



2025 FORMULARY

EFFECTIVE JANUARY 1, 2025



Formulary Introduction

FORMULARY

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

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

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

Drug List Key:

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

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

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

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

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

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

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

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

Prior Authorization for Non-Formulary Drugs

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

Formulary Abbreviations:

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

Opioid Medications:

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

Introducción al Formulario

FORMULARIO

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

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

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

Clave de la lista de medicamentos:

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

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

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

Autorización previa para medicamentos no incluidos en el Formulario

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

Abreviaturas del Formulario:

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

Medicamentos opioides:

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

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

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>dextroamphetamine sulfate TABS 5 MG, 10 MG</i>	1B	QL(4 ea daily)
<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)
Anorexiants Non-Amphetamine		
<i>phendimetrazine tartrate TABS</i>	1B	PA
<i>phentermine hcl CAPS</i>	1B	PA
Anti-Obesity Agents		
CONTRAVE	3	QL(4 ea daily); PA
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents		
<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)
Dopamine and Norepinephrine Reuptake Inhibitors (DNRIs)		
SUNOSI 150 MG	3	QL(1 ea daily); PA
SUNOSI 75 MG	3	QL(2 ea daily); PA
Stimulants - Misc.		

Drug Name	Drug Tier	Requirements/Limits
<i>armodafinil</i>	1B	QL(1 ea daily); AL(At least 17 yrs old); PA
<i>dexmethylphenidate hcl CP24</i>	1B	QL(1 ea daily)
<i>dexmethylphenidate hcl TABS</i>	1B	QL(2 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl CHEW 10 MG</i>	1B	QL(5 ea daily)
<i>methylphenidate hcl CHEW 2.5 MG</i>	1B	QL(2 ea daily)
<i>methylphenidate hcl CHEW 5 MG</i>	1B	QL(6 ea daily)
<i>methylphenidate hcl CP24 30 MG</i>	1B	QL(2 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl CP24 10 MG, 20 MG, 40 MG, 60 MG</i>	1B	QL(1 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl CP24</i>	1B	QL(1 ea daily)
<i>methylphenidate hcl CPCR</i>	1B	QL(1 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl SOLN</i>	1B	QL(30 ml daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TABS 10 MG, 20 MG</i>	1B	QL(5 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TABS 5 MG</i>	1B	QL(6 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TB24 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 10 MG, 20 MG</i>	1B	QL(3 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TBCR 36 MG, 54 MG</i>	1B	QL(2 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TBCR 18 MG, 27 MG</i>	1B	QL(1 ea daily); AL(At least 6 yrs old)

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
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
Allergenic Extracts		
GRASTEK SUBL	3	PA
AMEBICIDES		
Amebicides		
SOLOSEC	3	PA
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
<i>amikacin sulfate SOLN 1 GM/4ML, 500 MG/2ML</i>	1B	
ARIKAYCE	4	PA
<i>gentamicin in saline 0.8 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
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Antirheumatic - Enzyme Inhibitors		
RINVOQ TB24	4	QL(1 ea daily); PA

Ambetter Formulary Updated January 1, 2025

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
XELJANZ XR TB24	4	QL(1 ea daily); PA	HUMIRA PEN AJKT SC 40 MG/0.4ML, 40 MG/0.8ML	4	QL(0.143 ea daily); PA
XELJANZ SOLN	4	QL(20 ml daily); PA	HUMIRA PEN-CD/UC/HS STARTER AJKT SC 40 MG/0.8ML, 80 MG/0.8ML	4	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA
XELJANZ TABS 10 MG	4	QL(2 ea daily); PA	HUMIRA PEN-PEDIATRIC UC STARTER PACK AJKT SC 80 MG/0.8ML	4	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA
XELJANZ TABS 5 MG	4	QL(2 ea daily); SP; PA	HUMIRA PEN-PS/UV STARTER AJKT SC 40 MG/0.8ML	4	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA
Antirheumatic Antimetabolites			HUMIRA PSKT	4	QL(0.143 ea daily); PA
METHOTREXATE	4	QL(1.714 ea daily); SP; PA	SIMPONI ARIA SOLN	4	PA
Anti-TNF-alpha - Monoclonal Antibodies			YUFLYMA 1-PEN KIT AJKT	4	QL(0.143 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	YUFLYMA 2-PEN KIT AJKT	4	QL(0.29 ea daily); PA
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS AJKT	4	QL(0.215 ea daily); PA	YUFLYMA 2-SYRINGE KIT PSKT	4	QL(0.143 ea daily); 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	YUFLYMA CD/UC/HS STARTER AJKT	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA
CYLTEZO STARTER PACKAGE FOR PSORIASIS AJKT	4	QL(0.143 ea daily); PA	Gold Compounds		
CYLTEZO AJKT	4	QL(0.215 ea daily); PA	RIDAURA	3	QL(3 ea daily)
CYLTEZO AJKT	4	QL(0.072 ea daily); PA	Interleukin-1 Blockers		
CYLTEZO PSKT 10 MG/0.2ML, 40 MG/0.4ML	4	QL(0.072 ea daily); PA	ARCALYST	4	QL(0.286 ea daily); SP; PA
CYLTEZO PSKT 20 MG/0.4ML, 40 MG/0.8ML	4	QL(0.215 ea daily); PA	Interleukin-6 Receptor Inhibitors		
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	KEVZARA SOAJ	4	QL(0.082 ml daily); PA
HUMIRA PEN AJKT SC 80 MG/0.8ML	4	QL(0.072 ea daily); PA	KEVZARA SOSY	4	QL(0.082 ml daily); PA

Ambetter Formulary Updated January 1, 2025

Drug Name	Drug Tier	Requirements/Limits
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
<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 CPCR</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	
<i>piroxicam CAPS</i>	1B	
<i>sulindac TABS</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>tolmetin sodium CAPS</i>	1B	
<i>tolmetin sodium TABS 600 MG</i>	1B	
Phosphodiesterase 4 (PDE4) Inhibitors		
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
Pyrimidine Synthesis Inhibitors		
<i>leflunomide</i>	1B	QL(1 ea daily)
Soluble Tumor Necrosis Factor Receptor Agents		
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
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		
<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG</i>	1B	
<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG</i>	1B	QL(6 ea daily)
<i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>	1B	QL(6 ea daily)
<i>butalbital-acetaminophen TABS 50 MG-325 MG</i>	1B	QL(6 ea daily)

Ambetter Formulary Updated January 1, 2025

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>butalbital-aspirin-caffeine CAPS</i>	1B	QL(4 ea daily)	<i>hydromorphone hcl TB24 32 MG</i>	1B	QL(1 ea daily); PA
Salicylates			<i>hydromorphone hcl TB24 8 MG, 12 MG, 16 MG</i>	1B	QL(2 ea daily); PA
<i>aspirin CHEW</i>	0	AL(At least 45 yrs old - Up to 79 yrs old)	<i>levorphanol tartrate TABS 2 MG</i>	1B	New starts limited to 7 day supply
<i>aspirin TABS 325 MG</i>	0	AL(At least 45 yrs old - Up to 79 yrs old)	<i>meperidine hcl SOLN IJ 25 MG/ML, 50 MG/ML, 100 MG/ML</i>	1B	
<i>aspirin TBEC 81 MG</i>	0	AL(At least 45 yrs old - Up to 79 yrs old)	<i>meperidine hcl SOLN OR 50 MG/5ML</i>	1B	New starts limited to 7 day supply; QL(500 ml per fill retail)
<i>aspirin TBEC 325 MG</i>	1A		<i>meperidine hcl TABS 50 MG</i>	1B	New starts limited to 7 day supply; QL(6 ea daily)
<i>diflunisal TABS</i>	1B		<i>methadone hcl CONC</i>	1B	QL(10 ml daily)
<i>salsalate</i>	1B		<i>methadone hcl SOLN OR 10 MG/5ML</i>	1B	QL(50 ml daily)
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions			<i>methadone hcl SOLN IJ 10 MG/ML</i>	1B	
Opioid Agonists			<i>methadone hcl SOLN OR 5 MG/5ML</i>	1B	QL(100 ml daily)
<i>codeine sulfate TABS 30 MG</i>	1B	New starts limited to 7 day supply	METHADONE HCL SOLN IJ	1B	
CODEINE SULFATE TABS	1B	New starts limited to 7 day supply	<i>methadone hcl TABS 5 MG</i>	1B	QL(4 ea daily)
<i>fentanyl citrate LPOP</i>	1B	QL(4 ea daily); PA	<i>methadone hcl TABS 10 MG</i>	1B	QL(10 ea daily)
<i>fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR</i>	1B	QL(0.34 ea daily)	<i>methadone hcl TBSO</i>	1B	QL(2 ea daily)
<i>hydrocodone bitartrate CP12</i>	3	QL(2 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>hydrocodone bitartrate T24A</i>	3	QL(2 ea daily); PA	<i>morphine sulfate SOLN OR 20 MG/5ML</i>	1B	New starts limited to 7 day supply; QL(50 ml daily)
<i>hydromorphone hcl LIQD</i>	1B	New starts limited to 7 day supply	<i>morphine sulfate SOLN IJ 0.5 MG/ML, 1 MG/ML</i>	1B	
<i>hydromorphone hcl SOLN IJ 10 MG/ML, 50 MG/5ML, 500 MG/50ML</i>	1B				
<i>hydromorphone hcl TABS</i>	1B	New starts limited to 7 day supply; QL(8 ea daily)			

Ambetter Formulary Updated January 1, 2025

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

Ambetter Formulary Updated January 1, 2025

Drug Name	Drug Tier	Requirements/Limits
<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)
Opioid Partial Agonists		
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG</i>	1B	QL(2 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG</i>	1B	QL(3 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate SUBL</i>	1B	QL(3 ea daily)
<i>buprenorphine hcl SOLN</i>	1B	
<i>buprenorphine hcl SUBL</i>	1B	QL(3 ea daily)
<i>buprenorphine PTWK</i>	1B	QL(0.143 ea daily); PA
<i>butorphanol tartrate 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
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Anabolic Steroids		
<i>oxandrolone</i>	1B	
Androgens		
<i>ANDRODERM PT24 2 MG/24HR, 4 MG/24HR</i>	2	QL(1 ea daily); PA

Drug Name	Drug Tier	Requirements/Limits
<i>danazol CAPS</i>	1B	
<i>METHITEST TABS</i>	3	
<i>testosterone cypionate SOLN IM</i>	1B	
<i>TESTOSTERONE CYPIONATE SOLN IJ 200 MG/ML</i>	1B	
<i>testosterone enanthate SOLN IM</i>	1B	
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
<i>budesonide (intrarectal)</i>	4	QL(3.2 gm daily); PA
<i>hydrocortisone (intrarectal)</i>	1B	
Rectal Steroids		
<i>hydrocortisone (rectal) EX</i>	1B	RX/OTC
<i>hydrocortisone acetate (rectal)</i>	1B	
Vasodilating Agents		
<i>nitroglycerin (intra-anal)</i>	1B	QL(2 gm daily)
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
<i>albendazole</i>	1B	PA
<i>EMVERM CHEW</i>	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

Ambetter Formulary Updated January 1, 2025

Drug Name	Drug Tier	Requirements/Limits
<i>praziquantel</i>	1B	PA
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
<i>ranolazine TB12 1000 MG</i>	1B	QL(2 ea daily)
<i>ranolazine TB12 500 MG</i>	1B	QL(3 ea daily)
Nitrates		
<i>isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG</i>	1B	
<i>isosorbide mononitrate TABS</i>	1B	
<i>isosorbide mononitrate TB24</i>	1B	
NITRO-BID OINT	3	
<i>nitroglycerin CPR</i>	1B	QL(4 ea daily)
<i>nitroglycerin PT24</i>	1B	
NITROGLYCERIN SOLN IV	1B	
<i>nitroglycerin SUBL</i>	1B	
ANTIANGIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
<i>buspirone hcl 7.5 MG, 10 MG, 15 MG, 30 MG</i>	1B	
<i>buspirone hcl 5 MG</i>	1A	
<i>hydroxyzine hcl SOLN 50 MG/ML</i>	1B	
<i>hydroxyzine hcl SYRP</i>	1B	
<i>hydroxyzine hcl TABS</i>	1B	
<i>hydroxyzine pamoate CAPS</i>	1B	
<i>meprobamate</i>	1B	QL(6 ea daily)
Benzodiazepines		
<i>alprazolam TABS 0.25 MG, 0.5 MG, 1 MG</i>	1A	QL(4 ea daily)
<i>alprazolam TABS 2 MG</i>	1B	QL(4 ea daily)
<i>alprazolam TB24</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>alprazolam TBDP</i>	1B	
<i>chlordiazepoxide hcl CAPS</i>	1B	
<i>clorazepate dipotassium TABS</i>	1B	
<i>diazepam CONC</i>	1B	
<i>diazepam SOLN OR 5 MG/5ML</i>	1B	
<i>diazepam TABS</i>	1A	QL(4 ea daily)
<i>lorazepam CONC</i>	1B	
<i>lorazepam TABS 1 MG</i>	1A	QL(4 ea daily)
<i>lorazepam TABS 0.5 MG, 2 MG</i>	1A	QL(3 ea daily)
<i>oxazepam CAPS</i>	1B	
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
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		
<i>flecainide acetate</i>	1B	
<i>propafenone hcl CP12</i>	1B	
<i>propafenone hcl TABS</i>	1B	
Antiarrhythmics Type III		
<i>amiodarone hcl SOLN 50 MG/ML</i>	1B	
<i>amiodarone hcl TABS</i>	1B	
<i>dofetilide</i>	1B	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Antiasthmatic - Monoclonal Antibodies		

Drug Name	Drug Tier	Requirements/Limits
FASENRA PEN SOAJ	4	QL(0.036 ml daily); PA
FASENRA SOSY 30 MG/ML	4	QL(0.036 ml daily); PA
NUCALA SOAJ	4	QL(0.1073 ml daily); PA
NUCALA SOLR	4	QL(0.1073 ea daily); PA
NUCALA SOSY 40 MG/0.4ML	4	QL(0.0144 ml daily); PA
NUCALA SOSY 100 MG/ML	4	QL(0.1073 ml daily); PA
XOLAIR SOAJ 150 MG/ML, 300 MG/2ML	4	QL(0.286 ml daily); PA
XOLAIR SOAJ 75 MG/0.5ML	4	QL(0.036 ml daily); PA
XOLAIR SOLR	4	QL(0.286 ea daily); PA
XOLAIR SOSY 150 MG/ML, 300 MG/2ML	4	QL(0.286 ml daily); PA
XOLAIR SOSY 75 MG/0.5ML	4	QL(0.036 ml daily); PA
Anti-Inflammatory Agents		
<i>cromolyn sodium NEBU</i>	1B	QL(8 ml daily)
Bronchodilators - Anticholinergics		
ATROVENT HFA	3	QL(0.44 gm daily)
INCRUSE ELLIPTA	2	QL(1 ea daily)
<i>ipratropium bromide SOLN 0.02 %</i>	1B	QL(15 ml daily)
SPIRIVA RESPIMAT AERS	2	QL(0.14 gm daily)
<i>tiotropium bromide monohydrate CAPS</i>	1B	QL(1 ea daily)
Leukotriene Modulators		
<i>montelukast sodium CHEW</i>	1B	QL(1 ea daily)
<i>montelukast sodium PACK</i>	1B	QL(1 ea daily)
<i>montelukast sodium TABS</i>	1B	QL(1 ea daily)
<i>zafirlukast</i>	1B	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>zileuton TB12</i>	3	QL(4 ea daily); PA
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
<i>roflumilast</i>	3	QL(1 ea daily)
Steroid Inhalants		
ALVESCO	3	PA
ARNUIITY ELLIPTA	2	
<i>budesonide (inhalation) SUSP</i>	1B	QL(4 ml daily); PA
<i>fluticasone propionate (inhalation) AEPB</i>	1B	
<i>fluticasone propionate hfa</i>	1B	QL(0.8 gm daily)
PULMICORT FLEXHALER AEPB	2	
QVAR REDIHALER	2	
Sympathomimetics		
AIRDUO DIGIHALER 113/14	3	
AIRDUO DIGIHALER 232/14	3	
AIRDUO DIGIHALER 55/14	3	
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)

Ambetter Formulary Updated January 1, 2025

Drug Name	Drug Tier	Requirements/Limits
<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)
Xanthines		
<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	
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
<i>warfarin sodium TABS</i>	1B	
Direct Factor Xa Inhibitors		
ELIQUIS STARTER PACK TBPK	2	QL(2.47 ea daily); 1 max fill(s) per 180 day(s) retail

Drug Name	Drug Tier	Requirements/Limits
ELIQUIS TABS	2	QL(2 ea daily)
XARELTO STARTER PACK TBPK	2	1 max fill(s) per 365 day(s) retail
XARELTO SUSR	2	QL(900 ml per 30 day(s) retail; 900 ml per 30 days mail)
XARELTO TABS 10 MG, 20 MG	2	QL(1 ea daily)
XARELTO TABS 2.5 MG, 15 MG	2	QL(2 ea daily)
Heparins And Heparinoid-Like Agents		
<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 100 MG/ML, 150 MG/ML</i>	4	QL(2 ml daily)
<i>enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML</i>	4	QL(1.6 ml daily)
<i>enoxaparin sodium SOSY 40 MG/0.4ML</i>	4	QL(0.8 ml daily; 30 Day(s) limit); SP
<i>enoxaparin sodium SOSY 30 MG/0.3ML</i>	4	QL(0.6 ml daily); SP
<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>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>fondaparinux sodium 5 MG/0.4ML</i>	4	QL(3.6 ml per 180 day(s) retail; 4 ml per 180 days mail); SP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<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	VALTOCO 15 MG DOSE LQPK	4	QL(10 ea per 30 day(s) retail); PA
FRAGMIN SOSY	4	SP; PA	VALTOCO 20 MG DOSE LQPK	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 5 MG DOSE LIQD	4	QL(10 ea per 30 day(s) retail); PA
HEPARIN SODIUM/NACL 0.45% SOLN IV 0.45 %-12500 UNIT/250ML	1B		Anticonvulsants - Misc.		
Thrombin Inhibitors			APTIOM	3	QL(2 ea daily); ST
<i>dabigatran etexilate mesylate CAPS</i>	1B		BANZEL TABS 400 MG (<i>rufinamide</i>)	2	QL(8 ea daily); PA
ANTICONVULSANTS - Drugs to Treat Seizures			BANZEL TABS 200 MG (<i>rufinamide</i>)	2	QL(2 ea daily); PA
AMPA Glutamate Receptor Antagonists			BRIVIACT SOLN OR 10 MG/ML	3	QL(20 ml daily); PA
FYCOMPA TABS 6 MG	3	QL(2 ea daily); PA	BRIVIACT TABS	3	QL(2 ea daily); PA
FYCOMPA TABS 2 MG	3	QL(6 ea daily); PA	<i>carbamazepine CHEW</i>	1B	
FYCOMPA TABS 4 MG	3	QL(3 ea daily); PA	<i>carbamazepine CP12 200 MG</i>	1B	QL(6 ea daily)
FYCOMPA TABS 8 MG, 10 MG, 12 MG	3	QL(1 ea daily); PA	<i>carbamazepine CP12 100 MG</i>	1B	
Anticonvulsants - Benzodiazepines			<i>carbamazepine CP12 300 MG</i>	1B	QL(4 ea daily)
<i>clobazam SUSP</i>	1B	QL(16 ml daily); PA	<i>carbamazepine SUSP</i>	1B	
<i>clobazam TABS</i>	1B	QL(2 ea daily); PA	<i>carbamazepine TABS</i>	1B	
<i>clonazepam TABS</i>	1A		<i>carbamazepine TB12 100 MG, 400 MG</i>	1B	QL(4 ea daily)
<i>diazepam (anticonvulsant) GEL</i>	3	5 package(s) per 30 day(s) retail; 5 package(s) per 30 day(s) mail	<i>carbamazepine TB12 200 MG</i>	1B	QL(6 ea daily)
NAYZILAM	3	QL(10 ea per 30 day(s) retail); PA	DIACOMIT CAPS 250 MG	4	QL(12 ea daily); PA
VALTOCO 10 MG DOSE LIQD	4	QL(10 ea per 30 day(s) retail); PA	DIACOMIT CAPS 500 MG	4	QL(6 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)

Ambetter Formulary Updated January 1, 2025

Drug Name	Drug Tier	Requirements/ Limits
<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 TBDP</i>	1B	QL(1 ea daily)
<i>levetiracetam SOLN IV 500 MG/5ML</i>	1B	QL(30 ml daily)
<i>levetiracetam TABS 500 MG</i>	1B	QL(6 ea daily)
<i>levetiracetam TABS 1000 MG</i>	1B	QL(3 ea daily)
<i>levetiracetam TABS 250 MG, 750 MG</i>	1B	QL(4 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)
<i>pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG</i>	3	QL(3 ea daily); PA
<i>pregabalin CAPS 225 MG, 300 MG</i>	3	QL(2 ea daily); PA
<i>pregabalin SOLN</i>	3	QL(30 ml daily); PA
<i>primidone 50 MG, 250 MG</i>	1B	
<i>rufinamide SUSP</i>	1B	QL(80 ml daily); PA
<i>rufinamide TABS 400 MG</i>	1B	QL(8 ea daily); PA
<i>rufinamide TABS 200 MG</i>	1B	QL(2 ea daily); PA
<i>TEGRETOL SUSP (carbamazepine)</i>	2	
<i>TEGRETOL TABS (carbamazepine)</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>topiramate CPSP 15 MG</i>	1B	QL(6 ea daily)
<i>topiramate CPSP 25 MG</i>	1B	QL(8 ea daily)
<i>topiramate CS24</i>	3	PA
<i>topiramate TABS 200 MG</i>	1B	QL(2 ea daily)
<i>topiramate TABS 50 MG</i>	1B	QL(6 ea daily)
<i>topiramate TABS 25 MG, 100 MG</i>	1B	QL(4 ea daily)
<i>zonisamide CAPS</i>	1B	QL(6 ea daily)
Carbamates		
<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)
GABA Modulators		
<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
Hydantoins		
<i>DILANTIN</i>	2	
<i>DILANTIN (phenytoin sodium extended)</i>	2	
<i>DILANTIN INFATABS CHEW (phenytoin)</i>	2	
<i>DILANTIN-125 SUSP (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		
<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)

Ambetter Formulary Updated January 1, 2025

Drug Name	Drug Tier	Requirements/Limits
ZARONTIN CAPS (ethosuximide)	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	
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
<i>mirtazapine TABS 7.5 MG, 45 MG</i>	1B	QL(1 ea daily)
<i>mirtazapine TABS 30 MG</i>	1B	QL(1.5 ea daily)
<i>mirtazapine TABS 15 MG</i>	1B	QL(3 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)
<i>mirtazapine TBDP 45 MG</i>	1B	QL(1 ea daily)
Antidepressants - Misc.		
<i>bupropion hcl TABS</i>	1B	+; QL(3 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 TB12 200 MG</i>	1B	+; QL(2 ea daily)
<i>bupropion hcl TB24 300 MG</i>	1B	QL(1 ea daily)
<i>bupropion hcl TB24 150 MG</i>	1B	QL(3 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		

Drug Name	Drug Tier	Requirements/Limits
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 10 MG</i>	1B	#; QL(4 ea daily)
<i>citalopram hydrobromide TABS 20 MG</i>	1B	#; QL(2 ea daily)
<i>escitalopram oxalate SOLN</i>	1B	QL(20 ml daily)
<i>escitalopram oxalate TABS 10 MG</i>	1B	+; QL(2 ea daily)
<i>escitalopram oxalate TABS 20 MG</i>	1B	+; QL(1 ea daily)
<i>escitalopram oxalate TABS 5 MG</i>	1B	+; QL(4 ea daily)
<i>fluoxetine hcl CAPS 40 MG</i>	1B	#; QL(2 ea daily)
<i>fluoxetine hcl CAPS 20 MG</i>	1B	#; QL(3 ea daily)
<i>fluoxetine hcl CAPS 10 MG</i>	1A	#; QL(1 ea daily)
<i>fluoxetine hcl CPDR</i>	1B	
<i>fluoxetine hcl SOLN</i>	1B	QL(20 ml daily)
<i>fluoxetine hcl TABS 10 MG, 60 MG</i>	1B	QL(1 ea daily)
<i>fluoxetine hcl TABS 20 MG</i>	1B	QL(3 ea daily)
<i>fluvoxamine maleate TABS 100 MG</i>	1B	+; QL(3 ea daily)
<i>fluvoxamine maleate TABS 25 MG, 50 MG</i>	1B	+; QL(2 ea daily)
<i>paroxetine hcl SUSP</i>	1B	QL(30 ml daily)
<i>paroxetine hcl TABS 30 MG</i>	1B	#; QL(2 ea daily)

Ambetter Formulary Updated January 1, 2025

Drug Name	Drug Tier	Requirements/Limits
<i>paroxetine hcl TABS 20 MG</i>	1B	#; QL(3 ea daily)
<i>paroxetine hcl TABS 10 MG</i>	1B	#; QL(6 ea daily)
<i>paroxetine hcl TABS 40 MG</i>	1B	#; QL(1 ea daily)
<i>paroxetine hcl TB24 12.5 MG</i>	1B	QL(1 ea daily)
<i>paroxetine hcl TB24 25 MG, 37.5 MG</i>	1B	QL(2 ea daily)
<i>sertraline hcl CONC</i>	1B	QL(10 ml daily)
<i>sertraline hcl TABS 25 MG, 50 MG</i>	1B	#; QL(4 ea daily)
<i>sertraline hcl TABS 100 MG</i>	1B	#; QL(2 ea daily)
Serotonin Modulators		
<i>nefazodone hcl</i>	1B	
<i>trazodone hcl TABS</i>	1B	
TRINTELLIX	3	QL(1 ea daily); PA
VIIBRYD STARTER PACK KIT	3	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail
<i>vilazodone hcl TABS</i>	1B	QL(1 ea daily)
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
<i>desvenlafaxine succinate 100 MG</i>	1B	QL(4 ea daily)
<i>desvenlafaxine succinate 25 MG, 50 MG</i>	1B	QL(1 ea daily)
<i>duloxetine hcl CPEP 20 MG, 30 MG, 60 MG</i>	1B	#; QL(2 ea daily)
<i>duloxetine hcl CPEP 40 MG</i>	1B	#
FETZIMA TITRATION PACK C4PK	3	PA
FETZIMA CP24	3	QL(1 ea daily); PA
<i>venlafaxine hcl CP24 150 MG</i>	1B	+; QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>venlafaxine hcl CP24 37.5 MG</i>	1B	+; QL(4 ea daily)
<i>venlafaxine hcl CP24 75 MG</i>	1B	+; QL(5 ea daily)
<i>venlafaxine hcl TABS</i>	1B	#; QL(3 ea daily)
<i>venlafaxine hcl TB24 37.5 MG, 75 MG, 225 MG</i>	1B	QL(1 ea daily)
<i>venlafaxine hcl TB24 150 MG</i>	1B	QL(2 ea daily)
Tricyclic Agents		
<i>amitriptyline hcl TABS</i>	1B	#
<i>amoxapine</i>	1B	
<i>clomipramine hcl</i>	1B	
<i>desipramine hcl TABS</i>	1B	
<i>doxepin hcl CAPS</i>	1B	
<i>doxepin hcl CONC</i>	1B	
<i>imipramine hcl TABS</i>	1B	+
<i>imipramine pamoate</i>	1B	
<i>nortriptyline hcl CAPS</i>	1B	
<i>nortriptyline hcl SOLN</i>	1B	
<i>protriptyline hcl</i>	1B	
<i>trimipramine maleate CAPS</i>	1B	
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Alpha-Glucosidase Inhibitors		
<i>acarbose</i>	1B	QL(3 ea daily)
<i>miglitol</i>	1B	QL(3 ea daily)
Antidiabetic Combinations		
<i>alogliptin-metformin hcl</i>	1B	QL(2 ea daily); PA
<i>alogliptin-pioglitazone 15 MG-25 MG, 30 MG-25 MG, 45 MG-25 MG</i>	1B	QL(1 ea daily); PA
<i>alogliptin-pioglitazone 30 MG-12.5 MG</i>	1B	QL(2 ea daily); PA
<i>dapagliflozin propanediol-metformin hcl 1000 MG-5 MG</i>	2	QL(2 ea daily)

Ambetter Formulary Updated January 1, 2025

Drug Name	Drug Tier	Requirements/Limits
<i>dapagliflozin propanediol-metformin hcl 1000 MG-10 MG</i>	2	QL(1 ea daily)
<i>glipizide-metformin hcl 500 MG-5 MG</i>	1B	+; QL(4 ea daily)
<i>glipizide-metformin hcl 250 MG-2.5 MG, 500 MG-2.5 MG</i>	1B	+; QL(2 ea daily)
<i>glyburide-metformin 250 MG-1.25 MG</i>	1B	+; QL(2 ea daily)
<i>glyburide-metformin 500 MG-2.5 MG, 500 MG-5 MG</i>	1B	+; QL(4 ea daily)
GLYXAMBI	2	QL(1 ea daily)
JANUMET XR TB24 1000 MG-100 MG	2	QL(1 ea daily)
JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG	2	QL(2 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)
<i>saxagliptin-metformin hcl 1000 MG-2.5 MG</i>	1B	QL(2 ea daily)
<i>saxagliptin-metformin hcl 1000 MG-5 MG, 500 MG-5 MG</i>	1B	QL(1 ea daily)
SOLIQUA 100/33	2	QL(0.5 ml daily); PA
SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-12.5 MG, 1000 MG-5 MG	2	QL(2 ea daily)
SYNJARDY XR TB24 1000 MG-25 MG	2	QL(1 ea daily)
SYNJARDY TABS	2	QL(2 ea daily)
TRIJARDY XR 1000 MG-2.5 MG-12.5 MG, 1000 MG-2.5 MG-5 MG	2	QL(2 ea daily)
TRIJARDY XR 1000 MG-5 MG-10 MG, 1000 MG-5 MG-25 MG	2	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
XIGDUO XR <i>(dapagliflozin propanediol-metformin hcl)</i>	2	QL(1 ea daily)
XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG, 500 MG-5 MG	2	QL(1 ea daily)
XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG	2	QL(2 ea daily)
XIGDUO XR <i>(dapagliflozin propanediol-metformin hcl)</i>	2	QL(2 ea daily)
XULTOPHY 100/3.6	2	QL(0.5 ml daily); PA
Biguanides		
<i>metformin hcl TABS 1000 MG</i>	1B	+; QL(2.5 ea daily)
<i>metformin hcl TABS 850 MG</i>	0	QL(3 ea daily)
<i>metformin hcl TABS 500 MG</i>	1B	+; QL(5 ea daily)
<i>metformin hcl TB24 500 MG</i>	1B	+; QL(4 ea daily)
<i>metformin hcl TB24 750 MG</i>	1B	+; QL(3 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	QL(0.108 ml daily); PA
OZEMPIC SOPN 2 MG/1.5ML	2	QL(0.054 ml daily); PA
RYBELSUS TABS	2	QL(1 ea daily); PA

Ambetter Formulary Updated January 1, 2025

Drug Name	Drug Tier	Requirements/Limits
TRULICITY SC 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML	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
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	#
INSULIN ASPART PROTAMINE/INSULIN ASPART SUSP	1B	#
INSULIN ASPART SOLN IJ	1B	#
INSULIN DEGLUDEC FLEXTOUCH SOPN	2	#
INSULIN DEGLUDEC SOLN	2	#
INSULIN LISPRO SOLN IJ	2	
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	#
REZVOGLAR KWIKPEN	3	PA

Drug Name	Drug Tier	Requirements/Limits
SEMGLEE SOLN	2	#
SEMGLEE SOPN	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 2 MG</i>	1B	QL(8 ea daily)
<i>repaglinide 0.5 MG, 1 MG</i>	1B	QL(4 ea daily)
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
<i>dapagliflozin propanediol</i>	2	QL(1 ea daily)
FARXIGA (<i>dapagliflozin propanediol</i>)	2	QL(1 ea daily)
FARXIGA	2	QL(1 ea daily)
JARDIANCE	2	QL(1 ea daily)
Sulfonylureas		
<i>glimepiride 4 MG</i>	1B	+; QL(2 ea daily)
<i>glimepiride 1 MG, 2 MG</i>	1B	+; QL(4 ea daily)
<i>glipizide TABS 5 MG, 10 MG</i>	1B	+; QL(4 ea daily)
<i>glipizide TB24</i>	1B	+; QL(2 ea daily)
<i>glyburide micronized 1.5 MG, 3 MG, 6 MG</i>	1B	+; QL(4 ea daily)
<i>glyburide TABS</i>	1B	+; QL(4 ea daily)
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	

Drug Name	Drug Tier	Requirements/Limits
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
Antidotes and Specific Antagonists		
VISTOGARD	4	PA
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		
5-HT3 Receptor Antagonists		
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 OR 4 MG/5ML</i>	1B	QL(3.34 ml daily)
<i>ondansetron hcl SOLN IJ 4 MG/2ML</i>	1B	
<i>ondansetron hcl SOSY</i>	1B	
<i>ondansetron hcl TABS 4 MG</i>	1B	QL(4 ea daily; 60 ea per fill retail; 60 per fill mail)
<i>ondansetron hcl TABS 8 MG</i>	1B	QL(3 ea daily; 45 ea per fill retail; 45 per fill mail)
<i>ondansetron hcl TABS 24 MG</i>	1B	QL(0.143 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>ondansetron TBDP 8 MG</i>	1B	
<i>ondansetron TBDP 4 MG</i>	1B	QL(1 ea daily)
<i>palonosetron hcl SOLN</i>	1B	
Antiemetics - Anticholinergic		
<i>meclizine hcl TABS 12.5 MG</i>	1A	RX/OTC
<i>meclizine hcl TABS 25 MG</i>	1B	RX/OTC
<i>scopolamine</i>	1B	QL(0.34 ea daily)
<i>trimethobenzamide hcl CAPS</i>	1B	
Antiemetics - Miscellaneous		
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	
Substance P/Neurokinin 1 (NK1) Receptor Antagonists		
<i>aprepitant CAPS 40 MG, 125 MG</i>	1B	QL(0.067 ea daily)
<i>aprepitant CAPS 80 MG</i>	1B	QL(0.134 ea daily)
<i>aprepitant CAPS</i>	1B	PA
<i>aprepitant MISC</i>	1B	PA
VARUBI TBPK	3	PA
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungal - Glucan Synthesis Inhibitors		
<i>caspofungin acetate</i>	1B	
ERAXIS	3	
<i>miconazole sodium</i>	1B	PA
Antifungals		
ABELCET	3	
<i>amphotericin b IV</i>	3	

Ambetter Formulary Updated January 1, 2025

Drug Name	Drug Tier	Requirements/Limits
<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)
Imidazole-Related Antifungals		
CRESEMBA CAPS OR 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	
<i>posaconazole SUSP</i>	3	QL(20 ml daily)
TOLSURA CAPS	4	PA
<i>voriconazole TABS</i>	1B	QL(4 ea daily)
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Alkylamines		
<i>dexchlorpheniramine maleate SOLN</i>	1B	
Antihistamines - Ethanolamines		
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	
Antihistamines - Non-Sedating		
<i>cetirizine hcl TABS</i>	1A	QL(1 ea daily)
<i>desloratadine TABS</i>	1B	QL(1 ea daily)
<i>desloratadine TBDP 2.5 MG</i>	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	
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	
ANTIHYPERTENSIVES - Drugs to Treat High Cholesterol		
Antihyperlipidemics - Combinations		
<i>ezetimibe-simvastatin</i>	1B	QL(1 ea daily)
Antihyperlipidemics - Misc.		

Ambetter Formulary Updated January 1, 2025

Drug Name	Drug Tier	Requirements/Limits
<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)
<i>fenofibrate micronized 67 MG, 134 MG, 200 MG</i>	1B	+; QL(1 ea daily)
<i>fenofibrate micronized 43 MG, 130 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 40 MG</i>	1B	+; QL(2 ea daily); PV
<i>lovastatin TABS 10 MG, 20 MG</i>	1B	+; QL(1 ea daily); PV
<i>pravastatin sodium</i>	1B	+; QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<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		
<i>REPATHA PUSHTRONEX SYSTEM SOCT</i>	4	QL(0.25 ml daily); PA
<i>REPATHA SURECLICK SOAJ</i>	4	QL(0.0714 ml daily); PA
<i>REPATHA SOSY</i>	4	QL(0.0714 ml daily); PA
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
<i>benazepril hcl</i>	1B	+
<i>captopril 25 MG, 50 MG, 100 MG</i>	1B	QL(3 ea daily)
<i>captopril 12.5 MG</i>	1B	
<i>enalapril maleate TABS</i>	1B	+
<i>fosinopril sodium</i>	1B	+
<i>lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i>	1B	+
<i>moexipril hcl</i>	1B	QL(2 ea daily)
<i>perindopril erbumine 2 MG, 8 MG</i>	1B	QL(2 ea daily)
<i>perindopril erbumine 4 MG</i>	1B	
<i>quinapril hcl 5 MG, 10 MG</i>	1B	QL(2 ea daily)
<i>quinapril hcl 20 MG, 40 MG</i>	1B	
<i>ramipril CAPS</i>	1B	+

Ambetter Formulary Updated January 1, 2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>quinapril-hydrochlorothiazide 12.5 MG-20 MG</i>	1B	QL(4 ea daily)
<i>quinapril-hydrochlorothiazide 25 MG-20 MG</i>	1B	QL(2 ea daily)
<i>quinapril-hydrochlorothiazide 12.5 MG-10 MG</i>	1B	QL(3 ea daily)
<i>telmisartan-amlodipine</i>	1B	QL(1 ea daily)
<i>telmisartan-hydrochlorothiazide</i>	1B	QL(1 ea daily)
<i>trandolapril-verapamil hcl 180 MG-2 MG, 240 MG-1 MG</i>	3	
<i>trandolapril-verapamil hcl 240 MG-2 MG, 240 MG-4 MG</i>	3	QL(1 ea daily)
<i>valsartan-hydrochlorothiazide</i>	1B	QL(1 ea daily)
Antihypertensives - Misc.		
VECAMYL	3	PA
Direct Renin Inhibitors		
<i>aliskiren fumarate</i>	1B	QL(1 ea daily)
Selective Aldosterone Receptor Antagonists (SARAs)		
<i>eplerenone</i>	1B	
Vasodilators		
<i>hydralazine hcl SOLN</i>	1B	
<i>hydralazine hcl TABS</i>	1B	+
<i>minoxidil 2.5 MG, 10 MG</i>	1B	+
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
<i>bacitracin</i>	3	
IMPAVIDO	3	QL(3 ea daily); PA
<i>metronidazole TABS</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<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	
Chloramphenicols		
<i>chloramphenicol sodium succinate</i>	4	SP; PA
Cyclic Lipopeptides		
<i>daptomycin 500 MG</i>	1B	
Glycopeptides		
<i>vancomycin hcl CAPS</i>	1B	QL(4 ea daily; 40 ea per fill retail)
<i>vancomycin hcl SOLR OR 25 MG/ML, 50 MG/ML, 250 MG/5ML</i>	1B	QL(300 ml per fill retail)

Ambetter Formulary Updated January 1, 2025

Drug Name	Drug Tier	Requirements/Limits
<i>vancomycin hcl SOLR IV 1 GM, 10 GM, 500 MG, 1000 MG</i>	1B	
Leprostatics		
<i>dapsone</i>	1B	
Lincosamides		
<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	
Monobactams		
<i>aztreonam 1 GM</i>	1B	
CAYSTON	4	QL(3 ml daily); PA
Oxazolidinones		
<i>linezolid SUSR</i>	1B	
<i>linezolid TABS</i>	1B	QL(2 ea daily); PA
SIVEXTRO TABS	3	PA
Polymyxins		
<i>polymyxin b sulfate SOLR</i>	1B	
Urinary Anti-infectives		
<i>fosfomycin tromethamine</i>	1B	
<i>methenamine hippurate</i>	1B	
<i>nitrofurantoin</i>	1B	
<i>nitrofurantoin macrocrystal 50 MG, 100 MG</i>	1B	
<i>nitrofurantoin monohyd macro</i>	1B	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		

Drug Name	Drug Tier	Requirements/Limits
<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
Antimalarials		
<i>chloroquine phosphate TABS 250 MG</i>	1B	QL(3 ea daily)
<i>chloroquine phosphate TABS 500 MG</i>	1B	
<i>hydroxychloroquine sulfate 100 MG</i>	1B	QL(4 ea daily)
<i>hydroxychloroquine sulfate 400 MG</i>	1B	QL(1 ea daily)
<i>hydroxychloroquine sulfate 200 MG</i>	1B	QL(3 ea daily)
KRINTAFEL	3	QL(2 ea per 30 day(s) retail)

Ambetter Formulary Updated January 1, 2025

Drug Name	Drug Tier	Requirements/Limits
<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		
Antimychasthenic/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	
PASER PACK	3	QL(3 ea daily)
PRIFTIN	3	
<i>pyrazinamide</i>	1B	
<i>rifabutin</i>	1B	PA
<i>rifampin CAPS</i>	1B	

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

Ambetter Formulary Updated January 1, 2025

Drug Name	Drug Tier	Requirements/Limits
<i>decitabine</i>	4	SP; PA
<i>floxuridine</i>	4	SP; PA
<i>fludarabine phosphate SOLN</i>	4	SP; PA
<i>fludarabine phosphate SOLR</i>	4	SP; PA
<i>fluorouracil 500 MG/10ML</i>	4	SP; PA
<i>gemcitabine hcl SOLR 2 GM, 200 MG</i>	4	SP; PA
<i>mercaptopurine TABS</i>	1B	
<i>methotrexate sodium SOLN 50 MG/2ML, 250 MG/10ML</i>	1B	
<i>methotrexate sodium SOLR</i>	1B	SP
<i>methotrexate sodium TABS 2.5 MG</i>	1B	SP
<i>nelarabine</i>	4	SP; PA
<i>pemetrexed disodium SOLR 500 MG</i>	4	SP; PA
<i>pralatrexate 20 MG/ML</i>	4	SP; PA
TABLOID	4	SP; PA
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	4	SP; PA
Antineoplastic - Angiogenesis Inhibitors		
INLYTA	4	QL(2 ea daily); SP; PA
LENVIMA 10 MG DAILY DOSE	4	QL(1 ea daily); PA
LENVIMA 12MG DAILY DOSE	4	QL(3 ea daily); PA
LENVIMA 14 MG DAILY DOSE	4	QL(2 ea daily); PA
LENVIMA 18 MG DAILY DOSE	4	QL(3 ea daily); PA
LENVIMA 20 MG DAILY DOSE	4	QL(2 ea daily); PA
LENVIMA 24 MG DAILY DOSE	4	QL(3 ea daily); PA
LENVIMA 4 MG DAILY DOSE	4	QL(1 ea daily); PA

Drug Name	Drug Tier	Requirements/Limits
LENVIMA 8 MG DAILY DOSE	4	QL(2 ea daily); PA
MVASI	4	PA
ZALTRAP 100 MG/4ML	4	SP; PA
ZIRABEV	4	PA
Antineoplastic - Antibodies		
ADCETRIS	4	SP; PA
ARZERRA	4	SP; PA
RUXIENCE	4	PA
TRUXIMA	4	PA
YERVOY	4	SP; PA
Antineoplastic - Anti-HER2 Agents		
KANJINTI	4	PA
OGIVRI	4	PA
PERJETA	4	SP; PA
TRAZIMERA	4	PA
TUKYSA	4	PA
Antineoplastic - EGFR Inhibitors		
ERBITUX	4	SP; PA
<i>erlotinib hcl</i>	4	QL(1 ea daily); SP; PA
<i>gefitinib</i>	4	QL(2 ea daily); PA
GILOTRIF	4	QL(1 ea daily); PA
TAGRISO 80 MG	4	QL(1 ea daily); PA
TAGRISO 40 MG	4	QL(2 ea daily); PA
VECTIBIX 100 MG/5ML	4	SP; PA
VIZIMPRO	4	QL(1 ea daily); PA
Antineoplastic - Hedgehog Pathway Inhibitors		
DAURISMO	4	PA
ERIVEDGE	4	QL(1 ea daily); SP; PA
ODOMZO	4	QL(1 ea daily); PA
Antineoplastic - Hormonal and Related Agents		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>abiraterone acetate 250 MG</i>	4	QL(4 ea daily); SP; PA	TRELSTAR MIXJECT	4	SP; PA
<i>abiraterone acetate 500 MG</i>	4	QL(2 ea daily); PA	XTANDI CAPS	4	QL(4 ea daily); SP; PA
<i>anastrozole</i>	1B	QL(1 ea daily)	XTANDI TABS 40 MG	4	QL(4 ea daily); PA
<i>bicalutamide</i>	1B	QL(1 ea daily); SP	XTANDI TABS 80 MG	4	QL(2 ea daily); PA
ELIGARD SC 22.5 MG, 30 MG, 45 MG	4	SP; PA	YONSA	4	QL(4 ea daily); PA
ELIGARD KIT SC 7.5 MG	4	QL(0.0089 ea daily); SP; PA	ZOLADEX 10.8 MG	4	QL(0.0119 ea daily); SP; PA
EMCYT	4	SP; PA	ZOLADEX 3.6 MG	4	QL(0.0357 ea daily); SP; PA
ERLEADA 240 MG	4	QL(1 ea daily); PA	Antineoplastic - Immunomodulators		
ERLEADA 60 MG	4	QL(4 ea daily); PA	POMALYST	4	QL(1 ea daily); PA
<i>exemestane</i>	4	QL(1 ea daily); SP	Antineoplastic - PDGFR-alpha Inhibitors		
FIRMAGON	4	QL(0.143 ea daily); SP; PA	AYVAKIT	4	QL(1 ea daily); PA
<i>flutamide</i>	4	QL(6 ea daily); SP; PA	Antineoplastic - XPO1 Inhibitors		
<i>fulvestrant SOSY</i>	4	QL(0.357 ml daily); SP; PA	XPOVIO	4	PA
<i>letrozole</i>	1B		XPOVIO 60 MG TWICE WEEKLY	4	PA
<i>leuprolide acetate KIT IJ 1 MG/0.2ML</i>	4	SP; PA	XPOVIO 80 MG TWICE WEEKLY	4	PA
LUPRON DEPOT (1-MONTH) KIT IM	4	QL(0.0358 ea daily); SP; PA	Antineoplastic Antibiotics		
LUPRON DEPOT (3-MONTH) KIT IM	4	SP; PA	<i>bleomycin sulfate 15 UNIT</i>	4	SP; PA
LUPRON DEPOT (4-MONTH) IM	4	QL(0.1339 ea daily); SP; PA	<i>dactinomycin</i>	4	SP; PA
LUPRON DEPOT (6-MONTH) IM	4	QL(0.0089 ea daily); SP; PA	<i>doxorubicin hcl liposomal IV 2 MG/ML</i>	4	SP; PA
LYSODREN	4	SP; PA	<i>doxorubicin hcl SOLN</i>	4	SP; PA
<i>megestrol acetate SUSP</i>	1B		<i>doxorubicin hcl SOLR 10 MG, 50 MG</i>	4	SP; PA
<i>megestrol acetate TABS</i>	1B		<i>idarubicin hcl 20 MG/20ML</i>	4	PA
<i>nilutamide</i>	1B	QL(2 ea daily)	<i>idarubicin hcl 5 MG/5ML, 10 MG/10ML</i>	4	SP; PA
NUBEQA	4	QL(4 ea daily); PA	<i>mitomycin SOLR IV 20 MG</i>	4	SP; PA
<i>tamoxifen citrate TABS</i>	0		<i>mitoxantrone hcl 2 MG/ML</i>	4	SP; PA
<i>toremifene citrate</i>	1B		<i>valrubicin</i>	4	SP; PA

Ambetter Formulary Updated January 1, 2025

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Antineoplastic Combinations			IBRANCE CAPS	4	QL(1 ea daily); PA
KISQALI FEMARA 200 DOSE	4	QL(2 ea daily); PA	IBRANCE TABS	4	QL(1 ea daily); PA
KISQALI FEMARA 400 DOSE	4	QL(2.5 ea daily); PA	ICLUSIG	4	QL(1 ea daily); PA
KISQALI FEMARA 600 DOSE	4	QL(3.25 ea daily); PA	<i>imatinib mesylate</i>	4	QL(2 ea daily); SP; PA
Antineoplastic Enzyme Inhibitors			IMBRUVICA CAPS 70 MG	4	QL(1 ea daily); PA
ALECENSA	4	QL(4 ea daily); PA	IMBRUVICA CAPS 140 MG	4	QL(3 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	QL(2 ea daily); PA
BOSULIF TABS 400 MG	4	QL(1 ea daily); PA	KISQALI	4	QL(2.5 ea daily); PA
BOSULIF TABS 100 MG, 500 MG	4	QL(1 ea daily); SP; PA	KOSELUGO	4	PA
BRAFTOVI 75 MG	4	QL(6 ea daily); SP; PA	KYPROLIS	4	PA
BRUKINSA	4	PA	<i>lapatinib ditosylate</i>	4	QL(6 ea daily); SP; PA
CABOMETYX TABS	4	QL(1 ea daily); PA	LORBRENA	4	QL(1 ea daily); PA
CALQUENCE	4	QL(2 ea daily); PA	LYNPARZA TABS	4	QL(4 ea daily); PA
CALQUENCE	4	QL(2 ea daily); PA	MEKINIST SOLR	4	QL(40 ml daily); PA
CAPRELSA	4	QL(1 ea daily); SP; PA	MEKINIST TABS 0.5 MG	4	QL(3 ea daily); PA
COMETRIQ KIT	4	QL(3 ea daily); SP; PA	MEKINIST TABS 2 MG	4	QL(1 ea daily); PA
COMETRIQ KIT	4	QL(4 ea daily); SP; PA	MEKTOVI	4	QL(6 ea daily); SP; PA
COMETRIQ KIT	4	QL(2 ea daily); SP; PA	NINLARO	4	QL(0.143 ea daily); PA
COPIKTRA	4	PA	<i>pazopanib hcl</i>	4	QL(4 ea daily); SP; PA
<i>dasatinib</i>	4	QL(1 ea daily); SP; PA	PEMAZYRE	4	QL(1 ea daily); PA
<i>everolimus TABS</i>	4	QL(1 ea daily); SP; PA	PIQRAY 200MG DAILY DOSE	4	QL(1 ea daily); PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PIQRAY 250MG DAILY DOSE	4	QL(1 ea daily); PA	XALKORI CAPS	4	QL(2 ea daily); SP; PA
PIQRAY 300MG DAILY DOSE	4	QL(1 ea daily); PA	XOSPATA	4	PA
QINLOCK	4	PA	ZEJULA CAPS	4	QL(3 ea daily); PA
RETEVMO CAPS	4	PA	ZEJULA TABS 200 MG, 300 MG	4	QL(1 ea daily); PA
<i>romidepsin SOLR</i>	4	SP; PA	ZEJULA TABS 100 MG	4	QL(3 ea daily); PA
ROZLYTREK CAPS	4	PA	ZELBORAF	4	QL(8 ea daily); SP; PA
RUBRACA	4	QL(4 ea daily); PA	ZOLINZA	4	QL(4 ea daily); SP; PA
SCEMBLIX 100 MG	4	QL(4 ea daily); PA	ZYDELIG	4	QL(2 ea daily); PA
SCEMBLIX 20 MG, 40 MG	4	QL(2 ea daily); PA	Antineoplastic Enzymes		
<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	Antineoplastics Misc.		
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	QL(4 ea daily); PA	<i>hydroxyurea</i>	1B	
TAFINLAR TBSO	4	QL(30 ea daily); PA	MATULANE	4	SP; PA
TALZENNA	4	QL(1 ea daily); PA	NIPENT	4	SP; PA
TASIGNA 150 MG, 200 MG	4	QL(4 ea daily); SP; PA	PHOTOFRIN	4	SP; PA
TASIGNA 50 MG	4	QL(4 ea daily); 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	Chemotherapy Adjuncts		
VERZENIO	4	QL(2 ea daily); PA	KEPIVANCE 6.25 MG	4	SP; PA
VITRAKVI CAPS	4	PA	Chemotherapy Rescue/Antidote/Protective Agents		
VITRAKVI SOLN	4	PA	<i>leucovorin calcium SOLR</i>	1B	
			<i>leucovorin calcium TABS</i>	1B	
			VORAXAZE	4	SP; PA

Ambetter Formulary Updated January 1, 2025

Drug Name	Drug Tier	Requirements/Limits
Mitotic Inhibitors		
<i>docetaxel CONC 20 MG/ML</i>	4	SP; PA
<i>docetaxel SOLN 20 MG/2ML</i>	4	SP; PA
<i>eribulin mesylate</i>	4	SP; PA
ETOPOPHOS	4	SP; PA
<i>etoposide CAPS</i>	4	SP; PA
<i>etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML</i>	4	PA
HALAVEN (<i>eribulin mesylate</i>)	4	SP; PA
IXEMPRA KIT 15 MG	4	SP; PA
JEVTANA	4	SP; PA
<i>paclitaxel 6 MG/ML, 100 MG/16.7ML, 150 MG/25ML</i>	4	SP; PA
<i>paclitaxel protein-bound particles</i>	4	SP; PA
<i>vincristine sulfate</i>	4	SP; PA
<i>vinorelbine tartrate 10 MG/ML</i>	4	SP; PA
Topoisomerase I Inhibitors		
HYCANTIN CAPS	4	SP; PA
<i>irinotecan hcl 40 MG/2ML, 100 MG/5ML</i>	4	SP; PA
<i>topotecan hcl SOLN</i>	4	
<i>topotecan hcl SOLR</i>	4	
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjunctive Therapy		
<i>carbidopa</i>	1B	
Antiparkinson Anticholinergics		
<i>benztropine mesylate SOLN</i>	1B	
<i>benztropine mesylate TABS</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>trihexyphenidyl hcl SOLN</i>	1B	
<i>trihexyphenidyl hcl TABS</i>	1B	
Antiparkinson COMT Inhibitors		
<i>entacapone</i>	1B	QL(8 ea daily)
<i>tolcapone</i>	1B	
Antiparkinson Dopaminergics		
<i>amantadine hcl CAPS</i>	1B	
<i>amantadine hcl SOLN</i>	1B	
<i>amantadine hcl TABS</i>	1B	
<i>apomorphine hydrochloride SOCT</i>	4	PA
<i>bromocriptine mesylate CAPS</i>	1B	
<i>bromocriptine mesylate TABS 2.5 MG</i>	1B	
<i>carbidopa-levodopa-entacapone</i>	1B	
<i>carbidopa-levodopa TABS</i>	1B	
<i>carbidopa-levodopa TBCR</i>	1B	
<i>carbidopa-levodopa TBDP</i>	1B	
NEUPRO	2	
<i>pramipexole dihydrochloride TABS 0.125 MG</i>	1B	QL(4 ea daily)
<i>pramipexole dihydrochloride TABS 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG</i>	1B	
<i>ropinirole hydrochloride TABS</i>	1B	
<i>ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG</i>	1B	QL(1 ea daily); ST
<i>ropinirole hydrochloride TB24 8 MG, 12 MG</i>	1B	QL(2 ea daily); ST
Antiparkinson Monoamine Oxidase Inhibitors		
<i>rasagiline mesylate</i>	1B	QL(1 ea daily); PA
<i>selegiline hcl CAPS</i>	1B	
<i>selegiline hcl TABS</i>	1B	

Ambetter Formulary Updated January 1, 2025

Drug Name	Drug Tier	Requirements/Limits
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
<i>lithium</i>	1B	
<i>lithium carbonate CAPS</i>	1B	
<i>lithium carbonate TABS</i>	1B	
<i>lithium carbonate TBCR</i>	1B	
Antipsychotics - Misc.		
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 20 MG, 40 MG, 60 MG, 120 MG</i>	1B	QL(1 ea daily)
<i>lurasidone hcl 80 MG</i>	1B	QL(2 ea daily)
<i>ziprasidone hcl</i>	1B	QL(2 ea daily); AL(At least 18 yrs old)
Benzisoxazoles		
FANAPT	2	QL(2 ea daily); PA
FANAPT TITRATION PACK	2	PA
<i>paliperidone 1.5 MG, 3 MG, 9 MG</i>	1B	QL(1 ea daily)
<i>paliperidone 6 MG</i>	1B	QL(2 ea daily)
PERSERIS PRSY	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)
Butyrophenones		
<i>haloperidol decanoate</i>	1B	QL(0.036 ml daily)
<i>haloperidol lactate CONC</i>	1B	
<i>haloperidol lactate SOLN</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>haloperidol TABS</i>	1B	
Dibenzapines		
<i>asenapine maleate 2.5 MG</i>	1B	QL(4 ea daily); PA
<i>asenapine maleate 5 MG, 10 MG</i>	1B	QL(2 ea daily); PA
<i>clozapine TABS</i>	1B	
<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>clozapine TBDP 25 MG</i>	1B	QL(3 ea daily)
<i>loxapine succinate</i>	1B	
<i>olanzapine SOLR</i>	1B	QL(0.215 ea daily)
<i>olanzapine TABS 2.5 MG, 5 MG</i>	1B	QL(4 ea daily)
<i>olanzapine TABS 7.5 MG, 10 MG, 15 MG, 20 MG</i>	1B	QL(2 ea daily)
<i>olanzapine TBDP 5 MG, 10 MG, 15 MG</i>	1B	QL(2 ea daily)
<i>olanzapine TBDP 20 MG</i>	1B	QL(1 ea daily)
<i>quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG</i>	1B	QL(4 ea daily); AL(At least 10 yrs old)
<i>quetiapine fumarate TABS 300 MG, 400 MG</i>	1B	QL(2 ea daily); AL(At least 10 yrs old)
<i>quetiapine fumarate TB24 50 MG, 150 MG, 200 MG</i>	1B	QL(1 ea daily)
<i>quetiapine fumarate TB24 300 MG, 400 MG</i>	1B	QL(2 ea daily)
Phenothiazines		
<i>chlorpromazine hcl SOLN</i>	3	
<i>chlorpromazine hcl TABS</i>	1B	
<i>fluphenazine hcl CONC</i>	1B	
<i>fluphenazine hcl ELIX</i>	1B	
<i>fluphenazine hcl SOLN</i>	1B	
<i>fluphenazine hcl TABS</i>	1B	
<i>perphenazine TABS</i>	1B	
<i>prochlorperazine</i>	1B	

Ambetter Formulary Updated January 1, 2025

Drug Name	Drug Tier	Requirements/Limits
<i>prochlorperazine maleate TABS</i>	1B	
<i>thioridazine hcl</i>	1B	
<i>trifluoperazine hcl TABS</i>	1B	
Quinolinone Derivatives		
<i>aripiprazole SOLN OR</i>	1B	QL(30 ml daily); AL(At least 6 yrs old)
<i>aripiprazole TABS</i>	1B	QL(1 ea daily); AL(At least 6 yrs old)
REXULTI	3	PA
Thioxanthenes		
<i>thiothixene</i>	1B	
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
<i>abacavir sulfate-lamivudine</i>	1B	QL(1 ea daily)
<i>abacavir sulfate SOLN</i>	1B	QL(32 ml daily)
<i>abacavir sulfate TABS</i>	1B	QL(2 ea daily)
APTIVUS CAPS	3	QL(4 ea daily)
<i>atazanavir sulfate CAPS 150 MG, 300 MG</i>	1B	QL(1 ea daily)
<i>atazanavir sulfate CAPS 200 MG</i>	1B	QL(2 ea daily)
BIKTARVY	3	QL(1 ea daily)
CIMDUO	3	QL(1 ea daily); ST
COMPLERA	3	QL(1 ea daily)
<i>darunavir TABS</i>	1B	
DELSTRIGO	3	QL(1 ea daily)
DOVATO	3	QL(1 ea daily)
EDURANT	3	QL(1 ea daily)
<i>efavirenz CAPS 50 MG</i>	1B	QL(3 ea daily)
<i>efavirenz CAPS 200 MG</i>	1B	QL(2 ea daily)
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	1B	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	1B	QL(1 ea daily)
<i>efavirenz TABS</i>	1B	QL(1 ea daily)
<i>emtricitabine CAPS</i>	1B	QL(1 ea daily)
<i>emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG</i>	1B	QL(1 ea daily)
<i>emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG</i>	0	QL(1 ea daily)
EMTRIVA SOLN	3	QL(24 ml daily)
<i>etravirine 200 MG</i>	1B	QL(2 ea daily)
<i>etravirine 100 MG</i>	1B	QL(4 ea daily)
EVOTAZ	3	QL(1 ea daily)
<i>fosamprenavir calcium TABS</i>	1B	QL(4 ea daily)
FUZEON SOLR	4	SP; PA
GENVOYA	3	QL(1 ea daily)
INTELENCE 25 MG	3	QL(8 ea daily)
ISENTRESS HD TABS	3	QL(2 ea daily)
ISENTRESS CHEW	3	QL(6 ea daily)
ISENTRESS TABS	3	QL(2 ea daily)
JULUCA	3	QL(1 ea daily)
<i>lamivudine SOLN</i>	1B	QL(30 ml daily)
<i>lamivudine TABS 150 MG</i>	1B	QL(2 ea daily)
<i>lamivudine TABS 300 MG</i>	1B	QL(1 ea daily)
<i>lamivudine-zidovudine</i>	1B	QL(2 ea daily)
LEXIVA SUSP	3	QL(56 ml daily)
<i>lopinavir-ritonavir SOLN</i>	1B	QL(12.5 ml daily)
<i>lopinavir-ritonavir TABS</i>	1B	QL(4 ea daily)
<i>maraviroc TABS 300 MG</i>	1B	QL(4 ea daily)
<i>maraviroc TABS 150 MG</i>	1B	QL(2 ea daily)
<i>nevirapine SUSP</i>	1B	QL(40 ml daily)
<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)

Drug Name	Drug Tier	Requirements/Limits
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 75 MG, 150 MG	3	QL(2 ea daily)
RETROVIR IV INFUSION SOLN	3	
<i>ritonavir</i> TABS	1B	QL(12 ea daily)
SELZENTRY SOLN	3	QL(30 ml daily)
SELZENTRY TABS 25 MG, 75 MG	3	QL(2 ea daily)
<i>stavudine</i> CAPS	1B	QL(2 ea daily)
STRIBILD	3	QL(1 ea daily)
<i>tenofovir disoproxil fumarate</i> TABS	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 625 MG	3	QL(4 ea daily)
VIRACEPT TABS 250 MG	3	QL(10 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</i> CAPS	1B	QL(6 ea daily)
<i>zidovudine</i> SYRP	1B	QL(60 ml daily)
<i>zidovudine</i> TABS	1B	QL(2 ea daily)
CMV Agents		
<i>cidofovir</i>	3	
<i>ganciclovir sodium</i> SOLR	1B	
<i>valganciclovir hcl</i> TABS	1B	QL(4 ea daily); PA
Hepatitis Agents		

Drug Name	Drug Tier	Requirements/Limits
<i>adefovir dipivoxil</i>	4	QL(1 ea daily); SP
<i>entecavir</i> TABS	4	QL(1 ea daily); SP
EPIVIR HBV SOLN	4	QL(60 ml daily); SP; PA
<i>lamivudine (hbv)</i> TABS	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)</i> CAPS	1B	QL(7 ea daily)
<i>ribavirin (hepatitis c)</i> TABS 200 MG	1B	QL(7 ea daily)
SOFOSBUVIR/VELPATA SVIR TABS	1B	QL(1 ea daily); PA
SOVALDI TABS 200 MG	4	QL(1 ea daily); PA
SOVALDI TABS 400 MG	4	QL(1 ea daily); SP; PA
VOSEVI	4	QL(1 ea daily); PA
Herpes Agents		
<i>acyclovir</i> CAPS	1A	QL(5 ea daily; 50 ea per fill retail; 50 per fill mail)
<i>acyclovir</i> SUSP	1B	QL(13.34 ml daily)
<i>acyclovir</i> TABS OR	1B	QL(5 ea daily)
<i>famciclovir</i> 125 MG, 250 MG	1B	QL(3 ea daily)
<i>famciclovir</i> 500 MG	1B	QL(4 ea daily)
<i>valacyclovir hcl</i> 1 GM, 1000 MG	1B	QL(4 ea daily)
<i>valacyclovir hcl</i> 500 MG	1B	QL(2 ea daily)
Influenza Agents		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<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>metoprolol tartrate TABS 25 MG, 50 MG, 100 MG</i>	1B	+
<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	<i>nebivolol hcl 20 MG</i>	3	QL(2 ea daily)
RELENZA DISKHALER	2	1 package(s) per 30 day(s) retail	<i>nebivolol hcl 2.5 MG, 5 MG, 10 MG</i>	3	QL(1 ea daily)
<i>rimantadine hydrochloride TABS</i>	1B	QL(2 ea daily)	Beta Blockers Non-Selective		
BETA BLOCKERS - Drugs to Treat High Blood Pressure			HEMANGEOL SOLN OR	4	QL(75 ml daily); PA
Alpha-Beta Blockers			<i>nadolol TABS 40 MG</i>	1B	QL(6 ea daily)
<i>carvedilol</i>	1B	+	<i>nadolol TABS 20 MG</i>	1B	QL(3 ea daily)
<i>carvedilol phosphate</i>	3	QL(1 ea daily)	<i>nadolol TABS 80 MG</i>	1B	
<i>labetalol hcl SOLN</i>	1B		<i>pindolol TABS</i>	1B	
<i>labetalol hcl TABS 300 MG</i>	1B	++; QL(8 ea daily)	<i>propranolol hcl CP24</i>	1B	QL(2 ea daily)
<i>labetalol hcl TABS 100 MG, 200 MG</i>	1B	+	<i>propranolol hcl SOLN OR 20 MG/5ML, 40 MG/5ML</i>	1B	
Beta Blockers Cardio-Selective			<i>propranolol hcl TABS</i>	1B	
<i>acebutolol hcl CAPS</i>	1B		<i>sotalol hcl (afib/af)</i>	1B	
<i>atenolol TABS</i>	1B	+	<i>sotalol hcl TABS 80 MG, 120 MG, 160 MG</i>	1B	QL(2 ea daily)
<i>betaxolol hcl</i>	1B		<i>sotalol hcl TABS 240 MG</i>	1B	
<i>bisoprolol fumarate</i>	1B	+	<i>timolol maleate TABS</i>	1B	
<i>metoprolol succinate TB24 25 MG, 50 MG, 100 MG</i>	1B	+	CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
<i>metoprolol succinate TB24 200 MG</i>	1B	++; QL(2 ea daily)	Calcium Channel Blockers		
<i>metoprolol tartrate SOLN IV 5 MG/5ML</i>	1B		<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 120 MG, 180 MG, 240 MG, 300 MG, 360 MG</i>	1B	+
			<i>diltiazem hcl extended release beads 420 MG</i>	1B	
			<i>diltiazem hcl CP12</i>	1B	QL(2 ea daily)
			<i>diltiazem hcl CP24</i>	1B	+

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

Drug Name	Drug Tier	Requirements/Limits
LANOXIN TABS 62.5 MCG, 125 MCG, 250 MCG (<i>digoxin</i>)	2	
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiovascular Agents Misc. - Combinations		
<i>amlodipine besylate-atorvastatin calcium</i>	1B	QL(1 ea daily)
<i>isosorbide dinitrate-hydralazine hcl</i>	1B	
Impotence Agents		
<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 125 MG</i>	4	QL(2 ea daily); SP; PA
<i>bosentan TABS 62.5 MG</i>	4	QL(2 ea daily); PA
OPSUMIT	4	QL(1 ea daily); PA
TRACLEER TBSO	4	QL(2 ea daily); SP; PA
Pulmonary Hypertension - Phosphodiesterase Inhibitors		

Ambetter Formulary Updated January 1, 2025

Drug Name	Drug Tier	Requirements/Limits
<i>sildenafil citrate (pulmonary hypertension) SOLN</i>	4	QL(37.5 ml daily); SP; PA
<i>sildenafil citrate (pulmonary hypertension) SUSR</i>	4	QL(6 ml daily); PA
<i>sildenafil citrate (pulmonary hypertension) TABS</i>	4	QL(3 ea daily); SP; PA
<i>tadalafil (pulmonary hypertension) TABS</i>	4	QL(2 ea daily); SP; PA
Pulmonary Hypertension - Prostacyclin Receptor Agonist		
UPTRAVI TITRATION PACK TBPK	4	1 max fill(s) per 180 day(s) retail; PA
UPTRAVI TABS 200 MCG	4	PA
UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG	4	QL(2 ea daily); PA
Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator		
ADEMPAS	4	QL(3 ea daily); PA
Sinus Node Inhibitors		
<i>ivabradine hcl TABS</i>	3	QL(2 ea daily); PA
Transthyretin Stabilizers		
VYNDAMAX	4	QL(1 ea daily); PA
VYNDAQEL	4	QL(4 ea daily); PA
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
<i>cefadroxil CAPS</i>	1B	
<i>cefadroxil SUSR</i>	1B	
<i>cefadroxil TABS</i>	1B	

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

Ambetter Formulary Updated January 1, 2025

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TEFLARO	3		<i>norethindrone & ethinyl estradiol-fe</i>	0	
CONTRACEPTIVES - Drugs to Prevent Pregnancy					
Combination Contraceptives - Oral					
<i>desogestrel & ethinyl estradiol</i>	0		<i>norethindrone acet & eth estra TABS</i>	0	
<i>desogestrel-ethinyl estradiol (biphasic)</i>	0		<i>norethindrone acetate-ethinyl estradiol-fe</i>	0	
<i>desogestrel-ethinyl estradiol (triphasic)</i>	0		<i>norethindrone-eth estradiol (triphasic)</i>	0	
<i>drospirenone-ethinyl estradiol</i>	0		<i>norgestimate-ethinyl estradiol</i>	0	
<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>	0		<i>norgestimate-ethinyl estradiol (triphasic)</i>	0	
<i>ethynodiol diacet & eth estrad</i>	0		<i>norgestrel & ethinyl estradiol 30 MCG-0.3 MG</i>	0	
<i>levonorgestrel & eth estradiol TABS</i>	0		TYBLUME CHEW	0	
<i>levonorgestrel-eth estradiol (triphasic)</i>	0		Combination Contraceptives - Transdermal		
<i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i>	0		<i>norelgestromin-ethinyl estradiol</i>	0	
<i>levonorgestrel-ethinyl estradiol (continuous)</i>	0		TWIRLA	0	QL(3 ea per 28 day(s) retail; 9 ea per 84 days mail)
<i>levonorgestrel-ethinyl estradiol-iron</i>	0		Combination Contraceptives - Vaginal		
LO LOESTRIN FE TABS	0		ANNOVERA	0	
NATAZIA	0		<i>etonogestrel-ethinyl estradiol</i>	0	QL(0.05 ea daily)
NEXTSTELLIS	0		Copper Contraceptives - IUD		
<i>norethin acet & estrad-fe CAPS</i>	0		PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A	0	
<i>norethin acet & estrad-fe CHEW</i>	0		Emergency Contraceptives		
<i>norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i>	0		ELLA	0	
<i>norethindrone & eth estradiol</i>	0		<i>levonorgestrel (emergency oc) 1.5 MG</i>	0	
			Progestin Contraceptives - Implants		
			NEXPLANON	0	
			Progestin Contraceptives - Injectable		
			DEPO-SUBQ PROVERA 104 SUSY SC	0	

Ambetter Formulary Updated January 1, 2025

Drug Name	Drug Tier	Requirements/Limits
<i>medroxyprogesterone acetate (contraceptive) SUSP IM</i>	0	QL(1 ml per 90 day(s) retail)
<i>medroxyprogesterone acetate (contraceptive) SUSY IM</i>	0	QL(90 Day(s) limit ; 1 ml per 90 day(s) retail)
Progestin Contraceptives - IUD		
KYLEENA	0	
LILETTA 20.1 MCG/DAY	0	
MIRENA	0	
SKYLA	0	
Progestin Contraceptives - Oral		
<i>norethindrone (contraceptive)</i>	0	
OPILL	0	
SLYND	0	QL(1 ea daily)
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
<i>budesonide CPEP</i>	1B	QL(3 ea daily)
<i>deflazacort SUSP</i>	4	PA
<i>deflazacort TABS</i>	4	PA
DEPO-MEDROL SUSP	3	
DEXAMETHASONE INTENSOL CONC	1B	
<i>dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML</i>	1B	
<i>dexamethasone sodium phosphate SOSY IJ 4 MG/ML</i>	1B	
<i>dexamethasone ELIX</i>	1B	
<i>dexamethasone SOLN</i>	1B	
<i>dexamethasone TABS 1 MG, 1.5 MG, 2 MG, 4 MG, 6 MG</i>	1B	
<i>dexamethasone TABS 0.5 MG, 0.75 MG</i>	1A	

Drug Name	Drug Tier	Requirements/Limits
EMFLAZA SUSP (<i>deflazacort</i>)	4	PA
<i>hydrocortisone sod succinate 100 MG</i>	1B	2 max fill(s) per 30 day(s) retail
<i>hydrocortisone TABS</i>	1B	
MEDROL TABS	3	
<i>methylprednisolone acetate SUSP</i>	1B	
<i>methylprednisolone sod succ 40 MG, 125 MG, 500 MG, 1000 MG</i>	1B	
<i>methylprednisolone TABS</i>	1B	
<i>methylprednisolone TBPK</i>	1B	
<i>prednisolone sodium phosphate SOLN 5 MG/5ML, 6.7 MG/5ML, 10 MG/5ML, 15 MG/5ML, 25 MG/5ML</i>	1B	
<i>prednisolone sodium phosphate TBP</i>	3	
<i>prednisolone SOLN</i>	1B	
<i>prednisolone TABS</i>	1B	
<i>prednisone SOLN</i>	1B	
<i>prednisone TABS 2.5 MG, 10 MG, 20 MG, 50 MG</i>	1A	
<i>prednisone TABS 1 MG, 5 MG</i>	1B	
<i>prednisone TBPK</i>	1B	
SOLU-CORTEF 100 MG, 500 MG, 1000 MG	3	2 max fill(s) per 30 day(s) retail
SOLU-CORTEF 250 MG	3	
SOLU-MEDROL 2 GM	3	
<i>triamcinolone acetate SUSP 40 MG/ML, 200 MG/5ML, 400 MG/10ML</i>	1B	
Mineralocorticoids		
<i>fludrocortisone acetate TABS</i>	1B	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		

Drug Name	Drug Tier	Requirements/Limits
Antitussives		
<i>benzonatate 100 MG</i>	1B	QL(6 ea daily)
<i>benzonatate 200 MG</i>	1B	QL(3 ea daily)
<i>benzonatate 150 MG</i>	1B	QL(4 ea daily)
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	
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
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
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

Drug Name	Drug Tier	Requirements/Limits
<i>benzoyl peroxide FOAM 5.3 %, 9.8 %</i>	1B	AL(At least 12 yrs old); RX/OTC
<i>benzoyl peroxide GEL 10 %</i>	1B	AL(At least 12 yrs old)
<i>benzoyl peroxide GEL 5 %</i>	1B	QL(3 gm daily); 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
<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)

Ambetter Formulary Updated January 1, 2025

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>oxiconazole nitrate CREA</i>	1B	Limit 1 Fill per 180 days; QL(3 gm daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail	<i>doxepin hcl (antipruritic)</i>	3	Limit 1 fill every 180 days; QL(45 gm per fill retail; 45 per fill mail); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA
OXISTAT LOTN	2	Limit 1 Fill per 180 days; QL(2 ml daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail	Antipsoriatics		
<i>sulconazole nitrate CREA</i>	1B		<i>acitretin 25 MG</i>	1B	QL(2 ea daily)
<i>sulconazole nitrate SOLN</i>	1B	1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail	<i>acitretin 10 MG, 17.5 MG</i>	1B	QL(1 ea daily)
<i>tavaborole</i>	1B	PA	<i>calcipotriene CREA</i>	1B	QL(4 gm daily); PA
Anti-inflammatory Agents - Topical			<i>calcipotriene OINT</i>	1B	QL(4 gm daily); PA
<i>diclofenac epolamine PTCH EX</i>	1B	QL(2 ea daily); PA	<i>calcipotriene SOLN</i>	1B	QL(4 ml daily); PA
<i>diclofenac sodium (topical) GEL EX</i>	1B	QL(3.34 gm daily); RX/OTC	<i>calcitriol (topical)</i>	1B	QL(3.34 gm daily)
Antineoplastic or Premalignant Lesion Agents - Topical			COSENTYX SENSOREADY PEN SOAJ	4	QL(0.072 ml daily); PA
<i>bexarotene (topical)</i>	4	SP; PA	COSENTYX UNOREADY SOAJ	4	QL(0.072 ml daily); PA
<i>diclofenac sodium (actinic keratoses) EX</i>	1B	QL(3.34 gm daily); PA	COSENTYX SOSY 150 MG/ML	4	QL(0.072 ml daily); PA
<i>fluorouracil (topical) CREA 5 %</i>	1B	QL(4 gm daily)	COSENTYX SOSY 150 MG/ML	4	QL(0.036 ml daily); PA
<i>fluorouracil (topical) SOLN</i>	1B	QL(2 ml daily)	COSENTYX SOSY 75 MG/0.5ML	4	QL(0.18 ml daily); PA
PANRETIN	3	QL(60 gm per 30 day(s) retail; 60 gm per 30 days mail)	<i>methoxsalen rapid</i>	1B	QL(4 ea daily)
Antipruritics - Topical			SKYRIZI PEN SOAJ	4	QL(0.025 ml daily); PA
			SKYRIZI PSKT	4	QL(0.025 ea daily); PA
			SKYRIZI SOSY	4	QL(0.025 ml daily); PA
			STELARA SOLN 45 MG/0.5ML	4	QL(0.012 ml daily); PA
			STELARA SOSY 45 MG/0.5ML	4	QL(0.012 ml daily); PA
			STELARA SOSY 90 MG/ML	4	QL(0.018 ml daily); SP; PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>tazarotene CREA 0.1 %</i>	1B	QL(1 gm daily)	<i>betamethasone dipropionate (topical) LOTN</i>	1B	
TREMFYA SOAJ	4	QL(0.018 ml daily); PA	<i>betamethasone dipropionate (topical) OINT</i>	1B	QL(3 gm daily)
TREMFYA SOSY 100 MG/ML	4	QL(0.018 ml daily); PA	<i>betamethasone dipropionate augmented CREA</i>	1B	QL(3.5 gm daily)
Antiseborrheic Products			<i>betamethasone dipropionate augmented LOTN</i>	1B	QL(5 ml daily)
<i>selenium sulfide LOTN 2.5 %</i>	1B		<i>betamethasone dipropionate augmented OINT</i>	1B	QL(3.5 gm daily)
Antivirals - Topical			<i>betamethasone valerate CREA</i>	1B	QL(2.5 gm daily)
<i>acyclovir topical CREA</i>	1B	1 package(s) per fill retail; 1 package(s) per fill mail	<i>betamethasone valerate FOAM</i>	1B	QL(1.67 gm daily)
<i>acyclovir topical OINT</i>	1B	1 package(s) per fill retail; 1 package(s) per fill mail	<i>betamethasone valerate LOTN</i>	1B	QL(5 ml daily)
<i>penciclovir</i>	3	QL(0.18 gm daily)	<i>betamethasone valerate OINT</i>	1B	QL(3 gm daily)
Burn Products			<i>calcipotriene-betamethasone dipropionate OINT</i>	1B	ST
<i>mafenide acetate PACK</i>	3		<i>calcipotriene-betamethasone dipropionate SUSP</i>	1B	ST
<i>silver sulfadiazine</i>	1B	QL(20 gm daily)	<i>clobetasol propionate emollient base 0.05 %</i>	1B	QL(1 gm daily); PA
SULFAMYLON CREA	3		<i>clobetasol propionate CREA 0.05 %</i>	1B	QL(3 gm daily); PA
Corticosteroids - Topical			<i>clobetasol propionate FOAM</i>	1B	QL(3 gm daily); ST
<i>alclometasone dipropionate CREA</i>	1B	QL(2 gm daily)	<i>clobetasol propionate GEL 0.05 %</i>	1B	QL(2 gm daily); ST
<i>alclometasone dipropionate OINT</i>	1B	QL(3 gm daily)	<i>clobetasol propionate OINT 0.05 %</i>	1B	QL(1 gm 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	<i>clobetasol propionate SOLN 0.05 %</i>	1B	QL(3.34 ml daily); PA
<i>amcinonide LOTN</i>	3		<i>clocortolone pivalate</i>	3	QL(3 gm daily)
<i>amcinonide OINT</i>	3				
<i>betamethasone dipropionate (topical) CREA</i>	1B	QL(3 gm daily)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CORDRAN TAPE	3	1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail	<i>fluticasone propionate OINT</i>	1B	QL(4 gm daily)
<i>desonide CREA</i>	1B	QL(4 gm daily)	<i>halcinonide CREA</i>	1B	PA
<i>desonide LOTN</i>	1B	QL(4 ml daily)	<i>halobetasol propionate CREA</i>	1B	QL(3.5 gm daily)
<i>desonide OINT</i>	1B	QL(3 gm daily)	<i>halobetasol propionate OINT</i>	1B	QL(3.5 gm daily)
<i>desoximetasone CREA 0.25 %</i>	1B	QL(4 gm daily)	HALOG OINT	3	PA
<i>desoximetasone GEL</i>	1B	QL(3 gm daily)	<i>hydrocortisone (topical) CREA 1 %, 2.5 %</i>	1B	QL(15.15 ea daily); RX/OTC
<i>desoximetasone OINT 0.25 %</i>	1B	QL(4 gm daily)	<i>hydrocortisone (topical) LOTN 2.5 %</i>	1B	
<i>diflorasone diacetate CREA</i>	1B	PA	<i>hydrocortisone (topical) OINT 1 %, 2.5 %</i>	1B	QL(15.15 gm daily); RX/OTC
<i>diflorasone diacetate OINT</i>	1B	PA	<i>hydrocortisone butyrate CREA</i>	1B	QL(3 gm daily)
<i>fluocinolone acetonide CREA 0.025 %</i>	1B	QL(4 gm daily)	<i>hydrocortisone butyrate OINT</i>	1B	QL(3 gm daily)
<i>fluocinolone acetonide CREA 0.01 %</i>	1B		<i>hydrocortisone butyrate SOLN</i>	1B	QL(5 ml daily)
<i>fluocinolone acetonide OIL</i>	1B	QL(8 ml daily)	<i>hydrocortisone valerate CREA</i>	1B	
<i>fluocinolone acetonide OINT</i>	1B	QL(4 gm daily)	<i>hydrocortisone valerate OINT</i>	1B	
<i>fluocinolone acetonide SOLN</i>	1B	QL(4 ml daily)	<i>mometasone furoate CREA</i>	1B	QL(3 gm daily)
<i>fluocinonide emulsified base</i>	1B	QL(2 gm daily)	<i>mometasone furoate OINT</i>	1B	QL(4 gm daily)
<i>fluocinonide CREA 0.1 %</i>	1B	QL(4 gm daily)	<i>mometasone furoate SOLN</i>	1B	QL(5 ml daily)
<i>fluocinonide CREA 0.05 %</i>	1B	QL(2 gm daily)	<i>prednicarbate OINT</i>	1B	
<i>fluocinonide GEL</i>	1B		<i>triamcinolone acetonide (topical) CREA 0.025 %</i>	1B	QL(15.15 gm daily)
<i>fluocinonide OINT</i>	1B	QL(2 gm daily)	<i>triamcinolone acetonide (topical) CREA 0.5 %</i>	1B	QL(5 gm daily)
<i>fluocinonide SOLN</i>	1B	QL(2 ml daily)	<i>triamcinolone acetonide (topical) CREA 0.1 %</i>	1B	QL(3.34 gm daily)
<i>flurandrenolide CREA</i>	2	QL(2 gm daily)	<i>triamcinolone acetonide (topical) LOTN 0.025 %</i>	1B	
<i>flurandrenolide LOTN</i>	2	QL(2 ml daily)	<i>triamcinolone acetonide (topical) LOTN 0.1 %</i>	1B	QL(6 ml daily)
<i>fluticasone propionate CREA 0.05 %</i>	1B	QL(4 gm daily)			
<i>fluticasone propionate LOTN</i>	1B	QL(6 ml daily)			

Ambetter Formulary Updated January 1, 2025

Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide (topical) OINT 0.5 %</i>	1B	QL(6 gm daily)
<i>triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %</i>	1B	QL(15.15 gm daily)
Eczema Agents		
DUPIXENT SOAJ SC 200 MG/1.14ML	4	QL(0.082 ml daily); PA
DUPIXENT SOAJ SC 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 300 MG/2ML	4	QL(0.29 ml daily); PA
DUPIXENT SOSY 200 MG/1.14ML	4	QL(0.082 ml daily); PA
Emollients		
<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
Enzymes - Topical		
SANTYL OINT	3	PA
Immunomodulating Agents - Topical		
<i>imiquimod 5 %</i>	1B	QL(12 ea per fill retail; 12 per fill mail)
Immunosuppressive Agents - Topical		
<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
Keratolytic/Antimitotic/Vesicant Agents		
<i>podofilox SOLN</i>	1B	
Local Anesthetics - Topical		
<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)

Drug Name	Drug Tier	Requirements/Limits
<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
Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
EUCRISA	3	QL(2 gm daily); PA
Rosacea Agents		
<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	
Scabicides & Pediculicides		
<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
Wound Care Products		
REGRANEX	3	QL(0.5 gm daily)
DIAGNOSTIC PRODUCTS		
Diagnostic Drugs		
GLUCAGEN DIAGNOSTIC	3	QL(0.035 ea daily)

Ambetter Formulary Updated January 1, 2025

Drug Name	Drug Tier	Requirements/Limits
THYROGEN 0.9 MG	3	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; PA
Diagnostic Tests		
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	#
RELION TRUE METRIX BLOODGLUCOSE TEST STRIPS STRP	1B	#; QL(3.34 ea daily); RX/OTC
TRUE METRIX BLOOD GLUCOSE TEST STRIPS STRP	1B	#; QL(3.34 ea daily); RX/OTC
TRUE METRIX SELF MONITORING BLOOD GLUCOSE STRIPS STRP	1B	#; QL(3.34 ea daily); RX/OTC
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
CREON CPEP	2	Non-FDA approved uses require Prior Authorization
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
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
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 & hydrochlorothiazide</i>	1B	
<i>spironolactone & hydrochlorothiazide</i>	1B	
<i>triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG</i>	1B	
<i>triamterene & 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>toremide 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 2.5 MG</i>	1B	QL(2 ea daily)
<i>indapamide TABS 1.25 MG</i>	1B	QL(1 ea daily)
<i>metolazone</i>	1B	QL(2 ea daily)
ENDOCRINE AND METABOLIC AGENTS - MISC.		
- Drugs to Treat Bone Disease and Regulate Hormones		
Bone Density Regulators		
<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)
FOSAMAX PLUS D	3	QL(0.143 ea daily); PA
<i>ibandronate sodium SOLN</i>	4	SP; PA
<i>ibandronate sodium TABS</i>	1B	QL(0.036 ea daily)
<i>pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML</i>	4	SP; PA

Drug Name	Drug Tier	Requirements/Limits
PAMIDRONATE DISODIUM SOLN	4	SP; PA
PROLIA SOSY	4	1 max fill(s) per 180 day(s) retail; SP; PA
<i>risedronate sodium TABS 35 MG</i>	1B	QL(0.143 ea daily); PA
<i>risedronate sodium TABS 150 MG</i>	1B	QL(0.036 ea daily); PA
<i>risedronate sodium TABS 5 MG, 30 MG</i>	1B	QL(1 ea daily); PA
<i>risedronate sodium TBEC</i>	1B	PA
<i>teriparatide SOPN</i>	4	QL(0.09 ml daily); SP; PA
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 Releasing Hormones (GHRH)		
EGRIFTA 2 MG	4	PA
EGRIFTA SV	4	PA
Growth Hormones		
GENOTROPIN MINIQUICK PRSY	4	PA
GENOTROPIN CART SC	4	PA
HUMATROPE CART IJ	4	SP; PA
NORDITROPIN FLEXPRO SOPN 5 MG/1.5ML, 10 MG/1.5ML, 15 MG/1.5ML	4	SP; PA

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

Drug Name	Drug Tier	Requirements/Limits
<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 0.1 MG</i>	1B	QL(6 ea daily)
<i>desmopressin acetate TABS 0.2 MG</i>	1B	QL(8 ea daily)
Prolactin Inhibitors		
<i>cabergoline</i>	1B	
Somatostatic Agents		
<i>octreotide acetate SOLN</i>	4	SP; PA
SIGNIFOR	4	PA
Vasopressin Receptor Antagonists		
JYNARQUE TBPK	4	SP; PA
<i>tolvaptan TABS</i>	4	QL(2 ea daily); SP; PA
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
ACTIVELLA TABS 1 MG-0.5 MG (<i>estradiol & norethindrone acetate</i>)	3	
ANGELIQ	3	
BIJUVA	3	
CLIMARA PRO	3	

Ambetter Formulary Updated January 1, 2025

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
COMBIPATCH PTTW	3		<i>ciprofloxacin in d5w 5 %-200 MG/100ML</i>	3	
DUAVEE	3		<i>ciprofloxacin SUSR 5 GM/100ML, 500 MG/5ML</i>	1B	2 max fill(s) per 30 day(s) retail
<i>esterified estrogens & methyltestosterone</i>	3		<i>levofloxacin in d5w 5 %-500 MG/100ML</i>	1B	
<i>estradiol & norethindrone acetate TABS</i>	3		<i>levofloxacin SOLN OR</i>	1B	
<i>norethindrone acetate-ethinyl estradiol</i>	1B		<i>levofloxacin TABS 250 MG, 750 MG</i>	1B	
PREFEST	3		<i>levofloxacin TABS 500 MG</i>	1A	
PREMPHASE	2		<i>moxifloxacin hcl in sodium chloride</i>	1B	
PREMPRO	2	QL(1 ea daily)	<i>moxifloxacin hcl TABS</i>	1B	
Estrogens			<i>ofloxacin 300 MG, 400 MG</i>	1B	
DEPO-ESTRADIOL	3		GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
ELESTRIN GEL	3		Bile Acid Synthesis Disorder Agents		
<i>estradiol valerate</i>	1B		CHOLBAM	4	SP; PA
<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		Gallstone Solubilizing Agents		
<i>estradiol GEL 0.06 %</i>	3		<i>ursodiol CAPS</i>	1B	QL(3 ea daily)
<i>estradiol PTTW</i>	1B	QL(0.286 ea daily)	<i>ursodiol TABS</i>	1B	
<i>estradiol PTWK</i>	1B		Gastrointestinal Chloride Channel Activators		
<i>estradiol TABS</i>	1B		<i>lubiprostone</i>	1B	QL(2 ea daily)
ESTROGEL GEL (<i>estradiol</i>)	3		Gastrointestinal Stimulants		
EVAMIST SOLN	3		<i>metoclopramide hcl SOLN IJ 5 MG/ML</i>	1B	
MENEST	3		<i>metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML</i>	1B	QL(60 ml daily)
MENOSTAR PTWK	3		<i>metoclopramide hcl TABS</i>	1A	QL(6 ea daily)
PREMARIN SOLR	2		Inflammatory Bowel Agents		
PREMARIN TABS	2	QL(1 ea daily)	<i>balsalazide disodium CAPS</i>	1B	QL(9 ea daily)
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections			DIPENTUM	2	
Fluoroquinolones			INFLECTRA SOLR	4	PA
BAXDELA SOLR	3	PA			
BAXDELA TABS	3	PA			
<i>ciprofloxacin hcl TABS</i>	1B				

Ambetter Formulary Updated January 1, 2025

Drug Name	Drug Tier	Requirements/Limits
<i>mesalamine CP24</i>	1B	
<i>mesalamine CPDR</i>	1B	
<i>mesalamine ENEM</i>	3	
<i>mesalamine SUPP</i>	3	
<i>mesalamine TBEC 1.2 GM</i>	3	
<i>mesalamine TBEC 800 MG</i>	3	QL(6 ea daily)
RENFLEXIS	4	PA
SKYRIZI SOCT	4	QL(0.043 ml daily); PA
SKYRIZI SOLN	4	QL(0.36 ml daily); PA
STELARA 130 MG/26ML	4	QL(3.47 ml daily); PA
<i>sulfasalazine TABS</i>	1B	
<i>sulfasalazine TBEC</i>	1B	
Intestinal Acidifiers		
<i>lactulose (encephalopathy)</i>	1B	
Irritable Bowel Syndrome (IBS) Agents		
<i>alosetron hcl</i>	1B	QL(2 ea daily)
LINZESS	2	QL(1 ea daily)
Peripheral Opioid Receptor Antagonists		
<i>alvimopan</i>	1B	
MOVANTIK	3	QL(1 ea daily); PA
Phosphate Binder Agents		
<i>calcium acetate (phosphate binder) CAPS</i>	1B	
<i>calcium acetate (phosphate binder) TABS</i>	1B	RX/OTC
<i>lanthanum carbonate CHEW</i>	1B	
<i>sevelamer carbonate PACK</i>	1B	
<i>sevelamer carbonate TABS</i>	1B	
VELPHORO	3	PA

Drug Name	Drug Tier	Requirements/Limits
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Alkalinizers		
<i>potassium citrate (alkalinizer) TBCR</i>	1B	
<i>sodium citrate & citric acid</i>	1B	RX/OTC
Cystinosis Agents		
CYSTAGON CAPS	3	PA
Genitourinary Irrigants		
<i>acetic acid 0.25 %</i>	1B	
<i>glycine (gu irrigant) SOLN 1.5 %</i>	1B	
<i>sodium chloride (gu irrigant) 0.9 %</i>	1B	
SORBITOL 3 %	1B	
SORBITOL/MANNITOL IRRIGATION	1B	
Interstitial Cystitis Agents		
ELMIRON CAPS	2	QL(3 ea daily)
Prostatic Hypertrophy Agents		
<i>alfuzosin hcl</i>	1B	QL(1 ea daily)
<i>dutasteride</i>	1B	QL(1 ea daily)
<i>dutasteride-tamsulosin hcl</i>	3	PA
<i>finasteride</i>	1B	5 mg only
<i>silodosin</i>	1B	
<i>tamsulosin hcl</i>	1B	
Urinary Analgesics		
<i>phenazopyridine hcl TABS 100 MG, 100 MG, 200 MG</i>	1B	
Urinary Stone Agents		
THIOLA EC TBEC 300 MG (<i>tiopronin</i>)	3	QL(10 ea daily); PA
THIOLA EC TBEC 100 MG (<i>tiopronin</i>)	3	QL(3 ea daily); PA

Ambetter Formulary Updated January 1, 2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>icatibant acetate SOSY</i>	4	QL(9 ml daily); PA
Complement Inhibitors		
GOHIBIC	4	PA
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)
<i>cilostazol</i>	1B	
<i>clopidogrel bisulfate 75 MG</i>	1B	QL(1 ea daily)
<i>clopidogrel bisulfate 300 MG</i>	1B	
<i>dipyridamole</i>	1B	
<i>prasugrel hcl</i>	1B	QL(1 ea daily)
ZONTIVITY	3	PA
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
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	

Drug Name	Drug Tier	Requirements/Limits
Cobalamins		
<i>cyanocobalamin SOLN IJ 1000 MCG/ML</i>	1B	QL(1 ml daily)
Folic Acid/Folates		
<i>folic acid TABS</i>	0	
Hematopoietic Growth Factors		
ARANESP ALBUMIN FREE SOLN 25 MCG/ML	4	SP; PA
ARANESP ALBUMIN FREE SOLN 40 MCG/ML, 60 MCG/ML, 100 MCG/ML	4	SP; PA
ARANESP ALBUMIN FREE SOSY 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML	4	SP; PA
DOPTELET	4	QL(3 ea daily); PA
EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	4	SP; PA
LEUKINE SOLR IJ	4	SP; PA
MIRCERA	4	PA
MULPLETA	4	QL(1 ea daily); PA
NYVEPRIA	4	PA
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

Drug Name	Drug Tier	Requirements/Limits
UDENYCA ONBODY SOSY	4	PA
UDENYCA SOAJ	4	PA
UDENYCA SOSY	4	PA
ZARXIO	4	PA
Hematopoietic Mixtures		
<i>ferrous fumarate-folic acid</i>	1B	QL(1 ea daily)
Iron		
<i>ferrous sulfate SOLN 15 MG/ML</i>	0	AL(Up to 1 yrs old)
<i>ferrous sulfate TABS 65 MG, 325 MG</i>	0	
<i>ferrous sulfate TBEC 325 MG</i>	0	
Stem Cell Mobilizers		
<i>plerixafor</i>	4	SP; PA
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
<i>aminocaproic acid TABS</i>	1B	PA
<i>tranexamic acid SOLN 1000 MG/10ML</i>	1B	
<i>tranexamic acid TABS</i>	1B	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Barbiturate Hypnotics		
<i>phenobarbital ELIX</i>	1B	
<i>phenobarbital TABS</i>	1B	
Hypnotics - Tricyclic Agents		
<i>doxepin hcl (sleep)</i>	1B	QL(1 ea daily); PA
Non-Barbiturate Hypnotics		
<i>estazolam</i>	1B	
<i>eszopiclone</i>	1B	QL(1 ea daily); AL(At least 18 yrs old); ST

Ambetter Formulary Updated January 1, 2025

Drug Name	Drug Tier	Requirements/Limits
<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)
Orexin Receptor Antagonists		
<i>BELSOMRA</i>	3	PA
Selective Melatonin Receptor Agonists		
<i>ramelteon</i>	1B	QL(1 ea daily); AL(At least 18 yrs old)
LAXATIVES - Bowel Treatment Drugs		
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		

Drug Name	Drug Tier	Requirements/Limits
<i>lactulose SOLN</i>	1B	
Saline Laxatives		
<i>OSMOPREP</i>	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 100 MG</i>	1A	QL(4 ea daily)
<i>docusate sodium CAPS 250 MG</i>	1A	
LOCAL ANESTHETICS-Parenteral - Drugs for Numbing		
Local Anesthetics - Amides		
<i>lidocaine hcl (local anesth.) SOLN 0.5 %, 1 %, 2 %</i>	1B	
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
<i>azithromycin PACK</i>	1B	
<i>azithromycin SOLR</i>	1B	
<i>azithromycin SUSR</i>	1B	
<i>azithromycin TABS 600 MG</i>	1B	QL(0.286 ea daily)
<i>azithromycin TABS 500 MG</i>	1B	QL(4 ea per fill retail; 4 per fill mail)
<i>azithromycin TABS 250 MG</i>	1B	QL(6 ea per fill retail; 6 per fill mail)
Clarithromycin		
<i>clarithromycin SUSR</i>	1B	
<i>clarithromycin TABS</i>	1B	
<i>clarithromycin TB24</i>	1B	
Erythromycins		
<i>erythromycin base CPEP</i>	3	

Ambetter Formulary Updated January 1, 2025

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin base TABS</i>	3		KIMONO PLUS SPERMICIDE LUBRICATED MISC	0	
<i>erythromycin base TBEC</i>	1B		KIMONO PLUS SPERMICIDE/LUBRICATED MISC	0	
<i>erythromycin ethylsuccinate SUSR</i>	1B		KIMONO PS LUBRICATED MISC	0	
<i>erythromycin ethylsuccinate TABS</i>	3		KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC	0	
Fidaxomicin			KIMONO SENSATION LUBRICATED MISC	0	
DIFICID TABS	2		KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC	0	
MEDICAL DEVICES AND SUPPLIES			KIMONO SPECIAL DEVI	0	
Contraceptives			K-Y ME & YOU EXTRA LUBRICATED DEVI	0	
AIMSCO LUBRICATED MISC	0		K-Y ME & YOU INTENSE DEVI	0	
CAYA DPRH	0		MAXX LUBRICATED MISC	0	
DUREX EXTRA SENSITIVE THIN DEVI	0		MAXX PLUS SPERMICIDE LUBRICATED MISC	0	
DUREX EXTRA SENSITIVE THIN MISC	0		OMNIFLEX DIAPHRAGM	0	
DUREX TROPICAL MISC	0		REALITY LATEX CONDOMS/LUBRICATED MISC	0	
FANTASY LUBRICATED/SPERMICIDE MISC	0		REALITY LATEX/ULTRA TEXTURED DEVI	0	
FANTASY LUBRICATED MISC	0		REALITY LATEX/ULTRA THIN DEVI	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	TROJAN MAGNUM MISC	0	
FEMCAP DEVI	0		TROJAN ULTRA THIN LUBRICATED MISC	0	
KAMELEON LUBRICATED MISC	0		TROJAN ULTRA THIN/SPERMICIDAL LUBRICANT MISC	0	
KIMONO COLORS DEVI	0		TROJAN-ENZ LUBRICATED MISC	0	
KIMONO LUBRICATED MISC	0				
KIMONO MAXX/LARGE FLARE MISC	0				
KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC	0				

Ambetter Formulary Updated January 1, 2025

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TROJAN-ENZ W/SPERMICIDAL MISC	0		WIDE-SEAL SILICONE DIAPHRAGM KIT 70	0	
TRUE COVER DEVI	0		WIDE-SEAL SILICONE DIAPHRAGM KIT 75	0	
TRUSTEX COLOR CONDOMS + LUBE MISC	0		WIDE-SEAL SILICONE DIAPHRAGM KIT 80	0	
TRUSTEX LUBRICATED EXTRALARGE MISC	0		WIDE-SEAL SILICONE DIAPHRAGM KIT 85	0	
TRUSTEX LUBRICATED EXTRASTRENGTH MISC	0		WIDE-SEAL SILICONE DIAPHRAGM KIT 90	0	
TRUSTEX LUBRICATED/RIBBED/STUDDDED MISC	0		WIDE-SEAL SILICONE DIAPHRAGM KIT 95	0	
TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC	0		Diabetic Supplies		
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/READER/FLASH GLUCOSE MONITORING SYSTEM	3	PA
TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC	0		FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM	3	QL(0.072 ea daily); PA
TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDDDED MISC	0		FREESTYLE LIBRE 3 PLUS/SENSOR/GLUCOSE MONITORING SYSTEM	3	QL(0.072 ea daily); PA
TRUSTEX/RIA LUBRICATED SPERMICIDE MISC	0		FREESTYLE LIBRE 3/READER/GLUCOSE MONITORING SYSTEM	3	QL(0.072 ea daily); PA
TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC	0		FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM	3	QL(0.072 ea daily); PA
TRUSTEX/RIA LUBRICATED MISC	0		FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM	3	PA
WIDE-SEAL SILICONE DIAPHRAGM KIT 60	0		ONETOUCH DELICA SAFETY LANCING DEVICE	1B	#, RX/OTC
WIDE-SEAL SILICONE DIAPHRAGM KIT 65	0				

Ambetter Formulary Updated January 1, 2025

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ONETOUCH DELICA SAFETY LANCING DEVICE 30G	1B	#; RX/OTC	Migraine Products		
RELION 2-IN-1 LANCET DEVICES 30G	1B	#; RX/OTC	<i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i>	1B	QL(0.267 ml daily)
RELION 2-IN-1 LANCING DEVICE 25G	1B	#; RX/OTC	<i>dihydroergotamine mesylate SOLN IJ 1 MG/ML</i>	1B	
RELION 2-IN-1 LANCING DEVICE 30G	1B	#; RX/OTC	ERGOMAR SUBL	3	QL(0.667 ea daily)
SELECT LANCETS	1B	6.66/day	Serotonin Agonists		
SELECT LANCETS	1	6.66/day	<i>almotriptan malate 6.25 MG</i>	1B	QL(0.3 ea daily); AL(At least 12 yrs old); ST
TRUE METRIX CONTROL SOLUTION LEVEL 3 SOLN	1B	#	<i>almotriptan malate 12.5 MG</i>	1B	QL(0.4 ea daily); AL(At least 12 yrs old); ST
Parenteral Therapy Supplies			<i>eletriptan hydrobromide</i>	1B	QL(0.2 ea daily); AL(At least 18 yrs old); ST
SELECT INSULIN SYRINGES	1B	5/day	<i>frovatriptan succinate</i>	1B	QL(0.4 ea daily); AL(At least 18 yrs old); ST
SELECT INSULIN SYRINGES	1	5/day	<i>naratriptan hcl</i>	1B	QL(0.3 ea daily); AL(At least 18 yrs old)
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches			<i>rizatriptan benzoate TABS 5 MG</i>	1B	QL(0.4 ea daily); AL(At least 6 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 TBDP 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 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)
EMGALITY SOSY 100 MG/ML	2	QL(0.1 ml daily); PA			
UBRELVY	3	QL(10 ea per 30 day(s) retail; 10 ea per 30 days mail); ST			
Migraine Combinations					
<i>ergotamine w/ caffeine TABS</i>	1B	QL(1.5 ea daily)			
<i>sumatriptan-naproxen sodium</i>	3	QL(10 ea per 30 day(s) retail; 10 ea per 30 days mail)			

Ambetter Formulary Updated January 1, 2025

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan succinate SOAJ</i>	1B	QL(0.134 ml daily); AL(At least 18 yrs old)	ISOLYTE-P/DEXTROSE 5%	1B	
<i>sumatriptan succinate SOCT</i>	1B	QL(0.134 ml daily); AL(At least 18 yrs old)	ISOLYTE-S	1B	
<i>sumatriptan succinate SOLN 6 MG/0.5ML</i>	1B	QL(0.134 ml daily); AL(At least 18 yrs old)	KCL 0.3%/D5W/NACL 0.9% (<i>potassium chloride in dextrose & sodium chloride</i>)	1B	
<i>sumatriptan succinate TABS</i>	1B	QL(0.3 ea daily); AL(At least 18 yrs old)	<i>lactated ringer's</i>	1B	
<i>zolmitriptan SOLN</i>	1B	QL(0.2 ea daily); AL(At least 12 yrs old); ST	NORMOSOL-M/D5W	1B	
<i>zolmitriptan TABS</i>	1B	QL(0.3 ea daily); AL(At least 12 yrs old); ST	NORMOSOL-R	1B	
<i>zolmitriptan TBDP</i>	1B	QL(0.3 ea daily); AL(At least 12 yrs old); ST	PLASMA-LYTE A (<i>electrolyte-a</i>)	1B	
MINERALS & ELECTROLYTES			PLASMA-LYTE-148 (<i>electrolyte-148</i>)	1B	
Bicarbonates			<i>potassium chloride in dextrose 5 %-20 MEQ/L</i>	1B	
<i>sodium acetate SOLN</i>	1B		<i>potassium chloride in dextrose & sodium chloride 5 %-0.075 %-0.45 %, 5 %-0.15 %-0.9 %, 5 %-10 MEQ/L-0.45 %, 5 %-20 MEQ/L-0.2 %, 5 %-20 MEQ/L-0.45 %, 5 %-20 MEQ/L-0.9 %, 5 %-30 MEQ/L-0.45 %, 5 %-40 MEQ/L-0.9 %</i>	1B	
SODIUM ACETATE SOLN (<i>sodium acetate</i>)	1B		<i>potassium chloride in nacl 20 MEQ/L-0.45 %, 20 MEQ/L-0.9 %, 40 MEQ/L-0.9 %</i>	1B	
Calcium			POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS	1B	
<i>calcium chloride (dihydrate) SOLN</i>	1B		POTASSIUM CHLORIDE/SODIUM CHLORIDE 20 MEQ/L-0.45 % (<i>potassium chloride in nacl</i>)	1B	
Electrolyte Mixtures			<i>ringer's</i>	1B	
<i>dextrose in lactated ringers</i>	1B		Fluoride		
<i>electrolyte-148</i>	1B		<i>sodium fluoride CHEW 0.25 MG, 0.5 MG, 1 MG, 2.2 MG</i>	0	QL(1 ea daily)
<i>electrolyte-a</i>	1B				
IONOSOL-MB/DEXTROSE 5%	1B				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Magnesium			<i>lenalidomide 2.5 MG, 5 MG, 10 MG, 15 MG, 25 MG</i>	4	QL(1 ea daily); SP; PA
<i>magnesium sulfate IJ 50 %</i>	1B		THALOMID	4	QL(3 ea daily); SP; PA
Phosphate			Immunosuppressive Agents		
<i>potassium phosphates 236 MG/ML-224 MG/ML</i>	1B		ATGAM IV 50 MG/ML	4	SP; PA
Potassium			AZATHIOPRINE	1B	
<i>potassium acetate SOLN 2 MEQ/ML</i>	1B		<i>azathioprine TABS</i>	1B	
<i>potassium bicarbonate TBEF</i>	1B		<i>cyclosporine modified (for microemulsion) CAPS</i>	1B	
<i>potassium chloride microencapsulated crystals er</i>	1B		<i>cyclosporine modified (for microemulsion) SOLN</i>	1B	
<i>potassium chloride CPCR</i>	1B		<i>cyclosporine CAPS</i>	1B	
<i>potassium chloride PACK OR 20 MEQ</i>	1B	PA	<i>cyclosporine SOLN IV 50 MG/ML</i>	1B	
<i>potassium chloride SOLN IV 2 MEQ/ML, 10 MEQ/50ML, 20 MEQ/50ML</i>	1B		ENSPRYNG	4	PA
POTASSIUM CHLORIDE SOLN IV 10 MEQ/50ML (<i>potassium chloride</i>)	1B		<i>everolimus (immunosuppressant) 0.25 MG, 0.5 MG, 0.75 MG</i>	4	QL(20 ea daily); SP; PA
<i>potassium chloride TBCR</i>	1B		<i>everolimus (immunosuppressant) 1 MG</i>	4	QL(10 ea daily); PA
Sodium			<i>mycophenolate mofetil CAPS</i>	1B	
<i>sodium chloride SOLN IV 0.45 %, 0.9 %, 3 %, 4 MEQ/ML, 5 %</i>	1B		<i>mycophenolate mofetil TABS</i>	1B	
MISCELLANEOUS THERAPEUTIC CLASSES			<i>mycophenolate sodium</i>	1B	
Chelating Agents			NULOJIX	4	SP; PA
<i>penicillamine CAPS</i>	1B	PA	PROGRAF PACK	2	PA
<i>penicillamine TABS</i>	1B	QL(8 ea daily)	PROGRAF SOLN	2	
<i>trientine hcl 250 MG</i>	4	QL(8 ea daily); SP; PA	SIMULECT	3	
Immunomodulators			<i>sirolimus TABS</i>	1B	
<i>lenalidomide 20 MG</i>	4	QL(1 ea daily); PA	<i>tacrolimus CAPS</i>	1B	
			THYMOGLOBULIN	4	SP; PA
			Irrigation Solutions		
			<i>irrigation solutions, physiological</i>	1B	

Ambetter Formulary Updated January 1, 2025

Drug Name	Drug Tier	Requirements/Limits
<i>lactated ringer's (irrigation)</i>	1B	
<i>ringer's irrigation</i>	1B	
<i>water for irrigation, sterile</i>	1B	
Potassium Removing Agents		
LOKELMA	3	QL(1 ea daily); PA
<i>sodium polystyrene sulfonate POWD</i>	1B	
<i>sodium polystyrene sulfonate SUSP CO 15 GM/60ML</i>	1B	
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
<i>lidocaine hcl (mouth-throat) 4 %</i>	1B	
<i>lidocaine hcl (mouth-throat) 2 %</i>	1B	QL(4 ml daily)
Anti-infectives - Throat		
<i>clotrimazole</i>	1B	
<i>nystatin (mouth-throat)</i>	1B	
Antiseptics - Mouth/Throat		
<i>chlorhexidine gluconate (mouth-throat)</i>	1B	
DEBACTEROL	2	
Dental Products		
<i>stannous fluoride CONC</i>	0	RX/OTC
Steroids - Mouth/Throat/Dental		
<i>triamcinolone acetonide (mouth)</i>	1B	
Throat Products - Misc.		
<i>cevimeline hcl</i>	1B	
<i>pilocarpine hcl (oral)</i>	1B	
MULTIVITAMINS		
Ped MV w/ Fluoride		

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PRENATAL ONE DAILY TABS	2	QL(1 ea daily)	VITATHELY/GINGER TABS	2	QL(1 ea daily); RX/OTC
PRENATAL PLUS VITAMIN ANDMINERAL TABS	2	QL(1 ea daily); RX/OTC	WESTAB PLUS TABS	2	QL(1 ea daily); RX/OTC
PRENATAL PLUS TABS	2	QL(1 ea daily); RX/OTC	MUSCULOSKELETAL THERAPY AGENTS -		
PRENATAL VITAMIN & MINERAL TABS	2	QL(1 ea daily)	Drugs to Treat Spasms		
PRENATAL VITAMIN/IRON TABS	2	QL(1 ea daily)	Central Muscle Relaxants		
PRENATAL VITAMINS PLUS LOW IRON TABS	2	QL(1 ea daily); RX/OTC	<i>baclofen TABS 10 MG, 20 MG</i>	1B	
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)	<i>carisoprodol TABS</i>	1B	
PRENATAL VITAMIN TABS	2	QL(1 ea daily)	<i>chlorzoxazone TABS 750 MG</i>	1B	QL(4 ea daily)
PRENATAL TABS	2	QL(1 ea daily)	<i>chlorzoxazone TABS 500 MG</i>	1B	QL(6 ea daily)
PRENATRIX TABS	2	QL(1 ea daily); RX/OTC	<i>cyclobenzaprine hcl TABS 5 MG, 10 MG</i>	1A	QL(3 ea daily)
PRENATRYL TABS	2	QL(1 ea daily); RX/OTC	<i>metaxalone 800 MG</i>	1B	QL(4 ea daily)
PX PRENATAL MULTIVITAMINS TABS	2	QL(1 ea daily)	<i>methocarbamol TABS 500 MG, 750 MG</i>	1B	
QC PRENATAL TABS	2	QL(1 ea daily)	<i>orphenadrine citrate TB12</i>	1B	QL(2 ea daily)
RA PRENATAL FORMULA/FOLICACID TABS	2	QL(1 ea daily)	<i>tizanidine hcl CAPS</i>	1B	
RA PRENATAL TABS	2	QL(1 ea daily)	<i>tizanidine hcl TABS</i>	1B	
SM PRENATAL VITAMINS TABS	2	QL(1 ea daily)	Direct Muscle Relaxants		
THERANATAL CORE NUTRITION TABS	2	QL(1 ea daily); RX/OTC	<i>dantrolene sodium CAPS</i>	1B	QL(4 ea daily)
TRICARE TABS	2	QL(1 ea daily); RX/OTC	NASAL AGENTS - SYSTEMIC AND TOPICAL -		
			Drugs to treat the Nose or Sinus		
			Nasal Antiallergy		
			<i>azelastine hcl</i>	1B	RX/OTC
			<i>olopatadine hcl (nasal)</i>	1B	
			Nasal Anticholinergics		
			<i>ipratropium bromide (nasal) 0.06 %</i>	1B	
			<i>ipratropium bromide (nasal) 0.03 %</i>	1B	QL(1 ml daily)
			Nasal Steroids		
			<i>budesonide (nasal)</i>	1B	

Ambetter Formulary Updated January 1, 2025

Drug Name	Drug Tier	Requirements/Limits
<i>flunisolide (nasal) 0.025 %</i>	1B	1 package(s) per fill retail
<i>fluticasone propionate (nasal) SUSP</i>	1B	Limit 2 inhalers per month; QL(32 ml per 30 day(s) retail); RX/OTC
<i>mometasone furoate (nasal) SUSP</i>	1B	QL(1.14 gm daily); PA; RX/OTC
<i>triamcinolone acetonide (nasal) AERO</i>	1B	
XHANCE EXHU	3	PA
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		
<i>riluzole TABS</i>	3	
Neuromuscular Blocking Agent - Neurotoxins		
XEOMIN	3	PA
Nondepolarizing Muscle Relaxants		
<i>atracurium besylate 50 MG/5ML, 100 MG/10ML</i>	3	PA
NUTRIENTS		
Proteins		
CLINIMIX 4.25%/DEXTROSE 10%	3	
CLINIMIX 4.25%/DEXTROSE 5%	3	
CLINIMIX E 5%/DEXTROSE 20%	3	
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
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	

Drug Name	Drug Tier	Requirements/Limits
<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 1 %</i>	1B	
<i>tropicamide SOLN 0.5 %</i>	1B	QL(2.5 ml daily)
Miotics		
<i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i>	1B	
Ophthalmic Adrenergic Agents		
<i>apraclonidine hcl</i>	1B	
<i>brimonidine tartrate 0.15 %, 0.2 %</i>	1B	
IOPIDINE	3	
Ophthalmic Anti-infectives		
<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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin (ophth) SOLN</i>	1B	
<i>trifluridine</i>	1B	
ZIRGAN GEL	2	
Ophthalmic Immunomodulators		
<i>cyclosporine (ophth) EMUL</i>	3	PA
Ophthalmic Local Anesthetics		
<i>proparacaine hcl</i>	1B	
Ophthalmic Steroids		
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

Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin-dexamethasone SUSP</i>	1B	
ZYLET	3	PA
Ophthalmic Surgical Aids		
HEALON PRO SOSY	3	PA
PROVISC SOSY	3	PA
Ophthalmics - Misc.		
ALOCRIAL	3	PA
ALOMIDE	3	PA
<i>azelastine hcl (ophth)</i>	1B	
<i>bepotastine besilate</i>	3	PA
<i>brinzolamide</i>	1B	
<i>bromfenac sodium (ophth)</i>	1B	
<i>cromolyn sodium (ophth)</i>	1B	
CYSTARAN	2	QL(2.143 ml daily); PA
<i>diclofenac sodium (ophth)</i>	1B	
<i>dorzolamide hcl</i>	1B	
<i>epinastine hcl (ophth)</i>	1B	
<i>flurbiprofen sodium</i>	1B	
<i>ketorolac tromethamine (ophth)</i>	1B	
<i>ketotifen fumarate (ophth) 0.035 %</i>	1B	
LASTACFT	3	PA
NEVANAC	3	QL(0.2 ml daily); ST
<i>olopatadine hcl 0.2 %</i>	1B	RX/OTC
<i>olopatadine hcl 0.1 %</i>	1B	QL(0.34 ml daily); RX/OTC
Prostaglandins - Ophthalmic		
<i>bimatoprost SOLN</i>	3	
<i>latanoprost SOLN</i>	1B	
<i>tafluprost</i>	1B	
<i>travoprost SOLN</i>	1B	
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		

Drug Name	Drug Tier	Requirements/Limits
<i>acetic acid (otic)</i>	1B	QL(0.5 ml daily)
Otic Anti-infectives		
<i>ciprofloxacin hcl (otic)</i>	1B	
<i>ofloxacin (otic)</i>	1B	
Otic Combinations		
<i>ciprofloxacin-dexamethasone</i>	1B	PA
<i>ciprofloxacin-fluocinolone 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	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
Immune Serums		
GAMMAGARD LIQUID 1 GM/10ML, 2.5 GM/25ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	4	SP; PA
GAMMAGARD LIQUID 30 GM/300ML	4	PA
GAMMAGARD S/D IGA LESS THAN 1MCG/ML SOLR	4	SP; PA
GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	4	SP; PA
GAMUNEX-C	4	SP; PA
Passive Immunizing Agents - Combinations		
HYQVIA	4	PA

Drug Name	Drug Tier	Requirements/Limits
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
<i>amoxicillin CAPS</i>	1A	
<i>amoxicillin CHEW 125 MG, 250 MG</i>	1B	
<i>amoxicillin SUSR 125 MG/5ML</i>	1A	
<i>amoxicillin SUSR 200 MG/5ML, 250 MG/5ML, 400 MG/5ML</i>	1B	
<i>amoxicillin TABS</i>	1B	
<i>ampicillin sodium IJ 1 GM</i>	1B	
<i>ampicillin CAPS 500 MG</i>	1B	
Natural Penicillins		
<i>penicillin g potassium 5000000 UNIT</i>	1B	
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE 40000 UNIT/ML, 60000 UNIT/ML	1B	
PENICILLIN G PROCAINE	3	
<i>penicillin g sodium</i>	3	
<i>penicillin v potassium SOLR</i>	1B	
<i>penicillin v potassium TABS</i>	1B	
Penicillin Combinations		
<i>amoxicillin & pot clavulanate CHEW</i>	1B	
<i>amoxicillin & pot clavulanate SUSR</i>	1B	
<i>amoxicillin & pot clavulanate TABS</i>	1B	
<i>amoxicillin & pot clavulanate TB12</i>	1B	
<i>ampicillin & sulbactam sodium IJ 1 GM-0.5 GM, 2 GM-1 GM</i>	1B	

Ambetter Formulary Updated January 1, 2025

Drug Name	Drug Tier	Requirements/Limits
<i>piperacillin sodium-tazobactam sodium</i>	1B	
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium</i>	1B	
<i>naftillin sodium IV 10 GM</i>	1B	
<i>oxacillin sodium IV 10 GM</i>	1B	
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
<i>medroxyprogesterone acetate 10 MG</i>	1A	
<i>medroxyprogesterone acetate 2.5 MG, 5 MG</i>	1B	
<i>megestrol acetate (appetite)</i>	1B	PA
<i>norethindrone acetate TABS</i>	0	
<i>progesterone CAPS</i>	1B	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
<i>acamprosate calcium</i>	1B	
<i>disulfiram</i>	1B	
<i>lofexidine hcl</i>	1B	QL(224 ea per 14 day(s) retail); PA
LUCEMYRA (<i>lofexidine hcl</i>)	3	QL(224 ea per 14 day(s) retail); PA
Antidementia Agents		
<i>donepezil hydrochloride TABS 5 MG, 23 MG</i>	1B	QL(1 ea daily)
<i>donepezil hydrochloride TABS 10 MG</i>	1B	QL(2 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)

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

Ambetter Formulary Updated January 1, 2025

Drug Name	Drug Tier	Requirements/Limits
Multiple Sclerosis Agents		
AVONEX PEN AJKT	4	QL(0.0714 ml daily); SP; PA
AVONEX PSKT	4	QL(0.0714 ml daily); SP; PA
BETASERON KIT	4	QL(0.5 ea daily); SP; PA
<i>dalfampridine</i>	4	QL(2 ea daily); SP; PA
<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 20 MG/ML</i>	4	QL(1 ml daily)
<i>glatiramer acetate SOSY 40 MG/ML</i>	4	QL(0.43 ml daily)
LEMTRADA	4	QL(1.2 ml daily); PA
PLEGRIDY STARTER PACK SOAJ SC	4	QL(0.036 ml daily); PA
PLEGRIDY STARTER PACK SOSY SC	4	QL(0.036 ml daily); PA
PLEGRIDY SOAJ SC 125 MCG/0.5ML	4	QL(0.036 ml daily); PA
PLEGRIDY SOSY SC	4	QL(0.036 ml daily); PA
REBIF REBIDOSE TITRATIONPACK SOAJ	4	1 max fill(s) per 365 day(s) retail; SP; PA
REBIF REBIDOSE SOAJ	4	QL(0.214 ml daily); SP; PA
REBIF TITRATION PACK SOSY	4	1 max fill(s) per 365 day(s) retail; SP; PA
REBIF SOSY	4	QL(0.214 ml daily); SP; PA
<i>teriflunomide</i>	4	QL(1 ea daily)
Postherpetic Neuralgia (PHN)/Neuropathic Pain Agents		
<i>pregabalin (once-daily) 82.5 MG, 165 MG</i>	3	QL(1 ea daily); PA
<i>pregabalin (once-daily) 330 MG</i>	3	QL(2 ea daily); PA

Drug Name	Drug Tier	Requirements/Limits
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	
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	
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
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

Drug Name	Drug Tier	Requirements/Limits
Pulmonary Fibrosis Agents		
OFEV	4	QL(2 ea daily); PA
<i>pirfenidone CAPS</i>	4	QL(1 ea daily); PA
<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
SULFONAMIDES - Drugs to Treat Bacterial Infections		
Sulfonamides		
<i>sulfadiazine TABS</i>	1B	
TETRACYCLINES - Drugs to Treat Bacterial Infections		
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 50 MG, 75 MG</i>	1B	
<i>doxycycline (monohydrate) TABS 100 MG</i>	1B	QL(2 ea daily)
<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)

Drug Name	Drug Tier	Requirements/Limits
<i>tetracycline hcl CAPS</i>	1B	QL(8 ea daily)
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
<i>methimazole TABS</i>	1B	
<i>propylthiouracil</i>	1B	
Thyroid Hormones		
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	
TOXOIDS		
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	

Ambetter Formulary Updated January 1, 2025

Drug Name	Drug Tier	Requirements/Limits
QUADRACEL SUSY	0	
TDVAX SUSP	0	
TENIVAC INJ	0	
TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT SUSP	0	
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
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		

Drug Name	Drug Tier	Requirements/Limits
<i>sucralfate SUSP</i>	1B	QL(40 ml daily)
<i>sucralfate TABS</i>	1B	QL(4 ea daily)
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
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		

Ambetter Formulary Updated January 1, 2025

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)			PREVNAR 20	0	1 max fill(s) per 999 day(s) retail
<i>darifenacin hydrobromide</i>	1B	QL(1 ea daily)	TRUMENBA	0	
<i>fesoterodine fumarate</i>	1B	QL(1 ea daily); PA	VAXNEUVANCE	0	4 max fill(s) per 999 day(s) retail
<i>oxybutynin chloride SOLN</i>	1B		Viral Vaccines		
<i>oxybutynin chloride TABS 5 MG</i>	1B		ABRYSVO	0	
<i>oxybutynin chloride TB24</i>	1B		AFLURIA 2024-2025 SUSP	0	1 max fill(s) per 180 day(s) retail
<i>solifenacin succinate TABS</i>	1B	QL(1 ea daily); PA	AFLURIA 2024-2025 SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
<i>tolterodine tartrate CP24</i>	1B	QL(1 ea daily)	AFLURIA QUADRIVALENT 2022-2023 SUSP	0	1 max fill(s) per 180 day(s) retail
<i>tolterodine tartrate TABS</i>	1B		AFLURIA QUADRIVALENT 2022-2023 SUSY	0	1 max fill(s) per 180 day(s) retail
<i>tropium chloride CP24</i>	1B	QL(1 ea daily)	AFLURIA QUADRIVALENT 2023-2024 SUSP	0	1 max fill(s) per 180 day(s) retail
<i>tropium chloride TABS</i>	1B	QL(3 ea daily)	AFLURIA QUADRIVALENT 2023-2024 SUSY	0	1 max fill(s) per 180 day(s) retail
Urinary Antispasmodics - Cholinergic Agonists			AREXVY	0	
<i>bethanechol chloride 5 MG, 10 MG, 50 MG</i>	1B	QL(4 ea daily)	AUDENZ EMUL IM	0	1 max fill(s) per 180 day(s) retail
<i>bethanechol chloride 25 MG</i>	1B		AUDENZ PRSY IM	0	1 max fill(s) per 180 day(s) retail
Urinary Antispasmodics - Direct Muscle Relaxants			COMIRNATY 2023-24 SUSP	0	
<i>flavoxate hcl</i>	1B		COMIRNATY 2023-24 SUSY	0	
VACCINES			COMIRNATY 2024-25 SUSY	0	
Bacterial Vaccines			COMIRNATY SUSP	0	
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 IJ 25 MCG/0.5ML	0				
PNEUMOVAX 23/1 DOSE IJ 25 MCG/0.5ML	0				
PREVNAR 13	0				

Ambetter Formulary Updated January 1, 2025

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
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	FLUCELVAX QUADRIVALENT 2022-2023 SUSP	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
ENGERIX-B SUSY	0	3 max fill(s) per 365 day(s) retail; 3 max fill(s) per 365 day(s) mail	FLUCELVAX QUADRIVALENT 2022-2023 SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
FLUAD 2024-2025	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 2022-2023	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
FLUAD QUADRIVALENT 2023-2024	0	1 max fill(s) per 180 day(s) retail	FLULAVAL 2024-2025 SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
FLUARIX 2024-2025 SUSY	0	Limit 1 dose per season; 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 2022-2023 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
FLUARIX QUADRIVALENT 2023-2024 SUSY	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 2024-2025 SOSY	0	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 2022-2023	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
FLUBLOK QUADRIVALENT 2023-2024	0	Limit 1 dose per season; 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 SUSP	0	1 max fill(s) per 180 day(s) retail			
FLUCELVAX 2024-2025 SUSY	0	1 max fill(s) per 180 day(s) retail			

Ambetter Formulary Updated January 1, 2025

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FLUZONE HIGH-DOSE 2024-2025 SUSY	0	1 max fill(s) per 180 day(s) retail	MODERNA COVID-19 VACCINE/BIVALENT/6M O-5Y	0	
FLUZONE HIGH-DOSE PF 2022-2023	0	1 max fill(s) per 180 day(s) retail	MODERNA COVID-19 VACCINE/BIVALENT/BA. 4/BA.5	0	
FLUZONE HIGH-DOSE PF 2023-2024	0	1 max fill(s) per 180 day(s) retail	MODERNA COVID-19 VACCINE6MO-5Y SUSP	0	
FLUZONE QUADRIVALENT 2022-2023 SUSP	0	1 max fill(s) per 180 day(s) retail	MODERNA COVID-19 VACCINE SUSP	0	
FLUZONE QUADRIVALENT 2022-2023 SUSY	0	1 max fill(s) per 180 day(s) retail	NOVAVAX COVID-19 VACCINE/2023-24 SUSP	0	
FLUZONE QUADRIVALENT 2023-2024 SUSP	0	1 max fill(s) per 180 day(s) retail	NOVAVAX COVID-19 VACCINE/2024-25 SUSY	0	
FLUZONE QUADRIVALENT 2023-2024 SUSY	0	1 max fill(s) per 180 day(s) retail	NOVAVAX COVID-19 VACCINE SUSP	0	
GARDASIL 9 SUSP	0	3 max fill(s) per 365 day(s) retail	PFIZER-BIONTECH COVID-19VACCINE/5-11Y/2023-24 SUSP	0	
GARDASIL 9 SUSY	0	3 max fill(s) per 365 day(s) retail	PFIZER-BIONTECH COVID-19VACCINE/5-11Y/2024-25 SUSP	0	
HAVRIX	0		PFIZER-BIONTECH COVID-19VACCINE/5-11Y 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/2023-24 SUSP	0	
IPOL INACTIVATED IPV	0		PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y/2024-25 SUSP	0	
JANSSEN COVID-19 VACCINE	0		PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y SUSP	0	
M-M-R II SOLR	0	2 max fill(s) per 365 day(s) retail	PFIZER-BIONTECH COVID-19VACCINE/ADULT RTU SUSP	0	
MODERNA COVID-19 VACCINE/6MO-11Y/2023-24 SUSP	0		PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/5-11Y	0	
MODERNA COVID-19 VACCINE/6MO-11Y/2024-25 SUSY	0				

Ambetter Formulary Updated January 1, 2025

Drug Name	Drug Tier	Requirements/Limits
PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/6 M-4Y	0	
PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/B A.4/BA.5	0	
PFIZER-BIONTECH COVID-19VACCINE SUSP	0	
PREHEVBRIO	0	3 max fill(s) per 365 day(s) retail
PRIORIX SUSR	0	3 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 IJ 1350 PFU/0.5ML	0	2 max fill(s) per 365 day(s) retail
VAGINAL AND RELATED PRODUCTS		
Spermicides		
TODAY SPONGE MISC	0	

Drug Name	Drug Tier	Requirements/Limits
Vaginal Anti-infectives		
<i>clindamycin phosphate vaginal CREA</i>	1B	
<i>clotrimazole vaginal CREA 1 %</i>	1B	
GYNAZOLE-1	3	QL(5 gm per 30 day(s) retail; 5 gm per 30 days mail)
<i>metronidazole vaginal</i>	1B	
<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)
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
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

Drug Name	Drug Tier	Requirements/ Limits
<i>epinephrine (anaphylaxis)</i> <i>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	
VITAMINS		
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 500 MG</i>	1A	
<i>niacinamide TABS 100 MG</i>	1B	
<i>niacin CPCR 250 MG, 500 MG</i>	1A	
<i>niacin TABS</i>	1A	
<i>niacin TBCR</i>	1A	

INDEX

abacavir sulfate SOLN	30	ACTIVELLA TABS 1 MG-0.5 MG (estradiol & norethindrone acetate) 45	AIRDUO DIGIHALER 113/14	9
abacavir sulfate TABS	30	acyclovir CAPS	AIRDUO DIGIHALER 232/14	9
abacavir sulfate-lamivudine	30	acyclovir SUSP	AIRDUO DIGIHALER 55/14	9
ABELCET	17	acyclovir TABS OR	AIRSUPRA	9
abiraterone acetate 250 MG	25	acyclovir topical CREA	AKYNZEO	17
abiraterone acetate 500 MG	25	acyclovir topical OINT	albendazole	7
ABRYSSVO	65	ADACEL SUSP	albuterol sulfate AERS	9
acamprosate calcium	61	adapalene CREA	albuterol sulfate NEBU 0.083 %, 0.5 %, 0.63 MG/3ML, 1.25 MG/3ML, 2.5 MG/0.5ML	9
acarbose	14	adapalene GEL	albuterol sulfate SYRP	9
acebutolol hcl CAPS	32	adapalene-benzoyl peroxide GEL 2.5 %-0.1 %	albuterol sulfate TABS	9
acetaminophen w/ codeine SOLN ..	6	ADCETRIS	alclometasone dipropionate CREA	40
acetaminophen w/ codeine TABS 15 MG-300 MG	6	adefovir dipivoxil	alclometasone dipropionate OINT	40
acetaminophen w/ codeine TABS 30 MG-300 MG	6	ADEMPAS	ALDURAZYME	45
acetaminophen w/ codeine TABS 60 MG-300 MG	6	ADTHYZA TABS 16.25 MG, 32.5 MG, 65 MG, 97.5 MG, 130 MG ..	ALECENSA	26
acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG ..	6	ADVATE	alendronate sodium TABS 35 MG, 70 MG	44
acetazolamide CP12	43	ADYNOVATE	alendronate sodium TABS 5 MG, 10 MG	44
acetazolamide sodium	43	AFLURIA 2024-2025 SUSP	alfuzosin hcl	47
acetazolamide TABS 125 MG	43	AFLURIA 2024-2025 SUSY	ALINIA SUSR	21
acetazolamide TABS 250 MG	43	AFLURIA QUADRIVALENT 2022- 2023 SUSP	aliskiren fumarate	21
acetic acid (otic)	60	AFLURIA QUADRIVALENT 2022- 2023 SUSY	allopurinol 100 MG, 300 MG	48
acetic acid 0.25 %	47	AFLURIA QUADRIVALENT 2023- 2024 SUSP	almotriptan malate 12.5 MG	53
acetylcysteine SOLN	37	AFLURIA QUADRIVALENT 2023- 2024 SUSY	almotriptan malate 6.25 MG	53
acitretin 10 MG, 17.5 MG	39	AFSTYLA	ALOCRIL	59
acitretin 25 MG	39	AIMOVIG	alogliptin benzoate	15
ACTHAR GEL	44	AIMSCO LUBRICATED MISC	alogliptin-metformin hcl	14
ACTHIB SOLR IM	65		alogliptin-pioglitazone 15 MG-25 MG, 30 MG-25 MG, 45 MG-25 MG	14
ACTIMMUNE 100 MCG/0.5ML	27		alogliptin-pioglitazone 30 MG-12.5	

MG	14	amiodarone hcl TABS	8	amphetamine-dextroamphetamine CP24 3.75 MG-3.75 MG-3.75 MG- 3.75 MG	1
ALOMIDE	59	amitriptyline hcl TABS	14		
alose tron hcl	47	amlodipine besylate TABS	32	amphetamine-dextroamphetamine CP24 5 MG-5 MG-5 MG-5 MG, 6.25 MG-6.25 MG-6.25 MG-6.25 MG, 7.5 MG-7.5 MG-7.5 MG-7.5 MG	1
alprazolam TABS 0.25 MG, 0.5 MG, 1 MG	8	amlodipine besylate-atorvastatin calcium	33		
alprazolam TABS 2 MG	8	amlodipine besylate-benazepril hcl 20		amphetamine-dextroamphetamine TABS 1.25 MG-1.25 MG-1.25 MG- 1.25 MG, 1.875 MG-1.875 MG-1.875 MG-1.875 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG, 3.125 MG-3.125 MG- 3.125 MG-3.125 MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG, 5 MG-5 MG-5 MG-5 MG	1
alprazolam TB24	8	amlodipine besylate-olmesartan medoxomil	20		
alprazolam TBDP	8	amlodipine besylate-valsartan	20		
ALPROLIX	48	amlodipine-valsartan- hydrochlorothiazide	20		
ALREX SUSP (loteprednol etabonate)	59	amoxapine	14	amphetamine-dextroamphetamine TABS 7.5 MG-7.5 MG-7.5 MG-7.5 MG	1
ALTABAX	38	amoxicillin & pot clavulanate CHEW . 60			
ALTUVIIIIO	48	amoxicillin & pot clavulanate SUSR 60		amphotericin b IV	17
ALUNBRIG TABS	26	amoxicillin & pot clavulanate TABS 60		amphotericin b liposome	18
ALUNBRIG TBPK	26	amoxicillin & pot clavulanate TB12 60		ampicillin & sulbactam sodium IJ 1 GM-0.5 GM, 2 GM-1 GM	60
ALVESCO	9	amoxicillin CAPS	60	ampicillin CAPS 500 MG	60
alvimopan	47	amoxicillin CHEW 125 MG, 250 MG . 60		ampicillin sodium IJ 1 GM	60
amantadine hcl CAPS	28	amoxicillin SUSR 125 MG/5ML ... 60		anagrelide hcl	48
amantadine hcl SOLN	28	amoxicillin SUSR 200 MG/5ML, 250 MG/5ML, 400 MG/5ML	60	anastrozole	25
amantadine hcl TABS	28	amoxicillin TABS	60	ANDRODERM PT24 2 MG/24HR, 4 MG/24HR	7
ambrisentan	33	amoxicillin-clarithromycin w/ lansoprazole THPK	64	ANGELIQ	45
amcinonide CREA	40	amphetamine sulfate TABS	1	ANNOVERA	35
amcinonide LOTN	40	amphetamine-dextroamphetamine CP24 1.25 MG-1.25 MG-1.25 MG- 1.25 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG	1	ANORO ELLIPTA	9
amcinonide OINT	40			ANZEMET TABS 50 MG	17
amikacin sulfate SOLN 1 GM/4ML, 500 MG/2ML	2			APIDRA SOLN	16
amiloride & hydrochlorothiazide ..	43			APIDRA SOLOSTAR SOPN	16
amiloride hcl TABS	44			apomorphine hydrochloride SOCT	28
aminocaproic acid TABS	49				
aminophylline SOLN	10				
amiodarone hcl SOLN 50 MG/ML ...	8				

apraclonidine hcl	58	aspirin TBEC 81 MG	5	azacitidine SUSR	23
aprepitant CAPS 40 MG, 125 MG	17	aspirin-dipyridamole	48	AZATHIOPRINE	55
aprepitant CAPS 80 MG	17	atazanavir sulfate CAPS 150 MG, 300 MG	30	azathioprine TABS	55
aprepitant CAPS	17	atazanavir sulfate CAPS 200 MG	30	azelaic acid GEL	42
aprepitant MISC	17	atenolol & chlorthalidone	20	azelastine hcl (ophth)	59
APTIOM	11	atenolol TABS	32	azelastine hcl	57
APTIVUS CAPS	30	ATGAM IV 50 MG/ML	55	AZELEX	37
ARANESP ALBUMIN FREE SOLN 25 MCG/ML	49	atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG	1	azithromycin PACK	50
ARANESP ALBUMIN FREE SOLN 40 MCG/ML, 60 MCG/ML, 100 MCG/ML	49	atomoxetine hcl 60 MG, 80 MG, 100 MG	1	azithromycin SOLR	50
ARANESP ALBUMIN FREE SOSY 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML	49	atorvastatin calcium TABS	19	azithromycin SUSR	50
ARCALYST	3	atovaquone	21	azithromycin TABS 250 MG	50
AREXVY	65	atovaquone-proguanil hcl	22	azithromycin TABS 500 MG	50
arformoterol tartrate	9	atracurium besylate 50 MG/5ML, 100 MG/10ML	58	azithromycin TABS 600 MG	50
ARIKAYCE	2	atropine sulfate SOLN IJ 0.4 MG/ML, 1 MG/ML	64	aztreonam 1 GM	22
aripiprazole SOLN OR	30	atropine sulfate SOSY IJ 0.25 MG/5ML	64	bacitracin (ophthalmic)	58
aripiprazole TABS	30	ATROVENT HFA	9	bacitracin	21
armodafinil	2	AUDENZ EMUL IM	65	baclofen TABS 10 MG, 20 MG	57
ARMOUR THYROID TABS	63	AUDENZ PRSY IM	65	balsalazide disodium CAPS	46
ARNUITY ELLIPTA	9	AUSTEDO PATIENT TITRATION KIT TBPK	61	BALVERSA	26
arsenic trioxide 10 MG/10ML	27	AUSTEDO TABS	61	BANZEL TABS 200 MG (rufinamide) 11	
ARZERRA	24	AUSTEDO XR PATIENT TITRATION KIT TEPK	61	BANZEL TABS 400 MG (rufinamide) 11	
ascorbic acid SOLN IJ	69	AUSTEDO XR TB24	61	BAXDELA SOLR	46
asenapine maleate 2.5 MG	29	AVONEX PEN AJKT	62	BAXDELA TABS	46
asenapine maleate 5 MG, 10 MG	29	AVONEX PSKT	62	BELSOMRA	50
aspirin CHEW	5	AYVAKIT	25	benazepril & hydrochlorothiazide 12.5 MG-10 MG, 25 MG-20 MG	20
aspirin TABS 325 MG	5			benazepril & hydrochlorothiazide 12.5 MG-20 MG, 6.25 MG-5 MG	20
aspirin TBEC 325 MG	5			benazepril hcl	19

bendamustine hcl SOLR	23	betamethasone valerate CREA ...	40	BRAFTOVI 75 MG	26
BENEFIX KIT	48	betamethasone valerate FOAM ...	40	BREO ELLIPTA (fluticasone furoate- vilanterol)	9
BENZEPRO CREAMY WASH LIQD . 37		betamethasone valerate LOTN ...	40	BREO ELLIPTA	9
BENZEPRO FOAM 5.3 %	37	betamethasone valerate OINT	40	BREZTRI AEROSPHERE	9
benzonatate 100 MG	37	BETASERON KIT	62	BRILINTA	48
benzonatate 150 MG	37	betaxolol hcl (ophth) SOLN	58	brimonidine tartrate (topical)	42
benzonatate 200 MG	37	betaxolol hcl	32	brimonidine tartrate 0.15 %, 0.2 %	58
benzoyl peroxide FOAM 5.3 %, 9.8 %	37	bethanechol chloride 25 MG	65	brimonidine tartrate-timolol maleate . 58	
benzoyl peroxide GEL 10 %	37	bethanechol chloride 5 MG, 10 MG, 50 MG	65	brinzolamide	59
benzoyl peroxide GEL 5 %	37	bexarotene (topical)	39	BRIVIACT SOLN OR 10 MG/ML ..	11
benzoyl peroxide LIQD 4 %, 7 %, 10 %	37	bexarotene	27	BRIVIACT TABS	11
benzoyl peroxide-erythromycin GEL . 37		BEXSERO	65	bromfenac sodium (ophth)	59
benztropine mesylate SOLN	28	bicalutamide	25	bromocriptine mesylate CAPS	28
benztropine mesylate TABS	28	BIJUVA	45	bromocriptine mesylate TABS 2.5 MG	28
bepotastine besilate	59	BIKTARVY	30	BRUKINSA	26
BESIVANCE	58	bimatoprost SOLN	59	budesonide (inhalation) SUSP	9
betaine	45	bisacodyl SUPP	50	budesonide (intrarectal)	7
betamethasone dipropionate (topical) CREA	40	bisacodyl TBEC	50	budesonide (nasal)	57
betamethasone dipropionate (topical) LOTN	40	bisoprolol & hydrochlorothiazide ..	20	budesonide CPEP	36
betamethasone dipropionate (topical) OINT	40	bisoprolol fumarate	32	budesonide-formoterol fumarate dihydrate	10
betamethasone dipropionate augmented CREA	40	bleomycin sulfate 15 UNIT	25	bumetanide SOLN 0.25 MG/ML ...	43
betamethasone dipropionate augmented LOTN	40	BOOSTRIX SUSP	63	bumetanide TABS	43
betamethasone dipropionate augmented OINT	40	BOOSTRIX SUSY	63	buprenorphine hcl SOLN	7
		bortezomib SOLR IJ	26	buprenorphine hcl SUBL	7
		BORTEZOMIB SOLR IV 3.5 MG ..	26	buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG	7
		bosentan TABS 125 MG	33	buprenorphine hcl-naloxone hcl	
		bosentan TABS 62.5 MG	33		
		BOSULIF TABS 100 MG, 500 MG	26		
		BOSULIF TABS 400 MG	26		

dihydrate FILM SL 3 MG-12 MG	7	butorphanol tartrate NA 10 MG/ML	7	carbamazepine SUSP	11
buprenorphine hcl-naloxone hcl dihydrate SUBL	7	cabergoline	45	carbamazepine TABS	11
buprenorphine PTWK	7	CABOMETYX TABS	26	carbamazepine TB12 100 MG, 400 MG	11
bupropion hcl (smoking deterrent)	62	calcipotriene CREA	39	carbamazepine TB12 200 MG	11
bupropion hcl TABS	13	calcipotriene OINT	39	carbidopa	28
bupropion hcl TB12 100 MG	13	calcipotriene SOLN	39	carbidopa-levodopa TABS	28
bupropion hcl TB12 150 MG	13	calcipotriene-betamethasone dipropionate OINT	40	carbidopa-levodopa TBCR	28
bupropion hcl TB12 200 MG	13	calcipotriene-betamethasone dipropionate SUSP	40	carbidopa-levodopa TBDP	28
bupropion hcl TB24 150 MG	13	calcitonin (salmon) NA	44	carbidopa-levodopa-entacapone	28
bupropion hcl TB24 300 MG	13	calcitriol (topical)	39	carbinoxamine maleate SOLN	18
buspiron hcl 5 MG	8	calcitriol CAPS	45	carbinoxamine maleate TABS 4 MG	18
buspiron hcl 7.5 MG, 10 MG, 15 MG, 30 MG	8	calcitriol SOLN IV	45	carboplatin SOLN 50 MG/5ML	23
busulfan SOLN	23	calcium acetate (phosphate binder) CAPS	47	carisoprodol TABS	57
butalbital-acetaminophen TABS 50 MG-325 MG	4	calcium acetate (phosphate binder) TABS	47	carmustine	23
butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG	4	calcium chloride (dihydrate) SOLN	54	carteolol hcl (ophth)	58
butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG	4	calcium polycarbophil TABS	50	carvedilol	32
butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG	4	CALQUENCE	26	carvedilol phosphate	32
butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG	6	candesartan cilexetil	20	casprofungin acetate	17
butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG	6	candesartan cilexetil-hydrochlorothiazide	20	CAYA DPRH	51
butalbital-aspirin-caffeine CAPS	5	capecitabine	23	CAYSTON	22
butalbital-aspirin-caffeine w/cod	6	CAPRELSA	26	cefaclor CAPS	34
butenafine hcl	38	captopril 12.5 MG	19	cefaclor SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML	34
butorphanol tartrate IJ 1 MG/ML, 2 MG/ML	7	captopril 25 MG, 50 MG, 100 MG	19	cefadroxil CAPS	34
		carbamazepine CHEW	11	cefadroxil SUSR	34
		carbamazepine CP12 100 MG	11	cefadroxil TABS	34
		carbamazepine CP12 200 MG	11	cefazolin sodium SOLR IJ 1 GM, 10 GM, 500 MG	34
		carbamazepine CP12 300 MG	11	cefdinir CAPS	34

cefdinir SUSR	34	chlordiazepoxide-amitriptyline	61	CIMDUO	30
cefepime hcl SOLR IV 2 GM	34	chlorhexidine gluconate (mouth-throat)	56	cimetidine TABS	64
cefixime CAPS	34	chloroquine phosphate TABS 250 MG	22	cinacalcet hcl	45
cefixime SUSR	34	chloroquine phosphate TABS 500 MG	22	ciprofloxacin hcl (ophth) SOLN	58
cefotaxime sodium IJ 1 GM, 2 GM	34	chlorpromazine hcl SOLN	29	ciprofloxacin hcl (otic)	60
cefotetan disodium IJ 1 GM, 2 GM	34	chlorpromazine hcl TABS	29	ciprofloxacin hcl TABS	46
cefoxitin sodium IV 1 GM, 2 GM ...	34	chlorthalidone 25 MG, 50 MG	44	ciprofloxacin in d5w 5 %-200 MG/100ML	46
cefpodoxime proxetil SUSR	34	chlorzoxazone TABS 500 MG	57	ciprofloxacin SUSR 5 GM/100ML, 500 MG/5ML	46
cefpodoxime proxetil TABS	34	chlorzoxazone TABS 750 MG	57	ciprofloxacin-dexamethasone	60
cefprozil SUSR	34	CHOLBAM	46	ciprofloxacin-fluocinolone acetonide .	60
cefprozil TABS	34	cholecalciferol CAPS 1.25 MG, 1.25 MG, 10 MCG, 50 MCG, 400 UNIT, 2000 UNIT, 50000 UNIT	69	cisplatin SOLN 100 MG/100ML	23
ceftazidime IJ 1 GM, 6 GM	34	cholecalciferol TABS 10 MCG, 400 UNIT	69	citalopram hydrobromide SOLN ...	13
ceftriaxone sodium IJ 1 GM, 2 GM, 500 MG	34	cholestyramine light PACK	19	citalopram hydrobromide TABS 10 MG	13
ceftriaxone sodium IJ 250 MG	34	cholestyramine light POWD	19	citalopram hydrobromide TABS 20 MG	13
cefuroxime axetil TABS	34	cholestyramine PACK	19	citalopram hydrobromide TABS 40 MG	13
cefuroxime sodium IJ 750 MG	34	cholestyramine POWD	19	clarithromycin SUSR	50
celecoxib	4	choline fenofibrate	19	clarithromycin TABS	50
cephalexin CAPS	34	CHORIONIC GONADOTROPIN IM	44	clarithromycin TB24	50
cephalexin SUSR	34	ciclopirox GEL	38	CLASSIC PRENATAL TABS	56
CERDELGA	48	ciclopirox olamine CREA	38	clemastine fumarate SYRP	18
CEREZYME 400 UNIT	48	ciclopirox olamine SUSP	38	clemastine fumarate TABS 2.68 MG .	18
cetirizine hcl TABS	18	ciclopirox SHAM	38	CLIMARA PRO	45
cevimeline hcl	56	ciclopirox SOLN	38	clindamycin hcl	22
CHEMET	17	cidofovir	31	clindamycin palmitate hydrochloride .	22
CHEMSTRIP-K STRP	43	cilostazol	48	clindamycin phosphate (topical)	
chloramphenicol sodium succinate	21				
chlordiazepoxide hcl CAPS	8				
chlordiazepoxide hcl-clidinium bromide	64				

FOAM	37	clobetasol propionate SOLN 0.05 % .	40	colesevelam hcl PACK	19
clindamycin phosphate (topical) GEL	37	clocortolone pivalate	40	colesevelam hcl TABS	19
clindamycin phosphate (topical)		clofarabine	23	colestipol hcl GRAN	19
LOTN	37	clomiphene citrate TABS	44	colestipol hcl PACK	19
clindamycin phosphate (topical)		clomipramine hcl	14	colestipol hcl TABS	19
SOLN	37	clonazepam TABS	11	COMBIPATCH PTTW	46
clindamycin phosphate (topical)		clonidine	20	COMETRIQ KIT	26
SWAB	37	clonidine hcl (adhd) TB12	1	COMIRNATY 2023-24 SUSP	65
clindamycin phosphate SOLN IJ 9		clonidine hcl TABS	20	COMIRNATY 2023-24 SUSY	65
GM/60ML, 300 MG/2ML, 600		clopidogrel bisulfate 300 MG	48	COMIRNATY 2024-25 SUSY	65
MG/4ML, 900 MG/6ML, 9000		clopidogrel bisulfate 75 MG	48	COMIRNATY SUSP	65
MG/60ML	22	clorazepate dipotassium TABS	8	COMPLERA	30
clindamycin phosphate vaginal CREA		clotrimazole (topical) CREA	38	CONTRACE	1
.....	68	clotrimazole (topical) SOLN	38	COPIKTRA	26
clindamycin phosphate-benzoyl		clotrimazole	56	CORDRAN TAPE	41
peroxide (refrigerate)	37	clotrimazole vaginal CREA 1 %	68	CORTISPORIN-TC	60
clindamycin phosphate-benzoyl		clotrimazole w/ betamethasone		COSENTYX SENSOREADY PEN	
peroxide GEL 5 %-1 %	37	CREA	38	SOAJ	39
clindamycin phosphate-tretinoin ..	37	clotrimazole w/ betamethasone		COSENTYX SOSY 150 MG/ML	39
CLINIMIX 4.25%/DEXTROSE 10%		LOTN	38	COSENTYX SOSY 75 MG/0.5ML	39
58		clozapine TABS	29	COSENTYX UNOREADY SOAJ	39
CLINIMIX 4.25%/DEXTROSE 5%	58	clozapine TBDP 100 MG	29	CREON CPEP	43
CLINIMIX E 5%/DEXTROSE 20%		clozapine TBDP 12.5 MG, 150 MG		CRESEMBA CAPS OR 186 MG	18
58		29		cromolyn sodium (ophth)	59
clobazam SUSP	11	clozapine TBDP 25 MG	29	cromolyn sodium NEBU	9
clobazam TABS	11	COARTEM	22	crotamiton LOTN	42
clobetasol propionate CREA 0.05 % .		codeine sulfate TABS 30 MG	5	CVS PRENATAL TABS 100 MG-2.6	
40		CODEINE SULFATE TABS	5	MG-800 MCG-400 UNIT-4 MCG-1.7	
clobetasol propionate emollient base		colchicine TABS	48	MG-18 MG-27 MG-1.5 MG-25 MG-	
0.05 %	40	colchicine w/ probenecid	48	263 MG-11 UNIT-4000 UNIT	56
clobetasol propionate FOAM	40			cyanocobalamin SOLN IJ 1000	
clobetasol propionate GEL 0.05 %	40			MCG/ML	49
clobetasol propionate OINT 0.05 %					
40					

cyclobenzaprine hcl TABS 5 MG, 10 MG	57	dalfampridine	62	desmopressin acetate SOLN IJ	45
cyclophosphamide CAPS	23	danazol CAPS	7	DESMOPRESSIN ACETATE SOLN NA	45
cyclophosphamide SOLR IJ	23	dantrolene sodium CAPS	57	desmopressin acetate spray	45
cycloserine	23	dapagliflozin propanediol	16	desmopressin acetate spray refrigerated	45
cyclosporine (ophth) EMUL	59	dapagliflozin propanediol-metformin hcl 1000 MG-10 MG	15	desmopressin acetate TABS 0.1 MG	45
cyclosporine CAPS	55	dapagliflozin propanediol-metformin hcl 1000 MG-5 MG	14	desmopressin acetate TABS 0.2 MG	45
cyclosporine modified (for microemulsion) CAPS	55	dapsone	22	desogestrel & ethinyl estradiol	35
cyclosporine modified (for microemulsion) SOLN	55	DAPTACEL	63	desogestrel-ethinyl estradiol (biphasic)	35
cyclosporine SOLN IV 50 MG/ML .	55	daptomycin 500 MG	21	desogestrel-ethinyl estradiol (triphasic)	35
CYLTEZO AJKT	3	darifenacin hydrobromide	65	desonide CREA	41
CYLTEZO PSKT 10 MG/0.2ML, 40 MG/0.4ML	3	darunavir TABS	30	desonide LOTN	41
CYLTEZO PSKT 20 MG/0.4ML, 40 MG/0.8ML	3	dasatinib	26	desonide OINT	41
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS AJKT	3	DAURISMO	24	desoximetasone CREA 0.25 %	41
CYLTEZO STARTER PACKAGE FOR PSORIASIS AJKT	3	DEBACTEROL	56	desoximetasone GEL	41
CYLTEZO STARTER PACKAGE FOR PSORIASIS/UVEITIS AJKT ...	3	decitabine	24	desoximetasone OINT 0.25 %	41
cyproheptadine hcl SYRP	18	deferasirox PACK	17	desvenlafaxine succinate 100 MG .	14
cyproheptadine hcl TABS	18	deferasirox TABS	17	desvenlafaxine succinate 25 MG, 50 MG	14
CYSTAGON CAPS	47	deferasirox TBSO	17	dexamethasone ELIX	36
CYSTARAN	59	deflazacort SUSP	36	DEXAMETHASONE INTENSOL CONC	36
cytarabine SOLN	23	deflazacort TABS	36	dexamethasone sodium phosphate (ophth)	59
dabigatran etexilate mesylate CAPS .	11	DELSTRIGO	30	dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML	36
dacarbazine SOLR 200 MG	27	demeclocycline hcl TABS	63	dexamethasone sodium phosphate SOSY IJ 4 MG/ML	36
dactinomycin	25	DEPO-ESTRADIOL	46		
		DEPO-MEDROL SUSP	36		
		DEPO-SUBQ PROVERA 104 SUSY SC	35		
		desipramine hcl TABS	14		
		desloratadine TABS	18		
		desloratadine TBDP 2.5 MG	18		

dexamethasone SOLN	36	EX	39	diltiazem hcl coated beads CP24 180 MG, 240 MG	32
dexamethasone TABS 0.5 MG, 0.75 MG	36	diclofenac sodium (ophth)	59	diltiazem hcl CP12	32
dexamethasone TABS 1 MG, 1.5 MG, 2 MG, 4 MG, 6 MG	36	diclofenac sodium (topical) GEL EX	39	diltiazem hcl CP24	32
dexchlorpheniramine maleate SOLN	18	diclofenac sodium TB24	4	diltiazem hcl extended release beads 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	32
dexlansoprazole	64	diclofenac sodium TBEC	4	diltiazem hcl extended release beads 420 MG	32
dexmethylphenidate hcl CP24	2	diclofenac w/ misoprostol TBEC	4	diltiazem hcl SOLN 50 MG/10ML	33
dexmethylphenidate hcl TABS	2	dicloxacillin sodium	61	DILTIAZEM HCL SOLR	33
dextroamphetamine sulfate CP24 10 MG, 15 MG	1	dicyclomine hcl CAPS	64	diltiazem hcl TABS	33
dextroamphetamine sulfate CP24 5 MG	1	dicyclomine hcl SOLN OR	64	diltiazem hcl TB24	33
dextroamphetamine sulfate TABS 2.5 MG, 7.5 MG, 15 MG, 20 MG, 30 MG	1	dicyclomine hcl TABS	64	dimethyl fumarate CDPK	62
dextroamphetamine sulfate TABS 5 MG, 10 MG	1	DIFFERIN LOTN	37	dimethyl fumarate CPDR	62
dextrose in lactated ringers	54	DIFICID TABS	51	DIPENTUM	46
DIACOMIT CAPS 250 MG	11	diflorasone diacetate CREA	41	diphenhydramine hcl CAPS 50 MG 18	
DIACOMIT CAPS 500 MG	11	diflorasone diacetate OINT	41	diphenhydramine hcl ELIX 12.5 MG/5ML	18
DIACOMIT PACK 250 MG	11	diflunisal TABS	5	diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML	18
DIACOMIT PACK 500 MG	11	difluprednate	59	diphenhydramine hcl SOLN 50 MG/ML	18
diazepam (anticonvulsant) GEL	11	digoxin SOLN OR 0.05 MG/ML	33	diphenoxylate w/ atropine LIQD	16
diazepam CONC	8	digoxin TABS 0.0625 MG, 0.125 MG, 0.25 MG, 62.5 MCG, 125 MCG, 250 MCG	33	diphenoxylate w/ atropine TABS	16
diazepam SOLN OR 5 MG/5ML	8	dihydroergotamine mesylate SOLN IJ 1 MG/ML	53	DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP	63
diazepam TABS	8	dihydroergotamine mesylate SOLN NA 4 MG/ML	53	dipyridamole	48
diazoxide	15	DILANTIN (phenytoin sodium extended)	12	disopyramide phosphate CAPS	8
dichlorphenamide	43	DILANTIN	12	disulfiram	61
diclofenac epolamine PTCH EX	39	DILANTIN INFATABS CHEW (phenytoin)	12	DIURIL SUSP	44
diclofenac potassium TABS 50 MG	4	DILANTIN-125 SUSP (phenytoin)	12		
diclofenac sodium (actinic keratoses)		diltiazem hcl coated beads CP24 120 MG, 300 MG, 360 MG	32		

divalproex sodium TB24	13	doxycycline (monohydrate) CAPS 50 MG, 100 MG	63	DUREX EXTRA SENSITIVE THIN MISC	51
divalproex sodium TBEC	13	doxycycline (monohydrate) CAPS 75 MG	63	DUREX TROPICAL MISC	51
docetaxel CONC 20 MG/ML	28	doxycycline (monohydrate) TABS 100 MG	63	dutasteride	47
docetaxel SOLN 20 MG/2ML	28	doxycycline (monohydrate) TABS 50 MG, 75 MG	63	dutasteride-tamsulosin hcl	47
docusate calcium	50	doxycycline hyclate CAPS	63	econazole nitrate CREA	38
docusate sodium CAPS 100 MG ..	50	doxycycline hyclate SOLR	63	EDARBI	20
docusate sodium CAPS 250 MG ..	50	doxycycline hyclate TABS 20 MG, 100 MG	63	EDURANT	30
dofetilide	8	doxylamine-pyridoxine TBEC	17	efavirenz CAPS 200 MG	30
donepezil hydrochloride TABS 10 MG	61	dronabinol CAPS	17	efavirenz CAPS 50 MG	30
donepezil hydrochloride TABS 5 MG, 23 MG	61	drospirenone-ethinyl estradiol	35	efavirenz TABS	30
donepezil hydrochloride TBDP 10 MG	61	drospirenone-ethinyl estradiol-levomefolate calcium	35	efavirenz-emtricitabine-tenofovir disoproxil fumarate	30
donepezil hydrochloride TBDP 5 MG 61		DROXIA CAPS	48	efavirenz-lamivudine-tenofovir disoproxil fumarate	30
DOPTELET	49	DUAVEE	46	EGRIFTA 2 MG	44
dorzolamide hcl	59	DULERA	10	EGRIFTA SV	44
dorzolamide hcl-timolol maleate ..	58	duloxetine hcl CPEP 20 MG, 30 MG, 60 MG	14	ELAPRASE	45
DOVATO	30	duloxetine hcl CPEP 40 MG	14	electrolyte-148	54
doxazosin mesylate	20	DUPIXENT SOAJ SC 200 MG/1.14ML	42	electrolyte-a	54
doxepin hcl (antipruritic)	39	DUPIXENT SOAJ SC 300 MG/2ML 42		ELESTRIN GEL	46
doxepin hcl (sleep)	49	DUPIXENT SOSY 100 MG/0.67ML 42		eletriptan hydrobromide	53
doxepin hcl CAPS	14	DUPIXENT SOSY 200 MG/1.14ML 42		ELIGARD KIT SC 7.5 MG	25
doxepin hcl CONC	14	DUPIXENT SOSY 300 MG/2ML ..	42	ELIGARD SC 22.5 MG, 30 MG, 45 MG	25
doxercalciferol CAPS	45	DUREX EXTRA SENSITIVE THIN DEVI	51	ELIQUIS STARTER PACK TBPK ..	10
doxercalciferol SOLN	45			ELIQUIS TABS	10
doxorubicin hcl liposomal IV 2 MG/ML	25			ELLA	35
doxorubicin hcl SOLN	25			ELMIRON CAPS	47
doxorubicin hcl SOLR 10 MG, 50 MG	25			ELOCTATE	48
				EMCYT	25

EMFLAZA SUSP (deflazacort)36	MG/0.4ML10	eribulin mesylate 28
EMGALITY SOAJ53	enoxaparin sodium SOSY 60 MG/0.6ML10	ERIVEDGE24
EMGALITY SOSY 100 MG/ML53	enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML 10	ERLEADA 240 MG 25
EMGALITY SOSY 120 MG/ML53	ENSPRYNG55	ERLEADA 60 MG25
EMSAM13	entacapone28	erlotinib hcl 24
emtricitabine CAPS30	entecavir TABS 31	ERTACZO38
emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG- 200 MG, 167 MG-250 MG30	EPIDIOLEX11	ertapenem sodium IJ 21
emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG30	epinastine hcl (ophth) 59	erythromycin (acne aid) PADS 37
EMTRIVA SOLN 30	epinephrine (anaphylaxis) SOAJ 0.15 MG/0.3ML69	erythromycin (acne aid) SOLN 37
EMVERM CHEW7	epinephrine (anaphylaxis) SOAJ 0.3 MG/0.3ML68	erythromycin (ophth) 58
enalapril maleate & hydrochlorothiazide 12.5 MG-5 MG 20	EPIVIR HBV SOLN 31	erythromycin base CPEP50
enalapril maleate & hydrochlorothiazide 25 MG-10 MG 20	eplerenone 21	erythromycin base TABS 51
enalapril maleate TABS19	EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML49	erythromycin base TBEC 51
ENBREL MINI SOCT 4	epoprostenol sodium33	erythromycin ethylsuccinate SUSR 51
ENBREL SOLN 4	EQL PRENATAL FORMULA TABS 56	erythromycin ethylsuccinate TABS 51
ENBREL SOSY 25 MG/0.5ML4	EQUETRO 100 MG29	escitalopram oxalate SOLN13
ENBREL SOSY 50 MG/ML 4	EQUETRO 200 MG29	escitalopram oxalate TABS 10 MG 13
ENBREL SURECLICK SOAJ4	EQUETRO 300 MG29	escitalopram oxalate TABS 20 MG 13
ENGERIX-B SUSP 20 MCG/ML ...66	ERAXIS17	escitalopram oxalate TABS 5 MG . 13
ENGERIX-B SUSY66	ERBITUX24	esomeprazole magnesium CPDR 20 MG 64
enoxaparin sodium SOLN IJ 300 MG/3ML10	ergocalciferol CAPS69	esomeprazole magnesium CPDR 40 MG 64
enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML 10	ergocalciferol SOLN OR69	esomeprazole magnesium TBEC .64
enoxaparin sodium SOSY 30 MG/0.3ML10	ergoloid mesylates TABS62	ESPEROCT 48
enoxaparin sodium SOSY 40	ERGOMAR SUBL53	estazolam 49
	ergotamine w/ caffeine TABS53	esterified estrogens & methyltestosterone46
		estradiol & norethindrone acetate

TABS	46	0.25 MG, 0.5 MG, 0.75 MG	55	felodipine	33
estradiol GEL 0.06 %	46	everolimus (immunosuppressant) 1		FEMCAP DEVI	51
estradiol GEL 0.25 MG/0.25GM, 0.5		MG	55	FEMRING	68
MG/0.5GM, 0.75 MG/0.75GM, 1		everolimus TABS	26	fenofibrate micronized 43 MG, 130	
MG/GM, 1.25 MG/1.25GM	46	EVOTAZ	30	MG	19
estradiol PTTW	46	exemestane	25	fenofibrate micronized 67 MG, 134	
estradiol PTWK	46	ezetimibe	19	MG, 200 MG	19
estradiol TABS	46	ezetimibe-simvastatin	18	fenofibrate TABS 48 MG, 54 MG, 145	
estradiol vaginal CREA	68	famciclovir 125 MG, 250 MG	31	MG, 160 MG	19
estradiol vaginal TABS	68	famciclovir 500 MG	31	fenoprofen calcium TABS	4
estradiol valerate	46	famotidine in nacl SOLN	64	FENSOLVI SC	45
ESTRING RING	68	famotidine SOLN 20 MG/2ML	64	fentanyl citrate LPOP	5
ESTROGEL GEL (estradiol)	46	famotidine SOLN 40 MG/4ML, 200		fentanyl PT72 12 MCG/HR, 25	
eszopiclone	49	MG/20ML	64	MCG/HR, 50 MCG/HR, 75 MCG/HR,	
ethacrynic acid	43	famotidine SUSR	64	100 MCG/HR	5
ethambutol hcl TABS	23	famotidine TABS 20 MG, 40 MG ..	64	ferrous fumarate-folic acid	49
ethosuximide CAPS	12	FANAPT	29	ferrous sulfate SOLN 15 MG/ML ..	49
ethosuximide SOLN	12	FANAPT TITRATION PACK	29	ferrous sulfate TABS 65 MG, 325 MG	
ethynodiol diacet & eth estrad	35	FANTASY LUBRICATED MISC ...	51	ferrous sulfate TBEC 325 MG	49
etodolac CAPS	4	FANTASY		fesoterodine fumarate	65
etodolac TABS	4	LUBRICATED/SPERMICIDE MISC		FETZIMA CP24	14
etonogestrel-ethinyl estradiol	35	51		FETZIMA TITRATION PACK C4PK	
ETOPOPHOS	28	FARXIGA (dapagliflozin propanediol)		14	
etoposide CAPS	28	16	finasteride	47
etoposide SOLN 1 GM/50ML, 100		FARXIGA	16	fingolimod hcl	62
MG/5ML, 500 MG/25ML	28	FASENRA PEN SOAJ	9	FIRDAPSE	23
etravirine 100 MG	30	FASENRA SOSY 30 MG/ML	9	FIRMAGON	25
etravirine 200 MG	30	FC2 FEMALE CONDOM	51	flavoxate hcl	65
EUCRISA	42	febuxostat	48	flecainide acetate	8
EVAMIST SOLN	46	felbamate SUSP	12	floxuridine	24
everolimus (immunosuppressant)		felbamate TABS 400 MG	12	FLUAD 2024-2025	66
		felbamate TABS 600 MG	12		

FLUAD QUADRIVALENT 2022-202366	2024 SUSY66	fluphenazine hcl CONC29
FLUAD QUADRIVALENT 2023-202466	FLUMIST NASAL VACCINE 2024- 202566	fluphenazine hcl ELIX29
FLUARIX 2024-2025 SUSY66	FLUMIST QUADRIVALENT66	fluphenazine hcl SOLN29
FLUARIX QUADRIVALENT 2022- 2023 SUSY66	flunisolide (nasal) 0.025 %58	fluphenazine hcl TABS29
FLUARIX QUADRIVALENT 2023- 2024 SUSY66	fluocinolone acetonide (otic)60	flurandrenolide CREA41
FLUBLOK 2024-2025 SOSY66	fluocinolone acetonide CREA 0.01 % 41	flurandrenolide LOTN41
FLUBLOK QUADRIVALENT 2022- 202366	fluocinolone acetonide CREA 0.025 %41	flurazepam hcl50
FLUBLOK QUADRIVALENT 2023- 202466	fluocinolone acetonide OIL41	flurbiprofen sodium59
FLUCELVAX 2024-2025 SUSP ...66	fluocinolone acetonide OINT41	flurbiprofen TABS4
FLUCELVAX 2024-2025 SUSY ...66	fluocinolone acetonide SOLN41	flutamide25
FLUCELVAX QUADRIVALENT 2022-2023 SUSP66	fluocinolone acetonide SOLN41	fluticasone furoate-vilanterol10
FLUCELVAX QUADRIVALENT 2022-2023 SUSY66	fluocinonide CREA 0.05 %41	fluticasone propionate (inhalation) AEPB9
FLUCELVAX QUADRIVALENT 2023-2024 SUSP66	fluocinonide CREA 0.1 %41	fluticasone propionate (nasal) SUSP . 58
FLUCELVAX QUADRIVALENT 2022-2023 SUSY66	fluocinonide emulsified base41	fluticasone propionate CREA 0.05 % 41
FLUCELVAX QUADRIVALENT 2023-2024 SUSP66	fluocinonide GEL41	fluticasone propionate hfa9
FLUCELVAX QUADRIVALENT 2023-2024 SUSY66	fluocinonide OINT41	fluticasone propionate LOTN41
fluconazole SUSR18	fluocinonide SOLN41	fluticasone propionate OINT41
fluconazole TABS18	fluorometholone (ophth) SUSP ...59	fluticasone-salmeterol AEPB10
flucytosine18	fluorouracil (topical) CREA 5 % ...39	fluticasone-salmeterol AERO10
fludarabine phosphate SOLN24	fluorouracil (topical) SOLN39	fluvastatin sodium CAPS 20 MG ...19
fludarabine phosphate SOLR24	fluorouracil 500 MG/10ML24	fluvastatin sodium CAPS 40 MG ...19
fludrocortisone acetate TABS36	fluoxetine hcl CAPS 10 MG13	fluvoxamine maleate TABS 100 MG . 13
FLULAVAL 2024-2025 SUSY66	fluoxetine hcl CAPS 20 MG13	fluvoxamine maleate TABS 25 MG, 50 MG13
FLULAVAL QUADRIVALENT 2022- 2023 SUSY66	fluoxetine hcl CAPS 40 MG13	FLUZONE 2024-2025 SUSP66
FLULAVAL QUADRIVALENT 2023- 2024 SUSY66	fluoxetine hcl CPDR13	FLUZONE 2024-2025 SUSY66
	fluoxetine hcl SOLN13	FLUZONE HIGH-DOSE 2024-2025 SUSY67
	fluoxetine hcl TABS 10 MG, 60 MG 13	
	fluoxetine hcl TABS 20 MG13	

FLUZONE HIGH-DOSE PF 2022-2023	67	FRAGMIN SOSY	11	gabapentin CAPS	11
FLUZONE HIGH-DOSE PF 2023-2024	67	FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM	52	gabapentin SOLN	11
FLUZONE QUADRIVALENT 2022-2023 SUSP	67	FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM	52	gabapentin TABS 600 MG, 800 MG 12	
FLUZONE QUADRIVALENT 2022-2023 SUSY	67	FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM	52	galantamine hydrobromide CP24 ..	61
FLUZONE QUADRIVALENT 2023-2024 SUSP	67	FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM	52	galantamine hydrobromide SOLN ..	61
FLUZONE QUADRIVALENT 2023-2024 SUSY	67	FREESTYLE LIBRE 3 PLUS/SENSOR/GLUCOSE MONITORING SYSTEM	52	galantamine hydrobromide TABS ..	61
FML FORTE SUSP	59	FREESTYLE LIBRE 3/READER/GLUCOSE MONITORING SYSTEM	52	GAMMAGARD LIQUID 1 GM/10ML, 2.5 GM/25ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	60
FML OINT	59	FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM	52	GAMMAGARD LIQUID 30 GM/300ML	60
folic acid TABS	49	FREESTYLE LIBRE 3/READER/GLUCOSE MONITORING SYSTEM	52	GAMMAGARD S/D IGA LESS THAN 1MCG/ML SOLR	60
fondaparinux sodium 10 MG/0.8ML 11		FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM	52	GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	60
fondaparinux sodium 2.5 MG/0.5ML . 10		FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM	52	GAMUNEX-C	60
fondaparinux sodium 5 MG/0.4ML .10		frovatriptan succinate	53	ganciclovir sodium SOLR	31
fondaparinux sodium 7.5 MG/0.6ML . 10		fulvestrant SOSY	25	ganirelix acetate	44
FORA GTEL BLOOD KETONE TEST STRIPS	43	furosemide SOLN OR 10 MG/ML, 40 MG/5ML	43	GARDASIL 9 SUSP	67
FORA TEST N' GO ADVANCE/VOICE/6 CONNECT ..	43	furosemide TABS	44	GARDASIL 9 SUSY	67
formoterol fumarate NEBU	10	FUZEON SOLR	30	gatifloxacin (ophth)	58
FOSAMAX PLUS D	44	FYCOMPA TABS 2 MG	11	gefitinib	24
fosamprenavir calcium TABS	30	FYCOMPA TABS 4 MG	11	gemcitabine hcl SOLR 2 GM, 200 MG	24
fosfomycin tromethamine	22	FYCOMPA TABS 6 MG	11	gemfibrozil TABS	19
fosinopril sodium & hydrochlorothiazide	20	FYCOMPA TABS 8 MG, 10 MG, 12 MG	11	GENOTROPIN CART SC	44
fosinopril sodium	19			GENOTROPIN MINIQUICK PRSY ..	44
fosphenytoin sodium	12			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
				gentamicin sulfate (ophth) OINT ...	58

gentamicin sulfate (ophth) SOLN ..58	glycopyrrolate TABS 1 MG 64	20000 UNIT/ML 11
gentamicin sulfate (topical) CREA .38	glycopyrrolate TABS 2 MG 64	HEPARIN SODIUM/NAACL 0.45% SOLN IV 0.45 %-12500 UNIT/250ML 11
gentamicin sulfate (topical) OINT ..38	GLYXAMBI 15	HEPLISAV-B SOSY 67
gentamicin sulfate IJ 40 MG/ML, 80 MG/2ML 2	GNP PRENATAL TABS 56	HIBERIX SOLR IJ 65
GENVOYA 30	GOHIBIC 48	HUMATROPE CART IJ 44
GILOTRIF 24	GOJJI BLOOD KETONE TEST STRIPS 43	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML 3
glatiramer acetate SOSY 20 MG/ML . 62	granisetron hcl SOLN IV 1 MG/ML 17	HUMIRA PEN AJKT SC 40 MG/0.4ML, 40 MG/0.8ML 3
glatiramer acetate SOSY 40 MG/ML . 62	granisetron hcl TABS 17	HUMIRA PEN AJKT SC 80 MG/0.8ML 3
GLEOSTINE 10 MG 23	GRASTEK SUBL 2	HUMIRA PEN-CD/UC/HS STARTER AJKT SC 40 MG/0.8ML, 80 MG/0.8ML 3
GLEOSTINE 40 MG, 100 MG 23	griseofulvin microsize SUSP 18	HUMIRA PEN-PEDIATRIC UC STARTER PACK AJKT SC 80 MG/0.8ML 3
glimepiride 1 MG, 2 MG 16	griseofulvin microsize TABS 18	HUMIRA PEN-PS/UV STARTER AJKT SC 40 MG/0.8ML 3
glimepiride 4 MG 16	griseofulvin ultramicrosize 18	HUMIRA PSKT 3
glipizide TABS 5 MG, 10 MG 16	guanfacine hcl (adhd) 1	HUMULIN R U-500 (CONCENTRATED) SOLN SC 16
glipizide TB24 16	guanfacine hcl 20	HUMULIN R U-500 KWIKPEN SOPN SC 16
glipizide-metformin hcl 250 MG-2.5 MG, 500 MG-2.5 MG 15	GYNAZOLE-1 68	HYCAMTIN CAPS 28
glipizide-metformin hcl 500 MG-5 MG 15	HAEGARDA SOLR SC 48	hydralazine hcl SOLN 21
GLUCAGEN DIAGNOSTIC 42	HALAVEN (eribulin mesylate) 28	hydralazine hcl TABS 21
glucagon (rdna) 15	halcinonide CREA 41	hydrochlorothiazide CAPS 44
glyburide micronized 1.5 MG, 3 MG, 6 MG 16	halobetasol propionate CREA 41	hydrochlorothiazide TABS 12.5 MG 44
glyburide TABS 16	halobetasol propionate OINT 41	hydrochlorothiazide TABS 25 MG, 50 MG 44
glyburide-metformin 250 MG-1.25 MG 15	HALOG OINT 41	
glyburide-metformin 500 MG-2.5 MG, 500 MG-5 MG 15	haloperidol decanoate 29	
glycine (gu irrigant) SOLN 1.5 % .. 47	haloperidol lactate CONC 29	
glycopyrrolate SOLN IJ 0.2 MG/ML, 4 MG/20ML 64	haloperidol lactate SOLN 29	
	haloperidol TABS 29	
	HAVRIX 67	
	HEALON PRO SOSY 59	
	HEMANGEOL SOLN OR 32	
	heparin sodium (porcine) SOLN IJ 5000 UNIT/ML, 10000 UNIT/ML,	

hydrocodone bitartrate CP12	5	hydrocortisone vaginal	68	icatibant acetate SOLN	48
hydrocodone bitartrate T24A	5	hydrocortisone valerate CREA	41	icatibant acetate SOSY	48
hydrocodone polistirex- chlorpheniramine polistirex SUER	37	hydrocortisone valerate OINT	41	ICLUSIG	26
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 w/acetic acid	60	icosapent ethyl 1 GM	19
hydrocodone-acetaminophen SOLN	6	hydromorphone hcl LIQD	5	idarubicin hcl 20 MG/20ML	25
6		hydromorphone hcl SOLN IJ 10 MG/ML, 50 MG/5ML, 500 MG/50ML	5	idarubicin hcl 5 MG/5ML, 10 MG/10ML	25
hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG	6	hydromorphone hcl TABS	5	IDELVION	48
hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	6	hydromorphone hcl TB24 32 MG	5	ifosfamide SOLN 1 GM/20ML	23
hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG	6	hydromorphone hcl TB24 8 MG, 12 MG, 16 MG	5	ifosfamide SOLR	23
hydrocodone-ibuprofen 7.5 MG-200 MG	6	hydroxychloroquine sulfate 100 MG 22		imatinib mesylate	26
hydrocortisone (intrarectal)	7	hydroxychloroquine sulfate 200 MG 22		IMBRUVICA CAPS 140 MG	26
hydrocortisone (rectal) EX	7	hydroxychloroquine sulfate 400 MG 22		IMBRUVICA CAPS 70 MG	26
hydrocortisone (topical) CREA 1 %, 2.5 %	41	hydroxyurea	27	IMBRUVICA SUSP	26
hydrocortisone (topical) LOTN 2.5 %	41	hydroxyzine hcl SOLN 50 MG/ML	8	IMBRUVICA TABS	26
41		hydroxyzine hcl SYRP	8	imipenem-cilastatin IV	21
hydrocortisone (topical) OINT 1 %, 2.5 %	41	hydroxyzine hcl TABS	8	imipramine hcl TABS	14
hydrocortisone acetate (rectal)	7	hydroxyzine pamoate CAPS	8	imipramine pamoate	14
hydrocortisone butyrate CREA	41	HYPERSAL NEBU	37	imiquimod 5 %	42
hydrocortisone butyrate OINT	41	HYQVIA	60	IMPAVIDO	21
hydrocortisone butyrate SOLN	41	ibandronate sodium SOLN	44	INCRELEX	45
hydrocortisone sod succinate 100 MG	36	ibandronate sodium TABS	44	INCRUSE ELLIPTA	9
hydrocortisone TABS	36	IBRANCE CAPS	26	indapamide TABS 1.25 MG	44
		IBRANCE TABS	26	indapamide TABS 2.5 MG	44
		ibuprofen SUSP 100 MG/5ML	4	indomethacin CAPS 25 MG, 50 MG	4
		ibuprofen TABS 400 MG, 600 MG	4	indomethacin CPCR	4
		ibuprofen TABS 800 MG	4	INFANRIX	63
				INFLECTRA SOLR	46
				INGREZZA CAPS	61
				INGREZZA CPPK	61

INGREZZA CPSP	61	ISENTRESS CHEW	30	JEVTANA	28
INLYTA	24	ISENTRESS HD TABS	30	JIVI	48
INREBIC	26	ISENTRESS TABS	30	JULUCA	30
INSULIN ASPART FLEXPEN SOPN . 16		ISOLYTE-P/DEXTROSE 5%	54	JYNARQUE TBPK	45
INSULIN ASPART PENFILL SOCT 16		ISOLYTE-S	54	KALYDECO TABS	62
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN SUPN	16	isoniazid SOLN	23	KAMELEON LUBRICATED MISC .	51
INSULIN ASPART PROTAMINE/INSULIN ASPART SUSP	16	isoniazid SYRP	23	KANJINTI	24
INSULIN ASPART SOLN IJ	16	isoniazid TABS	23	KCL 0.3%/D5W/NACL 0.9% (potassium chloride in dextrose & sodium chloride)	54
INSULIN DEGLUDEC FLEXTOUCH SOPN	16	isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG	8	KEPIVANCE 6.25 MG	27
INSULIN DEGLUDEC SOLN	16	isosorbide dinitrate-hydralazine hcl 33		ketoconazole (topical) CREA	38
INSULIN LISPRO SOLN IJ	16	isosorbide mononitrate TABS	8	ketoconazole (topical) SHAM 2 % .	38
INTELENCE 25 MG	30	isosorbide mononitrate TB24	8	ketoconazole	18
IONOSOL-MB/DEXTROSE 5% ..	54	isotretinoin 10 MG, 20 MG, 30 MG, 40 MG	37	KETONE STRP	43
IOPIDINE	58	isradipine CAPS	33	KETONE TEST STRIPS STRP	43
IPOL INACTIVATED IPV	67	itraconazole CAPS	18	ketoprofen CAPS 50 MG	4
ipratropium bromide (nasal) 0.03 % 57		itraconazole SOLN	18	ketorolac tromethamine (ophth) ...	59
ipratropium bromide (nasal) 0.06 % 57		ivabradine hcl TABS	34	ketorolac tromethamine TABS	4
ipratropium bromide SOLN 0.02 % .	9	ivermectin (pediculicide)	42	KETOSTIX STRP	43
ipratropium-albuterol SOLN	10	ivermectin	7	ketotifen fumarate (ophth) 0.035 % 59	
irbesartan	20	IXEMPRA KIT 15 MG	28	KEVZARA SOAJ	3
irbesartan-hydrochlorothiazide	20	JAKAFI	26	KEVZARA SOSY	3
irinotecan hcl 40 MG/2ML, 100 MG/5ML	28	JANSSEN COVID-19 VACCINE ..	67	KIMONO COLORS DEVI	51
irrigation solutions, physiological ..	55	JANUMET TABS	15	KIMONO LUBRICATED MISC	51
		JANUMET XR TB24 1000 MG-100 MG	15	KIMONO MAXX/LARGE FLARE MISC	51
		JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG	15	KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC 51	
		JANUVIA	15	KIMONO PLUS SPERMICIDE	
		JARDIANCE	16		

LUBRICATED MISC	51	labetalol hcl TABS 300 MG	32	LEMTRADA	62
KIMONO PLUS SPERMICIDE/LUBRICATED MISC 51		lacosamide SOLN IV 200 MG/20ML . 12		lenalidomide 2.5 MG, 5 MG, 10 MG, 15 MG, 25 MG	55
KIMONO PS LUBRICATED MISC .51		lacosamide TABS	12	lenalidomide 20 MG	55
KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC 51		lactated ringer's (irrigation)	56	LENVIMA 10 MG DAILY DOSE ...	24
KIMONO SENSATION LUBRICATED MISC	51	lactated ringer's	54	LENVIMA 12MG DAILY DOSE ...	24
KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC 51		lactic acid (ammonium lactate) CREA	42	LENVIMA 14 MG DAILY DOSE ...	24
KIMONO SPECIAL DEVI	51	lactic acid (ammonium lactate) LOTN 12 %	42	LENVIMA 18 MG DAILY DOSE ...	24
KINRIX SUSY	63	lactulose (encephalopathy)	47	LENVIMA 20 MG DAILY DOSE ...	24
KISQALI	26	lactulose SOLN	50	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
KOGENATE FS KIT	48	lamivudine TABS 300 MG	30	leucovorin calcium SOLR	27
KOSELUGO	26	lamivudine-zidovudine	30	leucovorin calcium TABS	27
KOVALTRY	48	lamotrigine CHEW 25 MG	12	LEUKERAN	23
KP PRENATAL MULTIVITAMINS TABS	56	lamotrigine CHEW 5 MG	12	LEUKINE SOLR IJ	49
KRINTAFEL	22	lamotrigine TABS	12	leuprolide acetate KIT IJ 1 MG/0.2ML	25
K-Y ME & YOU EXTRA LUBRICATED DEVI	51	lamotrigine TBDP	12	levalbuterol hcl	10
K-Y ME & YOU INTENSE DEVI ...	51	LANOXIN SOLN IJ (digoxin)	33	levalbuterol tartrate	10
KYLEENA	36	LANOXIN TABS 62.5 MCG, 125 MCG, 250 MCG (digoxin)	33	levetiracetam SOLN IV 500 MG/5ML 12	
KYPROLIS	26	lansoprazole CPDR 15 MG	64	levetiracetam TABS 1000 MG	12
labetalol hcl SOLN	32	lansoprazole CPDR 30 MG	64	levetiracetam TABS 250 MG, 750 MG	12
labetalol hcl TABS 100 MG, 200 MG . 32		lanthanum carbonate CHEW	47	levetiracetam TABS 500 MG	12
		lapatinib ditosylate	26	levetiracetam TB24	12
		LASTACFT	59	levobunolol hcl 0.5 %	58
		latanoprost SOLN	59	levocetirizine dihydrochloride SOLN 18	
		leflunomide	4	levocetirizine dihydrochloride TABS	

18	lincomycin hcl	22	losartan potassium & hydrochlorothiazide 12.5 MG-100 MG, 25 MG-100 MG	20
levofloxacin (ophth) 0.5 %	linezolid SUSR	22	losartan potassium & hydrochlorothiazide 12.5 MG-50 MG	20
levofloxacin in d5w 5 %-500 MG/100ML	linezolid TABS	22	losartan potassium	20
levofloxacin SOLN OR	LINZESS	47	LOTEMAX OINT	59
levofloxacin TABS 250 MG, 750 MG	liothyronine sodium SOLN	63	loteprednol etabonate GEL	59
46	liothyronine sodium TABS	63	loteprednol etabonate SUSP	59
levofloxacin TABS 500 MG	lisdexamfetamine dimesylate CAPS 1	1	lovastatin TABS 10 MG, 20 MG	19
levonorgestrel & eth estradiol TABS	lisdexamfetamine dimesylate CHEW	1	lovastatin TABS 40 MG	19
35	lisinopril & hydrochlorothiazide	20	loxapine succinate	29
levonorgestrel (emergency oc) 1.5 MG	lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG	19	lubiprostone	46
35	lithium	29	LUCEMYRA (lofexidine hcl)	61
levonorgestrel-eth estradiol (triphasic)	lithium carbonate CAPS	29	luliconazole	38
35	lithium carbonate TABS	29	LUMIZYME	45
levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG	lithium carbonate TBCR	29	LUPRON DEPOT (1-MONTH) KIT IM	25
35	LO LOESTRIN FE TABS	35	LUPRON DEPOT (3-MONTH) KIT IM	25
levonorgestrel-ethinyl estradiol (continuous)	lofexidine hcl	61	LUPRON DEPOT (4-MONTH) IM	25
35	LOKELMA	56	LUPRON DEPOT (6-MONTH) IM	25
levonorgestrel-ethinyl estradiol-iron	loperamide hcl CAPS	16	LUPRON DEPOT-PED (1-MONTH)	45
35	lopinavir-ritonavir SOLN	30	LUPRON DEPOT-PED (3-MONTH) 11.25 MG	45
levorphanol tartrate TABS 2 MG	lopinavir-ritonavir TABS	30	LUPRON DEPOT-PED (3-MONTH) 30 MG	45
5	loratadine CAPS	18	lurasidone hcl 20 MG, 40 MG, 60 MG, 120 MG	29
levothyroxine sodium TABS	loratadine CHEW	18	lurasidone hcl 80 MG	29
63	loratadine SOLN	18	LYNPARZA TABS	26
LEXIVA SUSP	loratadine TABS	18		
30	loratadine TBDP	18		
lidocaine hcl (local anesth.) SOLN 0.5 %, 1 %, 2 %	lorazepam CONC	8		
50	lorazepam TABS 0.5 MG, 2 MG	8		
lidocaine hcl (mouth-throat) 2 %	lorazepam TABS 1 MG	8		
56	LORBRENA	26		
lidocaine hcl (mouth-throat) 4 %				
56				
lidocaine hcl GEL 2 %				
42				
lidocaine hcl PRSY				
42				
lidocaine hcl SOLN				
42				
lidocaine PTCH 5 %				
42				
lidocaine-prilocaine CREA				
42				
LILETTA 20.1 MCG/DAY				
36				

LYSODREN	25	MEKINIST TABS 2 MG	26	metformin hcl TB24 750 MG	15
mafenide acetate PACK	40	MEKTOVI	26	methadone hcl CONC	5
magnesium sulfate IJ 50 %	55	meloxicam TABS	4	methadone hcl SOLN IJ 10 MG/ML	5
malathion	42	melphalan	23	METHADONE HCL SOLN IJ	5
maraviroc TABS 150 MG	30	melphalan hcl IV	23	methadone hcl SOLN OR 10	
maraviroc TABS 300 MG	30	memantine hcl TABS	61	MG/5ML	5
MARPLAN	13	MENACTRA	65	methadone hcl SOLN OR 5 MG/5ML	
MASONATAL TABS	56	MENEST	46	5	
MATULANE	27	MENOSTAR PTWK	46	methadone hcl TABS 10 MG	5
MAXIDEX SUSP OP	59	MENQUADFI	65	methadone hcl TABS 5 MG	5
MAXX LUBRICATED MISC	51	MENVEO SOLN	65	methadone hcl TBSO	5
MAXX PLUS SPERMICIDE		MENVEO SOLR	65	methamphetamine hcl	1
LUBRICATED MISC	51	meperidine hcl SOLN IJ 25 MG/ML,		methazolamide TABS	43
meclizine hcl TABS 12.5 MG	17	50 MG/ML, 100 MG/ML	5	methenamine hippurate	22
meclizine hcl TABS 25 MG	17	meperidine hcl SOLN OR 50		methimazole TABS	63
meclofenamate sodium CAPS	4	MG/5ML	5	METHITEST TABS	7
MEDROL TABS	36	meperidine hcl TABS 50 MG	5	methocarbamol TABS 500 MG, 750	
medroxyprogesterone acetate		meprobamate	8	MG	57
(contraceptive) SUSP IM	36	mercaptopurine TABS	24	METHOTREXATE	3
medroxyprogesterone acetate		meropenem	21	methotrexate sodium SOLN 50	
(contraceptive) SUSY IM	36	mesalamine CP24	47	MG/2ML, 250 MG/10ML	24
medroxyprogesterone acetate 10 MG		mesalamine CPDR	47	methotrexate sodium SOLR	24
.....	61	mesalamine ENEM	47	methotrexate sodium TABS 2.5 MG	
medroxyprogesterone acetate 2.5		mesalamine SUPP	47	24	
MG, 5 MG	61	mesalamine TBEC 1.2 GM	47	methoxsalen rapid	39
mefenamic acid CAPS	4	mesalamine TBEC 800 MG	47	methscopolamine bromide	64
mefloquine hcl	23	metaxalone 800 MG	57	methsuximide	12
megestrol acetate (appetite)	61	metformin hcl TABS 1000 MG	15	methyldopa TABS	20
megestrol acetate SUSP	25	metformin hcl TABS 500 MG	15	methylphenidate hcl CHEW 10 MG	2
megestrol acetate TABS	25	metformin hcl TABS 850 MG	15	methylphenidate hcl CHEW 2.5 MG	2
MEKINIST SOLR	26	metformin hcl TABS 500 MG	15	methylphenidate hcl CHEW 5 MG	2
MEKINIST TABS 0.5 MG	26	metformin hcl TB24 500 MG	15	methylphenidate hcl CP24 10 MG, 20	

MG, 40 MG, 60 MG	2	TABS 25 MG-50 MG	20	mirtazapine TBDP 30 MG	13
methylphenidate hcl CP24 30 MG ..	2	metoprolol succinate TB24 200 MG		mirtazapine TBDP 45 MG	13
methylphenidate hcl CP24	2	32		misoprostol	64
methylphenidate hcl CPR	2	metoprolol succinate TB24 25 MG,		mitomycin SOLR IV 20 MG	25
methylphenidate hcl SOLN	2	50 MG, 100 MG	32	mitoxantrone hcl 2 MG/ML	25
methylphenidate hcl TABS 10 MG,		metoprolol tartrate SOLN IV 5		M-M-R II SOLR	67
20 MG	2	MG/5ML	32	M-NATAL PLUS TABS	56
methylphenidate hcl TABS 5 MG ...	2	metoprolol tartrate TABS 25 MG, 50		modafinil 100 MG	2
methylphenidate hcl TB24 18 MG, 27		MG, 100 MG	32	modafinil 200 MG	2
MG	2	metronidazole (topical) CREA	42	MODERNA COVID-19 VACCINE	
methylphenidate hcl TB24 36 MG, 54		metronidazole (topical) GEL 0.75 %		SUSP	67
MG	2	42		MODERNA COVID-19	
methylphenidate hcl TBCR 10 MG,		metronidazole (topical) GEL 1 % ..	42	VACCINE/6MO-11Y/2023-24 SUSP .	
20 MG	2	metronidazole (topical) LOTN	42	67	
methylphenidate hcl TBCR 18 MG,		metronidazole TABS	21	MODERNA COVID-19	
27 MG	2	metronidazole vaginal	68	VACCINE/6MO-11Y/2024-25 SUSY .	
methylphenidate hcl TBCR 36 MG,		mexiletine hcl	8	67	
54 MG	2	miconazole sodium	17	MODERNA COVID-19	
methylphenidate PTCH	2	miconazole nitrate vaginal SUPP 200		VACCINE/BIVALENT/6MO-5Y ...	67
methylprednisolone acetate SUSP 36		MG	68	MODERNA COVID-19	
methylprednisolone sod succ 40 MG,		midodrine hcl	69	VACCINE/BIVALENT/BA.4/BA.5 .	67
125 MG, 500 MG, 1000 MG	36	miglitol	14	MODERNA COVID-19	
methylprednisolone TABS	36	miglustat	48	VACCINE6MO-5Y SUSP	67
methylprednisolone TBPK	36	minocycline hcl CAPS	63	moexipril hcl	19
metoclopramide hcl SOLN IJ 5		minocycline hcl TABS	63	mometasone furoate (nasal) SUSP	
MG/ML	46	minoxidil 2.5 MG, 10 MG	21	58	
metoclopramide hcl SOLN OR 5		MIRCERA	49	mometasone furoate CREA	41
MG/5ML, 10 MG/10ML	46	MIRENA	36	mometasone furoate OINT	41
metoclopramide hcl TABS	46	mirtazapine TABS 15 MG	13	mometasone furoate SOLN	41
metolazone	44	mirtazapine TABS 30 MG	13	montelukast sodium CHEW	9
metoprolol & hydrochlorothiazide		mirtazapine TABS 7.5 MG, 45 MG	13	montelukast sodium PACK	9
TABS 25 MG-100 MG, 50 MG-100		MG	13	montelukast sodium TABS	9
MG	20	mirtazapine TBDP 15 MG	13	morphine sulfate CP24 10 MG, 20	
metoprolol & hydrochlorothiazide					

MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG	5	nalbuphine hcl	7	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	56
morphine sulfate SOLN IJ 0.5 MG/ML, 1 MG/ML	5	naloxone hcl LIQD	17	NEONATAL PLUS TABS	56
morphine sulfate SOLN OR 10 MG/5ML	6	naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML	17	NEONATAL PRENATAL VITAMIN TABs	56
morphine sulfate SOLN OR 20 MG/5ML	5	naltrexone hcl	17	NEONATAL VITAMIN TABS	56
morphine sulfate TABS	6	naproxen sodium TABS 550 MG ...	4	neostigmine methylsulfate SOSY ..	23
morphine sulfate TBCR	6	naproxen SUSP	4	NEO-SYNALAR	38
MOTOFEN	16	naproxen TABS	4	NEUROPRO	28
MOVANTIK	47	naproxen TBEC 500 MG	4	NEVANAC	59
moxifloxacin hcl (ophth) SOLN OP	58	naratriptan hcl	53	nevirapine SUSP	30
moxifloxacin hcl in sodium chloride 46		NATAACYN	58	nevirapine TABS	30
moxifloxacin hcl TABS	46	NATAZIA	35	nevirapine TB24 100 MG	30
MULPLETA	49	nateglinide	16	nevirapine TB24 400 MG	30
MULTI PRENATAL TABS	56	NAYZILAM	11	NEXIUM 24HR TBEC (esomeprazole magnesium)	64
mupirocin OINT	38	neбиволол hcl 2.5 MG, 5 MG, 10 MG 32		NEXPLANON	35
MVASI	24	neбиволол hcl 20 MG	32	NEXTSTELLIS	35
MYALEPT	45	NEBUSAL NEBU	37	niacin (antihyperlipidemic) TBCR ..	19
mycophenolate mofetil CAPS	55	nefazodone hcl	14	niacin CPCR 250 MG, 500 MG	69
mycophenolate mofetil TABS	55	nelarabine	24	niacin TABS	69
mycophenolate sodium	55	neomycin sulfate TABS	2	niacin TBCR	69
MYLERAN TABS	23	neomycin-bacitracin zn-polymyxin	58	NIACIN TR TBCR	69
nabumetone	4	neomycin-polymy-dexameth OINT	59	niacinamide TABS 100 MG	69
nadolol TABS 20 MG	32	neomycin-polymy-dexameth SUSP	59	niacinamide TABS 500 MG	69
nadolol TABS 40 MG	32	neomycin-polymyxin-hc (ophth) ..	59	nicardipine hcl CAPS	33
nadolol TABS 80 MG	32	neomycin-polymyxin-hc (otic) SOLN .	60	nicardipine hcl SOLN	33
nafcillin sodium IV 10 GM	61	neomycin-polymyxin-hc (otic) SUSP .	60	nicotine MISC XX	62
naftifine hcl CREA 1 %	38	NEONATAL COMPLETE TABS 120 MG-10 MG-9.2 MG-1000 MCG-10		nicotine polacrilex GUM	62
naftifine hcl CREA 2 %	38			nicotine polacrilex LOZG	62

nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR	62	NORDITROPIN FLEXPLO SOPN 30 MG/3ML	45	NORVIR PACK	31
NICOTINE TRANSDERMAL SYSTEM KIT	62	NORDITROPIN FLEXPLO SOPN 5 MG/1.5ML, 10 MG/1.5ML, 15 MG/1.5ML	44	NORVIR SOLN	31
NICOTROL INHALER INHA	62	norelgestromin-ethinyl estradiol ...	35	NOVA MAX PLUS KETONE TESTSTRIPS	43
NICOTROL NS SOLN	62	norethin acet & estrad-fe CAPS ...	35	NOVAVAX COVID-19 VACCINE SUSP	67
nifedipine CAPS 10 MG	33	norethin acet & estrad-fe CHEW ...	35	NOVAVAX COVID-19 VACCINE/2023-24 SUSP	67
nifedipine CAPS 20 MG	33	norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG	35	NOVAVAX COVID-19 VACCINE/2024-25 SUSY	67
nifedipine TB24 30 MG	33	norethindrone & eth estradiol	35	NOVOEIGHT	48
nifedipine TB24 60 MG	33	norethindrone & ethinyl estradiol-fe 35		NOVOLIN 70/30 FLEXPEN SUPN	16
nifedipine TB24 90 MG	33	norethindrone (contraceptive)	36	NOVOLIN 70/30 SUSP	16
nifedipine TB24	33	norethindrone acet & eth estra TABS 35		NOVOLIN N FLEXPEN SUPN	16
nilutamide	25	norethindrone acetate TABS	61	NOVOLIN N SUSP	16
nimodipine CAPS	33	norethindrone acetate-ethinyl estradiol	46	NOVOLIN R FLEXPEN SOPN IJ ..	16
NINLARO	26	norethindrone acetate-ethinyl estradiol-fe	35	NOVOLIN R SOLN IJ	16
NIPENT	27	norethindrone-eth estradiol (triphasic)	35	NP THYROID 120 TABS	63
nisoldipine	33	norgestimate-ethinyl estradiol (triphasic)	35	NP THYROID 15 TABS	63
nitazoxanide TABS	21	norgestimate-ethinyl estradiol ...	35	NP THYROID 30 TABS	63
nitisinone CAPS	45	norgestrel & ethinyl estradiol 30 MCG-0.3 MG	35	NP THYROID 60 TABS	63
NITRO-BID OINT	8	NORMOSOL-M/D5W	54	NP THYROID 90 TABS	63
nitrofurantoin	22	NORMOSOL-R	54	NUBEQA	25
nitrofurantoin macrocrystal 50 MG, 100 MG	22	nortriptyline hcl CAPS	14	NUCALA SOAJ	9
nitrofurantoin monohyd macro	22	nortriptyline hcl SOLN	14	NUCALA SOLR	9
nitroglycerin (intra-anal)	7	NORVIR CAPS	31	NUCALA SOSY 100 MG/ML	9
nitroglycerin CPCR	8			NUCALA SOSY 40 MG/0.4ML	9
nitroglycerin PT24	8			NUEDEXTA	62
NITROGLYCERIN SOLN IV	8			NULOJIX	55
nitroglycerin SUBL	8			nystatin (mouth-throat)	56
NIVA-PLUS TABS	56			nystatin (topical) CREA	38
nizatidine CAPS	64				

nystatin (topical) OINT	38	omeprazole magnesium CPDR	64	oseltamivir phosphate CAPS	32
nystatin (topical) POWD EX	38	omeprazole TBEC	64	oseltamivir phosphate SUSR	32
nystatin TABS	18	omeprazole-sodium bicarbonate CAPS 1100 MG-20 MG	64	OSMOPREP	50
nystatin-triamcinolone CREA	38	OMNIFLEX DIAPHRAGM	51	OSPHENA	45
nystatin-triamcinolone OINT	38	ONCASPAR	27	OTEZLA TABS	4
NYVEPRIA	49	ondansetron hcl SOLN IJ 4 MG/2ML 17		OTEZLA TBPK	4
octreotide acetate SOLN	45	ondansetron hcl SOLN OR 4 MG/5ML	17	oxacillin sodium IV 10 GM	61
ODEFSEY	31	ondansetron hcl SOSY	17	oxaliplatin SOLN 50 MG/10ML, 100 MG/20ML	23
ODOMZO	24	ondansetron hcl TABS 24 MG	17	oxandrolone	7
OFEV	63	ondansetron hcl TABS 4 MG	17	oxaprozin TABS	4
ofloxacin (ophth)	58	ondansetron hcl TABS 8 MG	17	oxazepam CAPS	8
ofloxacin (otic)	60	ondansetron TBDP 4 MG	17	oxcarbazepine SUSP	12
ofloxacin 300 MG, 400 MG	46	ondansetron TBDP 8 MG	17	oxcarbazepine TABS 150 MG, 300 MG	12
OGIVRI	24	ONE VITE WOMENS PRENATALVITAMIN PLUS TABS	56	oxcarbazepine TABS 600 MG	12
olanzapine SOLR	29	ONE VITE WOMENS PRENATALVITAMIN TABS	56	oxiconazole nitrate CREA	39
olanzapine TABS 2.5 MG, 5 MG	29	ONETOUCH DELICA SAFETY LANCING DEVICE	52	OXISTAT LOTN	39
olanzapine TABS 7.5 MG, 10 MG, 15 MG, 20 MG	29	ONETOUCH DELICA SAFETY LANCING DEVICE 30G	53	oxybutynin chloride SOLN	65
olanzapine TBDP 20 MG	29	OPILL	36	oxybutynin chloride TABS 5 MG	65
olanzapine TBDP 5 MG, 10 MG, 15 MG	29	OPSUMIT	33	oxybutynin chloride TB24	65
olmesartan medoxomil	20	ORENITRAM TBCR	33	oxycodone hcl T12A 10 MG, 20 MG, 40 MG, 80 MG	6
olmesartan medoxomil-amlodipine- hydrochlorothiazide	20	ORILISSA	44	oxycodone hcl TABS	6
olmesartan medoxomil- hydrochlorothiazide	20	ORKAMBI PACK	62	oxycodone hcl TABS	6
olopatadine hcl (nasal)	57	ORKAMBI TABS	62	oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	7
olopatadine hcl 0.1 %	59	ORLADEYO	48	oxycodone w/ acetaminophen TABS 325 MG-2.5 MG	7
olopatadine hcl 0.2 %	59	orphenadrine citrate TB12	57	oxymorphone hcl TABS	6
omega-3-acid ethyl esters	19			oxymorphone hcl TB12 40 MG	6
omeprazole CPDR	64			oxymorphone hcl TB12 5 MG, 7.5	

MG, 10 MG, 15 MG, 20 MG, 30 MG 6	PEDIARIX SUSY 63	PERJETA 24
OZEMPIC SOPN 2 MG/1.5ML 15	pediatric multivitamins w/fl CHEW .56	permethrin CREA 42
OZEMPIC SOPN 15	PEDVAX HIB SUSP 65	permethrin LIQD EX 42
paclitaxel 6 MG/ML, 100 MG/16.7ML, 150 MG/25ML 28	peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid 50	perphenazine TABS 29
paclitaxel protein-bound particles .28	peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 6.74 GM- 2.97 GM-5.86 GM-22.74 GM-236 GM 50	perphenazine-amitriptyline 61
paliperidone 1.5 MG, 3 MG, 9 MG .29		PERSERIS PRSY 29
paliperidone 6 MG 29	peg 3350-potassium chloride-sod bicarbonate-sod chloride 50	PFIZER-BIONTECH COVID- 19VACCINE SUSP 68
palonosetron hcl SOLN 17	PEGASYS SOLN 31	PFIZER-BIONTECH COVID- 19VACCINE/5-11Y SUSP 67
pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML 44	PEGASYS SOSY 31	PFIZER-BIONTECH COVID- 19VACCINE/5-11Y/2023-24 SUSP 67
PAMIDRONATE DISODIUM SOLN 44	PEMAZYRE 26	PFIZER-BIONTECH COVID- 19VACCINE/5-11Y/2024-25 SUSP 67
PANRETIN 39	pemetrexed disodium SOLR 500 MG 24	PFIZER-BIONTECH COVID- 19VACCINE/6MO-4Y SUSP 67
pantoprazole sodium TBEC 20 MG 64	penciclovir 40	PFIZER-BIONTECH COVID- 19VACCINE/6MO-4Y/2023-24 SUSP 67
pantoprazole sodium TBEC 40 MG 64	penicillamine CAPS 55	PFIZER-BIONTECH COVID- 19VACCINE/6MO-4Y/2024-25 SUSP 67
PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A 35	penicillamine TABS 55	PFIZER-BIONTECH COVID- 19VACCINE/6MO-4Y/2023-24 SUSP 67
paricalcitol CAPS 45	penicillin g potassium 5000000 UNIT 60	PFIZER-BIONTECH COVID- 19VACCINE/6MO-4Y/2024-25 SUSP 67
paricalcitol SOLN 45	PENICILLIN G POTASSIUM IN ISO- OSMOTIC DEXTROSE 40000 UNIT/ML, 60000 UNIT/ML 60	PFIZER-BIONTECH COVID- 19VACCINE/ADULT RTU SUSP .. 67
paroxetine hcl SUSP 13	PENICILLIN G PROCAINE 60	PFIZER-BIONTECH COVID- 19VACCINE/BIVALENT/5-11Y ... 67
paroxetine hcl TABS 10 MG 14	penicillin g sodium 60	PFIZER-BIONTECH COVID- 19VACCINE/BIVALENT/6M-4Y ... 68
paroxetine hcl TABS 20 MG 14	penicillin v potassium SOLR 60	PFIZER-BIONTECH COVID- 19VACCINE/BIVALENT/BA.4/BA.5 68
paroxetine hcl TABS 30 MG 13	penicillin v potassium TABS 60	PHEBURANE PLLT 45
paroxetine hcl TABS 40 MG 14	PENTACEL 63	phenazopyridine hcl TABS 100 MG, 100 MG, 200 MG 47
paroxetine hcl TB24 12.5 MG 14	pentazocine w/ naloxone hcl 7	
paroxetine hcl TB24 25 MG, 37.5 MG 14	pentoxifylline 48	
PASER PACK 23	perindopril erbumine 2 MG, 8 MG .19	
pazopanib hcl 26	perindopril erbumine 4 MG 19	

phendimetrazine tartrate TABS	1	pirfenidone TABS 534 MG	63	20 MEQ/L	54
phenelzine sulfate	13	piroxicam CAPS	4	potassium chloride in nacl 20 MEQ/L-0.45 %, 20 MEQ/L-0.9 %, 40 MEQ/L-0.9 %	54
phenobarbital ELIX	49	PLASMA-LYTE A (electrolyte-a) ..	54	potassium chloride microencapsulated crystals er	55
phenobarbital TABS	49	PLASMA-LYTE-148 (electrolyte-148)	54	potassium chloride PACK OR 20 MEQ	55
phenoxybenzamine hcl	20	PLEGRIDY SOAJ SC 125 MCG/0.5ML	62	POTASSIUM CHLORIDE SOLN IV 10 MEQ/50ML (potassium chloride) 55	
phentermine hcl CAPS	1	PLEGRIDY SOSY SC	62	potassium chloride SOLN IV 2 MEQ/ML, 10 MEQ/50ML, 20 MEQ/50ML	55
phenytoin CHEW	12	PLEGRIDY STARTER PACK SOAJ SC	62	potassium chloride TBCR	55
phenytoin sodium extended 100 MG, 200 MG, 300 MG	12	PLEGRIDY STARTER PACK SOSY SC	62	POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS	54
phenytoin sodium SOLN	12	plerixafor	49	POTASSIUM CHLORIDE/SODIUM CHLORIDE 20 MEQ/L-0.45 % (potassium chloride in nacl)	54
phenytoin SUSP	12	PNEUMOVAX 23 IJ 25 MCG/0.5ML . 65		potassium citrate (alkalinizer) TBCR . 47	
PHEXXI	68	PNEUMOVAX 23/1 DOSE IJ 25 MCG/0.5ML	65	potassium phosphates 236 MG/ML-224 MG/ML	55
PHOTOFRIN	27	podofilox SOLN	42	PR BENZOYL PEROXIDE WASH LIQD	37
PIFELTRO	31	polymyxin b sulfate SOLR	22	pralatrexate 20 MG/ML	24
pilocarpine hcl (oral)	56	polymyxin b-trimethoprim	58	pramipexole dihydrochloride TABS 0.125 MG	28
pilocarpine hcl SOLN 1 %, 2 %, 4 % . 58		POMALYST	25	pramipexole dihydrochloride TABS 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG	28
pimecrolimus	42	posaconazole SUSP	18	prasugrel hcl	48
pimozide	62	potassium acetate SOLN 2 MEQ/ML . 55		pravastatin sodium	19
pindolol TABS	32	potassium bicarbonate TBEF	55	praziquantel	8
pioglitazone hcl	16	potassium chloride CPCR	55		
pioglitazone hcl-glimepiride	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 %, 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 %	54		
pioglitazone hcl-metformin hcl TABS . 15		potassium chloride in dextrose 5 %-			
piperacillin sodium-tazobactam sodium	61				
PIQRAY 200MG DAILY DOSE ...	26				
PIQRAY 250MG DAILY DOSE ...	27				
PIQRAY 300MG DAILY DOSE ...	27				
pirfenidone CAPS	63				
pirfenidone TABS 267 MG, 801 MG 63					

prazosin hcl CAPS	20	PREMARIN TABS	46	PRIORIX SUSR	68
PRECISION XTRA	43	PREMPHASE	46	PROAIR DIGIHALER	10
PRED MILD	59	PREMPRO	46	PROAIR RESPICLICK AEPB	10
PRED-G SUSP	59	PRENATAL MULTIVITAMIN TABS		probenecid	48
prednicarbate OINT	41	56		procainamide hcl SOLN 500 MG/ML .	8
prednisolone acetate (ophth)	59	PRENATAL ONE DAILY TABS ...	57	prochlorperazine	29
PREDNISOLONE SODIUM		PRENATAL PLUS TABS	57	prochlorperazine maleate TABS ...	30
PHOSPHATE	59	PRENATAL PLUS VITAMIN		PROCRIT 2000 UNIT/ML, 3000	
prednisolone sodium phosphate		ANDMINERAL TABS	57	UNIT/ML, 4000 UNIT/ML, 10000	
SOLN 5 MG/5ML, 6.7 MG/5ML, 10		PRENATAL TABS	57	UNIT/ML, 20000 UNIT/ML	49
MG/5ML, 15 MG/5ML, 25 MG/5ML		PRENATAL VITAMIN & MINERAL		PROCRIT 40000 UNIT/ML	49
36		TABS	57	progesterone CAPS	61
prednisolone sodium phosphate		PRENATAL VITAMIN TABS	57	PROGRAF PACK	55
TBDP	36	PRENATAL VITAMIN/IRON TABS	57	PROGRAF SOLN	55
prednisolone SOLN	36	PRENATAL VITAMINS PLUS LOW		PROLASTIN-C SOLN	62
prednisolone TABS	36	IRON TABS	57	PROLEUKIN	27
prednisone SOLN	36	PRENATAL VITAMINS TABS 100		PROLIA SOSY	44
prednisone TABS 1 MG, 5 MG	36	MG-800 MCG-1.84 MG-18 MG-2.6		PROMACTA PACK	49
prednisone TABS 2.5 MG, 10 MG, 20		MG-1.7 MG-27 MG-10 MCG-4.95		PROMACTA TABS	49
MG, 50 MG	36	MG-25 MG-200 MG-160 MG-1200		promethazine hcl SOLN OR 6.25	
prednisone TBPK	36	MCG-4 MCG, 120 MG-2.6 MG-800		MG/5ML	18
PREFEST	46	MCG-400 UNIT-8 MCG-1.7 MG-20		promethazine hcl SUPP 12.5 MG, 25	
pregabalin (once-daily) 330 MG ...	62	MG-28 MG-200 MG-1.8 MG-25 MG-		MG	18
pregabalin (once-daily) 82.5 MG, 165		4000 UNIT-30 UNIT	57	promethazine hcl SUPP 50 MG ...	18
MG	62	PRENATRIX TABS	57	promethazine hcl TABS	18
pregabalin CAPS 225 MG, 300 MG		PRENATRYL TABS	57	propafenone hcl CP12	8
12		PREVNAR 13	65	propafenone hcl TABS	8
pregabalin CAPS 25 MG, 50 MG, 75		PREVNAR 20	65	proparacaine hcl	59
MG, 100 MG, 150 MG, 200 MG ...	12	PREZCOBIX	31	propranolol hcl CP24	32
pregabalin SOLN	12	PREZISTA SUSP	31	propranolol hcl SOLN OR 20	
PREHEVBRIO	68	PREZISTA TABS 75 MG, 150 MG	31	MG/5ML, 40 MG/5ML	32
PREMARIN	68	PRIFTIN	23		
PREMARIN SOLR	46	primaquine phosphate TABS	23		
		primidone 50 MG, 250 MG	12		

propranolol hcl TABS	32	20 MG	21	30G	53
propylthiouracil	63	quinidine sulfate TABS	8	RELION 2-IN-1 LANCING DEVICE	
protriptyline hcl	14	quinine sulfate CAPS 324 MG	23	25G	53
PROVISC SOSY	59	QUZYTIR SOLN IV	18	RELION 2-IN-1 LANCING DEVICE	
PULMICORT FLEXHALER AEPB ..	9	QVAR REDHALER	9	30G	53
PULMOZYME	62	RA PRENATAL		RELION KETONE TEST STRIPS	
PX PRENATAL MULTIVITAMINS		FORMULA/FOLICACID TABS	57	STRP	43
TABS	57	RA PRENATAL TABS	57	RELION TRUE METRIX	
pyrazinamide	23	rabeprazole sodium TBEC	64	BLOODGLUCOSE TEST STRIPS	
pyridostigmine bromide SOLN OR	23	raloxifene hcl	45	STRP	43
pyridostigmine bromide TABS 60 MG		ramelteon	50	RENFLEXIS	47
.....	23	ramipril CAPS	19	repaglinide 0.5 MG, 1 MG	16
pyridostigmine bromide TBCR	23	ranitidine hcl TABS 150 MG	64	repaglinide 2 MG	16
pyrimethamine	23	ranolazine TB12 1000 MG	8	REPATHA PUSHTRONEX SYSTEM	
QC PRENATAL TABS	57	ranolazine TB12 500 MG	8	SOCT	19
QINLOCK	27	rasagiline mesylate	28	REPATHA SOSY	19
QUADRACEL SUSP	63	REALITY LATEX		REPATHA SURECLICK SOAJ	19
QUADRACEL SUSY	64	CONDOMS/LUBRICATED MISC ..	51	RETACRIT	49
quetiapine fumarate TABS 25 MG, 50		REALITY LATEX/ULTRA		RETEVMO CAPS	27
MG, 100 MG, 200 MG	29	TEXTURED DEVI	51	RETROVIR IV INFUSION SOLN ..	31
quetiapine fumarate TABS 300 MG,		REALITY LATEX/ULTRA THIN DEVI		REXULTI	30
400 MG	29	51		REZVOGLAR KWIKPEN	16
quetiapine fumarate TB24 300 MG,		REBIF REBIDOSE SOAJ	62	ribavirin (hepatitis c) CAPS	31
400 MG	29	REBIF REBIDOSE TITRATIONPACK		ribavirin (hepatitis c) TABS 200 MG	
quetiapine fumarate TB24 50 MG,		SOAJ	62	31	
150 MG, 200 MG	29	REBIF SOSY	62	RIDAURA	3
quinapril hcl 20 MG, 40 MG	19	REBIF TITRATION PACK SOSY ..	62	rifabutin	23
quinapril hcl 5 MG, 10 MG	19	RECOMBIVAX HB SUSP	68	rifampin CAPS	23
quinapril-hydrochlorothiazide 12.5		RECOMBIVAX HB SUSY	68	rifampin SOLR	23
MG-10 MG	21	REGRANEX	42	riluzole TABS	58
quinapril-hydrochlorothiazide 12.5		RELENZA DISKHALER	32	rimantadine hydrochloride TABS ..	32
MG-20 MG	21	RELION 2-IN-1 LANCET DEVICES		ringer's	54
quinapril-hydrochlorothiazide 25 MG-					

ringer's irrigation	56	rufinamide TABS 200 MG	12	sertraline hcl TABS 100 MG	14
RINVOQ TB24	2	rufinamide TABS 400 MG	12	sertraline hcl TABS 25 MG, 50 MG	14
risedronate sodium TABS 150 MG	44	RUXIENCE	24	sevelamer carbonate PACK	47
risedronate sodium TABS 35 MG	44	RYBELSUS TABS	15	sevelamer carbonate TABS	47
risedronate sodium TABS 5 MG, 30 MG	44	salsalate	5	SHINGRIX	68
risedronate sodium TBEC	44	SANTYL OINT	42	SIGNIFOR	45
risperidone microspheres	29	sapropterin dihydrochloride PACK	45	sildenafil citrate (pulmonary hypertension) SOLN	34
risperidone SOLN	29	sapropterin dihydrochloride TABS	45	sildenafil citrate (pulmonary hypertension) SUSR	34
risperidone TABS	29	SAVELLA TABS	61	sildenafil citrate (pulmonary hypertension) TABS	34
risperidone TBDP	29	SAVELLA TITRATION PACK MISC	61	sildenafil citrate	33
ritonavir TABS	31	saxagliptin hcl	15	silodosin	47
rivastigmine tartrate CAPS	61	saxagliptin-metformin hcl 1000 MG-2.5 MG	15	silver sulfadiazine	40
rizatriptan benzoate TABS 10 MG	53	saxagliptin-metformin hcl 1000 MG-5 MG, 500 MG-5 MG	15	SIMPONI ARIA SOLN	3
rizatriptan benzoate TABS 5 MG	53	SCEMBLIX 100 MG	27	SIMULECT	55
rizatriptan benzoate TBDP 10 MG	53	SCEMBLIX 20 MG, 40 MG	27	simvastatin TABS	19
rizatriptan benzoate TBDP 5 MG	53	scopolamine	17	sirolimus TABS	55
roflumilast	9	SELECT INSULIN SYRINGES	53	SIRTURO	23
romidepsin SOLR	27	SELECT LANCETS	53	SIVEXTRO TABS	22
ropinirole hydrochloride TABS	28	selegiline hcl CAPS	28	SKYLA	36
ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG	28	selegiline hcl TABS	28	SKYRIZI PEN SOAJ	39
ropinirole hydrochloride TB24 8 MG, 12 MG	28	selenium sulfide LOTN 2.5 %	40	SKYRIZI PSKT	39
rosuvastatin calcium TABS	19	SELZENTRY SOLN	31	SKYRIZI SOCT	47
ROTARIX SUSP	68	SELZENTRY TABS 25 MG, 75 MG	31	SKYRIZI SOLN	47
ROTARIX SUSR	68	SEMGLEE SOLN	16	SKYRIZI SOSY	39
ROTATEQ SOLN	68	SEMGLEE SOPN	16	SLYND	36
ROZLYTREK CAPS	27	SEREVENT DISKUS	10	SM PRENATAL VITAMINS TABS	57
RUBRACA	27	sertraline hcl CONC	14	SODIUM ACETATE SOLN (sodium acetate)	54
rufinamide SUSP	12				

sodium acetate SOLN	54	160 MG	32	SUBSYS LIQD 100 MCG	6
sodium chloride (gu irrigant) 0.9 %	47	SOVALDI TABS 200 MG	31	SUBSYS LIQD 200 MCG, 400 MCG, 600 MCG	6
sodium chloride (inhalant) NEBU 7 %	37	SOVALDI TABS 400 MG	31	SUBSYS LIQD 800 MCG, 1200 MCG, 1600 MCG	6
sodium chloride SOLN IV 0.45 %, 0.9 %, 3 %, 4 MEQ/ML, 5 %	55	SPIKEVAX COVID-19 VACCINE SUSP	68	sucralfate SUSP	64
sodium citrate & citric acid	47	SPIKEVAX COVID-19 VACCINE/2023-24 SUSP	68	sucralfate TABS	64
sodium fluoride CHEW 0.25 MG, 0.5 MG, 1 MG, 2.2 MG	54	SPIKEVAX COVID-19 VACCINE/2023-24 SUSY	68	sulconazole nitrate CREA	39
sodium phenylbutyrate POWD	45	SPIKEVAX COVID-19 VACCINE/2024-25 SUSY	68	sulconazole nitrate SOLN	39
sodium phenylbutyrate TABS	45	spinosad	42	sulfacetamide sodium (acne)	37
sodium polystyrene sulfonate POWD 56		SPIRIVA RESPIMAT AERS	9	sulfacetamide sodium (ophth) SOLN . 58	
sodium polystyrene sulfonate SUSP CO 15 GM/60ML	56	spironolactone & hydrochlorothiazide	43	sulfacetamide sodium w/ sulfur CREA 10 %-5 %	37
sodium sulfate-potassium sulfate- magnesium sulfate	50	spironolactone TABS	44	sulfacetamide sodium w/ sulfur LIQD 10 %-5 %	38
SOFOSBUVIR/VELPATASVIR TABS	31	SPRAVATO 56MG DOSE	13	sulfacetamide sodium w/ sulfur LIQD 9 %-4.5 %	38
solifenacin succinate TABS	65	SPRAVATO 84MG DOSE	13	sulfacetamide sodium-sulfur in urea vehicle EMUL 10 %-10 %-4 %	38
SOLQUA 100/33	15	SPRYCEL (dasatinib)	27	sulfacetamide sod-prednisolone SOLN	59
SOLOSEC	2	stannous fluoride CONC	56	sulfadiazine TABS	63
SOLU-CORTEF 100 MG, 500 MG, 1000 MG	36	stavudine CAPS	31	sulfamethoxazole-trimethoprim SOLN	21
SOLU-CORTEF 250 MG	36	STELARA 130 MG/26ML	47	sulfamethoxazole-trimethoprim SUSP	21
SOLU-MEDROL 2 GM	36	STELARA SOLN 45 MG/0.5ML ...	39	sulfamethoxazole-trimethoprim TABS	21
sorafenib tosylate	27	STELARA SOSY 45 MG/0.5ML ...	39	SULFAMYLON CREA	40
SORBITOL 3 %	47	STELARA SOSY 90 MG/ML	39	sulfasalazine TABS	47
SORBITOL/MANNITOL IRRIGATION	47	STENDRA	33	sulfasalazine TBEC	47
sotalol hcl (afib/af)	32	STIOLTO RESPIMAT	10	sulindac TABS	4
sotalol hcl TABS 240 MG	32	STIVARGA	27	sumatriptan	53
sotalol hcl TABS 80 MG, 120 MG,		STRENSIQ	45		
		streptomycin sulfate SOLR	2		
		STRIBILD	31		
		STRIVERDI RESPIMAT	10		

sumatriptan succinate SOAJ	54	TAGRISSO 40 MG	24	terbinafine hcl TABS	18
sumatriptan succinate SOCT	54	TAGRISSO 80 MG	24	terbutaline sulfate SOLN	10
sumatriptan succinate SOLN 6 MG/0.5ML	54	TAKHZYRO SOLN	48	terbutaline sulfate TABS	10
sumatriptan succinate TABS	54	TAKHZYRO SOSY	48	terconazole vaginal CREA	68
sumatriptan-naproxen sodium	53	TALZENNA	27	terconazole vaginal SUPP	68
sunitinib malate 12.5 MG, 25 MG, 50 MG	27	tamoxifen citrate TABS	25	teriflunomide	62
sunitinib malate 37.5 MG	27	tamsulosin hcl	47	teriparatide SOPN	44
SUNOSI 150 MG	1	TASIGNA 150 MG, 200 MG	27	TESTOSTERONE CYPIONATE SOLN IJ 200 MG/ML	7
SUNOSI 75 MG	1	TASIGNA 50 MG	27	testosterone cypionate SOLN IM ...	7
SYNAREL	45	tavaborole	39	testosterone enanthate SOLN IM ...	7
SYNERA PTCH	42	TAVALISSE	48	TETANUS/DIPHTHERIA TOXOIDS- ADSORBED ADULT SUSP	64
SYNJARDY TABS	15	tazarotene CREA 0.1 %	40	tetrabenazine	61
SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-12.5 MG, 1000 MG-5 MG	15	TAZVERIK	27	tetracycline hcl CAPS	63
SYNJARDY XR TB24 1000 MG-25 MG	15	TDVAX SUSP	64	THALOMID	55
SYNRIBO	27	TEFLARO	35	theophylline ELIX	10
SYNTHROID TABS (levothyroxine sodium)	63	TEGRETOL SUSP (carbamazepine) . 12		theophylline SOLN	10
TABLOID	24	TEGRETOL TABS (carbamazepine) . 12		theophylline TB12	10
TABRECTA	27	telmisartan	20	theophylline TB24	10
tacrolimus (topical) OINT	42	telmisartan-amlodipine	21	THERANATAL CORE NUTRITION TABs	57
tacrolimus CAPS	55	telmisartan-hydrochlorothiazide ...	21	THIOLA EC TBEC 100 MG (tiopronin)	47
tadalafil (pulmonary hypertension) TABs	34	temazepam 15 MG, 30 MG	50	THIOLA EC TBEC 300 MG (tiopronin)	47
tadalafil 5 MG	33	temazepam 7.5 MG, 22.5 MG	50	thioridazine hcl	30
TAFINLAR CAPS	27	TEMODAR SOLR	23	thiotepa 15 MG	23
TAFINLAR TBSO	27	temozolomide CAPS	23	thiothixene	30
tafluprost	59	temsirolimus	27	THYMOGLOBULIN	55
		TENIVAC INJ	64	THYROGEN 0.9 MG	43
		tenofovir disoproxil fumarate TABS 31		tiagabine hcl	12
		terazosin hcl	20		

TIBSOVO	27	topiramate TABS 50 MG	12	tretinoin GEL 0.01 %, 0.025 %	38
tigecycline	63	topotecan hcl SOLN	28	tretinoin microsphere 0.1 %	38
timolol maleate (ophth) SOLG	58	topotecan hcl SOLR	28	TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	24
timolol maleate (ophth) SOLN	58	toremifene citrate	25	triamcinolone acetonide (mouth) ..	56
timolol maleate TABS	32	torsemide TABS	44	triamcinolone acetonide (nasal) AERO	58
tiopronin TBEC 100 MG	48	TRACLEER TBSO	33	triamcinolone acetonide (topical) CREA 0.025 %	41
tiopronin TBEC 300 MG	48	tramadol hcl TABS 50 MG	6	triamcinolone acetonide (topical) CREA 0.1 %	41
tiotropium bromide monohydrate CAPS	9	tramadol hcl TB24	6	triamcinolone acetonide (topical) CREA 0.5 %	41
TIVICAY TABS	31	tramadol-acetaminophen	7	triamcinolone acetonide (topical) CREA 0.025 %	41
tizanidine hcl CAPS	57	trandolapril 1 MG, 2 MG	20	triamcinolone acetonide (topical) CREA 0.1 %	41
tizanidine hcl TABS	57	trandolapril 4 MG	20	triamcinolone acetonide (topical) CREA 0.5 %	41
tobramycin (ophth) SOLN	59	trandolapril-verapamil hcl 180 MG-2 MG, 240 MG-1 MG	21	triamcinolone acetonide (topical) LOTN 0.025 %	41
tobramycin NEBU	2	trandolapril-verapamil hcl 240 MG-2 MG, 240 MG-4 MG	21	triamcinolone acetonide (topical) LOTN 0.1 %	41
tobramycin sulfate SOLN IJ 10 MG/ML, 40 MG/ML, 80 MG/2ML	2	tranexamic acid SOLN 1000 MG/10ML	49	triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %	42
tobramycin-dexamethasone SUSP 59		tranexamic acid TABS	49	triamcinolone acetonide (topical) OINT 0.5 %	42
TODAY SPONGE MISC	68	tranylcypromine sulfate	13	triamcinolone acetonide SUSP 40 MG/ML, 200 MG/5ML, 400 MG/10ML	36
tolcapone	28	travoprost SOLN	59	triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG	43
tolmetin sodium CAPS	4	TRAZIMERA	24	triamterene & hydrochlorothiazide TABS	43
tolmetin sodium TABS 600 MG	4	trazodone hcl TABS	14	triamterene CAPS	44
TOLSURA CAPS	18	TRECATOR	23	triazolam	50
tolterodine tartrate CP24	65	TRELEGY ELLIPTA	10	TRICARE TABS	57
tolterodine tartrate TABS	65	TRELSTAR MIXJECT	25	trientine hcl 250 MG	55
tolvaptan TABS	45	TREMFYA SOAJ	40	trifluoperazine hcl TABS	30
topiramate CPSP 15 MG	12	TREMFYA SOSY 100 MG/ML	40	trifluridine	59
topiramate CPSP 25 MG	12	treprostinil SOLN IJ	33		
topiramate CS24	12	tretinoin (chemotherapy)	27		
topiramate TABS 200 MG	12	tretinoin CREA 0.025 %, 0.05 %, 0.1 %	38		
topiramate TABS 25 MG, 100 MG ..	12				

trihexyphenidyl hcl SOLN	28	BLOOD GLUCOSE STRIPS STRP 43	TUKYSA	24
trihexyphenidyl hcl TABS	28	TRULICITY SC 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML	TURALIO	27
TRIJARDY XR 1000 MG-2.5 MG- 12.5 MG, 1000 MG-2.5 MG-5 MG .	15	TRUMENBA	TUZISTRA XR	37
TRIJARDY XR 1000 MG-5 MG-10 MG, 1000 MG-5 MG-25 MG	15	TRUSTEX COLOR CONDOMS + LUBE MISC	TWINRIX SUSY	68
TRIKAFTA TBPK	62	TRUSTEX LUBRICATED EXTRALARGE MISC	TWIRLA	35
trimethobenzamide hcl CAPS	17	TRUSTEX LUBRICATED EXTRASTRENGTH MISC	TYBLUME CHEW	35
trimethoprim TABS	21	TRUSTEX LUBRICATED MISC ...	TYBOST	31
trimipramine maleate CAPS	14	TRUSTEX LUBRICATED/RIBBED/STUDED MISC	TYMLOS	44
TRINTELLIX	14	TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC	TYVASO REFILL KIT SOLN IN ...	33
TRIUMEQ TABS	31	TRUSTEX LUBRICATED/SPERMICIDE MISC	TYVASO SOLN IN	33
TRIZIVIR	31	TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC	TYVASO STARTER KIT SOLN IN	33
TROJAN MAGNUM MISC	51	TRUSTEX LUBRICATED/SPERMICIDE MISC	UBRELVY	53
TROJAN ULTRA THIN LUBRICATED MISC	51	TRUSTEX LUBRICATED/SPERMICIDE MISC	UDENYCA ONBODY SOSY	49
TROJAN ULTRA THIN/SPERMICIDAL LUBRICANT MISC	51	TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC	UDENYCA SOAJ	49
TROJAN-ENZ LUBRICATED MISC 51		TRUSTEX WITH NONOXYNOL- 9/RIBBED/STUDED MISC	UDENYCA SOSY	49
TROJAN-ENZ W/SPERMICIDAL MISC	52	TRUSTEX/RIA LUBRICATED MISC .	UPTRAVI TABS 200 MCG	34
tropicamide SOLN 0.5 %	58	TRUSTEX/RIA LUBRICATED SPERMICIDE MISC	UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG	34
tropicamide SOLN 1 %	58	TRUSTEX/RIA LUBRICATED LUBRICATED/SPERMICIDE MISC	UPTRAVI TITRATION PACK TBPK	34
tropium chloride CP24	65	TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC	ursodiol CAPS	46
tropium chloride TABS	65	TRUSTEX WITH NONOXYNOL- 9/RIBBED/STUDED MISC	ursodiol TABS	46
TRUE COVER DEVI	52	TRUSTEX/RIA LUBRICATED MISC .	UVADEX	27
TRUE METRIX BLOOD GLUCOSETEST STRIPS STRP ...	43	TRUSTEX/RIA LUBRICATED SPERMICIDE MISC	valacyclovir hcl 1 GM, 1000 MG ...	31
TRUE METRIX CONTROL SOLUTION LEVEL 3 SOLN	53	TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC	valacyclovir hcl 500 MG	31
TRUE METRIX SELF MONITORING		TRUXIMA	valganciclovir hcl TABS	31
			valproate sodium SOLN OR 250 MG/5ML, 500 MG/10ML	13
			valproic acid CAPS	13
			valrubicin	25

valsartan TABS	20	verapamil hcl SOLN 2.5 MG/ML	33	WESTAB PLUS TABS	57
valsartan-hydrochlorothiazide	21	verapamil hcl TABS	33	WIDE-SEAL SILICONE DIAPHRAGM KIT 60	52
VALTOCO 10 MG DOSE LIQD	11	verapamil hcl TBCR	33	WIDE-SEAL SILICONE DIAPHRAGM KIT 65	52
VALTOCO 15 MG DOSE LQPK	11	VEREGEN	38	WIDE-SEAL SILICONE DIAPHRAGM KIT 70	52
VALTOCO 20 MG DOSE LQPK	11	VERZENIO	27	WIDE-SEAL SILICONE DIAPHRAGM KIT 75	52
VALTOCO 5 MG DOSE LIQD	11	VICTOZA (liraglutide)	16	WIDE-SEAL SILICONE DIAPHRAGM KIT 80	52
vancomycin hcl CAPS	21	vigabatrin PACK	12	WIDE-SEAL SILICONE DIAPHRAGM KIT 85	52
vancomycin hcl SOLR IV 1 GM, 10 GM, 500 MG, 1000 MG	22	vigabatrin TABS	12	WIDE-SEAL SILICONE DIAPHRAGM KIT 90	52
vancomycin hcl SOLR OR 25 MG/ML, 50 MG/ML, 250 MG/5ML	21	VIIBRYD STARTER PACK KIT	14	WIDE-SEAL SILICONE DIAPHRAGM KIT 95	52
VAQTA	68	vilazodone hcl TABS	14	XALKORI CAPS	27
varenicline tartrate TABS	62	vincristine sulfate	28	XARELTO STARTER PACK TBPK 10	
varenicline tartrate TBPK	62	vinorelbine tartrate 10 MG/ML	28	XARELTO SUSR	10
VARIVAX SUSR IJ 1350 PFU/0.5ML 68		VIRACEPT TABS 250 MG	31	XARELTO TABS 10 MG, 20 MG ..	10
VARUBI TBPK	17	VIRACEPT TABS 625 MG	31	XARELTO TABS 2.5 MG, 15 MG ..	10
VAXNEUVANCE	65	VIREAD POWD	31	XELJANZ SOLN	3
VECAMYL	21	VIREAD TABS 150 MG, 200 MG, 250 MG	31	XELJANZ TABS 10 MG	3
VECTIBIX 100 MG/5ML	24	VISTOGARD	17	XELJANZ TABS 5 MG	3
VELPHORO	47	VITAMIN D2 TABS 400 UNIT	69	XELJANZ XR TB24	3
venlafaxine hcl CP24 150 MG	14	VITATHELY/GINGER TABS	57	XEOMIN	58
venlafaxine hcl CP24 37.5 MG	14	VITRAKVI CAPS	27	XERAVA	63
venlafaxine hcl CP24 75 MG	14	VITRAKVI SOLN	27	XGEVA SOLN	44
venlafaxine hcl TABS	14	VIZIMPRO	24	XHANCE EXHU	58
venlafaxine hcl TB24 150 MG	14	VORAXAZE	27	XIFAXAN 200 MG	21
venlafaxine hcl TB24 37.5 MG, 75 MG, 225 MG	14	voriconazole TABS	18	XIFAXAN 550 MG	21
verapamil hcl CP24 100 MG, 200 MG, 300 MG	33	VOSEVI	31		
verapamil hcl CP24 120 MG, 180 MG, 240 MG, 360 MG	33	VYNDAMAX	34		
		VYNDAQEL	34		
		warfarin sodium TABS	10		
		water for irrigation, sterile	56		

XIGDUO XR (dapagliflozin propanediol-metformin hcl)	15	zaleplon 10 MG	50	zolmitriptan SOLN	54
XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG, 500 MG-5 MG	15	zaleplon 5 MG	50	zolmitriptan TABS	54
XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG	15	ZALTRAP 100 MG/4ML	24	zolmitriptan TBDP	54
XOLAIR SOAJ 150 MG/ML, 300 MG/2ML	9	ZANOSAR	23	zolpidem tartrate TABS	50
XOLAIR SOAJ 75 MG/0.5ML	9	ZARONTIN CAPS (ethosuximide) .	13	zolpidem tartrate TBCR	50
XOLAIR SOLR	9	ZARXIO	49	zonisamide CAPS	12
XOLAIR SOSY 150 MG/ML, 300 MG/2ML	9	ZEJULA CAPS	27	ZONTIVITY	48
XOLAIR SOSY 75 MG/0.5ML	9	ZEJULA TABS 100 MG	27	ZORBTIVE SC	45
XOSPATA	27	ZEJULA TABS 200 MG, 300 MG .	27	ZYDELIG	27
XPOVIO	25	ZELBORAF	27	ZYLET	59
XPOVIO 60 MG TWICE WEEKLY 25		ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT- 10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT- 15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT	43		
XPOVIO 80 MG TWICE WEEKLY 25		ZENPEP CPEP 252600 UNIT- 189600 UNIT-60000 UNIT	43		
XTANDI CAPS	25	zidovudine CAPS	31		
XTANDI TABS 40 MG	25	zidovudine SYRP	31		
XTANDI TABS 80 MG	25	zidovudine TABS	31		
XULTOPHY 100/3.6	15	zileuton TB12	9		
XYNTHA	48	ziprasidone hcl	29		
XYNTHA SOLOFUSE	48	ZIRABEV	24		
YERVOY	24	ZIRGAN GEL	59		
YONSA	25	ZOLADEX 10.8 MG	25		
YUFLYMA 1-PEN KIT AJKT	3	ZOLADEX 3.6 MG	25		
YUFLYMA 2-PEN KIT AJKT	3	zoledronic acid CONC	44		
YUFLYMA 2-SYRINGE KIT PSKT ..	3	zoledronic acid SOLN	44		
YUFLYMA CD/UC/HS STARTER AJKT	3	ZOLINZA	27		
zafirlukast	9				

Ambetter from Meridian is underwritten by Meridian Health Plan of Michigan, Inc., which is a Qualified Health Plan issuer in the Michigan Health Insurance Marketplace. ©2024 Meridian Health Plan of Michigan, Inc., AmbetterMeridian.com. For information on your right to receive an Ambetter from Meridian plan free of discrimination, or your right to receive language, auditory and/or visual assistance services, please visit AmbetterHealth.com and scroll to the bottom of the page.