



# 2024 Formulary

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[Ambetter.AbsoluteTotalCare.com](https://www.Ambetter.AbsoluteTotalCare.com)

# Formulary Introduction

## FORMULARY

The Ambetter from Absolute Total Care 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. Services will respond via fax or phone within 24 hours of receipt of all necessary information for urgent requests, and within 72 hours for non-urgent requests, unless state law requires faster response. If the request is disapproved, the notice of disapproval will contain a clear explanation of the specific reasons for disapproving the prior authorization request, or if the request was incomplete, the explanation will identify the missing material information that is necessary to complete the request.

### Formulary Abbreviations:

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

### Opioid Medications:

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

# Introducción al Formulario

## FORMULARIO

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

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

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

Clave de la lista de medicamentos:

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

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

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



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

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

### Abreviaturas del Formulario:

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

### Medicamentos opioides:

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

Drug Name	Drug Tier	Requirements/Limits
<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 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 CP24 3.75 MG-3.75 MG-3.75 MG-3.75 MG</i>	1B	
<i>amphetamine-dextroamphetamine TABS 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>dextroamphetamine sulfate CP24 10 MG, 15 MG</i>	1B	QL(4 ea daily)
<i>dextroamphetamine sulfate CP24 5 MG</i>	1B	
<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 10 MG</i>	1B	QL(5 ea daily)
<i>methylphenidate hcl CHEW 5 MG</i>	1B	QL(6 ea daily)
<i>methylphenidate hcl CHEW 2.5 MG</i>	1B	QL(2 ea daily)
<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 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 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 5 MG</i>	1B	QL(6 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TABS 10 MG, 20 MG</i>	1B	QL(5 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TB24 36 MG, 54 MG</i>	1B	QL(2 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 TBCR 18 MG, 27 MG</i>	1B	QL(1 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 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</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 LQ SOLN	4	QL(12 ml daily); PA

Drug Name	Drug Tier	Requirements/Limits
RINVOQ TB24	4	QL(1 ea daily); PA
XELJANZ XR TB24	4	QL(1 ea daily); PA
XELJANZ SOLN	4	QL(20 ml daily); PA
XELJANZ TABS 5 MG	4	QL(2 ea daily); SP; PA
XELJANZ TABS 10 MG	4	QL(2 ea daily); PA
<b>Antirheumatic Antimetabolites</b>		
METHOTREXATE	4	QL(1.714 ea daily); SP; PA
<b>Anti-TNF-alpha - Monoclonal Antibodies</b>		
ADALIMUMAB-ADAZ SOAJ	4	QL(0.086 ml daily); PA
ADALIMUMAB-ADAZ SOSY	4	QL(0.086 ml daily); PA
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS AJKT	4	QL(0.215 ea daily); PA
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS AJKT	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA
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
CYLTEZO STARTER PACKAGE FOR PSORIASIS AJKT	4	QL(0.143 ea daily); PA
CYLTEZO AJKT	4	QL(0.072 ea daily); PA
CYLTEZO AJKT	4	QL(0.215 ea daily); PA
CYLTEZO PSKT 10 MG/0.2ML, 40 MG/0.4ML	4	QL(0.072 ea daily); PA
CYLTEZO PSKT 20 MG/0.4ML, 40 MG/0.8ML	4	QL(0.215 ea daily); PA
HADLIMA PUSHTOUCH SOAJ	4	QL(0.172 ml daily); PA

Drug Name	Drug Tier	Requirements/Limits
HADLIMA PUSHTOUCH SOAJ	4	QL(0.086 ml daily); PA
HADLIMA SOSY	4	QL(0.172 ml daily); PA
HADLIMA SOSY	4	QL(0.086 ml 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
HUMIRA PEN AJKT	4	QL(0.143 ea daily); PA
HUMIRA PEN AJKT 80 MG/0.8ML	4	QL(0.072 ea daily); PA
HUMIRA PEN-CD/UC/HS STARTER AJKT	4	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK AJKT	4	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA
HUMIRA PEN-PS/UV STARTER AJKT	4	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA
HUMIRA PSKT	4	QL(0.143 ea daily); PA
SIMPONI ARIA SOLN	4	PA
<b>Gold Compounds</b>		
RIDAURA	3	QL(3 ea daily)
<b>Interleukin-1 Blockers</b>		
ARCALYST	4	QL(0.286 ea daily); SP; PA
<b>Interleukin-6 Receptor Inhibitors</b>		
KEVZARA SOAJ	4	QL(0.082 ml daily); PA



Drug Name	Drug Tier	Requirements/Limits
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</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</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	
<i>naproxen TBEC 500 MG</i>	1B	QL(3 ea daily)
<i>oxaprozin TABS</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>	1B	QL(6 ea daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<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>levorphanol tartrate TABS 2 MG</i>	1B	New starts limited to 7 day supply
<b>Salicylates</b>			<i>meperidine hcl SOLN IJ 25 MG/ML, 50 MG/ML, 100 MG/ML</i>	1B	
<i>aspirin CHEW</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 TABS 325 MG</i>	0	AL(At least 45 yrs old - Up to 79 yrs old)	<i>meperidine hcl TABS 50 MG</i>	1B	New starts limited to 7 day supply; QL(6 ea daily)
<i>aspirin TBEC 325 MG</i>	1A		<i>methadone hcl CONC</i>	1B	QL(10 ml daily)
<i>aspirin TBEC 81 MG</i>	0	AL(At least 45 yrs old - Up to 79 yrs old)	<i>methadone hcl SOLN OR 5 MG/5ML</i>	1B	QL(100 ml daily)
<i>diflunisal TABS</i>	1B		<i>methadone hcl SOLN OR 10 MG/5ML</i>	1B	QL(50 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>			METHADONE HCL SOLN IJ	1B	
<b>Opioid Agonists</b>			<i>methadone hcl TABS 5 MG</i>	1B	QL(4 ea daily)
<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)
CODEINE SULFATE TABS	1B	New starts limited to 7 day supply	<i>methadone hcl TBSO</i>	1B	QL(2 ea daily)
<i>fentanyl citrate LPOP</i>	1B	QL(4 ea daily); PA	<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>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 SOLN IJ 0.5 MG/ML, 1 MG/ML</i>	1B	
<i>hydromorphone hcl LIQD</i>	1B	New starts limited to 7 day supply	<i>morphine sulfate SOLN OR 10 MG/5ML</i>	1B	New starts limited to 7 day supply; QL(100 ml daily)
<i>hydromorphone hcl SOLN IJ 10 MG/ML, 50 MG/5ML, 500 MG/50ML</i>	1B		<i>morphine sulfate SOLN OR 20 MG/5ML</i>	1B	New starts limited to 7 day supply; QL(50 ml daily)
<i>hydromorphone hcl TABS</i>	1B	New starts limited to 7 day supply; QL(8 ea daily)			
<i>hydromorphone hcl TB24 8 MG, 12 MG, 16 MG</i>	1B	QL(2 ea daily); PA			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<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</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</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 325 MG/15ML-10 MG/15ML</i>	1B	New starts limited to 7 day supply
SUBSYS LIQD 800 MCG, 1200 MCG, 1600 MCG	3	QL(8 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	<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)
SUBSYS LIQD 200 MCG, 400 MCG, 600 MCG	3	QL(4 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			
<b>Opioid Combinations</b>					
<i>acetaminophen w/ codeine SOLN</i>	1A	New starts limited to 7 day supply; QL(75 ml daily)			
<i>acetaminophen w/ codeine TABS 30 MG-300 MG</i>	1A	New starts limited to 7 day supply; QL(12 ea daily)			

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone-ibuprofen 7.5 MG-200 MG</i>	1B	New starts limited to 7 day supply; QL(5 ea daily)
<i>hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG</i>	1B	PA
<i>oxycodone w/ acetaminophen TABS 325 MG-2.5 MG</i>	1B	New starts limited to 7 day supply; QL(13 ea daily)
<i>oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	1B	New starts limited to 7 day supply; QL(12 ea daily)
<i>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 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 FILM SL 3 MG-12 MG</i>	1B	QL(2 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 IJ 1 MG/ML, 2 MG/ML</i>	1B	
<i>butorphanol tartrate NA 10 MG/ML</i>	1B	QL(0.34 ml daily); PA
<i>nalbuphine hcl</i>	1B	QL(8 ml daily)
<i>pentazocine w/ naloxone hcl</i>	1B	New starts limited to 7 day supply
<b>ANDROGENS-ANABOLIC - Drugs to Regulate Hormones</b>		

Drug Name	Drug Tier	Requirements/Limits
<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>methyltestosterone TABS</i>	1B	
<i>testosterone cypionate SOLN IM</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 Infections</b>		
<b>Anthelmintics</b>		
<i>albendazole</i>	1B	PA



Drug Name	Drug Tier	Requirements/Limits
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>		
Antianginals-Other		
<i>ranolazine TB12 500 MG</i>	1B	QL(3 ea daily)
<i>ranolazine TB12 1000 MG</i>	1B	QL(2 ea daily)
Nitrates		
<i>isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG</i>	1B	
<i>isosorbide mononitrate TABS</i>	1B	
<i>isosorbide mononitrate TB24</i>	1B	
NITRO-BID OINT	3	
<i>nitroglycerin CPR</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>		
Antianxiety Agents - Misc.		
<i>buspirone hcl 5 MG</i>	1A	
<i>buspirone hcl 7.5 MG, 10 MG, 15 MG, 30 MG</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<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)
Benzodiazepines		
<i>alprazolam TABS 2 MG</i>	1B	QL(4 ea daily)
<i>alprazolam TABS 0.25 MG, 0.5 MG, 1 MG</i>	1A	QL(4 ea daily)
<i>alprazolam TB24</i>	1B	
<i>alprazolam TBP</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>		
Antiarrhythmics Type I-A		
<i>disopyramide phosphate CAPS</i>	1B	
<i>procainamide hcl SOLN 500 MG/ML</i>	1B	
<i>quinidine sulfate TABS</i>	1B	
Antiarrhythmics Type I-B		
<i>mexiletine hcl</i>	1B	
Antiarrhythmics Type I-C		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>flecainide acetate</i>	1B		<i>ipratropium bromide SOLN 0.02 %</i>	1B	QL(15 ml daily)
<i>propafenone hcl CP12</i>	1B		SPIRIVA HANDIHALER CAPS ( <i>tiotropium bromide monohydrate</i> )	2	QL(1 ea daily)
<i>propafenone hcl TABS</i>	1B		SPIRIVA RESPIMAT AERS	2	QL(0.14 gm daily)
Antiarrhythmics Type III			<i>tiotropium bromide monohydrate CAPS</i>	1B	QL(1 ea daily)
<i>amiodarone hcl SOLN 50 MG/ML</i>	1B		Leukotriene Modulators		
<i>amiodarone hcl TABS</i>	1B		<i>montelukast sodium CHEW</i>	1B	QL(1 ea daily)
<i>dofetilide</i>	1B		<i>montelukast sodium PACK</i>	1B	QL(1 ea daily)
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions</b>			<i>montelukast sodium TABS</i>	1B	QL(1 ea daily)
Antiasthmatic - Monoclonal Antibodies			<i>zafirlukast</i>	1B	QL(2 ea daily)
FASENRA PEN SOAJ	4	QL(0.036 ml daily); PA	<i>zileuton TB12</i>	1B	QL(4 ea daily)
FASENRA SOSY 30 MG/ML	4	QL(0.036 ml daily); PA	Selective Phosphodiesterase 4 (PDE4) Inhibitors		
NUCALA SOAJ	4	QL(0.1073 ml daily); PA	<i>roflumilast</i>	3	QL(1 ea daily)
NUCALA SOLR	4	QL(0.1073 ea daily); PA	Steroid Inhalants		
NUCALA SOSY 40 MG/0.4ML	4	QL(0.0144 ml daily); PA	ALVESCO	3	PA
NUCALA SOSY 100 MG/ML	4	QL(0.1073 ml daily); PA	ARNUIITY ELLIPTA	2	
XOLAIR SOAJ 150 MG/ML, 300 MG/2ML	4	QL(0.286 ml daily); PA	<i>budesonide (inhalation) SUSP</i>	1B	QL(4 ml daily); PA
XOLAIR SOAJ 75 MG/0.5ML	4	QL(0.036 ml daily); PA	<i>fluticasone propionate (inhalation) AEPB</i>	1B	
XOLAIR SOLR	4	QL(0.286 ea daily); PA	<i>fluticasone propionate hfa</i>	1B	QL(0.8 gm daily)
XOLAIR SOSY 75 MG/0.5ML	4	QL(0.036 ml daily); PA	PULMICORT FLEXHALER AEPB	2	
XOLAIR SOSY 150 MG/ML, 300 MG/2ML	4	QL(0.286 ml daily); PA	QVAR REDIHALER	2	
Anti-Inflammatory Agents			Sympathomimetics		
<i>cromolyn sodium NEBU</i>	1B	QL(8 ml daily)	AIRDUO DIGIHALER 113/14	3	
Bronchodilators - Anticholinergics			AIRDUO DIGIHALER 232/14	3	
ATROVENT HFA	3	QL(0.44 gm daily)	AIRDUO DIGIHALER 55/14	3	
INCRUSE ELLIPTA	2	QL(1 ea daily)			

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Drug Name	Drug Tier	Requirements/Limits
AIRSUPRA	3	
<i>albuterol sulfate AERS</i>	1B	
<i>albuterol sulfate NEBU 0.083 %, 0.5 %, 0.63 MG/3ML, 1.25 MG/3ML, 2.5 MG/0.5ML</i>	1B	
<i>albuterol sulfate SYRP</i>	1B	
<i>albuterol sulfate TABS</i>	1B	
ANORO ELLIPTA	2	QL(2 ea daily)
<i>arformoterol tartrate</i>	1B	QL(4 ml daily)
BREO ELLIPTA	2	
BREO ELLIPTA ( <i>fluticasone furoate-vilanterol</i> )	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 AEPB</i>	1B	
<i>fluticasone-salmeterol AERO</i>	1B	
<i>formoterol fumarate NEBU</i>	1B	QL(4 ml daily)
<i>ipratropium-albuterol SOLN</i>	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 SOLN</i>	1B	
<i>terbutaline sulfate TABS</i>	1B	
TRELEGY ELLIPTA	2	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<b>Xanthines</b>		
<i>aminophylline SOLN</i>	1B	
<i>theophylline ELIX</i>	1B	
<i>theophylline SOLN</i>	1B	QL(56 ml daily)
<i>theophylline TB12</i>	1B	
<i>theophylline TB24</i>	1B	
<b>ANTICOAGULANTS - Blood Thinners</b>		
<b>Coumarin Anticoagulants</b>		
<i>warfarin sodium TABS</i>	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 2.5 MG, 15 MG	2	QL(2 ea daily)
XARELTO TABS 10 MG, 20 MG	2	QL(1 ea daily)
<b>Heparins And Heparinoid-Like Agents</b>		
<i>enoxaparin sodium SOLN IJ 300 MG/3ML</i>	4	QL(6 ml daily)
<i>enoxaparin sodium SOSY 60 MG/0.6ML</i>	4	QL(1.2 ml daily; 30 Day(s) limit); SP
<i>enoxaparin sodium SOSY 40 MG/0.4ML</i>	4	QL(0.8 ml daily; 30 Day(s) limit); SP
<i>enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML</i>	4	QL(1.6 ml daily)
<i>enoxaparin sodium SOSY 30 MG/0.3ML</i>	4	QL(0.6 ml daily); SP

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML</i>	4	QL(2 ml daily)	<i>clobazam SUSP</i>	1B	QL(16 ml daily); PA
<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>clobazam TABS</i>	1B	QL(2 ea 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>clonazepam TABS</i>	1A	
<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>diazepam (anticonvulsant) GEL</i>	3	5 package(s) per 30 day(s) retail; 5 package(s) per 30 day(s) mail
<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	NAYZILAM	3	QL(10 ea per 30 day(s) retail); PA
FRAGMIN SOSY	4	SP; PA	VALTOCO 10 MG DOSE LIQD	4	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 15 MG DOSE LQPK	4	QL(10 ea per 30 day(s) retail); PA
HEPARIN SODIUM/NACL 0.45% SOLN IV 0.45 %-12500 UNIT/250ML	1B		VALTOCO 20 MG DOSE LQPK	4	QL(10 ea per 30 day(s) retail); PA
Thrombin Inhibitors			VALTOCO 5 MG DOSE LIQD	4	QL(10 ea per 30 day(s) retail); PA
<i>dabigatran etexilate mesylate CAPS</i>	1B		Anticonvulsants - Misc.		
ANTICONVULSANTS - Drugs to Treat Seizures			APTIOM	3	QL(2 ea daily); ST
AMPA Glutamate Receptor Antagonists			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
FYCOMPA TABS 2 MG	3	QL(6 ea daily); PA	BRIVIACT TABS	3	QL(2 ea daily); PA
FYCOMPA TABS 4 MG	3	QL(3 ea daily); PA	<i>carbamazepine CHEW 100 MG</i>	1B	
Anticonvulsants - Benzodiazepines			<i>carbamazepine CP12 300 MG</i>	1B	QL(4 ea daily)
			<i>carbamazepine CP12 200 MG</i>	1B	QL(6 ea daily)
			<i>carbamazepine CP12 100 MG</i>	1B	
			<i>carbamazepine SUSP</i>	1B	

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Drug Name	Drug Tier	Requirements/Limits
<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 500 MG	4	QL(6 ea daily); PA
DIACOMIT CAPS 250 MG	4	QL(12 ea daily); PA
DIACOMIT PACK 500 MG	4	QL(6 ea daily); PA
DIACOMIT PACK 250 MG	4	QL(12 ea daily); PA
EPIDIOLEX	3	PA
<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 25 MG</i>	1B	QL(20 ea daily)
<i>lamotrigine CHEW 5 MG</i>	1B	QL(100 ea daily)
<i>lamotrigine TABS</i>	1B	
<i>lamotrigine TBP</i>	1B	QL(1 ea daily)
<i>levetiracetam SOLN IV 500 MG/5ML</i>	1B	QL(30 ml daily)
<i>levetiracetam TABS 1000 MG</i>	1B	QL(3 ea 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 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)
<i>oxcarbazepine TABS 600 MG</i>	1B	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<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 200 MG</i>	1B	QL(2 ea daily); PA
<i>rufinamide TABS 400 MG</i>	1B	QL(8 ea daily); PA
TEGRETOL SUSP ( <i>carbamazepine</i> )	2	
TEGRETOL TABS ( <i>carbamazepine</i> )	2	
<i>topiramate CPSP 25 MG</i>	1B	QL(8 ea daily)
<i>topiramate CPSP 15 MG</i>	1B	QL(6 ea daily)
<i>topiramate CS24</i>	3	PA
<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>topiramate TABS 200 MG</i>	1B	QL(2 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 ( <i>phenytoin sodium extended</i> )	2	
DILANTIN	2	

Drug Name	Drug Tier	Requirements/Limits
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	
Succinimides		
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)
Valproic Acid		
<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>		
Alpha-2 Receptor Antagonists (Tetracyclics)		
<i>mirtazapine TABS 7.5 MG, 45 MG</i>	1B	QL(1 ea daily)
<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 TBDP 45 MG</i>	1B	QL(1 ea daily)
<i>mirtazapine TBDP 15 MG</i>	1B	QL(3 ea daily)
<i>mirtazapine TBDP 30 MG</i>	1B	QL(1.5 ea daily)
Antidepressants - Misc.		

Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hcl TABS</i>	1B	QL(3 ea daily)
<i>bupropion hcl TB12 200 MG</i>	1B	QL(2 ea daily)
<i>bupropion hcl TB12 100 MG</i>	1B	QL(4 ea daily)
<i>bupropion hcl TB12 150 MG</i>	1B	QL(3 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)
Monoamine Oxidase Inhibitors (MAOIs)		
EMSAM	3	QL(1 ea daily)
MARPLAN	2	QL(6 ea daily)
<i>phenelzine sulfate</i>	1B	
<i>tranylcypromine sulfate</i>	1B	
N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists		
SPRAVATO 56MG DOSE	4	PA
SPRAVATO 84MG DOSE	4	PA
Selective Serotonin Reuptake Inhibitors (SSRIs)		
<i>citalopram hydrobromide SOLN</i>	1B	QL(20 ml daily)
<i>citalopram hydrobromide TABS 40 MG</i>	1B	QL(1 ea daily)
<i>citalopram hydrobromide TABS 20 MG</i>	1B	QL(2 ea daily)
<i>citalopram hydrobromide TABS 10 MG</i>	1B	QL(4 ea daily)
<i>escitalopram oxalate SOLN</i>	1B	QL(20 ml daily)
<i>escitalopram oxalate TABS 5 MG</i>	1B	QL(4 ea 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>fluoxetine hcl CAPS 40 MG</i>	1B	QL(2 ea daily)

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

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<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>			<i>saxagliptin-metformin hcl 1000 MG-5 MG, 500 MG-5 MG</i>	1B	QL(1 ea daily)
<b>Alpha-Glucosidase Inhibitors</b>			SOLQUA 100/33	2	QL(0.5 ml daily); PA
<i>acarbose</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)
<i>miglitol</i>	1B	QL(3 ea daily)	SYNJARDY XR TB24 1000 MG-25 MG	2	QL(1 ea daily)
<b>Antidiabetic Combinations</b>			SYNJARDY TABS	2	QL(2 ea daily)
<i>alogliptin-metformin hcl</i>	1B	QL(2 ea daily); PA	TRIJARDY XR 1000 MG-5 MG-10 MG, 1000 MG-5 MG-25 MG	2	QL(1 ea daily)
<i>alogliptin-pioglitazone 30 MG-12.5 MG</i>	1B	QL(2 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>alogliptin-pioglitazone 15 MG-25 MG, 30 MG-25 MG, 45 MG-25 MG</i>	1B	QL(1 ea daily); PA	XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG	2	QL(2 ea daily)
<i>dapagliflozin propanediol-metformin hcl 1000 MG-10 MG</i>	2	QL(1 ea daily)	XIGDUO XR ( <i>dapagliflozin propanediol-metformin hcl</i> )	2	QL(1 ea daily)
<i>dapagliflozin propanediol-metformin hcl 1000 MG-5 MG</i>	2	QL(2 ea daily)	XIGDUO XR ( <i>dapagliflozin propanediol-metformin hcl</i> )	2	QL(2 ea daily)
<i>glipizide-metformin hcl 500 MG-5 MG</i>	1B	QL(4 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 250 MG-2.5 MG, 500 MG-2.5 MG</i>	1B	QL(2 ea daily)	XULTOPHY 100/3.6	2	QL(0.5 ml daily); PA
<i>glyburide-metformin 500 MG-2.5 MG, 500 MG-5 MG</i>	1B	QL(4 ea daily)	<b>Biguanides</b>		
<i>glyburide-metformin 250 MG-1.25 MG</i>	1B	QL(2 ea daily)	<i>metformin hcl TABS 1000 MG</i>	1B	QL(2.5 ea daily)
GLYXAMBI	2	QL(1 ea daily)	<i>metformin hcl TABS 500 MG</i>	1B	QL(5 ea daily)
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 TB24 750 MG</i>	1B	QL(3 ea daily)
JANUMET TABS	2	QL(2 ea daily)			
<i>pioglitazone hcl-glimepiride</i>	1B	QL(1 ea daily)			
<i>pioglitazone hcl-metformin hcl TABS</i>	1B	QL(2 ea daily)			

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Drug Name	Drug Tier	Requirements/Limits
<i>metformin hcl TB24 500 MG</i>	1B	QL(4 ea daily)
Diabetic Other		
<i>diazoxide</i>	3	
<i>glucagon (rdna)</i>	1B	QL(0.035 ea daily)
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
<i>alogliptin benzoate</i>	1B	QL(1 ea daily)
JANUVIA	2	QL(1 ea daily)
<i>saxagliptin hcl</i>	1B	QL(1 ea daily)
Incretin Mimetic Agents		
OZEMPIC SOPN 2 MG/1.5ML	2	QL(0.054 ml daily); PA
OZEMPIC SOPN	2	QL(0.108 ml daily); PA
RYBELSUS TABS	2	QL(1 ea daily); PA
TRULICITY	2	QL(0.143 ml daily); PA
VICTOZA ( <i>liraglutide</i> )	2	QL(0.3 ml daily); PA
Insulin		
APIDRA SOLOSTAR SOPN	3	PA
APIDRA SOLN	3	PA
BASAGLAR KWIKPEN SOPN	2	
HUMULIN R U-500 (CONCENTRATED) SOLN SC	2	QL(1.34 ml daily)
HUMULIN R U-500 KWIKPEN SOPN SC	2	QL(1.34 ml daily)
INSULIN ASPART FLEXPEN SOPN	1B	
INSULIN ASPART PENFILL SOCT	1B	
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN SUPN	1B	

Drug Name	Drug Tier	Requirements/Limits
INSULIN ASPART PROTAMINE/INSULIN ASPART SUSP	1B	
INSULIN ASPART SOLN IJ	1B	
INSULIN DEGLUDEC FLEXTOUCH SOPN	2	
INSULIN DEGLUDEC SOLN	2	
LEVEMIR FLEXPEN SOPN	3	PA
LEVEMIR FLEXTOUCH SOPN	3	PA
LEVEMIR SOLN	3	PA
NOVOLIN 70/30 FLEXPEN SUPN	2	
NOVOLIN 70/30 SUSP	2	
NOVOLIN N FLEXPEN SUPN	2	
NOVOLIN N SUSP	2	
NOVOLIN R FLEXPEN SOPN IJ	2	
NOVOLIN R SOLN IJ	2	
Insulin Sensitizing Agents		
<i>pioglitazone hcl</i>	1B	QL(1 ea daily)
Meglitinide Analogues		
<i>nateglinide</i>	1B	QL(3 ea daily)
<i>repaglinide 0.5 MG, 1 MG</i>	1B	QL(4 ea daily)
<i>repaglinide 2 MG</i>	1B	QL(8 ea daily)
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
<i>dapagliflozin propanediol</i>	2	QL(1 ea daily)
FARXIGA	2	QL(1 ea daily)
FARXIGA ( <i>dapagliflozin propanediol</i> )	2	QL(1 ea daily)
JARDIANCE	2	QL(1 ea daily)
Sulfonylureas		
<i>glimepiride 1 MG, 2 MG</i>	1B	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>glimepiride 4 MG</i>	1B	QL(2 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)

### ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea

#### Antiperistaltic Agents

<i>diphenoxylate w/ atropine LIQD</i>	1B	
<i>diphenoxylate w/ atropine TABS</i>	1B	
<i>loperamide hcl CAPS</i>	1B	RX/OTC
MOTOFEN	3	

### ANTIDOTES AND SPECIFIC ANTAGONISTS

#### Antidotes - Chelating Agents

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	

#### Antidotes and Specific Antagonists

VISTOGARD	4	PA
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#### Opioid Antagonists

<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	

### ANTIEMETICS - Drugs to Treat Nausea and Vomiting

Drug Name	Drug Tier	Requirements/Limits
<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 4 MG</i>	1B	QL(4 ea daily; 60 ea per fill retail; 60 per fill mail)
<i>ondansetron hcl TABS 24 MG</i>	1B	QL(0.143 ea daily)
<i>ondansetron TBDP 4 MG</i>	1B	QL(1 ea daily)
<i>ondansetron TBDP 8 MG</i>	1B	
<i>palonosetron hcl SOLN</i>	1B	
<b>Antiemetics - Anticholinergic</b>		
<i>meclizine hcl TABS 25 MG</i>	1B	RX/OTC
<i>meclizine hcl TABS 12.5 MG</i>	1A	RX/OTC
<i>scopolamine</i>	1B	QL(0.34 ea daily)
<i>trimethobenzamide hcl CAPS</i>	1B	
<b>Antiemetics - Miscellaneous</b>		
AKYNZEO	3	PA
<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	

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Drug Name	Drug Tier	Requirements/Limits
<b>Substance P/Neurokinin 1 (NK1) Receptor Antagonists</b>		
<i>aprepitant CAPS 80 MG</i>	1B	QL(0.134 ea daily)
<i>aprepitant CAPS</i>	1B	PA
<i>aprepitant CAPS 40 MG, 125 MG</i>	1B	QL(0.067 ea daily)
<i>aprepitant MISC</i>	1B	PA
VARUBI TBPB	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 186 MG	3	PA
<i>fluconazole SUSP</i>	1B	
<i>fluconazole TABS</i>	1B	
<i>itraconazole CAPS</i>	1B	QL(4 ea daily); PA
<i>itraconazole SOLN</i>	1B	QL(20 ml daily); PA
<i>ketoconazole</i>	1B	
NOXAFIL SUSP ( <i>posaconazole</i> )	3	QL(20 ml daily)

Drug Name	Drug Tier	Requirements/Limits
<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
<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	

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Drug Name	Drug Tier	Requirements/Limits
QUZYTIR SOLN IV	3	PA
Antihistamines - Phenothiazines		
<i>promethazine hcl SOLN OR 6.25 MG/5ML</i>	1B	
<i>promethazine hcl SUPP 50 MG</i>	1B	
<i>promethazine hcl SUPP 12.5 MG, 25 MG</i>	1B	QL(6 ea daily)
<i>promethazine hcl TABS</i>	1B	
Antihistamines - Piperidines		
<i>cyproheptadine hcl SYRP</i>	1B	
<i>cyproheptadine hcl TABS</i>	1B	
<b>ANTIHYPERTENSIVES - Drugs to Treat High Cholesterol</b>		
Antihyperlipidemics - Combinations		
<i>ezetimibe-simvastatin</i>	1B	QL(1 ea daily)
Antihyperlipidemics - Misc.		
<i>icosapent ethyl 1 GM</i>	1B	QL(4 ea daily); PA
<i>omega-3-acid ethyl esters</i>	1B	QL(4 ea daily)
Bile Acid Sequestrants		
<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)
<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)
Fibric Acid Derivatives		
<i>choline fenofibrate</i>	1B	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<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)
HMG CoA Reductase Inhibitors		
<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 10 MG, 20 MG</i>	1B	\$0 copay for generic only, age 40 to 76; QL(1 ea daily); PV
<i>lovastatin TABS 40 MG</i>	1B	\$0 copay for generic only, age 40 to 76; QL(2 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)
Intestinal Cholesterol Absorption Inhibitors		
<i>ezetimibe</i>	1B	QL(1 ea daily)
Nicotinic Acid Derivatives		
<i>niacin (antihyperlipidemic) TBCR</i>	1B	QL(2 ea daily)
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors		
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>		

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

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Drug Name	Drug Tier	Requirements/Limits
<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 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>quinapril-hydrochlorothiazide 25 MG-20 MG</i>	1B	QL(2 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.		
VECAMYL	3	PA
Direct Renin Inhibitors		
<i>aliskiren fumarate</i>	1B	QL(1 ea daily)
Selective Aldosterone Receptor Antagonists (SARAs)		

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>nitazoxanide TABS</i>	1B	PA
Carbapenems		
<i>ertapenem sodium IJ</i>	1B	
<i>imipenem-cilastatin IV</i>	1B	
<i>meropenem</i>	1B	

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Drug Name	Drug Tier	Requirements/Limits
<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 IV 1 GM, 10 GM, 500 MG, 1000 MG</i>	1B	
<i>vancomycin hcl SOLR OR 25 MG/ML, 50 MG/ML, 250 MG/5ML</i>	1B	QL(300 ml per fill retail)
<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	
<i>linezolid TABS</i>	1B	QL(2 ea daily); PA
SIVEXTRO TABS	3	PA
<b>Polymyxins</b>		
<i>polymyxin b sulfate SOLR</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<b>Urinary Anti-infectives</b>		
<i>fosfomicin 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</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>		
<i>chloroquine phosphate TABS 500 MG</i>	1B	
<i>chloroquine phosphate TABS 250 MG</i>	1B	QL(3 ea daily)
<i>hydroxychloroquine sulfate 400 MG</i>	1B	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>hydroxychloroquine sulfate 100 MG</i>	1B	QL(4 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		
<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	

Drug Name	Drug Tier	Requirements/Limits
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
TRECTOR	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 40 MG, 100 MG	4	PA
GLEOSTINE 10 MG	4	SP; PA
<i>ifosfamide SOLN 1 GM/20ML</i>	4	SP; PA
<i>ifosfamide SOLR</i>	4	SP; PA
LEUKERAN	4	SP; PA
<i>melphalan</i>	1B	
<i>melphalan hcl IV</i>	1B	
MYLERAN TABS	4	SP; PA
<i>oxaliplatin SOLN 50 MG/10ML, 100 MG/20ML</i>	4	SP; PA
TEMODAR SOLR	4	
<i>temozolomide CAPS</i>	4	SP; PA
<i>thiotepa 15 MG</i>	4	SP; PA
ZANOSAR	4	SP; PA

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

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Drug Name	Drug Tier	Requirements/Limits
<b>Antineoplastic - Hedgehog Pathway Inhibitors</b>		
DAURISMO	4	PA
ERIVEDGE	4	QL(1 ea daily); SP; PA
ODOMZO	4	QL(1 ea daily); PA
<b>Antineoplastic - Hormonal and Related Agents</b>		
<i>abiraterone acetate 500 MG</i>	4	QL(2 ea daily); PA
<i>abiraterone acetate 250 MG</i>	4	QL(4 ea daily); SP; PA
<i>anastrozole</i>	1B	QL(1 ea daily)
<i>bicalutamide</i>	1B	QL(1 ea daily); SP
ELIGARD SC 22.5 MG, 30 MG, 45 MG	4	SP; PA
ELIGARD KIT SC 7.5 MG	4	QL(0.0089 ea daily); SP; PA
EMCYT	4	SP; PA
ERLEADA 240 MG	4	QL(1 ea daily); PA
ERLEADA 60 MG	4	QL(4 ea daily); PA
<i>exemestane</i>	4	QL(1 ea daily); SP
FIRMAGON	4	QL(0.143 ea daily); SP; PA
<i>flutamide</i>	4	QL(6 ea daily); SP; PA
<i>fulvestrant SOSY</i>	4	QL(0.357 ml daily); SP; PA
<i>letrozole</i>	1B	
<i>leuprolide acetate KIT IJ 1 MG/0.2ML</i>	4	SP; PA
LUPRON DEPOT (1-MONTH) KIT IM	4	QL(0.0358 ea daily); SP; PA
LUPRON DEPOT (3-MONTH) KIT IM	4	SP; PA
LUPRON DEPOT (4-MONTH) IM	4	QL(0.1339 ea daily); SP; PA
LUPRON DEPOT (6-MONTH) IM	4	QL(0.0089 ea daily); SP; PA
LYSODREN	4	SP; PA

Drug Name	Drug Tier	Requirements/Limits
<i>megestrol acetate SUSP</i>	1B	
<i>megestrol acetate TABS</i>	1B	
<i>nilutamide</i>	1B	QL(2 ea daily)
NUBEQA	4	QL(4 ea daily); PA
ORGOVYX	4	PA
<i>tamoxifen citrate TABS</i>	0	
<i>toremifene citrate</i>	1B	
TRELSTAR MIXJECT	4	SP; PA
XTANDI CAPS	4	QL(4 ea daily); SP; PA
XTANDI TABS 40 MG	4	QL(4 ea daily); PA
XTANDI TABS 80 MG	4	QL(2 ea daily); PA
YONSA	4	QL(4 ea daily); PA
ZOLADEX 3.6 MG	4	QL(0.0357 ea daily); SP; PA
ZOLADEX 10.8 MG	4	QL(0.0119 ea daily); SP; PA
<b>Antineoplastic - Immunomodulators</b>		
POMALYST	4	QL(1 ea daily); PA
<b>Antineoplastic - PDGFR-alpha Inhibitors</b>		
AYVAKIT	4	QL(1 ea daily); PA
<b>Antineoplastic - XPO1 Inhibitors</b>		
XPOVIO	4	PA
XPOVIO 60 MG TWICE WEEKLY	4	PA
XPOVIO 80 MG TWICE WEEKLY	4	PA
<b>Antineoplastic Antibiotics</b>		
<i>bleomycin sulfate 15 UNIT</i>	4	SP; PA
<i>dactinomycin</i>	4	SP; PA
<i>doxorubicin hcl liposomal SUSP</i>	4	SP; PA
<i>doxorubicin hcl SOLN</i>	4	SP; PA
<i>doxorubicin hcl SOLR 10 MG, 50 MG</i>	4	SP; PA

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>idarubicin hcl 20 MG/20ML</i>	4	PA	COMETRIQ KIT	4	QL(4 ea daily); SP; PA
<i>idarubicin hcl 5 MG/5ML, 10 MG/10ML</i>	4	SP; PA	COMETRIQ KIT	4	QL(3 ea daily); SP; PA
<i>mitomycin SOLR IV 20 MG</i>	4	SP; PA	COPIKTRA	4	PA
<i>mitoxantrone hcl 2 MG/ML</i>	4	SP; PA	<i>dasatinib</i>	4	QL(1 ea daily); SP; PA
<i>valrubicin</i>	4	SP; PA	<i>everolimus TABS</i>	4	QL(1 ea daily); SP; PA
<b>Antineoplastic Combinations</b>			IBRANCE CAPS	4	QL(1 ea daily); PA
KISQALI FEMARA 200 DOSE	4	PA	IBRANCE TABS	4	QL(1 ea daily); PA
KISQALI FEMARA 400 DOSE	4	PA	ICLUSIG	4	QL(1 ea daily); PA
KISQALI FEMARA 600 DOSE	4	PA	<i>imatinib mesylate</i>	4	QL(2 ea daily); SP; PA
<b>Antineoplastic Enzyme Inhibitors</b>			IMBRUVICA CAPS 140 MG	4	QL(3 ea daily); PA
ALECENSA	4	QL(4 ea daily); PA	IMBRUVICA CAPS 70 MG	4	QL(1 ea daily); PA
ALUNBRIG TABS	4	QL(1 ea daily); PA	IMBRUVICA SUSP	4	QL(8 ml daily); PA
ALUNBRIG TBPK	4	QL(1 ea daily); PA	IMBRUVICA TABS	4	QL(1 ea daily); PA
BALVERSA	4	PA	INREBIC	4	PA
<i>bortezomib SOLR IJ</i>	4	SP; PA	JAKAFI	4	QL(2 ea daily); SP; PA
BORTEZOMIB SOLR IV 3.5 MG	4	PA	KISQALI	4	PA
BOSULIF TABS 100 MG, 500 MG	4	QL(1 ea daily); SP; PA	KOSELUGO	4	PA
BOSULIF TABS 400 MG	4	QL(1 ea daily); PA	KYPROLIS	4	PA
BRAFTOVI 75 MG	4	SP; PA	<i>lapatinib ditosylate</i>	4	QL(6 ea daily); SP; PA
BRUKINSA	4	PA	LORBRENA	4	QL(1 ea daily); PA
CABOMETYX TABS	4	QL(1 ea daily); PA	LYNPARZA TABS	4	QL(4 ea daily); PA
CALQUENCE	4	QL(2 ea daily); PA	MEKINIST SOLR	4	PA
CALQUENCE	4	QL(2 ea daily); PA	MEKINIST TABS	4	PA
CAPRELSA	4	QL(1 ea daily); SP; PA	MEKTOVI	4	SP; PA
COMETRIQ KIT	4	QL(2 ea daily); SP; PA	NINLARO	4	QL(0.143 ea daily); PA
			<i>pazopanib hcl</i>	4	QL(4 ea daily); SP; PA
			PEMAZYRE	4	QL(1 ea daily); PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PIQRAY 200MG DAILY DOSE	4	PA	VITRAKVI SOLN	4	PA
PIQRAY 250MG DAILY DOSE	4	PA	VOTRIENT ( <i>pazopanib hcl</i> )	4	QL(4 ea daily); SP; PA
PIQRAY 300MG DAILY DOSE	4	PA	XALKORI CAPS	4	QL(2 ea daily); SP; PA
QINLOCK	4	PA	XOSPATA	4	PA
RETEVMO CAPS	4	PA	ZEJULA CAPS	4	QL(3 ea daily); PA
<i>romidepsin SOLR</i>	4	SP; PA	ZEJULA TABS 200 MG, 300 MG	4	QL(1 ea daily); PA
ROZLYTREK CAPS	4	PA	ZEJULA TABS 100 MG	4	QL(3 ea daily); PA
RUBRACA	4	QL(4 ea daily); PA	ZELBORAF	4	SP; PA
SCSEMBLIX 20 MG	4	QL(2 ea daily); PA	ZOLINZA	4	QL(4 ea daily); SP; PA
SCSEMBLIX 100 MG	4	QL(4 ea daily); PA	ZYDELIG	4	QL(2 ea daily); PA
SCSEMBLIX 40 MG	4	QL(10 ea daily); PA	<b>Antineoplastic Enzymes</b>		
<i>sorafenib tosylate</i>	4	QL(4 ea daily); SP; PA	ONCASPAR	4	SP; PA
SPRYCEL ( <i>dasatinib</i> )	4	QL(1 ea daily); SP; PA	<b>Antineoplastics Misc.</b>		
STIVARGA	4	QL(4 ea daily); SP; PA	ACTIMMUNE 100 MCG/0.5ML	4	SP; PA
<i>sunitinib malate 12.5 MG, 25 MG, 50 MG</i>	4	QL(1 ea daily); SP; PA	<i>arsenic trioxide 10 MG/10ML</i>	4	SP; PA
<i>sunitinib malate 37.5 MG</i>	4	QL(1 ea daily); PA	<i>bexarotene</i>	4	SP; PA
TABRECTA	4	PA	<i>dacarbazine SOLR 200 MG</i>	4	SP; PA
TAFINLAR CAPS	4	PA	<i>hydroxyurea</i>	1B	
TAFINLAR TBSO	4	PA	MATULANE	4	SP; PA
TALZENNA	4	QL(1 ea daily); PA	NIPENT	4	SP; PA
TASIGNA 50 MG	4	QL(4 ea daily); PA	PHOTOFRIN	4	SP; PA
TASIGNA 150 MG, 200 MG	4	QL(4 ea daily); SP; PA	PROLEUKIN	4	SP; PA
TAZVERIK	4	PA	SYNRIBO	4	SP; PA
<i>temsirolimus</i>	4	QL(0.143 ml daily); SP; PA	<i>tretinoin (chemotherapy)</i>	1B	
TIBSOVO	4	PA	UVADEX	4	SP; PA
TURALIO	4	PA	<b>Chemotherapy Adjuncts</b>		
VERZENIO	4	PA	KEPIVANCE 6.25 MG	4	SP; PA
VITRAKVI CAPS	4	PA	<b>Chemotherapy Rescue/Antidote/Protective Agents</b>		
			<i>leucovorin calcium SOLR</i>	1B	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>leucovorin calcium TABS</i>	1B		<i>benztropine mesylate TABS</i>	1B	
VORAXAZE	4	SP; PA	<i>trihexyphenidyl hcl SOLN</i>	1B	
<b>Mitotic Inhibitors</b>			<i>trihexyphenidyl hcl TABS</i>	1B	
<i>docetaxel CONC 20 MG/ML</i>	4	SP; PA	<b>Antiparkinson COMT Inhibitors</b>		
<i>docetaxel SOLN 20 MG/2ML</i>	4	SP; PA	<i>entacapone</i>	1B	QL(8 ea daily)
<i>eribulin mesylate</i>	4	SP; PA	<i>tolcapone</i>	1B	
ETOPOPHOS	4	SP; PA	<b>Antiparkinson Dopaminergics</b>		
<i>etoposide CAPS</i>	4	SP; PA	<i>amantadine hcl CAPS</i>	1B	
<i>etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML</i>	4	PA	<i>amantadine hcl SOLN</i>	1B	
HALAVEN ( <i>eribulin mesylate</i> )	4	SP; PA	<i>amantadine hcl TABS</i>	1B	
IXEMPRA KIT 15 MG	4	SP; PA	<i>apomorphine hydrochloride SOCT</i>	4	PA
JEVTANA	4	SP; PA	<i>bromocriptine mesylate CAPS</i>	1B	
<i>paclitaxel 6 MG/ML, 100 MG/16.7ML, 150 MG/25ML</i>	4	SP; PA	<i>bromocriptine mesylate TABS 2.5 MG</i>	1B	
<i>paclitaxel protein-bound particles</i>	4	SP; PA	<i>carbidopa-levodopa-entacapone</i>	1B	
<i>vincristine sulfate</i>	4	SP; PA	<i>carbidopa-levodopa TABS</i>	1B	
<i>vinorelbine tartrate 10 MG/ML</i>	4	SP; PA	<i>carbidopa-levodopa TBCR</i>	1B	
<b>Topoisomerase I Inhibitors</b>			<i>carbidopa-levodopa TBDP</i>	1B	
HYCAMTIN CAPS	4	SP; PA	NEUPRO	2	
<i>irinotecan hcl 40 MG/2ML, 100 MG/5ML</i>	4	SP; PA	<i>pramipexole dihydrochloride TABS 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG</i>	1B	
<i>topotecan hcl SOLN</i>	4		<i>pramipexole dihydrochloride TABS 0.125 MG</i>	1B	QL(4 ea daily)
<i>topotecan hcl SOLR</i>	4		<i>ropinirole hydrochloride TABS</i>	1B	
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease</b>			<i>ropinirole hydrochloride TB24 8 MG, 12 MG</i>	1B	QL(2 ea daily); ST
<b>Antiparkinson Adjunctive Therapy</b>			<i>ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG</i>	1B	QL(1 ea daily); ST
<i>carbidopa</i>	1B		<b>Antiparkinson Monoamine Oxidase Inhibitors</b>		
<b>Antiparkinson Anticholinergics</b>			<i>rasagiline mesylate</i>	1B	QL(1 ea daily); PA
<i>benztropine mesylate SOLN</i>	1B				

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Drug Name	Drug Tier	Requirements/Limits
<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 300 MG	3	QL(4 ea daily); ST
EQUETRO 200 MG	3	QL(8 ea daily); ST
EQUETRO 100 MG	3	QL(2 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
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)

Drug Name	Drug Tier	Requirements/Limits
<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 25 MG</i>	1B	QL(3 ea daily)
<i>clozapine TBDP 12.5 MG, 150 MG</i>	1B	QL(6 ea daily)
<i>clozapine TBDP 100 MG</i>	1B	QL(9 ea daily)
<i>loxapine succinate</i>	1B	
<i>olanzapine SOLR</i>	1B	QL(0.215 ea daily)
<i>olanzapine TABS 7.5 MG, 10 MG, 15 MG, 20 MG</i>	1B	QL(2 ea daily)
<i>olanzapine TABS 2.5 MG, 5 MG</i>	1B	QL(4 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)
<i>quetiapine fumarate TB24 300 MG, 400 MG</i>	1B	QL(2 ea daily)
<i>quetiapine fumarate TB24 50 MG, 150 MG, 200 MG</i>	1B	QL(1 ea daily)
<b>Phenothiazines</b>		
<i>chlorpromazine hcl SOLN</i>	3	
<i>chlorpromazine hcl TABS</i>	1B	
<i>fluphenazine hcl CONC</i>	1B	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>fluphenazine hcl ELIX</i>	1B		<i>efavirenz CAPS 50 MG</i>	1B	QL(3 ea daily)
<i>fluphenazine hcl SOLN</i>	1B		<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	1B	QL(1 ea daily)
<i>fluphenazine hcl TABS</i>	1B		<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	1B	QL(1 ea daily)
<i>perphenazine TABS</i>	1B		<i>efavirenz TABS</i>	1B	QL(1 ea daily)
<i>prochlorperazine</i>	1B		<i>emtricitabine CAPS</i>	1B	QL(1 ea daily)
<i>prochlorperazine maleate TABS</i>	1B		<i>emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG</i>	0	QL(1 ea daily)
<i>thioridazine hcl</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)
<i>trifluoperazine hcl TABS</i>	1B		EMTRIVA SOLN	3	QL(24 ml daily)
<b>Quinolinone Derivatives</b>			<i>etravirine 100 MG</i>	1B	QL(4 ea daily)
<i>aripiprazole SOLN OR</i>	1B	QL(30 ml daily); AL(At least 6 yrs old)	<i>etravirine 200 MG</i>	1B	QL(2 ea daily)
<i>aripiprazole TABS</i>	1B	QL(1 ea daily); AL(At least 6 yrs old)	EVOTAZ	3	QL(1 ea daily)
REXULTI	3	PA	<i>fosamprenavir calcium TABS</i>	1B	QL(4 ea daily)
<b>Thioxanthenes</b>			FUZEON SOLR	4	SP; PA
<i>thiothixene</i>	1B		GENVOYA	3	QL(1 ea daily)
<b>ANTIVIRALS - Drugs to Treat Viral Infections</b>			INTELENCE 25 MG	3	QL(8 ea daily)
<b>Antiretrovirals</b>			ISENTRESS HD TABS	3	QL(2 ea daily)
<i>abacavir sulfate-lamivudine</i>	1B	QL(1 ea daily)	ISENTRESS CHEW	3	QL(6 ea daily)
<i>abacavir sulfate SOLN</i>	1B	QL(32 ml daily)	ISENTRESS TABS	3	QL(2 ea daily)
<i>abacavir sulfate TABS</i>	1B	QL(2 ea daily)	JULUCA	3	QL(1 ea daily)
APTIVUS CAPS	3	QL(4 ea daily)	<i>lamivudine SOLN</i>	1B	QL(30 ml daily)
<i>atazanavir sulfate CAPS 200 MG</i>	1B	QL(2 ea daily)	<i>lamivudine TABS 150 MG</i>	1B	QL(2 ea daily)
<i>atazanavir sulfate CAPS 150 MG, 300 MG</i>	1B	QL(1 ea daily)	<i>lamivudine TABS 300 MG</i>	1B	QL(1 ea daily)
BIKTARVY	3	QL(1 ea daily)	<i>lamivudine-zidovudine</i>	1B	QL(2 ea daily)
CIMDUO	3	QL(1 ea daily); ST	LEXIVA SUSP	3	QL(56 ml daily)
COMPLERA	3	QL(1 ea daily)	<i>lopinavir-ritonavir SOLN</i>	1B	QL(12.5 ml daily)
<i>darunavir TABS</i>	1B		<i>lopinavir-ritonavir TABS</i>	1B	QL(4 ea daily)
DELSTRIGO	3	QL(1 ea daily)	<i>maraviroc TABS 300 MG</i>	1B	QL(4 ea daily)
DOVATO	3	QL(1 ea daily)	<i>maraviroc TABS 150 MG</i>	1B	QL(2 ea daily)
EDURANT	3	QL(1 ea daily)	<i>nevirapine SUSP</i>	1B	QL(40 ml daily)
<i>efavirenz CAPS 200 MG</i>	1B	QL(2 ea daily)			

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Drug Name	Drug Tier	Requirements/Limits
<i>nevirapine TABS</i>	1B	QL(2 ea daily)
<i>nevirapine TB24 400 MG</i>	1B	QL(1 ea daily)
<i>nevirapine TB24 100 MG</i>	1B	QL(3 ea daily)
NORVIR CAPS	2	QL(12 ea daily)
NORVIR PACK	3	QL(12 ea daily)
NORVIR SOLN	3	QL(15 ml daily)
ODEFSEY	3	QL(1 ea daily)
PIFELTRO	3	QL(1 ea daily)
PREZCOBIX	3	QL(1 ea daily)
PREZISTA SUSP	3	QL(12 ml daily)
PREZISTA TABS ( <i>darunavir</i> )	3	
PREZISTA TABS 75 MG, 150 MG	3	QL(2 ea daily)
RETROVIR IV INFUSION SOLN	3	
<i>ritonavir TABS</i>	1B	QL(12 ea daily)
RUKOBIA	4	PA
SELZENTRY SOLN	3	QL(30 ml daily)
SELZENTRY TABS 25 MG, 75 MG	3	QL(2 ea daily)
<i>stavudine CAPS</i>	1B	QL(2 ea daily)
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)
VIRACEPT TABS 250 MG	3	QL(10 ea daily)
VIRACEPT TABS 625 MG	3	QL(4 ea daily)
VIREAD POWD	3	QL(7.5 gm daily)
VIREAD TABS 150 MG, 200 MG, 250 MG	3	QL(1 ea daily)
<i>zidovudine CAPS</i>	1B	QL(6 ea daily)
<i>zidovudine SYRP</i>	1B	QL(60 ml daily)
<i>zidovudine TABS</i>	1B	QL(2 ea daily)
CMV Agents		

Drug Name	Drug Tier	Requirements/Limits
<i>cidofovir</i>	3	
<i>ganciclovir sodium SOLR</i>	1B	
<i>valganciclovir hcl TABS</i>	1B	QL(4 ea daily); PA
Hepatitis Agents		
<i>adefovir dipivoxil</i>	4	QL(1 ea daily); SP
BARACLUDE SOLN	4	QL(20 ml daily); SP; PA
<i>entecavir TABS</i>	4	QL(1 ea daily); SP
EPIVIR HBV SOLN	4	QL(60 ml daily); SP; PA
<i>lamivudine (hbv) TABS</i>	1B	QL(3 ea daily); SP
PEGASYS SOLN	4	QL(0.0714 ml daily); SP; PA
PEGASYS SOSY	4	QL(0.072 ml daily); PA
<i>ribavirin (hepatitis c) CAPS</i>	1B	QL(7 ea daily)
<i>ribavirin (hepatitis c) TABS 200 MG</i>	1B	QL(7 ea daily)
SOFOSBUVIR/VELPATA SVIR TABS	1B	QL(1 ea daily); PA
SOVALDI TABS 400 MG	4	QL(1 ea daily); SP; PA
SOVALDI TABS 200 MG	4	QL(1 ea daily); PA
VOSEVI	4	QL(1 ea daily); PA
Herpes Agents		
<i>acyclovir CAPS</i>	1A	QL(5 ea daily; 50 ea per fill retail; 50 per fill mail)
<i>acyclovir SUSP</i>	1B	QL(13.34 ml daily)
<i>acyclovir TABS OR</i>	1B	QL(5 ea daily)
<i>famciclovir 125 MG, 250 MG</i>	1B	QL(3 ea daily)
<i>famciclovir 500 MG</i>	1B	QL(4 ea daily)
<i>valacyclovir hcl 1 GM, 1000 MG</i>	1B	QL(4 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
<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</i>	1B	
<i>carvedilol phosphate</i>	3	QL(1 ea daily)
<i>labetalol hcl SOLN</i>	1B	
<i>labetalol hcl TABS 100 MG, 200 MG</i>	1B	
<i>labetalol hcl TABS 300 MG</i>	1B	QL(8 ea daily)
<b>Beta Blockers Cardio-Selective</b>		
<i>acebutolol hcl CAPS</i>	1B	
<i>atenolol TABS</i>	1B	
<i>betaxolol hcl</i>	1B	
<i>bisoprolol fumarate</i>	1B	
<i>metoprolol succinate TB24 25 MG, 50 MG, 100 MG</i>	1B	
<i>metoprolol succinate TB24 200 MG</i>	1B	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<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 80 MG</i>	1B	
<i>nadolol TABS 20 MG</i>	1B	QL(3 ea daily)
<i>nadolol TABS 40 MG</i>	1B	QL(6 ea daily)
<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/afl)</i>	1B	
<i>sotalol hcl TABS 240 MG</i>	1B	
<i>sotalol hcl TABS 80 MG, 120 MG, 160 MG</i>	1B	QL(2 ea daily)
<i>timolol maleate TABS</i>	1B	
<b>CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure</b>		
<b>Calcium Channel Blockers</b>		
<i>amlodipine besylate TABS</i>	1B	
<i>diltiazem hcl coated beads CP24 180 MG, 240 MG</i>	1B	QL(2 ea daily)
<i>diltiazem hcl coated beads CP24 120 MG, 300 MG, 360 MG</i>	1B	
<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	

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Drug Name	Drug Tier	Requirements/Limits
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 60 MG</i>	1B	QL(2 ea daily)
<i>nifedipine TB24 90 MG</i>	1B	QL(1 ea daily)
<i>nifedipine TB24</i>	1B	
<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>		
Cardiac Glycosides		
<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>		

Drug Name	Drug Tier	Requirements/Limits
Cardiovascular Agents Misc. - Combinations		
<i>amlodipine besylate-atorvastatin calcium</i>	1B	QL(1 ea daily)
<i>isosorbide dinitrate-hydralazine hcl</i>	1B	
Impotence Agents		
<i>avanafil</i>	1B	QL(0.134 ea daily)
<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
Prostaglandin Vasodilators		
<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
Pulmonary Hypertension - Endothelin Receptor Antagonists		
<i>ambrisentan</i>	4	QL(1 ea daily); SP; PA
<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
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
<i>sildenafil citrate (pulmonary hypertension) SOLN</i>	4	QL(37.5 ml daily); SP; PA

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Drug Name	Drug Tier	Requirements/Limits
<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 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG	4	QL(2 ea daily); PA
UPTRAVI TABS 200 MCG	4	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
<i>ivabradine hcl</i> TABS	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</i> CAPS	1B	
<i>cefadroxil</i> SUSR	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>cefadroxil</i> TABS	1B	
<i>cefazolin sodium</i> SOLR IJ 1 GM, 10 GM, 500 MG	1B	
<i>cephalexin</i> CAPS	1B	
<i>cephalexin</i> SUSR	1B	
<b>Cephalosporins - 2nd Generation</b>		
<i>cefaclor</i> CAPS	1B	
<i>cefaclor</i> SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML	1B	
<i>cefotetan disodium</i> IJ 1 GM, 2 GM	1B	
<i>cefoxitin sodium</i> IV 1 GM, 2 GM	1B	
<i>cefprozil</i> SUSR	1B	
<i>cefprozil</i> TABS	1B	
<i>cefuroxime axetil</i> TABS	1B	
<i>cefuroxime sodium</i> IJ 750 MG	1B	
<b>Cephalosporins - 3rd Generation</b>		
<i>cefdinir</i> CAPS	1B	
<i>cefdinir</i> SUSR	1B	
<i>cefixime</i> CAPS	1B	
<i>cefixime</i> SUSR	1B	ST
<i>cefotaxime sodium</i> IJ 1 GM, 2 GM	1B	
<i>cefpodoxime proxetil</i> SUSR	1B	
<i>cefpodoxime proxetil</i> TABS	1B	
<i>ceftazidime</i> IJ 1 GM, 6 GM	1B	
<i>ceftriaxone sodium</i> IJ 1 GM, 2 GM, 500 MG	1B	
<i>ceftriaxone sodium</i> IJ 250 MG	1A	
<b>Cephalosporins - 4th Generation</b>		
<i>cefepime hcl</i> SOLR IV 2 GM	1B	

Drug Name	Drug Tier	Requirements/Limits
Cephalosporins - 5th Generation		
TEFLARO	3	
<b>CONTRACEPTIVES - Drugs to Prevent Pregnancy</b>		
Combination Contraceptives - Oral		
BALCOLTRA (levonorgestrel-ethinyl estradiol-iron)	0	
desogestrel & ethinyl estradiol	0	
desogestrel-ethinyl estradiol (biphasic)	0	
desogestrel-ethinyl estradiol (triphasic)	0	
drospirenone-ethinyl estradiol	0	
drospirenone-ethinyl estradiol-levomefolate calcium	0	
ethynodiol diacet & eth estrad	0	
FEMLYV TBDP	0	
levonorgestrel & eth estradiol TABS	0	
levonorgestrel-eth estradiol (triphasic)	0	
levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG	0	
levonorgestrel-ethinyl estradiol (continuous)	0	
levonorgestrel-ethinyl estradiol-iron	0	
LO LOESTRIN FE TABS	0	
NATAZIA	0	
NEXTSTELLIS	0	
norethin acet & estrad-fe CAPS	0	
norethin acet & estrad-fe CHEW	0	

Drug Name	Drug Tier	Requirements/Limits
norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG	0	
norethindrone & eth estradiol	0	
norethindrone & ethinyl estradiol-fe	0	
norethindrone acet & eth estra TABS	0	
norethindrone acetate-ethinyl estradiol-fe	0	
norethindrone-eth estradiol (triphasic)	0	
norgestimate-ethinyl estradiol	0	
norgestimate-ethinyl estradiol (triphasic)	0	
norgestrel & ethinyl estradiol 30 MCG-0.3 MG	0	
TYBLUME CHEW	0	
Combination Contraceptives - Transdermal		
norelgestromin-ethinyl estradiol	0	
TWIRLA	0	QL(3 ea per 28 day(s) retail; 9 ea per 84 days mail)
Combination Contraceptives - Vaginal		
ANNOVERA	0	
etonogestrel-ethinyl estradiol	0	QL(0.05 ea daily)
Copper Contraceptives - IUD		
PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A	0	
Emergency Contraceptives		
ELLA	0	
levonorgestrel (emergency oc) 1.5 MG	0	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
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	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</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 TBDP</i>	3	
SLYND	0	QL(1 ea daily)	<i>prednisolone SOLN</i>	1B	
<b>CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions</b>			<i>prednisolone TABS</i>	1B	
Glucocorticosteroids			<i>prednisone SOLN</i>	1B	
<i>budesonide CPEP</i>	1B	QL(3 ea daily)	<i>prednisone TABS 1 MG, 5 MG</i>	1B	
<i>deflazacort SUSP</i>	4	PA	<i>prednisone TABS 2.5 MG, 10 MG, 20 MG, 50 MG</i>	1A	
<i>deflazacort TABS</i>	4	PA	<i>prednisone TBPK</i>	1B	
DEPO-MEDROL SUSP	3		SOLU-CORTEF 100 MG, 500 MG, 1000 MG	3	2 max fill(s) per 30 day(s) retail
DEXAMETHASONE INTENSOL CONC	1B		SOLU-CORTEF 250 MG	3	
<i>dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML</i>	1B		SOLU-MEDROL 2 GM	3	
<i>dexamethasone sodium phosphate SOSY IJ 4 MG/ML</i>	1B				
<i>dexamethasone ELIX</i>	1B				

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Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide SUSP 40 MG/ML, 200 MG/5ML, 400 MG/10ML</i>	1B	
Mineralocorticoids		
<i>fludrocortisone acetate TABS</i>	1B	
<b>COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms</b>		
Antitussives		
<i>benzonatate 200 MG</i>	1B	QL(3 ea daily)
<i>benzonatate 150 MG</i>	1B	QL(4 ea daily)
<i>benzonatate 100 MG</i>	1B	QL(6 ea daily)
Cough/Cold/Allergy Combinations		
<i>hydrocodone polistirex-chlorpheniramine polistirex SUER</i>	1B	
TUZISTRA XR	2	PA
Misc. Respiratory Inhalants		
HYPERSAL NEBU	1B	
NEBUSAL NEBU	1B	
<i>sodium chloride (inhalant) NEBU 7 %</i>	1B	
Mucolytics		
<i>acetylcysteine SOLN</i>	1B	
<b>DERMATOLOGICALS - Drugs to Treat Skin Conditions</b>		
Acne Products		
<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

Drug Name	Drug Tier	Requirements/Limits
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)
<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	1B	AL(At least 12 yrs old); PA
<i>clindamycin phosphate-benzoyl peroxide GEL 5 %-1 %</i>	1B	AL(At least 12 yrs old); PA
<i>clindamycin phosphate-tretinoin</i>	1B	AL(At least 12 yrs old); ST
DIFFERIN LOTN	2	AL(At least 12 yrs old); ST

Drug Name	Drug Tier	Requirements/ Limits
<i>erythromycin (acne aid) PADS</i>	1B	AL(At least 12 yrs old)
<i>erythromycin (acne aid) SOLN</i>	1B	AL(At least 12 yrs old)
<i>isotretinoin 10 MG, 20 MG, 30 MG, 40 MG</i>	3	AL(At least 12 yrs old); PA
PR BENZOYL PEROXIDE WASH LIQD	2	AL(At least 12 yrs old); RX/OTC
<i>sulfacetamide sodium (acne)</i>	1B	AL(At least 12 yrs old)
<i>sulfacetamide sodium w/ sulfur CREA 10 %-5 %</i>	1B	AL(At least 12 yrs old)
<i>sulfacetamide sodium w/ sulfur LIQD 10 %-5 %</i>	1B	AL(At least 12 yrs old)
<i>sulfacetamide sodium w/ sulfur LIQD 9 %-4.5 %</i>	1B	AL(At least 12 yrs old); ST
<i>sulfacetamide sodium-sulfur in urea vehicle EMUL 10 %-10 %-4 %</i>	1B	AL(At least 12 yrs old)
<i>tretinoin microsphere 0.1 %</i>	1B	QL(3 gm daily); AL(At least 12 yrs old - Up to 30 yrs old); PA
<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>tretinoin GEL 0.01 %, 0.025 %</i>	1B	QL(3 gm daily); AL(At least 12 yrs old - Up to 30 yrs old); PA
<b>Agents for External Genital and Perianal Warts</b>		
VEREGEN	3	QL(1 gm daily)
<b>Antibiotics - Topical</b>		
ALTABAX	2	QL(15 gm per 30 day(s) retail; 15 gm per 30 days mail)
<i>gentamicin sulfate (topical) CREA</i>	1B	QL(1 gm daily)
<i>gentamicin sulfate (topical) OINT</i>	1B	
<i>mupirocin OINT</i>	1B	QL(6 gm daily)

Drug Name	Drug Tier	Requirements/ Limits
NEO-SYNALAR	3	QL(60 gm per 30 day(s) retail; 60 gm per 30 days mail); PA
<b>Antifungals - Topical</b>		
<i>butenafine hcl</i>	1B	QL(6 gm daily); RX/OTC
<i>ciclopirox olamine CREA</i>	1B	QL(90 gm per fill retail); 1 max fill(s) per 30 day(s) retail
<i>ciclopirox olamine SUSP</i>	1B	
<i>ciclopirox GEL</i>	1B	QL(3.35 gm daily)
<i>ciclopirox SHAM</i>	1B	QL(10 ml daily)
<i>ciclopirox SOLN</i>	1B	QL(0.22 ml daily)
<i>clotrimazole (topical) CREA</i>	1B	QL(4.5 gm daily); RX/OTC
<i>clotrimazole (topical) SOLN</i>	1B	QL(10 ml daily); RX/OTC
<i>clotrimazole w/ betamethasone CREA</i>	1B	QL(8 gm daily)
<i>clotrimazole w/ betamethasone LOTN</i>	1B	
<i>econazole nitrate CREA</i>	1B	QL(85 gm per fill retail; 85 per fill mail)
ERTACZO	3	QL(2.15 gm daily)
<i>ketoconazole (topical) CREA</i>	1B	QL(10 gm daily)
<i>ketoconazole (topical) SHAM 2 %</i>	1B	QL(20 ml daily)
<i>luliconazole</i>	1B	PA
<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

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<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	<i>diclofenac sodium (actinic keratoses) EX</i>	1B	QL(3.34 gm daily); PA
<i>nystatin (topical) CREA</i>	1B	QL(10 gm daily)	<i>fluorouracil (topical) CREA 5 %</i>	1B	QL(4 gm daily)
<i>nystatin (topical) OINT</i>	1B	QL(6 gm daily)	<i>fluorouracil (topical) SOLN</i>	1B	QL(2 ml daily)
<i>nystatin (topical) POWD EX</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 CREA</i>	1B	QL(10 gm daily)	<b>Antipruritics - Topical</b>		
<i>nystatin-triamcinolone OINT</i>	1B	QL(4 gm daily)	<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
<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	<b>Antipsoriatics</b>		
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	<i>acitretin 25 MG</i>	1B	QL(2 ea daily)
<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>calcipotriene CREA</i>	1B	QL(4 gm daily); PA
<i>tavaborole</i>	1B	PA	<i>calcipotriene OINT</i>	1B	QL(4 gm daily); PA
<b>Anti-inflammatory Agents - Topical</b>			<i>calcipotriene SOLN</i>	1B	QL(4 ml daily); PA
<i>diclofenac epolamine PTCH EX</i>	1B	QL(2 ea daily); PA	<i>calcitriol (topical)</i>	1B	QL(3.34 gm daily)
<i>diclofenac sodium (topical) GEL EX</i>	1B	QL(3.34 gm daily); RX/OTC	COSENTYX SENSOREADY PEN SOAJ	4	QL(0.072 ml daily); PA
<b>Antineoplastic or Premalignant Lesion Agents - Topical</b>			COSENTYX UNOREADY SOAJ	4	QL(0.072 ml daily); PA
<i>bexarotene (topical)</i>	4	SP; PA	COSENTYX SOSY 75 MG/0.5ML	4	QL(0.18 ml daily); PA
			COSENTYX SOSY 150 MG/ML	4	QL(0.036 ml daily); PA
			COSENTYX SOSY 150 MG/ML	4	QL(0.072 ml daily); PA
			<i>methoxsalen rapid</i>	1B	QL(4 ea daily)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SKYRIZI PEN SOAJ	4	QL(0.025 ml daily); PA	<i>alclometasone dipropionate CREA</i>	1B	QL(2 gm daily)
SKYRIZI SOSY	4	QL(0.025 ml daily); PA	<i>alclometasone dipropionate OINT</i>	1B	QL(3 gm daily)
STELARA SOLN 45 MG/0.5ML	4	QL(0.012 ml daily); PA	<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
STELARA SOSY 90 MG/ML	4	QL(0.018 ml daily); SP; PA	<i>amcinonide LOTN</i>	3	
STELARA SOSY 45 MG/0.5ML	4	QL(0.012 ml daily); PA	<i>amcinonide OINT</i>	3	
<i>tazarotene CREA 0.1 %</i>	1B	QL(1 gm daily)	<i>betamethasone dipropionate (topical) CREA</i>	1B	QL(3 gm daily)
TREMFYA SOAJ 100 MG/ML	4	QL(0.018 ml daily); PA	<i>betamethasone dipropionate (topical) LOTN</i>	1B	
TREMFYA SOAJ 200 MG/2ML	4	QL(0.072 ml daily); PA	<i>betamethasone dipropionate (topical) OINT</i>	1B	QL(3 gm daily)
TREMFYA SOLN	4	QL(0.72 ml daily); PA	<i>betamethasone dipropionate augmented CREA</i>	1B	QL(3.5 gm daily)
TREMFYA SOSY 100 MG/ML	4	QL(0.018 ml daily); PA	<i>betamethasone dipropionate augmented LOTN</i>	1B	QL(5 ml daily)
TREMFYA SOSY 200 MG/2ML	4	QL(0.072 ml daily); PA	<i>betamethasone dipropionate augmented OINT</i>	1B	QL(3.5 gm daily)
Antiseborrheic Products			<i>betamethasone valerate CREA</i>	1B	QL(2.5 gm daily)
<i>selenium sulfide LOTN 2.5 %</i>	1B		<i>betamethasone valerate FOAM</i>	1B	QL(1.67 gm daily)
Antivirals - Topical			<i>betamethasone valerate LOTN</i>	1B	QL(5 ml daily)
<i>acyclovir topical CREA</i>	1B	1 package(s) per fill retail; 1 package(s) per fill mail	<i>betamethasone valerate OINT</i>	1B	QL(3 gm daily)
<i>acyclovir topical OINT</i>	1B	1 package(s) per fill retail; 1 package(s) per fill mail	<i>calcipotriene-betamethasone dipropionate OINT</i>	1B	ST
<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 0.1 %</i>	1B	QL(4 gm daily)
<i>clobetasol propionate FOAM</i>	1B	QL(3 gm daily); ST	<i>fluocinonide CREA 0.05 %</i>	1B	QL(2 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 0.025 %</i>	1B	QL(4 gm daily)	<i>hydrocortisone (topical) LOTN 2.5 %</i>	1B	
<i>fluocinolone acetonide CREA 0.01 %</i>	1B		<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 0.1 %</i>	1B	QL(3.34 gm daily)
<i>triamcinolone acetonide (topical) CREA 0.5 %</i>	1B	QL(5 gm daily)
<i>triamcinolone acetonide (topical) CREA 0.025 %</i>	1B	QL(15.15 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 0.025 %, 0.1 %</i>	1B	QL(15.15 gm daily)
<i>triamcinolone acetonide (topical) OINT 0.5 %</i>	1B	QL(6 gm daily)
<b>Eczema Agents</b>		
DUPIXENT SOAJ 300 MG/2ML	4	QL(0.29 ml daily); PA
DUPIXENT SOAJ 200 MG/1.14ML	4	QL(0.082 ml daily); PA
DUPIXENT SOSY 300 MG/2ML	4	QL(0.29 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
<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
<b>Scabicides &amp; Pediculicides</b>		
<i>crotamiton LOTN</i>	1B	PA
<i>ivermectin (pediculicide)</i>	1B	PA
<i>malathion</i>	1B	
<i>permethrin CREA</i>	1B	
<i>permethrin LIQD EX</i>	1B	
<i>spinosad</i>	1B	PA
<b>Wound Care Products</b>		
REGRANEX	3	QL(0.5 gm daily)
<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
RELION TRUE METRIX BLOODGLUCOSE TEST STRIPS STRP	1B	QL(3.34 ea daily); RX/OTC
TRUE METRIX BLOOD GLUCOSE TEST STRIPS STRP	1B	Limit 100 per month; QL(3.34 ea daily); RX/OTC
TRUE METRIX SELF MONITORING BLOOD GLUCOSE STRIPS STRP	1B	QL(3.34 ea daily); RX/OTC
TRUE TRACK TEST STRP	1B	Limit 100 per month; QL(3.34 ea daily); RX/OTC
<b>DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes</b>		
<b>Digestive Enzymes</b>		
CREON CPEP	2	Non-FDA approved uses require Prior Authorization
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
ZENPEP CPEP 252600 UNIT-189600 UNIT-60000 UNIT	2	

Drug Name	Drug Tier	Requirements/Limits
ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT	2	Non-FDA approved uses require Prior Authorization
<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 250 MG</i>	1B	QL(4 ea daily)
<i>acetazolamide TABS 125 MG</i>	1B	QL(8 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	

Drug Name	Drug Tier	Requirements/Limits
<i>furosemide TABS</i>	1B	
<i>torsemide 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)
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 1.25 MG</i>	1B	QL(1 ea daily)
<i>indapamide TABS 2.5 MG</i>	1B	QL(2 ea daily)
<i>metolazone</i>	1B	QL(2 ea daily)
<b>ENDOCRINE AND METABOLIC AGENTS - MISC.</b>		
<b>- 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</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)

Drug Name	Drug Tier	Requirements/Limits
<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 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 TABS 35 MG</i>	1B	QL(0.143 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		

Drug Name	Drug Tier	Requirements/Limits
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
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) 11.25 MG	4	PA
LUPRON DEPOT-PED (3-MONTH) 30 MG	4	SP; PA
SYNAREL	4	SP; PA
Metabolic Modifiers		
ALDURAZYME	4	SP; PA
<i>betaine</i>	4	SP; PA
<i>calcitriol CAPS</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

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

Drug Name	Drug Tier	Requirements/Limits
Vasopressin Receptor Antagonists		
JYNARQUE TBPK	4	SP; PA
<i>tolvaptan TABS</i>	4	QL(2 ea daily); SP; PA
<b>ESTROGENS - Hormone Replacement/Modifying Drugs</b>		
Estrogen Combinations		
ACTIVELLA 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 TABS</i>	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 0.06 %</i>	3	
<i>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</i>	1B	
<i>estradiol PTTW</i>	1B	QL(0.286 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
<i>estradiol PTWK</i>	1B	
<i>estradiol TABS</i>	1B	
ESTROGEL GEL ( <i>estradiol</i> )	3	
EVAMIST SOLN	3	
MENEST	3	
MENOSTAR PTWK	3	
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		

Drug Name	Drug Tier	Requirements/Limits
<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		
<i>metoclopramide hcl SOLN IJ 5 MG/ML</i>	1B	
<i>metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML</i>	1B	QL(60 ml daily)
<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 800 MG</i>	3	QL(6 ea daily)
<i>mesalamine TBEC 1.2 GM</i>	3	
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)

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Drug Name	Drug Tier	Requirements/Limits
LINZESS	2	QL(1 ea daily)
<b>Peripheral Opioid Receptor Antagonists</b>		
<i>alvimopan</i>	1B	
MOVANTIK	3	QL(1 ea daily); PA
<b>Phosphate Binder Agents</b>		
<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>		
<b>Alkalinizers</b>		
<i>potassium citrate (alkalinizer) TBCR</i>	1B	
<i>sodium citrate &amp; citric acid</i>	1B	RX/OTC
<b>Cystinosis Agents</b>		
CYSTAGON CAPS	3	PA
<b>Genitourinary Irrigants</b>		
<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	
<b>Interstitial Cystitis Agents</b>		

Drug Name	Drug Tier	Requirements/Limits
ELMIRON CAPS	2	QL(3 ea daily)
<b>Prostatic Hypertrophy Agents</b>		
<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
<i>silodosin</i>	1B	
<i>tamsulosin hcl</i>	1B	
<b>Urinary Analgesics</b>		
<i>phenazopyridine hcl TABS 100 MG, 100 MG, 200 MG</i>	1B	
<b>Urinary Stone Agents</b>		
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>		
<b>Gout Agent Combinations</b>		
<i>colchicine w/ probenecid</i>	1B	
<b>Gout Agents</b>		
<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
<b>Uricosurics</b>		
<i>probenecid</i>	1B	
<b>HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders</b>		
<b>Antihemophilic Products</b>		
ADVATE	4	PA
ADYNOVATE	4	PA

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Drug Name	Drug Tier	Requirements/Limits
AFSTYLA	4	PA
ALPROLIX	4	PA
ALTUVIIIIO	4	PA
BENEFIX KIT	4	PA
ELOCTATE	4	PA
ESPEROCT	4	PA
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	

Drug Name	Drug Tier	Requirements/Limits
<i>clopidogrel bisulfate 300 MG</i>	1B	
<i>clopidogrel bisulfate 75 MG</i>	1B	QL(1 ea daily)
<i>dipyridamole</i>	1B	
<i>prasugrel hcl</i>	1B	QL(1 ea daily)
ZONTIVITY	3	PA
<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 40 MCG/ML, 60 MCG/ML, 100 MCG/ML	4	SP; PA
ARANESP ALBUMIN FREE SOLN 25 MCG/ML	4	SP
ARANESP ALBUMIN FREE SOSY 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML	4	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

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Drug Name	Drug Tier	Requirements/Limits
LEUKINE SOLR IJ	4	SP; PA
MIRCERA	4	PA
MULPLETA	4	QL(1 ea daily); PA
NYVEPRIA	4	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
PROCRIT 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 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
<b>Hematopoietic Mixtures</b>		
<i>ferrous fumarate-folic acid</i>	1B	QL(1 ea daily)
<b>Iron</b>		
<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	
<b>Stem Cell Mobilizers</b>		
MOZOBIL ( <i>plerixafor</i> )	4	SP; PA
<i>plerixafor</i>	4	SP; PA
<b>HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders</b>		

Drug Name	Drug Tier	Requirements/Limits
<b>Hemostatics - Systemic</b>		
<i>aminocaproic acid TABS</i>	1B	PA
<i>tranexamic acid SOLN 1000 MG/10ML</i>	1B	
<i>tranexamic acid TABS</i>	1B	
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS</b>		
<b>Barbiturate Hypnotics</b>		
<i>phenobarbital ELIX</i>	1B	
<i>phenobarbital TABS</i>	1B	
<b>Hypnotics - Tricyclic Agents</b>		
<i>doxepin hcl (sleep)</i>	1B	QL(1 ea daily); PA
<b>Non-Barbiturate Hypnotics</b>		
<i>estazolam</i>	1B	
<i>eszopiclone</i>	1B	QL(1 ea daily); AL(At least 18 yrs old); ST
<i>flurazepam hcl</i>	1B	PA
<i>temazepam 15 MG, 30 MG</i>	1A	QL(1 ea daily)
<i>temazepam 7.5 MG, 22.5 MG</i>	1B	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)
<b>Orexin Receptor Antagonists</b>		
BELSOMRA	3	PA
<b>Selective Melatonin Receptor Agonists</b>		

Drug Name	Drug Tier	Requirements/Limits
<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	
Laxative Combinations		
<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	
Laxatives - Miscellaneous		
<i>lactulose SOLN</i>	1B	
Saline Laxatives		
OSMOPREP	3	PA
Stimulant Laxatives		
<i>bisacodyl SUPP</i>	1A	
<i>bisacodyl TBEC</i>	1A	
Surfactant Laxatives		
<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>		
Local Anesthetics - Amides		

Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine hcl (local anesth.) SOLN 0.5 %, 1 %, 2 %</i>	1B	
<b>MACROLIDES - Drugs to Treat Bacterial Infections</b>		
Azithromycin		
<i>azithromycin PACK</i>	1B	
<i>azithromycin SOLR</i>	1B	
<i>azithromycin SUSR</i>	1B	
<i>azithromycin TABS 500 MG</i>	1B	QL(4 ea per fill retail; 4 per fill mail)
<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)
Clarithromycin		
<i>clarithromycin SUSR</i>	1B	
<i>clarithromycin TABS</i>	1B	
<i>clarithromycin TB24</i>	1B	
Erythromycins		
<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	
Fidaxomicin		
DIFICID TABS	2	
<b>MEDICAL DEVICES AND SUPPLIES</b>		
Contraceptives		
AIMSCO LUBRICATED MISC	0	
CAYA DPRH	0	
DUREX EXTRA SENSITIVE THIN DEVI	0	

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC	0		FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM	3	PA
TRUSTEX LUBRICATED/SPERMICIDE MISC	0		FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM	3	QL(0.072 ea daily); PA
TRUSTEX LUBRICATED MISC	0		FREESTYLE LIBRE 2 PLUS/SENSOR/FLASH GLUCOSE MONITOR SYSTEM	3	QL(0.072 ea daily); PA
TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC	0		FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM	3	PA
TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDDED MISC	0		FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM	3	QL(0.072 ea daily); PA
TRUSTEX/RIA LUBRICATED SPERMICIDE 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 MISC	0		FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM	3	QL(0.072 ea daily); PA
WIDE-SEAL SILICONE DIAPHRAGM KIT 60	0		FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM	3	PA
WIDE-SEAL SILICONE DIAPHRAGM KIT 65	0		ONETOUCH DELICA SAFETY LANCING DEVICE	1B	RX/OTC
WIDE-SEAL SILICONE DIAPHRAGM KIT 70	0		ONETOUCH DELICA SAFETY LANCING DEVICE 30G	1B	RX/OTC
WIDE-SEAL SILICONE DIAPHRAGM KIT 75	0		RELION 2-IN-1 LANCET DEVICES 30G	1B	RX/OTC
WIDE-SEAL SILICONE DIAPHRAGM KIT 80	0		RELION 2-IN-1 LANCING DEVICE 25G	1B	RX/OTC
WIDE-SEAL SILICONE DIAPHRAGM KIT 85	0		RELION 2-IN-1 LANCING DEVICE 30G	1B	RX/OTC
WIDE-SEAL SILICONE DIAPHRAGM KIT 90	0		SELECT LANCETS	1B	6.66/day
WIDE-SEAL SILICONE DIAPHRAGM KIT 95	0		SELECT LANCETS	1	6.66/day
Diabetic Supplies					

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TRUE METRIX CONTROL SOLUTION LEVEL 3 SOLN	1B		<i>almotriptan malate 6.25 MG</i>	1B	QL(0.3 ea daily); AL(At least 12 yrs old); ST
Parenteral Therapy Supplies			<i>almotriptan malate 12.5 MG</i>	1B	QL(0.4 ea daily); AL(At least 12 yrs old); ST
SELECT INSULIN SYRINGES	1B	5/day; #	<i>eletriptan hydrobromide</i>	1B	QL(0.2 ea daily); AL(At least 18 yrs old); ST
SELECT INSULIN SYRINGES	1	5/day	<i>frovatriptan succinate</i>	1B	QL(0.4 ea daily); AL(At least 18 yrs old); ST
<b>MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches</b>			<i>naratriptan hcl</i>	1B	QL(0.3 ea daily); AL(At least 18 yrs old)
Calcitonin Gene-Related Peptide (CGRP) Receptor Antag			<i>rizatriptan benzoate TABS 10 MG</i>	1B	QL(0.6 ea daily); AL(At least 6 yrs old)
AIMOVIG	2	QL(0.04 ml daily); PA	<i>rizatriptan benzoate TABS 5 MG</i>	1B	QL(0.4 ea daily); AL(At least 6 yrs old)
EMGALITY SOAJ	2	QL(0.07 ml daily); PA	<i>rizatriptan benzoate TBDP 5 MG</i>	1B	QL(0.4 ea daily); AL(At least 6 yrs old)
EMGALITY SOSY 100 MG/ML	2	QL(0.1 ml daily); PA	<i>rizatriptan benzoate TBDP 10 MG</i>	1B	QL(0.6 ea daily); AL(At least 6 yrs old)
EMGALITY SOSY 120 MG/ML	2	QL(0.07 ml daily); PA	<i>sumatriptan</i>	1B	QL(0.2 ea daily); AL(At least 18 yrs old)
UBRELVY	3	QL(10 ea per 30 day(s) retail); ST	<i>sumatriptan succinate SOAJ</i>	1B	QL(0.134 ml daily); AL(At least 18 yrs old)
Migraine Combinations			<i>sumatriptan succinate SOCT</i>	1B	QL(0.134 ml daily); AL(At least 18 yrs old)
<i>ergotamine w/ caffeine TABS</i>	1B	QL(1.5 ea daily)	<i>sumatriptan succinate SOLN 6 MG/0.5ML</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)			
Migraine Products					
<i>dihydroergotamine mesylate SOLN IJ 1 MG/ML</i>	1B				
<i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i>	1B	QL(0.267 ml daily)			
ERGOMAR SUBL	3	QL(0.667 ea daily)			
Serotonin Agonists					

Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan succinate TABS</i>	1B	QL(0.3 ea daily); AL(At least 18 yrs old)
<i>zolmitriptan SOLN</i>	1B	QL(0.2 ea daily); AL(At least 12 yrs old); ST
<i>zolmitriptan TABS</i>	1B	QL(0.3 ea daily); AL(At least 12 yrs old); ST
<i>zolmitriptan TBDP</i>	1B	QL(0.3 ea daily); AL(At least 12 yrs old); ST
<b>MINERALS &amp; ELECTROLYTES</b>		
<b>Bicarbonates</b>		
<i>sodium acetate SOLN</i>	1B	
SODIUM ACETATE SOLN ( <i>sodium acetate</i> )	1B	
<b>Calcium</b>		
<i>calcium chloride (dihydrate) SOLN</i>	1B	
<b>Electrolyte Mixtures</b>		
<i>dextrose in lactated ringers</i>	1B	
<i>electrolyte-148</i>	1B	
<i>electrolyte-a</i>	1B	
IONOSOL-MB/DEXTROSE 5%	1B	
ISOLYTE-P/DEXTROSE 5%	1B	
ISOLYTE-S	1B	
KCL 0.3%/D5W/NACL 0.9% ( <i>potassium chloride in dextrose &amp; sodium chloride</i> )	1B	
<i>lactated ringer's</i>	1B	
NORMOSOL-M/D5W	1B	
NORMOSOL-R	1B	

Drug Name	Drug Tier	Requirements/Limits
PLASMA-LYTE A ( <i>electrolyte-a</i> )	1B	
PLASMA-LYTE-148 ( <i>electrolyte-148</i> )	1B	
<i>potassium chloride in dextrose 5 %-20 MEQ/L</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	
<i>potassium chloride in nacl 20 MEQ/L-0.45 %, 20 MEQ/L-0.9 %, 40 MEQ/L-0.9 %</i>	1B	
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS	1B	
POTASSIUM CHLORIDE/SODIUM CHLORIDE 20 MEQ/L-0.45 % ( <i>potassium chloride in nacl</i> )	1B	
<i>ringer's</i>	1B	
<b>Fluoride</b>		
<i>sodium fluoride CHEW 0.25 MG, 0.5 MG, 1 MG, 2.2 MG</i>	0	QL(1 ea daily)
<b>Magnesium</b>		
<i>magnesium sulfate IJ 50 %</i>	1B	
<b>Phosphate</b>		
<i>potassium phosphates 236 MG/ML-224 MG/ML</i>	1B	
<b>Potassium</b>		



Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>potassium acetate SOLN 2 MEQ/ML</i>	1B		<i>cyclosporine modified (for microemulsion) CAPS</i>	1B	
<i>potassium bicarbonate TBEF</i>	1B		<i>cyclosporine modified (for microemulsion) SOLN</i>	1B	
<i>potassium chloride microencapsulated crystals er</i>	1B		<i>cyclosporine CAPS</i>	1B	
<i>potassium chloride CPCR</i>	1B		<i>cyclosporine SOLN IV 50 MG/ML</i>	1B	
<i>potassium chloride PACK OR 20 MEQ</i>	1B	PA	ENSPRYNG	4	PA
<i>potassium chloride SOLN IV 2 MEQ/ML, 10 MEQ/50ML, 20 MEQ/50ML</i>	1B		<i>everolimus (immunosuppressant) 0.25 MG, 0.5 MG, 0.75 MG</i>	4	QL(20 ea daily); SP; PA
POTASSIUM CHLORIDE SOLN IV 10 MEQ/50ML ( <i>potassium chloride</i> )	1B		<i>everolimus (immunosuppressant) 1 MG</i>	4	QL(10 ea daily); PA
<i>potassium chloride TBCR 8 MEQ, 10 MEQ, 20 MEQ</i>	1B		<i>mycophenolate mofetil CAPS</i>	1B	
Sodium			<i>mycophenolate mofetil TABS</i>	1B	
<i>sodium chloride SOLN IV 0.45 %, 0.9 %, 3 %, 4 MEQ/ML, 5 %</i>	1B		<i>mycophenolate sodium</i>	1B	
<b>MISCELLANEOUS THERAPEUTIC CLASSES</b>			NULOJIX	4	SP; PA
Chelating Agents			PROGRAF PACK	2	PA
<i>penicillamine CAPS</i>	1B	PA	PROGRAF SOLN	2	
<i>penicillamine TABS</i>	1B	QL(8 ea daily)	SIMULECT	3	
<i>trientine hcl 250 MG</i>	4	QL(8 ea daily); SP; PA	<i>sirolimus TABS</i>	1B	
Immunomodulators			<i>tacrolimus CAPS</i>	1B	
<i>lenalidomide 2.5 MG, 5 MG, 10 MG, 15 MG, 25 MG</i>	4	QL(1 ea daily); SP; PA	THYMOGLOBULIN	4	SP; PA
<i>lenalidomide 20 MG</i>	4	QL(1 ea daily); PA	Irrigation Solutions		
THALOMID	4	QL(3 ea daily); SP; PA	<i>irrigation solutions, physiological</i>	1B	
Immunosuppressive Agents			<i>lactated ringer's (irrigation)</i>	1B	
ATGAM	4	SP; PA	<i>ringer's irrigation</i>	1B	
AZATHIOPRINE	1B		<i>water for irrigation, sterile</i>	1B	
<i>azathioprine TABS</i>	1B		Potassium Removing Agents		
			LOKELMA	3	QL(1 ea daily); PA
			<i>sodium polystyrene sulfonate POWD</i>	1B	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>sodium polystyrene sulfonate SUSP CO 15 GM/60ML</i>	1B		EQL PRENATAL FORMULA TABS	2	QL(1 ea daily)
<b>MOUTH/THROAT/DENTAL AGENTS</b>			GNP PRENATAL TABS	2	QL(1 ea daily)
Anesthetics Topical Oral			KP PRENATAL MULTIVITAMINS TABS	2	QL(1 ea daily)
<i>lidocaine hcl (mouth-throat) 4 %</i>	1B		MASONATAL TABS	2	QL(1 ea daily)
<i>lidocaine hcl (mouth-throat) 2 %</i>	1B	QL(4 ml daily)	M-NATAL PLUS TABS	2	QL(1 ea daily); RX/OTC
Anti-infectives - Throat			MULTI PRENATAL TABS	2	QL(1 ea daily)
<i>clotrimazole</i>	1B		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
<i>nystatin (mouth-throat)</i>	1B		NEONATAL PLUS TABS	2	QL(1 ea daily); RX/OTC
Antiseptics - Mouth/Throat			NEONATAL PRENATAL VITAMIN TABS	2	QL(1 ea daily)
<i>chlorhexidine gluconate (mouth-throat)</i>	1B		NEONATAL VITAMIN TABS	2	QL(1 ea daily)
DEBACTEROL	2		NIVA-PLUS TABS	2	QL(1 ea daily); RX/OTC
Dental Products			ONE VITE WOMENS PRENATALVITAMIN PLUS TABS	2	QL(1 ea daily); RX/OTC
<i>stannous fluoride CONC</i>	0	RX/OTC	ONE VITE WOMENS PRENATALVITAMIN TABS	2	QL(1 ea daily)
Steroids - Mouth/Throat/Dental			PRENATAL MULTIVITAMIN TABS	2	QL(1 ea daily)
<i>triamcinolone acetonide (mouth)</i>	1B		PRENATAL ONE DAILY TABS	2	QL(1 ea daily)
Throat Products - Misc.			PRENATAL PLUS VITAMIN ANDMINERAL TABS	2	QL(1 ea daily); RX/OTC
<i>cevimeline hcl</i>	1B		PRENATAL PLUS TABS	2	QL(1 ea daily); RX/OTC
<i>pilocarpine hcl (oral)</i>	1B		PRENATAL VITAMIN & MINERAL TABS	2	QL(1 ea daily)
<b>MULTIVITAMINS</b>			PRENATAL VITAMIN/IRON TABS	2	QL(1 ea daily)
Ped MV w/ Fluoride					
<i>pediatric multivitamins w/fl CHEW</i>	1A	RX/OTC			
Prenatal Vitamins					
CLASSIC PRENATAL TABS	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)			

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Drug Name	Drug Tier	Requirements/Limits
PRENATAL VITAMINS PLUS LOW IRON TABS	2	QL(1 ea daily); RX/OTC
PRENATAL VITAMINS TABS 100 MG-800 MCG-1.84 MG-18 MG-2.6 MG-1.7 MG-27 MG-10 MCG-4.95 MG-25 MG-200 MG-160 MG-1200 MCG-4 MCG, 120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT-30 UNIT	2	QL(1 ea daily)
PRENATAL VITAMIN TABS	2	QL(1 ea daily)
PRENATAL TABS	2	QL(1 ea daily)
PRENATRIX TABS	2	QL(1 ea daily); RX/OTC
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
<b>MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms</b>		
Central Muscle Relaxants		
<i>baclofen</i> TABS	1B	
<i>carisoprodol</i> TABS	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>chlorzoxazone</i> TABS 750 MG	1B	QL(4 ea daily)
<i>chlorzoxazone</i> TABS 500 MG	1B	QL(6 ea daily)
<i>cyclobenzaprine hcl</i> TABS 5 MG, 10 MG	1A	QL(3 ea daily)
<i>metaxalone</i> 800 MG	1B	QL(4 ea daily)
<i>methocarbamol</i> TABS 500 MG, 750 MG	1B	
<i>orphenadrine citrate</i> TB12	1B	QL(2 ea daily)
<i>tizanidine hcl</i> CAPS	1B	
<i>tizanidine hcl</i> TABS	1B	
Direct Muscle Relaxants		
<i>dantrolene sodium</i> CAPS	1B	QL(4 ea daily)
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL - 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)</i> 0.03 %	1B	QL(1 ml daily)
<i>ipratropium bromide (nasal)</i> 0.06 %	1B	
Nasal Steroids		
<i>budesonide (nasal)</i>	1B	
<i>flunisolide (nasal)</i> 0.025 %	1B	1 package(s) per fill retail
<i>fluticasone propionate (nasal)</i> SUSP	1B	Limit 2 inhalers per month; QL(32 ml per 30 day(s) retail); RX/OTC
<i>mometasone furoate (nasal)</i> SUSP	1B	QL(1.14 gm daily); PA; RX/OTC
<i>triamcinolone acetonide (nasal)</i> AERO	1B	
XHANCE EXHU	3	PA
<b>NEUROMUSCULAR AGENTS - Drugs to</b>		

Drug Name	Drug Tier	Requirements/Limits
<b>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	
CLINIMIX 4.25%/DEXTROSE 5%	3	
CLINIMIX E 5%/DEXTROSE 20%	3	
<b>OPHTHALMIC AGENTS - Drugs to Treat the Eye</b>		
Beta-blockers - Ophthalmic		
<i>betaxolol hcl (ophth) SOLN</i>	1B	
<i>brimonidine tartrate-timolol maleate</i>	1B	
<i>carteolol hcl (ophth)</i>	1B	
<i>dorzolamide hcl-timolol maleate</i>	1B	
<i>levobunolol hcl 0.5 %</i>	1B	
<i>timolol maleate (ophth) SOLG</i>	1B	
<i>timolol maleate (ophth) SOLN</i>	1B	
Cycloplegic Mydriatics		
<i>tropicamide SOLN 0.5 %</i>	1B	QL(2.5 ml daily)
<i>tropicamide SOLN 1 %</i>	1B	
Miotics		
<i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
Ophthalmic Adrenergic Agents		
<i>apraclonidine hcl</i>	1B	
<i>brimonidine tartrate 0.15 %, 0.2 %</i>	1B	
IOPIDINE	3	
Ophthalmic Anti-infectives		
AZASITE	3	QL(2.5 ml per 30 day(s) retail; 2 ml per 30 days mail)
<i>bacitracin (ophthalmic)</i>	3	
BESIVANCE	3	PA
<i>ciprofloxacin hcl (ophth) SOLN</i>	1B	
<i>erythromycin (ophth)</i>	1B	
<i>gatifloxacin (ophth)</i>	1B	
<i>gentamicin sulfate (ophth) OINT</i>	1B	
<i>gentamicin sulfate (ophth) SOLN</i>	1B	
KLARITY-A	3	QL(2.5 ml per 30 day(s) retail; 2 ml per 30 days mail)
<i>levofloxacin (ophth) 0.5 %</i>	1B	
<i>moxifloxacin hcl (ophth) SOLN OP</i>	1B	
NATACYN	2	
<i>neomycin-bacitracin zn-polymyxin</i>	1B	
<i>ofloxacin (ophth)</i>	1B	
<i>polymyxin b-trimethoprim</i>	1B	
<i>sulfacetamide sodium (ophth) SOLN</i>	1B	
<i>tobramycin (ophth) SOLN</i>	1B	
<i>trifluridine</i>	1B	
ZIRGAN GEL	2	
Ophthalmic Immunomodulators		
<i>cyclosporine (ophth) EMUL</i>	3	PA

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Drug Name	Drug Tier	Requirements/Limits
<b>Ophthalmic Local Anesthetics</b>		
<i>proparacaine hcl</i>	1B	
<b>Ophthalmic Steroids</b>		
ALREX SUSP ( <i>loteprednol etabonate</i> )	3	PA
<i>dexamethasone sodium phosphate (ophth)</i>	1B	QL(0.4 ml daily)
<i>difluprednate</i>	1B	PA
<i>fluorometholone (ophth) SUSP</i>	1B	
FML FORTE SUSP	3	PA
FML OINT	3	PA
LOTEMAX OINT	3	PA
<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
<b>Ophthalmic Surgical Aids</b>		
HEALON PRO SOSY	3	PA
PROVISC SOSY	3	PA
<b>Ophthalmics - Misc.</b>		

Drug Name	Drug Tier	Requirements/Limits
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	
<i>ketorolac tromethamine (ophth)</i>	1B	
<i>ketotifen fumarate (ophth) 0.035 %</i>	1B	
LASTACRAFT	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
<b>Prostaglandins - Ophthalmic</b>		
<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>		
<b>Otic Agents - Miscellaneous</b>		
<i>acetic acid (otic)</i>	1B	QL(0.5 ml daily)
<b>Otic Anti-infectives</b>		
<i>ciprofloxacin hcl (otic)</i>	1B	
<i>ofloxacin (otic)</i>	1B	
<b>Otic Combinations</b>		
<i>ciprofloxacin-dexamethasone</i>	1B	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>ciprofloxacin-fluocinolone acetonide</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 acetonide (otic)</i>	1B	
<i>hydrocortisone w/acetic acid</i>	1B	
<b>PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System</b>		
Immune Serums		
GAMMAGARD LIQUID 30 GM/300ML	4	PA
GAMMAGARD LIQUID 1 GM/10ML, 2.5 GM/25ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	4	SP; 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 200 MG/5ML, 250 MG/5ML, 400 MG/5ML</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin SUSR 125 MG/5ML</i>	1A	
<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	
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>		

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Drug Name	Drug Tier	Requirements/Limits
<b>Progestins</b>		
<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 Emotional Conditions</b>		
<b>Agents for Chemical Dependency</b>		
<i>acamprosate calcium</i>	1B	
<i>disulfiram</i>	1B	
<i>lofexidine hcl</i>	1B	QL(224 ea per 14 day(s) retail); PA
<i>LUCEMYRA (lofexidine hcl)</i>	3	QL(224 ea per 14 day(s) retail); PA
<b>Antidementia Agents</b>		
<i>donepezil hydrochloride TABS 10 MG</i>	1B	QL(2 ea daily)
<i>donepezil hydrochloride TABS 5 MG, 23 MG</i>	1B	QL(1 ea daily)
<i>donepezil hydrochloride TBDP 10 MG</i>	1B	QL(2 ea daily)
<i>donepezil hydrochloride TBDP 5 MG</i>	1B	QL(1 ea daily)
<i>galantamine hydrobromide CP24</i>	1B	QL(1 ea daily)
<i>galantamine hydrobromide SOLN</i>	1B	QL(6 ml daily)
<i>galantamine hydrobromide TABS</i>	1B	QL(2 ea daily)
<i>memantine hcl TABS</i>	1B	QL(2 ea daily)
<i>memantine hcl TABS</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>rivastigmine tartrate CAPS</i>	1B	
<b>Combination Psychotherapeutics</b>		
<i>chlordiazepoxide-amitriptyline</i>	1B	
<i>perphenazine-amitriptyline</i>	1B	QL(4 ea daily)
<b>Fibromyalgia Agents</b>		
<i>SAVELLA TITRATION PACK MISC</i>	2	1 max fill(s) per 365 day(s) retail; PA
<i>SAVELLA TABS</i>	2	QL(2 ea daily); PA
<b>Movement Disorder Drug Therapy</b>		
<i>AUSTEDO PATIENT TITRATION KIT TBPk</i>	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA
<i>AUSTEDO XR PATIENT TITRATION KIT TEPK</i>	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA
<i>AUSTEDO XR TB24</i>	4	QL(1 ea daily); PA
<i>AUSTEDO TABS</i>	4	QL(4 ea daily); PA
<i>INGREZZA CAPS</i>	4	QL(1 ea daily); PA
<i>INGREZZA CPPK</i>	4	1 max fill(s) per 180 day(s) retail; PA
<i>INGREZZA CPSP</i>	4	QL(1 ea daily); PA
<i>tetrabenazine</i>	4	QL(3 ea daily); SP; PA
<b>Multiple Sclerosis Agents</b>		
<i>AVONEX PEN AJKT</i>	4	QL(0.0714 ml daily); SP; PA
<i>AVONEX PSKT</i>	4	QL(0.0714 ml daily); SP; PA
<i>BETASERON KIT</i>	4	QL(0.5 ea daily); SP; PA
<i>dalfampridine</i>	4	QL(2 ea daily); SP; PA

Drug Name	Drug Tier	Requirements/Limits
<i>dimethyl fumarate CDPK</i>	1B	QL(2 ea daily)
<i>dimethyl fumarate CPDR</i>	1B	QL(2 ea daily)
<i> fingolimod hcl</i>	4	QL(1 ea daily)
<i>glatiramer acetate SOSY 40 MG/ML</i>	3	QL(0.43 ml daily)
<i>glatiramer acetate SOSY 20 MG/ML</i>	3	QL(1 ml daily)
KESIMPTA	4	QL(0.0144 ml daily); PA
PLEGRIDY STARTER PACK SOAJ	4	QL(0.036 ml daily); PA
PLEGRIDY STARTER PACK SOSY SC	4	QL(0.036 ml daily); PA
PLEGRIDY SOAJ	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) 330 MG</i>	3	QL(2 ea daily); PA
<i>pregabalin (once-daily) 82.5 MG, 165 MG</i>	3	QL(1 ea daily); PA
Pseudobulbar Affect (PBA) Agents		
NUEDEXTA	3	QL(2 ea daily); PA
Psychotherapeutic and Neurological Agents - Misc.		
<i>ergoloid mesylates TABS</i>	1B	
<i>pimozide</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
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)
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

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Drug Name	Drug Tier	Requirements/Limits
<i>pirfenidone TABS 267 MG, 801 MG</i>	4	QL(1 ea daily); PA
<i>pirfenidone TABS 534 MG</i>	4	QL(3 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		
XERAVA	4	PA
Glycylcyclines		
<i>tigecycline</i>	1B	
Tetracyclines		
<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</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>		
Antithyroid Agents		

Drug Name	Drug Tier	Requirements/Limits
<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	2	QL(1 ea daily)
<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>		
Toxoid Combinations		
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	

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Drug Name	Drug Tier	Requirements/Limits
TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT SUSP	0	
<b>ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions</b>		
Antispasmodics		
<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	
<i>chlordiazepoxide hcl-clidinium bromide</i>	1B	
<i>dicyclomine hcl CAPS</i>	1B	
<i>dicyclomine hcl SOLN OR</i>	1B	
<i>dicyclomine hcl TABS</i>	1B	
<i>glycopyrrolate SOLN IJ 0.2 MG/ML, 4 MG/20ML</i>	1B	
<i>glycopyrrolate TABS 2 MG</i>	1B	QL(6 ea daily)
<i>glycopyrrolate TABS 1 MG</i>	1B	
<i>methscopolamine bromide</i>	1B	
H-2 Antagonists		
<i>cimetidine TABS</i>	1B	RX/OTC
<i>famotidine in nacl SOLN</i>	1B	
<i>famotidine SOLN 40 MG/4ML, 200 MG/20ML</i>	1B	
<i>famotidine SOLN 20 MG/2ML</i>	1A	
<i>famotidine SUSR</i>	1B	QL(10 ml daily)
<i>famotidine TABS 20 MG, 40 MG</i>	1B	RX/OTC
<i>nizatidine CAPS</i>	1B	
<i>ranitidine hcl TABS 150 MG</i>	1B	
Misc. Anti-Ulcer		
<i>sucralfate SUSP</i>	1B	QL(40 ml daily)
<i>sucralfate TABS</i>	1B	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
Proton Pump Inhibitors		
<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
<i>lansoprazole CPDR 30 MG</i>	1B	
NEXIUM 24HR TBEC (esomeprazole magnesium)	1B	QL(2 ea daily)
<i>omeprazole magnesium CPDR</i>	1B	QL(4 ea daily)
<i>omeprazole CPDR</i>	1B	QL(2 ea daily)
<i>omeprazole TBEC</i>	1B	QL(2 ea daily)
<i>pantoprazole sodium TBEC 40 MG</i>	1B	
<i>pantoprazole sodium TBEC 20 MG</i>	1B	QL(1 ea daily)
<i>rabeprazole sodium TBEC</i>	3	QL(1 ea daily)
Ulcer Drugs - Prostaglandins		
<i>misoprostol</i>	1B	QL(4 ea daily)
Ulcer Therapy Combinations		
<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>omeprazole-sodium bicarbonate CAPS 1100 MG-20 MG</i>	1B	QL(1 ea daily); RX/OTC
<b>URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms</b>		
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		

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Drug Name	Drug Tier	Requirements/Limits
<i>darifenacin hydrobromide</i>	1B	QL(1 ea daily)
<i>fesoterodine fumarate</i>	1B	QL(1 ea daily); PA
<i>oxybutynin chloride SOLN</i>	1B	
<i>oxybutynin chloride TABS 5 MG</i>	1B	
<i>oxybutynin chloride TB24</i>	1B	
<i>solifenacin succinate TABS</i>	1B	QL(1 ea daily); PA
<i>tolterodine tartrate CP24</i>	1B	QL(1 ea daily)
<i>tolterodine tartrate TABS</i>	1B	
<i>tropium chloride CP24</i>	1B	QL(1 ea daily)
<i>tropium 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	0	
PNEUMOVAX 23/1 DOSE SOLN	0	
PNEUMOVAX 23 SOSY	0	
PREVNAR 13	0	
PREVNAR 20	0	1 max fill(s) per 999 day(s) retail
TRUMENBA	0	

Drug Name	Drug Tier	Requirements/Limits
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
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

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FLUAD QUADRIVALENT 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
FLUAD QUADRIVALENT 2023-2024	0	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 2024-2025 SUSY	0	Limit 1 dose per season; 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 2022-2023 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
FLUARIX QUADRIVALENT 2023-2024 SUSY	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 2024-2025 SOSY	0	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 2022-2023	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
FLUBLOK QUADRIVALENT 2023-2024	0	Limit 1 dose per season; 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 SUSP	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 2024-2025 SUSY	0	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 SUSP	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 2022-2023 SUSY	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

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FLUZONE QUADRIVALENT 2022-2023 SUSY	0	1 max fill(s) per 180 day(s) retail	NOVAVAX COVID-19 VACCINE/2024-25 SUSY	0	
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/6 M-4Y	0	
MODERNA COVID-19 VACCINE/6MO-11Y/2024-25 SUSY	0		PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/B A.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				
MODERNA COVID-19 VACCINE SUSP	0				
NOVAVAX COVID-19 VACCINE/2023-24 SUSP	0				

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Drug Name	Drug Tier	Requirements/Limits
PRIORIX SUSR	0	3 max fill(s) per 365 day(s) retail
PROQUAD SUSR	0	2 max fill(s) per 365 day(s) retail
RECOMBIVAX HB SUSP	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	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	

Drug Name	Drug Tier	Requirements/Limits
GYNAZOLE-1	3	QL(5 gm per 30 day(s) retail; 5 gm per 30 days mail)
<i>metronidazole vaginal</i>	1B	
<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	

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Drug Name	Drug Tier	Requirements/ Limits
<b>VITAMINS</b>		
Oil Soluble Vitamins		
<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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buprenorphine PTWK .....	7	butorphanol tartrate NA 10 MG/ML ..	7	carbamazepine CP12 200 MG ....	11
bupropion hcl (smoking deterrent) ..	63	cabergoline .....	46	carbamazepine CP12 300 MG ....	11
bupropion hcl TABS .....	13	CABLIVI .....	49	carbamazepine SUSP .....	11
bupropion hcl TB12 100 MG .....	13	CABOMETRYX TABS .....	26	carbamazepine TABS .....	12
bupropion hcl TB12 150 MG .....	13	calcipotriene CREA .....	39	carbamazepine TB12 100 MG, 400 MG .....	12
bupropion hcl TB12 200 MG .....	13	calcipotriene OINT .....	39	carbamazepine TB12 200 MG .....	12
bupropion hcl TB24 150 MG .....	13	calcipotriene SOLN .....	39	carbidopa .....	28
bupropion hcl TB24 300 MG .....	13	calcipotriene-betamethasone dipropionate OINT .....	40	carbidopa-levodopa TABS .....	28
buspiron hcl 5 MG .....	8	calcipotriene-betamethasone dipropionate SUSP .....	41	carbidopa-levodopa TBCR .....	28
buspiron hcl 7.5 MG, 10 MG, 15 MG, 30 MG .....	8	calcitonin (salmon) NA .....	44	carbidopa-levodopa TBDP .....	28
busulfan SOLN .....	23	calcitriol (topical) .....	39	carbidopa-levodopa-entacapone ..	28
butalbital-acetaminophen TABS 50 MG-325 MG .....	5	calcitriol CAPS .....	45	carbinoxamine maleate SOLN .....	18
butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG .....	4	calcitriol SOLN IV .....	45	carbinoxamine maleate TABS 4 MG . 18	
butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG .....	4	calcium acetate (phosphate binder) CAPS .....	48	carboplatin SOLN 50 MG/5ML .....	23
butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG .....	4	calcium acetate (phosphate binder) TABS .....	48	carisoprodol TABS .....	58
butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG .....	6	calcium chloride (dihydrate) SOLN ..	55	carmustine .....	23
butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG .....	6	calcium polycarbophil TABS .....	51	carteolol hcl (ophth) .....	59
		CALQUENCE .....	26	carvedilol .....	32
		candesartan cilexetil .....	20	carvedilol phosphate .....	32
		candesartan cilexetil- hydrochlorothiazide .....	20	caspofungin acetate .....	18
		capecitabine .....	24	CAYA DPRH .....	51
		CAPRELSA .....	26	CAYSTON .....	22
				cefaclor CAPS .....	34
				cefaclor SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML .....	34

cefadroxil CAPS .....	34	CHEMET .....	17	ciclopirox olamine CREA .....	38
cefadroxil SUSR .....	34	CHEMSTRIP-K STRP .....	43	ciclopirox olamine SUSP .....	38
cefadroxil TABS .....	34	chloramphenicol sodium succinate 22		ciclopirox SHAM .....	38
cefazolin sodium SOLR IJ 1 GM, 10 GM, 500 MG .....	34	chlordiazepoxide hcl CAPS .....	8	ciclopirox SOLN .....	38
cefdinir CAPS .....	34	chlordiazepoxide hcl-clidinium bromide .....	65	cidofovir .....	31
cefdinir SUSR .....	34	chlordiazepoxide-amitriptyline .....	62	cilostazol .....	49
cefepime hcl SOLR IV 2 GM .....	34	chlorhexidine gluconate (mouth- throat) .....	57	CIMDUO .....	30
cefixime CAPS .....	34	chloroquine phosphate TABS 250 MG .....	22	cimetidine TABS .....	65
cefixime SUSR .....	34	chloroquine phosphate TABS 500 MG .....	22	cinacalcet hcl .....	45
cefotaxime sodium IJ 1 GM, 2 GM	34	chlorpromazine hcl SOLN .....	29	CIPRO SUSR .....	47
cefotetan disodium IJ 1 GM, 2 GM	34	chlorpromazine hcl TABS .....	29	ciprofloxacin hcl (ophth) SOLN ....	59
cefoxitin sodium IV 1 GM, 2 GM ...	34	chlorthalidone 25 MG, 50 MG ....	44	ciprofloxacin hcl (otic) .....	60
cefpodoxime proxetil SUSR .....	34	chlorzoxazone TABS 500 MG ....	58	ciprofloxacin hcl TABS .....	47
cefpodoxime proxetil TABS .....	34	chlorzoxazone TABS 750 MG ....	58	ciprofloxacin in d5w 5 %-200 MG/100ML .....	47
cefprozil SUSR .....	34	CHOLBAM .....	47	ciprofloxacin SUSR 5 GM/100ML, 500 MG/5ML .....	47
cefprozil TABS .....	34	cholecalciferol CAPS 1.25 MG, 1.25 MG, 10 MCG, 50 MCG, 400 UNIT, 2000 UNIT, 50000 UNIT .....	70	ciprofloxacin-dexamethasone ....	60
ceftazidime IJ 1 GM, 6 GM .....	34	cholecalciferol TABS 10 MCG, 400 UNIT .....	70	ciprofloxacin-fluocinolone acetonide . 61	
ceftriaxone sodium IJ 1 GM, 2 GM, 500 MG .....	34	cholestyramine light PACK .....	19	cisplatin SOLN 100 MG/100ML ....	23
ceftriaxone sodium IJ 250 MG ....	34	cholestyramine light POWD .....	19	citalopram hydrobromide SOLN ...	13
cefuroxime axetil TABS .....	34	cholestyramine PACK .....	19	citalopram hydrobromide TABS 10 MG .....	13
cefuroxime sodium IJ 750 MG ....	34	cholestyramine POWD .....	19	citalopram hydrobromide TABS 20 MG .....	13
celecoxib .....	4	choline fenofibrate .....	19	citalopram hydrobromide TABS 40 MG .....	13
CELONTIN (methsuximide) .....	13	CHORIONIC GONADOTROPIN IM 45		clarithromycin SUSR .....	51
cephalexin CAPS .....	34	ciclopirox GEL .....	38	clarithromycin TABS .....	51
cephalexin SUSR .....	34			clarithromycin TB24 .....	51
CERDELGA .....	49			CLASSIC PRENATAL TABS .....	57
CEREZYME 400 UNIT .....	49				
cetirizine hcl TABS .....	18				
cevimeline hcl .....	57				

clemastine fumarate SYRP .....	18	clobetasol propionate CREA 0.05 % .	29
clemastine fumarate TABS 2.68 MG .	18	41	clozapine TBDP 25 MG .....
CLIMARA PRO .....	46	clobetasol propionate emollient base	29
clindamycin hcl .....	22	0.05 % .....	22
clindamycin palmitate hydrochloride .	22	clobetasol propionate FOAM .....	41
clindamycin phosphate (topical)		clobetasol propionate GEL 0.05 %	41
FOAM .....	37	clobetasol propionate OINT 0.05 %	41
clindamycin phosphate (topical) GEL	37	41	clobetasol propionate SOLN 0.05 % .
clindamycin phosphate (topical)		41	41
LOTN .....	37	clocortolone pivalate .....	41
clindamycin phosphate (topical)		clofarabine .....	24
SOLN .....	37	clomiphene citrate TABS .....	45
clindamycin phosphate (topical)		clomipramine hcl .....	14
SWAB .....	37	clonazepam TABS .....	11
clindamycin phosphate SOLN IJ 9		clonidine hcl (adhd) TB12 .....	1
GM/60ML, 300 MG/2ML, 600		clonidine hcl TABS .....	20
MG/4ML, 900 MG/6ML, 9000		clonidine PTWK .....	20
MG/60ML .....	22	clopidogrel bisulfate 300 MG .....	49
clindamycin phosphate vaginal CREA		clopidogrel bisulfate 75 MG .....	49
.....	69	clorazepate dipotassium TABS .....	8
clindamycin phosphate-benzoyl		clotrimazole (topical) CREA .....	38
peroxide (refrigerate) .....	37	clotrimazole (topical) SOLN .....	38
clindamycin phosphate-benzoyl		clotrimazole .....	57
peroxide GEL 5 %-1 % .....	37	clotrimazole vaginal CREA 1 % ...	69
clindamycin phosphate-tretinoin ..	37	clotrimazole w/ betamethasone	
CLINIMIX 4.25%/DEXTROSE 10%	59	CREA .....	38
CLINIMIX 4.25%/DEXTROSE 5%	59	clotrimazole w/ betamethasone	
CLINIMIX E 5%/DEXTROSE 20%	59	LOTN .....	38
clobazam SUSP .....	11	clozapine TABS .....	29
clobazam TABS .....	11	clozapine TBDP 100 MG .....	29
		clozapine TBDP 12.5 MG, 150 MG	

CREON CPEP .....	43	FOR PSORIASIS/UEITIS AJKT ...	3	deflazacort SUSP .....	36
CRESEMBA CAPS 186 MG .....	18	cyproheptadine hcl SYRP .....	19	deflazacort TABS .....	36
cromolyn sodium (ophth) .....	60	cyproheptadine hcl TABS .....	19	DELESTROGEN 10 MG/ML (estradiol valerate) .....	46
cromolyn sodium NEBU .....	9	CYSTAGON CAPS .....	48	DELSTRIGO .....	30
crotamiton LOTN .....	43	CYSTARAN .....	60	demeclocycline hcl TABS .....	64
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	cytarabine SOLN .....	24	DEPO-ESTRADIOL .....	46
cyanocobalamin SOLN IJ 1000 MCG/ML .....	49	dabigatran etexilate mesylate CAPS . 11 .....	11	DEPO-MEDROL SUSP .....	36
cyclobenzaprine hcl TABS 5 MG, 10 MG .....	58	dacarbazine SOLR 200 MG .....	27	DEPO-SUBQ PROVERA 104 SUSY SC .....	36
cyclophosphamide CAPS .....	23	dactinomycin .....	25	desipramine hcl TABS .....	14
cyclophosphamide SOLR IJ .....	23	dalfampridine .....	62	desloratadine TABS .....	18
cycloserine .....	23	danazol CAPS .....	7	desloratadine TBDP 2.5 MG .....	18
cyclosporine (ophth) EMUL .....	59	dantrolene sodium CAPS .....	58	desmopressin acetate SOLN IJ ...	46
cyclosporine CAPS .....	56	dapagliflozin propanediol .....	16	DESMOPRESSIN ACETATE SOLN NA .....	46
cyclosporine modified (for microemulsion) CAPS .....	56	dapagliflozin propanediol-metformin hcl 1000 MG-10 MG .....	15	desmopressin acetate spray .....	46
cyclosporine modified (for microemulsion) SOLN .....	56	dapagliflozin propanediol-metformin hcl 1000 MG-5 MG .....	15	desmopressin acetate spray refrigerated .....	46
cyclosporine SOLN IV 50 MG/ML .	56	dapsone .....	22	desmopressin acetate TABS 0.1 MG 46	46
CYLTEZO AJKT .....	3	DAPTACEL .....	64	desmopressin acetate TABS 0.2 MG 46	46
CYLTEZO PSKT 10 MG/0.2ML, 40 MG/0.4ML .....	3	daptomycin 500 MG .....	22	desogestrel & ethinyl estradiol ....	35
CYLTEZO PSKT 20 MG/0.4ML, 40 MG/0.8ML .....	3	darifenacin hydrobromide .....	66	desogestrel-ethinyl estradiol (biphasic) .....	35
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS AJKT .....	3	darunavir TABS .....	30	desogestrel-ethinyl estradiol (triphasic) .....	35
CYLTEZO STARTER PACKAGE FOR PSORIASIS AJKT .....	3	dasatinib .....	26	desonide CREA .....	41
CYLTEZO STARTER PACKAGE		DAURISMO .....	25	desonide LOTN .....	41
		DEBACTEROL .....	57	desonide OINT .....	41
		decitabine .....	24	desoximetasone CREA 0.25 % ...	41
		deferasirox PACK .....	17	desoximetasone GEL .....	41
		deferasirox TABS .....	17		
		deferasirox TBSO .....	17		
		deferiprone TABS 500 MG .....	17		

desoximetasone OINT 0.25 %	41	DIACOMIT CAPS 500 MG	12	0.25 MG, 62.5 MCG, 125 MCG, 250 MCG	33
desvenlafaxine succinate 100 MG	14	DIACOMIT PACK 250 MG	12	dihydroergotamine mesylate SOLN IJ 1 MG/ML	54
desvenlafaxine succinate 25 MG, 50 MG	14	DIACOMIT PACK 500 MG	12	dihydroergotamine mesylate SOLN NA 4 MG/ML	54
dexamethasone ELIX	36	diazepam (anticonvulsant) GEL	11	DILANTIN (phenytoin sodium extended)	12
DEXAMETHASONE INTENSOL CONC	36	diazepam CONC	8	DILANTIN	12
dexamethasone sodium phosphate (ophth)	60	diazepam SOLN OR 5 MG/5ML	8	DILANTIN INFATABS CHEW (phenytoin)	13
dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML	36	diazepam TABS	8	DILANTIN-125 SUSP (phenytoin)	13
dexamethasone sodium phosphate SOSY IJ 4 MG/ML	36	diazoxide	16	diltiazem hcl coated beads CP24 120 MG, 300 MG, 360 MG	32
dexamethasone SOLN	36	dichlorphenamide	44	diltiazem hcl coated beads CP24 180 MG, 240 MG	32
dexamethasone TABS 0.5 MG, 0.75 MG	36	diclofenac epolamine PTCH EX	39	diltiazem hcl CP12	32
dexamethasone TABS 1 MG, 1.5 MG, 2 MG, 4 MG, 6 MG	36	diclofenac potassium TABS 50 MG	4	diltiazem hcl CP24	32
dexchlorpheniramine maleate SOLN	18	diclofenac sodium (actinic keratoses) EX	39	diltiazem hcl extended release beads	32
dexlansoprazole	65	diclofenac sodium (ophth)	60	diltiazem hcl SOLN 50 MG/10ML	32
dexmethylphenidate hcl CP24	2	diclofenac sodium (topical) GEL EX	39	DILTIAZEM HCL SOLR	33
dexmethylphenidate hcl TABS	2	diclofenac sodium TB24	4	diltiazem hcl TABS	33
dextroamphetamine sulfate CP24 10 MG, 15 MG	1	diclofenac sodium TBEC	4	diltiazem hcl TB24	33
dextroamphetamine sulfate CP24 5 MG	1	diclofenac w/ misoprostol TBEC	4	dimethyl fumarate CDPK	63
dextroamphetamine sulfate TABS 2.5 MG, 7.5 MG, 15 MG, 20 MG, 30 MG	1	dicloxacillin sodium	61	dimethyl fumarate CPDR	63
dextroamphetamine sulfate TABS 5 MG, 10 MG	1	dicyclomine hcl CAPS	65	DIPENTUM	47
dextrose in lactated ringers	55	dicyclomine hcl SOLN OR	65	diphenhydramine hcl CAPS 50 MG 18	
DIACOMIT CAPS 250 MG	12	dicyclomine hcl TABS	65	diphenhydramine hcl ELIX 12.5 MG/5ML	18
		DIFFERIN LOTN	37	diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML	18
		DIFICID TABS	51		
		diflorasone diacetate CREA	41		
		diflorasone diacetate OINT	41		
		diflunisal TABS	5		
		difluprednate	60		
		digoxin SOLN OR 0.05 MG/ML	33		
		digoxin TABS 0.0625 MG, 0.125 MG,			



diphenhydramine hcl SOLN 50 MG/ML .....	18	doxepin hcl (sleep) .....	50 42	DUPIXENT SOAJ 300 MG/2ML ...	42
diphenoxylate w/ atropine LIQD ...	17	doxepin hcl CAPS .....	14	DUPIXENT SOSY 100 MG/0.67ML	42
diphenoxylate w/ atropine TABS ...	17	doxepin hcl CONC .....	14	DUPIXENT SOSY 200 MG/1.14ML	42
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP ..	64	doxercalciferol CAPS .....	45	DUPIXENT SOSY 300 MG/2ML ...	42
dipyridamole .....	49	doxercalciferol SOLN .....	45	DUREX EXTRA SENSITIVE THIN DEVI .....	51
disopyramide phosphate CAPS .....	8	doxorubicin hcl liposomal SUSP ..	25	DUREX EXTRA SENSITIVE THIN MISC .....	52
disulfiram .....	62	doxorubicin hcl SOLN .....	25	DUREX TROPICAL MISC .....	52
DIURIL SUSP .....	44	doxorubicin hcl SOLR 10 MG, 50 MG .....	25	dutasteride .....	48
divalproex sodium TB24 .....	13	doxycycline (monohydrate) CAPS 50 MG, 100 MG .....	64	dutasteride-tamsulosin hcl .....	48
divalproex sodium TBEC .....	13	doxycycline (monohydrate) CAPS 75 MG .....	64	econazole nitrate CREA .....	38
docetaxel CONC 20 MG/ML .....	28	doxycycline (monohydrate) CAPS 50 MG .....	64	EDARBI .....	20
docetaxel SOLN 20 MG/2ML .....	28	doxycycline (monohydrate) TABS 100 MG .....	64	EDURANT .....	30
docusate calcium .....	51	doxycycline (monohydrate) TABS 50 MG, 75 MG .....	64	efavirenz CAPS 200 MG .....	30
docusate sodium CAPS 100 MG ..	51	doxycycline (monohydrate) TABS 50 MG, 75 MG .....	64	efavirenz CAPS 50 MG .....	30
docusate sodium CAPS 250 MG ..	51	doxycycline hyclate CAPS .....	64	efavirenz TABS .....	30
dofetilide .....	9	doxycycline hyclate SOLR .....	64	efavirenz-emtricitabine-tenofovir disoproxil fumarate .....	30
donepezil hydrochloride TABS 10 MG .....	62	doxycycline hyclate TABS 20 MG, 100 MG .....	64	efavirenz-lamivudine-tenofovir disoproxil fumarate .....	30
donepezil hydrochloride TABS 5 MG, 23 MG .....	62	doxylamine-pyridoxine TBEC .....	17	EGRIFTA 2 MG .....	45
donepezil hydrochloride TBDP 10 MG .....	62	dronabinol CAPS .....	17	EGRIFTA SV .....	45
donepezil hydrochloride TBDP 5 MG 62	62	drospirenone-ethinyl estradiol ....	35	ELAPRASE .....	45
DOPTELET .....	49	drospirenone-ethinyl estradiol- levomefolate calcium .....	35	electrolyte-148 .....	55
dorzolamide hcl .....	60	DROXIA CAPS .....	49	electrolyte-a .....	55
dorzolamide hcl-timolol maleate ..	59	DUAVEE .....	46	ELESTRIN GEL .....	46
DOVATO .....	30	DULERA .....	10	eletriptan hydrobromide .....	54
doxazosin mesylate .....	20	duloxetine hcl CPEP 20 MG, 30 MG, 60 MG .....	14	ELIGARD KIT SC 7.5 MG .....	25
doxepin hcl (antipruritic) .....	39	duloxetine hcl CPEP 40 MG .....	14		
		DUPIXENT SOAJ 200 MG/1.14ML			

ELIGARD SC 22.5 MG, 30 MG, 45 MG .....	25	ENBREL SURECLICK SOAJ .....	4	EQUETRO 300 MG .....	29
ELIQUIS STARTER PACK TBPK .	10	ENGERIX-B SUSP 20 MCG/ML ...	66	ERAXIS .....	18
ELIQUIS TABS .....	10	ENGERIX-B SUSY .....	66	ERBITUX .....	24
ELLA .....	35	enoxaparin sodium SOLN IJ 300 MG/3ML .....	10	ergocalciferol CAPS .....	70
ELMIRON CAPS .....	48	enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML .....	11	ergocalciferol SOLN OR .....	70
ELOCTATE .....	49	enoxaparin sodium SOSY 30 MG/0.3ML .....	10	ergoloid mesylates TABS .....	63
EMCYT .....	25	enoxaparin sodium SOSY 40 MG/0.4ML .....	10	ERGOMAR SUBL .....	54
EMFLAZA SUSP (deflazacort) ....	36	enoxaparin sodium SOSY 60 MG/0.6ML .....	10	ergotamine w/ caffeine TABS .....	54
EMFLAZA TABS (deflazacort) ....	36	enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML .....	10	eribulin mesylate .....	28
EMGALITY SOAJ .....	54	ENSPRYNG .....	56	ERIVEDGE .....	25
EMGALITY SOSY 100 MG/ML ....	54	entacapone .....	28	ERLEADA 240 MG .....	25
EMGALITY SOSY 120 MG/ML ....	54	entecavir TABS .....	31	ERLEADA 60 MG .....	25
EMSAM .....	13	EPIDIOLEX .....	12	erlotinib hcl .....	24
emtricitabine CAPS .....	30	epinastine hcl (ophth) .....	60	ERTACZO .....	38
emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG .....	30	epinephrine (anaphylaxis) SOAJ 0.15 MG/0.3ML .....	69	ertapenem sodium IJ .....	21
emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG .....	30	epinephrine (anaphylaxis) SOAJ 0.3 MG/0.3ML .....	69	erythromycin (acne aid) PADS ....	38
EMTRIVA SOLN .....	30	EPIVIR HBV SOLN .....	31	erythromycin (acne aid) SOLN ....	38
EMVERM CHEW .....	8	eplerenone .....	21	erythromycin (ophth) .....	59
enalapril maleate & hydrochlorothiazide 12.5 MG-5 MG 20		EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML .....	49	erythromycin base CPEP .....	51
enalapril maleate & hydrochlorothiazide 25 MG-10 MG 20		epoprostenol sodium .....	33	erythromycin base TABS .....	51
enalapril maleate TABS .....	20	EQL PRENATAL FORMULA TABS 57		erythromycin base TBEC .....	51
ENBREL MINI SOCT .....	4	EQUETRO 100 MG .....	29	erythromycin ethylsuccinate SUSR 51	
ENBREL SOLN .....	4	EQUETRO 200 MG .....	29	erythromycin ethylsuccinate TABS 51	
ENBREL SOSY 25 MG/0.5ML .....	4			escitalopram oxalate SOLN .....	13
ENBREL SOSY 50 MG/ML .....	4			escitalopram oxalate TABS 10 MG 13	
				escitalopram oxalate TABS 20 MG 13	
				escitalopram oxalate TABS 5 MG . 13	
				esomeprazole magnesium CPDR 20	

MG .....	65	etoposide CAPS .....	28	FARXIGA .....	16
esomeprazole magnesium CPDR 40 MG .....	65	etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML .....	28	FASENRA PEN SOAJ .....	9
esomeprazole magnesium TBEC ..	65	etravirine 100 MG .....	30	FASENRA SOSY 30 MG/ML .....	9
ESPEROCT .....	49	etravirine 200 MG .....	30	FC2 FEMALE CONDOM .....	52
estazolam .....	50	EUCRISA .....	42	febuxostat .....	48
esterified estrogens & methyltestosterone .....	46	EVAMIST SOLN .....	47	felbamate SUSP .....	12
estradiol & norethindrone acetate TABS .....	46	everolimus (immunosuppressant) 0.25 MG, 0.5 MG, 0.75 MG .....	56	felbamate TABS 400 MG .....	12
estradiol GEL 0.06 % .....	46	everolimus (immunosuppressant) 1 MG .....	56	felbamate TABS 600 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	everolimus TABS .....	26	felodipine .....	33
estradiol PTTW .....	46	EVOTAZ .....	30	FEMCAP DEVI .....	52
estradiol PTWK .....	47	exemestane .....	25	FEMLYV TBDP .....	35
estradiol TABS .....	47	ezetimibe .....	19	FEMRING .....	69
estradiol vaginal CREA .....	69	ezetimibe-simvastatin .....	19	fenofibrate micronized 43 MG, 67 MG, 130 MG, 134 MG, 200 MG ...	19
estradiol vaginal TABS .....	69	famciclovir 125 MG, 250 MG .....	31	fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG .....	19
estradiol valerate .....	46	famciclovir 500 MG .....	31	fenoprofen calcium TABS .....	4
ESTRING RING .....	69	famotidine in nacl SOLN .....	65	FENSOLVI SC .....	45
ESTROGEL GEL (estradiol) .....	47	famotidine SOLN 20 MG/2ML .....	65	fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG .....	19
eszopiclone .....	50	famotidine SOLN 40 MG/4ML, 200 MG/20ML .....	65	fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG .....	19
ethacrynic acid .....	44	famotidine SUSR .....	65	fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG .....	19
ethambutol hcl TABS .....	23	famotidine TABS 20 MG, 40 MG ..	65	fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG .....	19
ethosuximide CAPS .....	13	FANAPT .....	29	fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG .....	19
ethosuximide SOLN .....	13	FANAPT TITRATION PACK .....	29	ferrous fumarate-folic acid .....	50
ethynodiol diacet & eth estrad .....	35	FANTASY LUBRICATED MISC ...	52	ferrous sulfate SOLN 15 MG/ML ..	50
etodolac CAPS .....	4	FANTASY LUBRICATED/SPERMICIDE MISC	52	ferrous sulfate TABS 65 MG, 325 MG .....	50
etodolac TABS .....	4	FARXIGA (dapagliflozin propanediol) .....	16	ferrous sulfate TBEC 325 MG .....	50
etonogestrel-ethinyl estradiol .....	35	FARXIGA (dapagliflozin propanediol) .....	16	ferrous sulfate TABS 65 MG, 325 MG .....	50
ETOPOPHOS .....	28	FARXIGA (dapagliflozin propanediol) .....	16	ferrous sulfate TBEC 325 MG .....	50
				fesoterodine fumarate .....	66
				FETZIMA CP24 .....	14
				FETZIMA TITRATION PACK C4PK	
				finasteride .....	48

flingolimod hcl .....	63	flucytosine .....	18	fluoxetine hcl CAPS 20 MG .....	14
FIRDAPSE .....	23	fludarabine phosphate SOLN .....	24	fluoxetine hcl CAPS 40 MG .....	13
FIRMAGON .....	25	fludarabine phosphate SOLR .....	24	fluoxetine hcl CPDR .....	14
flavoxate hcl .....	66	fludrocortisone acetate TABS .....	37	fluoxetine hcl SOLN .....	14
flecainide acetate .....	9	FLULAVAL 2024-2025 SUSY .....	67	fluoxetine hcl TABS 10 MG, 60 MG	14
floxuridine .....	24	FLULAVAL QUADRIVALENT 2022-			
FLUAD 2024-2025 .....	66	2023 SUSY .....	67	fluoxetine hcl TABS 20 MG .....	14
FLUAD QUADRIVALENT 2022-2023		FLULAVAL QUADRIVALENT 2023-			
.....	67	2024 SUSY .....	67	fluphenazine hcl CONC .....	29
FLUAD QUADRIVALENT 2023-2024		FLUMIST NASAL VACCINE 2024-			
.....	67	2025 .....	67	fluphenazine hcl ELIX .....	30
FLUARIX 2024-2025 SUSY .....	67	FLUMIST QUADRIVALENT .....	67	fluphenazine hcl SOLN .....	30
FLUARIX QUADRIVALENT 2022-		flunisolide (nasal) 0.025 % .....	58	fluphenazine hcl TABS .....	30
2023 SUSY .....	67	fluocinolone acetonide (otic) .....	61	flurandrenolide CREA .....	41
FLUARIX QUADRIVALENT 2023-		fluocinolone acetonide CREA 0.01 %		flurandrenolide LOTN .....	41
2024 SUSY .....	67	41		flurazepam hcl .....	50
FLUBLOK 2024-2025 SOSY .....	67	fluocinolone acetonide CREA 0.025		flurbiprofen sodium .....	60
FLUBLOK QUADRIVALENT 2022-		% .....	41	flurbiprofen TABS .....	4
2023 .....	67	fluocinolone acetonide OIL .....	41	flutamide .....	25
FLUBLOK QUADRIVALENT 2023-		fluocinolone acetonide OINT .....	41	fluticasone furoate-vilanterol .....	10
2024 .....	67	fluocinolone acetonide SOLN .....	41	fluticasone propionate (inhalation)	
FLUCELVAX 2024-2025 SUSP ...	67	fluocinolone acetonide SOLN .....	41	AEPB .....	9
FLUCELVAX 2024-2025 SUSY ...	67	fluocinonide CREA 0.05 % .....	41	fluticasone propionate (nasal) SUSP .	
FLUCELVAX QUADRIVALENT		fluocinonide CREA 0.1 % .....	41	58	
2022-2023 SUSP .....	67	fluocinonide emulsified base .....	41	fluticasone propionate CREA 0.05 %	
FLUCELVAX QUADRIVALENT		fluocinonide GEL .....	41	41	
2022-2023 SUSY .....	67	fluocinonide OINT .....	41	fluticasone propionate hfa .....	9
FLUCELVAX QUADRIVALENT		fluocinonide SOLN .....	41	fluticasone propionate LOTN .....	41
2023-2024 SUSP .....	67	fluorometholone (ophth) SUSP ...	60	fluticasone propionate OINT .....	41
FLUCELVAX QUADRIVALENT		fluorouracil (topical) CREA 5 % ...	39	fluticasone-salmeterol AEPB .....	10
2023-2024 SUSY .....	67	fluorouracil (topical) SOLN .....	39	fluticasone-salmeterol AERO .....	10
fluconazole SUSR .....	18	fluorouracil 500 MG/10ML .....	24	fluvastatin sodium CAPS 20 MG ...	19
fluconazole TABS .....	18	fluoxetine hcl CAPS 10 MG .....	14	fluvastatin sodium CAPS 40 MG ...	19

fluvoxamine maleate TABS 100 MG . 14	FORTEO SOPN (teriparatide) ..... 44	fulvestrant SOSY ..... 25
fluvoxamine maleate TABS 25 MG, 50 MG ..... 14	FOSAMAX PLUS D ..... 44	furosemide SOLN OR 10 MG/ML, 40 MG/5ML ..... 44
FLUZONE 2024-2025 SUSP ..... 67	fosamprenavir calcium TABS ..... 30	furosemide TABS ..... 44
FLUZONE 2024-2025 SUSY ..... 67	fosfomycin tromethamine ..... 22	FUZEON SOLR ..... 30
FLUZONE HIGH-DOSE 2024-2025 SUSY ..... 67	fosinopril sodium & hydrochlorothiazide ..... 20	FYCOMPA TABS 2 MG ..... 11
FLUZONE HIGH-DOSE PF 2022-2023 ..... 67	fosinopril sodium ..... 20	FYCOMPA TABS 4 MG ..... 11
FLUZONE HIGH-DOSE PF 2023-2024 ..... 67	fosphenytoin sodium ..... 13	FYCOMPA TABS 6 MG ..... 11
FLUZONE QUADRIVALENT 2022-2023 SUSP ..... 67	FRAGMIN SOSY ..... 11	FYCOMPA TABS 8 MG, 10 MG, 12 MG ..... 11
FLUZONE QUADRIVALENT 2022-2023 SUSY ..... 68	FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM ..... 53	gabapentin CAPS ..... 12
FLUZONE QUADRIVALENT 2023-2024 SUSP ..... 68	FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM ..... 53	gabapentin SOLN ..... 12
FLUZONE QUADRIVALENT 2023-2024 SUSY ..... 68	FREESTYLE LIBRE 2 PLUS/SENSOR/FLASH GLUCOSE MONITOR SYSTEM ..... 53	gabapentin TABS 600 MG, 800 MG 12
FML FORTE SUSP ..... 60	FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM ..... 53	GALAFOLD ..... 45
FML OINT ..... 60	FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM ..... 53	galantamine hydrobromide CP24 . 62
folic acid TABS ..... 49	FREESTYLE LIBRE 3 PLUS/SENSOR/GLUCOSE MONITORING SYSTEM ..... 53	galantamine hydrobromide SOLN . 62
fondaparinux sodium 10 MG/0.8ML 11	FREESTYLE LIBRE 3/READER/GLUCOSE MONITORING SYSTEM ..... 53	galantamine hydrobromide TABS . 62
fondaparinux sodium 2.5 MG/0.5ML . 11	FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM ..... 53	GAMMAGARD LIQUID 1 GM/10ML, 2.5 GM/25ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML ..... 61
fondaparinux sodium 5 MG/0.4ML . 11	FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM ..... 53	GAMMAGARD LIQUID 30 GM/300ML ..... 61
fondaparinux sodium 7.5 MG/0.6ML . 11	FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM ..... 53	GAMMAGARD S/D IGA LESS THAN 1MCG/ML SOLR ..... 61
FORA GTEL BLOOD KETONE TEST STRIPS ..... 43	FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM ..... 53	GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML ..... 61
FORA TEST N' GO ADVANCE/VOICE/6 CONNECT .. 43	FROVATRIPTAN SUCCINATE ..... 54	GAMUNEX-C ..... 61
formoterol fumarate NEBU ..... 10		ganciclovir sodium SOLR ..... 31
		ganirelix acetate ..... 45
		GARDASIL 9 SUSP ..... 68
		GARDASIL 9 SUSY ..... 68

gatifloxacin (ophth) .....	59	glucagon (rdna) .....	16	halobetasol propionate OINT .....	41
gefitinib .....	24	glyburide micronized 1.5 MG, 3 MG, 6 MG .....	17	HALOG OINT .....	41
gemcitabine hcl SOLR 2 GM, 200 MG .....	24	glyburide TABS .....	17	haloperidol decanoate .....	29
gemfibrozil TABS .....	19	glyburide-metformin 250 MG-1.25 MG .....	15	haloperidol lactate CONC .....	29
GENOTROPIN CART SC .....	45	glyburide-metformin 500 MG-2.5 MG, 500 MG-5 MG .....	15	haloperidol lactate SOLN .....	29
GENOTROPIN MINIQUICK PRSY 45		glycine (gu irrigant) SOLN 1.5 % ..	48	haloperidol TABS .....	29
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	glycopyrrolate SOLN IJ 0.2 MG/ML, 4 MG/20ML .....	65	HAVRIX .....	68
gentamicin sulfate (ophth) OINT ..	59	glycopyrrolate TABS 1 MG .....	65	HEALON PRO SOSY .....	60
gentamicin sulfate (ophth) SOLN ..	59	glycopyrrolate TABS 2 MG .....	65	HEMANGEOL SOLN OR .....	32
gentamicin sulfate (topical) CREA .	38	GLYXAMBI .....	15	heparin sodium (porcine) SOLN IJ 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML .....	11
gentamicin sulfate (topical) OINT ..	38	GNP PRENATAL TABS .....	57	HEPARIN SODIUM/NAACL 0.45% SOLN IV 0.45 %-12500 UNIT/250ML 11	
gentamicin sulfate IJ 40 MG/ML, 80 MG/2ML .....	2	GOJJI BLOOD KETONE TEST STRIPS .....	43	HEPLISAV-B SOSY .....	68
GENVOYA .....	30	granisetron hcl SOLN IV 1 MG/ML	17	HIBERIX SOLR IJ .....	66
GILOTRIF .....	24	granisetron hcl TABS .....	17	HUMATROPE CART IJ .....	45
glatiramer acetate SOSY 20 MG/ML . 63		GRASTEK SUBL .....	2	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML .....	3
glatiramer acetate SOSY 40 MG/ML . 63		griseofulvin microsize SUSP .....	18	HUMIRA PEN AJKT 80 MG/0.8ML .	3
GLEOSTINE 10 MG .....	23	griseofulvin microsize TABS .....	18	HUMIRA PEN AJKT .....	3
GLEOSTINE 40 MG, 100 MG .....	23	griseofulvin ultramicrosize .....	18	HUMIRA PEN-CD/UC/HS STARTER AJKT .....	3
glimepiride 1 MG, 2 MG .....	16	guanfacine hcl (adhd) .....	1	HUMIRA PEN-PEDIATRIC UC STARTER PACK AJKT .....	3
glimepiride 4 MG .....	17	guanfacine hcl .....	20	HUMIRA PEN-PS/UV STARTER AJKT .....	3
glipizide TABS 5 MG, 10 MG .....	17	GYNAZOLE-1 .....	69	HUMIRA PSKT .....	3
glipizide TB24 .....	17	HADLIMA PUSHTOUCH SOAJ ....	3	HUMULIN R U-500 (CONCENTRATED) SOLN SC ....	16
glipizide-metformin hcl 250 MG-2.5 MG, 500 MG-2.5 MG .....	15	HADLIMA SOSY .....	3	HUMULIN R U-500 KWIKPEN SOPN SC .....	16
glipizide-metformin hcl 500 MG-5 MG .....	15	HAEGARDA SOLR SC .....	49		
GLUCAGEN DIAGNOSTIC .....	43	HALAVEN (eribulin mesylate) ....	28		
Index 15		halcinonide CREA .....	41		
		halobetasol propionate CREA ....	41		

HYCANTIN CAPS .....	28	hydrocortisone butyrate CREA .....	41	ibandronate sodium TABS .....	44
hydralazine hcl SOLN .....	21	hydrocortisone butyrate OINT .....	41	IBRANCE CAPS .....	26
hydralazine hcl TABS .....	21	hydrocortisone butyrate SOLN .....	41	IBRANCE TABS .....	26
hydrochlorothiazide CAPS .....	44	hydrocortisone sod succinate 100 MG .....	36	ibuprofen SUSP 100 MG/5ML .....	4
hydrochlorothiazide TABS 12.5 MG 44		hydrocortisone TABS .....	36	ibuprofen TABS 400 MG, 600 MG ..	4
hydrochlorothiazide TABS 25 MG, 50 MG .....	44	hydrocortisone vaginal .....	69	ibuprofen TABS 800 MG .....	4
hydrocodone polistirex- chlorpheniramine polistirex SUER .	37	hydrocortisone valerate CREA .....	41	icatibant acetate SOLN .....	49
hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML .....	6	hydrocortisone valerate OINT .....	41	icatibant acetate SOSY .....	49
hydrocodone-acetaminophen SOLN 325 MG/15ML-10 MG/15ML .....	6	hydrocortisone w/acetic acid .....	61	ICLUSIG .....	26
hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG .....	6	hydromorphone hcl LIQD .....	5	icosapent ethyl 1 GM .....	19
hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG .....	6	hydromorphone hcl SOLN IJ 10 MG/ML, 50 MG/5ML, 500 MG/50ML .	5	idarubicin hcl 20 MG/20ML .....	26
hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG .....	7	hydromorphone hcl TABS .....	5	idarubicin hcl 5 MG/5ML, 10 MG/10ML .....	26
hydrocodone-ibuprofen 7.5 MG-200 MG .....	7	hydromorphone hcl TB24 32 MG ...	5	IDELVION .....	49
hydrocortisone (intrarectal) .....	7	hydromorphone hcl TB24 8 MG, 12 MG, 16 MG .....	5	ifosfamide SOLN 1 GM/20ML .....	23
hydrocortisone (rectal) EX .....	7	hydroxychloroquine sulfate 100 MG 23		ifosfamide SOLR .....	23
hydrocortisone (topical) CREA 1 %, 2.5 % .....	41	hydroxychloroquine sulfate 200 MG 23		imatinib mesylate .....	26
hydrocortisone (topical) LOTN 2.5 % .	41	hydroxychloroquine sulfate 400 MG 22		IMBRUVICA CAPS 140 MG .....	26
hydrocortisone (topical) OINT 1 %, 2.5 % .....	41	hydroxyurea .....	27	IMBRUVICA CAPS 70 MG .....	26
hydrocortisone acetate (rectal) .....	7	hydroxyzine hcl SOLN 50 MG/ML ..	8	IMBRUVICA SUSP .....	26
		hydroxyzine hcl SYRP .....	8	IMBRUVICA TABS .....	26
		hydroxyzine hcl TABS .....	8	imipenem-cilastatin IV .....	21
		hydroxyzine pamoate CAPS .....	8	imipramine hcl TABS .....	14
		HYPERSAL NEBU .....	37	imipramine pamoate .....	14
		HYQVIA .....	61	imiquimod 5 % .....	42
		ibandronate sodium SOLN .....	44	IMPAVIDO .....	21
				INCRELEX .....	45
				INCRUSE ELLIPTA .....	9
				indapamide TABS 1.25 MG .....	44
				indapamide TABS 2.5 MG .....	44

indomethacin CAPS 25 MG, 50 MG	4	ipratropium-albuterol SOLN	10	JANSSEN COVID-19 VACCINE	68
indomethacin CPR	4	irbesartan	20	JANUMET TABS	15
INFANRIX	64	irbesartan-hydrochlorothiazide	20	JANUMET XR TB24 1000 MG-100 MG	15
INFLECTRA SOLR	47	IRESSA (gefitinib)	24	JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG	15
INGREZZA CAPS	62	irinotecan hcl 40 MG/2ML, 100 MG/5ML	28	JANUVIA	16
INGREZZA CPPK	62	irrigation solutions, physiological	56	JARDIANCE	16
INGREZZA CPSP	62	ISENTRESS CHEW	30	JEVTANA	28
INLYTA	24	ISENTRESS HD TABS	30	JIVI	49
INREBIC	26	ISENTRESS TABS	30	JULUCA	30
INSULIN ASPART FLEXPEN SOPN	16	ISOLYTE-P/DEXTROSE 5%	55	JYNARQUE TBP	46
INSULIN ASPART PENFILL SOCT	16	ISOLYTE-S	55	KALYDECO TABS	63
INSULIN ASPART PROTAMINE/INSULIN ASPART		isoniazid SOLN	23	KAMELEON LUBRICATED MISC	52
FLEXPEN SUPN	16	isoniazid SYRP	23	KANJINTI	24
INSULIN ASPART PROTAMINE/INSULIN ASPART		isoniazid TABS	23	KCL 0.3%/D5W/NACL 0.9% (potassium chloride in dextrose & sodium chloride)	55
SUSP	16	isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG	8	KEPIVANCE 6.25 MG	27
INSULIN ASPART SOLN IJ	16	isosorbide dinitrate-hydralazine hcl	33	KESIMPTA	63
INSULIN DEGLUDEC FLEXTOUCH SOPN	16	isosorbide mononitrate TABS	8	ketoconazole (topical) CREA	38
INSULIN DEGLUDEC SOLN	16	isosorbide mononitrate TB24	8	ketoconazole (topical) SHAM 2 %	38
INTELENCE 25 MG	30	isotretinoin 10 MG, 20 MG, 30 MG, 40 MG	38	ketoconazole	18
INTRAROSA	69	isradipine CAPS	33	KETONE STRP	43
IONOSOL-MB/DEXTROSE 5%	55	itraconazole CAPS	18	KETONE TEST STRIPS STRP	43
IOPIDINE	59	itraconazole SOLN	18	ketoprofen CAPS 50 MG	4
IPOL INACTIVATED IPV	68	ivabradine hcl TABS	34	ketorolac tromethamine (ophth)	60
ipratropium bromide (nasal) 0.03 %	58	ivermectin (pediculicide)	43	ketorolac tromethamine TABS	4
ipratropium bromide (nasal) 0.06 %	58	ivermectin	8	KETOSTIX STRP	43
ipratropium bromide SOLN 0.02 %	9	IXEMPRA KIT 15 MG	28	ketotifen fumarate (ophth) 0.035 %	60
		JAKAFI	26	KEVZARA SOAJ	3



KEVZARA SOSY .....	4	KRINTAFEL .....	23	MCG, 250 MCG (digoxin) .....	33
KIMONO COLORS DEVI .....	52	K-Y ME & YOU EXTRA LUBRICATED DEVI .....	52	lansoprazole CPDR 15 MG .....	65
KIMONO LUBRICATED MISC .....	52	K-Y ME & YOU INTENSE DEVI ...	52	lansoprazole CPDR 30 MG .....	65
KIMONO MAXX/LARGE FLARE MISC .....	52	KYLEENA .....	36	lanthanum carbonate CHEW .....	48
KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC 52		KYPROLIS .....	26	lapatinib ditosylate .....	26
KIMONO PLUS SPERMICIDE LUBRICATED MISC .....	52	labetalol hcl SOLN .....	32	LASTACRAFT .....	60
KIMONO PLUS SPERMICIDE/LUBRICATED MISC 52		labetalol hcl TABS 100 MG, 200 MG . 32		latanoprost SOLN .....	60
KIMONO PS LUBRICATED MISC .52		labetalol hcl TABS 300 MG .....	32	leflunomide .....	4
KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC 52		lacosamide SOLN IV 200 MG/20ML . 12		lenalidomide 2.5 MG, 5 MG, 10 MG, 15 MG, 25 MG .....	56
KIMONO SENSATION LUBRICATED MISC .....	52	lacosamide TABS .....	12	lenalidomide 20 MG .....	56
KIMONO SENSATION PLUS SPERMICIDE/LUBRICATED MISC 52		lactated ringer's (irrigation) .....	56	LENVIMA 10 MG DAILY DOSE ...	24
KIMONO SENSATION PLUS LUBRICATED MISC .....	52	lactated ringer's .....	55	LENVIMA 12MG DAILY DOSE ...	24
KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC 52		lactic acid (ammonium lactate) CREA .....	42	LENVIMA 14 MG DAILY DOSE ...	24
KIMONO SPECIAL DEVI .....	52	lactic acid (ammonium lactate) LOTN 12 % .....	42	LENVIMA 18 MG DAILY DOSE ...	24
KINRIX SUSY .....	64	lactulose (encephalopathy) .....	47	LENVIMA 20 MG DAILY DOSE ...	24
KISQALI .....	26	lactulose SOLN .....	51	LENVIMA 24 MG DAILY DOSE ...	24
KISQALI FEMARA 200 DOSE ....	26	lamivudine (hbv) TABS .....	31	LENVIMA 4 MG DAILY DOSE ....	24
KISQALI FEMARA 400 DOSE ....	26	lamivudine SOLN .....	30	LENVIMA 8 MG DAILY DOSE ....	24
KISQALI FEMARA 600 DOSE ....	26	lamivudine TABS 150 MG .....	30	letrozole .....	25
KLARITY-A .....	59	lamivudine TABS 300 MG .....	30	leucovorin calcium SOLR .....	27
KOGENATE FS KIT .....	49	lamivudine-zidovudine .....	30	leucovorin calcium TABS .....	28
KOSELUGO .....	26	lamotrigine CHEW 25 MG .....	12	LEUKERAN .....	23
KOVALTRY .....	49	lamotrigine CHEW 5 MG .....	12	LEUKINE SOLR IJ .....	50
KP PRENATAL MULTIVITAMINS TABS .....	57	lamotrigine TABS .....	12	leuprolide acetate KIT IJ 1 MG/0.2ML .....	25
		lamotrigine TBDP .....	12	levalbuterol hcl .....	10
		LANOXIN SOLN IJ (digoxin) .....	33	levalbuterol tartrate .....	10
		LANOXIN TABS 62.5 MCG, 125		LEVEMIR FLEXPEN SOPN .....	16
				LEVEMIR FLEXTOUCH SOPN ....	16
				LEVEMIR SOLN .....	16

levetiracetam SOLN IV 500 MG/5ML 12	lidocaine hcl (local anesth.) SOLN 0.5 %, 1 %, 2 % .....51	lopinavir-ritonavir TABS .....30
levetiracetam TABS 1000 MG ..... 12	lidocaine hcl (mouth-throat) 2 % ...57	loratadine CAPS ..... 18
levetiracetam TABS 250 MG, 750 MG ..... 12	lidocaine hcl (mouth-throat) 4 % ...57	loratadine CHEW .....18
levetiracetam TABS 500 MG ..... 12	lidocaine hcl GEL 2 % ..... 42	loratadine SOLN ..... 18
levetiracetam TB24 ..... 12	lidocaine hcl PRSY .....42	loratadine TABS .....18
levobunolol hcl 0.5 % .....59	lidocaine hcl SOLN .....42	loratadine TBDP ..... 18
levocetirizine dihydrochloride SOLN 18	lidocaine PTCH 5 % .....42	lorazepam CONC ..... 8
levocetirizine dihydrochloride TABS 18	lidocaine-prilocaine CREA .....42	lorazepam TABS 0.5 MG, 2 MG .... 8
levofloxacin (ophth) 0.5 % .....59	LILETTA 20.1 MCG/DAY ..... 36	lorazepam TABS 1 MG ..... 8
levofloxacin in d5w 5 %-500 MG/100ML .....47	lincomycin hcl ..... 22	LORBRENA .....26
levofloxacin SOLN OR .....47	linezolid SUSR .....22	losartan potassium & hydrochlorothiazide 12.5 MG-100 MG, 25 MG-100 MG ..... 20
levofloxacin TABS 250 MG, 750 MG . 47	linezolid TABS ..... 22	losartan potassium & hydrochlorothiazide 12.5 MG-50 MG . 21
levofloxacin TABS 500 MG .....47	LINZESS .....48	losartan potassium .....20
levonorgestrel & eth estradiol TABS 35	liothyronine sodium SOLN .....64	LOTEMAX OINT .....60
levonorgestrel (emergency oc) 1.5 MG ..... 35	liothyronine sodium TABS ..... 64	loteprednol etabonate GEL .....60
levonorgestrel-eth estradiol (triphasic) .....35	lisdexamfetamine dimesylate CAPS 1 1	loteprednol etabonate SUSP ..... 60
levonorgestrel-ethinyl estradiol (91- day) 0.03 MG-0.15 MG ..... 35	lisdexamfetamine dimesylate CHEW . 1	lovastatin TABS 10 MG, 20 MG ... 19
levonorgestrel-ethinyl estradiol (continuous) .....35	lisinopril & hydrochlorothiazide ...20	lovastatin TABS 40 MG .....19
levonorgestrel-ethinyl estradiol-iron 35	lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG ..... 20	loxapine succinate ..... 29
levorphanol tartrate TABS 2 MG ....5	lithium .....29	lubiprostone ..... 47
levothyroxine sodium TABS ..... 64	lithium carbonate CAPS ..... 29	LUCEMYRA (lofexidine hcl) .....62
LEXIVA SUSP ..... 30	lithium carbonate TABS .....29	luliconazole .....38
	lithium carbonate TBCR ..... 29	LUMIZYME .....45
	LO LOESTRIN FE TABS ..... 35	LUPRON DEPOT (1-MONTH) KIT IM .....25
	lofexidine hcl .....62	LUPRON DEPOT (3-MONTH) KIT IM .....25
	LOKELMA .....56	LUPRON DEPOT (4-MONTH) IM .25
	loperamide hcl CAPS ..... 17	
	lopinavir-ritonavir SOLN ..... 30	

LUPRON DEPOT (6-MONTH) IM . 25	medroxyprogesterone acetate 10 MG	mesalamine CPDR . . . . . 47
LUPRON DEPOT-PED (1-MONTH) . 45	..... 62	mesalamine ENEM . . . . . 47
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LUPRON DEPOT-PED (3-MONTH) 30 MG . . . . . 45	mefenamic acid CAPS . . . . . 4	mesalamine TBEC 1.2 GM . . . . . 47
lurasidone hcl 20 MG, 40 MG, 60 MG, 120 MG . . . . . 29	mefloquine hcl . . . . . 23	mesalamine TBEC 800 MG . . . . . 47
lurasidone hcl 80 MG . . . . . 29	megestrol acetate (appetite) . . . . . 62	metaxalone 800 MG . . . . . 58
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LYSODREN . . . . . 25	megestrol acetate TABS . . . . . 25	metformin hcl TABS 500 MG . . . . . 15
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magnesium sulfate IJ 50 % . . . . . 55	MEKINIST TABS . . . . . 26	metformin hcl TB24 500 MG . . . . . 16
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MARPLAN . . . . . 13	melphalan hcl IV . . . . . 23	METHADONE HCL SOLN IJ . . . . . 5
MASONATAL TABS . . . . . 57	memantine hcl TABS . . . . . 62	methadone hcl SOLN OR 10 MG/5ML . . . . . 5
MATULANE . . . . . 27	MENACTRA . . . . . 66	methadone hcl SOLN OR 5 MG/5ML 5
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meclizine hcl TABS 25 MG . . . . . 17	MENVEO SOLR . . . . . 66	methazolamide TABS . . . . . 44
meclofenamate sodium CAPS . . . . . 4	meperidine hcl SOLN IJ 25 MG/ML, 50 MG/ML, 100 MG/ML . . . . . 5	methenamine hippurate . . . . . 22
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	mercaptopurine TABS . . . . . 24	methotrexate sodium SOLN 50 MG/2ML, 250 MG/10ML . . . . . 24
	meropenem . . . . . 21	methotrexate sodium SOLR . . . . . 24
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methscopolamine bromide .....65	methylprednisolone TBPk ..... 36	miglustat .....49
methsuximide .....13	methyltestosterone TABS .....7	minocycline hcl CAPS ..... 64
methylidopa TABS .....20	metoclopramide hcl SOLN IJ 5 MG/ML ..... 47	minocycline hcl TABS .....64
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methylphenidate hcl CP24 30 MG ..2	metoprolol succinate TB24 200 MG 32	mirtazapine TABS 7.5 MG, 45 MG 13
methylphenidate hcl CP24 .....2		mirtazapine TBDP 15 MG .....13
methylphenidate hcl CPR ..... 2		mirtazapine TBDP 30 MG .....13
methylphenidate hcl SOLN .....2	metoprolol succinate TB24 25 MG, 50 MG, 100 MG ..... 32	mirtazapine TBDP 45 MG .....13
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methylphenidate hcl TBCR 10 MG, 20 MG .....2	metronidazole (topical) GEL 1 % ..42	M-NATAL PLUS TABS ..... 57
methylphenidate hcl TBCR 18 MG, 27 MG .....2	metronidazole (topical) LOTN ..... 42	modafinil 100 MG ..... 2
methylphenidate hcl TBCR 36 MG, 54 MG .....2	metronidazole TABS .....21	modafinil 200 MG ..... 2
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mometasone furoate SOLN .....42	nadolol TABS 40 MG ..... 32	neomycin-polymyxin-hc (ophth) ...60
montelukast sodium CHEW .....9	nadolol TABS 80 MG ..... 32	neomycin-polymyxin-hc (otic) SOLN .
montelukast sodium PACK .....9	nafacillin sodium IV 10 GM .....61	61
montelukast sodium TABS .....9	naftifine hcl CREA 1 % .....39	neomycin-polymyxin-hc (otic) SUSP .
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MG, 30 MG, 50 MG, 60 MG, 80 MG,	NAGLAZYME .....46	NEONATAL COMPLETE TABS 120
100 MG .....5	nalbuphine hcl ..... 7	MG-10 MG-9.2 MG-1000 MCG-10
morphine sulfate SOLN IJ 0.5	naloxone hcl LIQD ..... 17	MCG-12 MCG-3 MG-5 MG-20 MG-
MG/ML, 1 MG/ML ..... 5	naloxone hcl SOLN 0.4 MG/ML, 4	27 MG-200 MG-1.84 MG-25 MG-2
morphine sulfate SOLN OR 10	MG/10ML .....17	MG-1200 MCG-2 MG-0.2 MG ..... 57
MG/5ML ..... 5	naltrexone hcl ..... 17	NEONATAL PLUS TABS .....57
morphine sulfate SOLN OR 20	naproxen sodium TABS 550 MG ... 4	NEONATAL PRENATAL VITAMIN
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MOVANTIK .....48	NATACYN .....59	NEUPRO ..... 28
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niacin CPCR 250 MG, 500 MG ....	70	nitrofurantoin macrocrystal 50 MG, 100 MG .....	22	norgestimate-ethinyl estradiol (triphasic) .....	35
niacin TABS .....	70	nitrofurantoin monohyd macro ....	22	norgestimate-ethinyl estradiol ....	35
niacin TBCR .....	70	nitroglycerin (intra-anal) .....	7	norgestrel & ethinyl estradiol 30 MCG-0.3 MG .....	35
NIACIN TR TBCR .....	70	nitroglycerin CPCR .....	8	NORMOSOL-M/D5W .....	55
niacinamide TABS 100 MG .....	70	nitroglycerin PT24 .....	8	NORMOSOL-R .....	55
niacinamide TABS 500 MG .....	70	NITROGLYCERIN SOLN IV .....	8	nortriptyline hcl CAPS .....	14
nicardipine hcl CAPS .....	33	nitroglycerin SUBL .....	8	nortriptyline hcl SOLN .....	14
nicardipine hcl SOLN .....	33	NIVA-PLUS TABS .....	57	NORVIR CAPS .....	31
nicotine MISC XX .....	63	nizatidine CAPS .....	65	NORVIR PACK .....	31
nicotine polacrilex GUM .....	63	NORDITROPIN FLEXPPO SOPN 30 MG/3ML .....	45	NORVIR SOLN .....	31
nicotine polacrilex LOZG .....	63	NORDITROPIN FLEXPPO SOPN 5 MG/1.5ML, 10 MG/1.5ML, 15 MG/1.5ML .....	45	NOVA MAX PLUS KETONE TESTSTRIPS .....	43
nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR .....	63	norelgestromin-ethinyl estradiol ...	35	NOVAVAX COVID-19 VACCINE SUSP .....	68
NICOTINE TRANSDERMAL SYSTEM KIT .....	63	norethin acet & estrad-fe CAPS ...	35	NOVAVAX COVID-19 VACCINE/2023-24 SUSP .....	68
NICOTROL INHALER INHA .....	63	norethin acet & estrad-fe CHEW ...	35	NOVAVAX COVID-19 VACCINE/2024-25 SUSY .....	68
NICOTROL NS SOLN .....	63	norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG .....	35	NOVOEIGHT .....	49
nifedipine CAPS 10 MG .....	33	norethindrone & eth estradiol ....	35	NOVOLIN 70/30 FLEXPEN SUPN	16
nifedipine CAPS 20 MG .....	33	norethindrone & ethinyl estradiol-fe 35		NOVOLIN 70/30 SUSP .....	16
nifedipine TB24 60 MG .....	33	norethindrone (contraceptive) ....	36	NOVOLIN N FLEXPEN SUPN ....	16
nifedipine TB24 90 MG .....	33	norethindrone acet & eth estra TABS 35		NOVOLIN N SUSP .....	16
nifedipine TB24 .....	33	norethindrone acetate TABS .....	62	NOVOLIN R FLEXPEN SOPN IJ ..	16
nilutamide .....	25	norethindrone acetate-ethinyl estradiol .....	46	NOVOLIN R SOLN IJ .....	16
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NINLARO .....	26			NP THYROID 120 TABS .....	64
NIPENT .....	27				
nisoldipine .....	33				
nitazoxanide TABS .....	21				
nitisinone CAPS .....	46				

NP THYROID 15 TABS .....	64	olanzapine SOLR .....	29	ondansetron TBDP 8 MG .....	17
NP THYROID 30 TABS .....	64	olanzapine TABS 2.5 MG, 5 MG ..	29	ONE VITE WOMENS PRENATALVITAMIN PLUS TABS	57
NP THYROID 60 TABS .....	64	olanzapine TABS 7.5 MG, 10 MG, 15 MG, 20 MG .....	29	ONE VITE WOMENS PRENATALVITAMIN TABS .....	57
NP THYROID 90 TABS .....	64	olanzapine TBDP 20 MG .....	29	ONETOUCH DELICA SAFETY LANCING DEVICE .....	53
NUBEQA .....	25	olanzapine TBDP 5 MG, 10 MG, 15 MG .....	29	ONETOUCH DELICA SAFETY LANCING DEVICE 30G .....	53
NUCALA SOAJ .....	9	olmesartan medoxomil .....	20	OPILL .....	36
NUCALA SOLR .....	9	olmesartan medoxomil-amlodipine- hydrochlorothiazide .....	21	OPSUMIT .....	33
NUCALA SOSY 100 MG/ML .....	9	olmesartan medoxomil- hydrochlorothiazide .....	21	ORENITRAM TBCR .....	33
NUCALA SOSY 40 MG/0.4ML .....	9	olopatadine hcl (nasal) .....	58	ORGOVYX .....	25
NUCYNTA ER TB12 .....	6	olopatadine hcl 0.1 % .....	60	ORLISSA .....	45
NUCYNTA TABS .....	6	olopatadine hcl 0.2 % .....	60	ORKAMBI PACK .....	63
NUEDEXTA .....	63	omega-3-acid ethyl esters .....	19	ORKAMBI TABS .....	63
NULOJIX .....	56	omeprazole CPDR .....	65	ORLADEYO .....	49
nystatin (mouth-throat) .....	57	omeprazole magnesium CPDR ...	65	orphenadrine citrate TB12 .....	58
nystatin (topical) CREA .....	39	omeprazole TBEC .....	65	oseltamivir phosphate CAPS .....	32
nystatin (topical) OINT .....	39	omeprazole-sodium bicarbonate CAPS 1100 MG-20 MG .....	65	oseltamivir phosphate SUSR .....	32
nystatin (topical) POWD EX .....	39	OMNIFLEX DIAPHRAGM .....	52	OSMOPREP .....	51
nystatin TABS .....	18	ONCASPAR .....	27	OSPHENA .....	45
nystatin-triamcinolone CREA .....	39	ondansetron hcl SOLN IJ 4 MG/2ML . 17		OTEZLA TABS .....	4
nystatin-triamcinolone OINT .....	39	ondansetron hcl SOLN OR 4 MG/5ML .....	17	OTEZLA TBPk .....	4
NYVEPRIA .....	50	ondansetron hcl SOSY .....	17	oxacillin sodium IV 10 GM .....	61
octreotide acetate KIT .....	46	ondansetron hcl TABS 24 MG .....	17	oxaliplatin SOLN 50 MG/10ML, 100 MG/20ML .....	23
octreotide acetate SOLN .....	46	ondansetron hcl TABS 4 MG .....	17	oxandrolone .....	7
ODEFSEY .....	31	ondansetron hcl TABS 8 MG .....	17	oxaprozin TABS .....	4
ODOMZO .....	25	ondansetron hcl TABS 8 MG .....	17	oxazepam CAPS .....	8
OFEV .....	63	ondansetron TBDP 4 MG .....	17	OXBRYTA TABS 500 MG .....	49
ofloxacin (ophth) .....	59			oxcarbazepine SUSP .....	12
ofloxacin (otic) .....	60				
ofloxacin 300 MG, 400 MG .....	47				
OGIVRI .....	24				

oxcarbazepine TABS 150 MG, 300 MG .....	12	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	51
oxcarbazepine TABS 600 MG .....	12	PANRETIN .....	39	peg 3350-potassium chloride-sod bicarbonate-sod chloride .....
oxiconazole nitrate CREA .....	39	pantoprazole sodium TBEC 20 MG 65		51
OXISTAT LOTN .....	39	pantoprazole sodium TBEC 40 MG 65		PEGASYS SOLN .....
oxybutynin chloride SOLN .....	66	PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A .....	35	31
oxybutynin chloride TABS 5 MG ...	66	paricalcitol CAPS .....	46	PEGASYS SOSY .....
oxybutynin chloride TB24 .....	66	paricalcitol SOLN .....	46	31
oxycodone hcl T12A 10 MG, 20 MG, 40 MG, 80 MG .....	6	paroxetine hcl SUSP .....	14	PEMAZYRE .....
oxycodone hcl TABS .....	6	paroxetine hcl TABS 10 MG .....	14	26
oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG .....	7	paroxetine hcl TABS 20 MG .....	14	pemetrexed disodium SOLR 500 MG 24
oxycodone w/ acetaminophen TABS 325 MG-2.5 MG .....	7	paroxetine hcl TABS 30 MG .....	14	penciclovir .....
oxymorphone hcl TABS .....	6	paroxetine hcl TABS 40 MG .....	14	40
oxymorphone hcl TB12 40 MG .....	6	paroxetine hcl TB24 12.5 MG .....	14	penicillamine CAPS .....
oxymorphone hcl TB12 5 MG, 7.5 MG, 10 MG, 15 MG, 20 MG, 30 MG 6	6	paroxetine hcl TB24 25 MG, 37.5 MG .....	14	56
OZEMPIC SOPN 2 MG/1.5ML .....	16	PASER PACK .....	23	penicillamine TABS .....
OZEMPIC SOPN .....	16	pazopanib hcl .....	26	56
paclitaxel 6 MG/ML, 100 MG/16.7ML, 150 MG/25ML .....	28	PEDIARIX SUSY .....	64	penicillin g potassium 5000000 UNIT 61
paclitaxel protein-bound particles ..	28	pediatric multivitamins w/fl CHEW ..	57	PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE 40000 UNIT/ML, 60000 UNIT/ML .....
paliperidone 1.5 MG, 3 MG, 9 MG ..	29	PEDVAX HIB SUSP .....	66	61
paliperidone 6 MG .....	29	peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid .....	51	PENICILLIN G PROCAINE .....
palonosetron hcl SOLN .....	17	peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 6.74 GM-2.97 GM-5.86 GM-22.74 GM-236 GM		61
pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML .....	45			61
PAMIDRONATE DISODIUM SOLN 45	45			penicillin v potassium SOLR .....
PANCREAZE CPEP 149900 UNIT-				61
				penicillin v potassium TABS .....
				61
				PENTACEL .....
				64
				pentazocine w/ naloxone hcl .....
				7
				pentoxifylline .....
				49
				perindopril erbumine 2 MG, 8 MG ..
				20
				perindopril erbumine 4 MG .....
				20
				PERJETA .....
				24
				permethrin CREA .....
				43
				permethrin LIQD EX .....
				43
				perphenazine TABS .....
				30
				perphenazine-amitriptyline .....
				62
				PERSERIS PRSY .....
				29
				PFIZER-BIONTECH COVID-



19VACCINE SUSP .....	68	phenytoin CHEW .....	13	PLEGRIDY SOAJ .....	63
PFIZER-BIONTECH COVID-19VACCINE/5-11Y SUSP .....	68	phenytoin sodium extended 100 MG, 200 MG, 300 MG .....	13	PLEGRIDY SOSY SC .....	63
PFIZER-BIONTECH COVID-19VACCINE/5-11Y/2023-24 SUSP 68		phenytoin sodium SOLN .....	13	PLEGRIDY STARTER PACK SOAJ .	63
PFIZER-BIONTECH COVID-19VACCINE/5-11Y/2024-25 SUSP 68		phenytoin SUSP .....	13	PLEGRIDY STARTER PACK SOSY SC .....	63
PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y SUSP .....	68	PHEXXI .....	69	plerixafor .....	50
PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y/2023-24 SUSP .....	68	PHOSLYRA SOLN .....	48	PNEUMOVAX 23 SOSY .....	66
PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y/2024-25 SUSP .....	68	PHOTOFRIN .....	27	PNEUMOVAX 23/1 DOSE SOLN .	66
PFIZER-BIONTECH COVID-19VACCINE/ADULT RTU SUSP ..	68	PIFELTRO .....	31	podofilox SOLN .....	42
PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/5-11Y ...	68	pilocarpine hcl (oral) .....	57	polymyxin b sulfate SOLR .....	22
PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/6M-4Y ...	68	pilocarpine hcl SOLN 1 %, 2 %, 4 % .	59	polymyxin b-trimethoprim .....	59
PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/BA.4/BA.5 68		pimecrolimus .....	42	POMALYST .....	25
PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/6M-4Y ...	68	pimozide .....	63	posaconazole SUSP .....	18
PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/BA.4/BA.5 68		pindolol TABS .....	32	potassium acetate SOLN 2 MEQ/ML .	56
PHEBURANE PLLT .....	46	pioglitazone hcl .....	16	potassium bicarbonate TBEF .....	56
phenazopyridine hcl TABS 100 MG, 100 MG, 200 MG .....	48	pioglitazone hcl-glimepiride .....	15	potassium chloride CPCR .....	56
phendimetrazine tartrate TABS .....	1	pioglitazone hcl-metformin hcl TABS .	15	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	
phenelzine sulfate .....	13	piperacillin sodium-tazobactam sodium .....	61	%, 5 %-20 MEQ/L-0.45 %, 5 %-20 MEQ/L-0.9 %, 5 %-30 MEQ/L-0.45	
phenobarbital ELIX .....	50	PIQRAY 200MG DAILY DOSE ...	27	%, 5 %-40 MEQ/L-0.45 %, 5 %-40 MEQ/L-0.9 % .....	55
phenobarbital TABS .....	50	PIQRAY 250MG DAILY DOSE ...	27	potassium chloride in dextrose 5 %-20 MEQ/L .....	55
phenoxybenzamine hcl .....	20	PIQRAY 300MG DAILY DOSE ...	27	potassium chloride in nacl 20 MEQ/L-0.45 %, 20 MEQ/L-0.9 %, 40 MEQ/L-0.9 % .....	55
phentermine hcl CAPS .....	1	pirfenidone CAPS .....	63	potassium chloride microencapsulated crystals er .....	56
		pirfenidone TABS 267 MG, 801 MG	64	potassium chloride PACK OR 20 MEQ .....	56
		pirfenidone TABS 534 MG .....	64		
		piroxicam CAPS .....	4		
		PLASMA-LYTE A (electrolyte-a) ..	55		
		PLASMA-LYTE-148 (electrolyte-148) .....	55		

POTASSIUM CHLORIDE SOLN IV 10 MEQ/50ML (potassium chloride) 56	PREDNISOLONE SODIUM PHOSPHATE .....60	PRENATAL PLUS TABS ..... 57
potassium chloride SOLN IV 2 MEQ/ML, 10 MEQ/50ML, 20 MEQ/50ML .....56	prednisolone sodium phosphate SOLN 5 MG/5ML, 6.7 MG/5ML, 10 MG/5ML, 15 MG/5ML, 25 MG/5ML 36	PRENATAL PLUS VITAMIN ANDMINERAL TABS ..... 57
potassium chloride TBCR 8 MEQ, 10 MEQ, 20 MEQ ..... 56	prednisolone sodium phosphate TBDP .....36	PRENATAL TABS ..... 58
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RELION 2-IN-1 LANCING DEVICE		risedronate sodium TABS 35 MG	.45	rufinamide TABS 400 MG .....	12
30G .....	53	risedronate sodium TABS 5 MG, 30		RUKOBIA .....	31
RELION KETONE TEST STRIPS		MG .....	45	RUXIENCE .....	24
STRP .....	43	risedronate sodium TBEC .....	45	RYBELSUS TABS .....	16
RELION TRUE METRIX		RISPERDAL CONSTA (risperidone		salsalate .....	5
BLOODGLUCOSE TEST STRIPS		microspheres) .....	29	SANDOSTATIN LAR DEPOT KIT	
STRP .....	43	risperidone microspheres .....	29	(octreotide acetate) .....	46
RENFLEXIS .....	47	risperidone SOLN .....	29	SANDOSTATIN LAR DEPOT KIT .46	
repaglinide 0.5 MG, 1 MG .....	16	risperidone TABS .....	29	SANTYL OINT .....	42
repaglinide 2 MG .....	16	risperidone TBDP .....	29	sapropterin dihydrochloride PACK .46	
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RETACRIT .....	50	rizatriptan benzoate TBDP 10 MG	.54	saxagliptin hcl .....	16
RETEVMO CAPS .....	27	rizatriptan benzoate TBDP 5 MG	.54	saxagliptin-metformin hcl 1000 MG-	
RETROVIR IV INFUSION SOLN ..	31	roflumilast .....	9	2.5 MG .....	15
REXULTI .....	30	romidepsin SOLR .....	27	saxagliptin-metformin hcl 1000 MG-5	
ribavirin (hepatitis c) CAPS .....	31	ropinirole hydrochloride TABS .....	28	MG, 500 MG-5 MG .....	15
ribavirin (hepatitis c) TABS 200 MG		ropinirole hydrochloride TB24 2 MG,		SCSEMBLIX 100 MG .....	27
31		4 MG, 6 MG .....	28	SCSEMBLIX 20 MG .....	27
RIDAURA .....	3	ropinirole hydrochloride TB24 8 MG,		SCSEMBLIX 40 MG .....	27
rifabutin .....	23	12 MG .....	28	scopolamine .....	17
rifampin CAPS .....	23	rosuvastatin calcium TABS .....	19	SELECT INSULIN SYRINGES ....	54
rifampin SOLR .....	23	ROTARIX SUSP .....	69	SELECT LANCETS .....	53
riluzole TABS .....	59	ROTARIX SUSR .....	69	selegiline hcl CAPS .....	29
rimantadine hydrochloride TABS ..	32	ROTATEQ SOLN .....	69	selegiline hcl TABS .....	29
ringer's .....	55	ROZLYTREK CAPS .....	27	selenium sulfide LOTN 2.5 % .....	40
ringer's irrigation .....	56	RUBRACA .....	27	SELZENTRY SOLN .....	31
RINVOQ LQ SOLN .....	2	rufinamide SUSP .....	12	SELZENTRY TABS 25 MG, 75 MG	
RINVOQ TB24 .....	3			31	

SEREVENT DISKUS .....	10	SODIUM ACETATE SOLN (sodium acetate) .....	55	sotalol hcl (afib/afI) .....	32
sertraline hcl CONC .....	14	sodium acetate SOLN .....	55	sotalol hcl TABS 240 MG .....	32
sertraline hcl TABS 100 MG .....	14	sodium chloride (gu irrigant) 0.9 %	48	sotalol hcl TABS 80 MG, 120 MG, 160 MG .....	32
sertraline hcl TABS 25 MG, 50 MG 14		sodium chloride (inhalant) NEBU 7 % .....	37	SOVALDI TABS 200 MG .....	31
sevelamer carbonate PACK .....	48	sodium chloride SOLN IV 0.45 %, 0.9 %, 3 %, 4 MEQ/ML, 5 % .....	56	SOVALDI TABS 400 MG .....	31
sevelamer carbonate TABS .....	48	sodium citrate & citric acid .....	48	SPIKEVAX COVID-19 VACCINE SUSP .....	69
SHINGRIX .....	69	sodium fluoride CHEW 0.25 MG, 0.5 MG, 1 MG, 2.2 MG .....	55	SPIKEVAX COVID-19 VACCINE/2023-24 SUSP .....	69
SIGNIFOR .....	46	sodium phenylbutyrate POWD .....	46	SPIKEVAX COVID-19 VACCINE/2023-24 SUSY .....	69
sildenafil citrate (pulmonary hypertension) SOLN .....	33	sodium phenylbutyrate TABS .....	46	SPIKEVAX COVID-19 VACCINE/2024-25 SUSY .....	69
sildenafil citrate (pulmonary hypertension) SUSR .....	34	sodium polystyrene sulfonate POWD 56		spinosad .....	43
sildenafil citrate (pulmonary hypertension) TABS .....	34	sodium polystyrene sulfonate SUSP CO 15 GM/60ML .....	57	SPIRIVA HANDIHALER CAPS (tiotropium bromide monohydrate) ..	9
sildenafil citrate .....	33	sodium sulfate-potassium sulfate-magnesium sulfate .....	51	SPIRIVA RESPIMAT AERS .....	9
silodosin .....	48	SOFOSBUVIR/VELPATASVIR TABS .....	31	spironolactone & hydrochlorothiazide .....	44
silver sulfadiazine .....	40	solifenacin succinate TABS .....	66	spironolactone TABS .....	44
SIMPONI ARIA SOLN .....	3	SOLIQUA 100/33 .....	15	SPRAVATO 56MG DOSE .....	13
SIMULECT .....	56	SOLOSEC .....	2	SPRAVATO 84MG DOSE .....	13
simvastatin TABS .....	19	SOLU-CORTEF 100 MG, 500 MG, 1000 MG .....	36	SPRYCEL (dasatinib) .....	27
sirolimus TABS .....	56	SOLU-CORTEF 250 MG .....	36	stannous fluoride CONC .....	57
SIRTURO .....	23	SOLU-MEDROL 2 GM .....	36	stavudine CAPS .....	31
SIVEXTRO TABS .....	22	SOMAVERT 10 MG, 15 MG, 20 MG 45		STELARA 130 MG/26ML .....	47
SKYLA .....	36	sorafenib tosylate .....	27	STELARA SOLN 45 MG/0.5ML ...	40
SKYRIZI PEN SOAJ .....	40	SORBITOL 3 % .....	48	STELARA SOSY 45 MG/0.5ML ...	40
SKYRIZI SOCT .....	47	SORBITOL/MANNITOL IRRIGATION .....	48	STELARA SOSY 90 MG/ML .....	40
SKYRIZI SOLN .....	47			STENDRA .....	33
SKYRIZI SOSY .....	40			STIOLTO RESPIMAT .....	10
SLYND .....	36				
SM PRENATAL VITAMINS TABS ..	58				

STIVARGA .....	27	SULFAMYLON CREA .....	40	TABS .....	34
STRENSIQ .....	46	sulfasalazine TABS .....	47	tadalafil 5 MG .....	33
streptomycin sulfate SOLR .....	2	sulfasalazine TBEC .....	47	TAFINLAR CAPS .....	27
STRIBILD .....	31	sulindac TABS .....	4	TAFINLAR TBSO .....	27
STRIVERDI RESPIMAT .....	10	sumatriptan .....	54	tafluprost .....	60
SUBSYS LIQD 100 MCG .....	6	sumatriptan succinate SOAJ .....	54	TAGRISSE 40 MG .....	24
SUBSYS LIQD 200 MCG, 400 MCG, 600 MCG .....	6	sumatriptan succinate SOCT .....	54	TAGRISSE 80 MG .....	24
SUBSYS LIQD 800 MCG, 1200 MCG, 1600 MCG .....	6	sumatriptan succinate SOLN 6 MG/0.5ML .....	54	TAKHZYRO SOLN .....	49
sucralfate SUSP .....	65	sumatriptan succinate TABS .....	55	TAKHZYRO SOSY .....	49
sucralfate TABS .....	65	sumatriptan-naproxen sodium .....	54	TALZENNA .....	27
sulconazole nitrate CREA .....	39	sunitinib malate 12.5 MG, 25 MG, 50 MG .....	27	tamoxifen citrate TABS .....	25
sulconazole nitrate SOLN .....	39	sunitinib malate 37.5 MG .....	27	tamsulosin hcl .....	48
sulfacetamide sodium (acne) .....	38	SUNOSI 150 MG .....	1	TASIGNA 150 MG, 200 MG .....	27
sulfacetamide sodium (ophth) SOLN . 59		SUNOSI 75 MG .....	1	TASIGNA 50 MG .....	27
sulfacetamide sodium w/ sulfur CREA 10 %-5 % .....	38	SYNAREL .....	45	tavaborole .....	39
sulfacetamide sodium w/ sulfur LIQD 10 %-5 % .....	38	SYNERA PTCH .....	42	TAVALISSE .....	49
sulfacetamide sodium w/ sulfur LIQD 9 %-4.5 % .....	38	SYNJARDY TABS .....	15	tazarotene CREA 0.1 % .....	40
sulfacetamide sodium-sulfur in urea vehicle EMUL 10 %-10 %-4 % .....	38	SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-12.5 MG, 1000 MG-5 MG .....	15	TAZVERIK .....	27
sulfacetamide sod-prednisolone SOLN .....	60	SYNJARDY XR TB24 1000 MG-25 MG .....	15	TDVAX SUSP .....	64
sulfadiazine TABS .....	64	SYNRIBO .....	27	TEFLARO .....	35
sulfamethoxazole-trimethoprim SOLN .....	21	SYNTHROID TABS (levothyroxine sodium) .....	64	TEGRETOL SUSP (carbamazepine) . 12	
sulfamethoxazole-trimethoprim SUSP .....	21	TABLOID .....	24	TEGRETOL TABS (carbamazepine) . 12	
sulfamethoxazole-trimethoprim TABS .....	21	TABRECTA .....	27	TEGSEDI .....	63
		tacrolimus (topical) OINT .....	42	telmisartan .....	20
		tacrolimus CAPS .....	56	telmisartan-amlodipine .....	21
		tadalafil (pulmonary hypertension)		telmisartan-hydrochlorothiazide ...	21
				temazepam 15 MG, 30 MG .....	50
				temazepam 7.5 MG, 22.5 MG .....	50
				TEMODAR SOLR .....	23

temozolomide CAPS .....	23	(tiopronin) .....	48	tolterodine tartrate TABS .....	66
temsirolimus .....	27	thioridazine hcl .....	30	tolvaptan TABS .....	46
TENIVAC INJ .....	64	thiotepa 15 MG .....	23	topiramate CPSP 15 MG .....	12
tenofovir disoproxil fumarate TABS 31		thiothixene .....	30	topiramate CPSP 25 MG .....	12
terazosin hcl .....	20	THYMOGLOBULIN .....	56	topiramate CS24 .....	12
terbinafine hcl TABS .....	18	THYROGEN 0.9 MG .....	43	topiramate TABS 200 MG .....	12
terbutaline sulfate SOLN .....	10	tiagabine hcl .....	12	topiramate TABS 25 MG, 100 MG .....	12
terbutaline sulfate TABS .....	10	TIBSOVO .....	27	topiramate TABS 50 MG .....	12
terconazole vaginal CREA .....	69	tigecycline .....	64	topotecan hcl SOLN .....	28
terconazole vaginal SUPP .....	69	timolol maleate (ophth) SOLG .....	59	topotecan hcl SOLR .....	28
teriflunomide .....	63	timolol maleate (ophth) SOLN .....	59	toremifene citrate .....	25
teriparatide SOPN .....	45	timolol maleate TABS .....	32	torsemide TABS .....	44
TERIPARATIDE SOPN .....	45	tiopronin TBEC 100 MG .....	48	TRACLEER TBSO .....	33
TESTOSTERONE CYPIONATE SOLN IJ 200 MG/ML .....	7	tiopronin TBEC 300 MG .....	48	tramadol hcl TABS 50 MG .....	6
testosterone cypionate SOLN IM ...	7	tiotropium bromide monohydrate CAPS .....	9	tramadol hcl TB24 .....	6
testosterone enanthate SOLN IM ...	7	TIVICAY TABS .....	31	tramadol-acetaminophen .....	7
TETANUS/DIPHThERIA TOXOIDS- ADSORBED ADULT SUSP .....	65	tizanidine hcl CAPS .....	58	trandolapril 1 MG, 2 MG .....	20
tetrabenazine .....	62	tizanidine hcl TABS .....	58	trandolapril 4 MG .....	20
tetracycline hcl CAPS .....	64	tobramycin (ophth) SOLN .....	59	trandolapril-verapamil hcl 180 MG-2 MG, 240 MG-1 MG .....	21
THALOMID .....	56	tobramycin NEBU .....	2	trandolapril-verapamil hcl 240 MG-2 MG, 240 MG-4 MG .....	21
theophylline ELIX .....	10	tobramycin sulfate SOLN IJ 10 MG/ML, 40 MG/ML, 80 MG/2ML ...	2	tranexamic acid SOLN 1000 MG/10ML .....	50
theophylline SOLN .....	10	tobramycin-dexamethasone SUSP 60		tranexamic acid TABS .....	50
theophylline TB12 .....	10	TODAY SPONGE MISC .....	69	tranylcypromine sulfate .....	13
theophylline TB24 .....	10	tolcapone .....	28	travoprost SOLN .....	60
THERANATAL CORE NUTRITION TABs .....	58	tolmetin sodium CAPS .....	4	TRAZIMERA .....	24
THIOLA EC TBEC 100 MG (tiopronin) .....	48	tolmetin sodium TABS 600 MG .....	4	trazodone hcl TABS .....	14
THIOLA EC TBEC 300 MG		TOLSURA CAPS .....	18	TRECTOR .....	23
		tolterodine tartrate CP24 .....	66	TRELEGY ELLIPTA .....	10

TRELSTAR MIXJECT .....	25	triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG .....	44	tropicamide SOLN 0.5 % .....	59
TREMFYA SOAJ 100 MG/ML .....	40	triamterene & hydrochlorothiazide TABS .....	44	tropicamide SOLN 1 % .....	59
TREMFYA SOAJ 200 MG/2ML .....	40	triamterene CAPS .....	44	tropium chloride CP24 .....	66
TREMFYA SOLN .....	40	triazolam .....	50	tropium chloride TABS .....	66
TREMFYA SOSY 100 MG/ML .....	40	TRICARE TABS .....	58	TRUE COVER DEVI .....	52
TREMFYA SOSY 200 MG/2ML .....	40	trientine hcl 250 MG .....	56	TRUE METRIX BLOOD GLUCOSETEST STRIPS STRP ..	43
treprostinil SOLN IJ .....	33	trifluoperazine hcl TABS .....	30	TRUE METRIX CONTROL SOLUTION LEVEL 3 SOLN .....	54
tretinoin (chemotherapy) .....	27	trifluridine .....	59	TRUE METRIX SELF MONITORING BLOOD GLUCOSE STRIPS STRP	43
tretinoin CREA 0.025 %, 0.05 %, 0.1 % .....	38	trihexyphenidyl hcl SOLN .....	28	TRUE TRACK TEST STRP .....	43
tretinoin GEL 0.01 %, 0.025 % .....	38	trihexyphenidyl hcl TABS .....	28	TRULICITY .....	16
tretinoin microsphere 0.1 % .....	38	TRIJARDY XR 1000 MG-2.5 MG- 12.5 MG, 1000 MG-2.5 MG-5 MG	15	TRUMENBA .....	66
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG .....	24	TRIJARDY XR 1000 MG-5 MG-10 MG, 1000 MG-5 MG-25 MG .....	15	TRUSTEX COLOR CONDOMS + LUBE MISC .....	52
triamcinolone acetonide (mouth) ..	57	TRIKAFTA TBPK .....	63	TRUSTEX LUBRICATED EXTRALARGE MISC .....	52
triamcinolone acetonide (nasal) AERO .....	58	trimethobenzamide hcl CAPS .....	17	TRUSTEX LUBRICATED EXTRASTRENGTH MISC .....	52
triamcinolone acetonide (topical) CREA 0.025 % .....	42	trimethoprim TABS .....	21	TRUSTEX LUBRICATED MISC .....	52
triamcinolone acetonide (topical) CREA 0.1 % .....	42	trimipramine maleate CAPS .....	15	TRUSTEX LUBRICATED/RIBBED/STUDED MISC .....	52
triamcinolone acetonide (topical) CREA 0.5 % .....	42	TRINTELLIX .....	14	TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC .....	52
triamcinolone acetonide (topical) LOTN 0.025 % .....	42	TRIUMEQ TABS .....	31	TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC .....	52
triamcinolone acetonide (topical) LOTN 0.1 % .....	42	TRIZIVIR .....	31	TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC .....	52
triamcinolone acetonide (topical) OINT 0.025 %, 0.1 % .....	42	TROJAN MAGNUM MISC .....	52	TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC .....	52
triamcinolone acetonide (topical) OINT 0.5 % .....	42	TROJAN ULTRA THIN LUBRICATED MISC .....	52	TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC .....	52
triamcinolone acetonide (topical) OINT 0.5 % .....	42	TROJAN ULTRA THIN/SPERMICIDAL LUBRICANT MISC .....	52	TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC .....	52
triamcinolone acetonide SUSP 40 MG/ML, 200 MG/5ML, 400 MG/10ML .....	37	TROJAN-ENZ LUBRICATED MISC 52	52	TRUSTEX LUBRICATED/SPERMICIDE MISC 53	53
		TROJAN-ENZ W/SPERMICIDAL MISC .....	52	TRUSTEX NATURAL CONDOMS	



+LUBE/LUBRICATED MISC .....53	ursodiol CAPS ..... 47	venlafaxine hcl CP24 37.5 MG .... 14
TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDED MISC .....53	ursodiol TABS ..... 47	venlafaxine hcl CP24 75 MG ..... 14
TRUSTEX/RIA LUBRICATED MISC . 53	UVADEX ..... 27	venlafaxine hcl TABS ..... 14
TRUSTEX/RIA LUBRICATED SPERMICIDE MISC ..... 53	valacyclovir hcl 1 GM, 1000 MG ...31	venlafaxine hcl TB24 150 MG ..... 14
TRUSTEX/RIA LUBRICATED SPERMICIDE MISC ..... 53	valacyclovir hcl 500 MG ..... 32	venlafaxine hcl TB24 37.5 MG, 75 MG, 225 MG ..... 14
TRUSTEX/RIA LUBRICATED SPERMICIDE MISC ..... 53	valganciclovir hcl TABS ..... 31	verapamil hcl CP24 100 MG, 200 MG, 300 MG ..... 33
TRUSTEX/RIA LUBRICATED SPERMICIDE MISC ..... 53	valproate sodium SOLN OR 250 MG/5ML, 500 MG/10ML ..... 13	verapamil hcl CP24 120 MG, 180 MG, 240 MG, 360 MG ..... 33
TRUXIMA ..... 24	valproic acid CAPS ..... 13	verapamil hcl SOLN 2.5 MG/ML ...33
TUKYSA ..... 24	valrubicin ..... 26	verapamil hcl TABS ..... 33
TURALIO ..... 27	valsartan TABS ..... 20	verapamil hcl TBCR ..... 33
TUZISTRA XR ..... 37	valsartan-hydrochlorothiazide .... 21	VEREGEN ..... 38
TWINRIX SUSY ..... 69	VALTOCO 10 MG DOSE LIQD .... 11	VERZENIO ..... 27
TWIRLA ..... 35	VALTOCO 15 MG DOSE LQPK ... 11	VICTOZA (liraglutide) ..... 16
TYBLUME CHEW ..... 35	VALTOCO 20 MG DOSE LQPK ... 11	vigabatrin PACK ..... 12
TYBOST ..... 31	VALTOCO 5 MG DOSE LIQD ..... 11	vigabatrin TABS ..... 12
TYMLOS ..... 45	vancomycin hcl CAPS ..... 22	VIIBRYD STARTER PACK KIT .... 14
TYVASO REFILL KIT SOLN IN ... 33	vancomycin hcl SOLR IV 1 GM, 10 GM, 500 MG, 1000 MG ..... 22	vilazodone hcl TABS ..... 14
TYVASO SOLN IN ..... 33	vancomycin hcl SOLR OR 25 MG/ML, 50 MG/ML, 250 MG/5ML . 22	vincristine sulfate ..... 28
TYVASO STARTER KIT SOLN IN . 33	VAQTA ..... 69	vinorelbine tartrate 10 MG/ML ..... 28
UBRELVY ..... 54	varenicline tartrate TABS ..... 63	VIRACEPT TABS 250 MG ..... 31
UCERIS (budesonide (intrarectal)) . 7	varenicline tartrate TBPK ..... 63	VIRACEPT TABS 625 MG ..... 31
UDENYCA ONBODY SOSY ..... 50	VARIVAX SUSR ..... 69	VIREAD POWD ..... 31
UDENYCA SOAJ ..... 50	VARUBI TBPK ..... 18	VIREAD TABS 150 MG, 200 MG, 250 MG ..... 31
UDENYCA SOSY ..... 50	VAXNEUVANCE ..... 66	VISTOGARD ..... 17
UPTRAVI TABS 200 MCG ..... 34	VECAMYL ..... 21	VITAMIN D2 TABS 400 UNIT ..... 70
UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG ..... 34	VECTIBIX 100 MG/5ML ..... 24	VITATHELY/GINGER TABS ..... 58
UPTRAVI TITRATION PACK TBPK	VELPHORO ..... 48	VITRAKVI CAPS ..... 27
34	venlafaxine hcl CP24 150 MG ..... 14	

VITRAKVI SOLN .....	27	XARELTO TABS 2.5 MG, 15 MG ..	10	XTANDI TABS 40 MG .....	25
VIZIMPRO .....	24	XELJANZ SOLN .....	3	XTANDI TABS 80 MG .....	25
VORAXAZE .....	28	XELJANZ TABS 10 MG .....	3	XULTOPHY 100/3.6 .....	15
voriconazole TABS .....	18	XELJANZ TABS 5 MG .....	3	XYNTHA .....	49
VOSEVI .....	31	XELJANZ XR TB24 .....	3	XYNTHA SOLOFUSE .....	49
VOTRIENT (pazopanib hcl) .....	27	XEOMIN .....	59	YERVOY .....	24
VYNDAMAX .....	34	XERAIVA .....	64	YONSA .....	25
VYNDAQEL .....	34	XGEVA SOLN .....	45	zafirlukast .....	9
VYVANSE CAPS .....	1	XHANCE EXHU .....	58	zaleplon 10 MG .....	50
warfarin sodium TABS .....	10	XIFAXAN 200 MG .....	21	zaleplon 5 MG .....	50
water for irrigation, sterile .....	56	XIFAXAN 550 MG .....	21	ZALTRAP 100 MG/4ML .....	24
WESTAB PLUS TABS .....	58	XIGDUO XR (dapagliflozin propanediol-metformin hcl) .....	15	ZANOSAR .....	23
WIDE-SEAL SILICONE DIAPHRAGM KIT 60 .....	53	XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG, 500 MG-5 MG .....	15	ZARONTIN CAPS (ethosuximide) .	13
WIDE-SEAL SILICONE DIAPHRAGM KIT 65 .....	53	XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG .....	15	ZARXIO .....	50
WIDE-SEAL SILICONE DIAPHRAGM KIT 70 .....	53	XOLAIR SOAJ 150 MG/ML, 300 MG/2ML .....	9	ZEJULA CAPS .....	27
WIDE-SEAL SILICONE DIAPHRAGM KIT 75 .....	53	XOLAIR SOAJ 75 MG/0.5ML .....	9	ZEJULA TABS 100 MG .....	27
WIDE-SEAL SILICONE DIAPHRAGM KIT 80 .....	53	XOLAIR SOLR .....	9	ZEJULA TABS 200 MG, 300 MG .	27
WIDE-SEAL SILICONE DIAPHRAGM KIT 85 .....	53	XOLAIR SOSY 150 MG/ML, 300 MG/2ML .....	9	ZELBORAF .....	27
WIDE-SEAL SILICONE DIAPHRAGM KIT 90 .....	53	XOLAIR SOSY 75 MG/0.5ML .....	9	ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT- 10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT- 15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT .....	44
WIDE-SEAL SILICONE DIAPHRAGM KIT 95 .....	53	XOSPATA .....	27	ZENPEP CPEP 252600 UNIT- 189600 UNIT-60000 UNIT .....	43
XALKORI CAPS .....	27	XPOVIO .....	25	zidovudine CAPS .....	31
XARELTO STARTER PACK TBPK 10		XPOVIO 60 MG TWICE WEEKLY 25		zidovudine SYRP .....	31
XARELTO SUSR .....	10	XPOVIO 80 MG TWICE WEEKLY 25		zidovudine TABS .....	31
XARELTO TABS 10 MG, 20 MG ..	10	XTAMPZA ER .....	6	ZIEXTENZO .....	50
		XTANDI CAPS .....	25		

zileuton TB12 .....	9
ziprasidone hcl .....	29
ZIRABEV .....	24
ZIRGAN GEL .....	59
ZOLADEX 10.8 MG .....	25
ZOLADEX 3.6 MG .....	25
zoledronic acid CONC .....	45
zoledronic acid SOLN .....	45
ZOLINZA .....	27
zolmitriptan SOLN .....	55
zolmitriptan TABS .....	55
zolmitriptan TBDP .....	55
zolpidem tartrate TABS .....	50
zolpidem tartrate TBCR .....	50
zonisamide CAPS .....	12
ZONTIVITY .....	49
ZORBTIVE SC .....	45
ZYDELIG .....	27
ZYLET .....	60

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