



2025 FORMULARY

EFFECTIVE JANUARY 1, 2025



Formulary Introduction

FORMULARY

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

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

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

Drug List Key:

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

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

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

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

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

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

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

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

Prior Authorization for Non-Formulary Drugs

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

Formulary Abbreviations:

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

Opioid Medications:

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

Introducción al Formulario

FORMULARIO

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

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

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

Clave de la lista de medicamentos:

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

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

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

Autorización previa para medicamentos no incluidos en el Formulario

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

Abreviaturas del Formulario:

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

Medicamentos opioides:

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

Drug Name	Drug Tier	Requirements/Limits	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>dextroamphetamine sulfate TABS 2.5 MG, 7.5 MG, 15 MG, 20 MG, 30 MG</i>	1B	
<i>amphetamine-dextroamphetamine CP24 5 MG-5 MG-5 MG-5 MG, 6.25 MG-6.25 MG-6.25 MG-6.25 MG, 7.5 MG-7.5 MG-7.5 MG-7.5 MG</i>	1B	QL(2 ea daily)	<i>lisdexamfetamine dimesylate CAPS</i>	1B	QL(1 ea daily); ST
<i>amphetamine-dextroamphetamine CP24 1.25 MG-1.25 MG-1.25 MG-1.25 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG</i>	1B	QL(1 ea daily)	<i>lisdexamfetamine dimesylate CHEW</i>	1B	QL(1 ea daily); ST
<i>amphetamine-dextroamphetamine CP24 3.75 MG-3.75 MG-3.75 MG-3.75 MG</i>	1B		<i>methamphetamine hcl</i>	1B	QL(5 ea daily); AL(At least 6 yrs old)
<i>amphetamine-dextroamphetamine TABS 1.25 MG-1.25 MG-1.25 MG-1.25 MG, 1.875 MG-1.875 MG-1.875 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG, 3.125 MG-3.125 MG-3.125 MG-3.125 MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG, 5 MG-5 MG-5 MG-5 MG</i>	1B	QL(3 ea daily)	Anorexiants Non-Amphetamine		
<i>amphetamine-dextroamphetamine TABS 7.5 MG-7.5 MG-7.5 MG-7.5 MG</i>	1B	QL(2 ea daily)	<i>phendimetrazine tartrate TABS</i>	1B	PA
<i>dextroamphetamine sulfate CP24 10 MG, 15 MG</i>	1B	QL(4 ea daily)	<i>phentermine hcl CAPS</i>	1B	PA
<i>dextroamphetamine sulfate CP24 5 MG</i>	1B		Anti-Obesity Agents		
<i>dextroamphetamine sulfate TABS 5 MG, 10 MG</i>	1B	QL(4 ea daily)	<i>CONTRAVE</i>	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)		
			<i>SUNOSI 75 MG</i>	3	QL(2 ea daily); PA
			<i>SUNOSI 150 MG</i>	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)

Ambetter Formulary Updated September 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>modafinil 100 MG</i>	1B	QL(1 ea daily); PA
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
Allergenic Extracts		
GRASTEK SUBL	3	PA
AMEBICIDES		
Amebicides		
SOLOSEC	3	PA
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
<i>amikacin sulfate SOLN 1 GM/4ML, 500 MG/2ML</i>	1B	
ARIKAYCE	4	PA
<i>gentamicin in saline 0.8 MG/ML-0.9 %, 1 MG/ML-0.9 %, 1.2 MG/ML-0.9 %, 1.6 MG/ML-0.9 %</i>	1B	
<i>gentamicin sulfate IJ 40 MG/ML, 80 MG/2ML</i>	1B	
<i>neomycin sulfate TABS</i>	1B	
<i>streptomycin sulfate SOLR</i>	3	
<i>tobramycin sulfate SOLN IJ 10 MG/ML, 40 MG/ML, 80 MG/2ML</i>	1B	
<i>tobramycin NEBU</i>	4	QL(280 ml per 56 day(s) retail; 280 ml per 56 days mail); PA
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Antirheumatic - Enzyme Inhibitors		
RINVOQ TB24	4	QL(1 ea daily); PA
XELJANZ XR TB24	4	QL(1 ea daily); PA
XELJANZ SOLN	4	QL(20 ml daily); PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
XELJANZ TABS 5 MG	4	QL(2 ea daily); SP; PA	HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT	4	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA
XELJANZ TABS 10 MG	4	QL(2 ea daily); PA		4	QL(0.072 ea daily); PA
Antirheumatic Antimetabolites			HUMIRA PEN PNKT 80 MG/0.8ML		
METHOTREXATE	4	QL(1.714 ea daily); SP; PA	HUMIRA PEN PNKT	4	QL(0.143 ea daily); PA
Anti-TNF-alpha - Monoclonal Antibodies			HUMIRA PEN-PS/UV STARTER PNKT	4	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS AJKT	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA	HUMIRA PSKT	4	QL(0.143 ea daily); PA
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS AJKT	4	QL(0.215 ea daily); PA	SIMPONI ARIA SOLN	4	PA
CYLTEZO STARTER PACKAGE FOR PSORIASIS/UVEITIS AJKT	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA	YUFLYMA 1-PEN KIT AJKT	4	QL(0.143 ea daily); PA
CYLTEZO STARTER PACKAGE FOR PSORIASIS AJKT	4	QL(0.143 ea daily); PA	YUFLYMA 2-PEN KIT AJKT	4	QL(0.29 ea daily); PA
CYLTEZO AJKT	4	QL(0.215 ea daily); PA	YUFLYMA 2-SYRINGE KIT PSKT	4	QL(0.143 ea daily); PA
CYLTEZO AJKT	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
CYLTEZO PSKT 10 MG/0.2ML, 40 MG/0.4ML	4	QL(0.072 ea daily); PA	Gold Compounds		
CYLTEZO PSKT 20 MG/0.4ML, 40 MG/0.8ML	4	QL(0.215 ea daily); PA	RIDAURA	3	QL(3 ea daily)
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML	4	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA	Interleukin-1 Blockers		
HUMIRA PEN-CD/UC/HS STARTER PNKT	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			KEVZARA SOAJ	4	QL(0.082 ml daily); PA
Nonsteroidal Anti-inflammatory Agents (NSAIDs)			KEVZARA SOSY	4	QL(0.082 ml daily); PA
<i>celecoxib</i>			1B	QL(2 ea daily)	
<i>diclofenac potassium TABS 50 MG</i>			1B		

Ambetter Formulary Updated September 1, 2024

Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac sodium TB24</i>	1B	
<i>diclofenac sodium TBEC</i>	1B	
<i>diclofenac w/ misoprostol TBEC</i>	1B	
<i>etodolac CAPS</i>	1B	
<i>etodolac TABS</i>	1B	
<i>fenoprofen calcium TABS</i>	1B	QL(4 ea daily); ST
<i>flurbiprofen TABS</i>	1B	
<i>ibuprofen SUSP 100 MG/5ML</i>	1B	RX/OTC
<i>ibuprofen TABS 400 MG, 600 MG</i>	1A	
<i>ibuprofen TABS 800 MG</i>	1B	
<i>indomethacin CAPS 25 MG, 50 MG</i>	1B	
<i>indomethacin CPR</i>	1B	
<i>ketoprofen CAPS 50 MG</i>	1B	
<i>ketorolac tromethamine TABS</i>	1B	QL(0.667 ea daily)
<i>meclofenamate sodium CAPS</i>	1B	
<i>mefenamic acid CAPS</i>	1B	Must try ibuprofen. ; QL(5 ea daily); ST
<i>meloxicam TABS</i>	1A	QL(1 ea daily)
<i>nabumetone</i>	1B	
<i>naproxen sodium TABS 550 MG</i>	1B	
<i>naproxen SUSP</i>	1B	PA
<i>naproxen TABS</i>	1B	
<i>naproxen TBEC 500 MG</i>	1B	QL(3 ea daily)
<i>oxaprozin TABS</i>	1B	
<i>piroxicam CAPS</i>	1B	
<i>sulindac TABS</i>	1B	
<i>tolmetin sodium CAPS</i>	1B	
<i>tolmetin sodium TABS 600 MG</i>	1B	
Phosphodiesterase 4 (PDE4) Inhibitors		

Drug Name	Drug Tier	Requirements/Limits
OTEZLA TABS	4	QL(2 ea daily); PA
OTEZLA TBPB	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA
OTEZLA TBPB	4	1 package(s) per 180 day(s) retail; 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-300 MG</i>	1B	QL(6 ea daily)
<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG</i>	1B	
<i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>	1B	QL(6 ea daily)
<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		

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 OR 50 MG/5ML</i>	1B	New starts limited to 7 day supply; QL(500 ml per fill retail)
<i>aspirin TBEC 81 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 325 MG</i>	1A		<i>meperidine hcl TABS 50 MG</i>	1B	New starts limited to 7 day supply; QL(6 ea daily)
<i>diflunisal TABS</i>	1B		<i>methadone hcl CONC</i>	1B	QL(10 ml daily)
<i>salsalate</i>	1B		<i>methadone hcl SOLN OR 10 MG/5ML</i>	1B	QL(50 ml daily)
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions					
Opioid Agonists					
<i>codeine sulfate TABS 30 MG</i>	1B	New starts limited to 7 day supply	<i>methadone hcl SOLN IJ 10 MG/ML</i>	1B	
CODEINE SULFATE TABS	1B	New starts limited to 7 day supply	<i>methadone hcl SOLN OR 5 MG/5ML</i>	1B	QL(100 ml daily)
<i>fentanyl citrate LPOP</i>	1B	QL(4 ea daily); PA	METHADONE HCL SOLN IJ	1B	
<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 TABS 5 MG</i>	1B	QL(4 ea daily)
<i>hydrocodone bitartrate CP12</i>	3	QL(2 ea daily); PA	<i>methadone hcl TABS 10 MG</i>	1B	QL(10 ea daily)
<i>hydrocodone bitartrate T24A</i>	3	QL(2 ea daily); PA	<i>methadone hcl TBSO</i>	1B	QL(2 ea daily)
<i>hydromorphone hcl LIQD</i>	1B	New starts limited to 7 day supply	<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>hydromorphone hcl SOLN IJ 10 MG/ML, 50 MG/5ML, 500 MG/50ML</i>	1B		<i>morphine sulfate SOLN IJ 0.5 MG/ML, 1 MG/ML</i>	1B	
<i>hydromorphone hcl TABS</i>	1B	New starts limited to 7 day supply; QL(8 ea daily)	<i>morphine sulfate SOLN OR 10 MG/5ML</i>	1B	New starts limited to 7 day supply; QL(100 ml daily)
<i>hydromorphone hcl TB24 8 MG, 12 MG, 16 MG</i>	1B	QL(2 ea daily); PA	<i>morphine sulfate SOLN OR 20 MG/5ML</i>	1B	New starts limited to 7 day supply; QL(50 ml daily)
<i>hydromorphone hcl TB24 32 MG</i>	1B	QL(1 ea daily); PA	<i>morphine sulfate TABS</i>	1B	New starts limited to 7 day supply; QL(6 ea daily)

Ambetter Formulary Updated September 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>tramadol-acetaminophen</i>	1B	New starts limited to 7 day supply; QL(8 ea daily)
Opioid Partial Agonists		
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG</i>	1B	QL(2 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG</i>	1B	QL(3 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate SUBL</i>	1B	QL(3 ea daily)
<i>buprenorphine hcl SOLN</i>	1B	
<i>buprenorphine hcl SUBL</i>	1B	QL(3 ea daily)
<i>buprenorphine PTWK</i>	1B	QL(0.143 ea daily); PA
<i>butorphanol tartrate IJ 1 MG/ML, 2 MG/ML</i>	1B	
<i>butorphanol tartrate NA 10 MG/ML</i>	1B	QL(0.34 ml daily); PA
<i>nalbuphine hcl</i>	1B	QL(8 ml daily)
<i>pentazocine w/ naloxone hcl</i>	1B	New starts limited to 7 day supply
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Anabolic Steroids		
<i>oxandrolone</i>	1B	
Androgens		
ANDRODERM PT24 2 MG/24HR, 4 MG/24HR	2	QL(1 ea daily); PA
<i>danazol CAPS</i>	1B	
METHITEST TABS	3	
<i>testosterone cypionate SOLN IM</i>	1B	
TESTOSTERONE CYPIONATE SOLN IJ 200 MG/ML	1B	

Drug Name	Drug Tier	Requirements/Limits
<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
EMVERM CHEW	2	QL(2 ea daily; 6 ea per fill retail; 6 per fill mail); 1 max fill(s) per 60 day(s) retail; 1 max fill(s) per 60 day(s) mail
<i>ivermectin</i>	1B	QL(9 ea per fill retail; 9 per fill mail); 1 max fill(s) per 75 day(s) retail; 1 max fill(s) per 75 day(s) mail
<i>praziquantel</i>	1B	PA
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
<i>ranolazine TB12 1000 MG</i>	1B	QL(2 ea daily)

Ambetter Formulary Updated September 1, 2024

Drug Name	Drug Tier	Requirements/Limits
<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	
ANTIANGIENOSIS 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)
Benzodiazepines		
<i>alprazolam TABS 0.25 MG, 0.5 MG, 1 MG</i>	1A	QL(4 ea daily)
<i>alprazolam TABS 2 MG</i>	1B	QL(4 ea daily)
<i>alprazolam TB24</i>	1B	
<i>alprazolam TBDP</i>	1B	
<i>chlordiazepoxide hcl CAPS</i>	1B	
<i>clorazepate dipotassium TABS</i>	1B	
<i>diazepam CONC</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>diazepam SOLN OR 5 MG/5ML</i>	1B	
<i>diazepam TABS</i>	1A	QL(4 ea daily)
<i>lorazepam CONC</i>	1B	
<i>lorazepam TABS 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 50 MG/ML</i>	1B	
<i>amiodarone hcl TABS</i>	1B	
<i>dofetilide</i>	1B	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Antiasthmatic - Monoclonal Antibodies		
FASENRA PEN SOAJ	4	QL(0.036 ml daily); PA
FASENRA SOSY 30 MG/ML	4	QL(0.036 ml daily); PA
NUCALA SOAJ	4	QL(0.1073 ml daily); PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
NUCALA SOLR	4	QL(0.1073 ea daily); PA	Steroid Inhalants		
NUCALA SOSY 100 MG/ML	4	QL(0.1073 ml daily); PA	ALVESCO	3	PA
NUCALA SOSY 40 MG/0.4ML	4	QL(0.0144 ml daily); PA	ARNUITY ELLIPTA	2	
XOLAIR SOAJ 75 MG/0.5ML	4	QL(0.036 ml daily); PA	<i>budesonide (inhalation) SUSP</i>	1B	QL(4 ml daily); PA
XOLAIR SOAJ 150 MG/ML, 300 MG/2ML	4	QL(0.286 ml daily); PA	<i>fluticasone propionate (inhalation) AEPB</i>	1B	
XOLAIR SOLR	4	QL(0.286 ea daily); PA	<i>fluticasone propionate hfa</i>	1B	QL(0.8 gm daily)
XOLAIR SOSY 150 MG/ML, 300 MG/2ML	4	QL(0.286 ml daily); PA	PULMICORT FLEXHALER AEPB	2	
XOLAIR SOSY 75 MG/0.5ML	4	QL(0.036 ml daily); PA	QVAR REDIHALER	2	
Anti-Inflammatory Agents			Sympathomimetics		
<i>cromolyn sodium NEBU</i>	1B	QL(8 ml daily)	AIRDUO DIGIHALER 113/14	3	
Bronchodilators - Anticholinergics			AIRDUO DIGIHALER 232/14	3	
ATROVENT HFA	3	QL(0.44 gm daily)	AIRDUO DIGIHALER 55/14	3	
INCRUSE ELLIPTA	2	QL(1 ea daily)	AIRSUPRA	3	
<i>ipratropium bromide SOLN 0.02 %</i>	1B	QL(15 ml daily)	<i>albuterol sulfate AERS</i>	1B	
SPIRIVA RESPIMAT AERS	2	QL(0.14 gm daily)	<i>albuterol sulfate NEBU 0.083 %, 0.5 %, 0.63 MG/3ML, 1.25 MG/3ML, 2.5 MG/0.5ML</i>	1B	
<i>tiotropium bromide monohydrate CAPS</i>	1B	QL(1 ea daily)	<i>albuterol sulfate SYRP</i>	1B	
Leukotriene Modulators			<i>albuterol sulfate TABS</i>	1B	
<i>montelukast sodium CHEW</i>	1B	QL(1 ea daily)	ANORO ELLIPTA	2	QL(2 ea daily)
<i>montelukast sodium PACK</i>	1B	QL(1 ea daily)	<i>arformoterol tartrate</i>	1B	QL(4 ml daily)
<i>montelukast sodium TABS</i>	1B	QL(1 ea daily)	BREO ELLIPTA (<i>fluticasone furoate-vilanterol</i>)	2	
<i>zafirlukast</i>	1B	QL(2 ea daily)	BREO ELLIPTA	2	
<i>zileuton TB12</i>	3	QL(4 ea daily); PA	BREZTRI AEROSPHERE	2	QL(0.38 gm daily)
Selective Phosphodiesterase 4 (PDE4) Inhibitors			<i>budesonide-formoterol fumarate dihydrate</i>	1B	
<i>roflumilast</i>	3	QL(1 ea daily)	DULERA	2	
			<i>fluticasone furoate-vilanterol</i>	1B	

Ambetter Formulary Updated September 1, 2024

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone-salmeterol AEPB</i>	1B		XARELTO SUSR	2	QL(900 ml per 30 day(s) retail; 900 ml per 30 days mail)
<i>fluticasone-salmeterol AERO</i>	1B		XARELTO TABS 2.5 MG, 15 MG	2	QL(2 ea daily)
<i>formoterol fumarate NEBU</i>	1B	QL(4 ml daily)	XARELTO TABS 10 MG, 20 MG	2	QL(1 ea daily)
<i>ipratropium-albuterol SOLN</i>	1B	QL(18 ml daily)	Heparins And Heparinoid-Like Agents		
<i>levalbuterol hcl</i>	1B		<i>enoxaparin sodium SOLN IJ 300 MG/3ML</i>	4	QL(6 ml daily)
<i>levalbuterol tartrate</i>	1B	QL(0.5 gm daily)	<i>enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML</i>	4	QL(2 ml daily)
PROAIR DIGIHALER	3		<i>enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML</i>	4	QL(1.6 ml daily)
PROAIR RESPICLICK AEPB	3		<i>enoxaparin sodium SOSY 60 MG/0.6ML</i>	4	QL(1.2 ml daily; 30 Day(s) limit); SP
SEREVENT DISKUS	2		<i>enoxaparin sodium SOSY 40 MG/0.4ML</i>	4	QL(0.8 ml daily; 30 Day(s) limit); SP
STIOLTO RESPIMAT	2		<i>enoxaparin sodium SOSY 30 MG/0.3ML</i>	4	QL(0.6 ml daily); SP
STRIVERDI RESPIMAT	2		<i>fondaparinux sodium 2.5 MG/0.5ML</i>	4	QL(4.5 ml per 180 day(s) retail; 4 ml per 180 days mail); SP
<i>terbutaline sulfate SOLN</i>	1B		<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>terbutaline sulfate TABS</i>	1B		<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
TRELEGY ELLIPTA	2	QL(2 ea daily)	<i>fondaparinux sodium 7.5 MG/0.6ML</i>	4	QL(5.4 ml per 180 day(s) retail; 5 ml per 180 days mail); SP
Xanthines			FRAGMIN SOSY	4	SP; PA
<i>aminophylline SOLN</i>	1B				
<i>theophylline ELIX</i>	1B				
<i>theophylline SOLN</i>	1B	QL(56 ml daily)			
<i>theophylline TB12</i>	1B				
<i>theophylline TB24</i>	1B				
ANTICOAGULANTS - Blood Thinners					
Coumarin Anticoagulants					
<i>warfarin sodium TABS</i>	1B				
Direct Factor Xa Inhibitors					
ELIQUIS STARTER PACK TBPK	2	QL(2.47 ea daily); 1 max fill(s) per 180 day(s) retail			
ELIQUIS TABS	2	QL(2 ea daily)			
XARELTO STARTER PACK TBPK	2	1 max fill(s) per 365 day(s) retail			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>heparin sodium (porcine) SOLN IJ 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML</i>	1B		VALTOCO 5 MG DOSE LIQD	4	QL(10 ea per 30 day(s) retail); PA
HEPARIN SODIUM/NACL 0.45% SOLN IV 0.45 %-12500 UNIT/250ML	1B		Anticonvulsants - Misc.		
Thrombin Inhibitors			APTIOM	3	QL(2 ea daily); ST
<i>dabigatran etexilate mesylate CAPS</i>	1B		BANZEL TABS 200 MG (<i>rufinamide</i>)	2	QL(2 ea daily); PA
ANTICONVULSANTS - Drugs to Treat Seizures			BANZEL TABS 400 MG (<i>rufinamide</i>)	2	QL(8 ea daily); PA
AMPA Glutamate Receptor Antagonists			BRIVIACT SOLN OR 10 MG/ML	3	QL(20 ml daily); PA
FYCOMPA TABS 6 MG	3	QL(2 ea daily); PA	BRIVIACT TABS	3	QL(2 ea daily); PA
FYCOMPA TABS 8 MG, 10 MG, 12 MG	3	QL(1 ea daily); PA	<i>carbamazepine CHEW</i>	1B	
FYCOMPA TABS 4 MG	3	QL(3 ea daily); PA	<i>carbamazepine CP12 300 MG</i>	1B	QL(4 ea daily)
FYCOMPA TABS 2 MG	3	QL(6 ea daily); PA	<i>carbamazepine CP12 100 MG</i>	1B	
Anticonvulsants - Benzodiazepines			<i>carbamazepine CP12 200 MG</i>	1B	QL(6 ea daily)
<i>clobazam SUSP</i>	1B	QL(16 ml daily); PA	<i>carbamazepine SUSP</i>	1B	
<i>clobazam TABS</i>	1B	QL(2 ea daily); PA	<i>carbamazepine TABS</i>	1B	
<i>clonazepam TABS</i>	1A		<i>carbamazepine TB12 100 MG, 400 MG</i>	1B	QL(4 ea daily)
<i>diazepam (anticonvulsant) GEL</i>	3	5 package(s) per 30 day(s) retail; 5 package(s) per 30 day(s) mail	<i>carbamazepine TB12 200 MG</i>	1B	QL(6 ea daily)
NAYZILAM	3	QL(10 ea per 30 day(s) retail); PA	DIACOMIT CAPS 500 MG	4	QL(6 ea daily); PA
VALTOCO 10 MG DOSE LIQD	4	QL(10 ea per 30 day(s) retail); PA	DIACOMIT CAPS 250 MG	4	QL(12 ea daily); PA
VALTOCO 15 MG DOSE LQPK	4	QL(10 ea per 30 day(s) retail); PA	DIACOMIT PACK 500 MG	4	QL(6 ea daily); PA
VALTOCO 20 MG DOSE LQPK	4	QL(10 ea per 30 day(s) retail); PA	DIACOMIT PACK 250 MG	4	QL(12 ea daily); PA
			EPIDIOLEX	3	PA
			<i>gabapentin CAPS</i>	1B	
			<i>gabapentin SOLN</i>	1B	QL(60 ml daily)
			<i>gabapentin TABS 600 MG, 800 MG</i>	1B	
			<i>lacosamide SOLN IV 200 MG/20ML</i>	1B	QL(40 ml daily)
			<i>lacosamide TABS</i>	1B	QL(2 ea daily)

Ambetter Formulary Updated September 1, 2024

Drug Name	Drug Tier	Requirements/ Limits
<i>lamotrigine CHEW 5 MG</i>	1B	QL(100 ea daily)
<i>lamotrigine CHEW 25 MG</i>	1B	QL(20 ea daily)
<i>lamotrigine TABS</i>	1B	
<i>lamotrigine TBDP</i>	1B	QL(1 ea daily)
<i>levetiracetam SOLN IV 500 MG/5ML</i>	1B	QL(30 ml daily)
<i>levetiracetam TABS 500 MG</i>	1B	QL(6 ea daily)
<i>levetiracetam TABS 250 MG, 750 MG</i>	1B	QL(4 ea daily)
<i>levetiracetam TABS 1000 MG</i>	1B	QL(3 ea daily)
<i>levetiracetam TB24</i>	1B	QL(4 ea daily)
<i>oxcarbazepine SUSP</i>	1B	QL(40 ml daily)
<i>oxcarbazepine TABS 150 MG, 300 MG</i>	1B	QL(3 ea daily)
<i>oxcarbazepine TABS 600 MG</i>	1B	QL(4 ea daily)
<i>pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG</i>	3	QL(3 ea daily); PA
<i>pregabalin CAPS 225 MG, 300 MG</i>	3	QL(2 ea daily); PA
<i>pregabalin SOLN</i>	3	QL(30 ml daily); PA
<i>primidone 50 MG, 250 MG</i>	1B	
<i>rufinamide SUSP</i>	1B	QL(80 ml daily); PA
<i>rufinamide TABS 200 MG</i>	1B	QL(2 ea daily); PA
<i>rufinamide TABS 400 MG</i>	1B	QL(8 ea daily); PA
<i>TEGRETOL SUSP (carbamazepine)</i>	2	
<i>TEGRETOL TABS (carbamazepine)</i>	2	
<i>topiramate CPSP 25 MG</i>	1B	QL(8 ea daily)
<i>topiramate CPSP 15 MG</i>	1B	QL(6 ea daily)
<i>topiramate CS24</i>	3	PA
<i>topiramate TABS 25 MG, 100 MG</i>	1B	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>topiramate TABS 50 MG</i>	1B	QL(6 ea daily)
<i>topiramate TABS 200 MG</i>	1B	QL(2 ea daily)
<i>zonisamide CAPS</i>	1B	QL(6 ea daily)
Carbamates		
<i>felbamate SUSP</i>	1B	QL(30 ml daily)
<i>felbamate TABS 400 MG</i>	1B	QL(9 ea daily)
<i>felbamate TABS 600 MG</i>	1B	QL(6 ea daily)
GABA Modulators		
<i>tiagabine hcl</i>	1B	
<i>vigabatrin PACK</i>	4	QL(6 ea daily); SP; PA
<i>vigabatrin TABS</i>	4	QL(6 ea daily); SP; PA
Hydantoins		
<i>DILANTIN</i>	2	
<i>DILANTIN (phenytoin sodium extended)</i>	2	
<i>DILANTIN INFATABS CHEW (phenytoin)</i>	2	
<i>DILANTIN-125 SUSP (phenytoin)</i>	2	
<i>fosphenytoin sodium</i>	1B	
<i>phenytoin sodium extended 100 MG, 200 MG, 300 MG</i>	1B	
<i>phenytoin sodium SOLN</i>	1B	
<i>phenytoin CHEW</i>	1B	
<i>phenytoin SUSP</i>	1B	
Succinimides		
<i>ethosuximide CAPS</i>	1B	QL(6 ea daily)
<i>ethosuximide SOLN</i>	1B	QL(30 ml daily)
<i>methsuximide</i>	1B	QL(4 ea daily)
<i>ZARONTIN CAPS (ethosuximide)</i>	2	QL(6 ea daily)
Valproic Acid		
<i>divalproex sodium TB24</i>	1B	
<i>divalproex sodium TBEC</i>	1B	

Ambetter Formulary Updated September 1, 2024

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>valproate sodium SOLN OR 250 MG/5ML, 500 MG/10ML</i>	1B		<i>citalopram hydrobromide SOLN</i>	1B	QL(20 ml daily)
<i>valproic acid CAPS</i>	1B		<i>citalopram hydrobromide TABS 40 MG</i>	1B	#, QL(1 ea daily)
ANTIDEPRESSANTS - Drugs to Treat Depression					
Alpha-2 Receptor Antagonists (Tetracyclics)					
<i>mirtazapine TABS 15 MG</i>	1B	QL(3 ea daily)	<i>citalopram hydrobromide TABS 20 MG</i>	1B	#, QL(2 ea daily)
<i>mirtazapine TABS 7.5 MG, 45 MG</i>	1B	QL(1 ea daily)	<i>citalopram hydrobromide TABS 10 MG</i>	1B	#, QL(4 ea daily)
<i>mirtazapine TABS 30 MG</i>	1B	QL(1.5 ea daily)	<i>escitalopram oxalate SOLN</i>	1B	QL(20 ml daily)
<i>mirtazapine TBDP 45 MG</i>	1B	QL(1 ea daily)	<i>escitalopram oxalate TABS 20 MG</i>	1B	+, QL(1 ea daily)
<i>mirtazapine TBDP 15 MG</i>	1B	QL(3 ea daily)	<i>escitalopram oxalate TABS 10 MG</i>	1B	+, QL(2 ea daily)
<i>mirtazapine TBDP 30 MG</i>	1B	QL(1.5 ea daily)	<i>escitalopram oxalate TABS 5 MG</i>	1B	+, QL(4 ea daily)
Antidepressants - Misc.					
<i>bupropion hcl TABS</i>	1B	+, QL(3 ea daily)	<i>fluoxetine hcl CAPS 40 MG</i>	1B	#, QL(2 ea daily)
<i>bupropion hcl TB12 200 MG</i>	1B	+, QL(2 ea daily)	<i>fluoxetine hcl CAPS 10 MG</i>	1A	#, QL(1 ea daily)
<i>bupropion hcl TB12 100 MG</i>	1B	+, QL(4 ea daily)	<i>fluoxetine hcl CAPS 20 MG</i>	1B	#, QL(3 ea daily)
<i>bupropion hcl TB12 150 MG</i>	1B	+, QL(3 ea daily)	<i>fluoxetine hcl CPDR</i>	1B	
<i>bupropion hcl TB24 150 MG</i>	1B	QL(3 ea daily)	<i>fluoxetine hcl SOLN</i>	1B	QL(20 ml daily)
<i>bupropion hcl TB24 300 MG</i>	1B	QL(1 ea daily)	<i>fluoxetine hcl TABS 10 MG, 60 MG</i>	1B	QL(1 ea daily)
Monoamine Oxidase Inhibitors (MAOIs)					
EMSAM	3	QL(1 ea daily)	<i>fluoxetine hcl TABS 20 MG</i>	1B	QL(3 ea daily)
MARPLAN	2	QL(6 ea daily)	<i>fluvoxamine maleate TABS 25 MG, 50 MG</i>	1B	+, QL(2 ea daily)
<i>phenelzine sulfate</i>	1B		<i>fluvoxamine maleate TABS 100 MG</i>	1B	+, QL(3 ea daily)
<i>tranylcypromine sulfate</i>	1B		<i>paroxetine hcl SUSP</i>	1B	QL(30 ml daily)
N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists					
SPRAVATO 56MG DOSE	4	PA	<i>paroxetine hcl TABS 10 MG</i>	1B	#, QL(6 ea daily)
SPRAVATO 84MG DOSE	4	PA	<i>paroxetine hcl TABS 30 MG</i>	1B	#, QL(2 ea daily)
Selective Serotonin Reuptake Inhibitors (SSRIs)					
			<i>paroxetine hcl TABS 40 MG</i>	1B	#, QL(1 ea daily)
			<i>paroxetine hcl TABS 20 MG</i>	1B	#, QL(3 ea daily)

Ambetter Formulary Updated September 1, 2024

Drug Name	Drug Tier	Requirements/Limits
<i>paroxetine hcl TB24 12.5 MG</i>	1B	QL(1 ea daily)
<i>paroxetine hcl TB24 25 MG, 37.5 MG</i>	1B	QL(2 ea daily)
<i>sertraline hcl CONC</i>	1B	QL(10 ml daily)
<i>sertraline hcl TABS 25 MG, 50 MG</i>	1B	#; QL(4 ea daily)
<i>sertraline hcl TABS 100 MG</i>	1B	#; QL(2 ea daily)
Serotonin Modulators		
<i>nefazodone hcl</i>	1B	
<i>trazodone hcl TABS</i>	1B	
TRINTELLIX	3	QL(1 ea daily); PA
VIIBRYD STARTER PACK KIT	3	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail
<i>vilazodone hcl TABS</i>	1B	QL(1 ea daily)
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
<i>desvenlafaxine succinate 100 MG</i>	1B	QL(4 ea daily)
<i>desvenlafaxine succinate 25 MG, 50 MG</i>	1B	QL(1 ea daily)
<i>duloxetine hcl CPEP 20 MG, 30 MG, 60 MG</i>	1B	#; QL(2 ea daily)
<i>duloxetine hcl CPEP 40 MG</i>	1B	#
FETZIMA TITRATION PACK C4PK	3	PA
FETZIMA CP24	3	QL(1 ea daily); PA
<i>venlafaxine hcl CP24 37.5 MG</i>	1B	+; QL(4 ea daily)
<i>venlafaxine hcl CP24 75 MG</i>	1B	+; QL(5 ea daily)
<i>venlafaxine hcl CP24 150 MG</i>	1B	+; QL(2 ea daily)
<i>venlafaxine hcl TABS</i>	1B	#; QL(3 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>venlafaxine hcl TB24 150 MG</i>	1B	QL(2 ea daily)
<i>venlafaxine hcl TB24 37.5 MG, 75 MG, 225 MG</i>	1B	QL(1 ea daily)
Tricyclic Agents		
<i>amitriptyline hcl TABS</i>	1B	#
<i>amoxapine</i>	1B	
<i>clomipramine hcl</i>	1B	
<i>desipramine hcl TABS</i>	1B	
<i>doxepin hcl CAPS</i>	1B	
<i>doxepin hcl CONC</i>	1B	
<i>imipramine hcl TABS</i>	1B	+
<i>imipramine pamoate</i>	1B	
<i>nortriptyline hcl CAPS</i>	1B	
<i>nortriptyline hcl SOLN</i>	1B	
<i>protriptyline hcl</i>	1B	
<i>trimipramine maleate CAPS</i>	1B	
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Alpha-Glucosidase Inhibitors		
<i>acarbose</i>	1B	QL(3 ea daily)
<i>miglitol</i>	1B	QL(3 ea daily)
Antidiabetic Combinations		
<i>alogliptin-metformin hcl</i>	1B	QL(2 ea daily); PA
<i>alogliptin-pioglitazone 30 MG-12.5 MG</i>	1B	QL(2 ea daily); PA
<i>alogliptin-pioglitazone 15 MG-25 MG, 30 MG-25 MG, 45 MG-25 MG</i>	1B	QL(1 ea daily); PA
<i>dapagliflozin propanediol-metformin hcl 1000 MG-5 MG</i>	2	QL(2 ea daily)
<i>dapagliflozin propanediol-metformin hcl 1000 MG-10 MG</i>	2	QL(1 ea daily)
<i>glipizide-metformin hcl 500 MG-5 MG</i>	1B	+; QL(4 ea daily)

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

Drug Name	Drug Tier	Requirements/Limits
XIGDUO XR <i>(dapagliflozin propanediol-metformin hcl)</i>	2	QL(2 ea daily)
XIGDUO XR <i>(dapagliflozin propanediol-metformin hcl)</i>	2	QL(1 ea daily)
XULTOPHY 100/3.6	2	QL(0.5 ml daily); PA
Biguanides		
<i>metformin hcl</i> TABS 500 MG	1B	+; QL(5 ea daily)
<i>metformin hcl</i> TABS 850 MG	0	QL(3 ea daily)
<i>metformin hcl</i> TABS 1000 MG	1B	+; QL(2.5 ea daily)
<i>metformin hcl</i> TB24 500 MG	1B	+; QL(4 ea daily)
<i>metformin hcl</i> TB24 750 MG	1B	+; QL(3 ea daily)
Diabetic Other		
<i>diazoxide</i>	3	
<i>glucagon (rdna)</i>	1B	+; QL(0.035 ea daily)
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
<i>alogliptin benzoate</i>	1B	QL(1 ea daily)
JANUVIA	2	QL(1 ea daily)
<i>saxagliptin hcl</i>	1B	QL(1 ea daily)
Incretin Mimetic Agents		
OZEMPIC SOPN 2 MG/1.5ML	2	QL(0.054 ml daily); PA
OZEMPIC SOPN	2	QL(0.108 ml daily); PA
RYBELSUS TABS	2	QL(1 ea daily); PA
TRULICITY	2	QL(0.143 ml daily); PA
VICTOZA 18 MG/3ML <i>(liraglutide)</i>	2	QL(0.3 ml daily); PA
Insulin		
APIDRA SOLOSTAR SOPN	3	PA

Ambetter Formulary Updated September 1, 2024

Drug Name	Drug Tier	Requirements/Limits
APIDRA SOLN	3	PA
HUMULIN R U-500 (CONCENTRATED) SOLN SC	2	#: QL(1.34 ml daily)
HUMULIN R U-500 KWIKPEN SOPN SC	2	#: QL(1.34 ml daily)
INSULIN ASPART FLEXPEN SOPN	1B	#
INSULIN ASPART PENFILL SOCT	1B	#
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN SUPN	1B	#
INSULIN ASPART PROTAMINE/INSULIN ASPART SUSP	1B	#
INSULIN ASPART SOLN IJ	1B	#
INSULIN DEGLUDEC FLEXTOUCH SOPN	2	#
INSULIN DEGLUDEC SOLN	2	#
INSULIN LISPRO SOLN IJ	2	
NOVOLIN 70/30 FLEXPEN SUPN	2	#
NOVOLIN 70/30 SUSP	2	#
NOVOLIN N FLEXPEN SUPN	2	#
NOVOLIN N SUSP	2	#
NOVOLIN R FLEXPEN SOPN IJ	2	#
NOVOLIN R SOLN IJ	2	#
REZVOGLAR KWIKPEN	3	PA
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)

Drug Name	Drug Tier	Requirements/Limits
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
<i>dapagliflozin propanediol</i>	2	QL(1 ea daily)
FARXIGA	2	QL(1 ea daily)
FARXIGA (<i>dapagliflozin propanediol</i>)	2	QL(1 ea daily)
JARDIANCE	2	QL(1 ea daily)
Sulfonylureas		
<i>glimepiride 1 MG, 2 MG</i>	1B	+: QL(4 ea daily)
<i>glimepiride 4 MG</i>	1B	+: QL(2 ea daily)
<i>glipizide TABS 5 MG, 10 MG</i>	1B	+: QL(4 ea daily)
<i>glipizide TB24</i>	1B	+: QL(2 ea daily)
<i>glyburide micronized 1.5 MG, 3 MG, 6 MG</i>	1B	+: QL(4 ea daily)
<i>glyburide TABS</i>	1B	+: QL(4 ea daily)
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antiperistaltic Agents		
<i>diphenoxylate w/ atropine LIQD</i>	1B	
<i>diphenoxylate w/ atropine TABS</i>	1B	
<i>loperamide hcl CAPS</i>	1B	RX/OTC
MOTOFEN	3	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET	3	
<i>deferasirox PACK</i>	4	PA
<i>deferasirox TABS</i>	4	SP; PA
<i>deferasirox TBSO</i>	4	SP; PA
Antidotes and Specific Antagonists		
VISTOGARD	4	PA
Opioid Antagonists		

Ambetter Formulary Updated September 1, 2024

Drug Name	Drug Tier	Requirements/Limits
<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		
<i>ANZEMET TABS 50 MG</i>	3	QL(0.167 ea daily); PA
<i>granisetron hcl SOLN IV 1 MG/ML</i>	1B	
<i>granisetron hcl TABS</i>	1B	QL(0.34 ea daily)
<i>ondansetron hcl SOLN IJ 4 MG/2ML</i>	1B	
<i>ondansetron hcl SOLN OR 4 MG/5ML</i>	1B	QL(3.34 ml daily)
<i>ondansetron hcl SOSY</i>	1B	
<i>ondansetron hcl TABS 24 MG</i>	1B	QL(0.143 ea daily)
<i>ondansetron hcl TABS 4 MG</i>	1B	QL(4 ea daily; 60 ea per fill retail; 60 per fill mail)
<i>ondansetron hcl TABS 8 MG</i>	1B	QL(3 ea daily; 45 ea per fill retail; 45 per fill mail)
<i>ondansetron TBDP 8 MG</i>	1B	
<i>ondansetron TBDP 4 MG</i>	1B	QL(1 ea daily)
<i>palonosetron hcl SOLN</i>	1B	
Antiemetics - Anticholinergic		
<i>meclizine hcl TABS 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)

Drug Name	Drug Tier	Requirements/Limits
<i>trimethobenzamide hcl CAPS</i>	1B	
Antiemetics - Miscellaneous		
<i>AKYNZEO</i>	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 40 MG, 125 MG</i>	1B	QL(0.067 ea daily)
<i>aprepitant CAPS 80 MG</i>	1B	QL(0.134 ea daily)
<i>aprepitant MISC</i>	1B	PA
<i>VARUBI TBPK</i>	3	PA
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungal - Glucan Synthesis Inhibitors		
<i>casprofungin acetate</i>	1B	
<i>ERAXIS</i>	3	
<i>micafungin sodium</i>	1B	PA
Antifungals		
<i>ABELCET</i>	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		

Ambetter Formulary Updated September 1, 2024

Drug Name	Drug Tier	Requirements/Limits
CRESEMBA CAPS 186 MG	3	PA
<i>fluconazole SUSR</i>	1B	
<i>fluconazole TABS</i>	1B	
<i>itraconazole CAPS</i>	1B	QL(4 ea daily); PA
<i>itraconazole SOLN</i>	1B	QL(20 ml daily); PA
<i>ketoconazole</i>	1B	
<i>posaconazole SUSP</i>	3	QL(20 ml daily)
TOLSURA CAPS	4	PA
<i>voriconazole TABS</i>	1B	QL(4 ea daily)
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Alkylamines		
<i>dexchlorpheniramine maleate SOLN</i>	1B	
Antihistamines - Ethanolamines		
<i>carbinoxamine maleate SOLN</i>	1B	
<i>carbinoxamine maleate TABS 4 MG</i>	1B	
<i>clemastine fumarate SYRP</i>	1B	
<i>clemastine fumarate TABS 2.68 MG</i>	1B	
<i>diphenhydramine hcl CAPS 50 MG</i>	1A	
<i>diphenhydramine hcl ELIX 12.5 MG/5ML</i>	1B	
<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)

Drug Name	Drug Tier	Requirements/Limits
<i>levocetirizine dihydrochloride SOLN</i>	1B	QL(10 ml daily); RX/OTC
<i>levocetirizine dihydrochloride TABS</i>	1B	QL(1 ea daily); RX/OTC
<i>loratadine CAPS</i>	1B	
<i>loratadine CHEW</i>	1B	
<i>loratadine SOLN</i>	1B	
<i>loratadine TABS</i>	1A	
<i>loratadine TBDP</i>	1B	
QUZYTIR SOLN IV	3	PA
Antihistamines - Phenothiazines		
<i>promethazine hcl SOLN OR 6.25 MG/5ML</i>	1B	
<i>promethazine hcl SUPP 50 MG</i>	1B	
<i>promethazine hcl SUPP 12.5 MG, 25 MG</i>	1B	QL(6 ea daily)
<i>promethazine hcl TABS</i>	1B	
Antihistamines - Piperidines		
<i>cyproheptadine hcl SYRP</i>	1B	
<i>cyproheptadine hcl TABS</i>	1B	
ANTIHYPERTENSIVES - Drugs to Treat High Cholesterol		
Antihyperlipidemics - Combinations		
<i>ezetimibe-simvastatin</i>	1B	QL(1 ea daily)
Antihyperlipidemics - Misc.		
<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)

Ambetter Formulary Updated September 1, 2024

Drug Name	Drug Tier	Requirements/Limits
<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 43 MG, 130 MG</i>	1B	QL(1 ea daily)
<i>fenofibrate micronized 67 MG, 134 MG, 200 MG</i>	1B	+; QL(1 ea daily)
<i>fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG</i>	1B	+; QL(1 ea daily)
<i>gemfibrozil TABS</i>	1B	+; QL(2 ea daily)
HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium TABS</i>	1B	+; QL(1 ea daily)
<i>fluvastatin sodium CAPS 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		

Drug Name	Drug Tier	Requirements/Limits
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 25 MG, 50 MG, 100 MG</i>	1B	QL(3 ea daily)
<i>captopril 12.5 MG</i>	1B	
<i>enalapril maleate TABS</i>	1B	+
<i>fosinopril sodium</i>	1B	+
<i>lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i>	1B	+
<i>moexipril hcl</i>	1B	QL(2 ea daily)
<i>perindopril erbumine 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)

Ambetter Formulary Updated September 1, 2024

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>losartan potassium</i>	1B	+; QL(1 ea daily)	<i>enalapril maleate & hydrochlorothiazide 25 MG-10 MG</i>	1B	
<i>olmesartan medoxomil</i>	1B	+; QL(1 ea daily)	<i>fosinopril sodium & hydrochlorothiazide</i>	1B	QL(1 ea daily)
<i>telmisartan</i>	1B	QL(1 ea daily)	<i>irbesartan-hydrochlorothiazide</i>	1B	+
<i>valsartan TABS</i>	1B	+; QL(1 ea daily)	<i>lisinopril & hydrochlorothiazide</i>	1B	+
Antiadrenergic Antihypertensives			<i>losartan potassium & hydrochlorothiazide 12.5 MG-50 MG</i>	1B	+; QL(2 ea daily)
<i>clonidine</i>	3	QL(0.15 ea daily)	<i>losartan potassium & hydrochlorothiazide 12.5 MG-100 MG, 25 MG-100 MG</i>	1B	+; QL(1 ea daily)
<i>clonidine hcl TABS</i>	1B	+; QL(8 ea daily)	<i>metoprolol & hydrochlorothiazide TABS 25 MG-100 MG, 50 MG-100 MG</i>	1B	
<i>doxazosin mesylate</i>	1B		<i>metoprolol & hydrochlorothiazide TABS 25 MG-50 MG</i>	1B	QL(1 ea daily)
<i>guanfacine hcl</i>	1B		<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	1B	ST
<i>methyldopa TABS</i>	1B	QL(6 ea daily)	<i>olmesartan medoxomil-hydrochlorothiazide</i>	1B	
<i>prazosin hcl CAPS</i>	1B	QL(4 ea daily)	<i>quinapril-hydrochlorothiazide 12.5 MG-10 MG</i>	1B	QL(3 ea daily)
<i>terazosin hcl</i>	1B		<i>quinapril-hydrochlorothiazide 12.5 MG-20 MG</i>	1B	QL(4 ea daily)
Antihypertensive Combinations			<i>quinapril-hydrochlorothiazide 25 MG-20 MG</i>	1B	QL(2 ea daily)
<i>amlodipine besylate-benazepril hcl</i>	1B		<i>telmisartan-amlodipine</i>	1B	QL(1 ea daily)
<i>amlodipine besylate-olmesartan medoxomil</i>	1B	ST	<i>telmisartan-hydrochlorothiazide</i>	1B	QL(1 ea daily)
<i>amlodipine besylate-valsartan</i>	1B	QL(1 ea daily)	<i>trandolapril-verapamil hcl 240 MG-2 MG, 240 MG-4 MG</i>	3	QL(1 ea daily)
<i>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 12.5 MG-5 MG</i>	1B	QL(2 ea daily)			

Drug Name	Drug Tier	Requirements/Limits
<i>trandolapril-verapamil hcl</i> 180 MG-2 MG, 240 MG-1 MG	3	
<i>valsartan-hydrochlorothiazide</i>	1B	QL(1 ea daily)
Antihypertensives - Misc.		
VECAMYL	3	PA
Direct Renin Inhibitors		
<i>aliskiren fumarate</i>	1B	QL(1 ea daily)
Selective Aldosterone Receptor Antagonists (SARAs)		
<i>eplerenone</i>	1B	
Vasodilators		
<i>hydralazine hcl SOLN</i>	1B	
<i>hydralazine hcl TABS</i>	1B	+
<i>minoxidil 2.5 MG, 10 MG</i>	1B	+
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
<i>bacitracin</i>	3	
IMPAVIDO	3	QL(3 ea daily); PA
<i>metronidazole TABS</i>	1B	
<i>trimethoprim TABS</i>	1B	
XIFAXAN 200 MG	3	QL(3 ea daily; 9 ea per 3 day(s) retail; 9 ea per 3 days mail); AL(At least 12 yrs old); PA
XIFAXAN 550 MG	3	QL(3 ea daily); AL(At least 12 yrs old); PA
Anti-infective Misc. - Combinations		
<i>sulfamethoxazole-trimethoprim SOLN</i>	1B	
<i>sulfamethoxazole-trimethoprim SUSP</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>sulfamethoxazole-trimethoprim TABS</i>	1A	
Antiprotozoal Agents		
ALINIA SUSR	2	PA
<i>atovaquone</i>	1B	
<i>nitazoxanide TABS</i>	1B	PA
Carbapenems		
<i>ertapenem sodium IJ</i>	1B	
<i>imipenem-cilastatin IV</i>	1B	
<i>meropenem</i>	1B	
Chloramphenicols		
<i>chloramphenicol sodium succinate</i>	4	SP; PA
Cyclic Lipopeptides		
<i>daptomycin 500 MG</i>	1B	
Glycopeptides		
<i>vancomycin hcl CAPS</i>	1B	QL(4 ea daily; 40 ea per fill retail)
<i>vancomycin hcl SOLR IV</i> 1 GM, 10 GM, 500 MG, 1000 MG	1B	
<i>vancomycin hcl SOLR OR</i> 25 MG/ML, 50 MG/ML, 250 MG/5ML	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</i> 9 GM/60ML, 300 MG/2ML, 600 MG/4ML, 900 MG/6ML, 9000 MG/60ML	1B	
<i>lincomycin hcl</i>	1B	
Monobactams		

Ambetter Formulary Updated September 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits
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 400 MG</i>	1B	QL(1 ea daily)
<i>hydroxychloroquine sulfate 100 MG</i>	1B	QL(4 ea daily)
<i>hydroxychloroquine sulfate 200 MG</i>	1B	QL(3 ea daily)
KRINTAFEL	3	QL(2 ea per 30 day(s) retail)
<i>mefloquine hcl</i>	1B	Covered for malaria treatment only. Limit 1 fill every 180 days; QL(5 ea daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
<i>primaquine phosphate TABS</i>	3	
<i>pyrimethamine</i>	1B	QL(3 ea daily); PA
<i>quinine sulfate CAPS 324 MG</i>	1B	PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
FIRDAPSE	4	PA

Drug Name	Drug Tier	Requirements/Limits
<i>neostigmine methylsulfate SOSY</i>	3	PA
<i>pyridostigmine bromide SOLN OR</i>	1B	
<i>pyridostigmine bromide TABS 60 MG</i>	1B	
<i>pyridostigmine bromide TBCR</i>	1B	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
<i>cycloserine</i>	1B	QL(4 ea daily)
<i>ethambutol hcl TABS</i>	1B	
<i>isoniazid SOLN</i>	1B	
<i>isoniazid SYRP</i>	1B	
<i>isoniazid TABS</i>	1B	
PASER PACK	3	QL(3 ea daily)
PRIFTIN	3	
<i>pyrazinamide</i>	1B	
<i>rifabutin</i>	1B	PA
<i>rifampin CAPS</i>	1B	
<i>rifampin SOLR</i>	1B	
SIRTURO	3	PA
TRECTOR	3	QL(4 ea daily)
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
<i>bendamustine hcl SOLR</i>	4	SP; PA
<i>busulfan SOLN</i>	4	SP; PA
<i>carboplatin SOLN 50 MG/5ML</i>	4	SP; PA
<i>carmustine</i>	4	SP; PA
<i>cisplatin SOLN 100 MG/100ML</i>	4	SP; PA
<i>cyclophosphamide CAPS</i>	1B	PA
<i>cyclophosphamide SOLR IJ</i>	4	

Drug Name	Drug Tier	Requirements/Limits
GLEOSTINE 10 MG	4	SP; PA
GLEOSTINE 40 MG, 100 MG	4	PA
<i>ifosfamide SOLN 1 GM/20ML</i>	4	SP; PA
<i>ifosfamide SOLR</i>	4	SP; PA
LEUKERAN	4	SP; PA
<i>melphalan</i>	1B	
<i>melphalan hcl IV</i>	1B	
MYLERAN TABS	4	SP; PA
<i>oxaliplatin SOLN 50 MG/10ML, 100 MG/20ML</i>	4	SP; PA
TEMODAR SOLR	4	
<i>temozolomide CAPS</i>	4	SP; PA
<i>thiotepa 15 MG</i>	4	SP; PA
ZANOSAR	4	SP; PA
Antimetabolites		
<i>azacitidine SUSR</i>	4	SP; PA
<i>capecitabine</i>	4	SP; PA
<i>clofarabine</i>	4	SP; PA
<i>cytarabine SOLN</i>	4	SP; PA
<i>decitabine</i>	4	SP; PA
<i>floxuridine</i>	4	SP; PA
<i>fludarabine phosphate SOLN</i>	4	SP; PA
<i>fludarabine phosphate SOLR</i>	4	SP; PA
<i>fluorouracil 500 MG/10ML</i>	4	SP; PA
<i>gemcitabine hcl SOLR 2 GM, 200 MG</i>	4	SP; PA
<i>mercaptopurine TABS</i>	1B	
<i>methotrexate sodium SOLN 50 MG/2ML, 250 MG/10ML</i>	1B	
<i>methotrexate sodium SOLR</i>	1B	SP
<i>methotrexate sodium TABS 2.5 MG</i>	1B	SP
<i>nelarabine</i>	4	SP; PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>pemetrexed disodium SOLR 500 MG</i>	4	SP; PA	TUKYSA	4	PA
<i>pralatrexate 20 MG/ML</i>	4	SP; PA	Antineoplastic - EGFR Inhibitors		
TABLOID	4	SP; PA	ERBITUX	4	SP; PA
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	4	SP; PA	<i>erlotinib hcl</i>	4	QL(1 ea daily); SP; PA
Antineoplastic - Angiogenesis Inhibitors			<i>gefitinib</i>	4	QL(2 ea daily); PA
INLYTA	4	QL(2 ea daily); SP; PA	GILOTRIF	4	QL(1 ea daily); PA
LENVIMA 10 MG DAILY DOSE	4	QL(1 ea daily); PA	TAGRISSEO 40 MG	4	QL(2 ea daily); PA
LENVIMA 12MG DAILY DOSE	4	QL(3 ea daily); PA	TAGRISSEO 80 MG	4	QL(1 ea daily); PA
LENVIMA 14 MG DAILY DOSE	4	QL(2 ea daily); PA	VECTIBIX 100 MG/5ML	4	SP; PA
LENVIMA 18 MG DAILY DOSE	4	QL(3 ea daily); PA	VIZIMPRO	4	QL(1 ea daily); PA
LENVIMA 20 MG DAILY DOSE	4	QL(2 ea daily); PA	Antineoplastic - Hedgehog Pathway Inhibitors		
LENVIMA 24 MG DAILY DOSE	4	QL(3 ea daily); PA	DAURISMO	4	PA
LENVIMA 4 MG DAILY DOSE	4	QL(1 ea daily); PA	ERIVEDGE	4	QL(1 ea daily); SP; PA
LENVIMA 8 MG DAILY DOSE	4	QL(2 ea daily); PA	ODOMZO	4	QL(1 ea daily); PA
MVASI	4	PA	Antineoplastic - Hormonal and Related Agents		
ZALTRAP 100 MG/4ML	4	SP; PA	<i>abiraterone acetate 250 MG</i>	4	QL(4 ea daily); SP; PA
ZIRABEV	4	PA	<i>abiraterone acetate 500 MG</i>	4	QL(2 ea daily); PA
Antineoplastic - Antibodies			<i>anastrozole</i>	1B	QL(1 ea daily)
ADCETRIS	4	SP; PA	<i>bicalutamide</i>	1B	QL(1 ea daily); SP
ARZERRA	4	SP; PA	ELIGARD SC 22.5 MG, 30 MG, 45 MG	4	SP; PA
RUXIENCE	4	PA	ELIGARD KIT SC 7.5 MG	4	QL(0.0089 ea daily); SP; PA
TRUXIMA	4	PA	EMCYT	4	SP; PA
YERVOY	4	SP; PA	ERLEADA 60 MG	4	QL(4 ea daily); PA
Antineoplastic - Anti-HER2 Agents			ERLEADA 240 MG	4	QL(1 ea daily); PA
KANJINTI	4	PA	<i>exemestane</i>	4	QL(1 ea daily); SP
OGIVRI	4	PA	FIRMAGON	4	QL(0.143 ea daily); SP; PA
PERJETA	4	SP; PA			
TRAZIMERA	4	PA			

Ambetter Formulary Updated September 1, 2024

Drug Name	Drug Tier	Requirements/Limits
<i>flutamide</i>	4	QL(6 ea daily); SP; PA
<i>fulvestrant SOSY</i>	4	QL(0.357 ml daily); SP; PA
<i>letrozole</i>	1B	
<i>leuprolide acetate KIT IJ 1 MG/0.2ML</i>	4	SP; PA
LUPRON DEPOT (1-MONTH) KIT IM	4	QL(0.0358 ea daily); SP; PA
LUPRON DEPOT (3-MONTH) KIT IM	4	SP; PA
LUPRON DEPOT (4-MONTH) IM	4	QL(0.1339 ea daily); SP; PA
LUPRON DEPOT (6-MONTH) IM	4	QL(0.0089 ea daily); SP; PA
LYSODREN	4	SP; PA
<i>megestrol acetate SUSP</i>	1B	
<i>megestrol acetate TABS</i>	1B	
<i>nilutamide</i>	1B	QL(2 ea daily)
NUBEQA	4	QL(4 ea daily); PA
<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		

Drug Name	Drug Tier	Requirements/Limits
XPOVIO	4	PA
XPOVIO 60 MG TWICE WEEKLY	4	PA
XPOVIO 80 MG TWICE WEEKLY	4	PA
Antineoplastic Antibiotics		
<i>bleomycin sulfate 15 UNIT</i>	4	SP; PA
<i>dactinomycin</i>	4	SP; PA
<i>doxorubicin hcl liposomal</i>	4	SP; PA
<i>doxorubicin hcl SOLN</i>	4	SP; PA
<i>doxorubicin hcl SOLR 10 MG, 50 MG</i>	4	SP; PA
<i>idarubicin hcl 5 MG/5ML, 10 MG/10ML</i>	4	SP; PA
<i>idarubicin hcl 20 MG/20ML</i>	4	PA
<i>mitomycin SOLR IV 20 MG</i>	4	SP; PA
<i>mitoxantrone hcl 2 MG/ML</i>	4	SP; PA
<i>valrubicin</i>	4	SP; PA
Antineoplastic Combinations		
KISQALI FEMARA 200 DOSE	4	QL(2 ea daily); PA
KISQALI FEMARA 400 DOSE	4	QL(2.5 ea daily); PA
KISQALI FEMARA 600 DOSE	4	QL(3.25 ea daily); PA
Antineoplastic Enzyme Inhibitors		
ALECENSA	4	QL(4 ea daily); PA
ALUNBRIG TABS	4	QL(1 ea daily); PA
ALUNBRIG TBPK	4	QL(1 ea daily); PA
BALVERSA	4	PA
<i>bortezomib SOLR IJ</i>	4	SP; PA
BORTEZOMIB SOLR IV 3.5 MG	4	PA
BOSULIF TABS 100 MG, 500 MG	4	QL(1 ea daily); SP; PA

Ambetter Formulary Updated September 1, 2024

Drug Name	Drug Tier	Requirements/Limits
BOSULIF TABS 400 MG	4	QL(1 ea daily); PA
BRAFTOVI 75 MG	4	QL(6 ea daily); SP; PA
BRUKINSA	4	PA
CABOMETYX TABS	4	QL(1 ea daily); PA
CALQUENCE	4	QL(2 ea daily); PA
CALQUENCE	4	QL(2 ea daily); PA
CAPRELSA	4	QL(1 ea daily); SP; PA
COMETRIQ KIT	4	QL(3 ea daily); SP; PA
COMETRIQ KIT	4	QL(2 ea daily); SP; PA
COMETRIQ KIT	4	QL(4 ea daily); SP; PA
COPIKTRA	4	PA
<i>dasatinib 20 MG, 50 MG, 70 MG, 80 MG, 100 MG, 140 MG</i>	4	QL(1 ea daily); SP; PA
<i>everolimus TABS</i>	4	QL(1 ea daily); SP; PA
IBRANCE CAPS	4	QL(1 ea daily); PA
IBRANCE TABS	4	QL(1 ea daily); PA
ICLUSIG	4	QL(1 ea daily); PA
<i>imatinib mesylate</i>	4	QL(2 ea daily); SP; PA
IMBRUVICA CAPS 140 MG	4	QL(3 ea daily); PA
IMBRUVICA CAPS 70 MG	4	QL(1 ea daily); PA
IMBRUVICA SUSP	4	QL(8 ml daily); PA
IMBRUVICA TABS	4	QL(1 ea daily); PA
INREBIC	4	PA
JAKAFI	4	QL(2 ea daily); SP; PA
KISQALI	4	QL(2.5 ea daily); PA
KISQALI	4	QL(2 ea daily); PA

Drug Name	Drug Tier	Requirements/Limits
KOSELUGO	4	PA
KYPROLIS	4	PA
<i>lapatinib ditosylate</i>	4	QL(6 ea daily); SP; PA
LORBRENA	4	QL(1 ea daily); PA
LYNPARZA TABS	4	QL(4 ea daily); PA
MEKINIST SOLR	4	QL(40 ml daily); PA
MEKINIST TABS 0.5 MG	4	QL(3 ea daily); PA
MEKINIST TABS 2 MG	4	QL(1 ea daily); PA
MEKTOVI	4	QL(6 ea daily); SP; PA
NINLARO	4	QL(0.143 ea daily); PA
<i>pazopanib hcl</i>	4	QL(4 ea daily); SP; PA
PEMAZYRE	4	QL(1 ea daily); PA
PIQRAY 200MG DAILY DOSE	4	QL(1 ea daily); PA
PIQRAY 250MG DAILY DOSE	4	QL(1 ea daily); PA
PIQRAY 300MG DAILY DOSE	4	QL(1 ea daily); PA
QINLOCK	4	PA
RETEVMO CAPS	4	PA
<i>romidepsin SOLR</i>	4	SP; PA
ROZLYTREK CAPS	4	PA
RUBRACA	4	QL(4 ea daily); PA
SCEMBLIX 100 MG	4	QL(4 ea daily); PA
SCEMBLIX 20 MG, 40 MG	4	QL(2 ea daily); PA
<i>sorafenib tosylate</i>	4	QL(4 ea daily); SP; PA
SPRYCEL 20 MG, 50 MG, 70 MG, 80 MG, 100 MG, 140 MG (<i>dasatinib</i>)	4	QL(1 ea daily); SP; PA
STIVARGA	4	QL(4 ea daily); SP; PA

Ambetter Formulary Updated September 1, 2024

Drug Name	Drug Tier	Requirements/Limits
<i>sunitinib malate 12.5 MG, 25 MG, 50 MG</i>	4	QL(1 ea daily); SP; PA
<i>sunitinib malate 37.5 MG</i>	4	QL(1 ea daily); PA
TABRECTA	4	PA
TAFINLAR CAPS	4	QL(4 ea daily); PA
TAFINLAR TBSO	4	QL(30 ea daily); PA
TALZENNA	4	QL(1 ea daily); PA
TASIGNA 150 MG, 200 MG	4	QL(4 ea daily); SP; PA
TASIGNA 50 MG	4	QL(4 ea daily); PA
TAZVERIK	4	PA
<i>temsirolimus</i>	4	QL(0.143 ml daily); SP; PA
TIBSOVO	4	PA
TURALIO	4	PA
VERZENIO	4	QL(2 ea daily); PA
VITRAKVI CAPS	4	PA
VITRAKVI SOLN	4	PA
XALKORI CAPS	4	QL(2 ea daily); SP; PA
XOSPATA	4	PA
ZEJULA CAPS	4	QL(3 ea daily); PA
ZEJULA TABS 100 MG	4	QL(3 ea daily); PA
ZEJULA TABS 200 MG, 300 MG	4	QL(1 ea daily); PA
ZELBORAF	4	QL(8 ea daily); SP; PA
ZOLINZA	4	QL(4 ea daily); SP; PA
ZYDELIG	4	QL(2 ea daily); PA
Antineoplastic Enzymes		
ONCASPAR	4	SP; PA
Antineoplastics Misc.		
ACTIMMUNE 100 MCG/0.5ML	4	SP; PA

Drug Name	Drug Tier	Requirements/Limits
<i>arsenic trioxide 10 MG/10ML</i>	4	SP; PA
<i>bexarotene</i>	4	SP; PA
<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 6 MG/ML, 100 MG/16.7ML, 150 MG/25ML</i>	4	SP; PA

Ambetter Formulary Updated September 1, 2024

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>paclitaxel protein-bound particles</i>	4	SP; PA	<i>carbidopa-levodopa TABS</i>	1B	
<i>vincristine sulfate</i>	4	SP; PA	<i>carbidopa-levodopa TBCR</i>	1B	
<i>vinorelbine tartrate 10 MG/ML</i>	4	SP; PA	<i>carbidopa-levodopa TBDP</i>	1B	
Topoisomerase I Inhibitors			NEUPRO	2	
HYCAMTIN CAPS	4	SP; PA	<i>pramipexole dihydrochloride TABS 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG</i>	1B	
<i>irinotecan hcl 40 MG/2ML, 100 MG/5ML</i>	4	SP; PA	<i>pramipexole dihydrochloride TABS 0.125 MG</i>	1B	QL(4 ea daily)
<i>topotecan hcl SOLN</i>	4		<i>ropinirole hydrochloride TABS</i>	1B	
<i>topotecan hcl SOLR</i>	4		<i>ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG</i>	1B	QL(1 ea daily); ST
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease			<i>ropinirole hydrochloride TB24 8 MG, 12 MG</i>	1B	QL(2 ea daily); ST
Antiparkinson Adjunctive Therapy			Antiparkinson Monoamine Oxidase Inhibitors		
<i>carbidopa</i>	1B		<i>rasagiline mesylate</i>	1B	QL(1 ea daily); PA
Antiparkinson Anticholinergics			<i>selegiline hcl CAPS</i>	1B	
<i>benztropine mesylate SOLN</i>	1B		<i>selegiline hcl TABS</i>	1B	
<i>benztropine mesylate TABS</i>	1B		ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
<i>trihexyphenidyl hcl SOLN</i>	1B		Antimanic Agents		
<i>trihexyphenidyl hcl TABS</i>	1B		<i>lithium</i>	1B	
Antiparkinson COMT Inhibitors			<i>lithium carbonate CAPS</i>	1B	
<i>entacapone</i>	1B	QL(8 ea daily)	<i>lithium carbonate TABS</i>	1B	
<i>tolcapone</i>	1B		<i>lithium carbonate TBCR</i>	1B	
Antiparkinson Dopaminergics			Antipsychotics - Misc.		
<i>amantadine hcl CAPS</i>	1B		EQUETRO 200 MG	3	QL(8 ea daily); ST
<i>amantadine hcl SOLN</i>	1B		EQUETRO 300 MG	3	QL(4 ea daily); ST
<i>amantadine hcl TABS</i>	1B		EQUETRO 100 MG	3	QL(2 ea daily); ST
<i>apomorphine hydrochloride SOCT</i>	4	PA	<i>lurasidone hcl 80 MG</i>	1B	QL(2 ea daily)
<i>bromocriptine mesylate CAPS</i>	1B		<i>lurasidone hcl 20 MG, 40 MG, 60 MG, 120 MG</i>	1B	QL(1 ea daily)
<i>bromocriptine mesylate TABS 2.5 MG</i>	1B				
<i>carbidopa-levodopa-entacapone</i>	1B				

Ambetter Formulary Updated September 1, 2024

Drug Name	Drug Tier	Requirements/Limits
<i>ziprasidone hcl</i>	1B	QL(2 ea daily); AL(At least 18 yrs old)
Benzisoxazoles		
FANAPT	2	QL(2 ea daily); PA
FANAPT TITRATION PACK	2	PA
<i>paliperidone 1.5 MG, 3 MG, 9 MG</i>	1B	QL(1 ea daily)
<i>paliperidone 6 MG</i>	1B	QL(2 ea daily)
PERSERIS PRSY	2	QL(0.072 ea daily); PA
<i>risperidone microspheres</i>	1B	QL(0.072 ea daily); PA
<i>risperidone SOLN</i>	1B	QL(8 ml daily)
<i>risperidone TABS</i>	1B	QL(4 ea daily)
<i>risperidone TBDP</i>	1B	QL(4 ea daily)
Butyrophenones		
<i>haloperidol decanoate</i>	1B	QL(0.036 ml daily)
<i>haloperidol lactate CONC</i>	1B	
<i>haloperidol lactate SOLN</i>	1B	
<i>haloperidol TABS</i>	1B	
Dibenzapines		
<i>asenapine maleate 5 MG, 10 MG</i>	1B	QL(2 ea daily); PA
<i>asenapine maleate 2.5 MG</i>	1B	QL(4 ea daily); PA
<i>clozapine TABS</i>	1B	
<i>clozapine TBDP 25 MG</i>	1B	QL(3 ea daily)
<i>clozapine TBDP 12.5 MG, 150 MG</i>	1B	QL(6 ea daily)
<i>clozapine TBDP 100 MG</i>	1B	QL(9 ea daily)
<i>loxapine succinate</i>	1B	
<i>olanzapine SOLR</i>	1B	QL(0.215 ea daily)
<i>olanzapine TABS 7.5 MG, 10 MG, 15 MG, 20 MG</i>	1B	QL(2 ea daily)
<i>olanzapine TABS 2.5 MG, 5 MG</i>	1B	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>olanzapine TBDP 5 MG, 10 MG, 15 MG</i>	1B	QL(2 ea daily)
<i>olanzapine TBDP 20 MG</i>	1B	QL(1 ea daily)
<i>quetiapine fumarate TABS 300 MG, 400 MG</i>	1B	QL(2 ea daily); AL(At least 10 yrs old)
<i>quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG</i>	1B	QL(4 ea daily); AL(At least 10 yrs old)
<i>quetiapine fumarate TB24 50 MG, 150 MG, 200 MG</i>	1B	QL(1 ea daily)
<i>quetiapine fumarate TB24 300 MG, 400 MG</i>	1B	QL(2 ea daily)
Phenothiazines		
<i>chlorpromazine hcl SOLN</i>	3	
<i>chlorpromazine hcl TABS</i>	1B	
<i>fluphenazine hcl CONC</i>	1B	
<i>fluphenazine hcl ELIX</i>	1B	
<i>fluphenazine hcl SOLN</i>	1B	
<i>fluphenazine hcl TABS</i>	1B	
<i>perphenazine TABS</i>	1B	
<i>prochlorperazine</i>	1B	
<i>prochlorperazine maleate TABS</i>	1B	
<i>thioridazine hcl</i>	1B	
<i>trifluoperazine hcl TABS</i>	1B	
Quinolinone Derivatives		
<i>aripiprazole SOLN OR</i>	1B	QL(30 ml daily); AL(At least 6 yrs old)
<i>aripiprazole TABS</i>	1B	QL(1 ea daily); AL(At least 6 yrs old)
REXULTI	3	PA
Thioxanthenes		
<i>thiothixene</i>	1B	
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		

Ambetter Formulary Updated September 1, 2024

Drug Name	Drug Tier	Requirements/Limits
<i>abacavir sulfate-lamivudine</i>	1B	QL(1 ea daily)
<i>abacavir sulfate SOLN</i>	1B	QL(32 ml daily)
<i>abacavir sulfate TABS</i>	1B	QL(2 ea daily)
APTIVUS CAPS	3	QL(4 ea daily)
<i>atazanavir sulfate CAPS 200 MG</i>	1B	QL(2 ea daily)
<i>atazanavir sulfate CAPS 150 MG, 300 MG</i>	1B	QL(1 ea daily)
BIKTARVY	3	QL(1 ea daily)
CIMDUO	3	QL(1 ea daily); ST
COMPLERA	3	QL(1 ea daily)
<i>darunavir TABS</i>	1B	
DELSTRIGO	3	QL(1 ea daily)
DOVATO	3	QL(1 ea daily)
EDURANT	3	QL(1 ea daily)
<i>efavirenz CAPS 200 MG</i>	1B	QL(2 ea daily)
<i>efavirenz CAPS 50 MG</i>	1B	QL(3 ea daily)
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	1B	QL(1 ea daily)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	1B	QL(1 ea daily)
<i>efavirenz TABS</i>	1B	QL(1 ea daily)
<i>emtricitabine CAPS</i>	1B	QL(1 ea daily)
<i>emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG</i>	1B	QL(1 ea daily)
<i>emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG</i>	0	QL(1 ea daily)
EMTRIVA SOLN	3	QL(24 ml daily)
<i>etravirine 100 MG</i>	1B	QL(4 ea daily)
<i>etravirine 200 MG</i>	1B	QL(2 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
GENVOYA	3	QL(1 ea daily)
INTELENCE 25 MG	3	QL(8 ea daily)
ISENTRESS HD TABS	3	QL(2 ea daily)
ISENTRESS CHEW	3	QL(6 ea daily)
ISENTRESS TABS	3	QL(2 ea daily)
JULUCA	3	QL(1 ea daily)
<i>lamivudine SOLN</i>	1B	QL(30 ml daily)
<i>lamivudine TABS 150 MG</i>	1B	QL(2 ea daily)
<i>lamivudine TABS 300 MG</i>	1B	QL(1 ea daily)
<i>lamivudine-zidovudine</i>	1B	QL(2 ea daily)
LEXIVA SUSP	3	QL(56 ml daily)
<i>lopinavir-ritonavir SOLN</i>	1B	QL(12.5 ml daily)
<i>lopinavir-ritonavir TABS</i>	1B	QL(4 ea daily)
<i>maraviroc TABS 150 MG</i>	1B	QL(2 ea daily)
<i>maraviroc TABS 300 MG</i>	1B	QL(4 ea daily)
<i>nevirapine SUSP</i>	1B	QL(40 ml daily)
<i>nevirapine TABS</i>	1B	QL(2 ea daily)
<i>nevirapine TB24 100 MG</i>	1B	QL(3 ea daily)
<i>nevirapine TB24 400 MG</i>	1B	QL(1 ea daily)
NORVIR CAPS	2	QL(12 ea daily)
NORVIR PACK	3	QL(12 ea daily)
NORVIR SOLN	3	QL(15 ml daily)
ODEFSEY	3	QL(1 ea daily)
PIFELTRO	3	QL(1 ea daily)
PREZCOBIX	3	QL(1 ea daily)
PREZISTA SUSP	3	QL(12 ml daily)
PREZISTA TABS 75 MG, 150 MG	3	QL(2 ea daily)
RETROVIR IV INFUSION SOLN	3	
<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)
STRIBILD	3	QL(1 ea daily)

Ambetter Formulary Updated September 1, 2024

Drug Name	Drug Tier	Requirements/Limits
<i>tenofovir disoproxil fumarate</i> TABS	1B	
TIVICAY TABS	3	QL(2 ea daily)
TRIUMEQ TABS	3	QL(1 ea daily)
TRIZIVIR	3	QL(2 ea daily)
TYBOST	3	QL(1 ea daily)
VIRACEPT TABS 250 MG	3	QL(10 ea daily)
VIRACEPT TABS 625 MG	3	QL(4 ea daily)
VIREAD POWD	3	QL(7.5 gm daily)
VIREAD TABS 150 MG, 200 MG, 250 MG	3	QL(1 ea daily)
<i>zidovudine</i> CAPS	1B	QL(6 ea daily)
<i>zidovudine</i> SYRP	1B	QL(60 ml daily)
<i>zidovudine</i> TABS	1B	QL(2 ea daily)
CMV Agents		
<i>cidofovir</i>	3	
<i>ganciclovir sodium</i> SOLR	1B	
<i>valganciclovir hcl</i> TABS	1B	QL(4 ea daily); PA
Hepatitis Agents		
<i>adefovir dipivoxil</i>	4	QL(1 ea daily); SP
<i>entecavir</i> TABS	4	QL(1 ea daily); SP
EPIVIR HBV SOLN	4	QL(60 ml daily); SP; PA
<i>lamivudine (hbv)</i> TABS	1B	QL(3 ea daily); SP
PEGASYS SOLN	4	QL(0.0714 ml daily); SP; PA
PEGASYS SOSY	4	QL(0.072 ml daily); PA
<i>ribavirin (hepatitis c)</i> CAPS	1B	QL(7 ea daily)
<i>ribavirin (hepatitis c)</i> TABS 200 MG	1B	QL(7 ea daily)
SOFOSBUVIR/VELPATA SVIR TABS	1B	QL(1 ea daily); PA
SOVALDI TABS 400 MG	4	QL(1 ea daily); SP; PA

Drug Name	Drug Tier	Requirements/Limits
SOVALDI TABS 200 MG	4	QL(1 ea daily); PA
VOSEVI	4	PA
Herpes Agents		
<i>acyclovir</i> CAPS	1A	QL(5 ea daily; 50 ea per fill retail; 50 per fill mail)
<i>acyclovir</i> SUSP	1B	QL(13.34 ml daily)
<i>acyclovir</i> TABS OR	1B	QL(5 ea daily)
<i>famciclovir</i> 500 MG	1B	QL(4 ea daily)
<i>famciclovir</i> 125 MG, 250 MG	1B	QL(3 ea daily)
<i>valacyclovir hcl</i> 1 GM, 1000 MG	1B	QL(4 ea daily)
<i>valacyclovir hcl</i> 500 MG	1B	QL(2 ea daily)
Influenza Agents		
<i>oseltamivir phosphate</i> CAPS	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</i> SUSR	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</i> TABS	1B	QL(2 ea daily)
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
<i>carvedilol</i>	1B	+
<i>carvedilol phosphate</i>	3	QL(1 ea daily)

Ambetter Formulary Updated September 1, 2024

Drug Name	Drug Tier	Requirements/Limits
<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		
<i>HEMANGEOL SOLN OR</i>	4	QL(75 ml daily); PA
<i>nadolol TABS 20 MG</i>	1B	QL(3 ea daily)
<i>nadolol TABS 40 MG</i>	1B	QL(6 ea daily)
<i>nadolol TABS 80 MG</i>	1B	
<i>pindolol TABS</i>	1B	
<i>propranolol hcl CP24</i>	1B	QL(2 ea daily)
<i>propranolol hcl SOLN OR 20 MG/5ML, 40 MG/5ML</i>	1B	
<i>propranolol hcl TABS</i>	1B	
<i>sotalol hcl (afib/afI)</i>	1B	
<i>sotalol hcl TABS 80 MG, 120 MG, 160 MG</i>	1B	QL(2 ea daily)
<i>sotalol hcl TABS 240 MG</i>	1B	
<i>timolol maleate TABS</i>	1B	

CALCIUM CHANNEL BLOCKERS - Drugs to Treat

Drug Name	Drug Tier	Requirements/Limits
High Blood Pressure		
Calcium Channel Blockers		
<i>amlodipine besylate TABS</i>	1B	+
<i>diltiazem hcl coated beads CP24 120 MG, 300 MG, 360 MG</i>	1B	
<i>diltiazem hcl coated beads CP24 180 MG, 240 MG</i>	1B	QL(2 ea daily)
<i>diltiazem hcl extended release beads 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	
<i>DILTIAZEM HCL SOLR</i>	1B	
<i>diltiazem hcl TABS</i>	1B	+
<i>diltiazem hcl TB24</i>	1B	
<i>felodipine</i>	1B	+
<i>isradipine CAPS</i>	1B	
<i>nicardipine hcl CAPS</i>	1B	
<i>nicardipine hcl SOLN</i>	1B	
<i>nifedipine CAPS 10 MG</i>	1B	
<i>nifedipine CAPS 20 MG</i>	1B	QL(9 ea daily)
<i>nifedipine TB24 30 MG</i>	1B	+
<i>nifedipine TB24 90 MG</i>	1B	+; QL(1 ea daily)
<i>nifedipine TB24</i>	1B	
<i>nifedipine TB24 60 MG</i>	1B	+; QL(2 ea daily)
<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 OR 0.05 MG/ML</i>	1B	
<i>digoxin TABS 0.0625 MG, 0.125 MG, 0.25 MG, 62.5 MCG, 125 MCG, 250 MCG</i>	1B	
LANOXIN SOLN IJ (<i>digoxin</i>)	2	
LANOXIN TABS 62.5 MCG, 125 MCG, 250 MCG (<i>digoxin</i>)	2	

CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions

Cardiovascular Agents Misc. - Combinations

<i>amlodipine besylate-atorvastatin calcium</i>	1B	QL(1 ea daily)
<i>isosorbide dinitrate-hydralazine hcl</i>	1B	

Impotence Agents

<i>sildenafil citrate</i>	1B	QL(0.1334 ea daily); PA
STENDRA	3	QL(0.134 ea daily)
<i>tadalafil 5 MG</i>	1B	BPH Only; QL(1 ea daily); PA

Prostaglandin Vasodilators

<i>epoprostenol sodium</i>	4	PA
ORENITRAM TBCR	4	PA
<i>treprostinil SOLN IJ</i>	4	SP; PA

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 PACK TBPk	4	1 max fill(s) per 180 day(s) retail; PA
UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG	4	QL(2 ea daily); PA
UPTRAVI TABS 200 MCG	4	PA

Pulmonary Hypertension - Sol Guanylate Cyclase

Ambetter Formulary Updated September 1, 2024

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	

Drug Name	Drug Tier	Requirements/Limits
<i>cefixime CAPS</i>	1B	
<i>cefixime SUSR</i>	1B	ST
<i>cefotaxime sodium IJ 1 GM, 2 GM</i>	1B	
<i>cefpodoxime proxetil SUSR</i>	1B	
<i>cefpodoxime proxetil TABS</i>	1B	
<i>ceftazidime IJ 1 GM, 6 GM</i>	1B	
<i>ceftriaxone sodium IJ 1 GM, 2 GM, 500 MG</i>	1B	
<i>ceftriaxone sodium IJ 250 MG</i>	1A	
Cephalosporins - 4th Generation		
<i>cefepime hcl SOLR IV 2 GM</i>	1B	
Cephalosporins - 5th Generation		
TEFLARO	3	
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
<i>desogestrel & ethinyl estradiol</i>	0	
<i>desogestrel-ethinyl estradiol (biphasic)</i>	0	
<i>desogestrel-ethinyl estradiol (triphasic)</i>	0	
<i>drospirenone-ethinyl estradiol</i>	0	
<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>	0	
<i>ethynodiol diacet & eth estrad</i>	0	
<i>levonorgestrel & eth estradiol TABS</i>	0	
<i>levonorgestrel-eth estradiol (triphasic)</i>	0	

Ambetter Formulary Updated September 1, 2024

Drug Name	Drug Tier	Requirements/ Limits
<i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i>	0	
<i>levonorgestrel-ethinyl estradiol (continuous)</i>	0	
<i>levonorgestrel-ethinyl estradiol-iron</i>	0	
LO LOESTRIN FE TABS	0	
NATAZIA	0	
NEXTSTELLIS	0	
<i>norethin acet & estrad-fe CAPS</i>	0	
<i>norethin acet & estrad-fe CHEW</i>	0	
<i>norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i>	0	
<i>norethindrone & eth estradiol</i>	0	
<i>norethindrone & ethinyl estradiol-fe</i>	0	
<i>norethindrone acet & eth estra</i>	0	
<i>norethindrone acetate-ethinyl estradiol-fe</i>	0	
<i>norethindrone-eth estradiol (triphasic)</i>	0	
<i>norgestimate-ethinyl estradiol</i>	0	
<i>norgestimate-ethinyl estradiol (triphasic)</i>	0	
<i>norgestrel & ethinyl estradiol 30 MCG-0.3 MG</i>	0	
TYBLUME CHEW	0	
Combination Contraceptives - Transdermal		
<i>norelgestromin-ethinyl estradiol</i>	0	
TWIRLA	0	QL(3 ea per 28 day(s) retail; 9 ea per 84 days mail)

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 CONTRACEPTIVE T380A	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 20.1 MCG/DAY	0	
MIRENA	0	
SKYLA	0	
Progestin Contraceptives - Oral		
<i>norethindrone (contraceptive)</i>	0	
OPILL	0	
SLYND	0	QL(1 ea daily)
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		

Drug Name	Drug Tier	Requirements/Limits
<i>budesonide CPEP</i>	1B	QL(3 ea daily)
<i>deflazacort SUSP</i>	4	PA
<i>deflazacort TABS</i>	4	PA
DEPO-MEDROL SUSP	3	
DEXAMETHASONE INTENSOL CONC	1B	
<i>dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML</i>	1B	
<i>dexamethasone sodium phosphate SOSY IJ 4 MG/ML</i>	1B	
<i>dexamethasone ELIX</i>	1B	
<i>dexamethasone SOLN</i>	1B	
<i>dexamethasone TABS 1 MG, 1.5 MG, 2 MG, 4 MG, 6 MG</i>	1B	
<i>dexamethasone TABS 0.5 MG, 0.75 MG</i>	1A	
EMFLAZA SUSP 22.75 MG/ML (<i>deflazacort</i>)	4	PA
<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	

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 100 MG, 500 MG, 1000 MG	3	2 max fill(s) per 30 day(s) retail
SOLU-CORTEF 250 MG	3	
SOLU-MEDROL 2 GM	3	
<i>triamcinolone acetonide SUSP 40 MG/ML, 200 MG/5ML, 400 MG/10ML</i>	1B	
Mineralocorticoids		
<i>fludrocortisone acetate TABS</i>	1B	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		
<i>benzonatate 200 MG</i>	1B	QL(3 ea daily)
<i>benzonatate 100 MG</i>	1B	QL(6 ea daily)
<i>benzonatate 150 MG</i>	1B	QL(4 ea daily)
Cough/Cold/Allergy Combinations		
<i>hydrocodone polistirex-chlorpheniramine polistirex SUER</i>	1B	
TUZISTRA XR	2	PA
Misc. Respiratory Inhalants		
HYPERSAL NEBU	1B	
NEBUSAL NEBU	1B	
<i>sodium chloride (inhalant) NEBU 7 %</i>	1B	
Mucolytics		
<i>acetylcysteine SOLN</i>	1B	
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>adapalene-benzoyl peroxide GEL 2.5 %-0.1 %</i>	1B	AL(At least 12 yrs old); ST	<i>clindamycin phosphate-tretinoin</i>	1B	AL(At least 12 yrs old); ST
<i>adapalene CREA</i>	1B	AL(At least 12 yrs old); ST	DIFFERIN LOTN	2	AL(At least 12 yrs old); ST
<i>adapalene GEL</i>	1B	AL(At least 12 yrs old); ST; RX/OTC	<i>erythromycin (acne aid) PADS</i>	1B	AL(At least 12 yrs old)
AZELEX	3	QL(50 gm per 30 day(s) retail; 50 gm per 30 days mail); AL(At least 12 yrs old); ST	<i>erythromycin (acne aid) SOLN</i>	1B	AL(At least 12 yrs old)
BENZEPRO CREAMY WASH LIQD	2	AL(At least 12 yrs old); RX/OTC	<i>isotretinoin 10 MG, 20 MG, 30 MG, 40 MG</i>	3	AL(At least 12 yrs old); PA
<i>benzoyl peroxide-erythromycin GEL</i>	1B	AL(At least 12 yrs old); PA	PR BENZOYL PEROXIDE WASH LIQD	2	AL(At least 12 yrs old); RX/OTC
<i>benzoyl peroxide FOAM 5.3 %, 9.8 %</i>	1B	AL(At least 12 yrs old); RX/OTC	<i>sulfacetamide sodium (acne)</i>	1B	AL(At least 12 yrs old)
<i>benzoyl peroxide GEL 5 %</i>	1B	QL(3 gm daily); AL(At least 12 yrs old)	<i>sulfacetamide sodium w/ sulfur CREA 10 %-5 %</i>	1B	AL(At least 12 yrs old)
<i>benzoyl peroxide GEL 10 %</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>benzoyl peroxide LIQD 4 %, 7 %, 10 %</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>clindamycin phosphate (topical) FOAM</i>	1B	AL(At least 12 yrs old); PA	<i>sulfacetamide sodium-sulfur in urea vehicle EMUL 10 %-10 %-4 %</i>	1B	AL(At least 12 yrs old)
<i>clindamycin phosphate (topical) GEL</i>	1B	QL(8 gm daily)	<i>tretinoin microsphere 0.1 %</i>	1B	QL(3 gm daily); AL(At least 12 yrs old - Up to 30 yrs old); PA
<i>clindamycin phosphate (topical) LOTN</i>	1B	AL(At least 12 yrs old)	<i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i>	1B	QL(3 gm daily); AL(At least 12 yrs old - Up to 30 yrs old); PA
<i>clindamycin phosphate (topical) SOLN</i>	1B	QL(4 ml daily); AL(At least 12 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); PA
<i>clindamycin phosphate (topical) SWAB</i>	1B	AL(At least 12 yrs old)	Agents for External Genital and Perianal Warts		
<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	1B	AL(At least 12 yrs old); PA	VEREGEN	3	QL(1 gm daily)
<i>clindamycin phosphate-benzoyl peroxide GEL 5 %-1 %</i>	1B	AL(At least 12 yrs old); PA	Antibiotics - Topical		
			ALTABAX	2	QL(15 gm per 30 day(s) retail; 15 gm per 30 days mail)

Ambetter Formulary Updated September 1, 2024

Drug Name	Drug Tier	Requirements/Limits
<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)
<i>ketoconazole (topical) SHAM 2 %</i>	1B	QL(20 ml daily)
<i>luliconazole</i>	1B	PA

Drug Name	Drug Tier	Requirements/Limits
<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>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>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		
<i>diclofenac epolamine PTCH EX</i>	1B	QL(2 ea daily); PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac sodium (topical) GEL EX</i>	1B	QL(3.34 gm daily); RX/OTC	COSENTYX SOSY 150 MG/ML	4	QL(0.072 ml daily); PA
Antineoplastic or Premalignant Lesion Agents - Topical			COSENTYX SOSY 75 MG/0.5ML	4	QL(0.18 ml daily); PA
<i>bexarotene (topical)</i>	4	SP; PA	<i>methoxsalen rapid</i>	1B	QL(4 ea daily)
<i>diclofenac sodium (actinic keratoses) EX</i>	1B	QL(3.34 gm daily); PA	SKYRIZI PEN SOAJ	4	QL(0.025 ml daily); PA
<i>fluorouracil (topical) CREA 5 %</i>	1B	QL(4 gm daily)	SKYRIZI PSKT	4	QL(0.025 ea daily); PA
<i>fluorouracil (topical) SOLN</i>	1B	QL(2 ml daily)	SKYRIZI SOSY	4	QL(0.025 ml daily); PA
PANRETIN	3	QL(60 gm per 30 day(s) retail; 60 gm per 30 days mail)	STELARA SOLN 45 MG/0.5ML	4	QL(0.012 ml daily); PA
Antipruritics - Topical			STELARA SOSY 90 MG/ML	4	QL(0.018 ml daily); SP; PA
<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	STELARA SOSY 45 MG/0.5ML	4	QL(0.012 ml daily); PA
Antipsoriatics			<i>tazarotene CREA</i>	1B	QL(1 gm daily)
<i>acitretin 10 MG, 17.5 MG</i>	1B	QL(1 ea daily)	TREMFYA SOPN	4	QL(0.018 ml daily); PA
<i>acitretin 25 MG</i>	1B	QL(2 ea daily)	TREMFYA SOSY	4	QL(0.018 ml daily); PA
<i>calcipotriene CREA</i>	1B	QL(4 gm daily); PA	Antiseborrheic Products		
<i>calcipotriene OINT</i>	1B	QL(4 gm daily); PA	<i>selenium sulfide LOTN 2.5 %</i>	1B	
<i>calcipotriene SOLN</i>	1B	QL(4 ml daily); PA	Antivirals - Topical		
<i>calcitriol (topical)</i>	1B	QL(3.34 gm daily)	<i>acyclovir topical CREA</i>	1B	1 package(s) per fill retail; 1 package(s) per fill mail
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		
			<i>mafenide acetate PACK</i>	3	
			<i>silver sulfadiazine</i>	1B	QL(20 gm daily)
			SULFAMYLON CREA	3	
			Corticosteroids - Topical		

Ambetter Formulary Updated September 1, 2024

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>alclometasone dipropionate CREA</i>	1B	QL(2 gm daily)	<i>calcipotriene-betamethasone dipropionate SUSP</i>	1B	ST
<i>alclometasone dipropionate OINT</i>	1B	QL(3 gm daily)	<i>clobetasol propionate emollient base 0.05 %</i>	1B	QL(1 gm daily); PA
<i>amcinonide CREA</i>	1B	QL(60 gm per fill retail; 60 per fill mail); 1 max fill(s) per 30 day(s) retail; 1 max fill(s) per 30 day(s) mail	<i>clobetasol propionate CREA 0.05 %</i>	1B	QL(3 gm daily); PA
<i>amcinonide LOTN</i>	3		<i>clobetasol propionate FOAM</i>	1B	QL(3 gm daily); ST
<i>amcinonide OINT</i>	3		<i>clobetasol propionate GEL 0.05 %</i>	1B	QL(2 gm daily); ST
<i>betamethasone dipropionate (topical) CREA</i>	1B	QL(3 gm daily)	<i>clobetasol propionate OINT 0.05 %</i>	1B	QL(1 gm daily); PA
<i>betamethasone dipropionate (topical) LOTN</i>	1B		<i>clobetasol propionate SOLN 0.05 %</i>	1B	QL(3.34 ml daily); PA
<i>betamethasone dipropionate (topical) OINT</i>	1B	QL(3 gm daily)	<i>clocortolone pivalate</i>	3	QL(3 gm daily)
<i>betamethasone dipropionate augmented CREA</i>	1B	QL(3.5 gm daily)	CORDRAN TAPE	3	1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail
<i>betamethasone dipropionate augmented LOTN</i>	1B	QL(5 ml daily)	<i>desonide CREA</i>	1B	QL(4 gm daily)
<i>betamethasone dipropionate augmented OINT</i>	1B	QL(3.5 gm daily)	<i>desonide LOTN</i>	1B	QL(4 ml daily)
<i>betamethasone valerate CREA</i>	1B	QL(2.5 gm daily)	<i>desonide OINT</i>	1B	QL(3 gm daily)
<i>betamethasone valerate FOAM</i>	1B	QL(1.67 gm daily)	<i>desoximetasone CREA 0.25 %</i>	1B	QL(4 gm daily)
<i>betamethasone valerate LOTN</i>	1B	QL(5 ml daily)	<i>desoximetasone GEL</i>	1B	QL(3 gm daily)
<i>betamethasone valerate OINT</i>	1B	QL(3 gm daily)	<i>desoximetasone OINT 0.25 %</i>	1B	QL(4 gm daily)
<i>calcipotriene-betamethasone dipropionate OINT</i>	1B	ST	<i>diflorasone diacetate CREA</i>	1B	PA
			<i>diflorasone diacetate OINT</i>	1B	PA
			<i>fluocinolone acetonide CREA 0.01 %</i>	1B	
			<i>fluocinolone acetonide CREA 0.025 %</i>	1B	QL(4 gm daily)
			<i>fluocinolone acetonide OIL</i>	1B	QL(8 ml daily)
			<i>fluocinolone acetonide OINT</i>	1B	QL(4 gm daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>fluocinolone acetonide SOLN</i>	1B	QL(4 ml daily)	<i>mometasone furoate CREA</i>	1B	QL(3 gm daily)
<i>fluocinonide emulsified base</i>	1B	QL(2 gm daily)	<i>mometasone furoate OINT</i>	1B	QL(4 gm daily)
<i>fluocinonide CREA 0.1 %</i>	1B	QL(4 gm daily)	<i>mometasone furoate SOLN</i>	1B	QL(5 ml daily)
<i>fluocinonide CREA 0.05 %</i>	1B	QL(2 gm daily)	<i>prednicarbate OINT</i>	1B	
<i>fluocinonide GEL</i>	1B		<i>triamcinolone acetonide (topical) CREA 0.025 %</i>	1B	QL(15.15 gm daily)
<i>fluocinonide OINT</i>	1B	QL(2 gm daily)	<i>triamcinolone acetonide (topical) CREA 0.1 %</i>	1B	QL(3.34 gm daily)
<i>fluocinonide SOLN</i>	1B	QL(2 ml daily)	<i>triamcinolone acetonide (topical) CREA 0.5 %</i>	1B	QL(5 gm daily)
<i>flurandrenolide CREA</i>	2	QL(2 gm daily)	<i>triamcinolone acetonide (topical) LOTN 0.1 %</i>	1B	QL(6 ml daily)
<i>flurandrenolide LOTN</i>	2	QL(2 ml daily)	<i>triamcinolone acetonide (topical) LOTN 0.025 %</i>	1B	
<i>fluticasone propionate CREA 0.05 %</i>	1B	QL(4 gm daily)	<i>triamcinolone acetonide (topical) OINT 0.5 %</i>	1B	QL(6 gm daily)
<i>fluticasone propionate LOTN</i>	1B	QL(6 ml daily)	<i>triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %</i>	1B	QL(15.15 gm daily)
<i>fluticasone propionate OINT</i>	1B	QL(4 gm daily)	Eczema Agents		
<i>halcinonide CREA</i>	1B	PA	DUPIXENT SOPN 200 MG/1.14ML	4	QL(0.082 ml daily); PA
<i>halobetasol propionate CREA</i>	1B	QL(3.5 gm daily)	DUPIXENT SOPN 300 MG/2ML	4	QL(0.29 ml daily); PA
<i>halobetasol propionate OINT</i>	1B	QL(3.5 gm daily)	DUPIXENT SOSY 200 MG/1.14ML	4	QL(0.082 ml daily); PA
HALOG OINT	3	PA	DUPIXENT SOSY 300 MG/2ML	4	QL(0.29 ml daily); PA
<i>hydrocortisone (topical) CREA 1 %, 2.5 %</i>	1B	QL(15.15 gm daily); RX/OTC	DUPIXENT SOSY 100 MG/0.67ML	4	QL(0.048 ml daily); PA
<i>hydrocortisone (topical) LOTN 2.5 %</i>	1B		Emollients		
<i>hydrocortisone (topical) OINT 1 %, 2.5 %</i>	1B	QL(15.15 gm daily); RX/OTC	<i>lactic acid (ammonium lactate) CREA</i>	1B	QL(12.9 gm daily); RX/OTC
<i>hydrocortisone butyrate CREA</i>	1B	QL(3 gm daily)	<i>lactic acid (ammonium lactate) LOTN 12 %</i>	1B	RX/OTC
<i>hydrocortisone butyrate OINT</i>	1B	QL(3 gm daily)	Enzymes - Topical		
<i>hydrocortisone butyrate SOLN</i>	1B	QL(5 ml daily)	SANTYL OINT	3	PA
<i>hydrocortisone valerate CREA</i>	1B				
<i>hydrocortisone valerate OINT</i>	1B				

Ambetter Formulary Updated September 1, 2024

Drug Name	Drug Tier	Requirements/Limits
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		
<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	

Drug Name	Drug Tier	Requirements/Limits
Scabicides & Pediculicides		
<i>crotamiton LOTN</i>	1B	PA
<i>ivermectin (pediculicide)</i>	1B	PA; RX/OTC
<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 STRIPS	1B	#
FORA TEST N' GO ADVANCE/VOICE/6 CONNECT	1B	#
GOJJI BLOOD KETONE TEST STRIPS	1B	#
KETONE TEST STRIPS STRP	1B	#
KETONE STRP	1B	#
KETOSTIX STRP	1B	#
NOVA MAX PLUS KETONE TESTSTRIPS	1B	#
PRECISION XTRA	1B	#
RELION KETONE TEST STRIPS STRP	1B	#

Ambetter Formulary Updated September 1, 2024

Drug Name	Drug Tier	Requirements/Limits
RELION TRUE METRIX BLOODGLUCOSE TEST STRIPS STRP	1B	#, QL(3.34 ea daily); RX/OTC
TRUE METRIX BLOOD GLUCOSE TEST STRIPS STRP	1B	#, QL(3.34 ea daily); RX/OTC
TRUE METRIX SELF MONITORING BLOOD GLUCOSE STRIPS STRP	1B	#, QL(3.34 ea daily); RX/OTC

DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes

Digestive Enzymes		
CREON CPEP	2	Non-FDA approved uses require Prior Authorization
ZENPEP CPEP 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 250 MG</i>	1B	QL(4 ea daily)
<i>acetazolamide TABS 125 MG</i>	1B	QL(8 ea daily)
<i>dichlorphenamide</i>	4	QL(4 ea daily); PA
<i>methazolamide TABS</i>	1B	QL(6 ea daily)

Drug Name	Drug Tier	Requirements/Limits
Diuretic Combinations		
<i>amiloride & hydrochlorothiazide</i>	1B	
<i>spironolactone & hydrochlorothiazide</i>	1B	
<i>triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG</i>	1B	
<i>triamterene & hydrochlorothiazide TABS</i>	1B	
Loop Diuretics		
<i>bumetanide SOLN 0.25 MG/ML</i>	1B	
<i>bumetanide TABS</i>	1B	QL(5 ea daily)
<i>ethacrynic acid</i>	1B	QL(16 ea daily)
<i>furosemide SOLN OR 10 MG/ML, 40 MG/5ML</i>	1B	
<i>furosemide TABS</i>	1B	
<i>torseamide TABS</i>	1B	
Potassium Sparing Diuretics		
<i>amiloride hcl TABS</i>	1B	
<i>spironolactone TABS</i>	1B	
<i>triamterene CAPS</i>	1B	QL(3 ea daily)
Thiazides and Thiazide-Like Diuretics		
<i>chlorthalidone 25 MG, 50 MG</i>	1B	
DIURIL SUSP	2	QL(20 ml daily)
<i>hydrochlorothiazide CAPS</i>	1B	QL(2 ea daily)
<i>hydrochlorothiazide TABS 12.5 MG</i>	1B	QL(2 ea daily)
<i>hydrochlorothiazide TABS 25 MG, 50 MG</i>	1A	QL(2 ea daily)
<i>indapamide TABS 1.25 MG</i>	1B	QL(1 ea daily)
<i>indapamide TABS 2.5 MG</i>	1B	QL(2 ea daily)
<i>metolazone</i>	1B	QL(2 ea daily)

ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate

Ambetter Formulary Updated September 1, 2024

Drug Name	Drug Tier	Requirements/Limits
Hormones		
Bone Density Regulators		
<i>alendronate sodium TABS 5 MG, 10 MG</i>	1B	QL(1 ea daily)
<i>alendronate sodium TABS 35 MG, 70 MG</i>	1B	QL(0.143 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 5 MG, 30 MG</i>	1B	QL(1 ea daily); PA
<i>risedronate sodium TABS 150 MG</i>	1B	QL(0.036 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 (recombinant) SOPN</i>	4	QL(0.09 ml daily); SP; PA
TYMLOS	4	PA
XGEVA SOLN	4	SP; PA
<i>zoledronic acid CONC</i>	4	SP; PA
<i>zoledronic acid SOLN</i>	4	SP; PA
Corticotropin		
ACTHAR GEL	3	PA
Fertility Regulators		
CHORIONIC GONADOTROPIN IM	4	PA
<i>clomiphene citrate TABS</i>	3	PA

Drug Name	Drug Tier	Requirements/Limits
GnRH/LHRH Antagonists		
<i>ganirelix acetate</i>	4	PA
ORLISSA	2	PA
Growth Hormone Releasing Hormones (GHRH)		
EGRIFTA 2 MG	4	PA
EGRIFTA SV	4	PA
Growth Hormones		
GENOTROPIN MINIQUICK PRSY	4	PA
GENOTROPIN CART SC	4	PA
HUMATROPE CART IJ	4	SP; PA
NORDITROPIN FLEXPRO SOPN 5 MG/1.5ML, 10 MG/1.5ML, 15 MG/1.5ML	4	SP; PA
NORDITROPIN FLEXPRO SOPN 30 MG/3ML	4	PA
ZORBTIVE SC	4	SP; PA
Hormone Receptor Modulators		
OSPHENA	3	PA
<i>raloxifene hcl</i>	0	QL(1 ea daily)
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX	4	SP; PA
LHRH/GnRH Agonist Analog Pituitary Suppressants		
FENSOLVI SC	4	SP; PA
LUPRON DEPOT-PED (1-MONTH)	4	SP; PA
LUPRON DEPOT-PED (3-MONTH) 30 MG	4	SP; PA
LUPRON DEPOT-PED (3-MONTH) 11.25 MG	4	PA
SYNAREL	4	SP; PA
Metabolic Modifiers		
ALDURAZYME	4	SP; PA
<i>betaine</i>	4	SP; PA
<i>calcitriol CAPS</i>	1B	

Ambetter Formulary Updated September 1, 2024

Drug Name	Drug Tier	Requirements/Limits
<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</i>	1B	
<i>desmopressin acetate SOLN IJ</i>	1B	PA
DESMOPRESSIN ACETATE SOLN NA	4	SP; PA
<i>desmopressin acetate TABS 0.2 MG</i>	1B	QL(8 ea daily)
<i>desmopressin acetate TABS 0.1 MG</i>	1B	QL(6 ea daily)
STIMATE SOLN NA	4	SP; PA
Prolactin Inhibitors		
<i>cabergoline</i>	1B	
Somatostatic Agents		
<i>octreotide acetate SOLN</i>	4	SP; PA

Drug Name	Drug Tier	Requirements/Limits
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 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM, 1.25 MG/1.25GM</i>	1B	
<i>estradiol GEL 0.06 %</i>	3	
<i>estradiol PTTW</i>	1B	QL(0.286 ea daily)
<i>estradiol PTWK</i>	1B	
<i>estradiol TABS</i>	1B	

Ambetter Formulary Updated September 1, 2024

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

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

Ambetter Formulary Updated September 1, 2024

Drug Name	Drug Tier	Requirements/Limits
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	
SORBITOL/MANNITOL IRRIGATION	1B	
Interstitial Cystitis Agents		
ELMIRON CAPS	2	QL(3 ea daily)
Prostatic Hypertrophy Agents		
<i>alfuzosin hcl</i>	1B	QL(1 ea daily)
<i>dutasteride</i>	1B	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>dutasteride-tamsulosin hcl</i>	3	PA
<i>finasteride</i>	1B	5 mg only
<i>silodosin</i>	1B	
<i>tamsulosin hcl</i>	1B	
Urinary Analgesics		
<i>phenazopyridine hcl TABS 100 MG, 100 MG, 200 MG</i>	1B	
Urinary Stone Agents		
THIOLA EC TBEC 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</i>	1B	
<i>colchicine TABS</i>	1B	QL(1 ea daily)
<i>febuxostat</i>	1B	QL(1 ea daily); PA
Uricosurics		
<i>probenecid</i>	1B	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Antihemophilic Products		
ADVATE	4	PA
ADYNOVATE	4	PA
AFSTYLA	4	PA
ALPROLIX	4	PA
ALTUVIIIIO	4	PA
BENEFIX KIT	4	PA
ELOCTATE	4	PA

Ambetter Formulary Updated September 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits
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 25 MCG/ML	4	SP; PA
ARANESP ALBUMIN FREE SOLN 40 MCG/ML, 60 MCG/ML, 100 MCG/ML	4	SP; PA
ARANESP ALBUMIN FREE SOSY 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML	4	SP; PA
DOPTELET	4	QL(3 ea daily); PA
EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	4	SP; PA
LEUKINE SOLR IJ	4	SP; PA
MIRCERA	4	PA
MULPLETA	4	QL(1 ea daily); PA
NYVEPRIA	4	PA

Ambetter Formulary Updated September 1, 2024

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

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

Ambetter Formulary Updated September 1, 2024

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

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FC2 FEMALE CONDOM	0	QL(12 ea per fill retail; 12 per fill mail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail	OMNIFLEX DIAPHRAGM	0	
			REALITY LATEX CONDOMS/LUBRICATED MISC	0	
			REALITY LATEX/ULTRA TEXTURED DEVI	0	
FEMCAP DEVI	0		REALITY LATEX/ULTRA THIN DEVI	0	
KAMELEON LUBRICATED MISC	0		TRUE COVER DEVI	0	
KIMONO COLORS DEVI	0		TRUSTEX COLOR CONDOMS + LUBE MISC	0	
KIMONO LUBRICATED MISC	0		TRUSTEX LUBRICATED EXTRALARGE MISC	0	
KIMONO MAXX/LARGE FLARE MISC	0		TRUSTEX LUBRICATED EXTRASTRENGTH MISC	0	
KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC	0		TRUSTEX LUBRICATED/RIBBED/STUDDDED MISC	0	
KIMONO PLUS SPERMICIDE LUBRICATED MISC	0		TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC	0	
KIMONO PLUS SPERMICIDE/LUBRICATED MISC	0		TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC	0	
KIMONO PS LUBRICATED MISC	0		TRUSTEX LUBRICATED/SPERMICIDE MISC	0	
KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC	0		TRUSTEX LUBRICATED MISC	0	
KIMONO SENSATION LUBRICATED MISC	0		TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC	0	
KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC	0		TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDDDED MISC	0	
KIMONO SPECIAL DEVI	0		TRUSTEX/RIA LUBRICATED SPERMICIDE MISC	0	
K-Y ME & YOU EXTRA LUBRICATED DEVI	0		TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC	0	
K-Y ME & YOU INTENSE DEVI	0				
MAXX LUBRICATED MISC	0				
MAXX PLUS SPERMICIDE LUBRICATED MISC	0				

Ambetter Formulary Updated September 1, 2024

Drug Name	Drug Tier	Requirements/Limits
TRUSTEX/RIA LUBRICATED MISC	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 60	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 65	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 70	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 75	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 80	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 85	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 90	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 95	0	
Diabetic Supplies		
FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM	3	PA
FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM	3	QL(0.072 ea daily); PA
FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM	3	PA
FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM	3	QL(0.072 ea daily); PA
FREESTYLE LIBRE 3/READER/GLUCOSE MONITORING SYSTEM	3	QL(0.072 ea daily); PA
FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM	3	QL(0.072 ea daily); PA
FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM	3	PA

Drug Name	Drug Tier	Requirements/Limits
ONETOUCH DELICA SAFETY LANCING DEVICE	1B	#, RX/OTC
ONETOUCH DELICA SAFETY LANCING DEVICE 30G	1B	#, RX/OTC
RELION 2-IN-1 LANCET DEVICES 30G	1B	#, RX/OTC
RELION 2-IN-1 LANCING DEVICE 25G	1B	#, RX/OTC
RELION 2-IN-1 LANCING DEVICE 30G	1B	#, RX/OTC
SELECT LANCETS	1B	6.66/day
SELECT LANCETS	1	6.66/day
TRUE METRIX CONTROL SOLUTION LEVEL 3 SOLN	1B	#
Parenteral Therapy Supplies		
SELECT INSULIN SYRINGES	1B	5/day
SELECT INSULIN SYRINGES	1	5/day
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antag		
AIMOVIG	2	QL(0.04 ml daily); PA
EMGALITY SOAJ	2	QL(0.07 ml daily); PA
EMGALITY SOSY 120 MG/ML	2	QL(0.07 ml daily); PA
EMGALITY SOSY 100 MG/ML	2	QL(0.1 ml daily); PA
UBRELVY	3	QL(10 ea per 30 day(s) retail; 10 ea per 30 days mail); ST
Migraine Combinations		
<i>ergotamine w/ caffeine TABS</i>	1B	QL(1.5 ea daily)

Ambetter Formulary Updated September 1, 2024

Drug Name	Drug Tier	Requirements/Limits
<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		
<i>almotriptan malate 12.5 MG</i>	1B	QL(0.4 ea daily); AL(At least 12 yrs old); ST
<i>almotriptan malate 6.25 MG</i>	1B	QL(0.3 ea daily); AL(At least 12 yrs old); ST
<i>eletriptan hydrobromide</i>	1B	QL(0.2 ea daily); AL(At least 18 yrs old); ST
<i>frovatriptan succinate</i>	1B	QL(0.4 ea daily); AL(At least 18 yrs old); ST
<i>naratriptan hcl</i>	1B	QL(0.3 ea daily); AL(At least 18 yrs old)
<i>rizatriptan benzoate TABS 10 MG</i>	1B	QL(0.6 ea daily); AL(At least 6 yrs old)
<i>rizatriptan benzoate TABS 5 MG</i>	1B	QL(0.4 ea daily); AL(At least 6 yrs old)
<i>rizatriptan benzoate TBDP 10 MG</i>	1B	QL(0.6 ea daily); AL(At least 6 yrs old)
<i>rizatriptan benzoate TBDP 5 MG</i>	1B	QL(0.4 ea daily); AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan</i>	1B	QL(0.2 ea daily); AL(At least 18 yrs old)
<i>sumatriptan succinate SOAJ</i>	1B	QL(0.134 ml daily); AL(At least 18 yrs old)
<i>sumatriptan succinate SOCT</i>	1B	QL(0.134 ml daily); AL(At least 18 yrs old)
<i>sumatriptan succinate SOLN 6 MG/0.5ML</i>	1B	QL(0.134 ml daily); AL(At least 18 yrs old)
<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	

Ambetter Formulary Updated September 1, 2024

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
IONOSOL-MB/DEXTROSE 5%	1B		<i>sodium fluoride CHEW 0.25 MG, 0.5 MG, 1 MG, 2.2 MG</i>	0	QL(1 ea daily)
ISOLYTE-P/DEXTROSE 5%	1B		Magnesium		
ISOLYTE-S	1B		<i>magnesium sulfate IJ 50 %</i>	1B	
KCL 0.3%/D5W/NACL 0.9% (<i>potassium chloride in dextrose & sodium chloride</i>)	1B		Phosphate		
<i>lactated ringer's</i>	1B		<i>potassium phosphates 236 MG/ML-224 MG/ML</i>	1B	
NORMOSOL-M/D5W	1B		Potassium		
NORMOSOL-R	1B		<i>potassium acetate SOLN 2 MEQ/ML</i>	1B	
PLASMA-LYTE A (<i>electrolyte-a</i>)	1B		<i>potassium bicarbonate TBEF</i>	1B	
PLASMA-LYTE-148 (<i>electrolyte-148</i>)	1B		<i>potassium chloride microencapsulated crystals er</i>	1B	
<i>potassium chloride in dextrose 5 %-20 MEQ/L</i>	1B		<i>potassium chloride CPCR</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 PACK OR 20 MEQ</i>	1B	PA
<i>potassium chloride in nacl 20 MEQ/L-0.45 %, 20 MEQ/L-0.9 %, 40 MEQ/L-0.9 %</i>	1B		<i>potassium chloride SOLN IV 2 MEQ/ML, 10 MEQ/50ML, 20 MEQ/50ML</i>	1B	
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS	1B		POTASSIUM CHLORIDE SOLN IV 10 MEQ/50ML (<i>potassium chloride</i>)	1B	
POTASSIUM CHLORIDE/SODIUM CHLORIDE 20 MEQ/L-0.45 % (<i>potassium chloride in nacl</i>)	1B		<i>potassium chloride TBCR</i>	1B	
<i>ringer's</i>	1B		Sodium		
Fluoride			<i>sodium chloride SOLN IV 0.45 %, 0.9 %, 3 %, 4 MEQ/ML, 5 %</i>	1B	
			MISCELLANEOUS THERAPEUTIC CLASSES		
			Chelating Agents		
			<i>penicillamine CAPS</i>	1B	PA
			<i>penicillamine TABS</i>	1B	QL(8 ea daily)
			<i>trientine hcl 250 MG</i>	4	QL(8 ea daily); SP; PA
			Immunomodulators		

Drug Name	Drug Tier	Requirements/Limits
<i>lenalidomide 2.5 MG, 5 MG, 10 MG, 15 MG, 25 MG</i>	4	QL(1 ea daily); SP; PA
<i>lenalidomide 20 MG</i>	4	QL(1 ea daily); PA
THALOMID	4	QL(3 ea daily); SP; PA
Immunosuppressive Agents		
ATGAM	4	SP; PA
AZATHIOPRINE	1B	
<i>azathioprine TABS</i>	1B	
<i>cyclosporine modified (for microemulsion) CAPS</i>	1B	
<i>cyclosporine modified (for microemulsion) SOLN</i>	1B	
<i>cyclosporine CAPS</i>	1B	
<i>cyclosporine SOLN IV 50 MG/ML</i>	1B	
ENSPRYNG	4	PA
<i>everolimus (immunosuppressant) 1 MG</i>	4	QL(10 ea daily); PA
<i>everolimus (immunosuppressant) 0.25 MG, 0.5 MG, 0.75 MG</i>	4	QL(20 ea daily); SP; PA
<i>mycophenolate mofetil CAPS</i>	1B	
<i>mycophenolate mofetil TABS</i>	1B	
<i>mycophenolate sodium</i>	1B	
NULOJIX	4	SP; PA
PROGRAF PACK	2	PA
PROGRAF SOLN	2	
SIMULECT	3	
<i>sirolimus TABS</i>	1B	
<i>tacrolimus CAPS</i>	1B	
THYMOGLOBULIN	4	SP; PA
Irrigation Solutions		

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

Ambetter Formulary Updated September 1, 2024

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>pediatric multivitamins w/fl CHEW</i>	1A	RX/OTC	PRENATAL ONE DAILY TABS	2	QL(1 ea daily)
Prenatal Vitamins			PRENATAL PLUS VITAMIN AND MINERAL TABS	2	QL(1 ea daily); RX/OTC
CLASSIC PRENATAL TABS	2	QL(1 ea daily)	PRENATAL PLUS TABS	2	QL(1 ea daily); RX/OTC
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)	PRENATAL VITAMIN & MINERAL TABS	2	QL(1 ea daily)
EQL PRENATAL FORMULA TABS	2	QL(1 ea daily)	PRENATAL VITAMIN/IRON TABS	2	QL(1 ea daily)
GNP PRENATAL TABS	2	QL(1 ea daily)	PRENATAL VITAMINS PLUS LOW IRON TABS	2	QL(1 ea daily); RX/OTC
KP PRENATAL MULTIVITAMINS TABS	2	QL(1 ea daily)	PRENATAL VITAMINS 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)
MASONATAL TABS	2	QL(1 ea daily)	PRENATAL VITAMIN TABS	2	QL(1 ea daily)
M-NATAL PLUS TABS	2	QL(1 ea daily); RX/OTC	PRENATAL TABS	2	QL(1 ea daily)
MULTI PRENATAL TABS	2	QL(1 ea daily)	PRENATRIX TABS	2	QL(1 ea daily); RX/OTC
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	PRENATRYL TABS	2	QL(1 ea daily); RX/OTC
NEONATAL PLUS TABS	2	QL(1 ea daily); RX/OTC	PX PRENATAL MULTIVITAMINS TABS	2	QL(1 ea daily)
NEONATAL PRENATAL VITAMIN TABS	2	QL(1 ea daily)	QC PRENATAL TABS	2	QL(1 ea daily)
NEONATAL VITAMIN TABS	2	QL(1 ea daily)	RA PRENATAL FORMULA/FOLICACID TABS	2	QL(1 ea daily)
NIVA-PLUS TABS	2	QL(1 ea daily); RX/OTC	RA PRENATAL TABS	2	QL(1 ea daily)
ONE VITE WOMENS PRENATAL VITAMIN PLUS TABS	2	QL(1 ea daily); RX/OTC	SM PRENATAL VITAMINS TABS	2	QL(1 ea daily)
ONE VITE WOMENS PRENATAL VITAMIN TABS	2	QL(1 ea daily)	THERANATAL CORE NUTRITION TABS	2	QL(1 ea daily); RX/OTC
PRENATAL MULTIVITAMIN TABS	2	QL(1 ea daily)	TRICARE TABS	2	QL(1 ea daily); RX/OTC
			VITATHELY/GINGER TABS	2	QL(1 ea daily); RX/OTC
			WESTAB PLUS TABS	2	QL(1 ea daily); RX/OTC
MUSCULOSKELETAL THERAPY AGENTS -					

Drug Name	Drug Tier	Requirements/Limits
Drugs to Treat Spasms		
Central Muscle Relaxants		
<i>baclofen TABS 10 MG, 20 MG</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)
<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) 0.025 %</i>	1B	1 package(s) per fill retail
<i>fluticasone propionate (nasal) SUSP</i>	1B	Limit 2 inhalers per month; QL(32 ml per 30 day(s) retail); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
<i>mometasone furoate (nasal) SUSP</i>	1B	QL(1.14 gm daily); PA; RX/OTC
<i>triamcinolone acetonide (nasal) AERO</i>	1B	
XHANCE EXHU	3	PA
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		
<i>riluzole TABS</i>	3	
Neuromuscular Blocking Agent - Neurotoxins		
XEOMIN	3	PA
Nondepolarizing Muscle Relaxants		
<i>atracurium besylate 50 MG/5ML, 100 MG/10ML</i>	3	PA
NUTRIENTS		
Proteins		
CLINIMIX 4.25%/DEXTROSE 10%	3	
CLINIMIX 4.25%/DEXTROSE 5%	3	
CLINIMIX E 5%/DEXTROSE 20%	3	
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Beta-blockers - Ophthalmic		
<i>betaxolol hcl (ophth) SOLN</i>	1B	
<i>brimonidine tartrate-timolol maleate</i>	1B	
<i>carteolol hcl (ophth)</i>	1B	
<i>dorzolamide hcl-timolol maleate</i>	1B	
<i>levobunolol hcl 0.5 %</i>	1B	
<i>timolol maleate (ophth) SOLG</i>	1B	
<i>timolol maleate (ophth) SOLN</i>	1B	
Cycloplegic Mydriatics		

Ambetter Formulary Updated September 1, 2024

Drug Name	Drug Tier	Requirements/Limits
<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	
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

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

Ambetter Formulary Updated September 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits
<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 AGENTS - Antibody Drugs to Treat Low Immune System		
Immune Serums		
GAMMAGARD LIQUID 1 GM/10ML, 2.5 GM/25ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	4	SP; PA
GAMMAGARD LIQUID 30 GM/300ML	4	PA
GAMMAGARD S/D IGA LESS THAN 1MCG/ML SOLR	4	SP; PA
GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	4	SP; PA
GAMUNEX-C	4	SP; PA
Passive Immunizing Agents - Combinations		
HYQVIA	4	PA
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
<i>amoxicillin CAPS</i>	1A	
<i>amoxicillin CHEW 125 MG, 250 MG</i>	1B	
<i>amoxicillin SUSR 200 MG/5ML, 250 MG/5ML, 400 MG/5ML</i>	1B	

Ambetter Formulary Updated September 1, 2024

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin SUSR 125 MG/5ML</i>	1A	
<i>amoxicillin TABS</i>	1B	
<i>ampicillin sodium IJ 1 GM</i>	1B	
<i>ampicillin CAPS 500 MG</i>	1B	
Natural Penicillins		
<i>penicillin g potassium 5000000 UNIT</i>	1B	
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE 40000 UNIT/ML, 60000 UNIT/ML	1B	
PENICILLIN G PROCAINE	3	
<i>penicillin g sodium</i>	3	
<i>penicillin v potassium SOLR</i>	1B	
<i>penicillin v potassium TABS</i>	1B	
Penicillin Combinations		
<i>amoxicillin & 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>nafcillin sodium IV 10 GM</i>	1B	
<i>oxacillin sodium IV 10 GM</i>	1B	
PROGESTINS - Hormone Replacement/Modifying Drugs		

Drug Name	Drug Tier	Requirements/Limits
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		
<i>acamprosate calcium</i>	1B	
<i>disulfiram</i>	1B	
<i>lofexidine hcl 0.18 MG</i>	1B	QL(224 ea per 14 day(s) retail); PA
LUCEMYRA 0.18 MG (lofexidine hcl)	3	QL(224 ea per 14 day(s) retail); PA
Antidementia Agents		
<i>donepezil hydrochloride TABS 5 MG, 23 MG</i>	1B	QL(1 ea daily)
<i>donepezil hydrochloride TABS 10 MG</i>	1B	QL(2 ea daily)
<i>donepezil hydrochloride TBDP 5 MG</i>	1B	QL(1 ea daily)
<i>donepezil hydrochloride TBDP 10 MG</i>	1B	QL(2 ea daily)
<i>galantamine hydrobromide CP24</i>	1B	QL(1 ea daily)
<i>galantamine hydrobromide SOLN</i>	1B	QL(6 ml daily)
<i>galantamine hydrobromide TABS</i>	1B	QL(2 ea daily)
<i>memantine hcl TABS</i>	1B	
<i>memantine hcl TABS</i>	1B	QL(2 ea daily)

Ambetter Formulary Updated September 1, 2024

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>rivastigmine tartrate CAPS</i>	1B		<i>dimethyl fumarate CDPK</i>	1B	QL(2 ea daily)
Combination Psychotherapeutics			<i>dimethyl fumarate CPDR</i>	1B	QL(2 ea daily)
<i>chlordiazepoxide-amitriptyline</i>	1B		<i> fingolimod hcl</i>	4	QL(1 ea daily)
<i>perphenazine-amitriptyline</i>	1B	QL(4 ea daily)	<i>glatiramer acetate SOSY 40 MG/ML</i>	4	QL(0.43 ml daily)
Fibromyalgia Agents			<i>glatiramer acetate SOSY 20 MG/ML</i>	4	QL(1 ml daily)
SAVELLA TITRATION PACK MISC	2	1 max fill(s) per 365 day(s) retail; PA	LEMTRADA	4	QL(1.2 ml daily); PA
SAVELLA TABS	2	QL(2 ea daily); PA	PLEGRIDY STARTER PACK SOPN	4	QL(0.036 ml daily); PA
Movement Disorder Drug Therapy			PLEGRIDY STARTER PACK SOSY SC	4	QL(0.036 ml daily); PA
AUSTEDO PATIENT TITRATION KIT TBPK	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA	PLEGRIDY SOPN	4	QL(0.036 ml daily); PA
AUSTEDO XR PATIENT TITRATION KIT TEPK	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA	PLEGRIDY SOSY SC	4	QL(0.036 ml daily); PA
AUSTEDO XR TB24	4	QL(1 ea daily); PA	REBIF REBIDOSE TITRATIONPACK SOAJ	4	1 max fill(s) per 365 day(s) retail; SP; PA
AUSTEDO TABS	4	QL(4 ea daily); PA	REBIF REBIDOSE SOAJ	4	QL(0.214 ml daily); SP; PA
INGREZZA CAPS	4	QL(1 ea daily); PA	REBIF TITRATION PACK SOSY	4	1 max fill(s) per 365 day(s) retail; SP; PA
INGREZZA CPPK	4	1 max fill(s) per 180 day(s) retail; PA	REBIF SOSY	4	QL(0.214 ml daily); SP; PA
INGREZZA CPSP	4	QL(1 ea daily); PA	<i>teriflunomide</i>	4	QL(1 ea daily)
<i>tetrabenazine</i>	4	QL(3 ea daily); SP; PA	Postherpetic Neuralgia (PHN)/Neuropathic Pain Agents		
Multiple Sclerosis Agents			<i>pregabalin (once-daily) 82.5 MG, 165 MG</i>	3	QL(1 ea daily); PA
AVONEX PEN AJKT	4	QL(0.0714 ml daily); SP; PA	<i>pregabalin (once-daily) 330 MG</i>	3	QL(2 ea daily); PA
AVONEX PSKT	4	QL(0.0714 ml daily); SP; PA	Pseudobulbar Affect (PBA) Agents		
BETASERON KIT	4	QL(0.5 ea daily); SP; PA	NUEDEXTA	3	QL(2 ea daily); PA
<i>dalfampridine</i>	4	QL(2 ea daily); SP; PA	Psychotherapeutic and Neurological Agents - Misc.		
			<i>ergoloid mesylates TABS</i>	1B	
			<i>pimozide</i>	1B	

Ambetter Formulary Updated September 1, 2024

Drug Name	Drug Tier	Requirements/ Limits
Smoking Deterrents		
<i>bupropion hcl (smoking deterrent)</i>	0	QL(2 ea daily)
<i>nicotine polacrilex GUM</i>	0	
<i>nicotine polacrilex LOZG</i>	0	
NICOTINE TRANSDERMAL SYSTEM KIT	0	
<i>nicotine MISC XX</i>	0	QL(1 ea daily)
<i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>	0	QL(1 ea daily)
NICOTROL INHALER INHA	0	
NICOTROL NS SOLN	0	
<i>varenicline tartrate TABS</i>	0	QL(2 ea daily)
<i>varenicline tartrate TBPK</i>	0	
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Alpha-Proteinase Inhibitor (Human)		
PROLASTIN-C SOLN	4	PA
Cystic Fibrosis Agents		
KALYDECO TABS	4	QL(2 ea daily); SP; PA
ORKAMBI PACK	4	QL(2 ea daily); PA
ORKAMBI TABS	4	QL(4 ea daily); PA
PULMOZYME	4	QL(2.5 ml daily); SP; PA
TRIKAFTA TBPK	4	QL(3 ea daily); PA
Pulmonary Fibrosis Agents		
OFEV	4	QL(2 ea daily); PA
<i>pirfenidone CAPS</i>	4	QL(1 ea daily); PA
<i>pirfenidone TABS 267 MG, 801 MG</i>	4	QL(1 ea daily); PA
<i>pirfenidone TABS 534 MG</i>	4	QL(3 ea daily); PA

Drug Name	Drug Tier	Requirements/ Limits
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	
<i>doxycycline (monohydrate) CAPS 50 MG, 100 MG</i>	1B	QL(2 ea daily)
<i>doxycycline (monohydrate) TABS 100 MG</i>	1B	QL(2 ea daily)
<i>doxycycline (monohydrate) TABS 50 MG, 75 MG</i>	1B	
<i>doxycycline hyclate CAPS</i>	1B	QL(2 ea daily)
<i>doxycycline hyclate SOLR</i>	1B	
<i>doxycycline hyclate TABS 20 MG, 100 MG</i>	1B	QL(2 ea daily)
<i>minocycline hcl CAPS</i>	1B	QL(3 ea daily)
<i>minocycline hcl TABS</i>	1B	QL(3 ea daily)
<i>tetracycline hcl CAPS</i>	1B	QL(8 ea daily)
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
<i>methimazole TABS</i>	1B	
<i>propylthiouracil</i>	1B	

Ambetter Formulary Updated September 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits
and Stomach Conditions		
Antispasmodics		
<i>atropine sulfate</i> SOLN IJ 0.4 MG/ML, 1 MG/ML	1B	
<i>atropine sulfate</i> SOSY IJ 0.25 MG/5ML	1B	
<i>chlordiazepoxide hcl-clidinium bromide</i>	1B	
<i>dicyclomine hcl</i> CAPS	1B	
<i>dicyclomine hcl</i> SOLN OR	1B	
<i>dicyclomine hcl</i> TABS	1B	
<i>glycopyrrolate</i> SOLN IJ 0.2 MG/ML, 4 MG/20ML	1B	
<i>glycopyrrolate</i> TABS 2 MG	1B	QL(6 ea daily)
<i>glycopyrrolate</i> TABS 1 MG	1B	
<i>methscopolamine bromide</i>	1B	
H-2 Antagonists		
<i>cimetidine</i> TABS	1B	RX/OTC
<i>famotidine in nacl</i> SOLN	1B	
<i>famotidine</i> SOLN 40 MG/4ML, 200 MG/20ML	1B	
<i>famotidine</i> SOLN 20 MG/2ML	1A	
<i>famotidine</i> SUSR	1B	QL(10 ml daily)
<i>famotidine</i> TABS 20 MG, 40 MG	1B	RX/OTC
<i>nizatidine</i> CAPS	1B	
<i>ranitidine hcl</i> TABS 150 MG	1B	
Misc. Anti-Ulcer		
<i>sucralfate</i> SUSP	1B	QL(40 ml daily)
<i>sucralfate</i> TABS	1B	QL(4 ea daily)
Proton Pump Inhibitors		
<i>dexlansoprazole</i>	3	QL(1 ea daily)
<i>esomeprazole magnesium</i> CPDR 20 MG	1B	QL(2 ea daily); RX/OTC

Ambetter Formulary Updated September 1, 2024

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>esomeprazole magnesium CPDR 40 MG</i>	3	QL(1 ea daily)	<i>oxybutynin chloride TABS 5 MG</i>	1B	
<i>esomeprazole magnesium TBEC</i>	1B	QL(2 ea daily)	<i>oxybutynin chloride TB24</i>	1B	
<i>lansoprazole CPDR 30 MG</i>	1B		<i>solifenacin succinate TABS</i>	1B	QL(1 ea daily); PA
<i>lansoprazole CPDR 15 MG</i>	1B	QL(2 ea daily); RX/OTC	<i>tolterodine tartrate CP24</i>	1B	QL(1 ea daily)
NEXIUM 24HR TBEC (<i>esomeprazole magnesium</i>)	1B	QL(2 ea daily)	<i>tolterodine tartrate TABS</i>	1B	
<i>omeprazole magnesium CPDR</i>	1B	QL(4 ea daily)	<i>tropium chloride CP24</i>	1B	QL(1 ea daily)
<i>omeprazole CPDR</i>	1B	QL(2 ea daily)	<i>tropium chloride TABS</i>	1B	QL(3 ea daily)
<i>omeprazole TBEC</i>	1B	QL(2 ea daily)	Urinary Antispasmodics - Cholinergic Agonists		
<i>pantoprazole sodium TBEC 40 MG</i>	1B		<i>bethanechol chloride 25 MG</i>	1B	
<i>pantoprazole sodium TBEC 20 MG</i>	1B	QL(1 ea daily)	<i>bethanechol chloride 5 MG, 10 MG, 50 MG</i>	1B	QL(4 ea daily)
<i>rabeprazole sodium TBEC</i>	3	QL(1 ea daily)	Urinary Antispasmodics - Direct Muscle Relaxants		
Ulcer Drugs - Prostaglandins			<i>flavoxate hcl</i>	1B	
<i>misoprostol</i>	1B	QL(4 ea daily)	VACCINES		
Ulcer Therapy Combinations			Bacterial Vaccines		
<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	ACTHIB SOLR IM	0	
<i>omeprazole-sodium bicarbonate CAPS 1100 MG-20 MG</i>	1B	QL(1 ea daily); RX/OTC	BEXSERO	0	
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms			HIBERIX SOLR IJ	0	
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)			MENACTRA	0	
<i>darifenacin hydrobromide</i>	1B	QL(1 ea daily)	MENQUADFI	0	
<i>fesoterodine fumarate</i>	1B	QL(1 ea daily); PA	MENVEO SOLR	0	
<i>oxybutynin chloride SOLN</i>	1B		PEDVAX HIB SUSP	0	
			PNEUMOVAX 23	0	
			PNEUMOVAX 23/1 DOSE	0	
			PREVNAR 13	0	
			PREVNAR 20	0	1 max fill(s) per 999 day(s) retail
			TRUMENBA	0	
			VAXNEUVANCE	0	4 max fill(s) per 999 day(s) retail
			Viral Vaccines		
			ABRYSVO	0	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AFLURIA 2024-2025 SUSP	0	1 max fill(s) per 180 day(s) retail	FLUAD 2024-2025	0	1 max fill(s) per 180 day(s) retail
AFLURIA 2024-2025 SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail	FLUAD QUADRIVALENT 2022-2023	0	1 max fill(s) per 180 day(s) retail
AFLURIA QUADRIVALENT 2022-2023 SUSP	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail	FLUAD QUADRIVALENT 2023-2024	0	1 max fill(s) per 180 day(s) retail
AFLURIA QUADRIVALENT 2022-2023 SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail	FLUARIX 2024-2025 SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
AFLURIA QUADRIVALENT 2023-2024 SUSP	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail	FLUARIX QUADRIVALENT 2022-2023 SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
AFLURIA QUADRIVALENT 2023-2024 SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail	FLUARIX QUADRIVALENT 2023-2024 SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
AREXVY	0		FLUBLOK 2024-2025 SOSY	0	1 max fill(s) per 180 day(s) retail
COMIRNATY 2023-24 SUSP	0		FLUBLOK QUADRIVALENT 2022-2023	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
COMIRNATY 2023-24 SUSY	0		FLUBLOK QUADRIVALENT 2023-2024	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
COMIRNATY 2024-25 SUSY 30 MCG/0.3ML	0		FLUCELVAX 2024-2025 SUSP	0	1 max fill(s) per 180 day(s) retail
COMIRNATY SUSP	0		FLUCELVAX 2024-2025 SUSY	0	1 max fill(s) per 180 day(s) retail
ENGERIX-B SUSP 20 MCG/ML	0	3 max fill(s) per 365 day(s) retail; 3 max fill(s) per 365 day(s) mail	FLUCELVAX QUADRIVALENT 2022-2023 SUSP	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
ENGERIX-B SUSY	0	3 max fill(s) per 365 day(s) retail; 3 max fill(s) per 365 day(s) mail			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FLUCELVAX QUADRIVALENT 2022-2023 SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail	FLUZONE HIGH-DOSE PF 2022-2023	0	1 max fill(s) per 180 day(s) retail
FLUCELVAX QUADRIVALENT 2023-2024 SUSP	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail	FLUZONE HIGH-DOSE PF 2023-2024	0	1 max fill(s) per 180 day(s) retail
FLUCELVAX QUADRIVALENT 2023-2024 SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail	FLUZONE QUADRIVALENT 2022-2023 SUSP	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
FLULAVAL 2024-2025 SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail	FLUZONE QUADRIVALENT 2022-2023 SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
FLULAVAL QUADRIVALENT 2022-2023 SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail	FLUZONE QUADRIVALENT 2023-2024 SUSP	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
FLULAVAL QUADRIVALENT 2023-2024 SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail	FLUZONE QUADRIVALENT 2023-2024 SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
FLUMIST NASAL VACCINE 2024-2025	0	1 max fill(s) per 180 day(s) retail	GARDASIL 9 SUSP	0	3 max fill(s) per 365 day(s) retail
FLUMIST QUADRIVALENT	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail	GARDASIL 9 SUSY	0	3 max fill(s) per 365 day(s) retail
FLUZONE 2024-2025 SUSP	0	1 max fill(s) per 180 day(s) retail	HAVRIX	0	
FLUZONE 2024-2025 SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail	HEPLISAV-B SOSY	0	2 max fill(s) per 292 day(s) retail; 2 max fill(s) per 292 day(s) mail
FLUZONE HIGH-DOSE 2024-2025 SUSY	0	1 max fill(s) per 180 day(s) retail	IPOL INACTIVATED IPV	0	
			M-M-R II SOLR	0	2 max fill(s) per 365 day(s) retail
			MODERNA COVID-19 VACCINE/6MO-11Y/2023-24 SUSP	0	
			MODERNA COVID-19 VACCINE/6MO-11Y/2024-25 SUSY 25 MCG/0.25ML	0	

Drug Name	Drug Tier	Requirements/Limits
MODERNA COVID-19 VACCINE6MO-5Y SUSP	0	
MODERNA COVID-19 VACCINE SUSP	0	
PFIZER-BIONTECH COVID-19VACCINE/5-11Y/2023-24 SUSP	0	
PFIZER-BIONTECH COVID-19VACCINE/5-11Y/2024-25 SUSP 10 MCG/0.3ML	0	
PFIZER-BIONTECH COVID-19VACCINE/5-11Y SUSP	0	
PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y/2023-24 SUSP	0	
PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y/2024-25 SUSP 3 MCG/0.3ML	0	
PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y SUSP	0	
PFIZER-BIONTECH COVID-19VACCINE/ADULT RTU SUSP	0	
PFIZER-BIONTECH COVID-19VACCINE SUSP	0	
PREHEVBRIO	0	3 max fill(s) per 365 day(s) retail
PRIORIX SUSR	0	3 max fill(s) per 365 day(s) retail
RECOMBIVAX HB SUSP	0	
RECOMBIVAX HB SUSY	0	
ROTARIX SUSP	0	
ROTARIX SUSR	0	
ROTATEQ SOLN	0	

Drug Name	Drug Tier	Requirements/Limits
SHINGRIX	0	2 max fill(s) per 999 day(s) retail; AL(At least 18 yrs old)
SPIKEVAX COVID-19 VACCINE/2023-24 SUSP	0	
SPIKEVAX COVID-19 VACCINE/2023-24 SUSY	0	
SPIKEVAX COVID-19 VACCINE/2024-25 SUSY 50 MCG/0.5ML	0	
SPIKEVAX COVID-19 VACCINE SUSP	0	
TWINRIX SUSY	0	
VAQTA	0	
VARIVAX INJ	0	2 max fill(s) per 365 day(s) retail

VAGINAL AND RELATED PRODUCTS

Spermicides

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

<i>hydrocortisone vaginal</i>	1B	QL(15.15 gm daily)
-------------------------------	----	--------------------

Vaginal Contraceptive - pH Modulators

Drug Name	Drug Tier	Requirements/Limits
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 0.15 MG/0.3ML</i>	1B	QL(2 ea per fill retail; 2 per fill mail); 2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail
<i>epinephrine (anaphylaxis) SOAJ 0.3 MG/0.3ML</i>	2	QL(2 ea per fill retail; 2 per fill mail); 2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail
Vasopressors		
<i>midodrine hcl</i>	1B	
VITAMINS		
Oil Soluble Vitamins		
<i>cholecalciferol CAPS 1.25 MG, 1.25 MG, 10 MCG, 50 MCG, 400 UNIT, 2000 UNIT, 50000 UNIT</i>	1A	
<i>cholecalciferol TABS 10 MCG, 400 UNIT</i>	0	
<i>ergocalciferol CAPS</i>	0	
<i>ergocalciferol SOLN OR</i>	1B	
VITAMIN D2 TABS 400 UNIT	0	AL(At least 65 yrs old)
Water Soluble Vitamins		

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

INDEX

abacavir sulfate SOLN	30	ACTIVELLA TABS 1 MG-0.5 MG (estradiol & norethindrone acetate) 45	AIRDUO DIGIHALER 113/14	9
abacavir sulfate TABS	30	acyclovir CAPS	AIRDUO DIGIHALER 232/14	9
abacavir sulfate-lamivudine	30	acyclovir SUSP	AIRDUO DIGIHALER 55/14	9
ABELCET	17	acyclovir TABS OR	AIRSUPRA	9
abiraterone acetate 250 MG	24	acyclovir topical CREA	AKYNZEO	17
abiraterone acetate 500 MG	24	acyclovir topical OINT	albendazole	7
ABRYSVO	64	ADACEL SUSP	albuterol sulfate AERS	9
acamprosate calcium	60	adapalene CREA	albuterol sulfate NEBU 0.083 %, 0.5 %, 0.63 MG/3ML, 1.25 MG/3ML, 2.5 MG/0.5ML	9
acarbose	14	adapalene GEL	albuterol sulfate SYRP	9
acebutolol hcl CAPS	32	adapalene-benzoyl peroxide GEL 2.5 %-0.1 %	albuterol sulfate TABS	9
acetaminophen w/ codeine SOLN ..	6	ADCETRIS	alclometasone dipropionate CREA	40
acetaminophen w/ codeine TABS 15 MG-300 MG	6	adefovir dipivoxil	alclometasone dipropionate OINT	40
acetaminophen w/ codeine TABS 30 MG-300 MG	6	ADEMPAS	ALDURAZYME	44
acetaminophen w/ codeine TABS 60 MG-300 MG	6	ADTHYZA TABS 16.25 MG, 32.5 MG, 65 MG, 97.5 MG, 130 MG ..	ALECENSA	25
acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG ..	6	ADVATE	alendronate sodium TABS 35 MG, 70 MG	44
acetazolamide CP12	43	ADYNOVATE	alendronate sodium TABS 5 MG, 10 MG	44
acetazolamide sodium	43	AFLURIA 2024-2025 SUSP	alfuzosin hcl	47
acetazolamide TABS 125 MG	43	AFLURIA 2024-2025 SUSY	ALINIA SUSR	21
acetazolamide TABS 250 MG	43	AFLURIA QUADRIVALENT 2022- 2023 SUSP	aliskiren fumarate	21
acetic acid (otic)	59	AFLURIA QUADRIVALENT 2022- 2023 SUSY	allopurinol	47
acetic acid 0.25 %	47	AFLURIA QUADRIVALENT 2023- 2024 SUSP	almotriptan malate 12.5 MG	53
acetylcysteine SOLN	36	AFLURIA QUADRIVALENT 2023- 2024 SUSY	almotriptan malate 6.25 MG	53
acitretin 10 MG, 17.5 MG	39	AFSTYLA	ALOCRIL	59
acitretin 25 MG	39	AIMOVIG	alogliptin benzoate	15
ACTHAR GEL	44	AIMSCO LUBRICATED MISC	aogliptin-metformin hcl	14
ACTHIB SOLR IM	64		aogliptin-pioglitazone 15 MG-25 MG, 30 MG-25 MG, 45 MG-25 MG	14
ACTIMMUNE 100 MCG/0.5ML	27		aogliptin-pioglitazone 30 MG-12.5	

MG	14	amiodarone hcl TABS	8	amphetamine-dextroamphetamine CP24 3.75 MG-3.75 MG-3.75 MG- 3.75 MG	1
ALOMIDE	59	amitriptyline hcl TABS	14		
alose tron hcl	46	amlodipine besylate TABS	32	amphetamine-dextroamphetamine CP24 5 MG-5 MG-5 MG-5 MG, 6.25 MG-6.25 MG-6.25 MG-6.25 MG, 7.5 MG-7.5 MG-7.5 MG-7.5 MG	1
alprazolam TABS 0.25 MG, 0.5 MG, 1 MG	8	amlodipine besylate-atorvastatin calcium	33		
alprazolam TABS 2 MG	8	amlodipine besylate-benazepril hcl 20		amphetamine-dextroamphetamine TABS 1.25 MG-1.25 MG-1.25 MG- 1.25 MG, 1.875 MG-1.875 MG-1.875 MG-1.875 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG, 3.125 MG-3.125 MG- 3.125 MG-3.125 MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG, 5 MG-5 MG-5 MG-5 MG	1
alprazolam TB24	8	amlodipine besylate-olmesartan medoxomil	20		
alprazolam TBDP	8	amlodipine besylate-valsartan	20		
ALPROLIX	47	amlodipine-valsartan- hydrochlorothiazide	20		
ALREX SUSP (loteprednol etabonate)	58	amoxapine	14	amphetamine-dextroamphetamine TABS 7.5 MG-7.5 MG-7.5 MG-7.5 MG	1
ALTABAX	37	amoxicillin & pot clavulanate CHEW . 60			
ALTUVIIIO	47	amoxicillin & pot clavulanate SUSR 60		amphotericin b IV	17
ALUNBRIG TABS	25	amoxicillin & pot clavulanate TABS 60		amphotericin b liposome	17
ALUNBRIG TBPK	25	amoxicillin & pot clavulanate TB12 60		ampicillin & sulbactam sodium IJ 1 GM-0.5 GM, 2 GM-1 GM	60
ALVESCO	9	amoxicillin CAPS	59	ampicillin CAPS 500 MG	60
alvimopan	46	amoxicillin CHEW 125 MG, 250 MG . 59		ampicillin sodium IJ 1 GM	60
amantadine hcl CAPS	28	amoxicillin SUSR 125 MG/5ML ... 60		anagrelide hcl	48
amantadine hcl SOLN	28	amoxicillin SUSR 200 MG/5ML, 250 MG/5ML, 400 MG/5ML	59	anastrozole	24
amantadine hcl TABS	28	amoxicillin TABS	60	ANDRODERM PT24 2 MG/24HR, 4 MG/24HR	7
ambrisentan	33	amoxicillin-clarithromycin w/ lansoprazole THPK	64	ANGELIQ	45
amcinonide CREA	40	amphetamine sulfate TABS	1	ANNOVERA	35
amcinonide LOTN	40	amphetamine-dextroamphetamine CP24 1.25 MG-1.25 MG-1.25 MG- 1.25 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG	1	ANORO ELLIPTA	9
amcinonide OINT	40			ANZEMET TABS 50 MG	17
amikacin sulfate SOLN 1 GM/4ML, 500 MG/2ML	2			APIDRA SOLN	16
amiloride & hydrochlorothiazide ..	43			APIDRA SOLOSTAR SOPN	15
amiloride hcl TABS	43			apomorphine hydrochloride SOCT 28	
aminocaproic acid TABS	49				
aminophylline SOLN	10				
amiodarone hcl SOLN 50 MG/ML ...	8				

apraclonidine hcl	58	aspirin TBEC 81 MG	5	azathioprine TABS	55
aprepitant CAPS 40 MG, 125 MG	17	aspirin-dipyridamole	48	azelaic acid GEL	42
aprepitant CAPS 80 MG	17	atazanavir sulfate CAPS 150 MG, 300 MG	30	azelastine hcl (ophth)	59
aprepitant CAPS	17	atazanavir sulfate CAPS 200 MG	30	azelastine hcl	57
aprepitant MISC	17	atenolol & chlorthalidone	20	AZELEX	37
APTIOM	11	atenolol TABS	32	azithromycin PACK	50
APTIVUS CAPS	30	ATGAM	55	azithromycin SOLR	50
ARANESP ALBUMIN FREE SOLN 25 MCG/ML	48	atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG	1	azithromycin SUSR	50
ARANESP ALBUMIN FREE SOLN 40 MCG/ML, 60 MCG/ML, 100 MCG/ML	48	atomoxetine hcl 60 MG, 80 MG, 100 MG	1	azithromycin TABS 250 MG	50
ARANESP ALBUMIN FREE SOSY 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML	48	atorvastatin calcium TABS	19	azithromycin TABS 500 MG	50
ARCALYST	3	atovaquone	21	azithromycin TABS 600 MG	50
AREXVY	65	atovaquone-proguanil hcl	22	aztreonam 1 GM	22
arformoterol tartrate	9	atracurium besylate 50 MG/5ML, 100 MG/10ML	57	bacitracin (ophthalmic)	58
ARIKAYCE	2	atropine sulfate SOLN IJ 0.4 MG/ML, 1 MG/ML	63	bacitracin	21
aripiprazole SOLN OR	29	atropine sulfate SOSY IJ 0.25 MG/5ML	63	baclofen TABS 10 MG, 20 MG	57
aripiprazole TABS	29	ATROVENT HFA	9	balsalazide disodium CAPS	46
armodafinil	1	AUSTEDO PATIENT TITRATION KIT TBPk	61	BALVERSA	25
ARMOUR THYROID TABS	63	AUSTEDO TABS	61	BANZEL TABS 200 MG (rufinamide) 11	
ARNUITY ELLIPTA	9	AUSTEDO XR PATIENT TITRATION KIT TEPK	61	BANZEL TABS 400 MG (rufinamide) 11	
arsenic trioxide 10 MG/10ML	27	AUSTEDO XR TB24	61	BAXDELA SOLR	46
ARZERRA	24	AVONEX PEN AJKT	61	BAXDELA TABS	46
ascorbic acid SOLN IJ	68	AVONEX PSKT	61	BELSOMRA	49
asenapine maleate 2.5 MG	29	AYVAKIT	25	benazepril & hydrochlorothiazide 12.5 MG-10 MG, 25 MG-20 MG	20
asenapine maleate 5 MG, 10 MG	29	azacitidine SUSR	23	benazepril & hydrochlorothiazide 12.5 MG-20 MG, 6.25 MG-5 MG	20
aspirin CHEW	5	AZATHIOPRINE	55	benazepril hcl	19
aspirin TABS 325 MG	5			bendamustine hcl SOLR	23
aspirin TBEC 325 MG	5			BENEFIX KIT	47

BENZEPRO CREAMY WASH LIQD . 37	betamethasone valerate OINT 40	BREZTRI AEROSPHERE 9
benzonatate 100 MG 36	BETASERON KIT 61	BRILINTA 48
benzonatate 150 MG 36	betaxolol hcl (ophth) SOLN 57	brimonidine tartrate (topical) 42
benzonatate 200 MG 36	betaxolol hcl 32	brimonidine tartrate 0.15 %, 0.2 % 58
benzoyl peroxide FOAM 5.3 %, 9.8 % 37	bethanechol chloride 25 MG 64	brimonidine tartrate-timolol maleate . 57
benzoyl peroxide GEL 10 % 37	bethanechol chloride 5 MG, 10 MG, 50 MG 64	brinzolamide 59
benzoyl peroxide GEL 5 % 37	bexarotene (topical) 39	BRIVIACT SOLN OR 10 MG/ML .. 11
benzoyl peroxide LIQD 4 %, 7 %, 10 % 37	bexarotene 27	BRIVIACT TABS 11
benzoyl peroxide-erythromycin GEL . 37	BEXSERO 64	bromfenac sodium (ophth) 59
benztropine mesylate SOLN 28	bicalutamide 24	bromocriptine mesylate CAPS 28
benztropine mesylate TABS 28	BIJUVA 45	bromocriptine mesylate TABS 2.5 MG 28
bepotastine besilate 59	BIKTARVY 30	BRUKINSA 26
BESIVANCE 58	bimatoprost SOLN 59	budesonide (inhalation) SUSP 9
betaine 44	bisacodyl SUPP 50	budesonide (intrarectal) 7
betamethasone dipropionate (topical) CREA 40	bisacodyl TBEC 50	budesonide (nasal) 57
betamethasone dipropionate (topical) LOTN 40	bisoprolol & hydrochlorothiazide .. 20	budesonide CPEP 36
betamethasone dipropionate (topical) OINT 40	bisoprolol fumarate 32	budesonide-formoterol fumarate dihydrate 9
betamethasone dipropionate augmented CREA 40	bleomycin sulfate 15 UNIT 25	bumetanide SOLN 0.25 MG/ML ... 43
betamethasone dipropionate augmented LOTN 40	BOOSTRIX SUSP 63	bumetanide TABS 43
betamethasone dipropionate augmented OINT 40	BOOSTRIX SUSY 63	buprenorphine hcl SOLN 7
betamethasone valerate CREA 40	bortezomib SOLR IJ 25	buprenorphine hcl SUBL 7
betamethasone valerate FOAM ... 40	BORTEZOMIB SOLR IV 3.5 MG .. 25	buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG 7
betamethasone valerate LOTN 40	bosentan TABS 125 MG 33	buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG 7
	bosentan TABS 62.5 MG 33	buprenorphine hcl-naloxone hcl dihydrate SUBL 7
	BOSULIF TABS 100 MG, 500 MG 25	buprenorphine PTWK 7
	BOSULIF TABS 400 MG 26	
	BRAFTOVI 75 MG 26	
	BREO ELLIPTA (fluticasone furoate- vilanterol) 9	
	BREO ELLIPTA 9	

bupropion hcl (smoking deterrent) 62	calcipotriene CREA 39	MG 11
bupropion hcl TABS 13	calcipotriene OINT 39	carbamazepine TB12 200 MG 11
bupropion hcl TB12 100 MG 13	calcipotriene SOLN 39	carbidopa 28
bupropion hcl TB12 150 MG 13	calcipotriene-betamethasone dipropionate OINT 40	carbidopa-levodopa TABS 28
bupropion hcl TB12 200 MG 13	calcipotriene-betamethasone dipropionate SUSP 40	carbidopa-levodopa TBCR 28
bupropion hcl TB24 150 MG 13	calcitonin (salmon) NA 44	carbidopa-levodopa TBDP 28
bupropion hcl TB24 300 MG 13	calcitriol (topical) 39	carbidopa-levodopa-entacapone . 28
bupirone hcl 5 MG 8	calcitriol CAPS 44	carbinoxamine maleate SOLN 18
bupirone hcl 7.5 MG, 10 MG, 15 MG, 30 MG 8	calcitriol SOLN IV 45	carbinoxamine maleate TABS 4 MG . 18
busulfan SOLN 23	calcium acetate (phosphate binder) CAPS 47	carboplatin SOLN 50 MG/5ML 23
butalbital-acetaminophen TABS 50 MG-325 MG 4	calcium acetate (phosphate binder) TABs 47	carisoprodol TABS 57
butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG 4	calcium chloride (dihydrate) SOLN 53	carmustine 23
butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG 4	calcium polycarbophil TABS 49	carteolol hcl (ophth) 57
butalbital-acetaminophen-caffeine TABs 40 MG-50 MG-325 MG 4	CALQUENCE 26	carvedilol 31
butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG 6	candesartan cilexetil 19	carvedilol phosphate 31
butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG 6	candesartan cilexetil- hydrochlorothiazide 20	casprofungin acetate 17
butalbital-aspirin-caffeine CAPS 4	capecitabine 23	CAYA DPRH 50
butalbital-aspirin-caffeine w/cod 6	CAPRELSA 26	CAYSTON 22
butenafine hcl 38	captopril 12.5 MG 19	cefaclor CAPS 34
butorphanol tartrate IJ 1 MG/ML, 2 MG/ML 7	captopril 25 MG, 50 MG, 100 MG . 19	cefaclor SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML 34
butorphanol tartrate NA 10 MG/ML . 7	carbamazepine CHEW 11	cefadroxil CAPS 34
cabergoline 45	carbamazepine CP12 100 MG 11	cefadroxil SUSR 34
CABOMETYX TABS 26	carbamazepine CP12 200 MG 11	cefadroxil TABS 34
	carbamazepine CP12 300 MG 11	cefazolin sodium SOLR IJ 1 GM, 10 GM, 500 MG 34
	carbamazepine SUSP 11	cefdinir CAPS 34
	carbamazepine TABS 11	cefdinir SUSR 34
	carbamazepine TB12 100 MG, 400	cefepime hcl SOLR IV 2 GM 34
		cefixime CAPS 34

cefixime SUSR	34	chloroquine phosphate TABS 250 MG	22	ciprofloxacin hcl (ophth) SOLN	58
cefotaxime sodium IJ 1 GM, 2 GM	34	chloroquine phosphate TABS 500 MG	22	ciprofloxacin hcl (otic)	59
cefotetan disodium IJ 1 GM, 2 GM	34	chlorpromazine hcl SOLN	29	ciprofloxacin hcl TABS	46
cefoxitin sodium IV 1 GM, 2 GM ...	34	chlorpromazine hcl TABS	29	ciprofloxacin in d5w 5 %-200 MG/100ML	46
cefpodoxime proxetil SUSR	34	chlorthalidone 25 MG, 50 MG	43	ciprofloxacin SUSR 5 GM/100ML, 500 MG/5ML	46
cefpodoxime proxetil TABS	34	chlorzoxazone TABS 500 MG	57	ciprofloxacin-dexamethasone	59
cefprozil SUSR	34	chlorzoxazone TABS 750 MG	57	ciprofloxacin-fluocinolone acetonide . 59	
cefprozil TABS	34	CHOLBAM	46	cisplatin SOLN 100 MG/100ML	23
ceftazidime IJ 1 GM, 6 GM	34	cholecalciferol CAPS 1.25 MG, 1.25 MG, 10 MCG, 50 MCG, 400 UNIT, 2000 UNIT, 50000 UNIT	68	citalopram hydrobromide SOLN ...	13
ceftriaxone sodium IJ 1 GM, 2 GM, 500 MG	34	cholecalciferol TABS 10 MCG, 400 UNIT	68	citalopram hydrobromide TABS 10 MG	13
ceftriaxone sodium IJ 250 MG	34	cholestyramine light PACK	18	citalopram hydrobromide TABS 20 MG	13
cefuroxime axetil TABS	34	cholestyramine light POWD	18	citalopram hydrobromide TABS 40 MG	13
cefuroxime sodium IJ 750 MG	34	cholestyramine PACK	18	clarithromycin SUSR	50
celecoxib	3	cholestyramine POWD	18	clarithromycin TABS	50
cephalexin CAPS	34	choline fenofibrate	19	clarithromycin TB24	50
cephalexin SUSR	34	CHORIONIC GONADOTROPIN IM 44		CLASSIC PRENATAL TABS	56
CERDELGA	48	ciclopirox GEL	38	clemastine fumarate SYRP	18
CEREZYME 400 UNIT	48	ciclopirox olamine CREA	38	clemastine fumarate TABS 2.68 MG . 18	
cetirizine hcl TABS	18	ciclopirox olamine SUSP	38	CLIMARA PRO	45
cevimeline hcl	55	ciclopirox SHAM	38	clindamycin hcl	21
CHEMET	16	ciclopirox SOLN	38	clindamycin palmitate hydrochloride . 21	
CHEMSTRIP-K STRP	42	cidofovir	31	clindamycin phosphate (topical) FOAM	37
chloramphenicol sodium succinate 21		cilostazol	48	clindamycin phosphate (topical) GEL 37	
chlordiazepoxide hcl CAPS	8	CIMDUO	30		
chlordiazepoxide hcl-clidinium bromide	63	cimetidine TABS	63		
chlordiazepoxide-amitriptyline	61	cinacalcet hcl	45		
chlorhexidine gluconate (mouth- throat)	55				

clindamycin phosphate (topical) LOTN	37	clofarabine	23	colestipol hcl PACK	19
clindamycin phosphate (topical) SOLN	37	clomiphene citrate TABS	44	colestipol hcl TABS	19
clindamycin phosphate (topical) SWAB	37	clomipramine hcl	14	COMBIPATCH PTTW	45
clindamycin phosphate SOLN IJ 9 GM/60ML, 300 MG/2ML, 600 MG/4ML, 900 MG/6ML, 9000 MG/60ML	21	clonazepam TABS	11	COMETRIQ KIT	26
clindamycin phosphate vaginal CREA	67	clonidine	20	COMIRNATY 2023-24 SUSP	65
clindamycin phosphate-benzoyl peroxide (refrigerate)	37	clonidine hcl (adhd) TB12	1	COMIRNATY 2023-24 SUSY	65
clindamycin phosphate-benzoyl peroxide GEL 5 %-1 %	37	clonidine hcl TABS	20	COMIRNATY 2024-25 SUSY 30 MCG/0.3ML	65
clindamycin phosphate-tretinoin ..	37	clopidogrel bisulfate 300 MG	48	COMIRNATY SUSP	65
CLINIMIX 4.25%/DEXTROSE 10% 57		clopidogrel bisulfate 75 MG	48	COMPLERA	30
CLINIMIX 4.25%/DEXTROSE 5% 57		clorazepate dipotassium TABS	8	CONTRACE	1
CLINIMIX E 5%/DEXTROSE 20% 57		clotrimazole (topical) CREA	38	COPIKTRA	26
clobazam SUSP	11	clotrimazole (topical) SOLN	38	CORDRAN TAPE	40
clobazam TABS	11	clotrimazole	55	CORTISPORIN-TC	59
clobetasol propionate CREA 0.05 % . 40		clotrimazole vaginal CREA 1 % ...	67	COSENTYX SENSOREADY PEN SOAJ	39
clobetasol propionate emollient base 0.05 %	40	clotrimazole w/ betamethasone CREA	38	COSENTYX SOSY 150 MG/ML ...	39
clobetasol propionate FOAM	40	clotrimazole w/ betamethasone LOTN	38	COSENTYX SOSY 75 MG/0.5ML .	39
clobetasol propionate GEL 0.05 % 40		clozapine TABS	29	COSENTYX UNOREADY SOAJ ..	39
clobetasol propionate OINT 0.05 % 40		clozapine TBDP 100 MG	29	CREON CPEP	43
clobetasol propionate SOLN 0.05 % . 40		clozapine TBDP 12.5 MG, 150 MG 29		CRESEMBA CAPS 186 MG	18
clocortolone pivalate	40	clozapine TBDP 25 MG	29	cromolyn sodium (ophth)	59
		COARTEM	22	cromolyn sodium NEBU	9
		codeine sulfate TABS 30 MG	5	crotamiton LOTN	42
		CODEINE SULFATE TABS	5	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
		colchicine TABS	47	cyanocobalamin SOLN IJ 1000 MCG/ML	48
		colchicine w/ probenecid	47	cyclobenzaprine hcl TABS 5 MG, 10 MG	57
		colesevelam hcl PACK	19		
		colesevelam hcl TABS	19		
		colestipol hcl GRAN	19		

cyclophosphamide CAPS	23	dantrolene sodium CAPS	57	DESMOPRESSIN ACETATE SOLN NA	45
cyclophosphamide SOLR IJ	23	dapagliflozin propanediol	16	desmopressin acetate spray	45
cycloserine	23	dapagliflozin propanediol-metformin hcl 1000 MG-10 MG	14	desmopressin acetate spray refrigerated	45
cyclosporine (ophth) EMUL	58	dapagliflozin propanediol-metformin hcl 1000 MG-5 MG	14	desmopressin acetate TABS 0.1 MG 45	
cyclosporine CAPS	55	dapsone	21	desmopressin acetate TABS 0.2 MG 45	
cyclosporine modified (for microemulsion) CAPS	55	DAPTACEL	63	desogestrel & ethinyl estradiol	34
cyclosporine modified (for microemulsion) SOLN	55	daptomycin 500 MG	21	desogestrel-ethinyl estradiol (biphasic)	34
cyclosporine SOLN IV 50 MG/ML .	55	darifenacin hydrobromide	64	desogestrel-ethinyl estradiol (triphasic)	34
CYLTEZO AJKT	3	darunavir TABS	30	desonide CREA	40
CYLTEZO PSKT 10 MG/0.2ML, 40 MG/0.4ML	3	dasatinib 20 MG, 50 MG, 70 MG, 80 MG, 100 MG, 140 MG	26	desonide LOTN	40
CYLTEZO PSKT 20 MG/0.4ML, 40 MG/0.8ML	3	DAURISMO	24	desonide OINT	40
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS AJKT	3	DEBACTEROL	55	desoximetasone CREA 0.25 %	40
CYLTEZO STARTER PACKAGE FOR PSORIASIS AJKT	3	decitabine	23	desoximetasone GEL	40
CYLTEZO STARTER PACKAGE FOR PSORIASIS/UVEITIS AJKT ...	3	deferasirox PACK	16	desoximetasone OINT 0.25 %	40
CYLTEZO STARTER PACKAGE FOR PSORIASIS/UVEITIS AJKT ...	3	deferasirox TABS	16	desvenlafaxine succinate 100 MG .	14
cyproheptadine hcl SYRP	18	deferasirox TBSO	16	desvenlafaxine succinate 25 MG, 50 MG	14
cyproheptadine hcl TABS	18	deflazacort SUSP	36	dexamethasone ELIX	36
CYSTAGON CAPS	47	deflazacort TABS	36	DEXAMETHASONE INTENSOL CONC	36
CYSTARAN	59	DELSTRIGO	30	dexamethasone sodium phosphate (ophth)	58
cytarabine SOLN	23	demeclocycline hcl TABS	62	dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML	36
dabigatran etexilate mesylate CAPS . 11		DEPO-ESTRADIOL	45	dexamethasone sodium phosphate SOSY IJ 4 MG/ML	36
dacarbazine SOLR 200 MG	27	DEPO-MEDROL SUSP	36	dexamethasone SOLN	36
dactinomycin	25	DEPO-SUBQ PROVERA 104 SUSY SC	35		
dalfampridine	61	desipramine hcl TABS	14		
danazol CAPS	7	desloratadine TABS	18		
		desloratadine TBDP 2.5 MG	18		
		desmopressin acetate SOLN IJ ...	45		

dexamethasone TABS 0.5 MG, 0.75 MG	36	diclofenac sodium (ophth)	59	MG, 240 MG	32
dexamethasone TABS 1 MG, 1.5 MG, 2 MG, 4 MG, 6 MG	36	diclofenac sodium (topical) GEL EX 39		diltiazem hcl CP12	32
dexchlorpheniramine maleate SOLN . 18		diclofenac sodium TB24	4	diltiazem hcl CP24	32
dexlansoprazole	63	diclofenac sodium TBEC	4	diltiazem hcl extended release beads 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	32
dexmethylphenidate hcl CP24	1	diclofenac w/ misoprostol TBEC	4	diltiazem hcl extended release beads 420 MG	32
dexmethylphenidate hcl TABS	2	dicloxacillin sodium	60	diltiazem hcl SOLN 50 MG/10ML ..	32
dextroamphetamine sulfate CP24 10 MG, 15 MG	1	dicyclomine hcl CAPS	63	DILTIAZEM HCL SOLR	32
dextroamphetamine sulfate CP24 5 MG	1	dicyclomine hcl SOLN OR	63	diltiazem hcl TABS	32
dextroamphetamine sulfate TABS 2.5 MG, 7.5 MG, 15 MG, 20 MG, 30 MG . 1		dicyclomine hcl TABS	63	diltiazem hcl TB24	32
dextroamphetamine sulfate TABS 5 MG, 10 MG	1	DIFFERIN LOTN	37	dimethyl fumarate CDPK	61
dextrose in lactated ringers	53	DIFICID TABS	50	dimethyl fumarate CPDR	61
DIACOMIT CAPS 250 MG	11	diflorasone diacetate CREA	40	DIPENTUM	46
DIACOMIT CAPS 500 MG	11	diflorasone diacetate OINT	40	diphenhydramine hcl CAPS 50 MG 18	
DIACOMIT PACK 250 MG	11	diflunisal TABS	5	diphenhydramine hcl ELIX 12.5 MG/5ML	18
DIACOMIT PACK 500 MG	11	difluprednate	58	diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML	18
diazepam (anticonvulsant) GEL ...	11	digoxin SOLN OR 0.05 MG/ML ...	33	diphenhydramine hcl SOLN 50 MG/ML	18
diazepam CONC	8	digoxin TABS 0.0625 MG, 0.125 MG, 0.25 MG, 62.5 MCG, 125 MCG, 250 MCG	33	diphenoxylate w/ atropine LIQD ...	16
diazepam SOLN OR 5 MG/5ML	8	dihydroergotamine mesylate SOLN IJ 1 MG/ML	53	diphenoxylate w/ atropine TABS ...	16
diazepam TABS	8	dihydroergotamine mesylate SOLN NA 4 MG/ML	53	DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP ...	63
diazoxide	15	DILANTIN (phenytoin sodium extended)	12	dipyridamole	48
dichlorphenamide	43	DILANTIN	12	disopyramide phosphate CAPS	8
diclofenac epolamine PTCH EX ...	38	DILANTIN INFATABS CHEW (phenytoin)	12	disulfiram	60
diclofenac potassium TABS 50 MG .	3	DILANTIN-125 SUSP (phenytoin) .	12	DIURIL SUSP	43
diclofenac sodium (actinic keratoses) EX	39	diltiazem hcl coated beads CP24 120 MG, 300 MG, 360 MG	32	divalproex sodium TB24	12
		diltiazem hcl coated beads CP24 180			

divalproex sodium TBEC	12	doxycycline (monohydrate) CAPS 75 MG	62	dutasteride	47
docetaxel CONC 20 MG/ML	27	doxycycline (monohydrate) TABS 100 MG	62	dutasteride-tamsulosin hcl	47
docetaxel SOLN 20 MG/2ML	27	doxycycline (monohydrate) TABS 50 MG, 75 MG	62	econazole nitrate CREA	38
docusate calcium	50	doxycycline hyclate CAPS	62	EDARBI	19
docusate sodium CAPS 100 MG ..	50	doxycycline hyclate SOLR	62	EDURANT	30
docusate sodium CAPS 250 MG ..	50	doxycycline hyclate TABS 20 MG, 100 MG	62	efavirenz CAPS 200 MG	30
dofetilide	8	doxylamine-pyridoxine TBEC	17	efavirenz CAPS 50 MG	30
donepezil hydrochloride TABS 10 MG	60	dronabinol CAPS	17	efavirenz TABS	30
donepezil hydrochloride TABS 5 MG, 23 MG	60	drospirenone-ethinyl estradiol	34	efavirenz-emtricitabine-tenofovir disoproxil fumarate	30
donepezil hydrochloride TBDP 10 MG	60	drospirenone-ethinyl estradiol-levomefolate calcium	34	efavirenz-lamivudine-tenofovir disoproxil fumarate	30
donepezil hydrochloride TBDP 5 MG 60	60	DROXIA CAPS	48	EGRIFTA 2 MG	44
DOPTELET	48	DUAVEE	45	EGRIFTA SV	44
dorzolamide hcl	59	DULERA	9	ELAPRASE	45
dorzolamide hcl-timolol maleate ..	57	duloxetine hcl CPEP 20 MG, 30 MG, 60 MG	14	electrolyte-148	53
DOVATO	30	duloxetine hcl CPEP 40 MG	14	electrolyte-a	53
doxazosin mesylate	20	DUPIXENT SOPN 200 MG/1.14ML 41	41	ELESTRIN GEL	45
doxepin hcl (antipruritic)	39	DUPIXENT SOPN 300 MG/2ML ..	41	eletriptan hydrobromide	53
doxepin hcl (sleep)	49	DUPIXENT SOSY 100 MG/0.67ML 41	41	ELIGARD KIT SC 7.5 MG	24
doxepin hcl CAPS	14	DUPIXENT SOSY 200 MG/1.14ML 41	41	ELIGARD SC 22.5 MG, 30 MG, 45 MG	24
doxepin hcl CONC	14	DUPIXENT SOSY 300 MG/2ML ..	41	ELIQUIS STARTER PACK TBPK ..	10
doxercalciferol CAPS	45	DUREX EXTRA SENSITIVE THIN DEVI	50	ELIQUIS TABS	10
doxercalciferol SOLN	45	DUREX EXTRA SENSITIVE THIN MISC	50	ELLA	35
doxorubicin hcl liposomal	25	DUREX TROPICAL MISC	50	ELMIRON CAPS	47
doxorubicin hcl SOLN	25			ELOCTATE	47
doxorubicin hcl SOLR 10 MG, 50 MG	25			EMCYT	24
doxycycline (monohydrate) CAPS 50 MG, 100 MG	62			EMFLAZA SUSP 22.75 MG/ML (deflazacort)	36
				EMGALITY SOAJ	52

EMGALITY SOSY 100 MG/ML	52	enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML	10	ERLEADA 60 MG	24
EMGALITY SOSY 120 MG/ML	52	ENSPRYNG	55	erlotinib hcl	24
EMSAM	13	entacapone	28	ERTACZO	38
emtricitabine CAPS	30	entecavir TABS	31	ertapenem sodium IJ	21
emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG- 200 MG, 167 MG-250 MG	30	EPIDIOLEX	11	erythromycin (acne aid) PADS	37
emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG	30	epinastine hcl (ophth)	59	erythromycin (acne aid) SOLN	37
EMTRIVA SOLN	30	epinephrine (anaphylaxis) SOAJ 0.15 MG/0.3ML	68	erythromycin (ophth)	58
EMVERM CHEW	7	epinephrine (anaphylaxis) SOAJ 0.3 MG/0.3ML	68	erythromycin base CPEP	50
enalapril maleate & hydrochlorothiazide 12.5 MG-5 MG 20		EPIVIR HBV SOLN	31	erythromycin base TABS	50
enalapril maleate & hydrochlorothiazide 25 MG-10 MG 20		eplerenone	21	erythromycin base TBEC	50
enalapril maleate TABS	19	EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	48	erythromycin ethylsuccinate SUSR 50	
ENBREL MINI SOCT	4	epoprostenol sodium	33	erythromycin ethylsuccinate TABS	50
ENBREL SOLN	4	EQL PRENATAL FORMULA TABS	56	escitalopram oxalate SOLN	13
ENBREL SOSY 25 MG/0.5ML	4	EQUETRO 100 MG	28	escitalopram oxalate TABS 10 MG 13	
ENBREL SOSY 50 MG/ML	4	EQUETRO 200 MG	28	escitalopram oxalate TABS 20 MG 13	
ENBREL SURECLICK SOAJ	4	EQUETRO 300 MG	28	escitalopram oxalate TABS 5 MG	13
ENGERIX-B SUSP 20 MCG/ML	65	ERAXIS	17	esomeprazole magnesium CPDR 20 MG	63
ENGERIX-B SUSY	65	ERBITUX	24	esomeprazole magnesium CPDR 40 MG	64
enoxaparin sodium SOLN IJ 300 MG/3ML	10	ergocalciferol CAPS	68	esomeprazole magnesium TBEC	64
enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML	10	ergocalciferol SOLN OR	68	ESPEROCT	48
enoxaparin sodium SOSY 30 MG/0.3ML	10	ergoloid mesylates TABS	61	estazolam	49
enoxaparin sodium SOSY 40 MG/0.4ML	10	ERGOMAR SUBL	53	esterified estrogens & methyltestosterone	45
enoxaparin sodium SOSY 60 MG/0.6ML	10	ergotamine w/ caffeine TABS	52	estradiol & norethindrone acetate TABS	45
		eribulin mesylate	27	estradiol GEL 0.06 %	45
		ERIVEDGE	24	estradiol GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1	
		ERLEADA 240 MG	24		

MG/GM, 1.25 MG/1.25GM	45	EVOTAZ	30	fenofibrate micronized 43 MG, 130 MG	19
estradiol PTTW	45	exemestane	24	fenofibrate micronized 67 MG, 134 MG, 200 MG	19
estradiol PTWK	45	ezetimibe	19	fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG	19
estradiol TABS	45	ezetimibe-simvastatin	18	fenoprofen calcium TABS	4
estradiol vaginal CREA	68	famciclovir 125 MG, 250 MG	31	FENSOLVI SC	44
estradiol vaginal TABS	68	famciclovir 500 MG	31	fentanyl citrate LPOP	5
estradiol valerate	45	famotidine in nacl SOLN	63	fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR	5
ESTRING RING	68	famotidine SOLN 20 MG/2ML	63	ferrous fumarate-folic acid	49
ESTROGEL GEL (estradiol)	46	famotidine SOLN 40 MG/4ML, 200 MG/20ML	63	ferrous sulfate SOLN 15 MG/ML	49
eszopiclone	49	famotidine SUSR	63	ferrous sulfate TABS 65 MG, 325 MG	49
ethacrynic acid	43	famotidine TABS 20 MG, 40 MG	63	ferrous sulfate TBEC 325 MG	49
ethambutol hcl TABS	23	FANAPT	29	fesoterodine fumarate	64
ethosuximide CAPS	12	FANAPT TITRATION PACK	29	FETZIMA CP24	14
ethosuximide SOLN	12	FANTASY LUBRICATED MISC	50	FETZIMA TITRATION PACK C4PK	14
ethynodiol diacet & eth estrad	34	FANTASY LUBRICATED/SPERMICIDE MISC	50	finasteride	47
etodolac CAPS	4	FARXIGA (dapagliflozin propanediol)	16	fingolimod hcl	61
etodolac TABS	4	FARXIGA	16	FIRDAPSE	22
etonogestrel-ethinyl estradiol	35	FASENRA PEN SOAJ	8	FIRMAGON	24
ETOPOPHOS	27	FASENRA SOSY 30 MG/ML	8	flavoxate hcl	64
etoposide CAPS	27	FC2 FEMALE CONDOM	51	flecainide acetate	8
etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML	27	febuxostat	47	floxuridine	23
etravirine 100 MG	30	felbamate SUSP	12	FLUAD 2024-2025	65
etravirine 200 MG	30	felbamate TABS 400 MG	12	FLUAD QUADRIVALENT 2022-2023	65
EUCRISA	42	felbamate TABS 600 MG	12	FLUAD QUADRIVALENT 2023-2024	65
EVAMIST SOLN	46	felodipine	32		
everolimus (immunosuppressant) 0.25 MG, 0.5 MG, 0.75 MG	55	FEMCAP DEVI	51		
everolimus (immunosuppressant) 1 MG	55	FEMRING	68		
everolimus TABS	26				

FLUARIX 2024-2025 SUSY	65	flunisolide (nasal) 0.025 %	57	flurandrenolide CREA	41
FLUARIX QUADRIVALENT 2022-2023 SUSY	65	fluocinolone acetonide (otic)	59	flurandrenolide LOTN	41
FLUARIX QUADRIVALENT 2023-2024 SUSY	65	fluocinolone acetonide CREA 0.01 % 40		flurazepam hcl	49
FLUBLOK 2024-2025 SOSY	65	fluocinolone acetonide CREA 0.025 %	40	flurbiprofen sodium	59
FLUBLOK QUADRIVALENT 2022-2023	65	fluocinolone acetonide OIL	40	flurbiprofen TABS	4
FLUBLOK QUADRIVALENT 2023-2024	65	fluocinolone acetonide OINT	40	flutamide	25
FLUCELVAX 2024-2025 SUSP ...	65	fluocinolone acetonide SOLN	41	fluticasone furoate-vilanterol	9
FLUCELVAX 2024-2025 SUSY ...	65	fluocinonide CREA 0.05 %	41	fluticasone propionate (inhalation) AEPB	9
FLUCELVAX QUADRIVALENT 2022-2023 SUSP	65	fluocinonide CREA 0.1 %	41	fluticasone propionate (nasal) SUSP .	57
FLUCELVAX QUADRIVALENT 2022-2023 SUSY	66	fluocinonide emulsified base	41	fluticasone propionate CREA 0.05 %	41
FLUCELVAX QUADRIVALENT 2023-2024 SUSP	66	fluocinonide GEL	41	fluticasone propionate hfa	9
FLUCELVAX QUADRIVALENT 2023-2024 SUSY	66	fluocinonide OINT	41	fluticasone propionate LOTN	41
FLUCELVAX QUADRIVALENT 2023-2024 SUSY	66	fluocinonide SOLN	41	fluticasone propionate OINT	41
fluconazole SUSR	18	fluorometholone (ophth) SUSP	58	fluticasone-salmeterol AEPB	10
fluconazole TABS	18	fluorouracil (topical) CREA 5 % ...	39	fluticasone-salmeterol AERO	10
flucytosine	17	fluorouracil (topical) SOLN	39	fluvastatin sodium CAPS 20 MG ...	19
fludarabine phosphate SOLN	23	fluorouracil 500 MG/10ML	23	fluvastatin sodium CAPS 40 MG ...	19
fludarabine phosphate SOLR	23	fluoxetine hcl CAPS 10 MG	13	fluvoxamine maleate TABS 100 MG .	13
fludrocortisone acetate TABS	36	fluoxetine hcl CAPS 20 MG	13	fluvoxamine maleate TABS 25 MG,	13
FLULAVAL 2024-2025 SUSY	66	fluoxetine hcl CAPS 40 MG	13	50 MG	13
FLULAVAL QUADRIVALENT 2022-2023 SUSY	66	fluoxetine hcl CAPS 60 MG	13	FLUZONE 2024-2025 SUSP	66
FLULAVAL QUADRIVALENT 2023-2024 SUSY	66	fluoxetine hcl CPDR	13	FLUZONE 2024-2025 SUSY	66
FLUMIST NASAL VACCINE 2024-2025	66	fluoxetine hcl SOLN	13	FLUZONE HIGH-DOSE 2024-2025 SUSY	66
FLUMIST QUADRIVALENT	66	fluoxetone hcl TABS 10 MG, 60 MG	13	FLUZONE HIGH-DOSE 2024-2025 SUSY	66
		13		FLUZONE HIGH-DOSE PF 2022-2023	66
		fluphenazine hcl CONC	29	FLUZONE HIGH-DOSE PF 2023-2024	66
		fluphenazine hcl ELIX	29	FLUZONE HIGH-DOSE PF 2023-2024	66
		fluphenazine hcl SOLN	29	FLUZONE QUADRIVALENT 2022-	
		fluphenazine hcl TABS	29		

2023 SUSP	66	DAY/SENSOR/FLASH MONITORING SYSTEM	52	GAMMAGARD LIQUID 1 GM/10ML, 2.5 GM/25ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	59
FLUZONE QUADRIVALENT 2022-2023 SUSY	66	FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM	52	GAMMAGARD LIQUID 30 GM/300ML	59
FLUZONE QUADRIVALENT 2023-2024 SUSP	66	FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM	52	GAMMAGARD S/D IGA LESS THAN 1MCG/ML SOLR	59
FLUZONE QUADRIVALENT 2023-2024 SUSY	66	FREESTYLE LIBRE 3/READER/GLUCOSE MONITORING SYSTEM	52	GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	59
FML FORTE SUSP	58	FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM	52	GAMUNEX-C	59
FML OINT	58	FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM	52	ganciclovir sodium SOLR	31
folic acid TABS	48	FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM	52	ganirelix acetate	44
fondaparinux sodium 10 MG/0.8ML 10		FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM	52	GARDASIL 9 SUSP	66
fondaparinux sodium 2.5 MG/0.5ML . 10		frovatriptan succinate	53	GARDASIL 9 SUSY	66
fondaparinux sodium 5 MG/0.4ML . 10		fulvestrant SOSY	25	gatifloxacin (ophth)	58
fondaparinux sodium 7.5 MG/0.6ML . 10		furosemide SOLN OR 10 MG/ML, 40 MG/5ML	40 43	gefitinib	24
FORA GTEL BLOOD KETONE TEST STRIPS	42	furosemide TABS	43	gemcitabine hcl SOLR 2 GM, 200 MG	23
FORA TEST N' GO ADVANCE/VOICE/6 CONNECT ..	42	FUZEON SOLR	30	gemfibrozil TABS	19
formoterol fumarate NEBU	10	FYCOMPA TABS 2 MG	11	GENOTROPIN CART SC	44
FOSAMAX PLUS D	44	FYCOMPA TABS 4 MG	11	GENOTROPIN MINIQUICK PRSY 44	
fosamprenavir calcium TABS	30	FYCOMPA TABS 6 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
fosfomycin tromethamine	22	FYCOMPA TABS 8 MG, 10 MG, 12 MG	11	gentamicin sulfate (ophth) OINT ...	58
fosinopril sodium & hydrochlorothiazide	20	gabapentin CAPS	11	gentamicin sulfate (ophth) SOLN ..	58
fosinopril sodium	19	gabapentin SOLN	11	gentamicin sulfate (topical) CREA .	38
fosphenytoin sodium	12	gabapentin TABS 600 MG, 800 MG 11		gentamicin sulfate (topical) OINT ..	38
FRAGMIN SOSY	10	galantamine hydrobromide CP24 ..	60	gentamicin sulfate IJ 40 MG/ML, 80 MG/2ML	2
FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM	52	galantamine hydrobromide SOLN ..	60	GENVOYA	30
FREESTYLE LIBRE 14		galantamine hydrobromide TABS ..	60	GILOTRIF	24

glatiramer acetate SOSY 20 MG/ML . 61	granisetron hcl SOLN IV 1 MG/ML 17	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML 3
glatiramer acetate SOSY 40 MG/ML . 61	granisetron hcl TABS 17	HUMIRA PEN PNKT 80 MG/0.8ML .3
GLEOSTINE 10 MG 23	GRASTEK SUBL 2	HUMIRA PEN PNKT 3
GLEOSTINE 40 MG, 100 MG 23	griseofulvin microsize SUSP 17	HUMIRA PEN-CD/UC/HS STARTER PNKT 3
glimepiride 1 MG, 2 MG 16	griseofulvin microsize TABS 17	HUMIRA PEN-PS/UV STARTER PNKT 3
glimepiride 4 MG 16	griseofulvin ultramicrosize 17	HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT 3
glipizide TABS 5 MG, 10 MG 16	guanfacine hcl (adhd) 1	HUMIRA PEN-PS/UV STARTER PNKT 3
glipizide TB24 16	guanfacine hcl 20	HUMIRA PSKT 3
glipizide-metformin hcl 250 MG-2.5 MG, 500 MG-2.5 MG 15	GYNAZOLE-1 67	HUMULIN R U-500 (CONCENTRATED) SOLN SC 16
glipizide-metformin hcl 500 MG-5 MG 14	HAEGARDA SOLR SC 48	HUMULIN R U-500 KWIKPEN SOPN SC 16
GLUCAGEN DIAGNOSTIC 42	HALAVEN (eribulin mesylate) 27	HYCAMTIN CAPS 28
glucagon (rdna) 15	halcinonide CREA 41	hydralazine hcl SOLN 21
glyburide micronized 1.5 MG, 3 MG, 6 MG 16	halobetasol propionate CREA 41	hydralazine hcl TABS 21
glyburide TABS 16	halobetasol propionate OINT 41	hydrochlorothiazide CAPS 43
glyburide-metformin 250 MG-1.25 MG 15	HALOG OINT 41	hydrochlorothiazide TABS 12.5 MG 43
glyburide-metformin 500 MG-2.5 MG, 500 MG-5 MG 15	haloperidol decanoate 29	hydrochlorothiazide TABS 25 MG, 50 MG 43
glycine (gu irrigant) SOLN 1.5 % .. 47	haloperidol lactate CONC 29	hydrocodone bitartrate CP12 5
glycopyrrolate SOLN IJ 0.2 MG/ML, 4 MG/20ML 63	haloperidol lactate SOLN 29	hydrocodone bitartrate T24A 5
glycopyrrolate TABS 1 MG 63	haloperidol TABS 29	hydrocodone polistirex- chlorpheniramine polistirex SUER .36
glycopyrrolate TABS 2 MG 63	HAVRIX 66	hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML 6
GLYXAMBI 15	HEALON PRO SOSY 58	hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG 6
GNP PRENATAL TABS 56	HEMANGEOL SOLN OR 32	
GOHIBIC 48	heparin sodium (porcine) SOLN IJ 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML 11	
GOJJI BLOOD KETONE TEST STRIPS 42	HEPARIN SODIUM/NACL 0.45% SOLN IV 0.45 %-12500 UNIT/250ML 11	
	HEPLISAV-B SOSY 66	
	HIBERIX SOLR IJ 64	
	HUMATROPE CART IJ 44	

hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG6	hydroxychloroquine sulfate 200 MG 22	IMBRUVICA SUSP 26
hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG6	hydroxychloroquine sulfate 400 MG 22	IMBRUVICA TABS 26
hydrocodone-ibuprofen 7.5 MG-200 MG6	hydroxyurea 27	imipenem-cilastatin IV 21
hydrocortisone (intrarectal)7	hydroxyzine hcl SOLN 50 MG/ML .. 8	imipramine hcl TABS 14
hydrocortisone (rectal) EX7	hydroxyzine hcl SYRP 8	imipramine pamoate 14
hydrocortisone (topical) CREA 1 %, 2.5 % 41	hydroxyzine hcl TABS 8	imiquimod 5 % 42
hydrocortisone (topical) LOTN 2.5 % . 41	hydroxyzine pamoate CAPS 8	IMPAVIDO 21
hydrocortisone (topical) OINT 1 %, 2.5 % 41	HYPERSAL NEBU 36	INCRELEX 44
hydrocortisone acetate (rectal)7	HYQVIA 59	INCRUSE ELLIPTA 9
hydrocortisone butyrate CREA 41	ibandronate sodium SOLN 44	indapamide TABS 1.25 MG 43
hydrocortisone butyrate OINT 41	ibandronate sodium TABS 44	indapamide TABS 2.5 MG 43
hydrocortisone butyrate SOLN 41	IBRANCE CAPS 26	indomethacin CAPS 25 MG, 50 MG 4
hydrocortisone TABS 36	IBRANCE TABS 26	indomethacin CPR 4
hydrocortisone vaginal 67	ibuprofen SUSP 100 MG/5ML 4	INFANRIX 63
hydrocortisone valerate CREA 41	ibuprofen TABS 400 MG, 600 MG .. 4	INFLECTRA SOLR 46
hydrocortisone valerate OINT 41	ibuprofen TABS 800 MG 4	INGREZZA CAPS 61
hydrocortisone w/acetic acid 59	icatibant acetate SOLN 48	INGREZZA CPPK 61
hydromorphone hcl LIQD 5	icatibant acetate SOSY 48	INGREZZA CPSP 61
hydromorphone hcl SOLN IJ 10 MG/ML, 50 MG/5ML, 500 MG/50ML . 5	ICLUSIG 26	INLYTA 24
hydromorphone hcl TABS 5	icosapent ethyl 1 GM 18	INREBIC 26
hydromorphone hcl TB24 32 MG ... 5	idarubicin hcl 20 MG/20ML 25	INSULIN ASPART FLEXPEN SOPN . 16
hydromorphone hcl TB24 8 MG, 12 MG, 16 MG 5	idarubicin hcl 5 MG/5ML, 10 MG/10ML 25	INSULIN ASPART PENFILL SOCT 16
hydroxychloroquine sulfate 100 MG 22	IDELVION 48	INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN SUPN 16
	ifosfamide SOLN 1 GM/20ML 23	INSULIN ASPART PROTAMINE/INSULIN ASPART SUSP 16
	ifosfamide SOLR 23	INSULIN ASPART SOLN IJ 16
	imatinib mesylate 26	INSULIN DEGLUDEC FLEXTOUCH
	IMBRUVICA CAPS 140 MG 26	
	IMBRUVICA CAPS 70 MG 26	

SOPN	16	isotretinoin 10 MG, 20 MG, 30 MG, 40 MG	37	KETONE TEST STRIPS STRP	42
INSULIN DEGLUDEC SOLN	16	isradipine CAPS	32	ketoprofen CAPS 50 MG	4
INSULIN LISPRO SOLN IJ	16	itraconazole CAPS	18	ketorolac tromethamine (ophth) ...	59
INTELENCE 25 MG	30	itraconazole SOLN	18	ketorolac tromethamine TABS	4
IONOSOL-MB/DEXTROSE 5% ...	54	ivabradine hcl TABS	34	KETOSTIX STRP	42
IOPIDINE	58	ivermectin (pediculicide)	42	ketotifen fumarate (ophth) 0.035 %	59
IPOL INACTIVATED IPV	66	ivermectin	7	KEVZARA SOAJ	3
ipratropium bromide (nasal) 0.03 %	57	IXEMPRA KIT 15 MG	27	KEVZARA SOSY	3
ipratropium bromide (nasal) 0.06 %	57	JAKAFI	26	KIMONO COLORS DEVI	51
ipratropium bromide SOLN 0.02 % .	9	JANUMET TABS	15	KIMONO LUBRICATED MISC	51
ipratropium-albuterol SOLN	10	JANUMET XR TB24 1000 MG-100 MG	15	KIMONO MAXX/LARGE FLARE MISC	51
irbesartan	19	JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG	15	KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC	51
irbesartan-hydrochlorothiazide	20	JANUVIA	15	51	
irinotecan hcl 40 MG/2ML, 100 MG/5ML	28	JARDIANCE	16	KIMONO PLUS SPERMICIDE LUBRICATED MISC	51
irrigation solutions, physiological ..	55	JEVTANA	27	KIMONO PLUS SPERMICIDE/LUBRICATED MISC	51
ISENTRESS CHEW	30	JIVI	48	51	
ISENTRESS HD TABS	30	JULUCA	30	KIMONO PS LUBRICATED MISC .	51
ISENTRESS TABS	30	JYNARQUE TBPK	45	KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC	51
ISOLYTE-P/DEXTROSE 5%	54	KALYDECO TABS	62	51	
ISOLYTE-S	54	KAMELEON LUBRICATED MISC .	51	KIMONO SENSATION LUBRICATED MISC	51
isoniazid SOLN	23	KANJINTI	24	KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC	51
isoniazid SYRP	23	KCL 0.3%/D5W/NAACL 0.9% (potassium chloride in dextrose & sodium chloride)	54	51	
isoniazid TABS	23	KEPIVANCE 6.25 MG	27	KIMONO SPECIAL DEVI	51
isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG	8	ketoconazole (topical) CREA	38	KINRIX SUSY	63
isosorbide dinitrate-hydralazine hcl	33	ketoconazole (topical) SHAM 2 % .	38	KISQALI	26
isosorbide mononitrate TABS	8	ketoconazole	18	KISQALI FEMARA 200 DOSE	25
isosorbide mononitrate TB24	8	KETONE STRP	42		

KISQALI FEMARA 400 DOSE	25	lamivudine-zidovudine	30	LEUKINE SOLR IJ	48
KISQALI FEMARA 600 DOSE	25	lamotrigine CHEW 25 MG	12	leuprolide acetate KIT IJ 1 MG/0.2ML	25
KOGENATE FS KIT	48	lamotrigine CHEW 5 MG	12	levabuterol hcl	10
KOSELUGO	26	lamotrigine TABS	12	levabuterol tartrate	10
KOVALTRY	48	lamotrigine TBDP	12	levetiracetam SOLN IV 500 MG/5ML	12
KP PRENATAL MULTIVITAMINS		LANOXIN SOLN IJ (digoxin)	33	levetiracetam TABS 1000 MG	12
TABS	56	LANOXIN TABS 62.5 MCG, 125		levetiracetam TABS 250 MG, 750	12
KRINTAFEL	22	MCG, 250 MCG (digoxin)	33	levetiracetam TABS 500 MG	12
K-Y ME & YOU EXTRA		lansoprazole CPDR 15 MG	64	levetiracetam TB24	12
LUBRICATED DEVI	51	lansoprazole CPDR 30 MG	64	levobunolol hcl 0.5 %	57
K-Y ME & YOU INTENSE DEVI	51	lanthanum carbonate CHEW	47	levocetirizine dihydrochloride SOLN	18
KYLEENA	35	lapatinib ditosylate	26	levocetirizine dihydrochloride TABS	18
KYPROLIS	26	LASTACAFT	59	levofloxacin (ophth) 0.5 %	58
labetalol hcl SOLN	32	latanoprost SOLN	59	levofloxacin in d5w 5 %-500	46
labetalol hcl TABS 100 MG, 200 MG	32	leflunomide	4	MG/100ML	46
labetalol hcl TABS 300 MG	32	LEMTRADA	61	levofloxacin SOLN OR	46
lacosamide SOLN IV 200 MG/20ML	11	lenalidomide 2.5 MG, 5 MG, 10 MG,		levofloxacin TABS 250 MG, 750 MG	46
lacosamide TABS	11	15 MG, 25 MG	55	levofloxacin TABS 500 MG	46
lactated ringer's (irrigation)	55	lenalidomide 20 MG	55	levonorgestrel & eth estradiol TABS	34
lactated ringer's	54	LENVIMA 10 MG DAILY DOSE	24	levonorgestrel (emergency oc) 1.5	35
lactic acid (ammonium lactate) CREA		LENVIMA 12MG DAILY DOSE	24	MG	
	41	LENVIMA 14 MG DAILY DOSE	24	levonorgestrel-eth estradiol	34
lactic acid (ammonium lactate) LOTN		LENVIMA 18 MG DAILY DOSE	24	(triphasic)	
12 %	41	LENVIMA 20 MG DAILY DOSE	24	levonorgestrel-ethinyl estradiol (91-	35
lactulose (encephalopathy)	46	LENVIMA 24 MG DAILY DOSE	24	day) 0.03 MG-0.15 MG	
lactulose SOLN	50	LENVIMA 4 MG DAILY DOSE	24	levonorgestrel-ethinyl estradiol	35
lamivudine (hbv) TABS	31	LENVIMA 8 MG DAILY DOSE	24	(continuous)	
lamivudine SOLN	30	letrozole	25		
lamivudine TABS 150 MG	30	leucovorin calcium SOLR	27		
lamivudine TABS 300 MG	30	leucovorin calcium TABS	27		
		LEUKERAN	23		

levonorgestrel-ethinyl estradiol-iron 35	LO LOESTRIN FE TABS 35	LUMIZYME 45
levorphanol tartrate TABS 2 MG 5	lofexidine hcl 0.18 MG 60	LUPRON DEPOT (1-MONTH) KIT IM 25
levothyroxine sodium TABS 63	LOKELMA 55	LUPRON DEPOT (3-MONTH) KIT IM 25
LEXIVA SUSP 30	loperamide hcl CAPS 16	LUPRON DEPOT (4-MONTH) IM . 25
lidocaine hcl (local anesth.) SOLN 0.5 %, 1 %, 2 % 50	lopinavir-ritonavir SOLN 30	LUPRON DEPOT (6-MONTH) IM . 25
lidocaine hcl (mouth-throat) 2 % ... 55	lopinavir-ritonavir TABS 30	LUPRON DEPOT-PED (1-MONTH) . 44
lidocaine hcl (mouth-throat) 4 % ... 55	loratadine CAPS 18	LUPRON DEPOT-PED (3-MONTH) 11.25 MG 44
lidocaine hcl GEL 2 % 42	loratadine CHEW 18	LUPRON DEPOT-PED (3-MONTH) 30 MG 44
lidocaine hcl PRSY 42	loratadine SOLN 18	lurasidone hcl 20 MG, 40 MG, 60 MG, 120 MG 28
lidocaine hcl SOLN 42	loratadine TABS 18	lurasidone hcl 80 MG 28
lidocaine PTCH 5 % 42	loratadine TBDP 18	LYNPARZA TABS 26
lidocaine-prilocaine CREA 42	lorazepam CONC 8	LYSODREN 25
LILETTA 20.1 MCG/DAY 35	lorazepam TABS 0.5 MG, 2 MG ... 8	mafenide acetate PACK 39
lincomycin hcl 21	lorazepam TABS 1 MG 8	magnesium sulfate IJ 50 % 54
linezolid SUSR 22	LORBRENA 26	malathion 42
linezolid TABS 22	losartan potassium & hydrochlorothiazide 12.5 MG-100 MG, 25 MG-100 MG 20	maraviroc TABS 150 MG 30
LINZESS 46	losartan potassium & hydrochlorothiazide 12.5 MG-50 MG . 20	maraviroc TABS 300 MG 30
liothyronine sodium SOLN 63	losartan potassium 20	MARPLAN 13
liothyronine sodium TABS 63	LOTEMAX OINT 58	MASONATAL TABS 56
lisdexamphetamine dimesylate CAPS 1	loteprednol etabonate GEL 58	MATULANE 27
lisdexamphetamine dimesylate CHEW . 1	loteprednol etabonate SUSP 58	MAXIDEX SUSP OP 58
lisinopril & hydrochlorothiazide ... 20	lovastatin TABS 10 MG, 20 MG ... 19	MAXX LUBRICATED MISC 51
lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG 19	lovastatin TABS 40 MG 19	MAXX PLUS SPERMICIDE LUBRICATED MISC 51
lithium 28	loxapine succinate 29	meclizine hcl TABS 12.5 MG 17
lithium carbonate CAPS 28	lubiprostone 46	meclizine hcl TABS 25 MG 17
lithium carbonate TABS 28	LUCEMYRA 0.18 MG (lofexidine hcl) 60	
lithium carbonate TBCR 28	luliconazole 38	

meclofenamate sodium CAPS	4	meperidine hcl TABS 50 MG	5	methocarbamol TABS 500 MG, 750 MG	57
MEDROL TABS	36	meprobamate	8	METHOTREXATE	3
medroxyprogesterone acetate (contraceptive) SUSP IM	35	mercaptapurine TABS	23	methotrexate sodium SOLN 50 MG/2ML, 250 MG/10ML	23
medroxyprogesterone acetate (contraceptive) SUSY IM	35	meropenem	21	methotrexate sodium SOLR	23
medroxyprogesterone acetate 10 MG	60	mesalamine CP24	46	methotrexate sodium TABS 2.5 MG 23	
medroxyprogesterone acetate 2.5 MG, 5 MG	60	mesalamine CPDR	46	methoxsalen rapid	39
mefenamic acid CAPS	4	mesalamine ENEM	46	methscopolamine bromide	63
mefloquine hcl	22	mesalamine SUPP	46	methsuximide	12
megestrol acetate (appetite)	60	mesalamine TBEC 1.2 GM	46	methyl dopa TABS	20
megestrol acetate SUSP	25	mesalamine TBEC 800 MG	46	methylphenidate hcl CHEW 10 MG .2	
megestrol acetate TABS	25	metaxalone 800 MG	57	methylphenidate hcl CHEW 2.5 MG 2	
MEKINIST SOLR	26	metformin hcl TABS 1000 MG	15	methylphenidate hcl CHEW 5 MG ..2	
MEKINIST TABS 0.5 MG	26	metformin hcl TABS 500 MG	15	methylphenidate hcl CP24 10 MG, 20 MG, 40 MG, 60 MG	2
MEKINIST TABS 2 MG	26	metformin hcl TABS 850 MG	15	methylphenidate hcl CP24 30 MG ..2	
MEKTOVI	26	metformin hcl TB24 500 MG	15	methylphenidate hcl CP24	2
meloxicam TABS	4	metformin hcl TB24 750 MG	15	methylphenidate hcl CP24	2
melphalan	23	methadone hcl CONC	5	methylphenidate hcl CP24	2
melphalan hcl IV	23	methadone hcl SOLN IJ 10 MG/ML .5		methylphenidate hcl CP24	2
memantine hcl TABS	60	METHADONE HCL SOLN IJ	5	methylphenidate hcl CPCR	2
MENACTRA	64	methadone hcl SOLN OR 10 MG/5ML	5	methylphenidate hcl SOLN	2
MENEST	46	methadone hcl SOLN OR 5 MG/5ML 5		methylphenidate hcl TABS 10 MG, 20 MG	2
MENOSTAR PTWK	46	methadone hcl TABS 10 MG	5	methylphenidate hcl TABS 5 MG ...2	
MENQUADFI	64	methadone hcl TABS 5 MG	5	methylphenidate hcl TB24 18 MG, 27 MG	2
MENVEO SOLR	64	methadone hcl TBSO	5	methylphenidate hcl TB24 36 MG, 54 MG	2
meperidine hcl SOLN IJ 25 MG/ML, 50 MG/ML, 100 MG/ML	5	methamphetamine hcl	1	methylphenidate hcl TB24 36 MG, 54 MG	2
meperidine hcl SOLN OR 50 MG/5ML	5	methazolamide TABS	43	methylphenidate hcl TBCR 10 MG, 20 MG	2
		methenamine hippurate	22	methylphenidate hcl TBCR 18 MG, 27 MG	2
		methimazole TABS	62	methylphenidate hcl TBCR 36 MG, 27 MG	2
		METHITEST TABS	7		

54 MG	2	micafungin sodium	17	MODERNA COVID-19 VACCINE6MO-5Y SUSP	67
methylphenidate PTCH	2	miconazole nitrate vaginal SUPP MG	67	moexipril hcl	19
methylprednisolone acetate SUSP	36	midodrine hcl	68	mometasone furoate (nasal) SUSP 57	
methylprednisolone sod succ 40 MG, 125 MG, 500 MG, 1000 MG	36	miglitol	14	mometasone furoate CREA	41
methylprednisolone TABS	36	miglustat	48	mometasone furoate OINT	41
methylprednisolone TBPK	36	minocycline hcl CAPS	62	mometasone furoate SOLN	41
metoclopramide hcl SOLN IJ 5 MG/ML	46	minocycline hcl TABS	62	montelukast sodium CHEW	9
metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML	46	minoxidil 2.5 MG, 10 MG	21	montelukast sodium PACK	9
metoclopramide hcl TABS	46	MIRCERA	48	montelukast sodium TABS	9
metolazone	43	MIRENA	35	morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG	5
metoprolol & hydrochlorothiazide TABs 25 MG-100 MG, 50 MG-100 MG	20	mirtazapine TABS 15 MG	13	morphine sulfate SOLN IJ 0.5 MG/ML, 1 MG/ML	5
metoprolol & hydrochlorothiazide TABs 25 MG-50 MG	20	mirtazapine TABS 30 MG	13	morphine sulfate SOLN OR 10 MG/5ML	5
metoprolol succinate TB24 200 MG 32		mirtazapine TABS 7.5 MG, 45 MG	13	morphine sulfate SOLN OR 20 MG/5ML	5
metoprolol succinate TB24 25 MG, 50 MG, 100 MG	32	mirtazapine TBDP 15 MG	13	morphine sulfate TABS	5
metoprolol tartrate SOLN IV 5 MG/5ML	32	mirtazapine TBDP 30 MG	13	morphine sulfate TBCR	6
metoprolol tartrate TABS 25 MG, 50 MG, 100 MG	32	mirtazapine TBDP 45 MG	13	MOTOFEN	16
metronidazole (topical) CREA	42	misoprostol	64	MOVANTIK	47
metronidazole (topical) GEL 0.75 %	42	mitomycin SOLR IV 20 MG	25	moxifloxacin hcl (ophth) SOLN OP	58
metronidazole (topical) GEL 1 % ..	42	mitoxantrone hcl 2 MG/ML	25	moxifloxacin hcl in sodium chloride 46	
metronidazole (topical) LOTN	42	M-M-R II SOLR	66	moxifloxacin hcl TABS	46
metronidazole TABS	21	M-NATAL PLUS TABS	56	MULPLETA	48
metronidazole vaginal	67	modafinil 100 MG	2	MULTI PRENATAL TABS	56
mexiletine hcl	8	modafinil 200 MG	2	mupirocin OINT	38
		MODERNA COVID-19 VACCINE SUSP	67	MVASI	24
		MODERNA COVID-19 VACCINE/6MO-11Y/2023-24 SUSP .	66	MYALEPT	45
		MODERNA COVID-19 VACCINE/6MO-11Y/2024-25 SUSY 25 MCG/0.25ML	66		

mycophenolate mofetil CAPS	55	neomycin sulfate TABS	2	niacin TABS	68
mycophenolate mofetil TABS	55	neomycin-bacitracin zn-polymyxin	58	niacin TBCR	68
mycophenolate sodium	55	neomycin-polymy-dexameth OINT	58	NIACIN TR TBCR	68
MYLERAN TABS	23	neomycin-polymy-dexameth SUSP	58	niacinamide TABS 100 MG	68
nabumetone	4	58		niacinamide TABS 500 MG	68
nadolol TABS 20 MG	32	neomycin-polymyxin-hc (ophth) .	58	nicardipine hcl CAPS	32
nadolol TABS 40 MG	32	neomycin-polymyxin-hc (otic) SOLN .	59	nicardipine hcl SOLN	32
nadolol TABS 80 MG	32	59		nicotine MISC XX	62
naftifine hcl CREA 1 %	38	neomycin-polymyxin-hc (otic) SUSP .	59	nicotine polacrilex GUM	62
naftifine hcl CREA 2 %	38	59		nicotine polacrilex LOZG	62
nalbuphine hcl	7	NEONATAL COMPLETE TABS 120		nicotine PT24 TD 7 MG/24HR, 14	
naloxone hcl LIQD	17	MG-10 MG-9.2 MG-1000 MCG-10		MG/24HR, 21 MG/24HR	62
naloxone hcl SOLN 0.4 MG/ML, 4		MCG-12 MCG-3 MG-5 MG-20 MG-		NICOTINE TRANSDERMAL	
MG/10ML	17	27 MG-200 MG-1.84 MG-25 MG-2		SYSTEM KIT	62
naltrexone hcl	17	MG-1200 MCG-2 MG-0.2 MG	56	NICOTROL INHALER INHA	62
naproxen sodium TABS 550 MG ...	4	NEONATAL PLUS TABS	56	NICOTROL NS SOLN	62
naproxen SUSP	4	NEONATAL PRENATAL VITAMIN		nifedipine CAPS 10 MG	32
naproxen TABS	4	TABS	56	nifedipine CAPS 20 MG	32
naproxen TBEC 500 MG	4	NEONATAL VITAMIN TABS	56	nifedipine TB24 30 MG	32
naratriptan hcl	53	neostigmine methylsulfate SOSY .	23	nifedipine TB24 60 MG	32
NATACYN	58	NEO-SYNALAR	38	nifedipine TB24 90 MG	32
NATAZIA	35	NEUPRO	28	nifedipine TB24	32
nateglinide	16	NEVANAC	59	nilutamide	25
NAYZILAM	11	nevirapine SUSP	30	nimodipine CAPS	32
nebivolol hcl 2.5 MG, 5 MG, 10 MG		nevirapine TABS	30	NINLARO	26
32		nevirapine TB24 100 MG	30	NIPENT	27
nebivolol hcl 20 MG	32	nevirapine TB24 400 MG	30	nisoldipine	32
NEBUSAL NEBU	36	NEXIUM 24HR TBEC (esomeprazole		nitazoxanide TABS	21
nefazodone hcl	14	magnesium)	64	nitisinone CAPS	45
nelarabine	23	NEXPLANON	35	NITRO-BID OINT	8
		NEXTSTELLIS	35	nitrofurantoin	22
		niacin (antihyperlipidemic) TBCR ..	19		
		niacin CPCR 250 MG, 500 MG ...	68		

nitrofurantoin macrocrystal 50 MG, 100 MG	22	norgestimate-ethinyl estradiol (triphasic)	35	NUEDEXTA	61
nitrofurantoin monohyd macro	22	norgestimate-ethinyl estradiol	35	NULOJIX	55
nitroglycerin (intra-anal)	7	norgestrel & ethinyl estradiol 30 MCG-0.3 MG	35	nystatin (mouth-throat)	55
nitroglycerin CPCR	8	NORMOSOL-M/D5W	54	nystatin (topical) CREA	38
nitroglycerin PT24	8	NORMOSOL-R	54	nystatin (topical) OINT	38
NITROGLYCERIN SOLN IV	8	nortriptyline hcl CAPS	14	nystatin (topical) POWD EX	38
nitroglycerin SUBL	8	nortriptyline hcl SOLN	14	nystatin TABS	17
NIVA-PLUS TABS	56	NORVIR CAPS	30	nystatin-triamcinolone CREA	38
nizatidine CAPS	63	NORVIR PACK	30	nystatin-triamcinolone OINT	38
NORDITROPIN FLEXPLO SOPN 30 MG/3ML	44	NORVIR SOLN	30	NYVEPRIA	48
NORDITROPIN FLEXPLO SOPN 5 MG/1.5ML, 10 MG/1.5ML, 15 MG/1.5ML	44	NOVA MAX PLUS KETONE TESTSTRIPS	42	octreotide acetate SOLN	45
norelgestromin-ethinyl estradiol ...	35	NOVOEIGHT	48	ODEFSEY	30
norethin acet & estrad-fe CAPS ...	35	NOVOLIN 70/30 FLEXPEN SUPN	16	ODOMZO	24
norethin acet & estrad-fe CHEW ...	35	NOVOLIN 70/30 SUSP	16	OFEV	62
norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG	35	NOVOLIN N FLEXPEN SUPN	16	ofloxacin (ophth)	58
norethindrone & eth estradiol	35	NOVOLIN N SUSP	16	ofloxacin (otic)	59
norethindrone & ethinyl estradiol-fe 35		NOVOLIN R FLEXPEN SOPN IJ ..	16	ofloxacin 300 MG, 400 MG	46
norethindrone (contraceptive)	35	NOVOLIN R SOLN IJ	16	OGIVRI	24
norethindrone acet & eth estra ...	35	NP THYROID 120 TABS	63	olanzapine SOLR	29
norethindrone acetate TABS	60	NP THYROID 15 TABS	63	olanzapine TABS 2.5 MG, 5 MG ..	29
norethindrone acetate-ethinyl estradiol	45	NP THYROID 30 TABS	63	olanzapine TABS 7.5 MG, 10 MG, 15 MG, 20 MG	29
norethindrone acetate-ethinyl estradiol-fe	35	NP THYROID 60 TABS	63	olanzapine TBDP 20 MG	29
norethindrone-eth estradiol (triphasic)	35	NP THYROID 90 TABS	63	olanzapine TBDP 5 MG, 10 MG, 15 MG	29
		NUBEQA	25	olmesartan medoxomil	20
		NUCALA SOAJ	8	olmesartan medoxomil-amlodipine- hydrochlorothiazide	20
		NUCALA SOLR	9	olmesartan medoxomil- hydrochlorothiazide	20
		NUCALA SOSY 100 MG/ML	9	olopatadine hcl (nasal)	57
		NUCALA SOSY 40 MG/0.4ML	9		

olopatadine hcl 0.1 %	59	ORKAMBI PACK	62	325 MG-2.5 MG	6
olopatadine hcl 0.2 %	59	ORKAMBI TABS	62	oxymorphone hcl TABS	6
omega-3-acid ethyl esters	18	ORLADEYO	48	oxymorphone hcl TB12 40 MG	6
omeprazole CPDR	64	orphenadrine citrate TB12	57	oxymorphone hcl TB12 5 MG, 7.5 MG, 10 MG, 15 MG, 20 MG, 30 MG	6
omeprazole magnesium CPDR	64	oseltamivir phosphate CAPS	31	OZEMPIC SOPN 2 MG/1.5ML	15
omeprazole TBEC	64	oseltamivir phosphate SUSR	31	OZEMPIC SOPN	15
omeprazole-sodium bicarbonate CAPS 1100 MG-20 MG	64	OSMOPREP	50	paclitaxel 6 MG/ML, 100 MG/16.7ML, 150 MG/25ML	27
OMNIFLEX DIAPHRAGM	51	OSPHENA	44	paclitaxel protein-bound particles	28
ONCASPAR	27	OTEZLA TABS	4	paliperidone 1.5 MG, 3 MG, 9 MG	29
ondansetron hcl SOLN IJ 4 MG/2ML	17	OTEZLA TBPK	4	paliperidone 6 MG	29
ondansetron hcl SOLN OR 4 MG/5ML	17	oxacillin sodium IV 10 GM	60	palonosetron hcl SOLN	17
ondansetron hcl SOSY	17	oxaliplatin SOLN 50 MG/10ML, 100 MG/20ML	23	pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML	44
ondansetron hcl TABS 24 MG	17	oxandrolone	7	PAMIDRONATE DISODIUM SOLN	44
ondansetron hcl TABS 4 MG	17	oxaprozin TABS	4	PANRETIN	39
ondansetron hcl TABS 8 MG	17	oxazepam CAPS	8	pantoprazole sodium TBEC 20 MG	64
ondansetron TBP 4 MG	17	oxcarbazepine SUSP	12	pantoprazole sodium TBEC 40 MG	64
ondansetron TBP 8 MG	17	oxcarbazepine TABS 150 MG, 300 MG	12	PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A	35
ONE VITE WOMENS PRENATALVITAMIN PLUS TABS	56	oxcarbazepine TABS 600 MG	12	paricalcitol CAPS	45
ONE VITE WOMENS PRENATALVITAMIN TABS	56	oxiconazole nitrate CREA	38	paricalcitol SOLN	45
ONETOUCH DELICA SAFETY LANCING DEVICE	52	OXISTAT LOTN	38	paroxetine hcl SUSP	13
ONETOUCH DELICA SAFETY LANCING DEVICE 30G	52	oxybutynin chloride SOLN	64	paroxetine hcl TABS 10 MG	13
OPILL	35	oxybutynin chloride TABS 5 MG	64	paroxetine hcl TABS 20 MG	13
OPSUMIT	33	oxybutynin chloride TB24	64	paroxetine hcl TABS 30 MG	13
ORENITRAM TBCR	33	oxycodone hcl T12A 10 MG, 20 MG, 40 MG, 80 MG	6	paroxetine hcl TABS 40 MG	13
ORLISSA	44	oxycodone hcl TABS	6	paroxetine hcl TB24 12.5 MG	14
		oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	6		
		oxycodone w/ acetaminophen TABS			

paroxetine hcl TB24 25 MG, 37.5 MG	14	pentazocine w/ naloxone hcl 7	phenelzine sulfate 13
PASER PACK	23	pentoxifylline 48	phenobarbital ELIX 49
pazopanib hcl 26		perindopril erbumine 2 MG, 8 MG . 19	phenobarbital TABS 49
PEDIARIX SUSY 63		perindopril erbumine 4 MG 19	phenoxybenzamine hcl 19
pediatric multivitamins w/fl CHEW .56		PERJETA 24	phentermine hcl CAPS 1
PEDVAX HIB SUSP 64		permethrin CREA 42	phenytoin CHEW 12
peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid 50		permethrin LIQD EX 42	phenytoin sodium extended 100 MG, 200 MG, 300 MG 12
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 6.74 GM- 2.97 GM-5.86 GM-22.74 GM-236 GM 50		perphenazine TABS 29	phenytoin sodium SOLN 12
peg 3350-potassium chloride-sod bicarbonate-sod chloride 50		perphenazine-amitriptyline 61	phenytoin SUSP 12
PEGASYS SOLN 31		PERSERIS PRSY 29	PHEXXI 68
PEGASYS SOSY 31		PFIZER-BIONTECH COVID- 19VACCINE SUSP 67	PHOTOFRIN 27
PEMAZYRE 26		PFIZER-BIONTECH COVID- 19VACCINE/5-11Y SUSP 67	PIFELTRO 30
pemetrexed disodium SOLR 500 MG 24		PFIZER-BIONTECH COVID- 19VACCINE/5-11Y/2023-24 SUSP 67	pilocarpine hcl (oral) 55
peniclovir 39		PFIZER-BIONTECH COVID- 19VACCINE/5-11Y/2024-25 SUSP 10 MCG/0.3ML 67	pilocarpine hcl SOLN 1 %, 2 %, 4 % . 58
penicillamine CAPS 54		PFIZER-BIONTECH COVID- 19VACCINE/6MO-4Y SUSP 67	pimecrolimus 42
penicillamine TABS 54		PFIZER-BIONTECH COVID- 19VACCINE/6MO-4Y/2023-24 SUSP 67	pimozide 61
penicillin g potassium 5000000 UNIT 60		PFIZER-BIONTECH COVID- 19VACCINE/6MO-4Y/2024-25 SUSP 3 MCG/0.3ML 67	pindolol TABS 32
PENICILLIN G POTASSIUM IN ISO- OSMOTIC DEXTROSE 40000 UNIT/ML, 60000 UNIT/ML 60		PFIZER-BIONTECH COVID- 19VACCINE/ADULT RTU SUSP .. 67	pioglitazone hcl 16
PENICILLIN G PROCAINE 60		PHEBURANE PLLT 45	pioglitazone hcl-glimepiride 15
penicillin g sodium 60		phenazopyridine hcl TABS 100 MG, 100 MG, 200 MG 47	pioglitazone hcl-metformin hcl TABS . 15
penicillin v potassium SOLR 60		phendimetrazine tartrate TABS 1	piperacillin sodium-tazobactam sodium 60
penicillin v potassium TABS 60			PIQRAY 200MG DAILY DOSE ... 26
PENTACEL 63			PIQRAY 250MG DAILY DOSE ... 26
			PIQRAY 300MG DAILY DOSE ... 26
			pirfenidone CAPS 62
			pirfenidone TABS 267 MG, 801 MG 62
			pirfenidone TABS 534 MG 62

piroxicam CAPS	4	potassium chloride microencapsulated crystals er	54	PRED-G SUSP	58
PLASMA-LYTE A (electrolyte-a) ..	54	potassium chloride PACK OR 20 MEQ	54	prednicarbate OINT	41
PLASMA-LYTE-148 (electrolyte-148)	54	POTASSIUM CHLORIDE SOLN IV 10 MEQ/50ML (potassium chloride) 54		prednisolone acetate (ophth)	58
PLEGRIDY SOPN	61	potassium chloride SOLN IV 2 MEQ/ML, 10 MEQ/50ML, 20 MEQ/50ML	54	PREDNISOLONE SODIUM PHOSPHATE	58
PLEGRIDY SOSY SC	61	potassium chloride TBCR	54	prednisolone sodium phosphate SOLN 5 MG/5ML, 6.7 MG/5ML, 10 MG/5ML, 15 MG/5ML, 25 MG/5ML 36	
PLEGRIDY STARTER PACK SOPN . 61		POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS	54	prednisolone sodium phosphate TBDP	36
PLEGRIDY STARTER PACK SOSY SC	61	POTASSIUM CHLORIDE/SODIUM CHLORIDE 20 MEQ/L-0.45 % (potassium chloride in nacl)	54	prednisolone SOLN	36
plerixafor	49	potassium citrate (alkalinizer) TBCR . 47		prednisolone TABS	36
PNEUMOVAX 23	64	potassium phosphates 236 MG/ML- 224 MG/ML	54	prednisone SOLN	36
PNEUMOVAX 23/1 DOSE	64	PR BENZOYL PEROXIDE WASH LIQD	37	prednisone TABS 1 MG, 5 MG	36
podofilox SOLN	42	pralatrexate 20 MG/ML	24	prednisone TABS 2.5 MG, 10 MG, 20 MG, 50 MG	36
polymyxin b sulfate SOLR	22	pramipexole dihydrochloride TABS 0.125 MG	28	prednisone TABS 2.5 MG, 10 MG, 20 MG, 50 MG	36
polymyxin b-trimethoprim	58	pramipexole dihydrochloride TABS 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG	28	prednisone TBPB	36
POMALYST	25	prasugrel hcl	48	PREFEST	45
posaconazole SUSP	18	pravastatin sodium	19	pregabalin (once-daily) 330 MG ...	61
potassium acetate SOLN 2 MEQ/ML . 54		praziquantel	7	pregabalin (once-daily) 82.5 MG, 165 MG	61
potassium bicarbonate TBEF	54	prazosin hcl CAPS	20	pregabalin CAPS 225 MG, 300 MG 12	
potassium chloride CPCR	54	PRECISION XTRA	42	pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG ...	12
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	PRED MILD	58	pregabalin SOLN	12
potassium chloride in dextrose 5 %- 20 MEQ/L	54			PREHEVBRIO	67
potassium chloride in nacl 20 MEQ/L- 0.45 %, 20 MEQ/L-0.9 %, 40 MEQ/L- 0.9 %	54			PREMARIN	68
				PREMARIN SOLR	46
				PREMARIN TABS	46
				PREMPHASE	45
				PREMPRO	45

PRENATAL MULTIVITAMIN TABS 56	8	PULMOZYME	62
PRENATAL ONE DAILY TABS	56	PX PRENATAL MULTIVITAMINS TABS	56
PRENATAL PLUS TABS	56	pyrazinamide	23
PRENATAL PLUS VITAMIN ANDMINERAL TABS	56	pyridostigmine bromide SOLN OR	23
PRENATAL TABS	56	pyridostigmine bromide TABS 60 MG	23
PRENATAL VITAMIN & MINERAL TABS	56	pyridostigmine bromide TBCR	23
PRENATAL VITAMIN TABS	56	pyrimethamine	22
PRENATAL VITAMIN/IRON TABS	56	QC PRENATAL TABS	56
PRENATAL VITAMINS PLUS LOW IRON TABS	56	QINLOCK	26
PRENATAL VITAMINS 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	56	QUADRACEL SUSP	63
PRENATRIX TABS	56	QUADRACEL SUSY	63
PRENATRYL TABS	56	quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG	29
PREVNAR 13	64	quetiapine fumarate TABS 300 MG, 400 MG	29
PREVNAR 20	64	quetiapine fumarate TB24 300 MG, 400 MG	29
PREZCOBIX	30	quetiapine fumarate TB24 50 MG, 150 MG, 200 MG	29
PREZISTA SUSP	30	quinapril hcl 20 MG, 40 MG	19
PREZISTA TABS 75 MG, 150 MG	30	quinapril hcl 5 MG, 10 MG	19
PRIFTIN	23	quinapril-hydrochlorothiazide 12.5 MG-10 MG	20
primaquine phosphate TABS	22	quinapril-hydrochlorothiazide 12.5 MG-20 MG	20
primidone 50 MG, 250 MG	12	quinapril-hydrochlorothiazide 25 MG- 20 MG	20
PRIORIX SUSR	67	quinidine sulfate TABS	8
PROAIR DIGIHALER	10	quinine sulfate CAPS 324 MG	22
PROAIR RESPICLICK AEPB	10	QUZYTIR SOLN IV	18
probenecid	47	QVAR REDIHALER	9
procainamide hcl SOLN 500 MG/ML .			
prochlorperazine	29		
prochlorperazine maleate TABS ..	29		
PROCRIT 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	49		
PROCRIT 40000 UNIT/ML	49		
progesterone CAPS	60		
PROGRAF PACK	55		
PROGRAF SOLN	55		
PROLASTIN-C SOLN	62		
PROLEUKIN	27		
PROLIA SOSY	44		
PROMACTA PACK	49		
PROMACTA TABS	49		
promethazine hcl SOLN OR 6.25 MG/5ML	18		
promethazine hcl SUPP 12.5 MG, 25 MG	18		
promethazine hcl SUPP 50 MG ...	18		
promethazine hcl TABS	18		
propafenone hcl CP12	8		
propafenone hcl TABS	8		
proparacaine hcl	58		
propranolol hcl CP24	32		
propranolol hcl SOLN OR 20 MG/5ML, 40 MG/5ML	32		
propranolol hcl TABS	32		
propylthiouracil	62		
protriptyline hcl	14		
PROVISC SOSY	58		
PULMICORT FLEXHALER AEPB ..	9		

RA PRENATAL FORMULA/FOLICACID TABS56	STRP42	risedronate sodium TBEC 44
RA PRENATAL TABS 56	RELION TRUE METRIX BLOODGLUCOSE TEST STRIPS STRP43	risperidone microspheres 29
rabeprazole sodium TBEC64	RENFLEXIS 46	risperidone SOLN29
raloxifene hcl 44	repaglinide 0.5 MG, 1 MG 16	risperidone TABS 29
ramelteon 49	repaglinide 2 MG16	risperidone TBDP29
ramipril CAPS 19	REPATHA PUSHTRONEX SYSTEM SOCT19	ritonavir TABS 30
ranitidine hcl TABS 150 MG63	REPATHA SOSY 19	rivastigmine tartrate CAPS 61
ranolazine TB12 1000 MG 7	REPATHA SURECLICK SOAJ 19	rizatriptan benzoate TABS 10 MG .53
ranolazine TB12 500 MG 8	RETACRIT 49	rizatriptan benzoate TABS 5 MG .. 53
rasagiline mesylate28	RETEVMO CAPS26	rizatriptan benzoate TBDP 10 MG .53
REALITY LATEX CONDOMS/LUBRICATED MISC . .51	RETROVIR IV INFUSION SOLN . .30	rizatriptan benzoate TBDP 5 MG ..53
REALITY LATEX/ULTRA TEXTURED DEVI51	REXULTI 29	roflumilast9
REALITY LATEX/ULTRA THIN DEVI 51	REZVOGLAR KWIKPEN16	romidepsin SOLR26
REBIF REBIDOSE SOAJ61	ribavirin (hepatitis c) CAPS31	ropinirole hydrochloride TABS28
REBIF REBIDOSE TITRATIONPACK SOAJ61	ribavirin (hepatitis c) TABS 200 MG 31	ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG28
REBIF SOSY61	RIDAURA3	ropinirole hydrochloride TB24 8 MG, 12 MG28
REBIF TITRATION PACK SOSY . .61	rifabutin23	rosuvastatin calcium TABS 19
RECOMBIVAX HB SUSP67	rifampin CAPS 23	ROTARIX SUSP67
RECOMBIVAX HB SUSY67	rifampin SOLR 23	ROTARIX SUSR67
REGRANEX 42	riluzole TABS57	ROTATEQ SOLN 67
RELENZA DISKHALER31	rimantadine hydrochloride TABS . .31	ROZLYTREK CAPS 26
RELION 2-IN-1 LANCET DEVICES 30G52	ringer's54	RUBRACA26
RELION 2-IN-1 LANCING DEVICE 25G52	ringer's irrigation55	rufinamide SUSP12
RELION 2-IN-1 LANCING DEVICE 30G52	RINVOQ TB24 2	rufinamide TABS 200 MG12
RELION KETONE TEST STRIPS	risedronate sodium TABS 150 MG 44	rufinamide TABS 400 MG12
	risedronate sodium TABS 35 MG .44	RUXIENCE24
	risedronate sodium TABS 5 MG, 30 MG 44	RYBELSUS TABS 15
		salsalate 5
		SANTYL OINT 41

sapropterin dihydrochloride PACK .45	sildenafil citrate (pulmonary hypertension) SUSR33	sodium phenylbutyrate POWD 45
sapropterin dihydrochloride TABS .45	sildenafil citrate (pulmonary hypertension) TABS33	sodium phenylbutyrate TABS 45
SAVELLA TABS 61	sildenafil citrate33	sodium polystyrene sulfonate POWD 55
SAVELLA TITRATION PACK MISC 61	silodosin 47	sodium polystyrene sulfonate SUSP OR 15 GM/60ML55
saxagliptin hcl 15	silver sulfadiazine 39	sodium sulfate-potassium sulfate-magnesium sulfate50
saxagliptin-metformin hcl 1000 MG-2.5 MG 15	SIMPONI ARIA SOLN3	SOFOSBUVIR/VELPATASVIR TABS31
saxagliptin-metformin hcl 1000 MG-5 MG, 500 MG-5 MG15	SIMULECT 55	solifenacin succinate TABS64
SCSEMBLIX 100 MG26	simvastatin TABS19	SOLQUA 100/3315
SCSEMBLIX 20 MG, 40 MG 26	sirolimus TABS55	SOLOSEC 2
scopolamine17	SIRTURO23	SOLU-CORTEF 100 MG, 500 MG, 1000 MG 36
SELECT INSULIN SYRINGES52	SIVEXTRO TABS22	SOLU-CORTEF 250 MG 36
SELECT LANCETS 52	SKYLA35	SOLU-MEDROL 2 GM36
selegiline hcl CAPS28	SKYRIZI PEN SOAJ39	sorafenib tosylate 26
selegiline hcl TABS 28	SKYRIZI PSKT39	SORBITOL 3 %47
selenium sulfide LOTN 2.5 %39	SKYRIZI SOCT 46	SORBITOL/MANNITOL IRRIGATION47
SELZENTRY SOLN30	SKYRIZI SOLN 46	sotalol hcl (afib/afI) 32
SELZENTRY TABS 25 MG, 75 MG 30	SKYRIZI SOSY 39	sotalol hcl TABS 240 MG32
SEREVENT DISKUS10	SLYND35	sotalol hcl TABS 80 MG, 120 MG, 160 MG 32
sertraline hcl CONC14	SM PRENATAL VITAMINS TABS .56	SOVALDI TABS 200 MG 31
sertraline hcl TABS 100 MG 14	SODIUM ACETATE SOLN (sodium acetate)53	SOVALDI TABS 400 MG 31
sertraline hcl TABS 25 MG, 50 MG 14	sodium acetate SOLN 53	SPIKEVAX COVID-19 VACCINE SUSP67
sevelamer carbonate PACK 47	sodium chloride (gu irrigant) 0.9 % 47	SPIKEVAX COVID-19 VACCINE/2023-24 SUSP 67
sevelamer carbonate TABS 47	sodium chloride (inhalant) NEBU 7 %36	SPIKEVAX COVID-19 VACCINE/2023-24 SUSY 67
SHINGRIX67	sodium chloride SOLN IV 0.45 %, 0.9 %, 3 %, 4 MEQ/ML, 5 % 54	
SIGNIFOR45	sodium citrate & citric acid 47	
sildenafil citrate (pulmonary hypertension) SOLN 33	sodium fluoride CHEW 0.25 MG, 0.5 MG, 1 MG, 2.2 MG54	

SPIKEVAX COVID-19 VACCINE/2024-25 SUSY 50 MCG/0.5ML	67	sucralfate SUSP	63	sumatriptan succinate TABS	53
spinosad	42	sucralfate TABS	63	sumatriptan-naproxen sodium	53
SPIRIVA RESPIMAT AERS	9	sulconazole nitrate CREA	38	sunitinib malate 12.5 MG, 25 MG, 50 MG	27
spironolactone & hydrochlorothiazide	43	sulconazole nitrate SOLN	38	sunitinib malate 37.5 MG	27
spironolactone TABS	43	sulfacetamide sodium (acne)	37	SUNOSI 150 MG	1
SPRAVATO 56MG DOSE	13	sulfacetamide sodium (ophth) SOLN	58	SUNOSI 75 MG	1
SPRAVATO 84MG DOSE	13	sulfacetamide sodium w/ sulfur CREA 10 %-5 %	37	SYNAREL	44
SPRYCEL 20 MG, 50 MG, 70 MG, 80 MG, 100 MG, 140 MG (dasatinib)	26	sulfacetamide sodium w/ sulfur LIQD 10 %-5 %	37	SYNERA PTCH	42
stannous fluoride CONC	55	sulfacetamide sodium w/ sulfur LIQD 9 %-4.5 %	37	SYNJARDY TABS	15
stavudine CAPS	30	sulfacetamide sodium-sulfur in urea vehicle EMUL 10 %-10 %-4 %	37	SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-12.5 MG, 1000 MG-5 MG	15
STELARA 130 MG/26ML	46	sulfacetamide sodium-prednisolone SOLN	58	SYNJARDY XR TB24 1000 MG-25 MG	15
STELARA SOLN 45 MG/0.5ML	39	sulfadiazine TABS	62	SYNRIBO	27
STELARA SOSY 45 MG/0.5ML	39	sulfamethoxazole-trimethoprim SOLN	21	SYNTHROID TABS (levothyroxine sodium)	63
STELARA SOSY 90 MG/ML	39	sulfamethoxazole-trimethoprim SUSP	21	TABLOID	24
STENDRA	33	sulfamethoxazole-trimethoprim TABS	21	TABRECTA	27
STIMATE SOLN NA	45	SULFAMILYLON CREA	39	tacrolimus (topical) OINT	42
STIOLTO RESPIMAT	10	sulfasalazine TABS	46	tacrolimus CAPS	55
STIVARGA	26	sulfasalazine TBEC	46	tadalafil (pulmonary hypertension) TABS	33
STRENSIQ	45	sulindac TABS	4	tadalafil 5 MG	33
streptomycin sulfate SOLR	2	sumatriptan	53	TAFINLAR CAPS	27
STRIBILD	30	sumatriptan succinate SOAJ	53	TAFINLAR TBSO	27
STRIVERDI RESPIMAT	10	sumatriptan succinate SOCT	53	tafluprost	59
SUBSYS LIQD 100 MCG	6	sumatriptan succinate SOLN 6 MG/0.5ML	53	TAGRISSE 40 MG	24
SUBSYS LIQD 200 MCG, 400 MCG, 600 MCG	6			TAGRISSE 80 MG	24
SUBSYS LIQD 800 MCG, 1200 MCG, 1600 MCG	6			TAKHZYRO SOLN	48
				TAKHZYRO SOSY	48

TALZENNA	27	terconazole vaginal SUPP	67	timolol maleate TABS	32
tamoxifen citrate TABS	25	teriflunomide	61	tiopronin TBEC 100 MG	47
tamsulosin hcl	47	teriparatide (recombinant) SOPN ..	44	tiopronin TBEC 300 MG	47
TASIGNA 150 MG, 200 MG	27	TESTOSTERONE CYPIONATE		tiotropium bromide monohydrate	
TASIGNA 50 MG	27	SOLN IJ 200 MG/ML	7	CAPS	9
tavorole	38	testosterone cypionate SOLN IM ...	7	TIVICAY TABS	31
TAVALISSE	48	testosterone enanthate SOLN IM ...	7	tizanidine hcl CAPS	57
tazarotene CREA	39	TETANUS/DIPHTHERIA TOXOIDS-		tizanidine hcl TABS	57
TAZVERIK	27	ADSORBED ADULT SUSP	63	tobramycin (ophth) SOLN	58
TDVAX SUSP	63	tetrabenazine	61	tobramycin NEBU	2
TEFLARO	34	tetracycline hcl CAPS	62	tobramycin sulfate SOLN IJ 10	
TEGRETOL SUSP (carbamazepine) .		THALOMID	55	MG/ML, 40 MG/ML, 80 MG/2ML ...	2
12		theophylline ELIX	10	tobramycin-dexamethasone SUSP	
TEGRETOL TABS (carbamazepine) .		theophylline SOLN	10	58	
12		theophylline TB12	10	TODAY SPONGE MISC	67
telmisartan	20	theophylline TB24	10	tolcapone	28
telmisartan-amlodipine	20	THERANATAL CORE NUTRITION		tolmetin sodium CAPS	4
telmisartan-hydrochlorothiazide ..	20	TABS	56	tolmetin sodium TABS 600 MG	4
temazepam 15 MG, 30 MG	49	THIOLA EC TBEC 100 MG		TOLSURA CAPS	18
temazepam 7.5 MG, 22.5 MG	49	(tiopronin)	47	tolterodine tartrate CP24	64
TEMODAR SOLR	23	THIOLA EC TBEC 300 MG		tolterodine tartrate TABS	64
temozolomide CAPS	23	(tiopronin)	47	tolvaptan TABS	45
temsirolimus	27	thioridazine hcl	29	topiramate CPSP 15 MG	12
TENIVAC INJ	63	thiotepa 15 MG	23	topiramate CPSP 25 MG	12
tenofovir disoproxil fumarate TABS		thiothixene	29	topiramate CS24	12
31		THYMOGLOBULIN	55	topiramate TABS 200 MG	12
terazosin hcl	20	THYROGEN 0.9 MG	42	topiramate TABS 25 MG, 100 MG .	12
terbinafine hcl TABS	17	tiagabine hcl	12	topiramate TABS 50 MG	12
terbutaline sulfate SOLN	10	TIBSOVO	27	topotecan hcl SOLN	28
terbutaline sulfate TABS	10	tigecycline	62	topotecan hcl SOLR	28
terconazole vaginal CREA	67	timolol maleate (ophth) SOLG	57	toremifene citrate	25
		timolol maleate (ophth) SOLN	57		

torseamide TABS	43	triamcinolone acetonide (nasal) AERO	57	TRIKAFTA TBPB	62
TRACLEER TBSO	33	triamcinolone acetonide (topical) CREA 0.025 %	41	trimethobenzamide hcl CAPS	17
tramadol hcl TABS 50 MG	6	triamcinolone acetonide (topical) CREA 0.1 %	41	trimethoprim TABS	21
tramadol hcl TB24	6	triamcinolone acetonide (topical) CREA 0.5 %	41	trimipramine maleate CAPS	14
tramadol-acetaminophen	7	triamcinolone acetonide (topical) LOTN 0.025 %	41	TRINTELLIX	14
trandolapril 1 MG, 2 MG	19	triamcinolone acetonide (topical) LOTN 0.1 %	41	TRIUMEQ TABS	31
trandolapril 4 MG	19	triamcinolone acetonide (topical) LOTN 0.1 %	41	TRIZIVIR	31
trandolapril-verapamil hcl 180 MG-2 MG, 240 MG-1 MG	21	triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %	41	tropicamide SOLN 0.5 %	58
trandolapril-verapamil hcl 240 MG-2 MG, 240 MG-4 MG	20	triamcinolone acetonide (topical) OINT 0.5 %	41	tropicamide SOLN 1 %	58
tranexamic acid SOLN 1000 MG/10ML	49	triamcinolone acetonide SUSP 40 MG/ML, 200 MG/5ML, 400 MG/10ML	36	tropium chloride CP24	64
tranexamic acid TABS	49	triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG	43	tropium chloride TABS	64
tranylcypromine sulfate	13	triamterene & hydrochlorothiazide TABS	43	TRUE COVER DEVI	51
travoprost SOLN	59	triamterene CAPS	43	TRUE METRIX BLOOD GLUCOSETEST STRIPS STRP ..	43
TRAZIMERA	24	triazolam	49	TRUE METRIX CONTROL SOLUTION LEVEL 3 SOLN	52
trazodone hcl TABS	14	TRICARE TABS	56	TRUE METRIX SELF MONITORING BLOOD GLUCOSE STRIPS STRP 43	
TRECATOR	23	trientine hcl 250 MG	54	TRULICITY	15
TRELEGY ELLIPTA	10	trifluoperazine hcl TABS	29	TRUMENBA	64
TRELSTAR MIXJECT	25	trifluridine	58	TRUSTEX COLOR CONDOMS + LUBE MISC	51
TREMFYA SOPN	39	trihexyphenidyl hcl SOLN	28	TRUSTEX LUBRICATED EXTRALARGE MISC	51
TREMFYA SOSY	39	trihexyphenidyl hcl TABS	28	TRUSTEX LUBRICATED EXTRASTRENGTH MISC	51
treprostinil SOLN IJ	33	TRIJARDY XR 1000 MG-2.5 MG- 12.5 MG, 1000 MG-2.5 MG-5 MG .	15	TRUSTEX LUBRICATED MISC ...	51
tretinoin (chemotherapy)	27	TRIJARDY XR 1000 MG-5 MG-10 MG, 1000 MG-5 MG-25 MG	15	TRUSTEX LUBRICATED/RIBBED/STUDED MISC	51
tretinoin CREA 0.025 %, 0.05 %, 0.1 %	37			TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC	51
tretinoin GEL 0.01 %, 0.025 %	37				
tretinoin microsphere 0.1 %	37				
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	24				
triamcinolone acetonide (mouth) ..	55				

TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC51	UPTRAVI TABS 200 MCG33	VAXNEUVANCE 64
TRUSTEX LUBRICATED/SPERMICIDE MISC 51	UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG 33	VECAMYL21
TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC51	UPTRAVI TITRATION PACK TBPK 33	VECTIBIX 100 MG/5ML 24
TRUSTEX WITH NONOXYNOL- 9/RIBBED/STUDED MISC51	ursodiol CAPS 46	VELPHORO47
TRUSTEX/RIA LUBRICATED MISC . 52	ursodiol TABS46	venlafaxine hcl CP24 150 MG 14
TRUSTEX/RIA LUBRICATED SPERMICIDE MISC 51	UVADEX27	venlafaxine hcl CP24 37.5 MG 14
TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC 51	valacyclovir hcl 1 GM, 1000 MG ...31	venlafaxine hcl CP24 75 MG 14
TRUXIMA24	valacyclovir hcl 500 MG31	venlafaxine hcl TB24 150 MG 14
TUKYSA24	valganciclovir hcl TABS31	venlafaxine hcl TB24 37.5 MG, 75 MG, 225 MG 14
TURALIO27	valproate sodium SOLN OR 250 MG/5ML, 500 MG/10ML 13	verapamil hcl CP24 100 MG, 200 MG, 300 MG 32
TUZISTRA XR36	valproic acid CAPS 13	verapamil hcl CP24 120 MG, 180 MG, 240 MG, 360 MG 33
TWINRIX SUSY67	valrubicin 25	verapamil hcl SOLN 2.5 MG/ML ...33
TWIRLA 35	valsartan TABS 20	verapamil hcl TABS33
TYBLUME CHEW35	valsartan-hydrochlorothiazide21	verapamil hcl TBCR33
TYBOST31	VALTOCO 10 MG DOSE LIQD ...11	VEREGEN37
TYMLOS44	VALTOCO 15 MG DOSE LQPK ...11	VERZENIO27
TYVASO REFILL KIT SOLN IN ...33	VALTOCO 20 MG DOSE LQPK ...11	VICTOZA 18 MG/3ML (liraglutide) .15
TYVASO SOLN IN33	VALTOCO 5 MG DOSE LIQD 11	vigabatrin PACK 12
TYVASO STARTER KIT SOLN IN 33	vancomycin hcl CAPS 21	vigabatrin TABS12
UBRELVY 52	vancomycin hcl SOLR IV 1 GM, 10 GM, 500 MG, 1000 MG21	VIIBRYD STARTER PACK KIT14
UDENYCA ONBODY SOSY49	vancomycin hcl SOLR OR 25 MG/ML, 50 MG/ML, 250 MG/5ML .21	vilazodone hcl TABS14
UDENYCA SOAJ49	VAQTA 67	vincristine sulfate28
UDENYCA SOSY49	varenicline tartrate TABS 62	vinorelbine tartrate 10 MG/ML28
	varenicline tartrate TBPK 62	VIRACEPT TABS 250 MG31
	VARIVAX INJ 67	VIRACEPT TABS 625 MG31
	VARUBI TBPK 17	VIREAD POWD31
		VIREAD TABS 150 MG, 200 MG,

250 MG	31	10	25
VISTOGARD	16	XARELTO SUSR	10
VITAMIN D2 TABS 400 UNIT	68	XARELTO TABS 10 MG, 20 MG ..	10
VITATHELY/GINGER TABS	56	XARELTO TABS 2.5 MG, 15 MG ..	10
VITRAKVI CAPS	27	XELJANZ SOLN	2
VITRAKVI SOLN	27	XELJANZ TABS 10 MG	3
VIZIMPRO	24	XELJANZ TABS 5 MG	3
VORAXAZE	27	XELJANZ XR TB24	2
voriconazole TABS	18	XEOMIN	57
VOSEVI	31	XERAVA	62
VYNDAMAX	34	XGEVA SOLN	44
VYNDAQEL	34	XHANCE EXHU	57
warfarin sodium TABS	10	XIFAXAN 200 MG	21
water for irrigation, sterile	55	XIFAXAN 550 MG	21
WESTAB PLUS TABS	56	XIGDUO XR (dapagliflozin propanediol-metformin hcl)	15
WIDE-SEAL SILICONE DIAPHRAGM KIT 60	52	XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG, 500 MG-5 MG	15
WIDE-SEAL SILICONE DIAPHRAGM KIT 65	52	XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG	15
WIDE-SEAL SILICONE DIAPHRAGM KIT 70	52	XOLAIR SOAJ 150 MG/ML, 300 MG/2ML	9
WIDE-SEAL SILICONE DIAPHRAGM KIT 75	52	XOLAIR SOAJ 75 MG/0.5ML	9
WIDE-SEAL SILICONE DIAPHRAGM KIT 80	52	XOLAIR SOLR	9
WIDE-SEAL SILICONE DIAPHRAGM KIT 85	52	XOLAIR SOSY 150 MG/ML, 300 MG/2ML	9
WIDE-SEAL SILICONE DIAPHRAGM KIT 90	52	XOLAIR SOSY 75 MG/0.5ML	9
WIDE-SEAL SILICONE DIAPHRAGM KIT 95	52	XOSPATA	27
XALKORI CAPS	27	XPOVIO	25
XARELTO STARTER PACK TBPK		XPOVIO 60 MG TWICE WEEKLY 25	
		XPOVIO 80 MG TWICE WEEKLY	
		XTANDI CAPS	25
		XTANDI TABS 40 MG	25
		XTANDI TABS 80 MG	25
		XULTOPHY 100/3.6	15
		XYNTHA	48
		XYNTHA SOLOFUSE	48
		YERVOY	24
		YONSA	25
		YUFLYMA 1-PEN KIT AJKT	3
		YUFLYMA 2-PEN KIT AJKT	3
		YUFLYMA 2-SYRINGE KIT PSKT ..	3
		YUFLYMA CD/UC/HS STARTER AJKT	3
		zafirlukast	9
		zaleplon 10 MG	49
		zaleplon 5 MG	49
		ZALTRAP 100 MG/4ML	24
		ZANOSAR	23
		ZARONTIN CAPS (ethosuximide) ..	12
		ZARXIO	49
		ZEJULA CAPS	27
		ZEJULA TABS 100 MG	27
		ZEJULA TABS 200 MG, 300 MG ..	27
		ZELBORAF	27
		ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT- 10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT- 15000 UNIT, 84000 UNIT-63000	

UNIT-20000 UNIT	43
ZENPEP CPEP 252600 UNIT- 189600 UNIT-60000 UNIT	43
zidovudine CAPS	31
zidovudine SYRP	31
zidovudine TABS	31
zileuton TB12	9
ziprasidone hcl	29
ZIRABEV	24
ZIRGAN GEL	58
ZOLADEX 10.8 MG	25
ZOLADEX 3.6 MG	25
zoledronic acid CONC	44
zoledronic acid SOLN	44
ZOLINZA	27
zolmitriptan SOLN	53
zolmitriptan TABS	53
zolmitriptan TBDP	53
zolpidem tartrate TABS	49
zolpidem tartrate TBCR	49
zonisamide CAPS	12
ZONTIVITY	48
ZORBTIVE SC	44
ZYDELIG	27
ZYLET	58

Ambetter Health is the brand name used for products and services provided by one or more of the wholly owned subsidiaries of Centene Corporation, who are issuers in the states indicated at AmbetterHealth.com. Health benefits and health insurance plans contain exclusions and limitations. This is a solicitation for insurance. ©2024 Centene Corporation, centene.com. All rights reserved.

For information on your right to receive an Ambetter Health plan free of discrimination, or your right to receive language, auditory and/or visual assistance services, please visit AmbetterHealth.com and scroll to the bottom of the page.