

# 2024 Formulary

Effective January 1, 2024



**[Ambetter.SilverSummitHealthplan.com](https://Ambetter.SilverSummitHealthplan.com)**

# Formulary Introduction

## FORMULARY

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

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

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

### Drug List Key:

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

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

- Tier 0** - No copayment for those drugs that are used for prevention and are mandated by the Affordable Care Act. Select oral contraceptives, vitamin D, folic acid for women of child bearing age, over-the-counter (OTC) aspirin, and smoking cessation products may be covered under this tier. Certain age limits may apply.
- Tier 1<sub>A</sub>** - Lowest copayment for select drugs that offer the greatest value compared to other drugs used to treat similar conditions. Select over-the-counter (OTC) drugs may be covered under this tier.
- Tier 1<sub>B</sub>** - Low copayment for those drugs that offer great value compared to other drugs used to treat similar conditions. Select over-the-counter (OTC) drugs may be covered under this tier.
- Tier 2** - Medium copayment covers brand name drugs that are generally more affordable, or may be preferred compared to other drugs to treat the same conditions.
- Tier 3** - High copayment covers higher cost brand name and non-preferred generic drugs. This tier may also cover non-specialty drugs that are not on the Prescription Drug List but approval has been granted for coverage.
- Tier 4** - **Highest copayment is for “specialty” drugs used to treat complex, chronic conditions that may require special handling, storage or clinical management.** Prescription drugs covered under the specialty tier may require fulfillment at a pharmacy that participates in Ambetter's "specialty" or "hemophilia" networks. For additional information on which pharmacies are within our "specialty" or "hemophilia" networks, please consult Ambetter website's pharmacy information section.

### Prior Authorization for Non-Formulary Drugs

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

### Formulary Abbreviations:

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

### Opioid Medications:

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

# Introducción al Formulario

## FORMULARIO

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

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

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

Clave de la lista de medicamentos:

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

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

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



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

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

### Abreviaturas del Formulario:

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

### Medicamentos opioides:

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders</b>					
<b>Amphetamines</b>					
<i>amphetamine sulfate TABS</i>	3	PA	<i>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</i>	1B	QL(2 ea daily)	<i>dextroamphetamine sulfate TABS 5 MG, 10 MG</i>	1B	QL(4 ea daily)
<i>amphetamine-dextroamphetamine CP24 3.75 MG-3.75 MG-3.75 MG-3.75 MG</i>	1B		<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</i>	1B	QL(1 ea daily)	<i>methamphetamine hcl</i>	1B	QL(5 ea daily); AL(At least 6 yrs old)
<i>amphetamine-dextroamphetamine TABS 7.5 MG-7.5 MG-7.5 MG-7.5 MG</i>	1B	QL(2 ea daily)	VYVANSE CAPS	3	QL(1 ea daily); ST
<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, 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</i>	1B	QL(3 ea daily)	<b>Anorexiants Non-Amphetamine</b>		
<i>dextroamphetamine sulfate CP24 10 MG, 15 MG</i>	1B	QL(4 ea daily)	<i>phendimetrazine tartrate TABS</i>	1B	PA
<i>dextroamphetamine sulfate CP24 5 MG</i>	1B		<i>phentermine hcl CAPS</i>	1B	PA
			<b>Anti-Obesity Agents</b>		
			CONTRACE	3	QL(4 ea daily); PA
			<b>Attention-Deficit/Hyperactivity Disorder (ADHD) Agents</b>		
			<i>atomoxetine hcl 60 MG, 80 MG, 100 MG</i>	1B	QL(1 ea daily); AL(At least 6 yrs old)
			<i>atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG</i>	1B	QL(2 ea daily); AL(At least 6 yrs old)
			<i>clonidine hcl (adhd) TB12</i>	1B	
			<i>guanfacine hcl (adhd)</i>	1B	QL(1 ea daily); AL(At least 6 yrs old)
			<b>Dopamine and Norepinephrine Reuptake Inhibitors (DNRIs)</b>		
			SUNOSI 75 MG	3	QL(2 ea daily); PA
			SUNOSI 150 MG	3	QL(1 ea daily); PA
			<b>Stimulants - Misc.</b>		

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

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl TBCR 36 MG, 54 MG</i>	1B	QL(2 ea daily); AL(At least 6 yrs old)
<i>methylphenidate PTCH</i>	1B	QL(1 ea daily); PA
<i>modafinil 200 MG</i>	1B	QL(2 ea daily); PA
<i>modafinil 100 MG</i>	1B	QL(1 ea daily); PA
<b>ALLERGENIC EXTRACTS/BIOLOGICALS MISC</b>		
Allergenic Extracts		
GRASTEK SUBL	3	PA
<b>AMEBICIDES</b>		
Amebicides		
SOLOSEC	3	PA
<b>AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections</b>		
Aminoglycosides		
<i>amikacin sulfate SOLN 1 GM/4ML, 500 MG/2ML</i>	1B	
ARIKAYCE	4	PA
<i>gentamicin in saline 0.8 MG/ML-0.9 %, 1 MG/ML-0.9 %, 1.2 MG/ML-0.9 %, 1.6 MG/ML-0.9 %</i>	1B	
<i>gentamicin sulfate IJ 40 MG/ML, 80 MG/2ML</i>	1B	
<i>neomycin sulfate TABS</i>	1B	
<i>streptomycin sulfate SOLR</i>	3	
<i>tobramycin sulfate SOLN IJ 10 MG/ML, 40 MG/ML, 80 MG/2ML</i>	1B	
<i>tobramycin NEBU</i>	4	QL(280 ml per 56 day(s) retail; 280 ml per 56 days mail); PA
<b>ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions</b>		
Antirheumatic - Enzyme Inhibitors		

Ambetter Formulary Updated August 1, 2024

Drug Name	Drug Tier	Requirements/Limits
RINVOQ TB24	4	QL(1 ea daily); PA
XELJANZ XR TB24	4	QL(1 ea daily); PA
XELJANZ SOLN	4	QL(20 ml daily); PA
XELJANZ TABS 5 MG	4	QL(2 ea daily); SP; PA
XELJANZ TABS 10 MG	4	QL(2 ea daily); PA
<b>Antirheumatic Antimetabolites</b>		
METHOTREXATE	4	QL(1.714 ea daily); SP; PA
<b>Anti-TNF-alpha - Monoclonal Antibodies</b>		
ADALIMUMAB-ADAZ SOAJ	4	QL(0.086 ml daily); PA
ADALIMUMAB-ADAZ SOSY	4	QL(0.086 ml daily); PA
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS AJKT	4	QL(0.215 ea daily); PA
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS AJKT	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA
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
CYLTEZO STARTER PACKAGE FOR PSORIASIS AJKT	4	QL(0.143 ea daily); PA
CYLTEZO AJKT	4	QL(0.029 ea daily); PA
CYLTEZO AJKT	4	QL(0.215 ea daily); PA
CYLTEZO PSKT 20 MG/0.4ML, 40 MG/0.8ML	4	QL(0.215 ea daily); PA
CYLTEZO PSKT 40 MG/0.4ML	4	QL(0.029 ea daily); PA
CYLTEZO PSKT 10 MG/0.2ML	4	QL(0.072 ea daily); PA

Drug Name	Drug Tier	Requirements/Limits
HADLIMA PUSHTOUCH SOAJ	4	QL(0.086 ml daily); PA
HADLIMA PUSHTOUCH SOAJ	4	QL(0.172 ml daily); PA
HADLIMA SOSY	4	QL(0.086 ml daily); PA
HADLIMA SOSY	4	QL(0.172 ml daily); PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML	4	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA
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
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
HUMIRA PEN PNKT	4	QL(0.143 ea daily); PA
HUMIRA PEN PNKT 80 MG/0.8ML	4	QL(0.072 ea daily); PA
HUMIRA PEN-PS/UV STARTER PNKT	4	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA
HUMIRA PSKT	4	QL(0.143 ea daily); PA
SIMPONI ARIA SOLN	4	PA
<b>Gold Compounds</b>		
RIDAURA	3	QL(3 ea daily)
<b>Interleukin-1 Blockers</b>		
ARCALYST	4	QL(0.286 ea daily); SP; PA
<b>Interleukin-6 Receptor Inhibitors</b>		

Ambetter Formulary Updated August 1, 2024



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

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

Ambetter Formulary Updated August 1, 2024

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>butalbital-aspirin-caffeine CAPS</i>	1B	QL(4 ea daily)	<i>levorphanol tartrate TABS 2 MG</i>	1B	New starts limited to 7 day supply
<b>Salicylates</b>			<i>meperidine hcl SOLN IJ 25 MG/ML, 50 MG/ML, 100 MG/ML</i>	1B	
<i>aspirin CHEW</i>	0	AL(At least 45 yrs old - Up to 79 yrs old)	<i>meperidine hcl SOLN OR 50 MG/5ML</i>	1B	New starts limited to 7 day supply; QL(500 ml per fill retail)
<i>aspirin TABS 325 MG</i>	0	AL(At least 45 yrs old - Up to 79 yrs old)	<i>meperidine hcl TABS 50 MG</i>	1B	New starts limited to 7 day supply; QL(6 ea daily)
<i>aspirin TBEC 325 MG</i>	1A		<i>methadone hcl CONC</i>	1B	QL(10 ml daily)
<i>aspirin TBEC 81 MG</i>	0	AL(At least 45 yrs old - Up to 79 yrs old)	<i>methadone hcl SOLN OR 10 MG/5ML</i>	1B	QL(50 ml daily)
<i>diflunisal TABS</i>	1B		<i>methadone hcl SOLN IJ 10 MG/ML</i>	1B	
<i>salsalate</i>	1B		<i>methadone hcl SOLN OR 5 MG/5ML</i>	1B	QL(100 ml daily)
<b>ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions</b>					
<b>Opioid Agonists</b>					
<i>codeine sulfate TABS 30 MG</i>	1B	New starts limited to 7 day supply	METHADONE HCL SOLN IJ	1B	
CODEINE SULFATE TABS	1B	New starts limited to 7 day supply	<i>methadone hcl TABS 5 MG</i>	1B	QL(4 ea daily)
<i>fentanyl citrate LPOP</i>	1B	QL(4 ea daily); PA	<i>methadone hcl TABS 10 MG</i>	1B	QL(10 ea daily)
<i>fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR</i>	1B	QL(0.34 ea daily)	<i>methadone hcl TBSO</i>	1B	QL(2 ea daily)
<i>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 OR 10 MG/5ML</i>	1B	New starts limited to 7 day supply; QL(100 ml daily)
<i>hydromorphone hcl TABS</i>	1B	New starts limited to 7 day supply; QL(8 ea daily)	<i>morphine sulfate SOLN OR 20 MG/5ML</i>	1B	New starts limited to 7 day supply; QL(50 ml daily)
<i>hydromorphone hcl TB24 8 MG, 12 MG, 16 MG</i>	1B	QL(2 ea daily); PA	<i>morphine sulfate SOLN IJ 0.5 MG/ML, 1 MG/ML</i>	1B	
<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 August 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 w/ codeine TABS 15 MG-300 MG</i>	1B	New starts limited to 7 day supply; QL(13 ea daily)
NUCYNTA ER TB12	2	QL(2 ea daily); PA	<i>acetaminophen w/ codeine TABS 30 MG-300 MG</i>	1A	New starts limited to 7 day supply; QL(12 ea daily)
NUCYNTA TABS	2	QL(6 ea daily); PA	<i>acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG</i>	3	New starts limited to 7 day supply; PA
<i>oxycodone hcl T12A 10 MG, 20 MG, 40 MG, 80 MG</i>	3	QL(2 ea daily); PA	<i>acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG</i>	1B	New starts limited to 7 day supply
<i>oxycodone hcl TABS</i>	1B	New starts limited to 7 day supply; QL(12 ea daily)	<i>butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG</i>	1B	New starts limited to 7 day supply; QL(6 ea daily)
OXYCODONE HYDROCHLORIDE TABS	2	New starts limited to 7 day supply; QL(12 ea daily)	<i>butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG</i>	1B	New starts limited to 7 day supply
<i>oxymorphone hcl TABS</i>	1B	QL(12 ea daily); PA	<i>butalbital-aspirin-caffeine w/cod</i>	1B	New starts limited to 7 day supply; QL(6 ea daily)
<i>oxymorphone hcl TB12 5 MG, 7.5 MG, 10 MG, 15 MG, 20 MG, 30 MG</i>	1B	QL(2 ea daily); PA	<i>hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML</i>	1B	New starts limited to 7 day supply; QL(180 ml daily)
<i>oxymorphone hcl TB12 40 MG</i>	1B	QL(4 ea daily); PA	<i>hydrocodone-acetaminophen 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>tramadol hcl TB24</i>	1B	QL(1 ea daily)			
XTAMPZA ER	2	QL(2 ea daily); PA			
<b>Opioid Combinations</b>					
<i>acetaminophen w/ codeine SOLN</i>	1A	New starts limited to 7 day supply; QL(75 ml daily)			
<i>acetaminophen w/ codeine TABS 60 MG-300 MG</i>	1B	New starts limited to 7 day supply; QL(6 ea daily)			

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone w/ acetaminophen TABS 325 MG-2.5 MG</i>	1B	New starts limited to 7 day supply; QL(13 ea daily)
<i>oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	1B	New starts limited to 7 day supply; QL(12 ea daily)
<i>tramadol-acetaminophen</i>	1B	New starts limited to 7 day supply; QL(8 ea daily)
<b>Opioid Partial Agonists</b>		
<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 FILM SL 3 MG-12 MG</i>	1B	QL(2 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate SUBL</i>	1B	QL(3 ea daily)
<i>buprenorphine hcl SOLN</i>	1B	
<i>buprenorphine hcl SUBL</i>	1B	QL(3 ea daily)
<i>buprenorphine PTWK</i>	1B	QL(0.143 ea daily); PA
<i>butorphanol tartrate NA 10 MG/ML</i>	1B	QL(0.34 ml daily); PA
<i>butorphanol tartrate IJ 1 MG/ML, 2 MG/ML</i>	1B	
<i>nalbuphine hcl</i>	1B	QL(8 ml daily)
<i>pentazocine w/ naloxone hcl</i>	1B	New starts limited to 7 day supply
<b>ANDROGENS-ANABOLIC - Drugs to Regulate Hormones</b>		
<b>Anabolic Steroids</b>		
<i>oxandrolone</i>	1B	
<b>Androgens</b>		
<i>ANDRODERM PT24 2 MG/24HR, 4 MG/24HR</i>	2	QL(1 ea daily); PA

Drug Name	Drug Tier	Requirements/Limits
<i>danazol CAPS</i>	1B	
<i>METHITEST TABS</i>	3	
<i>testosterone cypionate SOLN IM</i>	1B	
<i>TESTOSTERONE CYPIONATE SOLN IJ 200 MG/ML</i>	1B	
<i>testosterone enanthate SOLN IM</i>	1B	
<b>ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching</b>		
<b>Intrarectal Steroids</b>		
<i>budesonide (intrarectal)</i>	4	QL(3.2 gm daily); PA
<i>hydrocortisone (intrarectal)</i>	1B	
<i>UCERIS (budesonide (intrarectal))</i>	4	QL(3.2 gm daily); PA
<b>Rectal Steroids</b>		
<i>hydrocortisone (rectal) EX</i>	1B	RX/OTC
<i>hydrocortisone acetate (rectal)</i>	1B	
<b>Vasodilating Agents</b>		
<i>nitroglycerin (intra-anal)</i>	1B	QL(2 gm daily)
<i>RECTIV (nitroglycerin (intra-anal))</i>	3	QL(2 gm daily)
<b>ANTHELMINTICS - Drugs to Treat Worm Infections</b>		
<b>Anthelmintics</b>		
<i>albendazole</i>	1B	PA
<i>EMVERM CHEW</i>	2	QL(2 ea daily; 6 ea per fill retail; 6 per fill mail); 1 max fill(s) per 60 day(s) retail; 1 max fill(s) per 60 day(s) mail



Drug Name	Drug Tier	Requirements/Limits
<i>ivermectin</i>	1B	QL(9 ea per fill retail; 9 per fill mail); 1 max fill(s) per 75 day(s) retail; 1 max fill(s) per 75 day(s) mail
<i>praziquantel</i>	1B	PA

#### ANTIANGINAL AGENTS - Drugs to Treat Chest Pain

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

Drug Name	Drug Tier	Requirements/Limits
Benzodiazepines		
<i>alprazolam TABS 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	
<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	

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

Drug Name	Drug Tier	Requirements/Limits
Leukotriene Modulators		
<i>montelukast sodium CHEW</i>	1B	QL(1 ea daily)
<i>montelukast sodium PACK</i>	1B	QL(1 ea daily)
<i>montelukast sodium TABS</i>	1B	QL(1 ea daily)
<i>zafirlukast</i>	1B	QL(2 ea daily)
<i>zileuton TB12</i>	1B	QL(4 ea daily)
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
<i>roflumilast</i>	3	QL(1 ea daily)
Steroid Inhalants		
ALVESCO	3	PA
ARNUITY ELLIPTA	2	
<i>budesonide (inhalation) SUSP</i>	1B	QL(4 ml daily); PA
<i>fluticasone propionate (inhalation) AEPB</i>	1B	
<i>fluticasone propionate hfa</i>	1B	QL(0.8 gm daily)
PULMICORT FLEXHALER AEPB	2	
QVAR REDIHALER	2	
Sympathomimetics		
AIRDUO DIGIHALER 113/14	3	
AIRDUO DIGIHALER 232/14	3	
AIRDUO DIGIHALER 55/14	3	
AIRSUPRA	3	
<i>albuterol sulfate AERS</i>	1B	
<i>albuterol sulfate NEBU 0.083 %, 0.5 %, 0.63 MG/3ML, 1.25 MG/3ML, 2.5 MG/0.5ML</i>	1B	
<i>albuterol sulfate SYRP</i>	1B	
<i>albuterol sulfate TABS</i>	1B	
ANORO ELLIPTA	2	QL(2 ea daily)

Ambetter Formulary Updated August 1, 2024

Drug Name	Drug Tier	Requirements/Limits
<i>arformoterol tartrate</i>	1B	QL(4 ml daily)
BREO ELLIPTA	2	
BREO ELLIPTA ( <i>fluticasone furoate-vilanterol</i> )	2	
BREZTRI AEROSPHERE	2	QL(0.38 gm daily)
<i>budesonide-formoterol fumarate dihydrate</i>	1B	
DULERA	2	
<i>fluticasone furoate-vilanterol</i>	1B	
<i>fluticasone-salmeterol AEPB</i>	1B	
<i>fluticasone-salmeterol AERO</i>	1B	
<i>formoterol fumarate NEBU</i>	1B	QL(4 ml daily)
<i>ipratropium-albuterol SOLN</i>	1B	QL(18 ml daily)
<i>levalbuterol hcl</i>	1B	
<i>levalbuterol tartrate</i>	1B	QL(0.5 gm daily)
PROAIR DIGIHALER	3	
PROAIR RESPICLICK AEPB	3	
SEREVENT DISKUS	2	
STIOLTO RESPIMAT	2	
STRIVERDI RESPIMAT	2	
<i>terbutaline sulfate SOLN</i>	1B	
<i>terbutaline sulfate TABS</i>	1B	
TRELEGY ELLIPTA	2	QL(2 ea daily)
<b>Xanthines</b>		
<i>aminophylline SOLN</i>	1B	
<i>theophylline ELIX</i>	1B	
<i>theophylline SOLN</i>	1B	QL(56 ml daily)
<i>theophylline TB12</i>	1B	
<i>theophylline TB24</i>	1B	
<b>ANTICOAGULANTS - Blood Thinners</b>		

Drug Name	Drug Tier	Requirements/Limits
<b>Coumarin Anticoagulants</b>		
<i>warfarin sodium TABS</i>	1B	
<b>Direct Factor Xa Inhibitors</b>		
ELIQUIS STARTER PACK TBPK	2	QL(2.47 ea daily); 1 max fill(s) per 180 day(s) retail
ELIQUIS TABS	2	QL(2 ea daily)
XARELTO STARTER PACK TBPK	2	1 max fill(s) per 365 day(s) retail
XARELTO SUSR	2	QL(900 ml per 30 day(s) retail; 900 ml per 30 days mail)
XARELTO TABS 10 MG, 20 MG	2	QL(1 ea daily)
XARELTO TABS 2.5 MG, 15 MG	2	QL(2 ea daily)
<b>Heparins And Heparinoid-Like Agents</b>		
<i>enoxaparin sodium SOLN IJ 300 MG/3ML</i>	4	QL(6 ml daily)
<i>enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML</i>	4	QL(1.6 ml daily)
<i>enoxaparin sodium SOSY 60 MG/0.6ML</i>	4	QL(1.2 ml daily; 30 Day(s) limit); SP
<i>enoxaparin sodium SOSY 30 MG/0.3ML</i>	4	QL(0.6 ml daily); SP
<i>enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML</i>	4	QL(2 ml daily)
<i>enoxaparin sodium SOSY 40 MG/0.4ML</i>	4	QL(0.8 ml daily; 30 Day(s) limit); SP
<i>fondaparinux sodium 7.5 MG/0.6ML</i>	4	QL(5.4 ml per 180 day(s) retail; 5 ml per 180 days mail); SP

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



Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DIACOMIT CAPS 500 MG	4	QL(6 ea daily); PA	<i>primidone 50 MG, 250 MG</i>	1B	
DIACOMIT CAPS 250 MG	4	QL(12 ea daily); PA	<i>rufinamide SUSP</i>	1B	QL(80 ml daily); PA
DIACOMIT PACK 250 MG	4	QL(12 ea daily); PA	<i>rufinamide TABS 400 MG</i>	1B	QL(8 ea daily); PA
DIACOMIT PACK 500 MG	4	QL(6 ea daily); PA	<i>rufinamide TABS 200 MG</i>	1B	QL(2 ea daily); PA
EPIDIOLEX	3	PA	TEGRETOL SUSP ( <i>carbamazepine</i> )	2	
<i>gabapentin CAPS</i>	1B		TEGRETOL TABS ( <i>carbamazepine</i> )	2	
<i>gabapentin SOLN</i>	1B	QL(60 ml daily)	<i>topiramate CPSP 25 MG</i>	1B	QL(8 ea daily)
<i>gabapentin TABS 600 MG, 800 MG</i>	1B		<i>topiramate CPSP 15 MG</i>	1B	QL(6 ea daily)
<i>lacosamide SOLN IV 200 MG/20ML</i>	1B	QL(40 ml daily)	<i>topiramate CS24</i>	3	PA
<i>lacosamide TABS</i>	1B	QL(2 ea daily)	<i>topiramate TABS 25 MG, 100 MG</i>	1B	QL(4 ea daily)
<i>lamotrigine CHEW 5 MG</i>	1B	QL(100 ea daily)	<i>topiramate TABS 200 MG</i>	1B	QL(2 ea daily)
<i>lamotrigine CHEW 25 MG</i>	1B	QL(20 ea daily)	<i>topiramate TABS 50 MG</i>	1B	QL(6 ea daily)
<i>lamotrigine TABS</i>	1B		<i>zonisamide CAPS</i>	1B	QL(6 ea daily)
<i>lamotrigine TBDP</i>	1B	QL(1 ea daily)	Carbamates		
<i>levetiracetam SOLN IV 500 MG/5ML</i>	1B	QL(30 ml daily)	<i>felbamate SUSP</i>	1B	QL(30 ml daily)
<i>levetiracetam TABS 500 MG</i>	1B	QL(6 ea daily)	<i>felbamate TABS 600 MG</i>	1B	QL(6 ea daily)
<i>levetiracetam TABS 250 MG, 750 MG</i>	1B	QL(4 ea daily)	<i>felbamate TABS 400 MG</i>	1B	QL(9 ea daily)
<i>levetiracetam TABS 1000 MG</i>	1B	QL(3 ea daily)	GABA Modulators		
<i>levetiracetam TB24</i>	1B	QL(4 ea daily)	<i>tiagabine hcl</i>	1B	
<i>oxcarbazepine SUSP</i>	1B	QL(40 ml daily)	<i>vigabatrin PACK</i>	4	QL(6 ea daily); SP; PA
<i>oxcarbazepine TABS 150 MG, 300 MG</i>	1B	QL(3 ea daily)	<i>vigabatrin TABS</i>	4	QL(6 ea daily); SP; PA
<i>oxcarbazepine TABS 600 MG</i>	1B	QL(4 ea daily)	Hydantoins		
<i>pregabalin CAPS 225 MG, 300 MG</i>	3	QL(2 ea daily); PA	DILANTIN	2	
<i>pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG</i>	3	QL(3 ea daily); PA	DILANTIN ( <i>phenytoin sodium extended</i> )	2	
<i>pregabalin SOLN</i>	3	QL(30 ml daily); PA	DILANTIN INFATABS CHEW ( <i>phenytoin</i> )	2	
			DILANTIN-125 SUSP ( <i>phenytoin</i> )	2	
			<i>fosphenytoin sodium</i>	1B	

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

Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hcl TB12 200 MG</i>	1B	QL(2 ea daily)
<i>bupropion hcl TB24 300 MG</i>	1B	QL(1 ea daily)
<i>bupropion hcl TB24 150 MG</i>	1B	QL(3 ea daily)
<b>Monoamine Oxidase Inhibitors (MAOIs)</b>		
EMSAM	3	QL(1 ea daily)
MARPLAN	2	QL(6 ea daily)
<i>phenelzine sulfate</i>	1B	
<i>tranylcypromine sulfate</i>	1B	
<b>N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists</b>		
SPRAVATO 56MG DOSE	4	PA
SPRAVATO 84MG DOSE	4	PA
<b>Selective Serotonin Reuptake Inhibitors (SSRIs)</b>		
<i>citalopram hydrobromide SOLN</i>	1B	QL(20 ml daily)
<i>citalopram hydrobromide TABS 10 MG</i>	1B	QL(4 ea daily)
<i>citalopram hydrobromide TABS 20 MG</i>	1B	QL(2 ea daily)
<i>citalopram hydrobromide TABS 40 MG</i>	1B	QL(1 ea daily)
<i>escitalopram oxalate SOLN</i>	1B	QL(20 ml daily)
<i>escitalopram oxalate TABS 5 MG</i>	1B	QL(4 ea daily)
<i>escitalopram oxalate TABS 10 MG</i>	1B	QL(2 ea daily)
<i>escitalopram oxalate TABS 20 MG</i>	1B	QL(1 ea daily)
<i>fluoxetine hcl CAPS 10 MG</i>	1A	QL(1 ea daily)
<i>fluoxetine hcl CAPS 20 MG</i>	1B	QL(3 ea daily)
<i>fluoxetine hcl CAPS 40 MG</i>	1B	QL(2 ea daily)
<i>fluoxetine hcl CPDR</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>fluoxetine hcl SOLN</i>	1B	QL(20 ml daily)
<i>fluoxetine hcl TABS 20 MG</i>	1B	QL(3 ea daily)
<i>fluoxetine hcl TABS 10 MG, 60 MG</i>	1B	QL(1 ea daily)
<i>fluvoxamine maleate TABS 100 MG</i>	1B	QL(3 ea daily)
<i>fluvoxamine maleate TABS 25 MG, 50 MG</i>	1B	QL(2 ea daily)
<i>paroxetine hcl SUSP</i>	1B	QL(30 ml daily)
<i>paroxetine hcl TABS 30 MG</i>	1B	QL(2 ea daily)
<i>paroxetine hcl TABS 20 MG</i>	1B	QL(3 ea daily)
<i>paroxetine hcl TABS 10 MG</i>	1B	QL(6 ea daily)
<i>paroxetine hcl TABS 40 MG</i>	1B	QL(1 ea daily)
<i>paroxetine hcl TB24 25 MG, 37.5 MG</i>	1B	QL(2 ea daily)
<i>paroxetine hcl TB24 12.5 MG</i>	1B	QL(1 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)
<b>Serotonin Modulators</b>		
<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)
<b>Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)</b>		

Drug Name	Drug Tier	Requirements/Limits
<i>desvenlafaxine succinate 25 MG, 50 MG</i>	1B	QL(1 ea daily)
<i>desvenlafaxine succinate 100 MG</i>	1B	QL(4 ea daily)
<i>duloxetine hcl CPEP 20 MG, 30 MG, 60 MG</i>	1B	QL(2 ea daily)
<i>duloxetine hcl CPEP 40 MG</i>	1B	
FETZIMA TITRATION PACK C4PK	3	PA
FETZIMA CP24	3	QL(1 ea daily); PA
<i>venlafaxine hcl CP24 150 MG</i>	1B	QL(2 ea daily)
<i>venlafaxine hcl CP24 37.5 MG</i>	1B	QL(4 ea daily)
<i>venlafaxine hcl CP24 75 MG</i>	1B	QL(5 ea daily)
<i>venlafaxine hcl TABS</i>	1B	QL(3 ea daily)
<i>venlafaxine hcl TB24 37.5 MG, 75 MG, 225 MG</i>	1B	QL(1 ea daily)
<i>venlafaxine hcl TB24 150 MG</i>	1B	QL(2 ea daily)
<b>Tricyclic Agents</b>		
<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	
<b>ANTIDIABETICS - Drugs to Regulate Blood Sugar</b>		
<b>Alpha-Glucosidase Inhibitors</b>		

Drug Name	Drug Tier	Requirements/Limits
<i>acarbose</i>	1B	QL(3 ea daily)
<i>miglitol</i>	1B	QL(3 ea daily)
<b>Antidiabetic Combinations</b>		
<i>alogliptin-metformin hcl</i>	1B	QL(2 ea daily); PA
<i>alogliptin-pioglitazone 15 MG-12.5 MG, 30 MG-12.5 MG, 45 MG-12.5 MG</i>	1B	QL(2 ea daily); PA
<i>alogliptin-pioglitazone 15 MG-25 MG, 30 MG-25 MG, 45 MG-25 MG</i>	1B	QL(1 ea daily); PA
<i>dapagliflozin propanediol-metformin hcl 1000 MG-10 MG</i>	2	QL(1 ea daily)
<i>dapagliflozin propanediol-metformin hcl 1000 MG-5 MG</i>	2	QL(2 ea daily)
<i>glipizide-metformin hcl 500 MG-5 MG</i>	1B	QL(4 ea daily)
<i>glipizide-metformin hcl 250 MG-2.5 MG, 500 MG-2.5 MG</i>	1B	QL(2 ea daily)
<i>glyburide-metformin 250 MG-1.25 MG</i>	1B	QL(2 ea daily)
<i>glyburide-metformin 500 MG-2.5 MG, 500 MG-5 MG</i>	1B	QL(4 ea daily)
GLYXAMBI	2	QL(1 ea daily)
JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG	2	QL(2 ea daily)
JANUMET XR TB24 1000 MG-100 MG	2	QL(1 ea daily)
JANUMET TABS	2	QL(2 ea daily)
<i>pioglitazone hcl-glimepiride</i>	1B	QL(1 ea daily)
<i>pioglitazone hcl-metformin hcl TABS</i>	1B	QL(2 ea daily)
<i>saxagliptin-metformin hcl 1000 MG-5 MG, 500 MG-5 MG</i>	1B	QL(1 ea daily)
<i>saxagliptin-metformin hcl 1000 MG-2.5 MG</i>	1B	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
SOLQUA 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-2.5 MG, 1000 MG-5 MG	2	QL(2 ea daily)
XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG, 500 MG-5 MG	2	QL(1 ea daily)
XULTOPHY 100/3.6	2	QL(0.5 ml daily); PA
<b>Biguanides</b>		
<i>metformin hcl TABS 1000 MG</i>	1B	QL(2.5 ea daily)
<i>metformin hcl TABS 500 MG</i>	1B	QL(5 ea daily)
<i>metformin hcl TABS 850 MG</i>	0	QL(3 ea daily)
<i>metformin hcl TB24 500 MG</i>	1B	QL(4 ea daily)
<i>metformin hcl TB24 750 MG</i>	1B	QL(3 ea daily)
<b>Diabetic Other</b>		
<i>diazoxide</i>	3	
<i>glucagon (rdna)</i>	1B	QL(0.035 ea daily)
<b>Dipeptidyl Peptidase-4 (DPP-4) Inhibitors</b>		
<i>alogliptin benzoate</i>	1B	QL(1 ea daily)
JANUVIA	2	QL(1 ea daily)
<i>saxagliptin hcl</i>	1B	QL(1 ea daily)

Ambetter Formulary Updated August 1, 2024

Drug Name	Drug Tier	Requirements/Limits
<b>Incretin Mimetic Agents</b>		
<i>liraglutide</i>	1B	QL(0.3 ml daily); PA
OZEMPIC SOPN	2	QL(0.108 ml daily); PA
OZEMPIC SOPN 2 MG/1.5ML	2	QL(0.054 ml daily); PA
RYBELSUS TABS	2	QL(1 ea daily); PA
TRULICITY	2	QL(0.143 ml daily); PA
VICTOZA	2	QL(0.3 ml daily); PA
<b>Insulin</b>		
APIDRA SOLOSTAR SOPN	3	PA
APIDRA SOLN	3	PA
BASAGLAR KWIKPEN SOPN	2	
HUMULIN R U-500 (CONCENTRATED) SOLN SC	2	QL(1.34 ml daily)
HUMULIN R U-500 KWIKPEN SOPN SC	2	QL(1.34 ml daily)
INSULIN ASPART FLEXPEN SOPN	1B	
INSULIN ASPART PENFILL SOCT	1B	
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN SUPN	1B	
INSULIN ASPART PROTAMINE/INSULIN ASPART SUSP	1B	
INSULIN ASPART SOLN IJ	1B	
INSULIN DEGLUDEC FLEXTouch SOPN	2	
INSULIN DEGLUDEC SOLN	2	
LEVEMIR FLEXPEN SOPN	3	PA

Drug Name	Drug Tier	Requirements/Limits
LEVEMIR FLEXTouch SOPN	3	PA
LEVEMIR SOLN	3	PA
NOVOLIN 70/30 FLEXPEN SUPN	2	
NOVOLIN 70/30 SUSP	2	
NOVOLIN N FLEXPEN SUPN	2	
NOVOLIN N SUSP	2	
NOVOLIN R FLEXPEN SOPN IJ	2	
NOVOLIN R SOLN IJ	2	
<b>Insulin Sensitizing Agents</b>		
<i>pioglitazone hcl</i>	1B	QL(1 ea daily)
<b>Meglitinide Analogues</b>		
<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)
<b>Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors</b>		
<i>dapagliflozin propanediol</i>	2	QL(1 ea daily)
FARXIGA	2	QL(1 ea daily)
FARXIGA	2	QL(1 ea daily)
JARDIANCE	2	QL(1 ea daily)
<b>Sulfonylureas</b>		
<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)
<b>ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea</b>		
<b>Antiperistaltic Agents</b>		

Drug Name	Drug Tier	Requirements/Limits
<i>diphenoxylate w/ atropine LIQD</i>	1B	
<i>diphenoxylate w/ atropine TABS</i>	1B	
<i>loperamide hcl CAPS</i>	1B	RX/OTC
MOTOFEN	3	
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>		
Antidotes - Chelating Agents		
CHEMET	3	
<i>deferasirox PACK</i>	4	PA
<i>deferasirox TABS</i>	4	SP; PA
<i>deferasirox TBSO</i>	4	SP; PA
<i>deferiprone TABS 500 MG</i>	1B	
Antidotes and Specific Antagonists		
VISTOGARD	4	PA
Opioid Antagonists		
<i>naloxone hcl LIQD</i>	1B	QL(2 ea per fill retail); 2 max fill(s) per 30 day(s) retail; RX/OTC
<i>naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML</i>	1B	
<i>naltrexone hcl</i>	1B	
<b>ANTIEMETICS - Drugs to Treat Nausea and Vomiting</b>		
5-HT3 Receptor Antagonists		
ANZEMET TABS 50 MG	3	QL(0.167 ea daily); PA
<i>granisetron hcl SOLN IV 1 MG/ML</i>	1B	
<i>granisetron hcl TABS</i>	1B	QL(0.34 ea daily)
<i>ondansetron hcl SOLN 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	

Drug Name	Drug Tier	Requirements/Limits
<i>ondansetron hcl TABS 8 MG</i>	1B	QL(3 ea daily; 45 ea per fill retail; 45 per fill mail)
<i>ondansetron hcl TABS 4 MG</i>	1B	QL(4 ea daily; 60 ea per fill retail; 60 per fill mail)
<i>ondansetron hcl TABS 24 MG</i>	1B	QL(0.143 ea daily)
<i>ondansetron TBDP 4 MG</i>	1B	QL(1 ea daily)
<i>ondansetron TBDP 8 MG</i>	1B	
<i>palonosetron hcl SOLN</i>	1B	
Antiemetics - Anticholinergic		
<i>meclizine hcl TABS 12.5 MG</i>	1A	RX/OTC
<i>meclizine hcl TABS 25 MG</i>	1B	RX/OTC
<i>scopolamine</i>	1B	QL(0.34 ea daily)
<i>trimethobenzamide hcl CAPS</i>	1B	
Antiemetics - Miscellaneous		
AKYNZEO	3	PA
<i>doxylamine-pyridoxine TBEC</i>	1B	QL(4 ea daily); 3 max fill(s) per 365 day(s) retail; 3 max fill(s) per 365 day(s) mail; PA
<i>dronabinol CAPS</i>	1B	
Substance P/Neurokinin 1 (NK1) Receptor Antagonists		
<i>aprepitant CAPS 40 MG, 125 MG</i>	1B	QL(0.067 ea daily)
<i>aprepitant CAPS</i>	1B	PA
<i>aprepitant CAPS 80 MG</i>	1B	QL(0.134 ea daily)
<i>aprepitant MISC</i>	1B	PA
VARUBI TBPK	3	PA
<b>ANTIFUNGALS - Drugs to Treat Fungal Infections</b>		

Ambetter Formulary Updated August 1, 2024

Drug Name	Drug Tier	Requirements/Limits
<b>Antifungal - Glucan Synthesis Inhibitors</b>		
<i>caspofungin acetate</i>	1B	
ERAXIS	3	
<i>micafungin sodium</i>	1B	PA
<b>Antifungals</b>		
ABELCET	3	
<i>amphotericin b IV</i>	3	
<i>amphotericin b liposome</i>	3	
<i>flucytosine</i>	1B	
<i>griseofulvin microsize SUSP</i>	1B	AL(At least 2 yrs old)
<i>griseofulvin microsize TABS</i>	1B	
<i>griseofulvin ultramicrosize</i>	1B	
<i>nystatin TABS</i>	1B	
<i>terbinafine hcl TABS</i>	1B	QL(1 ea daily)
<b>Imidazole-Related Antifungals</b>		
CRESEMBA CAPS 186 MG	3	PA
<i>fluconazole 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	
NOXAFIL SUSP ( <i>posaconazole</i> )	3	QL(20 ml daily)
<i>posaconazole SUSP</i>	1B	QL(20 ml daily)
TOLSURA CAPS	4	PA
<i>voriconazole TABS</i>	1B	QL(4 ea daily)
<b>ANTIHISTAMINES - Drugs to Treat Allergies</b>		
<b>Antihistamines - Alkylamines</b>		
<i>dexchlorpheniramine maleate SOLN</i>	1B	
<b>Antihistamines - Ethanolamines</b>		

Drug Name	Drug Tier	Requirements/Limits
<i>carbinoxamine maleate SOLN</i>	1B	
<i>carbinoxamine maleate TABS 4 MG</i>	1B	
<i>clemastine fumarate SYRP</i>	1B	
<i>clemastine fumarate TABS 2.68 MG</i>	1B	
<i>diphenhydramine hcl CAPS 50 MG</i>	1A	
<i>diphenhydramine hcl ELIX 12.5 MG/5ML</i>	1B	
<i>diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML</i>	1B	QL(20 ml daily)
<i>diphenhydramine hcl SOLN 50 MG/ML</i>	1B	
<b>Antihistamines - Non-Sedating</b>		
<i>cetirizine hcl TABS</i>	1A	QL(1 ea daily)
<i>desloratadine TABS</i>	1B	QL(1 ea daily)
<i>desloratadine TBDP 2.5 MG</i>	1B	QL(1 ea daily)
<i>levocetirizine dihydrochloride SOLN</i>	1B	QL(10 ml daily); RX/OTC
<i>levocetirizine dihydrochloride TABS</i>	1B	QL(1 ea daily); RX/OTC
<i>loratadine CAPS</i>	1B	
<i>loratadine CHEW</i>	1B	
<i>loratadine SOLN</i>	1B	
<i>loratadine TABS</i>	1A	
<i>loratadine TBDP</i>	1B	
QUZYTIR SOLN IV	3	PA
<b>Antihistamines - Phenothiazines</b>		
<i>promethazine hcl SOLN OR 6.25 MG/5ML</i>	1B	
<i>promethazine hcl SUPP 12.5 MG, 25 MG</i>	1B	QL(6 ea daily)
<i>promethazine hcl SUPP 50 MG</i>	1B	
<i>promethazine hcl TABS</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
Antihistamines - Piperidines		
<i>cyproheptadine hcl SYRP</i>	1B	
<i>cyproheptadine hcl TABS</i>	1B	
<b>ANTHYPERLIPIDEMICS - Drugs to Treat High Cholesterol</b>		
Antihyperlipidemics - Combinations		
<i>ezetimibe-simvastatin</i>	1B	QL(1 ea daily)
Antihyperlipidemics - Misc.		
<i>icosapent ethyl 1 GM</i>	1B	QL(4 ea daily); PA
<i>omega-3-acid ethyl esters</i>	1B	QL(4 ea daily)
Bile Acid Sequestrants		
<i>cholestyramine light PACK</i>	1B	QL(6 ea daily)
<i>cholestyramine light POWD</i>	1B	QL(24 gm daily)
<i>cholestyramine PACK</i>	1B	QL(6 ea daily)
<i>cholestyramine POWD</i>	1B	QL(25.2 gm daily)
<i>colesevelam hcl PACK</i>	1B	QL(1 ea daily); PA
<i>colesevelam hcl TABS</i>	1B	QL(7 ea daily)
<i>colestipol hcl GRAN</i>	1B	QL(6 gm daily)
<i>colestipol hcl PACK</i>	1B	QL(6 ea daily)
<i>colestipol hcl TABS</i>	1B	QL(16 ea daily)
Fibric Acid Derivatives		
<i>choline fenofibrate</i>	1B	QL(1 ea daily)
<i>fenofibrate micronized 43 MG, 67 MG, 130 MG, 134 MG, 200 MG</i>	1B	QL(1 ea daily)
<i>fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG</i>	1B	QL(1 ea daily)
<i>gemfibrozil TABS</i>	1B	QL(2 ea daily)
HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium TABS</i>	1B	QL(1 ea daily)
<i>fluvastatin sodium CAPS 40 MG</i>	1B	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>fluvastatin sodium CAPS 20 MG</i>	1B	QL(1 ea daily)
<i>lovastatin TABS 40 MG</i>	1B	\$0 copay for generic only, age 40 to 76; QL(2 ea daily); PV
<i>lovastatin TABS 10 MG, 20 MG</i>	1B	\$0 copay for generic only, age 40 to 76; QL(1 ea daily); PV
<i>pravastatin sodium</i>	1B	QL(1 ea daily)
<i>rosuvastatin calcium TABS</i>	3	QL(1 ea daily)
<i>simvastatin TABS</i>	1B	QL(1 ea daily)
Intestinal Cholesterol Absorption Inhibitors		
<i>ezetimibe</i>	1B	QL(1 ea daily)
Nicotinic Acid Derivatives		
<i>niacin (antihyperlipidemic) TBCR</i>	1B	QL(2 ea daily)
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors		
REPATHA PUSHTRONEX SYSTEM SOCT	4	QL(0.25 ml daily); PA
REPATHA SURECLICK SOAJ	4	QL(0.0714 ml daily); PA
REPATHA SOSY	4	QL(0.0714 ml daily); PA
<b>ANTHYPERTENSIVES - Drugs to Treat High Blood Pressure</b>		
ACE Inhibitors		
<i>benazepril hcl</i>	1B	
<i>captopril 12.5 MG</i>	1B	
<i>captopril 25 MG, 50 MG, 100 MG</i>	1B	QL(3 ea daily)
<i>enalapril maleate TABS</i>	1B	
<i>fosinopril sodium</i>	1B	

Ambetter Formulary Updated August 1, 2024



Drug Name	Drug Tier	Requirements/Limits
<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 20 MG, 40 MG</i>	1B	
<i>quinapril hcl 5 MG, 10 MG</i>	1B	QL(2 ea daily)
<i>ramipril CAPS</i>	1B	
<i>trandolapril 1 MG, 2 MG</i>	1B	QL(1 ea daily)
<i>trandolapril 4 MG</i>	1B	QL(2 ea daily)
<b>Agents for Pheochromocytoma</b>		
<i>phenoxybenzamine hcl</i>	3	PA
<b>Angiotensin II Receptor Antagonists</b>		
<i>candesartan cilexetil</i>	1B	QL(1 ea daily)
EDARBI	3	QL(1 ea daily); ST
<i>irbesartan</i>	1B	QL(1 ea daily)
<i>losartan potassium</i>	1B	QL(1 ea daily)
<i>olmesartan medoxomil</i>	1B	QL(1 ea daily)
<i>telmisartan</i>	1B	QL(1 ea daily)
<i>valsartan TABS</i>	1B	QL(1 ea daily)
<b>Antiadrenergic Antihypertensives</b>		
<i>clonidine</i>	3	QL(0.15 ea daily)
<i>clonidine hcl TABS</i>	1B	QL(8 ea daily)
<i>doxazosin mesylate</i>	1B	
<i>guanfacine hcl</i>	1B	
<i>methyldopa TABS</i>	1B	QL(6 ea daily)
<i>prazosin hcl CAPS</i>	1B	QL(4 ea daily)
<i>terazosin hcl</i>	1B	
<b>Antihypertensive Combinations</b>		
<i>amlodipine besylate-benazepril hcl</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-olmesartan medoxomil</i>	1B	ST
<i>amlodipine besylate-valsartan</i>	1B	QL(1 ea daily)
<i>amlodipine-valsartan-hydrochlorothiazide</i>	3	
<i>atenolol &amp; chlorthalidone</i>	1B	
<i>benazepril &amp; hydrochlorothiazide 12.5 MG-10 MG, 25 MG-20 MG</i>	1B	QL(1 ea daily)
<i>benazepril &amp; hydrochlorothiazide 12.5 MG-20 MG, 6.25 MG-5 MG</i>	1B	
<i>bisoprolol &amp; hydrochlorothiazide</i>	1B	QL(2 ea daily)
<i>candesartan cilexetil-hydrochlorothiazide</i>	1B	
<i>enalapril maleate &amp; hydrochlorothiazide 25 MG-10 MG</i>	1B	
<i>enalapril maleate &amp; hydrochlorothiazide 12.5 MG-5 MG</i>	1B	QL(2 ea daily)
<i>fosinopril sodium &amp; hydrochlorothiazide</i>	1B	QL(1 ea daily)
<i>irbesartan-hydrochlorothiazide</i>	1B	
<i>lisinopril &amp; hydrochlorothiazide</i>	1B	
<i>losartan potassium &amp; hydrochlorothiazide 12.5 MG-100 MG, 25 MG-100 MG</i>	1B	QL(1 ea daily)
<i>losartan potassium &amp; hydrochlorothiazide 12.5 MG-50 MG</i>	1B	QL(2 ea daily)
<i>metoprolol &amp; hydrochlorothiazide TABS 25 MG-100 MG, 50 MG-100 MG</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>metoprolol &amp; hydrochlorothiazide TABS 25 MG-50 MG</i>	1B	QL(1 ea daily)
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	1B	ST
<i>olmesartan medoxomil-hydrochlorothiazide</i>	1B	
<i>quinapril-hydrochlorothiazide 12.5 MG-10 MG</i>	1B	QL(3 ea daily)
<i>quinapril-hydrochlorothiazide 25 MG-20 MG</i>	1B	QL(2 ea daily)
<i>quinapril-hydrochlorothiazide 12.5 MG-20 MG</i>	1B	QL(4 ea daily)
<i>telmisartan-amlodipine</i>	1B	QL(1 ea daily)
<i>telmisartan-hydrochlorothiazide</i>	1B	QL(1 ea daily)
<i>trandolapril-verapamil hcl 240 MG-2 MG, 240 MG-4 MG</i>	3	QL(1 ea daily)
<i>trandolapril-verapamil hcl 180 MG-2 MG, 240 MG-1 MG</i>	3	
<i>valsartan-hydrochlorothiazide</i>	1B	QL(1 ea daily)
<b>Antihypertensives - Misc.</b>		
VECAMYL	3	PA
<b>Direct Renin Inhibitors</b>		
<i>aliskiren fumarate</i>	1B	QL(1 ea daily)
<b>Selective Aldosterone Receptor Antagonists (SARAs)</b>		
<i>eplerenone</i>	1B	
<b>Vasodilators</b>		
<i>hydralazine hcl SOLN</i>	1B	
<i>hydralazine hcl TABS</i>	1B	
<i>minoxidil 2.5 MG, 10 MG</i>	1B	
<b>ANTI-INFECTIVE AGENTS - MISC. - Drugs to</b>		

Drug Name	Drug Tier	Requirements/Limits
<b>Treat Bacterial Infections</b>		
<b>Anti-infective Agents - Misc.</b>		
<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
<b>Anti-infective Misc. - Combinations</b>		
<i>sulfamethoxazole-trimethoprim SOLN</i>	1B	
<i>sulfamethoxazole-trimethoprim SUSP</i>	1B	
<i>sulfamethoxazole-trimethoprim TABS</i>	1A	
<b>Antiprotozoal Agents</b>		
ALINIA SUSR	2	PA
<i>atovaquone</i>	1B	
<i>nitazoxanide TABS</i>	1B	PA
<b>Carbapenems</b>		
<i>ertapenem sodium IJ</i>	1B	
<i>imipenem-cilastatin IV</i>	1B	
<i>meropenem</i>	1B	
<b>Chloramphenicols</b>		
<i>chloramphenicol sodium succinate</i>	4	SP; PA
<b>Cyclic Lipopeptides</b>		
<i>daptomycin 500 MG</i>	1B	
<b>Glycopeptides</b>		

Ambetter Formulary Updated August 1, 2024

Drug Name	Drug Tier	Requirements/Limits
<i>vancomycin hcl CAPS</i>	1B	QL(4 ea daily; 40 ea per fill retail)
<i>vancomycin hcl SOLR OR 25 MG/ML, 50 MG/ML, 250 MG/5ML</i>	1B	QL(300 ml per fill retail)
<i>vancomycin hcl SOLR IV 1 GM, 10 GM, 500 MG, 1000 MG</i>	1B	
<b>Leprostatics</b>		
<i>dapsone</i>	1B	
<b>Lincosamides</b>		
<i>clindamycin hcl</i>	1B	
<i>clindamycin palmitate hydrochloride</i>	1B	
<i>clindamycin phosphate SOLN IJ 9 GM/60ML, 300 MG/2ML, 600 MG/4ML, 900 MG/6ML, 9000 MG/60ML</i>	1B	
<i>lincomycin hcl</i>	1B	
<b>Monobactams</b>		
<i>aztreonam 1 GM</i>	1B	
CAYSTON	4	QL(3 ml daily); PA
<b>Oxazolidinones</b>		
<i>linezolid SUSR</i>	1B	
<i>linezolid TABS</i>	1B	QL(2 ea daily); PA
SIVEXTRO TABS	3	PA
<b>Polymyxins</b>		
<i>polymyxin b sulfate SOLR</i>	1B	
<b>Urinary Anti-infectives</b>		
<i>fosfomycin tromethamine</i>	1B	
<i>methenamine hippurate</i>	1B	
<i>nitrofurantoin</i>	1B	
<i>nitrofurantoin macrocrystal 50 MG, 100 MG</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>nitrofurantoin monohyd macro</i>	1B	
<b>ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)</b>		
<b>Antimalarial Combinations</b>		
<i>atovaquone-proguanil hcl</i>	1B	Covered for malaria treatment only. Limit 1 fill every 180 days; QL(12 ea per fill retail; 12 per fill mail); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
COARTEM	2	Covered for malaria treatment only. Limit 1 fill every 180 days; QL(24 ea per fill retail; 24 per fill mail); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
<b>Antimalarials</b>		
<i>chloroquine phosphate TABS 250 MG</i>	1B	QL(3 ea daily)
<i>chloroquine phosphate TABS 500 MG</i>	1B	
<i>hydroxychloroquine sulfate 100 MG</i>	1B	QL(4 ea daily)
<i>hydroxychloroquine sulfate 400 MG</i>	1B	QL(1 ea daily)
<i>hydroxychloroquine sulfate 200 MG</i>	1B	QL(3 ea daily)
KRINTAFEL	3	QL(2 ea per 30 day(s) retail)

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

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

Ambetter Formulary Updated August 1, 2024

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<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
<b>Antineoplastic - Immunomodulators</b>		
POMALYST	4	QL(1 ea daily); PA
<b>Antineoplastic - PDGFR-alpha Inhibitors</b>		
AYVAKIT	4	QL(1 ea daily); PA
<b>Antineoplastic - XPO1 Inhibitors</b>		
XPOVIO	4	PA
XPOVIO 60 MG TWICE WEEKLY	4	PA
XPOVIO 80 MG TWICE WEEKLY	4	PA
<b>Antineoplastic Antibiotics</b>		
<i>bleomycin sulfate 15 UNIT</i>	4	SP; PA
<i>dactinomycin</i>	4	SP; PA
<i>doxorubicin hcl liposomal</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

Ambetter Formulary Updated August 1, 2024

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Antineoplastic Combinations			IBRANCE TABS	4	QL(1 ea daily); PA
KISQALI FEMARA 200 DOSE	4	PA	ICLUSIG	4	QL(1 ea daily); PA
KISQALI FEMARA 400 DOSE	4	PA	<i>imatinib mesylate</i>	4	QL(2 ea daily); SP; PA
KISQALI FEMARA 600 DOSE	4	PA	IMBRUVICA CAPS 140 MG	4	QL(3 ea daily); PA
Antineoplastic Enzyme Inhibitors			IMBRUVICA CAPS 70 MG	4	QL(1 ea daily); PA
ALECENSA	4	QL(4 ea daily); PA	IMBRUVICA SUSP	4	QL(8 ml daily); PA
ALUNBRIG TABS	4	QL(1 ea daily); PA	IMBRUVICA TABS	4	QL(1 ea daily); PA
ALUNBRIG TBPK	4	QL(1 ea daily); PA	INREBIC	4	PA
BALVERSA	4	PA	JAKAFI	4	QL(2 ea daily); SP; PA
<i>bortezomib SOLR IJ</i>	4	SP; PA	KISQALI	4	PA
BORTEZOMIB SOLR IV 3.5 MG	4	PA	KOSELUGO	4	PA
BOSULIF TABS 400 MG	4	QL(1 ea daily); PA	KYPROLIS	4	PA
BOSULIF TABS 100 MG, 500 MG	4	QL(1 ea daily); SP; PA	<i>lapatinib ditosylate</i>	4	QL(6 ea daily); SP; PA
BRAFTOVI 75 MG	4	SP; PA	LORBRENA	4	QL(1 ea daily); PA
BRUKINSA	4	PA	LYNPARZA TABS	4	QL(4 ea daily); PA
CABOMETYX TABS	4	QL(1 ea daily); PA	MEKINIST SOLR	4	PA
CALQUENCE	4	QL(2 ea daily); PA	MEKINIST TABS	4	PA
CALQUENCE	4	QL(2 ea daily); PA	MEKTOVI	4	SP; PA
CAPRELSA	4	QL(1 ea daily); SP; PA	NINLARO	4	QL(0.143 ea daily); PA
COMETRIQ KIT	4	QL(3 ea daily); SP; PA	<i>pazopanib hcl</i>	4	QL(4 ea daily); SP; PA
COMETRIQ KIT	4	QL(2 ea daily); SP; PA	PEMAZYRE	4	QL(1 ea daily); PA
COMETRIQ KIT	4	QL(4 ea daily); SP; PA	PIQRAY 200MG DAILY DOSE	4	PA
COPIKTRA	4	PA	PIQRAY 250MG DAILY DOSE	4	PA
<i>everolimus TABS</i>	4	QL(1 ea daily); SP; PA	PIQRAY 300MG DAILY DOSE	4	PA
IBRANCE CAPS	4	QL(1 ea daily); PA	QINLOCK	4	PA
			RETEVMO	4	PA
			<i>romidepsin SOLR</i>	4	SP; PA

Drug Name	Drug Tier	Requirements/Limits
ROZLYTREK CAPS	4	PA
RUBRACA	4	QL(4 ea daily); PA
SCEMBLIX 100 MG	4	QL(4 ea daily); PA
SCEMBLIX 40 MG	4	QL(10 ea daily); PA
SCEMBLIX 20 MG	4	QL(2 ea daily); PA
<i>sorafenib tosylate</i>	4	QL(4 ea daily); SP; PA
SPRYCEL	4	QL(1 ea daily); SP; PA
STIVARGA	4	QL(4 ea daily); SP; PA
<i>sunitinib malate 37.5 MG</i>	4	QL(1 ea daily); PA
<i>sunitinib malate 12.5 MG, 25 MG, 50 MG</i>	4	QL(1 ea daily); SP; PA
TABRECTA	4	PA
TAFINLAR CAPS	4	PA
TAFINLAR TBSO	4	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	PA
VITRAKVI CAPS	4	PA
VITRAKVI SOLN	4	PA
VOTRIENT ( <i>pazopanib hcl</i> )	4	QL(4 ea daily); SP; 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

Drug Name	Drug Tier	Requirements/Limits
ZEJULA TABS 200 MG, 300 MG	4	QL(1 ea daily); PA
ZELBORAF	4	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
<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	
INTRON A SOLR 18000000 UNIT	4	SP
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

Ambetter Formulary Updated August 1, 2024



Drug Name	Drug Tier	Requirements/Limits
<i>eribulin mesylate</i>	4	SP; PA
ETOPOPHOS	4	SP; PA
<i>etoposide CAPS</i>	4	SP; PA
<i>etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML</i>	4	PA
HALAVEN ( <i>eribulin mesylate</i> )	4	SP; PA
IXEMPRA KIT 15 MG	4	SP; PA
JEVTANA	4	SP; PA
<i>paclitaxel 6 MG/ML, 100 MG/16.7ML, 150 MG/25ML</i>	4	SP; PA
<i>paclitaxel protein-bound particles</i>	4	SP; PA
<i>vincristine sulfate</i>	4	SP; PA
<i>vinorelbine tartrate 10 MG/ML</i>	4	SP; PA
Topoisomerase I Inhibitors		
HYCAMTIN CAPS	4	SP; PA
<i>irinotecan hcl 40 MG/2ML, 100 MG/5ML</i>	4	SP; PA
<i>topotecan hcl SOLN</i>	4	
<i>topotecan hcl SOLR</i>	4	
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease</b>		
Antiparkinson Adjunctive Therapy		
<i>carbidopa</i>	1B	
Antiparkinson Anticholinergics		
<i>benztropine mesylate SOLN</i>	1B	
<i>benztropine mesylate TABS</i>	1B	
<i>trihexyphenidyl hcl SOLN</i>	1B	
<i>trihexyphenidyl hcl TABS</i>	1B	
Antiparkinson COMT Inhibitors		
<i>entacapone</i>	1B	QL(8 ea daily)
<i>tolcapone</i>	1B	

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

Ambetter Formulary Updated August 1, 2024

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>lithium carbonate CAPS</i>	1B		<i>asenapine maleate 5 MG, 10 MG</i>	1B	QL(2 ea daily); PA
<i>lithium carbonate TABS</i>	1B		<i>asenapine maleate 2.5 MG</i>	1B	QL(4 ea daily); PA
<i>lithium carbonate TBCR</i>	1B		<i>clozapine TABS</i>	1B	
Antipsychotics - Misc.			<i>clozapine TBDP 12.5 MG, 150 MG</i>	1B	QL(6 ea daily)
EQUETRO 200 MG	3	QL(8 ea daily); ST	<i>clozapine TBDP 100 MG</i>	1B	QL(9 ea daily)
EQUETRO 300 MG	3	QL(4 ea daily); ST	<i>clozapine TBDP 25 MG</i>	1B	QL(3 ea daily)
EQUETRO 100 MG	3	QL(2 ea daily); ST	<i>loxapine succinate</i>	1B	
<i>lurasidone hcl 20 MG, 40 MG, 60 MG, 120 MG</i>	1B	QL(1 ea daily)	<i>olanzapine SOLR</i>	1B	QL(0.215 ea daily)
<i>lurasidone hcl 80 MG</i>	1B	QL(2 ea daily)	<i>olanzapine TABS 7.5 MG, 10 MG, 15 MG, 20 MG</i>	1B	QL(2 ea daily)
<i>ziprasidone hcl</i>	1B	QL(2 ea daily); AL(At least 18 yrs old)	<i>olanzapine TABS 2.5 MG, 5 MG</i>	1B	QL(4 ea daily)
Benzisoxazoles			<i>olanzapine TBDP 20 MG</i>	1B	QL(1 ea daily)
FANAPT	2	QL(2 ea daily); PA	<i>olanzapine TBDP 5 MG, 10 MG, 15 MG</i>	1B	QL(2 ea daily)
FANAPT TITRATION PACK	2	PA	<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>paliperidone 1.5 MG, 3 MG, 9 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>paliperidone 6 MG</i>	1B	QL(2 ea daily)	<i>quetiapine fumarate TB24 300 MG, 400 MG</i>	1B	QL(2 ea daily)
PERSERIS PRSY	2	QL(0.072 ea daily); PA	<i>quetiapine fumarate TB24 50 MG, 150 MG, 200 MG</i>	1B	QL(1 ea daily)
RISPERDAL CONSTA ( <i>risperidone microspheres</i> )	2	QL(0.072 ea daily); PA	Phenothiazines		
<i>risperidone microspheres</i>	1B	QL(0.072 ea daily); PA	<i>chlorpromazine hcl SOLN</i>	3	
<i>risperidone SOLN</i>	1B	QL(8 ml daily)	<i>chlorpromazine hcl TABS</i>	1B	
<i>risperidone TABS</i>	1B	QL(4 ea daily)	<i>fluphenazine hcl CONC</i>	1B	
<i>risperidone TBDP</i>	1B	QL(4 ea daily)	<i>fluphenazine hcl ELIX</i>	1B	
Butyrophenones			<i>fluphenazine hcl SOLN</i>	1B	
<i>haloperidol decanoate</i>	1B	QL(0.036 ml daily)	<i>fluphenazine hcl TABS</i>	1B	
<i>haloperidol lactate CONC</i>	1B		<i>perphenazine TABS</i>	1B	
<i>haloperidol lactate SOLN</i>	1B		<i>prochlorperazine</i>	1B	
<i>haloperidol TABS</i>	1B		<i>prochlorperazine maleate TABS</i>	1B	
Dibenzapines					

Ambetter Formulary Updated August 1, 2024

Drug Name	Drug Tier	Requirements/Limits
<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	
<b>ANTIVIRALS - Drugs to Treat Viral Infections</b>		
Antiretrovirals		
<i>abacavir sulfate-lamivudine</i>	1B	QL(1 ea daily)
<i>abacavir sulfate SOLN</i>	1B	QL(32 ml daily)
<i>abacavir sulfate TABS</i>	1B	QL(2 ea daily)
APTIVUS CAPS	3	QL(4 ea daily)
<i>atazanavir sulfate CAPS 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 50 MG</i>	1B	QL(3 ea daily)
<i>efavirenz CAPS 200 MG</i>	1B	QL(2 ea daily)
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	1B	QL(1 ea daily)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	1B	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>efavirenz TABS</i>	1B	QL(1 ea daily)
<i>emtricitabine CAPS</i>	1B	QL(1 ea daily)
<i>emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG</i>	0	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)
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
GENVOYA	3	QL(1 ea daily)
INTELENCE 25 MG	3	QL(8 ea daily)
ISENTRESS HD TABS	3	QL(2 ea daily)
ISENTRESS CHEW	3	QL(6 ea daily)
ISENTRESS TABS	3	QL(2 ea daily)
JULUCA	3	QL(1 ea daily)
<i>lamivudine SOLN</i>	1B	QL(30 ml daily)
<i>lamivudine TABS 150 MG</i>	1B	QL(2 ea daily)
<i>lamivudine TABS 300 MG</i>	1B	QL(1 ea daily)
<i>lamivudine-zidovudine</i>	1B	QL(2 ea daily)
LEXIVA SUSP	3	QL(56 ml daily)
<i>lopinavir-ritonavir SOLN</i>	1B	QL(12.5 ml daily)
<i>lopinavir-ritonavir TABS</i>	1B	QL(4 ea daily)
<i>maraviroc TABS 300 MG</i>	1B	QL(4 ea daily)
<i>maraviroc TABS 150 MG</i>	1B	QL(2 ea daily)
<i>nevirapine SUSP</i>	1B	QL(40 ml daily)
<i>nevirapine TABS</i>	1B	QL(2 ea daily)
<i>nevirapine TB24 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)

Drug Name	Drug Tier	Requirements/Limits
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 (darunavir)	3	
PREZISTA TABS 75 MG, 150 MG	3	QL(2 ea daily)
RETROVIR IV INFUSION SOLN	3	
ritonavir TABS	1B	QL(12 ea daily)
RUKOBIA	4	PA
SELZENTRY SOLN	3	QL(30 ml daily)
SELZENTRY TABS 25 MG, 75 MG	3	QL(2 ea daily)
stavudine CAPS	1B	QL(2 ea daily)
STRIBILD	3	QL(1 ea daily)
tenofovir disoproxil fumarate TABS	1B	
TIVICAY TABS	3	QL(2 ea daily)
TRIUMEQ TABS	3	QL(1 ea daily)
TRIZIVIR	3	QL(2 ea daily)
TYBOST	3	QL(1 ea daily)
VIRACEPT TABS 625 MG	3	QL(4 ea daily)
VIRACEPT TABS 250 MG	3	QL(10 ea daily)
VIREAD POWD	3	QL(7.5 gm daily)
VIREAD TABS 150 MG, 200 MG, 250 MG	3	QL(1 ea daily)
zidovudine CAPS	1B	QL(6 ea daily)
zidovudine SYRP	1B	QL(60 ml daily)
zidovudine TABS	1B	QL(2 ea daily)
CMV Agents		
cidofovir	3	
ganciclovir sodium SOLR	1B	
valganciclovir hcl TABS	1B	QL(4 ea daily); PA
Hepatitis Agents		

Drug Name	Drug Tier	Requirements/Limits
adefovir dipivoxil	4	QL(1 ea daily); SP
BARACLUDE SOLN	4	QL(20 ml daily); SP; PA
entecavir TABS	4	QL(1 ea daily); SP
EPIVIR HBV SOLN	4	QL(60 ml daily); SP; PA
lamivudine (hbv) 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
ribavirin (hepatitis c) CAPS	1B	QL(7 ea daily)
ribavirin (hepatitis c) TABS 200 MG	1B	QL(7 ea daily)
SOFOSBUVIR/VELPATA SVIR TABS	1B	QL(1 ea daily); PA
SOVALDI TABS 200 MG	4	QL(1 ea daily); PA
SOVALDI TABS 400 MG	4	QL(1 ea daily); SP; PA
Herpes Agents		
acyclovir CAPS	1A	QL(5 ea daily; 50 ea per fill retail; 50 per fill mail)
acyclovir SUSP	1B	QL(13.34 ml daily)
acyclovir TABS OR	1B	QL(5 ea daily)
famciclovir 125 MG, 250 MG	1B	QL(3 ea daily)
famciclovir 500 MG	1B	QL(4 ea daily)
valacyclovir hcl 1 GM, 1000 MG	1B	QL(4 ea daily)
valacyclovir hcl 500 MG	1B	QL(2 ea daily)
Influenza Agents		

Drug Name	Drug Tier	Requirements/Limits
<i>oseltamivir phosphate CAPS</i>	1B	Limit 1 fill every 90 days.; QL(10 ea per fill retail; 10 per fill mail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
<i>oseltamivir phosphate SUSR</i>	1B	Limit 1 fill every 90 days.; QL(125 ml per fill retail); 1 max fill(s) per 90 day(s) retail
RELENZA DISKHALER	2	1 package(s) per 30 day(s) retail
<i>rimantadine hydrochloride TABS</i>	1B	QL(2 ea daily)
<b>BETA BLOCKERS - Drugs to Treat High Blood Pressure</b>		
<b>Alpha-Beta Blockers</b>		
<i>carvedilol</i>	1B	
<i>carvedilol phosphate</i>	3	QL(1 ea daily)
<i>labetalol hcl SOLN</i>	1B	
<i>labetalol hcl TABS 100 MG, 200 MG</i>	1B	
<i>labetalol hcl TABS 300 MG</i>	1B	QL(8 ea daily)
<b>Beta Blockers Cardio-Selective</b>		
<i>acebutolol hcl CAPS</i>	1B	
<i>atenolol TABS</i>	1B	
<i>betaxolol hcl</i>	1B	
<i>bisoprolol fumarate</i>	1B	
<i>metoprolol succinate TB24 200 MG</i>	1B	QL(2 ea daily)
<i>metoprolol succinate TB24 25 MG, 50 MG, 100 MG</i>	1B	
<i>metoprolol tartrate SOLN IV 5 MG/5ML</i>	1B	

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

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

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

Ambetter Formulary Updated August 1, 2024

Drug Name	Drug Tier	Requirements/Limits
<i>sildenafil citrate (pulmonary hypertension) TABS</i>	4	QL(3 ea daily); SP; PA
<i>tadalafil (pulmonary hypertension) TABS</i>	4	QL(2 ea daily); SP; PA
<b>Pulmonary Hypertension - Prostacyclin Receptor Agonist</b>		
UPTRAVI TITRATION PACK TBPK	4	1 max fill(s) per 180 day(s) retail; PA
UPTRAVI TABS 200 MCG	4	PA
UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG	4	QL(2 ea daily); PA
<b>Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator</b>		
ADEMPAS	4	QL(3 ea daily); PA
<b>Sinus Node Inhibitors</b>		
CORLANOR SOLN	3	QL(15 ml daily); PA
CORLANOR TABS 5 MG, 7.5 MG ( <i>ivabradine hcl</i> )	3	QL(2 ea daily); PA
<i>ivabradine hcl</i> TABS	1B	QL(2 ea daily); PA
<b>Transthyretin Stabilizers</b>		
VYNDAMAX	4	QL(1 ea daily); PA
VYNDAQEL	4	QL(4 ea daily); PA
<b>CEPHALOSPORINS - Drugs to Treat Bacterial Infections</b>		
<b>Cephalosporins - 1st Generation</b>		
<i>cefadroxil</i> CAPS	1B	
<i>cefadroxil</i> SUSR	1B	
<i>cefadroxil</i> TABS	1B	
<i>cefazolin sodium</i> SOLR IJ 1 GM, 10 GM, 500 MG	1B	

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

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

Ambetter Formulary Updated August 1, 2024



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

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

Ambetter Formulary Updated August 1, 2024

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>benzonatate 150 MG</i>	1B	QL(4 ea daily)	<i>benzoyl peroxide GEL 10 %</i>	1B	AL(At least 12 yrs old)
<i>benzonatate 200 MG</i>	1B	QL(3 ea daily)	<i>benzoyl peroxide GEL 5 %</i>	1B	QL(3 gm daily); AL(At least 12 yrs old)
<i>benzonatate 100 MG</i>	1B	QL(6 ea daily)	<i>benzoyl peroxide LIQD 4 %, 7 %, 10 %</i>	1B	AL(At least 12 yrs old)
Cough/Cold/Allergy Combinations			<i>clindamycin phosphate (topical) FOAM</i>	1B	AL(At least 12 yrs old); PA
<i>hydrocodone polistirex-chlorpheniramine polistirex SUER</i>	1B		<i>clindamycin phosphate (topical) GEL</i>	1B	QL(8 gm daily)
TUZISTRA XR	2	PA	<i>clindamycin phosphate (topical) LOTN</i>	1B	AL(At least 12 yrs old)
Misc. Respiratory Inhalants			<i>clindamycin phosphate (topical) SOLN</i>	1B	QL(4 ml daily); AL(At least 12 yrs old)
HYPERSAL NEBU	1B		<i>clindamycin phosphate (topical) SWAB</i>	1B	AL(At least 12 yrs old)
NEBUSAL NEBU	1B		<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	1B	AL(At least 12 yrs old); PA
<i>sodium chloride (inhalant) NEBU 7 %</i>	1B		<i>clindamycin phosphate-benzoyl peroxide GEL 5 %-1 %</i>	1B	AL(At least 12 yrs old); PA
Mucolytics			<i>clindamycin phosphate-tretinoin</i>	1B	AL(At least 12 yrs old); ST
<i>acetylcysteine SOLN</i>	1B		DIFFERIN LOTN	2	AL(At least 12 yrs old); ST
<b>DERMATOLOGICALS - Drugs to Treat Skin Conditions</b>			<i>erythromycin (acne aid) PADS</i>	1B	AL(At least 12 yrs old)
Acne Products			<i>erythromycin (acne aid) SOLN</i>	1B	AL(At least 12 yrs old)
<i>adapalene-benzoyl peroxide GEL 2.5 %-0.1 %</i>	1B	AL(At least 12 yrs old); ST	<i>isotretinoin 10 MG, 20 MG, 30 MG, 40 MG</i>	3	AL(At least 12 yrs old); PA
<i>adapalene CREA</i>	1B	AL(At least 12 yrs old); ST	PR BENZOYL PEROXIDE WASH LIQD	2	AL(At least 12 yrs old); RX/OTC
<i>adapalene GEL</i>	1B	AL(At least 12 yrs old); ST; RX/OTC	<i>sulfacetamide sodium (acne)</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>sulfacetamide sodium w/ sulfur CREA 10 %-5 %</i>	1B	AL(At least 12 yrs old)
BENZEPRO CREAMY WASH LIQD	2	AL(At least 12 yrs old); RX/OTC	<i>sulfacetamide sodium w/ sulfur LIQD 9 %-4.5 %</i>	1B	AL(At least 12 yrs old); ST
<i>benzoyl peroxide-erythromycin GEL</i>	1B	AL(At least 12 yrs old); PA			
<i>benzoyl peroxide FOAM 5.3 %, 9.8 %</i>	1B	AL(At least 12 yrs old); RX/OTC			

Ambetter Formulary Updated August 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>ciclopirox SOLN</i>	1B	QL(0.22 ml daily)
<i>clotrimazole (topical) CREA</i>	1B	QL(4.5 gm daily); RX/OTC
<i>clotrimazole (topical) SOLN</i>	1B	QL(10 ml daily); RX/OTC
<i>clotrimazole w/ betamethasone CREA</i>	1B	QL(8 gm daily)
<i>clotrimazole w/ betamethasone LOTN</i>	1B	
<i>econazole nitrate CREA</i>	1B	QL(85 gm per fill retail; 85 per fill mail)
ERTACZO	3	QL(2.15 gm daily)
<i>ketoconazole (topical) CREA</i>	1B	QL(10 gm daily)
<i>ketoconazole (topical) SHAM 2 %</i>	1B	QL(20 ml daily)
<i>luliconazole</i>	1B	PA
<i>naftifine hcl CREA 2 %</i>	1B	QL(2 gm daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
<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)

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

Drug Name	Drug Tier	Requirements/Limits
<i>tazarotene CREA</i>	1B	QL(1 gm daily)
TREMFYA SOPN	4	QL(0.018 ml daily); PA
TREMFYA SOSY	4	QL(0.018 ml daily); PA
Antiseborrheic Products		
<i>selenium sulfide LOTN 2.5 %</i>	1B	
Antivirals - Topical		
<i>acyclovir topical CREA</i>	1B	1 package(s) per fill retail; 1 package(s) per fill mail
<i>acyclovir topical OINT</i>	1B	1 package(s) per fill retail; 1 package(s) per fill mail
<i>penciclovir</i>	3	QL(0.18 gm daily)
Burn Products		
<i>mafenide acetate PACK</i>	3	
<i>silver sulfadiazine</i>	1B	QL(20 gm daily)
SULFAMYLON CREA	3	
Corticosteroids - Topical		
<i>alclometasone dipropionate CREA</i>	1B	QL(2 gm daily)
<i>alclometasone dipropionate OINT</i>	1B	QL(3 gm daily)
<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>amcinonide LOTN</i>	3	
<i>amcinonide OINT</i>	3	
<i>betamethasone dipropionate (topical) CREA</i>	1B	QL(3 gm daily)

Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone dipropionate (topical) LOTN</i>	1B	
<i>betamethasone dipropionate (topical) OINT</i>	1B	QL(3 gm daily)
<i>betamethasone dipropionate augmented CREA</i>	1B	QL(3.5 gm daily)
<i>betamethasone dipropionate augmented LOTN</i>	1B	QL(5 ml daily)
<i>betamethasone dipropionate augmented OINT</i>	1B	QL(3.5 gm daily)
<i>betamethasone valerate CREA</i>	1B	QL(2.5 gm daily)
<i>betamethasone valerate FOAM</i>	1B	QL(1.67 gm daily)
<i>betamethasone valerate LOTN</i>	1B	QL(5 ml daily)
<i>betamethasone valerate OINT</i>	1B	QL(3 gm daily)
<i>calcipotriene-betamethasone dipropionate OINT</i>	1B	ST
<i>calcipotriene-betamethasone dipropionate SUSP</i>	1B	ST
<i>clobetasol propionate emollient base 0.05 %</i>	1B	QL(1 gm daily); PA
<i>clobetasol propionate CREA 0.05 %</i>	1B	QL(3 gm daily); PA
<i>clobetasol propionate FOAM</i>	1B	QL(3 gm daily); ST
<i>clobetasol propionate GEL 0.05 %</i>	1B	QL(2 gm daily); ST
<i>clobetasol propionate OINT 0.05 %</i>	1B	QL(1 gm daily); PA
<i>clobetasol propionate SOLN 0.05 %</i>	1B	QL(3.34 ml daily); PA
<i>clocortolone pivalate</i>	3	QL(3 gm daily)

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

Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide (topical) OINT 0.5 %</i>	1B	QL(6 gm daily)
<i>triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %</i>	1B	QL(15.15 gm daily)
<b>Eczema Agents</b>		
DUPIXENT SOPN 200 MG/1.14ML	4	QL(0.082 ml daily); PA
DUPIXENT SOPN 300 MG/2ML	4	QL(0.29 ml daily); PA
DUPIXENT SOSY 200 MG/1.14ML	4	QL(0.082 ml daily); PA
DUPIXENT SOSY 300 MG/2ML	4	QL(0.29 ml daily); PA
DUPIXENT SOSY 100 MG/0.67ML	4	QL(0.048 ml daily); PA
<b>Emollients</b>		
<i>lactic acid (ammonium lactate) CREA</i>	1B	QL(12.9 gm daily); RX/OTC
<i>lactic acid (ammonium lactate) LOTN 12 %</i>	1B	RX/OTC
<b>Enzymes - Topical</b>		
SANTYL OINT	3	PA
<b>Immunomodulating Agents - Topical</b>		
<i>imiquimod 5 %</i>	1B	QL(12 ea per fill retail; 12 per fill mail)
<b>Immunosuppressive Agents - Topical</b>		
<i>pimecrolimus</i>	1B	QL(3 gm daily); AL(At least 2 yrs old); PA
<i>tacrolimus (topical) OINT</i>	1B	AL(At least 2 yrs old); PA
<b>Keratolytic/Antimitotic/Vesicant Agents</b>		
<i>podofilox SOLN</i>	1B	
<b>Local Anesthetics - Topical</b>		
<i>lidocaine hcl GEL 2 %</i>	1B	QL(4 ml daily)
<i>lidocaine hcl PRSY</i>	1B	QL(4 ml daily)
<i>lidocaine hcl SOLN</i>	1B	QL(10 ml daily)

Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine-prilocaine CREA</i>	1B	QL(1 gm daily)
<i>lidocaine PTCH 5 %</i>	1B	PA
SYNERA PTCH	3	QL(10 ea per fill retail; 10 per fill mail); 1 max fill(s) per 30 day(s) retail; 1 max fill(s) per 30 day(s) mail
<b>Phosphodiesterase 4 (PDE4) Inhibitors - Topical</b>		
EUCRISA	3	QL(2 gm daily); PA
<b>Rosacea Agents</b>		
<i>azelaic acid GEL</i>	1B	QL(1.67 gm daily)
<i>brimonidine tartrate (topical)</i>	3	QL(1 gm daily); PA
<i>metronidazole (topical) CREA</i>	1B	QL(3 gm daily)
<i>metronidazole (topical) GEL 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	
<b>Scabicides &amp; Pediculicides</b>		
<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
<b>Wound Care Products</b>		
REGRANEX	3	QL(0.5 gm daily)
<b>DIAGNOSTIC PRODUCTS</b>		
<b>Diagnostic Drugs</b>		
GLUCAGEN DIAGNOSTIC	3	QL(0.035 ea daily)

Ambetter Formulary Updated August 1, 2024

Drug Name	Drug Tier	Requirements/Limits
THYROGEN 0.9 MG	3	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; PA
<b>Diagnostic Tests</b>		
CHEMSTRIP-K STRP	1B	
FORA GTEL BLOOD KETONE TEST STRIPS	1B	
FORA TEST N' GO ADVANCE/VOICE/6 CONNECT	1B	
GOJJI BLOOD KETONE TEST STRIPS	1B	
KETONE TEST STRIPS STRP	1B	
KETONE STRP	1B	
KETOSTIX STRP	1B	
NOVA MAX PLUS KETONE TESTSTRIPS	1B	
PRECISION XTRA	1B	
RELION KETONE TEST STRIPS STRP	1B	
RELION TRUE METRIX BLOODGLUCOSE TEST STRIPS STRP	1B	QL(3.34 ea daily); RX/OTC
TRUE METRIX BLOOD GLUCOSETEST STRIPS STRP	1B	Limit 100 per month; QL(3.34 ea daily); RX/OTC
TRUE METRIX SELF MONITORING BLOOD GLUCOSE STRIPS STRP	1B	QL(3.34 ea daily); RX/OTC
TRUETRACK TEST STRP	1B	Limit 100 per month; QL(3.34 ea daily); RX/OTC
<b>DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes</b>		
Digestive Enzymes		

Drug Name	Drug Tier	Requirements/Limits
CREON CPEP	2	Non-FDA approved uses require Prior Authorization
PANCREAZE CPEP 149900 UNIT-97300 UNIT-37000 UNIT, 15200 UNIT-8800 UNIT-2600 UNIT, 24600 UNIT-14200 UNIT-4200 UNIT, 61500 UNIT-35500 UNIT-10500 UNIT, 83900 UNIT-54700 UNIT-21000 UNIT, 98400 UNIT-56800 UNIT-16800 UNIT	3	Non-FDA approved uses require Prior Authorization
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	
<b>DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure</b>		
<b>Carbonic Anhydrase Inhibitors</b>		
<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)
<b>Diuretic Combinations</b>		



Drug Name	Drug Tier	Requirements/Limits
<i>amiloride &amp; hydrochlorothiazide</i>	1B	
<i>spironolactone &amp; hydrochlorothiazide</i>	1B	
<i>triamterene &amp; hydrochlorothiazide CAPS 25 MG-37.5 MG</i>	1B	
<i>triamterene &amp; hydrochlorothiazide TABS</i>	1B	
<b>Loop Diuretics</b>		
<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>toremide TABS</i>	1B	
<b>Potassium Sparing Diuretics</b>		
<i>amiloride hcl TABS</i>	1B	
<i>spironolactone TABS</i>	1B	
<i>triamterene CAPS</i>	1B	QL(3 ea daily)
<b>Thiazides and Thiazide-Like Diuretics</b>		
<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)
<b>ENDOCRINE AND METABOLIC AGENTS - MISC.</b>		
<b>- Drugs to Treat Bone Disease and Regulate Hormones</b>		

Drug Name	Drug Tier	Requirements/Limits
<b>Bone Density Regulators</b>		
<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)
FORTEO SOPN (teriparatide (recombinant))	4	QL(0.09 ml daily); SP; PA
FOSAMAX PLUS D	3	QL(0.143 ea daily); PA
<i>ibandronate sodium SOLN</i>	4	SP; PA
<i>ibandronate sodium TABS</i>	1B	QL(0.036 ea daily)
<i>pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML</i>	4	SP; PA
PAMIDRONATE DISODIUM SOLN	4	SP; PA
PROLIA SOSY	4	1 max fill(s) per 180 day(s) retail; SP; PA
<i>risedronate sodium TABS 5 MG, 30 MG</i>	1B	QL(1 ea daily); PA
<i>risedronate sodium TABS 35 MG</i>	1B	QL(0.143 ea daily); PA
<i>risedronate sodium TABS 150 MG</i>	1B	QL(0.036 ea daily); PA
<i>risedronate sodium TBEC</i>	1B	PA
<i>teriparatide (recombinant) SOPN</i>	4	QL(0.09 ml daily); SP; PA
TERIPARATIDE SOPN	4	QL(0.09 ml daily); PA
TYMLOS	4	PA
XGEVA SOLN	4	SP; PA
<i>zoledronic acid CONC</i>	4	SP; PA
<i>zoledronic acid SOLN</i>	4	SP; PA
<b>Corticotropin</b>		
ACTHAR GEL	3	PA
<b>Fertility Regulators</b>		

Ambetter Formulary Updated August 1, 2024

Drug Name	Drug Tier	Requirements/Limits
CHORIONIC GONADOTROPIN IM	4	PA
<i>clomiphene citrate TABS</i>	3	PA
GnRH/LHRH Antagonists		
<i>ganirelix acetate</i>	4	PA
ORLISSA	2	PA
Growth Hormone Receptor Antagonists		
SOMAVERT 10 MG, 15 MG, 20 MG	4	SP; PA
Growth Hormone Releasing Hormones (GHRH)		
EGRIFTA 2 MG	4	PA
EGRIFTA SV	4	PA
Growth Hormones		
HUMATROPE CART IJ	4	SP; PA
NORDITROPIN FLEXPRO SOPN 30 MG/3ML	4	PA
NORDITROPIN FLEXPRO SOPN 5 MG/1.5ML, 10 MG/1.5ML, 15 MG/1.5ML	4	SP; PA
ZORBTIVE SC	4	SP; PA
Hormone Receptor Modulators		
OSPHENA	3	PA
<i>raloxifene hcl</i>	0	QL(1 ea daily)
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX	4	SP; PA
LHRH/GnRH Agonist Analog Pituitary Suppressants		
FENSOLVI 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		

Drug Name	Drug Tier	Requirements/Limits
ALDURAZYME	4	SP; PA
<i>betaine</i>	4	SP; PA
<i>calcitriol CAPS</i>	1B	
<i>calcitriol SOLN IV</i>	1B	
<i>cinacalcet hcl</i>	4	QL(4 ea daily); SP; PA
<i>doxercalciferol CAPS</i>	1B	
<i>doxercalciferol SOLN</i>	1B	
ELAPRASE	4	SP; PA
GALAFOLD	4	QL(0.5 ea daily); PA
LUMIZYME	4	SP; PA
MYALEPT	4	PA
NAGLAZYME	4	SP; PA
<i>nitisinone CAPS</i>	4	PA
<i>paricalcitol CAPS</i>	1B	
<i>paricalcitol SOLN</i>	1B	
PHEBURANE PLLT	4	PA
<i>sapropterin dihydrochloride PACK</i>	4	PA
<i>sapropterin dihydrochloride TABS</i>	4	PA
<i>sodium phenylbutyrate POWD</i>	1B	PA
<i>sodium phenylbutyrate TABS</i>	1B	PA
STRENSIQ	4	PA
Posterior Pituitary Hormones		
<i>desmopressin acetate spray</i>	1B	
<i>desmopressin acetate spray refrigerated</i>	1B	
<i>desmopressin acetate SOLN IJ</i>	1B	PA
DESMOPRESSIN ACETATE SOLN NA	4	SP; PA
<i>desmopressin acetate TABS 0.1 MG</i>	1B	QL(6 ea daily)
<i>desmopressin acetate TABS 0.2 MG</i>	1B	QL(8 ea daily)

Ambetter Formulary Updated August 1, 2024

Drug Name	Drug Tier	Requirements/Limits
STIMATE SOLN NA	4	SP; PA
<b>Prolactin Inhibitors</b>		
<i>cabergoline</i>	1B	
<b>Somatostatic Agents</b>		
<i>octreotide acetate SOLN</i>	4	SP; PA
SANDOSTATIN LAR DEPOT KIT	4	PA
SIGNIFOR	4	PA
<b>Vasopressin Receptor Antagonists</b>		
<i>tolvaptan TABS</i>	4	QL(2 ea daily); SP; PA
<b>ESTROGENS - Hormone Replacement/Modifying Drugs</b>		
<b>Estrogen Combinations</b>		
ACTIVELLA TABS 1 MG-0.5 MG ( <i>estradiol &amp; norethindrone acetate</i> )	3	
ANGELIQ	3	
BIJUVA	3	
CLIMARA PRO	3	
COMBIPATCH PTTW	3	
DUAVEE	3	
<i>esterified estrogens &amp; methyltestosterone</i>	3	
<i>estradiol &amp; norethindrone acetate TABS</i>	3	
<i>norethindrone acetate-ethinyl estradiol</i>	1B	
PREFEST	3	
PREMPHASE	2	
PREMPRO	2	QL(1 ea daily)
<b>Estrogens</b>		
DELESTROGEN 10 MG/ML ( <i>estradiol valerate</i> )	1B	
DEPO-ESTRADIOL	3	
ELESTRIN GEL	3	

Drug Name	Drug Tier	Requirements/Limits
<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	
ESTROGEL GEL ( <i>estradiol</i> )	3	
EVAMIST SOLN	3	
MENEST	3	
MENOSTAR PTWK	3	
PREMARIN SOLR	2	
PREMARIN TABS	2	QL(1 ea daily)
<b>FLUOROQUINOLONES - Drugs to Treat Bacterial Infections</b>		
<b>Fluoroquinolones</b>		
BAXDELA SOLR	3	PA
BAXDELA TABS	3	PA
<i>ciprofloxacin hcl TABS</i>	1B	
<i>ciprofloxacin in d5w 5 %-200 MG/100ML</i>	3	
<i>ciprofloxacin SUSR 5 GM/100ML, 500 MG/5ML</i>	1B	2 max fill(s) per 30 day(s) retail
CIPRO SUSR	2	2 max fill(s) per 30 day(s) retail
<i>levofloxacin in d5w 5 %-500 MG/100ML</i>	1B	
<i>levofloxacin SOLN OR</i>	1B	
<i>levofloxacin TABS 250 MG, 750 MG</i>	1B	
<i>levofloxacin TABS 500 MG</i>	1A	
<i>moxifloxacin hcl in sodium chloride</i>	1B	
<i>moxifloxacin hcl TABS</i>	1B	

Ambetter Formulary Updated August 1, 2024

Drug Name	Drug Tier	Requirements/Limits
<i>ofloxacin 300 MG, 400 MG</i>	1B	
<b>GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs</b>		
Bile Acid Synthesis Disorder Agents		
CHOLBAM	4	SP; PA
Gallstone Solubilizing Agents		
<i>ursodiol CAPS</i>	1B	QL(3 ea daily)
<i>ursodiol TABS</i>	1B	
Gastrointestinal Chloride Channel Activators		
<i>lubiprostone</i>	1B	QL(2 ea daily)
Gastrointestinal Stimulants		
<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

Drug Name	Drug Tier	Requirements/Limits
<i>sulfasalazine TABS</i>	1B	
<i>sulfasalazine TBEC</i>	1B	
Intestinal Acidifiers		
<i>lactulose (encephalopathy)</i>	1B	
Irritable Bowel Syndrome (IBS) Agents		
<i>alose tron hcl</i>	1B	QL(2 ea daily)
LINZESS	2	QL(1 ea daily)
Peripheral Opioid Receptor Antagonists		
<i>alvimopan</i>	1B	
MOVANTIK	3	QL(1 ea daily); PA
Phosphate Binder Agents		
<i>calcium acetate (phosphate binder) CAPS</i>	1B	
<i>calcium acetate (phosphate binder) TABS</i>	1B	RX/OTC
<i>lanthanum carbonate CHEW</i>	1B	
PHOSLYRA SOLN	2	
<i>sevelamer carbonate PACK</i>	1B	
<i>sevelamer carbonate TABS</i>	1B	
VELPHORO	3	PA
<b>GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System</b>		
Alkalinizers		
<i>potassium citrate (alkalinizer) TBCR</i>	1B	
<i>sodium citrate &amp; citric acid</i>	1B	RX/OTC
Cystinosis Agents		
CYSTAGON CAPS	3	PA
Genitourinary Irrigants		
<i>acetic acid 0.25 %</i>	1B	

Ambetter Formulary Updated August 1, 2024

Drug Name	Drug Tier	Requirements/Limits
<i>glycine (gu irrigant) SOLN 1.5 %</i>	1B	
<i>sodium chloride (gu irrigant) 0.9 %</i>	1B	
SORBITOL 3 %	1B	
SORBITOL/MANNITOL IRRIGATION	1B	
Interstitial Cystitis Agents		
ELMIRON CAPS	2	QL(3 ea daily)
Prostatic Hypertrophy Agents		
<i>alfuzosin hcl</i>	1B	QL(1 ea daily)
<i>dutasteride</i>	1B	QL(1 ea daily)
<i>dutasteride-tamsulosin hcl</i>	3	PA
<i>finasteride</i>	1B	5 mg only
<i>silodosin</i>	1B	
<i>tamsulosin hcl</i>	1B	
Urinary Analgesics		
<i>phenazopyridine hcl TABS 100 MG, 100 MG, 200 MG</i>	1B	
Urinary Stone Agents		
THIOLA EC TBEC 100 MG ( <i>tiopronin</i> )	3	QL(3 ea daily); PA
THIOLA EC TBEC 300 MG ( <i>tiopronin</i> )	3	QL(10 ea daily); PA
<i>tiopronin TBEC 300 MG</i>	3	QL(10 ea daily); PA
<i>tiopronin TBEC 100 MG</i>	3	QL(3 ea daily); PA
<b>GOUT AGENTS - Drugs to Treat Gout</b>		
Gout Agent Combinations		
<i>colchicine w/ probenecid</i>	1B	
Gout Agents		
<i>allopurinol</i>	1B	
<i>colchicine TABS</i>	1B	QL(1 ea daily)
<i>febuxostat</i>	1B	QL(1 ea daily); PA
Uricosurics		

Drug Name	Drug Tier	Requirements/Limits
<i>probenecid</i>	1B	
<b>HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders</b>		
Antihemophilic Products		
ADVATE	4	PA
ADYNOVATE	4	PA
AFSTYLA	4	PA
ALPROLIX	4	PA
ALTUVIIIIO	4	PA
BENEFIX KIT	4	PA
ELOCTATE	4	PA
ESPEROCT	4	PA
IDELVION	4	PA
JIVI	4	PA
KOGENATE FS KIT	4	PA
KOVALTRY	4	PA
NOVOEIGHT	4	PA
XYNTHA	4	PA
XYNTHA SOLOFUSE	4	PA
Bradykinin B2 Receptor Antagonists		
<i>icatibant acetate SOLN</i>	4	QL(9 ml daily); PA
<i>icatibant acetate SOSY</i>	4	QL(9 ml daily); PA
Complement Inhibitors		
HAEGARDA SOLR SC	4	PA
Hemataologic - Tyrosine Kinase Inhibitors		
TAVALISSE	4	QL(2 ea daily); SP; PA
Hematorheologic Agents		
<i>pentoxifylline</i>	1B	QL(3 ea daily)
Plasma Kallikrein Inhibitors		
ORLADEYO	4	PA
TAKHZYRO SOLN	4	PA
TAKHZYRO SOSY	4	PA
Platelet Aggregation Inhibitors		

Ambetter Formulary Updated August 1, 2024

Drug Name	Drug Tier	Requirements/Limits
<i>anagrelide hcl</i>	1B	
<i>aspirin-dipyridamole</i>	1B	QL(2 ea daily); PA
BRILINTA	2	QL(2 ea daily)
CABLIVI	4	PA
<i>cilostazol</i>	1B	
<i>clopidogrel bisulfate 300 MG</i>	1B	
<i>clopidogrel bisulfate 75 MG</i>	1B	QL(1 ea daily)
<i>dipyridamole</i>	1B	
<i>prasugrel hcl</i>	1B	QL(1 ea daily)
ZONTIVITY	3	PA
<b>HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders</b>		
<b>Agents for Gaucher Disease</b>		
CERDELGA	4	QL(2 ea daily); PA
CEREZYME 400 UNIT	4	SP; PA
<i>miglustat</i>	4	QL(3 ea daily); SP; PA
<b>Agents for Sickle Cell Disease</b>		
DROXIA CAPS	3	
OXBRYTA TABS 500 MG	4	PA
<b>Cobalamins</b>		
<i>cyanocobalamin SOLN IJ 1000 MCG/ML</i>	1B	QL(1 ml daily)
<b>Folic Acid/Folates</b>		
<i>folic acid TABS</i>	0	
<b>Hematopoietic Growth Factors</b>		
ARANESP ALBUMIN FREE SOLN 40 MCG/ML, 60 MCG/ML, 100 MCG/ML	4	SP; PA
ARANESP ALBUMIN FREE SOLN 25 MCG/ML	4	SP

Drug Name	Drug Tier	Requirements/Limits
ARANESP ALBUMIN FREE SOSY 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML	4	SP; PA
DOPTELET	4	QL(3 ea daily); PA
EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	4	SP; PA
LEUKINE SOLR IJ	4	SP; PA
MIRCERA	4	PA
MULPLETA	4	QL(1 ea daily); PA
PROCRIT 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	4	SP; PA
PROCRIT 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	4	SP; PA
PROCRIT 40000 UNIT/ML	4	SP; PA
PROMACTA PACK	4	QL(1 ea daily); PA
PROMACTA TABS	4	QL(1 ea daily); PA
RETACRIT	4	PA
UDENYCA ONBODY SOSY	4	PA
UDENYCA SOAJ	4	PA
UDENYCA SOSY	4	PA
ZARXIO	4	PA
ZIEXTENZO	4	PA
<b>Hematopoietic Mixtures</b>		
<i>ferrous fumarate-folic acid</i>	1B	QL(1 ea daily)
<b>Iron</b>		
<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	

Drug Name	Drug Tier	Requirements/Limits
<i>ferrous sulfate TBEC 325 MG</i>	0	
<b>Stem Cell Mobilizers</b>		
<i>MOZOBIL (plerixafor)</i>	4	SP; PA
<i>plerixafor</i>	4	SP; PA
<b>HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders</b>		
<b>Hemostatics - Systemic</b>		
<i>aminocaproic acid TABS</i>	1B	PA
<i>tranexamic acid SOLN 1000 MG/10ML</i>	1B	
<i>tranexamic acid TABS</i>	1B	
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS</b>		
<b>Barbiturate Hypnotics</b>		
<i>phenobarbital ELIX</i>	1B	
<i>phenobarbital TABS</i>	1B	
<b>Hypnotics - Tricyclic Agents</b>		
<i>doxepin hcl (sleep)</i>	1B	QL(1 ea daily); PA
<b>Non-Barbiturate Hypnotics</b>		
<i>estazolam</i>	1B	
<i>eszopiclone</i>	1B	QL(1 ea daily); AL(At least 18 yrs old); ST
<i>flurazepam hcl</i>	1B	PA
<i>temazepam 15 MG, 30 MG</i>	1A	QL(1 ea daily)
<i>temazepam 7.5 MG, 22.5 MG</i>	1B	QL(1 ea daily)
<i>triazolam</i>	1B	
<i>zaleplon 5 MG</i>	1B	QL(1 ea daily); AL(At least 18 yrs old)
<i>zaleplon 10 MG</i>	1B	QL(2 ea daily); AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/Limits
<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)
<b>Orexin Receptor Antagonists</b>		
<i>BELSOMRA</i>	3	PA
<b>Selective Melatonin Receptor Agonists</b>		
<i>ramelteon</i>	1B	QL(1 ea daily); AL(At least 18 yrs old)
<b>LAXATIVES - Bowel Treatment Drugs</b>		
<b>Bulk Laxatives</b>		
<i>calcium polycarbophil TABS</i>	1B	
<b>Laxative Combinations</b>		
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>	1B	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 6.74 GM-2.97 GM-5.86 GM-22.74 GM-236 GM</i>	0	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	1B	PA
<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>	1B	
<b>Laxatives - Miscellaneous</b>		
<i>lactulose SOLN</i>	1B	
<b>Saline Laxatives</b>		
<i>OSMOPREP</i>	3	PA
<b>Stimulant Laxatives</b>		
<i>bisacodyl SUPP</i>	1A	
<i>bisacodyl TBEC</i>	1A	
<b>Surfactant Laxatives</b>		
<i>docusate calcium</i>	1A	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>docusate sodium CAPS 100 MG</i>	1A	QL(4 ea daily)
<i>docusate sodium CAPS 250 MG</i>	1A	
<b>LOCAL ANESTHETICS-Parenteral - Drugs for Numbing</b>		
Local Anesthetics - Amides		
<i>lidocaine hcl (local anesth.) SOLN 0.5 %, 1 %, 2 %</i>	1B	
<b>MACROLIDES - Drugs to Treat Bacterial Infections</b>		
Azithromycin		
<i>azithromycin PACK</i>	1B	
<i>azithromycin SOLR</i>	1B	
<i>azithromycin SUSR</i>	1B	
<i>azithromycin TABS 250 MG</i>	1B	QL(6 ea per fill retail; 6 per fill mail)
<i>azithromycin TABS 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		
<i>DIFICID TABS</i>	2	
<b>MEDICAL DEVICES AND SUPPLIES</b>		

Drug Name	Drug Tier	Requirements/Limits
<b>Contraceptives</b>		
AIMSCO LUBRICATED MISC	0	
CAYA DPRH	0	
DUREX EXTRA SENSITIVE THIN DEVI	0	
DUREX EXTRA SENSITIVE THIN MISC	0	
DUREX TROPICAL MISC	0	
FANTASY LUBRICATED/SPERMICI DE MISC	0	
FANTASY LUBRICATED MISC	0	
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
FEMCAP DEVI	0	
KAMELEON LUBRICATED MISC	0	
KIMONO COLORS DEVI	0	
KIMONO LUBRICATED MISC	0	
KIMONO MAXX/LARGE FLARE MISC	0	
KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC	0	
KIMONO PLUS SPERMICIDE LUBRICATED MISC	0	
KIMONO PLUS SPERMICIDE/LUBRICATED MISC	0	
KIMONO PS LUBRICATED MISC	0	
KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC	0	



Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
KIMONO SENSATION LUBRICATED MISC	0		TRUSTEX LUBRICATED/SPERMICIDE MISC	0	
KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC	0		TRUSTEX LUBRICATED MISC	0	
KIMONO SPECIAL DEVI	0		TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC	0	
K-Y ME & YOU EXTRA LUBRICATED DEVI	0		TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDED MISC	0	
K-Y ME & YOU INTENSE DEVI	0		TRUSTEX/RIA LUBRICATED SPERMICIDE MISC	0	
MAXX LUBRICATED MISC	0		TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC	0	
MAXX PLUS SPERMICIDE LUBRICATED MISC	0		TRUSTEX/RIA LUBRICATED MISC	0	
OMNIFLEX DIAPHRAGM	0		WIDE-SEAL SILICONE DIAPHRAGM KIT 60	0	
PREMIUM CONDOMS LUBRICATED MISC	0		WIDE-SEAL SILICONE DIAPHRAGM KIT 65	0	
REALITY LATEX CONDOMS/LUBRICATED MISC	0		WIDE-SEAL SILICONE DIAPHRAGM KIT 70	0	
REALITY LATEX/ULTRA TEXTURED DEVI	0		WIDE-SEAL SILICONE DIAPHRAGM KIT 75	0	
REALITY LATEX/ULTRA THIN DEVI	0		WIDE-SEAL SILICONE DIAPHRAGM KIT 80	0	
TRUE COVER DEVI	0		WIDE-SEAL SILICONE DIAPHRAGM KIT 85	0	
TRUSTEX COLOR CONDOMS + LUBE MISC	0		WIDE-SEAL SILICONE DIAPHRAGM KIT 90	0	
TRUSTEX LUBRICATED EXTRALARGE MISC	0		WIDE-SEAL SILICONE DIAPHRAGM KIT 95	0	
TRUSTEX LUBRICATED EXTRASTRENGTH MISC	0		<b>Diabetic Supplies</b>		
TRUSTEX LUBRICATED/RIBBED/STUDED MISC	0		FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM	3	PA
TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC	0				
TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC	0				

Drug Name	Drug Tier	Requirements/Limits
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
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
<b>MIGRAINE PRODUCTS - Drugs to Treat Migraine</b>		

Drug Name	Drug Tier	Requirements/Limits
<b>Headaches</b>		
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); ST
Migraine Combinations		
<i>ergotamine w/ caffeine TABS</i>	1B	QL(1.5 ea daily)
<i>sumatriptan-naproxen sodium</i>	3	QL(10 ea per 30 day(s) retail; 10 ea per 30 days mail)
Migraine Products		
<i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i>	1B	QL(0.267 ml daily)
<i>dihydroergotamine mesylate SOLN IJ 1 MG/ML</i>	1B	
ERGOMAR SUBL	3	QL(0.667 ea daily)
Serotonin Agonists		
<i>almotriptan malate 6.25 MG</i>	1B	QL(0.3 ea daily); AL(At least 12 yrs old); ST
<i>almotriptan malate 12.5 MG</i>	1B	QL(0.4 ea daily); AL(At least 12 yrs old); ST
<i>eletriptan hydrobromide</i>	1B	QL(0.2 ea daily); AL(At least 18 yrs old); ST

Ambetter Formulary Updated August 1, 2024

Drug Name	Drug Tier	Requirements/Limits
<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 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>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

Drug Name	Drug Tier	Requirements/Limits
<i>zolmitriptan TBDP</i>	1B	QL(0.3 ea daily); AL(At least 12 yrs old); ST
<b>MINERALS &amp; ELECTROLYTES</b>		
<b>Bicarbonates</b>		
<i>sodium acetate SOLN</i>	1B	
SODIUM ACETATE SOLN ( <i>sodium acetate</i> )	1B	
<b>Calcium</b>		
<i>calcium chloride (dihydrate) SOLN</i>	1B	
<b>Electrolyte Mixtures</b>		
<i>dextrose in lactated ringers</i>	1B	
<i>electrolyte-148</i>	1B	
<i>electrolyte-a</i>	1B	
IONOSOL-MB/DEXTROSE 5%	1B	
ISOLYTE-P/DEXTROSE 5%	1B	
ISOLYTE-S	1B	
KCL 0.3%/D5W/NACL 0.9% ( <i>potassium chloride in dextrose &amp; sodium chloride</i> )	1B	
<i>lactated ringer's</i>	1B	
NORMOSOL-M/D5W	1B	
NORMOSOL-R	1B	
PLASMA-LYTE A ( <i>electrolyte-a</i> )	1B	
PLASMA-LYTE-148 ( <i>electrolyte-148</i> )	1B	
<i>potassium chloride in dextrose 5 %-20 MEQ/L</i>	1B	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride in dextrose &amp; sodium chloride 5 %-0.075 %-0.45 %, 5 %-0.15 %-0.9 %, 5 %-10 MEQ/L-0.45 %, 5 %-20 MEQ/L-0.2 %, 5 %-20 MEQ/L-0.45 %, 5 %-20 MEQ/L-0.9 %, 5 %-30 MEQ/L-0.45 %, 5 %-40 MEQ/L-0.45 %, 5 %-40 MEQ/L-0.9 %</i>	1B		<i>potassium chloride CPCR</i>	1B	
<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 PACK OR 20 MEQ</i>	1B	PA
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS	1B		<i>potassium chloride SOLN IV 2 MEQ/ML, 10 MEQ/50ML, 20 MEQ/50ML</i>	1B	
POTASSIUM CHLORIDE/SODIUM CHLORIDE 20 MEQ/L-0.45 % ( <i>potassium chloride in nacl</i> )	1B		POTASSIUM CHLORIDE SOLN IV 10 MEQ/50ML ( <i>potassium chloride</i> )	1B	
<i>ringer's</i>	1B		<i>potassium chloride TBCR</i>	1B	
Fluoride			Sodium		
<i>sodium fluoride CHEW 0.25 MG, 0.5 MG, 1 MG, 2.2 MG</i>	0	QL(1 ea daily)	<i>sodium chloride SOLN IV 0.45 %, 0.9 %, 3 %, 4 MEQ/ML, 5 %</i>	1B	
Magnesium			<b>MISCELLANEOUS THERAPEUTIC CLASSES</b>		
<i>magnesium sulfate IJ 50 %</i>	1B		Chelating Agents		
Phosphate			<i>penicillamine CAPS</i>	1B	PA
<i>potassium phosphates 236 MG/ML-224 MG/ML</i>	1B		<i>penicillamine TABS</i>	1B	QL(8 ea daily)
Potassium			<i>trientine hcl 250 MG</i>	4	QL(8 ea daily); SP; PA
<i>potassium acetate SOLN 2 MEQ/ML</i>	1B		Immunomodulators		
<i>potassium bicarbonate TBEF</i>	1B		<i>lenalidomide 20 MG</i>	4	QL(1 ea daily); PA
<i>potassium chloride microencapsulated crystals er</i>	1B		<i>lenalidomide 2.5 MG, 5 MG, 10 MG, 15 MG, 25 MG</i>	4	QL(1 ea daily); SP; 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	

Ambetter Formulary Updated August 1, 2024

Drug Name	Drug Tier	Requirements/Limits
ENSPRYNG	4	PA
everolimus (immunosuppressant) 1 MG	4	QL(10 ea daily); PA
everolimus (immunosuppressant) 0.25 MG, 0.5 MG, 0.75 MG	4	QL(20 ea daily); SP; PA
mycophenolate mofetil CAPS	1B	
mycophenolate mofetil TABS	1B	
mycophenolate sodium	1B	
NULOJIX	4	SP; PA
PROGRAF PACK	2	PA
PROGRAF SOLN	2	
SIMULECT	3	
sirolimus TABS	1B	
tacrolimus CAPS	1B	
THYMOGLOBULIN	4	SP; PA
<b>Irrigation Solutions</b>		
irrigation solutions, physiological	1B	
lactated ringer's (irrigation)	1B	
ringer's irrigation	1B	
water for irrigation, sterile	1B	
<b>Potassium Removing Agents</b>		
LOKELMA	3	QL(1 ea daily); PA
sodium polystyrene sulfonate POWD	1B	
sodium polystyrene sulfonate SUSP OR 15 GM/60ML	1B	
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<b>Anesthetics Topical Oral</b>		
lidocaine hcl (mouth-throat) 2 %	1B	QL(4 ml daily)

Drug Name	Drug Tier	Requirements/Limits
lidocaine hcl (mouth-throat) 4 %	1B	
<b>Anti-infectives - Throat</b>		
clotrimazole	1B	
nystatin (mouth-throat)	1B	
<b>Antiseptics - Mouth/Throat</b>		
chlorhexidine gluconate (mouth-throat)	1B	
DEBACTEROL	2	
<b>Dental Products</b>		
stannous fluoride CONC	0	RX/OTC
<b>Steroids - Mouth/Throat/Dental</b>		
triamcinolone acetonide (mouth)	1B	
<b>Throat Products - Misc.</b>		
cevimeline hcl	1B	
pilocarpine hcl (oral)	1B	
<b>MULTIVITAMINS</b>		
<b>Ped MV w/ Fluoride</b>		
pediatric multivitamins w/fl CHEW	1A	RX/OTC
<b>Prenatal Vitamins</b>		
CLASSIC PRENATAL TABS	2	QL(1 ea daily)
CVS PRENATAL TABS 100 MG-2.6 MG-800 MCG-400 UNIT-4 MCG-1.7 MG-18 MG-27 MG-1.5 MG-25 MG-263 MG-11 UNIT-4000 UNIT	2	QL(1 ea daily)
EQL PRENATAL FORMULA TABS	2	QL(1 ea daily)
GNP PRENATAL TABS	2	QL(1 ea daily)
KP PRENATAL MULTIVITAMINS TABS	2	QL(1 ea daily)
MASONATAL TABS	2	QL(1 ea daily)
M-NATAL PLUS TABS	2	QL(1 ea daily); RX/OTC

Ambetter Formulary Updated August 1, 2024

Drug Name	Drug Tier	Requirements/Limits
MULTI PRENATAL TABS	2	QL(1 ea daily)
NEONATAL COMPLETE TABS 120 MG-10 MG-9.2 MG-1000 MCG-10 MCG-12 MCG-3 MG-5 MG-20 MG-27 MG-200 MG-1.84 MG-25 MG-2 MG-1200 MCG-2 MG-0.2 MG	2	QL(1 ea daily); RX/OTC
NEONATAL PLUS TABS	2	QL(1 ea daily); RX/OTC
NEONATAL PRENATAL VITAMIN TABS	2	QL(1 ea daily)
NEONATAL VITAMIN TABS	2	QL(1 ea daily)
NIVA-PLUS TABS	2	QL(1 ea daily); RX/OTC
ONE VITE WOMENS PRENATALVITAMIN PLUS TABS	2	QL(1 ea daily); RX/OTC
ONE VITE WOMENS PRENATALVITAMIN TABS	2	QL(1 ea daily)
PRENATAL MULTIVITAMIN TABS	2	QL(1 ea daily)
PRENATAL ONE DAILY TABS	2	QL(1 ea daily)
PRENATAL PLUS VITAMIN ANDMINERAL TABS	2	QL(1 ea daily); RX/OTC
PRENATAL PLUS TABS	2	QL(1 ea daily); RX/OTC
PRENATAL VITAMIN & MINERAL TABS	2	QL(1 ea daily)
PRENATAL VITAMIN/IRON TABS	2	QL(1 ea daily)
PRENATAL VITAMINS PLUS LOW IRON TABS	2	QL(1 ea daily); RX/OTC
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)
PRENATAL VITAMIN TABS	2	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
PRENATAL TABS	2	QL(1 ea daily)
PRENATRIX TABS	2	QL(1 ea daily); RX/OTC
PRENATRYL TABS	2	QL(1 ea daily); RX/OTC
PX PRENATAL MULTIVITAMINS TABS	2	QL(1 ea daily)
QC PRENATAL TABS	2	QL(1 ea daily)
RA PRENATAL FORMULA/FOLICACID TABS	2	QL(1 ea daily)
RA PRENATAL TABS	2	QL(1 ea daily)
SM PRENATAL VITAMINS TABS	2	QL(1 ea daily)
THERANATAL CORE NUTRITION TABS	2	QL(1 ea daily); RX/OTC
TRICARE TABS	2	QL(1 ea daily); RX/OTC
VITATHELY/GINGER TABS	2	QL(1 ea daily); RX/OTC
WESTAB PLUS TABS	2	QL(1 ea daily); RX/OTC

### MUSCULOSKELETAL THERAPY AGENTS - 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		

Ambetter Formulary Updated August 1, 2024

Drug Name	Drug Tier	Requirements/Limits
<i>dantrolene sodium CAPS</i>	1B	QL(4 ea daily)
Muscle Relaxant Combinations		
<i>carisoprodol w/ aspirin &amp; codeine</i>	3	PA
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus</b>		
Nasal Antiallergy		
<i>azelastine hcl</i>	1B	RX/OTC
<i>olopatadine hcl (nasal)</i>	1B	
Nasal Anticholinergics		
<i>ipratropium bromide (nasal) 0.06 %</i>	1B	
<i>ipratropium bromide (nasal) 0.03 %</i>	1B	QL(1 ml daily)
Nasal Steroids		
<i>budesonide (nasal)</i>	1B	
<i>flunisolide (nasal) 0.025 %</i>	1B	1 package(s) per fill retail
<i>fluticasone propionate (nasal) SUSP</i>	1B	Limit 2 inhalers per month; QL(32 ml per 30 day(s) retail); RX/OTC
<i>mometasone furoate (nasal) SUSP</i>	1B	QL(1.14 gm daily); PA; RX/OTC
<i>triamcinolone acetonide (nasal) AERO</i>	1B	
XHANCE EXHU	3	PA
<b>NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles</b>		
ALS Agents		
<i>riluzole TABS</i>	3	
Neuromuscular Blocking Agent - Neurotoxins		
XEOMIN	3	PA
Nondepolarizing Muscle Relaxants		

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

Drug Name	Drug Tier	Requirements/Limits
AZASITE	3	QL(2.5 ml per 30 day(s) retail; 2 ml per 30 days mail)
<i>bacitracin (ophthalmic)</i>	3	
BESIVANCE	3	PA
<i>ciprofloxacin hcl (ophth) SOLN</i>	1B	
<i>erythromycin (ophth)</i>	1B	
<i>gatifloxacin (ophth)</i>	1B	
<i>gentamicin sulfate (ophth) OINT</i>	1B	
<i>gentamicin sulfate (ophth) SOLN</i>	1B	
KLARITY-A	3	QL(2.5 ml per 30 day(s) retail; 2 ml per 30 days mail)
<i>levofloxacin (ophth) 0.5 %</i>	1B	
<i>moxifloxacin hcl (ophth) SOLN OP</i>	1B	
NATACYN	2	
<i>neomycin-bacitracin zn-polymyxin</i>	1B	
<i>ofloxacin (ophth)</i>	1B	
<i>polymyxin b-trimethoprim</i>	1B	
<i>sulfacetamide sodium (ophth) SOLN</i>	1B	
<i>tobramycin (ophth) SOLN</i>	1B	
<i>trifluridine</i>	1B	
ZIRGAN GEL	2	
Ophthalmic Immunomodulators		
<i>cyclosporine (ophth) EMUL</i>	3	PA
Ophthalmic Local Anesthetics		
<i>proparacaine hcl</i>	1B	
Ophthalmic Steroids		
ALREX SUSP ( <i>loteprednol etabonate</i> )	3	PA

Drug Name	Drug Tier	Requirements/Limits
<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.		
ALOCRIAL	3	PA
ALOMIDE	3	PA
<i>azelastine hcl (ophth)</i>	1B	
<i>bepotastine besilate</i>	3	PA
<i>brinzolamide</i>	1B	

Ambetter Formulary Updated August 1, 2024



Drug Name	Drug Tier	Requirements/Limits
<i>bromfenac sodium (ophth)</i>	1B	
<i>cromolyn sodium (ophth)</i>	1B	
CYSTARAN	2	QL(2.143 ml daily); PA
<i>diclofenac sodium (ophth)</i>	1B	
<i>dorzolamide hcl</i>	1B	
<i>epinastine hcl (ophth)</i>	1B	
<i>flurbiprofen sodium</i>	1B	
<i>ketorolac tromethamine (ophth)</i>	1B	
<i>ketotifen fumarate (ophth) 0.035 %</i>	1B	
LASTACAFT	3	PA
NEVANAC	3	QL(0.2 ml daily); ST
<i>olopatadine hcl 0.2 %</i>	1B	RX/OTC
<i>olopatadine hcl 0.1 %</i>	1B	QL(0.34 ml daily); RX/OTC
Prostaglandins - Ophthalmic		
<i>bimatoprost SOLN</i>	3	
<i>latanoprost SOLN</i>	1B	
<i>tafluprost</i>	1B	
<i>travoprost SOLN</i>	1B	
<b>OTIC AGENTS - Drugs to Treat the Ear</b>		
Otic Agents - Miscellaneous		
<i>acetic acid (otic)</i>	1B	QL(0.5 ml daily)
Otic Anti-infectives		
<i>ciprofloxacin hcl (otic)</i>	1B	
<i>ofloxacin (otic)</i>	1B	
Otic Combinations		
<i>ciprofloxacin-dexamethasone</i>	1B	PA
<i>ciprofloxacin-fluocinolone acetonide</i>	1B	QL(0.5 ea daily); PA
CORTISPORIN-TC	3	
<i>neomycin-polymyxin-hc (otic) SOLN</i>	1B	QL(2 ml daily)

Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-polymyxin-hc (otic) SUSP</i>	1B	
Otic Steroids		
<i>fluocinolone acetonide (otic)</i>	1B	
<i>hydrocortisone w/acetic acid</i>	1B	
<b>PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System</b>		
Immune Serums		
GAMMAGARD LIQUID 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
<b>PENICILLINS - Drugs to Treat Bacterial Infections</b>		
Aminopenicillins		
<i>amoxicillin CAPS</i>	1A	
<i>amoxicillin CHEW 125 MG, 250 MG</i>	1B	
<i>amoxicillin SUSR 200 MG/5ML, 250 MG/5ML, 400 MG/5ML</i>	1B	
<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	

Ambetter Formulary Updated August 1, 2024

Drug Name	Drug Tier	Requirements/Limits
<b>Natural Penicillins</b>		
<i>penicillin g potassium 5000000 UNIT</i>	1B	
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE 40000 UNIT/ML, 60000 UNIT/ML	1B	
PENICILLIN G PROCAINE	3	
<i>penicillin g sodium</i>	3	
<i>penicillin v potassium SOLR</i>	1B	
<i>penicillin v potassium TABS</i>	1B	
<b>Penicillin Combinations</b>		
<i>amoxicillin &amp; pot clavulanate CHEW</i>	1B	
<i>amoxicillin &amp; pot clavulanate SUSR</i>	1B	
<i>amoxicillin &amp; pot clavulanate TABS</i>	1B	
<i>amoxicillin &amp; pot clavulanate TB12</i>	1B	
<i>ampicillin &amp; sulbactam sodium IJ 1 GM-0.5 GM, 2 GM-1 GM</i>	1B	
<i>piperacillin sodium-tazobactam sodium</i>	1B	
<b>Penicillinase-Resistant Penicillins</b>		
<i>dicloxacillin sodium</i>	1B	
<i>nafcillin sodium IV 10 GM</i>	1B	
<i>oxacillin sodium IV 10 GM</i>	1B	
<b>PROGESTINS - Hormone Replacement/Modifying Drugs</b>		
<b>Progestins</b>		
<i>medroxyprogesterone acetate 10 MG</i>	1A	

Drug Name	Drug Tier	Requirements/Limits
<i>medroxyprogesterone acetate 2.5 MG, 5 MG</i>	1B	
<i>megestrol acetate (appetite)</i>	1B	PA
<i>norethindrone acetate TABS</i>	0	
<i>progesterone CAPS</i>	1B	
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions</b>		
<b>Agents for Chemical Dependency</b>		
<i>acamprosate calcium</i>	1B	
<i>disulfiram</i>	1B	
LUCEMYRA	3	QL(224 ea per 14 day(s) retail); PA
<b>Antidementia Agents</b>		
<i>donepezil hydrochloride TABS 5 MG, 23 MG</i>	1B	QL(1 ea daily)
<i>donepezil hydrochloride TABS 10 MG</i>	1B	QL(2 ea daily)
<i>donepezil hydrochloride TBDP 10 MG</i>	1B	QL(2 ea daily)
<i>donepezil hydrochloride TBDP 5 MG</i>	1B	QL(1 ea daily)
<i>galantamine hydrobromide CP24</i>	1B	QL(1 ea daily)
<i>galantamine hydrobromide SOLN</i>	1B	QL(6 ml daily)
<i>galantamine hydrobromide TABS</i>	1B	QL(2 ea daily)
<i>memantine hcl TABS</i>	1B	QL(2 ea daily)
<i>memantine hcl TABS</i>	1B	
<i>rivastigmine tartrate CAPS</i>	1B	
<b>Combination Psychotherapeutics</b>		
<i>chlordiazepoxide-amitriptyline</i>	1B	
<i>perphenazine-amitriptyline</i>	1B	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Fibromyalgia Agents			KESIMPTA	4	QL(0.0144 ml daily); PA
SAVELLA TITRATION PACK MISC	2	1 max fill(s) per 365 day(s) retail; PA	PLEGRIDY STARTER PACK SOPN	4	QL(0.036 ml daily); PA
SAVELLA TABS	2	QL(2 ea daily); PA	PLEGRIDY STARTER PACK SOSY SC	4	QL(0.036 ml daily); PA
Movement Disorder Drug Therapy			PLEGRIDY SOPN	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 SOSY SC	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	REBIF REBIDOSE TITRATIONPACK SOAJ	4	1 max fill(s) per 365 day(s) retail; SP; PA
AUSTEDO XR TB24	4	QL(1 ea daily); PA	REBIF REBIDOSE SOAJ	4	QL(0.214 ml daily); SP; PA
AUSTEDO TABS	4	QL(4 ea daily); PA	REBIF TITRATION PACK SOSY	4	1 max fill(s) per 365 day(s) retail; SP; PA
INGREZZA CAPS	4	QL(1 ea daily); PA	REBIF SOSY	4	QL(0.214 ml daily); SP; PA
INGREZZA CPPK	4	1 max fill(s) per 180 day(s) retail; 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) 330 MG</i>	3	QL(2 ea daily); PA
AVONEX PEN AJKT	4	QL(0.0714 ml daily); SP; PA	<i>pregabalin (once-daily) 82.5 MG, 165 MG</i>	3	QL(1 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>dimethyl fumarate CDPK</i>	1B	QL(2 ea daily)	<i>ergoloid mesylates TABS</i>	1B	
<i>dimethyl fumarate CPDR</i>	1B	QL(2 ea daily)	<i>pimozide</i>	1B	
<i> fingolimod hcl</i>	4	QL(1 ea daily)	Smoking Deterrents		
<i>glatiramer acetate SOSY 20 MG/ML</i>	3	QL(1 ml daily)	<i>bupropion hcl (smoking deterrent)</i>	0	QL(2 ea daily)
<i>glatiramer acetate SOSY 40 MG/ML</i>	3	QL(0.43 ml daily)	<i>nicotine polacrilex GUM</i>	0	
			<i>nicotine polacrilex LOZG</i>	0	

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

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ADTHYZA TABS 16.25 MG, 32.5 MG, 65 MG, 97.5 MG, 130 MG	2		<b>Antispasmodics</b>		
ARMOUR THYROID TABS	2	QL(1 ea daily)	<i>atropine sulfate SOLN IJ 0.4 MG/ML, 1 MG/ML</i>	1B	
<i>levothyroxine sodium TABS</i>	1B		<i>atropine sulfate SOSY IJ 0.25 MG/5ML</i>	1B	
<i>liothyronine sodium SOLN</i>	1B		<i>chlordiazepoxide hcl-clidinium bromide</i>	1B	
<i>liothyronine sodium TABS</i>	1B		<i>dicyclomine hcl CAPS</i>	1B	
NP THYROID 120 TABS	1B	QL(1 ea daily)	<i>dicyclomine hcl SOLN OR</i>	1B	
NP THYROID 15 TABS	1B	QL(1 ea daily)	<i>dicyclomine hcl TABS</i>	1B	
NP THYROID 30 TABS	1B	QL(1 ea daily)	<i>glycopyrrolate SOLN IJ 0.2 MG/ML, 4 MG/20ML</i>	1B	
NP THYROID 60 TABS	1B	QL(1 ea daily)	<i>glycopyrrolate TABS 2 MG</i>	1B	QL(6 ea daily)
NP THYROID 90 TABS	1B	QL(1 ea daily)	<i>glycopyrrolate TABS 1 MG</i>	1B	
SYNTHROID TABS ( <i>levothyroxine sodium</i> )	2		<i>methscopolamine bromide</i>	1B	
<b>TOXOIDS</b>			<b>H-2 Antagonists</b>		
Toxoid Combinations			<i>cimetidine TABS</i>	1B	RX/OTC
ADACEL SUSP	0		<i>famotidine in nacl SOLN</i>	1B	
BOOSTRIX SUSP	0		<i>famotidine SOLN 40 MG/4ML, 200 MG/20ML</i>	1B	
BOOSTRIX SUSY	0		<i>famotidine SOLN 20 MG/2ML</i>	1A	
DAPTACEL	0		<i>famotidine SUSR</i>	1B	QL(10 ml daily)
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP	0		<i>famotidine TABS 20 MG, 40 MG</i>	1B	
INFANRIX	0		<i>nizatidine CAPS</i>	1B	
KINRIX SUSY	0		<i>ranitidine hcl TABS 150 MG</i>	1B	
PEDIARIX SUSY	0		<b>Misc. Anti-Ulcer</b>		
PENTACEL	0		<i>sucralfate SUSP</i>	1B	QL(40 ml daily)
QUADRACEL SUSP	0		<i>sucralfate TABS</i>	1B	QL(4 ea daily)
QUADRACEL SUSY	0		<b>Proton Pump Inhibitors</b>		
TDVAX SUSP	0		<i>dexlansoprazole</i>	3	QL(1 ea daily)
TENIVAC INJ	0		<i>esomeprazole magnesium CPDR 20 MG</i>	1B	QL(2 ea daily); RX/OTC
TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT SUSP	0				
<b>ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions</b>					

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>trospium chloride CP24</i>	1B	QL(1 ea daily)
<i>omeprazole CPDR</i>	1B	QL(2 ea daily)	<i>trospium chloride TABS</i>	1B	QL(3 ea daily)
<i>omeprazole TBEC</i>	1B	QL(2 ea daily)	<b>Urinary Antispasmodics - Cholinergic Agonists</b>		
<i>pantoprazole sodium TBEC 20 MG</i>	1B	QL(1 ea daily)	<i>bethanechol chloride 25 MG</i>	1B	
<i>pantoprazole sodium TBEC 40 MG</i>	1B		<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)	<b>Urinary Antispasmodics - Direct Muscle Relaxants</b>		
<b>Ulcer Drugs - Prostaglandins</b>			<i>flavoxate hcl</i>	1B	
<i>misoprostol</i>	1B	QL(4 ea daily)	<b>VACCINES</b>		
<b>Ulcer Therapy Combinations</b>			<b>Bacterial Vaccines</b>		
<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	
<b>URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms</b>			HIBERIX SOLR IJ	0	
<b>Urinary Antispasmodic - Antimuscarinics (Anticholinergic)</b>			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
			<b>Viral Vaccines</b>		
			ABRYSVO	0	

Ambetter Formulary Updated August 1, 2024

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
AFLURIA 2024-2025 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
AFLURIA 2024-2025 SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail	FLUAD 2024-2025	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
AFLURIA QUADRIVALENT 2021-2022 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 QUADRIVALENT 2022-2023	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
COMIRNATY 2023-24 SUSP	0		FLUBLOK QUADRIVALENT 2023-2024	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
COMIRNATY 2023-24 SUSY	0		FLUCELVAX 2024-2025 SUSY	V1	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
COMIRNATY SUSP	0				
ENGERIX-B SUSP 20 MCG/ML	0	3 max fill(s) per 365 day(s) retail; 3 max fill(s) per 365 day(s) mail			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FLUCELVAX QUADRIVALENT 2022-2023 SUSP	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail	FLUZONE HIGH-DOSE 2024-2025 SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
FLUCELVAX QUADRIVALENT 2022-2023 SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail	FLUZONE HIGH-DOSE PF 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 QUADRIVALENT	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail	GARDASIL 9 SUSP	0	3 max fill(s) per 365 day(s) retail
FLUZONE 2024-2025 SUSP	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 SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail	HAVRIX	0	
			HEPLISAV-B SOSY	0	2 max fill(s) per 292 day(s) retail; 2 max fill(s) per 292 day(s) mail
			IPOL INACTIVATED IPV	0	
			M-M-R II SOLR	0	2 max fill(s) per 365 day(s) retail

Ambetter Formulary Updated August 1, 2024



Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MODERNA COVID-19 VACCINE/6MO-11Y/2023-24 SUSP	0		SPIKEVAX COVID-19 VACCINE/2023-24 SUSY	0	
MODERNA COVID-19 VACCINE/6MO-5Y SUSP	0		SPIKEVAX COVID-19 VACCINE SUSP	0	
MODERNA COVID-19 VACCINE SUSP	0		TWINRIX SUSY	0	
PFIZER-BIONTECH COVID-19VACCINE/5-11Y/2023-24 SUSP	0		VAQTA	0	
PFIZER-BIONTECH COVID-19VACCINE/5-11Y SUSP	0		VARIVAX INJ	0	2 max fill(s) per 365 day(s) retail
PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y/2023-24 SUSP	0		<b>VAGINAL AND RELATED PRODUCTS</b>		
PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y SUSP	0		Miscellaneous Vaginal Products		
PFIZER-BIONTECH COVID-19VACCINE/ADULT RTU SUSP	0		INTRAROSA	3	QL(1 ea daily); PA
PFIZER-BIONTECH COVID-19VACCINE SUSP	0		Spermicides		
PREHEVBRIO	0	3 max fill(s) per 365 day(s) retail	TODAY SPONGE MISC	0	
PRIORIX SUSR	0	3 max fill(s) per 365 day(s) retail	Vaginal Anti-infectives		
RECOMBIVAX HB SUSP	0		<i>clindamycin phosphate vaginal CREA</i>	1B	
RECOMBIVAX HB SUSY	0		<i>clotrimazole vaginal CREA 1 %</i>	1B	
ROTARIX SUSP	0		GYNAZOLE-1	3	QL(5 gm per 30 day(s) retail; 5 gm per 30 days mail)
ROTARIX SUSR	0		<i>metronidazole vaginal</i>	1B	
ROTATEQ SOLN	0		<i>miconazole nitrate vaginal SUPP 200 MG</i>	1B	
SHINGRIX	0	2 max fill(s) per 999 day(s) retail; AL(At least 50 yrs old)	<i>terconazole vaginal CREA</i>	1B	
SPIKEVAX COVID-19 VACCINE/2023-24 SUSP	0		<i>terconazole vaginal CREA</i>	1B	
			<i>terconazole vaginal SUPP</i>	1B	
			Vaginal Anti-inflammatory Agents		
			<i>hydrocortisone vaginal</i>	1B	QL(15.15 gm daily)
			Vaginal Contraceptive - pH Modulators		
			PHEXXI	0	PV
			Vaginal Estrogens		
			<i>estradiol vaginal CREA</i>	1B	QL(2 gm daily)
			<i>estradiol vaginal TABS</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
FEMRING	3	PA
PREMARIN	2	QL(1.5 gm daily)
<b>VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions</b>		
<b>Anaphylaxis Therapy Agents</b>		
<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
<b>Vasopressors</b>		
<i>midodrine hcl</i>	1B	
<b>VITAMINS</b>		
<b>Oil Soluble Vitamins</b>		
<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)
<b>Water Soluble Vitamins</b>		
<i>ascorbic acid SOLN IJ</i>	3	QL(0.4 ml daily)
NIACIN TR TBCR	1B	
<i>niacinamide TABS 500 MG</i>	1A	

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

## INDEX

abacavir sulfate SOLN .....	30	ACTIVELLA TABS 1 MG-0.5 MG (estradiol & norethindrone acetate) 46	2024 SUSY .....	66
abacavir sulfate TABS .....	30	acyclovir CAPS .....	AFSTYLA .....	48
abacavir sulfate-lamivudine .....	30	acyclovir SUSP .....	AIMOVIG .....	53
ABELCET .....	18	acyclovir TABS OR .....	AIMSCO LUBRICATED MISC .....	51
abiraterone acetate 250 MG .....	25	acyclovir topical CREA .....	AIRDUO DIGIHALER 113/14 .....	9
abiraterone acetate 500 MG .....	25	acyclovir topical OINT .....	AIRDUO DIGIHALER 232/14 .....	9
ABRYSSVO .....	65	ADACEL SUSP .....	AIRDUO DIGIHALER 55/14 .....	9
acamprosate calcium .....	61	ADALIMUMAB-ADAZ SOAJ .....	AIRSUPRA .....	9
acarbose .....	15	ADALIMUMAB-ADAZ SOSY .....	AKYNZEO .....	17
acebutolol hcl CAPS .....	32	ADALIMUMAB-ADAZ SOSY .....	albendazole .....	7
acetaminophen w/ codeine SOLN ..	6	adapalene CREA .....	albuterol sulfate AERS .....	9
acetaminophen w/ codeine TABS 15 MG-300 MG .....	6	adapalene GEL .....	albuterol sulfate NEBU 0.083 %, 0.5 %, 0.63 MG/3ML, 1.25 MG/3ML, 2.5 MG/0.5ML .....	9
acetaminophen w/ codeine TABS 30 MG-300 MG .....	6	adapalene-benzoyl peroxide GEL 2.5 %-0.1 % .....	albuterol sulfate SYRP .....	9
acetaminophen w/ codeine TABS 60 MG-300 MG .....	6	ADCETRIS .....	albuterol sulfate TABS .....	9
acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG .....	6	adefovir dipivoxil .....	alclometasone dipropionate CREA	40
acetazolamide CP12 .....	43	ADEMPAS .....	alclometasone dipropionate OINT	40
acetazolamide sodium .....	43	ADTHYZA TABS 16.25 MG, 32.5 MG, 65 MG, 97.5 MG, 130 MG .....	ALDURAZYME .....	45
acetazolamide TABS 125 MG .....	43	ADVATE .....	ALECENSA .....	26
acetazolamide TABS 250 MG .....	43	ADYNOVATE .....	alendronate sodium TABS 35 MG, 70 MG .....	44
acetic acid (otic) .....	60	AFLURIA 2024-2025 SUSP .....	alendronate sodium TABS 5 MG, 10 MG .....	44
acetic acid 0.25 % .....	47	AFLURIA 2024-2025 SUSY .....	alfuzosin hcl .....	48
acetylcysteine SOLN .....	37	AFLURIA QUADRIVALENT 2021- 2022 SUSY .....	ALINIA SUSR .....	21
acitretin 10 MG, 17.5 MG .....	39	AFLURIA QUADRIVALENT 2022- 2023 SUSP .....	aliskiren fumarate .....	21
acitretin 25 MG .....	39	AFLURIA QUADRIVALENT 2022- 2023 SUSY .....	allopurinol .....	48
ACTHAR GEL .....	44	AFLURIA QUADRIVALENT 2023- 2024 SUSP .....	almotriptan malate 12.5 MG .....	53
ACTHIB SOLR IM .....	65	AFLURIA QUADRIVALENT 2023- 2024 SUSP .....	almotriptan malate 6.25 MG .....	53
ACTIMMUNE 100 MCG/0.5ML .....	27	AFLURIA QUADRIVALENT 2023-	ALOCRIAL .....	59

alogliptin benzoate .....	15	amiloride & hydrochlorothiazide ..	44	lansoprazole THPK .....	65
alogliptin-metformin hcl .....	15	amiloride hcl TABS .....	44	amphetamine sulfate TABS .....	1
alogliptin-pioglitazone 15 MG-12.5 MG, 30 MG-12.5 MG, 45 MG-12.5 MG .....	15	aminocaproic acid TABS .....	50	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
alogliptin-pioglitazone 15 MG-25 MG, 30 MG-25 MG, 45 MG-25 MG .....	15	aminophylline SOLN .....	10	amphetamine-dextroamphetamine CP24 3.75 MG-3.75 MG-3.75 MG- 3.75 MG .....	1
ALOMIDE .....	59	amiodarone hcl SOLN 50 MG/ML ..	8	amphetamine-dextroamphetamine CP24 5 MG-5 MG-5 MG-5 MG, 6.25 MG-6.25 MG-6.25 MG-6.25 MG, 7.5 MG-7.5 MG-7.5 MG-7.5 MG .....	1
alosetron hcl .....	47	amiodarone hcl TABS .....	8	amphetamine-dextroamphetamine TABS 1.25 MG-1.25 MG-1.25 MG- 1.25 MG, 1.875 MG-1.875 MG-1.875 MG-1.875 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG, 3.125 MG-3.125 MG- 3.125 MG-3.125 MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG, 5 MG-5 MG-5 MG-5 MG .....	1
alprazolam TABS 0.25 MG, 0.5 MG, 1 MG .....	8	amitriptyline hcl TABS .....	14	amphetamine-dextroamphetamine TABS 7.5 MG-7.5 MG-7.5 MG-7.5 MG .....	1
alprazolam TABS 2 MG .....	8	amlodipine besylate TABS .....	32	amphotericin b IV .....	18
alprazolam TB24 .....	8	amlodipine besylate-atorvastatin calcium .....	33	amphotericin b liposome .....	18
alprazolam TBDP .....	8	amlodipine besylate-benazepril hcl 20		ampicillin & sulbactam sodium IJ 1 GM-0.5 GM, 2 GM-1 GM .....	61
ALPROLIX .....	48	amlodipine besylate-olmesartan medoxomil .....	20	ampicillin CAPS 500 MG .....	60
ALREX SUSP (Ioteprednol etabonate) .....	59	amlodipine besylate-valsartan .....	20	ampicillin sodium IJ 1 GM .....	60
ALTABAX .....	38	amlodipine-valsartan- hydrochlorothiazide .....	20	anagrelide hcl .....	49
ALTUVIIIO .....	48	amoxapine .....	14	anastrozole .....	25
ALUNBRIG TABS .....	26	amoxicillin & pot clavulanate CHEW . 61		ANDRODERM PT24 2 MG/24HR, 4 MG/24HR .....	7
ALUNBRIG TBPK .....	26	amoxicillin & pot clavulanate SUSR 61		ANGELIQ .....	46
ALVESCO .....	9	amoxicillin & pot clavulanate TABS 61		ANNOVERA .....	35
alvimopan .....	47	amoxicillin & pot clavulanate TB12 61		ANORO ELLIPTA .....	9
amantadine hcl CAPS .....	28	amoxicillin CAPS .....	60		
amantadine hcl SOLN .....	28	amoxicillin CHEW 125 MG, 250 MG . 60			
amantadine hcl TABS .....	28	amoxicillin CHEW 125 MG/5ML ...	60		
ambrisentan .....	33	amoxicillin SUSR 200 MG/5ML, 250 MG/5ML, 400 MG/5ML .....	60		
amcinonide CREA .....	40	amoxicillin SUSR 200 MG/5ML, 250 MG/5ML, 400 MG/5ML .....	60		
amcinonide LOTN .....	40	amoxicillin TABS .....	60		
amcinonide OINT .....	40	amoxicillin-clarithromycin w/ 61			
amikacin sulfate SOLN 1 GM/4ML, 500 MG/2ML .....	2				

ANZEMET TABS 50 MG .....	17	asenapine maleate 5 MG, 10 MG .	29	AVONEX PSKT .....	62
APIDRA SOLN .....	16	aspirin CHEW .....	5	AYVAKIT .....	25
APIDRA SOLOSTAR SOPN .....	16	aspirin TABS 325 MG .....	5	azacitidine SUSR .....	23
apomorphine hydrochloride SOCT	28	aspirin TBEC 325 MG .....	5	AZASITE .....	59
apraclonidine hcl .....	58	aspirin TBEC 81 MG .....	5	AZATHIOPRINE .....	55
aprepitant CAPS 40 MG, 125 MG .	17	aspirin-dipyridamole .....	49	azathioprine TABS .....	55
aprepitant CAPS 80 MG .....	17	atazanavir sulfate CAPS 150 MG,		azelaic acid GEL .....	42
aprepitant CAPS .....	17	300 MG .....	30	azelastine hcl (ophth) .....	59
aprepitant MISC .....	17	atazanavir sulfate CAPS 200 MG .	30	azelastine hcl .....	58
APTIOM .....	11	atenolol & chlorthalidone .....	20	AZELEX .....	37
APTIVUS CAPS .....	30	atenolol TABS .....	32	azithromycin PACK .....	51
ARANESP ALBUMIN FREE SOLN		ATGAM .....	55	azithromycin SOLR .....	51
25 MCG/ML .....	49	atomoxetine hcl 10 MG, 18 MG, 25		azithromycin SUSR .....	51
ARANESP ALBUMIN FREE SOLN		MG, 40 MG .....	1	azithromycin TABS 250 MG .....	51
40 MCG/ML, 60 MCG/ML, 100		atomoxetine hcl 60 MG, 80 MG, 100		azithromycin TABS 500 MG .....	51
MCG/ML .....	49	MG .....	1	azithromycin TABS 600 MG .....	51
ARANESP ALBUMIN FREE SOSY		atorvastatin calcium TABS .....	19	aztreonam 1 GM .....	22
150 MCG/0.3ML, 200 MCG/0.4ML,		atovaquone .....	21	bacitracin (ophthalmic) .....	59
300 MCG/0.6ML, 500 MCG/ML ...	49	atovaquone-proguanil hcl .....	22	bacitracin .....	21
ARCALYST .....	3	atracurium besylate 100 MG/10ML		baclofen TABS 10 MG, 20 MG ....	57
AREXVY .....	66	58		BALCOLTRA (levonorgestrel-ethinyl	
arformoterol tartrate .....	10	atropine sulfate SOLN IJ 0.4 MG/ML,		estradiol-iron) .....	35
ARIKAYCE .....	2	1 MG/ML .....	64	balsalazide disodium CAPS .....	47
aripiprazole SOLN OR .....	30	atropine sulfate SOSY IJ 0.25		BALVERSA .....	26
aripiprazole TABS .....	30	MG/5ML .....	64	BANZEL TABS 200 MG (rufinamide)	
armodafinil .....	2	ATROVENT HFA .....	9	11	
ARMOUR THYROID TABS .....	64	AUSTEDO PATIENT TITRATION		BANZEL TABS 400 MG (rufinamide)	
ARNUITY ELLIPTA .....	9	KIT TBPB .....	62	11	
arsenic trioxide 10 MG/10ML .....	27	AUSTEDO TABS .....	62	BARACLUDE SOLN .....	31
ARZERRA .....	24	AUSTEDO XR PATIENT TITRATION		BASAGLAR KWIKPEN SOPN .....	16
ascorbic acid SOLN IJ .....	69	KIT TEPK .....	62	BAXDELA SOLR .....	46
asenapine maleate 2.5 MG .....	29	AUSTEDO XR TB24 .....	62		
		AVONEX PEN AJKT .....	62		

BAXDELA TABS .....	46	betamethasone dipropionate augmented CREA .....	40	BORTEZOMIB SOLR IV 3.5 MG ..	26
BELSOMRA .....	50	betamethasone dipropionate augmented LOTN .....	40	bosentan TABS 125 MG .....	33
benazepril & hydrochlorothiazide 12.5 MG-10 MG, 25 MG-20 MG ...	20	betamethasone dipropionate augmented OINT .....	40	bosentan TABS 62.5 MG .....	33
benazepril & hydrochlorothiazide 12.5 MG-20 MG, 6.25 MG-5 MG ..	20	betamethasone valerate CREA ...	40	BOSULIF TABS 100 MG, 500 MG	26
benazepril hcl .....	19	betamethasone valerate FOAM ...	40	BOSULIF TABS 400 MG .....	26
bendamustine hcl SOLR .....	23	betamethasone valerate LOTN ...	40	BRAFTOVI 75 MG .....	26
BENEFIX KIT .....	48	betamethasone valerate OINT ....	40	BREO ELLIPTA (fluticasone furoate- vilanterol) .....	10
BENZEPRO CREAMY WASH LIQD . 37		BETASERON KIT .....	62	BREO ELLIPTA .....	10
benzonatate 100 MG .....	37	betaxolol hcl (ophth) SOLN .....	58	BREZTRI AEROSPHERE .....	10
benzonatate 150 MG .....	37	betaxolol hcl .....	32	BRILINTA .....	49
benzonatate 200 MG .....	37	bethanechol chloride 25 MG .....	65	brimonidine tartrate (topical) .....	42
benzoyl peroxide FOAM 5.3 %, 9.8 % .....	37	bethanechol chloride 5 MG, 10 MG, 50 MG .....	65	brimonidine tartrate 0.15 %, 0.2 %	58
benzoyl peroxide GEL 10 % .....	37	bexarotene (topical) .....	39	brimonidine tartrate-timolol maleate . 58	
benzoyl peroxide GEL 5 % .....	37	bexarotene .....	27	brinzolamide .....	59
benzoyl peroxide LIQD 4 %, 7 %, 10 % .....	37	BEXSERO .....	65	BRIVIACT SOLN OR 10 MG/ML ..	11
benzoyl peroxide-erythromycin GEL . 37		bicalutamide .....	25	BRIVIACT TABS .....	11
benztropine mesylate SOLN .....	28	BIJUVA .....	46	bromfenac sodium (ophth) .....	60
benztropine mesylate TABS .....	28	BIKTARVY .....	30	bromocriptine mesylate CAPS .....	28
bepotastine besilate .....	59	bimatoprost SOLN .....	60	bromocriptine mesylate TABS 2.5 MG .....	28
BESIVANCE .....	59	bisacodyl SUPP .....	50	BRUKINSA .....	26
betaine .....	45	bisacodyl TBEC .....	50	budesonide (inhalation) SUSP .....	9
betamethasone dipropionate (topical) CREA .....	40	bisoprolol & hydrochlorothiazide ..	20	budesonide (intrarectal) .....	7
betamethasone dipropionate (topical) LOTN .....	40	bisoprolol fumarate .....	32	budesonide (nasal) .....	58
betamethasone dipropionate (topical) OINT .....	40	bleomycin sulfate 15 UNIT .....	25	budesonide CPEP .....	36
		BOOSTRIX SUSP .....	64	budesonide-formoterol fumarate dihydrate .....	10
		BOOSTRIX SUSY .....	64	bumetanide SOLN 0.25 MG/ML ...	44
		bortezomib SOLR IJ .....	26	bumetanide TABS .....	44

buprenorphine hcl SOLN .....	7	MG .....	6	CAPRELSA .....	26
buprenorphine hcl SUBL .....	7	butalbital-aspirin-caffeine CAPS .....	5	captopril 12.5 MG .....	19
buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG .....	7	butalbital-aspirin-caffeine w/cod .....	6	captopril 25 MG, 50 MG, 100 MG ..	19
buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG .....	7	butenafine hcl .....	38	carbamazepine CHEW .....	11
buprenorphine hcl-naloxone hcl dihydrate SUBL .....	7	butorphanol tartrate IJ 1 MG/ML, 2 MG/ML .....	7	carbamazepine CP12 100 MG .....	11
buprenorphine PTWK .....	7	butorphanol tartrate NA 10 MG/ML ..	7	carbamazepine CP12 200 MG .....	11
bupropion hcl (smoking deterrent) ..	62	cabergoline .....	46	carbamazepine CP12 300 MG .....	11
bupropion hcl TABS .....	13	CABLIVI .....	49	carbamazepine SUSP .....	11
bupropion hcl TB12 100 MG .....	13	CABOMETYX TABS .....	26	carbamazepine TABS .....	11
bupropion hcl TB12 150 MG .....	13	calcipotriene CREA .....	39	carbamazepine TB12 100 MG, 400 MG .....	11
bupropion hcl TB12 200 MG .....	13	calcipotriene OINT .....	39	carbamazepine TB12 200 MG .....	11
bupropion hcl TB24 150 MG .....	13	calcipotriene SOLN .....	39	carbidopa .....	28
bupropion hcl TB24 300 MG .....	13	calcipotriene-betamethasone dipropionate OINT .....	40	carbidopa-levodopa TABS .....	28
buspiron hcl 5 MG .....	8	calcipotriene-betamethasone dipropionate SUSP .....	40	carbidopa-levodopa TBCR .....	28
buspiron hcl 7.5 MG, 10 MG, 15 MG, 30 MG .....	8	calcitonin (salmon) NA .....	44	carbidopa-levodopa TBDP .....	28
busulfan SOLN .....	23	calcitriol (topical) .....	39	carbidopa-levodopa-entacapone ..	28
butalbital-acetaminophen TABS 50 MG-325 MG .....	4	calcitriol CAPS .....	45	carbinoxamine maleate SOLN .....	18
butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG .....	4	calcitriol SOLN IV .....	45	carbinoxamine maleate TABS 4 MG . 18	
butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG .....	4	calcium acetate (phosphate binder) CAPS .....	47	carboplatin SOLN 50 MG/5ML .....	23
butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG .....	4	calcium acetate (phosphate binder) TABS .....	47	carisoprodol TABS .....	57
butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG .....	6	calcium chloride (dihydrate) SOLN ..	54	carisoprodol w/ aspirin & codeine ..	58
butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325		calcium polycarbophil TABS .....	50	carmustine .....	23
		CALQUENCE .....	26	carteolol hcl (ophth) .....	58
		candesartan cilexetil .....	20	carvedilol .....	32
		candesartan cilexetil- hydrochlorothiazide .....	20	carvedilol phosphate .....	32
		capecitabine .....	23	casprofungin acetate .....	18
				CAYA DPRH .....	51
				CAYSTON .....	22
				cefaclor CAPS .....	34

cefaclor SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML .....	34	cetirizine hcl TABS .....	18 45
cefadroxil CAPS .....	34	cevimeline hcl .....	56
cefadroxil SUSR .....	34	CHEMET .....	17
cefadroxil TABS .....	34	CHEMSTRIP-K STRP .....	43
cefazolin sodium SOLR IJ 1 GM, 10 GM, 500 MG .....	34	chloramphenicol sodium succinate 21	
cefdinir CAPS .....	34	chlordiazepoxide hcl CAPS .....	8
cefdinir SUSR .....	34	chlordiazepoxide hcl-clidinium bromide .....	64
cefepime hcl SOLR IV 2 GM .....	34	chlordiazepoxide-amitriptyline .....	61
cefixime CAPS .....	34	chlorhexidine gluconate (mouth- throat) .....	56
cefixime SUSR .....	34	chloroquine phosphate TABS 250 MG .....	22
cefotaxime sodium IJ 1 GM, 2 GM	34	chloroquine phosphate TABS 500 MG .....	22
cefotetan disodium IJ 1 GM, 2 GM	34	chlorpromazine hcl SOLN .....	29
cefoxitin sodium IV 1 GM, 2 GM ...	34	chlorpromazine hcl TABS .....	29
cefpodoxime proxetil SUSR .....	34	chlorthalidone 25 MG, 50 MG ....	44
cefpodoxime proxetil TABS .....	34	chlorzoxazone TABS 500 MG ....	57
cefprozil SUSR .....	34	chlorzoxazone TABS 750 MG ....	57
cefprozil TABS .....	34	CHOLBAM .....	47
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 .....	69
ceftriaxone sodium IJ 1 GM, 2 GM, 500 MG .....	34	cholecalciferol TABS 10 MCG, 400 UNIT .....	69
ceftriaxone sodium IJ 250 MG ....	34	cholestyramine light PACK .....	19
cefuroxime axetil TABS .....	34	cholestyramine light POWD .....	19
cefuroxime sodium IJ 750 MG ....	34	cholestyramine PACK .....	19
celecoxib .....	4	cholestyramine POWD .....	19
CELONTIN (methsuximide) .....	13	choline fenofibrate .....	19
cephalexin CAPS .....	34	CHORIONIC GONADOTROPIN IM	
cephalexin SUSR .....	34		
CERDELGA .....	49		
CEREZYME 400 UNIT .....	49		
		ciclopirox GEL .....	38
		ciclopirox olamine CREA .....	38
		ciclopirox olamine SUSP .....	38
		ciclopirox SHAM .....	38
		ciclopirox SOLN .....	38
		cidofovir .....	31
		cilostazol .....	49
		CIMDUO .....	30
		cimetidine TABS .....	64
		cinacalcet hcl .....	45
		CIPRO SUSR .....	46
		ciprofloxacin hcl (ophth) SOLN ....	59
		ciprofloxacin hcl (otic) .....	60
		ciprofloxacin hcl TABS .....	46
		ciprofloxacin in d5w 5 %-200 MG/100ML .....	46
		ciprofloxacin SUSR 5 GM/100ML, 500 MG/5ML .....	46
		ciprofloxacin-dexamethasone ....	60
		ciprofloxacin-fluocinolone acetonide .	60
		cisplatin SOLN 100 MG/100ML ...	23
		citalopram hydrobromide SOLN ...	13
		citalopram hydrobromide TABS 10 MG .....	13
		citalopram hydrobromide TABS 20 MG .....	13
		citalopram hydrobromide TABS 40 MG .....	13
		clarithromycin SUSR .....	51
		clarithromycin TABS .....	51



clarithromycin TB24 .....	51	clobazam SUSP .....	11	clozapine TBDP 100 MG .....	29
CLASSIC PRENATAL TABS .....	56	clobazam TABS .....	11	clozapine TBDP 12.5 MG, 150 MG	29
clemastine fumarate SYRP .....	18	clobetasol propionate CREA 0.05 % .	40	clozapine TBDP 25 MG .....	29
clemastine fumarate TABS 2.68 MG .	18	clobetasol propionate emollient base	COARTEM .....	22	
CLIMARA PRO .....	46	0.05 % .....	40	codeine sulfate TABS 30 MG .....	5
clindamycin hcl .....	22	clobetasol propionate FOAM .....	40	CODEINE SULFATE TABS .....	5
clindamycin palmitate hydrochloride .	22	clobetasol propionate GEL 0.05 %	40	colchicine TABS .....	48
clindamycin phosphate (topical)		clobetasol propionate OINT 0.05 %	40	colchicine w/ probenecid .....	48
FOAM .....	37	clobetasol propionate SOLN 0.05 % .	40	colesevelam hcl PACK .....	19
clindamycin phosphate (topical) GEL	37	clocortolone pivalate .....	40	colesevelam hcl TABS .....	19
clindamycin phosphate (topical)		clofarabine .....	23	colestipol hcl GRAN .....	19
LOTN .....	37	clomiphene citrate TABS .....	45	colestipol hcl PACK .....	19
clindamycin phosphate (topical)		clomipramine hcl .....	14	colestipol hcl TABS .....	19
SOLN .....	37	clonazepam TABS .....	11	COMBIPATCH PTTW .....	46
clindamycin phosphate (topical)		clonidine .....	20	COMETRIQ KIT .....	26
SWAB .....	37	clonidine hcl (adhd) TB12 .....	1	COMIRNATY 2023-24 SUSP .....	66
clindamycin phosphate SOLN IJ 9		clonidine hcl TABS .....	20	COMIRNATY 2023-24 SUSY .....	66
GM/60ML, 300 MG/2ML, 600		clopidogrel bisulfate 300 MG .....	49	COMIRNATY SUSP .....	66
MG/4ML, 900 MG/6ML, 9000		clopidogrel bisulfate 75 MG .....	49	COMPLERA .....	30
MG/60ML .....	22	clorazepate dipotassium TABS .....	8	CONTRACE .....	1
clindamycin phosphate vaginal CREA		clotrimazole (topical) CREA .....	38	COPIKTRA .....	26
.....	68	clotrimazole (topical) SOLN .....	38	CORDRAN TAPE .....	41
clindamycin phosphate-benzoyl		clotrimazole .....	56	CORLANOR SOLN .....	34
peroxide (refrigerate) .....	37	clotrimazole vaginal CREA 1 % ...	68	CORLANOR TABS 5 MG, 7.5 MG	
clindamycin phosphate-benzoyl		clotrimazole w/ betamethasone		(ivabradine hcl) .....	34
peroxide GEL 5 %-1 % .....	37	CREA .....	38	CORTISPORIN-TC .....	60
clindamycin phosphate-tretinoin ..	37	clotrimazole w/ betamethasone		COSENTYX SENSOREADY PEN	
CLINIMIX 4.25%/DEXTROSE 10%		LOTN .....	38	SOAJ .....	39
58		clozapine TABS .....	29	COSENTYX SOSY 150 MG/ML ...	39
CLINIMIX 4.25%/DEXTROSE 5%	58			COSENTYX SOSY 75 MG/0.5ML	39
CLINIMIX E 5%/DEXTROSE 20%					
58					

COSENTYX UNOREADY SOAJ .. 39	CYLTEZO STARTER PACKAGE FOR PSORIASIS/UVEITIS AJKT ...3	deflazacort SUSP .....36
CREON CPEP .....43	cyproheptadine hcl SYRP .....19	deflazacort TABS ..... 36
CRESEMBA CAPS 186 MG ..... 18	cyproheptadine hcl TABS .....19	DELESTROGEN 10 MG/ML (estradiol valerate) ..... 46
cromolyn sodium (ophth) .....60	CYTAGON CAPS ..... 47	DELSTRIGO ..... 30
cromolyn sodium NEBU .....9	CYSTARAN ..... 60	demeclocycline hcl TABS .....63
crotamiton LOTN .....42	cytarabine SOLN .....23	DEPO-ESTRADIOL .....46
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	dabigatran etexilate mesylate CAPS . 11	DEPO-MEDROL SUSP .....36
cyanocobalamin SOLN IJ 1000 MCG/ML .....49	dacarbazine SOLR 200 MG ..... 27	DEPO-SUBQ PROVERA 104 SUSY SC .....35
cyclobenzaprine hcl TABS 5 MG, 10 MG ..... 57	dactinomycin ..... 25	desipramine hcl TABS ..... 14
cyclophosphamide CAPS .....23	dalfampridine .....62	desloratadine TABS .....18
cyclophosphamide SOLR IJ ..... 23	danazol CAPS .....7	desloratadine TBDP 2.5 MG .....18
cycloserine ..... 23	dantrolene sodium CAPS .....58	desmopressin acetate SOLN IJ ... 45
cyclosporine (ophth) EMUL .....59	dapagliflozin propanediol .....16	DESMOPRESSIN ACETATE SOLN NA .....45
cyclosporine CAPS ..... 55	dapagliflozin propanediol-metformin hcl 1000 MG-10 MG ..... 15	desmopressin acetate spray .....45
cyclosporine modified (for microemulsion) CAPS ..... 55	dapagliflozin propanediol-metformin hcl 1000 MG-5 MG .....15	desmopressin acetate spray refrigerated ..... 45
cyclosporine modified (for microemulsion) SOLN ..... 55	dapsone ..... 22	desmopressin acetate TABS 0.1 MG 45
cyclosporine SOLN IV 50 MG/ML . 55	DAPTACEL .....64	desmopressin acetate TABS 0.2 MG 45
CYLTEZO AJKT .....3	daptomycin 500 MG ..... 21	desogestrel & ethinyl estradiol ....35
CYLTEZO PSKT 10 MG/0.2ML .....3	darifenacin hydrobromide .....65	desogestrel-ethinyl estradiol (biphasic) .....35
CYLTEZO PSKT 20 MG/0.4ML, 40 MG/0.8ML ..... 3	darunavir TABS ..... 30	desogestrel-ethinyl estradiol (triphasic) .....35
CYLTEZO PSKT 40 MG/0.4ML .....3	DAURISMO ..... 24	desonide CREA ..... 41
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS AJKT .....3	DEBACTEROL ..... 56	desonide LOTN ..... 41
CYLTEZO STARTER PACKAGE FOR PSORIASIS AJKT .....3	decitabine ..... 24	desonide OINT .....41
	deferasirox PACK .....17	desoximetasone CREA 0.25 % ...41
	deferasirox TABS ..... 17	desoximetasone GEL .....41
	deferasirox TBSO .....17	
	deferiprone TABS 500 MG .....17	

desoximetasone OINT 0.25 %	41	DIACOMIT CAPS 500 MG	12	0.25 MG, 62.5 MCG, 125 MCG, 250 MCG	33
desvenlafaxine succinate 100 MG	14	DIACOMIT PACK 250 MG	12	dihydroergotamine mesylate SOLN IJ 1 MG/ML	53
desvenlafaxine succinate 25 MG, 50 MG	14	DIACOMIT PACK 500 MG	12	dihydroergotamine mesylate SOLN NA 4 MG/ML	53
dexamethasone ELIX	36	diazepam (anticonvulsant) GEL	11	DILANTIN (phenytoin sodium extended)	12
DEXAMETHASONE INTENSOL CONC	36	diazepam CONC	8	DILANTIN	12
dexamethasone sodium phosphate (ophth)	59	diazepam SOLN OR 5 MG/5ML	8	DILANTIN INFATABS CHEW (phenytoin)	12
dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML	36	diazepam TABS	8	DILANTIN-125 SUSP (phenytoin)	12
dexamethasone sodium phosphate SOSY IJ 4 MG/ML	36	diazoxide	15	diltiazem hcl coated beads CP24 120 MG, 300 MG, 360 MG	32
dexamethasone SOLN	36	dichlorphenamide	43	diltiazem hcl coated beads CP24 180 MG, 240 MG	32
dexamethasone TABS 0.5 MG, 0.75 MG	36	diclofenac epolamine PTCH EX	39	diltiazem hcl CP12	32
dexamethasone TABS 1 MG, 1.5 MG, 2 MG, 4 MG, 6 MG	36	diclofenac potassium TABS 50 MG	4	diltiazem hcl CP24	32
dexchlorpheniramine maleate SOLN	18	diclofenac sodium (actinic keratoses) EX	39	diltiazem hcl extended release beads	32
dexlansoprazole	64	diclofenac sodium (ophth)	60	diltiazem hcl SOLN 50 MG/10ML	32
dexmethylphenidate hcl CP24	2	diclofenac sodium (topical) GEL EX	39	DILTIAZEM HCL SOLR	32
dexmethylphenidate hcl TABS	2	diclofenac sodium TB24	4	diltiazem hcl TABS	32
dextroamphetamine sulfate CP24 10 MG, 15 MG	1	diclofenac sodium TBEC	4	diltiazem hcl TB24	33
dextroamphetamine sulfate CP24 5 MG	1	diclofenac w/ misoprostol TBEC	4	dimethyl fumarate CDPK	62
dextroamphetamine sulfate TABS 2.5 MG, 7.5 MG, 15 MG, 20 MG, 30 MG	1	dicloxacillin sodium	61	dimethyl fumarate CPDR	62
dextroamphetamine sulfate TABS 5 MG, 10 MG	1	dicyclomine hcl CAPS	64	DIPENTUM	47
dextrose in lactated ringers	54	dicyclomine hcl SOLN OR	64	diphenhydramine hcl CAPS 50 MG 18	
DIACOMIT CAPS 250 MG	12	dicyclomine hcl TABS	64	diphenhydramine hcl ELIX 12.5 MG/5ML	18
		DIFFERIN LOTN	37	diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML	18
		DIFICID TABS	51		
		diflorasone diacetate CREA	41		
		diflorasone diacetate OINT	41		
		diflunisal TABS	5		
		difluprednate	59		
		digoxin SOLN OR 0.05 MG/ML	33		
		digoxin TABS 0.0625 MG, 0.125 MG,			

diphenhydramine hcl SOLN 50 MG/ML .....	18	doxepin hcl (sleep) .....	50 42	DUPIXENT SOPN 300 MG/2ML ...	42
diphenoxylate w/ atropine LIQD ...	17	doxepin hcl CAPS .....	14	DUPIXENT SOSY 100 MG/0.67ML	42
diphenoxylate w/ atropine TABS ...	17	doxepin hcl CONC .....	14	DUPIXENT SOSY 200 MG/1.14ML	42
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP ...	64	doxercalciferol CAPS .....	45	DUPIXENT SOSY 300 MG/2ML ...	42
dipyridamole .....	49	doxercalciferol SOLN .....	45	DUREX EXTRA SENSITIVE THIN DEVI .....	51
disopyramide phosphate CAPS .....	8	doxorubicin hcl liposomal .....	25	DUREX EXTRA SENSITIVE THIN MISC .....	51
disulfiram .....	61	doxorubicin hcl SOLN .....	25	DUREX TROPICAL MISC .....	51
DIURIL SUSP .....	44	doxorubicin hcl SOLR 10 MG, 50 MG .....	25	dutasteride .....	48
divalproex sodium TB24 .....	13	doxycycline (monohydrate) CAPS 50 MG, 100 MG .....	63	dutasteride-tamsulosin hcl .....	48
divalproex sodium TBEC .....	13	doxycycline (monohydrate) CAPS 75 MG .....	63	econazole nitrate CREA .....	38
docetaxel CONC 20 MG/ML .....	27	doxycycline (monohydrate) CAPS 50 MG .....	63	EDARBI .....	20
docetaxel SOLN 20 MG/2ML .....	27	doxycycline (monohydrate) TABS 100 MG .....	63	EDURANT .....	30
docusate calcium .....	50	doxycycline (monohydrate) TABS 50 MG, 75 MG .....	63	efavirenz CAPS 200 MG .....	30
docusate sodium CAPS 100 MG ..	51	doxycycline (monohydrate) TABS 50 MG, 75 MG .....	63	efavirenz CAPS 50 MG .....	30
docusate sodium CAPS 250 MG ..	51	doxycycline hyclate CAPS .....	63	efavirenz TABS .....	30
dofetilide .....	9	doxycycline hyclate SOLR .....	63	efavirenz-emtricitabine-tenofovir disoproxil fumarate .....	30
donepezil hydrochloride TABS 10 MG .....	61	doxycycline hyclate TABS 20 MG, 100 MG .....	63	efavirenz-lamivudine-tenofovir disoproxil fumarate .....	30
donepezil hydrochloride TABS 5 MG, 23 MG .....	61	doxylamine-pyridoxine TBEC .....	17	EGRIFTA 2 MG .....	45
donepezil hydrochloride TBDP 10 MG .....	61	dronabinol CAPS .....	17	EGRIFTA SV .....	45
donepezil hydrochloride TBDP 5 MG 61	61	drospirenone-ethinyl estradiol ....	35	ELAPRASE .....	45
DOPTELET .....	49	drospirenone-ethinyl estradiol- levomefolate calcium .....	35	electrolyte-148 .....	54
dorzolamide hcl .....	60	DROXIA CAPS .....	49	electrolyte-a .....	54
dorzolamide hcl-timolol maleate ..	58	DUAVEE .....	46	ELESTRIN GEL .....	46
DOVATO .....	30	DULERA .....	10	eletriptan hydrobromide .....	53
doxazosin mesylate .....	20	duloxetine hcl CPEP 20 MG, 30 MG, 60 MG .....	14	ELIGARD KIT SC 7.5 MG .....	25
doxepin hcl (antipruritic) .....	39	duloxetine hcl CPEP 40 MG .....	14		
		DUPIXENT SOPN 200 MG/1.14ML			

ELIGARD SC 22.5 MG, 30 MG, 45 MG .....	25	ENBREL SURECLICK SOAJ .....	4	EQUETRO 300 MG .....	29
ELIQUIS STARTER PACK TBPK .	10	ENGERIX-B SUSP 20 MCG/ML ...	66	ERAXIS .....	18
ELIQUIS TABS .....	10	ENGERIX-B SUSY .....	66	ERBITUX .....	24
ELLA .....	35	enoxaparin sodium SOLN IJ 300 MG/3ML .....	10	ergocalciferol CAPS .....	69
ELMIRON CAPS .....	48	enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML .....	10	ergocalciferol SOLN OR .....	69
ELOCTATE .....	48	enoxaparin sodium SOSY 30 MG/0.3ML .....	10	ergoloid mesylates TABS .....	62
EMCYT .....	25	enoxaparin sodium SOSY 40 MG/0.4ML .....	10	ERGOMAR SUBL .....	53
EMFLAZA SUSP .....	36	enoxaparin sodium SOSY 60 MG/0.6ML .....	10	ergotamine w/ caffeine TABS .....	53
EMFLAZA TABS (deflazacort) .....	36	enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML .....	10	eribulin mesylate .....	28
EMGALITY SOAJ .....	53	ENSPRYNG .....	56	ERIVEDGE .....	24
EMGALITY SOSY 100 MG/ML .....	53	entacapone .....	28	ERLEADA 240 MG .....	25
EMGALITY SOSY 120 MG/ML .....	53	entecavir TABS .....	31	ERLEADA 60 MG .....	25
EMSAM .....	13	EPIDIOLEX .....	12	erlotinib hcl .....	24
emtricitabine CAPS .....	30	epinastine hcl (ophth) .....	60	ERTACZO .....	38
emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG .....	30	epinephrine (anaphylaxis) SOAJ 0.15 MG/0.3ML .....	69	ertapenem sodium IJ .....	21
emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG .....	30	epinephrine (anaphylaxis) SOAJ 0.3 MG/0.3ML .....	69	erythromycin (acne aid) PADS .....	37
EMTRIVA SOLN .....	30	EPIVIR HBV SOLN .....	31	erythromycin (acne aid) SOLN .....	37
EMVERM CHEW .....	7	eplerenone .....	21	erythromycin (ophth) .....	59
enalapril maleate & hydrochlorothiazide 12.5 MG-5 MG 20		EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML .....	49	erythromycin base CPEP .....	51
enalapril maleate & hydrochlorothiazide 25 MG-10 MG 20		epoprostenol sodium .....	33	erythromycin base TABS .....	51
enalapril maleate TABS .....	19	EQUETRO 100 MG .....	29	erythromycin base TBEC .....	51
ENBREL MINI SOCT .....	4	EQUETRO 200 MG .....	29	erythromycin ethylsuccinate SUSR 51	
ENBREL SOLN .....	4			erythromycin ethylsuccinate TABS 51	
ENBREL SOSY 25 MG/0.5ML .....	4			escitalopram oxalate SOLN .....	13
ENBREL SOSY 50 MG/ML .....	4			escitalopram oxalate TABS 10 MG 13	
				escitalopram oxalate TABS 20 MG 13	
				escitalopram oxalate TABS 5 MG . 13	
				esomeprazole magnesium CPDR 20	

MG .....	64	etoposide SOLN 1 GM/50ML, 100	FC2 FEMALE CONDOM .....	51
esomeprazole magnesium CPDR 40		MG/5ML, 500 MG/25ML .....	febuxostat .....	48
MG .....	65	etravirine 100 MG .....	felbamate SUSP .....	12
esomeprazole magnesium TBEC ..	65	etravirine 200 MG .....	felbamate TABS 400 MG .....	12
ESPEROCT .....	48	EUCRISA .....	felbamate TABS 600 MG .....	12
estazolam .....	50	EVAMIST SOLN .....	felodipine .....	33
esterified estrogens &		everolimus (immunosuppressant)	FEMCAP DEVI .....	51
methyltestosterone .....	46	0.25 MG, 0.5 MG, 0.75 MG .....	FEMRING .....	69
estradiol & norethindrone acetate		everolimus (immunosuppressant) 1	fenofibrate micronized 43 MG, 67	
TABS .....	46	MG .....	MG, 130 MG, 134 MG, 200 MG ...	19
estradiol GEL 0.06 % .....	46	everolimus TABS .....	fenofibrate TABS 48 MG, 54 MG, 145	
estradiol GEL 0.25 MG/0.25GM, 0.5		EVOTAZ .....	MG, 160 MG .....	19
MG/0.5GM, 0.75 MG/0.75GM, 1		exemestane .....	fenoprofen calcium TABS .....	4
MG/GM, 1.25 MG/1.25GM .....	46	ezetimibe .....	FENSOLVI SC .....	45
estradiol PTTW .....	46	ezetimibe-simvastatin .....	fenofibrate TABS 48 MG, 54 MG, 145	
estradiol PTWK .....	46	famciclovir 125 MG, 250 MG .....	MG, 160 MG .....	19
estradiol TABS .....	46	famciclovir 500 MG .....	fenofibrate TABS 48 MG, 54 MG, 145	
estradiol vaginal CREA .....	68	famciclovir 500 MG .....	MG, 160 MG .....	19
estradiol vaginal TABS .....	68	famotidine in nacl SOLN .....	fenofibrate TABS 48 MG, 54 MG, 145	
estradiol valerate .....	46	famotidine SOLN 20 MG/2ML .....	MG, 160 MG .....	19
ESTROGEL GEL (estradiol) .....	46	famotidine SOLN 40 MG/4ML, 200	fenofibrate TABS 48 MG, 54 MG, 145	
eszopiclone .....	50	MG/20ML .....	MG, 160 MG .....	19
ethacrynic acid .....	44	famotidine SUSR .....	fenofibrate TABS 48 MG, 54 MG, 145	
ethambutol hcl TABS .....	23	famotidine TABS 20 MG, 40 MG ..	MG, 160 MG .....	19
ethosuximide CAPS .....	13	FANAPT .....	fenofibrate TABS 48 MG, 54 MG, 145	
ethosuximide SOLN .....	13	FANAPT TITRATION PACK .....	MG, 160 MG .....	19
ethynodiol diacet & eth estrad		FANTASY LUBRICATED MISC ...	fenofibrate TABS 48 MG, 54 MG, 145	
.....	35	FANTASY	MG, 160 MG .....	19
etodolac CAPS .....	4	LUBRICATED/SPERMICIDE MISC	fenofibrate TABS 48 MG, 54 MG, 145	
etodolac TABS .....	4	51	MG, 160 MG .....	19
etonogestrel-ethinyl estradiol .....	35	FARXIGA .....	fenofibrate TABS 48 MG, 54 MG, 145	
ETOPOPHOS .....	28	FASENRA PEN SOAJ .....	MG, 160 MG .....	19
etoposide CAPS .....	28	FASENRA SOSY 30 MG/ML .....	fenofibrate TABS 48 MG, 54 MG, 145	
			MG, 160 MG .....	19

flecainide acetate .....	8	FLULAVAL QUADRIVALENT 2023-2024 SUSY .....	67	fluphenazine hcl ELIX .....	29	
floxuridine .....	24	FLUMIST QUADRIVALENT .....	67	fluphenazine hcl SOLN .....	29	
FLUAD 2024-2025 .....	66	flunisolide (nasal) 0.025 % .....	58	fluphenazine hcl TABS .....	29	
FLUAD QUADRIVALENT 2022-2023 .....	66	fluocinolone acetonide (otic) .....	60	flurandrenolide CREA .....	41	
FLUAD QUADRIVALENT 2023-2024 .....	66	fluocinolone acetonide CREA 0.01 % 41		flurandrenolide LOTN .....	41	
FLUARIX 2024-2025 SUSY .....	66	fluocinolone acetonide CREA 0.025 % .....	41	flurazepam hcl .....	50	
FLUARIX QUADRIVALENT 2022-2023 SUSY .....	66	fluocinolone acetonide OIL .....	41	flurbiprofen sodium .....	60	
FLUARIX QUADRIVALENT 2023-2024 SUSY .....	66	fluocinolone acetonide OINT .....	41	flurbiprofen TABS .....	4	
FLUBLOK QUADRIVALENT 2022-2023 .....	66	fluocinolone acetonide SOLN .....	41	flutamide .....	25	
FLUBLOK QUADRIVALENT 2023-2024 .....	66	fluocinonide CREA 0.05 % .....	41	fluticasone furoate-vilanterol .....	10	
FLUCELVAX 2024-2025 SUSY ...	66	fluocinonide CREA 0.1 % .....	41	fluticasone propionate (inhalation) AEPB .....	9	
FLUCELVAX QUADRIVALENT 2022-2023 SUSP .....	67	fluocinonide emulsified base .....	41	fluticasone propionate (nasal) SUSP .	58	
FLUCELVAX QUADRIVALENT 2022-2023 SUSY .....	67	fluocinonide GEL .....	41	fluticasone propionate CREA 0.05 %	41	
FLUCELVAX QUADRIVALENT 2023-2024 SUSP .....	67	fluocinonide OINT .....	41	fluticasone propionate hfa .....	9	
FLUCELVAX QUADRIVALENT 2023-2024 SUSY .....	67	fluocinonide SOLN .....	41	fluticasone propionate LOTN .....	41	
fluconazole SUSR .....	18	fluorometholone (ophth) SUSP ....	59	fluticasone propionate OINT .....	41	
fluconazole TABS .....	18	fluorouracil (topical) CREA 5 % ...	39	fluticasone-salmeterol AEPB .....	10	
flucytosine .....	18	fluorouracil (topical) SOLN .....	39	fluticasone-salmeterol AERO .....	10	
fludarabine phosphate SOLN .....	24	fluorouracil 500 MG/10ML .....	24	fluvastatin sodium CAPS 20 MG ...	19	
fludarabine phosphate SOLR .....	24	fluoxetine hcl CAPS 10 MG .....	13	fluvastatin sodium CAPS 40 MG ...	19	
fludrocortisone acetate TABS .....	36	fluoxetine hcl CAPS 20 MG .....	13	fluvoxamine maleate TABS 100 MG .	14	
FLULAVAL 2024-2025 SUSY .....	67	fluoxetine hcl CAPS 40 MG .....	13	fluvoxamine maleate TABS 25 MG,	50 MG .....	14
FLULAVAL QUADRIVALENT 2022-2023 SUSY .....	67	fluoxetine hcl CPDR .....	13	FLUZONE 2024-2025 SUSP .....	67	
		fluoxetine hcl SOLN .....	14	FLUZONE 2024-2025 SUSY .....	67	
		fluoxetine hcl TABS 10 MG, 60 MG	14	FLUZONE HIGH-DOSE 2024-2025 SUSY .....	67	
		14		FLUZONE HIGH-DOSE PF 2022-		
		fluoxetine hcl TABS 20 MG .....	14			
		fluphenazine hcl CONC .....	29			

2023 .....	67	fosphenytoin sodium .....	12	gabapentin SOLN .....	12
FLUZONE HIGH-DOSE PF 2023-2024 .....	67	FRAGMIN SOSY .....	11	gabapentin TABS 600 MG, 800 MG 12	
FLUZONE QUADRIVALENT 2022-2023 SUSP .....	67	FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM .....	52	GALAFOLD .....	45
FLUZONE QUADRIVALENT 2022-2023 SUSY .....	67	FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM .....	53	galantamine hydrobromide CP24 .	61
FLUZONE QUADRIVALENT 2023-2024 SUSP .....	67	FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM .....	53	galantamine hydrobromide SOLN .	61
FLUZONE QUADRIVALENT 2023-2024 SUSY .....	67	FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM .....	53	galantamine hydrobromide TABS .	61
FML FORTE SUSP .....	59	FREESTYLE LIBRE 3/READER/GLUCOSE MONITORING SYSTEM .....	53	GAMMAGARD LIQUID 1 GM/10ML, 2.5 GM/25ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML .....	60
FML OINT .....	59	FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM .....	53	GAMMAGARD LIQUID 30 GM/300ML .....	60
folic acid TABS .....	49	FREESTYLE LIBRE 3/READER/GLUCOSE MONITORING SYSTEM .....	53	GAMMAGARD S/D IGA LESS THAN 1MCG/ML SOLR .....	60
fondaparinux sodium 10 MG/0.8ML 11		FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM .....	53	GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML .....	60
fondaparinux sodium 2.5 MG/0.5ML . 11		FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM .....	53	GAMUNEX-C .....	60
fondaparinux sodium 5 MG/0.4ML .11		frovatriptan succinate .....	54	ganciclovir sodium SOLR .....	31
fondaparinux sodium 7.5 MG/0.6ML . 10		fulvestrant SOSY .....	25	ganirelix acetate .....	45
FORA GTEL BLOOD KETONE TEST STRIPS .....	43	furosemide SOLN OR 10 MG/ML, 40 MG/5ML .....	44	GARDASIL 9 SUSP .....	67
FORA TEST N' GO ADVANCE/VOICE/6 CONNECT ..43		furosemide TABS .....	44	GARDASIL 9 SUSY .....	67
formoterol fumarate NEBU .....	10	FUZEON SOLR .....	30	gatifloxacin (ophth) .....	59
FORTEO SOPN (teriparatide (recombinant)) .....	44	FYCOMPA TABS 2 MG .....	11	gefitinib .....	24
FOSAMAX PLUS D .....	44	FYCOMPA TABS 4 MG .....	11	gemcitabine hcl SOLR 2 GM, 200 MG .....	24
fosamprenavir calcium TABS .....	30	FYCOMPA TABS 6 MG .....	11	gemfibrozil TABS .....	19
fosfomycin tromethamine .....	22	FYCOMPA TABS 8 MG, 10 MG, 12 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
fosinopril sodium & hydrochlorothiazide .....	20	gabapentin CAPS .....	12	gentamicin sulfate (ophth) OINT ...	59
fosinopril sodium .....	19			gentamicin sulfate (ophth) SOLN ..	59
				gentamicin sulfate (topical) CREA .	38



gentamicin sulfate (topical) OINT ..38	GLYXAMBI ..... 15	HEPARIN SODIUM/NAACL 0.45% SOLN IV 0.45 %-12500 UNIT/250ML 11
gentamicin sulfate IJ 40 MG/ML, 80 MG/2ML .....2	GNP PRENATAL TABS ..... 56	HEPLISAV-B SOSY ..... 67
GENVOYA .....30	GOJJI BLOOD KETONE TEST STRIPS .....43	HIBERIX SOLR IJ ..... 65
GILOTRIF ..... 24	granisetron hcl SOLN IV 1 MG/ML 17	HUMATROPE CART IJ ..... 45
glatiramer acetate SOSY 20 MG/ML . 62	granisetron hcl TABS ..... 17	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML ..... 3
glatiramer acetate SOSY 40 MG/ML . 62	GRASTEK SUBL .....2	HUMIRA PEN PNKT 80 MG/0.8ML .3
GLEOSTINE 10 MG ..... 23	griseofulvin microsize SUSP .....18	HUMIRA PEN PNKT ..... 3
GLEOSTINE 40 MG, 100 MG ..... 23	griseofulvin microsize TABS ..... 18	HUMIRA PEN-CD/UC/HS STARTER PNKT ..... 3
glimepiride 1 MG, 2 MG .....16	griseofulvin ultramicrosize .....18	HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT .....3
glimepiride 4 MG ..... 16	guanfacine hcl (adhd) .....1	HUMIRA PEN-PS/UV STARTER PNKT ..... 3
glipizide TABS 5 MG, 10 MG ..... 16	guanfacine hcl .....20	HUMIRA PSKT ..... 3
glipizide TB24 ..... 16	GYNAZOLE-1 ..... 68	HUMULIN R U-500 (CONCENTRATED) SOLN SC .... 16
glipizide-metformin hcl 250 MG-2.5 MG, 500 MG-2.5 MG .....15	HADLIMA PUSHTOUCH SOAJ ....3	HUMULIN R U-500 KWIKPEN SOPN SC .....16
glipizide-metformin hcl 500 MG-5 MG .....15	HADLIMA SOSY ..... 3	HYCANTIN CAPS ..... 28
GLUCAGEN DIAGNOSTIC .....42	HAEGARDA SOLR SC ..... 48	hydralazine hcl SOLN .....21
glucagon (rdna) .....15	HALAVEN (eribulin mesylate) ....28	hydralazine hcl TABS .....21
glyburide micronized 1.5 MG, 3 MG, 6 MG ..... 16	halcinonide CREA ..... 41	hydrochlorothiazide CAPS ..... 44
glyburide TABS ..... 16	halobetasol propionate CREA .... 41	hydrochlorothiazide TABS 12.5 MG 44
glyburide-metformin 250 MG-1.25 MG ..... 15	halobetasol propionate OINT ..... 41	hydrochlorothiazide TABS 25 MG, 50 MG ..... 44
glyburide-metformin 500 MG-2.5 MG, 500 MG-5 MG .....15	HALOG OINT ..... 41	hydrocodone polistirex- chlorpheniramine polistirex SUER .37
glycine (gu irrigant) SOLN 1.5 % .. 48	haloperidol decanoate .....29	hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325
glycopyrrolate SOLN IJ 0.2 MG/ML, 4 MG/20ML ..... 64	haloperidol lactate CONC .....29	
glycopyrrolate TABS 1 MG ..... 64	haloperidol lactate SOLN ..... 29	
glycopyrrolate TABS 2 MG ..... 64	haloperidol TABS ..... 29	
	HAVRIX .....67	
	HEALON PRO SOSY .....59	
	HEMANGEOL SOLN OR .....32	
	heparin sodium (porcine) SOLN IJ 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML ..... 11	

MG/15ML-7.5 MG/15ML .....	6	hydromorphone hcl TB24 8 MG, 12 MG, 16 MG .....	5	imatinib mesylate .....	26
hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG .....	6	hydroxychloroquine sulfate 100 MG 22		IMBRUVICA CAPS 140 MG .....	26
hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG .....	6	hydroxychloroquine sulfate 200 MG 22		IMBRUVICA CAPS 70 MG .....	26
hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG .....	6	hydroxychloroquine sulfate 400 MG 22		IMBRUVICA SUSP .....	26
hydrocodone-ibuprofen 7.5 MG-200 MG .....	6	hydroxyurea .....	27	IMBRUVICA TABS .....	26
hydrocortisone (intrarectal) .....	7	hydroxyzine hcl SOLN 50 MG/ML ..	8	imipenem-cilastatin IV .....	21
hydrocortisone (rectal) EX .....	7	hydroxyzine hcl SYRP .....	8	imipramine hcl TABS .....	14
hydrocortisone (topical) CREA 1 %, 2.5 % .....	41	hydroxyzine hcl TABS .....	8	imipramine pamoate .....	14
hydrocortisone (topical) LOTN 2.5 % .	41	hydroxyzine pamoate CAPS .....	8	imiquimod 5 % .....	42
hydrocortisone (topical) OINT 1 %, 2.5 % .....	41	HYPERSAL NEBU .....	37	IMPAVIDO .....	21
hydrocortisone acetate (rectal) .....	7	HYQVIA .....	60	INCRELEX .....	45
hydrocortisone butyrate CREA ....	41	ibandronate sodium SOLN .....	44	INCRUSE ELLIPTA .....	9
hydrocortisone butyrate OINT .....	41	ibandronate sodium TABS .....	44	indapamide TABS 1.25 MG .....	44
hydrocortisone butyrate SOLN ....	41	IBRANCE CAPS .....	26	indapamide TABS 2.5 MG .....	44
hydrocortisone TABS .....	36	IBRANCE TABS .....	26	indomethacin CAPS 25 MG, 50 MG 4	
hydrocortisone vaginal .....	68	ibuprofen SUSP 100 MG/5ML .....	4	indomethacin CPR .....	4
hydrocortisone valerate CREA ....	41	ibuprofen TABS 400 MG, 600 MG ..	4	INFANRIX .....	64
hydrocortisone valerate OINT .....	41	ibuprofen TABS 800 MG .....	4	INFLECTRA SOLR .....	47
hydrocortisone w/acetic acid .....	60	icatibant acetate SOLN .....	48	INGREZZA CAPS .....	62
hydromorphone hcl LIQD .....	5	icatibant acetate SOSY .....	48	INGREZZA CPPK .....	62
hydromorphone hcl SOLN IJ 10 MG/ML, 50 MG/5ML, 500 MG/50ML .	5	ICLUSIG .....	26	INLYTA .....	24
		icosapent ethyl 1 GM .....	19	INREBIC .....	26
		idarubicin hcl 20 MG/20ML .....	25	INSULIN ASPART FLEXPEN SOPN .	16
		idarubicin hcl 5 MG/5ML, 10 MG/10ML .....	25	INSULIN ASPART PENFILL SOCT	16
		IDELVION .....	48	INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN SUPN .....	16
hydromorphone hcl TABS .....	5	ifosfamide SOLN 1 GM/20ML .....	23	INSULIN ASPART PROTAMINE/INSULIN ASPART SUSP .....	16
hydromorphone hcl TB24 32 MG ...	5	ifosfamide SOLR .....	23		

INSULIN ASPART SOLN IJ .....	16	isosorbide dinitrate-hydralazine hcl 33	ketoconazole (topical) CREA .....	38
INSULIN DEGLUDEC FLEXTOUCH SOPN .....	16	isosorbide mononitrate TABS .....	ketoconazole (topical) SHAM 2 % .....	38
INSULIN DEGLUDEC SOLN .....	16	isosorbide mononitrate TB24 .....	ketoconazole .....	18
INTELENCE 25 MG .....	30	isotretinoin 10 MG, 20 MG, 30 MG, 40 MG .....	KETONE STRP .....	43
INTRAROSA .....	68	isradipine CAPS .....	KETONE TEST STRIPS STRP ....	43
INTRON A SOLR 18000000 UNIT	27	itraconazole CAPS .....	ketoprofen CAPS 50 MG .....	4
IONOSOL-MB/DEXTROSE 5% ..	54	itraconazole SOLN .....	ketorolac tromethamine (ophth) ...	60
IOPIDINE .....	58	ivabradine hcl TABS .....	ketorolac tromethamine TABS .....	4
IPOL INACTIVATED IPV .....	67	ivermectin (pediculicide) .....	KETOSTIX STRP .....	43
ipratropium bromide (nasal) 0.03 %	58	ivermectin .....	ketotifen fumarate (ophth) 0.035 % 60	
ipratropium bromide (nasal) 0.06 %	58	IXEMPRA KIT 15 MG .....	KEVZARA SOAJ .....	4
ipratropium bromide SOLN 0.02 % .	9	JAKAFI .....	KEVZARA SOSY .....	4
ipratropium-albuterol SOLN .....	10	JANUMET TABS .....	KIMONO COLORS DEVI .....	51
irbesartan .....	20	JANUMET XR TB24 1000 MG-100 MG .....	KIMONO LUBRICATED MISC ....	51
irbesartan-hydrochlorothiazide ....	20	JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG .....	KIMONO MAXX/LARGE FLARE MISC .....	51
IRESSA (gefitinib) .....	24	JANUVIA .....	KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC	51
irinotecan hcl 40 MG/2ML, 100 MG/5ML .....	28	JARDIANCE .....	KIMONO PLUS SPERMICIDE LUBRICATED MISC .....	51
irrigation solutions, physiological ..	56	JEVTANA .....	KIMONO PLUS SPERMICIDE/LUBRICATED MISC	51
ISENTRESS CHEW .....	30	JIVI .....	KIMONO PS LUBRICATED MISC .	51
ISENTRESS HD TABS .....	30	JULUCA .....	KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC	51
ISENTRESS TABS .....	30	KALYDECO TABS .....	KIMONO SENSATION LUBRICATED MISC .....	52
ISOLYTE-P/DEXTROSE 5% .....	54	KAMELEON LUBRICATED MISC .	KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC	52
ISOLYTE-S .....	54	KANJINTI .....		
isoniazid SOLN .....	23	KCL 0.3%/D5W/NAACL 0.9% (potassium chloride in dextrose & sodium chloride) .....		
isoniazid SYRP .....	23	KEPIVANCE 6.25 MG .....		
isoniazid TABS .....	23	KESIMPTA .....		
isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG .....	8			

KIMONO SPECIAL DEVI .....	52	lactulose SOLN .....	50	letrozole .....	25
KINRIX SUSY .....	64	lamivudine (hbv) TABS .....	31	leucovorin calcium SOLR .....	27
KISQALI .....	26	lamivudine SOLN .....	30	leucovorin calcium TABS .....	27
KISQALI FEMARA 200 DOSE ....	26	lamivudine TABS 150 MG .....	30	LEUKERAN .....	23
KISQALI FEMARA 400 DOSE ....	26	lamivudine TABS 300 MG .....	30	LEUKINE SOLR IJ .....	49
KISQALI FEMARA 600 DOSE ....	26	lamivudine-zidovudine .....	30	leuprolide acetate KIT IJ 1 MG/0.2ML .....	25
KLARITY-A .....	59	lamotrigine CHEW 25 MG .....	12	levalbuterol hcl .....	10
KOGENATE FS KIT .....	48	lamotrigine CHEW 5 MG .....	12	levalbuterol tartrate .....	10
KOSELUGO .....	26	lamotrigine TABS .....	12	LEVEMIR FLEXPEN SOPN .....	16
KOVALTRY .....	48	lamotrigine TBDP .....	12	LEVEMIR FLEXTOUCH SOPN ....	16
KP PRENATAL MULTIVITAMINS TABS .....	56	LANOXIN SOLN IJ (digoxin) .....	33	LEVEMIR SOLN .....	16
KRINTAFEL .....	22	LANOXIN TABS 62.5 MCG, 125 MCG, 250 MCG (digoxin) .....	33	levetiracetam SOLN IV 500 MG/5ML 12	
K-Y ME & YOU EXTRA LUBRICATED DEVI .....	52	lansoprazole CPDR 15 MG .....	65	levetiracetam TABS 1000 MG .....	12
K-Y ME & YOU INTENSE DEVI ...	52	lansoprazole CPDR 30 MG .....	65	levetiracetam TABS 250 MG, 750 MG .....	12
KYLEENA .....	36	lanthanum carbonate CHEW .....	47	levetiracetam TABS 500 MG .....	12
KYPROLIS .....	26	lapatinib ditosylate .....	26	levetiracetam TB24 .....	12
labetalol hcl SOLN .....	32	LASTACRAFT .....	60	levobunolol hcl 0.5 % .....	58
labetalol hcl TABS 100 MG, 200 MG . 32		latanoprost SOLN .....	60	levocetirizine dihydrochloride SOLN 18	
labetalol hcl TABS 300 MG .....	32	leflunomide .....	4	levocetirizine dihydrochloride TABS 18	
lacosamide SOLN IV 200 MG/20ML . 12		lenalidomide 2.5 MG, 5 MG, 10 MG, 15 MG, 25 MG .....	55	levofloxacin (ophth) 0.5 % .....	59
lacosamide TABS .....	12	lenalidomide 20 MG .....	55	levofloxacin in d5w 5 %-500 MG/100ML .....	46
lactated ringer's (irrigation) .....	56	LENVIMA 10 MG DAILY DOSE ..	24	levofloxacin SOLN OR .....	46
lactated ringer's .....	54	LENVIMA 12MG DAILY DOSE ...	24	levofloxacin TABS 250 MG, 750 MG . 46	
lactic acid (ammonium lactate) CREA .....	42	LENVIMA 14 MG DAILY DOSE ..	24	levofloxacin TABS 500 MG .....	46
lactic acid (ammonium lactate) LOTN 12 % .....	42	LENVIMA 18 MG DAILY DOSE ..	24	levonorgestrel & eth estradiol TABS 35	
lactulose (encephalopathy) .....	47	LENVIMA 20 MG DAILY DOSE ..	24		
		LENVIMA 24 MG DAILY DOSE ..	24		
		LENVIMA 4 MG DAILY DOSE ...	24		
		LENVIMA 8 MG DAILY DOSE ...	24		

levonorgestrel (emergency oc) 1.5 MG .....	35	lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG .....	20	loxapine succinate .....	29
levonorgestrel-eth estradiol (triphasic) .....	35	lithium .....	28	lubiprostone .....	47
levonorgestrel-ethinyl estradiol (91- day) 0.03 MG-0.15 MG .....	35	lithium carbonate CAPS .....	29	LUCEMYRA .....	61
levonorgestrel-ethinyl estradiol (continuous) .....	35	lithium carbonate TABS .....	29	luliconazole .....	38
levonorgestrel-ethinyl estradiol-iron 35		lithium carbonate TBCR .....	29	LUMIZYME .....	45
levorphanol tartrate TABS 2 MG ....	5	LO LOESTRIN FE TABS .....	35	LUPRON DEPOT (1-MONTH) KIT IM .....	25
levothyroxine sodium TABS .....	64	LOKELMA .....	56	LUPRON DEPOT (3-MONTH) KIT IM .....	25
LEXIVA SUSP .....	30	loperamide hcl CAPS .....	17	LUPRON DEPOT (4-MONTH) IM .	25
lidocaine hcl (local anesth.) SOLN 0.5 %, 1 %, 2 % .....	51	lopinavir-ritonavir SOLN .....	30	LUPRON DEPOT (6-MONTH) IM .	25
lidocaine hcl (mouth-throat) 2 % ...	56	lopinavir-ritonavir TABS .....	30	LUPRON DEPOT-PED (1-MONTH) . 45	
lidocaine hcl (mouth-throat) 4 % ...	56	loratadine CAPS .....	18	LUPRON DEPOT-PED (3-MONTH) 11.25 MG .....	45
lidocaine hcl GEL 2 % .....	42	loratadine CHEW .....	18	LUPRON DEPOT-PED (3-MONTH) 30 MG .....	45
lidocaine hcl PRSY .....	42	loratadine SOLN .....	18	lurasidone hcl 20 MG, 40 MG, 60 MG, 120 MG .....	29
lidocaine hcl SOLN .....	42	loratadine TABS .....	18	lurasidone hcl 80 MG .....	29
lidocaine PTCH 5 % .....	42	loratadine TBDP .....	18	LYNPARZA TABS .....	26
lidocaine-prilocaine CREA .....	42	lorazepam CONC .....	8	LYSODREN .....	25
LILETTA 20.1 MCG/DAY .....	36	lorazepam TABS 0.5 MG, 2 MG ....	8	mafenide acetate PACK .....	40
lincomycin hcl .....	22	lorazepam TABS 1 MG .....	8	magnesium sulfate IJ 50 % .....	55
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 .....	47	losartan potassium & hydrochlorothiazide 12.5 MG-50 MG . 20		maraviroc TABS 300 MG .....	30
liothyronine sodium SOLN .....	64	losartan potassium .....	20	MARPLAN .....	13
liothyronine sodium TABS .....	64	LOTEMAX OINT .....	59	MASONATAL TABS .....	56
liraglutide .....	16	loteprednol etabonate GEL .....	59	MATULANE .....	27
lisdexamphetamine dimesylate CAPS 1		loteprednol etabonate SUSP .....	59	MAXIDEX SUSP OP .....	59
lisinopril & hydrochlorothiazide ...	20	lovastatin TABS 10 MG, 20 MG ...	19	MAXX LUBRICATED MISC .....	52
		lovastatin TABS 40 MG .....	19		

MAXX PLUS SPERMICIDE LUBRICATED MISC .....	50 MG/ML, 100 MG/ML ..... 5	methenamine hippurate .....	22
meclizine hcl TABS 12.5 MG .....	17	methimazole TABS .....	63
meclizine hcl TABS 25 MG .....	17	METHITEST TABS .....	7
meclofenamate sodium CAPS .....	4	methocarbamol TABS 500 MG, 750 MG .....	57
MEDROL TABS .....	36	METHOTREXATE .....	3
medroxyprogesterone acetate (contraceptive) SUSP IM .....	36	methotrexate sodium SOLN 50 MG/2ML, 250 MG/10ML .....	24
medroxyprogesterone acetate (contraceptive) SUSY IM .....	36	methotrexate sodium SOLR .....	24
medroxyprogesterone acetate 10 MG .....	61	methotrexate sodium TABS 2.5 MG 24	
medroxyprogesterone acetate 2.5 MG, 5 MG .....	61	methoxsalen rapid .....	39
mefenamic acid CAPS .....	4	methscopolamine bromide .....	64
mefloquine hcl .....	23	methsuximide .....	13
megestrol acetate (appetite) .....	61	methyl dopa TABS .....	20
megestrol acetate SUSP .....	25	methylphenidate hcl CHEW 10 MG .	2
megestrol acetate TABS .....	25	methylphenidate hcl CHEW 2.5 MG	2
MEKINIST SOLR .....	26	methylphenidate hcl CHEW 5 MG ..	2
MEKINIST TABS .....	26	methylphenidate hcl CP24 10 MG, 60 MG .....	2
MEKTOVI .....	26	methylphenidate hcl CP24 20 MG, 40 MG .....	2
meloxicam TABS .....	4	methylphenidate hcl CP24 30 MG ..	2
melphalan .....	23	methylphenidate hcl CP24 .....	2
melphalan hcl IV .....	23	methylphenidate hcl CPCR .....	2
memantine hcl TABS .....	61	methylphenidate hcl SOLN .....	2
MENACTRA .....	65	methylphenidate hcl TABS 10 MG, 20 MG .....	2
MENEST .....	46	methylphenidate hcl TABS 5 MG ...	2
MENOSTAR PTWK .....	46	methylphenidate hcl TB24 18 MG, 27 MG .....	2
MENQUADFI .....	65	methylphenidate hcl TB24 36 MG, 54 MG .....	2
MENVEO SOLR .....	65		
meperidine hcl SOLN IJ 25 MG/ML, 50 MG/ML, 100 MG/ML .....	5		
meperidine hcl SOLN OR 50 MG/5ML .....	5		
meperidine hcl TABS 50 MG .....	5		
meprobamate .....	8		
mercaptapurine TABS .....	24		
meropenem .....	21		
mesalamine CP24 .....	47		
mesalamine CPDR .....	47		
mesalamine ENEM .....	47		
mesalamine SUPP .....	47		
mesalamine TBEC 1.2 GM .....	47		
mesalamine TBEC 800 MG .....	47		
metaxalone 800 MG .....	57		
metformin hcl TABS 1000 MG .....	15		
metformin hcl TABS 500 MG .....	15		
metformin hcl TABS 850 MG .....	15		
metformin hcl TB24 500 MG .....	15		
metformin hcl TB24 750 MG .....	15		
methadone hcl CONC .....	5		
methadone hcl SOLN IJ 10 MG/ML .	5		
METHADONE HCL SOLN IJ .....	5		
methadone hcl SOLN OR 10 MG/5ML .....	5		
methadone hcl SOLN OR 5 MG/5ML 5			
methadone hcl TABS 10 MG .....	5		
methadone hcl TABS 5 MG .....	5		
methadone hcl TBSO .....	5		
methamphetamine hcl .....	1		
methazolamide TABS .....	43		

methylphenidate hcl TBCR 10 MG, 20 MG .....	2	metronidazole (topical) LOTN .....	42	VACCINE/6MO-11Y/2023-24 SUSP .	68
methylphenidate hcl TBCR 18 MG, 27 MG .....	2	metronidazole TABS .....	21	MODERNA COVID-19	
methylphenidate hcl TBCR 36 MG, 54 MG .....	2	metronidazole vaginal .....	68	VACCINE6MO-5Y SUSP .....	68
methylphenidate PTCH .....	2	mexiletine hcl .....	8	moexipril hcl .....	20
methylprednisolone acetate SUSP	36	micafungin sodium .....	18	mometasone furoate (nasal) SUSP	58
methylprednisolone sod succ 40 MG, 125 MG, 500 MG, 1000 MG .....	36	miconazole nitrate vaginal SUPP 200 MG .....	68	mometasone furoate CREA .....	41
methylprednisolone TABS .....	36	midodrine hcl .....	69	mometasone furoate OINT .....	41
methylprednisolone TBPK .....	36	miglitol .....	15	mometasone furoate SOLN .....	41
metoclopramide hcl SOLN IJ 5 MG/ML .....	47	miglustat .....	49	montelukast sodium CHEW .....	9
metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML .....	47	minocycline hcl CAPS .....	63	montelukast sodium PACK .....	9
metoclopramide hcl TABS .....	47	minocycline hcl TABS .....	63	montelukast sodium TABS .....	9
metolazone .....	44	minoxidil 2.5 MG, 10 MG .....	21	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	MIRCERA .....	49	morphine sulfate SOLN IJ 0.5 MG/ML, 1 MG/ML .....	5
metoprolol & hydrochlorothiazide TABS 25 MG-50 MG .....	21	MIRENA .....	36	morphine sulfate SOLN OR 10 MG/5ML .....	5
metoprolol succinate TB24 200 MG 32		mirtazapine TABS 15 MG .....	13	morphine sulfate SOLN OR 20 MG/5ML .....	5
metoprolol succinate TB24 25 MG, 50 MG, 100 MG .....	32	mirtazapine TABS 30 MG .....	13	morphine sulfate TABS .....	5
metoprolol tartrate SOLN IV 5 MG/5ML .....	32	mirtazapine TABS 7.5 MG, 45 MG	13	morphine sulfate TBCR .....	6
metoprolol tartrate TABS 25 MG, 50 MG, 100 MG .....	32	mirtazapine TBDP 15 MG .....	13	MOTOFEN .....	17
metronidazole (topical) CREA .....	42	mirtazapine TBDP 30 MG .....	13	MOVANTIK .....	47
metronidazole (topical) GEL 0.75 % 42		mirtazapine TBDP 45 MG .....	13	moxifloxacin hcl (ophth) SOLN OP	59
metronidazole (topical) GEL 1 % ..	42	misoprostol .....	65	moxifloxacin hcl in sodium chloride	46
		mitomycin SOLR IV 20 MG .....	25	moxifloxacin hcl TABS .....	46
		mitoxantrone hcl 2 MG/ML .....	25	MOZOBIL (plerixafor) .....	50
		M-M-R II SOLR .....	67	MULPLETA .....	49
		M-NATAL PLUS TABS .....	56	MULTI PRENATAL TABS .....	57
		modafinil 100 MG .....	2		
		modafinil 200 MG .....	2		
		MODERNA COVID-19 VACCINE SUSP .....	68		
		MODERNA COVID-19			

mupirocin OINT .....	38	nebivolol hcl 20 MG .....	32	NEXPLANON .....	35
MVASI .....	24	NEBUSAL NEBU .....	37	NEXTSTELLIS .....	35
MYALEPT .....	45	nefazodone hcl .....	14	niacin (antihyperlipidemic) TBCR ..	19
mycophenolate mofetil CAPS .....	56	nelarabine .....	24	niacin CPCR 250 MG, 500 MG .....	69
mycophenolate mofetil TABS .....	56	neomycin sulfate TABS .....	2	niacin TABS .....	69
mycophenolate sodium .....	56	neomycin-bacitracin zn-polymyxin	59	niacin TBCR .....	69
MYLERAN TABS .....	23	neomycin-polymy-dexameth OINT	59	NIACIN TR TBCR .....	69
nabumetone .....	4	neomycin-polymy-dexameth SUSP	59	niacinamide TABS 100 MG .....	69
nadolol TABS 20 MG .....	32	59		niacinamide TABS 500 MG .....	69
nadolol TABS 40 MG .....	32	neomycin-polymyxin-hc (ophth) ..	59	nicardipine hcl CAPS .....	33
nadolol TABS 80 MG .....	32	neomycin-polymyxin-hc (otic) SOLN .	60	nicardipine hcl SOLN .....	33
nafticillin sodium IV 10 GM .....	61	neomycin-polymyxin-hc (otic) SUSP .	60	nicotine MISC XX .....	63
naftifine hcl CREA 1 % .....	38	60		nicotine polacrillex GUM .....	62
naftifine hcl CREA 2 % .....	38	NEONATAL COMPLETE TABS 120		nicotine polacrillex LOZG .....	62
NAGLAZYME .....	45	MG-10 MG-9.2 MG-1000 MCG-10		nicotine PT24 TD 7 MG/24HR, 14	
nalbuphine hcl .....	7	MCG-12 MCG-3 MG-5 MG-20 MG-		MG/24HR, 21 MG/24HR .....	63
naloxone hcl LIQD .....	17	27 MG-200 MG-1.84 MG-25 MG-2		NICOTINE TRANSDERMAL	
naloxone hcl SOLN 0.4 MG/ML, 4		MG-1200 MCG-2 MG-0.2 MG .....	57	SYSTEM KIT .....	63
MG/10ML .....	17	NEONATAL PLUS TABS .....	57	NICOTROL INHALER INHA .....	63
naltrexone hcl .....	17	NEONATAL PRENATAL VITAMIN		NICOTROL NS SOLN .....	63
naproxen sodium TABS 550 MG ...	4	TABS .....	57	nifedipine CAPS 10 MG .....	33
naproxen SUSP .....	4	NEONATAL VITAMIN TABS .....	57	nifedipine CAPS 20 MG .....	33
naproxen TABS .....	4	neostigmine methylsulfate SOSY ..	23	nifedipine TB24 60 MG .....	33
naproxen TBEC 500 MG .....	4	NEO-SYNALAR .....	38	nifedipine TB24 90 MG .....	33
naratriptan hcl .....	54	NEUPRO .....	28	nifedipine TB24 .....	33
NATACYN .....	59	NEVANAC .....	60	nilutamide .....	25
NATAZIA .....	35	nevirapine SUSP .....	30	nimodipine CAPS .....	33
nateglinide .....	16	nevirapine TABS .....	30	NINLARO .....	26
NAYZILAM .....	11	nevirapine TB24 100 MG .....	30	NIPENT .....	27
nebivolol hcl 2.5 MG, 5 MG, 10 MG		nevirapine TB24 400 MG .....	30	nisoldipine .....	33
32		NEXIUM 24HR TBEC (esomeprazole		nitazoxanide TABS .....	21
		magnesium) .....	65		



nitisinone CAPS .....	45	estradiol-fe .....	35	NUCALA SOAJ .....	9
NITRO-BID OINT .....	8	norethindrone-eth estradiol (triphasic) .....	35	NUCALA SOLR .....	9
nitrofurantoin .....	22	norgestimate-ethinyl estradiol (triphasic) .....	35	NUCALA SOSY 100 MG/ML .....	9
nitrofurantoin macrocrystal 50 MG, 100 MG .....	22	norgestimate-ethinyl estradiol .....	35	NUCALA SOSY 40 MG/0.4ML .....	9
nitrofurantoin monohyd macro .....	22	norgestrel & ethinyl estradiol 30 MCG-0.3 MG .....	35	NUCYNTA ER TB12 .....	6
nitroglycerin (intra-anal) .....	7	NORMOSOL-M/D5W .....	54	NUCYNTA TABS .....	6
nitroglycerin CPCR .....	8	NORMOSOL-R .....	54	NUEDEXTA .....	62
nitroglycerin PT24 .....	8	nortriptyline hcl CAPS .....	14	NULOJIX .....	56
NITROGLYCERIN SOLN IV .....	8	nortriptyline hcl SOLN .....	14	nystatin (mouth-throat) .....	56
nitroglycerin SUBL .....	8	NORVIR CAPS .....	30	nystatin (topical) CREA .....	38
NIVA-PLUS TABS .....	57	NORVIR PACK .....	30	nystatin (topical) OINT .....	38
nizatidine CAPS .....	64	NORVIR SOLN .....	30	nystatin (topical) POWD EX .....	38
NORDITROPIN FLEXPEN SOPN 30 MG/3ML .....	45	NOVA MAX PLUS KETONE TESTSTRIPS .....	43	nystatin TABS .....	18
NORDITROPIN FLEXPEN SOPN 5 MG/1.5ML, 10 MG/1.5ML, 15 MG/1.5ML .....	45	NOVOEIGHT .....	48	nystatin-triamcinolone CREA .....	38
norelgestromin-ethinyl estradiol .....	35	NOVOLIN 70/30 FLEXPEN SUPN .....	16	nystatin-triamcinolone OINT .....	38
norethin acet & estrad-fe CAPS .....	35	NOVOLIN 70/30 SUSP .....	16	octreotide acetate SOLN .....	46
norethin acet & estrad-fe CHEW .....	35	NOVOLIN N FLEXPEN SUPN .....	16	ODEFSEY .....	31
norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG .....	35	NOVOLIN N SUSP .....	16	ODOMZO .....	24
norethindrone & eth estradiol .....	35	NOVOLIN R FLEXPEN SOPN IJ .....	16	OFEV .....	63
norethindrone & ethinyl estradiol-fe 35 .....	35	NOVOLIN R SOLN IJ .....	16	ofloxacin (ophth) .....	59
norethindrone (contraceptive) .....	36	NOXAFIL SUSP (posaconazole) .....	18	ofloxacin (otic) .....	60
norethindrone acet & eth estra .....	35	NP THYROID 120 TABS .....	64	ofloxacin 300 MG, 400 MG .....	47
norethindrone acetate TABS .....	61	NP THYROID 15 TABS .....	64	OGIVRI .....	24
norethindrone acetate-ethinyl estradiol .....	46	NP THYROID 30 TABS .....	64	olanzapine SOLR .....	29
norethindrone acetate-ethinyl .....		NP THYROID 60 TABS .....	64	olanzapine TABS 2.5 MG, 5 MG .....	29
		NP THYROID 90 TABS .....	64	olanzapine TABS 7.5 MG, 10 MG, 15 MG, 20 MG .....	29
		NUBEQA .....	25	olanzapine TBDP 20 MG .....	29
				olanzapine TBDP 5 MG, 10 MG, 15 MG .....	29
				olmesartan medoxomil .....	20

olmesartan medoxomil-amlodipine-hydrochlorothiazide	OPILL	36	40 MG, 80 MG	6
olmesartan medoxomil-hydrochlorothiazide	OPSUMIT	33	oxycodone hcl TABS	6
olopatadine hcl (nasal)	ORENITRAM TBCR	33	OXYCODONE HYDROCHLORIDE TABS	6
olopatadine hcl 0.1 %	ORLISSA	45	oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	7
olopatadine hcl 0.2 %	ORKAMBI PACK	63	oxycodone w/ acetaminophen TABS 325 MG-2.5 MG	7
omega-3-acid ethyl esters	ORKAMBI TABS	63	oxymorphone hcl TABS	6
omeprazole CPDR	ORLADEYO	48	oxymorphone hcl TB12 40 MG	6
omeprazole magnesium CPDR	orphenadrine citrate TB12	57	oxymorphone hcl TB12 5 MG, 7.5 MG, 10 MG, 15 MG, 20 MG, 30 MG	6
omeprazole TBEC	oseltamivir phosphate CAPS	32	OZEMPIC SOPN 2 MG/1.5ML	16
omeprazole-sodium bicarbonate CAPS 1100 MG-20 MG	oseltamivir phosphate SUSR	32	OZEMPIC SOPN	16
OMNIFLEX DIAPHRAGM	OSMOPREP	50	paclitaxel 6 MG/ML, 100 MG/16.7ML, 150 MG/25ML	28
ONCASPAR	OSPHENA	45	paclitaxel protein-bound particles	28
ondansetron hcl SOLN IJ 4 MG/2ML 17	OTEZLA TABS	4	paliperidone 1.5 MG, 3 MG, 9 MG	29
ondansetron hcl SOLN OR 4 MG/5ML	OTEZLA TBPk	4	paliperidone 6 MG	29
ondansetron hcl SOSY	oxacillin sodium IV 10 GM	61	palonosetron hcl SOLN	17
ondansetron hcl TABS 24 MG	oxaliplatin SOLN 50 MG/10ML, 100 MG/20ML	23	pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML	44
ondansetron hcl TABS 4 MG	oxandrolone	7	PAMIDRONATE DISODIUM SOLN 44	
ondansetron hcl TABS 8 MG	oxaprozin TABS	4	PANCREAZE CPEP 149900 UNIT-97300 UNIT-37000 UNIT, 15200 UNIT-8800 UNIT-2600 UNIT, 24600 UNIT-14200 UNIT-4200 UNIT, 61500 UNIT-35500 UNIT-10500 UNIT, 83900 UNIT-54700 UNIT-21000 UNIT, 98400 UNIT-56800 UNIT-16800 UNIT	43
ondansetron TBPd 4 MG	oxazepam CAPS	8	PANRETIN	39
ondansetron TBPd 8 MG	OXBRYTA TABS 500 MG	49	pantoprazole sodium TBEC 20 MG	
ONE VITE WOMENS PRENATALVITAMIN PLUS TABS	oxcarbazepine SUSP	12		
ONE VITE WOMENS PRENATALVITAMIN TABS	oxcarbazepine TABS 150 MG, 300 MG	12		
ONETOUCH DELICA SAFETY LANCING DEVICE	oxcarbazepine TABS 600 MG	12		
ONETOUCH DELICA SAFETY LANCING DEVICE 30G	oxiconazole nitrate CREA	39		
	OXISTAT LOTN	39		
	oxybutynin chloride SOLN	65		
	oxybutynin chloride TABS 5 MG	65		
	oxybutynin chloride TB24	65		
	oxycodone hcl T12A 10 MG, 20 MG,			

65	24	PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y/2023-24 SUSP .....	68
pantoprazole sodium TBEC 40 MG	penciclovir .....	PFIZER-BIONTECH COVID-19VACCINE/ADULT RTU SUSP ..	68
65	penicillamine CAPS .....	PHEBURANE PLLT .....	45
PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A .....	penicillamine TABS .....	phenazopyridine hcl TABS 100 MG, 100 MG, 200 MG .....	48
.....35	penicillin g potassium 5000000 UNIT 61	phendimetrazine tartrate TABS .....	1
paricalcitol CAPS .....	PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE 40000 UNIT/ML, 60000 UNIT/ML .....	phenelzine sulfat .....	13
paricalcitol SOLN .....	.....61	phenobarbital ELIX .....	50
paroxetine hcl SUSP .....	PENICILLIN G PROCAINE .....	phenobarbital TABS .....	50
.....14	.....61	phenoxybenzamine hcl .....	20
paroxetine hcl TABS 10 MG .....	penicillin g sodium .....	phentermine hcl CAPS .....	1
.....14	.....61	phenytoin CHEW .....	13
paroxetine hcl TABS 20 MG .....	penicillin v potassium SOLR .....	phenytoin sodium extended 100 MG, 200 MG, 300 MG .....	13
.....14	.....61	phenytoin sodium SOLN .....	13
paroxetine hcl TABS 30 MG .....	penicillin v potassium TABS .....	phenytoin SUSP .....	13
.....14	PENTACEL .....	PHEXXI .....	68
paroxetine hcl TABS 40 MG .....	.....64	PHOSLYRA SOLN .....	47
paroxetine hcl TB24 12.5 MG .....	pentazocine w/ naloxone hcl .....	PHOTOFRIN .....	27
.....14	.....7	PIFELTRO .....	31
paroxetine hcl TB24 25 MG, 37.5 MG .....	pentoxifylline .....	pilocarpine hcl (oral) .....	56
.....14	.....48	pilocarpine hcl SOLN 1 %, 2 %, 4 % ..	58
PASER PACK .....	perindopril erbumine 2 MG, 8 MG ..	.....42	42
.....23	.....20	pimecrolimus .....	42
pazopanib hcl .....	perindopril erbumine 4 MG .....	pimozide .....	62
.....26	.....20	pindolol TABS .....	32
PEDIARIX SUSY .....	PERJETA .....	pioglitazone hcl .....	16
.....64	.....24	pioglitazone hcl-glimepiride .....	15
pediatric multivitamins w/fl CHEW ..	permethrin CREA .....	pioglitazone hcl-metformin hcl TABS ..	
.....56	.....42		
PEDVAX HIB SUSP .....	permethrin LIQD EX .....		
.....65	.....42		
peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid .....	perphenazine TABS .....		
.....50	.....29		
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 6.74 GM-2.97 GM-5.86 GM-22.74 GM-236 GM .....	perphenazine-amitriptyline .....		
.....50	.....61		
peg 3350-potassium chloride-sod bicarbonate-sod chloride .....	PERSERIS PRSY .....		
.....50	.....29		
PEGASYS SOLN .....	PFIZER-BIONTECH COVID-19VACCINE SUSP .....		
.....31	.....68		
PEGASYS SOSY .....	PFIZER-BIONTECH COVID-19VACCINE/5-11Y SUSP .....		
.....31	.....68		
PEMAZYRE .....	PFIZER-BIONTECH COVID-19VACCINE/5-11Y/2023-24 SUSP ..		
.....26	.....68		
pemetrexed disodium SOLR 500 MG	PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y SUSP .....		
	.....68		

15	potassium chloride in dextrose & sodium chloride 5 %-0.075 %-0.45 % , 5 %-0.15 %-0.9 % , 5 %-10 MEQ/L-0.45 % , 5 %-20 MEQ/L-0.2 % , 5 %-20 MEQ/L-0.45 % , 5 %-20 MEQ/L-0.9 % , 5 %-30 MEQ/L-0.45 % , 5 %-40 MEQ/L-0.45 % , 5 %-40 MEQ/L-0.9 %	0.125 MG	28
piperacillin sodium-tazobactam sodium		pramipexole dihydrochloride TABS 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG	28
PIQRAY 200MG DAILY DOSE		prasugrel hcl	49
PIQRAY 250MG DAILY DOSE		pravastatin sodium	19
PIQRAY 300MG DAILY DOSE		praziquantel	8
pirfenidone CAPS	potassium chloride in dextrose 5 %-20 MEQ/L	prazosin hcl CAPS	20
pirfenidone TABS 267 MG, 801 MG 63	potassium chloride in nacl 20 MEQ/L-0.45 % , 20 MEQ/L-0.9 % , 40 MEQ/L-0.9 %	PRECISION XTRA	43
pirfenidone TABS 534 MG		PRED MILD	59
piroxicam CAPS	potassium chloride microencapsulated crystals er	PRED-G SUSP	59
PLASMA-LYTE A (electrolyte-a)		prednicarbate OINT	41
PLASMA-LYTE-148 (electrolyte-148)	potassium chloride PACK OR 20 MEQ	prednisolone acetate (ophth)	59
		PREDNISOLONE SODIUM PHOSPHATE	59
PLEGRIDY SOPN	POTASSIUM CHLORIDE SOLN IV 10 MEQ/50ML (potassium chloride) 55	prednisolone sodium phosphate SOLN 5 MG/5ML, 6.7 MG/5ML, 10 MG/5ML, 15 MG/5ML, 25 MG/5ML 36	
PLEGRIDY SOSY SC		prednisolone sodium phosphate TBDP	36
PLEGRIDY STARTER PACK SOPN	potassium chloride SOLN IV 2 MEQ/ML, 10 MEQ/50ML, 20 MEQ/50ML	prednisolone SOLN	36
PLEGRIDY STARTER PACK SOSY SC		prednisolone TABS	36
plerixafor	potassium chloride TBCR	prednisone SOLN	36
PNEUMOVAX 23	POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS	prednisone TABS 1 MG, 5 MG	36
PNEUMOVAX 23/1 DOSE		prednisone TABS 2.5 MG, 10 MG, 20 MG, 50 MG	36
podofilox SOLN	POTASSIUM CHLORIDE/SODIUM CHLORIDE 20 MEQ/L-0.45 % (potassium chloride in nacl)	prednisone TBPK	36
polymyxin b sulfate SOLR		PREFEST	46
polymyxin b-trimethoprim	potassium citrate (alkalinizer) TBCR	pregabalin (once-daily) 330 MG	62
POMALYST		pregabalin (once-daily) 82.5 MG, 165 MG	62
posaconazole SUSP	potassium phosphates 236 MG/ML-224 MG/ML	pregabalin CAPS 225 MG, 300 MG	
potassium acetate SOLN 2 MEQ/ML	PR BENZOYL PEROXIDE WASH LIQD		
55			
potassium bicarbonate TBEF	pralatrexate 20 MG/ML		
55			
potassium chloride CPCR	pramipexole dihydrochloride TABS		
55			

12	PREVNAR 20 .....	65	promethazine hcl SUPP 50 MG ...	18	
pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG ...	12	PREZCOBIX .....	31	promethazine hcl TABS .....	18
pregabalin SOLN .....	12	PREZISTA SUSP .....	31	propafenone hcl CP12 .....	8
PREHEVBRIO .....	68	PREZISTA TABS (darunavir) .....	31	propafenone hcl TABS .....	8
PREMARIN .....	69	PREZISTA TABS 75 MG, 150 MG	31	proparacaine hcl .....	59
PREMARIN SOLR .....	46	PRIFTIN .....	23	propranolol hcl CP24 .....	32
PREMARIN TABS .....	46	primaquine phosphate TABS .....	23	propranolol hcl SOLN OR 20 MG/5ML, 40 MG/5ML .....	32
PREMIUM CONDOMS LUBRICATED MISC .....	52	primidone 50 MG, 250 MG .....	12	propranolol hcl TABS .....	32
PREMPHASE .....	46	PRIORIX SUSR .....	68	propylthiouracil .....	63
PREMPRO .....	46	PROAIR DIGIHALER .....	10	protriptyline hcl .....	14
PRENATAL MULTIVITAMIN TABS	57	PROAIR RESPICLICK AEPB .....	10	PROVISC SOSY .....	59
PRENATAL ONE DAILY TABS ...	57	probenecid .....	48	PULMICORT FLEXHALER AEPB ..	9
PRENATAL PLUS TABS .....	57	procainamide hcl SOLN 500 MG/ML .	8	PULMOZYME .....	63
PRENATAL PLUS VITAMIN ANDMINERAL TABS .....	57	prochlorperazine .....	29	PX PRENATAL MULTIVITAMINS TABS .....	57
PRENATAL TABS .....	57	prochlorperazine maleate TABS ..	29	pyrazinamide .....	23
PRENATAL VITAMIN & MINERAL TABS .....	57	PROCRIT 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML .....	49	pyridostigmine bromide SOLN OR	23
PRENATAL VITAMIN TABS .....	57	PROCRIT 40000 UNIT/ML .....	49	pyridostigmine bromide TABS 60 MG .....	23
PRENATAL VITAMIN/IRON TABS	57	progesterone CAPS .....	61	pyridostigmine bromide TBCR .....	23
PRENATAL VITAMINS PLUS LOW IRON TABS .....	57	PROGRAF PACK .....	56	pyrimethamine .....	23
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	57	PROGRAF SOLN .....	56	QC PRENATAL TABS .....	57
PRENATRIX TABS .....	57	PROLASTIN-C SOLN .....	63	QINLOCK .....	26
PRENATRYL TABS .....	57	PROLEUKIN .....	27	QUADRACEL SUSP .....	64
PREVNAR 13 .....	65	PROLIA SOSY .....	44	QUADRACEL SUSY .....	64
		PROMACTA PACK .....	49	quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG .....	29
		PROMACTA TABS .....	49	quetiapine fumarate TABS 300 MG, 400 MG .....	29
		promethazine hcl SOLN OR 6.25 MG/5ML .....	18	quetiapine fumarate TB24 300 MG, 400 MG .....	29
		promethazine hcl SUPP 12.5 MG, 25 MG .....	18		

quetiapine fumarate TB24 50 MG, 150 MG, 200 MG .....	29	SOAJ .....	62	RIDAURA .....	3
quinapril hcl 20 MG, 40 MG .....	20	REBIF SOSY .....	62	rifabutin .....	23
quinapril hcl 5 MG, 10 MG .....	20	REBIF TITRATION PACK SOSY ..	62	rifampin CAPS .....	23
quinapril-hydrochlorothiazide 12.5 MG-10 MG .....	21	RECOMBIVAX HB SUSP .....	68	rifampin SOLR .....	23
quinapril-hydrochlorothiazide 12.5 MG-20 MG .....	21	RECOMBIVAX HB SUSY .....	68	riluzole TABS .....	58
quinapril-hydrochlorothiazide 25 MG- 20 MG .....	21	RECTIV (nitroglycerin (intra-anal))	.7	rimantadine hydrochloride TABS ..	32
quinidine sulfate TABS .....	8	REGRANEX .....	42	ringer's .....	55
quinine sulfate CAPS 324 MG .....	23	RELENZA DISKHALER .....	32	ringer's irrigation .....	56
QUZYTIR SOLN IV .....	18	RELION 2-IN-1 LANCET DEVICES 30G .....	53	RINVOQ TB24 .....	3
QVAR REDIHALER .....	9	RELION 2-IN-1 LANCING DEVICE 25G .....	53	risedronate sodium TABS 150 MG	44
RA PRENATAL FORMULA/FOLICACID TABS .....	57	RELION 2-IN-1 LANCING DEVICE 30G .....	53	risedronate sodium TABS 35 MG ..	44
RA PRENATAL TABS .....	57	RELION KETONE TEST STRIPS STRP .....	43	risedronate sodium TABS 5 MG, 30 MG .....	44
rabeprazole sodium TBEC .....	65	RELION TRUE METRIX BLOODGLUCOSE TEST STRIPS STRP .....	43	risedronate sodium TBEC .....	44
raloxifene hcl .....	45	RENFLEXIS .....	47	RISPERDAL CONSTA (risperidone microspheres) .....	29
ramelteon .....	50	repaglinide 0.5 MG, 1 MG .....	16	risperidone microspheres .....	29
ramipril CAPS .....	20	repaglinide 2 MG .....	16	risperidone SOLN .....	29
ranitidine hcl TABS 150 MG .....	64	REPATHA PUSHTRONEX SYSTEM SOCT .....	19	risperidone TABS .....	29
ranolazine TB12 1000 MG .....	8	REPATHA SOSY .....	19	risperidone TBDP .....	29
ranolazine TB12 500 MG .....	8	REPATHA SURECLICK SOAJ ....	19	ritonavir TABS .....	31
rasagiline mesylate .....	28	RETACRIT .....	49	rivastigmine tartrate CAPS .....	61
REALITY LATEX CONDOMS/LUBRICATED MISC ..	52	RETEVMO .....	26	rizatriptan benzoate TABS 10 MG	.54
REALITY LATEX/ULTRA TEXTURED DEVI .....	52	RETROVIR IV INFUSION SOLN ..	31	rizatriptan benzoate TABS 5 MG ..	54
REALITY LATEX/ULTRA THIN DEVI 52		REXULTI .....	30	rizatriptan benzoate TBDP 10 MG	.54
REBIF REBIDOSE SOAJ .....	62	ribavirin (hepatitis c) CAPS .....	31	rizatriptan benzoate TBDP 5 MG ..	54
REBIF REBIDOSE TITRATIONPACK	31	ribavirin (hepatitis c) TABS 200 MG	31	roflumilast .....	9
				romidepsin SOLR .....	26
				ropinirole hydrochloride TABS .....	28
				ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG .....	28

ropinirole hydrochloride TB24 8 MG, 12 MG .....	28	SELECT INSULIN SYRINGES ....	53	SKYLA .....	36
rosuvastatin calcium TABS .....	19	SELECT LANCETS .....	53	SKYRIZI PEN SOAJ .....	39
ROTARIX SUSP .....	68	selegiline hcl CAPS .....	28	SKYRIZI PSKT .....	39
ROTARIX SUSR .....	68	selegiline hcl TABS .....	28	SKYRIZI SOCT .....	47
ROTATEQ SOLN .....	68	selenium sulfide LOTN 2.5 % .....	40	SKYRIZI SOLN .....	47
ROZLYTREK CAPS .....	27	SELZENTRY SOLN .....	31	SKYRIZI SOSY .....	39
RUBRACA .....	27	SELZENTRY TABS 25 MG, 75 MG 31		SLYND .....	36
rufinamide SUSP .....	12	SEREVENT DISKUS .....	10	SM PRENATAL VITAMINS TABS	.57
rufinamide TABS 200 MG .....	12	sertraline hcl CONC .....	14	SODIUM ACETATE SOLN (sodium acetate) .....	54
rufinamide TABS 400 MG .....	12	sertraline hcl TABS 100 MG .....	14	sodium acetate SOLN .....	54
RUKOBIA .....	31	sertraline hcl TABS 25 MG, 50 MG 14		sodium chloride (gu irrigant) 0.9 %	48
RUXIENCE .....	24	sevelamer carbonate PACK .....	47	sodium chloride (inhalant) NEBU 7 % .....	37
RYBELSUS TABS .....	16	sevelamer carbonate TABS .....	47	sodium chloride SOLN IV 0.45 %, 0.9 %, 3 %, 4 MEQ/ML, 5 % .....	55
salsalate .....	5	SHINGRIX .....	68	sodium citrate & citric acid .....	47
SANDOSTATIN LAR DEPOT KIT	.46	SIGNIFOR .....	46	sodium fluoride CHEW 0.25 MG, 0.5 MG, 1 MG, 2.2 MG .....	55
SANTYL OINT .....	42	sildenafil citrate (pulmonary hypertension) SOLN .....	33	sodium phenylbutyrate POWD ....	45
sapropterin dihydrochloride PACK	.45	sildenafil citrate (pulmonary hypertension) SUSR .....	33	sodium phenylbutyrate TABS .....	45
sapropterin dihydrochloride TABS	.45	sildenafil citrate (pulmonary hypertension) TABS .....	34	sodium polystyrene sulfonate POWD	56
SAVELLA TABS .....	62	sildenafil citrate .....	33	sodium polystyrene sulfonate SUSP OR 15 GM/60ML .....	56
SAVELLA TITRATION PACK MISC 62		silodosin .....	48	sodium sulfate-potassium sulfate- magnesium sulfate .....	50
saxagliptin hcl .....	15	silver sulfadiazine .....	40	SOFOSBUVIR/VELPATASVIR TABS .....	31
saxagliptin-metformin hcl 1000 MG- 2.5 MG .....	15	SIMPONI ARIA SOLN .....	3	solifenacin succinate TABS .....	65
saxagliptin-metformin hcl 1000 MG-5 MG, 500 MG-5 MG .....	15	SIMULECT .....	56	SOLQUA 100/33 .....	15
SCSEMBLIX 100 MG .....	27	simvastatin TABS .....	19	SOLOSEC .....	2
SCSEMBLIX 20 MG .....	27	sirolimus TABS .....	56	SOLU-CORTEF 100 MG, 500 MG,	
SCSEMBLIX 40 MG .....	27	SIRTURO .....	23		
scopolamine .....	17	SIVEXTRO TABS .....	22		

1000 MG .....	36	STELARA 130 MG/26ML .....	47	sulfacetamide sod-prednisolone SOLN .....	59
SOLU-CORTEF 250 MG .....	36	STELARA SOLN 45 MG/0.5ML ...	39	sulfadiazine TABS .....	63
SOLU-MEDROL 2 GM .....	36	STELARA SOSY 45 MG/0.5ML ...	39	sulfamethoxazole-trimethoprim SOLN .....	21
SOMAVERT 10 MG, 15 MG, 20 MG . 45		STELARA SOSY 90 MG/ML .....	39	sulfamethoxazole-trimethoprim SUSP .....	21
sorafenib tosylate .....	27	STENDRA .....	33	sulfamethoxazole-trimethoprim TABS .....	21
SORBITOL 3 % .....	48	STIMATE SOLN NA .....	46	SULFAMYLON CREA .....	40
SORBITOL/MANNITOL IRRIGATION .....	48	STIOLTO RESPIMAT .....	10	sulfasalazine TABS .....	47
sotalol hcl (afib/af) .....	32	STIVARGA .....	27	sulfasalazine TBEC .....	47
sotalol hcl TABS 240 MG .....	32	STRENSIQ .....	45	sulindac TABS .....	4
sotalol hcl TABS 80 MG, 120 MG, 160 MG .....	32	streptomycin sulfate SOLR .....	2	sumatriptan .....	54
SOVALDI TABS 200 MG .....	31	STRIBILD .....	31	sumatriptan succinate SOAJ .....	54
SOVALDI TABS 400 MG .....	31	STRIVERDI RESPIMAT .....	10	sumatriptan succinate SOCT .....	54
SPIKEVAX COVID-19 VACCINE SUSP .....	68	SUBSYS LIQD 100 MCG .....	6	sumatriptan succinate SOLN 6 MG/0.5ML .....	54
SPIKEVAX COVID-19 VACCINE/2023-24 SUSP .....	68	SUBSYS LIQD 200 MCG, 400 MCG, 600 MCG .....	6	sumatriptan succinate TABS .....	54
SPIKEVAX COVID-19 VACCINE/2023-24 SUSY .....	68	SUBSYS LIQD 800 MCG, 1200 MCG, 1600 MCG .....	6	sumatriptan-naproxen sodium ....	53
spinosad .....	42	sucrafate SUSP .....	64	sunitinib malate 12.5 MG, 25 MG, 50 MG .....	27
SPIRIVA HANDIHALER CAPS (tiotropium bromide monohydrate) ..	9	sucrafate TABS .....	64	sunitinib malate 37.5 MG .....	27
SPIRIVA RESPIMAT AERS .....	9	sulconazole nitrate CREA .....	39	SUNOSI 150 MG .....	1
spironolactone & hydrochlorothiazide .....	44	sulconazole nitrate SOLN .....	39	SUNOSI 75 MG .....	1
spironolactone TABS .....	44	sulfacetamide sodium (acne) .....	37	SYNAREL .....	45
SPRAVATO 56MG DOSE .....	13	sulfacetamide sodium (ophth) SOLN . 59		SYNERA PTCH .....	42
SPRAVATO 84MG DOSE .....	13	sulfacetamide sodium w/ sulfur CREA 10 %-5 % .....	37	SYNJARDY TABS .....	15
SPRYCEL .....	27	sulfacetamide sodium w/ sulfur LIQD 10 %-5 % .....	38	SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-12.5 MG, 1000 MG-5 MG .....	15
stannous fluoride CONC .....	56	sulfacetamide sodium w/ sulfur LIQD 9 %-4.5 % .....	37	SYNJARDY XR TB24 1000 MG-25 MG .....	15
stavudine CAPS .....	31	sulfacetamide sodium-sulfur in urea vehicle EMUL 10 %-10 %-4 % .....	38		



SYNRIBO .....	27	12	theophylline ELIX .....	10	
SYNTHROID TABS (levothyroxine sodium) .....	64	TEGSEDI .....	63	theophylline SOLN .....	10
TABLOID .....	24	telmisartan .....	20	theophylline TB12 .....	10
TABRECTA .....	27	telmisartan-amlodipine .....	21	theophylline TB24 .....	10
tacrolimus (topical) OINT .....	42	telmisartan-hydrochlorothiazide .....	21	THERANATAL CORE NUTRITION TABS .....	57
tacrolimus CAPS .....	56	temazepam 15 MG, 30 MG .....	50	THIOLA EC TBEC 100 MG (tiopronin) .....	48
tadalafil (pulmonary hypertension) TABS .....	34	temazepam 7.5 MG, 22.5 MG .....	50	THIOLA EC TBEC 300 MG (tiopronin) .....	48
tadalafil 5 MG .....	33	TEMODAR SOLR .....	23	thioridazine hcl .....	30
TAFINLAR CAPS .....	27	temozolomide CAPS .....	23	thiotepa 15 MG .....	23
TAFINLAR TBSO .....	27	temsirolimus .....	27	thiothixene .....	30
tafluprost .....	60	TENIVAC INJ .....	64	THYMOGLOBULIN .....	56
TAGRISSO 40 MG .....	24	tenofovir disoproxil fumarate TABS 31 .....		THYROGEN 0.9 MG .....	43
TAGRISSO 80 MG .....	24	terazosin hcl .....	20	tiagabine hcl .....	12
TAKHZYRO SOLN .....	48	terbinafine hcl TABS .....	18	TIBSOVO .....	27
TAKHZYRO SOSY .....	48	terbutaline sulfate SOLN .....	10	tigecycline .....	63
TALZENNA .....	27	terbutaline sulfate TABS .....	10	timolol maleate (ophth) SOLG .....	58
tamoxifen citrate TABS .....	25	terconazole vaginal CREA .....	68	timolol maleate (ophth) SOLN .....	58
tamsulosin hcl .....	48	terconazole vaginal SUPP .....	68	timolol maleate TABS .....	32
TASIGNA 150 MG, 200 MG .....	27	teriflunomide .....	62	tiopronin TBEC 100 MG .....	48
TASIGNA 50 MG .....	27	teriparatide (recombinant) SOPN .....	44	tiopronin TBEC 300 MG .....	48
tavaborole .....	39	TERIPARATIDE SOPN .....	44	tiotropium bromide monohydrate CAPS .....	9
TAVALISSE .....	48	TESTOSTERONE CYPIONATE SOLN IJ 200 MG/ML .....	7	TIVICAY TABS .....	31
tazarotene CREA .....	40	testosterone cypionate SOLN IM ...	7	tizanidine hcl CAPS .....	57
TAZVERIK .....	27	testosterone enanthate SOLN IM ...	7	tizanidine hcl TABS .....	57
TDVAX SUSP .....	64	TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT SUSP .....	64	tobramycin (ophth) SOLN .....	59
TEFLARO .....	34	tetrabenazine .....	62	tobramycin NEBU .....	2
TEGRETOL SUSP (carbamazepine) .	12	tetracycline hcl CAPS .....	63	tobramycin sulfate SOLN IJ 10 MG/ML, 40 MG/ML, 80 MG/2ML ...	2
TEGRETOL TABS (carbamazepine) .		THALOMID .....	55		



trosipium chloride TABS .....	65	52	valacyclovir hcl 1 GM, 1000 MG ...	31
TRUE COVER DEVI .....	52	TRUSTEX/RIA LUBRICATED	valacyclovir hcl 500 MG .....	31
TRUE METRIX BLOOD		SPERMICIDE MISC .....	valganciclovir hcl TABS .....	31
GLUCOSETEST STRIPS STRP ..	43	TRUSTEX/RIA	valproate sodium SOLN OR 250	
TRUE METRIX CONTROL		LUBRICATED/SPERMICIDE MISC	MG/5ML .....	13
SOLUTION LEVEL 3 SOLN .....	53	52	valproic acid CAPS .....	13
TRUE METRIX SELF MONITORING		TRUXIMA .....	valrubicin .....	25
BLOOD GLUCOSE STRIPS STRP		TUKYSA .....	valsartan TABS .....	20
43		TURALIO .....	valsartan-hydrochlorothiazide .....	21
TRUETRACK TEST STRP .....	43	TUZISTRA XR .....	VALTOCO 10 MG DOSE LIQD ....	11
TRULICITY .....	16	TWINRIX SUSY .....	VALTOCO 15 MG DOSE LQPK ...	11
TRUMENBA .....	65	TWIRLA .....	VALTOCO 20 MG DOSE LQPK ...	11
TRUSTEX COLOR CONDOMS +		TYBLUME CHEW .....	VALTOCO 5 MG DOSE LIQD .....	11
LUBE MISC .....	52	TYBOST .....	vancomycin hcl CAPS .....	22
TRUSTEX LUBRICATED		TYMLOS .....	vancomycin hcl SOLR IV 1 GM, 10	
EXTRALARGE MISC .....	52	TYVASO REFILL SOLN IN .....	GM, 500 MG, 1000 MG .....	22
TRUSTEX LUBRICATED		TYVASO SOLN IN .....	vancomycin hcl SOLR OR 25	
EXTRASTRENGTH MISC .....	52	TYVASO STARTER SOLN IN .....	MG/ML, 50 MG/ML, 250 MG/5ML .	22
TRUSTEX LUBRICATED MISC ...	52	UBRELVY .....	VAQTA .....	68
TRUSTEX		UCERIS (budesonide (intrarectal))	varenicline tartrate TABS .....	63
LUBRICATED/RIBBED/STUDD		UDENYCA ONBODY SOSY .....	varenicline tartrate TBPK .....	63
MISC .....	52	UDENYCA SOAJ .....	VARIVAX INJ .....	68
TRUSTEX		UDENYCA SOSY .....	VARUBI TBPK .....	17
LUBRICATED/SPERMICIDE EXTRA		UPTRAVI TABS 200 MCG .....	VAXNEUVANCE .....	65
LARGE MISC .....	52	UPTRAVI TABS 400 MCG, 600	VECAMYL .....	21
TRUSTEX		MCG, 800 MCG, 1000 MCG, 1200	VECTIBIX 100 MG/5ML .....	24
LUBRICATED/SPERMICIDE MISC		MCG, 1400 MCG, 1600 MCG .....	VELPHORO .....	47
52		UPTRAVI TITRATION PACK TBPK	venlafaxine hcl CP24 150 MG .....	14
TRUSTEX NATURAL CONDOMS		34	venlafaxine hcl CP24 37.5 MG ....	14
+LUBE/LUBRICATED MISC .....	52	ursodiol CAPS .....	venlafaxine hcl CP24 75 MG .....	14
TRUSTEX WITH NONOXYNOL-		ursodiol TABS .....	venlafaxine hcl TABS .....	14
9/RIBBED/STUDD MISC .....	52	UVADEX .....		
TRUSTEX/RIA LUBRICATED MISC .				

venlafaxine hcl TB24 150 MG ..... 14	voriconazole TABS .....18	XELJANZ XR TB24 ..... 3
venlafaxine hcl TB24 37.5 MG, 75 MG, 225 MG ..... 14	VOTRIENT (pazopanib hcl) .....27	XEOMIN .....58
verapamil hcl CP24 100 MG, 200 MG, 300 MG .....33	VYNDAMAX .....34	XERAFA .....63
verapamil hcl CP24 120 MG, 180 MG, 240 MG, 360 MG ..... 33	VYNDAQEL ..... 34	XGEVA SOLN ..... 44
verapamil hcl SOLN 2.5 MG/ML ...33	VYVANSE CAPS .....1	XHANCE EXHU .....58
verapamil hcl TABS .....33	warfarin sodium TABS .....10	XIFAXAN 200 MG ..... 21
verapamil hcl TBCR .....33	water for irrigation, sterile ..... 56	XIFAXAN 550 MG ..... 21
VEREGEN .....38	WESTAB PLUS TABS ..... 57	XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG, 500 MG-5 MG ..... 15
VERZENIO .....27	WIDE-SEAL SILICONE DIAPHRAGM KIT 60 .....52	XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG .....15
VICTOZA .....16	WIDE-SEAL SILICONE DIAPHRAGM KIT 65 .....52	XOLAIR SOAJ 150 MG/ML, 300 MG/2ML ..... 9
vigabatrin PACK ..... 12	WIDE-SEAL SILICONE DIAPHRAGM KIT 70 .....52	XOLAIR SOAJ 75 MG/0.5ML .....9
vigabatrin TABS .....12	WIDE-SEAL SILICONE DIAPHRAGM KIT 75 .....52	XOLAIR SOLR ..... 9
VIIBRYD STARTER PACK KIT ....14	WIDE-SEAL SILICONE DIAPHRAGM KIT 80 .....52	XOLAIR SOSY 150 MG/ML, 300 MG/2ML ..... 9
vilazodone hcl TABS .....14	WIDE-SEAL SILICONE DIAPHRAGM KIT 85 .....52	XOLAIR SOSY 75 MG/0.5ML .....9
vincristine sulfate .....28	WIDE-SEAL SILICONE DIAPHRAGM KIT 90 .....52	XOSPATA .....27
vinorelbine tartrate 10 MG/ML ....28	WIDE-SEAL SILICONE DIAPHRAGM KIT 95 .....52	XPOVIO .....25
VIRACEPT TABS 250 MG .....31	XALKORI CAPS ..... 27	XPOVIO 60 MG TWICE WEEKLY 25
VIRACEPT TABS 625 MG .....31	XARELTO STARTER PACK TBP 10	XPOVIO 80 MG TWICE WEEKLY 25
VIREAD POWD .....31	XARELTO SUSR .....10	XTAMPZA ER ..... 6
VIREAD TABS 150 MG, 200 MG, 250 MG .....31	XARELTO TABS 10 MG, 20 MG ..10	XTANDI CAPS .....25
VISTOGARD ..... 17	XARELTO TABS 2.5 MG, 15 MG ..10	XTANDI TABS 40 MG ..... 25
VITAMIN D2 TABS 400 UNIT .....69	XELJANZ SOLN .....3	XTANDI TABS 80 MG ..... 25
VITATHELY/GINGER TABS .....57	XELJANZ TABS 10 MG .....3	XULTOPHY 100/3.6 .....15
VITRAKVI CAPS .....27	XELJANZ TABS 5 MG ..... 3	XYNTHA .....48
VITRAKVI SOLN .....27		XYNTHA SOLOFUSE .....48
VIZIMPRO .....24		YERVOY ..... 24
VORAXAZE .....27		

YONSA .....	25	zoledronic acid CONC .....	44
zafirlukast .....	9	zoledronic acid SOLN .....	44
zaleplon 10 MG .....	50	ZOLINZA .....	27
zaleplon 5 MG .....	50	zolmitriptan SOLN .....	54
ZALTRAP 100 MG/4ML .....	24	zolmitriptan TABS .....	54
ZANOSAR .....	23	zolmitriptan TBDP .....	54
ZARONTIN CAPS (ethosuximide) .	13	zolpidem tartrate TABS .....	50
ZARXIO .....	49	zolpidem tartrate TBCR .....	50
ZEJULA CAPS .....	27	zonisamide CAPS .....	12
ZEJULA TABS 100 MG .....	27	ZONTIVITY .....	49
ZEJULA TABS 200 MG, 300 MG ..	27	ZORBTIVE SC .....	45
ZELBORAF .....	27	ZYDELIG .....	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	ZYLET .....	59
ZENPEP CPEP 252600 UNIT- 189600 UNIT-60000 UNIT .....	43		
zidovudine CAPS .....	31		
zidovudine SYRP .....	31		
zidovudine TABS .....	31		
ZIEXTENZO .....	49		
zileuton TB12 .....	9		
ziprasidone hcl .....	29		
ZIRABEV .....	24		
ZIRGAN GEL .....	59		
ZOLADEX 10.8 MG .....	25		
ZOLADEX 3.6 MG .....	25		

Ambetter from SilverSummit Healthplan is underwritten by SilverSummit Healthplan, Inc. which is a Qualified Health Plan issuer in the Nevada Health Insurance Marketplace. This is a solicitation for insurance. ©2024 SilverSummit Healthplan, Inc., [Ambetter.SilverSummitHealthplan.com](https://Ambetter.SilverSummitHealthplan.com). If you, or someone you're helping, have questions about Ambetter from SilverSummit Healthplan, and are not proficient in English, you have the right to get help and information in your language at no cost and in a timely manner. If you, or someone you're helping, have an auditory and/or visual condition that impedes communication, you have the right to receive auxiliary aids and services at no cost and in a timely manner. To receive translation or auxiliary services, please contact Member Services at 1-866-263-8134 (TTY 1-855-868-4945). For more information on your right to receive an Ambetter from SilverSummit Healthplan free of discrimination, or your right to receive language, auditory and/or visual assistance services, please visit [AmbetterHealth.com](https://AmbetterHealth.com) and scroll to the bottom of the page.