

# 2024 Formulary

Effective January 1, 2024



**[AmbetterofAlabama.com](https://AmbetterofAlabama.com)**

# Formulary Introduction

## FORMULARY

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

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

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

### Drug List Key:

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

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

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

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

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

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

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

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

### Prior Authorization for Non-Formulary Drugs

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

### Formulary Abbreviations:

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

### Opioid Medications:

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

# Introducción al Formulario

## FORMULARIO

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

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

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

Clave de la lista de medicamentos:

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

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

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



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

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

### Abreviaturas del Formulario:

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

### Medicamentos opioides:

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

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

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

Ambetter Formulary Updated December 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate PTCH</i>	1B	QL(1 ea daily); PA
<i>modafinil 200 MG</i>	1B	QL(2 ea daily); PA
<i>modafinil 100 MG</i>	1B	QL(1 ea daily); PA
<b>ALLERGENIC EXTRACTS/BIOLOGICALS MISC</b>		
Allergenic Extracts		
GRASTEK SUBL	3	PA
<b>AMEBICIDES</b>		
Amebicides		
SOLOSEC	3	PA
<b>AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections</b>		
Aminoglycosides		
<i>amikacin sulfate SOLN 1 GM/4ML, 500 MG/2ML</i>	1B	
ARIKAYCE	4	PA
<i>gentamicin in saline 0.8 MG/ML-0.9 %, 1 MG/ML-0.9 %, 1.2 MG/ML-0.9 %, 1.6 MG/ML-0.9 %</i>	1B	
<i>gentamicin sulfate IJ 40 MG/ML, 80 MG/2ML</i>	1B	
<i>neomycin sulfate TABS</i>	1B	
<i>streptomycin sulfate SOLR</i>	3	
<i>tobramycin sulfate SOLN IJ 10 MG/ML, 40 MG/ML, 80 MG/2ML</i>	1B	
<i>tobramycin NEBU</i>	4	QL(280 ml per 56 day(s) retail; 280 ml per 56 days mail); PA
<b>ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions</b>		
Antirheumatic - Enzyme Inhibitors		
RINVOQ LQ SOLN	4	QL(12 ml daily); PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
RINVOQ TB24	4	QL(1 ea daily); PA	HADLIMA PUSHTOUCH SOAJ	4	QL(0.086 ml daily); PA
XELJANZ XR TB24	4	QL(1 ea daily); PA	HADLIMA SOSY	4	QL(0.086 ml daily); PA
XELJANZ SOLN	4	QL(20 ml daily); PA	HADLIMA SOSY	4	QL(0.172 ml daily); PA
XELJANZ TABS 5 MG	4	QL(2 ea daily); SP; PA	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML	4	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA
XELJANZ TABS 10 MG	4	QL(2 ea daily); PA	HUMIRA PEN AJKT 80 MG/0.8ML	4	QL(0.072 ea daily); PA
Antirheumatic Antimetabolites			HUMIRA PEN AJKT	4	QL(0.143 ea daily); PA
METHOTREXATE	4	QL(1.714 ea daily); SP; PA	HUMIRA PEN-CD/UC/HS STARTER AJKT	4	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA
Anti-TNF-alpha - Monoclonal Antibodies			HUMIRA PEN-PEDIATRIC UC STARTER PACK AJKT	4	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA
ADALIMUMAB-ADAZ SOAJ	4	QL(0.086 ml daily); PA	HUMIRA PEN-PS/UV STARTER AJKT	4	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA
ADALIMUMAB-ADAZ SOSY	4	QL(0.086 ml daily); PA	HUMIRA PSKT	4	QL(0.143 ea daily); PA
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS AJKT	4	QL(0.215 ea daily); PA	SIMPONI ARIA SOLN	4	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	Gold Compounds		
CYLTEZO STARTER PACKAGE FOR PSORIASIS/UVEITIS AJKT	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA	RIDAURA	3	QL(3 ea daily)
CYLTEZO STARTER PACKAGE FOR PSORIASIS AJKT	4	QL(0.143 ea daily); PA	Interleukin-1 Blockers		
CYLTEZO AJKT	4	QL(0.072 ea daily); PA	ARCALYST	4	QL(0.286 ea daily); SP; PA
CYLTEZO AJKT	4	QL(0.215 ea daily); PA	Interleukin-6 Receptor Inhibitors		
CYLTEZO PSKT 10 MG/0.2ML, 40 MG/0.4ML	4	QL(0.072 ea daily); PA	KEVZARA SOAJ	4	QL(0.082 ml daily); PA
CYLTEZO PSKT 20 MG/0.4ML, 40 MG/0.8ML	4	QL(0.215 ea daily); PA			
HADLIMA PUSHTOUCH SOAJ	4	QL(0.172 ml daily); PA			

Ambetter Formulary Updated December 1, 2024



Drug Name	Drug Tier	Requirements/Limits
KEVZARA SOSY	4	QL(0.082 ml daily); PA
<b>Nonsteroidal Anti-inflammatory Agents (NSAIDs)</b>		
<i>celecoxib</i>	1B	QL(2 ea daily)
<i>diclofenac potassium TABS 50 MG</i>	1B	
<i>diclofenac sodium TB24</i>	1B	
<i>diclofenac sodium TBEC</i>	1B	
<i>diclofenac w/ misoprostol TBEC</i>	1B	
<i>etodolac CAPS</i>	1B	
<i>etodolac TABS</i>	1B	
<i>fenoprofen calcium TABS</i>	1B	QL(4 ea daily); ST
<i>flurbiprofen TABS</i>	1B	
<i>ibuprofen SUSP 100 MG/5ML</i>	1B	RX/OTC
<i>ibuprofen TABS 400 MG, 600 MG</i>	1A	
<i>ibuprofen TABS 800 MG</i>	1B	
<i>indomethacin CAPS 25 MG, 50 MG</i>	1B	
<i>indomethacin CPR</i>	1B	
<i>ketoprofen CAPS 50 MG</i>	1B	
<i>ketorolac tromethamine TABS</i>	1B	QL(0.667 ea daily)
<i>meclofenamate sodium CAPS</i>	1B	
<i>mefenamic acid CAPS</i>	1B	Must try ibuprofen. ; QL(5 ea daily); ST
<i>meloxicam TABS</i>	1A	QL(1 ea daily)
<i>nabumetone</i>	1B	
<i>naproxen sodium TABS 550 MG</i>	1B	
<i>naproxen SUSP</i>	1B	PA
<i>naproxen TABS</i>	1B	
<i>naproxen TBEC 500 MG</i>	1B	QL(3 ea daily)
<i>oxaprozin TABS</i>	1B	

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>butalbital-acetaminophen TABS 50 MG-325 MG</i>	1B	QL(6 ea daily)	<i>hydromorphone hcl TB24 8 MG, 12 MG, 16 MG</i>	1B	QL(2 ea daily); PA
<i>butalbital-aspirin-caffeine CAPS</i>	1B	QL(4 ea daily)	<i>levorphanol tartrate TABS 2 MG</i>	1B	New starts limited to 7 day supply
<b>Salicylates</b>			<i>meperidine hcl SOLN IJ 25 MG/ML, 50 MG/ML, 100 MG/ML</i>	1B	
<i>aspirin CHEW</i>	0	AL(At least 45 yrs old - Up to 79 yrs old)	<i>meperidine hcl SOLN OR 50 MG/5ML</i>	1B	New starts limited to 7 day supply; QL(500 ml per fill retail)
<i>aspirin TABS 325 MG</i>	0	AL(At least 45 yrs old - Up to 79 yrs old)	<i>meperidine hcl TABS 50 MG</i>	1B	New starts limited to 7 day supply; QL(6 ea daily)
<i>aspirin TBEC 325 MG</i>	1A		<i>methadone hcl CONC</i>	1B	QL(10 ml daily)
<i>aspirin TBEC 81 MG</i>	0	AL(At least 45 yrs old - Up to 79 yrs old)	<i>methadone hcl SOLN OR 5 MG/5ML</i>	1B	QL(100 ml daily)
<i>diflunisal TABS</i>	1B		<i>methadone hcl SOLN IJ 10 MG/ML</i>	1B	
<i>salsalate</i>	1B		<i>methadone hcl SOLN OR 10 MG/5ML</i>	1B	QL(50 ml daily)
<b>ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions</b>			<i>METHADONE HCL SOLN IJ</i>	1B	
<b>Opioid Agonists</b>			<i>methadone hcl TABS 5 MG</i>	1B	QL(4 ea daily)
<i>codeine sulfate TABS 30 MG</i>	1B	New starts limited to 7 day supply	<i>methadone hcl TABS 10 MG</i>	1B	QL(10 ea daily)
<i>CODEINE SULFATE TABS</i>	1B	New starts limited to 7 day supply	<i>methadone hcl TBSO</i>	1B	QL(2 ea daily)
<i>fentanyl citrate LPOP</i>	1B	QL(4 ea daily); PA	<i>morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG</i>	1B	QL(2 ea daily); PA
<i>fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR</i>	1B	QL(0.34 ea daily)	<i>morphine sulfate SOLN 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 OR 10 MG/5ML</i>	1B	New starts limited to 7 day supply; QL(100 ml daily)
<i>hydromorphone hcl SOLN IJ 10 MG/ML, 50 MG/5ML, 500 MG/50ML</i>	1B		<i>morphine sulfate SOLN IJ 0.5 MG/ML, 1 MG/ML</i>	1B	
<i>hydromorphone hcl TABS</i>	1B	New starts limited to 7 day supply; QL(8 ea daily)			
<i>hydromorphone hcl TB24 32 MG</i>	1B	QL(1 ea daily); PA			

Ambetter Formulary Updated December 1, 2024

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

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

Drug Name	Drug Tier	Requirements/Limits
<b>Anabolic Steroids</b>		
<i>oxandrolone</i>	1B	
<b>Androgens</b>		
<i>ANDRODERM PT24 2 MG/24HR, 4 MG/24HR</i>	2	QL(1 ea daily); PA
<i>danazol CAPS</i>	1B	
<i>methyltestosterone TABS</i>	1B	
<i>testosterone cypionate SOLN IM</i>	1B	
<i>TESTOSTERONE CYPIONATE SOLN IJ 200 MG/ML</i>	1B	
<i>testosterone enanthate SOLN IM</i>	1B	
<b>ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching</b>		
<b>Intrarectal Steroids</b>		
<i>budesonide (intrarectal)</i>	4	QL(3.2 gm daily); PA
<i>hydrocortisone (intrarectal)</i>	1B	
<i>UCERIS (budesonide (intrarectal))</i>	4	QL(3.2 gm daily); PA
<b>Rectal Steroids</b>		
<i>hydrocortisone (rectal) EX</i>	1B	RX/OTC
<i>hydrocortisone acetate (rectal)</i>	1B	
<b>Vasodilating Agents</b>		
<i>nitroglycerin (intra-anal)</i>	1B	QL(2 gm daily)
<i>RECTIV (nitroglycerin (intra-anal))</i>	3	QL(2 gm daily)
<b>ANTHELMINTICS - Drugs to Treat Worm Infections</b>		
<b>Anthelmintics</b>		
<i>albendazole</i>	1B	PA



Drug Name	Drug Tier	Requirements/Limits
EMVERM CHEW	2	QL(2 ea daily; 6 ea per fill retail; 6 per fill mail); 1 max fill(s) per 60 day(s) retail; 1 max fill(s) per 60 day(s) mail
<i>ivermectin</i>	1B	QL(9 ea per fill retail; 9 per fill mail); 1 max fill(s) per 75 day(s) retail; 1 max fill(s) per 75 day(s) mail
<i>praziquantel</i>	1B	PA
<b>ANTIANGINAL AGENTS - Drugs to Treat Chest Pain</b>		
Antianginals-Other		
<i>ranolazine TB12 500 MG</i>	1B	QL(3 ea daily)
<i>ranolazine TB12 1000 MG</i>	1B	QL(2 ea daily)
Nitrates		
<i>isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG</i>	1B	
<i>isosorbide mononitrate TABS</i>	1B	
<i>isosorbide mononitrate TB24</i>	1B	
NITRO-BID OINT	3	
<i>nitroglycerin CPR</i>	1B	QL(4 ea daily)
<i>nitroglycerin PT24</i>	1B	
NITROGLYCERIN SOLN IV	1B	
<i>nitroglycerin SUBL</i>	1B	
<b>ANTIANGIETY AGENTS - Drugs to Treat Anxiety</b>		
Antianxiety Agents - Misc.		
<i>buspirone hcl 7.5 MG, 10 MG, 15 MG, 30 MG</i>	1B	
<i>buspirone hcl 5 MG</i>	1A	

Drug Name	Drug Tier	Requirements/Limits
<i>hydroxyzine hcl SOLN 50 MG/ML</i>	1B	
<i>hydroxyzine hcl SYRP</i>	1B	
<i>hydroxyzine hcl TABS</i>	1B	
<i>hydroxyzine pamoate CAPS</i>	1B	
<i>meprobamate</i>	1B	QL(6 ea daily)
Benzodiazepines		
<i>alprazolam TABS 2 MG</i>	1B	QL(4 ea daily)
<i>alprazolam TABS 0.25 MG, 0.5 MG, 1 MG</i>	1A	QL(4 ea daily)
<i>alprazolam TB24</i>	1B	
<i>alprazolam TBP</i>	1B	
<i>chlordiazepoxide hcl CAPS</i>	1B	
<i>clorazepate dipotassium TABS</i>	1B	
<i>diazepam CONC</i>	1B	
<i>diazepam SOLN OR 5 MG/5ML</i>	1B	
<i>diazepam TABS</i>	1A	QL(4 ea daily)
<i>lorazepam CONC</i>	1B	
<i>lorazepam TABS 1 MG</i>	1A	QL(4 ea daily)
<i>lorazepam TABS 0.5 MG, 2 MG</i>	1A	QL(3 ea daily)
<i>oxazepam CAPS</i>	1B	
<b>ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms</b>		
Antiarrhythmics Type I-A		
<i>disopyramide phosphate CAPS</i>	1B	
<i>procainamide hcl SOLN 500 MG/ML</i>	1B	
<i>quinidine sulfate TABS</i>	1B	
Antiarrhythmics Type I-B		
<i>mexiletine hcl</i>	1B	
Antiarrhythmics Type I-C		

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

Ambetter Formulary Updated December 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits
<b>Xanthines</b>		
<i>aminophylline SOLN</i>	1B	
<i>theophylline ELIX</i>	1B	
<i>theophylline SOLN</i>	1B	QL(56 ml daily)
<i>theophylline TB12</i>	1B	
<i>theophylline TB24</i>	1B	
<b>ANTICOAGULANTS - Blood Thinners</b>		
<b>Coumarin Anticoagulants</b>		
<i>warfarin sodium TABS</i>	1B	
<b>Direct Factor Xa Inhibitors</b>		
ELIQUIS STARTER PACK TBPK	2	QL(2.47 ea daily); 1 max fill(s) per 180 day(s) retail
ELIQUIS TABS	2	QL(2 ea daily)
XARELTO STARTER PACK TBPK	2	1 max fill(s) per 365 day(s) retail
XARELTO SUSR	2	QL(900 ml per 30 day(s) retail; 900 ml per 30 days mail)
XARELTO TABS 2.5 MG, 15 MG	2	QL(2 ea daily)
XARELTO TABS 10 MG, 20 MG	2	QL(1 ea daily)
<b>Heparins And Heparinoid-Like Agents</b>		
<i>enoxaparin sodium SOLN IJ 300 MG/3ML</i>	4	QL(6 ml daily)
<i>enoxaparin sodium SOSY 30 MG/0.3ML</i>	4	QL(0.6 ml daily); SP
<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 100 MG/ML, 150 MG/ML</i>	4	QL(2 ml daily)

Ambetter Formulary Updated December 1, 2024

Drug Name	Drug Tier	Requirements/Limits
<i>enoxaparin sodium SOSY 60 MG/0.6ML</i>	4	QL(1.2 ml daily; 30 Day(s) limit); SP
<i>fondaparinux sodium 10 MG/0.8ML</i>	4	QL(7.2 ml per 180 day(s) retail; 7 ml per 180 days mail); SP
<i>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
FRAGMIN SOSY	4	SP; PA
<i>heparin sodium (porcine) SOLN IJ 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML</i>	1B	
HEPARIN SODIUM/NACL 0.45% SOLN IV 0.45 %-12500 UNIT/250ML	1B	
Thrombin Inhibitors		
<i>dabigatran etexilate mesylate CAPS</i>	1B	
<b>ANTICONVULSANTS - Drugs to Treat Seizures</b>		
AMPA Glutamate Receptor Antagonists		
FYCOMPA TABS 4 MG	3	QL(3 ea daily); PA
FYCOMPA TABS 6 MG	3	QL(2 ea daily); PA
FYCOMPA TABS 2 MG	3	QL(6 ea daily); PA
FYCOMPA TABS 8 MG, 10 MG, 12 MG	3	QL(1 ea daily); PA
Anticonvulsants - Benzodiazepines		

Drug Name	Drug Tier	Requirements/Limits
<i>clobazam SUSP</i>	1B	QL(16 ml daily); PA
<i>clobazam TABS</i>	1B	QL(2 ea daily); PA
<i>clonazepam TABS</i>	1A	
<i>diazepam (anticonvulsant) GEL</i>	3	5 package(s) per 30 day(s) retail; 5 package(s) per 30 day(s) mail
NAYZILAM	3	QL(10 ea per 30 day(s) retail); PA
VALTOCO 10 MG DOSE LIQD	4	QL(10 ea per 30 day(s) retail); PA
VALTOCO 15 MG DOSE LQPK	4	QL(10 ea per 30 day(s) retail); PA
VALTOCO 20 MG DOSE LQPK	4	QL(10 ea per 30 day(s) retail); PA
VALTOCO 5 MG DOSE LIQD	4	QL(10 ea per 30 day(s) retail); PA
Anticonvulsants - Misc.		
APTIOM	3	QL(2 ea daily); ST
BANZEL TABS 200 MG ( <i>rufinamide</i> )	2	QL(2 ea daily); PA
BANZEL TABS 400 MG ( <i>rufinamide</i> )	2	QL(8 ea daily); PA
BRIVIACT SOLN OR 10 MG/ML	3	QL(20 ml daily); PA
BRIVIACT TABS	3	QL(2 ea daily); PA
<i>carbamazepine CHEW 100 MG</i>	1B	
<i>carbamazepine CP12 100 MG</i>	1B	
<i>carbamazepine CP12 300 MG</i>	1B	QL(4 ea daily)
<i>carbamazepine CP12 200 MG</i>	1B	QL(6 ea daily)
<i>carbamazepine SUSP</i>	1B	

Ambetter Formulary Updated December 1, 2024



Drug Name	Drug Tier	Requirements/Limits
<i>carbamazepine TABS</i>	1B	
<i>carbamazepine TB12 100 MG, 400 MG</i>	1B	QL(4 ea daily)
<i>carbamazepine TB12 200 MG</i>	1B	QL(6 ea daily)
DIACOMIT CAPS 250 MG	4	QL(12 ea daily); 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)
<i>gabapentin TABS 600 MG, 800 MG</i>	1B	
<i>lacosamide SOLN IV 200 MG/20ML</i>	1B	QL(40 ml daily)
<i>lacosamide TABS</i>	1B	QL(2 ea daily)
<i>lamotrigine CHEW 5 MG</i>	1B	QL(100 ea daily)
<i>lamotrigine CHEW 25 MG</i>	1B	QL(20 ea daily)
<i>lamotrigine TABS</i>	1B	
<i>lamotrigine TBDP</i>	1B	QL(1 ea daily)
<i>levetiracetam SOLN IV 500 MG/5ML</i>	1B	QL(30 ml daily)
<i>levetiracetam TABS 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 225 MG, 300 MG</i>	3	QL(2 ea daily); PA

Drug Name	Drug Tier	Requirements/Limits
<i>pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG</i>	3	QL(3 ea daily); PA
<i>pregabalin SOLN</i>	3	QL(30 ml daily); PA
<i>primidone 50 MG, 250 MG</i>	1B	
<i>rufinamide SUSP</i>	1B	QL(80 ml daily); PA
<i>rufinamide TABS 200 MG</i>	1B	QL(2 ea daily); PA
<i>rufinamide TABS 400 MG</i>	1B	QL(8 ea daily); PA
TEGRETOL SUSP ( <i>carbamazepine</i> )	2	
TEGRETOL TABS ( <i>carbamazepine</i> )	2	
<i>topiramate CPSP 25 MG</i>	1B	QL(8 ea daily)
<i>topiramate CPSP 15 MG</i>	1B	QL(6 ea daily)
<i>topiramate CS24</i>	3	PA
<i>topiramate TABS 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		
DILANTIN	2	
DILANTIN ( <i>phenytoin sodium extended</i> )	2	
DILANTIN INFATABS CHEW ( <i>phenytoin</i> )	2	

Ambetter Formulary Updated December 1, 2024

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DILANTIN-125 SUSP (phenytoin)	2		bupropion hcl TB12 100 MG	1B	QL(4 ea daily)
fosphenytoin sodium	1B		bupropion hcl TB12 150 MG	1B	QL(3 ea daily)
phenytoin sodium extended 100 MG, 200 MG, 300 MG	1B		bupropion hcl TB12 200 MG	1B	QL(2 ea daily)
phenytoin sodium SOLN	1B		bupropion hcl TB24 300 MG	1B	QL(1 ea daily)
phenytoin CHEW	1B		bupropion hcl TB24 150 MG	1B	QL(3 ea daily)
phenytoin SUSP	1B		<b>Monoamine Oxidase Inhibitors (MAOIs)</b>		
<b>Succinimides</b>			EMSAM	3	QL(1 ea daily)
CELONTIN (methsuximide)	3	QL(4 ea daily)	MARPLAN	2	QL(6 ea daily)
ethosuximide CAPS	1B	QL(6 ea daily)	phenelzine sulfate	1B	
ethosuximide SOLN	1B	QL(30 ml daily)	tranylcypromine sulfate	1B	
methsuximide	1B	QL(4 ea daily)	<b>N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists</b>		
ZARONTIN CAPS (ethosuximide)	2	QL(6 ea daily)	SPRAVATO 56MG DOSE	4	PA
<b>Valproic Acid</b>			SPRAVATO 84MG DOSE	4	PA
divalproex sodium TB24	1B		<b>Selective Serotonin Reuptake Inhibitors (SSRIs)</b>		
divalproex sodium TBEC	1B		citalopram hydrobromide SOLN	1B	QL(20 ml daily)
valproate sodium SOLN OR 250 MG/5ML, 500 MG/10ML	1B		citalopram hydrobromide TABS 10 MG	1B	QL(4 ea daily)
valproic acid CAPS	1B		citalopram hydrobromide TABS 40 MG	1B	QL(1 ea daily)
<b>ANTIDEPRESSANTS - Drugs to Treat Depression</b>					
<b>Alpha-2 Receptor Antagonists (Tetracyclics)</b>					
mirtazapine TABS 30 MG	1B	QL(1.5 ea daily)	citalopram hydrobromide TABS 20 MG	1B	QL(2 ea daily)
mirtazapine TABS 15 MG	1B	QL(3 ea daily)	escitalopram oxalate SOLN	1B	QL(20 ml daily)
mirtazapine TABS 7.5 MG, 45 MG	1B	QL(1 ea daily)	escitalopram oxalate TABS 20 MG	1B	QL(1 ea daily)
mirtazapine TBDP 45 MG	1B	QL(1 ea daily)	escitalopram oxalate TABS 5 MG	1B	QL(4 ea daily)
mirtazapine TBDP 15 MG	1B	QL(3 ea daily)	escitalopram oxalate TABS 10 MG	1B	QL(2 ea daily)
mirtazapine TBDP 30 MG	1B	QL(1.5 ea daily)	fluoxetine hcl CAPS 20 MG	1B	QL(3 ea daily)
<b>Antidepressants - Misc.</b>					
bupropion hcl TABS	1B	QL(3 ea daily)			

Ambetter Formulary Updated December 1, 2024

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

Ambetter Formulary Updated December 1, 2024

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>trimipramine maleate CAPS</i>	1B		<i>saxagliptin-metformin hcl 1000 MG-2.5 MG</i>	1B	QL(2 ea daily)
<b>ANTIDIABETICS - Drugs to Regulate Blood Sugar</b>			<i>saxagliptin-metformin hcl 1000 MG-5 MG, 500 MG-5 MG</i>	1B	QL(1 ea daily)
<b>Alpha-Glucosidase Inhibitors</b>			SOLQUA 100/33	2	QL(0.5 ml daily); PA
<i>acarbose</i>	1B	QL(3 ea daily)	SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-12.5 MG, 1000 MG-5 MG	2	QL(2 ea daily)
<i>miglitol</i>	1B	QL(3 ea daily)	SYNJARDY XR TB24 1000 MG-25 MG	2	QL(1 ea daily)
<b>Antidiabetic Combinations</b>			SYNJARDY TABS	2	QL(2 ea daily)
<i>alogliptin-metformin hcl</i>	1B	QL(2 ea daily); PA	TRIJARDY XR 1000 MG-5 MG-10 MG, 1000 MG-5 MG-25 MG	2	QL(1 ea daily)
<i>alogliptin-pioglitazone 15 MG-25 MG, 30 MG-25 MG, 45 MG-25 MG</i>	1B	QL(1 ea daily); PA	TRIJARDY XR 1000 MG-2.5 MG-12.5 MG, 1000 MG-2.5 MG-5 MG	2	QL(2 ea daily)
<i>alogliptin-pioglitazone 30 MG-12.5 MG</i>	1B	QL(2 ea daily); PA	XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG	2	QL(2 ea daily)
<i>dapagliflozin propanediol-metformin hcl 1000 MG-10 MG</i>	2	QL(1 ea daily)	XIGDUO XR ( <i>dapagliflozin propanediol-metformin hcl</i> )	2	QL(1 ea daily)
<i>dapagliflozin propanediol-metformin hcl 1000 MG-5 MG</i>	2	QL(2 ea daily)	XIGDUO XR ( <i>dapagliflozin propanediol-metformin hcl</i> )	2	QL(2 ea daily)
<i>glipizide-metformin hcl 500 MG-5 MG</i>	1B	QL(4 ea daily)	XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG, 500 MG-5 MG	2	QL(1 ea daily)
<i>glipizide-metformin hcl 250 MG-2.5 MG, 500 MG-2.5 MG</i>	1B	QL(2 ea daily)	XULTOPHY 100/3.6	2	QL(0.5 ml daily); PA
<i>glyburide-metformin 250 MG-1.25 MG</i>	1B	QL(2 ea daily)	<b>Biguanides</b>		
<i>glyburide-metformin 500 MG-2.5 MG, 500 MG-5 MG</i>	1B	QL(4 ea daily)	<i>metformin hcl TABS 1000 MG</i>	1B	QL(2.5 ea daily)
GLYXAMBI	2	QL(1 ea daily)	<i>metformin hcl TABS 850 MG</i>	0	QL(3 ea daily)
JANUMET XR TB24 1000 MG-100 MG	2	QL(1 ea daily)	<i>metformin hcl TABS 500 MG</i>	1B	QL(5 ea daily)
JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG	2	QL(2 ea daily)	<i>metformin hcl TB24 750 MG</i>	1B	QL(3 ea daily)
JANUMET TABS	2	QL(2 ea daily)			
<i>pioglitazone hcl-glimepiride</i>	1B	QL(1 ea daily)			
<i>pioglitazone hcl-metformin hcl TABS</i>	1B	QL(2 ea daily)			

Ambetter Formulary Updated December 1, 2024

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>glimepiride 4 MG</i>	1B	QL(2 ea daily)
<i>glipizide TABS 5 MG, 10 MG</i>	1B	QL(4 ea daily)
<i>glipizide TB24</i>	1B	QL(2 ea daily)
<i>glyburide micronized 1.5 MG, 3 MG, 6 MG</i>	1B	QL(4 ea daily)
<i>glyburide TABS</i>	1B	QL(4 ea daily)

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

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

### ANTIDOTES AND SPECIFIC ANTAGONISTS

Antidotes - Chelating Agents		
CHEMET	3	
<i>deferasirox PACK</i>	4	PA
<i>deferasirox TABS</i>	4	SP; PA
<i>deferasirox TBSO</i>	4	SP; PA
<i>deferiprone TABS 500 MG</i>	1B	

Antidotes and Specific Antagonists		
VISTOGARD	4	PA

Opioid Antagonists		
<i>naloxone hcl LIQD</i>	1B	QL(2 ea per fill retail); 2 max fill(s) per 30 day(s) retail; RX/OTC
<i>naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML</i>	1B	
<i>naltrexone hcl</i>	1B	

### ANTIEMETICS - Drugs to Treat Nausea and Vomiting

Drug Name	Drug Tier	Requirements/Limits
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 24 MG</i>	1B	QL(0.143 ea daily)
<i>ondansetron hcl TABS 4 MG</i>	1B	QL(4 ea daily; 60 ea per fill retail; 60 per fill mail)
<i>ondansetron hcl TABS 8 MG</i>	1B	QL(3 ea daily; 45 ea per fill retail; 45 per fill mail)
<i>ondansetron TBDP 8 MG</i>	1B	
<i>ondansetron TBDP 4 MG</i>	1B	QL(1 ea daily)
<i>palonosetron hcl SOLN</i>	1B	
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	

Ambetter Formulary Updated December 1, 2024

Drug Name	Drug Tier	Requirements/Limits
<b>Substance P/Neurokinin 1 (NK1) Receptor Antagonists</b>		
<i>aprepitant CAPS 80 MG</i>	1B	QL(0.134 ea daily)
<i>aprepitant CAPS 40 MG, 125 MG</i>	1B	QL(0.067 ea daily)
<i>aprepitant CAPS</i>	1B	PA
<i>aprepitant MISC</i>	1B	PA
VARUBI TBPB	3	PA
<b>ANTIFUNGALS - Drugs to Treat Fungal Infections</b>		
<b>Antifungal - Glucan Synthesis Inhibitors</b>		
<i>caspofungin acetate</i>	1B	
ERAXIS	3	
<i>micafungin sodium</i>	1B	PA
<b>Antifungals</b>		
ABELCET	3	
<i>amphotericin b IV</i>	3	
<i>amphotericin b liposome</i>	3	
<i>flucytosine</i>	1B	
<i>griseofulvin microsize SUSP</i>	1B	AL(At least 2 yrs old)
<i>griseofulvin microsize TABS</i>	1B	
<i>griseofulvin ultramicrosize</i>	1B	
<i>nystatin TABS</i>	1B	
<i>terbinafine hcl TABS</i>	1B	QL(1 ea daily)
<b>Imidazole-Related Antifungals</b>		
CRESEMBA CAPS 186 MG	3	PA
<i>fluconazole SUSP</i>	1B	
<i>fluconazole TABS</i>	1B	
<i>itraconazole CAPS</i>	1B	QL(4 ea daily); PA
<i>itraconazole SOLN</i>	1B	QL(20 ml daily); PA
<i>ketoconazole</i>	1B	
NOXAFIL SUSP ( <i>posaconazole</i> )	3	QL(20 ml daily)

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

Ambetter Formulary Updated December 1, 2024

Drug Name	Drug Tier	Requirements/Limits
QUZYTIR SOLN IV	3	PA
Antihistamines - Phenothiazines		
<i>promethazine hcl SOLN OR 6.25 MG/5ML</i>	1B	
<i>promethazine hcl SUPP 50 MG</i>	1B	
<i>promethazine hcl SUPP 12.5 MG, 25 MG</i>	1B	QL(6 ea daily)
<i>promethazine hcl TABS</i>	1B	
Antihistamines - Piperidines		
<i>cyproheptadine hcl SYRP</i>	1B	
<i>cyproheptadine hcl TABS</i>	1B	
<b>ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol</b>		
Antihyperlipidemics - Combinations		
<i>ezetimibe-simvastatin</i>	1B	QL(1 ea daily)
Antihyperlipidemics - Misc.		
<i>icosapent ethyl 1 GM</i>	1B	QL(4 ea daily); PA
<i>omega-3-acid ethyl esters</i>	1B	QL(4 ea daily)
Bile Acid Sequestrants		
<i>cholestyramine light PACK</i>	1B	QL(6 ea daily)
<i>cholestyramine light POWD</i>	1B	QL(24 gm daily)
<i>cholestyramine PACK</i>	1B	QL(6 ea daily)
<i>cholestyramine POWD</i>	1B	QL(25.2 gm daily)
<i>colesevelam hcl PACK</i>	1B	QL(1 ea daily); PA
<i>colesevelam hcl TABS</i>	1B	QL(7 ea daily)
<i>colestipol hcl GRAN</i>	1B	QL(6 gm daily)
<i>colestipol hcl PACK</i>	1B	QL(6 ea daily)
<i>colestipol hcl TABS</i>	1B	QL(16 ea daily)
Fibric Acid Derivatives		
<i>choline fenofibrate</i>	1B	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate micronized 43 MG, 67 MG, 130 MG, 134 MG, 200 MG</i>	1B	QL(1 ea daily)
<i>fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG</i>	1B	QL(1 ea daily)
<i>gemfibrozil TABS</i>	1B	QL(2 ea daily)
HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium TABS</i>	1B	QL(1 ea daily)
<i>fluvastatin sodium CAPS 20 MG</i>	1B	QL(1 ea daily)
<i>fluvastatin sodium CAPS 40 MG</i>	1B	QL(2 ea daily)
<i>lovastatin TABS 10 MG, 20 MG</i>	1B	\$0 copay for generic only, age 40 to 76; QL(1 ea daily); PV
<i>lovastatin TABS 40 MG</i>	1B	\$0 copay for generic only, age 40 to 76; QL(2 ea daily); PV
<i>pravastatin sodium</i>	1B	QL(1 ea daily)
<i>rosuvastatin calcium TABS</i>	3	QL(1 ea daily)
<i>simvastatin TABS</i>	1B	QL(1 ea daily)
Intestinal Cholesterol Absorption Inhibitors		
<i>ezetimibe</i>	1B	QL(1 ea daily)
Nicotinic Acid Derivatives		
<i>niacin (antihyperlipidemic) TBCR</i>	1B	QL(2 ea daily)
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors		
REPATHA PUSHTRONEX SYSTEM SOCT	4	QL(0.25 ml daily); PA
REPATHA SURECLICK SOAJ	4	QL(0.0714 ml daily); PA
REPATHA SOSY	4	QL(0.0714 ml daily); PA
<b>ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure</b>		

Ambetter Formulary Updated December 1, 2024



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

Ambetter Formulary Updated December 1, 2024

Drug Name	Drug Tier	Requirements/Limits
<i>losartan potassium &amp; hydrochlorothiazide 12.5 MG-50 MG</i>	1B	QL(2 ea daily)
<i>metoprolol &amp; hydrochlorothiazide TABS 25 MG-100 MG, 50 MG-100 MG</i>	1B	
<i>metoprolol &amp; hydrochlorothiazide TABS 25 MG-50 MG</i>	1B	QL(1 ea daily)
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	1B	ST
<i>olmesartan medoxomil-hydrochlorothiazide</i>	1B	
<i>quinapril-hydrochlorothiazide 12.5 MG-20 MG</i>	1B	QL(4 ea daily)
<i>quinapril-hydrochlorothiazide 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 240 MG-2 MG, 240 MG-4 MG</i>	3	QL(1 ea daily)
<i>trandolapril-verapamil hcl 180 MG-2 MG, 240 MG-1 MG</i>	3	
<i>valsartan-hydrochlorothiazide</i>	1B	QL(1 ea daily)
Antihypertensives - Misc.		
VECAMYL	3	PA
Direct Renin Inhibitors		
<i>aliskiren fumarate</i>	1B	QL(1 ea daily)
Selective Aldosterone Receptor Antagonists (SARAs)		

Drug Name	Drug Tier	Requirements/Limits
<i>eplerenone</i>	1B	
Vasodilators		
<i>hydralazine hcl SOLN</i>	1B	
<i>hydralazine hcl TABS</i>	1B	
<i>minoxidil 2.5 MG, 10 MG</i>	1B	
<b>ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections</b>		
Anti-infective Agents - Misc.		
<i>bacitracin</i>	3	
IMPAVIDO	3	QL(3 ea daily); PA
<i>metronidazole TABS</i>	1B	
<i>trimethoprim TABS</i>	1B	
XIFAXAN 200 MG	3	QL(3 ea daily; 9 ea per 3 day(s) retail; 9 ea per 3 days mail); AL(At least 12 yrs old); PA
XIFAXAN 550 MG	3	QL(3 ea daily); AL(At least 12 yrs old); PA
Anti-infective Misc. - Combinations		
<i>sulfamethoxazole-trimethoprim SOLN</i>	1B	
<i>sulfamethoxazole-trimethoprim SUSP</i>	1B	
<i>sulfamethoxazole-trimethoprim TABS</i>	1A	
Antiprotozoal Agents		
ALINIA SUSR	2	PA
<i>atovaquone</i>	1B	
<i>nitazoxanide TABS</i>	1B	PA
Carbapenems		
<i>ertapenem sodium IJ</i>	1B	
<i>imipenem-cilastatin IV</i>	1B	
<i>meropenem</i>	1B	

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

Drug Name	Drug Tier	Requirements/Limits
<b>Urinary Anti-infectives</b>		
<i>fosfomicin tromethamine</i>	1B	
<i>methenamine hippurate</i>	1B	
<i>nitrofurantoin</i>	1B	
<i>nitrofurantoin macrocrystal 50 MG, 100 MG</i>	1B	
<i>nitrofurantoin monohyd macro</i>	1B	
<b>ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)</b>		
<b>Antimalarial Combinations</b>		
<i>atovaquone-proguanil hcl</i>	1B	Covered for malaria treatment only. Limit 1 fill every 180 days; QL(12 ea per fill retail; 12 per fill mail); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
COARTEM	2	Covered for malaria treatment only. Limit 1 fill every 180 days; QL(24 ea per fill retail; 24 per fill mail); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
<b>Antimalarials</b>		
<i>chloroquine phosphate TABS 500 MG</i>	1B	
<i>chloroquine phosphate TABS 250 MG</i>	1B	QL(3 ea daily)
<i>hydroxychloroquine sulfate 400 MG</i>	1B	QL(1 ea daily)

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

Drug Name	Drug Tier	Requirements/Limits
PASER PACK	3	QL(3 ea daily)
PRIFTIN	3	
<i>pyrazinamide</i>	1B	
<i>rifabutin</i>	1B	PA
<i>rifampin CAPS</i>	1B	
<i>rifampin SOLR</i>	1B	
SIRTURO	3	PA
TRECTOR	3	QL(4 ea daily)
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
<i>bendamustine hcl SOLR</i>	4	SP; PA
<i>busulfan SOLN</i>	4	SP; PA
<i>carboplatin SOLN 50 MG/5ML</i>	4	SP; PA
<i>carmustine</i>	4	SP; PA
<i>cisplatin SOLN 100 MG/100ML</i>	4	SP; PA
<i>cyclophosphamide CAPS</i>	1B	PA
<i>cyclophosphamide SOLR IJ</i>	4	
GLEOSTINE 40 MG, 100 MG	4	PA
GLEOSTINE 10 MG	4	SP; PA
<i>ifosfamide SOLN 1 GM/20ML</i>	4	SP; PA
<i>ifosfamide SOLR</i>	4	SP; PA
LEUKERAN	4	SP; PA
<i>melphalan</i>	1B	
<i>melphalan hcl IV</i>	1B	
MYLERAN TABS	4	SP; PA
<i>oxaliplatin SOLN 50 MG/10ML, 100 MG/20ML</i>	4	SP; PA
TEMODAR SOLR	4	
<i>temozolomide CAPS</i>	4	SP; PA
<i>thiotepa 15 MG</i>	4	SP; PA
ZANOSAR	4	SP; PA

Ambetter Formulary Updated December 1, 2024

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

Ambetter Formulary Updated December 1, 2024

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

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

Ambetter Formulary Updated December 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PIQRAY 200MG DAILY DOSE	4	PA	VITRAKVI SOLN	4	PA
PIQRAY 250MG DAILY DOSE	4	PA	VOTRIENT ( <i>pazopanib hcl</i> )	4	QL(4 ea daily); SP; PA
PIQRAY 300MG DAILY DOSE	4	PA	XALKORI CAPS	4	QL(2 ea daily); SP; PA
QINLOCK	4	PA	XOSPATA	4	PA
RETEVMO CAPS	4	PA	ZEJULA CAPS	4	QL(3 ea daily); PA
<i>romidepsin SOLR</i>	4	SP; PA	ZEJULA TABS 200 MG, 300 MG	4	QL(1 ea daily); PA
ROZLYTREK CAPS	4	PA	ZEJULA TABS 100 MG	4	QL(3 ea daily); PA
RUBRACA	4	QL(4 ea daily); PA	ZELBORAF	4	SP; PA
SCSEMBLIX 40 MG	4	QL(10 ea daily); PA	ZOLINZA	4	QL(4 ea daily); SP; PA
SCSEMBLIX 20 MG	4	QL(2 ea daily); PA	ZYDELIG	4	QL(2 ea daily); PA
SCSEMBLIX 100 MG	4	QL(4 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	PA	<i>hydroxyurea</i>	1B	
TAFINLAR TBSO	4	PA	MATULANE	4	SP; PA
TALZENNA	4	QL(1 ea daily); PA	NIPENT	4	SP; PA
TASIGNA 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	PA	KEPIVANCE 6.25 MG	4	SP; PA
VITRAKVI CAPS	4	PA	Chemotherapy Rescue/Antidote/Protective Agents		
			<i>leucovorin calcium SOLR</i>	1B	

Ambetter Formulary Updated December 1, 2024



Drug Name	Drug Tier	Requirements/Limits
<i>leucovorin calcium TABS</i>	1B	
VORAXAZE	4	SP; PA
<b>Mitotic Inhibitors</b>		
<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
<b>Topoisomerase I Inhibitors</b>		
HYCAMTIN CAPS	4	SP; PA
<i>irinotecan hcl 40 MG/2ML, 100 MG/5ML</i>	4	SP; PA
<i>topotecan hcl SOLN</i>	4	
<i>topotecan hcl SOLR</i>	4	
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease</b>		
<b>Antiparkinson Adjunctive Therapy</b>		
<i>carbidopa</i>	1B	
<b>Antiparkinson Anticholinergics</b>		
<i>benztropine mesylate SOLN</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>benztropine mesylate TABS</i>	1B	
<i>trihexyphenidyl hcl SOLN</i>	1B	
<i>trihexyphenidyl hcl TABS</i>	1B	
<b>Antiparkinson COMT Inhibitors</b>		
<i>entacapone</i>	1B	QL(8 ea daily)
<i>tolcapone</i>	1B	
<b>Antiparkinson Dopaminergics</b>		
<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 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG</i>	1B	
<i>pramipexole dihydrochloride TABS 0.125 MG</i>	1B	QL(4 ea daily)
<i>ropinirole hydrochloride TABS</i>	1B	
<i>ropinirole hydrochloride TB24 8 MG, 12 MG</i>	1B	QL(2 ea daily); ST
<i>ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG</i>	1B	QL(1 ea daily); ST
<b>Antiparkinson Monoamine Oxidase Inhibitors</b>		
<i>rasagiline mesylate</i>	1B	QL(1 ea daily); PA

Ambetter Formulary Updated December 1, 2024

Drug Name	Drug Tier	Requirements/Limits
<i>selegiline hcl CAPS</i>	1B	
<i>selegiline hcl TABS</i>	1B	
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders</b>		
<b>Antimanic Agents</b>		
<i>lithium</i>	1B	
<i>lithium carbonate CAPS</i>	1B	
<i>lithium carbonate TABS</i>	1B	
<i>lithium carbonate TBCR</i>	1B	
<b>Antipsychotics - Misc.</b>		
EQUETRO 200 MG	3	QL(8 ea daily); ST
EQUETRO 300 MG	3	QL(4 ea daily); ST
EQUETRO 100 MG	3	QL(2 ea daily); ST
<i>lurasidone hcl 80 MG</i>	1B	QL(2 ea daily)
<i>lurasidone hcl 20 MG, 40 MG, 60 MG, 120 MG</i>	1B	QL(1 ea daily)
<i>ziprasidone hcl</i>	1B	QL(2 ea daily); AL(At least 18 yrs old)
<b>Benzisoxazoles</b>		
FANAPT	2	QL(2 ea daily); PA
FANAPT TITRATION PACK	2	PA
<i>paliperidone 6 MG</i>	1B	QL(2 ea daily)
<i>paliperidone 1.5 MG, 3 MG, 9 MG</i>	1B	QL(1 ea daily)
PERSERIS PRSY	2	QL(0.072 ea daily); PA
RISPERDAL CONSTA ( <i>risperidone microspheres</i> )	2	QL(0.072 ea daily); PA
<i>risperidone microspheres</i>	1B	QL(0.072 ea daily); PA
<i>risperidone SOLN</i>	1B	QL(8 ml daily)
<i>risperidone TABS</i>	1B	QL(4 ea daily)
<i>risperidone TBDP</i>	1B	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<b>Butyrophenones</b>		
<i>haloperidol decanoate</i>	1B	QL(0.036 ml daily)
<i>haloperidol lactate CONC</i>	1B	
<i>haloperidol lactate SOLN</i>	1B	
<i>haloperidol TABS</i>	1B	
<b>Dibenzapines</b>		
<i>asenapine maleate 5 MG, 10 MG</i>	1B	QL(2 ea daily); PA
<i>asenapine maleate 2.5 MG</i>	1B	QL(4 ea daily); PA
<i>clozapine TABS</i>	1B	
<i>clozapine TBDP 25 MG</i>	1B	QL(3 ea daily)
<i>clozapine TBDP 12.5 MG, 150 MG</i>	1B	QL(6 ea daily)
<i>clozapine TBDP 100 MG</i>	1B	QL(9 ea daily)
<i>loxapine succinate</i>	1B	
<i>olanzapine SOLR</i>	1B	QL(0.215 ea daily)
<i>olanzapine TABS 7.5 MG, 10 MG, 15 MG, 20 MG</i>	1B	QL(2 ea daily)
<i>olanzapine TABS 2.5 MG, 5 MG</i>	1B	QL(4 ea daily)
<i>olanzapine TBDP 5 MG, 10 MG, 15 MG</i>	1B	QL(2 ea daily)
<i>olanzapine TBDP 20 MG</i>	1B	QL(1 ea daily)
<i>quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG</i>	1B	QL(4 ea daily); AL(At least 10 yrs old)
<i>quetiapine fumarate TABS 300 MG, 400 MG</i>	1B	QL(2 ea daily); AL(At least 10 yrs old)
<i>quetiapine fumarate TB24 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)
<b>Phenothiazines</b>		
<i>chlorpromazine hcl SOLN</i>	3	
<i>chlorpromazine hcl TABS</i>	1B	
<i>fluphenazine hcl CONC</i>	1B	

Ambetter Formulary Updated December 1, 2024

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>fluphenazine hcl ELIX</i>	1B		<i>efavirenz CAPS 50 MG</i>	1B	QL(3 ea daily)
<i>fluphenazine hcl SOLN</i>	1B		<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	1B	QL(1 ea daily)
<i>fluphenazine hcl TABS</i>	1B		<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	1B	QL(1 ea daily)
<i>perphenazine TABS</i>	1B		<i>efavirenz TABS</i>	1B	QL(1 ea daily)
<i>prochlorperazine</i>	1B		<i>emtricitabine CAPS</i>	1B	QL(1 ea daily)
<i>prochlorperazine maleate TABS</i>	1B		<i>emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG</i>	1B	QL(1 ea daily)
<i>thioridazine hcl</i>	1B		<i>emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG</i>	0	QL(1 ea daily)
<i>trifluoperazine hcl TABS</i>	1B		EMTRIVA SOLN	3	QL(24 ml daily)
<b>Quinolinone Derivatives</b>			<i>etravirine 100 MG</i>	1B	QL(4 ea daily)
<i>aripiprazole SOLN OR</i>	1B	QL(30 ml daily); AL(At least 6 yrs old)	<i>etravirine 200 MG</i>	1B	QL(2 ea daily)
<i>aripiprazole TABS</i>	1B	QL(1 ea daily); AL(At least 6 yrs old)	EVOTAZ	3	QL(1 ea daily)
REXULTI	3	PA	<i>fosamprenavir calcium TABS</i>	1B	QL(4 ea daily)
<b>Thioxanthenes</b>			FUZEON SOLR	4	SP; PA
<i>thiothixene</i>	1B		GENVOYA	3	QL(1 ea daily)
<b>ANTIVIRALS - Drugs to Treat Viral Infections</b>			INTELENCE 25 MG	3	QL(8 ea daily)
<b>Antiretrovirals</b>			ISENTRESS HD TABS	3	QL(2 ea daily)
<i>abacavir sulfate-lamivudine</i>	1B	QL(1 ea daily)	ISENTRESS CHEW	3	QL(6 ea daily)
<i>abacavir sulfate SOLN</i>	1B	QL(32 ml daily)	ISENTRESS TABS	3	QL(2 ea daily)
<i>abacavir sulfate TABS</i>	1B	QL(2 ea daily)	JULUCA	3	QL(1 ea daily)
APTIVUS CAPS	3	QL(4 ea daily)	<i>lamivudine SOLN</i>	1B	QL(30 ml daily)
<i>atazanavir sulfate CAPS 150 MG, 300 MG</i>	1B	QL(1 ea daily)	<i>lamivudine TABS 150 MG</i>	1B	QL(2 ea daily)
<i>atazanavir sulfate CAPS 200 MG</i>	1B	QL(2 ea daily)	<i>lamivudine TABS 300 MG</i>	1B	QL(1 ea daily)
BIKTARVY	3	QL(1 ea daily)	<i>lamivudine-zidovudine</i>	1B	QL(2 ea daily)
CIMDUO	3	QL(1 ea daily); ST	LEXIVA SUSP	3	QL(56 ml daily)
COMPLERA	3	QL(1 ea daily)	<i>lopinavir-ritonavir SOLN</i>	1B	QL(12.5 ml daily)
<i>darunavir TABS</i>	1B		<i>lopinavir-ritonavir TABS</i>	1B	QL(4 ea daily)
DELSTRIGO	3	QL(1 ea daily)	<i>maraviroc TABS 150 MG</i>	1B	QL(2 ea daily)
DOVATO	3	QL(1 ea daily)	<i>maraviroc TABS 300 MG</i>	1B	QL(4 ea daily)
EDURANT	3	QL(1 ea daily)	<i>nevirapine SUSP</i>	1B	QL(40 ml daily)
<i>efavirenz CAPS 200 MG</i>	1B	QL(2 ea daily)			

Ambetter Formulary Updated December 1, 2024

Drug Name	Drug Tier	Requirements/Limits
<i>nevirapine TABS</i>	1B	QL(2 ea daily)
<i>nevirapine TB24 100 MG</i>	1B	QL(3 ea daily)
<i>nevirapine TB24 400 MG</i>	1B	QL(1 ea daily)
NORVIR CAPS	2	QL(12 ea daily)
NORVIR PACK	3	QL(12 ea daily)
NORVIR SOLN	3	QL(15 ml daily)
ODEFSEY	3	QL(1 ea daily)
PIFELTRO	3	QL(1 ea daily)
PREZCOBIX	3	QL(1 ea daily)
PREZISTA SUSP	3	QL(12 ml daily)
PREZISTA TABS 75 MG, 150 MG	3	QL(2 ea daily)
PREZISTA TABS ( <i>darunavir</i> )	3	
RETROVIR IV INFUSION SOLN	3	
<i>ritonavir TABS</i>	1B	QL(12 ea daily)
RUKOBIA	4	PA
SELZENTRY SOLN	3	QL(30 ml daily)
SELZENTRY TABS 25 MG, 75 MG	3	QL(2 ea daily)
<i>stavudine CAPS</i>	1B	QL(2 ea daily)
STRIBILD	3	QL(1 ea daily)
<i>tenofovir disoproxil fumarate TABS</i>	1B	
TIVICAY TABS	3	QL(2 ea daily)
TRIUMEQ TABS	3	QL(1 ea daily)
TRIZIVIR	3	QL(2 ea daily)
TYBOST	3	QL(1 ea daily)
VIRACEPT TABS 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 CAPS</i>	1B	QL(6 ea daily)
<i>zidovudine SYRP</i>	1B	QL(60 ml daily)
<i>zidovudine TABS</i>	1B	QL(2 ea daily)
CMV Agents		

Drug Name	Drug Tier	Requirements/Limits
<i>cidofovir</i>	3	
<i>ganciclovir sodium SOLR</i>	1B	
<i>valganciclovir hcl TABS</i>	1B	QL(4 ea daily); PA
Hepatitis Agents		
<i>adefovir dipivoxil</i>	4	QL(1 ea daily); SP
BARACLUDE SOLN	4	QL(20 ml daily); SP; PA
<i>entecavir TABS</i>	4	QL(1 ea daily); SP
EPIVIR HBV SOLN	4	QL(60 ml daily); SP; PA
<i>lamivudine (hbv) TABS</i>	1B	QL(3 ea daily); SP
PEGASYS SOLN	4	QL(0.0714 ml daily); SP; PA
PEGASYS SOSY	4	QL(0.072 ml daily); PA
<i>ribavirin (hepatitis c) CAPS</i>	1B	QL(7 ea daily)
<i>ribavirin (hepatitis c) TABS 200 MG</i>	1B	QL(7 ea daily)
SOFOSBUVIR/VELPATA SVIR TABS	1B	QL(1 ea daily); PA
SOVALDI TABS 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 CAPS</i>	1A	QL(5 ea daily; 50 ea per fill retail; 50 per fill mail)
<i>acyclovir SUSP</i>	1B	QL(13.34 ml daily)
<i>acyclovir TABS OR</i>	1B	QL(5 ea daily)
<i>famciclovir 125 MG, 250 MG</i>	1B	QL(3 ea daily)
<i>famciclovir 500 MG</i>	1B	QL(4 ea daily)
<i>valacyclovir hcl 500 MG</i>	1B	QL(2 ea daily)

Ambetter Formulary Updated December 1, 2024

Drug Name	Drug Tier	Requirements/Limits
<i>valacyclovir hcl 1 GM, 1000 MG</i>	1B	QL(4 ea daily)
<b>Influenza Agents</b>		
<i>oseltamivir phosphate CAPS</i>	1B	Limit 1 fill every 90 days.; QL(10 ea per fill retail; 10 per fill mail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
<i>oseltamivir phosphate SUSR</i>	1B	Limit 1 fill every 90 days.; QL(125 ml per fill retail); 1 max fill(s) per 90 day(s) retail
RELENZA DISKHALER	2	1 package(s) per 30 day(s) retail
<i>rimantadine hydrochloride TABS</i>	1B	QL(2 ea daily)
<b>BETA BLOCKERS - Drugs to Treat High Blood Pressure</b>		
<b>Alpha-Beta Blockers</b>		
<i>carvedilol</i>	1B	
<i>carvedilol phosphate</i>	3	QL(1 ea daily)
<i>labetalol hcl SOLN</i>	1B	
<i>labetalol hcl TABS 100 MG, 200 MG</i>	1B	
<i>labetalol hcl TABS 300 MG</i>	1B	QL(8 ea daily)
<b>Beta Blockers Cardio-Selective</b>		
<i>acebutolol hcl CAPS</i>	1B	
<i>atenolol TABS</i>	1B	
<i>betaxolol hcl</i>	1B	
<i>bisoprolol fumarate</i>	1B	
<i>metoprolol succinate TB24 25 MG, 50 MG, 100 MG</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>metoprolol succinate TB24 200 MG</i>	1B	QL(2 ea daily)
<i>metoprolol tartrate SOLN IV 5 MG/5ML</i>	1B	
<i>metoprolol tartrate TABS 25 MG, 50 MG, 100 MG</i>	1B	
<i>nebivolol hcl 2.5 MG, 5 MG, 10 MG</i>	3	QL(1 ea daily)
<i>nebivolol hcl 20 MG</i>	3	QL(2 ea daily)
<b>Beta Blockers Non-Selective</b>		
HEMANGEOL SOLN OR	4	QL(75 ml daily); PA
<i>nadolol TABS 20 MG</i>	1B	QL(3 ea daily)
<i>nadolol TABS 80 MG</i>	1B	
<i>nadolol TABS 40 MG</i>	1B	QL(6 ea daily)
<i>pindolol TABS</i>	1B	
<i>propranolol hcl CP24</i>	1B	QL(2 ea daily)
<i>propranolol hcl SOLN OR 20 MG/5ML, 40 MG/5ML</i>	1B	
<i>propranolol hcl TABS</i>	1B	
<i>sotalol hcl (afib/afI)</i>	1B	
<i>sotalol hcl TABS 80 MG, 120 MG, 160 MG</i>	1B	QL(2 ea daily)
<i>sotalol hcl TABS 240 MG</i>	1B	
<i>timolol maleate TABS</i>	1B	
<b>CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure</b>		
<b>Calcium Channel Blockers</b>		
<i>amlodipine besylate TABS</i>	1B	
<i>diltiazem hcl coated beads CP24 120 MG, 300 MG, 360 MG</i>	1B	
<i>diltiazem hcl coated beads CP24 180 MG, 240 MG</i>	1B	QL(2 ea daily)
<i>diltiazem hcl extended release beads</i>	1B	
<i>diltiazem hcl CP12</i>	1B	QL(2 ea daily)
<i>diltiazem hcl CP24</i>	1B	

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 10 MG</i>	1B	
<i>nifedipine CAPS 20 MG</i>	1B	QL(9 ea daily)
<i>nifedipine TB24 60 MG</i>	1B	QL(2 ea daily)
<i>nifedipine TB24 90 MG</i>	1B	QL(1 ea daily)
<i>nifedipine TB24</i>	1B	
<i>nimodipine CAPS</i>	1B	
<i>nisoldipine</i>	1B	
<i>verapamil hcl CP24 100 MG, 200 MG, 300 MG</i>	1B	
<i>verapamil hcl CP24 120 MG, 180 MG, 240 MG, 360 MG</i>	1B	QL(1 ea daily)
<i>verapamil hcl SOLN 2.5 MG/ML</i>	1B	
<i>verapamil hcl TABS</i>	1B	
<i>verapamil hcl TBCR</i>	1B	
<b>CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm</b>		
Cardiac Glycosides		
<i>digoxin SOLN OR 0.05 MG/ML</i>	1B	
<i>digoxin TABS 0.0625 MG, 0.125 MG, 0.25 MG, 62.5 MCG, 125 MCG, 250 MCG</i>	1B	
LANOXIN SOLN IJ ( <i>digoxin</i> )	2	
LANOXIN TABS 62.5 MCG, 125 MCG, 250 MCG ( <i>digoxin</i> )	2	

Drug Name	Drug Tier	Requirements/Limits
<b>CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions</b>		
Cardiovascular Agents Misc. - Combinations		
<i>amlodipine besylate-atorvastatin calcium</i>	1B	QL(1 ea daily)
<i>isosorbide dinitrate-hydralazine hcl</i>	1B	
Impotence Agents		
<i>avanafil</i>	1B	QL(0.134 ea daily)
<i>sildenafil citrate</i>	1B	QL(0.1334 ea daily); PA
STENDRA	3	QL(0.134 ea daily)
<i>tadalafil 5 MG</i>	1B	BPH Only; QL(1 ea daily); PA
Prostaglandin Vasodilators		
<i>epoprostenol sodium</i>	4	PA
ORENITRAM TBCR	4	PA
<i>treprostinil SOLN IJ</i>	4	SP; PA
TYVASO REFILL KIT SOLN IN	4	PA
TYVASO STARTER KIT SOLN IN	4	PA
TYVASO SOLN IN	4	PA
Pulmonary Hypertension - Endothelin Receptor Antagonists		
<i>ambrisentan</i>	4	QL(1 ea daily); SP; PA
<i>bosentan TABS 62.5 MG</i>	4	QL(2 ea daily); PA
<i>bosentan TABS 125 MG</i>	4	QL(2 ea daily); SP; PA
OPSUMIT	4	QL(1 ea daily); PA
TRACLEER TBSO	4	QL(2 ea daily); SP; PA
Pulmonary Hypertension - Phosphodiesterase Inhibitors		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>sildenafil citrate (pulmonary hypertension) SOLN</i>	4	QL(37.5 ml daily); SP; PA	<i>cefadroxil CAPS</i>	1B	
<i>sildenafil citrate (pulmonary hypertension) SUSR</i>	4	QL(6 ml daily); PA	<i>cefadroxil SUSR</i>	1B	
<i>sildenafil citrate (pulmonary hypertension) TABS</i>	4	QL(3 ea daily); SP; PA	<i>cefadroxil TABS</i>	1B	
<i>tadalafil (pulmonary hypertension) TABS</i>	4	QL(2 ea daily); SP; PA	<i>cefazolin sodium SOLR IJ 1 GM, 10 GM, 500 MG</i>	1B	
<b>Pulmonary Hypertension - Prostacyclin Receptor Agonist</b>			<i>cephalexin CAPS</i>	1B	
UPTRAVI TITRATION PACK TBPK	4	1 max fill(s) per 180 day(s) retail; PA	<i>cephalexin SUSR</i>	1B	
UPTRAVI TABS 200 MCG	4	PA	<b>Cephalosporins - 2nd Generation</b>		
UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG	4	QL(2 ea daily); PA	<i>cefaclor CAPS</i>	1B	
<b>Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator</b>			<i>cefaclor SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML</i>	1B	
ADEMPAS	4	QL(3 ea daily); PA	<i>cefotetan disodium IJ 1 GM, 2 GM</i>	1B	
<b>Sinus Node Inhibitors</b>			<i>cefoxitin sodium IV 1 GM, 2 GM</i>	1B	
CORLANOR SOLN	3	QL(15 ml daily); PA	<i>cefprozil SUSR</i>	1B	
CORLANOR TABS ( <i>ivabradine hcl</i> )	3	QL(2 ea daily); PA	<i>cefprozil TABS</i>	1B	
<i>ivabradine hcl TABS</i>	1B	QL(2 ea daily); PA	<i>cefuroxime axetil TABS</i>	1B	
<b>Transthyretin Stabilizers</b>			<i>cefuroxime sodium IJ 750 MG</i>	1B	
VYNDAMAX	4	QL(1 ea daily); PA	<b>Cephalosporins - 3rd Generation</b>		
VYNDAQEL	4	QL(4 ea daily); PA	<i>cefdinir CAPS</i>	1B	
<b>CEPHALOSPORINS - Drugs to Treat Bacterial Infections</b>			<i>cefdinir SUSR</i>	1B	
<b>Cephalosporins - 1st Generation</b>			<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	
			<b>Cephalosporins - 4th Generation</b>		

Ambetter Formulary Updated December 1, 2024

Drug Name	Drug Tier	Requirements/ Limits
<i>cefepime hcl SOLR IV 2 GM</i>	1B	
Cephalosporins - 5th Generation		
TEFLARO	3	
<b>CONTRACEPTIVES - Drugs to Prevent Pregnancy</b>		
Combination Contraceptives - Oral		
BALCOLTRA ( <i>levonorgestrel-ethinyl estradiol-iron</i> )	0	
<i>desogestrel &amp; ethinyl estradiol</i>	0	
<i>desogestrel-ethinyl estradiol (biphasic)</i>	0	
<i>desogestrel-ethinyl estradiol (triphasic)</i>	0	
<i>drospirenone-ethinyl estradiol</i>	0	
<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>	0	
<i>ethynodiol diacet &amp; eth estrad</i>	0	
FEMLYV TBDP	0	
<i>levonorgestrel &amp; eth estradiol TABS</i>	0	
<i>levonorgestrel-eth estradiol (triphasic)</i>	0	
<i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i>	0	
<i>levonorgestrel-ethinyl estradiol (continuous)</i>	0	
<i>levonorgestrel-ethinyl estradiol-iron</i>	0	
LO LOESTRIN FE TABS	0	
NATAZIA	0	
NEXTSTELLIS	0	
<i>norethin acet &amp; estrad-fe CAPS</i>	0	
<i>norethin acet &amp; estrad-fe CHEW</i>	0	

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

Ambetter Formulary Updated December 1, 2024



Drug Name	Drug Tier	Requirements/ Limits
<b>Progestin Contraceptives - Implants</b>		
NEXPLANON	0	
<b>Progestin Contraceptives - Injectable</b>		
DEPO-SUBQ PROVERA 104 SUSY SC	0	
<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)
<b>Progestin Contraceptives - IUD</b>		
KYLEENA	0	
LILETTA 20.1 MCG/DAY	0	
MIRENA	0	
SKYLA	0	
<b>Progestin Contraceptives - Oral</b>		
<i>norethindrone (contraceptive)</i>	0	
OPILL	0	
SLYND	0	QL(1 ea daily)
<b>CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions</b>		
<b>Glucocorticosteroids</b>		
<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	

Drug Name	Drug Tier	Requirements/ Limits
<i>dexamethasone SOLN</i>	1B	
<i>dexamethasone TABS 0.5 MG, 0.75 MG</i>	1A	
<i>dexamethasone TABS 1 MG, 1.5 MG, 2 MG, 4 MG, 6 MG</i>	1B	
EMFLAZA SUSP ( <i>deflazacort</i> )	4	PA
EMFLAZA TABS ( <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 250 MG	3	
SOLU-CORTEF 100 MG, 500 MG, 1000 MG	3	2 max fill(s) per 30 day(s) retail
SOLU-MEDROL 2 GM	3	

Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide SUSP 40 MG/ML, 200 MG/5ML, 400 MG/10ML</i>	1B	
Mineralocorticoids		
<i>fludrocortisone acetate TABS</i>	1B	
<b>COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms</b>		
Antitussives		
<i>benzonatate 100 MG</i>	1B	QL(6 ea daily)
<i>benzonatate 150 MG</i>	1B	QL(4 ea daily)
<i>benzonatate 200 MG</i>	1B	QL(3 ea daily)
Cough/Cold/Allergy Combinations		
<i>hydrocodone polistirex-chlorpheniramine polistirex SUER</i>	1B	
TUZISTRA XR	2	PA
Misc. Respiratory Inhalants		
HYPERSAL NEBU	1B	
NEBUSAL NEBU	1B	
<i>sodium chloride (inhalant) NEBU 7 %</i>	1B	
Mucolytics		
<i>acetylcysteine SOLN</i>	1B	
<b>DERMATOLOGICALS - Drugs to Treat Skin Conditions</b>		
Acne Products		
<i>adapalene-benzoyl peroxide GEL 2.5 %-0.1 %</i>	1B	AL(At least 12 yrs old); ST
<i>adapalene CREA</i>	1B	AL(At least 12 yrs old); ST
<i>adapalene GEL</i>	1B	AL(At least 12 yrs old); ST; RX/OTC

Drug Name	Drug Tier	Requirements/Limits
AZELEX	3	QL(50 gm per 30 day(s) retail; 50 gm per 30 days mail); AL(At least 12 yrs old); ST
BENZEPRO CREAMY WASH LIQD	2	AL(At least 12 yrs old); RX/OTC
BENZEPRO FOAM 5.3 %	2	AL(At least 12 yrs old); RX/OTC
<i>benzoyl peroxide-erythromycin GEL</i>	1B	AL(At least 12 yrs old); PA
<i>benzoyl peroxide FOAM 5.3 %, 9.8 %</i>	1B	AL(At least 12 yrs old); RX/OTC
<i>benzoyl peroxide GEL 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

Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin (acne aid) PADS</i>	1B	AL(At least 12 yrs old)
<i>erythromycin (acne aid) SOLN</i>	1B	AL(At least 12 yrs old)
<i>isotretinoin 10 MG, 20 MG, 30 MG, 40 MG</i>	3	AL(At least 12 yrs old); PA
PR BENZOYL PEROXIDE WASH LIQD	2	AL(At least 12 yrs old); RX/OTC
<i>sulfacetamide sodium (acne)</i>	1B	AL(At least 12 yrs old)
<i>sulfacetamide sodium w/ sulfur CREA 10 %-5 %</i>	1B	AL(At least 12 yrs old)
<i>sulfacetamide sodium w/ sulfur LIQD 9 %-4.5 %</i>	1B	AL(At least 12 yrs old); ST
<i>sulfacetamide sodium w/ sulfur LIQD 10 %-5 %</i>	1B	AL(At least 12 yrs old)
<i>sulfacetamide sodium-sulfur in urea vehicle EMUL 10 %-10 %-4 %</i>	1B	AL(At least 12 yrs old)
<i>tretinoin microsphere 0.1 %</i>	1B	QL(3 gm daily); AL(At least 12 yrs old - Up to 30 yrs old); PA
<i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i>	1B	QL(3 gm daily); AL(At least 12 yrs old - Up to 30 yrs old); PA
<i>tretinoin GEL 0.01 %, 0.025 %</i>	1B	QL(3 gm daily); AL(At least 12 yrs old - Up to 30 yrs old); PA
<b>Agents for External Genital and Perianal Warts</b>		
VEREGEN	3	QL(1 gm daily)
<b>Antibiotics - Topical</b>		
ALTABAX	2	QL(15 gm per 30 day(s) retail; 15 gm per 30 days mail)
<i>gentamicin sulfate (topical) CREA</i>	1B	QL(1 gm daily)
<i>gentamicin sulfate (topical) OINT</i>	1B	
<i>mupirocin OINT</i>	1B	QL(6 gm daily)

Drug Name	Drug Tier	Requirements/Limits
NEO-SYNALAR	3	QL(60 gm per 30 day(s) retail; 60 gm per 30 days mail); PA
<b>Antifungals - Topical</b>		
<i>butenafine hcl</i>	1B	QL(6 gm daily); RX/OTC
<i>ciclopirox olamine CREA</i>	1B	QL(90 gm per fill retail); 1 max fill(s) per 30 day(s) retail
<i>ciclopirox olamine SUSP</i>	1B	
<i>ciclopirox GEL</i>	1B	QL(3.35 gm daily)
<i>ciclopirox SHAM</i>	1B	QL(10 ml daily)
<i>ciclopirox SOLN</i>	1B	QL(0.22 ml daily)
<i>clotrimazole (topical) CREA</i>	1B	QL(4.5 gm daily); RX/OTC
<i>clotrimazole (topical) SOLN</i>	1B	QL(10 ml daily); RX/OTC
<i>clotrimazole w/ betamethasone CREA</i>	1B	QL(8 gm daily)
<i>clotrimazole w/ betamethasone LOTN</i>	1B	
<i>econazole nitrate CREA</i>	1B	QL(85 gm per fill retail; 85 per fill mail)
ERTACZO	3	QL(2.15 gm daily)
<i>ketoconazole (topical) CREA</i>	1B	QL(10 gm daily)
<i>ketoconazole (topical) SHAM 2 %</i>	1B	QL(20 ml daily)
<i>luliconazole</i>	1B	PA
<i>naftifine hcl CREA 2 %</i>	1B	QL(2 gm daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail

Ambetter Formulary Updated December 1, 2024

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>naftifine hcl CREA 1 %</i>	1B	QL(3 gm daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail	<i>diclofenac sodium (actinic keratoses) EX</i>	1B	QL(3.34 gm daily); PA
<i>nystatin (topical) CREA</i>	1B	QL(10 gm daily)	<i>fluorouracil (topical) CREA 5 %</i>	1B	QL(4 gm daily)
<i>nystatin (topical) OINT</i>	1B	QL(6 gm daily)	<i>fluorouracil (topical) SOLN</i>	1B	QL(2 ml daily)
<i>nystatin (topical) POWD EX</i>	1B	QL(10 gm daily)	PANRETIN	3	QL(60 gm per 30 day(s) retail; 60 gm per 30 days mail)
<i>nystatin-triamcinolone CREA</i>	1B	QL(10 gm daily)	<b>Antipruritics - Topical</b>		
<i>nystatin-triamcinolone OINT</i>	1B	QL(4 gm daily)	<i>doxepin hcl (antipruritic)</i>	3	Limit 1 fill every 180 days; QL(45 gm per fill retail; 45 per fill mail); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA
<i>oxiconazole nitrate CREA</i>	1B	Limit 1 Fill per 180 days; QL(3 gm daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail	<b>Antipsoriatics</b>		
OXISTAT LOTN	2	Limit 1 Fill per 180 days; QL(2 ml daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail	<i>acitretin 10 MG, 17.5 MG</i>	1B	QL(1 ea daily)
<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>calcipotriene CREA</i>	1B	QL(4 gm daily); PA
<i>tavaborole</i>	1B	PA	<i>calcipotriene OINT</i>	1B	QL(4 gm daily); PA
<b>Anti-inflammatory Agents - Topical</b>			<i>calcipotriene SOLN</i>	1B	QL(4 ml daily); PA
<i>diclofenac epolamine PTCH EX</i>	1B	QL(2 ea daily); PA	<i>calcitriol (topical)</i>	1B	QL(3.34 gm daily)
<i>diclofenac sodium (topical) GEL EX</i>	1B	QL(3.34 gm daily); RX/OTC	COSENTYX SENSOREADY PEN SOAJ	4	QL(0.072 ml daily); PA
<b>Antineoplastic or Premalignant Lesion Agents - Topical</b>			COSENTYX UNOREADY SOAJ	4	QL(0.072 ml daily); PA
<i>bexarotene (topical)</i>	4	SP; PA	COSENTYX SOSY 150 MG/ML	4	QL(0.072 ml daily); PA
			COSENTYX SOSY 150 MG/ML	4	QL(0.036 ml daily); PA
			COSENTYX SOSY 75 MG/0.5ML	4	QL(0.18 ml daily); PA
			<i>methoxsalen rapid</i>	1B	QL(4 ea daily)

Ambetter Formulary Updated December 1, 2024

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SKYRIZI PEN SOAJ	4	QL(0.025 ml daily); PA	<i>alclometasone dipropionate CREA</i>	1B	QL(2 gm daily)
SKYRIZI SOSY	4	QL(0.025 ml daily); PA	<i>alclometasone dipropionate OINT</i>	1B	QL(3 gm daily)
STELARA SOLN 45 MG/0.5ML	4	QL(0.012 ml daily); PA	<i>amcinonide CREA</i>	1B	QL(60 gm per fill retail; 60 per fill mail); 1 max fill(s) per 30 day(s) retail; 1 max fill(s) per 30 day(s) mail
STELARA SOSY 45 MG/0.5ML	4	QL(0.012 ml daily); PA	<i>amcinonide LOTN</i>	3	
STELARA SOSY 90 MG/ML	4	QL(0.018 ml daily); SP; PA	<i>amcinonide OINT</i>	3	
<i>tazarotene CREA 0.1 %</i>	1B	QL(1 gm daily)	<i>betamethasone dipropionate (topical) CREA</i>	1B	QL(3 gm daily)
TREMFYA SOAJ 200 MG/2ML	4	QL(0.072 ml daily); PA	<i>betamethasone dipropionate (topical) LOTN</i>	1B	
TREMFYA SOAJ 100 MG/ML	4	QL(0.018 ml daily); PA	<i>betamethasone dipropionate (topical) OINT</i>	1B	QL(3 gm daily)
TREMFYA SOLN	4	QL(0.72 ml daily); PA	<i>betamethasone dipropionate augmented CREA</i>	1B	QL(3.5 gm daily)
TREMFYA SOSY 200 MG/2ML	4	QL(0.072 ml daily); PA	<i>betamethasone dipropionate augmented LOTN</i>	1B	QL(5 ml daily)
TREMFYA SOSY 100 MG/ML	4	QL(0.018 ml daily); PA	<i>betamethasone dipropionate augmented OINT</i>	1B	QL(3.5 gm daily)
Antiseborrheic Products			<i>betamethasone valerate CREA</i>	1B	QL(2.5 gm daily)
<i>selenium sulfide LOTN 2.5 %</i>	1B		<i>betamethasone valerate FOAM</i>	1B	QL(1.67 gm daily)
Antivirals - Topical			<i>betamethasone valerate LOTN</i>	1B	QL(5 ml daily)
<i>acyclovir topical CREA</i>	1B	1 package(s) per fill retail; 1 package(s) per fill mail	<i>betamethasone valerate OINT</i>	1B	QL(3 gm daily)
<i>acyclovir topical OINT</i>	1B	1 package(s) per fill retail; 1 package(s) per fill mail	<i>calcipotriene-betamethasone dipropionate OINT</i>	1B	ST
<i>penciclovir</i>	3	QL(0.18 gm daily)			
Burn Products					
<i>mafenide acetate PACK</i>	3				
<i>silver sulfadiazine</i>	1B	QL(20 gm daily)			
SULFAMYLON CREA	3				
Corticosteroids - Topical					

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

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

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

Ambetter Formulary Updated December 1, 2024

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



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

Drug Name	Drug Tier	Requirements/Limits
Thiazides and Thiazide-Like Diuretics		
<i>chlorthalidone 25 MG, 50 MG</i>	1B	
DIURIL SUSP	2	QL(20 ml daily)
<i>hydrochlorothiazide CAPS</i>	1B	QL(2 ea daily)
<i>hydrochlorothiazide TABS 25 MG, 50 MG</i>	1A	QL(2 ea daily)
<i>hydrochlorothiazide TABS 12.5 MG</i>	1B	QL(2 ea daily)
<i>indapamide TABS 1.25 MG</i>	1B	QL(1 ea daily)
<i>indapamide TABS 2.5 MG</i>	1B	QL(2 ea daily)
<i>metolazone</i>	1B	QL(2 ea daily)
<b>ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones</b>		
Bone Density Regulators		
<i>alendronate sodium TABS 35 MG, 70 MG</i>	1B	QL(0.143 ea daily)
<i>alendronate sodium TABS 5 MG, 10 MG</i>	1B	QL(1 ea daily)
<i>calcitonin (salmon) NA</i>	1B	QL(0.14 ml daily)
FORTEO SOPN (teriparatide)	4	QL(0.09 ml daily); SP; PA
FOSAMAX PLUS D	3	QL(0.143 ea daily); PA
<i>ibandronate sodium SOLN</i>	4	SP; PA
<i>ibandronate sodium TABS</i>	1B	QL(0.036 ea daily)
<i>pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML</i>	4	SP; PA
PAMIDRONATE DISODIUM SOLN	4	SP; PA
PROLIA SOSY	4	1 max fill(s) per 180 day(s) retail; SP; PA
<i>risedronate sodium TABS 35 MG</i>	1B	QL(0.143 ea daily); PA

Drug Name	Drug Tier	Requirements/Limits
<i>risedronate sodium TABS 150 MG</i>	1B	QL(0.036 ea daily); PA
<i>risedronate sodium TABS 5 MG, 30 MG</i>	1B	QL(1 ea daily); PA
<i>risedronate sodium TBEC</i>	1B	PA
<i>teriparatide SOPN</i>	4	QL(0.09 ml daily); SP; PA
TERIPARATIDE SOPN	4	QL(0.09 ml daily); PA
TYMLOS	4	PA
XGEVA SOLN	4	SP; PA
<i>zoledronic acid CONC</i>	4	SP; PA
<i>zoledronic acid SOLN</i>	4	SP; PA
Corticotropin		
ACTHAR GEL	3	PA
Fertility Regulators		
CHORIONIC GONADOTROPIN IM	4	PA
<i>clomiphene citrate TABS</i>	3	PA
GnRH/LHRH Antagonists		
<i>ganirelix acetate</i>	4	PA
ORLISSA	2	PA
Growth Hormone Receptor Antagonists		
SOMAVERT 10 MG, 15 MG, 20 MG	4	SP; PA
Growth Hormone Releasing Hormones (GHRH)		
EGRIFTA 2 MG	4	PA
EGRIFTA SV	4	PA
Growth Hormones		
GENOTROPIN MINIQUICK PRSY	4	PA
GENOTROPIN CART SC	4	PA
HUMATROPE CART IJ	4	SP; PA
NORDITROPIN FLEXPRO SOPN 30 MG/3ML	4	PA
NORDITROPIN FLEXPRO SOPN 5 MG/1.5ML, 10 MG/1.5ML, 15 MG/1.5ML	4	SP; PA

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

Ambetter Formulary Updated December 1, 2024

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>sapropterin dihydrochloride TABS</i>	4	PA	ACTIVELLA TABS 1 MG-0.5 MG ( <i>estradiol &amp; norethindrone acetate</i> )	3	
<i>sodium phenylbutyrate POWD</i>	1B	PA	ANGELIQ	3	
<i>sodium phenylbutyrate TABS</i>	1B	PA	BIJUVA	3	
STRENSIQ	4	PA	CLIMARA PRO	3	
Posterior Pituitary Hormones			COMBIPATCH PTTW	3	
<i>desmopressin acetate spray</i>	1B		DUAVEE	3	
<i>desmopressin acetate spray refrigerated</i>	1B		<i>esterified estrogens &amp; methyltestosterone</i>	3	
<i>desmopressin acetate SOLN IJ</i>	1B	PA	<i>estradiol &amp; norethindrone acetate TABS</i>	3	
DESMOPRESSIN ACETATE SOLN NA	4	SP; PA	<i>norethindrone acetate-ethinyl estradiol</i>	1B	
<i>desmopressin acetate TABS 0.2 MG</i>	1B	QL(8 ea daily)	PREFEST	3	
<i>desmopressin acetate TABS 0.1 MG</i>	1B	QL(6 ea daily)	PREMPHASE	2	
Prolactin Inhibitors			PREMPRO	2	QL(1 ea daily)
<i>cabergoline</i>	1B		Estrogens		
Somatostatic Agents			DELESTROGEN 10 MG/ML ( <i>estradiol valerate</i> )	1B	
<i>octreotide acetate KIT</i>	4	PA	DEPO-ESTRADIOL	3	
<i>octreotide acetate SOLN</i>	4	SP; PA	ELESTRIN GEL	3	
SANDOSTATIN LAR DEPOT KIT ( <i>octreotide acetate</i> )	4	PA	<i>estradiol valerate</i>	1B	
SANDOSTATIN LAR DEPOT KIT	4	PA	<i>estradiol GEL 0.06 %</i>	3	
SIGNIFOR	4	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	
Vasopressin Receptor Antagonists			<i>estradiol PTTW</i>	1B	QL(0.286 ea daily)
JYNARQUE TBPB	4	SP; PA	<i>estradiol PTWK</i>	1B	
<i>tolvaptan TABS</i>	4	QL(2 ea daily); SP; PA	<i>estradiol TABS</i>	1B	
<b>ESTROGENS - Hormone Replacement/Modifying Drugs</b>			ESTROGEL GEL ( <i>estradiol</i> )	3	
Estrogen Combinations			EVAMIST SOLN	3	
			MENEST	3	
			MENOSTAR PTWK	3	
			PREMARIN SOLR	2	

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

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

Ambetter Formulary Updated December 1, 2024

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

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

Ambetter Formulary Updated December 1, 2024

Drug Name	Drug Tier	Requirements/Limits
IDELVION	4	PA
JIVI	4	PA
KOGENATE FS KIT	4	PA
KOVALTRY	4	PA
NOVOEIGHT	4	PA
XYNTHA	4	PA
XYNTHA SOLOFUSE	4	PA
Bradykinin B2 Receptor Antagonists		
<i>icatibant acetate SOLN</i>	4	QL(9 ml daily); PA
<i>icatibant acetate SOSY</i>	4	QL(9 ml daily); PA
Complement Inhibitors		
HAEGARDA SOLR SC	4	PA
Hemataologic - Tyrosine Kinase Inhibitors		
TAVALISSE	4	QL(2 ea daily); SP; PA
Hematorheologic Agents		
<i>pentoxifylline</i>	1B	QL(3 ea daily)
Plasma Kallikrein Inhibitors		
ORLADEYO	4	PA
TAKHZYRO SOLN	4	PA
TAKHZYRO SOSY	4	PA
Platelet Aggregation Inhibitors		
<i>anagrelide hcl</i>	1B	
<i>aspirin-dipyridamole</i>	1B	QL(2 ea daily); PA
BRILINTA	2	QL(2 ea daily)
CABLIVI	4	PA
<i>cilostazol</i>	1B	
<i>clopidogrel bisulfate 300 MG</i>	1B	
<i>clopidogrel bisulfate 75 MG</i>	1B	QL(1 ea daily)
<i>dipyridamole</i>	1B	
<i>prasugrel hcl</i>	1B	QL(1 ea daily)
ZONTIVITY	3	PA

Drug Name	Drug Tier	Requirements/Limits
<b>HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders</b>		
Agents for Gaucher Disease		
CERDELGA	4	QL(2 ea daily); PA
CEREZYME 400 UNIT	4	SP; PA
<i>miglustat</i>	4	QL(3 ea daily); SP; PA
Agents for Sickle Cell Disease		
DROXIA CAPS	3	
OXBRYTA TABS 500 MG	4	PA
Cobalamins		
<i>cyanocobalamin SOLN IJ 1000 MCG/ML</i>	1B	QL(1 ml daily)
Folic Acid/Folates		
<i>folic acid TABS</i>	0	
Hematopoietic Growth Factors		
ARANESP ALBUMIN FREE SOLN 40 MCG/ML, 60 MCG/ML, 100 MCG/ML	4	SP; PA
ARANESP ALBUMIN FREE SOLN 25 MCG/ML	4	SP
ARANESP ALBUMIN FREE SOSY 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML	4	SP; PA
DOPTELET	4	QL(3 ea daily); PA
EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	4	SP; PA
LEUKINE SOLR IJ	4	SP; PA
MIRCERA	4	PA
MULPLETA	4	QL(1 ea daily); PA
NYVEPRIA	4	PA

Ambetter Formulary Updated December 1, 2024

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

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

Ambetter Formulary Updated December 1, 2024

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

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

Ambetter Formulary Updated December 1, 2024



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

Ambetter Formulary Updated December 1, 2024

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

Ambetter Formulary Updated December 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>zolmitriptan TBDP</i>	1B	QL(0.3 ea daily); AL(At least 12 yrs old); ST	<i>potassium chloride in dextrose &amp; sodium chloride 5 %-0.075 %-0.45 %, 5 %-0.15 %-0.9 %, 5 %-10 MEQ/L-0.45 %, 5 %-20 MEQ/L-0.2 %, 5 %-20 MEQ/L-0.45 %, 5 %-20 MEQ/L-0.9 %, 5 %-30 MEQ/L-0.45 %, 5 %-40 MEQ/L-0.45 %, 5 %-40 MEQ/L-0.9 %</i>	1B	
<b>MINERALS &amp; ELECTROLYTES</b>					
<b>Bicarbonates</b>					
<i>sodium acetate SOLN</i>	1B		<i>potassium chloride in nacl 20 MEQ/L-0.45 %, 20 MEQ/L-0.9 %, 40 MEQ/L-0.9 %</i>	1B	
SODIUM ACETATE SOLN ( <i>sodium acetate</i> )	1B		POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS	1B	
<b>Calcium</b>			POTASSIUM CHLORIDE/SODIUM CHLORIDE 20 MEQ/L-0.45 % ( <i>potassium chloride in nacl</i> )	1B	
<i>calcium chloride (dihydrate) SOLN</i>	1B		<i>ringer's</i>	1B	
<b>Electrolyte Mixtures</b>			<b>Fluoride</b>		
<i>dextrose in lactated ringers</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-148</i>	1B		<b>Magnesium</b>		
<i>electrolyte-a</i>	1B		<i>magnesium sulfate IJ 50 %</i>	1B	
IONOSOL-MB/DEXTROSE 5%	1B		<b>Phosphate</b>		
ISOLYTE-P/DEXTROSE 5%	1B		<i>potassium phosphates 236 MG/ML-224 MG/ML</i>	1B	
ISOLYTE-S	1B		<b>Potassium</b>		
KCL 0.3%/D5W/NACL 0.9% ( <i>potassium chloride in dextrose &amp; sodium chloride</i> )	1B		<i>potassium acetate SOLN 2 MEQ/ML</i>	1B	
<i>lactated ringer's</i>	1B		<i>potassium bicarbonate TBEF</i>	1B	
NORMOSOL-M/D5W	1B		<i>potassium chloride microencapsulated crystals er</i>	1B	
NORMOSOL-R	1B				
PLASMA-LYTE A ( <i>electrolyte-a</i> )	1B				
PLASMA-LYTE-148 ( <i>electrolyte-148</i> )	1B				
<i>potassium chloride in dextrose 5 %-20 MEQ/L</i>	1B				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride CPR</i>	1B		<i>cyclosporine SOLN IV 50 MG/ML</i>	1B	
<i>potassium chloride PACK OR 20 MEQ</i>	1B	PA	ENSPRYNG	4	PA
<i>potassium chloride SOLN IV 2 MEQ/ML, 10 MEQ/50ML, 20 MEQ/50ML</i>	1B		<i>everolimus (immunosuppressant) 1 MG</i>	4	QL(10 ea daily); 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 8 MEQ, 10 MEQ, 20 MEQ</i>	1B		<i>mycophenolate mofetil CAPS</i>	1B	
Sodium			<i>mycophenolate mofetil TABS</i>	1B	
<i>sodium chloride SOLN IV 0.45 %, 0.9 %, 3 %, 4 MEQ/ML, 5 %</i>	1B		<i>mycophenolate sodium</i>	1B	
<b>MISCELLANEOUS THERAPEUTIC CLASSES</b>			NULOJIX	4	SP; PA
Chelating Agents			PROGRAF PACK	2	PA
<i>penicillamine CAPS</i>	1B	PA	PROGRAF SOLN	2	
<i>penicillamine TABS</i>	1B	QL(8 ea daily)	SIMULECT	3	
<i>trientine hcl 250 MG</i>	4	QL(8 ea daily); SP; PA	<i>sirolimus TABS</i>	1B	
Immunomodulators			<i>tacrolimus CAPS</i>	1B	
<i>lenalidomide 20 MG</i>	4	QL(1 ea daily); PA	THYMOGLOBULIN	4	SP; PA
<i>lenalidomide 2.5 MG, 5 MG, 10 MG, 15 MG, 25 MG</i>	4	QL(1 ea daily); SP; PA	Irrigation Solutions		
THALOMID	4	QL(3 ea daily); SP; PA	<i>irrigation solutions, physiological</i>	1B	
Immunosuppressive Agents			<i>lactated ringer's (irrigation)</i>	1B	
ATGAM	4	SP; PA	<i>ringer's irrigation</i>	1B	
AZATHIOPRINE	1B		<i>water for irrigation, sterile</i>	1B	
<i>azathioprine TABS</i>	1B		Potassium Removing Agents		
<i>cyclosporine modified (for microemulsion) CAPS</i>	1B		LOKELMA	3	QL(1 ea daily); PA
<i>cyclosporine modified (for microemulsion) SOLN</i>	1B		<i>sodium polystyrene sulfonate POWD</i>	1B	
<i>cyclosporine CAPS</i>	1B		<i>sodium polystyrene sulfonate SUSP CO 15 GM/60ML</i>	1B	
<b>MOUTH/THROAT/DENTAL AGENTS</b>					
Anesthetics Topical Oral					

Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine hcl (mouth-throat) 2 %</i>	1B	QL(4 ml daily)
<i>lidocaine hcl (mouth-throat) 4 %</i>	1B	
<b>Anti-infectives - Throat</b>		
<i>clotrimazole</i>	1B	
<i>nystatin (mouth-throat)</i>	1B	
<b>Antiseptics - Mouth/Throat</b>		
<i>chlorhexidine gluconate (mouth-throat)</i>	1B	
DEBACTEROL	2	
<b>Dental Products</b>		
<i>stannous fluoride CONC</i>	0	RX/OTC
<b>Steroids - Mouth/Throat/Dental</b>		
<i>triamcinolone acetonide (mouth)</i>	1B	
<b>Throat Products - Misc.</b>		
<i>cevimeline hcl</i>	1B	
<i>pilocarpine hcl (oral)</i>	1B	
<b>MULTIVITAMINS</b>		
<b>Ped MV w/ Fluoride</b>		
<i>pediatric multivitamins w/fl CHEW</i>	1A	RX/OTC
<b>Prenatal Vitamins</b>		
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)

Drug Name	Drug Tier	Requirements/Limits
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 PRENATAL VITAMIN PLUS TABS	2	QL(1 ea daily); RX/OTC
ONE VITE WOMENS PRENATAL VITAMIN TABS	2	QL(1 ea daily)
PRENATAL MULTIVITAMIN TABS	2	QL(1 ea daily)
PRENATAL ONE DAILY TABS	2	QL(1 ea daily)
PRENATAL PLUS VITAMIN AND MINERAL TABS	2	QL(1 ea daily); RX/OTC
PRENATAL PLUS TABS	2	QL(1 ea daily); RX/OTC
PRENATAL VITAMIN & MINERAL TABS	2	QL(1 ea daily)
PRENATAL VITAMIN/IRON TABS	2	QL(1 ea daily)
PRENATAL VITAMINS PLUS LOW IRON TABS	2	QL(1 ea daily); RX/OTC

Ambetter Formulary Updated December 1, 2024

Drug Name	Drug Tier	Requirements/Limits
PRENATAL VITAMINS TABS 100 MG-800 MCG-1.84 MG-18 MG-2.6 MG-1.7 MG-27 MG-10 MCG-4.95 MG-25 MG-200 MG-160 MG-1200 MCG-4 MCG, 120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT-30 UNIT	2	QL(1 ea daily)
PRENATAL VITAMIN TABS	2	QL(1 ea daily)
PRENATAL TABS	2	QL(1 ea daily)
PRENATRIX TABS	2	QL(1 ea daily); RX/OTC
PRENATRYL TABS	2	QL(1 ea daily); RX/OTC
PX PRENATAL MULTIVITAMINS TABS	2	QL(1 ea daily)
QC PRENATAL TABS	2	QL(1 ea daily)
RA PRENATAL FORMULA/FOLICACID TABS	2	QL(1 ea daily)
RA PRENATAL TABS	2	QL(1 ea daily)
SM PRENATAL VITAMINS TABS	2	QL(1 ea daily)
THERANATAL CORE NUTRITION TABS	2	QL(1 ea daily); RX/OTC
TRICARE TABS	2	QL(1 ea daily); RX/OTC
VITATHELY/GINGER TABS	2	QL(1 ea daily); RX/OTC
WESTAB PLUS TABS	2	QL(1 ea daily); RX/OTC
<b>MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms</b>		
Central Muscle Relaxants		
<i>baclofen</i> TABS	1B	
<i>carisoprodol</i> TABS	1B	
<i>chlorzoxazone</i> TABS 750 MG	1B	QL(4 ea daily)

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

Drug Name	Drug Tier	Requirements/ Limits
<b>ALS Agents</b>		
<i>riluzole TABS</i>	3	
<b>Neuromuscular Blocking Agent - Neurotoxins</b>		
<b>XEOMIN</b>	3	PA
<b>Nondepolarizing Muscle Relaxants</b>		
<i>atracurium besylate 100 MG/10ML</i>	3	PA
<b>NUTRIENTS</b>		
<b>Proteins</b>		
<b>CLINIMIX 4.25%/DEXTROSE 10%</b>	3	
<b>CLINIMIX 4.25%/DEXTROSE 5%</b>	3	
<b>CLINIMIX E 5%/DEXTROSE 20%</b>	3	
<b>OPHTHALMIC AGENTS - Drugs to Treat the Eye</b>		
<b>Beta-blockers - Ophthalmic</b>		
<i>betaxolol hcl (ophth) SOLN</i>	1B	
<i>brimonidine tartrate-timolol maleate</i>	1B	
<i>carteolol hcl (ophth)</i>	1B	
<i>dorzolamide hcl-timolol maleate</i>	1B	
<i>levobunolol hcl 0.5 %</i>	1B	
<i>timolol maleate (ophth) SOLG</i>	1B	
<i>timolol maleate (ophth) SOLN</i>	1B	
<b>Cycloplegic Mydriatics</b>		
<i>tropicamide SOLN 0.5 %</i>	1B	QL(2.5 ml daily)
<i>tropicamide SOLN 1 %</i>	1B	
<b>Miotics</b>		
<i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i>	1B	
<b>Ophthalmic Adrenergic Agents</b>		

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

Ambetter Formulary Updated December 1, 2024



Drug Name	Drug Tier	Requirements/Limits
<i>proparacaine hcl</i>	1B	
<b>Ophthalmic Steroids</b>		
ALREX SUSP ( <i>loteprednol etabonate</i> )	3	PA
<i>dexamethasone sodium phosphate (ophth)</i>	1B	QL(0.4 ml daily)
<i>difluprednate</i>	1B	PA
<i>fluorometholone (ophth) SUSP</i>	1B	
FML FORTE SUSP	3	PA
FML OINT	3	PA
LOTEMAX OINT	3	PA
<i>loteprednol etabonate GEL</i>	1B	PA
<i>loteprednol etabonate SUSP</i>	1B	PA
MAXIDEX SUSP OP	3	PA
<i>neomycin-polymyxin-dexameth OINT</i>	1B	
<i>neomycin-polymyxin-dexameth SUSP</i>	1B	
<i>neomycin-polymyxin-hc (ophth)</i>	1B	QL(2.5 ml daily)
PRED MILD	3	PA
PRED-G SUSP	3	PA
<i>prednisolone acetate (ophth)</i>	1B	
PREDNISOLONE SODIUM PHOSPHATE	3	
<i>sulfacetamide sod-prednisolone SOLN</i>	3	PA
<i>tobramycin-dexamethasone SUSP</i>	1B	
ZYLET	3	PA
<b>Ophthalmic Surgical Aids</b>		
HEALON PRO SOSY	3	PA
PROVISC SOSY	3	PA
<b>Ophthalmics - Misc.</b>		
ALOCRIAL	3	PA

Drug Name	Drug Tier	Requirements/Limits
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	
LASTACAFT	3	PA
NEVANAC	3	QL(0.2 ml daily); ST
<i>olopatadine hcl 0.2 %</i>	1B	RX/OTC
<i>olopatadine hcl 0.1 %</i>	1B	QL(0.34 ml daily); RX/OTC
<b>Prostaglandins - Ophthalmic</b>		
<i>bimatoprost SOLN</i>	3	
<i>latanoprost SOLN</i>	1B	
<i>tafluprost</i>	1B	
<i>travoprost SOLN</i>	1B	
<b>OTIC AGENTS - Drugs to Treat the Ear</b>		
<b>Otic Agents - Miscellaneous</b>		
<i>acetic acid (otic)</i>	1B	QL(0.5 ml daily)
<b>Otic Anti-infectives</b>		
<i>ciprofloxacin hcl (otic)</i>	1B	
<i>ofloxacin (otic)</i>	1B	
<b>Otic Combinations</b>		
<i>ciprofloxacin-dexamethasone</i>	1B	PA

Ambetter Formulary Updated December 1, 2024

Drug Name	Drug Tier	Requirements/Limits
<i>ciprofloxacin-fluocinolone acetonide</i>	1B	QL(0.5 ea daily); PA
CORTISPORIN-TC	3	
<i>neomycin-polymyxin-hc (otic) SOLN</i>	1B	QL(2 ml daily)
<i>neomycin-polymyxin-hc (otic) SUSP</i>	1B	
<b>Otic Steroids</b>		
<i>fluocinolone acetonide (otic)</i>	1B	
<i>hydrocortisone w/acetic acid</i>	1B	
<b>PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System</b>		
<b>Immune Serums</b>		
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
<b>Passive Immunizing Agents - Combinations</b>		
HYQVIA	4	PA
<b>PENICILLINS - Drugs to Treat Bacterial Infections</b>		
<b>Aminopenicillins</b>		
<i>amoxicillin CAPS</i>	1A	
<i>amoxicillin CHEW 125 MG, 250 MG</i>	1B	
<i>amoxicillin SUSR 125 MG/5ML</i>	1A	

Drug Name	Drug Tier	Requirements/Limits
<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	
<b>Natural Penicillins</b>		
<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	
<b>Penicillin Combinations</b>		
<i>amoxicillin &amp; pot clavulanate CHEW</i>	1B	
<i>amoxicillin &amp; pot clavulanate SUSR</i>	1B	
<i>amoxicillin &amp; pot clavulanate TABS</i>	1B	
<i>amoxicillin &amp; pot clavulanate TB12</i>	1B	
<i>ampicillin &amp; sulbactam sodium IJ 1 GM-0.5 GM, 2 GM-1 GM</i>	1B	
<i>piperacillin sodium-tazobactam sodium</i>	1B	
<b>Penicillinase-Resistant Penicillins</b>		
<i>dicloxacillin sodium</i>	1B	
<i>nafcillin sodium IV 10 GM</i>	1B	
<i>oxacillin sodium IV 10 GM</i>	1B	
<b>PROGESTINS - Hormone Replacement/Modifying</b>		

Ambetter Formulary Updated December 1, 2024

Drug Name	Drug Tier	Requirements/Limits
<b>Drugs</b>		
<b>Progestins</b>		
<i>medroxyprogesterone acetate 2.5 MG, 5 MG</i>	1B	
<i>medroxyprogesterone acetate 10 MG</i>	1A	
<i>megestrol acetate (appetite)</i>	1B	PA
<i>norethindrone acetate TABS</i>	0	
<i>progesterone CAPS</i>	1B	
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions</b>		
<b>Agents for Chemical Dependency</b>		
<i>acamprosate calcium</i>	1B	
<i>disulfiram</i>	1B	
<i>lofexidine hcl</i>	1B	QL(224 ea per 14 day(s) retail); PA
LUCEMYRA ( <i>lofexidine hcl</i> )	3	QL(224 ea per 14 day(s) retail); PA
<b>Antidementia Agents</b>		
<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)
<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	
<i>memantine hcl TABS</i>	1B	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>rivastigmine tartrate CAPS</i>	1B	
<b>Combination Psychotherapeutics</b>		
<i>chlordiazepoxide-amitriptyline</i>	1B	
<i>perphenazine-amitriptyline</i>	1B	QL(4 ea daily)
<b>Fibromyalgia Agents</b>		
SAVELLA TITRATION PACK MISC	2	1 max fill(s) per 365 day(s) retail; PA
SAVELLA TABS	2	QL(2 ea daily); PA
<b>Movement Disorder Drug Therapy</b>		
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
<b>Multiple Sclerosis Agents</b>		
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

Ambetter Formulary Updated December 1, 2024

Drug Name	Drug Tier	Requirements/Limits
<i>dimethyl fumarate CDPK</i>	1B	QL(2 ea daily)
<i>dimethyl fumarate CPDR</i>	1B	QL(2 ea daily)
<i> fingolimod hcl</i>	4	QL(1 ea daily)
<i>glatiramer acetate SOSY 20 MG/ML</i>	3	QL(1 ml daily)
<i>glatiramer acetate SOSY 40 MG/ML</i>	3	QL(0.43 ml daily)
KESIMPTA	4	QL(0.0144 ml daily); PA
PLEGRIDY STARTER PACK SOAJ	4	QL(0.036 ml daily); PA
PLEGRIDY STARTER PACK SOSY SC	4	QL(0.036 ml daily); PA
PLEGRIDY SOAJ	4	QL(0.036 ml daily); PA
PLEGRIDY SOSY SC	4	QL(0.036 ml daily); PA
REBIF REBIDOSE TITRATIONPACK SOAJ	4	1 max fill(s) per 365 day(s) retail; SP; PA
REBIF REBIDOSE SOAJ	4	QL(0.214 ml daily); SP; PA
REBIF TITRATION PACK SOSY	4	1 max fill(s) per 365 day(s) retail; SP; PA
REBIF SOSY	4	QL(0.214 ml daily); SP; PA
<i>teriflunomide</i>	4	QL(1 ea daily)
Postherpetic Neuralgia (PHN)/Neuropathic Pain Agents		
<i>pregabalin (once-daily) 82.5 MG, 165 MG</i>	3	QL(1 ea daily); PA
<i>pregabalin (once-daily) 330 MG</i>	3	QL(2 ea daily); PA
Pseudobulbar Affect (PBA) Agents		
NUEDEXTA	3	QL(2 ea daily); PA
Psychotherapeutic and Neurological Agents - Misc.		
<i>ergoloid mesylates TABS</i>	1B	
<i>pimozide</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
Smoking Deterrents		
<i>bupropion hcl (smoking deterrent)</i>	0	QL(2 ea daily)
<i>nicotine polacrilex GUM</i>	0	
<i>nicotine polacrilex LOZG</i>	0	
NICOTINE TRANSDERMAL SYSTEM KIT	0	
<i>nicotine MISC XX</i>	0	QL(1 ea daily)
<i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>	0	QL(1 ea daily)
NICOTROL INHALER INHA	0	
NICOTROL NS SOLN	0	
<i>varenicline tartrate TABS</i>	0	QL(2 ea daily)
<i>varenicline tartrate TBPK</i>	0	
Transthyretin Amyloidosis Agents		
TEGSEDI	4	PA
<b>RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions</b>		
Alpha-Proteinase Inhibitor (Human)		
PROLASTIN-C SOLN	4	PA
Cystic Fibrosis Agents		
KALYDECO TABS	4	QL(2 ea daily); SP; PA
ORKAMBI PACK	4	QL(2 ea daily); PA
ORKAMBI TABS	4	QL(4 ea daily); PA
PULMOZYME	4	QL(2.5 ml daily); SP; PA
TRIKAFTA TBPK	4	QL(3 ea daily); PA
Pulmonary Fibrosis Agents		
OFEV	4	QL(2 ea daily); PA
<i>pirfenidone CAPS</i>	4	QL(1 ea daily); PA

Ambetter Formulary Updated December 1, 2024

Drug Name	Drug Tier	Requirements/Limits
<i>pirfenidone TABS 267 MG, 801 MG</i>	4	QL(1 ea daily); PA
<i>pirfenidone TABS 534 MG</i>	4	QL(3 ea daily); PA
<b>SULFONAMIDES - Drugs to Treat Bacterial Infections</b>		
Sulfonamides		
<i>sulfadiazine TABS</i>	1B	
<b>TETRACYCLINES - Drugs to Treat Bacterial Infections</b>		
Fluorocyclines		
XERAVA	4	PA
Glycylcyclines		
<i>tigecycline</i>	1B	
Tetracyclines		
<i>demeclocycline hcl TABS</i>	1B	
<i>doxycycline (monohydrate) CAPS 75 MG</i>	1B	
<i>doxycycline (monohydrate) CAPS 50 MG, 100 MG</i>	1B	QL(2 ea daily)
<i>doxycycline (monohydrate) TABS 100 MG</i>	1B	QL(2 ea daily)
<i>doxycycline (monohydrate) TABS 50 MG, 75 MG</i>	1B	
<i>doxycycline hyclate CAPS</i>	1B	QL(2 ea daily)
<i>doxycycline hyclate SOLR</i>	1B	
<i>doxycycline hyclate TABS 20 MG, 100 MG</i>	1B	QL(2 ea daily)
<i>minocycline hcl CAPS</i>	1B	QL(3 ea daily)
<i>minocycline hcl TABS</i>	1B	QL(3 ea daily)
<i>tetracycline hcl CAPS</i>	1B	QL(8 ea daily)
<b>THYROID AGENTS - Drugs to Regulate Thyroid Hormones</b>		
Antithyroid Agents		

Drug Name	Drug Tier	Requirements/Limits
<i>methimazole TABS</i>	1B	
<i>propylthiouracil</i>	1B	
<b>Thyroid Hormones</b>		
ADTHYZA TABS 16.25 MG, 32.5 MG, 65 MG, 97.5 MG, 130 MG	2	
ARMOUR THYROID TABS	2	QL(1 ea daily)
<i>levothyroxine sodium TABS</i>	1B	
<i>liothyronine sodium SOLN</i>	1B	
<i>liothyronine sodium TABS</i>	1B	
NP THYROID 120 TABS	1B	QL(1 ea daily)
NP THYROID 15 TABS	1B	QL(1 ea daily)
NP THYROID 30 TABS	1B	QL(1 ea daily)
NP THYROID 60 TABS	1B	QL(1 ea daily)
NP THYROID 90 TABS	1B	QL(1 ea daily)
SYNTHROID TABS ( <i>levothyroxine sodium</i> )	2	
<b>TOXOIDS</b>		
Toxoid Combinations		
ADACEL SUSP	0	
BOOSTRIX SUSP	0	
BOOSTRIX SUSY	0	
DAPTACEL	0	
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP	0	
INFANRIX	0	
KINRIX SUSY	0	
PEDIARIX SUSY	0	
PENTACEL	0	
QUADRACEL SUSP	0	
QUADRACEL SUSY	0	
TDVAX SUSP	0	
TENIVAC INJ	0	

Ambetter Formulary Updated December 1, 2024

Drug Name	Drug Tier	Requirements/Limits
TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT SUSP	0	
<b>ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions</b>		
Antispasmodics		
<i>atropine sulfate SOLN IJ 0.4 MG/ML, 1 MG/ML</i>	1B	
<i>atropine sulfate SOSY IJ 0.25 MG/5ML</i>	1B	
<i>chlordiazepoxide hcl-clidinium bromide</i>	1B	
<i>dicyclomine hcl CAPS</i>	1B	
<i>dicyclomine hcl SOLN OR</i>	1B	
<i>dicyclomine hcl TABS</i>	1B	
<i>glycopyrrolate SOLN IJ 0.2 MG/ML, 4 MG/20ML</i>	1B	
<i>glycopyrrolate TABS 1 MG</i>	1B	
<i>glycopyrrolate TABS 2 MG</i>	1B	QL(6 ea daily)
<i>methscopolamine bromide</i>	1B	
H-2 Antagonists		
<i>cimetidine TABS</i>	1B	RX/OTC
<i>famotidine in nacl SOLN</i>	1B	
<i>famotidine SOLN 40 MG/4ML, 200 MG/20ML</i>	1B	
<i>famotidine SOLN 20 MG/2ML</i>	1A	
<i>famotidine SUSR</i>	1B	QL(10 ml daily)
<i>famotidine TABS 20 MG, 40 MG</i>	1B	RX/OTC
<i>nizatidine CAPS</i>	1B	
<i>ranitidine hcl TABS 150 MG</i>	1B	
Misc. Anti-Ulcer		
<i>sucralfate SUSP</i>	1B	QL(40 ml daily)
<i>sucralfate TABS</i>	1B	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
Proton Pump Inhibitors		
<i>dexlansoprazole</i>	3	QL(1 ea daily)
<i>esomeprazole magnesium CPDR 20 MG</i>	1B	QL(2 ea daily); RX/OTC
<i>esomeprazole magnesium CPDR 40 MG</i>	3	QL(1 ea daily)
<i>esomeprazole magnesium TBEC</i>	1B	QL(2 ea daily)
<i>lansoprazole CPDR 15 MG</i>	1B	QL(2 ea daily); RX/OTC
<i>lansoprazole CPDR 30 MG</i>	1B	
NEXIUM 24HR TBEC (esomeprazole magnesium)	1B	QL(2 ea daily)
<i>omeprazole magnesium CPDR</i>	1B	QL(4 ea daily)
<i>omeprazole CPDR</i>	1B	QL(2 ea daily)
<i>omeprazole TBEC</i>	1B	QL(2 ea daily)
<i>pantoprazole sodium TBEC 20 MG</i>	1B	QL(1 ea daily)
<i>pantoprazole sodium TBEC 40 MG</i>	1B	
<i>rabeprazole sodium TBEC</i>	3	QL(1 ea daily)
Ulcer Drugs - Prostaglandins		
<i>misoprostol</i>	1B	QL(4 ea daily)
Ulcer Therapy Combinations		
<i>amoxicillin-clarithromycin w/ lansoprazole THPK</i>	1B	14 day(s) max supply per 365 day(s) retail; 14 day(s) max supply per 365 day(s) mail
<i>omeprazole-sodium bicarbonate CAPS 1100 MG-20 MG</i>	1B	QL(1 ea daily); RX/OTC
<b>URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms</b>		
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		

Ambetter Formulary Updated December 1, 2024

Drug Name	Drug Tier	Requirements/Limits
<i>darifenacin hydrobromide</i>	1B	QL(1 ea daily)
<i>fesoterodine fumarate</i>	1B	QL(1 ea daily); PA
<i>oxybutynin chloride SOLN</i>	1B	
<i>oxybutynin chloride TABS 5 MG</i>	1B	
<i>oxybutynin chloride TB24</i>	1B	
<i>solifenacin succinate TABS</i>	1B	QL(1 ea daily); PA
<i>tolterodine tartrate CP24</i>	1B	QL(1 ea daily)
<i>tolterodine tartrate TABS</i>	1B	
<i>tropium chloride CP24</i>	1B	QL(1 ea daily)
<i>tropium chloride TABS</i>	1B	QL(3 ea daily)
<b>Urinary Antispasmodics - Cholinergic Agonists</b>		
<i>bethanechol chloride 25 MG</i>	1B	
<i>bethanechol chloride 5 MG, 10 MG, 50 MG</i>	1B	QL(4 ea daily)
<b>Urinary Antispasmodics - Direct Muscle Relaxants</b>		
<i>flavoxate hcl</i>	1B	
<b>VACCINES</b>		
<b>Bacterial Vaccines</b>		
ACTHIB SOLR IM	0	
BEXSERO	0	
HIBERIX SOLR IJ	0	
MENACTRA	0	
MENQUADFI	0	
MENVEO SOLN	0	
MENVEO SOLR	0	
PEDVAX HIB SUSP	0	
PNEUMOVAX 23/1 DOSE SOLN	0	
PNEUMOVAX 23 SOSY	0	
PREVNAR 13	0	
PREVNAR 20	0	1 max fill(s) per 999 day(s) retail
TRUMENBA	0	

Drug Name	Drug Tier	Requirements/Limits
VAXNEUVANCE	0	4 max fill(s) per 999 day(s) retail
<b>Viral Vaccines</b>		
ABRYSVO	0	
AFLURIA 2024-2025 SUSP	0	1 max fill(s) per 180 day(s) retail
AFLURIA 2024-2025 SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
AFLURIA QUADRIVALENT 2022-2023 SUSP	0	1 max fill(s) per 180 day(s) retail
AFLURIA QUADRIVALENT 2022-2023 SUSY	0	1 max fill(s) per 180 day(s) retail
AFLURIA QUADRIVALENT 2023-2024 SUSP	0	1 max fill(s) per 180 day(s) retail
AFLURIA QUADRIVALENT 2023-2024 SUSY	0	1 max fill(s) per 180 day(s) retail
AREXVY	0	
COMIRNATY 2023-24 SUSP	0	
COMIRNATY 2023-24 SUSY	0	
COMIRNATY 2024-25 SUSY	0	
COMIRNATY SUSP	0	
ENGERIX-B SUSP 20 MCG/ML	0	3 max fill(s) per 365 day(s) retail; 3 max fill(s) per 365 day(s) mail
ENGERIX-B SUSY	0	3 max fill(s) per 365 day(s) retail; 3 max fill(s) per 365 day(s) mail
FLUAD 2024-2025	0	1 max fill(s) per 180 day(s) retail

Ambetter Formulary Updated December 1, 2024

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

Ambetter Formulary Updated December 1, 2024



Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FLUZONE QUADRIVALENT 2022-2023 SUSY	0	1 max fill(s) per 180 day(s) retail	NOVAVAX COVID-19 VACCINE/2024-25 SUSY	0	
FLUZONE QUADRIVALENT 2023-2024 SUSP	0	1 max fill(s) per 180 day(s) retail	NOVAVAX COVID-19 VACCINE SUSP	0	
FLUZONE QUADRIVALENT 2023-2024 SUSY	0	1 max fill(s) per 180 day(s) retail	PFIZER-BIONTECH COVID-19VACCINE/5-11Y/2023-24 SUSP	0	
GARDASIL 9 SUSP	0	3 max fill(s) per 365 day(s) retail	PFIZER-BIONTECH COVID-19VACCINE/5-11Y/2024-25 SUSP	0	
GARDASIL 9 SUSY	0	3 max fill(s) per 365 day(s) retail	PFIZER-BIONTECH COVID-19VACCINE/5-11Y SUSP	0	
HAVRIX	0		PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y/2023-24 SUSP	0	
HEPLISAV-B SOSY	0	2 max fill(s) per 292 day(s) retail; 2 max fill(s) per 292 day(s) mail	PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y/2024-25 SUSP	0	
IPOL INACTIVATED IPV	0		PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y SUSP	0	
JANSSEN COVID-19 VACCINE	0		PFIZER-BIONTECH COVID-19VACCINE/ADULT RTU SUSP	0	
M-M-R II SOLR	0	2 max fill(s) per 365 day(s) retail	PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/5-11Y	0	
MODERNA COVID-19 VACCINE/6MO-11Y/2023-24 SUSP	0		PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/6 M-4Y	0	
MODERNA COVID-19 VACCINE/6MO-11Y/2024-25 SUSY	0		PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/B A.4/BA.5	0	
MODERNA COVID-19 VACCINE/BIVALENT/6M O-5Y	0		PFIZER-BIONTECH COVID-19VACCINE SUSP	0	
MODERNA COVID-19 VACCINE/BIVALENT/BA. 4/BA.5	0		PREHEVBRIO	0	3 max fill(s) per 365 day(s) retail
MODERNA COVID-19 VACCINE6MO-5Y SUSP	0				
MODERNA COVID-19 VACCINE SUSP	0				
NOVAVAX COVID-19 VACCINE/2023-24 SUSP	0				

Ambetter Formulary Updated December 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits
GYNAZOLE-1	3	QL(5 gm per 30 day(s) retail; 5 gm per 30 days mail)
<i>metronidazole vaginal</i>	1B	
<i>miconazole nitrate vaginal SUPP 200 MG</i>	1B	
<i>terconazole vaginal CREA</i>	1B	
<i>terconazole vaginal CREA</i>	1B	
<i>terconazole vaginal SUPP</i>	1B	
Vaginal Anti-inflammatory Agents		
<i>hydrocortisone vaginal</i>	1B	QL(15.15 gm daily)
Vaginal Contraceptive - pH Modulators		
PHEXXI	0	PV
Vaginal Estrogens		
<i>estradiol vaginal CREA</i>	1B	QL(2 gm daily)
<i>estradiol vaginal TABS</i>	1B	
ESTRING RING	3	
FEMRING	3	
PREMARIN	2	QL(1.5 gm daily)
<b>VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions</b>		
Anaphylaxis Therapy Agents		
<i>epinephrine (anaphylaxis) SOAJ 0.15 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
<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
Vasopressors		
<i>midodrine hcl</i>	1B	

Ambetter Formulary Updated December 1, 2024

Drug Name	Drug Tier	Requirements/ Limits
<b>VITAMINS</b>		
Oil Soluble Vitamins		
<i>cholecalciferol CAPS 1.25 MG, 1.25 MG, 10 MCG, 50 MCG, 400 UNIT, 2000 UNIT, 50000 UNIT</i>	1A	
<i>cholecalciferol TABS 10 MCG, 400 UNIT</i>	0	
<i>ergocalciferol CAPS</i>	0	
<i>ergocalciferol SOLN OR</i>	1B	
VITAMIN D2 TABS 400 UNIT	0	AL(At least 65 yrs old)
Water Soluble Vitamins		
<i>ascorbic acid SOLN IJ</i>	3	QL(0.4 ml daily)
NIACIN TR TBCR	1B	
<i>niacinamide TABS 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) 46	AIMOVIG .....	54	
abacavir sulfate TABS .....	30	acyclovir CAPS .....	31	AIMSCO LUBRICATED MISC .....	51
abacavir sulfate-lamivudine .....	30	acyclovir SUSP .....	31	AIRDUO DIGIHALER 113/14 .....	9
ABELCET .....	18	acyclovir TABS OR .....	31	AIRDUO DIGIHALER 232/14 .....	9
abiraterone acetate 250 MG .....	25	acyclovir topical CREA .....	40	AIRDUO DIGIHALER 55/14 .....	9
abiraterone acetate 500 MG .....	25	acyclovir topical OINT .....	40	AIRSUPRA .....	10
ABRYSVO .....	66	ADACEL SUSP .....	64	AKYNZEO .....	17
acamprosate calcium .....	62	ADALIMUMAB-ADAZ SOAJ .....	3	albendazole .....	7
acarbose .....	15	ADALIMUMAB-ADAZ SOSY .....	3	albuterol sulfate AERS .....	10
acebutolol hcl CAPS .....	32	ADALIMUMAB-ADAZ SOSY .....	3	albuterol sulfate NEBU 0.083 %, 0.5 %, 0.63 MG/3ML, 1.25 MG/3ML, 2.5 MG/0.5ML .....	10
acetaminophen w/ codeine SOLN ..	6	adapalene CREA .....	37	albuterol sulfate SYRP .....	10
acetaminophen w/ codeine TABS 15 MG-300 MG .....	6	adapalene GEL .....	37	albuterol sulfate TABS .....	10
acetaminophen w/ codeine TABS 30 MG-300 MG .....	6	adapalene-benzoyl peroxide GEL 2.5 %-0.1 % .....	37	alclometasone dipropionate CREA	40
acetaminophen w/ codeine TABS 60 MG-300 MG .....	6	ADCETRIS .....	24	alclometasone dipropionate OINT	40
acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG ....	6	adefovir dipivoxil .....	31	ALDURAZYME .....	45
acetazolamide CP12 .....	44	ADEMPAS .....	34	ALECENSA .....	26
acetazolamide sodium .....	44	ADTHYZA TABS 16.25 MG, 32.5 MG, 65 MG, 97.5 MG, 130 MG ....	64	alendronate sodium TABS 35 MG, 70 MG .....	44
acetazolamide TABS 125 MG .....	44	ADVATE .....	48	alendronate sodium TABS 5 MG, 10 MG .....	44
acetazolamide TABS 250 MG .....	44	ADYNOVATE .....	48	alfuzosin hcl .....	48
acetic acid (otic) .....	60	AFLURIA 2024-2025 SUSP .....	66	ALINIA SUSR .....	21
acetic acid 0.25 % .....	48	AFLURIA 2024-2025 SUSY .....	66	aliskiren fumarate .....	21
acetylcysteine SOLN .....	37	AFLURIA QUADRIVALENT 2022- 2023 SUSP .....	66	allopurinol 100 MG, 300 MG .....	48
acitretin 10 MG, 17.5 MG .....	39	AFLURIA QUADRIVALENT 2022- 2023 SUSY .....	66	almotriptan malate 12.5 MG .....	54
acitretin 25 MG .....	39	AFLURIA QUADRIVALENT 2023- 2024 SUSP .....	66	almotriptan malate 6.25 MG .....	54
ACTHAR GEL .....	45	AFLURIA QUADRIVALENT 2023- 2024 SUSY .....	66	ALOCRIIL .....	60
ACTHIB SOLR IM .....	66	AFSTYLA .....	48	alogliptin benzoate .....	16
ACTIMMUNE 100 MCG/0.5ML ....	27			alogliptin-metformin hcl .....	15

alogliptin-pioglitazone 15 MG-25 MG, 30 MG-25 MG, 45 MG-25 MG ..... 15	aminophylline SOLN ..... 10	1.25 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG ..... 1
alogliptin-pioglitazone 30 MG-12.5 MG ..... 15	amiodarone hcl SOLN 50 MG/ML ... 9	amphetamine-dextroamphetamine CP24 3.75 MG-3.75 MG-3.75 MG- 3.75 MG ..... 1
ALOMIDE ..... 60	amiodarone hcl TABS ..... 9	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
alosetron hcl ..... 47	amlodipine besylate TABS ..... 32	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 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	
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) ..... 60	amoxapine ..... 14	amphetamine-dextroamphetamine TABS 7.5 MG-7.5 MG-7.5 MG-7.5 MG ..... 1
ALTABAX ..... 38	amoxicillin & pot clavulanate CHEW . 61	amphotericin b IV ..... 18
ALTUVIIIO ..... 48	amoxicillin & pot clavulanate SUSR 61	amphotericin b liposome ..... 18
ALUNBRIG TABS ..... 26	amoxicillin & pot clavulanate TABS 61	ampicillin & sulbactam sodium IJ 1 GM-0.5 GM, 2 GM-1 GM ..... 61
ALUNBRIG TBPK ..... 26	amoxicillin CAPS ..... 61	ampicillin CAPS 500 MG ..... 61
ALVESCO ..... 9	amoxicillin CHEW 125 MG, 250 MG . 61	ampicillin sodium IJ 1 GM ..... 61
alvimopan ..... 47	amoxicillin SUSR 125 MG/5ML ... 61	anagrelide hcl ..... 49
amantadine hcl CAPS ..... 28	amoxicillin SUSR 200 MG/5ML, 250 MG/5ML, 400 MG/5ML ..... 61	anastrozole ..... 25
amantadine hcl SOLN ..... 28	amoxicillin TABS ..... 61	ANDRODERM PT24 2 MG/24HR, 4 MG/24HR ..... 7
amantadine hcl TABS ..... 28	amoxicillin-clarithromycin w/ lansoprazole THPK ..... 65	ANGELIQ ..... 46
ambrisentan ..... 33	amphetamine sulfate TABS ..... 1	ANNOVERA ..... 35
amcinonide CREA ..... 40	amphetamine-dextroamphetamine CP24 1.25 MG-1.25 MG-1.25 MG-	ANORO ELLIPTA ..... 10
amcinonide LOTN ..... 40		ANZEMET TABS 50 MG ..... 17
amcinonide OINT ..... 40		APIDRA SOLN ..... 16
amikacin sulfate SOLN 1 GM/4ML, 500 MG/2ML ..... 2		APIDRA SOLOSTAR SOPN ..... 16
amiloride & hydrochlorothiazide ... 44		
amiloride hcl TABS ..... 44		
aminocaproic acid TABS ..... 50		

apomorphine hydrochloride SOCT 28	aspirin TBEC 325 MG ..... 5	azacitidine SUSR ..... 24
apraclonidine hcl ..... 59	aspirin TBEC 81 MG ..... 5	AZASITE ..... 59
aprepitant CAPS 40 MG, 125 MG . 18	aspirin-dipyridamole ..... 49	AZATHIOPRINE ..... 56
aprepitant CAPS 80 MG ..... 18	atazanavir sulfate CAPS 150 MG, 300 MG ..... 30	azathioprine TABS ..... 56
aprepitant CAPS ..... 18	atazanavir sulfate CAPS 200 MG . 30	azelaic acid GEL ..... 42
aprepitant MISC ..... 18	atenolol & chlorthalidone ..... 20	azelastine hcl (ophth) ..... 60
APTIOM ..... 11	atenolol TABS ..... 32	azelastine hcl ..... 58
APTIVUS CAPS ..... 30	ATGAM ..... 56	AZELEX ..... 37
ARANESP ALBUMIN FREE SOLN 25 MCG/ML ..... 49	atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG ..... 1	azithromycin PACK ..... 51
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 ..... 51
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 ..... 51
ARCALYST ..... 3	atovaquone ..... 21	azithromycin TABS 250 MG ..... 51
AREXVY ..... 66	atovaquone-proguanil hcl ..... 22	azithromycin TABS 500 MG ..... 51
arformoterol tartrate ..... 10	atracurium besylate 100 MG/10ML 59	azithromycin TABS 600 MG ..... 51
ARIKAYCE ..... 2	atropine sulfate SOLN IJ 0.4 MG/ML, 1 MG/ML ..... 65	aztreonam 1 GM ..... 22
aripiprazole SOLN OR ..... 30	atropine sulfate SOSY IJ 0.25 MG/5ML ..... 65	bacitracin (ophthalmic) ..... 59
aripiprazole TABS ..... 30	ATROVENT HFA ..... 9	bacitracin ..... 21
armodafinil ..... 1	AUSTEDO PATIENT TITRATION KIT TBPK ..... 62	baclofen TABS ..... 58
ARMOUR THYROID TABS ..... 64	AUSTEDO TABS ..... 62	BALCOLTRA (levonorgestrel-ethinyl estradiol-iron) ..... 35
ARNUITY ELLIPTA ..... 9	AUSTEDO XR PATIENT TITRATION KIT TEPK ..... 62	balsalazide disodium CAPS ..... 47
arsenic trioxide 10 MG/10ML ..... 27	AUSTEDO XR TB24 ..... 62	BALVERSA ..... 26
ARZERRA ..... 24	avanafil ..... 33	BANZEL TABS 200 MG (rufinamide) 11
ascorbic acid SOLN IJ ..... 70	AVONEX PEN AJKT ..... 62	BANZEL TABS 400 MG (rufinamide) 11
asenapine maleate 2.5 MG ..... 29	AVONEX PSKT ..... 62	BARACLUDGE SOLN ..... 31
asenapine maleate 5 MG, 10 MG . 29	AYVAKIT ..... 25	BASAGLAR KWIKPEN SOPN ..... 16
aspirin CHEW ..... 5		BAXDELA SOLR ..... 47
aspirin TABS 325 MG ..... 5		BAXDELA TABS ..... 47
		BELSOMRA ..... 50

benazepril & hydrochlorothiazide 12.5 MG-10 MG, 25 MG-20 MG ...	20	augmented CREA .....	40	bosentan TABS 125 MG .....	33
benazepril & hydrochlorothiazide 12.5 MG-20 MG, 6.25 MG-5 MG ..	20	betamethasone dipropionate augmented LOTN .....	40	bosentan TABS 62.5 MG .....	33
benazepril hcl .....	20	betamethasone dipropionate augmented OINT .....	40	BOSULIF TABS 100 MG, 500 MG	26
bendamustine hcl SOLR .....	23	betamethasone valerate CREA ...	40	BOSULIF TABS 400 MG .....	26
BENEFIX KIT .....	48	betamethasone valerate FOAM ...	40	BRAFTOVI 75 MG .....	26
BENZEPRO CREAMY WASH LIQD .	37	betamethasone valerate LOTN ...	40	BREO ELLIPTA (fluticasone furoate- vilanterol) .....	10
BENZEPRO FOAM 5.3 % .....	37	betamethasone valerate OINT ....	40	BREO ELLIPTA .....	10
benzonatate 100 MG .....	37	BETASERON KIT .....	62	BREZTRI AEROSPHERE .....	10
benzonatate 150 MG .....	37	betaxolol hcl (ophth) SOLN .....	59	BRILINTA .....	49
benzonatate 200 MG .....	37	betaxolol hcl .....	32	brimonidine tartrate (topical) .....	42
benzoyl peroxide FOAM 5.3 %, 9.8 % .....	37	bethanechol chloride 25 MG .....	66	brimonidine tartrate 0.15 %, 0.2 %	59
benzoyl peroxide GEL 10 % .....	37	bethanechol chloride 5 MG, 10 MG, 50 MG .....	66	brimonidine tartrate-timolol maleate .	59
benzoyl peroxide GEL 5 % .....	37	bexarotene (topical) .....	39	brinzolamide .....	60
benzoyl peroxide LIQD 4 %, 7 %, 10 % .....	37	bexarotene .....	27	BRIVIACT SOLN OR 10 MG/ML ..	11
benzoyl peroxide-erythromycin GEL .	37	BEXSERO .....	66	BRIVIACT TABS .....	11
benztropine mesylate SOLN .....	28	bicalutamide .....	25	bromfenac sodium (ophth) .....	60
benztropine mesylate TABS .....	28	BIJUVA .....	46	bromocriptine mesylate CAPS ....	28
bepotastine besilate .....	60	BIKTARVY .....	30	bromocriptine mesylate TABS 2.5 MG .....	28
BESIVANCE .....	59	bimatoprost SOLN .....	60	BRUKINSA .....	26
betaine .....	45	bisacodyl SUPP .....	51	budesonide (inhalation) SUSP .....	9
betamethasone dipropionate (topical) CREA .....	40	bisacodyl TBEC .....	51	budesonide (intrarectal) .....	7
betamethasone dipropionate (topical) LOTN .....	40	bisoprolol & hydrochlorothiazide ..	20	budesonide (nasal) .....	58
betamethasone dipropionate (topical) OINT .....	40	bisoprolol fumarate .....	32	budesonide CPEP .....	36
betamethasone dipropionate		bleomycin sulfate 15 UNIT .....	25	budesonide-formoterol fumarate dihydrate .....	10
		BOOSTRIX SUSP .....	64	bumetanide SOLN 0.25 MG/ML ...	44
		BOOSTRIX SUSY .....	64	bumetanide TABS .....	44
		bortezomib SOLR IJ .....	26	buprenorphine hcl SOLN .....	7
		BORTEZOMIB SOLR IV 3.5 MG ..	26		

buprenorphine hcl SUBL .....	7	butalbital-aspirin-caffeine CAPS .....	5	captopril 12.5 MG .....	20
buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG .....	7	butalbital-aspirin-caffeine w/cod .....	6	captopril 25 MG, 50 MG, 100 MG ..	20
buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG .....	7	butenafine hcl .....	38	carbamazepine CHEW 100 MG ...	11
buprenorphine hcl-naloxone hcl dihydrate SUBL .....	7	butorphanol tartrate IJ 1 MG/ML, 2 MG/ML .....	7	carbamazepine CP12 100 MG ....	11
buprenorphine PTWK .....	7	butorphanol tartrate NA 10 MG/ML .	7	carbamazepine CP12 200 MG ....	11
bupropion hcl (smoking deterrent) 63		cabergoline .....	46	carbamazepine CP12 300 MG ....	11
bupropion hcl TABS .....	13	CABLIVI .....	49	carbamazepine SUSP .....	11
bupropion hcl TB12 100 MG .....	13	CABOMETYX TABS .....	26	carbamazepine TABS .....	12
bupropion hcl TB12 150 MG .....	13	calcipotriene CREA .....	39	carbamazepine TB12 100 MG, 400 MG .....	12
bupropion hcl TB12 200 MG .....	13	calcipotriene OINT .....	39	carbamazepine TB12 200 MG .....	12
bupropion hcl TB24 150 MG .....	13	calcipotriene SOLN .....	39	carbidopa .....	28
bupropion hcl TB24 300 MG .....	13	calcipotriene-betamethasone dipropionate OINT .....	40	carbidopa-levodopa TABS .....	28
buspiron hcl 5 MG .....	8	calcipotriene-betamethasone dipropionate SUSP .....	41	carbidopa-levodopa TBCR .....	28
buspiron hcl 7.5 MG, 10 MG, 15 MG, 30 MG .....	8	calcitonin (salmon) NA .....	44	carbidopa-levodopa TBDP .....	28
busulfan SOLN .....	23	calcitriol (topical) .....	39	carbidopa-levodopa-entacapone .	28
butalbital-acetaminophen TABS 50 MG-325 MG .....	5	calcitriol CAPS .....	45	carbinoxamine maleate SOLN .....	18
butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG .....	4	calcitriol SOLN IV .....	45	carbinoxamine maleate TABS 4 MG .	18
butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG .....	4	calcium acetate (phosphate binder) CAPS .....	48	carboplatin SOLN 50 MG/5ML .....	23
butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG .....	4	calcium acetate (phosphate binder) TABS .....	48	carisoprodol TABS .....	58
butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG .....	6	calcium chloride (dihydrate) SOLN	55	carmustine .....	23
butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG .....	6	calcium polycarbophil TABS .....	50	carteolol hcl (ophth) .....	59
		CALQUENCE .....	26	carvedilol .....	32
		candesartan cilexetil .....	20	carvedilol phosphate .....	32
		candesartan cilexetil- hydrochlorothiazide .....	20	caspofungin acetate .....	18
		capecitabine .....	24	CAYA DPRH .....	51
		CAPRELSA .....	26	CAYSTON .....	22
				cefaclor CAPS .....	34
				cefaclor SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML .....	34



cefadroxil CAPS .....	34	CHEMET .....	17	ciclopirox olamine CREA .....	38
cefadroxil SUSR .....	34	CHEMSTRIP-K STRP .....	43	ciclopirox olamine SUSP .....	38
cefadroxil TABS .....	34	chloramphenicol sodium succinate 22		ciclopirox SHAM .....	38
cefazolin sodium SOLR IJ 1 GM, 10 GM, 500 MG .....	34	chlordiazepoxide hcl CAPS .....	8	ciclopirox SOLN .....	38
cefdinir CAPS .....	34	chlordiazepoxide hcl-clidinium bromide .....	65	cidofovir .....	31
cefdinir SUSR .....	34	chlordiazepoxide-amitriptyline .....	62	cilostazol .....	49
cefepime hcl SOLR IV 2 GM .....	35	chlorhexidine gluconate (mouth- throat) .....	57	CIMDUO .....	30
cefixime CAPS .....	34	chloroquine phosphate TABS 250 MG .....	22	cimetidine TABS .....	65
cefixime SUSR .....	34	chloroquine phosphate TABS 500 MG .....	22	cinacalcet hcl .....	45
cefotaxime sodium IJ 1 GM, 2 GM	34	chlorpromazine hcl SOLN .....	29	CIPRO SUSR .....	47
cefotetan disodium IJ 1 GM, 2 GM	34	chlorpromazine hcl TABS .....	29	ciprofloxacin hcl (ophth) SOLN ....	59
cefoxitin sodium IV 1 GM, 2 GM ...	34	chlorthalidone 25 MG, 50 MG ....	44	ciprofloxacin hcl (otic) .....	60
cefpodoxime proxetil SUSR .....	34	chlorzoxazone TABS 500 MG ....	58	ciprofloxacin hcl TABS .....	47
cefpodoxime proxetil TABS .....	34	chlorzoxazone TABS 750 MG ....	58	ciprofloxacin in d5w 5 %-200 MG/100ML .....	47
cefprozil SUSR .....	34	CHOLBAM .....	47	ciprofloxacin SUSR 5 GM/100ML, 500 MG/5ML .....	47
cefprozil TABS .....	34	cholecalciferol CAPS 1.25 MG, 1.25 MG, 10 MCG, 50 MCG, 400 UNIT, 2000 UNIT, 50000 UNIT .....	70	ciprofloxacin-dexamethasone ....	60
ceftazidime IJ 1 GM, 6 GM .....	34	cholecalciferol TABS 10 MCG, 400 UNIT .....	70	ciprofloxacin-fluocinolone acetonide . 61	
ceftriaxone sodium IJ 1 GM, 2 GM, 500 MG .....	34	cholestyramine light PACK .....	19	cisplatin SOLN 100 MG/100ML ....	23
ceftriaxone sodium IJ 250 MG ....	34	cholestyramine light POWD .....	19	citalopram hydrobromide SOLN ...	13
cefuroxime axetil TABS .....	34	cholestyramine PACK .....	19	citalopram hydrobromide TABS 10 MG .....	13
cefuroxime sodium IJ 750 MG ....	34	cholestyramine POWD .....	19	citalopram hydrobromide TABS 20 MG .....	13
celecoxib .....	4	choline fenofibrate .....	19	citalopram hydrobromide TABS 40 MG .....	13
CELONTIN (methsuximide) .....	13	CHORIONIC GONADOTROPIN IM 45		clarithromycin SUSR .....	51
cephalexin CAPS .....	34	ciclopirox GEL .....	38	clarithromycin TABS .....	51
cephalexin SUSR .....	34			clarithromycin TB24 .....	51
CERDELGA .....	49			CLASSIC PRENATAL TABS .....	57
CEREZYME 400 UNIT .....	49				
cetirizine hcl TABS .....	18				
cevimeline hcl .....	57				

clemastine fumarate SYRP .....	18	clobetasol propionate CREA 0.05 % .	29	clozapine TBDP 25 MG .....	29
clemastine fumarate TABS 2.68 MG .	18	41		COARTEM .....	22
CLIMARA PRO .....	46	clobetasol propionate emollient base	41	codeine sulfate TABS 30 MG .....	5
clindamycin hcl .....	22	0.05 % .....	41	CODEINE SULFATE TABS .....	5
clindamycin palmitate hydrochloride .	22	clobetasol propionate FOAM .....	41	colchicine TABS .....	48
clindamycin phosphate (topical)		clobetasol propionate GEL 0.05 %	41	colchicine w/ probenecid .....	48
FOAM .....	37	clobetasol propionate OINT 0.05 %	41	colesevelam hcl PACK .....	19
clindamycin phosphate (topical) GEL	37	clobetasol propionate SOLN 0.05 % .	41	colesevelam hcl TABS .....	19
37		41		colestipol hcl GRAN .....	19
clindamycin phosphate (topical)		clocortolone pivalate .....	41	colestipol hcl PACK .....	19
LOTN .....	37	clofarabine .....	24	colestipol hcl TABS .....	19
clindamycin phosphate (topical)		clomiphene citrate TABS .....	45	COMBIPATCH PTTW .....	46
SOLN .....	37	clomipramine hcl .....	14	COMETRIQ KIT .....	26
clindamycin phosphate (topical)		clonazepam TABS .....	11	COMIRNATY 2023-24 SUSP .....	66
SWAB .....	37	clonidine hcl (adhd) TB12 .....	1	COMIRNATY 2023-24 SUSY .....	66
clindamycin phosphate SOLN IJ 9		clonidine hcl TABS .....	20	COMIRNATY 2024-25 SUSY .....	66
GM/60ML, 300 MG/2ML, 600		clonidine PTWK .....	20	COMIRNATY SUSP .....	66
MG/4ML, 900 MG/6ML, 9000		clopidogrel bisulfate 300 MG .....	49	COMPLERA .....	30
MG/60ML .....	22	clopidogrel bisulfate 75 MG .....	49	CONTRACE .....	1
clindamycin phosphate vaginal CREA		clorazepate dipotassium TABS .....	8	COPIKTRA .....	26
.....	69	clotrimazole (topical) CREA .....	38	CORDRAN TAPE .....	41
clindamycin phosphate-benzoyl		clotrimazole (topical) SOLN .....	38	CORLANOR SOLN .....	34
peroxide (refrigerate) .....	37	clotrimazole .....	57	CORLANOR TABS (ivabradine hcl)	34
clindamycin phosphate-benzoyl		clotrimazole vaginal CREA 1 % ...	69	CORTISPORIN-TC .....	61
peroxide GEL 5 %-1 % .....	37	clotrimazole w/ betamethasone		COSENTYX SENSOREADY PEN	
clindamycin phosphate-tretinoin ..	37	CREA .....	38	SOAJ .....	39
CLINIMIX 4.25%/DEXTROSE 10%	59	clotrimazole w/ betamethasone		COSENTYX SOSY 150 MG/ML ...	39
CLINIMIX 4.25%/DEXTROSE 5%	59	LOTN .....	38	COSENTYX SOSY 75 MG/0.5ML .	39
CLINIMIX E 5%/DEXTROSE 20%	59	clozapine TABS .....	29	COSENTYX UNOREADY SOAJ ..	39
clobazam SUSP .....	11	clozapine TBDP 100 MG .....	29		
clobazam TABS .....	11	clozapine TBDP 12.5 MG, 150 MG			

CREON CPEP .....	43	FOR PSORIASIS/UEVITIS AJKT ...	3	deflazacort SUSP .....	36
CRESEMBA CAPS 186 MG .....	18	cyproheptadine hcl SYRP .....	19	deflazacort TABS .....	36
cromolyn sodium (ophth) .....	60	cyproheptadine hcl TABS .....	19	DELESTROGEN 10 MG/ML (estradiol valerate) .....	46
cromolyn sodium NEBU .....	9	CYSTAGON CAPS .....	48	DELSTRIGO .....	30
crotamiton LOTN .....	43	CYSTARAN .....	60	demeclocycline hcl TABS .....	64
CVS PRENATAL TABS 100 MG-2.6 MG-800 MCG-400 UNIT-4 MCG-1.7 MG-18 MG-27 MG-1.5 MG-25 MG- 263 MG-11 UNIT-4000 UNIT .....	57	cytarabine SOLN .....	24	DEPO-ESTRADIOL .....	46
cyanocobalamin SOLN IJ 1000 MCG/ML .....	49	dabigatran etexilate mesylate CAPS . 11		DEPO-MEDROL SUSP .....	36
cyclobenzaprine hcl TABS 5 MG, 10 MG .....	58	dacarbazine SOLR 200 MG .....	27	DEPO-SUBQ PROVERA 104 SUSY SC .....	36
cyclophosphamide CAPS .....	23	dactinomycin .....	25	desipramine hcl TABS .....	14
cyclophosphamide SOLR IJ .....	23	dalfampridine .....	62	desloratadine TABS .....	18
cycloserine .....	23	danazol CAPS .....	7	desloratadine TBDP 2.5 MG .....	18
cyclosporine (ophth) EMUL .....	59	dantrolene sodium CAPS .....	58	desmopressin acetate SOLN IJ ...	46
cyclosporine CAPS .....	56	dapagliflozin propanediol .....	16	DESMOPRESSIN ACETATE SOLN NA .....	46
cyclosporine modified (for microemulsion) CAPS .....	56	dapagliflozin propanediol-metformin hcl 1000 MG-10 MG .....	15	desmopressin acetate spray .....	46
cyclosporine modified (for microemulsion) SOLN .....	56	dapagliflozin propanediol-metformin hcl 1000 MG-5 MG .....	15	desmopressin acetate spray refrigerated .....	46
cyclosporine SOLN IV 50 MG/ML .	56	dapsone .....	22	desmopressin acetate TABS 0.1 MG 46	
CYLTEZO AJKT .....	3	DAPTACEL .....	64	desmopressin acetate TABS 0.2 MG 46	
CYLTEZO PSKT 10 MG/0.2ML, 40 MG/0.4ML .....	3	daptomycin 500 MG .....	22	desogestrel & ethinyl estradiol ....	35
CYLTEZO PSKT 20 MG/0.4ML, 40 MG/0.8ML .....	3	darifenacin hydrobromide .....	66	desogestrel-ethinyl estradiol (biphasic) .....	35
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS AJKT .....	3	darunavir TABS .....	30	desogestrel-ethinyl estradiol (triphasic) .....	35
CYLTEZO STARTER PACKAGE FOR PSORIASIS AJKT .....	3	dasatinib .....	26	desonide CREA .....	41
CYLTEZO STARTER PACKAGE		DAURISMO .....	25	desonide LOTN .....	41
		DEBACTEROL .....	57	desonide OINT .....	41
		decitabine .....	24	desoximetasone CREA 0.25 % ...	41
		deferasirox PACK .....	17	desoximetasone GEL .....	41
		deferasirox TABS .....	17		
		deferasirox TBSO .....	17		
		deferiprone TABS 500 MG .....	17		

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

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

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

MG .....	65	etoposide CAPS .....	28	FARXIGA .....	16
esomeprazole magnesium CPDR 40 MG .....	65	etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML .....	28	FASENRA PEN SOAJ .....	9
esomeprazole magnesium TBEC ..	65	etravirine 100 MG .....	30	FASENRA SOSY 30 MG/ML .....	9
ESPEROCT .....	48	etravirine 200 MG .....	30	FC2 FEMALE CONDOM .....	52
estazolam .....	50	EUCRISA .....	42	febuxostat .....	48
esterified estrogens & methyltestosterone .....	46	EVAMIST SOLN .....	46	felbamate SUSP .....	12
estradiol & norethindrone acetate TABS .....	46	everolimus (immunosuppressant) 0.25 MG, 0.5 MG, 0.75 MG .....	56	felbamate TABS 400 MG .....	12
estradiol GEL 0.06 % .....	46	everolimus (immunosuppressant) 1 MG .....	56	felbamate TABS 600 MG .....	12
estradiol GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM, 1.25 MG/1.25GM .....	46	everolimus TABS .....	26	felodipine .....	33
estradiol PTTW .....	46	EVOTAZ .....	30	FEMCAP DEVI .....	52
estradiol PTWK .....	46	exemestane .....	25	FEMLYV TBDP .....	35
estradiol TABS .....	46	ezetimibe .....	19	FEMRING .....	69
estradiol vaginal CREA .....	69	ezetimibe-simvastatin .....	19	fenofibrate micronized 43 MG, 67 MG, 130 MG, 134 MG, 200 MG ...	19
estradiol vaginal TABS .....	69	famciclovir 125 MG, 250 MG .....	31	fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG .....	19
estradiol valerate .....	46	famciclovir 500 MG .....	31	fenoprofen calcium TABS .....	4
ESTRING RING .....	69	famotidine in nacl SOLN .....	65	FENSOLVI SC .....	45
ESTROGEL GEL (estradiol) .....	46	famotidine SOLN 20 MG/2ML .....	65	fentanyl citrate LPOP .....	5
eszopiclone .....	50	famotidine SOLN 40 MG/4ML, 200 MG/20ML .....	65	fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR .....	5
ethacrynic acid .....	44	famotidine SUSR .....	65	ferrous fumarate-folic acid .....	50
ethambutol hcl TABS .....	23	famotidine TABS 20 MG, 40 MG ..	65	ferrous sulfite SOLN 15 MG/ML ..	50
ethosuximide CAPS .....	13	FANAPT .....	29	ferrous sulfite TABS 65 MG, 325 MG .....	50
ethosuximide SOLN .....	13	FANAPT TITRATION PACK .....	29	ferrous sulfite TBEC 325 MG .....	50
ethynodiol diacet & eth estrad .....	35	FANTASY LUBRICATED MISC ...	51	fesoterodine fumarate .....	66
etodolac CAPS .....	4	FANTASY LUBRICATED/SPERMICIDE MISC	51	FETZIMA CP24 .....	14
etodolac TABS .....	4	FARXIGA (dapagliflozin propanediol) .....	16	FETZIMA TITRATION PACK C4PK	
etonogestrel-ethinyl estradiol .....	35	.....	16	finasteride .....	48
ETOPOPHOS .....	28				

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



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

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

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

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

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

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

LUPRON DEPOT (6-MONTH) IM . 25	medroxyprogesterone acetate 10 MG	mesalamine CPDR . . . . . 47
LUPRON DEPOT-PED (1-MONTH) . 45	..... 62	mesalamine ENEM . . . . . 47
LUPRON DEPOT-PED (3-MONTH) 11.25 MG . . . . . 45	medroxyprogesterone acetate 2.5 MG, 5 MG . . . . . 62	mesalamine SUPP . . . . . 47
LUPRON DEPOT-PED (3-MONTH) 30 MG . . . . . 45	mefenamic acid CAPS . . . . . 4	mesalamine TBEC 1.2 GM . . . . . 47
lurasidone hcl 20 MG, 40 MG, 60 MG, 120 MG . . . . . 29	mefloquine hcl . . . . . 23	mesalamine TBEC 800 MG . . . . . 47
lurasidone hcl 80 MG . . . . . 29	megestrol acetate (appetite) . . . . . 62	metaxalone 800 MG . . . . . 58
LYNPARZA TABS . . . . . 26	megestrol acetate SUSP . . . . . 25	metformin hcl TABS 1000 MG . . . . . 15
LYSODREN . . . . . 25	megestrol acetate TABS . . . . . 25	metformin hcl TABS 500 MG . . . . . 15
mafenide acetate PACK . . . . . 40	MEKINIST SOLR . . . . . 26	metformin hcl TABS 850 MG . . . . . 15
magnesium sulfate IJ 50 % . . . . . 55	MEKINIST TABS . . . . . 26	metformin hcl TB24 500 MG . . . . . 16
malathion . . . . . 43	MEKTOVI . . . . . 26	metformin hcl TB24 750 MG . . . . . 15
maraviroc TABS 150 MG . . . . . 30	meloxicam TABS . . . . . 4	methadone hcl CONC . . . . . 5
maraviroc TABS 300 MG . . . . . 30	melphalan . . . . . 23	methadone hcl SOLN IJ 10 MG/ML . 5
MARPLAN . . . . . 13	melphalan hcl IV . . . . . 23	METHADONE HCL SOLN IJ . . . . . 5
MASONATAL TABS . . . . . 57	memantine hcl TABS . . . . . 62	methadone hcl SOLN OR 10 MG/5ML . . . . . 5
MATULANE . . . . . 27	MENACTRA . . . . . 66	methadone hcl SOLN OR 5 MG/5ML 5
MAXIDEX SUSP OP . . . . . 60	MENEST . . . . . 46	methadone hcl TABS 10 MG . . . . . 5
MAXX LUBRICATED MISC . . . . . 52	MENOSTAR PTWK . . . . . 46	methadone hcl TABS 5 MG . . . . . 5
MAXX PLUS SPERMICIDE LUBRICATED MISC . . . . . 52	MENQUADFI . . . . . 66	methadone hcl TBSO . . . . . 5
meclizine hcl TABS 12.5 MG . . . . . 17	MENVEO SOLN . . . . . 66	methamphetamine hcl . . . . . 1
meclizine hcl TABS 25 MG . . . . . 17	MENVEO SOLR . . . . . 66	methazolamide TABS . . . . . 44
meclofenamate sodium CAPS . . . . . 4	meperidine hcl SOLN IJ 25 MG/ML, 50 MG/ML, 100 MG/ML . . . . . 5	methenamine hippurate . . . . . 22
MEDROL TABS . . . . . 36	meperidine hcl SOLN OR 50 MG/5ML . . . . . 5	methimazole TABS . . . . . 64
medroxyprogesterone acetate (contraceptive) SUSP IM . . . . . 36	meperidine hcl TABS 50 MG . . . . . 5	methocarbamol TABS 500 MG, 750 MG . . . . . 58
medroxyprogesterone acetate (contraceptive) SUSY IM . . . . . 36	meprobamate . . . . . 8	METHOTREXATE . . . . . 3
	mercaptopurine TABS . . . . . 24	methotrexate sodium SOLN 50 MG/2ML, 250 MG/10ML . . . . . 24
	meropenem . . . . . 21	methotrexate sodium SOLR . . . . . 24
	mesalamine CP24 . . . . . 47	

methotrexate sodium TABS 2.5 MG 24	125 MG, 500 MG, 1000 MG ..... 36	midodrine hcl ..... 69
methoxsalen rapid .....39	methylprednisolone TABS ..... 36	miglitol ..... 15
methscopolamine bromide .....65	methylprednisolone TBPk ..... 36	miglustat .....49
methsuximide .....13	methyltestosterone TABS .....7	minocycline hcl CAPS ..... 64
methylidopa TABS .....20	metoclopramide hcl SOLN IJ 5 MG/ML ..... 47	minocycline hcl TABS .....64
methylphenidate hcl CHEW 10 MG .2	metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML ..... 47	minoxidil 2.5 MG, 10 MG ..... 21
methylphenidate hcl CHEW 2.5 MG 2	metoclopramide hcl TABS ..... 47	MIRCERA ..... 49
methylphenidate hcl CHEW 5 MG ..2	metolazone .....44	MIRENA .....36
methylphenidate hcl CP24 10 MG, 60 MG .....2	metoprolol & hydrochlorothiazide TABS 25 MG-100 MG, 50 MG-100 MG ..... 21	mirtazapine TABS 15 MG .....13
methylphenidate hcl CP24 20 MG, 40 MG .....2	metoprolol & hydrochlorothiazide TABS 25 MG-50 MG .....21	mirtazapine TABS 30 MG .....13
methylphenidate hcl CP24 30 MG ..2	metoprolol succinate TB24 200 MG 32	mirtazapine TABS 7.5 MG, 45 MG 13
methylphenidate hcl CP24 .....2		mirtazapine TBDP 15 MG .....13
methylphenidate hcl CPR ..... 2		mirtazapine TBDP 30 MG .....13
methylphenidate hcl SOLN ..... 2	metoprolol succinate TB24 25 MG, 50 MG, 100 MG ..... 32	mirtazapine TBDP 45 MG .....13
methylphenidate hcl TABS 10 MG, 20 MG ..... 2	metoprolol tartrate SOLN IV 5 MG/5ML .....32	misoprostol ..... 65
methylphenidate hcl TABS 5 MG ...2	metoprolol tartrate TABS 25 MG, 50 MG, 100 MG ..... 32	mitomycin SOLR IV 20 MG .....26
methylphenidate hcl TB24 18 MG, 27 MG .....2	metronidazole (topical) CREA ..... 42	mitoxantrone hcl 2 MG/ML .....26
methylphenidate hcl TB24 36 MG, 54 MG .....2	metronidazole (topical) GEL 0.75 % 42	M-M-R II SOLR ..... 68
methylphenidate hcl TBCR 10 MG, 20 MG ..... 2	metronidazole (topical) GEL 1 % ..42	M-NATAL PLUS TABS ..... 57
methylphenidate hcl TBCR 18 MG, 27 MG ..... 2	metronidazole (topical) LOTN ..... 42	modafinil 100 MG ..... 2
methylphenidate hcl TBCR 36 MG, 54 MG ..... 2	metronidazole TABS .....21	modafinil 200 MG ..... 2
methylphenidate PTCH ..... 2	metronidazole vaginal .....69	MODERNA COVID-19 VACCINE SUSP .....68
methylprednisolone acetate SUSP 36	mexiletine hcl ..... 8	MODERNA COVID-19 VACCINE/6MO-11Y/2023-24 SUSP . 68
methylprednisolone sod succ 40 MG,	miconazole nitrate vaginal SUPP 200 MG ..... 69	MODERNA COVID-19 VACCINE/BIVALENT/6MO-5Y ... 68



VACCINE/BIVALENT/BA.4/BA.5 . 68	MVASI .....24	NEBUSAL NEBU ..... 37
MODERNA COVID-19	MYALEPT ..... 45	nefazodone hcl ..... 14
VACCINE6MO-5Y SUSP .....68	mycophenolate mofetil CAPS .....56	nelarabine ..... 24
moexipril hcl .....20	mycophenolate mofetil TABS .....56	neomycin sulfate TABS ..... 2
mometasone furoate (nasal) SUSP	mycophenolate sodium .....56	neomycin-bacitracin zn-polymyxin 59
58	MYLERAN TABS ..... 23	neomycin-polymy-dexameth OINT 60
mometasone furoate CREA ..... 42	nabumetone ..... 4	neomycin-polymy-dexameth SUSP
mometasone furoate OINT ..... 42	nadolol TABS 20 MG ..... 32	60
mometasone furoate SOLN .....42	nadolol TABS 40 MG ..... 32	neomycin-polymyxin-hc (ophth) ...60
montelukast sodium CHEW .....9	nadolol TABS 80 MG ..... 32	neomycin-polymyxin-hc (otic) SOLN .
montelukast sodium PACK .....9	nafacillin sodium IV 10 GM .....61	61
montelukast sodium TABS .....9	naftifine hcl CREA 1 % .....39	neomycin-polymyxin-hc (otic) SUSP .
morphine sulfate CP24 10 MG, 20	naftifine hcl CREA 2 % .....38	61
MG, 30 MG, 50 MG, 60 MG, 80 MG,	NAGLAZYME .....45	NEONATAL COMPLETE TABS 120
100 MG .....5	nalbuphine hcl ..... 7	MG-10 MG-9.2 MG-1000 MCG-10
morphine sulfate SOLN IJ 0.5	naloxone hcl LIQD ..... 17	MCG-12 MCG-3 MG-5 MG-20 MG-
MG/ML, 1 MG/ML ..... 5	naloxone hcl SOLN 0.4 MG/ML, 4	27 MG-200 MG-1.84 MG-25 MG-2
morphine sulfate SOLN OR 10	MG/10ML .....17	MG-1200 MCG-2 MG-0.2 MG ..... 57
MG/5ML ..... 5	naltrexone hcl ..... 17	NEONATAL PLUS TABS .....57
morphine sulfate SOLN OR 20	naproxen sodium TABS 550 MG ...4	NEONATAL PRENATAL VITAMIN
MG/5ML ..... 5	naproxen SUSP ..... 4	TABS .....57
morphine sulfate TABS .....6	naproxen TABS ..... 4	NEONATAL VITAMIN TABS ..... 57
morphine sulfate TBCR ..... 6	naproxen TBEC 500 MG .....4	neostigmine methylsulfate SOSY .23
MOTOFEN ..... 17	NATAACYN ..... 59	NEO-SYNALAR ..... 38
MOVANTIK .....47	NATAZIA ..... 35	NEUPRO ..... 28
moxifloxacin hcl (ophth) SOLN OP 59	nateglinide .....16	NEVANAC .....60
moxifloxacin hcl in sodium chloride	NAYZILAM ..... 11	nevirapine SUSP .....30
47	nebivolol hcl 2.5 MG, 5 MG, 10 MG	nevirapine TABS .....31
moxifloxacin hcl TABS .....47	32	nevirapine TB24 100 MG ..... 31
MOZOBIL (plerixafor) ..... 50	nebivolol hcl 20 MG .....32	nevirapine TB24 400 MG ..... 31
MULPLETA .....49		NEXIUM 24HR TBEC (esomeprazole
MULTI PRENATAL TABS ..... 57		magnesium) .....65
mupirocin OINT ..... 38		NEXPLANON ..... 36

NEXTSTELLIS .....	35	NITRO-BID OINT .....	8	estradiol-fe .....	35
niacin (antihyperlipidemic) TBCR ..	19	nitrofurantoin .....	22	norethindrone-eth estradiol (triphasic)	35
niacin CPCR 250 MG, 500 MG ....	70	nitrofurantoin macrocrystal 50 MG,	22	norgestimate-ethinyl estradiol	35
niacin TABS .....	70	100 MG .....	22	(triphasic) .....	35
niacin TBCR .....	70	nitrofurantoin monohyd macro .....	22	norgestimate-ethinyl estradiol .....	35
NIACIN TR TBCR .....	70	nitroglycerin (intra-anal) .....	7	norgestrel & ethinyl estradiol 30	35
niacinamide TABS 100 MG .....	70	nitroglycerin CPCR .....	8	MCG-0.3 MG .....	35
niacinamide TABS 500 MG .....	70	nitroglycerin PT24 .....	8	NORMOSOL-M/D5W .....	55
nicardipine hcl CAPS .....	33	NITROGLYCERIN SOLN IV .....	8	NORMOSOL-R .....	55
nicardipine hcl SOLN .....	33	nitroglycerin SUBL .....	8	nortriptyline hcl CAPS .....	14
nicotine MISC XX .....	63	NIVA-PLUS TABS .....	57	nortriptyline hcl SOLN .....	14
nicotine polacrilex GUM .....	63	nizatidine CAPS .....	65	NORVIR CAPS .....	31
nicotine polacrilex LOZG .....	63	NORDITROPIN FLEXPPO SOPN 30	45	NORVIR PACK .....	31
nicotine PT24 TD 7 MG/24HR, 14	63	MG/3ML .....	45	NORVIR SOLN .....	31
MG/24HR, 21 MG/24HR .....	63	NORDITROPIN FLEXPPO SOPN 5	45	NOVA MAX PLUS KETONE	43
NICOTINE TRANSDERMAL	63	MG/1.5ML, 10 MG/1.5ML, 15	45	TESTSTRIPS .....	43
SYSTEM KIT .....	63	MG/1.5ML .....	45	NOVAVAX COVID-19 VACCINE	68
NICOTROL INHALER INHA .....	63	norelgestromin-ethinyl estradiol ...	35	SUSP .....	68
NICOTROL NS SOLN .....	63	norethin acet & estrad-fe CAPS ...	35	NOVAVAX COVID-19	68
nifedipine CAPS 10 MG .....	33	norethin acet & estrad-fe CHEW ...	35	VACCINE/2023-24 SUSP .....	68
nifedipine CAPS 20 MG .....	33	norethin acet & estrad-fe TABS 1	35	NOVAVAX COVID-19	68
nifedipine TB24 60 MG .....	33	MG-20 MCG-75 MG, 1.5 MG-30	35	VACCINE/2024-25 SUSY .....	68
nifedipine TB24 90 MG .....	33	MCG-75 MG .....	35	NOVOEIGHT .....	49
nifedipine TB24 .....	33	norethindrone & eth estradiol .....	35	NOVOLIN 70/30 FLEXPEN SUPN	16
nilutamide .....	25	norethindrone & ethinyl estradiol-fe	35	NOVOLIN 70/30 SUSP .....	16
nimodipine CAPS .....	33	35	35	NOVOLIN N FLEXPEN SUPN .....	16
NINLARO .....	26	norethindrone (contraceptive) ....	36	NOVOLIN N SUSP .....	16
NIPENT .....	27	norethindrone acet & eth estra TABS	35	NOVOLIN R FLEXPEN SOPN IJ ..	16
nisoldipine .....	33	35	35	NOVOLIN R SOLN IJ .....	16
nitazoxanide TABS .....	21	norethindrone acetate TABS .....	62	NOXAFIL SUSP (posaconazole) ..	18
nitisinone CAPS .....	45	norethindrone acetate-ethinyl	46	NP THYROID 120 TABS .....	64
		estradiol .....	46		
		norethindrone acetate-ethinyl			

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

oxcarbazepine TABS 150 MG, 300 MG .....	12	97300 UNIT-37000 UNIT, 15200 UNIT-8800 UNIT-2600 UNIT, 24600 UNIT-14200 UNIT-4200 UNIT, 61500 UNIT-35500 UNIT-10500 UNIT, 83900 UNIT-54700 UNIT-21000 UNIT, 98400 UNIT-56800 UNIT-16800 UNIT .....	43	51
oxcarbazepine TABS 600 MG .....	12	PANRETIN .....	39	peg 3350-potassium chloride-sod bicarbonate-sod chloride .....
oxiconazole nitrate CREA .....	39	pantoprazole sodium TBEC 20 MG 65		51
OXISTAT LOTN .....	39	pantoprazole sodium TBEC 40 MG 65		PEGASYS SOLN .....
oxybutynin chloride SOLN .....	66	PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A .....	35	31
oxybutynin chloride TABS 5 MG ...	66	paricalcitol CAPS .....	45	PEGASYS SOSY .....
oxybutynin chloride TB24 .....	66	paricalcitol SOLN .....	45	26
oxycodone hcl T12A 10 MG, 20 MG, 40 MG, 80 MG .....	6	paroxetine hcl SUSP .....	14	pemetrexed disodium SOLR 500 MG 24
oxycodone hcl TABS .....	6	paroxetine hcl TABS 10 MG .....	14	penciclovir .....
oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG .....	7	paroxetine hcl TABS 20 MG .....	14	40
oxycodone w/ acetaminophen TABS 325 MG-2.5 MG .....	7	paroxetine hcl TABS 30 MG .....	14	penicillamine CAPS .....
oxymorphone hcl TABS .....	6	paroxetine hcl TABS 40 MG .....	14	56
oxymorphone hcl TB12 40 MG .....	6	paroxetine hcl TB24 12.5 MG .....	14	penicillamine TABS .....
oxymorphone hcl TB12 5 MG, 7.5 MG, 10 MG, 15 MG, 20 MG, 30 MG 6		paroxetine hcl TB24 25 MG, 37.5 MG .....	14	56
OZEMPIC SOPN 2 MG/1.5ML .....	16	PASER PACK .....	23	penicillin g potassium 5000000 UNIT 61
OZEMPIC SOPN .....	16	pazopanib hcl .....	26	PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE 40000 UNIT/ML, 60000 UNIT/ML .....
paclitaxel 6 MG/ML, 100 MG/16.7ML, 150 MG/25ML .....	28	PEDIARIX SUSY .....	64	61
paclitaxel protein-bound particles ..	28	pediatric multivitamins w/fl CHEW ..	57	PENICILLIN G PROCAINE .....
paliperidone 1.5 MG, 3 MG, 9 MG ..	29	PEDVAX HIB SUSP .....	66	61
paliperidone 6 MG .....	29	peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid .....	51	penicillin g sodium .....
palonosetron hcl SOLN .....	17	peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 6.74 GM-2.97 GM-5.86 GM-22.74 GM-236 GM		61
pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML .....	44			penicillin v potassium SOLR .....
PAMIDRONATE DISODIUM SOLN 44				61
PANCREAZE CPEP 149900 UNIT-				penicillin v potassium TABS .....
				61
				PENTACEL .....
				64
				pentazocine w/ naloxone hcl .....
				7
				pentoxifylline .....
				49
				perindopril erbumine 2 MG, 8 MG ..
				20
				perindopril erbumine 4 MG .....
				20
				PERJETA .....
				24
				permethrin CREA .....
				43
				permethrin LIQD EX .....
				43
				perphenazine TABS .....
				30
				perphenazine-amitriptyline .....
				62
				PERSERIS PRSY .....
				29
				PFIZER-BIONTECH COVID-

19VACCINE SUSP .....	68	phenytoin CHEW .....	13	PLEGRIDY SOAJ .....	63
PFIZER-BIONTECH COVID-19VACCINE/5-11Y SUSP .....	68	phenytoin sodium extended 100 MG, 200 MG, 300 MG .....	13	PLEGRIDY SOSY SC .....	63
PFIZER-BIONTECH COVID-19VACCINE/5-11Y/2023-24 SUSP 68		phenytoin sodium SOLN .....	13	PLEGRIDY STARTER PACK SOAJ .	63
PFIZER-BIONTECH COVID-19VACCINE/5-11Y/2024-25 SUSP 68		phenytoin SUSP .....	13	PLEGRIDY STARTER PACK SOSY SC .....	63
PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y SUSP .....	68	PHEXXI .....	69	plerixafor .....	50
PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y/2023-24 SUSP .....	68	PHOSLYRA SOLN .....	48	PNEUMOVAX 23 SOSY .....	66
PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y/2024-25 SUSP .....	68	PHOTOFRIN .....	27	PNEUMOVAX 23/1 DOSE SOLN .	66
PFIZER-BIONTECH COVID-19VACCINE/ADULT RTU SUSP ..	68	PIFELTRO .....	31	podofilox SOLN .....	42
PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/5-11Y ...	68	pilocarpine hcl (oral) .....	57	polymyxin b sulfate SOLR .....	22
PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/6M-4Y ...	68	pilocarpine hcl SOLN 1 %, 2 %, 4 % .	59	polymyxin b-trimethoprim .....	59
PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/BA.4/BA.5 68		pimecrolimus .....	42	POMALYST .....	25
PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/6M-4Y ...	68	pimozide .....	63	posaconazole SUSP .....	18
PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/BA.4/BA.5 68		pindolol TABS .....	32	potassium acetate SOLN 2 MEQ/ML .	55
PHEBURANE PLLT .....	45	pioglitazone hcl .....	16	potassium bicarbonate TBEF .....	55
phenazopyridine hcl TABS 100 MG, 100 MG, 200 MG .....	48	pioglitazone hcl-glimepiride .....	15	potassium chloride CPCR .....	56
phendimetrazine tartrate TABS .....	1	pioglitazone hcl-metformin hcl TABS .	15	potassium chloride in dextrose & sodium chloride 5 %-0.075 %-0.45 %, 5 %-0.15 %-0.9 %, 5 %-10 MEQ/L-0.45 %, 5 %-20 MEQ/L-0.2 %, 5 %-20 MEQ/L-0.45 %, 5 %-20 MEQ/L-0.9 %, 5 %-30 MEQ/L-0.45 %, 5 %-40 MEQ/L-0.45 %, 5 %-40 MEQ/L-0.9 % .....	55
phenelzine sulfate .....	13	piperacillin sodium-tazobactam sodium .....	61	potassium chloride in dextrose 5 %-20 MEQ/L .....	55
phenobarbital ELIX .....	50	PIQRAY 200MG DAILY DOSE ...	27	potassium chloride in nacl 20 MEQ/L-0.45 %, 20 MEQ/L-0.9 %, 40 MEQ/L-0.9 % .....	55
phenobarbital TABS .....	50	PIQRAY 250MG DAILY DOSE ...	27	potassium chloride	
phenoxybenzamine hcl .....	20	PIQRAY 300MG DAILY DOSE ...	27	microencapsulated crystals er .....	55
phentermine hcl CAPS .....	1	pirfenidone CAPS .....	63	potassium chloride PACK OR 20 MEQ .....	56
		pirfenidone TABS 267 MG, 801 MG	64		
		pirfenidone TABS 534 MG .....	64		
		piroxicam CAPS .....	4		
		PLASMA-LYTE A (electrolyte-a) ..	55		
		PLASMA-LYTE-148 (electrolyte-148) .....	55		

POTASSIUM CHLORIDE SOLN IV 10 MEQ/50ML (potassium chloride) 56	PREDNISOLONE SODIUM PHOSPHATE .....60	PRENATAL PLUS TABS ..... 57
potassium chloride SOLN IV 2 MEQ/ML, 10 MEQ/50ML, 20 MEQ/50ML .....56	prednisolone sodium phosphate SOLN 5 MG/5ML, 6.7 MG/5ML, 10 MG/5ML, 15 MG/5ML, 25 MG/5ML 36	PRENATAL PLUS VITAMIN ANDMINERAL TABS ..... 57
potassium chloride TBCR 8 MEQ, 10 MEQ, 20 MEQ ..... 56	prednisolone sodium phosphate TBDP .....36	PRENATAL TABS ..... 58
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS .....55	prednisolone SOLN .....36	PRENATAL VITAMIN & MINERAL TABS .....57
POTASSIUM CHLORIDE/SODIUM CHLORIDE 20 MEQ/L-0.45 % (potassium chloride in nacl) .....55	prednisolone TABS ..... 36	PRENATAL VITAMIN TABS .....58
potassium citrate (alkalinizer) TBCR . 48	prednisone SOLN .....36	PRENATAL VITAMIN/IRON TABS 57
potassium phosphates 236 MG/ML- 224 MG/ML .....55	prednisone TABS 1 MG, 5 MG .... 36	PRENATAL VITAMINS PLUS LOW IRON TABS ..... 57
PR BENZOYL PEROXIDE WASH LIQD .....38	prednisone TABS 2.5 MG, 10 MG, 20 MG, 50 MG .....36	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 ..... 58
pralatrexate 20 MG/ML ..... 24	prednisone TBPK ..... 36	PRENATRIX TABS ..... 58
pramipexole dihydrochloride TABS 0.125 MG .....28	PREFEST ..... 46	PRENATRYL TABS ..... 58
pramipexole dihydrochloride TABS 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG .....28	pregabalin (once-daily) 330 MG ... 63	PREVNAR 13 ..... 66
prasugrel hcl .....49	pregabalin (once-daily) 82.5 MG, 165 MG ..... 63	PREVNAR 20 ..... 66
pravastatin sodium ..... 19	pregabalin CAPS 225 MG, 300 MG 12	PREZCOBIX ..... 31
praziquantel .....8	pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG ... 12	PREZISTA SUSP ..... 31
prazosin hcl CAPS .....20	pregabalin SOLN .....12	PREZISTA TABS (darunavir) .....31
PRECISION XTRA .....43	PREHEVBRIO .....68	PREZISTA TABS 75 MG, 150 MG 31
PRED MILD ..... 60	PREMARIN .....69	PRIFTIN .....23
PRED-G SUSP .....60	PREMARIN SOLR .....46	primaquine phosphate TABS .....23
prednicarbate OINT .....42	PREMARIN TABS ..... 47	primidone 50 MG, 250 MG .....12
prednisolone acetate (ophth) .....60	PREMPHASE ..... 46	PRIORIX SUSR .....69
	PREMPRO ..... 46	PROAIR DIGIHALER .....10
	PRENATAL MULTIVITAMIN TABS 57	PROAIR RESPICLICK AEPB .....10
	PRENATAL ONE DAILY TABS ...57	probenecid ..... 48

procainamide hcl SOLN 500 MG/ML . 8	PROVISC SOSY ..... 60	QUZYTIR SOLN IV ..... 19
prochlorperazine ..... 30	PULMICORT FLEXHALER AEPB .. 9	QVAR REDIHALER ..... 9
prochlorperazine maleate TABS ... 30	PULMOZYME ..... 63	RA PRENATAL FORMULA/FOLICACID TABS ..... 58
PROCRIT 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML ..... 50	PX PRENATAL MULTIVITAMINS TABS ..... 58	RA PRENATAL TABS ..... 58
PROCRIT 40000 UNIT/ML ..... 50	pyrazinamide ..... 23	rabeprazole sodium TBEC ..... 65
progesterone CAPS ..... 62	pyridostigmine bromide SOLN OR 23	raloxifene hcl ..... 45
PROGRAF PACK ..... 56	pyridostigmine bromide TABS 60 MG ..... 23	ramelteon ..... 50
PROGRAF SOLN ..... 56	pyridostigmine bromide TBCR ..... 23	ramipril CAPS ..... 20
PROLASTIN-C SOLN ..... 63	pyrimethamine ..... 23	ranitidine hcl TABS 150 MG ..... 65
PROLEUKIN ..... 27	QC PRENATAL TABS ..... 58	ranolazine TB12 1000 MG ..... 8
PROLIA SOSY ..... 44	QINLOCK ..... 27	ranolazine TB12 500 MG ..... 8
PROMACTA PACK ..... 50	QUADRACEL SUSP ..... 64	rasagiline mesylate ..... 28
PROMACTA TABS ..... 50	QUADRACEL SUSY ..... 64	REALITY LATEX CONDOMS/LUBRICATED MISC .. 52
promethazine hcl SOLN OR 6.25 MG/5ML ..... 19	quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG ..... 29	REALITY LATEX/ULTRA TEXTURED DEVI ..... 52
promethazine hcl SUPP 12.5 MG, 25 MG ..... 19	quetiapine fumarate TABS 300 MG, 400 MG ..... 29	REALITY LATEX/ULTRA THIN DEVI 52
promethazine hcl SUPP 50 MG ... 19	quetiapine fumarate TB24 300 MG, 400 MG ..... 29	REBIF REBIDOSE SOAJ ..... 63
promethazine hcl TABS ..... 19	quetiapine fumarate TB24 50 MG, 150 MG, 200 MG ..... 29	REBIF REBIDOSE TITRATIONPACK SOAJ ..... 63
propafenone hcl CP12 ..... 9	quinapril hcl 20 MG, 40 MG ..... 20	REBIF SOSY ..... 63
propafenone hcl TABS ..... 9	quinapril hcl 5 MG, 10 MG ..... 20	REBIF TITRATION PACK SOSY .. 63
proparacaine hcl ..... 60	quinapril-hydrochlorothiazide 12.5 MG-10 MG ..... 21	RECOMBIVAX HB SUSP ..... 69
propranolol hcl CP24 ..... 32	quinapril-hydrochlorothiazide 12.5 MG-20 MG ..... 21	RECOMBIVAX HB SUSY ..... 69
propranolol hcl SOLN OR 20 MG/5ML, 40 MG/5ML ..... 32	quinapril-hydrochlorothiazide 25 MG- 20 MG ..... 21	RECTIV (nitroglycerin (intra-anal)) . 7
propranolol hcl TABS ..... 32	quinidine sulfate TABS ..... 8	REGRANEX ..... 43
propylthiouracil ..... 64	quinine sulfate CAPS 324 MG ..... 23	RELENZA DISKHALER ..... 32
PROQUAD SUSR ..... 69		RELION 2-IN-1 LANCET DEVICES 30G ..... 53
protriptyline hcl ..... 14		RELION 2-IN-1 LANCING DEVICE

25G .....	53	risedronate sodium TABS 150 MG	45	rufinamide TABS 200 MG .....	12
RELION 2-IN-1 LANCING DEVICE		risedronate sodium TABS 35 MG	.44	rufinamide TABS 400 MG .....	12
30G .....	53	risedronate sodium TABS 5 MG, 30		RUKOBIA .....	31
RELION KETONE TEST STRIPS		MG .....	45	RUXIENCE .....	24
STRP .....	43	risedronate sodium TBEC .....	45	RYBELSUS TABS .....	16
RELION TRUE METRIX		RISPERDAL CONSTA (risperidone		salsalate .....	5
BLOODGLUCOSE TEST STRIPS		microspheres) .....	29	SANDOSTATIN LAR DEPOT KIT	
STRP .....	43	risperidone microspheres .....	29	(octreotide acetate) .....	46
RENFLEXIS .....	47	risperidone SOLN .....	29	SANDOSTATIN LAR DEPOT KIT .46	
repaglinide 0.5 MG, 1 MG .....	16	risperidone TABS .....	29	SANTYL OINT .....	42
repaglinide 2 MG .....	16	risperidone TBDP .....	29	sapropterin dihydrochloride PACK .45	
REPATHA PUSHTRONEX SYSTEM		ritonavir TABS .....	31	sapropterin dihydrochloride TABS .46	
SOCT .....	19	rivastigmine tartrate CAPS .....	62	SAVELLA TABS .....	62
REPATHA SOSY .....	19	rizatriptan benzoate TABS 10 MG	.54	SAVELLA TITRATION PACK MISC	
REPATHA SURECLICK SOAJ ....	19	rizatriptan benzoate TABS 5 MG	.54	62	
RETACRIT .....	50	rizatriptan benzoate TBDP 10 MG	.54	saxagliptin hcl .....	16
RETEVMO CAPS .....	27	rizatriptan benzoate TBDP 5 MG	.54	saxagliptin-metformin hcl 1000 MG-	
RETROVIR IV INFUSION SOLN ..	31	roflumilast .....	9	2.5 MG .....	15
REXULTI .....	30	romidepsin SOLR .....	27	saxagliptin-metformin hcl 1000 MG-5	
ribavirin (hepatitis c) CAPS .....	31	ropinirole hydrochloride TABS .....	28	MG, 500 MG-5 MG .....	15
ribavirin (hepatitis c) TABS 200 MG		ropinirole hydrochloride TB24 2 MG,		SCSEMBLIX 100 MG .....	27
31		4 MG, 6 MG .....	28	SCSEMBLIX 20 MG .....	27
RIDAURA .....	3	ropinirole hydrochloride TB24 8 MG,		SCSEMBLIX 40 MG .....	27
rifabutin .....	23	12 MG .....	28	scopolamine .....	17
rifampin CAPS .....	23	rosuvastatin calcium TABS .....	19	SELECT INSULIN SYRINGES ....	53
rifampin SOLR .....	23	ROTARIX SUSP .....	69	SELECT LANCETS .....	53
riluzole TABS .....	59	ROTARIX SUSR .....	69	selegiline hcl CAPS .....	29
rimantadine hydrochloride TABS ..	32	ROTATEQ SOLN .....	69	selegiline hcl TABS .....	29
ringer's .....	55	ROZLYTREK CAPS .....	27	selenium sulfide LOTN 2.5 % .....	40
ringer's irrigation .....	56	RUBRACA .....	27	SELZENTRY SOLN .....	31
RINVOQ LQ SOLN .....	2	rufinamide SUSP .....	12	SELZENTRY TABS 25 MG, 75 MG	
RINVOQ TB24 .....	3			31	



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

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

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

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

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

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

zileuton TB12 .....	9
ziprasidone hcl .....	29
ZIRABEV .....	24
ZIRGAN GEL .....	59
ZOLADEX 10.8 MG .....	25
ZOLADEX 3.6 MG .....	25
zoledronic acid CONC .....	45
zoledronic acid SOLN .....	45
ZOLINZA .....	27
zolmitriptan SOLN .....	54
zolmitriptan TABS .....	54
zolmitriptan TBDP .....	55
zolpidem tartrate TABS .....	50
zolpidem tartrate TBCR .....	50
zonisamide CAPS .....	12
ZONTIVITY .....	49
ZORBTIVE SC .....	45
ZYDELIG .....	27
ZYLET .....	60

Ambetter of Alabama is underwritten by Celtic Insurance Company which is a Qualified Health Plan issuer in the Alabama Health Insurance Marketplace. This is a solicitation for insurance. ©2024 Celtic Insurance Company, [AmbetterofAlabama.com](http://AmbetterofAlabama.com). If you, or someone you're helping, have questions about Ambetter of Alabama, and are not proficient in English, you have the right to get help and information in your language at no cost and in a timely manner. If you, or someone you're helping, have an auditory and/or visual condition that impedes communication, you have the right to receive auxiliary aids and services at no cost and in a timely manner. To receive translation or auxiliary services, please contact Member Services at 1-800-442-1623 (TTY 711). For more information on your right to receive an Ambetter of Alabama plan free of discrimination, or your right to receive language, auditory and/or visual assistance services, please visit [AmbetterHealth.com](http://AmbetterHealth.com) and scroll to the bottom of the page.

Ambetter of Alabama is underwritten by Celtic Insurance Company which is a Qualified Health Plan issuer in the Alabama Health Insurance Marketplace. This is a solicitation for insurance. ©2024 Celtic Insurance Company, [AmbetterofAlabama.com](http://AmbetterofAlabama.com). If you, or someone you're helping, have questions about Ambetter of Alabama, and are not proficient in English, you have the right to get help and information in your language at no cost and in a timely manner. If you, or someone you're helping, have an auditory and/or visual condition that impedes communication, you have the right to receive auxiliary aids and services at no cost and in a timely manner. To receive translation or auxiliary services, please contact Member Services at 1-800-442-1623 (TTY 711). For more information on your right to receive an Ambetter of Alabama plan free of discrimination, or your right to receive language, auditory and/or visual assistance services, please visit [AmbetterHealth.com](http://AmbetterHealth.com) and scroll to the bottom of the page.