

# Danh Mục Thuốc 2024

Có hiệu lực vào ngày 1 tháng 1 năm 2024



# Giới Thiệu về Danh Mục Thuốc

## DANH MỤC THUỐC

Danh Mục Thuốc Ambetter of Tennessee, hay còn gọi là Danh Sách Thuốc Theo Toa, là tài liệu hướng dẫn về các loại thuốc gốc và thuốc biệt dược hiện có đã được Cục Quản Lý Thực Phẩm và Dược Phẩm Hoa Kỳ (FDA) phê duyệt và được đài thọ thông qua quyền lợi thuốc theo toa của quý vị. Thuốc gốc có cùng thành phần hoạt chất như thuốc biệt dược và nên được coi là điều trị bước một. FDA yêu cầu thuốc gốc phải an toàn và có tác dụng giống như thuốc biệt dược. Nếu không có sẵn thuốc gốc, có thể có nhiều hơn một loại thuốc biệt dược để điều trị bệnh trạng. Thuốc biệt dược ưu tiên được liệt kê ở Bậc 2 giúp xác định các loại thuốc biệt dược là các phương án điều trị phù hợp về mặt lâm sàng, an toàn và tiết kiệm chi phí, nếu thuốc gốc trong danh mục thuốc không phù hợp với bệnh trạng của quý vị.

Xin lưu ý rằng Danh Mục Thuốc không phải là một danh sách đầy đủ các thuốc được quyền lợi thuốc theo toa của quý vị đài thọ. Không phải tất cả các dạng bào chế hoặc hàm lượng của một loại thuốc đều có thể được đài thọ. Danh sách này được đánh giá và cập nhật định kỳ và có thể thay đổi. Thuốc có thể được bổ sung hoặc xóa khỏi danh sách, hoặc yêu cầu bổ sung có thể được đưa vào để có thể phê duyệt việc tiếp tục sử dụng một loại thuốc cụ thể.

Các thiết kế chương trình quyền lợi thuốc theo toa cụ thể có thể không bao gồm một số sản phẩm hoặc danh mục nhất định, bất kể chúng xuất hiện trong tài liệu này hay không. Vui lòng kiểm tra quyền lợi của quý vị để biết các giới hạn về bảo hiểm và khoản chia sẻ chi phí cho thuốc của quý vị.

### Chú Thích Trong Danh Sách Thuốc:

Thuốc biệt dược được liệt kê bằng CHỮ IN HOA và thuốc gốc được liệt kê bằng chữ in thường.

Các loại thuốc được đài thọ theo các bậc đồng thanh toán khác nhau tùy thuộc vào quyền lợi của quý vị:

- Bậc 0** - Không có khoản đồng thanh toán cho những loại thuốc được sử dụng cho mục đích phòng ngừa và được Đạo luật Bảo Vệ Bệnh Nhân và Chăm Sóc Sức Khỏe Giá Phải Chăng quy định. Một số loại thuốc chọn lọc bao gồm thuốc tránh thai đường uống, vitamin D, axit folic cho phụ nữ trong độ tuổi sinh đẻ, aspirin không cần toa (OTC) và các sản phẩm cai thuốc lá có thể được đài thọ theo bậc này. Có thể áp dụng một số giới hạn nhất định về độ tuổi.
- Bậc 1<sub>A</sub>**- Khoản đồng thanh toán thấp nhất dành cho một số loại thuốc chọn lọc mang lại giá trị lớn nhất so với các loại thuốc khác được sử dụng để điều trị các bệnh trạng tương tự. Một số thuốc không cần toa (OTC) chọn lọc có thể được đài thọ theo bậc này.
- Bậc 1<sub>B</sub>**- Khoản đồng thanh toán thấp dành cho những loại thuốc mang lại giá trị lớn so với các loại thuốc khác được sử dụng để điều trị các bệnh trạng tương tự. Một số thuốc không cần toa (OTC) chọn lọc có thể được đài thọ theo bậc này.
- Bậc 2** - Khoản đồng thanh toán trung bình đài thọ các loại thuốc biệt dược thường có giá cả phải chăng hơn hoặc có thể được ưu tiên hơn so với các loại thuốc khác để điều trị cho cùng bệnh trạng.
- Bậc 3** - Khoản đồng thanh toán cao đài thọ các loại thuốc biệt dược và thuốc gốc không ưu tiên có chi phí cao hơn. Bậc này cũng có thể đài thọ các loại thuốc không chuyên khoa không có trong Danh Sách Thuốc Theo Toa nhưng đã được phê duyệt bảo hiểm.
- Bậc 4** - Khoản đồng thanh toán cao nhất dành cho các loại thuốc “chuyên khoa” dùng để điều trị các bệnh trạng phức tạp, mạn tính có thể cần xử lý, bảo quản hoặc quản lý lâm sàng đặc biệt. Các thuốc theo toa được đài thọ theo bậc chuyên khoa có thể được yêu cầu mua tại nhà thuốc tham gia vào các hệ thống “chuyên khoa” hoặc “bệnh máu khó đông” của Ambetter. Để biết thêm thông tin về các nhà thuốc trong các hệ thống “chuyên khoa” hoặc “bệnh máu khó đông” của chúng tôi, vui lòng tham khảo phần thông tin nhà thuốc trên trang web của Ambetter.

## Sự Ủy Quyền Trước đối với Các Loại Thuốc Không Thuộc Danh Mục Thuốc

Để có được sự ủy quyền trước đối với một loại thuốc không thuộc danh mục thuốc, nhà cung cấp của quý vị phải điền vào mẫu đơn Ủy Quyền Trước. Bộ phận Dịch Vụ sẽ phản hồi qua fax hoặc điện thoại trong vòng 24 giờ kể từ khi nhận được tất cả thông tin cần thiết để giải quyết các yêu cầu khẩn cấp và trong vòng 72 giờ đối với các yêu cầu không khẩn cấp, trừ khi luật tiểu bang yêu cầu phản hồi nhanh hơn. Nếu yêu cầu không được phê duyệt, thông báo từ chối sẽ có phần giải thích rõ ràng về các lý do cụ thể dẫn đến việc từ chối yêu cầu ủy quyền trước hoặc nếu yêu cầu không đầy đủ, phần giải thích sẽ chỉ rõ thông tin quan trọng còn thiếu cần thiết để hoàn thành yêu cầu.

### Các Từ Viết Tắt trong Danh Mục Thuốc:

| Từ viết tắt | Thuật ngữ                  | Ý nghĩa  |
|-------------|----------------------------|--|
| AL          | Giới Hạn về Độ Tuổi        | Một số loại thuốc chỉ được đài thọ cho một số độ tuổi nhất định.   |
| QL          | Giới Hạn Số Lượng          | Một số loại thuốc chỉ được đài thọ cho một lượng nhất định.  |
| PA          | Sự Ủy Quyền Trước          | Bác sĩ của quý vị phải xin Ambetter phê duyệt trước khi một số loại thuốc được đài thọ.  |
| ST          | Liệu Pháp Từng Bước        | Trong một số trường hợp, quý vị trước tiên phải dùng thử một số loại thuốc nhất định trước khi Ambetter đài thọ cho một loại thuốc khác để điều trị bệnh trạng của quý vị. Ví dụ: nếu cả Thuốc A và Thuốc B đều điều trị cho bệnh trạng của quý vị, Ambetter có thể không đài thọ cho Thuốc B trừ khi quý vị dùng thử Thuốc A trước. |
| NF          | Không thuộc danh mục thuốc | Sản phẩm này không được đài thọ trừ khi quý vị hoặc nhà cung cấp của quý vị yêu cầu một trường hợp ngoại lệ. Các loại thuốc thay thế được liệt kê bên cạnh sản phẩm không được đài thọ   |
| RX/OTC      | Thuốc Theo Toa và OTC      | Những loại thuốc này được sản xuất ở cả dạng theo toa và dạng không cần toa (OTC).   |
| SP          | Thuốc Chuyên Khoa          | Những sản phẩm này là Thuốc Chuyên Khoa có thể có yêu cầu đặc biệt khi mua thuốc.  |
| SF          | Chia Nhỏ Lượng Thuốc       | Ban đầu, một số loại thuốc nhất định có thể chỉ được cung cấp với các lượng nhỏ đủ dùng trong 15 ngày cho đến khi tình trạng của quý vị ổn định sau khi dùng thuốc. Sau khi quý vị đã dùng thuốc được 90 ngày, hạn chế này có thể không còn được áp dụng nữa.  |

### Nhóm Thuốc Opioid:

Các loại thuốc được xác định trong danh mục thuốc theo yêu cầu **“Các lần mua thuốc đầu tiên được giới hạn ở lượng thuốc đủ dùng trong 7 ngày”** cho phép tối đa hai lần mua thuốc cho lượng thuốc đủ dùng trong 7 ngày trong bất kỳ khoảng thời gian 28 ngày nào và tối đa tổng lượng thuốc dùng trong 28 ngày không liên tục trong bất kỳ khoảng thời gian 90 ngày nào. Giới hạn này áp dụng theo hình thức tích lũy cho tất cả các loại thuốc opioid được mua. Đối với những lần mua thuốc vượt quá các giới hạn này, nhà cung cấp của quý vị có thể gửi yêu cầu Ủy Quyền Trước.

| 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 3.75 MG-3.75 MG-3.75 MG-3.75 MG</i>  | 1B        |                     |
| <i>amphetamine-dextroamphetamine CP24 5 MG-5 MG-5 MG-5 MG, 6.25 MG-6.25 MG-6.25 MG-6.25 MG, 7.5 MG-7.5 MG-7.5 MG-7.5 MG</i>  | 1B        | QL(2 ea daily)      |
| <i>amphetamine-dextroamphetamine 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 7.5 MG-7.5 MG-7.5 MG-7.5 MG</i>  | 1B        | QL(2 ea daily)      |
| <i>amphetamine-dextroamphetamine TABS 1.25 MG-1.25 MG-1.25 MG-1.25 MG, 1.875 MG-1.875 MG-1.875 MG-1.875 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG, 3.125 MG-3.125 MG-3.125 MG-3.125 MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG, 5 MG-5 MG-5 MG-5 MG</i> | 1B        | QL(3 ea daily)      |
| <i>dextroamphetamine sulfate CP24 10 MG, 15 MG</i>   | 1B        | QL(4 ea daily)      |
| <i>dextroamphetamine sulfate CP24 5 MG</i>   | 1B        |                     |

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

| Drug Name                                    | Drug Tier | Requirements/Limits                         |
|--|-----------|---|
| <i>armodafinil</i>                           | 1B        | QL(1 ea daily); AL(At least 17 yrs old); PA |
| <i>dexmethylphenidate hcl CP24</i>           | 1B        | QL(1 ea daily)                              |
| <i>dexmethylphenidate hcl TABS</i>           | 1B        | QL(2 ea daily); AL(At least 6 yrs old)      |
| <i>methylphenidate hcl CHEW 2.5 MG</i>       | 1B        | QL(2 ea daily)                              |
| <i>methylphenidate hcl CHEW 5 MG</i>         | 1B        | QL(6 ea daily)                              |
| <i>methylphenidate hcl CHEW 10 MG</i>        | 1B        | QL(5 ea daily)                              |
| <i>methylphenidate hcl CP24 30 MG</i>        | 1B        | QL(3 ea daily); AL(At least 6 yrs old)      |
| <i>methylphenidate hcl CP24 20 MG, 40 MG</i> | 1B        | AL(At least 6 yrs old)                      |
| <i>methylphenidate hcl CP24 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 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)      |

| Drug Name  | Drug Tier | Requirements/Limits  |
|--|-----------|--|
| <i>methylphenidate hcl TBCR 10 MG, 20 MG</i>   | 1B        | QL(3 ea daily); AL(At least 6 yrs old)                       |
| <i>methylphenidate PTCH</i>  | 1B        | QL(1 ea daily); PA   |
| <i>modafinil 100 MG</i>  | 1B        | QL(1 ea daily); PA   |
| <i>modafinil 200 MG</i>  | 1B        | QL(2 ea daily); PA   |
| <b>ALLERGENIC EXTRACTS/BIOLOGICALS MISC</b>  |           |  |
| Allergenic Extracts  |           |  |
| GRASTEK SUBL   | 3         | PA   |
| <b>AMEBICIDES</b>  |           |  |
| Amebicides   |           |  |
| SOLOSEC  | 3         | PA   |
| <b>AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections</b>                                       |           |  |
| Aminoglycosides  |           |  |
| <i>amikacin sulfate SOLN 1 GM/4ML, 500 MG/2ML</i>  | 1B        |  |
| ARIKAYCE   | 4         | PA   |
| <i>gentamicin in saline 0.8 MG/ML-0.9 %, 1 MG/ML-0.9 %, 1.2 MG/ML-0.9 %, 1.6 MG/ML-0.9 %</i>       | 1B        |  |
| <i>gentamicin sulfate IJ 40 MG/ML, 80 MG/2ML</i>   | 1B        |  |
| <i>neomycin sulfate TABS</i>   | 1B        |  |
| <i>streptomycin sulfate SOLR</i>   | 3         |  |
| <i>tobramycin sulfate SOLN IJ 10 MG/ML, 40 MG/ML, 80 MG/2ML</i>                                    | 1B        |  |
| <i>tobramycin NEBU</i>   | 4         | QL(280 ml per 56 day(s) retail; 280 ml per 56 days mail); PA |
| <b>ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions</b> |           |  |
| Antirheumatic - Enzyme Inhibitors  |           |  |

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| Drug Name   | Drug Tier | Requirements/Limits  | Drug Name   | Drug Tier | Requirements/Limits  |
|---|-----------|--|---|-----------|--|
| RINVOQ LQ SOLN  | 4         | QL(12 ml daily); PA  | HADLIMA PUSHTOUCH SOAJ  | 4         | QL(0.172 ml daily); PA   |
| RINVOQ TB24   | 4         | QL(1 ea daily); PA   | HADLIMA SOSY  | 4         | QL(0.086 ml daily); PA   |
| XELJANZ XR TB24                                       | 4         | QL(1 ea daily); PA   | HADLIMA SOSY  | 4         | QL(0.172 ml daily); PA   |
| XELJANZ SOLN  | 4         | QL(20 ml daily); PA  | HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML | 4         | 1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA |
| XELJANZ TABS 10 MG                                    | 4         | QL(2 ea daily); PA   | HUMIRA PEN AJKT   | 4         | QL(0.143 ea daily); PA   |
| XELJANZ TABS 5 MG                                     | 4         | QL(2 ea daily); SP; PA   | HUMIRA PEN AJKT 80 MG/0.8ML                                   | 4         | QL(0.072 ea daily); PA   |
| Antirheumatic Antimetabolites                         |           |  | 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 |
| METHOTREXATE  | 4         | QL(1.714 ea daily); SP; PA   | HUMIRA PEN-PEDIATRIC UC STARTER PACK AJKT                     | 4         | 1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA |
| Anti-TNF-alpha - Monoclonal Antibodies                |           |  | 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 SOAJ                                  | 4         | QL(0.086 ml daily); PA   | HUMIRA PSKT   | 4         | QL(0.143 ea daily); PA   |
| ADALIMUMAB-ADAZ SOSY                                  | 4         | QL(0.086 ml 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 CROHNS DISEASE/UC/HS AJKT | 4         | QL(0.215 ea daily); PA   | RIDAURA   | 3         | QL(3 ea daily)   |
| 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 | Interleukin-1 Blockers  |           |  |
| CYLTEZO STARTER PACKAGE FOR PSORIASIS AJKT            | 4         | QL(0.143 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 AJKT  | 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   |   |           |  |
| CYLTEZO PSKT 10 MG/0.2ML, 40 MG/0.4ML                 | 4         | QL(0.072 ea daily); PA   |   |           |  |
| HADLIMA PUSHTOUCH SOAJ                                | 4         | QL(0.086 ml daily); PA   |   |           |  |

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| 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 800 MG</i>                          | 1B        |  |
| <i>ibuprofen TABS 400 MG, 600 MG</i>                  | 1A        |  |
| <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 50 MG/ML   | 4         | QL(0.286 ml daily); SP; PA   |
| ENBREL SOSY 25 MG/0.5ML  | 4         | QL(0.146 ml daily); PA   |
| <b>ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions</b> |           |  |
| <b>Analgesic Combinations</b>  |           |  |
| <i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG</i>                   | 1B        | QL(6 ea daily)   |
| <i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG</i>                   | 1B        |  |
| <i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>                   | 1B        | QL(6 ea daily)   |

| Drug Name   | Drug Tier | Requirements/Limits                                | Drug Name   | Drug Tier | Requirements/Limits  |
|---|-----------|--|---|-----------|--|
| <i>butalbital-acetaminophen TABS 50 MG-325 MG</i>                             | 1B        | QL(6 ea daily)                                     | <i>hydromorphone hcl TB24 32 MG</i>   | 1B        | QL(1 ea daily); PA   |
| <i>butalbital-aspirin-caffeine CAPS</i>                                       | 1B        | QL(4 ea daily)                                     | <i>levorphanol tartrate TABS 2 MG</i>   | 1B        | New starts limited to 7 day supply                             |
| <b>Salicylates</b>  |           |  | <i>meperidine hcl SOLN OR 50 MG/5ML</i>                                       | 1B        | New starts limited to 7 day supply; QL(500 ml per fill retail) |
| <i>aspirin CHEW</i>   | 0         | AL(At least 45 yrs old - Up to 79 yrs old)         | <i>meperidine hcl SOLN IJ 25 MG/ML, 50 MG/ML, 100 MG/ML</i>                   | 1B        |  |
| <i>aspirin TABS 325 MG</i>  | 0         | AL(At least 45 yrs old - Up to 79 yrs old)         | <i>meperidine hcl TABS 50 MG</i>  | 1B        | New starts limited to 7 day supply; QL(6 ea daily)             |
| <i>aspirin TBEC 81 MG</i>   | 0         | AL(At least 45 yrs old - Up to 79 yrs old)         | <i>methadone hcl CONC</i>   | 1B        | QL(10 ml daily)  |
| <i>aspirin TBEC 325 MG</i>  | 1A        |  | <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)  |
| <b>CODEINE SULFATE TABS</b>   | 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 8 MG, 12 MG, 16 MG</i>                              | 1B        | QL(2 ea daily); PA                                 |   |           |  |

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

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

| Drug Name  | Drug Tier | Requirements/Limits  |
|--|-----------|----------------------|
| <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                   |

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| 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 1000 MG</i>                             | 1B        | QL(2 ea daily)  |
| <i>ranolazine TB12 500 MG</i>                              | 1B        | QL(3 ea daily)  |
| Nitrates   |           |   |
| <i>isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG</i> | 1B        |   |
| <i>isosorbide mononitrate TABS</i>                         | 1B        |   |
| <i>isosorbide mononitrate TB24</i>                         | 1B        |   |
| NITRO-BID OINT   | 3         |   |
| <i>nitroglycerin CPR</i>                                   | 1B        | QL(4 ea daily)  |
| <i>nitroglycerin PT24</i>                                  | 1B        |   |
| NITROGLYCERIN SOLN IV                                      | 1B        |   |
| <i>nitroglycerin SUBL</i>                                  | 1B        |   |
| <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 100 MG/ML   | 4         | QL(0.1073 ml daily); PA | ALVESCO   | 3         | PA                  |
| NUCALA SOSY 40 MG/0.4ML   | 4         | QL(0.0144 ml daily); PA | ARNUIITY ELLIPTA  | 2         |                     |
| XOLAIR SOAJ 75 MG/0.5ML   | 4         | QL(0.036 ml daily); PA  | <i>budesonide (inhalation) SUSP</i>                               | 1B        | QL(4 ml daily); PA  |
| XOLAIR SOAJ 150 MG/ML, 300 MG/2ML   | 4         | QL(0.286 ml daily); PA  | <i>fluticasone propionate (inhalation) AEPB</i>                   | 1B        |                     |
| XOLAIR SOLR   | 4         | QL(0.286 ea daily); PA  | <i>fluticasone propionate hfa</i>                                 | 1B        | QL(0.8 gm daily)    |
| XOLAIR SOSY 75 MG/0.5ML   | 4         | QL(0.036 ml daily); PA  | PULMICORT FLEXHALER AEPB  | 2         |                     |
| XOLAIR SOSY 150 MG/ML, 300 MG/2ML   | 4         | QL(0.286 ml daily); PA  | QVAR REDIHALER  | 2         |                     |
| Anti-Inflammatory Agents  |           |                         | Sympathomimetics  |           |                     |
| <i>cromolyn sodium NEBU</i>   | 1B        | QL(8 ml daily)          | AIRDUO DIGIHALER 113/14   | 3         |                     |
| Bronchodilators - Anticholinergics  |           |                         | AIRDUO DIGIHALER 232/14   | 3         |                     |
| ATROVENT HFA  | 3         | QL(0.44 gm daily)       | AIRDUO DIGIHALER 55/14  | 3         |                     |
| INCRUSE ELLIPTA   | 2         | QL(1 ea daily)          |   |           |                     |

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

| Drug Name  | Drug Tier | Requirements/Limits                                      |
|--|-----------|--|
| <b>Xanthines</b>                                   |           |  |
| <i>aminophylline SOLN</i>                          | 1B        |  |
| <i>theophylline ELIX</i>                           | 1B        |  |
| <i>theophylline SOLN</i>                           | 1B        | QL(56 ml daily)  |
| <i>theophylline TB12</i>                           | 1B        |  |
| <i>theophylline TB24</i>                           | 1B        |  |
| <b>ANTICOAGULANTS - Blood Thinners</b>             |           |  |
| <b>Coumarin Anticoagulants</b>                     |           |  |
| <i>warfarin sodium TABS</i>                        | 1B        |  |
| <b>Direct Factor Xa Inhibitors</b>                 |           |  |
| ELIQUIS STARTER PACK TBPK                          | 2         | QL(2.47 ea daily); 1 max fill(s) per 180 day(s) retail   |
| ELIQUIS TABS                                       | 2         | QL(2 ea daily)   |
| XARELTO STARTER PACK TBPK                          | 2         | 1 max fill(s) per 365 day(s) retail                      |
| XARELTO SUSR                                       | 2         | QL(900 ml per 30 day(s) retail; 900 ml per 30 days mail) |
| XARELTO TABS 2.5 MG, 15 MG                         | 2         | QL(2 ea daily)   |
| XARELTO TABS 10 MG, 20 MG                          | 2         | QL(1 ea daily)   |
| <b>Heparins And Heparinoid-Like Agents</b>         |           |  |
| <i>enoxaparin sodium SOLN IJ 300 MG/3ML</i>        | 4         | QL(6 ml daily)   |
| <i>enoxaparin sodium SOSY 60 MG/0.6ML</i>          | 4         | QL(1.2 ml daily; 30 Day(s) limit); SP                    |
| <i>enoxaparin sodium SOSY 30 MG/0.3ML</i>          | 4         | QL(0.6 ml daily); SP                                     |
| <i>enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML</i> | 4         | QL(2 ml daily)   |
| <i>enoxaparin sodium SOSY 40 MG/0.4ML</i>          | 4         | QL(0.8 ml daily; 30 Day(s) limit); SP                    |

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| Drug Name  | Drug Tier | Requirements/Limits  |
|--|-----------|--|
| <i>enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML</i>                            | 4         | QL(1.6 ml daily)   |
| <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 |
| <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 |
| 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        |  |
| <b>Thrombin Inhibitors</b>   |           |  |
| <i>dabigatran etexilate mesylate CAPS</i>  | 1B        |  |
| <b>ANTICONVULSANTS - Drugs to Treat Seizures</b>                                   |           |  |
| <b>AMPA Glutamate Receptor Antagonists</b>   |           |  |
| FYCOMPA TABS 2 MG  | 3         | QL(6 ea daily); PA   |
| FYCOMPA TABS 8 MG, 10 MG, 12 MG  | 3         | QL(1 ea daily); PA   |
| FYCOMPA TABS 4 MG  | 3         | QL(3 ea daily); PA   |
| FYCOMPA TABS 6 MG  | 3         | QL(2 ea daily); PA   |
| <b>Anticonvulsants - Benzodiazepines</b>   |           |  |

| 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                                 |
| <b>Anticonvulsants - Misc.</b>           |           |  |
| 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 300 MG</i>         | 1B        | QL(4 ea daily)   |
| <i>carbamazepine CP12 100 MG</i>         | 1B        |  |
| <i>carbamazepine CP12 200 MG</i>         | 1B        | QL(6 ea daily)   |
| <i>carbamazepine SUSP</i>                | 1B        |  |

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| 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 500 MG                     | 4         | QL(6 ea daily); PA  |
| DIACOMIT CAPS 250 MG                     | 4         | QL(12 ea daily); PA |
| DIACOMIT PACK 500 MG                     | 4         | QL(6 ea daily); PA  |
| DIACOMIT PACK 250 MG                     | 4         | QL(12 ea daily); PA |
| EPIDIOLEX                                | 3         | PA                  |
| <i>gabapentin CAPS</i>                   | 1B        |                     |
| <i>gabapentin SOLN</i>                   | 1B        | QL(60 ml daily)     |
| <i>gabapentin TABS 600 MG, 800 MG</i>    | 1B        |                     |
| <i>lacosamide SOLN IV 200 MG/20ML</i>    | 1B        | QL(40 ml daily)     |
| <i>lacosamide TABS</i>                   | 1B        | QL(2 ea daily)      |
| <i>lamotrigine CHEW 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 250 MG, 750 MG</i> | 1B        | QL(4 ea daily)      |
| <i>levetiracetam TABS 1000 MG</i>        | 1B        | QL(3 ea daily)      |
| <i>levetiracetam TB24</i>                | 1B        | QL(4 ea daily)      |
| <i>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 400 MG</i>                                      | 1B        | QL(8 ea daily); PA     |
| <i>rufinamide TABS 200 MG</i>                                      | 1B        | QL(2 ea daily); PA     |
| TEGRETOL SUSP ( <i>carbamazepine</i> )                             | 2         |                        |
| TEGRETOL TABS ( <i>carbamazepine</i> )                             | 2         |                        |
| <i>topiramate CPSP 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 50 MG</i>                                       | 1B        | QL(6 ea daily)         |
| <i>topiramate TABS 25 MG, 100 MG</i>                               | 1B        | QL(4 ea daily)         |
| <i>topiramate TABS 200 MG</i>                                      | 1B        | QL(2 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 ( <i>phenytoin sodium extended</i> )                      | 2         |                        |
| DILANTIN   | 2         |                        |
| DILANTIN INFATABS CHEW ( <i>phenytoin</i> )                        | 2         |                        |

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| Drug Name   | Drug Tier | Requirements/Limits | Drug Name   | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|---|-----------|---------------------|
| DILANTIN-125 SUSP<br>(phenytoin)                    | 2         |                     | bupropion hcl TB12 100 MG                                   | 1B        | QL(4 ea daily)      |
| fosphenytoin sodium                                 | 1B        |                     | bupropion hcl TB12 200 MG                                   | 1B        | QL(2 ea daily)      |
| phenytoin sodium<br>extended 100 MG, 200 MG, 300 MG | 1B        |                     | bupropion hcl TB12 150 MG                                   | 1B        | QL(3 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<br>(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<br>(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<br>SOLN                             | 1B        | QL(20 ml daily)     |
| valproate sodium SOLN<br>OR 250 MG/5ML, 500 MG/10ML | 1B        |                     | citalopram hydrobromide<br>TABS 10 MG                       | 1B        | QL(4 ea daily)      |
| valproic acid CAPS                                  | 1B        |                     | citalopram hydrobromide<br>TABS 40 MG                       | 1B        | QL(1 ea daily)      |
| <b>ANTIDEPRESSANTS - Drugs to Treat Depression</b>  |           |                     |   |           |                     |
| <b>Alpha-2 Receptor Antagonists (Tetracyclics)</b>  |           |                     |   |           |                     |
| mirtazapine TABS 15 MG                              | 1B        | QL(3 ea daily)      | citalopram hydrobromide<br>TABS 20 MG                       | 1B        | QL(2 ea daily)      |
| mirtazapine TABS 30 MG                              | 1B        | QL(1.5 ea daily)    | escitalopram oxalate<br>SOLN                                | 1B        | QL(20 ml daily)     |
| mirtazapine TABS 7.5 MG, 45 MG                      | 1B        | QL(1 ea daily)      | escitalopram oxalate<br>TABS 20 MG                          | 1B        | QL(1 ea daily)      |
| mirtazapine TBDP 30 MG                              | 1B        | QL(1.5 ea daily)    | escitalopram oxalate<br>TABS 5 MG                           | 1B        | QL(4 ea daily)      |
| mirtazapine TBDP 15 MG                              | 1B        | QL(3 ea daily)      | escitalopram oxalate<br>TABS 10 MG                          | 1B        | QL(2 ea daily)      |
| mirtazapine TBDP 45 MG                              | 1B        | QL(1 ea daily)      | fluoxetine hcl CAPS 40 MG                                   | 1B        | QL(2 ea daily)      |
| <b>Antidepressants - Misc.</b>                      |           |                     |   |           |                     |
| bupropion hcl TABS                                  | 1B        | QL(3 ea daily)      |   |           |                     |

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

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| Drug Name  | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>trimipramine maleate CAPS</i>                                     | 1B        |                     |
| <b>ANTIDIABETICS - Drugs to Regulate Blood Sugar</b>                 |           |                     |
| <b>Alpha-Glucosidase Inhibitors</b>                                  |           |                     |
| <i>acarbose</i>  | 1B        | QL(3 ea daily)      |
| <i>miglitol</i>  | 1B        | QL(3 ea daily)      |
| <b>Antidiabetic Combinations</b>                                     |           |                     |
| <i>alogliptin-metformin hcl</i>                                      | 1B        | QL(2 ea daily); PA  |
| <i>alogliptin-pioglitazone 30 MG-12.5 MG</i>                         | 1B        | QL(2 ea daily); PA  |
| <i>alogliptin-pioglitazone 15 MG-25 MG, 30 MG-25 MG, 45 MG-25 MG</i> | 1B        | QL(1 ea daily); PA  |
| <i>dapagliflozin propanediol-metformin hcl 1000 MG-10 MG</i>         | 2         | QL(1 ea daily)      |
| <i>dapagliflozin propanediol-metformin hcl 1000 MG-5 MG</i>          | 2         | QL(2 ea daily)      |
| <i>glipizide-metformin hcl 250 MG-2.5 MG, 500 MG-2.5 MG</i>          | 1B        | QL(2 ea daily)      |
| <i>glipizide-metformin hcl 500 MG-5 MG</i>                           | 1B        | QL(4 ea daily)      |
| <i>glyburide-metformin 500 MG-2.5 MG, 500 MG-5 MG</i>                | 1B        | QL(4 ea daily)      |
| <i>glyburide-metformin 250 MG-1.25 MG</i>                            | 1B        | QL(2 ea daily)      |
| GLYXAMBI   | 2         | QL(1 ea daily)      |
| JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG                          | 2         | QL(2 ea daily)      |
| JANUMET XR TB24 1000 MG-100 MG                                       | 2         | QL(1 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)      |

| Drug Name   | Drug Tier | Requirements/Limits  |
|---|-----------|----------------------|
| <i>saxagliptin-metformin hcl 1000 MG-5 MG, 500 MG-5 MG</i>    | 1B        | QL(1 ea daily)       |
| <i>saxagliptin-metformin hcl 1000 MG-2.5 MG</i>               | 1B        | QL(2 ea daily)       |
| SOLIQUA 100/33  | 2         | QL(0.5 ml daily); PA |
| SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-12.5 MG, 1000 MG-5 MG | 2         | QL(2 ea daily)       |
| SYNJARDY XR TB24 1000 MG-25 MG                                | 2         | QL(1 ea daily)       |
| SYNJARDY TABS   | 2         | QL(2 ea daily)       |
| TRIJARDY XR 1000 MG-5 MG-10 MG, 1000 MG-5 MG-25 MG            | 2         | QL(1 ea daily)       |
| TRIJARDY XR 1000 MG-2.5 MG-12.5 MG, 1000 MG-2.5 MG-5 MG       | 2         | QL(2 ea daily)       |
| XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG                        | 2         | QL(2 ea daily)       |
| XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG, 500 MG-5 MG            | 2         | QL(1 ea daily)       |
| XIGDUO XR ( <i>dapagliflozin propanediol-metformin hcl</i> )  | 2         | QL(1 ea daily)       |
| XIGDUO XR ( <i>dapagliflozin propanediol-metformin hcl</i> )  | 2         | QL(2 ea daily)       |
| XULTOPHY 100/3.6  | 2         | QL(0.5 ml daily); PA |
| <b>Biguanides</b>   |           |                      |
| <i>metformin hcl TABS 1000 MG</i>                             | 1B        | QL(2.5 ea daily)     |
| <i>metformin hcl TABS 850 MG</i>                              | 0         | QL(3 ea daily)       |
| <i>metformin hcl TABS 500 MG</i>                              | 1B        | QL(5 ea daily)       |
| <i>metformin hcl TB24 500 MG</i>                              | 1B        | QL(4 ea daily)       |

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| Drug Name  | Drug Tier | Requirements/Limits    |
|--|-----------|------------------------|
| <i>metformin hcl TB24 750 MG</i>                     | 1B        | QL(3 ea daily)         |
| Diabetic Other                                       |           |                        |
| <i>diazoxide</i>                                     | 3         |                        |
| <i>glucagon (rdna)</i>                               | 1B        | QL(0.035 ea daily)     |
| Dipeptidyl Peptidase-4 (DPP-4) Inhibitors            |           |                        |
| <i>alogliptin benzoate</i>                           | 1B        | QL(1 ea daily)         |
| JANUVIA  | 2         | QL(1 ea daily)         |
| <i>saxagliptin hcl</i>                               | 1B        | QL(1 ea daily)         |
| Incretin Mimetic Agents                              |           |                        |
| OZEMPIC SOPN   | 2         | QL(0.108 ml daily); PA |
| OZEMPIC SOPN 2 MG/1.5ML                              | 2         | QL(0.054 ml daily); PA |
| RYBELSUS TABS  | 2         | QL(1 ea daily); PA     |
| 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 2 MG</i>                            | 1B        | QL(8 ea daily)      |
| <i>repaglinide 0.5 MG, 1 MG</i>                    | 1B        | QL(4 ea daily)      |
| Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors |           |                     |
| <i>dapagliflozin propanediol</i>                   | 2         | QL(1 ea daily)      |
| FARXIGA  | 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 4 MG</i>        | 1B        | QL(4 ea daily; 60 ea per fill retail; 60 per fill mail)                                    |
| <i>ondansetron hcl TABS 24 MG</i>       | 1B        | QL(0.143 ea daily)   |
| <i>ondansetron hcl TABS 8 MG</i>        | 1B        | QL(3 ea daily; 45 ea per fill retail; 45 per fill mail)                                    |
| <i>ondansetron TBDP 4 MG</i>            | 1B        | QL(1 ea daily)   |
| <i>ondansetron TBDP 8 MG</i>            | 1B        |  |
| <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        |  |

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

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

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| Drug Name  | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| QUZYTIR SOLN IV  | 3         | PA                  |
| Antihistamines - Phenothiazines                              |           |                     |
| <i>promethazine hcl SOLN OR 6.25 MG/5ML</i>                  | 1B        |                     |
| <i>promethazine hcl SUPP 12.5 MG, 25 MG</i>                  | 1B        | QL(6 ea daily)      |
| <i>promethazine hcl SUPP 50 MG</i>                           | 1B        |                     |
| <i>promethazine hcl TABS</i>                                 | 1B        |                     |
| 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>      |           |  |

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| Drug Name   | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <b>ACE Inhibitors</b>   |           |                     |
| <i>benazepril hcl</i>   | 1B        |                     |
| <i>captopril 25 MG, 50 MG, 100 MG</i>                           | 1B        | QL(3 ea daily)      |
| <i>captopril 12.5 MG</i>  | 1B        |                     |
| <i>enalapril maleate TABS</i>                                   | 1B        |                     |
| <i>fosinopril sodium</i>  | 1B        |                     |
| <i>lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i> | 1B        |                     |
| <i>moexipril hcl</i>  | 1B        | QL(2 ea daily)      |
| <i>perindopril erbumine 2 MG, 8 MG</i>                          | 1B        | QL(2 ea daily)      |
| <i>perindopril erbumine 4 MG</i>                                | 1B        |                     |
| <i>quinapril hcl 20 MG, 40 MG</i>                               | 1B        |                     |
| <i>quinapril hcl 5 MG, 10 MG</i>                                | 1B        | QL(2 ea daily)      |
| <i>ramipril CAPS</i>  | 1B        |                     |
| <i>trandolapril 1 MG, 2 MG</i>                                  | 1B        | QL(1 ea daily)      |
| <i>trandolapril 4 MG</i>  | 1B        | QL(2 ea daily)      |
| <b>Agents for Pheochromocytoma</b>                              |           |                     |
| <i>phenoxybenzamine hcl</i>                                     | 3         | PA                  |
| <b>Angiotensin II Receptor Antagonists</b>                      |           |                     |
| <i>candesartan cilexetil</i>                                    | 1B        | QL(1 ea daily)      |
| EDARBI  | 3         | QL(1 ea daily); ST  |
| <i>irbesartan</i>   | 1B        | QL(1 ea daily)      |
| <i>losartan potassium</i>                                       | 1B        | QL(1 ea daily)      |
| <i>olmesartan medoxomil</i>                                     | 1B        | QL(1 ea daily)      |
| <i>telmisartan</i>  | 1B        | QL(1 ea daily)      |
| <i>valsartan TABS</i>   | 1B        | QL(1 ea daily)      |
| <b>Antiadrenergic Antihypertensives</b>                         |           |                     |
| <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        |                     |

| Drug Name  | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>methyldopa TABS</i>   | 1B        | QL(6 ea daily)      |
| <i>prazosin hcl CAPS</i>   | 1B        | QL(4 ea daily)      |
| <i>terazosin hcl</i>   | 1B        |                     |
| <b>Antihypertensive Combinations</b>   |           |                     |
| <i>amlodipine besylate-benazepril hcl</i>  | 1B        |                     |
| <i>amlodipine besylate-olmesartan medoxomil</i>                                  | 1B        | ST                  |
| <i>amlodipine besylate-valsartan</i>   | 1B        | QL(1 ea daily)      |
| <i>amlodipine-valsartan-hydrochlorothiazide</i>                                  | 3         |                     |
| <i>atenolol &amp; chlorthalidone</i>   | 1B        |                     |
| <i>benazepril &amp; hydrochlorothiazide 12.5 MG-10 MG, 25 MG-20 MG</i>           | 1B        | QL(1 ea daily)      |
| <i>benazepril &amp; hydrochlorothiazide 12.5 MG-20 MG, 6.25 MG-5 MG</i>          | 1B        |                     |
| <i>bisoprolol &amp; hydrochlorothiazide</i>                                      | 1B        | QL(2 ea daily)      |
| <i>candesartan cilexetil-hydrochlorothiazide</i>                                 | 1B        |                     |
| <i>enalapril maleate &amp; hydrochlorothiazide 25 MG-10 MG</i>                   | 1B        |                     |
| <i>enalapril maleate &amp; hydrochlorothiazide 12.5 MG-5 MG</i>                  | 1B        | QL(2 ea daily)      |
| <i>fosinopril sodium &amp; hydrochlorothiazide</i>                               | 1B        | QL(1 ea daily)      |
| <i>irbesartan-hydrochlorothiazide</i>  | 1B        |                     |
| <i>lisinopril &amp; hydrochlorothiazide</i>                                      | 1B        |                     |
| <i>losartan potassium &amp; hydrochlorothiazide 12.5 MG-100 MG, 25 MG-100 MG</i> | 1B        | QL(1 ea daily)      |

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

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

| Drug Name  | Drug Tier | Requirements/Limits  |
|--|-----------|--|
| <b>Urinary Anti-infectives</b>                                       |           |  |
| <i>fosfomicin tromethamine</i>                                       | 1B        |  |
| <i>methenamine hippurate</i>   | 1B        |  |
| <i>nitrofurantoin</i>  | 1B        |  |
| <i>nitrofurantoin macrocrystal 50 MG, 100 MG</i>                     | 1B        |  |
| <i>nitrofurantoin monohyd macro</i>                                  | 1B        |  |
| <b>ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)</b> |           |  |
| <b>Antimalarial Combinations</b>                                     |           |  |
| <i>atovaquone-proguanil hcl</i>                                      | 1B        | Covered for malaria treatment only. Limit 1 fill every 180 days; QL(12 ea per fill retail; 12 per fill mail); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail |
| COARTEM  | 2         | Covered for malaria treatment only. Limit 1 fill every 180 days; QL(24 ea per fill retail; 24 per fill mail); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail |
| <b>Antimalarials</b>   |           |  |
| <i>chloroquine phosphate TABS 250 MG</i>                             | 1B        | QL(3 ea daily)   |
| <i>chloroquine phosphate TABS 500 MG</i>                             | 1B        |  |
| <i>hydroxychloroquine sulfate 100 MG</i>                             | 1B        | QL(4 ea daily)   |

| Drug Name   | Drug Tier | Requirements/Limits   |
|---|-----------|---|
| <i>hydroxychloroquine sulfate 200 MG</i>                                      | 1B        | QL(3 ea daily)  |
| <i>hydroxychloroquine sulfate 400 MG</i>                                      | 1B        | QL(1 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 10 MG  | 4         | SP; PA              |
| GLEOSTINE 40 MG, 100 MG  | 4         | PA                  |
| <i>ifosfamide SOLN 1 GM/20ML</i>                                 | 4         | SP; PA              |
| <i>ifosfamide SOLR</i>   | 4         | SP; PA              |
| LEUKERAN   | 4         | SP; PA              |
| <i>melphalan</i>   | 1B        |                     |
| <i>melphalan hcl IV</i>  | 1B        |                     |
| MYLERAN TABS   | 4         | SP; PA              |
| <i>oxaliplatin SOLN 50 MG/10ML, 100 MG/20ML</i>                  | 4         | SP; PA              |
| TEMODAR SOLR   | 4         |                     |
| <i>temozolomide CAPS</i>   | 4         | SP; PA              |
| <i>thiotepa 15 MG</i>  | 4         | SP; PA              |
| ZANOSAR  | 4         | SP; PA              |

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

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

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

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| Drug Name                                  | Drug Tier | Requirements/ Limits   | Drug Name                   | Drug Tier | Requirements/ Limits   |
|--|-----------|------------------------|-----------------------------|-----------|------------------------|
| <i>idarubicin hcl 20 MG/20ML</i>           | 4         | PA                     | COMETRIQ KIT                | 4         | QL(2 ea daily); SP; PA |
| <i>idarubicin hcl 5 MG/5ML, 10 MG/10ML</i> | 4         | SP; PA                 | COMETRIQ KIT                | 4         | QL(4 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 70 MG        | 4         | QL(1 ea daily); PA     |
| ALECENSA                                   | 4         | QL(4 ea daily); PA     | IMBRUVICA CAPS 140 MG       | 4         | QL(3 ea daily); PA     |
| ALUNBRIG TABS                              | 4         | QL(1 ea daily); PA     | IMBRUVICA SUSP              | 4         | QL(8 ml daily); PA     |
| ALUNBRIG TBPk                              | 4         | QL(1 ea daily); PA     | IMBRUVICA TABS              | 4         | QL(1 ea daily); PA     |
| BALVERSA                                   | 4         | PA                     | INREBIC                     | 4         | PA                     |
| <i>bortezomib SOLR IJ</i>                  | 4         | SP; PA                 | JAKAFI                      | 4         | QL(2 ea daily); SP; PA |
| BORTEZOMIB SOLR IV 3.5 MG                  | 4         | PA                     | KISQALI                     | 4         | 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(3 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 100 MG                              | 4         | QL(4 ea daily); PA         | ZYDELIG  | 4         | QL(2 ea daily); PA     |
| SCSEMBLIX 20 MG                               | 4         | QL(2 ea daily); PA         | Antineoplastic Enzymes                         |           |                        |
| <i>sorafenib tosylate</i>                     | 4         | QL(4 ea daily); SP; PA     | ONCASPAR                                       | 4         | SP; PA                 |
| SPRYCEL ( <i>dasatinib</i> )                  | 4         | QL(1 ea daily); SP; PA     | Antineoplastics Misc.                          |           |                        |
| STIVARGA                                      | 4         | QL(4 ea daily); SP; PA     | ACTIMMUNE 100 MCG/0.5ML                        | 4         | SP; PA                 |
| <i>sunitinib malate 12.5 MG, 25 MG, 50 MG</i> | 4         | QL(1 ea daily); SP; PA     | <i>arsenic trioxide 10 MG/10ML</i>             | 4         | SP; PA                 |
| <i>sunitinib malate 37.5 MG</i>               | 4         | QL(1 ea daily); PA         | <i>bexarotene</i>                              | 4         | SP; PA                 |
| TABRECTA                                      | 4         | PA                         | <i>dacarbazine SOLR 200 MG</i>                 | 4         | SP; PA                 |
| TAFINLAR CAPS                                 | 4         | 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        |                        |

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

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|--|-----------|---|
| <i>selegiline hcl CAPS</i>   | 1B        |   |
| <i>selegiline hcl TABS</i>   | 1B        |   |
| <b>ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders</b> |           |   |
| <b>Antimanic Agents</b>  |           |   |
| <i>lithium</i>   | 1B        |   |
| <i>lithium carbonate CAPS</i>  | 1B        |   |
| <i>lithium carbonate TABS</i>  | 1B        |   |
| <i>lithium carbonate TBCR</i>  | 1B        |   |
| <b>Antipsychotics - Misc.</b>  |           |   |
| EQUETRO 300 MG   | 3         | QL(4 ea daily); ST                      |
| EQUETRO 100 MG   | 3         | QL(2 ea daily); ST                      |
| EQUETRO 200 MG   | 3         | QL(8 ea daily); ST                      |
| <i>lurasidone hcl 20 MG, 40 MG, 60 MG, 120 MG</i>                      | 1B        | QL(1 ea daily)                          |
| <i>lurasidone hcl 80 MG</i>  | 1B        | QL(2 ea daily)                          |
| <i>ziprasidone hcl</i>   | 1B        | QL(2 ea daily); AL(At least 18 yrs old) |
| <b>Benzisoxazoles</b>  |           |   |
| FANAPT   | 2         | QL(2 ea daily); PA                      |
| FANAPT TITRATION PACK  | 2         | PA                                      |
| <i>paliperidone 1.5 MG, 3 MG, 9 MG</i>                                 | 1B        | QL(1 ea daily)                          |
| <i>paliperidone 6 MG</i>   | 1B        | QL(2 ea daily)                          |
| PERSERIS PRSY  | 2         | QL(0.072 ea daily); PA                  |
| 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 100 MG</i>                                 | 1B        | QL(9 ea daily)                          |
| <i>clozapine TBDP 12.5 MG, 150 MG</i>                        | 1B        | QL(6 ea daily)                          |
| <i>loxapine succinate</i>                                    | 1B        |   |
| <i>olanzapine SOLR</i>                                       | 1B        | QL(0.215 ea daily)                      |
| <i>olanzapine TABS 7.5 MG, 10 MG, 15 MG, 20 MG</i>           | 1B        | QL(2 ea daily)                          |
| <i>olanzapine TABS 2.5 MG, 5 MG</i>                          | 1B        | QL(4 ea daily)                          |
| <i>olanzapine TBDP 5 MG, 10 MG, 15 MG</i>                    | 1B        | QL(2 ea daily)                          |
| <i>olanzapine TBDP 20 MG</i>                                 | 1B        | QL(1 ea daily)                          |
| <i>quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG</i> | 1B        | QL(4 ea daily); AL(At least 10 yrs old) |
| <i>quetiapine fumarate TABS 300 MG, 400 MG</i>               | 1B        | QL(2 ea daily); AL(At least 10 yrs old) |
| <i>quetiapine fumarate TB24 300 MG, 400 MG</i>               | 1B        | QL(2 ea daily)                          |
| <i>quetiapine fumarate TB24 50 MG, 150 MG, 200 MG</i>        | 1B        | QL(1 ea daily)                          |
| <b>Phenothiazines</b>  |           |   |
| <i>chlorpromazine hcl SOLN</i>                               | 3         |   |
| <i>chlorpromazine hcl TABS</i>                               | 1B        |   |
| <i>fluphenazine hcl CONC</i>                                 | 1B        |   |

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| Drug Name   | Drug Tier | Requirements/Limits                     | Drug Name  | Drug Tier | Requirements/Limits |
|---|-----------|---|--|-----------|---------------------|
| <i>fluphenazine hcl ELIX</i>                        | 1B        |   | <i>efavirenz CAPS 50 MG</i>  | 1B        | QL(3 ea daily)      |
| <i>fluphenazine hcl SOLN</i>                        | 1B        |   | <i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>                                   | 1B        | QL(1 ea daily)      |
| <i>fluphenazine hcl TABS</i>                        | 1B        |   | <i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>                                      | 1B        | QL(1 ea daily)      |
| <i>perphenazine TABS</i>                            | 1B        |   | <i>efavirenz TABS</i>  | 1B        | QL(1 ea daily)      |
| <i>prochlorperazine</i>                             | 1B        |   | <i>emtricitabine CAPS</i>  | 1B        | QL(1 ea daily)      |
| <i>prochlorperazine maleate TABS</i>                | 1B        |   | <i>emtricitabine-tenofovir disoproxil fumarate 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)     |
| Quinolinone Derivatives                             |           |   | <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)      |
| Thioxanthenes                                       |           |   | 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)      |
| Antiretrovirals                                     |           |   | ISENTRESS HD TABS  | 3         | QL(2 ea daily)      |
| <i>abacavir sulfate-lamivudine</i>                  | 1B        | QL(1 ea daily)                          | ISENTRESS CHEW   | 3         | QL(6 ea daily)      |
| <i>abacavir sulfate SOLN</i>                        | 1B        | QL(32 ml daily)                         | ISENTRESS TABS   | 3         | QL(2 ea daily)      |
| <i>abacavir sulfate TABS</i>                        | 1B        | QL(2 ea daily)                          | JULUCA   | 3         | QL(1 ea daily)      |
| APTIVUS CAPS  | 3         | QL(4 ea daily)                          | <i>lamivudine SOLN</i>   | 1B        | QL(30 ml daily)     |
| <i>atazanavir sulfate CAPS 200 MG</i>               | 1B        | QL(2 ea daily)                          | <i>lamivudine TABS 150 MG</i>  | 1B        | QL(2 ea daily)      |
| <i>atazanavir sulfate CAPS 150 MG, 300 MG</i>       | 1B        | QL(1 ea daily)                          | <i>lamivudine TABS 300 MG</i>  | 1B        | QL(1 ea daily)      |
| BIKTARVY  | 3         | QL(1 ea daily)                          | <i>lamivudine-zidovudine</i>   | 1B        | QL(2 ea daily)      |
| CIMDUO  | 3         | QL(1 ea daily); ST                      | LEXIVA SUSP  | 3         | QL(56 ml daily)     |
| COMPLERA  | 3         | QL(1 ea daily)                          | <i>lopinavir-ritonavir SOLN</i>  | 1B        | QL(12.5 ml daily)   |
| <i>darunavir TABS</i>                               | 1B        |   | <i>lopinavir-ritonavir TABS</i>  | 1B        | QL(4 ea daily)      |
| DELSTRIGO   | 3         | QL(1 ea daily)                          | <i>maraviroc TABS 300 MG</i>   | 1B        | QL(4 ea daily)      |
| DOVATO  | 3         | QL(1 ea daily)                          | <i>maraviroc TABS 150 MG</i>   | 1B        | QL(2 ea daily)      |
| EDURANT   | 3         | QL(1 ea daily)                          | <i>nevirapine SUSP</i>   | 1B        | QL(40 ml daily)     |
| <i>efavirenz CAPS 200 MG</i>                        | 1B        | QL(2 ea daily)                          |  |           |                     |

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| Drug Name                                 | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>nevirapine TABS</i>                    | 1B        | QL(2 ea daily)      |
| <i>nevirapine TB24 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 250 MG                      | 3         | QL(10 ea daily)     |
| VIRACEPT TABS 625 MG                      | 3         | QL(4 ea daily)      |
| VIREAD POWD                               | 3         | QL(7.5 gm daily)    |
| VIREAD TABS 150 MG, 200 MG, 250 MG        | 3         | QL(1 ea daily)      |
| <i>zidovudine CAPS</i>                    | 1B        | QL(6 ea daily)      |
| <i>zidovudine SYRP</i>                    | 1B        | QL(60 ml daily)     |
| <i>zidovudine TABS</i>                    | 1B        | QL(2 ea daily)      |
| CMV Agents                                |           |                     |

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

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| 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 300 MG</i>                          | 1B        | QL(8 ea daily)   |
| <i>labetalol hcl TABS 100 MG, 200 MG</i>                  | 1B        |  |
| <b>Beta Blockers Cardio-Selective</b>                     |           |  |
| <i>acebutolol hcl CAPS</i>                                | 1B        |  |
| <i>atenolol TABS</i>                                      | 1B        |  |
| <i>betaxolol hcl</i>                                      | 1B        |  |
| <i>bisoprolol fumarate</i>                                | 1B        |  |
| <i>metoprolol succinate TB24 200 MG</i>                   | 1B        | QL(2 ea daily)   |

| Drug Name  | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>metoprolol succinate TB24 25 MG, 50 MG, 100 MG</i>                | 1B        |                     |
| <i>metoprolol tartrate SOLN IV 5 MG/5ML</i>                          | 1B        |                     |
| <i>metoprolol tartrate TABS 25 MG, 50 MG, 100 MG</i>                 | 1B        |                     |
| <i>nebivolol hcl 20 MG</i>   | 3         | QL(2 ea daily)      |
| <i>nebivolol hcl 2.5 MG, 5 MG, 10 MG</i>                             | 3         | QL(1 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 40 MG</i>  | 1B        | QL(6 ea daily)      |
| <i>nadolol TABS 80 MG</i>  | 1B        |                     |
| <i>pindolol TABS</i>   | 1B        |                     |
| <i>propranolol hcl CP24</i>  | 1B        | QL(2 ea daily)      |
| <i>propranolol hcl SOLN OR 20 MG/5ML, 40 MG/5ML</i>                  | 1B        |                     |
| <i>propranolol hcl TABS</i>  | 1B        |                     |
| <i>sotalol hcl (afib/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 180 MG, 240 MG</i>                | 1B        | QL(2 ea daily)      |
| <i>diltiazem hcl coated beads CP24 120 MG, 300 MG, 360 MG</i>        | 1B        |                     |
| <i>diltiazem hcl extended release beads</i>                          | 1B        |                     |
| <i>diltiazem hcl CP12</i>  | 1B        | QL(2 ea daily)      |

| Drug Name  | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>diltiazem hcl CP24</i>  | 1B        |                     |
| <i>diltiazem hcl SOLN 50 MG/10ML</i>   | 1B        |                     |
| DILTIAZEM HCL SOLR   | 1B        |                     |
| <i>diltiazem hcl TABS</i>  | 1B        |                     |
| <i>diltiazem hcl TB24</i>  | 1B        |                     |
| <i>felodipine</i>  | 1B        |                     |
| <i>isradipine CAPS</i>   | 1B        |                     |
| <i>nicardipine hcl CAPS</i>  | 1B        |                     |
| <i>nicardipine hcl SOLN</i>  | 1B        |                     |
| <i>nifedipine CAPS 10 MG</i>   | 1B        |                     |
| <i>nifedipine CAPS 20 MG</i>   | 1B        | QL(9 ea daily)      |
| <i>nifedipine TB24</i>   | 1B        |                     |
| <i>nifedipine TB24 60 MG</i>   | 1B        | QL(2 ea daily)      |
| <i>nifedipine TB24 90 MG</i>   | 1B        | QL(1 ea daily)      |
| <i>nimodipine CAPS</i>   | 1B        |                     |
| <i>nisoldipine</i>   | 1B        |                     |
| <i>verapamil hcl CP24 100 MG, 200 MG, 300 MG</i>                             | 1B        |                     |
| <i>verapamil hcl CP24 120 MG, 180 MG, 240 MG, 360 MG</i>                     | 1B        | QL(1 ea daily)      |
| <i>verapamil hcl SOLN 2.5 MG/ML</i>  | 1B        |                     |
| <i>verapamil hcl TABS</i>  | 1B        |                     |
| <i>verapamil hcl TBCR</i>  | 1B        |                     |
| <b>CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm</b> |           |                     |
| Cardiac Glycosides   |           |                     |
| <i>digoxin SOLN OR 0.05 MG/ML</i>  | 1B        |                     |
| <i>digoxin TABS 0.0625 MG, 0.125 MG, 0.25 MG, 62.5 MCG, 125 MCG, 250 MCG</i> | 1B        |                     |
| LANOXIN SOLN IJ ( <i>digoxin</i> )   | 2         |                     |

| Drug Name  | Drug Tier | Requirements/Limits          |
|--|-----------|------------------------------|
| LANOXIN TABS 62.5 MCG, 125 MCG, 250 MCG ( <i>digoxin</i> )                             | 2         |                              |
| <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       |

| Drug Name  | Drug Tier | Requirements/Limits                     |
|--|-----------|---|
| <b>Pulmonary Hypertension - Phosphodiesterase Inhibitors</b>                   |           |   |
| <i>sildenafil citrate (pulmonary hypertension) SOLN</i>                        | 4         | QL(37.5 ml daily); SP; PA               |
| <i>sildenafil citrate (pulmonary hypertension) SUSR</i>                        | 4         | QL(6 ml daily); PA                      |
| <i>sildenafil citrate (pulmonary hypertension) TABS</i>                        | 4         | QL(3 ea daily); SP; PA                  |
| <i>tadalafil (pulmonary hypertension) TABS</i>                                 | 4         | QL(2 ea daily); SP; PA                  |
| <b>Pulmonary Hypertension - Prostacyclin Receptor Agonist</b>                  |           |   |
| UPTRAVI TITRATION PACK TBPB  | 4         | 1 max fill(s) per 180 day(s) retail; PA |
| UPTRAVI TABS 200 MCG   | 4         | PA                                      |
| UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG | 4         | QL(2 ea daily); PA                      |
| <b>Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator</b>               |           |   |
| ADEMPAS  | 4         | QL(3 ea daily); PA                      |
| <b>Sinus Node Inhibitors</b>   |           |   |
| CORLANOR SOLN  | 3         | QL(15 ml daily); PA                     |
| CORLANOR TABS ( <i>ivabradine hcl</i> )  | 3         | QL(2 ea daily); PA                      |
| <i>ivabradine hcl</i> TABS   | 1B        | QL(2 ea daily); PA                      |
| <b>Transthyretin Stabilizers</b>   |           |   |
| VYNDAMAX   | 4         | QL(1 ea daily); PA                      |
| VYNDAQEL   | 4         | QL(4 ea daily); PA                      |
| <b>CEPHALOSPORINS - Drugs to Treat Bacterial</b>                               |           |   |

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

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| Drug Name  | Drug Tier | Requirements/Limits | Drug Name  | Drug Tier | Requirements/Limits                                  |
|--|-----------|---------------------|--|-----------|--|
| <i>ceftriaxone sodium IJ 250 MG</i>                              | 1A        |                     | <i>norethin acet &amp; estrad-fe CAPS</i>  | 0         |  |
| Cephalosporins - 4th Generation                                  |           |                     | <i>norethin acet &amp; estrad-fe CHEW</i>  | 0         |  |
| <i>cefepime hcl SOLR IV 2 GM</i>                                 | 1B        |                     | <i>norethin acet &amp; estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i> | 0         |  |
| Cephalosporins - 5th Generation                                  |           |                     | <i>norethindrone &amp; eth estradiol</i>   | 0         |  |
| TEFLARO  | 3         |                     | <i>norethindrone &amp; ethinyl estradiol-fe</i>                                  | 0         |  |
| <b>CONTRACEPTIVES - Drugs to Prevent Pregnancy</b>               |           |                     |  |           |  |
| Combination Contraceptives - Oral                                |           |                     |  |           |  |
| BALCOLTRA<br>( <i>levonorgestrel-ethinyl estradiol-iron</i> )    | 0         |                     | <i>norethindrone acet &amp; eth estra TABS</i>                                   | 0         |  |
| <i>desogestrel &amp; ethinyl estradiol</i>                       | 0         |                     | <i>norethindrone acetate-ethinyl estradiol-fe</i>                                | 0         |  |
| <i>desogestrel-ethinyl estradiol (biphasic)</i>                  | 0         |                     | <i>norethindrone-eth estradiol (triphasic)</i>                                   | 0         |  |
| <i>desogestrel-ethinyl estradiol (triphasic)</i>                 | 0         |                     | <i>norgestimate-ethinyl estradiol</i>  | 0         |  |
| <i>drospirenone-ethinyl estradiol</i>                            | 0         |                     | <i>norgestimate-ethinyl estradiol (triphasic)</i>                                | 0         |  |
| <i>drospirenone-ethinyl estradiol-levomefolate calcium</i>       | 0         |                     | <i>norgestrel &amp; ethinyl estradiol 30 MCG-0.3 MG</i>                          | 0         |  |
| <i>ethynodiol diacet &amp; eth estrad</i>                        | 0         |                     | TYBLUME CHEW   | 0         |  |
| FEMLYV TBDP  | 0         |                     | Combination Contraceptives - Transdermal   |           |  |
| <i>levonorgestrel &amp; eth estradiol TABS</i>                   | 0         |                     | <i>norelgestromin-ethinyl estradiol</i>  | 0         |  |
| <i>levonorgestrel-eth estradiol (triphasic)</i>                  | 0         |                     | TWIRLA   | 0         | QL(3 ea per 28 day(s) retail; 9 ea per 84 days mail) |
| <i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i> | 0         |                     | Combination Contraceptives - Vaginal   |           |  |
| <i>levonorgestrel-ethinyl estradiol (continuous)</i>             | 0         |                     | ANNOVERA   | 0         |  |
| <i>levonorgestrel-ethinyl estradiol-iron</i>                     | 0         |                     | <i>etonogestrel-ethinyl estradiol</i>  | 0         | QL(0.05 ea daily)                                    |
| LO LOESTRIN FE TABS  | 0         |                     | Copper Contraceptives - IUD  |           |  |
| NATAZIA  | 0         |                     | PARAGARD<br>INTRAUTERINE COPPER<br>CONTRACEPTIVE T380A                           | 0         |  |
| NEXTSTELLIS  | 0         |                     | Emergency Contraceptives   |           |  |

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| Drug Name  | Drug Tier | Requirements/Limits                             | Drug Name   | Drug Tier | Requirements/Limits                |
|--|-----------|---|---|-----------|------------------------------------|
| ELLA   | 0         |   | <i>dexamethasone sodium phosphate SOSY IJ 4 MG/ML</i>   | 1B        |                                    |
| <i>levonorgestrel (emergency oc) 1.5 MG</i>  | 0         |   | <i>dexamethasone ELIX</i>   | 1B        |                                    |
| Progestin Contraceptives - Implants  |           |   | <i>dexamethasone SOLN</i>   | 1B        |                                    |
| NEXPLANON  | 0         |   | <i>dexamethasone TABS 0.5 MG, 0.75 MG</i>   | 1A        |                                    |
| Progestin Contraceptives - Injectable  |           |   | <i>dexamethasone TABS 1 MG, 1.5 MG, 2 MG, 4 MG, 6 MG</i>  | 1B        |                                    |
| DEPO-SUBQ PROVERA 104 SUSY SC  | 0         |   | EMFLAZA SUSP ( <i>deflazacort</i> )   | 4         | PA                                 |
| <i>medroxyprogesterone acetate (contraceptive) SUSP IM</i>                           | 0         | QL(1 ml per 90 day(s) retail)                   | EMFLAZA TABS ( <i>deflazacort</i> )   | 4         | PA                                 |
| <i>medroxyprogesterone acetate (contraceptive) SUSY IM</i>                           | 0         | QL(90 Day(s) limit ; 1 ml per 90 day(s) retail) | <i>hydrocortisone sod succinate 100 MG</i>  | 1B        | 2 max fill(s) per 30 day(s) retail |
| Progestin Contraceptives - IUD   |           |   | <i>hydrocortisone TABS</i>  | 1B        |                                    |
| KYLEENA  | 0         |   | MEDROL TABS   | 3         |                                    |
| LILETTA 20.1 MCG/DAY   | 0         |   | <i>methylprednisolone acetate SUSP</i>  | 1B        |                                    |
| MIRENA   | 0         |   | <i>methylprednisolone sod succ 40 MG, 125 MG, 500 MG, 1000 MG</i>                               | 1B        |                                    |
| SKYLA  | 0         |   | <i>methylprednisolone TABS</i>  | 1B        |                                    |
| Progestin Contraceptives - Oral  |           |   | <i>methylprednisolone TBPK</i>  | 1B        |                                    |
| <i>norethindrone (contraceptive)</i>   | 0         |   | <i>prednisolone sodium phosphate SOLN 5 MG/5ML, 6.7 MG/5ML, 10 MG/5ML, 15 MG/5ML, 25 MG/5ML</i> | 1B        |                                    |
| OPILL  | 0         |   | <i>prednisolone sodium phosphate TBP</i>  | 3         |                                    |
| SLYND  | 0         | QL(1 ea daily)                                  | <i>prednisolone SOLN</i>  | 1B        |                                    |
| <b>CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions</b> |           |   | <i>prednisolone TABS</i>  | 1B        |                                    |
| Glucocorticosteroids   |           |   | <i>prednisone SOLN</i>  | 1B        |                                    |
| <i>budesonide CPEP</i>   | 1B        | QL(3 ea daily)                                  | <i>prednisone TABS 2.5 MG, 10 MG, 20 MG, 50 MG</i>  | 1A        |                                    |
| <i>deflazacort SUSP</i>  | 4         | PA  | <i>prednisone TABS 1 MG, 5 MG</i>   | 1B        |                                    |
| <i>deflazacort TABS</i>  | 4         | PA  | <i>prednisone TBPK</i>  | 1B        |                                    |
| DEPO-MEDROL SUSP   | 3         |   | SOLU-CORTEF 100 MG, 500 MG, 1000 MG   | 3         | 2 max fill(s) per 30 day(s) retail |
| DEXAMETHASONE INTENSOL CONC  | 1B        |   |   |           |                                    |
| <i>dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML</i>        | 1B        |   |   |           |                                    |

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| Drug Name   | Drug Tier | Requirements/Limits                 | Drug Name   | Drug Tier | Requirements/Limits   |
|---|-----------|-------------------------------------|---|-----------|---|
| SOLU-CORTEF 250 MG  | 3         |                                     | AZELEX  | 3         | QL(50 gm per 30 day(s) retail; 50 gm per 30 days mail); AL(At least 12 yrs old); ST |
| SOLU-MEDROL 2 GM  | 3         |                                     |   |           |   |
| <i>triamcinolone acetonide SUSP 40 MG/ML, 200 MG/5ML, 400 MG/10ML</i>       | 1B        |                                     |   |           |   |
| Mineralocorticoids  |           |                                     | BENZEPRO CREAMY WASH LIQD                                   | 2         | AL(At least 12 yrs old); RX/OTC   |
| <i>fludrocortisone acetate TABS</i>   | 1B        |                                     | BENZEPRO FOAM 5.3 %   | 2         | AL(At least 12 yrs old); RX/OTC   |
| <b>COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms</b> |           |                                     | <i>benzoyl peroxide-erythromycin GEL</i>                    | 1B        | AL(At least 12 yrs old); PA   |
| Antitussives  |           |                                     | <i>benzoyl peroxide FOAM 5.3 %, 9.8 %</i>                   | 1B        | AL(At least 12 yrs old); RX/OTC   |
| <i>benzonatate 200 MG</i>   | 1B        | QL(3 ea daily)                      | <i>benzoyl peroxide GEL 10 %</i>                            | 1B        | AL(At least 12 yrs old)   |
| <i>benzonatate 150 MG</i>   | 1B        | QL(4 ea daily)                      | <i>benzoyl peroxide GEL 5 %</i>                             | 1B        | QL(3 gm daily); AL(At least 12 yrs old)   |
| <i>benzonatate 100 MG</i>   | 1B        | QL(6 ea daily)                      | <i>benzoyl peroxide LIQD 4 %, 7 %, 10 %</i>                 | 1B        | AL(At least 12 yrs old)   |
| Cough/Cold/Allergy Combinations   |           |                                     | <i>clindamycin phosphate (topical) FOAM</i>                 | 1B        | AL(At least 12 yrs old); PA   |
| <i>hydrocodone polistirex-chlorpheniramine polistirex SUER</i>              | 1B        |                                     | <i>clindamycin phosphate (topical) GEL</i>                  | 1B        | QL(8 gm daily)  |
| TUZISTRA XR   | 2         | PA                                  | <i>clindamycin phosphate (topical) LOTN</i>                 | 1B        | AL(At least 12 yrs old)   |
| Misc. Respiratory Inhalants   |           |                                     | <i>clindamycin phosphate (topical) SOLN</i>                 | 1B        | QL(4 ml daily); AL(At least 12 yrs old)   |
| HYPERSAL NEBU   | 1B        |                                     | <i>clindamycin phosphate (topical) SWAB</i>                 | 1B        | AL(At least 12 yrs old)   |
| NEBUSAL NEBU  | 1B        |                                     | <i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i> | 1B        | AL(At least 12 yrs old); PA   |
| <i>sodium chloride (inhalant) NEBU 7 %</i>                                  | 1B        |                                     | <i>clindamycin phosphate-benzoyl peroxide GEL 5 %-1 %</i>   | 1B        | AL(At least 12 yrs old); PA   |
| Mucolytics  |           |                                     | <i>clindamycin phosphate-tretinoin</i>                      | 1B        | AL(At least 12 yrs old); ST   |
| <i>acetylcysteine SOLN</i>  | 1B        |                                     | DIFFERIN LOTN   | 2         | AL(At least 12 yrs old); ST   |
| <b>DERMATOLOGICALS - Drugs to Treat Skin</b>                                |           |                                     |   |           |   |
| Conditions  |           |                                     |   |           |   |
| Acne Products   |           |                                     |   |           |   |
| <i>adapalene-benzoyl peroxide GEL 2.5 %-0.1 %</i>                           | 1B        | AL(At least 12 yrs old); ST         |   |           |   |
| <i>adapalene CREA</i>   | 1B        | AL(At least 12 yrs old); ST         |   |           |   |
| <i>adapalene GEL</i>  | 1B        | AL(At least 12 yrs old); ST; RX/OTC |   |           |   |

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

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

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| Drug Name   | Drug Tier | Requirements/Limits   | Drug Name                                       | Drug Tier | Requirements/Limits  |
|---|-----------|---|---|-----------|--|
| <i>naftifine hcl CREA 1 %</i>                                 | 1B        | QL(3 gm daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail                            | <i>diclofenac sodium (actinic keratoses) EX</i> | 1B        | QL(3.34 gm daily); PA  |
| <i>nystatin (topical) CREA</i>                                | 1B        | QL(10 gm daily)   | <i>fluorouracil (topical) CREA 5 %</i>          | 1B        | QL(4 gm daily)   |
| <i>nystatin (topical) OINT</i>                                | 1B        | QL(6 gm daily)  | <i>fluorouracil (topical) SOLN</i>              | 1B        | QL(2 ml daily)   |
| <i>nystatin (topical) POWD EX</i>                             | 1B        | QL(10 gm daily)   | PANRETIN  | 3         | QL(60 gm per 30 day(s) retail; 60 gm per 30 days mail)   |
| <i>nystatin-triamcinolone CREA</i>                            | 1B        | QL(10 gm daily)   | <b>Antipruritics - Topical</b>                  |           |  |
| <i>nystatin-triamcinolone OINT</i>                            | 1B        | QL(4 gm daily)  | <i>doxepin hcl (antipruritic)</i>               | 3         | Limit 1 fill every 180 days; QL(45 gm per fill retail; 45 per fill mail); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA |
| <i>oxiconazole nitrate CREA</i>                               | 1B        | Limit 1 Fill per 180 days; QL(3 gm daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail | <b>Antipsoriatics</b>                           |           |  |
| OXISTAT LOTN  | 2         | Limit 1 Fill per 180 days; QL(2 ml daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail | <i>acitretin 25 MG</i>                          | 1B        | QL(2 ea daily)   |
| <i>sulconazole nitrate CREA</i>                               | 1B        |   | <i>acitretin 10 MG, 17.5 MG</i>                 | 1B        | QL(1 ea daily)   |
| <i>sulconazole nitrate SOLN</i>                               | 1B        | 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail  | <i>calcipotriene CREA</i>                       | 1B        | QL(4 gm daily); PA   |
| <i>tavaborole</i>   | 1B        | PA  | <i>calcipotriene OINT</i>                       | 1B        | QL(4 gm daily); PA   |
| <b>Anti-inflammatory Agents - Topical</b>                     |           |   | <i>calcipotriene SOLN</i>                       | 1B        | QL(4 ml daily); PA   |
| <i>diclofenac epolamine PTCH EX</i>                           | 1B        | QL(2 ea daily); PA  | <i>calcitriol (topical)</i>                     | 1B        | QL(3.34 gm daily)  |
| <i>diclofenac sodium (topical) GEL EX</i>                     | 1B        | QL(3.34 gm daily); RX/OTC   | COSENTYX SENSOREADY PEN SOAJ                    | 4         | QL(0.072 ml daily); PA   |
| <b>Antineoplastic or Premalignant Lesion Agents - Topical</b> |           |   | COSENTYX UNOREADY SOAJ                          | 4         | QL(0.072 ml daily); PA   |
| <i>bexarotene (topical)</i>                                   | 4         | SP; PA  | COSENTYX SOSY 75 MG/0.5ML                       | 4         | QL(0.18 ml daily); PA  |
|   |           |   | COSENTYX SOSY 150 MG/ML                         | 4         | QL(0.072 ml daily); PA   |
|   |           |   | COSENTYX SOSY 150 MG/ML                         | 4         | QL(0.036 ml daily); PA   |
|   |           |   | <i>methoxsalen rapid</i>                        | 1B        | QL(4 ea daily)   |

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

| Drug Name  | Drug Tier | Requirements/ Limits   | Drug Name                                       | Drug Tier | Requirements/ Limits       |
|--|-----------|--|---|-----------|----------------------------|
| <i>calcipotriene-betamethasone dipropionate SUSP</i> | 1B        | ST   | <i>fluocinolone acetonide SOLN</i>              | 1B        | QL(4 ml daily)             |
| <i>clobetasol propionate emollient base 0.05 %</i>   | 1B        | QL(1 gm daily); PA   | <i>fluocinonide emulsified base</i>             | 1B        | QL(2 gm daily)             |
| <i>clobetasol propionate CREA 0.05 %</i>             | 1B        | QL(3 gm daily); PA   | <i>fluocinonide CREA 0.05 %</i>                 | 1B        | QL(2 gm daily)             |
| <i>clobetasol propionate FOAM</i>                    | 1B        | QL(3 gm daily); ST   | <i>fluocinonide CREA 0.1 %</i>                  | 1B        | QL(4 gm daily)             |
| <i>clobetasol propionate GEL 0.05 %</i>              | 1B        | QL(2 gm daily); ST   | <i>fluocinonide GEL</i>                         | 1B        |                            |
| <i>clobetasol propionate OINT 0.05 %</i>             | 1B        | QL(1 gm daily); PA   | <i>fluocinonide OINT</i>                        | 1B        | QL(2 gm daily)             |
| <i>clobetasol propionate SOLN 0.05 %</i>             | 1B        | QL(3.34 ml daily); PA  | <i>fluocinonide SOLN</i>                        | 1B        | QL(2 ml daily)             |
| <i>clocortolone pivalate</i>                         | 3         | QL(3 gm daily)   | <i>flurandrenolide CREA</i>                     | 2         | QL(2 gm daily)             |
| CORDRAN TAPE   | 3         | 1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail | <i>flurandrenolide LOTN</i>                     | 2         | QL(2 ml daily)             |
| <i>desonide CREA</i>                                 | 1B        | QL(4 gm daily)   | <i>fluticasone propionate CREA 0.05 %</i>       | 1B        | QL(4 gm daily)             |
| <i>desonide LOTN</i>                                 | 1B        | QL(4 ml daily)   | <i>fluticasone propionate LOTN</i>              | 1B        | QL(6 ml daily)             |
| <i>desonide OINT</i>                                 | 1B        | QL(3 gm daily)   | <i>fluticasone propionate OINT</i>              | 1B        | QL(4 gm daily)             |
| <i>desoximetasone CREA 0.25 %</i>                    | 1B        | QL(4 gm daily)   | <i>halcinonide CREA</i>                         | 1B        | PA                         |
| <i>desoximetasone GEL</i>                            | 1B        | QL(3 gm daily)   | <i>halobetasol propionate CREA</i>              | 1B        | QL(3.5 gm daily)           |
| <i>desoximetasone OINT 0.25 %</i>                    | 1B        | QL(4 gm daily)   | <i>halobetasol propionate OINT</i>              | 1B        | QL(3.5 gm daily)           |
| <i>diflorasone diacetate CREA</i>                    | 1B        | PA   | HALOG OINT                                      | 3         | PA                         |
| <i>diflorasone diacetate OINT</i>                    | 1B        | PA   | <i>hydrocortisone (topical) CREA 1 %, 2.5 %</i> | 1B        | QL(15.15 ea daily); RX/OTC |
| <i>fluocinolone acetonide CREA 0.025 %</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 0.025 %</i>        | 1B        |                           |
| <i>triamcinolone acetonide (topical) LOTN 0.1 %</i>          | 1B        | QL(6 ml daily)            |
| <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 100 MG/0.67ML                                  | 4         | QL(0.048 ml daily); PA    |
| DUPIXENT SOSY 300 MG/2ML                                     | 4         | QL(0.29 ml daily); PA     |
| <b>Emollients</b>  |           |                           |
| <i>lactic acid (ammonium lactate) CREA</i>                   | 1B        | QL(12.9 gm daily); RX/OTC |
| <i>lactic acid (ammonium lactate) LOTN 12 %</i>              | 1B        | RX/OTC                    |
| <b>Enzymes - Topical</b>                                     |           |                           |
| SANTYL OINT  | 3         | PA                        |

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

| 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<br>UNIT-189600 UNIT-60000<br>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 250 MG</i>   | 1B        | QL(4 ea daily)        |
| <i>acetazolamide TABS 125 MG</i>   | 1B        | QL(8 ea daily)        |
| <i>dichlorphenamide</i>  | 4         | QL(4 ea daily);<br>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 2.5 MG</i>   | 1B        | QL(2 ea daily)                              |
| <i>indapamide TABS 1.25 MG</i>  | 1B        | QL(1 ea daily)                              |
| <i>metolazone</i>   | 1B        | QL(2 ea daily)                              |
| <b>ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones</b> |           |   |
| Bone Density Regulators   |           |   |
| <i>alendronate sodium TABS 35 MG, 70 MG</i>   | 1B        | QL(0.143 ea daily)                          |
| <i>alendronate sodium TABS 5 MG, 10 MG</i>  | 1B        | QL(1 ea daily)                              |
| <i>calcitonin (salmon) NA</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       | Drug Name                                       | Drug Tier | Requirements/Limits    |
|---|-----------|---------------------------|---|-----------|------------------------|
| <i>risedronate sodium TABS 5 MG, 30 MG</i>                    | 1B        | QL(1 ea daily); PA        | ZORBTIVE SC                                     | 4         | SP; PA                 |
| <i>risedronate sodium TABS 150 MG</i>                         | 1B        | QL(0.036 ea daily); PA    | Hormone Receptor Modulators                     |           |                        |
| <i>risedronate sodium TBEC</i>                                | 1B        | PA                        | OSPHENA   | 3         | PA                     |
| <i>teriparatide SOPN</i>                                      | 4         | QL(0.09 ml daily); SP; PA | <i>raloxifene hcl</i>                           | 0         | QL(1 ea daily)         |
| TERIPARATIDE SOPN   | 4         | QL(0.09 ml daily); PA     | Insulin-Like Growth Factors (Somatomedins)      |           |                        |
| TYMLOS  | 4         | PA                        | INCRELEX  | 4         | SP; PA                 |
| XGEVA SOLN  | 4         | SP; PA                    | LHRH/GnRH Agonist Analog Pituitary Suppressants |           |                        |
| <i>zoledronic acid CONC</i>                                   | 4         | SP; PA                    | FENSOLVI SC                                     | 4         | SP; PA                 |
| <i>zoledronic acid SOLN</i>                                   | 4         | SP; PA                    | LUPRON DEPOT-PED (1-MONTH)                      | 4         | SP; PA                 |
| Corticotropin   |           |                           | LUPRON DEPOT-PED (3-MONTH) 30 MG                | 4         | SP; PA                 |
| ACTHAR GEL  | 3         | PA                        | LUPRON DEPOT-PED (3-MONTH) 11.25 MG             | 4         | PA                     |
| Fertility Regulators  |           |                           | SYNAREL   | 4         | SP; PA                 |
| CHORIONIC GONADOTROPIN IM                                     | 4         | PA                        | Metabolic Modifiers                             |           |                        |
| <i>clomiphene citrate TABS</i>                                | 3         | PA                        | ALDURAZYME                                      | 4         | SP; PA                 |
| GnRH/LHRH Antagonists   |           |                           | <i>betaine</i>                                  | 4         | SP; PA                 |
| <i>ganirelix acetate</i>                                      | 4         | PA                        | <i>calcitriol CAPS</i>                          | 1B        |                        |
| ORLISSA   | 2         | PA                        | <i>calcitriol SOLN IV</i>                       | 1B        |                        |
| Growth Hormone Receptor Antagonists                           |           |                           | <i>cinacalcet hcl</i>                           | 4         | QL(4 ea daily); SP; PA |
| SOMAVERT 10 MG, 15 MG, 20 MG                                  | 4         | SP; PA                    | <i>doxercalciferol CAPS</i>                     | 1B        |                        |
| Growth Hormone Releasing Hormones (GHRH)                      |           |                           | <i>doxercalciferol SOLN</i>                     | 1B        |                        |
| EGRIFTA 2 MG  | 4         | PA                        | ELAPRASE  | 4         | SP; PA                 |
| EGRIFTA SV  | 4         | PA                        | GALAFOLD  | 4         | QL(0.5 ea daily); PA   |
| Growth Hormones   |           |                           | LUMIZYME  | 4         | SP; PA                 |
| GENOTROPIN MINIQUICK PRSY                                     | 4         | PA                        | MYALEPT   | 4         | PA                     |
| GENOTROPIN CART SC  | 4         | PA                        | NAGLAZYME                                       | 4         | SP; PA                 |
| HUMATROPE CART IJ   | 4         | SP; PA                    | <i>nitisinone CAPS</i>                          | 4         | PA                     |
| NORDITROPIN FLEXPRO SOPN 30 MG/3ML                            | 4         | PA                        | <i>paricalcitol CAPS</i>                        | 1B        |                        |
| NORDITROPIN FLEXPRO SOPN 5 MG/1.5ML, 10 MG/1.5ML, 15 MG/1.5ML | 4         | SP; PA                    | <i>paricalcitol SOLN</i>                        | 1B        |                        |
|   |           |                           | PHEBURANE PLLT                                  | 4         | PA                     |
|   |           |                           | <i>sapropterin dihydrochloride PACK</i>         | 4         | PA                     |

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| 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                               | 4         | PA                     | <i>estradiol valerate</i>  | 1B        |                     |
| SANDOSTATIN LAR DEPOT KIT ( <i>octreotide acetate</i> ) | 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        |                     |
| SIGNIFOR  | 4         | PA                     | <i>estradiol GEL 0.06 %</i>  | 3         |                     |
| 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 250 MG, 750 MG</i>                                       | 1B        |                                    |
| <i>levofloxacin TABS 500 MG</i>   | 1A        |                                    |
| <i>moxifloxacin hcl in sodium chloride</i>                                    | 1B        |                                    |
| <i>moxifloxacin hcl TABS</i>  | 1B        |                                    |
| <i>ofloxacin 300 MG, 400 MG</i>   | 1B        |                                    |
| <b>GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs</b> |           |                                    |
| Bile Acid Synthesis Disorder Agents   |           |                                    |
| CHOLBAM   | 4         | SP; PA                             |
| Gallstone Solubilizing Agents   |           |                                    |
| <i>ursodiol CAPS</i>  | 1B        | QL(3 ea daily)                     |
| <i>ursodiol TABS</i>  | 1B        |                                    |
| Gastrointestinal Chloride Channel Activators                                  |           |                                    |
| <i>lubiprostone</i>   | 1B        | QL(2 ea daily)                     |
| Gastrointestinal Stimulants   |           |                                    |

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

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

| Drug Name  | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>silodosin</i>   | 1B        |                     |
| <i>tamsulosin hcl</i>  | 1B        |                     |
| Urinary Analgesics   |           |                     |
| <i>phenazopyridine hcl TABS 100 MG, 100 MG, 200 MG</i>               | 1B        |                     |
| Urinary Stone Agents   |           |                     |
| THIOLA EC TBEC 100 MG ( <i>tiopronin</i> )                           | 3         | QL(3 ea daily); PA  |
| THIOLA EC TBEC 300 MG ( <i>tiopronin</i> )                           | 3         | QL(10 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                  |

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

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

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

| Drug Name  | Drug Tier | Requirements/Limits                         |
|--|-----------|---|
| <b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS</b> |           |   |
| Barbiturate Hypnotics                            |           |   |
| <i>phenobarbital ELIX</i>                        | 1B        |   |
| <i>phenobarbital TABS</i>                        | 1B        |   |
| Hypnotics - Tricyclic Agents                     |           |   |
| <i>doxepin hcl (sleep)</i>                       | 1B        | QL(1 ea daily); PA                          |
| Non-Barbiturate Hypnotics                        |           |   |
| <i>estazolam</i>                                 | 1B        |   |
| <i>eszopiclone</i>                               | 1B        | QL(1 ea daily); AL(At least 18 yrs old); ST |
| <i>flurazepam hcl</i>                            | 1B        | PA  |
| <i>temazepam 7.5 MG, 22.5 MG</i>                 | 1B        | QL(1 ea daily)                              |
| <i>temazepam 15 MG, 30 MG</i>                    | 1A        | QL(1 ea daily)                              |
| <i>triazolam</i>                                 | 1B        |   |
| <i>zaleplon 5 MG</i>                             | 1B        | QL(1 ea daily); AL(At least 18 yrs old)     |
| <i>zaleplon 10 MG</i>                            | 1B        | QL(2 ea daily); AL(At least 18 yrs old)     |
| <i>zolpidem tartrate TABS</i>                    | 1A        | QL(1 ea daily); AL(At least 18 yrs old)     |
| <i>zolpidem tartrate TBCR</i>                    | 1B        | QL(1 ea daily)                              |
| Orexin Receptor Antagonists                      |           |   |
| BELSOMRA   | 3         | PA  |
| Selective Melatonin Receptor Agonists            |           |   |
| <i>ramelteon</i>                                 | 1B        | QL(1 ea daily); AL(At least 18 yrs old)     |
| <b>LAXATIVES - Bowel Treatment Drugs</b>         |           |   |
| Bulk Laxatives                                   |           |   |
| <i>calcium polycarbophil TABS</i>                | 1B        |   |

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

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

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| Drug Name  | Drug Tier | Requirements/Limits    | Drug Name  | Drug Tier | Requirements/Limits    |
|--|-----------|------------------------|--|-----------|------------------------|
| TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC              | 0         |                        | FREESTYLE LIBRE 2/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>         |           |                        |  |           |                        |



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

| Drug Name   | Drug Tier | Requirements/Limits                           | Drug Name   | Drug Tier | Requirements/Limits |
|---|-----------|---|---|-----------|---------------------|
| zolmitriptan TBDP   | 1B        | QL(0.3 ea daily); AL(At least 12 yrs old); ST | 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 %-30 MEQ/L-0.45 %, 5 %-40 MEQ/L-0.45 %, 5 %-40 MEQ/L-0.9 % | 1B        |                     |
| <b>MINERALS &amp; ELECTROLYTES</b>  |           |   |   |           |                     |
| <b>Bicarbonates</b>   |           |   |   |           |                     |
| sodium acetate SOLN   | 1B        |   | potassium chloride in nacl 20 MEQ/L-0.45 %, 20 MEQ/L-0.9 %, 40 MEQ/L-0.9 %  | 1B        |                     |
| SODIUM ACETATE SOLN (sodium acetate)                                      | 1B        |   | POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS  | 1B        |                     |
| <b>Calcium</b>  |           |   | POTASSIUM CHLORIDE/SODIUM CHLORIDE 20 MEQ/L-0.45 % (potassium chloride in nacl)   | 1B        |                     |
| calcium chloride (dihydrate) SOLN   | 1B        |   | ringer's  | 1B        |                     |
| <b>Electrolyte Mixtures</b>   |           |   | <b>Fluoride</b>   |           |                     |
| dextrose in lactated ringers  | 1B        |   | sodium fluoride CHEW 0.25 MG, 0.5 MG, 1 MG, 2.2 MG  | 0         | QL(1 ea daily)      |
| electrolyte-148   | 1B        |   | <b>Magnesium</b>  |           |                     |
| electrolyte-a   | 1B        |   | magnesium sulfate IJ 50 %   | 1B        |                     |
| IONOSOL-MB/DEXTROSE 5%  | 1B        |   | <b>Phosphate</b>  |           |                     |
| ISOLYTE-P/DEXTROSE 5%   | 1B        |   | potassium phosphates 236 MG/ML-224 MG/ML  | 1B        |                     |
| ISOLYTE-S   | 1B        |   | <b>Potassium</b>  |           |                     |
| KCL 0.3%/D5W/NACL 0.9% (potassium chloride in dextrose & sodium chloride) | 1B        |   | potassium acetate SOLN 2 MEQ/ML   | 1B        |                     |
| lactated ringer's   | 1B        |   | potassium bicarbonate TBEF  | 1B        |                     |
| NORMOSOL-M/D5W  | 1B        |   | potassium chloride microencapsulated crystals er  | 1B        |                     |
| NORMOSOL-R  | 1B        |   |   |           |                     |
| PLASMA-LYTE A (electrolyte-a)   | 1B        |   |   |           |                     |
| PLASMA-LYTE-148 (electrolyte-148)   | 1B        |   |   |           |                     |
| potassium chloride in dextrose 5 %-20 MEQ/L                               | 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) 0.25 MG, 0.5 MG, 0.75 MG</i> | 4         | QL(20 ea daily); SP; PA |
| POTASSIUM CHLORIDE SOLN IV 10 MEQ/50ML ( <i>potassium chloride</i> ) | 1B        |                        | <i>everolimus (immunosuppressant) 1 MG</i>                     | 4         | QL(10 ea daily); PA     |
| <i>potassium chloride TBCR 8 MEQ, 10 MEQ, 20 MEQ</i>                 | 1B        |                        | <i>mycophenolate mofetil CAPS</i>                              | 1B        |                         |
| Sodium   |           |                        | <i>mycophenolate mofetil TABS</i>                              | 1B        |                         |
| <i>sodium chloride SOLN IV 0.45 %, 0.9 %, 3 %, 4 MEQ/ML, 5 %</i>     | 1B        |                        | <i>mycophenolate sodium</i>                                    | 1B        |                         |
| <b>MISCELLANEOUS THERAPEUTIC CLASSES</b>                             |           |                        | NULOJIX  | 4         | SP; PA                  |
| Chelating Agents   |           |                        | PROGRAF PACK   | 2         | PA                      |
| <i>penicillamine CAPS</i>  | 1B        | PA                     | PROGRAF SOLN   | 2         |                         |
| <i>penicillamine TABS</i>  | 1B        | QL(8 ea daily)         | SIMULECT   | 3         |                         |
| <i>trientine hcl 250 MG</i>  | 4         | QL(8 ea daily); SP; PA | <i>sirolimus TABS</i>  | 1B        |                         |
| Immunomodulators   |           |                        | <i>tacrolimus CAPS</i>   | 1B        |                         |
| <i>lenalidomide 2.5 MG, 5 MG, 10 MG, 15 MG, 25 MG</i>                | 4         | QL(1 ea daily); SP; PA | THYMOGLOBULIN  | 4         | SP; PA                  |
| <i>lenalidomide 20 MG</i>  | 4         | QL(1 ea daily); PA     | Irrigation Solutions   |           |                         |
| THALOMID   | 4         | QL(3 ea daily); SP; PA | <i>irrigation solutions, physiological</i>                     | 1B        |                         |
| Immunosuppressive Agents   |           |                        | <i>lactated ringer's (irrigation)</i>                          | 1B        |                         |
| ATGAM  | 4         | SP; PA                 | <i>ringer's irrigation</i>                                     | 1B        |                         |
| AZATHIOPRINE   | 1B        |                        | <i>water for irrigation, sterile</i>                           | 1B        |                         |
| <i>azathioprine TABS</i>   | 1B        |                        | Potassium Removing Agents                                      |           |                         |
| <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<br>100 MG-2.6 MG-800<br>MCG-400 UNIT-4 MCG-<br>1.7 MG-18 MG-27 MG-1.5<br>MG-25 MG-263 MG-11<br>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);<br>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);<br>RX/OTC |
| NEONATAL PLUS TABS   | 2         | QL(1 ea daily);<br>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);<br>RX/OTC |
| ONE VITE WOMENS PRENATAL VITAMIN PLUS TABS   | 2         | QL(1 ea daily);<br>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);<br>RX/OTC |
| PRENATAL PLUS TABS   | 2         | QL(1 ea daily);<br>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);<br>RX/OTC |

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| 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 500 MG   | 1B        | QL(6 ea daily)         |

| Drug Name   | Drug Tier | Requirements/Limits  |
|---|-----------|--|
| <i>chlorzoxazone</i> TABS 750 MG  | 1B        | QL(4 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) 0.06 %</i>                                     | 1B        |  |
| <i>ipratropium bromide (nasal) 0.03 %</i>                                     | 1B        | QL(1 ml daily)   |
| Nasal Steroids  |           |  |
| <i>budesonide (nasal)</i>   | 1B        |  |
| <i>flunisolide (nasal) 0.025 %</i>  | 1B        | 1 package(s) per fill retail                                       |
| <i>fluticasone propionate (nasal) SUSP</i>                                    | 1B        | Limit 2 inhalers per month; QL(32 ml per 30 day(s) retail); RX/OTC |
| <i>mometasone furoate (nasal) SUSP</i>  | 1B        | QL(1.14 gm daily); PA; RX/OTC                                      |
| <i>triamcinolone acetonide (nasal) AERO</i>                                   | 1B        |  |
| XHANCE EXHU   | 3         | PA   |
| <b>NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles</b>                 |           |  |

| Drug Name   | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <b>ALS Agents</b>                                 |           |                     |
| <i>riluzole TABS</i>                              | 3         |                     |
| <b>Neuromuscular Blocking Agent - Neurotoxins</b> |           |                     |
| XEOMIN  | 3         | PA                  |
| <b>Nondepolarizing Muscle Relaxants</b>           |           |                     |
| <i>atracurium besylate 100 MG/10ML</i>            | 3         | PA                  |
| <b>NUTRIENTS</b>                                  |           |                     |
| <b>Proteins</b>                                   |           |                     |
| CLINIMIX<br>4.25%/DEXTROSE 10%                    | 3         |                     |
| CLINIMIX<br>4.25%/DEXTROSE 5%                     | 3         |                     |
| CLINIMIX E<br>5%/DEXTROSE 20%                     | 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        |  |
| IOPIDINE                                  | 3         |  |
| <b>Ophthalmic Anti-infectives</b>         |           |  |
| AZASITE                                   | 3         | QL(2.5 ml per 30 day(s) retail; 2 ml per 30 days mail) |
| <i>bacitracin (ophthalmic)</i>            | 3         |  |
| BESIVANCE                                 | 3         | PA   |
| <i>ciprofloxacin hcl (ophth) SOLN</i>     | 1B        |  |
| <i>erythromycin (ophth)</i>               | 1B        |  |
| <i>gatifloxacin (ophth)</i>               | 1B        |  |
| <i>gentamicin sulfate (ophth) OINT</i>    | 1B        |  |
| <i>gentamicin sulfate (ophth) SOLN</i>    | 1B        |  |
| KLARITY-A                                 | 3         | QL(2.5 ml per 30 day(s) retail; 2 ml per 30 days mail) |
| <i>levofloxacin (ophth) 0.5 %</i>         | 1B        |  |
| <i>moxifloxacin hcl (ophth) SOLN OP</i>   | 1B        |  |
| NATACYN                                   | 2         |  |
| <i>neomycin-bacitracin zn-polymyxin</i>   | 1B        |  |
| <i>ofloxacin (ophth)</i>                  | 1B        |  |
| <i>polymyxin b-trimethoprim</i>           | 1B        |  |
| <i>sulfacetamide sodium (ophth) SOLN</i>  | 1B        |  |
| <i>tobramycin (ophth) SOLN</i>            | 1B        |  |
| <i>trifluridine</i>                       | 1B        |  |
| ZIRGAN GEL                                | 2         |  |
| <b>Ophthalmic Immunomodulators</b>        |           |  |
| <i>cyclosporine (ophth) EMUL</i>          | 3         | PA   |
| <b>Ophthalmic Local Anesthetics</b>       |           |  |

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| Drug Name                                      | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>proparacaine hcl</i>                        | 1B        |                     |
| <b>Ophthalmic Steroids</b>                     |           |                     |
| ALREX SUSP<br>( <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                        |

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| Drug Name  | Drug Tier | Requirements/Limits  |
|--|-----------|----------------------|
| <i>ciprofloxacin-fluocinolone acetonide</i>  | 1B        | QL(0.5 ea daily); PA |
| CORTISPORIN-TC   | 3         |                      |
| <i>neomycin-polymyxin-hc (otic) SOLN</i>   | 1B        | QL(2 ml daily)       |
| <i>neomycin-polymyxin-hc (otic) SUSP</i>   | 1B        |                      |
| Otic Steroids  |           |                      |
| <i>fluocinolone acetonide (otic)</i>   | 1B        |                      |
| <i>hydrocortisone w/acetic acid</i>  | 1B        |                      |
| <b>PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System</b> |           |                      |
| Immune Serums  |           |                      |
| GAMMAGARD LIQUID 30 GM/300ML   | 4         | PA                   |
| GAMMAGARD LIQUID 1 GM/10ML, 2.5 GM/25ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML               | 4         | SP; PA               |
| GAMMAGARD S/D IGA LESS THAN 1MCG/ML SOLR   | 4         | SP; PA               |
| GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML                                    | 4         | SP; PA               |
| GAMUNEX-C  | 4         | SP; PA               |
| Passive Immunizing Agents - Combinations   |           |                      |
| HYQVIA   | 4         | PA                   |
| <b>PENICILLINS - Drugs to Treat Bacterial Infections</b>                                   |           |                      |
| Aminopenicillins   |           |                      |
| <i>amoxicillin CAPS</i>  | 1A        |                      |
| <i>amoxicillin CHEW 125 MG, 250 MG</i>   | 1B        |                      |
| <i>amoxicillin SUSR 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        |                     |
| Natural Penicillins   |           |                     |
| <i>penicillin g potassium 5000000 UNIT</i>                                  | 1B        |                     |
| PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE 40000 UNIT/ML, 60000 UNIT/ML | 1B        |                     |
| PENICILLIN G PROCAINE   | 3         |                     |
| <i>penicillin g sodium</i>  | 3         |                     |
| <i>penicillin v potassium SOLR</i>  | 1B        |                     |
| <i>penicillin v potassium TABS</i>  | 1B        |                     |
| Penicillin Combinations   |           |                     |
| <i>amoxicillin &amp; pot clavulanate CHEW</i>                               | 1B        |                     |
| <i>amoxicillin &amp; pot clavulanate SUSR</i>                               | 1B        |                     |
| <i>amoxicillin &amp; pot clavulanate TABS</i>                               | 1B        |                     |
| <i>amoxicillin &amp; pot clavulanate TB12</i>                               | 1B        |                     |
| <i>ampicillin &amp; sulbactam sodium IJ 1 GM-0.5 GM, 2 GM-1 GM</i>          | 1B        |                     |
| <i>piperacillin sodium-tazobactam sodium</i>                                | 1B        |                     |
| Penicillinase-Resistant Penicillins   |           |                     |
| <i>dicloxacillin sodium</i>   | 1B        |                     |
| <i>nafcillin sodium IV 10 GM</i>  | 1B        |                     |
| <i>oxacillin sodium IV 10 GM</i>  | 1B        |                     |
| <b>PROGESTINS - Hormone Replacement/Modifying</b>                           |           |                     |

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| Drug Name   | Drug Tier | Requirements/Limits                 |
|---|-----------|-------------------------------------|
| <b>Drugs</b>  |           |                                     |
| <b>Progestins</b>   |           |                                     |
| <i>medroxyprogesterone acetate 10 MG</i>  | 1A        |                                     |
| <i>medroxyprogesterone acetate 2.5 MG, 5 MG</i>   | 1B        |                                     |
| <i>megestrol acetate (appetite)</i>   | 1B        | PA                                  |
| <i>norethindrone acetate TABS</i>   | 0         |                                     |
| <i>progesterone CAPS</i>  | 1B        |                                     |
| <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 10 MG</i>   | 1B        | QL(2 ea daily)                      |
| <i>donepezil hydrochloride TABS 5 MG, 23 MG</i>   | 1B        | QL(1 ea daily)                      |
| <i>donepezil hydrochloride TBDP 10 MG</i>   | 1B        | QL(2 ea daily)                      |
| <i>donepezil hydrochloride TBDP 5 MG</i>  | 1B        | QL(1 ea daily)                      |
| <i>galantamine hydrobromide CP24</i>  | 1B        | QL(1 ea daily)                      |
| <i>galantamine hydrobromide SOLN</i>  | 1B        | QL(6 ml daily)                      |
| <i>galantamine hydrobromide TABS</i>  | 1B        | QL(2 ea daily)                      |
| <i>memantine hcl TABS</i>   | 1B        | QL(2 ea daily)                      |
| <i>memantine hcl TABS</i>   | 1B        |                                     |

| Drug Name                             | Drug Tier | Requirements/Limits  |
|---------------------------------------|-----------|--|
| <i>rivastigmine tartrate CAPS</i>     | 1B        |  |
| <b>Combination Psychotherapeutics</b> |           |  |
| <i>chlordiazepoxide-amitriptyline</i> | 1B        |  |
| <i>perphenazine-amitriptyline</i>     | 1B        | QL(4 ea daily)   |
| <b>Fibromyalgia Agents</b>            |           |  |
| 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   |

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

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

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| Drug Name  | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>pirfenidone TABS 267 MG, 801 MG</i>                     | 4         | QL(1 ea daily); PA  |
| <i>pirfenidone TABS 534 MG</i>                             | 4         | QL(3 ea daily); PA  |
| <b>SULFONAMIDES - Drugs to Treat Bacterial Infections</b>  |           |                     |
| Sulfonamides   |           |                     |
| <i>sulfadiazine TABS</i>                                   | 1B        |                     |
| <b>TETRACYCLINES - Drugs to Treat Bacterial Infections</b> |           |                     |
| Fluorocyclines   |           |                     |
| XERAVA   | 4         | PA                  |
| Glycylcyclines   |           |                     |
| <i>tigecycline</i>   | 1B        |                     |
| Tetracyclines  |           |                     |
| <i>demeclocycline hcl TABS</i>                             | 1B        |                     |
| <i>doxycycline (monohydrate) CAPS 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         |                     |

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

| Drug Name   | Drug Tier | Requirements/Limits  |
|---|-----------|--|
| Proton Pump Inhibitors  |           |  |
| <i>dexlansoprazole</i>  | 3         | QL(1 ea daily)   |
| <i>esomeprazole magnesium CPDR 20 MG</i>                                    | 1B        | QL(2 ea daily); RX/OTC   |
| <i>esomeprazole magnesium CPDR 40 MG</i>                                    | 3         | QL(1 ea daily)   |
| <i>esomeprazole magnesium TBEC</i>  | 1B        | QL(2 ea daily)   |
| <i>lansoprazole CPDR 30 MG</i>  | 1B        |  |
| <i>lansoprazole CPDR 15 MG</i>  | 1B        | QL(2 ea daily); RX/OTC   |
| 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)                   |           |  |

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

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

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

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

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

| Drug Name   | Drug Tier | Requirements/Limits   |
|---|-----------|---|
| GYNAZOLE-1  | 3         | QL(5 gm per 30 day(s) retail; 5 gm per 30 days mail)  |
| <i>metronidazole vaginal</i>  | 1B        |   |
| <i>miconazole nitrate vaginal SUPP 200 MG</i>                         | 1B        |   |
| <i>terconazole vaginal CREA</i>                                       | 1B        |   |
| <i>terconazole vaginal CREA</i>                                       | 1B        |   |
| <i>terconazole vaginal SUPP</i>                                       | 1B        |   |
| Vaginal Anti-inflammatory Agents                                      |           |   |
| <i>hydrocortisone vaginal</i>   | 1B        | QL(15.15 gm daily)  |
| Vaginal Contraceptive - pH Modulators                                 |           |   |
| PHEXXI  | 0         | PV  |
| Vaginal Estrogens   |           |   |
| <i>estradiol vaginal CREA</i>   | 1B        | QL(2 gm daily)  |
| <i>estradiol vaginal TABS</i>   | 1B        |   |
| ESTRING RING  | 3         |   |
| FEMRING   | 3         |   |
| PREMARIN  | 2         | QL(1.5 gm daily)  |
| <b>VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions</b> |           |   |
| Anaphylaxis Therapy Agents  |           |   |
| <i>epinephrine (anaphylaxis) SOAJ 0.3 MG/0.3ML</i>                    | 2         | QL(2 ea per fill retail; 2 per fill mail); 2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail |
| <i>epinephrine (anaphylaxis) SOAJ 0.15 MG/0.3ML</i>                   | 1B        | QL(2 ea per fill retail; 2 per fill mail); 2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail |
| Vasopressors  |           |   |
| <i>midodrine hcl</i>  | 1B        |   |

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

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| 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-<br>2023 SUSP .....                           | 66            | allopurinol 100 MG, 300 MG .....  | 48 |
| acitretin 10 MG, 17.5 MG .....                                  | 39 | AFLURIA QUADRIVALENT 2022-<br>2023 SUSY .....                           | 66            | almotriptan malate 12.5 MG .....  | 54 |
| acitretin 25 MG .....   | 39 | AFLURIA QUADRIVALENT 2023-<br>2024 SUSP .....                           | 66            | almotriptan malate 6.25 MG .....  | 54 |
| ACTHAR GEL .....  | 45 | AFLURIA QUADRIVALENT 2023-<br>2024 SUSY .....                           | 66            | ALOCRIL .....   | 60 |
| ACTHIB SOLR IM .....  | 66 | AFSTYLA .....   | 48            | alogliptin benzoate .....   | 16 |
| ACTIMMUNE 100 MCG/0.5ML ....                                    | 27 |   |               | alogliptin-metformin hcl .....  | 15 |

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|---|---|---|
| alogliptin-pioglitazone 15 MG-25 MG, 30 MG-25 MG, 45 MG-25 MG | aminophylline SOLN  | 1.25 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG  |
| alogliptin-pioglitazone 30 MG-12.5 MG                         | amiodarone hcl SOLN 50 MG/ML                                | 1   |
| ALOMIDE   | amiodarone hcl TABS   | amphetamine-dextroamphetamine CP24 3.75 MG-3.75 MG-3.75 MG-3.75 MG  |
| alosetron hcl   | amitriptyline hcl TABS                                      | 1   |
| alprazolam TABS 0.25 MG, 0.5 MG, 1 MG                         | amlodipine besylate TABS                                    | 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  |
| alprazolam TABS 2 MG  | amlodipine besylate-atorvastatin calcium                    | 1   |
| alprazolam TB24   | amlodipine besylate-benazepril hcl 20                       | amphetamine-dextroamphetamine TABS 1.25 MG-1.25 MG-1.25 MG-1.25 MG, 1.875 MG-1.875 MG-1.875 MG-1.875 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG, 3.125 MG-3.125 MG-3.125 MG-3.125 MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG, 5 MG-5 MG-5 MG-5 MG |
| alprazolam TBDP   | amlodipine besylate-olmesartan medoxomil                    | 1   |
| ALPROLIX  | amlodipine besylate-valsartan                               | amphetamine-dextroamphetamine TABS 7.5 MG-7.5 MG-7.5 MG-7.5 MG  |
| ALREX SUSP (loteprednol etabonate)                            | amlodipine-valsartan-hydrochlorothiazide                    | 1   |
| ALTABAX   | amoxapine   | amphetamine-dextroamphetamine TABS 7.5 MG-7.5 MG-7.5 MG-7.5 MG  |
| ALTUVIIIIO  | amoxicillin & pot clavulanate CHEW 61                       | 1   |
| ALUNBRIG TABS   | amoxicillin & pot clavulanate SUSR 61                       | amphotericin b IV   |
| ALUNBRIG TBPK   | amoxicillin & pot clavulanate TABS 61                       | 18  |
| ALVESCO   | amoxicillin & pot clavulanate TB12                          | amphotericin b liposome   |
| alvimopan   | amoxicillin CAPS  | 18  |
| amantadine hcl CAPS   | amoxicillin CHEW 125 MG, 250 MG 61                          | ampicillin & sulbactam sodium IJ 1 GM-0.5 GM, 2 GM-1 GM   |
| amantadine hcl SOLN   | amoxicillin SUSR 125 MG/5ML                                 | 61  |
| amantadine hcl TABS   | amoxicillin SUSR 200 MG/5ML, 250 MG/5ML, 400 MG/5ML         | 61  |
| ambrisentan   | amoxicillin TABS  | 61  |
| amcinonide CREA   | amoxicillin-clarithromycin w/ lansoprazole THPK             | 65  |
| amcinonide LOTN   | amphetamine sulfate TABS                                    | 1   |
| amcinonide OINT   | amphetamine-dextroamphetamine CP24 1.25 MG-1.25 MG-1.25 MG- |   |
| amikacin sulfate SOLN 1 GM/4ML, 500 MG/2ML                    |   |   |
| amiloride & hydrochlorothiazide                               |   |   |
| amiloride hcl TABS  |   |   |
| aminocaproic acid TABS  |   |   |

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|--|---|---|
| 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,<br>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<br>25 MCG/ML ..... 49  | atomoxetine hcl 10 MG, 18 MG, 25<br>MG, 40 MG ..... 1   | azithromycin PACK ..... 51                                    |
| ARANESP ALBUMIN FREE SOLN<br>40 MCG/ML, 60 MCG/ML, 100<br>MCG/ML ..... 49                      | atomoxetine hcl 60 MG, 80 MG, 100<br>MG ..... 1         | azithromycin SOLR ..... 51                                    |
| ARANESP ALBUMIN FREE SOSY<br>150 MCG/0.3ML, 200 MCG/0.4ML,<br>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<br>59                   | azithromycin TABS 600 MG ..... 51                             |
| ARIKAYCE ..... 2   | atropine sulfate SOLN IJ 0.4 MG/ML,<br>1 MG/ML ..... 65 | aztreonam 1 GM ..... 22                                       |
| aripiprazole SOLN OR ..... 30  | atropine sulfate SOSY IJ 0.25<br>MG/5ML ..... 65        | bacitracin (ophthalmic) ..... 59                              |
| aripiprazole TABS ..... 30   | ATROVENT HFA ..... 9                                    | bacitracin ..... 21   |
| armodafinil ..... 2  | AUSTEDO PATIENT TITRATION<br>KIT TBPK ..... 62          | baclofen TABS ..... 58  |
| ARMOUR THYROID TABS ..... 64   | AUSTEDO TABS ..... 62                                   | BALCOLTRA (levonorgestrel-ethinyl<br>estradiol-iron) ..... 35 |
| ARNUITY ELLIPTA ..... 9  | AUSTEDO XR PATIENT TITRATION<br>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)<br>11                         |
| ascorbic acid SOLN IJ ..... 70   | AVONEX PEN AJKT ..... 62                                | BANZEL TABS 400 MG (rufinamide)<br>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   |

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|--|----|--|----|---|----|
| benazepril & hydrochlorothiazide<br>12.5 MG-10 MG, 25 MG-20 MG ... | 20 | augmented CREA .....                               | 40 | bosentan TABS 125 MG .....                              | 33 |
| benazepril & hydrochlorothiazide<br>12.5 MG-20 MG, 6.25 MG-5 MG .. | 20 | betamethasone dipropionate<br>augmented LOTN ..... | 40 | bosentan TABS 62.5 MG .....                             | 33 |
| benazepril hcl .....   | 20 | betamethasone dipropionate<br>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-<br>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 %<br>.....                        | 37 | bethanechol chloride 25 MG .....                   | 66 | brimonidine tartrate 0.15 %, 0.2 %                      | 59 |
| benzoyl peroxide GEL 10 % .....                                    | 37 | bethanechol chloride 5 MG, 10 MG,<br>50 MG .....   | 66 | brimonidine tartrate-timolol maleate .                  | 59 |
| benzoyl peroxide GEL 5 % .....                                     | 37 | bexarotene (topical) .....                         | 39 | brinzolamide .....                                      | 60 |
| benzoyl peroxide LIQD 4 %, 7 %, 10<br>% .....                      | 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<br>MG .....             | 28 |
| BESIVANCE .....  | 59 | bimatoprost SOLN .....                             | 60 | BRUKINSA .....  | 26 |
| betaine .....  | 45 | bisacodyl SUPP .....                               | 51 | budesonide (inhalation) SUSP .....                      | 9  |
| betamethasone dipropionate (topical)<br>CREA .....                 | 40 | bisacodyl TBEC .....                               | 51 | budesonide (intrarectal) .....                          | 7  |
| betamethasone dipropionate (topical)<br>LOTN .....                 | 40 | bisoprolol & hydrochlorothiazide ..                | 20 | budesonide (nasal) .....                                | 58 |
| betamethasone dipropionate (topical)<br>OINT .....                 | 40 | bisoprolol fumarate .....                          | 32 | budesonide CPEP .....                                   | 36 |
| betamethasone dipropionate   |    | bleomycin sulfate 15 UNIT .....                    | 25 | budesonide-formoterol fumarate<br>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 |   |    |

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|--|----|--|----|---|----|
| buprenorphine hcl SUBL .....   | 7  | butalbital-aspirin-caffeine CAPS .....                 | 5  | captopril 12.5 MG .....                                   | 20 |
| buprenorphine hcl-naloxone hcl<br>dihydrate FILM SL 0.5 MG-2 MG, 1<br>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<br>dihydrate FILM SL 3 MG-12 MG .....                           | 7  | butenafine hcl .....                                   | 38 | carbamazepine CHEW 100 MG ...                             | 11 |
| buprenorphine hcl-naloxone hcl<br>dihydrate SUBL .....   | 7  | butorphanol tartrate IJ 1 MG/ML, 2<br>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<br>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<br>dipropionate OINT ..... | 40 | carbidopa-levodopa TABS .....                             | 28 |
| buspiron hcl 5 MG .....  | 8  | calcipotriene-betamethasone<br>dipropionate SUSP ..... | 41 | carbidopa-levodopa TBCR .....                             | 28 |
| buspiron hcl 7.5 MG, 10 MG, 15<br>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<br>MG-325 MG .....  | 5  | calcitriol CAPS .....                                  | 45 | carbinoxamine maleate SOLN .....                          | 18 |
| butalbital-acetaminophen-caffeine<br>CAPS 40 MG-50 MG-300 MG .....                             | 4  | calcitriol SOLN IV .....                               | 45 | carbinoxamine maleate TABS 4 MG .                         | 18 |
| butalbital-acetaminophen-caffeine<br>CAPS 40 MG-50 MG-325 MG .....                             | 4  | calcium acetate (phosphate binder)<br>CAPS .....       | 48 | carboplatin SOLN 50 MG/5ML .....                          | 23 |
| butalbital-acetaminophen-caffeine<br>TABS 40 MG-50 MG-325 MG .....                             | 4  | calcium acetate (phosphate binder)<br>TABS .....       | 48 | carisoprodol TABS .....                                   | 58 |
| butalbital-acetaminophen-caffeine w/<br>codeine 30 MG-40 MG-50 MG-300<br>MG .....              | 6  | calcium chloride (dihydrate) SOLN                      | 55 | carmustine .....  | 23 |
| butalbital-acetaminophen-caffeine w/<br>codeine 30 MG-40 MG-50 MG-325<br>MG .....              | 6  | calcium polycarbophil TABS .....                       | 50 | carteolol hcl (ophth) .....                               | 59 |
|  |    | CALQUENCE .....  | 26 | carvedilol .....  | 32 |
|  |    | candesartan cilexetil .....                            | 20 | carvedilol phosphate .....                                | 32 |
|  |    | candesartan cilexetil-<br>hydrochlorothiazide .....    | 20 | caspofungin acetate .....                                 | 18 |
|  |    | capecitabine .....                                     | 24 | CAYA DPRH .....   | 51 |
|  |    | CAPRELSA .....   | 26 | CAYSTON .....   | 22 |
|  |    |  |    | cefaclor CAPS .....                                       | 34 |
|  |    |  |    | cefaclor SUSR 125 MG/5ML, 250<br>MG/5ML, 375 MG/5ML ..... | 34 |

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|---|----|--|----|--|----|
| 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<br>22   |    | ciclopirox SHAM .....                              | 38 |
| cefazolin sodium SOLR IJ 1 GM, 10<br>GM, 500 MG ..... | 34 | chlordiazepoxide hcl CAPS .....  | 8  | ciclopirox SOLN .....                              | 38 |
| cefdinir CAPS .....                                   | 34 | chlordiazepoxide hcl-clidinium<br>bromide .....  | 65 | cidofovir .....                                    | 31 |
| cefdinir SUSR .....                                   | 34 | chlordiazepoxide-amitriptyline .....   | 62 | cilostazol .....                                   | 49 |
| cefepime hcl SOLR IV 2 GM .....                       | 35 | chlorhexidine gluconate (mouth-<br>throat) .....   | 57 | CIMDUO .....                                       | 30 |
| cefixime CAPS .....                                   | 34 | chloroquine phosphate TABS 250<br>MG .....   | 22 | cimetidine TABS .....                              | 65 |
| cefixime SUSR .....                                   | 34 | chloroquine phosphate TABS 500<br>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<br>MG/100ML .....     | 47 |
| cefprozil SUSR .....                                  | 34 | CHOLBAM .....  | 47 | ciprofloxacin SUSR 5 GM/100ML,<br>500 MG/5ML ..... | 47 |
| cefprozil TABS .....                                  | 34 | cholecalciferol CAPS 1.25 MG, 1.25<br>MG, 10 MCG, 50 MCG, 400 UNIT,<br>2000 UNIT, 50000 UNIT ..... | 70 | ciprofloxacin-dexamethasone ....                   | 60 |
| ceftazidime IJ 1 GM, 6 GM .....                       | 34 | cholecalciferol TABS 10 MCG, 400<br>UNIT .....   | 70 | ciprofloxacin-fluocinolone acetonide .<br>61       |    |
| ceftriaxone sodium IJ 1 GM, 2 GM,<br>500 MG .....     | 34 | cholestyramine light PACK .....  | 19 | cisplatin SOLN 100 MG/100ML ....                   | 23 |
| ceftriaxone sodium IJ 250 MG ....                     | 35 | cholestyramine light POWD .....  | 19 | citalopram hydrobromide SOLN ...                   | 13 |
| cefuroxime axetil TABS .....                          | 34 | cholestyramine PACK .....  | 19 | citalopram hydrobromide TABS 10<br>MG .....        | 13 |
| cefuroxime sodium IJ 750 MG ....                      | 34 | cholestyramine POWD .....  | 19 | citalopram hydrobromide TABS 20<br>MG .....        | 13 |
| celecoxib .....                                       | 4  | choline fenofibrate .....  | 19 | citalopram hydrobromide TABS 40<br>MG .....        | 13 |
| CELONTIN (methsuximide) .....                         | 13 | CHORIONIC GONADOTROPIN IM<br>45  |    | clarithromycin SUSR .....                          | 51 |
| cephalexin CAPS .....                                 | 34 | ciclopirox GEL .....   | 38 | clarithromycin TABS .....                          | 51 |
| cephalexin SUSR .....                                 | 34 | CLASSIC PRENATAL TABS .....  | 57 | clarithromycin TB24 .....                          | 51 |
| CERDELGA .....  | 49 |  |    |  |    |
| CEREZYME 400 UNIT .....                               | 49 |  |    |  |    |
| cetirizine hcl TABS .....                             | 18 |  |    |  |    |
| cevimeline hcl .....                                  | 57 |  |    |  |    |

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



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|---|----|--|----|--|----|
| 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<br>(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<br>MG-800 MCG-400 UNIT-4 MCG-1.7<br>MG-18 MG-27 MG-1.5 MG-25 MG-<br>263 MG-11 UNIT-4000 UNIT ..... | 57 | cytarabine SOLN .....  | 24 | DEPO-ESTRADIOL .....                               | 46 |
| cyanocobalamin SOLN IJ 1000<br>MCG/ML .....   | 49 | dabigatran etexilate mesylate CAPS .<br>11 .....               | 11 | DEPO-MEDROL SUSP .....                             | 36 |
| cyclobenzaprine hcl TABS 5 MG, 10<br>MG .....   | 58 | dacarbazine SOLR 200 MG .....                                  | 27 | DEPO-SUBQ PROVERA 104 SUSY<br>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<br>NA .....              | 46 |
| cyclosporine modified (for<br>microemulsion) CAPS .....   | 56 | dapagliflozin propanediol-metformin<br>hcl 1000 MG-10 MG ..... | 15 | desmopressin acetate spray .....                   | 46 |
| cyclosporine modified (for<br>microemulsion) SOLN .....   | 56 | dapagliflozin propanediol-metformin<br>hcl 1000 MG-5 MG .....  | 15 | desmopressin acetate spray<br>refrigerated .....   | 46 |
| cyclosporine SOLN IV 50 MG/ML .   | 56 | dapsone .....  | 22 | desmopressin acetate TABS 0.1 MG<br>46             |    |
| CYLTEZO AJKT .....  | 3  | DAPTACEL .....   | 64 | desmopressin acetate TABS 0.2 MG<br>46             |    |
| CYLTEZO PSKT 10 MG/0.2ML, 40<br>MG/0.4ML .....  | 3  | daptomycin 500 MG .....  | 22 | desogestrel & ethinyl estradiol ....               | 35 |
| CYLTEZO PSKT 20 MG/0.4ML, 40<br>MG/0.8ML .....  | 3  | darifenacin hydrobromide .....                                 | 66 | desogestrel-ethinyl estradiol<br>(biphasic) .....  | 35 |
| CYLTEZO STARTER PACKAGE<br>FOR CROHNS DISEASE/UC/HS<br>AJKT .....   | 3  | darunavir TABS .....   | 30 | desogestrel-ethinyl estradiol<br>(triphasic) ..... | 35 |
| CYLTEZO STARTER PACKAGE<br>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 |  |    |

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|--|----|--|----|--|----|
| 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   | 33 |
| 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,        |    |  |    |

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|--|----|---|-------|--|----|
| diphenhydramine hcl SOLN 50<br>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<br>ADSORBED PEDIATRIC SUSP .. | 64 | doxercalciferol CAPS .....                                    | 45    | DUPIXENT SOSY 300 MG/2ML ...                                   | 42 |
| dipyridamole .....                                       | 49 | doxercalciferol SOLN .....                                    | 45    | DUREX EXTRA SENSITIVE THIN<br>DEVI .....                       | 51 |
| disopyramide phosphate CAPS .....                        | 8  | doxorubicin hcl liposomal SUSP ..                             | 25    | DUREX EXTRA SENSITIVE THIN<br>MISC .....                       | 51 |
| disulfiram .....   | 62 | doxorubicin hcl SOLN .....                                    | 25    | DUREX TROPICAL MISC .....                                      | 51 |
| DIURIL SUSP .....  | 44 | doxorubicin hcl SOLR 10 MG, 50 MG<br>.....                    | 25    | dutasteride .....  | 48 |
| divalproex sodium TB24 .....                             | 13 | doxycycline (monohydrate) CAPS 50<br>MG, 100 MG .....         | 64    | dutasteride-tamsulosin hcl .....                               | 48 |
| divalproex sodium TBEC .....                             | 13 | doxycycline (monohydrate) CAPS 75<br>MG .....                 | 64    | econazole nitrate CREA .....                                   | 38 |
| docetaxel CONC 20 MG/ML .....                            | 28 | doxycycline (monohydrate) CAPS 50<br>MG, 75 MG .....          | 64    | EDARBI .....   | 20 |
| docetaxel SOLN 20 MG/2ML .....                           | 28 | doxycycline (monohydrate) TABS<br>100 MG .....                | 64    | EDURANT .....  | 30 |
| docusate calcium .....                                   | 51 | doxycycline (monohydrate) TABS 50<br>MG, 75 MG .....          | 64    | efavirenz CAPS 200 MG .....                                    | 30 |
| docusate sodium CAPS 100 MG ..                           | 51 | doxycycline (monohydrate) TABS 50<br>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<br>disoproxil fumarate ..... | 30 |
| donepezil hydrochloride TABS 10<br>MG .....              | 62 | doxycycline hyclate TABS 20 MG,<br>100 MG .....               | 64    | efavirenz-lamivudine-tenofovir<br>disoproxil fumarate .....    | 30 |
| donepezil hydrochloride TABS 5 MG,<br>23 MG .....        | 62 | doxylamine-pyridoxine TBEC .....                              | 17    | EGRIFTA 2 MG .....   | 45 |
| donepezil hydrochloride TBDP 10<br>MG .....              | 62 | dronabinol CAPS .....   | 17    | EGRIFTA SV .....   | 45 |
| donepezil hydrochloride TBDP 5 MG<br>62                  | 62 | drospirenone-ethinyl estradiol ....                           | 35    | ELAPRASE .....   | 45 |
| DOPTELET .....   | 49 | drospirenone-ethinyl estradiol-<br>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,<br>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                                   |       |  |    |

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|---|----|---|----|-------------------------------------|----|
| 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 .....  | 36 | 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 .....  | 10 | ergotamine w/ caffeine TABS .....   | 54 |
| EMFLAZA TABS (deflazacort) ....   | 36 | enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML .....                              | 11 | 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 | EQUETRO 100 MG .....  | 29 | erythromycin base TBEC .....        | 51 |
| ENBREL MINI SOCT .....  | 4  | EQUETRO 200 MG .....  | 29 | erythromycin ethylsuccinate SUSR 51 |    |
| ENBREL SOLN .....   | 4  |   |    | 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      |    |

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|---|----|--|----|--|----|
| MG .....  | 65 | etoposide CAPS .....   | 28 | FARXIGA .....  | 16 |
| esomeprazole magnesium CPDR 40<br>MG .....  | 65 | etoposide SOLN 1 GM/50ML, 100<br>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 &<br>methyltestosterone .....  | 46 | EVAMIST SOLN .....   | 46 | felbamate SUSP .....   | 12 |
| estradiol & norethindrone acetate<br>TABS .....   | 46 | everolimus (immunosuppressant)<br>0.25 MG, 0.5 MG, 0.75 MG ..... | 56 | felbamate TABS 400 MG .....  | 12 |
| estradiol GEL 0.06 % .....  | 46 | everolimus (immunosuppressant) 1<br>MG .....                     | 56 | felbamate TABS 600 MG .....  | 12 |
| estradiol GEL 0.25 MG/0.25GM, 0.5<br>MG/0.5GM, 0.75 MG/0.75GM, 1<br>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<br>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<br>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<br>MG/20ML .....                  | 65 | fentanyl PT72 12 MCG/HR, 25<br>MCG/HR, 50 MCG/HR, 75 MCG/HR,<br>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<br>.....                                      | 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<br>LUBRICATED/SPERMICIDE MISC                            | 51 | FETZIMA CP24 .....   | 14 |
| etodolac TABS .....   | 4  | FARXIGA (dapagliflozin propanediol)<br>.....                     | 16 | FETZIMA TITRATION PACK C4PK  |    |
| etonogestrel-ethinyl estradiol .....  | 35 | .....  | 16 | finasteride .....  | 48 |
| ETOPOPHOS .....   | 28 |  |    |  |    |

|                              |    |                                     |    |                                       |    |
|------------------------------|----|-------------------------------------|----|---------------------------------------|----|
| flingolimod hcl .....        | 63 | flucytosine .....                   | 18 | fluoxetine hcl CAPS 20 MG .....       | 14 |
| FIRDAPSE .....               | 23 | fludarabine phosphate SOLN .....    | 24 | fluoxetine hcl CAPS 40 MG .....       | 13 |
| FIRMAGON .....               | 25 | fludarabine phosphate SOLR .....    | 24 | fluoxetine hcl CPDR .....             | 14 |
| flavoxate hcl .....          | 66 | fludrocortisone acetate TABS .....  | 37 | fluoxetine hcl SOLN .....             | 14 |
| flecainide acetate .....     | 9  | FLULAVAL 2024-2025 SUSY .....       | 67 | fluoxetine hcl TABS 10 MG, 60 MG      | 14 |
| floxuridine .....            | 24 | FLULAVAL QUADRIVALENT 2022-         | 67 | fluoxetine hcl TABS 20 MG .....       | 14 |
| FLUAD 2024-2025 .....        | 66 | 2023 SUSY .....                     | 67 | fluphenazine hcl CONC .....           | 29 |
| FLUAD QUADRIVALENT 2022-2023 | 67 | FLULAVAL QUADRIVALENT 2023-         | 67 | fluphenazine hcl ELIX .....           | 30 |
| .....                        | 67 | 2024 SUSY .....                     | 67 | fluphenazine hcl SOLN .....           | 30 |
| FLUAD QUADRIVALENT 2023-2024 | 67 | FLUMIST NASAL VACCINE 2024-         | 67 | fluphenazine hcl TABS .....           | 30 |
| .....                        | 67 | 2025 .....                          | 67 | flurandrenolide CREA .....            | 41 |
| FLUARIX 2024-2025 SUSY ..... | 67 | FLUMIST QUADRIVALENT .....          | 67 | flurandrenolide LOTN .....            | 41 |
| FLUARIX QUADRIVALENT 2022-   | 67 | flunisolide (nasal) 0.025 % .....   | 58 | flurazepam hcl .....                  | 50 |
| 2023 SUSY .....              | 67 | fluocinolone acetonide (otic) ..... | 61 | flurbiprofen sodium .....             | 60 |
| FLUARIX QUADRIVALENT 2023-   | 67 | fluocinolone acetonide CREA 0.01 %  | 41 | flurbiprofen TABS .....               | 4  |
| 2024 SUSY .....              | 67 | 41                                  | 41 | flutamide .....                       | 25 |
| FLUBLOK 2024-2025 SOSY ..... | 67 | fluocinolone acetonide CREA 0.025   | 41 | fluticasone furoate-vilanterol .....  | 10 |
| FLUBLOK QUADRIVALENT 2022-   | 67 | % .....                             | 41 | fluticasone propionate (inhalation)   | 9  |
| 2023 .....                   | 67 | fluocinolone acetonide OIL .....    | 41 | AEPB .....                            | 9  |
| FLUBLOK QUADRIVALENT 2023-   | 67 | fluocinolone acetonide OINT .....   | 41 | fluticasone propionate (nasal) SUSP . | 58 |
| 2024 .....                   | 67 | fluocinolone acetonide SOLN .....   | 41 | 58                                    |    |
| FLUCELVAX 2024-2025 SUSP ... | 67 | fluocinonide CREA 0.05 % .....      | 41 | fluticasone propionate CREA 0.05 %    | 41 |
| FLUCELVAX 2024-2025 SUSY ... | 67 | 41                                  | 41 | 41                                    |    |
| FLUCELVAX QUADRIVALENT       | 67 | fluocinonide CREA 0.1 % .....       | 41 | fluticasone propionate hfa .....      | 9  |
| 2022-2023 SUSP .....         | 67 | fluocinonide emulsified base .....  | 41 | fluticasone propionate LOTN .....     | 41 |
| FLUCELVAX QUADRIVALENT       | 67 | 41                                  | 41 | fluticasone propionate OINT .....     | 41 |
| 2022-2023 SUSY .....         | 67 | fluocinonide GEL .....              | 41 | fluticasone-salmeterol AEPB .....     | 10 |
| FLUCELVAX QUADRIVALENT       | 67 | fluocinonide OINT .....             | 41 | fluticasone-salmeterol AERO .....     | 10 |
| 2023-2024 SUSP .....         | 67 | fluocinonide SOLN .....             | 41 | fluvastatin sodium CAPS 20 MG ...     | 19 |
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| mafenide acetate PACK . . . . . 40                               | MEKINIST SOLR . . . . . 26                                       | metformin hcl TABS 850 MG . . . . . 15                       |
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| oxymorphone hcl TABS .....   | 6  | paroxetine hcl TABS 40 MG .....  | 14 | 56  |
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|   |    |   |    | temazepam 15 MG, 30 MG .....          | 50 |
|   |    |   |    | temazepam 7.5 MG, 22.5 MG .....       | 50 |
|   |    |   |    | TEMODAR SOLR .....                    | 23 |



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|--|----|---|----|--|----|
| 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<br>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<br>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<br>CAPS .....                    | 9  | tramadol hcl TB24 .....                                      | 6  |
| testosterone enanthate SOLN IM ...                       | 7  | TIVICAY TABS .....  | 31 | tramadol-acetaminophen .....                                 | 7  |
| TETANUS/DIPHThERIA TOXOIDS-<br>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<br>MG, 240 MG-1 MG ..... | 21 |
| THALOMID .....   | 56 | tobramycin NEBU .....   | 2  | trandolapril-verapamil hcl 240 MG-2<br>MG, 240 MG-4 MG ..... | 21 |
| theophylline ELIX .....                                  | 10 | tobramycin sulfate SOLN IJ 10<br>MG/ML, 40 MG/ML, 80 MG/2ML ... | 2  | tranexamic acid SOLN 1000<br>MG/10ML .....                   | 50 |
| theophylline SOLN .....                                  | 10 | tobramycin-dexamethasone SUSP<br>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<br>TABs .....                  | 58 | tolmetin sodium CAPS .....                                      | 4  | TRAZIMERA .....  | 24 |
| THIOLA EC TBEC 100 MG<br>(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 |

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

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|--|----|---|----|---|----|
| +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 |   |    |

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|--|----|--|----|---|----|
| 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 | XERAVA .....   | 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<br>propanediol-metformin hcl) ..... | 15 | ZANOSAR .....   | 23 |
| WIDE-SEAL SILICONE<br>DIAPHRAGM KIT 60 ..... | 53 | XIGDUO XR 1000 MG-10 MG, 500<br>MG-10 MG, 500 MG-5 MG .....  | 15 | ZARONTIN CAPS (ethosuximide) .  | 13 |
| WIDE-SEAL SILICONE<br>DIAPHRAGM KIT 65 ..... | 53 | XIGDUO XR 1000 MG-2.5 MG, 1000<br>MG-5 MG .....              | 15 | ZARXIO .....  | 50 |
| WIDE-SEAL SILICONE<br>DIAPHRAGM KIT 70 ..... | 53 | XOLAIR SOAJ 150 MG/ML, 300<br>MG/2ML .....                   | 9  | ZEJULA CAPS .....   | 27 |
| WIDE-SEAL SILICONE<br>DIAPHRAGM KIT 75 ..... | 53 | XOLAIR SOAJ 75 MG/0.5ML .....                                | 9  | ZEJULA TABS 100 MG .....  | 27 |
| WIDE-SEAL SILICONE<br>DIAPHRAGM KIT 80 ..... | 53 | XOLAIR SOLR .....  | 9  | ZEJULA TABS 200 MG, 300 MG .  | 27 |
| WIDE-SEAL SILICONE<br>DIAPHRAGM KIT 85 ..... | 53 | XOLAIR SOSY 150 MG/ML, 300<br>MG/2ML .....                   | 9  | ZELBORAF .....  | 27 |
| WIDE-SEAL SILICONE<br>DIAPHRAGM KIT 90 ..... | 53 | XOLAIR SOSY 75 MG/0.5ML .....                                | 9  | ZENPEP CPEP 105000 UNIT-79000<br>UNIT-25000 UNIT, 14000 UNIT-<br>10000 UNIT-3000 UNIT, 168000<br>UNIT-126000 UNIT-40000 UNIT,<br>24000 UNIT-17000 UNIT-5000 UNIT,<br>42000 UNIT-32000 UNIT-10000<br>UNIT, 63000 UNIT-47000 UNIT-<br>15000 UNIT, 84000 UNIT-63000<br>UNIT-20000 UNIT ..... | 43 |
| WIDE-SEAL SILICONE<br>DIAPHRAGM KIT 95 ..... | 53 | XOSPATA .....  | 27 | ZENPEP CPEP 252600 UNIT-<br>189600 UNIT-60000 UNIT .....  | 44 |
| XALKORI CAPS .....                           | 27 | XPOVIO .....   | 25 | zidovudine CAPS .....   | 31 |
| XARELTO STARTER PACK TBPK<br>10              |    | XPOVIO 60 MG TWICE WEEKLY<br>25                              |    | zidovudine SYRP .....   | 31 |
| XARELTO SUSR .....                           | 10 | XPOVIO 80 MG TWICE WEEKLY<br>25                              |    | zidovudine TABS .....   | 31 |
| XARELTO TABS 10 MG, 20 MG ..                 | 10 | XTAMPZA ER .....   | 6  | ZIEXTENZO .....   | 50 |
|  |    | XTANDI CAPS .....  | 25 |   |    |

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| 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 |

