i>isosorbide dinitrate</i>	11	KEPPRA.....	17
INFANRIX.....	105	<i>isosorbide dinitrate-hydralazine</i> <i>hcl</i>	52	KEPPRA XR.....	17
INFLECTRA.....	74	<i>isosorbide mononitrate</i>	11	KERYDIN.....	61
INGREZZA.....	102	<i>isotretinoin</i>	60	KESIMPTA.....	102
INLYTA.....	38	<i>isradipine</i>	52	<i>ketoconazole</i>	27
INREBIC.....	41	ISTODAX (OVERFILL).....	41	<i>ketoconazole (topical)</i>	61
INSPRA.....	33	<i>itraconazole</i>	27	KETONE.....	68
INSULIN DEGLUDEC.....	24	<i>ivermectin</i>	11	KETONE TEST STRIPS.....	68
INSULIN DEGLUDEC FLEXTOUCH	24	<i>ivermectin (pediculicide)</i>	67	<i>ketoprofen</i>	5
INTELENCE.....	47	IXEMPRA KIT.....	42	<i>ketorolac tromethamine</i>	5
INTRAROSA.....	110	JADENU.....	26	<i>ketorolac tromethamine (ophth)</i>	99
INTRON A.....	42	JADENU SPRINKLE.....	26	KETOSTIX.....	68
INTUNIV.....	2	JAKAFI.....	41	<i>ketotifen fumarate (ophth)</i>	99
INVANZ.....	34	JALYN.....	75	KEVEYIS.....	68
INVEGA.....	45	JANUMET.....	23	KEVZARA.....	4
INVIRASE.....	47	JANUMET XR.....	23	KIMONO COLORS.....	80
IONOSOL-MB/DEXTROSE 5%..84		JANUVIA.....	24	KIMONO LUBRICATED.....	80
IOPIDINE.....	96	JARDIANCE.....	25	KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED.....	80
IPOL INACTIVATED IPV.....	110	JEVTANA.....	42	KIMONO PLUS SPERMICIDE LUBRICATED.....	80
<i>ipratropium bromide</i>	12	JUBLIA.....	61		
<i>ipratropium bromide (nasal)</i> ..	94				

KIMONO PLUS SPERMICIDE/LUBRICATED.....	80	<i>lactulose</i>	79	LEUKERAN.....	37
KIMONO PS LUBRICATED.....	80	<i>lactulose (encephalopathy)</i>	74	LEUKINE.....	76
KIMONO PS PLUS SPERMICIDE/LUBRICATED.....	80	LAMICTAL.....	17	<i>leuprolide acetate</i>	39
KIMONO SENSATION LUBRICATED.....	80	LAMICTAL CHEWABLE DISPERSIBLE.....	17	<i>levabuterol hcl</i>	14
KIMONO SENSATION PLUS SPERMICIDE LUBRICATED.....	80	LAMICTAL ODT.....	17	<i>levabuterol tartrate</i>	14
KIMONO SPECIAL.....	80	<i>lamivudine</i>	48	LEVEMIR.....	24
KINRIX.....	105	<i>lamivudine (hbv)</i>	49	LEVEMIR FLEXTOUCH.....	24
KISQALI.....	41	<i>lamivudine-zidovudine</i>	48	<i>levetiracetam</i>	17
KISQALI FEMARA 200 DOSE....	40	<i>lamotrigine</i>	17	<i>levobunolol hcl</i>	96
KISQALI FEMARA 400 DOSE....	40	LANCETS 28G.....	81	<i>levocetirizine dihydrochloride</i> ..	28
KISQALI FEMARA 600 DOSE....	40	LANCETS ULTRA FINE.....	81	<i>levofloxacin</i>	73
KITABIS PAK.....	3	LANOXIN.....	52	<i>levofloxacin (ophth)</i>	97
KLARITY-A.....	97	LANREOTIDE ACETATE.....	72	<i>levofloxacin in d5w</i>	73
KLARON.....	60	<i>lansoprazole</i>	107	<i>levonorgestrel & eth estradiol</i> ..	55
KLONOPIN.....	16	<i>lanthanum carbonate</i>	74	<i>levonorgestrel (emergency oc)</i>	56
KOSELUGO.....	41	<i>lapatinib ditosylate</i>	41	<i>levonorgestrel-eth estradiol</i> (triphasic).....	55
KP PRENATAL MULTIVITAMINS	87	LASIX.....	69	<i>levonorgestrel-ethinyl estradiol</i> (91-day).....	55
KRINTAFEL.....	35	LASTACAFT.....	99	<i>levonorgestrel-ethinyl estradiol</i> (continuous).....	55
K-TAB.....	85	<i>latanoprost</i>	99	<i>levorphanol tartrate</i>	7
KUVAN.....	71	LATUDA.....	44	<i>levothyroxine sodium</i>	105
K-Y ME & YOU EXTRA LUBRICATED.....	80	<i>leflunomide</i>	5	LEXAPRO.....	21
K-Y ME & YOU INTENSE.....	80	<i>lenalidomide</i>	85	LEXIVA.....	48
KYPROLIS.....	41	LENVIMA 10 MG DAILY DOSE..	38	LIALDA.....	74
<i>labetalol hcl</i>	50	LENVIMA 12MG DAILY DOSE..	38	LIBRAX.....	106
<i>lacosamide</i>	17	LENVIMA 14 MG DAILY DOSE..	38	<i>lidocaine</i>	67
LACRISERT.....	96	LENVIMA 18 MG DAILY DOSE..	38	<i>lidocaine hcl</i>	67
<i>lactated ringer's</i>	84	LENVIMA 20 MG DAILY DOSE..	38	<i>lidocaine hcl (local anesth.)</i>	79
<i>lactated ringer's (irrigation)</i> ...	86	LENVIMA 24 MG DAILY DOSE..	38	<i>lidocaine hcl (mouth-throat)</i> ..	86
<i>lactic acid (ammonium lactate)</i>	66	LENVIMA 4 MG DAILY DOSE... 38		<i>lidocaine-prilocaine</i>	67
		LENVIMA 8 MG DAILY DOSE... 38		LIDODERM.....	67
		LETAIRIS.....	53	LINCOCIN.....	34
		<i>letrozole</i>	39		
		<i>leucovorin calcium</i>	42		

<i>lincomycin hcl</i>	34	<i>loteprednol etabonate</i>	98	<i>magnesium sulfate</i>	85
<i>lindane</i>	67	LOTREL.....	32	MALARONE.....	35
<i>linezolid</i>	34	LOTRIMIN AF.....	61	<i>malathion</i>	67
LINZESS.....	74	LOTRIMIN AF JOCK ITCH.....	61	<i>maprotiline hcl</i>	20
<i>liothyronine sodium</i>	105	LOTRIMIN ULTRA.....	61	<i>maraviroc</i>	48
LIPITOR.....	30	LOTRONEX.....	74	MARINOL.....	27
<i>lisinopril</i>	30	<i>lovastatin</i>	30	MARPLAN.....	20
<i>lisinopril & hydrochlorothiazide</i>	32	LOVAZA.....	29	MASONATAL.....	87
<i>lithium carbonate</i>	44	LOVENOX.....	15,16	MATULANE.....	42
LITHOBID.....	44	<i>loxapine succinate</i>	45	MAVENCLAD.....	102
LO LOESTRIN FE.....	55	<i>lubiprostone</i>	73	MAXALT.....	83
LODINE.....	5	LUBIPROSTONE.....	73	MAXALT-MLT.....	83
LODOSYN.....	43	LUCEMYRA.....	101	MAXIDEX.....	98
LOMOTIL.....	25	<i>luliconazole</i>	61	MAXITROL.....	98
<i>loperamide hcl</i>	25	LUMIZYME.....	71	MAXX LUBRICATED.....	80
LOPID.....	29	LUNESTA.....	77	MAXX PLUS SPERMICIDE LUBRICATED.....	80
<i>lopinavir-ritonavir</i>	48	LUPANETA PACK.....	71	MAXZIDE.....	69
LOPRESSOR.....	51	LUPRON DEPOT (1-MONTH)...	39	MAXZIDE-25.....	69
LOPRESSOR HCT.....	32	LUPRON DEPOT (3-MONTH)...	39	<i>meclizine hcl</i>	26
LOPROX.....	61	LUPRON DEPOT (4-MONTH)...	39	<i>meclofenamate sodium</i>	5
LOPROX SHAMPOO.....	61	LUPRON DEPOT (6-MONTH)...	39	MEDROL.....	57
<i>loratadine</i>	28	LUPRON DEPOT-PED (1- MONTH).....	71	MEDROL DOSEPAK.....	57
<i>loratadine & pseudoephedrine</i>	58	LUPRON DEPOT-PED (3- MONTH).....	71	<i>medroxyprogesterone acetate</i>	101
<i>lorazepam</i>	11,12	LUXIQ.....	65	<i>medroxyprogesterone acetate</i> (contraceptive).....	56
LORBRENA.....	41	LUZU.....	61	<i>mefenamic acid</i>	5
LORTAB.....	9	LYNPARZA.....	41	<i>mefloquine hcl</i>	35
<i>losartan potassium</i>	31	LYRICA.....	17	<i>megestrol acetate</i>	39
<i>losartan potassium &</i> <i>hydrochlorothiazide</i>	32	LYRICA CR.....	103	<i>megestrol acetate (appetite)</i>	101
LOSEASONIQUE.....	55	LYSODREN.....	39	MEKINIST.....	41
LOTEMAX.....	98	LYSTEDA.....	77	MEKTOVI.....	41
LOTENSIN.....	30	MACROBID.....	35	<i>meloxicam</i>	5
LOTENSIN HCT.....	32	<i>mafenide acetate</i>	63	MELOXICAM.....	5

<i>melphalan</i>	37	METHYLIN.....	2	MIRAPEX.....	43
<i>melphalan hcl</i>	37	<i>methylphenidate</i>	2	MIRCERA.....	76
<i>memantine hcl</i>	102	<i>methylphenidate hcl</i>	2,3	MIRCETTE.....	55
MENACTRA.....	108	<i>methylprednisolone</i>	57	<i>mirtazapine</i>	19
MENEST.....	73	<i>methylprednisolone acetate</i> ..	57	MIRVASO.....	67
MENOSTAR.....	73	<i>methylprednisolone sod succ</i> .	57	<i>misoprostol</i>	107
MENQUADFI.....	108	<i>metoclopramide hcl</i>	73,74	<i>mitomycin</i>	40
MENVEO.....	108	<i>metolazone</i>	69	<i>mitoxantrone hcl</i>	40
<i>meperidine hcl</i>	7	<i>metoprolol &</i>		M-M-R II.....	110
<i>meprobamate</i>	11	<i>hydrochlorothiazide</i>	32	M-NATAL PLUS.....	88
MEPRON.....	33	<i>metoprolol succinate</i>	51	MOBIC.....	5
<i>mercaptapurine</i>	37	<i>metoprolol tartrate</i>	51	<i>modafinil</i>	3
<i>meropenem</i>	34	METROCREAM.....	67	<i>moexipril hcl</i>	30
MERREM.....	34	METROGEL.....	67	<i>mometasone furoate</i>	65
<i>mesalamine</i>	74	METROLOTION.....	67	<i>mometasone furoate (nasal)</i> ..	94
MESTINON.....	36	<i>metronidazole</i>	33	MONISTAT SOOTHING CARE	
MESTINON TIMESPAN.....	36	<i>metronidazole (topical)</i>	67	ITCH RELIEF.....	66
<i>metaxalone</i>	94	<i>metronidazole vaginal</i>	110	<i>montelukast sodium</i>	12
<i>metformin hcl</i>	23	<i>mexiletine hcl</i>	12	MONUROL.....	35
<i>methadone hcl</i>	7	<i>micafungin sodium</i>	27	<i>morphine sulfate</i>	7,8
METHADONE HCL.....	7	MICARDIS.....	31	MOTOFEN.....	25
METHADOSE.....	7	MICARDIS HCT.....	32	MOVIPREP.....	78
METHADOSE SUGAR-FREE.....	7	<i>miconazole nitrate vaginal</i> ...	110	MOXEZA.....	97
<i>methamphetamine hcl</i>	2	<i>midodrine hcl</i>	111	<i>moxifloxacin hcl</i>	73
<i>methazolamide</i>	68	<i>miglitol</i>	23	<i>moxifloxacin hcl (ophth)</i>	97
<i>methenamine hippurate</i>	35	<i>miglustat</i>	76	<i>moxifloxacin hcl in sodium</i>	
<i>methimazole</i>	105	MIGRANAL.....	82	<i>chloride</i>	73
METHITEST.....	10	MILLIPRED.....	57	MOZOBIL.....	77
<i>methocarbamol</i>	94	MILLIPRED DP.....	57	MS CONTIN.....	8
METHOTREXATE.....	4	MINASTRIN 24 FE.....	55	MULPLETA.....	76
<i>methotrexate sodium</i>	37	MINIPRESS.....	31	MULTAQ.....	12
<i>methoxsalen rapid</i>	63	MINIVELLE.....	73	MULTI PRENATAL.....	88
<i>methscopolamine bromide</i> ..	106	<i>minocycline hcl</i>	104	<i>mupirocin</i>	60
<i>methyl dopa</i>	31	<i>minoxidil</i>	33	MVASI.....	38

MYALEPT.....	71	<i>nateglinide</i>	25	<i>niacin (antihyperlipidemic)</i>	30
MYAMBUTOL.....	36	NATROBA.....	67	NIACIN TR.....	111
MYCAMINE.....	27	NAVELBINE.....	42	<i>niacinamide</i>	111
MYCOBUTIN.....	36	NAYZILAM.....	16	NIASPAN.....	30
<i>mycophenolate mofetil</i>	86	<i>nebivolol hcl</i>	51	<i>nicardipine hcl</i>	52
<i>mycophenolate sodium</i>	86	NEBUSAL.....	58	NICODERM CQ.....	103
MYDRIACYL.....	96	<i>nefazodone hcl</i>	21	NICORETTE.....	103
MYFORTIC.....	86	<i>nelarabine</i>	37	NICORETTE MINI.....	103
MYLERAN.....	37	<i>neomycin sulfate</i>	3	NICORETTE STARTER KIT.....	103
MYSOLINE.....	17	<i>neomycin-bacitracin zn-</i>		<i>nicotine</i>	103
<i>nabumetone</i>	5	<i>polymyxin</i>	97	<i>nicotine polacrilex</i>	103
<i>nadolol</i>	51	<i>neomycin-polymy-dexameth..</i>	98	NICOTINE TRANSDERMAL	
<i>naftillin sodium</i>	101	<i>neomycin-polymyxin-hc (ophth)</i>	98	SYSTEM.....	103
<i>naftifine hcl</i>	61	<i>neomycin-polymyxin-hc (otic)</i>	99	NICOTROL INHALER.....	103
NAFTIN.....	61	NEONATAL COMPLETE.....	88	NICOTROL NS.....	104
NAGLAZYME.....	71	NEONATAL PLUS.....	88	<i>nifedipine</i>	52
<i>nalbuphine hcl</i>	9	NEONATAL PRENATAL VITAMIN		NILANDRON.....	39
NALFON.....	5	.....	88	<i>nilutamide</i>	39
<i>naloxone hcl</i>	26	NEONATAL VITAMIN.....	91	<i>nimodipine</i>	52
<i>naltrexone hcl</i>	26	NEORAL.....	86	NINLARO.....	41
NAMENDA.....	102	<i>neostigmine methylsulfate</i>	36	NIPENT.....	42
NAMENDA TITRATION PAK..	102	NEOSTIGMINE METHYLSULFATE		<i>nisoldipine</i>	52
NAPROSYN.....	5	.....	36	<i>nitazoxanide</i>	33
<i>naproxen</i>	5	NEO-SYNALAR.....	60	<i>nitisinone</i>	71
<i>naproxen sodium</i>	5	NESINA.....	24	NITRO-BID.....	11
<i>naratriptan hcl</i>	83	NEUPRO.....	43	NITRO-DUR.....	11
NARCAN.....	26	NEURONTIN.....	17	<i>nitrofurantoin</i>	35
NARDIL.....	20	NEVANAC.....	99	<i>nitrofurantoin macrocrystal</i> ...	35
NASACORT ALLERGY 24HR.....	95	<i>nevirapine</i>	48	<i>nitrofurantoin monohyd macro</i>	
NASACORT ALLERGY 24HR		NEXAVAR.....	41	.....	35
CHILDRENS.....	95	NEXIUM.....	107	<i>nitroglycerin</i>	11
NASONEX.....	95	NEXIUM 24HR.....	107	NITROGLYCERIN.....	11
NATACYN.....	97	NEXTSTELLIS.....	55	NITROSTAT.....	11
NATAZIA.....	55	<i>niacin</i>	111	NIVA-PLUS.....	91

NIX CREME RINSE.....	67	NOVAREL.....	70	<i>nystatin (topical)</i>	61
<i>nizatidine</i>	106	NOVOLIN 70/30.....	24	<i>nystatin-triamcinolone</i>	61
NORCO.....	9	NOVOLIN 70/30 FLEXPEN.....	24	OCREVUS.....	102
NORDITROPIN FLEXPEN.....	70	NOVOLIN 70/30 FLEXPEN		<i>octreotide acetate</i>	72
<i>norelgestromin-ethinyl estradiol</i>		RELION.....	24	OCUFLOX.....	97
.....	56	NOVOLIN 70/30 RELION.....	24	ODEFSEY.....	48
<i>norethin acet & estrad-fe</i>	55	NOVOLIN N.....	24	ODOMZO.....	38
<i>norethindrone & eth estradiol</i>		NOVOLIN N FLEXPEN.....	24	OFEV.....	104
55		NOVOLIN N FLEXPEN RELION.	24	<i>ofloxacin</i>	73
<i>norethindrone & ethinyl</i>		NOVOLIN N RELION.....	24	<i>ofloxacin (ophth)</i>	97
<i>estradiol-fe</i>	55	NOVOLIN R.....	24	<i>ofloxacin (otic)</i>	99
<i>norethindrone (contraceptive)</i>		NOVOLIN R RELION.....	24	OGIVRI.....	38
.....	56	NOVOLOG.....	24	<i>olanzapine</i>	45
<i>norethindrone acet & eth estra</i>		NOVOLOG FLEXPEN.....	24	<i>olmesartan medoxomil</i>	31
.....	55	NOVOLOG FLEXPEN RELION...	24	<i>olmesartan medoxomil-</i>	
<i>norethindrone acetate</i>	101	NOVOLOG MIX 70/30.....	24	<i>amlodipine-hydrochlorothiazide</i>	
<i>norethindrone acetate-ethinyl</i>		NOVOLOG MIX 70/30		.....	32
<i>estradiol</i>	72	NOVOLOG MIX 70/30		<i>olmesartan medoxomil-</i>	
<i>norethindrone acetate-ethinyl</i>		PREFILLED FLEXPEN.....	24	<i>hydrochlorothiazide</i>	32
<i>estradiol-fe</i>	55	NOVOLOG MIX 70/30		<i>olopatadine hcl</i>	99
<i>norethindrone-eth estradiol</i>		PREFILLED FLEXPEN RELION...	25	<i>olopatadine hcl (nasal)</i>	94
<i>(triphasic)</i>	55	NOVOLOG PENFILL.....	25	OLUX.....	66
<i>norgestimate-ethinyl estradiol</i>		NOXAFIL.....	27	<i>omega-3-acid ethyl esters</i>	29
.....	55	NPLATE.....	76	<i>omeprazole</i>	107
<i>norgestimate-ethinyl estradiol</i>		NUBEQA.....	39	<i>omeprazole magnesium</i>	107
<i>(triphasic)</i>	55	NUCALA.....	12	<i>omeprazole-sodium bicarbonate</i>	
<i>norgestrel & ethinyl estradiol</i>		NUCYNTA.....	8	.....	107
55		NUCYNTA ER.....	8	OMNIFLEX DIAPHRAGM.....	80
NORMOSOL-M IN D5W.....	84	NUEDEXTA.....	103	ONCASPAR.....	42
NORMOSOL-M/D5W.....	84	NULOJIX.....	86	<i>ondansetron</i>	26
NORMOSOL-R.....	84	NULYTELY.....	78	<i>ondansetron hcl</i>	26
NORPACE.....	12	NULYTELY/FLAVOR PACKS.....	78	ONE VITE WOMENS	
NORPRAMIN.....	22	NUVARING.....	56	PRENATALVITAMIN.....	91
<i>nortriptyline hcl</i>	22	NUVIGIL.....	3	ONE VITE WOMENS	
NORVASC.....	52	<i>nystatin</i>	27	PRENATALVITAMIN PLUS.....	91
NORVIR.....	48	<i>nystatin (mouth-throat)</i>	86		
NOVA MAX PLUS KETONE					
TESTSTRIPS.....	68				

ONFI.....	16	BOUNDPARTICLES.....	43	<i>penicillin g potassium</i>	100
OPSUMIT.....	53	<i>paliperidone</i>	45	PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE.....	100
ORAPRED ODT.....	57	<i>palonosetron hcl</i>	26	PENICILLIN G PROCAINE.....	100
ORENITRAM.....	53	PALYNZIQ.....	71	<i>penicillin g sodium</i>	100
ORFADIN.....	71	PAMELOR.....	22	<i>penicillin v potassium</i>	100
ORKAMBI.....	104	<i>pamidronate disodium</i>	70	PENTACEL.....	105
<i>orphenadrine citrate</i>	94	PAMIDRONATE DISODIUM.....	70	<i>pentazocine w/ naloxone hcl</i> ..	10
ORTHO MICRONOR.....	56	PANRETIN.....	62	<i>pentoxifylline</i>	76
<i>oseltamivir phosphate</i>	50	<i>pantoprazole sodium</i>	107	PEPCID.....	106
OSMOPREP.....	79	<i>paricalcitol</i>	71	PEPCID AC.....	106
OSPHENA.....	71	PARLODEL.....	44	PEPCID AC MAXIMUM STRENGTH.....	106
OTEZLA.....	5	PARNATE.....	20	PERCOCET.....	9
OTOVEL.....	99	<i>paromomycin sulfate</i>	3	PERFOROMIST.....	14
OVIDE.....	67	<i>paroxetine hcl</i>	21	PERIDEX.....	87
<i>oxacillin sodium</i>	101	PASER.....	36	<i>perindopril erbumine</i>	30
<i>oxaliplatin</i>	37	PATADAY.....	99	PERJETA.....	38
<i>oxandrolone</i>	10	PATANASE.....	94	<i>permethrin</i>	67
<i>oxaprozin</i>	5	PAXIL.....	21	<i>perphenazine</i>	46
<i>oxazepam</i>	12	PAXIL CR.....	21	<i>perphenazine-amitriptyline</i> ..	102
OXBRYTA.....	76	PEDIAPRED.....	57	PERSERIS.....	45
<i>oxcarbazepine</i>	17	PEDIARIX.....	105	PHARMACIST CHOICE ULTRA THIN LANCETS 33G.....	81
OXERVATE.....	97	<i>pediatric multivitamins w/fl</i> ...	87	<i>phenazopyridine hcl</i>	75
<i>oxiconazole nitrate</i>	61	PEDVAX HIB.....	108	<i>phendimetrazine tartrate</i>	2
OXISTAT.....	62	<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>	78	<i>phenelzine sulfate</i>	20
OXSORALEN ULTRA.....	63	<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>	78	PHENERGAN.....	28
<i>oxybutynin chloride</i>	107,108	<i>peg 3350-potassium chloride- sod bicarbonate-sod chloride</i> ..	78	<i>phenobarbital</i>	77
<i>oxycodone hcl</i>	8	PEGASYS.....	49	<i>phenoxybenzamine hcl</i>	30
<i>oxycodone w/ acetaminophen</i> ..	9	PEGINTRON.....	50	<i>phentermine hcl</i>	2
<i>oxymorphone hcl</i>	8	PEMAZYRE.....	41	PHENYTEK.....	19
OZEMPIC.....	24	<i>pemetrexed disodium</i>	37	<i>phenytoin</i>	19
<i>paclitaxel</i>	42	<i> penciclovir</i>	63	<i>phenytoin sodium</i>	19
<i>paclitaxel protein-bound particles</i>	42	<i>penicillamine</i>	85	<i>phenytoin sodium extended</i> ...	19
PACLITAXEL PROTEIN-					

PHEXXI.....	110	POLYTRIM.....	97	<i>prednisolone sodium phosphate</i>	.....57
PHOSLYRA.....	74	POMALYST.....	39	PREDNISOLONE SODIUM	
PHOSPHOLINE IODIDE.....	96	<i>potassium acetate</i>	85	PHOSPHATE.....	98
PHOTOFRIN.....	42	<i>potassium bicarbonate</i>	85	<i>prednisone</i>	57
PICATO.....	62	<i>potassium chloride</i>	85	<i>pregabalin</i>	17,18
PIFELTRO.....	48	POTASSIUM CHLORIDE.....	85	<i>pregabalin (once-daily)</i>	103
<i>pilocarpine hcl</i>	96	<i>potassium chloride in dextrose</i>	.....84	PREGNYL W/DILUENT	
<i>pilocarpine hcl (oral)</i>	87	<i>potassium chloride in dextrose</i>		BENZYLALCOHOL/NACL.....	70
<i>pimecrolimus</i>	66	<i>& sodium chloride</i>	84	PREMARIN.....	73,110
<i>pimozide</i>	103	<i>potassium chloride in nacl</i>	84	PREMIUM CONDOMS	
<i>pindolol</i>	51	<i>potassium chloride</i>		LUBRICATED.....	80
<i>pioglitazone hcl</i>	25	<i>microencapsulated crystals er</i>	85	PREMPHASE.....	72
<i>pioglitazone hcl-glimepiride</i> ...	23	POTASSIUM		PREMPRO.....	72
<i>pioglitazone hcl-metformin hcl</i>	.....23	CHLORIDE/DEXTROSE/LACTATE		PRENATAL.....	91
<i>piperacillin sodium-tazobactam</i>		D RINGERS.....	84	PRENATAL LOW IRON.....	91
<i>sodium</i>	101	POTASSIUM		PRENATAL MULTIVITAMIN.....	91
PIQRAY 200MG DAILY DOSE... 41		CHLORIDE/SODIUM CHLORIDE		PRENATAL ONE DAILY.....	92
PIQRAY 250MG DAILY DOSE... 41		.....	84	PRENATAL PLUS.....	92
PIQRAY 300MG DAILY DOSE... 41		<i>potassium citrate (alkalinizer)</i>	75	PRENATAL PLUS VITAMIN	
<i>pirfenidone</i>	104	<i>potassium phosphates</i>	85	ANDMINERAL.....	92
<i>piroxicam</i>	5	<i>pralatrexate</i>	37	PRENATAL VITAMIN.....	92
PLAN B ONE-STEP.....	56	<i>pramipexole dihydrochloride</i> ..	44	PRENATAL VITAMIN & MINERAL	
PLAQUENIL.....	35	<i>prasugrel hcl</i>	76	.....	92
PLASMA-LYTE A.....	84	PRAVACHOL.....	30	PRENATAL VITAMIN/IRON.....	92
PLASMA-LYTE-148.....	84	<i>pravastatin sodium</i>	30	PRENATAL VITAMINS.....	92
PLAVIX.....	76	<i>praziquantel</i>	11	PRENATAL VITAMINS PLUS LOW	
PLEGRIDY.....	102	<i>prazosin hcl</i>	31	IRON.....	92
PLEGRIDY STARTER PACK....		PRECISION XTRA.....	68	PRENATRIX.....	92
102,103		PRECOSE.....	23	PRENATRYL.....	92
PNEUMOVAX 23.....	108	PRED FORTE.....	98	PREPLUS.....	93
PNEUMOVAX 23/1 DOSE.....	108	PRED MILD.....	98	PREVACID.....	107
<i>podofilox</i>	67	PRED-G.....	98	PREVACID 24HR.....	107
<i>polymyxin b sulfate</i>	34	<i>prednicarbate</i>	66	PREVNAR 13.....	108
<i>polymyxin b-trimethoprim</i>	97	<i>prednisolone</i>	57	PREVNAR 20.....	108
		<i>prednisolone acetate (ophth)</i> .	98	PREZCOBIX.....	48

PREZISTA.....	48	PROVENTIL HFA.....	14	<i>rabeprazole sodium</i>	107
PRIFTIN.....	36	PROVERA.....	101	<i>raloxifene hcl</i>	71
<i>primaquine phosphate</i>	36	PROVIGIL.....	3	<i>ramelteon</i>	78
PRIMAQUINE PHOSPHATE.....	36	PROVISC.....	98	<i>ramipril</i>	30
PRIMAXIN IV.....	34	PROZAC.....	21	RANEXA.....	11
<i>primidone</i>	18	PRUDOXIN.....	62	<i>ranitidine hcl</i>	106
PRINIVIL.....	30	PTS PANELS KETONE TEST.....	68	<i>ranolazine</i>	11
PRISTIQ.....	22	PULMICORT.....	13	RAPAFLO.....	75
PROAIR HFA.....	14	PULMICORT FLEXHALER.....	13	RAPAMUNE.....	86
<i>probenecid</i>	75	PULMOZYME.....	104	<i>rasagiline mesylate</i>	44
<i>procainamide hcl</i>	12	PX PRENATAL MULTIVITAMINS	93	RAZADYNE ER.....	102
PROCARDIA.....	52	<i>pyrazinamide</i>	36	REALITY LATEX CONDOMS/LUBRICATED.....	80
PROCARDIA XL.....	52	PYRIDIDIUM.....	75	REALITY LATEX/ULTRA TEXTURED.....	80
<i>prochlorperazine</i>	46	<i>pyridostigmine bromide</i>	36	REALITY LATEX/ULTRA THIN...	80
<i>prochlorperazine maleate</i>	46	<i>pyrimethamine</i>	36	REBIF.....	103
PROCRIT.....	77	QC PRENATAL.....	93	REBIF REBIDOSE.....	103
PROCTOCORT.....	10	QINLOCK.....	41	REBIF REBIDOSE TITRATIONPACK.....	103
<i>progesterone</i>	101	QUADRACEL.....	105	REBIF TITRATION PACK.....	103
PROGLYCEM.....	24	QUALAQUIN.....	36	RECLAST.....	70
PROGRAF.....	86	QUARTETTE.....	55	RECOMBIVAX HB.....	110
PROLASTIN-C.....	104	QUDEXY XR.....	18	RECTIV.....	10
PROLEUKIN.....	42	QUESTRAN.....	29	REGLAN.....	74
PROLIA.....	70	QUESTRAN LIGHT.....	29	REGRANEX.....	67
PROMACTA.....	77	<i>quetiapine fumarate</i>	45	RELENZA DISKHALER.....	50
<i>promethazine hcl</i>	28	<i>quinapril hcl</i>	30	RELION KETONE TEST STRIPS..	68
PROMETRIUM.....	101	<i>quinapril-hydrochlorothiazide</i>	32	RELION TRUE METRIX BLOODGLUCOSE TEST STRIPS.	68
<i>propafenone hcl</i>	12	<i>quinidine sulfat</i>	12	RELISTOR.....	74
<i>proparacaine hcl</i>	97	<i>quinine sulfat</i>	36	RELPAX.....	83
<i>propranolol hcl</i>	51	QUZYTIR.....	28	REMERON.....	19
<i>propylthiouracil</i>	105	QVAR REDHALER.....	13	REMERON SOLTAB.....	19
PROSCAR.....	75	RA PRENATAL.....	93	RENFLEXIS.....	74
PROTONIX.....	107	RA PRENATAL FORMULA/FOLICACID.....	93		
PROTOPIC.....	67				
<i>protriptyline hcl</i>	22				

REVELA.....	74	RISPERDAL CONSTA.....	45	SAMSCA.....	72
<i>repaglinide</i>	25	<i>risperidone</i>	45	SANDIMMUNE.....	86
REPATHA.....	30	RITALIN.....	3	SANDOSTATIN.....	72
REPATHA PUSHTRONEX SYSTEM	30	RITALIN LA.....	3	SANTYL.....	66
REPATHA SURECLICK.....	30	<i>ritonavir</i>	48	SAPHRIS.....	45
RESECTISOL.....	75	RITUXAN.....	38	<i>sapropterin dihydrochloride</i> ... 71	
RESTASIS.....	97	<i>rivastigmine tartrate</i>	102	SAVELLA.....	102
RESTORIL.....	77	<i>rizatriptan benzoate</i>	83	SAVELLA TITRATION PACK....	102
RETACRIT.....	77	ROBAXIN-750.....	94	<i>scopolamine</i>	26
RETEVMO.....	41	ROBINUL.....	106	SEASONIQUE.....	56
RETIN-A.....	60	ROBINUL FORTE.....	106	SELECT INSULIN SYRINGES.....	82
RETIN-A MICRO.....	60	ROCALTROL.....	71	SELECT LANCETS.....	81,82
RETIN-A MICRO PUMP.....	60	<i>roflumilast</i>	13	<i>selegiline hcl</i>	44
RETROVIR.....	48	<i>romidepsin</i>	41	<i>selenium sulfide</i>	63
RETROVIR IV INFUSION.....	48	<i>ropinirole hydrochloride</i>	44	SELZENTRY.....	48
REVATIO.....	53	<i>rosuvastatin calcium</i>	30	SENSIPAR.....	71
REVLIMID.....	85	ROTARIX.....	110	SEREVENT DISKUS.....	14
REXULTI.....	46	ROTATEQ.....	110	SEROQUEL.....	45,46
REYATAZ.....	48	ROXICODONE.....	8	SEROQUEL XR.....	46
<i>ribavirin (hepatitis c)</i>	50	ROZEREM.....	78	<i>sertraline hcl</i>	21
RIDAURA.....	4	ROZLYTREK.....	41	<i>sevelamer carbonate</i>	74
<i>rifabutin</i>	36	RUBRACA.....	41	SHINGRIX.....	110
RIFADIN.....	36	RUCONEST.....	76	SHUR-SEAL.....	110
<i>rifampin</i>	36	<i>rufinamide</i>	18	SIGNIFOR.....	72
RIGHT STEP PRENATAL.....	93	RUKOBIA.....	48	<i>sildenafil citrate</i>	52
RILUTEK.....	95	RUXIENCE.....	38	<i>sildenafil citrate (pulmonary hypertension)</i>	53
<i>riluzole</i>	95	RUZURGI.....	36	SILENOR.....	77
<i>rimantadine hydrochloride</i>	50	RYTHMOL SR.....	12	<i>silodosin</i>	75
<i>ringer's</i>	84	SABRIL.....	19	SILVADENE.....	63
<i>ringer's irrigation</i>	86	SAFETY SEAL LANCETS 28G....	81	<i>silver sulfadiazine</i>	63
RINVOQ.....	4	SAFETY SEAL LANCETS 30G....	81	SIMBRINZA.....	96
<i>risedronate sodium</i>	70	SAFYRAL.....	56	SIMULECT.....	86
RISPERDAL.....	45	SALAGEN.....	87	<i>simvastatin</i>	30
		<i>salsalate</i>	6		

SINEMET.....	44	IRRIGATION.....	75	SUBOXONE.....	10
SINGULAIR.....	12,13	SORIATANE.....	63	SUBSYS.....	8
<i>sirolimus</i>	86	<i>sotalol hcl</i>	51	SUCRAID.....	68
SIRTURO.....	36	<i>sotalol hcl (afib/af)</i>	51	<i>sucrafate</i>	106
SIVEXTRO.....	34	SOVALDI.....	50	SULAR.....	52
SKELAXIN.....	94	<i>spinosad</i>	67	<i>sulconazole nitrate</i>	62
SKLICE.....	67	SPIRIVA HANDIHALER.....	12	<i>sulfacetamide sodium (acne)</i>	60
SKYRIZI.....	63	SPIRIVA RESPIMAT.....	12	<i>sulfacetamide sodium (ophth)</i>	97
SKYRIZI PEN.....	63	<i>spironolactone</i>	69	<i>sulfacetamide sodium w/ sulfur</i>	60
SLO-NIACIN.....	111	<i>spironolactone &</i> <i>hydrochlorothiazide</i>	69	<i>sulfacetamide sodium-sulfur in</i> <i>urea vehicle</i>	60
SLYND.....	56	SPORANOX.....	27	<i>sulfacetamide sod-prednisolone</i>	98
SM PRENATAL VITAMINS.....	93	SPORANOX PULSEPAK.....	27	<i>sulfadiazine</i>	104
<i>sodium acetate</i>	83	SPRAVATO 56MG DOSE.....	20	<i>sulfamethoxazole-trimethoprim</i>	33
SODIUM ACETATE.....	83	SPRAVATO 84MG DOSE.....	20	SULFAMILYLON.....	63
<i>sodium chloride</i>	85	SPRYCEL.....	41	<i>sulfasalazine</i>	74
<i>sodium chloride (gu irrigant)</i>	75	STALEVO 100.....	44	<i>sulindac</i>	5
<i>sodium chloride (inhalant)</i>	58	STALEVO 125.....	44	SUMADAN WASH.....	60
<i>sodium citrate & citric acid</i>	75	STALEVO 150.....	44	<i>sumatriptan</i>	83
<i>sodium fluoride</i>	84	STALEVO 200.....	44	<i>sumatriptan succinate</i>	83
<i>sodium phenylbutyrate</i>	71	STALEVO 50.....	44	<i>sumatriptan-naproxen sodium</i>	82
<i>sodium polystyrene sulfonate</i>	86	STALEVO 75.....	44	SUMAXIN WASH.....	60
<i>sodium sulfate-potassium</i> <i>sulfate-magnesium sulfate</i>	78	<i>stannous fluoride</i>	87	<i>sunitinib malate</i>	41
SOFOSBUVIR/VELPATASVIR.....	50	STARLIX.....	25	SUNOSI.....	2
<i>solifenacin succinate</i>	108	<i>stavudine</i>	48	SUPRAX.....	54
SOLOSEC.....	3	STELARA.....	63,74	SUPREP BOWEL PREP KIT.....	79
SOLU-CORTEF.....	57	STENDRA.....	52	SUSTIVA.....	48
SOLU-MEDROL.....	57	STIMATE.....	72	SUTENT.....	41
SOMA.....	94	STIVARGA.....	41	SYMBICORT.....	14
SOMATULINE DEPOT.....	72	STRATTERA.....	2	SYMFI.....	49
SOMAVERT.....	70	<i>streptomycin sulfate</i>	3	SYMFI LO.....	49
<i>sorafenib tosylate</i>	41	STRIBILD.....	48		
SORBITOL.....	75	STRIVERDI RESPIMAT.....	14		
SORBITOL/MANNITOL		STROMECTOL.....	11		

SYMLINPEN 120.....	23	TASMAR.....	43	<i>terconazole vaginal</i>	110
SYMLINPEN 60.....	23	<i>tavorole</i>	62	TERIPARATIDE.....	70
SYMTUZA.....	49	TAYTULLA.....	56	TESSALON PERLES.....	58
SYNALAR.....	66	<i>tazarotene</i>	63	<i>testosterone cypionate</i>	10
SYNAREL.....	71	TAZORAC.....	63	TESTOSTERONE CYPIONATE...	10
SYNERA.....	67	TAZVERIK.....	41	<i>testosterone enanthate</i>	10
SYNJARDY.....	23	TDVAX.....	105	TETANUS/DIPHTHERIA	
SYNJARDY XR.....	23	TECFIDERA.....	103	TOXOIDS-ADSORBED ADULT	106
SYNRIBO.....	42	TECFIDERA STARTER PACK..	103	<i>tetrabenazine</i>	102
SYNTHROID.....	105	TEFLARO.....	54	<i>tetracycline hcl</i>	104
SYPRINE.....	85	TEGRETOL.....	18	THALOMID.....	85
TABLOID.....	37	TEGRETOL-XR.....	18	<i>theophylline</i>	14
TABRECTA.....	41	TEGSEDI.....	104	THERANATAL CORE NUTRITION	
TACLONEX.....	66	TEKTURNA.....	33	.....	93
<i>tacrolimus</i>	86	<i>telmisartan</i>	31	<i>thioridazine hcl</i>	46
<i>tacrolimus (topical)</i>	67	<i>telmisartan-amlodipine</i>	32	<i>thiotepa</i>	37
<i>tadalafil</i>	52	<i>telmisartan-hydrochlorothiazide</i>	32	<i>thiothixene</i>	46
<i>tadalafil (pulmonary</i>		.....	32	THYMOGLOBULIN.....	86
<i>hypertension)</i>	53	<i>temazepam</i>	77	THYROGEN.....	67
TAFINLAR.....	41	TEMIXYS.....	49	<i>thyroid</i>	105
<i>tafluprost</i>	99	TEMODAR.....	37	<i>tiagabine hcl</i>	19
TAGAMET HB.....	106	TEMOVATE.....	66	TIBSOVO.....	41
TAGRISSO.....	38	<i>temozolomide</i>	37	TIGAN.....	26
TAKHZYRO.....	76	<i>temsirolimus</i>	41	<i>tigecycline</i>	104
TALZENNA.....	41	TENIPOSIDE.....	43	TIKOSYN.....	12
TAMIFLU.....	50	TENIVAC.....	105	<i>timolol maleate</i>	51
<i>tamoxifen citrate</i>	39	<i>tenofovir disoproxil fumarate</i>	49	<i>timolol maleate (ophth)</i>	96
<i>tamsulosin hcl</i>	75	TENORETIC 100.....	32	TIMOPTIC.....	96
TAPAZOLE.....	105	TENORETIC 50.....	32	TIMOPTIC-XE.....	96
TARCEVA.....	38	TENORMIN.....	51	TIVICAY.....	49
TARGADOX.....	104	TEPADINA.....	37	<i>tizanidine hcl</i>	94
TARGRETIN.....	42,62	<i>terazosin hcl</i>	31	TOBI.....	3
TARKA.....	32	<i>terbinafine hcl</i>	27	TOBRADEX.....	98
TASIGNA.....	41	<i>terbutaline sulfate</i>	14	<i>tobramycin</i>	3

<i>tobramycin (ophth)</i>	97	TRAZIMERA.....	38	<i>trihexyphenidyl hcl</i>	43
<i>tobramycin sulfate</i>	3	<i>trazodone hcl</i>	21	TRIJARDY XR.....	23
<i>tobramycin-dexamethasone</i> ..	98	TREANDA.....	37	TRIKAFTA.....	104
TOBREX.....	97	TRECATOR.....	36	TRILEPTAL.....	18
TODAY SPONGE.....	110	TRELEGY ELLIPTA.....	14	TRILIPIX.....	29
<i>tolbutamide</i>	25	TRELSTAR MIXJECT.....	39	<i>trimethobenzamide hcl</i>	26
<i>tolcapone</i>	43	TREMFYA.....	63	<i>trimethoprim</i>	33
<i>tolmetin sodium</i>	5	<i>treprostinil</i>	53	<i>trimipramine maleate</i>	22
TOLSURA.....	27	TRESIBA.....	25	TRINTELLIX.....	21
<i>tolterodine tartrate</i>	108	TRESIBA FLEXTOUCH.....	25	TRIOSTAT.....	105
<i>tolvaptan</i>	72	<i>tretinoin</i>	60	TRIUMEQ.....	49
TOPAMAX.....	18	<i>tretinoin (chemotherapy)</i>	42	TRIZIVIR.....	49
TOPAMAX SPRINKLE.....	18	<i>tretinoin microsphere</i>	60	<i>tropicamide</i>	96
TOPICORT.....	66	TREXALL.....	38	<i>tropium chloride</i>	108
<i>topiramate</i>	18	TREXIMET.....	82	TRUE METRIX BLOOD GLUCOSETEST STRIPS.....	68
<i>topotecan hcl</i>	43	<i>triamcinolone acetonide</i>	58	TRUE METRIX CONTROL SOLUTION LEVEL 3.....	82
TOPOTECAN HCL.....	43	<i>triamcinolone acetonide</i> <i>(mouth)</i>	87	TRUEPLUS PEN NEEDLES 31GX5MM.....	82
TOPROL XL.....	51	<i>triamcinolone acetonide (nasal)</i>	95	TRUETRACK TEST.....	68
<i>toremifene citrate</i>	39	<i>triamcinolone acetonide</i> <i>(topical)</i>	66	TRULICITY.....	24
TORISEL.....	41	<i>triamcinolone acetonide-</i> <i>dimethicone-silicone</i>	66	TRUMENBA.....	108
<i>toremide</i>	69	<i>triamterene</i>	69	TRUSOPT.....	99
TOVIAZ.....	108	<i>triamterene &</i> <i>hydrochlorothiazide</i>	69	TRUSTEX COLOR CONDOMS + LUBE.....	80
TRACLEER.....	53	<i>triazolam</i>	78	TRUSTEX LUBRICATED.....	80
<i>tramadol hcl</i>	8	TRIBENZOR.....	33	TRUSTEX LUBRICATED EXTRALARGE.....	81
<i>tramadol-acetaminophen</i>	9	TRICARE.....	93	TRUSTEX LUBRICATED EXTRASTRENGTH.....	81
<i>trandolapril</i>	30	TRICOR.....	29	TRUSTEX LUBRICATED/RIBBED/STUDDED	81
<i>trandolapril-verapamil hcl</i>	33	TRIDESILON.....	66	TRUSTEX LUBRICATED/SPERMICIDE.....	81
<i>tranexamic acid</i>	77	<i>trientine hcl</i>	85		
TRANSDERM SCOP.....	26	<i>trifluoperazine hcl</i>	46		
TRANSDERM-SCOP.....	26	<i>trifluridine</i>	97		
TRANXENE T.....	12				
<i>tranlycypromine sulfate</i>	20				
TRAVATAN Z.....	99				
<i>travoprost</i>	99				

TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE.....	81	ULTIGUARD SAFEPACK/MINI PEN NEEDLE/32G X 1/4"/SHARPS CONTAIN.....	82	<i>varenicline tartrate</i>	104
TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH.....	81	ULTRACET.....	9	VARIVAX.....	110
TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED.....	81	ULTRAM.....	8	VARUBI.....	27
TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDD ED.....	81	UNASYN.....	101	VASCEPA.....	29
TRUSTEX/RIA LUBRICATED.....	81	UNASYN BULK PACK.....	101	VASERETIC.....	33
TRUSTEX/RIA LUBRICATED SPERMICIDE.....	81	UPTRAVI.....	53	VASOTEC.....	30
TRUSTEX/RIA LUBRICATED/SPERMICIDE.....	81	UPTRAVI TITRATION PACK.....	53	VAXNEUVANCE.....	108
TRUVADA.....	49	UROCIT-K 10.....	75	VECAMYL.....	33
TRUXIMA.....	38	UROXATRAL.....	75	VECTIBIX.....	38
TUKYSA.....	38	URSO 250.....	73	VECTICAL.....	63
TURALIO.....	41	URSO FORTE.....	73	VELCADE.....	41
TUZISTRA XR.....	58	<i>ursodiol</i>	73	VELETRI.....	53
TWINRIX.....	110	UTIBRON NEOHALER.....	14	VELPHORO.....	74
TWIRLA.....	56	UVADEX.....	42	VELTIN.....	60
TWYNSTA.....	33	VAGIFEM.....	111	VEMLIDY.....	50
TYBLUME.....	56	<i>valacyclovir hcl</i>	50	<i>venlafaxine hcl</i>	22
TYBOST.....	49	VALCYTE.....	49	VENTAVIS.....	53
TYGACIL.....	104	<i>valganciclovir hcl</i>	49	VENTOLIN HFA.....	14
TYKERB.....	41	VALIUM.....	12	<i>verapamil hcl</i>	52
TYMLOS.....	70	<i>valproate sodium</i>	19	VEREGEN.....	60
TYSABRI.....	103	<i>valproic acid</i>	19	VERELAN.....	52
TYVASO.....	53	<i>valrubicin</i>	40	VERELAN PM.....	52
TYVASO REFILL.....	53	<i>valsartan</i>	31	VERZENIO.....	41
TYVASO STARTER.....	53	<i>valsartan-hydrochlorothiazide</i>	33	VESICARE.....	108
UBRELVY.....	82	VALSTAR.....	40	VFEND.....	27
UCERIS.....	10	VALTOCO.....	16	VIAGRA.....	52
ULORIC.....	75	VALTrex.....	50	VIBRAMYCIN.....	105
		VANCOCIN.....	34	VICTOZA.....	24
		<i>vancomycin hcl</i>	34	VIDAZA.....	38
		VANCOMYCIN HYDROCHLORIDE	34	<i>vigabatrin</i>	19
		VAQTA.....	110	VIGAMOX.....	97
				VIIBRYD.....	21
				VIIBRYD STARTER PACK.....	22
				<i>vilazodone hcl</i>	22

VIMPAT.....	18	WIDE-SEAL SILICONE		XPOVIO 80 MG ONCE WEEKLY	
<i>vincristine sulfate</i>	43	DIAPHRAGM KIT 70.....	81	.....	39
<i>vinorelbine tartrate</i>	43	WIDE-SEAL SILICONE		XPOVIO 80 MG TWICE WEEKLY	
VIRACEPT.....	49	DIAPHRAGM KIT 75.....	81	.....	39
VIRAMUNE.....	49	WIDE-SEAL SILICONE		XTAMPZA ER.....	8
VIRAMUNE XR.....	49	DIAPHRAGM KIT 80.....	81	XTANDI.....	39
VIREAD.....	49	WIDE-SEAL SILICONE		XULTOPHY 100/3.6.....	23
VISTARIL.....	11	DIAPHRAGM KIT 85.....	81	XYZAL ALLERGY 24HR.....	28
VISTOGARD.....	26	WIDE-SEAL SILICONE		XYZAL ALLERGY 24HR	
VITAMIN D2.....	111	DIAPHRAGM KIT 90.....	81	CHILDRENS.....	28
VITATHELY/GINGER.....	93	WIDE-SEAL SILICONE		YASMIN 28.....	56
VITRAKVI.....	41	DIAPHRAGM KIT 95.....	81	YAZ.....	56
VIVELLE-DOT.....	73	XALATAN.....	99	YERVOY.....	38
VIZIMPRO.....	38	XALKORI.....	41	YONSA.....	39
VOL-PLUS.....	94	XANAX.....	12	ZADITOR.....	99
VOLTAREN.....	62	XANAX XR.....	12	<i>zafirlukast</i>	13
VORAXAZE.....	42	XARELTO.....	15	<i>zaleplon</i>	78
<i>voriconazole</i>	27	XARELTO STARTER PACK.....	15	ZALTRAP.....	38
VOSEVI.....	50	XELJANZ.....	4	ZANAFLEX.....	94
VOTRIENT.....	41	XELJANZ XR.....	4	ZANOSAR.....	37
VYNDAMAX.....	54	XELODA.....	38	ZARONTIN.....	19
VYNDAQEL.....	54	XENAZINE.....	102	ZARXIO.....	77
VYTORIN.....	29	XEOMIN.....	95	ZAVESCA.....	76
VYVANSE.....	2	XERAVA.....	104	ZEGERID.....	107
<i>warfarin sodium</i>	15	XGEVA.....	70	ZEGERID OTC.....	107
<i>water for irrigation, sterile</i>	86	XIFAXAN.....	33	ZEJULA.....	41
WELCHOL.....	29	XIGDUO XR.....	23	ZELBORAF.....	41
WELLBUTRIN SR.....	20	XOLAIR.....	12	ZEMAIRA.....	104
WELLBUTRIN XL.....	20	XOPENEX.....	14	ZEMPLAR.....	71
WESTAB PLUS.....	94	XOPENEX CONCENTRATE.....	14	ZENPEP.....	68
WIDE-SEAL SILICONE		XOPENEX HFA.....	14	ZERVIAE.....	99
DIAPHRAGM KIT 60.....	81	XOSPATA.....	41	ZESTORETIC.....	33
WIDE-SEAL SILICONE		XPOVIO 100 MG ONCE WEEKLY		ZESTRIL.....	30
DIAPHRAGM KIT 65.....	81	.....	39	ZETIA.....	30
		XPOVIO 60 MG ONCE WEEKLY		ZIAC.....	33
		.....	39		

ZIAGEN.....	49	ZYLOPRIM.....	75
ZIANA.....	60	ZYMAXID.....	97
<i>zidovudine</i>	49	ZYPREXA.....	46
ZIEXTENZO.....	77	ZYPREXA ZYDIS.....	46
<i>zileuton</i>	13	ZYRTEC ALLERGY.....	28
ZIOPTAN.....	99	ZYRTEC-D	
<i>ziprasidone hcl</i>	44	ALLERGY/CONGESTION.....	58
ZIRABEV.....	38	ZYTIGA.....	39
ZIRGAN.....	97	ZYVOX.....	34
ZITHROMAX.....	79		
ZITHROMAX TRI-PAK.....	79		
ZITHROMAX Z-PAK.....	79		
ZOCOR.....	30		
ZOFRAN.....	26		
ZOHYDRO ER.....	8		
ZOLADEX.....	39		
<i>zoledronic acid</i>	70		
ZOLINZA.....	41		
<i>zolmitriptan</i>	83		
ZOLOFT.....	21		
<i>zolpidem tartrate</i>	78		
ZOMIG.....	83		
ZOMIG ZMT.....	83		
ZONALON.....	62		
ZONEGRAN.....	18		
<i>zonisamide</i>	18		
ZONTIVITY.....	76		
ZORBTIVE.....	70		
ZORTRESS.....	86		
ZOVIRAX.....	50,63		
ZYCLARA.....	66		
ZYCLARA PUMP.....	66		
ZYDELIG.....	42		
ZYLET.....	98		

