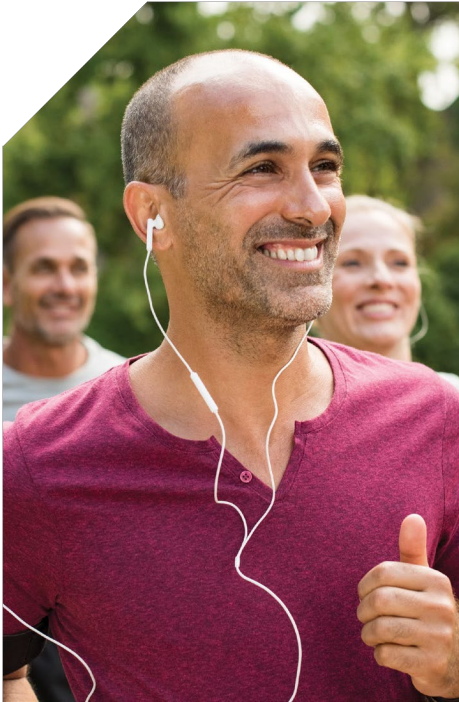




FROM



2025 FORMULARY

EFFECTIVE JANUARY 1, 2025



Ambetter.LouisianaHealthConnect.com

Formulary Introduction

FORMULARY

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

Not all dosage forms or strengths of a drug may be covered.

FORMULARY CHANGES

The Ambetter from Louisiana Healthcare Connection Formulary is reviewed at least quarterly and updated monthly. Positive formulary changes, such as addition of products to the formulary, removal of utilization management restrictions (Prior Authorization, Quantity Limit, etc.) can take place monthly. Negative formulary changes, such as removal of products from the formulary and addition of utilization management techniques will take place only at the beginning of each new benefit year. If you are affected by a negative formulary change, you will be notified in writing at least 60 days in advance of such change.

USING THE FORMULARY

The Ambetter from Louisiana Healthcare Connection Formulary is structured in two parts. The first part of the formulary lists covered medications by conditions that they treat. You can utilize this section to quickly find all medications that we cover for your specific condition. The second part of the formulary lists all products alphabetically. You can use this part of the formulary to look up your specific medication by the name. Products are listed on the formulary on several tiers each corresponding to associated copay or co-insurance you may be responsible for. Drug list key below provides a general overview of tiers.

Drug List Key:

Brand name drugs are listed in CAPS and generic drugs are lower case. Drugs are covered under different copay tiers depending on your benefit:

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

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

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

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

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

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

The formulary contains other important information. Utilization management restrictions such as Prior Authorization, Step Therapy, Quantity Limits, Age Limits and other restrictions are described next to each product.

Prior Authorization

Medication listed on the formulary with abbreviation PA are restricted by Prior Authorization requirement. Prior to obtaining this medication, your provider will have to submit a request to Ambetter from Louisiana Healthcare Connections to approve this product for you.

Step Therapy

Medications listed on the formulary with abbreviation ST are restricted by Step Therapy requirement. If you have tried the required product prior to requesting a fill for a medication restricted by ST, your claim will process. If we do not have a record that you tried required product, your prescriber can reach out to Ambetter from Louisiana Healthcare Connections to obtain an authorization

Quantity Limit

A Quantity Limit restricts medications listed on the formulary with abbreviation QL. We list each quantity limit in units that can be obtained per time period (i.e. 2 tablets per day).

Age Limit

Medications listed on the formulary with abbreviation AL are restricted to certain ages. We list each age limit based on FDA approval for medications.

Non-formulary

Medications listed on the formulary with abbreviation NF are non-formulary medications. To obtain access to non-formulary medications your prescriber can reach out to Ambetter from Louisiana Healthcare Connection to obtain an authorization. More information is provided in the section below.

PRIOR AUTHORIZATION FOR NON-FORMULARY DRUGS

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

DISCLOSURE ON EXCESS COST

Any savings or rebates we received on the cost of drugs purchased under this contract from drug manufacturers are used to stabilize rates. You may be subject to an excess consumer cost burden when covered prescription drugs are purchased under this contract.

EXCEPTION TO STEP THERAPY

We will grant exception to step therapy or fail first protocol when:

- (1) The prescribing physician can demonstrate to the health coverage plan, based on sound clinical evidence, that the preferred treatment required under step therapy or fail first protocol has been ineffective in the treatment of the insured's disease or medical condition.
- (2) The prescribing physician can demonstrate to the health coverage plan, based on sound clinical evidence, that the preferred treatment required under the step therapy or fail first protocol is reasonably expected to be ineffective based on the known relevant physical or mental characteristics and medical history of the insured and known characteristics of the drug regimen.
- (3) The prescribing physician can demonstrate to the health coverage plan, based on sound clinical evidence, that the preferred treatment required under the step therapy or fail first protocol will cause or will likely cause an adverse reaction or other physical harm to the insured.

To obtain exception to Step Therapy your provider can follow regular Prior Authorization process

Formulary Abbreviations:

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

Opioid Medications:

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

Introducción al Formulario

FORMULARIO

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

Es posible que no estén cubiertas todas las formas farmacéuticas o concentraciones de un medicamento.

CAMBIOS EN EL FORMULARIO

El Formulario de Ambetter from Louisiana Healthcare Connections se revisa al menos trimestralmente y se actualiza todos los meses. Los cambios positivos en el Formulario, como la incorporación de productos al Formulario y la eliminación de restricciones de administración de la utilización (autorizaciones previas, límite de cantidad, etc.) se pueden producir una vez por mes. Los cambios negativos, como la eliminación de productos del Formulario y la incorporación de técnicas de administración de la utilización se pueden producir únicamente al comienzo de cada nuevo año de beneficios. Si usted se ve afectado por un cambio negativo en el Formulario, será notificado por escrito al menos 60 días antes de que se produzca.

USO DEL FORMULARIO

El Formulario de Ambetter from Louisiana Healthcare Connections está estructurado en dos partes. La primera parte del Formulario cita los medicamentos cubiertos por las condiciones que tratan. Puede utilizar esta sección para encontrar rápidamente todos los medicamentos que están cubiertos para su condición específica. La segunda parte del Formulario cita todos los productos alfabéticamente. Puede utilizar esta parte del Formulario para buscar su medicamento específico por nombre. Los productos aparecen en el Formulario en varios niveles, cada uno correspondiente a un copago o coseguro asociado del que usted puede ser responsable. La clave de la lista de medicamentos a continuación brinda una visión general de los niveles.

Clave de la lista de medicamentos:

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

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

Nivel 0 - Sin copago para aquellos medicamentos que se usan para prevención y son obligatorios según la Ley de Cuidado de Salud Asequible. Los anticonceptivos orales seleccionados, la vitamina D, el ácido fólico para mujeres en edad fértil, las aspirinas de venta libre (OTC) y los productos para dejar de fumar pueden estar cubiertos en este nivel. Se aplican ciertos límites.

Nivel 1a - El copago más bajo para aquellos medicamentos que ofrecen el mayor valor en comparación con otros medicamentos utilizados para tratar condiciones similares. Ciertos medicamentos de venta libre (OTC) seleccionados pueden estar cubiertos en este nivel.

Nivel 1b - Copago bajo para aquellos medicamentos que ofrecen un gran valor en comparación con otros medicamentos utilizados para tratar condiciones similares. Ciertos medicamentos de venta libre (OTC) seleccionados pueden estar cubiertos en este nivel.

Nivel 2 - El copago medio cubre los medicamentos de marca que suelen ser más asequibles, o que pueden ser preferidos en comparación con otros medicamentos para tratar las mismas condiciones.

Nivel 3 - El copago alto cubre los medicamentos de marca de costo más alto y medicamentos genéricos no preferidos. Este nivel también puede cubrir medicamentos no especializados que no figuran en la Lista de medicamentos recetados, pero cuya cobertura ha sido aprobada

Nivel 4 - El copago más alto es para medicamentos “de especialidad” usados para tratar condiciones crónicas complejas que pueden requerir una manipulación, almacenamiento o administración clínica especiales. Los medicamentos recetados cubiertos en el nivel de especialidad pueden tener que ser surtidos en una farmacia que participe de las redes de “especialidad” o de “hemofilia” de Ambetter. Para obtener información adicional sobre qué farmacias están dentro de nuestras redes de “especialidad” o “hemofilia”, debe consultar la sección de información farmacéutica del sitio web de Ambetter.

El Formulario contiene otra información importante. Las restricciones de administración de la utilización, como la autorización previa, la terapia escalonada, los límites de cantidad, los límites de edad y otras están descritas junto a cada producto.

Autorización previa

Los medicamentos que figuran en el Formulario con la abreviatura PA están restringidos por el requisito de autorización previa. Antes de obtener este medicamento, su proveedor deberá presentar una solicitud a Ambetter from Louisiana Healthcare Connections para que le apruebe este producto.

Terapia escalonada

Los medicamentos que figuran en el Formulario con la abreviatura ST están restringidos por el requisito de terapia escalonada. Si ha probado el producto requerido antes de solicitar un surtido para un medicamento restringido por ST, su reclamo será procesado. Si no tenemos registro de que usted haya probado el producto requerido, el profesional que expide sus recetas puede ponerse en contacto con Ambetter from Louisiana Healthcare Connections para obtener una autorización

Límite de cantidad

Un límite de cantidad restringe los medicamentos que figuran en el Formulario con la abreviatura QL. Detallamos cada límite de cantidad en unidades que se pueden obtener por período de tiempo (p.ej., 2 comprimidos por día).

Límite de edad

Los medicamentos que figuran en el Formulario con la abreviatura AL están restringidos a determinadas edades. Cada límite de edad aparece en función de la aprobación de la FDA para los medicamentos.

No incluido en el Formulario

Los medicamentos que figuran en el Formulario con la abreviatura NF son medicamentos no incluidos en el Formulario. Para obtener acceso a medicamentos no incluidos en el Formulario, el profesional que expide sus recetas puede ponerse en contacto con Ambetter from Louisiana Healthcare Connections para obtener una autorización. En la sección siguiente encontrará más información.

AUTORIZACIÓN PREVIA PARA MEDICAMENTOS NO INCLUIDOS EN EL FORMULARIO

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

DIVULGACIÓN SOBRE COSTO EXCEDENTE

Cualquier ahorro o reembolso que recibamos de los fabricantes sobre el costo de los medicamentos comprados bajo este contrato de medicamentos se utiliza para estabilizar las tarifas. Usted puede estar sujeto a una carga por exceso de costos para el consumidor cuando los medicamentos recetados cubiertos se compran bajo este contrato.

EXCEPCIÓN A LA TERAPIA ESCALONADA

Otorgaremos una excepción a la terapia escalonada o al protocolo *fail first* cuando:

- (1) El médico que expide sus recetas pueda demostrar al plan de cobertura médica, basado en evidencias clínicas sólidas, que el tratamiento preferido requerido en el marco de la terapia escalonada o del protocolo *fail first* ha sido ineficaz en el tratamiento de la enfermedad o condición médica del asegurado.
- (2) El médico que expide sus recetas pueda demostrar al plan de cobertura médica, basado en evidencias clínicas sólidas, que el tratamiento preferido solicitado en el marco de la terapia escalonada o del protocolo *fail first* se espera razonablemente que sea ineficaz sobre la base de las características físicas o mentales relevantes conocidas y los antecedentes médicos del asegurado y las características conocidas del régimen del medicamento.
- (3) El médico que expide sus recetas pueda demostrar al plan de cobertura médica, basado en evidencias clínicas sólidas, que el tratamiento preferido requerido en el marco de la terapia escalonada o del protocolo *fail first* causará o podría causar una reacción adversa u otro daño físico al asegurado.

Para obtener una excepción a la terapia escalonada, su proveedor puede seguir el procedimiento regular de la autorización previa

Abreviaturas del Formulario:

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

Medicamentos opioides:

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

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Amphetamines		
<i>amphetamine sulfate TABS</i>	3	PA
<i>amphetamine-dextroamphetamine CP24 20 MG, 25 MG, 30 MG</i>	1B	QL(2 EA daily)
<i>amphetamine-dextroamphetamine CP24 5 MG, 10 MG</i>	1B	QL(1 EA daily)
<i>amphetamine-dextroamphetamine CP24 15 MG</i>	1B	
<i>amphetamine-dextroamphetamine TABS 5 MG, 7.5 MG, 10 MG, 12.5 MG, 15 MG, 20 MG</i>	1B	QL(3 EA daily)
<i>amphetamine-dextroamphetamine TABS 30 MG</i>	1B	QL(2 EA daily)
<i>dextroamphetamine sulfate CP24 5 MG</i>	1B	
<i>dextroamphetamine sulfate CP24 10 MG, 15 MG</i>	1B	QL(4 EA daily)
<i>dextroamphetamine sulfate TABS 5 MG, 10 MG</i>	1B	QL(4 EA daily)
<i>dextroamphetamine sulfate TABS 2.5 MG, 7.5 MG, 15 MG, 20 MG, 30 MG</i>	1B	
<i>lisdexamfetamine dimesylate CAPS</i>	1B	QL(1 EA daily); ST
<i>lisdexamfetamine dimesylate CHEW</i>	1B	QL(1 EA daily); ST
<i>methamphetamine hcl</i>	1B	QL(5 EA daily); AL(At least 6 yrs old)
Anorexiant Non-Amphetamine		

Drug Name	Drug Tier	Requirements/Limits
<i>phendimetrazine tartrate TABS</i>	1B	PA
<i>phentermine hcl CAPS</i>	1B	PA
Anti-Obesity Agents		
CONTRAVE	3	QL(4 EA daily); PA
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents		
<i>atomoxetine hcl 60 MG, 80 MG, 100 MG</i>	1B	QL(1 EA daily); AL(At least 6 yrs old)
<i>atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG</i>	1B	QL(2 EA daily); AL(At least 6 yrs old)
<i>clonidine hcl (adhd) TB12</i>	1B	
<i>guanfacine hcl (adhd)</i>	1B	QL(1 EA daily); AL(At least 6 yrs old)
Dopamine and Norepinephrine Reuptake Inhibitors (DNRIs)		
SUNOSI 75 MG	3	QL(2 EA daily); PA
SUNOSI 150 MG	3	QL(1 EA daily); PA
Stimulants - Misc.		
<i>armodafinil</i>	1B	QL(1 EA daily); AL(At least 17 yrs old); PA
<i>dexmethylphenidate hcl CP24</i>	1B	QL(1 EA daily)
<i>dexmethylphenidate hcl TABS</i>	1B	QL(2 EA daily); AL(At least 6 yrs old)
<i>methylphenidate hcl CHEW 10 MG</i>	1B	QL(5 EA daily)
<i>methylphenidate hcl CHEW 5 MG</i>	1B	QL(6 EA daily)
<i>methylphenidate hcl CHEW 2.5 MG</i>	1B	QL(2 EA daily)
<i>methylphenidate hcl CP24 10 MG, 20 MG, 40 MG, 60 MG</i>	1B	QL(1 EA daily); AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl CP24</i>	1B	QL(1 EA daily)
<i>methylphenidate hcl CP24 30 MG</i>	1B	QL(2 EA daily); AL(At least 6 yrs old)
<i>methylphenidate hcl CPCR</i>	1B	QL(1 EA daily); AL(At least 6 yrs old)
<i>methylphenidate hcl SOLN</i>	1B	QL(30 ML daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TABS 10 MG, 20 MG</i>	1B	QL(5 EA daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TABS 5 MG</i>	1B	QL(6 EA daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TB24 18 MG, 27 MG</i>	1B	QL(1 EA daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TB24 36 MG, 54 MG</i>	1B	QL(2 EA daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TBCR 36 MG, 54 MG</i>	1B	QL(2 EA daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TBCR 18 MG, 27 MG</i>	1B	QL(1 EA daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TBCR 10 MG, 20 MG</i>	1B	QL(3 EA daily); AL(At least 6 yrs old)
<i>methylphenidate PTCH</i>	1B	QL(1 EA daily); PA
<i>modafinil 200 MG</i>	1B	QL(2 EA daily); PA
<i>modafinil 100 MG</i>	1B	QL(1 EA daily); PA

ALLERGENIC EXTRACTS/BIOLOGICALS MISC

Allergenic Extracts

GRASTEK SUBL	3	PA
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AMEBICIDES

Amebicides

SOLOSEC	3	PA
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AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections

Drug Name	Drug Tier	Requirements/Limits
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</i>	1B	
<i>neomycin sulfate TABS</i>	1B	
<i>streptomycin sulfate SOLR</i>	3	
<i>tobramycin sulfate SOLN IJ 2 GM/50ML, 10 MG/ML, 80 MG/2ML</i>	1B	
<i>tobramycin NEBU</i>	4	QL(280 ML per 56 day(s) retail; 280 ML per 56 days mail); PA

ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions

Antirheumatic - Enzyme Inhibitors

RINVOQ LQ SOLN	4	QL(12 ML daily); PA
RINVOQ TB24	4	QL(1 EA daily); PA
XELJANZ XR TB24	4	QL(1 EA daily); PA
XELJANZ SOLN	4	QL(20 ML daily); PA
XELJANZ TABS 5 MG	4	QL(2 EA daily); SP; PA
XELJANZ TABS 10 MG	4	QL(2 EA daily); PA

Anti-TNF-alpha - Monoclonal Antibodies

CYLTEZO (2 PEN) AJKT	4	QL(0.215 EA daily); PA
CYLTEZO (2 PEN) AJKT	4	QL(0.072 EA daily); PA
CYLTEZO (2 SYRINGE) PSKT 20 MG/0.4ML, 40 MG/0.8ML	4	QL(0.215 EA daily); PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CYLTEZO (2 SYRINGE) PSKT 10 MG/0.2ML, 40 MG/0.4ML	4	QL(0.072 EA daily); PA	HUMIRA-PS/UV/ADOL HS STARTER AJKT	4	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA
CYLTEZO-CD/UC/HS STARTER AJKT	4	QL(0.215 EA daily); PA	HUMIRA-PSORIASIS/UEVIT STARTER AJKT	4	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA
CYLTEZO-CD/UC/HS STARTER AJKT	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA	SIMPONI ARIA SOLN	4	PA
CYLTEZO-PSORIASIS/UV STARTER AJKT	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA	YUFLYMA (1 PEN) AJKT	4	QL(0.143 EA daily); PA
CYLTEZO-PSORIASIS/UV STARTER AJKT	4	QL(0.143 EA daily); PA	YUFLYMA (2 PEN) AJKT	4	QL(0.29 EA daily); PA
HUMIRA (2 PEN) AJKT	4	QL(0.143 EA daily); PA	YUFLYMA (2 SYRINGE) PSKT	4	QL(0.143 EA daily); PA
HUMIRA (2 PEN) AJKT 80 MG/0.8ML	4	QL(0.072 EA daily); PA	YUFLYMA-CD/UC/HS STARTER AJKT	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA
HUMIRA (2 SYRINGE) PSKT	4	QL(0.143 EA daily); PA	Gold Compounds		
HUMIRA-CD/UC/HS STARTER AJKT	4	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA	AURANOFIN 3 MG	3	QL(3 EA daily)
HUMIRA-PED<40KG CROHNS STARTER PSKT	4	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA	RIDAURA	3	QL(3 EA daily)
HUMIRA-PED>=40KG CROHNS START PSKT	4	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA	Interleukin-1 Blockers		
HUMIRA-PED>=40KG UC STARTER AJKT	4	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA	ARCALYST	4	QL(0.286 EA daily); SP; PA
			Interleukin-6 Receptor Inhibitors		
			ACTEMRA ACTPEN SOAJ	4	QL(0.13 ML daily); SP; PA
			ACTEMRA SOLN	4	QL(1.43 ML daily); SP; PA
			ACTEMRA SOSY	4	QL(0.13 ML daily); SP; PA
			KEVZARA SOAJ	4	QL(0.082 ML daily); PA
			KEVZARA SOSY	4	QL(0.082 ML daily); PA
			Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
			<i>celecoxib</i>	1B	QL(2 EA daily)

Ambetter Formulary Updated March 1, 2025

Drug Name	Drug Tier	Requirements/ Limits
<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, 200 MG/10ML</i>	1B	RX/OTC
<i>ibuprofen TABS 400 MG, 600 MG</i>	1A	
<i>ibuprofen TABS 800 MG</i>	1B	
<i>indomethacin CAPS 25 MG, 50 MG</i>	1B	
<i>indomethacin CPCR</i>	1B	
<i>ketoprofen CAPS 50 MG</i>	1B	
<i>ketorolac tromethamine TABS</i>	1B	QL(0.667 EA daily)
<i>meclofenamate sodium CAPS</i>	1B	
<i>mefenamic acid CAPS</i>	1B	Must try ibuprofen. ; QL(5 EA daily); ST
<i>meloxicam TABS</i>	1A	QL(1 EA daily)
<i>nabumetone</i>	1B	
<i>naproxen sodium TABS 550 MG</i>	1B	
<i>naproxen SUSP</i>	1B	PA
<i>naproxen TABS</i>	1B	
<i>naproxen TBEC 500 MG</i>	1B	QL(3 EA daily)
<i>oxaprozin TABS</i>	1B	
<i>piroxicam CAPS</i>	1B	
<i>sulindac TABS</i>	1B	
<i>tolmetin sodium CAPS</i>	1B	
<i>tolmetin sodium TABS 600 MG</i>	1B	

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

Ambetter Formulary Updated March 1, 2025

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>aspirin CHEW</i>	0	AL(At least 45 yrs old - Up to 79 yrs old)	<i>levorphanol tartrate TABS 2 MG</i>	1B	New starts limited to 7 day supply
<i>aspirin TABS 325 MG</i>	0	AL(At least 45 yrs old - Up to 79 yrs old)	<i>meperidine hcl SOLN IJ 25 MG/ML, 50 MG/ML, 100 MG/ML</i>	1B	
<i>aspirin TBEC 81 MG</i>	0	AL(At least 45 yrs old - Up to 79 yrs old)	<i>meperidine hcl SOLN PO 50 MG/5ML</i>	1B	New starts limited to 7 day supply; QL(500 ML per fill retail)
<i>aspirin TBEC 325 MG</i>	1A		<i>meperidine hcl TABS 50 MG</i>	1B	New starts limited to 7 day supply; QL(6 EA daily)
<i>diflunisal TABS</i>	1B		<i>methadone hcl CONC</i>	1B	QL(10 ML daily)
<i>salsalate</i>	1B		<i>methadone hcl SOLN IJ 10 MG/ML</i>	1B	
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions			<i>methadone hcl SOLN PO 5 MG/5ML</i>	1B	QL(100 ML daily)
Opioid Agonists			<i>methadone hcl SOLN PO 10 MG/5ML</i>	1B	QL(50 ML daily)
<i>codeine sulfate TABS 30 MG</i>	1B	New starts limited to 7 day supply	METHADONE HCL SOLN IJ (methadone hcl)	1B	
CODEINE SULFATE TABS	1B	New starts limited to 7 day supply	<i>methadone hcl TABS 10 MG</i>	1B	QL(10 EA daily)
<i>fentanyl citrate LPOP</i>	1B	QL(4 EA daily); PA	<i>methadone hcl TABS 5 MG</i>	1B	QL(4 EA daily)
<i>fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR</i>	1B	QL(0.34 EA daily)	<i>methadone hcl TBSO</i>	1B	QL(2 EA daily)
<i>hydrocodone bitartrate CP12</i>	3	QL(2 EA daily); PA	<i>morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG</i>	1B	QL(2 EA daily); PA
<i>hydrocodone bitartrate T24A</i>	3	QL(2 EA daily); PA	<i>morphine sulfate SOLN PO 10 MG/5ML</i>	1B	New starts limited to 7 day supply; QL(100 ML daily)
<i>hydromorphone hcl LIQD</i>	1B	New starts limited to 7 day supply	<i>morphine sulfate SOLN IJ 0.5 MG/ML, 1 MG/ML</i>	1B	
<i>hydromorphone hcl SOLN IJ 10 MG/ML, 50 MG/5ML, 500 MG/50ML</i>	1B		<i>morphine sulfate SOLN PO 20 MG/5ML</i>	1B	New starts limited to 7 day supply; QL(50 ML daily)
<i>hydromorphone hcl TABS</i>	1B	New starts limited to 7 day supply; QL(8 EA daily)			
<i>hydromorphone hcl TB24 32 MG</i>	1B	QL(1 EA daily); PA			
<i>hydromorphone hcl TB24 8 MG, 12 MG, 16 MG</i>	1B	QL(2 EA daily); PA			

Ambetter Formulary Updated March 1, 2025

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

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

Drug Name	Drug Tier	Requirements/Limits
Androgens		
<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	
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
<i>budesonide (intrarectal)</i>	4	QL(3.2 GM daily); PA
<i>hydrocortisone (intrarectal)</i>	1B	
Rectal Steroids		
<i>hydrocortisone (rectal) EX</i>	1B	RX/OTC
<i>hydrocortisone acetate (rectal)</i>	1B	
Vasodilating Agents		
<i>nitroglycerin (intra-anal)</i>	1B	QL(2 GM daily)
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
<i>albendazole</i>	1B	PA
<i>EMVERM CHEW</i>	2	QL(2 EA daily; 6 EA per fill retail; 6 per fill mail); 1 max fill(s) per 60 day(s) retail; 1 max fill(s) per 60 day(s) mail

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

Drug Name	Drug Tier	Requirements/Limits
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 TBDP</i>	1B	
<i>chlordiazepoxide hcl CAPS</i>	1B	
<i>clorazepate dipotassium TABS</i>	1B	
<i>diazepam CONC</i>	1B	
<i>diazepam SOLN PO 5 MG/5ML</i>	1B	
<i>diazepam TABS</i>	1A	QL(4 EA daily)
<i>lorazepam CONC</i>	1B	
<i>lorazepam TABS 0.5 MG, 2 MG</i>	1A	QL(3 EA daily)
<i>lorazepam TABS 1 MG</i>	1A	QL(4 EA daily)
<i>oxazepam CAPS</i>	1B	
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
<i>disopyramide phosphate CAPS</i>	1B	
<i>procainamide hcl SOLN 500 MG/ML</i>	1B	
<i>quinidine sulfate TABS</i>	1B	
Antiarrhythmics Type I-B		
<i>mexiletine hcl</i>	1B	
Antiarrhythmics Type I-C		
<i>flecainide acetate</i>	1B	
<i>propafenone hcl CP12</i>	1B	
<i>propafenone hcl TABS</i>	1B	
Antiarrhythmics Type III		
<i>amiodarone hcl SOLN 150 MG/3ML</i>	1B	
<i>amiodarone hcl TABS</i>	1B	

Ambetter Formulary Updated March 1, 2025

Drug Name	Drug Tier	Requirements/Limits
<i>dofetilide</i>	1B	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Antiasthmatic - Monoclonal Antibodies		
FASENRA PEN SOAJ	4	QL(0.036 ML daily); PA
FASENRA SOSY 30 MG/ML	4	QL(0.036 ML daily); PA
FASENRA SOSY 10 MG/0.5ML	4	QL(0.018 ML daily); PA
NUCALA SOAJ	4	QL(0.1073 ML daily); PA
NUCALA SOLR	4	QL(0.1073 EA daily); PA
NUCALA SOSY 40 MG/0.4ML	4	QL(0.0144 ML daily); PA
NUCALA SOSY 100 MG/ML	4	QL(0.1073 ML daily); PA
XOLAIR SOAJ 75 MG/0.5ML	4	QL(0.036 ML daily); PA
XOLAIR SOAJ 150 MG/ML, 300 MG/2ML	4	QL(0.286 ML daily); PA
XOLAIR SOLR	4	QL(0.286 EA daily); PA
XOLAIR SOSY 150 MG/ML, 300 MG/2ML	4	QL(0.286 ML daily); PA
XOLAIR SOSY 75 MG/0.5ML	4	QL(0.036 ML daily); PA
Anti-Inflammatory Agents		
<i>cromolyn sodium NEBU</i>	1B	QL(8 ML daily)
Bronchodilators - Anticholinergics		
ATROVENT HFA	3	QL(0.44 GM daily)
INCRUSE ELLIPTA	2	QL(1 EA daily)
<i>ipratropium bromide SOLN 0.02 %</i>	1B	QL(15 ML daily)
SPIRIVA RESPIMAT AERS	2	QL(0.14 GM daily)
<i>tiotropium bromide monohydrate CAPS</i>	1B	QL(1 EA daily)
Leukotriene Modulators		

Drug Name	Drug Tier	Requirements/Limits
<i>montelukast sodium CHEW</i>	1B	QL(1 EA daily)
<i>montelukast sodium PACK</i>	1B	QL(1 EA daily)
<i>montelukast sodium TABS</i>	1B	QL(1 EA daily)
<i>zafirlukast</i>	1B	QL(2 EA daily)
<i>zileuton TB12</i>	3	QL(4 EA daily); PA
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
<i>roflumilast</i>	3	QL(1 EA daily)
Steroid Inhalants		
ALVESCO	3	PA
ARNUITY ELLIPTA	2	
<i>budesonide (inhalation) SUSP</i>	1B	QL(4 ML daily); PA
<i>fluticasone propionate (inhalation) AEPB</i>	1B	
<i>fluticasone propionate hfa</i>	1B	QL(0.8 GM daily)
PULMICORT FLEXHALER AEPB	2	
QVAR REDHALER	2	
Sympathomimetics		
AIRDUO DIGIHALER	3	
AIRSUPRA	3	
<i>albuterol sulfate AERS</i>	1B	
<i>albuterol sulfate NEBU</i>	1B	
<i>albuterol sulfate SYRP</i>	1B	
<i>albuterol sulfate TABS</i>	1B	
ANORO ELLIPTA	2	QL(2 EA daily)
<i>arformoterol tartrate</i>	1B	QL(4 ML daily)
BREO ELLIPTA	2	
BREO ELLIPTA (<i>fluticasone furoate-vilanterol</i>)	2	
BREZTRI AEROSPHERE	2	QL(0.38 GM daily)

Ambetter Formulary Updated March 1, 2025

Drug Name	Drug Tier	Requirements/Limits
<i>budesonide-formoterol fumarate dihydrate</i>	1B	
DULERA	2	
<i>fluticasone furoate-vilanterol</i>	1B	
<i>fluticasone-salmeterol AEPB</i>	1B	
<i>fluticasone-salmeterol AERO</i>	1B	
<i>formoterol fumarate NEBU</i>	1B	QL(4 ML daily)
<i>ipratropium-albuterol SOLN</i>	1B	QL(18 ML daily)
<i>levalbuterol hcl</i>	1B	
<i>levalbuterol tartrate</i>	1B	QL(0.5 GM daily)
PROAIR DIGIHALER	3	
PROAIR RESPICLICK AEPB	3	
SEREVENT DISKUS	2	
STIOLTO RESPIMAT	2	
STRIVERDI RESPIMAT	2	
<i>terbutaline sulfate SOLN</i>	1B	
<i>terbutaline sulfate TABS</i>	1B	
TRELEGY ELLIPTA	2	QL(2 EA daily)
Xanthines		
<i>aminophylline SOLN</i>	1B	
<i>theophylline ELIX</i>	1B	
<i>theophylline SOLN</i>	1B	QL(56 ML daily)
<i>theophylline TB12</i>	1B	
<i>theophylline TB24</i>	1B	
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
<i>warfarin sodium TABS</i>	1B	
Direct Factor Xa Inhibitors		

Drug Name	Drug Tier	Requirements/Limits
ELIQUIS DVT/PE STARTER PACK TBPK	2	QL(2.47 EA daily); 1 max fill(s) per 180 day(s) retail
ELIQUIS TABS	2	QL(2 EA daily)
XARELTO STARTER PACK TBPK	2	1 max fill(s) per 365 day(s) retail
XARELTO SUSR	2	QL(900 ML per 30 day(s) retail; 900 ML per 30 days mail)
XARELTO TABS 10 MG, 20 MG	2	QL(1 EA daily)
XARELTO TABS 2.5 MG, 15 MG	2	QL(2 EA daily)
Heparins And Heparinoid-Like Agents		
<i>enoxaparin sodium SOLN IJ 300 MG/3ML</i>	4	QL(6 ML daily)
<i>enoxaparin sodium SOSY 40 MG/0.4ML</i>	4	QL(0.8 ML daily; 30 Day(s) limit); SP
<i>enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML</i>	4	QL(1.6 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>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 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 2.5 MG/0.5ML</i>	4	QL(4.5 ML per 180 day(s) retail; 4 ML per 180 days mail); SP

Ambetter Formulary Updated March 1, 2025

Drug Name	Drug Tier	Requirements/Limits
<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
FRAGMIN SOSY	4	SP; PA
HEPARIN (PORCINE) IN NACL SOLN IV 0.45 %-12500 UNIT/250ML	1B	
<i>heparin sodium (porcine) SOLN IJ 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML</i>	1B	
Thrombin Inhibitors		
<i>dabigatran etexilate mesylate CAPS</i>	1B	
ANTICONVULSANTS - Drugs to Treat Seizures		
AMPA Glutamate Receptor Antagonists		
FYCOMPA TABS 8 MG, 10 MG, 12 MG	3	QL(1 EA daily); PA
FYCOMPA TABS 2 MG	3	QL(6 EA daily); PA
FYCOMPA TABS 4 MG	3	QL(3 EA daily); PA
FYCOMPA TABS 6 MG	3	QL(2 EA daily); PA
Anticonvulsants - Benzodiazepines		
<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

Drug Name	Drug Tier	Requirements/Limits
VALTOCO 15 MG DOSE LQPK	4	QL(10 EA per 30 day(s) retail); PA
VALTOCO 20 MG DOSE LQPK	4	QL(10 EA per 30 day(s) retail); PA
VALTOCO 5 MG DOSE LIQD	4	QL(10 EA per 30 day(s) retail); PA
Anticonvulsants - Misc.		
APTIOM	3	QL(2 EA daily); ST
BANZEL TABS 400 MG (<i>rufinamide</i>)	2	QL(8 EA daily); PA
BANZEL TABS 200 MG (<i>rufinamide</i>)	2	QL(2 EA daily); PA
BRIVIACT SOLN PO 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 200 MG</i>	1B	QL(6 EA daily)
<i>carbamazepine CP12 300 MG</i>	1B	QL(4 EA daily)
<i>carbamazepine CP12 100 MG</i>	1B	
<i>carbamazepine SUSP</i>	1B	
<i>carbamazepine TABS</i>	1B	
<i>carbamazepine TB12 200 MG</i>	1B	QL(6 EA daily)
<i>carbamazepine TB12 100 MG, 400 MG</i>	1B	QL(4 EA daily)
DIACOMIT CAPS 250 MG	4	QL(12 EA daily); PA
DIACOMIT CAPS 500 MG	4	QL(6 EA daily); PA
DIACOMIT PACK 250 MG	4	QL(12 EA daily); PA
DIACOMIT PACK 500 MG	4	QL(6 EA daily); PA
EPIDIOLEX	3	PA
<i>gabapentin CAPS</i>	1B	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>gabapentin SOLN</i>	1B	QL(60 ML daily)	TEGRETOL SUSP (<i>carbamazepine</i>)	2	
<i>gabapentin TABS 600 MG, 800 MG</i>	1B		TEGRETOL TABS (<i>carbamazepine</i>)	2	
<i>lacosamide SOLN PO 10 MG/ML, 50 MG/5ML, 100 MG/10ML</i>	1B	QL(40 ML daily)	<i>topiramate CPSP 25 MG</i>	1B	QL(8 EA daily)
<i>lacosamide TABS</i>	1B	QL(2 EA daily)	<i>topiramate CPSP 15 MG</i>	1B	QL(6 EA daily)
<i>lamotrigine CHEW 5 MG</i>	1B	QL(100 EA daily)	<i>topiramate CS24</i>	3	PA
<i>lamotrigine CHEW 25 MG</i>	1B	QL(20 EA daily)	<i>topiramate TABS 25 MG, 100 MG</i>	1B	QL(4 EA daily)
<i>lamotrigine TABS</i>	1B		<i>topiramate TABS 200 MG</i>	1B	QL(2 EA daily)
<i>lamotrigine TBDP</i>	1B	QL(1 EA daily)	<i>topiramate TABS 50 MG</i>	1B	QL(6 EA daily)
<i>levetiracetam SOLN IV 500 MG/5ML</i>	1B	QL(30 ML daily)	<i>zonisamide CAPS</i>	1B	QL(6 EA daily)
<i>levetiracetam TABS 500 MG</i>	1B	QL(6 EA daily)	Carbamates		
<i>levetiracetam TABS 1000 MG</i>	1B	QL(3 EA daily)	<i>felbamate SUSP</i>	1B	QL(30 ML daily)
<i>levetiracetam TABS 250 MG, 750 MG</i>	1B	QL(4 EA daily)	<i>felbamate TABS 600 MG</i>	1B	QL(6 EA daily)
<i>levetiracetam TB24</i>	1B	QL(4 EA daily)	<i>felbamate TABS 400 MG</i>	1B	QL(9 EA daily)
<i>oxcarbazepine SUSP</i>	1B	QL(40 ML daily)	GABA Modulators		
<i>oxcarbazepine TABS 600 MG</i>	1B	QL(4 EA daily)	<i>tiagabine hcl</i>	1B	
<i>oxcarbazepine TABS 150 MG, 300 MG</i>	1B	QL(3 EA daily)	<i>vigabatrin PACK</i>	4	QL(6 EA daily); SP; PA
<i>pregabalin CAPS 225 MG, 300 MG</i>	3	QL(2 EA daily); PA	<i>vigabatrin TABS</i>	4	QL(6 EA daily); SP; PA
<i>pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG</i>	3	QL(3 EA daily); PA	Hydantoins		
<i>pregabalin SOLN</i>	3	QL(30 ML daily); PA	DILANTIN	2	
<i>primidone 50 MG, 250 MG</i>	1B		DILANTIN (<i>phenytoin sodium extended</i>)	2	
<i>rufinamide SUSP</i>	1B	QL(80 ML daily); PA	DILANTIN INFATABS CHEW (<i>phenytoin</i>)	2	
<i>rufinamide TABS 200 MG</i>	1B	QL(2 EA daily); PA	DILANTIN-125 SUSP (<i>phenytoin</i>)	2	
<i>rufinamide TABS 400 MG</i>	1B	QL(8 EA daily); PA	DILANTIN SUSP (<i>phenytoin</i>)	2	
			<i>fosphenytoin sodium</i>	1B	
			<i>phenytoin sodium extended 100 MG, 200 MG, 300 MG</i>	1B	
			<i>phenytoin sodium SOLN</i>	1B	
			<i>phenytoin CHEW</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>phenytoin SUSP</i>	1B	
Succinimides		
<i>ethosuximide CAPS</i>	1B	QL(6 EA daily)
<i>ethosuximide SOLN</i>	1B	QL(30 ML daily)
<i>methsuximide</i>	1B	QL(4 EA daily)
ZARONTIN CAPS (<i>ethosuximide</i>)	2	QL(6 EA daily)
Valproic Acid		
<i>divalproex sodium TB24</i>	1B	
<i>divalproex sodium TBEC</i>	1B	
<i>valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML</i>	1B	
<i>valproic acid CAPS</i>	1B	
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
<i>mirtazapine TABS 15 MG</i>	1B	QL(3 EA daily)
<i>mirtazapine TABS 30 MG</i>	1B	QL(1.5 EA daily)
<i>mirtazapine TABS 7.5 MG, 45 MG</i>	1B	QL(1 EA daily)
<i>mirtazapine TBDP 15 MG</i>	1B	QL(3 EA daily)
<i>mirtazapine TBDP 30 MG</i>	1B	QL(1.5 EA daily)
<i>mirtazapine TBDP 45 MG</i>	1B	QL(1 EA daily)
Antidepressants - Misc.		
<i>bupropion hcl TABS</i>	1B	+; QL(3 EA daily)
<i>bupropion hcl TB12 150 MG</i>	1B	+; QL(3 EA daily)
<i>bupropion hcl TB12 200 MG</i>	1B	+; QL(2 EA daily)
<i>bupropion hcl TB12 100 MG</i>	1B	+; QL(4 EA daily)
<i>bupropion hcl TB24 150 MG</i>	1B	QL(3 EA daily)
<i>bupropion hcl TB24 300 MG</i>	1B	QL(1 EA daily)

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

Ambetter Formulary Updated March 1, 2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>miglitol</i>	1B	QL(3 EA daily)
Antidiabetic Combinations		
<i>alogliptin-metformin hcl</i>	1B	QL(2 EA daily); PA
<i>alogliptin-pioglitazone 30 MG-12.5 MG, 45 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 250 MG-1.25 MG</i>	1B	+; QL(2 EA daily)
<i>glyburide-metformin 500 MG-2.5 MG, 500 MG-5 MG</i>	1B	+; QL(4 EA daily)
GLYXAMBI	2	QL(1 EA daily)
JANUMET XR TB24 1000 MG-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)
<i>saxagliptin-metformin hcl 1000 MG-2.5 MG</i>	1B	QL(2 EA daily)
<i>saxagliptin-metformin hcl 1000 MG-5 MG, 500 MG-5 MG</i>	1B	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/Limits
SOLQUA	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 (<i>dapagliflozin propanediol-metformin hcl</i>)	2	QL(1 EA daily)
XIGDUO XR (<i>dapagliflozin propanediol-metformin hcl</i>)	2	QL(2 EA daily)
XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG, 500 MG-5 MG	2	QL(1 EA daily)
XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG	2	QL(2 EA daily)
XULTOPHY	2	QL(0.5 ML daily); PA
Biguanides		
<i>metformin hcl TABS 500 MG</i>	1B	+; QL(5 EA daily)
<i>metformin hcl TABS 850 MG</i>	0	QL(3 EA daily)
<i>metformin hcl TABS 1000 MG</i>	1B	+; QL(2.5 EA daily)
<i>metformin hcl TB24 750 MG</i>	1B	+; QL(3 EA daily)
<i>metformin hcl TB24 500 MG</i>	1B	+; QL(4 EA daily)
Diabetic Other		
<i>diazoxide</i>	3	
<i>glucagon (rdna)</i>	1B	+; QL(0.035 EA daily)

Ambetter Formulary Updated March 1, 2025

Drug Name	Drug Tier	Requirements/Limits
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 (0.25 OR 0.5 MG/DOSE) SOPN	2	QL(0.108 ML daily); PA
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	2	QL(0.054 ML daily); PA
OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	2	QL(0.108 ML daily); PA
OZEMPIC (2 MG/DOSE) SOPN	2	QL(0.108 ML daily); PA
RYBELSUS TABS	2	QL(1 EA daily); PA
TRULICITY	2	QL(0.143 ML daily); PA
VICTOZA (<i>liraglutide</i>)	2	QL(0.3 ML daily); PA
Insulin		
APIDRA SOLOSTAR SOPN	3	PA
APIDRA SOLN	3	PA
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 ASP PROT & ASP FLEXPEN SUPN	1B	#
INSULIN ASPART FLEXPEN SOPN	1B	#
INSULIN ASPART PENFILL SOCT	1B	#
INSULIN ASPART PROT & ASPART SUSP	1B	#
INSULIN ASPART SOLN IJ	1B	#
INSULIN DEGLUDEC FLEXTOUCH SOPN	2	#

Drug Name	Drug Tier	Requirements/Limits
INSULIN DEGLUDEC SOLN	2	#
INSULIN LISPRO SOLN IJ	2	
NOVOLIN 70/30 FLEXPEN SUPN	2	#
NOVOLIN 70/30 SUSP	2	#
NOVOLIN N FLEXPEN SUPN	2	#
NOVOLIN N SUSP	2	#
NOVOLIN R FLEXPEN SOPN IJ	2	#
NOVOLIN R SOLN IJ	2	#
REZVOGLAR KWIKPEN	3	PA
SEMGLEE (YFGN) SOLN	2	#
SEMGLEE (YFGN) SOPN	2	#
Insulin Sensitizing Agents		
<i>pioglitazone hcl</i>	1B	+: QL(1 EA daily)
Meglitinide Analogues		
<i>nateglinide</i>	1B	QL(3 EA daily)
<i>repaglinide 2 MG</i>	1B	QL(8 EA daily)
<i>repaglinide 0.5 MG, 1 MG</i>	1B	QL(4 EA daily)
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
<i>dapagliflozin propanediol</i>	2	QL(1 EA daily)
FARXIGA (<i>dapagliflozin propanediol</i>)	2	QL(1 EA daily)
JARDIANCE	2	QL(1 EA daily)
Sulfonylureas		
<i>glimepiride 4 MG</i>	1B	+: QL(2 EA daily)
<i>glimepiride 1 MG, 2 MG</i>	1B	+: QL(4 EA daily)
<i>glipizide TABS 5 MG, 10 MG</i>	1B	+: QL(4 EA daily)
<i>glipizide TB24</i>	1B	+: QL(2 EA daily)
<i>glyburide micronized 1.5 MG, 3 MG, 6 MG</i>	1B	+: QL(4 EA daily)

Drug Name	Drug Tier	Requirements/Limits
<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
Antidotes and Specific Antagonists		
VISTOGARD	4	PA
Opioid Antagonists		
<i>naloxone hcl LIQD</i>	1B	QL(2 EA per fill retail); 2 max fill(s) per 30 day(s) retail; RX/OTC
<i>naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML</i>	1B	
<i>naltrexone hcl</i>	1B	
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
ANZEMET TABS 50 MG	3	QL(0.167 EA daily); PA
<i>granisetron hcl SOLN IV 1 MG/ML</i>	1B	
<i>granisetron hcl TABS</i>	1B	QL(0.34 EA daily)

Drug Name	Drug Tier	Requirements/Limits
<i>ondansetron hcl SOLN IJ 4 MG/2ML</i>	1B	
<i>ondansetron hcl SOLN PO 4 MG/5ML</i>	1B	QL(3.34 ML daily)
<i>ondansetron hcl SOSY</i>	1B	
<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 hcl TABS 4 MG</i>	1B	QL(4 EA daily; 60 EA per fill retail; 60 per fill mail)
<i>ondansetron TBDP 8 MG</i>	1B	
<i>ondansetron TBDP 4 MG</i>	1B	QL(1 EA daily)
<i>palonosetron hcl SOLN</i>	1B	
Antiemetics - Anticholinergic		
<i>meclizine hcl TABS 25 MG</i>	1B	RX/OTC
<i>meclizine hcl TABS 12.5 MG</i>	1A	RX/OTC
<i>scopolamine</i>	1B	QL(0.34 EA daily)
<i>trimethobenzamide hcl CAPS</i>	1B	
Antiemetics - Miscellaneous		
AKYNZEO	3	PA
<i>doxylamine-pyridoxine TBEC</i>	1B	QL(4 EA daily); 3 max fill(s) per 365 day(s) retail; 3 max fill(s) per 365 day(s) mail; PA
<i>dronabinol CAPS</i>	1B	
Substance P/Neurokinin 1 (NK1) Receptor Antagonists		
<i>aprepitant CAPS</i>	1B	PA
<i>aprepitant CAPS 80 MG</i>	1B	QL(0.134 EA daily)

Drug Name	Drug Tier	Requirements/Limits
<i>aprepitant CAPS 40 MG, 125 MG</i>	1B	QL(0.067 EA daily)
<i>aprepitant MISC</i>	1B	PA
VARUBI (180 MG DOSE) TBPk	3	PA
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungal - Glucan Synthesis Inhibitors		
<i>caspofungin acetate</i>	1B	
ERAXIS	3	
<i>micafungin sodium</i>	1B	PA
Antifungals		
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)
Imidazole-Related Antifungals		
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	
<i>posaconazole SUSP</i>	3	QL(20 ML daily)
TOLSURA CAPS	4	PA
<i>voriconazole TABS</i>	1B	QL(4 EA daily)
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Alkylamines		

Drug Name	Drug Tier	Requirements/Limits
<i>dexchlorpheniramine maleate SOLN</i>	1B	
Antihistamines - Ethanolamines		
<i>carbinoxamine maleate SOLN</i>	1B	
<i>carbinoxamine maleate TABS 4 MG</i>	1B	
<i>clemastine fumarate SYRP</i>	1B	
<i>clemastine fumarate TABS 2.68 MG</i>	1B	
<i>diphenhydramine hcl CAPS 50 MG</i>	1A	
<i>diphenhydramine hcl ELIX 12.5 MG/5ML</i>	1B	
<i>diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML</i>	1B	QL(20 ML daily)
<i>diphenhydramine hcl SOLN 50 MG/ML</i>	1B	
Antihistamines - Non-Sedating		
<i>cetirizine hcl TABS</i>	1A	QL(1 EA daily)
<i>desloratadine TABS</i>	1B	QL(1 EA daily)
<i>desloratadine TBDP 2.5 MG</i>	1B	QL(1 EA daily)
<i>levocetirizine dihydrochloride SOLN</i>	1B	QL(10 ML daily); RX/OTC
<i>levocetirizine dihydrochloride TABS</i>	1B	QL(1 EA daily); RX/OTC
<i>loratadine CAPS</i>	1B	
<i>loratadine CHEW</i>	1B	
<i>loratadine SOLN</i>	1B	
<i>loratadine TABS</i>	1A	
<i>loratadine TBDP</i>	1B	
QUZYTIR SOLN IV	3	PA
Antihistamines - Phenothiazines		
<i>promethazine hcl SOLN PO 6.25 MG/5ML</i>	1B	
<i>promethazine hcl SUPP 50 MG</i>	1B	

Ambetter Formulary Updated March 1, 2025

Drug Name	Drug Tier	Requirements/Limits
<i>promethazine hcl SUPP 12.5 MG, 25 MG</i>	1B	QL(6 EA daily)
<i>promethazine hcl TABS</i>	1B	
Antihistamines - Piperidines		
<i>cyproheptadine hcl SYRP</i>	1B	
<i>cyproheptadine hcl TABS</i>	1B	
ANTIHYPERTENSIVES - Drugs to Treat High Cholesterol		
Antihyperlipidemics - Combinations		
<i>ezetimibe-simvastatin</i>	1B	QL(1 EA daily)
Antihyperlipidemics - Misc.		
<i>icosapent ethyl 1 GM</i>	1B	QL(4 EA daily); PA
<i>omega-3-acid ethyl esters</i>	1B	+; QL(4 EA daily)
Bile Acid Sequestrants		
<i>cholestyramine light PACK</i>	1B	QL(6 EA daily)
<i>cholestyramine light POWD</i>	1B	QL(24 GM daily)
<i>cholestyramine PACK</i>	1B	QL(6 EA daily)
<i>cholestyramine POWD</i>	1B	QL(25.2 GM daily)
<i>colesevelam hcl PACK</i>	1B	QL(1 EA daily); PA
<i>colesevelam hcl TABS</i>	1B	QL(7 EA daily)
<i>colestipol hcl GRAN</i>	1B	QL(6 GM daily)
<i>colestipol hcl PACK</i>	1B	QL(6 EA daily)
<i>colestipol hcl TABS</i>	1B	QL(16 EA daily)
Fibric Acid Derivatives		
<i>choline fenofibrate</i>	1B	+; QL(1 EA daily)
<i>fenofibrate micronized 67 MG, 134 MG, 200 MG</i>	1B	+; QL(1 EA daily)
<i>fenofibrate micronized 43 MG, 130 MG</i>	1B	QL(1 EA daily)
<i>fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG</i>	1B	+; QL(1 EA daily)

Drug Name	Drug Tier	Requirements/Limits
<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 40 MG</i>	1B	QL(2 EA daily)
<i>fluvastatin sodium CAPS 20 MG</i>	1B	QL(1 EA daily)
<i>lovastatin TABS 40 MG</i>	1B	+; QL(2 EA daily); PV
<i>lovastatin TABS 10 MG, 20 MG</i>	1B	+; QL(1 EA daily); PV
<i>pravastatin sodium</i>	1B	+; QL(1 EA daily)
<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
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
<i>benazepril hcl</i>	1B	+
<i>captopril 12.5 MG</i>	1B	
<i>captopril 25 MG, 50 MG, 100 MG</i>	1B	QL(3 EA daily)

Ambetter Formulary Updated March 1, 2025

Drug Name	Drug Tier	Requirements/Limits
<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 4 MG</i>	1B	
<i>perindopril erbumine 2 MG, 8 MG</i>	1B	QL(2 EA daily)
<i>quinapril hcl 5 MG, 10 MG</i>	1B	QL(2 EA daily)
<i>quinapril hcl 20 MG, 40 MG</i>	1B	
<i>ramipril CAPS</i>	1B	+
<i>trandolapril 4 MG</i>	1B	+; QL(2 EA daily)
<i>trandolapril 1 MG, 2 MG</i>	1B	+; QL(1 EA daily)
Agents for Pheochromocytoma		
<i>phenoxybenzamine hcl</i>	3	PA
Angiotensin II Receptor Antagonists		
<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)
Antiadrenergic Antihypertensives		
<i>clonidine hcl TABS</i>	1B	+; QL(8 EA daily)
<i>clonidine PTWK</i>	3	QL(0.15 EA daily)
<i>doxazosin mesylate</i>	1B	
<i>guanfacine hcl</i>	1B	
<i>methyldopa TABS</i>	1B	QL(6 EA daily)

Drug Name	Drug Tier	Requirements/Limits
<i>prazosin hcl CAPS</i>	1B	QL(4 EA daily)
<i>terazosin hcl</i>	1B	
Antihypertensive Combinations		
<i>amlodipine besylate-benazepril hcl</i>	1B	
<i>amlodipine besylate-olmesartan medoxomil</i>	1B	ST
<i>amlodipine besylate-valsartan</i>	1B	QL(1 EA daily)
<i>amlodipine-valsartan-hydrochlorothiazide</i>	3	
<i>atenolol & chlorthalidone</i>	1B	
<i>benazepril & hydrochlorothiazide 12.5 MG-10 MG, 25 MG-20 MG</i>	1B	QL(1 EA daily)
<i>benazepril & hydrochlorothiazide 12.5 MG-20 MG, 6.25 MG-5 MG</i>	1B	
<i>bisoprolol & hydrochlorothiazide</i>	1B	QL(2 EA daily)
<i>candesartan cilexetil-hydrochlorothiazide</i>	1B	
<i>enalapril maleate & hydrochlorothiazide 25 MG-10 MG</i>	1B	
<i>enalapril maleate & hydrochlorothiazide 12.5 MG-5 MG</i>	1B	QL(2 EA daily)
<i>fosinopril sodium & hydrochlorothiazide</i>	1B	QL(1 EA daily)
<i>irbesartan-hydrochlorothiazide</i>	1B	+
<i>lisinopril & hydrochlorothiazide</i>	1B	+
<i>losartan potassium & hydrochlorothiazide 12.5 MG-50 MG</i>	1B	+; QL(2 EA daily)
<i>losartan potassium & hydrochlorothiazide 12.5 MG-100 MG, 25 MG-100 MG</i>	1B	+; QL(1 EA daily)

Ambetter Formulary Updated March 1, 2025

Drug Name	Drug Tier	Requirements/Limits
<i>metoprolol & hydrochlorothiazide TABS 25 MG-50 MG</i>	1B	QL(1 EA daily)
<i>metoprolol & 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 12.5 MG-20 MG</i>	1B	QL(4 EA daily)
<i>quinapril-hydrochlorothiazide 12.5 MG-10 MG</i>	1B	QL(3 EA daily)
<i>quinapril-hydrochlorothiazide 25 MG-20 MG</i>	1B	QL(2 EA daily)
<i>telmisartan-amlodipine</i>	1B	QL(1 EA daily)
<i>telmisartan-hydrochlorothiazide</i>	1B	QL(1 EA daily)
<i>trandolapril-verapamil hcl 180 MG-2 MG, 240 MG-1 MG</i>	3	
<i>trandolapril-verapamil hcl 240 MG-2 MG, 240 MG-4 MG</i>	3	QL(1 EA daily)
<i>valsartan-hydrochlorothiazide</i>	1B	QL(1 EA daily)
Antihypertensives - Misc.		
VECAMYL	3	PA
Direct Renin Inhibitors		
<i>aliskiren fumarate</i>	1B	QL(1 EA daily)
Selective Aldosterone Receptor Antagonists (SARAs)		
<i>eplerenone</i>	1B	
Vasodilators		

Drug Name	Drug Tier	Requirements/Limits
<i>hydralazine hcl SOLN</i>	1B	
<i>hydralazine hcl TABS</i>	1B	+
<i>minoxidil 2.5 MG, 10 MG</i>	1B	+
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
<i>bacitracin</i>	3	
IMPAVIDO	3	QL(3 EA daily); PA
<i>metronidazole TABS 250 MG, 500 MG</i>	1B	
<i>trimethoprim TABS</i>	1B	
XIFAXAN 550 MG	3	QL(3 EA daily); AL(At least 12 yrs old); PA
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
Anti-infective Misc. - Combinations		
<i>sulfamethoxazole-trimethoprim SOLN</i>	1B	
<i>sulfamethoxazole-trimethoprim SUSP</i>	1B	
<i>sulfamethoxazole-trimethoprim TABS</i>	1A	
Antiprotozoal Agents		
ALINIA SUSR	2	PA
<i>atovaquone</i>	1B	
<i>nitazoxanide TABS</i>	1B	PA
Carbapenems		
<i>ertapenem sodium IJ</i>	1B	
<i>imipenem-cilastatin IV</i>	1B	
<i>meropenem</i>	1B	
Chloramphenicols		

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

Drug Name	Drug Tier	Requirements/Limits
<i>methenamine hippurate</i>	1B	
<i>nitrofurantoin</i>	1B	
<i>nitrofurantoin macrocrystal 50 MG, 100 MG</i>	1B	
<i>nitrofurantoin monohyd macro</i>	1B	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
<i>atovaquone-proguanil hcl</i>	1B	Covered for malaria treatment only. Limit 1 fill every 180 days; QL(12 EA per fill retail; 12 per fill mail); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
COARTEM	2	Covered for malaria treatment only. Limit 1 fill every 180 days; QL(24 EA per fill retail; 24 per fill mail); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
Antimalarials		
<i>chloroquine phosphate TABS 250 MG</i>	1B	QL(3 EA daily)
<i>chloroquine phosphate TABS 500 MG</i>	1B	
<i>hydroxychloroquine sulfate 100 MG</i>	1B	QL(4 EA daily)
<i>hydroxychloroquine sulfate 200 MG</i>	1B	QL(3 EA daily)

Drug Name	Drug Tier	Requirements/Limits
<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 PO</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	
PRIFTIN	3	

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

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

Drug Name	Drug Tier	Requirements/Limits
ERIVEDGE	4	QL(1 EA daily); SP; PA
ODOMZO	4	QL(1 EA daily); PA
Antineoplastic - Hormonal and Related Agents		
<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 60 MG	4	QL(4 EA daily); PA
ERLEADA 240 MG	4	QL(1 EA daily); PA
<i>exemestane</i>	4	QL(1 EA daily); SP
FIRMAGON 80 MG	4	QL(0.143 EA daily); SP; PA
FIRMAGON (240 MG DOSE)	4	QL(0.143 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
<i>megestrol acetate SUSP</i>	1B	
<i>megestrol acetate TABS</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>nilutamide</i>	1B	QL(2 EA daily)
NUBEQA	4	QL(4 EA daily); PA
ORGOVYX	4	PA
<i>tamoxifen citrate TABS</i>	0	
<i>toremifene citrate</i>	1B	
TRELSTAR MIXJECT	4	SP; PA
XTANDI CAPS	4	QL(4 EA daily); SP; PA
XTANDI TABS 80 MG	4	QL(2 EA daily); PA
XTANDI TABS 40 MG	4	QL(4 EA daily); PA
YONSA	4	QL(4 EA daily); PA
ZOLADEX 10.8 MG	4	QL(0.0119 EA daily); SP; PA
ZOLADEX 3.6 MG	4	QL(0.0357 EA daily); SP; PA
Antineoplastic - Immunomodulators		
POMALYST	4	QL(1 EA daily); PA
Antineoplastic - PDGFR-alpha Inhibitors		
AYVAKIT	4	QL(1 EA daily); PA
Antineoplastic - XPO1 Inhibitors		
XPOVIO (100 MG ONCE WEEKLY) 50 MG	4	PA
XPOVIO (40 MG ONCE WEEKLY) 40 MG	4	PA
XPOVIO (40 MG TWICE WEEKLY) 40 MG	4	PA
XPOVIO (60 MG ONCE WEEKLY) 60 MG	4	PA
XPOVIO (60 MG TWICE WEEKLY)	4	PA
XPOVIO (80 MG ONCE WEEKLY) 40 MG	4	PA
XPOVIO (80 MG TWICE WEEKLY)	4	PA
Antineoplastic Antibiotics		
<i>bleomycin sulfatate 15 UNIT</i>	4	SP; PA

Ambetter Formulary Updated March 1, 2025

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>dactinomycin</i>	4	SP; PA	CALQUENCE	4	QL(2 EA daily); PA
<i>doxorubicin hcl liposomal SUSP</i>	4	SP; PA	CAPRELSA	4	QL(1 EA daily); SP; PA
<i>doxorubicin hcl SOLN</i>	4	SP; PA	COMETRIQ (100 MG DAILY DOSE) KIT	4	QL(2 EA daily); SP; PA
<i>doxorubicin hcl SOLR 10 MG, 50 MG</i>	4	SP; PA	COMETRIQ (140 MG DAILY DOSE) KIT	4	QL(4 EA daily); SP; PA
<i>idarubicin hcl 5 MG/5ML, 10 MG/10ML</i>	4	SP; PA	COMETRIQ (60 MG DAILY DOSE) KIT	4	QL(3 EA daily); SP; PA
<i>idarubicin hcl 20 MG/20ML</i>	4	PA	COPIKTRA	4	PA
<i>mitomycin SOLR IV 20 MG</i>	4	SP; PA	<i>dasatinib</i>	4	QL(1 EA daily); SP; PA
<i>mitoxantrone hcl 25 MG/12.5ML</i>	4	SP; PA	<i>everolimus TABS</i>	4	QL(1 EA daily); SP; PA
<i>valrubicin</i>	4	SP; PA	IBRANCE CAPS	4	QL(1 EA daily); PA
Antineoplastic Combinations			IBRANCE TABS	4	QL(1 EA daily); PA
KISQALI FEMARA (200 MG DOSE)	4	QL(2 EA daily); PA	ICLUSIG	4	QL(1 EA daily); PA
KISQALI FEMARA (400 MG DOSE)	4	QL(2.5 EA daily); PA	<i>imatinib mesylate TABS</i>	4	QL(2 EA daily); SP; PA
KISQALI FEMARA (600 MG DOSE)	4	QL(3.25 EA daily); PA	IMBRUVICA CAPS 70 MG	4	QL(1 EA daily); PA
Antineoplastic Enzyme Inhibitors			IMBRUVICA CAPS 140 MG	4	QL(3 EA daily); PA
ALECENSA	4	QL(8 EA daily); PA	IMBRUVICA SUSP	4	QL(8 ML daily); PA
ALUNBRIG TABS	4	QL(1 EA daily); PA	IMBRUVICA TABS	4	QL(1 EA daily); PA
ALUNBRIG TBPk	4	QL(1 EA daily); PA	INREBIC	4	PA
BALVERSA	4	PA	JAKAFI	4	QL(2 EA daily); SP; PA
<i>bortezomib SOLR IJ</i>	4	SP; PA	KISQALI (200 MG DOSE)	4	QL(2 EA daily); PA
BORTEZOMIB SOLR IV 3.5 MG	4	PA	KISQALI (400 MG DOSE)	4	QL(2 EA daily); PA
BOSULIF TABS 100 MG, 500 MG	4	QL(1 EA daily); SP; PA	KISQALI (600 MG DOSE)	4	QL(2.5 EA daily); PA
BOSULIF TABS 400 MG	4	QL(1 EA daily); PA	KOSELUGO	4	PA
BRAFTOVI 75 MG	4	QL(6 EA daily); SP; PA	KYPROLIS	4	PA
BRUKINSA	4	PA	<i>lapatinib ditosylate</i>	4	QL(6 EA daily); SP; PA
CABOMETYX TABS	4	QL(1 EA daily); PA	LORBRENA	4	QL(1 EA daily); PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LUMAKRAS	4	PA	TAFINLAR CAPS	4	QL(4 EA daily); PA
LYNPARZA TABS	4	QL(4 EA daily); PA	TAFINLAR TBSO	4	QL(30 EA daily); PA
MEKINIST SOLR	4	QL(40 ML daily); PA	TALZENNA	4	QL(1 EA daily); PA
MEKINIST TABS 0.5 MG	4	QL(3 EA daily); PA	TASIGNA 150 MG, 200 MG	4	QL(4 EA daily); SP; PA
MEKINIST TABS 2 MG	4	QL(1 EA daily); PA	TASIGNA 50 MG	4	QL(4 EA daily); PA
MEKTOVI	4	QL(6 EA daily); SP; PA	TAZVERIK	4	PA
NINLARO	4	QL(0.143 EA daily); PA	<i>temsirolimus</i>	4	QL(0.143 ML daily); SP; PA
<i>pazopanib hcl</i>	4	QL(4 EA daily); SP; PA	TIBSOVO	4	PA
PEMAZYRE	4	QL(1 EA daily); PA	TURALIO 125 MG	4	PA
PIQRAY (200 MG DAILY DOSE)	4	QL(1 EA daily); PA	VERZENIO	4	QL(2 EA daily); PA
PIQRAY (250 MG DAILY DOSE)	4	QL(2 EA daily); PA	VITRAKVI CAPS	4	PA
PIQRAY (300 MG DAILY DOSE)	4	QL(2 EA daily); PA	VITRAKVI SOLN	4	PA
QINLOCK	4	PA	XALKORI CAPS	4	QL(2 EA daily); SP; PA
RETEVMO CAPS	4	PA	XOSPATA	4	PA
<i>romidepsin SOLR</i>	4	SP; PA	ZEJULA CAPS	4	QL(3 EA daily); PA
ROZLYTREK CAPS	4	PA	ZEJULA TABS 100 MG	4	QL(3 EA daily); PA
RUBRACA	4	QL(4 EA daily); PA	ZEJULA TABS 200 MG, 300 MG	4	QL(1 EA daily); PA
SCEMBLIX 100 MG	4	QL(4 EA daily); PA	ZELBORAF	4	QL(8 EA daily); SP; PA
SCEMBLIX 20 MG, 40 MG	4	QL(2 EA daily); PA	ZOLINZA	4	QL(4 EA daily); SP; PA
<i>sorafenib tosylate</i>	4	QL(4 EA daily); SP; PA	ZYDELIG	4	QL(2 EA daily); PA
SPRYCEL (<i>dasatinib</i>)	4	QL(1 EA daily); SP; PA	Antineoplastic Enzymes		
STIVARGA	4	QL(4 EA daily); SP; PA	ONCASPAR	4	SP; PA
<i>sunitinib malate 37.5 MG</i>	4	QL(1 EA daily); PA	Antineoplastics Misc.		
<i>sunitinib malate 12.5 MG, 25 MG, 50 MG</i>	4	QL(1 EA daily); SP; PA	ACTIMMUNE 100 MCG/0.5ML	4	SP; PA
TABRECTA	4	QL(4 EA daily); PA	<i>arsenic trioxide 10 MG/10ML</i>	4	SP; PA
			<i>bexarotene</i>	4	SP; PA

Ambetter Formulary Updated March 1, 2025

Drug Name	Drug Tier	Requirements/Limits
<i>dacarbazine SOLR 200 MG</i>	4	SP; PA
<i>hydroxyurea</i>	1B	
MATULANE	4	SP; PA
NIPENT	4	SP; PA
PHOTOFRIN	4	SP; PA
PROLEUKIN	4	SP; PA
SYNRIBO	4	SP; PA
<i>tretinoin (chemotherapy)</i>	1B	
UVADEX	4	SP; PA
Chemotherapy Adjuncts		
KEPIVANCE 6.25 MG	4	SP; PA
Chemotherapy Rescue/Antidote/Protective Agents		
<i>leucovorin calcium SOLR</i>	1B	
<i>leucovorin calcium TABS</i>	1B	
VORAXAZE	4	SP; PA
Mitotic Inhibitors		
<i>docetaxel CONC 20 MG/ML</i>	4	SP; PA
<i>docetaxel SOLN 20 MG/2ML</i>	4	SP; PA
<i>eribulin mesylate</i>	4	SP; PA
ETOPOPHOS	4	SP; PA
<i>etoposide CAPS</i>	4	SP; PA
<i>etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML</i>	4	PA
HALAVEN (<i>eribulin mesylate</i>)	4	SP; PA
IXEMPRA KIT 15 MG	4	SP; PA
JEVTANA	4	SP; PA
<i>paclitaxel 100 MG/16.7ML, 150 MG/25ML</i>	4	SP; PA
<i>paclitaxel protein-bound particles</i>	4	SP; PA
<i>vincristine sulfate</i>	4	SP; PA

Drug Name	Drug Tier	Requirements/Limits
<i>vinorelbine tartrate 10 MG/ML</i>	4	SP; PA
Topoisomerase I Inhibitors		
HYCAMTIN CAPS	4	SP; PA
<i>irinotecan hcl 40 MG/2ML, 100 MG/5ML</i>	4	SP; PA
<i>topotecan hcl SOLN</i>	4	
<i>topotecan hcl SOLR</i>	4	
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjunctive Therapy		
<i>carbidopa</i>	1B	
Antiparkinson Anticholinergics		
<i>benztropine mesylate SOLN</i>	1B	
<i>benztropine mesylate TABS</i>	1B	
<i>trihexyphenidyl hcl SOLN</i>	1B	
<i>trihexyphenidyl hcl TABS</i>	1B	
Antiparkinson COMT Inhibitors		
<i>entacapone</i>	1B	QL(8 EA daily)
<i>tolcapone</i>	1B	
Antiparkinson Dopaminergics		
<i>amantadine hcl CAPS</i>	1B	
<i>amantadine hcl SOLN</i>	1B	
<i>amantadine hcl TABS</i>	1B	
<i>apomorphine hydrochloride SOCT</i>	4	PA
<i>bromocriptine mesylate CAPS</i>	1B	
<i>bromocriptine mesylate TABS 2.5 MG</i>	1B	
<i>carbidopa-levodopa-entacapone</i>	1B	
<i>carbidopa-levodopa TABS</i>	1B	
<i>carbidopa-levodopa TBCR</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa-levodopa TBDP</i>	1B	
NEUPRO	2	
<i>pramipexole dihydrochloride TABS 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG</i>	1B	
<i>pramipexole dihydrochloride TABS 0.125 MG</i>	1B	QL(4 EA daily)
<i>ropinirole hydrochloride TABS</i>	1B	
<i>ropinirole hydrochloride TB24 8 MG, 12 MG</i>	1B	QL(2 EA daily); ST
<i>ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG</i>	1B	QL(1 EA daily); ST
Antiparkinson Monoamine Oxidase Inhibitors		
<i>rasagiline mesylate</i>	1B	QL(1 EA daily); PA
<i>selegiline hcl CAPS</i>	1B	
<i>selegiline hcl TABS</i>	1B	
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
<i>lithium</i>	1B	
<i>lithium carbonate CAPS</i>	1B	
<i>lithium carbonate TABS</i>	1B	
<i>lithium carbonate TBCR</i>	1B	
Antipsychotics - Misc.		
EQUETRO 100 MG	3	QL(2 EA daily); ST
EQUETRO 200 MG	3	QL(8 EA daily); ST
EQUETRO 300 MG	3	QL(4 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)

Drug Name	Drug Tier	Requirements/Limits
Benzisoxazoles		
FANAPT	2	QL(2 EA daily); PA
FANAPT TITRATION PACK	2	PA
<i>paliperidone 1.5 MG, 3 MG, 9 MG</i>	1B	QL(1 EA daily)
<i>paliperidone 6 MG</i>	1B	QL(2 EA daily)
PERSERIS PRSY	2	QL(0.072 EA daily); PA
<i>risperidone microspheres</i>	1B	QL(0.072 EA daily); PA
<i>risperidone SOLN</i>	1B	QL(8 ML daily)
<i>risperidone TABS</i>	1B	QL(4 EA daily)
<i>risperidone TBDP</i>	1B	QL(4 EA daily)
Butyrophenones		
<i>haloperidol decanoate</i>	1B	QL(0.036 ML daily)
<i>haloperidol lactate CONC</i>	1B	
<i>haloperidol lactate SOLN</i>	1B	
<i>haloperidol TABS</i>	1B	
Dibenzapines		
<i>asenapine maleate 2.5 MG</i>	1B	QL(4 EA daily); PA
<i>asenapine maleate 5 MG, 10 MG</i>	1B	QL(2 EA daily); PA
<i>clozapine TABS</i>	1B	
<i>clozapine TBDP 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)

Ambetter Formulary Updated March 1, 2025

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>olanzapine TBDP 20 MG</i>	1B	QL(1 EA daily)	<i>abacavir sulfate SOLN</i>	1B	QL(32 ML 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>abacavir sulfate TABS</i>	1B	QL(2 EA daily)
<i>quetiapine fumarate TABS 300 MG, 400 MG</i>	1B	QL(2 EA daily); AL(At least 10 yrs old)	APTIVUS CAPS	3	QL(4 EA daily)
<i>quetiapine fumarate TB24 50 MG, 150 MG, 200 MG</i>	1B	QL(1 EA daily)	<i>atazanavir sulfate CAPS 150 MG, 300 MG</i>	1B	QL(1 EA daily)
<i>quetiapine fumarate TB24 300 MG, 400 MG</i>	1B	QL(2 EA daily)	<i>atazanavir sulfate CAPS 200 MG</i>	1B	QL(2 EA daily)
Phenothiazines			BIKTARVY	3	QL(1 EA daily)
<i>chlorpromazine hcl SOLN</i>	3		CIMDUO	3	QL(1 EA daily); ST
<i>chlorpromazine hcl TABS</i>	1B		COMPLERA	3	QL(1 EA daily)
<i>fluphenazine hcl CONC</i>	1B		<i>darunavir TABS</i>	1B	
<i>fluphenazine hcl ELIX</i>	1B		DELSTRIGO	3	QL(1 EA daily)
<i>fluphenazine hcl SOLN</i>	1B		DOVATO	3	QL(1 EA daily)
<i>fluphenazine hcl TABS</i>	1B		EDURANT	3	QL(1 EA daily)
<i>perphenazine TABS</i>	1B		<i>efavirenz CAPS 50 MG</i>	1B	QL(3 EA daily)
<i>prochlorperazine</i>	1B		<i>efavirenz CAPS 200 MG</i>	1B	QL(2 EA daily)
<i>prochlorperazine maleate TABS</i>	1B		<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	1B	QL(1 EA daily)
<i>thioridazine hcl</i>	1B		<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	1B	QL(1 EA daily)
<i>trifluoperazine hcl TABS</i>	1B		<i>efavirenz TABS</i>	1B	QL(1 EA daily)
Quinolinone Derivatives			<i>emtricitabine CAPS</i>	1B	QL(1 EA daily)
<i>aripiprazole SOLN PO</i>	1B	QL(30 ML daily); AL(At least 6 yrs old)	<i>emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG</i>	0	QL(1 EA daily)
<i>aripiprazole TABS</i>	1B	QL(1 EA daily); AL(At least 6 yrs old)	<i>emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG</i>	1B	QL(1 EA daily)
REXULTI	3	PA	EMTRIVA SOLN	3	QL(24 ML daily)
Thioxanthenes			<i>etravirine 100 MG</i>	1B	QL(4 EA daily)
<i>thiothixene</i>	1B		<i>etravirine 200 MG</i>	1B	QL(2 EA daily)
ANTIVIRALS - Drugs to Treat Viral Infections					
Antiretrovirals					
<i>abacavir sulfate-lamivudine</i>	1B	QL(1 EA daily)	EVOTAZ	3	QL(1 EA daily)
			<i>fosamprenavir calcium TABS</i>	1B	QL(4 EA daily)
			FUZEON SOLR	4	SP; PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
GENVOYA	3	QL(1 EA daily)	STRIBILD	3	QL(1 EA daily)
INTELENCE 25 MG	3	QL(8 EA daily)	<i>tenofovir disoproxil fumarate TABS</i>	1B	
ISENTRESS HD TABS	3	QL(2 EA daily)	TIVICAY TABS	3	QL(2 EA daily)
ISENTRESS CHEW	3	QL(6 EA daily)	TRIUMEQ TABS	3	QL(1 EA daily)
ISENTRESS TABS	3	QL(2 EA daily)	TRIZIVIR	3	QL(2 EA daily)
JULUCA	3	QL(1 EA daily)	TYBOST	3	QL(1 EA daily)
<i>lamivudine SOLN</i>	1B	QL(30 ML daily)	VIRACEPT TABS 625 MG	3	QL(4 EA daily)
<i>lamivudine TABS 300 MG</i>	1B	QL(1 EA daily)	VIRACEPT TABS 250 MG	3	QL(10 EA daily)
<i>lamivudine TABS 150 MG</i>	1B	QL(2 EA daily)	VIREAD POWD	3	QL(7.5 GM daily)
<i>lamivudine-zidovudine</i>	1B	QL(2 EA daily)	VIREAD TABS 150 MG, 200 MG, 250 MG	3	QL(1 EA daily)
LEXIVA SUSP	3	QL(56 ML daily)	<i>zidovudine CAPS</i>	1B	QL(6 EA daily)
<i>lopinavir-ritonavir SOLN</i>	1B	QL(12.5 ML daily)	<i>zidovudine SYRP</i>	1B	QL(60 ML daily)
<i>lopinavir-ritonavir TABS</i>	1B	QL(4 EA daily)	<i>zidovudine TABS</i>	1B	QL(2 EA daily)
<i>maraviroc TABS 150 MG</i>	1B	QL(2 EA daily)	CMV Agents		
<i>maraviroc TABS 300 MG</i>	1B	QL(4 EA daily)	<i>cidofovir</i>	3	
<i>nevirapine SUSP</i>	1B	QL(40 ML daily)	<i>ganciclovir sodium SOLR</i>	1B	
<i>nevirapine TABS</i>	1B	QL(2 EA daily)	<i>valganciclovir hcl TABS</i>	1B	QL(4 EA daily); PA
<i>nevirapine TB24 400 MG</i>	1B	QL(1 EA daily)	Hepatitis Agents		
<i>nevirapine TB24 100 MG</i>	1B	QL(3 EA daily)	<i>adefovir dipivoxil</i>	4	QL(1 EA daily); SP
NORVIR CAPS	2	QL(12 EA daily)	<i>entecavir TABS</i>	4	QL(1 EA daily); SP
NORVIR PACK	3	QL(12 EA daily)	EPIVIR HBV SOLN	4	QL(60 ML daily); SP; PA
ODEFSEY	3	QL(1 EA daily)	<i>lamivudine (hbv) TABS</i>	1B	QL(3 EA daily); SP
PIFELTRO	3	QL(1 EA daily)	PEGASYS SOLN	4	QL(0.0714 ML daily); SP; PA
PREZCOBIX	3	QL(1 EA daily)	PEGASYS SOSY	4	QL(0.072 ML daily); PA
PREZISTA SUSP	3	QL(12 ML daily)	<i>ribavirin (hepatitis c) CAPS</i>	1B	QL(7 EA daily)
PREZISTA TABS 75 MG, 150 MG	3	QL(2 EA daily)	<i>ribavirin (hepatitis c) TABS 200 MG</i>	1B	QL(7 EA daily)
RETROVIR SOLN	3		SOFOSBUVIR-VELPATASVIR TABS	1B	QL(1 EA daily); PA
<i>ritonavir TABS</i>	1B	QL(12 EA daily)			
SELZENTRY SOLN	3	QL(30 ML daily)			
SELZENTRY TABS 25 MG, 75 MG	3	QL(2 EA daily)			
<i>stavudine CAPS</i>	1B	QL(2 EA daily)			

Ambetter Formulary Updated March 1, 2025

Drug Name	Drug Tier	Requirements/Limits
SOVALDI TABS 400 MG	4	QL(1 EA daily); SP; PA
SOVALDI TABS 200 MG	4	QL(1 EA daily); PA
VOSEVI	4	QL(1 EA daily); PA
Herpes Agents		
<i>acyclovir CAPS</i>	1A	QL(5 EA daily; 50 EA per fill retail; 50 per fill mail)
<i>acyclovir SUSP</i>	1B	QL(13.34 ML daily)
<i>acyclovir TABS PO</i>	1B	QL(5 EA daily)
<i>famciclovir 125 MG, 250 MG</i>	1B	QL(3 EA daily)
<i>famciclovir 500 MG</i>	1B	QL(4 EA daily)
<i>valacyclovir hcl 500 MG</i>	1B	QL(2 EA daily)
<i>valacyclovir hcl 1 GM</i>	1B	QL(4 EA daily)
Influenza Agents		
<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)
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
<i>carvedilol</i>	1B	+

Drug Name	Drug Tier	Requirements/Limits
<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	+
Beta Blockers Cardio-Selective		
<i>acebutolol hcl CAPS</i>	1B	
<i>atenolol TABS</i>	1B	+
<i>betaxolol hcl</i>	1B	
<i>bisoprolol fumarate</i>	1B	+
<i>metoprolol succinate TB24 25 MG, 50 MG, 100 MG</i>	1B	+
<i>metoprolol succinate TB24 200 MG</i>	1B	+; QL(2 EA daily)
<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)
Beta Blockers Non-Selective		
HEMANGEOL SOLN PO	4	QL(75 ML daily); PA
<i>nadolol TABS 40 MG</i>	1B	QL(6 EA daily)
<i>nadolol TABS 20 MG</i>	1B	QL(3 EA daily)
<i>nadolol TABS 80 MG</i>	1B	
<i>pindolol TABS</i>	1B	
<i>propranolol hcl CP24</i>	1B	QL(2 EA daily)
<i>propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML</i>	1B	
<i>propranolol hcl TABS</i>	1B	
<i>sotalol hcl (afib/af)</i>	1B	
<i>sotalol hcl TABS 240 MG</i>	1B	
<i>sotalol hcl TABS 80 MG, 120 MG, 160 MG</i>	1B	QL(2 EA daily)
<i>timolol maleate TABS</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		
<i>amlodipine besylate TABS</i>	1B	+
<i>diltiazem hcl coated beads CP24 180 MG, 240 MG</i>	1B	QL(2 EA daily)
<i>diltiazem hcl coated beads CP24 120 MG, 300 MG, 360 MG</i>	1B	
<i>diltiazem hcl extended release beads 120 MG, 180 MG, 240 MG, 300 MG, 360 MG</i>	1B	+
<i>diltiazem hcl extended release beads 420 MG</i>	1B	
<i>diltiazem hcl CP12</i>	1B	QL(2 EA daily)
<i>diltiazem hcl CP24</i>	1B	+
<i>diltiazem hcl SOLN 50 MG/10ML</i>	1B	
DILTIAZEM HCL SOLR	1B	
<i>diltiazem hcl TABS</i>	1B	+
<i>diltiazem hcl TB24</i>	1B	
<i>felodipine</i>	1B	+
<i>isradipine CAPS</i>	1B	
<i>nicardipine hcl CAPS</i>	1B	
<i>nicardipine hcl SOLN</i>	1B	
<i>nifedipine CAPS 20 MG</i>	1B	QL(9 EA daily)
<i>nifedipine CAPS 10 MG</i>	1B	
<i>nifedipine TB24 60 MG</i>	1B	+; QL(2 EA daily)
<i>nifedipine TB24</i>	1B	
<i>nifedipine TB24 90 MG</i>	1B	+; QL(1 EA daily)
<i>nifedipine TB24 30 MG</i>	1B	+
<i>nimodipine CAPS</i>	1B	
<i>nisoldipine</i>	1B	
<i>verapamil hcl CP24 100 MG, 200 MG, 300 MG</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<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	+
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
<i>digoxin SOLN PO 0.05 MG/ML</i>	1B	
<i>digoxin TABS 62.5 MCG, 125 MCG, 250 MCG</i>	1B	
LANOXIN SOLN IJ (digoxin)	2	
LANOXIN TABS 62.5 MCG, 125 MCG, 250 MCG (digoxin)	2	
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiovascular Agents Misc. - Combinations		
<i>amlodipine besylate-atorvastatin calcium</i>	1B	QL(1 EA daily)
<i>isosorbide dinitrate-hydralazine hcl</i>	1B	
Impotence Agents		
<i>avanafil</i>	1B	QL(0.134 EA daily)
<i>sildenafil citrate</i>	1B	QL(0.1334 EA daily); PA
STENDRA (avanafil)	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

Ambetter Formulary Updated March 1, 2025

Drug Name	Drug Tier	Requirements/Limits
TYVASO REFILL KIT SOLN IN	4	PA
TYVASO STARTER KIT SOLN IN	4	PA
TYVASO SOLN IN	4	PA
Pulmonary Hypertension - Endothelin Receptor Antagonists		
<i>ambrisentan</i>	4	QL(1 EA daily); SP; PA
<i>bosentan TABS 125 MG</i>	4	QL(2 EA daily); SP; PA
<i>bosentan TABS 62.5 MG</i>	4	QL(2 EA daily); PA
OPSUMIT	4	QL(1 EA daily); PA
TRACLEER TBSO	4	QL(2 EA daily); SP; PA
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
<i>sildenafil citrate (pulmonary hypertension) SOLN</i>	4	QL(37.5 ML daily); SP; PA
<i>sildenafil citrate (pulmonary hypertension) SUSR</i>	4	QL(6 ML daily); PA
<i>sildenafil citrate (pulmonary hypertension) TABS</i>	4	QL(3 EA daily); SP; PA
<i>tadalafil (pulmonary hypertension) TABS</i>	4	QL(2 EA daily); SP; PA
Pulmonary Hypertension - Prostacyclin Receptor Agonist		
UPTRAVI TITRATION TBPK	4	1 max fill(s) per 180 day(s) retail; PA
UPTRAVI TABS 200 MCG	4	PA
UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG	4	QL(2 EA daily); PA
Pulmonary Hypertension - Sol Guanylate Cyclase		

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

Ambetter Formulary Updated March 1, 2025

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

Drug Name	Drug Tier	Requirements/Limits
Combination Contraceptives - Vaginal		
ANNOVERA	0	
<i>etonogestrel-ethinyl estradiol</i>	0	QL(0.05 EA daily)
Copper Contraceptives - IUD		
PARAGARD INTRAUTERINE COPPER	0	
Emergency Contraceptives		
ELLA	0	
<i>levonorgestrel (emergency oc) 1.5 MG</i>	0	
Progestin Contraceptives - Implants		
NEXPLANON	0	
Progestin Contraceptives - Injectable		
DEPO-SUBQ PROVERA 104 SUSY SC	0	
<i>medroxyprogesterone acetate (contraceptive) SUSP IM</i>	0	QL(1 ML per 90 day(s) retail)
<i>medroxyprogesterone acetate (contraceptive) SUSY IM</i>	0	QL(90 Day(s) limit ; 1 ML per 90 day(s) retail)
Progestin Contraceptives - IUD		
KYLEENA	0	
LILETTA (52 MG)	0	
MIRENA (52 MG)	0	
SKYLA	0	
Progestin Contraceptives - Oral		
<i>norethindrone (contraceptive)</i>	0	
OPILL	0	
SLYND	0	QL(1 EA daily)
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
<i>budesonide CPEP</i>	1B	QL(3 EA daily)

Drug Name	Drug Tier	Requirements/Limits
<i>deflazacort SUSP</i>	4	PA
<i>deflazacort TABS</i>	4	PA
DEPO-MEDROL SUSP	3	
DEXAMETHASONE INTENSOL CONC	1B	
<i>dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML</i>	1B	
<i>dexamethasone sodium phosphate SOSY IJ 4 MG/ML</i>	1B	
<i>dexamethasone ELIX</i>	1B	
<i>dexamethasone SOLN</i>	1B	
<i>dexamethasone TABS 1 MG, 1.5 MG, 2 MG, 4 MG, 6 MG</i>	1B	
<i>dexamethasone TABS 0.5 MG, 0.75 MG</i>	1A	
EMFLAZA SUSP (<i>deflazacort</i>)	4	PA
<i>hydrocortisone sod succinate 100 MG</i>	1B	2 max fill(s) per 30 day(s) retail
<i>hydrocortisone TABS</i>	1B	
MEDROL TABS	3	
<i>methylprednisolone acetate SUSP</i>	1B	
<i>methylprednisolone sod succ 40 MG, 125 MG, 500 MG, 1000 MG</i>	1B	
<i>methylprednisolone TABS</i>	1B	
<i>methylprednisolone TBPK</i>	1B	
<i>prednisolone sodium phosphate SOLN 5 MG/5ML, 6.7 MG/5ML, 10 MG/5ML, 15 MG/5ML, 25 MG/5ML</i>	1B	
<i>prednisolone sodium phosphate TBDP</i>	3	
<i>prednisolone SOLN</i>	1B	
<i>prednisolone TABS</i>	1B	
<i>prednisone SOLN</i>	1B	

Ambetter Formulary Updated March 1, 2025

Drug Name	Drug Tier	Requirements/Limits
<i>prednisone TABS 1 MG, 5 MG</i>	1B	
<i>prednisone TABS 2.5 MG, 10 MG, 20 MG, 50 MG</i>	1A	
<i>prednisone TBPK</i>	1B	
SOLU-CORTEF 250 MG	3	
SOLU-CORTEF 100 MG, 500 MG, 1000 MG	3	2 max fill(s) per 30 day(s) retail
SOLU-CORTEF (<i>hydrocortisone sod succinate</i>)	3	2 max fill(s) per 30 day(s) retail
SOLU-MEDROL 2 GM	3	
<i>triamcinolone acetonide SUSP 40 MG/ML</i>	1B	
Mineralocorticoids		
<i>fludrocortisone acetate TABS</i>	1B	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		
<i>benzonatate 200 MG</i>	1B	QL(3 EA daily)
<i>benzonatate 150 MG</i>	1B	QL(4 EA daily)
<i>benzonatate 100 MG</i>	1B	QL(6 EA daily)
Cough/Cold/Allergy Combinations		
<i>hydrocodone polistirex-chlorpheniramine polistirex SUER</i>	1B	
TUZISTRA XR	2	PA
Misc. Respiratory Inhalants		
HYPERSAL NEBU	1B	
NEBUSAL NEBU	1B	
<i>sodium chloride (inhalant) NEBU 7 %</i>	1B	
Mucolytics		
<i>acetylcysteine SOLN</i>	1B	
DERMATOLOGICALS - Drugs to Treat Skin Conditions		

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

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	1B	AL(At least 12 yrs old); PA
<i>clindamycin phosphate-benzoyl peroxide GEL 5 %-1 %</i>	1B	AL(At least 12 yrs old); PA
<i>clindamycin phosphate-tretinoin</i>	1B	AL(At least 12 yrs old); ST
DIFFERIN LOTN	2	AL(At least 12 yrs old); ST
<i>erythromycin (acne aid) PADS</i>	1B	AL(At least 12 yrs old)
<i>erythromycin (acne aid) SOLN</i>	1B	AL(At least 12 yrs old)
<i>isotretinoin 10 MG, 20 MG, 30 MG, 40 MG</i>	3	AL(At least 12 yrs old); PA
PR BENZOYL PEROXIDE WASH LIQD	2	AL(At least 12 yrs old)
<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)
<i>tretinoin GEL 0.01 %, 0.025 %</i>	1B	QL(3 GM daily); AL(At least 12 yrs old - Up to 30 yrs old)
Agents for External Genital and Perianal Warts		

Drug Name	Drug Tier	Requirements/Limits
VEREGEN	3	QL(1 GM daily)
Antibiotics - Topical		
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)
NEO-SYNALAR	3	QL(60 GM per 30 day(s) retail; 60 GM per 30 days mail); PA
Antifungals - Topical		
<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)

Ambetter Formulary Updated March 1, 2025

Drug Name	Drug Tier	Requirements/Limits
<i>ketoconazole (topical) SHAM 2 %</i>	1B	QL(20 ML daily)
<i>luliconazole</i>	1B	PA
<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>naftifine hcl CREA 2 %</i>	1B	QL(2 GM daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
<i>nystatin (topical) CREA</i>	1B	QL(10 GM daily)
<i>nystatin (topical) OINT</i>	1B	QL(6 GM daily)
<i>nystatin (topical) POWD EX</i>	1B	QL(10 GM daily)
<i>nystatin-triamcinolone CREA</i>	1B	QL(10 GM daily)
<i>nystatin-triamcinolone OINT</i>	1B	QL(4 GM daily)
<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
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>sulconazole nitrate CREA</i>	1B	
<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>tavaborole</i>	1B	PA
Anti-inflammatory Agents - Topical		

Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac epolamine PTCH EX</i>	1B	QL(2 EA daily); PA
<i>diclofenac sodium (topical) GEL EX</i>	1B	QL(3.34 GM daily); RX/OTC
Antineoplastic or Premalignant Lesion Agents - Topical		
<i>bexarotene (topical)</i>	4	SP; PA
<i>diclofenac sodium (actinic keratoses) EX</i>	1B	QL(3.34 GM daily); PA
<i>fluorouracil (topical) CREA 5 %</i>	1B	QL(4 GM daily)
<i>fluorouracil (topical) SOLN</i>	1B	QL(2 ML daily)
PANRETIN	3	QL(60 GM per 30 day(s) retail; 60 GM per 30 days mail)
Antipruritics - Topical		
<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
Antipsoriatics		
<i>acitretin 25 MG</i>	1B	QL(2 EA daily)
<i>acitretin 10 MG, 17.5 MG</i>	1B	QL(1 EA daily)
<i>calcipotriene CREA</i>	1B	QL(4 GM daily); PA
<i>calcipotriene OINT</i>	1B	QL(4 GM daily); PA
<i>calcipotriene SOLN</i>	1B	QL(4 ML daily); PA
<i>calcitriol (topical)</i>	1B	QL(3.34 GM daily)
COSENTYX (300 MG DOSE) SOSY	4	QL(0.072 ML daily); PA
COSENTYX SENSOREADY (300 MG) SOAJ	4	QL(0.072 ML daily); PA

Ambetter Formulary Updated March 1, 2025

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
COSENTYX SENSOREADY PEN SOAJ	4	QL(0.072 ML daily); PA	<i>acyclovir topical OINT</i>	1B	1 package(s) per fill retail; 1 package(s) per fill mail
COSENTYX UNOREADY SOAJ	4	QL(0.072 ML daily); PA	<i>penciclovir</i>	3	QL(0.18 GM daily)
COSENTYX SOSY 150 MG/ML	4	QL(0.036 ML daily); PA	Burn Products		
COSENTYX SOSY 75 MG/0.5ML	4	QL(0.18 ML daily); PA	<i>mafenide acetate PACK</i>	3	
<i>methoxsalen rapid</i>	1B	QL(4 EA daily)	<i>silver sulfadiazine</i>	1B	QL(20 GM daily)
SKYRIZI (150 MG DOSE) PSKT	4	QL(0.025 EA daily); PA	SULFAMYLON CREA	3	
SKYRIZI PEN SOAJ	4	QL(0.025 ML daily); PA	Corticosteroids - Topical		
SKYRIZI SOSY	4	QL(0.025 ML daily); PA	<i>alclometasone dipropionate CREA</i>	1B	QL(2 GM daily)
STELARA SOLN 45 MG/0.5ML	4	QL(0.012 ML daily); PA	<i>alclometasone dipropionate OINT</i>	1B	QL(3 GM daily)
STELARA SOSY 90 MG/ML	4	QL(0.018 ML daily); SP; 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	
<i>tazarotene CREA 0.1 %</i>	1B	QL(1 GM daily)	<i>amcinonide OINT</i>	3	
TREMFYA SOAJ 100 MG/ML	4	QL(0.018 ML daily); PA	<i>betamethasone dipropionate (topical) CREA</i>	1B	QL(3 GM daily)
TREMFYA SOAJ 200 MG/2ML	4	QL(0.072 ML daily); PA	<i>betamethasone dipropionate (topical) LOTN</i>	1B	
TREMFYA SOLN	4	QL(0.72 ML daily); PA	<i>betamethasone dipropionate (topical) OINT</i>	1B	QL(3 GM daily)
TREMFYA SOSY 200 MG/2ML	4	QL(0.072 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)
Antiseborrheic Products			<i>betamethasone dipropionate augmented OINT</i>	1B	QL(3.5 GM daily)
<i>selenium sulfide LOTN 2.5 %</i>	1B		Antivirals - Topical		
Antivirals - Topical			<i>acyclovir topical CREA</i>	1B	1 package(s) per fill retail; 1 package(s) per fill mail

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone valerate CREA</i>	1B	QL(2.5 GM daily)	<i>diflorasone diacetate OINT</i>	1B	PA
<i>betamethasone valerate FOAM</i>	1B	QL(1.67 GM daily)	<i>fluocinolone acetonide CREA 0.025 %</i>	1B	QL(4 GM daily)
<i>betamethasone valerate LOTN</i>	1B	QL(5 ML daily)	<i>fluocinolone acetonide CREA 0.01 %</i>	1B	
<i>betamethasone valerate OINT</i>	1B	QL(3 GM daily)	<i>fluocinolone acetonide OIL</i>	1B	QL(8 ML daily)
<i>calcipotriene-betamethasone dipropionate OINT</i>	1B	ST	<i>fluocinolone acetonide OINT</i>	1B	QL(4 GM daily)
<i>calcipotriene-betamethasone dipropionate SUSP</i>	1B	ST	<i>fluocinolone acetonide SOLN</i>	1B	QL(4 ML daily)
<i>clobetasol propionate emollient base 0.05 %</i>	1B	QL(1 GM daily); PA	<i>fluocinonide emulsified base</i>	1B	QL(2 GM daily)
<i>clobetasol propionate CREA 0.05 %</i>	1B	QL(3 GM daily); PA	<i>fluocinonide CREA 0.1 %</i>	1B	QL(4 GM daily)
<i>clobetasol propionate FOAM</i>	1B	QL(3 GM daily); ST	<i>fluocinonide CREA 0.05 %</i>	1B	QL(2 GM daily)
<i>clobetasol propionate GEL 0.05 %</i>	1B	QL(2 GM daily); ST	<i>fluocinonide GEL</i>	1B	
<i>clobetasol propionate OINT 0.05 %</i>	1B	QL(1 GM daily); PA	<i>fluocinonide OINT</i>	1B	QL(2 GM daily)
<i>clobetasol propionate SOLN 0.05 %</i>	1B	QL(3.34 ML daily); PA	<i>fluocinonide SOLN</i>	1B	QL(2 ML daily)
<i>clocortolone pivalate</i>	3	QL(3 GM daily)	<i>flurandrenolide CREA</i>	2	QL(2 GM daily)
CORDRAN TAPE	3	1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail	<i>flurandrenolide LOTN</i>	2	QL(2 ML daily)
<i>desonide CREA</i>	1B	QL(4 GM daily)	<i>fluticasone propionate CREA 0.05 %</i>	1B	QL(4 GM daily)
<i>desonide LOTN</i>	1B	QL(4 ML daily)	<i>fluticasone propionate LOTN</i>	1B	QL(6 ML daily)
<i>desonide OINT</i>	1B	QL(3 GM daily)	<i>fluticasone propionate OINT</i>	1B	QL(4 GM daily)
<i>desoximetasone CREA 0.25 %</i>	1B	QL(4 GM daily)	<i>halcinonide CREA</i>	1B	PA
<i>desoximetasone GEL</i>	1B	QL(3 GM daily)	<i>halobetasol propionate CREA</i>	1B	QL(3.5 GM daily)
<i>desoximetasone OINT 0.25 %</i>	1B	QL(4 GM daily)	<i>halobetasol propionate OINT</i>	1B	QL(3.5 GM daily)
<i>diflorasone diacetate CREA</i>	1B	PA	HALOG OINT	3	PA
			<i>hydrocortisone (topical) CREA 1 %, 2.5 %</i>	1B	QL(15.15 GM daily); RX/OTC
			<i>hydrocortisone (topical) LOTN 2.5 %</i>	1B	
			<i>hydrocortisone (topical) OINT 1 %, 2.5 %</i>	1B	QL(15.15 GM daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone butyrate CREA</i>	1B	QL(3 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	
<i>mometasone furoate CREA</i>	1B	QL(3 GM daily)
<i>mometasone furoate OINT</i>	1B	QL(4 GM daily)
<i>mometasone furoate SOLN</i>	1B	QL(5 ML daily)
<i>prednicarbate OINT</i>	1B	
<i>triamcinolone acetonide (topical) CREA 0.025 %</i>	1B	QL(15.15 GM daily)
<i>triamcinolone acetonide (topical) CREA 0.5 %</i>	1B	QL(5 GM daily)
<i>triamcinolone acetonide (topical) CREA 0.1 %</i>	1B	QL(3.34 GM daily)
<i>triamcinolone acetonide (topical) LOTN 0.025 %</i>	1B	
<i>triamcinolone acetonide (topical) LOTN 0.1 %</i>	1B	QL(6 ML daily)
<i>triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %</i>	1B	QL(15.15 GM daily)
<i>triamcinolone acetonide (topical) OINT 0.5 %</i>	1B	QL(6 GM daily)
Eczema Agents		
DUPIXENT SOAJ 200 MG/1.14ML	4	QL(0.082 ML daily); PA
DUPIXENT SOAJ 300 MG/2ML	4	QL(0.29 ML daily); PA
DUPIXENT SOSY 200 MG/1.14ML	4	QL(0.082 ML daily); PA
DUPIXENT SOSY 300 MG/2ML	4	QL(0.29 ML daily); PA

Drug Name	Drug Tier	Requirements/Limits
DUPIXENT SOSY 100 MG/0.67ML	4	QL(0.048 ML daily); PA
Emollients		
<i>lactic acid (ammonium lactate) CREA</i>	1B	QL(12.9 GM daily); RX/OTC
<i>lactic acid (ammonium lactate) LOTN 12 %</i>	1B	RX/OTC
Enzymes - Topical		
SANTYL OINT	3	PA
Immunomodulating Agents - Topical		
<i>imiquimod 5 %</i>	1B	QL(12 EA per fill retail; 12 per fill mail)
Immunosuppressive Agents - Topical		
<i>pimecrolimus</i>	1B	QL(3 GM daily); AL(At least 2 yrs old); PA
<i>tacrolimus (topical) OINT</i>	1B	AL(At least 2 yrs old); PA
Keratolytic/Antimitotic/Vesicant Agents		
<i>podofilox SOLN</i>	1B	
Local Anesthetics - Topical		
<i>lidocaine hcl GEL 2 %</i>	1B	QL(4 ML daily)
<i>lidocaine hcl PRSY</i>	1B	QL(4 ML daily)
<i>lidocaine hcl SOLN</i>	1B	QL(10 ML daily)
<i>lidocaine-prilocaine CREA</i>	1B	QL(1 GM daily)
<i>lidocaine PTCH 5 %</i>	1B	PA
SYNERA PTCH	3	QL(10 EA per fill retail; 10 per fill mail); 1 max fill(s) per 30 day(s) retail; 1 max fill(s) per 30 day(s) mail
Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
EUCRISA	3	QL(2 GM daily); PA
Rosacea Agents		

Ambetter Formulary Updated March 1, 2025

Drug Name	Drug Tier	Requirements/Limits
<i>azelaic acid GEL</i>	1B	QL(1.67 GM daily)
<i>brimonidine tartrate (topical)</i>	3	QL(1 GM daily); PA
<i>metronidazole (topical) CREA</i>	1B	QL(3 GM daily)
<i>metronidazole (topical) GEL 0.75 %</i>	1B	QL(3 GM daily)
<i>metronidazole (topical) GEL 1 %</i>	1B	QL(5 GM daily)
<i>metronidazole (topical) LOTN</i>	1B	
Scabicides & Pediculicides		
<i>crotamiton LOTN</i>	1B	PA
<i>ivermectin (pediculicide)</i>	1B	PA
<i>lindane SHAM</i>	1B	
<i>malathion</i>	1B	
<i>permethrin CREA</i>	1B	
<i>permethrin LIQD EX</i>	1B	
<i>spinosad</i>	1B	PA
Wound Care Products		
REGRANEX	3	QL(0.5 GM daily)
DIAGNOSTIC PRODUCTS		
Diagnostic Drugs		
GLUCAGEN DIAGNOSTIC	3	QL(0.035 EA daily)
THYROGEN 0.9 MG	3	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; PA
Diagnostic Tests		
CHEMSTRIP K STRP	1B	#
FORA GTEL BLOOD KETONE TEST	1B	#
FORA TEST N'GO ADV-VOICE-6 CON	1B	#
GOJJI BLOOD KETONE TEST	1B	#

Drug Name	Drug Tier	Requirements/Limits
KETONE TEST STRP	1B	#
KETOSTIX STRP	1B	#
NOVA MAX PLUS KETONE TEST	1B	#
PRECISION XTRA KETONE	1B	#
RELION KETONE TEST STRP	1B	#
RELION TRUE METRIX TEST STRIPS STRP	1B	#; QL(3.34 EA daily); RX/OTC
TRUE METRIX BLOOD GLUCOSE TEST STRP	1B	#; QL(3.34 EA daily); RX/OTC
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
CREON CPEP	2	Non-FDA approved uses require Prior Authorization
ZENPEP CPEP 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
ZENPEP CPEP 252600 UNIT-189600 UNIT-60000 UNIT	2	
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
<i>acetazolamide sodium</i>	1B	
<i>acetazolamide CP12</i>	1B	QL(2 EA daily)
<i>acetazolamide TABS 125 MG</i>	1B	QL(8 EA daily)

Ambetter Formulary Updated March 1, 2025

Drug Name	Drug Tier	Requirements/Limits
<i>acetazolamide TABS 250 MG</i>	1B	QL(4 EA daily)
<i>dichlorphenamide</i>	4	QL(4 EA daily); PA
<i>methazolamide TABS</i>	1B	QL(6 EA daily)
Diuretic Combinations		
<i>amiloride & hydrochlorothiazide</i>	1B	
<i>spironolactone & hydrochlorothiazide</i>	1B	
<i>triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG</i>	1B	
<i>triamterene & hydrochlorothiazide TABS</i>	1B	
Loop Diuretics		
<i>bumetanide SOLN 0.25 MG/ML</i>	1B	
<i>bumetanide TABS</i>	1B	QL(5 EA daily)
<i>ethacrynic acid</i>	1B	QL(16 EA daily)
<i>furosemide SOLN PO 8 MG/ML, 10 MG/ML</i>	1B	
<i>furosemide TABS</i>	1B	
<i>toremide TABS</i>	1B	
Potassium Sparing Diuretics		
<i>amiloride hcl TABS</i>	1B	
<i>spironolactone TABS</i>	1B	
<i>triamterene CAPS</i>	1B	QL(3 EA daily)
Thiazides and Thiazide-Like Diuretics		
<i>chlorthalidone 25 MG, 50 MG</i>	1B	
DIURIL SUSP	2	QL(20 ML daily)
<i>hydrochlorothiazide CAPS</i>	1B	QL(2 EA daily)
<i>hydrochlorothiazide TABS 12.5 MG</i>	1B	QL(2 EA daily)
<i>hydrochlorothiazide TABS 25 MG, 50 MG</i>	1A	QL(2 EA daily)
<i>indapamide TABS 2.5 MG</i>	1B	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/Limits
<i>indapamide TABS 1.25 MG</i>	1B	QL(1 EA daily)
<i>metolazone</i>	1B	QL(2 EA daily)
ENDOCRINE AND METABOLIC AGENTS - MISC.		
- Drugs to Treat Bone Disease and Regulate Hormones		
Bone Density Regulators		
<i>alendronate sodium TABS 35 MG, 70 MG</i>	1B	QL(0.143 EA daily)
<i>alendronate sodium TABS 5 MG, 10 MG</i>	1B	QL(1 EA daily)
<i>calcitonin (salmon) NA</i>	1B	QL(0.14 ML daily)
FOSAMAX PLUS D	3	QL(0.143 EA daily); PA
<i>ibandronate sodium SOLN</i>	4	SP; PA
<i>ibandronate sodium TABS</i>	1B	QL(0.036 EA daily)
<i>pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML</i>	4	SP; PA
PAMIDRONATE DISODIUM SOLN	4	SP; PA
PROLIA SOSY	4	1 max fill(s) per 180 day(s) retail; SP; PA
<i>risedronate sodium TABS 150 MG</i>	1B	QL(0.036 EA daily); PA
<i>risedronate sodium TABS 5 MG, 30 MG</i>	1B	QL(1 EA daily); PA
<i>risedronate sodium TABS 35 MG</i>	1B	QL(0.143 EA daily); PA
<i>risedronate sodium TBEC</i>	1B	PA
<i>teriparatide SOPN</i>	4	QL(0.09 ML daily); SP; PA
TYMLOS	4	PA
XGEVA SOLN	4	SP; PA
<i>zoledronic acid CONC</i>	4	SP; PA
<i>zoledronic acid SOLN</i>	4	SP; PA
Corticotropin		

Ambetter Formulary Updated March 1, 2025

Drug Name	Drug Tier	Requirements/Limits
ACTHAR GEL	3	PA
Fertility Regulators		
CHORIONIC GONADOTROPIN IM	4	PA
<i>clomiphene citrate</i> TABS	3	PA
NOVAREL IM 10000 UNIT	4	PA
GnRH/LHRH Antagonists		
<i>ganirelix acetate</i>	4	PA
ORILISSA	2	PA
Growth Hormone Releasing Hormones (GHRH)		
EGRIFTA SV	4	PA
Growth Hormones		
GENOTROPIN MINIQUICK PRSY	4	PA
GENOTROPIN CART SC	4	PA
HUMATROPE CART IJ	4	SP; PA
NORDITROPIN FLEXPRO SOPN 30 MG/3ML	4	PA
NORDITROPIN FLEXPRO SOPN 5 MG/1.5ML, 10 MG/1.5ML, 15 MG/1.5ML	4	SP; PA
ZORBTIVE SC	4	SP; PA
Hormone Receptor Modulators		
OSPHENA	3	PA
<i>raloxifene hcl</i>	0	QL(1 EA daily)
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX	4	SP; PA
LHRH/GnRH Agonist Analog Pituitary Suppressants		
FENSOLVI (6 MONTH) SC	4	SP; PA
LUPRON DEPOT-PED (1-MONTH)	4	SP; PA
LUPRON DEPOT-PED (3-MONTH) 11.25 MG	4	PA

Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT-PED (3-MONTH) 30 MG	4	SP; PA
SYNAREL	4	SP; PA
Metabolic Modifiers		
ALDURAZYME	4	SP; PA
<i>betaine</i>	4	SP; PA
<i>calcitriol CAPS</i>	1B	
<i>calcitriol SOLN IV</i>	1B	
<i>cinacalcet hcl</i>	4	QL(4 EA daily); SP; PA
<i>doxercalciferol CAPS</i>	1B	
<i>doxercalciferol SOLN</i>	1B	
ELAPRASE	4	SP; PA
LUMIZYME	4	SP; PA
MYALEPT	4	PA
<i>nitisinone CAPS</i>	4	PA
<i>paricalcitol CAPS</i>	1B	
<i>paricalcitol SOLN</i>	1B	
PHEBURANE PLLT	4	PA
<i>sapropterin dihydrochloride PACK</i>	4	PA
<i>sapropterin dihydrochloride TABS</i>	4	PA
<i>sodium phenylbutyrate POWD</i>	1B	PA
<i>sodium phenylbutyrate TABS</i>	1B	PA
STRENSIQ	4	PA
Posterior Pituitary Hormones		
<i>desmopressin acetate spray</i>	1B	
<i>desmopressin acetate spray refrigerated 0.01 %</i>	1B	
<i>desmopressin acetate SOLN IJ</i>	1B	PA
DESMOPRESSIN ACETATE SOLN NA	4	SP; PA
<i>desmopressin acetate TABS 0.1 MG</i>	1B	QL(6 EA daily)

Drug Name	Drug Tier	Requirements/Limits
<i>desmopressin acetate TABS 0.2 MG</i>	1B	QL(8 EA daily)
Prolactin Inhibitors		
<i>cabergoline</i>	1B	
Somatostatic Agents		
<i>octreotide acetate SOLN</i>	4	SP; PA
SIGNIFOR	4	PA
Vasopressin Receptor Antagonists		
JYNARQUE TBPK	4	SP; PA
<i>tolvaptan TABS</i>	4	QL(2 EA daily); SP; PA
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
ACTIVELLA TABS 1 MG-0.5 MG (<i>estradiol & norethindrone acetate</i>)	3	
ANGELIQ	3	
BIJUVA	3	
CLIMARA PRO	3	
COMBIPATCH PTTW	3	
DUAVEE	3	
<i>esterified estrogens & methyltestosterone</i>	3	
<i>estradiol & norethindrone acetate TABS</i>	3	
<i>norethindrone acetate-ethinyl estradiol</i>	1B	
PREFEST	3	
PREMPHASE	2	
PREMPRO	2	QL(1 EA daily)
Estrogens		
DEPO-ESTRADIOL	3	
ELESTRIN GEL	3	
<i>estradiol valerate</i>	1B	
<i>estradiol GEL</i>	3	
<i>estradiol GEL</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol PTTW</i>	1B	QL(0.286 EA daily)
<i>estradiol PTWK</i>	1B	
<i>estradiol TABS</i>	1B	
ESTROGEL GEL (<i>estradiol</i>)	3	
EVAMIST SOLN	3	
MENEST	3	
MENOSTAR PTWK	3	
PREMARIN SOLR	2	
PREMARIN TABS	2	QL(1 EA daily)
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
BAXDELA SOLR	3	PA
BAXDELA TABS	3	PA
<i>ciprofloxacin hcl TABS</i>	1B	
<i>ciprofloxacin in d5w 200 MG/100ML</i>	3	
<i>ciprofloxacin SUSR</i>	1B	2 max fill(s) per 30 day(s) retail
<i>levofloxacin in d5w 500 MG/100ML</i>	1B	
<i>levofloxacin SOLN PO</i>	1B	
<i>levofloxacin TABS 500 MG</i>	1A	
<i>levofloxacin TABS 250 MG, 750 MG</i>	1B	
<i>moxifloxacin hcl in sodium chloride</i>	1B	
<i>moxifloxacin hcl TABS</i>	1B	
<i>ofloxacin 300 MG, 400 MG</i>	1B	
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
Agents for Chronic Idiopathic Constipation (CIC)		
TRULANCE	2	QL(1 EA daily)
Bile Acid Synthesis Disorder Agents		

Ambetter Formulary Updated March 1, 2025

Drug Name	Drug Tier	Requirements/Limits
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		
<i>metoclopramide hcl SOLN PO 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 800 MG</i>	3	QL(6 EA daily)
<i>mesalamine TBEC 1.2 GM</i>	3	
RENFLEXIS	4	PA
SKYRIZI SOCT	4	QL(0.043 ML daily); PA
SKYRIZI SOLN	4	QL(0.36 ML daily); PA
STELARA 130 MG/26ML	4	QL(3.47 ML daily); PA
<i>sulfasalazine TABS</i>	1B	
<i>sulfasalazine TBEC</i>	1B	
Intestinal Acidifiers		
<i>lactulose (encephalopathy)</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
Irritable Bowel Syndrome (IBS) Agents		
<i>alosetron hcl</i>	1B	QL(2 EA daily)
LINZESS	2	QL(1 EA daily)
Peripheral Opioid Receptor Antagonists		
<i>alvimopan</i>	1B	
MOVANTIK	3	QL(1 EA daily); PA
Phosphate Binder Agents		
<i>calcium acetate (phosphate binder) CAPS</i>	1B	
<i>calcium acetate (phosphate binder) TABS</i>	1B	RX/OTC
<i>lanthanum carbonate CHEW</i>	1B	
<i>sevelamer carbonate PACK</i>	1B	
<i>sevelamer carbonate TABS</i>	1B	
VELPHORO	3	PA
GENITOURINARY AGENTS - MISCELLANEOUS -		
Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Alkalinizers		
<i>potassium citrate (alkalinizer) TBCR</i>	1B	
<i>sodium citrate & citric acid</i>	1B	RX/OTC
Cystinosis Agents		
CYSTAGON CAPS	3	PA
Genitourinary Irrigants		
<i>acetic acid 0.25 %</i>	1B	
<i>glycine (gu irrigant) SOLN 1.5 %</i>	1B	
<i>sodium chloride (gu irrigant) 0.9 %</i>	1B	
SORBITOL 3 %	1B	

Ambetter Formulary Updated March 1, 2025

Drug Name	Drug Tier	Requirements/Limits
SORBITOL-MANNITOL 2.7 GM/100ML-0.54 GM/100ML	1B	
Interstitial Cystitis Agents		
ELMIRON CAPS	2	QL(3 EA daily)
Prostatic Hypertrophy Agents		
<i>alfuzosin hcl</i>	1B	QL(1 EA daily)
<i>dutasteride</i>	1B	QL(1 EA daily)
<i>dutasteride-tamsulosin hcl</i>	3	PA
<i>finasteride</i>	1B	5 mg only
<i>silodosin</i>	1B	
<i>tamsulosin hcl</i>	1B	
Urinary Analgesics		
<i>phenazopyridine hcl</i> TABS 100 MG, 200 MG	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
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
<i>colchicine w/ probenecid</i>	1B	
Gout Agents		
<i>allopurinol 100 MG, 300 MG</i>	1B	
<i>colchicine TABS</i>	1B	QL(1 EA daily)
<i>febuxostat</i>	1B	QL(1 EA daily); PA
Uricosurics		
<i>probenecid</i>	1B	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		

Drug Name	Drug Tier	Requirements/Limits
Antihemophilic Products		
ADVATE	4	PA
ADYNOVATE	4	PA
AFSTYLA 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 2500 UNIT	4	PA
ALPROLIX	4	PA
ALTUVIIIO 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT	4	PA
BENEFIX KIT	4	PA
ELOCTATE	4	PA
ESPEROCT 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT	4	PA
IDELVION	4	PA
JIVI 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT	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 SOSY</i>	4	QL(9 ML daily); PA
Complement Inhibitors		
GOHIBIC	4	PA
HAEGARDA SOLR SC	4	PA
Hemataologic - Tyrosine Kinase Inhibitors		
TAVALISSE	4	QL(2 EA daily); SP; PA
Hematorheologic Agents		
<i>pentoxifylline</i>	1B	QL(3 EA daily)
Plasma Kallikrein Inhibitors		
ORLADEYO	4	PA

Ambetter Formulary Updated March 1, 2025

Drug Name	Drug Tier	Requirements/Limits
TAKHZYRO SOLN	4	PA
TAKHZYRO SOSY	4	PA
Platelet Aggregation Inhibitors		
<i>anagrelide hcl</i>	1B	
<i>aspirin-dipyridamole</i>	1B	QL(2 EA daily); PA
BRILINTA	2	QL(2 EA daily)
<i>cilostazol</i>	1B	
<i>clopidogrel bisulfate 75 MG</i>	1B	QL(1 EA daily)
<i>clopidogrel bisulfate 300 MG</i>	1B	
<i>dipyridamole</i>	1B	
<i>prasugrel hcl</i>	1B	QL(1 EA daily)
ZONTIVITY	3	PA
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
CERDELGA	4	QL(2 EA daily); PA
CEREZYME 400 UNIT	4	SP; PA
<i>miglustat</i>	4	QL(3 EA daily); SP; PA
Agents for Sickle Cell Disease		
DROXIA CAPS	3	
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; PA

Drug Name	Drug Tier	Requirements/Limits
ARANESP (ALBUMIN FREE) SOSY 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML	4	SP; PA
DOPTELET	4	QL(3 EA daily); PA
EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	4	SP; PA
LEUKINE SOLR IJ	4	SP; PA
MIRCERA	4	PA
MULPLETA	4	QL(1 EA daily); PA
NYVEPRIA	4	PA
PROCRIT 40000 UNIT/ML	4	SP; PA
PROCRIT 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	4	SP; PA
PROCRIT 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	4	SP; PA
PROMACTA PACK	4	QL(1 EA daily); PA
PROMACTA TABS	4	QL(1 EA daily); PA
RETACRIT	4	PA
UDENYCA ONBODY SOSY	4	PA
UDENYCA SOAJ	4	PA
UDENYCA SOSY	4	PA
ZARXIO	4	PA
Iron		
<i>ferrous sulfate SOLN 15 MG/ML, 15 MG/ML</i>	0	AL(Up to 1 yrs old)
<i>ferrous sulfate TABS 325 MG, 65 MG, 325 MG</i>	0	
<i>ferrous sulfate TBEC 325 MG</i>	0	
Stem Cell Mobilizers		

Ambetter Formulary Updated March 1, 2025

Drug Name	Drug Tier	Requirements/Limits
<i>plerixafor</i>	4	SP; PA
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
<i>aminocaproic acid TABS</i>	1B	PA
<i>tranexamic acid SOLN 1000 MG/10ML</i>	1B	
<i>tranexamic acid TABS</i>	1B	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Barbiturate Hypnotics		
<i>phenobarbital ELIX</i>	1B	
<i>phenobarbital TABS</i>	1B	
Hypnotics - Tricyclic Agents		
<i>doxepin hcl (sleep)</i>	1B	QL(1 EA daily); PA
Non-Barbiturate Hypnotics		
<i>estazolam</i>	1B	
<i>eszopiclone</i>	1B	QL(1 EA daily); AL(At least 18 yrs old); ST
<i>flurazepam hcl</i>	1B	PA
<i>temazepam 15 MG, 30 MG</i>	1A	QL(1 EA daily)
<i>temazepam 7.5 MG, 22.5 MG</i>	1B	QL(1 EA daily)
<i>triazolam</i>	1B	
<i>zaleplon 5 MG</i>	1B	QL(1 EA daily); AL(At least 18 yrs old)
<i>zaleplon 10 MG</i>	1B	QL(2 EA daily); AL(At least 18 yrs old)
<i>zolpidem tartrate TABS</i>	1A	QL(1 EA daily); AL(At least 18 yrs old)
<i>zolpidem tartrate TBCR</i>	1B	QL(1 EA daily)
Orexin Receptor Antagonists		
<i>BELSOMRA</i>	3	PA

Drug Name	Drug Tier	Requirements/Limits
Selective Melatonin Receptor Agonists		
<i>ramelteon</i>	1B	QL(1 EA daily); AL(At least 18 yrs old)
LAXATIVES - Bowel Treatment Drugs		
Bulk Laxatives		
<i>calcium polycarbophil TABS</i>	1B	
Laxative Combinations		
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>	1B	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 236 GM</i>	0	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	1B	PA
<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>	1B	
Laxatives - Miscellaneous		
<i>lactulose SOLN</i>	1B	
Saline Laxatives		
<i>OSMOPREP</i>	3	PA
Stimulant Laxatives		
<i>bisacodyl SUPP</i>	1A	
<i>bisacodyl TBEC</i>	1A	
Surfactant Laxatives		
<i>docusate calcium</i>	1A	QL(1 EA daily)
<i>docusate sodium CAPS 250 MG</i>	1A	
<i>docusate sodium CAPS 100 MG</i>	1A	QL(4 EA daily)
LOCAL ANESTHETICS-Parenteral - Drugs for Numbing		
Local Anesthetics - Amides		

Ambetter Formulary Updated March 1, 2025

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine hcl (local anesth.) SOLN 0.5 %, 1 %, 2 %</i>	1B		DUREX EXTRA SENSITIVE THIN MISC	0	
MACROLIDES - Drugs to Treat Bacterial Infections			DUREX TROPICAL MISC	0	
Azithromycin			FANTASY LUBRICATED/SPERMICI DE MISC	0	
<i>azithromycin PACK</i>	1B		FANTASY LUBRICATED MISC	0	
<i>azithromycin SOLR</i>	1B		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
<i>azithromycin SUSR</i>	1B		FEMCAP DEVI	0	
<i>azithromycin TABS 600 MG</i>	1B	QL(0.286 EA daily)	KAMELEON LUBRICATED MISC	0	
<i>azithromycin TABS 500 MG</i>	1B	QL(4 EA per fill retail; 4 per fill mail)	KIMONO COLORS DEVI	0	
<i>azithromycin TABS 250 MG</i>	1B	QL(6 EA per fill retail; 6 per fill mail)	KIMONO MAXX-LARGE FLARE MISC	0	
Clarithromycin			KIMONO MICRO THIN PLUS MISC	0	
<i>clarithromycin SUSR</i>	1B		KIMONO PLUS MISC	0	
<i>clarithromycin TABS</i>	1B		KIMONO PS PLUS MISC	0	
<i>clarithromycin TB24</i>	1B		KIMONO PS MISC	0	
Erythromycins			KIMONO SENSATION PLUS MISC	0	
<i>erythromycin base CPEP</i>	3		KIMONO SENSATION MISC	0	
<i>erythromycin base TABS</i>	3		KIMONO SPECIAL DEVI	0	
<i>erythromycin base TBEC</i>	1B		KIMONO MISC	0	
<i>erythromycin ethylsuccinate SUSR</i>	1B		K-Y ME & YOU EXTRA LUBRICATED DEVI	0	
<i>erythromycin ethylsuccinate TABS</i>	3		K-Y ME & YOU INTENSE DEVI	0	
Fidaxomicin			MAXX PLUS MISC	0	
DIFICID TABS	2		MAXX MISC	0	
MEDICAL DEVICES AND SUPPLIES			OMNIFLEX DIAPHRAGM	0	
Contraceptives			REALITY LATEX CONDOMS MISC	0	
AIMSCO LUBRICATED MISC	0				
CAYA DPRH	0				
DUREX EXTRA SENSITIVE THIN DEVI	0				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
REALITY LATEX/ULTRA TEXTURED DEVI	0		WIDE-SEAL DIAPHRAGM 60	0	
REALITY LATEX/ULTRA THIN DEVI	0		WIDE-SEAL DIAPHRAGM 65	0	
TROJAN MAGNUM MISC	0		WIDE-SEAL DIAPHRAGM 70	0	
TROJAN ULTRA THIN/SPERMICIDAL MISC	0		WIDE-SEAL DIAPHRAGM 75	0	
TROJAN ULTRA THIN MISC	0		WIDE-SEAL DIAPHRAGM 80	0	
TROJAN-ENZ LUBRICATED MISC	0		WIDE-SEAL DIAPHRAGM 85	0	
TROJAN-ENZ/SPERMICIDAL MISC	0		WIDE-SEAL DIAPHRAGM 90	0	
TRUE COVER DEVI	0		WIDE-SEAL DIAPHRAGM 95	0	
TRUSTEX COLOR CONDOMS + LUBE MISC	0		Diabetic Supplies		
TRUSTEX LUB/RIBBED/STUDED MISC	0		FREESTYLE LIBRE 14 DAY READER	3	PA
TRUSTEX LUB/SPERMICIDE EX ST MISC	0		FREESTYLE LIBRE 14 DAY SENSOR	3	QL(0.072 EA daily); PA
TRUSTEX LUB/SPERMICIDE XL MISC	0		FREESTYLE LIBRE 2 PLUS SENSOR	3	QL(0.072 EA daily); PA
TRUSTEX LUBRICATED EX LARGE MISC	0		FREESTYLE LIBRE 2 READER	3	PA
TRUSTEX LUBRICATED EXTRA ST MISC	0		FREESTYLE LIBRE 2 SENSOR	3	QL(0.072 EA daily); PA
TRUSTEX LUBRICATED/SPERMICIDE MISC	0		FREESTYLE LIBRE 3 PLUS SENSOR	3	QL(0.072 EA daily); PA
TRUSTEX LUBRICATED MISC	0		FREESTYLE LIBRE 3 READER	3	QL(1 EA per 365 day(s) retail); PA
TRUSTEX NATURAL CONDOMS + LUBE MISC	0		FREESTYLE LIBRE 3 SENSOR	3	QL(0.072 EA daily); PA
TRUSTEX RIA LUB/SPERMICIDE MISC	0		FREESTYLE LIBRE READER	3	PA
TRUSTEX RIA LUBRICATED MISC	0		ONETOUCH DELICA SAFETY LANCING	1B	#, RX/OTC
TRUSTEX-NONOXYNOL-9/RIB/STUD MISC	0		RELION LANCET DEVICES 30G	1B	#, RX/OTC
			RELION LANCETS	1B	#, RX/OTC
			SELECT LANCETS	1B	6.66/day

Ambetter Formulary Updated March 1, 2025

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SELECT LANCETS	1	6.66/day	<i>almotriptan malate 12.5 MG</i>	1B	QL(0.4 EA daily); AL(At least 12 yrs old); ST
TRUE METRIX LEVEL 3 SOLN	1B	#	<i>almotriptan malate 6.25 MG</i>	1B	QL(0.3 EA daily); AL(At least 12 yrs old); ST
Parenteral Therapy Supplies			<i>eletriptan hydrobromide</i>	1B	QL(0.2 EA daily); AL(At least 18 yrs old); ST
SELECT INSULIN SYRINGES	1B	5/day; #	<i>frovatriptan succinate</i>	1B	QL(0.4 EA daily); AL(At least 18 yrs old); ST
SELECT INSULIN SYRINGES	1	5/day	<i>naratriptan hcl</i>	1B	QL(0.3 EA daily); AL(At least 18 yrs old)
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches			<i>rizatriptan benzoate TABS 10 MG</i>	1B	QL(0.6 EA daily); AL(At least 6 yrs old)
Calcitonin Gene-Related Peptide (CGRP) Receptor Antag			<i>rizatriptan benzoate TABS 5 MG</i>	1B	QL(0.4 EA daily); AL(At least 6 yrs old)
AIMOVIG	2	QL(0.04 ML daily); PA	<i>rizatriptan benzoate TBDP 5 MG</i>	1B	QL(0.4 EA daily); AL(At least 6 yrs old)
EMGALITY (300 MG DOSE) SOSY	2	QL(0.1 ML daily); PA	<i>rizatriptan benzoate TBDP 10 MG</i>	1B	QL(0.6 EA daily); AL(At least 6 yrs old)
EMGALITY SOAJ	2	QL(0.07 ML daily); PA	<i>sumatriptan</i>	1B	QL(0.2 EA daily); AL(At least 18 yrs old)
EMGALITY SOSY	2	QL(0.07 ML daily); PA	<i>sumatriptan succinate SOAJ</i>	1B	QL(0.134 ML daily); AL(At least 18 yrs old)
UBRELVY	3	QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail); ST	<i>sumatriptan succinate SOCT</i>	1B	QL(0.134 ML daily); AL(At least 18 yrs old)
Migraine Combinations			<i>sumatriptan succinate SOLN 6 MG/0.5ML</i>	1B	QL(0.134 ML daily); AL(At least 18 yrs old)
<i>ergotamine w/ caffeine TABS</i>	1B	QL(1.5 EA daily)			
<i>sumatriptan-naproxen sodium</i>	3	QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail)			
Migraine Products					
<i>dihydroergotamine mesylate SOLN IJ 1 MG/ML</i>	1B				
<i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i>	1B	QL(0.267 ML daily)			
ERGOMAR SUBL	3	QL(0.667 EA daily)			
Serotonin Agonists					

Ambetter Formulary Updated March 1, 2025

Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan succinate TABS</i>	1B	QL(0.3 EA daily); AL(At least 18 yrs old)
<i>zolmitriptan SOLN</i>	1B	QL(0.2 EA daily); AL(At least 12 yrs old); ST
<i>zolmitriptan TABS</i>	1B	QL(0.3 EA daily); AL(At least 12 yrs old); ST
<i>zolmitriptan TBDP</i>	1B	QL(0.3 EA daily); AL(At least 12 yrs old); ST
MINERALS & ELECTROLYTES		
Bicarbonates		
<i>sodium acetate SOLN</i>	1B	
SODIUM ACETATE SOLN (<i>sodium acetate</i>)	1B	
Calcium		
<i>calcium chloride (dihydrate) SOLN</i>	1B	
Electrolyte Mixtures		
<i>dextrose in lactated ringers</i>	1B	
<i>electrolyte-148</i>	1B	
<i>electrolyte-a</i>	1B	
IONOSOL-MB IN D5W	1B	
ISOLYTE-P IN D5W	1B	
ISOLYTE-S	1B	
KCL IN DEXTROSE-NACL 5 %-40 MEQ/L-0.9 % (<i>potassium chloride in dextrose & sodium chloride</i>)	1B	
KCL-LACTATED RINGERS-D5W	1B	
<i>lactated ringer's</i>	1B	
NORMOSOL-M IN D5W	1B	
NORMOSOL-R PH 7.4	1B	

Drug Name	Drug Tier	Requirements/Limits
PLASMA-LYTE 148 27 MEQ/L-23 MEQ/L-98 MEQ/L-140 MEQ/L-3 MEQ/L-5 MEQ/L	1B	
PLASMA-LYTE A (<i>electrolyte-a</i>)	1B	
<i>potassium chloride in dextrose 20 MEQ/L</i>	1B	
<i>potassium chloride in dextrose & sodium chloride 5 %-0.075 %-0.45 %, 5 %-0.15 %-0.9 %, 5 %-10 MEQ/L-0.45 %, 5 %-20 MEQ/L-0.2 %, 5 %-20 MEQ/L-0.45 %, 5 %-20 MEQ/L-0.9 %, 5 %-30 MEQ/L-0.45 %, 5 %-40 MEQ/L-0.45 %, 5 %-40 MEQ/L-0.9 %</i>	1B	
<i>potassium chloride in nacl 20 MEQ/L-0.45 %, 20 MEQ/L-0.9 %, 40 MEQ/L-0.9 %</i>	1B	
POTASSIUM CHLORIDE IN NACL 20 MEQ/L-0.45 % (<i>potassium chloride in nacl</i>)	1B	
<i>ringer's</i>	1B	
Fluoride		
<i>sodium fluoride CHEW</i>	0	QL(1 EA daily)
Magnesium		
<i>magnesium sulfate IJ 50 %</i>	1B	
Phosphate		
<i>potassium phosphates 45 MMOLE/15ML</i>	1B	
Potassium		
<i>potassium acetate SOLN 2 MEQ/ML</i>	1B	
<i>potassium bicarbonate TBEF</i>	1B	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride microencapsulated crystals er</i>	1B		<i>cyclosporine CAPS</i>	1B	
<i>potassium chloride CPCR</i>	1B		<i>cyclosporine SOLN IV 50 MG/ML</i>	1B	
<i>potassium chloride PACK PO 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	
MISCELLANEOUS THERAPEUTIC CLASSES			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 SODIUM	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>sodium polystyrene sulfonate SUSP CO 15 GM/60ML</i>	1B	
			MOUTH/THROAT/DENTAL AGENTS		
			Anesthetics Topical Oral		

Ambetter Formulary Updated March 1, 2025

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

Drug Name	Drug Tier	Requirements/Limits
PRENATAL VITAMIN TABS	2	QL(1 EA daily)
PRENATAL/IRON TABS 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 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 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 WITH GINGER TABS	2	QL(1 EA daily); RX/OTC
WESTAB PLUS TABS	2	QL(1 EA daily); RX/OTC
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
Central Muscle Relaxants		
<i>baclofen TABS</i>	1B	
<i>carisoprodol TABS</i>	1B	
<i>chlorzoxazone TABS 500 MG</i>	1B	QL(6 EA daily)
<i>chlorzoxazone TABS 750 MG</i>	1B	QL(4 EA daily)
<i>cyclobenzaprine hcl TABS 5 MG, 10 MG</i>	1A	QL(3 EA daily)
<i>metaxalone 800 MG</i>	1B	QL(4 EA daily)

Drug Name	Drug Tier	Requirements/Limits
<i>methocarbamol TABS 500 MG, 750 MG</i>	1B	
<i>orphenadrine citrate TB12</i>	1B	QL(2 EA daily)
<i>tizanidine hcl CAPS</i>	1B	
<i>tizanidine hcl TABS</i>	1B	
Direct Muscle Relaxants		
<i>dantrolene sodium CAPS</i>	1B	QL(4 EA daily)
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Antiallergy		
<i>azelastine hcl</i>	1B	RX/OTC
<i>olopatadine hcl (nasal)</i>	1B	
Nasal Anticholinergics		
<i>ipratropium bromide (nasal) 0.03 %</i>	1B	QL(1 ML daily)
<i>ipratropium bromide (nasal) 0.06 %</i>	1B	
Nasal Steroids		
<i>budesonide (nasal)</i>	1B	
<i>flunisolide (nasal)</i>	1B	1 package(s) per fill retail
<i>fluticasone propionate (nasal) SUSP</i>	1B	Limit 2 inhalers per month; QL(32 ML per 30 day(s) retail); RX/OTC
<i>mometasone furoate (nasal) SUSP</i>	1B	QL(1.14 GM daily); PA; RX/OTC
<i>triamcinolone acetonide (nasal) AERO</i>	1B	
XHANCE EXHU	3	PA
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		
<i>riluzole TABS</i>	3	
Neuromuscular Blocking Agent - Neurotoxins		
XEOMIN	3	PA

Ambetter Formulary Updated March 1, 2025

Drug Name	Drug Tier	Requirements/Limits
Nondepolarizing Muscle Relaxants		
<i>atracurium besylate 50 MG/5ML, 100 MG/10ML</i>	3	PA
NUTRIENTS		
Proteins		
CLINIMIX E/DEXTROSE (5/20)	3	
CLINIMIX/DEXTROSE (4.25/10)	3	
CLINIMIX/DEXTROSE (4.25/5)	3	
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Beta-blockers - Ophthalmic		
<i>betaxolol hcl (ophth) SOLN</i>	1B	
<i>brimonidine tartrate-timolol maleate</i>	1B	
<i>carteolol hcl (ophth)</i>	1B	
<i>dorzolamide hcl-timolol maleate</i>	1B	
<i>levobunolol hcl 0.5 %</i>	1B	
<i>timolol maleate (ophth) SOLG</i>	1B	
<i>timolol maleate (ophth) SOLN</i>	1B	
Cycloplegic Mydriatics		
<i>tropicamide SOLN 0.5 %</i>	1B	QL(2.5 ML daily)
<i>tropicamide SOLN 1 %</i>	1B	
Miotics		
<i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i>	1B	
Ophthalmic Adrenergic Agents		
<i>apraclonidine hcl</i>	1B	
<i>brimonidine tartrate 0.15 %, 0.2 %</i>	1B	
IOPIDINE	3	

Drug Name	Drug Tier	Requirements/Limits
Ophthalmic Anti-infectives		
<i>bacitracin (ophthalmic)</i>	3	
BESIVANCE	3	PA
<i>ciprofloxacin hcl (ophth) SOLN</i>	1B	
<i>erythromycin (ophth)</i>	1B	
<i>gatifloxacin (ophth)</i>	1B	
<i>gentamicin sulfate (ophth) OINT</i>	1B	
<i>gentamicin sulfate (ophth) SOLN</i>	1B	
<i>levofloxacin (ophth) 0.5 %</i>	1B	
<i>moxifloxacin hcl (ophth) SOLN OP</i>	1B	
NATACYN	2	
<i>neomycin-bacitracin zn-polymyxin</i>	1B	
<i>ofloxacin (ophth)</i>	1B	
<i>polymyxin b-trimethoprim</i>	1B	
<i>sulfacetamide sodium (ophth) SOLN</i>	1B	
<i>tobramycin (ophth) SOLN</i>	1B	
<i>trifluridine</i>	1B	
ZIRGAN GEL	2	
Ophthalmic Immunomodulators		
<i>cyclosporine (ophth) EMUL</i>	3	PA
Ophthalmic Local Anesthetics		
<i>proparacaine hcl</i>	1B	
Ophthalmic Steroids		
ALREX SUSP (<i>loteprednol etabonate</i>)	3	PA
<i>dexamethasone sodium phosphate (ophth)</i>	1B	QL(0.4 ML daily)
<i>difluprednate</i>	1B	PA
<i>fluorometholone (ophth) SUSP</i>	1B	
FML FORTE SUSP	3	PA

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

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

Ambetter Formulary Updated March 1, 2025

Drug Name	Drug Tier	Requirements/Limits
AGENTS - Antibody Drugs to Treat Low Immune System		
Immune Serums		
GAMMAGARD 30 GM/300ML	4	PA
GAMMAGARD 1 GM/10ML, 2.5 GM/25ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	4	SP; PA
GAMMAGARD S/D LESS IGA 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
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
<i>amoxicillin CAPS</i>	1A	
<i>amoxicillin CHEW 125 MG, 250 MG</i>	1B	
<i>amoxicillin SUSR 125 MG/5ML</i>	1A	
<i>amoxicillin SUSR 200 MG/5ML, 250 MG/5ML, 400 MG/5ML</i>	1B	
<i>amoxicillin TABS</i>	1B	
<i>ampicillin sodium IJ 1 GM</i>	1B	
<i>ampicillin CAPS 500 MG</i>	1B	
Natural Penicillins		
PENICILLIN G POT IN DEXTROSE 40000 UNIT/ML, 60000 UNIT/ML	1B	
<i>penicillin g potassium 5000000 UNIT</i>	1B	
PENICILLIN G PROCAINE	3	
<i>penicillin g sodium</i>	3	

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

Ambetter Formulary Updated March 1, 2025

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>acamprosate calcium</i>	1B		AUSTEDO XR PATIENT TITRATION TEPK	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA
<i>disulfiram</i>	1B		AUSTEDO XR TB24	4	QL(1 EA daily); PA
<i>lofexidine hcl</i>	1B	QL(224 EA per 14 day(s) retail); PA	AUSTEDO TABS	4	QL(4 EA daily); PA
LUCEMYRA (<i>lofexidine hcl</i>)	3	QL(224 EA per 14 day(s) retail); PA	INGREZZA CAPS	4	QL(1 EA daily); PA
Antidementia Agents			INGREZZA CPPK	4	1 max fill(s) per 180 day(s) retail; PA
<i>donepezil hydrochloride TABS 10 MG</i>	1B	QL(2 EA daily)	INGREZZA CPSP	4	QL(1 EA daily); PA
<i>donepezil hydrochloride TABS 5 MG, 23 MG</i>	1B	QL(1 EA daily)	<i>tetrabenazine</i>	4	QL(3 EA daily); SP; PA
<i>donepezil hydrochloride TBDP 10 MG</i>	1B	QL(2 EA daily)	Multiple Sclerosis Agents		
<i>donepezil hydrochloride TBDP 5 MG</i>	1B	QL(1 EA daily)	AVONEX PEN AJKT	4	QL(0.0714 EA daily); SP; PA
<i>galantamine hydrobromide CP24</i>	1B	QL(1 EA daily)	AVONEX PREFILLED PSKT	4	QL(0.0714 EA daily); SP; PA
<i>galantamine hydrobromide SOLN</i>	1B	QL(6 ML daily)	BETASERON KIT	4	QL(0.5 EA daily); SP; PA
<i>galantamine hydrobromide TABS</i>	1B	QL(2 EA daily)	<i>dalfampridine</i>	4	QL(2 EA daily); SP; PA
<i>memantine hcl TABS</i>	1B	QL(2 EA daily)	<i>dimethyl fumarate CDPK</i>	1B	QL(2 EA daily)
<i>memantine hcl TABS</i>	1B		<i>dimethyl fumarate CPDR</i>	1B	QL(2 EA daily)
<i>rivastigmine tartrate CAPS</i>	1B		<i> fingolimod hcl</i>	4	QL(1 EA daily)
Combination Psychotherapeutics			<i>glatiramer acetate SOSY 40 MG/ML</i>	4	QL(0.43 ML daily)
<i>chlordiazepoxide-amitriptyline</i>	1B		<i>glatiramer acetate SOSY 20 MG/ML</i>	4	QL(1 ML daily)
<i>perphenazine-amitriptyline</i>	1B	QL(4 EA daily)	LEMTRADA	4	QL(1.2 ML daily); PA
Fibromyalgia Agents			PLEGRIDY STARTER PACK SOAJ	4	QL(0.036 ML daily); PA
SAVELLA TITRATION PACK MISC	2	1 max fill(s) per 365 day(s) retail; PA	PLEGRIDY STARTER PACK SOSY SC	4	QL(0.036 ML daily); PA
SAVELLA TABS	2	QL(2 EA daily); PA	PLEGRIDY SOAJ	4	QL(0.036 ML daily); PA
Movement Disorder Drug Therapy			PLEGRIDY SOSY SC	4	QL(0.036 ML daily); PA

Drug Name	Drug Tier	Requirements/Limits
REBIF REBIDOSE TITRATION PACK SOAJ	4	1 max fill(s) per 365 day(s) retail; SP; PA
REBIF REBIDOSE SOAJ	4	QL(0.214 ML daily); SP; PA
REBIF TITRATION PACK SOSY	4	1 max fill(s) per 365 day(s) retail; SP; PA
REBIF SOSY	4	QL(0.214 ML daily); SP; PA
<i>teriflunomide</i>	4	QL(1 EA daily)
Postherpetic Neuralgia (PHN)/Neuropathic Pain Agents		
<i>pregabalin (once-daily) 82.5 MG, 165 MG</i>	3	QL(1 EA daily); PA
<i>pregabalin (once-daily) 330 MG</i>	3	QL(2 EA daily); PA
Pseudobulbar Affect (PBA) Agents		
NUDEXTA	3	QL(2 EA daily); PA
Psychotherapeutic and Neurological Agents - Misc.		
<i>ergoloid mesylates TABS</i>	1B	
<i>pimozide</i>	1B	
Smoking Deterrents		
<i>bupropion hcl (smoking deterrent)</i>	0	QL(2 EA daily)
<i>nicotine polacrilex GUM</i>	0	
<i>nicotine polacrilex LOZG</i>	0	
NICOTINE KIT	0	
<i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>	0	QL(1 EA daily)
NICOTROL NS SOLN	0	
NICOTROL INHA	0	
<i>varenicline tartrate TABS</i>	0	QL(2 EA daily)
<i>varenicline tartrate TBPK</i>	0	
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		

Drug Name	Drug Tier	Requirements/Limits
Alpha-Proteinase Inhibitor (Human)		
PROLASTIN-C SOLN	4	PA
PROLASTIN-C SOLR	4	PA
Cystic Fibrosis Agents		
KALYDECO TABS	4	QL(2 EA daily); SP; PA
ORKAMBI PACK	4	QL(2 EA daily); PA
ORKAMBI TABS	4	QL(4 EA daily); PA
PULMOZYME	4	QL(2.5 ML daily); SP; PA
TRIKAFTA TBPK	4	QL(3 EA daily); PA
Pulmonary Fibrosis Agents		
OFEV	4	QL(2 EA daily); PA
<i>pirfenidone CAPS</i>	4	QL(1 EA daily); PA
<i>pirfenidone TABS 534 MG</i>	4	QL(3 EA daily); PA
<i>pirfenidone TABS 267 MG, 801 MG</i>	4	QL(1 EA daily); PA
SULFONAMIDES - Drugs to Treat Bacterial Infections		
Sulfonamides		
<i>sulfadiazine TABS</i>	1B	
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Fluorocyclines		
XERAVA	4	PA
Glycylcyclines		
<i>tigecycline</i>	1B	
Tetracyclines		
<i>demeclocycline hcl TABS</i>	1B	
<i>doxycycline (monohydrate) CAPS 75 MG</i>	1B	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline (monohydrate) CAPS 50 MG, 100 MG</i>	1B	QL(2 EA daily)	BOOSTRIX SUSY	0	
<i>doxycycline (monohydrate) TABS 50 MG, 75 MG</i>	1B		DAPTACEL	0	
<i>doxycycline (monohydrate) TABS 100 MG</i>	1B	QL(2 EA daily)	DIPHThERIA-TETANUS TOXOIDS DT SUSP	0	
<i>doxycycline hyclate CAPS</i>	1B	QL(2 EA daily)	INFANRIX	0	
<i>doxycycline hyclate SOLR</i>	1B		KINRIX SUSY	0	
<i>doxycycline hyclate TABS 20 MG, 100 MG</i>	1B	QL(2 EA daily)	PEDIARIX SUSY	0	
<i>minocycline hcl CAPS</i>	1B	QL(3 EA daily)	PENTACEL	0	
<i>minocycline hcl TABS</i>	1B	QL(3 EA daily)	QUADRACEL SUSP	0	
<i>tetracycline hcl CAPS</i>	1B	QL(8 EA daily)	QUADRACEL SUSY	0	
THYROID AGENTS - Drugs to Regulate Thyroid Hormones			TDVAX SUSP	0	
Antithyroid Agents			TENIVAC INJ	0	
<i>methimazole TABS</i>	1B		TETANUS-DIPHThERIA TOXOIDS TD SUSP	0	
<i>propylthiouracil</i>	1B		ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Thyroid Hormones			Antispasmodics		
ADTHYZA TABS 16.25 MG, 32.5 MG, 65 MG, 97.5 MG, 130 MG	2		<i>atropine sulfate SOLN IJ 0.4 MG/ML, 1 MG/ML</i>	1B	
ARMOUR THYROID TABS	2	QL(1 EA daily)	<i>atropine sulfate SOSY IJ 0.25 MG/5ML</i>	1B	
<i>levothyroxine sodium TABS</i>	1B		<i>chlordiazepoxide hcl-clidinium bromide</i>	1B	
<i>liothyronine sodium SOLN</i>	1B		<i>dicyclomine hcl CAPS</i>	1B	
<i>liothyronine sodium TABS</i>	1B		<i>dicyclomine hcl SOLN PO</i>	1B	
NP THYROID TABS	1B	QL(1 EA daily)	<i>dicyclomine hcl TABS</i>	1B	
SYNTHROID TABS (<i>levothyroxine sodium</i>)	2		<i>glycopyrrolate SOLN IJ 4 MG/20ML</i>	1B	
TOXOIDS			<i>glycopyrrolate TABS 2 MG</i>	1B	QL(6 EA daily)
Toxoid Combinations			<i>glycopyrrolate TABS 1 MG</i>	1B	
ADACEL SUSP	0		<i>methscopolamine bromide</i>	1B	
BOOSTRIX SUSP	0		H-2 Antagonists		
			<i>cimetidine TABS</i>	1B	RX/OTC
			<i>famotidine in nacl SOLN</i>	1B	
			<i>famotidine SOLN 20 MG/2ML</i>	1A	

Ambetter Formulary Updated March 1, 2025

Drug Name	Drug Tier	Requirements/Limits
<i>famotidine SOLN 40 MG/4ML, 200 MG/20ML</i>	1B	
<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	
Misc. Anti-Ulcer		
<i>sucralfate SUSP</i>	1B	QL(40 ML daily)
<i>sucralfate TABS</i>	1B	QL(4 EA daily)
Proton Pump Inhibitors		
<i>dexlansoprazole</i>	3	QL(1 EA daily)
<i>esomeprazole magnesium CPDR 20 MG</i>	1B	QL(2 EA daily); RX/OTC
<i>esomeprazole magnesium CPDR 40 MG</i>	3	QL(1 EA daily)
<i>esomeprazole magnesium TBEC</i>	1B	QL(2 EA daily)
<i>lansoprazole CPDR 30 MG</i>	1B	
<i>lansoprazole CPDR 15 MG</i>	1B	QL(2 EA daily); RX/OTC
<i>NEXIUM 24HR TBEC (esomeprazole magnesium)</i>	1B	QL(2 EA daily)
<i>omeprazole magnesium CPDR</i>	1B	QL(4 EA daily)
<i>omeprazole CPDR</i>	1B	QL(2 EA daily)
<i>omeprazole TBEC</i>	1B	QL(2 EA daily)
<i>pantoprazole sodium TBEC 40 MG</i>	1B	
<i>pantoprazole sodium TBEC 20 MG</i>	1B	QL(1 EA daily)
<i>rabeprazole sodium TBEC</i>	3	QL(1 EA daily)
Ulcer Drugs - Prostaglandins		
<i>misoprostol</i>	1B	QL(4 EA daily)
Ulcer Therapy Combinations		

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin-clarithromycin w/ lansoprazole THPK</i>	1B	14 day(s) max supply per 365 day(s) retail; 14 day(s) max supply per 365 day(s) mail
<i>omeprazole-sodium bicarbonate CAPS 1100 MG-20 MG</i>	1B	QL(1 EA daily); RX/OTC
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
<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)
Urinary Antispasmodics - Cholinergic Agonists		
<i>bethanechol chloride 5 MG, 10 MG, 50 MG</i>	1B	QL(4 EA daily)
<i>bethanechol chloride 25 MG</i>	1B	
Urinary Antispasmodics - Direct Muscle Relaxants		
<i>flavoxate hcl</i>	1B	
VACCINES		
Bacterial Vaccines		
ACTHIB SOLR IM	0	
BEXSERO	0	
CAPVAXIVE	0	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
HIBERIX SOLR IJ	0		ENGERIX-B SUSY	0	3 max fill(s) per 365 day(s) retail; 3 max fill(s) per 365 day(s) mail
MENACTRA	0		FLUAD	0	1 max fill(s) per 180 day(s) retail
MENQUADFI	0		FLUAD QUADRIVALENT	0	1 max fill(s) per 180 day(s) retail
MENVEO SOLN	0		FLUARIX QUADRIVALENT SUSY	0	1 max fill(s) per 180 day(s) retail
MENVEO SOLR	0		FLUARIX SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
PEDVAX HIB SUSP	0		FLUBLOK QUADRIVALENT	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
PNEUMOVAX 23 SOLN	0		FLUBLOK SOSY	0	1 max fill(s) per 180 day(s) retail
PNEUMOVAX 23 SOSY	0		FLUCELVAX QUADRIVALENT SUSP	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
PREVNAR 13	0		FLUCELVAX QUADRIVALENT SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
PREVNAR 20	0	1 max fill(s) per 999 day(s) retail	FLUCELVAX SUSP	0	1 max fill(s) per 180 day(s) retail
TRUMENBA	0		FLUCELVAX SUSY	0	1 max fill(s) per 180 day(s) retail
VAXNEUVANCE	0	4 max fill(s) per 999 day(s) retail	FLULAVAL QUADRIVALENT SUSY	0	1 max fill(s) per 180 day(s) retail
Viral Vaccines					
ABRYSVO	0				
AFLURIA PRESERVATIVE FREE SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail			
AFLURIA QUADRIVALENT SUSP	0	1 max fill(s) per 180 day(s) retail			
AFLURIA QUADRIVALENT SUSY 0.5 ML	0	1 max fill(s) per 180 day(s) retail			
AFLURIA SUSP	0	1 max fill(s) per 180 day(s) retail			
AREXVY	0				
COMIRNATY SUSP	0				
COMIRNATY SUSY	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			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FLULAVAL SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail	M-M-R II SOLR	0	2 max fill(s) per 365 day(s) retail
FLUMIST	0	1 max fill(s) per 180 day(s) retail	MODERNA COVID-19 BIVAL 6M-5Y	0	
FLUMIST QUADRIVALENT	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail	MODERNA COVID-19 BIVALENT	0	
FLUZONE HIGH-DOSE QUADRIVALENT	0	1 max fill(s) per 180 day(s) retail	MODERNA COVID-19 VAC (BOOSTER) SUSP	0	
FLUZONE HIGH-DOSE SUSY	0	1 max fill(s) per 180 day(s) retail	MODERNA COVID-19 VAC 6M-11Y SUSP	0	
FLUZONE QUADRIVALENT SUSP	0	1 max fill(s) per 180 day(s) retail	MODERNA COVID-19 VAC 6M-11Y SUSY	0	
FLUZONE QUADRIVALENT SUSY	0	1 max fill(s) per 180 day(s) retail	MODERNA COVID-19 VACC 6M-5Y SUSP	0	
FLUZONE SUSP	0	1 max fill(s) per 180 day(s) retail	MODERNA COVID-19 VACCINE SUSP	0	
FLUZONE SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail	NOVAVAX COVID-19 VACCINE SUSP	0	
GARDASIL 9 SUSP	0	3 max fill(s) per 365 day(s) retail	NOVAVAX COVID-19 VACCINE SUSY	0	
GARDASIL 9 SUSY	0	3 max fill(s) per 365 day(s) retail	PFIZER COVID-19 BIVAL 6MO-4YR	0	
HAVRIX	0		PFIZER COVID-19 VAC BIVAL 5-11	0	
HEPLISAV-B SOSY	0	2 max fill(s) per 292 day(s) retail; 2 max fill(s) per 292 day(s) mail	PFIZER COVID-19 VAC BIVALENT	0	
IPOL	0		PFIZER COVID-19 VAC-TRIS 5-11Y SUSP	0	
JANSSEN COVID-19 VACCINE	0		PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP	0	
			PFIZER-BIONT COVID-19 VAC-TRIS SUSP	0	
			PFIZER-BIONTECH COVID-19 VACC SUSP	0	
			PREHEVBRIO	0	3 max fill(s) per 365 day(s) retail
			PRIORIX SUSR	0	3 max fill(s) per 365 day(s) retail
			PROQUAD SUSR	0	2 max fill(s) per 365 day(s) retail

Drug Name	Drug Tier	Requirements/Limits
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 SUSP	0	
SPIKEVAX SUSP	0	
SPIKEVAX SUSY	0	
TWINRIX SUSY	0	
VAQTA	0	
VARIVAX SUSR	0	2 max fill(s) per 365 day(s) retail

VAGINAL AND RELATED PRODUCTS

Spermicides		
SHUR-SEAL CONTRACEPTIVE GEL	0	
TODAY SPONGE MISC	0	
Vaginal Anti-infectives		
<i>clindamycin phosphate vaginal CREA</i>	1B	
<i>clotrimazole vaginal CREA 1 %</i>	1B	
GYNAZOLE-1	3	QL(5 GM per 30 day(s) retail; 5 GM per 30 days mail)
<i>metronidazole vaginal</i>	1B	
<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		

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone vaginal</i>	1B	QL(15.15 GM daily)
Vaginal Contraceptive - pH Modulators		
PHEXXI	0	PV
Vaginal Estrogens		
<i>estradiol vaginal CREA</i>	1B	QL(2 GM daily)
<i>estradiol vaginal TABS</i>	1B	
ESTRING RING	3	
FEMRING	3	
PREMARIN	2	QL(1.5 GM daily)
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
<i>epinephrine (anaphylaxis) SOAJ 0.3 MG/0.3ML</i>	2	QL(2 EA per fill retail; 2 per fill mail); 2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail
<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	
VITAMINS		
Oil Soluble Vitamins		
<i>cholecalciferol CAPS</i>	1A	
<i>cholecalciferol TABS 10 MCG, 400 UNIT</i>	0	
<i>ergocalciferol CAPS</i>	0	
<i>ergocalciferol SOLN PO 200 MCG/ML</i>	1B	
VITAMIN D2 TABS 400 UNIT	0	AL(At least 65 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
Water Soluble Vitamins		
<i>ascorbic acid SOLN IJ</i>	3	QL(0.4 ML daily)
NIACIN ER TBCR	1B	
<i>niacinamide TABS 500 MG</i>	1A	
<i>niacinamide TABS 100 MG</i>	1B	
<i>niacin CPCR 250 MG, 500 MG</i>	1A	
<i>niacin TABS</i>	1A	
<i>niacin TBCR</i>	1A	

INDEX

abacavir sulfate SOLN	30	ACTHAR GEL	45	AIMSCO LUBRICATED MISC	51
abacavir sulfate TABS	30	ACTHIB SOLR IM	64	AIRDUO DIGIHALER	9
abacavir sulfate-lamivudine	30	ACTIMMUNE 100 MCG/0.5ML ...	27	AIRSUPRA	9
ABELCET	18	ACTIVELLA TABS 1 MG-0.5 MG (estradiol & norethindrone acetate) 46		AKYNZEO	17
abiraterone acetate 250 MG	25	acyclovir CAPS	32	albendazole	7
abiraterone acetate 500 MG	25	acyclovir SUSP	32	albuterol sulfate AERS	9
ABRYSVO	65	acyclovir TABS PO	32	albuterol sulfate NEBU	9
acamprosate calcium	61	acyclovir TABS PO	32	albuterol sulfate SYRP	9
acarbose	14	acyclovir topical CREA	40	albuterol sulfate TABS	9
acebutolol hcl CAPS	32	acyclovir topical OINT	40	alclometasone dipropionate CREA	40
acetaminophen w/ codeine SOLN ..	6	acyclovir topical OINT	40	alclometasone dipropionate OINT	.40
acetaminophen w/ codeine TABS 15 MG-300 MG	6	ADACEL SUSP	63	ALDURAZYME	45
acetaminophen w/ codeine TABS 30 MG-300 MG	6	adapalene CREA	37	ALECENSA	26
acetaminophen w/ codeine TABS 60 MG-300 MG	6	adapalene GEL	37	alendronate sodium TABS 35 MG, 70 MG	44
acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG	6	adapalene-benzoyl peroxide GEL 2.5 %-0.1 %	37	alendronate sodium TABS 5 MG, 10 MG	44
acetazolamide CP12	43	ADCETRIS	24	alfuzosin hcl	48
acetazolamide sodium	43	adefovir dipivoxil	31	ALINIA SUSR	21
acetazolamide TABS 125 MG	43	ADEMPAS	34	aliskiren fumarate	21
acetazolamide TABS 250 MG	44	ADTHYZA TABS 16.25 MG, 32.5 MG, 65 MG, 97.5 MG, 130 MG ...	63	allopurinol 100 MG, 300 MG	48
acetic acid (otic)	59	ADVATE	48	almotriptan malate 12.5 MG	53
acetic acid 0.25 %	47	ADYNOVATE	48	almotriptan malate 6.25 MG	53
acetylcysteine SOLN	37	AFLURIA PRESERVATIVE FREE SUSY	65	ALOCRIAL	59
acitretin 10 MG, 17.5 MG	39	AFLURIA QUADRIVALENT SUSP	65	alogliptin benzoate	16
acitretin 25 MG	39	AFLURIA QUADRIVALENT SUSY 0.5 ML	65	alogliptin-metformin hcl	15
ACTEMRA ACTPEN SOAJ	3	AFLURIA SUSP	65	alogliptin-pioglitazone 15 MG-25 MG, 30 MG-25 MG, 45 MG-25 MG	15
ACTEMRA SOLN	3	AFSTYLA 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 2500 UNIT	48	alogliptin-pioglitazone 30 MG-12.5 MG, 45 MG-12.5 MG	15
ACTEMRA SOSY	3	AIMOVIG	53	ALOMIDE	59

alose tron hcl	47	amiodarone hcl TABS	8	amphetamine-dextroamphetamine CP24 5 MG, 10 MG	1
alprazolam TABS 0.25 MG, 0.5 MG, 1 MG	8	amitriptyline hcl TABS	14	amphetamine-dextroamphetamine TABS 30 MG	1
alprazolam TABS 2 MG	8	amlodipine besylate TABS	33	amphetamine-dextroamphetamine TABS 5 MG, 7.5 MG, 10 MG, 12.5 MG, 15 MG, 20 MG	1
alprazolam TB24	8	amlodipine besylate-atorvastatin calcium	33	amphotericin b IV	18
alprazolam TBDP	8	amlodipine besylate-benazepril hcl 20		amphotericin b liposome	18
ALPROLIX	48	amlodipine besylate-olmesartan medoxomil	20	ampicillin & sulbactam sodium IJ 1 GM-0.5 GM, 2 GM-1 GM	60
ALREX SUSP (lote prednol etabonate)	58	amlodipine besylate-valsartan	20	ampicillin CAPS 500 MG	60
ALTABAX	38	amlodipine-valsartan- hydrochlorothiazide	20	ampicillin sodium IJ 1 GM	60
ALTUVIII O 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT	48	amoxapine	14	anagrelide hcl	49
ALUNBRIG TABS	26	amoxicillin & pot clavulanate CHEW . 60		anastrozole	25
ALUNBRIG TBPK	26	amoxicillin & pot clavulanate SUSR 60		ANDRODERM PT24 2 MG/24HR, 4 MG/24HR	7
ALVESCO	9	amoxicillin & pot clavulanate TABS 60		ANGELIQ	46
alvimopan	47	amoxicillin & pot clavulanate TB12 60		ANNOVERA	36
amantadine hcl CAPS	28	amoxicillin CAPS	60	ANORO ELLIPTA	9
amantadine hcl SOLN	28	amoxicillin CHEW 125 MG, 250 MG . 60		ANZEMET TABS 50 MG	17
amantadine hcl TABS	28	amoxicillin SUSR 125 MG/5ML	60	APIDRA SOLN	16
ambrisentan	34	amoxicillin SUSR 200 MG/5ML, 250 MG/5ML, 400 MG/5ML	60	APIDRA SOLOSTAR SOPN	16
amcinonide CREA	40	amoxicillin TABS	60	apomorphine hydrochloride SOCT 28	
amcinonide LOTN	40	amoxicillin-clarithromycin w/ lansoprazole THPK	64	apraclonidine hcl	58
amcinonide OINT	40	amphetamine sulfate TABS	1	aprepitant CAPS 40 MG, 125 MG .	18
amikacin sulfate SOLN 1 GM/4ML, 500 MG/2ML	2	amphetamine-dextroamphetamine CP24 15 MG	1	aprepitant CAPS 80 MG	17
amiloride & hydrochlorothiazide ..	44	amphetamine-dextroamphetamine CP24 20 MG, 25 MG, 30 MG	1	aprepitant CAPS	17
amiloride hcl TABS	44			aprepitant MISC	18
aminocaproic acid TABS	50			APTIOM	11
aminophylline SOLN	10			APTIVUS CAPS	30
amiodarone hcl SOLN 150 MG/3ML . 8				ARANESP (ALBUMIN FREE) SOLN	

25 MCG/ML	49	atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG	1	azithromycin SUSR	51
ARANESP (ALBUMIN FREE) SOLN 40 MCG/ML, 60 MCG/ML, 100 MCG/ML	49	atomoxetine hcl 60 MG, 80 MG, 100 MG	1	azithromycin TABS 250 MG	51
ARANESP (ALBUMIN FREE) SOSY 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML	49	atorvastatin calcium TABS	19	azithromycin TABS 500 MG	51
ARCALYST	3	atovaquone	21	azithromycin TABS 600 MG	51
AREXVY	65	atovaquone-proguanil hcl	22	aztreonam 1 GM	22
arformoterol tartrate	9	atracurium besylate 50 MG/5ML, 100 MG/10ML	58	bacitracin (ophthalmic)	58
ARIKAYCE	2	atropine sulfate SOLN IJ 0.4 MG/ML, 1 MG/ML	63	bacitracin	21
aripiprazole SOLN PO	30	atropine sulfate SOSY IJ 0.25 MG/5ML	63	baclofen TABS	57
aripiprazole TABS	30	ATROVENT HFA	9	balsalazide disodium CAPS	47
armodafinil	1	AURANOFIN 3 MG	3	BALVERSA	26
ARMOUR THYROID TABS	63	AUSTEDO TABS	61	BANZEL TABS 200 MG (rufinamide) 11	
ARNUITY ELLIPTA	9	AUSTEDO XR PATIENT TITRATION TEPK	61	BANZEL TABS 400 MG (rufinamide) 11	
arsenic trioxide 10 MG/10ML	27	AUSTEDO XR TB24	61	BAXDELA SOLR	46
ARZERRA	24	avanafil	33	BAXDELA TABS	46
ascorbic acid SOLN IJ	68	AVONEX PEN AJKT	61	BELSOMRA	50
asenapine maleate 2.5 MG	29	AVONEX PREFILLED PSKT	61	benazepril & hydrochlorothiazide 12.5 MG-10 MG, 25 MG-20 MG ...	20
asenapine maleate 5 MG, 10 MG ..	29	AYVAKIT	25	benazepril & hydrochlorothiazide 12.5 MG-20 MG, 6.25 MG-5 MG ..	20
aspirin CHEW	5	azacitidine SUSR	23	benazepril hcl	19
aspirin TABS 325 MG	5	AZATHIOPRINE SODIUM	55	bendamustine hcl SOLR	23
aspirin TBEC 325 MG	5	azathioprine TABS	55	BENEFIX KIT	48
aspirin TBEC 81 MG	5	azelaic acid GEL	43	BENZEPRO CREAMY WASH LIQD . 37	
aspirin-dipyridamole	49	azelastine hcl (ophth)	59	BENZEPRO FOAM 5.3 %	37
atazanavir sulfate CAPS 150 MG, 300 MG	30	azelastine hcl	57	benzonatate 100 MG	37
atazanavir sulfate CAPS 200 MG ..	30	AZELEX	37	benzonatate 150 MG	37
atenolol & chlorthalidone	20	azithromycin PACK	51	benzonatate 200 MG	37
atenolol TABS	32	azithromycin SOLR	51	benzoyl peroxide FOAM 5.3 %, 9.8 %	37
ATGAM	55				

benzoyl peroxide GEL 10 %	37	bexarotene	27	BRIVIACT TABS	11
benzoyl peroxide GEL 5 %	37	BEXSERO	64	bromfenac sodium (ophth)	59
benzoyl peroxide LIQD 4 %, 10 %	37	bicalutamide	25	bromocriptine mesylate CAPS	28
benzoyl peroxide-erythromycin GEL	37	BIJUVA	46	bromocriptine mesylate TABS 2.5 MG	28
benztropine mesylate SOLN	28	BIKTARVY	30	BRUKINSA	26
benztropine mesylate TABS	28	bimatoprost SOLN	59	budesonide (inhalation) SUSP	9
bepotastine besilate	59	bisacodyl SUPP	50	budesonide (intrarectal)	7
BESIVANCE	58	bisacodyl TBEC	50	budesonide (nasal)	57
betaine	45	bisoprolol & hydrochlorothiazide	20	budesonide CPEP	36
betamethasone dipropionate (topical) CREA	40	bisoprolol fumarate	32	budesonide-formoterol fumarate dihydrate	10
betamethasone dipropionate (topical) LOTN	40	bleomycin sulfate 15 UNIT	25	bumetanide SOLN 0.25 MG/ML	44
betamethasone dipropionate (topical) OINT	40	BOOSTRIX SUSP	63	bumetanide TABS	44
betamethasone dipropionate augmented CREA	40	BOOSTRIX SUSY	63	buprenorphine hcl SOLN	7
betamethasone dipropionate augmented LOTN	40	bortezomib SOLR IJ	26	buprenorphine hcl SUBL	7
betamethasone dipropionate augmented OINT	40	BORTEZOMIB SOLR IV 3.5 MG	26	buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG	7
betamethasone valerate CREA	41	bosentan TABS 125 MG	34	buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG	7
betamethasone valerate FOAM	41	bosentan TABS 62.5 MG	34	buprenorphine hcl-naloxone hcl dihydrate SUBL	7
betamethasone valerate LOTN	41	BOSULIF TABS 100 MG, 500 MG	26	buprenorphine PTWK	7
betamethasone valerate OINT	41	BOSULIF TABS 400 MG	26	bupropion hcl (smoking deterrent)	62
BETASERON KIT	61	BRAFTOVI 75 MG	26	bupropion hcl TABS	13
betaxolol hcl (ophth) SOLN	58	BREO ELLIPTA (fluticasone furoate-vilanterol)	9	bupropion hcl TB12 100 MG	13
betaxolol hcl	32	BREO ELLIPTA	9	bupropion hcl TB12 150 MG	13
bethanechol chloride 25 MG	64	BREZTRI AEROSPHERE	9	bupropion hcl TB12 200 MG	13
bethanechol chloride 5 MG, 10 MG, 50 MG	64	BRILINTA	49	bupropion hcl TB24 150 MG	13
bexarotene (topical)	39	brimonidine tartrate (topical)	43	bupropion hcl TB24 300 MG	13
		brimonidine tartrate 0.15 %, 0.2 %	58	buspironone hcl 5 MG	8
		brimonidine tartrate-timolol maleate	58		
		brinzolamide	59		
		BRIVIACT SOLN PO 10 MG/ML	11		

bupirone hcl 7.5 MG, 10 MG, 15 MG, 30 MG	8	calcitriol CAPS	45	carbinoxamine maleate SOLN	18
busulfan SOLN	23	calcitriol SOLN IV	45	carbinoxamine maleate TABS 4 MG . 18	
butalbital-acetaminophen TABS 50 MG-325 MG	4	calcium acetate (phosphate binder) CAPS	47	carboplatin SOLN 50 MG/5ML	23
butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG	4	calcium acetate (phosphate binder) TABs	47	carisoprodol TABS	57
butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG	4	calcium chloride (dihydrate) SOLN	54	carmustine	23
butalbital-acetaminophen-caffeine TABs 40 MG-50 MG-325 MG	4	calcium polycarbophil TABS	50	carteolol hcl (ophth)	58
butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG	6	CALQUENCE	26	carvedilol	32
butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG	6	candesartan cilexetil	20	carvedilol phosphate	32
butalbital-aspirin-caffeine CAPS	4	candesartan cilexetil- hydrochlorothiazide	20	caspofungin acetate	18
butalbital-aspirin-caffeine w/cod	6	capecitabine	24	CAYA DPRH	51
butenafine hcl	38	CAPRELSA	26	CAYSTON	22
butorphanol tartrate IJ 1 MG/ML, 2 MG/ML	7	captopril 12.5 MG	19	cefaclor CAPS	34
butorphanol tartrate NA 10 MG/ML	7	captopril 25 MG, 50 MG, 100 MG	19	cefaclor SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML	34
cabergoline	46	CAPVAXIVE	64	cefadroxil CAPS	34
CABOMETYX TABS	26	carbamazepine CHEW 100 MG	11	cefadroxil SUSR	34
calcipotriene CREA	39	carbamazepine CP12 100 MG	11	cefadroxil TABS	34
calcipotriene OINT	39	carbamazepine CP12 200 MG	11	cefazolin sodium SOLR IJ 1 GM, 10 GM, 500 MG	34
calcipotriene SOLN	39	carbamazepine CP12 300 MG	11	cefdinir CAPS	34
calcipotriene-betamethasone dipropionate OINT	41	carbamazepine CP12 300 MG	11	cefdinir SUSR	34
calcipotriene-betamethasone dipropionate SUSP	41	carbamazepine SUSP	11	cefepime hcl SOLR IV 2 GM	35
calcitonin (salmon) NA	44	carbamazepine TABS	11	cefepime hcl SOLR IV 2 GM	35
calcitriol (topical)	39	carbamazepine TB12 100 MG, 400 MG	11	cefixime CAPS	35
		carbamazepine TB12 200 MG	11	cefixime SUSR	35
		carbidopa	28	cefotetan disodium IJ 1 GM, 2 GM	34
		carbidopa-levodopa TABS	28	cefoxitin sodium IV 1 GM, 2 GM	34
		carbidopa-levodopa TBCR	28	cefpodoxime proxetil SUSR	35
		carbidopa-levodopa TBCR	28	cefpodoxime proxetil TABS	35
		carbidopa-levodopa TBCR	28	cefprozil SUSR	34
		carbidopa-levodopa TBCR	28	cefprozil TABS	34
		carbidopa-levodopa TBCR	28		

ceftazidime IJ 1 GM, 6 GM 35	CHOLBAM 47	citalopram hydrobromide SOLN ... 13
ceftriaxone sodium IJ 1 GM, 2 GM, 500 MG 35	cholecalciferol CAPS 67	citalopram hydrobromide TABS 10 MG 13
ceftriaxone sodium IJ 250 MG 35	cholecalciferol TABS 10 MCG, 400 UNIT 67	citalopram hydrobromide TABS 20 MG 13
cefuroxime axetil TABS 34	cholestyramine light PACK 19	citalopram hydrobromide TABS 40 MG 13
cefuroxime sodium IJ 750 MG 34	cholestyramine light POWD 19	clarithromycin SUSR 51
celecoxib 3	cholestyramine PACK 19	clarithromycin TABS 51
cephalexin CAPS 34	cholestyramine POWD 19	clarithromycin TB24 51
cephalexin SUSR 34	choline fenofibrate 19	CLASSIC PRENATAL TABS 56
CERDELGA 49	CHORIONIC GONADOTROPIN IM 45	clemastine fumarate SYRP 18
CEREZYME 400 UNIT 49	ciclopirox GEL 38	clemastine fumarate TABS 2.68 MG . 18
cetirizine hcl TABS 18	ciclopirox olamine CREA 38	CLIMARA PRO 46
cevimeline hcl 56	ciclopirox olamine SUSP 38	clindamycin hcl 22
CHEMET 17	ciclopirox SHAM 38	clindamycin palmitate hydrochloride . 22
CHEMSTRIP K STRP 43	ciclopirox SOLN 38	clindamycin phosphate (topical) FOAM 37
chloramphenicol sodium succinate 22	cidofovir 31	clindamycin phosphate (topical) GEL 37
chlordiazepoxide hcl CAPS 8	cilostazol 49	clindamycin phosphate (topical) LOTN 37
chlordiazepoxide hcl-clidinium bromide 63	CIMDUO 30	clindamycin phosphate (topical) SOLN 37
chlordiazepoxide-amitriptyline 61	cimetidine TABS 63	clindamycin phosphate (topical) SWAB 37
chlorhexidine gluconate (mouth- throat) 56	cinacalcet hcl 45	clindamycin phosphate SOLN IJ 9 GM/60ML, 300 MG/2ML, 600 MG/4ML, 900 MG/6ML, 9000 MG/60ML 22
chloroquine phosphate TABS 250 MG 22	ciprofloxacin hcl (ophth) SOLN 58	clindamycin phosphate vaginal CREA 67
chloroquine phosphate TABS 500 MG 22	ciprofloxacin hcl (otic) 59	clindamycin phosphate-benzoyl
chlorpromazine hcl SOLN 30	ciprofloxacin hcl TABS 46	
chlorpromazine hcl TABS 30	ciprofloxacin in d5w 200 MG/100ML . 46	
chlorthalidone 25 MG, 50 MG 44	ciprofloxacin SUSR 46	
chlorzoxazone TABS 500 MG 57	ciprofloxacin-dexamethasone 59	
chlorzoxazone TABS 750 MG 57	ciprofloxacin-fluocinolone acetonide . 59	
	cisplatin SOLN 100 MG/100ML 23	

peroxide (refrigerate)	38	clotrimazole	56	COPIKTRA	26
clindamycin phosphate-benzoyl peroxide GEL 5 %-1 %	38	clotrimazole vaginal CREA 1 % ...	67	CORDRAN TAPE	41
clindamycin phosphate-tretinoin ..	38	clotrimazole w/ betamethasone CREA	38	CORTISPORIN-TC	59
CLINIMIX E/DEXTROSE (5/20) ...	58	clotrimazole w/ betamethasone LOTN	38	COSENTYX (300 MG DOSE) SOSY .	39
CLINIMIX/DEXTROSE (4.25/10) ..	58	clozapine TABS	29	COSENTYX SENSOREADY (300 MG) SOAJ	39
CLINIMIX/DEXTROSE (4.25/5) ...	58	clozapine TBDP 100 MG	29	COSENTYX SENSOREADY PEN SOAJ	40
clobazam SUSP	11	clozapine TBDP 12.5 MG, 150 MG 29		COSENTYX SOSY 150 MG/ML ...	40
clobazam TABS	11	clozapine TBDP 25 MG	29	COSENTYX SOSY 75 MG/0.5ML .	40
clobetasol propionate CREA 0.05 % .	41	COARTEM	22	COSENTYX UNOREADY SOAJ ..	40
clobetasol propionate emollient base 0.05 %	41	codeine sulfate TABS 30 MG	5	CREON CPEP	43
clobetasol propionate FOAM	41	CODEINE SULFATE TABS	5	CRESEMBA CAPS 186 MG	18
clobetasol propionate GEL 0.05 %	41	colchicine TABS	48	cromolyn sodium (ophth)	59
clobetasol propionate OINT 0.05 %	41	colchicine w/ probenecid	48	cromolyn sodium NEBU	9
clobetasol propionate SOLN 0.05 % .	41	colesevelam hcl PACK	19	crotamiton LOTN	43
clocortolone pivalate	41	colesevelam hcl TABS	19	CVS PRENATAL TABS 100 MG-2.6 MG-800 MCG-400 UNIT-4 MCG-1.7 MG-18 MG-27 MG-1.5 MG-25 MG- 263 MG-11 UNIT-4000 UNIT	56
clofarabine	24	colestipol hcl GRAN	19	cyanocobalamin SOLN IJ 1000 MCG/ML	49
clomiphene citrate TABS	45	colestipol hcl PACK	19	cyclobenzaprine hcl TABS 5 MG, 10 MG	57
clomipramine hcl	14	colestipol hcl TABS	19	cyclophosphamide CAPS	23
clonazepam TABS	11	COMBIPATCH PTTW	46	cyclophosphamide SOLR IJ	23
clonidine hcl (adhd) TB12	1	COMETRIQ (100 MG DAILY DOSE) KIT	26	cycloserine	23
clonidine hcl TABS	20	COMETRIQ (140 MG DAILY DOSE) KIT	26	cyclosporine (ophth) EMUL	58
clonidine PTWK	20	COMETRIQ (60 MG DAILY DOSE) KIT	26	cyclosporine CAPS	55
clopidogrel bisulfate 300 MG	49	COMIRNATY SUSP	65	cyclosporine modified (for microemulsion) CAPS	55
clopidogrel bisulfate 75 MG	49	COMIRNATY SUSY	65	cyclosporine modified (for	
clorazepate dipotassium TABS	8	COMPLERA	30		
clotrimazole (topical) CREA	38	CONTRAIVE	1		
clotrimazole (topical) SOLN	38				

microemulsion) SOLN	55	darunavir TABS	30	desogestrel-ethinyl estradiol (triphasic)	35
cyclosporine SOLN IV 50 MG/ML ..	55	dasatinib	26	desonide CREA	41
CYLTEZO (2 PEN) AJKT	2	DAURISMO	24	desonide LOTN	41
CYLTEZO (2 SYRINGE) PSKT 10 MG/0.2ML, 40 MG/0.4ML	3	DEBACTEROL	56	desonide OINT	41
CYLTEZO (2 SYRINGE) PSKT 20 MG/0.4ML, 40 MG/0.8ML	2	decitabine	24	desoximetasone CREA 0.25 % ...	41
CYLTEZO-CD/UC/HS STARTER AJKT	3	deferasirox PACK	17	desoximetasone GEL	41
CYLTEZO-PSORIASIS/UV STARTER AJKT	3	deferasirox TABS	17	desoximetasone OINT 0.25 %	41
cyproheptadine hcl SYRP	19	deferasirox TBSO	17	desvenlafaxine succinate 100 MG .	14
cyproheptadine hcl TABS	19	deflazacort SUSP	36	desvenlafaxine succinate 25 MG, 50 MG	14
CYSTAGON CAPS	47	deflazacort TABS	36	dexamethasone ELIX	36
CYSTARAN	59	DELSTRIGO	30	DEXAMETHASONE INTENSOL CONC	36
cytarabine SOLN	24	demeclocycline hcl TABS	62	dexamethasone sodium phosphate (ophth)	58
dabigatran etexilate mesylate CAPS . 11		DEPO-ESTRADIOL	46	dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML	36
dacarbazine SOLR 200 MG	28	DEPO-MEDROL SUSP	36	dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML	36
dactinomycin	26	DEPO-SUBQ PROVERA 104 SUSY SC	36	dexamethasone sodium phosphate SOSY IJ 4 MG/ML	36
dalfampridine	61	desipramine hcl TABS	14	dexamethasone SOLN	36
danazol CAPS	7	desloratadine TABS	18	dexamethasone TABS 0.5 MG, 0.75 MG	36
dantrolene sodium CAPS	57	desloratadine TBDP 2.5 MG	18	dexamethasone TABS 1 MG, 1.5 MG, 2 MG, 4 MG, 6 MG	36
dapagliflozin propanediol	16	desmopressin acetate SOLN IJ ...	45	dexchlorpheniramine maleate SOLN . 18	
dapagliflozin propanediol-metformin hcl 1000 MG-10 MG	15	DESMOPRESSIN ACETATE SOLN NA	45	dexlansoprazole	64
dapagliflozin propanediol-metformin hcl 1000 MG-5 MG	15	desmopressin acetate spray	45	dexmethylphenidate hcl CP24	1
dapsone	22	desmopressin acetate spray refrigerated 0.01 %	45	dexmethylphenidate hcl TABS	1
DAPTACEL	63	desmopressin acetate TABS 0.1 MG 45		dextroamphetamine sulfate CP24 10 MG, 15 MG	1
daptomycin 500 MG	22	desmopressin acetate TABS 0.2 MG 46		dextroamphetamine sulfate CP24 5	
darifenacin hydrobromide	64	desogestrel & ethinyl estradiol	35		
		desogestrel-ethinyl estradiol (biphasic)	35		

MG	1	DIFICID TABS	51	diltiazem hcl TB24	33
dextroamphetamine sulfate TABS 2.5 MG, 7.5 MG, 15 MG, 20 MG, 30 MG . 1		diflorasone diacetate CREA	41	dimethyl fumarate CDPK	61
dextroamphetamine sulfate TABS 5 MG, 10 MG	1	diflorasone diacetate OINT	41	dimethyl fumarate CPDR	61
dextrose in lactated ringers	54	diflunisal TABS	5	DIPENTUM	47
DIACOMIT CAPS 250 MG	11	difluprednate	58	diphenhydramine hcl CAPS 50 MG 18	
DIACOMIT CAPS 500 MG	11	digoxin SOLN PO 0.05 MG/ML	33	diphenhydramine hcl ELIX 12.5 MG/5ML	18
DIACOMIT PACK 250 MG	11	digoxin TABS 62.5 MCG, 125 MCG, 250 MCG	33	diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML	18
DIACOMIT PACK 500 MG	11	dihydroergotamine mesylate SOLN IJ 1 MG/ML	53	diphenhydramine hcl SOLN 50 MG/ML	18
diazepam (anticonvulsant) GEL ...	11	dihydroergotamine mesylate SOLN NA 4 MG/ML	53	diphenoxylate w/ atropine LIQD ...	17
diazepam CONC	8	DILANTIN (phenytoin sodium extended)	12	diphenoxylate w/ atropine TABS ...	17
diazepam SOLN PO 5 MG/5ML	8	DILANTIN	12	DIPHThERIA-TETANUS TOXOIDS DT SUSP	63
diazepam TABS	8	DILANTIN INFATABS CHEW (phenytoin)	12	dipyridamole	49
diazoxide	15	DILANTIN SUSP (phenytoin)	12	disopyramide phosphate CAPS	8
dichlorphenamide	44	DILANTIN-125 SUSP (phenytoin) .	12	disulfiram	61
diclofenac epolamine PTCH EX ...	39	diltiazem hcl coated beads CP24 120 MG, 300 MG, 360 MG	33	DIURIL SUSP	44
diclofenac potassium TABS 50 MG .4		diltiazem hcl coated beads CP24 180 MG, 240 MG	33	divalproex sodium TB24	13
diclofenac sodium (actinic keratoses) EX	39	diltiazem hcl CP12	33	divalproex sodium TBEC	13
diclofenac sodium (ophth)	59	diltiazem hcl CP24	33	docetaxel CONC 20 MG/ML	28
diclofenac sodium (topical) GEL EX 39		diltiazem hcl extended release beads 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	33	docetaxel SOLN 20 MG/2ML	28
diclofenac sodium TB24	4	diltiazem hcl extended release beads 420 MG	33	docusate calcium	50
diclofenac sodium TBEC	4	DILTIAZEM HCL SOLR	33	docusate sodium CAPS 100 MG ..	50
diclofenac w/ misoprostol TBEC	4	diltiazem hcl TABS	33	docusate sodium CAPS 250 MG ..	50
dicloxacillin sodium	60	DILTIAZEM HCL SOLR	33	dofetilide	9
dicyclomine hcl CAPS	63	diltiazem hcl TABS	33	donepezil hydrochloride TABS 10 MG	61
dicyclomine hcl SOLN PO	63			donepezil hydrochloride TABS 5 MG, 23 MG	61
dicyclomine hcl TABS	63				
DIFFERIN LOTN	38				

donepezil hydrochloride TBDP 10 MG	61	drospirenone-ethinyl estradiol-levomefolate calcium	35	disoproxil fumarate	30
donepezil hydrochloride TBDP 5 MG 61		DROXIA CAPS	49	EGRIFTA SV	45
DOPTELET	49	DUAVEE	46	ELAPRASE	45
dorzolamide hcl	59	DULERA	10	electrolyte-148	54
dorzolamide hcl-timolol maleate ..	58	duloxetine hcl CPEP 20 MG, 30 MG, 60 MG	14	electrolyte-a	54
DOVATO	30	duloxetine hcl CPEP 40 MG	14	ELESTRIN GEL	46
doxazosin mesylate	20	DUPIXENT SOAJ 200 MG/1.14ML 42		eletriptan hydrobromide	53
doxepin hcl (antipruritic)	39	DUPIXENT SOAJ 300 MG/2ML ...	42	ELIGARD KIT SC 7.5 MG	25
doxepin hcl (sleep)	50	DUPIXENT SOSY 100 MG/0.67ML 42		ELIGARD SC 22.5 MG, 30 MG, 45 MG	25
doxepin hcl CAPS	14	DUPIXENT SOSY 200 MG/1.14ML 42		ELIQUIS DVT/PE STARTER PACK TBPK	10
doxepin hcl CONC	14	DUPIXENT SOSY 300 MG/2ML ...	42	ELIQUIS TABS	10
doxercalciferol CAPS	45	DUREX EXTRA SENSITIVE THIN DEVI	51	ELLA	36
doxercalciferol SOLN	45	DUREX EXTRA SENSITIVE THIN MISC	51	ELMIRON CAPS	48
doxorubicin hcl liposomal SUSP ...	26	DUREX TROPICAL MISC	51	ELOCTATE	48
doxorubicin hcl SOLN	26	dutasteride	48	EMCYT	25
doxorubicin hcl SOLR 10 MG, 50 MG	26	dutasteride-tamsulosin hcl	48	EMFLAZA SUSP (deflazacort)	36
doxycycline (monohydrate) CAPS 50 MG, 100 MG	63	econazole nitrate CREA	38	EMGALITY (300 MG DOSE) SOSY 53	
doxycycline (monohydrate) CAPS 75 MG	62	EDARBI	20	EMGALITY SOAJ	53
doxycycline (monohydrate) TABS 100 MG	63	EDURANT	30	EMGALITY SOSY	53
doxycycline (monohydrate) TABS 50 MG, 75 MG	63	efavirenz CAPS 200 MG	30	EMSAM	13
doxycycline hyclate CAPS	63	efavirenz CAPS 50 MG	30	emtricitabine CAPS	30
doxycycline hyclate SOLR	63	efavirenz TABS	30	emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG	30
doxycycline hyclate TABS 20 MG, 100 MG	63	efavirenz-emtricitabine-tenofovir disoproxil fumarate	30	emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG	30
doxylamine-pyridoxine TBEC	17	efavirenz-emtricitabine-tenofovir disoproxil fumarate	30	EMTRIVA SOLN	30
dronabinol CAPS	17	efavirenz-lamivudine-tenofovir		EMVERM CHEW	7
				enalapril maleate &	

hydrochlorothiazide 12.5 MG-5 MG 20	EPIVIR HBV SOLN 31	erythromycin base TBEC 51
enalapril maleate & hydrochlorothiazide 25 MG-10 MG 20	eplerenone 21	erythromycin ethylsuccinate SUSR 51
enalapril maleate TABS 20	EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML 49	erythromycin ethylsuccinate TABS 51
ENBREL MINI SOCT 4	epoprostenol sodium 33	escitalopram oxalate SOLN 13
ENBREL SOLN 4	EQL PRENATAL FORMULA TABS 56	escitalopram oxalate TABS 10 MG 13
ENBREL SOSY 25 MG/0.5ML 4	EQUETRO 100 MG 29	escitalopram oxalate TABS 20 MG 13
ENBREL SOSY 50 MG/ML 4	EQUETRO 200 MG 29	escitalopram oxalate TABS 5 MG . 13
ENBREL SURECLICK SOAJ 4	EQUETRO 300 MG 29	esomeprazole magnesium CPDR 20 MG 64
ENGERIX-B SUSP 20 MCG/ML ... 65	ERAXIS 18	esomeprazole magnesium CPDR 40 MG 64
ENGERIX-B SUSY 65	ERBITUX 24	esomeprazole magnesium TBEC . 64
enoxaparin sodium SOLN IJ 300 MG/3ML 10	ergocalciferol CAPS 67	ESPEROCT 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT 48
enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML 10	ergocalciferol SOLN PO 200 MCG/ML 67	estazolam 50
enoxaparin sodium SOSY 30 MG/0.3ML 10	ergoloid mesylates TABS 62	esterified estrogens & methyltestosterone 46
enoxaparin sodium SOSY 40 MG/0.4ML 10	ERGOMAR SUBL 53	estradiol & norethindrone acetate TABS 46
enoxaparin sodium SOSY 60 MG/0.6ML 10	ergotamine w/ caffeine TABS 53	estradiol GEL 46
enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML 10	eribulin mesylate 28	estradiol PTTW 46
ENSPRYNG 55	ERIVEDGE 25	estradiol PTWK 46
entacapone 28	ERLEADA 240 MG 25	estradiol TABS 46
entecavir TABS 31	ERLEADA 60 MG 25	estradiol vaginal CREA 67
EPIDIOLEX 11	erlotinib hcl 24	estradiol vaginal TABS 67
epinastine hcl (ophth) 59	ERTACZO 38	estradiol valerate 46
epinephrine (anaphylaxis) SOAJ 0.15 MG/0.3ML 67	ertapenem sodium IJ 21	ESTRING RING 67
epinephrine (anaphylaxis) SOAJ 0.3 MG/0.3ML 67	erythromycin (acne aid) PADS 38	ESTROGEL GEL (estradiol) 46
	erythromycin (acne aid) SOLN 38	eszopiclone 50
	erythromycin (ophth) 58	
	erythromycin base CPEP 51	
	erythromycin base TABS 51	

ethacrynic acid	44	MG/20ML	64	fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR	5
ethambutol hcl TABS	23	famotidine SUSR	64	ferrous sulfate SOLN 15 MG/ML, 15 MG/ML	49
ethosuximide CAPS	13	famotidine TABS 20 MG, 40 MG	64	ferrous sulfate TABS 325 MG, 65 MG, 325 MG	49
ethosuximide SOLN	13	FANAPT	29	ferrous sulfate TBEC 325 MG	49
ethynodiol diacet & eth estrad	35	FANAPT TITRATION PACK	29	fesoterodine fumarate	64
etodolac CAPS	4	FANTASY LUBRICATED MISC	51	FETZIMA CP24	14
etodolac TABS	4	FANTASY LUBRICATED/SPERMICIDE MISC	51	FETZIMA TITRATION C4PK	14
etonogestrel-ethinyl estradiol	36	FARXIGA (dapagliflozin propanediol)	16	finasteride	48
ETOPOPHOS	28	16	fingolimod hcl	61
etoposide CAPS	28	FASENRA PEN SOAJ	9	FIRDAPSE	23
etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML	28	FASENRA SOSY 10 MG/0.5ML	9	FIRMAGON (240 MG DOSE)	25
etravirine 100 MG	30	FASENRA SOSY 30 MG/ML	9	FIRMAGON 80 MG	25
etravirine 200 MG	30	FC2 FEMALE CONDOM	51	flavoxate hcl	64
EUCRISA	42	febuxostat	48	flecainide acetate	8
EVAMIST SOLN	46	felbamate SUSP	12	floxuridine	24
everolimus (immunosuppressant) 0.25 MG, 0.5 MG, 0.75 MG	55	felbamate TABS 400 MG	12	FLUAD	65
everolimus (immunosuppressant) 1 MG	55	felbamate TABS 600 MG	12	FLUAD QUADRIVALENT	65
everolimus TABS	26	felodipine	33	FLUARIX QUADRIVALENT SUSY	65
EVOTAZ	30	FEMCAP DEVI	51	FLUARIX SUSY	65
exemestane	25	FEMLYV TBDP	35	FLUBLOK QUADRIVALENT	65
ezetimibe	19	FEMRING	67	FLUBLOK SOSY	65
ezetimibe-simvastatin	19	fenofibrate micronized 43 MG, 130 MG	19	FLUCELVAX QUADRIVALENT SUSP	65
FALESSA	35	fenofibrate micronized 67 MG, 134 MG, 200 MG	19	FLUCELVAX QUADRIVALENT SUSY	65
famciclovir 125 MG, 250 MG	32	fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG	19	FLUCELVAX SUSP	65
famciclovir 500 MG	32	fenoprofen calcium TABS	4	FLUCELVAX SUSY	65
famotidine in nacl SOLN	63	FENSOLVI (6 MONTH) SC	45	fluconazole SUSR	18
famotidine SOLN 20 MG/2ML	63	fentanyl citrate LPOP	5		
famotidine SOLN 40 MG/4ML, 200					

fluconazole TABS	18	fluoxetine hcl CAPS 40 MG	13	50 MG	14
flucytosine	18	fluoxetine hcl CPDR	13	FLUZONE HIGH-DOSE QUADRIVALENT	66
fludarabine phosphate SOLN	24	fluoxetine hcl SOLN	13	FLUZONE HIGH-DOSE SUSY	66
fludarabine phosphate SOLR	24	fluoxetine hcl TABS 10 MG, 60 MG 14		FLUZONE QUADRIVALENT SUSP 66	
fludrocortisone acetate TABS	37	fluoxetine hcl TABS 20 MG	13	FLUZONE QUADRIVALENT SUSY 66	
FLULAVAL QUADRIVALENT SUSY . 65		fluphenazine hcl CONC	30	FLUZONE SUSP	66
FLULAVAL SUSY	66	fluphenazine hcl ELIX	30	FLUZONE SUSY	66
FLUMIST	66	fluphenazine hcl SOLN	30	FML FORTE SUSP	58
FLUMIST QUADRIVALENT	66	fluphenazine hcl TABS	30	folic acid TABS	49
flunisolide (nasal)	57	flurandrenolide CREA	41	fondaparinux sodium 10 MG/0.8ML 10	
fluocinolone acetonide (otic)	59	flurandrenolide LOTN	41	fondaparinux sodium 2.5 MG/0.5ML . 10	
fluocinolone acetonide CREA 0.01 % 41		flurazepam hcl	50	fondaparinux sodium 5 MG/0.4ML .10	
fluocinolone acetonide CREA 0.025 %	41	flurbiprofen sodium	59	fondaparinux sodium 7.5 MG/0.6ML . 11	
fluocinolone acetonide OIL	41	flurbiprofen TABS	4	FORA GTEL BLOOD KETONE TEST	43
fluocinolone acetonide OINT	41	fluticasone furoate-vilanterol	10	FORA TEST N'GO ADV-VOICE-6 CON	43
fluocinolone acetonide SOLN	41	fluticasone propionate (inhalation) AEPB	9	formoterol fumarate NEBU	10
fluocinonide CREA 0.05 %	41	fluticasone propionate (nasal) SUSP . 57		FOSAMAX PLUS D	44
fluocinonide CREA 0.1 %	41	fluticasone propionate CREA 0.05 % 41		fosamprenavir calcium TABS	30
fluocinonide emulsified base	41	fluticasone propionate hfa	9	fosfomycin tromethamine	22
fluocinonide GEL	41	fluticasone propionate LOTN	41	fosinopril sodium & hydrochlorothiazide	20
fluocinonide OINT	41	fluticasone propionate OINT	41	fosinopril sodium	20
fluocinonide SOLN	41	fluticasone-salmeterol AEPB	10	fosphenytoin sodium	12
fluorometholone (ophth) SUSP	58	fluticasone-salmeterol AERO	10	FRAGMIN SOSY	11
fluorouracil (topical) CREA 5 %	39	fluvastatin sodium CAPS 20 MG	19	FREESTYLE LIBRE 14 DAY	
fluorouracil (topical) SOLN	39	fluvastatin sodium CAPS 40 MG	19		
fluorouracil 500 MG/10ML	24	fluvoxamine maleate TABS 100 MG . 14			
fluoxetine hcl CAPS 10 MG	13	fluvoxamine maleate TABS 25 MG,			
fluoxetine hcl CAPS 20 MG	13				

READER	52	GM/25ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	60	61	GLEOSTINE 10 MG	23
FREESTYLE LIBRE 14 DAY SENSOR	52	GAMMAGARD 30 GM/300ML	60		GLEOSTINE 40 MG, 100 MG	23
FREESTYLE LIBRE 2 PLUS SENSOR	52	GAMMAGARD S/D LESS IGA SOLR	60		glimepiride 1 MG, 2 MG	16
FREESTYLE LIBRE 2 READER ..	52	GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	60		glimepiride 4 MG	16
FREESTYLE LIBRE 2 SENSOR ..	52	GAMUNEX-C	60		glipizide TABS 5 MG, 10 MG	16
FREESTYLE LIBRE 3 PLUS SENSOR	52	ganciclovir sodium SOLR	31		glipizide TB24	16
FREESTYLE LIBRE 3 READER ..	52	ganirelix acetate	45		glipizide-metformin hcl 250 MG-2.5 MG, 500 MG-2.5 MG	15
FREESTYLE LIBRE 3 SENSOR ..	52	GARDASIL 9 SUSP	66		glipizide-metformin hcl 500 MG-5 MG	15
FREESTYLE LIBRE READER	52	GARDASIL 9 SUSY	66		GLUCAGEN DIAGNOSTIC	43
frovatriptan succinate	53	gatifloxacin (ophth)	58		glucagon (rdna)	15
FT PRENATAL TABS	56	gefitinib	24		glyburide micronized 1.5 MG, 3 MG, 6 MG	16
fulvestrant SOSY	25	gemcitabine hcl SOLR 2 GM, 200 MG	24		glyburide TABS	17
furosemide SOLN PO 8 MG/ML, 10 MG/ML	44	gemfibrozil TABS	19		glyburide-metformin 250 MG-1.25 MG	15
furosemide TABS	44	GENOTROPIN CART SC	45		glyburide-metformin 500 MG-2.5 MG, 500 MG-5 MG	15
FUZEON SOLR	30	GENOTROPIN MINIQUICK PRSY	45		glycine (gu irrigant) SOLN 1.5 % ..	47
FYCOMPA TABS 2 MG	11	gentamicin in saline 0.8 MG/ML-0.9 %, 1 MG/ML-0.9 %, 1.2 MG/ML-0.9 %, 1.6 MG/ML-0.9 %	2		glycopyrrolate SOLN IJ 4 MG/20ML 63	
FYCOMPA TABS 4 MG	11	gentamicin sulfate (ophth) OINT ..	58		glycopyrrolate TABS 1 MG	63
FYCOMPA TABS 6 MG	11	gentamicin sulfate (ophth) SOLN ..	58		glycopyrrolate TABS 2 MG	63
FYCOMPA TABS 8 MG, 10 MG, 12 MG	11	gentamicin sulfate (topical) CREA ..	38		GLYXAMBI	15
gabapentin CAPS	11	gentamicin sulfate (topical) OINT ..	38		GNP PRENATAL TABS	56
gabapentin SOLN	12	gentamicin sulfate (topical) OINT ..	38		GOHIBIC	48
gabapentin TABS 600 MG, 800 MG 12		gentamicin sulfate IJ 40 MG/ML	2		GOJJI BLOOD KETONE TEST ...	43
galantamine hydrobromide CP24 ..	61	GENVOYA	31		granisetron hcl SOLN IV 1 MG/ML	17
galantamine hydrobromide SOLN ..	61	GILOTRIF	24		granisetron hcl TABS	17
galantamine hydrobromide TABS ..	61	glatiramer acetate SOSY 20 MG/ML . 61			GRASTEK SUBL	2
GAMMAGARD 1 GM/10ML, 2.5		glatiramer acetate SOSY 40 MG/ML .				

griseofulvin microsize SUSP	18	HUMIRA-CD/UC/HS STARTER AJKT	3	300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG	6
griseofulvin microsize TABS	18	HUMIRA-PED<40KG CROHNS STARTER PSKT	3	hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	6
griseofulvin ultramicrosize	18	HUMIRA-PED>/=40KG CROHNS START PSKT	3	hydrocodone-acetaminophen TABS 325 MG-2.5 MG	6
guanfacine hcl (adhd)	1	HUMIRA-PED>/=40KG UC STARTER AJKT	3	hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG	6
guanfacine hcl	20	HUMIRA-PS/UV/ADOL HS STARTER AJKT	3	hydrocodone-ibuprofen 7.5 MG-200 MG	7
GYNAZOLE-1	67	HUMIRA-PSORIASIS/UEVIT STARTER AJKT	3	hydrocortisone (intrarectal)	7
HAEGARDA SOLR SC	48	HUMULIN R U-500 (CONCENTRATED) SOLN SC	16	hydrocortisone (rectal) EX	7
HALAVEN (eribulin mesylate)	28	HUMULIN R U-500 KWIKPEN SOPN SC	16	hydrocortisone (topical) CREA 1 %, 2.5 %	41
halcinonide CREA	41	HYCAMTIN CAPS	28	hydrocortisone (topical) LOTN 2.5 % . 41	
halobetasol propionate CREA	41	hydralazine hcl SOLN	21	hydrocortisone (topical) OINT 1 %, 2.5 %	41
halobetasol propionate OINT	41	hydralazine hcl TABS	21	hydrocortisone acetate (rectal)	7
HALOG OINT	41	hydrochlorothiazide CAPS	44	hydrocortisone butyrate CREA	42
haloperidol decanoate	29	hydrochlorothiazide TABS 12.5 MG 44		hydrocortisone butyrate OINT	42
haloperidol lactate CONC	29	hydrochlorothiazide TABS 25 MG, 50 MG	44	hydrocortisone sod succinate 100 MG	36
haloperidol lactate SOLN	29	hydrocodone bitartrate CP12	5	hydrocortisone TABS	36
haloperidol TABS	29	hydrocodone bitartrate T24A	5	hydrocortisone vaginal	67
HAVRIX	66	hydrocodone polistirex- chlorpheniramine polistirex SUER .	37	hydrocortisone valerate CREA	42
HEALON PRO SOSY	59	hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML	6	hydrocortisone valerate OINT	42
HEMANGEOL SOLN PO	32	hydrocodone-acetaminophen SOLN 325 MG/15ML-10 MG/15ML	6	hydrocortisone w/acetic acid	59
HEPARIN (PORCINE) IN NAACL SOLN IV 0.45 %-12500 UNIT/250ML 11		hydrocodone-acetaminophen TABS 5		hydromorphone hcl LIQD	5
heparin sodium (porcine) SOLN IJ 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	11	hydrocodone-acetaminophen SOLN 325 MG/15ML-10 MG/15ML	6	hydromorphone hcl SOLN IJ 10 MG/ML, 50 MG/5ML, 500 MG/50ML . 5	
HEPLISAV-B SOSY	66				
HIBERIX SOLR IJ	65				
HUMATROPE CART IJ	45				
HUMIRA (2 PEN) AJKT 80 MG/0.8ML	3				
HUMIRA (2 PEN) AJKT	3				
HUMIRA (2 SYRINGE) PSKT	3				

hydromorphone hcl TABS	5	ifosfamide SOLN 1 GM/20ML	23	INSULIN ASPART PROT & ASPART SUSP	16
hydromorphone hcl TB24 32 MG ...	5	ifosfamide SOLR	23	INSULIN ASPART SOLN IJ	16
hydromorphone hcl TB24 8 MG, 12 MG, 16 MG	5	imatinib mesylate TABS	26	INSULIN DEGLUDEC FLEXTOUCH SOPN	16
hydroxychloroquine sulfate 100 MG 22		IMBRUVICA CAPS 140 MG	26	INSULIN DEGLUDEC SOLN	16
hydroxychloroquine sulfate 200 MG 22		IMBRUVICA CAPS 70 MG	26	INSULIN LISPRO SOLN IJ	16
hydroxychloroquine sulfate 400 MG 23		IMBRUVICA SUSP	26	INTELENCE 25 MG	31
hydroxyurea	28	IMBRUVICA TABS	26	IONOSOL-MB IN D5W	54
hydroxyzine hcl SOLN 50 MG/ML ...	8	imipenem-cilastatin IV	21	IOPIDINE	58
hydroxyzine hcl SYRP	8	imipramine hcl TABS	14	IPOL	66
hydroxyzine hcl TABS	8	imipramine pamoate	14	ipratropium bromide (nasal) 0.03 % 57	
hydroxyzine pamoate CAPS	8	imiquimod 5 %	42	ipratropium bromide (nasal) 0.06 % 57	
HYPERSAL NEBU	37	IMPAVIDO	21	ipratropium bromide SOLN 0.02 % .	9
HYQVIA	60	INCRELEX	45	ipratropium-albuterol SOLN	10
ibandronate sodium SOLN	44	INCRUSE ELLIPTA	9	irbesartan	20
ibandronate sodium TABS	44	indapamide TABS 1.25 MG	44	irbesartan-hydrochlorothiazide ...	20
IBRANCE CAPS	26	indapamide TABS 2.5 MG	44	irinotecan hcl 40 MG/2ML, 100 MG/5ML	28
IBRANCE TABS	26	indomethacin CAPS 25 MG, 50 MG	4	irrigation solutions, physiological	55
ibuprofen SUSP 100 MG/5ML, 200 MG/10ML	4	indomethacin CPCR	4	ISENTRESS CHEW	31
ibuprofen TABS 400 MG, 600 MG ...	4	INFANRIX	63	ISENTRESS HD TABS	31
ibuprofen TABS 800 MG	4	INFLECTRA SOLR	47	ISENTRESS TABS	31
icatibant acetate SOSY	48	INGREZZA CAPS	61	ISOLYTE-P IN D5W	54
ICLUSIG	26	INGREZZA CPPK	61	ISOLYTE-S	54
icosapent ethyl 1 GM	19	INGREZZA CPSP	61	isoniazid SOLN	23
idarubicin hcl 20 MG/20ML	26	INLYTA	24	isoniazid SYRP	23
idarubicin hcl 5 MG/5ML, 10 MG/10ML	26	INREBIC	26	isoniazid TABS	23
IDELVION	48	INSULIN ASP PROT & ASP FLEXPEN SUPN	16	isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG	8
		INSULIN ASPART FLEXPEN SOPN .	16		
		INSULIN ASPART PENFILL SOCT	16		

isosorbide dinitrate-hydralazine hcl 33	dextrose & sodium chloride) 54	KISQALI (600 MG DOSE) 26
isosorbide mononitrate TABS8	KCL-LACTATED RINGERS-D5W 54	KISQALI FEMARA (200 MG DOSE) . 26
isosorbide mononitrate TB24 8	KEPIVANCE 6.25 MG 28	KISQALI FEMARA (400 MG DOSE) . 26
isotretinoin 10 MG, 20 MG, 30 MG, 40 MG38	ketoconazole (topical) CREA 38	KISQALI FEMARA (600 MG DOSE) . 26
isradipine CAPS33	ketoconazole (topical) SHAM 2 % .39	
itraconazole CAPS18	ketoconazole 18	KOGENATE FS KIT 48
itraconazole SOLN18	KETONE TEST STRP 43	KOSELUGO26
ivabradine hcl TABS 34	ketoprofen CAPS 50 MG 4	KOVALTRY 48
ivermectin (pediculicide) 43	ketorolac tromethamine (ophth) ...59	KP PRENATAL MULTIVITAMINS TABS56
ivermectin8	ketorolac tromethamine TABS 4	KRINTAFEL 23
IXEMPRA KIT 15 MG28	KETOSTIX STRP43	K-Y ME & YOU EXTRA LUBRICATED DEVI 51
JAKAFI 26	ketotifen fumarate (ophth) 0.035 % 59	K-Y ME & YOU INTENSE DEVI ... 51
JANSSEN COVID-19 VACCINE ..66	KEVZARA SOAJ 3	KYLEENA 36
JANUMET TABS15	KEVZARA SOSY3	KYPROLIS 26
JANUMET XR TB24 1000 MG-100 MG 15	KIMONO COLORS DEVI 51	labetalol hcl SOLN32
JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG 15	KIMONO MAXX-LARGE FLARE MISC 51	labetalol hcl TABS 100 MG, 200 MG . 32
JANUVIA 16	KIMONO MICRO THIN PLUS MISC . 51	labetalol hcl TABS 300 MG32
JARDIANCE16	KIMONO MISC 51	lacosamide SOLN PO 10 MG/ML, 50 MG/5ML, 100 MG/10ML 12
JEVTANA28	KIMONO PLUS MISC51	lacosamide TABS12
JIVI 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT 48	KIMONO PS MISC51	lactated ringer's (irrigation)55
JULUCA31	KIMONO PS PLUS MISC51	lactated ringer's 54
JYNARQUE TBPK46	KIMONO SENSATION MISC51	lactic acid (ammonium lactate) CREA42
KALYDECO TABS62	KIMONO SENSATION PLUS MISC 51	lactic acid (ammonium lactate) LOTN 12 % 42
KAMELEON LUBRICATED MISC .51	KIMONO SPECIAL DEVI 51	lactulose (encephalopathy) 47
KANJINTI24	KINRIX SUSY63	lactulose SOLN 50
KCL IN DEXTROSE-NACL 5 %-40 MEQ/L-0.9 % (potassium chloride in	KISQALI (200 MG DOSE) 26	
	KISQALI (400 MG DOSE) 26	

lamivudine (hbv) TABS	31	letrozole	25	(triphasic)	35
lamivudine SOLN	31	leucovorin calcium SOLR	28	levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG	35
lamivudine TABS 150 MG	31	leucovorin calcium TABS	28	levonorgestrel-ethinyl estradiol (continuous)	35
lamivudine TABS 300 MG	31	LEUKERAN	23	levonorgestrel-ethinyl estradiol-iron	35
lamivudine-zidovudine	31	LEUKINE SOLR IJ	49	levorphanol tartrate TABS 2 MG	5
lamotrigine CHEW 25 MG	12	leuprolide acetate KIT IJ 1 MG/0.2ML	25	levothyroxine sodium TABS	63
lamotrigine CHEW 5 MG	12	levabuterol hcl	10	LEXIVA SUSP	31
lamotrigine TABS	12	levabuterol tartrate	10	lidocaine hcl (local anesth.) SOLN 0.5 %, 1 %, 2 %	51
lamotrigine TBDP	12	levetiracetam SOLN IV 500 MG/5ML 12	12	lidocaine hcl (mouth-throat) 2 %	56
LANOXIN SOLN IJ (digoxin)	33	levetiracetam TABS 1000 MG	12	lidocaine hcl (mouth-throat) 4 %	56
LANOXIN TABS 62.5 MCG, 125 MCG, 250 MCG (digoxin)	33	levetiracetam TABS 250 MG, 750 MG	12	lidocaine hcl GEL 2 %	42
lansoprazole CPDR 15 MG	64	levetiracetam TABS 500 MG	12	lidocaine hcl PRSY	42
lansoprazole CPDR 30 MG	64	levetiracetam TB24	12	lidocaine hcl SOLN	42
lanthanum carbonate CHEW	47	levobunolol hcl 0.5 %	58	lidocaine PTCH 5 %	42
lapatinib ditosylate	26	levocetirizine dihydrochloride SOLN 18	18	lidocaine-prilocaine CREA	42
LASTACRAFT	59	levocetirizine dihydrochloride TABS 18	18	LILETTA (52 MG)	36
latanoprost SOLN	59	levofloxacin (ophth) 0.5 %	58	lincomycin hcl	22
leflunomide	4	levofloxacin in d5w 500 MG/100ML 46	46	lindane SHAM	43
LEMTRADA	61	levofloxacin SOLN PO	46	linezolid SUSR	22
lenalidomide 2.5 MG, 5 MG, 10 MG, 15 MG, 25 MG	55	levofloxacin TABS 250 MG, 750 MG . 46	46	linezolid TABS	22
lenalidomide 20 MG	55	levofloxacin TABS 500 MG	46	LINZESS	47
LENVIMA (10 MG DAILY DOSE) .24	24	levonorgestrel & eth estradiol TABS 35	35	liothyronine sodium SOLN	63
LENVIMA (12 MG DAILY DOSE) .24	24	levonorgestrel (emergency oc) 1.5 MG	36	liothyronine sodium TABS	63
LENVIMA (14 MG DAILY DOSE) .24	24	levonorgestrel-eth estradiol		lisdexamfetamine dimesylate CAPS 1	1
LENVIMA (18 MG DAILY DOSE) .24	24			lisdexamfetamine dimesylate CHEW . 1	1
LENVIMA (20 MG DAILY DOSE) .24	24			lisinopril & hydrochlorothiazide ...	20
LENVIMA (24 MG DAILY DOSE) .24	24			lisinopril TABS 2.5 MG, 5 MG, 10	
LENVIMA (4 MG DAILY DOSE) .. 24	24				
LENVIMA (8 MG DAILY DOSE) .. 24	24				

MG, 20 MG, 30 MG, 40 MG	20	lovastatin TABS 40 MG	19	MAXIDEX SUSP OP	59
lithium	29	loxapine succinate	29	MAXX MISC	51
lithium carbonate CAPS	29	lubiprostone	47	MAXX PLUS MISC	51
lithium carbonate TABS	29	LUCEMYRA (lofexidine hcl)	61	meclizine hcl TABS 12.5 MG	17
lithium carbonate TBCR	29	luliconazole	39	meclizine hcl TABS 25 MG	17
LO LOESTRIN FE TABS	35	LUMAKRAS	27	meclofenamate sodium CAPS	4
lofexidine hcl	61	LUMIZYME	45	MEDROL TABS	36
LOKELMA	55	LUPRON DEPOT (1-MONTH) KIT IM	25	medroxyprogesterone acetate (contraceptive) SUSP IM	36
loperamide hcl CAPS	17	LUPRON DEPOT (3-MONTH) KIT IM	25	medroxyprogesterone acetate (contraceptive) SUSY IM	36
lopinavir-ritonavir SOLN	31	LUPRON DEPOT (4-MONTH) IM	25	medroxyprogesterone acetate 10 MG	60
lopinavir-ritonavir TABS	31	LUPRON DEPOT (6-MONTH) IM	25	medroxyprogesterone acetate 2.5 MG, 5 MG	60
loratadine CAPS	18	LUPRON DEPOT-PED (1-MONTH)	45	mefenamic acid CAPS	4
loratadine CHEW	18	LUPRON DEPOT-PED (3-MONTH)	45	mefloquine hcl	23
loratadine SOLN	18	11.25 MG	45	megestrol acetate (appetite)	60
loratadine TABS	18	LUPRON DEPOT-PED (3-MONTH)	45	megestrol acetate SUSP	25
loratadine TBDP	18	30 MG	45	megestrol acetate TABS	25
lorazepam CONC	8	lurasidone hcl 20 MG, 40 MG, 60 MG, 120 MG	29	MEKINIST SOLR	27
lorazepam TABS 0.5 MG, 2 MG	8	lurasidone hcl 80 MG	29	MEKINIST TABS 0.5 MG	27
lorazepam TABS 1 MG	8	LYNPARZA TABS	27	MEKINIST TABS 2 MG	27
LORBRENA	26	LYSODREN	25	MEKTOVI	27
losartan potassium & hydrochlorothiazide 12.5 MG-100 MG, 25 MG-100 MG	20	mafenide acetate PACK	40	meloxicam TABS	4
losartan potassium & hydrochlorothiazide 12.5 MG-50 MG 20	20	magnesium sulfate IJ 50 %	54	melphalan	23
losartan potassium	20	malathion	43	melphalan hcl IV	23
LOTEMAX OINT	59	maraviroc TABS 150 MG	31	memantine hcl TABS	61
loteprednol etabonate GEL	59	maraviroc TABS 300 MG	31	MENACTRA	65
loteprednol etabonate SUSP	59	MARPLAN	13	MENEST	46
lovastatin TABS 10 MG, 20 MG	19	MASONATAL TABS	56	MENOSTAR PTWK	46
		MATULANE	28		

MENQUADFI	65	methadone hcl TABS 5 MG	5	MG	2
MENVEO SOLN	65	methadone hcl TBSO	5	methylphenidate hcl TBCR 10 MG, 20 MG	2
MENVEO SOLR	65	methamphetamine hcl	1	methylphenidate hcl TBCR 18 MG, 27 MG	2
meperidine hcl SOLN IJ 25 MG/ML, 50 MG/ML, 100 MG/ML	5	methazolamide TABS	44	methylphenidate hcl TBCR 36 MG, 54 MG	2
meperidine hcl SOLN PO 50 MG/5ML	5	methenamine hippurate	22	methylphenidate PTCH	2
meperidine hcl TABS 50 MG	5	methimazole TABS	63	methylprednisolone acetate SUSP	36
meprobamate	8	methocarbamol TABS 500 MG, 750 MG	57	methylprednisolone sod succ 40 MG, 125 MG, 500 MG, 1000 MG	36
mercaptapurine TABS	24	methotrexate sodium SOLN 50 MG/2ML, 250 MG/10ML	24	methylprednisolone TABS	36
meropenem	21	methotrexate sodium SOLR	24	methylprednisolone TBPK	36
mesalamine CP24	47	methotrexate sodium TABS 2.5 MG 24		methyltestosterone TABS	7
mesalamine CPDR	47	methoxsalen rapid	40	metoclopramide hcl SOLN IJ 5 MG/ML	47
mesalamine ENEM	47	methscopolamine bromide	63	metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML	47
mesalamine SUPP	47	methsuximide	13	metoclopramide hcl TABS	47
mesalamine TBEC 1.2 GM	47	methyl dopa TABS	20	metolazone	44
mesalamine TBEC 800 MG	47	methylphenidate hcl CHEW 10 MG	.1	metoprolol & hydrochlorothiazide TABS 25 MG-100 MG, 50 MG-100 MG	21
metaxalone 800 MG	57	methylphenidate hcl CHEW 2.5 MG	1	metoprolol & hydrochlorothiazide TABS 25 MG-50 MG	21
metformin hcl TABS 1000 MG	15	methylphenidate hcl CHEW 5 MG	.1	metoprolol succinate TB24 200 MG 32	
metformin hcl TABS 500 MG	15	methylphenidate hcl CP24 10 MG, 20 MG, 40 MG, 60 MG	1	metoprolol succinate TB24 25 MG, 50 MG, 100 MG	32
metformin hcl TABS 850 MG	15	methylphenidate hcl CP24 30 MG	.2	metoprolol tartrate SOLN IV 5 MG/5ML	32
metformin hcl TB24 500 MG	15	methylphenidate hcl CP24	2	metoprolol tartrate TABS 25 MG, 50 MG, 100 MG	32
metformin hcl TB24 750 MG	15	methylphenidate hcl CPCR	2	metronidazole (topical) CREA	43
methadone hcl CONC	5	methylphenidate hcl SOLN	2		
METHADONE HCL SOLN IJ (methadone hcl)	5	methylphenidate hcl TABS 10 MG, 20 MG	2		
methadone hcl SOLN IJ 10 MG/ML	.5	methylphenidate hcl TABS 5 MG	.2		
methadone hcl SOLN PO 10 MG/5ML	5	methylphenidate hcl TB24 18 MG, 27 MG	2		
methadone hcl SOLN PO 5 MG/5ML	5	methylphenidate hcl TB24 36 MG, 54			
methadone hcl TABS 10 MG	5				

metronidazole (topical) GEL 0.75 % 43	modafinil 200 MG 2	morphine sulfate TBCR 6
metronidazole (topical) GEL 1 % .. 43	MODERNA COVID-19 BIVAL 6M-5Y 66	MOTOFEN 17
metronidazole (topical) LOTN 43	MODERNA COVID-19 BIVALENT 66	MOVANTIK 47
metronidazole TABS 250 MG, 500 MG 21	MODERNA COVID-19 VAC (BOOSTER) SUSP 66	moxifloxacin hcl (ophth) SOLN OP 58
metronidazole vaginal 67	MODERNA COVID-19 VAC 6M-11Y SUSP 66	moxifloxacin hcl in sodium chloride 46
mexiletine hcl 8	MODERNA COVID-19 VAC 6M-11Y SUSY 66	moxifloxacin hcl TABS 46
micafungin sodium 18	MODERNA COVID-19 VACC 6M-5Y SUSP 66	MULPLETA 49
miconazole nitrate vaginal SUPP 200 MG 67	MODERNA COVID-19 VACCINE SUSP 66	MULTI PRENATAL TABS 56
midodrine hcl 67	moexipril hcl 20	mupirocin OINT 38
miglitol 15	mometasone furoate (nasal) SUSP 57	MVASI 24
miglustat 49	mometasone furoate CREA 42	MYALEPT 45
minocycline hcl CAPS 63	mometasone furoate OINT 42	mycophenolate mofetil CAPS 55
minocycline hcl TABS 63	mometasone furoate SOLN 42	mycophenolate mofetil TABS 55
minoxidil 2.5 MG, 10 MG 21	montelukast sodium CHEW 9	mycophenolate sodium 55
MIRCERA 49	montelukast sodium PACK 9	MYLERAN TABS 23
MIRENA (52 MG) 36	montelukast sodium TABS 9	nabumetone 4
mirtazapine TABS 15 MG 13	morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG 5	nadolol TABS 20 MG 32
mirtazapine TABS 30 MG 13	morphine sulfate SOLN IJ 0.5 MG/ML, 1 MG/ML 5	nadolol TABS 40 MG 32
mirtazapine TABS 7.5 MG, 45 MG 13	morphine sulfate SOLN PO 10 MG/5ML 5	nadolol TABS 80 MG 32
mirtazapine TBDP 15 MG 13	morphine sulfate SOLN PO 20 MG/5ML 5	nafcillin sodium IV 10 GM 60
mirtazapine TBDP 30 MG 13	nalbuphine hcl 7	naftifine hcl CREA 1 % 39
mirtazapine TBDP 45 MG 13	naloxone hcl LIQD 17	naftifine hcl CREA 2 % 39
misoprostol 64	naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML 17	naltrexone hcl 17
mitomycin SOLR IV 20 MG 26	naproxen sodium TABS 550 MG ... 4	naproxen SUSP 4
mitoxantrone hcl 25 MG/12.5ML ... 26	naproxen TABS 4	
M-M-R II SOLR 66		
M-NATAL PLUS TABS 56		
modafinil 100 MG 2		

naproxen TBEC 500 MG	4	NEVANAC	59	nilutamide	25
naratriptan hcl	53	nevirapine SUSP	31	nimodipine CAPS	33
NATACYN	58	nevirapine TABS	31	NINLARO	27
NATAZIA	35	nevirapine TB24 100 MG	31	NIPENT	28
nateglinide	16	nevirapine TB24 400 MG	31	nisoldipine	33
NAYZILAM	11	NEXIUM 24HR TBEC (esomeprazole magnesium)	64	nitazoxanide TABS	21
nebivolol hcl 2.5 MG, 5 MG, 10 MG	32	NEXPLANON	36	nitisinone CAPS	45
nebivolol hcl 20 MG	32	NEXTSTELLIS	35	NITRO-BID OINT	8
NEBUSAL NEBU	37	niacin (antihyperlipidemic) TBCR	19	nitrofurantoin	22
nefazodone hcl	14	niacin CPCR 250 MG, 500 MG	68	nitrofurantoin macrocrystal 50 MG, 100 MG	22
nelarabine	24	NIACIN ER TBCR	68	nitrofurantoin monohyd macro	22
neomycin sulfate TABS	2	niacin TABS	68	nitroglycerin (intra-anal)	7
neomycin-bacitracin zn-polymyxin	58	niacin TBCR	68	nitroglycerin CPCR	8
neomycin-polymy-dexameth OINT	59	niacinamide TABS 100 MG	68	nitroglycerin PT24	8
neomycin-polymy-dexameth SUSP	59	niacinamide TABS 500 MG	68	NITROGLYCERIN SOLN IV	8
neomycin-polymyxin-hc (ophth)	59	nicardipine hcl CAPS	33	nitroglycerin SUBL	8
neomycin-polymyxin-hc (otic) SOLN	59	nicardipine hcl SOLN	33	NIVA-PLUS TABS	56
neomycin-polymyxin-hc (otic) SUSP	59	NICOTINE KIT	62	nizatidine CAPS	64
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	56	nicotine polacrilex GUM	62	NORDITROPIN FLEXPPO SOPN 30 MG/3ML	45
NEONATAL PLUS TABS	56	nicotine polacrilex LOZG	62	NORDITROPIN FLEXPPO SOPN 5 MG/1.5ML, 10 MG/1.5ML, 15 MG/1.5ML	45
NEONATAL PRENATAL TABS	56	nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR	62	norelgestromin-ethinyl estradiol	35
NEONATAL VITAMIN TABS	56	NICOTROL INHA	62	norethin acet & estrad-fe CAPS	35
neostigmine methylsulfate SOSY	23	NICOTROL NS SOLN	62	norethin acet & estrad-fe CHEW	35
NEO-SYNALAR	38	nifedipine CAPS 10 MG	33	norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG	35
NEUPRO	29	nifedipine CAPS 20 MG	33	norethindrone & eth estradiol	35
		nifedipine TB24 30 MG	33	norethindrone & ethinyl estradiol-fe	
		nifedipine TB24 60 MG	33		
		nifedipine TB24 90 MG	33		
		nifedipine TB24	33		

35	NOVOLIN N SUSP	16	MG, 20 MG	29
norethindrone (contraceptive)	36	NOVOLIN R FLEXPEN SOPN IJ ..	16	olanzapine TBDP 20 MG
norethindrone acet & eth estra TABS		NOVOLIN R SOLN IJ	16	olanzapine TBDP 5 MG, 10 MG, 15
35		NP THYROID TABS	63	MG
norethindrone acetate TABS	60	NUBEQA	25	olmesartan medoxomil
norethindrone acetate-ethinyl		NUCALA SOAJ	9	olmesartan medoxomil-amlodipine-
estradiol	46	NUCALA SOLR	9	hydrochlorothiazide
norethindrone acetate-ethinyl		NUCALA SOSY 100 MG/ML	9	olmesartan medoxomil-
estradiol-fe	35	NUCALA SOSY 40 MG/0.4ML	9	hydrochlorothiazide
norethindrone-eth estradiol (triphasic)		NUEDEXTA	62	olopatadine hcl (nasal)
.....	35	NULOJIX	55	olopatadine hcl 0.1 %
norgestimate-ethinyl estradiol		nystatin (mouth-throat)	56	olopatadine hcl 0.2 %
(triphasic)	35	nystatin (topical) CREA	39	omega-3-acid ethyl esters
norgestimate-ethinyl estradiol	35	nystatin (topical) OINT	39	omeprazole CPDR
norgestrel & ethinyl estradiol 30		nystatin (topical) POWD EX	39	omeprazole magnesium CPDR ...
MCG-0.3 MG	35	nystatin (topical) POWD EX	39	omeprazole TBEC
NORMOSOL-M IN D5W	54	nystatin TABS	18	omeprazole-sodium bicarbonate
NORMOSOL-R PH 7.4	54	nystatin-triamcinolone CREA	39	CAPS 1100 MG-20 MG
nortriptyline hcl CAPS	14	nystatin-triamcinolone OINT	39	OMNIFLEX DIAPHRAGM
nortriptyline hcl SOLN	14	NYVEPRIA	49	ONCASPAR
NORVIR CAPS	31	octreotide acetate SOLN	46	ondansetron hcl SOLN IJ 4 MG/2ML .
NORVIR PACK	31	ODEFSEY	31	17
NOVA MAX PLUS KETONE TEST		ODOMZO	25	ondansetron hcl SOLN PO 4
43		OFEV	62	MG/5ML
NOVAREL IM 10000 UNIT	45	ofloxacin (ophth)	58	ondansetron hcl SOSY
NOVAVAX COVID-19 VACCINE		ofloxacin (otic)	59	ondansetron hcl TABS 24 MG
SUSP	66	ofloxacin 300 MG, 400 MG	46	ondansetron hcl TABS 4 MG
NOVAVAX COVID-19 VACCINE		OGIVRI	24	ondansetron hcl TABS 8 MG
SUSY	66	olanzapine SOLR	29	ondansetron TBDP 4 MG
NOVOEIGHT	48	olanzapine TABS 2.5 MG, 5 MG ..	29	ondansetron TBDP 8 MG
NOVOLIN 70/30 FLEXPEN SUPN	16	olanzapine TABS 7.5 MG, 10 MG, 15		
NOVOLIN 70/30 SUSP	16			
NOVOLIN N FLEXPEN SUPN	16			

ONE VITE WOMENS TABS	56	oxybutynin chloride TABS 5 MG ...	64	PARAGARD INTRAUTERINE COPPER	36
ONETOUCH DELICA SAFETY LANCING	52	oxybutynin chloride TB24	64	paricalcitol CAPS	45
OPILL	36	oxycodone hcl T12A 10 MG, 20 MG, 40 MG, 80 MG	6	paricalcitol SOLN	45
OPSUMIT	34	oxycodone hcl TABS	6	paroxetine hcl SUSP	14
ORENITRAM TBCR	33	oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	7	paroxetine hcl TABS 10 MG	14
ORGOVYX	25	oxycodone w/ acetaminophen TABS 325 MG-2.5 MG	7	paroxetine hcl TABS 20 MG	14
ORLISSA	45	oxymorphone hcl TABS	6	paroxetine hcl TABS 30 MG	14
ORKAMBI PACK	62	oxymorphone hcl TB12 40 MG	6	paroxetine hcl TABS 40 MG	14
ORKAMBI TABS	62	oxymorphone hcl TB12 5 MG, 7.5 MG, 10 MG, 15 MG, 20 MG, 30 MG 6	6	paroxetine hcl TB24 12.5 MG	14
ORLADEYO	48	OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	16	paroxetine hcl TB24 25 MG, 37.5 MG	14
orphenadrine citrate TB12	57	OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	16	pazopanib hcl	27
oseltamivir phosphate CAPS	32	OZEMPIC (2 MG/DOSE) SOPN ...	16	PEDIARIX SUSY	63
oseltamivir phosphate SUSP	32	paclitaxel 100 MG/16.7ML, 150 MG/25ML	28	pediatric multivitamins w/fl CHEW	.56
OSMOPREP	50	paclitaxel protein-bound particles	.28	PEDVAX HIB SUSP	65
OSPHENA	45	paliperidone 1.5 MG, 3 MG, 9 MG	.29	peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid	50
OTEZLA TABS	4	paliperidone 6 MG	29	peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 236 GM	50
OTEZLA TBPK	4	palonosetron hcl SOLN	17	peg 3350-potassium chloride-sod bicarbonate-sod chloride	50
oxacillin sodium IV 10 GM	60	pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML	44	PEGASYS SOLN	31
oxaliplatin SOLN 50 MG/10ML, 100 MG/20ML	23	PAMIDRONATE DISODIUM SOLN 44		PEGASYS SOSY	31
oxandrolone	7	PANRETIN	39	PEMAZYRE	27
oxaprozin TABS	4	pantoprazole sodium TBEC 20 MG 64		pemetrexed disodium SOLR 500 MG 24	
oxazepam CAPS	8	pantoprazole sodium TBEC 40 MG 64		penciclovir	40
oxcarbazepine SUSP	12			penicillamine CAPS	55
oxcarbazepine TABS 150 MG, 300 MG	12			penicillamine TABS	55
oxcarbazepine TABS 600 MG	12			PENICILLIN G POT IN DEXTROSE 40000 UNIT/ML, 60000 UNIT/ML	.60
oxiconazole nitrate CREA	39				
OXISTAT LOTN	39				
oxybutynin chloride SOLN	64				

penicillin g potassium 5000000 UNIT 60	200 MG 48	pirfenidone TABS 267 MG, 801 MG 62
PENICILLIN G PROCAINE 60	phendimetrazine tartrate TABS 1	pirfenidone TABS 534 MG 62
penicillin g sodium 60	phenelzine sulfate 13	piroxicam CAPS 4
penicillin v potassium SOLR 60	phenobarbital ELIX 50	PLASMA-LYTE 148 27 MEQ/L-23 MEQ/L-98 MEQ/L-140 MEQ/L-3 MEQ/L-5 MEQ/L 54
penicillin v potassium TABS 60	phenobarbital TABS 50	PLASMA-LYTE A (electrolyte-a) .. 54
PENTACEL 63	phenoxybenzamine hcl 20	PLEGRIDY SOAJ 61
pentazocine w/ naloxone hcl 7	phentermine hcl CAPS 1	PLEGRIDY SOSY SC 61
pentoxifylline 48	phenytoin CHEW 12	PLEGRIDY STARTER PACK SOAJ . 61
perindopril erbumine 2 MG, 8 MG . 20	phenytoin sodium extended 100 MG, 200 MG, 300 MG 12	PLEGRIDY STARTER PACK SOSY SC 61
perindopril erbumine 4 MG 20	phenytoin sodium SOLN 12	plerixafor 50
PERJETA 24	phenytoin SUSP 13	PNEUMOVAX 23 SOLN 65
permethrin CREA 43	PHEXXI 67	PNEUMOVAX 23 SOSY 65
permethrin LIQD EX 43	PHOTOFRIN 28	podofilox SOLN 42
perphenazine TABS 30	PIFELTRO 31	polymyxin b sulfate SOLR 22
perphenazine-amitriptyline 61	pilocarpine hcl (oral) 56	polymyxin b-trimethoprim 58
PERSERIS PRSY 29	pilocarpine hcl SOLN 1 %, 2 %, 4 % . 58	POMALYST 25
PFIZER COVID-19 BIVAL 6MO-4YR 66	pimecrolimus 42	posaconazole SUSP 18
PFIZER COVID-19 VAC BIVAL 5-11 66	pimozide 62	potassium acetate SOLN 2 MEQ/ML . 54
PFIZER COVID-19 VAC BIVALENT . 66	pindolol TABS 32	potassium bicarbonate TBEF 54
PFIZER COVID-19 VAC-TRIS 5-11Y SUSP 66	pioglitazone hcl 16	potassium chloride CPCR 55
PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP 66	pioglitazone hcl-glimepiride 15	potassium chloride in dextrose & sodium chloride 5 %-0.075 %-0.45 %, 5 %-0.15 %-0.9 %, 5 %-10 MEQ/L-0.45 %, 5 %-20 MEQ/L-0.2 %, 5 %-20 MEQ/L-0.45 %, 5 %-20 MEQ/L-0.9 %, 5 %-30 MEQ/L-0.45 %, 5 %-40 MEQ/L-0.45 %, 5 %-40 MEQ/L-0.9 % 54
PFIZER-BIONT COVID-19 VAC- TRIS SUSP 66	pioglitazone hcl-metformin hcl TABS . 15	
PFIZER-BIONTECH COVID-19 VACC SUSP 66	piperacillin sodium-tazobactam sodium 60	
PHEBURANE PLLT 45	PIQRAY (200 MG DAILY DOSE) . 27	
phenazopyridine hcl TABS 100 MG, Index 25	PIQRAY (250 MG DAILY DOSE) . 27	
	PIQRAY (300 MG DAILY DOSE) . 27	
	pirfenidone CAPS 62	

potassium chloride in dextrose 20 MEQ/L	54	PRECISION XTRA KETONE	43	PREMPRO	46
POTASSIUM CHLORIDE IN NACL 20 MEQ/L-0.45 % (potassium chloride in nacl)	54	PRED MILD	59	PRENATAL ONE DAILY TABS	56
potassium chloride in nacl 20 MEQ/L-0.45 %, 20 MEQ/L-0.9 %, 40 MEQ/L-0.9 %	54	prednicarbate OINT	42	PRENATAL PLUS TABS	56
potassium chloride microencapsulated crystals er	55	prednisolone acetate (ophth)	59	PRENATAL PLUS VITAMIN/MINERAL TABS	56
potassium chloride PACK PO 20 MEQ	55	PREDNISOLONE SODIUM PHOSPHATE	59	PRENATAL TABS	57
POTASSIUM CHLORIDE SOLN IV 10 MEQ/50ML (potassium chloride) 55		prednisolone sodium phosphate SOLN 5 MG/5ML, 6.7 MG/5ML, 10 MG/5ML, 15 MG/5ML, 25 MG/5ML 36		PRENATAL VITAMIN AND MINERAL TABS	56
potassium chloride SOLN IV 2 MEQ/ML, 10 MEQ/50ML, 20 MEQ/50ML	55	prednisolone sodium phosphate TBDP	36	PRENATAL VITAMIN TABS	57
potassium chloride TBCR 8 MEQ, 10 MEQ, 20 MEQ	55	prednisolone SOLN	36	PRENATAL VITAMINS TABS 100 MG-800 MCG-1.84 MG-18 MG-2.6 MG-1.7 MG-27 MG-10 MCG-4.95 MG-25 MG-200 MG-160 MG-1200 MCG-4 MCG, 120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT-30 UNIT	56
potassium citrate (alkalinizer) TBCR . 47		prednisone SOLN	36	PRENATAL/IRON TABS 120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT-30 UNIT	57
potassium phosphates 45 MMOLE/15ML	54	prednisone TABS 1 MG, 5 MG	37	PRENATRYL TABS	57
PR BENZOYL PEROXIDE WASH LIQD	38	prednisone TABS 2.5 MG, 10 MG, 20 MG, 50 MG	37	PREVNAR 13	65
pralatrexate 20 MG/ML	24	prednisone TBPk	37	PREVNAR 20	65
pramipexole dihydrochloride TABS 0.125 MG	29	PREFEST	46	PREZCOBIX	31
pramipexole dihydrochloride TABS 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG	29	pregabalin (once-daily) 330 MG ...	62	PREZISTA SUSP	31
prasugrel hcl	49	pregabalin (once-daily) 82.5 MG, 165 MG	62	PREZISTA TABS 75 MG, 150 MG	31
pravastatin sodium	19	pregabalin CAPS 225 MG, 300 MG 12		PRIFTIN	23
praziquantel	8	pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG ...	12	primaquine phosphate TABS	23
prazosin hcl CAPS	20	pregabalin SOLN	12	primidone 50 MG, 250 MG	12
		PREHEVBRIO	66	PRIORIX SUSR	66
		PREMARIN	67	PROAIR DIGIHALER	10
		PREMARIN SOLR	46	PROAIR RESPICLICK AEPB	10
		PREMARIN TABS	46		
		PREMPHASE	46		

probenecid	48	PROQUAD SUSR	66	quinidine sulfate TABS	8
procainamide hcl SOLN 500 MG/ML . 8		protriptyline hcl	14	quinine sulfate CAPS 324 MG	23
prochlorperazine	30	PROVISC SOSY	59	QUZYTIR SOLN IV	18
prochlorperazine maleate TABS ...	30	PULMICORT FLEXHALER AEPB ..	9	QVAR REDIHALER	9
PROCRIPT 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	49	PULMOZYME	62	RA PRENATAL FORMULA TABS .	57
PROCRIPT 40000 UNIT/ML	49	PX PRENATAL MULTIVITAMINS TABS	57	RA PRENATAL TABS	57
progesterone CAPS	60	pyrazinamide	23	rabeprazole sodium TBEC	64
PROGRAF PACK	55	pyridostigmine bromide SOLN PO	23	raloxifene hcl	45
PROGRAF SOLN	55	pyridostigmine bromide TABS 60 MG	23	ramelteon	50
PROLASTIN-C SOLN	62	pyridostigmine bromide TBCR	23	ramipril CAPS	20
PROLASTIN-C SOLR	62	pyrimethamine	23	ranolazine TB12 1000 MG	8
PROLEUKIN	28	QC PRENATAL TABS	57	ranolazine TB12 500 MG	8
PROLIA SOSY	44	QINLOCK	27	rasagiline mesylate	29
PROMACTA PACK	49	QUADRACEL SUSP	63	REALITY LATEX CONDOMS MISC . 51	
PROMACTA TABS	49	QUADRACEL SUSY	63	REALITY LATEX/ULTRA TEXTURED DEVI	52
promethazine hcl SOLN PO 6.25 MG/5ML	18	quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG	30	REALITY LATEX/ULTRA THIN DEVI 52	
promethazine hcl SUPP 12.5 MG, 25 MG	19	quetiapine fumarate TABS 300 MG, 400 MG	30	REBIF REBIDOSE SOAJ	62
promethazine hcl SUPP 50 MG ...	18	quetiapine fumarate TB24 300 MG, 400 MG	30	REBIF REBIDOSE TITRATION PACK SOAJ	62
promethazine hcl TABS	19	quetiapine fumarate TB24 50 MG, 150 MG, 200 MG	30	REBIF SOSY	62
propafenone hcl CP12	8	quinapril hcl 20 MG, 40 MG	20	REBIF TITRATION PACK SOSY ..	62
propafenone hcl TABS	8	quinapril hcl 5 MG, 10 MG	20	RECOMBIVAX HB SUSP	67
proparacaine hcl	58	quinapril-hydrochlorothiazide 12.5 MG-10 MG	21	RECOMBIVAX HB SUSY	67
propranolol hcl CP24	32	quinapril-hydrochlorothiazide 12.5 MG-20 MG	21	REGANEX	43
propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML	32	quinapril-hydrochlorothiazide 25 MG- 20 MG	21	RELENZA DISKHALER	32
propranolol hcl TABS	32			RELION KETONE TEST STRP ...	43
propylthiouracil	63			RELION LANCET DEVICES 30G .	52
				RELION LANCETS	52

RELION TRUE METRIX TEST STRIPS STRP	43	risedronate sodium TBEC	44	sapropterin dihydrochloride PACK	45
RENFLEXIS	47	risperidone microspheres	29	sapropterin dihydrochloride TABS	45
repaglinide 0.5 MG, 1 MG	16	risperidone SOLN	29	SAVELLA TABS	61
repaglinide 2 MG	16	risperidone TABS	29	SAVELLA TITRATION PACK MISC	61
REPATHA PUSHTRONEX SYSTEM SOCT	19	risperidone TBDP	29	saxagliptin hcl	16
REPATHA SOSY	19	ritonavir TABS	31	saxagliptin-metformin hcl 1000 MG-2.5 MG	15
REPATHA SURECLICK SOAJ	19	rivastigmine tartrate CAPS	61	saxagliptin-metformin hcl 1000 MG-5 MG, 500 MG-5 MG	15
RETACRIT	49	rizatriptan benzoate TABS 10 MG	53	SCSEMBLIX 100 MG	27
RETEVMO CAPS	27	rizatriptan benzoate TABS 5 MG	53	SCSEMBLIX 20 MG, 40 MG	27
RETROVIR SOLN	31	rizatriptan benzoate TBDP 10 MG	53	scopolamine	17
REXULTI	30	rizatriptan benzoate TBDP 5 MG	53	SELECT INSULIN SYRINGES	53
REZVOGLAR KWIKPEN	16	roflumilast	9	SELECT LANCETS	52
ribavirin (hepatitis c) CAPS	31	romidepsin SOLR	27	SELECT LANCETS	53
ribavirin (hepatitis c) TABS 200 MG	31	ropinirole hydrochloride TABS	29	selegiline hcl CAPS	29
RIDAURA	3	ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG	29	selegiline hcl TABS	29
rifabutin	23	ropinirole hydrochloride TB24 8 MG, 12 MG	29	selenium sulfide LOTN 2.5 %	40
rifampin CAPS	23	rosuvastatin calcium TABS	19	SELZENTRY SOLN	31
rifampin SOLR	23	ROTARIX SUSP	67	SELZENTRY TABS 25 MG, 75 MG	31
riluzole TABS	57	ROTARIX SUSR	67	SEMGLEE (YFGN) SOLN	16
rimantadine hydrochloride TABS	32	ROTATEQ SOLN	67	SEMGLEE (YFGN) SOPN	16
ringer's	54	ROZLYTREK CAPS	27	SEREVENT DISKUS	10
ringer's irrigation	55	RUBRACA	27	sertraline hcl CONC	14
RINVOQ LQ SOLN	2	rufinamide SUSP	12	sertraline hcl TABS 100 MG	14
RINVOQ TB24	2	rufinamide TABS 200 MG	12	sertraline hcl TABS 25 MG, 50 MG	14
risedronate sodium TABS 150 MG	44	rufinamide TABS 400 MG	12	sevelamer carbonate PACK	47
risedronate sodium TABS 35 MG	44	RUXIENCE	24	sevelamer carbonate TABS	47
risedronate sodium TABS 5 MG, 30 MG	44	RYBELSUS TABS	16	SHINGRIX	67
		salsalate	5		
		SANTYL OINT	42		

SHUR-SEAL CONTRACEPTIVE GEL	34	sodium chloride SOLN IV 0.45 %, 0.9 %, 3 %, 4 MEQ/ML, 5 %	55	SPIKEVAX COVID-19 VACCINE SUSP	67
SIGNIFOR	46	sodium citrate & citric acid	47	SPIKEVAX SUSP	67
sildenafil citrate (pulmonary hypertension) SOLN	34	sodium fluoride CHEW	54	SPIKEVAX SUSY	67
sildenafil citrate (pulmonary hypertension) SUSR	34	sodium phenylbutyrate POWD	45	spinosad	43
sildenafil citrate (pulmonary hypertension) TABS	34	sodium phenylbutyrate TABS	45	SPIRIVA RESPIMAT AERS	9
sildenafil citrate	33	sodium polystyrene sulfonate POWD 55	55	spironolactone & hydrochlorothiazide	44
silodosin	48	sodium polystyrene sulfonate SUSP CO 15 GM/60ML	55	spironolactone TABS	44
silver sulfadiazine	40	sodium sulfate-potassium sulfate-magnesium sulfate	50	SPRAVATO (56 MG DOSE)	13
SIMPONI ARIA SOLN	3	SOFOSBUVIR-VELPATASVIR TABS	31	SPRAVATO (84 MG DOSE)	13
SIMULECT	55	solifenacin succinate TABS	64	SPRYCEL (dasatinib)	27
simvastatin TABS	19	SOLQUA	15	stannous fluoride CONC	56
sirolimus TABS	55	SOLOSEC	2	stavudine CAPS	31
SIRTURO	23	SOLU-CORTEF (hydrocortisone sod succinate)	37	STELARA 130 MG/26ML	47
SIVEXTRO TABS	22	SOLU-CORTEF 100 MG, 500 MG, 1000 MG	37	STELARA SOLN 45 MG/0.5ML ...	40
SKYLA	36	SOLU-CORTEF 250 MG	37	STELARA SOSY 45 MG/0.5ML ...	40
SKYRIZI (150 MG DOSE) PSKT ..	40	SOLU-MEDROL 2 GM	37	STELARA SOSY 90 MG/ML	40
SKYRIZI PEN SOAJ	40	sorafenib tosylate	27	STENDRA (avanafil)	33
SKYRIZI SOCT	47	SORBITOL 3 %	47	STIOLTO RESPIMAT	10
SKYRIZI SOLN	47	SORBITOL-MANNITOL 2.7 GM/100ML-0.54 GM/100ML	48	STIVARGA	27
SKYRIZI SOSY	40	sotalol hcl (afib/afi)	32	STRENSIQ	45
SLYND	36	sotalol hcl TABS 240 MG	32	streptomycin sulfate SOLR	2
SM PRENATAL VITAMINS TABS ..	57	sotalol hcl TABS 80 MG, 120 MG, 160 MG	32	STRIBILD	31
SODIUM ACETATE SOLN (sodium acetate)	54	SOVALDI TABS 200 MG	32	STRIVERDI RESPIMAT	10
sodium acetate SOLN	54	SOVALDI TABS 400 MG	32	SUBSYS LIQD 100 MCG	6
sodium chloride (gu irrigant) 0.9 %	47			SUBSYS LIQD 1200 MCG, 1600 MCG, 800 MCG	6
sodium chloride (inhalant) NEBU 7 %	37			SUBSYS LIQD 200 MCG, 400 MCG, 600 MCG	6
				sucalfate SUSP	64

sucralfate TABS	64	sumatriptan-naproxen sodium	53	tamoxifen citrate TABS	25
sulconazole nitrate CREA	39	sunitinib malate 12.5 MG, 25 MG, 50 MG	27	tamsulosin hcl	48
sulconazole nitrate SOLN	39	sunitinib malate 37.5 MG	27	TASIGNA 150 MG, 200 MG	27
sulfacetamide sodium (acne)	38	SUNOSI 150 MG	1	TASIGNA 50 MG	27
sulfacetamide sodium (ophth) SOLN . 58		SUNOSI 75 MG	1	tavaborole	39
sulfacetamide sodium w/ sulfur CREA 10 %-5 %	38	SYNAREL	45	TAVALISSE	48
sulfacetamide sodium w/ sulfur LIQD 10 %-5 %	38	SYNERA PTCH	42	tazarotene CREA 0.1 %	40
sulfacetamide sodium w/ sulfur LIQD 9 %-4.5 %	38	SYNJARDY TABS	15	TAZVERIK	27
sulfacetamide sodium-sulfur in urea vehicle EMUL 10 %-10 %-4 %	38	SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-12.5 MG, 1000 MG-5 MG	15	TDVAX SUSP	63
sulfacetamide sod-prednisolone SOLN	59	SYNJARDY XR TB24 1000 MG-25 MG	15	TEFLARO	35
sulfadiazine TABS	62	SYNRIBO	28	TEGRETOL SUSP (carbamazepine) . 12	
sulfamethoxazole-trimethoprim SOLN	21	SYNTHROID TABS (levothyroxine sodium)	63	TEGRETOL TABS (carbamazepine) . 12	
sulfamethoxazole-trimethoprim SUSP	21	TABLOID	24	telmisartan	20
sulfamethoxazole-trimethoprim TABS	21	TABRECTA	27	telmisartan-amlodipine	21
SULFAMYLON CREA	40	tacrolimus (topical) OINT	42	telmisartan-hydrochlorothiazide ..	21
sulfasalazine TABS	47	tacrolimus CAPS	55	temazepam 15 MG, 30 MG	50
sulfasalazine TBEC	47	tadalafil (pulmonary hypertension) TABs	34	temazepam 7.5 MG, 22.5 MG	50
sulindac TABS	4	tadalafil 5 MG	33	TEMODAR SOLR	23
sumatriptan	53	TAFINLAR CAPS	27	temozolomide CAPS	23
sumatriptan succinate SOAJ	53	TAFINLAR TBSO	27	temsirolimus	27
sumatriptan succinate SOCT	53	tafluprost	59	TENIVAC INJ	63
sumatriptan succinate SOLN 6 MG/0.5ML	53	TAGRISSO 40 MG	24	tenofovir disoproxil fumarate TABS 31	
sumatriptan succinate TABS	54	TAGRISSO 80 MG	24	terazosin hcl	20
		TAKHZYRO SOLN	49	terbinafine hcl TABS	18
		TAKHZYRO SOSY	49	terbutaline sulfate SOLN	10
		TALZENNA	27	terbutaline sulfate TABS	10
				terconazole vaginal CREA	67
				terconazole vaginal SUPP	67

teriflunomide	62	tiopronin TBEC 100 MG	48	TRACLEER TBSO	34
teriparatide SOPN	44	tiopronin TBEC 300 MG	48	tramadol hcl TABS 50 MG	6
TESTOSTERONE CYPIONATE SOLN IJ 200 MG/ML	7	tiotropium bromide monohydrate CAPS	9	tramadol hcl TB24	6
testosterone cypionate SOLN IM ...	7	TIVICAY TABS	31	tramadol-acetaminophen	7
testosterone enanthate SOLN IM ...	7	tizanidine hcl CAPS	57	trandolapril 1 MG, 2 MG	20
TETANUS-DIPHTHERIA TOXOIDS TD SUSP	63	tizanidine hcl TABS	57	trandolapril 4 MG	20
tetrabenazine	61	tobramycin (ophth) SOLN	58	trandolapril-verapamil hcl 180 MG-2 MG, 240 MG-1 MG	21
tetracycline hcl CAPS	63	tobramycin NEBU	2	trandolapril-verapamil hcl 240 MG-2 MG, 240 MG-4 MG	21
THALOMID	55	tobramycin sulfate SOLN IJ 2 GM/50ML, 10 MG/ML, 80 MG/2ML .	2	tranexamic acid SOLN 1000 MG/10ML	50
theophylline ELIX	10	tobramycin-dexamethasone SUSP 59		tranexamic acid TABS	50
theophylline SOLN	10	TODAY SPONGE MISC	67	tranylcypromine sulfate	13
theophylline TB12	10	tolcapone	28	travoprost SOLN	59
theophylline TB24	10	tolmetin sodium CAPS	4	TRAZIMERA	24
THERANATAL CORE NUTRITION TABS	57	tolmetin sodium TABS 600 MG	4	trazodone hcl TABS	14
THIOLA EC TBEC 100 MG (tiopronin)	48	TOLSURA CAPS	18	TRECATOR	23
THIOLA EC TBEC 300 MG (tiopronin)	48	tolterodine tartrate CP24	64	TRELEGY ELLIPTA	10
thioridazine hcl	30	tolterodine tartrate TABS	64	TRELSTAR MIXJECT	25
thiotepa 15 MG	23	tolvaptan TABS	46	TREMFYA SOAJ 100 MG/ML	40
thiothixene	30	topiramate CPSP 15 MG	12	TREMFYA SOAJ 200 MG/2ML ...	40
THYMOGLOBULIN	55	topiramate CPSP 25 MG	12	TREMFYA SOLN	40
THYROGEN 0.9 MG	43	topiramate CS24	12	TREMFYA SOSY 100 MG/ML	40
tiagabine hcl	12	topiramate TABS 200 MG	12	TREMFYA SOSY 200 MG/2ML ...	40
TIBSOVO	27	topiramate TABS 25 MG, 100 MG .	12	treprostinil SOLN IJ	33
tigecycline	62	topiramate TABS 50 MG	12	tretinoin (chemotherapy)	28
timolol maleate (ophth) SOLG	58	topotecan hcl SOLN	28	tretinoin CREA 0.025 %, 0.05 %, 0.1 %	38
timolol maleate (ophth) SOLN	58	topotecan hcl SOLR	28	tretinoin GEL 0.01 %, 0.025 %	38
timolol maleate TABS	32	toremifene citrate	25	tretinoin microsphere 0.1 %	38
		torsemide TABS	44		

TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	24	12.5 MG, 1000 MG-2.5 MG-5 MG .15	MISC	52
triamcinolone acetonide (mouth) ..	56	TRIJARDY XR 1000 MG-5 MG-10 MG, 1000 MG-5 MG-25 MG	TRUSTEX LUB/SPERMICIDE EX ST MISC	52
triamcinolone acetonide (nasal) AERO	57	TRIKAFTA TBPK	TRUSTEX LUB/SPERMICIDE XL MISC	52
triamcinolone acetonide (topical) CREA 0.025 %	42	trimethobenzamide hcl CAPS	TRUSTEX LUBRICATED EX LARGE MISC	52
triamcinolone acetonide (topical) CREA 0.1 %	42	trimethoprim TABS	TRUSTEX LUBRICATED EXTRA ST MISC	52
triamcinolone acetonide (topical) CREA 0.5 %	42	trimipramine maleate CAPS	TRUSTEX LUBRICATED MISC ...	52
triamcinolone acetonide (topical) LOTN 0.025 %	42	TRINTELLIX	TRUSTEX LUBRICATED/SPERMICIDE MISC	52
triamcinolone acetonide (topical) LOTN 0.1 %	42	TRIUMEQ TABS	TRUSTEX NATURAL CONDOMS + LUBE MISC	52
triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %	42	TRIZIVIR	TRUSTEX RIA LUB/SPERMICIDE MISC	52
triamcinolone acetonide (topical) OINT 0.5 %	42	TROJAN MAGNUM MISC	TRUSTEX RIA LUBRICATED MISC .	52
triamcinolone acetonide SUSP 40 MG/ML	37	TROJAN ULTRA THIN MISC	TRUSTEX-NONOXYNOL-9/RIB/STUD MISC	52
triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG	44	TROJAN ULTRA THIN/SPERMICIDAL MISC	TRUXIMA	24
triamterene & hydrochlorothiazide TABS	44	TROJAN-ENZ LUBRICATED MISC	TUKYSA	24
triamterene CAPS	44	52	TURALIO 125 MG	27
triazolam	50	TROJAN-ENZ/SPERMICIDAL MISC .	TUZISTRA XR	37
TRICARE TABS	57	52	TWINRIX SUSY	67
trientine hcl 250 MG	55	TROJAN-ENZ/SPERMICIDAL MISC .	TWIRLA	35
trifluoperazine hcl TABS	30	52	TYBLUME CHEW	35
trifluridine	58	TROJAN-ENZ/SPERMICIDAL MISC .	TYBOST	31
trihexyphenidyl hcl SOLN	28	52	TYMLOS	44
trihexyphenidyl hcl TABS	28	TROJAN-ENZ/SPERMICIDAL MISC .	TYVASO REFILL KIT SOLN IN ...	34
TRIJARDY XR 1000 MG-2.5 MG-		52	TYVASO SOLN IN	34
		TRUSTEX LUB/RIBBED/STUDDED	TYVASO STARTER KIT SOLN IN	34

UBRELVY	53	varenicline tartrate TBPK	62	VIRACEPT TABS 625 MG	31
UDENYCA ONBODY SOSY	49	VARIVAX SUSR	67	VIREAD POWD	31
UDENYCA SOAJ	49	VARUBI (180 MG DOSE) TBPK ...	18	VIREAD TABS 150 MG, 200 MG, 250 MG	31
UDENYCA SOSY	49	VAXNEUVANCE	65	VISTOGARD	17
UPTRAVI TABS 200 MCG	34	VECAMYL	21	VITAMIN D2 TABS 400 UNIT	67
UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG	34	VECTIBIX 100 MG/5ML	24	VITATHELY WITH GINGER TABS 57	
UPTRAVI TITRATION TBPK	34	VELPHORO	47	VITRAKVI CAPS	27
ursodiol CAPS	47	venlafaxine hcl CP24 150 MG	14	VITRAKVI SOLN	27
ursodiol TABS	47	venlafaxine hcl CP24 37.5 MG	14	VIZIMPRO	24
UVADEX	28	venlafaxine hcl CP24 75 MG	14	VORAXAZE	28
valacyclovir hcl 1 GM	32	venlafaxine hcl TABS	14	voriconazole TABS	18
valacyclovir hcl 500 MG	32	venlafaxine hcl TB24 150 MG	14	VOSEVI	32
valganciclovir hcl TABS	31	venlafaxine hcl TB24 37.5 MG, 75 MG, 225 MG	14	VYNDAMAX	34
valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML	13	verapamil hcl CP24 100 MG, 200 MG, 300 MG	33	VYNDAQEL	34
valproic acid CAPS	13	verapamil hcl CP24 120 MG, 180 MG, 240 MG, 360 MG	33	warfarin sodium TABS	10
valrubicin	26	verapamil hcl SOLN 2.5 MG/ML ...	33	water for irrigation, sterile	55
valsartan TABS	20	verapamil hcl TABS	33	WESTAB PLUS TABS	57
valsartan-hydrochlorothiazide	21	verapamil hcl TBCR	33	WIDE-SEAL DIAPHRAGM 60	52
VALTOCO 10 MG DOSE LIQD	11	VEREGEN	38	WIDE-SEAL DIAPHRAGM 65	52
VALTOCO 15 MG DOSE LQPK ...	11	VERZENIO	27	WIDE-SEAL DIAPHRAGM 70	52
VALTOCO 20 MG DOSE LQPK ...	11	VICTOZA (liraglutide)	16	WIDE-SEAL DIAPHRAGM 75	52
VALTOCO 5 MG DOSE LIQD	11	vigabatrin PACK	12	WIDE-SEAL DIAPHRAGM 80	52
vancomycin hcl CAPS	22	vigabatrin TABS	12	WIDE-SEAL DIAPHRAGM 85	52
vancomycin hcl SOLR IV 1 GM, 10 GM, 500 MG	22	VIIBRYD STARTER PACK KIT	14	WIDE-SEAL DIAPHRAGM 90	52
vancomycin hcl SOLR PO 25 MG/ML, 50 MG/ML, 250 MG/5ML ..	22	vilazodone hcl TABS	14	WIDE-SEAL DIAPHRAGM 95	52
VAQTA	67	vincristine sulfate	28	XALKORI CAPS	27
varenicline tartrate TABS	62	vinorelbine tartrate 10 MG/ML	28	XARELTO STARTER PACK TBPK 10	
		VIRACEPT TABS 250 MG	31	XARELTO SUSR	10

XARELTO TABS 10 MG, 20 MG .. 10	60 MG25	ZENPEP CPEP 105000 UNIT-79000
XARELTO TABS 2.5 MG, 15 MG ..10	XPOVIO (60 MG TWICE WEEKLY) .	UNIT-25000 UNIT, 14000 UNIT-
XELJANZ SOLN2	25	10000 UNIT-3000 UNIT, 168000
XELJANZ TABS 10 MG2	XPOVIO (80 MG ONCE WEEKLY)	UNIT-126000 UNIT-40000 UNIT,
XELJANZ TABS 5 MG2	40 MG25	24000 UNIT-17000 UNIT-5000 UNIT,
XELJANZ XR TB242	XPOVIO (80 MG TWICE WEEKLY) .	42000 UNIT-32000 UNIT-10000
XEOMIN57	25	UNIT, 63000 UNIT-47000 UNIT-
XERAFA62	XTANDI CAPS25	15000 UNIT, 84000 UNIT-63000
XGEVA SOLN44	XTANDI TABS 40 MG25	UNIT-20000 UNIT43
XHANCE EXHU57	XTANDI TABS 80 MG25	ZENPEP CPEP 252600 UNIT-
XIFAXAN 200 MG21	XULTOPHY15	189600 UNIT-60000 UNIT43
XIFAXAN 550 MG21	XYNTHA48	zidovudine CAPS31
XIGDUO XR (dapagliflozin	XYNTHA SOLOFUSE48	zidovudine SYRP31
propanediol-metformin hcl)15	YERVOY24	zidovudine TABS31
XIGDUO XR 1000 MG-10 MG, 500	YONSA25	zileuton TB129
MG-10 MG, 500 MG-5 MG15	YUFLYMA (1 PEN) AJKT3	ziprasidone hcl29
XIGDUO XR 1000 MG-2.5 MG, 1000	YUFLYMA (2 PEN) AJKT3	ZIRABEV24
MG-5 MG15	YUFLYMA (2 SYRINGE) PSKT3	ZIRGAN GEL58
XOLAIR SOAJ 150 MG/ML, 300	YUFLYMA-CD/UC/HS STARTER	ZOLADEX 10.8 MG25
MG/2ML9	AJKT3	ZOLADEX 3.6 MG25
XOLAIR SOAJ 75 MG/0.5ML9	zafirlukast9	zoledronic acid CONC44
XOLAIR SOLR9	zaleplon 10 MG50	zoledronic acid SOLN44
XOLAIR SOSY 150 MG/ML, 300	zaleplon 5 MG50	ZOLINZA27
MG/2ML9	ZALTRAP 100 MG/4ML24	zolmitriptan SOLN54
XOLAIR SOSY 75 MG/0.5ML9	ZANOSAR23	zolmitriptan TABS54
XOSPATA27	ZARONTIN CAPS (ethosuximide) .13	zolmitriptan TBDP54
XPOVIO (100 MG ONCE WEEKLY)	ZARXIO49	zolpidem tartrate TABS50
50 MG25	ZEJULA CAPS27	zolpidem tartrate TBCR50
XPOVIO (40 MG ONCE WEEKLY)	ZEJULA TABS 100 MG27	zonisamide CAPS12
40 MG25	ZEJULA TABS 200 MG, 300 MG .27	ZONTIVITY49
XPOVIO (40 MG TWICE WEEKLY)	ZELBORAF27	ZORBTIVE SC45
40 MG25		ZYDELIG27
XPOVIO (60 MG ONCE WEEKLY)		ZYLET59

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