



# 2024 Formulary

Effective January 1, 2024



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

# 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 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 off amount.

## FORMULARY BY HEALTH BENEFIT PLAN

<b>Plan</b>	<b>Formulary</b>	<b>Summary of Benefits and Coverage</b>
Ambetter Virtual Access Gold (2024)	Standard Formulary	<a href="https://ambetter.superiorhealthplan.com/2024-brochures.html">https://ambetter.superiorhealthplan.com/2024-brochures.html</a>
Ambetter Virtual Access Gold \$0 Deductible (2024)	Standard Formulary	<a href="https://ambetter.superiorhealthplan.com/2024-brochures.html">https://ambetter.superiorhealthplan.com/2024-brochures.html</a>
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## DRUG BY COST-SHARING TIER

Tier	Percent of drugs in each cost-sharing tier:
0	5.68%
1a	4.89%
1b	77.32%
2	1.26%
3	3.58%
4	7.27%

## HOW PRESCRIPTION DRUGS ARE COVERED UNDER THE PLAN

### A. FORMULARY COMPOSITION:

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 monthly.

### B. RIGHT TO APPEAL

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

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 receiving 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

We provide coverage for off-label drugs 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:

- a. Use must be diagnosis specific as defined by ICD-10 code AND
- b. 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

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 prescriber, 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 steps below:

- a. Determine the tier that the drug/product you are filling is listed under by consulting the Formulary.
- b. 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.
- c. If you have not met your deductible, you will be responsible for the full cost of the drug until you meet your deductible.
- d. 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.
- e. To determine the cost for co-insurance drugs/products, please utilize our online drug search tool. Please see section: "HOW TO FIND INFORMATION ON THE COST OF PRESCRIPTION DRUGS" above.

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.

Your cost share for maintenance medication obtained through either Mail Order or at retail pharmacies participating in our Extended Day's 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 days 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. Some benefit designs may offer lower copays or co-insurance for 61 but less than 91 day supply at Mail Order. Please consult your Summary of Benefit and Coverage (SBC) for further details.

#### D. MEDICAL MANAGEMENT REQUIREMENTS

**Prior Authorization (PA)** – Drugs that have PA indication on the formulary require Prior Authorization. You or your provider must request an authorization from us to use this drug/product prior to filling a prescription for the drug/product.

**Step Therapy (ST)** - Drugs that have a ST indication on the formulary require that you try and fail other formulary products before you can obtain drug/product. When you 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.

**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 exception will be processed under our Off-Label policy.

**Non-Formulary Drugs** – Drugs not found on this formulary are considered non-formulary drugs. To obtain non-formulary drugs your provider would have to submit a regular Prior Authorization request. All request for Non-Formulary Drugs will be reviewed under our Non-Formulary Drug Request Policy.



## STANDARD FORMULARY

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

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

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

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

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

### Prior Authorization for Non-Formulary Drugs

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

### Formulary Abbreviations:

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

### Opioid Medications:

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



# Introducción al Formulario

## RESUMEN DE BENEFICIOS DEL FORMULARIO

La información de este documento está diseñada para ayudarlo a comprender los beneficios de medicamentos recetados que ofrece este plan y a comparar esos beneficios con los que ofrecen otros planes. La información contenida en este resumen está diseñada para ayudarlo a comparar tanto el valor como el alcance de los beneficios del Formulario.

## CÓMO ENCONTRAR INFORMACIÓN SOBRE EL COSTO DE LOS MEDICAMENTOS RECETADOS

Para encontrar el costo de su medicamento recetado, ingrese a <https://ambetter.superiorhealthplan.com/resources/pharmacy-resources.html>. En la herramienta de Costo del medicamento, seleccione el plan del cual participa (o tiene previsto participar) e introduzca los medicamentos que está tomando. La herramienta le brindará un costo aproximado de sus medicamentos recetados y el costo real permitido para los productos de marca. Si el costo total del medicamento es inferior al copago que le correspondería pagar en ese nivel, sólo será responsable del monto inferior.

## FORMULARIO POR PLAN DE BENEFICIOS DE SALUD

<b>Plan</b>	<b>Formulario</b>	<b>Resumen de beneficios y cobertura</b>
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## MEDICAMENTO POR NIVEL DE COSTO COMPARTIDO

Nivel	Porcentaje de medicamentos en cada nivel de costo compartido:
0	5.68 %
1a	4.89 %
1b	77.32 %
2	1.26 %
3	3.58 %
4	7.27 %

## CÓMO CUBRE EL PLAN LOS MEDICAMENTOS RECETADOS

### A. COMPOSICIÓN DEL FORMULARIO:

El Formulario de Ambetter se guía por los principios de ofrecer el mayor acceso posible a medicamentos al costo más bajo. Con esto en mente, comenzamos con el punto de referencia obligatorio de la Ley de Cuidado de Salud Asequible. Luego revisamos el Formulario para agregar otros medicamentos clínicamente necesarios y adecuados. El Formulario de Ambetter se considera un formulario cerrado. Esto significa que cualquier medicamento que no esté en el Formulario requiere una autorización previa. Para asegurarnos de que nuestros miembros tengan acceso a medicamentos apropiados, revisamos y actualizamos nuestro Formulario mensualmente.

### B. DERECHO A APELAR

Si denegamos su solicitud de autorización previa, usted cuenta con 180 días a partir de que hayamos denegado la cobertura de un medicamento para presentar una apelación, y su apelación se resolverá en un plazo de 30 días. En caso de que su apelación prospere, los medicamentos no especializados y no incluidos en el Formulario se cubrirán al costo compartido de su nivel 3 (copago o coseguro) y los medicamentos de especialidad no incluidos en el Formulario se cubrirán al costo compartido de su nivel 4 (copago o coseguro). Consulte su Resumen de beneficios y cobertura individual para obtener información adicional sobre su costo compartido. Todas las otras disposiciones de su beneficio, como los deducibles y los gastos de bolsillo máximos, se aplican a los medicamentos del Formulario y no incluidos en el Formulario que hayan sido brindados a través de una apelación.

### C. CONTINUACIÓN DE COBERTURA

Ambetter no hace cambios en su Formulario que requieran una continuación de cobertura. Sin embargo, si se hace un cambio en el Formulario que requiera una continuación de cobertura, usted tendrá derecho a continuar recibiendo el medicamento al nivel o grado de cobertura en el que estaba cubierto al comienzo del año del plan, hasta que su plan se renueve.

### D. USO DE MEDICAMENTOS FUERA DE LO INDICADO

Brindamos cobertura para el uso de medicamentos fuera de lo indicado. Uso fuera de lo indicado es el uso de medicamentos que no han sido aprobados por la FDA para esa condición. La cobertura de un producto bajo la política de uso fuera de lo indicado requiere que se cumplan los siguientes requisitos:

- a. El uso debe ser específico para el diagnóstico según lo definido por el código ICD-10.
- b. El uso fuera de lo indicado debe estar respaldado por un estudio multicéntrico importante o tres estudios más pequeños publicados en una revista médica acreditada, una revista médica especializada revisada por pares o citada en compendios prestigiosos.

#### E. COSTO COMPARTIDO

El costo compartido es su participación monetaria en su atención médica. Deberá conocer algunos puntos para determinar el costo compartido que le corresponde. Conocer los siguientes elementos lo ayudará a estimar el costo del que será responsable en un momento dado: qué parte del deducible ya ha pagado, cuánto le queda de deducible, qué medicamento le han recetado y la cantidad máxima que puede pagar de su bolsillo. Todos estos datos, a excepción del nivel, se pueden obtener en el Resumen de beneficios y cobertura (ver los enlaces anteriores). Para obtener información del nivel de su medicamento, consulte el Formulario. Para determinar su costo compartido, siga los siguientes pasos:

- a. Consulte el Formulario para determinar el nivel en el que figura el medicamento o producto que está surtiendo.
- b. Una vez que haya determinado el nivel, utilice el Resumen de beneficios y cobertura (SBC) para determinar qué costo compartido se aplicará a su medicamento o producto seleccionado.
- c. Si no ha alcanzado su deducible, será responsable del costo total del medicamento hasta que alcance el deducible.
- d. Si ha alcanzado su deducible pero no su gasto de bolsillo máximo, le cobrarán un copago por medicamentos que tengan un copago asignado según su SBC y un coseguro por medicamentos que tengan un coseguro asignado en su SBC. Por lo general, pagará un (1) copago por cada suministro de medicamentos para 30 días. Se cobrarán dos copagos por el suministro para 2 meses y tres copagos por el suministro para 3 meses de sus medicamentos respectivamente.
- e. Para determinar el costo de medicamentos o productos de coseguro, utilice nuestra herramienta de búsqueda de medicamentos en línea. Consulte la sección: “CÓMO ENCONTRAR INFORMACIÓN SOBRE EL COSTO DE LOS MEDICAMENTOS RECETADOS” anterior.

Tenga presente que los reclamos de farmacia solo se procesarán si presenta su receta en una farmacia de la red. Los reclamos fuera de la red no estarán cubiertos. Para encontrar una farmacia de la red cercana a usted, consulte nuestra herramienta Find a Provider (Encuentre un proveedor) disponible en nuestro sitio web bajo Recursos de farmacia.

Su costo compartido de los medicamentos de mantenimiento obtenidos a través de pedidos por correo o en las farmacias minoristas que participan en nuestra red de suministro de día extendido se calculará basado en el suministro diario que obtenga. Por un suministro de hasta 30 días le cobrarán un (1) copago o coseguro; por un suministro de 31-60 días usted será responsable de hacer dos (2) copagos o coseguros, y por un suministro de más de 60 días pero menos de 91 le cobrarán tres (3) copagos o coseguros. Algunos diseños de beneficios pueden ofrecer copagos o coseguros más bajos para el suministro de 61 días pero menos de 91 en la venta por correo. Consulte su Resumen de beneficios y cobertura (SBC) para conocer más detalles.

#### D. REQUISITOS DE ADMINISTRACIÓN MÉDICA

**Autorización previa (PA):** Los medicamentos que tienen una indicación PA en el Formulario requieren autorización previa. Usted o su proveedor deben solicitarnos una autorización para usar este medicamento o producto antes de surtir una receta para el producto o medicamento.

**Terapia escalonada (ST):** Los medicamentos que tienen una indicación ST en el Formulario requieren que usted pruebe y fracase con otros productos del Formulario antes de poder obtener el medicamento o producto. Cuando su proveedor considera que no es adecuado para usted probar otro producto, su proveedor o usted pueden presentar una autorización previa regular para obtener el medicamento o producto de terapia escalonada.

**Límite de cantidad (QL):** Los medicamentos que tienen una indicación QL en el Formulario están limitados a la cantidad indicada. Esos límites de cantidad se basan en las dosis máximas aprobadas por la FDA. Si su proveedor desea solicitar una excepción a esos límites, puede presentar una solicitud de autorización previa. Todas las solicitudes de excepción de límite de cantidad se procesarán bajo nuestra política de medicamentos fuera de lo indicado.

**Medicamentos fuera del Formulario:** Los medicamentos que no figuran en este Formulario se consideran medicamentos fuera del Formulario. Para obtener estos medicamentos, su proveedor debe presentar una solicitud de autorización previa regular. Todas las solicitudes de medicamentos fuera del Formulario serán revisadas bajo nuestra política de solicitud de medicamentos fuera del Formulario.

## FORMULARIO ESTÁNDAR

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

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

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

### **Clave de la lista de medicamentos:**

Los medicamentos de marca aparecen en MAYÚSCULAS y los medicamentos genéricos aparecen en minúsculas. Los medicamentos están cubiertos por diferentes niveles de copago en función de su beneficio:

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



### **Autorización previa para medicamentos no incluidos en el Formulario**

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

### **Abreviaturas del Formulario:**

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

### **Medicamentos opioides:**

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

Drug Name	Drug Tier	Requirements/Limits
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders</b>		
<b>Amphetamines</b>		
<i>amphetamine sulfate TABS</i>	3	PA
<i>amphetamine-dextroamphetamine CP24 1.25 MG-1.25 MG-1.25 MG-1.25 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG</i>	1B	QL(1 ea daily)
<i>amphetamine-dextroamphetamine CP24 3.75 MG-3.75 MG-3.75 MG-3.75 MG</i>	1B	
<i>amphetamine-dextroamphetamine CP24 5 MG-5 MG-5 MG-5 MG, 6.25 MG-6.25 MG-6.25 MG-6.25 MG, 7.5 MG-7.5 MG-7.5 MG-7.5 MG</i>	1B	QL(2 ea daily)
<i>amphetamine-dextroamphetamine TABS 1.25 MG-1.25 MG-1.25 MG-1.25 MG, 1.875 MG-1.875 MG-1.875 MG-1.875 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG, 3.125 MG-3.125 MG-3.125 MG-3.125 MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG, 5 MG-5 MG-5 MG-5 MG</i>	1B	QL(3 ea daily)
<i>amphetamine-dextroamphetamine TABS 7.5 MG-7.5 MG-7.5 MG-7.5 MG</i>	1B	QL(2 ea daily)
<i>dextroamphetamine sulfate CP24 5 MG</i>	1B	
<i>dextroamphetamine sulfate CP24 10 MG, 15 MG</i>	1B	QL(4 ea daily)
<i>dextroamphetamine sulfate TABS 5 MG, 10 MG</i>	1B	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>dextroamphetamine sulfate TABS 2.5 MG, 7.5 MG, 15 MG, 20 MG, 30 MG</i>	1B	
<i>lisdexamfetamine dimesylate CAPS</i>	1B	QL(1 ea daily); ST
<i>lisdexamfetamine dimesylate CHEW</i>	1B	QL(1 ea daily); ST
<i>methamphetamine hcl</i>	1B	QL(5 ea daily); AL(At least 6 yrs old)
VYVANSE CAPS	3	QL(1 ea daily); ST
<b>Anorexiants Non-Amphetamine</b>		
<i>phendimetrazine tartrate TABS</i>	1B	PA
<i>phentermine hcl CAPS</i>	1B	PA
<b>Anti-Obesity Agents</b>		
CONTRAVE	3	QL(4 ea daily); PA
<b>Attention-Deficit/Hyperactivity Disorder (ADHD) Agents</b>		
<i>atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG</i>	1B	QL(2 ea daily); AL(At least 6 yrs old)
<i>atomoxetine hcl 60 MG, 80 MG, 100 MG</i>	1B	QL(1 ea daily); AL(At least 6 yrs old)
<i>clonidine hcl (adhd) TB12</i>	1B	
<i>guanfacine hcl (adhd)</i>	1B	QL(1 ea daily); AL(At least 6 yrs old)
<b>Dopamine and Norepinephrine Reuptake Inhibitors (DNRIs)</b>		
SUNOSI 150 MG	3	QL(1 ea daily); PA
SUNOSI 75 MG	3	QL(2 ea daily); PA
<b>Stimulants - Misc.</b>		
<i>armodafinil</i>	1B	QL(1 ea daily); AL(At least 17 yrs old); PA

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Drug Name	Drug Tier	Requirements/Limits
<i>dexmethylphenidate hcl CP24</i>	1B	QL(1 ea daily)
<i>dexmethylphenidate hcl TABS</i>	1B	QL(2 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl CHEW 2.5 MG</i>	1B	QL(2 ea daily)
<i>methylphenidate hcl CHEW 10 MG</i>	1B	QL(5 ea daily)
<i>methylphenidate hcl CHEW 5 MG</i>	1B	QL(6 ea daily)
<i>methylphenidate hcl CP24</i>	1B	
<i>methylphenidate hcl CP24 10 MG, 60 MG</i>	1B	QL(1 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl CP24 20 MG, 40 MG</i>	1B	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 SOLN</i>	1B	QL(30 ml daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TABS 10 MG, 20 MG</i>	1B	QL(5 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TABS 5 MG</i>	1B	QL(6 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TB24 18 MG, 27 MG</i>	1B	QL(1 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TB24 36 MG, 54 MG</i>	1B	QL(2 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TBCR 36 MG, 54 MG</i>	1B	QL(2 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TBCR 18 MG, 27 MG</i>	1B	QL(1 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TBCR 10 MG, 20 MG</i>	1B	QL(3 ea daily); AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate PTCH</i>	1B	QL(1 ea daily); PA
<i>modafinil 100 MG</i>	1B	QL(1 ea daily); PA
<i>modafinil 200 MG</i>	1B	QL(2 ea daily); PA
<b>ALLERGENIC EXTRACTS/BIOLOGICALS MISC</b>		
Allergenic Extracts		
GRASTEK SUBL	3	PA
<b>AMEBICIDES</b>		
Amebicides		
SOLOSEC	3	PA
<b>AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections</b>		
Aminoglycosides		
<i>amikacin sulfate SOLN 1 GM/4ML, 500 MG/2ML</i>	1B	
ARIKAYCE	4	PA
<i>gentamicin in saline 0.8 MG/ML-0.9 %, 1 MG/ML-0.9 %, 1.2 MG/ML-0.9 %, 1.6 MG/ML-0.9 %</i>	1B	
<i>gentamicin sulfate IJ 40 MG/ML, 80 MG/2ML</i>	1B	
<i>neomycin sulfate TABS</i>	1B	
<i>streptomycin sulfate SOLR</i>	3	
<i>tobramycin sulfate SOLN IJ 10 MG/ML, 40 MG/ML, 80 MG/2ML</i>	1B	
<i>tobramycin NEBU 300 MG/5ML</i>	4	QL(280 ml per 56 day(s) retail; 280 ml per 56 days mail); PA
<b>ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions</b>		
Antirheumatic - Enzyme Inhibitors		
RINVOQ TB24	4	QL(1 ea daily); PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
XELJANZ XR TB24	4	QL(1 ea daily); PA	HADLIMA SOSY 40 MG/0.4ML	4	QL(0.086 ml daily); PA
XELJANZ SOLN	4	QL(20 ml daily); PA	HADLIMA SOSY 40 MG/0.8ML	4	QL(0.172 ml daily); PA
XELJANZ TABS 10 MG	4	QL(2 ea daily); PA	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML	4	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA
XELJANZ TABS 5 MG	4	QL(2 ea daily); SP; PA	HUMIRA PEN AJKT SC 40 MG/0.4ML, 40 MG/0.8ML	4	QL(0.143 ea daily); PA
Antirheumatic Antimetabolites			HUMIRA PEN AJKT SC 80 MG/0.8ML	4	QL(0.072 ea daily); PA
METHOTREXATE	4	QL(1.714 ea daily); SP; PA	HUMIRA PEN-CD/UC/HS STARTER AJKT SC	4	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA
Anti-TNF-alpha - Monoclonal Antibodies			HUMIRA PEN-PEDIATRIC UC STARTER PACK AJKT SC	4	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA
ADALIMUMAB-ADAZ SOAJ	4	QL(0.086 ml daily); PA	HUMIRA PEN-PS/UV STARTER AJKT SC	4	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA
ADALIMUMAB-ADAZ SOSY	4	QL(0.086 ml daily); PA	HUMIRA PSKT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	4	QL(0.143 ea daily); PA
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS AJKT 40 MG/0.4ML	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA	SIMPONI ARIA SOLN	4	PA
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS AJKT 40 MG/0.8ML	4	QL(0.215 ea daily); PA	Gold Compounds		
CYLTEZO STARTER PACKAGE FOR PSORIASIS/UVEITIS AJKT	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA	RIDAURA	3	QL(3 ea daily)
CYLTEZO STARTER PACKAGE FOR PSORIASIS AJKT	4	QL(0.143 ea daily); PA	Interleukin-1 Blockers		
CYLTEZO AJKT 40 MG/0.4ML	4	QL(0.072 ea daily); PA	ARCALYST	4	QL(0.286 ea daily); SP; PA
CYLTEZO AJKT 40 MG/0.8ML	4	QL(0.215 ea daily); PA	Interleukin-6 Receptor Inhibitors		
CYLTEZO PSKT 20 MG/0.4ML, 40 MG/0.8ML	4	QL(0.215 ea daily); PA			
CYLTEZO PSKT 10 MG/0.2ML, 40 MG/0.4ML	4	QL(0.072 ea daily); PA			
HADLIMA PUSHTOUCH SOAJ 40 MG/0.4ML	4	QL(0.086 ml daily); PA			
HADLIMA PUSHTOUCH SOAJ 40 MG/0.8ML	4	QL(0.172 ml daily); PA			

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Drug Name	Drug Tier	Requirements/Limits
KEVZARA SOAJ	4	QL(0.082 ml daily); PA
KEVZARA SOSY	4	QL(0.082 ml daily); PA
<b>Nonsteroidal Anti-inflammatory Agents (NSAIDs)</b>		
<i>celecoxib</i>	1B	QL(2 ea daily)
<i>diclofenac potassium TABS 50 MG</i>	1B	
<i>diclofenac sodium TB24 100 MG</i>	1B	
<i>diclofenac sodium TBEC</i>	1B	
<i>diclofenac w/ misoprostol TBEC</i>	1B	
<i>etodolac CAPS</i>	1B	
<i>etodolac TABS</i>	1B	
<i>fenoprofen calcium TABS</i>	1B	QL(4 ea daily); ST
<i>flurbiprofen TABS</i>	1B	
<i>ibuprofen SUSP 100 MG/5ML</i>	1B	RX/OTC
<i>ibuprofen TABS 400 MG, 600 MG</i>	1A	
<i>ibuprofen TABS 800 MG</i>	1B	
<i>indomethacin CAPS 25 MG, 50 MG</i>	1B	
<i>indomethacin CPR</i>	1B	
<i>ketoprofen CAPS 50 MG</i>	1B	
<i>ketorolac tromethamine TABS</i>	1B	QL(0.667 ea daily)
<i>meclofenamate sodium CAPS</i>	1B	
<i>mefenamic acid CAPS</i>	1B	Must try ibuprofen. ; QL(5 ea daily); ST
<i>meloxicam TABS 7.5 MG, 15 MG</i>	1A	QL(1 ea daily)
<i>nabumetone</i>	1B	
<i>naproxen sodium TABS 550 MG</i>	1B	
<i>naproxen SUSP</i>	1B	PA
<i>naproxen TABS</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>naproxen TBEC 500 MG</i>	1B	QL(3 ea daily)
<i>oxaprozin TABS</i>	1B	
<i>piroxicam CAPS</i>	1B	
<i>sulindac TABS</i>	1B	
<i>tolmetin sodium CAPS</i>	1B	
<i>tolmetin sodium TABS 600 MG</i>	1B	
<b>Phosphodiesterase 4 (PDE4) Inhibitors</b>		
OTEZLA TABS	4	QL(2 ea daily); PA
OTEZLA TBPK	4	1 package(s) per 180 day(s) retail; PA
OTEZLA TBPK	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA
<b>Pyrimidine Synthesis Inhibitors</b>		
<i>leflunomide</i>	1B	QL(1 ea daily)
<b>Soluble Tumor Necrosis Factor Receptor Agents</b>		
ENBREL MINI SOCT	4	QL(0.146 ml daily); PA
ENBREL SURECLICK SOAJ	4	QL(0.146 ml daily); PA
ENBREL SOLN	4	QL(0.146 ml daily); PA
ENBREL SOSY 50 MG/ML	4	QL(0.286 ml daily); SP; PA
ENBREL SOSY 25 MG/0.5ML	4	QL(0.146 ml daily); PA
<b>ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions</b>		
<b>Analgesic Combinations</b>		
<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG</i>	1B	QL(6 ea daily)
<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG</i>	1B	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>	1B	QL(6 ea daily)	<i>hydromorphone hcl TABS</i>	1B	New starts limited to 7 day supply; QL(8 ea daily)
<i>butalbital-acetaminophen TABS 50 MG-325 MG</i>	1B	QL(6 ea daily)	<i>hydromorphone hcl TB24 32 MG</i>	1B	QL(1 ea daily); PA
<i>butalbital-aspirin-caffeine CAPS</i>	1B	QL(4 ea daily)	<i>hydromorphone hcl TB24 8 MG, 12 MG, 16 MG</i>	1B	QL(2 ea daily); PA
<b>Salicylates</b>			<i>levorphanol tartrate TABS 2 MG</i>	1B	New starts limited to 7 day supply
<i>aspirin CHEW</i>	0	AL(At least 45 yrs old - Up to 79 yrs old)	<i>meperidine hcl SOLN IJ 25 MG/ML, 50 MG/ML, 100 MG/ML</i>	1B	
<i>aspirin TABS 325 MG</i>	0	AL(At least 45 yrs old - Up to 79 yrs old)	<i>meperidine hcl SOLN OR 50 MG/5ML</i>	1B	New starts limited to 7 day supply; QL(500 ml per fill retail)
<i>aspirin TBEC 325 MG</i>	1A		<i>meperidine hcl TABS 50 MG</i>	1B	New starts limited to 7 day supply; QL(6 ea daily)
<i>aspirin TBEC 81 MG</i>	0	AL(At least 45 yrs old - Up to 79 yrs old)	<i>methadone hcl CONC</i>	1B	QL(10 ml daily)
<i>diflunisal TABS</i>	1B		<i>methadone hcl SOLN OR 5 MG/5ML</i>	1B	QL(100 ml daily)
<i>salsalate</i>	1B		<i>methadone hcl SOLN IJ 10 MG/ML</i>	1B	
<b>ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions</b>			<i>methadone hcl SOLN OR 10 MG/5ML</i>	1B	QL(50 ml daily)
<b>Opioid Agonists</b>			<i>METHADONE HCL SOLN IJ</i>	1B	
<i>codeine sulfate TABS 30 MG</i>	1B	New starts limited to 7 day supply	<i>methadone hcl TABS 10 MG</i>	1B	QL(10 ea daily)
<b>CODEINE SULFATE TABS</b>	1B	New starts limited to 7 day supply	<i>methadone hcl TABS 5 MG</i>	1B	QL(4 ea daily)
<i>fentanyl citrate LPOP 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1200 MCG, 1600 MCG</i>	1B	QL(4 ea daily); PA	<i>methadone hcl TBSO</i>	1B	QL(2 ea daily)
<i>fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR</i>	1B	QL(0.34 ea daily)	<i>morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG</i>	1B	QL(2 ea daily); PA
<i>hydromorphone hcl LIQD</i>	1B	New starts limited to 7 day supply	<i>morphine sulfate SOLN OR 20 MG/5ML</i>	1B	New starts limited to 7 day supply; QL(50 ml daily)
<i>hydromorphone hcl SOLN IJ 10 MG/ML, 50 MG/5ML, 500 MG/50ML</i>	1B				



Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate SOLN OR 10 MG/5ML</i>	1B	New starts limited to 7 day supply; QL(100 ml daily)	<i>acetaminophen w/ codeine SOLN</i>	1A	New starts limited to 7 day supply; QL(75 ml daily)
<i>morphine sulfate SOLN IJ 0.5 MG/ML, 1 MG/ML</i>	1B		<i>acetaminophen w/ codeine TABS 30 MG-300 MG</i>	1A	New starts limited to 7 day supply; QL(12 ea daily)
<i>morphine sulfate TABS</i>	1B	New starts limited to 7 day supply; QL(6 ea daily)	<i>acetaminophen w/ codeine TABS 15 MG-300 MG</i>	1B	New starts limited to 7 day supply; QL(13 ea daily)
<i>morphine sulfate TBCR 15 MG, 30 MG, 60 MG, 100 MG, 200 MG</i>	1B	QL(2 ea daily)	<i>acetaminophen w/ codeine TABS 60 MG-300 MG</i>	1B	New starts limited to 7 day supply; QL(6 ea daily)
NUCYNTA ER TB12	2	QL(2 ea daily); PA	<i>acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG</i>	1B	New starts limited to 7 day supply
NUCYNTA TABS	2	QL(6 ea daily); PA	<i>acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG</i>	3	New starts limited to 7 day supply; PA
<i>oxycodone hcl T12A 10 MG, 20 MG, 40 MG, 80 MG</i>	3	QL(2 ea daily); PA	<i>butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG</i>	1B	New starts limited to 7 day supply; QL(6 ea daily)
<i>oxycodone hcl TABS 5 MG, 10 MG, 15 MG, 20 MG, 30 MG</i>	1B	New starts limited to 7 day supply; QL(12 ea daily)	<i>butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG</i>	1B	New starts limited to 7 day supply
<i>oxymorphone hcl TABS</i>	1B	QL(12 ea daily); PA	<i>butalbital-aspirin-caffeine w/cod</i>	1B	New starts limited to 7 day supply; QL(6 ea daily)
<i>oxymorphone hcl TB12 40 MG</i>	1B	QL(4 ea daily); PA	<i>hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML</i>	1B	New starts limited to 7 day supply; QL(180 ml daily)
<i>oxymorphone hcl TB12 5 MG, 7.5 MG, 10 MG, 15 MG, 20 MG, 30 MG</i>	1B	QL(2 ea daily); PA	<i>hydrocodone-acetaminophen SOLN</i>	1B	New starts limited to 7 day supply
SUBSYS LIQD 200 MCG, 400 MCG, 600 MCG	3	QL(4 ea daily); PA	<i>hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	1B	New starts limited to 7 day supply; QL(12 ea daily)
SUBSYS LIQD 100 MCG	3	QL(3 ea daily); PA			
SUBSYS LIQD 800 MCG, 1200 MCG, 1600 MCG	3	QL(8 ea daily); PA			
<i>tramadol hcl TABS 50 MG</i>	1A	New starts limited to 7 day supply; QL(8 ea daily)			
<i>tramadol hcl TB24</i>	1B	QL(1 ea daily)			
XTAMPZA ER	2	QL(2 ea daily); PA			
Opioid Combinations					

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG</i>	1B	New starts limited to 7 day supply; QL(13 ea daily)
<i>hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG</i>	1B	PA
<i>hydrocodone-ibuprofen 7.5 MG-200 MG</i>	1B	New starts limited to 7 day supply; QL(5 ea daily)
<i>oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	1B	New starts limited to 7 day supply; QL(12 ea daily)
<i>oxycodone w/ acetaminophen TABS 325 MG-2.5 MG</i>	1B	New starts limited to 7 day supply; QL(13 ea daily)
<i>tramadol-acetaminophen</i>	1B	New starts limited to 7 day supply; QL(8 ea daily)
<b>Opioid Partial Agonists</b>		
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG</i>	1B	QL(2 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG</i>	1B	QL(3 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate SUBL</i>	1B	QL(3 ea daily)
<i>buprenorphine hcl SOLN</i>	1B	
<i>buprenorphine hcl SUBL</i>	1B	QL(3 ea daily)
<i>buprenorphine PTWK</i>	1B	QL(0.143 ea daily); PA
<i>butorphanol tartrate NA 10 MG/ML</i>	1B	QL(0.34 ml daily); PA
<i>butorphanol tartrate IJ 1 MG/ML, 2 MG/ML</i>	1B	
<i>nalbuphine hcl</i>	1B	QL(8 ml daily)

Drug Name	Drug Tier	Requirements/Limits
<i>pentazocine w/ naloxone hcl</i>	1B	New starts limited to 7 day supply
<b>ANDROGENS-ANABOLIC - Drugs to Regulate Hormones</b>		
<b>Anabolic Steroids</b>		
<i>oxandrolone</i>	1B	
<b>Androgens</b>		
<i>ANDRODERM PT24 2 MG/24HR, 4 MG/24HR</i>	2	QL(1 ea daily); PA
<i>danazol CAPS</i>	1B	
<i>METHITEST TABS</i>	3	
<i>testosterone cypionate SOLN IM 100 MG/ML, 200 MG/ML</i>	1B	
<i>TESTOSTERONE CYPIONATE SOLN IJ 200 MG/ML</i>	1B	
<i>testosterone enanthate SOLN IM</i>	1B	
<b>ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching</b>		
<b>Intrarectal Steroids</b>		
<i>budesonide (intrarectal)</i>	4	QL(3.2 gm daily); PA
<i>hydrocortisone (intrarectal)</i>	1B	
<i>UCERIS (budesonide (intrarectal))</i>	4	QL(3.2 gm daily); PA
<b>Rectal Steroids</b>		
<i>hydrocortisone (rectal) EX</i>	1B	RX/OTC
<i>hydrocortisone acetate (rectal)</i>	1B	
<b>Vasodilating Agents</b>		
<i>nitroglycerin (intra-anal)</i>	1B	QL(2 gm daily)
<i>RECTIV (nitroglycerin (intra-anal))</i>	3	QL(2 gm daily)
<b>ANTHELMINTICS - Drugs to Treat Worm</b>		

Drug Name	Drug Tier	Requirements/Limits
<b>Infections</b>		
<b>Anthelmintics</b>		
<i>albendazole</i>	1B	PA
EMVERM CHEW	2	QL(2 ea daily; 6 ea per fill retail; 6 per fill mail); 1 max fill(s) per 60 day(s) retail; 1 max fill(s) per 60 day(s) mail
<i>ivermectin</i>	1B	QL(9 ea per fill retail; 9 per fill mail); 1 max fill(s) per 75 day(s) retail; 1 max fill(s) per 75 day(s) mail
<i>praziquantel</i>	1B	PA
<b>ANTIANGINAL AGENTS - Drugs to Treat Chest Pain</b>		
<b>Antianginals-Other</b>		
<i>ranolazine TB12 500 MG</i>	1B	QL(3 ea daily)
<i>ranolazine TB12 1000 MG</i>	1B	QL(2 ea daily)
<b>Nitrates</b>		
<i>isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG</i>	1B	
<i>isosorbide mononitrate TABS</i>	1B	
<i>isosorbide mononitrate TB24</i>	1B	
NITRO-BID OINT	3	
<i>nitroglycerin CPCR</i>	1B	QL(4 ea daily)
<i>nitroglycerin PT24</i>	1B	
NITROGLYCERIN SOLN IV	1B	
<i>nitroglycerin SUBL</i>	1B	
<b>ANTIANGIETY AGENTS - Drugs to Treat Anxiety</b>		
<b>Antianxiety Agents - Misc.</b>		

Drug Name	Drug Tier	Requirements/Limits
<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	QL(6 ea daily)
<b>Benzodiazepines</b>		
<i>alprazolam TABS 0.25 MG, 0.5 MG, 1 MG</i>	1A	QL(4 ea daily)
<i>alprazolam TABS 2 MG</i>	1B	QL(4 ea daily)
<i>alprazolam TB24</i>	1B	
<i>alprazolam TBDP</i>	1B	
<i>chlordiazepoxide hcl CAPS</i>	1B	
<i>clorazepate dipotassium TABS</i>	1B	
<i>diazepam CONC</i>	1B	
<i>diazepam SOLN 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)
<i>lorazepam TABS 0.5 MG, 2 MG</i>	1A	QL(3 ea daily)
<i>oxazepam CAPS</i>	1B	
<b>ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms</b>		
<b>Antiarrhythmics Type I-A</b>		
<i>disopyramide phosphate CAPS</i>	1B	
<i>procainamide hcl SOLN 500 MG/ML</i>	1B	
<i>quinidine sulfate TABS</i>	1B	
<b>Antiarrhythmics Type I-B</b>		

Drug Name	Drug Tier	Requirements/Limits
<i>mexiletine hcl</i>	1B	
Antiarrhythmics Type I-C		
<i>flecainide acetate</i>	1B	
<i>propafenone hcl CP12</i>	1B	
<i>propafenone hcl TABS</i>	1B	
Antiarrhythmics Type III		
<i>amiodarone hcl SOLN 50 MG/ML</i>	1B	
<i>amiodarone hcl TABS</i>	1B	
<i>dofetilide</i>	1B	
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions</b>		
Antiasthmatic - Monoclonal Antibodies		
FASENRA PEN SOAJ	4	QL(0.036 ml daily); PA
FASENRA SOSY 30 MG/ML	4	QL(0.036 ml daily); PA
NUCALA SOAJ	4	QL(0.1073 ml daily); PA
NUCALA SOLR	4	QL(0.1073 ea daily); PA
NUCALA SOSY 100 MG/ML	4	QL(0.1073 ml daily); PA
NUCALA SOSY 40 MG/0.4ML	4	QL(0.0144 ml daily); PA
XOLAIR SOAJ 75 MG/0.5ML	4	QL(0.036 ml daily); PA
XOLAIR SOAJ 150 MG/ML, 300 MG/2ML	4	QL(0.286 ml daily); PA
XOLAIR SOLR	4	QL(0.286 ea daily); PA
XOLAIR SOSY 150 MG/ML, 300 MG/2ML	4	QL(0.286 ml daily); PA
XOLAIR SOSY 75 MG/0.5ML	4	QL(0.036 ml daily); PA
Anti-Inflammatory Agents		
<i>cromolyn sodium NEBU</i>	1B	QL(8 ml daily)
Bronchodilators - Anticholinergics		

Drug Name	Drug Tier	Requirements/Limits
ATROVENT HFA	3	QL(0.44 gm daily)
INCRUSE ELLIPTA	2	QL(1 ea daily)
<i>ipratropium bromide SOLN 0.02 %</i>	1B	QL(15 ml daily)
SPIRIVA HANDIHALER CAPS ( <i>tiotropium bromide monohydrate</i> )	2	QL(1 ea daily)
SPIRIVA RESPIMAT AERS	2	QL(0.14 gm daily)
<i>tiotropium bromide monohydrate CAPS</i>	1B	QL(1 ea daily)
Leukotriene Modulators		
<i>montelukast sodium CHEW</i>	1B	QL(1 ea daily)
<i>montelukast sodium PACK</i>	1B	QL(1 ea daily)
<i>montelukast sodium TABS</i>	1B	QL(1 ea daily)
<i>zafirlukast</i>	1B	QL(2 ea daily)
<i>zileuton TB12</i>	1B	QL(4 ea daily)
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
<i>roflumilast</i>	3	QL(1 ea daily)
Steroid Inhalants		
ALVESCO	3	PA
ARNUITY ELLIPTA	2	
<i>budesonide (inhalation) SUSP</i>	1B	QL(4 ml daily); PA
<i>fluticasone propionate (inhalation) AEPB</i>	1B	
<i>fluticasone propionate hfa</i>	1B	QL(0.8 gm daily)
PULMICORT FLEXHALER AEPB	2	
QVAR REDIHALER	2	
Sympathomimetics		
AIRDUO DIGIHALER 113/14	3	
AIRDUO DIGIHALER 232/14	3	

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Drug Name	Drug Tier	Requirements/Limits
AIRDUO DIGIHALER 55/14	3	
AIRSUPRA	3	
<i>albuterol sulfate</i> AERS	1B	
<i>albuterol sulfate</i> NEBU 0.083 %, 0.5 %, 0.63 MG/3ML, 1.25 MG/3ML, 2.5 MG/0.5ML	1B	
<i>albuterol sulfate</i> SYRP	1B	
<i>albuterol sulfate</i> TABS	1B	
ANORO ELLIPTA	2	QL(2 ea daily)
<i>arformoterol tartrate</i>	1B	QL(4 ml daily)
BREO ELLIPTA ( <i>fluticasone furoate-vilanterol</i> )	2	
BREO ELLIPTA	2	
BREZTRI AEROSPHERE	2	QL(0.38 gm daily)
<i>budesonide-formoterol fumarate dihydrate</i>	1B	
DULERA	2	
<i>fluticasone furoate-vilanterol</i>	1B	
<i>fluticasone-salmeterol</i> AEPB	1B	
<i>fluticasone-salmeterol</i> AERO	1B	
<i>formoterol fumarate</i> NEBU	1B	QL(4 ml daily)
<i>ipratropium-albuterol</i> SOLN	1B	QL(18 ml daily)
<i>levalbuterol hcl</i>	1B	
<i>levalbuterol tartrate</i>	1B	QL(0.5 gm daily)
PROAIR DIGIHALER	3	
PROAIR RESPICLICK AEPB	3	
SEREVENT DISKUS	2	
STIOLTO RESPIMAT	2	
STRIVERDI RESPIMAT	2	
<i>terbutaline sulfate</i> SOLN	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>terbutaline sulfate</i> TABS	1B	
TRELEGY ELLIPTA	2	QL(2 ea daily)
<b>Xanthines</b>		
<i>aminophylline</i> SOLN	1B	
<i>theophylline</i> ELIX	1B	
<i>theophylline</i> SOLN	1B	QL(56 ml daily)
<i>theophylline</i> TB12	1B	
<i>theophylline</i> TB24	1B	
<b>ANTICOAGULANTS - Blood Thinners</b>		
<b>Coumarin Anticoagulants</b>		
<i>warfarin sodium</i> TABS	1B	
<b>Direct Factor Xa Inhibitors</b>		
ELIQUIS STARTER PACK TBPK	2	QL(2.47 ea daily); 1 max fill(s) per 180 day(s) retail
ELIQUIS TABS	2	QL(2 ea daily)
XARELTO STARTER PACK TBPK	2	1 max fill(s) per 365 day(s) retail
XARELTO SUSR	2	QL(900 ml per 30 day(s) retail; 900 ml per 30 days mail)
XARELTO TABS 10 MG, 20 MG	2	QL(1 ea daily)
XARELTO TABS 2.5 MG, 15 MG	2	QL(2 ea daily)
<b>Heparins And Heparinoid-Like Agents</b>		
<i>enoxaparin sodium</i> SOLN IJ 300 MG/3ML	4	QL(6 ml daily)
<i>enoxaparin sodium</i> SOSY 40 MG/0.4ML	4	QL(0.8 ml daily; 30 Day(s) limit); SP
<i>enoxaparin sodium</i> SOSY 60 MG/0.6ML	4	QL(1.2 ml daily; 30 Day(s) limit); SP
<i>enoxaparin sodium</i> SOSY 30 MG/0.3ML	4	QL(0.6 ml daily); SP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML</i>	4	QL(1.6 ml daily)	FYCOMPA TABS 2 MG	3	QL(6 ea daily); PA
<i>enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML</i>	4	QL(2 ml daily)	<b>Anticonvulsants - Benzodiazepines</b>		
<i>fondaparinux sodium 10 MG/0.8ML</i>	4	QL(7.2 ml per 180 day(s) retail; 7 ml per 180 days mail); SP	<i>clobazam SUSP</i>	1B	QL(16 ml daily); PA
<i>fondaparinux sodium 7.5 MG/0.6ML</i>	4	QL(5.4 ml per 180 day(s) retail; 5 ml per 180 days mail); SP	<i>clobazam TABS</i>	1B	QL(2 ea daily); PA
<i>fondaparinux sodium 5 MG/0.4ML</i>	4	QL(3.6 ml per 180 day(s) retail; 4 ml per 180 days mail); SP	<i>clonazepam TABS</i>	1A	
<i>fondaparinux sodium 2.5 MG/0.5ML</i>	4	QL(4.5 ml per 180 day(s) retail; 4 ml per 180 days mail); SP	<i>diazepam (anticonvulsant) GEL</i>	3	5 package(s) per 30 day(s) retail; 5 package(s) per 30 day(s) mail
FRAGMIN SOSY	4	SP; PA	NAYZILAM	3	QL(10 ea per 30 day(s) retail); PA
<i>heparin sodium (porcine) SOLN IJ 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML</i>	1B		VALTOCO 10 MG DOSE LIQD	4	QL(10 ea per 30 day(s) retail); PA
HEPARIN SODIUM/NACL 0.45% SOLN IV 0.45 %-12500 UNIT/250ML	1B		VALTOCO 15 MG DOSE LQPK	4	QL(10 ea per 30 day(s) retail); PA
<b>Thrombin Inhibitors</b>			VALTOCO 20 MG DOSE LQPK	4	QL(10 ea per 30 day(s) retail); PA
<i>dabigatran etexilate mesylate CAPS</i>	1B		VALTOCO 5 MG DOSE LIQD	4	QL(10 ea per 30 day(s) retail); PA
<b>ANTICONVULSANTS - Drugs to Treat Seizures</b>			<b>Anticonvulsants - Misc.</b>		
<b>AMPA Glutamate Receptor Antagonists</b>			APTIOM	3	QL(2 ea daily); ST
FYCOMPA TABS 4 MG	3	QL(3 ea daily); PA	BANZEL TABS 200 MG ( <i>rufinamide</i> )	2	QL(2 ea daily); PA
FYCOMPA TABS 6 MG	3	QL(2 ea daily); PA	BANZEL TABS 400 MG ( <i>rufinamide</i> )	2	QL(8 ea daily); PA
FYCOMPA TABS 8 MG, 10 MG, 12 MG	3	QL(1 ea daily); PA	BRIVIACT SOLN OR 10 MG/ML	3	QL(20 ml daily); PA
			BRIVIACT TABS	3	QL(2 ea daily); PA
			<i>carbamazepine CHEW</i>	1B	
			<i>carbamazepine CP12 300 MG</i>	1B	QL(4 ea daily)
			<i>carbamazepine CP12 200 MG</i>	1B	QL(6 ea daily)



Drug Name	Drug Tier	Requirements/Limits
<i>carbamazepine CP12 100 MG</i>	1B	
<i>carbamazepine SUSP</i>	1B	
<i>carbamazepine TABS</i>	1B	
<i>carbamazepine TB12 200 MG</i>	1B	QL(6 ea daily)
<i>carbamazepine TB12 100 MG, 400 MG</i>	1B	QL(4 ea daily)
DIACOMIT CAPS 250 MG	4	QL(12 ea daily); PA
DIACOMIT CAPS 500 MG	4	QL(6 ea daily); PA
DIACOMIT PACK 250 MG	4	QL(12 ea daily); PA
DIACOMIT PACK 500 MG	4	QL(6 ea daily); PA
EPIDIOLEX	3	PA
<i>gabapentin CAPS</i>	1B	
<i>gabapentin SOLN</i>	1B	QL(60 ml daily)
<i>gabapentin TABS 600 MG, 800 MG</i>	1B	
<i>lacosamide SOLN IV 200 MG/20ML</i>	1B	QL(40 ml daily)
<i>lacosamide TABS</i>	1B	QL(2 ea daily)
<i>lamotrigine CHEW 5 MG</i>	1B	QL(100 ea daily)
<i>lamotrigine CHEW 25 MG</i>	1B	QL(20 ea daily)
<i>lamotrigine TABS</i>	1B	
<i>lamotrigine TBDP</i>	1B	QL(1 ea daily)
<i>levetiracetam SOLN IV 500 MG/5ML</i>	1B	QL(30 ml daily)
<i>levetiracetam TABS 250 MG, 750 MG</i>	1B	QL(4 ea daily)
<i>levetiracetam TABS 500 MG</i>	1B	QL(6 ea daily)
<i>levetiracetam TABS 1000 MG</i>	1B	QL(3 ea daily)
<i>levetiracetam TB24</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)

Drug Name	Drug Tier	Requirements/Limits
<i>oxcarbazepine TABS 600 MG</i>	1B	QL(4 ea daily)
<i>pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG</i>	3	QL(3 ea daily); PA
<i>pregabalin CAPS 225 MG, 300 MG</i>	3	QL(2 ea daily); PA
<i>pregabalin SOLN</i>	3	QL(30 ml daily); PA
<i>primidone 50 MG, 250 MG</i>	1B	
<i>rufinamide SUSP</i>	1B	QL(80 ml daily); 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
TEGRETOL SUSP ( <i>carbamazepine</i> )	2	
TEGRETOL TABS ( <i>carbamazepine</i> )	2	
<i>topiramate CPSP 15 MG</i>	1B	QL(6 ea daily)
<i>topiramate CPSP 25 MG</i>	1B	QL(8 ea daily)
<i>topiramate CS24</i>	3	PA
<i>topiramate TABS 200 MG</i>	1B	QL(2 ea daily)
<i>topiramate TABS 25 MG, 100 MG</i>	1B	QL(4 ea daily)
<i>topiramate TABS 50 MG</i>	1B	QL(6 ea daily)
<i>zonisamide CAPS</i>	1B	QL(6 ea daily)
<b>Carbamates</b>		
<i>felbamate SUSP</i>	1B	QL(30 ml daily)
<i>felbamate TABS 400 MG</i>	1B	QL(9 ea daily)
<i>felbamate TABS 600 MG</i>	1B	QL(6 ea daily)
<b>GABA Modulators</b>		
<i>tiagabine hcl</i>	1B	
<i>vigabatrin PACK</i>	4	QL(6 ea daily); SP; PA
<i>vigabatrin TABS</i>	4	QL(6 ea daily); SP; PA
<b>Hydantoins</b>		
DILANTIN	2	

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Drug Name	Drug Tier	Requirements/Limits
DILANTIN ( <i>phenytoin sodium extended</i> )	2	
DILANTIN INFATABS CHEW ( <i>phenytoin</i> )	2	
DILANTIN-125 SUSP ( <i>phenytoin</i> )	2	
<i>fosphenytoin sodium</i>	1B	
<i>phenytoin sodium extended 100 MG, 200 MG, 300 MG</i>	1B	
<i>phenytoin sodium SOLN</i>	1B	
<i>phenytoin CHEW</i>	1B	
<i>phenytoin SUSP</i>	1B	
<b>Succinimides</b>		
CELONTIN ( <i>methsuximide</i> )	3	QL(4 ea daily)
<i>ethosuximide CAPS</i>	1B	QL(6 ea daily)
<i>ethosuximide SOLN</i>	1B	QL(30 ml daily)
<i>methsuximide</i>	1B	QL(4 ea daily)
ZARONTIN CAPS ( <i>ethosuximide</i> )	2	QL(6 ea daily)
<b>Valproic Acid</b>		
<i>divalproex sodium TB24</i>	1B	
<i>divalproex sodium TBEC</i>	1B	
<i>valproate sodium SOLN OR 250 MG/5ML, 500 MG/10ML</i>	1B	
<i>valproic acid CAPS</i>	1B	
<b>ANTIDEPRESSANTS - Drugs to Treat Depression</b>		
<b>Alpha-2 Receptor Antagonists (Tetracyclics)</b>		
<i>mirtazapine TABS 15 MG</i>	1B	QL(3 ea daily)
<i>mirtazapine TABS 30 MG</i>	1B	QL(1.5 ea daily)
<i>mirtazapine TABS 7.5 MG, 45 MG</i>	1B	QL(1 ea daily)
<i>mirtazapine TBDP 30 MG</i>	1B	QL(1.5 ea daily)
<i>mirtazapine TBDP 15 MG</i>	1B	QL(3 ea daily)
<i>mirtazapine TBDP 45 MG</i>	1B	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<b>Antidepressants - Misc.</b>		
<i>bupropion hcl TABS 75 MG, 100 MG</i>	1B	QL(3 ea daily)
<i>bupropion hcl TB12 150 MG</i>	1B	QL(3 ea daily)
<i>bupropion hcl TB12 100 MG</i>	1B	QL(4 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 TB24 300 MG</i>	1B	QL(1 ea daily)
<b>Monoamine Oxidase Inhibitors (MAOIs)</b>		
EMSAM	3	QL(1 ea daily)
MARPLAN	2	QL(6 ea daily)
<i>phenelzine sulfate</i>	1B	
<i>tranylcypromine sulfate</i>	1B	
<b>N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists</b>		
SPRAVATO 56MG DOSE	4	PA
SPRAVATO 84MG DOSE	4	PA
<b>Selective Serotonin Reuptake Inhibitors (SSRIs)</b>		
<i>citalopram hydrobromide SOLN</i>	1B	QL(20 ml daily)
<i>citalopram hydrobromide TABS 10 MG</i>	1B	QL(4 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>escitalopram oxalate SOLN</i>	1B	QL(20 ml daily)
<i>escitalopram oxalate TABS 10 MG</i>	1B	QL(2 ea daily)
<i>escitalopram oxalate TABS 20 MG</i>	1B	QL(1 ea daily)
<i>escitalopram oxalate TABS 5 MG</i>	1B	QL(4 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
<i>fluoxetine hcl CAPS 20 MG</i>	1B	QL(3 ea daily)
<i>fluoxetine hcl CAPS 10 MG</i>	1A	QL(1 ea daily)
<i>fluoxetine hcl CAPS 40 MG</i>	1B	QL(2 ea daily)
<i>fluoxetine hcl CPDR</i>	1B	
<i>fluoxetine hcl SOLN</i>	1B	QL(20 ml daily)
<i>fluoxetine hcl TABS 10 MG, 60 MG</i>	1B	QL(1 ea daily)
<i>fluoxetine hcl TABS 20 MG</i>	1B	QL(3 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)
<i>paroxetine hcl SUSP</i>	1B	QL(30 ml daily)
<i>paroxetine hcl TABS 40 MG</i>	1B	QL(1 ea daily)
<i>paroxetine hcl TABS 10 MG</i>	1B	QL(6 ea daily)
<i>paroxetine hcl TABS 30 MG</i>	1B	QL(2 ea daily)
<i>paroxetine hcl TABS 20 MG</i>	1B	QL(3 ea daily)
<i>paroxetine hcl TB24 25 MG, 37.5 MG</i>	1B	QL(2 ea daily)
<i>paroxetine hcl TB24 12.5 MG</i>	1B	QL(1 ea daily)
<i>sertraline hcl CONC</i>	1B	QL(10 ml daily)
<i>sertraline hcl TABS 100 MG</i>	1B	QL(2 ea daily)
<i>sertraline hcl TABS 25 MG, 50 MG</i>	1B	QL(4 ea daily)
<b>Serotonin Modulators</b>		
<i>nefazodone hcl</i>	1B	
<i>trazodone hcl TABS</i>	1B	
TRINTELLIX	3	QL(1 ea daily); PA

Drug Name	Drug Tier	Requirements/Limits
VIIBRYD STARTER PACK KIT	3	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail
<i>vilazodone hcl TABS</i>	1B	QL(1 ea daily)
<b>Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)</b>		
<i>desvenlafaxine succinate 100 MG</i>	1B	QL(4 ea daily)
<i>desvenlafaxine succinate 25 MG, 50 MG</i>	1B	QL(1 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)
FETZIMA TITRATION PACK C4PK	3	PA
FETZIMA CP24	3	QL(1 ea daily); PA
<i>venlafaxine hcl CP24 75 MG</i>	1B	QL(5 ea daily)
<i>venlafaxine hcl CP24 150 MG</i>	1B	QL(2 ea daily)
<i>venlafaxine hcl CP24 37.5 MG</i>	1B	QL(4 ea daily)
<i>venlafaxine hcl TABS</i>	1B	QL(3 ea daily)
<i>venlafaxine hcl TB24 150 MG</i>	1B	QL(2 ea daily)
<i>venlafaxine hcl TB24 37.5 MG, 75 MG, 225 MG</i>	1B	QL(1 ea daily)
<b>Tricyclic Agents</b>		
<i>amitriptyline hcl TABS</i>	1B	
<i>amoxapine</i>	1B	
<i>clomipramine hcl</i>	1B	
<i>desipramine hcl TABS</i>	1B	
<i>doxepin hcl CAPS</i>	1B	
<i>doxepin hcl CONC</i>	1B	
<i>imipramine hcl TABS</i>	1B	
<i>imipramine pamoate</i>	1B	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>nortriptyline hcl CAPS</i>	1B		<i>pioglitazone hcl-glimepiride</i>	1B	QL(1 ea daily)
<i>nortriptyline hcl SOLN</i>	1B		<i>pioglitazone hcl-metformin hcl TABS</i>	1B	QL(2 ea daily)
<i>protriptyline hcl</i>	1B		<i>saxagliptin-metformin hcl 1000 MG-5 MG, 500 MG-5 MG</i>	1B	QL(1 ea daily)
<i>trimipramine maleate CAPS</i>	1B		<i>saxagliptin-metformin hcl 1000 MG-2.5 MG</i>	1B	QL(2 ea daily)
<b>ANTIDIABETICS - Drugs to Regulate Blood Sugar</b>					
<b>Alpha-Glucosidase Inhibitors</b>					
<i>acarbose</i>	1B	QL(3 ea daily)	SOLQUA 100/33	2	QL(0.5 ml daily); PA
<i>miglitol</i>	1B	QL(3 ea daily)	SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-12.5 MG, 1000 MG-5 MG	2	QL(2 ea daily)
<b>Antidiabetic Combinations</b>					
<i>alogliptin-metformin hcl</i>	1B	QL(2 ea daily); PA	SYNJARDY XR TB24 1000 MG-25 MG	2	QL(1 ea daily)
<i>alogliptin-pioglitazone 30 MG-12.5 MG</i>	1B	QL(2 ea daily); PA	SYNJARDY TABS	2	QL(2 ea daily)
<i>alogliptin-pioglitazone 15 MG-25 MG, 30 MG-25 MG, 45 MG-25 MG</i>	1B	QL(1 ea daily); PA	TRIJARDY XR 1000 MG-2.5 MG-12.5 MG, 1000 MG-2.5 MG-5 MG	2	QL(2 ea daily)
<i>dapagliflozin propanediol-metformin hcl 1000 MG-10 MG</i>	2	QL(1 ea daily)	TRIJARDY XR 1000 MG-5 MG-10 MG, 1000 MG-5 MG-25 MG	2	QL(1 ea daily)
<i>dapagliflozin propanediol-metformin hcl 1000 MG-5 MG</i>	2	QL(2 ea daily)	XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG, 500 MG-5 MG	2	QL(1 ea daily)
<i>glipizide-metformin hcl 500 MG-5 MG</i>	1B	QL(4 ea daily)	XIGDUO XR ( <i>dapagliflozin propanediol-metformin hcl</i> )	2	QL(2 ea daily)
<i>glipizide-metformin hcl 250 MG-2.5 MG, 500 MG-2.5 MG</i>	1B	QL(2 ea daily)	XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG	2	QL(2 ea daily)
<i>glyburide-metformin 500 MG-2.5 MG, 500 MG-5 MG</i>	1B	QL(4 ea daily)	XIGDUO XR ( <i>dapagliflozin propanediol-metformin hcl</i> )	2	QL(1 ea daily)
<i>glyburide-metformin 250 MG-1.25 MG</i>	1B	QL(2 ea daily)	XULTOPHY 100/3.6	2	QL(0.5 ml daily); PA
GLYXAMBI	2	QL(1 ea daily)	<b>Biguanides</b>		
JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG	2	QL(2 ea daily)	<i>metformin hcl TABS 850 MG</i>	0	QL(3 ea daily)
JANUMET XR TB24 1000 MG-100 MG	2	QL(1 ea daily)	<i>metformin hcl TABS 500 MG</i>	1B	QL(5 ea daily)
JANUMET TABS	2	QL(2 ea daily)			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>metformin hcl TABS 1000 MG</i>	1B	QL(2.5 ea daily)	INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN SUPN	1B	
<i>metformin hcl TB24 750 MG</i>	1B	QL(3 ea daily)	INSULIN ASPART PROTAMINE/INSULIN ASPART SUSP	1B	
<i>metformin hcl TB24 500 MG</i>	1B	QL(4 ea daily)	INSULIN ASPART SOLN IJ	1B	
Diabetic Other			INSULIN DEGLUDEC FLEXTOUCH SOPN	2	
<i>diazoxide</i>	3		INSULIN DEGLUDEC SOLN	2	
<i>glucagon (rdna)</i>	1B	QL(0.035 ea daily)	LEVEMIR FLEXPEN SOPN 100 UNIT/ML	3	PA
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors			LEVEMIR FLEXTOUCH SOPN	3	PA
<i>alogliptin benzoate</i>	1B	QL(1 ea daily)	LEVEMIR SOLN	3	PA
JANUVIA	2	QL(1 ea daily)	NOVOLIN 70/30 FLEXPEN SUPN	2	
<i>saxagliptin hcl</i>	1B	QL(1 ea daily)	NOVOLIN 70/30 SUSP	2	
Incretin Mimetic Agents			NOVOLIN N FLEXPEN SUPN	2	
OZEMPIC SOPN 2 MG/1.5ML	2	QL(0.054 ml daily); PA	NOVOLIN N SUSP	2	
OZEMPIC SOPN 2 MG/3ML, 4 MG/3ML, 8 MG/3ML	2	QL(0.108 ml daily); PA	NOVOLIN R FLEXPEN SOPN IJ	2	
RYBELSUS TABS	2	QL(1 ea daily); PA	NOVOLIN R SOLN IJ	2	
TRULICITY SC	2	QL(0.143 ml daily); PA	Insulin Sensitizing Agents		
VICTOZA ( <i>liraglutide</i> )	2	QL(0.3 ml daily); PA	<i>pioglitazone hcl</i>	1B	QL(1 ea daily)
Insulin			Meglitinide Analogues		
APIDRA SOLOSTAR SOPN	3	PA	<i>nateglinide</i>	1B	QL(3 ea daily)
APIDRA SOLN	3	PA	<i>repaglinide 0.5 MG, 1 MG</i>	1B	QL(4 ea daily)
BASAGLAR KWIKPEN SOPN	2		<i>repaglinide 2 MG</i>	1B	QL(8 ea daily)
HUMULIN R U-500 (CONCENTRATED) SOLN SC	2	QL(1.34 ml daily)	Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
HUMULIN R U-500 KWIKPEN SOPN SC	2	QL(1.34 ml daily)	<i>dapagliflozin propanediol</i>	2	QL(1 ea daily)
INSULIN ASPART FLEXPEN SOPN	1B		FARXIGA	2	QL(1 ea daily)
INSULIN ASPART PENFILL SOCT	1B		FARXIGA ( <i>dapagliflozin propanediol</i> )	2	QL(1 ea daily)
			JARDIANCE	2	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
<b>Sulfonylureas</b>		
<i>glimepiride 4 MG</i>	1B	QL(2 ea daily)
<i>glimepiride 1 MG, 2 MG</i>	1B	QL(4 ea daily)
<i>glipizide TABS 5 MG, 10 MG</i>	1B	QL(4 ea daily)
<i>glipizide TB24</i>	1B	QL(2 ea daily)
<i>glyburide micronized 1.5 MG, 3 MG, 6 MG</i>	1B	QL(4 ea daily)
<i>glyburide TABS</i>	1B	QL(4 ea daily)
<b>ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea</b>		
<b>Antiperistaltic Agents</b>		
<i>diphenoxylate w/ atropine LIQD</i>	1B	
<i>diphenoxylate w/ atropine TABS</i>	1B	
<i>loperamide hcl CAPS 2 MG</i>	1B	RX/OTC
MOTOFEN	3	
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>		
<b>Antidotes - Chelating Agents</b>		
CHEMET	3	
<i>deferasirox PACK</i>	4	PA
<i>deferasirox TABS</i>	4	SP; PA
<i>deferasirox TBSO</i>	4	SP; PA
<i>deferiprone TABS 500 MG</i>	1B	
<b>Antidotes and Specific Antagonists</b>		
VISTOGARD	4	PA
<b>Opioid Antagonists</b>		
<i>naloxone hcl LIQD</i>	1B	QL(2 ea per fill retail); 2 max fill(s) per 30 day(s) retail; RX/OTC
<i>naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML</i>	1B	
<i>naltrexone hcl</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<b>ANTIEMETICS - Drugs to Treat Nausea and Vomiting</b>		
<b>5-HT3 Receptor Antagonists</b>		
ANZEMET TABS 50 MG	3	QL(0.167 ea daily); PA
<i>granisetron hcl SOLN IV 1 MG/ML</i>	1B	
<i>granisetron hcl TABS</i>	1B	QL(0.34 ea daily)
<i>ondansetron hcl SOLN IJ 4 MG/2ML</i>	1B	
<i>ondansetron hcl SOLN OR 4 MG/5ML</i>	1B	QL(3.34 ml daily)
<i>ondansetron hcl SOSY</i>	1B	
<i>ondansetron hcl TABS 8 MG</i>	1B	QL(3 ea daily; 45 ea per fill retail; 45 per fill mail)
<i>ondansetron hcl TABS 24 MG</i>	1B	QL(0.143 ea daily)
<i>ondansetron hcl TABS 4 MG</i>	1B	QL(4 ea daily; 60 ea per fill retail; 60 per fill mail)
<i>ondansetron TBDP 8 MG</i>	1B	
<i>ondansetron TBDP 4 MG</i>	1B	QL(1 ea daily)
<i>palonosetron hcl SOLN</i>	1B	
<b>Antiemetics - Anticholinergic</b>		
<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)
<i>trimethobenzamide hcl CAPS</i>	1B	
<b>Antiemetics - Miscellaneous</b>		
AKYNZEO	3	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>doxylamine-pyridoxine TBEC</i>	1B	QL(4 ea daily); 3 max fill(s) per 365 day(s) retail; 3 max fill(s) per 365 day(s) mail; PA
<i>dronabinol CAPS</i>	1B	
<b>Substance P/Neurokinin 1 (NK1) Receptor Antagonists</b>		
<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)
<i>aprepitant MISC</i>	1B	PA
VARUBI TBPK	3	PA
<b>ANTIFUNGALS - Drugs to Treat Fungal Infections</b>		
<b>Antifungal - Glucan Synthesis Inhibitors</b>		
<i>caspofungin acetate</i>	1B	
ERAXIS	3	
<i>micafungin sodium</i>	1B	PA
<b>Antifungals</b>		
ABELCET	3	
<i>amphotericin b IV</i>	3	
<i>amphotericin b liposome</i>	3	
<i>flucytosine</i>	1B	
<i>griseofulvin microsize SUSP</i>	1B	AL(At least 2 yrs old)
<i>griseofulvin microsize TABS</i>	1B	
<i>griseofulvin ultramicrosize</i>	1B	
<i>nystatin TABS</i>	1B	
<i>terbinafine hcl TABS</i>	1B	QL(1 ea daily)
<b>Imidazole-Related Antifungals</b>		
CRESEMBA CAPS OR 186 MG	3	PA
<i>fluconazole SUSR</i>	1B	
<i>fluconazole TABS</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<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 ( <i>posaconazole</i> )	3	QL(20 ml daily)
<i>posaconazole SUSP</i>	1B	QL(20 ml daily)
TOLSURA CAPS	4	PA
<i>voriconazole TABS</i>	1B	QL(4 ea daily)
<b>ANTIHISTAMINES - Drugs to Treat Allergies</b>		
<b>Antihistamines - Alkylamines</b>		
<i>dexchlorpheniramine maleate SOLN</i>	1B	
<b>Antihistamines - Ethanolamines</b>		
<i>carbinoxamine maleate SOLN</i>	1B	
<i>carbinoxamine maleate TABS 4 MG</i>	1B	
<i>clemastine fumarate SYRP</i>	1B	
<i>clemastine fumarate TABS 2.68 MG</i>	1B	
<i>diphenhydramine hcl CAPS 50 MG</i>	1A	
<i>diphenhydramine hcl ELIX 12.5 MG/5ML</i>	1B	
<i>diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML</i>	1B	QL(20 ml daily)
<i>diphenhydramine hcl SOLN 50 MG/ML</i>	1B	
<b>Antihistamines - Non-Sedating</b>		
<i>cetirizine hcl TABS</i>	1A	QL(1 ea daily)
<i>desloratadine TABS</i>	1B	QL(1 ea daily)
<i>desloratadine TBDP 2.5 MG</i>	1B	QL(1 ea daily)
<i>levocetirizine dihydrochloride SOLN</i>	1B	QL(10 ml daily); RX/OTC

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Drug Name	Drug Tier	Requirements/Limits
<i>levocetirizine dihydrochloride TABS</i>	1B	QL(1 ea daily); RX/OTC
<i>loratadine CAPS</i>	1B	
<i>loratadine CHEW</i>	1B	
<i>loratadine SOLN</i>	1B	
<i>loratadine TABS</i>	1A	
<i>loratadine TBDP</i>	1B	
QUZYTIR SOLN IV	3	PA
<b>Antihistamines - Phenothiazines</b>		
<i>promethazine hcl SOLN OR 6.25 MG/5ML</i>	1B	
<i>promethazine hcl SUPP 12.5 MG, 25 MG</i>	1B	QL(6 ea daily)
<i>promethazine hcl SUPP 50 MG</i>	1B	
<i>promethazine hcl TABS</i>	1B	
<b>Antihistamines - Piperidines</b>		
<i>cyproheptadine hcl SYRP</i>	1B	
<i>cyproheptadine hcl TABS</i>	1B	
<b>ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol</b>		
<b>Antihyperlipidemics - Combinations</b>		
<i>ezetimibe-simvastatin</i>	1B	QL(1 ea daily)
<b>Antihyperlipidemics - Misc.</b>		
<i>icosapent ethyl 1 GM</i>	1B	QL(4 ea daily); PA
<i>omega-3-acid ethyl esters</i>	1B	QL(4 ea daily)
<b>Bile Acid Sequestrants</b>		
<i>cholestyramine light PACK</i>	1B	QL(6 ea daily)
<i>cholestyramine light POWD</i>	1B	QL(24 gm daily)
<i>cholestyramine PACK</i>	1B	QL(6 ea daily)
<i>cholestyramine POWD</i>	1B	QL(25.2 gm daily)
<i>colesevelam hcl PACK</i>	1B	QL(1 ea daily); PA
<i>colesevelam hcl TABS</i>	1B	QL(7 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>colestipol hcl GRAN</i>	1B	QL(6 gm daily)
<i>colestipol hcl PACK</i>	1B	QL(6 ea daily)
<i>colestipol hcl TABS</i>	1B	QL(16 ea daily)
<b>Fibric Acid Derivatives</b>		
<i>choline fenofibrate</i>	1B	QL(1 ea daily)
<i>fenofibrate micronized 43 MG, 67 MG, 130 MG, 134 MG, 200 MG</i>	1B	QL(1 ea daily)
<i>fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG</i>	1B	QL(1 ea daily)
<i>gemfibrozil TABS</i>	1B	QL(2 ea daily)
<b>HMG CoA Reductase Inhibitors</b>		
<i>atorvastatin calcium TABS</i>	1B	QL(1 ea daily)
<i>fluvastatin sodium CAPS 20 MG</i>	1B	QL(1 ea daily)
<i>fluvastatin sodium CAPS 40 MG</i>	1B	QL(2 ea daily)
<i>lovastatin TABS 40 MG</i>	1B	\$0 copay for generic only, age 40 to 76; QL(2 ea daily); PV
<i>lovastatin TABS 10 MG, 20 MG</i>	1B	\$0 copay for generic only, age 40 to 76; QL(1 ea daily); PV
<i>pravastatin sodium</i>	1B	QL(1 ea daily)
<i>rosuvastatin calcium TABS</i>	3	QL(1 ea daily)
<i>simvastatin TABS</i>	1B	QL(1 ea daily)
<b>Intestinal Cholesterol Absorption Inhibitors</b>		
<i>ezetimibe</i>	1B	QL(1 ea daily)
<b>Nicotinic Acid Derivatives</b>		
<i>niacin (antihyperlipidemic) TBCR</i>	1B	QL(2 ea daily)
<b>Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors</b>		

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Drug Name	Drug Tier	Requirements/Limits
REPATHA PUSHTRONEX SYSTEM SOCT	4	QL(0.25 ml daily); PA
REPATHA SURECLICK SOAJ	4	QL(0.0714 ml daily); PA
REPATHA SOSY	4	QL(0.0714 ml daily); PA
<b>ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure</b>		
<b>ACE Inhibitors</b>		
<i>benazepril hcl 5 MG, 10 MG, 20 MG, 40 MG</i>	1B	
<i>captopril 12.5 MG</i>	1B	
<i>captopril 25 MG, 50 MG, 100 MG</i>	1B	QL(3 ea daily)
<i>enalapril maleate TABS</i>	1B	
<i>fosinopril sodium</i>	1B	
<i>lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i>	1B	
<i>moexipril hcl</i>	1B	QL(2 ea daily)
<i>perindopril erbumine 2 MG, 8 MG</i>	1B	QL(2 ea daily)
<i>perindopril erbumine 4 MG</i>	1B	
<i>quinapril hcl 20 MG, 40 MG</i>	1B	
<i>quinapril hcl 5 MG, 10 MG</i>	1B	QL(2 ea daily)
<i>ramipril CAPS</i>	1B	
<i>trandolapril 1 MG, 2 MG</i>	1B	QL(1 ea daily)
<i>trandolapril 4 MG</i>	1B	QL(2 ea daily)
<b>Agents for Pheochromocytoma</b>		
<i>phenoxybenzamine hcl</i>	3	PA
<b>Angiotensin II Receptor Antagonists</b>		
<i>candesartan cilexetil</i>	1B	QL(1 ea daily)
EDARBI	3	QL(1 ea daily); ST
<i>irbesartan</i>	1B	QL(1 ea daily)
<i>losartan potassium</i>	1B	QL(1 ea daily)
<i>olmesartan medoxomil</i>	1B	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>telmisartan</i>	1B	QL(1 ea daily)
<i>valsartan TABS</i>	1B	QL(1 ea daily)
<b>Antiadrenergic Antihypertensives</b>		
<i>clonidine</i>	3	QL(0.15 ea daily)
<i>clonidine hcl TABS</i>	1B	QL(8 ea daily)
<i>doxazosin mesylate</i>	1B	
<i>guanfacine hcl</i>	1B	
<i>methyldopa TABS</i>	1B	QL(6 ea daily)
<i>prazosin hcl CAPS</i>	1B	QL(4 ea daily)
<i>terazosin hcl</i>	1B	
<b>Antihypertensive Combinations</b>		
<i>amlodipine besylate-benazepril hcl</i>	1B	
<i>amlodipine besylate-olmesartan medoxomil</i>	1B	ST
<i>amlodipine besylate-valsartan</i>	1B	QL(1 ea daily)
<i>amlodipine-valsartan-hydrochlorothiazide</i>	3	
<i>atenolol &amp; chlorthalidone</i>	1B	
<i>benazepril &amp; hydrochlorothiazide 12.5 MG-20 MG, 6.25 MG-5 MG</i>	1B	
<i>benazepril &amp; hydrochlorothiazide 12.5 MG-10 MG, 25 MG-20 MG</i>	1B	QL(1 ea daily)
<i>bisoprolol &amp; hydrochlorothiazide</i>	1B	QL(2 ea daily)
<i>candesartan cilexetil-hydrochlorothiazide</i>	1B	
<i>enalapril maleate &amp; hydrochlorothiazide 12.5 MG-5 MG</i>	1B	QL(2 ea daily)
<i>enalapril maleate &amp; hydrochlorothiazide 25 MG-10 MG</i>	1B	
<i>fosinopril sodium &amp; hydrochlorothiazide</i>	1B	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
<i>irbesartan-hydrochlorothiazide</i>	1B	
<i>lisinopril &amp; hydrochlorothiazide</i>	1B	
<i>losartan potassium &amp; hydrochlorothiazide 12.5 MG-100 MG, 25 MG-100 MG</i>	1B	QL(1 ea daily)
<i>losartan potassium &amp; hydrochlorothiazide 12.5 MG-50 MG</i>	1B	QL(2 ea daily)
<i>metoprolol &amp; hydrochlorothiazide TABS 25 MG-100 MG, 50 MG-100 MG</i>	1B	
<i>metoprolol &amp; hydrochlorothiazide TABS 25 MG-50 MG</i>	1B	QL(1 ea daily)
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	1B	ST
<i>olmesartan medoxomil-hydrochlorothiazide</i>	1B	
<i>quinapril-hydrochlorothiazide 25 MG-20 MG</i>	1B	QL(2 ea daily)
<i>quinapril-hydrochlorothiazide 12.5 MG-20 MG</i>	1B	QL(4 ea daily)
<i>quinapril-hydrochlorothiazide 12.5 MG-10 MG</i>	1B	QL(3 ea daily)
<i>telmisartan-amlodipine</i>	1B	QL(1 ea daily)
<i>telmisartan-hydrochlorothiazide</i>	1B	QL(1 ea daily)
<i>trandolapril-verapamil hcl 180 MG-2 MG, 240 MG-1 MG</i>	3	
<i>trandolapril-verapamil hcl 240 MG-2 MG, 240 MG-4 MG</i>	3	QL(1 ea daily)
<i>valsartan-hydrochlorothiazide</i>	1B	QL(1 ea daily)
Antihypertensives - Misc.		

Drug Name	Drug Tier	Requirements/Limits
VECAMYL	3	PA
Direct Renin Inhibitors		
<i>aliskiren fumarate</i>	1B	QL(1 ea daily)
Selective Aldosterone Receptor Antagonists (SARAs)		
<i>eplerenone</i>	1B	
Vasodilators		
<i>hydralazine hcl SOLN</i>	1B	
<i>hydralazine hcl TABS</i>	1B	
<i>minoxidil 2.5 MG, 10 MG</i>	1B	
<b>ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections</b>		
Anti-infective Agents - Misc.		
<i>bacitracin</i>	3	
IMPAVIDO	3	QL(3 ea daily); PA
<i>metronidazole TABS</i>	1B	
<i>trimethoprim TABS</i>	1B	
XIFAXAN 200 MG	3	QL(3 ea daily; 9 ea per 3 day(s) retail; 9 ea per 3 days mail); AL(At least 12 yrs old); PA
XIFAXAN 550 MG	3	QL(3 ea daily); AL(At least 12 yrs old); PA
Anti-infective Misc. - Combinations		
<i>sulfamethoxazole-trimethoprim SOLN</i>	1B	
<i>sulfamethoxazole-trimethoprim SUSP</i>	1B	
<i>sulfamethoxazole-trimethoprim TABS</i>	1A	
Antiprotozoal Agents		
ALINIA SUSR	2	PA
<i>atovaquone</i>	1B	

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Drug Name	Drug Tier	Requirements/Limits
<i>nitazoxanide TABS</i>	1B	PA
<b>Carbapenems</b>		
<i>ertapenem sodium IJ</i>	1B	
<i>imipenem-cilastatin IV</i>	1B	
<i>meropenem</i>	1B	
<b>Chloramphenicols</b>		
<i>chloramphenicol sodium succinate</i>	4	SP; PA
<b>Cyclic Lipopeptides</b>		
<i>daptomycin 500 MG</i>	1B	
<b>Glycopeptides</b>		
<i>vancomycin hcl CAPS</i>	1B	QL(4 ea daily; 40 ea per fill retail)
<i>vancomycin hcl SOLR OR 25 MG/ML, 50 MG/ML, 250 MG/5ML</i>	1B	QL(300 ml per fill retail)
<i>vancomycin hcl SOLR IV 1 GM, 10 GM, 500 MG, 1000 MG</i>	1B	
<b>Leprostatics</b>		
<i>dapsone</i>	1B	
<b>Lincosamides</b>		
<i>clindamycin hcl</i>	1B	
<i>clindamycin palmitate hydrochloride</i>	1B	
<i>clindamycin phosphate SOLN IJ 9 GM/60ML, 300 MG/2ML, 600 MG/4ML, 900 MG/6ML, 9000 MG/60ML</i>	1B	
<i>lincomycin hcl</i>	1B	
<b>Monobactams</b>		
<i>aztreonam 1 GM</i>	1B	
CAYSTON	4	QL(3 ml daily); PA
<b>Oxazolidinones</b>		
<i>linezolid SUSR</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>linezolid TABS</i>	1B	QL(2 ea daily); PA
SIVEXTRO TABS	3	PA
<b>Polymyxins</b>		
<i>polymyxin b sulfate SOLR</i>	1B	
<b>Urinary Anti-infectives</b>		
<i>fosfomycin tromethamine</i>	1B	
<i>methenamine hippurate</i>	1B	
<i>nitrofurantoin</i>	1B	
<i>nitrofurantoin macrocrystal 50 MG, 100 MG</i>	1B	
<i>nitrofurantoin monohyd macro 100 MG</i>	1B	
<b>ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)</b>		
<b>Antimalarial Combinations</b>		
<i>atovaquone-proguanil hcl</i>	1B	Covered for malaria treatment only. Limit 1 fill every 180 days; QL(12 ea per fill retail; 12 per fill mail); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
COARTEM	2	Covered for malaria treatment only. Limit 1 fill every 180 days; QL(24 ea per fill retail; 24 per fill mail); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
<b>Antimalarials</b>		

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Drug Name	Drug Tier	Requirements/Limits
<i>chloroquine phosphate TABS 500 MG</i>	1B	
<i>chloroquine phosphate TABS 250 MG</i>	1B	QL(3 ea daily)
<i>hydroxychloroquine sulfate 100 MG</i>	1B	QL(4 ea daily)
<i>hydroxychloroquine sulfate 400 MG</i>	1B	QL(1 ea daily)
<i>hydroxychloroquine sulfate 200 MG</i>	1B	QL(3 ea daily)
KRINTAFEL	3	QL(2 ea per 30 day(s) retail)
<i>mefloquine hcl</i>	1B	Covered for malaria treatment only. Limit 1 fill every 180 days; QL(5 ea daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
<i>primaquine phosphate TABS</i>	3	
<i>pyrimethamine</i>	1B	QL(3 ea daily); PA
<i>quinine sulfate CAPS 324 MG</i>	1B	PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
FIRDAPSE	4	PA
<i>neostigmine methylsulfate SOSY</i>	3	PA
<i>pyridostigmine bromide SOLN OR</i>	1B	
<i>pyridostigmine bromide TABS 60 MG</i>	1B	
<i>pyridostigmine bromide TBCR</i>	1B	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		

Drug Name	Drug Tier	Requirements/Limits
<i>cycloserine</i>	1B	QL(4 ea daily)
<i>ethambutol hcl TABS</i>	1B	
<i>isoniazid SOLN</i>	1B	
<i>isoniazid SYRP</i>	1B	
<i>isoniazid TABS</i>	1B	
PASER PACK	3	QL(3 ea daily)
PRIFTIN	3	
<i>pyrazinamide</i>	1B	
<i>rifabutin</i>	1B	PA
<i>rifampin CAPS</i>	1B	
<i>rifampin SOLR</i>	1B	
SIRTURO	3	PA
TRECATOR	3	QL(4 ea daily)
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
<i>bendamustine hcl SOLR</i>	4	SP; PA
<i>busulfan SOLN</i>	4	SP; PA
<i>carboplatin SOLN 50 MG/5ML</i>	4	SP; PA
<i>carmustine</i>	4	SP; PA
<i>cisplatin SOLN 100 MG/100ML</i>	4	SP; PA
<i>cyclophosphamide CAPS</i>	1B	PA
<i>cyclophosphamide SOLR IJ</i>	4	
GLEOSTINE 10 MG	4	SP; PA
GLEOSTINE 40 MG, 100 MG	4	PA
<i>ifosfamide SOLN 1 GM/20ML</i>	4	SP; PA
<i>ifosfamide SOLR</i>	4	SP; PA
LEUKERAN	4	SP; PA
<i>melphalan</i>	1B	
<i>melphalan hcl IV</i>	1B	
MYLERAN TABS	4	SP; PA
<i>oxaliplatin SOLN 50 MG/10ML, 100 MG/20ML</i>	4	SP; PA

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Drug Name	Drug Tier	Requirements/Limits
TEMODAR SOLR	4	
<i>temozolomide CAPS</i>	4	SP; PA
<i>thiotepa 15 MG</i>	4	SP; PA
ZANOSAR	4	SP; PA
<b>Antimetabolites</b>		
<i>azacitidine SUSR</i>	4	SP; PA
<i>capecitabine</i>	4	SP; PA
<i>clofarabine</i>	4	SP; PA
<i>cytarabine SOLN</i>	4	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
<i>gemcitabine hcl SOLR 2 GM, 200 MG</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
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	4	SP; PA
<b>Antineoplastic - Angiogenesis Inhibitors</b>		
INLYTA	4	QL(2 ea daily); SP; PA
LENVIMA 10 MG DAILY DOSE	4	QL(1 ea daily); PA

Drug Name	Drug Tier	Requirements/Limits
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
<b>Antineoplastic - Antibodies</b>		
ADCETRIS	4	SP; PA
ARZERRA	4	SP; PA
RUXIENCE	4	PA
TRUXIMA	4	PA
YERVOY	4	SP; PA
<b>Antineoplastic - Anti-HER2 Agents</b>		
KANJINTI	4	PA
OGIVRI	4	PA
PERJETA	4	SP; PA
TRAZIMERA	4	PA
TUKYSA	4	PA
<b>Antineoplastic - EGFR Inhibitors</b>		
ERBITUX	4	SP; PA
<i>erlotinib hcl</i>	4	QL(1 ea daily); SP; PA
<i>gefitinib</i>	4	QL(2 ea daily); PA
GILOTRIF	4	QL(1 ea daily); PA
IRESSA ( <i>gefitinib</i> )	4	QL(2 ea daily); PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TAGRISSEO 80 MG	4	QL(1 ea daily); PA	LUPRON DEPOT (3-MONTH) KIT IM	4	SP; PA
TAGRISSEO 40 MG	4	QL(2 ea daily); PA	LUPRON DEPOT (4-MONTH) IM	4	QL(0.1339 ea daily); SP; PA
VECTIBIX 100 MG/5ML	4	SP; PA	LUPRON DEPOT (6-MONTH) IM	4	QL(0.0089 ea daily); SP; PA
VIZIMPRO	4	QL(1 ea daily); PA	LYSODREN	4	SP; PA
<b>Antineoplastic - Hedgehog Pathway Inhibitors</b>			<i>megestrol acetate SUSP</i>	1B	
DAURISMO	4	PA	<i>megestrol acetate TABS</i>	1B	
ERIVEDGE	4	QL(1 ea daily); SP; PA	<i>nilutamide</i>	1B	QL(2 ea daily)
ODOMZO	4	QL(1 ea daily); PA	NUBEQA	4	QL(4 ea daily); PA
<b>Antineoplastic - Hormonal and Related Agents</b>			<i>tamoxifen citrate TABS</i>	0	
<i>abiraterone acetate 500 MG</i>	4	QL(2 ea daily); PA	<i>toremifene citrate</i>	1B	
<i>abiraterone acetate 250 MG</i>	4	QL(4 ea daily); SP; PA	TRELSTAR MIXJECT	4	SP; PA
<i>anastrozole</i>	1B	QL(1 ea daily)	XTANDI CAPS	4	QL(4 ea daily); SP; PA
<i>bicalutamide</i>	1B	QL(1 ea daily); SP	XTANDI TABS 80 MG	4	QL(2 ea daily); PA
ELIGARD SC 22.5 MG, 30 MG, 45 MG	4	SP; PA	XTANDI TABS 40 MG	4	QL(4 ea daily); PA
ELIGARD KIT SC 7.5 MG	4	QL(0.0089 ea daily); SP; PA	YONSA	4	QL(4 ea daily); PA
EMCYT	4	SP; PA	ZOLADEX 3.6 MG	4	QL(0.0357 ea daily); SP; PA
ERLEADA 240 MG	4	QL(1 ea daily); PA	ZOLADEX 10.8 MG	4	QL(0.0119 ea daily); SP; PA
ERLEADA 60 MG	4	QL(4 ea daily); PA	<b>Antineoplastic - Immunomodulators</b>		
<i>exemestane</i>	4	QL(1 ea daily); SP	POMALYST	4	QL(1 ea daily); PA
FIRMAGON 80 MG, 120 MG/VIAL	4	QL(0.143 ea daily); SP; PA	<b>Antineoplastic - PDGFR-alpha Inhibitors</b>		
<i>flutamide</i>	4	QL(6 ea daily); SP; PA	AYVAKIT	4	QL(1 ea daily); PA
<i>fulvestrant SOSY</i>	4	QL(0.357 ml daily); SP; PA	<b>Antineoplastic - XPO1 Inhibitors</b>		
<i>letrozole</i>	1B		XPOVIO	4	PA
<i>leuprolide acetate KIT IJ 1 MG/0.2ML</i>	4	SP; PA	XPOVIO 60 MG TWICE WEEKLY	4	PA
LUPRON DEPOT (1-MONTH) KIT IM	4	QL(0.0358 ea daily); SP; PA	XPOVIO 80 MG TWICE WEEKLY	4	PA
			<b>Antineoplastic Antibiotics</b>		
			<i>bleomycin sulfate 15 UNIT</i>	4	SP; PA

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

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
NINLARO	4	QL(0.143 ea daily); PA	<i>temsirolimus</i>	4	QL(0.143 ml daily); SP; PA
<i>pazopanib hcl</i>	4	QL(4 ea daily); SP; PA	TIBSOVO	4	PA
PEMAZYRE	4	QL(1 ea daily); PA	TURALIO	4	PA
PIQRAY 200MG DAILY DOSE	4	PA	VERZENIO	4	PA
PIQRAY 250MG DAILY DOSE	4	PA	VITRAKVI CAPS	4	PA
PIQRAY 300MG DAILY DOSE	4	PA	VITRAKVI SOLN	4	PA
QINLOCK	4	PA	VOTRIENT ( <i>pazopanib hcl</i> )	4	QL(4 ea daily); SP; PA
RETEVMO CAPS	4	PA	XALKORI CAPS	4	QL(2 ea daily); SP; PA
<i>romidepsin SOLR</i>	4	SP; PA	XOSPATA	4	PA
ROZLYTREK CAPS	4	PA	ZEJULA CAPS	4	QL(3 ea daily); PA
RUBRACA	4	QL(4 ea daily); PA	ZEJULA TABS 200 MG, 300 MG	4	QL(1 ea daily); PA
SCEMBLIX 40 MG	4	QL(10 ea daily); PA	ZEJULA TABS 100 MG	4	QL(3 ea daily); PA
SCEMBLIX 20 MG	4	QL(2 ea daily); PA	ZELBORAF	4	SP; PA
SCEMBLIX 100 MG	4	QL(4 ea daily); PA	ZOLINZA	4	QL(4 ea daily); SP; PA
<i>sorafenib tosylate</i>	4	QL(4 ea daily); SP; PA	ZYDELIG	4	QL(2 ea daily); PA
SPRYCEL ( <i>dasatinib</i> )	4	QL(1 ea daily); SP; PA	Antineoplastic Enzymes		
STIVARGA	4	QL(4 ea daily); SP; PA	ONCASPAR	4	SP; PA
<i>sunitinib malate 12.5 MG, 25 MG, 50 MG</i>	4	QL(1 ea daily); SP; PA	Antineoplastics Misc.		
<i>sunitinib malate 37.5 MG</i>	4	QL(1 ea daily); PA	ACTIMMUNE 100 MCG/0.5ML	4	SP; PA
TABRECTA	4	PA	<i>arsenic trioxide 10 MG/10ML</i>	4	SP; PA
TAFINLAR CAPS	4	PA	<i>bexarotene</i>	4	SP; PA
TAFINLAR TBSO	4	PA	<i>dacarbazine SOLR 200 MG</i>	4	SP; PA
TALZENNA	4	QL(1 ea daily); PA	<i>hydroxyurea</i>	1B	
TASIGNA 150 MG, 200 MG	4	QL(4 ea daily); SP; PA	MATULANE	4	SP; PA
TASIGNA 50 MG	4	QL(4 ea daily); PA	NIPENT	4	SP; PA
TAZVERIK	4	PA	PHOTOFRIN	4	SP; PA
			PROLEUKIN	4	SP; PA
			SYNRIBO	4	SP; PA
			<i>tretinoin (chemotherapy)</i>	1B	

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Drug Name	Drug Tier	Requirements/Limits
UVADEX	4	SP; PA
Chemotherapy Adjuncts		
KEPIVANCE 6.25 MG	4	SP; PA
Chemotherapy Rescue/Antidote/Protective Agents		
<i>leucovorin calcium SOLR</i>	1B	
<i>leucovorin calcium TABS</i>	1B	
VORAXAZE	4	SP; PA
Mitotic Inhibitors		
<i>docetaxel CONC 20 MG/ML</i>	4	SP; PA
<i>docetaxel SOLN 20 MG/2ML</i>	4	SP; PA
<i>eribulin mesylate</i>	4	SP; PA
ETOPOPHOS	4	SP; PA
<i>etoposide CAPS</i>	4	SP; PA
<i>etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML</i>	4	PA
HALAVEN ( <i>eribulin mesylate</i> )	4	SP; PA
IXEMPRA KIT 15 MG	4	SP; PA
JEVTANA	4	SP; PA
<i>paclitaxel 6 MG/ML, 100 MG/16.7ML, 150 MG/25ML</i>	4	SP; PA
<i>paclitaxel protein-bound particles</i>	4	SP; PA
<i>vincristine sulfate</i>	4	SP; PA
<i>vinorelbine tartrate 10 MG/ML</i>	4	SP; PA
Topoisomerase I Inhibitors		
HYCAMTIN CAPS	4	SP; PA
<i>irinotecan hcl 40 MG/2ML, 100 MG/5ML</i>	4	SP; PA
<i>topotecan hcl SOLN</i>	4	
<i>topotecan hcl SOLR</i>	4	
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease</b>		

Drug Name	Drug Tier	Requirements/Limits
Antiparkinson Adjunctive Therapy		
<i>carbidopa</i>	1B	
Antiparkinson Anticholinergics		
<i>benztropine mesylate SOLN</i>	1B	
<i>benztropine mesylate TABS</i>	1B	
<i>trihexyphenidyl hcl SOLN</i>	1B	
<i>trihexyphenidyl hcl TABS</i>	1B	
Antiparkinson COMT Inhibitors		
<i>entacapone</i>	1B	QL(8 ea daily)
<i>tolcapone</i>	1B	
Antiparkinson Dopaminergics		
<i>amantadine hcl CAPS</i>	1B	
<i>amantadine hcl SOLN</i>	1B	
<i>amantadine hcl TABS</i>	1B	
<i>apomorphine hydrochloride SOCT</i>	4	PA
<i>bromocriptine mesylate CAPS</i>	1B	
<i>bromocriptine mesylate TABS 2.5 MG</i>	1B	
<i>carbidopa-levodopa-entacapone</i>	1B	
<i>carbidopa-levodopa TABS</i>	1B	
<i>carbidopa-levodopa TBCR</i>	1B	
<i>carbidopa-levodopa TBDP</i>	1B	
NEUPRO	2	
<i>pramipexole dihydrochloride TABS 0.125 MG</i>	1B	QL(4 ea daily)
<i>pramipexole dihydrochloride TABS 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG</i>	1B	
<i>ropinirole hydrochloride TABS</i>	1B	

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Drug Name	Drug Tier	Requirements/Limits
<i>ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG</i>	1B	QL(1 ea daily); ST
<i>ropinirole hydrochloride TB24 8 MG, 12 MG</i>	1B	QL(2 ea daily); ST
<b>Antiparkinson Monoamine Oxidase Inhibitors</b>		
<i>rasagiline mesylate</i>	1B	QL(1 ea daily); PA
<i>selegiline hcl CAPS</i>	1B	
<i>selegiline hcl TABS</i>	1B	
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders</b>		
<b>Antimanic Agents</b>		
<i>lithium</i>	1B	
<i>lithium carbonate CAPS</i>	1B	
<i>lithium carbonate TABS</i>	1B	
<i>lithium carbonate TBCR</i>	1B	
<b>Antipsychotics - Misc.</b>		
EQUETRO 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
<i>lurasidone hcl 80 MG</i>	1B	QL(2 ea daily)
<i>lurasidone hcl 20 MG, 40 MG, 60 MG, 120 MG</i>	1B	QL(1 ea daily)
<i>ziprasidone hcl</i>	1B	QL(2 ea daily); AL(At least 18 yrs old)
<b>Benzisoxazoles</b>		
FANAPT	2	QL(2 ea daily); PA
FANAPT TITRATION PACK	2	PA
<i>paliperidone 6 MG</i>	1B	QL(2 ea daily)
<i>paliperidone 1.5 MG, 3 MG, 9 MG</i>	1B	QL(1 ea daily)
PERSERIS PRSY	2	QL(0.072 ea daily); PA

Drug Name	Drug Tier	Requirements/Limits
RISPERDAL CONSTA ( <i>risperidone microspheres</i> )	2	QL(0.072 ea daily); PA
<i>risperidone microspheres</i>	1B	QL(0.072 ea daily); PA
<i>risperidone SOLN</i>	1B	QL(8 ml daily)
<i>risperidone TABS</i>	1B	QL(4 ea daily)
<i>risperidone TBDP</i>	1B	QL(4 ea daily)
<b>Butyrophenones</b>		
<i>haloperidol decanoate</i>	1B	QL(0.036 ml daily)
<i>haloperidol lactate CONC</i>	1B	
<i>haloperidol lactate SOLN</i>	1B	
<i>haloperidol TABS</i>	1B	
<b>Dibenzapines</b>		
<i>asenapine maleate 5 MG, 10 MG</i>	1B	QL(2 ea daily); PA
<i>asenapine maleate 2.5 MG</i>	1B	QL(4 ea daily); PA
<i>clozapine TABS</i>	1B	
<i>clozapine TBDP 100 MG</i>	1B	QL(9 ea daily)
<i>clozapine TBDP 12.5 MG, 150 MG</i>	1B	QL(6 ea daily)
<i>clozapine TBDP 25 MG</i>	1B	QL(3 ea daily)
<i>loxapine succinate</i>	1B	
<i>olanzapine SOLR</i>	1B	QL(0.215 ea daily)
<i>olanzapine TABS 2.5 MG, 5 MG</i>	1B	QL(4 ea daily)
<i>olanzapine TABS 7.5 MG, 10 MG, 15 MG, 20 MG</i>	1B	QL(2 ea daily)
<i>olanzapine TBDP 5 MG, 10 MG, 15 MG</i>	1B	QL(2 ea daily)
<i>olanzapine TBDP 20 MG</i>	1B	QL(1 ea daily)
<i>quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG</i>	1B	QL(4 ea daily); AL(At least 10 yrs old)
<i>quetiapine fumarate TABS 300 MG, 400 MG</i>	1B	QL(2 ea daily); AL(At least 10 yrs old)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>quetiapine fumarate TB24 300 MG, 400 MG</i>	1B	QL(2 ea daily)	BIKTARVY	3	QL(1 ea daily)
<i>quetiapine fumarate TB24 50 MG, 150 MG, 200 MG</i>	1B	QL(1 ea daily)	CIMDUO	3	QL(1 ea daily); ST
Phenothiazines			COMPLERA	3	QL(1 ea daily)
<i>chlorpromazine hcl SOLN</i>	3		<i>darunavir TABS</i>	1B	
<i>chlorpromazine hcl TABS</i>	1B		DELSTRIGO	3	QL(1 ea daily)
<i>fluphenazine hcl CONC</i>	1B		DOVATO	3	QL(1 ea daily)
<i>fluphenazine hcl ELIX</i>	1B		EDURANT	3	QL(1 ea daily)
<i>fluphenazine hcl SOLN</i>	1B		<i>efavirenz CAPS 50 MG</i>	1B	QL(3 ea daily)
<i>fluphenazine hcl TABS</i>	1B		<i>efavirenz CAPS 200 MG</i>	1B	QL(2 ea daily)
<i>perphenazine TABS</i>	1B		<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	1B	QL(1 ea daily)
<i>prochlorperazine</i>	1B		<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	1B	QL(1 ea daily)
<i>prochlorperazine maleate TABS</i>	1B		<i>efavirenz TABS</i>	1B	QL(1 ea daily)
<i>thioridazine hcl</i>	1B		<i>emtricitabine CAPS</i>	1B	QL(1 ea daily)
<i>trifluoperazine hcl TABS</i>	1B		<i>emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG</i>	1B	QL(1 ea daily)
Quinolinone Derivatives			<i>emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG</i>	0	QL(1 ea daily)
<i>aripiprazole SOLN OR</i>	1B	QL(30 ml daily); AL(At least 6 yrs old)	EMTRIVA SOLN	3	QL(24 ml daily)
<i>aripiprazole TABS</i>	1B	QL(1 ea daily); AL(At least 6 yrs old)	<i>etravirine 100 MG</i>	1B	QL(4 ea daily)
REXULTI	3	PA	<i>etravirine 200 MG</i>	1B	QL(2 ea daily)
Thioxanthenes			EVOTAZ	3	QL(1 ea daily)
<i>thiothixene</i>	1B		<i>fosamprenavir calcium TABS</i>	1B	QL(4 ea daily)
<b>ANTIVIRALS - Drugs to Treat Viral Infections</b>					
Antiretrovirals					
<i>abacavir sulfate-lamivudine</i>	1B	QL(1 ea daily)	FUZEON SOLR	4	SP; PA
<i>abacavir sulfate SOLN</i>	1B	QL(32 ml daily)	GENVOYA	3	QL(1 ea daily)
<i>abacavir sulfate TABS</i>	1B	QL(2 ea daily)	INTELENCE 25 MG	3	QL(8 ea daily)
APTIVUS CAPS	3	QL(4 ea daily)	ISENTRESS HD TABS	3	QL(2 ea daily)
<i>atazanavir sulfate CAPS 150 MG, 300 MG</i>	1B	QL(1 ea daily)	ISENTRESS CHEW	3	QL(6 ea daily)
<i>atazanavir sulfate CAPS 200 MG</i>	1B	QL(2 ea daily)	ISENTRESS TABS	3	QL(2 ea daily)
			JULUCA	3	QL(1 ea daily)
			<i>lamivudine SOLN</i>	1B	QL(30 ml daily)
			<i>lamivudine TABS 300 MG</i>	1B	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>lamivudine TABS 150 MG</i>	1B	QL(2 ea daily)	VIRACEPT TABS 625 MG	3	QL(4 ea daily)
<i>lamivudine-zidovudine</i>	1B	QL(2 ea daily)	VIRACEPT TABS 250 MG	3	QL(10 ea daily)
LEXIVA SUSP	3	QL(56 ml daily)	VIREAD POWD	3	QL(7.5 gm daily)
<i>lopinavir-ritonavir SOLN</i>	1B	QL(12.5 ml daily)	VIREAD TABS 150 MG, 200 MG, 250 MG	3	QL(1 ea daily)
<i>lopinavir-ritonavir TABS</i>	1B	QL(4 ea daily)	<i>zidovudine CAPS</i>	1B	QL(6 ea daily)
<i>maraviroc TABS 300 MG</i>	1B	QL(4 ea daily)	<i>zidovudine SYRP</i>	1B	QL(60 ml daily)
<i>maraviroc TABS 150 MG</i>	1B	QL(2 ea daily)	<i>zidovudine TABS</i>	1B	QL(2 ea daily)
<i>nevirapine SUSP</i>	1B	QL(40 ml daily)	<b>CMV Agents</b>		
<i>nevirapine TABS</i>	1B	QL(2 ea daily)	<i>cidofovir</i>	3	
<i>nevirapine TB24 400 MG</i>	1B	QL(1 ea daily)	<i>ganciclovir sodium SOLR</i>	1B	
<i>nevirapine TB24 100 MG</i>	1B	QL(3 ea daily)	<i>valganciclovir hcl TABS</i>	1B	QL(4 ea daily); PA
NORVIR CAPS	2	QL(12 ea daily)	<b>Hepatitis Agents</b>		
NORVIR PACK	3	QL(12 ea daily)	<i>adefovir dipivoxil</i>	4	QL(1 ea daily); SP
NORVIR SOLN	3	QL(15 ml daily)	BARACLUDE SOLN	4	QL(20 ml daily); SP; PA
ODEFSEY	3	QL(1 ea daily)	<i>entecavir TABS</i>	4	QL(1 ea daily); SP
PIFELTRO	3	QL(1 ea daily)	EPIVIR HBV SOLN	4	QL(60 ml daily); SP; PA
PREZCOBIX	3	QL(1 ea daily)	<i>lamivudine (hbv) TABS</i>	1B	QL(3 ea daily); SP
PREZISTA SUSP	3	QL(12 ml daily)	PEGASYS SOLN	4	QL(0.0714 ml daily); SP; PA
PREZISTA TABS ( <i>darunavir</i> )	3		PEGASYS SOSY	4	QL(0.072 ml daily); PA
PREZISTA TABS 75 MG, 150 MG	3	QL(2 ea daily)	<i>ribavirin (hepatitis c) CAPS</i>	1B	QL(7 ea daily)
RETROVIR IV INFUSION SOLN	3		<i>ribavirin (hepatitis c) TABS 200 MG</i>	1B	QL(7 ea daily)
<i>ritonavir TABS</i>	1B	QL(12 ea daily)	SOFOSBUVIR/VELPATA SVIR TABS	1B	QL(1 ea daily); PA
RUKOBIA	4	PA	SOVALDI TABS 400 MG	4	QL(1 ea daily); SP; PA
SELZENTRY SOLN	3	QL(30 ml daily)	SOVALDI TABS 200 MG	4	QL(1 ea daily); PA
SELZENTRY TABS 25 MG, 75 MG	3	QL(2 ea daily)	VOSEVI	4	QL(1 ea daily); PA
<i>stavudine CAPS</i>	1B	QL(2 ea daily)	<b>Herpes Agents</b>		
STRIBILD	3	QL(1 ea daily)			
<i>tenofovir disoproxil fumarate TABS</i>	1B				
TIVICAY TABS	3	QL(2 ea daily)			
TRIUMEQ TABS	3	QL(1 ea daily)			
TRIZIVIR	3	QL(2 ea daily)			
TYBOST	3	QL(1 ea daily)			

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Drug Name	Drug Tier	Requirements/Limits
<i>acyclovir CAPS</i>	1A	QL(5 ea daily; 50 ea per fill retail; 50 per fill mail)
<i>acyclovir SUSP</i>	1B	QL(13.34 ml daily)
<i>acyclovir TABS 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)
<b>Influenza Agents</b>		
<i>oseltamivir phosphate CAPS</i>	1B	Limit 1 fill every 90 days.; QL(10 ea per fill retail; 10 per fill mail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
<i>oseltamivir phosphate SUSR</i>	1B	Limit 1 fill every 90 days.; QL(125 ml per fill retail); 1 max fill(s) per 90 day(s) retail
RELENZA DISKHALER	2	1 package(s) per 30 day(s) retail
<i>rimantadine hydrochloride TABS</i>	1B	QL(2 ea daily)
<b>BETA BLOCKERS - Drugs to Treat High Blood Pressure</b>		
<b>Alpha-Beta Blockers</b>		
<i>carvedilol 3.125 MG, 6.25 MG, 12.5 MG, 25 MG</i>	1B	
<i>carvedilol phosphate</i>	3	QL(1 ea daily)
<i>labetalol hcl SOLN</i>	1B	
<i>labetalol hcl TABS 300 MG</i>	1B	QL(8 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>labetalol hcl TABS 100 MG, 200 MG</i>	1B	
<b>Beta Blockers Cardio-Selective</b>		
<i>acebutolol hcl CAPS</i>	1B	
<i>atenolol TABS 25 MG, 50 MG, 100 MG</i>	1B	
<i>betaxolol hcl</i>	1B	
<i>bisoprolol fumarate</i>	1B	
<i>metoprolol succinate TB24 200 MG</i>	1B	QL(2 ea daily)
<i>metoprolol succinate TB24 25 MG, 50 MG, 100 MG</i>	1B	
<i>metoprolol tartrate SOLN IV 5 MG/5ML</i>	1B	
<i>metoprolol tartrate TABS 25 MG, 50 MG, 100 MG</i>	1B	
<i>nebivolol hcl 2.5 MG, 5 MG, 10 MG</i>	3	QL(1 ea daily)
<i>nebivolol hcl 20 MG</i>	3	QL(2 ea daily)
<b>Beta Blockers Non-Selective</b>		
HEMANGEOL SOLN OR	4	QL(75 ml daily); PA
<i>nadolol TABS 40 MG</i>	1B	QL(6 ea daily)
<i>nadolol TABS 20 MG</i>	1B	QL(3 ea daily)
<i>nadolol TABS 80 MG</i>	1B	
<i>pindolol TABS</i>	1B	
<i>propranolol hcl CP24</i>	1B	QL(2 ea daily)
<i>propranolol hcl SOLN OR 20 MG/5ML, 40 MG/5ML</i>	1B	
<i>propranolol hcl TABS</i>	1B	
<i>sotalol hcl (afib/af)</i>	1B	
<i>sotalol hcl TABS 80 MG, 120 MG, 160 MG</i>	1B	QL(2 ea daily)
<i>sotalol hcl TABS 240 MG</i>	1B	
<i>timolol maleate TABS</i>	1B	
<b>CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure</b>		
<b>Calcium Channel Blockers</b>		

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Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate TABS 2.5 MG, 5 MG, 10 MG</i>	1B	
<i>diltiazem hcl coated beads CP24 120 MG, 300 MG, 360 MG</i>	1B	
<i>diltiazem hcl coated beads CP24 180 MG, 240 MG</i>	1B	QL(2 ea daily)
<i>diltiazem hcl extended release beads</i>	1B	
<i>diltiazem hcl CP12</i>	1B	QL(2 ea daily)
<i>diltiazem hcl CP24</i>	1B	
<i>diltiazem hcl SOLN 50 MG/10ML</i>	1B	
DILTIAZEM HCL SOLR	1B	
<i>diltiazem hcl TABS</i>	1B	
<i>diltiazem hcl TB24</i>	1B	
<i>felodipine</i>	1B	
<i>isradipine CAPS</i>	1B	
<i>nicardipine hcl CAPS</i>	1B	
<i>nicardipine hcl SOLN</i>	1B	
<i>nifedipine CAPS 20 MG</i>	1B	QL(9 ea daily)
<i>nifedipine CAPS 10 MG</i>	1B	
<i>nifedipine TB24 30 MG, 60 MG, 90 MG</i>	1B	
<i>nifedipine TB24 60 MG</i>	1B	QL(2 ea daily)
<i>nifedipine TB24 90 MG</i>	1B	QL(1 ea daily)
<i>nimodipine CAPS</i>	1B	
<i>nisoldipine</i>	1B	
<i>verapamil hcl CP24 100 MG, 200 MG, 300 MG</i>	1B	
<i>verapamil hcl CP24 120 MG, 180 MG, 240 MG, 360 MG</i>	1B	QL(1 ea daily)
<i>verapamil hcl SOLN 2.5 MG/ML</i>	1B	
<i>verapamil hcl TABS</i>	1B	
<i>verapamil hcl TBCR</i>	1B	
<b>CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm</b>		

Drug Name	Drug Tier	Requirements/Limits
<b>Cardiac Glycosides</b>		
<i>digoxin SOLN OR 0.05 MG/ML</i>	1B	
<i>digoxin TABS 0.0625 MG, 0.125 MG, 0.25 MG, 62.5 MCG, 125 MCG, 250 MCG</i>	1B	
LANOXIN SOLN IJ ( <i>digoxin</i> )	2	
LANOXIN TABS 62.5 MCG, 125 MCG, 250 MCG ( <i>digoxin</i> )	2	
<b>CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions</b>		
<b>Cardiovascular Agents Misc. - Combinations</b>		
<i>amlodipine besylate-atorvastatin calcium</i>	1B	QL(1 ea daily)
<i>isosorbide dinitrate-hydralazine hcl</i>	1B	
<b>Impotence Agents</b>		
<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
<b>Prostaglandin Vasodilators</b>		
<i>epoprostenol sodium</i>	4	PA
ORENITRAM TBCR	4	PA
<i>treprostinil SOLN IJ</i>	4	SP; PA
TYVASO REFILL KIT SOLN IN	4	PA
TYVASO STARTER KIT SOLN IN	4	PA
TYVASO SOLN IN	4	PA
<b>Pulmonary Hypertension - Endothelin Receptor Antagonists</b>		
<i>ambrisentan</i>	4	QL(1 ea daily); SP; PA

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Drug Name	Drug Tier	Requirements/Limits
<i>bosentan TABS 62.5 MG</i>	4	QL(2 ea daily); PA
<i>bosentan TABS 125 MG</i>	4	QL(2 ea daily); SP; PA
OPSUMIT	4	QL(1 ea daily); PA
TRACLEER TBSO	4	QL(2 ea daily); SP; PA
<b>Pulmonary Hypertension - Phosphodiesterase Inhibitors</b>		
<i>sildenafil citrate (pulmonary hypertension) SOLN</i>	4	QL(37.5 ml daily); SP; PA
<i>sildenafil citrate (pulmonary hypertension) SUSR</i>	4	QL(6 ml daily); PA
<i>sildenafil citrate (pulmonary hypertension) TABS</i>	4	QL(3 ea daily); SP; PA
<i>tadalafil (pulmonary hypertension) TABS</i>	4	QL(2 ea daily); SP; PA
<b>Pulmonary Hypertension - Prostacyclin Receptor Agonist</b>		
UPTRAVI TITRATION PACK TBPB	4	1 max fill(s) per 180 day(s) retail; PA
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
<b>Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator</b>		
ADEMPAS	4	QL(3 ea daily); PA
<b>Sinus Node Inhibitors</b>		
CORLANOR SOLN	3	QL(15 ml daily); PA
CORLANOR TABS ( <i>ivabradine hcl</i> )	3	QL(2 ea daily); PA

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

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

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>etonogestrel-ethinyl estradiol</i>	0	QL(0.05 ea daily)	<i>deflazacort TABS</i>	4	PA
Copper Contraceptives - IUD			DEPO-MEDROL SUSP	3	
PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A	0		DEXAMETHASONE INTENSOL CONC	1B	
Emergency Contraceptives			<i>dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML</i>	1B	
ELLA	0		<i>dexamethasone sodium phosphate SOSY IJ 4 MG/ML</i>	1B	
<i>levonorgestrel (emergency oc) 1.5 MG</i>	0		<i>dexamethasone ELIX</i>	1B	
Progestin Contraceptives - Implants			<i>dexamethasone SOLN</i>	1B	
NEXPLANON	0		<i>dexamethasone TABS 0.5 MG, 0.75 MG</i>	1A	
Progestin Contraceptives - Injectable			<i>dexamethasone TABS 1 MG, 1.5 MG, 2 MG, 4 MG, 6 MG</i>	1B	
DEPO-SUBQ PROVERA 104 SUSY SC	0		EMFLAZA SUSP ( <i>deflazacort</i> )	4	PA
<i>medroxyprogesterone acetate (contraceptive) SUSP IM</i>	0	QL(1 ml per 90 day(s) retail)	EMFLAZA TABS ( <i>deflazacort</i> )	4	PA
<i>medroxyprogesterone acetate (contraceptive) SUSY IM</i>	0	QL(90 Day(s) limit ; 1 ml per 90 day(s) retail)	<i>hydrocortisone sod succinate 100 MG</i>	1B	2 max fill(s) per 30 day(s) retail
Progestin Contraceptives - IUD			<i>hydrocortisone TABS</i>	1B	
KYLEENA	0		MEDROL TABS	3	
LILETTA 20.1 MCG/DAY	0		<i>methylprednisolone acetate SUSP</i>	1B	
MIRENA 20 MCG/DAY	0		<i>methylprednisolone sod succ 40 MG, 125 MG, 500 MG, 1000 MG</i>	1B	
SKYLA	0		<i>methylprednisolone TABS</i>	1B	
Progestin Contraceptives - Oral			<i>methylprednisolone TBPK 4 MG</i>	1B	
<i>norethindrone (contraceptive)</i>	0		<i>prednisolone sodium phosphate SOLN 5 MG/5ML, 6.7 MG/5ML, 10 MG/5ML, 15 MG/5ML, 25 MG/5ML</i>	1B	
OPILL	0		<i>prednisolone sodium phosphate TBP</i>	3	
SLYND	0	QL(1 ea daily)	<i>prednisolone SOLN</i>	1B	
<b>CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions</b>					
Glucocorticosteroids					
<i>budesonide CPEP</i>	1B	QL(3 ea daily)			
<i>deflazacort SUSP</i>	4	PA			

Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone TABS</i>	1B	
<i>prednisone SOLN</i>	1B	
<i>prednisone TABS 1 MG, 5 MG</i>	1B	
<i>prednisone TABS 2.5 MG, 10 MG, 20 MG, 50 MG</i>	1A	
<i>prednisone TBPk</i>	1B	
SOLU-CORTEF 250 MG	3	
SOLU-CORTEF 100 MG, 500 MG, 1000 MG	3	2 max fill(s) per 30 day(s) retail
SOLU-MEDROL 2 GM	3	
<i>triamcinolone acetonide SUSP 40 MG/ML, 200 MG/5ML, 400 MG/10ML</i>	1B	
<b>Mineralocorticoids</b>		
<i>fludrocortisone acetate TABS</i>	1B	
<b>COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms</b>		
<b>Antitussives</b>		
<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)
<b>Cough/Cold/Allergy Combinations</b>		
<i>hydrocodone polistirex-chlorpheniramine polistirex SUER</i>	1B	
TUZISTRA XR	2	PA
<b>Misc. Respiratory Inhalants</b>		
HYPERSAL NEBU	1B	
NEBUSAL NEBU	1B	
<i>sodium chloride (inhalant) NEBU 7 %</i>	1B	
<b>Mucolytics</b>		
<i>acetylcysteine SOLN</i>	1B	
<b>DERMATOLOGICALS - Drugs to Treat Skin Conditions</b>		

Drug Name	Drug Tier	Requirements/Limits
<b>Acne Products</b>		
<i>adapalene-benzoyl peroxide GEL 2.5 %-0.1 %</i>	1B	AL(At least 12 yrs old); ST
<i>adapalene CREA</i>	1B	AL(At least 12 yrs old); ST
<i>adapalene GEL</i>	1B	AL(At least 12 yrs old); ST; RX/OTC
AZELEX	3	QL(50 gm per 30 day(s) retail; 50 gm per 30 days mail); AL(At least 12 yrs old); ST
BENZEPRO CREAMY WASH LIQD	2	AL(At least 12 yrs old); RX/OTC
BENZEPRO FOAM 5.3 %	2	AL(At least 12 yrs old); RX/OTC
<i>benzoyl peroxide-erythromycin GEL</i>	1B	AL(At least 12 yrs old); PA
<i>benzoyl peroxide FOAM 5.3 %, 9.8 %</i>	1B	AL(At least 12 yrs old); RX/OTC
<i>benzoyl peroxide GEL 5 %</i>	1B	QL(3 gm daily); AL(At least 12 yrs old)
<i>benzoyl peroxide GEL 10 %</i>	1B	AL(At least 12 yrs old)
<i>benzoyl peroxide LIQD 4 %, 7 %, 10 %</i>	1B	AL(At least 12 yrs old)
<i>clindamycin phosphate (topical) FOAM</i>	1B	AL(At least 12 yrs old); PA
<i>clindamycin phosphate (topical) GEL</i>	1B	QL(8 gm daily)
<i>clindamycin phosphate (topical) LOTN</i>	1B	AL(At least 12 yrs old)
<i>clindamycin phosphate (topical) SOLN</i>	1B	QL(4 ml daily); AL(At least 12 yrs old)
<i>clindamycin phosphate (topical) SWAB</i>	1B	AL(At least 12 yrs old)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	1B	AL(At least 12 yrs old); PA	<b>Antibiotics - Topical</b>		
<i>clindamycin phosphate-benzoyl peroxide GEL 5 %-1 %</i>	1B	AL(At least 12 yrs old); PA	ALTABAX	2	QL(15 gm per 30 day(s) retail; 15 gm per 30 days mail)
<i>clindamycin phosphate-tretinoin</i>	1B	AL(At least 12 yrs old); ST	<i>gentamicin sulfate (topical) CREA</i>	1B	QL(1 gm daily)
DIFFERIN LOTN	2	AL(At least 12 yrs old); ST	<i>gentamicin sulfate (topical) OINT</i>	1B	
<i>erythromycin (acne aid) PADS</i>	1B	AL(At least 12 yrs old)	<i>mupirocin OINT</i>	1B	QL(6 gm daily)
<i>erythromycin (acne aid) SOLN</i>	1B	AL(At least 12 yrs old)	NEO-SYNALAR	3	QL(60 gm per 30 day(s) retail; 60 gm per 30 days mail); PA
<i>isotretinoin 10 MG, 20 MG, 30 MG, 40 MG</i>	3	AL(At least 12 yrs old); PA	<b>Antifungals - Topical</b>		
PR BENZOYL PEROXIDE WASH LIQD	2	AL(At least 12 yrs old); RX/OTC	<i>butenafine hcl</i>	1B	QL(6 gm daily); RX/OTC
<i>sulfacetamide sodium (acne)</i>	1B	AL(At least 12 yrs old)	<i>ciclopirox olamine CREA</i>	1B	QL(90 gm per fill retail); 1 max fill(s) per 30 day(s) retail
<i>sulfacetamide sodium w/ sulfur CREA 10 %-5 %</i>	1B	AL(At least 12 yrs old)	<i>ciclopirox olamine SUSP</i>	1B	
<i>sulfacetamide sodium w/ sulfur LIQD 9 %-4.5 %</i>	1B	AL(At least 12 yrs old); ST	<i>ciclopirox GEL</i>	1B	QL(3.35 gm daily)
<i>sulfacetamide sodium w/ sulfur LIQD 10 %-5 %</i>	1B	AL(At least 12 yrs old)	<i>ciclopirox SHAM</i>	1B	QL(10 ml daily)
<i>sulfacetamide sodium-sulfur in urea vehicle EMUL 10 %-10 %-4 %</i>	1B	AL(At least 12 yrs old)	<i>ciclopirox SOLN</i>	1B	QL(0.22 ml daily)
<i>tretinoin microsphere 0.1 %</i>	1B	QL(3 gm daily); AL(At least 12 yrs old - Up to 30 yrs old); PA	<i>clotrimazole (topical) CREA</i>	1B	QL(4.5 gm daily); RX/OTC
<i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i>	1B	QL(3 gm daily); AL(At least 12 yrs old - Up to 30 yrs old); PA	<i>clotrimazole (topical) SOLN</i>	1B	QL(10 ml daily); RX/OTC
<i>tretinoin GEL 0.01 %, 0.025 %</i>	1B	QL(3 gm daily); AL(At least 12 yrs old - Up to 30 yrs old); PA	<i>clotrimazole w/ betamethasone CREA</i>	1B	QL(8 gm daily)
<b>Agents for External Genital and Perianal Warts</b>			<i>clotrimazole w/ betamethasone LOTN</i>	1B	
VEREGEN	3	QL(1 gm daily)	<i>econazole nitrate CREA</i>	1B	QL(85 gm per fill retail; 85 per fill mail)
			ERTACZO	3	QL(2.15 gm daily)
			<i>ketoconazole (topical) CREA</i>	1B	QL(10 gm daily)
			<i>ketoconazole (topical) SHAM 2 %</i>	1B	QL(20 ml daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>luliconazole</i>	1B	PA	<i>diclofenac sodium (topical) GEL EX</i>	1B	QL(3.34 gm daily); RX/OTC
<i>naftifine hcl CREA 1 %</i>	1B	QL(3 gm daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail	Antineoplastic or Premalignant Lesion Agents - Topical		
<i>naftifine hcl CREA 2 %</i>	1B	QL(2 gm daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail	<i>bexarotene (topical)</i>	4	SP; PA
<i>nystatin (topical) CREA</i>	1B	QL(10 gm daily)	<i>diclofenac sodium (actinic keratoses) EX</i>	1B	QL(3.34 gm daily); PA
<i>nystatin (topical) OINT</i>	1B	QL(6 gm daily)	<i>fluorouracil (topical) CREA 5 %</i>	1B	QL(4 gm daily)
<i>nystatin (topical) POWD EX</i>	1B	QL(10 gm daily)	<i>fluorouracil (topical) SOLN</i>	1B	QL(2 ml daily)
<i>nystatin-triamcinolone CREA</i>	1B	QL(10 gm daily)	PANRETIN	3	QL(60 gm per 30 day(s) retail; 60 gm per 30 days mail)
<i>nystatin-triamcinolone OINT</i>	1B	QL(4 gm daily)	Antipruritics - Topical		
<i>oxiconazole nitrate CREA</i>	1B	Limit 1 Fill per 180 days; QL(3 gm daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail	<i>doxepin hcl (antipruritic)</i>	3	Limit 1 fill every 180 days; QL(45 gm per fill retail; 45 per fill mail); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA
OXISTAT LOTN	2	Limit 1 Fill per 180 days; QL(2 ml daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail	Antipsoriatics		
<i>sulconazole nitrate CREA</i>	1B		<i>acitretin 10 MG, 17.5 MG</i>	1B	QL(1 ea daily)
<i>sulconazole nitrate SOLN</i>	1B	1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail	<i>acitretin 25 MG</i>	1B	QL(2 ea daily)
<i>tavaborole</i>	1B	PA	<i>calcipotriene CREA</i>	1B	QL(4 gm daily); PA
Anti-inflammatory Agents - Topical			<i>calcipotriene OINT</i>	1B	QL(4 gm daily); PA
<i>diclofenac epolamine PTCH EX</i>	1B	QL(2 ea daily); PA	<i>calcipotriene SOLN</i>	1B	QL(4 ml daily); PA
			<i>calcitriol (topical)</i>	1B	QL(3.34 gm daily)
			COSENTYX SENSOREADY PEN SOAJ	4	QL(0.072 ml daily); PA
			COSENTYX UNOREADY SOAJ	4	QL(0.072 ml daily); PA
			COSENTYX SOSY 150 MG/ML	4	QL(0.072 ml daily); PA

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
COSENTYX SOSY 150 MG/ML	4	QL(0.036 ml daily); PA	<i>alclometasone dipropionate CREA</i>	1B	QL(2 gm daily)
COSENTYX SOSY 75 MG/0.5ML	4	QL(0.18 ml daily); PA	<i>alclometasone dipropionate OINT</i>	1B	QL(3 gm daily)
<i>methoxsalen rapid</i>	1B	QL(4 ea daily)	<i>amcinonide CREA</i>	1B	QL(60 gm per fill retail; 60 per fill mail); 1 max fill(s) per 30 day(s) retail; 1 max fill(s) per 30 day(s) mail
SKYRIZI PEN SOAJ	4	QL(0.025 ml daily); PA	<i>amcinonide LOTN</i>	3	
SKYRIZI PSKT	4	QL(0.025 ea daily); PA	<i>amcinonide OINT</i>	3	
SKYRIZI SOSY	4	QL(0.025 ml daily); PA	<i>betamethasone dipropionate (topical) CREA</i>	1B	QL(3 gm daily)
STELARA SOLN 45 MG/0.5ML	4	QL(0.012 ml daily); PA	<i>betamethasone dipropionate (topical) LOTN</i>	1B	
STELARA SOSY 45 MG/0.5ML	4	QL(0.012 ml daily); PA	<i>betamethasone dipropionate (topical) OINT 0.05 %</i>	1B	QL(3 gm daily)
STELARA SOSY 90 MG/ML	4	QL(0.018 ml daily); SP; PA	<i>betamethasone dipropionate augmented CREA</i>	1B	QL(3.5 gm daily)
<i>tazarotene CREA 0.1 %</i>	1B	QL(1 gm daily)	<i>betamethasone dipropionate augmented LOTN</i>	1B	QL(5 ml daily)
TREMFYA SOAJ 100 MG/ML	4	QL(0.018 ml daily); PA	<i>betamethasone dipropionate augmented OINT</i>	1B	QL(3.5 gm daily)
TREMFYA SOSY 100 MG/ML	4	QL(0.018 ml daily); PA	<i>betamethasone valerate CREA</i>	1B	QL(2.5 gm daily)
Antiseborrheic Products			<i>betamethasone valerate FOAM</i>	1B	QL(1.67 gm daily)
<i>selenium sulfide LOTN 2.5 %</i>	1B		<i>betamethasone valerate LOTN</i>	1B	QL(5 ml daily)
Antivirals - Topical			<i>betamethasone valerate OINT</i>	1B	QL(3 gm daily)
<i>acyclovir topical CREA</i>	1B	1 package(s) per fill retail; 1 package(s) per fill mail	<i>calcipotriene-betamethasone dipropionate OINT</i>	1B	ST
<i>acyclovir topical OINT</i>	1B	1 package(s) per fill retail; 1 package(s) per fill mail			
<i>penciclovir</i>	3	QL(0.18 gm daily)			
Burn Products					
<i>mafenide acetate PACK</i>	3				
<i>silver sulfadiazine</i>	1B	QL(20 gm daily)			
SULFAMYLON CREA	3				
Corticosteroids - Topical					

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

Drug Name	Drug Tier	Requirements/Limits
<i>mometasone furoate CREA</i>	1B	QL(3 gm daily)
<i>mometasone furoate OINT</i>	1B	QL(4 gm daily)
<i>mometasone furoate SOLN</i>	1B	QL(5 ml daily)
<i>prednicarbate OINT</i>	1B	
<i>triamcinolone acetonide (topical) CREA 0.025 %</i>	1B	QL(15.15 gm daily)
<i>triamcinolone acetonide (topical) CREA 0.5 %</i>	1B	QL(5 gm daily)
<i>triamcinolone acetonide (topical) CREA 0.1 %</i>	1B	QL(3.34 gm daily)
<i>triamcinolone acetonide (topical) LOTN 0.1 %</i>	1B	QL(6 ml daily)
<i>triamcinolone acetonide (topical) LOTN 0.025 %</i>	1B	
<i>triamcinolone acetonide (topical) OINT 0.5 %</i>	1B	QL(6 gm daily)
<i>triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %</i>	1B	QL(15.15 gm daily)
<b>Eczema Agents</b>		
DUPIXENT SOAJ SC 300 MG/2ML	4	QL(0.29 ml daily); PA
DUPIXENT SOAJ SC 200 MG/1.14ML	4	QL(0.082 ml daily); PA
DUPIXENT SOSY 100 MG/0.67ML	4	QL(0.048 ml daily); PA
DUPIXENT SOSY 200 MG/1.14ML	4	QL(0.082 ml daily); PA
DUPIXENT SOSY 300 MG/2ML	4	QL(0.29 ml daily); PA
<b>Emollients</b>		
<i>lactic acid (ammonium lactate) CREA</i>	1B	QL(12.9 gm daily); RX/OTC
<i>lactic acid (ammonium lactate) LOTN 12 %</i>	1B	RX/OTC
<b>Enzymes - Topical</b>		
SANTYL OINT	3	PA

Drug Name	Drug Tier	Requirements/Limits
<b>Immunomodulating Agents - Topical</b>		
<i>imiquimod 5 %</i>	1B	QL(12 ea per fill retail; 12 per fill mail)
<b>Immunosuppressive Agents - Topical</b>		
<i>pimecrolimus</i>	1B	QL(3 gm daily); AL(At least 2 yrs old); PA
<i>tacrolimus (topical) OINT</i>	1B	AL(At least 2 yrs old); PA
<b>Keratolytic/Antimitotic/Vesicant Agents</b>		
<i>podofilox SOLN</i>	1B	
<b>Local Anesthetics - Topical</b>		
<i>lidocaine hcl GEL 2 %</i>	1B	QL(4 ml daily)
<i>lidocaine hcl PRSY</i>	1B	QL(4 ml daily)
<i>lidocaine hcl SOLN</i>	1B	QL(10 ml daily)
<i>lidocaine-prilocaine CREA</i>	1B	QL(1 gm daily)
<i>lidocaine PTCH 5 %</i>	1B	PA
SYNERA PTCH	3	QL(10 ea per fill retail; 10 per fill mail); 1 max fill(s) per 30 day(s) retail; 1 max fill(s) per 30 day(s) mail
<b>Phosphodiesterase 4 (PDE4) Inhibitors - Topical</b>		
EUCRISA	3	QL(2 gm daily); PA
<b>Rosacea Agents</b>		
<i>azelaic acid GEL</i>	1B	QL(1.67 gm daily)
<i>brimonidine tartrate (topical)</i>	3	QL(1 gm daily); PA
<i>metronidazole (topical) CREA</i>	1B	QL(3 gm daily)
<i>metronidazole (topical) GEL 0.75 %</i>	1B	QL(3 gm daily)
<i>metronidazole (topical) GEL 1 %</i>	1B	QL(5 gm daily)
<i>metronidazole (topical) LOTN</i>	1B	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<b>Scabicides &amp; Pediculicides</b>			RELION TRUE METRIX BLOODGLUCOSE TEST STRIPS STRP	1B	QL(3.34 ea daily); RX/OTC
<i>crotamiton LOTN</i>	1B	PA	TRUE METRIX BLOOD GLUCOSE TEST STRIPS STRP	1B	Limit 100 per month; QL(3.34 ea daily); RX/OTC
<i>ivermectin (pediculicide)</i>	1B	PA	TRUE METRIX SELF MONITORING BLOOD GLUCOSE STRIPS STRP	1B	QL(3.34 ea daily); RX/OTC
<i>malathion</i>	1B		TRUE TRACK TEST STRP	1B	Limit 100 per month; QL(3.34 ea daily); RX/OTC
<i>permethrin CREA</i>	1B		<b>DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes</b>		
<i>permethrin LIQD EX</i>	1B		<b>Digestive Enzymes</b>		
<i>spinosad</i>	1B	PA	CREON CPEP	2	Non-FDA approved uses require Prior Authorization
<b>Wound Care Products</b>			PANCREAZE CPEP 149900 UNIT-97300 UNIT-37000 UNIT, 15200 UNIT-8800 UNIT-2600 UNIT, 24600 UNIT-14200 UNIT-4200 UNIT, 61500 UNIT-35500 UNIT-10500 UNIT, 83900 UNIT-54700 UNIT-21000 UNIT, 98400 UNIT-56800 UNIT-16800 UNIT	3	Non-FDA approved uses require Prior Authorization
REGRANEX	3	QL(0.5 gm daily)	ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT	2	Non-FDA approved uses require Prior Authorization
<b>DIAGNOSTIC PRODUCTS</b>					
<b>Diagnostic Drugs</b>					
GLUCAGEN DIAGNOSTIC	3	QL(0.035 ea daily)			
THYROGEN 0.9 MG	3	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; PA			
<b>Diagnostic Tests</b>					
CHEMSTRIP-K STRP	1B				
FORA GTEL BLOOD KETONE TEST STRIPS	1B				
FORA TEST N' GO ADVANCE/VOICE/6 CONNECT	1B				
GOJJI BLOOD KETONE TEST STRIPS	1B				
KETONE TEST STRIPS STRP	1B				
KETONE STRP	1B				
KETOSTIX STRP	1B				
NOVA MAX PLUS KETONE TESTSTRIPS	1B				
PRECISION XTRA	1B				
RELION KETONE TEST STRIPS STRP	1B				



Drug Name	Drug Tier	Requirements/Limits
ZENPEP CPEP 252600 UNIT-189600 UNIT-60000 UNIT	2	
<b>DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure</b>		
Carbonic Anhydrase Inhibitors		
<i>acetazolamide sodium</i>	1B	
<i>acetazolamide CP12</i>	1B	QL(2 ea daily)
<i>acetazolamide TABS 125 MG</i>	1B	QL(8 ea daily)
<i>acetazolamide TABS 250 MG</i>	1B	QL(4 ea daily)
<i>dichlorphenamide</i>	4	QL(4 ea daily); PA
<i>methazolamide TABS</i>	1B	QL(6 ea daily)
Diuretic Combinations		
<i>amiloride &amp; hydrochlorothiazide</i>	1B	
<i>spironolactone &amp; hydrochlorothiazide</i>	1B	
<i>triamterene &amp; hydrochlorothiazide CAPS 25 MG-37.5 MG</i>	1B	
<i>triamterene &amp; hydrochlorothiazide TABS</i>	1B	
Loop Diuretics		
<i>bumetanide SOLN 0.25 MG/ML</i>	1B	
<i>bumetanide TABS</i>	1B	QL(5 ea daily)
<i>ethacrynic acid</i>	1B	QL(16 ea daily)
<i>furosemide SOLN OR 10 MG/ML, 40 MG/5ML</i>	1B	
<i>furosemide TABS</i>	1B	
<i>torseamide TABS</i>	1B	
Potassium Sparing Diuretics		
<i>amiloride hcl TABS</i>	1B	
<i>spironolactone TABS</i>	1B	
<i>triamterene CAPS</i>	1B	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/Limits
Thiazides and Thiazide-Like Diuretics		
<i>chlorthalidone 25 MG, 50 MG</i>	1B	
DIURIL SUSP	2	QL(20 ml daily)
<i>hydrochlorothiazide CAPS</i>	1B	QL(2 ea daily)
<i>hydrochlorothiazide TABS 12.5 MG</i>	1B	QL(2 ea daily)
<i>hydrochlorothiazide TABS 25 MG, 50 MG</i>	1A	QL(2 ea daily)
<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)
<b>ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones</b>		
Bone Density Regulators		
<i>alendronate sodium TABS 35 MG, 70 MG</i>	1B	QL(0.143 ea daily)
<i>alendronate sodium TABS 5 MG, 10 MG</i>	1B	QL(1 ea daily)
<i>calcitonin (salmon) NA 200 UNIT/ACT</i>	1B	QL(0.14 ml daily)
FORTEO SOPN ( <i>teriparatide</i> )	4	QL(0.09 ml daily); SP; PA
FOSAMAX PLUS D	3	QL(0.143 ea daily); PA
<i>ibandronate sodium SOLN</i>	4	SP; PA
<i>ibandronate sodium TABS</i>	1B	QL(0.036 ea daily)
<i>pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML</i>	4	SP; PA
PAMIDRONATE DISODIUM SOLN	4	SP; PA
PROLIA SOSY	4	1 max fill(s) per 180 day(s) retail; SP; PA
<i>risedronate sodium TABS 35 MG</i>	1B	QL(0.143 ea daily); PA

Drug Name	Drug Tier	Requirements/Limits
<i>risedronate sodium TABS 150 MG</i>	1B	QL(0.036 ea daily); PA
<i>risedronate sodium TABS 5 MG, 30 MG</i>	1B	QL(1 ea daily); PA
<i>risedronate sodium TBEC</i>	1B	PA
<i>teriparatide SOPN</i>	4	QL(0.09 ml daily); SP; PA
TERIPARATIDE SOPN	4	QL(0.09 ml daily); PA
TYMLOS	4	PA
XGEVA SOLN	4	SP; PA
<i>zoledronic acid CONC</i>	4	SP; PA
<i>zoledronic acid SOLN</i>	4	SP; PA
Corticotropin		
ACTHAR GEL	3	PA
Fertility Regulators		
CHORIONIC GONADOTROPIN IM	4	PA
<i>clomiphene citrate TABS</i>	3	PA
GnRH/LHRH Antagonists		
<i>ganirelix acetate</i>	4	PA
ORLISSA	2	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		
GENOTROPIN MINIQUICK PRSY	4	PA
GENOTROPIN CART SC	4	PA
HUMATROPE CART IJ	4	SP; PA
NORDITROPIN FLEXPRO SOPN 30 MG/3ML	4	PA
NORDITROPIN FLEXPRO SOPN 5 MG/1.5ML, 10 MG/1.5ML, 15 MG/1.5ML	4	SP; PA

Drug Name	Drug Tier	Requirements/Limits
ZORBTIVE SC	4	SP; PA
Hormone Receptor Modulators		
OSPHENA	3	PA
<i>raloxifene hcl</i>	0	QL(1 ea daily)
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX	4	SP; PA
LHRH/GnRH Agonist Analog Pituitary Suppressants		
FENSOLVI SC	4	SP; PA
LUPRON DEPOT-PED (1-MONTH)	4	SP; PA
LUPRON DEPOT-PED (3-MONTH) 30 MG	4	SP; PA
LUPRON DEPOT-PED (3-MONTH) 11.25 MG	4	PA
SYNAREL	4	SP; PA
Metabolic Modifiers		
ALDURAZYME	4	SP; PA
<i>betaine</i>	4	SP; PA
<i>calcitriol CAPS 0.25 MCG, 0.5 MCG</i>	1B	
<i>calcitriol SOLN IV</i>	1B	
<i>cinacalcet hcl</i>	4	QL(4 ea daily); SP; PA
<i>doxercalciferol CAPS</i>	1B	
<i>doxercalciferol SOLN</i>	1B	
ELAPRASE	4	SP; PA
GALAFOLD	4	QL(0.5 ea daily); PA
LUMIZYME	4	SP; PA
MYALEPT	4	PA
NAGLAZYME	4	SP; PA
<i>nitisinone CAPS</i>	4	PA
<i>paricalcitol CAPS</i>	1B	
<i>paricalcitol SOLN</i>	1B	
PHEBURANE PLLT	4	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>sapropterin dihydrochloride</i> PACK	4	PA
<i>sapropterin dihydrochloride</i> TABS	4	PA
<i>sodium phenylbutyrate</i> POWD	1B	PA
<i>sodium phenylbutyrate</i> TABS	1B	PA
STRENSIQ	4	PA
Posterior Pituitary Hormones		
<i>desmopressin acetate</i> spray	1B	
<i>desmopressin acetate</i> spray refrigerated	1B	
<i>desmopressin acetate</i> SOLN IJ	1B	PA
DESMOPRESSIN ACETATE SOLN NA	4	SP; PA
<i>desmopressin acetate</i> TABS 0.2 MG	1B	QL(8 ea daily)
<i>desmopressin acetate</i> TABS 0.1 MG	1B	QL(6 ea daily)
Prolactin Inhibitors		
<i>cabergoline</i>	1B	
Somatostatic Agents		
<i>octreotide acetate</i> KIT	4	PA
<i>octreotide acetate</i> SOLN	4	SP; PA
SANDOSTATIN LAR DEPOT KIT	4	PA
SANDOSTATIN LAR DEPOT KIT ( <i>octreotide acetate</i> )	4	PA
SIGNIFOR	4	PA
Vasopressin Receptor Antagonists		
JYNARQUE TBPK	4	SP; PA
<i>tolvaptan</i> TABS	4	QL(2 ea daily); SP; PA
<b>ESTROGENS - Hormone Replacement/Modifying Drugs</b>		

Drug Name	Drug Tier	Requirements/Limits
Estrogen Combinations		
ACTIVEVELLA TABS 1 MG-0.5 MG ( <i>estradiol &amp; norethindrone acetate</i> )	3	
ANGELIQ	3	
BIJUVA	3	
CLIMARA PRO	3	
COMBIPATCH PTTW	3	
DUAVEE	3	
<i>esterified estrogens &amp; methyltestosterone</i>	3	
<i>estradiol &amp; norethindrone acetate</i> TABS	3	
<i>norethindrone acetate-ethinyl estradiol</i>	1B	
PREFEST	3	
PREMPHASE	2	
PREMPRO	2	QL(1 ea daily)
Estrogens		
DELESTROGEN 10 MG/ML ( <i>estradiol valerate</i> )	1B	
DEPO-ESTRADIOL	3	
ELESTRIN GEL	3	
<i>estradiol valerate</i>	1B	
<i>estradiol GEL</i> 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM, 1.25 MG/1.25GM	1B	
<i>estradiol GEL</i> 0.06 %	3	
<i>estradiol</i> PTTW	1B	QL(0.286 ea daily)
<i>estradiol</i> PTWK	1B	
<i>estradiol</i> TABS	1B	
ESTROGEL GEL ( <i>estradiol</i> )	3	
EVAMIST SOLN	3	
MENEST	3	
MENOSTAR PTWK	3	

Drug Name	Drug Tier	Requirements/Limits
PREMARIN SOLR	2	
PREMARIN TABS	2	QL(1 ea daily)
<b>FLUOROQUINOLONES - Drugs to Treat Bacterial Infections</b>		
Fluoroquinolones		
BAXDELA SOLR	3	PA
BAXDELA TABS	3	PA
<i>ciprofloxacin hcl TABS</i>	1B	
<i>ciprofloxacin in d5w 5 %-200 MG/100ML</i>	3	
<i>ciprofloxacin SUSR 5 GM/100ML, 500 MG/5ML</i>	1B	2 max fill(s) per 30 day(s) retail
CIPRO SUSR	2	2 max fill(s) per 30 day(s) retail
<i>levofloxacin in d5w 5 %-500 MG/100ML</i>	1B	
<i>levofloxacin SOLN OR</i>	1B	
<i>levofloxacin TABS 250 MG, 750 MG</i>	1B	
<i>levofloxacin TABS 500 MG</i>	1A	
<i>moxifloxacin hcl in sodium chloride</i>	1B	
<i>moxifloxacin hcl TABS</i>	1B	
<i>ofloxacin 300 MG, 400 MG</i>	1B	
<b>GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs</b>		
Bile Acid Synthesis Disorder Agents		
CHOLBAM	4	SP; PA
Gallstone Solubilizing Agents		
<i>ursodiol CAPS</i>	1B	QL(3 ea daily)
<i>ursodiol TABS</i>	1B	
Gastrointestinal Chloride Channel Activators		
<i>lubiprostone</i>	1B	QL(2 ea daily)
Gastrointestinal Stimulants		

Drug Name	Drug Tier	Requirements/Limits
<i>metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML</i>	1B	QL(60 ml daily)
<i>metoclopramide hcl SOLN IJ 5 MG/ML</i>	1B	
<i>metoclopramide hcl TABS</i>	1A	QL(6 ea daily)
Inflammatory Bowel Agents		
<i>balsalazide disodium CAPS</i>	1B	QL(9 ea daily)
DIPENTUM	2	
INFLECTRA SOLR	4	PA
<i>mesalamine CP24</i>	1B	
<i>mesalamine CPDR</i>	1B	
<i>mesalamine ENEM</i>	3	
<i>mesalamine SUPP</i>	3	
<i>mesalamine TBEC 1.2 GM</i>	3	
<i>mesalamine TBEC 800 MG</i>	3	QL(6 ea daily)
RENFLEXIS	4	PA
SKYRIZI SOCT	4	QL(0.043 ml daily); PA
SKYRIZI SOLN	4	QL(0.36 ml daily); PA
STELARA 130 MG/26ML	4	QL(3.47 ml daily); PA
<i>sulfasalazine TABS</i>	1B	
<i>sulfasalazine TBEC</i>	1B	
Intestinal Acidifiers		
<i>lactulose (encephalopathy)</i>	1B	
Irritable Bowel Syndrome (IBS) Agents		
<i>alosetron hcl</i>	1B	QL(2 ea daily)
LINZESS	2	QL(1 ea daily)
Peripheral Opioid Receptor Antagonists		
<i>alvimopan</i>	1B	
MOVANTIK	3	QL(1 ea daily); PA
Phosphate Binder Agents		

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Drug Name	Drug Tier	Requirements/Limits
<i>calcium acetate (phosphate binder) CAPS</i>	1B	
<i>calcium acetate (phosphate binder) TABS</i>	1B	RX/OTC
<i>lanthanum carbonate CHEW</i>	1B	
PHOSLYRA SOLN	2	
<i>sevelamer carbonate PACK</i>	1B	
<i>sevelamer carbonate TABS</i>	1B	
VELPHORO	3	PA
<b>GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System</b>		
Alkalinizers		
<i>potassium citrate (alkalinizer) TBCR</i>	1B	
<i>sodium citrate &amp; citric acid</i>	1B	RX/OTC
Cystinosis Agents		
CYSTAGON CAPS	3	PA
Genitourinary Irrigants		
<i>acetic acid 0.25 %</i>	1B	
<i>glycine (gu irrigant) SOLN 1.5 %</i>	1B	
<i>sodium chloride (gu irrigant) 0.9 %</i>	1B	
SORBITOL 3 %	1B	
SORBITOL/MANNITOL IRRIGATION	1B	
Interstitial Cystitis Agents		
ELMIRON CAPS	2	QL(3 ea daily)
Prostatic Hypertrophy Agents		
<i>alfuzosin hcl</i>	1B	QL(1 ea daily)
<i>dutasteride</i>	1B	QL(1 ea daily)
<i>dutasteride-tamsulosin hcl</i>	3	PA
<i>finasteride</i>	1B	5 mg only

Drug Name	Drug Tier	Requirements/Limits
<i>silodosin</i>	1B	
<i>tamsulosin hcl</i>	1B	
Urinary Analgesics		
<i>phenazopyridine hcl TABS 100 MG, 100 MG, 200 MG</i>	1B	
Urinary Stone Agents		
THIOLA EC TBEC 300 MG ( <i>tiopronin</i> )	3	QL(10 ea daily); PA
THIOLA EC TBEC 100 MG ( <i>tiopronin</i> )	3	QL(3 ea daily); PA
<i>tiopronin TBEC 100 MG</i>	3	QL(3 ea daily); PA
<i>tiopronin TBEC 300 MG</i>	3	QL(10 ea daily); PA
<b>GOUT AGENTS - Drugs to Treat Gout</b>		
Gout Agent Combinations		
<i>colchicine w/ probenecid</i>	1B	
Gout Agents		
<i>allopurinol 100 MG, 300 MG</i>	1B	
<i>colchicine TABS</i>	1B	QL(1 ea daily)
<i>febuxostat</i>	1B	QL(1 ea daily); PA
Uricosurics		
<i>probenecid</i>	1B	
<b>HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders</b>		
Antihemophilic Products		
ADVATE	4	PA
ADYNOVATE	4	PA
AFSTYLA	4	PA
ALPROLIX	4	PA
ALTUVIIIIO	4	PA
BENEFIX KIT	4	PA
ELOCTATE	4	PA
ESPEROCT	4	PA

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Drug Name	Drug Tier	Requirements/Limits
IDELVION	4	PA
JIVI	4	PA
KOGENATE FS KIT	4	PA
KOVALTRY	4	PA
NOVOEIGHT	4	PA
XYNTHA	4	PA
XYNTHA SOLOFUSE	4	PA
Bradykinin B2 Receptor Antagonists		
<i>icatibant acetate SOLN</i>	4	QL(9 ml daily); PA
<i>icatibant acetate SOSY</i>	4	QL(9 ml daily); PA
Complement Inhibitors		
HAEGARDA SOLR SC	4	PA
Hemataologic - Tyrosine Kinase Inhibitors		
TAVALISSE	4	QL(2 ea daily); SP; PA
Hematorheologic Agents		
<i>pentoxifylline</i>	1B	QL(3 ea daily)
Plasma Kallikrein Inhibitors		
ORLADEYO	4	PA
TAKHZYRO SOLN	4	PA
TAKHZYRO SOSY	4	PA
Platelet Aggregation Inhibitors		
<i>anagrelide hcl</i>	1B	
<i>aspirin-dipyridamole</i>	1B	QL(2 ea daily); PA
BRILINTA	2	QL(2 ea daily)
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	
<i>prasugrel hcl</i>	1B	QL(1 ea daily)
ZONTIVITY	3	PA

Drug Name	Drug Tier	Requirements/Limits
<b>HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders</b>		
Agents for Gaucher Disease		
CERDELGA	4	QL(2 ea daily); PA
CEREZYME 400 UNIT	4	SP; PA
<i>miglustat</i>	4	QL(3 ea daily); SP; PA
Agents for Sickle Cell Disease		
DROXIA CAPS	3	
OXBRYTA TABS 500 MG	4	PA
Cobalamins		
<i>cyanocobalamin SOLN IJ 1000 MCG/ML</i>	1B	QL(1 ml daily)
Folic Acid/Folates		
<i>folic acid TABS</i>	0	
Hematopoietic Growth Factors		
ARANESP ALBUMIN FREE SOLN 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	4	SP; PA
LEUKINE SOLR IJ	4	SP; PA
MIRCERA	4	PA
MULPLETA	4	QL(1 ea daily); PA
NYVEPRIA	4	PA

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Drug Name	Drug Tier	Requirements/Limits
PROCRIT 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	4	SP; PA
PROCRIT 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	4	SP; PA
PROCRIT 40000 UNIT/ML	4	SP; PA
PROMACTA PACK	4	QL(1 ea daily); PA
PROMACTA TABS	4	QL(1 ea daily); PA
RETACRIT	4	PA
UDENYCA ONBODY SOSY	4	PA
UDENYCA SOAJ	4	PA
UDENYCA SOSY	4	PA
ZARXIO	4	PA
ZIEXTENZO	4	PA
Hematopoietic Mixtures		
<i>ferrous fumarate-folic acid</i>	1B	QL(1 ea daily)
Iron		
<i>ferrous sulfate SOLN 15 MG/ML</i>	0	AL(Up to 1 yrs old)
<i>ferrous sulfate TABS 65 MG, 325 MG</i>	0	
<i>ferrous sulfate TBEC 325 MG</i>	0	
Stem Cell Mobilizers		
MOZOBIL ( <i>plerixafor</i> )	4	SP; PA
<i>plerixafor</i>	4	SP; PA
<b>HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders</b>		
Hemostatics - Systemic		
<i>aminocaproic acid TABS</i>	1B	PA
<i>tranexamic acid SOLN 1000 MG/10ML</i>	1B	
<i>tranexamic acid TABS</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS</b>		
Barbiturate Hypnotics		
<i>phenobarbital ELIX</i>	1B	
<i>phenobarbital TABS</i>	1B	
Hypnotics - Tricyclic Agents		
<i>doxepin hcl (sleep)</i>	1B	QL(1 ea daily); PA
Non-Barbiturate Hypnotics		
<i>estazolam</i>	1B	
<i>eszopiclone</i>	1B	QL(1 ea daily); AL(At least 18 yrs old); ST
<i>flurazepam hcl 15 MG, 30 MG</i>	1B	PA
<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)
<i>triazolam</i>	1B	
<i>zaleplon 5 MG</i>	1B	QL(1 ea daily); AL(At least 18 yrs old)
<i>zaleplon 10 MG</i>	1B	QL(2 ea daily); AL(At least 18 yrs old)
<i>zolpidem tartrate TABS</i>	1A	QL(1 ea daily); AL(At least 18 yrs old)
<i>zolpidem tartrate TBCR</i>	1B	QL(1 ea daily)
Orexin Receptor Antagonists		
BELSOMRA	3	PA
Selective Melatonin Receptor Agonists		
<i>ramelteon</i>	1B	QL(1 ea daily); AL(At least 18 yrs old)
<b>LAXATIVES - Bowel Treatment Drugs</b>		
Bulk Laxatives		
<i>calcium polycarbophil TABS</i>	1B	

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Drug Name	Drug Tier	Requirements/Limits
<b>Laxative Combinations</b>		
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>	1B	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 6.74 GM-2.97 GM-5.86 GM-22.74 GM-236 GM</i>	0	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	1B	PA
<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>	1B	
<b>Laxatives - Miscellaneous</b>		
<i>lactulose SOLN</i>	1B	
<b>Saline Laxatives</b>		
OSMOPREP	3	PA
<b>Stimulant Laxatives</b>		
<i>bisacodyl SUPP</i>	1A	
<i>bisacodyl TBEC</i>	1A	
<b>Surfactant Laxatives</b>		
<i>docusate calcium</i>	1A	QL(1 ea daily)
<i>docusate sodium CAPS 250 MG</i>	1A	
<i>docusate sodium CAPS 100 MG</i>	1A	QL(4 ea daily)
<b>LOCAL ANESTHETICS-Parenteral - Drugs for Numbing</b>		
<b>Local Anesthetics - Amides</b>		
<i>lidocaine hcl (local anesth.) SOLN 0.5 %, 1 %, 2 %</i>	1B	
<b>MACROLIDES - Drugs to Treat Bacterial Infections</b>		
<b>Azithromycin</b>		
<i>azithromycin PACK</i>	1B	
<i>azithromycin SOLR</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>azithromycin SUSR</i>	1B	
<i>azithromycin TABS 250 MG</i>	1B	QL(6 ea per fill retail; 6 per fill mail)
<i>azithromycin TABS 600 MG</i>	1B	QL(0.286 ea daily)
<i>azithromycin TABS 500 MG</i>	1B	QL(4 ea per fill retail; 4 per fill mail)
<b>Clarithromycin</b>		
<i>clarithromycin SUSR</i>	1B	
<i>clarithromycin TABS</i>	1B	
<i>clarithromycin TB24</i>	1B	
<b>Erythromycins</b>		
<i>erythromycin base CPEP</i>	3	
<i>erythromycin base TABS</i>	3	
<i>erythromycin base TBEC</i>	1B	
<i>erythromycin ethylsuccinate SUSR</i>	1B	
<i>erythromycin ethylsuccinate TABS</i>	3	
<b>Fidaxomicin</b>		
DIFICID TABS	2	
<b>MEDICAL DEVICES AND SUPPLIES</b>		
<b>Contraceptives</b>		
AIMSCO LUBRICATED MISC	0	
CAYA DPRH	0	
DUREX EXTRA SENSITIVE THIN DEVI	0	
DUREX EXTRA SENSITIVE THIN MISC	0	
DUREX TROPICAL MISC	0	
FANTASY LUBRICATED/SPERMICI DE MISC	0	
FANTASY LUBRICATED MISC	0	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FC2 FEMALE CONDOM	0	QL(12 ea per fill retail; 12 per fill mail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail	OMNIFLEX DIAPHRAGM	0	
			REALITY LATEX CONDOMS/LUBRICATED MISC	0	
			REALITY LATEX/ULTRA TEXTURED DEVI	0	
FEMCAP DEVI	0		REALITY LATEX/ULTRA THIN DEVI	0	
KAMELEON LUBRICATED MISC	0		TROJAN MAGNUM MISC	0	
KIMONO COLORS DEVI	0		TROJAN ULTRA THIN LUBRICATED MISC	0	
KIMONO LUBRICATED MISC	0		TROJAN ULTRA THIN/SPERMICIDAL LUBRICANT MISC	0	
KIMONO MAXX/LARGE FLARE MISC	0		TROJAN-ENZ LUBRICATED MISC	0	
KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC	0		TROJAN-ENZ W/SPERMICIDAL MISC	0	
KIMONO PLUS SPERMICIDE LUBRICATED MISC	0		TRUE COVER DEVI	0	
KIMONO PLUS SPERMICIDE/LUBRICATED MISC	0		TRUSTEX COLOR CONDOMS + LUBE MISC	0	
KIMONO PS LUBRICATED MISC	0		TRUSTEX LUBRICATED EXTRALARGE MISC	0	
KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC	0		TRUSTEX LUBRICATED EXTRASTRENGTH MISC	0	
KIMONO SENSATION LUBRICATED MISC	0		TRUSTEX LUBRICATED/RIBBED/STUDDDED MISC	0	
KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC	0		TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC	0	
KIMONO SPECIAL DEVI	0		TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC	0	
K-Y ME & YOU EXTRA LUBRICATED DEVI	0		TRUSTEX LUBRICATED/SPERMICIDE MISC	0	
K-Y ME & YOU INTENSE DEVI	0		TRUSTEX LUBRICATED MISC	0	
MAXX LUBRICATED MISC	0				
MAXX PLUS SPERMICIDE LUBRICATED MISC	0				

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC	0		FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM	3	QL(0.072 ea daily); PA
TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDED MISC	0		FREESTYLE LIBRE 3 PLUS/SENSOR/GLUCOSE MONITORING SYSTEM	3	QL(0.072 ea daily); PA
TRUSTEX/RIA LUBRICATED SPERMICIDE MISC	0		FREESTYLE LIBRE 3/READER/GLUCOSE MONITORING SYSTEM	3	QL(0.072 ea daily); PA
TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC	0		FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM	3	QL(0.072 ea daily); PA
TRUSTEX/RIA LUBRICATED MISC	0		FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM	3	PA
WIDE-SEAL SILICONE DIAPHRAGM KIT 60	0		ONETOUCH DELICA SAFETY LANCING DEVICE	1B	RX/OTC
WIDE-SEAL SILICONE DIAPHRAGM KIT 65	0		ONETOUCH DELICA SAFETY LANCING DEVICE 30G	1B	RX/OTC
WIDE-SEAL SILICONE DIAPHRAGM KIT 70	0		RELION 2-IN-1 LANCET DEVICES 30G	1B	RX/OTC
WIDE-SEAL SILICONE DIAPHRAGM KIT 75	0		RELION 2-IN-1 LANCING DEVICE 25G	1B	RX/OTC
WIDE-SEAL SILICONE DIAPHRAGM KIT 80	0		RELION 2-IN-1 LANCING DEVICE 30G	1B	RX/OTC
WIDE-SEAL SILICONE DIAPHRAGM KIT 85	0		SELECT LANCETS	1B	6.66/day
WIDE-SEAL SILICONE DIAPHRAGM KIT 90	0		SELECT LANCETS	1	6.66/day
WIDE-SEAL SILICONE DIAPHRAGM KIT 95	0		TRUE METRIX CONTROL SOLUTION LEVEL 3 SOLN	1B	
<b>Diabetic Supplies</b>			<b>Parenteral Therapy Supplies</b>		
FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM	3	PA	SELECT INSULIN SYRINGES	1B	5/day
FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM	3	QL(0.072 ea daily); PA	SELECT INSULIN SYRINGES	1	5/day
FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM	3	PA	<b>MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches</b>		
			Calcitonin Gene-Related Peptide (CGRP) Receptor Antag		

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
AIMOVIG	2	QL(0.04 ml daily); PA	<i>naratriptan hcl</i>	1B	QL(0.3 ea daily); AL(At least 18 yrs old)
EMGALITY SOAJ	2	QL(0.07 ml daily); PA	<i>rizatriptan benzoate TABS 10 MG</i>	1B	QL(0.6 ea daily); AL(At least 6 yrs old)
EMGALITY SOSY 100 MG/ML	2	QL(0.1 ml daily); PA	<i>rizatriptan benzoate TABS 5 MG</i>	1B	QL(0.4 ea daily); AL(At least 6 yrs old)
EMGALITY SOSY 120 MG/ML	2	QL(0.07 ml daily); PA	<i>rizatriptan benzoate TBDP 10 MG</i>	1B	QL(0.6 ea daily); AL(At least 6 yrs old)
UBRELVY	3	ST	<i>rizatriptan benzoate TBDP 5 MG</i>	1B	QL(0.4 ea daily); AL(At least 6 yrs old)
<b>Migraine Combinations</b>			<i>sumatriptan</i>	1B	QL(0.2 ea daily); AL(At least 18 yrs old)
<i>ergotamine w/ caffeine TABS</i>	1B	QL(1.5 ea daily)	<i>sumatriptan succinate SOAJ</i>	1B	QL(0.134 ml daily); AL(At least 18 yrs old)
<i>sumatriptan-naproxen sodium</i>	3	QL(10 ea per 30 day(s) retail; 10 ea per 30 days mail)	<i>sumatriptan succinate SOCT</i>	1B	QL(0.134 ml daily); AL(At least 18 yrs old)
<b>Migraine Products</b>			<i>sumatriptan succinate SOLN 6 MG/0.5ML</i>	1B	QL(0.134 ml daily); AL(At least 18 yrs old)
<i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i>	1B	QL(0.267 ml daily)	<i>sumatriptan succinate TABS</i>	1B	QL(0.3 ea daily); AL(At least 18 yrs old)
<i>dihydroergotamine mesylate SOLN IJ 1 MG/ML</i>	1B		<i>zolmitriptan SOLN</i>	1B	QL(0.2 ea daily); AL(At least 12 yrs old); ST
ERGOMAR SUBL	3	QL(0.667 ea daily)	<i>zolmitriptan TABS</i>	1B	QL(0.3 ea daily); AL(At least 12 yrs old); ST
<b>Serotonin Agonists</b>			<i>zolmitriptan TBDP</i>	1B	QL(0.3 ea daily); AL(At least 12 yrs old); ST
<i>almotriptan malate 6.25 MG</i>	1B	QL(0.3 ea daily); AL(At least 12 yrs old); ST	<b>MINERALS &amp; ELECTROLYTES</b>		
<i>almotriptan malate 12.5 MG</i>	1B	QL(0.4 ea daily); AL(At least 12 yrs old); ST			
<i>eletriptan hydrobromide</i>	1B	QL(0.2 ea daily); AL(At least 18 yrs old); ST			
<i>frovatriptan succinate</i>	1B	QL(0.4 ea daily); AL(At least 18 yrs old); ST			

**MINERALS & ELECTROLYTES**

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Bicarbonates			<i>potassium chloride in nacl</i> 20 MEQ/L-0.45 %, 20 MEQ/L-0.9 %, 40 MEQ/L-0.9 %	1B	
<i>sodium acetate SOLN</i>	1B				
SODIUM ACETATE SOLN ( <i>sodium acetate</i> )	1B		POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS	1B	
Calcium			POTASSIUM CHLORIDE/SODIUM CHLORIDE 20 MEQ/L-0.45 % ( <i>potassium chloride in nacl</i> )	1B	
<i>calcium chloride (dihydrate) SOLN</i>	1B		<i>ringer's</i>	1B	
Electrolyte Mixtures			Fluoride		
<i>dextrose in lactated ringers</i>	1B		<i>sodium fluoride CHEW</i> 0.25 MG, 0.5 MG, 1 MG, 2.2 MG	0	QL(1 ea daily)
<i>electrolyte-148</i>	1B		Magnesium		
<i>electrolyte-a</i>	1B		<i>magnesium sulfate IJ</i> 50 %	1B	
IONOSOL-MB/DEXTROSE 5%	1B		Phosphate		
ISOLYTE-P/DEXTROSE 5%	1B		<i>potassium phosphates</i> 236 MG/ML-224 MG/ML	1B	
ISOLYTE-S	1B		Potassium		
KCL 0.3%/D5W/NACL 0.9% ( <i>potassium chloride in dextrose &amp; sodium chloride</i> )	1B		<i>potassium acetate SOLN</i> 2 MEQ/ML	1B	
<i>lactated ringer's</i>	1B		<i>potassium bicarbonate TBEF</i>	1B	
NORMOSOL-M/D5W	1B		<i>potassium chloride microencapsulated crystals er</i> 10 MEQ, 15 MEQ, 20 MEQ	1B	
NORMOSOL-R	1B		<i>potassium chloride CPCR</i>	1B	
PLASMA-LYTE A ( <i>electrolyte-a</i> )	1B		<i>potassium chloride PACK OR</i> 20 MEQ	1B	PA
PLASMA-LYTE-148 ( <i>electrolyte-148</i> )	1B		<i>potassium chloride SOLN IV</i> 2 MEQ/ML, 10 MEQ/50ML, 20 MEQ/50ML	1B	
<i>potassium chloride in dextrose 5 %-20 MEQ/L</i>	1B		POTASSIUM CHLORIDE SOLN IV 10 MEQ/50ML ( <i>potassium chloride</i> )	1B	
<i>potassium chloride in dextrose &amp; sodium chloride 5 %-0.075 %-0.45 %, 5 %-0.15 %-0.9 %, 5 %-10 MEQ/L-0.45 %, 5 %-20 MEQ/L-0.2 %, 5 %-20 MEQ/L-0.45 %, 5 %-20 MEQ/L-0.9 %, 5 %-30 MEQ/L-0.45 %, 5 %-40 MEQ/L-0.45 %, 5 %-40 MEQ/L-0.9 %</i>	1B				

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Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride TBCR</i> 8 MEQ, 10 MEQ, 20 MEQ	1B	
<b>Sodium</b>		
<i>sodium chloride SOLN IV</i> 0.45 %, 0.9 %, 3 %, 4 MEQ/ML, 5 %	1B	
<b>MISCELLANEOUS THERAPEUTIC CLASSES</b>		
<b>Chelating Agents</b>		
<i>penicillamine CAPS</i>	1B	PA
<i>penicillamine TABS</i>	1B	QL(8 ea daily)
<i>trientine hcl 250 MG</i>	4	QL(8 ea daily); SP; PA
<b>Immunomodulators</b>		
<i>lenalidomide 20 MG</i>	4	QL(1 ea daily); PA
<i>lenalidomide 2.5 MG, 5 MG, 10 MG, 15 MG, 25 MG</i>	4	QL(1 ea daily); SP; PA
THALOMID	4	QL(3 ea daily); SP; PA
<b>Immunosuppressive Agents</b>		
ATGAM IV	4	SP; PA
AZATHIOPRINE	1B	
<i>azathioprine TABS</i>	1B	
<i>cyclosporine modified (for microemulsion) CAPS</i>	1B	
<i>cyclosporine modified (for microemulsion) SOLN</i>	1B	
<i>cyclosporine CAPS</i>	1B	
<i>cyclosporine SOLN IV 50 MG/ML</i>	1B	
ENSPRYNG	4	PA
<i>everolimus (immunosuppressant) 1 MG</i>	4	QL(10 ea daily); PA
<i>everolimus (immunosuppressant) 0.25 MG, 0.5 MG, 0.75 MG</i>	4	QL(20 ea daily); SP; PA

Drug Name	Drug Tier	Requirements/Limits
<i>mycophenolate mofetil CAPS</i>	1B	
<i>mycophenolate mofetil TABS</i>	1B	
<i>mycophenolate sodium 180 MG, 360 MG</i>	1B	
NULOJIX	4	SP; PA
PROGRAF PACK	2	PA
PROGRAF SOLN	2	
SIMULECT	3	
<i>sirolimus TABS</i>	1B	
<i>tacrolimus CAPS</i>	1B	
THYMOGLOBULIN	4	SP; PA
<b>Irrigation Solutions</b>		
<i>irrigation solutions, physiological</i>	1B	
<i>lactated ringer's (irrigation)</i>	1B	
<i>ringer's irrigation</i>	1B	
<i>water for irrigation, sterile</i>	1B	
<b>Potassium Removing Agents</b>		
LOKELMA	3	QL(1 ea daily); PA
<i>sodium polystyrene sulfonate POWD</i>	1B	
<i>sodium polystyrene sulfonate SUSP CO 15 GM/60ML</i>	1B	
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<b>Anesthetics Topical Oral</b>		
<i>lidocaine hcl (mouth- throat) 2 %</i>	1B	QL(4 ml daily)
<i>lidocaine hcl (mouth- throat) 4 %</i>	1B	
<b>Anti-infectives - Throat</b>		
<i>clotrimazole</i>	1B	
<i>nystatin (mouth-throat)</i>	1B	
<b>Antiseptics - Mouth/Throat</b>		

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

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Drug Name	Drug Tier	Requirements/Limits
PRENATRYL TABS	2	QL(1 ea daily); RX/OTC
PX PRENATAL MULTIVITAMINS TABS	2	QL(1 ea daily)
QC PRENATAL TABS	2	QL(1 ea daily)
RA PRENATAL FORMULA/FOLICACID TABS	2	QL(1 ea daily)
RA PRENATAL TABS	2	QL(1 ea daily)
SM PRENATAL VITAMINS TABS	2	QL(1 ea daily)
THERANATAL CORE NUTRITION TABS	2	QL(1 ea daily); RX/OTC
TRICARE TABS	2	QL(1 ea daily); RX/OTC
VITATHELY/GINGER TABS	2	QL(1 ea daily); RX/OTC
WESTAB PLUS TABS	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>chlorzoxazone TABS 750 MG</i>	1B	QL(4 ea daily)
<i>cyclobenzaprine hcl TABS 5 MG, 10 MG</i>	1A	QL(3 ea daily)
<i>metaxalone 800 MG</i>	1B	QL(4 ea daily)
<i>methocarbamol TABS 500 MG, 750 MG</i>	1B	
<i>orphenadrine citrate TB12</i>	1B	QL(2 ea daily)
<i>tizanidine hcl CAPS</i>	1B	
<i>tizanidine hcl TABS</i>	1B	

###### Direct Muscle Relaxants

<i>dantrolene sodium CAPS</i>	1B	QL(4 ea daily)
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#### NASAL AGENTS - SYSTEMIC AND TOPICAL -

Drug Name	Drug Tier	Requirements/Limits
<b>Drugs to treat the Nose or Sinus</b>		
Nasal Antiallergy		
<i>azelastine hcl</i>	1B	RX/OTC
<i>olopatadine hcl (nasal)</i>	1B	
Nasal Anticholinergics		
<i>ipratropium bromide (nasal) 0.03 %</i>	1B	QL(1 ml daily)
<i>ipratropium bromide (nasal) 0.06 %</i>	1B	
Nasal Steroids		
<i>budesonide (nasal)</i>	1B	
<i>flunisolide (nasal) 0.025 %</i>	1B	1 package(s) per fill retail
<i>fluticasone propionate (nasal) SUSP</i>	1B	Limit 2 inhalers per month; QL(32 ml per 30 day(s) retail); RX/OTC
<i>mometasone furoate (nasal) SUSP</i>	1B	QL(1.14 gm daily); PA; RX/OTC
<i>triamcinolone acetonide (nasal) AERO</i>	1B	
XHANCE EXHU	3	PA
<b>NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles</b>		
ALS Agents		
<i>riluzole TABS</i>	3	
Neuromuscular Blocking Agent - Neurotoxins		
XEOMIN	3	PA
Nondepolarizing Muscle Relaxants		
<i>atracurium besylate 100 MG/10ML</i>	3	PA
<b>NUTRIENTS</b>		
Proteins		
CLINIMIX 4.25%/DEXTROSE 10%	3	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CLINIMIX 4.25%/DEXTROSE 5%	3		<i>erythromycin (ophth)</i>	1B	
CLINIMIX E 5%/DEXTROSE 20%	3		<i>gatifloxacin (ophth)</i>	1B	
<b>OPHTHALMIC AGENTS - Drugs to Treat the Eye</b>			<i>gentamicin sulfate (ophth) OINT</i>	1B	
Beta-blockers - Ophthalmic			<i>gentamicin sulfate (ophth) SOLN</i>	1B	
<i>betaxolol hcl (ophth) SOLN</i>	1B		KLARITY-A	3	QL(2.5 ml per 30 day(s) retail; 2 ml per 30 days mail)
<i>brimonidine tartrate-timolol maleate</i>	1B		<i>levofloxacin (ophth) 0.5 %</i>	1B	
<i>carteolol hcl (ophth)</i>	1B		<i>moxifloxacin hcl (ophth) SOLN OP</i>	1B	
<i>dorzolamide hcl-timolol maleate</i>	1B		NATACYN	2	
<i>levobunolol hcl 0.5 %</i>	1B		<i>neomycin-bacitracin zn-polymyxin</i>	1B	
<i>timolol maleate (ophth) SOLG</i>	1B		<i>ofloxacin (ophth)</i>	1B	
<i>timolol maleate (ophth) SOLN</i>	1B		<i>polymyxin b-trimethoprim</i>	1B	
Cycloplegic Mydriatics			<i>sulfacetamide sodium (ophth) SOLN</i>	1B	
<i>tropicamide SOLN 0.5 %</i>	1B	QL(2.5 ml daily)	<i>tobramycin (ophth) SOLN</i>	1B	
<i>tropicamide SOLN 1 %</i>	1B		<i>trifluridine</i>	1B	
Miotics			ZIRGAN GEL	2	
<i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i>	1B		Ophthalmic Immunomodulators		
Ophthalmic Adrenergic Agents			<i>cyclosporine (ophth) EMUL</i>	3	PA
<i>apraclonidine hcl</i>	1B		Ophthalmic Local Anesthetics		
<i>brimonidine tartrate 0.15 %, 0.2 %</i>	1B		<i>proparacaine hcl</i>	1B	
IOPIDINE	3		Ophthalmic Steroids		
Ophthalmic Anti-infectives			ALREX SUSP ( <i>loteprednol etabonate</i> )	3	PA
AZASITE	3	QL(2.5 ml per 30 day(s) retail; 2 ml per 30 days mail)	<i>dexamethasone sodium phosphate (ophth)</i>	1B	QL(0.4 ml daily)
<i>bacitracin (ophthalmic)</i>	3		<i>difluprednate</i>	1B	PA
BESIVANCE	3	PA	<i>fluorometholone (ophth) SUSP</i>	1B	
<i>ciprofloxacin hcl (ophth) SOLN</i>	1B		FML FORTE SUSP	3	PA
			FML OINT	3	PA
			LOTEMAX OINT	3	PA

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

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

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

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

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<b>Emotional Conditions</b>			AUSTEDO PATIENT TITRATION KIT TBPk	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA
<b>Agents for Chemical Dependency</b>			AUSTEDO XR PATIENT TITRATION KIT TEPK	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA
<i>acamprosate calcium</i>	1B		AUSTEDO XR TB24	4	QL(1 ea daily); PA
<i>disulfiram</i>	1B		AUSTEDO TABS	4	QL(4 ea daily); PA
<i>lofexidine hcl</i>	1B	QL(224 ea per 14 day(s) retail); PA	INGREZZA CAPS	4	QL(1 ea daily); PA
LUCEMYRA ( <i>lofexidine hcl</i> )	3	QL(224 ea per 14 day(s) retail); PA	INGREZZA CPPK	4	1 max fill(s) per 180 day(s) retail; PA
<b>Antidementia Agents</b>			INGREZZA CPSP	4	QL(1 ea daily); PA
<i>donepezil hydrochloride TABS 5 MG, 23 MG</i>	1B	QL(1 ea daily)	<i>tetrabenazine</i>	4	QL(3 ea daily); SP; PA
<i>donepezil hydrochloride TABS 10 MG</i>	1B	QL(2 ea daily)	<b>Multiple Sclerosis Agents</b>		
<i>donepezil hydrochloride TBDP 10 MG</i>	1B	QL(2 ea daily)	AVONEX PEN AJKT	4	QL(0.0714 ml daily); SP; PA
<i>donepezil hydrochloride TBDP 5 MG</i>	1B	QL(1 ea daily)	AVONEX PSKT	4	QL(0.0714 ml daily); SP; PA
<i>galantamine hydrobromide CP24</i>	1B	QL(1 ea daily)	BETASERON KIT	4	QL(0.5 ea daily); SP; PA
<i>galantamine hydrobromide SOLN</i>	1B	QL(6 ml daily)	<i>dalfampridine</i>	4	QL(2 ea daily); SP; PA
<i>galantamine hydrobromide TABS</i>	1B	QL(2 ea daily)	<i>dimethyl fumarate CDPK</i>	1B	QL(2 ea daily)
<i>memantine hcl TABS</i>	1B	QL(2 ea daily)	<i>dimethyl fumarate CPDR</i>	1B	QL(2 ea daily)
<i>memantine hcl TABS</i>	1B		<i> fingolimod hcl</i>	4	QL(1 ea daily)
<i>rivastigmine tartrate CAPS</i>	1B		<i>glatiramer acetate SOSY 40 MG/ML</i>	3	QL(0.43 ml daily)
<b>Combination Psychotherapeutics</b>			<i>glatiramer acetate SOSY 20 MG/ML</i>	3	QL(1 ml daily)
<i>chlordiazepoxide-amitriptyline</i>	1B		KESIMPTA	4	QL(0.0144 ml daily); PA
<i>perphenazine-amitriptyline</i>	1B	QL(4 ea daily)	PLEGRIDY STARTER PACK SOAJ SC	4	QL(0.036 ml daily); PA
<b>Fibromyalgia Agents</b>			PLEGRIDY STARTER PACK SOSY SC	4	QL(0.036 ml daily); PA
SAVELLA TITRATION PACK MISC	2	1 max fill(s) per 365 day(s) retail; PA			
SAVELLA TABS	2	QL(2 ea daily); PA			
<b>Movement Disorder Drug Therapy</b>					

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Drug Name	Drug Tier	Requirements/Limits
PLEGRIDY SOAJ SC	4	QL(0.036 ml daily); PA
PLEGRIDY SOSY SC	4	QL(0.036 ml daily); PA
REBIF REBIDOSE TITRATIONPACK SOAJ	4	1 max fill(s) per 365 day(s) retail; SP; PA
REBIF REBIDOSE SOAJ	4	QL(0.214 ml daily); SP; PA
REBIF TITRATION PACK SOSY	4	1 max fill(s) per 365 day(s) retail; SP; PA
REBIF SOSY	4	QL(0.214 ml daily); SP; PA
<i>teriflunomide</i>	4	QL(1 ea daily)
Postherpetic Neuralgia (PHN)/Neuropathic Pain Agents		
<i>pregabalin (once-daily) 82.5 MG, 165 MG</i>	3	QL(1 ea daily); PA
<i>pregabalin (once-daily) 330 MG</i>	3	QL(2 ea daily); PA
Pseudobulbar Affect (PBA) Agents		
NUDEXTA	3	QL(2 ea daily); PA
Psychotherapeutic and Neurological Agents - Misc.		
<i>ergoloid mesylates TABS</i>	1B	
<i>pimozide</i>	1B	
Smoking Deterrents		
<i>bupropion hcl (smoking deterrent)</i>	0	QL(2 ea daily)
<i>nicotine polacrilex GUM</i>	0	
<i>nicotine polacrilex LOZG</i>	0	
NICOTINE TRANSDERMAL SYSTEM KIT	0	
<i>nicotine MISC XX</i>	0	QL(1 ea daily)
<i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>	0	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
NICOTROL INHALER INHA	0	
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
<b>RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions</b>		
Alpha-Proteinase Inhibitor (Human)		
PROLASTIN-C SOLN	4	PA
Cystic Fibrosis Agents		
KALYDECO TABS	4	QL(2 ea daily); SP; PA
ORKAMBI PACK	4	QL(2 ea daily); PA
ORKAMBI TABS	4	QL(4 ea daily); PA
PULMOZYME	4	QL(2.5 ml daily); SP; PA
TRIKAFTA TBPK	4	QL(3 ea daily); PA
Pulmonary Fibrosis Agents		
OFEV	4	QL(2 ea daily); PA
<i>pirfenidone CAPS</i>	4	QL(1 ea daily); PA
<i>pirfenidone TABS 534 MG</i>	4	QL(3 ea daily); PA
<i>pirfenidone TABS 267 MG, 801 MG</i>	4	QL(1 ea daily); PA
<b>SULFONAMIDES - Drugs to Treat Bacterial Infections</b>		
Sulfonamides		
<i>sulfadiazine TABS</i>	1B	
<b>TETRACYCLINES - Drugs to Treat Bacterial Infections</b>		
Fluorocyclines		

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Drug Name	Drug Tier	Requirements/Limits
XERAVA	4	PA
<b>Glycylcyclines</b>		
<i>tigecycline</i>	1B	
<b>Tetracyclines</b>		
<i>demeclocycline hcl TABS</i>	1B	
<i>doxycycline (monohydrate) CAPS 50 MG, 100 MG</i>	1B	QL(2 ea daily)
<i>doxycycline (monohydrate) CAPS 75 MG</i>	1B	
<i>doxycycline (monohydrate) TABS 100 MG</i>	1B	QL(2 ea daily)
<i>doxycycline (monohydrate) TABS 50 MG, 75 MG</i>	1B	
<i>doxycycline hyclate CAPS 50 MG, 100 MG</i>	1B	QL(2 ea daily)
<i>doxycycline hyclate SOLR</i>	1B	
<i>doxycycline hyclate TABS 20 MG, 100 MG</i>	1B	QL(2 ea daily)
<i>minocycline hcl CAPS</i>	1B	QL(3 ea daily)
<i>minocycline hcl TABS</i>	1B	QL(3 ea daily)
<i>tetracycline hcl CAPS</i>	1B	QL(8 ea daily)
<b>THYROID AGENTS - Drugs to Regulate Thyroid Hormones</b>		
<b>Antithyroid Agents</b>		
<i>methimazole TABS</i>	1B	
<i>propylthiouracil</i>	1B	
<b>Thyroid Hormones</b>		
ADTHYZA TABS 16.25 MG, 32.5 MG, 65 MG, 97.5 MG, 130 MG	2	
ARMOUR THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG, 180 MG, 240 MG, 300 MG	2	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>levothyroxine sodium TABS</i>	1B	
<i>liothyronine sodium SOLN</i>	1B	
<i>liothyronine sodium TABS</i>	1B	
NP THYROID 120 TABS	1B	QL(1 ea daily)
NP THYROID 15 TABS	1B	QL(1 ea daily)
NP THYROID 30 TABS	1B	QL(1 ea daily)
NP THYROID 60 TABS	1B	QL(1 ea daily)
NP THYROID 90 TABS	1B	QL(1 ea daily)
SYNTHROID TABS ( <i>levothyroxine sodium</i> )	2	
<b>TOXOIDS</b>		
<b>Toxoid Combinations</b>		
ADACEL SUSP	0	
BOOSTRIX SUSP	0	
BOOSTRIX SUSY	0	
DAPTACEL	0	
DIPHTHERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP	0	
INFANRIX	0	
KINRIX SUSY	0	
PEDIARIX SUSY	0	
PENTACEL	0	
QUADRACEL SUSP	0	
QUADRACEL SUSY	0	
TDVAX SUSP	0	
TENIVAC INJ	0	
TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT SUSP	0	
<b>ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions</b>		
<b>Antispasmodics</b>		
<i>atropine sulfate SOLN IJ 0.4 MG/ML, 1 MG/ML</i>	1B	
<i>atropine sulfate SOSY IJ 0.25 MG/5ML</i>	1B	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>chlordiazepoxide hcl-clidinium bromide</i>	1B		<i>lansoprazole CPDR 30 MG</i>	1B	
<i>dicyclomine hcl CAPS</i>	1B		NEXIUM 24HR TBEC ( <i>esomeprazole magnesium</i> )	1B	QL(2 ea daily)
<i>dicyclomine hcl SOLN OR 10 MG/5ML</i>	1B		<i>omeprazole magnesium CPDR</i>	1B	QL(4 ea daily)
<i>dicyclomine hcl TABS</i>	1B		<i>omeprazole CPDR</i>	1B	QL(2 ea daily)
<i>glycopyrrolate SOLN IJ 0.2 MG/ML, 4 MG/20ML</i>	1B		<i>omeprazole TBEC</i>	1B	QL(2 ea daily)
<i>glycopyrrolate TABS 1 MG</i>	1B		<i>pantoprazole sodium TBEC 40 MG</i>	1B	
<i>glycopyrrolate TABS 2 MG</i>	1B	QL(6 ea daily)	<i>pantoprazole sodium TBEC 20 MG</i>	1B	QL(1 ea daily)
<i>methscopolamine bromide</i>	1B		<i>rabeprazole sodium TBEC</i>	3	QL(1 ea daily)
<b>H-2 Antagonists</b>			<b>Ulcer Drugs - Prostaglandins</b>		
<i>cimetidine TABS</i>	1B	RX/OTC	<i>misoprostol</i>	1B	QL(4 ea daily)
<i>famotidine in nacl SOLN</i>	1B		<b>Ulcer Therapy Combinations</b>		
<i>famotidine SOLN 20 MG/2ML</i>	1A		<i>amoxicillin-clarithromycin w/ lansoprazole THPK</i>	1B	14 day(s) max supply per 365 day(s) retail; 14 day(s) max supply per 365 day(s) mail
<i>famotidine SOLN 40 MG/4ML, 200 MG/20ML</i>	1B		<i>omeprazole-sodium bicarbonate CAPS 1100 MG-20 MG</i>	1B	QL(1 ea daily); RX/OTC
<i>famotidine SUSR</i>	1B	QL(10 ml daily)	<b>URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms</b>		
<i>famotidine TABS 20 MG, 40 MG</i>	1B	RX/OTC	<b>Urinary Antispasmodic - Antimuscarinics (Anticholinergic)</b>		
<i>nizatidine CAPS</i>	1B		<i>darifenacin hydrobromide</i>	1B	QL(1 ea daily)
<i>ranitidine hcl TABS 150 MG</i>	1B		<i>fesoterodine fumarate</i>	1B	QL(1 ea daily); PA
<b>Misc. Anti-Ulcer</b>			<i>oxybutynin chloride SOLN</i>	1B	
<i>sucralfate SUSP</i>	1B	QL(40 ml daily)	<i>oxybutynin chloride TABS 5 MG</i>	1B	
<i>sucralfate TABS</i>	1B	QL(4 ea daily)	<i>oxybutynin chloride TB24 5 MG, 10 MG, 15 MG</i>	1B	
<b>Proton Pump Inhibitors</b>			<i>solifenacin succinate TABS</i>	1B	QL(1 ea daily); PA
<i>dexlansoprazole</i>	3	QL(1 ea daily)			
<i>esomeprazole magnesium CPDR 20 MG</i>	1B	QL(2 ea daily); RX/OTC			
<i>esomeprazole magnesium CPDR 40 MG</i>	3	QL(1 ea daily)			
<i>esomeprazole magnesium TBEC</i>	1B	QL(2 ea daily)			
<i>lansoprazole CPDR 15 MG</i>	1B	QL(2 ea daily); RX/OTC			

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Drug Name	Drug Tier	Requirements/Limits
<i>tolterodine tartrate CP24</i>	1B	QL(1 ea daily)
<i>tolterodine tartrate TABS</i>	1B	
<i>trospium chloride CP24</i>	1B	QL(1 ea daily)
<i>trospium chloride TABS</i>	1B	QL(3 ea daily)
<b>Urinary Antispasmodics - Cholinergic Agonists</b>		
<i>bethanechol chloride 25 MG</i>	1B	
<i>bethanechol chloride 5 MG, 10 MG, 50 MG</i>	1B	QL(4 ea daily)
<b>Urinary Antispasmodics - Direct Muscle Relaxants</b>		
<i>flavoxate hcl</i>	1B	
<b>VACCINES</b>		
<b>Bacterial Vaccines</b>		
ACTHIB SOLR IM	0	
BEXSERO	0	
HIBERIX SOLR IJ	0	
MENACTRA	0	
MENQUADFI	0	
MENVEO SOLN	0	
MENVEO SOLR	0	
PEDVAX HIB SUSP 7.5 MCG/0.5ML	0	
PNEUMOVAX 23 IJ	0	
PNEUMOVAX 23/1 DOSE IJ	0	
PREVNAR 13	0	
PREVNAR 20	0	1 max fill(s) per 999 day(s) retail
TRUMENBA	0	
VAXNEUVANCE	0	4 max fill(s) per 999 day(s) retail
<b>Viral Vaccines</b>		
ABRYSVO	0	
AFLURIA 2024-2025 SUSP	0	1 max fill(s) per 180 day(s) retail

Drug Name	Drug Tier	Requirements/Limits
AFLURIA 2024-2025 SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
AFLURIA QUADRIVALENT 2022-2023 SUSP	0	1 max fill(s) per 180 day(s) retail
AFLURIA QUADRIVALENT 2022-2023 SUSY	0	1 max fill(s) per 180 day(s) retail
AFLURIA QUADRIVALENT 2023-2024 SUSP	0	1 max fill(s) per 180 day(s) retail
AFLURIA QUADRIVALENT 2023-2024 SUSY	0	1 max fill(s) per 180 day(s) retail
AREXVY	0	
COMIRNATY 2023-24 SUSP	0	
COMIRNATY 2023-24 SUSY	0	
COMIRNATY 2024-25 SUSY	0	
COMIRNATY SUSP	0	
ENGERIX-B SUSP 20 MCG/ML	0	3 max fill(s) per 365 day(s) retail; 3 max fill(s) per 365 day(s) mail
ENGERIX-B SUSY	0	3 max fill(s) per 365 day(s) retail; 3 max fill(s) per 365 day(s) mail
FLUAD 2024-2025	0	1 max fill(s) per 180 day(s) retail
FLUAD QUADRIVALENT 2022-2023	0	1 max fill(s) per 180 day(s) retail
FLUAD QUADRIVALENT 2023-2024	0	1 max fill(s) per 180 day(s) retail

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FLUARIX 2024-2025 SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail	FLUCELVAX QUADRIVALENT 2023-2024 SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
FLUARIX QUADRIVALENT 2022-2023 SUSY	0	1 max fill(s) per 180 day(s) retail	FLULAVAL 2024-2025 SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
FLUARIX QUADRIVALENT 2023-2024 SUSY	0	1 max fill(s) per 180 day(s) retail	FLULAVAL QUADRIVALENT 2022-2023 SUSY	0	1 max fill(s) per 180 day(s) retail
FLUBLOK 2024-2025 SOSY	0	1 max fill(s) per 180 day(s) retail	FLULAVAL QUADRIVALENT 2023-2024 SUSY	0	1 max fill(s) per 180 day(s) retail
FLUBLOK QUADRIVALENT 2022-2023	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail	FLUMIST NASAL VACCINE 2024-2025	0	1 max fill(s) per 180 day(s) retail
FLUBLOK QUADRIVALENT 2023-2024	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail	FLUMIST QUADRIVALENT	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
FLUCELVAX 2024-2025 SUSP	0	1 max fill(s) per 180 day(s) retail	FLUZONE 2024-2025 SUSP	0	1 max fill(s) per 180 day(s) retail
FLUCELVAX 2024-2025 SUSY	0	1 max fill(s) per 180 day(s) retail	FLUZONE 2024-2025 SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
FLUCELVAX QUADRIVALENT 2022-2023 SUSP	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail	FLUZONE HIGH-DOSE 2024-2025 SUSY	0	1 max fill(s) per 180 day(s) retail
FLUCELVAX QUADRIVALENT 2022-2023 SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail	FLUZONE HIGH-DOSE PF 2022-2023	0	1 max fill(s) per 180 day(s) retail
FLUCELVAX QUADRIVALENT 2023-2024 SUSP	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail	FLUZONE HIGH-DOSE PF 2023-2024	0	1 max fill(s) per 180 day(s) retail
			FLUZONE QUADRIVALENT 2022-2023 SUSP	0	1 max fill(s) per 180 day(s) retail
			FLUZONE QUADRIVALENT 2022-2023 SUSY	0	1 max fill(s) per 180 day(s) retail



Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FLUZONE QUADRIVALENT 2023-2024 SUSP	0	1 max fill(s) per 180 day(s) retail	NOVAVAX COVID-19 VACCINE SUSP	0	
FLUZONE QUADRIVALENT 2023-2024 SUSY	0	1 max fill(s) per 180 day(s) retail	PFIZER-BIONTECH COVID-19VACCINE/5-11Y/2023-24 SUSP	0	
GARDASIL 9 SUSP	0	3 max fill(s) per 365 day(s) retail	PFIZER-BIONTECH COVID-19VACCINE/5-11Y/2024-25 SUSP	0	
GARDASIL 9 SUSY	0	3 max fill(s) per 365 day(s) retail	PFIZER-BIONTECH COVID-19VACCINE/5-11Y SUSP	0	
HAVRIX	0		PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y/2023-24 SUSP	0	
HEPLISAV-B SOSY	0	2 max fill(s) per 292 day(s) retail; 2 max fill(s) per 292 day(s) mail	PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y/2024-25 SUSP	0	
IPOL INACTIVATED IPV	0		PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y SUSP	0	
JANSSEN COVID-19 VACCINE	0		PFIZER-BIONTECH COVID-19VACCINE/ADULT RTU SUSP	0	
M-M-R II SOLR	0	2 max fill(s) per 365 day(s) retail	PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/5-11Y	0	
MODERNA COVID-19 VACCINE/6MO-11Y/2023-24 SUSP	0		PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/6M-4Y	0	
MODERNA COVID-19 VACCINE/6MO-11Y/2024-25 SUSY	0		PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/BA.4/BA.5	0	
MODERNA COVID-19 VACCINE/BIVALENT/6M O-5Y	0		PFIZER-BIONTECH COVID-19VACCINE SUSP	0	
MODERNA COVID-19 VACCINE/BIVALENT/BA.4/BA.5	0		PREHEVBRIO	0	3 max fill(s) per 365 day(s) retail
MODERNA COVID-19 VACCINE6MO-5Y SUSP	0		PRIORIX SUSR	0	3 max fill(s) per 365 day(s) retail
MODERNA COVID-19 VACCINE SUSP	0				
NOVAVAX COVID-19 VACCINE/2023-24 SUSP	0				
NOVAVAX COVID-19 VACCINE/2024-25 SUSY	0				

Drug Name	Drug Tier	Requirements/Limits
RECOMBIVAX HB SUSP 5 MCG/0.5ML, 10 MCG/ML, 40 MCG/ML	0	
RECOMBIVAX HB SUSY	0	
ROTARIX SUSP	0	
ROTARIX SUSR	0	
ROTATEQ SOLN	0	
SHINGRIX	0	2 max fill(s) per 999 day(s) retail; AL(At least 18 yrs old)
SPIKEVAX COVID-19 VACCINE/2023-24 SUSP	0	
SPIKEVAX COVID-19 VACCINE/2023-24 SUSY	0	
SPIKEVAX COVID-19 VACCINE/2024-25 SUSY	0	
SPIKEVAX COVID-19 VACCINE SUSP	0	
TWINRIX SUSY	0	
VAQTA	0	
VARIVAX SUSR IJ	0	2 max fill(s) per 365 day(s) retail
<b>VAGINAL AND RELATED PRODUCTS</b>		
Miscellaneous Vaginal Products		
INTRAROSA	3	QL(1 ea daily); PA
Spermicides		
TODAY SPONGE MISC	0	
Vaginal Anti-infectives		
<i>clindamycin phosphate vaginal CREA</i>	1B	
<i>clotrimazole vaginal CREA 1 %</i>	1B	
GYNAZOLE-1	3	QL(5 gm per 30 day(s) retail; 5 gm per 30 days mail)
<i>metronidazole vaginal</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>miconazole nitrate vaginal SUPP 200 MG</i>	1B	
<i>terconazole vaginal CREA</i>	1B	
<i>terconazole vaginal CREA</i>	1B	
<i>terconazole vaginal SUPP</i>	1B	
Vaginal Anti-inflammatory Agents		
<i>hydrocortisone vaginal</i>	1B	QL(15.15 gm daily)
Vaginal Contraceptive - pH Modulators		
PHEXXI	0	PV
Vaginal Estrogens		
<i>estradiol vaginal CREA</i>	1B	QL(2 gm daily)
<i>estradiol vaginal TABS</i>	1B	
ESTRING RING	3	
FEMRING	3	
PREMARIN	2	QL(1.5 gm daily)
<b>VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions</b>		
Anaphylaxis Therapy Agents		
<i>epinephrine (anaphylaxis) SOAJ 0.3 MG/0.3ML</i>	2	QL(2 ea per fill retail; 2 per fill mail); 2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail
<i>epinephrine (anaphylaxis) SOAJ 0.15 MG/0.3ML</i>	1B	QL(2 ea per fill retail; 2 per fill mail); 2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail
Vasopressors		
<i>midodrine hcl</i>	1B	
<b>VITAMINS</b>		
Oil Soluble Vitamins		

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Drug Name	Drug Tier	Requirements/ Limits
<i>cholecalciferol CAPS 1.25 MG, 1.25 MG, 10 MCG, 50 MCG, 400 UNIT, 2000 UNIT, 50000 UNIT</i>	1A	
<i>cholecalciferol TABS 10 MCG, 400 UNIT</i>	0	
<i>ergocalciferol CAPS</i>	0	
<i>ergocalciferol SOLN OR</i>	1B	
VITAMIN D2 TABS 400 UNIT	0	AL(At least 65 yrs old)
Water Soluble Vitamins		
<i>ascorbic acid SOLN IJ</i>	3	QL(0.4 ml daily)
NIACIN TR TBCR	1B	
<i>niacinamide TABS 100 MG</i>	1B	
<i>niacinamide TABS 500 MG</i>	1A	
<i>niacin CPCR 250 MG, 500 MG</i>	1A	
<i>niacin TABS</i>	1A	
<i>niacin TBCR</i>	1A	

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benzonatate 100 MG .....	37	BETASERON KIT .....	62	BREZTRI AEROSPHERE .....	10
benzonatate 150 MG .....	37	betaxolol hcl (ophth) SOLN .....	59	BRILINTA .....	49
benzonatate 200 MG .....	37	betaxolol hcl .....	32	brimonidine tartrate (topical) .....	42
benzoyl peroxide FOAM 5.3 %, 9.8 % .....	37	betaxolol hcl .....	32	brimonidine tartrate 0.15 %, 0.2 %	59
benzoyl peroxide GEL 10 % .....	37	bethanechol chloride 25 MG .....	66	brimonidine tartrate-timolol maleate . 59	
benzoyl peroxide GEL 5 % .....	37	bethanechol chloride 5 MG, 10 MG, 50 MG .....	66	brinzolamide .....	60
benzoyl peroxide LIQD 4 %, 7 %, 10 % .....	37	bexarotene (topical) .....	39	BRIVIACT SOLN OR 10 MG/ML ..	11
benzoyl peroxide-erythromycin GEL . 37		bexarotene .....	27	BRIVIACT TABS .....	11
benztropine mesylate SOLN .....	28	BEXSERO .....	66	bromfenac sodium (ophth) .....	60
benztropine mesylate TABS .....	28	bicalutamide .....	25	bromocriptine mesylate CAPS .....	28
bepotastine besilate .....	60	BIJUVA .....	46	bromocriptine mesylate TABS 2.5 MG .....	28
BESIVANCE .....	59	BIKTARVY .....	30	BRUKINSA .....	26
betaine .....	45	bimatoprost SOLN .....	60	budesonide (inhalation) SUSP .....	9
betamethasone dipropionate (topical) CREA .....	40	bisacodyl SUPP .....	51	budesonide (intrarectal) .....	7
betamethasone dipropionate (topical)		bisacodyl TBEC .....	51	budesonide (nasal) .....	58
		bisoprolol & hydrochlorothiazide ..	20	budesonide CPEP .....	36
		bisoprolol fumarate .....	32	budesonide-formoterol fumarate dihydrate .....	10
		bleomycin sulfata 15 UNIT .....	25		
		BOOSTRIX SUSP .....	64		

bumetanide SOLN 0.25 MG/ML	44	MG	6	candesartan cilexetil	20
bumetanide TABS	44	butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG	6	candesartan cilexetil- hydrochlorothiazide	20
buprenorphine hcl SOLN	7	butalbital-aspirin-caffeine CAPS	5	capecitabine	24
buprenorphine hcl SUBL	7	butalbital-aspirin-caffeine w/cod	6	CAPRELSA	26
buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG	7	butenafine hcl	38	captopril 12.5 MG	20
buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG	7	butorphanol tartrate IJ 1 MG/ML, 2 MG/ML	7	captopril 25 MG, 50 MG, 100 MG	20
buprenorphine hcl-naloxone hcl dihydrate SUBL	7	butorphanol tartrate NA 10 MG/ML	7	carbamazepine CHEW	11
buprenorphine PTWK	7	cabergoline	46	carbamazepine CP12 100 MG	12
bupropion hcl (smoking deterrent)	63	CABLIVI	49	carbamazepine CP12 200 MG	11
bupropion hcl TABS 75 MG, 100 MG 13	13	CABOMETYX TABS	26	carbamazepine CP12 300 MG	11
bupropion hcl TB12 100 MG	13	calcipotriene CREA	39	carbamazepine SUSP	12
bupropion hcl TB12 150 MG	13	calcipotriene OINT	39	carbamazepine TABS	12
bupropion hcl TB12 200 MG	13	calcipotriene SOLN	39	carbamazepine TB12 100 MG, 400 MG	12
bupropion hcl TB24 150 MG	13	calcipotriene-betamethasone dipropionate OINT	40	carbamazepine TB12 200 MG	12
bupropion hcl TB24 300 MG	13	calcipotriene-betamethasone dipropionate SUSP	41	carbidopa	28
buspironone hcl 5 MG	8	calcitonin (salmon) NA 200 UNIT/ACT	44	carbidopa-levodopa TABS	28
buspironone hcl 7.5 MG, 10 MG, 15 MG, 30 MG	8	calcitriol (topical)	39	carbidopa-levodopa TBCR	28
busulfan SOLN	23	calcitriol CAPS 0.25 MCG, 0.5 MCG	45	carbidopa-levodopa TBCR	28
butalbital-acetaminophen TABS 50 MG-325 MG	5	calcitriol SOLN IV	45	carbidopa-levodopa-entacapone	28
butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG	4	calcium acetate (phosphate binder) CAPS	48	carbinoxamine maleate SOLN	18
butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG	4	calcium acetate (phosphate binder) TABS	48	carbinoxamine maleate TABS 4 MG	18
butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG	5	calcium chloride (dihydrate) SOLN	55	carboplatin SOLN 50 MG/5ML	23
butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-300		calcium polycarbophil TABS	50	carisoprodol TABS	58
		CALQUENCE	26	carmustine	23
				carteolol hcl (ophth)	59
				carvedilol 3.125 MG, 6.25 MG, 12.5 MG, 25 MG	32
				carvedilol phosphate	32



caspofungin acetate .....	18	cephalexin CAPS .....	34	cholestyramine light POWD .....	19
CAYA DPRH .....	51	cephalexin SUSR 125 MG/5ML, 250 MG/5ML .....	34	cholestyramine PACK .....	19
CAYSTON .....	22	CERDELGA .....	49	cholestyramine POWD .....	19
cefaclor CAPS .....	34	CEREZYME 400 UNIT .....	49	choline fenofibrate .....	19
cefaclor SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML .....	34	cetirizine hcl TABS .....	18	CHORIONIC GONADOTROPIN IM 45	
cefadroxil CAPS .....	34	cevimeline hcl .....	57	ciclopirox GEL .....	38
cefadroxil SUSR .....	34	CHEMET .....	17	ciclopirox olamine CREA .....	38
cefadroxil TABS .....	34	CHEMSTRIP-K STRP .....	43	ciclopirox olamine SUSP .....	38
cefazolin sodium SOLR IJ 1 GM, 10 GM, 500 MG .....	34	chloramphenicol sodium succinate 22		ciclopirox SHAM .....	38
cefdinir CAPS .....	34	chlordiazepoxide hcl CAPS .....	8	ciclopirox SOLN .....	38
cefdinir SUSR .....	34	chlordiazepoxide hcl-clidinium bromide .....	65	cidofovir .....	31
cefepime hcl SOLR IV 2 GM .....	35	chlordiazepoxide-amitriptyline .....	62	cilostazol .....	49
cefixime CAPS .....	34	chlorhexidine gluconate (mouth- throat) .....	57	CIMDUO .....	30
cefixime SUSR .....	34	chloroquine phosphate TABS 250 MG .....	23	cimetidine TABS .....	65
cefotaxime sodium IJ 1 GM, 2 GM	34	chloroquine phosphate TABS 500 MG .....	23	cinacalcet hcl .....	45
cefotetan disodium IJ 1 GM, 2 GM	34	chlorpromazine hcl SOLN .....	30	CIPRO SUSR .....	47
cefoxitin sodium IV 1 GM, 2 GM ...	34	chlorpromazine hcl TABS .....	30	ciprofloxacin hcl (ophth) SOLN ....	59
cefpodoxime proxetil SUSR .....	35	chlorthalidone 25 MG, 50 MG ....	44	ciprofloxacin hcl (otic) .....	60
cefpodoxime proxetil TABS .....	35	chlorzoxazone TABS 500 MG ....	58	ciprofloxacin hcl TABS .....	47
cefprozil SUSR .....	34	chlorzoxazone TABS 750 MG ....	58	ciprofloxacin in d5w 5 %-200 MG/100ML .....	47
cefprozil TABS .....	34	CHOLBAM .....	47	ciprofloxacin SUSR 5 GM/100ML, 500 MG/5ML .....	47
ceftazidime IJ 1 GM, 6 GM .....	35	cholecalciferol CAPS 1.25 MG, 1.25 MG, 10 MCG, 50 MCG, 400 UNIT, 2000 UNIT, 50000 UNIT .....	70	ciprofloxacin-dexamethasone .....	60
ceftriaxone sodium IJ 1 GM, 2 GM, 500 MG .....	35	cholecalciferol TABS 10 MCG, 400 UNIT .....	70	ciprofloxacin-fluocinolone acetonide . 60	
ceftriaxone sodium IJ 250 MG ....	35	cholestyramine light PACK .....	19	cisplatin SOLN 100 MG/100ML ....	23
cefuroxime axetil TABS .....	34			citalopram hydrobromide SOLN ...	13
cefuroxime sodium IJ 750 MG ....	34			citalopram hydrobromide TABS 10 MG .....	13
celecoxib .....	4			citalopram hydrobromide TABS 20	
CELONTIN (methsuximide) .....	13				

MG .....	13	CLINIMIX 4.25%/DEXTROSE 10% 58	clotrimazole w/ betamethasone CREA .....	38	
citalopram hydrobromide TABS 40 MG .....	13	CLINIMIX 4.25%/DEXTROSE 5% 59	clotrimazole w/ betamethasone LOTN .....	38	
clarithromycin SUSR .....	51	CLINIMIX E 5%/DEXTROSE 20% 59	clozapine TABS .....	29	
clarithromycin TABS .....	51	clobazam SUSP .....	11	clozapine TBDP 100 MG .....	29
clarithromycin TB24 .....	51	clobazam TABS .....	11	clozapine TBDP 12.5 MG, 150 MG 29	
CLASSIC PRENATAL TABS .....	57	clobetasol propionate CREA 0.05 % 41	clozapine TBDP 25 MG .....	29	
clemastine fumarate SYRP .....	18	clobetasol propionate emollient base 0.05 % .....	41	COARTEM .....	22
clemastine fumarate TABS 2.68 MG 18		clobetasol propionate FOAM .....	41	codeine sulfate TABS 30 MG .....	5
CLIMARA PRO .....	46	clobetasol propionate GEL 0.05 %	41	CODEINE SULFATE TABS .....	5
clindamycin hcl .....	22	clobetasol propionate OINT 0.05 % 41	41	colchicine TABS .....	48
clindamycin palmitate hydrochloride 22		clobetasol propionate SOLN 0.05 % 41	41	colchicine w/ probenecid .....	48
clindamycin phosphate (topical) FOAM .....	37	clocortolone pivalate .....	41	colesevelam hcl PACK .....	19
clindamycin phosphate (topical) GEL 37		clofarabine .....	24	colesevelam hcl TABS .....	19
clindamycin phosphate (topical) LOTN .....	37	clomiphene citrate TABS .....	45	colestipol hcl GRAN .....	19
clindamycin phosphate (topical) SOLN .....	37	clomipramine hcl .....	14	colestipol hcl PACK .....	19
clindamycin phosphate (topical) SWAB .....	37	clonazepam TABS .....	11	colestipol hcl TABS .....	19
clindamycin phosphate SOLN IJ 9 GM/60ML, 300 MG/2ML, 600 MG/4ML, 900 MG/6ML, 9000 MG/60ML .....	22	clonidine .....	20	COMBIPATCH PTTW .....	46
clindamycin phosphate vaginal CREA .....	69	clonidine hcl (adhd) TB12 .....	1	COMETRIQ KIT .....	26
clindamycin phosphate-benzoyl peroxide (refrigerate) .....	38	clonidine hcl TABS .....	20	COMIRNATY 2023-24 SUSP .....	66
clindamycin phosphate-benzoyl peroxide GEL 5 %-1 % .....	38	clopidogrel bisulfate 300 MG .....	49	COMIRNATY 2023-24 SUSY .....	66
clindamycin phosphate-tretinoin ..	38	clopidogrel bisulfate 75 MG .....	49	COMIRNATY 2024-25 SUSY .....	66
		clorazepate dipotassium TABS .....	8	COMIRNATY SUSP .....	66
		clotrimazole (topical) CREA .....	38	COMPLERA .....	30
		clotrimazole (topical) SOLN .....	38	CONTRACE .....	1
		clotrimazole .....	56	COPIKTRA .....	26
		clotrimazole vaginal CREA 1 % ...	69	CORDRAN TAPE .....	41
				CORLANOR SOLN .....	34
				CORLANOR TABS (ivabradine hcl)	

34		CYLTEZO PSKT 10 MG/0.2ML, 40 MG/0.4ML .....	3	darifenacin hydrobromide .....	65
CORTISPORIN-TC .....	60	CYLTEZO PSKT 20 MG/0.4ML, 40 MG/0.8ML .....	3	darunavir TABS .....	30
COSENTYX SENSOREADY PEN SOAJ .....	39	CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS AJKT 40 MG/0.4ML .....	3	dasatinib .....	26
COSENTYX SOSY 150 MG/ML .....	39	CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS AJKT 40 MG/0.8ML .....	3	DAURISMO .....	25
COSENTYX SOSY 150 MG/ML .....	40	CYLTEZO STARTER PACKAGE FOR PSORIASIS AJKT .....	3	DEBACTEROL .....	57
COSENTYX SOSY 75 MG/0.5ML .....	40	CYLTEZO STARTER PACKAGE FOR PSORIASIS/UEVITIS AJKT .....	3	decitabine .....	24
COSENTYX UNOREADY SOAJ .....	39	cyproheptadine hcl SYRP .....	19	deferasirox PACK .....	17
CREON CPEP .....	43	cyproheptadine hcl TABS .....	19	deferasirox TABS .....	17
CRESEMBA CAPS OR 186 MG .....	18	CYSTAGON CAPS .....	48	deferasirox TBSO .....	17
cromolyn sodium (ophth) .....	60	CYSTARAN .....	60	deferiprone TABS 500 MG .....	17
cromolyn sodium NEBU .....	9	cytarabine SOLN .....	24	deflazacort SUSP .....	36
crotamiton LOTN .....	43	dabigatran etexilate mesylate CAPS . 11		deflazacort TABS .....	36
CVS PRENATAL TABS 100 MG-2.6 MG-800 MCG-400 UNIT-4 MCG-1.7 MG-18 MG-27 MG-1.5 MG-25 MG-263 MG-11 UNIT-4000 UNIT .....	57	dacarbazine SOLR 200 MG .....	27	DELESTROGEN 10 MG/ML (estradiol valerate) .....	46
cyanocobalamin SOLN IJ 1000 MCG/ML .....	49	dactinomycin .....	26	DELSTRIGO .....	30
cyclobenzaprine hcl TABS 5 MG, 10 MG .....	58	dalfampridine .....	62	demeclocycline hcl TABS .....	64
cyclophosphamide CAPS .....	23	danazol CAPS .....	7	DEPO-ESTRADIOL .....	46
cyclophosphamide SOLR IJ .....	23	dantrolene sodium CAPS .....	58	DEPO-MEDROL SUSP .....	36
cycloserine .....	23	dapagliflozin propanediol .....	16	DEPO-SUBQ PROVERA 104 SUSY SC .....	36
cyclosporine (ophth) EMUL .....	59	dapagliflozin propanediol-metformin hcl 1000 MG-10 MG .....	15	desipramine hcl TABS .....	14
cyclosporine CAPS .....	56	dapagliflozin propanediol-metformin hcl 1000 MG-5 MG .....	15	desloratadine TABS .....	18
cyclosporine modified (for microemulsion) CAPS .....	56	dapsone .....	22	desloratadine TBDP 2.5 MG .....	18
cyclosporine modified (for microemulsion) SOLN .....	56	DAPTACEL .....	64	desmopressin acetate SOLN IJ ...	46
cyclosporine SOLN IV 50 MG/ML .....	56	daptomycin 500 MG .....	22	DESMOPRESSIN ACETATE SOLN NA .....	46
CYLTEZO AJKT 40 MG/0.4ML .....	3			desmopressin acetate spray .....	46
CYLTEZO AJKT 40 MG/0.8ML .....	3			desmopressin acetate spray refrigerated .....	46
				desmopressin acetate TABS 0.1 MG	46
				desmopressin acetate TABS 0.2 MG	

46	dexamethylphenidate hcl TABS .....2	dicyclomine hcl CAPS ..... 65
desogestrel & ethinyl estradiol ....35	dextroamphetamine sulfate CP24 10 MG, 15 MG .....1	dicyclomine hcl SOLN OR 10 MG/5ML .....65
desogestrel-ethinyl estradiol (biphasic) .....35	dextroamphetamine sulfate CP24 5 MG .....1	dicyclomine hcl TABS .....65
desogestrel-ethinyl estradiol (triphasic) .....35	dextroamphetamine sulfate TABS 2.5 MG, 7.5 MG, 15 MG, 20 MG, 30 MG . 1	DIFFERIN LOTN .....38
desonide CREA .....41	dextroamphetamine sulfate TABS 5 MG, 10 MG .....1	DIFICID TABS ..... 51
desonide LOTN .....41	dextrose in lactated ringers ..... 55	diflorasone diacetate CREA ..... 41
desonide OINT .....41	DIACOMIT CAPS 250 MG .....12	diflorasone diacetate OINT ..... 41
desoximetasone CREA 0.25 % ....41	DIACOMIT CAPS 500 MG .....12	diflunisal TABS .....5
desoximetasone GEL .....41	DIACOMIT PACK 250 MG .....12	difluprednate .....59
desoximetasone OINT 0.25 % ....41	DIACOMIT PACK 500 MG .....12	digoxin SOLN OR 0.05 MG/ML ....33
desvenlafaxine succinate 100 MG .14	diazepam (anticonvulsant) GEL ... 11	digoxin TABS 0.0625 MG, 0.125 MG, 0.25 MG, 62.5 MCG, 125 MCG, 250 MCG .....33
desvenlafaxine succinate 25 MG, 50 MG ..... 14	diazepam CONC ..... 8	dihydroergotamine mesylate SOLN IJ 1 MG/ML ..... 54
dexamethasone ELIX .....36	diazepam SOLN OR 5 MG/5ML .... 8	dihydroergotamine mesylate SOLN NA 4 MG/ML ..... 54
DEXAMETHASONE INTENSOL CONC .....36	diazepam TABS .....8	DILANTIN (phenytoin sodium extended) ..... 13
dexamethasone sodium phosphate (ophth) .....59	diazoxide ..... 16	DILANTIN .....12
dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML .....36	dichlorphenamide ..... 44	DILANTIN INFATABS CHEW (phenytoin) ..... 13
dexamethasone sodium phosphate SOSY IJ 4 MG/ML ..... 36	diclofenac epolamine PTCH EX ...39	DILANTIN-125 SUSP (phenytoin) . 13
dexamethasone SOLN .....36	diclofenac potassium TABS 50 MG .4	diltiazem hcl coated beads CP24 120 MG, 300 MG, 360 MG ..... 33
dexamethasone TABS 0.5 MG, 0.75 MG ..... 36	diclofenac sodium (actinic keratoses) EX .....39	diltiazem hcl coated beads CP24 180 MG, 240 MG ..... 33
dexamethasone TABS 1 MG, 1.5 MG, 2 MG, 4 MG, 6 MG ..... 36	diclofenac sodium (ophth) .....60	diltiazem hcl CP12 .....33
dexchlorpheniramine maleate SOLN . 18	diclofenac sodium (topical) GEL EX 39	diltiazem hcl CP24 .....33
dexlansoprazole .....65	diclofenac sodium TB24 100 MG ...4	diltiazem hcl extended release beads .....33
dexamethylphenidate hcl CP24 .....2	diclofenac sodium TBEC .....4	diltiazem hcl SOLN 50 MG/10ML ..33
	diclofenac w/ misoprostol TBEC ....4	
	dicloxacillin sodium .....61	

DILTIAZEM HCL SOLR	33	MG	62	doxycycline hyclate TABS 20 MG, 100 MG	64
diltiazem hcl TABS	33	donepezil hydrochloride TABS 5 MG, 23 MG	62	doxylamine-pyridoxine TBEC	18
diltiazem hcl TB24	33	donepezil hydrochloride TBDP 10 MG	62	dronabinol CAPS	18
dimethyl fumarate CDPK	62	donepezil hydrochloride TBDP 5 MG 62		drosiprenone-ethinyl estradiol	35
dimethyl fumarate CPDR	62	DOPTELET	49	drosiprenone-ethinyl estradiol- levomefolate calcium	35
DIPENTUM	47	dorzolamide hcl	60	DROXIA CAPS	49
diphenhydramine hcl CAPS 50 MG 18		dorzolamide hcl-timolol maleate	59	DUAVEE	46
diphenhydramine hcl ELIX 12.5 MG/5ML	18	DOVATO	30	DULERA	10
diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML	18	doxazosin mesylate	20	duloxetine hcl CPEP 20 MG, 30 MG, 60 MG	14
diphenhydramine hcl SOLN 50 MG/ML	18	doxepin hcl (antipruritic)	39	duloxetine hcl CPEP 40 MG	14
diphenoxylate w/ atropine LIQD	17	doxepin hcl (sleep)	50	DUPIXENT SOAJ SC 200 MG/1.14ML	42
diphenoxylate w/ atropine TABS	17	doxepin hcl CAPS	14	DUPIXENT SOAJ SC 300 MG/2ML 42	
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP	64	doxepin hcl CONC	14	DUPIXENT SOSY 100 MG/0.67ML 42	
dipyridamole	49	doxercalciferol CAPS	45	DUPIXENT SOSY 200 MG/1.14ML 42	
disopyramide phosphate CAPS	8	doxercalciferol SOLN	45	DUPIXENT SOSY 300 MG/2ML	42
disulfiram	62	doxorubicin hcl liposomal IV	26	DUREX EXTRA SENSITIVE THIN DEVI	51
DIURIL SUSP	44	doxorubicin hcl SOLN	26	DUREX EXTRA SENSITIVE THIN MISC	51
divalproex sodium TB24	13	doxorubicin hcl SOLR 10 MG, 50 MG	26	DUREX TROPICAL MISC	51
divalproex sodium TBEC	13	doxycycline (monohydrate) CAPS 50 MG, 100 MG	64	dutasteride	48
docetaxel CONC 20 MG/ML	28	doxycycline (monohydrate) CAPS 75 MG	64	dutasteride-tamsulosin hcl	48
docetaxel SOLN 20 MG/2ML	28	doxycycline (monohydrate) TABS 50 MG, 75 MG	64	econazole nitrate CREA	38
docusate calcium	51	doxycycline hyclate CAPS 50 MG, 100 MG	64	EDARBI	20
docusate sodium CAPS 100 MG	51	doxycycline hyclate SOLR	64	EDURANT	30
docusate sodium CAPS 250 MG	51			efavirenz CAPS 200 MG	30
dofetilide	9				
donepezil hydrochloride TABS 10					

efavirenz CAPS 50 MG .....	30	emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG .....	30	epinastine hcl (ophth) .....	60
efavirenz TABS .....	30	EMTRIVA SOLN .....	30	epinephrine (anaphylaxis) SOAJ 0.15 MG/0.3ML .....	69
efavirenz-emtricitabine-tenofovir disoproxil fumarate .....	30	EMVERM CHEW .....	8	epinephrine (anaphylaxis) SOAJ 0.3 MG/0.3ML .....	69
efavirenz-lamivudine-tenofovir disoproxil fumarate .....	30	enalapril maleate & hydrochlorothiazide 12.5 MG-5 MG 20		EPIVIR HBV SOLN .....	31
EGRIFTA 2 MG .....	45	enalapril maleate & hydrochlorothiazide 25 MG-10 MG 20		eplerenone .....	21
EGRIFTA SV .....	45	enalapril maleate TABS .....	20	EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML .....	49
ELAPRASE .....	45	ENBREL MINI SOCT .....	4	epoprostenol sodium .....	33
electrolyte-148 .....	55	ENBREL SOLN .....	4	EQL PRENATAL FORMULA TABS 57	
electrolyte-a .....	55	ENBREL SOSY 25 MG/0.5ML .....	4	EQUETRO 100 MG .....	29
ELESTRIN GEL .....	46	ENBREL SOSY 50 MG/ML .....	4	EQUETRO 200 MG .....	29
eletriptan hydrobromide .....	54	ENBREL SURECLICK SOAJ .....	4	EQUETRO 300 MG .....	29
ELIGARD KIT SC 7.5 MG .....	25	ENGERIX-B SUSP 20 MCG/ML .....	66	ERAXIS .....	18
ELIGARD SC 22.5 MG, 30 MG, 45 MG .....	25	ENGERIX-B SUSY .....	66	ERBITUX .....	24
ELIQUIS STARTER PACK TBPK .....	10	enoxaparin sodium SOLN IJ 300 MG/3ML .....	10	ergocalciferol CAPS .....	70
ELIQUIS TABS .....	10	enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML .....	11	ergocalciferol SOLN OR .....	70
ELLA .....	36	enoxaparin sodium SOSY 30 MG/0.3ML .....	10	ergoloid mesylates TABS .....	63
ELMIRON CAPS .....	48	enoxaparin sodium SOSY 40 MG/0.4ML .....	10	ERGOMAR SUBL .....	54
ELOCTATE .....	48	enoxaparin sodium SOSY 60 MG/0.6ML .....	10	ergotamine w/ caffeine TABS .....	54
EMCYT .....	25	enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML .....	11	eribulin mesylate .....	28
EMFLAZA SUSP (deflazacort) .....	36	ENSPRYNG .....	56	ERIVEDGE .....	25
EMFLAZA TABS (deflazacort) .....	36	entacapone .....	28	ERLEADA 240 MG .....	25
EMGALITY SOAJ .....	54	entecavir TABS .....	31	ERLEADA 60 MG .....	25
EMGALITY SOSY 100 MG/ML .....	54	EPIDIOLEX .....	12	erlotinib hcl .....	24
EMGALITY SOSY 120 MG/ML .....	54			ERTACZO .....	38
EMSAM .....	13			ertapenem sodium IJ .....	22
emtricitabine CAPS .....	30			erythromycin (acne aid) PADS .....	38
emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG .....	30			erythromycin (acne aid) SOLN .....	38

erythromycin (ophth) .....	59	estradiol valerate .....	46	famotidine in nacl SOLN .....	65
erythromycin base CPEP .....	51	ESTRING RING .....	69	famotidine SOLN 20 MG/2ML .....	65
erythromycin base TABS .....	51	ESTROGEL GEL (estradiol) .....	46	famotidine SOLN 40 MG/4ML, 200 MG/20ML .....	65
erythromycin base TBEC .....	51	eszopiclone .....	50	famotidine SUSR .....	65
erythromycin ethylsuccinate SUSR 51		ethacrynic acid .....	44	famotidine TABS 20 MG, 40 MG ..	65
erythromycin ethylsuccinate TABS 51		ethambutol hcl TABS .....	23	FANAPT .....	29
escitalopram oxalate SOLN .....	13	ethosuximide CAPS .....	13	FANAPT TITRATION PACK .....	29
escitalopram oxalate TABS 10 MG 13		ethosuximide SOLN .....	13	FANTASY LUBRICATED MISC ...	51
escitalopram oxalate TABS 20 MG 13		ethynodiol diacet & eth estrad ...	35	FANTASY LUBRICATED/SPERMICIDE MISC	51
escitalopram oxalate TABS 5 MG .	13	etodolac CAPS .....	4	FARXIGA (dapagliflozin propanediol)	
esomeprazole magnesium CPDR 20 MG .....	65	etodolac TABS .....	4	.....	16
esomeprazole magnesium CPDR 40 MG .....	65	etonogestrel-ethinyl estradiol .....	36	FARXIGA .....	16
esomeprazole magnesium TBEC ..	65	ETOPOPHOS .....	28	FASENRA PEN SOAJ .....	9
ESPEROCT .....	48	etoposide CAPS .....	28	FASENRA SOSY 30 MG/ML .....	9
estazolam .....	50	etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML .....	28	FC2 FEMALE CONDOM .....	52
esterified estrogens & methyltestosterone .....	46	etravirine 100 MG .....	30	febuxostat .....	48
estradiol & norethindrone acetate TABS .....	46	etravirine 200 MG .....	30	felbamate SUSP .....	12
estradiol GEL 0.06 % .....	46	EUCRISA .....	42	felbamate TABS 400 MG .....	12
estradiol GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM, 1.25 MG/1.25GM .....	46	EVAMIST SOLN .....	46	felbamate TABS 600 MG .....	12
estradiol PTTW .....	46	everolimus (immunosuppressant) 0.25 MG, 0.5 MG, 0.75 MG .....	56	felodipine .....	33
estradiol PTWK .....	46	everolimus (immunosuppressant) 1 MG .....	56	FEMCAP DEVI .....	52
estradiol TABS .....	46	everolimus TABS .....	26	FEMRING .....	69
estradiol vaginal CREA .....	69	EVOTAZ .....	30	fenofibrate micronized 43 MG, 67 MG, 130 MG, 134 MG, 200 MG ...	19
estradiol vaginal TABS .....	69	exemestane .....	25	fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG .....	19
		ezetimibe .....	19	fenopropfen calcium TABS .....	4
		ezetimibe-simvastatin .....	19	FENSOLVI SC .....	45
		famciclovir 125 MG, 250 MG .....	32	fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG .....	19
		famciclovir 500 MG .....	32	fenopropfen calcium TABS .....	4
				FENSOLVI SC .....	45
				fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG .....	19
				fenopropfen calcium TABS .....	4
				FENSOLVI SC .....	45
				fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG .....	19
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				FENSOLVI SC .....	45
				fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG .....	19
				fenopropfen calcium TABS .....	4
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				fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG .....	19
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				fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG .....	19
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				fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG .....	19
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				fenopropfen calcium TABS .....	4
				FENSOLVI SC .....	45
				fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG .....	19
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MCG, 600 MCG, 800 MCG, 1200 MCG, 1600 MCG .....	5	2023 .....	67	fluocinolone acetonide OIL .....	41
fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR .....	5	FLUBLOK QUADRIVALENT 2023-2024 .....	67	fluocinolone acetonide OINT .....	41
ferrous fumarate-folic acid .....	50	FLUCELVAX 2024-2025 SUSP ...	67	fluocinolone acetonide SOLN .....	41
ferrous sulfate SOLN 15 MG/ML ..	50	FLUCELVAX 2024-2025 SUSY ...	67	fluocinonide CREA 0.05 % .....	41
ferrous sulfate TABS 65 MG, 325 MG .....	50	FLUCELVAX QUADRIVALENT 2022-2023 SUSP .....	67	fluocinonide CREA 0.1 % .....	41
ferrous sulfate TBEC 325 MG .....	50	FLUCELVAX QUADRIVALENT 2022-2023 SUSY .....	67	fluocinonide emulsified base .....	41
fesoterodine fumarate .....	65	FLUCELVAX QUADRIVALENT 2023-2024 SUSP .....	67	fluocinonide GEL .....	41
FETZIMA CP24 .....	14	FLUCELVAX QUADRIVALENT 2023-2024 SUSY .....	67	fluocinonide OINT .....	41
FETZIMA TITRATION PACK C4PK 14		fluconazole SUSR .....	18	fluocinonide SOLN .....	41
finasteride .....	48	fluconazole TABS .....	18	fluorometholone (ophth) SUSP ....	59
fingolimod hcl .....	62	flucytosine .....	18	fluorouracil (topical) CREA 5 % ...	39
FIRDAPSE .....	23	fludarabine phosphate SOLN .....	24	fluorouracil (topical) SOLN .....	39
FIRMAGON 80 MG, 120 MG/VIAL	25	fludarabine phosphate SOLR .....	24	fluorouracil 500 MG/10ML .....	24
flavoxate hcl .....	66	fludrocortisone acetate TABS .....	37	fluoxetine hcl CAPS 10 MG .....	14
flecainide acetate .....	9	FLULAVAL 2024-2025 SUSY .....	67	fluoxetine hcl CAPS 20 MG .....	14
floxuridine .....	24	FLULAVAL QUADRIVALENT 2022-2023 SUSY .....	67	fluoxetine hcl CAPS 40 MG .....	14
FLUAD 2024-2025 .....	66	FLULAVAL QUADRIVALENT 2023-2024 SUSY .....	67	fluoxetine hcl CPDR .....	14
FLUAD QUADRIVALENT 2022-2023 .....	66	FLUMIST NASAL VACCINE 2024-2025 .....	67	fluoxetine hcl SOLN .....	14
FLUAD QUADRIVALENT 2023-2024 .....	66	FLUMIST QUADRIVALENT .....	67	fluoxetine hcl TABS 10 MG, 60 MG	14
FLUARIX 2024-2025 SUSY .....	67	flunisolide (nasal) 0.025 % .....	58	fluoxetine hcl TABS 20 MG .....	14
FLUARIX QUADRIVALENT 2022-2023 SUSY .....	67	fluocinolone acetonide (otic) .....	60	fluphenazine hcl CONC .....	30
FLUARIX QUADRIVALENT 2023-2024 SUSY .....	67	fluocinolone acetonide CREA 0.01 %	41	fluphenazine hcl ELIX .....	30
FLUBLOK 2024-2025 SOSY .....	67	fluocinolone acetonide CREA 0.025 % .....	41	fluphenazine hcl SOLN .....	30
FLUBLOK QUADRIVALENT 2022-				fluphenazine hcl TABS .....	30
				flurandrenolide CREA .....	41
				flurandrenolide LOTN .....	41
				flurazepam hcl 15 MG, 30 MG ....	50
				flurbiprofen sodium .....	60
				flurbiprofen TABS .....	4



flutamide .....	25	2024 SUSY .....	68	FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM .....	53
fluticasone furoate-vilanterol .....	10	FML FORTE SUSP .....	59	FREESTYLE LIBRE 3 PLUS/SENSOR/GLUCOSE MONITORING SYSTEM .....	53
fluticasone propionate (inhalation) AEPB .....	9	FML OINT .....	59	FREESTYLE LIBRE 3/READER/GLUCOSE MONITORING SYSTEM .....	53
fluticasone propionate (nasal) SUSP . 58		folic acid TABS .....	49	FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM .....	53
fluticasone propionate CREA 0.05 % 41		fondaparinux sodium 10 MG/0.8ML 11		FREESTYLE LIBRE 3/READER/GLUCOSE MONITORING SYSTEM .....	53
fluticasone propionate hfa .....	9	fondaparinux sodium 2.5 MG/0.5ML . 11		FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM .....	53
fluticasone propionate LOTN .....	41	fondaparinux sodium 5 MG/0.4ML .11		FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM .....	53
fluticasone propionate OINT .....	41	fondaparinux sodium 7.5 MG/0.6ML . 11		FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM .....	53
fluticasone-salmeterol AEPB .....	10	FORA GTEL BLOOD KETONE TEST STRIPS .....	43	frovatriptan succinate .....	54
fluticasone-salmeterol AERO .....	10	FORA TEST N' GO ADVANCE/VOICE/6 CONNECT ..43		fulvestrant SOSY .....	25
fluvastatin sodium CAPS 20 MG ...19		formoterol fumarate NEBU .....	10	furosemide SOLN OR 10 MG/ML, 40 MG/5ML .....	44
fluvastatin sodium CAPS 40 MG ...19		FORTEO SOPN (teriparatide) .....	44	furosemide TABS .....	44
fluvoxamine maleate TABS 100 MG . 14		FOSAMAX PLUS D .....	44	FUZEON SOLR .....	30
fluvoxamine maleate TABS 25 MG, 50 MG .....	14	fosamprenavir calcium TABS .....	30	FYCOMPA TABS 2 MG .....	11
FLUZONE 2024-2025 SUSP .....	67	fosfomycin tromethamine .....	22	FYCOMPA TABS 4 MG .....	11
FLUZONE 2024-2025 SUSY .....	67	fosinopril sodium & hydrochlorothiazide .....	20	FYCOMPA TABS 6 MG .....	11
FLUZONE HIGH-DOSE 2024-2025 SUSY .....	67	fosinopril sodium .....	20	FYCOMPA TABS 8 MG, 10 MG, 12 MG .....	11
FLUZONE HIGH-DOSE PF 2022- 2023 .....	67	fosphenytoin sodium .....	13	gabapentin CAPS .....	12
FLUZONE HIGH-DOSE PF 2023- 2024 .....	67	FRAGMIN SOSY .....	11	gabapentin SOLN .....	12
FLUZONE QUADRIVALENT 2022- 2023 SUSP .....	67	FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM .....	53	gabapentin TABS 600 MG, 800 MG 12	
FLUZONE QUADRIVALENT 2022- 2023 SUSY .....	67	FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM .....	53	GALAFOLD .....	45
FLUZONE QUADRIVALENT 2023- 2024 SUSP .....	68	FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM .....	53	galantamine hydrobromide CP24 ..	62
FLUZONE QUADRIVALENT 2023-				galantamine hydrobromide SOLN .	62
				galantamine hydrobromide TABS .	62

GAMMAGARD LIQUID 1 GM/10ML, 2.5 GM/25ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML .....	61	glatiramer acetate SOSY 20 MG/ML . 62	granisetrone hcl TABS .....	17
GAMMAGARD LIQUID 30 GM/300ML .....	61	glatiramer acetate SOSY 40 MG/ML . 62	GRASTEK SUBL .....	2
GAMMAGARD S/D IGA LESS THAN 1MCG/ML SOLR .....	61	GLEOSTINE 10 MG .....	griseofulvin microsize SUSP .....	18
GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML .....	61	GLEOSTINE 40 MG, 100 MG .....	griseofulvin microsize TABS .....	18
GAMUNEX-C .....	61	glimepiride 1 MG, 2 MG .....	griseofulvin ultramicrosize .....	18
ganciclovir sodium SOLR .....	31	glimepiride 4 MG .....	guanfacine hcl (adhd) .....	1
ganirelix acetate .....	45	glipizide TABS 5 MG, 10 MG .....	guanfacine hcl .....	20
GARDASIL 9 SUSP .....	68	glipizide TB24 .....	GYNAZOLE-1 .....	69
GARDASIL 9 SUSY .....	68	glipizide-metformin hcl 250 MG-2.5 MG, 500 MG-2.5 MG .....	HADLIMA PUSHTOUCH SOAJ 40 MG/0.4ML .....	3
gatifloxacin (ophth) .....	59	glipizide-metformin hcl 500 MG-5 MG .....	HADLIMA PUSHTOUCH SOAJ 40 MG/0.8ML .....	3
gefitinib .....	24	GLUCAGEN DIAGNOSTIC .....	HADLIMA SOSY 40 MG/0.4ML .....	3
gemcitabine hcl SOLR 2 GM, 200 MG .....	24	glucagon (rdna) .....	HADLIMA SOSY 40 MG/0.8ML .....	3
gemfibrozil TABS .....	19	glyburide micronized 1.5 MG, 3 MG, 6 MG .....	HAEGARDA SOLR SC .....	49
GENOTROPIN CART SC .....	45	glyburide TABS .....	HALAVEN (eribulin mesylate) .....	28
GENOTROPIN MINIQUICK PRSY 45		glyburide-metformin 250 MG-1.25 MG .....	halcinonide CREA .....	41
gentamicin in saline 0.8 MG/ML-0.9 %, 1 MG/ML-0.9 %, 1.2 MG/ML-0.9 %, 1.6 MG/ML-0.9 % .....	2	glyburide-metformin 500 MG-2.5 MG, 500 MG-5 MG .....	halobetasol propionate CREA .....	41
gentamicin sulfate (ophth) OINT ...	59	glycine (gu irrigant) SOLN 1.5 % ..	halobetasol propionate OINT .....	41
gentamicin sulfate (ophth) SOLN ..	59	glycopyrrolate SOLN IJ 0.2 MG/ML, 4 MG/20ML .....	HALOG OINT .....	41
gentamicin sulfate (topical) CREA .38		glycopyrrolate TABS 1 MG .....	haloperidol decanoate .....	29
gentamicin sulfate (topical) OINT ..38		glycopyrrolate TABS 2 MG .....	haloperidol lactate CONC .....	29
gentamicin sulfate IJ 40 MG/ML, 80 MG/2ML .....	2	GLYXAMBI .....	haloperidol lactate SOLN .....	29
GENVOYA .....	30	GNP PRENATAL TABS .....	haloperidol TABS .....	29
GILOTRIF .....	24	GOJJI BLOOD KETONE TEST STRIPS .....	HAVRIX .....	68
		granisetron hcl SOLN IV 1 MG/ML 17	HEALON PRO SOSY .....	60
			HEMANGEOL SOLN OR .....	32
			heparin sodium (porcine) SOLN IJ 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML .....	11
			HEPARIN SODIUM/NACL 0.45% SOLN IV 0.45 %-12500 UNIT/250ML	

11	108 MG/5ML-2.5 MG/5ML, 217	hydromorphone hcl LIQD ..... 5
HEPLISAV-B SOSY .....68	MG/10ML-5 MG/10ML, 325	hydromorphone hcl SOLN IJ 10
HIBERIX SOLR IJ .....66	MG/15ML-7.5 MG/15ML ..... 6	MG/ML, 50 MG/5ML, 500 MG/50ML .
HUMATROPE CART IJ .....45	hydrocodone-acetaminophen SOLN .	5
HUMIRA PEDIATRIC CROHNS	hydrocodone-acetaminophen TABS	hydromorphone hcl TABS .....5
DISEASE STARTER PACK PSKT 80	300 MG-10 MG, 300 MG-5 MG, 300	hydromorphone hcl TB24 32 MG ... 5
MG/0.8ML .....3	MG-7.5 MG .....7	hydromorphone hcl TB24 8 MG, 12
HUMIRA PEN AJKT SC 40	hydrocodone-acetaminophen TABS	MG, 16 MG .....5
MG/0.4ML, 40 MG/0.8ML .....3	325 MG-10 MG, 325 MG-5 MG, 325	hydroxychloroquine sulfate 100 MG
HUMIRA PEN AJKT SC 80	MG-7.5 MG .....6	23
MG/0.8ML .....3	hydrocodone-ibuprofen 10 MG-200	hydroxychloroquine sulfate 200 MG
HUMIRA PEN-CD/UC/HS STARTER	MG, 5 MG-200 MG .....7	23
AJKT SC .....3	hydrocodone-ibuprofen 7.5 MG-200	hydroxychloroquine sulfate 400 MG
HUMIRA PEN-PEDIATRIC UC	MG .....7	23
STARTER PACK AJKT SC .....3	hydrocortisone (intrarectal) .....7	hydroxyurea .....27
HUMIRA PEN-PS/UV STARTER	hydrocortisone (rectal) EX .....7	hydroxyzine hcl SOLN 50 MG/ML .. 8
AJKT SC .....3	hydrocortisone (topical) CREA 1 %,	hydroxyzine hcl SYRP ..... 8
HUMIRA PSKT 10 MG/0.1ML, 20	2.5 % .....41	hydroxyzine hcl TABS .....8
MG/0.2ML, 40 MG/0.4ML, 40	hydrocortisone (topical) LOTN 2.5 % .	hydroxyzine pamoate CAPS ..... 8
MG/0.8ML .....3	41	HYPERSAL NEBU .....37
HUMULIN R U-500	hydrocortisone (topical) OINT 1 %,	HYQVIA ..... 61
(CONCENTRATED) SOLN SC ....16	2.5 % .....41	ibandronate sodium SOLN ..... 44
HUMULIN R U-500 KWIKPEN SOPN	hydrocortisone acetate (rectal) .....7	ibandronate sodium TABS .....44
SC .....16	hydrocortisone butyrate CREA .... 41	IBRANCE CAPS .....26
HYCAMTIN CAPS .....28	hydrocortisone butyrate OINT ..... 41	IBRANCE TABS ..... 26
hydralazine hcl SOLN .....21	hydrocortisone butyrate SOLN .... 41	ibuprofen SUSP 100 MG/5ML ..... 4
hydralazine hcl TABS .....21	hydrocortisone sod succinate 100	ibuprofen TABS 400 MG, 600 MG .. 4
hydrochlorothiazide CAPS .....44	MG .....36	ibuprofen TABS 800 MG .....4
hydrochlorothiazide TABS 12.5 MG	hydrocortisone TABS .....36	icatibant acetate SOLN ..... 49
44	hydrocortisone vaginal ..... 69	icatibant acetate SOSY .....49
hydrochlorothiazide TABS 25 MG, 50	hydrocortisone valerate CREA .... 41	ICLUSIG .....26
MG .....44	hydrocortisone valerate OINT ..... 41	icosapent ethyl 1 GM ..... 19
hydrocodone polistirex-	hydrocortisone w/acetic acid .....60	
chlorpheniramine polistirex SUER .37		
hydrocodone-acetaminophen SOLN		

idarubicin hcl 20 MG/20ML .....	26	INSULIN ASPART PENFILL SOCT 16	ISOLYTE-S .....	55
idarubicin hcl 5 MG/5ML, 10 MG/10ML .....	26	INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN SUPN .....	isoniazid SOLN .....	23
IDELVION .....	49	INSULIN ASPART PROTAMINE/INSULIN ASPART SUSP .....	isoniazid SYRP .....	23
ifosfamide SOLN 1 GM/20ML .....	23	INSULIN ASPART SOLN IJ .....	isoniazid TABS .....	23
ifosfamide SOLR .....	23	INSULIN DEGLUDEC FLEXTOUCH SOPN .....	isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG .....	8
imatinib mesylate .....	26	INSULIN DEGLUDEC SOLN .....	isosorbide dinitrate-hydralazine hcl 33	
IMBRUVICA CAPS 140 MG .....	26	INTELENCE 25 MG .....	isosorbide mononitrate TABS .....	8
IMBRUVICA CAPS 70 MG .....	26	INTRAROSA .....	isosorbide mononitrate TB24 .....	8
IMBRUVICA SUSP .....	26	IONOSOL-MB/DEXTROSE 5% .....	isotretinoin 10 MG, 20 MG, 30 MG, 40 MG .....	38
IMBRUVICA TABS .....	26	IOPIDINE .....	isradipine CAPS .....	33
imipenem-cilastatin IV .....	22	IPOSOL-MB/DEXTROSE 5% .....	itraconazole CAPS .....	18
imipramine hcl TABS .....	14	IOPIDINE .....	itraconazole SOLN .....	18
imipramine pamoate .....	14	IPOSOL-MB/DEXTROSE 5% .....	ivabradine hcl TABS .....	34
imiquimod 5 % .....	42	IOPIDINE .....	ivermectin (pediculicide) .....	43
IMPAVIDO .....	21	IPOSOL-MB/DEXTROSE 5% .....	ivermectin .....	8
INCRELEX .....	45	IOPIDINE .....	IXEMPRA KIT 15 MG .....	28
INCRUSE ELLIPTA .....	9	IPOSOL-MB/DEXTROSE 5% .....	JAKAFI .....	26
indapamide TABS 1.25 MG .....	44	IOPIDINE .....	JANSSEN COVID-19 VACCINE .....	68
indapamide TABS 2.5 MG .....	44	IPOSOL-MB/DEXTROSE 5% .....	JANUMET TABS .....	15
indomethacin CAPS 25 MG, 50 MG 4		IOPIDINE .....	JANUMET XR TB24 1000 MG-100 MG .....	15
indomethacin CPCPR .....	4	IPOSOL-MB/DEXTROSE 5% .....	JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG .....	15
INFANRIX .....	64	IOPIDINE .....	JANUVIA .....	16
INFLECTRA SOLR .....	47	IPOSOL-MB/DEXTROSE 5% .....	JARDIANCE .....	16
INGREZZA CAPS .....	62	IOPIDINE .....	JEVTANA .....	28
INGREZZA CPPK .....	62	IPOSOL-MB/DEXTROSE 5% .....	JIVI .....	49
INGREZZA CPSP .....	62	IOPIDINE .....	JULUCA .....	30
INLYTA .....	24	IPOSOL-MB/DEXTROSE 5% .....	JYNARQUE TBPK .....	46
INREBIC .....	26	IOPIDINE .....		
INSULIN ASPART FLEXPEN SOPN . 16		IPOSOL-MB/DEXTROSE 5% .....		

KALYDECO TABS .....	63	KIMONO PS LUBRICATED MISC	52	lacosamide TABS .....	12
KAMELEON LUBRICATED MISC	52	KIMONO PS PLUS		lactated ringer's (irrigation) .....	56
KANJINTI .....	24	SPERMICIDE/LUBRICATED MISC	52	lactated ringer's .....	55
KCL 0.3%/D5W/NAACL 0.9% (potassium chloride in dextrose & sodium chloride) .....	55	KIMONO SENSATION		lactic acid (ammonium lactate) CREA	42
KEPIVANCE 6.25 MG .....	28	LUBRICATED MISC .....	52	lactic acid (ammonium lactate) LOTN	42
KESIMPTA .....	62	KIMONO SENSATION PLUS		12 % .....	42
ketoconazole (topical) CREA .....	38	SPERMICIDE LUBRICATED MISC	52	lactulose (encephalopathy) .....	47
ketoconazole (topical) SHAM 2 %	38	KIMONO SPECIAL DEVI .....	52	lactulose SOLN .....	51
ketoconazole .....	18	KINRIX SUSY .....	64	lamivudine (hbv) TABS .....	31
KETONE STRP .....	43	KISQALI .....	26	lamivudine SOLN .....	30
KETONE TEST STRIPS STRP ...	43	KISQALI FEMARA 200 DOSE ...	26	lamivudine TABS 150 MG .....	31
ketoprofen CAPS 50 MG .....	4	KISQALI FEMARA 400 DOSE ...	26	lamivudine TABS 300 MG .....	30
ketorolac tromethamine (ophth) ...	60	KISQALI FEMARA 600 DOSE ...	26	lamivudine-zidovudine .....	31
ketorolac tromethamine TABS .....	4	KLARITY-A .....	59	lamotrigine CHEW 25 MG .....	12
KETOSTIX STRP .....	43	KOGENATE FS KIT .....	49	lamotrigine CHEW 5 MG .....	12
ketotifen fumarate (ophth) 0.035 %	60	KOSELUGO .....	26	lamotrigine TABS .....	12
KEVZARA SOAJ .....	4	KOVALTRY .....	49	lamotrigine TBDP .....	12
KEVZARA SOSY .....	4	KP PRENATAL MULTIVITAMINS		LANOXIN SOLN IJ (digoxin) .....	33
KIMONO COLORS DEVI .....	52	TABS .....	57	LANOXIN TABS 62.5 MCG, 125	
KIMONO LUBRICATED MISC ....	52	KRINTAFEL .....	23	MCG, 250 MCG (digoxin) .....	33
KIMONO MAXX/LARGE FLARE		K-Y ME & YOU EXTRA		lansoprazole CPDR 15 MG .....	65
MISC .....	52	LUBRICATED DEVI .....	52	lansoprazole CPDR 30 MG .....	65
KIMONO MICRO THIN PLUS		K-Y ME & YOU INTENSE DEVI ...	52	lanthanum carbonate CHEW .....	48
SPERMICIDE LUBRICATED MISC	52	KYLEENA .....	36	lapatinib ditosylate .....	26
KIMONO PLUS SPERMICIDE		KYPROLIS .....	26	LASTACAFT .....	60
LUBRICATED MISC .....	52	labetalol hcl SOLN .....	32	latanoprost SOLN .....	60
KIMONO PLUS		labetalol hcl TABS 100 MG, 200 MG .	32	leflunomide .....	4
SPERMICIDE/LUBRICATED MISC	52	32		lenalidomide 2.5 MG, 5 MG, 10 MG,	
		labetalol hcl TABS 300 MG .....	32	15 MG, 25 MG .....	56
		lacosamide SOLN IV 200 MG/20ML .		lenalidomide 20 MG .....	56
		12			

LENVIMA 10 MG DAILY DOSE ...24	19	lincomycin hcl ..... 22
LENVIMA 12MG DAILY DOSE ...24	levofloxacin (ophth) 0.5 % ..... 59	linezolid SUSR .....22
LENVIMA 14 MG DAILY DOSE ...24	levofloxacin in d5w 5 %-500 MG/100ML .....47	linezolid TABS ..... 22
LENVIMA 18 MG DAILY DOSE ...24	levofloxacin SOLN OR .....47	LINZESS ..... 47
LENVIMA 20 MG DAILY DOSE ...24	levofloxacin TABS 250 MG, 750 MG . 47	liothyronine sodium SOLN .....64
LENVIMA 24 MG DAILY DOSE ...24	levofloxacin TABS 500 MG .....47	liothyronine sodium TABS ..... 64
LENVIMA 4 MG DAILY DOSE .....24	levonorgestrel & eth estradiol TABS 35	lisdexamfetamine dimesylate CAPS 1 1
LENVIMA 8 MG DAILY DOSE .....24	levonorgestrel (emergency oc) 1.5 MG ..... 36	lisdexamfetamine dimesylate CHEW . 1
letrozole ..... 25	levonorgestrel-eth estradiol (triphasic) .....35	lisinopril & hydrochlorothiazide ...21
leucovorin calcium SOLR .....28	levonorgestrel-ethinyl estradiol (91- day) 0.03 MG-0.15 MG ..... 35	lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG ..... 20
leucovorin calcium TABS ..... 28	levonorgestrel-ethinyl estradiol (continuous) ..... 35	lithium ..... 29
LEUKERAN .....23	levonorgestrel-ethinyl estradiol-iron 35	lithium carbonate CAPS ..... 29
LEUKINE SOLR IJ .....49	levorphanol tartrate TABS 2 MG ...5	lithium carbonate TABS .....29
leuprolide acetate KIT IJ 1 MG/0.2ML .....25	LEXIVA SUSP ..... 31	lithium carbonate TBCR ..... 29
levabuterol hcl ..... 10	lidocaine hcl (local anesth.) SOLN 0.5 %, 1 %, 2 % .....51	LO LOESTRIN FE TABS ..... 35
levabuterol tartrate .....10	lidocaine hcl (mouth-throat) 2 % ...56	lofexidine hcl ..... 62
LEVEMIR FLEXPEN SOPN 100 UNIT/ML .....16	lidocaine hcl (mouth-throat) 4 % ...56	LOKELMA .....56
LEVEMIR FLEXTOUCH SOPN ...16	lidocaine hcl GEL 2 % ..... 42	loperamide hcl CAPS 2 MG .....17
LEVEMIR SOLN ..... 16	lidocaine hcl PRSY .....42	lopinavir-ritonavir SOLN ..... 31
levetiracetam SOLN IV 500 MG/5ML 12	lidocaine hcl SOLN .....42	lopinavir-ritonavir TABS .....31
levetiracetam TABS 1000 MG .....12	lidocaine PTCH 5 % .....42	loratadine CAPS ..... 19
levetiracetam TABS 250 MG, 750 MG ..... 12	lidocaine-prilocaine CREA .....42	loratadine CHEW .....19
levetiracetam TABS 500 MG ..... 12	LILETTA 20.1 MCG/DAY ..... 36	loratadine SOLN ..... 19
levetiracetam TB24 ..... 12		loratadine TABS .....19
levobunolol hcl 0.5 % .....59		loratadine TBDP ..... 19
levocetirizine dihydrochloride SOLN 18		lorazepam CONC ..... 8
levocetirizine dihydrochloride TABS		lorazepam TABS 0.5 MG, 2 MG ....8
		lorazepam TABS 1 MG .....8
		LORBRENA .....26

losartan potassium & hydrochlorothiazide 12.5 MG-100 MG, 25 MG-100 MG .....	21	LYSODREN .....	25	MEKTOVI .....	26
losartan potassium & hydrochlorothiazide 12.5 MG-50 MG .	21	mafenide acetate PACK .....	40	meloxicam TABS 7.5 MG, 15 MG ..	4
losartan potassium .....	20	magnesium sulfate IJ 50 % .....	55	melphalan .....	23
LOTEMAX OINT .....	59	malathion .....	43	melphalan hcl IV .....	23
loteprednol etabonate GEL .....	60	maraviroc TABS 150 MG .....	31	memantine hcl TABS .....	62
loteprednol etabonate SUSP .....	60	maraviroc TABS 300 MG .....	31	MENACTRA .....	66
lovastatin TABS 10 MG, 20 MG ...	19	MARPLAN .....	13	MENEST .....	46
lovastatin TABS 40 MG .....	19	MASONATAL TABS .....	57	MENOSTAR PTWK .....	46
loxapine succinate .....	29	MATULANE .....	27	MENQUADFI .....	66
lubiprostone .....	47	MAXIDEX SUSP OP .....	60	MENVEO SOLN .....	66
LUCEMYRA (lofexidine hcl) .....	62	MAXX LUBRICATED MISC .....	52	MENVEO SOLR .....	66
luliconazole .....	39	MAXX PLUS SPERMICIDE LUBRICATED MISC .....	52	meperidine hcl SOLN IJ 25 MG/ML, 50 MG/ML, 100 MG/ML .....	5
LUMIZYME .....	45	meclizine hcl TABS 12.5 MG .....	17	meperidine hcl SOLN OR 50 MG/5ML .....	5
LUPRON DEPOT (1-MONTH) KIT IM .....	25	meclizine hcl TABS 25 MG .....	17	meperidine hcl TABS 50 MG .....	5
LUPRON DEPOT (3-MONTH) KIT IM .....	25	meclofenamate sodium CAPS .....	4	meprobamate .....	8
LUPRON DEPOT (4-MONTH) IM .	25	MEDROL TABS .....	36	mercaptopurine TABS .....	24
LUPRON DEPOT (6-MONTH) IM .	25	medroxyprogesterone acetate (contraceptive) SUSP IM .....	36	meropenem .....	22
LUPRON DEPOT-PED (1-MONTH) .	45	medroxyprogesterone acetate (contraceptive) SUSY IM .....	36	mesalamine CP24 .....	47
LUPRON DEPOT-PED (3-MONTH) 11.25 MG .....	45	medroxyprogesterone acetate 10 MG .....	61	mesalamine CPDR .....	47
LUPRON DEPOT-PED (3-MONTH) 30 MG .....	45	medroxyprogesterone acetate 2.5 MG, 5 MG .....	61	mesalamine ENEM .....	47
lurasidone hcl 20 MG, 40 MG, 60 MG, 120 MG .....	29	mefenamic acid CAPS .....	4	mesalamine SUPP .....	47
lurasidone hcl 80 MG .....	29	mefloquine hcl .....	23	mesalamine TBEC 1.2 GM .....	47
LYNPARZA TABS .....	26	megestrol acetate (appetite) .....	61	mesalamine TBEC 800 MG .....	47
		megestrol acetate SUSP .....	25	metaxalone 800 MG .....	58
		megestrol acetate TABS .....	25	metformin hcl TABS 1000 MG .....	16
		MEKINIST SOLR .....	26	metformin hcl TABS 500 MG .....	15
		MEKINIST TABS .....	26	metformin hcl TABS 850 MG .....	15
				metformin hcl TB24 500 MG .....	16
				metformin hcl TB24 750 MG .....	16

methadone hcl CONC .....	5	methylphenidate hcl CP24 20 MG, 40 MG .....	2	metoprolol & hydrochlorothiazide TABS 25 MG-50 MG .....	21
methadone hcl SOLN IJ 10 MG/ML	.5	methylphenidate hcl CP24 30 MG ..	2	metoprolol succinate TB24 200 MG	32
METHADONE HCL SOLN IJ .....	5	methylphenidate hcl CP24 .....	2	metoprolol succinate TB24 25 MG, 50 MG, 100 MG .....	32
methadone hcl SOLN OR 10 MG/5ML .....	5	methylphenidate hcl CPR .....	2	metoprolol tartrate SOLN IV 5 MG/5ML .....	32
methadone hcl SOLN OR 5 MG/5ML	5	methylphenidate hcl SOLN .....	2	metoprolol tartrate TABS 25 MG, 50 MG, 100 MG .....	32
methadone hcl TABS 10 MG .....	5	methylphenidate hcl TABS 10 MG, 20 MG .....	2	metronidazole (topical) CREA .....	42
methadone hcl TABS 5 MG .....	5	methylphenidate hcl TABS 5 MG ...	2	metronidazole (topical) GEL 0.75 %	42
methadone hcl TBSO .....	5	methylphenidate hcl TB24 18 MG, 27 MG .....	2	metronidazole (topical) GEL 1 % ..	42
methamphetamine hcl .....	1	methylphenidate hcl TB24 36 MG, 54 MG .....	2	metronidazole (topical) LOTN .....	42
methazolamide TABS .....	44	methylphenidate hcl TBCR 10 MG, 20 MG .....	2	metronidazole TABS .....	21
methenamine hippurate .....	22	methylphenidate hcl TBCR 18 MG, 27 MG .....	2	metronidazole vaginal .....	69
methimazole TABS .....	64	methylphenidate hcl TBCR 36 MG, 54 MG .....	2	mexiletine hcl .....	9
METHITEST TABS .....	7	methylphenidate PTCH .....	2	micafungin sodium .....	18
methocarbamol TABS 500 MG, 750 MG .....	58	methylprednisolone acetate SUSP	36	miconazole nitrate vaginal SUPP 200 MG .....	69
METHOTREXATE .....	3	methylprednisolone sod succ 40 MG, 125 MG, 500 MG, 1000 MG .....	36	midodrine hcl .....	69
methotrexate sodium SOLN 50 MG/2ML, 250 MG/10ML .....	24	methylprednisolone TABS .....	36	miglitol .....	15
methotrexate sodium SOLR .....	24	methylprednisolone TBPK 4 MG ..	36	miglustat .....	49
methotrexate sodium TABS 2.5 MG	24	metoclopramide hcl SOLN IJ 5 MG/ML .....	47	minocycline hcl CAPS .....	64
methoxsalen rapid .....	40	metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML .....	47	minocycline hcl TABS .....	64
methscopolamine bromide .....	65	metoclopramide hcl TABS .....	47	minoxidil 2.5 MG, 10 MG .....	21
methsuximide .....	13	metolazone .....	44	MIRCERA .....	49
methyldopa TABS .....	20	metoprolol & hydrochlorothiazide TABS 25 MG-100 MG, 50 MG-100 MG .....	21	MIRENA 20 MCG/DAY .....	36
methylphenidate hcl CHEW 10 MG	.2			mirtazapine TABS 15 MG .....	13
methylphenidate hcl CHEW 2.5 MG	2			mirtazapine TABS 30 MG .....	13
methylphenidate hcl CHEW 5 MG ..	2			mirtazapine TABS 7.5 MG, 45 MG	13
methylphenidate hcl CP24 10 MG, 60 MG .....	2				



mirtazapine TBDP 15 MG .....	13	morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG .....	5	nafcillin sodium IV 10 GM .....	61
mirtazapine TBDP 30 MG .....	13	morphine sulfate SOLN IJ 0.5 MG/ML, 1 MG/ML .....	6	naftifine hcl CREA 1 % .....	39
mirtazapine TBDP 45 MG .....	13	morphine sulfate SOLN OR 10 MG/5ML .....	6	naftifine hcl CREA 2 % .....	39
misoprostol .....	65	morphine sulfate SOLN OR 20 MG/5ML .....	5	NAGLAZYME .....	45
mitomycin SOLR IV 20 MG .....	26	morphine sulfate TABS .....	6	nalbuphine hcl .....	7
mitoxantrone hcl 2 MG/ML .....	26	morphine sulfate TBCR 15 MG, 30 MG, 60 MG, 100 MG, 200 MG .....	6	naloxone hcl LIQD .....	17
M-M-R II SOLR .....	68	MOTOFEN .....	17	naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML .....	17
M-NATAL PLUS TABS .....	57	MOVANTIK .....	47	naltrexone hcl .....	17
modafinil 100 MG .....	2	moxifloxacin hcl (ophth) SOLN OP 47	59	naproxen sodium TABS 550 MG ...	4
modafinil 200 MG .....	2	moxifloxacin hcl in sodium chloride 47	47	naproxen SUSP .....	4
MODERNA COVID-19 VACCINE SUSP .....	68	MOXIFLOXACIN HCL TABS .....	47	naproxen TABS .....	4
MODERNA COVID-19 VACCINE/6MO-11Y/2023-24 SUSP . 68		MOZOBIL (plerixafor) .....	50	naproxen TBEC 500 MG .....	4
MODERNA COVID-19 VACCINE/6MO-11Y/2024-25 SUSY . 68		MULPLETA .....	49	naratriptan hcl .....	54
MODERNA COVID-19 VACCINE/BIVALENT/6MO-5Y ...	68	MULTI PRENATAL TABS .....	57	NATACYN .....	59
MODERNA COVID-19 VACCINE/BIVALENT/BA.4/BA.5 .	68	mupirocin OINT .....	38	NATAZIA .....	35
MODERNA COVID-19 VACCINE6MO-5Y SUSP .....	68	MVASI .....	24	nateglinide .....	16
moexipril hcl .....	20	MYALEPT .....	45	NAYZILAM .....	11
mometasone furoate (nasal) SUSP 58		mycophenolate mofetil CAPS .....	56	nebivolol hcl 2.5 MG, 5 MG, 10 MG 32	
mometasone furoate CREA .....	42	mycophenolate mofetil TABS .....	56	nebivolol hcl 20 MG .....	32
mometasone furoate OINT .....	42	mycophenolate sodium 180 MG, 360 MG .....	56	NEBUSAL NEBU .....	37
mometasone furoate SOLN .....	42	MYLERAN TABS .....	23	nefazodone hcl .....	14
montelukast sodium CHEW .....	9	nabumetone .....	4	nelarabine .....	24
montelukast sodium PACK .....	9	nadolol TABS 20 MG .....	32	neomycin sulfate TABS .....	2
montelukast sodium TABS .....	9	nadolol TABS 40 MG .....	32	neomycin-bacitracin zn-polymyxin 59	
		nadolol TABS 80 MG .....	32	neomycin-polymy-dexameth OINT 60	
				neomycin-polymy-dexameth SUSP 60	
				neomycin-polymyxin-hc (ophth) ...	60
				neomycin-polymyxin-hc (otic) SOLN .	

60	nicardipine hcl SOLN	33	NITROGLYCERIN SOLN IV	8
neomycin-polymyxin-hc (otic) SUSP	nicotine MISC XX	63	nitroglycerin SUBL	8
60	nicotine polacrilex GUM	63	NIVA-PLUS TABS	57
NEONATAL COMPLETE TABS 120	nicotine polacrilex LOZG	63	nizatidine CAPS	65
MG-10 MG-9.2 MG-1000 MCG-10	nicotine PT24 TD 7 MG/24HR, 14		NORDITROPIN FLEXPPO SOPN 30	
MCG-12 MCG-3 MG-5 MG-20 MG-	MG/24HR, 21 MG/24HR	63	MG/3ML	45
27 MG-200 MG-1.84 MG-25 MG-2	NICOTINE TRANSDERMAL		NORDITROPIN FLEXPPO SOPN 5	
MG-1200 MCG-2 MG-0.2 MG	SYSTEM KIT	63	MG/1.5ML, 10 MG/1.5ML, 15	
NEONATAL PLUS TABS	NICOTROL INHALER INHA	63	MG/1.5ML	45
NEONATAL PRENATAL VITAMIN	NICOTROL NS SOLN	63	norelgestromin-ethinyl estradiol	35
TABS	nifedipine CAPS 10 MG	33	norethin acet & estrad-fe CAPS	35
NEONATAL VITAMIN TABS	nifedipine CAPS 20 MG	33	norethin acet & estrad-fe CHEW	35
neostigmine methylsulfate SOSY	nifedipine TB24 30 MG, 60 MG, 90	33	norethin acet & estrad-fe TABS 1	
NEO-SYNALAR	MG	33	MG-20 MCG-75 MG, 1.5 MG-30	
NEUPRO	nifedipine TB24 60 MG	33	MCG-75 MG	35
NEVANAC	nifedipine TB24 90 MG	33	norethindrone & eth estradiol	35
nevirapine SUSP	nilutamide	25	norethindrone & ethinyl estradiol-fe	35
nevirapine TABS	nimodipine CAPS	33	norethindrone (contraceptive)	36
nevirapine TB24 100 MG	NINLARO	27	norethindrone acet & eth estra TABS	35
nevirapine TB24 400 MG	NIPENT	27	norethindrone acetate TABS	61
NEXIUM 24HR TBEC (esomeprazole	nisoldipine	33	norethindrone acetate-ethinyl	
magnesium)	nitazoxanide TABS	22	estradiol	46
NEXPLANON	nitisinone CAPS	45	norethindrone acetate-ethinyl	
NEXTSTELLIS	NITRO-BID OINT	8	estradiol-fe	35
niacin (antihyperlipidemic) TBCR	nitrofurantoin	22	norethindrone-eth estradiol (triphasic)	35
niacin CPCR 250 MG, 500 MG	nitrofurantoin macrocrystal 50 MG,		.....	35
niacin TABS	100 MG	22	norgestimate-ethinyl estradiol	
niacin TBCR	nitrofurantoin monohyd macro 100		(triphasic)	35
NIACIN TR TBCR	MG	22	norgestimate-ethinyl estradiol	35
niacinamide TABS 100 MG	nitroglycerin (intra-anal)	7	norgestrel & ethinyl estradiol 30	
niacinamide TABS 500 MG	nitroglycerin CPCR	8	MCG-0.3 MG	35
nicardipine hcl CAPS	nitroglycerin PT24	8	NORMOSOL-M/D5W	55

NORMOSOL-R .....	55	NUCALA SOSY 40 MG/0.4ML .....	9	hydrochlorothiazide .....	21
nortriptyline hcl CAPS .....	15	NUCYNTA ER TB12 .....	6	olmesartan medoxomil- hydrochlorothiazide .....	21
nortriptyline hcl SOLN .....	15	NUCYNTA TABS .....	6	olopatadine hcl (nasal) .....	58
NORVIR CAPS .....	31	NUEDEXTA .....	63	olopatadine hcl 0.1 % .....	60
NORVIR PACK .....	31	NULOJIX .....	56	olopatadine hcl 0.2 % .....	60
NORVIR SOLN .....	31	nystatin (mouth-throat) .....	56	omega-3-acid ethyl esters .....	19
NOVA MAX PLUS KETONE TESTSTRIPS .....	43	nystatin (topical) CREA .....	39	omeprazole CPDR .....	65
NOVAVAX COVID-19 VACCINE SUSP .....	68	nystatin (topical) OINT .....	39	omeprazole magnesium CPDR ...	65
NOVAVAX COVID-19 VACCINE/2023-24 SUSP .....	68	nystatin (topical) POWD EX .....	39	omeprazole TBEC .....	65
NOVAVAX COVID-19 VACCINE/2024-25 SUSY .....	68	nystatin TABS .....	18	omeprazole-sodium bicarbonate CAPS 1100 MG-20 MG .....	65
NOVOEIGHT .....	49	nystatin-triamcinolone CREA .....	39	OMNIFLEX DIAPHRAGM .....	52
NOVOLIN 70/30 FLEXPEN SUPN	16	nystatin-triamcinolone OINT .....	39	ONCASPAR .....	27
NOVOLIN 70/30 SUSP .....	16	NYVEPRIA .....	49	ondansetron hcl SOLN IJ 4 MG/2ML .	17
NOVOLIN N FLEXPEN SUPN .....	16	octreotide acetate KIT .....	46	ondansetron hcl SOLN OR 4 MG/5ML .....	17
NOVOLIN N SUSP .....	16	octreotide acetate SOLN .....	46	ondansetron hcl SOSY .....	17
NOVOLIN R FLEXPEN SOPN IJ ..	16	ODEFSEY .....	31	ondansetron hcl TABS 24 MG .....	17
NOVOLIN R SOLN IJ .....	16	ODOMZO .....	25	ondansetron hcl TABS 4 MG .....	17
NOXAFIL SUSP (posaconazole) ..	18	OFEV .....	63	ondansetron hcl TABS 8 MG .....	17
NP THYROID 120 TABS .....	64	ofloxacin (ophth) .....	59	ondansetron TBDP 4 MG .....	17
NP THYROID 15 TABS .....	64	ofloxacin (otic) .....	60	ondansetron TBDP 8 MG .....	17
NP THYROID 30 TABS .....	64	ofloxacin 300 MG, 400 MG .....	47	ONE VITE WOMENS PRENATALVITAMIN PLUS TABS	57
NP THYROID 60 TABS .....	64	OGIVRI .....	24	ONE VITE WOMENS PRENATALVITAMIN TABS .....	57
NP THYROID 90 TABS .....	64	olanzapine SOLR .....	29	ONETOUCH DELICA SAFETY LANCING DEVICE .....	53
NUBEQA .....	25	olanzapine TABS 2.5 MG, 5 MG ..	29	ONETOUCH DELICA SAFETY LANCING DEVICE 30G .....	53
NUCALA SOAJ .....	9	olanzapine TABS 7.5 MG, 10 MG, 15 MG, 20 MG .....	29	OPILL .....	36
NUCALA SOLR .....	9	olanzapine TBDP 20 MG .....	29		
NUCALA SOSY 100 MG/ML .....	9	olanzapine TBDP 5 MG, 10 MG, 15 MG .....	29		
		olmesartan medoxomil .....	20		
		olmesartan medoxomil-amlodipine-			

OPSUMIT .....	34	40 MG, 80 MG .....	6	pantoprazole sodium TBEC 40 MG 65
ORENITRAM TBCR .....	33	oxycodone hcl TABS 5 MG, 10 MG, 15 MG, 20 MG, 30 MG .....	6	PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A .....
ORLISSA .....	45	oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG .....	7	.....36
ORKAMBI PACK .....	63	oxycodone w/ acetaminophen TABS 325 MG-2.5 MG .....	7	paricalcitol CAPS .....
ORKAMBI TABS .....	63	oxymorphone hcl TABS .....	6	45
ORLADEYO .....	49	oxymorphone hcl TB12 40 MG .....	6	paricalcitol SOLN .....
orphenadrine citrate TB12 .....	58	oxymorphone hcl TB12 5 MG, 7.5 MG, 10 MG, 15 MG, 20 MG, 30 MG 6	6	45
oseltamivir phosphate CAPS .....	32	OZEMPIC SOPN 2 MG/1.5ML .....	16	paroxetine hcl SUSP .....
oseltamivir phosphate SUSR .....	32	OZEMPIC SOPN 2 MG/3ML, 4 MG/3ML, 8 MG/3ML .....	16	14
OSMOPREP .....	51	paclitaxel 6 MG/ML, 100 MG/16.7ML, 150 MG/25ML .....	28	paroxetine hcl TABS 10 MG .....
OSPHENA .....	45	paclitaxel protein-bound particles .....	28	14
OTEZLA TABS .....	4	paliperidone 1.5 MG, 3 MG, 9 MG .....	29	paroxetine hcl TABS 20 MG .....
OTEZLA TBPK .....	4	paliperidone 6 MG .....	29	14
oxacillin sodium IV 10 GM .....	61	palonosetron hcl SOLN .....	17	paroxetine hcl TABS 30 MG .....
oxaliplatin SOLN 50 MG/10ML, 100 MG/20ML .....	23	pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML .....	44	14
oxandrolone .....	7	PAMIDRONATE DISODIUM SOLN 44	44	paroxetine hcl TABS 40 MG .....
oxaprozin TABS .....	4	PANCREAZE CPEP 149900 UNIT- 97300 UNIT-37000 UNIT, 15200 UNIT-8800 UNIT-2600 UNIT, 24600 UNIT-14200 UNIT-4200 UNIT, 61500 UNIT-35500 UNIT-10500 UNIT, 83900 UNIT-54700 UNIT-21000 UNIT, 98400 UNIT-56800 UNIT- 16800 UNIT .....	43	14
oxazepam CAPS .....	8	PANRETIN .....	39	paroxetine hcl TB24 12.5 MG .....
OXBRYTA TABS 500 MG .....	49	pantoprazole sodium TBEC 20 MG 65	65	14
oxcarbazepine SUSP .....	12			paroxetine hcl TB24 25 MG, 37.5 MG .....
oxcarbazepine TABS 150 MG, 300 MG .....	12			14
oxcarbazepine TABS 600 MG .....	12			paroxetine hcl TB24 12.5 MG .....
oxiconazole nitrate CREA .....	39			14
OXISTAT LOTN .....	39			paroxetine hcl TB24 25 MG, 37.5 MG .....
oxybutynin chloride SOLN .....	65			14
oxybutynin chloride TABS 5 MG ...	65			paroxetine hcl TB24 12.5 MG .....
oxybutynin chloride TB24 5 MG, 10 MG, 15 MG .....	65			14
oxycodone hcl T12A 10 MG, 20 MG, 65	65			paroxetine hcl TB24 25 MG, 37.5 MG .....
				14
				PASER PACK .....
				23
				pazopanib hcl .....
				27
				PEDIARIX SUSY .....
				64
				pediatric multivitamins w/fl CHEW .....
				57
				PEDVAX HIB SUSP 7.5 MCG/0.5ML 66
				66
				peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid .....
				51
				peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 6.74 GM- 2.97 GM-5.86 GM-22.74 GM-236 GM .....
				51
				peg 3350-potassium chloride-sod bicarbonate-sod chloride .....
				51
				PEGASYS SOLN .....
				31
				PEGASYS SOSY .....
				31
				PEMAZYRE .....
				27
				pemetrexed disodium SOLR 500 MG 24
				24

penciclovir .....	40	PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y SUSP .....	68	PIFELTRO .....	31
penicillamine CAPS .....	56	PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y/2023-24 SUSP .....	68	pilocarpine hcl (oral) .....	57
penicillamine TABS .....	56	PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y/2024-25 SUSP .....	68	pilocarpine hcl SOLN 1 %, 2 %, 4 % ..	59
penicillin g potassium 5000000 UNIT 61		PFIZER-BIONTECH COVID-19VACCINE/ADULT RTU SUSP ..	68	pimecrolimus .....	42
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE 40000 UNIT/ML, 60000 UNIT/ML .....	61	PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/5-11Y ...	68	pimozide .....	63
PENICILLIN G PROCAINE .....	61	PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/6M-4Y ..	68	pindolol TABS .....	32
penicillin g sodium .....	61	PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/BA.4/BA.5	68	pioglitazone hcl .....	16
penicillin v potassium SOLR .....	61	68		pioglitazone hcl-glimepiride .....	15
penicillin v potassium TABS .....	61	PHEBURANE PLLT .....	45	pioglitazone hcl-metformin hcl TABS .	15
PENTACEL .....	64	phenazopyridine hcl TABS 100 MG, 100 MG, 200 MG .....	48	piperacillin sodium-tazobactam sodium .....	61
pentazocine w/ naloxone hcl .....	7	phendimetrazine tartrate TABS .....	1	PIQRAY 200MG DAILY DOSE ...	27
pentoxifylline .....	49	phenelzine sulfate .....	13	PIQRAY 250MG DAILY DOSE ...	27
perindopril erbumine 2 MG, 8 MG .	20	phenobarbital ELIX .....	50	PIQRAY 300MG DAILY DOSE ...	27
perindopril erbumine 4 MG .....	20	phenobarbital TABS .....	50	pirfenidone CAPS .....	63
PERJETA .....	24	phenobarbital TABS .....	50	pirfenidone TABS 267 MG, 801 MG	63
permethrin CREA .....	43	phenoxybenzamine hcl .....	20	63	
permethrin LIQD EX .....	43	phentermine hcl CAPS .....	1	pirfenidone TABS 534 MG .....	63
perphenazine TABS .....	30	phenytoin CHEW .....	13	piroxicam CAPS .....	4
perphenazine-amitriptyline .....	62	phenytoin sodium extended 100 MG, 200 MG, 300 MG .....	13	PLASMA-LYTE A (electrolyte-a) ..	55
PERSERIS PRSY .....	29	phenytoin sodium SOLN .....	13	PLASMA-LYTE-148 (electrolyte-148)	55
PFIZER-BIONTECH COVID-19VACCINE SUSP .....	68	phenytoin SUSP .....	13	.....	55
PFIZER-BIONTECH COVID-19VACCINE/5-11Y SUSP .....	68	PHEXXI .....	69	PLEGRIDY SOAJ SC .....	63
PFIZER-BIONTECH COVID-19VACCINE/5-11Y/2023-24 SUSP	68	PHOSLYRA SOLN .....	48	PLEGRIDY SOSY SC .....	63
68		PHOTOFRIN .....	27	PLEGRIDY STARTER PACK SOAJ	
PFIZER-BIONTECH COVID-19VACCINE/5-11Y/2024-25 SUSP	68			SC .....	62
68				PLEGRIDY STARTER PACK SOSY	
				SC .....	62
				plerixafor .....	50
				PNEUMOVAX 23 IJ .....	66

PNEUMOVAX 23/1 DOSE IJ	66	CHLORIDE/DEXTROSE/LACTATED RINGERS	55	prednisolone TABS	37
podofilox SOLN	42	POTASSIUM CHLORIDE/SODIUM CHLORIDE 20 MEQ/L-0.45 % (potassium chloride in nacl)	55	prednisone SOLN	37
polymyxin b sulfate SOLR	22	potassium citrate (alkalinizer) TBCR	48	prednisone TABS 1 MG, 5 MG	37
polymyxin b-trimethoprim	59	potassium phosphates 236 MG/ML-224 MG/ML	55	prednisone TABS 2.5 MG, 10 MG, 20 MG, 50 MG	37
POMALYST	25	PR BENZOYL PEROXIDE WASH LIQD	38	prednisone TBPK	37
posaconazole SUSP	18	pralatrexate 20 MG/ML	24	PREFEST	46
potassium acetate SOLN 2 MEQ/ML	55	pramipexole dihydrochloride TABS 0.125 MG	28	pregabalin (once-daily) 330 MG	63
potassium bicarbonate TBEF	55	pramipexole dihydrochloride TABS 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG	28	pregabalin (once-daily) 82.5 MG, 165 MG	63
potassium chloride CPCR	55	prasugrel hcl	49	pregabalin CAPS 225 MG, 300 MG	12
potassium chloride in dextrose & sodium chloride 5 %-0.075 %-0.45 %, 5 %-0.15 %-0.9 %, 5 %-10 MEQ/L-0.45 %, 5 %-20 MEQ/L-0.2 %, 5 %-20 MEQ/L-0.45 %, 5 %-20 MEQ/L-0.9 %, 5 %-30 MEQ/L-0.45 %, 5 %-40 MEQ/L-0.45 %, 5 %-40 MEQ/L-0.9 %	55	pravastatin sodium	19	pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG	12
potassium chloride in dextrose 5 %-20 MEQ/L	55	praziquantel	8	pregabalin SOLN	12
potassium chloride in nacl 20 MEQ/L-0.45 %, 20 MEQ/L-0.9 %, 40 MEQ/L-0.9 %	55	prazosin hcl CAPS	20	PREHEVBRIO	68
potassium chloride microencapsulated crystals er 10 MEQ, 15 MEQ, 20 MEQ	55	PRECISION XTRA	43	PREMARIN	69
potassium chloride PACK OR 20 MEQ	55	PRED MILD	60	PREMARIN SOLR	47
POTASSIUM CHLORIDE SOLN IV 10 MEQ/50ML (potassium chloride)	55	PRED-G SUSP	60	PREMARIN TABS	47
potassium chloride SOLN IV 2 MEQ/ML, 10 MEQ/50ML, 20 MEQ/50ML	55	prednicarbate OINT	42	PREMPHASE	46
potassium chloride TBCR 8 MEQ, 10 MEQ, 20 MEQ	56	prednisolone acetate (ophth)	60	PREMPRO	46
POTASSIUM		PREDNISOLONE SODIUM PHOSPHATE	60	PRENATAL MULTIVITAMIN TABS	57
Index 27		prednisolone sodium phosphate SOLN 5 MG/5ML, 6.7 MG/5ML, 10 MG/5ML, 15 MG/5ML, 25 MG/5ML	36	PRENATAL ONE DAILY TABS	57
		prednisolone sodium phosphate TBCR	36	PRENATAL PLUS TABS	57
		prednisolone SOLN	36	PRENATAL PLUS VITAMIN ANDMINERAL TABS	57
				PRENATAL TABS	57
				PRENATAL VITAMIN & MINERAL TABS	57
				PRENATAL VITAMIN TABS	57
				PRENATAL VITAMIN/IRON TABS	57

PRENATAL VITAMINS PLUS LOW IRON TABS .....	57	PROGRAF PACK .....	56	pyrimethamine .....	23
PRENATAL VITAMINS TABS 100 MG-800 MCG-1.84 MG-18 MG-2.6 MG-1.7 MG-27 MG-10 MCG-4.95 MG-25 MG-200 MG-160 MG-1200 MCG-4 MCG, 120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT-30 UNIT .....	57	PROGRAF SOLN .....	56	QC PRENATAL TABS .....	58
PRENATRIX TABS .....	57	PROLASTIN-C SOLN .....	63	QINLOCK .....	27
PRENATRYL TABS .....	58	PROLEUKIN .....	27	QUADRACEL SUSP .....	64
PREVNAR 13 .....	66	PROLIA SOSY .....	44	QUADRACEL SUSY .....	64
PREVNAR 20 .....	66	PROMACTA PACK .....	50	quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG .....	29
PREZCOBIX .....	31	PROMACTA TABS .....	50	quetiapine fumarate TABS 300 MG, 400 MG .....	29
PREZISTA SUSP .....	31	promethazine hcl SOLN OR 6.25 MG/5ML .....	19	quetiapine fumarate TB24 300 MG, 400 MG .....	30
PREZISTA TABS (darunavir) .....	31	promethazine hcl SUPP 12.5 MG, 25 MG .....	19	quetiapine fumarate TB24 50 MG, 150 MG, 200 MG .....	30
PREZISTA TABS 75 MG, 150 MG	31	promethazine hcl SUPP 50 MG ...	19	quinapril hcl 20 MG, 40 MG .....	20
PRIFTIN .....	23	promethazine hcl TABS .....	19	quinapril hcl 5 MG, 10 MG .....	20
primaquine phosphate TABS .....	23	propafenone hcl CP12 .....	9	quinapril-hydrochlorothiazide 12.5 MG-10 MG .....	21
primidone 50 MG, 250 MG .....	12	propafenone hcl TABS .....	9	quinapril-hydrochlorothiazide 12.5 MG-20 MG .....	21
PRIORIX SUSR .....	68	propranolol hcl .....	59	quinapril-hydrochlorothiazide 12.5 MG-20 MG .....	21
PROAIR DIGIHALER .....	10	propranolol hcl CP24 .....	32	quinapril-hydrochlorothiazide 25 MG-20 MG .....	21
PROAIR RESPICLICK AEPB .....	10	propranolol hcl SOLN OR 20 MG/5ML, 40 MG/5ML .....	32	quinidine sulfate TABS .....	8
probenecid .....	48	propranolol hcl TABS .....	32	quinine sulfate CAPS 324 MG .....	23
procainamide hcl SOLN 500 MG/ML . 8		propylthiouracil .....	64	QUZYTIR SOLN IV .....	19
prochlorperazine .....	30	protriptyline hcl .....	15	QVAR REDIHALER .....	9
prochlorperazine maleate TABS ..	30	PROVISC SOSY .....	60	RA PRENATAL FORMULA/FOLICACID TABS .....	58
PROCRIT 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML .....	50	PULMICORT FLEXHALER AEPB ..	9	RA PRENATAL TABS .....	58
PROCRIT 40000 UNIT/ML .....	50	PULMOZYME .....	63	rabeprazole sodium TBEC .....	65
progesterone CAPS .....	61	PX PRENATAL MULTIVITAMINS TABS .....	58	raloxifene hcl .....	45
		pyrazinamide .....	23	ramelteon .....	50
		pyridostigmine bromide SOLN OR	23	ramipril CAPS .....	20
		pyridostigmine bromide TABS 60 MG	23	ranitidine hcl TABS 150 MG .....	65
		pyridostigmine bromide TBCR .....	23		

ranolazine TB12 1000 MG .....	8	repaglinide 2 MG .....	16	risperidone TBDP .....	29
ranolazine TB12 500 MG .....	8	REPATHA PUSHTRONEX SYSTEM		ritonavir TABS .....	31
rasagiline mesylate .....	29	SOCT .....	20	rivastigmine tartrate CAPS .....	62
REALITY LATEX		REPATHA SOSY .....	20	rizatriptan benzoate TABS 10 MG	.54
CONDOMS/LUBRICATED MISC ..	52	REPATHA SURECLICK SOAJ ..	20	rizatriptan benzoate TABS 5 MG ..	54
REALITY LATEX/ULTRA		RETACRIT .....	50	rizatriptan benzoate TBDP 10 MG	.54
TEXTURED DEVI .....	52	RETEVMO CAPS .....	27	rizatriptan benzoate TBDP 5 MG ..	54
REALITY LATEX/ULTRA THIN DEVI		RETROVIR IV INFUSION SOLN ..	31	roflumilast .....	9
52		REXULTI .....	30	romidepsin SOLR .....	27
REBIF REBIDOSE SOAJ .....	63	ribavirin (hepatitis c) CAPS .....	31	ropinirole hydrochloride TABS .....	28
REBIF REBIDOSE TITRATIONPACK		ribavirin (hepatitis c) TABS 200 MG		ropinirole hydrochloride TB24 2 MG,	
SOAJ .....	63	31		4 MG, 6 MG .....	29
REBIF SOSY .....	63	RIDAURA .....	3	ropinirole hydrochloride TB24 8 MG,	
REBIF TITRATION PACK SOSY ..	63	rifabutin .....	23	12 MG .....	29
RECOMBIVAX HB SUSP 5		rifampin CAPS .....	23	rosuvastatin calcium TABS .....	19
MCG/0.5ML, 10 MCG/ML, 40		rifampin SOLR .....	23	ROTARIX SUSP .....	69
MCG/ML .....	69	riluzole TABS .....	58	ROTARIX SUSR .....	69
RECOMBIVAX HB SUSY .....	69	rimantadine hydrochloride TABS ..	32	ROTATEQ SOLN .....	69
RECTIV (nitroglycerin (intra-anal))	.7	ringer's .....	55	ROZLYTREK CAPS .....	27
REGRANEX .....	43	ringer's irrigation .....	56	RUBRACA .....	27
RELENZA DISKHALER .....	32	RINVOQ TB24 .....	2	rufinamide SUSP .....	12
RELION 2-IN-1 LANCET DEVICES		risedronate sodium TABS 150 MG	45	rufinamide TABS 200 MG .....	12
30G .....	53	risedronate sodium TABS 35 MG	.44	rufinamide TABS 400 MG .....	12
RELION 2-IN-1 LANCING DEVICE		risedronate sodium TABS 5 MG, 30		RUKOBIA .....	31
25G .....	53	MG .....	45	RUXIENCE .....	24
RELION 2-IN-1 LANCING DEVICE		risedronate sodium TBEC .....	45	RYBELSUS TABS .....	16
30G .....	53	RISPERDAL CONSTA (risperidone		salsalate .....	5
RELION KETONE TEST STRIPS		microspheres) .....	29	SANDOSTATIN LAR DEPOT KIT	
STRP .....	43	risperidone microspheres .....	29	(octreotide acetate) .....	46
RELION TRUE METRIX		risperidone SOLN .....	29	SANDOSTATIN LAR DEPOT KIT	.46
BLOODGLUCOSE TEST STRIPS		risperidone TABS .....	29	SANTYL OINT .....	42
STRP .....	43				
RENFLEXIS .....	47				
repaglinide 0.5 MG, 1 MG .....	16				



sapropterin dihydrochloride PACK .46	hypertension) SOLN ..... 34	MG, 1 MG, 2.2 MG ..... 55
sapropterin dihydrochloride TABS .46	sildenafil citrate (pulmonary hypertension) SUSR ..... 34	sodium phenylbutyrate POWD .... 46
SAVELLA TABS ..... 62	sildenafil citrate (pulmonary hypertension) TABS ..... 34	sodium phenylbutyrate TABS ..... 46
SAVELLA TITRATION PACK MISC 62	sildenafil citrate ..... 33	sodium polystyrene sulfonate POWD 56
saxagliptin hcl ..... 16	silodosin ..... 48	sodium polystyrene sulfonate SUSP CO 15 GM/60ML ..... 56
saxagliptin-metformin hcl 1000 MG- 2.5 MG ..... 15	silver sulfadiazine ..... 40	sodium sulfate-potassium sulfate- magnesium sulfate ..... 51
saxagliptin-metformin hcl 1000 MG-5 MG, 500 MG-5 MG ..... 15	SIMPONI ARIA SOLN ..... 3	SOFOSBUVIR/VELPATASVIR TABS ..... 31
SCEMBLIX 100 MG ..... 27	SIMULECT ..... 56	solifenacin succinate TABS ..... 65
SCEMBLIX 20 MG ..... 27	simvastatin TABS ..... 19	SOLQUA 100/33 ..... 15
SCEMBLIX 40 MG ..... 27	sirolimus TABS ..... 56	SOLOSEC ..... 2
scopolamine ..... 17	SIRTURO ..... 23	SOLU-CORTEF 100 MG, 500 MG, 1000 MG ..... 37
SELECT INSULIN SYRINGES .... 53	SIVEXTRO TABS ..... 22	SOLU-CORTEF 250 MG ..... 37
SELECT LANCETS ..... 53	SKYLA ..... 36	SOLU-MEDROL 2 GM ..... 37
selegiline hcl CAPS ..... 29	SKYRIZI PEN SOAJ ..... 40	SOMAVERT 10 MG, 15 MG, 20 MG . 45
selegiline hcl TABS ..... 29	SKYRIZI PSKT ..... 40	sorafenib tosylate ..... 27
selenium sulfide LOTN 2.5 % ..... 40	SKYRIZI SOCT ..... 47	SORBITOL 3 % ..... 48
SELZENTRY SOLN ..... 31	SKYRIZI SOLN ..... 47	SORBITOL/MANNITOL IRRIGATION ..... 48
SELZENTRY TABS 25 MG, 75 MG 31	SKYRIZI SOSY ..... 40	sotalol hcl (afib/afI) ..... 32
SEREVENT DISKUS ..... 10	SLYND ..... 36	sotalol hcl TABS 240 MG ..... 32
sertraline hcl CONC ..... 14	SM PRENATAL VITAMINS TABS .58	sotalol hcl TABS 80 MG, 120 MG, 160 MG ..... 32
sertraline hcl TABS 100 MG ..... 14	SODIUM ACETATE SOLN (sodium acetate) ..... 55	SOVALDI TABS 200 MG ..... 31
sertraline hcl TABS 25 MG, 50 MG 14	sodium acetate SOLN ..... 55	SOVALDI TABS 400 MG ..... 31
sevelamer carbonate PACK ..... 48	sodium chloride (gu irrigant) 0.9 % 48	SPIKEVAX COVID-19 VACCINE SUSP ..... 69
sevelamer carbonate TABS ..... 48	sodium chloride (inhalant) NEBU 7 % ..... 37	SPIKEVAX COVID-19
SHINGRIX ..... 69	sodium chloride SOLN IV 0.45 %, 0.9 %, 3 %, 4 MEQ/ML, 5 % ..... 56	
SIGNIFOR ..... 46	sodium citrate & citric acid ..... 48	
sildenafil citrate (pulmonary	sodium fluoride CHEW 0.25 MG, 0.5	

VACCINE/2023-24 SUSP .....	69	MCG, 1600 MCG .....	6	MG/0.5ML .....	54
SPIKEVAX COVID-19 VACCINE/2023-24 SUSY .....	69	sucralfate SUSP .....	65	sumatriptan succinate TABS .....	54
SPIKEVAX COVID-19 VACCINE/2024-25 SUSY .....	69	sucralfate TABS .....	65	sumatriptan-naproxen sodium .....	54
spinosad .....	43	sulconazole nitrate CREA .....	39	sunitinib malate 12.5 MG, 25 MG, 50 MG .....	27
SPIRIVA HANDIHALER CAPS (tiotropium bromide monohydrate) ..	9	sulconazole nitrate SOLN .....	39	sunitinib malate 37.5 MG .....	27
SPIRIVA RESPIMAT AERS .....	9	sulfacetamide sodium (acne) .....	38	SUNOSI 150 MG .....	1
spironolactone & hydrochlorothiazide .....	44	sulfacetamide sodium (ophth) SOLN . 59		SUNOSI 75 MG .....	1
spironolactone TABS .....	44	sulfacetamide sodium w/ sulfur CREA 10 %-5 % .....	38	SYNAREL .....	45
SPRAVATO 56MG DOSE .....	13	sulfacetamide sodium w/ sulfur LIQD 10 %-5 % .....	38	SYNERA PTCH .....	42
SPRAVATO 84MG DOSE .....	13	sulfacetamide sodium w/ sulfur LIQD 9 %-4.5 % .....	38	SYNJARDY TABS .....	15
SPRYCEL (dasatinib) .....	27	sulfacetamide sodium w/ sulfur LIQD 9 %-4.5 % .....	38	SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-12.5 MG, 1000 MG-5 MG .....	15
stannous fluoride CONC .....	57	sulfacetamide sodium-sulfur in urea vehicle EMUL 10 %-10 %-4 % .....	38	SYNJARDY XR TB24 1000 MG-25 MG .....	15
stavudine CAPS .....	31	sulfacetamide sod-prednisolone SOLN .....	60	SYNRIBO .....	27
STELARA 130 MG/26ML .....	47	sulfadiazine TABS .....	63	SYNTHROID TABS (levothyroxine sodium) .....	64
STELARA SOLN 45 MG/0.5ML ...	40	sulfamethoxazole-trimethoprim SOLN .....	21	TABLOID .....	24
STELARA SOSY 45 MG/0.5ML ...	40	sulfamethoxazole-trimethoprim SUSP .....	21	TABRECTA .....	27
STELARA SOSY 90 MG/ML .....	40	sulfamethoxazole-trimethoprim TABS .....	21	tacrolimus (topical) OINT .....	42
STENDRA .....	33	SULFAMILYLON CREA .....	40	tacrolimus CAPS .....	56
STIOLTO RESPIMAT .....	10	sulfasalazine TABS .....	47	tadalafil (pulmonary hypertension) TABs .....	34
STIVARGA .....	27	sulfasalazine TBEC .....	47	tadalafil 5 MG .....	33
STRENSIQ .....	46	sulindac TABS .....	4	TAFINLAR CAPS .....	27
streptomycin sulfate SOLR .....	2	sumatriptan .....	54	TAFINLAR TBSO .....	27
STRIBILD .....	31	sumatriptan succinate SOAJ .....	54	tafluprost .....	60
STRIVERDI RESPIMAT .....	10	sumatriptan succinate SOCT .....	54	TAGRISSE 40 MG .....	25
SUBSYS LIQD 100 MCG .....	6	sumatriptan succinate SOLN 6		TAGRISSE 80 MG .....	25
SUBSYS LIQD 200 MCG, 400 MCG, 600 MCG .....	6			TAKHZYRO SOLN .....	49

TAKHZYRO SOSY .....	49	terbutaline sulfate TABS .....	10	TIBSOVO .....	27
TALZENNA .....	27	terconazole vaginal CREA .....	69	tigecycline .....	64
tamoxifen citrate TABS .....	25	terconazole vaginal SUPP .....	69	timolol maleate (ophth) SOLG .....	59
tamsulosin hcl .....	48	teriflunomide .....	63	timolol maleate (ophth) SOLN .....	59
TASIGNA 150 MG, 200 MG .....	27	teriparatide SOPN .....	45	timolol maleate TABS .....	32
TASIGNA 50 MG .....	27	TERIPARATIDE SOPN .....	45	tiopronin TBEC 100 MG .....	48
tavaborole .....	39	TESTOSTERONE CYPIONATE SOLN IJ 200 MG/ML .....	7	tiopronin TBEC 300 MG .....	48
TAVALISSE .....	49	testosterone cypionate SOLN IM 100 MG/ML, 200 MG/ML .....	7	tiotropium bromide monohydrate CAPS .....	9
tazarotene CREA 0.1 % .....	40	testosterone enanthate SOLN IM ...	7	TIVICAY TABS .....	31
TAZVERIK .....	27	TETANUS/DIPHTHERIA TOXOIDS- ADSORBED ADULT SUSP .....	64	tizanidine hcl CAPS .....	58
TDVAX SUSP .....	64	tetrabenazine .....	62	tizanidine hcl TABS .....	58
TEFLARO .....	35	tetracycline hcl CAPS .....	64	tobramycin (ophth) SOLN .....	59
TEGRETOL SUSP (carbamazepine) . 12		thalomid .....	56	tobramycin NEBU 300 MG/5ML ....	2
TEGRETOL TABS (carbamazepine) . 12		theophylline ELIX .....	10	tobramycin sulfate SOLN IJ 10 MG/ML, 40 MG/ML, 80 MG/2ML ....	2
TEGSEDI .....	63	theophylline SOLN .....	10	tobramycin-dexamethasone SUSP 60	
telmisartan .....	20	theophylline TB12 .....	10	TODAY SPONGE MISC .....	69
telmisartan-amlodipine .....	21	theophylline TB24 .....	10	tolcapone .....	28
telmisartan-hydrochlorothiazide ...	21	THERANATAL CORE NUTRITION TABs .....	58	tolmetin sodium CAPS .....	4
temazepam 15 MG, 30 MG .....	50	THIOLA EC TBEC 100 MG (tiopronin) .....	48	tolmetin sodium TABS 600 MG ....	4
temazepam 7.5 MG, 22.5 MG .....	50	THIOLA EC TBEC 300 MG (tiopronin) .....	48	TOLSURA CAPS .....	18
TEMODAR SOLR .....	24	thioridazine hcl .....	30	tolterodine tartrate CP24 .....	66
temozolomide CAPS .....	24	thiotepa 15 MG .....	24	tolterodine tartrate TABS .....	66
temsirolimus .....	27	thiothixene .....	30	tolvaptan TABS .....	46
TENIVAC INJ .....	64	THYMOGLOBULIN .....	56	topiramate CPSP 15 MG .....	12
tenofovir disoproxil fumarate TABS 31		THYROGEN 0.9 MG .....	43	topiramate CPSP 25 MG .....	12
terazosin hcl .....	20	tiagabine hcl .....	12	topiramate CS24 .....	12
terbinafine hcl TABS .....	18			topiramate TABS 200 MG .....	12
terbutaline sulfate SOLN .....	10			topiramate TABS 25 MG, 100 MG .	12

topiramate TABS 50 MG .....	12	tretinoin GEL 0.01 %, 0.025 % .....	38	trihexyphenidyl hcl SOLN .....	28
topotecan hcl SOLN .....	28	tretinoin microsphere 0.1 % .....	38	trihexyphenidyl hcl TABS .....	28
topotecan hcl SOLR .....	28	TREXALL TABS 5 MG, 7.5 MG, 10		TRIJARDY XR 1000 MG-2.5 MG-	
toremifene citrate .....	25	MG, 15 MG .....	24	12.5 MG, 1000 MG-2.5 MG-5 MG .	15
toremifene citrate .....	25	triamcinolone acetonide (mouth) ..	57	TRIJARDY XR 1000 MG-5 MG-10	
toremifene citrate .....	25	triamcinolone acetonide (nasal)		MG, 1000 MG-5 MG-25 MG .....	15
torsemidate TABS .....	44	AERO .....	58	TRIKAFTA TBPK .....	63
TRACLEER TBSO .....	34	triamcinolone acetonide (topical)		trimethobenzamide hcl CAPS .....	17
tramadol hcl TABS 50 MG .....	6	CREA 0.025 % .....	42	trimethoprim TABS .....	21
tramadol hcl TB24 .....	6	triamcinolone acetonide (topical)		trimipramine maleate CAPS .....	15
tramadol-acetaminophen .....	7	CREA 0.1 % .....	42	TRINTELLIX .....	14
trandolapril 1 MG, 2 MG .....	20	triamcinolone acetonide (topical)		TRIUMEQ TABS .....	31
trandolapril 4 MG .....	20	CREA 0.5 % .....	42	TRIZIVIR .....	31
trandolapril-verapamil hcl 180 MG-2		triamcinolone acetonide (topical)		TROJAN MAGNUM MISC .....	52
MG, 240 MG-1 MG .....	21	LOTN 0.025 % .....	42	TROJAN ULTRA THIN	
trandolapril-verapamil hcl 240 MG-2		triamcinolone acetonide (topical)		LUBRICATED MISC .....	52
MG, 240 MG-4 MG .....	21	LOTN 0.1 % .....	42	TROJAN ULTRA	
tranexamic acid SOLN 1000		triamcinolone acetonide (topical)		THIN/SPERMICIDAL LUBRICANT	
MG/10ML .....	50	OINT 0.025 %, 0.1 % .....	42	MISC .....	52
tranexamic acid TABS .....	50	triamcinolone acetonide (topical)		TROJAN-ENZ LUBRICATED MISC	
tranylcypromine sulfate .....	13	OINT 0.5 % .....	42	52	
travoprost SOLN .....	60	triamcinolone acetonide SUSP 40		TROJAN-ENZ W/SPERMICIDAL	
TRAZIMERA .....	24	MG/ML, 200 MG/5ML, 400 MG/10ML		MISC .....	52
trazodone hcl TABS .....	14	.....	37	tropicamide SOLN 0.5 % .....	59
TRECATOR .....	23	triamterene & hydrochlorothiazide		tropicamide SOLN 1 % .....	59
TRELEGY ELLIPTA .....	10	CAPS 25 MG-37.5 MG .....	44	tropium chloride CP24 .....	66
TRELSTAR MIXJECT .....	25	triamterene & hydrochlorothiazide		tropium chloride TABS .....	66
TREMFYA SOAJ 100 MG/ML .....	40	TABS .....	44	TRUE COVER DEVI .....	52
TREMFYA SOSY 100 MG/ML .....	40	triamterene CAPS .....	44	TRUE METRIX BLOOD	
treprostinil SOLN IJ .....	33	triazolam .....	50	GLUCOSETEST STRIPS STRP ..	43
tretinoin (chemotherapy) .....	27	TRICARE TABS .....	58	TRUE METRIX CONTROL	
tretinoin CREA 0.025 %, 0.05 %, 0.1		trientine hcl 250 MG .....	56	SOLUTION LEVEL 3 SOLN .....	53
% .....	38	trifluoperazine hcl TABS .....	30	TRUE METRIX SELF MONITORING	
		trifluridine .....	59		

BLOOD GLUCOSE STRIPS STRP 43	TUKYSA .....24	valrubicin ..... 26
TRUETRACK TEST STRP .....43	TURALIO .....27	valsartan TABS ..... 20
TRULICITY SC .....16	TUZISTRA XR .....37	valsartan-hydrochlorothiazide .....21
TRUMENBA .....66	TWINRIX SUSY .....69	VALTOCO 10 MG DOSE LIQD ....11
TRUSTEX COLOR CONDOMS + LUBE MISC .....52	TWIRLA ..... 35	VALTOCO 15 MG DOSE LQPK ...11
TRUSTEX LUBRICATED EXTRALARGE MISC .....52	TYBLUME CHEW .....35	VALTOCO 20 MG DOSE LQPK ...11
TRUSTEX LUBRICATED EXTRASTRENGTH MISC .....52	TYBOST .....31	VALTOCO 5 MG DOSE LIQD ..... 11
TRUSTEX LUBRICATED MISC ...52	TYMLOS .....45	vancomycin hcl CAPS ..... 22
TRUSTEX LUBRICATED/RIBBED/STUDED MISC .....52	TYVASO REFILL KIT SOLN IN ...33	vancomycin hcl SOLR IV 1 GM, 10 GM, 500 MG, 1000 MG .....22
TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC .....52	TYVASO SOLN IN .....33	vancomycin hcl SOLR OR 25 MG/ML, 50 MG/ML, 250 MG/5ML .22
TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC .....52	TYVASO STARTER KIT SOLN IN .33	VAQTA ..... 69
TRUSTEX LUBRICATED/SPERMICIDE MISC 52	UBRELVY ..... 54	varenicline tartrate TABS ..... 63
TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC .....53	UCERIS (budesonide (intrarectal)) .7	varenicline tartrate TBPK ..... 63
TRUSTEX WITH NONOXYNOL- 9/RIBBED/STUDED MISC .....53	UDENYCA ONBODY SOSY .....50	VARIVAX SUSR IJ .....69
TRUSTEX/RIA LUBRICATED MISC . 53	UDENYCA SOAJ ..... 50	VARUBI TBPK ..... 18
TRUSTEX/RIA LUBRICATED SPERMICIDE MISC ..... 53	UDENYCA SOSY .....50	VAXNEUVANCE ..... 66
TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC 53	UPTRAVI TABS 200 MCG .....34	VECAMYL .....21
TRUXIMA .....24	UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG ..... 34	VECTIBIX 100 MG/5ML ..... 25
	UPTRAVI TITRATION PACK TBPK 34	VELPHORO .....48
	ursodiol CAPS ..... 47	venlafaxine hcl CP24 150 MG ..... 14
	ursodiol TABS .....47	venlafaxine hcl CP24 37.5 MG .... 14
	UVADEX .....28	venlafaxine hcl CP24 75 MG ..... 14
	valacyclovir hcl 1 GM, 1000 MG ...32	venlafaxine hcl TABS ..... 14
	valacyclovir hcl 500 MG .....32	venlafaxine hcl TB24 150 MG ..... 14
	valganciclovir hcl TABS .....31	venlafaxine hcl TB24 37.5 MG, 75 MG, 225 MG ..... 14
	valproate sodium SOLN OR 250 MG/5ML, 500 MG/10ML ..... 13	verapamil hcl CP24 100 MG, 200 MG, 300 MG ..... 33
	valproic acid CAPS ..... 13	verapamil hcl CP24 120 MG, 180 MG, 240 MG, 360 MG ..... 33

verapamil hcl SOLN 2.5 MG/ML ...33	warfarin sodium TABS .....10	XIFAXAN 200 MG ..... 21
verapamil hcl TABS .....33	water for irrigation, sterile ..... 56	XIFAXAN 550 MG ..... 21
verapamil hcl TBCR .....33	WESTAB PLUS TABS .....58	XIGDUO XR (dapagliflozin propanediol-metformin hcl) ..... 15
VEREGEN .....38	WIDE-SEAL SILICONE DIAPHRAGM KIT 60 .....53	XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG, 500 MG-5 MG ..... 15
VERZENIO .....27	WIDE-SEAL SILICONE DIAPHRAGM KIT 65 .....53	XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG .....15
VICTOZA (liraglutide) ..... 16	WIDE-SEAL SILICONE DIAPHRAGM KIT 70 .....53	XOLAIR SOAJ 150 MG/ML, 300 MG/2ML ..... 9
vigabatrin PACK ..... 12	WIDE-SEAL SILICONE DIAPHRAGM KIT 75 .....53	XOLAIR SOAJ 75 MG/0.5ML ..... 9
vigabatrin TABS .....12	WIDE-SEAL SILICONE DIAPHRAGM KIT 80 .....53	XOLAIR SOLR ..... 9
VIIBRYD STARTER PACK KIT ...14	WIDE-SEAL SILICONE DIAPHRAGM KIT 85 .....53	XOLAIR SOSY 150 MG/ML, 300 MG/2ML ..... 9
vilazodone hcl TABS .....14	WIDE-SEAL SILICONE DIAPHRAGM KIT 90 .....53	XOLAIR SOSY 75 MG/0.5ML .....9
vincristine sulfate .....28	WIDE-SEAL SILICONE DIAPHRAGM KIT 95 .....53	XOSPATA .....27
vinorelbine tartrate 10 MG/ML .....28	XALKORI CAPS ..... 27	XPOVIO ..... 25
VIRACEPT TABS 250 MG .....31	XARELTO STARTER PACK TBPK 10	XPOVIO 60 MG TWICE WEEKLY 25
VIRACEPT TABS 625 MG .....31	XARELTO SUSR .....10	XPOVIO 80 MG TWICE WEEKLY 25
VIREAD POWD .....31	XARELTO TABS 10 MG, 20 MG ..10	XTAMPZA ER ..... 6
VIREAD TABS 150 MG, 200 MG, 250 MG .....31	XARELTO TABS 2.5 MG, 15 MG ..10	XTANDI CAPS .....25
VISTOGARD ..... 17	XELJANZ SOLN .....3	XTANDI TABS 40 MG ..... 25
VITAMIN D2 TABS 400 UNIT .....70	XELJANZ TABS 10 MG .....3	XTANDI TABS 80 MG ..... 25
VITATHELY/GINGER TABS .....58	XELJANZ TABS 5 MG ..... 3	XULTOPHY 100/3.6 .....15
VITRAKVI CAPS .....27	XELJANZ XR TB24 ..... 3	XYNTHA .....49
VITRAKVI SOLN .....27	XEOMIN .....58	XYNTHA SOLOFUSE .....49
VIZIMPRO .....25	XERAVA .....64	YERVOY ..... 24
VORAXAZE .....28	XGEVA SOLN .....45	YONSA .....25
voriconazole TABS .....18	XHANCE EXHU .....58	zafirlukast .....9
VOSEVI .....31		zaleplon 10 MG ..... 50
VOTRIENT (pazopanib hcl) .....27		
VYNDAMAX .....34		
VYENDAQEL .....34		
VYVANSE CAPS .....1		

zaleplon 5 MG .....	50	zolmitriptan SOLN .....	54
ZALTRAP 100 MG/4ML .....	24	zolmitriptan TABS .....	54
ZANOSAR .....	24	zolmitriptan TBDP .....	54
ZARONTIN CAPS (ethosuximide) .	13	zolpidem tartrate TABS .....	50
ZARXIO .....	50	zolpidem tartrate TBCR .....	50
ZEJULA CAPS .....	27	zonisamide CAPS .....	12
ZEJULA TABS 100 MG .....	27	ZONTIVITY .....	49
ZEJULA TABS 200 MG, 300 MG .	27	ZORBTIVE SC .....	45
ZELBORAF .....	27	ZYDELIG .....	27
ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT- 10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT- 15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT .....	43	ZYLET .....	60
ZENPEP CPEP 252600 UNIT- 189600 UNIT-60000 UNIT .....	44		
zidovudine CAPS .....	31		
zidovudine SYRP .....	31		
zidovudine TABS .....	31		
ZIEXTENZO .....	50		
zileuton TB12 .....	9		
ziprasidone hcl .....	29		
ZIRABEV .....	24		
ZIRGAN GEL .....	59		
ZOLADEX 10.8 MG .....	25		
ZOLADEX 3.6 MG .....	25		
zoledronic acid CONC .....	45		
zoledronic acid SOLN .....	45		
ZOLINZA .....	27		

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