



# 2023 Formulary

Effective January 1, 2023



# Formulary Introduction

## SUMMARY OF FORMULARY BENEFITS

The information in this document is designed to help you understand the prescription drug benefits offered under this plan and to compare these benefits to those offered by other plans. Information contained in this summary is designed to help you compare both the value and scope of formulary benefits.

## HOW TO FIND INFORMATION ON THE COST OF PRESCRIPTION DRUGS

To find the cost of your prescription please visit <https://ambetter.superiorhealthplan.com/resources/pharmacy-resources.html>. In the Drug Cost Tool please select the plan in which you are participating (planning to participate) and enter medications that you are taking. The tool will provide you an approximate cost of your prescriptions, excluding any deductible or maximum out of pocket requirements. The tool uses median cost for generic prescriptions and actual allowed cost for branded products. If the total medication cost is less than the co-pay that you would pay for that Tier you will be responsible only for the lesser of amount.

## FORMULARY BY HEALTH BENEFIT PLAN

Plan	Formulary	Summary of Benefits and Coverage
Ambetter Virtual Access Gold \$0 Deductible (2023)	Standard Formulary	<a href="https://ambetter.superiorhealthplan.com/2023-brochures.html">https://ambetter.superiorhealthplan.com/2023-brochures.html</a>
Ambetter Virtual Access Gold (2023)	Standard Formulary	<a href="https://ambetter.superiorhealthplan.com/2023-brochures.html">https://ambetter.superiorhealthplan.com/2023-brochures.html</a>
Ambetter Virtual Access Silver (2023)	Standard Formulary	<a href="https://ambetter.superiorhealthplan.com/2023-brochures.html">https://ambetter.superiorhealthplan.com/2023-brochures.html</a>
Clear Gold (2023)	Standard Formulary	<a href="https://ambetter.superiorhealthplan.com/2023-brochures.html">https://ambetter.superiorhealthplan.com/2023-brochures.html</a>
Clear Silver (2023)	Standard Formulary	<a href="https://ambetter.superiorhealthplan.com/2023-brochures.html">https://ambetter.superiorhealthplan.com/2023-brochures.html</a>
Clear Value Silver (2023)	Standard Formulary	<a href="https://ambetter.superiorhealthplan.com/2023-brochures.html">https://ambetter.superiorhealthplan.com/2023-brochures.html</a>
CMS Standard Gold (2023)	Standard Formulary	<a href="https://ambetter.superiorhealthplan.com/2023-brochures.html">https://ambetter.superiorhealthplan.com/2023-brochures.html</a>
CMS Standard Gold Value (2023)	Standard Formulary	<a href="https://ambetter.superiorhealthplan.com/2023-brochures.html">https://ambetter.superiorhealthplan.com/2023-brochures.html</a>
CMS Standard Silver (2023)	Standard Formulary	<a href="https://ambetter.superiorhealthplan.com/2023-brochures.html">https://ambetter.superiorhealthplan.com/2023-brochures.html</a>
CMS Standard Silver Value (2023)	Standard Formulary	<a href="https://ambetter.superiorhealthplan.com/2023-brochures.html">https://ambetter.superiorhealthplan.com/2023-brochures.html</a>
CMS Standard Virtual Access Basic Gold (2023)	Standard Formulary	<a href="https://ambetter.superiorhealthplan.com/2023-brochures.html">https://ambetter.superiorhealthplan.com/2023-brochures.html</a>
CMS Standard Virtual Access Basic Silver (2023)	Standard Formulary	<a href="https://ambetter.superiorhealthplan.com/2023-brochures.html">https://ambetter.superiorhealthplan.com/2023-brochures.html</a>
Complete Gold (2023)	Standard Formulary	<a href="https://ambetter.superiorhealthplan.com/2023-brochures.html">https://ambetter.superiorhealthplan.com/2023-brochures.html</a>
Complete Silver (2023)	Standard Formulary	<a href="https://ambetter.superiorhealthplan.com/2023-brochures.html">https://ambetter.superiorhealthplan.com/2023-brochures.html</a>
Complete Value Silver (2023)	Standard Formulary	<a href="https://ambetter.superiorhealthplan.com/2023-brochures.html">https://ambetter.superiorhealthplan.com/2023-brochures.html</a>

Everyday Gold (2023)	Standard Formulary	<a href="https://ambetter.superiorhealthplan.com/2023-brochures.html">https://ambetter.superiorhealthplan.com/2023-brochures.html</a>
Everyday Value Gold (2023)	Standard Formulary	<a href="https://ambetter.superiorhealthplan.com/2023-brochures.html">https://ambetter.superiorhealthplan.com/2023-brochures.html</a>
Focused Silver (2023)	Standard Formulary	<a href="https://ambetter.superiorhealthplan.com/2023-brochures.html">https://ambetter.superiorhealthplan.com/2023-brochures.html</a>
Focused Value Silver (2023)	Standard Formulary	<a href="https://ambetter.superiorhealthplan.com/2023-brochures.html">https://ambetter.superiorhealthplan.com/2023-brochures.html</a>
Gold 201 HSA (2023)	Standard Formulary	<a href="https://ambetter.superiorhealthplan.com/2023-brochures.html">https://ambetter.superiorhealthplan.com/2023-brochures.html</a>
Gold 202 (2023)	Standard Formulary	<a href="https://ambetter.superiorhealthplan.com/2023-brochures.html">https://ambetter.superiorhealthplan.com/2023-brochures.html</a>
Silver 2021 HSA (2023)	Standard Formulary	<a href="https://ambetter.superiorhealthplan.com/2023-brochures.html">https://ambetter.superiorhealthplan.com/2023-brochures.html</a>
Silver 203 (2023)	Standard Formulary	<a href="https://ambetter.superiorhealthplan.com/2023-brochures.html">https://ambetter.superiorhealthplan.com/2023-brochures.html</a>
Silver 224 (2023)	Standard Formulary	<a href="https://ambetter.superiorhealthplan.com/2023-brochures.html">https://ambetter.superiorhealthplan.com/2023-brochures.html</a>
Silver 226 (2023)	Standard Formulary	<a href="https://ambetter.superiorhealthplan.com/2023-brochures.html">https://ambetter.superiorhealthplan.com/2023-brochures.html</a>

DRUG BY COST-SHARING TIER

Tier	Percent of drugs in each cost-sharing tier:
0	5.81%
1a	5.47%
1b	76.8%
2	1.29%
3	3.68%
4	6.95%

## HOW PRESCRIPTION DRUGS ARE COVERED UNDER THE PLAN

### A) FORMULARY COMPOSITION:

- a. Ambetter formulary is guided by the principle of offering widest possible access to drugs at the lowest cost. With that in mind, we start with the Affordable Care Act mandated benchmark. We then review the formulary for addition of other clinically necessary and appropriate drugs. Ambetter's formulary is considered a closed formulary. This means that any drug not found in the formulary requires prior authorization. To make sure that our members have access to appropriate drugs, we review and update our formulary on a monthly basis.

### B) RIGHT TO APPEAL

- a. If we deny your request for Prior Authorization you have 180 days from being denied coverage for a drug to file an appeal and your appeal will be resolved within 30 days. In the event that your appeal is successful, non-specialty non-formulary drugs will be covered at your Tier 3 cost-share (co-pay or co-insurance) and specialty non-formulary drugs will be covered at your Tier 4 cost-share (co-pay or co-insurance). Please consult your individual Summary of Benefits and Coverage for additional information on your cost-share. All other provisions of your benefit, such as deductibles and maximum out of pockets, apply to formulary and non-formulary drugs that have been provided through an appeal.

### C) CONTINUATION OF COVERAGE

- a. Ambetter does not make changes to our formulary requiring a continuation of coverage. However if a formulary change is made requiring continuation of coverage, you would have the right to continue taking the drug at the coverage level or tier at which the drug was covered at the beginning of the plan year until your plan is renewed.

### D) OFF-LABEL DRUG USE

- a. We provide coverage for off-label drug use. Off-label use indicates medications use that has not been FDA approved for that condition. Coverage of a product under off-label use policy requires that the following must be true:
  - i. Use must be diagnosis specific as defined by ICD-10 code AND
  - ii. Off-label use must be supported by one major multi-site study or three smaller studies published in a reputable medical journal, peer reviewed specialty medical journal, or listed in reputable compendia.

### E) COSTSHARING

- a. Cost sharing is your monetary participation in your care. You will need to know few items to determine the cost-share you are responsible for. Knowing the following items will help you estimate the cost you'll be responsible for at any given time: how much of your deductible you have already paid, how much deductible remains, what drug you are prescribed, and your maximum out of pocket allowance. All those items, with the exception of the tier, can be obtained from the Summary of Benefits and Coverage (see links above). To obtain the tier for your drug please consult the Formulary. To determine your cost share please follow those steps:
  - i. Determine the tier that the drug/product you are filling is listed under by consulting the Formulary.
  - ii. Once you have determined the tier, utilize the Summary of Benefits and Coverage (SBC) document to determine what cost-share will apply to your selected drug/product
  - iii. If you have not met your deductible, you will be responsible for the full cost of the drug until you meet your deductible
  - iv. If you have met your deductible, but not your Maximum Out of Pocket, you will be charged a copay for drugs that are assigned a copay under your SBC and co-insurance for drugs that are assigned a co-insurance under your SBC. Generally, you will pay one (1) co-pay for each 30 day supply of medication. Two co-pays will be charged for 2 month supply and three co-pays for 3 month supply of your medication, respectively
  - v. To determine the cost for co-insurance drugs/products, please utilize our online drug search tool. Please see section: "HOW TO FIND INFORMATION ON THE COST OF PRESCRIPTION DRUGS" above.



- b. Please be aware that pharmacy claims will only process if you present your prescription to an in-network pharmacy. Out-of-network claims will not be covered. To find an in-network-pharmacy close to you please consult our Find a Provider tool available on our website under Pharmacy Resources.
- c. Your cost share for maintenance medications obtained through either Mail Order or at retail pharmacies participating in our Extended Day supply retail network will be calculated based on the day supply that you obtain. For up to 30 day supply you will be charged one (1) copay or co-insurance, 31-60 day supply you will be responsible for two (2) copays or co-insurance and for day supply greater than 60 but less than 91 you will be charged three (3) copays or co-insurance.

**F) MEDICAL MANAGEMENT REQUIREMENTS**

- a. Prior Authorization (PA) – Drugs that have PA indication on the Formulary require Prior Authorization. You or your provider have to request an authorization from us to use this drug/product prior to be able to fill a prescription for the drug/product.
- b. Step Therapy (ST) – Drugs that have ST indication on the Formulary require that you try and fail other formulary products before you can obtain drug/product. When your provider does not feel that trying another product is appropriate your provider or you can submit a regular Prior Authorization to obtain the Step Therapy drug/product.
- c. Quantity Limit (QL) – Drugs that have QL indication on the Formulary are limited to the quantity indicated. Those quantity limits are based on FDA approved maximum doses. If your provider would like to request exception to those limits, he/she may submit a Prior Authorization request. All requests for quantity limit exceptions will be processed under our Off-Label policy.
- d. Non-Formulary Drugs – Drugs not found on this formulary are considered non-formulary drugs. To obtain non-formulary drugs you provider would have to submit a regular Prior Authorization request. All requests for Non-Formulary Drugs will be reviewed under our Non-Formulary Drug Request Policy.

## STANDARD FORMULARY

The Ambetter from Superior 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. Pharmacy Services will respond via fax or phone within 24 hours of receipt of all necessary information for urgent requests, and within 72 hours for non-urgent requests, unless state law requires faster response. If the request is disapproved, the notice of disapproval will contain a clear explanation of the specific reasons for disapproving the prior authorization request, or if the request was incomplete, the explanation will identify the missing material information that is necessary to complete the request.

### 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.

Drug Name	Drug Tier	Requirements/Limits
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders</b>		
<b>Amphetamines</b>		
<i>amphetamine sulfate TABS</i>	3	PA
<i>amphetamine-dextroamphetamine CP24 1.25 MG-1.25 MG-1.25 MG-1.25 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG</i>	1B	QL(1 ea daily)
<i>amphetamine-dextroamphetamine CP24 5 MG-5 MG-5 MG-5 MG, 6.25 MG-6.25 MG-6.25 MG-6.25 MG, 7.5 MG-7.5 MG-7.5 MG-7.5 MG</i>	1B	QL(2 ea daily)
<i>amphetamine-dextroamphetamine CP24 3.75 MG-3.75 MG-3.75 MG-3.75 MG</i>	1B	
<i>amphetamine-dextroamphetamine TABS 1.25 MG-1.25 MG-1.25 MG-1.25 MG, 1.875 MG-1.875 MG-1.875 MG-1.875 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG, 3.125 MG-3.125 MG-3.125 MG-3.125 MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG, 5 MG-5 MG-5 MG-5 MG</i>	1B	QL(3 ea daily)
<i>amphetamine-dextroamphetamine TABS 7.5 MG-7.5 MG-7.5 MG-7.5 MG</i>	1B	QL(2 ea daily)
<i>dextroamphetamine sulfate CP24 5 MG</i>	1B	
<i>dextroamphetamine sulfate CP24 10 MG, 15 MG</i>	1B	QL(4 ea daily)
<i>dextroamphetamine sulfate TABS 5 MG, 10 MG</i>	1B	QL(4 ea daily)

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

Ambetter Formulary Updated December 1, 2023



Drug Name	Drug Tier	Requirements/Limits
<i>dexmethylphenidate hcl TABS</i>	1B	QL(2 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl CP24 20 MG, 40 MG</i>	1B	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 CPCR</i>	1B	QL(1 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl SOLN</i>	1B	QL(30 ml daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TABS 10 MG, 20 MG</i>	1B	QL(5 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TABS 5 MG</i>	1B	QL(6 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TB24 36 MG, 54 MG</i>	1B	QL(2 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TB24 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 36 MG, 54 MG</i>	1B	QL(2 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TBCR 10 MG, 20 MG</i>	1B	QL(3 ea daily); AL(At least 6 yrs old)
<i>methylphenidate PTCH</i>	1B	QL(1 ea daily); PA
<i>modafinil 100 MG</i>	1B	QL(1 ea daily); PA
<i>modafinil 200 MG</i>	1B	QL(2 ea daily); PA
RELEXXII TBCR 27 MG	2	QL(1 ea daily); AL(At least 6 yrs old)
RELEXXII TBCR 36 MG, 54 MG	2	QL(2 ea daily); AL(At least 6 yrs old)

#### ALLERGENIC EXTRACTS/BIOLOGICALS MISC

Drug Name	Drug Tier	Requirements/Limits
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	PA
<b>ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions</b>		
Antirheumatic - Enzyme Inhibitors		
RINVOQ	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 10 MG	4	QL(2 ea daily); PA
XELJANZ TABS 5 MG	4	QL(2 ea daily); SP; PA
Antirheumatic Antimetabolites		

Ambetter Formulary Updated December 1, 2023

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
METHOTREXATE	4	QL(1.714 ea daily); SP; PA	HUMIRA PEN PNKT	4	QL(0.143 ea daily); PA
Anti-TNF-alpha - Monoclonal Antibodies			HUMIRA PEN-PS/UV STARTER PNKT	4	QL(0.143 ea daily); PA
ADALIMUMAB-ADAZ SOAJ	4	QL(0.086 ml daily); PA	HUMIRA PEN-PS/UV STARTER PNKT	4	1 rtl pack lmt amt; 180 rtl pack lmt day(s); 1 mail pack lmt amt; 180 mail pack lmt day(s); PA
ADALIMUMAB-ADAZ SOSY	4	QL(0.086 ml daily); PA	HUMIRA PSKT	4	QL(0.143 ea daily); PA
AMJEVITA SOAJ 40 MG/0.8ML	4	QL(0.172 ml daily); PA	Gold Compounds		
AMJEVITA SOSY 20 MG/0.4ML	4	QL(0.029 ml daily); PA	RIDAURA	3	QL(3 ea daily)
HADLIMA PUSHTOUCH SOAJ	4	QL(0.086 ml daily); PA	Interleukin-1 Blockers		
HADLIMA PUSHTOUCH SOAJ	4	QL(0.172 ml daily); PA	ARCALYST	4	QL(0.286 ea daily); SP; PA
HADLIMA SOSY	4	QL(0.172 ml daily); PA	Interleukin-6 Receptor Inhibitors		
HADLIMA SOSY	4	QL(0.086 ml daily); PA	KEVZARA SOAJ	4	QL(0.082 ml daily); PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML	4	1 rtl pack lmt amt; 180 rtl pack lmt day(s); 1 mail pack lmt amt; 180 mail pack lmt day(s); PA	KEVZARA SOSY	4	QL(0.082 ml daily); PA
HUMIRA PEN-CD/UC/HS STARTER PNKT 40 MG/0.8ML	4	QL(0.143 ea daily); PA	Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
HUMIRA PEN-CD/UC/HS STARTER PNKT 80 MG/0.8ML	4	1 rtl pack lmt amt; 180 rtl pack lmt day(s); 1 mail pack lmt amt; 180 mail pack lmt day(s); PA	<i>celecoxib</i>	1B	QL(2 ea daily); ST
HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT	4	1 rtl pack lmt amt; 180 rtl pack lmt day(s); 1 mail pack lmt amt; 180 mail pack lmt day(s); PA	<i>diclofenac potassium TABS 50 MG</i>	1B	
HUMIRA PEN PNKT 80 MG/0.8ML	4	QL(0.072 ea daily); PA	<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	

Ambetter Formulary Updated December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
<i>indomethacin CAPS 25 MG, 50 MG</i>	1B	
<i>indomethacin CPCR</i>	1B	
<i>ketoprofen CAPS 50 MG, 75 MG</i>	1B	
<i>ketorolac tromethamine TABS</i>	1B	QL(0.667 ea daily)
<i>meclofenamate sodium CAPS</i>	1B	
<i>mefenamic acid CAPS</i>	1B	Must try ibuprofen. ; QL(5 ea daily); ST
<i>meloxicam TABS</i>	1A	QL(1 ea daily)
<i>nabumetone</i>	1B	
<i>naproxen sodium TABS 550 MG</i>	1B	
<i>naproxen SUSP</i>	1B	PA
<i>naproxen TABS</i>	1B	
<i>naproxen TBEC 500 MG</i>	1B	QL(3 ea daily)
<i>oxaprozin</i>	1B	
<i>piroxicam CAPS</i>	1B	
<i>sulindac TABS</i>	1B	
<i>tolmetin sodium CAPS</i>	1B	
<i>tolmetin sodium TABS 600 MG</i>	1B	
Phosphodiesterase 4 (PDE4) Inhibitors		
<i>OTEZLA TABS</i>	4	QL(2 ea daily); PA
<i>OTEZLA TBPk</i>	4	1 rtl pack lmt amt; 180 rtl pack lmt day(s); PA
Pyrimidine Synthesis Inhibitors		
<i>leflunomide</i>	1B	QL(1 ea daily)
Soluble Tumor Necrosis Factor Receptor Agents		
<i>ENBREL MINI SOCT</i>	4	QL(0.15 ml daily); PA
<i>ENBREL SURECLICK SOAJ</i>	4	QL(0.143 ml daily); SP; PA

Drug Name	Drug Tier	Requirements/Limits
<i>ENBREL SOLN</i>	4	QL(0.146 ml daily); PA
<i>ENBREL SOLR</i>	4	QL(0.286 ea daily); SP; PA
<i>ENBREL SOSY 50 MG/ML</i>	4	QL(0.28 ml daily); SP; PA
<i>ENBREL SOSY 25 MG/0.5ML</i>	4	QL(0.146 ml daily); SP; PA
<b>ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions</b>		
Analgesic Combinations		
<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG, 40 MG-50 MG-325 MG</i>	1B	
<i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>	1B	
<i>butalbital-acetaminophen TABS 50 MG-325 MG</i>	1B	
<i>butalbital-aspirin-caffeine CAPS</i>	1B	
Salicylates		
<i>aspirin CHEW</i>	0	AL(At least 45 yrs old - Up to 79 yrs old)
<i>aspirin TABS 325 MG</i>	0	AL(At least 45 yrs old - Up to 79 yrs old)
<i>aspirin TBEC 325 MG</i>	1A	
<i>aspirin TBEC 81 MG</i>	0	AL(At least 45 yrs old - Up to 79 yrs old)
<i>diflunisal TABS</i>	1B	
<i>salsalate</i>	1B	
<b>ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions</b>		
Opioid Agonists		
<i>codeine sulfate TABS 30 MG</i>	1B	New starts limited to 7 day supply

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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 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 20 MG/5ML</i>	1B	New starts limited to 7 day supply; QL(50 ml daily)
<i>hydromorphone hcl TABS</i>	1B	New starts limited to 7 day supply; QL(8 ea daily)	<i>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 SOLN OR 10 MG/5ML</i>	1B	New starts limited to 7 day supply; QL(100 ml daily)
<i>hydromorphone hcl TB24 8 MG, 12 MG, 16 MG</i>	1B	QL(2 ea daily); PA	<i>morphine sulfate TABS</i>	1B	New starts limited to 7 day supply; QL(6 ea daily)
<i>levorphanol tartrate TABS 2 MG</i>	1B	New starts limited to 7 day supply	<i>morphine sulfate TBCR</i>	1B	QL(2 ea daily)
<i>meperidine hcl SOLN OR 50 MG/5ML</i>	1B	New starts limited to 7 day supply; QL(500 ml per fill retail)	NUCYNTA ER TB12	2	QL(2 ea daily); PA
<i>meperidine hcl SOLN IJ 25 MG/ML, 50 MG/ML, 100 MG/ML</i>	1B		NUCYNTA TABS	2	QL(6 ea daily); PA
<i>meperidine hcl TABS 50 MG</i>	1B	New starts limited to 7 day supply; QL(6 ea daily)	<i>oxycodone hcl T12A</i>	3	QL(2 ea daily); PA
<i>methadone hcl CONC</i>	1B	QL(10 ml daily)	<i>oxycodone hcl TABS</i>	1B	New starts limited to 7 day supply; QL(12 ea daily)
<i>methadone hcl SOLN IJ 10 MG/ML</i>	1B		<i>oxymorphone hcl TABS</i>	1B	QL(12 ea daily); PA
<i>methadone hcl SOLN OR 5 MG/5ML</i>	1B	QL(100 ml daily)	<i>oxymorphone hcl TB12 5 MG, 7.5 MG, 10 MG, 15 MG, 20 MG, 30 MG</i>	1B	QL(2 ea daily); PA
<i>methadone hcl SOLN OR 10 MG/5ML</i>	1B	QL(50 ml daily)	<i>oxymorphone hcl TB12 40 MG</i>	1B	QL(4 ea daily); PA
METHADONE HCL SOLN IJ	1B		SUBSYS LIQD 100 MCG	3	QL(3 ea daily); PA
			SUBSYS LIQD 800 MCG, 1200 MCG, 1600 MCG	3	QL(8 ea daily); PA
			SUBSYS LIQD 200 MCG, 400 MCG, 600 MCG	3	QL(4 ea daily); PA

Ambetter Formulary Updated December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
<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)
<i>acetaminophen w/ codeine TABS 15 MG-300 MG</i>	1B	New starts limited to 7 day supply; QL(13 ea daily)
<i>acetaminophen w/ codeine TABS 30 MG-300 MG</i>	1A	New starts limited to 7 day supply; QL(12 ea daily)
<i>acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG</i>	3	New starts limited to 7 day supply; PA
<i>acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG</i>	1B	New starts limited to 7 day supply
<i>butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG</i>	1B	New starts limited to 7 day supply; QL(6 ea daily)
<i>butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG</i>	1B	New starts limited to 7 day supply
<i>butalbital-aspirin-caffeine w/cod</i>	1B	New starts limited to 7 day supply; QL(6 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<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>hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG</i>	1B	New starts limited to 7 day supply; QL(13 ea daily)
<i>hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	1B	New starts limited to 7 day supply; QL(12 ea daily)
<i>hydrocodone-ibuprofen 7.5 MG-200 MG</i>	1B	New starts limited to 7 day supply; QL(5 ea daily)
<i>hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG</i>	1B	PA
<i>oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	1B	New starts limited to 7 day supply; QL(12 ea daily)
<i>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 2 MG-8 MG, 3 MG-12 MG</i>	1B	QL(2 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG</i>	1B	QL(3 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate SUBL</i>	1B	QL(3 ea daily)
<i>buprenorphine hcl SOLN</i>	1B	
<i>buprenorphine hcl SUBL</i>	1B	QL(3 ea daily)
<i>buprenorphine PTWK</i>	1B	QL(0.143 ea daily); PA



Drug Name	Drug Tier	Requirements/Limits
<i>butorphanol tartrate IJ 1 MG/ML, 2 MG/ML</i>	1B	
<i>butorphanol tartrate NA 10 MG/ML</i>	1B	QL(0.34 ml daily); PA
<i>nalbuphine hcl</i>	1B	QL(8 ml daily)
<i>pentazocine w/ naloxone hcl</i>	1B	New starts limited to 7 day supply
<b>ANDROGENS-ANABOLIC - Drugs to Regulate Hormones</b>		
Anabolic Steroids		
<i>oxandrolone</i>	1B	
Androgens		
ANDRODERM PT24 2 MG/24HR, 4 MG/24HR	2	QL(1 ea daily); PA
<i>danazol CAPS</i>	1B	
METHITEST TABS	3	
<i>testosterone cypionate SOLN IM</i>	1B	
TESTOSTERONE CYPIONATE SOLN IJ 200 MG/ML	1B	
<i>testosterone enanthate SOLN IM</i>	1B	
<b>ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching</b>		
Intrarectal Steroids		
<i>budesonide (intrarectal)</i>	4	QL(3.2 gm daily); PA
<i>hydrocortisone (intrarectal)</i>	1B	
UCERIS ( <i>budesonide (intrarectal)</i> )	4	QL(3.2 gm daily); PA
Rectal Steroids		
<i>hydrocortisone (rectal) EX</i>	1B	
<i>hydrocortisone acetate (rectal)</i>	1B	
Vasodilating Agents		

Drug Name	Drug Tier	Requirements/Limits
RECTIV	3	QL(2 gm daily)
<b>ANTHELMINTICS - Drugs to Treat Worm Infections</b>		
Anthelmintics		
<i>albendazole</i>	1B	PA
EMVERM CHEW	2	1 rtl MAX fill; 60 rtl day(s) supply; 1 mail MAX fill; QL(2 ea daily; 6 ea per fill retail; 6 per fill mail)
<i>ivermectin</i>	1B	1 rtl MAX fill; 75 rtl day(s) supply; 1 mail MAX fill; QL(9 ea per fill retail; 9 per fill mail)
<i>praziquantel</i>	1B	PA
<b>ANTIANGINAL AGENTS - Drugs to Treat Chest Pain</b>		
Antianginals-Other		
<i>ranolazine TB12 1000 MG</i>	1B	QL(2 ea daily)
<i>ranolazine TB12 500 MG</i>	1B	QL(3 ea daily)
Nitrates		
<i>isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG</i>	1B	
<i>isosorbide mononitrate TABS</i>	1B	
<i>isosorbide mononitrate TB24</i>	1B	
NITRO-BID OINT	3	
<i>nitroglycerin CPCR</i>	1B	QL(4 ea daily)
<i>nitroglycerin PT24</i>	1B	
NITROGLYCERIN SOLN IV	1B	
<i>nitroglycerin SUBL</i>	1B	
<b>ANTIANSIETY AGENTS - Drugs to Treat Anxiety</b>		
Antianxiety Agents - Misc.		

Ambetter Formulary Updated December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
<i>bupirone hcl 5 MG</i>	1A	
<i>bupirone 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)
<b>Benzodiazepines</b>		
<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 1 MG</i>	1A	QL(4 ea daily)
<i>lorazepam TABS 0.5 MG, 2 MG</i>	1A	QL(3 ea daily)
<i>oxazepam CAPS</i>	1B	
<b>ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms</b>		
<b>Antiarrhythmics Type I-A</b>		
<i>disopyramide phosphate CAPS</i>	1B	
<i>procainamide hcl SOLN 500 MG/ML</i>	1B	
<i>quinidine sulfate TABS</i>	1B	
<b>Antiarrhythmics Type I-B</b>		

Drug Name	Drug Tier	Requirements/Limits
<i>mexiletine hcl</i>	1B	
<b>Antiarrhythmics Type I-C</b>		
<i>flecainide acetate</i>	1B	
<i>propafenone hcl CP12</i>	1B	
<i>propafenone hcl TABS</i>	1B	
<b>Antiarrhythmics Type III</b>		
<i>amiodarone hcl SOLN 50 MG/ML</i>	1B	
<i>amiodarone hcl TABS</i>	1B	
<i>dofetilide</i>	1B	
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions</b>		
<b>Antiasthmatic - Monoclonal Antibodies</b>		
FASENRA PEN SOAJ	4	QL(0.036 ml daily); PA
FASENRA SOSY	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 40 MG/0.4ML	4	QL(0.0144 ml daily); PA
NUCALA SOSY 100 MG/ML	4	QL(0.1073 ml daily); PA
XOLAIR SOLR	4	QL(0.286 ea daily); PA
XOLAIR SOSY 75 MG/0.5ML	4	QL(0.036 ml daily); PA
XOLAIR SOSY 150 MG/ML	4	QL(0.286 ml daily); PA
<b>Anti-Inflammatory Agents</b>		
<i>cromolyn sodium NEBU</i>	1B	QL(8 ml daily)
<b>Bronchodilators - Anticholinergics</b>		
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)

Ambetter Formulary Updated December 1, 2023

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SPIRIVA HANDIHALER CAPS ( <i>tiotropium bromide monohydrate</i> )	2	QL(1 ea daily)	ARNUIITY ELLIPTA 100 MCG/ACT, 200 MCG/ACT	2	1 rtl pack lmt amt; 30 rtl pack lmt day(s); 1 mail pack lmt amt; 30 mail pack lmt day(s)
SPIRIVA RESPIMAT AERS	2	QL(0.14 gm daily)			
<i>tiotropium bromide monohydrate</i> CAPS	1B	QL(1 ea daily)	ARNUIITY ELLIPTA 50 MCG/ACT	2	3 rtl pack lmt amt; 30 rtl pack lmt day(s); 3 mail pack lmt amt; 30 mail pack lmt day(s)
Leukotriene Modulators					
<i>montelukast sodium</i> CHEW	1B	QL(1 ea daily)	<i>budesonide (inhalation)</i> SUSP	1B	QL(4 ml daily); PA
<i>montelukast sodium</i> PACK	1B	QL(1 ea daily)	FLOVENT DISKUS AEPB 50 MCG/BLIST	2	3 rtl pack lmt amt; 30 rtl pack lmt day(s); 3 mail pack lmt amt; 30 mail pack lmt day(s)
<i>montelukast sodium</i> TABS	1B	QL(1 ea daily)			
<i>zafirlukast</i>	1B	QL(2 ea daily)	FLOVENT DISKUS AEPB 100 MCG/BLIST, 250 MCG/BLIST	2	4 rtl pack lmt amt; 30 rtl pack lmt day(s); 4 mail pack lmt amt; 30 mail pack lmt day(s)
<i>zileuton</i> TB12	1B	QL(4 ea daily)	FLOVENT HFA	2	2 rtl pack lmt amt; 30 rtl pack lmt day(s); 2 mail pack lmt amt; 30 mail pack lmt day(s)
Selective Phosphodiesterase 4 (PDE4) Inhibitors					
DALIRESP 250 MCG ( <i>roflumilast</i> )	3	30 rtl MAX day(s) supply; 180 rtl lmt day(s); 30 mail MAX day(s) supply; 180 mail lmt day(s); QL(1 ea daily)	<i>fluticasone propionate (inhalation)</i> AEPB 50 MCG/ACT	1B	3 rtl pack lmt amt; 30 rtl pack lmt day(s); 3 mail pack lmt amt; 30 mail pack lmt day(s)
DALIRESP 500 MCG ( <i>roflumilast</i> )	3	QL(1 ea daily)	<i>fluticasone propionate (inhalation)</i> AEPB 100 MCG/ACT, 250 MCG/ACT	1B	4 rtl pack lmt amt; 30 rtl pack lmt day(s); 4 mail pack lmt amt; 30 mail pack lmt day(s)
<i>roflumilast</i> 500 MCG	1B	QL(1 ea daily)			
<i>roflumilast</i> 250 MCG	1B	30 rtl MAX day(s) supply; 180 rtl lmt day(s); 30 mail MAX day(s) supply; 180 mail lmt day(s); QL(1 ea daily)	PULMICORT FLEXHALER AEPB	2	3 rtl pack lmt amt; 30 rtl pack lmt day(s); 3 mail pack lmt amt; 30 mail pack lmt day(s)
Steroid Inhalants					
ALVESCO	3	3 rtl pack lmt amt; 30 rtl pack lmt day(s); 3 mail pack lmt amt; 30 mail pack lmt day(s); PA			

Ambetter Formulary Updated December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
QVAR REDHALER	2	2 rtl pack lmt amt; 30 rtl pack lmt day(s); 2 mail pack lmt amt; 30 mail pack lmt day(s)
<b>Sympathomimetics</b>		
ADVAIR HFA AERO	1B	1 rtl pack lmt amt; 30 rtl pack lmt day(s); 1 mail pack lmt amt; 30 mail pack lmt day(s)
<i>albuterol sulfate AERS</i>	1B	Limit 2 Inhalers per month; 1 rtl pack lmt per fill; 2 rtl MAX fill; 30 rtl day(s) supply
<i>albuterol sulfate NEBU 0.083 %, 0.63 MG/3ML, 1.25 MG/3ML</i>	1B	QL(15 ml daily)
<i>albuterol sulfate NEBU 0.5 %, 2.5 MG/0.5ML</i>	1B	
<i>albuterol sulfate SYRP</i>	1B	
<i>albuterol sulfate TABS</i>	1B	
ANORO ELLIPTA	2	QL(2 ea daily)
<i>arformoterol tartrate</i>	1B	QL(4 ml daily)
BEVESPI AEROSPHERE	2	QL(0.36 gm daily)
BREO ELLIPTA 100 MCG/INH-25 MCG/INH, 200 MCG/INH-25 MCG/INH	1B	1 rtl pack lmt amt; 30 rtl pack lmt day(s); 1 mail pack lmt amt; 30 mail pack lmt day(s)
BREZTRI AEROSPHERE	2	QL(0.38 gm daily)
<i>budesonide-formoterol fumarate dihydrate</i>	1B	1 rtl pack lmt amt; 30 rtl pack lmt day(s); 1 mail pack lmt amt; 30 mail pack lmt day(s)

Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone furoate-vilanterol</i>	1B	1 rtl pack lmt amt; 30 rtl pack lmt day(s); 1 mail pack lmt amt; 30 mail pack lmt day(s)
<i>fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT</i>	1B	1 rtl pack lmt amt; 30 rtl pack lmt day(s); 1 mail pack lmt amt; 30 mail pack lmt day(s)
<i>fluticasone-salmeterol AERO</i>	1B	1 rtl pack lmt amt; 30 rtl pack lmt day(s); 1 mail pack lmt amt; 30 mail pack lmt day(s)
<i>formoterol fumarate NEBU</i>	1B	QL(4 ml daily)
<i>ipratropium-albuterol SOLN</i>	1B	QL(18 ml daily)
<i>levalbuterol hcl 1.25 MG/0.5ML</i>	1B	
<i>levalbuterol hcl</i>	1B	QL(12 ml daily)
<i>levalbuterol tartrate</i>	1B	QL(0.5 gm daily)
SEREVENT DISKUS	2	1 rtl pack lmt amt; 30 rtl pack lmt day(s); 1 mail pack lmt amt; 30 mail pack lmt day(s)
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	

### ANTICOAGULANTS - Blood Thinners

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	1 rtl MAX fill; 180 rtl day(s) supply; QL(2.47 ea daily)
ELIQUIS TABS	2	QL(2 ea daily)
XARELTO STARTER PACK TBPK	2	1 rtl MAX fill; 365 rtl day(s) supply
XARELTO SUSR	2	QL(900 ml per 30 days 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 30 MG/0.3ML</i>	4	QL(0.6 ml daily); SP
<i>enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML</i>	4	QL(1.6 ml daily)
<i>enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML</i>	4	QL(2 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 40 MG/0.4ML</i>	4	QL(0.8 ml daily; 30 Day(s) limit); SP
<i>fondaparinux sodium 10 MG/0.8ML</i>	4	QL(7.2 ml per 180 days retail; 7 ml per 180 days mail); SP
<i>fondaparinux sodium 7.5 MG/0.6ML</i>	4	QL(5.4 ml per 180 days retail; 5 ml per 180 days mail); SP

Drug Name	Drug Tier	Requirements/Limits
<i>fondaparinux sodium 2.5 MG/0.5ML</i>	4	QL(4.5 ml per 180 days retail; 4 ml per 180 days mail); SP
<i>fondaparinux sodium 5 MG/0.4ML</i>	4	QL(3.6 ml per 180 days retail; 4 ml per 180 days mail); SP
FRAGMIN SOSY	4	SP; PA
<i>heparin sodium (porcine) SOLN IJ 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML</i>	1B	
HEPARIN SODIUM/NAACL 0.45% SOLN IV 0.45 %-12500 UNIT/250ML	1B	
<b>Thrombin Inhibitors</b>		
<i>dabigatran etexilate mesylate CAPS</i>	1B	
<b>ANTICONVULSANTS - Drugs to Treat Seizures</b>		
<b>AMPA Glutamate Receptor Antagonists</b>		
FYCOMPA TABS 6 MG	3	QL(2 ea daily); PA
FYCOMPA TABS 2 MG	3	QL(6 ea daily); PA
FYCOMPA TABS 8 MG, 10 MG, 12 MG	3	QL(1 ea daily); PA
FYCOMPA TABS 4 MG	3	QL(3 ea daily); PA
<b>Anticonvulsants - Benzodiazepines</b>		
<i>clobazam SUSP</i>	1B	QL(16 ml daily); PA
<i>clobazam TABS</i>	1B	QL(2 ea daily); PA
<i>clonazepam TABS</i>	1A	
<i>diazepam (anticonvulsant) GEL</i>	3	
NAYZILAM	3	QL(10 ea per 30 days retail); PA
VALTOCO 10 MG DOSE LIQD	4	QL(10 ea per 30 days retail); PA

Ambetter Formulary Updated December 1, 2023



Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
VALTOCO 15 MG DOSE LQPK	4	QL(10 ea per 30 days retail); PA	<i>gabapentin TABS 600 MG, 800 MG</i>	1B	
VALTOCO 20 MG DOSE LQPK	4	QL(10 ea per 30 days retail); PA	<i>lacosamide SOLN IV 200 MG/20ML</i>	1B	QL(40 ml daily)
VALTOCO 5 MG DOSE LIQD	4	QL(10 ea per 30 days retail); PA	<i>lacosamide TABS</i>	1B	QL(2 ea daily)
Anticonvulsants - Misc.			<i>lamotrigine CHEW 25 MG</i>	1B	QL(20 ea daily)
APTIOM	3	QL(2 ea daily); ST	<i>lamotrigine CHEW 5 MG</i>	1B	QL(100 ea daily)
BANZEL TABS 400 MG ( <i>rufinamide</i> )	2	QL(8 ea daily); PA	<i>lamotrigine TABS</i>	1B	
BANZEL TABS 200 MG ( <i>rufinamide</i> )	2	QL(2 ea daily); PA	<i>lamotrigine TBDP</i>	1B	QL(1 ea daily)
BRIVIACT SOLN OR 10 MG/ML	3	QL(20 ml daily); PA	<i>levetiracetam SOLN IV 500 MG/5ML</i>	1B	QL(30 ml daily)
BRIVIACT TABS	3	QL(2 ea daily); PA	<i>levetiracetam TABS 500 MG</i>	1B	QL(6 ea daily)
<i>carbamazepine CHEW</i>	1B		<i>levetiracetam TABS 1000 MG</i>	1B	QL(3 ea daily)
<i>carbamazepine CP12 100 MG</i>	1B		<i>levetiracetam TABS 250 MG, 750 MG</i>	1B	QL(4 ea daily)
<i>carbamazepine CP12 300 MG</i>	1B	QL(4 ea daily)	<i>levetiracetam TB24</i>	1B	QL(4 ea daily)
<i>carbamazepine CP12 200 MG</i>	1B	QL(6 ea daily)	<i>oxcarbazepine SUSP</i>	1B	QL(40 ml daily)
<i>carbamazepine SUSP</i>	1B		<i>oxcarbazepine TABS 150 MG, 300 MG</i>	1B	QL(3 ea daily)
<i>carbamazepine TABS</i>	1B		<i>oxcarbazepine TABS 600 MG</i>	1B	QL(4 ea daily)
<i>carbamazepine TB12 200 MG</i>	1B	QL(6 ea daily)	<i>pregabalin CAPS 225 MG, 300 MG</i>	3	QL(2 ea daily); PA
<i>carbamazepine TB12 100 MG, 400 MG</i>	1B	QL(4 ea daily)	<i>pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG</i>	3	QL(3 ea daily); PA
DIACOMIT CAPS 500 MG	4	QL(6 ea daily); PA	<i>pregabalin SOLN</i>	3	QL(30 ml daily); PA
DIACOMIT CAPS 250 MG	4	QL(12 ea daily); PA	<i>primidone 50 MG, 250 MG</i>	1B	
DIACOMIT PACK 250 MG	4	QL(12 ea daily); PA	<i>rufinamide SUSP</i>	1B	QL(80 ml 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	<i>rufinamide TABS 400 MG</i>	1B	QL(8 ea daily); PA
<i>gabapentin CAPS</i>	1B		TEGRETOL SUSP ( <i>carbamazepine</i> )	2	
<i>gabapentin SOLN</i>	1B	QL(60 ml daily)	TEGRETOL TABS ( <i>carbamazepine</i> )	2	

Ambetter Formulary Updated December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
<i>topiramate CPSP 25 MG</i>	1B	QL(8 ea daily)
<i>topiramate CPSP 15 MG</i>	1B	QL(6 ea daily)
<i>topiramate CS24</i>	3	PA
<i>topiramate TABS 200 MG</i>	1B	QL(2 ea daily)
<i>topiramate TABS 25 MG, 100 MG</i>	1B	QL(4 ea daily)
<i>topiramate TABS 50 MG</i>	1B	QL(6 ea daily)
<i>zonisamide CAPS</i>	1B	QL(6 ea daily)
<b>Carbamates</b>		
<i>felbamate SUSP</i>	1B	QL(30 ml daily)
<i>felbamate TABS 400 MG</i>	1B	QL(9 ea daily)
<i>felbamate TABS 600 MG</i>	1B	QL(6 ea daily)
<b>GABA Modulators</b>		
<i>tiagabine hcl</i>	1B	
<i>vigabatrin PACK</i>	4	QL(6 ea daily); SP; PA
<i>vigabatrin TABS</i>	4	QL(6 ea daily); SP; PA
<b>Hydantoins</b>		
DILANTIN	2	
DILANTIN ( <i>phenytoin sodium extended</i> )	2	
DILANTIN INFATABS CHEW ( <i>phenytoin</i> )	2	
DILANTIN-125 SUSP ( <i>phenytoin</i> )	2	
<i>fosphenytoin sodium</i>	1B	
<i>phenytoin sodium extended 100 MG, 200 MG, 300 MG</i>	1B	
<i>phenytoin sodium SOLN</i>	1B	
<i>phenytoin CHEW</i>	1B	
<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)

Drug Name	Drug Tier	Requirements/Limits
<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 15 MG</i>	1B	QL(3 ea daily)
<i>mirtazapine TBDP 30 MG</i>	1B	QL(1.5 ea daily)
<i>mirtazapine TBDP 45 MG</i>	1B	QL(1 ea daily)
<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)
<i>bupropion hcl TB12 200 MG</i>	1B	QL(2 ea daily)
<i>bupropion hcl TB24 150 MG</i>	1B	QL(3 ea daily)
<i>bupropion hcl TB24 300 MG</i>	1B	QL(1 ea daily)
<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</b>		

Ambetter Formulary Updated December 1, 2023

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<b>Antagonists</b>			<i>paroxetine hcl TABS 10 MG</i>	1B	QL(6 ea daily)
SPRAVATO 56MG DOSE	4	PA	<i>paroxetine hcl TABS 30 MG</i>	1B	QL(2 ea daily)
SPRAVATO 84MG DOSE	4	PA	<i>paroxetine hcl TABS 20 MG</i>	1B	QL(3 ea daily)
<b>Selective Serotonin Reuptake Inhibitors (SSRIs)</b>			<i>paroxetine hcl TB24 25 MG, 37.5 MG</i>	1B	QL(2 ea daily)
<i>citalopram hydrobromide SOLN</i>	1B	QL(20 ml daily)	<i>paroxetine hcl TB24 12.5 MG</i>	1B	QL(1 ea daily)
<i>citalopram hydrobromide TABS 20 MG</i>	1B	QL(2 ea daily)	<i>sertraline hcl CONC</i>	1B	QL(10 ml daily)
<i>citalopram hydrobromide TABS 40 MG</i>	1B	QL(1 ea daily)	<i>sertraline hcl TABS 25 MG, 50 MG</i>	1B	QL(4 ea daily)
<i>citalopram hydrobromide TABS 10 MG</i>	1B	QL(4 ea daily)	<i>sertraline hcl TABS 100 MG</i>	1B	QL(2 ea daily)
<i>escitalopram oxalate SOLN</i>	1B	QL(20 ml daily)	<b>Serotonin Modulators</b>		
<i>escitalopram oxalate TABS 5 MG</i>	1B	QL(4 ea daily)	<i>nefazodone hcl</i>	1B	
<i>escitalopram oxalate TABS 10 MG</i>	1B	QL(2 ea daily)	<i>trazodone hcl TABS</i>	1B	
<i>escitalopram oxalate TABS 20 MG</i>	1B	QL(1 ea daily)	TRINTELLIX	3	QL(1 ea daily); PA
<i>fluoxetine hcl CAPS 20 MG</i>	1B	QL(3 ea daily)	VIIBRYD STARTER PACK KIT	3	1 rtl pack lmt amt; 180 rtl pack lmt day(s)
<i>fluoxetine hcl CAPS 40 MG</i>	1B	QL(2 ea daily)	<i>vilazodone hcl TABS</i>	1B	QL(1 ea daily)
<i>fluoxetine hcl CAPS 10 MG</i>	1A	QL(1 ea daily)	<b>Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)</b>		
<i>fluoxetine hcl CPDR</i>	1B		<i>desvenlafaxine succinate 100 MG</i>	1B	QL(4 ea daily)
<i>fluoxetine hcl SOLN</i>	1B	QL(20 ml daily)	<i>desvenlafaxine succinate 25 MG, 50 MG</i>	1B	QL(1 ea daily)
<i>fluoxetine hcl TABS 10 MG, 60 MG</i>	1B	QL(1 ea daily)	<i>duloxetine hcl CPEP 20 MG, 30 MG, 60 MG</i>	1B	QL(2 ea daily)
<i>fluoxetine hcl TABS 20 MG</i>	1B	QL(3 ea daily)	<i>duloxetine hcl CPEP 40 MG</i>	1B	
<i>fluvoxamine maleate TABS 100 MG</i>	1B	QL(3 ea daily)	FETZIMA TITRATION PACK C4PK	3	PA
<i>fluvoxamine maleate TABS 25 MG, 50 MG</i>	1B	QL(2 ea daily)	FETZIMA CP24	3	PA
<i>paroxetine hcl SUSP</i>	1B	QL(30 ml daily)	<i>venlafaxine hcl CP24 37.5 MG</i>	1B	QL(4 ea daily)
<i>paroxetine hcl TABS 40 MG</i>	1B	QL(1 ea daily)	<i>venlafaxine hcl CP24 75 MG</i>	1B	QL(5 ea daily)

Ambetter Formulary Updated December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
<i>venlafaxine hcl CP24 150 MG</i>	1B	QL(2 ea daily)
<i>venlafaxine hcl TABS</i>	1B	QL(3 ea daily)
<i>venlafaxine hcl TB24 150 MG</i>	1B	QL(2 ea daily)
<i>venlafaxine hcl TB24 37.5 MG, 75 MG, 225 MG</i>	1B	QL(1 ea daily)
<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>		
<i>acarbose</i>	1B	QL(3 ea daily)
<i>miglitol</i>	1B	QL(3 ea daily)
<b>Antidiabetic - Amylin Analogs</b>		
SYMLINPEN 120 SOPN	2	QL(0.36 ml daily); PA
SYMLINPEN 60 SOPN	2	QL(0.2 ml daily); PA
<b>Antidiabetic Combinations</b>		
<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)

Drug Name	Drug Tier	Requirements/Limits
<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-100 MG	2	QL(1 ea daily)
JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG	2	QL(2 ea daily)
JANUMET TABS	2	QL(2 ea daily)
<i>pioglitazone hcl-glimepiride</i>	1B	QL(1 ea daily)
<i>pioglitazone hcl-metformin hcl TABS</i>	1B	QL(2 ea daily)
SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-12.5 MG, 1000 MG-5 MG	2	QL(2 ea daily)
SYNJARDY XR TB24 1000 MG-25 MG	2	QL(1 ea daily)
SYNJARDY TABS	2	QL(2 ea daily)
TRIJARDY XR 1000 MG-2.5 MG-12.5 MG, 1000 MG-2.5 MG-5 MG	2	QL(2 ea daily)
TRIJARDY XR 1000 MG-5 MG-10 MG, 1000 MG-5 MG-25 MG	2	QL(1 ea daily)
XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG, 500 MG-5 MG	3	QL(1 ea daily); PA
XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG	3	QL(2 ea daily); PA
XULTOPHY 100/3.6	2	QL(0.5 ml daily); PA
<b>Biguanides</b>		
<i>metformin hcl TABS 1000 MG</i>	1B	QL(2.5 ea daily)
<i>metformin hcl TABS 850 MG</i>	0	QL(3 ea daily)
<i>metformin hcl TABS 500 MG</i>	1B	QL(5 ea daily)
<i>metformin hcl TB24 500 MG</i>	1B	QL(4 ea daily)

Ambetter Formulary Updated December 1, 2023

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>metformin hcl TB24 750 MG</i>	1B	QL(3 ea daily)	LEVEMIR FLEXTOUCH SOPN	2	
Diabetic Other			LEVEMIR SOLN	2	
<i>diazoxide</i>	3		NOVOLIN 70/30 FLEXPEN RELION SUPN	2	
<i>glucagon (rdna)</i>	1B	QL(0.035 ea daily)	NOVOLIN 70/30 FLEXPEN SUPN	2	
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors			NOVOLIN 70/30 RELION SUSP	2	
<i>alogliptin benzoate 12.5 MG</i>	1B	QL(1 ea daily)	NOVOLIN 70/30 SUSP	2	
<i>alogliptin benzoate 6.25 MG, 25 MG</i>	1B		NOVOLIN N FLEXPEN RELION SUPN	2	
JANUVIA	2	QL(1 ea daily)	NOVOLIN N FLEXPEN SUPN	2	
Incretin Mimetic Agents			NOVOLIN N RELION SUSP	2	
OZEMPIC SOPN 2 MG/1.5ML	2	QL(0.054 ml daily); PA	NOVOLIN N SUSP	2	
OZEMPIC SOPN	2	QL(0.108 ml daily); PA	NOVOLIN R FLEXPEN RELION SOPN IJ	2	
TRULICITY	2	QL(0.143 ml daily); PA	NOVOLIN R FLEXPEN SOPN IJ	2	
VICTOZA	2	QL(0.3 ml daily); PA	NOVOLIN R RELION SOLN IJ	2	
Insulin			NOVOLIN R SOLN IJ	2	
APIDRA SOLOSTAR SOPN	3	PA	NOVOLOG FLEXPEN RELION SOPN	2	
APIDRA SOLN	3	PA	NOVOLOG FLEXPEN SOPN	2	
BASAGLAR KWIKPEN SOPN	2		NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION SUPN	2	
FIASP FLEXTOUCH SOPN	2		NOVOLOG MIX 70/30 PREFILLED FLEXPEN SUPN	2	
FIASP PENFILL SOCT	2		NOVOLOG MIX 70/30 SUSP	2	
FIASP PUMPCART SOCT	2		NOVOLOG PENFILL SOCT	2	
FIASP SOLN	2		NOVOLOG SOLN IJ	2	
HUMULIN R U-500 (CONCENTRATED) SOLN SC	2	QL(1.34 ml daily)	TRESIBA FLEXTOUCH SOPN	2	
HUMULIN R U-500 KWIKPEN SOPN SC	2	QL(1.34 ml daily)	TRESIBA SOLN	2	
LEVEMIR FLEXPEN SOPN	2				

Ambetter Formulary Updated December 1, 2023



Drug Name	Drug Tier	Requirements/Limits
<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 0.5 MG, 1 MG</i>	1B	QL(4 ea daily)
<i>repaglinide 2 MG</i>	1B	QL(8 ea daily)
<b>Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors</b>		
FARXIGA	3	QL(1 ea daily); PA
JARDIANCE	2	QL(1 ea daily)
<b>Sulfonylureas</b>		
<i>glimepiride 4 MG</i>	1B	QL(2 ea daily)
<i>glimepiride 1 MG, 2 MG</i>	1B	QL(4 ea daily)
<i>glipizide TABS 5 MG, 10 MG</i>	1B	QL(4 ea daily)
<i>glipizide TB24</i>	1B	QL(2 ea daily)
<i>glyburide micronized 1.5 MG, 3 MG, 6 MG</i>	1B	QL(4 ea daily)
<i>glyburide TABS</i>	1B	QL(4 ea daily)
<b>ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea</b>		
<b>Antiperistaltic Agents</b>		
<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>		
<b>Antidotes - Chelating Agents</b>		
CHEMET	3	
<i>deferasirox PACK</i>	4	PA
<i>deferasirox TABS</i>	4	SP; PA
<i>deferasirox TBSO</i>	4	SP; PA

Drug Name	Drug Tier	Requirements/Limits
<i>deferiprone TABS 500 MG</i>	1B	
<b>Antidotes and Specific Antagonists</b>		
VISTOGARD	4	PA
<b>Opioid Antagonists</b>		
<i>naloxone hcl LIQD</i>	1B	2 rti MAX fill; 30 rti day(s) supply; QL(2 ea per fill 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>		
<b>5-HT3 Receptor Antagonists</b>		
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	
<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 24 MG</i>	1B	QL(0.143 ea daily)
<i>ondansetron hcl TABS 4 MG</i>	1B	QL(4 ea daily; 60 ea per fill retail; 60 per fill mail)
<i>ondansetron TBDP 8 MG</i>	1B	
<i>ondansetron TBDP 4 MG</i>	1B	QL(1 ea daily)
<i>palonosetron hcl SOLN</i>	1B	
<b>Antiemetics - Anticholinergic</b>		

Ambetter Formulary Updated December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
<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	
<b>Antiemetics - Miscellaneous</b>		
<i>AKYNZEO</i>	3	PA
<i>doxylamine-pyridoxine TBEC</i>	1B	3 rtl MAX fill; 365 rtl day(s) supply; 3 mail MAX fill; QL(4 ea daily); PA
<i>dronabinol CAPS</i>	1B	
<b>Substance P/Neurokinin 1 (NK1) Receptor Antagonists</b>		
<i>aprepitant CAPS 80 MG</i>	1B	QL(0.134 ea daily)
<i>aprepitant CAPS 40 MG, 125 MG</i>	1B	QL(0.067 ea daily)
<i>aprepitant CAPS</i>	1B	PA
<i>aprepitant MISC</i>	1B	PA
<i>VARUBI TBPk</i>	3	PA
<b>ANTIFUNGALS - Drugs to Treat Fungal Infections</b>		
<b>Antifungal - Glucan Synthesis Inhibitors</b>		
<i>caspofungin acetate</i>	1B	
<i>ERAXIS</i>	3	
<i>micafungin sodium</i>	1B	PA
<b>Antifungals</b>		
<i>ABELCET</i>	3	
<i>AMBISOME (amphotericin b liposome)</i>	3	
<i>amphotericin b IV</i>	3	
<i>amphotericin b liposome</i>	1B	
<i>flucytosine</i>	1B	
<i>griseofulvin microsize SUSP</i>	1B	AL(At least 2 yrs old)

Drug Name	Drug Tier	Requirements/Limits
<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>		
<i>CRESEMBA CAPS 186 MG</i>	3	PA
<i>fluconazole SUSP</i>	1B	
<i>fluconazole TABS</i>	1B	
<i>itraconazole CAPS</i>	1B	QL(4 ea daily); PA
<i>itraconazole SOLN</i>	1B	QL(20 ml daily); PA
<i>ketoconazole</i>	1B	
<i>NOXAFIL SUSP (posaconazole)</i>	3	QL(20 ml daily)
<i>posaconazole SUSP</i>	1B	QL(20 ml daily)
<i>TOLSURA CAPS</i>	4	PA
<i>voriconazole TABS</i>	1B	QL(4 ea daily)
<b>ANTIHISTAMINES - Drugs to Treat Allergies</b>		
<b>Antihistamines - Alkylamines</b>		
<i>dexchlorpheniramine maleate SOLN</i>	1B	
<b>Antihistamines - Ethanolamines</b>		
<i>carbinoxamine maleate SOLN</i>	1B	
<i>carbinoxamine maleate TABS 4 MG</i>	1B	
<i>clemastine fumarate SYRP</i>	1B	
<i>clemastine fumarate TABS 2.68 MG</i>	1B	
<i>diphenhydramine hcl CAPS 50 MG</i>	1A	
<i>diphenhydramine hcl ELIX 12.5 MG/5ML</i>	1B	
<i>diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML</i>	1B	QL(20 ml daily)

Ambetter Formulary Updated December 1, 2023

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>diphenhydramine hcl SOLN 50 MG/ML</i>	1B		<b>Bile Acid Sequestrants</b>		
<b>Antihistamines - Non-Sedating</b>			<i>cholestyramine light PACK</i>	1B	QL(6 ea daily)
<i>cetirizine hcl TABS</i>	1A	QL(1 ea daily)	<i>cholestyramine light POWD</i>	1B	QL(24 gm daily)
<i>desloratadine TABS</i>	1B	QL(1 ea daily)	<i>cholestyramine PACK</i>	1B	QL(6 ea daily)
<i>desloratadine TBDP 2.5 MG</i>	1B	QL(1 ea daily)	<i>cholestyramine POWD</i>	1B	QL(25.2 gm daily)
<i>levocetirizine dihydrochloride SOLN</i>	1B	QL(10 ml daily); RX/OTC	<i>colesevelam hcl PACK</i>	1B	QL(1 ea daily); PA
<i>levocetirizine dihydrochloride TABS</i>	1B	QL(1 ea daily); RX/OTC	<i>colesevelam hcl TABS</i>	1B	QL(7 ea daily)
<i>loratadine CAPS</i>	1B		<i>colestipol hcl GRAN</i>	1B	QL(6 gm daily)
<i>loratadine CHEW</i>	1B		<i>colestipol hcl PACK</i>	1B	QL(6 ea daily)
<i>loratadine SOLN</i>	1B		<i>colestipol hcl TABS</i>	1B	QL(16 ea daily)
<i>loratadine TABS</i>	1A		<b>Fibric Acid Derivatives</b>		
<i>loratadine TBDP</i>	1B		<i>choline fenofibrate</i>	1B	QL(1 ea daily)
QUZYTIR SOLN IV	3	PA	<i>fenofibrate micronized 67 MG, 134 MG, 200 MG</i>	1B	QL(1 ea daily)
<b>Antihistamines - Phenothiazines</b>			<i>fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG</i>	1B	QL(1 ea daily)
<i>promethazine hcl SOLN 25 MG/ML, 50 MG/ML</i>	1B		<i>gemfibrozil TABS</i>	1B	QL(2 ea daily)
<i>promethazine hcl SUPP 50 MG</i>	1B		<b>HMG CoA Reductase Inhibitors</b>		
<i>promethazine hcl SUPP 12.5 MG, 25 MG</i>	1B	QL(6 ea daily)	<i>atorvastatin calcium TABS</i>	1B	QL(1 ea daily)
<i>promethazine hcl SYRP</i>	1B		<i>fluvastatin sodium CAPS 20 MG</i>	1B	QL(1 ea daily)
<i>promethazine hcl TABS</i>	1B		<i>fluvastatin sodium CAPS 40 MG</i>	1B	QL(2 ea daily)
<b>Antihistamines - Piperidines</b>			<i>lovastatin TABS 10 MG, 20 MG</i>	1B	\$0 copay for generic only, age 40 to 76; QL(1 ea daily); PV
<i>cyproheptadine hcl SYRP</i>	1B		<i>lovastatin TABS 40 MG</i>	1B	\$0 copay for generic only, age 40 to 76; QL(2 ea daily); PV
<i>cyproheptadine hcl TABS</i>	1B		<i>pravastatin sodium</i>	1B	QL(1 ea daily)
<b>ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol</b>			<i>rosuvastatin calcium TABS</i>	3	QL(1 ea daily)
<b>Antihyperlipidemics - Combinations</b>			<i>simvastatin TABS</i>	1B	QL(1 ea daily)
<i>ezetimibe-simvastatin</i>	1B	QL(1 ea daily)	<b>Antihyperlipidemics - Misc.</b>		
<i>icosapent ethyl 1 GM</i>	1B	QL(4 ea daily); PA			
<i>omega-3-acid ethyl esters</i>	1B	QL(4 ea daily)			

Ambetter Formulary Updated December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
Intestinal Cholesterol Absorption Inhibitors		
<i>ezetimibe</i>	1B	QL(1 ea daily)
Nicotinic Acid Derivatives		
<i>niacin (antihyperlipidemic) TBCR</i>	1B	QL(2 ea daily)
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors		
REPATHA PUSHTRONEX SYSTEM SOCT	4	QL(0.25 ml daily); PA
REPATHA SURECLICK SOAJ	4	QL(0.0714 ml daily); PA
REPATHA SOSY	4	QL(0.0714 ml daily); PA
<b>ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure</b>		
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	
<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)
Agents for Pheochromocytoma		

Drug Name	Drug Tier	Requirements/Limits
<i>phenoxybenzamine hcl</i>	3	PA
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil</i>	1B	QL(1 ea daily)
EDARBI	3	QL(1 ea daily); ST
<i>irbesartan</i>	1B	QL(1 ea daily)
<i>losartan potassium</i>	1B	QL(1 ea daily)
<i>olmesartan medoxomil</i>	1B	QL(1 ea daily)
<i>telmisartan</i>	1B	QL(1 ea daily)
<i>valsartan TABS</i>	1B	QL(1 ea daily)
Antiadrenergic Antihypertensives		
<i>clonidine</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	
Antihypertensive Combinations		
<i>amlodipine besylate-benazepril hcl</i>	1B	
<i>amlodipine besylate-olmesartan medoxomil</i>	1B	ST
<i>amlodipine besylate-valsartan</i>	1B	QL(1 ea daily)
<i>amlodipine-valsartan-hydrochlorothiazide</i>	3	
<i>atenolol &amp; chlorthalidone</i>	1B	
<i>benazepril &amp; hydrochlorothiazide 12.5 MG-20 MG, 6.25 MG-5 MG</i>	1B	
<i>benazepril &amp; hydrochlorothiazide 12.5 MG-10 MG, 25 MG-20 MG</i>	1B	QL(1 ea daily)
<i>bisoprolol &amp; hydrochlorothiazide</i>	1B	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>candesartan cilexetil-hydrochlorothiazide</i>	1B	
<i>enalapril maleate &amp; hydrochlorothiazide 12.5 MG-5 MG</i>	1B	QL(2 ea daily)
<i>enalapril maleate &amp; hydrochlorothiazide 25 MG-10 MG</i>	1B	
<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-50 MG</i>	1B	QL(1 ea daily)
<i>metoprolol &amp; hydrochlorothiazide TABS 25 MG-100 MG, 50 MG-100 MG</i>	1B	
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	1B	ST
<i>olmesartan medoxomil-hydrochlorothiazide</i>	1B	
<i>quinapril-hydrochlorothiazide 12.5 MG-10 MG</i>	1B	QL(3 ea daily)
<i>quinapril-hydrochlorothiazide 12.5 MG-20 MG</i>	1B	QL(4 ea daily)
<i>quinapril-hydrochlorothiazide 25 MG-20 MG</i>	1B	QL(2 ea daily)
<i>telmisartan-amlodipine</i>	1B	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>telmisartan-hydrochlorothiazide</i>	1B	QL(1 ea daily)
<i>trandolapril-verapamil hcl 180 MG-2 MG, 240 MG-1 MG</i>	3	
<i>trandolapril-verapamil hcl 240 MG-2 MG, 240 MG-4 MG</i>	3	QL(1 ea daily)
<i>valsartan-hydrochlorothiazide</i>	1B	QL(1 ea daily)
Antihypertensives - Misc.		
VECAMYL	3	PA
Direct Renin Inhibitors		
<i>aliskiren fumarate</i>	1B	QL(1 ea daily)
Selective Aldosterone Receptor Antagonists (SARAs)		
<i>eplerenone</i>	1B	
Vasodilators		
<i>hydralazine hcl SOLN</i>	1B	
<i>hydralazine hcl TABS</i>	1B	
<i>minoxidil 2.5 MG, 10 MG</i>	1B	
<b>ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections</b>		
Anti-infective Agents - Misc.		
<i>bacitracin</i>	3	
IMPAVIDO	3	QL(3 ea daily); PA
<i>metronidazole TABS</i>	1B	
<i>trimethoprim TABS</i>	1B	
XIFAXAN 550 MG	3	QL(3 ea daily); AL(At least 12 yrs old); PA
XIFAXAN 200 MG	3	QL(3 ea daily); 9 ea per 3 days retail; 9 ea per 3 days mail); AL(At least 12 yrs old); PA
Anti-infective Misc. - Combinations		

Ambetter Formulary Updated December 1, 2023



Drug Name	Drug Tier	Requirements/Limits
<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>		
<i>vancomycin hcl CAPS</i>	1B	QL(4 ea daily; 40 ea per fill retail)
<i>vancomycin hcl SOLR IV 1 GM, 10 GM, 500 MG, 1000 MG</i>	1B	
<i>vancomycin hcl SOLR OR 25 MG/ML, 50 MG/ML, 250 MG/5ML</i>	1B	QL(300 ml per fill retail)
<b>Leprostatics</b>		
<i>dapsone</i>	1B	
<b>Lincosamides</b>		
<i>clindamycin hcl</i>	1B	
<i>clindamycin palmitate hydrochloride</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<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>fosfomicin tromethamine</i>	1B	
<i>methenamine hippurate</i>	1B	
<i>nitrofurantoin</i>	1B	
<i>nitrofurantoin macrocrystal 50 MG, 100 MG</i>	1B	
<i>nitrofurantoin monohyd macro</i>	1B	
<b>ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)</b>		
<b>Antimalarial Combinations</b>		
<i>atovaquone-proguanil hcl</i>	1B	Covered for malaria treatment only. Limit 1 fill every 180 days; 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill; QL(12 ea per fill retail; 12 per fill mail)

Drug Name	Drug Tier	Requirements/Limits
COARTEM	2	Covered for malaria treatment only. Limit 1 fill every 180 days; 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill; QL(24 ea per fill retail; 24 per fill mail)
<b>Antimalarials</b>		
<i>chloroquine phosphate TABS 500 MG</i>	1B	
<i>chloroquine phosphate TABS 250 MG</i>	1B	QL(3 ea daily)
<i>hydroxychloroquine sulfate 200 MG</i>	1B	QL(3 ea daily)
KRINTAFEL	3	QL(2 ea per 30 days retail)
<i>mefloquine hcl</i>	1B	Covered for malaria treatment only. Limit 1 fill every 180 days; 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill; QL(5 ea daily)
<i>primaquine phosphate TABS</i>	3	
<i>pyrimethamine</i>	1B	QL(3 ea daily); PA
<i>quinine sulfate CAPS 324 MG</i>	1B	PA
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
<b>Antimyasthenic/Cholinergic Agents</b>		
FIRDAPSE	4	PA
<i>neostigmine methylsulfate SOSY</i>	3	PA
NEOSTIGMINE METHYLSULFATE SOSY 3 MG/3ML	3	PA
<i>pyridostigmine bromide SOLN OR</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>pyridostigmine bromide TABS 60 MG</i>	1B	
<i>pyridostigmine bromide TBCR</i>	1B	
RUZURGI	4	QL(10 ea daily); PA
<b>ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)</b>		
<b>Antimycobacterial Agents</b>		
CAPASTAT SULFATE	3	
<i>cycloserine</i>	1B	QL(4 ea daily)
<i>ethambutol hcl TABS</i>	1B	
<i>isoniazid SOLN</i>	1B	
<i>isoniazid SYRP</i>	1B	
<i>isoniazid TABS</i>	1B	
PASER PACK	3	QL(3 ea daily)
PRIFTIN	3	
<i>pyrazinamide</i>	1B	
<i>rifabutin</i>	1B	PA
<i>rifampin CAPS</i>	1B	
<i>rifampin SOLR</i>	1B	
SIRTURO	3	PA
TRECTOR	3	QL(4 ea daily)
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer</b>		
<b>Alkylating Agents</b>		
<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	

Ambetter Formulary Updated December 1, 2023

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
GLEOSTINE 40 MG, 100 MG	4	PA	<i>methotrexate sodium SOLR</i>	1B	SP
GLEOSTINE 10 MG	4	SP; PA	<i>methotrexate sodium TABS 2.5 MG</i>	1B	SP
<i>ifosfamide SOLN 1 GM/20ML</i>	4	SP; PA	<i>nelarabine</i>	4	SP; PA
<i>ifosfamide SOLR</i>	4	SP; PA	<i>pemetrexed disodium SOLR 500 MG</i>	4	SP; PA
LEUKERAN	4	SP; PA	<i>pralatrexate 20 MG/ML</i>	4	SP; PA
<i>melphalan</i>	1B		TABLOID	4	SP; PA
<i>melphalan hcl</i>	1B		TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	4	SP; PA
MYLERAN TABS	4	SP; PA	<b>Antineoplastic - Angiogenesis Inhibitors</b>		
<i>oxaliplatin SOLN 50 MG/10ML, 100 MG/20ML</i>	4	SP; PA	INLYTA	4	QL(2 ea daily); SP; PA
TEMODAR SOLR	4		LENVIMA 10 MG DAILY DOSE	4	QL(1 ea daily); PA
<i>temozolomide CAPS</i>	4	SP; PA	LENVIMA 12MG DAILY DOSE	4	QL(3 ea daily); PA
<i>thiotepa 15 MG</i>	4	SP; PA	LENVIMA 14 MG DAILY DOSE	4	QL(2 ea daily); PA
TREANDA SOLR ( <i>bendamustine hcl</i> )	4	SP; PA	LENVIMA 18 MG DAILY DOSE	4	QL(3 ea daily); PA
ZANOSAR	4	SP; PA	LENVIMA 20 MG DAILY DOSE	4	QL(2 ea daily); PA
<b>Antimetabolites</b>			LENVIMA 24 MG DAILY DOSE	4	QL(3 ea daily); PA
ALIMTA SOLR 500 MG ( <i>pemetrexed disodium</i> )	4	SP; PA	LENVIMA 4 MG DAILY DOSE	4	QL(1 ea daily); PA
<i>azacitidine SUSR</i>	4	SP; PA	LENVIMA 8 MG DAILY DOSE	4	QL(2 ea daily); PA
<i>capecitabine</i>	4	SP; PA	MVASI	4	PA
<i>clofarabine</i>	4	SP; PA	ZALTRAP 100 MG/4ML	4	SP; PA
<i>cytarabine SOLN</i>	4	SP; PA	ZIRABEV	4	PA
<i>decitabine</i>	4	SP; PA	<b>Antineoplastic - Antibodies</b>		
<i>floxuridine</i>	4	SP; PA	ADCETRIS	4	SP; PA
<i>fludarabine phosphate SOLN</i>	4	SP; PA	ARZERRA	4	SP; PA
<i>fludarabine phosphate SOLR</i>	4	SP; PA	RUXIENCE	4	PA
<i>fluorouracil 500 MG/10ML</i>	4	SP; PA	TRUXIMA	4	PA
FOLOTYN	4	SP; PA	YERVOY	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				

Ambetter Formulary Updated December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
<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	PA
GILOTRIF	4	QL(1 ea daily); PA
IRESSA ( <i>gefitinib</i> )	4	PA
TAGRISO	4	PA
VECTIBIX 100 MG/5ML	4	SP; PA
VIZIMPRO	4	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
<b>Antineoplastic - Hormonal and Related Agents</b>		
<i>abiraterone acetate 500 MG</i>	4	QL(2 ea daily); PA
<i>abiraterone acetate 250 MG</i>	4	QL(4 ea daily); SP; PA
<i>anastrozole</i>	1B	QL(1 ea daily)
<i>bicalutamide</i>	4	QL(1 ea daily); SP; PA
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

Drug Name	Drug Tier	Requirements/Limits
<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(0.0357 ea daily); SP; PA
LUPRON DEPOT (3-MONTH) KIT IM	4	SP; PA
LUPRON DEPOT (4-MONTH) IM	4	QL(0.1339 ea daily); SP; PA
LUPRON DEPOT (6-MONTH) IM	4	QL(0.0089 ea daily); SP; PA
LYSODREN	4	SP; PA
<i>megestrol acetate SUSP</i>	1B	
<i>megestrol acetate TABS</i>	1B	
<i>nilutamide</i>	1B	QL(2 ea daily)
NUBEQA	4	QL(4 ea daily); PA
<i>tamoxifen citrate TABS</i>	0	
<i>tamoxifen citrate TABS</i>	0	
<i>toremifene citrate</i>	1B	
TRELSTAR MIXJECT	4	SP; PA
XTANDI CAPS	4	QL(4 ea daily); SP; PA
XTANDI TABS 80 MG	4	QL(2 ea daily); PA
XTANDI TABS 40 MG	4	QL(4 ea daily); PA
YONSA	4	QL(4 ea daily); PA
ZOLADEX 10.8 MG	4	QL(0.0119 ea daily); SP; PA
ZOLADEX 3.6 MG	4	QL(0.0357 ea daily); SP; PA
<b>Antineoplastic - Immunomodulators</b>		
POMALYST	4	QL(1 ea daily); PA

Ambetter Formulary Updated December 1, 2023

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Antineoplastic - PDGFR-alpha Inhibitors			BORTEZOMIB SOLR IV 3.5 MG	4	PA
AYVAKIT	4	QL(1 ea daily); PA	BOSULIF 400 MG	4	QL(1 ea daily); PA
Antineoplastic - XPO1 Inhibitors			BOSULIF 100 MG, 500 MG	4	QL(1 ea daily); SP; PA
XPOVIO 80 MG TWICE WEEKLY	4	PA	BRAFTOVI 75 MG	4	SP; PA
Antineoplastic Antibiotics			BRUKINSA	4	PA
<i>bleomycin sulfate</i> 15 UNIT	4	SP; PA	CABOMETYX TABS	4	QL(1 ea daily); PA
<i>dactinomycin</i>	4	SP; PA	CALQUENCE	4	QL(2 ea daily); PA
<i>doxorubicin hcl liposomal</i>	4	SP; PA	CALQUENCE	4	QL(2 ea daily); PA
<i>doxorubicin hcl SOLN</i>	4	SP; PA	CAPRELSA	4	QL(1 ea daily); SP; PA
<i>doxorubicin hcl SOLR 10 MG, 50 MG</i>	4	SP; PA	COMETRIQ KIT	4	QL(3 ea daily); SP; PA
<i>epirubicin hcl SOLN 50 MG/25ML</i>	4	SP; PA	COMETRIQ KIT	4	QL(4 ea daily); SP; PA
<i>idarubicin hcl 5 MG/5ML, 10 MG/10ML</i>	4	SP; PA	COMETRIQ KIT	4	QL(2 ea daily); SP; PA
<i>idarubicin hcl 20 MG/20ML</i>	4	PA	COPIKTRA	4	PA
<i>mitomycin SOLR IV 20 MG</i>	4	SP; PA	<i>everolimus</i> TABS	4	QL(1 ea daily); SP; PA
<i>mitoxantrone hcl 2 MG/ML</i>	4	SP; PA	IBRANCE CAPS	3	PA
<i>valrubicin</i>	4	SP; PA	IBRANCE TABS	3	PA
Antineoplastic Combinations			ICLUSIG	4	QL(1 ea daily); PA
KISQALI FEMARA 200 DOSE	3	PA	<i>imatinib mesylate</i>	4	QL(2 ea daily); SP; PA
KISQALI FEMARA 400 DOSE	3	PA	IMBRUVICA CAPS 70 MG	4	QL(1 ea daily); PA
KISQALI FEMARA 600 DOSE	3	PA	IMBRUVICA CAPS 140 MG	4	QL(3 ea daily); PA
Antineoplastic Enzyme Inhibitors			IMBRUVICA SUSP	4	QL(8 ml daily); PA
ALECENSA	4	QL(4 ea daily); PA	IMBRUVICA TABS	4	QL(1 ea daily); PA
ALUNBRIG TABS	4	QL(1 ea daily); PA	INREBIC	4	PA
ALUNBRIG TBPK	4	QL(1 ea daily); PA	ISTODAX SOLR ( <i>romidepsin</i> )	4	SP; PA
BALVERSA	4	PA	JAKAFI	4	QL(2 ea daily); SP; PA
<i>bortezomib SOLR IJ</i>	4	SP; PA	KISQALI	3	PA

Ambetter Formulary Updated December 1, 2023

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
KOSELUGO	4	PA	TAFINLAR TBSO	4	PA
KYPROLIS	4	PA	TALZENNA 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	4	QL(1 ea daily); PA
<i>lapatinib ditosylate</i>	4	QL(6 ea daily); SP; PA	TASIGNA 150 MG, 200 MG	4	QL(4 ea daily); SP; PA
LORBRENA	4	QL(1 ea daily); PA	TASIGNA 50 MG	4	QL(4 ea daily); PA
LYNPARZA TABS	4	QL(4 ea daily); PA	TAZVERIK	4	PA
MEKINIST SOLR	4	PA	<i>temsirolimus</i>	4	QL(0.143 ml daily); SP; PA
MEKINIST TABS 2 MG	4	QL(1 ea daily); PA	TIBSOVO	4	PA
MEKINIST TABS 0.5 MG	4	QL(3 ea daily); PA	TURALIO	4	PA
MEKTOVI	4	SP; PA	VELCADE SOLR IJ ( <i>bortezomib</i> )	4	SP; PA
NEXAVAR ( <i>sorafenib tosylate</i> )	4	QL(4 ea daily); SP; PA	VERZENIO	4	PA
NINLARO	4	QL(0.143 ea daily); PA	VITRAKVI CAPS	4	PA
<i>pazopanib hcl</i>	4	QL(4 ea daily); SP; PA	VITRAKVI SOLN	4	PA
PEMAZYRE	4	QL(1 ea daily); PA	VOTRIENT ( <i>pazopanib hcl</i> )	4	QL(4 ea daily); SP; PA
PIQRAY 200MG DAILY DOSE	4	PA	XALKORI CAPS	4	QL(2 ea daily); SP; PA
PIQRAY 250MG DAILY DOSE	4	PA	XOSPATA	4	PA
PIQRAY 300MG DAILY DOSE	4	PA	ZEJULA CAPS	4	QL(3 ea daily); PA
QINLOCK	4	PA	ZEJULA TABS 200 MG, 300 MG	4	QL(1 ea daily); PA
RETEVMO	4	PA	ZEJULA TABS 100 MG	4	QL(3 ea daily); PA
<i>romidepsin SOLR</i>	4	SP; PA	ZELBORAF	4	SP; PA
ROZLYTREK CAPS	4	PA	ZOLINZA	4	QL(4 ea daily); SP; PA
RUBRACA	4	QL(4 ea daily); PA	ZYDELIG	4	QL(2 ea daily); PA
<i>sorafenib tosylate</i>	4	QL(4 ea daily); SP; PA	Antineoplastic Enzymes		
SPRYCEL	4	QL(1 ea daily); SP; PA	ONCASPAR	4	SP; PA
STIVARGA	4	QL(4 ea daily); SP; PA	Antineoplastics Misc.		
<i>sunitinib malate 12.5 MG, 25 MG, 50 MG</i>	4	QL(1 ea daily); SP; PA	ACTIMMUNE	4	SP; PA
TABRECTA	4	PA	<i>arsenic trioxide 10 MG/10ML</i>	4	SP; PA
TAFINLAR CAPS	4	QL(4 ea daily); PA	<i>bexarotene</i>	4	SP; PA

Ambetter Formulary Updated December 1, 2023

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>dacarbazine SOLR 200 MG</i>	4	SP; PA	PACLITAXEL PROTEIN-BOUND PARTICLES	4	SP; PA
<i>hydroxyurea</i>	1B		<i>vincristine sulfate</i>	4	SP; PA
INTRON A SOLR 18000000 UNIT	4	SP	<i>vinorelbine tartrate 10 MG/ML</i>	4	SP; PA
MATULANE	4	SP; PA	Topoisomerase I Inhibitors		
NIPENT	4	SP; PA	HYCAMTIN CAPS	4	SP; PA
PHOTOFRIN	4	SP; PA	<i>irinotecan hcl 40 MG/2ML, 100 MG/5ML</i>	4	SP; PA
PROLEUKIN	4	SP; PA	<i>topotecan hcl SOLN</i>	4	
SYNRIBO	4	SP; PA	<i>topotecan hcl SOLR</i>	4	
<i>tretinoin (chemotherapy)</i>	1B		<b>ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease</b>		
UVADEX	4	SP; PA	Antiparkinson Adjunctive Therapy		
Chemotherapy Adjuncts			Antiparkinson Anticholinergics		
KEPIVANCE 6.25 MG	4	SP; PA	<i>carbidopa</i>	1B	
Chemotherapy Rescue/Antidote/Protective Agents			Antiparkinson COMT Inhibitors		
<i>leucovorin calcium SOLR</i>	1B		<i>entacapone</i>	1B	QL(8 ea daily)
<i>leucovorin calcium TABS</i>	1B		<i>tolcapone</i>	1B	
VORAXAZE	4	SP; PA	Antiparkinson Dopaminergics		
Mitotic Inhibitors			<i>amantadine hcl CAPS</i>	1B	
ABRAXANE	4	SP; PA	<i>amantadine hcl SOLN</i>	1B	
<i>docetaxel CONC 20 MG/ML</i>	4	SP; PA	<i>amantadine hcl TABS</i>	1B	
<i>docetaxel SOLN 20 MG/2ML</i>	4	SP; PA	APOKYN SOCT	4	PA
ETOPOPHOS	4	SP; PA	<i>apomorphine hydrochloride SOCT</i>	4	PA
<i>etoposide CAPS</i>	4	SP; PA	<i>bromocriptine mesylate CAPS</i>	1B	
<i>etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML</i>	4		<i>bromocriptine mesylate TABS 2.5 MG</i>	1B	
HALAVEN	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			

Drug Name	Drug Tier	Requirements/Limits
<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		
LITHIUM	1B	
<i>lithium carbonate CAPS</i>	1B	
<i>lithium carbonate TABS</i>	1B	
<i>lithium carbonate TBCR</i>	1B	
Antipsychotics - Misc.		
EQUETRO 200 MG	3	QL(8 ea daily); ST
EQUETRO 300 MG	3	QL(4 ea daily); ST
EQUETRO 100 MG	3	QL(2 ea daily); ST

Drug Name	Drug Tier	Requirements/Limits
LATUDA 20 MG, 40 MG, 60 MG, 120 MG ( <i>lurasidone hcl</i> )	3	QL(1 ea daily)
LATUDA 80 MG ( <i>lurasidone hcl</i> )	3	QL(2 ea daily)
<i>lurasidone hcl 80 MG</i>	1B	QL(2 ea daily)
<i>lurasidone hcl 20 MG, 40 MG, 60 MG, 120 MG</i>	1B	QL(1 ea daily)
<i>ziprasidone hcl</i>	1B	QL(2 ea daily); AL(At least 18 yrs old)
Benzisoxazoles		
FANAPT	2	QL(2 ea daily); PA
FANAPT TITRATION PACK	2	PA
<i>paliperidone 1.5 MG, 3 MG, 9 MG</i>	1B	QL(1 ea daily)
<i>paliperidone 6 MG</i>	1B	QL(2 ea daily)
PERSERIS PRSY	2	QL(0.072 ea daily); PA
RISPERDAL CONSTA	2	QL(0.072 ea daily); PA
<i>risperidone SOLN</i>	1B	QL(8 ml daily)
<i>risperidone TABS</i>	1B	QL(4 ea daily)
<i>risperidone TBDP</i>	1B	QL(4 ea daily)
Butyrophenones		
<i>haloperidol decanoate</i>	1B	QL(0.036 ml daily)
<i>haloperidol lactate CONC</i>	1B	
<i>haloperidol lactate SOLN</i>	1B	
<i>haloperidol TABS</i>	1B	
Dibenzapines		
<i>asenapine maleate 5 MG, 10 MG</i>	1B	QL(2 ea daily); PA
<i>asenapine maleate 2.5 MG</i>	1B	QL(4 ea daily); PA
<i>clozapine TABS</i>	1B	
<i>clozapine TBDP 12.5 MG, 150 MG</i>	1B	QL(6 ea daily)
<i>clozapine TBDP 25 MG</i>	1B	QL(3 ea daily)

Ambetter Formulary Updated December 1, 2023



Drug Name	Drug Tier	Requirements/Limits
<i>clozapine TBDP 100 MG</i>	1B	QL(9 ea daily)
<i>loxapine succinate</i>	1B	
<i>olanzapine SOLR</i>	1B	QL(0.215 ea daily)
<i>olanzapine TABS 2.5 MG, 5 MG</i>	1B	QL(4 ea daily)
<i>olanzapine TABS 7.5 MG, 10 MG, 15 MG, 20 MG</i>	1B	QL(2 ea daily)
<i>olanzapine TBDP 5 MG, 10 MG, 15 MG</i>	1B	QL(2 ea daily)
<i>olanzapine TBDP 20 MG</i>	1B	QL(1 ea daily)
<i>quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG</i>	1B	QL(4 ea daily); AL(At least 10 yrs old)
<i>quetiapine fumarate TABS 300 MG, 400 MG</i>	1B	QL(2 ea daily); AL(At least 10 yrs old)
<i>quetiapine fumarate TB24 300 MG, 400 MG</i>	1B	QL(2 ea daily)
<i>quetiapine fumarate TB24 50 MG, 150 MG, 200 MG</i>	1B	QL(1 ea daily)
<b>Phenothiazines</b>		
<i>chlorpromazine hcl SOLN</i>	3	
<i>chlorpromazine hcl TABS</i>	1B	
<i>fluphenazine hcl CONC</i>	1B	
<i>fluphenazine hcl ELIX</i>	1B	
<i>fluphenazine hcl SOLN</i>	1B	
<i>fluphenazine hcl TABS</i>	1B	
<i>perphenazine TABS</i>	1B	
<i>prochlorperazine</i>	1B	
<i>prochlorperazine maleate TABS</i>	1B	
<i>thioridazine hcl</i>	1B	
<i>trifluoperazine hcl TABS</i>	1B	
<b>Quinolinone Derivatives</b>		
<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)

Drug Name	Drug Tier	Requirements/Limits
REXULTI	3	PA
<b>Thioxanthenes</b>		
<i>thiothixene</i>	1B	
<b>ANTIVIRALS - Drugs to Treat Viral Infections</b>		
<b>Antiretrovirals</b>		
<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	2	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	2	QL(1 ea daily); ST
COMPLERA	3	QL(1 ea daily)
<i>darunavir TABS 800 MG</i>	1B	QL(1 ea daily)
<i>darunavir TABS 600 MG</i>	1B	QL(2 ea daily)
DELSTRIGO	3	QL(1 ea daily)
DOVATO	2	QL(1 ea daily)
EDURANT	2	QL(1 ea daily)
<i>efavirenz CAPS 200 MG</i>	1B	QL(2 ea daily)
<i>efavirenz CAPS 50 MG</i>	1B	QL(3 ea daily)
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	1B	QL(1 ea daily)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	1B	QL(1 ea daily)
<i>efavirenz TABS</i>	1B	QL(1 ea daily)
<i>emtricitabine CAPS</i>	1B	QL(1 ea daily)
<i>emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG</i>	0	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG</i>	1B	QL(1 ea daily)	PREZISTA TABS 800 MG ( <i>darunavir</i> )	2	QL(1 ea daily)
EMTRIVA SOLN	2	QL(24 ml daily)	PREZISTA TABS 75 MG, 150 MG, 600 MG	2	QL(2 ea daily)
<i>etravirine 200 MG</i>	1B	QL(2 ea daily)	PREZISTA TABS ( <i>darunavir</i> )	2	QL(2 ea daily)
<i>etravirine 100 MG</i>	1B	QL(4 ea daily)	RETROVIR IV INFUSION SOLN	1B	
EVOTAZ	3	QL(1 ea daily)	<i>ritonavir TABS</i>	1B	QL(12 ea daily)
<i>fosamprenavir calcium TABS</i>	1B	QL(4 ea daily)	RUKOBIA	4	PA
FUZEON SOLR	4	SP; PA	SELZENTRY SOLN	2	QL(30 ml daily)
GENVOYA	3	QL(1 ea daily)	SELZENTRY TABS ( <i>maraviroc</i> )	2	QL(2 ea daily)
INTELENCE 25 MG	2	QL(8 ea daily)	SELZENTRY TABS 25 MG, 75 MG, 150 MG	2	QL(2 ea daily)
INVIRASE TABS	2	QL(4 ea daily)	SELZENTRY TABS 300 MG ( <i>maraviroc</i> )	2	QL(4 ea daily)
ISENTRESS HD TABS	2	QL(2 ea daily)	<i>stavudine CAPS</i>	1B	QL(2 ea daily)
ISENTRESS CHEW	2	QL(6 ea daily)	STRIBILD	3	QL(1 ea daily)
ISENTRESS TABS	2	QL(2 ea daily)	<i>tenofovir disoproxil fumarate TABS</i>	1B	
JULUCA	3	QL(1 ea daily)	TIVICAY TABS	3	QL(2 ea daily)
<i>lamivudine SOLN</i>	1B	QL(30 ml daily)	TRIUMEQ TABS	3	QL(1 ea daily)
<i>lamivudine TABS 300 MG</i>	1B	QL(1 ea daily)	TRIZIVIR	2	QL(2 ea daily)
<i>lamivudine TABS 150 MG</i>	1B	QL(2 ea daily)	TYBOST	2	QL(1 ea daily)
<i>lamivudine-zidovudine</i>	1B	QL(2 ea daily)	VIRACEPT TABS 625 MG	2	QL(4 ea daily)
LEXIVA SUSP	2	QL(56 ml daily)	VIRACEPT TABS 250 MG	2	QL(10 ea daily)
<i>lopinavir-ritonavir SOLN</i>	1B	QL(12.5 ml daily)	VIREAD POWD	2	QL(7.5 gm daily)
<i>lopinavir-ritonavir TABS</i>	1B	QL(4 ea daily)	VIREAD TABS 150 MG, 200 MG, 250 MG	2	QL(1 ea daily)
<i>maraviroc TABS 300 MG</i>	1B	QL(4 ea daily)	<i>zidovudine CAPS</i>	1B	QL(6 ea daily)
<i>maraviroc TABS 150 MG</i>	1B	QL(2 ea daily)	<i>zidovudine SYRP</i>	1B	QL(60 ml daily)
<i>nevirapine SUSP</i>	1B	QL(40 ml daily)	<i>zidovudine TABS</i>	1B	QL(2 ea daily)
<i>nevirapine TABS</i>	1B	QL(2 ea daily)	<b>CMV Agents</b>		
<i>nevirapine TB24 100 MG</i>	1B	QL(3 ea daily)	<i>cidofovir</i>	3	
<i>nevirapine TB24 400 MG</i>	1B	QL(1 ea daily)	<i>ganciclovir sodium SOLR</i>	1B	
NORVIR PACK	2	QL(12 ea daily)	<i>valganciclovir hcl TABS</i>	1B	QL(4 ea daily); PA
NORVIR SOLN	2	QL(15 ml daily)	<b>Hepatitis Agents</b>		
ODEFSEY	3	QL(1 ea daily)			
PIFELTRO	2	QL(1 ea daily)			
PREZCOBIX	2	QL(1 ea daily)			
PREZISTA SUSP	2	QL(12 ml daily)			

Ambetter Formulary Updated December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
<i>adefovir dipivoxil</i>	4	QL(1 ea daily); SP; PA
BARACLUDE SOLN	4	QL(20 ml daily); SP; PA
<i>entecavir TABS</i>	4	QL(1 ea daily); SP
EPCLUSA PACK	4	QL(1 ea daily); PA
EPCLUSA TABS	4	QL(1 ea daily); PA
EPCLUSA TABS	4	QL(1 ea daily); PA
EPIVIR HBV SOLN	4	QL(60 ml daily); SP; PA
<i>lamivudine (hbv) TABS</i>	1B	QL(3 ea daily); SP
PEGASYS SOLN	4	QL(0.0714 ml daily); SP; PA
PEGASYS SOSY	4	QL(0.072 ml daily); PA
<i>ribavirin (hepatitis c) CAPS</i>	1B	QL(7 ea daily)
<i>ribavirin (hepatitis c) TABS 200 MG</i>	1B	QL(7 ea daily)
SOVALDI TABS 200 MG	4	QL(1 ea daily); PA
SOVALDI TABS 400 MG	4	QL(1 ea daily); SP; PA
VOSEVI	4	QL(1 ea daily); PA
<b>Herpes Agents</b>		
<i>acyclovir CAPS</i>	1A	QL(5 ea daily; 50 ea per fill retail; 50 per fill mail)
<i>acyclovir SUSP</i>	1B	QL(13.34 ml daily)
<i>acyclovir TABS OR</i>	1B	QL(5 ea daily)
<i>famciclovir 125 MG, 250 MG</i>	1B	QL(3 ea daily)
<i>famciclovir 500 MG</i>	1B	QL(4 ea daily)
<i>valacyclovir hcl 1 GM, 1000 MG</i>	1B	QL(4 ea daily)
<i>valacyclovir hcl 500 MG</i>	1B	QL(2 ea daily)
<b>Influenza Agents</b>		

Drug Name	Drug Tier	Requirements/Limits
<i>oseltamivir phosphate CAPS</i>	1B	Limit 1 fill every 90 days.; 1 rtl MAX fill; 90 rtl day(s) supply; 1 mail MAX fill; QL(10 ea per fill retail; 10 per fill mail)
<i>oseltamivir phosphate SUSR</i>	1B	Limit 1 fill every 90 days.; 1 rtl MAX fill; 90 rtl day(s) supply; QL(125 ml per fill retail)
RELENZA DISKHALER	2	1 rtl pack lmt amt; 30 rtl pack lmt day(s)
<i>rimantadine hydrochloride TABS</i>	1B	QL(2 ea daily)
<b>BETA BLOCKERS - Drugs to Treat High Blood Pressure</b>		
<b>Alpha-Beta Blockers</b>		
<i>carvedilol</i>	1B	
<i>carvedilol phosphate</i>	3	QL(1 ea daily)
<i>labetalol hcl SOLN</i>	1B	
<i>labetalol hcl TABS 300 MG</i>	1B	QL(8 ea daily)
<i>labetalol hcl TABS 100 MG, 200 MG</i>	1B	
<b>Beta Blockers Cardio-Selective</b>		
<i>acebutolol hcl CAPS</i>	1B	
<i>atenolol TABS</i>	1B	
<i>betaxolol hcl</i>	1B	
<i>bisoprolol fumarate</i>	1B	
<i>metoprolol succinate TB24 200 MG</i>	1B	QL(2 ea daily)
<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 2.5 MG, 5 MG, 10 MG</i>	3	QL(1 ea daily)
<i>nebivolol hcl 20 MG</i>	3	QL(2 ea daily)
<b>Beta Blockers Non-Selective</b>		
<i>HEMANGEOL SOLN OR</i>	4	QL(75 ml daily); PA
<i>nadolol TABS 20 MG</i>	1B	QL(3 ea daily)
<i>nadolol TABS 40 MG</i>	1B	QL(6 ea daily)
<i>nadolol TABS 80 MG</i>	1B	
<i>pindolol TABS</i>	1B	
<i>propranolol hcl CP24</i>	1B	QL(2 ea daily)
<i>propranolol hcl SOLN OR 20 MG/5ML, 40 MG/5ML</i>	1B	
<i>propranolol hcl TABS</i>	1B	
<i>sotalol hcl (afib/af)</i>	1B	
<i>sotalol hcl TABS 80 MG, 120 MG, 160 MG</i>	1B	QL(2 ea daily)
<i>sotalol hcl TABS 240 MG</i>	1B	
<i>timolol maleate TABS</i>	1B	
<b>CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure</b>		
<b>Calcium Channel Blockers</b>		
<i>amlodipine besylate TABS</i>	1B	
<i>diltiazem hcl coated beads CP24 120 MG, 300 MG, 360 MG</i>	1B	
<i>diltiazem hcl coated beads CP24 180 MG, 240 MG</i>	1B	QL(2 ea daily)
<i>diltiazem hcl extended release beads 120 MG, 180 MG, 240 MG, 300 MG, 360 MG</i>	1B	
<i>diltiazem hcl CP12</i>	1B	QL(2 ea daily)
<i>diltiazem hcl CP24</i>	1B	
<i>diltiazem hcl SOLN 50 MG/10ML</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>DILTIAZEM HCL SOLR</i>	1B	
<i>diltiazem hcl TABS</i>	1B	
<i>diltiazem hcl TB24</i>	1B	
<i>felodipine</i>	1B	
<i>isradipine CAPS</i>	1B	
<i>nicardipine hcl CAPS</i>	1B	
<i>nicardipine hcl SOLN</i>	1B	
<i>nifedipine CAPS 10 MG</i>	1B	
<i>nifedipine CAPS 20 MG</i>	1B	QL(9 ea daily)
<i>nifedipine TB24</i>	1B	
<i>nifedipine TB24 90 MG</i>	1B	QL(1 ea daily)
<i>nifedipine TB24 60 MG</i>	1B	QL(2 ea daily)
<i>nimodipine CAPS</i>	1B	
<i>nisoldipine 8.5 MG, 17 MG, 20 MG, 30 MG, 34 MG, 40 MG</i>	1B	
<i>verapamil hcl CP24 120 MG, 180 MG, 240 MG, 360 MG</i>	1B	QL(1 ea daily)
<i>verapamil hcl CP24 100 MG, 200 MG, 300 MG</i>	1B	
<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>		
<b>Cardiac Glycosides</b>		
<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	
<i>LANOXIN SOLN IJ (digoxin)</i>	2	
<i>LANOXIN TABS 62.5 MCG, 125 MCG, 250 MCG (digoxin)</i>	2	
<b>CARDIOVASCULAR AGENTS - MISC. - Drugs to</b>		

Ambetter Formulary Updated December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
<b>Treat Heart and Circulation Conditions</b>		
Cardiovascular Agents Misc. - Combinations		
<i>amlodipine besylate-atorvastatin calcium</i>	1B	QL(1 ea daily)
BIDIL ( <i>isosorbide dinitrate-hydralazine hcl</i> )	2	
ENTRESTO	3	QL(2 ea daily); PA
<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 125 MG</i>	4	QL(2 ea daily); SP; PA
<i>bosentan TABS 62.5 MG</i>	4	QL(2 ea daily); PA
OPSUMIT	4	QL(1 ea daily); PA
TRACLEER TBSO	4	QL(2 ea daily); SP; PA
Pulmonary Hypertension - Phosphodiesterase Inhibitors		

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

Ambetter Formulary Updated December 1, 2023

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

Drug Name	Drug Tier	Requirements/Limits
Cephalosporins - 4th Generation		
<i>cefepime hcl SOLR IV 2 GM</i>	1B	
Cephalosporins - 5th Generation		
TEFLARO	3	
<b>CONTRACEPTIVES - Drugs to Prevent Pregnancy</b>		
Combination Contraceptives - Oral		
BALCOLTRA ( <i>levonorgestrel-ethinyl estradiol-iron</i> )	0	
<i>desogestrel &amp; ethinyl estradiol</i>	0	
<i>desogestrel-ethinyl estradiol (biphasic)</i>	0	
<i>desogestrel-ethinyl estradiol (triphasic)</i>	0	
<i>drospirenone-ethinyl estradiol</i>	0	
<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>	0	
<i>ethynodiol diacet &amp; eth estrad</i>	0	
<i>levonorgestrel &amp; eth estradiol TABS</i>	0	
<i>levonorgestrel-eth estradiol (triphasic)</i>	0	
<i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i>	0	
<i>levonorgestrel-ethinyl estradiol (continuous)</i>	0	
<i>levonorgestrel-ethinyl estradiol-iron</i>	0	
LO LOESTRIN FE TABS	0	
NATAZIA	0	
NEXTSTELLIS	0	QL(1 ea daily)
<i>norethin acet &amp; estrad-fe CAPS</i>	0	

Ambetter Formulary Updated December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
<i>norethin acet &amp; estrad-fe CHEW</i>	0	
<i>norethin acet &amp; estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i>	0	
<i>norethindrone &amp; eth estradiol</i>	0	
<i>norethindrone &amp; ethinyl estradiol-fe</i>	0	
<i>norethindrone acet &amp; eth estra</i>	0	
<i>norethindrone acetate-ethinyl estradiol-fe</i>	0	
<i>norethindrone-eth estradiol (triphasic)</i>	0	
<i>norgestimate-ethinyl estradiol</i>	0	
<i>norgestimate-ethinyl estradiol (triphasic)</i>	0	
<i>norgestrel &amp; ethinyl estradiol 30 MCG-0.3 MG</i>	0	
TYBLUME CHEW	0	
Combination Contraceptives - Transdermal		
<i>norelgestromin-ethinyl estradiol</i>	0	
TWIRLA	0	QL(3 ea per 28 days retail)
Combination Contraceptives - Vaginal		
ANNOVERA	0	PA
<i>etonogestrel-ethinyl estradiol</i>	0	QL(0.05 ea daily)
Emergency Contraceptives		
ELLA	0	
<i>levonorgestrel (emergency oc) 1.5 MG</i>	0	
Progestin Contraceptives - Injectable		
DEPO-SUBQ PROVERA 104 SUSY SC	0	

Drug Name	Drug Tier	Requirements/Limits
<i>medroxyprogesterone acetate (contraceptive) SUSP IM</i>	0	90 rtl day(s) supply; 90 rtl lmt day(s); QL(1 ml per 90 days retail)
<i>medroxyprogesterone acetate (contraceptive) SUSY IM</i>	0	QL(90 Day(s) limit ; 1 ml per 90 days retail)
Progestin Contraceptives - Oral		
<i>norethindrone (contraceptive)</i>	0	
SLYND	0	QL(1 ea daily)
<b>CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions</b>		
Glucocorticosteroids		
<i>budesonide CPEP</i>	1B	QL(3 ea daily)
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 ELIX</i>	1B	
<i>dexamethasone SOLN</i>	1B	
<i>dexamethasone TABS 1 MG, 1.5 MG, 2 MG, 4 MG, 6 MG</i>	1B	
<i>dexamethasone TABS 0.5 MG, 0.75 MG</i>	1A	
EMFLAZA SUSP	4	PA
EMFLAZA TABS	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	

Drug Name	Drug Tier	Requirements/Limits
<i>methylprednisolone TBPK</i>	1B	
<i>prednisolone sodium phosphate SOLN 5 MG/5ML, 6.7 MG/5ML, 10 MG/5ML, 15 MG/5ML, 25 MG/5ML</i>	1B	
<i>prednisolone sodium phosphate TBDP</i>	3	
<i>prednisolone SOLN</i>	1B	
<i>prednisolone TABS</i>	1B	
<i>prednisone SOLN</i>	1B	
<i>prednisone TABS 1 MG, 5 MG</i>	1B	
<i>prednisone TABS 2.5 MG, 10 MG, 20 MG, 50 MG</i>	1A	
<i>prednisone TBPK</i>	1B	
SOLU-CORTEF 100 MG, 500 MG, 1000 MG	3	2 rtl MAX fill; 30 rtl day(s) supply
SOLU-CORTEF 250 MG	3	
SOLU-MEDROL 2 GM	3	
<i>triamcinolone acetonide SUSP 40 MG/ML, 200 MG/5ML, 400 MG/10ML</i>	1B	
<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>		
<i>benzonatate 200 MG</i>	1B	QL(3 ea daily)
<i>benzonatate 150 MG</i>	1B	QL(4 ea daily)
<i>benzonatate 100 MG</i>	1B	QL(6 ea daily)
<b>Cough/Cold/Allergy Combinations</b>		
<i>cetirizine-pseudoephedrine</i>	1B	QL(2 ea daily)
<i>fexofenadine-pseudoephedrine TB12</i>	1B	QL(2 ea daily)
<i>fexofenadine-pseudoephedrine TB24</i>	1B	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone polistirex-chlorpheniramine polistirex SUER</i>	1B	
<i>loratadine &amp; pseudoephedrine TB12</i>	1B	QL(2 ea daily)
<i>loratadine &amp; pseudoephedrine TB24</i>	1B	QL(1 ea daily)
TUZISTRA XR	2	PA
<b>Misc. Respiratory Inhalants</b>		
HYPERSAL NEBU	1B	
NEBUSAL NEBU	1B	
<i>sodium chloride (inhalant) NEBU 7 %</i>	1B	
<b>Mucolytics</b>		
<i>acetylcysteine SOLN</i>	1B	
<b>DERMATOLOGICALS - Drugs to Treat Skin Conditions</b>		
<b>Acne Products</b>		
<i>adapalene-benzoyl peroxide GEL 2.5 %-0.1 %</i>	1B	AL(At least 12 yrs old); ST
<i>adapalene CREA</i>	1B	AL(At least 12 yrs old); PA
<i>adapalene GEL 0.3 %</i>	1B	AL(At least 12 yrs old); ST
<i>adapalene GEL 0.1 %</i>	1B	AL(At least 12 yrs old); PA; RX/OTC
AZELEX	3	AL(At least 12 yrs old); ST
BENZEPRO CREAMY WASH LIQD	2	AL(At least 12 yrs old); RX/OTC
BENZOYL PEROXIDE CLEANSER LIQD	2	AL(At least 12 yrs old)
<i>benzoyl peroxide-erythromycin GEL</i>	1B	AL(At least 12 yrs old); PA
<i>benzoyl peroxide FOAM 5.3 %, 9.8 %</i>	1B	AL(At least 12 yrs old); RX/OTC
<i>benzoyl peroxide GEL 10 %</i>	1B	AL(At least 12 yrs old)

Ambetter Formulary Updated December 1, 2023



Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>benzoyl peroxide GEL 5 %</i>	1B	QL(3 gm daily); 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>benzoyl peroxide LIQD 4 %, 7 %, 10 %</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>clindamycin phosphate (topical) FOAM</i>	1B	AL(At least 12 yrs old); PA	<i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i>	1B	QL(3 gm daily); AL(At least 12 yrs old - Up to 30 yrs old)
<i>clindamycin phosphate (topical) GEL</i>	1B	QL(8 gm daily)	<i>tretinoin GEL 0.01 %, 0.025 %</i>	1B	QL(3 gm daily); AL(At least 12 yrs old - Up to 30 yrs old)
<i>clindamycin phosphate (topical) LOTN</i>	1B	AL(At least 12 yrs old)	<b>Agents for External Genital and Perianal Warts</b>		
<i>clindamycin phosphate (topical) SOLN</i>	1B	QL(4 ml daily); AL(At least 12 yrs old)	VEREGEN	3	QL(1 gm daily)
<i>clindamycin phosphate (topical) SWAB</i>	1B	AL(At least 12 yrs old)	<b>Antibiotics - Topical</b>		
<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	1B	AL(At least 12 yrs old); PA	ALTABAX	2	
<i>clindamycin phosphate-benzoyl peroxide GEL 5 %-1 %</i>	1B	AL(At least 12 yrs old); PA	<i>gentamicin sulfate (topical) CREA</i>	1B	QL(1 gm daily)
<i>clindamycin phosphate-tretinoin</i>	1B	AL(At least 12 yrs old); ST	<i>gentamicin sulfate (topical) OINT</i>	1B	
DIFFERIN LOTN	2	AL(At least 12 yrs old); ST	<i>mupirocin OINT</i>	1B	QL(6 gm daily)
<i>erythromycin (acne aid) PADS</i>	1B	AL(At least 12 yrs old)	NEO-SYNALAR	3	PA
<i>erythromycin (acne aid) SOLN</i>	1B	AL(At least 12 yrs old)	<b>Antifungals - Topical</b>		
<i>isotretinoin 10 MG, 20 MG, 30 MG, 40 MG</i>	3	AL(At least 12 yrs old); PA	<i>butenafine hcl</i>	1B	QL(6 gm daily); RX/OTC
PR BENZOYL PEROXIDE WASH LIQD	2	AL(At least 12 yrs old); RX/OTC	<i>ciclopirox olamine CREA</i>	1B	1 rtl MAX fill; 30 rtl day(s) supply; QL(90 gm per fill retail)
<i>sulfacetamide sodium (acne)</i>	1B	AL(At least 12 yrs old)	<i>ciclopirox olamine SUSP</i>	1B	
<i>sulfacetamide sodium w/ sulfur CREA 10 %-5 %</i>	1B	AL(At least 12 yrs old)	<i>ciclopirox GEL</i>	1B	QL(3.35 gm daily)
<i>sulfacetamide sodium w/ sulfur LIQD 9 %-4.5 %</i>	1B	AL(At least 12 yrs old); ST	<i>ciclopirox SHAM</i>	1B	QL(10 ml daily)
<i>sulfacetamide sodium w/ sulfur LIQD 10 %-5 %</i>	1B	AL(At least 12 yrs old)	<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

Drug Name	Drug Tier	Requirements/Limits
<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)
JUBLIA	3	PA
<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 1 %</i>	1B	1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill; QL(3 gm daily)
<i>naftifine hcl CREA 2 %</i>	1B	1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill; QL(2 gm daily)
<i>naftifine hcl GEL 1 %</i>	1B	1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill; QL(3 gm daily)
<i>nystatin (topical) CREA</i>	1B	QL(10 gm daily)
<i>nystatin (topical) OINT</i>	1B	QL(6 gm daily)
<i>nystatin (topical) POWD EX</i>	1B	QL(10 gm daily)
<i>nystatin-triamcinolone CREA</i>	1B	QL(10 gm daily)
<i>nystatin-triamcinolone OINT</i>	1B	QL(4 gm daily)
<i>oxiconazole nitrate CREA</i>	1B	Limit 1 Fill per 180 days; 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill; QL(3 gm daily)

Drug Name	Drug Tier	Requirements/Limits
OXISTAT LOTN	2	Limit 1 Fill per 180 days; 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill; QL(2 ml daily)
<i>sulconazole nitrate CREA</i>	1B	
<i>sulconazole nitrate SOLN</i>	1B	1 rtl MAX fill; 90 rtl day(s) supply; 1 mail MAX fill
<i>tavaborole</i>	1B	PA
Anti-inflammatory Agents - Topical		
<i>diclofenac epolamine PTCH EX</i>	1B	QL(2 ea daily); PA
<i>diclofenac sodium (topical) GEL EX</i>	1B	QL(3.34 gm daily); RX/OTC
Antineoplastic or Premalignant Lesion Agents - Topical		
<i>bexarotene (topical)</i>	4	SP; PA
<i>diclofenac sodium (actinic keratoses) EX</i>	1B	QL(3.34 gm daily); PA
<i>fluorouracil (topical) CREA 5 %</i>	1B	QL(4 gm daily)
<i>fluorouracil (topical) SOLN</i>	1B	QL(2 ml daily)
PANRETIN	3	
TARGRETIN ( <i>bexarotene (topical)</i> )	4	SP; PA
Antipruritics - Topical		
<i>doxepin hcl (antipruritic)</i>	3	Limit 1 fill every 180 days; 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill; QL(45 gm per fill retail; 45 per fill mail); PA
Antipsoriatics		
<i>acitretin 25 MG</i>	1B	QL(2 ea daily)
<i>acitretin 10 MG, 17.5 MG</i>	1B	QL(1 ea daily)
<i>calcipotriene CREA</i>	1B	QL(4 gm daily); PA

Ambetter Formulary Updated December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
<i>calcipotriene OINT</i>	1B	QL(4 gm daily); PA
<i>calcipotriene SOLN</i>	1B	QL(4 ml daily); PA
<i>calcitriol (topical)</i>	1B	QL(3.34 gm daily)
COSENTYX SENSOREADY PEN SOAJ	4	QL(0.072 ml daily); PA
COSENTYX UNOREADY SOAJ	4	QL(0.072 ml daily); PA
COSENTYX SOSY 75 MG/0.5ML	4	QL(0.18 ml daily); PA
COSENTYX SOSY 150 MG/ML	4	QL(0.036 ml daily); PA
COSENTYX SOSY 150 MG/ML	4	QL(0.072 ml daily); PA
<i>methoxsalen rapid</i>	1B	QL(4 ea daily)
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 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
<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
<b>Antiseborrheic Products</b>		
<i>selenium sulfide LOTN 2.5 %</i>	1B	
<b>Antivirals - Topical</b>		
<i>acyclovir topical CREA</i>	1B	1 rtl pack lmt per fill; 1 mail pack lmt per fill
<i>acyclovir topical OINT</i>	1B	1 rtl pack lmt per fill; 1 mail pack lmt per fill

Drug Name	Drug Tier	Requirements/Limits
DENAVIR ( <i>penciclovir</i> )	3	QL(0.18 gm daily)
<i>penciclovir</i>	1B	QL(0.18 gm daily)
<b>Burn Products</b>		
<i>mafenide acetate PACK</i>	3	
<i>silver sulfadiazine</i>	1B	QL(20 gm daily)
SULFAMYLON CREA	3	
<b>Corticosteroids - Topical</b>		
<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	1 rtl MAX fill; 30 rtl day(s) supply; 1 mail MAX fill; QL(60 gm per fill retail; 60 per fill mail)
<i>amcinonide LOTN</i>	3	
<i>amcinonide OINT</i>	3	
<i>betamethasone dipropionate (topical) CREA</i>	1B	QL(3 gm daily)
<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)

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

Ambetter Formulary Updated December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone butyrate OINT</i>	1B	QL(3 gm daily)
<i>hydrocortisone butyrate SOLN</i>	1B	QL(5 ml daily)
<i>hydrocortisone valerate CREA</i>	1B	
<i>hydrocortisone valerate OINT</i>	1B	
<i>mometasone furoate CREA</i>	1B	QL(3 gm daily)
<i>mometasone furoate OINT</i>	1B	QL(4 gm daily)
<i>mometasone furoate SOLN</i>	1B	QL(5 ml daily)
<i>prednicarbate OINT</i>	1B	
<i>triamcinolone acetonide (topical) CREA 0.025 %</i>	1B	QL(15.15 gm daily)
<i>triamcinolone acetonide (topical) CREA 0.5 %</i>	1B	QL(5 gm daily)
<i>triamcinolone acetonide (topical) CREA 0.1 %</i>	1B	QL(3.34 gm daily)
<i>triamcinolone acetonide (topical) LOTN 0.025 %</i>	1B	
<i>triamcinolone acetonide (topical) LOTN 0.1 %</i>	1B	QL(6 ml daily)
<i>triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %</i>	1B	QL(15.15 gm daily)
<i>triamcinolone acetonide (topical) OINT 0.5 %</i>	1B	QL(6 gm daily)
<i>triamcinolone acetonide-dimethicone-silicone</i>	1B	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>		

Drug Name	Drug Tier	Requirements/Limits
<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 Agents</b>		
<i>podofilox SOLN</i>	1B	
<b>Local Anesthetics - Topical</b>		
<i>lidocaine hcl GEL 2 %</i>	1B	QL(4 ml daily)
<i>lidocaine hcl PRSY</i>	1B	QL(4 ml daily)
<i>lidocaine hcl SOLN</i>	1B	QL(10 ml daily)
<i>lidocaine-prilocaine CREA</i>	1B	QL(1 gm daily)
<i>lidocaine PTCH 5 %</i>	1B	PA
SYNERA PTCH	3	1 rtl MAX fill; 30 rtl day(s) supply; 1 mail MAX fill; QL(10 ea per fill retail; 10 per fill mail)
<b>Phosphodiesterase 4 (PDE4) Inhibitors - Topical</b>		
EUCRISA	3	QL(2 gm daily); PA
<b>Rosacea Agents</b>		
<i>azelaic acid GEL</i>	1B	QL(1.67 gm daily)
<i>brimonidine tartrate (topical)</i>	3	QL(1 gm daily); PA
<i>metronidazole (topical) CREA</i>	1B	QL(3 gm daily)
<i>metronidazole (topical) GEL 1 %</i>	1B	QL(5 gm daily)
<i>metronidazole (topical) GEL 0.75 %</i>	1B	QL(3 gm daily)
<i>metronidazole (topical) LOTN</i>	1B	
MIRVASO ( <i>brimonidine tartrate (topical)</i> )	3	QL(1 gm daily); PA

Drug Name	Drug Tier	Requirements/Limits
<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)
THYROGEN 0.9 MG	3	1 rtl MAX fill; 365 rtl day(s) supply; 1 mail MAX fill; 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	
GNP TRUETRACK SMART SYSTEM STRP	2	QL(3.34 ea daily); RX/OTC
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	
PTS PANELS KETONE TEST	1B	

Drug Name	Drug Tier	Requirements/Limits
RELION KETONE TEST STRIPS STRP	1B	
RELION TRUE METRIX BLOODGLUCOSE TEST STRIPS STRP	1B	QL(3.34 ea daily); RX/OTC
TRUE METRIX BLOOD GLUCOSE TEST STRIPS STRP	1B	Limit 100 per month; 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>		
<b>Digestive Enzymes</b>		
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
<b>DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure</b>		

Drug Name	Drug Tier	Requirements/Limits
<b>Carbonic Anhydrase Inhibitors</b>		
<i>acetazolamide sodium</i>	1B	
<i>acetazolamide CP12</i>	1B	QL(2 ea daily)
<i>acetazolamide TABS 125 MG</i>	1B	QL(8 ea daily)
<i>acetazolamide TABS 250 MG</i>	1B	QL(4 ea daily)
<i>dichlorphenamide</i>	4	QL(4 ea daily); PA
KEVEYIS ( <i>dichlorphenamide</i> )	4	QL(4 ea daily); PA
<i>methazolamide TABS</i>	1B	QL(6 ea daily)
<b>Diuretic Combinations</b>		
<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>torseamide 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	

Drug Name	Drug Tier	Requirements/Limits
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>		
<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 ( <i>teriparatide (recombinant)</i> )	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 rtl MAX fill; 180 rtl day(s) supply; SP; PA
<i>risedronate sodium TABS 150 MG</i>	1B	QL(0.036 ea daily); PA
<i>risedronate sodium TABS 5 MG, 30 MG</i>	1B	QL(1 ea daily); PA

Drug Name	Drug Tier	Requirements/Limits
<i>risedronate sodium TABS 35 MG</i>	1B	QL(0.143 ea daily); PA
<i>risedronate sodium TBEC</i>	1B	PA
<i>teriparatide (recombinant) SOPN</i>	4	QL(0.09 ml daily); SP; PA
TERIPARATIDE SOPN	4	QL(0.09 ml daily); PA
TYMLOS	4	PA
XGEVA SOLN	4	SP; PA
<i>zoledronic acid CONC</i>	4	SP; PA
<i>zoledronic acid SOLN</i>	4	SP; PA
Corticotropin		
ACTHAR	3	PA
Fertility Regulators		
CHORIONIC GONADOTROPIN IM	4	30 rtl day(s) supply; PA
<i>clomiphene citrate TABS</i>	3	PA
NOVAREL IM 10000 UNIT	4	30 rtl day(s) supply; PA
GnRH/LHRH Antagonists		
<i>ganirelix acetate</i>	4	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

Drug Name	Drug Tier	Requirements/Limits
<i>raloxifene hcl</i>	0	QL(1 ea daily)
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX	4	SP; PA
LHRH/GnRH Agonist Analog Pituitary Suppressants		
FENSOLVI SC	4	SP; PA
LUPRON DEPOT-PED (1-MONTH)	4	SP; PA
LUPRON DEPOT-PED (3-MONTH) 11.25 MG	4	PA
LUPRON DEPOT-PED (3-MONTH) 30 MG	4	SP; PA
SYNAREL	4	SP; PA
Metabolic Modifiers		
ALDURAZYME	4	SP; PA
<i>betaine</i>	4	SP; PA
<i>calcitriol CAPS</i>	1B	
<i>calcitriol SOLN IV</i>	1B	
<i>cinacalcet hcl</i>	4	QL(4 ea daily); SP; PA
CYSTADANE ( <i>betaine</i> )	4	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 2 MG, 5 MG, 10 MG</i>	4	SP; 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

Ambetter Formulary Updated December 1, 2023



Drug Name	Drug Tier	Requirements/Limits
<i>sodium phenylbutyrate POWD</i>	1B	PA
<i>sodium phenylbutyrate TABS</i>	1B	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)
STIMATE SOLN NA	4	SP; PA
Prolactin Inhibitors		
<i>cabergoline</i>	1B	
Somatostatic Agents		
LANREOTIDE ACETATE	4	QL(0.0179 ml daily); SP; PA
<i>octreotide acetate SOLN</i>	4	SP; PA
SANDOSTATIN LAR DEPOT KIT	4	PA
SIGNIFOR	4	PA
SOMATULINE DEPOT 90 MG/0.3ML	4	QL(0.011 ml daily); SP; PA
SOMATULINE DEPOT 60 MG/0.2ML	4	QL(0.0075 ml daily); SP; PA
SOMATULINE DEPOT 120 MG/0.5ML	4	QL(0.0179 ml daily); SP; PA
Vasopressin Receptor Antagonists		
<i>tolvaptan TABS</i>	4	QL(2 ea daily); SP; PA
<b>ESTROGENS - Hormone Replacement/Modifying Drugs</b>		
Estrogen Combinations		

Drug Name	Drug Tier	Requirements/Limits
CLIMARA PRO	3	
DUAVEE	3	PA
<i>norethindrone acetate-ethinyl estradiol</i>	1B	
PREMPHASE	2	
PREMPRO	2	QL(1 ea daily)
Estrogens		
DELESTROGEN 10 MG/ML ( <i>estradiol valerate</i> )	1B	
DEPO-ESTRADIOL	3	
DIVIGEL GEL ( <i>estradiol</i> )	3	
ELESTRIN GEL	3	
<i>estradiol valerate</i>	1B	
<i>estradiol GEL</i>	1B	
<i>estradiol PTTW</i>	1B	QL(0.286 ea daily)
<i>estradiol PTWK</i>	1B	
<i>estradiol TABS</i>	1B	
ESTROGEL GEL	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>		
Fluoroquinolones		
BAXDELA SOLR	3	PA
BAXDELA TABS	3	PA
<i>ciprofloxacin hcl TABS</i>	1B	
<i>ciprofloxacin in d5w 5 %-200 MG/100ML</i>	3	
<i>ciprofloxacin SUSR 5 GM/100ML, 500 MG/5ML</i>	1B	2 rtl MAX fill; 30 rtl day(s) supply
CIPRO SUSR	2	2 rtl MAX fill; 30 rtl day(s) supply

Ambetter Formulary Updated December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
<i>levofloxacin in d5w 5 %-500 MG/100ML</i>	1B	
<i>levofloxacin SOLN OR</i>	1B	
<i>levofloxacin TABS 500 MG</i>	1A	
<i>levofloxacin TABS 250 MG, 750 MG</i>	1B	
<i>moxifloxacin hcl in sodium chloride</i>	1B	
<i>moxifloxacin hcl TABS</i>	1B	
<i>ofloxacin 300 MG, 400 MG</i>	1B	
<b>GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs</b>		
Bile Acid Synthesis Disorder Agents		
CHOLBAM	4	SP; PA
Gallstone Solubilizing Agents		
<i>ursodiol CAPS</i>	1B	QL(3 ea daily)
<i>ursodiol TABS</i>	1B	
Gastrointestinal Chloride Channel Activators		
<i>lubiprostone</i>	1B	QL(2 ea daily)
Gastrointestinal Stimulants		
<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		
AVSOLA	4	PA
<i>balsalazide disodium CAPS</i>	1B	QL(9 ea daily)
DIPENTUM	2	
INFLECTRA	4	PA
<i>mesalamine CP24</i>	1B	
<i>mesalamine CPDR</i>	1B	
<i>mesalamine ENEM</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>mesalamine SUPP</i>	3	
<i>mesalamine TBEC 800 MG</i>	3	QL(6 ea daily)
<i>mesalamine TBEC 1.2 GM</i>	3	
RENFLEXIS	4	PA
SKYRIZI SOCT	4	QL(0.043 ml daily); PA
STELARA 130 MG/26ML	4	PA
<i>sulfasalazine TABS</i>	1B	
<i>sulfasalazine TBEC</i>	1B	
Intestinal Acidifiers		
<i>lactulose (encephalopathy)</i>	1B	
Irritable Bowel Syndrome (IBS) Agents		
<i>alosetron hcl</i>	1B	QL(2 ea daily)
LINZESS	2	QL(1 ea daily); PA
Peripheral Opioid Receptor Antagonists		
<i>alvimopan</i>	1B	
MOVANTIK	3	QL(1 ea daily); PA
RELISTOR SOLN	3	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>		

Ambetter Formulary Updated December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
<b>Alkalinizers</b>		
<i>potassium citrate (alkalinizer) TBCR 10 MEQ, 1080 MG</i>	1B	
<i>sodium citrate &amp; citric acid</i>	1B	RX/OTC
<b>Cystinosis Agents</b>		
CYSTAGON CAPS	3	PA
<b>Genitourinary Irrigants</b>		
<i>acetic acid 0.25 %</i>	1B	
<i>glycine (gu irrigant) SOLN 1.5 %</i>	1B	
<i>sodium chloride (gu irrigant) 0.9 %</i>	1B	
SORBITOL 3 %	1B	
SORBITOL/MANNITOL IRRIGATION	1B	
<b>Interstitial Cystitis Agents</b>		
ELMIRON CAPS	2	QL(3 ea daily)
<b>Prostatic Hypertrophy Agents</b>		
<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	
<b>Urinary Analgesics</b>		
<i>phenazopyridine hcl TABS 100 MG, 100 MG, 200 MG</i>	1B	
<b>Urinary Stone Agents</b>		
THIOLA EC TBEC 300 MG	3	QL(10 ea daily); PA
THIOLA EC TBEC 100 MG	3	QL(3 ea daily); PA
<b>GOUT AGENTS - Drugs to Treat Gout</b>		
<b>Gout Agent Combinations</b>		

Drug Name	Drug Tier	Requirements/Limits
<i>colchicine w/ probenecid</i>	1B	
<b>Gout Agents</b>		
<i>allopurinol</i>	1B	
<i>colchicine TABS</i>	1B	QL(1 ea daily)
<i>febuxostat</i>	1B	QL(1 ea daily); PA
<b>Uricosurics</b>		
<i>probenecid</i>	1B	
<b>HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders</b>		
<b>Bradykinin B2 Receptor Antagonists</b>		
<i>icatibant acetate SOLN</i>	4	QL(9 ml daily); PA
<i>icatibant acetate SOSY</i>	4	QL(9 ml daily); PA
<b>Complement Inhibitors</b>		
HAEGARDA SOLR SC	4	PA
<b>Hematorheologic Agents</b>		
<i>pentoxifylline</i>	1B	QL(3 ea daily)
<b>Platelet Aggregation Inhibitors</b>		
<i>anagrelide hcl</i>	1B	
<i>aspirin-dipyridamole</i>	1B	QL(2 ea daily); PA
BRILINTA	2	QL(2 ea daily)
CABLIVI	4	PA
<i>cilostazol</i>	1B	
<i>clopidogrel bisulfate 75 MG</i>	1B	QL(1 ea daily)
<i>clopidogrel bisulfate 300 MG</i>	1B	
<i>dipyridamole</i>	1B	
<i>prasugrel hcl</i>	1B	QL(1 ea daily)
ZONTIVITY	3	PA
<b>HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders</b>		
<b>Agents for Gaucher Disease</b>		

Ambetter Formulary Updated December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
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</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
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 30 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML, 100 MCG/0.3ML, 150 MCG/0.3ML, 200 MCG/0.3ML	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

Drug Name	Drug Tier	Requirements/Limits
PROCRIT 40000 UNIT/ML	4	SP; PA
RETACRIT	4	PA
RETACRIT	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	
<i>ferrous sulfate TBEC</i>	0	
<b>Stem Cell Mobilizers</b>		
MOZOBIL ( <i>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 15 MG, 16.2 MG, 30 MG, 32.4 MG, 64.8 MG, 97.2 MG, 100 MG</i>	1B	
<b>Hypnotics - Tricyclic Agents</b>		
<i>doxepin hcl (sleep)</i>	1B	QL(1 ea daily); PA

Ambetter Formulary Updated December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
<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 7.5 MG, 22.5 MG</i>	1B	QL(1 ea daily)
<i>temazepam 15 MG, 30 MG</i>	1A	QL(1 ea daily)
<i>triazolam</i>	1B	
<i>zaleplon 10 MG</i>	1B	QL(2 ea daily); AL(At least 18 yrs old)
<i>zaleplon 5 MG</i>	1B	QL(1 ea daily); AL(At least 18 yrs old)
<i>zolpidem tartrate TABS</i>	1A	QL(1 ea daily); AL(At least 18 yrs old)
<i>zolpidem tartrate TBCR</i>	1B	QL(1 ea daily)
<b>Orexin Receptor Antagonists</b>		
BELSOMRA	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	

Drug Name	Drug Tier	Requirements/Limits
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	1B	PA
<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>	1B	
SUPREP BOWEL PREP KIT ( <i>sodium sulfate-potassium sulfate-magnesium sulfate</i> )	3	
<b>Laxatives - Miscellaneous</b>		
<i>lactulose SOLN</i>	1B	
<b>Saline Laxatives</b>		
OSMOPREP	3	PA
<b>Stimulant Laxatives</b>		
<i>bisacodyl SUPP</i>	1A	
<i>bisacodyl TBEC</i>	1A	
<b>Surfactant Laxatives</b>		
<i>docusate calcium</i>	1A	QL(1 ea daily)
<i>docusate sodium CAPS 100 MG</i>	1A	QL(4 ea daily)
<i>docusate sodium CAPS 250 MG</i>	1A	
<b>LOCAL ANESTHETICS-Parenteral - Drugs for Numbing</b>		
<b>Local Anesthetics - Amides</b>		
<i>lidocaine hcl (local anesth.) SOLN 0.5 %, 1 %, 2 %</i>	1B	
<b>MACROLIDES - Drugs to Treat Bacterial Infections</b>		
<b>Azithromycin</b>		
<i>azithromycin PACK</i>	1B	
<i>azithromycin SOLR</i>	1B	
<i>azithromycin SUSR</i>	1B	
<i>azithromycin TABS 600 MG</i>	1B	QL(0.286 ea daily)
<i>azithromycin TABS 250 MG</i>	1B	QL(6 ea per fill retail; 6 per fill mail)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>azithromycin TABS 500 MG</i>	1B	QL(4 ea per fill retail; 4 per fill mail)	KIMONO LUBRICATED MISC	0	QL(2 ea daily)
Clarithromycin			KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC	0	QL(2 ea daily)
<i>clarithromycin SUSR</i>	1B		KIMONO PLUS SPERMICIDE LUBRICATED MISC	0	QL(2 ea daily)
<i>clarithromycin TABS</i>	1B		KIMONO PLUS SPERMICIDE/LUBRICATED MISC	0	QL(2 ea daily)
<i>clarithromycin TB24</i>	1B		KIMONO PS LUBRICATED MISC	0	QL(2 ea daily)
Erythromycins			KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC	0	QL(2 ea daily)
<i>erythromycin base CPEP</i>	3		KIMONO SENSATION LUBRICATED MISC	0	QL(2 ea daily)
<i>erythromycin base TABS</i>	3		KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC	0	QL(2 ea daily)
<i>erythromycin base TBEC</i>	1B		KIMONO SPECIAL DEVI	0	QL(2 ea daily)
<i>erythromycin ethylsuccinate SUSR</i>	1B		K-Y ME & YOU EXTRA LUBRICATED DEVI	0	QL(2 ea daily)
<i>erythromycin ethylsuccinate TABS</i>	3		K-Y ME & YOU INTENSE DEVI	0	QL(2 ea daily)
Fidaxomicin			MAXX LUBRICATED MISC	0	QL(2 ea daily)
DIFICID TABS	2		MAXX PLUS SPERMICIDE LUBRICATED MISC	0	QL(2 ea daily)
<b>MEDICAL DEVICES AND SUPPLIES</b>					
Contraceptives					
AIMSCO LUBRICATED MISC	0	QL(2 ea daily)	OMNIFLEX DIAPHRAGM	0	
CAYA DPRH	0		PREMIUM CONDOMS LUBRICATED MISC	0	QL(2 ea daily)
DUREX EXTRA SENSITIVE THIN DEVI	0	QL(2 ea daily)	REALITY LATEX CONDOMS/LUBRICATED MISC	0	QL(2 ea daily)
FANTASY LUBRICATED/SPERMICIDE MISC	0	QL(2 ea daily)	REALITY LATEX/ULTRA TEXTURED DEVI	0	QL(2 ea daily)
FANTASY LUBRICATED MISC	0	QL(2 ea daily)	REALITY LATEX/ULTRA THIN DEVI	0	QL(2 ea daily)
FC2 FEMALE CONDOM	0	1 rtl MAX fill; 90 rtl day(s) supply; 1 mail MAX fill; QL(12 ea per fill retail; 12 per fill mail)	TRUSTEX COLOR CONDOMS + LUBE MISC	0	QL(2 ea daily)
FEMCAP DEVI	0				
KAMELEON LUBRICATED MISC	0	QL(2 ea daily)			
KIMONO COLORS DEVI	0	QL(2 ea daily)			

Ambetter Formulary Updated December 1, 2023

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TRUSTEX LUBRICATED EXTRALARGE MISC	0	QL(2 ea daily)	WIDE-SEAL SILICONE DIAPHRAGM KIT 80	0	
TRUSTEX LUBRICATED EXTRASTRENGTH MISC	0	QL(2 ea daily)	WIDE-SEAL SILICONE DIAPHRAGM KIT 85	0	
TRUSTEX LUBRICATED/RIBBED/STUDDDED MISC	0	QL(2 ea daily)	WIDE-SEAL SILICONE DIAPHRAGM KIT 90	0	
TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC	0	QL(2 ea daily)	WIDE-SEAL SILICONE DIAPHRAGM KIT 95	0	
TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC	0	QL(2 ea daily)	<b>Diabetic Supplies</b>		
TRUSTEX LUBRICATED/SPERMICIDE MISC	0	QL(2 ea daily)	FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM	3	PA
TRUSTEX LUBRICATED MISC	0	QL(2 ea daily)	FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM	3	QL(0.072 ea daily); PA
TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC	0	QL(2 ea daily)	FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM	3	PA
TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDDDED MISC	0	QL(2 ea daily)	FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM	3	QL(0.072 ea daily); PA
TRUSTEX/RIA LUBRICATED SPERMICIDE MISC	0	QL(2 ea daily)	FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM	3	QL(0.072 ea daily); PA
TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC	0	QL(2 ea daily)	FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM	3	PA
TRUSTEX/RIA LUBRICATED MISC	0	QL(2 ea daily)	PHARMACIST CHOICE ULTRA THIN LANCETS 33G	1B	QL(6.6667 ea daily); RX/OTC
WIDE-SEAL SILICONE DIAPHRAGM KIT 60	0		SELECT LANCETS	1B	6.66/day
WIDE-SEAL SILICONE DIAPHRAGM KIT 65	0		SELECT LANCETS	1	6.66/day
WIDE-SEAL SILICONE DIAPHRAGM KIT 70	0		TRUE METRIX CONTROL SOLUTION LEVEL 3 SOLN	1B	
WIDE-SEAL SILICONE DIAPHRAGM KIT 75	0		<b>Parenteral Therapy Supplies</b>		
			SELECT INSULIN SYRINGES	1B	5/day
			SELECT INSULIN SYRINGES	1	5/day

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TRUEPLUS PEN NEEDLES 31GX5MM	1B	QL(5 ea daily); RX/OTC	<i>almotriptan malate 12.5 MG</i>	1B	QL(0.4 ea daily); AL(At least 12 yrs old); ST
ULTIGUARD SAFEPAK/MINI PEN NEEDLE/32G X 1/4"/SHARPS CONTAIN	1B	QL(5 ea daily)	<i>eletriptan hydrobromide</i>	1B	QL(0.2 ea daily); AL(At least 18 yrs old); ST
<b>MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches</b>			<i>frovatriptan succinate</i>	1B	QL(0.4 ea daily); AL(At least 18 yrs old); ST
Calcitonin Gene-Related Peptide (CGRP) Receptor Antag			<i>naratriptan hcl</i>	1B	QL(0.3 ea daily); AL(At least 18 yrs old)
AIMOVIG	2	QL(0.04 ml daily); PA	<i>rizatriptan benzoate TABS 10 MG</i>	1B	QL(0.6 ea daily); AL(At least 6 yrs old)
EMGALITY SOAJ	2	QL(0.07 ml daily); PA	<i>rizatriptan benzoate TABS 5 MG</i>	1B	QL(0.4 ea daily); AL(At least 6 yrs old)
EMGALITY SOSY 100 MG/ML	3	QL(0.1 ml daily); PA	<i>rizatriptan benzoate TBDP 5 MG</i>	1B	QL(0.4 ea daily); AL(At least 6 yrs old)
EMGALITY SOSY 120 MG/ML	2	QL(0.07 ml daily); PA	<i>rizatriptan benzoate TBDP 10 MG</i>	1B	QL(0.6 ea daily); AL(At least 6 yrs old)
UBRELVY	3	QL(10 ea per 30 days retail); ST	<i>sumatriptan</i>	1B	QL(0.2 ea daily); AL(At least 18 yrs old)
Migraine Combinations			<i>sumatriptan succinate SOAJ</i>	1B	QL(0.134 ml daily); AL(At least 18 yrs old)
<i>ergotamine w/ caffeine TABS</i>	1B	QL(1.5 ea daily)	<i>sumatriptan succinate SOCT</i>	1B	QL(0.134 ml daily); AL(At least 18 yrs old)
<i>sumatriptan-naproxen sodium</i>	3	QL(10 ea per 30 days retail; 10 ea per 30 days mail)	<i>sumatriptan succinate SOLN 6 MG/0.5ML</i>	1B	QL(0.134 ml daily); AL(At least 18 yrs old)
Migraine Products			<i>sumatriptan succinate TABS</i>	1B	QL(0.3 ea daily); AL(At least 18 yrs old)
<i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i>	1B	QL(0.267 ml daily)			
<i>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			

Ambetter Formulary Updated December 1, 2023



Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>zolmitriptan SOLN</i>	1B	QL(0.2 ea daily); AL(At least 12 yrs old); ST	<i>potassium chloride in dextrose 5 %-20 MEQ/L</i>	1B	
<i>zolmitriptan TABS</i>	1B	QL(0.3 ea daily); AL(At least 12 yrs old); ST	<i>potassium chloride in dextrose &amp; sodium chloride 5 %-0.075 %-0.45 %, 5 %-0.15 %-0.9 %, 5 %-10 MEQ/L-0.45 %, 5 %-20 MEQ/L-0.2 %, 5 %-20 MEQ/L-0.45 %, 5 %-20 MEQ/L-0.9 %, 5 %-30 MEQ/L-0.45 %, 5 %-40 MEQ/L-0.9 %</i>	1B	
<i>zolmitriptan TBDP</i>	1B	QL(0.3 ea daily); AL(At least 12 yrs old); ST	<i>potassium chloride in nacl 20 MEQ/L-0.45 %, 20 MEQ/L-0.9 %, 40 MEQ/L-0.9 %</i>	1B	
<b>MINERALS &amp; ELECTROLYTES</b>			<b>POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS</b>	1B	
<b>Bicarbonates</b>			<b>POTASSIUM CHLORIDE/SODIUM CHLORIDE 20 MEQ/L-0.45 % (potassium chloride in nacl)</b>	1B	
<i>sodium acetate SOLN</i>	1B		<i>ringer's</i>	1B	
SODIUM ACETATE SOLN ( <i>sodium acetate</i> )	1B		<b>Fluoride</b>		
<b>Calcium</b>			<i>sodium fluoride CHEW 0.25 MG, 0.5 MG, 1 MG, 2.2 MG</i>	0	QL(1 ea daily)
<i>calcium chloride (dihydrate) SOLN</i>	1B		<b>Magnesium</b>		
<b>Electrolyte Mixtures</b>			<i>magnesium sulfate IJ 50 %</i>	1B	
<i>dextrose in lactated ringers</i>	1B		<b>Phosphate</b>		
<i>electrolyte-148</i>	1B		<i>potassium phosphates 236 MG/ML-224 MG/ML</i>	1B	
<i>electrolyte-a</i>	1B		<b>Potassium</b>		
IONOSOL-MB/DEXTROSE 5%	1B		<i>potassium acetate SOLN 2 MEQ/ML</i>	1B	
ISOLYTE-P/DEXTROSE 5%	1B		<i>potassium bicarbonate TBEF</i>	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				

Ambetter Formulary Updated December 1, 2023

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride microencapsulated crystals er</i>	1B		<i>cyclosporine modified (for microemulsion) CAPS</i>	1B	
<i>potassium chloride CPCR</i>	1B		<i>cyclosporine modified (for microemulsion) SOLN</i>	1B	
<i>potassium chloride PACK OR 20 MEQ</i>	1B	PA	<i>cyclosporine CAPS</i>	1B	
<i>potassium chloride SOLN IV 2 MEQ/ML, 10 MEQ/50ML, 20 MEQ/50ML</i>	1B		<i>cyclosporine SOLN IV 50 MG/ML</i>	1B	
POTASSIUM CHLORIDE SOLN IV 10 MEQ/50ML ( <i>potassium chloride</i> )	1B		ENSPRYNG	4	PA
<i>potassium chloride TBCR 8 MEQ, 10 MEQ</i>	1B		<i>everolimus (immunosuppressant) 0.25 MG, 0.5 MG, 0.75 MG</i>	4	QL(20 ea daily); SP; PA
Sodium			<i>mycophenolate mofetil CAPS</i>	1B	
<i>sodium chloride SOLN IV 0.45 %, 0.9 %, 3 %, 4 MEQ/ML, 5 %</i>	1B		<i>mycophenolate mofetil TABS</i>	1B	
<b>MISCELLANEOUS THERAPEUTIC CLASSES</b>			<i>mycophenolate sodium</i>	1B	
Chelating Agents			NULOJIX	4	SP; PA
<i>penicillamine CAPS</i>	1B	PA	PROGRAF PACK	2	PA
<i>penicillamine TABS</i>	1B	QL(8 ea daily)	PROGRAF SOLN	2	
<i>trientine hcl 250 MG</i>	4	QL(8 ea daily); SP; PA	SIMULECT	3	
Immunomodulators			<i>sirolimus TABS</i>	1B	
<i>lenalidomide 2.5 MG, 5 MG, 10 MG, 15 MG, 25 MG</i>	4	QL(1 ea daily); SP; PA	<i>tacrolimus CAPS</i>	1B	
<i>lenalidomide 20 MG</i>	4	PA	THYMOGLOBULIN	4	SP; PA
REVLIMID 20 MG	4	PA	Irrigation Solutions		
REVLIMID 2.5 MG, 5 MG, 10 MG, 15 MG, 25 MG	4	QL(1 ea daily); SP; PA	<i>irrigation solutions, physiological</i>	1B	
THALOMID	4	QL(3 ea daily); SP; PA	<i>lactated ringer's (irrigation)</i>	1B	
Immunosuppressive Agents			<i>ringer's irrigation</i>	1B	
ATGAM	4	SP; PA	<i>water for irrigation, sterile</i>	1B	
AZATHIOPRINE	1B		Potassium Removing Agents		
<i>azathioprine TABS</i>	1B		LOKELMA	3	QL(1 ea daily); PA
			<i>sodium polystyrene sulfonate POWD</i>	1B	
			<i>sodium polystyrene sulfonate SUSP OR 15 GM/60ML</i>	1B	
			<b>MOUTH/THROAT/DENTAL AGENTS</b>		

Ambetter Formulary Updated December 1, 2023

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

Drug Name	Drug Tier	Requirements/Limits
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)
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
PREPLUS TABS	2	QL(1 ea daily); RX/OTC
PX PRENATAL MULTIVITAMINS TABS	2	QL(1 ea daily)
QC PRENATAL TABS	2	QL(1 ea daily)
RA PRENATAL FORMULA/FOLICACID TABS	2	QL(1 ea daily)
RA PRENATAL TABS	2	QL(1 ea daily)
SM PRENATAL VITAMINS TABS	2	QL(1 ea daily)
THERANATAL CORE NUTRITION TABS	2	QL(1 ea daily); RX/OTC
TRICARE TABS	2	QL(1 ea daily); RX/OTC
VITATHELY/GINGER TABS	2	QL(1 ea daily); RX/OTC
WESTAB PLUS TABS	2	QL(1 ea daily); RX/OTC
<b>MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms</b>		
Central Muscle Relaxants		
<i>baclofen TABS 10 MG, 20 MG</i>	1B	
<i>carisoprodol TABS</i>	1B	
<i>chlorzoxazone TABS 500 MG</i>	1B	QL(6 ea daily)
<i>cyclobenzaprine hcl TABS 5 MG, 10 MG</i>	1A	QL(3 ea daily)
<i>metaxalone 800 MG</i>	1B	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>methocarbamol TABS</i>	1B	
<i>orphenadrine citrate TB12</i>	1B	QL(2 ea daily)
<i>tizanidine hcl CAPS</i>	1B	
<i>tizanidine hcl TABS</i>	1B	
Direct Muscle Relaxants		
<i>dantrolene sodium CAPS</i>	1B	QL(4 ea daily)
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 rtl pack lmt per fill
<i>fluticasone propionate (nasal) SUSP</i>	1B	Limit 2 inhalers per month; QL(32 ml per 30 days 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	

Ambetter Formulary Updated December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
<b>Neuromuscular Blocking Agent - Neurotoxins</b>		
BOTOX IJ	3	PA
DYSPOORT	3	PA
XEOMIN	3	PA
<b>Nondepolarizing Muscle Relaxants</b>		
<i>atracurium besylate 100 MG/10ML</i>	3	PA
<b>NUTRIENTS</b>		
<b>Proteins</b>		
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>		
<b>Artificial Tears and Lubricants</b>		
LACRISERT	3	
<b>Beta-blockers - Ophthalmic</b>		
<i>betaxolol hcl (ophth) SOLN</i>	1B	
<i>brimonidine tartrate-timolol maleate</i>	1B	
<i>carteolol hcl (ophth)</i>	1B	
<i>dorzolamide hcl-timolol maleate</i>	1B	
<i>levobunolol hcl 0.5 %</i>	1B	
<i>timolol maleate (ophth) SOLG</i>	1B	
<i>timolol maleate (ophth) SOLN</i>	1B	
<b>Cycloplegic Mydriatics</b>		
<i>tropicamide SOLN 0.5 %</i>	1B	QL(2.5 ml daily)
<i>tropicamide SOLN 1 %</i>	1B	
<b>Miotics</b>		
PHOSPHOLINE IODIDE	3	

Drug Name	Drug Tier	Requirements/Limits
<i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i>	1B	
<b>Ophthalmic Adrenergic Agents</b>		
<i>apraclonidine hcl</i>	1B	
<i>brimonidine tartrate 0.15 %, 0.2 %</i>	1B	
IOPIDINE	3	
<b>Ophthalmic Anti-infectives</b>		
AZASITE	3	
<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	
<i>levofloxacin (ophth) 0.5 %</i>	1B	
<i>moxifloxacin hcl (ophth) SOLN OP</i>	1B	
NATACYN	2	
<i>neomycin-bacitracin zn-polymyxin</i>	1B	
<i>ofloxacin (ophth)</i>	1B	
<i>polymyxin b-trimethoprim</i>	1B	
<i>sulfacetamide sodium (ophth) SOLN</i>	1B	
<i>tobramycin (ophth) SOLN</i>	1B	
<i>trifluridine</i>	1B	
ZIRGAN GEL	2	
<b>Ophthalmic Immunomodulators</b>		
<i>cyclosporine (ophth) EMUL</i>	3	PA
<b>Ophthalmic Local Anesthetics</b>		
<i>proparacaine hcl</i>	1B	

Ambetter Formulary Updated December 1, 2023

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

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

Ambetter Formulary Updated December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
<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)
<i>neomycin-polymyxin-hc (otic) SUSP</i>	1B	
Otic Steroids		
<i>fluocinolone acetonide (otic)</i>	1B	
<i>hydrocortisone w/acetic acid</i>	1B	
<b>PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System</b>		
Immune Serums		
GAMMAGARD LIQUID 30 GM/300ML	4	PA
GAMMAGARD LIQUID 2.5 GM/25ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	4	SP; PA
GAMMAGARD LIQUID 1 GM/10ML	4	SP; PA
GAMMAGARD S/D IGA LESS THAN 1MCG/ML SOLR	4	SP; PA
GAMMAKED 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	4	SP; PA
GAMMAKED 1 GM/10ML	4	SP; PA
GAMUNEX-C 1 GM/10ML	4	SP; PA
GAMUNEX-C 2.5 GM/25ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML, 40 GM/400ML	4	SP; PA
Passive Immunizing Agents - Combinations		
HYQVIA	4	PA
<b>PENICILLINS - Drugs to Treat Bacterial Infections</b>		

Drug Name	Drug Tier	Requirements/Limits
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	
Natural Penicillins		
<i>penicillin g potassium 5000000 UNIT</i>	1B	
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE 40000 UNIT/ML, 60000 UNIT/ML	1B	
PENICILLIN G PROCAINE	3	
<i>penicillin g sodium</i>	3	
<i>penicillin v potassium SOLR</i>	1B	
<i>penicillin v potassium TABS</i>	1B	
Penicillin Combinations		
<i>amoxicillin &amp; pot clavulanate CHEW</i>	1B	
<i>amoxicillin &amp; pot clavulanate SUSR</i>	1B	
<i>amoxicillin &amp; pot clavulanate TABS</i>	1B	
<i>amoxicillin &amp; pot clavulanate TB12</i>	1B	
<i>ampicillin &amp; sulbactam sodium IJ 1 GM-0.5 GM, 2 GM-1 GM</i>	1B	
<i>piperacillin sodium-tazobactam sodium</i>	1B	

Ambetter Formulary Updated December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
<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	
<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 days retail); PA
<b>Antidementia Agents</b>		
<i>donepezil hydrochloride TABS 5 MG</i>	1B	QL(1 ea daily)
<i>donepezil hydrochloride TABS 10 MG</i>	1B	QL(2 ea daily)
<i>donepezil hydrochloride TBDP 5 MG</i>	1B	QL(1 ea daily)
<i>donepezil hydrochloride TBDP 10 MG</i>	1B	QL(2 ea daily)
<i>galantamine hydrobromide CP24</i>	1B	QL(1 ea daily)
<i>galantamine hydrobromide SOLN</i>	1B	QL(6 ml daily)

Drug Name	Drug Tier	Requirements/Limits
<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)
<b>Fibromyalgia Agents</b>		
SAVELLA TITRATION PACK MISC	2	1 rtl MAX fill; 365 rtl day(s) supply; PA
SAVELLA TABS	2	QL(2 ea daily); PA
<b>Movement Disorder Drug Therapy</b>		
AUSTEDO TABS	4	QL(4 ea daily); PA
INGREZZA CAPS	4	QL(1 ea daily); PA
INGREZZA CPPK	4	1 rtl MAX fill; 180 rtl day(s) supply; PA
<i>tetrabenazine</i>	4	QL(3 ea daily); SP; PA
<b>Multiple Sclerosis Agents</b>		
AUBAGIO ( <i>teriflunomide</i> )	4	QL(1 ea daily); PA
AVONEX PEN AJKT	4	QL(0.0714 ml daily); SP; PA
AVONEX PSKT	4	QL(0.0714 ml daily); SP; PA
BETASERON KIT	4	QL(0.5 ea daily); SP; PA
COPAXONE SOSY 20 MG/ML ( <i>glatiramer acetate</i> )	3	QL(1 ml daily)
COPAXONE SOSY 40 MG/ML ( <i>glatiramer acetate</i> )	3	QL(0.43 ml daily)
<i>dalfampridine</i>	4	QL(2 ea daily); SP; PA

Ambetter Formulary Updated December 1, 2023



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

Drug Name	Drug Tier	Requirements/Limits
<i>ergoloid mesylates TABS</i>	1B	
<i>pimozide</i>	1B	
Restless Leg Syndrome (RLS) Agents		
HORIZANT	3	QL(2 ea daily); PA
Smoking Deterrents		
APO-VARENICLINE TABS	0	QL(2 ea daily)
<i>bupropion hcl (smoking deterrent)</i>	0	QL(2 ea daily)
<i>nicotine polacrilex GUM</i>	0	
<i>nicotine polacrilex LOZG</i>	0	
NICOTINE TRANSDERMAL SYSTEM KIT	0	
<i>nicotine MISC XX</i>	0	QL(1 ea daily)
<i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>	0	QL(1 ea daily)
NICOTROL INHALER INHA	0	
NICOTROL NS SOLN	0	
<i>varenicline tartrate TABS</i>	0	QL(2 ea daily)
<i>varenicline tartrate TBPK</i>	0	
Transthyretin Amyloidosis Agents		
TEGSEDI	4	PA
<b>RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions</b>		
Alpha-Proteinase Inhibitor (Human)		
PROLASTIN-C SOLN	4	PA
PROLASTIN-C SOLR	4	PA
Cystic Fibrosis Agents		
KALYDECO TABS	4	QL(2 ea daily); SP; PA
ORKAMBI PACK 125 MG-100 MG, 188 MG-150 MG	4	QL(2 ea daily); PA
ORKAMBI TABS	4	QL(4 ea daily); PA

Ambetter Formulary Updated December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
PULMOZYME	4	QL(2.5 ml daily); SP; PA
TRIKAFTA TBPK 100 MG-50 MG	4	QL(3 ea daily); PA
<b>Pulmonary Fibrosis Agents</b>		
ESBRIET CAPS ( <i>pirfenidone</i> )	4	QL(1 ea daily); PA
ESBRIET TABS ( <i>pirfenidone</i> )	4	QL(1 ea daily); PA
OFEV	4	QL(2 ea daily); PA
<i>pirfenidone</i> CAPS	4	QL(1 ea daily); PA
<i>pirfenidone</i> TABS 267 MG, 801 MG	4	QL(1 ea daily); PA
<i>pirfenidone</i> TABS 534 MG	4	QL(3 ea daily); PA
<b>SULFONAMIDES - Drugs to Treat Bacterial Infections</b>		
Sulfonamides		
<i>sulfadiazine</i> TABS	1B	
<b>TETRACYCLINES - Drugs to Treat Bacterial Infections</b>		
Fluorocyclines		
XERAVA	4	PA
Glycylcyclines		
<i>tigecycline</i>	1B	
Tetracyclines		
<i>demeclocycline hcl</i> TABS	1B	
<i>doxycycline (monohydrate)</i> CAPS 50 MG, 100 MG	1B	QL(2 ea daily)
<i>doxycycline (monohydrate)</i> CAPS 75 MG	1B	
<i>doxycycline (monohydrate)</i> TABS 50 MG	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline (monohydrate)</i> TABS 100 MG	1B	QL(2 ea daily)
<i>doxycycline hyclate</i> CAPS	1B	QL(2 ea daily)
<i>doxycycline hyclate</i> SOLR	1B	
<i>doxycycline hyclate</i> TABS 20 MG, 100 MG	1B	QL(2 ea daily)
<i>minocycline hcl</i> CAPS	1B	QL(3 ea daily)
<i>minocycline hcl</i> TABS	1B	QL(3 ea daily)
<i>tetracycline hcl</i> CAPS	1B	QL(8 ea daily)
<b>THYROID AGENTS - Drugs to Regulate Thyroid Hormones</b>		
Antithyroid Agents		
<i>methimazole</i> TABS	1B	
<i>propylthiouracil</i>	1B	
Thyroid Hormones		
ADTHYZA TABS	2	
ARMOUR THYROID TABS	2	QL(1 ea daily)
<i>levothyroxine sodium</i> TABS	1B	
<i>liothyronine sodium</i> SOLN	1B	
<i>liothyronine sodium</i> TABS	1B	
NP THYROID 120 TABS	1B	QL(1 ea daily)
NP THYROID 15 TABS	1B	QL(1 ea daily)
NP THYROID 30 TABS	1B	QL(1 ea daily)
NP THYROID 60 TABS	1B	QL(1 ea daily)
NP THYROID 90 TABS	1B	QL(1 ea daily)
SYNTHROID TABS ( <i>levothyroxine sodium</i> )	2	
<b>TOXOIDS</b>		
Toxoid Combinations		
ADACEL SUSP	0	
BOOSTRIX SUSP	0	
BOOSTRIX SUSY	0	
DAPTACEL	0	

Drug Name	Drug Tier	Requirements/Limits
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP	0	
INFANRIX	0	
KINRIX SUSY	0	
PEDIARIX SUSY	0	
PENTACEL	0	
QUADRACEL SUSP	0	
QUADRACEL SUSY	0	
TDVAX SUSP	0	
TENIVAC INJ	0	
TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT SUSP	0	
<b>ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions</b>		
<b>Antispasmodics</b>		
<i>atropine sulfate SOLN IJ 0.4 MG/ML, 1 MG/ML</i>	1B	
<i>atropine sulfate SOSY IJ 0.25 MG/5ML</i>	1B	
<i>chlordiazepoxide hcl-clidinium bromide</i>	1B	
<i>dicyclomine hcl CAPS</i>	1B	
<i>dicyclomine hcl SOLN OR</i>	1B	
<i>dicyclomine hcl TABS</i>	1B	
<i>glycopyrrolate SOLN IJ 0.2 MG/ML, 4 MG/20ML</i>	1B	
<i>glycopyrrolate TABS 1 MG</i>	1B	
<i>glycopyrrolate TABS 2 MG</i>	1B	QL(6 ea daily)
<i>methscopolamine bromide</i>	1B	
<b>H-2 Antagonists</b>		
<i>cimetidine TABS</i>	1B	RX/OTC
<i>famotidine in nacl SOLN</i>	1B	
<i>famotidine SOLN 20 MG/2ML</i>	1A	

Drug Name	Drug Tier	Requirements/Limits
<i>famotidine SOLN 40 MG/4ML, 200 MG/20ML</i>	1B	
<i>famotidine SUSR</i>	1B	QL(10 ml daily)
<i>famotidine TABS 20 MG, 40 MG</i>	1B	
<i>nizatidine CAPS</i>	1B	
<i>nizatidine SOLN</i>	1B	QL(20 ml daily)
<i>ranitidine hcl TABS 150 MG</i>	1B	
<b>Misc. Anti-Ulcer</b>		
<i>sucralfate SUSP</i>	1B	QL(40 ml daily)
<i>sucralfate TABS</i>	1B	QL(4 ea daily)
<b>Proton Pump Inhibitors</b>		
<i>dexlansoprazole</i>	3	QL(1 ea daily)
<i>esomeprazole magnesium CPDR 20 MG</i>	1B	QL(2 ea daily); RX/OTC
<i>esomeprazole magnesium CPDR 40 MG</i>	3	QL(1 ea daily)
<i>esomeprazole magnesium TBEC</i>	1B	QL(2 ea daily)
<i>lansoprazole CPDR 15 MG</i>	1B	QL(2 ea daily); RX/OTC
<i>lansoprazole CPDR 30 MG</i>	1B	
<i>NEXIUM 24HR TBEC (esomeprazole magnesium)</i>	1B	QL(2 ea daily)
<i>omeprazole magnesium CPDR</i>	1B	QL(4 ea daily)
<i>omeprazole CPDR</i>	1B	QL(2 ea daily)
<i>omeprazole TBEC</i>	1B	QL(2 ea daily)
<i>pantoprazole sodium TBEC 20 MG</i>	1B	QL(1 ea daily)
<i>pantoprazole sodium TBEC 40 MG</i>	1B	
<i>rabeprazole sodium TBEC</i>	3	QL(1 ea daily)
<b>Ulcer Drugs - Prostaglandins</b>		
<i>misoprostol</i>	1B	QL(4 ea daily)
<b>Ulcer Therapy Combinations</b>		

Ambetter Formulary Updated December 1, 2023

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin-clarithromycin w/ lansoprazole THPK</i>	1B	14 rtl MAX day(s) supply; 365 rtl lmt day(s); 14 mail MAX day(s) supply; 365 mail lmt day(s)	BEXSERO	0	
<i>omeprazole-sodium bicarbonate CAPS 1100 MG-20 MG</i>	1B	QL(1 ea daily); RX/OTC	HIBERIX SOLR IJ	0	
<b>URINARY ANTISPASMODICS - Drugs to Treat</b>			MENACTRA	0	
<b>Miscellaneous Bladder Spasms</b>			MENQUADFI	0	
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)			MENVEO SOLR	0	
<i>darifenacin hydrobromide</i>	1B	QL(1 ea daily)	PEDVAX HIB SUSP	0	
<i>fesoterodine fumarate</i>	1B	QL(1 ea daily); PA	PNEUMOVAX 23	0	
<i>oxybutynin chloride SOLN</i>	1B		PNEUMOVAX 23/1 DOSE	0	
<i>oxybutynin chloride TABS 5 MG</i>	1B		PREVNAR 13	0	
<i>oxybutynin chloride TB24</i>	1B		PREVNAR 20	0	1 rtl MAX fill; 999 rtl day(s) supply
<i>solifenacin succinate TABS</i>	1B	QL(1 ea daily); PA	TRUMENBA	0	
<i>tolterodine tartrate CP24</i>	1B	QL(1 ea daily)	VAXNEUVANCE	0	4 rtl MAX fill; 999 rtl day(s) supply
<i>tolterodine tartrate TABS</i>	1B		<b>Viral Vaccines</b>		
TOVIAZ ( <i>fesoterodine fumarate</i> )	3	QL(1 ea daily); PA	ABRYSVO	0	AL(At least 60 yrs old)
<i>trospium chloride CP24</i>	1B	QL(1 ea daily)	AFLURIA QUADRIVALENT 2021-2022 SUSP	0	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply
<i>trospium chloride TABS</i>	1B	QL(3 ea daily)	AFLURIA QUADRIVALENT 2021-2022 SUSY	0	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply
<b>Urinary Antispasmodics - Cholinergic Agonists</b>			AFLURIA QUADRIVALENT 2022-2023 SUSP	0	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply
<i>bethanechol chloride 25 MG</i>	1B		AFLURIA QUADRIVALENT 2022-2023 SUSY	0	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply
<i>bethanechol chloride 5 MG, 10 MG, 50 MG</i>	1B	QL(4 ea daily)	AFLURIA QUADRIVALENT 2023-2024 SUSP	0	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply
<b>Urinary Antispasmodics - Direct Muscle Relaxants</b>					
<i>flavoxate hcl</i>	1B				
<b>VACCINES</b>					
<b>Bacterial Vaccines</b>					
ACTHIB SOLR IM	0				

Ambetter Formulary Updated December 1, 2023

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AFLURIA QUADRIVALENT 2023-2024 SUSY	0	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply	FLUBLOK QUADRIVALENT 2022-2023	0	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply
AREXVY	0	AL(At least 60 yrs old)	FLUBLOK QUADRIVALENT 2023-2024	0	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply
COMIRNATY 2023-24 SUSP	0		FLUCELVAX QUADRIVALENT 2021-2022 SUSP	0	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply
COMIRNATY 2023-24 SUSY	0		FLUCELVAX QUADRIVALENT 2021-2022 SUSY	0	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply
COMIRNATY SUSP	0		FLUCELVAX QUADRIVALENT 2022-2023 SUSP	0	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply
ENGERIX-B SUSP 20 MCG/ML	0	3 rtl MAX fill; 365 rtl day(s) supply; 3 mail MAX fill	FLUCELVAX QUADRIVALENT 2022-2023 SUSY	0	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply
ENGERIX-B SUSY	0	3 rtl MAX fill; 365 rtl day(s) supply; 3 mail MAX fill	FLUCELVAX QUADRIVALENT 2023-2024 SUSP	0	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply
FLUAD QUADRIVALENT 2021-2022	0	1 rtl MAX fill; 180 rtl day(s) supply	FLUCELVAX QUADRIVALENT 2023-2024 SUSY	0	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply
FLUAD QUADRIVALENT 2022-2023	0	1 rtl MAX fill; 180 rtl day(s) supply	FLULAVAL QUADRIVALENT 2021-2022 SUSY	0	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply
FLUAD QUADRIVALENT 2023-2024	0	1 rtl MAX fill; 180 rtl day(s) supply	FLULAVAL QUADRIVALENT 2022-2023 SUSY	0	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply
FLUARIX QUADRIVALENT 2021-2022 SUSY	0	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply			
FLUARIX QUADRIVALENT 2022-2023 SUSY	0	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply			
FLUARIX QUADRIVALENT 2023-2024 SUSY	0	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply			
FLUBLOK QUADRIVALENT 2021-2022	0	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply			

Ambetter Formulary Updated December 1, 2023

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FLULAVAL QUADRIVALENT 2023-2024 SUSY	0	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply	GARDASIL 9 SUSP	0	3 rtl MAX fill; 365 rtl day(s) supply
FLUMIST QUADRIVALENT	0	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply	GARDASIL 9 SUSY	0	3 rtl MAX fill; 365 rtl day(s) supply
FLUZONE HIGH-DOSE PF 2021-2022	0	1 rtl MAX fill; 180 rtl day(s) supply	HAVRIX	0	
FLUZONE HIGH-DOSE PF 2022-2023	0	1 rtl MAX fill; 180 rtl day(s) supply	HEPLISAV-B SOSY	0	2 rtl MAX fill; 292 rtl day(s) supply; 2 mail MAX fill
FLUZONE HIGH-DOSE PF 2023-2024	0	1 rtl MAX fill; 180 rtl day(s) supply	IPOL INACTIVATED IPV	0	
FLUZONE QUADRIVALENT 2021-2022 SUSP	0	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply	M-M-R II SOLR	0	2 rtl MAX fill; 365 rtl day(s) supply
FLUZONE QUADRIVALENT 2021-2022 SUSY	0	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply	MODERNA COVID-19 VACCINE/6MO-11Y/2023-24 SUSP	0	
FLUZONE QUADRIVALENT 2022-2023 SUSP	0	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply	MODERNA COVID-19 VACCINE6-11Y SUSP	0	
FLUZONE QUADRIVALENT 2022-2023 SUSY	0	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply	MODERNA COVID-19 VACCINE6MO-5Y SUSP	0	
FLUZONE QUADRIVALENT 2023-2024 SUSP	0	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply	MODERNA COVID-19 VACCINE SUSP	0	
FLUZONE QUADRIVALENT 2023-2024 SUSY	0	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply	PFIZER-BIONTECH COVID-19VACCINE/5-11Y/2023-24 SUSP	0	
FLUZONE QUADRIVALENT 2024 SUSY	0	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply	PFIZER-BIONTECH COVID-19VACCINE/5-11Y SUSP	0	
			PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y/2023-24 SUSP	0	
			PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y SUSP	0	
			PFIZER-BIONTECH COVID-19VACCINE/ADULT RTU SUSP	0	
			PFIZER-BIONTECH COVID-19VACCINE SUSP	0	
			PREHEVBRIO	0	3 rtl MAX fill; 365 rtl day(s) supply

Ambetter Formulary Updated December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
PRIORIX SUSR	0	3 rtl MAX fill; 365 rtl day(s) supply
RECOMBIVAX HB SUSP	0	
RECOMBIVAX HB SUSY	0	
ROTARIX SUSP	0	
ROTARIX SUSR	0	
ROTATEQ SOLN	0	
SHINGRIX	0	2 rtl MAX fill; 999 rtl day(s) supply; AL(At least 18 yrs old)
SPIKEVAX COVID-19 VACCINE/2023-24 SUSP	0	
SPIKEVAX COVID-19 VACCINE/2023-24 SUSY	0	
SPIKEVAX COVID-19 VACCINE SUSP	0	
TWINRIX SUSY	0	
VAQTA	0	
VARIVAX INJ	0	2 rtl MAX fill; 365 rtl day(s) supply
<b>VAGINAL AND RELATED PRODUCTS</b>		
Miscellaneous Vaginal Products		
INTRAROSA	3	PA
Spermicides		
TODAY SPONGE MISC	0	
Vaginal Anti-infectives		
<i>clindamycin phosphate vaginal CREA</i>	1B	
<i>clotrimazole vaginal CREA 1 %</i>	1B	
GYNAZOLE-1	3	
<i>metronidazole vaginal</i>	1B	
<i>miconazole nitrate vaginal SUPP 200 MG</i>	1B	
<i>terconazole vaginal CREA</i>	1B	
<i>terconazole vaginal CREA</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>terconazole vaginal SUPP</i>	1B	
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	
FEMRING	3	PA
PREMARIN	2	QL(1.5 gm daily)
<b>VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions</b>		
Anaphylaxis Therapy Agents		
<i>epinephrine (anaphylaxis) SOAJ 0.15 MG/0.3ML</i>	1B	2 rtl MAX fill; 365 rtl day(s) supply; 2 mail MAX fill; QL(2 ea per fill retail; 2 per fill mail)
<i>epinephrine (anaphylaxis) SOAJ 0.3 MG/0.3ML</i>	2	2 rtl MAX fill; 365 rtl day(s) supply; 2 mail MAX fill; QL(2 ea per fill retail; 2 per fill mail)
EPIPEN 2-PAK SOAJ ( <i>epinephrine (anaphylaxis)</i> )	2	
Vasopressors		
<i>midodrine hcl</i>	1B	
<b>VITAMINS</b>		
Oil Soluble Vitamins		
<i>cholecalciferol CAPS 1.25 MG, 1.25 MG, 50 MCG, 400 UNIT, 2000 UNIT, 50000 UNIT</i>	1A	
<i>cholecalciferol TABS 400 UNIT</i>	0	
<i>ergocalciferol CAPS</i>	0	
<i>ergocalciferol SOLN OR</i>	1B	

Ambetter Formulary Updated December 1, 2023

Drug Name	Drug Tier	Requirements/ Limits
VITAMIN D2 TABS 400 UNIT	0	AL(At least 65 yrs old)
Water Soluble Vitamins		
NIACIN TR TBCR	1B	
<i>niacinamide TABS 100 MG</i>	1B	
<i>niacinamide TABS 500 MG</i>	1A	
<i>niacin CPCR 250 MG, 500 MG</i>	1A	
<i>niacin TABS</i>	1A	
<i>niacin TBCR</i>	1A	



## INDEX

abacavir sulfate SOLN .....	30	ACTIMMUNE .....	27	AIMSCO LUBRICATED MISC .....	51
abacavir sulfate TABS .....	30	acyclovir CAPS .....	32	AKYNZEO .....	18
abacavir sulfate-lamivudine .....	30	acyclovir SUSP .....	32	albendazole .....	7
ABELCET .....	18	acyclovir TABS OR .....	32	albuterol sulfate AERS .....	10
abiraterone acetate 250 MG .....	25	acyclovir topical CREA .....	40	albuterol sulfate NEBU 0.083 %, 0.63 MG/3ML, 1.25 MG/3ML .....	10
abiraterone acetate 500 MG .....	25	acyclovir topical OINT .....	40	albuterol sulfate NEBU 0.5 %, 2.5 MG/0.5ML .....	10
ABRAXANE .....	28	ADACEL SUSP .....	63	albuterol sulfate SYRP .....	10
ABRYSVO .....	65	ADALIMUMAB-ADAZ SOAJ .....	3	albuterol sulfate TABS .....	10
acamprosate calcium .....	61	ADALIMUMAB-ADAZ SOSY .....	3	alclometasone dipropionate CREA 40 alclometasone dipropionate OINT .40	
acarbose .....	15	adapalene CREA .....	37	ALDURAZYME .....	45
acebutolol hcl CAPS .....	32	adapalene GEL 0.1 % .....	37	ALECENSA .....	26
acetaminophen w/ codeine SOLN ..	6	adapalene GEL 0.3 % .....	37	alendronate sodium TABS 35 MG, 70 MG .....	44
acetaminophen w/ codeine TABS 15 MG-300 MG .....	6	adapalene-benzoyl peroxide GEL 2.5 %-0.1 % .....	37	alendronate sodium TABS 5 MG, 10 MG .....	44
acetaminophen w/ codeine TABS 30 MG-300 MG .....	6	ADCETRIS .....	24	alfuzosin hcl .....	48
acetaminophen w/ codeine TABS 60 MG-300 MG .....	6	adefovir dipivoxil .....	32	ALIMTA SOLR 500 MG (pemetrexed disodium) .....	24
acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG ....	6	ADEMPAS .....	34	ALINIA SUSR .....	22
acetazolamide CP12 .....	44	ADTHYZA TABS .....	63	aliskiren fumarate .....	21
acetazolamide sodium .....	44	ADVAIR HFA AERO .....	10	allopurinol .....	48
acetazolamide TABS 125 MG .....	44	AFLURIA QUADRIVALENT 2021- 2022 SUSP .....	65	almotriptan malate 12.5 MG .....	53
acetazolamide TABS 250 MG .....	44	AFLURIA QUADRIVALENT 2021- 2022 SUSY .....	65	almotriptan malate 6.25 MG .....	53
acetic acid (otic) .....	59	AFLURIA QUADRIVALENT 2022- 2023 SUSP .....	65	ALOCRIIL .....	59
acetic acid 0.25 % .....	48	AFLURIA QUADRIVALENT 2022- 2023 SUSY .....	65	alogliptin benzoate 12.5 MG .....	16
acetylcysteine SOLN .....	37	AFLURIA QUADRIVALENT 2023- 2024 SUSP .....	65	alogliptin benzoate 6.25 MG, 25 MG . 16	
acitretin 10 MG, 17.5 MG .....	39	AFLURIA QUADRIVALENT 2023- 2024 SUSY .....	66	ALOMIDE .....	59
acitretin 25 MG .....	39	AIMOVIG .....	53	alosetron hcl .....	47
ACTHAR .....	45				
ACTHIB SOLR IM .....	65				

alprazolam TABS 0.25 MG, 0.5 MG, 1 MG .....	8	amlodipine besylate TABS .....	33	amphetamine-dextroamphetamine CP24 5 MG-5 MG-5 MG-5 MG, 6.25 MG-6.25 MG-6.25 MG-6.25 MG, 7.5 MG-7.5 MG-7.5 MG-7.5 MG .....	1
alprazolam TABS 2 MG .....	8	amlodipine besylate-atorvastatin calcium .....	34		
alprazolam TB24 .....	8	amlodipine besylate-benazepril hcl 20		amphetamine-dextroamphetamine TABS 1.25 MG-1.25 MG-1.25 MG- 1.25 MG, 1.875 MG-1.875 MG-1.875 MG-1.875 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG, 3.125 MG-3.125 MG- 3.125 MG-3.125 MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG, 5 MG-5 MG-5 MG-5 MG .....	1
alprazolam TBDP .....	8	amlodipine besylate-olmesartan medoxomil .....	20		
ALREX SUSP .....	59	amlodipine besylate-valsartan .....	20		
ALTABAX .....	38	amlodipine-valsartan- hydrochlorothiazide .....	20		
ALUNBRIG TABS .....	26	amoxapine .....	15	amphetamine-dextroamphetamine TABS 7.5 MG-7.5 MG-7.5 MG-7.5 MG .....	1
ALUNBRIG TBPk .....	26	amoxicillin & pot clavulanate CHEW . 60		amphotericin b IV .....	18
ALVESCO .....	9	amoxicillin & pot clavulanate SUSR 60		amphotericin b liposome .....	18
alvimopan .....	47	amoxicillin & pot clavulanate TABS 60		ampicillin & sulbactam sodium IJ 1 GM-0.5 GM, 2 GM-1 GM .....	60
amantadine hcl CAPS .....	28	amoxicillin & pot clavulanate TB12 60		ampicillin CAPS 500 MG .....	60
amantadine hcl SOLN .....	28	amoxicillin CAPS .....	60	ampicillin sodium IJ 1 GM .....	60
amantadine hcl TABS .....	28	amoxicillin CHEW 125 MG, 250 MG . 60		anagrelide hcl .....	48
AMBISOME (amphotericin b liposome) .....	18	amoxicillin SUSR 125 MG/5ML ....	60	anastrozole .....	25
ambrisentan .....	34	amoxicillin SUSR 200 MG/5ML, 250 MG/5ML, 400 MG/5ML .....	60	ANDRODERM PT24 2 MG/24HR, 4 MG/24HR .....	7
amcinonide CREA .....	40	amoxicillin TABS .....	60	ANNOVERA .....	36
amcinonide LOTN .....	40	amoxicillin-clarithromycin w/ lansoprazole THPK .....	65	ANORO ELLIPTA .....	10
amcinonide OINT .....	40	amphetamine sulfate TABS .....	1	ANZEMET TABS 50 MG .....	17
amikacin sulfate SOLN 1 GM/4ML, 500 MG/2ML .....	2	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	APIDRA SOLN .....	16
amiloride & hydrochlorothiazide ..	44	amphetamine-dextroamphetamine CP24 3.75 MG-3.75 MG-3.75 MG- 3.75 MG .....	1	APIDRA SOLOSTAR SOPN .....	16
amiloride hcl TABS .....	44			APOKYN SOCT .....	28
aminocaproic acid TABS .....	49			apomorphine hydrochloride SOCT	28
aminophylline SOLN .....	10			APO-VARENICLINE TABS .....	62
amiodarone hcl SOLN 50 MG/ML ...	8			apraclonidine hcl .....	58
amiodarone hcl TABS .....	8			aprepitant CAPS 40 MG, 125 MG .	18
amitriptyline hcl TABS .....	15				
AMJEVITA SOAJ 40 MG/0.8ML ....	3				
AMJEVITA SOSY 20 MG/0.4ML ....	3				

aprepitant CAPS 80 MG	18	aspirin-dipyridamole	48	azelastine hcl (ophth)	59
aprepitant CAPS	18	atazanavir sulfate CAPS 150 MG, 300 MG	30	azelastine hcl	57
aprepitant MISC	18	atazanavir sulfate CAPS 200 MG	30	AZELEX	37
APTIOM	12	atenolol & chlorthalidone	20	azithromycin PACK	50
APTIVUS CAPS	30	atenolol TABS	32	azithromycin SOLR	50
ARANESP ALBUMIN FREE SOLN 25 MCG/ML	49	ATGAM	55	azithromycin SUSR	50
ARANESP ALBUMIN FREE SOLN 40 MCG/ML, 60 MCG/ML, 100 MCG/ML	49	atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG	1	azithromycin TABS 250 MG	50
ARANESP ALBUMIN FREE SOSY 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML	49	atomoxetine hcl 60 MG, 80 MG, 100 MG	1	azithromycin TABS 500 MG	51
ARCALYST	3	atorvastatin calcium TABS	19	azithromycin TABS 600 MG	50
AREXVY	66	atovaquone	22	aztreonam 1 GM	22
arformoterol tartrate	10	atovaquone-proguanil hcl	22	bacitracin (ophthalmic)	58
ARIKAYCE	2	atracurium besylate 100 MG/10ML 58		bacitracin	21
aripiprazole SOLN OR	30	atropine sulfate SOLN IJ 0.4 MG/ML, 1 MG/ML	64	baclofen TABS 10 MG, 20 MG	57
aripiprazole TABS	30	atropine sulfate SOSY IJ 0.25 MG/5ML	64	BALCOLTRA (levonorgestrel-ethinyl estradiol-iron)	35
armodafinil	1	ATROVENT HFA	8	balsalazide disodium CAPS	47
ARMOUR THYROID TABS	63	AUBAGIO (teriflunomide)	61	BALVERSA	26
ARNUIITY ELLIPTA 100 MCG/ACT, 200 MCG/ACT	9	AUSTEDO TABS	61	BANZEL TABS 200 MG (rufinamide) 12	
ARNUIITY ELLIPTA 50 MCG/ACT	9	AVONEX PEN AJKT	61	BANZEL TABS 400 MG (rufinamide) 12	
arsenic trioxide 10 MG/10ML	27	AVONEX PSKT	61	BARACLUDE SOLN	32
ARZERRA	24	AVSOLA	47	BASAGLAR KWIKPEN SOPN	16
asenapine maleate 2.5 MG	29	AYVAKIT	26	BAXDELA SOLR	46
asenapine maleate 5 MG, 10 MG	29	azacitidine SUSR	24	BAXDELA TABS	46
aspirin CHEW	4	AZASITE	58	BELSOMRA	50
aspirin TABS 325 MG	4	AZATHIOPRINE	55	benazepril & hydrochlorothiazide 12.5 MG-10 MG, 25 MG-20 MG	20
aspirin TBEC 325 MG	4	azathioprine TABS	55	benazepril & hydrochlorothiazide 12.5 MG-20 MG, 6.25 MG-5 MG	20
aspirin TBEC 81 MG	4	azelaic acid GEL	42	benazepril hcl	20
				bendamustine hcl SOLR	23

BENZEPRO CREAMY WASH LIQD . 37	betamethasone valerate LOTN ....41	BRAFTOVI 75 MG .....26
benzonatate 100 MG .....37	betamethasone valerate OINT ....41	BREO ELLIPTA 100 MCG/INH-25 MCG/INH, 200 MCG/INH-25 MCG/INH .....10
benzonatate 150 MG .....37	BETASERON KIT .....61	BREZTRI AEROSPHERE .....10
benzonatate 200 MG .....37	betaxolol hcl (ophth) SOLN .....58	BRILINTA .....48
BENZOYL PEROXIDE CLEANSER LIQD .....37	betaxolol hcl .....32	brimonidine tartrate (topical) .....42
benzoyl peroxide FOAM 5.3 %, 9.8 % .....37	bethanechol chloride 25 MG .....65	brimonidine tartrate 0.15 %, 0.2 % 58
benzoyl peroxide GEL 10 % .....37	bethanechol chloride 5 MG, 10 MG, 50 MG .....65	brimonidine tartrate-timolol maleate . 58
benzoyl peroxide GEL 5 % .....38	BEVESPI AEROSPHERE .....10	brinzolamide .....59
benzoyl peroxide LIQD 4 %, 7 %, 10 % .....38	bexarotene (topical) .....39	BRIVIACT SOLN OR 10 MG/ML .. 12
benzoyl peroxide-erythromycin GEL . 37	bexarotene .....27	BRIVIACT TABS .....12
benztropine mesylate SOLN .....28	BEXSERO .....65	bromfenac sodium (ophth) .....59
benztropine mesylate TABS .....28	bicalutamide .....25	bromocriptine mesylate CAPS .....28
bepotastine besilate .....59	BIDIL (isosorbide dinitrate- hydraazine hcl) .....34	bromocriptine mesylate TABS 2.5 MG .....28
BESIVANCE .....58	BIKTARVY .....30	BRUKINSA .....26
betaine .....45	bimatoprost SOLN .....59	budesonide (inhalation) SUSP .....9
betamethasone dipropionate (topical) CREA .....40	bisacodyl SUPP .....50	budesonide (intrarectal) .....7
betamethasone dipropionate (topical) LOTN .....40	bisacodyl TBEC .....50	budesonide (nasal) .....57
betamethasone dipropionate (topical) OINT .....40	bisoprolol & hydrochlorothiazide ..20	budesonide CPEP .....36
betamethasone dipropionate augmented CREA .....40	bisoprolol fumarate .....32	budesonide-formoterol fumarate dihydrate .....10
betamethasone dipropionate augmented LOTN .....40	bleomycin sulfate 15 UNIT .....26	bumetanide SOLN 0.25 MG/ML ...44
betamethasone dipropionate augmented OINT .....40	BOOSTRIX SUSP .....63	bumetanide TABS .....44
betamethasone valerate CREA ...40	BOOSTRIX SUSY .....63	buprenorphine hcl SOLN .....6
betamethasone valerate FOAM ...41	bortezomib SOLR IJ .....26	buprenorphine hcl SUBL .....6
	BORTEZOMIB SOLR IV 3.5 MG ..26	buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG .....6
	bosentan TABS 125 MG .....34	buprenorphine hcl-naloxone hcl dihydrate FILM SL 2 MG-8 MG, 3
	bosentan TABS 62.5 MG .....34	
	BOSULIF 100 MG, 500 MG .....26	
	BOSULIF 400 MG .....26	
	BOTOX IJ .....58	

MG-12 MG .....	6	cabergoline .....	46	carbamazepine CP12 300 MG .....	12
buprenorphine hcl-naloxone hcl dihydrate SUBL .....	6	CABLIVI .....	48	carbamazepine SUSP .....	12
buprenorphine PTWK .....	6	CABOMETYX TABS .....	26	carbamazepine TABS .....	12
bupropion hcl (smoking deterrent) .....	62	calcipotriene CREA .....	39	carbamazepine TB12 100 MG, 400 MG .....	12
bupropion hcl TABS .....	13	calcipotriene OINT .....	40	carbamazepine TB12 200 MG .....	12
bupropion hcl TB12 100 MG .....	13	calcipotriene SOLN .....	40	carbidopa .....	28
bupropion hcl TB12 150 MG .....	13	calcipotriene-betamethasone dipropionate OINT .....	41	carbidopa-levodopa TABS .....	29
bupropion hcl TB12 200 MG .....	13	calcipotriene-betamethasone dipropionate SUSP .....	41	carbidopa-levodopa TBCR .....	29
bupropion hcl TB24 150 MG .....	13	calcitonin (salmon) NA .....	44	carbidopa-levodopa TBDP .....	29
bupropion hcl TB24 300 MG .....	13	calcitriol (topical) .....	40	carbidopa-levodopa-entacapone ..	29
buspiron hcl 5 MG .....	8	calcitriol CAPS .....	45	carbinoxamine maleate SOLN .....	18
buspiron hcl 7.5 MG, 10 MG, 15 MG, 30 MG .....	8	calcitriol SOLN IV .....	45	carbinoxamine maleate TABS 4 MG .	18
busulfan SOLN .....	23	calcium acetate (phosphate binder) CAPS .....	47	carboplatin SOLN 50 MG/5ML .....	23
butalbital-acetaminophen TABS 50 MG-325 MG .....	4	calcium acetate (phosphate binder) TABs .....	47	carisoprodol TABS .....	57
butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG, 40 MG-50 MG-325 MG .....	4	calcium chloride (dihydrate) SOLN ..	54	carisoprodol w/ aspirin & codeine ..	57
butalbital-acetaminophen-caffeine TABs 40 MG-50 MG-325 MG .....	4	calcium polycarbophil TABS .....	50	carmustine .....	23
butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG .....	6	CALQUENCE .....	26	carteolol hcl (ophth) .....	58
butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG .....	6	candesartan cilexetil .....	20	carvedilol .....	32
butalbital-aspirin-caffeine CAPS .....	4	candesartan cilexetil- hydrochlorothiazide .....	21	carvedilol phosphate .....	32
butalbital-aspirin-caffeine w/cod .....	6	CAPASTAT SULFATE .....	23	casprofungin acetate .....	18
butenafine hcl .....	38	capecitabine .....	24	CAYA DPRH .....	51
butorphanol tartrate IJ 1 MG/ML, 2 MG/ML .....	7	CAPRELSA .....	26	CAYSTON .....	22
butorphanol tartrate NA 10 MG/ML ..	7	captopril 12.5 MG .....	20	cefaclor CAPS .....	35
		captopril 25 MG, 50 MG, 100 MG ..	20	cefaclor SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML .....	35
		carbamazepine CHEW .....	12	cefadroxil CAPS .....	34
		carbamazepine CP12 100 MG .....	12	cefadroxil SUSR .....	34
		carbamazepine CP12 200 MG .....	12	cefadroxil TABS .....	35
				cefazolin sodium SOLR IJ 1 GM, 10	

GM, 500 MG .....	35	CHEMET .....	17	ciclopirox SHAM .....	38
cefdinir CAPS .....	35	CHEMSTRIP-K STRP .....	43	ciclopirox SOLN .....	38
cefdinir SUSR .....	35	chloramphenicol sodium succinate 22		cidofovir .....	31
cefepime hcl SOLR IV 2 GM .....	35	chlordiazepoxide hcl CAPS .....	8	cilostazol .....	48
cefixime CAPS .....	35	chlordiazepoxide hcl-clidinium bromide .....	64	CIMDUO .....	30
cefixime SUSR .....	35	chlordiazepoxide hcl-clidinium bromide .....	64	cimetidine TABS .....	64
cefotaxime sodium IJ 1 GM, 2 GM	35	chlordiazepoxide-amitriptyline .....	61	cinacalcet hcl .....	45
CEFOTAXIME SODIUM IJ 1 GM .....	35	chlorhexidine gluconate (mouth- throat) .....	56	CIPRO SUSR .....	46
cefotetan disodium IJ 1 GM, 2 GM	35	chloroquine phosphate TABS 250 MG .....	23	ciprofloxacin hcl (ophth) SOLN ....	58
cefoxitin sodium IV 1 GM, 2 GM .....	35	chloroquine phosphate TABS 500 MG .....	23	ciprofloxacin hcl (otic) .....	59
cefpodoxime proxetil SUSR .....	35	chlorpromazine hcl SOLN .....	30	ciprofloxacin hcl TABS .....	46
cefpodoxime proxetil TABS .....	35	chlorpromazine hcl TABS .....	30	ciprofloxacin in d5w 5 %-200 MG/100ML .....	46
cefprozil SUSR .....	35	chlorthalidone 25 MG, 50 MG ....	44	ciprofloxacin SUSR 5 GM/100ML, 500 MG/5ML .....	46
cefprozil TABS .....	35	chlorthalidone 25 MG, 50 MG ....	44	ciprofloxacin-dexamethasone ....	60
ceftazidime IJ 1 GM, 6 GM .....	35	chlorzoxazone TABS 500 MG ....	57	ciprofloxacin-fluocinolone acetonide .	60
ceftriaxone sodium IJ 1 GM, 2 GM, 500 MG .....	35	CHOLBAM .....	47	cisplatin SOLN 100 MG/100ML ....	23
ceftriaxone sodium IJ 250 MG .....	35	cholecalciferol CAPS 1.25 MG, 1.25 MG, 50 MCG, 400 UNIT, 2000 UNIT, 50000 UNIT .....	68	citalopram hydrobromide SOLN ...	14
cefuroxime axetil TABS .....	35	cholecalciferol TABS 400 UNIT ...	68	citalopram hydrobromide TABS 10 MG .....	14
cefuroxime sodium IJ 750 MG .....	35	cholestyramine light PACK .....	19	citalopram hydrobromide TABS 20 MG .....	14
celecoxib .....	3	cholestyramine light POWD .....	19	citalopram hydrobromide TABS 40 MG .....	14
CELONTIN (methsuximide) .....	13	cholestyramine PACK .....	19	clarithromycin SUSR .....	51
cephalexin CAPS .....	35	cholestyramine POWD .....	19	clarithromycin TABS .....	51
cephalexin SUSR .....	35	choline fenofibrate .....	19	clarithromycin TB24 .....	51
cephalexin TABS .....	35	CHORIONIC GONADOTROPIN IM 45		CLASSIC PRENATAL TABS .....	56
CERDELGA .....	49	ciclopirox GEL .....	38	clemastine fumarate SYRP .....	18
CEREZYME 400 UNIT .....	49	ciclopirox olamine CREA .....	38	clemastine fumarate TABS 2.68 MG .	
cetirizine hcl TABS .....	19	ciclopirox olamine SUSP .....	38		
cetirizine-pseudoephedrine .....	37				
cevimeline hcl .....	56				

18	clobetasol propionate emollient base	COARTEM	23
CLIMARA PRO	0.05 %	codeine sulfate TABS 30 MG	4
clindamycin hcl	clobetasol propionate FOAM	CODEINE SULFATE TABS	5
clindamycin palmitate hydrochloride	clobetasol propionate GEL 0.05 %	colchicine TABS	48
22	clobetasol propionate OINT 0.05 %	colchicine w/ probenecid	48
clindamycin phosphate (topical)	41	colesevelam hcl PACK	19
FOAM	clobetasol propionate SOLN 0.05 %	colesevelam hcl TABS	19
clindamycin phosphate (topical) GEL	41	colestipol hcl GRAN	19
38	clocortolone pivalate	colestipol hcl PACK	19
clindamycin phosphate (topical)	clofarabine	colestipol hcl TABS	19
LOTN	clomiphene citrate TABS	COMETRIQ KIT	26
clindamycin phosphate (topical)	clomipramine hcl	COMIRNATY 2023-24 SUSP	66
SOLN	clonazepam TABS	COMIRNATY 2023-24 SUSY	66
clindamycin phosphate (topical)	clonidine	COMIRNATY SUSP	66
SWAB	clonidine hcl (adhd) TB12	COMPLERA	30
clindamycin phosphate SOLN IJ 9	clonidine hcl TABS	CONTRACE	1
GM/60ML, 300 MG/2ML, 600	clopidogrel bisulfate 300 MG	COPAXONE SOSY 20 MG/ML	
MG/4ML, 900 MG/6ML, 9000	clopidogrel bisulfate 75 MG	(glatiramer acetate)	61
MG/60ML	clorazepate dipotassium TABS	COPAXONE SOSY 40 MG/ML	
clindamycin phosphate vaginal CREA	8	(glatiramer acetate)	61
68	clotrimazole (topical) CREA	COPIKTRA	26
clindamycin phosphate-benzoyl	clotrimazole (topical) SOLN	CORDRAN TAPE	41
peroxide (refrigerate)	38	CORLANOR SOLN	34
clindamycin phosphate-benzoyl	clotrimazole	CORLANOR TABS	34
peroxide GEL 5 %-1 %	56	CORTISPORIN-TC	60
clindamycin phosphate-tretinoin	clotrimazole vaginal CREA 1 %	COSENTYX SENSOREADY PEN	
38	39	SOAJ	40
CLINIMIX 4.25%/DEXTROSE 10%	clotrimazole w/ betamethasone	COSENTYX SOSY 150 MG/ML	40
58	CREA	COSENTYX SOSY 75 MG/0.5ML	40
CLINIMIX 4.25%/DEXTROSE 5%	39	COSENTYX UNOREADY SOAJ	40
58	clotrimazole w/ betamethasone	CREON CPEP	43
CLINIMIX E 5%/DEXTROSE 20%	LOTN		
58	clozapine TABS		
clobazam SUSP	29		
11	clozapine TBDP 100 MG		
clobazam TABS	30		
11	clozapine TBDP 12.5 MG, 150 MG		
clobetasol propionate CREA 0.05 %	29		
41	clozapine TBDP 25 MG		
	29		

CRESEMBA CAPS 186 MG .....	18	DALIRESP 250 MCG (roflumilast) ..	9	desmopressin acetate SOLN IJ ...	46
cromolyn sodium (ophth) .....	59	DALIRESP 500 MCG (roflumilast) ..	9	DESMOPRESSIN ACETATE SOLN	
cromolyn sodium NEBU .....	8	danazol CAPS .....	7	NA .....	46
crotamiton LOTN .....	43	dantrolene sodium CAPS .....	57	desmopressin acetate spray .....	46
CVS PRENATAL TABS 100 MG-2.6		dapsone .....	22	desmopressin acetate spray	
MG-800 MCG-400 UNIT-4 MCG-1.7		DAPTACEL .....	63	refrigerated .....	46
MG-18 MG-27 MG-1.5 MG-25 MG-		daptomycin 500 MG .....	22	desmopressin acetate TABS 0.1 MG	
263 MG-11 UNIT-4000 UNIT .....	56	darifenacin hydrobromide .....	65	46	
cyanocobalamin SOLN IJ .....	49	darunavir TABS 600 MG .....	30	desmopressin acetate TABS 0.2 MG	
cyclobenzaprine hcl TABS 5 MG, 10		darunavir TABS 800 MG .....	30	46	
MG .....	57	DAURISMO .....	25	desogestrel & ethinyl estradiol ....	35
cyclophosphamide CAPS .....	23	DAYTRANA PTCH		desogestrel-ethinyl estradiol	
cyclophosphamide SOLR IJ .....	23	(methylphenidate) .....	1	(biphasic) .....	35
cycloserine .....	23	DEBACTEROL .....	56	desogestrel-ethinyl estradiol	
cyclosporine (ophth) EMUL .....	58	decitabine .....	24	(triphasic) .....	35
cyclosporine CAPS .....	55	deferiasirox PACK .....	17	desonide CREA .....	41
cyclosporine modified (for		deferiasirox TABS .....	17	desonide LOTN .....	41
microemulsion) CAPS .....	55	deferiasirox TBSO .....	17	desonide OINT .....	41
cyclosporine modified (for		deferiprone TABS 500 MG .....	17	desoximetasone CREA 0.25 % ....	41
microemulsion) SOLN .....	55	DELESTROGEN 10 MG/ML		desoximetasone GEL .....	41
cyclosporine SOLN IV 50 MG/ML .	55	(estradiol valerate) .....	46	desoximetasone OINT 0.25 % ....	41
cyproheptadine hcl SYRP .....	19	DELSTRIGO .....	30	desvenlafaxine succinate 100 MG .	14
cyproheptadine hcl TABS .....	19	demeclocycline hcl TABS .....	63	desvenlafaxine succinate 25 MG, 50	
CYSTADANE (betaine) .....	45	DENAVIR (penciclovir) .....	40	MG .....	14
CYSTAGON CAPS .....	48	DEPO-ESTRADIOL .....	46	dexamethasone ELIX .....	36
CYSTARAN .....	59	DEPO-MEDROL SUSP .....	36	DEXAMETHASONE INTENSOL	
cytarabine SOLN .....	24	DEPO-SUBQ PROVERA 104 SUSY		CONC .....	36
dabigatran etexilate mesylate CAPS .		SC .....	36	dexamethasone sodium phosphate	
11		desipramine hcl TABS .....	15	(ophth) .....	59
dacarbazine SOLR 200 MG .....	28	desloratadine TABS .....	19	dexamethasone sodium phosphate	
dactinomycin .....	26	desloratadine TBDP 2.5 MG .....	19	SOLN IJ 4 MG/ML, 20 MG/5ML, 120	
dalfampridine .....	61			MG/30ML .....	36
				dexamethasone SOLN .....	36
				dexamethasone TABS 0.5 MG, 0.75	



MG .....	36	diclofenac sodium TB24 .....	3	diltiazem hcl extended release beads 120 MG, 180 MG, 240 MG, 300 MG, 360 MG .....	33
dexamethasone TABS 1 MG, 1.5 MG, 2 MG, 4 MG, 6 MG .....	36	diclofenac sodium TBEC .....	3	diltiazem hcl SOLN 50 MG/10ML ..	33
dexchlorpheniramine maleate SOLN . 18		diclofenac w/ misoprostol TBEC ....	3	DILTIAZEM HCL SOLR .....	33
dexlansoprazole .....	64	dicloxacillin sodium .....	61	diltiazem hcl TABS .....	33
dexmethylphenidate hcl CP24 .....	1	dicyclomine hcl CAPS .....	64	diltiazem hcl TB24 .....	33
dexmethylphenidate hcl TABS .....	2	dicyclomine hcl SOLN OR .....	64	dimethyl fumarate CDPK .....	62
dextroamphetamine sulfate CP24 10 MG, 15 MG .....	1	dicyclomine hcl TABS .....	64	dimethyl fumarate CPDR .....	62
dextroamphetamine sulfate CP24 5 MG .....	1	DIFFERIN LOTN .....	38	DIPENTUM .....	47
dextroamphetamine sulfate TABS 5 MG, 10 MG .....	1	DIFICID TABS .....	51	diphenhydramine hcl CAPS 50 MG 18	
dextrose in lactated ringers .....	54	diflorasone diacetate CREA .....	41	diphenhydramine hcl ELIX 12.5 MG/5ML .....	18
DIACOMIT CAPS 250 MG .....	12	diflorasone diacetate OINT .....	41	diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML .....	18
DIACOMIT CAPS 500 MG .....	12	diflunisal TABS .....	4	diphenhydramine hcl SOLN 50 MG/ML .....	19
DIACOMIT PACK 250 MG .....	12	difluprednate .....	59	diphenoxylate w/ atropine LIQD ...	17
DIACOMIT PACK 500 MG .....	12	digoxin SOLN OR 0.05 MG/ML ....	33	diphenoxylate w/ atropine TABS ...	17
diazepam (anticonvulsant) GEL ...	11	digoxin TABS 0.0625 MG, 0.125 MG, 0.25 MG, 62.5 MCG, 125 MCG, 250 MCG .....	33	DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP ...	64
diazepam CONC .....	8	dihydroergotamine mesylate SOLN IJ 1 MG/ML .....	53	dipyridamole .....	48
diazepam SOLN OR 5 MG/5ML ....	8	dihydroergotamine mesylate SOLN NA 4 MG/ML .....	53	disopyramide phosphate CAPS ....	8
diazepam TABS .....	8	DILANTIN (phenytoin sodium extended) .....	13	disulfiram .....	61
diazoxide .....	16	DILANTIN .....	13	DIURIL SUSP .....	44
dichlorphenamide .....	44	DILANTIN INFATABS CHEW (phenytoin) .....	13	divalproex sodium TB24 .....	13
diclofenac epolamine PTCH EX ...	39	DILANTIN-125 SUSP (phenytoin) .	13	divalproex sodium TBEC .....	13
diclofenac potassium TABS 50 MG .	3	diltiazem hcl coated beads CP24 120 MG, 300 MG, 360 MG .....	33	DIVIGEL GEL (estradiol) .....	46
diclofenac sodium (actinic keratoses) EX .....	39	diltiazem hcl coated beads CP24 180 MG, 240 MG .....	33	docetaxel CONC 20 MG/ML .....	28
diclofenac sodium (ophth) .....	59	diltiazem hcl CP12 .....	33	docetaxel SOLN 20 MG/2ML .....	28
diclofenac sodium (topical) GEL EX 39		diltiazem hcl CP24 .....	33	docusate calcium .....	50

docusate sodium CAPS 100 MG .. 50	MG ..... 63	ELAPRASE ..... 45
docusate sodium CAPS 250 MG .. 50	doxycycline hyclate CAPS ..... 63	electrolyte-148 ..... 54
dofetilide ..... 8	doxycycline hyclate SOLR ..... 63	electrolyte-a ..... 54
donepezil hydrochloride TABS 10 MG ..... 61	doxycycline hyclate TABS 20 MG, 100 MG ..... 63	ELESTRIN GEL ..... 46
donepezil hydrochloride TABS 5 MG . 61	doxylamine-pyridoxine TBEC ..... 18	eletriptan hydrobromide ..... 53
donepezil hydrochloride TBDP 10 MG ..... 61	dronabinol CAPS ..... 18	ELIGARD KIT SC 7.5 MG ..... 25
donepezil hydrochloride TBDP 5 MG 61	drosiprenone-ethinyl estradiol .... 35	ELIGARD SC 22.5 MG, 30 MG, 45 MG ..... 25
DOPTelet ..... 49	drosiprenone-ethinyl estradiol-levomefolate calcium ..... 35	ELIQUIS STARTER PACK TBPK . 11
dorzolamide hcl ..... 59	DROXIA CAPS ..... 49	ELIQUIS TABS ..... 11
dorzolamide hcl-timolol maleate .. 58	DUAVEE ..... 46	ELLA ..... 36
DOVATO ..... 30	duloxetine hcl CPEP 20 MG, 30 MG, 60 MG ..... 14	ELMIRON CAPS ..... 48
doxazosin mesylate ..... 20	duloxetine hcl CPEP 40 MG ..... 14	EMCYT ..... 25
doxepin hcl (antipruritic) ..... 39	DUREX EXTRA SENSITIVE THIN DEVI ..... 51	EMFLAZA SUSP ..... 36
doxepin hcl (sleep) ..... 49	dutasteride ..... 48	EMFLAZA TABS ..... 36
doxepin hcl CAPS ..... 15	dutasteride-tamsulosin hcl ..... 48	EMGALITY SOAJ ..... 53
doxepin hcl CONC ..... 15	DYSPORT ..... 58	EMGALITY SOSY 100 MG/ML .... 53
doxercalciferol CAPS ..... 45	econazole nitrate CREA ..... 39	EMGALITY SOSY 120 MG/ML .... 53
doxercalciferol SOLN ..... 45	EDARBI ..... 20	EMSAM ..... 13
doxorubicin hcl liposomal ..... 26	EDURANT ..... 30	emtricitabine CAPS ..... 30
doxorubicin hcl SOLN ..... 26	efavirenz CAPS 200 MG ..... 30	emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG ..... 31
doxorubicin hcl SOLR 10 MG, 50 MG ..... 26	efavirenz CAPS 50 MG ..... 30	emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG ..... 30
doxycycline (monohydrate) CAPS 50 MG, 100 MG ..... 63	efavirenz TABS ..... 30	EMTRIVA SOLN ..... 31
doxycycline (monohydrate) CAPS 75 MG ..... 63	efavirenz-emtricitabine-tenofovir disoproxil fumarate ..... 30	EMVERM CHEW ..... 7
doxycycline (monohydrate) TABS 100 MG ..... 63	efavirenz-lamivudine-tenofovir disoproxil fumarate ..... 30	enalapril maleate & hydrochlorothiazide 12.5 MG-5 MG 21
doxycycline (monohydrate) TABS 50	EGRIFTA 2 MG ..... 45	enalapril maleate & hydrochlorothiazide 25 MG-10 MG 21
	EGRIFTA SV ..... 45	

enalapril maleate TABS .....	20	EPIPEN 2-PAK SOAJ (epinephrine (anaphylaxis)) .....	68	erythromycin base TABS .....	51
ENBREL MINI SOCT .....	4	epirubicin hcl SOLN 50 MG/25ML .....	26	erythromycin base TBEC .....	51
ENBREL SOLN .....	4	EPIVIR HBV SOLN .....	32	erythromycin ethylsuccinate SUSR	51
ENBREL SOLR .....	4	eplerenone .....	21	erythromycin ethylsuccinate TABS	51
ENBREL SOSY 25 MG/0.5ML .....	4	EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML .....	49	ESBRIET CAPS (pirfenidone) .....	63
ENBREL SOSY 50 MG/ML .....	4	epoprostenol sodium .....	34	ESBRIET TABS (pirfenidone) .....	63
ENBREL SURECLICK SOAJ .....	4	EQL PRENATAL FORMULA TABS	56	escitalopram oxalate SOLN .....	14
ENGERIX-B SUSP 20 MCG/ML .....	66	EQUETRO 100 MG .....	29	escitalopram oxalate TABS 10 MG	14
ENGERIX-B SUSY .....	66	EQUETRO 200 MG .....	29	escitalopram oxalate TABS 20 MG	14
enoxaparin sodium SOLN IJ 300 MG/3ML .....	11	EQUETRO 300 MG .....	29	escitalopram oxalate TABS 5 MG .	14
enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML .....	11	ERAXIS .....	18	esomeprazole magnesium CPDR 20 MG .....	64
enoxaparin sodium SOSY 30 MG/0.3ML .....	11	ERBITUX .....	25	esomeprazole magnesium CPDR 40 MG .....	64
enoxaparin sodium SOSY 40 MG/0.4ML .....	11	ergocalciferol CAPS .....	68	esomeprazole magnesium TBEC .	64
enoxaparin sodium SOSY 60 MG/0.6ML .....	11	ergocalciferol SOLN OR .....	68	estazolam .....	50
enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML .....	11	ergoloid mesylates TABS .....	62	estradiol GEL .....	46
ENSPRYNG .....	55	ERGOMAR SUBL .....	53	estradiol PTTW .....	46
entacapone .....	28	ergotamine w/ caffeine TABS .....	53	estradiol PTWK .....	46
entecavir TABS .....	32	ERIVEDGE .....	25	estradiol TABS .....	46
ENTRESTO .....	34	ERLEADA 240 MG .....	25	estradiol vaginal CREA .....	68
EPCLUSA PACK .....	32	ERLEADA 60 MG .....	25	estradiol vaginal TABS .....	68
EPCLUSA TABS .....	32	erlotinib hcl .....	25	estradiol valerate .....	46
EPIDIOLEX .....	12	ERTACZO .....	39	ESTROGEL GEL .....	46
epinastine hcl (ophth) .....	59	ertapenem sodium IJ .....	22	eszopiclone .....	50
epinephrine (anaphylaxis) SOAJ 0.15 MG/0.3ML .....	68	erythromycin (acne aid) PADS .....	38	ethacrynic acid .....	44
epinephrine (anaphylaxis) SOAJ 0.3 MG/0.3ML .....	68	erythromycin (acne aid) SOLN .....	38	ethambutol hcl TABS .....	23
		erythromycin (ophth) .....	58	ethosuximide CAPS .....	13
		erythromycin base CPEP .....	51	ethosuximide SOLN .....	13

ethynodiol diacet & eth estrad	35	LUBRICATED/SPERMICIDE MISC	51	fexofenadine-pseudoephedrine TB12	37
etodolac CAPS	3	FARXIGA	17	fexofenadine-pseudoephedrine TB24	37
etodolac TABS	3	FASENRA PEN SOAJ	8	FIASP FLEXTOUCH SOPN	16
etonogestrel-ethinyl estradiol	36	FASENRA SOSY	8	FIASP PENFILL SOCT	16
ETOPOPHOS	28	FC2 FEMALE CONDOM	51	FIASP PUMPCART SOCT	16
etoposide CAPS	28	febuxostat	48	FIASP SOLN	16
etoposide SOLN 1 GM/50ML, 100		felbamate SUSP	13	finasteride	48
MG/5ML, 500 MG/25ML	28	felbamate TABS 400 MG	13	fingolimod hcl	62
etravirine 100 MG	31	felbamate TABS 600 MG	13	FIRDAPSE	23
etravirine 200 MG	31	felodipine	33	FIRMAGON	25
EUCRISA	42	FEMCAP DEVI	51	flavoxate hcl	65
EVAMIST SOLN	46	FEMRING	68	flecainide acetate	8
everolimus (immunosuppressant)		fenofibrate micronized 67 MG, 134		FLOVENT DISKUS AEPB 100	
0.25 MG, 0.5 MG, 0.75 MG	55	MG, 200 MG	19	MCG/BLIST, 250 MCG/BLIST	9
everolimus TABS	26	fenofibrate TABS 48 MG, 54 MG, 145		FLOVENT DISKUS AEPB 50	
EVOTAZ	31	MG, 160 MG	19	MCG/BLIST	9
exemestane	25	fenoprofen calcium TABS	3	FLOVENT HFA	9
ezetimibe	20	FENSOLVI SC	45	floxuridine	24
ezetimibe-simvastatin	19	fentanyl citrate LPOP	5	FLUAD QUADRIVALENT 2021-2022	
famciclovir 125 MG, 250 MG	32	fentanyl PT72 12 MCG/HR, 25			66
famciclovir 500 MG	32	MCG/HR, 50 MCG/HR, 75 MCG/HR,		FLUAD QUADRIVALENT 2022-2023	
famotidine in nacl SOLN	64	100 MCG/HR	5		66
famotidine SOLN 20 MG/2ML	64	ferrous fumarate-folic acid	49	FLUAD QUADRIVALENT 2023-2024	
famotidine SOLN 40 MG/4ML, 200		ferrous sulfate SOLN 15 MG/ML	49		66
MG/20ML	64	ferrous sulfate TABS 65 MG, 325 MG		FLUARIX QUADRIVALENT 2021-	
famotidine SUSR	64		49	2022 SUSY	66
famotidine TABS 20 MG, 40 MG	64	ferrous sulfate TBEC	49	FLUARIX QUADRIVALENT 2022-	
FANAPT	29	fesoterodine fumarate	65	2023 SUSY	66
FANAPT TITRATION PACK	29	FETZIMA CP24	14	FLUARIX QUADRIVALENT 2023-	
FANTASY LUBRICATED MISC	51	FETZIMA TITRATION PACK C4PK		2024 SUSY	66
FANTASY		14		FLUBLOK QUADRIVALENT 2021-	
				2022	66

FLUBLOK QUADRIVALENT 2022-2023	%	41	flutamide	25
FLUBLOK QUADRIVALENT 2023-2024		66	fluticasone furoate-vilanterol	10
FLUCELVAX QUADRIVALENT 2021-2022 SUSP	fluocinolone acetonide OIL	41	fluticasone propionate (inhalation) AEPB 100 MCG/ACT, 250 MCG/ACT	9
FLUCELVAX QUADRIVALENT 2021-2022 SUSY	fluocinolone acetonide OINT	41	fluticasone propionate (inhalation) AEPB 50 MCG/ACT	9
FLUCELVAX QUADRIVALENT 2022-2023 SUSP	fluocinolone acetonide SOLN	41	fluticasone propionate (nasal) SUSP	57
FLUCELVAX QUADRIVALENT 2022-2023 SUSY	fluocinonide CREA 0.05 %	41	fluticasone propionate CREA 0.05 %	41
FLUCELVAX QUADRIVALENT 2023-2024 SUSP	fluocinonide emulsified base	41	fluticasone propionate LOTN	41
FLUCELVAX QUADRIVALENT 2023-2024 SUSY	fluocinonide GEL	41	fluticasone propionate OINT	41
fluconazole SUSR	fluocinonide OINT	41	fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	10
fluconazole TABS	fluocinonide SOLN	41	fluticasone-salmeterol AERO	10
flucytosine	fluorometholone (ophth) SUSP	59	fluvastatin sodium CAPS 20 MG	19
fludarabine phosphate SOLN	fluorouracil (topical) CREA 5 %	39	fluvastatin sodium CAPS 40 MG	19
fludarabine phosphate SOLR	fluorouracil (topical) SOLN	39	fluvoxamine maleate TABS 100 MG	14
fludrocortisone acetate TABS	fluorouracil 500 MG/10ML	24	fluvoxamine maleate TABS 25 MG, 50 MG	14
FLULAVAL QUADRIVALENT 2021-2022 SUSY	fluoxetine hcl CAPS 10 MG	14	FLUZONE HIGH-DOSE PF 2021-2022	67
FLULAVAL QUADRIVALENT 2022-2023 SUSY	fluoxetine hcl CAPS 20 MG	14	FLUZONE HIGH-DOSE PF 2022-2023	67
FLULAVAL QUADRIVALENT 2023-2024 SUSY	fluoxetine hcl CAPS 40 MG	14	FLUZONE HIGH-DOSE PF 2023-2024	67
FLUMIST QUADRIVALENT	fluoxetine hcl CPDR	14	FLUZONE QUADRIVALENT 2021-2022 SUSP	67
flunisolide (nasal) 0.025 %	fluoxetine hcl SOLN	14	FLUZONE QUADRIVALENT 2021-2022 SUSY	67
fluocinolone acetonide (otic)	fluoxetine hcl TABS 10 MG, 60 MG	14	FLUZONE QUADRIVALENT 2022-	
fluocinolone acetonide CREA 0.01 %	fluoxetine hcl TABS 20 MG	14		
fluocinolone acetonide CREA 0.025	fluphenazine hcl CONC	30		
	fluphenazine hcl ELIX	30		
	fluphenazine hcl SOLN	30		
	fluphenazine hcl TABS	30		
	flurandrenolide CREA	41		
	flurandrenolide LOTN	41		
	flurazepam hcl	50		
	flurbiprofen sodium	59		
	flurbiprofen TABS	3		

2023 SUSP .....	67	FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM .....	52	galantamine hydrobromide SOLN ..	61
FLUZONE QUADRIVALENT 2022-2023 SUSY .....	67	FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM .....	52	galantamine hydrobromide TABS ..	61
FLUZONE QUADRIVALENT 2023-2024 SUSP .....	67	FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM .....	52	GAMMAGARD LIQUID 1 GM/10ML 60	
FLUZONE QUADRIVALENT 2023-2024 SUSY .....	67	FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM .....	52	GAMMAGARD LIQUID 2.5 GM/25ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML .....	60
FML FORTE SUSP .....	59	FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM .....	52	GAMMAGARD LIQUID 30 GM/300ML .....	60
FML OINT .....	59	FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM .....	52	GAMMAGARD S/D IGA LESS THAN 1MCG/ML SOLR .....	60
folic acid TABS .....	49	FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM .....	52	GAMMAKED 1 GM/10ML .....	60
FOLOTYN .....	24	FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM .....	52	GAMMAKED 5 GM/50ML, 10 GM/100ML, 20 GM/200ML .....	60
fondaparinux sodium 10 MG/0.8ML 11		FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM .....	52	GAMUNEX-C 1 GM/10ML .....	60
fondaparinux sodium 2.5 MG/0.5ML . 11		frovatriptan succinate .....	53	GAMUNEX-C 2.5 GM/25ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML, 40 GM/400ML .....	60
fondaparinux sodium 5 MG/0.4ML .11		fulvestrant SOSY .....	25	ganciclovir sodium SOLR .....	31
fondaparinux sodium 7.5 MG/0.6ML . 11		furosemide SOLN OR 10 MG/ML, 40 MG/5ML .....	44	ganirelix acetate .....	45
FORA GTEL BLOOD KETONE TEST STRIPS .....	43	furosemide TABS .....	44	GARDASIL 9 SUSP .....	67
FORA TEST N' GO ADVANCE/VOICE/6 CONNECT ..	43	FUZEON SOLR .....	31	GARDASIL 9 SUSY .....	67
formoterol fumarate NEBU .....	10	FYCOMPA TABS 2 MG .....	11	gatifloxacin (ophth) .....	58
FORTEO SOPN (teriparatide (recombinant)) .....	44	FYCOMPA TABS 4 MG .....	11	gefitinib .....	25
FOSAMAX PLUS D .....	44	FYCOMPA TABS 6 MG .....	11	gemcitabine hcl SOLR 2 GM, 200 MG .....	24
fosamprenavir calcium TABS .....	31	FYCOMPA TABS 8 MG, 10 MG, 12 MG .....	11	gemfibrozil TABS .....	19
fosfomycin tromethamine .....	22	gabapentin CAPS .....	12	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 .....	21	gabapentin SOLN .....	12	gentamicin sulfate (ophth) OINT ..	58
fosinopril sodium .....	20	gabapentin TABS 600 MG, 800 MG 12		gentamicin sulfate (ophth) SOLN ..	58
fosphenytoin sodium .....	13	GALAFOLD .....	45	gentamicin sulfate (topical) CREA ..	38
FRAGMIN SOSY .....	11	galantamine hydrobromide CP24 ..	61	gentamicin sulfate (topical) OINT ..	38

gentamicin sulfate IJ 40 MG/ML, 80 MG/2ML .....	2	GLYXAMBI .....	15	5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML .....	11
GENVOYA .....	31	GNP PRENATAL TABS .....	56	HEPARIN SODIUM/NAACL 0.45% SOLN IV 0.45 %-12500 UNIT/250ML 11	
GILENYA .....	62	GNP TRUETRACK SMART SYSTEM STRP .....	43	HEPLISAV-B SOSY .....	67
GILOTRIF .....	25	GOJJI BLOOD KETONE TEST STRIPS .....	43	HIBERIX SOLR IJ .....	65
glatiramer acetate SOSY 20 MG/ML . 62		granisetron hcl SOLN IV 1 MG/ML	17	HORIZANT .....	62
glatiramer acetate SOSY 40 MG/ML . 62		granisetron hcl TABS .....	17	HUMATROPE CART IJ .....	45
GLEOSTINE 10 MG .....	24	GRASTEK SUBL .....	2	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML .....	3
GLEOSTINE 40 MG, 100 MG .....	24	griseofulvin microsize SUSP .....	18	HUMIRA PEN PNKT 80 MG/0.8ML .3	
glimepiride 1 MG, 2 MG .....	17	griseofulvin microsize TABS .....	18	HUMIRA PEN PNKT .....	3
glimepiride 4 MG .....	17	griseofulvin ultramicrosize .....	18	HUMIRA PEN-CD/UC/HS STARTER PNKT 40 MG/0.8ML .....	3
glipizide TABS 5 MG, 10 MG .....	17	guanfacine hcl (adhd) .....	1	HUMIRA PEN-CD/UC/HS STARTER PNKT 80 MG/0.8ML .....	3
glipizide TB24 .....	17	guanfacine hcl .....	20	HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT .....	3
glipizide-metformin hcl 250 MG-2.5 MG, 500 MG-2.5 MG .....	15	GYNAZOLE-1 .....	68	HUMIRA PEN-PS/UV STARTER PNKT .....	3
glipizide-metformin hcl 500 MG-5 MG .....	15	HADLIMA PUSHTOUCH SOAJ .....	3	HUMIRA PSKT .....	3
GLUCAGEN DIAGNOSTIC .....	43	HADLIMA SOSY .....	3	HUMULIN R U-500 (CONCENTRATED) SOLN SC .....	16
glucagon (rdna) .....	16	HAEGARDA SOLR SC .....	48	HUMULIN R U-500 KWIKPEN SOPN SC .....	16
glyburide micronized 1.5 MG, 3 MG, 6 MG .....	17	HALAVEN .....	28	HYCAMTIN CAPS .....	28
glyburide TABS .....	17	halcinonide CREA .....	41	hydralazine hcl SOLN .....	21
glyburide-metformin 250 MG-1.25 MG .....	15	halobetasol propionate CREA .....	41	hydralazine hcl TABS .....	21
glyburide-metformin 500 MG-2.5 MG, 500 MG-5 MG .....	15	halobetasol propionate OINT .....	41	hydrochlorothiazide CAPS .....	44
glycine (gu irrigant) SOLN 1.5 % ..	48	HALOG OINT .....	41	hydrochlorothiazide TABS 12.5 MG 44	
glycopyrrolate SOLN IJ 0.2 MG/ML, 4 MG/20ML .....	64	haloperidol decanoate .....	29	hydrochlorothiazide TABS 25 MG, 50	
glycopyrrolate TABS 1 MG .....	64	haloperidol lactate CONC .....	29		
glycopyrrolate TABS 2 MG .....	64	haloperidol lactate SOLN .....	29		
		haloperidol TABS .....	29		
		HAVRIX .....	67		
		HEALON PRO SOSY .....	59		
		HEMANGEOL SOLN OR .....	33		
		heparin sodium (porcine) SOLN IJ			

MG .....	44	hydromorphone hcl SOLN IJ 10 MG/ML, 50 MG/5ML, 500 MG/50ML . 5	ILEVRO .....	59	
hydrocodone polistirex- chlorpheniramine polistirex SUER .	37	hydromorphone hcl TABS .....	5	imatinib mesylate .....	26
hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML .....	6	hydromorphone hcl TB24 32 MG ...	5	IMBRUVICA CAPS 140 MG .....	26
hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG .....	6	hydromorphone hcl TB24 8 MG, 12 MG, 16 MG .....	5	IMBRUVICA CAPS 70 MG .....	26
hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG .....	6	hydroxychloroquine sulfate 200 MG 23		IMBRUVICA SUSP .....	26
hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG .....	6	hydroxyurea .....	28	IMBRUVICA TABS .....	26
hydrocodone-ibuprofen 7.5 MG-200 MG .....	6	hydroxyzine hcl SOLN 50 MG/ML ..	8	imipenem-cilastatin IV .....	22
hydrocortisone (intrarectal) .....	7	hydroxyzine hcl SYRP .....	8	imipramine hcl TABS .....	15
hydrocortisone (rectal) EX .....	7	hydroxyzine hcl TABS .....	8	imipramine pamoate .....	15
hydrocortisone (topical) CREA 1 %, 2.5 % .....	41	hydroxyzine pamoate CAPS .....	8	imiquimod 5 % .....	42
hydrocortisone (topical) LOTN 2.5 % . 41		HYPERSAL NEBU .....	37	IMPAVIDO .....	21
hydrocortisone (topical) OINT 1 %, 2.5 % .....	41	HYQVIA .....	60	INCRELEX .....	45
hydrocortisone acetate (rectal) .....	7	ibandronate sodium SOLN .....	44	INCRUSE ELLIPTA .....	8
hydrocortisone butyrate CREA ....	41	ibandronate sodium TABS .....	44	indapamide TABS 1.25 MG .....	44
hydrocortisone butyrate OINT .....	42	IBRANCE CAPS .....	26	indapamide TABS 2.5 MG .....	44
hydrocortisone butyrate SOLN ....	42	IBRANCE TABS .....	26	indomethacin CAPS 25 MG, 50 MG 4	
hydrocortisone TABS .....	36	ibuprofen SUSP 100 MG/5ML .....	3	indomethacin CPR .....	4
hydrocortisone valerate CREA ....	42	ibuprofen TABS 400 MG, 600 MG ..	3	INFANRIX .....	64
hydrocortisone valerate OINT .....	42	ibuprofen TABS 800 MG .....	3	INFLECTRA .....	47
hydrocortisone w/acetic acid .....	60	icatibant acetate SOLN .....	48	INGREZZA CAPS .....	61
hydromorphone hcl LIQD .....	5	icatibant acetate SOSY .....	48	INGREZZA CPPK .....	61
		ICLUSIG .....	26	INLYTA .....	24
		icosapent ethyl 1 GM .....	19	INREBIC .....	26
		idarubicin hcl 20 MG/20ML .....	26	INTELENCE 25 MG .....	31
		idarubicin hcl 5 MG/5ML, 10 MG/10ML .....	26	INTRAROSA .....	68
		ifosfamide SOLN 1 GM/20ML .....	24	INTRON A SOLR 18000000 UNIT	28
		ifosfamide SOLR .....	24	INVIRASE TABS .....	31
				IONOSOL-MB/DEXTROSE 5% ...	54
				IOPIDINE .....	58
				IPOL INACTIVATED IPV .....	67



ipratropium bromide (nasal) 0.03 % 57	ivermectin (pediculicide) ..... 43	ketotifen fumarate (ophth) 0.035 % 59
ipratropium bromide (nasal) 0.06 % 57	ivermectin ..... 7	KEVEYIS (dichlorphenamide) .... 44
ipratropium bromide SOLN 0.02 % . 8	IXEMPRA KIT 15 MG ..... 28	KEVZARA SOAJ ..... 3
ipratropium-albuterol SOLN ..... 10	JAKAFI ..... 26	KEVZARA SOSY ..... 3
irbesartan ..... 20	JANUMET TABS ..... 15	KIMONO COLORS DEVI ..... 51
irbesartan-hydrochlorothiazide .... 21	JANUMET XR TB24 1000 MG-100 MG ..... 15	KIMONO LUBRICATED MISC .... 51
IRESSA (gefitinib) ..... 25	JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG ..... 15	KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC 51
irinotecan hcl 40 MG/2ML, 100 MG/5ML ..... 28	JANUVIA ..... 16	KIMONO PLUS SPERMICIDE LUBRICATED MISC ..... 51
irrigation solutions, physiological .. 55	JARDIANCE ..... 17	KIMONO PLUS SPERMICIDE/LUBRICATED MISC 51
ISENTRESS CHEW ..... 31	JEVTANA ..... 28	KIMONO PS LUBRICATED MISC .51
ISENTRESS HD TABS ..... 31	JUBLIA ..... 39	KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC 51
ISENTRESS TABS ..... 31	JULUCA ..... 31	KIMONO SENSATION LUBRICATED MISC ..... 51
ISOLYTE-P/DEXTROSE 5% ..... 54	KALYDECO TABS ..... 62	KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC 51
ISOLYTE-S ..... 54	KAMELEON LUBRICATED MISC .51	KIMONO SPECIAL DEVI ..... 51
isoniazid SOLN ..... 23	KANJINTI ..... 25	KINRIX SUSY ..... 64
isoniazid SYRP ..... 23	KCL 0.3%/D5W/NAACL 0.9% (potassium chloride in dextrose & sodium chloride) ..... 54	KISQALI ..... 26
isoniazid TABS ..... 23	KEPIVANCE 6.25 MG ..... 28	KISQALI FEMARA 200 DOSE .... 26
isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG ..... 7	KESIMPTA ..... 62	KISQALI FEMARA 400 DOSE .... 26
isosorbide dinitrate-hydralazine hcl 34	ketoconazole (topical) CREA ..... 39	KISQALI FEMARA 600 DOSE .... 26
isosorbide mononitrate TABS ..... 7	ketoconazole (topical) SHAM 2 % .39	KLARITY-A ..... 58
isosorbide mononitrate TB24 ..... 7	ketoconazole ..... 18	KOSELUGO ..... 27
isotretinoin 10 MG, 20 MG, 30 MG, 40 MG ..... 38	KETONE STRP ..... 43	KP PRENATAL MULTIVITAMINS TABS ..... 56
isradipine CAPS ..... 33	KETONE TEST STRIPS STRP ... 43	
ISTODAX SOLR (romidepsin) ..... 26	ketoprofen CAPS 50 MG, 75 MG ... 4	
itraconazole CAPS ..... 18	ketorolac tromethamine (ophth) ... 59	
itraconazole SOLN ..... 18	ketorolac tromethamine TABS ..... 4	
	KETOSTIX STRP ..... 43	

KRINTAFEL .....	23	MCG, 250 MCG (digoxin) .....	33	levalbuterol hcl 1.25 MG/0.5ML .....	10
K-Y ME & YOU EXTRA LUBRICATED DEVI .....	51	LANREOTIDE ACETATE .....	46	levalbuterol tartrate .....	10
K-Y ME & YOU INTENSE DEVI ...	51	lansoprazole CPDR 15 MG .....	64	LEVEMIR FLEXPEN SOPN .....	16
KYPROLIS .....	27	lansoprazole CPDR 30 MG .....	64	LEVEMIR FLEXTOUCH SOPN ...	16
labetalol hcl SOLN .....	32	lanthanum carbonate CHEW .....	47	LEVEMIR SOLN .....	16
labetalol hcl TABS 100 MG, 200 MG .	32	lapatinib ditosylate .....	27	levetiracetam SOLN IV 500 MG/5ML	12
labetalol hcl TABS 300 MG .....	32	LASTACFT .....	59	levetiracetam TABS 1000 MG .....	12
lacosamide SOLN IV 200 MG/20ML .	12	latanoprost SOLN .....	59	levetiracetam TABS 250 MG, 750	12
lacosamide TABS .....	12	LATUDA 20 MG, 40 MG, 60 MG, 120	29	MG .....	12
LACRISERT .....	58	MG (lurasidone hcl) .....	29	levetiracetam TABS 500 MG .....	12
lactated ringer's (irrigation) .....	55	LATUDA 80 MG (lurasidone hcl) ..	29	levetiracetam TB24 .....	12
lactated ringer's .....	54	leflunomide .....	4	levobunolol hcl 0.5 % .....	58
lactic acid (ammonium lactate) CREA	42	lenalidomide 2.5 MG, 5 MG, 10 MG,	55	levocetirizine dihydrochloride SOLN	19
lactic acid (ammonium lactate) LOTN	42	15 MG, 25 MG .....	55	levocetirizine dihydrochloride TABS	19
12 % .....	42	lenalidomide 20 MG .....	55	levofloxacin (ophth) 0.5 % .....	58
lactulose (encephalopathy) .....	47	LENVIMA 10 MG DAILY DOSE ..	24	levofloxacin in d5w 5 %-500	47
lactulose SOLN .....	50	LENVIMA 12MG DAILY DOSE ..	24	MG/100ML .....	47
lamivudine (hbv) TABS .....	32	LENVIMA 14 MG DAILY DOSE ..	24	levofloxacin SOLN OR .....	47
lamivudine SOLN .....	31	LENVIMA 18 MG DAILY DOSE ..	24	levofloxacin TABS 250 MG, 750 MG .	47
lamivudine TABS 150 MG .....	31	LENVIMA 20 MG DAILY DOSE ..	24	levofloxacin TABS 500 MG .....	47
lamivudine TABS 300 MG .....	31	LENVIMA 24 MG DAILY DOSE ..	24	levonorgestrel & eth estradiol TABS	35
lamivudine-zidovudine .....	31	LENVIMA 4 MG DAILY DOSE ..	24	levonorgestrel (emergency oc) 1.5	36
lamotrigine CHEW 25 MG .....	12	LENVIMA 8 MG DAILY DOSE ..	24	MG .....	36
lamotrigine CHEW 5 MG .....	12	letrozole .....	25	levonorgestrel-eth estradiol	35
lamotrigine TABS .....	12	leucovorin calcium SOLR .....	28	(triphasic) .....	35
lamotrigine TBDP .....	12	leucovorin calcium TABS .....	28	levonorgestrel-ethinyl estradiol (91-	35
LANOXIN SOLN IJ (digoxin) .....	33	LEUKERAN .....	24	day) 0.03 MG-0.15 MG .....	35
LANOXIN TABS 62.5 MCG, 125		LEUKINE SOLR IJ .....	49	levonorgestrel-ethinyl estradiol	35
		leuprolide acetate KIT IJ 1 MG/0.2ML	25	(continuous) .....	35
		levalbuterol hcl .....	10		

levonorgestrel-ethinyl estradiol-iron 35	lopinavir-ritonavir SOLN ..... 31	LUPRON DEPOT (1-MONTH) KIT IM .....25
levorphanol tartrate TABS 2 MG ....5	lopinavir-ritonavir TABS .....31	LUPRON DEPOT (3-MONTH) KIT IM .....25
levothyroxine sodium TABS ..... 63	loratadine & pseudoephedrine TB12 . 37	LUPRON DEPOT (4-MONTH) IM . 25
LEXIVA SUSP ..... 31	loratadine & pseudoephedrine TB24 . 37	LUPRON DEPOT (6-MONTH) IM . 25
lidocaine hcl (local anesth.) SOLN 0.5 %, 1 %, 2 % .....50	loratadine CAPS ..... 19	LUPRON DEPOT-PED (1-MONTH) . 45
lidocaine hcl (mouth-throat) 2 % ...56	loratadine CHEW .....19	LUPRON DEPOT-PED (3-MONTH) 11.25 MG ..... 45
lidocaine hcl (mouth-throat) 4 % ...56	loratadine SOLN ..... 19	LUPRON DEPOT-PED (3-MONTH) 30 MG .....45
lidocaine hcl GEL 2 % ..... 42	loratadine TABS .....19	
lidocaine hcl PRSY ..... 42	loratadine TBDP ..... 19	
lidocaine hcl SOLN ..... 42	lorazepam CONC ..... 8	lurasidone hcl 20 MG, 40 MG, 60 MG, 120 MG ..... 29
lidocaine PTCH 5 % ..... 42	lorazepam TABS 0.5 MG, 2 MG .... 8	lurasidone hcl 80 MG ..... 29
lidocaine-prilocaine CREA .....42	lorazepam TABS 1 MG .....8	LYNPARZA TABS ..... 27
lincomycin hcl ..... 22	LORBRENA ..... 27	LYSODREN ..... 25
linezolid SUSR .....22	losartan potassium & hydrochlorothiazide 12.5 MG-100 MG, 25 MG-100 MG ..... 21	mafenide acetate PACK ..... 40
linezolid TABS ..... 22	losartan potassium & hydrochlorothiazide 12.5 MG-50 MG . 21	magnesium sulfate IJ 50 % .....54
LINZESS .....47	losartan potassium ..... 20	malathion .....43
liothyronine sodium SOLN .....63	LOTEMAX OINT ..... 59	maraviroc TABS 150 MG ..... 31
liothyronine sodium TABS ..... 63	loteprednol etabonate GEL ..... 59	maraviroc TABS 300 MG ..... 31
lisdexamphetamine dimesylate CAPS 1	loteprednol etabonate SUSP ..... 59	MARPLAN .....13
lisinopril & hydrochlorothiazide ....21	lovastatin TABS 10 MG, 20 MG ... 19	MASONATAL TABS ..... 56
lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG ..... 20	lovastatin TABS 40 MG ..... 19	MATULANE ..... 28
LITHIUM .....29	loxapine succinate .....30	MAXIDEX SUSP OP .....59
lithium carbonate CAPS ..... 29	lubiprostone ..... 47	MAXX LUBRICATED MISC ..... 51
lithium carbonate TABS ..... 29	LUCEMYRA .....61	MAXX PLUS SPERMICIDE LUBRICATED MISC .....51
lithium carbonate TBCR ..... 29	luliconazole .....39	meclizine hcl TABS 12.5 MG ..... 18
LO LOESTRIN FE TABS ..... 35	LUMIZYME .....45	meclizine hcl TABS 25 MG ..... 18
LOKELMA .....55		meclofenamate sodium CAPS .....4
loperamide hcl CAPS ..... 17		

MEDROL TABS .....	36	meprobamate .....	8	METHOTREXATE .....	3
medroxyprogesterone acetate (contraceptive) SUSP IM .....	36	mercaptapurine TABS .....	24	methotrexate sodium SOLN 50 MG/2ML, 250 MG/10ML .....	24
medroxyprogesterone acetate (contraceptive) SUSY IM .....	36	meropenem .....	22	methotrexate sodium SOLR .....	24
medroxyprogesterone acetate 10 MG .....	61	mesalamine CP24 .....	47	methotrexate sodium TABS 2.5 MG 24	
medroxyprogesterone acetate 2.5 MG, 5 MG .....	61	mesalamine CPDR .....	47	methoxsalen rapid .....	40
mefenamic acid CAPS .....	4	mesalamine ENEM .....	47	methscopolamine bromide .....	64
mefloquine hcl .....	23	mesalamine SUPP .....	47	methsuximide .....	13
megestrol acetate (appetite) .....	61	mesalamine TBEC 1.2 GM .....	47	methyldopa TABS .....	20
megestrol acetate SUSP .....	25	mesalamine TBEC 800 MG .....	47	methylphenidate hcl CP24 20 MG, 40 MG .....	2
megestrol acetate TABS .....	25	metaxalone 800 MG .....	57	methylphenidate hcl CP24 30 MG ..	2
MEKINIST SOLR .....	27	metformin hcl TABS 1000 MG .....	15	methylphenidate hcl CP24 .....	2
MEKINIST TABS 0.5 MG .....	27	metformin hcl TABS 500 MG .....	15	methylphenidate hcl CP24 .....	2
MEKINIST TABS 2 MG .....	27	metformin hcl TABS 850 MG .....	15	methylphenidate hcl CPCR .....	2
MEKTOVI .....	27	metformin hcl TB24 500 MG .....	15	methylphenidate hcl SOLN .....	2
meloxicam TABS .....	4	metformin hcl TB24 750 MG .....	16	methylphenidate hcl TABS 10 MG, 20 MG .....	2
melphalan .....	24	methadone hcl CONC .....	5	methylphenidate hcl TABS 5 MG ...	2
melphalan hcl .....	24	methadone hcl SOLN IJ 10 MG/ML	5	methylphenidate hcl TABS 5 MG ...	2
memantine hcl TABS .....	61	METHADONE HCL SOLN IJ .....	5	methylphenidate hcl TB24 27 MG ..	2
MENACTRA .....	65	methadone hcl SOLN OR 10 MG/5ML .....	5	methylphenidate hcl TB24 36 MG, 54 MG .....	2
MENEST .....	46	methadone hcl SOLN OR 5 MG/5ML	5	methylphenidate hcl TBCR 10 MG, 20 MG .....	2
MENOSTAR PTWK .....	46	methadone hcl TABS 10 MG .....	5	methylphenidate hcl TBCR 18 MG, 27 MG .....	2
MENQUADFI .....	65	methadone hcl TABS 5 MG .....	5	methylphenidate hcl TBCR 36 MG, 54 MG .....	2
MENVEO SOLR .....	65	methadone hcl TBSO .....	5	methylphenidate PTCH .....	2
meperidine hcl SOLN IJ 25 MG/ML, 50 MG/ML, 100 MG/ML .....	5	methamphetamine hcl .....	1	methylprednisolone acetate SUSP	36
meperidine hcl SOLN OR 50 MG/5ML .....	5	methazolamide TABS .....	44	methylprednisolone sod succ 40 MG, 125 MG, 500 MG, 1000 MG .....	36
meperidine hcl TABS 50 MG .....	5	methenamine hippurate .....	22	methylprednisolone TABS .....	36
		methimazole TABS .....	63		
		METHITEST TABS .....	7		
		methocarbamol TABS .....	57		

methylprednisolone TBPK .....	37	minocycline hcl CAPS .....	63	57
metoclopramide hcl SOLN IJ 5 MG/ML .....	47	minocycline hcl TABS .....	63	mometasone furoate CREA .....
metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML .....	47	minoxidil 2.5 MG, 10 MG .....	21	mometasone furoate OINT .....
metoclopramide hcl TABS .....	47	MIRCERA 30 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML, 100 MCG/0.3ML, 150 MCG/0.3ML, 200 MCG/0.3ML .....	49	mometasone furoate SOLN .....
metolazone .....	44	mirtazapine TABS 15 MG .....	13	montelukast sodium CHEW .....
metoprolol & hydrochlorothiazide TABs 25 MG-100 MG, 50 MG-100 MG .....	21	mirtazapine TABS 30 MG .....	13	montelukast sodium PACK .....
metoprolol & hydrochlorothiazide TABs 25 MG-50 MG .....	21	mirtazapine TABS 7.5 MG, 45 MG	13	montelukast sodium TABS .....
metoprolol succinate TB24 200 MG 32		mirtazapine TBDP 15 MG .....	13	morphine sulfate CP24 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG 5
metoprolol succinate TB24 25 MG, 50 MG, 100 MG .....	32	mirtazapine TBDP 30 MG .....	13	morphine sulfate SOLN IJ 0.5 MG/ML, 1 MG/ML .....
metoprolol tartrate SOLN IV 5 MG/5ML .....	32	mirtazapine TBDP 45 MG .....	13	morphine sulfate SOLN OR 10 MG/5ML .....
metoprolol tartrate TABs 25 MG, 50 MG, 100 MG .....	33	MIRVASO (brimonidine tartrate (topical)) .....	42	morphine sulfate SOLN OR 20 MG/5ML .....
metronidazole (topical) CREA .....	42	misoprostol .....	64	morphine sulfate TABs .....
metronidazole (topical) GEL 0.75 % 42		mitomycin SOLR IV 20 MG .....	26	morphine sulfate TBCR .....
metronidazole (topical) GEL 1 % ..	42	mitoxantrone hcl 2 MG/ML .....	26	MOTOFEN .....
metronidazole (topical) LOTN .....	42	M-M-R II SOLR .....	67	MOVANTIK .....
metronidazole TABs .....	21	M-NATAL PLUS TABs .....	56	moxifloxacin hcl (ophth) SOLN OP
metronidazole vaginal .....	68	modafinil 100 MG .....	2	58
mexiletine hcl .....	8	modafinil 200 MG .....	2	moxifloxacin hcl in sodium chloride 47
micafungin sodium .....	18	MODERNA COVID-19 VACCINE SUSP .....	67	moxifloxacin hcl TABs .....
miconazole nitrate vaginal SUPP 200 MG .....	68	MODERNA COVID-19 VACCINE/6MO-11Y/2023-24 SUSP .	67	47
midodrine hcl .....	68	MODERNA COVID-19 VACCINE6- 11Y SUSP .....	67	MOZOBIL (plerixafor) .....
miglitol .....	15	MODERNA COVID-19 VACCINE6MO-5Y SUSP .....	67	MULPLETA .....
miglustat .....	49	moexipril hcl .....	20	MULTI PRENATAL TABs .....
		mometasone furoate (nasal) SUSP		56
				mupirocin OINT .....
				38
				MVASI .....
				24
				MYALEPT .....
				45
				mycophenolate mofetil CAPs .....
				55
				mycophenolate mofetil TABs .....
				55

mycophenolate sodium	55	neomycin sulfate TABS	2	niacin (antihyperlipidemic) TBCR	20
MYLERAN TABS	24	neomycin-bacitracin zn-polymyxin	58	niacin CPCR 250 MG, 500 MG	69
nabumetone	4	neomycin-polymy-dexameth OINT	59	niacin TABS	69
nadolol TABS 20 MG	33	neomycin-polymy-dexameth SUSP	59	niacin TBCR	69
nadolol TABS 40 MG	33			NIACIN TR TBCR	69
nadolol TABS 80 MG	33	neomycin-polymyxin-hc (ophth)	59	niacinamide TABS 100 MG	69
nafticillin sodium IV 10 GM	61	neomycin-polymyxin-hc (otic) SOLN	60	niacinamide TABS 500 MG	69
naftifine hcl CREA 1 %	39	neomycin-polymyxin-hc (otic) SUSP	60	nicardipine hcl CAPS	33
naftifine hcl CREA 2 %	39			nicardipine hcl SOLN	33
naftifine hcl GEL 1 %	39	NEONATAL COMPLETE TABS 120		nicotine MISC XX	62
NAGLAZYME	45	MG-10 MG-9.2 MG-1000 MCG-10		nicotine polacrilex GUM	62
nalbuphine hcl	7	MCG-12 MCG-3 MG-5 MG-20 MG-		nicotine polacrilex LOZG	62
naloxone hcl LIQD	17	27 MG-200 MG-1.84 MG-25 MG-2		nicotine PT24 TD 7 MG/24HR, 14	
naloxone hcl SOLN 0.4 MG/ML, 4		MG-1200 MCG-2 MG-0.2 MG	56	MG/24HR, 21 MG/24HR	62
MG/10ML	17	NEONATAL PLUS TABS	56	NICOTINE TRANSDERMAL	
naltrexone hcl	17	NEONATAL PRENATAL VITAMIN		SYSTEM KIT	62
naproxen sodium TABS 550 MG	4	TABS	56	NICOTROL INHALER INHA	62
naproxen SUSP	4	NEONATAL VITAMIN TABS	56	NICOTROL NS SOLN	62
naproxen TABS	4	NEOSTIGMINE METHYLSULFATE		nifedipine CAPS 10 MG	33
naproxen TBEC 500 MG	4	SOSY 3 MG/3ML	23	nifedipine CAPS 20 MG	33
naratriptan hcl	53	neostigmine methylsulfate SOSY	23	nifedipine TB24 60 MG	33
NATACYN	58	NEO-SYNALAR	38	nifedipine TB24 90 MG	33
NATAZIA	35	NEUPRO	29	nifedipine TB24	33
nateglinide	17	NEVANAC	59	nilutamide	25
NAYZILAM	11	nevirapine SUSP	31	nimodipine CAPS	33
nebivolol hcl 2.5 MG, 5 MG, 10 MG	33	nevirapine TABS	31	NINLARO	27
nebivolol hcl 20 MG	33	nevirapine TB24 100 MG	31	NIPENT	28
NEBUSAL NEBU	37	nevirapine TB24 400 MG	31	nisoldipine 8.5 MG, 17 MG, 20 MG,	
nefazodone hcl	14	NEXAVAR (sorafenib tosylate)	27	30 MG, 34 MG, 40 MG	33
nelarabine	24	NEXIUM 24HR TBEC (esomeprazole		nitazoxanide TABS	22
		magnesium)	64	nitisinone CAPS 2 MG, 5 MG, 10 MG	
		NEXTSTELLIS	35		

45	estradiol-fe .....	36	NOVOLOG FLEXPEN RELION SOPN .....	16	
NITRO-BID OINT .....	7	norethindrone-eth estradiol (triphasic) .....	36	NOVOLOG FLEXPEN SOPN .....	16
nitrofurantoin .....	22	norgestimate-ethinyl estradiol (triphasic) .....	36	NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION SUPN .....	16
nitrofurantoin macrocrystal 50 MG, 100 MG .....	22	norgestimate-ethinyl estradiol .....	36	NOVOLOG MIX 70/30 PREFILLED FLEXPEN SUPN .....	16
nitrofurantoin monohyd macro .....	22	norgestrel & ethinyl estradiol 30 MCG-0.3 MG .....	36	NOVOLOG MIX 70/30 SUSP .....	16
nitroglycerin CPR .....	7	NORMOSOL-M/D5W .....	54	NOVOLOG PENFILL SOCT .....	16
nitroglycerin PT24 .....	7	NORMOSOL-R .....	54	NOVOLOG SOLN IJ .....	16
NITROGLYCERIN SOLN IV .....	7	nortriptyline hcl CAPS .....	15	NOXAFIL SUSP (posaconazole) ..	18
nitroglycerin SUBL .....	7	nortriptyline hcl SOLN .....	15	NP THYROID 120 TABS .....	63
NIVA-PLUS TABS .....	56	NORVIR PACK .....	31	NP THYROID 15 TABS .....	63
nizatidine CAPS .....	64	NORVIR SOLN .....	31	NP THYROID 30 TABS .....	63
nizatidine SOLN .....	64	NOVA MAX PLUS KETONE TESTSTRIPS .....	43	NP THYROID 60 TABS .....	63
NORDITROPIN FLEXPEN SOPN 30 MG/3ML .....	45	NOVAREL IM 10000 UNIT .....	45	NP THYROID 90 TABS .....	63
NORDITROPIN FLEXPEN SOPN 5 MG/1.5ML, 10 MG/1.5ML, 15 MG/1.5ML .....	45	NOVOLIN 70/30 FLEXPEN RELION SUPN .....	16	NUBEQA .....	25
norelgestromin-ethinyl estradiol .....	36	NOVOLIN 70/30 FLEXPEN SUPN .....	16	NUCALA SOAJ .....	8
norethin acet & estrad-fe CAPS .....	35	NOVOLIN 70/30 FLEXPEN SUPN .....	16	NUCALA SOLR .....	8
norethin acet & estrad-fe CHEW .....	36	NOVOLIN 70/30 RELION SUSP .....	16	NUCALA SOSY 100 MG/ML .....	8
norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG .....	36	NOVOLIN 70/30 SUSP .....	16	NUCALA SOSY 40 MG/0.4ML .....	8
norethindrone & eth estradiol .....	36	NOVOLIN N FLEXPEN RELION SUPN .....	16	NUCYNTA ER TB12 .....	5
norethindrone & ethinyl estradiol-fe 36 .....	36	NOVOLIN N FLEXPEN SUPN .....	16	NUCYNTA TABS .....	5
norethindrone (contraceptive) .....	36	NOVOLIN N RELION SUSP .....	16	NUEDEXTA .....	62
norethindrone acet & eth estra .....	36	NOVOLIN N SUSP .....	16	NULOJIX .....	55
norethindrone acetate TABS .....	61	NOVOLIN R FLEXPEN RELION SOPN IJ .....	16	nystatin (mouth-throat) .....	56
norethindrone acetate-ethinyl estradiol .....	46	NOVOLIN R FLEXPEN SOPN IJ .....	16	nystatin (topical) CREA .....	39
norethindrone acetate-ethinyl		NOVOLIN R RELION SOLN IJ .....	16	nystatin (topical) OINT .....	39
		NOVOLIN R SOLN IJ .....	16	nystatin (topical) POWD EX .....	39
				nystatin TABS .....	18
				nystatin-triamcinolone CREA .....	39

nystatin-triamcinolone OINT .....	39	ondansetron hcl SOLN IJ 4 MG/2ML . 17	OXBRYTA TABS 500 MG .....	49
octreotide acetate SOLN .....	46	ondansetron hcl SOLN OR 4 MG/5ML .....	oxcarbazepine SUSP .....	12
ODEFSEY .....	31	ondansetron hcl SOLN OR 4 MG/5ML .....	oxcarbazepine TABS 150 MG, 300 MG .....	12
ODOMZO .....	25	ondansetron hcl SOSY .....	oxcarbazepine TABS 600 MG .....	12
OFEV .....	63	ondansetron hcl TABS 24 MG .....	oxiconazole nitrate CREA .....	39
ofloxacin (ophth) .....	58	ondansetron hcl TABS 4 MG .....	OXISTAT LOTN .....	39
ofloxacin (otic) .....	59	ondansetron hcl TABS 8 MG .....	oxybutynin chloride SOLN .....	65
ofloxacin 300 MG, 400 MG .....	47	ondansetron hcl TABS 8 MG .....	oxybutynin chloride TABS 5 MG ...	65
OGIVRI .....	25	ondansetron TBDP 4 MG .....	oxybutynin chloride TABS 5 MG ...	65
olanzapine SOLR .....	30	ondansetron TBDP 8 MG .....	oxycodone hcl T12A .....	5
olanzapine TABS 2.5 MG, 5 MG ..	30	ONE VITE WOMENS PRENATALVITAMIN PLUS TABS	oxycodone hcl TABS .....	5
olanzapine TABS 7.5 MG, 10 MG, 15 MG, 20 MG .....	30	ONE VITE WOMENS PRENATALVITAMIN TABS .....	oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG .....	6
olanzapine TBDP 20 MG .....	30	OPSUMIT .....	oxymorphone hcl TABS .....	5
olanzapine TBDP 5 MG, 10 MG, 15 MG .....	30	ORENITRAM TBCR .....	oxymorphone hcl TB12 40 MG .....	5
olmesartan medoxomil .....	20	ORKAMBI PACK 125 MG-100 MG, 188 MG-150 MG .....	oxymorphone hcl TB12 5 MG, 7.5 MG, 10 MG, 15 MG, 20 MG, 30 MG	5
olmesartan medoxomil-amlodipine- hydrochlorothiazide .....	21	ORKAMBI TABS .....	OZEMPIC SOPN 2 MG/1.5ML .....	16
olmesartan medoxomil- hydrochlorothiazide .....	21	orphenadrine citrate TB12 .....	OZEMPIC SOPN .....	16
olopatadine hcl (nasal) .....	57	oseltamivir phosphate CAPS .....	paclitaxel 6 MG/ML, 100 MG/16.7ML, 150 MG/25ML .....	28
olopatadine hcl 0.1 % .....	59	oseltamivir phosphate SUSR .....	paclitaxel protein-bound particles ..	28
olopatadine hcl 0.2 % .....	59	OSMOPREP .....	PACLITAXEL PROTEIN- BOUNDPARTICLES .....	28
omega-3-acid ethyl esters .....	19	OSPHENA .....	paliperidone 1.5 MG, 3 MG, 9 MG	29
omeprazole CPDR .....	64	OTEZLA TABS .....	paliperidone 6 MG .....	29
omeprazole magnesium CPDR ...	64	OTEZLA TBPB .....	palonosetron hcl SOLN .....	17
omeprazole TBEC .....	64	oxacillin sodium IV 10 GM .....	pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML .....	44
omeprazole-sodium bicarbonate CAPS 1100 MG-20 MG .....	65	oxaliplatin SOLN 50 MG/10ML, 100 MG/20ML .....	PAMIDRONATE DISODIUM SOLN	44
OMNIFLEX DIAPHRAGM .....	51	oxandrolone .....		
ONCASPAR .....	27	oxaprozin .....		
		oxazepam CAPS .....		



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	bicarbonate-sod chloride .....	50	19VACCINE/5-11Y SUSP .....	67
PANRETIN .....	39	PEGASYS SOLN .....	32	PFIZER-BIONTECH COVID-19VACCINE/5-11Y/2023-24 SUSP	67
pantoprazole sodium TBEC 20 MG 64		PEGASYS SOSY .....	32	PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y SUSP .....	67
pantoprazole sodium TBEC 40 MG 64		PEMAZYRE .....	27	PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y/2023-24 SUSP .....	67
paricalcitol CAPS .....	45	pemetrexed disodium SOLR 500 MG 24		PFIZER-BIONTECH COVID-19VACCINE/ADULT RTU SUSP ..	67
paricalcitol SOLN .....	45	peniclovir .....	40	PHARMACIST CHOICE ULTRA THIN LANCETS 33G .....	52
paroxetine hcl SUSP .....	14	penicillamine CAPS .....	55	PHEBURANE PLLT .....	45
paroxetine hcl TABS 10 MG .....	14	penicillamine TABS .....	55	phenazopyridine hcl TABS 100 MG, 100 MG, 200 MG .....	48
paroxetine hcl TABS 20 MG .....	14	penicillin g potassium 5000000 UNIT 60		phendimetrazine tartrate TABS .....	1
paroxetine hcl TABS 30 MG .....	14	PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE 40000 UNIT/ML, 60000 UNIT/ML .....	60	phenelzine sulfate .....	13
paroxetine hcl TABS 40 MG .....	14	PENICILLIN G PROCAINE .....	60	phenobarbital ELIX .....	49
paroxetine hcl TB24 12.5 MG .....	14	penicillin g sodium .....	60	phenobarbital TABS 15 MG, 16.2 MG, 30 MG, 32.4 MG, 64.8 MG, 97.2 MG, 100 MG .....	49
paroxetine hcl TB24 25 MG, 37.5 MG .....	14	penicillin v potassium SOLR .....	60	phenoxybenzamine hcl .....	20
PASER PACK .....	23	penicillin v potassium TABS .....	60	phentermine hcl CAPS .....	1
pazopanib hcl .....	27	PENTACEL .....	64	phenytoin CHEW .....	13
PEDIARIX SUSY .....	64	pentazocine w/ naloxone hcl .....	7	phenytoin sodium extended 100 MG, 200 MG, 300 MG .....	13
pediatric multivitamins w/fl CHEW	.56	pentoxifylline .....	48	phenytoin sodium SOLN .....	13
PEDVAX HIB SUSP .....	65	perindopril erbumine 2 MG, 8 MG	.20	phenytoin SUSP .....	13
peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid .....	50	perindopril erbumine 4 MG .....	20	PHEXXI .....	68
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 6.74 GM-2.97 GM-5.86 GM-22.74 GM-236 GM .....	50	PERJETA .....	25	PHOSLYRA SOLN .....	47
peg 3350-potassium chloride-sod		permethrin CREA .....	43	PHOSPHOLINE IODIDE .....	58
		permethrin LIQD EX .....	43	PHOTOFRIN .....	28
		perphenazine TABS .....	30	PIFELTRO .....	31
		perphenazine-amitriptyline .....	61		
		PERSERIS PRSY .....	29		
		PFIZER-BIONTECH COVID-19VACCINE SUSP .....	67		
		PFIZER-BIONTECH COVID-			

pilocarpine hcl (oral) .....	56	podofilox SOLN .....	42	POTASSIUM CHLORIDE/SODIUM CHLORIDE 20 MEQ/L-0.45 % (potassium chloride in nacl) .....	54
pilocarpine hcl SOLN 1 %, 2 %, 4 % . 58		polymyxin b sulfate SOLR .....	22	potassium citrate (alkalinizer) TBCR 10 MEQ, 1080 MG .....	48
pimecrolimus .....	42	polymyxin b-trimethoprim .....	58	potassium phosphates 236 MG/ML- 224 MG/ML .....	54
pimozide .....	62	POMALYST .....	25	PR BENZOYL PEROXIDE WASH LIQD .....	38
pindolol TABS .....	33	posaconazole SUSP .....	18	pralatrexate 20 MG/ML .....	24
pioglitazone hcl .....	17	potassium acetate SOLN 2 MEQ/ML . 54		pramipexole dihydrochloride TABS 0.125 MG .....	29
pioglitazone hcl-glimepiride .....	15	potassium bicarbonate TBEF .....	54	pramipexole dihydrochloride TABS 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG .....	29
pioglitazone hcl-metformin hcl TABS . 15		potassium chloride CPCR .....	55	prasugrel hcl .....	48
piperacillin sodium-tazobactam sodium .....	60	potassium chloride in dextrose & sodium chloride 5 %-0.075 %-0.45 %, 5 %-0.15 %-0.9 %, 5 %-10 MEQ/L-0.45 %, 5 %-20 MEQ/L-0.2 %, 5 %-20 MEQ/L-0.45 %, 5 %-20 MEQ/L-0.9 %, 5 %-30 MEQ/L-0.45 %, 5 %-40 MEQ/L-0.45 %, 5 %-40 MEQ/L-0.9 % .....	54	pravastatin sodium .....	19
PIQRAY 200MG DAILY DOSE ...	27	potassium chloride in dextrose 5 %- 20 MEQ/L .....	54	praziquantel .....	7
PIQRAY 250MG DAILY DOSE ...	27	potassium chloride in nacl 20 MEQ/L- 0.45 %, 20 MEQ/L-0.9 %, 40 MEQ/L- 0.9 % .....	54	prazosin hcl CAPS .....	20
PIQRAY 300MG DAILY DOSE ...	27	potassium chloride microencapsulated crystals er ....	55	PRECISION XTRA .....	43
pirfenidone CAPS .....	63	potassium chloride PACK OR 20 MEQ .....	55	PRED MILD .....	59
pirfenidone TABS 267 MG, 801 MG 63		POTASSIUM CHLORIDE SOLN IV 10 MEQ/50ML (potassium chloride) 55		PRED-G SUSP .....	59
pirfenidone TABS 534 MG .....	63	potassium chloride SOLN IV 2 MEQ/ML, 10 MEQ/50ML, 20 MEQ/50ML .....	55	prednicarbate OINT .....	42
piroxicam CAPS .....	4	potassium chloride TBCR 8 MEQ, 10 MEQ .....	55	prednisolone acetate (ophth) .....	59
PLASMA-LYTE A (electrolyte-a) ..	54	POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS .....	54	PREDNISOLONE SODIUM PHOSPHATE .....	59
PLASMA-LYTE-148 (electrolyte-148) .....	54			prednisolone sodium phosphate SOLN 5 MG/5ML, 6.7 MG/5ML, 10 MG/5ML, 15 MG/5ML, 25 MG/5ML 37	
PLEGRIDY SOPN .....	62			prednisolone sodium phosphate TBDP .....	37
PLEGRIDY SOSY SC .....	62			prednisolone SOLN .....	37
PLEGRIDY STARTER PACK SOPN . 62				prednisolone TABS .....	37
PLEGRIDY STARTER PACK SOSY SC .....	62				
plerixafor .....	49				
PNEUMOVAX 23 .....	65				
PNEUMOVAX 23/1 DOSE .....	65				

prednisone SOLN .....	37	IRON TABS .....	56	PROGRAF SOLN .....	55
prednisone TABS 1 MG, 5 MG ....	37	PRENATAL VITAMINS TABS 120		PROLASTIN-C SOLN .....	62
prednisone TABS 2.5 MG, 10 MG, 20		MG-2.6 MG-800 MCG-400 UNIT-8		PROLASTIN-C SOLR .....	62
MG, 50 MG .....	37	MCG-1.7 MG-20 MG-28 MG-200		PROLEUKIN .....	28
prednisone TBPK .....	37	MG-1.8 MG-25 MG-4000 UNIT-30		PROLIA SOSY .....	44
pregabalin (once-daily) 330 MG ...	62	UNIT .....	57	promethazine hcl SOLN 25 MG/ML,	
pregabalin (once-daily) 82.5 MG, 165		PRENATRIX TABS .....	57	50 MG/ML .....	19
MG .....	62	PRENATRYL TABS .....	57	promethazine hcl SUPP 12.5 MG, 25	
pregabalin CAPS 225 MG, 300 MG		PREPLUS TABS .....	57	MG .....	19
12		PREVNAR 13 .....	65	promethazine hcl SUPP 50 MG ...	19
pregabalin CAPS 25 MG, 50 MG, 75		PREVNAR 20 .....	65	promethazine hcl SYRP .....	19
MG, 100 MG, 150 MG, 200 MG ...	12	PREZCOBIX .....	31	promethazine hcl TABS .....	19
pregabalin SOLN .....	12	PREZISTA SUSP .....	31	propafenone hcl CP12 .....	8
PREHEVBRIO .....	67	PREZISTA TABS (darunavir) .....	31	propafenone hcl TABS .....	8
PREMARIN .....	68	PREZISTA TABS 75 MG, 150 MG,		proparacaine hcl .....	58
PREMARIN SOLR .....	46	600 MG .....	31	propranolol hcl CP24 .....	33
PREMARIN TABS .....	46	PREZISTA TABS 800 MG		propranolol hcl SOLN OR 20	
PREMIUM CONDOMS		(darunavir) .....	31	MG/5ML, 40 MG/5ML .....	33
LUBRICATED MISC .....	51	PRIFTIN .....	23	propranolol hcl TABS .....	33
PREMPHASE .....	46	primaquine phosphate TABS .....	23	propylthiouracil .....	63
PREMPRO .....	46	primidone 50 MG, 250 MG .....	12	protriptyline hcl .....	15
PRENATAL MULTIVITAMIN TABS		PRIORIX SUSR .....	68	PROVISC SOSY .....	59
56		probenecid .....	48	PTS PANELS KETONE TEST ....	43
PRENATAL ONE DAILY TABS ....	56	procainamide hcl SOLN 500 MG/ML .		PULMICORT FLEXHALER AEPB ..	9
PRENATAL PLUS TABS .....	56	8		PULMOZYME .....	63
PRENATAL PLUS VITAMIN		prochlorperazine .....	30	PX PRENATAL MULTIVITAMINS	
ANDMINERAL TABS .....	56	prochlorperazine maleate TABS ...	30	TABS .....	57
PRENATAL TABS .....	57	PROCRIT 2000 UNIT/ML, 3000		pyrazinamide .....	23
PRENATAL VITAMIN & MINERAL		UNIT/ML, 4000 UNIT/ML, 10000		pyridostigmine bromide SOLN OR	23
TABS .....	56	UNIT/ML, 20000 UNIT/ML .....	49	pyridostigmine bromide TABS 60 MG	
PRENATAL VITAMIN TABS .....	57	PROCRIT 40000 UNIT/ML .....	49	.....	23
PRENATAL VITAMIN/IRON TABS 56		progesterone CAPS .....	61	pyridostigmine bromide TBCR ....	23
PRENATAL VITAMINS PLUS LOW		PROGRAF PACK .....	55		

pyrimethamine .....	23	ranolazine TB12 1000 MG .....	7	REPATHA SURECLICK SOAJ .....	20
QC PRENATAL TABS .....	57	ranolazine TB12 500 MG .....	7	RETACRIT .....	49
QINLOCK .....	27	rasagiline mesylate .....	29	RETEVMO .....	27
QUADRACEL SUSP .....	64	REALITY LATEX CONDOMS/LUBRICATED MISC ..	51	RETROVIR IV INFUSION SOLN ..	31
QUADRACEL SUSY .....	64	REALITY LATEX/ULTRA TEXTURED DEVI .....	51	REVLIMID 2.5 MG, 5 MG, 10 MG, 15 MG, 25 MG .....	55
quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG .....	30	REALITY LATEX/ULTRA THIN DEVI 51		REVLIMID 20 MG .....	55
quetiapine fumarate TABS 300 MG, 400 MG .....	30	REBIF REBIDOSE SOAJ .....	62	REXULTI .....	30
quetiapine fumarate TB24 300 MG, 400 MG .....	30	REBIF REBIDOSE TITRATIONPACK SOAJ .....	62	ribavirin (hepatitis c) CAPS .....	32
quetiapine fumarate TB24 50 MG, 150 MG, 200 MG .....	30	REBIF SOSY .....	62	ribavirin (hepatitis c) TABS 200 MG 32	
quinapril hcl 20 MG, 40 MG .....	20	REBIF TITRATION PACK SOSY ..	62	RIDAURA .....	3
quinapril hcl 5 MG, 10 MG .....	20	RECOMBIVAX HB SUSP .....	68	rifabutin .....	23
quinapril-hydrochlorothiazide 12.5 MG-10 MG .....	21	RECOMBIVAX HB SUSY .....	68	rifampin CAPS .....	23
quinapril-hydrochlorothiazide 12.5 MG-20 MG .....	21	RECTIV .....	7	rifampin SOLR .....	23
quinapril-hydrochlorothiazide 25 MG- 20 MG .....	21	REGRANEX .....	43	riluzole TABS .....	57
quinidine sulfate TABS .....	8	RELENZA DISKHALER .....	32	rimantadine hydrochloride TABS ..	32
quinine sulfate CAPS 324 MG .....	23	RELEXXII TBCR 27 MG .....	2	ringer's .....	54
QUZYTIR SOLN IV .....	19	RELEXXII TBCR 36 MG, 54 MG ...	2	ringer's irrigation .....	55
QVAR REDIHALER .....	10	RELION KETONE TEST STRIPS STRP .....	43	RINVOQ .....	2
RA PRENATAL FORMULA/FOLICACID TABS .....	57	RELION TRUE METRIX BLOODGLUCOSE TEST STRIPS STRP .....	43	risedronate sodium TABS 150 MG	44
RA PRENATAL TABS .....	57	RELISTOR SOLN .....	47	risedronate sodium TABS 35 MG ..	45
rabeprazole sodium TBEC .....	64	RENFLXIS .....	47	risedronate sodium TABS 5 MG, 30 MG .....	44
raloxifene hcl .....	45	repaglinide 0.5 MG, 1 MG .....	17	risedronate sodium TBEC .....	45
ramelteon .....	50	repaglinide 2 MG .....	17	RISPERDAL CONSTA .....	29
ramipril CAPS .....	20	REPATHA PUSHTRONEX SYSTEM SOCT .....	20	risperidone SOLN .....	29
ranitidine hcl TABS 150 MG .....	64	REPATHA SOSY .....	20	risperidone TABS .....	29
				risperidone TBDP .....	29
				ritonavir TABS .....	31
				rivastigmine tartrate CAPS .....	61

rizatriptan benzoate TABS 10 MG .53	61	simvastatin TABS .....	19
rizatriptan benzoate TABS 5 MG ..53	scopolamine .....	sirolimus TABS .....	55
rizatriptan benzoate TBDP 10 MG .53	SELECT INSULIN SYRINGES ...	SIRTURO .....	23
rizatriptan benzoate TBDP 5 MG ..53	SELECT LANCETS .....	SIVEXTRO TABS .....	22
roflumilast 250 MCG .....	selegiline hcl CAPS .....	SKYRIZI PEN SOAJ .....	40
roflumilast 500 MCG .....	selegiline hcl TABS .....	SKYRIZI PSKT .....	40
romidepsin SOLR .....	selenium sulfide LOTN 2.5 % .....	SKYRIZI SOCT .....	47
ropinirole hydrochloride TABS .....	SELZENTRY SOLN .....	SKYRIZI SOSY .....	40
ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG .....	SELZENTRY TABS (maraviroc) ...	SLYND .....	36
ropinirole hydrochloride TB24 8 MG, 12 MG .....	SELZENTRY TABS 25 MG, 75 MG, 150 MG .....	SM PRENATAL VITAMINS TABS .57	
rosuvastatin calcium TABS .....	SELZENTRY TABS 300 MG (maraviroc) .....	SODIUM ACETATE SOLN (sodium acetate) .....	54
ROTARIX SUSP .....	SEREVENT DISKUS .....	sodium acetate SOLN .....	54
ROTARIX SUSR .....	sertraline hcl CONC .....	sodium chloride (gu irrigant) 0.9 %	48
ROTATEQ SOLN .....	sertraline hcl TABS 100 MG .....	sodium chloride (inhalant) NEBU 7 % .....	37
ROZLYTREK CAPS .....	sertraline hcl TABS 25 MG, 50 MG 14	sodium chloride SOLN IV 0.45 %, 0.9 %, 3 %, 4 MEQ/ML, 5 % .....	55
RUBRACA .....	sevelamer carbonate PACK .....	sodium citrate & citric acid .....	48
rufinamide SUSP .....	sevelamer carbonate TABS .....	sodium fluoride CHEW 0.25 MG, 0.5 MG, 1 MG, 2.2 MG .....	54
rufinamide TABS 200 MG .....	SHINGRIX .....	sodium phenylbutyrate POWD ....	46
rufinamide TABS 400 MG .....	SIGNIFOR .....	sodium phenylbutyrate TABS .....	46
RUKOBIA .....	sildenafil citrate (pulmonary hypertension) SOLN .....	sodium polystyrene sulfonate POWD 55	
RUXIENCE .....	sildenafil citrate (pulmonary hypertension) SUSR .....	sodium polystyrene sulfonate SUSP OR 15 GM/60ML .....	55
RUZURGI .....	sildenafil citrate (pulmonary hypertension) TABS .....	sodium sulfate-potassium sulfate- magnesium sulfate .....	50
salsalate .....	sildenafil citrate .....	solifenacin succinate TABS .....	65
SANDOSTATIN LAR DEPOT KIT .46	silodosin .....	SOLOSEC .....	2
SANTYL OINT .....	silver sulfadiazine .....	SOLU-CORTEF 100 MG, 500 MG, 1000 MG .....	37
sapropterin dihydrochloride PACK .45	SIMULECT .....		
sapropterin dihydrochloride TABS .45			
SAVELLA TABS .....			
SAVELLA TITRATION PACK MISC			

SOLU-CORTEF 250 MG .....	37	SPRAVATO 84MG DOSE .....	14	vehicle EMUL 10 %-10 %-4 % .....	38
SOLU-MEDROL 2 GM .....	37	SPRYCEL .....	27	sulfacetamide sod-prednisolone	
SOMATULINE DEPOT 120		stannous fluoride CONC .....	56	SOLN .....	59
MG/0.5ML .....	46	stavudine CAPS .....	31	sulfadiazine TABS .....	63
SOMATULINE DEPOT 60 MG/0.2ML		STELARA 130 MG/26ML .....	47	sulfamethoxazole-trimethoprim SOLN	
.....	46	STELARA SOSY 45 MG/0.5ML ...	40	.....	22
SOMATULINE DEPOT 90 MG/0.3ML		STELARA SOSY 90 MG/ML .....	40	sulfamethoxazole-trimethoprim SUSP	
.....	46	STENDRA .....	34	.....	22
SOMAVERT 10 MG, 15 MG, 20 MG .		STIMATE SOLN NA .....	46	sulfamethoxazole-trimethoprim TABS	
45		STIVARGA .....	27	.....	22
sorafenib tosylate .....	27	streptomycin sulfate SOLR .....	2	SULFAMYLON CREA .....	40
SORBITOL 3 % .....	48	STRIBILD .....	31	sulfasalazine TABS .....	47
SORBITOL/MANNITOL IRRIGATION		STRIVERDI RESPIMAT .....	10	sulfasalazine TBEC .....	47
.....	48	SUBSYS LIQD 100 MCG .....	5	sulindac TABS .....	4
sotalol hcl (afib/afI) .....	33	SUBSYS LIQD 200 MCG, 400 MCG,		sumatriptan .....	53
sotalol hcl TABS 240 MG .....	33	600 MCG .....	5	sumatriptan succinate SOAJ .....	53
sotalol hcl TABS 80 MG, 120 MG,		SUBSYS LIQD 800 MCG, 1200		sumatriptan succinate SOCT .....	53
160 MG .....	33	MCG, 1600 MCG .....	5	sumatriptan succinate SOLN 6	
SOVALDI TABS 200 MG .....	32	sucralfate SUSP .....	64	MG/0.5ML .....	53
SOVALDI TABS 400 MG .....	32	sucralfate TABS .....	64	sumatriptan succinate TABS .....	53
SPIKEVAX COVID-19 VACCINE		sulconazole nitrate CREA .....	39	sumatriptan-naproxen sodium ....	53
SUSP .....	68	sulconazole nitrate SOLN .....	39	.....	
SPIKEVAX COVID-19		sulfacetamide sodium (acne) .....	38	sunitinib malate 12.5 MG, 25 MG, 50	
VACCINE/2023-24 SUSP .....	68	sulfacetamide sodium (ophth) SOLN .		MG .....	27
SPIKEVAX COVID-19		58		SUNOSI 150 MG .....	1
VACCINE/2023-24 SUSY .....	68	sulfacetamide sodium w/ sulfur		SUNOSI 75 MG .....	1
spinosad .....	43	CREA 10 %-5 % .....	38	SUPREP BOWEL PREP KIT	
SPIRIVA HANDIHALER CAPS		sulfacetamide sodium w/ sulfur LIQD		(sodium sulfate-potassium sulfate-	
(tiotropium bromide monohydrate) ..	9	10 %-5 % .....	38	magnesium sulfate) .....	50
SPIRIVA RESPIMAT AERS .....	9	sulfacetamide sodium w/ sulfur LIQD		SYMLINPEN 120 SOPN .....	15
spironolactone & hydrochlorothiazide		9 %-4.5 % .....	38	SYMLINPEN 60 SOPN .....	15
.....	44	sulfacetamide sodium-sulfur in urea		SYNAREL .....	45
spironolactone TABS .....	44			SYNERA PTCH .....	42
SPRAVATO 56MG DOSE .....	14			SYNJARDY TABS .....	15

SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-12.5 MG, 1000 MG-5 MG .....	15	TEGRETOL SUSP (carbamazepine) . 12	tetracycline hcl CAPS .....	63
SYNJARDY XR TB24 1000 MG-25 MG .....	15	TEGRETOL TABS (carbamazepine) . 12	THALOMID .....	55
SYNRIBO .....	28	TEGSEDI .....	theophylline ELIX .....	10
SYNTHROID TABS (levothyroxine sodium) .....	63	telmisartan .....	theophylline SOLN .....	10
TABLOID .....	24	telmisartan-amlodipine .....	theophylline TB12 .....	10
TABRECTA .....	27	telmisartan-hydrochlorothiazide ..	theophylline TB24 .....	10
tacrolimus (topical) OINT .....	42	temazepam 15 MG, 30 MG .....	THERANATAL CORE NUTRITION TABS .....	57
tacrolimus CAPS .....	55	temazepam 7.5 MG, 22.5 MG .....	THIOLA EC TBEC 100 MG .....	48
tadalafil (pulmonary hypertension) TABS .....	34	TEMODAR SOLR .....	THIOLA EC TBEC 300 MG .....	48
tadalafil 5 MG .....	34	temozolomide CAPS .....	thioridazine hcl .....	30
TAFINLAR CAPS .....	27	temsirolimus .....	thiotepa 15 MG .....	24
TAFINLAR TBSO .....	27	TENIVAC INJ .....	thiothixene .....	30
tafluprost .....	59	tenofovir disoproxil fumarate TABS 31	THYMOGLOBULIN .....	55
TAGRISSO .....	25	terazosin hcl .....	THYROGEN 0.9 MG .....	43
TALZENNA 0.25 MG, 0.5 MG, 0.75 MG, 1 MG .....	27	terbinafine hcl TABS .....	tiagabine hcl .....	13
tamoxifen citrate TABS .....	25	terbutaline sulfate SOLN .....	TIBSOVO .....	27
tamsulosin hcl .....	48	terbutaline sulfate TABS .....	tigecycline .....	63
TARGRETIN (bexarotene (topical)) 39		terconazole vaginal CREA .....	timolol maleate (ophth) SOLG .....	58
TASIGNA 150 MG, 200 MG .....	27	terconazole vaginal SUPP .....	timolol maleate (ophth) SOLN .....	58
TASIGNA 50 MG .....	27	teriflunomide .....	timolol maleate TABS .....	33
tavaborole .....	39	teriparatide (recombinant) SOPN ..	tiotropium bromide monohydrate CAPS .....	9
tazarotene CREA .....	40	TERIPARATIDE SOPN .....	TIVICAY TABS .....	31
TAZVERIK .....	27	TESTOSTERONE CYPIONATE SOLN IJ 200 MG/ML .....	tizanidine hcl CAPS .....	57
TDVAX SUSP .....	64	testosterone cypionate SOLN IM ...	tizanidine hcl TABS .....	57
TEFLARO .....	35	testosterone enanthate SOLN IM ...	tobramycin (ophth) SOLN .....	58
		TETANUS/DIPHThERIA TOXOIDS- ADSORBED ADULT SUSP .....	tobramycin NEBU .....	2
		tetrabenazine .....	tobramycin sulfate SOLN IJ 10 MG/ML, 40 MG/ML, 80 MG/2ML ....	2
			tobramycin-dexamethasone SUSP	

59	MG/10ML .....	49	triamcinolone acetonide (topical) LOTN 0.025 % .....	42	
TODAY SPONGE MISC .....	68	tranexamic acid TABS .....	49	triamcinolone acetonide (topical) LOTN 0.1 % .....	42
tolcapone .....	28	tranylcypromine sulfate .....	13	triamcinolone acetonide (topical) OINT 0.025 %, 0.1 % .....	42
tolmetin sodium CAPS .....	4	travoprost .....	59	triamcinolone acetonide (topical) OINT 0.5 % .....	42
tolmetin sodium TABS 600 MG .....	4	TRAZIMERA .....	25	triamcinolone acetonide (topical) OINT 0.5 % .....	42
TOLSURA CAPS .....	18	trazodone hcl TABS .....	14	triamcinolone acetonide SUSP 40 MG/ML, 200 MG/5ML, 400 MG/10ML .....	37
tolterodine tartrate CP24 .....	65	TREANDA SOLR (bendamustine hcl) .....	24	triamcinolone acetonide-dimethicone- silicone .....	42
tolterodine tartrate TABS .....	65	TRECATOR .....	23	triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG .....	44
tolvaptan TABS .....	46	TRELEGY ELLIPTA .....	10	triamterene & hydrochlorothiazide TABs .....	44
topiramate CPSP 15 MG .....	13	TRELSTAR MIXJECT .....	25	triamterene CAPS .....	44
topiramate CPSP 25 MG .....	13	TREMFYA SOPN .....	40	triazolam .....	50
topiramate CS24 .....	13	TREMFYA SOSY .....	40	TRICARE TABS .....	57
topiramate TABS 200 MG .....	13	treprostinil SOLN IJ .....	34	trientine hcl 250 MG .....	55
topiramate TABS 25 MG, 100 MG .....	13	TRESIBA FLEXTOUCH SOPN .....	16	trifluoperazine hcl TABS .....	30
topiramate TABS 50 MG .....	13	TRESIBA SOLN .....	16	trifluridine .....	58
topotecan hcl SOLN .....	28	tretinoin (chemotherapy) .....	28	trihexyphenidyl hcl SOLN .....	28
topotecan hcl SOLR .....	28	tretinoin CREA 0.025 %, 0.05 %, 0.1 % .....	38	trihexyphenidyl hcl TABS .....	28
toremifene citrate .....	25	tretinoin GEL 0.01 %, 0.025 % .....	38	TRIJARDY XR 1000 MG-2.5 MG- 12.5 MG, 1000 MG-2.5 MG-5 MG .....	15
toremide TABS .....	44	tretinoin microsphere 0.1 % .....	38	TRIJARDY XR 1000 MG-5 MG-10 MG, 1000 MG-5 MG-25 MG .....	15
TOVIAZ (fesoterodine fumarate) .....	65	TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG .....	24	TRIKAFTA TBPK 100 MG-50 MG .....	63
TRACLEER TBSO .....	34	triamcinolone acetonide (mouth) .....	56	trimethobenzamide hcl CAPS .....	18
tramadol hcl TABS 50 MG .....	6	triamcinolone acetonide (nasal) AERO .....	57	trimethoprim TABS .....	21
tramadol hcl TB24 .....	6	triamcinolone acetonide (topical) CREA 0.025 % .....	42	trimipramine maleate CAPS .....	15
tramadol-acetaminophen .....	6	triamcinolone acetonide (topical) CREA 0.1 % .....	42	TRINTELLIX .....	14
trandolapril 1 MG, 2 MG .....	20	triamcinolone acetonide (topical) CREA 0.5 % .....	42		
trandolapril 4 MG .....	20				
trandolapril-verapamil hcl 180 MG-2 MG, 240 MG-1 MG .....	21				
trandolapril-verapamil hcl 240 MG-2 MG, 240 MG-4 MG .....	21				
tranexamic acid SOLN 1000					



TRIUMEQ TABS .....	31	+LUBE/LUBRICATED MISC .....	52	UPTRAVI TITRATION PACK TBPK	34
TRIZIVIR .....	31	TRUSTEX WITH NONOXYNOL-		ursodiol CAPS .....	47
tropicamide SOLN 0.5 % .....	58	9/RIBBED/STUDDDED MISC .....	52	ursodiol TABS .....	47
tropicamide SOLN 1 % .....	58	TRUSTEX/RIA LUBRICATED MISC .	52	UVADEX .....	28
tropium chloride CP24 .....	65	TRUSTEX/RIA LUBRICATED		valacyclovir hcl 1 GM, 1000 MG ...	32
tropium chloride TABS .....	65	SPERMICIDE MISC .....	52	valacyclovir hcl 500 MG .....	32
TRUE METRIX BLOOD		TRUSTEX/RIA		valganciclovir hcl TABS .....	31
GLUCOSETEST STRIPS STRP ..	43	LUBRICATED/SPERMICIDE MISC	52	valproate sodium SOLN OR 250	
TRUE METRIX CONTROL		TRUXIMA .....	24	MG/5ML .....	13
SOLUTION LEVEL 3 SOLN .....	52	TUKYSA .....	25	valproic acid CAPS .....	13
TRUEPLUS PEN NEEDLES		TURALIO .....	27	valrubicin .....	26
31GX5MM .....	53	TUZISTRA XR .....	37	valsartan TABS .....	20
TRUETRACK TEST STRP .....	43	TWINRIX SUSY .....	68	valsartan-hydrochlorothiazide ....	21
TRULICITY .....	16	TWIRLA .....	36	VALTOCO 10 MG DOSE LIQD ....	11
TRUMENBA .....	65	TYBLUME CHEW .....	36	VALTOCO 15 MG DOSE LQPK ...	12
TRUSTEX COLOR CONDOMS +		TYBOST .....	31	VALTOCO 20 MG DOSE LQPK ...	12
LUBE MISC .....	51	TYMLOS .....	45	VALTOCO 5 MG DOSE LIQD ....	12
TRUSTEX LUBRICATED		TYVASO REFILL SOLN IN .....	34	vancomycin hcl CAPS .....	22
EXTRALARGE MISC .....	52	TYVASO SOLN IN .....	34	vancomycin hcl SOLR IV 1 GM, 10	
TRUSTEX LUBRICATED		TYVASO STARTER SOLN IN .....	34	GM, 500 MG, 1000 MG .....	22
EXTRASTRENGTH MISC .....	52	UBRELVY .....	53	vancomycin hcl SOLR OR 25	
TRUSTEX LUBRICATED MISC ...	52	UCERIS (budesonide (intrarectal)) .	7	MG/ML, 50 MG/ML, 250 MG/5ML .	22
TRUSTEX		UDENYCA SOAJ .....	49	VAQTA .....	68
LUBRICATED/RIBBED/STUDDDED		UDENYCA SOSY .....	49	varenicline tartrate TABS .....	62
MISC .....	52	ULTIGUARD SAFEPACK/MINI PEN		varenicline tartrate TBPK .....	62
TRUSTEX		NEEDLE/32G X 1/4"/SHARPS		VARIVAX INJ .....	68
LUBRICATED/SPERMICIDE EXTRA		CONTAIN .....	53	VARUBI TBPK .....	18
LARGE MISC .....	52	UPTRAVI TABS 200 MCG .....	34	VAXNEUVANCE .....	65
TRUSTEX		UPTRAVI TABS 400 MCG, 600		VECAMYL .....	21
LUBRICATED/SPERMICIDE MISC		MCG, 800 MCG, 1000 MCG, 1200		VECTIBIX 100 MG/5ML .....	25
52		MCG, 1400 MCG, 1600 MCG .....	34		
TRUSTEX NATURAL CONDOMS					

VELCADE SOLR IJ (bortezomib) ..27	VITAMIN D2 TABS 400 UNIT .....69	11
VELPHORO .....47	VITATHELY/GINGER TABS .....57	XARELTO SUSR .....11
venlafaxine hcl CP24 150 MG .....15	VITRAKVI CAPS .....27	XARELTO TABS 10 MG, 20 MG ..11
venlafaxine hcl CP24 37.5 MG ....14	VITRAKVI SOLN .....27	XARELTO TABS 2.5 MG, 15 MG ..11
venlafaxine hcl CP24 75 MG .....14	VIZIMPRO .....25	XELJANZ SOLN .....2
venlafaxine hcl TABS .....15	VORAXAZE .....28	XELJANZ TABS 10 MG .....2
venlafaxine hcl TB24 150 MG .....15	voriconazole TABS .....18	XELJANZ TABS 5 MG .....2
venlafaxine hcl TB24 37.5 MG, 75 MG, 225 MG .....15	VOSEVI .....32	XELJANZ XR TB24 .....2
verapamil hcl CP24 100 MG, 200 MG, 300 MG .....33	VOTRIENT (pazopanib hcl) .....27	XEOMIN .....58
verapamil hcl CP24 120 MG, 180 MG, 240 MG, 360 MG .....33	VYNDAMAX .....34	XERAVA .....63
verapamil hcl SOLN 2.5 MG/ML ...33	VYNDAQEL .....34	XGEVA SOLN .....45
verapamil hcl TABS .....33	VYVANSE CAPS .....1	XHANCE EXHU .....57
verapamil hcl TBCR .....33	warfarin sodium TABS .....11	XIFAXAN 200 MG .....21
VEREGEN .....38	water for irrigation, sterile .....55	XIFAXAN 550 MG .....21
VERZENIO .....27	WESTAB PLUS TABS .....57	XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG, 500 MG-5 MG .....15
VICTOZA .....16	WIDE-SEAL SILICONE DIAPHRAGM KIT 60 .....52	XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG .....15
vigabatrin PACK .....13	WIDE-SEAL SILICONE DIAPHRAGM KIT 65 .....52	XOLAIR SOLR .....8
vigabatrin TABS .....13	WIDE-SEAL SILICONE DIAPHRAGM KIT 70 .....52	XOLAIR SOSY 150 MG/ML .....8
VIIBRYD STARTER PACK KIT ....14	WIDE-SEAL SILICONE DIAPHRAGM KIT 75 .....52	XOLAIR SOSY 75 MG/0.5ML .....8
vilazodone hcl TABS .....14	WIDE-SEAL SILICONE DIAPHRAGM KIT 80 .....52	XOSPATA .....27
vincristine sulfate .....28	WIDE-SEAL SILICONE DIAPHRAGM KIT 85 .....52	XPOVIO 80 MG TWICE WEEKLY 26
vinorelbine tartrate 10 MG/ML .....28	WIDE-SEAL SILICONE DIAPHRAGM KIT 90 .....52	XTAMPZA ER .....6
VIRACEPT TABS 250 MG .....31	WIDE-SEAL SILICONE DIAPHRAGM KIT 95 .....52	XTANDI CAPS .....25
VIRACEPT TABS 625 MG .....31	XALKORI CAPS .....27	XTANDI TABS 40 MG .....25
VIREAD POWD .....31	XARELTO STARTER PACK TBPK	XTANDI TABS 80 MG .....25
VIREAD TABS 150 MG, 200 MG, 250 MG .....31		XULTOPHY 100/3.6 .....15
VISTOGARD .....17		YERVOY .....24
		YONSA .....25

zafirlukast .....	9	zoledronic acid SOLN .....	45
zaleplon 10 MG .....	50	ZOLINZA .....	27
zaleplon 5 MG .....	50	zolmitriptan SOLN .....	54
ZALTRAP 100 MG/4ML .....	24	zolmitriptan TABS .....	54
ZANOSAR .....	24	zolmitriptan TBDP .....	54
ZARONTIN CAPS (ethosuximide) .	13	zolpidem tartrate TABS .....	50
ZARXIO .....	49	zolpidem tartrate TBCR .....	50
ZEJULA CAPS .....	27	zonisamide CAPS .....	13
ZEJULA TABS 100 MG .....	27	ZONTIVITY .....	48
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
ZERVIAE .....	59		
zidovudine CAPS .....	31		
zidovudine SYRP .....	31		
zidovudine TABS .....	31		
ZIEXTENZO .....	49		
zileuton TB12 .....	9		
ZIOPTAN (tafluprost) .....	59		
ziprasidone hcl .....	29		
ZIRABEV .....	24		
ZIRGAN GEL .....	58		
ZOLADEX 10.8 MG .....	25		
ZOLADEX 3.6 MG .....	25		
zoledronic acid CONC .....	45		

